

NB/SG Healthcare Services Development Programme

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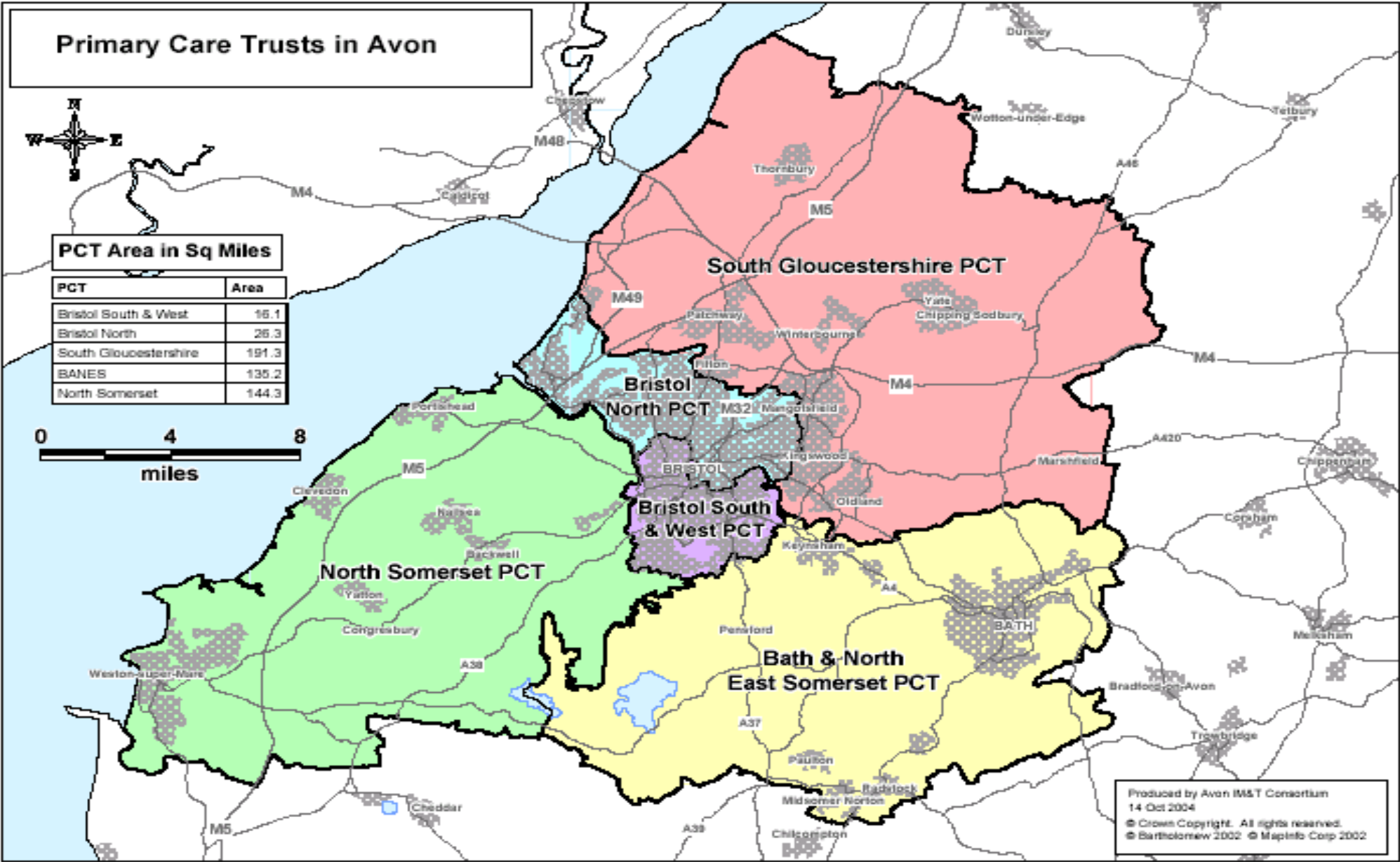
Legend:

- Hospital Trust area
- Urban area
- Woodland
- Unitary Authorities**
 - Bath & NE Somerset
 - Bristol
 - South Gloucestershire
 - North Somerset

Map Labels: Chepstow, Oldbury-on-Severn, Falfield, Wotton-under-Edge, Dursley, Wickwar, Hawkesbury Upton, Badminton, Chipping Sodbury, Yate, Frampton Cotterell, Winterbourne, Bradley Stoke, Patchway, Almondsbury, Aust, Thornbury, Alvaston, Rangeworthy, Frenchay, Mangotsfield, Fishponds, Stapleton, Horfield, Southmead, Filton, Henbury, Cribbs Causeway, Avonmouth, Severn Beach, Shirehampton, Portishead, Easton-in-Gordano, Nailsea, Backwell, Dundry, Withywood, Hengrove, Whitchurch, Keynsham, Saltford, Swain, Marshfield, Wick, Pucklechurch, Kingswood, Easton, Cotham, Redland, Bristol, St Anne's Park, Hanham, Brislington, Knowle, Bedminster, Failand, Clevedon, M5, M4, M48, M49, M32, A4, A38, A46, A432, A420, A37, A369, A433.

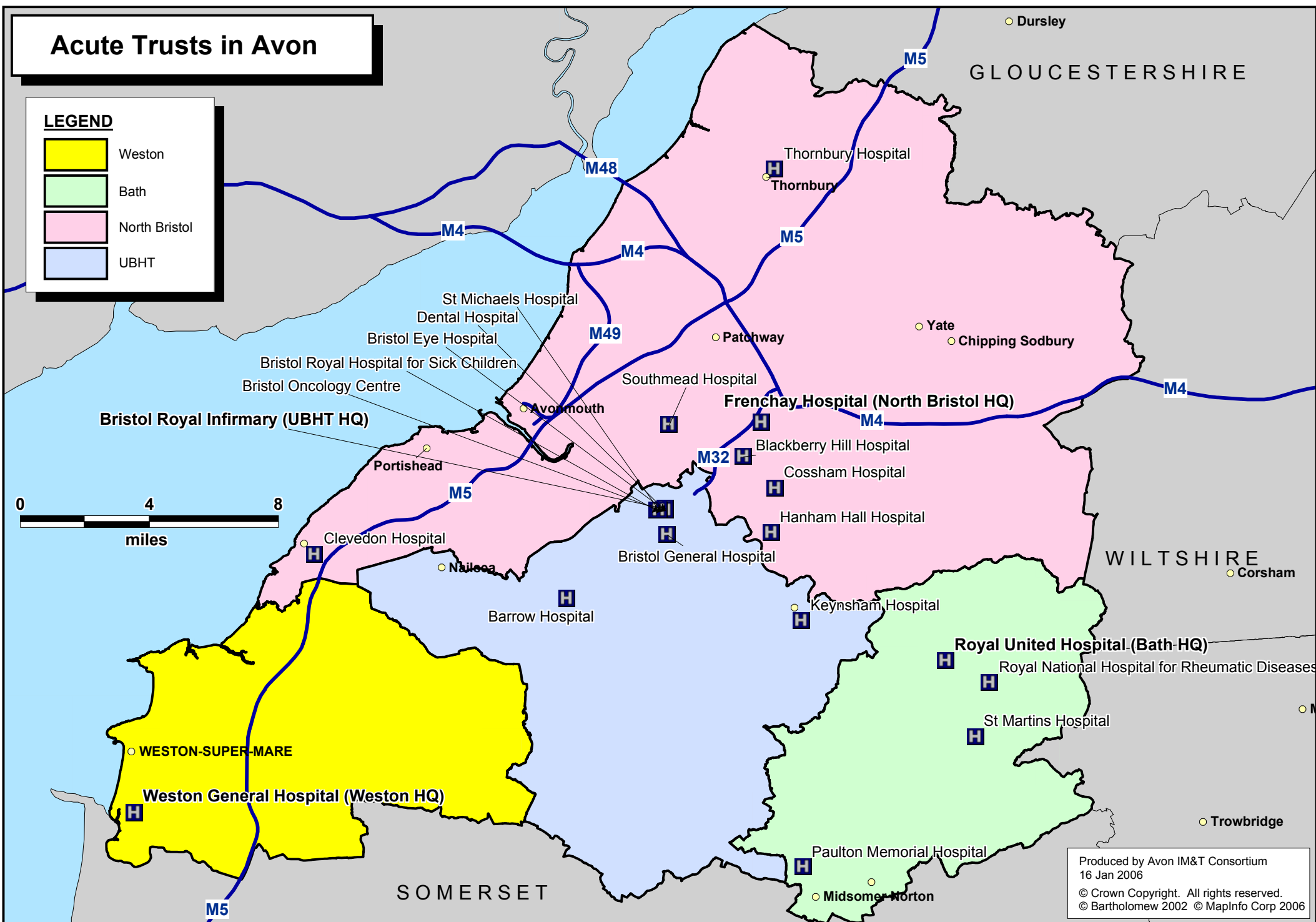
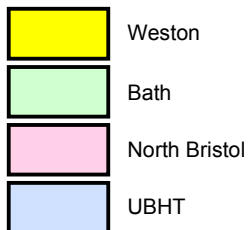
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Acute Trusts in Avon

LEGEND



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Education Research and Development at North Bristol NHS Trust: contribution to the rationale for the OBC.

Scope of the Directorate of Education, Research and Development

Since 2003 North Bristol Trust has had a single corporate Directorate bringing together all education, research, and staff development activities within the Trust. The Directorate is responsible for the delivery and support of all work-based education; for research promotion, governance and management; and for staff development across all staff groups. It is the lead Trust for the Bristol North Academy and thus maintains particularly close collaborative partnerships with Bristol North PCT, South Gloucestershire PCT, AWPT, geographically congruent social services departments, and all other local health and social care providers including the independent sector. The Bristol North Academy partnership also includes the Universities of Bristol, the West of England, and Bath and the Directorate plays a central role in the Trust's overall liaison with Higher Education Institutions.

As might be anticipated in the context of a major acute Trust with a current workforce headcount of over 8000, NBT's educational commitment is substantial. In 2004/5 it participated in delivery of undergraduate education for some 600 University of Bristol medical students, supported the ongoing education of around 250 junior doctors, and provided placements for over 700 nurses, midwives, and allied health professionals and clinical scientists.

The Trust is fully committed to lifelong learning for all staff and to the continuing education principles enshrined in the Agenda for Change Knowledge and Skills Framework, and also reflected in the emergent GMC and PMETB approaches to medical education, appraisal and regulation. There is a well-developed framework for the achievement of NVQ awards with progression to levels 4 and 5 in partner HEIs and preparatory support through basic skills education. The Trust has had an explicit, nationally acclaimed, professional development pathway for nursing for some years and the principles underlying its structure are now being extended to career pathways for other groups. As part of its commitment to diversity the Trust also has an active programme of support for staff recruited from overseas and there is good evidence that overseas nurses are accessing continuing education courses. There is a particular current emphasis on developing support for staff with management and leadership responsibilities. This ranges from development activities for executive directors and senior clinicians to competence based courses for first level managers and team leaders.

The ERD Directorate is also responsible for libraries and knowledge management. Knowledge services underpin all staff development activities and also provide a crucial platform for the ongoing delivery of high quality, evidence based care. During the year the library supported almost five thousand registered users, made 7860 loans, carried out 1103 literature searches and provided education sessions for over 2000 staff. A new fiction collection was established designed to support emergent readers in "developing the reading habit". Knowledge services within the Directorate have embraced 'virtual' delivery of information and support for both clinical effectiveness and formal education with enthusiasm. The Bristol North Academy is currently engaged in the collaborative procurement of a Managed Learning Environment that will support all staff development activity across AGW.

The Trust has a substantial research portfolio and feedback from the Department of Health has regularly commended the strength of each of the Trust's six main research programmes. They focus on the following.

- Cell Biology and Clinical Care (including respiratory medicine, diabetes, renal medicine and transplant science)
- Urological illness

- Neurological Disease
- Older Adults Mental Health
- Musculoskeletal Biotechnology and Implant Research.
- Antimicrobial Research & Evaluation.

Some 600 staff were involved in 191 separate research projects during 2004/5, many of which were carried out in collaboration with academic and NHS colleagues in other organisations. There are particularly strong links with the University of Bristol and the University of the West of England but other collaborations stretch across the globe to North America, Australia, South Africa and many other countries. External funding associated with these projects amounted to over £16 million of which over £6 million was income directly attributable to NBT. This is an increase of £5 million in total funding and of £3 million in NBT funding by comparison with the previous year. The number of publications also increased with 260 peer reviewed papers appearing in a range of scientifically prestigious journals. There were particularly significant advances in research on treatment of multi-resistant organisms, on the management of incontinence, on type one diabetes in children, on the treatment of glomerulonephritis, on Parkinson's disease, on evaluation of new developments in knee and hip prostheses, on genetic factors in the pathophysiology of Alzheimer's disease, and on drug treatments for Alzheimer's patients. Commercial research also expanded during 2004/5. Trust staff were involved in 46 commercial trials, and there is support for five patents.

The ERD Directorate works closely with the Directorate of HR and plays a major part in ensuring the coherence of the overall strategy for workforce change and talent management and for the development of a workforce appropriate to the innovative models of care associated with BHSP. There is a particular emphasis on developing new roles within the clinical workforce. As set out in the main text the Trust has supported the development of a broad range of these roles including assistant practitioner nurses and AHPs, consultant and advanced practitioners, anaesthetics practitioners and others.

As noted above the quality of the Trust's research activity has been regularly commended by DoH. Education and development work has also been very positively reviewed through the AGW WDC Integrated Assessment process with Knowledge Services being assessed as meeting the highest possible national standard.

ERD Strategic Framework

ERD strategy and objectives are reviewed annually and are approved at Board level. Current strategic aims are as set out below.

At the highest level the Directorate aims –

'To foster, develop and provide support for education and research of the highest possible quality, that leads to excellence and innovation in the delivery of care, that responds to service development and change within the Trust and in the broader health care community, and that enhances opportunity and improves the working lives of all staff within the Trust'.

Within that broad aspiration the Directorate aims to –

- Work with HE, professional bodies and other agencies to develop and organise curricula that are relevant to current models of care and that encourage learners to integrate theory and practice
- Work with HE and other partners to ensure that the delivery of work based teaching is of high quality and that work based teachers are properly supported

- Ensure that learning resources and environments are of a high standard and permit effective learning using new technologies as appropriate
- Develop inter-professionalism in learning and practice, while recognising the integrity of individual professions
- Foster lifelong learning and development planning for all staff; encouraging career progression based on competence and team working alongside clinical specialism
- Work with primary care and other health care partners to develop integrated educational provision in reflection of more integrated care planning and delivery
- Work with HE and other partners to encourage the systematic accreditation of learning and development
- Respond flexibly to emergent educational needs in the context of developments in professional standards and educational benchmarks
- Respond flexibly to emergent educational needs in the context of service change and development
- Recognize and value diversity in the workforce and develop support for multicultural care and carers
- Support the Directorate of HR in the establishment of personal development reviews and in the broader improvement of the working environment
- Develop high quality education for leadership and management throughout the Trust
- Support other Directorates in the recruitment and retention of high quality staff
- Foster positive relationships with schools, colleges and communities so as to promote wide access to health care careers
- Work in partnership with clinical and corporate Directorates in planning and providing induction, mandatory, statutory and other relevant educational provision
- Support research of national and international excellence that leads and reflects the Trust's areas of excellence in specialist care
- Promote the application and implementation of research findings so as to improve the quality of care
- Provide support for new researchers and the development of a clear research career path for new clinicians
- Work in partnership with HE so as to maximise collaboration in the creation of new knowledge and in the acquisition and deployment of resources for research
- Foster research appreciation and respect for evidence in all educational provision
- Enhance research capacity and establish excellence in new clinical and professional areas
- Foster the exploitation of emergent intellectual property associated with research or service delivery
- Pursue value for money in all Directorate activities and contribute to Trust financial imperatives
- Develop a high public relations profile for Directorate excellence and activity both internally and externally
- Foster a culture of open communication, joint working and encouragement of innovation across the Directorate
- Ensure coherent processes of strategic development, action planning, performance monitoring and accountability throughout the Directorate
- Participate effectively in and learn from relevant external processes of performance monitoring and quality review.

Objectives are set annually in the light of the strategic framework and in allusion to broader Trust objectives for the year. Objectives are set out in each of the following areas.

- Governance and Communication
- First Professional Education and Academy Development
- Workforce Development
- Research
- Finance
- Environment and Amenities
- Other Corporate

The ERD Contribution to the OBC

The ERD Directorate has worked closely with Trust and HEI colleagues in developing its contribution to the OBC. Its contribution is premised on the continuing significance of research, education and workforce development in delivering the vision of high quality care that underpins the entire BHSP. More specifically the emerging BHSP assumes a substantially redesigned and reconfigured model of care within which workforce change and development are central. Each of the design principles endorsed by the Service Redesign Group and set out below has implications for the redesign of Education and Research support.

- A whole system focus based on care pathways and providing services as close to the patient's home as possible.
- Streamlined patient pathways involving separation of emergency and planned care and management of as much planned care as possible outside of the hospital.
- Consistency of approach and a generic approach to building design in the light of generic pathways.
- Making the best use of resources and developing a 'critical mass' of facilities where this is likely to lead to efficiency as well as effectiveness.
- Building on current initiatives and strengths.
- Accommodating to specialist needs.
- Building in sufficient flexibility to respond to new developments.

Age profile analyses and labour market predictions suggest that without systematic recruitment programmes alongside the creation of new roles and partnerships even current levels of care quality cannot be maintained let alone the improved levels envisaged in BHSP. There are strong indications that numbers of health care professionals in training are likely to increase in the relatively short term and to be sustained at high levels over at least the next decade (Skills for Health, 2003). Similarly demand for work based learning and CPD for a wide range of clinical and support staff groups is likely to grow in response to changing roles, changing technologies, and new emphases in career design of which Agenda for Change is a current example. Changes in the design of professional curricula (e.g. Modernising Medical Careers, 'fast-track' routes to initial qualification, CPD for new role support, increased emphasis on regular, mandatory revalidation), new developments in support of clinical academic careers (DH, 2004; Walport Report, 2005); and new partnerships in both practice and learning (e.g. with social care; private sector organisations) will all potentially add to demand. Finally, while public education for self-management and prevention of illness may not be a primary responsibility for an acute care Trust it will be important to exploit opportunities likely to lead to early discharge or lessened probability of readmission. This too has resource and space implications.

New approaches to the delivery of learning and to knowledge management (e.g. e-learning, electronic information management, new connectivities) may reduce the impact of this increase in demand. There is a growing body of evidence however that suggests that initial optimism regarding the resource efficiencies deliverable by wholesale adoption of e-learning methods was very misplaced. Also much health care learning is by its nature dependent on exposure to clinical settings and interaction with real colleagues and patients.

The Trust is the leading organization within the Bristol North Academy development and is therefore committed to working in partnership with PCTs and other health and social care organizations across north Bristol and South Gloucestershire in the provision of education. Staff from these organizations will thus have access to learning facilities in the new hospital and related community facilities. SLAs and other financial mechanisms are in place to ensure equitable funding streams but these arrangements will have an impact on the facilities required in the new buildings. It should also be noted that education and training facilities are good income generators. The ERD directorate regularly exceeds its income generation targets and new facilities can only improve performance.

As implied in the NBT mission statement (and in the service design principles cited above) the vision for BHSP is of a service that derives its high quality from the validity of its evidence base and from the extent to which it is 'research led and knowledge driven'. Partnership with the health care research community in HE and elsewhere is therefore vital. Funding mechanisms for UK health care research are themselves undergoing a process of reconfiguration with DH, Office of Science and Technology, the Research Councils, the medical research charities and the pharmaceutical and biotech industries joining together to set up the UK Clinical Research Collaboration and to implement the DH strategy 'Best Research for Best Health'. Both this development and parallel processes in HEFCE confirm the trends of the last decade in which research collaborations clustered around centres of excellence have been selectively funded. There are indications too that the DH funding streams which support research carried out in Trusts may be re-based in an attempt to secure more transparency (and to correct bias in PbR funding). With or without the re-basing it is likely that DH criteria for monitoring the research allocation which comes into NBT (£2.39M in 2004) will re-emphasise patient impact and national collaboration. They are also likely to highlight research carried out in partnership with industry (including commercial trials).

The Trust's recently approved research strategy identifies areas of excellence and reaffirms the Trust's commitment to close collaboration with its local University partners and with wider research networks. The strategy also notes the importance of patient oriented research (i.e. research that goes beyond basic science) in developing and consolidating excellence. By definition such research is best undertaken close to service delivery and by teams that include active clinicians. This has clear implications for the design of the new BHSP facilities.

In summary, education, research and workforce development are central to delivery of the BHSP vision and in each case both internal and external factors suggest expansion rather than contraction.

The ERD contribution to the OBC was developed after discussion with the ERD team and with Bristol North Academy partners. It was also the subject of formal debate in the Trust Research Committee, in the NBT UWE liaison committee, and in the NBT UoB liaison committee and continues to be the subject of discussion with HEI partners. The following design principles for accommodation associated with education (including workforce development) and research emerged from the process of consultation.

1. Education provision in the new facilities should take account of likely expansion in demand and of income generation potential.
2. Education should follow service e.g. as areas of service delivery move into the community the amount of teaching in the community will increase. Similarly site configuration in the light of the agreed service model and pathways will have an impact on education space.

3. While generic educational provision will be suitable for most areas there will be specific design criteria for library space, for clinical and communication skills laboratories and, possibly, for some clinical specialties.
4. The Academy approach should continue to be supported.
5. Promotion of multi-professional education should be facilitated for reasons of educational effectiveness and also of resource efficiency.
6. Within the main acute site there should be centralised provision for education and knowledge management associated with a system of distributed provision for education and knowledge management. Design decisions regarding the balance between centralised and distributed provision and regarding the precise pattern of distribution. Will be informed by other design decisions e.g. pattern of zoning, bed distribution etc.
7. Provision in the new community hospitals should reflect and relate to the location of the main hospital centralised provision and should take account of the current work establishing community based Academy Learning Points.
8. Centralised provision for education and knowledge management should be adjacent to research provision. This will facilitate interaction between students, teachers and researchers; efficient use of resources; common library and knowledge management systems etc.
9. Research space should comprise office space, laboratory space and also support for clinical investigation and trial activity. The last of these should be close to patient availability, possibly close to ambulatory care. There should also be space for the Trust's research management and research support offices.
10. There should be a centralised NBT Research Centre providing for all research undertaken in the Trust whether being carried out by clinical academics or by NHS staff or others who do not have University contracts.
11. There will be some limited need for research space which is necessarily adjacent to service delivery e.g. some researchers may need proximity to imaging facilities or particular patient groups/services.
12. Laboratory space should be flexible in design (and should incorporate NHS, University and research laboratory space).
13. Research seminar space will be needed but could benefit from proximity to the Academy/education centre.
14. All of the above are premised on the availability of integrated IT systems and connectivity – this is a fundamental requirement.
15. Both education and research activity have potential for expansion and the centralised building should therefore be located where subsequent expansion will be possible (e.g. through translational research capital grants/ industry partnership developments).

Within these design parameters and within the overall design and model of care, the following assumptions have been made.

1. Central provision for both education and research will be on the main hospital site.
2. Central provision for education and research will be in one location but need not be in the main hospital building.
3. Staff from the community hospital at Southmead will share Academy provision.
4. The enhancement of community facilities at Yate, Thornbury and Kingswood will take account of need for education through provision of Academy learning centres.
5. The community hospital at Frenchay will include an Academy learning centre.

It is envisaged that centralised provision within the main hospital site will fulfill the following functions.

1. Academic management and admin accommodation
2. Scientific laboratory space (NHS and HE)
3. Research seminar and 'event' (conference/workshop) space

4. Library and knowledge management including substantial PC space and related connectivity and infrastructure
5. Post-graduate medical education
6. Undergraduate medical education
7. Support for nursing and AHP pre-registration education
8. Management education
9. Clinical skills development for all clinical staff
10. Communication skills development for all staff
11. Vocational education (NVQ etc)
12. IT Training
13. Mandatory Training (including manual handling)
14. Trust Induction Training
15. Nursing and AHP CPD
16. Medical CPD
17. Basic skills education
18. R & D Support & Administration
19. Clinical Trials administration and management
20. Researchers' office space (University and NHS)
21. Education for the support and enhancement of research capacity
22. Support for community based clinical education including integrated care initiatives, telemedicine etc
23. Support for access and careers initiatives for schools and community groups
24. Access to catering and 'social' facilities
25. Concourse & related functions

Distributed space in in-patient, ambulatory, and core services zones should fulfil the following functions.

1. SpR and other specialty education
2. F1/F2 Modernising Medical Careers rotations
3. Support for mentors' and supervisors' work with nursing and AHP pre-registration students
4. Close to patient aspects of undergraduate medical education
5. Support for ward based lifelong learning activities for all staff including NVQ assessment and portfolio development, relevant ward based mandatory training (green card, orange card, re-sus, local fire and safety etc)
6. Ad hoc supplier training associated with new equipment
7. Response to clinical risk
8. Equipment training associated with new procurements;
9. Support for CPD for all clinical staff;
10. Delivery of relevant local induction for all new staff;
11. Support for patient education initiatives, 'expert patient' led groups etc.
12. Education associated with research and clinical effectiveness (e.g. journal club meetings)
13. Research related activity where appropriate

Dorothy Whittington - Director, Education and Research
North Bristol Trust
January 2006

NORTH BRISTOL NHS TRUST
TRAVEL TO WORK STRATEGY
SUMMARY
FEBURARY 2004

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1. Introduction

1.1. *Scope of report*

- 1.1.1. North Bristol NHS Trust is the largest provider of healthcare services in the South West, managing in the region of 1600 beds across seven hospitals, providing healthcare services to a local population in excess of 500,000 and treating over 400,000 outpatient and 100,000 emergency cases a year.
- 1.1.2. With 4,300 full time and 7,200 part time staff the Trust is also one of the largest employers in the region. The Trust is accredited by the University of the West of England and the University of Bristol as a teaching trust and it's two acute hospitals take on several hundred trainee medical staff annually.
- 1.1.3. The movement of staff, students, patients and visitors on this scale makes the Trust a major trip generator. An estimated 5,000 journeys are made by car each day to Southmead and Frenchay Hospitals. Demand for parking at both hospitals has long exceeded available capacity and lack of parking space is the cause of considerable frustration amongst staff and visitors, with illegal parking resulting in safety and operational risks.
- 1.1.4. In order to minimise these risks, make best use of limited resources, comply with the requirements of local and national legislation and demonstrate good practice in an increasingly important area, a fundamental review of staff travel to work arrangements has been undertaken. This document, the result of that review, outlines the series of measures that the Trust intends to implement over the next five years to bring about a significant and sustained reduction in single occupancy vehicle use amongst its staff.

1.2. *Format of report*

- 1.2.1. This report is broken into sections that explain why and how the Travel Plan was developed, what measures are included and how success will be measured and communicated to staff.

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- 1.2.2. Section 2 explains why the Trust has developed a plan and provides an overview of the development process. Section 3 reviews healthcare and transport legislation to establish the context for the plan and identifies some of the legislative requirements acting on the Trust.
 - 1.2.3. Section 4 of the report reviews existing transport infrastructure and service provision in and around Trust sites and briefly discusses how Trust policies affect staff travel to work behaviour. Building on the latter, section 5 provides an overview of current staff travel to work patterns and highlights some possible travel plan measures.
 - 1.2.4. Based on the result of these surveys, section 6 sets out the objectives and modal change targets the Trust has set for the plan and explains how these targets relate to those of Local and National Government.
 - 1.2.5. Section 7 outlines the package of measures the Trust has developed to achieve these targets and includes the Action Plan that will be used to guide investment in travel to work measures. Some specific projects are discussed.
 - 1.2.6. Section 8 explains how the impact of the plan will be monitored and what mechanisms have been included to facilitate update and review.
 - 1.2.7. Finally, section 9 examines how the plan will be marketed and how progress will be communicated to staff.

1.3. *Who should read this document?*

- 1.3.1. This document is primarily intended as a reference for use by facilities managers. A summary of the document will be distributed to all wards and departments within the Trust. The document will also be relevant to other NHS organisations and third parties that make use of the Trust's sites.

2. Background

2.1. *Introduction*

- 2.1.1. North Bristol NHS Trust was formed in 1999 through the merger of Southmead Health Services and Frenchay Healthcare NHS trusts. The merger led to improvements in the quality of healthcare provision in North Bristol, allowing for the creation of specialist facilities and the removal of unnecessary duplicate services.
- 2.1.2. From a transport perspective however, the process was not without problems. Whilst allowing for greater efficiency in those transport services provided by the Trust, the consolidation of services and departments caused shifts in staff travel to work patterns and increased levels of work related travel between sites, exacerbating the already serious parking and access problems that existed at the former trusts.
- 2.1.3. Managed car parking was introduced at the two trusts shortly before the merger. Different approaches were taken, with policy at Southmead Hospital requiring staff to purchase an annual parking permit, the cost of which was linked to salary, and staff at Frenchay and Blackberry Hill Hospitals required to pay an annual administration charge. No serious attempts were made to control demand through restraint measures, or to invest in or encourage the use of alternative modes of transport.
- 2.1.4. Although the introduction of managed car parking brought several benefits, the overall effect was for these benefits to be more than offset by the 2% annual increase in traffic levels recorded over the period, a trend compounded by the lack of facilities and support systems for cyclists, pedestrians and users of public transport.
- 2.1.5. In an attempt to address the problem the Trust has developed 'A Better Way to Work' – a travel plan that has the aim of safely and effectively managing parking capacity by shifting journeys onto alternative modes.

2.2. The development process

2.2.1. A Transport Working Group was established in 2001 with the purpose of investigating, planning and implementing improvements to transport and travel to work arrangements across the Trust. The Trust's former chairman chaired the group, with membership drawn from the Board and Management Teams, staffside, stakeholder and user groups. A full membership list is provided in appendix 1. Car parking and 'alternative travel to work' sub groups were subsequently established. At about the same time the Trust received eight days of travel plan advice from consultants Colin Buchanan & Partners under the DfT 'TransportEnergy' best practice programme to help in the development and implementation of the Travel Plan. This established a framework for subsequent work and had a number of outcomes including traffic monitoring and survey design.

2.2.2. The Working Group and sub groups were asked to:

- Detail the financial implications of proposed changes.
- Evaluate car parking at Frenchay, Southmead and Blackberry Hill and make recommendations to standardise its management.
- Examine ways to ensure common and equal fees for car parking at Frenchay, Southmead and Blackberry Hill.
- Reduce car dependency and promote alternative methods of travel to work by allocating resources to existing facilities.
- Present to the Trust Board a Transport Policy.
- Develop links with Bristol City and South Gloucestershire Councils and contribute to their travel to work strategies.
- Develop links with national and local transport organisations.

2.2.3. In late 2001 the car park sub group made a series of recommendations for the harmonisation of permit fees between the sites. It was agreed that permit fees would not be collected from May 2002 onwards whilst work by the alternative travel to work group was in progress, and that staff would make the final choice on permit fee structure through the mechanism of a vote during consultation on the Travel Plan.

2.2.4. The development of alternative travel options has been led by the travel to work sub group with input from key stakeholders including local authorities and transport

providers. The group has met on a regular basis to discuss the Travel Plan's development and implementation.

2.3. Consultation

- 2.3.1. Throughout the development process the Trust has sought to engage with and seek the views of staff members. The initial travel survey was used as the starting point for focus group explorations of specific issues, and to stimulate the discussion in user groups that directly informed the development of the Action Plan.
- 2.3.2. In June 2003, following approval of the draft plan by the Trust board, a formal consultation exercise was undertaken. Consultation on the draft plan took the form of a road show featuring displays, presentations and Q&A sessions. Voting slips were distributed with payslips.
- 2.3.3. In total nine meetings were held at Southmead, Frenchay and Blackberry Hill Hospitals. Approximately two hundred staff attended the meetings with similar numbers sending comments to the consultation email address.
- 2.3.4. Approximately a quarter of the 10,000 staff employed at the Trust took part in the voting exercise to select a new permit fee structure. Staff were invited to vote for which of two options – a flat fee or a salary linked system – they would prefer to have the Trust adopt. Two thirds of those voting opted for the latter, the implementation of which is discussed in section 7.8

2.4. Partnership working

- 2.4.1. Partnerships have been developed with a range of stakeholder groups and organisations to support the development of the plan and to share best practice.
- 2.4.2. Local Authority involvement has been a key part of this process and both Bristol and South Gloucestershire Councils have provided policy advice, technical assistance and resources as well as support at both officer and member level. The travel plan co-ordinators employed by the authorities have proved particularly valuable in this respect by acting as a single point of information and expertise.

- 2.4.3. The Trust attends the Green Commuter Clubs run by the authorities to share best practice and foster joint working between public and private sector organisations. Examples of the latter include the successful 2carshare and CarshareBristol projects and numerous initiatives between the Trust and organisations such as LifeCycle UK. The Trust also works with individual authorities on specific projects such as the VIVALDI funded Southmead Interchange initiative. In 2002 the Trust received an award in the progress category of the Avon Area Travel Plan award scheme and it is expected that further recognition will be sought in 2004.
- 2.4.4. The Trust has a partnership agreement with Bristol City Council and bus operator First Bristol Buses Ltd (see appendix 2) and the organisations have committed to improving services and exploring options for new services and ticketing initiatives.
- 2.4.5. As the profile of travel planning has risen within the NHS, so the Trust has become increasingly involved in sharing best practice with other acute hospital trusts and Primary Care Trusts. The Trust has also become involved in benchmarking and sits on the NPAG Transport and the Environment Best Value Group.

3. Context

3.1. *Introduction*

- 3.1.1. Whilst the main driver for the development of 'A Better Way to Work' has been the need to address the specific problems of poor access and parking at Trust sites, the Trust is also responding to the obligations of transport and healthcare policy and by the need to consider the transport impact of future healthcare infrastructure development. This section briefly examines the relevant issues.

3.2. *Transport Trends*

- 3.2.1. The increasing level of demand for parking at the Trust is largely attributable to increasing levels of vehicle ownership and use amongst staff. This in turn is a reflection of a wider trend that nationwide has resulted in a 79% increase in car based road traffic during the period 1980 – 2000.
- 3.2.2. Car use has increased as disposable income has risen and the overall cost of motoring has fallen. The cost of vehicle use is a function of purchase cost, maintenance, fuel, oil, tax and insurance and is lower in real terms now than in 1980 whilst bus fares have risen by 31% over the same period.
- 3.2.3. However, these costs are artificially low. They do not take account of 'non market' costs such as air and noise pollution, habitat destruction and loss of amenity and the health impacts associated with high levels of car use. These externalities are estimated to cost society the equivalent of 10% of GDP per annum.
- 3.2.4. Wider social changes have had a profound effect on levels of car ownership and use. For example, the increasing number of women drivers, a reflection of the changing role of women in the workplace, means that over 70% of UK adults now hold a full driving licence, compared to 57% in 85/86. Likewise, whilst the average number of trips made per person per year has remained relatively constant over the period, trip substitution has occurred, with more journeys now made by car (up 24%), and less by bicycle (down 44%) and bus (down 31%).

- 3.2.5. Land use planning policy in the late 1980's and early 1990's favoured low density urban fringe development. The period 1985 – 1997 saw a four fold increase in the number of out of town shopping centres granted planning permission, driving an increase in car use through inadequate provision for access by non car modes.
- 3.2.6. There were over 25 million licensed cars in the UK in 2000, 63% more than 1982. The projected size of the private car fleet in 2025 is some 41 million.

3.3. *Transport impacts*

- 3.3.1. The impacts of road vehicle use may be described as falling into three categories:
- Environmental, relating to the release of pollutants from fuel combustion, the use of non-renewable resources in manufacturing processes and the loss of land to transport infrastructure.
 - Economic, relating to congestion costs and the costs to the NHS and wider economy of road traffic accidents and the longer term impacts of sedentary lifestyles and pollution.
 - Social, relating to the impacts of noise pollution and social exclusion.
- 3.3.2. Greenhouse gas emissions from the transport sector rose by 39% between 1980 and 2000 and now account for 26% of UK emissions of climate forcing pollutants, up from 20% in the late 1990's. Transport is the only sector of the UK economy in which Carbon Dioxide emissions are still rising. The transport sector is also the main UK source of Carbon Monoxide (70% of total 'man-made' emissions) and Nitrous Oxides (50%) and is the source of 20% of the particulate matter produced in the UK. Average fuel consumption in the UK private vehicle fleet has not improved since 1987 and the transport sector consumes 34% of total UK energy production, up from 25% in 1980.
- 3.3.3. 500,000 car trips are made each day into and out of Bristol City Centre. Congestion - additional time spent travelling compared with free flowing traffic – is a particular problem in Bristol because the road network does not have the capacity to efficiently handle existing traffic levels. The projected increases in levels of car ownership and use would have a significant impact on the economic vitality of the city and the quality of life

of its residents. Traffic speeds in the central area are now 11 mph, down from 16 mph in 1990 and the cost of congestion to business in the area is estimated at £50 million per annum. Traffic levels in the North Fringe area have grown by 32% between 1991 and 1996.

- 3.3.4. Although levels of car ownership are high in both Bristol and South Gloucestershire, this masks significant variations between wards. For example, whilst over 80% of households have access to a car in the most affluent wards of the city, this falls to 35% in inner city wards. Out of town shopping and leisure centres are inaccessible to pedestrians and others without access to a car, with the result that the elderly, disabled and those on low incomes are excluded from these services.
- 3.3.5. NHS modernisation, which has been driven by the closure of cottage style and city centre hospitals in favour of large, single site facilities on green belt land, has contributed to the problems of social exclusion. Distances travelled to access such sites are greater than for the facilities they have replaced, and they are poorly planned for accessibility by non car modes. Poor access results in missed and delayed appointments and 31% of those without access to a car experience problems travelling to hospital.

3.4. *Healthcare policy*

- 3.4.1. In 1997 3,599 people were killed and 327,544 were injured (42,937 seriously) in road traffic accidents in the UK. This equates to roughly 10 deaths and 1000 serious accidents a day. It is estimated that the annual cost to society of road traffic accident fatalities amounts to some 2.5% of GDP.
- 3.4.2. Vehicle exhaust emissions damage health. Carbon monoxide interferes with respiratory biochemistry and can affect the central nervous and cardiovascular systems, reducing the capacity of blood to carry oxygen to tissues. Nitrogen oxides are thought to have both acute and chronic effects on respiration and lung function, particularly in people with asthma. They also contribute to the formation of ozone, a harmful secondary pollutant and climate forcer. Particulate air pollution episodes are responsible for causing premature deaths among those with pre-existing lung and heart disease. A quarter of Bristol's population live in areas where NO_x, PM₁₀ and ozone levels exceed threshold values. An estimated 10,000 premature deaths are attributable to respiratory disease

caused by air pollution from road traffic, estimated to cost £11 billion per annum annually.

- 3.4.3. Increasing levels of car use and declining levels of walking and cycling as modes of transport have contributed to the rise in the incidence of overweight, obesity and their associated health impacts. It is estimated that 63% of men and 49% of women are overweight. In 1998 the direct cost to the NHS of treating the effects of obesity was put at £500 million per annum, with additional indirect costs of £2.6 billion per annum.
- 3.4.4. The NHS has a duty to improve the health of the population as a whole whilst narrowing health inequalities. Transport is an important determinant of public health and the integration of healthcare with transport and land use planning is a key means of encouraging healthy transport and ensuring health services are accessible to all.
- 3.4.5. The Health Act and 'Our Healthier Nation' the white paper on public health, provide the statutory basis for this duty through the National Service Framework on Coronary Heart Disease and the production of Health Improvement Programmes by strategic health authorities.
- 3.4.6. The Avon, Gloucestershire and Wiltshire Health improvement programme recognises that the provision of accessible transport is a key part of the delivery of progress in the four priority areas of Coronary Heart Disease and stroke, cancer, accidents and mental health.
- 3.4.7. The National Service Framework on CHD aims to reduce heart disease in part by increasing levels of physical activity and encouraging the development of Travel Plans and healthy transport options amongst employers. The NHS not only has a duty to lead by example in this respect, but as the largest employer in the UK, to take action to address the unparalleled impact its operation has on health and the environment.
- 3.4.8. Guidance in this respect is provided through Controls Assurance, a mechanism that seeks to ensure that Trusts identify and deal with risks across all areas of their activity. The Fleet and Transport Management standard requires Trusts to take steps to 'improve fleet and transport management and reduce environmental and other risks associated with transport' (NHS Executive, 2000), and in particular, to:

- Give preference in procurement to vehicles with reduced emissions and increased fuel economy
- Consider mileage allowance rates that encourage smaller engined vehicles / cycling rates etc.
- Produce Transport Plans and encourage staff to adopt healthy transport choices such as walking and cycling
- Rationalise car parking needs in discussion with Local Authority officers
- Recognise the importance of good access, on-site traffic management systems, provision of signs and egress to the healthcare site
- Liase with public transport coordinators, both bus and rail, to provide a viable service to the site
- Negotiate with suppliers for deliveries to be made outside times of peak congestion
- Pursue opportunities for sharing vehicles or transport
- Consider journey management and distances covered

3.5. Transport Policy

- 3.5.1. It is now generally accepted that the trends in road traffic described above are socially, environmentally and economically unsustainable. Policy has moved on from 'predict and provide' to the use of a framework where transport planning is integrated with land use and healthcare planning and sustainable development. The general aim is to reduce congestion and pollution and provide a wider choice of quicker, safer and more reliable travel options.
- 3.5.2. The Environment Act (1995) and Road Traffic Reduction Act (1997) impose statutory duties on local authorities to reduce traffic levels, promote the use of sustainable modes of transport and take measures to reduce the pollution associated with road traffic.
- 3.5.3. The Integrated Transport White Paper and the Transport Act set out a series of strategies and structures to deliver modernised transport infrastructure. Between them, these documents provide the statutory basis for the introduction of Local Transport Plans, Regional Transport Strategies and Multi-Modal Studies.

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- 3.5.4. The Ten Year Plan for Transport, budgets for expenditure of £180 billion over the plan period with significant allocations for integrated transport measures including behavioural change initiatives, demand management and travel planning. A three year funding package was made available to local authorities to support Workplace Travel Plan Co-ordinators and the development of travel for work strategies.
- 3.5.5. The framework for the delivery of the ten-year plan is set out in the Transport Act (2000). The Act places a statutory duty on local authorities to prepare five year Local Transport Plans that set out the policy and financial frameworks of future transport provision in their areas.
- 3.5.6. Both Bristol and South Gloucestershire Councils see Travel Plans as a key tool in meeting their Local Transport Plan objectives and emphasise the benefits of working in partnership with organisations that are developing plans on a voluntary basis. However, local authorities also have powers to require travel plan development as a condition of planning consent.
- 3.5.7. The principal tools in this respect are provided through Planning Policy Guidance note 13 (transport) and section 106 of the Town and Country Planning Act (1990). PPG13 allows for the application of conditions to planning consents, such as those relating to the provision of cycle facilities and facilities for public transport. PPG13 also makes provision for planning obligations and the use of commuted payments to support improvements to public transport, cycling and walking measures likely to influence travel patterns to the site involved.
- 3.5.8. Likewise, section 106 of the TCPA empowers local authorities to attach 'agreements regulating development or use of land' in such as way as to mitigate the impacts of developments that result in traffic generation or increased congestion.
- 3.5.9. The Trusts travel plan has been developed voluntarily and the Trust has thus not been subject to any of the planning conditions outlined above. However, in October 2003 South Gloucestershire Council imposed a condition on planning consent to redevelop the Post Graduate Centre at Frenchay Hospital that required the Trust to have implemented the travel plan by the time the development was occupied.

4. Existing facilities & services

4.1. *Introduction*

- 4.1.1. The Trust manages a large and varied estate, ranging from cottage hospitals and health centres to acute general hospitals. Its three main hospitals exhibit marked differences in context, built environment and in the nature of existing transport links. As all these factors influence travel behaviour a detailed understanding of the state of existing provision, both on and off site, is required if an effective policy response is to be developed.

4.2. *General*

- 4.2.1. **Southmead Hospital** is an acute general hospital covering an area of 24 hectares about 5km North of the city centre. The site has older buildings in the centre and more recent development at the periphery. Car parking is generally provided on the edge of the site.
- 4.2.2. The surrounding area is suburban, with the residential areas of Horfield to the South and West, Filton to the North and Southmead to the West. Consequently, the site is reasonably well served with regard to local facilities – shopping located on Southmead Road and Filton Road includes a post office, newsagents, grocery stores and a chemist.
- 4.2.3. The A38 runs within a few hundred metres of the sites Eastern boundary, a radial route carrying significant volumes of commuter traffic between the city centre and the North Fringe. The road is a principal public transport corridor. Both the A38 and the B4056 (Southmead Road) exhibit peak time congestion.
- 4.2.4. The sites main entrance opens onto Monks Park Avenue providing 24 hr vehicle access and serving as the principle A&E access point. The entrance also allows 24 hr pedestrian and cycle access. A second entrance opens onto Southmead Road and provides daytime vehicle access and 24 hour pedestrian and cycle access. Both entrance are barrier controlled. Minor entrances onto Dorian Road and Kendon Drive allow peak time vehicle and pedestrian and cycle access respectively.

- 4.2.5. **Frenchay Hospital** is an acute general hospital of some 28 hectares about 6km NE of the city centre. The site includes a number of listed buildings along with more modern development. Part of the site falls within the Frenchay conservation area. There are very few facilities in the local area.
- 4.2.6. The site is bounded to the North and East by the residential areas of Frenchay and Downend, to the south by Frenchay Common and to the West by the B4058 / Frenchay Park Road. The M32 runs about 500 metres West of the site, with the Avon ring road to the North.
- 4.2.7. The main entrance (A) opens onto Bristol Road, providing 24 hour access to A&E. Entrance B provides access to the site from the mini roundabout at the junction of Bristol Road, Frenchay Park Road and Beckspool Road. A third entrance (C) opens onto Frenchay Common. A gated footpath runs between Trust Headquarters and Frenchay Common.
- 4.2.8. The Trust owns and occupies most of the Frenchay and Southmead sites. A number of other organisations are based at the sites.

4.3. *Pedestrian provision*

- 4.3.1. It is possible to access **Southmead Hospital** on foot from all four entrances. Access is facilitated from Southmead Road by a pedestrian crossing adjacent to the site entrance. The pedestrian environment around the site is reasonable, with generally well maintained and lit footpaths.
- 4.3.2. On site facilities are reasonable. Some pavements are too narrow for wheelchair use. Pedestrian crossings are provided at six points across the site but are unlit. There are a number of points of conflict between pedestrians and other road users, such as at the Monks Park and Southmead Road entrances where cyclists are directed on to the pavement to avoid site barriers. A speed limit of 15mph operates across the site, but is not enforced and is regularly exceeded by both staff and visitors to the site.

- 4.3.3. Services provided on site include a restaurant, shops and cafes, photo processing, nurseries, market stalls, a social club and tennis courts. An independently operated open-air market is held in the main staff car park on Saturdays.
- 4.3.4. The pedestrian environment around **Frenchay Hospital** is reasonable at best, the area around the common in particular being poorly lit. The high level of staff parking on Beckspool Road along the common reduces the pavement width significantly. No crossing facilities are provided in the vicinity of any of the entrances.
- 4.3.5. On site facilities are much the same. A lighting survey conducted in 2002 demonstrated that lighting across the site is adequate. The narrow roads on the site mean that speed limits are generally low. In some areas – such as around A&E, pavements are not provided and provision for pedestrian is at the same grade as other road users.
- 4.3.6. Services provided at Frenchay include a restaurant and coffee shops, a social club, meeting hall, open air swimming pool, tennis courts, cricket pitch and nature trail.

4.4. Cycling

- 4.4.1. As part of the Showcase Bus Corridor package of works, a number of improvements have recently been made to cycle infrastructure around **Southmead Hospital**. These include Advanced Stop Lanes, cycle lanes and junction improvements on the A38. Additionally, specific cycle access is provided onto the site from Kendon Drive. There are no cycle facilities on Southmead Road or Monks Park Avenue.
- 4.4.2. The high level of on street parking on Monks Park Avenue and Southmead Road forces cyclists into the centre of the road, potentially causing conflict for road space with other users. Cyclists turning right onto the site from these roads are able to use the ghost islands by the site entrances.
- 4.4.3. Cyclists entering the site from Southmead Road or Monks Park Road are directed onto the footpath to avoid the entrance barriers, which being controlled by inductive loops will not be triggered by cyclists. Signage instructs cyclists to dismount. This is a point of conflict between cyclists and pedestrians. Cyclists entering the site from Dorian Road at times when the gate is down are also directed onto the footpath.

- 4.4.4. Cycle parking is provided at numerous locations across the site. Long stay parking is generally provided in the centre of the site, with short stay parking provided throughout. Facilities are generally Sheffield Stands or similar with a small number of older, wall mounted Butterfly stands. Many staff park their bikes informally close to their place of work. Covered parking is currently provided in a secure compound by the Post Room, the Post Graduate Centre and in the Cycle Centre. Table 4-2 summaries the number, location and type of existing cycle parking facilities at the three sites, although it should be noted that this is not necessarily accurate as new facilities are added on an ongoing basis.
- 4.4.5. Due to the nature of the site, there are a large number of showering and changing facilities on wards and accommodation blocks. Not all of these are available for use by cyclists, however, the travel to work office maintains a spreadsheet of those that are.
- 4.4.6. A dedicated cycle centre is located toward the centre of the site. The centre has secure access control and includes parking for 60 bicycles, a changing area with X lockers, ironing board, iron and hair dryer, toolkit, a drying room, showers and WCs and an information point. The centre is at capacity year round.
- 4.4.7. Cycle access to **Frenchay Hospital** is not to the same standard as that to Southmead Hospital. There are no cycle on Frenchay Park Road or Beckspool Road, however a share use facility is provided on Stoke Lane / Coldharbour Road and off road routes have been developed between UWE and the MoD at Filton Abbey Wood, allowing for reasonable cycle access from Abbey Wood station.

Table 4-1 Cycle Parking

Southmead Hospital	No of stands	Long Stay	Short Stay
Somerset House	3		√
Cycle Centre	30	√	
Medical Electronics	1		√
Avon Way	10		√
Restaurant	3		√
Midwifery	4		√
Personnel	2		√
Main admissions	6		√
Oral Surgery	2		√
Post Grad Compound	5	√	
Post room compound	12	√	
Monks Park House	2		
Total	80	47	33
Frenchay Hospital			
CSSD	5	√	
THQ (front)	2		√
THQ (side)	2		√
Gardens Dept yard	2	√	
Phase 1	5		√
Pain clinic	3		√
Swimming pool	2		√
Cycle compound	15	√	
Medical illustration	2		√
Medical engineering	2		√
Finance	2		√
A Block	2		√
Pathology	3		√
Porters lodge	2		√
Old pain clinic	2		√
Staff restaurant	2		√
Resident block	2		√
Neuro pathology	2	√	
Postgrad centre	3		√
Pathology	3		√
Payroll	3		√
Neurosciences	2		√
Total	68	22	46
Blackberry Hill			
Main entrance	2		√
Porters lodge	2		√
Training	4		√
Compound	4	√	
Side entrance	3		√
Restaurant	3		√
Total	18	4	14

- 4.4.8. The first health service Bicycle Users Group was set up at Frenchay Hospital in 1993. BUGs are now active at both acute hospitals.
- 4.4.9. The Trust currently pays a mileage allowance to staff who use their bicycles on Trust business. The allowance has not increased since its introduction in 1998 and stands at 40 p/mile for the first two miles, with 14 p/mile thereafter, up to a maximum of 10 miles. The number of staff claiming this allowance is very low. The total amount paid out for cycle mileage in 2001/02 – 2002/03 was only £100.
- 4.4.10. Discounts on bicycles, equipment and accessories have been agreed with a number of cycle shops in the North Bristol area. These are listed in table 4-3. A number of these stores have pick up / drop off arrangements whereby they will collect a bicycle for servicing from Southmead, Frenchay or Blackberry Hill and return it on the same day.

Table 4-2: Discounts at cycle shops

	Bikes	Accessories	Parts	Servicing
Bike UK	15	-	-	-
Pemburys	12.5	12.5	15	20
Bike City	10	-	-	-
Blackboy Hill Cycles	10	-	-	-
Harveys Cycle Exchange	-	-	10	-
Woods Cycles	5	-	10	-

4.5. Bus services

- 4.5.1. First operates the majority of commercial bus services in the Bristol area. These generally run on a radial basis through the city centre. Other operators include South Gloucestershire Bus and Coach and First Badgerline who provide services in South Gloucestershire and North Somerset respectively. A small number of services operate on an orbital basis and these tend to be financially supported by Bristol City or South Gloucestershire Councils.
- 4.5.2. Its residential setting and proximity to one of the principal bus corridors into the city ensure **Southmead Hospital** is well served by public transport. The existing service frequency and network coverage suggest that bus services to the site have the capacity to support significantly more than the 4% of staff who currently travel by this mode.

- 4.5.3. There are five bus routes that directly serve the site. Three stop immediately outside the Monks Park Avenue or Southmead Road entrances, with the remaining two running through the hospital grounds on a hail and ride basis. Shelters are provided immediately outside the site in each direction of travel. The shelters outside the main entrance have been upgraded as part of the Showcase Bus Corridor package of works and now feature raised bus borders and real time information displays.
- 4.5.4. Services 76/77 (Hartcliffe – Henbury) and 54/54b (Cribbs Causeway – Stockwood) offer the highest service frequencies – up to six services per hour on the 76/77 and four services an hour on the 54/54B – and the longest hours of operation. Service 76/77 forms the cities first Showcase Bus Corridor. In addition to improved bus shelters, the corridor features new bus priority measures including road space reallocation and transponder controlled traffic signals and a fleet of new, low emission, DDA compliant buses.
- 4.5.5. The supported services have the benefit of running through the Hospital grounds but are less frequent and have less capacity. They offer useful cross-city services linking the hospital to Filton Abbeywood and Parkway stations as well as Frenchay Hospital (see below). A further twelve services stop at the junction of Monks Park Avenue and the A38, about 400m of the main entrance.
- 4.5.6. **Frenchay Hospital** has a semi rural setting and as such bus services to the site are more limited. Existing services have spare capacity but new routes and / or increased frequencies would be required to accommodate significantly increased demand for public transport.
- 4.5.7. There are eight bus routes that directly serve the site, with stops located adjacent to entrances A and B. The shelters by the main are recessed, with no lighting and poor visibility and require replacement with a DDA compliant type.
- 4.5.8. The majority of services operate on radial routes into the city centre and Northwards to The Mall and Yate, with a small number of circular routes providing links to Longwell Green and Hanham. Service 4 (Hanham – City Centre) is the only commercially operated service to the site and has a frequency of 4 services per hour. The remaining

services are council supported and operate at lower frequencies and capacities. The 518 operated by South Gloucestershire Bus and Coach is the only bus service to link Southmead and Frenchay Hospitals.

- 4.5.9. Two bus routes directly serve **Blackberry Hill Hospital**. Stops are located immediately outside the main entrance in each direction of travel.
- 4.5.10. Service 5 (Downend – Centre) is the only commercially operated and runs every fifteen minutes. There are no bus services between Blackberry Hill and Frenchay hospitals.
- 4.5.11. The Trust is a member of Firsts 'Commuter card' scheme. Staff who purchase a First 6Month or First Year pass through the Trust receive a 10% discount on the ticket price. The Trust purchases the ticket from First and recovers the cost through monthly or weekly salary deduction over the duration of the ticket.
- 4.5.12. Staff who use public transport for business trips are entitled to claim an allowance of 23p / mile as specified by the Whitley Council.

Table 4-3 Bus services to Southmead Hospital

					Services / Hour						
					Monday – Friday					Sat	Sun
Service	Operator	Type	From	To	First	Last	AM	PM	Daily		
Through hospital grounds											
517	SGB&C	S	Abbey Wood	Avonmouth	0630	1735	1	1	1	-	-
			Avonmouth	Abbey Wood	0650	1735					
585	First	S	Sea Mills	Broadmead	0717	1834	1	1	1	1	-
			Broadmead	Sea Mills	0726	1831					
Stops immediately outside hospital											
76/77	First	C	Hartcliffe	Henbury/ Southmead	0442	2245	6	6	6	6	2
			Henbury/ Southmead	Hartcliffe	0516	2242					
518	SGB&C	S	Longwell Green	Avonmouth	0601	2241	2	2	2	2	1
			Avonmouth	Longwell Green	0613	2203					
Stops within 400m of site entrance											
54/54B	First	C	Stockwood	Cribbs	0525	2247	4	4	3	4	2
			Cribbs	Stockwood	0635	2247					
574	SGB&C	S	Bradley Stoke	City Centre	0749	1853	1	1	1	1	-
			City Centre	Bradley Stoke	0844	1756					
Services along Gloucester Road											
X10 X11 X14	First	C	Bristol	Chepstow	0820	1845	1	1	1	1	-
			Chepstow	Bristol	0711	1645					
75/75A	First	C	Hartcliffe	Cribbs	0520	2284	5	5	5	4	2
			Cribbs	Hartcliffe	0642	2232					
99	First	C	UWE	City Centre	0719	2055	3	3	3	-	-
			City Centre	UWE	0706	1900					
309 310	First	C	Bristol	Wotton under Edge	0555	1750	3	3	3	2	1
			Wotton under Edge	Bristol	0627	2147					
586	First	S	Zetland Road	Broadmead	0702	1908	1	1	1	1	-
			Broadmead	Zetland Road	0648	1901					
609 610	First	C	Bristol	Thornbury	1850	2250	1	1	1	1	-
			Thornbury	Bristol	1947	2147					

Table 4-4 Bus services to Frenchay Hospital

					Monday – Friday					Sat	Sun
Service	Operator	Type	From	To	First	Last	AM	PM	Daily		
Stop immediately outside hospital											
4	First	C	Hanham	City Centre	0620	2308	4	4	4	4	2
			City Centre	Hanham	0638	2215					
518	SGB&C	S	Longwell Green	Avonmouth	0601	2241	2	2			
			Longwell Green	Avonmouth	0613	2203	2	2			
318 / 319	First	C	Keynsham	Cribbs	0628	1817	1	1	1	1	-
			Cribbs	Keynsham	0633	1849					
626											
629											
680 / 681	SGB&C	S	Brimsham Park / Tormarton	Filton	0714	1757	1	1	1	-	-
			Filton	Brimsham Park / Tormarton	0901	1857					

Table 4-5 Bus services to Blackberry Hill

					Monday – Friday					Sat	Sun
Service	Operator	Type	From	To	First	Last	AM	PM	Daily		
Stop immediately outside hospital											
5	First	C	Downend	City Centre	0632	2230	4	4	3	3	2
			City Centre	Downend	0630	2316	4	4	3	3	2
581	First	S	Longwell Green	Cribbs	0739	1741	1	1	1	1	-
			Cribbs	Longwell Green	0742	1903	1	1	1	1	-

Notes:

Operators: First = First Bristol. SGB&C = South Gloucestershire Bus & Coach Co.

Type: C = Commercial. S = Subsidised. 99 = term time only

4.6. Intersite Bus

- 4.6.1. The Trust operates a shuttle bus service that runs between Southmead, Frenchay and Blackberry Hill Hospitals. The service was extended in May 2003 and now runs later in the evening as well as at the weekend. The bus now runs between 06.55 and 20.55

Monday to Friday, and between 09.55 and 13.55 on Saturday and Sunday. One 15 seat vehicle operates on the service, which has a frequency of 1 / hr.

- 4.6.2. Stops, currently of the 'pole and flag' type, are located by the Southmead Road entrance, outside the AOC, opposite the car park office and next to the Monks Park entrance at Southmead, next to the Redwood Restaurant at Frenchay and by the main entrance at Blackberry Hill Hospital.

Table 4-6 Intersite Bus Timetable

Monday – Friday		
	First	Last
Blackberry Hill	06.55	19.55
Frenchay	07.05	20.05
Southmead	07.25	20.25
Frenchay	07.45	20.45
Blackberry Hill	07.55	20.55
Saturday – Sunday		
Blackberry Hill	09.55	12.55
Frenchay	10.05	13.05
Southmead	10.25	13.25
Frenchay	10.45	13.45
Blackberry Hill	10.55	13.55

4.7. Travel Information

- 4.7.1. Travel Plan information boards are provided at eighteen locations across the Trust. They provide space for leaflets, cards, posters and booklets. Comment boxes are provided on each. Each site has a BUG noticeboard to display maps, leaflets and other cycling information.
- 4.7.2. The security and car parking offices at Southmead and Frenchay are supplied with copies of site maps, bus timetables and other travel information. Similar information is available from wards, departments and reception areas.
- 4.7.3. A Travel Plan intranet site has been developed and currently provides basic information on car parking and the intersite bus.

- 4.7.4. All new Doctors and nurses receive an induction pack with details of travel to work arrangements and initiatives, and all new staff receive a benefits sheet in their pack providing an overview of the travel plan with information on where to get further details.
- 4.7.5. All new staff with the exception of Doctors receive a travel to work presentation as part of their induction programme. This provides staff with information on existing car parking arrangements as well as the new arrangements planned as part of the Travel Plan. A wide range of public transport, cycling, car and ride sharing and associated information is made available to staff during their induction.

4.8. Parking

- 4.8.1. Policies have been developed to regulate parking at Southmead, Frenchay and Blackberry Hill Hospitals. At the Trust's other hospital sites car parking is provided on an unregulated basis. The policies cover apportionment and use of parking capacity; procedures for permit allocation and control of dangerous and 'illegal' parking.
- 4.8.2. Parking management is contracted out to professional car park operators. Q-Park (formerly Universal Parking Management) provides management services at Southmead Hospital, whilst KML fulfil this function at Frenchay and Blackberry Hill. These arrangements date from the former Southmead and Frenchay Hospital Trusts and were inherited by North Bristol Trust when it was created in 1999. The contracts have been extended on a short-term basis such that both will be due for renewal in 2007, at which point a Trust wide contract will be sought.
- 4.8.3. Q-Park and KML are responsible for all aspects of operational management. Their responsibilities include the provision of parking attendants, administration of the permit application and renewal process, enforcement of the Trust's parking policy (including the collection of fines and clamping), maintenance of car park barriers and signage and the provision of a courtesy bus service (Southmead only). The two companies provide professional expertise to facilitate ongoing improvements to the quality of the Trusts car parks.
- 4.8.4. There are currently 1327 spaces at **Southmead Hospital** provided for staff use, 81% of total parking capacity at the site, with the remaining 19% allocated for use by patients

and visitors. The staff car parks operate near or at capacity much of the time. Capacity is below that allowed for by local authority guidance and is subject to additional pressure as development activity reallocates parking capacity for other uses¹.

- 4.8.5. The site has a permit / space ratio of 2.98, significantly higher than the 1.66 recommended for new hospital development. There are therefore substantially more permits per space than can be efficiently managed. This imbalance between demand and supply, caused by the lack of any demand restraint measures, is the cause of most of the parking issues that affect the site. Additionally, there are serious and ongoing issues relating to illegal and dangerous parking on site and staff parking on residential roads in the surrounding area.
- 4.8.6. Notwithstanding the above, the apportionment and management of existing capacity is generally good. Table 4-4 lists current parking capacity and apportionment. All the main staff car parks are barrier controlled and well lit. A number of car parks have been awarded 'Secure car park' status by the Association of Chief Police Officers for several years in succession. Separate car parks are provided for late shift staff on call and peripatetic staff, consultants and for loading and short stay purposes.
- 4.8.7. The main vehicle access points are the Monks Park Avenue and Southmead Road entrances. Of the two, the Monks Park / A&E entrance provides 24 hour access to the site, with the Southmead Road entrance open between 8am and 6pm. Access is possible from the Dorian Road entrance during the morning and evening peaks only.
- 4.8.8. At **Frenchay Hospital**, 1159 spaces are provided for staff, 74% of total capacity. Recent revisions to South Gloucestershire Council's local plan (currently at the draft deposit stage) have replaced maximum parking standards for hospital developments with a per site assessment, determined on merit. making an assessment of the optimum level of staff parking problematic. Notwithstanding this, the 4110 live permits at Frenchay have resulted in a permit / space ratio of 2.64, suggesting that the number of

¹ Although the use of parking standards to determine the optimum number of spaces for the number of staff employed on the site is complicated by the fact that the site is classed as mixed use, working on the basis of 1 space per 3 beds plus 1 space per 3 w.t.e equivalent staff, suggests that appropriate capacity stands at 1470 spaces. However, revisions to the First Deposit of the Bristol Local Plan suggest this standard might be tightened for sites such as Southmead that are well served by public transport.

spaces necessary for efficient management of existing demand is in the region of 1950 spaces. Table 4-5 lists current parking capacity and apportionment

- 4.8.9. Only the main staff car park is barrier controlled, access to which is via the main visitor car park, making entering and leaving at peak times problematic. Several car parks have temporary surfaces and others are in a poor state of repair. Lighting is adequate throughout. Spaces are provided for a range of users including late shift staff. Provision is also made for 'Priority' users – members of staff who leave the site on Trust business on a regular basis.
- 4.8.10. Staff parking on Beckspool Road, Frenchay Park Road and the residential roads around Fromshaw Road is commonplace and of serious concern to local residents.

Table 4-7 Southmead Hospital Car Parks

LOCATION	TOTAL SPACES	STAFF	CAR SHARE	ON CALL	COMM	PAY & DISPLAY	DIS	VSTR	DROP OFF	PICK UP	AMB BAY	LOAD BAY	BARRIER
A&E	39			2		30	7						
AOC (Front)	8								8 (10 mins)				
AOC (Rear)	90					90							
AOC (Rear/Staff)	28	23		5									Yes
AVON WAY (Public)	130					130							
AVON WAY (Staff)	318	318											Yes
AVONMEAD	7				7								
BOILER HOUSE	12	12											
BRECON UNIT	34	30		4									Yes
CDS/DONAL EARLY	65			5		49	8			3			
CHAPEL WAY	19			7			10		2				
CHRISTOPHER HANCOCK	188	181			2		3	2					Yes
CONSULTANT	22	22											Yes
COTSWOLD CENTRE	11	11											
DSC	6						6						
ELGAR HOUSE	7					5	2						
ELGAR HOUSE (Staff)	15	15											
GLOUCESTER HOUSE	69	57		1			2				9		
LATE SHIFT	79	79											Yes
LEWIS LABS	6	5						1					
MAIN ADMISSIONS	0												Yes
MATERNITY	5			5									
MONKS PARK HOUSE	43	33			8			2					
MORGUE (DMA)	2						2						Yes
NICU	21	21											Yes

OCC HEALTH	6				4			2					
OT TECHS BAY	2	2											
RICHARD BRIGHT	7						6		1				
<i>RICHARD BRIGHT ON CALL</i>		?											
SILVER BUILDING/POST GRAD	26					18	4	3				1	
SOMERSET HOUSE	6							6					
TRAINING	6	6											
TUKE	69	69											Yes
TYNDALL HOUSE	30	30											
TYNDALL WAY	252	247						5					Yes
UPM SPACES	9	9											
WESTGATE HOUSE	9	9											
TOTALS	1646	1179	0	29	21	324	50	21	11	3	9	1	

Table 4-8 Frenchay Hospital Car Parks

LOCATION	TOTAL SPACES	STAFF	CAR SHARE	ON CALL	COMM	PAY & DISPLAY	DIS	VSTR	DROP OFF	PICK UP	AMB BAY	LOAD BAY	BARRIER
A&E	28	27					1		4				
ANAESTHETICS	10	10											
BARRIER CAR PARK	155	155											Yes
BURDEN CENTRE	32	32							4				
CAR PARK A	64					64							
CAR PARK B	61					61							
DRESSING CLINIC (Old MRI)	14	14											
ENTRANCE C	14	14											
ESTATES	52	52											
LASER UNIT (Rear)	10	10											
LIMETREE DRIVE (Mixed)	127	61				46	20		7		1		
LIMETREE DRIVE	121	120					1						
MacMILLAN/PLASTICS	61	61					2		2				
MAIN CAR PARK	198					188	10						
MAIN CAR PARK (Priority)	22	22											
MEDICAL RECORDS	8	8											
NHS SUPPLIES	13	13											
O/SIDE DAY HOSPITAL	18	17					1						
OCCUPATIONAL HEALTH	37	35					2		5		1		
OLD STABLES (Overflow)	23	23											
OUTPATIENTS	31	28					3						
PATHOLOGY LAB	6	6					4						
PHYSIOTHERAPY	12	10					2		2				
RESIDENCES A	100	100											
RESIDENCES B (& Overflow)	90	90											

RESIDENCES C (& Overflow)	145	145											
SEWING ROOM/LINEN EXCHANGE	8	8											
SOCIAL CLUB (Opposite)	30	30											
THQ	68	68					1						
TOTALS	1558	1159				359	47		24		2		

Table 4-9 Blackberry Hill Hospital Car Parks

LOCATION	TOTAL SPACES	STAFF	CAR SHARE	ON CALL	COMM	PAY & DISPLAY	DIS	VSTR	DROP OFF	PICK UP	AMB BAY	LOAD BAY	BARRIER
OAKWOOD HOUSE	5	2							3				
RIVERSIDE	26	24					2						
TRANSPORT DEPT	9	9											
ESTATES													
FROMESIDE HOUSE	28	28											
WICKHAM HOUSE	50	50											
ORCHARD DAY HOSPITAL	30	30											
ORCHARD HOSPITAL OVERFLOW	30	30											
MAPLES	12	12											
BRACE CENTRE	30	30											
LAUNDRY	3								3				
WRVS	4	4											
MANOR PARK PHARM	10	10											
CEDAR HOUSE	36	36											
MAIN STAFF	51	50							1				
WHITE GATE	19	19											
RESTAURANT	20	20											
MAIN PUBLIC	60			4		52	3		1				
WESTLEIGH HOUSE	10	10											
TRAINING DEPT	21	20					1						
BADMINTON	25	25											
TOTALS	479	409		4		52	6		8				

4.9. Other Policy Issues

- 4.9.1. All staff have the opportunity to apply for flexible working. Flexible working can take a number of forms, many of which have positive impacts on demand for parking. Flexitime, shift working and compressed hours can spread solo car journeys across the working day, reducing the congestion problems associated with 9 – 5 working. Moreover, home working removes the need to make the journey to work entirely and the Trusts guidance on home working acknowledges its beneficial effects on parking and travel to work difficulties.
- 4.9.2. Job vacancies are advertised in a wide range of local and national media. The Trust does not have a recruitment policy of targeting specific geographical areas to fill specific grades, but makes extensive use of local print media to recruit non specialist roles.
- 4.9.3. The Trust is required to recruit nationwide in order to fill senior and specialise posts and grades and offers a relocation package to qualifying staff. The package provides for the reimbursement of fees, duty and other costs associated with relocation but is contingent on the member of staff concerned moving to a location no more than 25 miles distant of their place of work.
- 4.9.4. An increasing number of staff have been recruited overseas. 'Overseas staff' are usually based in Trust accommodation at Blackberry Hill and are reliant on the intersite bus for transport to and from work. This has resulted in a sharp increase in patronage on the bus, demand for which often exceeds capacity during the morning and evening peaks. This is a serious reliability issue, as the transport department do not have the spare capacity to send out sweeper vehicles.
- 4.9.5. Staff who use their vehicles on business use are paid a mileage allowance at rates specified by the Whitley Council. Current rates are illustrated below:

Table 4-10 Whitley Council rates

	501 – 1000 cc	1001 – 1500 cc	Over 1500 cc
Regular user			
Lump Sum	£508	£626	£760
Up to 9,000 miles	27p	33.5p	40p
Thereafter	16.2p	18.3p	20.5p
Standard			
Up to 3,500 miles	34p	43p	53p
Thereafter	16.2p	18.3p	20.5p

5. Staff travel patterns

- 5.1.1. The Trust employs staff in a wide range of clinical and non-clinical positions. A high proportion of staff are female and many work shifts, so that staff have a wide range of transport needs, many of which may be unique to the healthcare sector.
- 5.1.2. In order to gain an understanding of how these staff travel to work and their reasons for doing so, and to assess options for encouraging a switch away from the private car, a staff travel survey was undertaken. The survey took the form of a self-completion questionnaire, distributed to all members of staff in October 2001, yielding a response rate of 25%
- 5.1.3. The survey was designed to collect data in the following key areas:
- The journey to work
 - Awareness of existing facilities
 - Attitudes to possible travel plan measures
- 5.1.4. A full analysis of the results is available in a separate report. The key findings are explained below.

5.2. *The journey to work*

- 5.2.1. Most journeys were short. Almost a third of staff made the journey to work in less than 15 minutes. Only a quarter took more than half an hour. However, only a third of bus users got to work in less than half an hour, suggesting that congestion is a serious cause of delays.
- 5.2.2. The majority of staff lived less than 3 miles from their place of work. In fact, 15% of solo drivers travelled less than a mile to get to work, with only 10% living more than 10 miles from work.

-
- 5.2.3. 75% of staff drove to work alone, 8% car shared, 7% walked, 4% cycled and 4% took the bus. As illustrated in table 5-1, levels of car use were well above the national average whilst levels of walking and bus use were well below, in the case of the latter significantly so.
- 5.2.4. There was a significant difference in modal split between sites. More women drove to work alone than men. Solo car use was highest in the 35 – 44 age bracket. Younger and older staff were less likely to drive to work alone.
- 5.2.5. There were significant differences in mode between staff groups. Just over half of ancillary staff drove to work alone compared to over 80% of management grades and nursing staff.
- 5.2.6. Although levels of solo car use were high amongst on call and 'out of hours' staff, they were actually higher amongst staff who work normal office hours.
- 5.2.7. 30% of staff drove to work because it was seen as being the quickest mode. A quarter drove because they needed access to a car during the day. A fifth of staff said they drove to work because there were no alternative options. Only 10 in 10 drove to work because they had to take children to school or childcare.
- 5.2.8. A large number of staff admitted parking on residential roads surrounding the Trusts sites. This was as high as 7% at Blackberry Hill.
- 5.2.9. 50% of solo drivers would be prepared to car share. Some 60% thought that help with finding a car share partner would be most effective at encouraging use, A fifth favoured reducing parking charges for car sharers and 20% a free emergency ride home.

5.3. *Alternatives to the car*

- 5.3.1. The majority of solo drivers would consider using alternatives to the car if improvements to existing services and facilities were made.
- 5.3.2. The level of awareness of existing travel initiatives was variable. Few staff knew that the Trust offers interest free loans for season ticket purchases, or paid a cycle mileage

allowance. However, the majority of staff at Southmead and Frenchay were aware of the intersite bus. Less than half Blackberry hill staff were aware of this facility.

5.3.3. Poor street lighting was seen as the main barrier preventing increased levels of walking, although those who did walk saw this as less of an issue than those who drove. More visible security and better lighting were also seen as important.

5.3.4. Most staff saw more comprehensive off road cycle paths as a way of encouraging staff to cycle to work. This was considered far more important than the provision of cycle parking and showering and changing facilities.

5.3.5. Staff who travel to work by bus considered more direct bus routes to be the best way of driving patronage amongst staff. Non users considered service frequency more important. 75% of staff who use the bus experience problems on a regular basis, falling to 33% amongst motorists and only 16% of cyclists.

Table 5-1 Comparison of main mode

Main mode to work	NBT Sept 2001	National	NBT March 2003
Car	75	70	69
Car share	8		17
Bus	4	8	5
Rail	0	6	0
Walk	7	11	2
Cycle	4	5	5
Motorbike / PTW	1		2

6. Objectives and targets

- 6.1.1. As the plan develops, progress will be assessed against a broad objective and a series of targets. The objective sets out the overall aim for the plan; with the targets setting the goals that will help the Trust measure progress.
- 6.1.2. The Trust recognises that the Travel Plan process is dynamic, characterised by a continuous cycle of action, monitoring and review. The setting of targets is key to this process as they provide the basis from which changes in travel behaviour can be monitored, providing a means for the plan to be revised as necessary.
- 6.1.3. The Travel Plans targets are designed to be SMART – Specific, Measurable, Achievable, Realistic and Time constrained. In setting these targets the Trust has considered the level of modal change necessary to realise real improvements on the ground whilst being consistent with modal change targets set by local and national Government.
- 6.1.4. The main focus of the plan is on the parking and access issues and consequently the targets focus on reducing the number of staff who drive to work alone. However, the Trust expects that the plan will bring the following additional benefits:
- Improved access for all staff (with associated employment benefits)
 - Improved access for patients and visitors
 - Health benefits to staff
 - Environmental improvements relating to air quality and noise pollution
 - Wider community benefits relating to social exclusion, congestion and road safety
- 6.1.5. Thus the overall **objective** of the plan is to reduce the need for staff to use the private car when travelling to and between Trust sites.
- 6.1.6. A **headline target** has been set to reduce SOV levels from 75% in 2001 to 68% by 2007, representing a 10% reduction in real terms.

6.1.7. This headline target breaks down into **secondary targets** that apply to the Trust as a whole. Table 6-1 sets out these targets. Baseline data for the targets are derived from the most recent staff travel survey. Interim targets have been set for 2004. New targets and objectives will be set at the end of the first plan period in 2007.

Table 6-1 Travel Plan targets

Mode	Baseline	Interim	Target	Change
SOV	75		68	(10)
Car Sharing	8		9	13
Walk	7		8	14
Cycle	4		6	38
PTW	1		1	0
Bus	4		8	100
Train	0		0	0

6.1.8. The targets the Trust has adopted are designed to complement those set out by Bristol City and South Gloucestershire Councils in their Local Transport Plans. The links between the various targets are illustrated in table 6-2 below.

Table 6-2 Links to LA LTP targets

Mode	NBT	BCC	SGC
SOV	Reduce by 10% in real terms by 2005	Reduce growth in car traffic by 20% by 2005 and thereafter reduce by 20% by 2015. Reduce growth in outer area by 15%	Limit growth to 7% between 2001 – 2006 Reduce mode share by 5-27% depending on corridor
Car Share	Increase mode share by 13% by 2005		Increase mode share by 10% by 2005
Bus	Double mode share by 2005	Increase bus trips to central area by 10% by '05 and by 30% by '15	Increase frequency of use
Train	Remain stable	Increase number of trips on local services by 5% by 2006 Increase mode share to at least 1.5% by 2006	Increase rail use for commuting by 30% by 2005
Cycle	Increase by 38% by 2005	Double by 2002 and double again by 2012 Achieve a 10% mode share by 2012	Double mode share by 2005 Increase to at least 10% amongst large employers

Walk	Increase by 14% by 2005	Increase number of walk trips to central area by 10%	Increase journeys to work on foot
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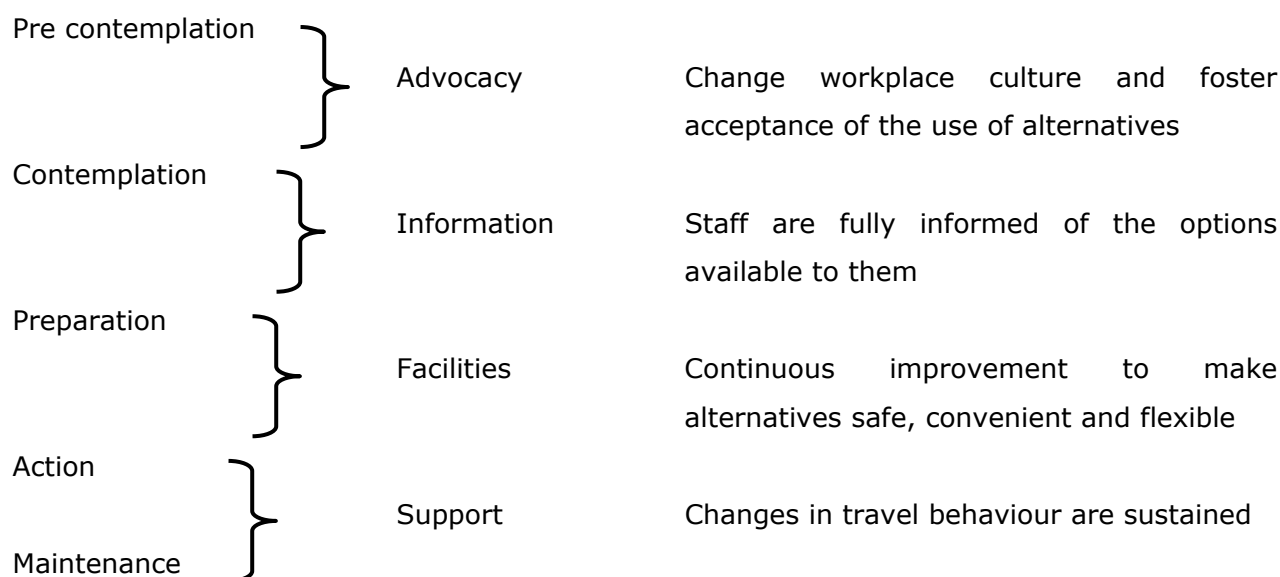
7. Delivering the Travel Plan

7.1. Introduction

- 7.1.1. The parking policies the Trust has inherited have proven to be inconsistent, inequitable and ineffective at addressing the current problem of high (and increasing) demand for parking and limited capacity on constrained sites to supply it. The lack of demand management has created an expectation that all staff are entitled to drive to work with the consequence that dangerous parking and competition for spaces are commonplace.
- 7.1.2. Given the constrained nature of the Trust's sites, increasing the number of parking spaces to meet forecast demand is not possible. Indeed it is likely that capacity will decrease in future due to developmental pressures. Thus, measures to control demand for parking are essential if best use is to be made of the limited and potentially diminishing parking resource.
- 7.1.3. The plan uses a 'carrot and stick' approach to changing travel behaviour. The introduction of demand management measures to ration the availability of permits is a basic element. However, as the use of charges alone has not proven effective in the past at managing demand the Trust has developed a twin track approach based around charging to generate funding allied to the use of allocation criteria to ration permits.
- 7.1.4. The other key element of the plan is the development of alternative travel to work measures. As discussed in section 4.10, existing facilities are strong in some areas and weak in others. The aim of the plan is to build on and improve these facilities. In this respect, the Travel Plan utilises a *behavioural change* approach to changing travel patterns, as illustrated in figure 7-1. Over eighty different measures have been identified. The schemes are designed to facilitate the move from one stage of behavioural change to another and to increase the sustainability of Trust transport. The schemes are listed in the Action Plan in section 7.14, along with their costs, progress, scheduling and other implementation details.
- 7.1.5. The plan is not prescriptive. Rather, staff are encouraged to make use of the facilities and incentives offered by the Trust and its partners to make appropriate travel choices based on their personal circumstances.

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- 7.1.6. The measures are agreed outcomes following consultation with staff, unions and stakeholder groups and have been developed in partnership with local authorities, transport operators and other organisations. The plan is revenue neutral, with all project costs being met through permit fee revenue. The car park companies will fund capital costs associated with car park measures, amortizing charges over the duration of their contracts.
- 7.1.7. The results of the last staff travel survey, backed up by recent DfT research, suggests that whilst only in the region of 10% of solo car drivers would consider cycling or using public transport, some 50% would consider car sharing – and furthermore, that people who car share are some five times more likely to use alternatives than solo car drivers. Accordingly, the focus of the first phase of the plan is on encouraging staff to change the way they use their cars rather than seeking to bring about radical changes in travel behaviour.
- 7.1.8. This initial phase also includes improvements to public transport and cycling infrastructure, mainly to benefit existing users of those modes, but also to support staff who are preparing to make the move to more sustainable modes of transport.
- 7.1.9. The early introduction of these measures allows time for them to 'bed in' in advance of the introduction of parking restraint measures. This approach also has the benefit of establishing a Travel Plan culture within the Trust in which staff who would not normally consider leaving their cars at home feel comfortable in exploring other travel to work options.
- 7.1.10. The initial phase will be followed, during the summer of 2004 by the introduction of demand management measures. The remainder of this section outlines the measures that will be in place by summer 2004 to encourage the use of alternatives, the measures that will be used to manage parking and the mechanisms for their administration, and the longer term actions that are scheduled for the period following summer 2004.

Figure 7-1 Stages of behavioural change



7.2. Car Sharing

- 7.2.1. The Trust has licensed a car share package called 'CarshareBristol' from the University of Bristol. The system is Internet based and registered users are able to search for car share partners whose location and working patterns match their own.
- 7.2.2. The Trust offers access to the system free of charge. The system can be used at home or work, however, staff who do not have internet access will be able to use the included call centre. A private group has been created for NBT staff, and once registered staff have the option of restricting their search to fellow employees, or widening it to search for matches amongst any of the 22 other organisations in the scheme.
- 7.2.3. The system brokers the match through anonymous email exchange. Guidance is provided on safety aspects and on splitting the costs of petrol etc.
- 7.2.4. In the region of 200 staff car parking spaces at Southmead and Frenchay Hospitals will be reallocated for use by car sharers. Access to these spaces will be restricted to staff who have registered with CarshareBristol and who share their journey to work with at least one other member of staff. These will operate on an informal basis initially, but any future Trust wide car park contract will make provision for the introduction of separate barrier controlled car share car parks.

- 7.2.5. An 'emergency ride home' guarantee will ensure that staff whose car share arrangements fail (such as in the case of sickness or accident) are able to recover the costs of the taxi home.

7.3. Bristol City Car Club

- 7.3.1. Car Clubs remove a barrier to reduced car dependency by providing vehicle access without the need to own a car. Membership of a car club gives access to a range of vehicle types, allowing the user to select the most appropriate vehicle for any given journey. The minimum booking period is generally one hour. For those who drive less than 10,000 miles per annum, vehicle access through a car club provides cost savings when compared to the cost of running a private car. Car club membership can remove the need to run a second family car entirely. Car Clubs also increase transport options for those who are not able to afford, or choose not to own, their own vehicles.
- 7.3.2. In partnership with club operator Smart Moves, the Trust will run a pilot City Car Club at Southmead and Frenchay Hospitals. Two Car Club cars will be based at each of the two sites and will be made available to staff for both work related and personal purposes.
- 7.3.3. The Trust will join the club as a 'corporate' member to provide vehicle access for staff who are considered non essential car users, but who make occasional journeys on Trust business. Staff who register as personal users will have access to the vehicles outwith core hours.
- 7.3.4. Individual members of the Club will be charged for their use of the vehicles at a rate of £2.10 per hour plus £0.15 per mile, with billing handled through operator Smart Moves. The cost of work related journeys will be billed direct to the Trust, avoiding the need for staff to claim travel expenses.
- 7.3.5. Initially, membership of the club will be restricted to staff who are not eligible or do not require a standard parking permit.
- 7.3.6. Staff who join the club will have access to other Bristol City Car Club cars. Conversely, members of the Bristol City Car Club will have access to the North Bristol Car Club cars.

7.4. Bus services

- 7.4.1. The Trust already operates a season ticket loan scheme. The scheme allows staff who regularly travel by bus to purchase a yearly or half yearly pass at a discounted rate. The Trust recovers the cost of the pass through a PAYE deduction from salary. The scheme will be heavily promoted to staff following Firsts relaunch in January 2004 and the scheme will be extended to include annual passes provided through South Gloucestershire Bus and Coach Company.
- 7.4.2. A 10% discount on all other advance tickets will be introduced. This will apply to tickets issued by First Bristol as well as to Ten-journey passes issued by South Gloucestershire Bus and Coach Company.
- 7.4.3. The information displays on bus shelters adjacent to Southmead, Frenchay and Blackberry Hill will be updated to carry site maps and information on key destinations on site. Likewise, information on bus services to these hospitals will be provided at Bristol Bus Station and Bristol Parkway Station.
- 7.4.4. DDA compliant bus shelters will be installed on site at Southmead Hospital for users of services 517 and 585. These services will be rerouted along Avon Way to allow the shelters to double as shelters for users of the intersite bus.
- 7.4.5. The Trust will collaborate with First and South Gloucestershire Bus & Coach on a guide for staff on bus services. The guide will include details of relevant routes to Southmead, Frenchay and Blackberry Hill, maps, ticketing incentives and links with other aspects of the travel plan such as the Car Club.
- 7.4.6. The Trust has agreed a partnership statement with First that commits both organisations to work to improve the quality of bus services to the Trusts sites. Issues relevant to Southmead are discussed in section 7.7 below. In addition, First has undertaken to review services 54 / 54b, 4 and 5 / 5a to assess the potential of amending these routes to provide a better service to Trust employees.

7.5. Intersite Bus

- 7.5.1. The existing 'pole and flag' type stops will be replaced by DDA compliant shelters, initially at four locations at Southmead Hospital (see section 7.7 below) before rolling out Trust wide. Timetable information and site maps will be provided at each.

7.6. Cycling

- 7.6.1. A cycle strategy has been developed (see appendix 3) that demonstrates how cycling will be integrated into the Trusts policy and planning processes, funded and monitored. Resources permitting, the following schemes will be implemented in the first phase of the Travel Plan:
- 7.6.2. The Southmead Cycle Centre will be partitioned to provide separate male and female changing areas. This will be a temporary arrangement to allow future works to provide segregated male and female changing / showering and WC facilities
- 7.6.3. A minimum of 30 additional Sheffield stands will be installed at Frenchay and Southmead, providing parking for up to 60 cycles.
- 7.6.4. The Trusts existing interest free loan scheme will be extended to include loans for the purchase of new bicycles and related equipment. A maximum of £500 will be loaned to staff and recovered in 12 monthly instalments.
- 7.6.5. Pool bicycles will be provided at all three sites, for on site travel and for short, work related trips off site. A pool bicycle policy will be developed outlining insurance and safety aspects. The bicycles will be supplied and maintained by a third party cycle store on behalf of the Trust.
- 7.6.6. The existing mileage rates will be raised to ensure parity across all modes of transport.
- 7.6.7. An emergency ride home scheme will be introduced, providing cover not only for cyclists but pedestrians, car sharers and bus users,
- 7.6.8. In partnership with LifeCycle UK, adult cycle training will be offered free of charge to staff. The Trust will pay for up to two sessions per person

7.6.9. Following changes announced in the 2003 budget, the Trust will hold bimonthly 'bikers breakfasts' for staff who cycle to work.

7.6.10. In partnership with Bristol and South Gloucestershire Councils, the Trust will produce cycle maps for each site. The maps will include identify the location of onsite facilities (Sheffield stands, cycle centres, showers etc) as well as local area access maps with cycle lanes, advisory routes and so on.

7.7. Interchange

7.7.1. The Southmead Interchange Project is a joint venture between the Trust, City Council and First Bristol Buses that aims to promote sustainable modes of travel to Southmead Hospital such as walking, cycling and public transport. The project combines several of the schemes outlined above with new engineering and infrastructure measures both on and off site, in such a way as to increase the accessibility of the site by non-car modes. The project is part funded by the European Union through it's VIVALDI initiative.

7.7.2. A partnership agreement that outlines the roles and contribution of the three organisations is included in appendix 2. A number of specific measures are included in the project, of which the following are expected to be complete by Summer 2004.

- Hospital information & maps provided at bus shelters on Monks Park Avenue and Southmead Road
- Bus shelters installed on site for use by through services and intersite bus
- Electronic information screens installed in A&E, AOC and the coffee shop to carry electronic timetable and other travel information
- Timetable and Travel information channel available through a dedicated Patientline channel
- Increased peak time intersite bus service frequency
- Branding of car park courtesy bus
- Minor cycle & pedestrian works
- Construction of a shared use facility across Horfield Common
- Signalisation of main Monks Park Way / Monks Park Avenue entrance

7.8. Parking Policy & Procedures

7.8.1. The Trust's parking policies have been updated and revised to ensure consistency with the overall aims and objectives of this travel plan.

7.9. Car park charges

- 7.9.1. The provision of staff parking represents a significant drain on Trust resources. It is estimated that the cost of providing staff parking, based on land rates, maintenance charges, car park contracts and opportunity costs is in the region of £3.2 million per annum.
- 7.9.2. The Trust's financial recovery plan and clinical commitments do not allow for continued selective staff subsidy on such a scale. The use of parking charges will allow the Trust to recover an element of the costs involved in providing parking and will generate the revenue that will fund the travel to work programme.
- 7.9.3. The fee structure selected by staff and agreed by the Trust board is based on a sliding scale, such that the cost of a permit represents 0.2% of salary. The salary bands are illustrated in table 7-1. Fees will be collected monthly by automated deduction from salary. Provision will be made for staff who wish to pay upfront by cheque. Staff of other organisations will be able to pay by standing order. Permits will be charged to bank staff on the basis of their previous years income.
- 7.9.4. Costs are for an annual permit, i.e. one that entitles the holder to unlimited use of the Trusts parking facilities for 12 months from date of issue. An occasional use permit will be introduced for staff who do not require such access, allowing for a restricted use of parking facilities at greatly reduced cost.

Table 7-1 Parking permit fee salary bands

Salary band	Annual Fee / £
Up to £9,999	20
£10,000 - £19,999	45
£20,000 - £29,999	70
£30,000 - £39,000	95
Over £40,000	120

- 7.9.5. Revenue from car park charges is expected to be approximately £138,000 per annum. This revenue is ring fenced and will be used only to fund the initiatives in the action plan.

7.10. Permit allocation

- 7.10.1. The number of active permits in circulation at Southmead and Frenchay / Blackberry Hill Hospitals is far in excess of the level required for efficient car park operation, a direct consequence of the lack of measures to control demand. Car parking in new development is based around a planned ratio of 1.66 permit per space. In comparison, there are 2.98 permits per space at Southmead and 2.64 pps at Frenchay Hospitals.
- 7.10.2. The use of criteria to ration the availability of parking permits is an increasingly common feature of hospital travel plans and allows for a high level of sophistication in balancing operational need with efficient management of parking capacity.
- 7.10.3. The Trust has adopted a needs-based allocation system, based on successful models deployed by, amongst others Swindon and Marlborough and Oxford Radcliffe NHS Trusts and Orange. The basic principle of the system is that all staff who are considered by the Trust to need to drive to work are eligible for a permit. A series of criteria have been developed to assess this need, and staff who meet any one of these criteria are considered eligible for a permit.
- 7.10.4. The principle criteria are Travel to Work zones designated around the three main sites. The zones map areas of high public transport and pedestrian accessibility, based on the following key specifications:
- That the journey to work by bus or foot take no more than thirty minutes from any point within the zone
 - That the thirty minute journey time be based on the complete door to door journey
 - That DfT guidance be followed regarding walking distances to and from bus stops
 - That only direct bus routes are included
 - That service frequencies should be a minimum of 3 journeys / hour between 07:00 – 18:00 Monday – Friday
 - That only well lit footways on the public highway are included. Footpaths, bridlepaths and other Rights of Way not on the public highway are excluded.
- 7.10.5. Members of staff who live outwith the zone of their base site fall outside this area of high accessibility and are therefore considered eligible for a parking permit. Staff who live within the travel to work zone of their base site are not automatically eligible for a

permit. In such cases a series of secondary criteria are used to determine eligibility. Staff are considered eligible for a permit if they meet any of the following criteria:

- They have a disability
- They have a work profile that means they considered essential car users OR that they leave their base site on Trust business on two or more occasions a week
- They have a working pattern that means that they start or finish work outside 07:00 – 18:00 Monday - Friday
- They have commitments of care to other family members
- They are registered car sharers

7.10.6. Staff who do not meet any of these criteria but who consider that they have a need to drive to work will be entitled to appeal against the decision. An appeals panel, chaired by a member of the Trust Board will consider such cases.

7.10.7. Table 7-2 illustrates the impact of the permit allocation criteria on the number of staff who are eligible for a permit. Due to the inherent difficulty in predicting the number of staff who meet the care commitments criterion, high and low cases have been taken. In the high case, 50% of staff who would otherwise not be eligible for a permit have care commitments. In the low case, 25% of these staff have care commitments.

Figure 7-2 Southmead Hospital Travel to Work Zone

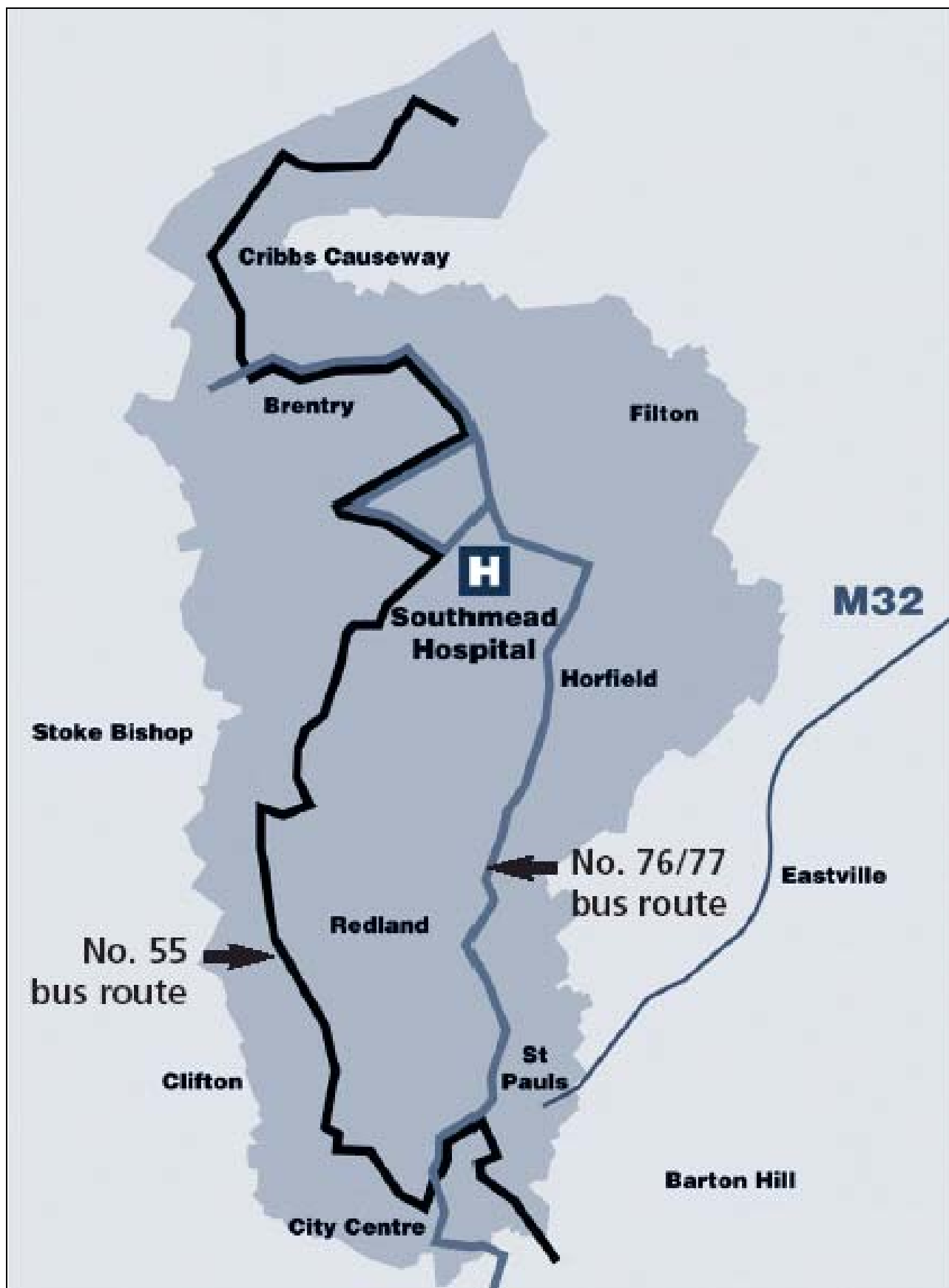


Figure 7-3 Frenchay Hospital Travel to Work Zone

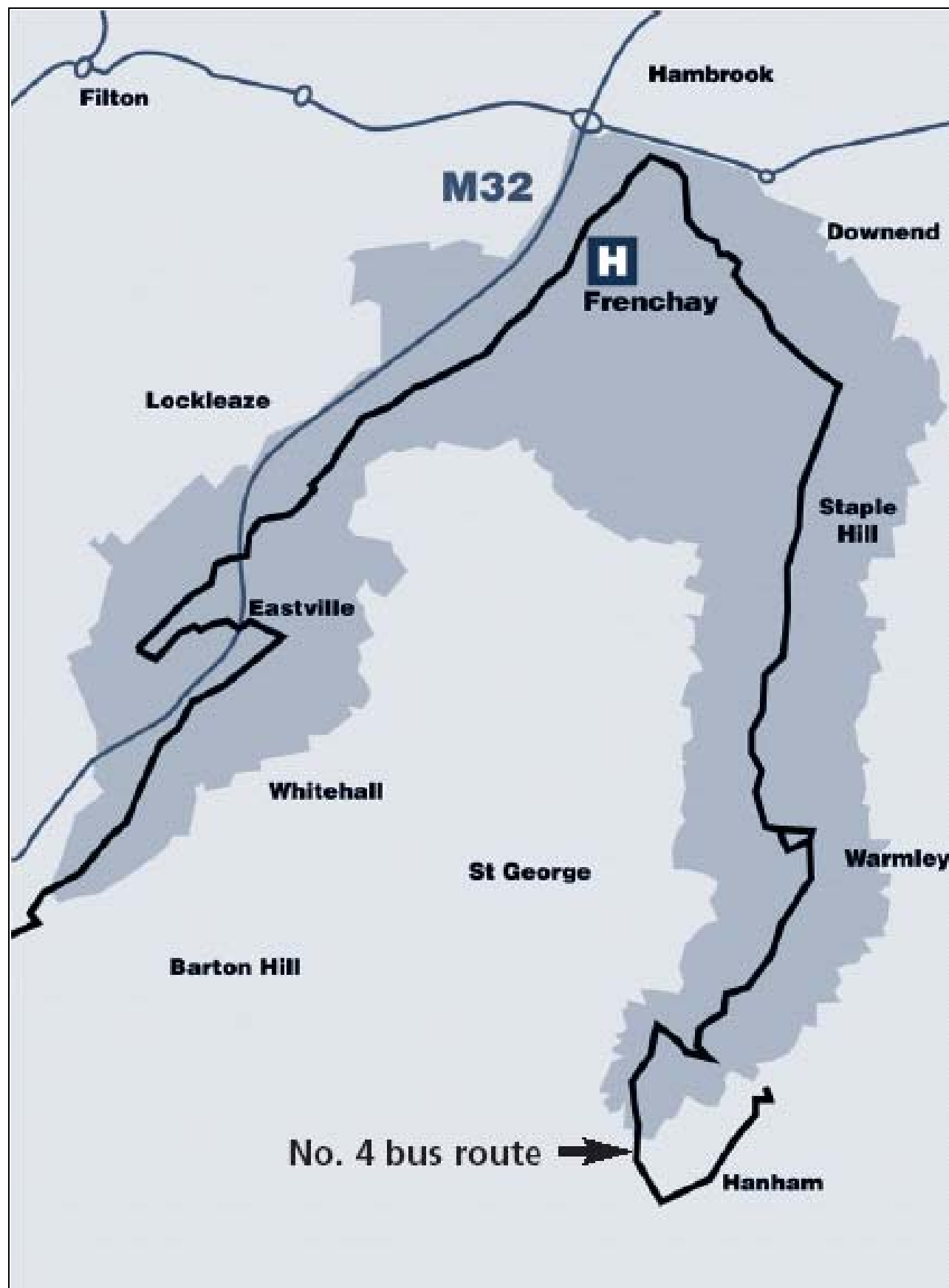


Figure 7-4 Blackberry Hill Hospital Travel to Work Zone

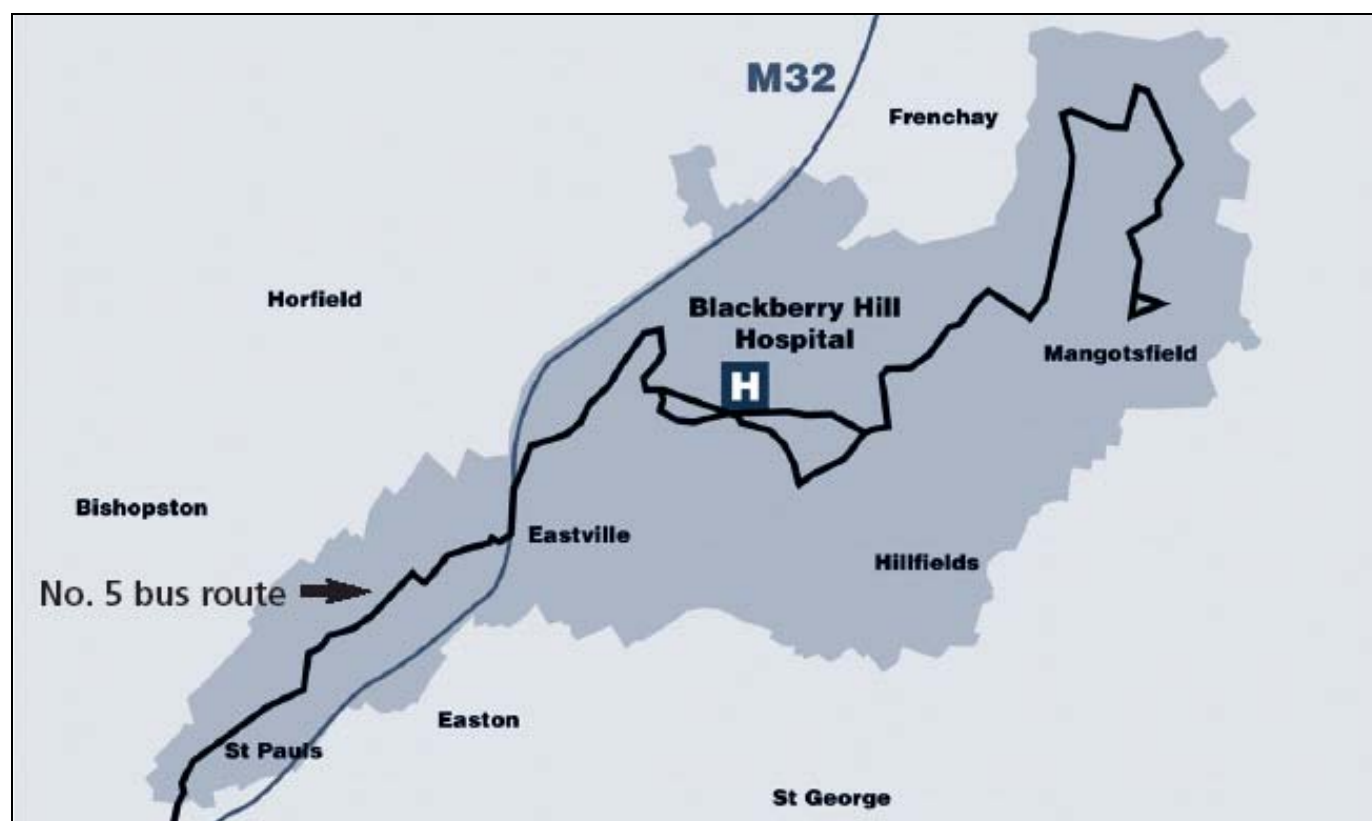


Table 7-2 Impact of allocation criteria

	SMH	FH	BBH	Trust
N ^o staff who currently drive to work	2467	2133	256	4856
N ^o staff within zone who currently drive to work	921	522	108	1551
N ^o staff that automatically qualify for permit	600	316	72	988
N ^o who qualify by having a care commitment	81 – 161	52 – 103	9 – 18	141 – 282
Reduction in N ^o of staff eligible for permit	160 – 240	103 – 154	18 – 27	282 – 423
% Reduction in N^o staff eligible for permit	6.5 – 9.7	4.8 – 7.2	7 – 10.5	5.8 – 8.7

7.11. Parking on residential roads

7.11.1. The 2001 staff travel survey suggests that between 4 – 6% of staff do not park on site, but instead park on the residential roads surrounding the Trusts hospitals. There are a number of possible explanations for this, from avoiding permit fees (no longer relevant given the removal of charges in 2002) and the need to search for a parking spaces onsite, to just being closer to their place of work by parking off site then on parking on site but some distance away.

7.11.2. Given that the probable consequence of the reintroduction of permit fees and the introduction of constraints on permit availability will be an increased incidence of such off site parking, the Trust is concerned to minimise the impact of this on its neighbours. It is working with local councils and residents associations on options such as parking restrictions or residential parking schemes that would provide a means of preventing staff parking in residential areas.

7.11.3. A survey of staff parking on residential roads around Southmead Hospital will be undertaken in early 2004. This will be used to assess the need for such measures. Negotiations are underway with South Gloucestershire Council on joint funding of a similar study around Frenchay Hospital. If parking restrictions are considered necessary, scheme consultation and start-up costs may be imposed on the Trust as a condition of planning consent associated with ongoing development work at its sites.

7.12. Longer term actions

7.12.1. The actions discussed above will be introduced by summer 2004. The action plan contains a large number of additional projects and measures that will be introduced in the period following this and in future years. These are briefly outlined below.

7.12.2. Both car park contracts will be renegotiated during 2005. The Trust intends that a single contract arrangement will be developed to allow one contractor to operate car parking Trust wide. It is envisaged that the contract will make provision for dedicated barrier controlled car parks, capacity increases such as multi-decking of the Tyndalls Way car park at Southmead Hospital and possible the replacement of an annual permit fee with a per day charge to provide a direct, financial incentive to reduce solo car use.

7.12.3. The Trust will continue to assess options for safe pedestrian and cycle routes across the sites, building on work previously carried out by Ove Arup. This may include resiting and better lighting pedestrian crossing facilities, widening footpaths, removing shared use paths and so on.

7.13. Action Plan

Area	No	Action	Dir	Partners	Timing	Cost	Status	Comments
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Table 7-3 General / awareness raising

Parking policy	1	Common charging system	F / Fi	Q-Park, KML	1		IP	
	2	'Needs based' permit allocation system	F / Fi	Q-Park, KML	1		IP	
	3	Unify parking contracts	F / Fi	Q-Park, KML	4		NS	Expected 2007
	4	Replace annual fee with daily charge	F / Fi	Q-Park, KML	4		NS	As part of site wide contract
Relocation	5	Amend relocation package criteria	HR	-	3 / 4	Staff time	NS	Feasibility assessment scheduled March 2004. Currently 25 miles. Change to within travel to work zone?
Planning policy	6	Building standards amendments	F / P&P	Building contractors as required	4		NS	Include requirement in building standards that all new builds include showers etc
Flexible working	7	Review existing flexible working policy	HR	-			NS	Provision for staggered start terms where operationally feasible

On site facilities	8	Install cash machines at Southmead and Frenchay	F	As required			Stalled?	Expected Sept 2003 at FH.
	9	Promote use of on site and local facilities	F	As required		Staff time	Ongoing	
Awareness raising								
Staff induction	10	Provide travel information in induction manuals	HR	-	1	Staff time	Complete	15 minute travel plan overview
	11	Travel to work presentation	F	-	1	Staff time	Ongoing	
	12	Travel to work information stand	HR	Information sources	1	Staff time	Ongoing		Various leaflets available throughout session
Travel awareness	13	'Education' campaign	F	As appropriate	1		Ongoing	
Promotional events	14	Theme months	F	As appropriate	1		Ongoing	
Travel information	15	Create travel to work section on intranet and internet	IM&T	-	2	Staff time	NS	New web team appointed Jan 2004.
	16	Provide paper based transport information	F	Information sources	1	-	Ongoing	

Table 7-4 Cycling

Cycling								
Facilities	17	Partition Southmead cycle centre	F	-	2	£20,000	NS	350 stands Trust wide by 2007.
	18	Frenchay cycle centre	F	-	2	£165,000	NS	
	19	Sheffield stand programme	F	-	4	£50 / stand	Ongoing	
Signage	20	Safe routes	F	-	4?		Stalled	Safe routes programme on hold due to lack of resources
Support	21	Cycle training	F	Life Cycle UK	1	£20 / session	Ongoing	Limited to 2 sessions per person
	22	Cycle maintenance courses	F	Life Cycle UK	1	-	Ongoing	Offered through LifeCycle UK
	23	Discounts at cycle stores	F	Cycle stores	1	-	Complete	Discounts ranging from 5 – 15% are promoted to staff
	24	Bicycle clinics	F	Cycle stores	1	-	NS	
	25	Bikers breakfasts	F	-	1	£1000 / yr	NS	Paper to TTWG March 2004
	26	Loans for cycle purchase	HR	-	1	Staff time		
	27	Cycle security policy	F	-	1	Staff time	NS	

	28	Bicycle users groups	F	-	1	Staff time	Ongoing	
	29	Develop pool bike policy	HR	-	1	Staff time	NS	
	30	Purchase pool bikes	F	-	1	£1000	NS	
	31	CTC affiliation	F	CTC	1		NS	
	32	Review cycle mileage allowance	HR	-	1		NS	
	33	Review business use policy	HR	-	1		NS	
Information	34	Cycle parking maps	F	BCC	1		IP	Southmead maps should be complete by April 2004.
	35	General cycle information	F	-	1	Staff time	Ongoing	Travel to work office acts as information clearinghouse
	36	Develop BUG website	IM&T	-	1	Staff time	NS	See above
	37	Maintain BUG notice boards	F	-	1	Staff time	Ongoing	
	38	Purchase exhibition boards for static information displays	F	-	1			

Table 7-5 Trust Transport

Intersite bus	39	Install shelters	F	BCC	1	£20,000	NS	NBT contribution to Interchange project
	40	Increase service frequency	F	-	2			Issues re: working time directive
	41	Extend hours	F	-	1	£14,000	Complete	Further extensions linked to #41
	42	Integrate with HUBS bus	F	UBHT, Bristol University			NS	
	43	Monitor use	F	-	1	Staff time	Ongoing	Database developed March 04.
	44	Annual user survey	F	-	1	£20 / yr	Ongoing	
Home to work transport	45	Demand responsive transport feasibility study	F	Logical transport	3		NS	

Table 7-6 Public Transport / P&R

On site facilities	46	Shelters	F	-	1	-	NS	See #39 above
	47	Information screens	F	BCC, patient line	1	£25,000 ²	IP	3 information screens and links to patientline
Operational	48	Quality partnership	F	First, BCC	1	Staff time	IP	Draft agreement as part of SMH interchange project
	49	Route amendments	F	First	1	-	IP	4 and 54
	50	New service appraisal	F	First, SGB&C				Postcode data with SGB&C
	51	Improvement plan	F	First				Links with route managers
Ticketing	52	Agency sales	F	First	1	Staff time	IP	
	53	Incentives package	F / Fi	First, SGB&C				
	54	Season ticket loans	HR	-	1	Staff time	Ongoing	
Promotion & information	55	Provide NBT information at rail and bus stations	F	First,	1	-	NS	Information on relevant bus routes, sites maps etc
	56	Provide timetable	F	-	1	Staff time	Ongoing	Travel to work office acts as

² BCC element of Southmead Interchange programme

		information on wards						clearinghouse for third party travel information
	57	Electronic timetable information	F	BCC	1	See #47	IP	
	58	Link to ACIS information on intranet	IM&T	BCC	1	Staff time	NS	ACIS now operational
	59	Post Wessex train bulletin on intranet	F	Wessex Trains	1	Staff time	NS	See #15 above
	60	Joint First / NBT promotions	F	First	1		Ongoing	
	61	Timetable distribution	F	-	1	Staff time	Ongoing	
Park & Ride								
	62	Investigate possible P&R at Gypsy Patch Lane	F	SGB&C	1	£80,000 pa		
	63	Investigate P&R at BAWA	F	BAWA	1			

Table 7-7 Car Sharing / Ride Sharing

Car Sharing								
Systems	64	Join CarshareBristol	F	234car	1	£1,000	Complete	
Infrastructure	65	Signed car share spaces	F	-	2			
	66	Dedicated car share car parks	F	-	2			
Incentives	67	Discounted car share permits	F / HR	-	1	Lost revenue	IP	£20 standard fee for car sharers
	68	Emergency ride home	F	Taxi Co	1		IP	Proposal to TTWG Jan 2004.
Promotion	69	CarshareBristol	F	234car	1		NS	
	70	Aspects leisure park and share	F	SGC				
Ride Sharing								
	71	Bristol City Car Club	F	Smart Moves, BCC	1	£14,000	IP	Due for launch before end March 2004.
	72	Dedicated Car Club spaces	F	Smart Moves, BCC	1		NS	

Table 7-8 Car Parking

Facilities	73	Barrier controls	F	Q-Park, KML				
	74	Barrier cards	F	Q-Park, KML	1			
	75	White lining	F	-				
	76	Traffic flow	F	-				
	77	Capacity issues	F	BCC, SGC				
	78	Resurfacing	F	-				
	79	Late shift car parks	F	-				
Signage	80	Name boards	F	Q-Park, KML	1			
	81	Regulation and disclaimer signage	F	-	1			
	82	Security signage	F	-	1			

Dir Key: CS = Corporate Services,
F = Facilities,
Fi = Finance,
HR = Human Resources,
IM&T = Information Technology,
P&P = Policy and Planning,

Priority: 1 = By July 2004.
2 = August 2004 – March 2005.
3 = April 2005 – March 2006.
4 = April 2006 – March 2007

Status: Complete = Action completed,
IP = Work in progress,
NS = Not started,
D = Deferred

8. Communication strategy

8.1. *Introduction*

- 8.1.1. The purpose of marketing is to ensure that staff take ownership of the plan and see it as working for their benefit. To this end the strategy includes both general marketing, to raise awareness and educate staff on the need for change, as well as specific campaigns focused on individual modes and events

8.2. *Launch event marketing*

- 8.2.1. A key feature of the Travel Plan is the delivery to all members of staff of a travel plan resource pack containing information on and incentives to use alternatives to the single occupant car. The pack will form part of the parking permit application process and will include:

- The parking permit decision letter (with Permit where appropriate)
- A summary of car share matches appropriate to the individual's travel and working patterns, with details of how to join the scheme
- A personalised bus journey plan, along with a summary of the package of public transport ticketing incentives the Trust offers staff

8.3. *General Marketing*

- 8.3.1. The awareness raising process begins at the recruitment stage, with a travel plan summary included in the information for applicants sent out with application forms, and with information on accessing the hospital by public transport, foot and bike sent out with interview letters.
- 8.3.2. Subsequently, all new starters receive a presentation on the travel plan during their induction process. One-to-one travel advice is available during this time and a wide range of information leaflets are made available. The general staff benefits newsletter and Doctors and nurses manuals have been updated to include information on the travel plan and alternative travel choices. The 'getting here' section of the Trusts Internet site

has been also been updated to improve the quality of information provided on access by means other than the car.

9. Monitoring & Review

9.1. *Monitoring framework*

- 9.1.1. A monitoring strategy has been developed to measure the impact of the travel plan on modal share. The strategy has been designed to be flexible enough to accommodate changes as the Travel Plan evolves.
- 9.1.2. Snapshot surveys will be conducted every year to monitor changes in travel patterns and staff attitudes against a baseline year of 2001. These will be Internet based, building on the pilot work discussed in section 5.4.
- 9.1.3. More comprehensive surveys will be conducted every other year. Surveys will use a stratified random sampling technique to ensure representative data is obtained whilst minimising survey fatigue.
- 9.1.4. Questionnaire design will be consistent with that used to collect the baseline data but will be amended to assess modal split figures in terms of staff/car ratios. The surveys will focus on travel mode and changes in travel behaviour and attitude. A sample is included in the appendices.
- 9.1.5. Survey data will be augmented by traffic counts, on street and cycle parking monitoring, intersite bus usage, public transport patronage and participation in car sharing and ride sharing schemes.

9.2. *Review*

- 9.2.1. In line with monitoring, the travel plan will be subject to an annual review process. This review will serve to assess the effectiveness and impact of travel plan measures and will be used to determine whether the plan is on track to meet its targets.

Appendices

Appendix 1: Working Group membership

Transport Working Group

Mary Adams	PALS manager
Cllr Peter Begley	Non Executive Director
Nick van der Bijl	Security manager
Rachel Bignal	Facilities directorate accountant
Russell Clease	AEEU union
John Fell	University of the West of England
Jonathon Green	Avon and Wiltshire Mental Health Partnership
Justin Guy	Press officer
Phil Hedges	MSF union
Nick Iles	Travel Plan Co-ordinator
Glynn Laverack	Head of Nursing, Critical Care
Paul Mason	AMICUS / AEEU union
Professor Phylidia Parsloe	Chair (left 2003, Chairmanship assumed by Simon Wood)
Dave Payne	Site Services Manager, BBH
Peter Revington	Clinical Audit
Caroline Slade	Assistant Director, Human Resources
Richard Tonkin	Avon and Wiltshire Mental Health Partnership
Nick van der Bijl	Security Manager
Pete Wheeler	Operations Director
Lucy Whiteford	CSP union
Simon Wood	Director of Facilities

Travel to Work Group

Nick Iles	As above
Nick van der Bijl	As above
Phil Hedges	As above
Glynn Laverack	As above
Peter Revington	As above
Caroline Slade	As above
Tim Hill	Bicycle users group
Lucy Whiteford	staff side representative

Appendix 2: Partnership Agreement for Southmead Interchange project

Partnership Agreement Between Bristol City Council, North Bristol NHS Trust and First.

Aim of the Partnership

To promote sustainable modes of travel to Southmead Hospital such as walking, cycling and public transport.

Purpose of the Partnership

All Parties:

1. Agree that there are good reasons for aiming to reduce the number of car trips made to Southmead Hospital. These include improving people's health, reducing congestion and making maximum use of a constrained site.
2. Over the next 12 months the parties will work together to make it easier for people to access Southmead Hospital by non-car modes, both through maximising the benefits of existing initiatives and developing new facilities as part of a Southmead Interchange Project. All aspects of the project will seek to be fully inclusive and accessible.

Objectives of the Partnership

Buses

Through the showcase bus route First and the City Council will provide a fast, reliable, accessible bus service from south and central Bristol to Southmead. All parties will work to ensure that the maximum benefits are gained from this by ensuring the service continues to be well publicised and well integrated into the existing site. This will be done through paper information, electronic information, signing and engineering works.



The Trust will aim to improve and promote the current NHS inter-site shuttle bus service and on-site courtesy bus. These improvements will include extended service, enhanced frequency, new on-site shelters and re-branding.

First will explore opportunities to improve bus links to the hospital.

Cycles

The Council will seek to improve cycle access to the hospital, including signage, engineering works and through improvements to nearby routes and links to the broader cycle network.

The Trust will seek to improve facilities for cyclists within the site, including routes and parking provision.

Pedestrians

The Council will seek to enhance walking routes to the hospital and improve pedestrian access at the main entrance, including safer crossing facilities.

The Trust will seek to improve facilities for pedestrians arriving at the site, including improved information and future on-site signage.

Car Clubs

The City Council and the Trust have developed a relationship with Bristol City Car Club and the Trust will facilitate the integration of car club services on the Southmead site and promote the benefits of the scheme to staff. The Trust will also promote the use of car sharing.



Information

The Council will develop electronic information provision incorporating Patientline bedside screens to inform patients and visitors of travel options at key locations in the site.

The Trust will facilitate the installation of these screens and all parties will produce improved information and promote sustainable travel to Southmead hospital.

First will market and promote travel to the hospital, including use of the information screens.

Review

The partnership will be subject to review and assessment including the contribution of the partnership to meeting the aims and objectives of the partners and the Trusts travel plan.

Partners



Councillor Helen Holland
Executive Member for
External Affairs and Partnerships

North Bristol 
NHS Trust

Chief Executive
North Bristol NHS Trust



Managing Director of First
Alex Perry

 
Cleaner and better transport in cities

INFORMATION MANAGEMENT & TECHNOLOGY STRATEGY – SUMMARY

1. OVERVIEW

Information Management and Technology (IM&T) is increasingly a core business component in the provision of healthcare and services to patients, as well being vital for the general management of the organisation. IM&T must support clinical, operational and financial activity, to assist in the provision of healthcare, aid the delivery of operational goals and activity targets, and ensure robust financial and business systems are in place.

This paper provides a summary of the IM&T strategy from 2006 to 2016 – “The Next Ten Years”.

2. Strategic Context

The key strategic factors driving IM&T to support clinicians in delivering patient care, and improve administrative and management systems are:

- **Bristol Health Services Plan:** The reconfiguration and development of services and facilities across the local health community requires the swift and accurate movement of information to support the delivery of patient care. This currently cannot be delivered. Paper notes abound (North Bristol had 2 million prior to the destruction policy implemented in the past 12 months), and current systems are archaic and not linked in any way. For example, as outpatients in the community increase, patient records will need sharing across the organisations and in different settings. This would not be currently possible or practical. *Single, modern systems, delivering vastly improved and easier to use functionality will substantially aid and support the development and delivery of existing and new models of care; supporting the delivery of patient care, supporting clinicians to deliver that patient care, and help modernisation of the NHS within Bristol and Community.*
- **Operational Service Improvement:** It creates a huge burden on the organisation to run two separate systems across the Trust. Although similar, they are not the same, and patient information is duplicated and potentially inaccurate across the two systems. As the Trust improves its services and redesign its process, it is vital that its application and information systems support this process, rather than hindering.
- **Financial Recovery:** Improved efficiency gains through fewer; modern systems, and enabling functionality (e.g.: order communications) across the whole Trust brings real cash releasing benefits. Ultimately they will lead to a reduction in the staff required to manage things such as medical records and x-rays, and these changes will also make many processes simpler and quicker. On a practical level, the Trust currently has to merge data from two systems to produce information for performance management, commissioning and now, payment by results (PbR). This is complex, time consuming, and fraught with risks.

- **Merger Completion:** Most organisations would choose to merge or integrate their underlying systems when merging as organisations. North Bristol did not. This has left a legacy of two separate systems across the two main sites (and related ancillary hospitals/facilities). Whilst efforts have been stepped up to keep them as common as possible, they are not the same system (indeed they are as separate as UBHT's or Weston's equivalent). Due to incomplete merger within the organisation, staff still treat the systems as separate.
- **Standardisation:** In addition to the previous point around the different PAS/IHCS systems operated within the Trust, ACIS is only available at Southmead. What benefit Southmead brings is confined to Southmead. With more migration and movement of services, Frenchay needs to have the same systems, to support the standardisation of processes across the Trust and standard ways of operating. A single, modern system would also help in reducing training difficulties, as staff (especially medical staff) move from one site to another.
- **Clinical Risk:** As the paper records around the Trust are not merged, the same is true of the electronic record such as it may exist. Clinicians cannot be sure they have all the information available to them without checking on "the other system". A merger project for the paper records, updated on the computer system was started around 3 years ago. This has been a slow process, and merger of the paper records is a task that could go on forever, if allowed. Clinicians need to know that information is in a single place, and that by viewing this information, they have what they need. Only then can we move to an electronic record, and remove/reduce the need for paper. CNST requires movement to a unified record, and reduced premiums for the Trust are a positive consequence.
- **2012:** As North Bristol moves towards a new hospital, it will be vital to ensure that this new hospital has the latest technology to support it, and the new models of care (integrated with those of the community). This will mean at best "no paper" and at worst "paper lite" operations. Wet film X-rays will be a thing of the past, and will be delivered electronically. Results and orders will be requested and viewed online. Prescribing will take place electronically. This is only possible with a move now to a single, modern system.
- **NHS Strategy:** CfH (NPfIT as was) requires all organisations to move towards the new systems purchased by the Department of Health (DoH). Although there is some latitude in some of the "additional" systems, the "core" systems (e.g.: PAS, theatres, maternity, etc) must be "purchased" from the LSP. The license fees for these are funded centrally. CfH hopes to create strong linkages locally between organisations, and also create summary records nationally, so patient information, on any patient, will be available in any hospital, in any part of the country.

The main benefit locally is the flow of information within a health community, where patients and clinicians move between organisations for different parts of their care pathway. To support this, the DoH has backed the CfH programme with £6.3BN of funding over 10 years. It is estimated the total cost of the national project will be £18BN with half of this expected to come from local funding. This 50/50 split stands for North Bristol's programme, with the "core" products accounting for about half the cost.

It must be highlighted that CfH provided IM&T solutions represent about 50% of the IM&T activity undertaken, although some of the most important – a significant proportion remains outside of the National Programme. This includes Finance Systems (supplied by Xansa), Electronic Staff Record (ESR – to be provided by McKesson), and a range of local, tactical systems, largely run by the Bristol NHS itself, or smaller suppliers.

3. SUPPORTING NEW MODELS OF CARE

The new models of care in the new Southmead and Frenchay hospitals, and community facilities, will be supported and enabled by a modern IM&T infrastructure, up to date applications systems and robust information management.

The IM&T infrastructure will be underpinned by:

- A full Trust network, with wireless capability, especially in clinical areas, allowing access from any desirable location to IT systems and information, and for all staff.
- High levels of PC penetration, allowing access to information and systems, and supporting the organisation directly. People to PC ratios, generally, will be in the region of 2:1.
- Modern, personalised telecommunications systems, supporting patient access to information and aiding communication within the organisation, will be available.
- Standardised, streamlined processes (from PC requesting to systems access, from extension changing to video conferencing set up).
- Infrastructure to carry a range of digital services, covering security, pass card information and images and alarms.
- The Trust's infrastructure will be supported by first class customer service, from a central Help Desk facility, working alongside Facilities, to provide a combined support organisation.

Applications Systems will provide:

- A single, modern IT system supporting both administration and clinical requirements, including prescribing, decision support and clinical documentation. These will integrate with partner organisations systems across the Health economy to assist with care across the patient pathway.
- This single system will be fully integrated with those of other NHS organisations in the areas, including PCT's allowing easy sharing of information and moving of patient record information.
- No more than 50,000 paper records stored on site, with a 90% computerised/electronic patient record, with full flexibility to move beyond the "hospital boundary", utilising the same record in Community and primary care settings. This is vital to deliver many of the new models of care.
- Electronically delivered x-rays and other images, direct to PC/workstation screens. Actual "film" movement will be minimal.

Robust Information systems will:

- Provide accurate information across a range of systems, to provide clinical, operational, managerial, financial and patient information.
- Accurate and timely clinical coding, coupled with modern financial systems will assist with providing financial information to help manage the operational services, within the financial envelope.
- Knowledge management services will be available from Education facilities, libraries, information points, and indeed, across the Trust, enabling clinical and non-clinical educational information to be available to all staff.

IM&T will support the new models of care, and deliver real benefits to the Trust and Health economy to provide the necessary information and technology infrastructure, required to deliver the development and new services.

4. IMPLEMENTATION TIMETABLE

A summary of the implementation timetable is attached.

5. SUMMARY

IM&T is vital to the delivery of the new models of care, and wider developments within the Bristol Community. Delivery of the National Programme for IM&T, continued investment and development in regional and local solutions, and continued integration of these solutions within a strategic context, are vital to the modernisation of healthcare within this community. IM&T must rise to the challenges posed by the need to provide improved services, and the increasing criticality of IM&T in people's every day working lives.

Indeed, ultimately, this is the goal – that IM&T helps every patient, assists every clinician, aids every member of staff – touches, positively, the lives of all.

Martin Bell
Director, IM&T

APPENDIX 4

[illegible]

Overview of the Public and Consultation process

The health community of Bristol, North Somerset and South Gloucestershire formally consulted from 13 September 2004 to 10 December 2004 on a range of service changes set out in the document “Building Better Health Services – the Bristol Health Services Plan. Help us to decide”.

The consultation process was part of a comprehensive public engagement, involvement and consultation process involving:

- The public
- Public Involvement group
- Patient and public forums
- NHS staff and staff side organisations
- Local Members of Parliament
- Voluntary and community groups
- A range of other local organisations

Our public engagement process to test our ideas included:

- Over 50 Public Meetings and meetings on request including “hard to reach groups”. A total 1,250 people were involved.
- The use of Bristol City Council Citizen's Panel – with a circulation of 1700 names and a 56% response.
- The use of our Internet website (2,000 visits in 4 months); and a Freepost & Free Phone service (500 responses).

We have communicated widely throughout:

- We held focussed campaigns including “Have your Say,” and “Help us Decide”.
- We issued regular press releases.
- We made a 10 minute video/CD Rom available to the public.
- Via the BHSP specially designed web site.

Our formal consultation period included:

- 57 meetings (23 public) with 1,607 people involved, and all feedback independently recorded by The Care Forum).
- We issued over 200,000 leaflets.
- Over 8 weeks our radio coverage included 400 30 second commercials, themed by services and their users and targeted to reach a wide range of socio-economic groups.
- We included press "advertorials", in 10 newspapers and 22 editions.
- Close working with Patient and Public Involvement Fora and with local League of Friends.
- MORI commissioned Opinion Polling. We held 656 telephone interviews with adults (18 years+)
- Targeted work was carried out with a number of community groups following the ‘Inclusion Conference’.
- Web Site (21,000 visits); Freepost and Freephone
- Stakeholder Conference commissioned from local Voluntary Sector
- 4 petitions – 53 to 455 signatories

APPENDIX 6

**NORTH BRISTOL AND SOUTH GLOUCESTERSHIRE
OUTLINE BUSINESS CASE**

**COMMUNICATIONS AND
PATIENT AND PUBLIC INVOLVEMENT

STRATEGY
AND IMPLEMENTATION PLAN**

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VERSION CONTROL

North Bristol & South Gloucestershire Healthcare Services Development Programme Programme Initiation Document	
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Document Author:	Peter Brown, Fiona Reid, Juliet Winter
Owner:	David Powell, Director of Projects
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Approved by/date:	Communications Team – 23 rd Dec 2005

Revision History

Version	Date	Comments/Summary of changes
1.0	Oct 05	Draft developed
2.0	24 Nov 05	Draft updated by the Communications and Patient & Public Involvement Group and circulated to Project Board
3.0	20 Dec 05	Draft updated after comments from Communications/PPI Group Meeting 9 th Dec 2005
4.0	23 Dec 05	Draft updated after comments from Comms/PPI Group Meeting 23 rd Dec 2005
5.0	9 Jan 06	Issued
6.0	16 Jan 06	Section 1.7 amended. Section 3.0 added. Appendix 1 Plan included at back of document.

1.0 STRATEGY

1.1 Introduction

The Project aims to provide appropriate, focussed and high quality healthcare to the people of North Bristol and South Gloucestershire through the provision of a new acute and integrated community hospital on the Southmead site, community facilities at Frenchay and strengthened community services.

The OBC Project team is committed to ensuring that key stakeholders are involved, consulted and informed about the planning and delivery of future healthcare services. One of our key stakeholders includes staff hence this plan addresses and treats internal and external communications and patient and public involvement equally so as to ensure consistency. Section 11 of the Health and Social Care Act outlines a duty to involve and consult patients and public.

The nature of this Project demands that all communication and patient and public involvement are inclusive, appropriate, timely and reflects the values of the local health family of organisations.

This plan recognises that different stakeholders have different perspectives and requirements and that it will need to evolve over time. It is, therefore, viewed as a 'living document', which will develop further.

This plan also recognises the fundamental need to build a communications platform capable of supporting the large-scale cultural and service changes that the Project intends to deliver. By involving patients and the public it ensures that these changes reflect their health needs and encourages a patient led NHS.

1.2 Strategy Management / Roles and responsibilities

North Bristol NHS Trust's (NBT's) Outline Business Case forms part of the plan to create new health services and facilities in Bristol, North Somerset and South Gloucestershire and therefore forms part of the Bristol Health Services Plan (BHSP). It is essential that this plan (strategy and actions) match those of the BHSP.

The Project Team is responsible for monitoring the implementation and development of this strategy and for version control. A project communications and PPI group to monitor and report progress has been established.

1.3 Aim and Objectives of the Communications and PPI Strategy

To:

- Ensure that our approach to PPI and communications is consistent.
- Where appropriate consult, involve and inform patients and patient bodies or representatives, staff members and their representatives, the public and key stakeholders in the project.
- Utilise a range of inclusive methods and accessible formats that ensure effective consultation, involvement and communication and targets audiences and stakeholders where necessary. Target groups or communities where necessary.
- Promote the ethos of a patient led Trust and learn from our experiences.
- Build understanding, momentum and enthusiasm for the project, which provides NBT and partner trusts with a unique opportunity to build a service and facilities that are fit for the 21st century.
- Proactively convey the NBT and the BHSP's key messages to all relevant audiences.
- Provide answers to queries about the OBC and to robustly defend the process against criticisms.
- Maintain awareness between "events".

1.4 Key messages

These are the central messages. More tailored messages are developed for different stages of the project:

- This investment provides us with a fantastic opportunity to create new community and hospital services and improve care for patients.
- The people of Bristol have had to tolerate some of the worst NHS buildings in the country and the inefficiencies that flow from that. We are working to provide our staff and patients with the facilities they deserve.
- Staff, patients, and other stakeholders have an opportunity to help us mould what our hospitals and services will look like. (We urge them to make their voices heard and tell us what they think.)
- We are working with patient and staff representatives to plan the new acute and integrated community hospital for North Bristol and South Gloucestershire and the community facilities planned for Frenchay.
- Patients told us that they wanted community services closer to where they live backed up by acute hospital services. We are working to provide this.
- This is not about losing a service. We are building a better service for the future and will not lose services/departments currently at Frenchay. We are planning a new hospital complex and developing additional specialist services and networks. This will enable us to provide better care to patients.
- As a large teaching trust, we aim to provide a vibrant learning culture from which both our staff and patients can benefit.
- The Communications Strategy will follow National Policy.
- The communication for staff and departments will be addressed whilst services are moved and re-enabled during the phasing programme of work.

1.5 Stakeholders/Audiences

Broadly speaking, stakeholders may be divided into internal NHS and external audiences/stakeholders:

1.5.1 Internal NHS

- NBT staff
- Bristol North PCT staff
- South Gloucestershire PCT staff
- Staffside/Joint Union Committee
- Medical Advisory Committee
- Patient Panel
- Patient user groups (these are usually disease specific)
- Charities and organisations on trusts' sites such as WRVS, Leagues of Friends
- Other voluntary organisations e.g. Southmead League of Nurses
- Staff of other neighbouring trusts, including AWP and Avon Ambulance
- Avon, Gloucestershire and Wiltshire Strategic Health Authority
- Leaders in organisations, e.g. chief executives of trusts
- Regional Strategic Communications and Public Involvement Group (SCIP)

1.5.2 External

- The general public of North Bristol, South Gloucestershire and surrounding areas
- Potential staff members
- Patients, carers and relatives
- Public Involvement Group (PIG)
- Patient and Public Involvement Forum
- Campaign groups e.g. Save Frenchay Hospital Group
- Local voluntary and community organisations i.e. Care Forum, Black and Minority Ethnic groups and Disability Equality groups
- MPs
- Councillors and local authorities
- Social Services
- UWE, University of Bristol and local education sector
- Media.
- Business community e.g. suppliers and third party occupiers
- Professional bodies e.g. Royal Colleges, Professional Institutes
- Local residents and/or residents associations

1.6 Consulting, involving and informing audiences/stakeholders

Please refer to Appendix 1 – Generic Stakeholder Groups

It is useful to reiterate that this plan recognises the need for communications and PPI to be treated equally so as to ensure consistency. The methods suggested in this strategy are based on best practice.

1.6.1 Methods of communication

NBT Staff:

- 'Insite' – NBT's bi-monthly newsletter
- "What's Happening?" the monthly cascade briefing following the Trust Board
- Agenda item on Directorate Management Team agendas – *responsibility?*
- Marketing materials such as flyers, leaflets
- Trust-wide e-mails to all exchange email users
- Posters for notice boards and key areas on hospital and GP sites
- Road shows
- Semi-permanent displays
- Material for staff induction programmes and any associated literature.
- Annual report
- Project team to attend directorate and other staff meetings
- Dedicated e-mail QA address.
- Intranet/Internet web pages (incorporating quick link facility).

Staff of Bristol North PCT and South Gloucestershire PCT:

- NBT will make all materials available to Bristol North and South Gloucestershire PCT's so that these organisations can match our activity.

External audiences/stakeholders:

- Press releases/statements and resulting editorial/media coverage
- Recruitment advertising
- Marketing literature
- Written and verbal briefings as appropriate
- Letters
- Marketing/open days
- Entries in external newsletters i.e. Chamber of Commerce
- Electronic mailshot.
- Viral marketing
- Letters to the media
- Named links for organisations or partnerships e.g. WRVS
- Operational communications with neighbouring trusts as appropriate i.e. when transfer of patients and/or services
- Personal contact e.g. with Royal Colleges and professional bodies

1.6.2 Methods of PPI

- PPI Quality Assurance Framework that integrates PPI into BHSP implementation
- OBC Public Involvement Group (PIG) established in May 2004. Representatives of the PIG sit on:
 - OBC Project Board
 - Option Appraisal Group. In addition the PIG had 25% voting rights in the entire Option Appraisal process.
 - Design Group
 - Gateway review
- The Project intends to have PIG representation on the Clinical Development Steering Committee. This is being established.
- Regular updates for NBT's, Patient Panel, a voluntary body which represents patients' interests.
- Regular updates for NBT's PPIF
- Links with the voluntary and community sector

The Outline Planning Applications stage of the process will necessarily involve PPI input for the following reasons:

- Local Authority guidance suggests that patient involvement to inform the Outline Planning Applications is beneficial.
- It would enable wider public involvement, increasing membership for the PIG.
- It would help further justify the decision taken to make Southmead the acute site.

1.7 Methods for reaching audiences/stakeholders

Audience/ stakeholder	Method of communication/PPI	Info Required	Info Provider	Communic ation Frequency
NBT, Bristol North, South Glos staff	Insite What's Happening? Directorate/management/ team meetings Posters Marketing materials Email bulletins/updates Road shows	Project Progress	Project Team	Various
		Timescales	Comms Team	Various
		Impacts		
Staffside, Medical Advisory Committee	Meetings Personal contact Briefings if necessary	Project Progress	Project Team	Various
		Timescales	Comms Team	Various
		Impacts		
Staff of neighbouring	Briefings/material supplied for their internal	Project Progress	Project Team	Completion of Project

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trusts	communications	Timescales	Comms Team	milestones
Charities, organisations on trusts' sites, other voluntary organisations	Copies of Insite Meetings Personal contact Briefings/material supplied for their internal communications	Project Progress	Comms Team	Various
Patient Panel	Patient Partnership Committee Bespoke meetings/briefings Personal contact Copies of Insite	Project Progress	Comms Team	Monthly meetings
Patient and Public Involvement Forum	The Joint Liaison Group Bespoke meetings Personal contact with chair of Forum Attendance at Forum meetings	Project Progress Timescales Impacts	Comms Team Project Team	Monthly PPI meetings
Patient user groups (these are usually disease specific)	Providing material for newsletters Attendance at meetings where appropriate Bespoke meetings	Project Progress	Comms Team	Various
SCIP	Attendance at meetings Briefings Sign off of Communications and PPI Strategy and Implementation Plan	Project Progress	Comms Team	Monthly SCIP meeting
Avon, Gloucestershire and Wiltshire Strategic Health Authority	Personal contact Attendance at meetings Briefings Updates	Project Progress	Project Team	Completion of Project Milestones
Leaders in Organisations	Membership of groups Personal contact Attendance at meetings Briefings Updates	Project Progress	Comms Team Project Team	Various
General public, potential staff members	Media resulting from any activity Open days/marketing events Posters	Project Progress	Comms Team Project Team	Completion of Project Milestones

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	Campaign materials Personal contact Website Recruitment materials			
Patients, carers, relatives	Reports in the media resulting from any activity Open days/marketing events Posters Campaign materials Personal contact Word of mouth Website Materials from user groups/PPIF/PIG/Patient Panel	Project Progress Timescales Impacts	Comms Team Project Team	Completion of Project Milestones
Public Involvement Group	Group meetings Bespoke briefings/meetings Personal contact Workshops Materials from user groups/PPIF/Patient Panel Reports in the media Replies to FOI requests Copies of Insite Posters	Project Progress Timescales Impacts	Comms Team	Monthly PIG meetings
Campaign Groups	Personal contact Reports in the media Replies to FOI requests Website Word of mouth Letters Briefings	Project Progress Timescales Impacts	Comms Team	Various
Local voluntary and community organisations	Reports in the media Briefings Letters Attendance at group meetings Word of mouth Materials Care Forum network process Personal contact with group leaders SCIP network Bristol Race Equality Health Partnership	Project Progress	Comms Team Project Team	Various
MPs, councillors,	Verbal and written briefings	Project Progress	Comms Team	Various

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local authorities, social services	Attendance at Overview and Scrutiny Committees Sign off of strategies and plans Personal contact Replies to FOI requests Website Reports in the media Partnership meetings Word of mouth Local strategic partnership	Timescales Impacts		
UWE, University of Bristol and local education sector	Verbal and written briefings Trust Board Meetings	Project Progress	Comms Team Education/ Research Team	Various
GP's	Written briefings GP roadshow briefings Clinical Model Workshops	Project Progress	Comms Team Project Team PCT's	Various
Schools	Presentations for pupils, staff and parents Workshops for pupils School projects and incentives Art strategy	Project Progress	Comms Team Project Team Education/ Research Team	Various
Professional bodies	Communication via named contacts Verbal and written briefings as appropriate	Project Progress	Comms Team	Various
Business community and suppliers	Communication via named contacts Verbal and written briefings as appropriate	Project Progress	Comms Team	Various
Media	Personal contact with trust press offices Personal contact with members of the public/staff Press releases/statements/rebuttals Letters to the media Spokespeople/interviews	Project Progress	Comms Team	Various

	Paid for advertising Word of mouth Websites			
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The following stakeholders are key and the following Directors are responsible for all communication with the named bodies:

- PFU: Director of Projects
- Bristol Overview and Scrutiny Committee: Director of Strategic Development
- South Gloucestershire Overview and Scrutiny Committee: Director of Strategic Development
- Strategic Health Authority Executive Directors (NBT, BNPCT, SGPCT)
- Joint Health Scrutiny Director of Strategic Development

1.8 Media Relations

This is a high profile project in the region and receives a lot of attention from the media. Media relations are therefore a large part of the communications work and this is reflected in the strategy objectives.

This plan recognises that the project is an integral part of the BHSP and all messages are therefore consistent with those of the BHSP.

The PCT shared communications department for Bristol and South Gloucestershire PCT's is the lead partner for co-ordinating communications for the BHSP. This ensures that there are consistent messages, a single point of contact for enquiries and takes the lead on handling communications on new issues/aspects.

1.9 BHSP Communications

- Co-ordinates literature between different NHS bodies to ensure clarity and consistent messages.
- Speaks with one voice for the health community and prevents different organisations being "picked off" by media or protestors.
- Supports and promotes the public involvement activity.
- Continues to use existing good relationships and understanding with the press to engender positive articles on the projects.
- Uses channels set up by BHSP in engagement and consultation to carry on with messages, e.g. GWR, Bristol City Council newsletter.
- Co-ordinates and manages press coverage on projects to ensure timings do not clash and that individual projects can be given maximum publicity making the most of topical opportunities.

- Takes the heat off press pressure on individuals with overarching community wide messages.
- Continues crisis management when negative issues hit the press, using knowledge of BHSP wide projects to allay fears.
- Updates the BHSP website and links.

2.0 Evaluation

The aim of this Communications and PPI plan is to consult, involve and inform and to build awareness and enthusiasm for the project. This plan will be evaluated using the following criteria:

SCIP

PPI quality assurance framework

- Observational studies will be undertaken to confirm internal notice board coverage achieved by key message poster campaigns.
- Feedback forms will be circulated to attendees at internal (NBT, SGPCT, BNPCT) roadshow presentations. Number issued and percentage of returns will be measured.
- Numbers of Insite articles, internal newsletters, e-mail notices will be logged.
- Telephone survey will be undertaken to ensure coverage of key messages posters in terms of GP surgeries and local libraries.
- Number of press articles, advertisements and letters to be logged.
- Number of letters and e-mails from the public to be logged.
- Number of questions and comments generated by staff via dedicated QA e-mail system will be logged.

The Project Team will formally review progress and ensure that it is considered as an agenda item on a fortnightly basis at its weekly team meetings.

3.0 Commercial Communications

This strategy recognises that the Project has a significant commercial aspect. The public – private sector dynamic needs to be managed in strict accordance with Standing Financial Instructions, NHS and EU purchasing and commissioning regulations as appropriate. The Project Board is subject to internal and external audit.

Broadly speaking approaches in relation to project related commercial matters can be of two types:

- (a) Speculative or uninvited, where organisations or individuals are seeking business.
- (b) Responsive, where the Trust has invited interest via an advertisement or personal communication.

Speculative/uninvited approaches should be referred directly to the Project Office without commentary or prejudice unless the recipient manager has responsibility for the service area.

Responses should be routed in accordance with the advertised or communicated route and where applicable in accordance with tendering or specified rules.

If a member of the Trust's staff receives a direct or indirect approach of an unsolicited nature which falls inside the scope of their managerial control they should inform the Project Office of the approach.

4.0 Next Steps

This plan recognises that different stakeholders have different perspectives and requirements and that it will need to evolve over time. It is therefore viewed as a "living document" which will develop further.

At present we are consulting on this strategy with the following groups and individuals:

- SCIP
- PIG
- PPIF
- JUC
- Trust Board
- Cluster Board
- Ruth Brunt, NBT Director of Operation

Note: Issues for consideration in relation to future versions:

- Project marketing strategy (i.e. promotional activities).
- Recruitment and retention.
- Maintaining awareness between 'events'.
- Relations with local residents
- Partnering agreement

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Key Activity or Event	Method of Communication Internal Shareholders (Including BNPCT, SGPCT)	Responsibility	Communication to External Shareholders	Ownership	Monitor/Evaluation	Lead on Work	Complete
Stakeholder Option Appraisal Event and Identification of Preferred Option - 20/21 Oct:	Establish and maintain intranet web page	Project Office/Comms Team	PIG	Patient & Community Engagement Manager (P&CEM)	Website update is checked by Project Office following every milestone event.	DD	yes
	Open Days 20/21 Oct	Project Office/Comms Team	Public/ All Stakeholders	Project Office/Comms Team	Feedback details logged on database. Feedback forms held in Project Office	DD	yes
	Trust-wide e-mail	Project Office/Comms Team	Press Release	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	FR	yes
	Update BHSP website info	Project Office/Comms Team	PIG	Project Office/Comms Team	Verification by observation and checks by designated Project Officer/Comms Manager	FR	yes

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		Project Office/Comms Team	Public/ All Stakeholders	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	FR	yes
	Dedicated flyer						
	Staff Side Communication	Project Team - JUC	Staff side	Project Office/Comms Team	Actions and minutes taken at meetings	TD/PB	yes
Submission of Planning Application:	Update web page	Project Office/Comms Team	PIG/Public/Bidders	P&CEMProject Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	DD/FR	yes
	Trust-wide e-mail	Comms Team	Staff side	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	FR	yes
	Pamphlet	Comms Team	Staff side/?	Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	FR	yes
Outline Business Case:							

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OBC Executive Summary Presentation	Briefing to Stakeholders - update since Open Days, chosen options SMD and FHY, exec summary, planning permission, design elements, environ. statement	Project Office/Comms Team	Staff side/Public/Key Stakeholders	Project Office/Comms Team	Matrix of depts visited		
Draft OBC to Boards	Update web pages - Exec Summary Staff Side Communication	Project Office/Comms Team Project Team - JUC	PIG/Public/Bidders	P&CEM	Verification by observation and checks by designated Project Office/Comms Manager	website - DD staffside - FR	yes
Draft OBC issued to SHA Executive Team 21/12	Update web pages - Exec Summary Staff Side Communication	Project Office/Comms Team Project Team - JUC	PIG	P&CEM	Verification by observation and checks by designated Project Office/Comms Manager	website - DD staffside - FR	yes
6-page Clinical Model Summary	Update web pages	Project Office	Staff side/Key Stakeholders	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	website - DD staffside - FR	yes
20-page Clinical Model Doc	Clinical Teams	Project Office	Staff side/Key Stakeholders	Project Office	Verification by observation and checks by designated Project Office/Comms Manager	GP comms - FR (deadline 7/1)	

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100-Page Clinical Model Finalised - circulation tbc, workshop Feb '06	Release to Clinical Directorates via General Managers/ Staff Side Communication	Project Office/Comms Team Project Team - JUC	PIG	P&CEM	Verification by observation and checks by designated Project Office/Comms Manager	Workshops - PB/TD	
SHA Signs Off OBC - 26 Jan	Update web pages Trust-wide e-mail Dedicated flyer	Project Office/Comms Team	Communication to all except business community and suppliers	Project Team/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	website - DD email - FR	
Council Planning Resolution Received - 30 March	Update web pages Trust-wide e-mail Dedicated flyer Staff Side Communication	Project Office/Comms Team/ Project Team - JUC	Press Release PIG	Project Team/Comms Team P&CEM	Verification by observation and checks by designated Project Office/Comms Manager	website - DD email - FR Flyer - tbc Staff side - tbc	
PFU Sign Off to OBC Received - 30 March	Update web pages- Trust-wide e-mail- Dedicated flyer- Dedicated promotional leaflet	Project Office/Comms Team	Press Release Communication to all (Incorporating intention to post OJEU Notice)	Project Team/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	website - DD email - FR Flyer - tbc leaflet - tbc	
OJEU Notice Issued - 31 Mch/1 Apr 06	Update web pages	Project Office/Comms Team	Discrete advertisement HSJ Article	Project Team/OBC Partners Project Team/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	website - DD email - FR Flyer - tbc leaflet - tbc	

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Audits & Reviews:							
Gateway Review 1 - 6-9 Dec	website/stakeholder event	Project Office/Comms Team	Gateway Report to public/key stakeholders/staff	Project Team	Verification by observation and checks by designated Project Office/Comms Manager	Report posted to website – DD	
Design Review Panel 1 - 16 Dec	website/stakeholder event	Project Office/Comms Team	DRP Report from DOH to public/key stakeholders/staff	Project Team	Verification by observation and checks by designated Project Office/Comms Manager	Report posted to website - DD	
Market Sounding Event - March '06	website/stakeholder event	Project Office/Comms Team	Invitations to event Feedback from stakeholders	Project Team	Verification by observation and checks by designated Project Office/Comms Manager	Report posted to website - DD	
Enabling Program:							
GM's Group Sessions - mid Jan '06		Project Office/Service Planning					
Meetings with HoN's and AHP's	meetings on alternate Tues 8am	Project Office/Service Planning					

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Exec Summary for General Managers		Project Office/Service Planning					
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Additional Ongoing Work (not date specific)							
Visuals for staff and patients	Incorporate in semi-permanent displays e.g. models/flat screens	Project Office/Strategic Development Directorate	Public/ All Stakeholders	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager	After approval by DoH April 06	

APPENDIX 6B - EVENT RELATED ACTION PLAN NOVEMBER 2005 - MARCH 2006

Key Activity or Event	Method of Communication Internal Shareholders (Including BNPCT, SGPCT)	Responsibility	Communication to External Shareholders	Ownership	Monitor/Evaluation
Stakeholder Option Appraisal Event and Identification of Preferred Option	Establish and maintain intranet web page	Project Office/Comms Team	PIG	Patient & Community Engagement Manager (P&CEM)	Website update is checked by Project Office following every milestone event.
	Trust-wide e-mail	Project Office/Comms Team	Press Release	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
	Update BHSP website info	Project Office/Comms Team	PIG	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
	Dedicated flyer	Project Office/Comms Team	Public/ All Stakeholders	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
	Staff Side Communication	Project Team - JUC	Staff side	Project Office/Comms Team	Actions and minutes taken at meetings
	Incorporate in Roadshow	Project Office/Strategic Development Directorate	Public/ All Stakeholders	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
	Incorporate in semi-permanent display	Project Office/Strategic Development Directorate	Public/ All Stakeholders	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
Submission of Planning Application	Update web page	Project Office/Comms Team	PIG	P&CEM Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
	Trust-wide e-mail	Project Office/Comms Team	Press Release	Project Office/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
	Dedicated flyer	Project Office/Comms Team	Notification to local NHS Partners		Verification by observation and checks by designated Project Office/Comms Manager
	Staff Side Communication	Project Team - JUC	Education/Medical School	Project Office/Director of E&R	Verification by observation and checks by designated Project Office/Comms Manager
Draft OBC to Boards	Update web pages Staff Side Communication	Project Office/Comms Team Project Team - JUC	PIG	P&CEM	Verification by observation and checks by designated Project Office/Comms Manager

Key Activity or Event	Method of Communication	Internal Shareholders (Including BNPCT, SGPCT)	Responsibility	Communication to External Shareholders	Ownership	Monitor/Evaluation
Draft OBC issued to SHA Executive	Update web pages Staff Side Communication		Project Office/Comms Team	Project PIG	P&CEM	Verification by observation and checks by designated Project Office/Comms Manager
Final OBC to Boards for Final Endorsement	Update web pages Staff Side Communication Release Summary Version		Project Office/Comms Team Project Team - JUC Project Office/Comms Team	Project PIG Staff Side Key Stakeholders	P&CEM Project Team - JUC Project Team/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
100-Page Clinical Model Finalised	Release to Clinical Directorates via General Managers/ Staff Side Communication		Project Office/Comms Team Project Team - JUC	Project PIG	P&CEM	Verification by observation and checks by designated Project Office/Comms Manager
SHA Signs Off OBC	Update web pages Trust-wide e-mail Dedicated flyer		Project Office/Comms Team	Communication to all except business community and suppliers	Project Team/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
Council Planning Resolution Received	Update web pages Trust-wide e-mail Dedicated flyer Staff Side Communication		Project Office/Comms Team Project Team - JUC	Press Release Project PIG	Project Team/Comms Team P&CEM	Verification by observation and checks by designated Project Office/Comms Manager
PFU Sign Off to OBC Received	Update web pages- Trust-wide e-mail- Dedicated flyer- Dedicated promotional leaflet		Project Office/Comms Team	Press Release Communication to all (Incorporating intention to post OJEU Notice)	Project Team/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager
OJEU Notice Issued	Update web pages		Project Office/Comms Team	Discrete advertisement HSJ Article	Project Team/OBC Partners Project Team/Comms Team	Verification by observation and checks by designated Project Office/Comms Manager

Population statistics for Bristol

2004 Population by age band ('000)

Age band	City of Bristol			South Gloucestershire		North Somerset	
	Unweighted population '000	Weighting	Population x weighting	Unweighted population '000	Population x weighting	Unweighted population '000	Population x weighting
0-4	22.5	591	13,307	14.3	8,457	10.2	6,033
5-9	21.4	225	4,815	16.4	3,690	11.5	2,588
10-14	21.7	225	4,883	16.6	3,735	11.9	2,678
15-19	26.7	445	11,878	15.3	6,807	11.3	5,027
20-24	39.3	445	17,483	13.1	5,828	8.5	3,781
25-29	33.2	445	14,770	14.0	6,228	8.4	3,737
30-34	32.9	445	14,636	17.9	7,963	11.6	5,160
35-39	30.3	445	13,480	21.0	9,342	14.6	6,495
40-44	26.9	445	11,967	20.4	9,075	14.4	6,406
45-49	23.3	532	12,390	16.6	8,827	13.0	6,913
50-54	21.1	532	11,220	15.7	8,349	13.2	7,019
55-59	20.6	532	10,954	16.7	8,880	15.2	8,083
60-64	16.3	532	8,668	13.2	7,019	11.5	6,115
65-69	13.9	966	13,430	11.2	10,821	10.0	9,662
70-74	13.0	966	12,560	9.7	9,372	8.8	8,502
75-79	11.8	1,584	18,690	7.5	11,879	7.4	11,721
80-84	9.9	1,584	15,680	5.5	8,711	6.5	10,295
85+	7.1	2,358	16,739	3.8	8,959	5.1	12,024
All Ages	391.9		227,551	248.9	143,944	193.1	122,239
UK average weighting			588		588		588
Weighted population			387		245		208

	City of Bristol '000	Bristol North PCT '000	Bristol South & West PCT '000	South Glos PCT '000	North Somerset PCT '000	Total '000
Unweighted population	391.9	205.3	186.6	248.9	193.1	833.9
Weighted population	387.0	202.7	184.3	244.8	207.9	839.7
% Relating to NBT	-	62%	15%	80%	25%	-
NBT unweighted population	-	126.7	28.0	199.1	48.3	402.0
NBT Weighted Population	-	125.1	27.6	195.8	52.0	400.5

2013 Population by Age Band

Age band	City of Bristol			South Gloucestershire		North Somerset	
	Unweighted population	Weighting	Population x weighting	Unweighted population	Population x weighting	Unweighted population	Population x weighting
0-4	23.9	591	14,135	14.6	8,635	10.4	6,151
5-9	20.9	225	4,703	15.4	3,465	11.5	2,588
10-14	18.8	225	4,230	15.6	3,510	11.9	2,678
15-19	24.8	445	11,033	16.6	7,385	11.9	5,294
20-24	43.6	445	19,396	15.6	6,940	9.9	4,404
25-29	40.0	445	17,795	17.2	7,652	10.4	4,627
30-34	35.0	445	15,570	17.2	7,652	10.9	4,849
35-39	29.4	445	13,079	17.0	7,563	11.7	5,205
40-44	28.1	445	12,501	20.0	8,897	14.7	6,540
45-49	25.5	532	13,560	21.1	11,220	15.9	8,455
50-54	22.4	532	11,911	18.9	10,050	14.7	7,817
55-59	19.1	532	10,157	15.3	8,136	13.5	7,179
60-64	16.9	532	8,987	14.5	7,711	13.8	7,338
65-69	15.7	966	15,169	15.0	14,493	14.7	14,203
70-74	11.8	966	11,401	11.2	10,821	10.2	9,855
75-79	9.8	1,584	15,522	9.2	14,572	8.4	13,305
80-84	8.4	1,584	13,305	6.7	10,612	6.7	10,612
85+	9.2	2,358	21,690	5.4	12,731	6.9	16,268
All Ages	403.0		234,144	266.5	162,045	208.2	137,366
UK average weighting			588		588		588
Weighted population			398.2		275.6		233.6

	City of Bristol '000	Bristol North PCT '000	Bristol South & West PCT '000	South Glos PCT '000	North Somerset PCT '000	Total '000
Unweighted population	403.0	211.1	191.9	266.5	208.2	877.7
Weighted population	398.2	208.6	189.6	275.6	233.6	907.4
% Relating to NBT	-	62%	15%	80%	25%	-
NBT Unweighted Population	-	130.2	28.8	213.2	52.1	424.3
NBT Weighted Population	-	128.7	28.4	220.5	58.4	436.0

Unweighted Population

% increase	-	2.8%	2.8%	7.1%	7.8%	5.5%
Annual increase	-	0.3%	0.3%	0.8%	0.8%	0.6%

Weighted Population

% increase	-	2.9%	2.9%	12.6%	12.4%	8.9%
Annual increase	-	0.3%	0.3%	1.3%	1.3%	0.9%

The Impact of Growth and Demand Management on Future Activity

Elective Inpatient and Daycase Activity

All PCTs	2004-05 Actual activity	Adjusted historical growth		Impact of Alternatives to Acute Care		2013-14 projected activity before transfers
Specialty	FCEs	FCEs	%	FCEs	%	FCEs
General Surgery	8,431	-808	-10%	-98	-1%	7,525
Urology	6,864	847	12%	-148	-2%	7,563
Trauma & Orthopaedics	6,511	1,967	30%	-114	-2%	8,364
ENT	1,950	502	26%	-28	-1%	2,424
Oral Surgery	852	-74	-9%	-7	-1%	771
Neurosurgery	1,853	377	20%	-10	-1%	2,220
Plastic Surgery	4,756	1,096	23%	-68	-1%	5,784
Paediatric Surgery	217	0	0%	-3	-2%	214
Pain Management	1,334	306	23%	-27	-2%	1,613
General Medicine	6,074	1,255	21%	-94	-2%	7,235
Clinical Haematology	3,310	615	19%	-59	-2%	3,866
Immunology	709	149	21%	-18	-2%	840
Infectious Diseases	16	6	41%	0	-1%	22
Nephrology	2,512	490	20%	-39	-2%	2,963
Neurology	880	414	52%	-9	-1%	1,285
Rheumatology	439	41	9%	-4	-1%	476
Paediatrics	263	0	0%	-3	-1%	260
Paediatric Neurology	146	0	0%	-3	-1%	143
Neonatology/SCBU	88	0	0%	0	-1%	88
Obstetrics	2	0	0%	0	0%	2
Gynaecology	3,398	-589	-17%	-39	-1%	2,770
Neuropsychiatry	185	0	0%	-1	0%	184
Child and Adolescent Psychiatry	17	0	0%	0	-1%	17
Total	50,807	6,594	13%	-772	-2%	56,629

The Impact of Growth and Demand Management on Future Activity

Non-elective Inpatient Activity

All PCTs	2004-05 Actual activity	Adjusted historical growth		Impact of Alternatives to Acute Care		2013-14 projected activity before transfers
Specialty	FCEs	FCEs	%	FCEs	%	FCEs
General Surgery	4,867	180	4%	-53	-1%	4,994
Urology	1,280	837	65%	-100	-8%	2,017
Trauma & Orthopaedics	2,527	0	0%	-161	-6%	2,366
ENT	507	0	0%	0	0%	507
Oral Surgery	106	15	14%	0	0%	121
Neurosurgery	1,764	293	17%	0	0%	2,057
Plastic Surgery	2,421	472	20%	0	0%	2,893
Paediatric Surgery	1	0	-9%	0	0%	1
Accident & Emergency	1,425	499	35%	-127	-9%	1,797
Anaesthetics	1	0	0%	0	0%	1
Pain Management	1	0	0%	0	0%	1
General Medicine	26,149	7,885	30%	-7,750	-30%	26,284
Clinical Haematology	29	0	0%	0	0%	29
Immunology	6	2	35%	0	0%	8
Infectious Diseases	112	60	54%	0	0%	172
Nephrology	1,191	307	26%	-6	0%	1,492
Neurology	590	76	13%	-32	-5%	634
Rheumatology	55	0	0%	0	0%	55
Paediatrics	3,598	554	15%	-51	-1%	4,101
Paediatric Neurology	38	271	713%	0	0%	309
Neonatology/SCBU	585	0	0%	0	0%	585
Obstetrics	13,170	1,889	14%	0	0%	15,059
Gynaecology	1,137	127	11%	0	0%	1,264
Neuropsychiatry	22	0	0%	0	0%	22
Child and Adolescent Psychiatry	19	0	0%	0	0%	19
Total	61,601	13,467	22%	-8,280	-13%	66,788

The Impact of Growth and Demand Management on Future Activity

Total Inpatient Activity

All PCTs	2004-05 Actual activity	Adjusted historical growth		Impact of Alternatives to Acute Care		2013-14 projected activity before transfers
Specialty	FCEs	FCEs	%	FCEs	%	FCEs
General Surgery	13,298	-628	-5%	-151	-1%	12,519
Urology	8,144	1,684	21%	-248	-3%	9,580
Trauma & Orthopaedics	9,038	1,967	22%	-275	-3%	10,730
ENT	2,457	502	20%	-28	-1%	2,931
Oral Surgery	958	-59	-6%	-7	-1%	892
Neurosurgery	3,617	670	19%	-10	0%	4,277
Plastic Surgery	7,177	1,568	22%	-68	-1%	8,677
Paediatric Surgery	218	0	0%	-3	-1%	215
Accident & Emergency	1,425	499	35%	-127	-9%	1,797
Anaesthetics	1	0	0%	0	0%	1
Pain Management	1,335	306	23%	-27	-2%	1,614
General Medicine	32,223	9,140	28%	-7,844	-24%	33,519
Clinical Haematology	3,339	615	18%	-59	-2%	3,895
Immunology	715	151	21%	-18	-3%	848
Infectious Diseases	128	66	52%	0	0%	194
Nephrology	3,703	797	22%	-45	-1%	4,455
Neurology	1,470	490	33%	-41	-3%	1,919
Rheumatology	494	41	8%	-4	-1%	531
Paediatrics	3,861	554	14%	-54	-1%	4,361
Paediatric Neurology	184	271	147%	-3	-2%	452
Neonatology/SCBU	673	0	0%	0	0%	673
Obstetrics	13,172	1,889	14%	0	0%	15,061
Gynaecology	4,535	-462	-10%	-39	-1%	4,034
Neuropsychiatry	207	0	0%	-1	0%	206
Child and Adolescent Psychiatry	36	0	0%	0	0%	36
Total	112,408	20,061	18%	-9,052	-8%	123,417

The Impact of Growth and Demand Management on Future Activity

New Outpatient Appointments

All PCTs	2004-05 Actual activity	Adjusted historical growth		Impact of Alternatives to Acute Care		2013-14 projected activity before transfers
Specialty	Attendances	Attendances	%	Attendances	%	Attendances
General Surgery	14,106	1,049	7%	(2,195)	-16%	12,960
Urology	5,527	1,771	32%	(1,464)	-26%	5,834
Trauma & Orthopaedics	14,376	4,636	32%	(3,559)	-25%	15,453
ENT	6,250	3,504	56%	(2,124)	-34%	7,630
Ophthalmology	845	0	0%	(16)	-2%	829
Oral Surgery	3,136	(74)	-2%	(172)	-5%	2,890
Orthodontics	344	0	0%	(15)	-4%	329
Neurosurgery	2,787	1,389	50%	(486)	-17%	3,690
Plastic Surgery	6,880	1,864	27%	(1,042)	-15%	7,702
Cardiothoracic Surgery	18	0	0%	0	0%	18
Paediatric Surgery	342	0	0%	(16)	-5%	326
Pain Management	1,334	2,302	173%	(110)	-8%	3,526
General Medicine						
Respiratory Medicine	1,826	911	50%	(321)	-18%	2,416
Diabetes	984	486	49%	(446)	-45%	1,024
Gastroenterology	1,351	670	50%	(136)	-10%	1,885
Other	0	0	0%	0	0%	0
Clinical Haematology	594	191	32%	(22)	-4%	763
Immunology	660	514	78%	(86)	-13%	1,088
Palliative Medicine	108	0	0%	(4)	-4%	104
Cardiology	4,547	2,278	50%	(1,440)	-32%	5,385
Dermatology	4,067	(199)	-5%	(1,173)	-29%	2,695
Infectious Disease	260	131	50%	(10)	-4%	381
GUM	134	122	91%	(34)	-25%	222
Nephrology	901	881	98%	(37)	-4%	1,745
Medical Oncology	69	55	79%	(2)	-3%	122
Neurology	2,537	1,155	46%	(438)	-17%	3,254
Rheumatology	1,411	1,048	74%	(813)	-58%	1,646
Paediatrics	2,416	637	26%	(306)	-13%	2,747
Paediatric Neurology	146	31	21%	(2)	-1%	175
Neonatology/SCBU	5	0	0%	0	0%	5
Care of the Elderly	2,015	223	11%	(160)	-8%	2,078
Obstetrics Ante-Natal	4,201	0	0%	(81)	-2%	4,120
Gynaecology	5,250	81	2%	(783)	-15%	4,548
Maternity/midwifery	123	0	0%	0	0%	123
Mental illness/Neuropsychiatry	427	0	0%	(11)	-3%	416
Child & Adolescent Psychiatry	284	4	1%	(8)	-3%	280
Clinical Oncology	218	494	227%	(4)	-2%	708
Chemical Pathology	50	0	0%	(1)	-2%	49
Totals	90,529	26,154	29%	(17,517)	-19%	99,166

The Impact of Growth and Demand Management on Future Activity

Follow-up Outpatient Appointments

All PCTs	2004-05 Actual activity	Adjusted historical growth		Impact of Alternatives to Acute Care		2013-14 projected activity before transfers
Specialty	Attendances	Attendances	%	Attendances	%	Attendances
General Surgery	18,110	1,211	7%	(2,648)	-15%	16,673
Urology	10,809	3,358	31%	(2,965)	-27%	11,202
Trauma & Orthopaedics	36,057	10,649	30%	(8,798)	-24%	37,908
ENT	8,069	4,562	57%	(2,810)	-35%	9,821
Ophthalmology	1,143	0	0%	(14)	-1%	1,129
Oral Surgery	4,960	(114)	-2%	(265)	-5%	4,581
Orthodontics	4,027	0	0%	(233)	-6%	3,794
Neurosurgery	3,654	1,852	51%	(511)	-14%	4,995
Plastic Surgery	19,916	5,188	26%	(2,661)	-13%	22,443
Cardiothoracic Surgery	161	0	0%	(8)	-5%	153
Paediatric Surgery	276	0	0%	(20)	-7%	256
Pain Management	3,567	6,002	168%	(260)	-7%	9,309
General Medicine						
Respiratory Medicine	7,207	3,502	49%	(1,401)	-19%	9,308
Diabetes	4,875	2,402	49%	(2,309)	-47%	4,968
Gastroenterology	4,755	2,333	49%	(496)	-10%	6,592
Other	258	125	48%	(3)	-1%	380
Clinical Haematology	6,819	1,794	26%	(195)	-3%	8,418
Immunology	1,952	1,437	74%	(288)	-15%	3,101
Palliative Medicine	225	0	0%	(6)	-3%	219
Cardiology	7,795	3,861	50%	(2,445)	-31%	9,211
Dermatology	6,222	(349)	-6%	(1,788)	-29%	4,085
Infectious Disease	1,827	913	50%	(71)	-4%	2,669
GUM	750	734	98%	(173)	-23%	1,311
Nephrology	19,680	19,271	98%	(748)	-4%	38,203
Medical Oncology	303	260	86%	(10)	-3%	553
Neurology	4,699	2,292	49%	(818)	-17%	6,173
Rheumatology	5,055	3,744	74%	(2,904)	-57%	5,895
Paediatrics	7,334	1,993	27%	(984)	-13%	8,343
Paediatric Neurology	510	104	20%	(7)	-1%	607
Neonatology/SCBU	509	0	0%	(9)	-2%	500
Care of the Elderly	5,419	673	12%	(435)	-8%	5,657
Obstetrics Ante-Natal	8,844	0	0%	(173)	-2%	8,671
Gynaecology	8,820	107	1%	(1,252)	-14%	7,675
Maternity/midwifery	3,496	(164)	-5%	(97)	-3%	3,235
Mental illness/Neuropsychiatry	2,868	0	0%	(84)	-3%	2,784
Child & Adol. Psychiatry	2,782	38	1%	(60)	-2%	2,760
Child & Adolescent Psychiatry	351	834	238%	(4)	-1%	1,181
Chemical Pathology	64	0	0%	(1)	-2%	63
Totals	224,168	78,613	35%	(37,954)	-17%	264,827

The Impact of Growth and Demand Management on Future Activity

Total Outpatient Appointments

All PCTs	2004-05 Actual activity	Adjusted historical growth		Impact of Alternatives to Acute Care		2013-14 projected activity before transfers
Specialty	Attendances	Attendances	%	Attendances	%	Attendances
General Surgery	32,216	2,260	7%	(4,843)	-15%	29,633
Urology	16,336	5,129	31%	(4,429)	-27%	17,036
Trauma & Orthopaedics	50,433	15,285	30%	(12,357)	-25%	53,361
ENT	14,319	8,066	56%	(4,934)	-34%	17,451
Ophthalmology	1,988	0	0%	(30)	-2%	1,958
Oral Surgery	8,096	(188)	-2%	(437)	-5%	7,471
Orthodontics	4,371	0	0%	(248)	-6%	4,123
Neurosurgery	6,441	3,241	50%	(997)	-15%	8,685
Plastic Surgery	26,796	7,052	26%	(3,703)	-14%	30,145
Cardiothoracic Surgery	179	0	0%	(8)	-4%	171
Paediatric Surgery	618	0	0%	(36)	-6%	582
Pain Management	4,901	8,304	169%	(370)	-8%	12,835
General Medicine						
Respiratory Medicine	9,033	4,413	49%	(1,722)	-19%	11,724
Diabetes	5,859	2,888	49%	(2,755)	-47%	5,992
Gastroenterology	6,106	3,003	49%	(632)	-10%	8,477
Other	258	125	48%	(3)	-1%	380
Clinical Haematology	7,413	1,985	27%	(217)	-3%	9,181
Immunology	2,612	1,951	75%	(374)	-14%	4,189
Palliative Medicine	333	0	0%	(10)	-3%	323
Cardiology	12,342	6,139	50%	(3,885)	-31%	14,596
Dermatology	10,289	(548)	-5%	(2,961)	-29%	6,780
Infectious Disease	2,087	1,044	50%	(81)	-4%	3,050
GUM	884	856	97%	(207)	-23%	1,533
Nephrology	20,581	20,152	98%	(785)	-4%	39,948
Medical Oncology	372	315	85%	(12)	-3%	675
Neurology	7,236	3,447	48%	(1,256)	-17%	9,427
Rheumatology	6,466	4,792	74%	(3,717)	-57%	7,541
Paediatrics	9,750	2,630	27%	(1,290)	-13%	11,090
Paediatric Neurology	656	135	21%	(9)	-1%	782
Neonatology/SCBU	514	0	0%	(9)	-2%	505
Care of the Elderly	7,434	896	12%	(595)	-8%	7,735
Obstetrics Ante-Natal	13,045	0	0%	(254)	-2%	12,791
Gynaecology	14,070	188	1%	(2,035)	-14%	12,223
Maternity/midwifery	3,619	(164)	-5%	(97)	-3%	3,358
Mental illness/Neuropsychiatry	3,295	0	0%	(95)	-3%	3,200
Child & Adolescent Psychiatry	3,066	42	1%	(68)	-2%	3,040
Clinical Oncology	569	1,328	233%	(8)	-1%	1,889
Chemical Pathology	114	0	0%	(2)	-2%	112
Totals	314,697	104,767	33.29%	(55,471)	-17.63%	363,993

The Impact of Growth and Demand Management on Future Activity by PCT

	2004-05 Actual activity	Adjusted historical growth		Impact of Alternatives to Acute Care		2013-14 projected activity before transfers
	FCEs	FCEs	%	FCEs	%	FCEs
Elective Activity						
Bristol North PCT	14,699	1,387	9%	0	0%	16,086
Bristol South & West PCT	4,225	-25	-1%	0	0%	4,200
North Somerset PCT	6,986	1,452	21%	-772	-11%	7,666
South Gloucestershire PCT	17,094	1,989	12%	0	0%	19,083
Other PCTs	7,803	1,791	23%	0	0%	9,594
Total	50,807	6,594	13%	-772	-2%	56,629
Non-elective Activity						
Bristol North PCT	23,245	4,863	21%	-4,380	-19%	23,728
Bristol South & West PCT	3,162	547	17%	-214	-7%	3,495
North Somerset PCT	5,496	1,427	26%	-1,697	-31%	5,226
South Gloucestershire PCT	24,842	5,337	21%	-1,989	-8%	28,190
Other PCTs	4,856	1,293	27%	0	0%	6,149
Total	61,601	13,467	22%	-8,280	-13%	66,788
Total Activity						
Bristol North PCT	37,944	6,250	16%	-4,380	-12%	39,814
Bristol South & West PCT	7,387	522	7%	-214	-3%	7,695
North Somerset PCT	12,482	2,879	23%	-2,469	-20%	12,892
South Gloucestershire PCT	41,936	7,326	17%	-1,989	-5%	47,273
Other PCTs	12,659	3,084	24%	0	0%	15,743
Total	112,408	20,061	18%	-9,052	-8%	123,417

	2004-05 Actual activity	Adjusted historical growth		Impact of Alternatives to Acute Care		2013-14 projected activity before transfers
	Attendances	Attendances	%	Attendances	%	Attendances
New Outpatient Appointments						
Bristol North PCT	29,931	5,854	20%	-3,602	-12%	32,183
Bristol South & West PCT	4,840	468	10%	-105	-2%	5,203
North Somerset PCT	10,125	4,798	47%	-4,932	-49%	9,991
South Gloucestershire PCT	37,817	12,613	33%	-8,878	-23%	41,552
Other PCTs	7,816	2,421	31%	0	0%	10,237
Total	90,529	26,154	29%	-17,517	-19%	99,166
Follow-up Outpatient Appointments						
Bristol North PCT	69,136	17,726	26%	-8,817	-13%	78,045
Bristol South & West PCT	17,220	3,129	18%	-371	-2%	19,978
North Somerset PCT	25,133	13,928	55%	-10,941	-44%	28,120
South Gloucestershire PCT	84,229	31,327	37%	-17,825	-21%	97,731
Other PCTs	28,450	12,503	44%	0	0%	40,953
Total	224,168	78,613	35%	-37,954	-17%	264,827
Total Outpatient Appointments						
Bristol North PCT	99,067	23,580	24%	-12,419	-13%	110,228
Bristol South & West PCT	22,060	3,597	16%	-476	-2%	25,181
North Somerset PCT	35,258	18,726	53%	-15,873	-45%	38,111
South Gloucestershire PCT	122,046	43,940	36%	-26,703	-22%	139,283
Other PCTs	36,266	14,924	41%	0	0%	51,190
Total	314,697	104,767	33%	-55,471	-18%	363,993

Movements in 2013-14 Activity between Trusts

Electives Inpatients and Daycases

	2013-14 projected activity before transfers	BHSP Service Transfers	Transfers to Independent sector	Acute flows to UBHT	Acute transfers to Weston	Acute flow of specialist work	Sub-total	Transfers to Frenchay community hospital	Transfers to Southhead Community hospital	Total planned activity 2013-14
All PCTs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs
Specialty										
General Surgery	7,525	-206	-2,163	0	-352	0	4,804	0	0	4,804
Urology	7,563	-78	-1,520	0	-230	0	5,735	0	0	5,735
Trauma & Orthopaedics	8,364	-337	-1,808	0	-633	0	5,586	0	0	5,586
ENT	2,424	535	-469	0	0	0	2,490	0	0	2,490
Oral Surgery	771	-260	-151	0	0	0	360	0	0	360
Neurosurgery	2,220	-388	0	0	0	285	2,117	0	0	2,117
Plastic Surgery	5,784	-928	-903	0	0	124	4,077	0	0	4,077
Paediatric Surgery	214	-214	0	0	0	0	0	0	0	0
Pain Management	1,613	-2	0	0	0	0	1,611	0	0	1,611
General Medicine	7,235	2,191	-225	0	-91	0	9,110	0	0	9,110
Clinical Haematology	3,865	-1	0	0	0	0	3,865	0	0	3,865
Immunology	840	-1	0	0	0	0	839	0	0	839
Infectious Diseases	22	0	0	0	0	0	22	0	0	22
Nephrology	2,963	0	0	0	0	221	3,184	0	0	3,184
Neurology	1,285	-3	0	0	0	0	1,282	0	0	1,282
Rheumatology	476	-95	0	0	0	0	381	0	0	381
Paediatrics	260	-260	0	0	0	0	0	0	0	0
Paediatric Neurology	143	-143	0	0	0	0	0	0	0	0
Neonatology / SCBU	88	0	0	0	0	0	88	0	0	88
Obstetrics	2	0	0	0	0	0	2	0	0	2
Gynaecology	2,770	0	-771	0	-150	0	1,849	0	0	1,849
Neuropsychiatry	184	0	0	0	0	0	184	0	0	184
Child and Adolescent Psychiatry	17	-12	0	0	0	0	5	0	0	5
Total	56,629	-202	-8,010	0	-1,456	630	47,591	0	0	47,591

Note: The 'transfers to community hospital' column shows zero activity as it is assumed that the patient will attend the acute hospital for a shortened length of stay before transferring to the community hospital

Non-elective Inpatients

	2013-14 projected activity before transfers	BHSP Service Transfers	Transfers to Independent sector	Acute flows to UBHT	Acute transfers to Weston	Acute flow of specialist work	Sub-total	Transfers to Frenchay community hospital	Transfers to Southhead Community hospital	Total planned activity 2013-14
All PCTs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs
Specialty										
General Surgery	4,984	-115	0	-410	-917	0	3,552	0	0	3,552
Urology	2,017	-64	0	0	-297	0	1,656	0	0	1,656
Trauma & Orthopaedics	2,366	-385	0	-412	-56	0	1,513	0	0	1,513
ENT	507	509	0	0	0	0	1,016	0	0	1,016
Oral Surgery	121	-2	0	0	0	0	119	0	0	119
Neurosurgery	2,057	-417	0	0	0	324	1,964	0	0	1,964
Plastic Surgery	2,893	-684	0	0	0	476	2,685	0	0	2,685
Paediatric Surgery	1	-1	0	0	0	0	0	0	0	0
A&E	1,797	-30	0	-35	-2	0	1,730	0	0	1,730
Anaesthetics	1	0	0	0	0	0	1	0	0	1
Pain Management	1	0	0	0	0	0	1	0	0	1
General Medicine	26,284	1,940	0	-3,122	-293	0	24,809	0	0	24,809
Clinical Haematology	29	0	0	0	0	0	29	0	0	29
Immunology	8	0	0	0	0	0	8	0	0	8
Infectious Diseases	172	0	0	0	0	0	172	0	0	172
Nephrology	1,492	0	0	0	0	294	1,786	0	0	1,786
Neurology	634	-7	0	0	0	0	627	0	0	627
Rheumatology	55	-6	0	0	0	0	49	0	0	49
Paediatrics	4,101	-4,101	0	0	0	0	0	0	0	0
Paediatric Neurology	309	-309	0	0	0	0	0	0	0	0
Neonatology / SCBU	585	0	0	0	0	0	585	0	0	585
Obstetrics	15,059	0	0	0	0	0	15,059	0	0	15,059
Gynaecology	1,264	0	0	0	-84	0	1,180	0	0	1,180
Neuropsychiatry	22	0	0	0	0	0	22	0	0	22
Child and Adolescent Psychiatry	19	-11	0	0	0	0	8	0	0	8
Total	66,788	-3,633	0	-3,979	-1,649	1,094	58,571	0	0	58,571

Note: The 'transfers to community hospital' column shows zero activity as it is assumed that the patient will attend the acute hospital for a shortened length of stay before transferring to the community hospital

Movements in 2013-14 Activity between Trusts

Total Inpatients

All PCTs	2013-14 projected activity before transfers	BHSP Service Transfers	Transfers to Independent sector	Acute flows to UBHT	Acute transfers to Weston	Acute flow of specialist work	Sub-total	Transfers to Frenchay community hospital	Transfers to Southhead Community hospital	Total planned activity 2013-14
Specialty	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs	FCEs
General Surgery	12,519	-321	-2,163	-410	-1,269	0	8,356	0	0	8,356
Urology	9,580	-142	-1,520	0	-537	0	7,381	0	0	7,381
Trauma & Orthopaedics	10,730	-722	-1,808	-412	-689	0	7,099	0	0	7,099
ENT	2,931	1,044	-469	0	0	0	3,506	0	0	3,506
Oral Surgery	892	-262	-151	0	0	0	479	0	0	479
Neurosurgery	4,277	-805	0	0	0	609	4,081	0	0	4,081
Plastic Surgery	8,677	-1,612	-903	0	0	600	6,762	0	0	6,762
Paediatric Surgery	215	-215	0	0	0	0	0	0	0	0
A&E	1,797	-30	0	-35	-2	0	1,730	0	0	1,730
Anaesthetics	1	0	0	0	0	0	1	0	0	1
Pain Management	1,614	0	0	0	0	0	1,612	0	0	1,612
General Medicine	33,519	4,131	-225	-3,122	-384	0	33,919	0	0	33,919
Clinical Haematology	3,895	-1	0	0	0	0	3,894	0	0	3,894
Immunology	848	-1	0	0	0	0	847	0	0	847
Infectious Diseases	194	0	0	0	0	0	194	0	0	194
Nephrology	4,455	0	0	0	0	515	4,970	0	0	4,970
Neurology	1,919	-10	0	0	0	0	1,909	0	0	1,909
Rheumatology	531	-101	0	0	0	0	430	0	0	430
Paediatrics	4,361	-4,361	0	0	0	0	0	0	0	0
Paediatric Neurology	452	-452	0	0	0	0	0	0	0	0
Neonatology / SCBU	673	0	0	0	0	0	673	0	0	673
Obstetrics	15,061	0	0	0	0	0	15,061	0	0	15,061
Gynaecology	4,034	0	-771	0	-234	0	3,029	0	0	3,029
Neuropsychiatry	206	0	0	0	0	0	206	0	0	206
Child and Adolescent Psychiatry	36	-23	0	0	0	0	13	0	0	13
Total	123,417	-3,885	-8,010	-3,979	-3,105	1,724	106,162	0	0	106,162

New Outpatient Attendances

All PCTs	2013-14 projected activity before transfers	BHSP Service Transfers	Transfers to independent sector	2013-14 projected activity after transfers	Change in clinical practice	Sub-total	Transfers to Frenchay community hospital	Transfers to Southhead Community hospital	Transfers to Other Community Settings	Total planned activity in acute setting
Specialty	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances
General Surgery	12,960	0	(1,015)	11,945	(621)	11,324	743	1,449	2,792	6,340
Urology	5,834	0	(1,854)	3,980	(337)	3,643	198	423	898	2,124
Trauma & Orthopaedics	15,453	0	(1,845)	13,608	0	13,608	664	1,203	2,388	9,353
ENT	7,630	0	(1,364)	6,266	0	6,266	217	538	1,103	4,408
Ophthalmology	829	0	0	829	0	829	0	0	0	829
Oral Surgery	2,890	(28)	0	2,862	0	2,862	0	0	75	2,787
Orthodontics	329	0	0	329	0	329	0	0	0	329
Neurosurgery	3,690	0	0	3,690	0	3,690	8	5	276	3,401
Plastic Surgery	7,702	(209)	(1,316)	6,177	0	6,177	108	232	683	5,154
Cardiothoracic Surgery	18	0	0	18	0	18	0	0	0	18
Paediatric Surgery	326	0	0	326	0	326	0	0	0	326
Pain Management	3,526	0	0	3,526	0	3,526	14	9	344	3,159
General Medicine										
Respiratory Medicine	2,416	0	0	2,416	(401)	2,015	33	121	234	1,627
Diabetes	1,024	0	0	1,024	0	1,024	66	73	241	844
Gastroenterology	1,885	0	(174)	1,711	0	1,711	23	51	133	1,504
Other	0	0	0	0	0	0	0	0	0	0
Clinical Haematology	763	0	0	763	0	763	0	0	0	763
Immunology	1,088	0	0	1,088	(98)	990	0	0	0	990
Palliative Medicine	104	0	0	104	0	104	0	0	0	104
Cardiology	5,385	0	0	5,385	0	5,385	423	882	1,608	2,472
Dermatology	2,695	0	0	2,695	0	2,695	25	74	129	2,467
Infectious Disease	381	0	0	381	0	381	0	0	0	381
GUM	222	0	0	222	0	222	0	0	0	222
Nephrology	1,745	0	0	1,745	0	1,745	0	0	0	1,745
Medical Oncology	122	0	0	122	0	122	0	0	0	122
Neurology	3,254	0	0	3,254	0	3,254	58	138	406	2,652
Rheumatology	1,646	0	0	1,646	0	1,646	57	105	218	1,266
Paediatrics	2,747	(163)	0	2,584	0	2,584	47	122	206	2,239
Paediatric Neurology	175	0	0	175	0	175	0	0	0	175
Neonatology/SCBU	5	0	0	5	0	5	0	0	0	5
Care of the Elderly	2,078	0	0	2,078	0	2,078	58	149	292	1,578
Obstetrics Ante-Natal	4,120	0	0	4,120	0	4,120	224	425	835	2,636
Gynaecology	4,548	0	(527)	4,021	0	4,021	219	490	924	2,388
Maternity/midwifery	123	0	0	123	0	123	0	0	0	123
Neuropsychiatry	416	0	0	416	0	416	26	63	112	215
Child & Adolescent Psychiatry	280	0	0	280	0	280	0	0	0	280
Clinical Oncology	708	0	0	708	0	708	0	0	0	708
Chemical Pathology	49	0	0	49	0	49	0	0	0	49
Totals	99,166	(400)	(8,095)	90,671	(1,457)	89,214	3,212	6,552	13,897	65,553

Movements in 2013-14 Activity between Trusts

Follow-up Outpatient Attendances

All PCTs	2013-14 projected activity before transfers	BHSP Service Transfers	Transfers to independent sector	2013-14 projected activity after transfers	Change in clinical practice	Sub-total	Transfers to Frenchay community hospital	Transfers to Southend Community hospital	Transfers to Other Community Settings	Total planned activity in acute setting
Speciality	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances
General Surgery	16,673	0	(2,942)	13,831	(3,612)	10,219	1281	2,541	4,496	1,901
Urology	11,202	0	(3,708)	7,494	(1,300)	6,194	559	1,146	2,325	2,183
Trauma & Orthopaedics	37,906	0	(5,535)	32,373	0	32,373	1630	2,842	6,023	21,878
ENT	9,821	0	(2,728)	7,093	(595)	6,498	230	582	1,286	4,400
Ophthalmology	1,129	0	0	1,129	(90)	1,039	0	0	0	1,039
Oral Surgery	4,581	(276)	0	4,305	(362)	3,943	402	800	1,435	1,306
Orthodontics	3,794	0	0	3,794	(190)	3,604	0	0	0	3,604
Neurosurgery	4,995	0	0	4,995	(150)	4,845	4	2	284	4,555
Plastic Surgery	22,443	(717)	(3,685)	18,041	(1,085)	16,956	540	1,159	2,733	12,524
Cardiothoracic Surgery	153	0	0	153	(8)	145	0	0	0	145
Paediatric Surgery	256	0	0	256	(27)	229	0	0	0	229
Pain Management	9,309	0	0	9,309	(589)	8,720	531	776	2,287	5,116
General Medicine				0						
Respiratory Medicine	9,308	0	0	9,308	(1,573)	7,735	436	1,030	1,834	4,435
Diabetes	4,968	0	0	4,968	0	4,968	444	763	1,665	2,096
Gastroenterology	6,592	0	(348)	6,244	0	6,244	512	1,079	1,916	2,737
Other	380	0	0	380	(18)	362	0	0	0	362
Clinical Haematology	8,418	0	0	8,418	0	8,418	0	0	0	8,418
Immunology	3,101	0	0	3,101	(337)	2,764	0	0	0	2,764
Palliative Medicine	219	0	0	219	0	219	0	0	0	219
Cardiology	9,211	0	0	9,211	(900)	8,311	625	1,307	2,391	3,988
Dermatology	4,085	0	0	4,085	0	4,085	0	42	60	3,983
Infectious Disease	2,669	0	0	2,669	0	2,669	0	0	0	2,669
GUM	1,311	0	0	1,311	(86)	1,225	0	0	0	1,225
Nephrology	38,203	0	0	38,203	(1,407)	36,796	0	0	0	36,796
Medical Oncology	553	0	0	553	0	553	0	0	0	553
Neurology	6,173	0	0	6,173	(298)	5,875	85	208	734	4,848
Rheumatology	5,895	0	0	5,895	0	5,895	218	327	745	4,805
Paediatrics	8,343	(634)	0	7,709	(578)	7,131	554	1,042	1,923	3,612
Paediatric Neurology	607	0	0	607	(21)	586	0	0	0	586
Neonatology/SCBU	500	0	0	500	(24)	476	0	0	0	476
Care of the Elderly	5,657	0	0	5,657	(408)	5,249	575	1,024	2,065	1,585
Obstetrics Ante-Natal	8,671	0	0	8,671	(422)	8,249	579	1,129	2,130	4,411
Gynaecology	7,675	0	(1,054)	6,621	(428)	6,193	453	1,020	1,855	2,855
Maternity/midwifery	3,235	0	0	3,235	(165)	3,070	192	384	709	1,785
Mental illness/Neuropsychiatry	2,784	0	0	2,784	(119)	2,665	69	166	379	2,051
Child & Adolescent Psychiatry	2,760	0	0	2,760	(154)	2,606	110	321	643	1,532
Clinical Oncology	1,181	0	0	1,181	0	1,181	0	0	0	1,181
Chemical Pathology	63	0	0	63	0	63	0	0	0	63
Totals	264,827	(1,627)	(19,900)	243,300	(14,946)	228,354	10,029	19,690	39,930	158,705

Total Outpatient Attendances

All PCTs	2013-14 projected activity before transfers	BHSP Service Transfers	Transfers to independent sector	2013-14 projected activity after transfers	Change in clinical practice	Sub-total	Transfers to Frenchay community hospital	Transfers to Southend Community hospital	Transfers to Other Community Settings	Total planned activity in acute setting
Speciality	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances	Attendances
General Surgery	29,633	0	(3,857)	25,776	(4,233)	21,543	2,024	3,990	7,288	8,241
Urology	17,036	0	(5,562)	11,474	(1,637)	9,837	757	1,569	3,224	4,287
Trauma & Orthopaedics	53,361	0	(7,380)	45,981	0	45,981	2,294	4,045	8,411	31,231
ENT	17,451	0	(4,092)	13,359	(595)	12,764	447	1,120	2,389	8,808
Ophthalmology	1,958	0	0	1,958	(90)	1,868	0	0	0	1,868
Oral Surgery	7,471	(304)	0	7,167	(362)	6,805	402	800	1,510	4,093
Orthodontics	4,123	0	0	4,123	(190)	3,933	0	0	0	3,933
Neurosurgery	8,685	0	0	8,685	(150)	8,535	12	7	560	7,956
Plastic Surgery	30,145	(926)	(5,001)	24,218	(1,085)	23,133	648	1,391	3,416	17,678
Cardiothoracic Surgery	171	0	0	171	(8)	163	0	0	0	163
Paediatric Surgery	582	0	0	582	(27)	555	0	0	0	555
Pain Management	12,835	0	0	12,835	(589)	12,246	545	785	2,641	8,275
General Medicine				0		0				
Respiratory Medicine	11,724	0	0	11,724	(1,974)	9,750	469	1,151	2,068	6,062
Diabetes	5,992	0	0	5,992	0	5,992	510	836	1,906	2,740
Gastroenterology	8,477	0	(522)	7,955	0	7,955	535	1,130	2,049	4,211
Other	380	0	0	380	(18)	362	0	0	0	362
Clinical Haematology	9,181	0	0	9,181	0	9,181	0	0	0	9,181
Immunology	4,189	0	0	4,189	(435)	3,754	0	0	0	3,754
Palliative Medicine	323	0	0	323	0	323	0	0	0	323
Cardiology	14,596	0	0	14,596	(900)	13,696	1,048	2,189	3,999	6,460
Dermatology	6,780	0	0	6,780	0	6,780	25	116	189	6,450
Infectious Disease	3,050	0	0	3,050	0	3,050	0	0	0	3,050
GUM	1,533	0	0	1,533	(86)	1,447	0	0	0	1,447
Nephrology	39,948	0	0	39,948	(1,407)	38,541	0	0	0	38,541
Medical Oncology	675	0	0	675	0	675	0	0	0	675
Neurology	9,427	0	0	9,427	(298)	9,129	143	346	1,140	7,500
Rheumatology	7,541	0	0	7,541	0	7,541	275	432	963	5,871
Paediatrics	11,091	(797)	0	10,294	(578)	9,716	601	1,164	2,129	5,821
Paediatric Neurology	782	0	0	782	(21)	761	0	0	0	761
Neonatology/SCBU	505	0	0	505	(24)	481	0	0	0	481
Care of the Elderly	7,735	0	0	7,735	(408)	7,327	834	1,173	2,357	3,183
Obstetrics Ante-Natal	12,791	0	0	12,791	(422)	12,369	803	1,554	2,965	7,047
Gynaecology	12,223	0	(1,581)	10,642	(428)	10,214	672	1,510	2,779	5,253
Maternity/midwifery	3,358	0	0	3,358	(165)	3,193	192	384	709	1,908
Mental illness/Neuropsychiatry	3,200	0	0	3,200	(119)	3,081	95	229	491	2,266
Child & Adolescent Psychiatry	3,040	0	0	3,040	(154)	2,886	110	321	643	1,812
Clinical Oncology	1,890	0	0	1,890	0	1,890	0	0	0	1,890
Chemical Pathology	112	0	0	112	0	112	0	0	0	112
Totals	363,993	(2,027)	(27,995)	333,971	(16,403)	317,568	13,241	26,242	53,827	224,258

Reconciliation of Current and Future Inpatient Beds, and the Future Bed Distribution Between Trusts

Specialty	2004-05 beds	Growth	Impact of alternatives to acute care	Sub-total	Reduction in length of stay	Decrease in occupancy rates	Increase in daycase rates	Increased specialist work at NBT	TOTAL BEDS
General Surgery	121	-1	-1	119	-28	14	-9	0	96
Urology	37	15	-2	50	-14	5	-8	0	33
Orthopaedics	177	24	-8	192	-51	14	-22	0	133
ENT	15	3	0	18	-5	3	-9	0	7
Oral Surgery	3	0	0	3	-1	0	-1	0	1
Neurosurgery	74	14	0	88	-4	7	-2	14	102
Plastic Surgery	41	11	0	52	-6	6	-5	6	53
Paed Surgery	0	0	0	0	0	0	0	0	0
A&E	1	0	0	2	2	3	0	0	7
Anaesthetics	0	0	0	0	0	0	0	0	0
Pain Relief	0	0	0	0	0	0	0	0	0
General Medicine	604	187	-175	616	-210	58	-8	0	456
Clinical Haematology	1	0	0	1	0	0	-1	0	0
Immunology	0	0	0	0	0	0	0	0	0
Infectious Diseases	6	3	0	8	-5	0	0	0	3
Adult Renal	48	11	0	59	-8	4	-4	9	60
Neurology	32	8	-1	39	-10	2	-15	0	16
Rheumatology	14	1	0	15	-3	0	-9	0	3
Paediatrics	12	1	0	13	0	0	0	0	13
Paediatric Neurology	1	1	0	2	0	0	0	0	2
NICU/SCBU	24	0	0	24	2	-2	0	0	24
Obstetrics	72	9	0	81	-4	-7	0	0	70
Gynaecology	21	-2	0	20	-8	3	-6	0	9
Neuropsych	15	0	0	15	-3	-2	-1	0	9
Community beds	0	0	0	0	112	0	0		112
Trapped beds	0	0	0	0	20	0	0		20
	1,320	286	-189	1,417	-224	108	-101	30	1,230

Total Beds are Distributed Between Trusts as Follows:

NBT	Community beds	UBHT	Weston	Independent Sector Treatment Centre	Total beds
67	0	8	16	5	96
26	0	1	5	1	33
93	0	24	9	8	134
16	0	-9	0	0	7
0	0	1	0	0	1
89	0	13	0	0	102
42	0	10	0	1	53
0	0	0	0	0	0
7	0	0	0	0	7
0	0	0	0	0	0
0	0	0	0	0	0
398	0	54	3	0	455
0	0	0	0	0	0
0	0	0	0	0	0
3	0	0	0	0	3
60	0	0	0	0	60
16	0	0	0	0	16
1	0	2	0	0	3
0	0	13	0	0	13
0	0	2	0	0	2
24	0	0	0	0	24
70	0	0	0	0	70
6	0	0	2	1	9
9	0	0	0	0	9
0	112	0	0	0	112
20	0	0	0	0	20
947	112	120	35	16	1,230

Theatre Capacity

Elective Theatres	2013/14 Elective FCE's	% of FCE's having op	Estimated theatre operations	Average hours per operation	Operating hours per year	No. of weeks p.a.	% Utilisation incl. turn- around time	Length per session	Theatre lists per week	Total no. of theatres
Gen Surg (excl endoscopy)	4,653	84%	3,892	1.28	4,969	48	90%	4.0	28.8	2.9
Gen Surg endoscopy	151	0%	0		0	48	88%	4.0	0.0	0.0
Urology	5,735	34%	1,936	1.31	2,535	48	87%	4.0	15.2	1.5
Trauma & Orthopaedics	5,586	92%	5,141	1.55	7,961	48	89%	4.0	46.6	4.7
ENT	2,490	91%	2,261	1.38	3,124	48	85%	4.0	19.1	1.9
Oral Surgery	360	91%	327	1.29	421	48	88%	4.0	2.5	0.2
Neurosurgery	2,116	69%	1,469	3.06	4,491	48	87%	4.0	26.9	2.7
Plastic Surgery	4,077	93%	3,793	1.19	4,529	48	85%	4.0	27.8	2.8
Paediatric Surgery	0		0		0	48	88%	4.0	0.0	0.0
Pain Management	1,611	62%	999	0.61	609	48	88%	4.0	3.6	0.4
Gen Med excl endoscopy	8,872	4%	350	0.23	81	48	88%	4.0	0.5	0.0
Gen Med endoscopy *	238	0%	0		0	48	88%	4.0	0.0	0.0
Clinical Haematology	3,865	0%	0		0	48	88%	4.0	0.0	0.0
Immunology	839	0%	0		0	48	88%	4.0	0.0	0.0
Infectious Diseases	22	0%	0		0	48	88%	4.0	0.0	0.0
Nephrology	3,184	14%	443	1.60	706	48	88%	4.0	4.2	0.4
Neurology	1,282	33%	422	0.67	283	48	88%	4.0	1.7	0.2
Rheumatology	381	0%	0		0	48	88%	4.0	0.0	0.0
Paediatrics	0	0%	0		0	48	88%	4.0	0.0	0.0
Paediatric Neurology	0	0%	0		0	48	88%	4.0	0.0	0.0
SCBU/NICU	88		0		0	48	88%	4.0	0.0	0.0
Obstetrics	2		0		0	48	88%	4.0	0.0	0.0
Gynaecology	1,849	87%	1,614	0.74	1,200	48	88%	4.0	7.1	0.7
Deduct gynae (separate facility)					0					-0.7
Neuropsychiatry	184	0%	0		0	48	88%	4.0	0.0	0.0
Child & Adolescent Psychiatry	6	0%	0		0	48	88%	4.0	0.0	0.0
Total	47,591	48%	22,646	1.36	30,909	48	88%	4.0	183.9	17.7

Total Elective Theatres Assumed (from above) 18

Emergency Theatre Provision 5

Total Theatre Capacity Required 23

APPOINTMENT TIMES & NUMBERS OF CLINICS & PERFORMANCE ASSUMPTIONS : ACUTE HOSPITAL
APPENDIX 13

No of clinics per annum	50
No of hours per clinic	4
Utilisation	80%
DNA rate	5%

cluster = 6 consulting/exam rooms
plus 3 procedure/treatment rooms

	ATTENDANCE TIME		ACTIVITY IN ACUTE			NO OF CLINICS PER WEEK REQUIRED	NO OF CLUSTERS
	NEWS	F/UPS	NEWS	F/UPS	TOTAL		
100 General Surgery	20	10	7,357	4,744	12,100	21	0.5
101 Urology	20	10	3,978	5,872	9,850	15	0.4
110 Trauma	24	12	5,318	10,868	16,186	28	0.9
110 Orthopaedics	15	10	5,880	12,481	18,361	23	0.7
110 Orthopaedics pre-op assessment	0	20		4,063	4,063	9	0.3
120 ENT	30	15	5,773	7,130	12,903	31	1.0
130 Ophthalmology	40	20	829	1,038	1,867	6	0.2
140 Oral Surgery	45	20	2,787	1,306	4,093	17	0.4
143 Orthodontics	30	20	329	3,603	3,932	9	0.2
150 Neurosurgery	40	20	3,401	4,553	7,954	25	0.9
160 Plastic Surgery	20	10	6,470	16,209	22,679	32	1.0
170 Cardiothoracic Surgery	30	15	18	146	164	0	0.0
171 Paediatric Surgery	24	12	326	229	555	1	0.0
191 Pain Management	55	30	3,158	5,117	8,276	36	1.1
300 General Medicine							
Respiratory Medicine	40	20	1,627	4,434	6,061	17	0.5
Diabetes	40	20	643	2,095	2,738	7	0.3
Gastroenterology	40	20	1,678	3,085	4,763	14	0.4
Other		20	-	361	361	1	0.0
303 Haematology	30	15	763	8,418	9,181	16	0.5
313 Immunology	30	15	991	2,764	3,754	8	0.3
315 Palliative Medicine	40	20	104	219	323	1	0.0
320 Cardiology	40	20	2,472	3,987	6,459	20	0.7
330 Dermatology	30	15	2,467	3,983	6,450	15	0.3
350 Infectious Disease	30	15	380	2,669	3,050	6	0.2
360 GUM	40	20	222	1,225	1,448	4	*2
361 Nephrology (Renal)	44	22	1,746	36,795	38,540	97	1.9 *1
370 Medical Oncology	30	15	122	554	675	1	0.0
400 Neurology	40	20	2,653	4,848	7,500	22	0.7
410 Rheumatology	40	20	1,265	4,606	5,871	16	0.5
420 Paediatrics	50	25	2,209	3,612	5,821	22	0.4
421 Paediatric Neurology	44	22	175	586	761	2	0.1
422 Neonatology/SCBU	60	30	5	476	480	2	*2
430 Care of the Elderly	40	20	1,578	1,587	3,165	10	0.3
501 Obstetrics Ante-Natal	20	10	2,635	4,411	7,047	11	*2
502 Gynaecology	22	14	2,915	3,920	6,834	13	*2
560 Maternity/midwifery	30	15	123	1,785	1,908	3	*2
710 Mental illness/Neuropsychiatry	60	30	214	2,052	2,266	8	0.3
711 Child & Adol. Psychiatry	120	60	280	1,532	1,812	14	0.5
800 Clinical Oncology	44	22	708	1,182	1,890	6	0.2
822 Chemical Pathology	50	25	49	63	112	0	
SUB-TOTAL ACUTE			73,645	178,609	252,253	588	16
COMMUNITY HOSPITALS			9,764	29,718	29,718	76	4
TOTAL			83,409	208,327	281,971	664	20

Notes

*1 Additional capacity to cover growth in renal services. Rest accommodated in retained accommodation

*2 Accommodated in retained buildings

DIAGNOSTICS**Examinations**

		Plain Film	Ultrasound	CT	MRI	Fluoro-scopsy	Radio-nuclide	Mammo-graphy	Total
Acute Hospital	2004/05 Acute Hospital	185,543	39,433	27,000	16,366	14,088	4,982	4,204	291,616
	+ Projected growth	24,731	10,918	18,616	22,224	1,597	1,295	476	79,857
	- Transfer to IS				-11,748				-11,748
	- Community transfers	-99,036	-18,030						-117,066
	2013/14 Acute Hospital	111,238	32,321	45,616	26,842	15,685	6,277	4,680	242,659
Comm Hospita	2013/14 Smd Comm Hospital	28,908	4,753						33,661
	2013/14 Fr Comm Hospital	16,786	3,167						19,953

Rooms

		Plain Film	Ultrasound	CT	MRI	Fluoro-scopsy	Radio-nuclide	Mammo-graphy	Total
Acute Hospital	2004/05 Acute Hospital	19	12	2	3	7	3	1	47
	2013/14 Acute Hospital	8	7	4	4	6	3	1	33
Comm Hospita	2013/14 Smd Comm Hospital	2	1						3
	2013/14 Fr Comm Hospital	2	1						3

North Bristol & South Gloucestershire Service & Site Reconfiguration

DRAFT Transition and Phasing Assumptions

Version 1 October 2005

1. Introduction

Main phases of development are identified with a 'P' prefix, with numerical subsections as appropriate. Enabling works are identified with an 'E' prefix. Specific construction impact works are identified with a 'C' prefix

As a first draft, the transition phasing looks at each site option in isolation, however, it should be recognised that depending of which Southmead option is selected with which Frenchay option, there will be differing degrees of flexibility for decanting and temporary works. These choices will clearly impact on overall programme and the financial modelling

The four option mixes that may need to be evaluated in terms of transition planning are therefore:

Southmead North	+	Frenchay New
Southmead South	+	Frenchay Refurbishment
Southmead North	+	Frenchay Refurbishment
Southmead South	+	Frenchay New

2. Southmead: North

The main development is undertaken in two primary commissioning phases, the construction of the north towers followed by the construction of the link and south tower

Phase	Assumption for Capital Costing	Questions and Assumptions
E1.1	Extend and refurbish 005 Brecon Unit to provide Gynaecology OPD, vacate part of 006, demolish along with Malvern Ward	Protect A&E access. Malvern Ward remains unoccupied, i.e. is not available for temporary decant
E1.2	Decant 025 and 026 Pines Day Case and Eating Disorders	AWP to confirm accommodation availability
E1.3	Decant 118 Brunel Satellite Dialysis	Assume accommodation available at Frenchay or elsewhere in the community
P1.1	Enabling works to Sub Station no. 1 and HV ring main	Works to be defined, including alterations to underground ducts and associated service diversions and isolations
E1.4	Relocate 016 Security and 023 ACIS	Both moves are assumed to have complex voice and data implications
E1.5	Vacate 017, 018 and 019 Residences, Crèche and Child Psychology Offices	Assumes revised strategy for residences, but need to check on-call provision
E1.6	Decant 020 Diabetes	Assume accommodation available at Frenchay or elsewhere in the community
E1.7	Vacate 021 Social Club	Assume no re-provision required

C1.1	Temporary access off Monk's park Avenue for construction traffic	Main compound cannot be established until alternative car park E2.6 is available
P1.2	Incoming Monk's Park Avenue Gas and Water Service enhancements and diversions	Works to be defined
P1.3	Improved road junction works	New road and old road used in parallel to segregate construction and hospital traffic during early stages

- | | | |
|-------------|--|--|
| E2.1 | Assume Pathology FBC completed with extended and refurbished 104 Lewis Labs operational | Timing is critical |
| E2.2 | Provide temporary Mortuary (body store only) adjacent to Lewis labs | Assume PMs carried out elsewhere |
| E2.3 | Temporary decant Renal Registry 080 | Assume off site, location TBC |
| E2.4 | Transfer 110 AOC Disablement Services | Assume off site, location TBC |
| E2.5 | Temporary decant Medical Physics from 036 to vacated 110 AOC Disablement Services workshop | |
| E2.6 | Demolish 142 to 158 inclusive, construct car park (approx 8000 sq m – assume 375 new spaces) | See E2.1; car park could be temporary or permanent. ¹ |
| E2.7 | Demolish already vacant 044 and 059 Otter and Badger Wards for temporary car park (approx 3450 sq m – assume 160 new spaces) | Area could be increased if Chapel 038 is also demolished, see E2.6 |

P2.1	Construction commences on the two north towers	Significant protection required to 108 Elgar House - to remain operational
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- | | | |
|-------------|--|---|
| E3.1 | Assume NBTS vacated and land acquired, 070, 072 and 073 | 096 Substation and 097 Aphoresis to remain operational, not part of NBTS transfer. ² |
| E3.2 | Vacate parts of old Workhouse that are being retained, 040, 042 and 043, vacate and demolish 042 | |

P2.2	Convert NBTS accommodation to receive transferred Pharmacy and Non Clinical Support Services	
P2.2	North towers commissioned and operational with temporary main entrance	Service transfers including Imaging Services (part), Theatres, Emergency, Stroke and Medical (from Block 108)

¹ Contingency in the event of Pathology delays could be a Park and Ride scheme

² Anticipate significant temporary decant of non-clinical support to Frenchay in the event of NBTS land not being available

	Elgar), Elective Admissions, Day Case and Endoscopy, Haematology, Cardio Respiratory and Surgical (from Blocks 047, 048 and 099), CCU, Urology (including Theatres), CSSD and Bioengineering
P2.4	Upgrade and convert parts of old Workhouse that are being retained, 040, 042 and 043
P2.5	Demolish ancillary areas, 033, 034, 035, 036 and 037
P2.6	Complete demolition of 046, 047, 099, 048, 049, 050, 051 as clinical functions vacate

- | | | |
|-------------|--|---|
| E4.1 | Temporary works to allow partly retained imaging services in Block 052, accessed via south corridor link | Further discussion required on split department working and feasibility |
| E4.2 | Temporary entrances, drop-off, service vehicle access and disabled parking | To be defined |

P3.1	Construction commences on the south tower	Significant protection required to Block 052 Radiology
P3.2	Convert and extend Block 108 Elgar, including all linkages between north and south towers, entrances and concourse areas	<i>Note sub option to demolish Elgar House rather than retain and convert</i>
P3.3	South tower and linkages commissioned and operational	Final transfer of services

- | | | |
|-------------|---|--|
| E5.1 | Transfer remaining support functions | |
| E5.2 | Decommission existing Boiler House 065 and associated ancillary buildings 064, 067, 068, 095, 103, 104, 105 and 115 | Assume Gas Meter House 102 and Sub Station no. 6 & Generator 162 remain operational (needed by AWP?) |
| E5.3 | Demolish remaining redundant buildings generally except 057 and 058 Teaching and Post Graduate Centre, complete landscaping and permanent car parking | |

P4.1	Commence extension to Lifeline building to create new Academic Zone
P4.2	Part refurbish and part demolish 110 AOC to create new Diagnostic and Treatment Centre

All facilities completed and commissioned

3. Southmead: South

The main development is undertaken in two primary commissioning phases, the construction of the main concourse plus north and east towers followed by the construction of the west tower

Phase	Assumption for Capital Costing	Questions and Assumptions
E1.1	Decant 025 and 026 Pines Day Case and Eating Disorders	AWP to confirm accommodation availability
E1.2	Decant 118 Brunel Satellite Dialysis	Assume accommodation available at Frenchay or elsewhere in the community
E1.3	Relocate 016 Security and 023 ACIS	Both moves are assumed to have complex voice and data implications
E1.4	Vacate Residential functions in 017, 018 and 019, but retain On-Call, Crèche and Child Psychology Offices	Balance of space used for decanted support service office accommodation
E1.5	Transfer Personnel 055 to 017	
E1.6	Demolish 005 Brecon Unit and create temporary car park (approx 2500 sq m – assume 120 new spaces)	Assume will replace the dedicated On-Call car park next to Mortuary
E1.7	Convert Malvern Ward 006 to temporary staff dining	Assume no catering service offered to the public other than WRVS and vending facilities at various locations around the site
E1.8	Assume NBTS vacated and land acquired, 070, 072 and 073	096 Substation and 097 Aphoresis to remain operational, not part of NBTS transfer. ³
P1.1	Incoming Monk's Park Avenue Gas and Water Service enhancements and diversions	Works to be defined
P1.2	Improved junction and feeder road works	Dual carriageway used to segregate construction and hospital traffic
P1.3	Enabling works to Sub Station nos. 1, 5 and 6 and associated HV ring main and Generators	Works to be defined, including alterations to underground ducts and associated service diversions and isolations
P1.4	Commence construction of new Academic Zone extension to 108 Elgar House	Significant protection required to 108 Elgar house
P1.5	Temporary BWIC duct connections to existing Boiler House 045	
P1.6	Convert NBTS accommodation to receive transferred Pharmacy and Non Clinical Support Services	

³ Anticipate significant temporary decant of non-clinical support to Frenchay in the event of NBTS land not being available

E2.1	Transfer Catering service	Assume off site, location TBC
E2.2	Transfer services to NBTS site including Pharmacy 100, Silver building 067, Linen Exchange and Transport Depot 105, Stores 066, EDS Offices 103	
E2.3	Transfer 110 AOC Disablement Services	Assume off site, location TBC
E2.4	Transfer 110 AOC OPD to vacated level 0 accommodation	
E2.5	Assume Pathology FBC completed with extended and refurbished Block 104 Lewis Labs operational	Timing is critical
E2.6	Demolish vacated 061 On-Call and Offices	
E2.7	Temporary decant Renal Registry Block 080	Assume off site, location TBC
E2.8	Decant 089 J Ward (Surgical) 088 K Ward and CCU	Trust to confirm preferred location
E2.9	Part of staff car park vacated to create satellite compound accessed off Dorian Way	Assume this will only be used for light construction traffic as access is via residential area

P2.1	Demolish 142 to 158 inclusive but retain 045 Mortuary operational	Contractor may choose to retain some existing buildings for temporary site offices
P2.2	Demolish already vacant Blocks 044 and 059 Otter and Badger Wards and create level 0 service corridor in two phases to keep loop road crossing above operational	During construction this will provide the primary connection between the contractor's main compound and the site. In the long term this becomes the primary route between the main building and the non-clinical support zone and energy centre
P2.3	Temporary works to continue service corridor under hospital street, demolition of vacated 088 and 089	Level 1 hospital street maintained operational over contractor's working tunnel at level 0
P2.4	Work commences on new energy centre	
P2.5	Work on first phase of the Academic Zone complete and commissioned	

E3.1	Transfer 057 and 058 Teaching and Post Graduate Centre together with Lifeline 116 functions to new Academic Zone extension	
E3.2	Decant 054 R Ward	Trust to confirm preferred location
E3.3	Review proximity of Radiology to first major construction phase	Check layout of existing Radiology, in particular MRI – possible split decant required

P3.1	Work commences on north and east towers	Boiler House remains live, protection required
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P3.2	Main entrances, concourse, north and east towers commissioned and operational with temporary connections pending completion of west tower	Service transfers including at minimum Imaging Services, Theatres, Emergency, Stroke and Medical (from 108 Elgar), Elective Admissions, Day case, Endoscopy, Urology (including theatres), CSSD and Bioengineering
P3.3	Complete demolition of 050, 051, 052, 060, 109, 117 as clinical functions vacate	
P3.4	Work commences on west tower and associated linkages to complete the main development	
P3.5	West tower commissioned and operational	Service transfers including Out Patients, Therapies and remaining 2x96 Inpatient Clusters
P3.6	Complete demolition of 046, 099, 047, 048 and 049 as clinical functions vacate	

P4.1	Convert and refurbish 108 Elgar House	Transfer remaining Teaching and Research functions once complete
P4.2	Part refurbish and part demolish 110 AOC to create new Diagnostic and Treatment Centre	
P4.3	Upgrade and convert parts of old Workhouse that are being retained 040, 042 and 043	
P4.4	Clear remaining redundant and vacated buildings and complete landscaping and external infrastructure	

All facilities completed and commissioned

4. Frenchay: New

The main assumption is that the Community Hospital development can be undertaken as a single construction phase as the site can be cleared relatively quickly and easily

Phase	Assumption for Capital Costing	Questions and Assumptions
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5. Frenchay: Refurbishment

The main assumption is that the Acute Trust can vacate Phase 1 completely to allow the Community Hospital conversion to be undertaken as a single construction phase

Phase	Assumption for Capital Costing	Questions and Assumptions

Reconciliation of Capital figures in OB Forms & Section 11 - Financial affordability

	Preferred option Southmead South/ Frenchay refurb £m
Total capital from affordability section	420.5
less capitalised project costs	-1.0
ADD :	
Recoverable element of VAT on PFI	49.6
Recoverable element of VAT on equipment included as PFI	3.6
Adjusted affordability total	<u>472.7</u>
OB line 12 from appendices 13c & 13e	<u>472.7</u>

TRUST/ORGANISATION: North Bristol NHS Trust		ORGANISATIONAL CODE:	
SCHEME: Southmead Site (North Option)		DIRECTORATE:	
STRATEGIC HA:			
PHASE: All			
PROJECT DIRECTOR: D Powell			

CAPITAL COSTS SUMMARY		Cost Excl. VAT £	VAT £	Cost Incl. VAT £
1.	Departmental Costs (from Form OB2) Acute Embedded ITC Retained (Backlog Maintenance residual element) Departmental Cost Total	110,176,384 4,866,849 5,928,608 3,767,069 124,738,910	19,280,867 851,699 1,037,506 659,237 21,829,309	129,457,251 5,718,547 6,966,114 4,426,306 146,568,219
2.	On-Costs (a) (from Form OB3) (102.40 % of Departmental Cost)	127,732,644	22,353,213	150,085,856
3.	Works Cost Total (1+2) at 445 VOP MIPS (Tender Price Index Level 1975=100 base)	252,471,553	44,182,522	296,654,075
4.	Provisional Location Adjustment (- % of sub-total 3a) (if applicable)	-	-	-
5.	Sub Total (3 + 4)	252,471,553	44,182,522	296,654,075
6.	Fees (c) (14.73 % of sub-total 5)	37,186,339	xxxxxxxxxxxxxxx	37,186,339
7.	Non-Works Costs (e) 1.23% VAT Rated Non VAT Rated	3,117,144 -xxxxxxxxxxxxxxx	545,500 -	3,662,644 -
8.	Equipment Cost (from Form OB2) Acute 112 ECAG @ 4Q04 Embedded 112 ECAG @ 4Q04 ITC 112 ECAG @ 4Q04 Retained 112 ECAG @ 4Q04 Sub Total Equip (16.88 % of Departmental Cost)	18,601,000 378,616 4,588,000 - 23,567,616	3,255,175 66,258 802,900 - 4,124,333	21,856,175 444,874 5,390,900 - 27,691,949
9.	Planning Contingencies 10.00 %	31,634,265	5,535,996	37,170,262
10.	TOTAL (for approval purposes) at MIPS 415 (Excluding Optimism Bias)	347,976,917	54,388,351	402,365,269
11.	Residual Optimism Bias 11.30 %	39,321,392	6,881,244	46,202,635
12.	TOTAL (for approval purposes) at MIPS 415 (Including Optimism Bias)	387,298,309	61,269,595	448,567,904
13.	Inflation Adjustments (f) Construction to 2005-6 price level - MIPS VOP 446.75 2Q05-1Q06 avge (Q3) Equipment to 2005-6 price level - EPI 113 2Q05-1Q06 avge	1,814,041 210,425	756,172 36,824	2,570,213 247,250
13a.	Sub Total At 2005-06 Price Level	389,322,775	62,062,592	451,385,366
	Construction Uplift to Start on Site Enabling (Pre) 471 4Q06 Main 508 3Q08 Construction Phase Inflation Avge Enabling (Pre) 3.262% 4Q06 - 3Q08 Main 6.979% 3Q08 - 3Q12 Equipment to Mid point Purchase 119.2 3Q 10 (Mid point)	1,737,322 45,728,573 1,100,818 26,467,777 1,295,072	304,031 8,002,500 192,643 4,631,861 226,638	2,041,353 53,731,073 1,293,461 31,099,638 1,521,709
14.	FORECAST OUT-TURN BUSINESS CASE TOTAL	465,652,336	75,420,265	541,072,601

Proposed start on site (g) Sep-08		Proposed completion date (g) Sep-12	
-----------------------------------	--	-------------------------------------	--

Cashflow:- Year	SOURCE			TOTAL
	EFL	OTHER GOVERNMENT	PRIVATE	
2005 - 2006	-			-
2006 - 2007	43,518,190			43,518,190
2007 - 2008	24,235,870			24,235,870
2008 - 2009	40,745,653			40,745,653
2009 - 2010	141,277,393			141,277,393
2010 - 2011	103,159,552			103,159,552
2011 - 2012	25,426,355			25,426,355
2012 - 2013	8,935,297			8,935,297
2013 - 2014	-			-
2014 - 2015	-			-
Total Cost (as 10b above) Exc VAT				387,298,309

Total (for approval purposes) match against Cashflow		OK
--	--	----

Notes:

- * Delete as appropriate
- (a) On costs should be supported by a breakdown of the percentage or a brief description of their scope (Form OB3 may be used if appropriate)
- (b) Adjustment of national D.C.A average price levels and on-costs for local market conditions
- (c) Fees include all resource costs associated with the scheme eg project sponsorship, clerk of works, building regulation and planning fees etc
- (d) Not applicable to professional fees - VAT reclaimable EL(90) P64 refers
- (e) Non-works costs should be supported by a breakdown and include such items as contributions to statutory and local authorities, land costs and associated
- (f) Estimate of tender price inflation up to proposed tender date (plus construction cost for VOP contracts only).
- (g) Overall timescale including any preliminary works

Completed By:		Authorised for issue
Name (capitals)	Angus Eliot Partnership Ltd in association with WT Partnership Ltd	Project Director
Position		
Address	Orchard Court V Binley Business Park Harry Weston Road Coventry CV3 2TQ	Date
Telephone	024 7656 1510	
Date	6th January 2006 - Version 2.3	

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
 SCHEME: Southmead Site (North Option)
 PHASE: All
 PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Inpatient Zone								
Concourse	911	-	-	-	-	911	1,207,219	99,447
Generic Nursing Sections	21,956	-	-	-	-	21,956	32,665,633	3,270,247
Shared In-patient Facilities	532	-	-	-	-	532	563,905	76,175
Critical Care	3,368	-	-	-	-	3,368	5,028,896	3,291,814
Supp. Accommodation	1,388	-	-	-	-	1,388	1,346,998	194,915
Core Clinical Services								
Imaging Services	4,612	-	-	-	-	4,612	6,135,764	14,640,286
Operating theatre suite	5,607	-	-	-	-	5,607	7,721,868	1,919,830
Endoscopy Suite	470	-	-	-	-	470	646,250	661,256
Therapy Services	1,319	-	-	-	-	1,319	1,139,616	250,000
Diagnostic Services	1,379	-	-	-	-	1,379	1,895,350	650,000
Mortuary Services	419	-	-	-	-	419	637,752	24,920
Pharmacy	1,169	-	-	-	-	1,169	1,390,323	292,178
Supp. Accommodation	426	-	-	-	-	426	418,284	36,192
Emergency Care								
Concourse	319	-	-	-	-	319	417,710	36,562
Emergency Centre	5,383	-	-	-	-	5,383	7,512,288	900,383
Supp. Accommodation	217	-	-	-	-	217	223,287	26,235
Ambulatory Care								
Concourse	857	-	-	-	-	857	1,078,554	94,614
Day Case Unit	2,276	-	-	-	-	2,276	2,577,239	789,952
Generic Outpatients	4,078	-	-	-	-	4,078	4,391,774	462,685
Specialist Outpatients	1,451	-	-	-	-	1,451	2,191,060	265,594
Community Accom	685	-	-	-	-	685	734,330	87,879
Community Therapies	1,154	-	-	-	-	1,154	1,065,161	200,000
Supplementary Accom	544	-	-	-	-	544	527,577	41,664

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
 SCHEME: Southmead Site (North Option)
 PHASE: All
 PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Support Services								
Health Records	636	-	-	-	-	636	600,192	167,346
Whole Hospital Support Accommodation: Public	640	-	-	-	-	640	641,398	172,391
Administration: Corporate	2,450	-	-	-	-	2,450	1,878,603	1,114,956
Administration: Clinical	3,864	-	-	-	-	3,864	2,936,624	1,959,515
Residences	186	-	-	-	-	186	199,935	18,528
Education and Workforce Development	2,600	-	-	-	-	2,600	2,785,120	624,321
Supp Accommodation	136	-	-	-	-	136	146,112	22,076
Whole Hospital Support	707	-	-	-	-	707	668,194	238,159
IM&T	1,330	-	-	-	-	1,330	987,406	1,707,010
Sterile Services	-	-	-	-	-	-	-	-
Hotel Services	2,194	-	-	-	-	2,194	2,785,224	138,491
Medical Physics & Bio Engineering	1,037	-	-	-	-	1,037	1,100,696	250,409
Externals								
External works accommodation	107	-	-	-	-	107	92,060	8,000
Energy Centres	-	-	-	-	-	-	-	-
Compounds etc	-	-	-	-	-	-	-	-
Sub Totals	76,407	-	-	-	-	76,407	96,338,404	34,734,029
Adjustments for accommodation to be re-used								
NB All existing areas gross less 22% for on-cost area for this exercise								
Avon Orthopaedic Centre 110 (Residual Accommodation Only; Hydro reused)	(2,496)	-	2,345	-	152	-	(1,502,344)	-
Lifeline Centre 116	(821)	-	-	-	821	-	(489,942)	(38,700)
Medical Engineering 068	(270)	-	-	-	270	-	(288,010)	-
Bristol Urological Institute Block 117	(740)	-	-	-	740	-	(552,609)	(43,650)
Christopher Hancock Block 106	(981)	-	-	981	-	-	(551,012)	-
Somerset House Block 083	(627)	-	-	627	-	-	(352,151)	-
Westgate House Block 074	(557)	-	-	557	-	-	(313,023)	-
Queried Units								

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
 SCHEME: Southmead Site (North Option)
 PHASE: All
 PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Richard Bright Renal Unit 107 ????	(1,309)	-	-	-	1,309	-	(1,318,180)	(454,332)
Occupational Health and Training 040, 041, 043 ????	(1,079)	-	-	-	1,079	-	(862,951)	-
NBS annex 097 ????	(584)	-	-	-	584	-	(410,267)	-
Malvern Ward (Gynae) 006 ????	(499)	-	-	-	499	-	(566,459)	-
Sub Totals	66,443	-	2,345	2,166	5,454	76,407	89,131,457	34,197,347
Uplift DCAGS to current approval level MIPS VOP 445							21,044,927	
Uplift equipment to 4Q04 (as DCAG approval) EPI 112								4,103,682
Sub Totals							110,176,384	38,301,029
Less abatement for transferred equipment - 51.43 %								(19,700,029)
CARRIED TO OB1							110,176,384	18,601,000

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.

Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms

(details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd
 Position
 Address Orchard Court V
 Binley Business Park
 Harry Weston Road
 Coventry CV3 2TQ
 Telephone 024 7656 1510
 Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Embedded)

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
University & Research Accommodation								
Southmead Sited	1,681	-	-	-	-	1,681	2,065,761	168,050
Frenchay Sited	283	-	-	-	-	283	358,278	28,300
Other Health & Social Services Agencies								
Southmead Sited	256	-	-	-	-	256	203,075	25,600
Frenchay Sited	277	-	-	-	-	277	350,682	27,700
Voluntary Sector								
Southmead Sited	603	-	-	-	-	603	636,280	60,300
Frenchay Sited	281	-	-	-	-	281	323,150	28,100
0	-	-	-	-	-	-	-	-
Sub Totals	3,381	-	-	-	-	3,381	3,937,226	338,050
Uplift DCAGS to current approval level	MIPS VOP					445	929,623	
Uplift equipment to 4Q04 (as DCAG approval)	EPI					112		40,566
							4,866,849	378,616
Less abatement for transferred equipment (if applicable)				0	%			-
CARRIED TO OB1							4,866,849	378,616

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.

Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals)	Angus Eliot Partnership Ltd in association with WT Partnership Ltd
Position	
Address	Orchard Court V
	Binley Business Park
	Harry Weston Road
	Coventry CV3 2TQ

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Embedded)

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (COMMUNITY)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Community Concourse	-	-	490	-	-	490	321,583	40,076
ITC Concourse	-	-	681	-	-	681	452,735	74,344
Inpatients Short Stay	-	-	1,085	-	-	1,085	782,602	125,197
Day Proc. and Interventions	-	-	2,899	-	-	2,899	2,093,086	1,114,924
Imaging	-	-	1,004	-	-	1,004	822,277	3,851,397
Clinical support Facilities	-	-	241	-	-	241	159,905	50,000
Staff support facilities	-	-	134	-	-	134	67,477	47,228
External Accommodation	-	-	119	-	-	119	96,512	8,200
Energy Centres (inc in on-costs)	-	-	-	-	-	-	-	-
External Compounds etc	-	-	-	-	-	-	-	-
Sub Totals	-	-	6,653	-	-	6,653	4,796,177	5,311,365
Uplift DCAGS to current approval level							1,132,431	637,364
MIPS VOP		445						
Uplift equipment to 4Q04 (as DCAG approval)							5,928,608	5,948,729
EPI		112						
Sub Totals							5,928,608	5,948,729
Less abatement for transferred equipment								
- 22.87 %							5,928,608	(1,360,729)
CARRIED TO OB1								
							5,928,608	4,588,000

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms

(details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capital) 0

Position

Address Angus Eliott Partnership Ltd in association with Mr. Badoerbio Ltd

0

Orchard Court V

Binley Business Park

Telephone Harry Weston Road

Date Coventry CV3 2TQ

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Retained)

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2 (Gross inc plant and circulation)						Backlog Cost at MIPS 415 £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Accommodation to be re-used	-	-	11,162	2,642	6,654	20,458	3,767,069	-
Accommodation Retained "As Is"	-	-	-	-	7,356	7,356	-	-
Separate Business Cases	-	-	-	-	8,077	8,077	-	-
Excluded (Out-with red line)	-	-	-	-	4,742	4,742	-	-
Sub Totals	-	-	11,162	2,642	26,829	40,633	3,767,069	-
Uplift DCAGS to current approval level						N/A	3,767,069	-
Uplift equipment to 4Q04 (as DCAG approval)						EPI 112		
Less abatement for transferred equipment (if applicable)						-35 %	3,767,069	-
						CARRIED TO OB1	3,767,069	-

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Acute														
TRUST/ORGANISATION: North Bristol NHS Trust			SCHEME: Southmead Site (North Option)											
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS			PHASE: All											
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Inpatient Services Zone Concourse			New Core L1											
Main Entrance facilities	1 main entrance	PR 07.03.01		349					349	431,015	1,235	32,917	66 28	51
Optional accomodation Additional WC's	?? WC's	PR 14.01.01		48					48	97,296	2,027	1,200	54 40	40
Advocacy	1 room/ 2 interview	PR 07.04.10		56					56	62,272	1,112	5,000	75 19	-
Food court and servery	1 area	PR 07.03.03		165					165	205,920	1,248	34,386	73 21	51
Optional accomodation Cleaners room	1 room	07.03.04		10					10	11,365	1,137	1,432	80 14	51
Staff common room & bev pre	2 rooms	PR 01.01B.07		42					42	57,372	1,366	4,512	60 34	-
Discharge Lounge Suite	1 Suite	PR 07.04.11		241					241	341,979	1,419	20,000	56 38	-
Carried to OB2				911	-	-	-	-	911	1,207,219		99,447		
Inpatient Services Zone Generic Nursing Sections			New Core L3 - L5											
96 Bed Wards in 32 Bed Cluste 75 % single rooms	544 beds	Interp 01.01B.02/03 due to area		19,183					19,183	28,805,587	1,502	2,320,616	57 37	4
Coronary Care Unit 50 % single rooms	32 beds (16 CCU/16 gen)	Interp 01.01B.02/03 due to area		1,035					1,035	1,495,907	1,445	138,707	57 37	4
Community facilities	1 area	Ward rate		124					124	186,201	1,502	15,001	57 37	4
Shared Facilities:														
Reception, wait etc	6 areas	Ward rate		702					702	1,054,138	1,502	84,923	57 37	4
IT/multi disc area	3 rooms x 6 areas	m2 rate		402					402	482,400	1,200	90,000	57 37	-
Staff rest - ?? Person	6 rooms	PR 01.01B.07		210					210	279,300	1,330	21,000	62 32	4
Cook chill room	6 rooms	PR 01.01B.13		300					300	362,100	1,207	600,000	69 25	4
Carried to OB2				21,956	-	-	-	-	21,956	32,665,633		3,270,247		
Inpatient Services Zone Shared In-patient Facilities			New Core L3 - L5											
Shared Facilities:														
Seminar rooms; 14 person	6 rooms	Interp 01.01B.09		204					204	231,846	1,137	21,675	73 21	4
Ward based therapy	3 rooms	PR 01.03.14		138					138	122,544	888	20,000	84 10	-
Blood bank	1 room	m2 rate		16					16	17,600	1,100	12,500	74 20	-
Splint room (burns)	1 room	m2 rate		19					19	20,900	1,100	5,000	76 18	-
SALT (stroke)	1 room	PR 01.03.18		19					19	18,126	954	1,000	78 16	-
Junior doctors room	6 rooms	PR 01.01B.09B		125					125	143,289	1,145	14,000	73 21	-
Domestic services	1 room	m2 rate		8					8	7,200	900	2,000	74 20	-
Switchgear	1 room	m2 rate		3					3	2,400	800	-	74 20	-
Carried to OB2				532	-	-	-	-	532	563,905		76,175		
Inpatient Services Zone Critical Care			New Core L2											
12 Bed Wards (inc standard shared facilities)	48 Beds	Interp 01.05.01 + uplift for small area		3,237					3,237	4,875,822	1,506	3,280,414	51 43	27
Essential Comp. Accomodation														
Relatives O/N Stay (Family)	4 rooms	PR 01.05.02		78					78	68,874	883	6,000	80 14	
Relatives en-suite	4 en-suites	m2 rate		25					25	45,000	1,800	400	77 17	
Relatives facility reception	1 reception	m2 rate		28					28	39,200	1,400	5,000	70 24	

OBC OPTION APPRAISAL NOVEMBER 2005														Cost Form OB2 (Custom) - Acute			
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (North Option)													
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All													
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref			
				New	70%	50%	20%	Retain	Total								
Carried to OB2				3,368	-	-	-	-	3,368	5,028,896		3,291,814					

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Acute														
TRUST/ORGANISATION: North Bristol NHS Trust			SCHEME: Southmead Site (North Option)											
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS									PHASE: All					
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Inpatient Services Zone Supp. Accommodation			New Core L2 - L5											
Staff changing facilities (zonal)	????	PR 01.02.01		487					487	454,371	933	23,202	76 18	-
Multi faith centre	1 centre	m2 rate		238					238	226,100	950	18,488	76 18	
Educ. and Workforce devel't	1 centre	m2 rate		356					356	427,200	1,200	42,985	74 20	
Administration services	24 work stations + interview/couns'g	Interp 07.01.01 on area		307					307	239,327	780	110,240	69 25	18
Carried to OB2				1,388	-	-	-	-	1,388	1,346,998		194,915		
Core Clinical Services Imaging Services			New Core L1 & L2											
(Shared accomm included in areas below for costing purposes)														
General imaging suite	8 R/D rooms	03.01.01 + uplift for area		1,053					1,053	1,346,612	1,279	1,380,384	63 31	6*
Fluoroscopy suite	2 room suite	m2 rate		219					219	279,225	1,275	500,000	56 38	6*
Nuclear medicine	3 room suite	03.01.14 + uplift for area		331					331	445,475	1,346	854,829	65 29	6*
Mammography suite	1 room suite	PR 03.01.12		46					46	58,650	1,275	50,000	56 38	6*
Ultrasound Suite	7 room suite	PR 03.01.12		408					408	520,200	1,275	245,805	56 38	6*
MRI Suite	3 Room suite	PR 03.01.15 + uplift for area		649					649	987,916	1,522	5,049,621	46 48	6*
Computed tomography	3 Room Suite	PR 03.01.13 + uplift for area		427					427	507,136	1,188	5,059,647	61 33	6*
Interventional radiology	4 room suite	m2 rate		667					667	850,425	1,275	800,000	56 38	6*
Cardiac Catheterisation	2 room suite	m2 rate		599					599	868,550	1,450	500,000	56 38	6*
Lithotripter suite	1 Room suite	m2 rate		213					213	271,575	1,275	200,000	56 38	6*
Carried to OB2				4,612	-	-	-	-	4,612	6,135,764		14,640,286		
Core Clinical Services Operating theatre suite			New Core L2											
Operating theatres	18 theatres	PR 02.01.01 (6 theatre)		4,956					4,956	7,201,068	1,453	1,744,616	51 43	26
Anaesthetics office accomm	?? places	PR 07.01.01 + uplift for celluar offices		651					651	520,800	800	175,214	72 22	18
Carried to OB2				5,607	-	-	-	-	5,607	7,721,868		1,919,830		
Core Clinical Services Endoscopy Suite			New Core L2											
Endoscopy	4 room suite	PR 03.10.01 (uplift for area)		470					470	646,250	1,375	661,256	56 38	52
Carried to OB2				470	-	-	-	-	470	646,250		661,256		
Core Clinical Services Therapy Services			New Core L2											
Rehabilitation Services Unit	Large Unit (no hydro pool)	PR 03.08.02 (small unit cost for sub depts allowance)		1,319					1,319	1,139,616	864	250,000	64 30	8
Carried to OB2				1,319	-	-	-	-	1,319	1,139,616		250,000		

OBC OPTION APPRAISAL NOVEMBER 2005																											
Cost Form OB2 (Custom) - Acute																											
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (North Option)																							
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All																							
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref													
				New	70%	50%	20%	Retain	Total																		
Core Clinical Services	?? Proc. Rooms (Shared accomm included in areas below for costing purposes)	m2 rate	New Core L1	472					472	637,200	1,350	650,000	62 32														
Diagnostic Services																											
Cardiac Investigations																											
Respiratory Investigations																											
Urodynamics																											
Vascular laboratories																											
Neurological testing																											
Medical Illustration																											
Carried to OB2				1,379	-	-	-	-	1,379	1,895,350		650,000															
Core Clinical Services	54 stores 1 room suite 1 PM table suite	PR 03.05.01 03.05.01 PR 03.05.04	New Core L0	208 40 171					208 40 171	310,336 48,344 279,072	1,492 1,209 1,632	8,000 1,700 15,220	46 48 68 26 50 44	20 20 20													
Mortuary Services																											
Body Stores																											
Viewing facilities																											
Post mortem suite																											
Carried to OB2				419	-	-	-	-	419	637,752		24,920															
Core Clinical Services	TBC TBC TBC TBC ?? workstations	Interp 03.04.01 03.04.15 + uplift for area 03.04.16+ uplift for area PR 03.04.02 PR 07.01.01 + uplift for celluar offices	New Core L3	337 80 384 179 189					337 80 384 179 189	419,948 91,476 297,562 430,137 151,200	1,246 1,143 775 2,403 800	196,000 96,178	59 35 56 38 59 35 42 52 72 22	29 29 29 29 18													
Pharmacy																											
For costing purposes only (schedule tbc)																											
Primary services - dispensing																											
Quality Control																											
Purchase and distribution																											
Aseptic suite																											
Pharmacy office accommodation																											
Carried to OB2				1,169	-	-	-	-	1,169	1,390,323		292,178															
Core Clinical Services	???? 1 centre	PR 01.02.01 m2 rate	New Core L2 - L5	348 78					348 78	324,684 93,600	933 1,200	16,580 19,612	76 18 66 28	- 													
Supp. Accommodation																											
Staff changing facilites (zonal)																											
Educ. and Workforce devel't																											
Carried to OB2				426	-	-	-	-	426	418,284		36,192															
Emergency Care	1 main entrance ?? WC's 1 room 1 area	PR 07.03.01 PR 14.01.01 07.03.05A PR 07.03.03 uplift for area	New Core L1	204 21 23 71					204 21 23 71	251,940 42,567 30,165 93,038	1,235 2,027 1,312 1,310	19,241 525 2,000 14,796	66 28 54 40 56 38 73 21	51 40 - 51													
Concourse																											
Main Entrance facilities																											
Optional accommodation																											
Additional WC's																											
Security space control room																											
Food outlet																											
Carried to OB2				319	-	-	-	-	319	417,710		36,562															

OBC OPTION APPRAISAL NOVEMBER 2005														
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CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS					PHASE: All									
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Emergency Care														
Emergency Centre														
Emergency care	Large department	PR 04.08.01 (mid range for updated HBN)	New Core L1	1,622					1,622	1,972,352	1,216	313,427	58 36	22
96 Bed Wards in 32 Bed Cluster 75 % single rooms	96 beds	Interp 01.01B.02/03 due to area		3,384					3,384	5,082,617	1,502	409,520	57 37	4
Shared Facilities:														
Reception, wait etc	1 area	Ward rate		118					118	176,480	1,502	14,219	57 37	4
IT/multi disc area	3 rooms	m2 rate		67					67	80,400	1,200	15,000	57 37	-
Staff rest - ?? Person	1 room	PR 01.01B.07		35					35	46,550	1,330	3,500	62 32	4
Cook chill room	1 room	PR 01.01B.13		50					50	60,350	1,207	100,000	69 25	4
Stores	2 stores	m2 rate		42					42	37,800	900	2,000	70 24	-
Clinical Management Offices	7 workstations	Interp 07.01.01		65					65	55,740	858	42,716	71 23	18
Carried to OB2				5,383	-	-	-	-	5,383	7,512,288		900,383		
Emergency Care														
Supp. Accommodation														
Staff changing facilities (zonal)	????	PR 01.02.01	New Core L1	139					139	129,687	933	6,622	76 18	-
Educ. and Workforce devel't	1 centre	m2 rate		78					78	93,600	1,200	19,612	66 28	
Carried to OB2				217	-	-	-	-	217	223,287		26,235		
Ambulatory Care														
Concourse														
Main Entrance facilities	1 main entrance	PR 07.03.01	New Core L1	437					437	539,695	1,235	41,217	66 28	51
Optional accommodation Additional WC's	?? WC's	PR 14.01.01		48					48	97,296	2,027	1,200	54 40	40
Advocacy	1 room/ 2 interview	PR 07.04.10		54					54	60,048	1,112	5,000	75 19	-
Food court and servery	1 area	PR 07.03.03		133					133	165,984	1,248	27,717	73 21	51
Optional accommodation Cleaners room	1 room	07.03.04		10					10	11,365	1,137	1,432	80 14	51
Staff common room & bev pre	6 rooms	PR 01.01B.07		121					121	165,286	1,366	18,048	60 34	-
Commercial pharmacy shell	1 Suite	PR 07.04.12		54					54	38,880	720	-	66 28	-
Carried to OB2				857	-	-	-	-	857	1,078,554		94,614		
Ambulatory Care														
Day Case Unit														
(Excludes theatres & endoscopy rooms)														
Support facilities - reception, preparation, discharge	1 unit	03.09.01 Abated for theatres	New Core L2	867					867	1,040,400	1,200	199,456	64 30	52
Medical Day Case Unit	10 beds (2 singles)	01.01B.01 abated for sings		439					439	614,600	1,400	50,000	57 37	4
Renal Dialysis	15 stations	PR 03.13.01		724					724	729,068	1,007	393,724	63 31	53
Home Dialysis Team Offices	34 work stations	Interp 07.01.01		246					246	193,171	785	146,772	69 25	18
Carried to OB2				2,276	-	-	-	-	2,276	2,577,239		789,952		

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CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS					PHASE: All																	
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref								
				New	70%	50%	20%	Retain	Total													
Ambulatory Care Generic Outpatients	12 clusters	Interp 04.01.01	New Core L1	3,905					3,905	4,186,198	1,072	431,468	64 30	12								
Outpatients clinic suite; 6 C/E																						
Additional allowances for specialisms																						
Blood gas analyser (haemo)															1 room	m2 rate	13	13,793	1,061	-	64 30	12
MDT room (neurology)															1 room	m2 rate	40	48,000	1,200	10,000	64 30	12
MDT room (ENT)															1 room	m2 rate	40	48,000	1,200	10,000	64 30	12
Phototherapy (dermatology)															1 room	m2 rate	28	33,600	1,200	5,000	64 30	12
Plaster facilities (T&O)															1 room	04.01.02	52	62,183	1,196	6,217	76 18	12
Carried to OB2				4,078	-	-	-	-	4,078	4,391,774		462,685										
Ambulatory Care Specialist Outpatients	5 "chairs"	04.03.01 Adjusted for area	New Core L1	522					522	951,658	1,823	150,594	70 24	12								
Oral surgery																						
Additional accommodation Laboratory accommodation															3 rooms	m2 rate	112	201,600	1,800	15,000	64 30	12
Palliative medicine															????	m2 rate	134	160,800	1,200	10,000	64 30	
Pain management															????	m2 rate	155	186,000	1,200	15,000	68 26	
Audiology Clinic															6 basic/6 acoustic	04.06.01/02 (no booths)	343	463,050	1,350	50,000	64 30	12
Cochlear implants															4 treatment rooms	Interp 04.06.01	185	227,952	1,232	25,000	64 30	12
Carried to OB2															1,451	-	-	-	-	1,451	2,191,060	
Ambulatory Care Community Accom	2 clusters	Interp 04.01.01	New Core L1	590					590	632,486	1,072	71,911	64 30	12								
Outpatients clinic suite; 6 C/E																						
Audiology Hearing Aid work															1 room	PR 04.06.03 Adjusted for area	95	101,845	1,072	15,968	65 29	12
Carried to OB2				685	-	-	-	-	685	734,330		87,879										
Ambulatory Care Community Therapies	1 dept	03.08.01/02 Interp	New Core L2	1,154					1,154	1,065,161	923	200,000	64 30	8								
(Shared accomm included in areas below for costing purposes)																						
Occupational therapy																						
Physiotherapy																						
Hydrotherapy pool																						
Podiatry																						
Dietetics																						
Carried to OB2				1,154	-	-	-	-	1,154	1,065,161		200,000										
Ambulatory Care Supplementary Accom	1 centre	PR 01.02.01	New Core L1	469					469	437,577	933	22,345	76 18	-								
Staff changing facilities (zonal)																						
Educ. and Workforce devel't															m2 rate	75	90,000	1,200	19,319	66 28		
Carried to OB2				544	-	-	-	-	544	527,577		41,664										

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CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS								PHASE: All						
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Support Services														
Health Records			New Core L0											
Health records library	100,000 records	Interp 07.02.02 uplift for density		192					192	242,301	1,262	11,049	72 22	47
Health records offices	32 workstations	PR 07.02.01		347					347	280,376	808	101,376	72 22	47
Information Systems offices	9 workstations	Interp 07.02.01		97					97	77,515	799	54,921	71 23	18
Carried to OB2				636	-	-	-	-	636	600,192		167,346		
Support Services														
Whole Hospital Support			New Core L0											
Accommodation: Public														
Public Access Offices	12 workstations	Interp 07.02.01		146					146	116,006	795	73,228	71 23	18
Voluntary sector office	3 person office	PR 05.01.27-29		23					23	21,712	944	7,614	77 17	-
Staff restaurant & coffee lounge	??? Meals	PR 08.01.01/02		409					409	378,006	924	90,000	57 37	10
Staff WC's	?? WC's	PR 14.01.01		62					62	125,674	2,027	1,550	54 40	40
Carried to OB2				640	-	-	-	-	640	641,398		172,391		
Support Services														
Administration: Corporate			Admin Zone											
Operations offices	62 workstations	PR 07.02.01		536					536	376,272	702	251,349	72 22	18
Clinical coding offices	10 workstations (support shared)	Interp 07.02.01		77					77	61,676	801	61,023	71 23	18
Finance offices	80 workstations	PR 07.02.01		695					695	487,890	702	324,321	72 22	18
Community non clinical offices	7 workstations	Interp 07.02.01		80					80	64,057	801	42,716	71 23	18
PFI monitoring offices	6 workstations	Interp 07.02.01		71					71	56,910	802	36,614	71 23	18
HR Offices	73 workstations	PR 07.02.01		622					622	436,644	702	295,943	72 22	18
Executive team offices	14 workstations	Interp 07.02.01		227					227	178,653	787	85,432	72 22	18
Senior Management Offices	13 workstations	Interp 07.02.01		101					101	80,674	799	79,330	72 22	18
Clinical Governance Offices	45 workstations	Interp 07.02.01		375					375	289,962	773	197,000	72 22	18
Seminar/boardroom suite	132 places	Interp 01.01B.09		306					306	336,600	1,100	30,000	74 20	-
Target reduction in administration		Avge		(640)					(640)	(490,737)	767	(288,771)	74 20	-
Carried to OB2				2,450	-	-	-	-	2,450	1,878,603		1,114,956		

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CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All										
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Support Services														
Administration: Clinical			Clin Supp Zone											
Clinical Support Directorate management	8 workstations	Interp 07.02.01		62					62	49,748	802	48,818	71 23	18
Infection control Offices	17 workstations	Interp 07.02.01		191					191	150,961	790	74,422	72 22	18
Critical Care Directorate Offices	9 workstations	Interp 07.02.01		67					67	53,729	802	54,921	71 23	18
Medicine Directorate management	125 workstations	PR 07.02.01		1,047					1,047	734,994	702	506,752	72 22	18
Musculoskeletal offices	67 work stations	Interp 07.02.01		613					613	460,402	751	271,619	72 22	18
Neurosciences offices	8 work stations	PR 07.02.01		145					145	115,225	795	48,818	71 23	18
Neurosurgery offices	32 work stations	PR 07.02.01		246					246	193,171	785	140,089	72 22	18
Neurology offices	22 work stations	PR 07.02.01		169					169	133,919	792	96,311	72 22	18
Neuropsychiatry offices	6 work stations	PR 07.02.01		47					47	37,778	804	36,614	71 23	18
ENT Offices	22 work stations	PR 07.02.01		217					217	170,985	788	96,311	72 22	18
Oral Maxiofacial offices	10 work stations	PR 07.02.01		82					82	65,643	801	61,023	71 23	18
Neuropsychology offices	3 work stations	PR 07.02.01		24					24	19,342	806	18,307	71 23	18
Surgical Directorate	15 workstations	Interp 07.02.01		126					126	100,350	796	65,667	72 22	18
General surgery and endoscopy offices	62 workstations	Interp 07.02.01		223					223	175,588	787	271,422	72 22	18
Plastic surgery offices	44 work stations	Interp 07.02.01		460					460	352,045	765	192,622	72 22	18
Urology Offices	39 workstations	Interp 07.02.01		475					475	362,861	764	170,733	72 22	18
Renal Directorate management	18 workstations	Interp 07.02.01		163					163	129,256	793	78,800	72 22	18
Community zone offices	13 workstations	Interp 07.02.01		159					159	126,143	793	56,911	72 22	18
Target reduction in administration		Avge		(652)					(652)	(495,517)	760	(330,643)	74 20	-
Carried to OB2				3,864	-	-	-	-	3,864	2,936,624		1,959,515		
Support Services														
Residences			New Core LO											
On call rooms - bed/sit	3 rooms	PR 01.04B.02 (+ uplift for smaller room)		45					45	42,750	950	3,264	83 11	
En suite facilities	3 rooms	01.04B.03		18					18	34,185	1,899	264	77 17	
Doctors in training (mess)	1 suite	m2 rate		123					123	123,000	1,000	15,000	70 24	
Carried to OB2				186	-	-	-	-	186	199,935		18,528		
Support Services														
Education and Workforce Development			Academic Zone											
North Bristol Academy	Bespoke	m2 rate Based on modern educ facilitéis		2,080					2,080	2,392,000	1,150	300,000	70 24	
ER-D Admin offices	?? work stations	PR 07.01.01		520					520	393,120	756	324,321	72 22	18
Carried to OB2				2,600	-	-	-	-	2,600	2,785,120		624,321		

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				New	70%	50%	20%	Retain	Total					
Support Services														
Supp Accommodation			New Core L2 - L5											
Staff changing facilities (zonal)	????	PR 01.02.01		64					64	59,712	933	3,049	76 18	-
Educ. and Workforce devel't	1 centre	m2 rate		72					72	86,400	1,200	19,027	66 28	
Carried to OB2				136	-	-	-	-	136	146,112		22,076		
Support Services														
Whole Hospital Support			Non-Clin Supp Zone											
Works Department	650 + Beds Bespoke	Interp 10.02.01		277					277	278,313	1,005	73,901	60 34	34
EME Workshops (inc support)	2 workshops	10.02.17		100					100	113,347	1,133	26,640	65 29	34
Administration Offices	18 work stations	Interp 07.02.01		170					170	134,696	792	78,800	72 22	18
Patient line offices	1 suite	Interp 07.02.01		103					103	82,253	799	30,512	72 22	18
Security Base	1 room	PR 07.03.05A		27					27	35,424	1,312	10,000	56 38	-
Transport services offices	3 work stations	Interp 07.02.01		30					30	24,161	805	18,307	72 22	18
Carried to OB2				707	-	-	-	-	707	668,194		238,159		
Support Services														
IM&T			New Core L0											
Information Technology Offices	140 work stations	PR 07.02.01		1,253					1,253	879,606	702	567,562	72 22	18
IT services (exc infrastructure)	1 suite	m2 rate		77					77	107,800	1,400	30,512	54 40	-
Telephone services equipment	4000 Extensions (As SOC)	09.02.03										1,108,937		
Carried to OB2				1,330	-	-	-	-	1,330	987,406		1,707,010		
Support Services														
Sterile Services														
Receipt and distribution facility	Omitted - separate scheme													
Carried to OB2				-	-	-	-	-	-	-		-		
Support Services														
Hotel Services			New Core L0											
Receipt and distribution centre	1 centre	m2 rate		642					642	577,800	900	40,000	70 24	
Linen storage	600+ beds	PR 09.04.03		186					186	120,156	646	15,000	87 7	25
Staff uniform issue and collection	1 centre	m2 rate		51					51	38,250	750	3,000	70 24	
Production Kitchen	1 department	Interp 09.03.01		1,109					1,109	1,848,266	1,667	50,000	41 53	10
Reprographics	1 Print room	m2 rate		63					63	56,700	900	10,000	72 22	
Postal services	1 Post room	m2 rate		58					58	52,200	900	10,000	72 22	
Domestic services facilities	1 equip cleaning room	m2 rate		24					24	21,600	900	5,000	72 22	
Portering office and store	2 rooms	PR 07.04.02		37					37	35,335	955	2,769	79 15	51
Portering rest and bev prep	1 facility	Interp 01.01B.07		21					21	28,837	1,373	2,622	60 34	-
Porters WC	1 WC	14.01.01		3					3	6,080	2,027	100	54 40	40
Carried to OB2				2,194	-	-	-	-	2,194	2,785,224		138,491		

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Support Services														
Medical Physics & Bio Engineering														
Clinical Equipment services	1 dept	10.02.17	Clin Supp Zone	982					982	1,048,776	1,068	241,397	66 28	
Medical physics offices	3/4 workstations	PR 05.01.27-29		55					55	51,920	944	9,012	77 17	-
Carried to OB2				1,037	-	-	-	-	1,037	1,100,696		250,409		
Externals														
External works accommodation			Ext											
Covered seating area	See on costs													
Information and boulevard accommodation	1 area	m2 rate		28					28	33,600	1,200	5,000	72 22	
Flammable Liquids store	3 stores	PR 10.02.03/05		79					79	58,460	740	3,000	75 19	34
Corrosive Liquids store														
Solvent waste store														
(NB As summary sheet, not breakdown sheet)														
Carried to OB2				107	-	-	-	-	107	92,060		8,000		
Externals														
Energy Centres			Energy Centre											
Main Boiler house & infrastructure	See on costs													
Energy Centre for Mental Health														
Energy Centre for Maternity Block														
Medical gases stores														
Carried to OB2				-	-	-	-	-	-		-			
Externals														
Compounds etc														
General compounds	See on costs													
RDS compounds														
Car park management														
Car parking (staff and visitor)														
Bicycle storage														
Transport service compound														
Ambulance facility														
Waste compactor & holding areas & stores														
Helicopter landing facility														
Carried to OB2				-	-	-	-	-	-		-			

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available. Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals) Angus Lion Partnership Ltd in association with
WT Partnership Ltd
 Position
 Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ
 Telephone 024 7656 1510

Authorised for issue
 Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005											Cost Form OB2 (Custom) - Acute			
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (North Option)										
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All										
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCl Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCl Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCl Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Date 6th January 2006 - Version 2.3														

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Embedded														
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (North Option)										
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS										PHASE: All				
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1 Transfer only	B%/E%	HBN Ref
				New	Ref 70%	Ref 50%	Ref 20%	Retain	Total					
Embedded: Uni & Research Southmead Sited														
Lifeline Centre (Blg 116)	Research labs & offices	m2 rate (avge based on 03.03.01-05)		387					387	489,942	1,266	38,700	63 31	
Medical Teaching Unit (Bldg 58)	Teaching Unit	m2 rate Based on modern educ facilities		372					372	409,200	1,100	37,200	70 24	
Bristol Urological Institute (117/162)	Biomedical Centre	m2 rate (avge based on 03.03.01-05)		437					437	552,609	1,266	43,650	63 31	-
University Accom AOC (Bldg 11)	Research labs & offices	m2 rate (avge based on 03.03.01-05)		485					485	614,010	1,266	48,500	63 31	-
(50% area reprovision)														
Carried to OB2				1,681	-	-	-	-	1,681	2,065,761		168,050		
Embedded: Uni & Research Frenchay Sited														
Burden Neurol. Institute (Bldg 19)	Research labs & offices	m2 rate (avge based on 03.03.01-05)		160					160	202,560	1,266	16,000	63 31	-
Glial Laboratory	Research labs & offices	m2 rate (avge based on 03.03.01-05)		123					123	155,718	1,266	12,300	63 31	-
(50% area reprovision)														
Carried to OB2				283	-	-	-	-	283	358,278		28,300		
Embedded: Health & Social Services Agencies Southmead Sited														
Social services offices	25 workstations	Interp 07.02.01		192					192	151,734	790	19,200	71 23	18
Joint trade union offices	5 workstations	Interp 07.02.01		64					64	51,341	802	6,400	71 23	18
Carried to OB2				256	-	-	-	-	256	203,075		25,600		
Embedded: Health & Social Services Agencies Frenchay Sited														
BRACE Trust (Bldg 96)	Research facilities	m2 rate (avge based on 03.03.01-05)		277					277	350,682	1,266	27,700	63 31	-
Carried to OB2				277	-	-	-	-	277	350,682		27,700		
Embedded: Voluntary Sector Southmead Sited														
Renal register	Offic accomm	Interp 07.02.01		90					90	71,980	800	9,000	71 23	18
Childcare facilities	TBA	m2 rate		513					513	564,300	1,100	51,300	71 23	18
Carried to OB2				603	-	-	-	-	603	636,280		60,300		

OBC OPTION APPRAISAL NOVEMBER 2005														Cost Form OB2 (Custom) - Embedded			
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (North Option)													
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All													

Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1 Transfer only	B%/E%	HBN Ref
				New	Ref 70%	Ref 50%	Ref 20%	Retain	Total					
Embedded: Voluntary Sector Frenchay Sited														
Childcare facilities	TBA	m2 rate		281						281	323,150	1,150	28,100	71 23 18
Carried to OB2				281	-	-	-	-	-	281	323,150		28,100	

Notes:
 Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.
 Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)
 * Delete as appropriate
 1. State area and rate if departmental cost allowance not available
 2. Insert:
 N for new build,
 A for adaptations for alternative use or
 C for upgrading existing building retaining current use
 3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances
 4. Provide details where available

Completed By:		
Name (capital)	Angus Eliot Partnership Ltd in association with	Authorised for issue Project Director
Position		
Address	Orchard Court V	Date
	Binley Business Park	
	Harry Weston Road	
	Coventry CV3 2TQ	
Telephone	024 7656 1510	
Date	6th January 2006 - Version 2.3	

OBC OPTION APPRAISAL NOVEMBER 2005										Cost Form OB2 (Custom) - Acute					
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (North Option)											
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All											
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref	
				New	70%	50%	20%	Retain	Total						
Community Concourse															
Main Entrance facilities	1 main entrance	PR 07.03.01	AOC GF			442			442	272,935	618	38,876	66 28	51	
Optional accomodation															
Additional WC's	?? WC's	PR 14.01.01	AOC GF			48			48	48,648	1,014	1,200	54 40	40	
Carried to OB2				-	-	490	-	-	490	321,583		40,076			
ITC Concourse															
Main Entrance facilities	1 main entrance	PR 07.03.01	AOC GF			361			361	222,918	618	33,632	66 28	51	
Optional accommodation															
Additional WC's	?? WC's	PR 14.01.01	AOC GF			48			48	48,648	1,014	1,200	54 40	40	
Information Centre	1 Centre	PR 07.04.10	AOC GF			54			54	30,024	556	5,000	75 19	-	
Coffee shop	1 area	PR 07.03.03 + uplift for area	AOC GF			41			41	26,650	650	10,000	73 21	51	
Staff common room & bev pr	2 rooms	PR 01.01B.07	AOC GF			41			41	28,003	683	4,512	60 34	-	
Admissions Area	1 Suite	PR 07.04.11	AOC GF			136			136	96,492	710	20,000	56 38	-	
Carried to OB2				-	-	681	-	-	681	452,735		74,344			
Inpatients Short Stay															
?? Bed Ward Based on 50% singles	?? beds	Interp 01.01B.02/03 due to area	AOC FF			1,085			1,085	782,602	721	125,197	57 37	4	
Carried to OB2				-	-	1,085	-	-	1,085	782,602		125,197			
Day Proc. and Interventions															
Operating theatres	5 theatres	02.01.01	AOC FF			1,180			1,180	1,014,255	860	487,529	51 43	26	
Day Proc. Support facilities - recep, prep, discharge, pre op	1 unit	03.09.01 Abated for theatres	AOC FF			1,025			1,025	615,000	600	165,216	64 30	52	
Outpatients clinic suite; 6 C/E (Shared support included with other areas)	1 suite	Interp 04.01.01 (uplift due to red'd support)	AOC GF			409			409	220,503	539	36,667	64 30	12	
Endoscopy suite (Shared support included with other areas)	2 rooms	03.10.01 uplift for rooms only	AOC FF			285			285	243,329	854	425,512	60 34	-	
Carried to OB2				-	-	2,899	-	-	2,899	2,093,086		1,114,924			
Imaging															
(Shared accomm included in areas below for costing purposes)															
General imaging suite	2 R/D rooms	03.01.01 + interp	AOC GF			572			572	344,882	603	446,526	63 31	6*	
Ultrasound Suite	1 room suite	PR 03.01.12 uplift for area	AOC GF			35			35	24,798	709	35,115	56 38	6*	
MRI Suite	1 Room suite	PR 03.01.15 + uplift for area	AOC GF			250			250	365,750	1,463	1,683,207	46 48	6*	
Computed tomography	1 Room Suite	PR 03.01.13 + uplift for area	AOC GF			147			147	86,847	591	1,686,549	61 33	6*	
Carried to OB2				-	-	1,004	-	-	1,004	822,277		3,851,397			
Clinical support Facilities															
Pharmacy stock room	1 room	PR 03.04.03	AOC GF			41			41	20,705	505	10,000	48 46	29	
Pathology hot lab/blood bank	1 suite	m2 rate	AOC GF			64			64	57,600	900	20,000	75 19	34	
Receipt and distribution facility	1 facility	m2 rate	AOC GF			136			136	81,600	600	20,000	70 24		

OBC OPTION APPRAISAL NOVEMBER 2005											Cost Form OB2 (Custom) - Acute				
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (North Option)											
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All											
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	H&N Ref	
				New	70%	50%	20%	Retain	Total						
Carried to OB2				-	-	241	-	-	241	159,905		50,000			
Staff support facilities															
Staff rest and bev prep	2 rooms	PR 01.01B.07	AOC GF			49			49	33,467	683	4,512	60 34	-	
Offices	7 work stations	PR 07.02.01	AOC GF			85			85	34,010	400	42,716	71 23	18	
Carried to OB2				-	-	134	-	-	134	67,477		47,228			
Externals															
External Accommodation															
Information and boulevard access	1 area	m2 rate				28			28	33,600	1,200	5,000	72 22		
Grounds maintenance	3 stores	PR 10.02.03/05				79			79	58,460	740	3,000	75 19	34	
Medical gases store	1 store	PR 10.02.04				12			12	4,452	371	200	74 20	34	
Carried to OB2				-	-	119	-	-	119	96,512		8,200			
Externals															
Energy Centres (inc in on-costs)															
Main Boiler house & Infrastructure	) on cost items)													
Carried to OB2				-	-	-	-	-	-	-		-			
Externals															
External Compounds etc															
Car parking)														
Ambulance facility)														
Transport service)														
Mobile clinical services docking station	) on cost items)													
Waste management)														
Waste transfer)														
Carried to OB2				-	-	-	-	-	-	-		-			
Notes: Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided) * Delete as appropriate 1. State area and rate if departmental cost allowance not available 2. Insert: N for new build, A for adaptations for alternative use or C for upgrading existing building retaining current use 3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances 4. Provide details where available															

Completed By: Name (capital) <input style="width: 100%;" type="text"/> Position <input style="width: 100%;" type="text"/> Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Telephone <input style="width: 100%;" type="text"/> Date <input style="width: 100%;" type="text"/>	Authorised for issue <input style="width: 100%;" type="text"/> Project Director Date <input style="width: 100%;" type="text"/>
---	--

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Building	Source of Information	Area (Gross inc circulation and plant)						Costs to Condition B Exc VAT/fees £	MIPS Index	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost N/A	B%/E%
		New	Ref 70%	Ref 50%	Ref 20%	Retain	Total m2				Y/N	Comment	Adjust Factor			
Retained Accommodation Accommodation to be re-used																
Avon Orthopaedic Centre 110 (Part ITC, part acute; Hydro reused)	Trust BM Update Sept 05 (PR)			11,162		185	11,347	722,000	447	718,770	Y	Partial backlog required as 50% refurbished	50%	359,385		15 85
Lifeline Centre 116	Trust BM Update Sept 05					1,002	1,002	-	447	-	Y	Full backlog required as 100% retained	100%	-		15 85
Medical Engineering 068	Trust BM Update Sept 05					329	329	-	447	-	Y	Full backlog required as 100% retained	100%	-		15 85
Bristol Urological Institute Block 117	Trust BM Update Sept 05					903	903	-	447	-	Y	Full backlog required as 100% retained	100%	-		15 85
Christopher Hancock Block 106	Trust BM Update Sept 05				1,197		1,197	203,000	447	202,092	Y	Minimal amount will be taken up in 20% refurb	75%	151,569		15 85
Somerset House Block 083	Trust BM Update Sept 05				765		765	-	447	-	Y	Minimal amount will be taken up in 20% refurb	75%	-		15 85
Westgate House Block 074	Trust BM Update Sept 05				680		680	409,000	447	407,170	Y	Minimal amount will be taken up in 20% refurb	75%	305,378		15 85
Queried Units:																
Richard Bright Renal Unit 107 ????	Trust BM Update Sept 05					1,597	1,597	271,000	447	269,787	Y	Full backlog required as 100% retained	100%	269,787		15 85
Occupational Health and Training 040, 041, 043 ????	Trust BM Update Sept 05					1,316	1,316	759,000	447	755,604	Y	Full backlog required as 100% retained	100%	755,604		15 85
NBS annex 097 ????	Trust BM Update Sept 05					713	713	-	447	-	Y	Full backlog required as 100% retained	100%	-		15 85
Malvern Ward (Gynae) 006 ????	Trust BM Update Sept 05					609	609	594,000	447	591,342	Y	Full backlog required as 100% retained	100%	591,342		15 85
Infrastructure	Trust BM Update Sept 05						-	2,680,000	447	2,668,009	Y	Part of backlog will be taken up by new infrastructure arrangements	50%	1,334,004		15 85
Carried to OB2		-	-	11,162	2,642	6,654	20,458							3,767,069	-	
Retained Accommodation Accommodation Retained "As Is"																
Obstetrics (Blocks 10, 11, 12, 13, 90, 94)						5,145	5,145									
Gynaecology 006 reprovided as enabling scheme in Brecon Unit 005 + extensions (see on-costs) ????		-				2,211	2,211									
Carried to OB2		-	-	-	-	7,356	7,356	-						-	-	
Retained Accommodation Separate Business Cases																
Neo-natal Intensive Care Unit						922	922									
IVF Centre						1,155	1,155									
Pathology Services (Lewis Labs Block 104 + extension)						6,000	6,000									
Carried to OB2		-	-	-	-	8,077	8,077	-						-	-	
Retained Accommodation Excluded (Out-with red line)																
AWP Pines Mental Health						4,742	4,742									
Carried to OB2		-	-	-	-	4,742	4,742	-						-	-	

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.

Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Authorised for issue

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Custom) - Retained

TRUST/ORGANISATION:North Bristol NHS Trust

SCHEME:Southmead Site (North Option)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE:All

Building	Source of Information	Area (Gross inc circulation and plant)						Costs to Condition B Exc VAT/fees £	MIPS Index	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost N/A	B%/ E%	
		New	Ref 70%	Ref 50%	Ref 20%	Retain	Total m2				Y/N	Comment	Adjust Factor				
	Position	Project Director															
	Address																
	Telephone																
	Date																

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

CAPITAL COSTS: ON-COSTS

		Estimated Cost (exc. VAT)	Percentage of Departmental Cost (Exc Ret)
1 Communications			
a. Space	23,688,118		
b. Lifts	4,199,495	£ 27,887,613	22.36
2 "External" Building Works (1)			
a. Drainage	3,607,435		
b. Roads, paths, parking	5,674,263		
c. Site layout, walls, fencing gates	3,566,100		
d. Builders work for engineering services outside buildings	3,469,945	£ 16,317,743	13.08
3 "External Engineering Works			
a. Steam, condensate, heating, hot water and gas mains supply	4,747,638		
b. Cold water mains and storage	2,400,888		
c. Electricity mains, sub-stations, stand-by generating plant	13,178,349		
d. Calorifiers and associated plant	770,993		
e. Miscellaneous services	17,855,876	£ 38,953,744	31.23
4 Auxiliary Buildings	3,173,394	£ 3,173,394	2.54
5 Other on-costs and abnormals (2)			
a. Building	33,291,519		
b. Engineering	8,108,631	£ 41,400,150	33.19
Total On-Costs to Summary OB1		£ 127,732,644	102.40

Notes: Must be based on scheme specific assessments/measurements; attach details to define scope of works as appropriate. Identify separately any proposed additional capital expenditure justifiable in value for money terms (details to be provided).

* Delete as appropriate

(1) "External" to Departments

(2) Identify any enabling or preliminary works to prepare the site in advance e.g. demolitions; service diversions; decanting costs; site investigation and other exploratory works

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
1 Communications			
a. Space			
- Internal corridors unglazed 14.05.01	m2	3,768,856	
- Internal corridors glazed 14.05.02	m2	3,063,715	
- External corridors unglazed 14.05.03	m2	894,986	
- External corridors glazed 14.05.04	m2	1,349,494	
- Stairs, straight, 1200 wide 14.04.01	Flt	342,447	
- Stairs, straight, 1800 wide 14.04.02	Flt	93,615	
- Stairs, landing, 1200 wide 14.04.03	Flt	1,008,240	
- Stairs, landing, 1800 wide 14.04.04	Flt	302,340	
- Adjusts for area reductions (stairs)	Sum	(184,240)	
- Uplift DCAGs for OB/FB	Sum	2,512,093	
- Ramps	Sum	100,000	
- Lift lobbies and shafts	inc	-	
- Internal plant rooms	m2	7,005,000	
- Roof level plant rooms	m2	1,205,400	
- Vertical ducts / risers	m2	1,528,800	
- Walkways	inc	-	
- Underground ducts / tunnels	m	1,000,000	
- Adjusts for area reductions (ducts)	Sum	(184,240)	
- Reduce current costs for OB/FB	Sum	(118,388)	
			23,688,118
b. Lifts			
- Passenger, electric 14.06.01	Lift	-	
- Passenger, hydraulic 14.06.02	Lift	-	
- Trolley, electric 14.06.03	Lift	-	
- Trolley, hydraulic 14.06.04	Lift	-	
- Bed, electric 14.06.05	Lift	3,185,010	
- Bed, hydraulic 14.06.06	Lift	-	
- Escalators	No	212,334	
- Uplift DCAGs for OB/FB	Sum	802,151	
			£ 4,199,495
2 "External" Building Works (1)			
a. Drainage			

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
#### Foul water to new buildings	Sum	553,415	
#### Surface water to new buildings	Sum	718,925	
#### Foul water to retained buildings	inc	-	
#### Surface water to retained buildings	inc	-	
#### Surface water to paved areas	inc	-	
#### Final connections - Foul	Sum	43,459	
#### Final connections - Surface	Sum	56,497	
#### Drainage diversions - Foul	Sum	24,692	
#### Drainage diversions - Surface	Sum	24,692	
#### Underground storage	Sum	2,241,910	
#### Underground interceptors	Sum	28,973	
#### CCTV surveys	Sum	24,693	
#### Integration of existing buildings	inc	-	
#### Connections to new buildings	inc	-	
#### Pumping stations	No	57,946	
- Adjust to .01/ .02 for rates	%	(127,234)	
- Reduce current costs for OB/FB	Sum	(40,533)	
			3,607,435
b. Roads, paths, parking			
#### New surface car parking	inc	-	
#### New decked car parking	inc	-	
#### Refurbished car parking	inc	-	
#### Adaptions to existing car parks	inc	-	
#### Temporary car parks	inc	-	
#### Car park controls / security	Sum	651,596	
#### New road access	inc	-	
#### New site roads	Sum	4,334,802	
#### Refurbished roads	EXCL	-	
#### Adaptions to existing roads	inc	-	
#### Temporary roads / roadworks	inc	-	
#### Junctions / crossovers	inc	-	
#### Delivery areas	Sum	100,000	
#### Service roads	inc	-	
#### Bus lay bys	inc	-	
#### Drop off points	inc	-	
#### Highway works	inc	-	
#### Works beyond site boundary	inc	-	
#### Site paths and pavings	Sum	295,812	
#### Pavings around building perimeters	Sum	355,809	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
#### Street / road lighting (See 3e)	inc	-	
#### Car park lighting (See 3e)	inc	-	
#### External lighting (See 3e)	inc	-	
Sum Reduce current costs for OB/FB	Sum	(63,756)	5,674,263
c. Site layout, walls, fencing gates			
#### Hard landscaping to courtyards	inc	-	
#### Soft landscaping to courtyards	inc	-	
#### Hard landscaping elsewhere	Sum	163,825	
#### Soft landscaping elsewhere	Sum	2,524,431	
#### Perimeter fencing and gates	Sum	117,913	
#### Internal fencing and gates	inc	-	
#### Bus stands / bus stops	inc	-	
#### External steps	inc	-	
#### Boundary walls	inc	-	
#### Internal perimeter walls	inc	-	
#### Retaining walls	Sum	500,000	
#### Site furniture	Sum	50,000	
#### Art features	Sum	100,000	
#### Water features	inc	-	
#### External signage	Sum	50,000	
#### Sundries	inc	-	
#### External ramps and balustrades	Sum	100,000	
#### Allowance for change of levels	inc	-	
- Reduce current costs for OB/FB	Sum	(40,069)	3,566,100
d. Builders work for engineering services outside buildings			
#### Electrical service trenches	Sum	3,233,933	
#### EO for ducts and abnormalities	inc	-	
#### Mechanical service trenches	Sum	275,000	
#### EO for ducts and abnormalities	inc	-	
- 0	0	-	
- work (%age of total cost)	inc	-	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- Reduce current costs for OB/FB	Sum	(38,988)	£ 3,469,945
3 "External Engineering Works			
a. Steam, condensate, heating, hot water and gas mains supply			
- Natural gas supplies	Sum	191,490	
- Oil plant	Sum	649,713	
- Boiler plant / CHP	Sum	4,193,109	
- Steam and condense distribution	Sum	778,540	
- LPHW distribution	Sum	1,169,484	
- Others (listed):	inc	-	
- Adjust for area reduction above 4500m2	Sum	(2,181,354)	
- Reduce current costs for OB/FB	Sum	(53,344)	4,747,638
b. Cold water mains and storage			
- Mains cold water service	Sum	1,681,112	
- Fire hydrants	Sum	97,039	
- Tank cold water service (incl RO)	inc	-	
- Hot water service	Sum	649,713	
- Others (listed):	inc	-	
- Reduce current costs for OB/FB	Sum	(26,976)	2,400,888
c. Electricity mains, sub-stations, stand-by generating plant			
- HV Ring main	Sum	903,463	
- New Build Plant - Special Requirements	Sum	13,803,285	
- Adjust for rate reductions	%	(1,380,329)	
- Reduce current costs for OB/FB	Sum	(148,071)	13,178,349

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
d. Calorifiers and associated plant			
- Calorifiers	Sum	779,656	
- Associated plant	inc	-	
- Others (listed):	inc	-	
- Reduce current costs for OB/FB	Sum	(8,663)	
			770,993
e. Miscellaneous services			
- Cooling Plant	Sum	5,276,424	
- Air conditioning / ventilation	Sum	3,898,280	
- Oxygen	Sum	2,598,853	
- Vacuum plant	inc	-	
- Medical air 4bar / 7bar	inc	-	
- Nitrous Oxide	inc	-	
- Specialist gases	inc	-	
- Anaesthetic gas scavenging	inc	-	
- Dry / wet risers	Sum	232,893	
- Foam inlets	inc	-	
- Pneumatic tube	Sum	389,828	
- Building Management System	Sum	3,898,280	
- Voice and data	inc	-	
- Fire / Critical Alarms / Nurse Call	Sum	60,383	
- CCTV/Security/Intruder/Staff Attack	Sum	587,377	
- Patient TV/Video	inc	-	
- External lighting	inc	-	
- Street lighting	Sum	109,769	
- Car park lighting	Sum	503,228	
- Standby generators	Sum	447,346	
- Access controls	Sum	238,083	
- Adjust to cooling plant for area reductions	Sum	(184,240)	
- Reduce current costs for OB/FB	Sum	(200,628)	
			17,855,876
4 Auxiliary Buildings			
#### Bin stores	inc	-	
#### Cycle sheds	Sum	40,000	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
#### Smoking shelters	Sum	10,000	
#### Bus shelters	Sum	20,000	
#### Miscellaneous buildings	inc	-	
#### Entrance canopies - Main	Sum	1,000,000	
#### Entrance canopies - Maternity	inc	-	
#### Entrance canopies - A & E	inc	-	
#### Entrance canopies - Other	inc	-	
#### Sub stations (housings only)	No	75,000	
#### Energy centre building	m2	990,000	
#### Generator house (main)	inc	-	
#### Smaller boiler houses	No	80,000	
#### Smaller generator / switch rooms	No	60,000	
#### VIE Compound / MA4 / Vacuum	Sum	75,000	
#### Gas meter house	Sum	20,000	
#### HV Intake room	Sum	25,000	
#### Oil / fuel storage compound	Sum	50,000	
#### Information & Boulevard	m2	42,000	
#### Grounds maintenance	m2	63,200	
#### Waste management area	m2	405,600	
#### Waste Transfer area	N/A	-	
#### Covered walkways to bus stops	Sum	158,250	
#### Telecom switchroom	Sum	30,000	
#### Medical gas stores	Sum	65,000	
Sum Sum	Sum	(35,656)	
			3,173,394
5 Other on-costs and abnormals (2)			
a. Building			
#### Abnormal foundations	inc	-	
#### Abnormal ground conditions	inc	-	
#### Additional phasing costs	Sum	4,000,000	
#### Art works	of	1,587,910	
#### Internal demolitions / alterations	Sum	215,000	
#### Building demolitions	Sum	-	
#### Asbestos removal to buildings	Sum	-	
#### Asbestos removal to ducts etc	inc	-	
#### Demolition of service ducts	Sum	250,000	
#### Demolition of walkways etc	inc	-	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
#### Helipad	Sum	39,886	
#### Site clearance	Sum	136,000	
#### Decontamination of ground	Sum	250,000	
#### Temporary access roads etc	inc	-	
#### Sundries	inc	-	
#### Backlog maintenance - Retained	EXCL	-	
#### Additional costs over model	Sum	8,933,800	
#### Height factor	inc	-	
#### Transition and Phasing Costs	Sum	-	
- Enabling works - Pre main building	Sum	19,817,981	
- Asbestos removal- Pre main building	Sum	257,885	
- Demolition - Pre main building	Sum	756,946	
- Enabling works - Post main building	Sum	808,800	
- Asbestos removal- Post main building	Sum	742,115	
- Demolition - Post main building	Sum	2,178,272	
#### Reduction for area - general	Sum	(6,309,014)	
Reduce current costs for OB/FB	Sum	(374,062)	
			33,291,519
b. Engineering			
- IT Infrastructure	Sum	352,646	
- IT Equipment	EXC	-	
- Reconnection of services to existing:	0	-	
- Steam and condensate	Sum	-	
- Gas	Sum	248,160	
- HTHW	Sum	-	
- Oil	Sum	681,161	
- Boiler plant	Sum	1,602,174	
- LTHW	Sum	77,631	
- MCWS / SCWS	Sum	65,469	
- CWS	Sum	204,348	
- DHWS	Sum	340,580	
- Ventilation	Sum	172,573	
- Medical gases	Sum	681,161	
- Pneumatic tube	Sum	204,348	
- Building Management System	Sum	681,161	
- Electricity	Sum	568,956	
- IT / Data etc	inc	-	
- Lightning protection	Sum	161,154	
- Disconnect services for demolition	inc	-	
- Remove external electrical services	Sum	364,706	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- Remove external mechanical services	Sum	150,000	
- Temporary services - mechanical	Sum	1,112,711	
- Temporary services - electrical	Sum	42,103	
- Services diversions - mechanical	inc	-	
- Services diversions - electrical	inc	-	
- Sundries	inc	-	
- Temporary generators	Sum	488,697	
- Reduce current costs for OB/FB	Sum	(91,108)	
			8,108,631
Total On-Costs to Summary OB1			£ 127,732,644

Notes: Must be based on scheme specific assessments/measurements; attach details to define scope of works as appropriate. Identify separately any proposed additional capital expenditure justifiable in value for money terms (details to be provided).

* Delete as appropriate

(1) "External" to Departments

(2) Identify any enabling or preliminary works to prepare the site in advance e.g. demolitions; service diversions; decanting costs; site investigation and other exploratory works

Completed By:

Name (capitals)

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone

024 7656 1510

Date

6th January 2006 - Version 2.3

Project Director

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
1 Fees (including "in-house" resource costs)		
a. Architects)		
b. Structural Engineers)		
c. Mechanical Engineers)	22,722,440	9.00
d. Electrical Engineers)		
e. Quantity Surveyors)		
f. Project Management)		
g. Project Sponsorship In house)	-	-
h. Legal fees)	5,049,431	2.00
i. Site Supervision)	1,262,358	0.50
j. Building Regulations and Planning Fees)	470,735	0.19
k. Others (specify))		
Acoustics Consultant)		
Arboriculturist)		
Archaeological Investigation)		
Arts Adviser)		
Brief Preparation)		
Catering Consultant)		
Estate Utilisation Study)		
Exposure of Existing Foundations)		
Financial Advisor)		
Fire Safety adviser)		
Graphics, Brochures Etc)		
Highways)		
Land Acquisition)		
Legal Advisor)		
Lighting Consultant)		
M & E Acceptance team)		
Medical Equipment Consultant)		
Models, Perspectives etc)	7,574,147	3.00
Occupational Commissioning Consultants)		
Others)		
Photographs)		
Planning Supervisor (CDM))		
Printing Drawings etc)		
Site Inspection)		
Study Visits)		
Temporary Signage)		
Town Planning Consultant)		
Traffic studies)		
Utilities)		
Wind Tunnel Test)		
Other)		
Surveys)		
Asbestos Survey)		
CCTV survey (Buried Services))		
Existing Buildings Survey)		
Geophysical Survey)	107,229	0.04
Location of Existing Services)		
Minerals Survey)		
Site Investigation)		

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB4

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
Topographical Survey)	
Total Fees to Summary (OB1)	£ 37,186,339	14.73

2 Non-Works Costs	£
Non-VAT rated:	
a. Land purchase costs and associated legal fees	-
Sub Total	-
VAT rated:	
b. Statutory and Local Authority charges	2,525,240
c. Other (specify)	
Decanting (phased)	591,904
Temporary Accommodation - included in on-costs	-
Mis-sued accommodation - included in on-costs	-
Transitional arrangements - included in on-costs	-
Section 106 etc agreements	-
EXCLUDED (NOT KNOWN)	
Non-Works Costs to Summary (OB1)	£ 3,117,144

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust
 SCHEME: Southmead Site (North Option)
 PHASE: All

INDICATIVE CASHFLOW

	Indicative Programme (to be advised)	Start	Finish	Period (months)	Totals From OBI	Financial Year										Total
						2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	
					£	£	£	£	£	£	£	£	£	£	£	£
1a	Works Costs <i>(On costs split pro rata at this stage)</i> Phase 1 (E1, P1, E2, P2) Phase 2 (E3, E4, P3) Phase 3 (E5, P4)				22,263,119 209,224,967 20,983,467		7,792,092	8,905,248	5,565,780 21,837,088	109,952,534	77,435,345 -	- 15,131,098	5,852,369	-	-	22,263,119 209,224,967 20,983,467
6.	Fees (based on 60% pre contract, 40% post contract less OBC)				37,186,339	-	22,770,880	524,659	1,614,459	6,477,929	4,562,157	891,459	344,796	-	-	37,186,339
7.	Non-Works Costs				3,117,144					779,286	779,286	779,286	779,286			3,117,144
8b	Equipment Cost AT ECAG 4Q04 (as current DCAG levels) Phase 1 (E1, P1, E2, P2) Phase 2 (E3, E4, P3) Phase 3 (E5, P4)		2 year spend assumed 2 year spend assumed 1 year spend assumed		- 18,524,873 5,042,743					9,262,437	9,262,437	5,042,743				- 18,524,873 5,042,743
9.	Planning Contingencies <i>(pro rata over future years)</i>	10.00 %			31,634,265	-	883,007	1,009,151	3,105,320	13,597,866	9,912,987	2,374,429	751,506	-	-	31,634,265
10.	TOTAL excl VAT and Optimism Bias				347,976,917	-	31,445,979	10,439,058	32,122,646	140,070,053	101,952,211	24,219,015	7,727,957	-	-	347,976,917
10a	Optimism Bias	11.30 %			39,321,392	-	12,072,211	13,796,812	8,623,008	1,207,340	1,207,340	1,207,340	1,207,340	-	-	39,321,392
10b	TOTAL excl VAT inc Optimism Bias				387,298,309	-	43,518,190	24,235,870	40,745,653	141,277,393	103,159,552	25,426,355	8,935,297	-	-	387,298,309
	VAT on above				61,269,595	-	1,710,219	1,954,535	6,014,417	26,336,497	19,199,582	4,598,820	1,455,524	-	-	61,269,595
	TOTAL (for approval purposes) incl VAT				448,567,904	-	45,228,408	26,190,406	46,760,071	167,613,890	122,359,133	30,025,174	10,390,821	-	-	448,567,904
	Inflation Adjustments to 2005-06 Prices				2,817,463	-	284,080	164,502	293,701	1,052,786	768,540	188,589	65,265	-	-	2,817,463
11a	Sub Total at 2005-06 Prices				451,385,366	-	45,512,489	26,354,908	47,053,772	168,666,676	123,127,673	30,213,763	10,456,086	-	-	451,385,366
	Inflation to Tender Date/During construction (Split pro rata over construction)				89,687,235	-	31,390,532	35,874,894	22,421,809	-	-	-	-	-	-	89,687,235
12	FORECAST OUT-TURN BUSINESS CASE TOTAL				541,072,601	-	76,903,021	62,229,802	69,475,580	168,666,676	123,127,673	30,213,763	10,456,086	-	-	541,072,601

Completed By:

Name (capital): Angus Eliot Partnership Ltd in association with WT Partnership Ltd
 Position:
 Address: Orchard Court V
 Binley Business Park
 Harry Weston Road
 Coventry CV3 2TQ
 Telephone: 024 7656 1510
 Date: 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

CAPITAL COSTS: CASHFLOW - WORKS COST

SCHEME/PHASE:	1	All Works							
WORKS COST:	209,224,967		RETENTION %-AGE :	0		C	0.0560		
CONTRACT PERIOD:	30		MAINTENANCE PERIOD:	12		K	3.3230		
START/PAYMENT DATE:	Sep-2008		MIPS VOP Tender Price Index (1975 base):	415					

Month No	Month	Gross Cumulative Calculated	One Off Payments	Gross Cumulative	LESS Retention	Nett Cumulative	LESS Previous Payments	Nett Monthly	Nett Annual
0	Sep-2008								
1	Oct-2008	915,998		915,998	-	915,998	-	915,998	
2	Nov-2008	3,033,337		3,033,337	-	3,033,337	(915,998)	2,117,338	
3	Dec-2008	6,268,065		6,268,065	-	6,268,065	(3,033,337)	3,234,728	
4	Jan-2009	10,536,233		10,536,233	-	10,536,233	(6,268,065)	4,268,168	
5	Feb-2009	15,753,891		15,753,891	-	15,753,891	(10,536,233)	5,217,658	
6	Mar-2009	21,837,088		21,837,088	-	21,837,088	(15,753,891)	6,083,197	21837087.51
7	Apr-2009	28,701,873		28,701,873	-	28,701,873	(21,837,088)	6,864,786	
8	May-2009	36,264,298		36,264,298	-	36,264,298	(28,701,873)	7,562,424	
9	Jun-2009	44,440,411		44,440,411	-	44,440,411	(36,264,298)	8,176,113	
10	Jul-2009	53,146,262		53,146,262	-	53,146,262	(44,440,411)	8,705,851	
11	Aug-2009	62,297,901		62,297,901	-	62,297,901	(53,146,262)	9,151,639	
12	Sep-2009	71,811,378		71,811,378	-	71,811,378	(62,297,901)	9,513,477	
13	Oct-2009	81,602,743		81,602,743	-	81,602,743	(71,811,378)	9,791,365	
14	Nov-2009	91,588,045		91,588,045	-	91,588,045	(81,602,743)	9,985,302	
15	Dec-2009	101,683,334		101,683,334	-	101,683,334	(91,588,045)	10,095,289	
16	Jan-2010	111,804,660		111,804,660	-	111,804,660	(101,683,334)	10,121,326	
17	Feb-2010	121,868,073		121,868,073	-	121,868,073	(111,804,660)	10,063,413	
18	Mar-2010	131,789,622		131,789,622	-	131,789,622	(121,868,073)	9,921,549	109,952,534
19	Apr-2010	141,485,357		141,485,357	-	141,485,357	(131,789,622)	9,695,735	
20	May-2010	150,871,329		150,871,329	-	150,871,329	(141,485,357)	9,385,971	
21	Jun-2010	159,863,586		159,863,586	-	159,863,586	(150,871,329)	8,992,257	
22	Jul-2010	168,378,178		168,378,178	-	168,378,178	(159,863,586)	8,514,592	
23	Aug-2010	176,331,156		176,331,156	-	176,331,156	(168,378,178)	7,952,978	
24	Sep-2010	183,638,568		183,638,568	-	183,638,568	(176,331,156)	7,307,413	
25	Oct-2010	190,216,466		190,216,466	-	190,216,466	(183,638,568)	6,577,898	
26	Nov-2010	195,980,898		195,980,898	-	195,980,898	(190,216,466)	5,764,432	
27	Dec-2010	200,847,915		200,847,915	-	200,847,915	(195,980,898)	4,867,016	
28	Jan-2011	204,733,565		204,733,565	-	204,733,565	(200,847,915)	3,885,651	
29	Feb-2011	207,553,899		207,553,899	-	207,553,899	(204,733,565)	2,820,334	
30	Mar-2011	209,224,967		209,224,967	-	209,224,967	(207,553,899)	1,671,068	77,435,345
31	Apr-2011	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
32	May-2011	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
33	Jun-2011	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
34	Jul-2011	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
35	Aug-2011	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
36	Sep-2011	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
37	Oct-2011	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
38	Nov-2011	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
39	Dec-2011	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
40	Jan-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
41	Feb-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
42	Mar-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	-
43	Apr-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
44	May-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
45	Jun-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
46	Jul-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
47	Aug-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
48	Sep-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
49	Oct-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
50	Nov-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
51	Dec-2012	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
52	Jan-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
53	Feb-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
54	Mar-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
55	Apr-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
56	May-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
57	Jun-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
58	Jul-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
59	Aug-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
60	Sep-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
61	Oct-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
62	Nov-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
63	Dec-2013	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
64	Jan-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
65	Feb-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
66	Mar-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
67	Apr-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
68	May-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
69	Jun-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
70	Jul-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
71	Aug-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
72	Sep-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
73	Oct-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
74	Nov-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	
75	Dec-2014	209,224,967		209,224,967	-	209,224,967	(209,224,967)	-	

Completed By:

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Date

6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

CAPITAL COSTS: CASHFLOW - WORKS COST

SCHEME/PHASE:	2	All Works							
WORKS COST:	20,983,467		RETENTION %-AGE :	0		C	0.0560		
CONTRACT PERIOD:	18		MAINTENANCE PERIOD:	12		K	3.3230		
START/PAYMENT DATE:	Mar-2011		MIPS VOP Tender Price Index (1975 base):	415					

Month No	Month	Gross Cumulative Calculated	One Off Payments	Gross Cumulative	LESS Retention	Nett Cumulative	LESS Previous Payments	Nett Monthly	Nett Annual
0	Mar-2011								-
1	Apr-2011	220,567		220,567	-	220,567	-	220,567	
2	May-2011	760,220		760,220	-	760,220	(220,567)	539,653	
3	Jun-2011	1,579,980		1,579,980	-	1,579,980	(760,220)	819,760	
4	Jul-2011	2,640,868		2,640,868	-	2,640,868	(1,579,980)	1,060,888	
5	Aug-2011	3,903,906		3,903,906	-	3,903,906	(2,640,868)	1,263,038	
6	Sep-2011	5,330,113		5,330,113	-	5,330,113	(3,903,906)	1,426,208	
7	Oct-2011	6,880,512		6,880,512	-	6,880,512	(5,330,113)	1,550,398	
8	Nov-2011	8,516,122		8,516,122	-	8,516,122	(6,880,512)	1,635,610	
9	Dec-2011	10,197,965		10,197,965	-	10,197,965	(8,516,122)	1,681,843	
10	Jan-2012	11,887,061		11,887,061	-	11,887,061	(10,197,965)	1,689,096	
11	Feb-2012	13,544,432		13,544,432	-	13,544,432	(11,887,061)	1,657,371	
12	Mar-2012	15,131,098		15,131,098	-	15,131,098	(13,544,432)	1,586,666	15,131,098
13	Apr-2012	16,608,080		16,608,080	-	16,608,080	(15,131,098)	1,476,982	
14	May-2012	17,936,400		17,936,400	-	17,936,400	(16,608,080)	1,328,319	
15	Jun-2012	19,077,077		19,077,077	-	19,077,077	(17,936,400)	1,140,677	
16	Jul-2012	19,991,134		19,991,134	-	19,991,134	(19,077,077)	914,056	
17	Aug-2012	20,639,590		20,639,590	-	20,639,590	(19,991,134)	648,456	
18	Sep-2012	20,983,467		20,983,467	-	20,983,467	(20,639,590)	343,877	
19	Oct-2012	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
20	Nov-2012	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
21	Dec-2012	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
22	Jan-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
23	Feb-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
24	Mar-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	5,852,369
25	Apr-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
26	May-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
27	Jun-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
28	Jul-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
29	Aug-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
30	Sep-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
31	Oct-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
32	Nov-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
33	Dec-2013	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
34	Jan-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
35	Feb-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
36	Mar-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	-
37	Apr-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
38	May-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
39	Jun-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
40	Jul-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
41	Aug-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
42	Sep-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
43	Oct-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
44	Nov-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
45	Dec-2014	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
46	Jan-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
47	Feb-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
48	Mar-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
49	Apr-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
50	May-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
51	Jun-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
52	Jul-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
53	Aug-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
54	Sep-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
55	Oct-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
56	Nov-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
57	Dec-2015	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
58	Jan-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
59	Feb-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
60	Mar-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
61	Apr-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
62	May-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
63	Jun-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
64	Jul-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
65	Aug-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
66	Sep-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
67	Oct-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
68	Nov-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
69	Dec-2016	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
70	Jan-2017	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
71	Feb-2017	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
72	Mar-2017	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
73	Apr-2017	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	
74	May-2017	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	-
75	Jun-2017	20,983,467		20,983,467	-	20,983,467	(20,983,467)	-	

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with
WT Partnership Ltd

Position

Address

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone

024 7656 1510

Date

6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

GROSS INTERNAL FLOOR AREAS

	New Build m2	Major Refurb 70% m2	Medium Refurb 50% m2	Minor Refurb 20% m2	Retained (Backlog only) m2	Retained (Excluded) m2	Total m2
Acute Accommodation	66,443	-	2,345	2,166			70,953
Embedded Accommodation	3,381	-	-	-			3,381
ITC Accommodation	-	-	6,653	-			6,653
Retained Accommodation					6,654	20,175	26,829
"On Cost" Areas	69,823	-	8,998	2,166	6,654	20,175	107,815
Circulation 11%	7,681	-	990	238	inc	inc	8,909
Plant ("measured")	13,896						13,896
	91,400	-	9,987	2,404	6,654	20,175	130,619

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Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Southmead Site (North Option)
PHASE:	All
NOTES AND ASSUMPTIONS	

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
1	Departmental Costs	
a	<p>Departmental Costs have been costed on the basis of the DCAG allowances in Healthcare Capital Investment Version 2.1 (NB published figures are at MIPS 360 and uplifted to MIPS VOP 445, the current approval level, on the OB2 form for transfer to the OB1 form - advanced notification of imminent uplift in approval level from DOH QB team)</p> <p>The functional content is as SHP's neutral functional content version Z07</p>	
b	<p>For the current costing exercise we have adjusted the overall DCAG's for new build using an average calculation for the proportion of refurbishment as listed on the functional content schedules prepared by SHP (Note this differs from the current option drawings)</p> <p>The actual allocation of function to building is not yet determined. The proportion of refurb in each retained area is as agreed at a meeting with the Trust on 10/08/05 and recorded on the functional content</p>	<p>The re-use of existing accommodation is for functions of lesser value than the average rate/m2 used to abate the new build cost</p> <p>The abatement for refurb agreed at the meeting with the Trust cannot be achieved and higher levels of refurb are required</p>
c	<p>Three levels of refurb cost have been used:</p> <p>70% full refurb where departments will require major alterations (none identified at this stage),</p> <p>50% medium refurb where partial areas will need to be adapted</p> <p>minimum refurb of 20% for areas requiring only minor/cosmetic alteration</p>	The existing buildings require greater alteration than covered by the percentage allowance used at this stage
d	<p>On the refurbishment areas the backlog maintenance requirements have been assessed as to any residual which may still be required in addition to the refurbishment cost, as follows:</p> <p>for areas with a 70% refurb it is assumed that all but 25% of backlog issues would have been addressed</p> <p>for areas with a 50% refurb it is assumed that all but 50% of backlog issues would have been addressed</p> <p>for areas with a 20% refurb it is assumed that all but 75% of backlog issues would have been addressed</p> <p>100% backlog has been used for retained buildings within the business case but excluded for those outside of the business case</p>	Backlog maintenance issues are greater than assessed by this percentage method
e	No abatement has been made within the current exercise for any area reductions to the neutral functional content associated with retaining the existing accommodation	
f	<p>In the original SOC forms separate lines on the OB1 form were used for Retained Accommodation and Embedded accommodation; these appeared on the departmental cost line even though they were costed at overall rates (i.e. inc on-costs).</p> <p>For the current exercise the DCAG elements have been shown separately on the OB forms and the on-costs are all inclusive for the site as a whole</p>	
g	<p>The accountants breakdown splits out the new build costs, early enabling works (pre PFI), the refurb costs in each category (70%, 50%, 20%), the retained building costs, short life assets eg demolitions, site clearance etc post PFI (see OB3 Breakdown) and further splits the building and the engineering element within each category</p> <p>The summary table on the OB1 sheet also gives the rates per m2 for new build and each level of refurb excluding VAT and equipment and short life assets for use in the financial appraisal</p>	
2.	On-Costs	
a	On-costs have been calculated based on indicative information received from the design team and comprise a series of quantified and lump sum allowances at this stage, as summarised on the OB3 Breakdown	
3	Provisional Location Adjustment	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

- a The DCAG allowances are based on outer London prices. Quarterly Briefing publishes average location factors for the regions. For the Bristol area, this is currently 1.00, i.e. the location adjustment is **NIL**

4 Fees

- a For each option, percentage allowances have been made for the design team and specialist consultants, individual calculations carried out for building regulations and planning fees and lump sum allowances for the site survey work

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Southmead Site (North Option)
PHASE:	All

NOTES AND ASSUMPTIONS

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
5	Non-Works Costs	
a	This element includes an allowance for statutory charges (1% of build cost) and a lump sum allowance for decanting costs based on similar schemes. Temporary accommodation (where required) and transitional arrangements are covered in the on-costs allowances	
	As the extent of potential Section 106 etc agreements is currently unknown these are excluded from the cost breakdowns and will need to be identified as a risk item	Section 106 etc requirements of local authority
6	Equipment Cost	
a	The Equipment Cost Allowance Guides based on the departmental areas have been used to establish a budget for new equipment; where guidance is not available a budget allowance has been included and will need further verification	The allowances based on the Equipment Cost Allowance Guides are insufficient for the requirements of the departments
	The published equipment allowances should be regarded with some caution as they are based on "mid-range equipment" and have not been updated in recent years; discussion may be required over the level of cost included	
	An abatement percentage for the re-use of existing equipment has been applied to each option based on the Trusts assessment of their actual equipment needs; the Trust are currently looking at replacement cycles and the level which may be transferrable.	The actual transfer of equipment is less than the percentage assessed at this stage
	The Equipment allowance for embedded accommodation is to allow for transfer only (£100/m2 as SOC)	
7	Planning Contingencies	
a	The Trust have advised that the risk element should now be adjusted to 10% to reflect the further level of detail now available	The risk register has not been updated at this stage and the costs assessed
8	Residual Optimism Bias	
	The Trust have carried out an in-house calculation for optimism bias and the mitigated percentage for this option is 10.40% (as Mark Ross email 23/11/05)	
9	Inflation Adjustments	
	The total at line 12 (less equipment) is uplifted to average costs for 2005-2006 at line 13a for accounting purposes; an average of the forecast MIPS VOP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	The equipment total within line 12 has also been uplifted to 2005-2006 price levels based on the average forecast EP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose (MIPS VOP 446.5)	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	The inflation adjustments to start on site and during construction shown below line 13a are currently based on the indicative timeline provided by the trust which show a start on site in September 2008 and completion by September 2012 (4 year construction). Pre PFI enabling works will take place prior to this during 2007/8	Further delays in the overall programme
	The MIPS and APSAB FORVOP indices from Quarterly Briefing Vol 14 Nr 3 have been used to calculate an indicative average inflation uplift for the construction period	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	THE EP indices from Quarterly Briefing Vol 14 Nr3 (have been used to calculate the average inflation uplift to date of purchase (midpoint assumed for this exercise)	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (North Option)

PHASE: All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

It should also be noted that there is a minor adjustment to the line 13 construction inflation which has occurred between versions 2.2. and 2.3; this is due to the increase in the base index level from 415 to 446.75; a small amount of VAT on the inflation element of fees was attaching and the index uplift on optimism bias and planning contingency figures are further inflated as the equipment costs in the base figures are not index adjusted; lump sum adjustment have been made in order to balance with the previous figures

10 Cashflow Forecast

The cashflow is based on an indicative construction programme as refeerd to above and indicative transitional arrangements from SHP; NB phasing splits are indicative at this stage

Phasing requirements extend the programme beyond the contract period currently used

11 Generally

Separate sets of OB Forms have been produced for the acute site and each community site and a summary OB1 of total costs has also been produced with scenarios for the combination of options on each site as follows:

- Scenario 1 - Southmead North Option + Frenchay New Build Option
- Scenario 2 - Southmead North Option + Frenchay Refurb Option
- Scenario 3 - Southmead South Option + Frenchay New Build Option
- Scenario 4 - Southmead South Option + Frenchay Refurb Option
- Scenario 5 - Do Minimum on each site

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (North Option)

PHASE:

All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

024 7656 1510

6th January 2006 - Version 2.3

Project Director

TRUST/ORGANISATION: North Bristol NHS Trust		ORGANISATIONAL CODE:	
SCHEME: Southmead Site (South Option)		DIRECTORATE:	
STRATEGIC HA:			
PHASE: All			
PROJECT DIRECTOR: D Powell			

CAPITAL COSTS SUMMARY		Cost Excl. VAT £	VAT £	Cost Incl. VAT £
1.	Departmental Costs (from Form OB2) Acute Embedded ITC Retained Departmental Cost Total	110,174,798 4,866,849 5,928,608 3,134,911 124,105,164	19,280,590 851,699 1,037,506 548,609 21,718,404	129,455,387 5,718,547 6,966,114 3,683,520 145,823,568
2.	On-Costs (a) (from Form OB3) (94.30 % of Departmental Cost Excluding retained)	117,031,170	20,480,455	137,511,625
3.	Works Cost Total (1+2) at 445 VOP MIPS (Tender Price Index Level 1975=100 base)	241,136,335	42,198,859	283,335,193
4.	Provisional Location Adjustment (- % of sub-total 3a) (if applicable)	-	-	-
5.	Sub Total (3 + 4)	241,136,335	42,198,859	283,335,193
6.	Fees (c) (14.73 % of sub-total 5)	35,525,576	xxxxxxxxxxxxxxxx	35,525,576
7.	Non-Works Costs (e) 1.25% VAT Rated Non VAT Rated	3,002,410 -	525,422 xxxxxxxxxxxxxxxx	3,527,832 -
8.	Equipment Cost (from Form OB2) Acute 112 ECAG @ 4Q04 Embedded 112 ECAG @ 4Q04 ITC 112 ECAG @ 4Q04 Retained 112 ECAG @ 4Q04 Sub total Equip (16.88 % of Departmental Cost)	18,601,000 378,616 4,588,000 - 23,567,616	3,255,175 66,258 802,900 - 4,124,333	21,856,175 444,874 5,390,900 - 27,691,949
9.	Planning Contingencies 10.00 %	30,323,194	5,306,559	35,629,753
10.	TOTAL (for approval purposes) at MIPS 445 (Excluding Optimism Bias)	333,555,130	52,155,172	385,710,302
11.	Residual Optimism Bias 10.40 %	34,689,734	6,070,703	40,760,437
12.	TOTAL (for approval purposes) at MIPS 445 (Including Optimism Bias)	368,244,864	58,225,875	426,470,739
13.	Inflation Adjustments (f) Construction to 2005-6 price level - MIPS VOP 446.75 2Q05-1Q06 avge Equipment to 2005-6 price level - EPI 113 2Q05-1Q06 avge	1,722,178 210,425	720,503 36,824	2,442,681 247,250
13a.	Sub Total At 2005-06 Price Level	370,177,467	58,983,203	429,160,670
	Construction Uplift to Start on Site Enabling (Pre) 471 4Q06 Main 508 3Q08 Construction Phase Inflation Avge Enabling (Pre) 3.262% 4Q06 - 3Q08 Main 6.979% 3Q08 - 3Q12 Equipment to Mid point Purchase 119.2 3Q 10 (Mid point)	1,241,860 44,355,151 786,879 25,672,838 1,295,072	217,325 7,762,151 137,704 4,492,747 226,638	1,459,185 52,117,302 924,583 30,165,584 1,521,709
14.	FORECAST OUT-TURN BUSINESS CASE TOTAL	443,529,266	71,819,768	515,349,034

Proposed start on site (g) Sep-08		Proposed completion date (g) Sep-12	
-----------------------------------	--	-------------------------------------	--

Cashflow:- Year	SOURCE			TOTAL
	EFL	OTHER GOVERNMENT	PRIVATE	
2005 - 2006	-			-
2006 - 2007	38,118,696			38,118,696
2007 - 2008	19,203,829			19,203,829
2008 - 2009	38,202,934			38,202,934
2009 - 2010	144,691,433			144,691,433
2010 - 2011	105,676,709			105,676,709
2011 - 2012	16,567,534			16,567,534
2012 - 2013	5,783,728			5,783,728
2013 - 2014	-			-
2014 - 2015	-			-
Total Cost (as 10b above) Exc VAT				368,244,864

Total (for approval purposes) match against Cashflow	OK
---	-----------

Notes:

- * Delete as appropriate
- (a) On costs should be supported by a breakdown of the percentage or a brief description of their scope (Form OB3 may be used if appropriate)
- (b) Adjustment of national D.C.A average price levels and on-costs for local market conditions
- (c) Fees include all resource costs associated with the scheme eg project sponsorship, clerk of works, building regulation and planning fees etc
- (d) Not applicable to professional fees - VAT reclaimable EL(90) P64 refers
- (e) Non-works costs should be supported by a breakdown and include such items as contributions to statutory and local authorities, land costs and associated
- (f) Estimate of tender price inflation up to proposed tender date (plus construction cost for VOP contracts only).
- (g) Overall timescale including any preliminary works

Completed By:		Authorised for issue
Name (capital)	Angus Eliot Partnership Ltd in association with WT Partnership Ltd	Project Director
Position		
Address	Orchard Court V Binley Business Park Harry Weston Road Coventry CV3 2TQ	Date
Telephone	024 7656 1510	
Date	6th January 2006 - Version 2.3	

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
 SCHEME: Southmead Site (South Option)
 PHASE: All
 PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Inpatient Zone								
Concourse	911	-	-	-	-	911	1,207,219	99,447
Generic Nursing Sections	21,956	-	-	-	-	21,956	32,665,633	3,270,247
Shared In-patient Facilities	532	-	-	-	-	532	563,905	76,175
Critical Care	3,368	-	-	-	-	3,368	5,028,896	3,291,814
Supp. Accommodation	1,388	-	-	-	-	1,388	1,346,998	194,915
Core Clinical Services								
Imaging Services	4,612	-	-	-	-	4,612	6,135,764	14,640,286
Operating theatre suite	5,607	-	-	-	-	5,607	7,721,868	1,919,830
Endoscopy Suite	470	-	-	-	-	470	646,250	661,256
Therapy Services	1,319	-	-	-	-	1,319	1,139,616	250,000
Diagnostic Services	1,379	-	-	-	-	1,379	1,895,350	650,000
Mortuary Services	419	-	-	-	-	419	637,752	24,920
Pharmacy	1,169	-	-	-	-	1,169	1,390,323	292,178
Supp. Accommodation	426	-	-	-	-	426	418,284	36,192
Emergency Care								
Concourse	319	-	-	-	-	319	417,710	36,562
Emergency Centre	5,383	-	-	-	-	5,383	7,512,288	900,383
Supp. Accommodation	217	-	-	-	-	217	223,287	26,235
Ambulatory Care								
Concourse	857	-	-	-	-	857	1,078,554	94,614
Day Case Unit	2,276	-	-	-	-	2,276	2,577,239	789,952
Generic Outpatients	4,078	-	-	-	-	4,078	4,391,774	462,685
Specialist Outpatients	1,451	-	-	-	-	1,451	2,191,060	265,594
Community Accom	685	-	-	-	-	685	734,330	87,879
Community Therapies	1,154	-	-	-	-	1,154	1,065,161	200,000
Supplementary Accom	544	-	-	-	-	544	527,577	41,664

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
 SCHEME: Southmead Site (South Option)
 PHASE: All
 PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Support Services								
Health Records	636	-	-	-	-	636	600,192	167,346
Whole Hospital Support Accommodation: Public	640	-	-	-	-	640	641,398	172,391
Administration: Corporate	2,450	-	-	-	-	2,450	1,878,603	1,114,956
Administration: Clinical	3,864	-	-	-	-	3,864	2,936,624	1,959,515
Residences	186	-	-	-	-	186	199,935	18,528
Education and Workforce Development	2,600	-	-	-	-	2,600	2,785,120	624,321
Supp Accommodation	136	-	-	-	-	136	146,112	22,076
Whole Hospital Support	707	-	-	-	-	707	668,194	238,159
IM&T	1,330	-	-	-	-	1,330	987,406	1,707,010
Sterile Services	-	-	-	-	-	-	-	-
Hotel Services	2,194	-	-	-	-	2,194	2,785,224	138,491
Medical Physics & Bio Engineering	1,037	-	-	-	-	1,037	1,100,696	250,409
Externals								
External works accommodation	107	-	-	-	-	107	92,060	8,000
Energy Centres	-	-	-	-	-	-	-	-
Compounds etc	-	-	-	-	-	-	-	-
Sub Totals	76,407	-	-	-	-	76,407	96,338,404	34,734,029
Adjustments for accommodation to be re-used								
NB All existing areas gross less 22% for on-cost area for this exercise								
Avon Orthopaedic Centre 110 (Residual Accommodation Only; Hydro reused)	(2,648)	-	2,496	-	152	-	(1,588,382)	-
Elgar House Block 108	(3,112)	-	3,112	-	-	-	(1,556,148)	-
Bristol Urological Institute Block 117	(740)	-	-	-	740	-	(552,609)	(43,650)
Christopher Hancock Block 106	(981)	-	-	981	-	-	(551,012)	-
Somerset House Block 083	(627)	-	-	627	-	-	(352,151)	-
Westgate House Block 074	(557)	-	-	557	-	-	(313,023)	-
Queried Units								
Richard Bright Renal Unit 107 ????	(1,309)	-	-	-	1,309	-	(1,318,180)	(454,332)
NBS annex 097 ????	(584)	-	-	-	584	-	(410,267)	-

OBC OPTION APPRAISAL NOVEMBER 2005
Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
SCHEME: Southmead Site (South Option)
PHASE: All
PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Malvern Ward (Gynae) 006 ????	(499)	-	-	-	499	-	(566,459)	-
Sub Totals	65,348	-	5,608	2,166	3,284	76,407	89,130,173	34,236,047
Uplift DCAGS to current approval level MIPS VOP 445							21,044,624	4,108,326
Uplift equipment to 4Q04 (as DCAG approval) EPI 112								
Sub Totals							110,174,798	38,344,373
Less abatement for transferred equipment - 51.49 %								(19,743,373)
CARRIED TO OB1							110,174,798	18,601,000

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.

Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms

(details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details

where available

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd
 Position
 Address Orchard Court V
 Binley Business Park
 Harry Weston Road
 Coventry CV3 2TQ
 Telephone 024 7656 1510
 Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Embedded)

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
University & Research Accommodation								
Southmead Sited	1,681	-	-	-	-	1,681	2,065,761	168,050
Frenchay Sited	283	-	-	-	-	283	358,278	28,300
Other Health & Social Services Agencies								
Southmead Sited	256	-	-	-	-	256	203,075	25,600
Frenchay Sited	277	-	-	-	-	277	350,682	27,700
Voluntary Sector								
Southmead Sited	603	-	-	-	-	603	636,280	60,300
Frenchay Sited	281	-	-	-	-	281	323,150	28,100
0	-	-	-	-	-	-	-	-
Sub Totals	3,381	-	-	-	-	3,381	3,937,226	338,050
Uplift DCAGS to current approval level	MIPS VOP					445	929,623	
Uplift equipment to 4Q04 (as DCAG approval)	EPI					112		40,566
							4,866,849	378,616
Less abatement for transferred equipment (if applicable)				0	%			-
CARRIED TO OB1							4,866,849	378,616

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.

Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Embedded)

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (COMMUNITY)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Community Concourse	-	-	490	-	-	490	321,583	40,076
ITC Concourse	-	-	681	-	-	681	452,735	74,344
Inpatients Short Stay	-	-	1,085	-	-	1,085	782,602	125,197
Day Proc. and Interventions	-	-	2,899	-	-	2,899	2,093,086	1,114,924
Imaging	-	-	1,004	-	-	1,004	822,277	3,851,397
Clinical support Facilities	-	-	241	-	-	241	159,905	50,000
Staff support facilities	-	-	134	-	-	134	67,477	47,228
External Accommodation	-	-	119	-	-	119	96,512	8,200
Energy Centres (inc in on-costs)	-	-	-	-	-	-	-	-
External Compounds etc	-	-	-	-	-	-	-	-
Sub Totals	-	-	6,653	-	-	6,653	4,796,177	5,311,365
Uplift DCAGS to current approval level							1,132,431	637,364
MIPS VOP 445								
Uplift equipment to 4Q04 (as DCAG approval)							5,928,608	5,948,729
EPI 112								
Sub Totals								
Less abatement for transferred equipment - 22.87 %								(1,360,729)
CARRIED TO OB1							5,928,608	4,588,000

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms

(details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capital) 0

Position

Address Angus Eliott Partnership Ltd in association with Mr. Badoerbio Ltd

0

Orchard Court V

Binley Business Park

Telephone Harry Weston Road

Date Coventry CV3 2TQ

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Retained)

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2 (Gross inc plant and circulation)						Backlog Cost at MIPS 415 £	Equipment Cost £	
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total			
Accommodation to be re-used	-	-	14,959	2,642	4,007	21,608	3,134,911	-	
Accommodation Retained "As Is"	-	-	-	-	7,356	7,356	-	-	
Separate Business Cases	-	-	-	-	8,077	8,077	-	-	
Excluded (Out-with red line)	-	-	-	-	4,742	4,742	-	-	
Sub Totals	-	-	14,959	2,642	24,182	41,783	3,134,911	-	
Uplift DCAGS to current approval level						N/A		3,134,911	-
Uplift equipment to 4Q04 (as DCAG approval)						EPI 112			-
Less abatement for transferred equipment (if applicable)						-35 %		3,134,911	-
						CARRIED TO OB1		3,134,911	-

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Acute														
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (South Option)										
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS								PHASE: All						
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Inpatient Services Zone Concourse			New Core L1											
Main Entrance facilities	1 main entrance	PR 07.03.01		349					349	431,015	1,235	32,917	66 28	51
Optional accomodation Additional WC's	?? WC's	PR 14.01.01		48					48	97,296	2,027	1,200	54 40	40
Advocacy	1 room/ 2 interview	PR 07.04.10		56					56	62,272	1,112	5,000	75 19	-
Food court and servery	1 area	PR 07.03.03		165					165	205,920	1,248	34,386	73 21	51
Optional accomodation Cleaners room	1 room	07.03.04		10					10	11,365	1,137	1,432	80 14	51
Staff common room & bev pre	2 rooms	PR 01.01B.07		42					42	57,372	1,366	4,512	60 34	-
Discharge Lounge Suite	1 Suite	PR 07.04.11		241					241	341,979	1,419	20,000	56 38	-
Carried to OB2				911	-	-	-	-	911	1,207,219		99,447		
Inpatient Services Zone Generic Nursing Sections														
96 Bed Wards in 32 Bed Cluste 75 % single rooms	544 beds	Interp 01.01B.02/03 due to area		19,183					19,183	28,805,587	1,502	2,320,616	57 37	4
Coronary Care Unit 50 % single rooms	32 beds (16 CCU/16 gen)	Interp 01.01B.02/03 due to area		1,035					1,035	1,495,907	1,445	138,707	57 37	4
Community facilities	1 area	Ward rate		124					124	186,201	1,502	15,001	57 37	4
Shared Facilities:														
Reception, wait etc	6 areas	Ward rate		702					702	1,054,138	1,502	84,923	57 37	4
IT/multi disc area	3 rooms x 6 areas	m2 rate		402					402	482,400	1,200	90,000	57 37	-
Staff rest - ?? Person	6 rooms	PR 01.01B.07		210					210	279,300	1,330	21,000	62 32	4
Cook chill room	6 rooms	PR 01.01B.13		300					300	362,100	1,207	600,000	69 25	4
Carried to OB2				21,956	-	-	-	-	21,956	32,665,633		3,270,247		
Inpatient Services Zone Shared In-patient Facilities			New Core L3-5											
Shared Facilities:														
Seminar rooms; 14 person	6 rooms	Interp 01.01B.09		204					204	231,846	1,137	21,675	73 21	4
Ward based therapy	3 rooms	PR 01.03.14		138					138	122,544	888	20,000	84 10	-
Blood bank	1 room	m2 rate		16					16	17,600	1,100	12,500	74 20	-
Splint room (burns)	1 room	m2 rate		19					19	20,900	1,100	5,000	76 18	-
SALT (stroke)	1 room	PR 01.03.18		19					19	18,126	954	1,000	78 16	-
Junior doctors room	6 rooms	PR 01.01B.09B		125					125	143,289	1,145	14,000	73 21	-
Domestic services	1 room	m2 rate		8					8	7,200	900	2,000	74 20	-
Switchgear	1 room	m2 rate		3					3	2,400	800	-	74 20	-
Carried to OB2				532	-	-	-	-	532	563,905		76,175		
Inpatient Services Zone Critical Care			New Core L3											
12 Bed Wards (inc standard shared facilities)	48 Beds	Interp 01.05.01 + uplift for small area		3,237					3,237	4,875,822	1,506	3,280,414	51 43	27
Essential Comp. Accomodation														
Relatives O/N Stay (Family)	4 rooms	PR 01.05.02		78					78	68,874	883	6,000	80 14	
Relatives en-suite	4 en-suites	m2 rate		25					25	45,000	1,800	400	77 17	
Relatives facility reception	1 reception	m2 rate		28					28	39,200	1,400	5,000	70 24	

OBC OPTION APPRAISAL NOVEMBER 2005														Cost Form OB2 (Custom) - Acute			
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (South Option)													
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All													
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCl Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCl Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCl Ver. 2.1	B%/ E%	HBN Ref			
				New	70%	50%	20%	Retain	Total								
Carried to OB2				3,368	-	-	-	-	3,368	5,028,896		3,291,814					

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Acute														
TRUST/ORGANISATION: North Bristol NHS Trust			SCHEME: Southmead Site (South Option)											
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS									PHASE: All					
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Inpatient Services Zone Supp. Accommodation			New Core L3 - L5											
Staff changing facilities (zonal)	????	PR 01.02.01		487					487	454,371	933	23,202	76 18	-
Multi faith centre	1 centre	m2 rate		238					238	226,100	950	18,488	76 18	
Educ. and Workforce devel't	1 centre	m2 rate		356					356	427,200	1,200	42,985	74 20	
Administration services	24 work stations + interview/couns'g	Interp 07.01.01 on area		307					307	239,327	780	110,240	69 25	18
Carried to OB2				1,388	-	-	-	-	1,388	1,346,998		194,915		
Core Clinical Services Imaging Services			New Core L1-2											
(Shared accomm included in areas below for costing purposes)														
General imaging suite	8 R/D rooms	03.01.01 + uplift for area		1,053					1,053	1,346,612	1,279	1,380,384	63 31	6*
Fluoroscopy suite	2 room suite	m2 rate		219					219	279,225	1,275	500,000	56 38	6*
Nuclear medicine	3 room suite	03.01.14 + uplift for area		331					331	445,475	1,346	854,829	65 29	6*
Mammography suite	1 room suite	PR 03.01.12		46					46	58,650	1,275	50,000	56 38	6*
Ultrasound Suite	7 room suite	PR 03.01.12		408					408	520,200	1,275	245,805	56 38	6*
MRI Suite	3 Room suite	PR 03.01.15 + uplift for area		649					649	987,916	1,522	5,049,621	46 48	6*
Computed tomography	3 Room Suite	PR 03.01.13 + uplift for area		427					427	507,136	1,188	5,059,647	61 33	6*
Interventional radiology	4 room suite	m2 rate		667					667	850,425	1,275	800,000	56 38	6*
Cardiac Catheterisation	2 room suite	m2 rate		599					599	868,550	1,450	500,000	56 38	6*
Lithotripter suite	1 Room suite	m2 rate		213					213	271,575	1,275	200,000	56 38	6*
Carried to OB2				4,612	-	-	-	-	4,612	6,135,764		14,640,286		
Core Clinical Services Operating theatre suite			New Core L2											
Operating theatres	18 theatres	PR 02.01.01 (6 theatre)		4,956					4,956	7,201,068	1,453	1,744,616	51 43	26
Anaesthetics office accomm	?? places	PR 07.01.01 + uplift for celluar offices		651					651	520,800	800	175,214	72 22	18
Carried to OB2				5,607	-	-	-	-	5,607	7,721,868		1,919,830		
Core Clinical Services Endoscopy Suite			New Core L2											
Endoscopy	4 room suite	PR 03.10.01 (uplift for area)		470					470	646,250	1,375	661,256	56 38	52
Carried to OB2				470	-	-	-	-	470	646,250		661,256		
Core Clinical Services Therapy Services			New Core L1											
Rehabilitation Services Unit	Large Unit (no hydro pool)	PR 03.08.02 (small unit cost for sub depts allowance)		1,319					1,319	1,139,616	864	250,000	64 30	8
Carried to OB2				1,319	-	-	-	-	1,319	1,139,616		250,000		

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TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (South Option)										
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All										
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Core Clinical Services	?? Proc. Rooms	m2 rate	New Core L2	472					472	637,200	1,350	650,000	62	32
Diagnostic Services														
(Shared accomm included in areas below for costing purposes)														
Cardiac Investigations														
Respiratory Investigations														
Urodynamics														
Vascular laboratories														
Neurological testing														
Medical Illustration	TBA	m2 rate	239						239	370,450	1,550	44	50	
Carried to OB2				1,379	-	-	-	-	1,379	1,895,350		650,000		
Core Clinical Services	54 stores	PR 03.05.01	New Core L0	208					208	310,336	1,492	8,000	46	48
Mortuary Services														
Body Stores														
Viewing facilities														
Post mortem suite	1 PM table suite	PR 03.05.04		171					171	279,072	1,632	15,220	50	44
Carried to OB2				419	-	-	-	-	419	637,752		24,920		
Core Clinical Services	TBC	Interp 03.04.01	New Core L1	337					337	419,948	1,246	196,000	59	35
Pharmacy														
For costing purposes only (schedule tbc)														
Primary services - dispensing														
Quality Control														
Purchase and distribution														
Aseptic suite	TBC	PR 03.04.02		179					179	430,137	2,403		42	52
Pharmacy office accommodation	?? workstations	PR 07.01.01 + uplift for cellular offices		189					189	151,200	800	96,178	72	22
Carried to OB2				1,169	-	-	-	-	1,169	1,390,323		292,178		
Core Clinical Services	????	PR 01.02.01	New Core L0	348					348	324,684	933	16,580	76	18
Supp. Accommodation														
Staff changing facilities (zonal)														
Educ. and Workforce devel't	1 centre	m2 rate		78					78	93,600	1,200	19,612	66	28
Carried to OB2				426	-	-	-	-	426	418,284		36,192		
Emergency Care	1 main entrance	PR 07.03.01	New Core L1	204					204	251,940	1,235	19,241	66	28
Concourse														
Main Entrance facilities														
Optional accommodation														
Additional WC's														
Security space control room	1 room	07.03.05A		23				23	30,165	1,312	2,000	56	38	
Food outlet	1 area	PR 07.03.03 uplift for area		71					71	93,038	1,310	14,796	73	21
Carried to OB2				319	-	-	-	-	319	417,710		36,562		

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Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Emergency Care														
Emergency Centre														
Emergency care	Large department	PR 04.08.01 (mid range for updated HBN)	New Core L1	1,622					1,622	1,972,352	1,216	313,427	58 36	22
96 Bed Wards in 32 Bed Cluster 75 % single rooms	96 beds	Interp 01.01B.02/03 due to area		3,384					3,384	5,082,617	1,502	409,520	57 37	4
Shared Facilities:														
Reception, wait etc	1 area	Ward rate		118					118	176,480	1,502	14,219	57 37	4
IT/multi disc area	3 rooms	m2 rate		67					67	80,400	1,200	15,000	57 37	-
Staff rest - ?? Person	1 room	PR 01.01B.07		35					35	46,550	1,330	3,500	62 32	4
Cook chill room	1 room	PR 01.01B.13		50					50	60,350	1,207	100,000	69 25	4
Stores	2 stores	m2 rate		42					42	37,800	900	2,000	70 24	-
Clinical Management Offices	7 workstations	Interp 07.01.01		65					65	55,740	858	42,716	71 23	18
Carried to OB2				5,383	-	-	-	-	5,383	7,512,288		900,383		
Emergency Care														
Supp. Accommodation														
Staff changing facilities (zonal)	????	PR 01.02.01	New Core L1	139					139	129,687	933	6,622	76 18	-
Educ. and Workforce devel't	1 centre	m2 rate		78					78	93,600	1,200	19,612	66 28	
Carried to OB2				217	-	-	-	-	217	223,287		26,235		
Ambulatory Care														
Concourse														
Main Entrance facilities	1 main entrance	PR 07.03.01	New Core L1	437					437	539,695	1,235	41,217	66 28	51
Optional accommodation Additional WC's	?? WC's	PR 14.01.01		48					48	97,296	2,027	1,200	54 40	40
Advocacy	1 room/ 2 interview	PR 07.04.10		54					54	60,048	1,112	5,000	75 19	-
Food court and servery	1 area	PR 07.03.03		133					133	165,984	1,248	27,717	73 21	51
Optional accommodation Cleaners room	1 room	07.03.04		10					10	11,365	1,137	1,432	80 14	51
Staff common room & bev pre	6 rooms	PR 01.01B.07		121					121	165,286	1,366	18,048	60 34	-
Commercial pharmacy shell	1 Suite	PR 07.04.12		54					54	38,880	720	-	66 28	-
Carried to OB2				857	-	-	-	-	857	1,078,554		94,614		
Ambulatory Care														
Day Case Unit														
(Excludes theatres & endoscopy rooms)														
Support facilities - reception, preparation, discharge	1 unit	03.09.01 Abated for theatres	New Core L2	867					867	1,040,400	1,200	199,456	64 30	52
Medical Day Case Unit	10 beds (2 singles)	01.01B.01 abated for sings		439					439	614,600	1,400	50,000	57 37	4
Renal Dialysis	15 stations	PR 03.13.01		724					724	729,068	1,007	393,724	63 31	53
Home Dialysis Team Offices	34 work stations	Interp 07.01.01		246					246	193,171	785	146,772	69 25	18
Carried to OB2				2,276	-	-	-	-	2,276	2,577,239		789,952		

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TRUST/ORGANISATION: North Bristol NHS Trust					SCHEME: Southmead Site (South Option)																	
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS					PHASE: All																	
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref								
				New	70%	50%	20%	Retain	Total													
Ambulatory Care Generic Outpatients	12 clusters	Interp 04.01.01	New Core L2	3,905					3,905	4,186,198	1,072	431,468	64 30	12								
Outpatients clinic suite; 6 C/E																						
Additional allowances for specialisms																						
Blood gas analyser (haemo)															1 room	m2 rate	13	13,793	1,061	-	64 30	12
MDT room (neurology)															1 room	m2 rate	40	48,000	1,200	10,000	64 30	12
MDT room (ENT)															1 room	m2 rate	40	48,000	1,200	10,000	64 30	12
Phototherapy (dermatology)															1 room	m2 rate	28	33,600	1,200	5,000	64 30	12
Plaster facilities (T&O)															1 room	04.01.02	52	62,183	1,196	6,217	76 18	12
Carried to OB2				4,078	-	-	-	-	4,078	4,391,774		462,685										
Ambulatory Care Specialist Outpatients	5 "chairs"	04.03.01 Adjusted for area	New Core L1	522					522	951,658	1,823	150,594	70 24	12								
Oral surgery																						
Additional accommodation Laboratory accommodation															3 rooms	m2 rate	112	201,600	1,800	15,000	64 30	12
Palliative medicine															????	m2 rate	134	160,800	1,200	10,000	64 30	
Pain management															????	m2 rate	155	186,000	1,200	15,000	68 26	
Audiology Clinic															6 basic/6 acoustic	04.06.01/02 (no booths)	343	463,050	1,350	50,000	64 30	12
Cochlear implants															4 treatment rooms	Interp 04.06.01	185	227,952	1,232	25,000	64 30	12
Carried to OB2				1,451	-	-	-	-	1,451	2,191,060		265,594										
Ambulatory Care Community Accom	2 clusters	Interp 04.01.01	New Core L1	590					590	632,486	1,072	71,911	64 30	12								
Outpatients clinic suite; 6 C/E																						
Audiology Hearing Aid work															1 room	PR 04.06.03 Adjusted for area	95	95	101,845	1,072	15,968	65 29	12
Carried to OB2				685	-	-	-	-	685	734,330		87,879										
Ambulatory Care Community Therapies	1 dept	03.08.01/02 Interp	New Core L1	1,154					1,154	1,065,161	923	200,000	64 30	8								
(Shared accomm included in areas below for costing purposes)																						
Occupational therapy																						
Physiotherapy																						
Hydrotherapy pool																						
Podiatry																						
Dietetics																						
Carried to OB2				1,154	-	-	-	-	1,154	1,065,161		200,000										
Ambulatory Care Supplementary Accom	1 centre	PR 01.02.01	New Core L1	469					469	437,577	933	22,345	76 18	-								
Staff changing facilities (zonal)																						
Educ. and Workforce devel't															m2 rate	75	75	90,000	1,200	19,319	66 28	
Carried to OB2				544	-	-	-	-	544	527,577		41,664										

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Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Support Services														
Health Records			??											
Health records library	100,000 records	Interp 07.02.02 uplift for density		192					192	242,301	1,262	11,049	72 22	47
Health records offices	32 workstations	PR 07.02.01		347					347	280,376	808	101,376	72 22	47
Information Systems offices	9 workstations	Interp 07.02.01		97					97	77,515	799	54,921	71 23	18
Carried to OB2				636	-	-	-	-	636	600,192		167,346		
Support Services														
Whole Hospital Support			??											
Accommodation: Public														
Public Access Offices	12 workstations	Interp 07.02.01		146					146	116,006	795	73,228	71 23	18
Voluntary sector office	3 person office	PR 05.01.27-29		23					23	21,712	944	7,614	77 17	-
Staff restaurant & coffee lounge	??? Meals	PR 08.01.01/02		409					409	378,006	924	90,000	57 37	10
Staff WC's	?? WC's	PR 14.01.01		62					62	125,674	2,027	1,550	54 40	40
Carried to OB2				640	-	-	-	-	640	641,398		172,391		
Support Services														
Administration: Corporate			Admin Zone											
Operations offices	62 workstations	PR 07.02.01		536					536	376,272	702	251,349	72 22	18
Clinical coding offices	10 workstations (support shared)	Interp 07.02.01		77					77	61,676	801	61,023	71 23	18
Finance offices	80 workstations	PR 07.02.01		695					695	487,890	702	324,321	72 22	18
Community non clinical offices	7 workstations	Interp 07.02.01		80					80	64,057	801	42,716	71 23	18
PFI monitoring offices	6 workstations	Interp 07.02.01		71					71	56,910	802	36,614	71 23	18
HR Offices	73 workstations	PR 07.02.01		622					622	436,644	702	295,943	72 22	18
Executive team offices	14 workstations	Interp 07.02.01		227					227	178,653	787	85,432	72 22	18
Senior Management Offices	13 workstations	Interp 07.02.01		101					101	80,674	799	79,330	72 22	18
Clinical Governance Offices	45 workstations	Interp 07.02.01		375					375	289,962	773	197,000	72 22	18
Seminar/boardroom suite	132 places	Interp 01.01B.09		306					306	336,600	1,100	30,000	74 20	-
Target reduction in administration		Avge		(640)					(640)	(490,737)	767	(288,771)	74 20	-
Carried to OB2				2,450	-	-	-	-	2,450	1,878,603		1,114,956		

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				New	70%	50%	20%	Retain	Total					
Support Services														
Administration: Clinical			Clin Supp Zone											
Clinical Support Directorate management	8 workstations	Interp 07.02.01		62					62	49,748	802	48,818	71 23	18
Infection control Offices	17 workstations	Interp 07.02.01		191					191	150,961	790	74,422	72 22	18
Critical Care Directorate Offices	9 workstations	Interp 07.02.01		67					67	53,729	802	54,921	71 23	18
Medicine Directorate management	125 workstations	PR 07.02.01		1,047					1,047	734,994	702	506,752	72 22	18
Musculoskeletal offices	67 work stations	Interp 07.02.01		613					613	460,402	751	271,619	72 22	18
Neurosciences offices	8 work stations	PR 07.02.01		145					145	115,225	795	48,818	71 23	18
Neurosurgery offices	32 work stations	PR 07.02.01		246					246	193,171	785	140,089	72 22	18
Neurology offices	22 work stations	PR 07.02.01		169					169	133,919	792	96,311	72 22	18
Neuropsychiatry offices	6 work stations	PR 07.02.01		47					47	37,778	804	36,614	71 23	18
ENT Offices	22 work stations	PR 07.02.01		217					217	170,985	788	96,311	72 22	18
Oral Maxiofacial offices	10 work stations	PR 07.02.01		82					82	65,643	801	61,023	71 23	18
Neuropsychology offices	3 work stations	PR 07.02.01		24					24	19,342	806	18,307	71 23	18
Surgical Directorate	15 workstations	Interp 07.02.01		126					126	100,350	796	65,667	72 22	18
General surgery and endoscopy offices	62 workstations	Interp 07.02.01		223					223	175,588	787	271,422	72 22	18
Plastic surgery offices	44 work stations	Interp 07.02.01		460					460	352,045	765	192,622	72 22	18
Urology Offices	39 workstations	Interp 07.02.01		475					475	362,861	764	170,733	72 22	18
Renal Directorate management	18 workstations	Interp 07.02.01		163					163	129,256	793	78,800	72 22	18
Community zone offices	13 workstations	Interp 07.02.01		159					159	126,143	793	56,911	72 22	18
Target reduction in administration		Avge		(652)					(652)	(495,517)	760	(330,643)	74 20	-
Carried to OB2				3,864	-	-	-	-	3,864	2,936,624		1,959,515		
Support Services														
Residences			New Core L0 ??											
On call rooms - bed/sit	3 rooms	PR 01.04B.02 (+ uplift for smaller room)		45					45	42,750	950	3,264	83 11	
En suite facilities	3 rooms	01.04B.03		18					18	34,185	1,899	264	77 17	
Doctors in training (mess)	1 suite	m2 rate		123					123	123,000	1,000	15,000	70 24	
Carried to OB2				186	-	-	-	-	186	199,935		18,528		
Support Services														
Education and Workforce Development			Academic Zone											
North Bristol Academy	Bespoke	m2 rate Based on modern educ facilities		2,080					2,080	2,392,000	1,150	300,000	70 24	
ER-D Admin offices	?? work stations	PR 07.01.01		520					520	393,120	756	324,321	72 22	18
Carried to OB2				2,600	-	-	-	-	2,600	2,785,120		624,321		

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				New	70%	50%	20%	Retain	Total					
Support Services														
Supp Accommodation			??											
Staff changing facilities (zonal)	????	PR 01.02.01		64					64	59,712	933	3,049	76 18	-
Educ. and Workforce devel't	1 centre	m2 rate		72					72	86,400	1,200	19,027	66 28	
Carried to OB2				136	-	-	-	-	136	146,112		22,076		
Support Services														
Whole Hospital Support			Non-Clin Supp Zone											
Works Department	650 + Beds Bespoke	Interp 10.02.01		277					277	278,313	1,005	73,901	60 34	34
EME Workshops (inc support)	2 workshops	10.02.17		100					100	113,347	1,133	26,640	65 29	34
Administration Offices	18 work stations	Interp 07.02.01		170					170	134,696	792	78,800	72 22	18
Patient line offices	1 suite	Interp 07.02.01		103					103	82,253	799	30,512	72 22	18
Security Base	1 room	PR 07.03.05A		27					27	35,424	1,312	10,000	56 38	-
Transport services offices	3 work stations	Interp 07.02.01		30					30	24,161	805	18,307	72 22	18
Carried to OB2				707	-	-	-	-	707	668,194		238,159		
Support Services														
IM&T			??											
Information Technology Offices	140 work stations	PR 07.02.01		1,253					1,253	879,606	702	567,562	72 22	18
IT services (exc infrastructure)	1 suite	m2 rate		77					77	107,800	1,400	30,512	54 40	-
Telephone services equipment	4000 Extensions (As SOC)	09.02.03										1,108,937		
Carried to OB2				1,330	-	-	-	-	1,330	987,406		1,707,010		
Support Services														
Sterile Services														
Receipt and distribution facility	Omitted Separate Scheme													
Carried to OB2				-	-	-	-	-	-	-		-		

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				New	70%	50%	20%	Retain	Total						
Support Services	1 centre 600+ beds 1 centre 1 department 1 Print room 1 Post room 1 equip cleaning room 2 rooms 1 facility 1 WC	m2 rate PR 09.04.03 m2 rate Interp 09.03.01 m2 rate m2 rate m2 rate PR 07.04.02 Interp 01.01B.07 14.01.01	??												
Hotel Services															
Receipt and distribution centre				642					642	577,800	900	40,000	70	24	
Linen storage				186					186	120,156	646	15,000	87	7	25
Staff uniform issue and collection				51					51	38,250	750	3,000	70	24	
Production Kitchen				1,109					1,109	1,848,266	1,667	50,000	41	53	10
Reprographics				63					63	56,700	900	10,000	72	22	
Postal services				58					58	52,200	900	10,000	72	22	
Domestic services facilities				24					24	21,600	900	5,000	72	22	
Portering office and store				37					37	35,335	955	2,769	79	15	51
Portering rest and bev prep				21					21	28,837	1,373	2,622	60	34	-
Porters WC				3					3	6,080	2,027	100	54	40	40
Carried to OB2				2,194	-	-	-	-	2,194	2,785,224		138,491			
Support Services	1 dept 3/4 workstations	10.02.17 PR 05.01.27-29	Clin Supp Zone												
Medical Physics & Bio Engineering															
Clinical Equipment services				982					982	1,048,776	1,068	241,397	66	28	
Medical physics offices	55					55	51,920	944	9,012	77	17	-			
Carried to OB2				1,037	-	-	-	-	1,037	1,100,696		250,409			
Externals	See on costs 1 area 3 stores (NB As summary sheet, not breakdown sheet)	m2 rate PR 10.02.03/05	Ext												
External works accommodation															
Covered seating area				28					28	33,600	1,200	5,000	72	22	
Information and boulevard accommodation				79					79	58,460	740	3,000	75	19	34
Flammable Liquids store															
Corrosive Liquids store															
Solvent waste store															
Carried to OB2				107	-	-	-	-	107	92,060		8,000			
Externals	See on costs (NB As summary sheet, not breakdown sheet)		Energy Centre												
Energy Centres															
Main Boiler house & infrastructure															
Energy Centre for Mental Health															
Energy Centre for Maternity Block															
Medical gases stores															
Carried to OB2				-	-	-	-	-	-	-	-	-	-	-	

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Custom) - Acute

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCl Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCl Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCl Ver. 2.1	B%/ E%	HBN Ref		
				New	70%	50%	20%	Retain	Total							
Externals	See on costs		Ext													
Compounds etc																
General compounds)												
RDS compounds)												
Car park management)												
Car parking (staff and visitor))												
Bicycle storage)												
Transport service compound)												
Ambulance facility)												
Waste compactor & holding areas & stores)												
Helicopter landing facility)															
Carried to OB2				-	-	-	-	-	-	-		-				

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available. Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals)

Position

Address

Telephone

Date

Angus Chon Partnership Ltd in association with
WTF Partnership Ltd
Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ
024 7656 1510
6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Embedded														
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (South Option)										
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS										PHASE: All				
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1 Transfer only	B%/E%	HBN Ref
				New	Ref 70%	Ref 50%	Ref 20%	Retain	Total					
Embedded: Uni & Research Southmead Sited														
Lifeline Centre (Blg 116)	Research labs & offices	m2 rate (avge based on 03.03.01-05)		387					387	489,942	1,266	38,700	63 31	
Medical Teaching Unit (Bldg 58)	Teaching Unit	m2 rate Based on modern educ facilities		372					372	409,200	1,100	37,200	70 24	
Bristol Urological Institute (117/162)	Biomedical Centre	m2 rate (avge based on 03.03.01-05)		437					437	552,609	1,266	43,650	63 31	-
University Accom AOC (Bldg 11)	Research labs & offices	m2 rate (avge based on 03.03.01-05)		485					485	614,010	1,266	48,500	63 31	-
(50% area reprovision)														
Carried to OB2				1,681	-	-	-	-	1,681	2,065,761		168,050		
Embedded: Uni & Research Frenchay Sited														
Burden Neurol. Institute (Bldg 19)	Research labs & offices	m2 rate (avge based on 03.03.01-05)		160					160	202,560	1,266	16,000	63 31	-
Glial Laboratory	Research labs & offices	m2 rate (avge based on 03.03.01-05)		123					123	155,718	1,266	12,300	63 31	-
(50% area reprovision)														
Carried to OB2				283	-	-	-	-	283	358,278		28,300		
Embedded: Health & Social Services Agencies Southmead Sited														
Social services offices	25 workstations	Interp 07.02.01		192					192	151,734	790	19,200	71 23	18
Joint trade union offices	5 workstations	Interp 07.02.01		64					64	51,341	802	6,400	71 23	18
Carried to OB2				256	-	-	-	-	256	203,075		25,600		
Embedded: Health & Social Services Agencies Frenchay Sited														
BRACE Trust (Bldg 96)	Research facilities	m2 rate (avge based on 03.03.01-05)		277					277	350,682	1,266	27,700	63 31	-
Carried to OB2				277	-	-	-	-	277	350,682		27,700		
Embedded: Voluntary Sector Southmead Sited														
Renal register	Offic accomm	Interp 07.02.01		90					90	71,980	800	9,000	71 23	18
Childcare facilities	TBA	m2 rate		513					513	564,300	1,100	51,300	71 23	18
Carried to OB2				603	-	-	-	-	603	636,280		60,300		

OBC OPTION APPRAISAL NOVEMBER 2005													Cost Form OB2 (Custom) - Embedded		
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (South Option)											
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All											
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1 Transfer only	B%/E%	HBN Ref	
				New	Ref 70%	Ref 50%	Ref 20%	Retain	Total						
Embedded: Voluntary Sector Frenchay Sited															
Childcare facilities	TBA	m2 rate		281						281	323,150	1,150	28,100	71 23	18
Carried to OB2				281	-	-	-	-	-	281	323,150		28,100		
Notes: Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available. Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided) * Delete as appropriate 1. State area and rate if departmental cost allowance not available 2. Insert: N for new build, A for adaptations for alternative use or C for upgrading existing building retaining current use 3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances 4. Provide details where available															
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Completed By:</p> <p>Name (capitals) Angus Eliot Partnership Ltd in association with</p> <p>Position </p> <p>Address Orchard Court V</p> <p>Binley Business Park</p> <p>Harry Weston Road</p> <p>Coventry CV3 2TQ</p> <p>Telephone 024 7656 1510</p> <p>Date 6th January 2006 - Version 2.3</p> </div> <div style="width: 35%; text-align: right;"> <p>Authorised for issue </p> <p>Project Director</p> <p>Date </p> </div> </div>															

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Acute														
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Southmead Site (South Option)										
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS										PHASE: All				
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Community Concourse														
Main Entrance facilities	1 main entrance	PR 07.03.01	AOC GF			442			442	272,935	618	38,876	66 28	51
Optional accommodation Additional WC's	?? WC's	PR 14.01.01	AOC GF			48			48	48,648	1,014	1,200	54 40	40
Carried to OB2				-	-	490	-	-	490	321,583		40,076		
ITC Concourse														
Main Entrance facilities	1 main entrance	PR 07.03.01	AOC GF			361			361	222,918	618	33,632	66 28	51
Optional accommodation Additional WC's	?? WC's	PR 14.01.01	AOC GF			48			48	48,648	1,014	1,200	54 40	40
Information Centre	1 Centre	PR 07.04.10	AOC GF			54			54	30,024	556	5,000	75 19	-
Coffee shop	1 area	PR 07.03.03 + uplift for area	AOC GF			41			41	26,650	650	10,000	73 21	51
Staff common room & bev pre	2 rooms	PR 01.01B.07	AOC GF			41			41	28,003	683	4,512	60 34	-
Admissions Area	1 Suite	PR 07.04.11	AOC GF			136			136	96,492	710	20,000	56 38	-
Carried to OB2				-	-	681	-	-	681	452,735		74,344		
Inpatients Short Stay														
?? Bed Ward Based on 50% singles	?? beds	Interp 01.01B.02/03 due to area	AOC FF			1,085			1,085	782,602	721	125,197	57 37	4
Carried to OB2				-	-	1,085	-	-	1,085	782,602		125,197		
Day Proc. and Interventions														
Operating theatres	5 theatres	02.01.01	AOC FF			1,180			1,180	1,014,255	860	487,529	51 43	26
Day Proc. Support facilities - recep, prep, discharge, pre op	1 unit	03.09.01 Abated for theatres	AOC FF			1,025			1,025	615,000	600	165,216	64 30	52
Outpatients clinic suite; 6 C/E (Shared support included with other areas)	1 suite	Interp 04.01.01 (uplift due to red'd support)	AOC GF			409			409	220,503	539	36,667	64 30	12
Endoscopy suite (Shared support included with other areas)	2 rooms	03.10.01 uplift for rooms only	AOC FF			285			285	243,329	854	425,512	60 34	-
Carried to OB2				-	-	2,899	-	-	2,899	2,093,086		1,114,924		
Imaging (Shared accomm included in areas below for costing purposes)														
General imaging suite	2 R/D rooms	03.01.01 + interp	AOC GF			572			572	344,882	603	446,526	63 31	6*
Ultrasound Suite	1 room suite	PR 03.01.12 uplift for area	AOC GF			35			35	24,798	709	35,115	56 38	6*
MRI Suite	1 Room suite	PR 03.01.15 +	AOC GF			250			250	365,750	1,463	1,683,207	46 48	6*
Computed tomography	1 Room Suite	PR 03.01.13 + uplift for area	AOC GF			147			147	86,847	591	1,686,549	61 33	6*
Carried to OB2				-	-	1,004	-	-	1,004	822,277		3,851,397		
Clinical support Facilities														
Pharmacy stock room	1 room	PR 03.04.03	AOC GF			41			41	20,705	505	10,000	48 46	29
Pathology hot lab/blood bank	1 suite	m2 rate	AOC GF			64			64	57,600	900	20,000	75 19	34

OBC OPTION APPRAISAL NOVEMBER 2005													
Cost Form OB2 (Custom) - Acute													
TRUST/ORGANISATION: North Bristol NHS Trust													

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Custom) - Acute

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Staff support facilities														
Staff rest and bev prep	2 rooms	PR 01.01B.07	AOC GF			49			49	33,467	683	4,512	60 34	
Offices	7 work stations	PR 07.02.01	AOC GF			85			85	34,010	400	42,716	71 23	18
Carried to OB2				-	-	134	-	-	134	67,477		47,228		
Externals														
External Accommodation														
Information and boulevard accom	1 area	m2 rate				28			28	33,600	1,200	5,000	72 22	
Grounds maintenance	3 stores	PR 10.02.03/05				79			79	58,460	740	3,000	75 19	34
Medical gases store	1 store	PR 10.02.04				12			12	4,452	371	200	74 20	34
Carried to OB2				-	-	119	-	-	119	96,512		8,200		
Externals														
Energy Centres (inc in on-														
Main Boiler house & Infrastructure	) on cost items)													
Carried to OB2				-	-	-	-	-	-	-		-		
Externals														
External Compounds etc														
Car parking)													
Ambulance facility)													
Transport service)													
Mobile clinical services docking station	) on cost items)													
Waste management)													
Waste transfer)													
Carried to OB2				-	-	-	-	-	-	-		-		

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.

Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capital) 0

Position 0

Address Angus Error Partnership Ltd in association with
WLT Partnership Ltd
0
Orchard Court V
Binley Business Park
Telephone Harry Weston Road
Date Coventry CV3 2TQ

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005																	
Cost Form OB2 (Custom) - Retained																	
TRUST/ORGANISATION: North Bristol NHS Trust								SCHEME: Southmead Site (South Option)									
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS								PHASE: All									
Building	Source of Information	Area (Clinical Gross inc circulation and plant)						Costs to Condition B Exc VAT/fees £	MIPS Index	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost N/A	B%/ E%	
		New	Ref 70%	Ref 50%	Ref 20%	Retain	Total m2				Y/N	Comment	Adjust Factor				
Retained Accommodation Accommodation to be re-used																	
Avon Orthopaedic Centre 110 (ITC and Acute in Residual Accommodation; Hydro reused)	Trust BM Update Sept 05 (PR)			11,162		185	11,347	722,000	447	718,770	Y	Partial backlog required as 50% refurbished	50%	359,385		15	85
Elgar House Block 108	Trust BM Update Sept 05			3,797			3,797	248,000	447	246,890	Y	Part will be taken up in 50% refurb	50%	123,445		15	85
Bristol Urological Institute Block 117	Trust BM Update Sept 05					903	903	-	447	-	Y	Full backlog required as 100% retained	100%	-		15	85
Christopher Hancock Block 106	Trust BM Update Sept 05				1,197		1,197	203,000	447	202,092	Y	Minimal amount will be taken up in 20% refurb	75%	151,569		15	85
Somerset House Block 083	Trust BM Update Sept 05				765		765	-	447	-	Y	Minimal amount will be taken up in 20% refurb	75%	-		15	85
Westgate House Block 074	Trust BM Update Sept 05				680		680	409,000	447	407,170	Y	Minimal amount will be taken up in 20% refurb	75%	305,378		15	85
Queried Units:																	
Richard Bright Renal Unit 107 ????	Trust BM Update Sept 05					1,597	1,597	271,000	447	269,787	Y	Full backlog required as 100% retained	100%	269,787		15	85
NBS annex 097 ????	Trust BM Update Sept 05					713	713	-	447	-	Y	Full backlog required as 100% retained	100%	-		15	85
Malvern Ward (Gynae) 006 ????	Trust BM Update Sept 05					609	609	594,000	447	591,342	Y	Full backlog required as 100% retained	100%	591,342		15	85
Infrastructure	Trust BM Update Sept 05						-	2,680,000	447	2,668,009	Y	Part of backlog taken up in new infrastruc arrangements	50%	1,334,004		15	85
Carried to OB2		-	-	14,959	2,642	4,007	21,608							3,134,911	-		
Retained Accommodation Accommodation Retained "As Is"																	
Obstetrics and Gynaecology (Blocks 10, 11, 12, 13, 90, 94, Gynae 06)						7,356	7,356										
Carried to OB2		-	-	-	-	7,356	7,356	-						-	-		
Retained Accommodation Separate Business Cases																	
Neo-natal Intensive Care Unit						922	922										
IVF Centre						1,155	1,155										
Pathology Services (Lewis Labs Block 104 + extension)						6,000	6,000										
Carried to OB2		-	-	-	-	8,077	8,077	-						-	-		
Retained Accommodation Excluded (Out-with red line)																	
AWP Pines Mental Health						4,742	4,742										
Carried to OB2		-	-	-	-	4,742	4,742	-						-	-		

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.

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3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

CAPITAL COSTS: ON-COSTS

		Estimated Cost (exc. VAT)	Percentage of Departmental Cost (Exc Ret)
1 Communications			
a. Space	23,688,118		
b. Lifts	4,199,495	£ 27,887,613	22.47
2 "External" Building Works (1)			
a. Drainage	2,153,883		
b. Roads, paths, parking	5,861,483		
c. Site layout, walls, fencing gates	3,329,561		
d. Builders work for engineering services outside buildings	3,465,738	£ 14,810,665	11.93
3 "External Engineering Works			
a. Steam, condensate, heating, hot water and gas mains supply	4,811,612		
b. Cold water mains and storage	2,400,888		
c. Electricity mains, sub-stations, stand-by generating plant	13,192,705		
d. Calorifiers and associated plant	770,993		
e. Miscellaneous services	16,604,640	£ 37,780,838	30.44
4 Auxiliary Buildings	3,173,394	£ 3,173,394	2.56
5 Other on-costs and abnormals (2)			
a. Building	25,502,324		
b. Engineering	7,876,337	£ 33,378,661	26.90
Total On-Costs to Summary OB1		£ 117,031,170	94.30

Notes: Must be based on scheme specific assessments/measurements; attach details to define scope of works as appropriate. Identify separately any proposed additional capital expenditure justifiable in value for money terms (details to be provided).

* Delete as appropriate

(1) "External" to Departments

(2) Identify any enabling or preliminary works to prepare the site in advance e.g. demolitions; service diversions; decanting costs; site investigation and other exploratory works

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

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Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
1 Communications			
a. Space			
- Internal corridors unglazed 14.05.01	m2	3,768,856	
- Internal corridors glazed 14.05.02	m2	3,063,715	
- External corridors unglazed 14.05.03	m2	894,986	
- External corridors glazed 14.05.04	m2	1,349,494	
- Stairs, straight, 1200 wide 14.04.01	Flt	342,447	
- Stairs, straight, 1800 wide 14.04.02	Flt	93,615	
- Stairs, landing, 1200 wide 14.04.03	Flt	1,008,240	
- Stairs, landing, 1800 wide 14.04.04	Flt	302,340	
- Adjusts for area reductions (stairs)	Sum	(184,240)	
- Uplift DCAGs for OB/FB	Sum	2,512,093	
- Ramps	Sum	100,000	
- Lift lobbies and shafts	inc	-	
- Internal plant rooms	m2	7,005,000	
- Roof level plant rooms	m2	1,205,400	
- Vertical ducts / risers	m2	1,528,800	
- Walkways	inc	-	
- Underground ducts	m	1,000,000	
- Adjusts for area reductions (ducts)	Sum	(184,240)	
- Reduce current costs for OB/FB	Sum	(118,388)	
			23,688,118
b. Lifts			
- Passenger, electric 14.06.01	Lift	-	
- Passenger, hydraulic 14.06.02	Lift	-	
- Trolley, electric 14.06.03	Lift	-	
- Trolley, hydraulic 14.06.04	Lift	-	
- Bed, electric 14.06.05	Lift	3,185,010	
- Bed, hydraulic 14.06.06	Lift	-	
- Escalators	No	212,334	
- Uplift DCAGs for OB/FB	Sum	802,151	
			£ 4,199,495
2 "External" Building Works (1)			
a. Drainage			

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
#### Foul water to new buildings	Sum	539,670	
#### Surface water to new buildings	Sum	779,905	
#### Foul water to retained buildings	inc	-	
#### Surface water to retained buildings	inc	-	
#### Surface water to paved areas	inc	-	
#### Final connections - Foul	Sum	56,497	
#### Final connections - Surface	Sum	73,881	
#### Drainage diversions - Foul	Sum	24,715	
#### Drainage diversions - Surface	Sum	24,715	
#### Underground storage	Sum	699,023	
#### Underground interceptors	Sum	28,973	
#### CCTV surveys	Sum	24,716	
#### Integration of existing buildings	inc	-	
#### Connections to new buildings	inc	-	
#### Pumping stations	No	57,946	
- Adjust to .01/ .02 for rates	%	(131,958)	
- Reduce current costs for OB/FB	Sum	(24,201)	
			2,153,883
b. Roads, paths, parking			
#### New surface car parking	inc	-	
#### New decked car parking	inc	-	
#### Refurbished car parking	inc	-	
#### Adaptions to existing car parks	inc	-	
#### Temporary car parks	inc	-	
#### Car park controls / security	Sum	595,208	
#### New road access	inc	-	
#### New site roads	Sum	4,455,831	
#### Refurbished roads	EXC	-	
#### Adaptions to existing roads	inc	-	
#### Temporary roads / roadworks	inc	-	
#### Junctions / crossovers	inc	-	
#### Delivery areas	Sum	100,000	
#### Service roads	inc	-	
#### Bus lay bys	inc	-	
#### Drop off points	inc	-	
#### Highway works	inc	-	
#### Works beyond site boundary	inc	-	
#### Site paths and pavings	Sum	776,303	
#### Pavings around building perimeters	inc	-	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
#### Street / road lighting (See 3e)	inc	-	
#### Car park lighting (See 3e)	inc	-	
#### External lighting (See 3e)	inc	-	
Sum Reduce current costs for OB/FB	Sum	(65,859)	5,861,483
c. Site layout, walls, fencing gates			
#### Hard landscaping to courtyards	inc	-	
#### Soft landscaping to courtyards	inc	-	
#### Hard landscaping elsewhere	Sum	159,157	
#### Soft landscaping elsewhere	Sum	2,089,902	
#### Perimeter fencing and gates	Sum	117,913	
#### Internal fencing and gates	inc	-	
#### Bus stands / bus stops	inc	-	
#### External steps	inc	-	
#### Boundary walls	inc	-	
#### Internal perimeter walls	inc	-	
#### Retaining walls	Sum	500,000	
#### Site furniture	Sum	50,000	
#### Art features	Sum	100,000	
#### Water features	Sum	200,000	
#### External signage	Sum	50,000	
#### Sundries	inc	-	
#### External ramps and balustrades	Sum	100,000	
#### Allowance for change of levels	inc	-	
- Reduce current costs for OB/FB	Sum	(37,411)	3,329,561
d. Builders work for engineering services outside buildings			
#### Electrical service trenches	Sum	3,229,679	
#### EO for ducts and abnormalities	inc	-	
#### Mechanical service trenches	Sum	275,000	
#### EO for ducts and abnormalities	inc	-	
#### 0	0	-	
- work (%age of total cost)	inc	-	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- Reduce current costs for OB/FB	Sum	(38,941)	£ 3,465,738
3 "External Engineering Works			
a. Steam, condensate, heating, hot water and gas mains supply			
- Natural gas supplies	Sum	191,490	
- Oil plant	Sum	649,713	
- Boiler plant / CHP	Sum	4,193,109	
- Steam and condense distribution	Sum	843,233	
- LPHW distribution	Sum	1,169,484	
- Others (listed):	0	-	
- Area reductions over and above 4500m2	Sum	(2,181,354)	
- Reduce current costs for OB/FB	Sum	(54,063)	4,811,612
b. Cold water mains and storage			
- Mains cold water service	Sum	1,681,112	
- Fire hydrants	Sum	97,039	
- Tank cold water service (incl RO)	inc	-	
- Hot water service	Sum	649,713	
- Others (listed):	0	-	
- Reduce current costs for OB/FB	Sum	(26,976)	2,400,888
c. Electricity mains, sub-stations, stand-by generating plant			
- HV Ring main	Sum	917,498	
- New Build Plant - Special Requirements	Sum	13,803,822	
- Adjust for rate reductions	%	(1,380,382)	
- Reduce current costs for OB/FB	Sum	(148,233)	13,192,705

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
d. Calorifiers and associated plant			
- Calorifiers	Sum	779,656	
- Associated plant	inc	-	
- Others (listed):	0	-	
- Reduce current costs for OB/FB	Sum	(8,663)	
			770,993
e. Miscellaneous services			
- Cooling Plant	Sum	4,057,834	
- Air conditioning / ventilation	Sum	3,898,280	
- Oxygen	Sum	2,598,853	
- Vacuum plant	inc	-	
- Medical air 4bar / 7bar	inc	-	
- Nitrous Oxide	inc	-	
- Specialist gases	inc	-	
- Anaesthetic gas scavenging	inc	-	
- Dry / wet risers	Sum	232,893	
- Foam inlets	inc	-	
- Pneumatic tube	Sum	389,828	
- Building Management System	Sum	3,898,280	
- Voice and data	inc	-	
- Fire / Critical Alarms / Nurse Call	Sum	88,356	
- CCTV/Security/Intruder/Staff Attack	Sum	587,377	
- Patient TV/Video	inc	-	
- External lighting	inc	-	
- Street lighting	Sum	199,990	
- Car park lighting	Sum	338,329	
- Standby generators	Sum	447,346	
- Access controls	Sum	238,083	
- Adjust to cooling plant for area reductions	Sum	(184,240)	
- Reduce current costs for OB/FB	Sum	(186,569)	
			16,604,640
4 Auxiliary Buildings			
#### Bin stores	inc	-	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
#### Cycle sheds	Sum	40,000	
#### Smoking shelters	Sum	10,000	
#### Bus shelters	Sum	20,000	
#### Miscellaneous buildings	inc	-	
#### Entrance canopies - Main	Sum	1,000,000	
#### Entrance canopies - Maternity	inc	-	
#### Entrance canopies - A & E	inc	-	
#### Entrance canopies - Other	inc	-	
#### Sub stations (housing only)	No	75,000	
#### Energy centre building	m2	990,000	
#### Generator house (main)	inc	-	
#### Smaller boiler houses	No	80,000	
#### Smaller generator / switch rooms	No	60,000	
#### VIE Compound / MA4 / Vacuum	Sum	75,000	
#### Gas meter house	Sum	20,000	
#### HV Intake room	Sum	25,000	
#### Oil / fuel storage compound	Sum	50,000	
#### Information & Boulevard	m2	42,000	
#### Grounds maintenance	m2	63,200	
#### Waste management area	m2	405,600	
#### Waste Transfer area	N/A	-	
#### Covered walkways to bus stops	Sum	158,250	
#### Telecom switchroom	Sum	30,000	
#### Medical gas stores	Sum	65,000	
Sum Sum	Sum	(35,656)	
			3,173,394
5 Other on-costs and abnormals (2)			
a. Building			
#### Abnormal foundations	inc	-	
#### Abnormal ground conditions	inc	-	
#### Additional phasing costs	Sum	4,000,000	
#### Art works	of	1,587,910	
#### Internal demolitions / alterations	Sum	225,000	
#### Building demolitions	0	-	
#### Asbestos removal to buildings	0	-	
#### Asbestos removal to ducts etc	inc	-	
#### Demolition of service ducts	Sum	250,000	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
#### Demolition of walkways etc	inc	-	
#### Helipad	Sum	39,886	
#### Site clearance	Sum	136,000	
#### Decontamination of ground	Sum	250,000	
#### Temporary access roads etc	inc	-	
#### Sundries	inc	-	
#### Backlog maintenance - Retained	EXCL	-	
#### Additional costs over model	Sum	8,933,800	
#### Height factor	inc	-	
#### Transition and Phasing Costs	0	-	
- Enabling works - Pre main building	Sum	11,837,031	
- Asbestos removal- Pre main building	Sum	642,525	
- Demolition - Pre main building	Sum	1,944,627	
- Enabling works - Post main building	Sum	-	
- Asbestos removal- Post main building	Sum	357,475	
- Demolition - Post main building	Sum	1,081,914	
- Reduction for area - general	Sum	(5,497,301)	
Reduce current costs for OB/FB	Sum	(286,543)	
			25,502,324
b. Engineering			
- IT Infrastructure	Sum	538,672	
- IT Equipment	EXCL	-	
- Reconnection of services to existing:	0	-	
- Steam and condensate	Sum	-	
- Gas	Sum	197,959	
- HTHW	Sum	-	
- Oil	Sum	438,175	
- Boiler plant	Sum	1,346,768	
- LTHW	Sum	90,570	
- MCWS / SCWS	Sum	65,469	
- CWS	Sum	204,348	
- DHWS	Sum	340,580	
- Ventilation	Sum	172,573	
- Medical gases	Sum	681,161	
- Pneumatic tube	Sum	204,348	
- Building Management System	Sum	681,161	
- Electricity	Sum	567,390	
- IT / Data etc	inc	-	
- Lightning protection	Sum	213,970	
- Disconnect services for demolition	inc	-	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- Remove external electrical services	Sum	312,954	
- Remove external mechanical services	Sum	150,000	
- Temporary services - mechanical	Sum	1,177,404	
- Temporary services - electrical	Sum	92,636	
- Services diversions - mechanical	inc	-	
- Services diversions - electrical	inc	-	
- Sundries	inc	-	
- Temporary generators	Sum	488,697	
- Reduce current costs for OB/FB	Sum	(88,498)	
			7,876,337
Total On-Costs to Summary OB1			£ 117,031,170

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)

Notes: Must be based on scheme specific assessments/measurements; attach details to define scope of works as appropriate. Identify separately any proposed additional capital expenditure justifiable in value for money terms (details to be provided).

* Delete as appropriate

(1) "External" to Departments

(2) Identify any enabling or preliminary works to prepare the site in advance e.g. demolitions; service diversions; decanting costs; site investigation and other exploratory works

Completed By:

Name (capitals)

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone

024 7656 1510

Date

6th January 2006 - Version 2.3

Project Director

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
1 Fees (including "in-house" resource costs)		
a. Architects)		
b. Structural Engineers)		
c. Mechanical Engineers)	21,702,270	9.00
d. Electrical Engineers)		
e. Quantity Surveyors)		
f. Project Management)		
g. Project Sponsorship In house	-	-
h. Legal fees	4,822,727	2.00
i. Site Supervision	1,205,682	0.50
j. Building Regulations and Planning Fees	453,578	0.19
k. Others (specify)		
Acoustics Consultant)		
Arboriculturist)		
Archaeological Investigation)		
Arts Adviser)		
Brief Preparation)		
Catering Consultant)		
Estate Utilisation Study)		
Exposure of Existing Foundations)		
Financial Advisor)		
Fire Safety adviser)		
Graphics, Brochures Etc)		
Highways)		
Land Acquisition)		
Legal Advisor)		
Lighting Consultant)		
M & E Acceptance team)		
Medical Equipment Consultant)		
Models, Perspectives etc)	7,234,090	3.00
Occupational Commissioning Consultants)		
Others)		
Photographs)		
Planning Supervisor (CDM))		
Printing Drawings etc)		
Site Inspection)		
Study Visits)		
Temporary Signage)		
Town Planning Consultant)		
Traffic studies)		
Utilities)		
Wind Tunnel Test)		
Other??)		
Surveys		
Asbestos Survey)		
CCTV survey (Buried Services))		
Existing Buildings Survey)		
Geophysical Survey)	107,229	0.04
Location of Existing Services)		
Minerals Survey)		
Site Investigation)		
Topographical Survey)		

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
Total Fees to Summary (OB1)	£ 35,525,576	14.73

2 Non-Works Costs	£
Non-VAT rated:	
a. Land purchase costs and associated legal fees	-
Sub Total	-
VAT rated:	
b. Statutory and Local Authority charges	2,411,000
c. Other (specify)	
Decanting (phased)	591,410
Temporary Accommodation - included in on-costs	-
Mis-sued accommodation - included in on-costs	-
Transitional arrangements - included in on-costs	-
Section 106 etc agreements	-
EXCLUDED (NOT KNOWN)	
Non-Works Costs to Summary (OB1)	£ 3,002,410

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust
 SCHEME: Southmead Site (South Option)
 PHASE: All

INDICATIVE CASHFLOW

	Indicative Programme (to be advised)	Start	Finish	Period (months)	Totals From OBI	Financial Year										Total
						2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	
	OBC/FBC Approvals & PFI/FC Mobilisation Construction Period (Indicative Timeline As advised by Trust)															
	Pre PFI Enabling Work	Oct-06	Jul-08	22												
	PFI Lead in	Jul-08	Sep-08	2												
	Main Phase 1 (Towers - single phase)	Sep-08	Mar-11	30												
	Enabling & Phase 2 (Elgar, DTC)	Mar-11	Sep-12	18												
	12 months defects and 0% retention (assuming phased contract; as indicative phasing plan)															
1a	Works Costs (On costs split pro rata at this stage)															
	Pre PFI Enabling Work	As advised by Trust			16,031,271		5,610,945	6,412,508	4,007,818							16,031,271
	Main Phase 1 (Towers - single phase)				214,154,449				22,351,584	112,543,091	79,259,774	-				214,154,449
	Enabling & Phase 2 (Elgar, DTC)				10,950,615							7,896,447	3,054,168	-		10,950,615
6.	Fees (based on 60% pre contract, 40% post contract less OBC)				35,525,576	-	21,646,000	377,891	1,553,367	6,632,195	4,670,800	465,340	179,983	-	-	35,525,576
7.	Non-Works Costs				3,002,410					750,603	750,603	750,603	750,603			3,002,410
8b	Equipment Cost AT ECAG 4Q04 (as current DCAG levels)															
	Pre PFI Enabling Work	N/A			-					-						-
	Main Phase 1 (Towers - single phase)	2 year spend assumed			18,979,616					9,489,808	9,489,808					18,979,616
	Enabling & Phase 2 (Elgar, DTC)	1 year spend assumed			4,588,000							4,588,000				4,588,000
9.	Planning Contingencies (pro rata over future years)	10.00 %			30,323,194	-	635,554	726,347	2,985,739	13,907,730	10,137,717	1,499,139	430,968	-	-	30,323,194
10.	TOTAL excl VAT and Optimism Bias				333,555,130	-	27,892,498	7,516,746	30,898,507	143,323,427	104,308,703	15,199,528	4,415,721	-	-	333,555,130
10a	Optimism Bias	10.40 %			34,689,734	-	10,226,197	11,687,083	7,304,427	1,368,007	1,368,007	1,368,007	1,368,007	-	-	34,689,734
10b	TOTAL excl VAT inc Optimism Bias				368,244,864	-	38,118,696	19,203,829	38,202,934	144,691,433	105,676,709	16,567,534	5,783,728	-	-	368,244,864
	VAT on above				58,225,875	-	1,220,375	1,394,714	5,733,144	26,705,293	19,466,204	2,878,610	827,534	-	-	58,225,875
	TOTAL (for approval purposes) incl VAT				426,470,739	-	39,339,071	20,598,543	43,936,078	171,396,726	125,142,913	19,446,145	6,611,262	-	-	426,470,739
	Inflation Adjustments to 2005-06 Prices				2,689,931	-	248,128	129,924	277,123	1,081,072	789,329	122,655	41,700	-	-	2,689,931
11a	Sub Total at 2005-06 Prices				429,160,670	-	39,587,199	20,728,467	44,213,202	172,477,798	125,932,242	19,568,800	6,652,962	-	-	429,160,670
	Inflation to Tender Date/During construction (Split pro rata over construction)				86,188,364	-	30,165,927	34,475,346	21,547,091	-	-	-	-	-	-	86,188,364
12	FORECAST OUT-TURN BUSINESS CASE TOTAL				515,349,034	-	69,753,126	55,203,813	65,760,293	172,477,798	125,932,242	19,568,800	6,652,962	-	-	515,349,034

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WF Partnership Ltd
 Position
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 Hany Weston Road
 Coventry CV3 2TQ
 Telephone 024 7656 1510
 Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

CAPITAL COSTS: CASHFLOW - WORKS COST

SCHEME/PHASE:	2	All Works							
WORKS COST:	214,154,449		RETENTION %-AGE :	0		C	0.0560		
CONTRACT PERIOD:	30		MAINTENANCE PERIOD:	12		K	3.3230		
START/PAYMENT DATE:	Sep-2008		MIPS VOP Tender Price Index (1975 base):	415					

Month No	Month	Gross Cumulative Calculated	One Off Payments	Gross Cumulative	LESS Retention	Nett Cumulative	LESS Previous Payments	Nett Monthly	Nett Annual
0	Sep-2008								
1	Oct-2008	937,580		937,580	-	937,580	-	937,580	
2	Nov-2008	3,104,804		3,104,804	-	3,104,804	(937,580)	2,167,224	
3	Dec-2008	6,415,745		6,415,745	-	6,415,745	(3,104,804)	3,310,941	
4	Jan-2009	10,784,474		10,784,474	-	10,784,474	(6,415,745)	4,368,729	
5	Feb-2009	16,125,063		16,125,063	-	16,125,063	(10,784,474)	5,340,589	
6	Mar-2009	22,351,584		22,351,584	-	22,351,584	(16,125,063)	6,226,521	22,351,584
7	Apr-2009	29,378,109		29,378,109	-	29,378,109	(22,351,584)	7,026,525	
8	May-2009	37,118,709		37,118,709	-	37,118,709	(29,378,109)	7,740,600	
9	Jun-2009	45,487,457		45,487,457	-	45,487,457	(37,118,709)	8,368,748	
10	Jul-2009	54,398,424		54,398,424	-	54,398,424	(45,487,457)	8,910,967	
11	Aug-2009	63,765,682		63,765,682	-	63,765,682	(54,398,424)	9,367,258	
12	Sep-2009	73,503,303		73,503,303	-	73,503,303	(63,765,682)	9,737,621	
13	Oct-2009	83,525,359		83,525,359	-	83,525,359	(73,503,303)	10,022,056	
14	Nov-2009	93,745,921		93,745,921	-	93,745,921	(83,525,359)	10,220,563	
15	Dec-2009	104,079,062		104,079,062	-	104,079,062	(93,745,921)	10,333,141	
16	Jan-2010	114,438,854		114,438,854	-	114,438,854	(104,079,062)	10,359,791	
17	Feb-2010	124,739,367		124,739,367	-	124,739,367	(114,438,854)	10,300,513	
18	Mar-2010	134,894,675		134,894,675	-	134,894,675	(124,739,367)	10,155,308	112,543,091
19	Apr-2010	144,818,848		144,818,848	-	144,818,848	(134,894,675)	9,924,173	
20	May-2010	154,425,959		154,425,959	-	154,425,959	(144,818,848)	9,607,111	
21	Jun-2010	163,630,080		163,630,080	-	163,630,080	(154,425,959)	9,204,121	
22	Jul-2010	172,345,282		172,345,282	-	172,345,282	(163,630,080)	8,715,202	
23	Aug-2010	180,485,637		180,485,637	-	180,485,637	(172,345,282)	8,140,355	
24	Sep-2010	187,965,217		187,965,217	-	187,965,217	(180,485,637)	7,479,580	
25	Oct-2010	194,698,094		194,698,094	-	194,698,094	(187,965,217)	6,732,877	
26	Nov-2010	200,598,340		200,598,340	-	200,598,340	(194,698,094)	5,900,246	
27	Dec-2010	205,580,027		205,580,027	-	205,580,027	(200,598,340)	4,981,687	
28	Jan-2011	209,557,226		209,557,226	-	209,557,226	(205,580,027)	3,977,199	
29	Feb-2011	212,444,010		212,444,010	-	212,444,010	(209,557,226)	2,886,783	
30	Mar-2011	214,154,449		214,154,449	-	214,154,449	(212,444,010)	1,710,439	79,259,774
31	Apr-2011	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
32	May-2011	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
33	Jun-2011	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
34	Jul-2011	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
35	Aug-2011	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
36	Sep-2011	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
37	Oct-2011	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
38	Nov-2011	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
39	Dec-2011	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
40	Jan-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
41	Feb-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
42	Mar-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	-
43	Apr-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
44	May-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
45	Jun-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
46	Jul-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
47	Aug-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
48	Sep-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
49	Oct-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
50	Nov-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
51	Dec-2012	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
52	Jan-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
53	Feb-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
54	Mar-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
55	Apr-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
56	May-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
57	Jun-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
58	Jul-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
59	Aug-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
60	Sep-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
61	Oct-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
62	Nov-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
63	Dec-2013	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
64	Jan-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
65	Feb-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
66	Mar-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
67	Apr-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
68	May-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
69	Jun-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
70	Jul-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
71	Aug-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
72	Sep-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
73	Oct-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
74	Nov-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	
75	Dec-2014	214,154,449		214,154,449	-	214,154,449	(214,154,449)	-	

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with
WT Partnership Ltd

Position

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Binley Business Park

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Telephone

024 7656 1510

Date

6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

CAPITAL COSTS: CASHFLOW - WORKS COST

SCHEME/PHASE:	3	All Works							
WORKS COST:	10,950,615		RETENTION %-AGE :	0		C	0.0560		
CONTRACT PERIOD:	18		MAINTENANCE PERIOD:	12		K	3.3230		
START/PAYMENT DATE:	Mar-2011		MIPS VOP Tender Price Index (1975 base):	415					

Month No	Month	Gross Cumulative Calculated	One Off Payments	Gross Cumulative	LESS Retention	Nett Cumulative	LESS Previous Payments	Nett Monthly	Nett Annual
0	Mar-2011								
1	Apr-2011	115,107		115,107	-	115,107	-	115,107	
2	May-2011	396,735		396,735	-	396,735	(115,107)	281,628	
3	Jun-2011	824,542		824,542	-	824,542	(396,735)	427,807	
4	Jul-2011	1,378,187		1,378,187	-	1,378,187	(824,542)	553,645	
5	Aug-2011	2,037,326		2,037,326	-	2,037,326	(1,378,187)	659,140	
6	Sep-2011	2,781,620		2,781,620	-	2,781,620	(2,037,326)	744,293	
7	Oct-2011	3,590,724		3,590,724	-	3,590,724	(2,781,620)	809,104	
8	Nov-2011	4,444,298		4,444,298	-	4,444,298	(3,590,724)	853,574	
9	Dec-2011	5,321,999		5,321,999	-	5,321,999	(4,444,298)	877,701	
10	Jan-2012	6,203,485		6,203,485	-	6,203,485	(5,321,999)	881,487	
11	Feb-2012	7,068,415		7,068,415	-	7,068,415	(6,203,485)	864,930	
12	Mar-2012	7,896,447		7,896,447	-	7,896,447	(7,068,415)	828,031	7,896,447
13	Apr-2012	8,667,238		8,667,238	-	8,667,238	(7,896,447)	770,791	
14	May-2012	9,360,446		9,360,446	-	9,360,446	(8,667,238)	693,208	
15	Jun-2012	9,955,730		9,955,730	-	9,955,730	(9,360,446)	595,284	
16	Jul-2012	10,432,747		10,432,747	-	10,432,747	(9,955,730)	477,017	
17	Aug-2012	10,771,156		10,771,156	-	10,771,156	(10,432,747)	338,409	
18	Sep-2012	10,950,615		10,950,615	-	10,950,615	(10,771,156)	179,459	
19	Oct-2012	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
20	Nov-2012	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
21	Dec-2012	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
22	Jan-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
23	Feb-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
24	Mar-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	3,054,168
25	Apr-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
26	May-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
27	Jun-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
28	Jul-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
29	Aug-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
30	Sep-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
31	Oct-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
32	Nov-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
33	Dec-2013	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
34	Jan-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
35	Feb-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
36	Mar-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	-
37	Apr-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
38	May-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
39	Jun-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
40	Jul-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
41	Aug-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
42	Sep-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
43	Oct-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
44	Nov-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
45	Dec-2014	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
46	Jan-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
47	Feb-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
48	Mar-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
49	Apr-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
50	May-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
51	Jun-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
52	Jul-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
53	Aug-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
54	Sep-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
55	Oct-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
56	Nov-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
57	Dec-2015	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
58	Jan-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
59	Feb-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
60	Mar-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
61	Apr-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
62	May-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
63	Jun-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
64	Jul-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
65	Aug-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
66	Sep-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
67	Oct-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
68	Nov-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
69	Dec-2016	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
70	Jan-2017	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
71	Feb-2017	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
72	Mar-2017	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
73	Apr-2017	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	
74	May-2017	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	-
75	Jun-2017	10,950,615		10,950,615	-	10,950,615	(10,950,615)	-	

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with
WT Partnership Ltd

Position

Address

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone

024 7656 1510

Date

6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

GROSS INTERNAL FLOOR AREAS

	New Build m2	Major Refurb 70% m2	Medium Refurb 50% m2	Minor Refurb 20% m2	Retained (Backlog only) m2	Retained (Excluded) m2	Total m2
Acute Accommodation	65,348	-	5,608	2,166			73,122
Embedded Accommodation	3,381	-	-	-			3,381
ITC Accommodation	-	-	6,653	-			6,653
Retained Accommodation					4,007	20,175	24,182
"On Cost" Areas	68,729	-	12,261	2,166	4,007	20,175	107,338
Circulation 11%	7,560	-	1,349	238	inc	inc	9,147
Plant ("measured")	13,896						13,896
	90,185	-	13,610	2,404	4,007	20,175	130,381

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Date 6th January 2006 - Version 2.3

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Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Southmead Site (South Option)
PHASE:	All
NOTES AND ASSUMPTIONS	

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
1	Departmental Costs	
a	Departmental Costs have been costed on the basis of the DCAG allowances in Healthcare Capital Investment Version 2.1 (NB published figures are at MIPS 360 and uplifted to MIPS VOP 445, the current approval level, on the OB2 form for transfer to the OB1 form - advanced notification of imminent uplift in approval level from DOH QB team)	
b	<p>The functional content is as SHP's neutral functional content version Z07</p> <p>For the current costing exercise we have adjusted the overall DCAG's for new build using an average calculation for the proportion of refurbishment as listed on the functional content schedules prepared by SHP (Note this differs from the current option drawings)</p> <p>The actual allocation of function to building is not yet determined. The proportion of refurb in each retained area is as agreed at a meeting with the Trust on 10/08/05 and recorded on the functional content</p>	<p>The re-use of existing accommodation is for functions of lesser value than the average rate/m2 used to abate the new build cost</p> <p>The abatement for refurb agreed at the meeting with the Trust cannot be achieved and higher levels of refurb are required</p>
c	<p>Three levels of refurb cost have been used:</p> <p>70% full refurb where departments will require major alterations (none identified at this stage),</p> <p>50% medium refurb where partial areas will need to be adapted</p> <p>minimum refurb of 20% for areas requiring only minor/cosmetic alteration</p>	The existing buildings require greater alteration than covered by the percentage allowance used at this stage
d	<p>On the refurbishment areas the backlog maintenance requirements have been assessed as to any residual which may still be required in addition to the refurbishment cost, as follows:</p> <p>for areas with a 70% refurb it is assumed that all but 25% of backlog issues would have been addressed</p> <p>for areas with a 50% refurb it is assumed that all but 50% of backlog issues would have been addressed</p> <p>for areas with a 20% refurb it is assumed that all but 75% of backlog issues would have been addressed</p> <p>100% backlog has been used for retained buildings within the business case but excluded for those outside of the business case</p>	Backlog maintenance issues are greater than assessed by this percentage method
e	No abatement has been made within the current exercise for any area reductions to the neutral functional content associated with retaining the existing accommodation	
f	<p>In the original SOC forms separate lines on the OB1 form were used for Retained Accommodation and Embedded accommodation; these appeared on the departmental cost line even though they were costed at overall rates (i.e. inc on-costs).</p> <p>For the current exercise the DCAG elements have been shown separately on the OB forms and the on-costs are all inclusive for the site as a whole</p>	
g	<p>The accountants breakdown splits out the new build costs, early enabling works (pre PFI), the refurb costs in each category (70%, 50%, 20%), the retained building costs, short life assets eg demolitions, site clearance etc post PFI (see OB3 Breakdown) and further splits the building and the engineering element within each category</p> <p>The summary table on the OB1 sheet also gives the rates per m2 for new build and each level of refurb excluding VAT and equipment and short life assets for use in the financial appraisal</p>	
2.	On-Costs	
a	On-costs have been calculated based on indicative information received from the design team and comprise a series of quantified and lump sum allowances at this stage, as summarised on the OB3 Breakdown	
3	Provisional Location Adjustment	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

- a The DCAG allowances are based on outer London prices. Quarterly Briefing publishes average location factors for the regions. For the Bristol area, this is currently 1.00, i.e. the location adjustment is **NIL**

4 Fees

- a For each option, percentage allowances have been made for the design team and specialist consultants, individual calculations carried out for building regulations and planning fees and lump sum allowances for the site survey work

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Southmead Site (South Option)
PHASE:	All

NOTES AND ASSUMPTIONS

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
5	Non-Works Costs	
a	This element includes an allowance for statutory charges (1% of build cost) and a lump sum allowance for decanting costs based on similar schemes. Temporary accommodation (where required) and transitional arrangements are covered in the on-costs allowances	
	As the extent of potential Section 106 etc agreements is currently unknown these are excluded from the cost breakdowns and will need to be identified as a risk item	Section 106 etc requirements of local authority
6	Equipment Cost	
a	The Equipment Cost Allowance Guides based on the departmental areas have been used to establish a budget for new equipment; where guidance is not available a budget allowance has been included and will need further verification	The allowances based on the Equipment Cost Allowance Guides are insufficient for the requirements of the departments
	The published equipment allowances should be regarded with some caution as they are based on "mid-range equipment" and have not been updated in recent years; discussion may be required over the level of cost included	
	An abatement percentage for the re-use of existing equipment has been applied to each option based on the Trusts assessment of their actual equipment needs; the Trust are currently looking at replacement cycles and the level which may be transferrable.	The actual transfer of equipment is less than the percentage assessed at this stage
	The Equipment allowance for embedded accommodation is to allow for transfer only (£100/m2 as SOC)	
7	Planning Contingencies	
a	The Trust have advised that the risk element should now be adjusted to 10% to reflect the further level of detail now available	The risk register has not been updated at this stage and the costs assessed
8	Residual Optimism Bias	
	The Trust have carried out an in-house calculation for optimism bias and the mitigated percentage for this option is 10.40% (as Mark Ross email 23/11/05)	
9	Inflation Adjustments	
	The total at line 12 (less equipment) is uplifted to average costs for 2005-2006 at line 13a for accounting purposes; an average of the forecast MIPS VOP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	The equipment total within line 12 has also been uplifted to 2005-2006 price levels based on the average forecast EP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose (MIPS VOP 446.5)	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	The inflation adjustments to start on site and during construction shown below line 13a are currently based on the indicative timeline provided by the trust which show a start on site in September 2008 and completion by September 2012 (4 year construction). Pre PFI enabling works will take place prior to this during 2007/8	Further delays in the overall programme
	The MIPS and APSAB FORVOP indices from Quarterly Briefing Vol 14 Nr 3 have been used to calculate an indicative average inflation uplift for the construction period	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	THE EP indices from Quarterly Briefing Vol 14 Nr3 (have been used to calculate the average inflation uplift to date of purchase (midpoint assumed for this exercise)	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Southmead Site (South Option)

PHASE: All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

It should also be noted that there is a minor adjustment to the line 13 construction inflation which has occurred between versions 2.2. and 2.3; this is due to the increase in the base index level from 415 to 446.75; a small amount of VAT on the inflation element of fees was attaching and the index uplift on optimism bias and planning contingency figures are further inflated as the equipment costs in the base figures are not index adjusted; lump sum adjustment have been made in order to balance with the previous figures

10 Cashflow Forecast

The cashflow is based on an indicative construction programme as referred to above and indicative transitional arrangements from SHP; NB phasing splits are indicative at this stage

Phasing requirements extend the programme beyond the contract period currently used

11 Generally

Separate sets of OB Forms have been produced for the acute site and each community site and a summary OB1 of total costs has also been produced with scenarios for the combination of options on each site as follows:

- Scenario 1 - Southmead North Option + Frenchay New Build Option
- Scenario 2 - Southmead North Option + Frenchay Refurb Option
- Scenario 3 - Southmead South Option + Frenchay New Build Option
- Scenario 4 - Southmead South Option + Frenchay Refurb Option
- Scenario 5 - Do Minimum on each site

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Southmead Site (South Option)

PHASE:

All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

024 7656 1510

6th January 2006 - Version 2.3

Project Director

TRUST/ORGANISATION: North Bristol NHS Trust		ORGANISATIONAL CODE:	
SCHEME: Community Hospital on Frenchay Site (New Build)		DIRECTORATE:	
STRATEGIC HA:			
PHASE: All			
PROJECT DIRECTOR: D Powell			

CAPITAL COSTS SUMMARY

		Cost Excl. VAT £	VAT £	Cost Incl. VAT £
1.	Departmental Costs (from Form OB2) Community Retained Departmental Cost Total	16,821,502 - 16,821,502	2,943,763 - 2,943,763	19,765,265 - 19,765,265
2.	On-Costs (a) (from Form OB3) (111.27 % of Departmental Cost Excluding retained)	18,716,782	3,275,437	21,992,219
3.	Works Cost Total (1+2) at 445 VOP MIPS (Tender Price Index Level 1975=100 base)	35,538,284	6,219,200	41,757,484
4.	Provisional Location Adjustment (- % of sub-total 3a) (if applicable)	-	-	-
5.	Sub Total (3 + 4)	35,538,284	6,219,200	41,757,484
6.	Fees (c) (14.41 % of sub-total 5)	5,121,191	xxxxxxxxxxxxxx	5,121,191
7.	Non-Works Costs (e) 1.18% VAT Rated Non VAT Rated	418,193 -	73,184 xxxxxxxxxxxxxx	491,377 -
8.	Equipment Cost (from Form OB2) Community 112 ECAG @ 4Q04 Retained 112 ECAG @ 4Q04 Sub total Equip (10.20 % of Departmental Cost)	1,716,000 - 1,716,000	300,300 - 300,300	2,016,300 - 2,016,300
9.	Planning Contingencies 10.00 %	4,279,367	748,889	5,028,256
10.	TOTAL (for approval purposes) at MIPS 445 (Excluding Optimism Bias)	47,073,035	7,341,573	54,414,608
11.	Residual Optimism Bias 10.80 %	5,083,888	889,680	5,973,568
12.	TOTAL (for approval purposes) at MIPS 445 (Including Optimism Bias)	52,156,923	8,231,253	60,388,176
13.	Inflation Adjustments (f) Construction to 2005-6 price level - MIPS VOP 446.75 2Q05-1Q06 avge Equipment to 2005-6 price level - EPI 113 2Q05-1Q06 avge	225,611 15,321	99,900 2,681	325,512 18,003
13a.	Sub Total At 2005-06 Price Level	52,397,855	8,333,835	60,731,690
	Construction Uplift to Start on Site 497 4Q08 Construction Phase Inflation Avge 2.125% 4Q08 - 4Q09 Equipment to Mid point Purchase 118 2Q 09 (Mid point)	5,698,922 1,197,766 72,827	997,311 209,609 12,745	6,696,233 1,407,375 85,572
14.	FORECAST OUT-TURN BUSINESS CASE TOTAL	59,367,370	9,553,500	68,920,870

Proposed start on site (g) **Oct-08** Proposed completion date (g) **Sep-09**

Cashflow:- Year	SOURCE			TOTAL
	EFL	OTHER GOVERNMENT	PRIVATE	
2005 - 2006	-			-
2006 - 2007	-			-
2007 - 2008	768,179			768,179
2008 - 2009	20,830,954			20,830,954
2009 - 2010	30,557,790			30,557,790
2010 - 2011	-			-
2011 - 2012	-			-
2012 - 2013	-			-
2013 - 2014	-			-
2014 - 2015	-			-
2015 - 2016	-			-
Total Cost (as 10b above) Exc VAT				52,156,923

Total (for approval purposes) match against Cashflow **OK**

Notes:
 * Delete as appropriate
 (a) On costs should be supported by a breakdown of the percentage or a brief description of their scope (Form OB3 may be used if appropriate)
 (b) Adjustment of national D.C.A average price levels and on-costs for local market conditions
 (c) Fees include all resource costs associated with the scheme eg project sponsorship, clerk of works, building regulation and planning fees etc
 (d) Not applicable to professional fees - VAT reclaimable EL(90) P64 refers
 (e) Non-works costs should be supported by a breakdown and include such items as contributions to statutory and local authorities, land costs and associated legal
 (f) Estimate of tender price inflation up to proposed tender date (plus construction cost for VOP contracts only).
 (g) Overall timescale including any preliminary works

Completed By:

Name (capital)	Angus Eliot Partnership Ltd in association with WT Partnership Ltd
Position	
Address	Orchard Court V Binley Business Park Harry Weston Road Coventry CV3 2TQ
Telephone	024 7656 1510
Date	6th January 2006 - Version 2.3

Authorised for issue **Project Director**

Date

OBC OPTION APPRAISAL NOVEMBER 2005
Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
SCHEME: Community Hospital on Frenchay Site (New Build)
PHASE: All
PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (COMMUNITY)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Concourse	551	-	-	-	-	551	719,895	54,732
Inter. Care: Rehabilitation	-	-	-	-	-	-	-	-
Imaging	719	-	-	-	-	719	874,351	516,756
Therapies	950	-	-	-	-	950	903,403	175,000
Minor Injuries Unit	272	-	-	-	-	272	326,400	40,000
Day Case and Outpatients	1,305	-	-	-	-	1,305	1,801,237	560,793
Staff support facilities	1,408	-	-	-	-	1,408	1,426,390	318,816
Clinical Support Facilities	49	-	-	-	-	49	66,650	10,000
Whole Hosp. Supp Facilites	406	-	-	-	-	406	526,289	262,269
Bed Base - Inpatients	4,588	-	-	-	-	4,588	6,548,876	717,367
Staff support facilities	68	-	-	-	-	68	63,444	3,240
Whole Hosp. Supp Facilites	204	-	-	-	-	204	254,959	152,706
External Works Accommm	119	-	-	-	-	119	96,512	8,200
Sub Totals	10,639	-	-	-	-	10,639	13,608,406	2,819,879
Uplift DCAGS to current approval level MIPS VOP 445							3,213,096	338,385
Uplift equipment to 4Q04 (as DCAG approval) EPI 112								
Sub Totals							16,821,502	3,158,264
Less abatement for transferred equipment - 45.67 %								(1,442,264)
CARRIED TO OB1							16,821,502	1,716,000

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
SCHEME: Community Hospital on Frenchay Site (New Build)
PHASE: All
PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (COMMUNITY)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary
Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms
(details to be provided)
* Delete as appropriate
1. State area and rate if departmental cost allowance not available
2. Insert:
N for new build,
A for adaptations for alternative use or
C for upgrading existing building retaining current use
3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances
4. Provide details where available

Completed By:

Name (capitals) Angus Error Partnership Ltd in association with W1
Position Partnership Ltd
Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ
Telephone 024 7656 1510
Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005
Cost Form OB2 (Summary - Retained)

TRUST/ORGANISATION: North Bristol NHS Trust
SCHEME: Community Hospital on Frenchay Site (New Build)
PHASE: All
PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Backlog Cost at MIPS 415 £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Accommodation to be re-used	-	-	-	-	-	-	-	-
Accommodation Retained "As Is"	-	-	-	-	625	625	-	-
Separate Business Cases	-	-	-	-	-	-	-	-
Excluded (Out-with red line)	-	-	-	-	3,081	3,081	-	-
Sub Totals	-	-	-	-	3,706	3,706	-	-
Uplift DCAGS to current approval level							-	-
Uplift equipment to 4Q04 (as DCAG approval)								
Less abatement for transferred equipment (if applicable)							-	-
CARRIED TO OB1							-	-

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Custom) - Acute

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref
				New	Ref 70%	Ref 50%	Ref 20%	Retain	Total					
Concourse														
Main Entrance facilities	1 main entrance	PR 07.03.01		367					367	453,245	1,235	34,020	66 28	51
Optional accommodation Additional WC's	?? WC's	PR 14.01.01		48					48	97,296	2,027	1,200	54 40	40
Information Centre	1 Centre	PR 07.04.10		54					54	60,048	1,112	5,000	75 19	-
Coffee shop	1 area	PR 07.03.03 + uplift for area		41					41	53,300	1,300	10,000	73 21	51
Staff common room & bev pre	2 rooms	PR 01.01B.07		41					41	56,006	1,366	4,512	60 34	-
Carried to OB2				551	-	-	-	-	551	719,895		54,732		
Inter. Care: Rehabilitation														
Carried to OB2				-	-	-	-	-	-	-		-		
Imaging														
General imaging suite	2 R/D rooms	03.01.01 + interp		663					663	795,951	1,201	446,526	63 31	6*
Ultrasound Suite	2 room suite	03.01.12 uplift for 2 rms in small area		56					56	78,400	1,400	70,230	56 38	6*
Carried to OB2				719	-	-	-	-	719	874,351		516,756		
Therapies														
Occupational therapy	1 dept	03.08.01/02 Interp	)	950					950	903,403	951	175,000	64 30	8
Physiotherapy	1 dept)											
Podiatry	1 dept)											
Dietetics	1 dept)											
)											
Carried to OB2				950	-	-	-	-	950	903,403		175,000		
Minor Injuries Unit														
Minor injuries unit	????	m2 rate on sim facilities		272					272	326,400	1,200	40,000	60 34	
Carried to OB2				272	-	-	-	-	272	326,400		40,000		

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Acute														
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Community Hospital on Frenchay Site (New Build)										
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All										
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	Ref 70%	Ref 50%	Ref 20%	Retain	Total					
Day Case and Outpatients														
Outpatients clinic suite; 12 C/E (Shared support included with other areas)	1 suite	Interp 04.01.01 (uplift due to red'd support)		529					529	652,079	1,233	81,833	64 30	12
Audiology Clinic (hearing aid work)	?? clinic rooms/ 1 audiology	04.06.01/02 (sound att req's)		408					408	571,200	1,400	45,948	64 30	12
Renal Dialysis	Separate business case													
Endoscopy (Shared support included with other areas)	2 rooms	03.10.01 uplift for rooms only		258					258	456,958	1,771	425,512	60 34	-
Pain management	1 group area	m2 rate		110					110	121,000	1,100	7,500	68 26	-
Carried to OB2				1,305	-	-	-	-	1,305	1,801,237		560,793		
Staff support facilities														
Educ. and Workforce devel't	1 centre	m2 rate		347					347	416,400	1,200	45,865	66 28	
Staff dining room	1 room	Interp 08.01.01		166					166	125,298	755	20,000	60 34	-
End kitchen/servery	1 area	Interp 08.01.02		92					92	130,899	1,423	50,000	60 34	-
Staff changing facilities (zonal)	????	PR 01.02.01		136					136	126,888	933	6,479	76 18	-
Occupational Health Centre	1 centre	PR 08.03.01		296					296	335,368	1,133	44,311	60 34	-
Offices - clinical	25 work stations	Interp 07.02.01		286					286	223,516	782	109,444	72 22	18
Offices - non-clinical	7 workstations	Interp 07.02.01		85					85	68,021	800	42,716	72 22	18
Carried to OB2				1,408	-	-	-	-	1,408	1,426,390		318,816		
Clinical Support Facilities														
Sterile services R&D	1 facility	m2 rate		33					33	34,650	1,050	5,000	70 24	
Mortuary	1 Body store	m2 rate (circa 03.05.02)		16					16	32,000	2,000	5,000	52 42	20
Carried to OB2				49	-	-	-	-	49	66,650		10,000		

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Acute														
TRUST/ORGANISATION: North Bristol NHS Trust			SCHEME: Community Hospital on Frenchay Site (New Build)											
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS										PHASE: All				
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	Ref 70%	Ref 50%	Ref 20%	Retain	Total					
Whole Hosp. Supp Facilities														
Domestic services facilities	1 equip cleaning room	m2 rate		16					16	15,200	950	2,000	72 22	
Domestic services store	1 room	m2 rate		16					16	13,600	850	2,000	75 19	
Linen room	1 room	m2 rate		49					49	41,650	850	2,000	75 19	
Catering; finishing kitchen	????	m2 rate		158					158	284,400	1,800	30,000	50 44	
IT services (exc infrastructure)	1 room	m2 rate		27					27	40,500	1,500	18,307	54 40	-
Telephone services equipment	500 Extensions	09.02.03										156,451		
Patient line offices	1 suite	Interp 07.02.01		54					54	43,369	803	30,512	72 22	18
Security Base	1 room	PR 07.03.05A		22					22	28,864	1,312	10,000	56 38	-
Portering/Postal services	1 Post room	m2 rate		50					50	45,000	900	10,000	72 22	
Site management office	1 office	PR 07.04.04		14					14	13,706	979	1,000	72 22	18
Carried to OB2				406	-	-	-	-	406	526,289		262,269		
Bed Base - Inpatients														
28 Bed Wards in 14 Bed Clusters 43 % single rooms (6/14)	84 beds	Interp 01.01B.02/03 due to area		3,092					3,092	4,469,667	1,446	356,783	57 37	4
Essential Accom:														
Staff rest - ?? Person	1 room	PR 01.01B.07		34					34	45,220	1,330	3,500	62 32	4
Cook chill room	1 room	PR 01.01B.13		49					49	59,143	1,207	100,000	69 25	4
Seminar room; 14 person	1 room	Interp 01.01B.09		33					33	37,719	1,143	3,031	73 21	4
28 Bed Ward - EMI 50 % single rooms (6TBA)	28 beds	Interp 01.01B.02/03 due to area		1,046					1,046	1,551,107	1,483	120,697	57 37	4
Essential Accom:														
Staff rest - ?? Person	1 room	PR 01.01B.07		34					34	45,220	1,330	3,500	62 32	4
Cook chill room	1 room	PR 01.01B.13		49					49	59,143	1,207	100,000	69 25	4
Seminar room; 14 person	1 room	Interp 01.01B.09		33					33	37,719	1,143	3,031	73 21	4
ECT Suite	1 suite	PR 05.01.17		117					117	132,210	1,130	17,574	59 35	35
Essential/Optional; Accom:														
Dirty Utility room	1 room	PR 05.01.05		19					19	23,484	1,236	1,012	72 22	35
Reception	1 room	m2 rate		14					14	24,800	1,771	5,000	72 22	35
Staff changing facilities (zonal)	????	PR 01.02.01		68					68	63,444	933	3,240	76 18	-
Carried to OB2				4,588	-	-	-	-	4,588	6,548,876		717,367		
Staff support facilities														
Staff changing facilities (zonal)	????	PR 01.02.01		68					68	63,444	933	3,240	76 18	-
Carried to OB2				68	-	-	-	-	68	63,444		3,240		
Whole Hosp. Supp Facilities														
Domestic services facilities	1 equip cleaning room	m2 rate		16					16	15,200	950	2,000	72 22	
Linen room	1 room	m2 rate		49					49	41,650	850	2,000	75 19	

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Custom) - Acute

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	Ref 70%	Ref 50%	Ref 20%	Retain	Total					
Catering	????	m2 rate		109					109	196,200	1,800	20,000	50 44	
IT services (exc infrastructure)	1 room	m2 rate		27					27	40,500	1,500	18,307	54 40	-
Telephone services equipment	500 Extensions	09.02.03										156,451		
Patient line offices	1 suite	Interp 07.02.01		54					54	43,369	803	30,512	72 22	18
Security Base	1 room	PR 07.03.05A		22					22	28,864	1,312	10,000	56 38	-
Portering/Postal services	1 Post room	m2 rate		56					56	50,400	900	10,000	72 22	
Target adjustment		avge m2 rate		(129)					(129)	(161,224)	1,250	(96,564)	72 22	
Carried to OB2				204	-	-	-	-	204	254,959		152,706		
External Works Accommodations														
Information and boulevard accom	1 area	m2 rate		28					28	33,600	1,200	5,000	72 22	
Grounds maintenance	3 stores	PR 10.02.03/05		79					79	58,460	740	3,000	75 19	34
Medical gases store	1 store	PR 10.02.04		12					12	4,452	371	200	74 20	34
Car parking	See on-costs													
Ambulance Service	See on-costs													
Transport service	See on-costs													
Mobile clinical services docking station	See on-costs													
Energy Centre: Community Hosp	See on-costs													
Energy Centre: Burden Neuro Institute	See on-costs													
Energy Centre: Macmillan	See on-costs													
Medical gas plant; Macmillan	See on-costs													
Sub station; Macmillan	See on-costs													
Waste compactor and holding areas	See on-costs													
Carried to OB2				119	-	-	-	-	119	96,512		8,200		

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available. Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals) Pango Erion Partnership Erion Association with
WAT Partnership Ltd.

Position

Address

Telephone

Date

Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ
024 7656 1510
6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

TRUST/ORGANISATION: North Bristol NHS Trust								SCHEME: Community Hospital on Frenchay Site (New Build)								
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS								PHASE: All								
Building	Source of Information	Area (Gross inc circulation and plant)						Costs to * Condition B Exc VAT/fees £	MIPS Index (Approx)	Adjust* to MIPS 415	Applicable to this option?			Total £	Equip. Cost N/A	B%/ E%
		New	Ref 70%	Ref 50%	Ref 20%	Retain	Total m2				Y/N	Comment	Adjust Factor			
Retained Accommodation																
Accommodation to be re-used																
Not applicable							-		447	-	Y			-		15 85
							-		447	-	Y			-		15 85
Infrastructure Costs							5,740,000	447	5,329,083	Y	Most of site demolished; on-costs will pick up re-service elements	0%	-		-	100
Carried to OB2		-	-	-	-	-	-						-	-		
Retained Accommodation																
Accommodation Retained "As Is"																
Macmillan Centre						625	625									
Carried to OB2		-	-	-	-	625	625	-					-	-		
Retained Accommodation																
Separate Business Cases																
Not applicable																
Carried to OB2		-	-	-	-	-	-	-					-	-		
Retained Accommodation																
Excluded (Out-with red line)																
Burden Neurological Institute Block 195						1,533	1,533									
BIRU Block 194						1,467	1,467									
Tucketts museum					81	81										
Carried to OB2		-	-	-	-	3,081	3,081	-					-	-		

Notes:
 Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.
 Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)
 * Delete as appropriate
 1. State area and rate if departmental cost allowance not available
 2. Insert:
 N for new build,
 A for adaptations for alternative use or
 C for upgrading existing building retaining current use
 3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances
 4. Provide details where available

* The current backlog maintenance data available is a site summary and not broken down by cost per building. As these buildings are generally in better condition than remainder of site the average m2 rate across the site has been abated by 50%

Completed By:	Angus Elliot Partnership Ltd in association with WT Partnership Ltd	Authorised for issue	
Name (capitals)		Project Director	
Position			
Address	Orchard Court V		
	Binley Business Park		
	Harry Weston Road		
	Coventry CV3 2TQ		
Telephone	024 7656 1510	Date	
Date	6th January 2006 - Version 2.3		

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (New Build)

PHASE:

All

CAPITAL COSTS: ON-COSTS

	Adjusted %	Estimated Cost (exc. VAT)	Percentage of Departmental Cost (Exc Ret)
1 Communications			
a. Space	2,558,745		
b. Lifts	524,937	£ 3,083,682	18.33
2 "External" Building Works (1)			
a. Drainage	815,150		
b. Roads, paths, parking	2,165,847		
c. Site layout, walls, fencing gates	655,357		
d. Builders work for engineering services outside buildings	1,083,964	£ 4,720,318	28.06
3 "External Engineering Works			
a. Steam, condensate, heating, hot water and gas mains supply	981,641		
b. Cold water mains and storage	476,452		
c. Electricity mains, sub-stations, stand-by generating plant	2,096,710		
d. Calorifiers and associated plant	100,506		
e. Miscellaneous services	2,082,837	£ 5,738,146	34.11
4 Auxiliary Buildings	1,382,912	£ 1,382,912	8.22
5 Other on-costs and abnormals (2)			
a. Building	2,123,868		
b. Engineering	1,662,856	£ 3,791,724	22.54
Total On-Costs to Summary OB1		£ 18,716,782	111.27

Notes: Must be based on scheme specific assessments/measurements; attach details to define scope of works as appropriate. Identify separately any proposed additional capital expenditure justifiable in value for money terms (details to be provided).

* Delete as appropriate

(1) "External" to Departments

(2) Identify any enabling or preliminary works to prepare the site in advance e.g. demolitions; service diversions; decanting costs; site investigation and other exploratory works

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
1 Communications			
a. Space			
- Internal corridors unglazed 14.05.01	m2	240,591	
- Internal corridors glazed 14.05.02	m2	543,270	
- External corridors unglazed 14.05.03	m2	95,222	
- External corridors glazed 14.05.04	m2	143,579	
- Stairs, straight, 1200 wide 14.04.01	Flt	65,228	
- Stairs, straight, 1800 wide 14.04.02	Flt	37,446	
- Stairs, landing, 1200 wide 14.04.03	Flt	268,864	
- Stairs, landing, 1800 wide 14.04.04	Flt	80,624	
- Adjusts for area reductions (stairs)	Sum	(34,850)	
- Uplift DCAGs for OB/FB	Sum	339,994	
- Ramps	Sum	15,000	
- Lift lobbies and shafts	inc	-	
- Internal plant rooms	m2	580,500	
- Roof level plant rooms	m2	150,000	
- Vertical ducts / risers	m2	210,000	
- Walkways	m	-	
- Underground ducts	m	-	
- Adjusts for area reductions (ducts)	Sum	(34,850)	
0.24 Area reductions general	Sum	(133,123)	
- Reduce current costs for OB/FB	Sum	(8,750)	
			2,558,745
b. Lifts			
- Passenger, electric 14.06.01	Lift	-	
- Passenger, hydraulic 14.06.02	Lift	-	
- Trolley, electric 14.06.03	Lift	-	
- Trolley, hydraulic 14.06.04	Lift	-	
- Bed, electric 14.06.05	Lift	424,668	
- Bed, hydraulic 14.06.06	Lift	-	
- Escalators	No	-	
- 0	0	100,269	
			£ 524,937

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
2 "External" Building Works (1)			
a. Drainage			
0.01	Foul water to new buildings	Sum	331,550
0.02	Surface water to new buildings	Sum	515,796
0.03	Foul water to retained buildings	inc	-
0.04	Surface water to retained buildings	inc	-
0.05	Surface water to paved areas	inc	-
0.06	Final connections - Foul	Sum	4,346
0.07	Final connections - Surface	Sum	5,794
0.08	Drainage diversions - Foul	Sum	12,358
0.09	Drainage diversions - Surface	Sum	12,358
0.10	Underground storage	inc	-
0.11	Underground interceptors	Sum	14,486
0.12	CCTV surveys	Sum	12,356
0.13	Integration of existing buildings	inc	-
0.14	Connections to new buildings	inc	-
0.15	Pumping stations	inc	-
0.16	Adjust to .01/ .02 for rates	%	(84,735)
-	Reduce current costs for OB/FB	Sum	(9,159)
			815,150
b. Roads, paths, parking			
0.01	New surface car parking	inc	-
0.02	New decked car parking	inc	-
0.03	Refurbished car parking	inc	-
0.04	Adaptions to existing car parks	inc	-
0.05	Temporary car parks	inc	-
0.06	Car park controls / security	Sum	125,307
0.07	New road access	inc	-
0.08	New site roads	Sum	2,464,875
0.09	Refurbished roads	EXCL	-
0.10	Adaptions to existing roads	inc	-
0.11	Temporary roads / roadworks	inc	-
0.12	Junctions / crossovers	inc	-

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
0.13 Delivery areas	Sum	50,000	
0.14 Service roads	inc	-	
0.15 Bus lay bys	inc	-	
0.16 Drop off points	inc	-	
0.17 Highway works	inc	-	
0.18 Works beyond site boundary	inc	-	
0.19 Site paths and pavings	inc	-	
0.20 Pavings around building perimeters	Sum	50,000	
0.21 Street / road lighting (See 3e)	inc	-	
0.22 Car park lighting (See 3e)	inc	-	
0.23 External lighting (See 3e)	inc	-	
0.24 Area reductions general	Sum	(500,000)	
- Reduce current costs for OB/FB	Sum	(24,335)	
			2,165,847
c. Site layout, walls, fencing gates			
0.01 Hard landscaping to courtyards	inc	-	
0.02 Soft landscaping to courtyards	inc	-	
0.03 Hard landscaping elsewhere	inc	-	
0.04 Soft landscaping elsewhere	Sum	797,570	
0.05 Perimeter fencing and gates	Sum	50,151	
0.06 Internal fencing and gates	inc	-	
0.07 Bus stands / bus stops	inc	-	
0.08 External steps	inc	-	
0.09 Boundary walls	inc	-	
0.10 Internal perimeter walls	inc	-	
0.11 Retaining walls	Sum	5,000	
0.12 Site furniture	Sum	15,000	
0.13 Art features	Sum	25,000	
0.14 Water features	inc	-	
0.15 External signage	Sum	10,000	
0.16 Sundries	inc	-	
0.17 External ramps and balustrades	Sum	10,000	
0.18 Reduction for area general	Sum	(250,000)	
- Reduce current costs for OB/FB	Sum	(7,364)	
			655,357

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
d. Builders work for engineering services outside buildings			
0.01 Electrical service trenches	Sum	976,914	
0.02 EO for ducts and abnormalities	Sum	244,229	
0.03 Mechanical service trenches	Sum	100,000	
0.04 EO for ducts and abnormalities	Sum	25,000	
- Reduction for area general	Sum	(250,000)	
- work (%age of total cost)	inc	-	
- Reduce current costs for OB/FB	Sum	(12,179)	
			£ 1,083,964
3 "External Engineering Works			
a. Steam, condensate, heating, hot water and gas mains supply			
- Natural gas supplies	Sum	91,605	
- Oil plant	Sum	169,391	
- Boiler plant / CHP	Sum	376,899	
- Steam and condense distribution	Sum	64,693	
- LPHW distribution	Sum	290,083	
- Others (listed):	inc	-	
- Reduce current costs for OB/FB	Sum	(11,030)	
			981,641
b. Cold water mains and storage			
- Mains cold water service	Sum	351,824	
- Fire hydrants	Sum	45,285	
- Tank cold water service (incl RO)	inc	-	
- Hot water service	Sum	84,696	
- Others (listed):	inc	-	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- Reduce current costs for OB/FB	Sum	(5,353)	476,452
c. Electricity mains, sub-stations, stand-by generating plant			
- HV Ring main	Sum	255,376	
- New Build Plant - Special Requirements	Sum	2,072,103	
- Adjust for rate reductions	%	(207,210)	
- Reduce current costs for OB/FB	Sum	(23,559)	2,096,710
d. Calorifiers and associated plant			
- Calorifiers	Sum	101,635	
- Associated plant	inc	-	
- Others (listed):	inc	-	
- Reduce current costs for OB/FB	Sum	(1,129)	100,506
e. Miscellaneous services			
- Cooling plant	Sum	497,791	
- Air conditioning / ventilation	Sum	508,173	
- Oxygen	Sum	335,107	
- Vacuum plant	inc	-	
- Medical air 4bar / 7bar	inc	-	
- Nitrous Oxide	inc	-	
- Specialist gases	inc	-	
- Anaesthetic gas scavenging	inc	-	
- Dry / wet risers	Sum	33,511	
- Foam inlets	inc	-	
- Pneumatic tube	Sum	50,267	
- Building Management System	Sum	502,661	
- Voice and data	inc	-	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- Fire / Critical Alarms / Nurse Call	Sum	18,044	
- CCTV/Security/Intruder/Staff Attack	Sum	234,951	
- Patient TV/Video	inc	-	
- External lighting	inc	-	
- Street lighting	Sum	60,147	
- Car park lighting	Sum	100,246	
- Standby generators	Sum	298,231	
- Access controls	Sum	83,956	
- Area reductions	Sum	(581,995)	
- Adjust to cooling plant for area reductions	Sum	(34,850)	
- Reduce current costs for OB/FB	Sum	(23,403)	
			2,082,837
4 Auxiliary Buildings			
0.01 Bin stores	inc	-	
0.02 Cycle sheds	Sum	20,000	
0.03 Smoking shelters	Sum	5,000	
0.04 Bus shelters	Sum	20,000	
0.05 Miscellaneous buildings	inc	-	
0.06 Entrance canopies - Main	Sum	200,000	
0.07 Entrance canopies - Maternity	Sum	-	
0.08 Entrance canopies - A & E	Sum	-	
0.09 Entrance canopies - Other	Sum	-	
0.10 Sub stations (housings only)	No	50,000	
0.11 Energy centre building	m2	525,000	
0.12 Generator house (main)	inc	-	
0.13 Smaller boiler houses	No	80,000	
0.14 Smaller generator / switch rooms	No	30,000	
0.15 VIE Compound / MA4 / Vacuum	Sum	75,000	
0.16 Gas meter house	Sum	20,000	
0.17 HV Intake room	Sum	25,000	
0.18 Oil / fuel storage compound	Sum	30,000	
0.19 Information & Boulevard	Sum	42,000	
0.20 Grounds maintenance	Sum	63,200	
0.21 Waste management area	m2	210,000	
0.22 Waste Transfer area	m2	12,000	
0.23 Covered walkways	Sum	158,250	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
0.24 Mobile clinic docking station	m2	18,000	
0.25 Telecom switchroom	Sum	15,000	
0.26 Medical gas stores	Sum	50,000	
- Reduction for area - general	Sum	(250,000)	
- Reduce current costs for OB/FB	Sum	(15,538)	
			1,382,912
5 Other on-costs and abnormals (2)			
a. Building			
0.01 Abnormal foundations	inc	-	
0.02 Abnormal ground conditions	inc	-	
0.03 Additional phasing costs	Sum	-	
0.04 Art works	of	233,442	
0.05 Internal demolitions / alterations	Sum	-	
0.06 Building demolitions	Sum	673,895	
0.07 Asbestos removal to buildings	Sum	350,000	
0.08 Asbestos removal to ducts etc	inc	-	
0.09 Demolition of service ducts	Sum	10,000	
0.10 Demolition of walkways etc	inc	-	
0.11 Helipad	Sum	-	
0.12 Site clearance	Sum	20,000	
0.13 Decontamination of ground	Sum	100,000	
0.14 Temporary access roads etc	inc	-	
0.15 Sundries	inc	-	
0.16 Backlog maintenance - Retained	EXCL	-	
0.17 Additional costs over model	Sum	111,500	
0.18 Height factor	inc	-	
0.19 Transition and Phasing Costs	Sum	-	
- Enabling works - Pre main building	Sum	1,125,000	
- Asbestos removal- Pre main building	Sum	280,000	
- Demolition - Pre main building	Sum	539,116	
- Enabling works - Post main building	Sum	-	
- Asbestos removal- Post main building	Sum	70,000	
- Demolition - Post main building	Sum	134,779	
0.20 Reduction for area - general	Sum	(1,500,000)	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- Reduce current costs for OB/FB	Sum	(23,864)	2,123,868
b. Engineering			
- IT Infrastructure	Sum	174,681	
- IT Equipment	EXC	-	
- Reconnection of services to existing:	0	-	
- Steam and condensate	Sum	-	
- Gas	Sum	164,319	
- HTHW	Sum	19,408	
- Oil	Sum	57,266	
- Boiler plant	Sum	126,280	
- LTHW	Sum	25,877	
- MCWS / SCWS	Sum	64,046	
- CWS	Sum	27,832	
- DHWS	Sum	37,761	
- Ventilation	inc	-	
- Medical gases	Sum	64,693	
- Pneumatic tube	Sum	12,939	
- Building Management System	Sum	97,039	
- Electricity	Sum	189,715	
- IT / Data etc	inc	-	
- Lightning protection	Sum	17,123	
- Disconnect services for demolition	inc	-	
- Remove external electrical services	Sum	306,250	
- Remove external mechanical services	Sum	100,000	
- Temporary services - mechanical	Sum	187,608	
- Temporary services - electrical	Sum	25,062	
- Services diversions - mechanical	inc	-	
- Services diversions - electrical	inc	-	
- Sundries	inc	-	
- Temporary generators	Sum	488,697	
0.20 Reduction for area - general	Sum	(500,000)	
- Reduce current costs for OB/FB	Sum	(18,740)	1,667,856

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
Total On-Costs to Summary OBI		£ 18,716,782

Notes: Must be based on scheme specific assessments/measurements; attach details to define scope of works as appropriate. Identify separately any proposed additional capital expenditure justifiable in value for money terms (details to

* Delete as appropriate

(1) "External" to Departments

(2) Identify any enabling or preliminary works to prepare the site in advance e.g. demolitions; service diversions; decanting costs; site investigation and other exploratory works

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Project Director

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
1 Fees (including "in-house" resource costs)		
a. Architects)		
b. Structural Engineers)		
c. Mechanical Engineers)	3,020,754	8.50
d. Electrical Engineers)		
e. Quantity Surveyors)		
f. Project Management)		
g. Project Sponsorship In house)	-	-
h. Legal fees)	710,766	2.00
i. Site Supervision)	177,691	0.50
j. Building Regulations and Planning Fees)	119,024	0.33
k. Others (specify))		
Acoustics Consultant)		
Arboriculturist)		
Archaeological Investigation)		
Arts Adviser)		
Brief Preparation)		
Catering Consultant)		
Estate Utilisation Study)		
Exposure of Existing Foundations)		
Financial Advisor)		
Fire Safety adviser)		
Graphics, Brochures Etc)		
Highways)		
Land Acquisition)		
Legal Advisor)		
Lighting Consultant)		
M & E Acceptance team)		
Medical Equipment Consultant)		
Models, Perspectives etc)	1,066,149	3.00
Occupational Commissioning Consultants)		
Others)		
Photographs)		
Planning Supervisor (CDM))		
Printing Drawings etc)		
Site Inspection)		
Study Visits)		
Temporary Signage)		
Town Planning Consultant)		
Traffic studies)		
Utilities)		
Wind Tunnel Test)		
Other??)		
Surveys)		
Asbestos Survey)		
CCTV survey (Buried Services))		
Existing Buildings Survey)		
Geophysical Survey)	26,807	0.08
Location of Existing Services)		
Minerals Survey)		
Site Investigation)		
Topographical Survey)		

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
Total Fees to Summary (OB1)	£ 5,121,191	14.41

2 Non-Works Costs	£
Non-VAT rated:	
a. Land purchase costs and associated legal fees	-
Sub Total	-
VAT rated:	
b. Statutory and Local Authority charges	354,928
c. Other (specify)	
Decanting (phased)	63,265
Temporary Accommodation - included in on-costs	-
Mis-sued accommodation - included in on-costs	-
Transitional arrangements - included in on-costs	-
Section 106 etc agreements	-
EXCLUDED (NOT KNOWN)	
Non-Works Costs to Summary (OB1)	£ 418,193

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (New Build)

INDICATIVE CASHFLOW

PHASE:

All

	Indicative Programme (to be advised)	Start	Finish	Period (months)															
					OBC/FBC Approvals & PFI/FC														
					Construction Period														
					Oct-08	Sep-09	12												
12 months defects and 0% retention (assuming phased contract; as indicative phasing plan)																			
		Totals From OBI	Financial Year																
			2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015 - 2016	2016 - 2017	Total				
			£	£	£	£	£	£	£	£	£	£	£	£	£				
1a	Works Costs (<i>On costs split pro rata at this stage</i>)	35,538,284	13,024,207 22,514,077 - - 35,538,284																
6.	Fees (based on 60% pre contract, 40% post contract less OBC)	5,121,191	768,179 3,055,270 1,297,743 - - - - - 5,121,191																
7.	Non-Works Costs	418,193	354,928 63,265 418,193																
8b	Equipment Cost AT ECAG 4Q04 (as current DCAG levels) (split over 2 financial years)	1,716,000	858,000 858,000 1,716,000 -																
9.	Planning Contingencies (<i>pro rata over future years</i>) 10.00 %	4,279,367	-	-	-	1,617,253	2,662,114	-	-	-	-	-	-	-	4,279,367				
10.	TOTAL excl VAT and Optimism Bias	47,073,035	-	-	768,179	18,909,658	27,395,199	-	-	-	-	-	-	-	47,073,035				
10a	Optimism Bias 10.80 %	5,083,888	-	-	-	1,921,296	3,162,591	-	-	-	-	-	-	-	5,083,888				
10b	TOTAL excl VAT inc Optimism Bias	52,156,923	-	-	768,179	20,830,954	30,557,790	-	-	-	-	-	-	-	52,156,923				
	VAT on above	8,231,253	-	-	-	3,110,745	5,120,508	-	-	-	-	-	-	-	8,231,253				
	TOTAL (for approval purposes) incl VAT	60,388,176	-	-	768,179	23,941,699	35,678,298	-	-	-	-	-	-	-	60,388,176				
	Inflation Adjustments to 2005-06 Prices	343,514	-	-	4,370	136,191	202,954	-	-	-	-	-	-	-	343,514				
11a	Sub Total at 2005-06 Prices	60,731,690	-	-	772,548	24,077,890	35,881,252	-	-	-	-	-	-	-	60,731,690				
	Inflation to Tender Date/During construction (Split pro rata over construction)	8,189,180	-	-	-	3,001,202	5,187,978	-	-	-	-	-	-	-	8,189,180				
12	FORECAST OUT-TURN BUSINESS CASE TOTAL	68,920,870	-	-	772,548	27,079,092	41,069,230	-	-	-	-	-	-	-	68,920,870				

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (New Build)

PHASE: All

CAPITAL COSTS: CASHFLOW - WORKS COST

SCHEME/PHASE:	1	All Works					
WORKS COST:	35,538,284		RETENTION %-AGE :	0	C	0.0560	
CONTRACT PERIOD:	12		MAINTENANCE PERIOD:	12	K	3.3230	
START/PAYMENT DATE:	Oct-2008		MIPS VOP Tender Price Index (1975 base):	415			

Month No	Month	Gross Cumulative Calculated	One Off Payments	Gross Cumulative	LESS Retention	Nett Cumulative	LESS Previous Payments	Nett Monthly	Nett Annual
0	Oct-2008								
1	Nov-2008	767,120		767,120	-	767,120	-	767,120	
2	Dec-2008	2,675,906		2,675,906	-	2,675,906	(767,120)	1,908,786	
3	Jan-2009	5,503,552		5,503,552	-	5,503,552	(2,675,906)	2,827,646	
4	Feb-2009	9,027,254		9,027,254	-	9,027,254	(5,503,552)	3,523,702	
5	Mar-2009	13,024,207		13,024,207	-	13,024,207	(9,027,254)	3,996,953	13,024,207
6	Apr-2009	17,271,606		17,271,606	-	17,271,606	(13,024,207)	4,247,399	
7	May-2009	21,546,646		21,546,646	-	21,546,646	(17,271,606)	4,275,040	
8	Jun-2009	25,626,522		25,626,522	-	25,626,522	(21,546,646)	4,079,876	
9	Jul-2009	29,288,428		29,288,428	-	29,288,428	(25,626,522)	3,661,907	
10	Aug-2009	32,309,561		32,309,561	-	32,309,561	(29,288,428)	3,021,133	
11	Sep-2009	34,467,114		34,467,114	-	34,467,114	(32,309,561)	2,157,554	
12	Oct-2009	35,538,284		35,538,284	-	35,538,284	(34,467,114)	1,071,170	
13	Nov-2009	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
14	Dec-2009	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
15	Jan-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
16	Feb-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
17	Mar-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	22,514,077
18	Apr-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
19	May-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
20	Jun-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
21	Jul-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
22	Aug-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
23	Sep-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
24	Oct-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
25	Nov-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
26	Dec-2010	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	-
27	Jan-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
28	Feb-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
29	Mar-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	-
30	Apr-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
31	May-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
32	Jun-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
33	Jul-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
34	Aug-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
35	Sep-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
36	Oct-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
37	Nov-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
38	Dec-2011	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
39	Jan-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
40	Feb-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
41	Mar-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	-
42	Apr-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
43	May-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
44	Jun-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
45	Jul-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
46	Aug-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
47	Sep-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
48	Oct-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
49	Nov-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
50	Dec-2012	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
51	Jan-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
52	Feb-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
53	Mar-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	-
54	Apr-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
55	May-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
56	Jun-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
57	Jul-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
58	Aug-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
59	Sep-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
60	Oct-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
61	Nov-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
62	Dec-2013	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
63	Jan-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
64	Feb-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
65	Mar-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
66	Apr-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
67	May-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
68	Jun-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
69	Jul-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
70	Aug-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
71	Sep-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
72	Oct-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
73	Nov-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
74	Dec-2014	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	
75	Jan-2015	35,538,284		35,538,284	-	35,538,284	(35,538,284)	-	

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with
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Binley Business Park
Harry Weston Road
Coventry CV3 2TQ
Telephone 024 7656 1510
Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Community Hospital on Frenchay Site (New Build)
PHASE:	All
NOTES AND ASSUMPTIONS	

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
1	<p>Departmental Costs</p> <p>a Departmental Costs have been costed on the basis of the DCAG allowances in Healthcare Capital Investment Version 2.1 (NB published figures are at MIPS 360 and uplifted to MIPS VOP 445, the current approval level, on the OB2 form for transfer to the OB1 form - advanced notification of imminent uplift in approval level from DOH QB team)</p> <p>The functional content is as SHP's neutral functional content version Z07</p> <p>b For the current costing exercise we have adjusted the overall DCAG's for new build using an average calculation for the proportion of refurbishment as listed on the functional content schedules prepared by SHP (Note this differs from the current option drawings)</p> <p>The actual allocation of function to building is not yet determined. The proportion of refurb in each retained area is as agreed at a meeting with the Trust on 10/08/05 and recorded on the functional content</p> <p>c Three levels of refurb cost have been used: 70% full refurb where departments will require major alterations (none identified at this stage), 50% medium refurb where partial areas will need to be adapted minimum refurb of 20% for areas requiring only minor/cosmetic alteration</p> <p>d On the refurbishment areas the backlog maintenance requirements have been assessed as to any residual which may still be required in addition to the refurbishment cost, as follows: for areas with a 70% refurb it is assumed that all but 25% of backlog issues would have been addressed for areas with a 50% refurb it is assumed that all but 50% of backlog issues would have been addressed for areas with a 20% refurb it is assumed that all but 75% of backlog issues would have been addressed 100% backlog has been used for retained buildings within the business case but excluded for those outside of the business case</p> <p>e No abatement has been made within the current exercise for any area reductions to the neutral functional content associated with retaining the existing accommodation</p> <p>f In the original SOC forms separate lines on the OB1 form were used for Retained Accommodation and Embedded accommodation; these appeared on the departmental cost line even though they were costed at overall rates (i.e. inc on-costs).</p> <p>For the current exercise the DCAG elements have been shown separately on the OB forms and the on-costs are all inclusive for the site as a whole</p> <p>g The accountants breakdown splits out the new build costs, early enabling works (pre PFI), the refurb costs in each category (70%, 50%, 20%), the retained building costs, short life assets eg demolitions, site clearance etc post PFI (see OB3 Breakdown) and further splits the building and the engineering element within each category</p> <p>The summary table on the OB1 sheet also gives the rates per m2 for new build and each level of refurb excluding VAT and equipment and short life assets for use in the financial appraisal</p>	<p>The re-use of existing accommodation is for functions of lesser value than the average rate/m2 used to abate the new build cost</p> <p>The abatement for refurb agreed at the meeting with the Trust cannot be achieved and higher levels of refurb are required</p> <p>The existing buildings require greater alteration than covered by the percentage allowance used at this stage</p> <p>Backlog maintenance issues are greater than assessed by this percentage method</p>
2.	<p>On-Costs</p> <p>a On-costs have been calculated based on indicative information received from the design team and comprise a series of quantified and lump sum allowances at this stage, as summarised on the OB3 Breakdown</p>	
3	<p>Provisional Location Adjustment</p>	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (New Build)

PHASE:

All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

- a The DCAG allowances are based on outer London prices. Quarterly Briefing publishes average location factors for the regions. For the Bristol area, this is currently 1.00, i.e. the location adjustment is **NIL**

4 Fees

- a For each option, percentage allowances have been made for the design team and specialist consultants, individual calculations carried out for building regulations and planning fees and lump sum allowances for the site survey work

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Community Hospital on Frenchay Site (New Build)
PHASE:	All
NOTES AND ASSUMPTIONS	

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
5	Non-Works Costs	
a	This element includes an allowance for statutory charges (1% of build cost) and a lump sum allowance for decanting costs based on similar schemes. Temporary accommodation (where required) and transitional arrangements are covered in the on-costs allowances	
	As the extent of potential Section 106 etc agreements is currently unknown these are excluded from the cost breakdowns and will need to be identified as a risk item	Section 106 etc requirements of local authority
6	Equipment Cost	
a	The Equipment Cost Allowance Guides based on the departmental areas have been used to establish a budget for new equipment; where guidance is not available a budget allowance has been included and will need further verification	The allowances based on the Equipment Cost Allowance Guides are insufficient for the requirements of the departments
	The published equipment allowances should be regarded with some caution as they are based on "mid-range equipment" and have not been updated in recent years; discussion may be required over the level of cost included	
	An abatement percentage for the re-use of existing equipment has been applied to each option based on the Trusts assessment of their actual equipment needs; the Trust are currently looking at replacement cycles and the level which may be transferrable.	The actual transfer of equipment is less than the percentage assessed at this stage
	The Equipment allowance for embedded accommodation is to allow for transfer only (£100/m2 as SOC)	
7	Planning Contingencies	
a	The Trust have advised that the risk element should now be adjusted to 10% to reflect the further level of detail now available	The risk register has not been updated at this stage and the costs assessed
8	Residual Optimism Bias	
	The Trust have carried out an in-house calculation for optimism bias and the mitigated percentage for this option is 10.40% (as Mark Ross email 23/11/05)	
9	Inflation Adjustments	
	The total at line 12 (less equipment) is uplifted to average costs for 2005-2006 at line 13a for accounting purposes; an average of the forecast MIPS VOP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	The equipment total within line 12 has also been uplifted to 2005-2006 price levels based on the average forecast EP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose (MIPS VOP 446.5)	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	The inflation adjustments to start on site and during construction shown below line 13a are currently based on the indicative timeline provided by the trust which show a start on site in September 2008 and completion by September 2012 (4 year construction). Pre PFI enabling works will take place prior to this during 2007/8	Further delays in the overall programme
	The MIPS and APSAB FORVOP indices from Quarterly Briefing Vol 14 Nr 3 have been used to calculate an indicative average inflation uplift for the construction period	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	THE EP indices from Quarterly Briefing Vol 14 Nr3 (have been used to calculate the average inflation uplift to date of purchase (midpoint assumed for this exercise)	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Community Hospital on Frenchay Site (New Build)
PHASE:	All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

It should also be noted that there is a minor adjustment to the line 13 construction inflation which has occurred between versions 2.2. and 2.3; this is due to the increase in the base index level from 415 to 446.75; a small amount of VAT on the inflation element of fees was attaching and the index uplift on optimism bias and planning contingency figures are further inflated as the equipment costs in the base figures are not index adjusted; lump sum adjustment have been made in order to balance with the previous figures

10 Cashflow Forecast

The cashflow is based on an indicative construction programme as refeerd to above and indicative transitional arrangements from SHP; NB phasing splits are indicative at this stage

Phasing requirements extend the programme beyond the contract period currently used

11 Generally

Separate sets of OB Forms have been produced for the acute site and each community site and a summary OB1 of total costs has also been produced with scenarios for the combination of options on each site as follows:

- Scenario 1 - Southmead North Option + Frenchay New Build Option
- Scenario 2 - Southmead North Option + Frenchay Refurb Option
- Scenario 3 - Southmead South Option + Frenchay New Build Option
- Scenario 4 - Southmead South Option + Frenchay Refurb Option
- Scenario 5 - Do Minimum on each site

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (New Build)

PHASE:

All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

024 7656 1510

6th January 2006 - Version 2.3

Project Director

TRUST/ORGANISATION: North Bristol NHS Trust		ORGANISATIONAL CODE:	
SCHEME: Community Hospital on Frenchay Site (Refurb)		DIRECTORATE:	
STRATEGIC HA:			
PHASE: All			
PROJECT DIRECTOR: D Powell			

CAPITAL COSTS SUMMARY

		Cost Excl. VAT £	VAT £	Cost Incl. VAT £
1.	Departmental Costs (from Form OB2) Community Retained (Residual Backlog Only) Departmental Cost Total	8,268,069 1,734,206 10,002,275	1,446,912 303,486 1,750,398	9,714,981 2,037,692 11,752,673
2.	On-Costs (a) (from Form OB3) (160.70 % of Departmental Cost Excluding retained)	16,073,629	2,812,885	18,886,515
3.	Works Cost Total (1+2) at 445 VOP MIPS (Tender Price Index Level 1975=100 base)	26,075,904	4,563,283	30,639,188
4.	Provisional Location Adjustment (- % of sub-total 3a) (if applicable)	-	-	-
5.	Sub Total (3 + 4)	26,075,904	4,563,283	30,639,188
6.	Fees (c) (15.01 % of sub-total 5)	3,912,898	xxxxxxxxxxxxxx	3,912,898
7.	Non-Works Costs (e) 1.24% VAT Rated Non VAT Rated	322,759 -	56,483 xxxxxxxxxxxxxx	379,242 -
8.	Equipment Cost (from Form OB2) Community 112 ECAG @ 4Q04 Retained 112 ECAG @ 4Q04 Sub total Equip (20.75 % of Departmental Cost)	1,716,000 - 1,716,000	300,300 - 300,300	2,016,300 - 2,016,300
9.	Planning Contingencies 10.00 %	3,202,756	560,482	3,763,238
10.	TOTAL (for approval purposes) at MIPS 445 (Excluding Optimism Bias)	35,230,317	5,480,548	40,710,866
11.	Residual Optimism Bias 13.50 %	4,756,093	832,316	5,588,409
12.	TOTAL (for approval purposes) at MIPS 445 (Including Optimism Bias)	39,986,410	6,312,865	46,299,275
13.	Inflation Adjustments (f) Construction to 2005-6 price level - MIPS VOP 446.75 2Q05-1Q06 avge Equipment to 2005-6 price level - EPI 113 2Q05-1Q06 avge	181,449 15,321	77,917 2,681	259,366 18,003
13a	Sub Total At 2005-06 Price Level	40,183,181	6,393,463	46,576,643
	Construction Uplift to Start on Site 497 1Q11 Construction Phase Inflation Avge 2.819% 1Q11 - 3Q12 Equipment to Mid point Purchase 122 4Q 11 (Mid point)	4,325,027 1,205,946 132,085	756,880 211,041 23,115	5,081,907 1,416,987 155,200
14.	FORECAST OUT-TURN BUSINESS CASE TOTAL	45,846,239	7,384,498	53,230,738

Proposed start on site (g) Proposed completion date (g)

Cashflow:- Year	SOURCE			TOTAL
	EFL	OTHER GOVERNMENT	PRIVATE	
2005 - 2006	-			-
2006 - 2007	-			-
2007 - 2008	-			-
2008 - 2009	-			-
2009 - 2010	586,935			586,935
2010 - 2011	4,130,547			4,130,547
2011 - 2012	30,103,377			30,103,377
2012 - 2013	5,165,552			5,165,552
2013 - 2014	-			-
2014 - 2015	-			-
2015 - 2016	-			-
Total Cost (as 10b above) Exc VAT				39,986,410

Total (for approval purposes) match against Cashflow

Notes:
 * Delete as appropriate
 (a) On costs should be supported by a breakdown of the percentage or a brief description of their scope (Form OB3 may be used if appropriate)
 (b) Adjustment of national D.C.A average price levels and on-costs for local market conditions
 (c) Fees include all resource costs associated with the scheme eg project sponsorship, clerk of works, building regulation and planning fees etc
 (d) Not applicable to professional fees - VAT reclaimable EL(90) P64 refers
 (e) Non-works costs should be supported by a breakdown and include such items as contributions to statutory and local authorities, land costs and associated legal
 (f) Estimate of tender price inflation up to proposed tender date (plus construction cost for VOP contracts only).
 (g) Overall timescale including any preliminary works

Completed By:

Name (capital)	Angus Eliot Partnership Ltd in association with WT Partnership Ltd
Position	
Address	Orchard Court V Binley Business Park Harry Weston Road Coventry CV3 2TQ
Telephone	024 7656 1510
Date	6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
SCHEME: Community Hospital on Frenchay Site (Refurb)
PHASE: All
PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (COMMUNITY)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		
Concourse	-	-	551	-	-	551	359,948	54,732
Inter. Care: Rehabilitation	-	-	-	-	-	-	-	-
Imaging	-	-	719	-	-	719	437,176	516,756
Therapies	-	-	950	-	-	950	451,701	175,000
Minor Injuries Unit	-	-	272	-	-	272	163,200	40,000
Day Case and Outpatients	-	-	1,305	-	-	1,305	900,619	560,793
Staff support facilities	-	-	1,112	-	-	1,112	545,511	274,504
Clinical Support Facilities	-	-	49	-	-	49	33,325	10,000
Whole Hosp. Supp Facilites	-	-	406	-	-	406	263,145	262,269
Bed Base - Inpatients	-	-	4,588	-	-	4,588	3,278,438	717,367
Staff support facilities	-	-	68	-	-	68	31,722	3,240
Whole Hosp. Supp Facilites	-	-	204	-	-	204	127,480	152,706
External Works Accommm	119	-	-	-	-	119	96,512	8,200
Sub Totals	119	-	10,224	-	-	10,343	6,688,775	2,775,567
Uplift DCAGS to current approval level MIPS VOP 445							1,579,294	
Uplift equipment to 4Q04 (as DCAG approval) EPI 112								333,068
Sub Totals							8,268,069	3,108,635
Less abatement for transferred equipment - 44.80 %								(1,392,635)
CARRIED TO OB1							8,268,069	1,716,000

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Summary - Acute)

TRUST/ORGANISATION: North Bristol NHS Trust
SCHEME: Community Hospital on Frenchay Site (Refurb)
PHASE: All
PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (COMMUNITY)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Cost Allowance £	Equipment Cost £
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total		

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary

Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms

(details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

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 Position **Partnership Ltd**
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 Telephone 024 7656 1510
 Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005
Cost Form OB2 (Summary - Retained)

TRUST/ORGANISATION: North Bristol NHS Trust
SCHEME: Community Hospital on Frenchay Site (Refurb)
PHASE: All
PROJECT DIRECTOR: D Powell

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS SUMMARY (ACUTE)

Functional Content (see OB2 Breakdown Sheets for detail)	Area m2						Backlog Cost at MIPS 415 £	Equipment Cost £	
	New	Ref 70%	Ref 50%	Ref 20%	Retain	Total			
Accommodation to be re-used	-	-	14,988	-	287	15,275	1,734,206	-	
Accommodation Retained "As Is"	-	-	-	-	625	625	-	-	
Separate Business Cases	-	-	-	-	-	-	-	-	
Excluded (Out-with red line)	-	-	-	-	3,081	3,081	-	-	
Sub Totals	-	-	14,988	-	3,993	18,981	1,734,206	-	
Uplift DCAGS to current approval level						N/A		1,734,206	-
Uplift equipment to 4Q04 (as DCAG approval)						EPI 112			-
Less abatement for transferred equipment (if applicable)						-35 %		1,734,206	-
						CARRIED TO OB1		1,734,206	-

Completed By:

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Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Acute														
TRUST/ORGANISATION: North Bristol NHS Trust				SCHEME: Community Hospital on Frenchay Site (Refurb)										
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS				PHASE: All										
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Concourse	1 main entrance ?? WC's 1 Centre 1 area 2 rooms	PR 07.03.01				367			367	226,623	618	34,020	66 28	51
Main Entrance facilities Optional accomodation Additional WC's		PR 14.01.01				48		48	48,648	1,014	1,200	54 40	40	
Information Centre		PR 07.04.10				54		54	30,024	556	5,000	75 19	-	
Coffee shop		PR 07.03.03 + uplift for area				41		41	26,650	650	10,000	73 21	51	
Staff common room & bev pre		PR 01.01B.07				41		41	28,003	683	4,512	60 34	-	
Carried to OB2				-	-	551	-	-	551	359,948		54,732		
Inter. Care: Rehabilitation														
Carried to OB2				-	-	-	-	-	-	-		-		
Imaging	2 R/D rooms 2 room suite	03.01.01 + interp 03.01.12 uplift for 2 rms in small area				663			663	397,976	600	446,526	63 31	6*
General imaging suite														
Ultrasound Suite						56		56	39,200	700	70,230	56 38	6*	
Carried to OB2				-	-	719	-	-	719	437,176		516,756		
Therapies	1 dept 1 dept 1 dept 1 dept	03.08.01/02 Interp	) ) ) ) ) )			950			950	451,701	475	175,000	64 30	8
Occupational therapy														
Physiotherapy														
Podiatry														
Dietetics														
Carried to OB2				-	-	950	-	-	950	451,701		175,000		
Minor Injuries Unit	????	m2 rate on sim facilities				272			272	163,200	600	40,000	60 34	
Minor injuries unit														
Carried to OB2				-	-	272	-	-	272	163,200		40,000		

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Custom) - Acute

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Day Case and Outpatients														
Outpatients clinic suite; 12 C/E (Shared support included with other areas)	1 suite	Interp 04.01.01 (uplift due to red'd support)				529			529	326,040	616	81,833	64 30	12
Audiology Clinic (hearing aid work)	?? clinic rooms/ 1 audiology	04.06.01/02 (sound att req's)				408			408	285,600	700	45,948	64 30	12
Renal Dialysis	Separate business case													
Endoscopy (Shared support included with other areas)	2 rooms	03.10.01 uplift for rooms only				258			258	228,479	886	425,512	60 34	-
Pain management	1 group area	m2 rate				110			110	60,500	550	7,500	68 26	-
Carried to OB2				-	-	1,305	-	-	1,305	900,619		560,793		
Staff support facilities														
Educ. and Workforce devel't	1 centre	m2 rate				347			347	208,200	600	45,865	66 28	
Staff dining room	1 room	Interp 08.01.01				166			166	62,649	377	20,000	60 34	-
End kitchen/servery	1 area	Interp 08.01.02				92			92	65,450	711	50,000	60 34	-
Staff changing facilities (zonal)	????	PR 01.02.01				136			136	63,444	467	6,479	76 18	-
Occupational Health Centre														
Offices - clinical	25 work stations	Interp 07.02.01				286			286	111,758	391	109,444	72 22	18
Offices - non-clinical	7 workstations	Interp 07.02.01				85			85	34,010	400	42,716	72 22	18
Carried to OB2				-	-	1,112	-	-	1,112	545,511		274,504		
Clinical Support Facilities														
Sterile services R&D	1 facility	m2 rate				33			33	17,325	525	5,000	70 24	
Mortuary	1 Body store	m2 rate (circa 03.05.02)				16			16	16,000	1,000	5,000	52 42	20
Carried to OB2				-	-	49	-	-	49	33,325		10,000		

OBC OPTION APPRAISAL NOVEMBER 2005														
Cost Form OB2 (Custom) - Acute														
TRUST/ORGANISATION: North Bristol NHS Trust			SCHEME: Community Hospital on Frenchay Site (Refurb)											
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS										PHASE: All				
Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Whole Hosp. Supp Facilities														
Domestic services facilities	1 equip cleaning room	m2 rate				16			16	7,600	475	2,000	72 22	
Domestic services store	1 room	m2 rate				16			16	6,800	425	2,000	75 19	
Linen room	1 room	m2 rate				49			49	20,825	425	2,000	75 19	
Catering; finishing kitchen	????	m2 rate				158			158	142,200	900	30,000	50 44	
IT services (exc infrastructure)	1 room	m2 rate				27			27	20,250	750	18,307	54 40	-
Telephone services equipment	500 Extensions	09.02.03										156,451		
Patient line offices	1 suite	Interp 07.02.01				54			54	21,685	402	30,512	72 22	18
Security Base	1 room	PR 07.03.05A				22			22	14,432	656	10,000	56 38	-
Portering/Postal services	1 Post room	m2 rate				50			50	22,500	450	10,000	72 22	
Site management office	1 office	PR 07.04.04				14			14	6,853	490	1,000	72 22	18
		Carried to OB2		-	-	406	-	-	406	263,145		262,269		
Bed Base - Inpatients														
28 Bed Wards in 14 Bed Clusters 43 % single rooms (6/14)	84 beds	Interp 01.01B.02/03 due to area				3,092			3,092	2,234,833	723	356,783	57 37	4
Essential Accom:														
Staff rest - ?? Person	1 room	PR 01.01B.07				34			34	22,610	665	3,500	62 32	4
Cook chill room	1 room	PR 01.01B.13				49			49	29,572	604	100,000	69 25	4
Seminar room; 14 person	1 room	Interp 01.01B.09				33			33	18,860	572	3,031	73 21	4
28 Bed Ward - EMI 50 % single rooms (6TBA)	28 beds	Interp 01.01B.02/03 due to area				1,046			1,046	775,554	741	120,697	57 37	4
Essential Accom:														
Staff rest - ?? Person	1 room	PR 01.01B.07				34			34	22,610	665	3,500	62 32	4
Cook chill room	1 room	PR 01.01B.13				49			49	29,572	604	100,000	69 25	4
Seminar room; 14 person	1 room	Interp 01.01B.09				33			33	18,860	572	3,031	73 21	4
ECT Suite	1 suite	PR 05.01.17				117			117	66,105	565	17,574	59 35	35
Essential/Optional; Accom:														
Dirty Utility room	1 room	PR 05.01.05				19			19	11,742	618	1,012	72 22	35
Reception	1 room	m2 rate				14			14	16,400	1,171	5,000	72 22	35
Staff changing facilities (zonal)	????	PR 01.02.01				68			68	31,722	467	3,240	76 18	-
		Carried to OB2		-	-	4,588	-	-	4,588	3,278,438		717,367		
Staff support facilities														
Staff changing facilities (zonal)	????	PR 01.02.01				68			68	31,722	467	3,240	76 18	-
		Carried to OB2		-	-	68	-	-	68	31,722		3,240		
Whole Hosp. Supp Facilities														
Domestic services facilities	1 equip cleaning room	m2 rate				16			16	7,600	475	2,000	72 22	
Linen room	1 room	m2 rate				49			49	20,825	425	2,000	75 19	

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Custom) - Acute

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost HCI Ver. 2.1 £	Cost/m2 (of dept) £	Equip. Cost HCI Ver. 2.1	B%/E%	HBN Ref
				New	70%	50%	20%	Retain	Total					
Catering	????	m2 rate				109			109	98,100	900	20,000	50 44	
IT services (exc infrastructure)	1 room	m2 rate				27			27	20,250	750	18,307	54 40	-
Telephone services equipment	500 Extensions	09.02.03										156,451		
Patient line offices	1 suite	Interp 07.02.01				54			54	21,685	402	30,512	72 22	18
Security Base	1 room	PR 07.03.05A				22			22	14,432	656	10,000	56 38	-
Portering/Postal services	1 Post room	m2 rate				56			56	25,200	450	10,000	72 22	
Target adjustment		avge m2 rate				(129)			(129)	(80,612)	625	(96,564)	72 22	
Carried to OB2				-	-	204	-	-	204	127,480		152,706		
External Works Accommod														
Information and boulevard accom	1 area	m2 rate		28					28	33,600	1,200	5,000	72 22	
Grounds maintenance	3 stores	PR 10.02.03/05		79					79	58,460	740	3,000	75 19	34
Medical gases store	1 store	PR 10.02.04		12					12	4,452	371	200	74 20	34
Car parking	See on-costs													
Ambulance Service	See on-costs													
Transport service	See on-costs													
Mobile clinical services docking station	See on-costs													
Energy Centre: Community Hosp	See on-costs													
Energy Centre: Burden Neuro Institute	See on-costs													
Energy Centre: Macmillan	See on-costs													
Medical gas plant; Macmillan	See on-costs													
Sub station; Macmillan	See on-costs													
Waste compactor and holding areas	See on-costs													
Carried to OB2				119	-	-	-	-	119	96,512		8,200		

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available. Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals) Pango's Enrich Partnership Enrich Association with
WAT Partnership Ltd
Position
Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ
Telephone 024 7656 1510
Date 6th January 2006 - Version 2.3

Authorised for issue
Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005																		
Cost Form OB2 (Custom) - Retained																		
TRUST/ORGANISATION: North Bristol NHS Trust								SCHEME: Community Hospital on Frenchay Site (Refurb)										
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS								PHASE: All										
Building	Source of Information	Area (Gross inc circulation and plant)						Costs to * Condition B Exc VAT/fees £	MIPS Index (Approx)	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost N/A	B%/E%		
		New	Ref 70%	Ref 50%	Ref 20%	Retain	Total				Y/N	Comment	Adjust Factor					
							m2											
Retained Accommodation	Trust Update for 05 - 05			654			654	551,000	447	548,535	Y	Part will be "taken up" in 50% refurb; full backlog on retained portion	50%	274,267		15	85	
Accommodation to be re-used																		
Kitchen 040																		
Restaurant 041				687			687	538,000	447	535,593	Y	Part will be "taken up" in 50% refurb; full backlog on retained portion	50%	267,796		15	85	
Phase 1 area 136				9,618			9,618	1,385,000	447	1,378,803	Y	Part will be "taken up" in 50% refurb; full backlog on retained portion	50%	689,402		15	85	
Day Hospital 137				4,029			4,029	512,000	447	509,709	Y	Part will be "taken up" in 50% refurb; full backlog on retained portion	50%	254,855		15	85	
Occupational Health 058							287	287	249,000	447	247,886	Y	Retained so 100% required	100%	247,886		15	85
Infrastructure Costs									5,740,000	447	5,714,318	Y	Most of site demolished; on-costs will pick up re-service elements	0%	-		-	100
Carried to OB2		-	-	14,988	-	287	15,275							1,734,206	-			
Retained Accommodation																		
Accommodation Retained "As Is"																		
Macmillan Centre						625	625											
Carried to OB2		-	-	-	-	625	625	-						-	-			
Retained Accommodation																		
Separate Business Cases																		

OBC OPTION APPRAISAL NOVEMBER 2005

Cost Form OB2 (Custom) - Retained

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Building	Source of Information	Area (Gross inc circulation and plant)						Costs to * Condition B Exc VAT/fees £	MIPS Index (Approx)	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost N/A	B%/ E%
		New	Ref 70%	Ref 50%	Ref 20%	Retain	Total				Y/N	Comment	Adjust Factor			
							m2									
Not applicable																
Carried to OB2		-	-	-	-	-	-	-						-	-	
Retained Accommodation																
Excluded (Out-with red line)																
Burden Neurological Institute Block 195						1,533	1,533									
BIRU Block 194						1,467	1,467									
Tucketts museum						81	81									
Carried to OB2		-	-	-	-	3,081	3,081	-						-	-	

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.

Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (Refurb)

PHASE:

All

CAPITAL COSTS: ON-COSTS

	Adjusted %	Estimated Cost (exc. VAT)	Percentage of Departmental Cost (Exc Ret)
1 Communications			
a. Space	632,384		
b. Lifts	524,937	£ 1,157,321	11.57
2 "External" Building Works (1)			
a. Drainage	491,359		
b. Roads, paths, parking	2,108,759		
c. Site layout, walls, fencing gates	699,615		
d. Builders work for engineering services outside buildings	602,166	£ 3,901,899	39.01
3 "External Engineering Works			
a. Steam, condensate, heating, hot water and gas mains supply	910,554		
b. Cold water mains and storage	476,259		
c. Electricity mains, sub-stations, stand-by generating plant	1,786,172		
d. Calorifiers and associated plant	100,429		
e. Miscellaneous services	2,057,041	£ 5,330,455	53.29
4 Auxiliary Buildings	1,382,912	£ 1,382,912	13.83
5 Other on-costs and abnormals (2)			
a. Building	3,138,384		
b. Engineering	1,162,658	£ 4,301,042	43.00
Total On-Costs to Summary OB1		£ 16,073,629	160.70

Notes: Must be based on scheme specific assessments/measurements; attach details to define scope of works as appropriate. Identify separately any proposed additional capital expenditure justifiable in value for money terms (details to be provided).

* Delete as appropriate

(1) "External" to Departments

(2) Identify any enabling or preliminary works to prepare the site in advance e.g. demolitions; service diversions; decanting costs; site investigation and other exploratory works

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
1 Communications			
a. Space			
- Internal corridors unglazed 14.05.01	m2	360,887	
- Internal corridors glazed 14.05.02	m2	54,327	
- External corridors unglazed 14.05.03	m2	-	
- External corridors glazed 14.05.04	m2	-	
- Stairs, straight, 1200 wide 14.04.01	Flt	8,000	
- Stairs, straight, 1800 wide 14.04.02	Flt	4,000	
- Stairs, landing, 1200 wide 14.04.03	Flt	32,000	
- Stairs, landing, 1800 wide 14.04.04	Flt	8,000	
- Adjusts for area reductions (stairs)	Sum	(34,850)	
- Uplift DCAGs for OB/FB	Sum	102,086	
- Ramps	Sum	-	
- Lift lobbies and shafts	inc	-	
- Internal plant rooms	m2	116,100	
- Roof level plant rooms	m2	30,000	
- Vertical ducts / risers	m2	42,000	
- Walkways	m	-	
- Underground ducts	m	-	
- Adjusts for area reductions (ducts)	Sum	(34,850)	
0.24 Area reductions general	Sum	(54,216)	
- Reduce current costs for OB/FB	Sum	(1,100)	
			632,384
b. Lifts			
- Passenger, electric 14.06.01	Lift	-	
- Passenger, hydraulic 14.06.02	Lift	-	
- Trolley, electric 14.06.03	Lift	-	
- Trolley, hydraulic 14.06.04	Lift	-	
- Bed, electric 14.06.05	Lift	424,668	
- Bed, hydraulic 14.06.06	Lift	-	
- Escalators	No	-	
- 0	0	100,269	
			£ 524,937

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
2 "External" Building Works (1)			
a. Drainage			
0.01 Foul water to new buildings	Sum	25,080	
0.02 Surface water to new buildings	Sum	458,456	
0.03 Foul water to retained buildings	inc	-	
0.04 Surface water to retained buildings	inc	-	
0.05 Surface water to paved areas	inc	-	
0.06 Final connections - Foul	Sum	4,346	
0.07 Final connections - Surface	Sum	5,794	
0.08 Drainage diversions - Foul	Sum	12,358	
0.09 Drainage diversions - Surface	Sum	12,358	
0.10 Underground storage	inc	-	
0.11 Underground interceptors	Sum	14,486	
0.12 CCTV surveys	Sum	12,356	
0.13 Integration of existing buildings	inc	-	
0.14 Connections to new buildings	inc	-	
0.15 Pumping stations	inc	-	
- Adjust to .01/ .02 for rates	%	(48,354)	
- Reduce current costs for OB/FB	Sum	(5,521)	
			491,359
b. Roads, paths, parking			
0.01 New surface car parking	inc	-	
0.02 New decked car parking	inc	-	
0.03 Refurbished car parking	inc	-	
0.04 Adaptions to existing car parks	inc	-	
0.05 Temporary car parks	inc	-	
0.06 Car park controls / security	Sum	260,253	
0.07 New road access	inc	-	
0.08 New site roads	Sum	2,072,200	
0.09 Refurbished roads	EXCL	-	
0.10 Adaptions to existing roads	inc	-	
0.11 Temporary roads / roadworks	inc	-	
0.12 Junctions / crossovers	inc	-	
0.13 Delivery areas	Sum	50,000	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (Refurb)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
0.14 Service roads	inc	-	
0.15 Bus lay bys	inc	-	
0.16 Drop off points	inc	-	
0.17 Highway works	inc	-	
0.18 Works beyond site boundary	inc	-	
0.19 Site paths and pavings	inc	-	
0.20 Pavings around building perimeters	Sum	50,000	
0.21 Street / road lighting (See 3e)	inc	-	
0.22 Car park lighting (See 3e)	inc	-	
0.23 External lighting (See 3e)	inc	-	
0.24 Area reductions general	Sum	(300,000)	
- Reduce current costs for OB/FB	Sum	(23,694)	
			2,108,759
c. Site layout, walls, fencing gates			
0.01 Hard landscaping to courtyards	inc	-	
0.02 Soft landscaping to courtyards	inc	-	
0.03 Hard landscaping elsewhere	inc	-	
0.04 Soft landscaping elsewhere	Sum	797,750	
0.05 Perimeter fencing and gates	Sum	94,726	
0.06 Internal fencing and gates	inc	-	
0.07 Bus stands / bus stops	inc	-	
0.08 External steps	inc	-	
0.09 Boundary walls	inc	-	
0.10 Internal perimeter walls	inc	-	
0.11 Retaining walls	Sum	5,000	
0.12 Site furniture	Sum	15,000	
0.13 Art features	Sum	25,000	
0.14 Water features	EXCL	-	
0.15 External signage	Sum	10,000	
0.16 Sundries	inc	-	
0.17 External ramps and balustrades	Sum	10,000	
0.18 Reduction for area general	Sum	(250,000)	
- Reduce current costs for OB/FB	Sum	(7,861)	
			699,615
d. Builders work for engineering services outside buildings			

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (Refurb)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
0.01 Electrical service trenches	Sum	635,393	
0.02 EO for ducts and abnormalities	Sum	63,539	
0.03 Mechanical service trenches	Sum	100,000	
0.04 EO for ducts and abnormalities	Sum	10,000	
0.05 Reduction for area general	Sum	(200,000)	
- work (%age of total cost)	inc	-	
- Reduce current costs for OB/FB	Sum	(6,766)	
			£ 602,166
3 "External Engineering Works			
a. Steam, condensate, heating, hot water and gas mains supply			
- Natural gas supplies	Sum	91,605	
- Oil plant	Sum	169,262	
- Boiler plant / CHP	Sum	305,219	
- Steam and condense distribution	Sum	64,693	
- LPHW distribution	Sum	290,006	
- Others (listed):	inc	-	
- Reduce current costs for OB/FB	Sum	(10,231)	
			910,554
b. Cold water mains and storage			
- Mains cold water service	Sum	351,695	
- Fire hydrants	Sum	45,285	
- Tank cold water service (incl RO)	inc	-	
- Hot water service	Sum	84,630	
- Others (listed):	0	-	
- Reduce current costs for OB/FB	Sum	(5,351)	
			476,259

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
c. Electricity mains, sub-stations, stand-by generating plant			
- HV Ring main	Sum	265,198	
- New Build Plant - Special Requirements	Sum	1,712,270	
- Adjust for rate reductions	%	(171,227)	
- Reduce current costs for OB/FB	Sum	(20,069)	
			1,786,172
d. Calorifiers and associated plant			
- Calorifiers	Sum	101,557	
- Associated plant	inc	-	
- Others (listed):	inc	-	
- Reduce current costs for OB/FB	Sum	(1,128)	
			100,429
e. Miscellaneous services			
- Cooling plant	Sum	497,687	
- Air conditioning / ventilation	Sum	507,785	
- Oxygen	Sum	338,523	
- Vacuum plant	inc	-	
- Medical air 4bar / 7bar	inc	-	
- Nitrous Oxide	inc	-	
- Specialist gases	inc	-	
- Anaesthetic gas scavenging	inc	-	
- Dry / wet risers	Sum	33,852	
- Foam inlets	inc	-	
- Pneumatic tube	Sum	50,778	
- Building Management System	Sum	507,785	
- Voice and data	inc	-	
- Fire / Critical Alarms / Nurse Call	Sum	13,013	
- CCTV/Security/Intruder/Staff Attack	Sum	243,987	
- Patient TV/Video	inc	-	
- External lighting	inc	-	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- Street lighting	Sum	78,076	
- Car park lighting	Sum	65,063	
- Standby generators	Sum	309,701	
- Access controls	Sum	50,749	
- Area reductions	Sum	(581,995)	
- Adjust to cooling plant for area reductions	Sum	(34,850)	
- Reduce current costs for OB/FB	Sum	(23,113)	
			2,057,041
4 Auxiliary Buildings			
0.01 Bin stores	inc	-	
0.02 Cycle sheds	Sum	20,000	
0.03 Smoking shelters	Sum	5,000	
0.04 Bus shelters	Sum	20,000	
0.05 Miscellaneous buildings	inc	-	
0.06 Entrance canopies - Main	Sum	200,000	
0.07 Entrance canopies - Maternity	Sum	-	
0.08 Entrance canopies - A & E	Sum	-	
0.09 Entrance canopies - Other	Sum	-	
0.10 Sub stations (housings only)	No	50,000	
0.11 Energy centre building	Sum	525,000	
0.12 Generator house (main)	inc	-	
0.13 Smaller boiler houses	No	80,000	
0.14 Smaller generator / switch rooms	No	30,000	
0.15 VIE Compound / MA4 / Vacuum	Sum	75,000	
0.16 Gas meter house	Sum	20,000	
0.17 HV Intake room	Sum	25,000	
0.18 Oil / fuel storage compound	Sum	30,000	
0.19 Information & Boulevard	Sum	42,000	
0.20 Grounds maintenance	Sum	63,200	
0.21 Waste management area	m2	210,000	
0.22 Waste Transfer area	m2	12,000	
0.23 Covered walkways	Sum	158,250	
0.24 Mobile clinic docking station	m2	18,000	
0.25 Telecom switchroom	Sum	15,000	
0.26 Medical gas stores	Sum	50,000	
- Reduction for area - general	Sum	(250,000)	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

PHASE: All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- Reduce current costs for OB/FB	Sum	(15,538)	1,382,912
5 Other on-costs and abnormals (2)			
a. Building			
0.01 Abnormal foundations	inc	-	
0.02 Abnormal ground conditions	inc	-	
0.03 Additional phasing costs	Sum	-	
0.04 Art works	of	249,442	
0.05 Internal demolitions / alterations	Sum	450,000	
0.06 Building demolitions	Sum	-	
0.07 Asbestos removal to buildings	Sum	-	
0.08 Asbestos removal to ducts etc	inc	-	
0.09 Demolition of service ducts	Sum	10,000	
0.10 Demolition of walkways etc	inc	-	
0.11 Helipad	Sum	-	
0.12 Site clearance	Sum	20,000	
0.13 Decontamination of ground	Sum	100,000	
0.14 Temporary access roads etc	inc	-	
0.15 Sundries	inc	-	
0.16 Backlog maintenance - Retained	EXCL	-	
0.17 Additional costs over model	N/A	-	
0.18 Height factor	inc	-	
0.19 Transition and Phasing Costs	Sum	-	
- Enabling works - Pre main building	Sum	2,250,000	
- Asbestos removal- Pre main building	Sum	245,000	
- Demolition - Pre main building	Sum	582,467	
- Enabling works - Post main building	Sum	-	
- Asbestos removal- Post main building	Sum	105,000	
- Demolition - Post main building	Sum	249,629	
0.20 Reduction for area - general	Sum	(1,087,891)	
- Reduce current costs for OB/FB	Sum	(35,263)	3,138,384
b. Engineering			
- IT Infrastructure	Sum	112,234	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust
SCHEME: Community Hospital on Frenchay Site (Refurb)
PHASE: All
CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
- IT Equipment	EXC	-	
- Reconnection of services to existing:	0	-	
- Steam and condensate	Sum	-	
- Gas	Sum	113,859	
- HTHW	Sum	51,754	
- Oil	Sum	57,266	
- Boiler plant	Sum	145,817	
- LTHW	Sum	25,877	
- MCWS / SCWS	Sum	64,046	
- CWS	Sum	27,832	
- DHWS	Sum	37,761	
- Ventilation	inc	-	
- Medical gases	Sum	64,693	
- Pneumatic tube	Sum	-	
- Building Management System	Sum	-	
- Electricity	Sum	205,990	
- IT / Data etc	inc	-	
- Lightning protection	Sum	23,017	
- Disconnect services for demolition	inc	-	
- Remove external electrical services	Sum	235,854	
- Remove external mechanical services	Sum	100,000	
- Temporary services - mechanical	sum	58,223	
- Temporary services - electrical	inc	-	
- Services diversions - mechanical	inc	-	
- Services diversions - electrical	inc	-	
- Sundries	inc	-	
- Temporary generators	Sum	101,499	
- Reduction for area - general	Sum	(250,000)	
- Reduce current costs for OB/FB	Sum	(13,064)	
			1,162,658
Total On-Costs to Summary OB1			£ 16,073,629

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (Refurb)

PHASE:

All

CAPITAL COSTS: ON-COSTS (BREAKDOWN)

	Unit	Sub Total Cost (exc. VAT)	Total Cost (exc. VAT)
--	------	---------------------------------	-----------------------------

Notes: Must be based on scheme specific assessments/measurements; attach details to define scope of works as appropriate. Identify separately any proposed additional capital expenditure justifiable in value for money terms (details to

* Delete as appropriate

(1) "External" to Departments

(2) Identify any enabling or preliminary works to prepare the site in advance e.g. demolitions; service diversions; decanting costs; site investigation and other exploratory works

Completed By:

Name (capitals)	Angus Eliot Partnership Ltd in association with WT Partnership Ltd
Position	
Address	Orchard Court V
	Binley Business Park
	Harry Weston Road
	Coventry CV3 2TQ
Telephone	024 7656 1510
Date	6th January 2006 - Version 2.3

Project Director

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (Refurb)

PHASE:

All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
1 Fees (including "in-house" resource costs)		
a. Architects)		
b. Structural Engineers)		
c. Mechanical Engineers)	2,346,831	9.00
d. Electrical Engineers)		
e. Quantity Surveyors)		
f. Project Management)		
g. Project Sponsorship In house	-	-
h. Legal fees	521,518	2.00
i. Site Supervision	130,380	0.50
j. Building Regulations and Planning Fees	105,084	0.40
k. Others (specify))		
Acoustics Consultant)		
Arboriculturist)		
Archaeological Investigation)		
Arts Adviser)		
Brief Preparation)		
Catering Consultant)		
Estate Utilisation Study)		
Exposure of Existing Foundations)		
Financial Advisor)		
Fire Safety adviser)		
Graphics, Brochures Etc)		
Highways)		
Land Acquisition)		
Legal Advisor)		
Lighting Consultant)		
M & E Acceptance team)		
Medical Equipment Consultant)		
Models, Perspectives etc)	782,277	3.00
Occupational Commissioning Consultants)		
Others)		
Photographs)		
Planning Supervisor (CDM))		
Printing Drawings etc)		
Site Inspection)		
Study Visits)		
Temporary Signage)		
Town Planning Consultant)		
Traffic studies)		
Utilities)		
Wind Tunnel Test)		
Other??)		
Surveys)		
Asbestos Survey)		
CCTV survey (Buried Services))		
Existing Buildings Survey)		
Geophysical Survey)	26,807	0.10
Location of Existing Services)		
Minerals Survey)		
Site Investigation)		
Topographical Survey)		
Total Fees to Summary (OB1)	£ 3,912,898	15.01

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

PHASE: All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
--	---	----------------------------------

2 Non-Works Costs		£
Non-VAT rated:		
a.	Land purchase costs and associated legal fees	-
Sub Total		-
VAT rated:		
b.	Statutory and Local Authority charges	260,566
c.	Other (specify)	
	Decanting (phased)	62,193
	Temporary Accommodation - included in on-costs	-
	Mis-sued accommodation - included in on-costs	-
	Transitional arrangements - included in on-costs	-
	Section 106 etc agreements	-
EXCLUDED (NOT KNOWN)		
Non-Works Costs to Summary (OB1)		£ 322,759

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust
 SCHEME: Community Hospital on Frenchay Site (Refurb)
 PHASE: All

INDICATIVE CASHFLOW

	Indicative Programme (to be advised)	Start	Finish	Period (months)														
	OBC/FBC Approvals & PFI/FC Mobilisation																	
	Construction Period (phased, inc enabling)	Jan-11	Jul-12	18														
	12 months defects and 0% retention (assuming phased contract; as indicative phasing plan)																	
		Totals From OBI	Financial Year															
			2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015 -2016	2016 -2017	Total			
			£	£	£	£	£	£	£	£	£	£	£	£	£			
1a	Works Costs <i>(On costs split pro rata at this stage)</i>		26,075,904						944,716	21,344,635	3,786,554	-	-		26,075,904			
6.	Fees (based on 60% pre contract, 40% post contract less OBC)		3,912,898					586,935	1,817,509	1,281,173	227,281	-	-		3,912,898			
7.	Non-Works Costs		322,759							260,566	62,193				322,759			
8b	Equipment Cost AT ECAG 4Q04 (as current DCAG levels) (spit over 2 financial years)		1,716,000						858,000	858,000					1,716,000 -			
9.	Planning Contingencies <i>(pro rata over future years)</i>	10.00 %	3,202,756		-	-	-	-	-	205,361	2,558,955	438,440	-	-	3,202,756			
10.	TOTAL excl VAT and Optimism Bias		35,230,317		-	-	-	-	586,935	3,825,586	26,303,329	4,514,468	-	-	35,230,317			
10a	Optimism Bias	13.50 %	4,756,093		-	-	-	-	-	304,961	3,800,048	651,084	-	-	4,756,093			
10b	TOTAL excl VAT inc Optimism Bias		39,986,410		-	-	-	-	586,935	4,130,547	30,103,377	5,165,552	-	-	39,986,410			
	VAT on above		6,312,865		-	-	-	-	-	404,782	5,043,886	864,197	-	-	6,312,865			
	TOTAL (for approval purposes) incl VAT		46,299,275		-	-	-	-	586,935	4,535,329	35,147,262	6,029,749	-	-	46,299,275			
	Inflation Adjustments to 2005-06 Prices		277,369		-	-	-	-	3,516	27,170	210,560	36,123	-	-	277,369			
11a	Sub Total at 2005-06 Prices		46,576,643		-	-	-	-	590,451	4,562,499	35,357,822	6,065,872	-	-	46,576,643			
	Inflation to Tender Date/During construction (Split pro rata over construction)		6,654,094		-	-	-	-	-	241,074	5,446,761	966,259	-	-	6,654,094			
12	FORECAST OUT-TURN BUSINESS CASE TOTAL		53,230,738		-	-	-	-	590,451	4,803,573	40,804,582	7,032,131	-	-	53,230,738			

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Community Hospital on Frenchay Site (Refurb)

PHASE: All

CAPITAL COSTS: CASHFLOW - WORKS COST

SCHEME/PHASE:	1	All Works					
WORKS COST:	26,075,904		RETENTION %-AGE :	0		C	0.0560
CONTRACT PERIOD:	18		MAINTENANCE PERIOD:	12		K	3.3230
START/PAYMENT DATE:	Jan-2011		MIPS VOP Tender Price Index (1975 base):	415			

Month No	Month	Gross Cumulative Calculated	One Off Payments	Gross Cumulative	LESS Retention	Nett Cumulative	LESS Previous Payments	Nett Monthly	Nett Annual
0	Jan-2011								
1	Feb-2011	274,095		274,095	-	274,095	-	274,095	
2	Mar-2011	944,716		944,716	-	944,716	(274,095)	670,620	944,716
3	Apr-2011	1,963,422		1,963,422	-	1,963,422	(944,716)	1,018,706	
4	May-2011	3,281,776		3,281,776	-	3,281,776	(1,963,422)	1,318,353	
5	Jun-2011	4,851,337		4,851,337	-	4,851,337	(3,281,776)	1,569,562	
6	Jul-2011	6,623,669		6,623,669	-	6,623,669	(4,851,337)	1,772,331	
7	Aug-2011	8,550,330		8,550,330	-	8,550,330	(6,623,669)	1,926,662	
8	Sep-2011	10,582,883		10,582,883	-	10,582,883	(8,550,330)	2,032,553	
9	Oct-2011	12,672,890		12,672,890	-	12,672,890	(10,582,883)	2,090,006	
10	Nov-2011	14,771,909		14,771,909	-	14,771,909	(12,672,890)	2,099,020	
11	Dec-2011	16,831,504		16,831,504	-	16,831,504	(14,771,909)	2,059,595	
12	Jan-2012	18,803,235		18,803,235	-	18,803,235	(16,831,504)	1,971,731	
13	Feb-2012	20,638,664		20,638,664	-	20,638,664	(18,803,235)	1,835,428	
14	Mar-2012	22,289,351		22,289,351	-	22,289,351	(20,638,664)	1,650,687	21,344,635
15	Apr-2012	23,706,857		23,706,857	-	23,706,857	(22,289,351)	1,417,506	
16	May-2012	24,842,744		24,842,744	-	24,842,744	(23,706,857)	1,135,887	
17	Jun-2012	25,648,573		25,648,573	-	25,648,573	(24,842,744)	805,829	
18	Jul-2012	26,075,904		26,075,904	-	26,075,904	(25,648,573)	427,332	
19	Aug-2012	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
20	Sep-2012	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
21	Oct-2012	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
22	Nov-2012	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
23	Dec-2012	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
24	Jan-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
25	Feb-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
26	Mar-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	3,786,554
27	Apr-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
28	May-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
29	Jun-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
30	Jul-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
31	Aug-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
32	Sep-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
33	Oct-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
34	Nov-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
35	Dec-2013	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
36	Jan-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
37	Feb-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
38	Mar-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	-
39	Apr-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
40	May-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
41	Jun-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
42	Jul-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
43	Aug-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
44	Sep-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
45	Oct-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
46	Nov-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
47	Dec-2014	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
48	Jan-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
49	Feb-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
50	Mar-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
51	Apr-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
52	May-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
53	Jun-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
54	Jul-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
55	Aug-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
56	Sep-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
57	Oct-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
58	Nov-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
59	Dec-2015	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
60	Jan-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
61	Feb-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
62	Mar-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
63	Apr-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
64	May-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
65	Jun-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
66	Jul-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
67	Aug-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
68	Sep-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
69	Oct-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
70	Nov-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
71	Dec-2016	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
72	Jan-2017	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
73	Feb-2017	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
74	Mar-2017	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	
75	Apr-2017	26,075,904		26,075,904	-	26,075,904	(26,075,904)	-	

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone

024 7656 1510

Date

6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Community Hospital on Frenchay Site (Refurb)
PHASE:	All
NOTES AND ASSUMPTIONS	

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
1	<p>Departmental Costs</p> <p>a Departmental Costs have been costed on the basis of the DCAG allowances in Healthcare Capital Investment Version 2.1 (NB published figures are at MIPS 360 and uplifted to MIPS VOP 445, the current approval level, on the OB2 form for transfer to the OB1 form - advanced notification of imminent uplift in approval level from DOH QB team)</p> <p>The functional content is as SHP's neutral functional content version Z07</p> <p>b For the current costing exercise we have adjusted the overall DCAG's for new build using an average calculation for the proportion of refurbishment as listed on the functional content schedules prepared by SHP (Note this differs from the current option drawings)</p> <p>The actual allocation of function to building is not yet determined. The proportion of refurb in each retained area is as agreed at a meeting with the Trust on 10/08/05 and recorded on the functional content</p> <p>c Three levels of refurb cost have been used: 70% full refurb where departments will require major alterations (none identified at this stage), 50% medium refurb where partial areas will need to be adapted minimum refurb of 20% for areas requiring only minor/cosmetic alteration</p> <p>d On the refurbishment areas the backlog maintenance requirements have been assessed as to any residual which may still be required in addition to the refurbishment cost, as follows: for areas with a 70% refurb it is assumed that all but 25% of backlog issues would have been addressed for areas with a 50% refurb it is assumed that all but 50% of backlog issues would have been addressed for areas with a 20% refurb it is assumed that all but 75% of backlog issues would have been addressed 100% backlog has been used for retained buildings within the business case but excluded for those outside of the business case</p> <p>e No abatement has been made within the current exercise for any area reductions to the neutral functional content associated with retaining the existing accommodation</p> <p>f In the original SOC forms separate lines on the OB1 form were used for Retained Accommodation and Embedded accommodation; these appeared on the departmental cost line even though they were costed at overall rates (i.e. inc on-costs).</p> <p>For the current exercise the DCAG elements have been shown separately on the OB forms and the on-costs are all inclusive for the site as a whole</p> <p>g The accountants breakdown splits out the new build costs, early enabling works (pre PFI), the refurb costs in each category (70%, 50%, 20%), the retained building costs, short life assets eg demolitions, site clearance etc post PFI (see OB3 Breakdown) and further splits the building and the engineering element within each category</p> <p>The summary table on the OB1 sheet also gives the rates per m2 for new build and each level of refurb excluding VAT and equipment and short life assets for use in the financial appraisal</p>	<p>The re-use of existing accommodation is for functions of lesser value than the average rate/m2 used to abate the new build cost</p> <p>The abatement for refurb agreed at the meeting with the Trust cannot be achieved and higher levels of refurb are required</p> <p>The existing buildings require greater alteration than covered by the percentage allowance used at this stage</p> <p>Backlog maintenance issues are greater than assessed by this percentage method</p>
2.	<p>On-Costs</p> <p>a On-costs have been calculated based on indicative information received from the design team and comprise a series of quantified and lump sum allowances at this stage, as summarised on the OB3 Breakdown</p>	
3	<p>Provisional Location Adjustment</p>	

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (Refurb)

PHASE:

All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

- a The DCAG allowances are based on outer London prices. Quarterly Briefing publishes average location factors for the regions. For the Bristol area, this is currently 1.00, i.e. the location adjustment is **NIL**

4 Fees

- a For each option, percentage allowances have been made for the design team and specialist consultants, individual calculations carried out for building regulations and planning fees and lump sum allowances for the site survey work

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Community Hospital on Frenchay Site (Refurb)
PHASE:	All
NOTES AND ASSUMPTIONS	

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
5	Non-Works Costs	
a	This element includes an allowance for statutory charges (1% of build cost) and a lump sum allowance for decanting costs based on similar schemes. Temporary accommodation (where required) and transitional arrangements are covered in the on-costs allowances	
	As the extent of potential Section 106 etc agreements is currently unknown these are excluded from the cost breakdowns and will need to be identified as a risk item	Section 106 etc requirements of local authority
6	Equipment Cost	
a	The Equipment Cost Allowance Guides based on the departmental areas have been used to establish a budget for new equipment; where guidance is not available a budget allowance has been included and will need further verification	The allowances based on the Equipment Cost Allowance Guides are insufficient for the requirements of the departments
	The published equipment allowances should be regarded with some caution as they are based on "mid-range equipment" and have not been updated in recent years; discussion may be required over the level of cost included	
	An abatement percentage for the re-use of existing equipment has been applied to each option based on the Trusts assessment of their actual equipment needs; the Trust are currently looking at replacement cycles and the level which may be transferrable.	The actual transfer of equipment is less than the percentage assessed at this stage
	The Equipment allowance for embedded accommodation is to allow for transfer only (£100/m2 as SOC)	
7	Planning Contingencies	
a	The Trust have advised that the risk element should now be adjusted to 10% to reflect the further level of detail now available	The risk register has not been updated at this stage and the costs assessed
8	Residual Optimism Bias	
	The Trust have carried out an in-house calculation for optimism bias and the mitigated percentage for this option is 10.40% (as Mark Ross email 23/11/05)	
9	Inflation Adjustments	
	The total at line 12 (less equipment) is uplifted to average costs for 2005-2006 at line 13a for accounting purposes; an average of the forecast MIPS VOP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	The equipment total within line 12 has also been uplifted to 2005-2006 price levels based on the average forecast EP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose (MIPS VOP 446.5)	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	The inflation adjustments to start on site and during construction shown below line 13a are currently based on the indicative timeline provided by the trust which show a start on site in September 2008 and completion by September 2012 (4 year construction). Pre PFI enabling works will take place prior to this during 2007/8	Further delays in the overall programme
	The MIPS and APSAB FORVOP indices from Quarterly Briefing Vol 14 Nr 3 have been used to calculate an indicative average inflation uplift for the construction period	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	THE EP indices from Quarterly Briefing Vol 14 Nr3 (have been used to calculate the average inflation uplift to date of purchase (midpoint assumed for this exercise)	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:	North Bristol NHS Trust
SCHEME:	Community Hospital on Frenchay Site (Refurb)
PHASE:	All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

It should also be noted that there is a minor adjustment to the line 13 construction inflation which has occurred between versions 2.2. and 2.3; this is due to the increase in the base index level from 415 to 446.75; a small amount of VAT on the inflation element of fees was attaching and the index uplift on optimism bias and planning contingency figures are further inflated as the equipment costs in the base figures are not index adjusted; lump sum adjustment have been made in order to balance with the previous figures

10 Cashflow Forecast

The cashflow is based on an indicative construction programme as refeerd to above and indicative transitional arrangements from SHP; NB phasing splits are indicative at this stage

Phasing requirements extend the programme beyond the contract period currently used

11 Generally

Separate sets of OB Forms have been produced for the acute site and each community site and a summary OB1 of total costs has also been produced with scenarios for the combination of options on each site as follows:

- Scenario 1 - Southmead North Option + Frenchay New Build Option
- Scenario 2 - Southmead North Option + Frenchay Refurb Option
- Scenario 3 - Southmead South Option + Frenchay New Build Option
- Scenario 4 - Southmead South Option + Frenchay Refurb Option
- Scenario 5 - Do Minimum on each site

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Community Hospital on Frenchay Site (Refurb)

PHASE:

All

NOTES AND ASSUMPTIONS

Nr Basis of Costing and Assumptions for OB1 headings

Risk Register Item

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

024 7656 1510

6th January 2006 - Version 2.3

Project Director

TRUST/ORGANISATION: North Bristol NHS Trust		ORGANISATIONAL CODE:	
SCHEME: Do Minimum		DIRECTORATE:	
STRATEGIC HA:			
PHASE: All			
PROJECT DIRECTOR: D Powell			

CAPITAL COSTS SUMMARY

		Cost Excl. VAT £	VAT £	Cost Incl. VAT £
1.	Departmental Costs (from Form OB2)	72,365,761	12,664,008	85,029,769
2.	On-Costs (a) (from Form OB3) (- % of Departmental Cost)	-	-	-
3.	Works Cost Total (1+2) at 445 VOP MIPS (Tender Price Index Level 1975=100 base)	72,365,761	12,664,008	85,029,769
4.	Provisional Location Adjustment (- % of sub-total 3a) (if applicable)	-	-	-
5.	Sub Total (3 + 4)	72,365,761	12,664,008	85,029,769
6.	Fees (c) (15.00 % of sub-total 5)	10,854,864	xxxxxxxxxxxx	10,854,864
7.	Non-Works Costs (e) 50.22% VAT Rated Non VAT Rated	36,345,241 -	6,360,417 xxxxxxxxxxxx	42,705,658 -
8.	Equipment Cost (from Form OB2) 112 EPI (34.94 % of Departmental Cost)	25,283,616	4,424,633	29,708,249
9.	Planning Contingencies 10.00 %	14,484,948	2,534,866	17,019,814
10.	TOTAL (for approval purposes) at MIPS 445 (Excluding Optimism Bias)	159,334,430	25,983,924	185,318,354
11.	Residual Optimism Bias 12.90 %	20,554,141	3,596,975	24,151,116
12.	TOTAL (for approval purposes) at MIPS 445 (Including Optimism Bias)	179,888,571	29,580,899	209,469,470
13.	Inflation Adjustments (f) Construction to 2005-6 price level - MIPS VOP 446.75 2Q05-1Q06 avge Equipment to 2005-6 price level - EPI 113 2Q05-1Q06 avge	1,051,864 225,747	312,139 39,506	1,364,003 265,252
13a.	Sub Total At 2005-06 Price Level	181,166,182	29,932,544	211,098,725
	Construction Uplift to Start on Site) 497 1Q08 Construction Phase Inflation Avge)See notes 1.871% 1Q08 - 1Q09 Equipment to Mid point Purchase) 118 1Q09 (Mid point)	17,508,126 3,239,860 1,073,038	3,063,922 566,976 187,782	20,572,048 3,806,836 1,260,819
14.	FORECAST OUT-TURN BUSINESS CASE TOTAL	202,987,206	33,751,223	236,738,428

Proposed start on site (g) Jan-08)See notes Proposed completion date (g) Dec-12)See notes

Cashflow:- Year	SOURCE			TOTAL
	EFL	OTHER GOVERNMENT	PRIVATE	
2005 - 2006	10,000			10,000
2006 - 2007	25,000			25,000
2007 - 2008	29,369,409			29,369,409
2008 - 2009	43,667,184			43,667,184
2009 - 2010	27,719,591			27,719,591
2010 - 2011	27,719,591			27,719,591
2011 - 2012	27,719,591			27,719,591
2012 - 2013	22,223,949			22,223,949
2013 - 2014	1,434,256			1,434,256
2014 - 2015	-			-
Total Cost (as 10b above) Exc VAT				179,888,571

Total (for approval purposes) match against Cashflow OK

Notes:

- * Delete as appropriate
- (a) On costs should be supported by a breakdown of the percentage or a brief description of their scope (Form OB3 may be used if appropriate)
- (b) Adjustment of national D.C.A average price levels and on-costs for local market conditions
- (c) Fees include all resource costs associated with the scheme eg project sponsorship, clerk of works, building regulation and planning fees etc
- (d) Not applicable to professional fees - VAT reclaimable EL(90) P64 refers
- (e) Non-works costs should be supported by a breakdown and include such items as contributions to statutory and local authorities, land costs and associated legal
- (f) Estimate of tender price inflation up to proposed tender date (plus construction cost for VOP contracts only).
- (g) Overall timescale including any preliminary works

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position Orchard Court V

Address Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

TRUST/ORGANISATION: North Bristol NHS Trust	SCHEME: Do Minimum
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS	PHASE: All

Functional Content (For costing purposes)	Function Units/ Space Req'ts	HCI Ref (1)/ Basis of Costing/ Notes	Loc'n	Areas						Capital Cost Backlog Only £		Equip. Cost HCI Ver. 2.1	B%/ E%	HBN Ref
				New	Ref 70%	Ref 50%	Ref 20%	Retain	Total					
Frenchay Buildings				-	-	-	-	68,776	68,776	32,366,532	)	22,574,657		
Frenchay Infrastructure				-	-	-	-	-	-	5,714,318)	-		
Southmead Buildings				-	-	-	-	84,589	84,589	31,616,902)	-		
Southmead Infrastructure				-	-	-	-	-	-	2,668,009)	-		
Outside this business case				-	-	-	-	11,110	11,110	-)	-		
				-	-	-	-	164,475	164,475	72,365,761		22,574,657		
Uplift DCAGS to current approval level		N/A	445											
Uplift equipment to 4Q04 (as DCAG approval)		EPI	112									2,708,959		
Sub Totals										72,365,761		25,283,616		
Less abatement for transferred equipment		%	0									-		
Carried to OB1				-	-	-	-	164,475	164,475	72,365,761		25,283,616		

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available. Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

 N for new build,

 A for adaptations for alternative use or

 C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By: Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd		Authorised for issue Project Director
Position		
Address	Orchard Court V Binley Business Park Harry Weston Road Coventry CV3 2TQ	Date
Telephone	024 7656 1510	
Date	6th January 2006 – Version 2.3	

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY																		
Cost Form OB2 (Custom) - Retained																		
TRUST/ORGANISATION: North Bristol NHS Trust										SCHEME: Do Minimum								
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS										PHASE: All								
Reference	Building	Built	Area (Clinical Gross inc circulation and plant)					Costs to Condition B Exc VAT/fees £	MIPS Index	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost Provided By Trust	B%/E% (approx)		
			New	Ref 70%	Ref 50%	Ref 20%	Retain				Total m2	Y/N	Comment					Adjust Factor
All Information From Trust Backlog Maintenance Update September 2005 Costs <u>do not</u> include VAT or fees																		
Retained Accommodation																		
Frenchay																		
RVJ20.003	Outpatients Department	1942					672	672	85,000	447	84,620	Y	Full Backlog	100%	84,620	22,574,657	15 85	
RVJ20.004	Diabetic Centre	1987					113	113	-	447	-	Y	Full Backlog	100%	-		15 85	
RVJ20.005A	Computer Centre Main Bldg	1989					189	189	-	447	-	Y	Full Backlog	100%	-		15 85	
RVJ20.005B	Computer Centre Portacain	1989					169	169	47,000	447	46,790	Y	Full Backlog	100%	46,790		15 85	
RVJ20.006	ICNGBL Laboratory	1990					249	249	62,000	447	61,723	Y	Full Backlog	100%	61,723		15 85	
RVJ20.007	Doctors Quarters	1941					652	652	718,000	447	714,787	Y	Full Backlog	100%	714,787		15 85	
RVJ20.008	Electrical Switch/Store Room	1941					34	34	21,000	447	20,906	Y	Full Backlog	100%	20,906		15 85	
RVJ20.009	Friends of Frenchay (Store)	1983					9	9	16,000	447	15,928	Y	Full Backlog	100%	15,928		15 85	
RVJ20.010	Medical Records	1979					748	748	444,000	447	442,013	Y	Full Backlog	100%	442,013		15 85	
RVJ20.011	Academic Centre	1975					1,302	1,302	358,000	447	356,398	Y	Full Backlog	100%	356,398		15 85	
RVJ20.012	Clark Hall	1963					1,120	1,120	470,000	447	467,897	Y	Full Backlog	100%	467,897		15 85	
RVJ20.013A	Brick Bungalow No1	1984					69	69	26,000	447	25,884	Y	Full Backlog	100%	25,884		15 85	
RVJ20.013B	Brick Bungalow No2	1984					69	69	26,000	447	25,884	Y	Full Backlog	100%	25,884		15 85	
RVJ20.013C	Brick Bungalow No3	1984					69	69	26,000	447	25,884	Y	Full Backlog	100%	25,884		15 85	
RVJ20.014	Garages (Block of 4)	1988					67	67	9,000	447	8,960	Y	Full Backlog	100%	8,960		15 85	
RVJ20.015	Store	1942					60	60	74,000	447	73,669	Y	Full Backlog	100%	73,669		15 85	
RVJ20.016	Builders/Waste Yard	1985					8	8	3,000	447	2,987	Y	Full Backlog	100%	2,987		15 85	
RVJ20.017	Store	1942					59	59	72,000	447	71,678	Y	Full Backlog	100%	71,678		15 85	
RVJ20.018	Store	1942					60	60	74,000	447	73,669	Y	Full Backlog	100%	73,669		15 85	
RVJ20.019	Store	1942					59	59	72,000	447	71,678	Y	Full Backlog	100%	71,678		15 85	
RVJ20.020	Store	1942					54	54	66,000	447	65,705	Y	Full Backlog	100%	65,705		15 85	
RVJ20.021	Store	1942					54	54	66,000	447	65,705	Y	Full Backlog	100%	65,705		15 85	
RVJ20.022	Store	1942					59	59	72,000	447	71,678	Y	Full Backlog	100%	71,678		15 85	
RVJ20.023	Store	1942					59	59	72,000	447	71,678	Y	Full Backlog	100%	71,678		15 85	
RVJ20.024	Medical Records Store	1988					98	98	11,000	447	10,951	Y	Full Backlog	100%	10,951		15 85	
RVJ20.025	Store	1942					60	60	74,000	447	73,669	Y	Full Backlog	100%	73,669		15 85	
RVJ20.026	Store	1942					60	60	74,000	447	73,669	Y	Full Backlog	100%	73,669		15 85	
RVJ20.027	Changing Rooms	1942					54	54	80,000	447	79,642	Y	Full Backlog	100%	79,642		15 85	
RVJ20.031	Sewing/Linen Room	1942					353	353	226,000	447	224,989	Y	Full Backlog	100%	224,989		15 85	
RVJ20.032	Post Graduate Centre	1969					996	996	510,000	447	507,718	Y	Full Backlog	100%	507,718		15 85	
RVJ20.033	Monica Britton Hall	1985					123	123	13,000	447	12,942	Y	Full Backlog	100%	12,942		15 85	
RVJ20.034	A Block	1941					801	801	828,000	447	824,295	Y	Full Backlog	100%	824,295		15 85	
RVJ20.035	Plant Room	1942					115	115	65,000	447	64,709	Y	Full Backlog	100%	64,709		15 85	
RVJ20.036	Social Club	1942					435	435	295,000	447	293,680	Y	Full Backlog	100%	293,680		15 85	
RVJ20.036A	Social Club Swimming pool	N/K					-	-	-	447	-	Y	Full Backlog	100%	-		15 85	
RVJ20.037	Plastics/Dressing Clinic	1987					495	495	273,000	447	271,779	Y	Full Backlog	100%	271,779		15 85	
RVJ20.039	Electricity Sub Station No 2	1984					82	82	2,000	447	1,991	Y	Full Backlog	100%	1,991		15 85	
RVJ20.040	Park Farm Kitchen	1990					654	654	551,000	447	548,535	Y	Full Backlog	100%	548,535		15 85	

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY												Cost Form OB2 (Custom) - Retained					
TRUST/ORGANISATION: North Bristol NHS Trust												SCHEME: Do Minimum					
CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS												PHASE: All					
Reference	Building	Built	Area (Clinical Gross inc circulation and plant)					Costs to Condition B Exc VAT/fees £	MIPS Index	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost Provided By Trust	B%/ E% (approx)	
			New	Ref 70%	Ref 50%	Ref 20%	Retain				Y/N	Comment	Adjust Factor				
RVJ20.041	Restaurant	1942					687	687	538,000	447	535,593	Y	Full Backlog	100%	535,593	15	85
RVJ20.042	Plant Room - Medical Gases	1990					51	51	5,000	447	4,978	Y	Full Backlog	100%	4,978	15	85
RVJ20.043	Electrical Switch Room	1942					8	8	4,000	447	3,982	Y	Full Backlog	100%	3,982	15	85
RVJ20.044	Headway House Store	1989					18	18	2,000	447	1,991	Y	Full Backlog	100%	1,991	15	85
RVJ20.045	Egleton House	1983					64	64	114,000	447	113,490	Y	Full Backlog	100%	113,490	15	85
RVJ20.046	Mobile Home	1983					64	64	114,000	447	113,490	Y	Full Backlog	100%	113,490	15	85
RVJ20.047	Bristol Hospital Education Service	1983					64	64	114,000	447	113,490	Y	Full Backlog	100%	113,490	15	85
RVJ20.048	Mobile Home	1983					64	64	114,000	447	113,490	Y	Full Backlog	100%	113,490	15	85
RVJ20.049	Mobile Home	1983					64	64	114,000	447	113,490	Y	Full Backlog	100%	113,490	15	85
RVJ20.050	Ward 30	1924					650	650	83,000	447	82,629	Y	Full Backlog	100%	82,629	15	85
RVJ20.051	Plant Room	1960					10	10	13,000	447	12,942	Y	Full Backlog	100%	12,942	15	85
RVJ20.052	Store	1990					30	30	4,000	447	3,982	Y	Full Backlog	100%	3,982	15	85
RVJ20.053	Boilerhouse	1983					60	60	15,000	447	14,933	Y	Full Backlog	100%	14,933	15	85
RVJ20.054	Plastics Theatre/Laser Centre	1924					758	758	960,000	447	955,705	Y	Full Backlog	100%	955,705	15	85
RVJ20.055	Medical Illustrations	1987					327	327	139,000	447	138,378	Y	Full Backlog	100%	138,378	15	85
RVJ20.058	Occupational Health offices Patientline	1924					287	287	249,000	447	247,886	Y	Full Backlog	100%	247,886	15	85
RVJ20.059	Stable Block (Listed)	1732					757	757	1,218,000	447	1,212,550	Y	Full Backlog	100%	1,212,550	15	85
RVJ20.060	Store	1983					16	16	23,000	447	22,897	Y	Full Backlog	100%	22,897	15	85
RVJ20.061	Store - Garden department	1968					45	45	86,000	447	85,615	Y	Full Backlog	100%	85,615	15	85
RVJ20.062	Occupational Health Training Room	1990					56	56	20,000	447	19,911	Y	Full Backlog	100%	19,911	15	85
RVJ20.063	Finance Department	1982					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.064	Trust Headquarters	1732					1,801	1,801	1,823,000	447	1,814,843	Y	Full Backlog	100%	1,814,843	15	85
RVJ20.065	Pavilion	1986					16	16	5,000	447	4,978	Y	Full Backlog	100%	4,978	15	85
RVJ20.066	Gas Meter House	1953					6	6	2,000	447	1,991	Y	Full Backlog	100%	1,991	15	85
RVJ20.067	West Lodge (not Trust)	1820					71	71	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.068	Garage	1962					15	15	5,000	447	4,978	Y	Full Backlog	100%	4,978	15	85
RVJ20.069	Public Toilets	1965					10	10	14,000	447	13,937	Y	Full Backlog	100%	13,937	15	85
RVJ20.070	Administration	1965					706	706	574,000	447	571,432	Y	Full Backlog	100%	571,432	15	85
RVJ20.071	Finance Offices	1971					416	416	282,000	447	280,738	Y	Full Backlog	100%	280,738	15	85
RVJ20.075	Children's Centre	1972					366	366	256,000	447	254,855	Y	Full Backlog	100%	254,855	15	85
RVJ20.076	Computer Centre (new use ?)	1942					295	295	212,000	447	211,051	Y	Full Backlog	100%	211,051	15	85
RVJ20.077	Neuro/Stroke Unit	1970					637	637	456,000	447	453,960	Y	Full Backlog	100%	453,960	15	85
RVJ20.078	Neuro Outpatients	1942					676	676	487,000	447	484,821	Y	Full Backlog	100%	484,821	15	85
RVJ20.079	WRVS Shop & Cafe/Pain Clinic	1942					290	290	154,000	447	153,311	Y	Full Backlog	100%	153,311	15	85
RVJ20.080	Wards 18 & 19	1942					839	839	782,000	447	778,501	Y	Full Backlog	100%	778,501	15	85
RVJ20.081	Ward 20	1942					303	303	64,000	447	63,714	Y	Full Backlog	100%	63,714	15	85
RVJ20.082	Ward 21 & Vascular Lab	1942					335	335	255,000	447	253,859	Y	Full Backlog	100%	253,859	15	85
RVJ20.083	General X Ray	1942					661	661	672,000	447	668,993	Y	Full Backlog	100%	668,993	15	85
RVJ20.084	Ward 22 - Pain Managemen Outpatientst	1942					316	316	321,000	447	319,564	Y	Full Backlog	100%	319,564	15	85
RVJ20.085	John Naish Centre	1977					25	25	19,000	447	18,915	Y	Full Backlog	100%	18,915	15	85
RVJ20.086	Ward 23	1942					303	303	321,000	447	319,564	Y	Full Backlog	100%	319,564	15	85
RVJ20.087A	Ward 24 - Rehab Unit	1942					365	365	278,000	447	276,756	Y	Full Backlog	100%	276,756	15	85
RVJ20.088A	Wards 25 - Nursery/Creche	1942					313	313	199,000	447	198,110	Y	Full Backlog	100%	198,110	15	85

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY

Cost Form OB2 (Custom) - Retained

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Do Minimum

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

Reference	Building	Built	Area (Clinical Gross inc circulation and plant)						Costs to Condition B Exc VAT/fees £	MIPS Index	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost Provided By Trust	B%/ E% (approx)
												Y/N	Comment	Adjust Factor			
			New	Ref 70%	Ref 50%	Ref 20%	Retain	Total m2									
RVJ20.088B	Social Workers Employment Services	1942					377	377	32,000	447	31,857	Y	Full Backlog	100%	31,857		15 85
RVJ20.088C	Shed - Wooden shed for storage	N/K					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.090	Ward 27 - Medical Physics	1942					353	353	329,000	447	327,528	Y	Full Backlog	100%	327,528		15 85
RVJ20.091	Domestic Services/Store/Offices	1942					219	219	306,000	447	304,631	Y	Full Backlog	100%	304,631		15 85
RVJ20.092	Speech Therapy	1942					314	314	359,000	447	357,394	Y	Full Backlog	100%	357,394		15 85
RVJ20.093	Speech Therapy Research Unit	1987					148	148	3,000	447	2,987	Y	Full Backlog	100%	2,987		15 85
RVJ20.094	Old Jail	1942					24	24	36,000	447	35,839	Y	Full Backlog	100%	35,839		15 85
RVJ20.095	Electricity Sub Station No 3	1989					83	83	12,000	447	11,946	Y	Full Backlog	100%	11,946		15 85
RVJ20.096	Frenchay Day Hospital	1976					821	821	156,000	447	155,302	Y	Full Backlog	100%	155,302		15 85
RVJ20.096A	Frenchay Day Hospital	1999					307	307	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.097	Chapel	1967					110	110	42,000	447	41,812	Y	Full Backlog	100%	41,812		15 85
RVJ20.098	Public Toilets	1942					12	12	18,000	447	17,919	Y	Full Backlog	100%	17,919		15 85
RVJ20.099	Library/Recreation Hall	1942					248	248	357,000	447	355,403	Y	Full Backlog	100%	355,403		15 85
RVJ20.100	General Theatre North	1974					640	640	745,000	447	741,667	Y	Full Backlog	100%	741,667		15 85
RVJ20.101	Ward 15	1941					409	409	303,000	447	301,644	Y	Full Backlog	100%	301,644		15 85
RVJ20.103	Ward 14 Respiratory/Offices	1941					338	338	236,000	447	234,944	Y	Full Backlog	100%	234,944		15 85
RVJ20.104	Link Corridor	1950					87	87	99,000	447	98,557	Y	Full Backlog	100%	98,557		15 85
RVJ20.105	Ward 13	1941					404	404	282,000	447	280,738	Y	Full Backlog	100%	280,738		15 85
RVJ20.107	Ward 12	1941					375	375	262,000	447	260,828	Y	Full Backlog	100%	260,828		15 85
RVJ20.108	Breastcare	1941					470	470	309,000	447	307,617	Y	Full Backlog	100%	307,617		15 85
RVJ20.109	ICU Overnight Accommodation	1974					54	54	40,000	447	39,821	Y	Full Backlog	100%	39,821		15 85
RVJ20.113	Link Corridor	1950					160	160	14,000	447	13,937	Y	Full Backlog	100%	13,937		15 85
RVJ20.114	General Theatre South (Plastics)	1941					680	680	130,000	447	129,418	Y	Full Backlog	100%	129,418		15 85
RVJ20.115	Water Tower	1942					157	157	113,000	447	112,494	Y	Full Backlog	100%	112,494		15 85
RVJ20.116	Porters - Reception/Rest Area	1942					92	92	41,000	447	40,817	Y	Full Backlog	100%	40,817		15 85
RVJ20.117	Intensive Care	1941					495	495	52,000	447	51,767	Y	Full Backlog	100%	51,767		15 85
RVJ20.118	Store	1941					60	60	23,000	447	22,897	Y	Full Backlog	100%	22,897		15 85
RVJ20.119	Ward 6 - HDU/Appliance Centre	1941					398	398	34,000	447	33,848	Y	Full Backlog	100%	33,848		15 85
RVJ20.120	Radiographers On Call	1983					41	41	20,000	447	19,911	Y	Full Backlog	100%	19,911		15 85
RVJ20.123	Wards 4 & 5	1941					804	804	358,000	447	356,398	Y	Full Backlog	100%	356,398		15 85
RVJ20.124	Accident Centre Manager	1956					13	13	8,000	447	7,964	Y	Full Backlog	100%	7,964		15 85
RVJ20.125	Link Corridor	1941					88	88	116,000	447	115,481	Y	Full Backlog	100%	115,481		15 85
RVJ20.126	Wards 2 & 3	1941					771	771	343,000	447	341,465	Y	Full Backlog	100%	341,465		15 85
RVJ20.127	Store - Domestic	1941					6	6	4,000	447	3,982	Y	Full Backlog	100%	3,982		15 85
RVJ20.129	Ward 1	1941					409	409	182,000	447	181,186	Y	Full Backlog	100%	181,186		15 85
RVJ20.135	Front Ramp Corridor	1941					981	981	810,000	447	806,376	Y	Full Backlog	100%	806,376		15 85
RVJ20.136	Phase 1	1990					9,618	9,618	1,385,000	447	1,378,803	Y	Full Backlog	100%	1,378,803		15 85
RVJ20.137	Phase 1A & B	1992					4,029	4,029	512,000	447	509,709	Y	Full Backlog	100%	509,709		15 85
RVJ20.138	Department of Medicine	1941					226	226	172,000	447	171,230	Y	Full Backlog	100%	171,230		15 85
RVJ20.139	Physiotherapy/Occupational/Medical Eng	1941					849	849	396,000	447	394,228	Y	Full Backlog	100%	394,228		15 85
RVJ20.140	Gardening for the Disabled	1995					95	95	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.141	Oral Surgery	1941					469	469	475,000	447	472,875	Y	Full Backlog	100%	472,875		15 85
RVJ20.143	Pharmacy	1941					401	401	42,000	447	41,812	Y	Full Backlog	100%	41,812		15 85

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			New	Ref 70%	Ref 50%	Ref 20%	Retain	Total m2			Y/N	Comment	Adjust Factor				
RVJ20.144	Pathology	1941					1,104	1,104	1,679,000	447	1,671,488	Y	Full Backlog	100%	1,671,488	15	85
RVJ20.145	Store/Office	1978					55	55	100,000	447	99,553	Y	Full Backlog	100%	99,553	15	85
RVJ20.146	Store - Pathology	1959					41	41	64,000	447	63,714	Y	Full Backlog	100%	63,714	15	85
RVJ20.147	Offices - Pathology	1976					96	96	45,000	447	44,799	Y	Full Backlog	100%	44,799	15	85
RVJ20.148	Store	1983					12	12	14,000	447	13,937	Y	Full Backlog	100%	13,937	15	85
RVJ20.149	Sterile Supplies	1987					762	762	649,000	447	646,096	Y	Full Backlog	100%	646,096	15	85
RVJ20.150	Supplies/Offices	1960					122	122	103,000	447	102,539	Y	Full Backlog	100%	102,539	15	85
RVJ20.151	Mortuary	1983					304	304	232,000	447	230,962	Y	Full Backlog	100%	230,962	15	85
RVJ20.153	Garage-Sterile Supplies- Electric Vehicle	1990					17	17	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.154	Decontamination Unit	1980					28	28	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.155	Accident Centre inc CDU	1967					1,356	1,356	345,000	447	343,456	Y	Full Backlog	100%	343,456	15	85
RVJ20.155A	Orthopaedics	1967					550	550	35,000	447	34,843	Y	Full Backlog	100%	34,843	15	85
RVJ20.156	Anaesthetics- Offices/Conference Room	1941					265	265	185,000	447	184,172	Y	Full Backlog	100%	184,172	15	85
RVJ20.157	Public Toilets/Waiting Room Demolished	1989					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.158A	X Ray	1969					480	480	569,000	447	566,454	Y	Full Backlog	100%	566,454	15	85
RVJ20.158B	Main theatres 7&8 (East) (see 207)	1969					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.159	Dieticians/New A&E offices/Surgical Serv Off/Thor	1941					227	227	163,000	447	162,271	Y	Full Backlog	100%	162,271	15	85
RVJ20.162	Incinerator - Store	1987					312	312	87,000	447	86,611	Y	Full Backlog	100%	86,611	15	85
RVJ20.163	Boiler House (Inc Sub 1)	1987					521	521	201,000	447	200,101	Y	Full Backlog	100%	200,101	15	85
RVJ20.164	Public Toilets	1950					7	7	10,000	447	9,955	Y	Full Backlog	100%	9,955	15	85
RVJ20.165	Oil Tanks	1987					145	145	25,000	447	24,888	Y	Full Backlog	100%	24,888	15	85
RVJ20.166	Mess Room - Estates	1972					28	28	40,000	447	39,821	Y	Full Backlog	100%	39,821	15	85
RVJ20.167	Electrical HV Intake	1942					29	29	10,000	447	9,955	Y	Full Backlog	100%	9,955	15	85
RVJ20.168	Main Stores	1941					567	567	396,000	447	394,228	Y	Full Backlog	100%	394,228	15	85
RVJ20.170C	Neuro Theatre (see 207)	1941					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.170B	X Ray	1941					1,435	1,435	182,000	447	181,186	Y	Full Backlog	100%	181,186	15	85
RVJ20.170A	Neuro Path Lab	1941					507	507	266,000	447	264,810	Y	Full Backlog	100%	264,810	15	85
RVJ20.171	Fitters Workshop	1942					223	223	175,000	447	174,217	Y	Full Backlog	100%	174,217	15	85
RVJ20.172	Carpenters Workshop	1973					90	90	130,000	447	129,418	Y	Full Backlog	100%	129,418	15	85
RVJ20.173	Timber Store	1973					28	28	14,000	447	13,937	Y	Full Backlog	100%	13,937	15	85
RVJ20.174	Store/Electricians Workshop/Water Tower	1941					475	475	352,000	447	350,425	Y	Full Backlog	100%	350,425	15	85
RVJ20.175	Estates Department - Offices	1950					285	285	199,000	447	198,110	Y	Full Backlog	100%	198,110	15	85
RVJ20.176	Gas Meter House	1985					24	24	8,000	447	7,964	Y	Full Backlog	100%	7,964	15	85
RVJ20.177	Electrical Sub Station No 4	TBA					142	142	9,000	447	8,960	Y	Full Backlog	100%	8,960	15	85
RVJ20.178	HITU	TBA					195	195	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.179	Entrance B	TBA					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.180	Land, restaurant	TBA					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.181	Helicopter Landing Pad	TBA					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.182	Headway House	1995					265	265	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.183	CL 3 Laboratory	1998					36	36	3,000	447	2,987	Y	Full Backlog	100%	2,987	15	85
RVJ20.186	Waste collection point	TBA					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.187	Cycle compound demolished	TBA					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ20.188	Oxygen compound	TBA					-	-	-	447	-	Y	Full Backlog	100%	-	15	85

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RVJ20.190	Cycle shed	TBA					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.191	Tennis Courts	TBA					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.192	Gas Bottle Store	TBA					18	18	2,000	447	1,991	Y	Full Backlog	100%	1,991		15 85
RVJ20.194	BIRU (not Trust)	2001					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.195	Burden Unit (not Trust)	2001					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.196	Smoking room	0					31	31	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.197	Mc Millan Centre	2000					625	625	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.198	Barbara Russell Childrens Unit	2000					2,520	2,520	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.199	New Doctors Accommodation	2001					856	856	73,000	447	72,673	Y	Full Backlog	100%	72,673		15 85
RVJ20.200	Radiology modular unit	0					68	68	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.201	Garage/store (OT & Physio)	2000					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.202	Back Ramp Corridor	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.203	New WRVS Kiosk	0					75	75	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.204	New Bed Store	2002					85	85	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.205	Medical Engineering Store	2001					25	25	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.206	X-ray/Records Store	2002					70	70	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.207	New Theatres	2002					3,054	3,054	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.208	Portacabin adjacent to Health Records	2002					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.209	Hard Standing for Mobile MRI	2002					150	150	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.210	Extension to Ward 13 (block 105) Portaabin	2002					42	42	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.211	IC Store Off Block 117	2003					12	12	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.212	Path Office/Store replacing 145	2001					50	50	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.213	Neurosciences Portacabin	2004					81	81	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.214	Thoracic Switch Room	1940					32	32	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.215	Cleft Unit	2005					440	440	-	447	-	Y	Full Backlog	100%	-		15 85
Externals																	
RVJ20.901	Hard landscape	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.902	Soft landscape	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.902A	Boundary wall	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.902B	Boundary wall, Entrance gate by HQ	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.902C	Pond	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.903A	Drainage - Storm	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.903B	Drainage - Foul	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.903C	Drainage - Combined	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.904A	Cold water - Mains fed	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.904B	Cold water - Tank fed	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.904C	Cold water - Fire hydrants	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.904D	Cold water - Emergency Water Supply	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.905	Heating system	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.906	Steam & Condensing systems	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85
RVJ20.907A	Electrical system - High Voltage (HV)	0					-	-	-	447	-	Y	Full Backlog	100%	-		15 85

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								m2										
RVJ20.907B	Electrical system - Low Voltage (LV)	0					-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ20.908A	Gas systems - Natural	0					-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ20.908B	Gas systems - Medical	0					-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ20.909A	Data systems - Telecommunications	0					-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ20.909B	Data systems - IT	0					-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ20.910	Pneumatic tube system	0					-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ20.911	Fire alarm system	0					-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ20.912	Intruder alarm system	0					-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ20.913	Duct system	0					-	-	447	-	Y	Full Backlog	100%	-		15	85	
Carried to OB2			-	-	-	-	68,776	68,776	32,512,000						32,366,532	22,574,657		

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			New	Ref 70%	Ref 50%	Ref 20%	Retain				Total	Y/N	Comment				Adjust Factor
											m2						
Retained Accommodation																	
Frenchay Infrastructure																	
	External Works (roads paths etc)	0					-	-	170,000	447	169,239	Y	Full Backlog	100%	169,239	15 85	
	Electrical Systems	0					-	-	2,200,000	447	2,190,157	Y	Full Backlog	100%	2,190,157	15 85	
	Phones	0					-	-	300,000	447	298,658	Y	Full Backlog	100%	298,658	15 85	
	Alarms	0					-	-	125,000	447	124,441	Y	Full Backlog	100%	124,441	15 85	
	Heating distribution systems	0					-	-	300,000	447	298,658	Y	Full Backlog	100%	298,658	15 85	
	Steam distribution systems	0					-	-	80,000	447	79,642	Y	Full Backlog	100%	79,642	15 85	
	Drainage	0					-	-	1,270,000	447	1,264,318	Y	Full Backlog	100%	1,264,318	15 85	
	PM Gases	0					-	-	30,000	447	29,866	Y	Full Backlog	100%	29,866	15 85	
	Cold Water systems	0					-	-	1,015,000	447	1,010,459	Y	Full Backlog	100%	1,010,459	15 85	
	Boiler/Fuel Storage	0					-	-	250,000	447	248,881	Y	Full Backlog	100%	248,881	15 85	
Carried to OB2			-	-	-	-	-	-	5,740,000						5,714,318	-	
Retained Accommodation																	
Southmead																	
	RVJ01.001 O.P.D./A&E	1932						2,229	2,229	1,227,000	447	1,221,510	Y	Full Backlog	100%	1,221,510	15 85
	RVJ01.002 AUDIOLOGY	1976						81	81	21,000	447	20,906	Y	Full Backlog	100%	20,906	15 85
	RVJ01.003 OPD & RECORDS	1950						810	810	539,000	447	536,588	Y	Full Backlog	100%	536,588	15 85
	RVJ01.004 MED RECS EXT & OFFICERS OFFICE	1983						199	199	25,000	447	24,888	Y	Full Backlog	100%	24,888	15 85
	RVJ01.005 BRECON UNIT	1936						515	515	336,000	447	334,497	Y	Full Backlog	100%	334,497	15 85
	RVJ01.006A Malvern	1936						610	610	594,000	447	591,342	Y	Full Backlog	100%	591,342	15 85
	RVJ01.006B Gynae OPD	1936						535	535	431,000	447	429,072	Y	Full Backlog	100%	429,072	15 85
	RVJ01.006C Cotswold Wards	1936						1,067	1,067	859,000	447	855,157	Y	Full Backlog	100%	855,157	15 85
	RVJ01.008 MEDICAL RECORDS STORE	1942						195	195	355,000	447	353,412	Y	Full Backlog	100%	353,412	15 85
	RVJ01.009 Chilterns Consultant offices	1954						215	215	73,000	447	72,673	Y	Full Backlog	100%	72,673	15 85
	RVJ01.010A Mendip	1939						573	573	466,000	447	463,915	Y	Full Backlog	100%	463,915	15 85
	RVJ01.010B Quantock	1939						573	573	466,000	447	463,915	Y	Full Backlog	100%	463,915	15 85
	RVJ01.010C Maternity Admin	1939						644	644	524,000	447	521,655	Y	Full Backlog	100%	521,655	15 85
	RVJ01.011 PERCY PHILLIPS	1972						874	874	637,000	447	634,150	Y	Full Backlog	100%	634,150	15 85
	RVJ01.012 NICU	1967						812	812	1,039,000	447	1,034,351	Y	Full Backlog	100%	1,034,351	15 85
	RVJ01.013 NICU	1979						113	113	145,000	447	144,351	Y	Full Backlog	100%	144,351	15 85
	RVJ01.014 SUB NO 3	1982						82	82	-	447	-	Y	Full Backlog	100%	-	15 85
	RVJ01.015 Dorian Day/Gloucester House	1983						-	-	-	447	-	Y	Full Backlog	100%	-	15 85
	RVJ01.016 LODGE	1953						81	81	77,000	447	76,655	Y	Full Backlog	100%	76,655	15 85
	RVJ01.017 Monks Park House	1939						3,729	3,729	2,053,000	447	2,043,814	Y	Full Backlog	100%	2,043,814	15 85
	RVJ01.018 Tyndalls Annexe	1975						382	382	316,000	447	314,586	Y	Full Backlog	100%	314,586	15 85
	RVJ01.019 TYNDALLS HOUSE	1950						1,492	1,492	1,074,000	447	1,069,195	Y	Full Backlog	100%	1,069,195	15 85
	RVJ01.020 TYNDALLS CENTRE	1950						446	446	425,000	447	423,098	Y	Full Backlog	100%	423,098	15 85

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY

Cost Form OB2 (Custom) - Retained

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SCHEME: Do Minimum

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE: All

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								m2									
RVJ01.020C	Medical Records	1950					706	706	535,000	447	532,606	Y	Full Backlog	100%	532,606	15	85
RVJ01.021	SOCIAL CLUB	1970					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ01.022	SUB NO 1	1940					95	95	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ01.023	Former NURSES CHANGING	1979					413	413	350,000	447	348,434	Y	Full Backlog	100%	348,434	15	85
RVJ01.025	THE PINES	1940					273	273	201,000	447	200,101	Y	Full Backlog	100%	200,101	15	85
RVJ01.026A	M H Day Centre	1940					231	231	170,000	447	169,239	Y	Full Backlog	100%	169,239	15	85
RVJ01.026B	Chaplain's Rooms	1940					80	80	54,000	447	53,758	Y	Full Backlog	100%	53,758	15	85
RVJ01.032	ORAL SURGERY	1975					514	514	588,000	447	585,369	Y	Full Backlog	100%	585,369	15	85
RVJ01.033	WASTE BIN STORE	1954					25	25	3,000	447	2,987	Y	Full Backlog	100%	2,987	15	85
RVJ01.034	GAS BOTTLE STORE	1910					121	121	46,000	447	45,794	Y	Full Backlog	100%	45,794	15	85
RVJ01.035	ANCILLIARY CHANGING	1908					1,086	1,086	745,000	447	741,667	Y	Full Backlog	100%	741,667	15	85
RVJ01.036	SHOP/STORES/DOMESTICS	1916					1,038	1,038	712,000	447	708,814	Y	Full Backlog	100%	708,814	15	85
RVJ01.037	PRINT ROOM/DIETETICS	1908					358	358	246,000	447	244,899	Y	Full Backlog	100%	244,899	15	85
RVJ01.038	CHAPEL (Inc Portacabin)	1964					177	177	139,000	447	138,378	Y	Full Backlog	100%	138,378	15	85
RVJ01.040	Occupational Health	1900					454	454	263,000	447	261,823	Y	Full Backlog	100%	261,823	15	85
RVJ01.041	TRAINING CENTRE/BANK	1900					384	384	223,000	447	222,002	Y	Full Backlog	100%	222,002	15	85
RVJ01.042	TRAINING CENTRE	1968					79	79	46,000	447	45,794	Y	Full Backlog	100%	45,794	15	85
RVJ01.043	QA/INCA, POST ROOM	1910					478	478	273,000	447	271,779	Y	Full Backlog	100%	271,779	15	85
RVJ01.044A	OTTER WARD	1910					478	478	101,000	447	100,548	Y	Full Backlog	100%	100,548	15	85
RVJ01.044B	ADMIN/OFFICES	1910					247	247	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ01.045	MORTUARY	1960					343	343	211,000	447	210,056	Y	Full Backlog	100%	210,056	15	85
RVJ01.046A	C WARD Medical Admissions	1910					300	300	13,000	447	12,942	Y	Full Backlog	100%	12,942	15	85
RVJ01.046B	D WARD	1910					417	417	18,000	447	17,919	Y	Full Backlog	100%	17,919	15	85
RVJ01.047A	E WARD	1912					458	458	299,000	447	297,662	Y	Full Backlog	100%	297,662	15	85
RVJ01.047B	F WARD	1912					458	458	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ01.048A	RECEPTION	1947					78	78	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ01.048B	MEDICAL SERVICES OFFICE	1947					78	78	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ01.049A	G WARD	1914					658	658	28,000	447	27,875	Y	Full Backlog	100%	27,875	15	85
RVJ01.049B	H WARD/ENDOSCOPY	1914					475	475	20,000	447	19,911	Y	Full Backlog	100%	19,911	15	85
RVJ01.050	DAY OP THEATRES	1912					575	575	317,000	447	315,582	Y	Full Backlog	100%	315,582	15	85
RVJ01.051A	C.I.U.	1949					348	348	133,000	447	132,405	Y	Full Backlog	100%	132,405	15	85
RVJ01.051B	LEAGUE OF FRIENDS	1949					60	60	15,000	447	14,933	Y	Full Backlog	100%	14,933	15	85
RVJ01.052	RADIOLOGY	1914					2,170	2,170	1,103,000	447	1,098,065	Y	Full Backlog	100%	1,098,065	15	85
RVJ01.054	R WARD	1937					788	788	1,432,000	447	1,425,593	Y	Full Backlog	100%	1,425,593	15	85
RVJ01.055	PERSONNEL (BUNGALOW)	1910					234	234	129,000	447	128,423	Y	Full Backlog	100%	128,423	15	85
RVJ01.057	POST GRAD	1981					698	698	27,000	447	26,879	Y	Full Backlog	100%	26,879	15	85
RVJ01.058	M.T.UNIT	1972					-	-	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ01.059A	BADGER WARD	1912					424	424	-	447	-	Y	Full Backlog	100%	-	15	85
RVJ01.059B	L1 WARD	1912					449	449	76,000	447	75,660	Y	Full Backlog	100%	75,660	15	85
RVJ01.060A	main theatre	1958					1,179	1,179	494,000	447	491,790	Y	Full Backlog	100%	491,790	15	85
RVJ01.060B	cssd	1958					1,046	1,046	421,000	447	419,116	Y	Full Backlog	100%	419,116	15	85
RVJ01.060C	theatre plant room gf	1958					158	158	191,000	447	190,145	Y	Full Backlog	100%	190,145	15	85
RVJ01.061	Surgical Offices/Doctors Mess	1989					505	505	321,000	447	319,564	Y	Full Backlog	100%	319,564	15	85

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								m2											
RVJ01.062A	ENT Theatre	1960					410	410	227,000	447	225,984	Y	Full Backlog	100%	225,984		15	85	
RVJ01.062B	S Ward	1960					488	488	155,000	447	154,306	Y	Full Backlog	100%	154,306		15	85	
RVJ01.062C	L2 Ward	1960					483	483	256,000	447	254,855	Y	Full Backlog	100%	254,855		15	85	
RVJ01.062D	U Ward ENT	1960					484	484	256,000	447	254,855	Y	Full Backlog	100%	254,855		15	85	
RVJ01.062E	T East & T West	1960					874	874	352,000	447	350,425	Y	Full Backlog	100%	350,425		15	85	
RVJ01.062F	Intensive Care Unit	1960					490	490	259,000	447	257,841	Y	Full Backlog	100%	257,841		15	85	
RVJ01.062G	102 BED BLOCK PLANT ROOM	1960					73	73	14,000	447	13,937	Y	Full Backlog	100%	13,937		15	85	
RVJ01.062H	Circulation & Shared	1960					675	675	357,000	447	355,403	Y	Full Backlog	100%	355,403		15	85	
RVJ01.063	Carrington Ward	1974					582	582	345,000	447	343,456	Y	Full Backlog	100%	343,456		15	85	
RVJ01.065	BOILER HOUSE	1968					528	528	112,000	447	111,499	Y	Full Backlog	100%	111,499		15	85	
RVJ01.066	Bed Store (former incinerator)	1993					480	480	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.067	Silver Building	1981					3,656	3,656	1,347,000	447	1,340,973	Y	Full Backlog	100%	1,340,973		15	85	
RVJ01.068	Medical Engineering	1983					329	329	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.074	WESTGATE HOUSE	1880					680	680	409,000	447	407,170	Y	Full Backlog	100%	407,170		15	85	
RVJ01.080	Former PAYROLL BUILDING	1940					212	212	126,000	447	125,436	Y	Full Backlog	100%	125,436		15	85	
RVJ01.081	FINANCE (COACH HSE) inc garage store	1910					235	235	35,000	447	34,843	Y	Full Backlog	100%	34,843		15	85	
RVJ01.083	SOMERSET HOUSE	1880					727	727	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.083A	SOMERSET ANNEXE OFFICES	1880					91	91	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.083B	Boiler Plant Room	1880					40	40	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.085	SUB NO 2	1970					91	91	2,000	447	1,991	Y	Full Backlog	100%	1,991		15	85	
RVJ01.088A	K Ward	1940					350	350	96,000	447	95,570	Y	Full Backlog	100%	95,570		15	85	
RVJ01.088B	CCU	1940					315	315	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.089	J WARD	1940					466	466	59,000	447	58,736	Y	Full Backlog	100%	58,736		15	85	
RVJ01.090	CENTRAL DELIVERY	1985					1,767	1,767	816,000	447	812,349	Y	Full Backlog	100%	812,349		15	85	
RVJ01.090A	NEW GYNAE THEATRES	2002					616	616	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.091	VISITORS WC	1985					62	62	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.094	ANTE-NATAL CLINIC	1987					508	508	215,000	447	214,038	Y	Full Backlog	100%	214,038		15	85	
RVJ01.095	WATER SOFTENING PLANT	1987					54	54	1,000	447	996	Y	Full Backlog	100%	996		15	85	
RVJ01.099A	CARDIOLOGY (E2)	1986					309	309	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.099B	Haematology Day Unit	2002					173	173	29,000	447	28,870	Y	Full Backlog	100%	28,870		15	85	
RVJ01.100	NEW PHARMACY BUILDING	1987					1,138	1,138	241,000	447	239,922	Y	Full Backlog	100%	239,922		15	85	
RVJ01.101	SUB STATION NO 5	1989					50	50	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.102	GAS METER HOUSE	1988					28	28	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.103	EDS OFFICES	1987					113	113	14,000	447	13,937	Y	Full Backlog	100%	13,937		15	85	
RVJ01.104	Lewis Laboratories	1988					3,705	3,705	471,000	447	468,893	Y	Full Backlog	100%	468,893		15	85	
RVJ01.105	Linen Exchange/Transport	1988					505	505	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.106	Christopher Hancock Building	1990					1,197	1,197	203,000	447	202,092	Y	Full Backlog	100%	202,092		15	85	
RVJ01.107	Richard Bright Renal Unit	1990					1,598	1,598	271,000	447	269,787	Y	Full Backlog	100%	269,787		15	85	
RVJ01.108	ELGAR HOUSE	1990					3,899	3,899	248,000	447	246,890	Y	Full Backlog	100%	246,890		15	85	
RVJ01.109	NEW UROLOGY	1991					1,777	1,777	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.110	AOC	1993					11,370	11,370	722,000	447	718,770	Y	Full Backlog	100%	718,770		15	85	
RVJ01.112	NEW CATERING	1991					2,543	2,543	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.113	EMI	1992					-	-	-	447	-	Y	Full Backlog	100%	-		15	85	

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RVJ01.114	TELEPHONE EXCHANGE	1972					58	58	6,000	447	5,973	Y	Full Backlog	100%	5,973		15	85	
RVJ01.115	GARAGES/VEHICLE WORKSHOP	1984					110	110	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.116	Lifeline Centre	1999					-	-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.117	BUI	2004					-	-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.118	Brunel Renal satellite	2002					283	283	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.119	NB Academy	2004					200	200	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.120	Main Hospital Corridor	1950					1,079	1,079	480,000	447	477,852	Y	Full Backlog	100%	477,852		15	85	
RVJ01.142	PATH GEN STORE	1965					116	116	15,000	447	14,933	Y	Full Backlog	100%	14,933		15	85	
RVJ01.143	MICROBIOLOGY STORE	1965					45	45	6,000	447	5,973	Y	Full Backlog	100%	5,973		15	85	
RVJ01.144	HAEMATOLOGY/MICROBIOLOGY	1952					989	989	1,026,000	447	1,021,409	Y	Full Backlog	100%	1,021,409		15	85	
RVJ01.145	HAEMATOLOGY (A)	1980					20	20	17,000	447	16,924	Y	Full Backlog	100%	16,924		15	85	
RVJ01.146	MICROBIOLOGY/CELLULAR PATH	1980					52	52	29,000	447	28,870	Y	Full Backlog	100%	28,870		15	85	
RVJ01.147	MICROBIOLOGY & RESEARCH	1965					384	384	211,000	447	210,056	Y	Full Backlog	100%	210,056		15	85	
RVJ01.148	CELLULAR PATHOLOGY (A)	1965					294	294	162,000	447	161,275	Y	Full Backlog	100%	161,275		15	85	
RVJ01.149	CELLULAR PATHOLOGY (B)	1972					44	44	24,000	447	23,893	Y	Full Backlog	100%	23,893		15	85	
RVJ01.150	CELLULAR PATHOLOGY (C)	1978					190	190	105,000	447	104,530	Y	Full Backlog	100%	104,530		15	85	
RVJ01.151	CELLULAR PATHOLOGY (D)	1978					98	98	54,000	447	53,758	Y	Full Backlog	100%	53,758		15	85	
RVJ01.152	HAEMATOLOGY (B)	1994					93	93	51,000	447	50,772	Y	Full Backlog	100%	50,772		15	85	
RVJ01.153	CYTOTOLOGY TRAINING	1980					95	95	52,000	447	51,767	Y	Full Backlog	100%	51,767		15	85	
RVJ01.154	HAEMATOLOGY (C)	1986					211	211	116,000	447	115,481	Y	Full Backlog	100%	115,481		15	85	
RVJ01.155	CELLULAR PATHOLOGY (E)	1986					28	28	15,000	447	14,933	Y	Full Backlog	100%	14,933		15	85	
RVJ01.156	TISSUE TYPING (A)	2001					47	47	26,000	447	25,884	Y	Full Backlog	100%	25,884		15	85	
RVJ01.157	TISSUE TYPING (B)	2001					29	29	16,000	447	15,928	Y	Full Backlog	100%	15,928		15	85	
RVJ01.158	OLD PATH LAB GAS BOTTLE STORE	1965					6	6	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.159	WESTGATE HOUSE PORTACABIN	1995					48	48	23,000	447	22,897	Y	Full Backlog	100%	22,897		15	85	
RVJ01.160	MEDICAL RECORDS PORTACABIN (by 004)	1990					33	33	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.161	SUBSTATION NO 3 GENERATOR	2003					10	10	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.162	SUBSTATION NO 6 GENERATOR	2003					10	10	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.163	ACADEMIC PORTACABIN	2003					41	41	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.164	CHP PLANT	2001					-	-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.165	SMOKE ROOM (by p phillips)	2001					30	30	12,000	447	11,946	Y	Full Backlog	100%	11,946		15	85	
RVJ01.166	MEDICAL AIR COMPRESSOR	1970					38	38	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.167	UROLOGICAL INSTITUTE PORTACABIN	1996					63	63	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.168	SMOKE ROOM AOC (PORTACABIN)	2001					24	24	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.169	SMOKE ROOM BY PALS OFFICE	1988					9	9	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.170	STORE BY PALLS OFFICE	1980					11	11	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.171	PALS OFFICE (PORTACABIN)	1993					14	14	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.172	PALS SHED	2002					9	9	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.173	G WARD - STORE	2001					8	8	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.174	SEATED ASSESSMENT UNIT (C Ward)	2003					76	76	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.175	PATH NEW PORTACABIN inc in 154	2003					-	-	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.176	Chilterns first floor offices (block 009)	2003					90	90	-	447	-	Y	Full Backlog	100%	-		15	85	
RVJ01.177	Old Payroll Plantroom	1940					40	40	50,000	447	49,776	Y	Full Backlog	100%	49,776		15	85	

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											m2						
Externals																	
RVJ01.901	Hard Landscape	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.902	Soft Landscape	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.903A	Drainage -Storm	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.903B	Drainage - Foul	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.903C	Drainage - Combined	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.904A	Cold water - Mains fed	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.904B	Cold Water - Tank Fed	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.904C	Cold Water - Fire Hydrants	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.904D	Cold water - Emergency Water Supply	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.905	Heating system	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.906	Steam & Condensing systems	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.907A	Electrical system - High Voltage HV	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.907B	Electrical system - Low Voltage LV	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.908A	Gas systems - Natural	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.908B	Gas systems - Medical	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.909A	Data systems - Telecommunications	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.909B	Data systems - IT	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.910	Pneumatic tube system	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.911	Fire alarm system	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.912	Intruder alarm system	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
RVJ01.913	Duct system	0					-	-	-	447	-	Y	Full Backlog	100%	-	15 85	
		Carried to OB2	-	-	-	-	84,589	84,589	31,759,000						31,616,902	-	
Retained Accommodation																	
Frenchay Infrastructure																	
External Works (roads paths etc)		0					-	-	150,000	447	149,329	Y	Full Backlog	100%	149,329	15 85	
Electrical Systems		0					-	-	425,000	447	423,098	Y	Full Backlog	100%	423,098	15 85	
Phones		0					-	-	300,000	447	298,658	Y	Full Backlog	100%	298,658	15 85	
Alarms		0					-	-	600,000	447	597,315	Y	Full Backlog	100%	597,315	15 85	
Heating distribution systems		0					-	-	100,000	447	99,553	Y	Full Backlog	100%	99,553	15 85	
Steam distribution systems		0					-	-	200,000	447	199,105	Y	Full Backlog	100%	199,105	15 85	
Drainage		0					-	-	210,000	447	209,060	Y	Full Backlog	100%	209,060	15 85	
PM Gases		0					-	-	220,000	447	219,016	Y	Full Backlog	100%	219,016	15 85	
Cold Water systems		0					-	-	75,000	447	74,664	Y	Full Backlog	100%	74,664	15 85	
Boiler/Fuel Storage		0					-	-	250,000	447	248,881	Y	Full Backlog	100%	248,881	15 85	
Natural Gas Mains		0					-	-	50,000	447	49,776	Y	Full Backlog	100%	49,776	15 85	
Lifts		0					-	-	100,000	447	99,553	Y	Full Backlog	100%	99,553	15 85	

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY																	Cost Form OB2 (Custom) - Retained		
TRUST/ORGANISATION:		North Bristol NHS Trust										SCHEME:		Do Minimum					
CAPITAL COSTS:		DEPARTMENTAL COSTS AND EQUIPMENT COSTS										PHASE:		All					
Reference	Building	Built	Area (Clinical Gross inc circulation and plant)						Costs to Condition B Exc VAT/fees £	MIPS Index	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost Provided By Trust	B%/E% (approx)		
			New	Ref 70%	Ref 50%	Ref 20%	Retain	Total				Y/N	Comment	Adjust Factor					
								m2											
		Carried to OB2	-	-	-	-	-	-	2,680,000						2,668,009	-			

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY

Cost Form OB2 (Custom) - Retained

TRUST/ORGANISATION:

North Bristol NHS Trust

SCHEME:

Do Minimum

CAPITAL COSTS: DEPARTMENTAL COSTS AND EQUIPMENT COSTS

PHASE:

All

Reference	Building	Built	Area (Clinical Gross inc circulation and plant)					Costs to Condition B Exc VAT/fees £	MIPS Index	Adjust* to MIPS 445	Applicable to this option?			Total £	Equip. Cost Provided By Trust	B%/E% (approx)	
			New	Ref 70%	Ref 50%	Ref 20%	Retain	Total			Y/N	Comment	Adjust Factor				
								m2									
Retained Accommodation																	
Outside Business Case																	
RVJ01.006	A Block	0					2,212	2,212	1,570,000	447	1,562,975	Y	Excluded	0%	-	15	85
RVJ01.009	Chilterns Consultant offices	0					215	215	85,000	447	84,620	Y	Excluded	0%	-	15	85
RVJ01.010	B Block	0					1,960	1,960	1,420,000	447	1,413,647	Y	Excluded	0%	-	15	85
RVJ01.011	PERCY PHILLIPS	0					874	874	915,000	447	910,906	Y	Excluded	0%	-	15	85
RVJ01.012&013	NICU	0					925	925	1,250,000	447	1,244,407	Y	Excluded	0%	-	15	85
RVJ01.063	Carrington Ward	0					435	435	270,000	447	268,792	Y	Excluded	0%	-	15	85
RVJ01.090	CENTRAL DELIVERY	0					1,767	1,767	1,405,000	447	1,398,714	Y	Excluded	0%	-	15	85
RVJ01.090A	NEW GYNAE THEATRES	0					616	616	120,000	447	119,463	Y	Excluded	0%	-	15	85
RVJ01.094	ANTE-NATAL CLINIC	0					508	508	305,000	447	303,635	Y	Excluded	0%	-	15	85
RVJ01.107	Richard Bright Renal Unit	0					1,598	1,598	755,000	447	751,622	Y	Excluded	0%	-	15	85
								-									
Carried to OB2			-	-	-	-	11,110	11,110	8,095,000						-	-	

Notes:

Cost allowances should be based on Departmental Cost Allowances where appropriate and include allowances for essential complimentary accommodation and services where details not available.

Identify separately any proposed adjustment (over or under cost allowances) justifiable in value for money terms (details to be provided)

* Delete as appropriate

1. State area and rate if departmental cost allowance not available

2. Insert:

N for new build,

A for adaptations for alternative use or

C for upgrading existing building retaining current use

3. Insert relevant version number of CONCISE 4 database listing of Departmental Cost Allowances and Equipment Cost Allowances

4. Provide details where available

Completed By:

Name (capitals)

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

Telephone

024 7656 1510

Date

6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

Cost Form OB3

CAPITAL COSTS: ON-COSTS

All costs included in backlog maintenance in departmental costs

Date

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY

Cost Form OB4

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Do Minimum

PHASE: All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
1 Fees (including "in-house" resource costs)		
a. Architects)		
b. Structural Engineers)		
c. Mechanical Engineers)		
d. Electrical Engineers)		
e. Quantity Surveyors)		
f. Project Management)		
g. Project Sponsorship In house)		
h. Legal fees)		
i. Site Supervision)		
j. Building Regulations and Planning Fees)		
k. Others (specify))		
Acoustics Consultant)		
Arboriculturist)		
Archaeological Investigation)		
Arts Adviser)		
Brief Preparation)		
Catering Consultant)		
Estate Utilisation Study)		
Exposure of Existing Foundations)		
Financial Advisor)		
Fire Safety adviser)		
Graphics, Brochures Etc)		
Highways)		
Land Acquisition)		
Legal Advisor)		
Lighting Consultant)		
M & E Acceptance team)		
Medical Equipment Consultant)		
Models, Perspectives etc)	10,854,864	15.00
Occupational Commissioning Consultants)		
Others)		
Photographs)		
Planning Supervisor (CDM))		
Printing Drawings etc)		
Site Inspection)		
Study Visits)		
Temporary Signage)		
Town Planning Consultant)		
Traffic studies)		
Utilities)		
Wind Tunnel Test)		
Other??)		
Surveys)		
Asbestos Survey)		
CCTV survey (Buried Services))		
Existing Buildings Survey)		
Geophysical Survey)		
Location of Existing Services)		
Minerals Survey)		

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY

Cost Form OB4

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Do Minimum

PHASE: All

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Percentage of Works Cost %
Site Investigation) Topographical Survey)		
Total Fees to Summary (OB1)	£ 10,854,864	15.00

2 Non-Works Costs	£
Non-VAT rated:	
a. Land purchase costs and associated legal fees	-
Sub Total	-
VAT rated:	
b. Statutory and Local Authority charges	-
c. Other (specify)	
Decanting Budget allowance	1,072,289
Temporary Accommodation) Budget allowance	35,272,952
Mis-sued accommodation)	-
Transitional arrangements	-
Section 106 etc agreements Not applicable	-
Non-Works Costs to Summary (OB1)	£ 36,345,241

Completed By:

Name (capitals)	Angus Eliot Partnership Ltd in association with WT Partnership Ltd
Position	
Address	Orchard Court V Binley Business Park Harry Weston Road Coventry CV3 2TQ
Telephone	024 7656 1510
Date	6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Do Minimum

PHASE: All

INDICATIVE CASHFLOW

	Indicative Programme (to be advised)	Start	Finish	Period (months)												
	OBC/FBC Approvals & PFI/FC Mobilisation															
	Construction Period (assumed 5 years)	Jan-08	Dec-12	60												
	12 months defects and 3% retention (assuming phased contract; phasing to be advised)															
				Totals From OB1	Financial Year											
				£	2005-2006 £	2006-2007 £	2007-2008 £	2008-2009 £	2009-2010 £	2010-2011 £	2011-2012 £	2012-2013 £	2013-2014 £	2014-2015 £	Total £	
1a	Works Costs (Assumed equal spend over 5 years)			72,365,761			3,509,739	14,038,958	14,038,958	14,038,958	14,038,958	11,614,705	1,085,486		72,365,761	
6.	Fees (based on 60% pre contract, 40% post contract less OBC)			10,854,864	10,000	25,000	6,701,824	839,621	839,621	839,621	839,621	694,635	64,919	-	10,854,864	
7.	Non-Works Costs			36,345,241			1,817,262	7,269,048	7,269,048	7,269,048	7,269,048	5,451,786			36,345,241	
8b	Equipment Cost AT ECAG 4Q04 (as current DCAG levels) (spit over 5 financial years)			25,283,616			12,641,808	12,641,808							25,283,616 -	
9.	Planning Contingencies (pro rata over future years)	10.00 %		14,484,948	-	-	1,942,446	3,670,008	2,303,416	2,303,416	2,303,416	1,844,904	117,342	-	14,484,948	
10.	TOTAL excl VAT and Optimism Bias			159,334,430	10,000	25,000	26,613,079	38,459,443	24,451,043	24,451,043	24,451,043	19,606,030	1,267,748	-	159,334,430	
10a	Optimism Bias	12.90 %		20,554,141	-	-	2,756,330	5,207,741	3,268,547	3,268,547	3,268,547	2,617,919	166,508	-	20,554,141	
10b	TOTAL excl VAT inc Optimism Bias			179,888,571	10,000	25,000	29,369,409	43,667,184	27,719,591	27,719,591	27,719,591	22,223,949	1,434,256	-	179,888,571	
	VAT on above			29,580,899	-	-	3,966,827	7,494,823	4,703,995	4,703,995	4,703,995	3,767,630	239,634	-	29,580,899	
	TOTAL (for approval purposes) incl VAT			209,469,470	10,000	25,000	33,336,237	51,162,008	32,423,585	32,423,585	32,423,585	25,991,579	1,673,890	-	209,469,470	
	Inflation Adjustments to 2005-06 Prices			1,629,255	78	194	259,290	397,939	252,191	252,191	252,191	202,163	13,020	-	1,629,255	
11a	Sub Total at 2005-06 Prices			211,098,725	10,078	25,194	33,595,527	51,559,946	32,675,776	32,675,776	32,675,776	26,193,742	1,686,910	-	211,098,725	
	Inflation to Tender Date/During construction (Split pro rata over construction)			25,639,703	-	-	1,243,526	4,974,102	4,974,102	4,974,102	4,974,102	4,115,172	384,596	-	25,639,703	
12	FORECAST OUT-TURN BUSINESS CASE TOTAL			236,738,428	10,078	25,194	34,839,052	56,534,048	37,649,879	37,649,879	37,649,879	30,308,914	2,071,505	-	236,738,428	

Completed By:

Name (capitals) Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Position

Address Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ

Telephone 024 7656 1510

Date 6th January 2006 - Version 2.3

Authorised for issue

Project Director

Date

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Do Minimum

PHASE: All

GROSS INTERNAL FLOOR AREAS

	New Build m2 m2	Major Refurb 70% m2	Medium Refurb 50% m2	Minor Refurb 20% m2	Retained (Backlog only) m2	Retained (Excluded) m2	Total m2 m2
Acute Accommodation	-	-	-	-	164,475		164,475
Retained Accommodation							-
"On Cost" Areas	-	-	-	-	164,475	-	164,475
	0%	-	-	-	-	-	-
	-	-	-	-	164,475	-	164,475

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SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Do Minimum

PHASE: All

NOTES AND ASSUMPTIONS

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
1	Departmental Costs	
a	Backlog maintenance data has been provided by the Trust for the Frenchay and Southmead sites, updated to September 2005 indices (MIPS 447 as stated on sheets)	Backlog maintenance exceeds average costs calculated by Trust
b	The Trust have instructed the design team to take the Do Minimum Option as per the SOC at this stage ie backlog maintenance on retained estate except as follows: buildings to be demolished under the Financial Recovery Plan at SOC stage were excluded from the costs but are now to be included equipment replacement is to be included as per the main options for southmead and Frenchay	Check that this information is still current in respect of buildings to be demolished
2.	On-Costs	
a	No separate on costs are calculated as they are included in the backlog figures above	
3	Provisional Location Adjustment	
a	The backlog cost data is at Bristol price levels and there is therefore no location adjustment	
4	Fees	
a	The Trust backlog figures exclude VAT and Fees. An overall fee allowance of 15% has been added to reflect the extensive nature of the work required	
5	Non-Works Costs	
a	A lump sum allowance has been made for any temporary accommodation/decanting arrangements necessitated by the work	Extent of work necessitates greater temporary arrangements than budget allowance
6	Equipment Cost	
a	Equipment replacement is included at the same level as the main Southmead and Frenchay options as instructed by the Trust	Equipment replacement strategy is inadequate for replacement required
7	Planning Contingencies	
a	A planning contingency allowance of 10% has been used due to the level of cost data available and as instructed by the Trust	The risk register has not been updated at this stage and the costs assessed
8	Residual Optimism Bias	
a	The Trust have carried out an in-house calculation for optimism bias and the mitigated percentage for this option is 12.9% as advised by email 23/11/05	
9	Inflation Adjustments	
	The total at line 12 (less equipment) is uplifted to average costs for 2005-2006 at line 13a for accounting purposes; an average of the forecast MIPS VOP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	The equipment total within line 12 has also been uplifted to 2005-2006 price levels based on the average forecast EP indices for 2nd Quarter 2005 to 1st Quarter 2006 from Quarterly Briefing Vol 14 Nr 3 have been used for this purpose (MIPS VOP 446.5)	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY

TRUST/ORGANISATION: North Bristol NHS Trust

SCHEME: Do Minimum

PHASE: All

NOTES AND ASSUMPTIONS

Nr	Basis of Costing and Assumptions for OB1 headings	Risk Register Item
	<p>The inflation adjustments to start on site and during construction shown below line 13a are currently based on the indicative timeline provided by the trust which show a start on site in September 2008 and completion by September 2012 (4 year construction). Pre PFI enabling works will take place prior to this during 2007/8</p>	Further delays in the overall programme
	<p>The MIPS and APSAB FORVOP indices from Quarterly Briefing Vol 14 Nr 3 have been used to calculate an indicative average inflation uplift for the construction period</p>	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	<p>THE EP indices from Quarterly Briefing Vol 14 Nr3 (have been used to calculate the average inflation uplift to date of purchase (midpoint assumed for this exercise)</p>	The forecast indices in Quarterly Briefing prove to be inadequate for future inflation
	<p>It should also be noted that there is a minor adjustment to the line 13 construction inflation which has occurred between versions 2.2. and 2.3; this is due to the increase in the base index level from 415 to 446.75; a small amount of VAT on the inflation element of fees was attaching and the index uplift on optimism bias and planning contingency figures are further inflated as the equipment costs in the base figures are not index adjusted; lump sum adjustment have been made in order to balance with the previous figures</p>	

SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD; COMMUNITY HOSPITAL AT FRENCHAY**TRUST/ORGANISATION:** North Bristol NHS Trust**SCHEME:** Do Minimum**PHASE:** All**NOTES AND ASSUMPTIONS****Nr Basis of Costing and Assumptions for OB1 headings****Risk Register Item****10 Cashflow Forecast**

Based on an indicative phased work schedule over 5 years from January 2008

Phasing requirements extend the programme beyond the contract period currently used (5 years)

11 Generally

Separate sets of OB Forms have been produced for the acute site and each community site and a summary OB1 of total costs has also been produced with scenarios for the combination of options on each site as follows:

Scenario 1 - Southmead North Option + Frenchay New Build Option

Scenario 2 - Southmead North Option + Frenchay Refurb Option

Scenario 3 - Southmead South Option + Frenchay New Build Option

Scenario 4 - Southmead South Option + Frenchay Refurb Option

Scenario 5 - Do Minimum on each site

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

024 7656 1510

6th January 2006 - Version 2.3

Project Director

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/PROVIDER UNIT*:

North Bristol NHS Trust

SCHEME:

Scenario 1: North Option at Southmead; New Option at Frenchay

PHASE:

All

CAPITAL COSTS SUMMARY

		Southmead North £	Frenchay New £	Remote Facilities £	Totals £
1.	Departmental Costs	124,738,910	16,821,502		141,560,412
2.	On-Costs	127,732,644	18,716,782		146,449,426
3.	Works Cost Total AT MIPS FP 445	252,471,553	35,538,284		288,009,837
4.	Provisional Location Adjustment	-	-		-
5.	Works Cost Sub Total	252,471,553	35,538,284		288,009,837
6.	Fees	37,186,339	5,121,191		42,307,530
7.	Non-Works Costs VAT Rated Non VAT Rated	3,117,144 -	418,193 -		3,535,337 -
8.	Equipment Cost at ECAG 112	23,567,616	1,716,000		25,283,616
9.	Planning Contingencies	31,634,265	4,279,367		35,913,632
10.	TOTAL (for approval purposes) at MIPS 445 VOP (Excluding Residual Optimism)	347,976,917	47,073,035		395,049,952
11	Residual Optimism Bias	39,321,392	5,083,888		44,405,279
12	TOTAL (for approval purposes) at MIPS 445 VOP (Including Residual Optimism Bias) Excluding VAT	387,298,309	52,156,923		439,455,232
13a	Inflation Adjustments to 2005-06 price levels	2,024,466	240,933		2,265,398
13b	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 114) Exc VAT	389,322,775	52,397,855		441,720,630
13c	VAT	62,062,592	8,333,835		70,396,426
13d	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 113) Inc VAT	451,385,366	60,731,690		512,117,056
13e	Future Inflation Adjustments	89,687,235	8,189,180		97,876,415
14	FORECAST OUT-TURN BUSINESS CASE TOTAL, INC'G VAT	541,072,601	68,920,870		609,993,471

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V
Binley Business Park
Harry Weston Road
Coventry CV3 2TQ
024 7656 1510
12th January 2005 Version 2.3

Project Director

Date

OPTION APPRAISAL: SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD AND COMMUNITY HOSPITAL AT FRENCHAY

TRUST/PROVIDER UNIT*:

North Bristol NHS Trust

SCHEME:

Scenario 2: North Option at Southmead; Refurb Option at Frenchay

PHASE:

All

CAPITAL COSTS SUMMARY

		Southmead North £	Frenchay Refurb £	Remote Facilities £	Totals £
1.	Departmental Costs	124,738,910	10,002,275		134,741,185
2.	On-Costs	127,732,644	16,073,629		143,806,273
3.	Works Cost Total AT MIPS FP 445	252,471,553	26,075,904		278,547,457
4.	Provisional Location Adjustment	-	-		-
5.	Works Cost Sub Total	252,471,553	26,075,904		278,547,457
6.	Fees	37,186,339	3,912,898		41,099,237
7.	Non-Works Costs VAT Rated Non VAT Rated	3,117,144 -	322,759 -		3,439,903 -
8.	Equipment Cost at ECAG 112	23,567,616	1,716,000		25,283,616
9.	Planning Contingencies	31,634,265	3,202,756		34,837,021
10.	TOTAL (for approval purposes) at MIPS 445 VOP (Excluding Residual Optimism)	347,976,917	35,230,317		383,207,235
11.	Residual Optimism Bias	39,321,392	4,756,093		44,077,484
12.	TOTAL (for approval purposes) at MIPS 445 VOP (Including Residual Optimism Bias) Excluding VAT	387,298,309	39,986,410		427,284,719
13a.	Inflation Adjustments to 2005-06 price levels	2,024,466	196,771		2,221,236
13b.	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 114) Exc VAT	389,322,775	40,183,181		429,505,956
13c.	VAT	62,062,592	6,393,463		68,456,054
13d.	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 113) Inc VAT	451,385,366	46,576,643		497,962,010
13e.	Future Inflation Adjustments	89,687,235	6,654,094		96,341,329
14.	FORECAST OUT-TURN BUSINESS CASE TOTAL, INC'G VAT	541,072,601	53,230,738		594,303,339

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

024 7656 1510

12th January 2005 Version 2.3

Project Director

Date

OPTION APPRAISAL: SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD AND COMMUNITY HOSPITAL AT FRENCHAY

TRUST/PROVIDER UNIT*:

North Bristol NHS Trust

SCHEME:

Scenario 3: South Option at Southmead; New Option at Frenchay

PHASE:

All

CAPITAL COSTS SUMMARY

		Southmead South £	Frenchay New £	Remote Facilities £	Totals £
1.	Departmental Costs	124,105,164	16,821,502		140,926,666
2.	On-Costs	117,031,170	18,716,782		135,747,952
3.	Works Cost Total AT MIPS FP 445	241,136,335	35,538,284		276,674,619
4.	Provisional Location Adjustment	-	-		-
5.	Works Cost Sub Total	241,136,335	35,538,284		276,674,619
6.	Fees	35,525,576	5,121,191		40,646,767
7.	Non-Works Costs VAT Rated Non VAT Rated	3,002,410 -	418,193 -		3,420,603 -
8.	Equipment Cost at ECAG 112	23,567,616	1,716,000		25,283,616
9.	Planning Contingencies	30,323,194	4,279,367		34,602,560
10.	TOTAL (for approval purposes) at MIPS 445 VOP (Excluding Residual Optimism)	333,555,130	47,073,035		380,628,165
11.	Residual Optimism Bias	34,689,734	5,083,888		39,773,621
12.	TOTAL (for approval purposes) at MIPS 445 VOP (Including Residual Optimism Bias) Excluding VAT	368,244,864	52,156,923		420,401,786
13a.	Inflation Adjustments to 2005-06 price levels	1,932,603	240,933		2,173,536
13b.	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 114) Exc VAT	370,177,467	52,397,855		422,575,322
13c.	VAT	58,983,203	8,333,835		67,317,038
13d.	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 113) Inc VAT	429,160,670	60,731,690		489,892,360
13e.	Future Inflation Adjustments	86,188,364	8,189,180		94,377,544
14.	FORECAST OUT-TURN BUSINESS CASE TOTAL, INC'G VAT	515,349,034	68,920,870		584,269,904

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

024 7656 1510

12th January 2005 Version 2.3

Project Director

Date

OPTION APPRAISAL: SOUTHMEAD AS ACUTE SITE; ITC AT SOUTHMEAD AND COMMUNITY HOSPITAL AT FRENCHAY

TRUST/PROVIDER UNIT*:

North Bristol NHS Trust

SCHEME:

Scenario 4: South Option at Southmead; Refurb Option at Frenchay

PHASE:

All

CAPITAL COSTS SUMMARY

		Southmead South £	Frenchay Refurb £	Remote Facilities £	Totals £
1.	Departmental Costs	124,105,164	10,002,275		134,107,439
2.	On-Costs	117,031,170	16,073,629		133,104,800
3.	Works Cost Total AT MIPS FP 445	241,136,335	26,075,904		267,212,239
4.	Provisional Location Adjustment	-	-		-
5.	Works Cost Sub Total	241,136,335	26,075,904		267,212,239
6.	Fees	35,525,576	3,912,898		39,438,473
7.	Non-Works Costs VAT Rated Non VAT Rated	3,002,410 -	322,759 -		3,325,169 -
8.	Equipment Cost at ECAG 112	23,567,616	1,716,000		25,283,616
9.	Planning Contingencies	30,323,194	3,202,756		33,525,950
10.	TOTAL (for approval purposes) at MIPS 445 VOP (Excluding Residual Optimism)	333,555,130	35,230,317		368,785,447
11.	Residual Optimism Bias	34,689,734	4,756,093		39,445,826
12.	TOTAL (for approval purposes) at MIPS 445 VOP (Including Residual Optimism Bias) Excluding VAT	368,244,864	39,986,410		408,231,274
13a.	Inflation Adjustments to 2005-06 price levels	1,932,603	196,771		2,129,374
13b.	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 114) Exc VAT	370,177,467	40,183,181		410,360,648
13c.	VAT	58,983,203	6,393,463		65,376,666
13d.	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 113) Inc VAT	429,160,670	46,576,643		475,737,313
13e.	Future Inflation Adjustments	86,188,364	6,654,094		92,842,458
14.	FORECAST OUT-TURN BUSINESS CASE TOTAL, INC'G VAT	515,349,034	53,230,738		568,579,771

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

024 7656 1510

12th January 2005 Version 2.3

Project Director

Date

OBC OPTION APPRAISAL NOVEMBER 2005

TRUST/PROVIDER UNIT*:

North Bristol NHS Trust

SCHEME:

Do Minimum on Both Sites

PHASE:

All

CAPITAL COSTS SUMMARY

		Do Minimum £
1.	Departmental Costs	72,365,761
2.	On-Costs	-
3.	Works Cost Total AT MIPS FP 445	72,365,761
4.	Provisional Location Adjustment	-
5.	Works Cost Sub Total	72,365,761
6.	Fees	10,854,864
7.	Non-Works Costs VAT Rated Non VAT Rated	36,345,241 -
8.	Equipment Cost at ECAG 112	25,283,616
9.	Planning Contingencies	14,484,948
10.	TOTAL (for approval purposes) at MIPS 445 VOP (Excluding Residual Optimism	159,334,430
11.	Residual Optimism Bias	20,554,141
12.	TOTAL (for approval purposes) at MIPS 445 VOP (Including Residual Optimism Bias) Excluding VAT	179,888,571
13a.	Inflation Adjustments to 2005-06 price levels	1,277,610
13b.	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 114) Exc VAT	181,166,182
13c.	VAT	29,932,544
13d.	TOTAL at 2005-06 Average Prices (MIPS VOP 449.75/EPI 113) Inc VAT	211,098,725
13e.	Future Inflation Adjustments	24,378,884
14.	FORECAST OUT-TURN BUSINESS CASE TOTAL, INC'G VAT	236,738,428

Completed By:

Angus Eliot Partnership Ltd in association with WT Partnership Ltd

Orchard Court V

Binley Business Park

Harry Weston Road

Coventry CV3 2TQ

024 7656 1510

12th January 2005 Version 2.3

Project Director

Date

Do Minimum option

Optimism Bias - Upper Bound Calculation for Build

Lowest % Upper Bound	13%
Mid %	40%
Upper %	80%
Actual % Upper Bound for this project	43%

Build complexity			
<i>Choose 1 category</i>		X	
Length of Build	< 2 years		0.50% 0
	2 to 4 years	x	2.00% 2.00%
	Over 4 years		5.00% 0
<i>Choose 1 category</i>			
Number of phases	1 or 2 Phases		0.50% 0
	3 or 4 Phases		2.00% 0
	More than 4 Phases	x	5.00% 5.00%
<i>Choose 1 Category</i>			
Number of sites involved (i.e. before and after change)	Single site*		2.00% 0
	2 Site	x	2.00% 2.00%
	More than 2 site		5.00% 0
* Single site means new build is on same site as existing facilities			
Location			
<i>Choose 1 Category</i>			
New site - Green field	New build		3% 0
New site - Brown Field	New Build		8% 0
Existing site	New Build		5% 0
Existing site	Less than 15% refurb		6% 0
Existing site	15% - 50% refurb		10% 0
Existing site	Over 50% refurb	x	16% 16.00%
25.00%			

Optimism Bias

Upper Bound	43.0%
% that risk still applies after mitigation	30.0%
Optimism Bias	12.9%

Scope of scheme			
<i>Choose 1 category</i>		X	
Facilities Manager	Hard FM only or no FM	X	0.00% 0.00%
	Hard and soft FM		2.00% 0
<i>Choose 1 category</i>			
Equipment	Group 1 & 2 only	x	0.50% 0.50%
	major Medical equipment		1.50% 0
	All equipment included		5.00% 0
<i>Choose 1 category</i>			
IT	No IT implications		0.00% 0
	Infrastructure	x	1.50% 1.50%
	Infrastructure & systems		5.00% 0
<i>Choose more than 1 category if applicable</i>			
External Stakeholder	1 or 2 local NHS organisations	x	1.00% 1.00%
	3 or more NHS organisations		4.00% 0
	Universities/Private/Voluntary sector/Local government		8.00% 0
Service changes - relates to service delivery e.g NSF's			
<i>Choose 1 category</i>			
Stable environment, i.e. no change to service			5% 0
Identified changes not quantified		x	10% 10.00%
Longer time frame service changes			20% 0
Gateway			
<i>Choose 1 category</i>			
RPA Score	Low		0% 0
	Medium		2% 0
	High	X	5% 5.00%
18.00%			

Scheme name: Do Minimum option			
Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4	2	Limited planning consent required
Other Regulatory	4	2	Limited sign-offs required
Depth of surveying of site/ground information	3	1	Current site conditions known, Minimum redevelopment
Detail of design	4	1	Existing buildings will not accommodate new design proposals
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	1	Do minimum - little innovation
Design complexity	4	2	Not much design complexity
Likely variations from Standard Contract	2	1	Scheme would not be PFI
Design Team capabilities	3	0	Very experienced team at delivering this
Contractors' capabilities (excluding design team covered above)	2	0	Contractors known and use p21 to minimise risk
Contractor Involvement	2	1	No involvement yet but well known
Client capability and capacity (NB do not double count with design team capabilities)	6	2	Experienced team
Robustness of Output Specification	25	4	simpler build/design but less work done in developing
Involvement of Stakeholders, including Public and Patient Involvement	5	1	Extensive stakeholder involvement with all options
Agreement to output specification by stakeholders	5	4	Do minimum would not meet requirements set out in agreed specification
New service or traditional	3	1	Traditional
Local community consent	3	1	Little opposition expected to this
Stable policy environment	20	5	Changing policy environment would not meet national standards
Likely competition in the market for the project	2	1	Likely to be P21
TOTAL	100	30	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

Frenchay New Build option

Optimism Bias - Upper Bound Calculation for Build

Lowest % Upper Bound	13%
Mid %	40%
Upper %	80%
Actual % Upper Bound for this project	26%

Build complexity				
<i>Choose 1 category</i>		X		
Length of Build	< 2 years	x	0.50%	0.50%
	2 to 4 years		2.00%	0
	Over 4 years		5.00%	0
<i>Choose 1 category</i>				
Number of phases	1 or 2 Phases	x	0.50%	0.50%
	3 or 4 Phases		2.00%	0
	More than 4 Phases		5.00%	0
<i>Choose 1 Category</i>				
Number of sites involved (i.e. before and after change)	Single site*	x	2.00%	2.00%
	2 Site		2.00%	0
	More than 2 site		5.00%	0
* Single site means new build is on same site as existing facilities				
Location				
<i>Choose 1 Category</i>				
New site - Green field	New build		3%	0
New site - Brown Field	New Build		8%	0
Existing site	New Build	x	5%	5.00%
<i>or</i>				
Existing site	Less than 15% refurb		6%	0
Existing site	15% - 50% refurb		10%	0
Existing site	Over 50% refurb		16%	0
8.00%				

Optimism Bias	
Upper Bound	26.0%
% that risk still applies after mitigation	41.5%
Optimism Bias	10.8%

Scope of scheme				
<i>Choose 1 category</i>		X		
Facilities Management	Hard FM only or no FM	X	0.00%	0.00%
	Hard and soft FM		2.00%	0
<i>Choose 1 category</i>				
Equipment	Group 1 & 2 only	x	0.50%	0.50%
	major Medical equipment		1.50%	0
	All equipment included		5.00%	0
<i>Choose 1 category</i>				
IT	No IT implications		0.00%	0
	Infrastructure	x	1.50%	1.50%
	Infrastructure & systems		5.00%	0
<i>Choose more than 1 category if applicable</i>				
External Stakeholder 1 or 2 local NHS organisations		x	1.00%	1.00%
				0
	3 or more NHS organisations Universities/Private/Voluntary sector/Local government		4.00%	0
Service changes - relates to service delivery e.g NSF's				
<i>Choose 1 category</i>				
Stable environment, i.e. no change to service			5%	0
Identified changes not quantified		x	10%	10.00%
Longer time frame service changes			20%	0
Gateway				
<i>Choose 1 category</i>				
RPA Score	Low		0%	0
	Medium		2%	0
	High	X	5%	5.00%
18.00%				

Scheme name: Frenchay New Build option			
Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4	4	No planning approval yet sought
Other Regulatory	4	4	Support from one local authority, but other bodies not yet signed off
Depth of surveying of site/ground information	3	1	Site analysis undertaken
Detail of design	4	2	Done 1-500's
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	1	Some innovation but primarily based on best practice elsewhere
Design complexity	4	1	Complex M+E solutions not expected
Likely variations from Standard Contract	2	1	Procurement route to be confirmed significant variations from standard unlikely
Design Team capabilities	3	0	Team is experienced at delivering large scale projects - including Chief Executive, Director of Finance and Director of Projects
Contractors' capabilities (excluding design team covered above)	2	1	Contractors not chosen but internal team experience of working with contractors - contractors will be appointed through effective tendership process which will identify strengths
Contractor Involvement	2	2	No Contractors chosen yet
Client capability and capacity (NB do not double count with design team capabilities)	6	2	Team in place with experience of project management and delivering large scale capital projects
Robustness of Output Specification	25	7	Detailed work has been undertaken at all levels internally
Involvement of Stakeholders, including Public and Patient Involvement	5	2	Extensive stakeholder involvement
Agreement to output specification by stakeholders	5	3	Clinicians/TU's/staff groups/patient reps - all been involved extensively
New service or traditional	3	1.5	New service model for local community but based on best practice elsewhere
Local community consent	3	3	Site is surrounded by domestic housing difficulties likely
Stable policy environment	20	5	Changing policy environment but flexible designs developed to allow for change
Likely competition in the market for the project	2	1	Meetings have been held with interested contractors and interest shown in scheme
TOTAL	100	41.5	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

Frenchay Refurbishment option

Optimism Bias - Upper Bound Calculation for Build

Lowest % Upper Bound	13%
Mid %	40%
Upper %	80%
Actual % Upper Bound for this project	37%

Build complexity			
<i>Choose 1 category</i>			
		X	
Length of Build	< 2 years	x	0.50%
	2 to 4 years		2.00%
	Over 4 years		5.00%
			0
<i>Choose 1 category</i>			
Number of phases	1 or 2 Phases	x	0.50%
	3 or 4 Phases		2.00%
	More than 4 Phases		5.00%
			0
<i>Choose 1 Category</i>			
Number of sites involved (i.e. before and after change)	Single site*	x	2.00%
	2 Site		2.00%
	More than 2 site		5.00%
			0
* Single site means new build is on same site as existing facilities			
Location			
<i>Choose 1 Category</i>			
New site - Green field	New build		3%
	New Build		8%
	New Build		5%
Existing site	Less than 15% refurb		6%
	15% - 50% refurb		10%
	Over 50% refurb	x	16%
or			
19.00%			

Optimism Bias

Upper Bound	37.0%
% that risk still applies after mitigation	36.5%
Optimism Bias	13.5%

Scope of scheme			
<i>Choose 1 category</i>			
		X	
Facilities Manager	Hard FM only or no FM	X	0.00%
	Hard and soft FM		2.00%
			0
<i>Choose 1 category</i>			
Equipment	Group 1 & 2 only	x	0.50%
	major Medical equipment		1.50%
	All equipment included		5.00%
<i>Choose 1 category</i>			
IT	No IT implications		0.00%
	Infrastructure	x	1.50%
	Infrastructure & systems		5.00%
<i>Choose more than 1 category if applicable</i>			
External Stakeholder: 1 or 2 local NHS organisations		x	1.00%
	3 or more NHS organisations		4.00%
	Universities/Private/Voluntary sector/Local government		8.00%
Service changes - relates to service delivery e.g NSF's			
<i>Choose 1 category</i>			
Stable environment, i.e. no change to service			5%
Identified changes not quantified		x	10%
Longer time frame service changes			20%
18.00%			
Gateway			
<i>Choose 1 category</i>			
RPA Score	Low		0%
	Medium		2%
	High	x	5%
5.00%			
18.00%			

Scheme name: Frenchay Refurbishment option

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4	3	Planning approval not yet sought, but requirement less complex than new build
Other Regulatory	4	3	Support from one local authority, but other bodies not yet signed off
Depth of surveying of site/ground information	3	1	Site analysis undertaken
Detail of design	4	2	Done 1-500's
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	1	Some innovation (zonal thing?) but tried elsewhere?
Design complexity	4	1	Will be less complex than Southmead?
Likely variations from Standard Contract	2	1	Procurement route to be confirmed significant variations from standard unlikely
Design Team capabilities	3	0	Team is experienced at delivering large scale projects - including Chief Executive, Director of Finance and Director of Projects
Contractors' capabilities (excluding design team covered above)	2	1	Contractors not chosen but internal team experience of working with contractors - contractors will be appointed through effective tendership process which will identify strengths
Contractor Involvement	2	2	No Contractors chosen yet
Client capability and capacity (NB do not double count with design team capabilities)	6	2	Team in place with experience of project management and delivering large scale capital projects
Robustness of Output Specification	25	7	Detailed work has been undertaken at all levels internally
Involvement of Stakeholders, including Public and Patient Involvement	5	1	Extensive stakeholder involvement
Agreement to output specification by stakeholders	5	1	Clinicians/TU's/staff groups/patient reps - all been involved extensively
New service or traditional	3	1.5	New service model for local community but based on best practice elsewhere
Local community consent	3	3	Site is surrounded by domestic housing difficulties likely
Stable policy environment	20	5	Changing policy environment but flexible designs developed to allow for change
Likely competition in the market for the project	2	1	Meetings have been held with interested contractors but will depend on procurement route
TOTAL	100	36.5	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

Southmead North option

Optimism Bias - Upper Bound Calculation for Build

Lowest % Upper Bound	13%
Mid %	40%
Upper %	80%
Actual % Upper Bound for this project	29%

Build complexity			
<i>Choose 1 category</i>		X	
Length of Build	< 2 years		0.50% 0
	2 to 4 years	x	2.00% 0
	Over 4 years		5.00% 0
<i>Choose 1 category</i>			2.00%
Number of phases	1 or 2 Phases	x	0.50% 0
	3 or 4 Phases		2.00% 0
	More than 4 Phases		5.00% 0
<i>Choose 1 Category</i>			0.50%
Number of sites involved (i.e. before and after change)	Single site*	x	2.00% 0
	2 Site		2.00% 0
	More than 2 site		5.00% 0
* Single site means new build is on same site as existing facilities			
Location			
<i>Choose 1 Category</i>			
New site - Green field	New build		3% 0
New site - Brown Field	New Build		8% 0
Existing site	New Build		5% 0
			or
Existing site	Less than 15% refurb	x	6% 0
Existing site	15% - 50% refurb		10% 0
Existing site	Over 50% refurb		16% 0
10.50%			

Optimism Bias

Upper Bound	28.5%
% that risk still applies after mitigation	39.5%
Optimism Bias	11.3%

Scope of scheme			
<i>Choose 1 category</i>		X	
Facilities Manager	Hard FM only or no FM	X	0.00% 0
	Hard and soft FM		2.00% 0
<i>Choose 1 category</i>			0.00%
Equipment	Group 1 & 2 only	x	0.50% 0
	major Medical equipment		1.50% 0
	All equipment included		5.00% 0
<i>Choose 1 category</i>			0.50%
IT	No IT implications		0.00% 0
	Infrastructure	x	1.50% 0
	Infrastructure & systems		5.00% 0
<i>Choose more than 1 category if applicable</i>			1.50%
External Stakeholder: 1 or 2 local NHS organisations		x	1.00% 0
			4.00% 0
			8.00% 0
Service changes - relates to service delivery e.g NSF's			
<i>Choose 1 category</i>			
Stable environment, i.e. no change to service			5% 0
Identified changes not quantified		x	10% 0
Longer time frame service changes			20% 0
18.00%			
Gateway			
<i>Choose 1 category</i>			
RPA Score	Low		0% 0
	Medium		2% 0
	High	X	5% 0
5.00%			

Scheme name: Southmead North option

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4	4	Conditional outline planning consent has been applied for but issues expected due to scale of scheme
Other Regulatory	4	3	Support from one local authority but sign up not yet achieved from others
Depth of surveying of site/ground information	3	1	Detailed site analysis undertaken
Detail of design	4	2	Done 1-500's
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	1	Some innovation but primarily based on best practice elsewhere
Design complexity	4	3	Complex design, some M+E challenges expected
Likely variations from Standard Contract	2	1	Some variations anticipated
Design Team capabilities	3	0	Team is experienced at delivering large scale projects - including Chief Executive, Director of Finance and Director of Projects
Contractors' capabilities (excluding design team covered above)	2	1	Contractors not chosen but internal team experience of working with contractors - contractors will be appointed through effective tendership process which will identify strengths
Contractor Involvement	2	2	No Contractors chosen yet
Client capability and capacity (NB do not double count with design team capabilities)	6	2	Team in place with experience of project management and delivering large scale capital projects
Robustness of Output Specification	25	7	Detailed work has been undertaken at all levels internally - some work still to do
Involvement of Stakeholders, including Public and Patient Involvement	5	1	Extensive stakeholder involvement
Agreement to output specification by stakeholders	5	1	Clinicians/TU's/staff groups/patient reps - all been involved extensively
New service or traditional	3	1.5	New service model for local community but based on best practice elsewhere
Local community consent	3	3	Site is surrounded by domestic housing but general support for scheme, although south preferred
Stable policy environment	20	5	Changing policy environment but flexible designs developed to allow for change
Likely competition in the market for the project	2	1	Meetings have been held with interested contractors and interest shown in scheme
TOTAL	100	39.5	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

Southmead South option

Optimism Bias - Upper Bound Calculation for Build

Lowest % Upper Bound	13%
Mid %	40%
Upper %	80%
Actual % Upper Bound for this project	29%

Build complexity			
<i>Choose 1 category</i>			
		X	
Length of Build	< 2 years		0.50% 0
	2 to 4 years	x	2.00% 2.00%
	Over 4 years		5.00% 0
<i>Choose 1 category</i>			
Number of phases	1 or 2 Phases	x	0.50% 0.50%
	3 or 4 Phases		2.00% 0
	More than 4 Phases		5.00% 0
<i>Choose 1 Category</i>			
Number of sites involved (i.e. before and after change)	Single site*	x	2.00% 2.00%
	2 Site		2.00% 0
	More than 2 site		5.00% 0
* Single site means new build is on same site as existing facilities			
Location			
<i>Choose 1 Category</i>			
New site - Green field	New build		3% 0
	New Build		8% 0
	New Build		5% 0
<i>or</i>			
Existing site	Less than 15% refurb	x	6% 6.00%
Existing site	15% - 50% refurb		10% 0
Existing site	Over 50% refurb		16% 0
10.50%			

Optimism Bias

Upper Bound	28.5%
% that risk still applies after mitigation	36.5%
Optimism Bias	10.4%

Scope of scheme			
<i>Choose 1 category</i>			
		X	
Facilities Manager	Hard FM only or no FM	X	0.00% 0.00%
	Hard and soft FM		2.00% 0
<i>Choose 1 category</i>			
Equipment	Group 1 & 2 only	x	0.50% 0.50%
	major Medical equipment		1.50% 0
	All equipment included		5.00% 0
<i>Choose 1 category</i>			
IT	No IT implications		0.00% 0
	Infrastructure	x	1.50% 1.50%
	Infrastructure & systems		5.00% 0
<i>Choose more than 1 category if applicable</i>			
External Stakeholder: 1 or 2 local NHS organisations		x	1.00% 1.00%
			4.00% 0
	3 or more NHS organisations Universities/Private/Voluntary sector/Local government		8.00% 0
Service changes - relates to service delivery e.g NSF's			
<i>Choose 1 category</i>			
Stable environment, i.e. no change to service			5% 0
Identified changes not quantified		x	10% 10.00%
Longer time frame service changes			20% 0
Gateway			
<i>Choose 1 category</i>			
RPA Score	Low		0% 0
	Medium		2% 0
	High	X	5% 5.00%
18.00%			

Scheme name: Southmead South option

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4	3	Conditional outline planning consent has been applied for but issues expected due to scale of scheme
Other Regulatory	4	3	Support from one local authority but sign up not yet achieved from others
Depth of surveying of site/ground information	3	1	Detailed site analysis undertaken
Detail of design	4	2	Done 1-500's
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	1	Some innovation (zonal thing?) but tried elsewhere?
Design complexity	4	2	Complex design, some M+E challenges expected
Likely variations from Standard Contract	2	1	Some variations anticipated
Design Team capabilities	3	0	Team is experienced at delivering large scale projects - including Chief Executive, Director of Finance and Director of Projects
Contractors' capabilities (excluding design team covered above)	2	1	Contractors not chosen but internal team experience of working with contractors - contractors will be appointed through effective tendership process which will identify strengths
Contractor Involvement	2	2	No Contractors chosen yet
Client capability and capacity (NB do not double count with design team capabilities)	6	2	Team in place with experience of project management and delivering large scale capital projects
Robustness of Output Specification	25	7	Detailed work has been undertaken at all levels internally - some work still to do
Involvement of Stakeholders, including Public and Patient Involvement	5	1	Extensive stakeholder involvement
Agreement to output specification by stakeholders	5	1	Clinicians/TU's/staff groups/patient reps - all been involved extensively
New service or traditional	3	1.5	New service model for local community but based on best practice elsewhere
Local community consent	3	2	Site is surrounded by domestic housing but general support for scheme
Stable policy environment	20	5	Changing policy environment but flexible designs developed to allow for change
Likely competition in the market for the project	2	1	Meetings have been held with interested contractors and interest shown in scheme
TOTAL	100	36.5	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

APPENDIX 18A

<u>Year</u>	<u>Discount</u>	<u>Annuity Factor</u>	<u>Discount Rate</u>
0	1.000	1.000	3.5%
1	0.9662	1.966	3.5%
2	0.934	2.8997	3.5%
3	0.902	3.802	3.5%
4	0.871	4.673	3.5%
5	0.842	5.515	3.5%
6	0.814	6.329	3.5%
7	0.786	7.115	3.5%
8	0.759	7.874	3.5%
9	0.734	8.608	3.5%
10	0.709	9.317	3.5%
11	0.685	10.002	3.5%
12	0.662	10.663	3.5%
13	0.639	11.303	3.5%
14	0.618	11.921	3.5%
15	0.597	12.517	3.5%
16	0.577	13.094	3.5%
17	0.557	13.651	3.5%
18	0.538	14.190	3.5%
19	0.520	14.710	3.5%
20	0.503	15.212	3.5%
21	0.486	15.698	3.5%
22	0.469	16.167	3.5%
23	0.453	16.620	3.5%
24	0.438	17.058	3.5%
25	0.423	17.482	3.5%
26	0.409	17.890	3.5%
27	0.395	18.285	3.5%
28	0.382	18.667	3.5%
29	0.369	19.036	3.5%
30	0.356	19.392	3.5%
31	0.346	19.738	3.0%
32	0.336	20.074	3.0%
33	0.326	20.400	3.0%
34	0.317	20.716	3.0%
35	0.307	21.024	3.0%
36	0.298	21.322	3.0%
37	0.290	21.612	3.0%
38	0.281	21.893	3.0%
39	0.273	22.166	3.0%
40	0.265	22.431	3.0%
41	0.257	22.689	3.0%
42	0.250	22.938	3.0%
43	0.243	23.181	3.0%
44	0.236	23.417	3.0%
45	0.229	23.645	3.0%
46	0.222	23.867	3.0%
47	0.216	24.083	3.0%
48	0.209	24.292	3.0%
49	0.203	24.495	3.0%
50	0.197	24.693	3.0%
51	0.192	24.884	3.0%
52	0.186	25.070	3.0%
53	0.181	25.251	3.0%
54	0.175	25.426	3.0%
55	0.170	25.596	3.0%
56	0.165	25.761	3.0%
57	0.160	25.922	3.0%
58	0.156	26.077	3.0%
59	0.151	26.228	3.0%
60	0.147	26.375	3.0%
61	0.143	26.518	3.0%
62	0.138	26.656	3.0%
63	0.134	26.790	3.0%
64	0.130	26.921	3.0%
65	0.127	27.047	3.0%
66	0.123	27.170	3.0%
67	0.119	27.290	3.0%
68	0.116	27.406	3.0%
69	0.112	27.518	3.0%
70	0.109	27.627	3.0%

North Bristol NHS Trust

BASE COSTS

Discount rate	3.5%
Appraisal period (years)	38
Contract term	38

Do minimum

BASE COSTS	£000	SOURCE
Capital cost excl VAT & equip	148,489	GEM including optimism bias
Equipment excl VAT	31,400	GEM including optimism bias
Lifecycle	5,657	GEM average lifecycle costs p.a. over 30 years
Hard FM	3,657	£30 per m2
Energy costs	2,316	£19 per m2
Clinical costs	239,245	GEM 17/18 cost
CNST premium	4,100	CNST premium 05/06
Income Generation	6,000	Non public sector income 05/06
Residual value	41,700	GEM residual value for base scheme

Construction as % of total capital 83%

Southmead South

BASE COSTS	£000	SOURCE
Capital cost excl VAT & equip	339,604	GEM including optimism bias
Equipment excl VAT	28,621	GEM including optimism bias
Lifecycle	4,600	GEM average lifecycle costs p.a. over 30 years
Hard FM	3,306	£30 per m2
Energy costs	1,874	£17 per m2
Clinical costs	220,016	GEM 17/18 cost
CNST premium	3,707	CNST premium 05/06 (split by site based on floor area)
Income Generation	5,425	Non public sector income 05/06 (split by site based on floor area)
Residual value	103,500	GEM residual value for base scheme

92%

Frenchay New Build

BASE COSTS	£000	SOURCE
Capital cost excl VAT & equip	50,066	GEM including optimism bias
Equipment excl VAT	2,091	GEM including optimism bias
Lifecycle	510	GEM average lifecycle costs p.a. over 30 years
Hard FM	351	£30 per m2
Energy costs	199	£17 per m2
Clinical costs	6,179	GEM 17/18 cost
CNST premium	#REF!	CNST premium 05/06 (split by site based on floor area)
Income Generation	#REF!	Non public sector income 05/06 (split by site based on floor area)
Residual value	14,600	GEM residual value for base scheme

96%

Southmead North

BASE COSTS	£000	SOURCE
Capital cost excl VAT & equip	358,444	GEM including optimism bias
Equipment excl VAT	28,854	GEM including optimism bias
Lifecycle	4,477	GEM average lifecycle costs p.a. over 30 years
Hard FM	3,306	£30 per m2
Energy costs	1,874	£17 per m2
Clinical costs	220,027	GEM 17/18 cost
CNST premium	3,707	CNST premium 05/06 (split by site based on floor area)
Income Generation	5,425	Non public sector income 05/06 (split by site based on floor area)
Residual value	108,900	GEM residual value for base scheme

93%

Frenchay Refurb

BASE COSTS	£000	SOURCE
Capital cost excl VAT & equip	37,844	GEM including optimism bias
Equipment excl VAT	2,142	GEM including optimism bias
Lifecycle	507	GEM average lifecycle costs p.a. over 30 years
Hard FM	351	£30 per m2
Energy costs	222	£19 per m2
Clinical costs	6,392	GEM 17/18 cost
CNST premium	393	CNST premium 05/06 (split by site based on floor area)
Income Generation	575	Non public sector income 05/06 (split by site based on floor area)
Residual value	11,200	GEM residual value for base scheme

95%

RISK SUMMARY - 38 YEARS

	NET PRESENT VALUE - 38 YEARS				EQUIVALENT ANNUAL VALUE - 38 YEARS			
	Design & construction	Availability & performance related to hard FM & lifecycle costs	Other	Total	Design & construction	Availability & performance related to hard FM & lifecycle costs	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Discounted cost of risk								
Do minimum	35,869	26,510	143,011	205,389	1,721	1,272	6,862	9,855
Southmead North	58,978	22,101	81,331	162,410	2,830	1,060	3,902	7,793
Southmead South	0	0	0	0	0	0	0	0
Frenchay Refurbishment	0	0	0	0	0	0	0	0
Frenchay New Build	0	0	0	0	0	0	0	0
Discounted cashflow								
Do minimum	128,307	192,447	6,868,981	7,189,735	5,937	8,905	317,835	332,677
Southmead North	313,838	161,619	6,516,432	6,991,889	14,522	7,478	301,522	323,522
Southmead South	0	162,592	6,815,076	6,977,668	0	7,523	315,341	322,864
Frenchay Refurbishment	0	14,245	174,028	188,273	0	659	8,052	8,712
Frenchay New Build	0	14,180	186,056	200,236	0	656	8,609	9,265
% Risk								
Do minimum	28%	14%	2%	3%	29%	14%	2%	3%
Southmead North	19%	14%	1%	2%	19%	14%	1%	2%
Southmead South	#DIV/0!	0%	0%	0%	#DIV/0!	0%	0%	0%
Frenchay Refurbishment	#DIV/0!	0%	0%	0%	#DIV/0!	0%	0%	0%
Frenchay New Build	#DIV/0!	0%	0%	0%	#DIV/0!	0%	0%	0%

RISK EVALUATION

DO MINIMUM

38 years

28% Design & construction

14% Availability & performance re hard FM & lifecycle

Based on Smd Sth except 1.2, 2.23, 3.11, 4.10, 4.11 & 5.4

Financial Risk Area A B	Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
		Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D°C £000	Mid Impact H=E°C £000	Max Impact I=F°C £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs						
1 Design Risks																				
1.1 Failure to design to the brief	148,489	2.00%	3.00%	4.00%	2,970	4,455	5,940	80%	13%	8%	3,378	3	7	4	845	3.3129	2,798		134	
1.2 Continuing design development	148,489	5.00%	7.50%	10.00%	7,424	11,137	14,849	60%	30%	10%	9,281	3	7	4	2,320	3.3129	7,686		369	
1.3 Change in design requirements of the NHS trust	148,489	2.00%	3.00%	4.00%	2,970	4,455	5,940	95%	3%	2%	3,074	3	7	4	768	3.3129	2,546		122	
1.4 Change in design required by operator	148,489	0.00%	0.00%	0.00%	0	0	0	97%	2%	1%	0	3	7	4	0	3.3129	0		0	
1.5 Change in design required due to external influences specific to the NHS	148,489	0.75%	1.50%	2.50%	1,114	2,227	3,712	20%	60%	20%	2,302	3	7	4	575	3.3129	1,906		91	
1.6 Failure to build to design	148,489	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0	14,936	0	717
2 Construction and Development Risks																				
2.1 Incorrect cost and time estimates	148,489	2.00%	7.50%	15.00%	2,970	11,137	22,273	70%	25%	5%	5,977	5	7	2	2,988	1.5995	4,780		229	
2.2 Incorrect time estimates (included in 2.1 above)	148,489	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.3 Unforeseen ground or site conditions	148,489	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	1.7134	0		0	
2.4 Unforeseen ground or site conditions under existing buildings	148,489	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	1.7134	0		0	
2.5 Delay in gaining access to the site	148,489	0.00%	2.00%	4.00%	0	2,970	5,940	90%	7%	3%	386	3	5	2	193	1.7134	331		16	
2.6 Responsibility for maintaining on-site security	148,489	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.7 Responsibility for maintaining site safety	148,489	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.8 Third party claims	148,489	0.00%	0.75%	1.00%	0	1,114	1,485	92%	6%	2%	97	3	7	4	24	3.3129	80		4	
2.9 Compensation events	148,489	0.00%	0.10%	0.50%	1	148	742	70%	20%	10%	105	3	7	4	26	3.3129	87		4	
2.10 Delay events	148,489	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.11 Force Majeure	148,489	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.12 Termination due to force majeure	148,489	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.13 Legislative and regulatory change: NHS specific	148,489	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.14 Legislative and regulatory change: non NHS specific	148,489	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.15 Changes in taxation	148,489	0.00%	0.20%	0.40%	0	297	594	98%	2%	1%	7	3	7	4	2	3.3129	6		0	
2.16 Changes in rate of VAT	148,489	0.00%	0.10%	0.30%	0	148	445	98%	2%	1%	4	3	7	4	1	3.3129	4		0	
2.17 Other changes in VAT	148,489	0.00%	0.10%	0.30%	0	148	445	98%	2%	1%	4	3	7	4	1	3.3129	4		0	
2.18 Contractor or consultant default	148,489	0.00%	10.00%	25.00%	0	14,849	37,122	95%	4%	1%	965	3	7	4	241	3.3129	799		38	
2.19 Poor project management	148,489	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.20 Contractor/sub-contractor industrial action	148,489	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.21 Protester action	148,489	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	4	1	0	0.8714	0		0	
2.22 Change in inflation during construction	148,489	0.00%	2.50%	5.00%	0	3,712	7,424	95%	4%	1%	223	3	7	4	56	3.3129	184		9	
2.23 Incorrect time and cost estimates for decanting from existing buildings into temporary accommodation	148,489	5.00%	7.50%	10.00%	7,424	11,137	14,849	50%	30%	20%	10,023	6	7	1	10,023	0.7860	7,878		378	
2.24 Incorrect time and cost estimates for commissioning new buildings	148,489	1.00%	1.50%	2.50%	1,485	2,227	3,712	97%	3%	1%	1,526	6	7	1	1,526	0.7860	1,199	15,352	58	737
3 Availability and Performance Risks																				
3.1 Latent defects to buildings	148,489	0.00%	0.50%	4.00%	0	742	5,940	97.5%	2%	0.5%	45	21	38	17	3	6.1950	16		1	
3.2 Change in specification initiated by procuring entity	148,489	0.10%	0.50%	0.10%	148	742	148	97.5%	2%	0.5%	160	8	38	30	160	14.0191	2,248		108	
3.3 Performance of sub-contractors (covered by 3.6)	9,314	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.4 Default by contractor or sub-contractor	9,314	0.00%	10.00%	30.00%	0	931	2,794	95%	4%	1%	65	8	38	30	65	14.0191	914		44	
3.5 Industrial action	9,314	0.00%	5.00%	10.00%	0	466	931	97%	2%	1%	19	8	38	30	19	14.0191	261		13	
3.6 Failure to meet performance standards	9,314	2.00%	4.00%	10.00%	186	373	931	70%	20%	10%	298	8	38	30	298	14.0191	4,178		200	
3.7 Availability of facilities	239,245	0.40%	0.80%	2.00%	957	1,914	4,785	90%	8%	2%	1,110	8	38	30	1,110	14.0191	15,563		747	
3.8 Relief events *		0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.9 Force majeure *		0.00%	0.00%	0.00%	0	0	0	98%	1%	1%	0	8	38	30	0	14.0191	0		0	
3.10 Termination due to force majeure *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.11 Death or injury attributable to the Trust (variation to existing cost)	4,100	0.00%	-1.00%	-2.00%	0	-41	-82	90%	6%	4%	-6	8	38	30	-6	14.0191	-80	23,100	-4	1,108
4 Operating Cost Risks																				
4.1 Incorrect estimated cost of providing specific services under the contract	9,314	0.00%	7.50%	15.00%	0	699	1,397	60%	30%	10%	349	8	38	30	349	14.0191	4,896		235	
4.3 Legislative/regulatory change having capital costs consequences: NHS specific	148,489	0.01%	0.03%	0.10%	15	37	148	80%	15%	5%	25	8	38	30	25	14.0191	349		17	
4.4 Legislative/regulatory, change capital costs: non NHS specific	148,489	0.01%	0.03%	0.10%	15	37	148	80%	15%	5%	25	8	38	30	25	14.0191	349		17	
4.5 Changes in taxation *		0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	14.0191	0		0	
4.6 Changes in VAT *		0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	14.0191	0		0	

RISK EVALUATION
DO MINIMUM
38 years

28% Design & construction
14% Availability & performance re hard FM & lifecycle

Based on Smd Sth except 1.2, 2.23, 3.11, 4.10, 4.11 & 5.4

Financial Risk Area A B	Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
		Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D* £000	Mid Impact H=E* £000	Max Impact I=F* £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs						
4.7 Incorrect cost of providing clinical service	239,245	0.50%	0.30%	1.00%	1,196	718	2,392	85%	8%	8%	1,250	8	38	30	1,250	14.0191	17,525		841	
4.8 Incorrect estimated cost of maintenance (assessed in 4.1 above)		0.00%	0.00%	0.00%	0	0	0	90%	6%	4%	0	8	38	30	0	14.0191	0		0	
4.9 Incorrect estimated cost of energy used	2,316	2.00%	10.00%	15.00%	46	232	347	80%	15%	5%	89	8	38	30	89	14.0191	1,250		60	
4.10 Patient infection caused by poor facilities management	239,245	0.35%	1.00%	2.00%	837	2,392	4,785	85%	10%	5%	1,190	8	38	30	1,190	14.0191	16,686		801	
4.11 Patient infection - other	239,245	0.35%	1.00%	2.00%	837	2,392	4,785	85%	10%	5%	1,190	8	38	30	1,190	14.0191	16,686		801	
4.12 Estimated cost of transferring the employment of staff to new employer is incorrect *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
4.13 Estimated cost of restructuring workforce providing services under the contract is incorrect *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	9	1	0	0.7337	0	57,740	0	2,771
5 Variability of Revenue Risks																				
5.1 Non performance of services (included in 5.4)	239,245	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.2 Poor performance of services (included in 5.4)	239,245	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.4 Changes in volume or mix of demand for patient services	239,245	2.00%	5.00%	10.00%	4,785	11,962	23,925	85%	10%	5%	6,460	8	38	30	6,460	14.0191	90,558		4,345	
5.5 Unexpected changes in medical technology*	31,400	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.6 Unexpected changes in epidemiology of catchment area (included in 5.4)	239,245	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.7 Unexpected sudden increases in demand due to major incident (included in 5.4)	239,245	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.8 Estimated income from income generating scheme is incorrect	6,000	0.00%	2.50%	5.00%	0	150	300	90%	8%	3%	19	8	38	30	19	14.0191	263	90,821	13	4,358
6 Termination Risks																				
6.1 Termination due to default by the procuring entity *		0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	14.0191	0		0	
6.2 Default by operator leading to step-in by financiers *		0.00%	0.00%	0.00%	0	0	0	90%	8%	3%	0	8	38	30	0	14.0191	0		0	
6.3 Termination due to default by the operator *		0.00%	0.00%	0.00%	0	0	0	94%	5%	1%	0	8	38	30	0	14.0191	0	0	0	0
7 Technology and Obsolescence Risks																				
7.1 Technological change/obsolescence of buildings or plant	148,489	0.10%	0.50%	1.00%	148	742	1,485	95%	3%	2%	193	8	38	30	193	14.0191	2,706		130	
7.2 Technological change/obsolescence of equipment *	31,400	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0	2,706	0	130
8 Control Risks																				
8.1 Control of clinical services (included in 5.4)	239,245	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
8.2 Control of services provided under the PFI contract services (covered in other risks)	9,314	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0	0	0	0
9 Residual Value Risks																				
9.1 Procuring entity does not require assets at end of contract	41,700	1.00%	2.00%	3.00%	417	834	1,251	95%	4%	1%	442	37	38	1	442	0.2812	124	124	6	6
10 Other Project Risks																				
10.1 Failure to obtain planning permission	148,489	0.00%	2.00%	10.00%	0	2,970	14,849	99%	0%	1%	148	0	1	1	148	0.9662	143		7	
10.2 Delayed planning approval	148,489	0.00%	0.75%	3.50%	0	1,114	5,197	75%	20%	5%	483	0	1	1	483	0.9662	466	610	22	29
Total											50,906						205,389	205,389	9,855	9,855

* Not assessed or not applicable

RISK EVALUATION
SOUTHMEAD NORTH
38 years

19% Design & construction

14% Availability & performance re hard FM & lifecycle

Based on Smd Sth except for 2.23 & 10.2

Financial Risk Area A B	Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
		Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D*°C £000	Mid Impact H=E*°C £000	Max Impact I=F*°C £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs						
1 Design Risks																				
1.1 Failure to design to the brief	358,444	2.00%	3.00%	4.00%	7,169	10,753	14,338	80%	13%	8%	8,155	3	7	4	2,039	3.3129	6,754		324	
1.2 Continuing design development	358,444	2.00%	3.00%	4.00%	7,169	10,753	14,338	90%	8%	3%	7,617	3	7	4	1,904	3.3129	6,309		303	
1.3 Change in design requirements of the NHS trust	358,444	2.00%	3.00%	4.00%	7,169	10,753	14,338	95%	3%	2%	7,420	3	7	4	1,855	3.3129	6,145		295	
1.4 Change in design required by operator	358,444	0.00%	0.00%	0.00%	0	0	0	97%	2%	1%	0	3	7	4	0	3.3129	0		0	
1.5 Change in design required due to external influences specific to the NHS	358,444	0.75%	1.50%	2.50%	2,688	5,377	8,961	20%	60%	20%	5,556	3	7	4	1,389	3.3129	4,602		221	
1.6 Failure to build to design	358,444	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0	23,809	0	1,142
2 Construction and Development Risks																				
2.1 Incorrect cost and time estimates	358,444	2.00%	7.50%	15.00%	7,169	26,883	53,767	80%	15%	5%	12,456	5	7	2	6,228	1.5995	9,962		478	
2.2 Incorrect time estimates (included in 2.1 above)	358,444	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.3 Unforeseen ground or site conditions	358,444	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	1.7134	0		0	
2.4 Unforeseen ground or site conditions under existing buildings	358,444	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	1.7134	0		0	
2.5 Delay in gaining access to the site	358,444	0.00%	2.00%	4.00%	0	7,169	14,338	90%	7%	3%	932	3	5	2	466	1.7134	798		38	
2.6 Responsibility for maintaining on-site security	358,444	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.7 Responsibility for maintaining site safety	358,444	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.8 Third party claims	358,444	0.00%	0.75%	1.00%	0	2,688	3,584	92%	6%	2%	233	3	7	4	58	3.3129	193		9	
2.9 Compensation events	358,444	0.00%	0.10%	0.50%	4	358	1,792	70%	20%	10%	253	3	7	4	63	3.3129	210		10	
2.10 Delay events	358,444	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.11 Force Majeure	358,444	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.12 Termination due to force majeure	358,444	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.13 Legislative and regulatory change: NHS specific	358,444	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.14 Legislative and regulatory change: non NHS specific	358,444	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.15 Changes in taxation	358,444	0.00%	0.20%	0.40%	0	717	1,434	98%	2%	1%	18	3	7	4	4	3.3129	15		1	
2.16 Changes in rate of VAT	358,444	0.00%	0.10%	0.30%	0	358	1,075	98%	2%	1%	11	3	7	4	3	3.3129	9		0	
2.17 Other changes in VAT	358,444	0.00%	0.10%	0.30%	0	358	1,075	98%	2%	1%	11	3	7	4	3	3.3129	9		0	
2.18 Contractor or consultant default	358,444	0.00%	10.00%	25.00%	0	35,844	89,611	95%	4%	1%	2,330	3	7	4	582	3.3129	1,930		93	
2.19 Poor project management	358,444	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.20 Contractor/sub-contractor industrial action	358,444	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.21 Protester action	358,444	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	4	1	0	0.8714	0		0	
2.22 Change in inflation during construction	358,444	0.00%	2.50%	5.00%	0	8,961	17,922	95%	4%	1%	538	3	7	4	134	3.3129	445		21	
2.23 Incorrect time and cost estimates for decanting from existing buildings into temporary accommodation	358,444	1.00%	3.00%	5.00%	3,584	10,753	17,922	80%	13%	8%	5,556	6	7	1	5,556	0.7860	4,367		210	
2.24 Incorrect time and cost estimates for commissioning new buildings	358,444	1.00%	1.50%	2.50%	3,584	5,377	8,961	97%	3%	1%	3,683	6	7	1	3,683	0.7860	2,895	20,832	139	1,000
3 Availability and Performance Risks																				
3.1 Latent defects to buildings	358,444	0.00%	0.50%	4.00%	0	1,792	14,338	97.5%	2%	0.5%	108	21	38	17	6	6.1950	39		2	
3.2 Change in specification initiated by procuring entity	358,444	0.10%	0.50%	0.10%	358	1,792	358	97.5%	2%	0.5%	387	8	38	30	387	14.0191	5,427		260	
3.3 Performance of sub-contractors (covered by 3.6)		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.4 Default by contractor or sub-contractor	7,783	0.00%	10.00%	30.00%	0	778	2,335	95%	4%	1%	54	8	38	30	54	14.0191	764		37	
3.5 Industrial action	7,783	0.00%	5.00%	10.00%	0	389	778	97%	2%	1%	16	8	38	30	16	14.0191	218		10	
3.6 Failure to meet performance standards	7,783	2.00%	4.00%	10.00%	156	311	778	85%	10%	5%	202	8	38	30	202	14.0191	2,837		136	
3.7 Availability of facilities	220,027	0.40%	0.80%	2.00%	880	1,760	4,401	95%	4%	1%	951	8	38	30	951	14.0191	13,325		639	
3.8 Relief events *		0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.9 Force majeure *		0.00%	0.00%	0.00%	0	0	0	98%	1%	1%	0	8	38	30	0	14.0191	0		0	
3.10 Termination due to force majeure *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.11 Death or injury attributable to the Trust (variation to existing cost)	3,707	0.00%	-5.00%	-10.00%	0	-185	-371	90%	6%	4%	-26	8	38	30	-26	14.0191	-364	22,247	-17	1,067
4 Operating Cost Risks																				
4.1 Incorrect estimated cost of providing specific services under the contract	7,783	0.00%	7.50%	15.00%	0	584	1,167	70%	20%	10%	233	8	38	30	233	14.0191	3,273		157	
4.3 Legislative/regulatory change having capital costs consequences: NHS specific	358,444	0.01%	0.03%	0.10%	36	90	358	80%	15%	5%	60	8	38	30	60	14.0191	842		40	
4.4 Legislative/regulatory, change capital costs: non NHS specific	358,444	0.01%	0.03%	0.10%	36	90	358	80%	15%	5%	60	8	38	30	60	14.0191	842		40	
4.5 Changes in taxation *		0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	14.0191	0		0	
4.6 Changes in VAT *		0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	14.0191	0		0	

RISK EVALUATION
SOUTHMEAD NORTH
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19% Design & construction
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Based on Smd Sth except for 2.23 & 10.2

Financial Risk Area A B		Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
			Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D* £000	Mid Impact H=E* £000	Max Impact I=F* £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs						
4.7	Incorrect cost of providing clinical service	220,027	0.50%	0.30%	1.00%	1,100	660	2,200	85%	8%	8%	1,150	8	38	30	1,150	14.0191	16,117		773	
4.8	Incorrect estimated cost of maintenance (assessed in 4.1 above)		0.00%	0.00%	0.00%	0	0	0	90%	6%	4%	0	8	38	30	0	14.0191	0		0	
4.9	Incorrect estimated cost of energy used	1,874	2.00%	10.00%	15.00%	37	187	281	80%	15%	5%	72	8	38	30	72	14.0191	1,011		49	
4.10	Patient infection caused by poor facilities management	220,027	0.25%	0.75%	1.50%	550	1,650	3,300	85%	10%	5%	798	8	38	30	798	14.0191	11,182		537	
4.11	Patient infection - other	220,027	0.25%	0.75%	1.50%	550	1,650	3,300	85%	10%	5%	798	8	38	30	798	14.0191	11,182		537	
4.12	Estimated cost of transferring the employment of staff to new employer is incorrect *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
4.13	Estimated cost of restructuring workforce providing services under the contract is incorrect *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	9	1	0	0.7337	0	44,448	0	2,133
5	Variability of Revenue Risks																				
5.1	Non performance of services (included in 5.4)	220,027	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.2	Poor performance of services (included in 5.4)	220,027	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.4	Changes in volume or mix of demand for patient services	220,027	1.00%	2.50%	5.00%	2,200	5,501	11,001	85%	10%	5%	2,970	8	38	30	2,970	14.0191	41,642		1,998	
5.5	Unexpected changes in medical technology*	28,854	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.6	Unexpected changes in epidemiology of catchment area (included in 5.4)	220,027	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.7	Unexpected sudden increases in demand due to major incident (included in 5.4)	220,027	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.8	Estimated income from income generating scheme is incorrect	5,425	0.00%	2.50%	5.00%	0	136	271	90%	8%	3%	17	8	38	30	17	14.0191	238	41,879	11	2,009
6	Termination Risks																				
6.1	Termination due to default by the procuring entity *		0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	14.0191	0		0	
6.2	Default by operator leading to step-in by financiers *		0.00%	0.00%	0.00%	0	0	0	90%	8%	3%	0	8	38	30	0	14.0191	0		0	
6.3	Termination due to default by the operator *		0.00%	0.00%	0.00%	0	0	0	94%	5%	1%	0	8	38	30	0	14.0191	0	0	0	0
7	Technology and Obsolescence Risks																				
7.1	Technological change/obsolescence of buildings or plant	358,444	0.10%	0.50%	1.00%	358	1,792	3,584	95%	3%	2%	466	8	38	30	466	14.0191	6,533		313	
7.2	Technological change/obsolescence of equipment *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0	6,533	0	313
8	Control Risks																				
8.1	Control of clinical services (included in 5.4)		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
8.2	Control of services provided under the PFI contract services (covered in other risks)		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0	0	0	0
9	Residual Value Risks																				
9.1	Procuring entity does not require assets at end of contract	108,900	1.00%	2.00%	3.00%	1,089	2,178	3,267	95%	4%	1%	1,154	37	38	1	1,154	0.2812	325	325	16	16
10	Other Project Risks																				
10.1	Failure to obtain planning permission	358,444	0.00%	2.00%	10.00%	0	7,169	35,844	99%	0%	1%	358	0	1	1	358	0.9662	346		17	
10.2	Delayed planning approval	358,444	0.00%	0.75%	3.50%	0	2,688	12,546	60%	30%	10%	2,061	0	1	1	2,061	0.9662	1,991	2,338	96	112
Total																		162,410	162,410	7,793	7,793

* Not assessed or not applicable

RISK EVALUATION
SOUTHMEAD SOUTH
38 years

#DIV/0! Design & construction

0% Availability & performance re hard FM & lifecycle

Base scheme		Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
Financial Risk Area			Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D*°C £000	Mid Impact H=E*°C £000	Max Impact I=F*°C £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs						
A	B																				
1 Design Risks																					
1.1	Failure to design to the brief	0	2.00%	3.00%	4.00%	0	0	0	80%	13%	8%	0	3	7	4	0	3.3129	0		0	
1.2	Continuing design development	0	2.00%	3.00%	4.00%	0	0	0	90%	8%	3%	0	3	7	4	0	3.3129	0		0	
1.3	Change in design requirements of the NHS trust	0	2.00%	3.00%	4.00%	0	0	0	95%	3%	2%	0	3	7	4	0	3.3129	0		0	
1.4	Change in design required by operator	0	0.00%	0.00%	0.00%	0	0	0	97%	2%	1%	0	3	7	4	0	3.3129	0		0	
1.5	Change in design required due to external influences specific to the NHS	0	0.75%	1.50%	2.50%	0	0	0	20%	60%	20%	0	3	7	4	0	3.3129	0		0	
1.6	Failure to build to design	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0	0	0	0
2 Construction and Development Risks																					
2.1	Incorrect cost and time estimates	0	2.00%	7.50%	15.00%	0	0	0	80%	15%	5%	0	5	7	2	0	1.5995	0		0	
2.2	Incorrect time estimates (included in 2.1)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.3	Unforeseen ground or site conditions	0	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	1.7134	0		0	
2.4	Unforeseen ground or site conditions under existing buildings	0	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	1.7134	0		0	
2.5	Delay in gaining access to the site	0	0.00%	2.00%	4.00%	0	0	0	90%	7%	3%	0	3	5	2	0	1.7134	0		0	
2.6	Responsibility for maintaining on-site security	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.7	Responsibility for maintaining site safety	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.8	Third party claims	0	0.00%	0.75%	1.00%	0	0	0	92%	6%	2%	0	3	7	4	0	3.3129	0		0	
2.9	Compensation events	0	0.00%	0.10%	0.50%	0	0	0	70%	20%	10%	0	3	7	4	0	3.3129	0		0	
2.10	Delay events	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.11	Force Majeure	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.12	Termination due to force majeure	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.13	Legislative and regulatory change: NHS specific	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.14	Legislative and regulatory change: non NHS specific	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.15	Changes in taxation	0	0.00%	0.20%	0.40%	0	0	0	98%	2%	1%	0	3	7	4	0	3.3129	0		0	
2.16	Changes in rate of VAT	0	0.00%	0.10%	0.30%	0	0	0	98%	2%	1%	0	3	7	4	0	3.3129	0		0	
2.17	Other changes in VAT	0	0.00%	0.10%	0.30%	0	0	0	98%	2%	1%	0	3	7	4	0	3.3129	0		0	
2.18	Contractor or consultant default	0	0.00%	10.00%	25.00%	0	0	0	95%	4%	1%	0	3	7	4	0	3.3129	0		0	
2.19	Poor project management	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.20	Contractor/sub-contractor industrial action	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	7	4	0	3.3129	0		0	
2.21	Protester action	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	4	1	0	0.8714	0		0	
2.22	Change in inflation during construction	0	0.00%	2.50%	5.00%	0	0	0	95%	4%	1%	0	3	7	4	0	3.3129	0		0	
2.23	Incorrect time and cost estimates for decanting from existing buildings into temporary a	0	1.00%	3.00%	5.00%	0	0	0	90%	5%	5%	0	6	7	1	0	0.7860	0		0	
2.24	Incorrect time and cost estimates for commissioning new buildings	0	1.00%	1.50%	2.50%	0	0	0	97%	3%	1%	0	6	7	1	0	0.7860	0	0	0	0
3 Availability and Performance Risks																					
3.1	Latent defects to buildings	0	0.00%	0.50%	4.00%	0	0	0	97.5%	2%	0.5%	0	21	38	17	0	6.1950	0		0	
3.2	Change in specification initiated by procuring entity	0	0.10%	0.50%	0.10%	0	0	0	97.5%	2%	0.5%	0	8	38	30	0	14.0191	0		0	
3.3	Performance of sub-contractors (covered by 3.6)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.4	Default by contractor or sub-contractor	0	0.00%	10.00%	30.00%	0	0	0	95%	4%	1%	0	8	38	30	0	14.0191	0		0	
3.5	Industrial action	0	0.00%	5.00%	10.00%	0	0	0	97%	2%	1%	0	8	38	30	0	14.0191	0		0	
3.6	Failure to meet performance standards	0	2.00%	4.00%	10.00%	0	0	0	85%	10%	5%	0	8	38	30	0	14.0191	0		0	
3.7	Availability of facilities	0	0.40%	0.80%	2.00%	0	0	0	95%	4%	1%	0	8	38	30	0	14.0191	0		0	
3.8	Relief events *	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.9	Force majeure *	0	0.00%	0.00%	0.00%	0	0	0	98%	1%	1%	0	8	38	30	0	14.0191	0		0	
3.10	Termination due to force majeure *	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.11	Death or injury attributable to the Trust (variation to existing cost)	0	0.00%	-5.00%	-10.00%	0	0	0	90%	6%	4%	0	8	38	30	0	14.0191	0	0	0	0
4 Operating Cost Risks																					
4.1	Incorrect estimated cost of providing specific services under the contract	0	0.00%	7.50%	15.00%	0	0	0	70%	20%	10%	0	8	38	30	0	14.0191	0		0	
4.3	Legislative/regulatory change having capital costs consequences: NHS specific	0	0.01%	0.03%	0.10%	0	0	0	80%	15%	5%	0	8	38	30	0	14.0191	0		0	
4.4	Legislative/regulatory, change capital costs: non NHS specific	0	0.01%	0.03%	0.10%	0	0	0	80%	15%	5%	0	8	38	30	0	14.0191	0		0	
4.5	Changes in taxation *	0	0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	14.0191	0		0	
4.6	Changes in VAT *	0	0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	14.0191	0		0	

RISK EVALUATION
SOUTHMEAD SOUTH
38 years

#DIV/0! Design & construction
0% Availability & performance re hard FM & lifecycle

Base scheme		Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
Financial Risk Area			Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D*C £000	Mid Impact H=E*C £000	Max Impact I=F*C £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs						
A	B																				
4.7	Incorrect cost of providing clinical service	0	0.50%	0.30%	1.00%	0	0	0	85%	8%	8%	0	8	38	30	0	14.0191	0		0	
4.8	Incorrect estimated cost of maintenance (assessed in 4.1 above)		0.00%	0.00%	0.00%	0	0	0	90%	6%	4%	0	8	38	30	0	14.0191	0		0	
4.9	Incorrect estimated cost of energy used	0	2.00%	10.00%	15.00%	0	0	0	80%	15%	5%	0	8	38	30	0	14.0191	0		0	
4.10	Patient infection caused by poor facilities management		0.25%	0.75%	1.50%	0	0	0	85%	10%	5%	0	8	38	30	0	14.0191	0		0	
4.11	Patient infection - other	0	0.25%	0.75%	1.50%	0	0	0	85%	10%	5%	0	8	38	30	0	14.0191	0		0	
4.12	Estimated cost of transferring the employment of staff to new employer is incorrect *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
4.13	Estimated cost of restructuring workforce providing services under the contract is incorrect *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	9	1	0	0.7337	0	0	0	0
5 Variability of Revenue Risks																					
5.1	Non performance of services (included in 5.4)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.2	Poor performance of services (included in 5.4)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.4	Changes in volume or mix of demand for patient services	0	1.00%	2.50%	5.00%	0	0	0	85%	10%	5%	0	8	38	30	0	14.0191	0		0	
5.5	Unexpected changes in medical technology*	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.6	Unexpected changes in epidemiology of catchment area (included in 5.4)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.7	Unexpected sudden increases in demand due to major incident (included in 5.4)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.8	Estimated income from income generating scheme is incorrect	0	0.00%	2.50%	5.00%	0	0	0	90%	8%	3%	0	8	38	30	0	14.0191	0	0	0	0
6 Termination Risks																					
6.1	Termination due to default by the procuring entity *		0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	14.0191	0		0	
6.2	Default by operator leading to step-in by financiers *		0.00%	0.00%	0.00%	0	0	0	90%	8%	3%	0	8	38	30	0	14.0191	0		0	
6.3	Termination due to default by the operator *		0.00%	0.00%	0.00%	0	0	0	94%	5%	1%	0	8	38	30	0	14.0191	0	0	0	0
7 Technology and Obsolescence Risks																					
7.1	Technological change/obsolescence of buildings or plant	0	0.10%	0.50%	1.00%	0	0	0	95%	3%	2%	0	8	38	30	0	14.0191	0		0	
7.2	Technological change/obsolescence of equipment *	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0	0	0	0
8 Control Risks																					
8.1	Control of clinical services (included in 5.4)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
8.2	Control of services provided under the PFI contract services (covered in other risks)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0	0	0	0
9 Residual Value Risks																					
9.1	Procuring entity does not require assets at end of contract	0	1.00%	2.00%	3.00%	0	0	0	95%	4%	1%	0	37	38	1	0	0.2812	0	0	0	0
10 Other Project Risks																					
10.1	Failure to obtain planning permission	0	0.00%	2.00%	10.00%	0	0	0	99%	0%	1%	0	0	1	1	0	0.9662	0		0	
10.2	Delayed planning approval	0	0.00%	0.75%	3.50%	0	0	0	75%	20%	5%	0	0	1	1	0	0.9662	0	0	0	0
Total																		0	0	0	0

* Not assessed or not applicable

RISK EVALUATION
FRENCHAY REFURBISHMENT
38 years

#DIV/0! Design & construction
0% Availability & performance re hard FM & lifecycle

Based on do minimum except 1.1, 1.2, 2.1, 2.23, 3.6, 3.7, 4.1

A	Financial Risk Area B	Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Risk Retained R %	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
			Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D*C £000	Mid Impact H=E*C £000	Max Impact I=F*C £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs							
1	Design Risks																					
1.1	Failure to design to the brief	0	2.00%	3.00%	4.00%	0	0	0	85%	10%	5%	0	5	7	2	0	100%	1.5995	0		0	
1.2	Continuing design development	0	5.00%	7.50%	10.00%	0	0	0	75%	25%	5%	0	5	7	2	0	100%	1.5995	0		0	
1.3	Change in design requirements of the NHS trust	0	2.00%	3.00%	4.00%	0	0	0	95%	3%	2%	0	5	7	2	0	100%	1.5995	0		0	
1.4	Change in design required by operator	0	0.00%	0.00%	0.00%	0	0	0	97%	2%	1%	0	5	7	2	0	100%	1.5995	0		0	
1.5	Change in design required due to external influences specific to the NHS	0	0.75%	1.50%	2.50%	0	0	0	20%	60%	20%	0	5	7	2	0	100%	1.5995	0		0	
1.6	Failure to build to design	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	100%	1.5995	0	0	0	0
2	Construction and Development Risks																					
2.1	Incorrect cost and time estimates	0	2.00%	7.50%	15.00%	0	0	0	80%	15%	5%	0	5	7	2	0	100%	1.5995	0		0	
2.2	Incorrect time estimates (included in 2.1 above)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	50%	1.5995	0		0	
2.3	Unforeseen ground or site conditions	0	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	100%	1.7134	0		0	
2.4	Unforeseen ground or site conditions under existing buildings	0	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	100%	1.7134	0		0	
2.5	Delay in gaining access to the site	0	0.00%	2.00%	4.00%	0	0	0	90%	7%	3%	0	3	5	2	0	100%	1.7134	0		0	
2.6	Responsibility for maintaining on-site security	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	100%	1.5995	0		0	
2.7	Responsibility for maintaining site safety	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	100%	1.5995	0		0	
2.8	Third party claims	0	0.00%	0.75%	1.00%	0	0	0	92%	6%	2%	0	5	7	2	0	75%	1.5995	0		0	
2.9	Compensation events	0	0.00%	0.10%	0.50%	0	0	0	70%	20%	10%	0	5	7	2	0	100%	1.5995	0		0	
2.10	Delay events	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	5	7	2	0	100%	1.5995	0		0	
2.11	Force Majeure	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	5	7	2	0	100%	1.5995	0		0	
2.12	Termination due to force majeure	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	5	7	2	0	100%	1.5995	0		0	
2.13	Legislative and regulatory change: NHS specific	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	100%	1.5995	0		0	
2.14	Legislative and regulatory change: non NHS specific	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	100%	1.5995	0		0	
2.15	Changes in taxation	0	0.00%	0.20%	0.40%	0	0	0	98%	2%	1%	0	5	7	2	0	100%	1.5995	0		0	
2.16	Changes in rate of VAT	0	0.00%	0.10%	0.30%	0	0	0	98%	2%	1%	0	5	7	2	0	100%	1.5995	0		0	
2.17	Other changes in VAT	0	0.00%	0.10%	0.30%	0	0	0	98%	2%	1%	0	5	7	2	0	100%	1.5995	0		0	
2.18	Contractor or consultant default	0	0.00%	10.00%	25.00%	0	0	0	95%	4%	1%	0	5	7	2	0	100%	1.5995	0		0	
2.19	Poor project management	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	5	7	2	0	100%	1.5995	0		0	
2.20	Contractor/sub-contractor industrial action	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	100%	1.5995	0		0	
2.21	Protester action	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	4	1	0	100%	0.8714	0		0	
2.22	Change in inflation during construction	0	0.00%	2.50%	5.00%	0	0	0	95%	4%	1%	0	5	7	2	0	100%	1.5995	0		0	
2.23	Incorrect time and cost estimates for decanting from existing buildings into temporary accommodation	0	5.00%	7.50%	10.00%	0	0	0	85%	10%	5%	0	3	5	2	0	100%	1.7134	0		0	
2.24	Incorrect time and cost estimates for commissioning new buildings	0	1.00%	1.50%	2.50%	0	0	0	97%	3%	1%	0	3	5	2	0	75%	1.7134	0	0	0	0
3	Availability and Performance Risks																					
3.1	Latent defects to buildings	0	0.00%	0.50%	4.00%	0	0	0	97.5%	2%	0.5%	0	21	38	17	0	100%	6.1950	0		0	
3.2	Change in specification initiated by procuring entity	0	0.10%	0.50%	0.10%	0	0	0	97.5%	2%	0.5%	0	8	38	30	0	100%	14.0191	0		0	
3.3	Performance of sub-contractors	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
3.4	Default by contractor or sub-contractor	0	0.00%	10.00%	30.00%	0	0	0	95%	4%	1%	0	8	38	30	0	100%	14.0191	0		0	
3.5	Industrial action	0	0.00%	5.00%	10.00%	0	0	0	97%	2%	1%	0	8	38	30	0	100%	14.0191	0		0	
3.6	Failure to meet performance standards	0	2.00%	4.00%	10.00%	0	0	0	85%	10%	5%	0	8	38	30	0	100%	14.0191	0		0	
3.7	Availability of facilities	0	0.40%	0.80%	2.00%	0	0	0	95%	4%	1%	0	8	38	30	0	100%	14.0191	0		0	
3.8	Relief events *	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
3.9	Force majeure *	0	0.00%	0.00%	0.00%	0	0	0	98%	1%	1%	0	8	38	30	0	100%	14.0191	0		0	
3.10	Termination due to force majeure *	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
3.11	Death or injury attributable to the Trust	0	0.00%	-1.00%	-2.00%	0	0	0	90%	6%	4%	0	8	38	30	0	100%	14.0191	0	0	0	0
4	Operating Cost Risks																					
4.1	Incorrect estimated cost of providing specific services under the contract	0	0.00%	7.50%	15.00%	0	0	0	70%	20%	10%	0	8	38	30	0	100%	14.0191	0		0	
4.3	Legislative/regulatory change having capital costs consequences: NHS specific	0	0.01%	0.03%	0.10%	0	0	0	80%	15%	5%	0	8	38	30	0	100%	14.0191	0		0	
4.4	Legislative/regulatory, change capital costs: non NHS specific	0	0.01%	0.03%	0.10%	0	0	0	80%	15%	5%	0	8	38	30	0	100%	14.0191	0		0	
4.5	Changes in taxation *	0	0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	100%	14.0191	0		0	
4.6	Changes in VAT *	0	0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	100%	14.0191	0		0	
4.7	Incorrect cost of providing clinical service	0	0.50%	0.30%	1.00%	0	0	0	85%	8%	8%	0	8	38	30	0	100%	14.0191	0		0	

RISK EVALUATION
FRENCHAY REFURBISHMENT
38 years

#DIV/0! Design & construction
0% Availability & performance re hard FM & lifecycle

Based on do minimum except 1.1, 1.2, 2.1, 2.23, 3.6, 3.7, 4.1

A	Financial Risk Area B	Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Risk Retained R %	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
			Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D* £000	Mid Impact H=E* £000	Max Impact I=F* £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs							
4.8	Incorrect estimated cost of maintenance (assessed in 4.1 above)		0.00%	0.00%	0.00%	0	0	0	90%	6%	4%	0	8	38	30	0	100%	14.0191	0		0	
4.9	Incorrect estimated cost of energy used	0	2.00%	10.00%	15.00%	0	0	0	80%	15%	5%	0	8	38	30	0	100%	14.0191	0		0	
4.10	Patient infection caused by poor facilities management	0	0.35%	1.00%	2.00%	0	0	0	85%	10%	5%	0	8	38	30	0	100%	14.0191	0		0	
4.11	Patient infection - other	0	0.35%	1.00%	2.00%	0	0	0	85%	10%	5%	0	8	38	30	0	100%	14.0191	0		0	
4.12	Estimated cost of transferring the employment of staff to new employer is incorrect *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
4.13	Estimated cost of restructuring workforce providing services under the contract is incorrect *		0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	9	1	0	100%	0.7337	0	0	0	0
5	Variability of Revenue Risks																					
5.1	Non performance of services	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
5.2	Poor performance of services	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
5.4	Changes in volume of demand for patient services	0	2.00%	5.00%	10.00%	0	0	0	85%	10%	5%	0	8	38	30	0	100%	14.0191	0		0	
5.5	Unexpected changes in medical technology	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
5.6	Unexpected changes in epidemiology of catchment area	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
5.7	Unexpected sudden increases in demand due to major incident	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
5.8	Estimated income from income generating scheme is incorrect	0	0.00%	2.50%	5.00%	0	0	0	90%	8%	3%	0	8	38	30	0	100%	14.0191	0	0	0	0
6	Termination Risks																					
6.1	Termination due to default by the procuring entity *		0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
6.2	Default by operator leading to step-in by financiers *		0.00%	0.00%	0.00%	0	0	0	90%	8%	3%	0	8	38	30	0	100%	14.0191	0		0	
6.3	Termination due to default by the operator *		0.00%	0.00%	0.00%	0	0	0	94%	5%	1%	0	8	38	30	0	100%	14.0191	0	0	0	0
7	Technology and Obsolescence Risks																					
7.1	Technological change/obsolescence of buildings or plant	0	0.10%	0.50%	1.00%	0	0	0	95%	3%	2%	0	8	38	30	0	100%	14.0191	0		0	
7.2	Technological change/obsolescence of equipment	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0	0	0	0
8	Control Risks																					
8.1	Control of clinical services	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0		0	
8.2	Control of services provided under the PFI contract services	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	100%	14.0191	0	0	0	0
9	Residual Value Risks																					
9.1	Procuring entity does not require assets at end of contract	0	1.00%	2.00%	3.00%	0	0	0	95%	4%	1%	0	37	38	1	0	100%	0.2812	0	0	0	0
10	Other Project Risks																					
10.1	Failure to obtain planning permission	0	0.00%	2.00%	10.00%	0	0	0	99%	0%	1%	0	0	1	1	0	100%	0.9662	0		0	
10.2	Delayed planning approval	0	0.00%	0.75%	3.50%	0	0	0	75%	20%	5%	0	0	1	1	0	100%	0.9662	0	0	0	0
Total												0							0	0	0	0

* Not assessed or not applicable

RISK EVALUATION
FRENCHAY NEW BUILD
38 years

#DIV/0! Design & construction
0% Availability & performance re hard FM & lifecycle

Based on Smd South

Financial Risk Area A B	Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
		Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D*°C £000	Mid Impact H=E*°C £000	Max Impact I=F*°C £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs						
1 Design Risks																				
1.1 Failure to design to the brief	0	2.00%	3.00%	4.00%	0	0	0	80%	13%	8%	0	5	7	2	0	1.5995	0		0	
1.2 Continuing design development	0	2.00%	3.00%	4.00%	0	0	0	90%	8%	3%	0	5	7	2	0	1.5995	0		0	
1.3 Change in design requirements of the NHS trust	0	2.00%	3.00%	4.00%	0	0	0	95%	3%	2%	0	5	7	2	0	1.5995	0		0	
1.4 Change in design required by operator	0	0.00%	0.00%	0.00%	0	0	0	97%	2%	1%	0	5	7	2	0	1.5995	0		0	
1.5 Change in design required due to external influences specific to the NHS	0	0.75%	1.50%	2.50%	0	0	0	20%	60%	20%	0	5	7	2	0	1.5995	0		0	
1.6 Failure to build to design	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0	0	0	0
2 Construction and Development Risks																				
2.1 Incorrect cost and time estimates	0	2.00%	7.50%	15.00%	0	0	0	80%	15%	5%	0	5	7	2	0	1.5995	0		0	
2.2 Incorrect time estimates (included in 2.1 above)	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.3 Unforeseen ground or site conditions	0	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	1.7134	0		0	
2.4 Unforeseen ground or site conditions under existing buildings	0	0.00%	0.00%	0.00%	0	0	0	50%	35%	15%	0	3	5	2	0	1.7134	0		0	
2.5 Delay in gaining access to the site	0	0.00%	2.00%	4.00%	0	0	0	90%	7%	3%	0	3	5	2	0	1.7134	0		0	
2.6 Responsibility for maintaining on-site security	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.7 Responsibility for maintaining site safety	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.8 Third party claims	0	0.00%	0.75%	1.00%	0	0	0	92%	6%	2%	0	5	7	2	0	1.5995	0		0	
2.9 Compensation events	0	0.00%	0.10%	0.50%	0	0	0	70%	20%	10%	0	5	7	2	0	1.5995	0		0	
2.10 Delay events	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.11 Force Majeure	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.12 Termination due to force majeure	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.13 Legislative and regulatory change: NHS specific	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.14 Legislative and regulatory change: non NHS specific	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.15 Changes in taxation	0	0.00%	0.20%	0.40%	0	0	0	98%	2%	1%	0	5	7	2	0	1.5995	0		0	
2.16 Changes in rate of VAT	0	0.00%	0.10%	0.30%	0	0	0	98%	2%	1%	0	5	7	2	0	1.5995	0		0	
2.17 Other changes in VAT	0	0.00%	0.10%	0.30%	0	0	0	98%	2%	1%	0	5	7	2	0	1.5995	0		0	
2.18 Contractor or consultant default	0	0.00%	10.00%	25.00%	0	0	0	95%	4%	1%	0	5	7	2	0	1.5995	0		0	
2.19 Poor project management	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.20 Contractor/sub-contractor industrial action	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	5	7	2	0	1.5995	0		0	
2.21 Protester action	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	3	4	1	0	0.8714	0		0	
2.22 Change in inflation during construction	0	0.00%	2.50%	5.00%	0	0	0	95%	4%	1%	0	5	7	2	0	1.5995	0		0	
2.23 Incorrect time and cost estimates for decanting from existing buildings into temporary a	0	1.00%	3.00%	5.00%	0	0	0	90%	5%	5%	0	3	5	2	0	1.7134	0		0	
2.24 Incorrect time and cost estimates for commissioning new buildings	0	1.00%	1.50%	2.50%	0	0	0	97%	3%	1%	0	3	5	2	0	1.7134	0	0	0	0
3 Availability and Performance Risks																				
3.1 Latent defects to buildings	0	0.00%	0.50%	4.00%	0	0	0	97.5%	2%	0.5%	0	21	38	17	0	6.1950	0		0	
3.2 Change in specification initiated by procuring entity	0	0.10%	0.50%	0.10%	0	0	0	97.5%	2%	0.5%	0	8	38	30	0	14.0191	0		0	
3.3 Performance of sub-contractors	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.4 Default by contractor or sub-contractor	0	0.00%	10.00%	30.00%	0	0	0	95%	4%	1%	0	8	38	30	0	14.0191	0		0	
3.5 Industrial action	0	0.00%	5.00%	10.00%	0	0	0	97%	2%	1%	0	8	38	30	0	14.0191	0		0	
3.6 Failure to meet performance standards	0	2.00%	4.00%	10.00%	0	0	0	85%	10%	5%	0	8	38	30	0	14.0191	0		0	
3.7 Availability of facilities	0	0.40%	0.80%	2.00%	0	0	0	95%	4%	1%	0	8	38	30	0	14.0191	0		0	
3.8 Relief events *	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.9 Force majeure *	0	0.00%	0.00%	0.00%	0	0	0	98%	1%	1%	0	8	38	30	0	14.0191	0		0	
3.10 Termination due to force majeure *	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
3.11 Death or injury attributable to the Trust	0	0.00%	-5.00%	-10.00%	0	0	0	90%	6%	4%	0	8	38	30	0	14.0191	0	0	0	0
4 Operating Cost Risks																				
4.1 Incorrect estimated cost of providing specific services under the contract	0	0.00%	7.50%	15.00%	0	0	0	70%	20%	10%	0	8	38	30	0	14.0191	0		0	
4.3 Legislative/regulatory change having capital costs consequences: NHS specific	0	0.01%	0.03%	0.10%	0	0	0	80%	15%	5%	0	8	38	30	0	14.0191	0		0	
4.4 Legislative/regulatory, change capital costs: non NHS specific	0	0.01%	0.03%	0.10%	0	0	0	80%	15%	5%	0	8	38	30	0	14.0191	0		0	
4.5 Changes in taxation *	0	0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	14.0191	0		0	
4.6 Changes in VAT *	0	0.00%	0.00%	0.00%	0	0	0	90%	7%	3%	0	8	38	30	0	14.0191	0		0	

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FRENCHAY NEW BUILD
38 years

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0% Availability & performance re hard FM & lifecycle

Based on Smd South

Financial Risk Area A B	Base C	Value Weights			Value			Probabilities			Expected value when event occurs M £000	Time			Expected Value per annum £000	Discount Factor S	NPV of Risk T=QxRxS £000	NPV of Risk by cat'y U £000	EAC of Risk V £000	EAC of Risk by cat'y W £000
		Min Impact D %	Mid Impact E %	Max Impact F %	Min Impact G=D* £000	Mid Impact H=E* £000	Max Impact I=F* £000	Min Impact J %	Mid Impact K %	Max Impact L %		From N	To O	No. Yrs P=O-N Yrs						
4.7 Incorrect cost of providing clinical service	0	0.50%	0.30%	1.00%	0	0	0	85%	8%	8%	0	8	38	30	0	14.0191	0		0	
4.8 Incorrect estimated cost of maintenance (assessed in 4.1 above)	0	0.00%	0.00%	0.00%	0	0	0	90%	6%	4%	0	8	38	30	0	14.0191	0		0	
4.9 Incorrect estimated cost of energy used	0	2.00%	10.00%	15.00%	0	0	0	80%	15%	5%	0	8	38	30	0	14.0191	0		0	
4.10 Patient infection caused by poor facilities management	0	0.25%	0.75%	1.50%	0	0	0	85%	10%	5%	0	8	38	30	0	14.0191	0		0	
4.11 Patient infection - other	0	0.25%	0.75%	1.50%	0	0	0	85%	10%	5%	0	8	38	30	0	14.0191	0		0	
4.12 Estimated cost of transferring the employment of staff to new employer is incorrect *	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
4.13 Estimated cost of restructuring workforce providing services under the contract is incorrect *	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	9	1	0	0.7337	0	0	0	0
5 Variability of Revenue Risks																				
5.1 Non performance of services	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.2 Poor performance of services	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.4 Changes in volume of demand for patient services	0	1.00%	2.50%	5.00%	0	0	0	85%	10%	5%	0	8	38	30	0	14.0191	0		0	
5.5 Unexpected changes in medical technology	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.6 Unexpected changes in epidemiology of catchment area	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.7 Unexpected sudden increases in demand due to major incident	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
5.8 Estimated income from income generating scheme is incorrect	0	0.00%	2.50%	5.00%	0	0	0	90%	8%	3%	0	8	38	30	0	14.0191	0	0	0	0
6 Termination Risks																				
6.1 Termination due to default by the procuring entity *	0	0.00%	0.00%	0.00%	0	0	0	100%	0%	0%	0	8	38	30	0	14.0191	0		0	
6.2 Default by operator leading to step-in by financiers *	0	0.00%	0.00%	0.00%	0	0	0	90%	8%	3%	0	8	38	30	0	14.0191	0		0	
6.3 Termination due to default by the operator *	0	0.00%	0.00%	0.00%	0	0	0	94%	5%	1%	0	8	38	30	0	14.0191	0	0	0	0
7 Technology and Obsolescence Risks																				
7.1 Technological change/obsolescence of buildings or plant	0	0.10%	0.50%	1.00%	0	0	0	95%	3%	2%	0	8	38	30	0	14.0191	0		0	
7.2 Technological change/obsolescence of equipment	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0	0	0	0
8 Control Risks																				
8.1 Control of clinical services	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0		0	
8.2 Control of services provided under the PFI contract services	0	0.00%	0.00%	0.00%	0	0	0	0%	0%	0%	0	8	38	30	0	14.0191	0	0	0	0
9 Residual Value Risks																				
9.1 Procuring entity does not require assets at end of contract	0	1.00%	2.00%	3.00%	0	0	0	95%	4%	1%	0	37	38	1	0	0.2812	0	0	0	0
10 Other Project Risks																				
10.1 Failure to obtain planning permission	0	0.00%	2.00%	10.00%	0	0	0	99%	0%	1%	0	0	1	1	0	0.9662	0		0	
10.2 Delayed planning approval	0	0.00%	0.75%	3.50%	0	0	0	75%	20%	5%	0	0	1	1	0	0.9662	0	0	0	0
Total											0						0	0	0	0

* Not assessed or not applicable

<u>Year</u>	<u>Discount Factor</u>	<u>Annuity Factor</u>	<u>Discount Rate</u>
0	1.000	1.000	3.5%
1	0.9662	1.966	3.5%
2	0.934	2.8997	3.5%
3	0.902	3.802	3.5%
4	0.871	4.673	3.5%
5	0.842	5.515	3.5%
6	0.814	6.329	3.5%
7	0.786	7.115	3.5%
8	0.759	7.874	3.5%
9	0.734	8.608	3.5%
10	0.709	9.317	3.5%
11	0.685	10.002	3.5%
12	0.662	10.663	3.5%
13	0.639	11.303	3.5%
14	0.618	11.921	3.5%
15	0.597	12.517	3.5%
16	0.577	13.094	3.5%
17	0.557	13.651	3.5%
18	0.538	14.190	3.5%
19	0.520	14.710	3.5%
20	0.503	15.212	3.5%
21	0.486	15.698	3.5%
22	0.469	16.167	3.5%
23	0.453	16.620	3.5%
24	0.438	17.058	3.5%
25	0.423	17.482	3.5%
26	0.409	17.890	3.5%
27	0.395	18.285	3.5%
28	0.382	18.667	3.5%
29	0.369	19.036	3.5%
30	0.356	19.392	3.5%
31	0.346	19.738	3.0%
32	0.336	20.074	3.0%
33	0.326	20.400	3.0%
34	0.317	20.716	3.0%
35	0.307	21.024	3.0%
36	0.298	21.322	3.0%
37	0.290	21.612	3.0%
38	0.281	21.893	3.0%
39	0.273	22.166	3.0%
40	0.265	22.431	3.0%
41	0.257	22.689	3.0%
42	0.250	22.938	3.0%
43	0.243	23.181	3.0%
44	0.236	23.417	3.0%
45	0.229	23.645	3.0%
46	0.222	23.867	3.0%
47	0.216	24.083	3.0%
48	0.209	24.292	3.0%
49	0.203	24.495	3.0%
50	0.197	24.693	3.0%
51	0.192	24.884	3.0%
52	0.186	25.070	3.0%
53	0.181	25.251	3.0%
54	0.175	25.426	3.0%
55	0.170	25.596	3.0%
56	0.165	25.761	3.0%
57	0.160	25.922	3.0%
58	0.156	26.077	3.0%
59	0.151	26.228	3.0%
60	0.147	26.375	3.0%
61	0.143	26.518	3.0%
62	0.138	26.656	3.0%
63	0.134	26.790	3.0%
64	0.130	26.921	3.0%
65	0.127	27.047	3.0%
66	0.123	27.170	3.0%
67	0.119	27.290	3.0%
68	0.116	27.406	3.0%
69	0.112	27.518	3.0%
70	0.109	27.627	3.0%

Results of Sensitivity Analysis for Southmead options and Frenchay options

All costs are risk adjusted net present costs

	SMD North £000	SMD South £000	Variance £000	FHY Refurb £000	FHY New build £000	Variance £000
Benefit score	540	793	-253	600	793	-193
NPC 68 yrs	8,907,422	8,885,130	22,292	254,525	263,657	-9,132
NPC per benefit point	16,495	11,204	5,291	424	332	92
Rank	2	1		2	1	
Sensitivity 1						
Increase capital & lifecycle by 10%	8,956,098	8,932,112	23,985	259,706	270,271	-10,565
NPC per benefit point	16,585	11,264	5,322	433	341	92
Rank	2	1		2	1	
Sensitivity 2						
Decrease capital & lifecycle by 10%	8,858,837	8,838,068	20,769	249,308	257,136	-7,827
NPC per benefit point	16,405	11,145	5,260	416	324	91
Rank	2	1		2	1	
Sensitivity 3						
Increase revenue savings by 20%	8,851,693	8,828,966	22,727	254,525	262,899	-8,375
NPC per benefit point	16,392	11,134	5,258	424	332	93
Rank	2	1		2	1	
Sensitivity 4						
Decrease revenue savings by 20%	8,963,242	8,941,214	22,028	254,525	264,508	-9,983
NPC per benefit point	16,599	11,275	5,323	424	334	91
Rank	2	1		2	1	
Sensitivity 5						
Increase premises costs by 10%	8,940,292	8,917,915	22,377	256,345	265,495	-9,150
NPC per benefit point	16,556	11,246	5,310	427	335	92
Rank	2	1		2	1	
Sensitivity 6						
Decrease premises costs by 10%	8,874,643	8,852,266	22,377	252,669	261,912	-9,243
NPC per benefit point	16,435	11,163	5,272	421	330	91
Rank	2	1		2	1	

Results of Sensitivity Analysis of Preferred Option compared with Do Minimum

All costs are risk adjusted net present costs

	SMD South & FHY Refurb £000	Do minimum £000	Variance £000
Score	774	271	503
NPC 68 yrs	9,139,655	9,258,420	-118,765
NPC per benefit point	11,813	34,164	-22,351
Rank	1	2	
Sensitivity 1			
Increase capital & lifecycle by 10%	9,191,818	9,292,365	-100,547
NPC per benefit point	11,880	34,289	-22,409
Rank	1	2	
Sensitivity 2			
Decrease capital & lifecycle by 10%	9,087,377	9,224,394	-137,018
NPC per benefit point	11,745	34,038	-22,293
Rank	1	2	
Sensitivity 3			
Increase revenue savings by 20%	9,083,491	9,247,989	-164,498
NPC per benefit point	11,740	34,125	-22,385
Rank	1	2	
Sensitivity 4			
Decrease revenue savings by 20%	9,195,739	9,268,770	-73,031
NPC per benefit point	11,885	34,202	-22,317
Rank	1	2	
Sensitivity 5			
Increase premises costs by 10%	9,174,260	9,295,486	-121,226
NPC per benefit point	11,858	34,301	-22,443
Rank	1	2	
Sensitivity 6			
Decrease premises costs by 10%	9,104,935	9,221,274	-116,339
NPC per benefit point	11,768	34,027	-22,259
Rank	1	2	

Cover Sheet PFI Quantitative Evaluation Spreadsheet

DISCLAIMER

This PFI Quantitative Evaluation Spreadsheet (the "Spreadsheet") has been prepared by Partnerships UK Plc (PUK). No representation, warranty or undertaking (expressed or implied) is made in relation to it. No responsibility is taken or accepted by PUK for the adequacy, completeness or accuracy of the Spreadsheet or the assumptions on which it is based, and all liability therefore is expressly excluded. Anyone using the Spreadsheet on disk does so at their own risk and no responsibility is accepted for any losses which might result from such use directly or indirectly.

SPREADSHEET USAGE

This workbook displays an Input sheet (containing inputs which need to be provided by the user), and an Output sheet with "switches" which are used for running the Spreadsheet, as well as an "Output Box" and charts which display all relevant outputs.

Running the Spreadsheet

Excel will need to be correctly configured to allow the running of macros. If the running of macros is denied, this may be on account of security settings. The user should check that the macro security setting in Tools/Options/Security/Macro-Security is set to either low or medium.

There are essentially 2 steps when using the Spreadsheet:-

Step 1.

The user should insert values for each of the aqua-marine coloured inputs in the Input sheet. With the exception of the "Indirect VfM Factors" all other inputs should be expressed in real terms. Guidelines are provided for filling in many of the inputs. An instruction box will appear when sitting on the relevant cell. **Those cells which are grey are hard-wired variables which should NOT be changed by the user.**

Step 2.

Having filled in all the amber and aqua marine input boxes with appropriate values, the Spreadsheet may be run and the outputs assessed. The Spreadsheet is run by clicking on the grey switches immediately to the left of the Output Box in the Output sheet. The user should first click on the relevant Pre Tax Target IRR Switch to determine the "Crude" PFI VfM value. A positive value indicates that the PFI Option may be more likely to provide VfM than conventional procurement.

The Indifference Switches may then be clicked as part of the assessment. Each switch determines, based on the assumed IRR Target, the level of change required in each relevant variable to erode to zero the net present value difference between the PFI Option and the PSC Option.

The line graphs in the Output sheet show the effect on the "Crude" VfM PFI value of increasing and decreasing each relevant cost variable under the conventional procurement (PSC) Option, and the Unitary Charge under the PFI option. Combined scenarios may be run by changing the PSC sensitivity multiplier values in the Output sheet.

Note:

The user should enter all input values before running the Spreadsheet. Failure to introduce sensible values for all inputs may cause the Spreadsheet to generate spurious outputs. In the event that #DIV/0!s, #NUM!s or other error messages are propagated in the the IRR section of the Output Box, revise the inputs and press the "IRR Stabiliser" switch to clear these. Similarly, in the event that there is non-convergence, giving rise to very large Indifference Point values, with ##### appearing in the Indifference Points section of the Output Box, then having revised the inputs, use the "IP Stabiliser" switch to clear these.

#END

General				
Timings	(Yrs)	Rates - Escalators & Discount	Rates (%)	Base Year
Contract period	34	CapEx escalator	1.7%	1
Initial CapEx period	4	OpEx (non employment) escalator	2.5%	1
Year when OpEx is first incurred	5	OpEx (employment) escalator	2.5%	1
		Unitary charge escalator	100%	1
		Real discount rate	3.5%	NA

Costs					
Whole Life	PSC	OB Pre (%)	OB Post (%)	PFI	OB Pre (%)
Initial CapEx (£'000)	304,473	10%	18%	312,085	10%
Lifecycle costs at each LC date (£'000)	4,854	10%	13%	4,126	10%
Lifecycle intervals (yrs)	1	NA	NA	1	NA
OpEx (non employment)(p.a.) (£'000)	6,306	8%	13%	6,148	8%
OpEx (employment per person) (p.a.) (£'000)	0	NA	NA	0	NA
OpEx (employee number)	0	NA	NA	0	NA
Transaction					
Public sector (£'000)	6,089	10%	18%	6,089	10%
Private sector (£'000)	0	0%	0%	4,681	0%

Third Party Income					
	PSC	OB Pre (%)	OB Post (%)	PFI	OB Pre (%)
Income (p.a.) (£'000)	300	8%	13%	330	8%

Flexibility	PSC	PFI
Scope change year	15	15
Probability factor (%)	50%	50%
Level of scope change (%)	25%	25%
Premium flexibility factor (%)	0	3%

Indirect Vfm Factors	PSC	PFI
Amount (Npv)(£'000)	0	0

Tax	PSC	PFI
PSC adjustment factor (%)	5%	NA

Lifecycle Related Adjustments	
PSC lifecycle Vfm adjustment	40%
Residual cost benchmark	50%
PSC residual cost factor if lower than benchmark	70%
PSC residual cost factor if higher than benchmark	35%

bps
CapEx
LC
NA
OB Pre
OB Post
OpEx
PSC

PFI Funding	
Gearing (%)	90%
Sterling swap rate (%)	5.05%
Credit spread (bps)	12
Bank margin (bps)	93
Tail for bank debt (yrs)	2
Commitment fee (bps)	50
Upfront fee (bps)	90
Grace period (yrs)	1

Unitary Charge	
Initial CapEx period payment (%)	0%

Pre Tax IRR Targets	
High	18%
Medium	15%
Low	13%

Basis Points
Capital Expenditure
Lifecycle Costs
Not Applicable - **no input required**
Pre-FBC Optimism Bias
Post-FBC Optimism Bias (for PSC only)
Operational Expenditure
Public Sector Comparator (i.e. conventional procurement)
Input required
Hard-wired Assumption - **no input required**

Switches
IRR

Indifference

Running the indifference
switch gives the percentage
increase/decrease in the
variable required to give the
point of indifference

- NA Not applicable
- Inputs for running sensitivities
- No input required
- Default value of 30%

Output Box	
Scenario No	7
Scenario name	15% IRR Target
Pre Tax Equity IRR	15.00%
Pre Tax Project IRR	8.24%
"Crude" PFI VfM	1.18%
Indifference Points	
PSC	
1 Initial CapEx	0%
2 OpEx (Non Employment)	0%
3 OpEx (Employment)	0%
4 Transaction Costs	0%
PFI	
5 Unitary Charge	0%
Other Values	
PSC Costs (NPV)	-618
PFI Costs (NPV)	-611
Unadjusted Annual Unitary Charge	37.0

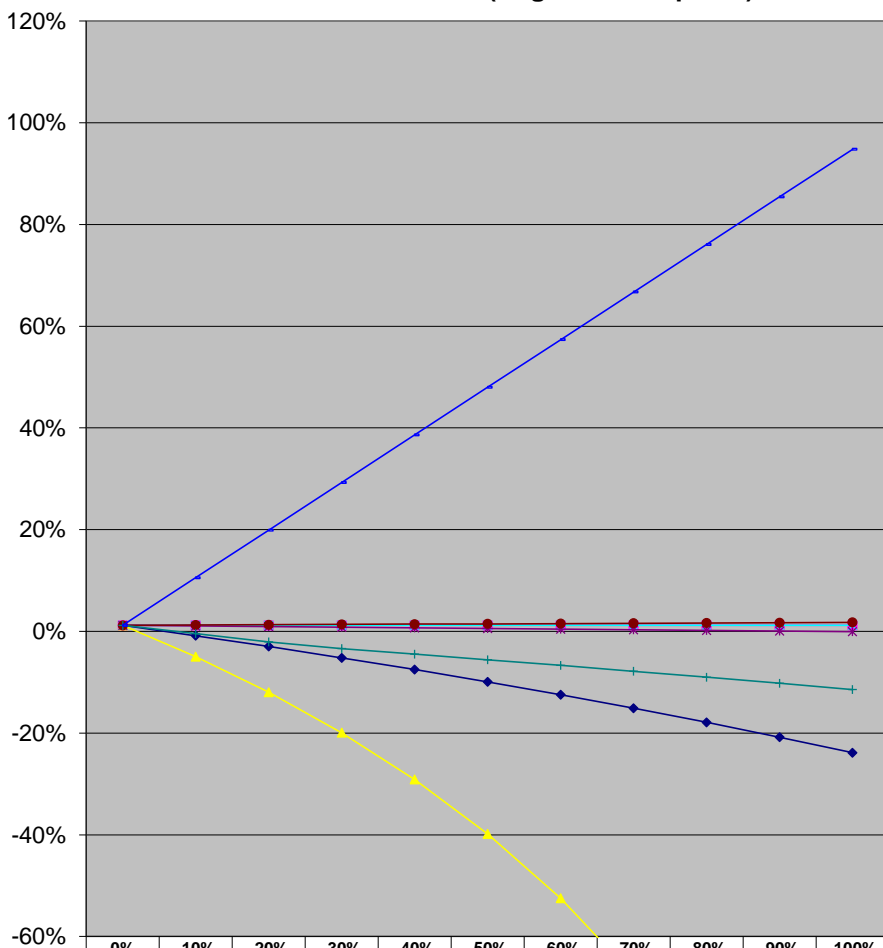
Check	
Senior Debt Fully Repaid?	TRUE
Pre Tax IRR = Target?	TRUE
Total Cashflows = Zero?	TRUE
PSC Sensitivity Multipliers	
CapEx(%)	0%
Lifecycle (%)	0%
OpEx (non employment) (%)	0%
OpEx (employment) (%)	0%
Transaction (%)	0%
Residual cost (%)	0%
Third party income (%)	0%
Unitary Charge Balancer(£'mn)	37.02
Default UC Factor	30%

Note: The "Default UC Factor" value may be changed from the dummy value of 30% ONLY in the event that #DIVs or other error values appear and these are NOT cleared by the IRR and IP stabiliser switches, having checked that all inputs in the Input sheet are correct. See section A22 of the User Guide for further details.

Where the x axis (corresponding to a zero VfM Value) is traversed, the point of indifference between the two procurement options has been reached

Sensitivities (Negative Multipliers)

"Crude" PFI VfM Values



The chart shows the impact on the "Crude" PFI VfM Value of deflating the relevant PSC cost variable and the Unitary Charge by different multiplier values, varying from 10% to 100%

OpEx(non emp cost)	1.2%	-0.9%	-3.0%	-5.2%	-7.5%	-9.9%	-12.5%	-15.1%	-17.9%	-20.8%	-23.9%
OpEx (emp cost)	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
CapEx	1.2%	-5.0%	-12.0%	-19.9%	-29.1%	-39.8%	-52.5%	-67.7%	-86.2%	-109.3%	-139.0%
Residual cost	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
Transaction cost	1.2%	1.1%	0.9%	0.8%	0.7%	0.6%	0.4%	0.3%	0.2%	0.1%	-0.1%
Third party income	1.2%	1.2%	1.3%	1.4%	1.4%	1.5%	1.5%	1.6%	1.7%	1.7%	1.8%
Lifecycle costs	1.2%	-0.4%	-2.1%	-3.4%	-4.5%	-5.6%	-6.7%	-7.8%	-9.0%	-10.2%	-11.4%
Unitary charge	1.2%	10.5%	19.9%	29.3%	38.6%	48.0%	57.4%	66.7%	76.1%	85.5%	94.8%

Sensitivity Multipliers

Multipliers

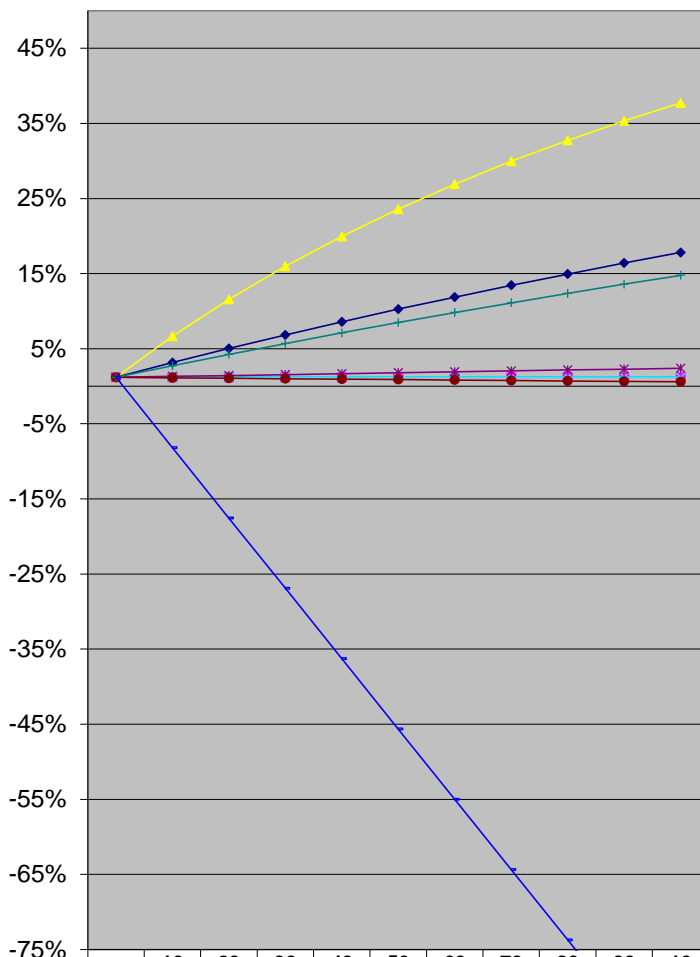
"Crude" PFI VfM Values

Note: Various hard-wired lifecycle related assumptions, (i.e.) in connection with the Residual Cost and the VfM Adjustment factor, will result in adjustments on the event that pre-determined benchmarks are reached. Since such adjustments are "stepped", rather than gradual, it is likely that the lifecycle cost line will be skewed. For further information, please refer to sections A89-91, Table A1.5, A100-102, and Table A106 of the user guide

The chart shows the impact on the "Crude" PFI VfM Value of inflating the relevant tabulated PSC cost variable and the Unitary Charge by different multiplier values, varying from 10% to 100%

Sensitivities (Positive Multipliers)

"Crude" PFI VfM Values



- OpEx (non emp cost)
- OpEx (emp cost)
- CapEx
- Residual cost
- Transaction cost
- Third party income
- Lifecycle costs
- Unitary charge

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
OpEx (non emp cost)	1.2%	3.1%	5.0%	6.8%	8.6%	10.3	11.9	13.4	14.9	16.4	17.8
OpEx (emp cost)	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
CapEx	1.2%	6.7%	11.6	16.0	20.0	23.6	26.9	29.9	32.7	35.3	37.7
Residual cost	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
Transaction cost	1.2%	1.3%	1.4%	1.5%	1.7%	1.8%	1.9%	2.0%	2.2%	2.3%	2.4%
Third party income	1.2%	1.1%	1.1%	1.0%	0.9%	0.9%	0.8%	0.8%	0.7%	0.6%	0.6%
Lifecycle costs	1.2%	2.7%	4.2%	5.7%	7.1%	8.5%	9.8%	11.1	12.4	13.6	14.8
Unitary charge	1.2%	-8.2	-17.	-26.	-36.	-45.	-55.	-64.	-73.	-83.	-92.

Multipliers

"Crude" PFI VfM Values

emp: employment

Where the x axis (corresponding to a zero VfM Value) is traversed the point of indifference between the two procurement options has been reached

Sensitivity Multipliers

Note: Various hard-wired lifecycle related assumptions, (i.e.) in connection with the Residual Cost and the VfM Adjustment factor, will result in adjustments only in the event that pre-determined benchmarks are reached. Since such adjustments are "stepped", rather than gradual, it is likely that the lifecycle cost line will be skewed. For further information, please refer to sections A89-91, Table A1.5, A100-102, and Table A106 of the user guide

Chart Data (tabulated values are chart inputs)

"Crude" PFI VfM Sensitivity Values

Multiplier	OpEx (Non Emp)	OpEx (Emp*)	CapEx	Residual	Trnsc	Third Party Inc	UC	LC
0%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
10%	3.1%	1.2%	6.7%	1.2%	1.3%	1.1%	-8.2%	2.7%
20%	5.0%	1.2%	11.6%	1.2%	1.4%	1.1%	-17.5%	4.2%
30%	6.8%	1.2%	16.0%	1.2%	1.5%	1.0%	-26.9%	5.7%
40%	8.6%	1.2%	20.0%	1.2%	1.7%	0.9%	-36.3%	7.1%
50%	10.3%	1.2%	23.6%	1.2%	1.8%	0.9%	-45.6%	8.5%
60%	11.9%	1.2%	26.9%	1.2%	1.9%	0.8%	-55.0%	9.8%
70%	13.4%	1.2%	29.9%	1.2%	2.0%	0.8%	-64.4%	11.1%
80%	14.9%	1.2%	32.7%	1.2%	2.2%	0.7%	-73.7%	12.4%
90%	16.4%	1.2%	35.3%	1.2%	2.3%	0.6%	-83.1%	13.6%
100%	17.8%	1.2%	37.7%	1.2%	2.4%	0.6%	-92.5%	14.8%
0%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
-10%	-0.9%	1.2%	-5.0%	1.2%	1.1%	1.2%	10.5%	-0.4%
-20%	-3.0%	1.2%	-12.0%	1.2%	0.9%	1.3%	19.9%	-2.1%
-30%	-5.2%	1.2%	-19.9%	1.2%	0.8%	1.4%	29.3%	-3.4%
-40%	-7.5%	1.2%	-29.1%	1.2%	0.7%	1.4%	38.6%	-4.5%
-50%	-9.9%	1.2%	-39.8%	1.2%	0.6%	1.5%	48.0%	-5.6%
-60%	-12.5%	1.2%	-52.5%	1.2%	0.4%	1.5%	57.4%	-6.7%
-70%	-15.1%	1.2%	-67.7%	1.2%	0.3%	1.6%	66.7%	-7.8%
-80%	-17.9%	1.2%	-86.2%	1.2%	0.2%	1.7%	76.1%	-9.0%
-90%	-20.8%	1.2%	-109.3%	1.2%	0.1%	1.7%	85.5%	-10.2%
-100%	-23.9%	1.2%	-139.0%	1.2%	-0.1%	1.8%	94.8%	-11.4%

Emp: Employment costs

Trnsc: Transaction costs

UC: Unitary Charge

LC: Lifecycle costs

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INPUT ASSUMPTIONS

Where input cells are not described below, Department of Health guidance regarding the value of inputs has been used.

Section	Cell	Description	Value £000	
Costs	D12	Capital expenditure excl VAT, optimism bias & any costs that will be conventionally funded under both PSC & PFI options		
		OB1 form, lines 1-10 including planning contingency	333,555	
		Less pre-PFI enabling incl planning contingency of 10% sub-total	<u>-20,409</u>	
			313,146	
		Less equipment incl planning contingency	<u>-25,925</u>	
		Total capital value at MIPS 445	287,221	
		Uplift to MIPS at start of construction (445 to 508)	327,884	
		Deflate by RPI of 2.5% back to base year 05/06 (3 yrs)	<u>7.69%</u>	
		Revised capital value after inflation adjustment	<u>304,473</u>	
	D13	Lifecycle costs		
		Building lifecycle costs MIPS 447	4,854	LC over 30yrs. Inflate in line with capital to mips 508 & then deflate back by RPI
		Total	<u>4,854</u>	48% Benchmark 30-60%, most 30-40% (of cap ex over 30 yrs)
	D15	Operating expenditure		
		hard FM £30*110206m2	3,306	
		Insurance	1,500	As per UP model
		SPV costs	1,500	As per UP model
		Total	<u>6,306</u>	
	E12	Optimism bias for cap expend	10.4%	Benchmark 8-12%
		Optimism bias for other categories as per DoH guidance		
	F12	Risk transfer for cap expend	Optimism bias x 16% risk transfer	17.7% Benchmark 12-16% risk transfer
	F13	Risk transfer for lifecycle	Optimism bias x 12% risk transfer	13.2%
	F15	Risk transfer for op expend	Optimism bias of 75% x 10.4% x 12 % risk transfer	12.9%
Timings	H4	Capital expenditure escalator		
		Average annual % increase in MIPS over the construction period	1.70%	6.979% over 4 years
3rd party income	D23/H23	3rd party income to public sector under PSC & PFI. Slightly higher for PFI	300	estimate
	E23	Optimism bias (ie confidence in estimate). 3rd pty income in model is reduced by this %	8%	used op exp %
	F23	Risk transfer (as % of 3rd pty income). 3rd pty income for PSC is reduced in model by this %	12.9%	used op exp %
Flexibility	D28	Level of scope change	25%	
	E29	Premium flexibility factor (amount by which scope change under PFI is more expensive than PSC)	2.50%	Used same % as cap exp
Tax	D35		5%	As per external advice
PFI funding	M4	Bond	4.55% plus 0.5%	5.05%

BASE NEUTRAL SCHEDULE OF ACCOMMODATION: SUMMARY SCHEDULE						
TRUST/ORGANISATION: The North Bristol NHS Trust, Bristol North PCT & South Gloucestershire PCT						
SCHEME: NBSG Healthcare Services Development Programme						
Functional Zone	Functional Content	Functional Units	Space requirements m ²	Space requirements m ²	Space requirements m ²	Assumptions
			NCT - net	NCT - gross	SOC gross	
MAIN ACUTE HOSPITAL: SOUTHMEAD						
INPATIENT SERVICES ZONE						
Concourse	Concourse	1 unit	243.5	338.6	0.0	A:050
	Public Access Offices	1 suite	52.0	72.3	0.0	A:050
	Retail & Core Catering	1 unit	186.0	258.6	0.0	A:050
	Security	1 unit	0.0	0.0	0.0	A:050
	Admissions / Discharges	1 suite	173.0	240.6	0.0	A:****
	Sub total		654.5	910.1	0.0	
Generic Nursing Sections	96 Bed Wards in 32 bed clusters	640	13795.5	19182.6	0.0	A:015
	Coronary Care Unit	16 (32)	744.5	1035.2	0.0	A:015
	Supplementary Community facilities	1 suite	89.5	124.4		
	Shared Facilities	6 suites	1251.0	1739.5	0.0	A:034
	Sub total		15880.5	22081.8	0	38.28
Shared In-Patient facilities	Shared Facilities (640) Clinical	1 suite	383.0	532.6	0.0	A:033
	Sub total		383	532.6	0.0	35.33
Critical Care	Integrated Critical Care Unit	4 x 12 beds	2422.5	3368.5	1760.0	A:016
	ICCU - Relatives Suite	4 rooms			0.0	A:073
	Sub total		2422.5	3368.5	1760.0	70.18
Supplementary Accommodation	Non Clinical Overnight Stay	excluded	0.0	0.0	0.0	A:073
	Staff Change - Zonal	1 Zone	350.0	486.7	0.0	A:078
	Multi Faith Centre	1 centre	171.0	237.8	200.0	A:055
	Education & Workforce Development - Zonal	1 Zone	256.0	356.0	0.0	A:079
	Shared facilities Clinical Administration	1 suite	221.0	307.3	0.0	A:033
	Administration Therapies					
85.5	Sub total		827.0	1387.7	200.0	
SUB TOTAL: In Patient			28280.7	1960.0	NB Including Specialist Zone 33066.0	

User "Clinical Service" Proforma and Brief	Status

Concourse / Reception / PALS	QA232
3rd Party Reprovision 15/6	QA281
Soft FM: Catering	QA230
Soft FM: Security Services	QA242
IP: Zonal	QA179

IP: Generic	
Cardiac Services	QA245
Cardiac Services	QA245
IP: Zonal	

Space per bed (96)	
IP:Zonal	
Occupational Therapy	QA223
Physiotherapy	QA223
Speech & Language	QA269
Accommodation & Residences	QA244

Space per bed (544)	
Critical Care	QA359
Residences	QA244

Space per bed (48)	
Accommodation & Residences	QA244
Staff Change	
Multi-faith Chaplaincy	QA241
Education & Workforce Development	QA259
Offices	
Physiotherapy	QA223

CORE CLINICAL SERVICES

Concourse	Concourse	excluded	0.0	0.0	0.0	A:050	Concourse / Reception / PALS	QA232
	Public Access Offices	excluded	0.0	0.0	0.0	A:050	3rd Party Reprovision 15/6	QA281
	Retail & Core Catering	excluded	0.0	0.0	0.0	A:050	Soft FM: Catering	QA230
	Security	excluded	0.0	0.0	0.0	A:050	Soft FM: Security Services	QA242
Sub total			0.0	0.0	0.0			
Imaging Services	Shared Imaging	1 department	800.0	1112.4	inc.	A:018	Imaging	QA318
	Plain Film	6+2 rooms	577.0	802.3	1891.0	A:018	Clinical Directorate Offices 19/7	QA318
	Fluoroscopy	2 rooms	95.5	132.8	0.0	A:036	Imaging	
	Nuclear Medicine Suite	3 rooms	181.0	251.7	165.0	A:020		
	Mammography Suite	1 room	25.5	35.5	0.0	A:037		
	Ultrasound Suite	(6+1)	223.5	310.8	140.0	A:019		
	MRI suite	3 rooms	355.5	494.3	350.0	A:038		
	CT suite	3 rooms	233.5	324.7	238.0	A:110		
	PET scanner	excluded	0.0	0.0	0.0	A:039		
	Interventional Radiology	4 rooms	365.0	507.5	350.0	A:047		
	Cardiac Catheterisation	2+1 Labs	327.5	455.4	0.0	A:046	Cardiac Services	QA246
	Lithotripter suite	1 room	116.5	162.0	100.0	A:043	Lithotripsy	QA293
Sub total			3300.5	4589.3	3234.0			
Operating Theatres	Operating Theatre suite inc. laser	18 theatres	3564.5	4956.4	5200.0	A:021	Operating Theatres	QA231
	Laser Centre	excluded			250.0	A:021		
	Anaesthetic Department	(93) place	468.0	650.8	250.0	A:021	Clinical Directorate Offices 19/7	QA391
Sub total			4032.5	5607.2	5700.0			
Endoscopy Suite	Endoscopy Suite	4 +1 room	338.0	470.0	890.0			QA335
Sub total			338.0	470.0	890.0			
Therapy Services	Shared Therapy Support	1 suite	687.5	956.0	1807.0	A:**		QA337
	Physiotherapy	1 dept.	403.0	560.4	0.0	A:053	Physiotherapy	QA337
	Hydrotherapy	excluded	0.0	0.0	0.0	A:052		QA337
	Occupational Therapy	1 dept.	592.0	823.2	0.0	A:080	Occupational Therapy	
	Speech and Language Therapy	1 dept.	189.0	262.8	0.0	A:054	Speech and Language Therapy	QA269
	Hearing Therapy	excluded	0.0	0.0	0.0	A:054		
	Clinical Psychology	1 dept.	0.0	0.0	0.0	A:076	Clinical Psychology	QA225
	Podiatry	excluded	0.0	0.0	0.0	A:071	Podiatry	QA238
	Dietetics	Base (9)	69.0	95.9	0.0	A:095	Dietetics	QA237
	Disablement Services	Excluded	0.0	0.0	0.0	A:077	viz. remote facilities	QA290
	Sub total		950.0	1321.0	1807.0			
Diagnostic Services	Shared Clinical Investigation	1 suite	268.0	372.7	400.0	A:081		QA261
	Cardiac Investigations	11 Rooms	220.0	305.9		A:081	Cardiac Services	QA246
	Respiratory Investigations	2 Rooms	70.5	98.0		A:081	Respiratory Investigations	
	Urodynamics	3 Rooms	103.5	143.9		A:081	Urodynamics	
	Vascular Laboratories	2+1 Labs	70.5	98.0		A:**	Vascular laboratory	
	Neurological Testing	4+4 Rooms	86.5	120.3		A:081	Clinical Neurophysiology Investigations Unit	
	Medical Illustration	1 suite	172.0	239.2	250.0	A:059	Medical Illustration	QA177
Sub total			991.0	1378.0	650.0			
Pathology Services	Main Laboratories	excluded	0.0	0.0	0.0	A:002	Rationalisation of Bristol Pathology	QA270

	Neuropathology	excluded	0.0	0.0	430.0	A:002		QA270
	Rapid Response Laboratory	excluded	0.0	0.0	250.0	A:002		
	Near Patient Testing	excluded	0.0	0.0	0.0	A:001		
	Phlebotomy Services	excluded	0.0	0.0	0.0	A:001		
	Sub total		0.0	0.0	680.0			
Mortuary	54 Body stores	1 department	301.5	419.2	200.0	A:002	TD E-mail 2/8/05	QA323
	1 Viewing facility				95.0			
	1 Post Mortem Table				300.0			
	Sub total		301.5	419.2	595.0			
Pharmacy	Pharmacy - Main Department	1 Dept.	840.0	1168.0	580.0	A:032	Pharmacy	QA342
	Aseptic Suite	1 suite				A:032		
	Sub total		840.0	1168.0	580.0			
Supplementary Accommodation	Staff Change - Zonal	1 Zone	250.0	347.6	NIL	A:078		
	On-Call	excluded	0.0	0.0	0.0	A:***	Accommodation & Residences	QA224
	Education & Workforce Development - Zonal	1 Zone	56.0	77.9	NIL	A:079	Education & Workforce Development	QA259 QA338
	Sub total		306.0	425.5	0.0			
	SUB TOTAL: Core Clinical Zone		15378.2	13246.0				

EMERGENCY CARE

Concourse	Concourse	1 unit	142.5	198.1	NIL	A:050		QA345
	Public Access Offices	excluded	0.0	0.0	NIL	A:050		QA232
	Retail & Core Catering	1 unit	51.0	70.9	NIL	A:050	3rd Party Reprovision 15/6	QA281
	Security	1 unit	36.0	50.1	NIL	A:050	Soft FM: Catering	QA230
Sub total			229.5	319.1	0.0		Soft FM: Security Services	QA242
Emergency Centre	Emergency Department	1 dept.	1166.0	1621.3	1168.0	A:057	Emergency Department and Southmead MIU	QA262
	Paediatric Assessment	excluded	0.0	0.0				QA309
	Clinical Decision Unit	112 beds	0.0	0.0			Acute Assessment Unit	QA266
	In Patient Beds (Acute Assessment)		2673.0	3716.8	0.0	A:011		QA309
	GP Out-of-hours service	excluded	0.0	0.0	0.0	A:120	3rd Party Reprovision 15/6	QA283
	Clinical Site management including Hospital at Night	1 suite	47.0	65.4	0.0	A:120	Hospital at Night	QA251
Sub total			3886.0	5403.5	1168.0			QA336
Supplementary Accommodation	Staff Change - Zonal	1 Zone	100.0	139.1	NIL	A:078		
	On-Call & Relatives	excluded	0.0	0.0	0.0	A:073	Accommodation & Residences	QA224
	Education & Workforce Development - Zonal	1 Zone	56.0	77.9	NIL	A:079	Education & Workforce Development	QA259
	Sub total		156.0	216.9	0.0			QA338
SUB TOTAL: Emergency				5939.5	1168.0			

AMBULATORY CARE

Concourse	Concourse	1 unit	282.5	378.3	NIL	A:050		
	Public Access Offices	1 suite	52.0	69.6	NIL	A:050		QA232
	Retail & Core Catering	1 unit	297.0	397.7	NIL	A:050	3rd Party Reprovision 15/6	QA281
	Security	1 unit	8.0	10.7	NIL	A:050	Soft FM: Catering	QA230
Sub total			639.5	856.3	0.0		Soft FM: Security Services	QA242
Day Case Unit Shared Parent Areas	Day Surgery	excluded	0.0	0.0	<i>tbc</i>	A:051	Operating Theatres	QA231
	Endoscopy Unit	excluded	0.0	0.0		A:051	Endoscopy	QA335
	Patient Reception	1 suite	76.0	101.8		A:051		QA376
	Patient Preparation	1 suite	38.0	50.9		A:051		
	Patient Pre Discharge	24 place	533.0	713.7		A:051		
	Operating Theatres	excluded	0.0	0.0		A:051		
	Endoscope Rooms	excluded	0.0	0.0		A:051		
	Interventional Radiology	excluded	0.0	0.0		A:051		
	Medical Day Case Unit	12 bed	327.5	438.5		A:074	Medical Day Case	
	Renal Dialysis (Acute)	1 dept	724.5	970.1		A:070	Renal Services within AZ	
Sub total			1699.0	2275.0	0.0			
Generic Out Patients	Shared OPD Support	1 suite	213.0	285.2	1975.0	A:030	Out-patients within Ambulatory	QA334
	Generic OPD	15 clusters	2550.0	3414.5		A:030		
Specialist room to support Generic Clusters	General Surgery	excluded	0.0	0.0	250.0			
	Cardiothoracic	excluded	0.0	0.0				
	Diabetes	excluded	0.0	0.0				
	Care of the Elderly	excluded	0.0	0.0				
	Neuropsychiatry	allowance	0.0	0.0				
	Clinical Oncology	excluded	0.0	0.0				
	Chemical Pathology	excluded	0.0	0.0				
	General Medicine	excluded	0.0	0.0				
	Medical Oncology	excluded	0.0	0.0				
	Rheumatology	excluded	0.0	0.0				
	Infectious Diseases	excluded	0.0	0.0				
	Neurosurgery	excluded	0.0	0.0				
	Plastic Surgery	excluded	0.0	0.0				
	Immunology	excluded	0.0	0.0				
	Haematology	allowance	10.0	13.4				
	Urology	allowance	24.5	32.8		A:030		
	Neurology	allowance	30.0	40.2		A:030		
	Renal	allowance	0.0	0.0		A:030	Renal Services within AZ	QA334
	Paediatric	allowance	50.0	67.0		A:030	Out-patients within Ambulatory	QA334
	Cardiology	allowance	0.0	0.0		A:030	Cardiac Services	QA246
	ENT	allowance	30.0	40.2		A:030	Out-patients within Ambulatory	QA334
	Ophthalmology	allowance	48.0	64.3		A:030		
	Dermatology	allowance	21.0	28.1		A:030		
	Trauma & Orthopaedic	allowance	39.0	52.2		A:030		
	Respiratory Medicine	allowance	20.0	26.8		A:030		
Sub total			3035.5	4064.5	2225.0			
Specialist Out Patients	Breast Care	excluded	0.0	0.0	1000.0	A:***		QA146
	Gynaecology	excluded	0.0	0.0		A:***		QA288
	HIV Out Patients	excluded	0.0	0.0		A:***		
	Oral Surgery	5 clinic suite	473.5	634.0		A:045	Out-patients within Ambulatory	
	Maxiofacial	excluded	0.0	0.0		A:045		
	Orthodontic	excluded	0.0	0.0		A:045		

	Palliative Medicine	<i>tba</i>	100.0	133.9		A:***		
	Pain Management	1 suite	116.0	155.3		A:030	Pain Management & Clinical Psychology	QA247 QA340
	Cleft Palette Service	excluded	0.0	0.0		A:114		QA341
	Audiology	6+6 rooms	256.5	343.5		A:035	Audiology	QA268
	Cochlear Implants	5 room	138.0	184.8		A:123	Cochlear Implant Services	QA248
	Pre-Operative Assessment	1 suite	0.0	0.0		A:030		QA286
	Sub total		1084.0	1451.5	0.0			
Community Ambulatory Outpatients	Generic Community OPD	12 rooms	340.0	455.3				
	Audiology / Hearing Aid work	1 room	71.0	95.1				
	Sub total		411.0	550.3				
Community Therapies	Shared Therapy Support	1 suite	504.0	674.9				
	Occupational Therapy	1 suite	234.5	314.0				
	Physiotherapy	1 suite	467.5	626.0				
	Hydrotherapy	1 pool	161.0	215.6				
	Podiatry	1 suite	91.0	121.8				
	Speech and Language Therapy	excluded	0.0	0.0				
	Hearing Therapy	excluded	0.0	0.0				
	Clinical Psychology	excluded	0.0	0.0				
	Primary Care Dietetics	1 suite	72.0	96.4				
	Day Hospital	excluded	0.0	0.0				
	Sub total		860.0	1151.5				
Supplementary Accommodation	Satellite Pharmacy	1 suite	0.0	0.0	NIL	A:044	Pharmacy	QA239
	Therapy Support	1 suite	0.0	0.0		A:***	Physiotherapy	QA249
	Staff Change - Zonal	1 Zone	350.0	468.7	NIL	A:078	Occupational Therapy	QA249
	Education & Workforce Development - Zonal	1 Zone	56.0	75.0	NIL	A:079	Education & Workforce Development	QA259 QA338
	Sub total		406.0	543.6	0.0			
	SUB TOTAL: Ambulatory Care Zone		10892.8	2225.0				

SUPPORT SERVICES

Concourse	Concourse	excluded	0.0	0.0	0.0	A:050	Concourse / Reception / PALS	QA232
	Public Access Offices	excluded	0.0	0.0	0.0	A:050	3rd Party Reprovision 15/6	QA281
	Retail & Core Catering	excluded	0.0	0.0	0.0	A:050	Soft FM: Catering	QA230
	Security	excluded	0.0	0.0	0.0	A:050	Soft FM: Security Services	QA242
	Sub total		0.0	0.0	0.0			
Health Records	Health Records	1 dept.	420.0	539.0	560.0	A:060	Medical Records	QA294
	Clinical Site Management	excluded	0.0	0.0	0.0	A:***		
	Information Systems	9 People	75.5	96.9	0.0	A:***	Information Systems	QA229
	Sub total		495.5	635.9	560.0			
Whole Hospital Support Accommodation: Public	Main Entrance	excluded	0.0	0.0	450.0	A:050	Concourse / Reception / PALS	
	Public Access Offices	12 place	113.5	145.6		A:082	Offices	
	Voluntary Sector		18.0	23.1	100.0	A:082	Voluntary Services	QA232
	Hospital Radio	excluded	0.0	0.0	0.0	A:056	HCP: 3rd Party Reprovision	QA302
	Radio lollipop							
	Banking Facilities	1 unit	0.0	0.0	0.0	A:083	Concourse / Reception / PALS	QA330
	Retail Facilities	excluded	0.0	0.0	0.0	A:050	3rd Party Reprovision 15/6	QA281
	Staff Restaurant	1 suite	367.0	471.0	560.0	A:050	Soft FM: Catering	QA230
	Sub total		498.5	639.7	1110.0			
Administration: Corporate	Administration - General	excluded	0.0	0.0	3000.0	A:040	Offices	QA373
	Radiation Protection	excluded	0.0	0.0	0.0	A:049		
	Operations	62 place	418.0	536.4	0.0	A:049	Non-Clinical Support	QA313
	Clinical Coding	10 place	60.0	77.0	0.0	A:***	Information Service: Clinical Coding	QA252
	IM & T	excluded	0.0	0.0	0.0	A:049	IM&T: IT Infrastructure & Support	
	E & RD	excluded	0.0	0.0	0.0	A:049	Education & Workforce Development	
	Finance	80 place	541.5	694.9	0.0	A:049	Non-Clinical Support	QA312
	Facilities - Hard & Soft FM	excluded	0.0	0.0	0.0	A:049	Hard FM: Estates Management Services	
	Community Non Clinical	7 place	62.5	80.2	0.0			
	Facilities - PFI Monitoring	6 place	55.5	71.2	0.0	A:049		
	Human Resources	73 places	484.5	621.7	0.0	A:049	HR Management	QA226
	Executive Team	8+6 place	177.0	227.1	0.0	A:041	Non-Clinical Support	QA236
	Senior Management Team	5+8 place	78.5	100.7	0.0	A:042		QA315
	Clinical Governance	56 places	292.0	374.7	0.0	A:049		
	Seminar / Boardroom Suite	6 rooms	238.5	306.1	0.0	A:049		QA295
	Sub total		1909.0	2449.7	3000.0			
Administration: Clinical	Administration - Clinical	excluded	0.0	0.0	3600.0	A:048	Clinical Directorate Offices 19/7	QA320
	Directorate Management	8 place	18.0	23.1		A:048		
	Radiology	excluded	0.0	0.0		A:048		
	Medical physics	excluded	0.0	0.0		A:048		
	Infection Control	17 place	149.0	191.2		A:124	Infection Control	QA322
	Medical Illustration	excluded	0.0	0.0		A:048	Medical Illustration	QA177
	Pharmacy	excluded	0.0	0.0				
	Directorate Management & Others	8 place	52.0	66.7		A:048	Clinical Directorate Offices 19/7	
	Anaesthetics	excluded	0.0	0.0		A:048		QA300
	Emergency Department	excluded	0.0	0.0		A:048		QA309

Medicine Directorate	Pain	excluded	0.0	0.0		A:048		
	Directorate Management	160 place	815.5	1046.5		A:048		
	Musc-Skeletal Directorate	85 place	477.5	612.8		A:048		
	Neurosciences Directorate	Neurosciences	8 place	113.0	145.0	A:048		
		Neurosurgery	36 place	192.0	246.4			
		Back Pain Services	excluded	0.0	0.0			
		Neurology	25 places	132.0	169.4			
		Neuropsychiatry	7 place	37.0	47.5			
		ENT	26 place	169.0	216.9			
		Oral Maxiofacial	11 place	64.0	82.1			
Surgery Directorate	Neuropsychology	6 place	19.0	24.4				
	Directorate Management	15 place	98.0	125.8		A:048		
	General Surgery & Endoscopy	30 place	173.5	222.6		A:048		
	Plastic Surgery	51 place	358.5	460.0		A:048		
	Urology	40 place	370.5	475.4		A:048		
Renal Directorate	Directorate Management	excluded	0.0	0.0		A:048		
	Renal	excluded	0.0	0.0		A:048		
Social Workers	Social Workers	excluded	0.0	0.0		A:048		
	W,C+YP	excluded	0.0	0.0				
Community	Community Zone	13 place	124.0	159.1		A:048		QA385
Sub total			3011.0	3863.9	3600.0			QA369
Residences	Residences (Non-mandatory)	excluded	0.0	0.0	0.0	A:072	Accommodation & Residences	
	On-call Suite	allowance	50.0	64.2	0.0	A:073	Accommodation & Residences	QA363
	Doctors in Training	1 suite	96.0	123.2	0.0	A:084	Junior Doctor's Mess	QA257
Sub total			146.0	187.4	0.0			
Education & Workforce Development	Education & Workforce development	excluded	0.0	0.0	2800.0	A:079	Education & Workforce Development	QA333
	North Bristol Academy	1 Academy	1621.0	2080.1		A:079		
	ER&D Administration	165 places	405.0	519.7		A:049		
Sub total			2026.0	2599.9	2800.0			
Supplementary Accommodation	Staff Change - Zonal	1 Zone	50.0	64.2	0.0	A:078		QA 361
	Education & Workforce Development - Zonal	1 Zone	56.0	71.9	0.0	A:079	Education & Workforce Development	QA259
Sub total			106.0	136.0	0.0			
Embedded Accommodation: University & Research Accommodation								
Southmead sited	Lifeline Centre (116)	1 facility	302.0	387.5	950.0	A:079	HCP: 3rd Party Reprovision	QA287
	Medical Teaching Unit (58)	1 facility	290.0	372.1	1850.0	A:079	Occupants of our Estate 3/8	QA326
	Bristol Urological Institute (117/167)	1 facility	340.0	436.3	905.0	A:079	HCP: 3rd Party Reprovision	QA282
	University, Avon Orthopaedic Centre (110) Part	1 facility	378.0	485.1	250.0	A:079	Occupants of our Estate 3/8	QA326
Frenchay sited	Burden Neurological Institute (195)	1 facility	125.0	160.4	500.0	A:079	3rd Party Reprovision 15/6	QA274
	PET scanner	excluded	0.0	0.0	0.0	A:006	HCP: 3rd Party Reprovision	QA289
	Post Graduate Deanery	excluded	0.0	0.0	0.0	A:***		QA278
	Sofamore Danek	excluded	0.0	0.0	0.0	A:***		QA280
	Glial Laboratory	1 suite	96.0	123.2	0.0	A:***	Occupants of our Estate 3/8	QA397
	GP Vocational Training	excluded	0.0	0.0	0.0	A:***		QA327
Sub total			1531.0	1964.7	4455.0			
Embedded Accommodation: Other Health & Social Services Agencies								
All Sites	Social Services	refer zonal	150.0	192.5	0.0	A:***	Directorate Offices 17/7/200	QA078
Southmead sited	Mental Health (15/113)	excluded	0.0	0.0	0.0	A:005	*****	

Frenchay sited	AWP Pines / STEPS (25,26)	excluded	0.0	0.0	590.0	A:091	Occupants of our Estate 3/8	QA328
	National Blood Service	excluded	0.0	0.0	0.0	A:092	National Blood Service Briefing Report	QA272
	NBS - Apephoresis Suite	excluded	0.0	0.0	0.0			
	GP out of Hours Service	excluded	0.0	0.0	0.0	A:120	HCP: 3rd Party Reprovision	QA283
	Joint Trade Union Office	excluded	50.0	64.2	0.0	A:***		QA235
	Macmillan Palliative Care (197)	excluded	0.0	0.0	625.0	A:009		QA285
	BRACE Trust (96)	1 facility	215.5	276.5	260.0	A:111	3rd Party Reprovision 15/6	QA279
	Tuckett's Museum (67)	excluded	0.0	0.0	110.0	A:010		QA308
	Brain Injury Rehabilitation Unit	excluded	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA276
	Monica Britten Museum	excluded	0.0	0.0	0.0	A:***		QA297
	GP out of Hours Service	excluded	0.0	0.0	0.0	A:120		QA325
Sub total			415.5	533.2	1585.0			
Embedded Accommodation: Voluntary Sector								
Southmead sited	Renal Register (80)	1 suite	70.0	89.8	0.0	A:***	3rd Party Reprovision 15/6	QA304
	WRVS (010, 038 & 110)	excluded	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA281
	League of Friends (051)	excluded	0.0	0.0	0.0	A:***	3rd Party Reprovision 15/6	QA281
	Social Club (036)	excluded	0.0	0.0	0.0	A:***		QA298
	Child Care	1 facility	195.0	250.2	0.0	A:007	Child Care Services	QA366
	NBPCT: Health Promotions	excluded	0.0	0.0	0.0	A:007	E-mail DT 5 August 2005	QA332
	Bristol Pregnancy Advisory Service	excluded	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA275
Frenchay sited	MS Society (59)	excluded	0.0	0.0	764.0	A:112		
	Headway Head Injuries Association (182)	excluded	0.0	0.0	265.0	A:079	3rd Party Reprovision 15/6	QA296
	WRVS (079 & 203)	excluded	0.0	0.0	0.0	A:***		QA281
	Hairdresser (076)	excluded	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA281
	Social Club (021)	excluded	0.0	0.0	0.0	A:***	3rd Party Reprovision 15/6	QA298
	LEA School (198)	excluded	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA307
	Child Care	1 facility	219.0	281.0	0.0	A:007	Child Care Services	QA366
Sub total			484.0	621.1	1029.0			
Whole Hospital Support	Staff Change	excluded	0.0	0.0	835.0	A:078		
	Estates Maintenance Services (EMS)	1 dept.	294.0	377.3	500.0	A:063	Hard FM: Estates Maintenance Services	QA357
	EMS - Administration	25 places	132.5	170.0	0.0	A:049	Soft FM: Domestic Services	QA254
							Car parking	QA255
	Patientline	1 suite	80.0	102.7	0.0	A:***	HCP: 3rd Party Reprovision	QA284
	Security	1 base	21.0	26.9	50.0	A:085	Soft FM: Security Services	QA242
	Transport Services	1 base	23.0	29.5	0.0	A:***	Transport Services	QA265
	Occupational Health	excluded	0.0	0.0	0.0	A:087	Occupational Health	QA256
Sub total			550.5	706.4	1385.0			
IM & T	Information Management	270 place	976.0	1252.5	300.0	A:049	IM&T: Information Manapement	QA362
	IT Services	tba	60.0	77.0		A:088	IM&T: IT Services	
	Telephone Services	tba	0.0	0.0	100.0	A:088	IM&T: Telecommunications	
Sub total			1036.0	1329.4	400.0			
Sterile Services	Sterile Supplies	1 Dept.	0.0	0.0	2100.0	A:058	Sterile Services	QA188
Sub total			0.0	0.0	2100.0			
Hotel services	Receipt & Distribution Centre	1 dept.	500.0	641.6	700.0	A:062	Receipt, Distribution & Storage	
	Linen / Laundry	tba	145.0	186.1	150.0	A:062	Soft FM: Linen Services	QA267
	Uniforms	tba	40.0	51.3	0.0	A:062	*****	
	Catering	1 dept.	864.5	1109.4	1110.0	A:061	Soft FM: Catering	QA230
	Patient Catering	excluded	0.0	0.0	0.0	A:111		

	Accommodation + Business	excluded	0.0	0.0	0.0	A:066	General Office	
	Reprographics	1 dept.	49.0	62.9	0.0	A:***	Soft FM: Reprographics	QA253
	Postal Services	1 suite	45.0	57.7	0.0	A:***	Soft FM: Postal & Distribution Services	QA301
	Domestic Services	1 dept.	19.0	24.4	0.0	A:116	Soft FM: Domestic Services	QA254
	Portering	1 suite	47.5	61.0	0.0	A:116	Soft FM: Portering Services	QA299
	Sub total		1710.0	2194.4	1960.0			
Medical Physics, Bioengineering	Clinical Equipment Services including Equipment Library	1 Dept.	765.5	982.3	0.0	A:004	Clinical Equipment Services	QA234
	Medical Physics		43.0	55.2	400.0	A:004	Medical Physics	QA235
	Sub total		808.5	1037.5	400.0			
SUB TOTAL: Support Zone				18899.1	24384.0			

SPECIALIST SERVICES

Concourse	Concourse	excluded	0.0	0.0	0.0	A:050	Concourse / Reception / PALS	QA232
	Public Access Offices	excluded	0.0	0.0	0.0	A:050		
	Retail & Core Catering	excluded	0.0	0.0	0.0	A:050	3rd Party Reprovision 15/6	QA281
	Security	excluded	0.0	0.0	0.0	A:050	Soft FM: Catering	QA230
Sub total			0.0	0.0	0.0		Soft FM: Security Services	QA242
Specialty in-patient areas	Burns	excluded	0.0	NIL	700.0	****	IP: Burns	
	ENT	excluded	0.0	NIL	700.0	A:012	IP: ENT	
	Gastroenterology	excluded	0.0	NIL	0.0	A:012	IP: Gastroenterology	
	General Medicine	excluded	0.0	NIL	12796.0	A:012	IP: General Medicine	
	General Surgery	excluded	0.0	NIL	3248.0	A:012	IP: General Surgery	
	Neurology	excluded	0.0	NIL	700.0	A:012	IP: Neurology	
	Neurosurgery	excluded	0.0	NIL	1848.0	A:012	IP: Neurosurgery	
	Oral Surgery	excluded	0.0	NIL	56.0	A:012	IP: Maxillofacial	
	Plastic Surgery	excluded	0.0	NIL	980.0	A:012	IP: Plastic Surgery	
	Private Patients Unit	excluded	0.0	NIL	780.0	A:012	IP: Private Patients	
	Respiratory	excluded	0.0	NIL	0.0	A:012	IP: Respiratory	
	Rheumatology	excluded	0.0	NIL	168.0	A:012	IP: Rheumatology	
	Stroke Ward	excluded	0.0	NIL	0.0	A:012	IP: Stroke	
	Trauma & Orthopaedics	excluded	0.0	NIL	4844.0	A:012	IP: Trauma & Orthopaedics	
	Urology	excluded	0.0	NIL	1204.0	A:012	IP: Urology	
	Neuropsychiatry	excluded	0.0	NIL	392.0	A:012		
Sub total			0.0	0.0	27716.0			
Renal Unit	Haemodialysis Unit	excluded	0.0	NIL	0.0	A:070	IP: Acute Renal Dialysis	
	Satellite Haemodialysis Unit	excluded	0.0	NIL	1206.0	A:070		
	Peritoneal Dialysis	excluded	0.0	NIL	0.0	A:089		
	Renal Transplant	excluded	0.0	NIL	0.0	A:025		
	Nephrology in-patients	excluded	0.0	NIL	1568.0	A:025	IP: Renal	
	Renal OPD	excluded	0.0	NIL	0.0	A:030	IP: Acute Renal Dialysis	
	Renal technical support for Dialysis	excluded	0.0	NIL	0.0	A:089	IP: Acute Renal Dialysis	
	Renal Administration	excluded	0.0	NIL	0.0	A:089	IP: Acute Renal Dialysis	
	Home Haemodialysis Patient Training	excluded	0.0	NIL	0.0	A:089		
Sub total			0.0	0.0	2774.0			
Women, Children's and Young People	Obstetric In patient beds	excluded	0.0	NIL	0.0	A:015		
	Obstetric LDRP / Delivery	excluded	0.0	NIL	0.0	A:013		
	Obstetric Operating Theatres	excluded	0.0	NIL	0.0	A:013		
	Ante Natal Clinic	excluded	0.0	NIL	0.0	A:013		
	Ante Natal Ultrasound	excluded	0.0	NIL	0.0	A:013		
	Neonatal Intensive Care Unit	excluded	0.0	NIL	0.0	A:013	E-mail 7/7/05 - RS	QA205
	IVF Centre	excluded	0.0	NIL	0.0	A:015		
	Gynaecology in-patients	excluded	0.0	NIL	616.0	A:015		QA288
	Gynaecology Out patients	excluded	0.0	NIL	0.0	A:030		QA288
	Gynaecology Operating Theatres	excluded	0.0	NIL	0.0	A:021		QA288
Sub total			0.0	0.0	616.0			
SUB TOTAL: Specialist Zone			0.0	0.0	31106.0			

EXTERNALS

External Works: Accommodation	Information & Boulevard	1 facility	28.0	28.0	NIL	A:069		
	Grounds Maintenance	1 facility	39.0	79.0	NIL	A:065		
Sub total			67.0	107.0	0.0			
Primary Energy Supplies	Boiler House	1 centre	750.0	750.0	600.0	A:090		
	Energy Centre: Mental Health	1 centre	150.0	150.0	NIL	A:005		
	Energy Centre: Existing Maternity	1 centre	150.0	150.0	NIL	A:093		
	Medical Gases	1 facility	12.0	12.0	NIL	A:065		
Sub total			1062.0	1062.0	600.0			
External Works: Compounds	Compounds	1 area	on-cost	on-cost	NIL	A:065		
	Car Parking	Staff	on-cost	on-cost	NIL	A:086	Hard FM: Car Parking	QA255
	Car Parking	Visitor	on-cost	on-cost	NIL	A:086		
	Motorcycle Storage	1 store	on-cost	on-cost	NIL	A:094		
	Bicycle Storage	1 store	on-cost	on-cost	NIL	A:094		
	Motorcycle Storage	1 store	on-cost	on-cost	NIL	A:094		
	Transport Services	1	on-cost	on-cost	NIL		Transport Services	QA265
	Ambulance Service	1 facility	on-cost	on-cost	NIL	A:068	Ambulance Services	QA316
	Waste Management	1 dept	676.0	676.0	NIL	A:***	Hard FM: Waste Management	QA228
	Waste Transfer Station	excluded	0.0	0.0	NIL	A:064		
	Mobile Clinical Services	excluded	0.0	0.0	NIL	A:014		
	Docking Station							
	Helicopter Landing Facility	1 facility	on-cost	on-cost	NIL	A:067	Helicopter Landing Facility	
Sub total			676.0	676.0	0.0			
External works: Embedded Accommodation	Allotments (Frenchay 191)	excluded	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA312
	Cricket Club & Tennis Club	excluded	0.0	0.0	0.0	A:***	3rd Party Reprovision 15/6	QA303
	Gardening for the Disabled	excluded	0.0	0.0				
	Telecom Antennae (019)	excluded	0.0	0.0	0.0	A:***	3rd Party Reprovision 15/6	QA305
Sub total			0.0	0.0	0.0			
SUB TOTAL: External Zone excluding compounds			1169.0	600.0				
TOTAL ACUTE HOSPITAL Clinical Gross			80559.3	74689.0	A:115			

COMMUNITY HOSPITALS

Functional Zone	Functional Content	Functional Units	Space requirements m2	Space requirements m2	Space requirements m2	Assumptions	User "Clinical Service" Proforma	Status
			NCT - net	NCT - gross	SOC gross			
COMMUNITY HOSPITAL: Southmead								
Concourse	Concourse	excluded	tba	#VALUE!	0.0	A:050	Soft FM: Security Services	QA242
	Retail & Core Catering	excluded	tba	#VALUE!	0.0	A:050	3rd Party Reprovision 15/6	QA281
	Sub total: Concourse		360.0	489.5	0.0			
Intermediate Care: Rehabilitation	In patients: Generic Intermediate Care	excluded	0.0	0.0	1344.0	A:023	Community Hospital Inpatient facility	QA317
	In-patient Beds - Early Discharge	excluded	0.0					
	In-patient Beds - Admissions Avoidance	excluded						
	Non Clinical Overnight Stay	excluded	0.0	0.0	0.0	A:073	Accommodation & Residences	QA244
	Sub total: Intermediate care		0.0	0.0	1344.0			
Imaging	Plain Film Radiology	excluded	0.0	0.0	938.0	A:018	SMCH: Diagnostic Services	
	Ultrasound	excluded	0.0	0.0	80.0	A:019		
	CT	excluded	0.0	0.0	0.0	A:014		
	MRI	excluded	0.0	0.0	0.0	A:014		
	Sub Total : Imaging		0.0	0.0	1018.0			
Therapies	Shared Therapy Support	excluded	0.0	0.0	0.0	A:****	E-mail T WYE/ J GREEN	QA 356
	Occupational Therapy	excluded	0.0	0.0	80.0	A:080	Occupational Therapy	QA292
	Physiotherapy	excluded	0.0	0.0	450.0	A:053	Physiotherapy	
	Hydrotherapy	excluded	0.0	0.0	0.0			
	Podiatry	excluded	0.0	0.0	85.0	A:071	Podiatry	QA239
	Speech and Language Therapy	excluded	0.0	0.0	87.0	A:054	SALT	QA270
	Hearing Therapy	excluded	0.0	0.0	0.0	A:075		
	Clinical Psychology	excluded	0.0	0.0	0.0	A:076	Clinical Psychology	QA224
	Primary Care Dietetics	excluded	0.0	0.0	0.0	A:118	Primary Care Dietetics	QA240
	Day Hospital	excluded	0.0	0.0	0.0	A:097		
	Sub total: Therapies		0.0	0.0	702.0			QA370
Minor Injuries	Minor Injuries Unit	excluded	0.0	0.0	350.0	A:098	Emergency Department and Southmead MIU	QA283
	GP Out-of-hours service	excluded	0.0	0.0	0.0	A:120	3rd Party Reprovision 15/6	
	Sub Total: Minor Injuries		0.0	0.0	350.0			
Day case & Out Patients	Shared Support	excluded	0.0	0.0	0.0	A:****		
	Generic OPD	excluded	0.0	0.0	715.0	A:099	SMCH: Out-patients	QA291
	Pre Operative Assessment	excluded	0.0	0.0	0.0	A:099		
	Audiology - Hearing Aid work	excluded	0.0	0.0	336.0	A:035	Audiology	QA270
							SALT	QA270
	ENT	excluded	0.0	0.0	373.0	A:099		
	Ophthalmology	excluded	0.0	0.0	150.0	A:099		
	GUM	excluded	0.0	0.0	650.0	A:099		
	HIV Clinic	excluded	0.0	0.0	0.0	A:099		
	Community Dental suite	excluded	0.0	0.0	0.0	A:024	SMCH: Community Density	
	Day attenders (Local Anaesthetic)	excluded	0.0	0.0	0.0	A:099		
	Renal satellite Unit	excluded	0.0	0.0	0.0	A:***	NC/TF 20 July	QA306
	Endoscopy	excluded	0.0	0.0	780.0	A:100	Endoscopy	
	Procedures Suite	excluded	0.0	0.0	0.0	A:100		QA371
	Chemotherapy	excluded	0.0	0.0	0.0	A:099		

	Pain Management & Clinical Psychology	excluded	0.0	0.0	0.0	A:030		Pain Management & Clinical Psychology	QA243 QA340
	Sub Total: Day Case & Outpatients		0.0	0.0	3004.0				
Staff support facilities	Education & Training - Academy	excluded	0.0	0.0	1054.0	A:079		Education & Workforce Development	QA333
	Education & Training - Zonal	excluded	0.0	0.0	0.0	A:079			QA259 QA338
	Staff Facilities	excluded	0.0	0.0	0.0	A:103			
	Staff Change	excluded	0.0	0.0	0.0	A:078			
	On-Call Facilities	excluded	0.0	0.0	0.0	A:073			
	Occupational Health	excluded	0.0	0.0	0.0	A:087		Accommodation & Residences	QA244
	Office -Clinical	excluded	0.0	0.0	0.0	A:031		Occupational Health	QA264
	Office - Infection control					A:0**			QA353
	Office - Home Support				285.0	A:031		Infection Control	QA227
	Office - Team Bases				396.0	A:031			
	Office - Non-clinical	excluded	0.0	0.0	0.0	A:031			QA353
	Sub total: staff facilities		0.0	0.0	1735.0				
Clinical support facilities	Pharmacy	excluded	0.0	0.0	0.0	A:104			
	Sterile Services	excluded	0.0	0.0	0.0	A:109			QA188
	Pathology	excluded	0.0	0.0	0.0				QA368
	Mortuary	excluded	0.0	0.0	0.0	A:027			QA380
	Sub total: clinical support facilities		0.0	0.0	0.0				
Whole hospital support facilities	Domestic Services	excluded	0.0	0.0	0.0	A:107		Soft FM:Domestic Services	QA254
	Linen / Laundry	excluded	0.0	0.0	0.0	A:101		Soft FM: Linen Services	QA267
	Catering	excluded	0.0	0.0	0.0	A:102			
	Information Technology	excluded	0.0	0.0	0.0	A:105			
	Health Records	excluded	0.0	0.0	0.0	A:060		Medical Records	QA294
	Patientline	excluded	0.0	0.0	0.0	A:084		HCP: 3rd Party Reprovision	QA284
	Security	excluded	0.0	0.0	0.0	A:029		Security Services	QA242
	Portering & Post	excluded	0.0	0.0	0.0	A:029		Soft FM: Portering Services	QA299
	Site Management	excluded	0.0	0.0	0.0	A:108		Postal & Distribution Services	
	Sub total: whole hospital support facilities		0.0	0.0	0.0			SMCH: Hard & Soft FM	
SUB TOTAL : Southmead Community Internal			489.5	8153.0					
INDEPENDENT TREATMENT CENTRE									
Concourse	Concourse	1 unit	286.5	389.5	0.0	A:****			
	Retail & Core Catering	1 unit	114.0	155.0	0.0	A:****			
	Admissions Area	1 suite	100.0	136.0					
	Sub total: Concourse		500.5	680.5	0.0				
Inpatients - Short Stay	In patient Beds	tba	798.0	1085.0	0.0	A:****			
	Non Clinical Overnight Stay	excluded	0.0	0.0	0.0	A:****			
	Sub total In-patients		798.0	1085.0	0.0				
Day Case Unit	Day Case Unit	36 place	631.0	857.9	0.0	A:****			
	OPD Shared Support	1 suite	80.0	108.8					
	Generic OPD Suite	1 cluster	220.5	299.8					
	Pre operative Assessment	4 suite	123.5	167.9	0.0	A:****			QA286
	Operating Theatres	8 suite	1175.0	1597.5	0.0	A:****			
	Endoscopy	2 suite	209.5	284.8	0.0	A:****			QA377
	Sub total Day Case Unit		2439.5	3316.7	0.0				
Imaging	Shared Imaging	1 facility	94.0	127.8	0.0	A:****			
	Plain Film Radiology	2 room	350.0	475.9	0.0	A:****			
	Ultrasound	2 room	21.0	28.6	0.0	A:****			

	CT	1 room	90.0	122.4	0.0	A:****		
	MRI	3 rooms	184.0	250.2	0.0	A:****		
			739.0	1004.7	0.0			
Clinical support facilities	Pharmacy	1 satellite	30.0	40.8	0.0	A:****		QA367
	Pathology	1 satellite	47.0	63.9	0.0	A:****		
	Mortuary	excluded	0.0	0.0	0.0	A:****		QA380
	Sterile Services	tba	100.0	136.0	0.0	A:****		
	Sub total Clinical Support Facilities		177.0	240.6	0.0			
Staff support facilities	Education & Training	excluded	0.0	0.0	0.0	A:****		
	Staff Facilities	tba	36.0	48.9	0.0	A:****		
	Administration	7 place	62.5	85.0	0.0	A:****		
	Sub total Staff Support Facilities		98.5	133.9	0.0			
Whole Hospital support facilities	Domestic Services	tba	0.0	0.0	0.0	A:****		
	Linen Laundry	tba	0.0	0.0	0.0	A:****		
	Catering	tba	0.0	0.0	0.0	A:****		
	Information Technology	tba	0.0	0.0	0.0	A:****		
	Health Records	tba	0.0	0.0	0.0	A:****		
	Patientline	tba	0.0	0.0	0.0	A:****		
	Security	tba	0.0	0.0	0.0	A:****		
	Portering & Post	tba	0.0	0.0	0.0	A:****		
	Site Management	tba	0.0	0.0	0.0	A:****		
	Sub total Whole hospital Support Facilities		0.0	0.0	0.0			
	SUB TOTAL: Independent Treatment Centre		6461.5	0.0				
External Works								
External Works: Accommodation	Information	1 facility	0.0	28.0	NIL	A:069		
	Grounds Maintenance	1 facility	0.0	79.0	NIL	A:065		
	Medical Gases	1 facility	0.0	12.0	938.0	A:065		
	Sub total: accommodation		0.0	119.0	938.0			
Primary Energy Supplies	Boiler House	1 facility	on-cost	on-cost	600.0	A:090		
	Infrastructure	on-cost	on-cost	on-cost	NIL	A:090		
	Sub total: Primary energy supplies		0.0	0.0	600.0			
External Works: Compounds	Car Parking	Staff	on-cost	on-cost	NIL	A:086		
	Car Parking	Visitor	on-cost	on-cost	NIL	A:086		
	Ambulance Service	2 place	on-cost	on-cost	NIL	A:026	Ambulance Services	QA316
	Transport Service	excluded	on-cost	on-cost	NIL	A:***	Transport Services	QA265
	Mobile Clinical Services	1 station	0.0	12.0	NIL	A:014		
	Docking Station							
	Waste Management	excluded	0.0	0.0	NIL	A:****	Hard FM: Waste Manaaement	QA228
	Waste Transfer Station	excluded	0.0	0.0	NIL	A:064		
	Sub total: compounds		0.0	12.0	0.0			
	SUB TOTAL: External		131.0	1538.0				
	SUB TOTAL: Southmead Community		620.5	9691.0				

COMMUNITY HOSPITAL: Frenchay

Concourse	Concourse	1 unit	298.5	405.8	0.0	A:050		
	Retail & Core Catering	1 unit	107.0	145.5	0.0	A:050		
Sub total: Concourse			405.5	551.3	0.0			
Intermediate Care: Rehabilitation	In patients: Generic Intermediate Care	excluded	0.0	0.0	1344.0	A:023	Community Hospital Inpatient facility	QA317
	In-patient Beds - Early discharge	excluded	0.0	0.0		A:023		
	In-patient Beds - Admissions avoidance	excluded				A:023		
	Non Clinical Overnight Stay	excluded	0.0	0.0	0.0	A:073	Accommodation & Residences	QA244
Sub total: Intermediate care			0.0	0.0	1344.0			
Imaging	Shared Imaging Support	1 suite	140.0	190.3		A:018	FCH: Diagnostic Services	
	Plain Film Radiology	2 rooms	348.0	473.1	938.0	A:018		
	Ultrasound	2 rooms	41.0	55.7	80.0	A:019		
	CT	excluded	0.0	0.0	NIL	A:014		
	MRI	excluded	0.0	0.0	NIL	A:014		
Sub Total: Imaging			529.0	719.2	1018.0			
Therapies	Shared Therapy Support	1 dept	481.5	654.6	inc.	A:****	E-mail T WYE/ J GREEN	QA 356
	Occupational Therapy	1 dept	251.5	341.9	80.0	A:080	Occupational Therapy	
	Physiotherapy	1 dept	285.5	388.2	450.0	A:053	Physiotherapy	QA292
	Hydrotherapy	excluded	0.0	0.0	0.0			
	Podiatry	1 dept	107.5	146.2	85.0	A:071	Podiatry	QA239
	Speech and Language Therapy	1 dept	0.0	0.0	87.0	A:054	SALT	QA271
	Hearing Therapy		0.0	0.0		A:075		
	Clinical Psychology	excluded	0.0	0.0	0.0	A:076	Clinical Psychology	QA224
	Primary Care Dietetics	1 dept	120.0	163.2	0.0	A:118	Primary Care - Dietetics	QA240
	Day Hospital	excluded	0.0	0.0	0.0	A:097		
Sub total: Therapies			700.0	951.7	702.0			QA372
Minor Injuries	Minor Injuries Unit	1 dept	200.0	271.9	350.0	A:098	FCH: Minor Injuries	QA364
	GP Out-of-hours service	excluded	0.0	0.0	0.0	A:120	3rd Pary Reprovision 15/6	QA283
Sub Total: Minor Injuries			200.0	271.9	350.0			
Day case & Out Patients	Shared Support	excluded	0.0	0.0	NIL	A:099		QA378
	Generic OPD	2 x 6 clinics	389.0	528.9	715.0	A:099	P Frisby - 1/7/05	QA291
	Pre Operative Assessment	excluded	0.0	0.0	0.0	A:099		
	Audiology - Hearing Aid work	12 rooms	300.0	407.9	336.0	A:035	Audiology	QA271
							SALT	QA271
	ENT	excluded	0.0	0.0	373.0	A:099		
	Ophthalmology	excluded	0.0	0.0	150.0	A:099		
	HIV Clinic	excluded	0.0	0.0	NIL	A:099		
	GUM	excluded	0.0	0.0	650.0	A:099		
	Community Dental suite	excluded	0.0	0.0	NIL	A:024		
	Renal satellite Unit	1 unit	620.0	843.0	0.0	A:***	NC/TF 20 July	QA306
	Day attenders (Local Anaesthetic)	excluded	0.0	0.0	NIL	A:099		
	Endoscopy	2 rooms	189.5	257.6	780.0	A:100	Endoscopy	QA377
	Procedures Suite	excluded	0.0	0.0	NIL	A:100		QA371
	Chemotherapy	excluded	0.0	0.0	250.0	A:099		
	Pain Management & Clinical Psychology	1 suite	81.0	110.1	0.0	A:030	Pain Management & Clinical Psychology	QA243 QA340
Sub Total: Day case & Outpatients			1579.5	2147.5	3254.0			

Staff support facilities	Education & Training - Academy	excluded	0.0	0.0	1054.0	A:079	Education & Workforce Development	QA333
	Education & Training - Zonal	1 zone	255.0	346.7		A:079		QA259
	Staff Facilities	1 suite	190.0	258.3	0.0	A:103		
	Staff Change	1 Zone	100.0	136.0		A:078		
	On-Call Facilities	excluded	0.0	0.0	0.0	A:073	Accommodation & Residences	QA363
	Occupational Health	1 dept	218.0	296.4	0.0	A:087	Occupational Health	QA264
	Office -Clinical	18 place	210.0	285.5	0.0	A:031		QA353
	Office - Infection control	4 place				A:0**	Infection Control	QA227
	Office - Home Support	inc.			285.0	A:031		
	Office - Team Bases	inc.			396.0	A:031		
	Office -Non-clinical	7 place	62.5	85.0	0.0	A:031		QA353
Sub total: staff facilities			1035.5	1407.9	1735.0			
Clinical support facilities	Pharmacy	excluded	0.0	0.0	0.0	A:104		QA367
	Sterile Services	1 room	24.0	32.6	0.0	A:109		QA188
	Pathology	excluded	0.0	0.0	0.0			QA368
	Mortuary	store (2)	12.0	16.3	0.0	A:027		QA380
Sub total: clinical support facilities			36.0	48.9	0.0			
Whole hospital support facilities	Domestic Services	1 facility	24.0	32.6	0.0	A:107	Soft FM:Domestic Services	QA254
	Linen Laundry	1 room	36.0	48.9	0.0	A:101	Soft FM: Linen Services	QA267
	Catering	1 satellite	116.0	157.7	0.0	A:102		
	Information Technology	1 suite	20.0	27.2	0.0	A:105		
	Health Records	excluded	0.0	0.0	0.0	A:060	Medical Records	QA294
	Patientline	1 suite	40.0	54.4	0.0	A:084	3rd Pary Reprovision 15/6	QA284
	Security	1 suite	16.0	21.8	0.0	A:029	Security Services	QA242
	Portering & Post	1 suite	37.0	50.3	0.0	A:029	Soft FM: Portering Services	QA299
	Site Management	1 suite	10.0	13.6	0.0	A:108	Postal & Distribution Services	QA301
							FCH: Hard & Soft FM	
Sub total: whole hospital support facilities			299.0	406.5	0.0			
SUB TOTAL : Frenchay Community Internal			6505.0	8403.0				
FRENCHAY CAMPUS BED BASE								
Concourse	Concourse	excluded	0.0	0.0	0.0	A:****		
	Retail & Core Catering	excluded	0.0	0.0	0.0	A:****		
Sub Total Concourse			0.0	0.0	0.0			
Inpatients	In patient Beds - Community	84 beds	tba	tba	0.0	A:****		QA375
	In patient Beds - Short Stay	excluded	0.0	0.0	0.0	A:****		
	Acute							
	In patient Beds - Contingency	excluded	0.0	0.0	0.0	A:****		
	In patient Beds - EMI	28 beds	tba	tba	0.0	A:****		
	ECT Suite	1 suite	110.0	149.6	0.0	A:****		QA387
Clinical support facilities	Non Clinical Overnight Stay	excluded	0.0	0.0	0.0	A:****		
	Sub total In Patients		3527.5	4796.0	0.0			
	Pharmacy	excluded	0.0	0.0	0.0	A:****		QA367
	Pathology	excluded	0.0	0.0	0.0	A:****		QA368
	Mortuary	excluded	0.0	0.0	0.0	A:****		QA380
Staff support facilities	Sterile Services	excluded	0.0	0.0	0.0	A:****		
	Sub total Clinical Support Facilities		0.0	0.0	0.0			
	Education & Training	excluded	0.0	0.0	0.0	A:****		
	Staff Facilities	tba	tba	tba	0.0	A:****		
Administration			tba	tba	0.0	A:****		
Sub total Staff Support Facilities			50.0	68.0	0.0			

Whole Hospital support facilities	Domestic Services	tba	tba	tba	0.0	A:****		
	Linen Laundry	tba	tba	tba	0.0	A:****		
	Catering	tba	tba	tba	0.0	A:****		
	Information Technology	tba	tba	tba	0.0	A:****		
	Health Records	tba	tba	tba	0.0	A:****		
	Patientline	tba	tba	tba	0.0	A:****		
	Security	tba	tba	tba	0.0	A:****		
	Portering & Post	tba	tba	tba	0.0	A:****		
	Site Management	tba	tba	tba	0.0	A:****		
Sub total Whole hospital Support Facilities			150.0	203.9	0.0			
SUB TOTAL: Bed Base			4860.6	0.0				
INDEPENDENT TREATMENT CENTRE								
Concourse	Concourse	excluded	0.0	0.0	0.0	A:****		
	Retail & Core Catering	excluded	0.0	0.0	0.0	A:****		
	Admissions Area	excluded	0.0	0.0				
Sub total: Concourse			0.0	0.0	0.0			
Inpatients - Short Stay	In patient Beds	excluded	0.0	0.0	0.0	A:****		
	Non Clinical Overnight Stay	excluded	0.0	0.0	0.0	A:****		
	Sub total In-patients		0.0	0.0	0.0			
Day Case Unit	Day Case Unit	excluded	0.0	0.0	0.0	A:****		
	Pre operative Assessment	excluded	0.0	0.0	0.0	A:****		QA286
	Operating Theatres	excluded	0.0	0.0	0.0	A:****		
	Endoscopy	excluded	0.0	0.0	0.0	A:****		QA377
Sub total Day Case Unit			0.0	0.0	0.0			
Imaging	Shared Imaging	excluded	0.0	0.0	0.0	A:****		
	Plain Film Radiology	excluded	0.0	0.0	0.0	A:****		
	Ultrasound	excluded	0.0	0.0	0.0	A:****		
	CT	excluded	0.0	0.0	0.0	A:****		
	MRI	excluded	0.0	0.0	0.0	A:****		
			0.0	0.0	0.0			
Clinical support facilities	Pharmacy	excluded	0.0	0.0	0.0	A:****		QA367
	Pathology	excluded	0.0	0.0	0.0	A:****		
	Mortuary	excluded	0.0	0.0	0.0	A:****		QA380
	Sterile Services	excluded	0.0	0.0	0.0	A:****		
Sub total Clinical Support Facilities			0.0	0.0	0.0			
Staff support facilities	Education & Training	excluded	0.0	0.0	0.0	A:****		
	Staff Facilities	excluded	0.0	0.0	0.0	A:****		
	Administration	excluded	0.0	0.0	0.0	A:****		
Sub total Staff Support Facilities			0.0	0.0	0.0			
Whole Hospital support facilities	Domestic Services	excluded	0.0	0.0	0.0	A:****		
	Linen Laundry	excluded	0.0	0.0	0.0	A:****		
	Catering	excluded	0.0	0.0	0.0	A:****		
	Information Technology	excluded	0.0	0.0	0.0	A:****		
	Health Records	excluded	0.0	0.0	0.0	A:****		
	Patientline	excluded	0.0	0.0	0.0	A:****		
	Security	excluded	0.0	0.0	0.0	A:****		
	Portering & Post	excluded	0.0	0.0	0.0	A:****		
	Site Management	excluded	0.0	0.0	0.0	A:****		
Sub total Whole hospital Support Facilities			0.0	0.0	0.0			
SUB TOTAL: Independent Treatment Centre			0.0	0.0				

EXTERNALS

External Works: Accommodation	Information	1 facility	28.0	28.0	NIL	A:069		
	Grounds Maintenance	1 facility	79.0	79.0	NIL	A:065		
	Medical Gases	1 facility	12.0	12.0	938.0	A:065		
Sub total: accommodation			119.0	119.0	938.0			
Primary Energy Supplies	Boiler House	1 Centre	inc	1000.0	600.0	A:090		
	Infrastructure	on-cost	on-cost	on-cost	NIL	A:090		
	Energy Centre: Burden Centre	1 centre	80.0	80.0	NIL	A:****	3rd Party Reprovision 15/6	QA274
	Energy Centre: Macmillan Centre	1 centre	48.0	48.0	NIL	A:****	HCP: 3rd Party Reprovision	QA285
Sub total: Primary energy supplies			128.0	1128.0	600.0			
Compounds & Land	Car Parking	Staff	on-cost	on-cost	NIL	A:086		
	Car Parking	Visitor	on-cost	on-cost	NIL	A:086		
	Ambulance Service	2 place	on-cost	on-cost	NIL	A:026	Ambulance Services	QA316
	Transport Service	tba	on-cost	on-cost	NIL	A:***	Transport Services	QA265
	Mobile Clinical Services	1 facility	12.0	12.0	NIL	A:014		QA365
	Docking Station							
	Waste Management	1 compound	350.0	350.0	0.0	A:****	Hard FM: Waste Management	QA228
	Waste Transfer Station	excluded	12.0	12.0	0.0	A:064		
	Bristol Area Stoke Foundation	Glaas	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA277
Sub total: compounds			374.0	374.0	0.0			
SUB TOTAL: External				1621.0	1538.0	A:115		
SUB TOTAL: Frenchay Campus				8126.0	9941.0	A:115		

REMOTE FACILITIES

Functional Zone	Functional Content	Functional Units	Space requirements m2	Space requirements m2	Space requirements m2	Assumptions	User "Clinical Service" Proforma	Status
			NCT - net	NCT - gross	SOC gross			

REMOTE FACILITIES

Therapy Services	Disablement Service	Omitted	0.0	0.0	0.0	A:077 A:119 A:120 A:122 A:121	Disablement Services: Orthotics Disablement Services: Prosthetics Wheeled Mobility & Posture Disablement Services: Electronic Assistive Technology	QA290 QA290 QA290 QA290
Sub total: *****			0.0	0.0	0.0			
tba	tba	0	0.0	0.0	0.0	A:***		
	tba	0	0.0	0.0	0.0	A:***		
Sub total: *****			0.0	0.0	0.0			

SUB TOTAL: Remote Facilities

0.0	0.0
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SPECIFIC

EXCLUSIONS

Accommodation assumed to remain "As-Is" on the Southmead Site

	Obstetric In patient beds	NIL	NIL	NIL	980.0	A:013		
	Obstetric LDRP / Delivery	NIL	NIL	NIL	2458.0	A:013		
	Obstetric Operating Theatres	NIL	NIL	NIL	250.0	A:013		
	Ante Natal Clinic including Ultrasound	NIL	NIL	NIL	610.0	A:013		
	Gynaecology	NIL	NIL	NIL	610.0	A:***		QA288
SUB TOTAL: Retained "As-is" Southmead					0.0	4908.0		

Accommodation assumed to be delivered under a Separate Business Case on the Southmead Site

	Neonatal Intensive Care Unit	tba	470.0	922.0	696.0	A:013	E-mail 7/7/05 - RS	QA205
	IVF Centre	tba	tba	1155.0	696.0	A:013		QA339
	Pathology Laboratories	tba	tba	6000.0	NIL	A:002	Rationalisation of Bristol Pathology	QA270
	Mortuary Services	excluded	0.0	0.0	0.0	A:002	TD E-mail 2/8/05	QA323
SUB TOTAL: Separate Business Case - Southmead					7155.0	696.0		

Accommodation assumed to be excluded from the Southmead Site "Red Line" as a self contained entity

	Mental Health (15/113)	NIL	NIL	NIL	0.0	A:005		QA207
SUB TOTAL: Outwith "Red-Line" - Southmead					0.0	0.0		

Accommodation assumed to remain "As-Is" on the Frenchay Site

	Macmillan Palliative Care	retained	458.0	625.0	0.0	A:009	HCP: 3rd Party Reprovision	QA285
SUB TOTAL: Retained "As-is" - Frenchay					625.0	0.0		

Accommodation assumed to be delivered under a Separate Business Case on the Frenchay Site

	Not Applicable	0	0.0	0.0	0.0			QA 324
SUB TOTAL: Separate Business Case - Frenchay					0.0	0.0		

Accommodation assumed to be excluded from the Frenchay Site "Red Line" as a self contained entity

	Frenchay: PET scanner	excluded	0.0	0.0	0.0	A:006	HCP: 3rd Party Reprovision	QA289
	Burden Centre	retained	1063.5	1532.5	0.0	A:079	3rd Party Reprovision 15/6	QA274
	Tuckett's Museum (067)	retained	69.0	81.0	0.0	A:009	HCP: 3rd Party Reprovision	QA308
	Brain Injury Rehabilitation Unit	retained	1213.0	1467.0	0.0	A:***		QA276
SUB TOTAL: Outwith "Red-Line" - Frenchay					3080.5	0.0		

Accommodation assumed to be excluded from either the Frenchay Site or Southmead Sites

	Child and Adolescent	excluded	0.0	0.0	NIL	A:***	SOC entry	
	Extended Day Care Unit	excluded	0.0	0.0	280.0	A:***	SOC entry	
	Satellite Hot Laboratory	excluded	0.0	0.0	250.0	A:***	Pathology	
	Staff Social Clubs	excluded	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA298
	Post Graduate Deanery	excluded	0.0	0.0	0.0	A:***		QA278
	Monica Britton Museum	excluded	0.0	0.0	0.0	A:***		QA297
	LEA School	excluded	0.0	0.0	0.0	A:***	3rd Party Reprovision 15/6	QA307
	Cricket Club & Tennis Club	excluded	0.0	0.0	0.0	A:***		QA303
	Allotments	excluded	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA312
	Sofamore Danek	excluded	0.0	0.0	0.0	A:***		QA277
	Bristol Area Stroke Foundation	excluded	0.0	0.0	0.0	A:***		QA277
	WRVS	excluded	0.0	0.0	0.0	A:***	HCP: 3rd Party Reprovision	QA302
	Hospital Radio	excluded	0.0	0.0	0.0	A:056	HCP: 3rd Party Reprovision	QA302
	Radio lollipop	excluded	0.0	0.0	0.0			
	Headway Head Injuries Association (182)	excluded	0.0	0.0	0.0	A:***		QA296

Telecom Antennae	excluded	0.0	0.0	0.0	A:***		QA306
Residences (Non-Mandatory)	excluded	0.0	0.0	0.0	A:***	Accommodation & Residences	
Disablement Service	excluded			0.0			QA 290
SUB TOTAL: Excluded			0.0	530.0			

APPENDIX 23

**NORTH BRISTOL AND SOUTH
GLOUCESTERSHIRE
HEALTHCARE SERVICES
DEVELOPMENT PROGRAMME**

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Version Control

North Bristol & South Gloucestershire Healthcare Services Development Programme	
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Version	Date	Comments/Summary of changes
1.0/2.0	Oct 05	Drafts developed by T Down
3.0	01 Nov 05	Version 3 issued to Design Group for comment.
4.0	3 Nov 05	Updated following Design Group on 1 Nov 05.
5.0	14 Nov 05	Updated following Design group on 8 Nov 05. Reissued to Design Group members.
6.0	26 Nov 05	Updated with comments from D Holland, Infection Control and addition of section on the Community Hospital. Circulated to Design Group 28/11.
7.0	5 Dec 05	Updated IT section for comments from M Bell, Dawn Hill, David Holland, Pam Rickard, Ian Barnes Reviewed guidance references.
8.0	22 Dec 05	Updated following Design group on 6 Dec 05. Also takes account of Design Review Panel (16/12/5) and NHS Estates Framework Guidance for OBC approval. Issued to Design Group 23/12/5
9.0	5 Jan 06	Updates from C Wood to reflect consumerism requirements, also comments from Design group on 10/1/6 (NOT FULLY UPDATED FROM DG6).

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1. INTRODUCTION

This document sets out the key design criteria that NB/SG has defined for the scheme. It reflects the core requirement of creating a landmark hospital which will be an asset to the local community and support local regeneration. The design should be enduring and take account of the local history and geography.

2. APPROACH TO DESIGN

The design will be evaluated using the NHS Estates Achieving Excellence Design Evaluation Toolkit (AEDET). NB/SG intends to apply AEDET to all further stages of design throughout the PFI process. The NEAT framework has also been used to ensure that the design brief meets the high standard of design NB/SG expects in the development.

This document follows the AEDET framework in terms of content and approach. Specific requirements for additional documentation to support the response to this design brief are included in Appendix A.

The Design Champion for the scheme is the Chief Executive, North Bristol NHS Trust and the design process is managed by a Design Group comprising representatives from NB/SG and the OBC Patient Involvement Group.

3 SERVICE PHILOSOPHY AND STRATEGY

The NB/SG service strategy is focused on the provision of a local health system within which all the component parts work smoothly together. This strategy is developed to enable local services to be structured into new systems that promote health and deliver emergency, planned and general healthcare. The major drive for the development is improved patient care and better health for the local population. The overall objectives are to:

- Provide care closer to the patient's home where clinically appropriate;
- Provide effective local health services by harmonising primary care, social care and local hospital services to prevent inefficiencies, gaps in provision, delays and duplication of effort;
- Develop specialist services and networks for a wider group of patients within the NHS, providing high quality and faster access to specialist opinion with care provided closer to home where appropriate;
- Provide a vibrant learning and education culture that benefits clinical services;
- Improve the efficiency and value for money of services.
- Enable local services to respond to National Initiatives including Patient Choice and 'Creating a Patient-Led NHS'

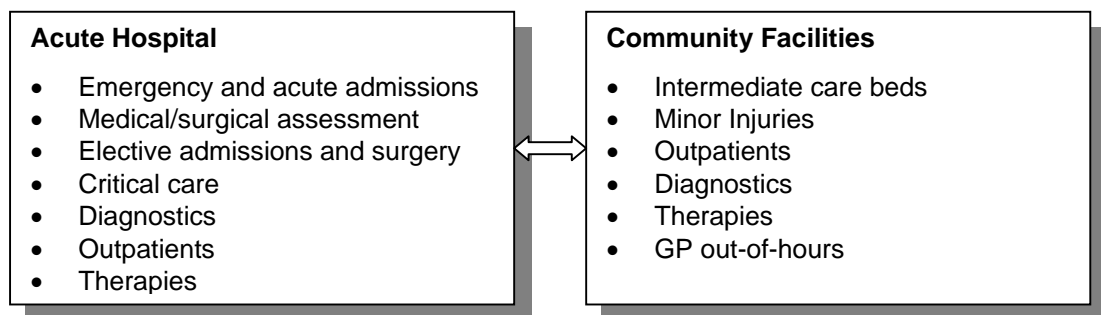
The services will be configured so that more people can be cared for closer to home through a network of community facilities together with a single acute hospital for North Bristol and South Gloucestershire. The development of these community facilities is proceeding through a number of separate business cases. However, all services provided in these separate community facilities

are part of an agreed network of care for North Bristol and South Gloucestershire.

The scheme to be developed at Southmead includes an acute hospital which is arranged in a number of clinical zones, together with an integrated community hospital which is termed a 'community zone'. The importance of creating a distinct community facility within the main hospital is paramount.

The scheme to be developed at Frenchay includes a community hospital providing inpatient, outpatient, diagnostic, minor injuries and therapeutic services.

Bidders should ensure that designs encourage a domestic 'feel' in the Frenchay community hospital and in the community zone at Southmead whilst ensuring that measures to reduce the risk of transmission of infection are not compromised. This design brief includes design requirements for both the main acute and the community facilities. Where there are specific design requirements for the community facilities that differs from those generally specified, these are defined in Section 4.8 'Community Facilities'. The services to be included in the acute and community facilities are set out in the figure below:



4. DESIGN REQUIREMENTS

4.1 USES

4.1.1 Flexibility and Adaptability

The new facilities need to be designed such that they provide flexibility for expansion or contraction in the future. National policy is guiding changes to the commissioning of services through the introduction of independent sector treatment centres and practice based commissioning. Technology changes will alter the use of services and the facilities they are provided from need to be sufficiently flexible to handle this change.

A number of examples are set out below. They should not be assumed to be firm plans for how services will change in the future but merely act as guide to aid bidders in their thinking about flexibility. Examples include:

- Technology – Shifts in medical and surgical techniques such as an Increasing use of interventional radiology with declining use of theatres;

- IT – move from paper and film based to electronic storage systems for staff and patient records and general document management and storage;
- Generic facilities which can be adapted for change in use including administrative office accommodation, clinical office accommodation, ward layout;
- Creative design of soft/social space to allow for alternative use such as restaurant areas or breakout areas available for training sessions, one to one sessions etc;
- Back of house engineering to be designed such that routine maintenance or changes to facilities design can be made with minimal disruption to services;
- Hi-tech infrastructure to allow for easy access to equipment and engineering services for replacement or technological change.

Bidders will be asked to set out their strategy for creating buildings that can incorporate clinical and technological change with the minimum disruption to services and at minimum cost. The strategy will need to demonstrate how further phases of development can be accommodated or how parts of the facility could be decommissioned if required. This should be addressed across the following disciplines:

- Master planning
- Space planning
- Structural frame design
- Engineering services strategy

The facilities need to be efficient, economical and sufficiently flexible for future use. They should be capable of being managed and maintained efficiently and effectively to cope with seasonal and strategic variations in activity. An example of this includes the planning of soft space close to hi-tech or development areas.

Bidders should submit designs that maximise opportunities for the continued redevelopment of the remaining hospital estate. Any design will need to accommodate further phases of redevelopment as defined in the Development Control Plan (DCP) and Estates Strategy. Bidders are invited to review the existing DCP/ Estates Strategy, and to propose designs that are either consistent with it or improve it. In the latter case, bidders must include in their submissions an outline of how they envisage the DCP/Estates Strategy would be updated, should their design be adopted. Account should also be taken of any growth areas for car parking, support and administrative accommodation etc. that may be required.

Any development zones identified should not compromise the bidder's proposals for the PFI site development, in that the design for access and site circulation should be robust enough to allow for the planned future expansion.

4.1.2 Security

Security of staff and patients is of utmost priority to NB/SG and facilities should instil a sense of safety and personal security for patients, visitors and staff and for their possessions. Design solutions must balance the requirements of access and egress to public buildings with this fundamental requirement. The design of the facilities should ensure maximum protection and minimise exposure to crime in internal and external areas.

Access control systems should be provided to restrict access to certain areas of the hospital as appropriate to the relevant staff member, patient or visitor in a controlled manner. Access controls shall be based around the following requirements:

- Free and open access allowed for patient areas but with restricted public access to staff areas;
- Use of high resolution photography/CCTV or appropriate technology at key entry and waiting points such as main entrances, receptions and waiting areas and for sensitive areas such as car parks, pharmacy and A&E;
- Provision of secure access arrangements to restricted areas of the site for staff including use of appropriate security technology such as proximity detection;
- Provision of out of hours security to accommodate varying working hours, particularly evening and night time working. This could include limiting access to out of hours services such as via a designated single entrance;
- Security systems that are consistent with other Trust facilities.

Points of entry and reception points should be minimised and allow for natural supervision and/or monitoring of movement and entry. There should be minimal isolated vistas and dead end spaces to design out potential for crime.

There should be provision for appropriate security lighting that does not seem overbearingly bright but provides a more secure and protective environment.

Security should be an inherent and discrete part of the design and bidders are requested to consider natural barriers such as depth of reception desks to avoid the need for more visible security controls.

Design of roadways, paths and parking areas should take account of the safety of staff, patients and the public. Landscaping needs to soften the hospital site, be attractive and calming but be designed with the security and safety of all in mind.

External areas and courtyards must be safe, secure and responsive to seasonal weather conditions.

Design should incorporate the latest thinking about security as well as general principles of NHS Security Manual NAHAT 1992, recommendations made in FHN 5 'Design against Crime- A Strategic Approach to Hospital Planning and in 'Secured by Design'.

Design for security should set the standard for the continued phases of redevelopment. Bidders are asked to provide a security design map which can be overlaid over the facilities design.

4.1.3 Functional Requirements

NB/SG welcomes expert input and innovation and will accept appropriate revalidation of the health planning assumptions, subject to the fundamental clinical model being respected. NB/SG will permit re-evaluation of the functional content in the PSC if a bidder can thereby demonstrate that the schedule of accommodation can be revised to create a more effective space planning solution and a more efficient floor plate. This could provide an opportunity for either reducing costs or expanding the brief. A fully argued and documented submission must be provided to substantiate any such approach.

Alternatively, NB/SG are also prepared to discuss the opportunity of bidders taking, or sharing, throughput risk by their accepting the PSC functional content and the schedule of accommodation on which the cost plan is based, and demonstrating how they could enable a greater volume of clinical activity in the building than that planned. This would allow NB/SG to plan for a limited expansion of clinical activity within the new facility without the need for further construction, or shell space for internal expansion.

4.2 ACCESS

4.2.1 An Integrated Approach to Access

A consistent approach should be taken to access whether this is in relation to the facilities or to the services themselves. Attention should be paid to the establishment of broad themes that will link access around the site and within the facilities to the delivery of the services. Consideration should be given to the patient's first contact with the hospital, such as the receipt of an appointment card, and how their ability to move through the services within the hospital can be facilitated by use of consistent themes.

4.2.2 Connection with the Surrounding Environment

There will be three opportunities for vehicles to enter the site and an additional opportunity for pedestrian access, subject to planning approvals. These vehicular site entrances are at Monks Park Road, Southmead Road and Dorian Way and the pedestrian access is at Kingsholm Road. Attention should be given to designs that give the main entrance significant presence and encourage wider and easy access into the site from this entrance.

Easy access to the site is essential for all and the ability of staff to readily access their place of work is paramount. Identity and clarity of movement from each of the entrances requires careful consideration. Bidders are asked to demonstrate their plans for control of access and egress points such that the site can be fully secured. These controls should be compatible with relevant NB/SG policies.

All modes of transport moving onto and around the site should be considered including vehicular, cycle and pedestrian. Consideration should be given to

how future types of transportation could be networked into the site (e.g. light rail).

The transport designs should link seamlessly to public transport networks and strategies. They must take account of parking and other possible transport solutions such as a Park and Ride service.

4.2.3 Movement around the Site

The hospital road system should be designed to facilitate safe, convenient routes separating transportation groups as far as practical.

Attention is to be given to the provision of clear and well defined routes for emergency vehicles such as ambulance, fire, police, transfer vehicles for helicopters and public transport.

Road widths, turning circles, waiting bays and lay-bys are to be designed so that they are suitable for hospital and emergency traffic including service vehicles. They are to be designed for the convenience of staff and the public.

The journey through the site along pedestrian and vehicular routes to the principal building entrances, and beyond, should follow a safe, logical, clear and consistent system.

Special attention should be given to safe cycle routes and cycle storage. Cycle routes should take account of and link with off-site cycle paths. Provision should be made for appropriately located bicycle security and staff change facilities close to the hospital and the other relevant support buildings.

There should be a network of paths to encourage pleasant walks around the site.

The design should allow for buses to access the site from more than one external entrance. The construction of the bus route should be to adoptable road standards. Bus stops within the site should be provided at all main entrances of the building and be designed so that there is no need for any crossing of roads from the hospital to the bus stop. Covered ways from bus stops to the hospital should be included in the design and take account of the possible provision of a range of transport methods such as Park and Ride. Real time passenger information is to be provided from appropriate locations within the site.

There should be drop off points strategically located close to hospital access and egress points.

The ability for the general public to use the site as a cut through (rat run) should be minimised through the design of the road and parking layouts.

4.2.4 Parking and Drop-off

Parking areas should be visually discrete but provide security for staff, patients and visitors. Visibility of vehicle parks from inside and outside the site should be minimised. Use of the slope of the land at Southmead is actively welcomed.

Parking for transport requirements of deliveries and waste disposal, taxis, ambulances, fire appliances and other specialist and emergency vehicles should be segregated from public and staff parking and strategically located to support ease of loading and unloading at appropriate areas.

The bidder's strategy for controlling access should demonstrate the ability for patients to park as close to the internal hospital entrances as possible. The siting of the car parks should be as close as possible to the hospital facilities so that they are the shortest distances possible from them, obviating the need of an internal bus. Parking should be prioritised as follows:

- Public car parks for A&E/emergency attenders and visitors;
- Dedicated parking for disabled people, the elderly and those with small children, located close to the clinical areas; particular emphasis should be placed on the needs of those with limited mobility and impaired vision;
- Parking for on-call, Hospital at Night staff/evening shifts;
- 20 minute drop off and pick up points for patients;
- Patient and visitor parking;
- General staff parking.

Bidders are required to address the issue of how different staff shifts across a 24 hour period will be catered for as well as arrangements for on-call parking.

Car parking should be kept away from patient areas to minimise the effect of noise and fume emissions.

Space should be allowed for larger vehicles which may be fitted with a wheelchair ramp or carrying specialist mobile equipment to and from the hospital building; such spaces will be larger than the normal car parking space. These facilities are to be appropriately located to ensure use by the intended visiting group.

Landscaping should be designed so that it aids the safe movement of people in and between the vehicle park and the hospital during the day and at night, whilst softening the environment.

Bidders are encouraged to consider alternative and creative transport solutions such as Park and Ride systems.

4.2.5 Wayfinding

Bidders are required, in consultation with NB/SG to develop a written wayfinding strategy for the development that will integrate both new and existing facilities, and future phases of the site redevelopment strategy. The strategy should incorporate the general principles laid down in 'Wayfinding' 1999 NHS Estates and take account of relevant guidance on the use of the NHS 'brand' name.

Wayfinding should be designed to meet the needs of different groups of people coming to the site, such as children, the elderly, the physically and visually

impaired, patients with language problems or learning difficulties as well as for service delivery purposes and contractors.

Wayfinding considerations should take account of the accessibility and visibility of a minimal number of entrances both into the site and into the hospital facilities.

The strategy should create focal points throughout the buildings and externally, recognising patients' varying needs at points in their journey through the hospital. Wayfinding should be consistent to the end of the journey within the hospital. Specific consideration should be given to first impressions created in entrance areas. Use should be made of art in creating focal points both for internal and external areas.

Design solutions should create a series of views to external spaces and internal points of reference that will enable patients, visitors and staff to navigate around the hospital and understand its basic layout without depending on signage systems. Such solutions should be an integral part of any wayfinding strategy.

Entrances to the hospital are to be clearly identified to promote ease of wayfinding and distinctive 'landmarks', created through use of art or other distinguishing features should be incorporated into the design, particularly at main entrances.

All sign-posting and instructions must be capable of being understood by the community that the site serves. The design of sign-posting should be co-ordinated in colour and graphics style. Colour should be used to facilitate the identification of specific zones and areas. Non-specialist language should be used, including appropriate and understandable icons and pictograms.

Information points should be provided around the hospital and grounds which could include computerised maps and hospital information.

Consideration should be given to using overhead rather than wall mounted signs to facilitate infection control.

4.2.6 Movement and Flow within the Hospital

*A key property of an intelligible layout is
what you can see is a reliable guide to where you want to go.*

The design should allow for privacy and dignity of patients and there should be a separation of patients and the general public.

Patterns of movement within the hospital must be clear and unambiguous and logical for patients and staff. The communication patterns should minimise travel time and distances for patients and visitors. The disposition of spaces must be clear and coherent. Sign-posting should support, and not be the prime method of indicating the movement patterns within the hospital.

There should be a minimal number of entrances into the hospital and those entrances should be very clearly identifiable as major access points and aid movement into and around the hospital. Patients who go to the wrong location

initially should be able to get easily to the right place without having to move outside the hospital.

Where the design incorporates different levels, staff, patients and visitors should be able to move from one part to another without hindrance and with minimal travel distances. Examples include not having to use steps to move between different departments on the same floor or not having to use a circuitous route to move between departments on different floors.

Staircases, lifts and other modes such as escalators and travelators should occupy key positions within the hospital, including provision of dedicated routes for certain services. They should facilitate the delivery of Clinical Output Specifications. Great prominence should be given to staircases to aid personal fitness whilst lifts, also being easily accessible, should take a less prominent position.

NB/SG is particularly keen to avoid service traffic – for example, food, linen and waste trolleys and carts, and especially patient trolleys to theatre or mortuary – travelling through public routes within the hospital. A coherent strategy for managing different categories of traffic within the hospital will be required as part of the design proposal.

4.2.7 Disabled People/Special Needs

The needs of disabled people must be taken fully into account including, wheelchair users, frail people, those with poor mobility, those who are hearing or sight impaired and those with mental illness. These requirements should be built into the design at the outset so that modifications such as ramps will not be required. The design must anticipate, within reason, the needs of potential future users of the facilities, and be sensitive to the needs of children.

Doors and lifts are required to be of a width and length to allow wheelchair access. Consideration should be given to the use of automatic doors, to improve access for those who are wheelchair bound, have reduced mobility, impaired vision, etc. Provision should enable this group of people ease of access throughout the building once they have entered through a main entrance.

Secure wheelchair parking should be accounted for in the design of the facilities and provision should be made for power/battery recharge for disability vehicles.

Way finding should be accessible to disabled people where possible and colour schemes should be thoughtfully developed so that they aid not hinder access around the hospital.

There should be appropriate technologies for disabled people such as induction loops or other appropriate systems in entrance and reception areas and emergency call systems in areas such as toilets and bathrooms.

Latest relevant legislation and guidance should be followed – specifically, Part M of the Building Regulations, HBN40 and BS8300 and the facilities' design should enable NB/SG to meet the requirements of the Disabilities Discrimination Act (DDA).

4.3 SPACES

4.3.1 Guidance and Space Standards

The internal and external space provision should be equal to or greater than that prescribed in codes of practice, regulations and guidance related to hospital buildings including those in relation to consumerism, unless NB/SG has identified otherwise.

Appropriate consumerism standards should be applied as defined in Output Specifications which take account of the latest Department of Health guidance in relation to:

- privacy and dignity;
- quality of environment;
- patient accommodation;
- entrances, reception and waiting;
- security and safety;
- barrier free access;
- patient control of the environment;
- catering;
- patient advocacy;
- information and communications.

Appropriate space provision should be given to uninterrupted circulation, waiting and sub-waiting space for the movement of patients, pedestrians and the transportation of goods. Account needs to be taken of varied means of patient transportation, e.g. trolleys, beds with associated medical equipment and wheelchairs, and the impact on routes, e.g. lift sizes, corridor widths, door widths, lighting and surface protection.

Space around notice boards, public telephones, reception and waiting areas should be designed to accommodate stationary people without obstructing the flow of circulation.

Space provision should be considered to allow informal discussion, therapy and interaction within the clinical environment, such as in areas of rehabilitation, consultation and main waiting and reception. It should also support the creation of a learning environment. Consideration should also be given to the use of open space within clinical areas for 'break-out' space, such as ward balconies and courtyards. The psychological impact of the space, including orientation, mobility, confidence, assurance, privacy and socialisation should be considered.

Storage space for clinical storage, supplies and archive should be easily accessible and secure. Storage space within the build must take account of the

amount of equipment and supplies required within all individual areas such as theatres. The storage must be located to ensure that equipment is confined where appropriate within dedicated areas to allow ease of cleaning of the hospital environment.

The design of the facilities should allow for departments to expand. This will require a range of approaches including the allocation of soft space such as office accommodation adjacent to departments of potential incremental growth such as theatres, radiology etc. Bidders will be expected to demonstrate that potential expansion has been planned by the provision of adequate space in areas such as the external perimeter and/or between functions and departments.

The width, height and planning of circulation routes should achieve the minimum requirements set out in NHS Guidance with the exception of ceiling heights which should be at a minimum 2.6 metres unless bidders are able to identify an alternative solution that provides a light and airy environment in these areas. Public spaces should be allocated sufficient space to give them a feel of lightness and airiness and a pleasant place to spend time in. Bidders should ensure that staff areas and circulation spaces are of equivalent standard to public spaces in terms of their sense of lightness and airiness.

Sufficient space allowances for doors, lifts and circulation routes should be allowed for wheelchairs and the transportation of multiple pieces of mobile equipment (e.g. x-ray machine), trolleys and beds and other possible internal transport solutions such as electric buggies.

The provision of stairs, lifts and other vertical transport modes within the hospital should be supported by internal traffic analyses. Systems should be designed to provide a response to the rapid and fluid movement of large groups of people and should be of a size and quantity that corresponds with the anticipated flows within the hospital.

Privacy and dignity of patients should be assured wherever possible and space allowances around patients should be sufficient to provide for this. This could include space for visitors to sit with patients, adequate space between chairs and seating in 'rest bays' along corridors to provide resting places along the visitor's route.

Ward layouts should:

- Allow for 75% single rooms with the remaining 25% of beds provided in four bed bays. All single rooms and four-bed bays should have en-suite facilities; the beds should also be configured to enable them to be managed, and patients nursed, in flexible systems, as defined in the Clinical Output Specification. Bed centre to bed centre distancing must meet current and developing NHS Guidance. It should allow adequate space for health care professionals, teaching requirements, visitors and multiple pieces of equipment to be centralised and located near to the patient within the bed area;
- Meet the requirements of single sex wards, providing privacy and dignity to patients;

- Facilitate the separation and zoning of patients into clinical groups to respond to seasonal variations in activity, case mix, and practice, and to deal with infectious conditions.

4.4 CHARACTER AND INNOVATION

4.4.1 Vision

The new hospital should have a strong civic presence. Designs should be valued by the patients, staff and the local community. The hospital should improve the local environment and support regeneration of the area.

Equally, the design should have an enduring quality that will out-live transient trends and that will provide a landmark building that future generations will be proud of. The architecture must express the importance of the hospital within the community in a sensitive and considered way.

The design should reinforce a strong positive image of the NHS and be identifiable with its function of care. It should therefore represent the standards of excellence the National Health Service is working to achieve.

4.4.2 Stimulation

The design should incorporate variety within a unified concept and should not appear bland. It should seem neither monotonous nor busy. Each part should have its own visual identity, without compromising the identity of the whole. Visual interest is appropriate on the skyline and at key focal points such as entrances.

4.4.3 Innovation

Innovation in design can range from the micro to the macro such as whole concepts of hospital planning, distribution of functions, detailed design of components, materials, spaces and use of technology.

The design must reflect current and developing innovations in healthcare delivery and translate these into innovative building solutions. Innovative design will transcend programmatic issues, striving to:

- Analyse problems from first principles;
- Identify and learn from relevant precedents;
- Develop a set of architectural elements that are both beautiful and economical.

4.5 CITIZEN SATISFACTION

4.5.1 Scale

The proposed development is to be appropriately scaled when viewed both from near and far. In other words, scale operates at a number of different levels, from the detail to the macro. All are to be addressed. It should take

account of the local surroundings and the existing buildings that will be retained on site.

The design should utilise the geography of the site and make use of the opportunity for enjoyment of wide ranging views across the city and towards Wales for patients and staff. A link should be created through the design to the local and medical history of Frenchay and Southmead.

The height needs to take account of the anticipated maximum height likely to be allowable by the Local Planning Authority.

4.5.2 Therapeutic Environment

The buildings must be welcoming, friendly and reassuring and provide an environment to support healing and well-being. The design of all public and patient areas should contribute positively to the hospital's therapeutic function. NB/SG considers both hard and soft landscape, to have a vital role in the attainment of a therapeutic environment. The therapeutic qualities of water are acknowledged but, if utilised in the design, health and safety and conservation issues need to be demonstrated.

4.5.3 Art

The incorporation of art, its use for way finding and the enhancement of the overall therapeutic environment is to be an essential component of the designs. The use of art, statues and sculptures, environmental installations are considered beneficial to the healing process. They are an essential component of a quality civic building. Bidders will need to demonstrate how they have incorporated art within the overall design, integrated and inherent rather than as pieces added to an existing facility.

The integration of art in the development should follow from a strategy for the arts that will need to be developed through the establishment of a joint arts committee which bidders will be expected to co-ordinate and actively contribute to. The arts committee should include an artist, preferably local, as part of the bidder's team. The arts strategy should focus on the development of an arts programme to supplement art integrated within the scheme and should take account of alternative funding routes for art including fundraising strategies.

Bidders will be required to present a clear statement in bidders' proposals of the costs allowed exclusively for expenditure on artwork. NB/SG encourages bidders to identify and include artists in the design process at the earliest opportunity and to demonstrate how the local community can also be included in a meaningful and effective manner

Careful consideration and thought needs to be given to the co-ordination and siting of artwork. Integration of artwork within the interior design can enhance identity at all levels - whole hospital, departmental, main public spaces and circulation routes. To facilitate the utilisation of walls and other surfaces for art, the design and positioning of engineering outlets, controls and sensors requires particular consideration.

4.5.4 External Materials

The choice of materials for cladding and external surfaces should enhance the local area and comply with the performance levels of the output specifications.

It should provide an appropriate design solution in terms of quality, scale, colour and environmental requirements. The use of external materials should reflect the need for sustainability, which include the use of natural long-lasting materials, including non-environmentally threatened timbers. Consideration should be given to surfaces of outdoor areas to ensure that they conform to safety and statutory regulations.

Materials should be of a quality that will endure over the life of the building. They should retain their appearance within a compatible maintenance regime.

4.6 INTERNAL ENVIRONMENT

4.6.1 Patient Environment

The overall impression of the hospital should be such that it is clearly identifiable as a medical facility. However, the internal environment should be comfortable, relaxing and reassuring.

Atria and other large communal areas should be designed so that they are not perceived as being overwhelming or cavernous but provide a comfortable environment for the public.

Patient bed areas should reflect the clinical environment and medical equipment, whilst not needing to be hidden, should be centralised in one area.

Communal patient areas, which include spaces such as day rooms and interview rooms, should be domestic in scale and ambience (whilst ensuring that measures to reduce the risk of transmission of infection are not compromised). Public areas such as waiting and reception areas should be restful, open and bright. They should, as a rule, have views out to landscaped spaces that add quality and orientation.

The design should allow for an open and friendly environment, but arrangements should be made to ensure privacy and dignity for patients and their visitors when required. The following features should be incorporated:

- The ability for patients to see the staff working within the section;
- The ability for staff to observe patients easily from the staff base;
- All glazed panels should have privacy control;
- Doors to all rooms should have large viewing panels with privacy control;
- Wards should function as separate units, not as thoroughfares for access;
- Facilities should be sensitive to the ethnic and religious beliefs of patients and their families;
- All non-clinical areas should be provided at the ward cluster to limit incursion into the clinical areas; this may also be achieved by separate service entrances;
- Staff reception bases should facilitate dialogue with visitors at varying heights, e.g. children and people at low height including wheelchair users,

whilst maintaining staff security and privacy during the transfer of information across the reception desk;

- Staff reception bases should be easily accessible to visitors upon entry to the ward or department.

Wards should be designed to maximise the efficiency of working arrangements, in accordance with the Clinical Output Specification, ensuring minimal travelling distance whilst treatment is carried out at the bedside, and in clinical treatment areas within the ward environment.

The location of washing and toilet facilities should be conveniently located within the bed areas to avoid patients having to leave the bed area. Washing and toilet facilities should be so sited such that they maximise visibility into the rooms. There should be a separation of toilet and shower facilities in four-bed bays to increase flexibility in shared facilities.

Baby change and breastfeeding facilities should be located close by waiting and reception.

Visual and acoustic privacy must be positively addressed in the case of en-suites within 4-bed bays.

A continuous machine cleanable floor surface is required.

The use of curtains should be minimised wherever possible to control infection by utilising blinds/screens within glass which can be operated without touching the blind.

All wash and shower areas should be designed to minimise the spread of infection.

The location of patient entertainment systems should not be intrusive and the systems should allow patients to have control over when they wish to use them.

It is anticipated that the ward layouts will maximise views, particularly from bedrooms. Sight lines should be optimised for all users to enable outward visibility with consideration being given to sill heights. Windows on the ground floor will require special attention to privacy and security requirements. Account should be taken of external environmental conditions, such as stronger winds at higher levels and window designs should be adjustable to manage and control these environmental effects. NB/SG would also welcome innovative designs and diverse approaches such as wheelchair-height windows.

Covered areas, which could be used year-round, are required to provide amenity space. Provision should be made for the inclusion of seating and furniture in these areas.

4.6.2 Staff Environment

The design must provide a working environment for staff that is attractive and pleasant to work in and that encourages a sense of community, by the use of

lighting, internal décor schemes and local control of ambient temperature. Natural lighting should be maximised in staff areas.

Hand washing facilities should be provided in all appropriate staff areas to address infection control requirements and in accordance with national standards.

Staff bases should be positioned in a convenient location on the ward to allow nursing staff to observe patients without obstruction of view as defined in Clinical Output Specifications.

Where possible and appropriate, rooms normally occupied for more than an hour at a time should have an exterior outlook. Priority should be given to making this outlook harmonious, quiet and well landscaped.

4.6.3 Light

The effective use of light is an essential component of the hospital design. Light should be used both creatively within the building and also externally to light the building and create a sense of presence and beauty. The external lighting is to be designed to illuminate main entrances to the building, for way finding in the dark and to promote external design features.

The levels of natural daylight and artificial light for public and clinical spaces are defined in output specifications, NB/SG Construction Requirements, codes of practice, regulations, policies and national guidance. The use of both natural daylight and artificial light should contribute towards a high quality environment and also be efficient and support the protection of the environment.

Patients should be able to control lighting around the bed.

Staff should be able to adjust lighting for clinical work and to suit the condition of the patient, etc. The use of natural light in high-tech areas, such as theatres is strongly welcomed. Emergency lighting provision is required in appropriate areas.

Natural light should be provided in public spaces and in occupied private and staff spaces within the building as far as is practical. Natural and artificial light sources should be designed to avoid glare and thermal gain. Changes in level should be well lit and abrupt changes in illumination should be avoided, unless specified as a clinical requirement. Glare on reception desks, signs and notice boards must be avoided. Artificial lighting layouts particularly, but not exclusively, along areas of circulation, should be designed to avoid the creation of a stroboscopic lighting effect.

Deep plan spaces may prove necessary in certain circumstances. In such cases, the layout should be 'relieved' by the penetration of daylight and sunlight, from adjacent courtyards, or through roof lights and light shafts. Bidders' solutions must achieve high levels of natural lighting in the primary horizontal and vertical circulation routes.

The design of window glazing should be such that, whether a bright or overcast day, the provision of natural light within the hospital is maximised to light the

interior to the appropriate standard specified while maintaining comfortable light and thermal conditions for the users.

Lighting should be used to 'guide' users such as in the direction of the waiting area or the information desk.

Use of external lighting to enhance security arrangements is essential.

4.6.4 Interior Design

Colour, texture, light and motifs should be used to facilitate identity of the building, its designated areas and zones and to improve way finding. The use of colour should be co-ordinated with the lighting and appropriate to the activities of each area - for example subdued in certain areas such as recovery, rehabilitation and quiet areas, but bright and stimulating in others, such as waiting and corridor areas. NB/SG will be entitled to participate in the choice of the colour schemes offered by bidders. It should aid wayfinding and take account of the impact on people with disability and special needs.

An interior designer should be included in the bidder's design team to ensure that internal finishes are effectively designed and co-ordinated, and to help co-ordinate the selection of the furniture, furnishings and equipment. Special attention should be given to the use of designs and motifs in areas such as operating theatres. Extensive consultation with user representatives will need to be undertaken at appropriate points in the design process to ensure the design solution is responsive to their specific needs, both operationally and aesthetically, as well as maintaining the corporate requirements of NB/SG.

4.7 URBAN AND SOCIAL INTEGRATION

4.7.1 Community Integration

Opportunities should be sought through design to promote the integration of the hospital within the wider community.

4.7.2 Sense of Place

Designers should be aware of the nature of the site as a whole and the impact of the new buildings both within it, and on the roads and spaces beyond. The arrangement of routes, internal and external, pedestrian and vehicular, and all the public and open spaces are considered by NB/SG to be of crucial importance in achieving a successful design solution.

4.7.3 Landscaping

There should be a strong landscape concept for the site. This must integrate new roads, paths, parking areas, public spaces, courtyards and gardens, and establish a strong relationship between internal and external space. Landscaping needs to soften the hospital site, be attractive and calming. There should be sufficient green space and attention should be given to planting and landscaping to attract appropriate wildlife.

Landscaping infrastructure should be established to help people find their way around the site, to provide shelter, space for contemplation and areas for

recreational walking. Bidders are encouraged to develop a parkland strategy that uses appropriate landscaping on the hospital site to support the regeneration of the local area.

Sensory plants, low shrubs and seating around the campus should be established with planting taking account of the needs of disabled people.

Roof top gardens, which involve soil and plants, should not be installed due to the difficulty in maintaining them and associated infection control risks. Gardens at floor level must have direct access to them without gardeners and maintenance staff having to access patient areas.

Where recycled water is utilised in the design, health and safety and conservation issues need to be demonstrated.

The outlook for staff and patients from their accommodation and from other clinical areas should be pleasant.

Landscaping should meet security requirements to minimise crime as set in the section on 'Security' and 'Parking and Drop Off'.

Provision should be made for easy access for maintenance, both to planted areas, and to adjacent building facades.

Active attention should be given to the use and type of hard surfacing to enhance rather than detract from the surrounding environment.

Bidders will be required to demonstrate how the landscape design will provide a positive link between internal and external spaces.

4.8 COMMUNITY FACILITIES

4.8.1 Introduction

Whilst the majority of the principles outlined for all areas on the Southmead site will generally apply to the Community Zone on the Southmead site and the community hospital on the Frenchay site, consideration must be given as to how design can contribute to the function of the community facility.

4.8.2 Design issues specific to the community facilities

The community facilities need to be owned by the local populations that will use them. The integrated community hospital on the Southmead site needs to be locally identifiable as a 'local hospital within the hospital'. It is anticipated that most people, either using or visiting the facilities, will live within two miles of the site.

The community facilities will require a clear identifiable entrance and need their own identity and 'feel' which will differ from the 'feel' of the acute hospital. Particular attention needs to be paid to the development of a design solution that creates a distinction between the acute and community facilities.

The accommodation should provide a restful and welcoming environment and have a domestic rather than a clinical 'feel'. A good parallel would be a large, well designed, modern primary care centre.

Access to services provided in the community facilities needs to be clear through use of appropriate wayfinding and through a well designed internal layout. Key adjacencies required within the community facilities are set out in relevant clinical output specifications.

Corridors and other social spaces should be considered as active spaces for rehabilitation rather than simply as connecting spaces. This could include the provision of seating to allow patients to rest and encouraging use by making them attractive;

4.9 PERFORMANCE

4.9.1 Sustainability

NB/SG wish to promote a sustainable development with sustainability built in from the outset rather than as an add-on. Designs should demonstrate:

- an integrated approach to the social, environmental and economic well-being of the area served, now and for future generations;
- that account is taken of the Local Authority strategies and policies on sustainability and the environment;
- that the requirements of the 'Constructing the Best Government Client, Achieving Sustainability in Construction Procurement, OGC 2000' are met;
- account is taken of the guidance contained within the 'New Environmental Strategy for the NHS', published 2002 and 'Sustainable Development Within the NHS', published 2001.

The design and specification of materials must reflect the requirement for low running costs and satisfy minimum standards when assessed by the NHS Environmental Assessment Tool (NEAT). The buildings should be energy efficient. Environmental and ecological issues must be addressed in the design and in the specifications. Bidders are asked to ensure that the standards that have been identified by NB/SG in the NEAT assessment which are available for the Frenchay and Southmead proposals are complied with in their designs.

Environmental performance is to be considered holistically. The design should consider and evaluate building orientation and configuration first and foremost to ensure that all available passive environmental benefits are realised. Specific building envelope criteria should also be considered and appraised - thermal resistance, light penetration, air permeability, solar shading - and integrated into the concept to produce a finely tuned environmental solution.

Innovative 'green' technologies are of significant interest to NB/SG and will be seriously considered. Examples could be ground source heat pumps or natural ventilation solutions that utilise 'stack effect' or wind speed to direct air into the buildings through vertical duct stacks.

NB/SG will seek to work with the developer to ensure that reduced operating costs are achieved through environmentally and socially helpful design features.

4.9.2 Ventilation and Thermal Comfort

Ventilation and thermal comfort systems should be designed to provide maximum comfort to patients, staff and visitors.

Internal environmental conditions will be established in output and performance specifications. Natural ventilation should be maximised in patient areas, however, meeting comfort criteria within the hospital should not be totally reliant on opening windows and some mechanical ventilation in key areas should be provided.

The design needs to take account of tactile and thermal sensitivity of the patients, which will vary according to their physical state. Thermal comfort is determined by air temperature, air velocity, radiant heat (e.g. from direct sunlight), and humidity. All of these factors must be considered. Thermal gain and heat generation from all equipment must be accounted for. Heat gain from the circulation of steam or other hot water systems need to be minimised through the design eg by separation of pipework routes from the clinical environment.

In order that the development achieves the carbon emission targets set by the Government, the building services engineering design must embrace energy efficiency where practical and cost effective. Naturally ventilated solutions should be established in areas where an upper threshold temperature (T_{max}) of 25°C should not be exceeded for more than 100 hours in a year. The natural ventilation solution should be proven by utilising thermal modelling techniques based on a recognised industry standard software package such as 'Tas'. Full environmental control analysis should be available.

Patients should be able to control the temperature of their surroundings around the bed.

4.9.3 Acoustics

Acoustics should be designed for comfort and privacy for patient areas, and for suitability of working environment for staff. Bidders will need to demonstrate in their design the achievement of reduction of sound transmission and a high quality of sound in terms of clarity and audibility. Sound transference between spaces above ceilings must be avoided.

Sound attenuation is essential for patient confidentiality. Sound-proofing and noise reduction should be provided as defined in output specifications, and in accordance with appropriate and current legislation. Particular attention should be paid to areas such as:

- Clinical examination and consultation room areas;
- Confidential areas such as reception desks etc. where the transfer of patient and other confidential information takes place;
- Some patient testing areas such as hearing assessment areas/booths;

- Ward areas;
- Large facilities such as rehabilitation areas;
- Teaching/seminar areas.

4.9.4 Infection Control

The use of design to effectively control infection is essential. All current, relevant and developing control standards such as Infection Control in the Built Environment should be complied with. Specific infection control measures are set out in relevant sections of this Design Brief and an outline of key requirements is set out below:

- All kitchen designs must comply with Food Safety Regulations;
- All systems require routine maintenance to be incorporated and designs must facilitate easy access for maintenance without increasing the risk of cross infection;
- All water utilised for personal hygiene must be delivered within safe working temperatures and must comply with legionella control requirements;
- Finishes should be of a standard that does not allow micro organisms to harbour and should allow for ease of cleaning;
- Lighting should be designed so that there are no ledges or ridges where dust can build up and then be dispersed;
- Electrical socket outlets should be designed to be flush mounted or in trunking systems to prevent the build up of dust;
- Window finishes should be provided to maximise efficiency including in relation to control of infection;
- The need to touch surfaces should be eliminated wherever possible and consideration should be given to the use of auto flush cisterns and auto taps.
- Particular attention is required to the interface between adjoining finishes for example wall and floor junctions, window sill and wall junctions.

Infection Control Measures whilst build is in progress

The implementation of proper proactive protective measures are required when building work is being planned to ensure that patients and staff are protected from the effects of building work. This will require adherence to the guidelines contained within 'Infection Control and the Built Environment'.

Wherever possible building work should only be undertaken in units when all patients have been relocated. The following must be considered:

- Demolition control to prevent the risk of aspergillosis;
- Isolation of the building area from any patient/staff areas still in use. This will require appropriate airtight sealing of the area, dust control cleaning arrangements and separate access for contractors to that being used by staff and patients;

- Legionella risk assessment must be carried out when planning any building work and measures taken to control and manage any risks identified.

4.9.5 Waste Management

The design should ensure that waste collection and disposal are carried out in a safe and economical manner at all times and that the service causes no harm to the environment for patients, staff and visitors. In addition to this, but not to the detriment, a design solution is expected which achieves a high degree of separation of waste movements from public/patient views and movements.

4.10 ENGINEERING

4.10.1 Operational and Engineering Management Systems and Control

A building and engineering management system should be provided within the proposed development to control, monitor and protect all engineering and building systems.

Consideration should be given to the integration of various building and engineering systems such as automatic controls, lighting controls, alarm systems, access control systems etc., in order to achieve a comprehensive co-ordinated system.

Where life safety systems are involved e.g., fire alarms, medical gas alarms etc., due care must be given to the level of security and resilience provided.

Where integrated systems are proposed bidders should state how appropriate resilience will be incorporated.

Bidders should include in their submissions a clear description of the overall controls strategy and how this will benefit NB/SG in the operation of the buildings.

Integration of systems should be based on proven technology and bidders should demonstrate that their proposals can be achieved.

4.10.2 Standardised Elements

Standardisation should be applied to repeat elements to benefit operational requirements and maintenance. Standardisation should not compromise operational performance in any way and each element should be entirely compatible with each specific application.

4.10.3 Prefabricated elements

In order to take advantage of the repetitive nature of construction, maximise productivity and efficiency and minimise construction periods and waste, consideration should be given to off site prefabrication.

Prefabrication should specifically be applied to repetitive elements e.g., sanitary assemblies, bathrooms or complex equipment such as plant assemblies.

Bidders should demonstrate how prefabrication will be applied and how this will impact on quality, time and cost.

4.10.4 Specialist Engineering Systems

A number of specialist engineering systems will be provided within the development and each should be fully integrated within the design proposals. Specialist systems should be incorporated where appropriate to enhance the operation of the accommodation and provide state of the art facilities.

Examples of such systems include but are not limited to the following:

- Pneumatic tube distribution systems;
- Plumbed in potable water is required in all relevant areas
- Lighting control system;
- Specialist equipment;
- Specialist service delivery systems e.g., theatres and ICU pendants;
- Security and access controls;
- Nurse call systems;
- Patient entertainment;
- Telephone systems.

4.10.5 Emergency Back-up Systems

The provision of services to a modern healthcare facility is critical to its continuous operation and proposals should include adequate resilience and support systems in all areas of the design.

Bidders should demonstrate how all critical services will be maintained in the event of:-

- Primary supply failure;
- Main distribution failure;
- Local distribution or equipment failure.

Loss of any critical service should not disrupt the operation of the hospital and sufficient backup systems should be included to guarantee continuity of services.

Bidders should describe in their submissions how resilience will be achieved generally in all areas. However, the following areas are of particular interest in consideration of bidders' proposals. Therefore a detailed proposal of each service will be required with the submission.

- Electrical power supply – 100% backup for essential services is required in the event of a mains failure with the exception of non-essential elements, for example air conditioning chillers;
- Fuel supplies – on site standby fuel storage required;

- Water supply – 1 day on site storage required;
- Medical gas systems – duty/standby plant to all supplies with emergency backup as HTM2022;
- All plant to incorporate duty/standby pumps/fans.

4.10.6 Heating, Ventilation and Air Conditioning Systems

Heating, ventilation and air conditioning systems should be logically designed to operate efficiently and provide local control as appropriate.

The energy and power systems are to be appropriately designed to provide fully integrated designs in terms of the incorporation of engineering services into the building fabric and external spaces.

Natural ventilation should be utilised where possible but where mechanical ventilation is deemed necessary systems should incorporate energy recovery, zone control and be dedicated to specific areas of the building.

Ventilation serving clinical zones within the hospital should be on essential supplies supported by back up generators to ensure that power failures do not interrupt normal operation of the respective areas.

Consideration should be given to night set back and reduced air flows whenever appropriate to minimise energy consumption.

The need to maintain acceptable comfort conditions in all areas but particularly in clinical areas is of paramount importance and bidders should demonstrate their strategies for achieving optimum comfort together with minimum energy consumption. Whether ventilation and temperature control is provided via natural infiltration and heat emitters or all air mechanical systems, provision should be included for solar control measures to reduce heat gains and hence improve thermal comfort thereby minimising energy consumption.

Specific ventilation requirements for infection control are set out in output specifications, including the following key requirements:

- Ventilation should dilute airborne contamination by removing contaminated air from the room or immediate patient vicinity and replacing it with clean air from the outside or from low risk areas within the health care building;
- Air intakes must be located away from other air exhausts;
- Ventilation grilles should be designed so that they can be easily accessed for cleaning and do not attract dust and dirt;
- Ventilation systems provided throughout the development should comply with all relevant HBN and HTM standards with specific reference to HTM 2025 and HTM 2023. The following are examples of specific departmental requirements which should be strictly observed:
 - Single isolation rooms should be provided with ventilation systems in accordance with HBN 4: 'Enhanced single rooms with ensuite facilities';
 - Theatre ventilation must be sufficient for the purpose of the theatre with Ultra Clean Ventilation being provided in all theatres;

- Ventilation in Radiology departments must take account of the increasing amount of invasive procedures performed.
- Theatre ventilation standard will also be required in certain other specific areas e.g. cardiac catheter labs;
- There will be a requirement for air conditioning/temperature control to be provided in any intensive care facility;
- Consideration should also be given to provision of cooling to areas of high internal heat gain such as Renal departments.

4.10.7 Hot Water and Steam Systems

Design of hot water and steam distribution systems will consider and include appropriate equipment and isolation facilities to allow ease of maintenance. Systems should include suitable provision of duplicate plant and allow standby capacity in the event of failure.

Domestic hot water systems should be designed to provide adequate flow to satisfy maximum demand whilst minimising stored hot water and energy consumption. The provision of some storage is desirable to reduce the impact of hot water generation on boiler power.

The control of legionella and other bacteria within the system is critical and guidance in this regard is considered mandatory.

Steam systems should be provided as if required for process use, sterilisation and humidification. If steam is proposed as the primary heating medium, dedicated steam generators will be required for sterilisation unless the sterile services department is located off-site. However, plant steam may be used for humidification and general process use. Reference should be made to output specifications in relation to the issue of sterile services.

4.10.8 Water and Drainage Systems

Water supply systems should include duplicate supplies to the site where possible and include bulk storage on the site.

Where bulk storage is at ground level some high level storage is preferred to enable gravity distribution in the event of mains failure.

Consideration should be given to the frequency and maintenance to water systems and resilience of supplies, based on the HVCA Standard Maintenance Specification.

The hot and cold water supply systems shall be designed to comply with BS 6700, Water Regulations 1999, The NHS Model Engineering Specification, NHS Estates Hospital Technical Memorandum and HSE Document L8 for the Control of Legionella.

The below ground drainage system shall be designed in accordance with current Building Regulations and British Standard 8301:1985. Access to the system shall be located in positions to minimise any disruption to the workings of the hospital should access be required. Internal manholes shall be avoided, particularly in clinical areas.

Above ground drainage systems shall be designed to comply with BS EN 12056 Parts 1, 2 and 5, and current Building Regulations.
All materials shall be to current British Standard or hold current Agreement Certificates.

4.10.9 Electricity

Compliance with all relevant regulations must be achieved and clear justification given in relation to diversity assumptions. The following are examples of standards which must be observed:

- Current IEE Regulations, BS7671
- HTM standards, specifically HTM2011 and 2007
- Regional Electricity Company regulations
- Electricity at Work Act
- Relevant CIBSE Lighting Codes
- British Standards for Emergency Lighting, Fire Alarm Systems and Lightning Protection

4.10.10 Telecom and IT Systems

The scope of the work for telecommunications and data systems is required for the provision of the following:

- Outlets and wiring at each point of use.
- Wireless connectivity in all clinical areas.
- On-site roaming capability.
- Patch panel cabinets, for structure cabling.
- Backbone cabling both for a single, data/telecomms network.
- Space in cabinets for active equipment.
- Provision of relevant links to existing telephone and computer networks.

Services to be supported over this single, wiring network will include:

Voice: Facsimile, ISDN lines, direct exchange lines, cordless telephony base stations, handsets, etc.

Data: Modems, LAN, WAN, PCs, printers, medical equipment, wireless LANs, voice/video over IP, etc.

Other: Security, pass cards, security images, alarms/alerts, etc.

4.10.11 Local Control

Accessibility by designated staff to restore power in the event of a localised and minor failure should be provided for. An example of this is the failure of a light bulb which trips a circuit breaker requiring the breaker to be re-activated.

4.10.12 Business Continuity

The facilities should be designed such that the business of the hospital can continue in the event of a localised incident such as a fire. Account needs to be taken of use of lifts, stairs and corridors in relation to the clinical zones and their inter-relationships.

4.11 CONSTRUCTION

4.11.1 Phasing for Future Planning or Construction

Development proposals should clearly indicate the phasing and decanting strategy for all sites. This strategy should indicate how essential links between all buildings that are currently linked should be maintained during the construction.

4.11.2 Maintenance

The requirements for the maintenance of all construction, services, public utilities, roads, hard and soft landscape are contained in output specifications.

The buildings should be designed for easy maintenance, both internally and externally and to ensure that the maintenance and replacement of services, finishes, components, elements, systems, furniture and equipment can be carried out effectively within the requirements of clinical operations and functionality.

4.11.3 Integrated Engineering Systems and Structure

Electrical, mechanical and communication services must be designed to be an integral and co-ordinated part of the design. Services must be clearly identified at regular intervals and at all locations where maintenance access is required, for example at valves and electricity connection points.

The location of service risers and ducts should be co-ordinated with the structure and not constrain or conflict with clinical functionality. Access to all engineering and utility services should facilitate ease of maintenance which should be safe and able to be effectively undertaken. Provide space to give flexibility for future re-planning/and or re-modelling of the services.

4.11.4 Health and Safety

The design and construction of the development shall be subject to the appointment of a Planning Supervisor and the requirements of the Construction (Design and Management) Regulations 1994 and the Approved Code of Practice 2002.

4.11.5 Fire Regulations

The design should meet best practice in relation to fire safety and, as a minimum, the requirements of the Fire Regulations and Fire Code must be met.

The fire strategy relating to engineering services should generally follow the guidance contained in HTM81 and HTM82 and should reflect the strategy proposed for fire compartmentation and protection of the building.

It is noted that HTM81 and 82 are guidance documents and that in some circumstances a fire engineered solution may be appropriate e.g., atria or high rise developments.

All non standard proposals (i.e., those not in compliance with HTM81 and 82) shall be supported by a specialist fire engineers report which provides a clear strategy, risk analysis and protection measures.

4.11.6 Optimises Use of Standardised Elements

The use of standardised components and elements of construction are common in the NHS. NB/SG would wish to see proposals that continue and develop that tradition to improve product quality, to guarantee consistency of performance, enhance efficiency of maintenance, to provide flexibility for future changes, ease of replacement and value for money.

4.11.7 Prefabricated elements

The use of prefabricated elements and building components to achieve good quality control, ease and speed of installation and flexibility for future use are welcomed. They will be evaluated to establish if they constrict the achievement of clinical functionality and offer value for money.

4.12 TRUST POLICIES

Bidders are required to incorporate design considerations that arise from relevant NB/SG policies including business continuity, infection control, clinical governance and clinical policies and procedures, major incident planning and estates strategy.

APPENDIX A

SPECIFIC REQUIREMENTS FOR BIDDERS WITHIN DESIGN BRIEF

- 4.1.1 A strategy is required for creating buildings that can incorporate clinical and technological change with the minimum disruption to services and at minimum cost. The strategy will need to demonstrate how further phases of development can be accommodated or how parts of the facility could be decommissioned if required

Bidders are invited to review the existing DCP/ Estates Strategy, and to propose designs that are either consistent with it or improve it. In the latter case, bidders must include in their submissions an outline of how they envisage the DCP/Estates Strategy would be updated, should their design be adopted. Account should also be taken of any growth areas for car parking, support and administrative accommodation etc. that may be required.

- 4.1.2 Bidders are asked to provide a security design map which can be overlaid over the facilities design.
- 4.2.5 Bidders are required, in consultation with NB/SG to develop a written wayfinding strategy for the development that will integrate both new and existing facilities, and future phases of the site redevelopment strategy.

- 4.5.3 The integration of art in the development should follow from a strategy for the arts that will need to be developed through the establishment of a joint arts committee which bidders will be expected to co-ordinate and actively contribute to. The arts committee should include an artist, preferably local, as part of the bidder's team. The arts strategy should focus on the development of an arts programme to supplement art integrated within the scheme and should take account of alternative funding routes for art including fundraising strategies.

Bidders will be required to present a clear statement in bidders' proposals of the costs allowed exclusively for expenditure on artwork. NB/SG encourages bidders to identify and include artists in the design process at the earliest opportunity and to demonstrate how the local community can also be included in a meaningful and effective manner

- 4.6.4 An interior designer should be included in the bidder's design team to ensure that internal finishes are effectively designed and co-ordinated, and to help co-ordinate the selection of the furniture, furnishings and equipment.
- 4.10.1 Bidders should include in their submissions a clear description of the overall controls strategy and how this will benefit NB/SG in the operation of the buildings.
- 4.11.5 All non standard proposals (i.e., those not in compliance with HTM81 and 82) shall be supported by a specialist fire engineers report which provides a clear strategy, risk analysis and protection measures.

**North Bristol & South Gloucestershire
Healthcare Services Development Programme
Consumerism Review**

APPENDIX 24

Section	Issue	Title	Means of implementation	Health Economy Response
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A Privacy & Dignity

A1	Greater Assurance of Privacy & Dignity	Glazed observation panels should be provided in internal walls and doors. The panels should provide good staff observation. The design of curtains around the bed must consider privacy and dignity.	This statement underpins the whole ethos of the Clinical Output Specifications produced to date which is reflected in both the NFC SoA and capital costs. The NBSG Design Brief section 4.6 internal environment (4.6.1) addresses this issue
A2	Women only Day Rooms	Day rooms allocated for women only. There should be one per ward. It should be no smaller than 15m2.	Female only dayrooms are included within the SoA for the new Generic AA wards, Scheduled at one per 32 bed cluster.

B Quality of Environment

B3	Higher specification of fabric, finishes and service installations to reduce the risk of maintenance thereby encouraging perception of quality facilities and care in ownership	Paint finishes to floors and ceilings should be more durable. Floor finishes may also be improved to include decorative artwork motifs. A wall protection rail should be installed on both sides of the corridor walls. Bed head system should be in place.	The NBSG Design Brief sections 4.10 & 4.11 address this issue
B4	Natural light - as agents of wellbeing & recovery	There should be a 27% and 25% increase in external windows and doors for typical hospitals and mental health/community facilities respectively.	The NBSG Design Brief section 4.6 internal environment (4.6.3) addresses this issue
B5	Natural ventilation - as agents of wellbeing & recovery	External windows must ensure means of allowing natural ventilation.	The NBSG Design Brief section 4.9 internal environment (4.9.2) addresses this issue
B6	Zero discomfort from solar gain	External windows must be provided with solar control glazing or with elevations to allow solar shading. To enable this the cost for external windows is increased up to 33%.	Avoidance of visual disability and discomfort due to glare is set out within the NBSG Design Brief section 4.6.3 which addresses this issue

Section	Issue	Title	Means of implementation	Health Economy Response
	B7	Clean Wards / recovery bays	Sloping internal windowsills should be provided to reduce dust collection. All vinyl floors should be provided with coved vinyl skirting and suitably finished walls, to facilitate cleaning.	The NBSG Design Brief section 4.9 internal environment (4.9.4) addresses this issue
	B8	All medical equipment, consumables and linen discreetly stored	Space allowance for general, equipment and linen stores is increased by 50%. Mobile equipment bays should be provided in all in-patient departments. These should be no smaller than 5m2. A clean utility area of no smaller than 14m2 should be provided.	The PSC schedules of Accommodation reflect the increased storage allowance. The PITN Whole Hospital Operational Overview (WHOO) will set out the NBSG requirements in terms of consumables & equipment storage together with the parameters for "parking" and "holding" bays. Clean Utilities are scheduled as 8m2 for 32 beds inpatient areas in addition to the local provision for "bedroom clinical support"
	B9	All Clinical Waste safely and discreetly stored	Disposal holding space should be no smaller than 10m2 in all in-patients wards. Out patient/treatment ward departments should have disposal of no less than 6m2. Dirty utility spaces should be sized at no less than 9m2.	A fully comprehensive Waste Output Specification is currently being prepared as part of the PITN. The PSC includes a hierarchy of Disposal Hold facilities 15m2 for wards and main departments, 10m2 for small clinical departments and 6m2 for administration areas. Dirty Utilities are sized at 12m2 (with macerators) - at a ratio of 1 per 16 beds and 9m2 (without macerators)
	B10	Interiors that instil sense of quality, care, restfulness and cheerfulness and that work to create a healing environment	The interior design, including the colour and texture of walls, floors and ceilings should provide a non-institutionalised environment. Internal walls doors and ceilings should have improved soundproofing. Insulation of sound from heating and ventilation equipment should be improved next to department. carpets should be used in appropriately, to promote a soft environment.	The NBSG Design Brief section 4.6 internal environment (4.6.4) addresses this issue

Section	Issue	Title	Means of implementation	Health Economy Response
	B11	Artwork installed as an essential characteristic of the healing environment	Artwork should be incorporated and consideration given to the inclusion of specialist artwork commissions, decorative lighting schemes, stained glass and murals, picture displays and fixed sculptures. Improvement to electrical services and interior decorative lighting design should be made to compliment displayed artwork.	The inclusion of Art In Hospital is a key objective of NBSG which will be referred to in the PITN Annex A (WHOO). The NBSG Design Brief section 4.5 internal environment (4.5.3) addresses this issue The cost of purchasing works of art and public art is not included in the PSC's capital costing. The Trust anticipate such purchases will be from charitable funds. The cost of facilitation are however included

C

Patient Accommodation

C12	Rationalisation of bed space configuration to a ratio of 50% or greater of single beds to multi-bed bay ward accommodation	There should be a ratio of 50:50 single beds to four bed bays. The old DCAGs relating to this deleted.	75% single bedroom provision has been included within the Clinical Output Specifications for all new in patient facilities
C13	Single Sex washing & toilet facilities	All single bedrooms and four bed-bays must be provided with en suite washing and toilet facilities. These facilities, including WC, WB and shower should be segregated. Two additional showers and WCs and non-assisted bathroom spaces should be provided. Additionally, there should be a further two patient-only toilets.	Bed space: Each Bed space (single or multi bed) has a dedicated en-suite. Multi beds will be utilised by gender. In addition to the facilities described within individual departments toilet provision is required within each concourse area and hospital entrance. It is assumed that the toilet provision at concourse /hospital entry level will be within single sex areas utilizing cubicles and include DDA facilities. In addition toilets provision for independent disabled users must be readily available on each level of any multi storey solution in accordance with Part M of the Building Regulations.

Section	Issue	Title	Means of implementation	Health Economy Response
				Out-patients etc; The Trust wish to promote the use of single sex toilets for visitors and patients, it is acknowledged that this is impractical in small departments to compensate for this the toilets from adjacent small departments should be co-located to meet this objective
	C14	Adequate shower / bathing facilities In-Patients Departments where full en-suite facilities is not a design objective	There should be the adequate provision of both non-assisted and assisted sanitary facilities, which provide patients with the preference and privacy. Maternity departments should have at least one bathroom per ward.	Full en-suite is a Design Objective and is included within the PSC
	C15	Improved Relatives / Patients Overnight stay facilities and increased supply to meet demand	Essential non-clinical accommodation should be provided for both single and family bathrooms. It is proposed to increase the bed space in children's wards to accommodate parent or carer beds. This would result in an increase to 4.5m2. Centralised visitor accommodation is not considered as an option.	The space standards chosen for all in patient bedrooms reflects current guidance and included the provision for accommodating relatives /carers within the overall space. The relative/carer is considered an integral part of the Care Team
	C16	Increased Relatives Overnight facilities adjacent to Critical Care	Left as Optional Accommodation	A relatives suite is included within the Clinical output Specification for the Integrated Critical Care Unit
	C17	More Space around beds to accommodate visitors in comfort without instilling sense of crowding and to engender the patients sense of spatial volume / airiness	HBN schedules of accommodation will be reviewed to ensure appropriateness and adequacy of space in single rooms and four bed bays The space around the bed should be increased by 2.5m2 to allow use of mobile bed hoists.	The space standards around beds (by specialty / modernity) trolleys and chairs has been evaluated by Project Team and the following standards have been consistently applied; Single Bedrooms - See HBN 04 page 66 para 9.16 overall size 19m2 excluding en-suite Multi Bedrooms - 3,300 mm bed centres x 3,100 depth and 1,700 aisles together with Nurse work zone minimum.

D

Entrances, Reception and Waiting

Section	Issue	Title	Means of implementation	Health Economy Response
	D18	Improved Waiting Areas	<p>All waiting areas should be sized at no smaller than 1.5m2 per person. A children's play area should be provided in all waiting areas, in Out Patients this should be no smaller than 8m2. In particular hospitals, consideration may be given to providing an ethnic group specific waiting area. All waiting areas should offer improvements in communication system for both the information and entertainment of waiting patients. All waiting areas should be of a suitable temperature.</p>	<p>The Health Economy wishes to facilitate a hierarchy of waiting space with a transition from concourse waiting through to main waiting and sub waiting. Each waiting area should incorporate a range of seating types to reflect the anticipated patient population and be equipped with facilities for Health Education, have ready access to drinking water and be in close proximity to public toilets. In the case of main waiting areas consideration should be given to the use of plasma screens for both entertainment and health education .</p> <p>Consistent areas have been utilised throughout the NFC at 1.5m2 per person .</p>
	D19	Ward foyers and focal point for arrival for visitors	<p>All in-patient ward facilities should comprise a sub waiting area of no smaller than 12m2, two visitors WCs and WHBs. Reception counter, pay card dispenser, vending machines and public telephones should all be provided within the ward foyer. Consideration should also be given to internal planting.</p>	<p>The Health Economy wish to facilitate a hierarchy of waiting space with a transition from concourse waiting through to main waiting and sub waiting. Each waiting area should incorporate a range of seating types to reflect the anticipated patient population and be equipped with facilities for Health Education, have ready access to drinking water and be in close proximity to public toilets. In the case of main waiting areas consideration should be given to the use of plasma screens for both entertainment and health education .</p>
	D20	Improved Main Entrances, Departmental Entrances and Reception points	<p>All main and departmental entrances and reception points should include the following: Space for secure storage, sized at no less than 12m2, car park ticket machines, automatic entrance doors, internal planting, a retail unit, one discharge lounge suite (if appropriate). The reception counter should be enhanced, and all fixtures and fittings be improved for low maintenance, and enhanced in colour and texture. The lighting of the interior should enhance the area.</p>	<p>The concourse entrances provide the main public access and egress points to the Hospital. Each entrance needs to provide an environment, which makes clear its function and the specialties it serves with its own philosophy and identity. The Design Brief (NB/SG) section 4.2 Movement & Flow (4.2.6) and Community - 'Design issues specific to the community facilities' (4.8.2) addresses this issue.</p>

Section	Issue	Title	Means of implementation	Health Economy Response
				<p>The concourse entrances will be in use every day (see also Whole Hospital Overview).</p> <p>For a number of people the concourse(s) will be their first exposure to a hospital environment. Therefore it is important that the entrance must be functionally suitable for purpose but also makes a strong statement and provides an excellent first impression to visitors. It must be spacious and welcoming and calming to those who are anxious and distressed and must allow for people to aggregate in groups in relative privacy. The way finding must be clear and concise and allow people to quickly identify where they should go. The various element of the concourse must be designed as a coordinated whole, without segregation of the Service Provider areas (catering etc) from the main waiting elements. There should be the provision on Internet café facilities within each concourse.</p>

E Security and Safety

E21	Safe and accessible storage of belongings and cash	All wards should be provided with a wall-mounted safe. All bed spaces should be provided with a bedside wardrobe and locker.	The Clinical Output Specification includes appropriate provision for the safe and accessible storage of belonging
E22	Immediate access by patients to call points for summoning assistance	Communication systems should be improved to include call points at distances no greater than 30m, in a corridors and all in-patient areas.	The Trust has included facilities for patients to summon assistance typically from areas where they are un-attended, toilets, clinic rooms etc. These will be set out in the PITN (WHOO)
E23	Secure facilities that instil a sense of safety and security of possessions		Security requirements are set out in the NBSG Design Brief section 4.1.2

F Barrier Free Access

F24	No physical or operational barriers to the disabled	All taps in toilets should be of the infrared or lever control mechanism. There should be greater communication at all front of house points for hearing and induction loops. All shower areas must be accessible by those in wheelchairs.	All facilities within this development are suitable for the diverse range of people including disabled staff, patients and visitors. This is set out in the NBSG Design Brief section 4.2 under 'Disabled People/Special Needs (4.2.7)
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Section	Issue	Title	Means of implementation	Health Economy Response
	F25	Clear multi-functional signage / wayfinding that is non-institutional in character	Wall, floor, fittings and furnishings should all be integrated into and be taken into consideration by, the wayfinding strategy.	The NBSG Design Brief section 4.2 Wayfinding (4.2.5) addresses this issue.
G	Patient Control of Environment			
	G26	Patient control of personal ambient environmental temperature	Patients should be able to control the temperature of their surroundings, from their bed.	The NBSG Design Brief section 4.9 (4.9.2) refers
	G27	Task lighting at the bed head / bedside conducive to reading and close work	Task lighting should be provided for each patient in bed.	The NBSG Design Brief section 4.6 (4.6.3) refers
	G28	Controllable lighting levels delivered from high quality non-institutional style luminaires	All lighting should be improved by means of electrical installation, to ensure high quality.	The NBSG Design Brief section 4.6 (4.6.3) refers
H	Catering			
	H29	Easy access to vending machines	Vending machine provision to be improved in waiting areas. A vending machine bay may be considered as being sized at no less than 3m2.	Access to beverages has been included at a variety of levels. Within each of the concourse area provision has been made for a food court and coffee shop. Vending machines have been included within appropriate main waiting areas.
	H30	Better food, prepared and served in adherence to a clear hospital food, nutrition and health policy	Consideration should be given to providing regeneration kitchen on wards. These should be no smaller than 30m2. While pantry/beverage bay sizes may be reviewed, they should still provide stainless steel cabinetry and worktops. They should be suitably sized to accommodate beverage and regeneration trolleys. All wards should have facilities for menu storage.	Fully compliant Catering Output Specifications are being prepared as part of the PITN. The PSC has included a local provision of 36m2 per for the generic in patient beds (96 patients), supported by the central catering facilities. In addition appropriate beverage facilities are included within each of the clinical areas.
I	Patient Advocacy			
	I31	Inclusion of Patient Advocates room	This should be provided as an informal office type space and be no smaller than 25m2.	The PALS suite will be reprovided within the concourse as part of this Project (refer NFC-SoA) to improve access to Advocacy Services. This accommodation is supplemented with concourse based interview counselling facilities.
J	Information & Communications			

Section	Issue	Title	Means of implementation	Health Economy Response
	J32	Meeting the requirements of "Patient Power" by accommodating integrated bedside communication and entertainment systems	<p>All communications systems to be improved.</p> <p>Each bed should have an additional double socket at the bed head and TV brackets.</p> <p>Entertainment card dispenser bays should be sized at 2m2 and be within suitable distance from the patient areas.</p> <p>There should be extra space provided for the switch room, at an increase of 5m2.</p>	The Technical Output Specification will set out the Health Economies requirements in respect of patient entertainment at the bed head and the relationship with the existing service provider. Bed head includes all beds (other than POR), chairs and trolley spaces described within the PITN Annex A (WHOO) Generic Room Specifications.
	J33	Easy Access to (public) telephones	The location of public telephones should be improved, along with the provision of communication facilities for disabled patients.	The PSC Schedules of accommodation include appropriate Public Telephones in each of the concourse areas. These facilities are supplemented by an Internet Café provision All facilities within the public areas are suitable for the diverse range of people including disabled staff, patients and visitors
	J34	Fully informed patients relatives and visitors	All patient areas should be equipped with display boards and leaflet racks. Staff bases should be equipped with white boards.	<p>NBSG has developed a hierarchy of waiting space with a transition from concourse waiting through to main waiting and sub waiting. Each area will be equipped with facilities for Health Education, Plasma Screens have been specified within the main waiting areas for this purpose.</p> <p>In addition Information rooms are included within each concourse area which will provide appropriate facilities where carers and patients will be able to access information in either hard or soft copy form including via the internet. This facility will also incorporate staff assistance.</p> <p>Patient Access and Patient Contact Systems will be set out in the PITN (WHOO)</p>
	J35	Access to multi -lingual reading material for relaxation, including special needs material in large print or Braille	Reading material for those of all abilities should be provided in all departments.	Within each of the clinical zones and located at concourse levels is the need for an information room. This will provide appropriate facilities where carers and patients will be able access information in either hard or soft copy form including via the internet. The facility will also accommodate staff assistance. The room will accommodate literature on shelving and a mix of workstations and less formal seating, and should appear as a non- clinical quality public space.

Section	Issue	Title	Means of implementation	Health Economy Response
				NBSG is currently developing policies in place regarding the provision of multi-lingual and special needs reading material for relaxation
	J36	Access to personal health records	IT issue.	NBSG has adopted the local health community strategy in respect of this issue.

Note: Design Brief references are to v9 of the Design Brief

**North Bristol and South
Gloucestershire Service & Site
Reconfiguration –
Southmead Site**

Design Brief Development
Preliminary NEAT Assessment

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CAPITA SYMONDS

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Date		
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1 NEAT Summary

1.1 NEAT Introduction

The NEAT (NHS Environmental Assessment Tool) allows designers to review and improve the environmental performance of a building in the National Health Service Estate. The NEAT programme was launched in April 2002 in line with the OGC 'Sustainable Construction Action Plan' requirements as endorsed by the Government Construction Client Panel. NEAT brings with it a requirement for the NHS, and those who work with and for the NHS, to build in a sustainable manner.

NEAT can be used to evaluate current operational estate or for new build/refurbishment capital programmes.

The NEAT programme is based on many years of construction and environmental research carried out at BRE together with the input and experience of the NHS Estates Departments, Government and building regulators.

A NEAT assessment aims to provide NHS buildings with an environmental label, which can then be used to provide comparison with one another.

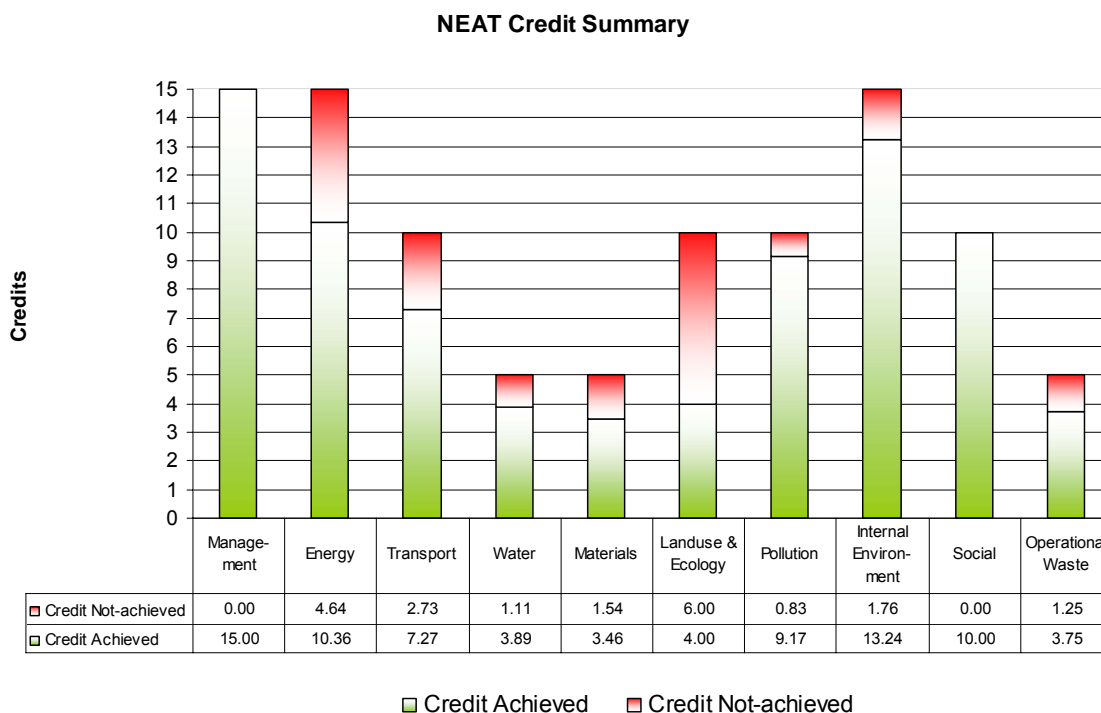
In conducting a NEAT assessment a wide range of potential impacts are assessed against pre-set criteria. For each criterion there are identifiable standards of performance that must be met in order to score "credits".

A weighting system is then applied to calculate a percentage score. This final percentage is then interpreted as a rating as follows:

Excellent	≥70%
Very Good	≥55%
Good	≥40%
Pass	≥25%
Fail	<25%

At this preliminary stage the NEAT score is estimated as being 80.14%. A NEAT rating of 'Excellent' is therefore possible.

The following graph summarises the credits achieved against those available.



There is therefore potential for improvement in most areas of the scheme, with the greatest opportunity being in transport, water, land use and ecology, internal environment and social categories.

Further detail concerning the credit awards is supplied in Section 2.

1.2 NEAT Targets

The NHS Estates target is that all new developments are to achieve an “Excellent” rating whilst significant refurbishments should achieve a ‘Very Good’ standard. (Sustainable Development: Environmental Strategy for the National Health Service – NHS Estates). The development appears to be on course to achieve this standard. However this NEAT assessment is subject to extensive review as a number of credits are subject to change as the project progresses or additional advice is received.

Additional credits may be achieved given further confirmation from the Trust with regard to a small number of credits relating to policy and procedure.

2 NEAT Detail

This section summarises the NEAT assessment category by category. Each section summarises the credits achieved for one category of credits. A table is also provided for each category which provides a summary of the Assessor's comments for every credit and an indication of whether the credit has been achieved (Y) or not (N).

2.1.1 Management

	Description	Y/N
Man 1	Is there a firm commitment to complete a post construction review using NEAT? NEAT credit is awarded for committing to complete a post construction review using NEAT.	Y
Man 2	Is there a firm commitment to complete an environmental assessment using NEAT? This requires commitment to complete the whole of this tool as a means of estimating and understanding the environmental impacts of the building in operation. This should be done one year after completion of the construction phase.	Y
Man 3	Does the Trust own an openly published environmental policy - made available to the design team? This should comprise an established and openly available published company policy on the environment at an organisational level. Guidance on compiling an environmental policy can be found in Good Practice Guide 200, "A strategic approach to environmental management" is available free through the Energy Efficiency Best Practice Programme.	Y
Man 4	Will the Considerate Constructors scheme be used and a minimum score of 3 achieved? The Considerate Constructors Scheme is a national initiative, designed to improve the image of construction through better management and presentation of its sites. It aims to raise the standards of construction design and management above statutory requirements. Details can be obtained from www.ccscheme.org.uk or enquiries@considerateconstructorscheme.org.uk or Tel 01920 872837.	Y
Man 5	Have time and budgets been allowed for commissioning? Commissioning is a vital stage of most construction projects in ensuring that the building services and fabric operates as intended by the design team i.e. in an efficient and effective way. A poorly commissioned building can consume significantly more resources and is likely to provide a significantly poorer indoor environment than one which is properly commissioned. In many projects commissioning becomes squeezed as a result of a lack of clear responsibilities and NEAT seeks to ensure that such responsibilities are present. Whilst rarely in a position to control commissioning work, Design team professionals are in an ideal position to witness it and give feedback on its relevance, robustness and effectiveness as they are intimately knowledgeable about the design. Additional guidance is provided by CIBSE, HVCA, BSRIA, and BRE; www.hvca.org.uk , www.cibse.org.uk , www.bsria.org.uk , www.bre.co.uk	Y
Man 6	Is there a member of the design team responsible for monitoring commissioning? The assessor should ask the design team to provide copies of the letters of appointment to design team members specifically mentioning responsibility for commissioning. The assessor will be required to check relevant correspondence provided to ensure that a specific member of the design team will be overseeing the commissioning process.	Y

Man 7	<p>Has a specialist commissioning agent been appointed? The assessor should ask the design team to provide copies of the written confirmation of the appointment of a commissioning agent and the responsibilities of that agent. Written confirmation from client or contractor that a commissioning agent will be appointed at the appropriate time. The assessor will be required to check that relevant correspondence is provided for the following:</p> <p>Letters of appointment of a commissioning agent. OR if the tender has not yet been let, or an agent selected, written commitment to appoint such an agent. The commissioning agent could be a person from within the contractor or sub-contractor organisation, as long as they are not involved in the general installation works.</p>	Y
Man 8	<p>Are clauses relating to pre-commissioning and quality monitoring included in the specifications? Contractual clauses should ensure that the following responsibilities are passed onto the contractor and all trades on site:</p> <ul style="list-style-type: none"> - pre-commissioning; - seasonal commissioning - commissioning - quality monitoring 	Y
Man 9	<p>Is a simple users guide provided, which covers design parameters of the main building services items? The guide must be aimed at the users of the building to enable them to understand the intended operational modes of the building.</p> <p>Aimed at management personnel who make facilities management decisions (such as increasing number of beds in rooms etc) rather than technical facilities managers. The aim of the credit is to ensure that design features are used efficiently and that changes to operational areas are managed in the most appropriate manner.</p> <p>NOTE: The presence of a building O&M (Operations and Maintenance Manual) does not meet this requirement. The latter is usually a requirement and provides the detailed specialist information required by technical FM and maintenance staff / contractors</p>	Y
Man 10	<p>Do contract spec's ensure that suppliers etc. assess environmental impact of their services / goods? Encouragement of manufacturers, suppliers and contractors through contract specifications to develop environmentally preferable goods and services at competitive prices as outlined in Procure21. One way of achieving this is to assess the environmental performance of potential suppliers.</p> <p>ProCure 21 (capital development procurement process) published by NHS Estates</p>	Y
Man 11	<p>Does The Trust have an asset maintenance agreement? Provision should be made for an asset maintenance agreement. Guidance on asset maintenance agreements can be found in Estatecode – Asset Maintenance, published by NHS Estates.</p>	Y

2.1.2 Energy

	Description	Y/N
E 1	Does sub metering in the unit cover each of the major energy uses such as cooling and fans etc? Covering each of the following (where present): <ul style="list-style-type: none"> - humidification plant - cooling plant and fans - computer room - lighting and small power 	Y
E 2	Does sub metering in the unit cover each of the major energy use departments? Covering each of the following (where present): <ul style="list-style-type: none"> - Theatre Rooms - Scanning Department (X-ray, MRI, etc) - Computer room; - Catering; - Laundry 	Y
E 3	Is the unit single tenancy? OR, If there are any tenancy areas, is electrical check-metering installed? NEAT credit is available where electrical check-metering of tenancy areas is installed (in multi-occupant cases only) or where the unit is, and is likely to remain, single tenancy for the next five years.	Y
E 4	Is the heating system separated into zones so that areas of the unit with different heating requirements can be controlled separately?	Y
E 5	Are TRVs (thermostatic radiator valves) or equivalent installed for local control over heating?	Y
E 6	Is the heating system designed to be able to meet seasonal variations in demand? An example of a system that satisfies these criteria is a modular boiler system. A modular boiler system makes use of different sizes of plant depending on the output requirement as this will change with the seasons.	Y
E 7	Is internal lighting designed in accordance with NHS guidance? NHS Estates guidance "Achieving Energy Efficiency in th NHS"	Y
E 8	Are improved lighting controls installed or specified? See guidance for more details. Examples of improved lighting control include: <ul style="list-style-type: none"> - time controls for areas with regular patterns of use; - time controls or daylight correction controls for external lighting; - presence detection controls; - daytime detection controls. 	Y
E 9	Does the external lighting system have an efficacy of 50 Lumens/Watt or more? See guidance. Examples of light fittings that generally satisfy this are: <ul style="list-style-type: none"> - high and low pressure sodium - metal halide - induction lighting - tubular and compact fluorescent 	Y
E 10	Is external security lighting controlled for absence and daylight? Absence detection and daylight linking (through a timeswitch or a daylight sensor) will ensure that the lights are only on when necessary. Manual control is NOT acceptable	Y
E 11	Is the overall U value 5% better than current Building Regulation Part L?	Y
E 12	Is the overall U value 15% better than current Building Regulation Part L?	Y
E 13	Is the overall U value 25% better than current Building Regulation Part L?	Y
E 14	Net CO₂ emissions This range of credits has been developed using BRECSU, NHS Estates (ERIC) research and others. It is based on CO ₂ emissions associated with operational energy use of the site(s). It uses the latest CO ₂ conversion factors to relate operational energy use to primary energy and as a result relies upon modelling during the design stages. In order to achieve the maximum number of credits, the site must be carbon neutral.	7

E15	If any residential accommodation is provided, are purpose designed areas provided for drying wet clothes? This is ONLY relevant for residential accommodation. If no residential accommodation is present, you should answer "N/A".	Y
E16	If any residential accommodation is provided, do fridges, freezers and washing machines have ecolabels of A or B and washer-dryers have ratings of C or better? This credit is ONLY relevant for residential accommodation. If no residential accommodation is present, you should answer "N/A".	Y
E17	Are variable speed controls installed on fans and pumps where appropriate?	Y
E18	Do air conditioning systems make use of outside air for "free cooling" where appropriate? If no air conditioning is present, enter Yes using the "Yes" button. This excludes those areas where air-conditioning is required for clinical purposes.	Y
E19	Has a CHP feasibility study been carried out? CHP Sizing and Feasibility software for hospitals can be obtained free of charge from Environment and Energy Helpline (Tel 0800 585794).	Y
E20	Does the heat generating system have an operating efficiency of 85% or greater?	Y
E21	Is a computerised BEMS installed? Appropriate levels of staff training of its operation should be provided to ensure the best performance.	Y
E22	Is heat recovery used where appropriate?	Y
E23	Are humidity sensors installed in drying areas? These should control the use of air extract system.	Y

2.1.3 Transport

	Description	Y/N
T 1	Has a green transport plan (see guidance) been produced? This must make reference to NHS Transport Surveys, Plan and Targets. http://www.local-transport.dtlr.gov.uk/travelplans/index.htm .	Y
T 2	Is there compliance with Controls Assurance Standard with regard to transport? Reference the NHS Estates Controls Assurance Standard best practice (a score of 100% must be achieved) with regard to transport. Further details can be obtained from NHS Estates.	N
T 3	Is car parking provision restricted to 1 space for every 4 staff on duty? The number of staff on duty should be considered as the maximum number of staff onsite at any one time.	N
T 4	Are there adequate cycling facilities on site? Adequate cycling facilities should mean provision for at least 10% of the on site staff. Provisions should include showers, changing rooms, sheltered cycle storage.	Y
T 5	Is the site entrance less than 200m to the nearest public transport stop with a service every 15 minutes or less to a local urban centre at peak times?	Y
T 6	Is the site entrance less than 400m to the nearest public transport stop with a service every 15 minutes or less to a major public transport node at peak times? A transport node is a point at which it is possible to change mode of transport, or route i.e. bus/rail station etc	Y
T 7	Is the site within 500m of grocery shop and post box? This will help reduce the use of the car for short journeys. Close proximity to amenities will ensure that staff are more likely to walk to them, this will reduce car use.	Y
T 8	Is the site within 1000m of at least 5 of the amenities listed in the guidance? - post office, - grocery shop, - bank, - pharmacy, - leisure centre, - community centre, - social facilities, - children's play area. - catering facility	Y
T 9	Is the site within 200m of 5 of the amenities listed in the guidance? - post office, - grocery shop, - bank, - pharmacy, - leisure centre, - community centre, - children's play area. - catering facility	Y
T 10	Are there adequate pedestrian routes to local amenities? Will there be safe pedestrian routes with access to local amenities that are adequately lit but that avoid unsafe crossings of major traffic routes. Where major traffic routes are to be crossed, pedestrian crossings should be present.	Y
T 11	Do transport initiatives make reference to Local Agenda 21 transport initiatives? Click N/A if the local authority does not use LA21 This should comprise consultation and the forming of partnerships with big employers in line with Local Agenda 21 transport initiatives. If the Local Authority does not use LA21 answer "N/A". www.la21-uk.org.uk .	N

2.1.4 Water

Description		Y/N
W 1	Is a water leak detection system installed to cover all main supplies? This system should be specified to detect large scale leaks.	Y
W 2	Is proximity detection shut off for water supply installed in toilet areas? This includes the water supply to toilet areas, laundries, kitchens, bath and shower areas and washrooms. Areas in 24 hour use can be excluded from this requirement.	Y
W 3	Are water efficient fittings (see guidance) used? NEAT credit will be awarded when three of the water efficient fittings listed below are used: - waterless urinals - spray heads on taps - low flush toilets - proximity detection controls on wash hand basins	N
W 4	Are low flush toilets used? Low flush toilets (i.e. less than 5 litres in capacity) should be specified.	Y
W 5	Is there a policy to specify plants and shrubs that require little or no watering? Gardens should also be designed with shading and ground cover to reduce evaporative losses. If there are no plants and shrubs present, then the question should be answered "Not applicable" using the N/A button.	Y
W 6	Is a water meter installed to all supplies to buildings? This should be the case for each building. One meter for the whole site will not satisfy the criteria for NEAT.	Y
W 7	Are water recycling schemes present? Will there be at least one example of recycling of water within the facility. Hygiene issues must be fully considered.	N
W 8	Is there a provision for the collection and use of rain water?	Y
W 9	Is boiler blowdown monitored and re-used? If steam boilers are not specified, then the question should be answered "N/A".	Y

2.1.5 Materials

Description		Y/N
Mt 1	Is the use of asbestos explicitly prohibited in the specification?	Y
Mt 2	Is there any use of crushed aggregate, masonry, or other recycled material in the structure, sub base, ground slabs or roads? Will there be a significant use of recycled materials such as crushed aggregate or masonry in sub base, ground slabs, roads etc. Note that parts of a building being retained as part of a refurbishment project should be considered as qualifying.	Y
Mt 3	If any timber is specified for construction, is it all from sustainably managed sources? Will timber for key elements including structural timber, cladding, carcassing, internal joinery be specified to have come from sustainably managed sources. If no timber is specified, or if timber is to be reused the question should be answered "Yes".	Y
Mt 4	If any timber is specified for fittings is it all from sustainably managed sources? Will timber for fittings be specified to have come from sustainably managed sources and the source of the timber can be verified as being sustainably managed. If no timber is specified, or if timber is to be reused the question should be answered "Yes".	Y
Mt 5	Are any exposed parts of the building protected from possible vehicle impact? For example this may comprise bollards and pavements for external protection. This is particularly for around Goods Doors/ambulance drop off areas. This will prolong the life of the building and reduce maintenance costs. Internally are walls protected with guard rails, are doors protected against impact etc.	Y
Mt 6	Does the hard landscaping and fencing achieve a rating of "A" in "The Green Guide to Specification", or equivalent? If there is no hard landscaping click N/A. When using a number of different hard landscaping specifications the proportion of each must be calculated. Greater than 80% of the hard landscaping specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added this credit is achieved. A copy of the latest edition of the "Green Guide to Specification" can be ordered from www.brebookshop.com .	N
Mt 7	Does the upper floor slab achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different upper floor slab specifications the proportion of each must be calculated. Greater than 80% of the upper floor slab specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	N
Mt 8	Does the external wall achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different external wall specifications, the proportion of each must be calculated. Greater than 80% of the external wall specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	Y
Mt 9	Does the internal wall achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different internal wall specifications, the proportion of each must be calculated. Greater than 80% of the internal wall specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	Y
Mt 10	Does the roof achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different roof specifications, the proportion of each must be calculated. Greater than 80% of the roof specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	Y
Mt 11	Does the window specification achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different window specifications, the proportion of each must be calculated. Greater than 80% of the window specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	N

Mt 12	<p>Does the floor covering specification achieve a rating of "A" in "Green Guide to Specification", or equivalent?</p> <p>When using a number of different floor covering specifications, the proportion of each must be calculated. Greater than 80% of the floor covering specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved. Wet areas i.e. showers, physiotherapy pools, etc can be excluded.</p>	N
Mt 13	<p>Will on site construction waste be segregated to increase the proportion of waste that is recycled?</p> <p>Examples of waste to be segregated include</p> <ul style="list-style-type: none"> - aggregates? - metal? - timber? 	Y

2.1.6 Land Use & Ecology

	Description	Y/N
L&E 1	<p>Is the land to be built on of low ecological value? (see guidance for definition)</p> <p>The land can be classified as being of low ecological value if all of the following features are absent from the land to be built upon:</p> <ul style="list-style-type: none"> - trees and hedges over 1m high? - ponds, streams and rivers; - marshes; - natural meadow; - heathland. 	N
L&E 2	<p>Will all ecological features present on the site be maintained and adequately protected during construction? If there are no ecological features, please answer "Yes".</p> <p>Ecological features include trees over 100mm trunk diameter, hedges, ponds, streams etc.</p> <p>The tender submissions should be checked to ensure that this is expressly stated</p>	Y
L&E 3	<p>The number of credits achieved out of a maximum of 4 is automatically calculated using the Ecological Value calculator in the NEAT software.</p>	0
L&E 4	<p>Is advice on ecological enhancement of the site from a fully qualified ecological advisor (AWTC) being sought and acted upon?</p>	Y
L&E 5	<p>Have natural habitats been introduced to the site in such a way as to provide pleasant surroundings for patients?</p> <p>Are natural habitats (preferably indigenous species) to be introduced to produce pleasant surroundings for patients.</p>	Y
L&E 6	<p>Has the proposed site been previously built on or used for industrial purposes within the last 50 years?</p>	Y
L&E 7	<p>Is the land to be used defined as contaminated and will it be professionally decontaminated?</p>	N

2.1.7 Internal Environment

	Description	Y/N
IE 1.1	Will the total area of openable facades be not more than 2.5% of the total floor area? Even if the building is air conditioned, the provision of openings might allow the building to benefit from natural ventilation at some point in the future. Circulation spaces can be excluded from this calculation.	N
IE 1.2	Will the total area of openable facades be not more than 5% of the total floor area? Even if the building is air conditioned, the provision of openings might allow the building to benefit from natural ventilation at some point in the future. Circulation spaces can be excluded from this calculation.	N
IE 2	Is humidification avoided or is only steam humidification intended to be used? Steam is the only failsafe method of providing safe humidification at present.	Y
IE 3	Are air change rates compliant with HTM 2025 and naturally ventilated areas to include trickle vents? Specific air change rates for each building function can be found in HTM 2025.	Y
IE 4	Is the design in compliance with HBN 40 AND adequately day lit? HBN 40 states that all spaces occupied by patients should be daylit where possible. The design should be in compliance with HBN 40 (available from NHS Estates) and the following criteria: - average daylight factor of at least 2%; - room depth criterion ($d/w + d/h < 2/(1 - R_b)$), where d = room depth, w = room width, h = room height and R_b = average reflectance of surfaces in rear half of room For refurbishment projects the use of true daylight lamps in deep plan areas or areas with no or few windows is sufficient to award this credit.	Y
IE 5	Are occupant controllable blinds fitted to reduce glare from the sun?	Y
IE 6	Are high frequency ballasts fitted in all luminaries?	Y
IE 7	Has a study of noise levels been carried out by the design team? Will an assessment of the predicted noise levels has be carried out, which demonstrates compliance with the R_w levels as defined in HTM 2045 (1996).	Y
IE 8	Is there a reasonable budget for the provision of living plants within buildings?	Y
IE 9	If cooling towers are present, are they designed in accordance with HSG (70) to allow easy access for maintenance?	Y
IE 10	Are air intakes (including openable windows) at least 20m from major sources of pollution AND Are air intakes and extracts are at least 10m apart to avoid recirculation? - air intakes (including openable windows) are at least 20m from major sources of pollution such as major roads, vehicle manoeuvring areas and industrial extracts - air intakes and extracts are at least 10m apart to avoid recirculation.	Y
IE 11	Have the domestic hot water systems been designed in accordance with CIBSE TM13 in order to minimise the risks of Legionellosis? Compliance with CIBSE TM13 is the most recognised method of ensuring that the risk of Legionellosis is minimised.	Y
IE 12	Has an assessment, in accordance with CIBSE Guide Vol A, been made to predict summertime thermal comfort conditions? Will the building design be subject to a thermal assessment of peak summertime conditions in accordance with CIBSE guidance. This could be a computer based simulation and it should predict the peak summertime internal temperatures.	Y
IE 13	Do all relevant areas have a view of an external window? One credit will be awarded where there has been attention during planning paid to the value of views from occupied rooms, particularly for wards, offices, waiting areas, etc. In order to comply with this credit all beds/workstations etc must be within 7m of a window.	Y

IE 14	Have key odour problems been identified and is there a prioritised action plan for dealing with the problem odours?	Y
IE 15	Does signage follow the guidance within NHS Estates publication "Wayfinding"? Will signage follow the guidance within NHS Estates publication "Wayfinding". This is available from NHS Estates. www.doh.gov.uk/nhsidentity .	Y
IE 16	Is there a reasonable budget for the provision of art within buildings? Use of appropriate art may suit function and aid patient and staff wellbeing.	Y

2.1.8 Pollution

Description				Y/N																																																																																											
P 1	Is the use of ozone depleting refrigerants in air conditioning systems avoided? Will all refrigerants used have ZERO ozone depletion potential (ODP). Credit is also achieved by absence of all refrigerants.			Y																																																																																											
	<table><tr><th>Refrigerant type</th><th>Ozone Depletion Potential</th><th>Refrigerant type</th><th>Ozone Depletion Potential</th></tr><tr><td>R11 (CFC-11)</td><td>1</td><td>R410A (HFC blend)</td><td>0</td></tr><tr><td>R12 (CFC-12)</td><td>1</td><td>R413A (HFC blend)</td><td>0</td></tr><tr><td>R113 (CFC-113)</td><td>0.8</td><td>R417A (HFC blend)</td><td>0</td></tr><tr><td>R114 (CFC-114)</td><td>1</td><td>R500 (CFC/HFC)</td><td>0.74</td></tr><tr><td>R115 (CFC-115)</td><td>0.6</td><td>R502 (HCFC/CFC)</td><td>0.33</td></tr><tr><td>R125 (HFC-125)</td><td>0</td><td>R507 (HFC azeotrope)</td><td>0</td></tr><tr><td>R502 (CFC-502)</td><td>0.33</td><td>R290 (HC290 propane)</td><td>0</td></tr><tr><td>Halon-1211</td><td>3</td><td>R600 (HC600 butane)</td><td>0</td></tr><tr><td>Halon-1301</td><td>10</td><td>R600a (HC600a isobutane)</td><td>0</td></tr><tr><td>Halon-2402</td><td>6</td><td>R290/R170 (HC290/HC170)</td><td>0</td></tr><tr><td>Ammonia</td><td>0</td><td>R1270 (HC1270 propene)</td><td>0</td></tr><tr><td>R22 (HCFC-22)</td><td>0.05</td><td></td><td></td></tr><tr><td>R123 (HCFC-123)</td><td>0.02</td><td></td><td></td></tr><tr><td>R134a(HFC-134a)</td><td>0</td><td></td><td></td></tr><tr><td>R124 (HCFC-124)</td><td>0.02</td><td></td><td></td></tr><tr><td>R141b (HCFC-141b)</td><td>0.11</td><td></td><td></td></tr><tr><td>R142b (HCFC-142b)</td><td>0.07</td><td></td><td></td></tr><tr><td>R143a (HFC-143a)</td><td>0</td><td></td><td></td></tr><tr><td>R32 (HCFC-32)</td><td>0</td><td></td><td></td></tr><tr><td>R407c (HFC-407)</td><td>0</td><td></td><td></td></tr><tr><td>R152a (HFC-152a)</td><td>0</td><td></td><td></td></tr><tr><td>R404A (HFC blend)</td><td>0</td><td></td><td></td></tr></table>	Refrigerant type	Ozone Depletion Potential		Refrigerant type	Ozone Depletion Potential	R11 (CFC-11)	1	R410A (HFC blend)	0	R12 (CFC-12)	1	R413A (HFC blend)	0	R113 (CFC-113)	0.8	R417A (HFC blend)	0	R114 (CFC-114)	1	R500 (CFC/HFC)	0.74	R115 (CFC-115)	0.6	R502 (HCFC/CFC)	0.33	R125 (HFC-125)	0	R507 (HFC azeotrope)	0	R502 (CFC-502)	0.33	R290 (HC290 propane)	0	Halon-1211	3	R600 (HC600 butane)	0	Halon-1301	10	R600a (HC600a isobutane)	0	Halon-2402	6	R290/R170 (HC290/HC170)	0	Ammonia	0	R1270 (HC1270 propene)	0	R22 (HCFC-22)	0.05			R123 (HCFC-123)	0.02			R134a(HFC-134a)	0			R124 (HCFC-124)	0.02			R141b (HCFC-141b)	0.11			R142b (HCFC-142b)	0.07			R143a (HFC-143a)	0			R32 (HCFC-32)	0			R407c (HFC-407)	0			R152a (HFC-152a)	0			R404A (HFC blend)	0			
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	R113 (CFC-113)	0.8	R417A (HFC blend)		0																																																																																										
	R114 (CFC-114)	1	R500 (CFC/HFC)		0.74																																																																																										
	R115 (CFC-115)	0.6	R502 (HCFC/CFC)		0.33																																																																																										
	R125 (HFC-125)	0	R507 (HFC azeotrope)		0																																																																																										
	R502 (CFC-502)	0.33	R290 (HC290 propane)		0																																																																																										
	Halon-1211	3	R600 (HC600 butane)		0																																																																																										
	Halon-1301	10	R600a (HC600a isobutane)		0																																																																																										
	Halon-2402	6	R290/R170 (HC290/HC170)		0																																																																																										
	Ammonia	0	R1270 (HC1270 propene)		0																																																																																										
	R22 (HCFC-22)	0.05																																																																																													
	R123 (HCFC-123)	0.02																																																																																													
	R134a(HFC-134a)	0																																																																																													
	R124 (HCFC-124)	0.02																																																																																													
	R141b (HCFC-141b)	0.11																																																																																													
	R142b (HCFC-142b)	0.07																																																																																													
	R143a (HFC-143a)	0																																																																																													
	R32 (HCFC-32)	0																																																																																													
	R407c (HFC-407)	0																																																																																													
	R152a (HFC-152a)	0																																																																																													
R404A (HFC blend)	0																																																																																														
P 2	Are all insulants free of ozone depleting substances (ODS)? This could be ensured by including a suitable exclusion clause in the specification or naming particular types of insulants.			Y																																																																																											
P 3	If refrigerants are used in air conditioning systems, are leak detection systems installed? Will there be a refrigerant leak detection system covering high-risk parts of plant (the coil can be omitted from this) or no refrigerants. This is to detect small leaks of refrigerant.			Y																																																																																											
P 4	Is there a refrigerant pump down system and are there isolation valves? If the use of refrigerants is completely avoided, please answer Yes by using the "yes" button. Will there be provision of automatic refrigerant pump down to coil or storage tanks with isolation valves or no refrigerants. This applies for refrigerants with zero ozone depletion potential as they can have a significant global warming potential.			Y																																																																																											
P 5	Does the site include measures to reduce the rate of water run off to watercourses such as porous hard surfaces (not suitable for heavy duty areas) or holding tanks or ponds? Will site facilities reduce potential for run off to natural watercourses and/or municipal watercourses by 50%.			N																																																																																											
P 6	Are oil interceptors or filtration present to prevent pollution of watercourses? One credit where site facilities reduce potential for pollution of natural watercourses and/or municipal watercourses by the use of on site treatment such as oil interceptors or filtration.			Y																																																																																											
P 7	Is the NOx emission rate of the heating plant below 150 mg/kWh? If heating is supplied by national grid electricity this can not be achieved unless power is being obtained from renewable energy or CHP. If CHP is specified, suppliers figures for NOx emissions must be obtained.			Y																																																																																											
P 8	Is the NOx emission rate of the heating plant below 70 mg/kWh? If heating is supplied by national grid electricity this can not be achieved unless power is being obtained from renewable energy or CHP. If CHP is specified, suppliers figures for NOx emissions must be obtained.			Y																																																																																											
P 9	Is the NOx emission rate of the heating plant below 40 mg/kWh? If heating is supplied by national grid electricity this can not be achieved unless power is being obtained from renewable energy or CHP. If CHP is specified, suppliers figures for NOx emissions must be obtained.			Y																																																																																											
P 10	Have all hazardous substances (as defined in COSHH) been identified? Will a list of all hazardous substances, as defined in COSHH, that are used onsite be compiled.			Y																																																																																											
P 11	Have replacements of hazardous substances (as defined in COSHH) been found? Will at least 80% of hazardous substances, identified in the above list be replaced with safer alternatives.			Y																																																																																											

P 12	Will an environmental noise assessment demonstrate compliance with guidance? Will an environmental noise assessment be carried out to demonstrate that the rating level of the new plant, associated with the new building works, does not exceed the background noise level(as defined in BS 4142) by more than 5dB?	Y
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2.1.9 Social

	Description	Y/N
S 1	Are any parts of the site, that have historic or heritage value, protected? If there are no parts of the site deemed to have historic or heritage value, then the credit should be answered "Yes".	Y
S 2	Are the following local environmental impacts measured?- pollution to air and water, transport Has identification and management of local environmental impacts including pollution to air, water and transport been undertaken and are there systematic procedures for measuring and recording impact, particularly where quantifiable.	Y
S 3	Are there any links between activities of the site and Local Agenda 21 initiatives? If the relevant local authority does not have a Local Agenda 21 scheme answer "N/A". Local Agenda 21 is a way for communities, individuals and organisations to move towards sustainable development in their area. All kinds of project work for LA21 is underway in local authorities, voluntary organisations, business and other groups. Please refer to credit T2.11 for more guidance.	Y
S 4	Does the site share its resources with other services or the local community? Healthcare sites can be a valuable resource for the local community and should assist by sharing buildings.	Y
S 5	Was there public consultation prior to construction? Has or will public consultation be commissioned or will existing public consultation for the development be used?	Y
S 6	Were the findings of public consultation taken into account in the final design? Will the findings and recommendations of public consultation be considered in the final design.	Y

2.1.10 Operational Waste

Description		Y/N
OW 1	<i>Are paper recycling facilities provided that both patients and staff can use?</i>	Y
OW 2	<i>Are glass recycling facilities provided that both patients and staff can use?</i>	N
OW 3	<i>Are drinks can recycling facilities provided that both patients and staff can use?</i>	Y
OW 4	<i>Is there provision for the storage of recyclable materials?</i>	Y

**North Bristol and South
Gloucestershire Service & Site
Reconfiguration –
Frenchay Site**

Design Brief Development
Preliminary NEAT Assessment

Revision: 03
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1 NEAT Summary

1.1 NEAT Introduction

The NEAT (NHS Environmental Assessment Tool) allows designers to review and improve the environmental performance of buildings in the National Health Service Estate. The NEAT programme was launched in April 2002 in line with the OGC 'Sustainable Construction Action Plan' requirements as endorsed by the Government Construction Client Panel. NEAT brings with it a requirement for the NHS, and those who work with and for the NHS, to build in a sustainable manner.

NEAT can be used to evaluate current operational estate or for new build/refurbishment capital programmes.

The NEAT programme is based on many years of construction and environmental research carried out at BRE together with the input and experience of the NHS Estates Departments, Government and building regulators.

A NEAT assessment aims to provide NHS buildings with an environmental label, which can then be used to provide comparison with one another.

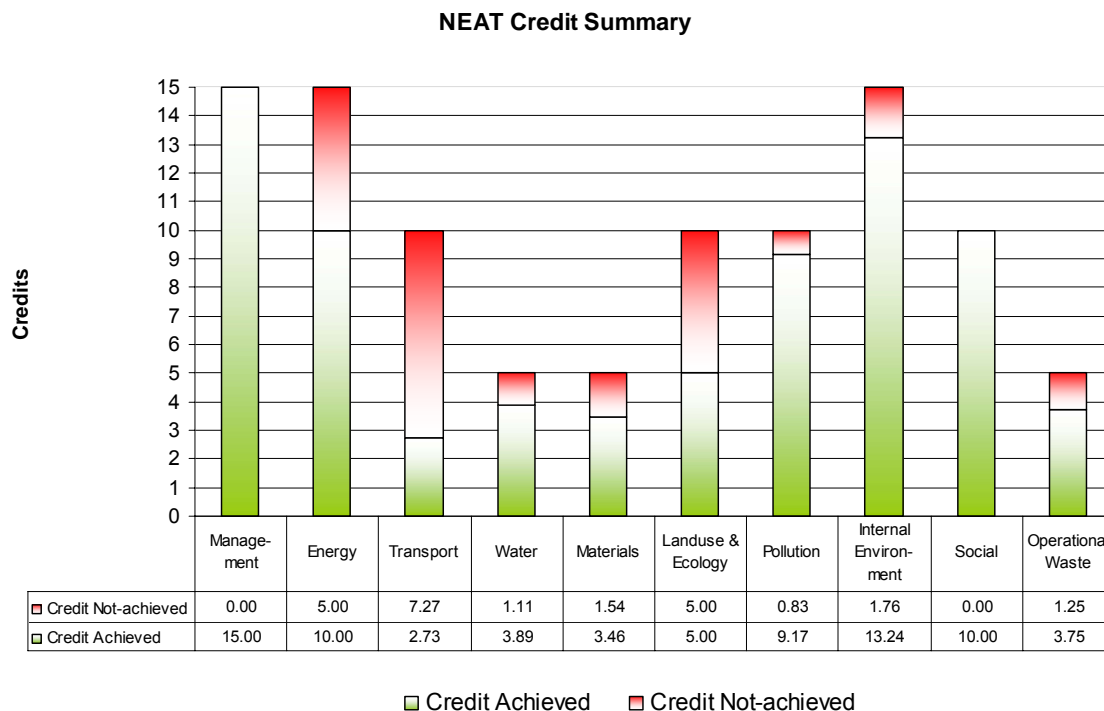
In conducting a NEAT assessment a wide range of potential impacts are assessed against pre-set criteria. For each criterion there are identifiable standards of performance that must be met in order to score "credits".

A weighting system is then applied to calculate a percentage score. This final percentage is then interpreted as a rating as follows:

Excellent	≥70%
Very Good	≥55%
Good	≥40%
Pass	≥25%
Fail	<25%

At this preliminary stage the NEAT score is estimated as being 76.23%. A NEAT rating of 'Excellent' is therefore possible.

The following graph summarises the credits achieved against those available.



There is therefore potential for improvement in most areas of the scheme, with the greatest opportunity being in transport, water, land use and ecology, internal environment and social categories.

Further detail concerning the credit awards is supplied in Section 2.

1.2 NEAT Targets

The NHS Estates target is that all new developments are to achieve an “Excellent” rating whilst significant refurbishments should achieve a ‘Very Good’ standard. (Sustainable Development: Environmental Strategy for the National Health Service – NHS Estates). The development appears to be on course to achieve this standard. However this NEAT assessment is subject to extensive review as a number of credits are subject to change as the project progresses or additional advice is received.

Additional credits may be achieved given further confirmation from the Trust with regard to a small number of credits relating to policy and procedure.

2 NEAT Detail

This section summarises the NEAT assessment category by category. Each section summarises the credits achieved for one category of credits. A table is also provided for each category which provides a summary of the Assessor's comments for every credit and an indication of whether the credit has been achieved (Y) or not (N).

2.1.1 Management

	Description	Y/N
Man 1	Is there a firm commitment to complete a post construction review using NEAT? NEAT credit is awarded for committing to complete a post construction review using NEAT.	Y
Man 2	Is there a firm commitment to complete an environmental assessment using NEAT? This requires commitment to complete the whole of this tool as a means of estimating and understanding the environmental impacts of the building in operation. This should be done one year after completion of the construction phase.	Y
Man 3	Does the Trust own an openly published environmental policy - made available to the design team? This should comprise an established and openly available published company policy on the environment at an organisational level. Guidance on compiling an environmental policy can be found in Good Practice Guide 200, "A strategic approach to environmental management" is available free through the Energy Efficiency Best Practice Programme.	Y
Man 4	Will the Considerate Constructors scheme be used and a minimum score of 3 achieved? The Considerate Constructors Scheme is a national initiative, designed to improve the image of construction through better management and presentation of its sites. It aims to raise the standards of construction design and management above statutory requirements. Details can be obtained from www.ccscheme.org.uk or enquiries@considerateconstructorscheme.org.uk or Tel 01920 872837.	Y
Man 5	Have time and budgets been allowed for commissioning? Commissioning is a vital stage of most construction projects in ensuring that the building services and fabric operates as intended by the design team i.e. in an efficient and effective way. A poorly commissioned building can consume significantly more resources and is likely to provide a significantly poorer indoor environment than one which is properly commissioned. In many projects commissioning becomes squeezed as a result of a lack of clear responsibilities and NEAT seeks to ensure that such responsibilities are present. Whilst rarely in a position to control commissioning work, Design team professionals are in an ideal position to witness it and give feedback on its relevance, robustness and effectiveness as they are intimately knowledgeable about the design. Additional guidance is provided by CIBSE, HVCA, BSRIA, and BRE; www.hvca.org.uk , www.cibse.org.uk , www.bsria.org.uk , www.bre.co.uk	Y
Man 6	Is there a member of the design team responsible for monitoring commissioning? The assessor should ask the design team to provide copies of the letters of appointment to design team members specifically mentioning responsibility for commissioning. The assessor will be required to check relevant correspondence provided to ensure that a specific member of the design team will be overseeing the commissioning process.	Y

Man 7	<p>Has a specialist commissioning agent been appointed? The assessor should ask the design team to provide copies of the written confirmation of the appointment of a commissioning agent and the responsibilities of that agent. Written confirmation from client or contractor that a commissioning agent will be appointed at the appropriate time. The assessor will be required to check that relevant correspondence is provided for the following:</p> <p>Letters of appointment of a commissioning agent. OR if the tender has not yet been let, or an agent selected, written commitment to appoint such an agent. The commissioning agent could be a person from within the contractor or sub-contractor organisation, as long as they are not involved in the general installation works.</p>	Y
Man 8	<p>Are clauses relating to pre-commissioning and quality monitoring included in the specifications? Contractual clauses should ensure that the following responsibilities are passed onto the contractor and all trades on site:</p> <ul style="list-style-type: none"> - pre-commissioning; - seasonal commissioning - commissioning - quality monitoring 	Y
Man 9	<p>Is a simple users guide provided, which covers design parameters of the main building services items? The guide must be aimed at the users of the building to enable them to understand the intended operational modes of the building.</p> <p>Aimed at management personnel who make facilities management decisions (such as increasing number of beds in rooms etc) rather than technical facilities managers. The aim of the credit is to ensure that design features are used efficiently and that changes to operational areas are managed in the most appropriate manner.</p> <p>NOTE: The presence of a building O&M (Operations and Maintenance Manual) does not meet this requirement. The latter is usually a requirement and provides the detailed specialist information required by technical FM and maintenance staff / contractors</p>	Y
Man 10	<p>Do contract spec's ensure that suppliers etc. assess environmental impact of their services / goods? Encouragement of manufacturers, suppliers and contractors through contract specifications to develop environmentally preferable goods and services at competitive prices as outlined in Procure21. One way of achieving this is to assess the environmental performance of potential suppliers.</p> <p>ProCure 21 (capital development procurement process) published by NHS Estates</p>	Y
Man 11	<p>Does The Trust have an asset maintenance agreement? Provision should be made for an asset maintenance agreement. Guidance on asset maintenance agreements can be found in Estatecode – Asset Maintenance, published by NHS Estates.</p>	Y

2.1.2 Energy

	Description	Y/N
E 1	Does sub metering in the unit cover each of the major energy uses such as cooling and fans etc? Covering each of the following (where present): <ul style="list-style-type: none"> - humidification plant - cooling plant and fans - computer room - lighting and small power 	Y
E 2	Does sub metering in the unit cover each of the major energy use departments? Covering each of the following (where present): <ul style="list-style-type: none"> - Theatre Rooms - Scanning Department (X-ray, MRI, etc) - Computer room; - Catering; - Laundry 	Y
E 3	Is the unit single tenancy? OR, If there are any tenancy areas, is electrical check-metering installed? NEAT credit is available where electrical check-metering of tenancy areas is installed (in multi-occupant cases only) or where the unit is, and is likely to remain, single tenancy for the next five years.	Y
E 4	Is the heating system separated into zones so that areas of the unit with different heating requirements can be controlled separately?	Y
E 5	Are TRVs (thermostatic radiator valves) or equivalent installed for local control over heating?	Y
E 6	Is the heating system designed to be able to meet seasonal variations in demand? An example of a system that satisfies these criteria is a modular boiler system. A modular boiler system makes use of different sizes of plant depending on the output requirement as this will change with the seasons.	Y
E 7	Is internal lighting designed in accordance with NHS guidance? NHS Estates guidance "Achieving Energy Efficiency in the NHS"	Y
E 8	Are improved lighting controls installed or specified? See guidance for more details. Examples of improved lighting control include: <ul style="list-style-type: none"> - time controls for areas with regular patterns of use; - time controls or daylight correction controls for external lighting; - presence detection controls; - daytime detection controls. 	Y
E 9	Does the external lighting system have an efficacy of 50 Lumens/Watt or more? See guidance. Examples of light fittings that generally satisfy this are: <ul style="list-style-type: none"> - high and low pressure sodium - metal halide - induction lighting - tubular and compact fluorescent 	Y
E 10	Is external security lighting controlled for absence and daylight? Absence detection and daylight linking (through a timeswitch or a daylight sensor) will ensure that the lights are only on when necessary. Manual control is NOT acceptable	Y
E 11	Is the overall U value 5% better than current Building Regulation Part L?	Y
E 12	Is the overall U value 15% better than current Building Regulation Part L?	Y
E 13	Is the overall U value 25% better than current Building Regulation Part L?	Y
E 14	Net CO₂ emissions This range of credits has been developed using BRECSU, NHS Estates (ERIC) research and others. It is based on CO ₂ emissions associated with operational energy use of the site(s). It uses the latest CO ₂ conversion factors to relate operational energy use to primary energy and as a result relies upon modelling during the design stages. In order to achieve the maximum number of credits, the site must be carbon neutral.	7

E15	If any residential accommodation is provided, are purpose designed areas provided for drying wet clothes? This is ONLY relevant for residential accommodation. If no residential accommodation is present, you should answer "N/A".	N/A
E16	If any residential accommodation is provided, do fridges, freezers and washing machines have ecolabels of A or B and washer-dryers have ratings of C or better? This credit is ONLY relevant for residential accommodation. If no residential accommodation is present, you should answer "N/A".	N/A
E17	Are variable speed controls installed on fans and pumps where appropriate?	Y
E18	Do air conditioning systems make use of outside air for "free cooling" where appropriate? If no air conditioning is present, enter Yes using the "Yes" button. This excludes those areas where air-conditioning is required for clinical purposes.	Y
E19	Has a CHP feasibility study been carried out? CHP Sizing and Feasibility software for hospitals can be obtained free of charge from Environment and Energy Helpline (Tel 0800 585794).	Y
E20	Does the heat generating system have an operating efficiency of 85% or greater?	Y
E21	Is a computerised BEMS installed? Appropriate levels of staff training of its operation should be provided to ensure the best performance.	Y
E22	Is heat recovery used where appropriate?	Y
E23	Are humidity sensors installed in drying areas? These should control the use of air extract system.	N/A

2.1.3 Transport

	Description	Y/N
T 1	Has a green transport plan (see guidance) been produced? This must make reference to NHS Transport Surveys, Plan and Targets. http://www.local-transport.dft.gov.uk/travelplans/index.htm .	Y
T 2	Is there compliance with Controls Assurance Standard with regard to transport? Reference the NHS Estates Controls Assurance Standard best practice (a score of 100% must be achieved) with regard to transport. Further details can be obtained from NHS Estates.	N
T 3	Is car parking provision restricted to 1 space for every 4 staff on duty? The number of staff on duty should be considered as the maximum number of staff onsite at any one time.	N
T 4	Are there adequate cycling facilities on site? Adequate cycling facilities should mean provision for at least 10% of the on site staff. Provisions should include showers, changing rooms, sheltered cycle storage.	N
T 5	Is the site entrance less than 200m to the nearest public transport stop with a service every 15 minutes or less to a local urban centre at peak times?	N
T 6	Is the site entrance less than 400m to the nearest public transport stop with a service every 15 minutes or less to a major public transport node at peak times? A transport node is a point at which it is possible to change mode of transport, or route i.e. bus/rail station etc	N
T 7	Is the site within 500m of grocery shop and post box? This will help reduce the use of the car for short journeys. Close proximity to amenities will ensure that staff are more likely to walk to them, this will reduce car use.	N
T 8	Is the site within 1000m of at least 5 of the amenities listed in the guidance? - post office, - grocery shop, - bank, - pharmacy, - leisure centre, - community centre, - social facilities, - children's play area. - catering facility	Y
T 9	Is the site within 200m of 5 of the amenities listed in the guidance? - post office, - grocery shop, - bank, - pharmacy, - leisure centre, - community centre, - children's play area. - catering facility	N
T 10	Are there adequate pedestrian routes to local amenities? Will there be safe pedestrian routes with access to local amenities that are adequately lit but that avoid unsafe crossings of major traffic routes. Where major traffic routes are to be crossed, pedestrian crossings should be present.	Y
T 11	Do transport initiatives make reference to Local Agenda 21 transport initiatives? Click N/A if the local authority does not use LA21 This should comprise consultation and the forming of partnerships with big employers in line with Local Agenda 21 transport initiatives. If the Local Authority does not use LA21 answer "N/A". www.la21-uk.org.uk .	N

2.1.4 Water

Description		Y/N
W 1	Is a water leak detection system installed to cover all main supplies? This system should be specified to detect large scale leaks.	Y
W 2	Is proximity detection shut off for water supply installed in toilet areas? This includes the water supply to toilet areas, laundries, kitchens, bath and shower areas and washrooms. Areas in 24 hour use can be excluded from this requirement.	Y
W 3	Are water efficient fittings (see guidance) used? NEAT credit will be awarded when three of the water efficient fittings listed below are used: - waterless urinals - spray heads on taps - low flush toilets - proximity detection controls on wash hand basins	N
W 4	Are low flush toilets used? Low flush toilets (i.e. less than 5 litres in capacity) should be specified.	Y
W 5	Is there a policy to specify plants and shrubs that require little or no watering? Gardens should also be designed with shading and ground cover to reduce evaporative losses. If there are no plants and shrubs present, then the question should be answered "Not applicable" using the N/A button.	Y
W 6	Is a water meter installed to all supplies to buildings? This should be the case for each building. One meter for the whole site will not satisfy the criteria for NEAT.	Y
W 7	Are water recycling schemes present? Will there be at least one example of recycling of water within the facility. Hygiene issues must be fully considered.	N
W 8	Is there a provision for the collection and use of rain water?	Y
W 9	Is boiler blowdown monitored and re-used? If steam boilers are not specified, then the question should be answered "N/A".	Y

2.1.5 Materials

Description		Y/N
Mt 1	Is the use of asbestos explicitly prohibited in the specification?	Y
Mt 2	Is there any use of crushed aggregate, masonry, or other recycled material in the structure, sub base, ground slabs or roads? Will there be a significant use of recycled materials such as crushed aggregate or masonry in sub base, ground slabs, roads etc. Note that parts of a building being retained as part of a refurbishment project should be considered as qualifying.	Y
Mt 3	If any timber is specified for construction, is it all from sustainably managed sources? Will timber for key elements including structural timber, cladding, carcassing, internal joinery be specified to have come from sustainably managed sources. If no timber is specified, or if timber is to be reused the question should be answered "Yes".	Y
Mt 4	If any timber is specified for fittings is it all from sustainably managed sources? Will timber for fittings be specified to have come from sustainably managed sources and the source of the timber can be verified as being sustainably managed. If no timber is specified, or if timber is to be reused the question should be answered "Yes".	Y
Mt 5	Are any exposed parts of the building protected from possible vehicle impact? For example this may comprise bollards and pavements for external protection. This is particularly for around Goods Doors/ambulance drop off areas. This will prolong the life of the building and reduce maintenance costs. Internally are walls protected with guard rails, are doors protected against impact etc.	Y
Mt 6	Does the hard landscaping and fencing achieve a rating of "A" in "The Green Guide to Specification", or equivalent? If there is no hard landscaping click N/A. When using a number of different hard landscaping specifications the proportion of each must be calculated. Greater than 80% of the hard landscaping specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added this credit is achieved. A copy of the latest edition of the "Green Guide to Specification" can be ordered from www.brebookshop.com .	N
Mt 7	Does the upper floor slab achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different upper floor slab specifications the proportion of each must be calculated. Greater than 80% of the upper floor slab specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	N
Mt 8	Does the external wall achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different external wall specifications, the proportion of each must be calculated. Greater than 80% of the external wall specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	Y
Mt 9	Does the internal wall achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different internal wall specifications, the proportion of each must be calculated. Greater than 80% of the internal wall specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	Y
Mt 10	Does the roof achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different roof specifications, the proportion of each must be calculated. Greater than 80% of the roof specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	Y
Mt 11	Does the window specification achieve a rating of "A" in "Green Guide to Specification", or equivalent? When using a number of different window specifications, the proportion of each must be calculated. Greater than 80% of the window specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved.	N

Mt 12	<p>Does the floor covering specification achieve a rating of "A" in "Green Guide to Specification", or equivalent?</p> <p>When using a number of different floor covering specifications, the proportion of each must be calculated. Greater than 80% of the floor covering specifications must achieve an "A" rating. With refurbishment, if no more than 20% extra new material is added, this credit is achieved. Wet areas i.e. showers, physiotherapy pools, etc can be excluded.</p>	N
Mt 13	<p>Will on site construction waste be segregated to increase the proportion of waste that is recycled?</p> <p>Examples of waste to be segregated include</p> <ul style="list-style-type: none"> - aggregates? - metal? - timber? 	Y

2.1.6 Land Use & Ecology

	Description	Y/N
L&E 1	<p>Is the land to be built on of low ecological value? (see guidance for definition)</p> <p>The land can be classified as being of low ecological value if all of the following features are absent from the land to be built upon:</p> <ul style="list-style-type: none"> - trees and hedges over 1m high? - ponds, streams and rivers; - marshes; - natural meadow; - heathland. 	Y
L&E 2	<p>Will all ecological features present on the site be maintained and adequately protected during construction? If there are no ecological features, please answer "Yes".</p> <p>Ecological features include trees over 100mm trunk diameter, hedges, ponds, streams etc.</p> <p>The tender submissions should be checked to ensure that this is expressly stated</p>	Y
L&E 3	<p>The number of credits achieved out of a maximum of 4 is automatically calculated using the Ecological Value calculator in the NEAT software.</p>	0
L&E 4	<p>Is advice on ecological enhancement of the site from a fully qualified ecological advisor (AWTC) being sought and acted upon?</p>	Y
L&E 5	<p>Have natural habitats been introduced to the site in such a way as to provide pleasant surroundings for patients?</p> <p>Are natural habitats (preferably indigenous species) to be introduced to produce pleasant surroundings for patients.</p>	Y
L&E 6	<p>Has the proposed site been previously built on or used for industrial purposes within the last 50 years?</p>	Y
L&E 7	<p>Is the land to be used defined as contaminated and will it be professionally decontaminated?</p>	N

2.1.7 Internal Environment

	Description	Y/N
IE 1.1	Will the total area of openable facades be not more than 2.5% of the total floor area? Even if the building is air conditioned, the provision of openings might allow the building to benefit from natural ventilation at some point in the future. Circulation spaces can be excluded from this calculation.	N
IE 1.2	Will the total area of openable facades be not more than 5% of the total floor area? Even if the building is air conditioned, the provision of openings might allow the building to benefit from natural ventilation at some point in the future. Circulation spaces can be excluded from this calculation.	N
IE 2	Is humidification avoided or is only steam humidification intended to be used? Steam is the only failsafe method of providing safe humidification at present.	Y
IE 3	Are air change rates compliant with HTM 2025 and naturally ventilated areas to include trickle vents? Specific air change rates for each building function can be found in HTM 2025.	Y
IE 4	Is the design in compliance with HBN 40 AND adequately day lit? HBN 40 states that all spaces occupied by patients should be daylit where possible. The design should be in compliance with HBN 40 (available from NHS Estates) and the following criteria: - average daylight factor of at least 2%; - room depth criterion ($d/w + d/h < 2/(1 - R_b)$), where d = room depth, w = room width, h = room height and R_b = average reflectance of surfaces in rear half of room For refurbishment projects the use of true daylight lamps in deep plan areas or areas with no or few windows is sufficient to award this credit.	Y
IE 5	Are occupant controllable blinds fitted to reduce glare from the sun?	Y
IE 6	Are high frequency ballasts fitted in all luminaries?	Y
IE 7	Has a study of noise levels been carried out by the design team? Will an assessment of the predicted noise levels has be carried out, which demonstrates compliance with the R_w levels as defined in HTM 2045 (1996).	Y
IE 8	Is there a reasonable budget for the provision of living plants within buildings?	Y
IE 9	If cooling towers are present, are they designed in accordance with HSG (70) to allow easy access for maintenance?	Y
IE 10	Are air intakes (including openable windows) at least 20m from major sources of pollution AND Are air intakes and extracts are at least 10m apart to avoid recirculation? - air intakes (including openable windows) are at least 20m from major sources of pollution such as major roads, vehicle manoeuvring areas and industrial extracts - air intakes and extracts are at least 10m apart to avoid recirculation.	Y
IE 11	Have the domestic hot water systems been designed in accordance with CIBSE TM13 in order to minimise the risks of Legionellosis? Compliance with CIBSE TM13 is the most recognised method of ensuring that the risk of Legionellosis is minimised.	Y
IE 12	Has an assessment, in accordance with CIBSE Guide Vol A, been made to predict summertime thermal comfort conditions? Will the building design be subject to a thermal assessment of peak summertime conditions in accordance with CIBSE guidance. This could be a computer based simulation and it should predict the peak summertime internal temperatures.	Y
IE 13	Do all relevant areas have a view of an external window? One credit will be awarded where there has been attention during planning paid to the value of views from occupied rooms, particularly for wards, offices, waiting areas, etc. In order to comply with this credit all beds/workstations etc must be within 7m of a window.	Y

IE 14	Have key odour problems been identified and is there a prioritised action plan for dealing with the problem odours?	Y
IE 15	Does signage follow the guidance within NHS Estates publication "Wayfinding"? Will signage follow the guidance within NHS Estates publication "Wayfinding". This is available from NHS Estates. www.doh.gov.uk/nhsidentity .	Y
IE 16	Is there a reasonable budget for the provision of art within buildings? Use of appropriate art may suit function and aid patient and staff wellbeing.	Y

2.1.8 Pollution

Description		Y/N																																																																																												
P 1	<p>Is the use of ozone depleting refrigerants in air conditioning systems avoided? Will all refrigerants used have ZERO ozone depletion potential (ODP). Credit is also achieved by absence of all refrigerants.</p> <table><tr><th>Refrigerant type</th><th>Ozone Depletion Potential</th><th>Refrigerant type</th><th>Ozone Depletion Potential</th></tr><tr><td>R11 (CFC-11)</td><td>1</td><td>R410A (HFC blend)</td><td>0</td></tr><tr><td>R12 (CFC-12)</td><td>1</td><td>R413A (HFC blend)</td><td>0</td></tr><tr><td>R113 (CFC-113)</td><td>0.8</td><td>R417A (HFC blend)</td><td>0</td></tr><tr><td>R114 (CFC-114)</td><td>1</td><td>R500 (CFC/HFC)</td><td>0.74</td></tr><tr><td>R115 (CFC-115)</td><td>0.6</td><td>R502 (HCFC/CFC)</td><td>0.33</td></tr><tr><td>R125 (HFC-125)</td><td>0</td><td>R507 (HFC azeotrope)</td><td>0</td></tr><tr><td>R502 (CFC-502)</td><td>0.33</td><td>R290 (HC290 propane)</td><td>0</td></tr><tr><td>Halon-1211</td><td>3</td><td>R600 (HC600 butane)</td><td>0</td></tr><tr><td>Halon-1301</td><td>10</td><td>R600a (HC600a isobutane)</td><td>0</td></tr><tr><td>Halon-2402</td><td>6</td><td>R290/R170 (HC290/HC170)</td><td>0</td></tr><tr><td>Ammonia</td><td>0</td><td>R1270 (HC1270 propene)</td><td>0</td></tr><tr><td>R22 (HCFC-22)</td><td>0.05</td><td></td><td></td></tr><tr><td>R123 (HCFC-123)</td><td>0.02</td><td></td><td></td></tr><tr><td>R134a(HFC-134a)</td><td>0</td><td></td><td></td></tr><tr><td>R124 (HCFC-124)</td><td>0.02</td><td></td><td></td></tr><tr><td>R141b (HCFC-141b)</td><td>0.11</td><td></td><td></td></tr><tr><td>R142b (HCFC-142b)</td><td>0.07</td><td></td><td></td></tr><tr><td>R143a (HFC-143a)</td><td>0</td><td></td><td></td></tr><tr><td>R32 (HCFC-32)</td><td>0</td><td></td><td></td></tr><tr><td>R407c (HFC-407)</td><td>0</td><td></td><td></td></tr><tr><td>R152a (HFC-152a)</td><td>0</td><td></td><td></td></tr><tr><td>R404A (HFC blend)</td><td>0</td><td></td><td></td></tr></table>	Refrigerant type	Ozone Depletion Potential	Refrigerant type	Ozone Depletion Potential	R11 (CFC-11)	1	R410A (HFC blend)	0	R12 (CFC-12)	1	R413A (HFC blend)	0	R113 (CFC-113)	0.8	R417A (HFC blend)	0	R114 (CFC-114)	1	R500 (CFC/HFC)	0.74	R115 (CFC-115)	0.6	R502 (HCFC/CFC)	0.33	R125 (HFC-125)	0	R507 (HFC azeotrope)	0	R502 (CFC-502)	0.33	R290 (HC290 propane)	0	Halon-1211	3	R600 (HC600 butane)	0	Halon-1301	10	R600a (HC600a isobutane)	0	Halon-2402	6	R290/R170 (HC290/HC170)	0	Ammonia	0	R1270 (HC1270 propene)	0	R22 (HCFC-22)	0.05			R123 (HCFC-123)	0.02			R134a(HFC-134a)	0			R124 (HCFC-124)	0.02			R141b (HCFC-141b)	0.11			R142b (HCFC-142b)	0.07			R143a (HFC-143a)	0			R32 (HCFC-32)	0			R407c (HFC-407)	0			R152a (HFC-152a)	0			R404A (HFC blend)	0			Y
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P 2	<p>Are all insulants free of ozone depleting substances (ODS)? This could be ensured by including a suitable exclusion clause in the specification or naming particular types of insulants.</p>	Y																																																																																												
P 3	<p>If refrigerants are used in air conditioning systems, are leak detection systems installed? Will there be a refrigerant leak detection system covering high-risk parts of plant (the coil can be omitted from this) or no refrigerants. This is to detect small leaks of refrigerant.</p>	Y																																																																																												
P 4	<p>Is there a refrigerant pump down system and are there isolation valves? If the use of refrigerants is completely avoided, please answer Yes by using the "yes" button. Will there be provision of automatic refrigerant pump down to coil or storage tanks with isolation valves or no refrigerants. This applies for refrigerants with zero ozone depletion potential as they can have a significant global warming potential.</p>	Y																																																																																												
P 5	<p>Does the site include measures to reduce the rate of water run off to watercourses such as porous hard surfaces (not suitable for heavy duty areas) or holding tanks or ponds? Will site facilities reduce potential for run off to natural watercourses and/or municipal watercourses by 50%.</p>	N																																																																																												
P 6	<p>Are oil interceptors or filtration present to prevent pollution of watercourses? One credit where site facilities reduce potential for pollution of natural watercourses and/or municipal watercourses by the use of on site treatment such as oil interceptors or filtration.</p>	Y																																																																																												
P 7	<p>Is the NOx emission rate of the heating plant below 150 mg/kWh? If heating is supplied by national grid electricity this can not be achieved unless power is being obtained from renewable energy or CHP. If CHP is specified, suppliers figures for NOx emissions must be obtained.</p>	Y																																																																																												
P 8	<p>Is the NOx emission rate of the heating plant below 70 mg/kWh? If heating is supplied by national grid electricity this can not be achieved unless power is being obtained from renewable energy or CHP. If CHP is specified, suppliers figures for NOx emissions must be obtained.</p>	Y																																																																																												
P 9	<p>Is the NOx emission rate of the heating plant below 40 mg/kWh? If heating is supplied by national grid electricity this can not be achieved unless power is being obtained from renewable energy or CHP. If CHP is specified, suppliers figures for NOx emissions must be obtained.</p>	Y																																																																																												
P 10	<p>Have all hazardous substances (as defined in COSHH) been identified? Will a list of all hazardous substances, as defined in COSHH, that are used onsite be compiled.</p>	Y																																																																																												
P 11	<p>Have replacements of hazardous substances (as defined in COSHH) been found? Will at least 80% of hazardous substances, identified in the above list be replaced with safer alternatives.</p>	Y																																																																																												

P 12	<p>Will an environmental noise assessment demonstrate compliance with guidance?</p> <p>Will an environmental noise assessment be carried out to demonstrate that the rating level of the new plant, associated with the new building works, does not exceed the background noise level(as defined in BS 4142) by more than 5dB?</p>	Y
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2.1.9 Social

	Description	Y/N
S 1	Are any parts of the site, that have historic or heritage value, protected? If there are no parts of the site deemed to have historic or heritage value, then the credit should be answered "Yes".	Y
S 2	Are the following local environmental impacts measured?- pollution to air and water, transport Has identification and management of local environmental impacts including pollution to air, water and transport been undertaken and are there systematic procedures for measuring and recording impact, particularly where quantifiable.	Y
S 3	Are there any links between activities of the site and Local Agenda 21 initiatives? If the relevant local authority does not have a Local Agenda 21 scheme answer "N/A". Local Agenda 21 is a way for communities, individuals and organisations to move towards sustainable development in their area. All kinds of project work for LA21 is underway in local authorities, voluntary organisations, business and other groups. Please refer to credit T2.11 for more guidance.	Y
S 4	Does the site share its resources with other services or the local community? Healthcare sites can be a valuable resource for the local community and should assist by sharing buildings.	Y
S 5	Was there public consultation prior to construction? Has or will public consultation be commissioned or will existing public consultation for the development be used?	Y
S 6	Were the findings of public consultation taken into account in the final design? Will the findings and recommendations of public consultation be considered in the final design.	Y

2.1.10 Operational Waste

Description		Y/N
OW 1	<i>Are paper recycling facilities provided that both patients and staff can use?</i>	Y
OW 2	<i>Are glass recycling facilities provided that both patients and staff can use?</i>	N
OW 3	<i>Are drinks can recycling facilities provided that both patients and staff can use?</i>	Y
OW 4	<i>Is there provision for the storage of recyclable materials?</i>	Y

Project details: Title

North Bristol and South Gloucestershire Healthcare Services Development Programme

Workshop details: Location

Gloucester House, Southmead Hospital

Date (dd.mm.yy)

10.01.06

Completed by:	First name	Last name	Organisation	Job title	Email address
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IMPACT: Character and innovation **Average score: 4.8**

The four IMPACT sections deal with the extent to which the building creates a sense of place and contributes positively to the lives of those who use it and are its neighbours.

Section A deals with the overall feeling of the building. It asks whether the building has clarity of design intention, and whether this is appropriate to its purpose. A building that scores well under this heading is likely to lift the spirits and to be seen as an exemplar of good architecture of its kind.

ID	Description	Weighting	Score	Notes
A.01	There are clear ideas behind the design of the building	High (2) ▼	Strong agreement (5) ▼	Detailed Design Brief and clinical development work.
A.02	The building is interesting to look at and move around in	High (2) ▼	Strong agreement (5) ▼	Good strong design
A.03	The building projects a caring and reassuring atmosphere	High (2) ▼	Fair agreement (4) ▼	Scale of hospital mitigates against reassuring atmosphere vbut has been addressed in the design as far as possible.
A.04	The building appropriately expresses the values of the NHS	Normal (1) ▼	Fair agreement (4) ▼	Criteria felt to be vague -values identified as high quality healthcare, free at the point of entry to all.
A.05	The building is likely to influence future designs	Normal (1) ▼	Virtually total agreement (6) ▼	Very strong landmark design.

[◀ Project workshop setup](#)[▶▶ Results summary and export](#)[Form and materials ▶](#)

IMPACT: Form and materials

● Average score: 4.8

Section B deals with the nature of the building in terms of its overall form and materials. It is primarily concerned with how the building presents itself to the outside world in terms of its appearance and organisation. Although it deals with the materials from which the building is constructed it is not concerned with these in a technical sense but rather the way they will appear and feel throughout the life of the building.

ID	Description	Weighting	Score	Notes
B.01	The building has a human scale and feels welcoming	High (2) ▼	Fair agreement (4) ▼	Scale of building potentially mitigates against welcoming feel but design addresses this as far as possible.
B.02	The design takes advantage of available sunlight and provides shelter from prevailing winds	High (2) ▼	Strong agreement (5) ▼	Good access to light, although tri-form structure and podia could limit light.
B.03	Entrances are obvious and logically positioned in relation to likely points of arrival on site	High (2) ▼	Strong agreement (5) ▼	Distinct entrances which will be clearly defined.
B.04	The external materials and detailing appear to be of high quality	High (2) ▼	Strong agreement (5) ▼	High quality materials including use of glass, steel etc.
B.05	The external colours and textures seem appropriate and attractive	High (2) ▼	Strong agreement (5) ▼	Colour and texture designed not to blend with local surroundings but be sympathetic to them.

◀ Character and innovation

▶▶ Results summary and export

Staff and patient environment ▶

IMPACT: Staff and patient environment

● Average score: 5.1

Section C deals with how well an environment complies with best practice as indicated by the research evidence.

ID	Description	Weighting	Score	Notes
C.01	The building respects the dignity of patients and allows for appropriate levels of privacy and dignity	High (2) ▼	Virtually total agreement (6) ▼	75% single rooms offer good privacy.
C.02	There are good views inside and out of the building	High (2) ▼	Strong agreement (5) ▼	High levels of building will have good views. Lower levels will access attractive courtyard areas or landscapes.
C.03	Patients and staff have good access to outdoors	Normal (1) ▼	Little agreement (3) ▼	RC preferred a weighting of 2 for staff access to outdoors. Access limited by compact higher rise nature of building.
C.04	There are high levels of both comfort and control of comfort	Normal (1) ▼	Strong agreement (5) ▼	Design brief specifies levels and control of comfort.
C.05	The building is clearly understandable	High (2) ▼	Strong agreement (5) ▼	Strong design with clear routes through hospital and clear zoning.
C.06	The interior of the building is attractive in appearance	Normal (1) ▼	Strong agreement (5) ▼	Design Brief specifies internal design to be reflected in PSC.
C.07	There are good bath/toilet and other facilities for patients	Normal (1) ▼	Virtually total agreement (6) ▼	All rooms have ensuite facilities.
C.08	There are good facilities for staff, including convenient places to work and relax without being on demand	Normal (1) ▼	Strong agreement (5) ▼	RC felt that a weighting of 2 was more appropriate for staff access to outdoors
<div> ◀ Form and materials ▶▶ Results summary and export Urban and social integration ▶ </div>				

IMPACT: Urban and social integration			● Average score: 4.8	
Section D deals with the way the building relates to its surroundings. It asks whether the building plays a positive role in the neighbourhood whether that is urban, suburban or rural. A building that scores well is likely to improve its neighbourhood rather than detract from it.				
ID	Description	Weighting	Score	Notes
D.01	The height, volume and skyline of the building relate well to the surrounding environment	Normal (1) ▼	Strong agreement (5) ▼	The building will be seen as a landmark to the surrounding environment
D.02	The building contributes positively to its locality	Normal (1) ▼	Strong agreement (5) ▼	The building should reflect a focal point with parkland surroundings that can be used by local community.
D.03	The hard and soft landscape around the building contribute positively to the locality	Normal (1) ▼	Fair agreement (4) ▼	Discussion around car-parking. Felt that further input from bidders is required to look at issues around staff shift patterns, distance from patient
D.04	The building is sensitive to neighbours and passers-by	Normal (1) ▼	Strong agreement (5) ▼	The design should reflect a safe, logical, clear and consistent system for movement around the site and for movement around the building.
◀ Staff and patient environment		▶▶ Results summary and export		Performance ▶

BUILD QUALITY: Performance

Average score: 5.0

The three BUILD QUALITY sections deal with the physical components of the building rather than the spaces. This is therefore what might be thought of as the more technical and engineering aspects of the building. It asks whether the building is soundly built, will be reliable and easy to operate, last well and is sustainable. It is also concerned with the actual process of construction and the extent to which any disruption caused is minimised.

Section E is concerned with the technical performance of the building during its lifetime. It asks whether the components of the building are of high quality and fit for their purpose. However we are not concerned here with how well the building functions in relation to the human use of it which belongs in another section.

ID	Description	Weighting	Score	Notes
E.01	The building is easy to operate	High (2) ▼	Strong agreement (5) ▼	Debate on this point. Many felt that a weighting of 1 was adequate. It was agreed that the essence of a high functioning healthcare facility should be
E.02	The building is easy to clean	High (2) ▼	Strong agreement (5) ▼	The design provided accessibility for decontamination and the Brief includes materials that are easily washed and disinfected.
E.03	The building has appropriately durable finishes	Normal (1) ▼	Strong agreement (5) ▼	Surfaces should be hard-wearing and long-lasting in both clinical and non-clinical areas.
E.04	The building will weather and age well	Normal (1) ▼	Strong agreement (5) ▼	The design includes brick and glass both of which will weather and age well. Any additional panelling will also need to age well.

BUILD QUALITY: Engineering

Average score: 5.0

Section F is concerned with those parts of the building that are engineering systems as opposed to the main architectural features. It asks whether the engineering systems are of high quality and fit for their purpose, will be easy to operate and if they are efficient and sustainable.

ID	Description	Weighting	Score	Notes
F.01	The engineering systems are well designed, flexible and efficient in use	Normal (1) ▼	Strong agreement (5) ▼	The building should comprise of a mix of standardised, prefabricated elements with appropriate fire strategy, operational and
F.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	Normal (1) ▼	Strong agreement (5) ▼	Consideration given to off-site prefabrication but impact on time, cost and quality needs to be assessed.
F.03	The engineering systems are energy efficient	Normal (1) ▼	Strong agreement (5) ▼	The building should achieve National energy requirement.
F.04	There are emergency backup systems that are designed to minimise disruption	High (2) ▼	Strong agreement (5) ▼	The building requires life safety systems integral to the design such as fire alarms, access control systems, lighting controls, medical gases.
F.05	During construction disruption to essential services is minimised	High (2) ▼	Strong agreement (5) ▼	Agreement on an effective construction and communication plan for enabling works. Seen as essential to the effective movement of staff,
<div><div>◀ Performance</div><div>▶▶ Results summary and export</div><div>Construction ▶</div></div>				

BUILD QUALITY: Construction **Average score: 5.0**

Section G is concerned with the technical issues of actually constructing the building and with the performance of the main components. A building that scores well is likely to be constructed as quickly and easily as possible under the circumstances of the site and to offer a robust and easily maintained solution.

ID	Description	Weighting	Score	Notes
G.01	If phased planning and construction are necessary the various stages are well organised	High (2) ▼	Strong agreement (5) ▼	Agreement on an effective construction and communication plan for enabling works. Seen as essential to the effective movement of staff,
G.02	Temporary construction work is minimised	High (2) ▼	Strong agreement (5) ▼	A detailed plan of work is required to minimise temporary works.
G.03	The impact of the building process on continuing healthcare provision is minimised	High (2) ▼	Strong agreement (5) ▼	It is essential that healthcare provision is not compromised by the building of new facilities.
G.04	The building can be readily maintained	Normal (1) ▼	Fair agreement (4) ▼	The design of the building and use of materials should minimise ongoing maintenance.
G.05	The construction is robust	Normal (1) ▼	Strong agreement (5) ▼	Agreed. Must suit requirements for both clinical and non-clinical users.
G.06	The construction allows easy access to engineering systems for maintenance, replacement and expansion	Normal (1) ▼	Virtually total agreement (6) ▼	Clear access areas for engineering systems.
G.07	The construction exploits any benefits from standardisation and prefabrication where relevant	Normal (1) ▼	Strong agreement (5) ▼	Need to standardise products, sourced locally and where feasible with local labour

[◀ Engineering](#)[▶▶ Results summary and export](#)[Use ▶](#)

FUNCTIONALITY: Use

🟢 Average score: 5.1

The three FUNCTIONALITY sections deal with all those issues to do with the primary purpose or function of the building. It deals with how well the building serves these primary purposes and the extent to which it facilitates or inhibits the activities of the people who carry out the functions inside and around the building.

Section H is concerned with the way the building enables the users to perform their duties and operate the healthcare systems and facilities housed in the building. To get a good score the building will be highly functional and efficient, enabling people to have enough space for their activities and to move around economically and easily in a way that relates well to the policies and objective of the Trust. A high scoring building is also likely to have some flexibility in use.

ID	Description	Weighting	Score	Notes
H.01	The prime functional requirements of the brief are satisfied	High (2) ▼	Strong agreement (5) ▼	The brief for functional requirements has been followed.
H.02	The design facilitates the care model of the Trust	High (2) ▼	Virtually total agreement (6) ▼	The clinical model is intrinsic to the design of the building.
H.03	Overall the building is capable of handling the projected throughput	High (2) ▼	Strong agreement (5) ▼	The brief for throughput has been followed.
H.04	Work flows and logistics are arranged optimally	High (2) ▼	Fair agreement (4) ▼	It was felt that further consideration needed to be given to work and logistics flows.
H.05	The building is sufficiently adaptable to respond to change and to enable expansion	High (2) ▼	Fair agreement (4) ▼	Discussion around problems in expansion. Can only be viable on a major scale, ie. the construction of a further floor on one of the towers.
H.06	Where possible spaces are standardised and flexible in use patterns	High (2) ▼	Virtually total agreement (6) ▼	The circular design of the towers mirror ward and room layouts, along with staff and clinical areas.
H.07	The layout facilitates both security and supervision	High (2) ▼	Virtually total agreement (6) ▼	It was felt that security around car parking areas needed further clarification.

◀ Construction

▶▶ Results summary and export

Access ▶

FUNCTIONALITY: Access

● Average score: 4.6

Section I focuses on the way the users of the building can come and go. It asks whether people can easily and efficiently get onto and off the site using a variety of means of transport and whether they can logically, easily and safely get into and out of the building.

ID	Description	Weighting	Score	Notes
I.01	There is good access from available public transport including any on-site roads	High (2) ▼	Strong agreement (5) ▼	Public transport requires particular attention on the site.
I.02	There is adequate parking for visitors and staff cars with appropriate provision for disabled people	High (2) ▼	Fair agreement (4) ▼	Further options around car parking are required.
I.03	The approach and access for ambulances is appropriately provided	Normal (1) ▼	Strong agreement (5) ▼	The design satisfies the Brief.
I.04	Goods and waste disposal vehicle circulation is good and segregated from public and staff access where appropriate	Normal (1) ▼	Strong agreement (5) ▼	The design satisfies the Brief.
I.05	Pedestrian access routes are obvious, pleasant and suitable for wheelchair users and people with other disabilities / impaired sight	Normal (1) ▼	Fair agreement (4) ▼	The design satisfies the Brief.
I.06	Outdoor spaces are provided with appropriate and safe lighting indicating paths, ramps and steps	Normal (1) ▼	Fair agreement (4) ▼	It was agreed that further options for outside shelter on walkways were to be addressed if parking, bike shelters and entrances were a
I.07	The fire planning strategy allows for ready access and egress	Normal (1) ▼	Strong agreement (5) ▼	A fire strategy is needed for movement of patients, staff and visitors to other parts of the building or outside if necessary.

◀ Use

▶▶ Results summary and export

Space ▶

FUNCTIONALITY: Space

 Average score: 4.9

Section J concentrates on the amount of space in the building in relation to its purpose. It asks if this space is well located and efficient and whether people can move around in it efficiently and with dignity.

ID	Description	Weighting	Score	Notes
J.01	The design achieves appropriate space standards	Normal (1) ▼	Strong agreement (5) ▼	The design allows for uninterrupted circulation, waiting and sub-waiting space for patients, pedestrians and goods. It also takes account of
J.02	The ratio of usable space to the total area is good	Normal (1) ▼	Fair agreement (4) ▼	There needs to be clarification around the use of the atrium space due its large scale, what will be included in this area and if it satisfies the needs of
J.03	The circulation distances travelled by staff, patients and visitors are minimised by the layout	High (2) ▼	Strong agreement (5) ▼	The design of three towers surrounding a central atrium allows for easy movement.
J.04	Any necessary isolation and segregation of spaces is achieved	Normal (1) ▼	Strong agreement (5) ▼	Ward layouts reflect a 75% single room provision with remaining 25% in 4 bed bays. Separation and zoning of clinical groups will respond to
J.05	The design makes appropriate provision for gender segregation	Normal (1) ▼	Virtually total agreement (6) ▼	Single sex wards are met in the Design.
J.06	There is adequate storage space	Normal (1) ▼	Fair agreement (4) ▼	Further scope for improvement in this area.

◀ Access

▶▶ Results summary and export

Title

North Bristol and South Gloucestershire Healthcare Services Development Programme

Location

Gloucester House, Southmead Hospital

10.01.06

	1	2	3	4	5	6		
A: ▶ Character and innovation					■		● 4.8	5 of 5 scored
B: ▶ Form and materials					■		● 4.8	5 of 5 scored
C: ▶ Staff and patient environment					■		● 5.1	8 of 8 scored
D: ▶ Urban and social integration					■		● 4.8	4 of 4 scored
E: ▶ Performance					■		● 5.0	4 of 4 scored
F: ▶ Engineering					■		● 5.0	5 of 5 scored
G: ▶ Construction					■		● 5.0	7 of 7 scored
H: ▶ Use					■		● 5.1	7 of 7 scored
I: ▶ Access					■		● 4.6	7 of 7 scored
J: ▶ Space					■		● 4.9	6 of 6 scored

NOTE: A filled traffic light dot [●] in the table above indicates a valid average score, a hollow dot [○] indicates that one or more statements have been marked as 'unable to score'.

NBT Recovery Plan 2003/04 to 2007/08

APPENDIX 27

	0304	0405	0506	0607	0708
	£m	£m	£m	£m	£m
Deficit brought forward	45.70	36.66	33.38	20.04	9.76
Opening deficit	45.70	36.66	33.38	20.04	9.76
In year changes in deficit before savings :					
Internal cost pressures	5.06	-0.21	3.90	3.50	3.50
Impairment charge for Blackberry Hill and Cossham			1.60		-1.60
Loss of non-PCT income		0.77	0.00		
Income from increased activity over 2004/5 plan			-1.02		
Costs of meeting SLA		1.00		0.30	-0.02
Consultant contract funding shortfall	0.00	3.17			
Capital charges rebasing to 3.5% rate of return		0.53			
Underfunding for other cost pressures in 2004/5 and 2005/6 LDPs		0.64			
PCT income from outside BNSSG	-1.30	0.66			
PBR net transitional funding			-0.28	-4.52	-2.40
Recurring PCT capacity funding			-7.23		
Efficiency savings requirement under PbR (1.7% per annum)		2.38	4.42	4.36	4.36
Inflation on deficit		1.58			
One-off expenditure on reconfiguration project mngmt		0.50	-0.50		
One off expenditure to fund recovery project		0.50			
	3.76	11.52	2.89	3.64	3.84
Total deficit before savings	49.46	48.18	36.27	23.68	13.60
Savings to meet efficiency assumption built into national tariff	0.00	-2.38	-4.42	-4.36	-4.36
Savings to new pressures outside trust direct control	0.00	-4.34	0.00	0.00	0.00
Savings to fund internal cost pressures	-5.06	-2.37	-5.00	-3.50	-1.90
Savings impact of PbR	0.00	0.00	0.28	4.52	2.40
Savings to fund increase in internal access costs over access income	1.30	-1.66	6.25	-0.30	0.02
Savings contribution to financial recovery	-12.50	-7.61	-10.32	-9.28	-6.76
Savings needed to replace non-recurring savings made in the prev year		-3.46	-7.02	-4.00	-3.00
Additional one-off savings					
Total savings	-16.26	-21.82	-20.23	-16.92	-13.60
Underlying deficit after in-year savings	33.20	26.36	16.04	6.76	0.00
Funded by:					
Expenditure supported by non-recurring NHS Bank income	18.20	20.03	10.00	0.00	0.00
Expenditure supported by non-recurring PCT income	15.00	8.84	5.15	5.15	0.00
Carry-forward of previous year surplus			2.51	1.61	0.00
Total	33.20	28.87	17.66	6.76	0.00
In year (surplus)/deficit	0.00	-2.51	-1.61	0.00	0.00
Adjustment to in-year deficit to add back non-recurring savings/costs	3.46	7.02	4.00	3.00	
Deficit carried forward	45.70	36.66	33.38	20.04	9.76
					0.00
Total savings	-16.26	-21.82	-20.23	-16.92	-13.60
less non-recurring savings		3.46	7.02	4.00	3.00
RECURRING SAVINGS	-16.26	-18.36	-13.21	-12.92	-10.60

Note: Savings plans in 2006/7 and 2007/8 are £12.9m and £10.6m respectively (excluding savings needed to replace savings already made in previous years but only non-recurrently)

Project	Outline 2006/7 savings £'000	Outline 2007/8 savings £'000
OSIP/ISIP		
Improving acute bed utilisation	1000	1000
Improving theatre utilisation/throughput	200	200
Pathology rationalisation	100	100
Medicines management including robotics and patients own drugs	200	200
Improving operations in diagnostic services - other	50	50
Improving patient care admin	500	500
Improving outpatient clinic utilisation	250	250
Achieving value for money in non pay	250	250
Improving day case rates	100	100
NCRS	90	25
Site Rationalisation		
Blackberry Hill - capital charges	650	0
Blackberry Hill - facilities	650	130
Review of capital projects	600	300
Ongoing projects		
Procurement	750	500
Drugs	500	500
Further savings from the switchboard project	50	45
Movement in the Trust:University cost sharing of clinical academic posts	100	0
Management structure	50	50
Nursing	700	700
Stationery	100	100
Mattress hire	100	0
Service Reviews		
Orchard view		
Stop providing/funding inappropriate services - social services, nursing home beds	50	50
Income Generation		
IVF	0	200
Marginal savings on additional DGH cases at tariff	1400	1500
Marginal savings on additional specialist cases at tariff	500	500
Overseas patients - control of risk	50	50
Charges to third party users of our estate	25	50
Research and trial overhead/profits	100	100
Private & other trust Pathology charges	100	100
Mortuary charges	35	0
Other		
Therapy review	100	100
Utilities - energy conservation measures	150	150
Laundry - volumes and unit costs per piece	250	250
Catering	25	25
Cleaning	50	0
Maintenance contracts	30	30
Equipment library	50	0
Occupational Health	25	25
Medical gases	10	10
Grounds maintenance	10	10
Blood products usage	50	50
Home drug VAT savings	50	0
CNST premiums	220	280
Transport review - patient and non-patient including taxis	150	100
Use of charitable funds	100	0
ACIS	500	0
DSC benchmarking review	50	0
Junior doctor banding improvements	200	200
Invest to save	120	90
Waiting list initiative budgets		
Waste and recycling	0	100
Corporate departments	750	750
General targets	781	876
Total	12921	10596

KEY CAPITAL AND INFRASTRUCTURE RATIOS

	£000
1 Capital scheme cost	
Capital cost of PFI scheme	337,000
Total forecast income in 2013/14 at 05/06 prices *	376,000
Scheme cost as a % of income	<u>90%</u>

2 Infrastructure costs

Unitary payment	33,100
Less capitalisation of unitary payment	-3,500
Hard FM	<u>3,306</u>
Financial commitment to revenue of PFI scheme	32,906
Total forecast income in 2013/14 at 05/06 prices *	376,000
Infrastructure costs as a % of total income	<u>8.75%</u>

* 2013/14 income based on:-

Projected income as per I&E	418,018
Less non-recurring income in 2013/14:	
Impairment income	-58,000
Transitional income	-19,546
Add back PbR efficiency savings (part of tariff uplift & price base)	<u>35,592</u>
Total income	<u>376,064</u>

	Beds	£k @ £45k per bed	45
Expenditure changes			
Funded beds 05/06 (1296 + 24 NICU/SCBU - 10 CAMHS + 11 CDU +18 Ward 15)) ^{*1}	1314		
Beds at 13/14 performance levels excluding CAMHS less 20 bed contingency	1039		(947 +112)= 1059
Total inpatient bed change and associated cost reduction	-275	-12375	
Less operating costs of additional day surgery trolleys		0	
Net cost saving		-12375	
Changes in funding prior to scheme completion			
Additional beds funded by income at tariff for existing referral flows	124	5580	
Less exp're impact of PCT income loss from reduced excess beddays and rehab beddays	-44	-1980	
Additional beds funded by transfers from the general & admission avoidance	20	900	
Reduced bed funding due to acute transfers	-54	-2430	
Reduced bed funding due to acute flows	-89	-4005	
Add back 16 beds from RUH due to specialist redirection offsetting acute flows	16	720	
Reduced bed funding due to Weston transfers	-28	-1260	
Additional beds funded by growth specialist work from wider catchment area	30	1350	
Reduced bed funding due to transfer to IS	-16	-720	
Bed savings already assumed in the Fin Recovery Plan	-100	-4500	
Total funded changes	-141	-6345	
 Bed savings available as an OBC funding source	 -134	 -6030	

Notes

^{*1} There are 1320 physical beds, of which 8 are 5 day beds which equates to 1314 funded 7 day bed

NORTH BRISTOL & SOUTH GLOS OBC
Non-Bed savings

APPENDIX 31

	Savings	Savings	Description
	WTE	05/06 prices £000/year	
<u>Synergy savings</u>			
Neuro sciences			
Oral Surgery	3.00	68	Single oral surgery outpatient department
sub-total	3.00	68	
Critical care			
Day case ward	5.76	131	Single day case ward
Clin Equip Svcs	0.50	25	Management reduction
Recovery	9.61	242	Centralisation of recovery
Sterile Svcs	4.51	80	Senior ATO and admin staff savings from combination of 2 departments into 1
Management	0.55	28	Specialty Director sessions and 0.4 ICU H Grade
Theatre porters	9.10	148	Red'n staffing due to increase day cases & closer proximities of new site
Emergency theatre lists	10.54	294	Red'n of one list per week from combining out of hours lists onto single site
sub-total	40.57	948	
Clinical Support			
Pharmacy	11.30	341	Single pharmacy resulting in reduction in pharmacists
Radiology	14.15	295	Centralisation of Radiology dept. Radiographer, admin and portering savings.
Infection Control	1.50	47	Single site team
Medical Illustration	1.00	21	MTO saving
sub-total	27.95	704	
Facilities			
CPU	14.00	172	Single CPU
Restaurant	9.00	114	Single Restaurant
Quality monitoring	1.00	29	Reduction in number of sites and departments
Transport	3.50	75	Reduction in inter-site transport
Portering	37.25	709	Single site & closer proximities
Stores	3.00	50	Single stores
Management	3.00	114	Reduction in size and no. of departments
Domestics	1.00	30	Reduction in no. of domestic departments
Grounds & gardens	7.00	100	Reduction in size of hospital grounds at Frenchay
Security	-	100	Reduction in size of hospital at Frenchay
sub-total	78.75	1,493	

Surgery				
	Specialist nurses	3.05	88	Synergy savings in pre-operative assessment, specialist and senior nurses as result of concentration on activity onto a single site
	sub-total	3.05	88	
Medicine				
	Clinical Investigations	1.00	28	Single department Centralisation of specialist services
	Specialist Nurse	1.00	33	
	sub-total	2.00	61	
Corporate Services				
	Finance	1.00	21	Reduction in cashier offices
	Procurement	6.00	130	Reduction in number of departments holding stock & volume of orders
	Education Research & Development	4.50	74	Receptionists & admin savings from merger of departments
	Human Resources	1.00	20	Savings in employment services from merger of two depts
	Clinical Site Management Costs	9.00	285	Reduction in staffing for single site service
	NBT Management Costs	4.70	280	Synergy savings from centrating all activities onto main site
		26.2	810	
Other				
	Travel & Transport		200	Reduced requirement for intersite transportation costs
	Junior Doctor rota's	-	377	Reduced cost of banding supplements, with merged rotas on single site
	Medical secretaries	50.00	562	Reduction in ratio of medical secs to consultants offset by increase in grade
	Musculo (plaster room)		100	Rationalisation of main service onto single site
	Consultant on-call		100	Reduced on-call commitments with concentration onto single site
	PACS		250	Reduction in no. of locations
	IM&T		100	Single site
	Training		30	Savings as result of concentration onto main site
	Medical Records		180	Reduced staffing due to concentration onto single site and electronic records
	Shared Admin/reception		200	Reduced staffing due to concentration into larger centralised facility
	Non-pay harmonisation/procurement		644	Harmonisation of purchasing based on best practice & reduction wastage
	Outpatient nursing	6.26	130	Synergy savings from combining services in 6 locations into one.
	sub-total	56.26	2,873	
Total synergy savings		237.78	7,045	
Lower Nursing costs of larger wards		77.14	1,706	Reduction in Wte per bed following move to 3 x 32 bedded wards from current mixed configuration of between 13 and 28 bedded wards
Total non-bed savings		314.92	8,751	

	Southmead £000	Frenchay £000	Total £000
Cost at 2005/6 prices (MIPS 445) including VAT	426471	46300	472771

	2005/06	2006/07	2007/08	2008/09	2009/10	2001/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
<u>Transitional funding support</u>													
NHS Bank funding for project costs		909	1356	1804	2713								6781
Project costs charged to capital		127	189	252	379								946
sub-total project cost funding		1036	1546	2056	3091	0	0	0	0	0	0	0	7728
NHS Bank funding for impairment costs								38000	58000				96000
Transitional support in year 1 @ 2.5%	2.5%							11819					11819
Transitional support in year 2 @ 2.0%	2.0%								9455				9455
Transitional support in year 3 @ 1.5%	1.5%									7092			7092
Transitional support in year 4 @ 1.0%	1.0%										4728		4728
Transitional support in year 5 @ 0.5%	0.5%											2364	2364
sub-total other transitional support		0	0	0	0	0	0	0	11819	9455	7092	4728	35458
Total transitional funding available		1036	1546	2056	3091	0	0	0	49819	67455	7092	4728	139186
Rephased transitional funding		1036	1546	2056	3091	0	0	0	44814	76214	5701	3161	139186
<u>Transitional costs</u>													
Project management and procurement costs		1036	1546	2056	3091								7728
Impairment charge (funded from NHS bank)								38000	58000				96000
Other transitional costs													
Local impairment charge									5000				5000
Disposal of Frenchay land								500	1500				2000
Decommissioning/double running costs								4000	2500				6500
Excess travel								314	251	201	161	0	927
Redundancy costs								2000	0				2000
Delay in releasing capital charges fully									963				963
Phasing in shortfall on in savings target									8000	5500	3000	1569	18069
sub-total other transitional costs		0	0	0	0	0	0	0	6814	18214	5701	3161	35459
Total transitional relief requirement		1036	1546	2056	3091	0	0	0	44814	76214	5701	3161	139186

INCOME AND EXPENDITURE SUMMARY BY YEAR

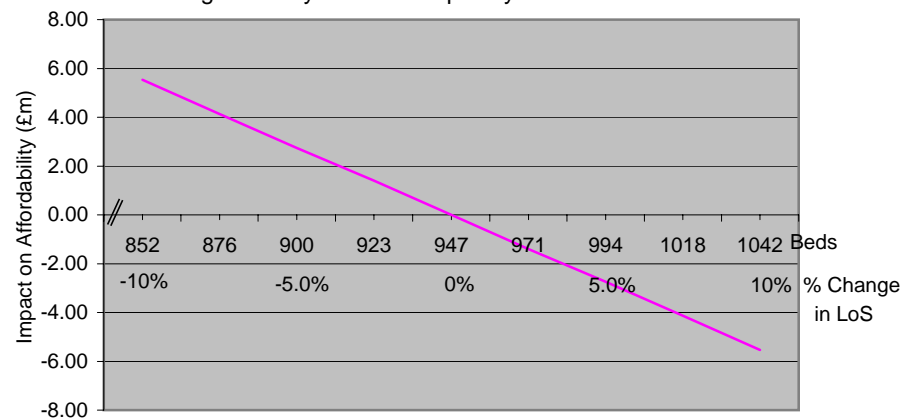
	2005/06 £'000	2006/07 £'000	2007/08 £'000	2008/09 £'000	2009/10 £'000	2010/11 £'000	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000
Carry forward of previous years surplus where applicable		1,600											
INCOME													
Baseline income	346,466	346,466	346,466	346,466	346,466	346,466	346,466	346,466	346,466	346,466	346,466	346,466	346,466
Deficit Support	17,650	5,150	0	0	0	0	0	0	0	0	0	0	0
PBR net transitional funding	0	4,520	6,920	9,320	9,320	9,320	9,320	9,320	9,320	9,320	9,320	9,320	9,320
Tariff uplift for revenue consequences of capital	0	1,131	2,262	2,262	2,262	2,262	2,262	2,262	2,262	2,262	2,262	2,262	2,262
Tariff reduction	0	-4,364	-8,728	-13,092	-17,592	-22,092	-26,592	-31,092	-35,592	-40,092	-44,592	-49,092	-53,592
IVF development	0	0	4,324	4,324	4,324	4,324	4,324	4,324	4,324	4,324	4,324	4,324	4,324
Impairment income (NHS Bank)	0	0	0	0	0	0	0	38,000	58,000	0	0	0	0
Transitional funding (NHS Bank)	1,036	1,546	2,056	3,091	0	0	0	6,814	18,214	5,701	3,161	1,568	0
Growth	0	3,192	7,500	13,217	20,032	26,035	32,250	38,159	43,522	43,522	43,522	43,522	43,522
Excess bedday reduction	0	-300	-651	-1,051	-1,051	-1,051	-1,051	-1,051	-2,503	-2,503	-2,503	-2,503	-2,503
Third party rental income	0	0	0	0	0	0	0	0	698	698	698	698	698
Service Transfers	0	0	-2,405	-10,196	-12,794	-12,865	-19,591	-20,318	-28,025	-28,025	-28,025	-28,025	-28,025
TOTAL INCOME	365,152	357,341	357,744	354,340	350,967	352,398	347,388	392,884	416,686	341,673	334,633	328,540	322,472
EXPENDITURE													
Baseline	360,916	360,916	360,916	360,916	360,916	360,916	360,916	360,916	360,916	360,916	360,916	360,916	360,916
Cost pressures	0	3,500	7,000	10,500	14,000	17,500	21,000	24,500	28,000	31,500	35,000	38,500	42,000
Recovery savings	0	-12,921	-23,517	-28,724	-36,724	-44,724	-52,724	-60,724	-68,724	-76,724	-84,723	-92,722	-100,722
Growth & tariff uplift contribution to recovery to 8/9	0	1,605	3,345	3,345	3,345	3,345	3,345	3,345	3,345	3,345	3,345	3,345	3,345
IVF development	0	61	4,324	4,324	4,324	4,324	4,324	4,324	4,324	4,324	4,324	4,324	4,324
Impairment costs	1,600	1,600	0	0	0	0	0	38,000	63,000	0	0	0	0
Transitional costs	1,036	1,546	2,056	3,091	0	0	0	6,814	4,254	204	163	0	0
Growth	0	2,718	6,417	11,101	16,608	21,506	26,564	31,391	35,810	35,810	35,810	35,810	35,810
Excess bedday cost reduction	0	-225	-488	-788	-788	-788	-788	-788	-1,877	-1,877	-1,877	-1,877	-1,877
Service transfers	0	0	-3,006	-8,600	-10,640	-10,694	-17,147	-17,692	-23,612	-23,612	-23,612	-23,612	-23,612
Savings related to new hospital development	0	0	0	0	0	0	0	0	-6,781	-9,281	-11,781	-13,212	-14,781
New acute & community hospitals	0	141	738	477	-967	1,068	1,692	2,242	18,032	17,069	17,069	17,069	17,069
TOTAL EXPENDITURE	363,552	358,941	357,784	355,641	350,073	352,453	347,180	392,328	416,686	341,673	334,633	328,540	322,471
SURPLUS/(DEFICIT)	1,600	-1,600	-41	-1,301	894	-54	207	556	-0	-0	-0	0	0
CUMULATIVE POSITION FROM 2006/7	0	-41	-1,341	-447	-502	-294	262	262	261	261	261	261	261

NORTH BRISTOL NHS TRUST - FORECAST CAPITAL PLAN

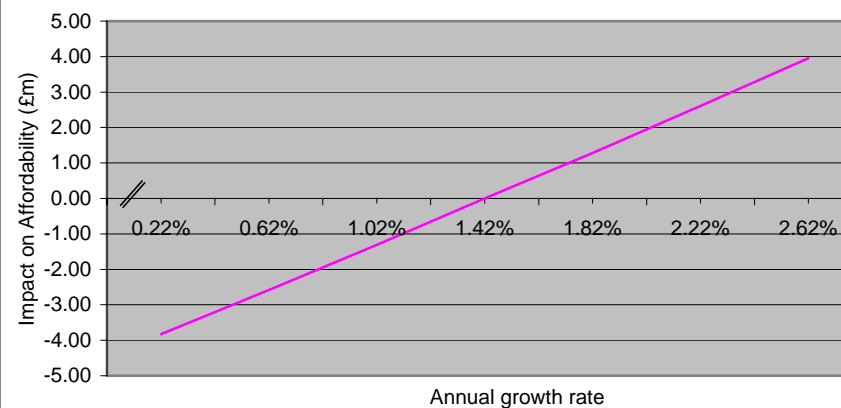
APPENDIX 34

	2005/06 £000	2006/07 £000	2007/08 £000	2008/09 £000	2009/10 £001	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	Total £000	
1. EXPENDITURE															
Routine capital:															
Ongoing medical equipment replacement	1,569	800	2,800	2,800	2,800	2,800	3,000	1,000	1,000	2,000	3,000	3,000	3,000	29,569	
Lifecycle costs/backlog maintenance	878	750	2,000	1,500	1,500	1,500	1,000	500	500	500	500	500	500	12,128	
Capitalised element of Unitary payment	0	0	0	0	0	0	0	0	3,659	3,790	3,924	4,064	4,209	19,647	
Other schemes	6,880	3,108	2,908	2,658	2,408	2,408	3,674	3,188	2,408	2,658	2,658	2,658	2,658	40,272	101616
Strategic developments:															
Major IT schemes	1,600	7,117	1,194	0	0	0	0	0	0	0	0	0	0	9,911	
Blackberry Hill scheme	578	2,227	792	0	0	0	0	0	0	0	0	0	0	3,597	
Pathology	118	5,000	15,000	0	0	0	0	0	0	0	0	0	0	20,118	
Cardiac	234	6,419	452	52	0	0	0	0	0	0	0	0	0	7,157	
ENT centralisation	0	1,000	1,000	0	0	0	0	0	0	0	0	0	0	2,000	
IVF	0	3,500	0	0	0	0	0	0	0	0	0	0	0	3,500	
Other strategic developments	387	1,198	0	0	0	0	0	0	0	0	0	0	0	1,585	47868
New Hospital schemes:															
Southmead enabling	0	9,272	10,597	6,171	0	0	0	0	0	0	0	0	0	26,040	
Southmead equipment	0	0	0	0	0	0	4,439	6,659	0	0	0	0	0	11,098	
Southmead project costs	0	200	200	200	0	0	0	0	0	0	0	0	0	600	37738
Frenchay scheme	0	0	0	0	620	4,849	34,224	6,137	0	0	0	0	0	45,830	
Total Capital expenditure	12,244	40,591	36,943	13,381	7,328	11,557	46,337	17,484	7,567	8,948	10,082	10,222	10,367	233,052	
2. FUNDING															
Brought forward from previous year	0	8,052	0	0	0	0	0	0	0	0	0	0	0	8,052	
Depreciation	0	0	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	137,500	
Operational capital	11,987	9,000	0	0	0	0	0	0	0	0	0	0	0	20,987	
Strategic Capital:															
Major IT schemes	5,113	0	0	0	0	0	0	0	0	0	0	0	0	5,113	
Site rationalisation	1,075	1,730	792	0	0	0	0	0	0	0	0	0	0	3,597	
Pathology	0	5,118	0	0	0	0	0	0	0	0	0	0	0	5,118	
Cardiac	234	6,419	452	52	0	0	0	0	0	0	0	0	0	7,157	
PFI enabling works	0	9,272	0	0	0	0	0	0	0	0	0	0	0	9,272	
ENT centralisation	0	1,000	0	0	0	0	0	0	0	0	0	0	0	1,000	
IVF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other strategic developments	1,587	0	0	0	0	0	0	0	0	0	0	0	0	1,587	
Receipts															
Frenchay Hospital	0	0	0	0	0	0	0	0	30,000	0		0	0	30,000	
Others	0	0	1,553	0	0	0	0	0	0	0	0	0	0	1,553	
Donations	300	0	0	0	0	0	0	0	0	0	0	0	0	300	
Total funding before borrowing	20,296	40,591	15,297	12,552	12,500	12,500	12,500	12,500	42,500	12,500	12,500	12,500	12,500	231,236	
NET SURPLUS/(DEFICIT)	8,052	(0)	(21,646)	(829)	5,172	943	(33,837)	(4,984)	34,933	3,552	2,418	2,278	2,133	(1,816)	
Prudential borrowing															
New loans	0	0	21,646	829	0	0	33,837	4,984	0	0	0	0	0		
Repayment	0	0	0	0	(5,172)	(943)	0	0	(34,933)	(3,552)	(2,418)	(2,278)	(2,133)		
Balance of PBL at risk rating 2	30,830	30,830	9,184	8,355	13,527	14,470	(19,367)	(24,351)	10,582	14,134	16,552	18,830	20,962		
Balance of PBL at risk rating 3	46,245	46,245	24,599	23,770	28,942	29,885	(3,952)	(8,936)	25,997	29,549	31,967	34,245	36,377		

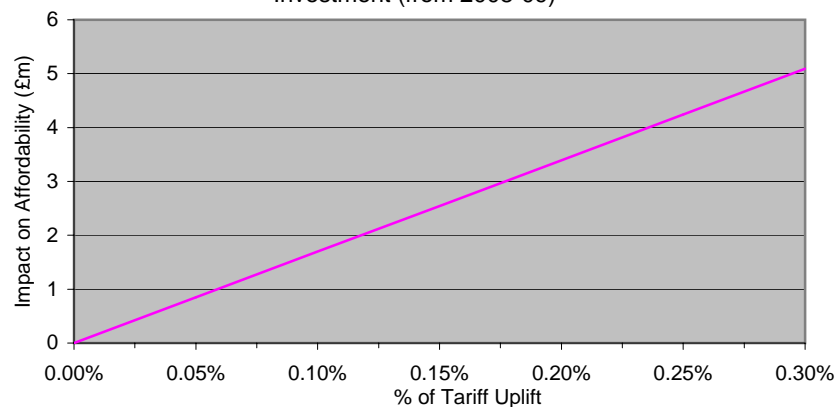
Graph 1: Sensitivity of 2013-14 Financial Affordability to Changes in Length of Stay and Consequently Number of Acute Beds



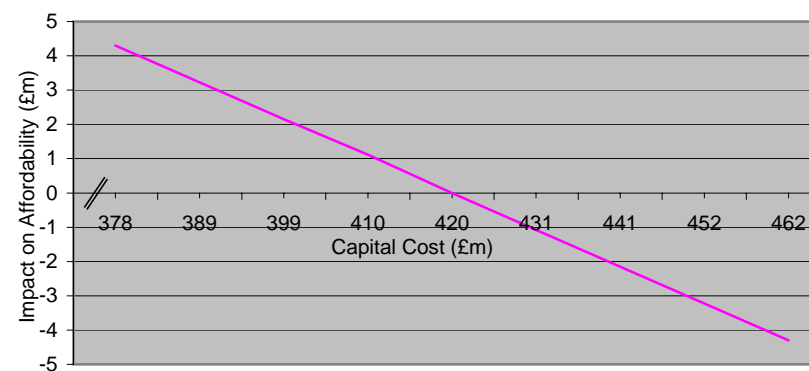
Graph 2: Sensitivity of 2013-14 Financial Affordability to 'General' Changes in Activity



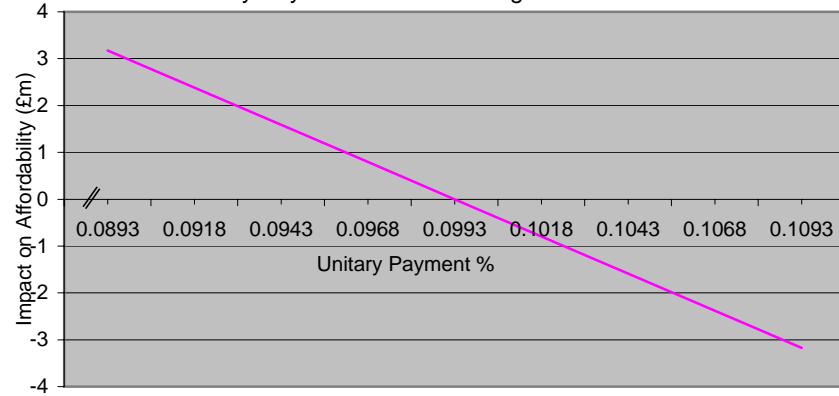
Graph 3: Sensitivity of 2013-14 Financial Position to Changes in % of Tariff Uplift for Revenue Consequences of Capital Investment (from 2008-09)



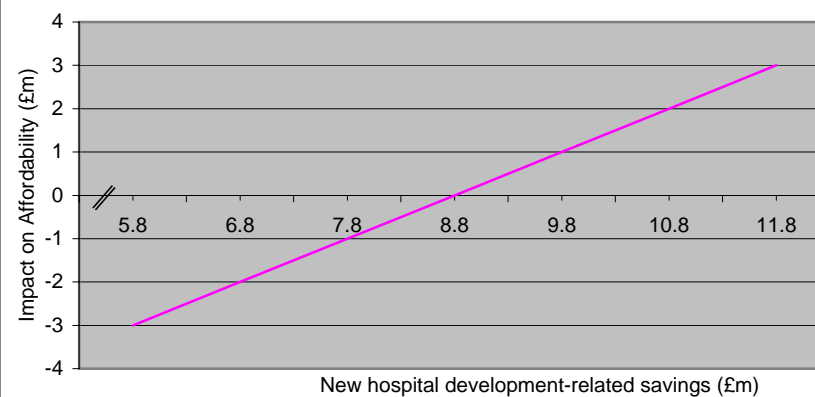
Graph 4: Sensitivity of 2013-14 Financial Affordability to Changes in Capital Cost



Graph 5: Sensitivity of 2013-14 Financial Affordability to Changes in the Unitary Payment as a Percentage of PFI Construction Cost



Graph 6: Sensitivity of 2013-14 Financial Position to Changes in Non-Bed Related Savings



NORTH BRISTOL OBC

WORKFORCE

**DRAFT
VERSION viii
December 2005**

Developed in partnership with the AGW WDC through the Bristol North Cluster workforce group.

*Considered at NBT Trust Management Team, then Trust Board, July 2005
Revised in light of BHSP Workforce Assessment, October 2005*

NORTH BRISTOL OBC

WORKFORCE

1. INTRODUCTION

- (a) There is strong synergy arising from the coincidence of the developments covered by this OBC and the local realisation of the benefits of the national HR agenda. In common with the whole of the NHS, the years in the period from 2006 onwards will, in North Bristol, witness a sea-change in the way that people work to deliver healthcare.

During this same period progress will be made to introduce the Model of Care underpinning the BHSP, some changes will be made in anticipation of the new hospital and others will be planned ~ for introduction enabled by the new facility. In this period, the rigidities of the Whitley regimes will fade away, and demarcations between professional groups will blur as the people working to deliver services realise that they are no longer constrained by archaic pay and grading systems which labelled and restricted the inherent desire to improve patient care.

The positive opportunities opened up by the Knowledge and Skills Framework, by Modernising Medical Careers, and by new relationships with education providers mediated through the emergent Sector Skills Agreement will stimulate substantial changes in the workforce. Those changes will be manifest at the individual level through the active promotion of expansion of responsibility, and through organisational development, where whole-system and structural improvements will be designed to enable and encourage innovation. Many of these changes will reshape and transform the roles undertaken by current professional groups and in some areas will dissipate professional boundaries entirely. As the Wanless report observed, increasing demand for service coupled with diminishing overseas recruitment would require some 20% of the work that doctors undertook in 2003 to be undertaken by nurses, technicians and others by 2020 if the quality of the NHS service was to be sustained.

These truly exciting developments are a reflection of the move away from HR systems which were centralist, where the same job titles applied throughout the NHS, with the same job descriptions and the same pay grades across the country, to a new paradigm where individuals in their teams, working within proper frameworks of professional and clinical accountability, are positively encouraged to change the way they work in the interest of improving services. However a consequence of this new environment is that, by definition, it is impossible to predict precisely what changes will happen over the years ahead, and consequently, all of the outcomes of workforce modelling must be taken as "best estimate" not absolute.

- (b) North Bristol Trust, in the years up to 2002/03, developed a cost base which was far in excess of income and has subsequently achieved significant change in practices to support an ambitious three-year financial recovery plan. Within this workforce forecast, we have assumed that the implementation of year-on-year efficiency improvements will continue. Further change will arise from service transfers between providers, including the emerging independent sector, so that, with the dynamism flowing from role redesign, the "shape" of our workforce will be subject to significant remodelling in the

years up to 2012.

- (c) Current estimates suggest that the net result of these changes will be a reduction in the number of established posts, of between 10 and 20%, but, as this paper describes, the ratio of headcount to establishment will increase as a reflection of the increase in part time and flexible working. The present headcount is 8,400 (November 2005), our forecast is that this will shrink by around 10%, i.e. to around 7,800 people occupying around 5,900 (whole time equivalent) posts in the “establishment”.

2. CONTEXTUAL FRAMEWORK

2 (a) NHS Megatrends

Change is inevitable, and these plans, therefore, consider the key change drivers which will impact upon workforce issues during the next six years.

These plans anticipate the structure of the workforce for a time which is now six years into the future. Change is inevitable; therefore it is not possible to make specific plans for particular developments until those are known. What can be anticipated with certainty, however, is that changes will occur, and that some of those changes will have a direct impact on the workforce. Others will change the environment in which services must be delivered.

The strategic issues which emerge from this are as follows.

- (i) That the workforce, on an individual and collective basis, must have a resilient confidence to seek out the opportunities for organisational change in the transition years with a view to setting up the Bristol Health Services Plan (BHSP).
- (ii) The Transition Years between now and full implementation will require managerial agility throughout. “Leadership” will be a challenge to everyone who carries any responsibility for organising the work of others, and there will have to be consistent standards of management action to establish and sustain a culture which promotes excellence and resilience. Flexible approaches and the right skills will help to ensure that we maximise opportunities and realise benefits.

2 (b) The BHSP Model of Care

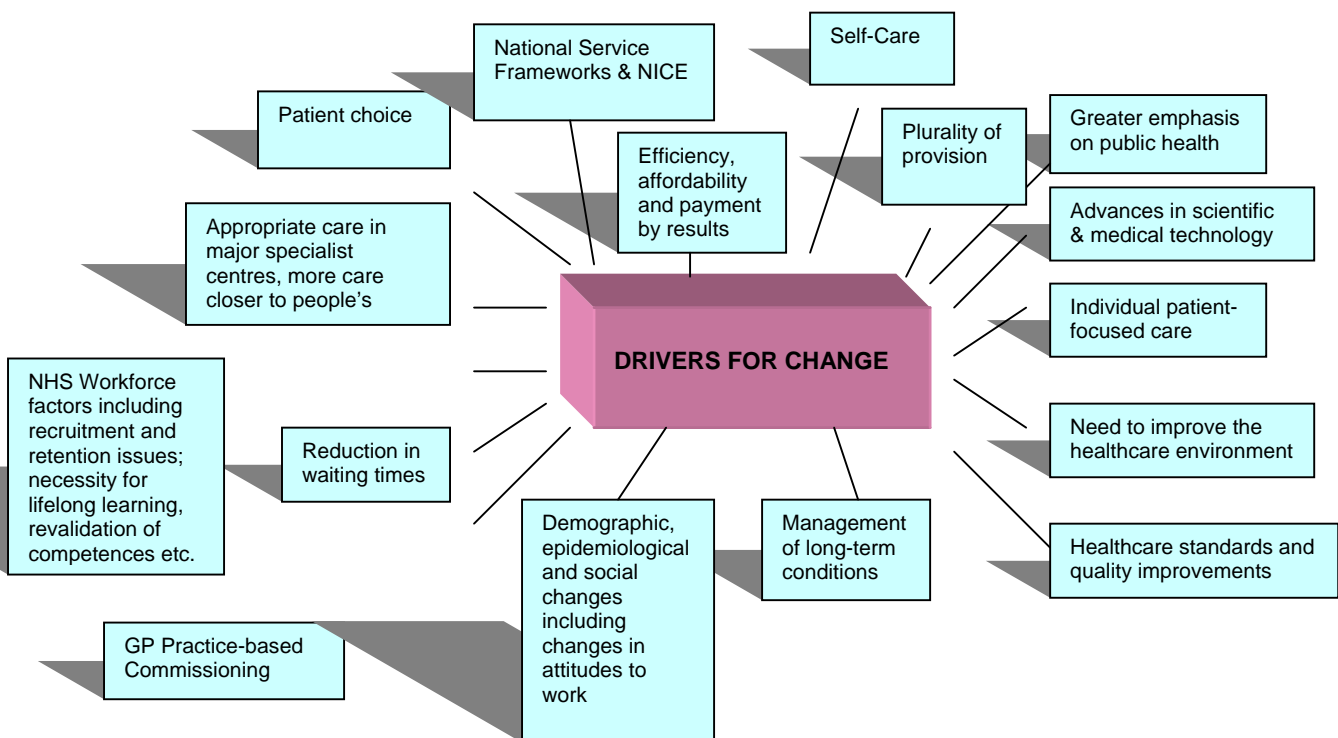
Underpinning the Bristol Health Services Plan is a model of care that sets out the basis and rationale for the series of changes. The model of care forms the foundation of future care pathways, organisation, service and workforce design, new ways of working, health community configuration and the assessment of overall affordability.

The BHSP Model of Care is set within the context of ‘Shaping the Future’ - a framework designed to guide the planning process across the AGW Strategic Health Authority area.

The Model of Care has been developed in the context of a healthcare environment that has and will continue to undergo rapid changes. A whole range of factors are changing the way in which healthcare will be delivered in the future.

These key drivers for change are summarised in the diagram below:-

Fig. 1 – Drivers for Change



The overarching theme of the BHSP Model of Care is the delivery of healthcare services closer to the patient's home as far as is possible and practicable. Its aim is to deliver high quality, effective care that is patient-focused and achieved through collaboration and multi-disciplinary working across the local area.

The principles behind the model of care that underpins the Plan have received widespread support from the public and from partner and key stakeholder organisations during an extensive consultation process.

The principles underpinning the model of care are:-

- To improve the quality, safety and outcomes of patient care
- Care to be delivered closer to the patient's home where appropriate and practicable - particularly for routine, low risk interventions - thereby reducing patient travel
- Avoiding needless use of hospital services; admission to major acute hospital centres will be avoided where appropriate
- To ensure the efficiency of clinical processes, especially by seeing primary, secondary and tertiary care as components of one system
- To promote self-care and the prevention of illness and disability
- The emphasis will be on service modernisation, redesign and new ways of working, rather than physical location
- Demand will be managed in primary care
- Emergency and planned care pathways will be separated as far as possible
- Reducing the effects of split site working as far as possible
- Creating sufficient capacity to meet waiting times and waiting list targets

- The patient's experience should not be constrained by organisational boundaries
- Assessment and treatment should be supported by sufficient diagnostic services and specialist advice at appropriate locations
- Quickest possible access to specialist skills and equipment when needed
- To reflect demographic growth and patient flows
- To ensure overall affordability
- Plans will reflect national strategies as set in national service frameworks, NICE guidance and other key national policy initiatives
- Providing services that meet training and accreditation requirements for NHS staff
- Reducing inequalities and ensuring fairer access for all
- Actively supporting people with long term ill-health or disabling conditions
- Removing needless delay
- Increasing speed and convenience of access to specialist diagnosis
- Enhancing the range of service choices
- To ensure that existing assets are utilised as far as possible
- To maximise the benefits of collaboration between health, social care, independent sector and voluntary sector partners

The continuum of care covering emergency and acute care, community and primary care, home, self and social care is more complex than a simple split of services between healthcare sites. The redesign of services to ensure optimal patient-centred care will be planned carefully, taking a full system-wide perspective across the entire local area.

2 (c) **Patient Led/Choice**

The fundamental principles of "Patient-Led" will be delivered during the transition phase of this plan, and in North Bristol, the emphasis on professional staff taking decisions to deliver services within appropriate frameworks and supported by systems which promote autonomy is consistent with the "Delivering care through teamwork and learning" values statement endorsed by the Board in July 2005.

The "Choice" philosophy has different implications for different parts of the healthcare community. For those involved in the early stages of the patient journey, identifying the optimum route is enhanced by plurality. For those involved in the recruitment, training and retention of highly skilled staff to deliver care, this is naked market competition. The Payment-by-Results funding regime will similarly nurture competitive marketing of care services, stimulating improvement in speed of managerial decision-making, focus on results and improvements for patients and their families.

'Commissioning a Patient-Led' builds on the *NHS Improvement Plan* and *Creating a Patient-Led NHS*. Its focus is on creating a step-change in the way services are commissioned by front-line staff, to reflect patient choices. This will require:

- better engagement with local clinicians in the design of services;
- faster, universal roll-out of Practice Based Commissioning;

- developing PCTs to support Practice Based Commissioning, and take on the responsibility for performance management through contracts with all providers, including those in the independent sector;
- reviewing the functions of SHAs to support commissioning and contract management.

The changes will be a pre-requisite to a forthcoming White Paper on implementing improved care outside of hospital. Improvements in commissioning, the determination to make progress on working with Local Authorities on *Choosing Health*, and the commitment to make £250 million of savings in overhead costs, will require NHS organisations to take part in a programme of significant change and development.

These changes in function will mean that the NHS will be required to reconsider the optimal configuration of PCTs, and where appropriate Care Trusts, and SHAs and their fitness for purpose. This work is now in the early planning stages across AGW. The Department of Health expects that PCTs will make arrangements for universal coverage of Practice Based Commissioning to be in place by December 2006, that PCT changes will be in place by October 2006 and that SHA changes will be complete by April 2007. Changes to PCT service provision will be complete by December 2008.

As PCTs' focus will be on promoting health and commissioning services, arrangements will be made to secure services from a range of providers – rather than just through direct provision by the PCT. This will bring a degree of contestability to community-based services, with a greater variety of service offerings and responsiveness to patient needs. The provider role of PCTs will be reduced to a minimum.

In some types of services, there may be a range of providers – e.g. the independent and voluntary sectors, local authorities, NHS/Foundation Trusts, GP Practices (see also below). In other areas, no obvious alternative providers may exist. Further consideration will be given to how to develop a wider variety of local services and models of provision in response to patient needs.

'*Commissioning a Patient-Led NHS*' will have a significant material effect on those staff currently employed by PCTs. There will be three aspects to this:-

- (i) The required reduction in management and administrative costs is likely to result in redundancies as PCT Boards and management teams are reduced in number and back-office functions are merged.
- (ii) Clinical staff currently undertaking provider functions are likely to transfer employment to other providers, potentially including the independent sector, NHS/Foundation Trusts, local authorities, the voluntary sector and GP practices. This will have contractual and practical implications for employers and employees.
- (iii) Practice-based commissioning will, in time, begin to affect the shape and form of the patient journey causing a requirement for staff roles and skills to adapt accordingly

2 (d) **Plurality**

The NHS will increasingly be represented by a multiplicity of providers and employers of health service staff (inc. Foundation Trusts, independent sector, GP practices, voluntary sector).

The popularity of independent treatment centres continues to grow with MORI poll surveys nationally indicating a high degree of potential preference for independent sector (IS) facilities by both patients and GPs. This popularity, supported by government policy for the increasing use of independent treatment centres, is likely to have significant effects on the future workforce profile of NHS organisations in the area.

Given a common price structure under payment by results, and the government policies of plurality and choice, independent sector providers may provide a range of services, including elective procedures with low complication rates and short or zero lengths of stay, minor injuries services, diagnostic procedures that can be available locally through the use of mobile units, primary care provision.

Here again, within the Acute Trust, managerial agility will be key, and it will be important to ensure that NHS managers have the relevant skills to deliver this agenda and are as agile as their counterparts in the private sector.

In North Bristol, we will ensure that the very talented pool of management will be refreshed and renewed by:

- Recruitment against a high specification.
- Systematic development of Leadership Qualities.
- Enhanced education and training via the North Bristol Academy in partnership with universities and other external providers as appropriate.
- Networking with (non-competitor) private sector employers.
- Mentoring and talent management.
- Pursuit and dissemination of global best practice through knowledge management systems comparable with current clinical systems.

2. (e) **National Programme for Information Technology**

The National Programme for IT is bringing modern computer systems into the NHS to improve the patient experience. Over the next ten years it will connect over 30,000 GPs in England to almost 300 hospitals and each other and give patients access to their personal health and care information, transforming the way the NHS works. Information will move around more quickly with health care records, appointment details, prescription information, and up-to-date research into illnesses and treatment accessible to patients and health professionals whenever they need it. It will support patient choice and allow first hospital outpatient appointments to be made at a time, date and place to suit the individual. The programme has four key goals:-

- electronic appointment booking
- an electronic care records service
- electronic transmission of prescriptions
- fast, reliable underlying IT infrastructure.

The new national programme for information technology will fundamentally change the way in which the NHS works and how those that work in the NHS operate. This will involve new process changes – e.g. real time data capture, online booking systems and new ways of working. It will also facilitate the transition of services from acute hospitals to community-based settings by providing for faster and more efficient means of transferring clinical and patient-related data.

The programme will also include the establishment of an Electronic Staff Record which will enable individual members of staff to maintain an electronic 'passport' of qualifications obtained, competences achieved and updating or revalidation undertaken. The existence of such a record will support the new flexibilities in service design, role enrichment and career progression envisaged for the NHS of 2012 and underpinning the BHSP Model of Care.

2. (f) Confidence

The period up to 2012 will be dominated by transformational change. The building project, with disruption from decanting will generate its own transformations, and then there will be the move in to the new hospital, enabling the implementation of many changes in the way we work. This whole programme will require a collective confidence built on mutual understanding and trust.

3. WORKFORCE DEVELOPMENT TRENDS

3. (a) This is a Strategy which addresses issues in the years up to and following 2012. Traditionally, our acute Hospitals have relied on recruitment of significant numbers of "student-age" people who have already made a career choice in selecting their degree course, and who join us at age 22 or 24 (both +/- 1), which means that the birth rate for the period around 1988 to 1990 is significant to us. In fact the national birth rate shows a dip in the years 1976 – 79 with progressive increases to peak in 1991.
(Source: Labour Market Trends & www.statistics.gov.uk)

These facts, together with recently available statistics on applications subsequent to the introduction of 'top-up fees' suggest that in terms of the demographically "available" student-intake population, our partner universities do not face a shortage of potential recruits. As noted previously however there is some possibility that current inflow and retention of overseas clinicians may not be sustained. It will also be important to ensure that the Bristol health care community remains an attractive work location to the brightest clinical graduates from local and other universities.

The City of Bristol has a large overall student population, (approaching 30,000) and significant proportions of all graduates do seek to remain in the city out of choice (source : South West Region Labour Market Review, Summer 05). The proportion of the Bristol working population which holds qualifications of NVQ4 and above, at 33.2%, is significantly higher than the average for England (25.0%) These factors suggest that the general population of people aged 18-30 within the North Bristol travel to work area, will continue to be numerically sufficient to provide a pool of potential well qualified recruits.

However, there will be no room for complacency, as the City of Bristol enjoys very low unemployment, with only 5,736 Unemployment Benefit claimants in the year to March 2005 (2.2%), with South Gloucestershire showing only 0.9% (1,379 people).

Similarly, the demand for our services will be strongly influenced by the expected significant growth of older people 85+ in the north of Bristol and the specific significant increase by 60% of over 75's in South Glos.

We will continue to build on the existing outreach work with schools, colleges and community groups to widen the horizons of potential recruits from Black and Minority Ethnic communities who, today, are under represented in the workforce. A service which is both culturally aware and accessible to all will become one which realises the benefits of diversity both as an employer and as a service provider.

We will also continue to provide development opportunities for recruits who are less well qualified. Alongside the high proportion of the Bristol population achieving NVQ level four or above the greater Bristol area also has a nationally higher than average number of people who do not achieve level two. We have an excellent record of supporting such recruits to our staff through basic skills to level three and beyond and will continue to do so.

To raise awareness of NHS careers among graduates already living in Bristol we will:

- Work with our University partners to further develop “conversion” routes, e.g. science graduates into biomedical disciplines.
- Develop more flexible entry-level career pathways into disciplines such as diagnostics.
- Work closely with our Royal College partners and with the professional regulatory bodies to establish new career pathways and roles e.g. advanced nurse and AHP practitioners, assistant medical practitioners; anaesthetic practitioners.
- Promote organisation development among Admin and Clerical and the roles currently labelled “secretarial”, to make these attractive to graduates.

3. (b) The other significant factor in workforce forecasting for the period around 2012, is that a greater proportion of the population is likely to be “available” for work, especially through improved support for working mothers and extension in the length of the average working life, through later retirement. (The impact of the delay in state pension age for women will be felt around this time.)

Nationally, there was a “bulge” in the birth rate around 1965 (+ / - 5 years), which is a cohort currently aged 35 – 45, who will be 42 – 52 in 2012. This potential workforce is likely to currently include significant numbers who are either “economically inactive” or in part time or casual work. Given that our workforce precisely matches that of the NHS nationally, with a gender split of 80% female, we will be able to “target” this age group with flexible return-to-work policies; “refreshers” and “new career” opportunities via the enhancement of initiatives of which we already have experience.

The selection of Southmead as the location of the new acute Hospital will mean that the above “metropolitan” factors will serve to benefit recruitment and retention.

The same is not true of the rural South Gloucestershire travel-to-work area which has a higher average age than metropolitan Bristol; a lower birth rate, and a higher level of affluence (which might mean that some of our jobs will not be attractive). However it does provide a high quality of life which means that there will always be some qualified healthcare staff who choose to live in the area and who will be keen to find local jobs.

3. (c) The diversification of the Medical profession is a further significant factor, with fewer doctors likely to follow a single career path full time from graduation to retirement. Women have accounted for more than half of all entrants to UK medical schools for the last ten years and are now just in the majority in the PRHO or F1 year. The proportion of women in senior training and consultant grades is substantially lower and the overall proportion in 2003 was only 35% (23% in hospital medicine). This however was in large part because of the high numbers of SHOs and SpRs who are men who qualified outside the UK and as already noted this inflow may slow down. As Allen (1994 and 2005) has pointed out however the predicted dip in numbers as women doctors took 'family career breaks' has not materialised with most women doctors remaining in the workforce on a part time or sessional basis. This is also reflected in GP statistics, with approximately 40% of GPs being female and 60% of those choosing to work part time and more flexibly.

Allen also notes that both male and female doctors support the development of more flexible careers and it may be that the emergent latter stages of the Modernising Medical Careers structures will facilitate that. The statistics are complex and prediction is difficult but it is clear that there will be greater demand for more flexible patterns, involving career breaks, moves to part-time working, increases in portfolio employment patterns, and so on. The impact of these changes will firstly be apparent in terms of the ratio of full-time equivalent work to numbers graduating, which will reduce.

Here Bristol should be no worse off than the country as a whole, indeed the combination of Teaching Hospital status, new facilities and the University town factor, will potentially mitigate the national pattern. Nevertheless, demand and supply will be affected and this factor has been taken into account in the SHA Workforce planning.

At the local level, this diversification may require a more flexible approach to balancing headcount and establishment, e.g., within the Consultant Contract and with greater use of non-Consultant resources, with changes to enhance the status of the cohort currently labelled "staff grade".

The diversification of the medical profession will also be evident in terms of where doctors work, with greater flexibility between sectors leading to blurring of traditional boundaries – maybe with the same individual undertaking different roles in different places at different times of the week or at different stages in their career.

The new GMS contract and the view that medical staff will not necessarily provide the bulk of care, particularly with out-of-hours in the community, as has been the case to date will be a significant issue in delivering primary care services. Indeed, Payment by Results may mean that from a primary care perspective more intermediate care is required to follow the patients' journey.

Present day contracts do not prevent such "Portfolio" employment but neither do they promote it, but if the numbers of medically qualified staff available is less than the level of demand, greater innovation will be required.

3. (d) Junior Doctors-in-training are at present an important part of the whole medical team, with numbers balanced to support the delivery of core services in rotas designed under the New Deal (1992).
The planning necessary for this Business Case takes account of two factors which will reduce the resource available from this source:

- Reduction in the average hours worked per week in 2009 from 56 to 48 (measured over a 17 week period).
- Changes in the structure of work based learning under Modernising Medical Careers, which will also introduce time in community-based locations in order to compliment hospital-based activity and to reflect the movement of care into the community

We believe it is reasonable to assume an overall reduction in availability of 20%.

The intake to medical schools across the UK was increased by 50% (from 4,000 to 6,000) in 2000, with further increases (eventually to 11,000) in the future, and this larger cohort will be emerging into postgraduate training throughout the years ahead.

We also note that, of the Doctors-in-training within NBT, some 30% currently originate from overseas (5% less than the national figure), and it is forecast that while there may be some change in the mix of country of origin (with a larger proportion from Europe and fewer from developing countries), training in the NHS will continue to be attractive for the career development of significant numbers of Doctors from outwith the UK.

3. (e) New roles are already emerging which will provide alternatives to doctors in certain key functions or in support capacities which will reduce the level of demand for Doctors.

There is experience of such roles in the north of Bristol, with Consultant Nurse and AHP Practitioners, Advanced and Specialist Nurse Practitioners, Emergency Care Practitioners, Operating Department Practitioners and Anaesthetic Practitioners but these are numerically small and plans will be developed for significant growth in these and other 'new' roles.

3. (f) Nationally and locally the orthodoxy is that nurses and AHPs will 'move up' to assume roles currently occupied by doctors. These workforces themselves however are under pressure and again there is need of 'redesign'. In nursing there has been a steep growth in workforce numbers (23% in England) since 1997 but 2004 surveys of nurses and their employers reported 95% of employers having 'problems' with recruitment and 71% of nurses were working more than their contracted hours (OME, 2005; Healthcare Commission 2005.) Annual entry to the workforce from UK Universities has also increased substantially. 70% more nurses qualified in 2004 than in 1996 but this is only about 8% more than the figure achieved in 1990. Effectively the nursing (and AHP) professions did not train or recruit sufficient UK numbers throughout the late nineteen eighties and early nineteen nineties and the deficit was made up from initiatives such as 'return to practice' and from overseas recruitment. Overseas recruitment to nursing rose steadily from 1990 to 2000 but seems now to have plateaued at about 40% of the annual cohort of new entrants to the register. As noted in the case of doctors this rate of overseas recruitment may not continue and Universities are still being encouraged to recruit additional students (including more substantial numbers of mature and HCA NVQ route entrants). Filling student places is often difficult however and attrition has also been a problem both nationally and in our local University of the West of England.

It will be important for the Trust to work with UWE to enhance the attractiveness of the nursing profession, and, in particular of remaining in the Bristol health economy after graduation. Application to place ratios in the therapies are more buoyant but here too we will work with the University to ensure graduate recruitment to local health care.

Data on turnover and retention in the nursing workforce is not particularly reliable (Buchan, 2005) but 'wastage' is probably in the order of 9.4% with that figure replicated in the southwest region. Figures for 'returners' are very much smaller.

The most critical challenge in both the nursing and AHP workforces is that they are ageing populations (again partly as a result of the failure to recruit during the nineteen nineties). The NHS National Workforce Projects Review Team reported in March 2005 that the impact of the age profile of the nursing workforce would be to double the net annual loss of nurses over the next ten years. The report comments 'by 2014 we will need twice as many entrants as we do now just to keep the workforce constant'.

As noted above NBT has been active in encouraging HCA progression into nursing roles and is currently supporting the largest cohort of assistant nursing practitioners across AGW. These developments have been fostered through Academy partnership working with UWE. It will be important to sustain and increase these developments and to work with education commissioners to maintain an appropriate balance between conventional and other entrants to the professions.

There are significant changes on the horizon for both district nurse qualification and health visitor registration, with a significant emphasis now on a public health role and more upstream working proactively. Within the technology-based developments, electronic prescribing is likely to significantly change the way prescribing occurs and the types of practitioner who do so. It has been recently proposed by government that both pharmacists and nurses will play a much more key role in this area.

Key to those plans will be financial support for the acquisition of higher level skills which, in many cases, will require commitment to M-level programmes at University. Local Universities are already providing relevant modules and programmes but it will be important to relate these role developments to educational commissioning and to recognise the time required for course and staff development in HE.

It is anticipated that many (but not all) of the individuals who will fulfil advanced roles will be Registered Nurses or Allied Health Professionals (AHPs), and this will provide another career development opportunity for staff whose previous choices were more limited. It is also likely that some roles will be open to staff whose careers will have begun in a range of different professions. Thus Basic nursing and therapy roles may become increasingly interchangeable within and between service areas e.g. orthopaedics, stroke care, care of older people.

In contrast, as acute hospitals move toward greater sub-specialisation, this will have the impact of creating enhanced and more specialist roles for nurses and AHPs. This, will have implications for their training, education, management, registration and supervision arrangements.

New senior roles involving new two or three year entry routes through higher education will also emerge in non-medical grades such as anaesthetic practitioners, assistant medical practitioners and first assistants in surgery. This may result in changes to/reduction in numbers of junior doctors (particularly in secondary, as opposed to tertiary, care)

One of the most significant changes in workforce profile is likely to see the increased use of non-registered and locally developed healthcare support staff. NBT has already recruited 18 trainee assistant practitioner nurses and has been supporting some eight to ten operating department practitioners for each of the last five years. HCAs have achieved NVQ level three over a similar period of whom several have gone on to higher education. There is also expected to be a separation of reduced numbers of administrative and clerical support staff into 'generalists' and 'specialists' (who will become more important as the reliance on technology becomes greater)

The interface between secondary and primary care, particularly with the development of clinical and professional networks is likely to blur the edges of roles across acute and community and primary care with the advent of single multiprofessional care teams supporting the patient throughout the patient journey. Again, this will require appropriate role redesign. Links with social care will be particularly important.

There is likely to be an increasing reliance on standards and governance driving the use of competence based protocols. This will be another factor in the increase in support roles as staff are better equipped to take on more responsibilities.

In acute/specialist hospitals, different employment models might emerge. – e.g. a hospital may move towards employing a core emergency team workforce and a more flexible elective care workforce that is more sensitive to the marketplace. This will require careful planning, role redesign and effective workforce planning arrangements and systems.

3. (g) **Retirement**

The observations above that the ratio of medical Headcount to Establishment is likely to increase beyond 1:1 in reflection of the diversification of working patterns, will be multiplied by issues associated with more flexible retirement patterns.

More staff throughout the workforce will choose to delay their retirement – which has a positive effect on numbers available, but many of those may seek part time working in the years leading to complete retirement, which will add to the complexity of organising staff, unless those part time arrangements are driven first by the needs of the service, with the individual preferences fitting into that.

On the other hand, changes to the NHS pension scheme which will take effect in 2013, could stimulate a flurry of retirements on the “old” terms.

3. (h) The growth in the size of the primary/community workforce will have an impact on the career patterns of Nurses and Allied Health professions.

At present, the vast majority begin their careers in hospital, develop their skills and acquire their qualifications, then those who wish to work in non-hospital settings, make a one-off one-way career change.

This will change in time as educational curricula alter their focus and ensure that training programmes reflect the needs of service more accurately. Here as in hospital care new roles will emerge and achievement of senior roles will be determined by competence and experience rather than initial qualification. Thus senior care management roles may be undertaken by individuals whose working lives have begun in nursing, social work, the therapies or elsewhere.

Current BHSP proposals place the hub of Bristol North Academy on the Southmead site, and whatever the eventual configuration of community care there will continue to be financial, educational and service advantage in delivering work based education for the entire health care workforce from one place. Given, too, that the number of experienced professionals in most occupational groups will be very much larger within the Acute Trust, it is likely that the one place, as now, will be the Bristol North Academy and it will be based at Southmead. The Academy will also continue to be a main location for teaching the bulk of years three to five of the University of Bristol undergraduate medical curriculum.

Plurality of healthcare option is already creating some downturn in numbers entering the Nursing profession. This will be compounded by the development of further choice between acute and rehabilitation, which will create need for greater investment in nurse recruitment.

4. Implications for the Workforce

Services are currently provided in an estate with many buildings which have exceeded their life expectancy, and taken together, the estate is a source of considerable frustration to staff who are committed to delivering the best possible healthcare but find that their ideals are constrained by inadequacies in the buildings and layout.

The Trust, in the years up to 2002/03 developed a cost base which was far in excess of income, and in consequence attention has been focussed on a financial recovery plan to bring costs and income into balance over three years.

These local contextual factors which must have a bearing on recruitment and retention, can be offset by the prospect of delivery of these plans.

The development of a new acute hospital and community healthcare facilities will be the core theme in all recruitment campaigns, and as the plans contained here roll out to implementation, a sense of excitement will be stimulated among existing staff, so that the focus will shift from 2002 to 2012.

The key objective of developing a resilient collective self-confidence will be promoted through the Trust Communications Strategy, with the strapline "Delivering Care through Teamwork and Learning".

The section on the Clinical model described a new system of service provision in NBSG. This new system will require a change in focus from the workforce and a reshaping of traditional departments into new teams as follows.

4. (a) A Strengthened Primary Care System

The development of the Primary care sector will have a number of implications for the Primary Care Workforce. The main areas of development will be:

- The application of harmonising systems including protocols will require Primary Care to work in a more synchronised manner and will require Primary Care teams to become experts in working with these protocols. This will require enough development time to absorb the latest protocols as well as centralised time for PWSI and other staff to inform and encourage staff in the application of these standards;
- The spread of diagnostic facilities and investigative processes into Primary care will necessitate the training of Primary Care in these investigative processes. Overall, there will be a trend to widening access to diagnostic testing facilities with the associated requirement for skills and expertise;
- Improved communication infrastructure including e-mail access to opinions and electronic test results will require a programme of IT training and development to ensure all Primary Care professionals are able to use the new systems in the way that the most IT literate staff do;
- There will be a number of enhanced roles including development of PWSI with a combination of knowledge, experience and skills in Primary Care and specialist knowledge in a more narrow specialist field;
- Empowerment of patients including access to information and education services will require expert patient programmes and training for staff on how to address this new approach. Some of these expert patients may then become new members of staff with a range of educational and developmental responsibilities.

4. (b) Integrated Re-ablement Services for North Bristol and South Gloucestershire

- The main challenge for this service will be the combination of a wide range of tasks in single roles and the need to enhance case management skills. The specific issues for staff in this area will be:
- A need to develop staff with a wide range of assessment skills sufficient to manage both social and healthcare processes;
- Acclimatisation to working both in community and hospital settings, a challenge for teams of staff whether they come from community or hospital backgrounds;
- Development of Case Management skills to enable more vertical integration of processes and greater continuity in care planning. This approach inevitable means staff adapting to greater levels of responsibility and requiring skills at managing ambiguity particularly for ward based nurses who are used to having exposure to a limited part of the process in a clearly defined hospital setting;
- A focus on building cohesive, well-led, multidisciplinary teams with a move away from more hierarchical systems;

4. (c) A Range of Specialist Teams Combining

The specialist teams, in common with the re-enablement service will have to acclimatise to working across hospital and community settings with the main staffing considerations being:

- Systemisation of team activities (e.g. 1 consultant being in charge of acute duties whilst another covers consultations and advice with Primary Care whilst a third member of the team is on leave). This will move the medical workforce away from a traditional individual approach and will require considerable care in addressing governance issues;
- Self management by the teams with the responsibility for delivery of services and adherence to targets with incentives to deliver against targets will demand a particular approach from management to enable staff to deliver within NHS pay structures;
- In common with the other teams in the new service, there will be a focus on building cohesive, well-led, multidisciplinary teams and this will require some significant changes in approach in some of the specialist areas;
- Adoption of case managers will also require development of nurses/therapists organisational and system skills to enable them to co-ordinate and orchestrate as well as provide care;
- The teams will require sophisticated administration and management to allow them to manage effectively with a degree of autonomy and this will require a change of traditional administrative and secretarial roles.

4. (d) A Comprehensive Urgent Care Network

This new system will require a wider range of multi-skilling from the team although this will build on an existing multi-skilled approach from A&E staff and community practitioners.

The main challenges will include:

- The requirement to run a network of services in acute hospital and community settings;
- A wider degree of autonomy for nurses and other staff in community based services.

4. (e) An Emergency/Acute Assessment and Treatment Service

This service will require a far more integrated approach from the A&E and Acute Assessment teams.

The main issues for staff in the new service will include:

- Integrated working between the ED department and Acute Assessment teams with a blurring of existing professional boundaries;
- A change of approach to full-time acute physicians away from borrowed time from specialist doctors.

This approach will present challenges for career planning to ensure that acute physicians get the opportunity to practice specialist work at some stage in their career. There will also be challenges for specialists in some fields who wish to maintain acute skills or in the case of endocrinologists for example who feel they need the acute component to their job plan.

4. (f) A Strengthened Critical Care Team

This team will develop an outreach model of care and this will entail staff incorporating a higher level of education and development of other staff teams into their job content.

Main issues for the team will include:

- Networking skills-the new service will need to work more and more as part of a wider network of critical care provision
- Flexible, highly trained workforce- the service will rely on a pool of staff with elements of multi-skilling to enable the service to be resilient to change and to be able to absorb peaks and flows in demand;

4. (g) A Flexible Inpatient Service

This service will integrate a number of existing teams and wards into a single flexible service and this flexible characteristic will provide the major challenge although other issues will include:

- A requirement to broaden skills to be able to manage different specialties of patient to support the key flexibility criteria;
- A loss of the current clear ward identity for units that might have a more ambiguous identity with the challenge of generating team ethos and responsibility in a more generic model of care.

4. (h) A Systematic Planned Surgical Service

This service will find itself in strong competition with the independent sector and will need to address issues such as:

- A need for strong customer focus;
- A requirement to concentrate on process improvements to improve the patient experience;
- A management challenge to incentivise staff to produce productivity improvements within the constraints of NHS pay systems.

4. (i) Rapid Response Diagnostic Services

The new rapid-response diagnostic services will require:

- A clearer identification by staff with the main patient pathways and processes to which they contribute;

- Multi-skilling of staff to enable wider access to diagnostic testing. This wider access could include non-diagnostic department teams taking a greater role in conducting and interpreting tests;
- The rapid advancement in technology that will include electronic ordering and access to reports and could stimulate centralised reporting to support more than one hospital as well as supporting networks of community provision. This could lead to a combination of de-centralisation of staff involved in taking tests but a centralisation of staff who report tests.

4. (j) Support Services

The support services will include a range of challenges including:

- Technology advancement affecting how administrative processes are conducted including electronic reporting of tests/voice recognition techniques/choose and book;
- Integration of domestic and other staff into the main clinical teams which will include the need for staff to multi-skill and take responsibility for a wider range of duties.

4. (k) Transitional Issues

Multi-facetted service delivery will present a distinct challenge to some staff and groups of staff, especially among those who are confident and secure in working among a supportive team – in hospital – but who will have to learn new skills and gain new confidence in order to deliver a variation on their role in people’s homes/local health centres/community facilities.

The numbers of staff involved in the services affected by this shift are too great to believe it will happen by itself. Action will be taken to develop the necessary skill and confidence, but this will carry a cost through that transition.

The experience already gained by the PCTs and NBT in handling the re-provision of services from Blackberry Hill Hospital will be valuable here - excellent joint work between the partner organisations was key. A Management of Change Policy now needs to be agreed across the Bristol North Health Community to ensure a cohesive approach.

However the handling of the staffing of new organisations via traditional advert/interview did not result in many staff transferring, and a more innovative approach will be developed to support the staff involved in these services changes, and to avoid significant potential redundancy costs.

At present, NBT supplements its core nursing workforce, for example, with up to 10% additional staff provided through our in-house bank, NBT eXtra – representing over 250 wte per year.

In anticipation of the turbulence of the “transition years” and in order to maintain the essential continuity of care, we will review our establishment staff levels and will increase headcount in key functions where this is justified.

Within North Bristol Acute Trust, it is our philosophy that patients will be cared for by Trust employed staff as far as possible.

The transition period will also create particular challenges within NBT for specific occupational groups associated with those functions which will be managed then delivered by our PFI partner. We anticipate close collaborative working enshrining the loyalty and commitment demonstrated by the present Trust staff working in those areas.

Within the new Acute Hospital, we propose to organise the core clinical activities around two 12-hour shifts, 8 / 8, with appropriate rotas being devised to provide attractive working patterns.

That core workforce will require additional staff at peak service times, and we will develop a “menu” of work-pattern options to maximise individual choice especially for the target cohort of females aged 40 - 55, within the framework of what is required to provide the patient-led services we intend to deliver. The imperatives of service-need must take priority over employee preference, and we will seek learning from other employment sectors which have achieved the blend of a service imperative with attractive employment patterns.

5. PARTNERSHIP AND TEAM WORKING

These plans have been developed in collaboration with partner healthcare organisations in the North Bristol Cluster and the AGW WDC and through consultation with staff side representatives, with whom there is a strong partnership relationship, and it is recognised that such collaboration will be critical to the successful delivery of these plans. Managerial capacity throughout the healthcare community will be critical to the success of these plans.

Teamwork is already gaining emphasis, and this will develop further in the years ahead. We envisage that while some specialisms will require dedicated teams, e.g. in Intensive Care, so that the patient journey will involve several teams at different phases of their recovery, others will involve the same care team working with the same patient in the acute hospital, the community hospital, and at all stages including the patient's home. Each of the different care pathways has different implications for the staff involved, and these will be mapped out.

Within NBT, Organisation Development is integral to the HR function, supported by a strong professional in house Education and Staff Development team, who will work with line managers and team leaders to promote and facilitate the changes identified here.

APPENDIX

OBC WORKFORCE – IMPLEMENTATION PLAN

A1. COMMUNICATION

Communication is the catalyst that transforms ideas into action.

- (a) The OBC, in context of the BHSP Model of Care, will be broken into digestible, memorable, pieces which will become embedded into the mindset of every person who works in the Trust or in associated partner organisations.
- (b) As the project progresses and particular groups are directly affected by particular changes, there will be planned systematic communication in advance, to ensure proper planning.
- (c) Both of the above will rely on a combination of good central co-ordination between the Project Team and the Trust' Communication team, and ownership of the need to build understanding taken by line managers.

A2. MANAGEMENT

The trends and themes identified in this plan will impact upon every team in our workforce, and effective delivery will rely upon sound operational leadership at every level.

We will develop and implement a Management Development strategy to cover:

- Recruitment against a high specification.
- Systematic development of Leadership Qualities.
- Enhanced training via the North Bristol Academy in partnership with professional external providers and universities as appropriate.
- Networking with (non-competitor) private sector employers.
- Mentoring.
- Pursuit of global best practice.

Further, in order to enhance confidence and to develop skills, we will develop develop rotation systems among professional staff groups.

A3. RECRUITMENT

From 2007, from advertisement through to contract, will be set in the context of these plans. Some posts must be fixed term, some with very explicit mobility clauses, and all geared to the period of change.

The prospect of working in the most modern hospital in Britain will form the core of our advertising materials.

We will develop plans to initiate recruitment to the workforce profile identified in the OBC.

A4. WORKING PRACTICES

The dialogues which have developed our plans for the period from 2012 have Identified many ideas for better ways of working to deliver our care and services. These range from the organisation of the care teams, the arrangement of outpatient clinics, supervision and teaching of students, through to changes in laboratory practice.

Each of these ideas will be developed into specific change-management plans and that process will stimulate further ideas for improvement such that the Trust will progress into a culture of proactive organisation development.

We will pursue ways and means of introducing the changes in advance of the opening of the new hospital, firstly to generate the benefits in care as early as possible, but also to enable the ideas to be further developed on the basis of experience, and to derive any efficiency gains that may flow.

Our staff will be actively encouraged to pursue best practice, to benchmark their services and to promote creativity.

A5. CONFIDENCE

Based on the Trust Values Statement (enclosed), we will build a sense of collective confidence around teamwork, where change will be welcomed. The drive to focus on the imperatives of delivery will permeate then dominate our culture, but this will be built on mutual respect and mutual support.

OUR VALUES :

Delivering care through teamwork and learning.

Vision:

Our aim is to provide the highest possible standards of healthcare,

to be the specialist service of first choice for patients, both for local and tertiary services,
and to provide the best possible patient journey, within the resources available.

To achieve our vision consistently, we will :

- *work together on the basis of mutual respect and mutual support*
- *seek constructive solutions, not blame or excuses*
- *accept responsibility for delivery of effective services*

Put our patients first!

We recognise that the whole organisation is made up of inter-dependent teams, and each individual shares the responsibility for improving their team's activity.

Each team member will respect and support the work of others, no member of staff should deliberately undermine the efforts of another ~ we are all committed to delivery of our Trust's Vision.

Among staff, all interpersonal dialogue (including e-mail and telephone) will reflect appropriate professional standards, and managers will ensure that their staff work together and are protected from any form of hostility: we do not tolerate abusive or threatening behaviour.

Everyone who works for North Bristol has the right to an annual appraisal / review in context of the objectives of their team, and will be provided with the opportunity for appropriate personal development.

Every clinician, manager and team leader will strive to demonstrate these values in their everyday work, and will promote responsible, ethical behaviour among team members.

These values start with all of us – working together!

Delivering care through teamwork and learning

Version (see file name in footer)
NORTH BRISTOL AND SOUTH GLOUCESTERSHIRE OBC
RISK LOG

NORTH BRISTOL AND SOUTH GLOUCESTERSHIRE OBC - RISK LOG
For former isk ID - see cell 'B'. 'closed' risks are hidden at top of worksheet

DATE OF
LAST
UPDATE:

25/11/2005

APPENDIX 37

New Risk ID	Risk Group	Risk description	Nature of risk	Probability	Impact	Proximity	Countermeasures	Owner	Author	Date Identified	Review/Completion by	Date of last update	Current status
06/05	General	Phasing of community facility developments.	Differences in the timing for community and acute facilities could undermine the success of all projects.	low	Medium		Develop structures to ensure timings and proposals complement.21/11 Timescales for all community schemes agreed	D Tappin/ S Roberts/ K Ward/T Down	C Waite		Mar-06	22 November 2005	live
12/05	Engagement	OSC or member of public refers proposals to Secretary of State.	Significant delay for the submission of the OBC.	Medium	High		BHSP working closely with OSC.Robust public consultation process.Assessment of 3 & 6 month delays conducted across NB&SG Cluster. 5/7/5 - referral now made by SG OSC to Sec of State (S Webb request).22/11 await decision by Sglos CC on whether to go for judicial review	BHSP/D Tappin	C Waite		Dec-05	22 November 2005	live
17/05	Redesign	Incorrect planning assumptions	Lack of communication between architect and service redesign groups result in unrealistic service models.	Medium	High		Architect attends Service Redesign Steering Group (SRSG) meetings.14.02.05 CDSC process with architect in attendance is assisting but this issue is now on the critical path. Risk Upgraded to M/H. Monitoring to continue	R Grant	C Waite		Dec-05	25 November 2005	live
18/05	Redesign	Incorrect capacity and performance assumptions	Incorrect assumptions could result in the development of inaccurate service models	Medium	High		Ensure the use of high quality data.CDSC to carefully consider the capacity and performance assumptions . 12/7/5 OBCPT review process in place. 22/11 confirm performance assumptions with MM/RB	A Egan	C Waite		Nov-05	21 November 2005	live
20/05	Redesign	Insufficient consultation with stakeholders (e.g. Social Services, Public Involvement Groups, Ambulance)	Service delivery issues arise from proposed models of care which do not take account of views/needs of stakeholders.Inadequate consultation undermines proposed service models	Medium	Medium		Membership of service redesign groups incorporates stakeholders.Presentation of proposed models of care to Public Involvement Group. Robust and pro-active stakeholder engagement. 12/7/5 review current clinical redesign structures to prepare for next phase of work. Await outcome from SHA report on impact on SSD. 22/11 new structures proposed for clinical design. Need to agree with CDSC 30/11	D Tappin/S Roberts/K Ward	C Waite		Dec-05	22 November 2005	live
21/05	Redesign	Insufficient time to develop robust redesigned models of care	Time pressures result in the development of models of care that do not provide the best future service.	Low	High		Service redesign process has been developed to ensure several iterations from different groups.14.02.05 CDSC process should mitigate this risk. 12/7/5 clinical redesign structure review for next phase to commence. 22/11 clinical model of care now developed and new clinical structures for next phase. Probability now low	R Grant	C Waite		Dec-05	25 November 2005	live
22/05	Redesign	Clinical opposition to short term clinical transfer across Bristol	Changes to service (such as Blackberry Hill or the move of Breast services) result in opposition to subsequent changes to service	Low	Medium		Ensure clinical consultation for all redesign proposals.Look for early wins in areas where there is strong clinical buy in, and good prospects for success, to establish momentum. 14/7/5 Keep in review.22/11 probability now low as clinical support for scheme	M Morse	C Waite		Dec-05	22 November 2005	live
23/05	Redesign	Proposed models of care are operationally impractical	Pathways make assumptions about workforce, skills and willingness that may not actually be available	low	High		Ensure thorough critique of proposed models in both primary and secondary care.14.02.05 Successful Model of Care workshop has reduced probability to Medium.14/7/5 workforce plan to be developed together with service planning and affordability work. 22/11 probability now low due to more detailed work on model of care	R Grant	C Waite		Dec-05	25 November 2005	live
24/05	Redesign	Lack of clinical engagement in redesign process	Difficulties in ensuring clinical input into all service redesign processes	Medium	High		Development of several strands for engaging clinicians - e.g. workshops, 1-2-1 sessions and newsletters.Establish robust and pro-active Stakeholder Management Policy at Cluster Board level14.02.05 CDSC process should mitigate this risk. 14/7/5 comms strategy in draft. 22/11 CDSC to agree new clinical structures	R Grant	C Waite		Dec-05	25 November 2005	live
25/05	Redesign	Models of care unable to meet savings assumptions	Proposed pathways do not result in significant revenue savings, and therefore undermine financial balance	low	High		Involve architect and finance in service redesignEnsure that costings models developed closely with service redesign.14/7/5 project team in place to review all assumptions. 22/11 detailed analysis incl skill mix on wards has delivered required savings for affordability plan	S WebsterD Tappin	C Waite		Oct-05	22 November 2005	live
36/05	Workforce	Models of care assume unrealistic workforce availability & skills mix	Models of care will be undeliverable if appropriate workforce levels are not available	High	High		Ensure workforce strategy develops appropriate plansEnsure appropriate recruitment, retention and training opportunities availableReview models of care. 22/11 AMcD developing implementation plan	A McDougall	C Waite		Nov-05	22 November 2005	live
38/05	Workforce	Models of care assume unrealistic willingness of workforce to take on new roles and responsibilities	Models of care will be undeliverable if staff do not want to take up opportunities for new ways of working	Medium	High		Ensure workforce strategy develops appropriate plans. Review models of care. 22/11 strategy and implementation plan being developed	A McDougall	C Waite		Nov-05	22 November 2005	live
39/05	Workforce	Under-estimation of workforce needs	Use of current workforce numbers may not be accurate, as staffing may be under-resourced.	low	Medium		Ensure careful consideration of size of workforce. 15/7/5 BHSP working group in place. Workforce stage plan being developed. 22/11 analysis of staffing shows required staffing numbers, probability now low	A McDougall	C Waite		Dec-05	22 November 2005	live

Version (see file name in footer)
NORTH BRISTOL AND SOUTH GLOUCESTERSHIRE OBC
RISK LOG

New Risk ID	Risk Group	Risk description	Nature of risk	Probability	Impact	Proximity	Countermeasures	Owner	Author	Date Identified	Review/Completion by	Date of last update	Current status
40/05	Workforce	Employment risks	Outsourcing of hard and soft facilities management with PFI may result in recruitment and retention issues	Medium	High		Make decision re outsourcing of hard and soft FM. Develop strategy for retaining staff up until 2012. 22/11 FM workstream to pick up this issue.	S Wood/ A McDougall	C Waite		Dec-05	22 November 2005	live
41/05	Capacity	Incorrect capacity assumptions due to changes in PCT commissioning strategies, GP-led commissioning or Payment by Results, independent sector	Possible financial and operational issues if services have too much or too little capacity.	Medium	High		Ensure accurate capacity modelling. Ensure design is as flexible as possible to accommodate future change.. 15/7/5 detailed modelling in progress. 15/9 IS agenda more significant - scenarios modelled. 22/11 IS and GP commissioning assessed and included in analysis of costs and flows	A Egan D Tappin	C Waite		Dec-05	22 November 2005	live
42/05	Capacity	Demand assumptions incorrect due to changes demand for patient services (e.g. Patient Choice)	Possible financial and operational issues if services have too much or too little capacity.	Medium	Medium		Ensure accurate demand modelling. Ensure design is as flexible as possible to accommodate future change. 15/7/5 BHSP affordability work driving agreed demand mgt position. 22/11 BHSP affordability position confirms growth assumptions to be used.	A Egan/ D Tappin	C Waite		Dec-05	22 November 2005	live
43/05	Capacity	Changes in case-mix undermine capacity and demand assumptions	Changes in clinical procedures (e.g. increase in day case rates or use of drugs) results in too much or little capacity	low	Medium		Consultation with clinicians to ensure future likely changes in services understood. Ensure design is as flexible as possible to accommodate future change. 15/7/5 mtgs with directorates and DGs to discuss.. 22/11 now low probability due to flexibility built into design of bldg	A Egan	C Waite		Dec-05	22 November 2005	live
44/05	Capacity	Changes in Government health policy.	Incorrect configuration of services, obsolete services	Medium	Low		Ensure design is as flexible as possible to accommodate future change. 15/9 continually scan horizons. 22/11 new design includes flexibility for change	D Powell	C Waite		Dec-05	22 November 2005	live
46/05	Town Planning	Cost estimates for obtaining planning approvals	Changing requirements, particularly for early detail, imposed by planning authorities resulting in time delays and increased costs	Medium	Medium		Early and close liaison with authorities	D Powell	C Waite		Dec-05	22 November 2005	live
47/05	Town Planning	Conditions imposed	Conditions imposed by planning authorities which increase costs or generate project delays	Medium	Medium	3-9 months	Early and close liaison with authorities	D Powell	C Waite		Dec-05	22 November 2005	live
48/05	Town Planning	Section 106/278 Notice	This will form part of the Outline Planning Approval which will have to be met as part of site development costs.	Medium	Medium	6 months	Early close and continued liaison with both planning and highway authorities	D Powell	C Waite		Feb-06	22 November 2005	live
49/05	Town Planning	Detailed approval delays	Delay to submission of OBC.	Medium	Medium	3-9 months	work closely with planning advisors and LPA . 22/11 aim to submit OBC to agreed timescale	D Powell	T Down		Dec-05	22 November 2005	live
51/05	Town Planning	Town planning contingency	Insufficient contingency time allowed for planning	Medium	High	3-9 months	14/7/5 Bring town planning process forward. Decouple from service redesign	D Powell	T Down	12/07/2005	Nov-05	22 November 2005	live
54/05	Town Planning	Impact of Olympic bid approval	Risk of Olympic decision affecting PFI availability	Low	High	3 months	Review bidder market on regular basis.	D Powell	T Down	14/07/2005	Mar-06	22 November 2005	live
55/05	Town Planning	Planning policy changes (MCP line 155)	Policy analysis cannot take into account potential new (draft) policies in new-style development documents - core strategy published Feb - March 06	High	Low	5 mth	Seek to ensure higher order policies satisfied, esp national.	D Powell	M Bailey	16/08/2005	Nov-05	22 November 2005	live
56/05	Town Planning	Omission of key baseline items from analysis (MCP Line 156)	Consultations on baseline study findings lead to new items being identified	Low	Medium	1 mth	Rely on experience of specialist team. 22/11 BCC identified new requirements for air and noise quality - picked up by planning team	D Powell	M Bailey	16/08/2005	Dec-05	22 November 2005	live
57/05	Town Planning	Setting scale of proposal too low (MCP line 160)	If scale of proposal set too low the planning permission now sought could be of limited value to PFI tenderers.	Low	High	1 mth	Analysis of requirements by NBT with professional support. 22/11 planning application scale increased in scale to allow for PFI proposals	D Powell	M Bailey	16/08/2005	Dec-05	22 November 2005	live
58/05	Town Planning	Proposal bears little resemblance to likely NBT requirements (MCP Line 162)	If scale of proposal set too low the planning permission now sought could be of limited value to PFI tenderers.	Low	High	1 mth	Analysis of requirements by NBT with professional support. Judgement by NBT on margin for flexibility 22/11 as 57/05	D Powell	M Bailey	16/08/2005	Dec-05	22 November 2005	live
59/05	Town Planning	Scoping opinion of Council on Southmead EIA delayed or subject to disagreement (MCP line 165)	Delay	Medium	medium	2 mth	Submission of draft scoping report to the Council based on good understanding from baseline studies	D Powell	M Bailey	16/08/2005	Dec-05	22 November 2005	live
60/05	Town Planning	Technical review of proposal for EIA delayed (MCP line 166)	Delay, potentially technical impasse and/or cost implications in seeking to resolve technical difficulties and in agreeing solutions.	High	High	2 mth	Team experience in resolving conflicts and hoped for goodwill from Council to do so.	D Powell	M Bailey	16/08/2005	Oct-05	22 November 2005	live
61/05	Town Planning	Transport assessment delayed (MCP line 168)	Delays beyond team control in seeking to overcome technical difficulties and agreeing findings with the Highway Authority. Technical difficulties require more time to resolve, or Council will not agree without agreeing mitigation/financial contributions.	High	High	3 mth	Team experience in resolving conflicts and hoped for goodwill from Council to do so. Interim decisions to be made by team with NBT approval. 22/11 risk to getting all transport info as BCC requested more detail	D Powell	M Bailey	16/08/2005	Nov-05	22 November 2005	live
62/05	Town Planning	Environmental Statement completion delayed (MCP Line 169).	Technical difficulties require more time to resolve, delaying programme of work and submission of application.	Medium	High	3 mth	Decision on issues involved to be taken by team with endorsement by NBT. (Potential later revisions to ES).	D Powell	M Bailey	16/08/2005	Nov-05	22 November 2005	live
63/05	Town Planning	EIA required for Frenchay (MCP Line 171)	Council decide that Frenchay proposal requires formal EIA, entailing more work. more detailed analysis than planned.	Low	Medium	2 mth	Careful letter to Council explaining why proposal does not involve EIA development. 22/11 Frenchay planning app to go in winter 06	D Powell	M Bailey	16/08/2005	Mar-06	22 November 2005	live

Version (see file name in footer)
NORTH BRISTOL AND SOUTH GLOUCESTERSHIRE OBC
RISK LOG

New Risk ID	Risk Group	Risk description	Nature of risk	Probability	Impact	Proximity	Countermeasures	Owner	Author	Date Identified	Review/Completion by	Date of last update	Current status
64/05	Town Planning	Technical review of proposal for Frenchay environmental report delayed (MCP line 173)	Technical difficulties require more time to resolve, delaying programme of work and submission of application.	low	Medium	2 mth	Decision on issue to be taken by team with endorsement by NBT. (Potential later revisions to environmental report).22/11 Planning application to go in Winter 06	D Powell	M Bailey	16/08/2005	Mar-06	22 November 2005	live
65/05	Town Planning	Transport assessment delayed (MCP line 175)	Delays beyond team control in seeking to overcome technical difficulties and agreeing findings with the Highway Authority. Technical difficulties require more time to resolve, or Council will not agree without agreeing mitigation/financial contributions.	High	Medium	2mth	Team experience in resolving conflicts and hoped for goodwill from Council to do so. Interim decisions to be made by team with NBT approval.22/11 high risk of 106 costs	D Powell	M Bailey	16/08/2005	Dec-05	22 November 2005	live
66/05	Town Planning	Frenchay Environmental Report completion delayed (MCP Line 176).	Technical difficulties require more time to resolve, delaying programme of work and submission of application.22/11 application in winter 06. Probability now low	low	Medium	3 mth	Decision on issues involved to be taken by team with endorsement by NBT. (Potential later revisions to ES).	D Powell	M Bailey	16/08/2005	Mar-06	22 November 2005	live
67/05	Town Planning	LPA consultation on proposal delayed (MCP line 178)	Officers of council not available or fail to respond within limited time.	Medium	Medium	1 mth	Seek goodwill of Council to work to our programme.22/11 BCC commitment to allocate resources to this project - close review required	D Powell	M Bailey	16/08/2005	Dec-05	22 November 2005	live
68/05	Town Planning	LPA consultation on public consultation delayed (MCP line 179)	Officers of council not available or fail to respond within limited time.	Low	Medium	1 mth	Seek goodwill of Council to work to our programme.22/11 BCC commitment to allocate resources to this project - close review required	D Powell	M Bailey	16/08/2005	Dec-05	22 November 2005	live
69/05	Town Planning	Delays in preparation of public consultation information (MCP line 182)	Technical difficulties in finalising proposal package lead to delays in production of draft consultation material, delaying the start of consultation	Medium	Medium	1 - 2 mths	Plan ahead, freeze proposal sufficiently early to allow production of such material. 22/11 material being developed - should be sufficient for application	D Powell	M Bailey	16/08/2005	Nov-05	22 November 2005	live
70/05	Town Planning	Delays in preparation of press and PR information (MCP line 183)	Technical difficulties in finalising proposal package lead to delays in production of press and PR package, delaying the start of consultation.	Medium	Medium	1 -2 mths	Plan ahead, freeze proposal sufficiently early to allow production of such material.	D Powell	M Bailey	16/08/2005	Nov-05	22 November 2005	live
71/05	Town Planning	Adverse public feedback (MCP line 184)	Public campaign against the proposals leading to decision being necessary on how to proceed with the scheme.	Medium	High	1 -2 mths	Organise press and PR coverage from an early stage - and as a continuing process (not an event).22/11 open days held 20/21 Oct. Some objections from Save Frenchay campaign. Smd public and staff positive. Pending SG CC decision on judicial review	D Powell	M Bailey	16/08/2005	Dec-05	22 November 2005	live
72/05	Town Planning	Delays in production of application plans (MCP line 186)	Technical difficulties in finalising proposal package lead to delays in production of application drawings.	Medium	High	2 mth	Plan ahead, freeze proposal sufficiently early to allow production of such material.22/11 material planned to be completed to time	D Powell	M Bailey	16/08/2005	Nov-05	22 November 2005	live
73/05	Town Planning	Delays in NBT approval of application plans (MCP line 188).	NBT Board seek more time to approve application plans	Low	High	3 mth	Plan ahead, advise Trust Board members of key decision dates coming up. 22/11 Director of Projects to approve submission of planning application	D Powell	M Bailey	16/08/2005	Nov-05	22 November 2005	live
74/05	Town Planning	Mid point consultation delayed (MCP line 190).	Council officers unavailable or unwilling to give feedback at time required by programme, potentially compounded by unresolved technical problems.	Medium	Medium	5 mth	Seek goodwill of Council to work to our programme.	D Powell	M Bailey	16/08/2005	Jan-05	22 November 2005	live
75/05	Town Planning	Failure to agree draft S106 Heads of Terms with Council (MCP line 191)	Council officers unwilling to commit to mitigation/Heads of Terms in context of unresolved technical problems. Alternatively, Council officers make unreasonable, unjustified demands for mitigation/contributions.	High	High	6 mth	Team experience in resolving conflicts and hoped for goodwill from Council to do so. NBT need to be in a position to make decisions on acceptability or otherwise of items.	D Powell	M Bailey	16/08/2005	Mar-06	22 November 2005	live
76/05	Town Planning	Unresolved matters in final negotiations (MCP line 192).	Council officers unavailable or unwilling to give feedback at time required by programme, potentially compounded by unresolved technical problems. Potential risk to securing committee date.	High	High	6 mth	Seek goodwill of Council to work to our programme.	D Powell	M Bailey	16/08/2005	Mar-06	22 November 2005	live
77/05	Town Planning	Council fail to put Frenchay application to 2 March committee (MCP line 194).	Council claim too many unresolved matters to put to committee.	Medium	High	6 mth	Seek goodwill of Council to work to our programme. (30 March backup committee date).	D Powell	M Bailey	16/08/2005	Dec-05	22 November 2005	live
78/05	Town Planning	Council fail to put Southmead application to 22 March committee (MCP line 193).	Council claim too many unresolved matters to put to committee.	Medium	High	6 mth	Seek goodwill of Council to work to our programme.	D Powell	M Bailey	16/08/2005	Oct-05	15 September 2005	live
79/05	Town Planning	Council defer decision on Frenchay at 2 March committee (MCP line 194).	Council seek site visit or further negotiations on certain issues before making a decision.	Low	High	6 mth	Invite officers to arrange Member briefing and site visit well in advance of committee..22/11 probability now low as planning appl for Frenchay deferred until Winter 06	D Powell	M Bailey	16/08/2005	Mar-06	22 November 2005	live
80/05	Town Planning	Council defer decision on Southmead at 22 March committee (MCP line 193).	Council seek site visit or further negotiations on certain issues before making a decision.	Medium	High	6 mth	Invite officers to arrange Member briefing and site visit well in advance of committee.	D Powell	M Bailey	16/08/2005	Feb-06	22 November 2005	live
81/05	Town Planning	Council refuse permission for Frenchay at 2 March committee (MCP line 194).	Committee hijacked at last minute by opponents leading to unexpected decision contrary to officer recommendation	Low	High	7 mths	Invite officers to arrange Member briefing and site visit well in advance of committee.. 22/11 planning application for Frenchay deferred until winter 06	D Powell	M Bailey	16/08/2005	Mar-06	22 November 2005	live

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NORTH BRISTOL AND SOUTH GLOUCESTERSHIRE OBC
RISK LOG

New Risk ID	Risk Group	Risk description	Nature of risk	Probability	Impact	Proximity	Countermeasures	Owner	Author	Date Identified	Review/Completion by	Date of last update	Current status
82/05	Town Planning	Council refuse permission for Southmead at 22 March committee (MCP line 193).	Committee hijacked at last minute by opponents leading to unexpected decision contrary to officer recommendation	Low	High	7 mths	Invite officers to arrange Member briefing and site visit well in advance of committee.	D Powell	M Bailey	16/08/2005	Feb-06	22 November 2005	live
83/05	Town Planning	Delays in finalising S106 Agreement (MCP line 196).	Detailed negotiations on S106 Agreement contents stall leading to unforeseen delay	Medium	Low	8 -9 mths	Seek to control the process and the cooperation of LPA staff.	D Powell	M Bailey	16/08/2005	Mar-06	22 November 2005	live
85/05	General	Delay in programme	Approval at Boards throughout Dec and January 2005 for SHA deadline of Jan 06	Low	High	1 month	22/11 detailed approvals schedule in place. Attending Board seminars to warm up Boards	D Powell	T Down	14/11/2005	Dec-05	22 November 2005	live
86/05 87/05	Service Redesign	Clinical Brief not sufficiently well developed	Number of issues associated with clinical brief require resolution and have potential to impact on the overall design of the facilities	Medium	High	1 month	25/11 Meeting to be held on 30/11 with clinical leads to resolve clinical adjacency issues. MM/RB to agree final configuration	R Grant	T Down	25/11/2005	Dec-05	25/11/2005	live

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Risk Identifier	Risk description	Nature of risk	Risk Category	Probability	Impact
7.00	Design and Procurement Risks (To be addressed during MCP Stage 3 -)				
7.01	Unanticipated transitional costs; prolonged requirement for temporary facilities			Medium	Medium
7.02	Public Funds not available by the due time for design and construction			Low	High
7.03	Estimation / cost planning risk			Medium	High
7.04	Time estimation risk; consequential costs of extended transitional measures.			Medium	Medium
7.05	Non-Works costs not fully understood and developed			High	Medium
7.06	Volatile and buoyant local tender market			Medium	Medium
7.07	Contractor's working hours strictly controlled by hospital functions/procedures around and adjacent to working areas; consequentially high labour force operating at high levels of productivity and high bonus rates			Medium	High
7.08	Changes in rates of tax or levy associated with the employment of labour or purchase of consumables			Low	Medium
7.09	Changes in rates of VAT			Low	Low
7.10	Third party claims			Low	Medium
7.11	Building Control approval conditional upon satisfaction of specified requirements that impose cost			Low	Medium
7.12	Incomplete brief; consequential is construction/misinterpretation of output specification			Medium	High
7.13	Brief susceptible to change			Medium	High
7.14	Development of activity data sheets results in quality creep in activity space environments			Medium	Medium
7.15	Refinement of operational policies results in increased quality and scope of specification			Medium	Medium
7.16	New HBNs published that result in higher space and quality parameters			Low	Medium
7.17	New HTMs published that impose additional costs			Medium	Medium

	7.18	1:50 loaded drawing exercise causes activity space planning modifications			Medium	Medium
	7.19	Increased cost through legislative change			Low	Medium
	7.20	Unexpectedly complex decant/temporary accommodation arrangements			High	Medium
	7.21	Incomplete or hurried Production Information meaning large number of design variations with attendant delays and costs			Medium	High
	7.22	Full building/engineering design co-ordination responsibility unclear; role unfulfilled			Medium	High
	7.23	Poor definition of scope of contractor designed works				
	7.24	Strong user representation on quality of environment and finishes forces specification review on full life cost basis; spend to save policy adopted by Trust; consequential capital costs				
	7.25	User representation on selection of finishes and fittings causes delay and consequential inflation				
	7.26	Inappropriate measures taken to attenuate noise escape from new engineering plant				
	7.27	Sound attenuation design strategy undeveloped; some or all of HTM2045 requirements to be met in developed design				
	7.28	Inappropriate IT provision; IM&T strategy re. data links to other departments and remote stations undeveloped				
	7.29	Problems with IT interface with other systems/area networks				
	7.30	Inadequate provision made for new external signage and internal way finding to new facilities on both sites.				
	7.31	Compliance with Fire Officer's requirements				
	7.32	Special measures found necessary to combat risk of infection from aspergillus				

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8.05	Concurrent construction operations under other contracts frustrate progress				
8.06	Variations in design and specification				
8.07	This contract frustrates other concurrent construction contracts				
8.08	Failure to complete on time; consequential costs and/or deferral of income stream; indemnity against l & a damages				
8.09	Force majeure				
8.10	Delayed availability of working areas				
8.11	Contractor/sub-contractor insolvency				
8.12	Theft and vandalism				
8.13	Self-insurance against uninsured losses				
8.14	Industrial action by operatives				
8.15	Non-availability of skilled labour/ importation of skilled labour				
8.16	Post completion snagging frustrates commissioning process; consequential delay				
8.17	Commissioning team not established in time; consequential delay				
8.18	Commissioning time and costs underestimated				
8.19	Decanting time and costs underestimated				
8.20	Building fails to meet required standards on commissioning giving rise to post completion works				
8.21	Equipment costs underestimated				
8.22	Incorrect assessment of life expiry of transferred equipment				
8.23	Equipment scheduled for transfer proves unfit for purpose				
9.00	Operating and Performance Risk (To be addressed for MCP Stage7)				
9.01	Unavailability of facilities due to poor performance of building and services.				
9.02	Running costs higher than estimates.				
9.03	Changes in NHS legislation/regulatory policy				
9.04	Staff training needs not fulfilled.				
9.05	Failure to recruit suitably trained staff.				

		9.06 Failure to provide a safe clinical area.				

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**NORTH BRISTOL AND SOUTH GLOUCESTERSHIRE
HEALTHCARE SERVICES
DEVELOPMENT PROGRAMME**

**PROGRAMME INITIATION DOCUMENT
KEY STAGE 2: OBC**

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VERSION CONTROL

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Revision History

Version	Date	Comments/Summary of changes
1.0	14 Nov 05	Draft developed by T Down & circulated to Project Team
2.0	21 Nov 05	Draft updated by TD for comments from K Ward, P Frisby, Project Team (23/11/5)
3.0	30 Nov 05	Revised MCP dates and recirculated to Project Team
4.0	20 Dec 05	Updated advisor information, representation on meetings. Update MBell IM&T section. Not yet circulated

**If you need further copies of this document, please contact the OBC
Project Office on tel: 0117 9596071**

1.0 Introduction

1.1 PURPOSE OF THE DOCUMENT

This is the Programme Initiation Document for the healthcare services development programme that was initiated in 2003 and approved by the Secretary of State in July 2004. The document updates and now replaces the former 'Programme Execution Plan for Service Redesign in North Bristol & South Gloucestershire' that was prepared for the development of the Strategic Outline Case.

The key purpose of the document is to:

- Define the programme, to form the basis for its management and the assessment of overall success
- Act as a base document against which the programme can assess progress, change management issues and on-going viability.

This document is owned by David Powell, Project Director and is located in the files of the 'Healthcare Services Development' office in Christopher Hancock Building, Southmead Hospital.

This document is subject to ongoing update as the programme progresses.

1.2 BACKGROUND

1.2.1 Programme

In April 2004, North Bristol NHS Trust, Bristol North Primary Care Trust and South Gloucestershire Primary care Trust submitted a Strategic Outline Case (SOC) to the Avon, Gloucestershire and Wiltshire Strategic Health Authority. The SOC was approved by the Secretary of State in July 2004. In March 2005, following a detailed process of public consultation, a decision making forum comprising organisations within the Bristol Health Services Plan agreed a number of decisions. This included the decision that the main acute hospital for North Bristol and South Gloucestershire would be based at the Southmead Hospital site, with community facilities provided at both Frenchay and Southmead.

During the period of development of the Strategic Outline Case, the project included within its remit the development of community facilities at Yate and Thornbury. Following SOC approval in July 2004, it was agreed that these two projects, which were likely to be provided through a separate procurement route, would develop their own project structure and business cases. These two projects are included within the remit of the Cluster Board but are no longer part of the NB/SG OBC. The Central and East Bristol Community Healthcare Centre Business Case was not included in the original Strategic Outline Case but forms an important part of the network of community facilities that are being developed as part of the Bristol Health Services Plan and is included within the NB/SG Cluster Board remit.

This programme is made up of 2 key projects viz. the development of acute and community services and facilities at Southmead and the development of community facilities at Frenchay.

1.2.2 Organisations

North Bristol NHS Trust

North Bristol NHS Trust was established in 1999, following the merger of Frenchay and Southmead hospitals. It is one of the largest health trusts in the country, providing general medical and surgical care for approximately 500,000 people in the North Bristol/South Gloucestershire area. It also provides specialist services such as neurosurgery, neurology, plastic surgery, burns and renal services for people living in the Bristol and Weston area, Gloucestershire, Somerset, Wiltshire and further afield.

The acute Trust currently employs 8,400 staff with over 6,600 whole time equivalents. It is currently configured across a number of sites including Frenchay, Southmead, Blackberry Hill (which is scheduled to close in 2007), Cossham and Ham Green. A further facility, Thornbury Hospital, is owned by North Bristol with staff employed by South Gloucestershire PCT.

Bristol North PCT

Bristol North PCT serves a registered population of 233,000 in the inner city area, east and north west Bristol. The population is diverse in terms of ethnicity and levels of affluence and deprivation. Fifteen percent of that population lives in wards that rank within the most deprived 10% of wards in England and over 10% of the population is from black and minority ethnic groups.

South Gloucestershire PCT

South Gloucestershire PCT serves a population of 246,000 living in various communities on the outskirts of Bristol, surrounding market towns and rural areas. There are striking differences in age structure across the area. The population is projected to rise to 290,000 by the year 2021 and is the fastest growing in the South West.

2.0 Project Definition

2.1 PROJECT BRIEF

To develop new and refurbished facilities in North Bristol and South Gloucestershire to support a fundamentally redesigned local health system such that all the component parts work smoothly together and are structured into new systems that provide better healthcare to patients through promoting health and delivering emergency, planned and general healthcare.

To provide new and redeveloped facilities within the existing Southmead and Frenchay sites to support the new models of care.

2.2 OBJECTIVES

The programme objectives are to:

- Transform Southmead Hospital into a modern acute hospital that is purpose designed to effectively and efficiently provide the new models of care that have been developed for general and specialist services to meet the needs of the populations of North Bristol and South Gloucestershire and further afield (Project: Southmead);
- To deliver a community hospital, integrated within the new acute facilities at Southmead, which maximizes the service synergies and cost efficiencies of integration yet delivers primary, community and general healthcare to the local population of north-west Bristol and South Gloucestershire and retains an identity as a local community hospital within the acute hospital at Southmead (Project: Southmead);
- Transform Frenchay Hospital into a community hospital that is designed to deliver the new models of community healthcare effectively and efficiently and meet the needs of our patient population (Project: Frenchay).

2.3 GOALS

The overall goals of the programme are to:

- Provide care closer to the patient's home where clinically appropriate;
- Provide effective local health services by harmonising primary care, social care and local hospital services to prevent inefficiencies, gaps in provision, delays and duplication of effort;
- Develop specialist services and networks for a wider group of patients within the NHS, providing high quality and faster access to specialist opinion with care provided closer to home where appropriate;
- Provide a vibrant learning and education culture that benefits clinical services;
- Improve the efficiency and value for money of services;
- Enable local services to respond to National Initiatives including Patient Choice and 'Creating a Patient-Led NHS';
- Put an end to cramped, overcrowded wards, providing high quality facilities which support care and recovery, and ensure privacy for patients.
- Provide a greatly improved working environment and facilities for staff.

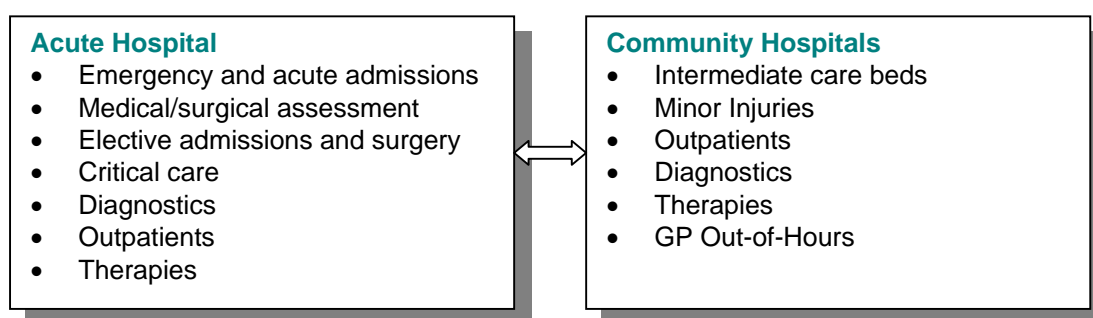
2.4 SCOPE

The scope of the programme is to provide new or redeveloped facilities comprising:

- An acute hospital for general and specialist emergency and complex elective care on the current Southmead Hospital site;
- An integrated community hospital within the main facility on the Southmead Hospital site, with the relevant elements of the ambulatory, inpatient and emergency zones being identified as a community zone;
- A treatment centre on the Southmead site providing dedicated daycase and short stay inpatient services;
- A community hospital on the Frenchay site.

The distribution of services between the acute and integrated community hospitals is set out in the figure below:

Figure 2.4: Services to be provided



2.5 EXCLUSIONS

The following services and facilities are excluded from this project:

- Interim service developments as part of North Bristol Trust's estates strategy including the development of facilities for a CT scanner, cardiac catheter laboratories and associated support provision and facilities to support the centralisation of Ear Nose and Throat and Oral and Maxillo-facial services at Frenchay. These services must be in place in advance of the new PFI developments and, whilst excluded from the scope of this project, the NB/SG Cluster Board will need to ensure they are developed in advance of the PFI timescales;
- Redevelopment of gynaecology, obstetric and NICU facilities. It is assumed that these will be the subject of a separate business case for a centralised pan-Bristol service to be delivered after the development of this PFI facility. For the purposes of this project, these facilities will remain in situ for the duration of the development of the PFI facilities;
- The centralization of pathology services which is subject to a separate pan-Bristol business case with UBHT. If the service is to be delivered on the Southmead site, these facilities will need to be in place in advance of the PFI development and therefore progress will be closely overseen by the NB/SG Cluster Board;
- The development of a PET scanning facility and cyclotron which is being project managed by the University of Bristol. The location of this facility is expected to be off site although an interest has been expressed for provision at Frenchay. The allocation of possible land for

this development must be considered so that it does not impact on the development of the community hospital on the Frenchay site.

2.6 APPROACH

2.6.1 Project management approach

The project management approach to the programme is to utilise the key principles of Prince2 project management methodology. The project manager for the scheme is a Prince2 practitioner and the programme utilises a number of standard Prince2 products such as the project/programme initiation document, highlight reports, risk registers and issues logs.

Throughout the programme, there will be an emphasis on the development and training of internal staff to support the programme where practical and to encourage an environment of learning.

2.6.2. Projects within the Programme

The programme has been divided into projects and each project into key stages to facilitate programme management and control.

There are 2 projects, one covering the developments at Southmead and the other the developments at Frenchay. The projects and stages, which are then further sub-divided into sub-stages, are set out below.

2.6.2.1 Project: *Southmead*

The specific objectives of the project are:

- Transform Southmead Hospital into a modern acute hospital that is purpose designed to effectively and efficiently provide the new models of care that have been developed for general and specialist services to meet the needs of the populations of North Bristol and South Gloucestershire and further afield (Project: Southmead);
- To deliver a community hospital, integrated within the new acute facilities at Southmead, which maximizes the service synergies and cost efficiencies of integration yet delivers primary, community and general healthcare to the local population of north-west Bristol and South Gloucestershire and retains an identity as a local community hospital within the acute hospital at Southmead (Project: Southmead);

Procurement route:

- The project will be procured through the PFI route and includes an acute and integrated community hospital.

The key stages for the PFI project are set out below:

Project Stages: Southmead

Table 2.6.2.1: Project Stages: Southmead

Key Project Stage	Description	Timescale
Stage 1	Strategic Outline Case	Approved July 2004
Stage 2	Outline Business Case, Outline Planning Approval and Official Journal of European Union (OJEU) advert preparation	March/April 2006
Stage 3	Pre-qualification: select 4 bidders	July 2006
Stage 4	Preliminary Invitation to negotiate: select 2 bidders	December 2006
Stage 5	Final Invitation to Negotiate: Select preferred bidder	June 2007
Stage 6	Full Business Case and Financial Close	August 2008
Stage 7	Construction	Late 2012
Stage 8	Commissioning	Early 2013
Stage 9	Project Closure	2013/14

A project plan outlining the tasks to be completed to the end of Stage II is available from the Project Office and a high level timetable to contract close set out in Section 2.7 'Key Milestones'.

Stage 1: SOC (approved July 2004)

Stage 2: OJEU Preparation

- **OBC Sign off:** The OBC is expected to be approved by the local health community organisations in December 2005 and the by the Strategic Health Authority in January 2006. An approvals timetable has been developed to ensure that the OBC is agreed at all required forums.
- **Outline Planning Resolution:** The outline planning application will be submitted in November 2005, with a 16 week period allowed for resolution. An Environmental Statement will be issued to support the planning application.
- **Procurement Strategy:** It has been agreed that the project will proceed as a standard PFI project based on the Department of Health Standard Form Contract Version 3.
- **Preliminary Invitation to Negotiate (PITN):** The PITN will consist of a main document which incorporates the required submission information from bidders and four annexes:
 - Whole hospital and clinical policies;
 - Technical output specifications;
 - Services output specification;
 - Draft standard form contract, amended as required.

- **Memorandum of Information (MOI) and Pre-Qualification Questionnaire (PQQ):** The MOI and PQQ will be prepared for review and sign off by the Project Board in February 2006.
- **Market Sounding:** A soft market testing exercise will be undertaken prior to placing the OJEU advert. The aim is to raise awareness and generate bidder interest in the project.
- **Data Room:** An extranet dataroom facility will be procured and utilised throughout the project. It will be fully available at the PITN stage.
- **Gateway Review:** Gateway (0) was completed in March 2004 as part of the programme of projects within the Bristol Health Services Plan. Gateway (1) will be undertaken in early December 2005 and will include the Southmead and the Frenchay projects.
- **Design Review Panel (DRP):** DRP (0) was completed in May 2005 and identified a number of useful approaches to be taken to the design of facilities on the Frenchay and Southmead sites. DRP (1) is planned to be completed in December 2005 and will look at options for both sites.
- **OJEU Advert and Launch Preparation:** The OJEU advert will be drafted by legal advisors and signed off by the Project Board in February 2006.

Stage 3: Pre-qualification: Select Four Bidders

- Bidders will respond to the MOI/PQQ within the defined time period of 21 days. Once received, the responses will be evaluated by the Project Team who will then make a recommendation to the Project Board for the shortlist of 4 bidders to be approved.

Stage 4: Preliminary Invitation to Negotiate: Select Two Bidders

- The PITN will be issued to the shortlisted bidders (4), followed by a process of discussion and information sharing;
- Once the bidders have formally responded to the PITN, their bids will be evaluated and scored and a recommendation made to the Project Board of the 2 shortlisted bidders.

Stage 5: Final Invitation to Negotiate: Select Preferred Bidder

- The FITN will be issued to 2 bidders. Meetings will be held with the bidders to enable them to further develop their proposals. Final proposals are presented to NB/SG representatives, following which a period of time is allowed for clarification of proposals in advance of the formal evaluation of the proposals by the Project Team.
- An evaluation report will be presented to the Project Board along with the Preferred Bidder letter which will be drafted at the same time.
- Once the Project Board has approved the recommendation for Preferred Bidder, time is allowed to discuss the Preferred Bidder letter with the proposed Preferred Bidder and obtain approval from the PFU.
- The final decision rests with the NB/SG Trust Boards for the appointment of the Preferred Bidder once the letter is agreed.

Stage 6: Full Business Case and Financial Close

- Once the Preferred Bidder has been appointed, the detailed planning application and full business case will be submitted.
- The final stage to contract close including the production of the Full Business Case will be undertaken in close conjunction with the Preferred Bidder.
- Once planning permission has been granted and the Full Business Case has been approved, NB/SG and the Preferred Bidder will sign the Project Agreement.

Stages 7, 8 and 9: Construction, Commissioning & Project Closure

- Once the Project Agreement has been signed, the Preferred Bidder will have a specified time in which to construct the new hospital.
- Throughout the construction period, NB/SG will need to ensure that affected staff and organisations are prepared for the new ways of working in accordance with the model of care in the context of the design of the new hospital.

2.6.2.2 Project: Frenchay

The specific objectives of the project are:

- Transform Frenchay Hospital into a community hospital that is designed to deliver the new models of community healthcare effectively and efficiently and meet the needs of our patient population (Project: Frenchay).

Procurement route:

- The procurement route for the Frenchay community hospital scheme has not yet been agreed but will be finalised by the end of 2006. The consultation proposals confirmed that a new community hospital would be in place to the same timescale as the acute hospital, which requires completion by 2012/13. This allows sufficient time for consideration to be given fully to the range of services to be provided at Frenchay in the context of Government initiatives on treatment centres, choice etc. A delayed decision on the Frenchay procurement route provides additional flexibility to the project.

The key stages for the PFI project are set out below:

Project Stages: Frenchay

Table 2.6.2.2: Project Stages: Frenchay

Key Project Stage	Description	Timescale
Stage 1	Strategic Outline Case	Approved July 2004
Stage 2	Agree procurement route, project stages and outline business case	April 2008
Stage 3	Outline Planning Approval and procurement	April 2009
Stage 4	Tbc	

Key Project Stage	Description	Timescale
Stage 5	Tbc	
Stage 6	Construction	Late 2012
Stage 7	Commissioning	Early 2013
Stage 8	Project Closure	2013/14

Stage 1: SOC (approved July 2004)

Stage 2: Agree procurement route, project stages and outline business case

- **Procurement Strategy:** Agree procurement strategy
- **OBC Sign off**

Stage 3: Outline Planning and procurement

- **Outline Planning Resolution:** A planning application is expected to be submitted in Spring 2009 and will follow the decision on the use of and procurement route for Frenchay.
- **Gateway Review:** Gateway (0) was completed in March 2004 as part of the programme of projects within the Bristol Health Services Plan. Gateway (1) will be undertaken in early December 2005 and will include the Southmead and the Frenchay projects.
- **Design Review Panel (DRP):** DRP (0) was completed in May 2005 and identified a number of useful approaches to be taken to the design of facilities on the Frenchay and Southmead sites. DRP (1) is planned to be completed in December 2005 but will primarily focus on Southmead. A DRP (1) for Frenchay will need to be arranged.
- **Procurement route:** Progress procurement of scheme (Options include OJEU/LIFT/P21 etc).

Further Stages: to be agreed

2.7 KEY MILESTONES

The table below sets out the key milestones for the programme through to completion.

Table 2.7: Key Milestones

Milestone	Date
SOC approved by Secretary of State	July 2004
Joint decision making forum confirms Southmead as preferred site for acute hospital with community hospitals at Frenchay and Southmead	March 2005
OBC agreed by local health community	December 2005
Submission of OBC to Strategic Health Authority and PFU	January 2006
Outline planning Committee resolution for Southmead received	30 March 2006

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Milestone	Date
Approval of OBC	30 March 2006
Project: Southmead	
Submission of OJEU notice for Southmead	1 April 2006
Expressions of interest received	May 2006
Issue Pre-qualification questionnaires	May 2006
Pre-qualification questionnaires received	June 2006
Four bidders identified and preliminary ITN issued	July 2006
Responses to PITN	October 2006
Evaluate bids and shortlist to two bidders	December 2006
Issue Full Invitation to Negotiate	December 2006
Bidder response to FITN	April 2007
Preferred partner identified	June 2007
Submit full planning application	January 2008
Full business case submitted	May 2008
Full planning approval received	May 2008
Business case approved	June 2008
Financial close	August 2008
Building complete	September 2012
Commissioning complete	March 2013
Facilities ready for occupation	April 2013
Project: Frenchay	
Agree procurement route	April 2008
Secure outline planning approval	April 2009
Complete scheme	April 2013

More detailed milestones for the Frenchay project will be agreed during 2006.

2.8 KEY DELIVERABLES

The programme will deliver the following key documents up to Stage 2:

Table 2.8: Key Deliverables for Stage 2

Document	Project	Timetable
NB/SG '20 page' Model of Care	Southmead/Frenchay	October 2005
Design Brief	Southmead/Frenchay	November 2005
Project Initiation Document: Stage 2	Southmead/Frenchay	November 2005
Gateway (1) Review report	Southmead/Frenchay	December 2005
Design Review Panel (1) report	Southmead/Frenchay	January 2006
NB/SG '100 page' Model of Care	Southmead/Frenchay	January 2006
Market sounding report	Southmead	January 2006
PITN (including all output specifications)	Southmead	January 2006
MOI/PQQ	Southmead	February 2006

Document	Project	Timetable
OJEU advert	Southmead	March 2006
Outline planning resolution	Southmead	March 2006

2.9 INTERFACES

There are essential interfaces between:

- The three organizations that are parties to this project, viz. North Bristol Trust, Bristol North PCT and South Gloucestershire PCT (NB/SG). This relationship is managed through joint attendance on Project and Cluster Boards and other appropriate project groups;
- NB/SG and the other organizations within Bristol, North Somerset and South Gloucestershire for the programme of projects being managed through the Bristol Health Services Plan and its project structures;
- NBT and third party providers accommodated on its sites such as the universities and charities. These will be addressed via a third party strategy which will seek to reach agreement on those services that are appropriately located on the hospital sites and those that could be offered from a non-clinical environment;
- The NB/SG Project Board, staff from the three organizations and local people. A Public Involvement Group is in place that reports to the Project Board and there is staff and public representation on the Project Board and other project groups;
- The NB/SG Project Board and other key stakeholders such as local authorities and universities. Members of the Project Board are regular attendees at the Overview and Scrutiny and Joint Health Scrutiny Committees to keep the Local Authority updated on project progress. Representatives of the Local Authority, the universities and the Strategic Health Authority are members of the NB/SG Cluster Board.

3.0 Constraints and Assumptions

3.1 CONSTRAINTS

Constraints on the project include:

- The need to ensure that the services and associated facilities can be delivered within an agreed affordability envelope;
- The need to develop the services in the context of the wider health and social care community, taking into account in particular the other projects within the Bristol Health Services Plan;
- Cultural change issues associated with people adapting to deliver the new model of care in a range of different locations;
- The ability to recruit and train staff to deliver the new model of care;
- Changes in Government policy including the proposals for merger of local organisations, the introduction of new commissioning proposals including more independent sector services provided to the NHS, payment by results, choice and practice based commissioning. These policy directions also offer opportunities for the project but need to be carefully assessed and strategy reviewed and developed to accommodate them.

3.2 ASSUMPTIONS

The following assumptions have been made in relation to this project:

- Pathology centralization will be the subject of a separate business case and will be completed before building starts on this project;
- Joint working relationships with the local PCTs and the Strategic Health Authority can be maintained and developed despite the changing local environment where merger of organizations will occur;
- National guidance on PFI will remain fundamentally unchanged for the duration of the project;
- National guidance on independent sector treatment centres and commissioning arrangements will not change over the duration of this project;
- The IM&T agenda including the requirements of Connecting for Health are fully addressed according to the identified national timescales;
- External decision making processes will not impede project progress;

4.0 Programme Organisation Structure

4.1 PROGRAMME STRUCTURE

The local health community, comprising North Bristol Trust, Bristol North PCT and South Gloucestershire PCT, is responsible for the overall success of the programme with North Bristol Trust retaining day to day responsibility for project management and associated contractual responsibilities. The programme and its component projects is included within the Bristol Health Services Plan programme which acts as a reference group, however, programme responsibility rests with the boards of the three organisations.

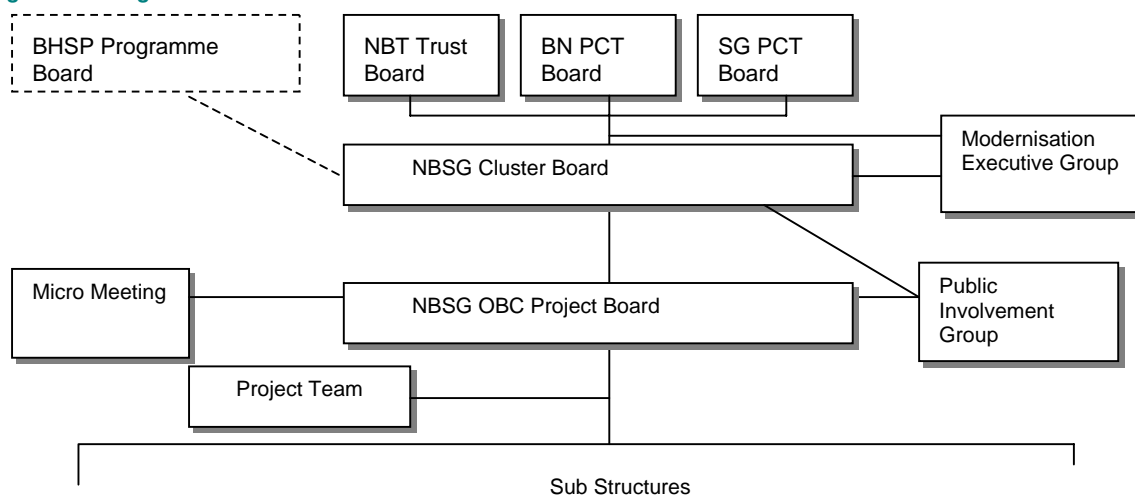
Details of the key roles with responsibility for the programme are set out below:

Table 4.1: Key Roles and Responsibilities

Project/Programme Sponsor (SRO)	Sonia Mills, Chief Executive, NBT
Project Director	David Powell, Director of Projects
Project Managers	Tricia Down: NB/SG OBC Andrew Hughes: Southmead Community Hospital Paul Frisby: Frenchay Community Hospital
Project Officer	Donna Dimond, NBT
Configuration Librarian	Karen Woodham, NBT

The high level planning structure for managing the programme is set out in Figure 4.1 below:

Figure 4.1: Programme Structure



The local health community plays an active role in all aspects of programme development and are equal partners on the Cluster Board and the Project Board at chief executive and planning director level. Sub structures reporting to the Project Board and covering key areas such as service planning, finance, workforce, estates and design include representatives from the three organisations plus staff side and public representation where appropriate.

4.1.1 Project Office

The full time Project Director for the programme is David Powell, Director of Projects for North Bristol NHS Trust who has delegated authority from the Chief Executive of North Bristol Trust. The Project office, which includes staff from NBT, BNPCT and SGPCT is resourced as follows:

Project Director	1 WTE
Project Manager - Acute	1 WTE
Project Manager – Southmead Community	1 WTE
Project Manager – Frenchay Community	0.5 WTE
Project Officer	1 WTE
Strategic Development Deputy Director	0.81 WTE
Service Planners	2.24 WTE
Strategic accountants	2.0 WTE
Facilities management	1 WTE

In addition to these staff who are dedicated to the programme are a number of staff from finance, estates and clinical services who are supporting the programme in a part-time capacity.

4.1.2 Terms of reference for Boards and Groups

The terms of reference for the Cluster Board, Project Board, Project Team and Micro Meeting are set out below:

4.1.2.1 Cluster Board

NB/SG Cluster Board	
Overall Responsibility & Accountability	Ensure that the overall objectives of the projects within the cluster programme are achieved. The Cluster Board is accountable to the Boards of the three organisations, viz. North Bristol Trust, Bristol North PCT and South Gloucestershire PCT
Objectives	Identify the inter-relationships and interdependencies between the projects within the cluster programme and between clusters. Take steps to limit the impact of these on individual projects and takes advantages of synergies across the cluster Identify the resources in terms of staff time and financial cost in managing projects within the cluster programme and a funding route for these costs Ensure that the projects within the cluster form part of a cohesive strategic vision across the Bristol, N. Somerset and S. Gloucs health community Report on progress to the BHSP Programme Board Decision making for cluster programme issues as required Performance management of cluster projects.
Delegation limits	Decision making on shared issues where there are impacts on several projects within the cluster. It cannot make decisions that materially affect the finances or shape of service delivery of the individual organisations without individual board sign-off.
Membership	Chief executives and directors of planning in local health community, Director of Finance (NBT), Strategic Health Authority, Universities, Local Authorities
Chair	Chief Executive, North Bristol NHS Trust
Frequency & duration	Monthly for 2 hours
Administration	Tricia Down Agenda to be circulated a min. of one week before the meeting and notes of the meeting to be circulated no later than 2 weeks after the meeting

4.1.2.2 Project Board

NB/SG Project Board			
Overall Responsibility & accountability	For the overall direction and management of the NB/SG programme (Southmead and Frenchay projects). Accountable to the NB/SG Cluster Board		
Objectives	Specifies and oversees the project management arrangements for the project including project initiation and on going development. Provides overall guidance and direction to the projects, ensuring they remain within specified constraints Takes decisions on key issues without delay and within delegated tolerances, agreeing actions to be taken forward. Reviews completed stages and approves plans for the next stage Takes ownership of risk associated with the project Approves changes to the projects within agreed tolerances Approves project deliverables including Project Initiation Document, OBC, OJEU notice, PITN, FITN and FBC. Complies with NB/SG Cluster Board directives and refers issues outside its delegated tolerances to the NB/SG Cluster Board Assures successful completion of all products and approves project closure documentation and follow-on actions		
Delegation limits	Decision making in accordance with NBT's detailed Scheme of Delegation (July 2005) and that affects the NB/SG projects but which does not have implications for the wider cluster of projects either within NB/SG or BHSP. It cannot make decisions that significantly affect the finances of each organisation. It has delegated responsibility for managing and controlling the scheme Frenchay and Southmead projects' budget. NBT Scheme of Delegation is summarised as follows: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Revenue: £100 - £500k: Director of Finance £500k - £1 million: Chief Executive Over £1 million: Trust Board</td><td style="width: 50%; vertical-align: top;">Capital: £100k - £500k: CPMG approval >£500k: Trust Board</td></tr> </table>	Revenue: £100 - £500k: Director of Finance £500k - £1 million: Chief Executive Over £1 million: Trust Board	Capital: £100k - £500k: CPMG approval >£500k: Trust Board
Revenue: £100 - £500k: Director of Finance £500k - £1 million: Chief Executive Over £1 million: Trust Board	Capital: £100k - £500k: CPMG approval >£500k: Trust Board		
Membership	Project Director, Director of Finance, Non-Executive Director (appt to be confirmed), users and suppliers from the health community including NBT, BNPCT, SGPCT, staff side representatives and public involvement group members		
Chair	Project Director		
Frequency & duration	Monthly or as required by the project programme (two-weekly reserve dates are in diaries) – maximum of 2 hours		
Administration	Tricia Down Agenda to be circulated a minimum of one week before the meeting and notes of the meeting to be circulated no later than 2 weeks after the meeting.		

4.1.2.3 Project Team

NB/SG Project Team	
Overall Responsibility & accountability	For the delivery of work streams to achieve the project objectives for the Southmead and Frenchay projects, in particular the production of project documentation at all project stages. Accountable to the Project Board.

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NB/SG Project Team	
Objectives	<p>Agrees the division of the project into stages of work and develops structures and procedures to progress the projects subject to Project Board agreement.</p> <p>Develops stage plans for work streams, agrees work packages and monitors their achievement. Signs off outputs for the Project Board.</p> <p>Agrees corrective action to meet stage and master plan milestones as required within delegated approval limits.</p> <p>Assists the Project Manager in reviewing and addressing project risk.</p> <p>Responsibility for the production of all project deliverables, in particular the project management documentation including the PID, risk register and issues log, and the formal project documentation such as business cases, and ITN documentation.</p>
Delegation limits	Decision making that is in line with the project objectives and which does not deviate from the overall programme, project budget or frameworks agreed by the Project Board. It operates in accordance with NBT's detailed scheme of delegation (July 2005).
Membership	Project Director, Director of Finance, clinical expertise, finance, service planning and facilities management. Advisors support the project team as required
Chair	Project Director
Frequency & duration	Frequency as required over project stages, but generally weekly for up to two hours
Administration	<p>Tricia Down</p> <p>Forward agenda including issues log to be circulated a minimum of one day in advance of the meeting.</p>

4.1.2.4 Micro Meeting

Micro Meeting	
Overall Responsibility & accountability	<p>Responsible for ensuring that the programme (Southmead and Frenchay) is proceeding in the right strategic direction, taking account of latest Government policy change and ensuring appropriate fit with NBT operational development.</p> <p>The Micro Meeting is accountable to the Project Board.</p>
Objectives	<p>Reviewing progress against MCP and stage plans to ensure key milestones are achieved within the critical path.</p> <p>Agreeing urgent corrective action where plans are not being met.</p> <p>Quality assuring the 'products' that will be delivered within the OBC process, including products created as part of each stage.</p> <p>Providing advice and a chief executive 'steer' or decision on urgent complex and political issues as required.</p> <p>Advising the chief executive about any critical issues in relation to the project that need to be noted/actioned.</p> <p>Advising on agenda items for discussion at health community meetings such as Modernisation Executive and BHSP Programme Board.</p>
Delegation limits	<p>The Micro Meeting's level of delegated authority includes urgent decision making that affects the business of NBT but not decisions that have a wider impact and which require Project Board, Cluster Board or other approval.</p> <p>Decisions about NBT business that could have significant implications for staff or patients need to be agreed at the OBC Project Board and are not within the delegated authority of the Micro Meeting.</p>

Micro Meeting	
	All key decisions (those that have a significant impact on the project) to be reported to the OBC Project Board for approval.
Membership	NBT Chief Executive and Directors of Projects, Strategic Development, Finance and Human Resources. Medical Director as required. Deputy roles in Projects, Strategic Development and Finance.
Chair	NBT Chief Executive
Frequency & duration	Weekly for up to 2 hours
Administration	Secretary: Tricia Down Agenda and notes out 2 working days before each meeting

4.2 PROGRAMME SUB-STRUCTURE

4.2.1 Workstreams to date

The programme has been configured into a number of workstreams to deliver each stage of the programme. These workstreams will change as the programme develops. The programme sub-structure which has brought the programme up to the production of the OBC is set out in Figure 4.2.1 below. Terms of reference have been agreed for all sub-groups.

- **Service planning/clinical model of care:** led by the Clinical Development Steering Committee (CDSC) which is chaired by the NBT Medical Director. . The CDSC is supported by six Development Groups who report to it. These groups have led the development of the model of care that underpins the facilities development and have been instrumental in confirming the schedule of accommodation and associated clinical adjacencies for all services. They include representation from the partner organisations at a clinical and managerial level. The groups were set up to cover the following areas:
 - Inpatients
 - Ambulatory care
 - Core clinical services
 - Emergency care
 - Community services
 - Support services.

Terms of reference for the Clinical Development Steering Committee are set out below.

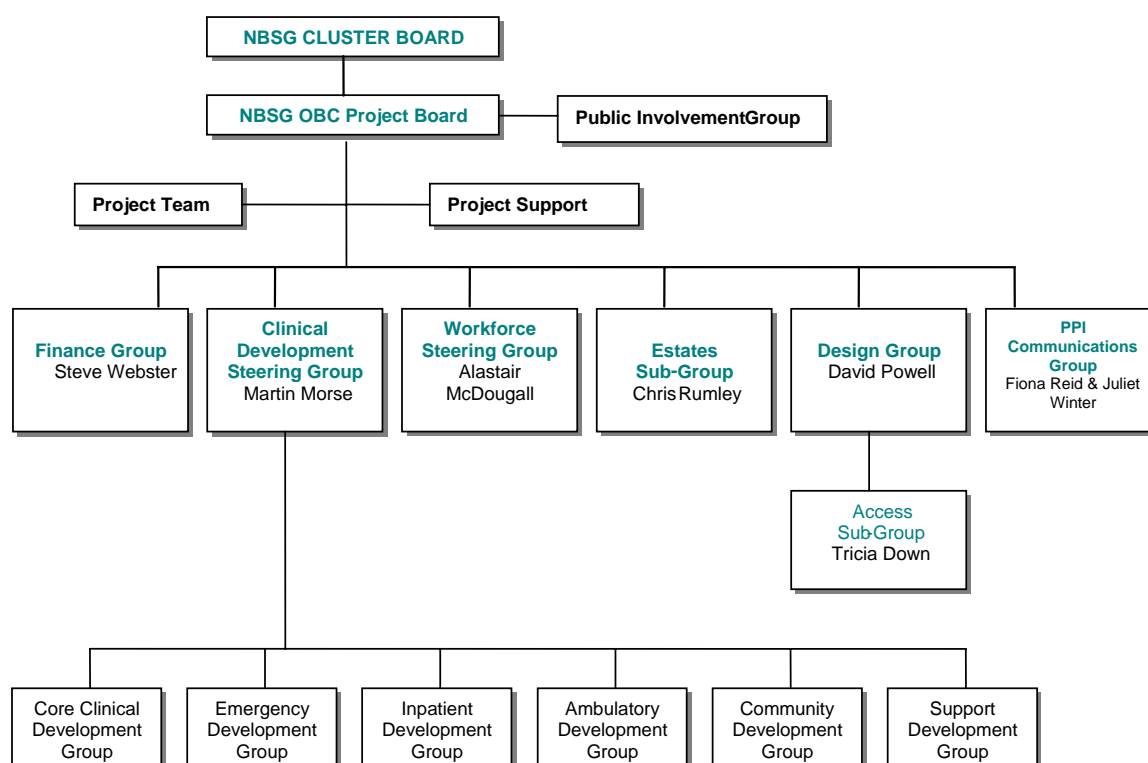
Clinical Development Steering Committee	
Overall Responsibility & accountability	To oversee the development and agreement of the model of care and associated documentation for the OBC, ITN and FBC that underpins the development of the new facilities. Provide clinical expertise and advice to support the programme. Accountable to the Project Board.
Objectives	Oversee the work of the 6 Development Groups, ensuring that they achieve the key project milestones, that areas of overlap and conflict are identified and resolved. To confirm the schedule of accommodation for the community and acute facilities. To oversee the production of clinical output specifications, ensuring they meet OBC and ITN requirements.

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Clinical Development Steering Committee	
	To act as a focus of expertise and advice to the Cluster Board, Project Board and Trust/PCT Boards in relation to clinical & service delivery issues.
Delegation limits	Decision making that is in line with the programme objectives and which does not deviate from the overall programme, programme budget or frameworks agreed by the Project Board.
Membership	Senior clinical expertise including chairs from each Development Group, finance, service planning. Advisors as required.
Chair	Medical Director
Frequency & duration	Monthly for up to 2 hours
Administration	Secretary: Rosemary Grant. Agendas to be issued a minimum of one week before each meeting. Notes to be circulated no later than 2 weeks after the meeting.

- Finance: Responsible for the financial deliverables of the programme including the deliverables to support the BHSP affordability report;
- Estates: Leading the development of all estates requirements to support the planning applications and development of the Public Sector Comparator.
- Workforce: Responsible for developing the workforce strategy and implementation plan and linking with the BHSP Workforce Group to ensure consistency of workforce assumptions across the local health community.
- Design: Leading on the development of the Design Brief.
- Public Involvement and communication: Responsible for the communication implementation plan and managing the public involvement process including the monthly Public Involvement Group meetings.

Figure 4.2.1: Programme Sub-structures



4.2.2 Workstreams for the next phase of work

A new set of workstreams is now being established to take the programme forward to its next stages. This is from completion of the OBC through to the OJEU notice for Southmead. For Frenchay, the workstreams will be influenced by the decision making on the procurement route.

4.2.2.1 Project: Southmead

Each workstream will be required to produce a set of deliverables relating to the following four key documents for Stage 2 of the programme:

- The Outline Business Case
- The planning submission
- The Invitation to Tender
- The Memorandum of Information and the Pre-qualification Questionnaire

These workstreams, representatives and their associated key deliverables are set out below. Terms of reference are being developed for group.

Table 4.2.2 Workstreams for Stage 2

Workstream	Areas of Responsibility & Deliverables	Members
Clinical	Clinical Strategy Clinical specifications Clinical adjacency designs User consultations Management of bidders on clinical service design Short and medium term service change and transition planning	Ruth Hughes Ruth Brunt Peter Goyder (BNPCT) David Powell David Tappin Rosemary Grant Katherine Ward (BNPCT) George Conrad (SGPCT) Angie Wond (SGPCT) Sarah Ward-Booth (BNPCT) Martin Howard (BNPCT) Staff-side representation Public representation
OBC Editorial Panel	Production of the OBC document and its appendices Business case checklist reviews Presentation packs for Board approvals	Rosemary Grant David Powell Tricia Down Peter Brown Andrew Hughes (BNPCT) Paul Frisby (SGPCT) Ruth Hughes Alison Egan
Communication & Public Involvement	Communications strategy Communications implementation plan Patient and public involvement Website development	Fiona Reid Juliet Winter Tricia Down Peter Brown

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Workstream	Areas of Responsibility & Deliverables	Members
	OBC events management	Donna Dimond Cathy Meredith (tbc)
Design and Planning	Site analysis (architectural and engineering) Design Brief Output specifications for design & construction PSC Arts strategy Regeneration proposals Planning application Environmental Statement Bidder scheme evaluation criteria Advisor appointment assessments AEDET reviews	David Powell Tricia Down Russell Clease (staffside) Pam Rickards (public) Dave Harwood (SGPCT) Paul Frisby (SGPCT) Huw Lambert (SHP) Peter Grove (Capita Symonds) Katherine Ward (BNPCT) Ruth Hughes
Commercial	Affordability/value for money assessments Financial requirements for business cases/ITN Commercial strategy Scheme scope Payment mechanism Project Agreement 3 rd party deals Receipt and Distribution Schedules: <ul style="list-style-type: none"> Insurance Equipping Energy Parking Retail Interim Risk management (public sector)	Steve Webster Commercial manager (tbc) David Powell Peter Brown Finance rep Legal advisor (tbc) Andrew Hughes (BNPCT) Simon Wood Chris Lawson External financial advisor Wendy Cashmore Staff-side representation (tbc)
Master Planning & Enabling	Functional suitability and space utilisation Backlog maintenance Master plan (DCP) Estates strategy Interim schemes Enabling programme Links with external site occupiers (AWP, UKBT) Capital Planning & Monitoring Group	David Powell Master Planner Tricia Down Viv Tomkinson Chris Rumley Peter Brown Technical advisor Finance rep (tbc) Staff-side representation (tbc)
Commissioning and Equipping	Asset register/Equipment condition survey Procedures for asset register management/maintenance Equipment shortfalls assessment Commissioning strategy Equipping strategy	Viv Tomkinson Karen Shrimpton Chris Rumley Richard Curtis Finance rep (tbc)

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Workstream	Areas of Responsibility & Deliverables	Members
	Commissioning building Equipment schedules (transferring and new) Data Room sheets Purchase/lease/PFI proposals for equipment Equipment replacement profile	Donna Dimond Staff-side representation (tbc)
Facilities Management	Facilities management strategy FM specifications Interim services specifications (FM) Residual estates services interfaces FM budgets for future	Chris Lawson Simon Wood Peter Brown Commercial Manager (tbc) Finance rep PCT reps (tbc) Staff-side representation (tbc)
IM&T	IM&T strategy IM&T implementation plan IM&T output specifications	Martin Bell Assistant Director, IM&T (to be appointed) Mark Osborne (Head of Service Delivery) Sue Waight (Head of Information Systems) Rosemary Wood(Head of Medical Records) Andy Kinnear (Head of PCT IM&T) Consultant Senior Nurse/AHP General Manager Other reps as required
Workforce	Workforce baseline information Workforce strategy Workforce implementation plan Workforce projections (by site in NB/SG cluster) Details of possible staff transfers Consultation programme (TUPE arrangements etc) Financial obligations to PFI as a result of transferring staff.	Alastair McDougall Rosemary Grant Chris Vandeleur Peter Bailey Bill Orr (BNPCT) Jane Gibbs (SGPCT) Markus Adams (BNPCT) (tbc) Staff-side representation (tbc)

Note: Lead manager for the group is indicated in bold.

4.2.2.2 Project: Frenchay

A Project Board will be established for the Frenchay project, with the NB/SG Project Board retaining an overview of the Frenchay project as well as covering the Southmead project in detail.

4.3 ADVISORY TEAM

The programme is supported by a highly experienced and professional advisory team as set out in the table below:

Table 4.3: Programme Advisory Team

Advisor	Thumbnail sketch
Strategic Healthcare Planning Architects and service planners	Strategic Healthcare Planning is supporting the development of the OBC by providing architectural, technical advisor and service planning support. They are a healthcare consultancy company, formed specifically to assist the NHS and other healthcare organisations in the strategic planning arena. The services provided include a full range of service, business and capital planning at strategic and operational levels and across a spectrum of Primary, Secondary, Tertiary and Whole health economies.
WT Partnership Estates and project management services and quantity surveyors	WT Partnership provides leading consultancy services to the property and construction industry. They provide specialist skills in the financial and project management of construction projects, infrastructure works, civil engineering, petro-chemical works and energy related projects. Support to the OBC and PSC includes quantity surveying and estates and project management.
Capita Symonds Mechanical and Electrical Engineers	Capita Symonds is a multidisciplinary consultancy operating in the building design, civil engineering, environment, management and transport sectors. The Company provides mechanical, electrical and technical design support to the OBC and PSC.
Hyder Consulting (UK) Structural Engineers	Within the building market, Hyder Consulting has extensive experience of structures of every size, intricacy and purpose. This includes tall buildings and unconventional and complex structures in its main markets – offices, industrial, retail, health and education, and leisure. Forming part of the Design Team, Hyder provide structural engineering support to the OBC and PSC development.
White Young Green Planning Consultants	White Young Green offers practical town planning advice and has developed and led the planning application and Environmental Statement submissions for the OBC. With a team of 30 experienced professional chartered town planners, White Young Green Planning provides independent expert advice at all key stages of the planning process, to inform and influence decisions on development proposals.
Peter Evans Partnership Transport Planning and Traffic Engineering Consultants	Peter Evans Partnership is a specialist transport planning and traffic engineering practice, providing input to the planning application and Environmental Statement. Their professional approach places particular emphasis on the evolution of proposals within planning, environmental and design constraints and on practicality of implementation. Of increasing importance are environmental impact and sustainability issues and assisting on travel plans. Detailed traffic engineering services include detailed road and junction planning, traffic impact analysis and site layout planning.
Baker Associates Sustainability Consultants	Baker Associates provides consultancy services in town planning, economic development and communication to clients in all sectors throughout the country. Their specific role in relation to the OBC has been in developing information and analyses on sustainability.
Cresswell Associates Environmental Consultants	Cresswell Associates is a specialist consultancy providing environmental services to the planning, construction and development industries. Their work encompasses all disciplines of ecology, nature conservation and biodiversity. They have provided consultancy support in relation to the

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Advisor	Thumbnail sketch
	development of the planning application and Environmental Statement
Finnamore Management Consultants Management Consultancy: Quality assurance of OBC documentation	Finnamore Management Consultants work exclusively in the health and social care sector. They are experienced in a wide range of service areas from strategy development to change management and organisational development. Their role in relation to the OBC is to quality assure the development of the OBC, ensuring required standards & content are included.

5.0 Communication

5.1 COMMUNICATIONS STRATEGY & PLAN

A communications strategy and implementation plan has been developed for the project following completion of a stakeholder analysis which identifies key stakeholders, their involvement in the project and appropriate methods of communication with them. The strategy and implementation plan is available from the Project Office.

Communication structures are focused on internal project members and external communications to staff, the public and other stakeholders. Key stakeholders and associated methods of communication are set out in the table below:

Table 5.1: Communication Plan

Interested Parties	Information required	Information Provider	Communication Frequency	Method of communication
Internal Project members				
Project Team/Micro meeting	Ongoing project updates	Team members	Regular - ongoing	Verbal Circulation of all meetings notes to team
Project Board	Review of project progress against milestones, budget, risk	Project Manager	Monthly	Highlight report. Relevant reports prepared via Project Team
Cluster Board	Review of progress of projects and interface issues with projects in overall programme	Project Directors	Monthly	Highlight report
Public Involvement Group (PIG)	Review of project progress, including key decision points and information on scope for PIG involvement	Project team and Project Board	Monthly	Circulation of project board minutes. Monthly meeting in advance of Project Board
Project sub-groups	Ongoing project updates and review of project progress in context of workstreams	Project Team	Weekly	Verbal Circulation of meeting notes to wider group
External to Project				
Staff	Project progress, timescales, impacts	Project Team, Press Office	various	Articles in 'Insite' Cascade briefings via 'What's Happening' Chief Executive briefings and road shows Directorate briefings Inclusion in Annual Report Staff induction programmes Website

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Interested Parties	Information required	Information Provider	Communication Frequency	Method of communication
				Project Office Displays (when available)
Patients, carers	Project progress, timescales, impacts	Project Team	various	Public Involvement Group Engagement and consultation processes as required eg Open Days Information packs available Website
MPs, councillors	Project progress, impact issues	Project Team, Chief Executive	Monthly	Regular attendance at JHSC, JOSCs Invites to open days
Third party eg Universities	Project progress, timescales, impacts	Project Team	various	Bespoke meetings Website
Voluntary & community sectors	Project progress, timescales, impacts	Project Team	various	Courtesy copies of 'Insite' Website
Local health community	Project progress, timescales, impacts	Chief Executive/ Director of Planning NBT		Verbal at BHSP meetings Highlight report as requested Website
Media	Project progress, timescales, response to concerns	Press Office		Proactive press releases Articles in papers Responses in letters sections Use of BHSP channels

6.0 Quality Assurance

6.1 QUALITY PLAN

Programme assurance is an essential role of the Project Board. The following members of the Project Board are responsible for programme assurance and are responsible for reporting assurance issues to the Project Board for the Frenchay and Southmead projects and, where appropriate, to the Cluster Board for wider programme level issues:

Executive:	David Powell
Senior User:	Martin Morse, Katherine Ward, Sue Roberts
Senior Supplier:	Steve Webster

A quality plan has been developed for the programme which is aimed at ensuring that the deliverables/products are 'fit for purpose' and meet a number of key requirements. The quality plan is set out below:

Table 6.1: Quality Plan

Quality Plan	
Customer's quality expectations	<ul style="list-style-type: none"> Does the product meet the key objectives and goals for the project? Does the product meet the agreed principles underpinning the model of care viz.: <ul style="list-style-type: none"> A whole system focus – integration and optimisation of patient experience Streamlining patient pathways – achieving optimum balance between clinical effectiveness and the needs of the patient Consistency of approach – to patient pathways and physical design Making best use of resources – maintaining critical mass for all specialties to make best use of resource, balanced with providing services closer to people's homes Flexibility of design Building on improvements to date Accommodating specialist needs Is the product fit for purpose? Does the product take account of the wider health community and any impact on other stakeholders? Have the right people been involved in developing the product, internally and externally? Is the product accurate in terms of its content when compared with what was expected? Is the product well presented, easy to understand & free from typographical errors? Are the outputs of each product acceptable and affordable? Can the product be compared with others to check that it takes account of best practice, offers a sensible approach, offers value for money etc? Does the product meet national guidance?
Acceptance criteria	The quality expectations set out above will apply as appropriate to the deliverables of the project. The deliverables must meet the criteria set out above to be acceptable.
Quality responsibilities	<p>The Project Team is responsible for quality assuring the deliverables.</p> <p>The Project Director has overall responsibility for quality in relation to the project.</p>
Standards to be	Deliverables must conform to national guidance, in particular the latest DH guidance on

**NB/SG HEALTHCARE SERVICES DEVELOPMENT PROGRAMME
PROGRAMME INITIATION DOCUMENT: STAGE 2**

Quality Plan	
met	PFI processes and documentation.
Quality control & audit requirements	<p>The project has been assessed by the NBT internal audit office and recommendations made to the NBT Audit Committee in November. A timescale has been agreed for implementation of agreed recommendations.</p> <p>The Project Team will review all key deliverables as set out in this PID prior to issue to the Project Board for approval</p>
Configuration management plan	<p>Version control will be managed through use of consistent file referencing and version control sections on all key documents. Version control will set out the document author, owner, version and date together with a revision history. The front of this PID identifies the version control format to be applied.</p> <p>File formats are set out as follows:</p> <p style="text-align: center;"><i>date backwards – recognisable title – version no.-(author).</i></p> <p>See the footer of this document for reference.</p>

7.0 Programme Controls

7.1 PROGRAMME CONTROL

Programme and project controls are an essential component of project management and are particularly critical in a programme of such complexity. The following programme and project controls are in place for this programme.

- **Standard highlight report:** as set out in Appendix A. Highlight reports will be provided to the Project Board and Cluster Board on a monthly basis. They set out the red flag issues and key risks and update on progress against the project plan;
- **Issues Log:** Maintained by the Project Manager, the issues log is issued to project team meetings and actions are agreed to pick up issues that need to be addressed, or are timetabled into future project team meetings
- **Stage Plans:** stage plans and sub-stage plans are developed for all parts of the projects by the relevant workstream lead.
- **Budget Management:** The Project Manager is responsible for the programme budget and reporting its status to the Project Board on a regular basis. The current allocation of funding from the DH to support the project is £6 million over 3 years. A forecast budget plan for the 3 year period will be developed and assessed by the Project Board.
- **Agendas and Notes:** Agendas are to be prepared for all formal meetings and issued in advance of the meeting. It is essential that notes are made of all meetings and held for audit purposes. A standard action note format is available to be used for these meetings and is included at Appendix B.
- **Standard project documentation:** The Project Office maintains the library of project documents. Copies can be made available in magnetic form or hard copy. Software standards are as follows:

Presentation	Package
General document preparation	Microsoft Word
Spreadsheets	Microsoft Excel
Project Planning	Microsoft Project
Document archive	Adobe Acrobat

Document style is: Arial, font 11 for documentation, as detailed in the terminology register at Appendix C.

7.2 RISK MANAGEMENT

A risk register is in place for the programme. The risk register includes the risk, the probability and impact of each risk on the project together with its proximity. Each risk has an associated mitigation strategy and a risk owner responsible for managing the risk and escalating it to the Project Team or Project Board if required.

The risk register is maintained by the Project Manager but risks are the responsibility of the allocated risk owner. Relevant risks are reported to the Project Board and Cluster Board via the monthly highlight report. All members of the project Team and Project Board are responsible for

risk identification and mitigation. Any identified risks are reported to the Project Manager for entry onto the risk register. The risk management cycle is applied to the project:

- Identify the risk/s: any project member to report the potential risk to the Project Manager. The Project Manager will allocate a risk owner to the risk where the risk was identified by someone who is not responsible for the subject of risk.
- Evaluate the risk/s: depending on level of risk, this will either be the risk owner with the project manager or Project Team. Evaluation takes into account the probability and impact of the risk occurring. It will also identify the proximity of the risk. Risks should be categorized as high, medium or low in terms of probability and impact. Impact needs to be considered in relation to the effect on time, quality, opportunities and benefits and people and resources.
- Identify suitable responses to the risk/s: Risk responses include prevention, reduction, transference, acceptance or contingency and actions will be agreed between the risk owner and the Project Team or Project Manager depending on the nature of and level of risk.
- Plan and resource those responses: Risk owner to actively manage the risks via an agreed action plan such that the level of risk reduces
- Monitor and report: risk status should be regularly updated on the risk register and requires the risk owner to update the Project Manager of the risk status. The Project Manager will include high risks in the highlight report to the Project Board and Cluster Board.

The current up-to-date risk register is available from the Project Office.

7.3 CHANGE CONTROL

Change control is to be implemented when there is a change to the proposed scheme that is or is likely to be a deviation from the agreed baseline documents. The baseline documents are as follows:

- The NB/SG Strategic Outline Case, April 2005
- The BHSP Assessment Report, March 2005
- The BHSP Review Report, for 20 October 2005 SHA Board meeting
- The NB/SG Project Initiation Document, From Stage 2, November 2005
- The NB/SG Design Brief, November 2005

All members of the Project Team should be familiar with the content of the baseline documents and should notify the Project Manager or Project Director of any potential deviation from the agreed baseline documentation. The Project Manager or Director will then instigate the change control process.

The change control process is as follows:

- Issue to be logged with the Project Manager on the Issue Log;
- Issue to be assessed by the issue owner and Project Manager or Project Team, depending on the nature and complexity of the issue;
- Action agreed and implemented in relation to the issue and in accordance with agreed levels of delegation and accountability. If the issue can be resolved within delegated authorities, then corrective action is taken and reported to the Project Board in the next routine highlight report. If the Project Manager is unable to resolve the issue within delegated authority levels, then the issue is escalated to the Project Board either routinely or exceptionally via a Chairman's action.;
- Possible levels of action to be taken by the Project Board to address the issue include:

- Take corrective action within delegated authority levels
- Accept the issue as a problem and manage it as a risk (transferring it to the risk log)
- Direct the Project Manager to prepare an exception report and exception plan setting out the proposals to manage the issue, including any impact on the project and its timescales. Report all exception issues to the SRO and the Cluster Board. See Appendix D for Exception Report format.
- Remove the cause of the problem if this is within the authority of the Project Board
- Reject the issue.
- Outcome of issue documented in the issue log and completion confirmed;

The issues log reviewed on a regular basis by the Project Manager and issues to be addressed reported via the forward agenda to the Project Team on a weekly basis. The Project Board will be advised of live issues at regular meetings for review.

APPENDIX A – HIGHLIGHT REPORT

**NORTH BRISTOL AND SOUTH GLOUCESTERSHIRE
HEALTHCARE DEVELOPMENT PROGRAMME
HIGHLIGHT REPORT**

TITLE:					
Author:		Owner:		Report No.:	
Date:		Period Covered:		File reference:	
Decisions Required:					
<ul style="list-style-type: none"> 					
Key Issues/Red Flags:					
<ul style="list-style-type: none"> 					
Project Update/Progress Against Plan:					
<ul style="list-style-type: none"> 					
Products Completed:					
<ul style="list-style-type: none"> 					
Critical Tasks for Coming Period:					
Task		Owner	Due Date	% Complete	Forecast Completion Date
Budget Update:					
Risk Update:					
Ref	Risk	Owner	Due Date	Counter-measures	Probab'ty / Impact

APPENDIX B

NORTH BRISTOL AND SOUTH GLOUCESTERSHIRE HEALTHCARE SERVICES
DEVELOPMENT
[MEETING NAME]
MEETING HELD: [DATE]

ACTION NOTES

Attendees:				
Apologies:				
Circulation:				

	Subject	Discussion	Action	Person Responsible	Due Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.	Date of Next Meeting				

Notes prepared by: [name] on [date]

NORTH BRISTOL & SOUTH GLOUCESTERSHIRE OUTLINE BUSINESS CASE FORMAT & TERMINOLOGY REGISTER FOR OBC

North Bristol & South Gloucestershire New Healthcare Services Development Project	
Document status:	Version 3.0
Document Author:	Tricia Down, Directorate of Projects
Owner:	David Powell, Director of Projects
Client:	NB/SG OBC Project Board
File reference:	18/01/2006S:\Policy & Planning\OBC\Reports\2005\Misc\51117 terminology register for OBC-v3-(TD).doc
Date Issued:	17 Nov 05
Approved by/date:	

Version	Date	Comments/Summary of changes
1.0	1 July 2005	First draft issued to wider project team for additions and comment
2.0	5 July 2005	Amendments provided by ASD (FMC), CW (SHP). Change to font 11. Discussion with DAP – Change to Arial as in common use. Justify. Circulated to project team and advisors
3.0	17 Nov 05	Title of report updated to include 'format' and change of owner and advisor changes.

1. PURPOSE

It is important that the OBC documentation is standardised and consistent. This will be particularly critical when the legal advisors get involved in reviewing the paperwork. This paper therefore sets out a proposed set of terminology, spelling and formats to be applied to all OBC documentation.

It is for approval by the OBC Project Board. Project team members are asked to input into the early drafts.

2. VERSION CONTROL

- The OBC Project Officer (to be appointed) to retain the master copy of all documents with all others working on the project holding copies of versions. All members should ensure drafts and final versions are issued to the OBC Project Officer for filing in the project files.
- SHP will control the neutral functional content workbooks until such point as it is appropriate for the Trust to take this over.

- All documents should include a version control section as set out at the top of this document, to include file information, authors, owners and version control.
- Footers including name, date and file path should always be included. [SHP will utilise their own house style footers].
- File names used with the Trust should use the agreed consistent forma:
 - date-title-version-author (eg 50507-terminology register for OBC-v1-(TD))
- Documents will be saved in read-only format where amendments are no longer to be made.
- Documentation will be saved in PDF format once the final version is agreed.
- The Project Officer is responsible for retaining and controlling all the project files and recording these systematically in the electronic filing system. All team members are advised to ensure created files are filed in accordance with advice of the Project Officer.
- A web based data room will be established in the future which will be used for document management and access.

3. FORMAT

All documentation should be set out as follows in:

- Arial
- Font 11 for Word documents
- Justified
- include a version control section as included at the top of this report
- Include footers detailing the file reference, date and author.
- Nouns are not capitalized unless they relate to a person, post title or place name (except for legal purposes)
- Square brackets should be used only for items which are subject to change, drafting notes, or require verification.
- FMC to develop the OBC document in their house style which will be converted prior to OBC submission if required.

4. TERMINOLOGY AND SPELLING

The following terminology/spelling is to be applied:

- inpatient – all lower case
- daycase – all lower case
- outpatient – all lower case
- specialties – all lower case eg plastic surgery
- zonal names – Capitalised eg Inpatient Zone (to be defined)
- clinical service specification – all lower case
- Technical Output Specification - capitalised
- Clinical Output Specification - capitalised
- Whole Hospital Operational Overview










**North Bristol and South Gloucestershire
Healthcare Services Development Programme**

Exception Report	
Workstream:	
Document Author:	
Document Owner:	
Date:	
File Reference:	
Description of cause of deviation	
Consequences	
Available options & effect on business case	
Recommendation	
Approval Decision:	
Approved by	
Date:	

North Bristol and South Gloucestershire OBC
High level MCP
(see footer for version no.)

ID	Task Name	Duration	Start	Finish	Qtr 3, 2005 Jul | Aug | Sep	Qtr 4, 2005 Oct | Nov | Dec	Qtr 1, 2006 Jan | Feb | Mar	Qtr 2, 2006 Apr | May | Jun	Qtr 3, 2006 Jul | Aug | Sep	Qtr 4, 2006 Oct | Nov | Dec	Qtr 1, 2007 Jan | Feb | Mar	Qtr 2, 2007 Apr | May | Jun	Qtr 3, 2007 Jul | Aug | Sep	Qtr 4, 2007 Oct | Nov | Dec	Qtr 1, 2008 Jan | Feb | Mar	Qtr 2, 2008 Apr | May | Jun	Qtr 3, 2008 Jul | Aug | Sep	Qtr 4, 2008 Oct | Nov
1	NORTH BRISTOL & SOUTH GLOS OBC	1 day?	Fri 15/07/05	Fri 15/07/05														
2	STAGE 1: SOC	0 days	Fri 30/07/04	Fri 30/07/04														
3	STAGE 2: OBC/OJEU	1 day?	Fri 15/07/05	Fri 15/07/05														
4	BHSP report to SHA	70 days	Fri 15/07/05	Thu 20/10/05														
21																		
22	NB/SG Clinical model	143 days	Fri 15/07/05	Tue 31/01/06														
23	20 page- 1st cut NB/SG	34 days	Fri 15/07/05	Wed 31/08/05														
24	Meetings with Directorates/TMT on model of care	12 days	Thu 01/09/05	Fri 16/09/05														
25	20 page - 2nd cut NB/SG	22 days	Thu 01/09/05	Fri 30/09/05														
26	Full -1st cut NB/SG	65 days	Thu 01/09/05	Wed 30/11/05														
27	Full 2nd cut NB/SG	32 days	Thu 01/12/05	Fri 13/01/06														
28	Finalisation of model	12 days	Mon 16/01/06	Tue 31/01/06														
29																		
30	Workforce model	96 days	Fri 15/07/05	Fri 25/11/05														
31	Workforce strategy	11 days	Fri 15/07/05	Fri 29/07/05														
32	Workforce framework from BHSP	41 days	Fri 15/07/05	Fri 09/09/05														
33	Workforce section of OBC	55 days	Mon 12/09/05	Fri 25/11/05														
34																		
35	Estates	98 days	Mon 18/07/05	Wed 30/11/05														
36	Complete accommodation audit - Fre/Smd	15 days	Mon 18/07/05	Fri 05/08/05														
37	Detailed analysis of gynaecology/obs units	15 days	Mon 25/07/05	Fri 12/08/05														
38	Uplift backlog maintenance figure	15 days	Mon 25/07/05	Fri 12/08/05														
39	QS to include backlog main cost in costings	25 days	Mon 15/08/05	Fri 16/09/05														
40	Indic costs of infrastruc works outside site boundaries	25 days	Mon 15/08/05	Fri 16/09/05														
41	Other specific estates data - see stage plan	78 days	Mon 15/08/05	Wed 30/11/05														
42																		
43	Advisor appointments	119 days	Mon 15/08/05	Thu 26/01/06														
44	Agree timeframe for appointments	5 days	Mon 15/08/05	Fri 19/08/05														
45	Advisors in post	54 days	Mon 14/11/05	Thu 26/01/06														
46																		
47	Embedded services	120 days	Fri 15/07/05	Thu 29/12/05														
48	Agree strategy for each lease	21 days	Fri 15/07/05	Fri 12/08/05														
49	Implement strategy (incl legals)	99 days	Mon 15/08/05	Thu 29/12/05														
50																		
51	Gateway and audit reviews	155 days	Thu 19/05/05	Thu 22/12/05														
52	Gateway Review	37 days	Tue 01/11/05	Thu 22/12/05														
53	Gate One preparation	25 days	Tue 01/11/05	Mon 05/12/05														
54	Gate One Review	4 days	Tue 06/12/05	Fri 09/12/05														
55	Assess impact on project	5 days	Mon 12/12/05	Fri 16/12/05														
56	Report to Project Board	0 days	Thu 22/12/05	Thu 22/12/05														
57																		
58	Design Review Panel	152 days	Thu 19/05/05	Fri 16/12/05														
59	DRP Zero	1 day	Thu 19/05/05	Thu 19/05/05														
60	DRP One Preparation	25 days	Mon 14/11/05	Fri 16/12/05														

Project: 51030 high level MCP-v4-(TD)
Date: Wed 30/11/05

Task  Progress  Summary  External Tasks  Deadline 
Split  Milestone  Project Summary  External Milestone 

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ID	Task Name	Duration	Start	Finish	Qtr 3, 2005 Jul Aug Sep	Qtr 4, 2005 Oct Nov Dec	Qtr 1, 2006 Jan Feb Mar	Qtr 2, 2006 Apr May Jun	Qtr 3, 2006 Jul Aug Sep	Qtr 4, 2006 Oct Nov Dec	Qtr 1, 2007 Jan Feb Mar	Qtr 2, 2007 Apr May Jun	Qtr 3, 2007 Jul Aug Sep	Qtr 4, 2007 Oct Nov Dec	Qtr 1, 2008 Jan Feb Mar	Qtr 2, 2008 Apr May Jun	Qtr 3, 2008 Jul Aug Sep	Qtr 4, 2008 Oct Nov
61	DRP One Review	0 days	Fri 16/12/05	Fri 16/12/05		16/12												
62																		
63	OBC SIGN OFF & OJEU	279 days	Mon 25/04/05	Thu 18/05/06														
64	Option Appraisal (OA)	81 days	Mon 08/08/05	Mon 28/11/05														
65	Agree option appraisal criteria with JCNC/PIG	10 days	Thu 08/09/05	Wed 21/09/05														
66	Finalise brief for 1:500 block plans	8 days	Mon 08/08/05	Wed 17/08/05														
67	Complete affordable totals for ea zone	8 days	Mon 08/08/05	Wed 17/08/05														
68	Complete assumptions table	8 days	Mon 08/08/05	Wed 17/08/05														
69	Finalise full range of services	8 days	Mon 08/08/05	Wed 17/08/05														
70	SHP issue evaluation pack for non-fin appraisal	0 days	Fri 04/11/05	Fri 04/11/05														
71	Open days for staff and public on service & site proposals	2 days	Thu 20/10/05	Fri 21/10/05														
72	Non-financial OA event with stakeholders	6 days	Mon 24/10/05	Mon 31/10/05														
73	Finalise affordability review	0 days	Mon 10/10/05	Mon 10/10/05														
74	Issue info to QS for costing	1 day	Fri 04/11/05	Fri 04/11/05														
75	SHP produce capital cost for each option (reality check for SHA)	7 days	Mon 07/11/05	Tue 15/11/05														
76	Financial appraisal	25 days	Mon 24/10/05	Fri 25/11/05														
77	Final decision on preferred options	1 day	Mon 28/11/05	Mon 28/11/05														
78																		
79	PSC	185 days	Fri 15/07/05	Thu 30/03/06														
80	All shortlisted options	15 days	Fri 14/10/05	Fri 04/11/05														
81	site plan	15 days	Fri 14/10/05	Fri 04/11/05														
82	engineering strategy	15 days	Fri 14/10/05	Fri 04/11/05														
83	1:500 adjacencies	15 days	Fri 14/10/05	Fri 04/11/05														
84	Preferred option	21 days	Fri 04/11/05	Fri 02/12/05														
85	site plan	21 days	Fri 04/11/05	Fri 02/12/05														
86	engineering strategy	21 days	Fri 04/11/05	Fri 02/12/05														
87	1:500 adjacencies	21 days	Fri 04/11/05	Fri 02/12/05														
88	Sample 1:200 & 1:50	21 days	Fri 04/11/05	Fri 02/12/05														
89																		
90	OBC Documentation & sign-off	185 days	Fri 15/07/05	Thu 30/03/06														
91	OBC document	185 days	Fri 15/07/05	Thu 30/03/06														
92	Outline structure, some content	34 days	Fri 15/07/05	Wed 31/08/05														
93	1st draft	22 days	Thu 01/09/05	Fri 30/09/05														
94	Review and update	46 days	Mon 03/10/05	Mon 05/12/05														
95	Issue draft OBC to Boards for outline approval	19 days	Tue 06/12/05	Fri 30/12/05														
96	Update OBC document following SHA/Board comments	7 days	Mon 02/01/06	Tue 10/01/06														
97	SHAs sign off OBC	9 days	Mon 16/01/06	Thu 26/01/06														
98	DH Capacity review	19 days	Mon 02/01/06	Thu 26/01/06														
99	PFU sign off	45 days	Fri 27/01/06	Thu 30/03/06														
100																		
101	Outline Planning	279 days	Mon 25/04/05	Thu 18/05/06														
102	Preparation for planning	99 days	Mon 25/04/05	Thu 08/09/05														
103	EIA	63 days	Mon 22/08/05	Wed 16/11/05														
104	LPA/public consultation	52 days	Tue 13/09/05	Wed 23/11/05														

Project: 51030 high level MCP-v4-(TD)
Date: Wed 30/11/05

Task
Split



Progress
Milestone



Summary
Project Summary



External Tasks
External Milestone



Deadline



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ID	Task Name	Duration	Start	Finish	Qtr 3, 2005 Jul Aug Sep	Qtr 4, 2005 Oct Nov Dec	Qtr 1, 2006 Jan Feb Mar	Qtr 2, 2006 Apr May Jun	Qtr 3, 2006 Jul Aug Sep	Qtr 4, 2006 Oct Nov Dec	Qtr 1, 2007 Jan Feb Mar	Qtr 2, 2007 Apr May Jun	Qtr 3, 2007 Jul Aug Sep	Qtr 4, 2007 Oct Nov Dec	Qtr 1, 2008 Jan Feb Mar	Qtr 2, 2008 Apr May Jun	Qtr 3, 2008 Jul Aug Sep	Qtr 4, 2008 Oct Nov
105	Planning application submitted	0 days	Wed 30/11/05	Wed 30/11/05														
106	Planning committee resolution issued	80 days	Thu 01/12/05	Wed 22/03/06														
107	S106	40 days	Thu 23/03/06	Wed 17/05/06														
108	Decision notice	1 day	Thu 18/05/06	Thu 18/05/06														
109																		
110	Procurement strategy	55 days	Mon 24/10/05	Fri 06/01/06														
111	Consider procurement strategy for preferred option	40 days	Mon 24/10/05	Fri 16/12/05														
112	Review with project team	10 days	Mon 19/12/05	Fri 30/12/05														
113	Sign off by Project Board	5 days	Mon 02/01/06	Fri 06/01/06														
114																		
115	Market Sounding	36 days	Mon 12/12/05	Mon 30/01/06														
116	Prepare briefing report	20 days	Mon 12/12/05	Fri 06/01/06														
117	Market sounding event	5 days	Mon 09/01/06	Fri 13/01/06														
118	Feedback from Market Sounding	1 day	Mon 16/01/06	Mon 16/01/06														
119	Report to Project Board	10 days	Tue 17/01/06	Mon 30/01/06														
120																		
121	PITN Preparation	82 days	Tue 01/11/05	Wed 22/02/06														
122	Project Team agree PITN products	4 days	Mon 28/11/05	Thu 01/12/05														
123	PITN main body	25 days	Thu 01/12/05	Wed 04/01/06														
124	Clinical	60 days	Thu 01/12/05	Wed 22/02/06														
125	Range and target areas agreed	0 days	Thu 01/12/05	Thu 01/12/05														
126	1st working draft of all clinical specs/WHOO	20 days	Thu 01/12/05	Wed 28/12/05														
127	2nd working draft all clin specs/WHOO	5 days	Thu 29/12/05	Wed 04/01/06														
128	Specs reviewed against PSC preferred option	5 days	Thu 05/01/06	Wed 11/01/06														
129	1st complete draft of specs for PITN	5 days	Thu 12/01/06	Wed 18/01/06														
130	Final set of PITN specs (post issue to PFU)	25 days	Thu 19/01/06	Wed 22/02/06														
131	Technical Specification	25 days	Thu 01/12/05	Wed 04/01/06														
132	1st draft (to Proj Team)	25 days	Thu 01/12/05	Wed 04/01/06														
133	Commercial incl service	20 days	Tue 01/11/05	Mon 28/11/05														
134	Agree commercial strategies	20 days	Tue 01/11/05	Mon 28/11/05														
135	Commercial Specifications	25 days	Tue 29/11/05	Mon 02/01/06														
136	Equipment	25 days	Tue 29/11/05	Mon 02/01/06														
137	Insurance	25 days	Tue 29/11/05	Mon 02/01/06														
138	Retail	25 days	Tue 29/11/05	Mon 02/01/06														
139	Interim	25 days	Tue 29/11/05	Mon 02/01/06														
140	Car parking	25 days	Tue 29/11/05	Mon 02/01/06														
141	Whole Hospital Policies	25 days	Thu 01/12/05	Wed 04/01/06														
142	1st draft (To Proj Team)	25 days	Thu 01/12/05	Wed 04/01/06														
143	Payment Mechanism	25 days	Thu 01/12/05	Wed 04/01/06														
144	1st draft (To Proj Team)	25 days	Thu 01/12/05	Wed 04/01/06														
145	Sign Off PITN annexes	35 days	Wed 04/01/06	Wed 22/02/06														
146	Issue draft PITN to Project Team incl specs	0 days	Wed 04/01/06	Wed 04/01/06														
147	Review	2 days	Thu 05/01/06	Fri 06/01/06														
148	Amendment following review	3 days	Mon 09/01/06	Wed 11/01/06														

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Task
Split



Progress
Milestone



Summary
Project Summary



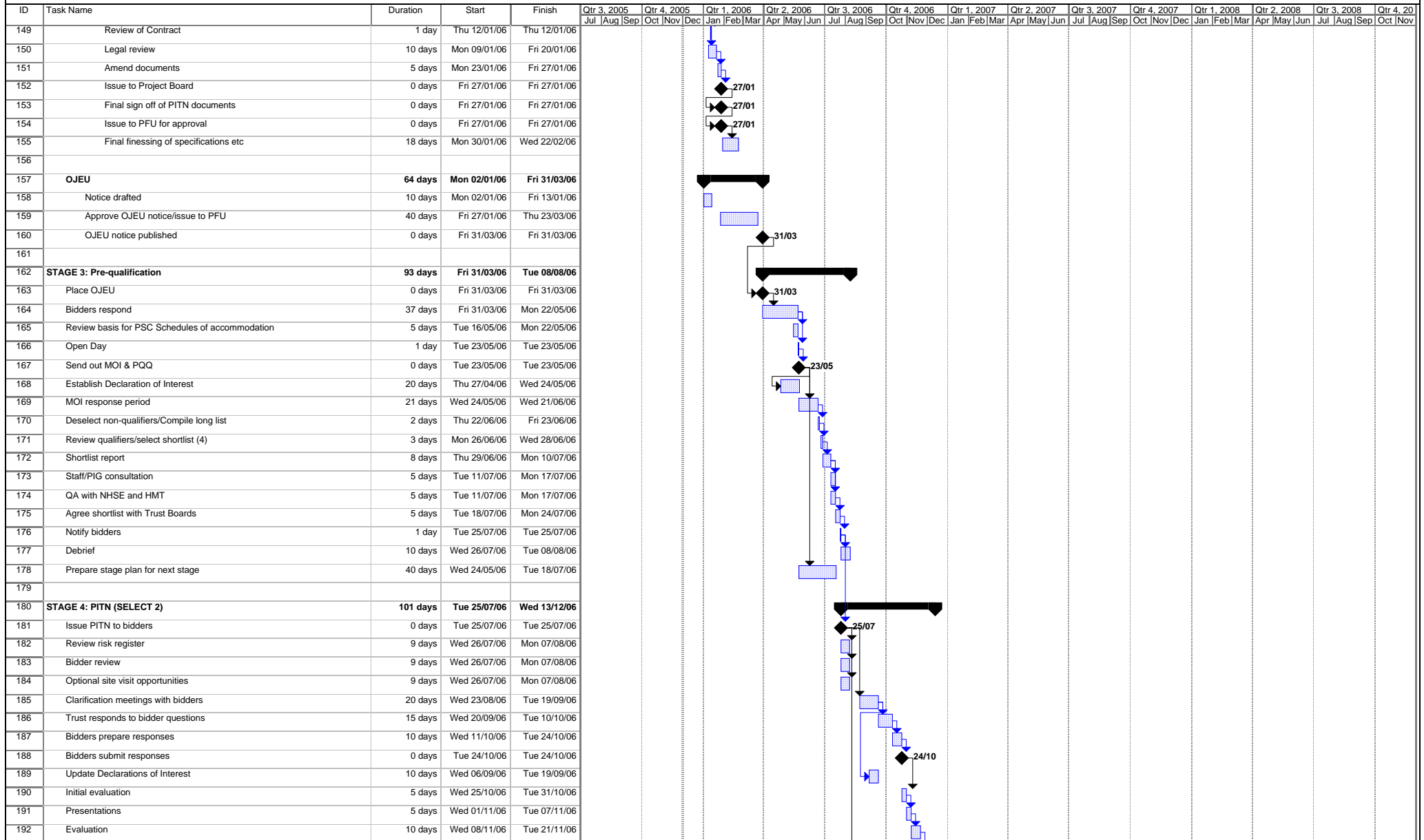
External Tasks
External Milestone



Deadline



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Project: 51030 high level MCP-v4-(TD)
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Split



Progress
Milestone



Summary
Project Summary



External Tasks
External Milestone



Deadline

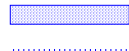


North Bristol and South Gloucestershire OBC
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(see footer for version no.)

ID	Task Name	Duration	Start	Finish	Qtr 3, 2005 Jul Aug Sep	Qtr 4, 2005 Oct Nov Dec	Qtr 1, 2006 Jan Feb Mar	Qtr 2, 2006 Apr May Jun	Qtr 3, 2006 Jul Aug Sep	Qtr 4, 2006 Oct Nov Dec	Qtr 1, 2007 Jan Feb Mar	Qtr 2, 2007 Apr May Jun	Qtr 3, 2007 Jul Aug Sep	Qtr 4, 2007 Oct Nov Dec	Qtr 1, 2008 Jan Feb Mar	Qtr 2, 2008 Apr May Jun	Qtr 3, 2008 Jul Aug Sep	Qtr 4, 2008 Oct Nov
193	Prepare evaluation report	5 days	Wed 22/11/06	Tue 28/11/06														
194	Staff/PIG consultation on bidder proposals	5 days	Wed 29/11/06	Tue 05/12/06														
195	Project Board approve selection of 2 bidders	5 days	Wed 29/11/06	Tue 05/12/06														
196	Trust Boards approve selection of 2 bidders	5 days	Wed 29/11/06	Tue 05/12/06														
197	Notify bidders	1 day	Wed 06/12/06	Wed 06/12/06														
198	Debrief	2 days	Thu 07/12/06	Fri 08/12/06														
199	Prepare stage plan for next stage	40 days	Wed 26/07/06	Tue 19/09/06														
200	Review stage plan with bidders	5 days	Thu 07/12/06	Wed 13/12/06														
201																		
202	STAGE 5: FITN	245 days	Wed 26/07/06	Tue 03/07/07														
203	Draft documents	68 days	Wed 26/07/06	Fri 27/10/06														
204	Draft FITN	20 days	Wed 26/07/06	Tue 22/08/06														
205	Review FITN	13 days	Wed 23/08/06	Fri 08/09/06														
206	Compile FITN	10 days	Mon 11/09/06	Fri 22/09/06														
207	Identify updates required to PITN	5 days	Mon 25/09/06	Fri 29/09/06														
208	Draft changes	10 days	Mon 02/10/06	Fri 13/10/06														
209	Compile final FITN document	10 days	Mon 16/10/06	Fri 27/10/06														
210																		
211	Issue FITN to bidders	1 day	Thu 07/12/06	Thu 07/12/06														
212	Review risk register	10 days	Fri 08/12/06	Thu 21/12/06														
213	Inform GAD of progress	5 days	Fri 08/12/06	Thu 14/12/06														
214	Bidders review of FITN	5 days	Fri 08/12/06	Thu 14/12/06														
215	Bidder meetings	60 days	Fri 15/12/06	Thu 08/03/07														
216	Bidders prepare response	9 days	Mon 19/03/07	Thu 29/03/07														
217	Bidders submit responses	5 days	Fri 30/03/07	Thu 05/04/07														
218	Design review Panel	5 days	Fri 06/04/07	Thu 12/04/07														
219	Update Declarations of Interest	10 days	Fri 16/03/07	Fri 30/03/07														
220	Initial evaluation	6 days	Fri 06/04/07	Fri 13/04/07														
221	Project/Trust Board presentations	3 days	Mon 16/04/07	Wed 18/04/07														
222	Clarification	6 days	Thu 19/04/07	Thu 26/04/07														
223	Evaluation	8 days	Fri 04/05/07	Tue 15/05/07														
224	Prepare evaluation report	5 days	Wed 16/05/07	Tue 22/05/07														
225	Staff/PIG consultation	5 days	Wed 23/05/07	Tue 29/05/07														
226	Prepare draft preferred bidder letter	5 days	Wed 16/05/07	Tue 22/05/07														
227	Project Board approve Preferred bidder letter and evaluation report	5 days	Wed 23/05/07	Tue 29/05/07														
228	Discuss preferred bidder letter with preferred bidder	10 days	Wed 30/05/07	Tue 12/06/07														
229	PFU approve preferred bidder letter	5 days	Wed 13/06/07	Tue 19/06/07														
230	Trust Board approve preferred bidder letter	5 days	Wed 20/06/07	Tue 26/06/07														
231	Notify bidders - preferred bidder identified	0 days	Tue 26/06/07	Tue 26/06/07														
232	Debrief bidders	2 days	Wed 27/06/07	Thu 28/06/07														
233	Prepare stage plan for next stage	30 days	Wed 04/04/07	Wed 16/05/07														
234	Review stage plan with bidders	5 days	Wed 27/06/07	Tue 03/07/07														
235																		
236	STAGE 6: Financial close	325 days	Wed 27/06/07	Tue 23/09/08														

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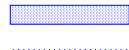


North Bristol and South Gloucestershire OBC
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ID	Task Name	Duration	Start	Finish	Qtr 3, 2005 Jul Aug Sep	Qtr 4, 2005 Oct Nov Dec	Qtr 1, 2006 Jan Feb Mar	Qtr 2, 2006 Apr May Jun	Qtr 3, 2006 Jul Aug Sep	Qtr 4, 2006 Oct Nov Dec	Qtr 1, 2007 Jan Feb Mar	Qtr 2, 2007 Apr May Jun	Qtr 3, 2007 Jul Aug Sep	Qtr 4, 2007 Oct Nov Dec	Qtr 1, 2008 Jan Feb Mar	Qtr 2, 2008 Apr May Jun	Qtr 3, 2008 Jul Aug Sep	Qtr 4, 2008 Oct Nov
237	Review risk register	5 days	Wed 27/06/07	Tue 03/07/07														
238	Appoint Independent Tester	40 days	Wed 27/06/07	Tue 21/08/07														
239	Full Business Case	240 days	Wed 27/06/07	Tue 27/05/08														
240	Detail structure	10 days	Wed 27/06/07	Tue 10/07/07														
241	Draft document	50 days	Wed 11/07/07	Tue 18/09/07														
242	Review	10 days	Wed 19/09/07	Tue 02/10/07														
243	Update	10 days	Wed 03/10/07	Tue 16/10/07														
244	Submit for informal review	0 days	Tue 16/10/07	Tue 16/10/07														
245	Update to reflect commercial close	60 days	Wed 05/03/08	Tue 27/05/08														
246	Main body & appendices	30 days	Wed 05/03/08	Tue 15/04/08														
247	Circulate & review	10 days	Wed 16/04/08	Tue 29/04/08														
248	Production	20 days	Wed 30/04/08	Tue 27/05/08														
249	Update Declarations of Interest	10 days	Wed 30/04/08	Tue 13/05/08														
250	Project Board recommendations to approve	10 days	Wed 14/05/08	Tue 27/05/08														
251	PCT approval	10 days	Wed 14/05/08	Tue 27/05/08														
252	Trust approval	10 days	Wed 28/05/08	Tue 10/06/08														
253	SHA approval	10 days	Wed 28/05/08	Tue 10/06/08														
254	Submit to PFU for approval	0 days	Tue 10/06/08	Tue 10/06/08														
255	FBC approved	50 days	Thu 03/04/08	Wed 11/06/08														
256	clinical and design requirements	110 days	Wed 17/10/07	Tue 18/03/08														
257	Confirm 1:200 plans	5 days	Wed 17/10/07	Tue 23/10/07														
258	Confirm architectural proposal	5 days	Wed 17/10/07	Tue 23/10/07														
259	Sign off RDS & 1:50s	60 days	Wed 24/10/07	Tue 15/01/08														
260	Sign off Design Construction Requirements	30 days	Wed 16/01/08	Tue 26/02/08														
261	Construction programme and interfaces	15 days	Wed 27/02/08	Tue 18/03/08														
262	Planning Approval	90 days	Wed 16/01/08	Tue 20/05/08														
263	Finalise planning application	10 days	Wed 16/01/08	Tue 29/01/08														
264	Submit planning application	0 days	Tue 29/01/08	Tue 29/01/08														
265	Planning approval	80 days	Wed 30/01/08	Tue 20/05/08														
266	Section 106 agreement	10 days	Wed 30/01/08	Tue 12/02/08														
267	Judicial review period	60 days	Wed 13/02/08	Tue 06/05/08														
268	Services	40 days	Wed 17/10/07	Tue 11/12/07														
269	Sign off method statements and specifications	40 days	Wed 17/10/07	Tue 11/12/07														
270	Equipment	30 days	Wed 17/10/07	Tue 27/11/07														
271	Sign off method statement	30 days	Wed 17/10/07	Tue 27/11/07														
272	Co-ordination of services, design & equipment	20 days	Wed 19/03/08	Tue 15/04/08														
273	Review to ensure comparable	10 days	Wed 19/03/08	Tue 01/04/08														
274	Revise proposals	10 days	Wed 02/04/08	Tue 15/04/08														
275	Legal	80 days	Wed 17/10/07	Tue 05/02/08														
276	Complete Project Agreement and schedules	80 days	Wed 17/10/07	Tue 05/02/08														
277	Place in Escrow	0 days	Tue 05/02/08	Tue 05/02/08														
278	Financial	70 days	Wed 17/10/07	Tue 22/01/08														
279	Payment mechanism regime & measurement	60 days	Wed 17/10/07	Tue 08/01/08														
280	Unavailability regime	60 days	Wed 17/10/07	Tue 08/01/08														

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281	Finalise financial arrangements	10 days	Wed 09/01/08	Tue 22/01/08														
282	Commercial Close	10 days	Wed 30/04/08	Tue 13/05/08														
283																		
284	Bidder Activity (this section to be developed)	95 days	Wed 14/05/08	Tue 23/09/08														
285	Service providers co-operation agreement	90 days	Wed 14/05/08	Tue 16/09/08														
286	Services sub-contracts	90 days	Wed 14/05/08	Tue 16/09/08														
287	Insurances	90 days	Wed 14/05/08	Tue 16/09/08														
288	Funders' Due Diligence	90 days	Wed 14/05/08	Tue 16/09/08														
289	Shareholders Approvals/corporate structure	90 days	Wed 14/05/08	Tue 16/09/08														
290	Approval of Bond Circular	50 days	Wed 14/05/08	Tue 22/07/08														
291	Funding Documents	90 days	Wed 14/05/08	Tue 16/09/08														
292	Bond rating Agency's Close Out	45 days	Wed 23/07/08	Tue 23/09/08														
293																		
294	Review risk register	5 days	Wed 09/01/08	Tue 15/01/08														
295	Gateway (3) review	60 days	Wed 17/10/07	Tue 08/01/08														
296	Due Diligence	30 days	Wed 14/05/08	Tue 24/06/08														
297	Project Agreement briefing to Trust Boards	5 days	Mon 21/07/08	Fri 25/07/08														
298	Contract signature	5 days	Mon 28/07/08	Fri 01/08/08														
299	Financial close	25 days	Mon 28/07/08	Fri 29/08/08														
300	Investors meeting	10 days	Mon 28/07/08	Fri 08/08/08														
301	Bond marketing roadshow	5 days	Mon 11/08/08	Fri 15/08/08														
302	Book build	5 days	Mon 18/08/08	Fri 22/08/08														
303	Receive Bond Receipts	5 days	Mon 25/08/08	Fri 29/08/08														
304																		
305																		
306	STAGE 7: Construction	1066 days	Mon 25/08/08	Mon 24/09/12														
307	Contractor Mobilization	30 days	Mon 25/08/08	Fri 03/10/08														
308	Construction	1035 days	Mon 06/10/08	Fri 21/09/12														
309	Completion of Building	1 day	Mon 24/09/12	Mon 24/09/12														
310																		
311	STAGE 8: Commissioning	141 days	Tue 25/09/12	Tue 09/04/13														
312	Trust Commissioning of Building & Services	140 days	Tue 25/09/12	Mon 08/04/13														
313	Facilities ready for occupation	1 day	Tue 09/04/13	Tue 09/04/13														
314																		
315	STAGE 9: Project closure	100 days	Tue 02/07/13	Mon 18/11/13														
316	Post Project Evaluation	40 days	Tue 02/07/13	Mon 26/08/13														
317	Prepare Post project evaluation report	10 days	Tue 27/08/13	Mon 09/09/13														
318	Identify Follow on Actions	10 days	Tue 10/09/13	Mon 23/09/13														
319	Issue Post Project report	20 days	Tue 24/09/13	Mon 21/10/13														
320	Board Approval for Project Closure	20 days	Tue 22/10/13	Mon 18/11/13														

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		Transfer to PFI Contract			Retain In-House		
Criterion	Weighting	Advantages	Score	Weighted Score	Advantages	Score	Weighted Score
Programme level objectives and outputs	5%	<p>The Trust will use the Department of Health Standard Form Project Agreement Version 3. A number of Health projects have been closed using the current version of the Standard Form Project Agreement which demonstrates that the proposed contract structure is operable but also marketable and deliverable.</p> <p>The Specifications allow the Trust to set out the scheme's service requirements objectively defined in output terms with their delivery measured against clear performance standards.</p>	5	25	<p>The Trust has experience of establishing Soft FM contracts. The methodology for setting standards and measuring them is well established and the Trust should be able to apply these standards to the in-house contract. However, it is potentially more difficult to set standards for in-house services when there is sometimes a tendency to proceed without a clear set of internal targets. This issue will be offset to a degree by the national measurements used to measure Trust's overall performance.</p>	3	15
Operational flexibility	20%	<p>The PFI structure does provide a degree of rigidity to the services it covers and the variation procedure could potentially be a barrier to enabling making short-term changes. This has been the reported experience of some Trusts.</p>	2	40	<p>The exclusion of Soft FM services potentially allows the Trust to respond to changes in policy and approach in areas such as infection control without variation to the contract. This is a particular issue at the moment where there are rapidly changing targets in the field of Soft FM with a requirement to alter targets and specifications.</p> <p>The lifecycle of these new</p>	5	100

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					standards and policies can be less than 1 year.		
Equity, efficiency and accountability	5%	Overall, the PFI contract should allow the provision of equitable, efficient and accountable services.	5	25	Overall, the Trust should be able to provide equitable, efficient and accountable services.	5	25
Risk management	15%	The advantages of transfer include alignment of risk between hard and soft FM services, and transfer of risks associated with the new building including design of FM areas and harmonisation between the lifecycle and FM approaches.	5	75	Retaining the Soft FM services in-house misses the opportunity to transfer risks associated with the hard/soft fm interface and to shift design risk to the PFI provider.	2	30
Innovation	5%	The PFI process has shown it can deliver innovation in design and in operational areas particularly with regard to multi-skilling	4	20	The Public Sector has the potential to innovate but perhaps not the same degree of incentive that the PFI provider will have.	2	10
Service provision	30%	<p>Although the transfer of services to the Private Sector does not automatically mean that there will be a gap between the Soft FM and Trust clinical teams, there is a lack of Direct managerial control that will potentially make it harder to synchronise activities and approach.</p> <p>The key interface between hard and soft FM that will now be under single management by the PFI provider is replaced by an interface between FM and clinical services. This is potentially problematic with the renewed focus on combining ward clinical and FM teams.</p>	3	90	<p>Patient Choice is seen as a key driver in terms of future Trust performance and success.</p> <p>Soft FM services increasingly need to reflect consumer requirements and have a high executive profile within any Trust (e.g. control of infection issues & MRSA) and more importantly with those Trusts moving towards foundation status. As such, soft service provision is viewed as a core service which requires strong control and ownership. Any transfer of such a service supply to the private sector from the Trust will result in a loss</p>	5	150

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					of direct control, which the Trust considers is an essential strategic requirement for the delivery of this core supporting service.		
Incentive and monitoring	5%	The PFI contract provides a very clear set of incentives and targets but the Trust has to dedicate resources to this task to make it effective. This task has been made more difficult in the past by a very complex payment mechanism.	4	20	Incentives are less clear with an in-house solution although linking back to the overall Trust Balanced Scorecard has improved levels of monitoring.	3	15
Lifecycle costs and residual value	5%	There is an automatic benefit of combining responsibility for hard and soft FM in terms of decisions around VfM of investment decisions.	5	25	The distinction between hard and soft FM services makes it more difficult to draw all the links in decision –making between lifecycle and operational costs.	3	15
Transaction costs and client capacity	5%	The inclusion of Soft FM in the main deal tends to make the process more complex and requires the client to be able to deal with a number of decision-making processes in a relatively short period. The focus on soft FM could potentially be less acute than in a Soft FM only tendering process.	3	15	The separation of Soft FM selection processes from the main deal potentially makes it a simpler process for the client.	4	20
Competition	5%	The PFI process provides a competitive process with built-in market testing. There are some problems with the inclusion of these services in an overall deal that can tend to hide specific issues relating to the soft FM services. Also the market testing period is relatively long.	3	15	The Trust retains the flexibility to market test at shorter intervals and with a dedicated process on each soft FM service. There is potential to lose focus on this issue however, if not governed by a prescriptive PFI process.	3	15
		Total		350	Total		395

Draft Equipment Strategy Version 3: 17.01.06

1 Introduction

- 1.1 This document has been prepared as a draft equipment strategy to support the Outline Business Case for modernisation of health services and hospital facilities in North Bristol and South Gloucestershire. It should be acknowledged that this is a working draft and the Strategy will be further developed over the next 2-3 months.
- 1.2 The OBC details proposals for:
 - An 84 bed community hospital, plus provision of 28 beds for older people with a mental illness (11,000m²) on the Frenchay Hospital site.
 - A 32 bed community hospital (5,000m²) on the Southmead Hospital site integrated with
 - An 802 bed acute hospital (105,000m²) that will combine the specialist and acute services currently provided on the Frenchay and Southmead sites into a single hospital on the Southmead site, (708 new build beds and 94 refurbished beds).
- 1.3 The Strategy details the proposed approach to procurement of medical and non-medical equipment as part of the scheme.
- 1.4 The objective is to ensure that the Trust has fully equipped hospital facilities whilst also securing best value for money once the development is completed. There is also a need to ensure affordability within the overall capital investment envelope. Consequently, there is a commitment to utilise as far as practicable the Trust's existing equipment (medical and non-medical) asset base.
- 1.5 Equipment categories based on the NHS Capital Investment Manual are detailed in Section 4.
- 1.6 The following strategy is proposed, subject to verification by the OBC Project Board and the Trust Medical Equipment Committee:
 - All Group 1 equipment (both medical and non-medical) to be included within the "build" project, on a supply, install, maintain and replace basis
 - Consideration to be given to the designation of an extended list of Group 1 equipment which Project Co will be required to supply, install, maintain and replace. This may include a range of non medical equipment such as fire-fighting equipment, blood banks,
 - Alternative options for the procurement and ongoing maintenance and replacement of all medical equipment to be considered to identify which is the preferred option.
 - Further work to be undertaken to assess the extent to which "soft" Facilities Management Services and associated equipment requirements are included within the terms of the PFI contract.
- 1.7 It is acknowledged that the equipment requirements will become more precisely defined as the scheme progresses with the development of Room Data Sheets; costing of all equipment requirements to agree a Bill of Quantities; cross referencing against the Trust Asset Register to identify the transferable equipment; and agreement of a fully costed inventory of equipment requirements which ensures that all equipment across the broad definition of both medical and non medical equipment has been identified.
- 1.8 Development of Room Data Sheets would be premature at this stage of the Project, but this Strategy Statement details the initiatives the Trust has commissioned to test the robustness of the costing assumptions within the OBC.
- 1.9 An Equipment Group, chaired by the Director of Projects has been established as a Working Strand of the overall Project structure. This Group is tasked with further development of the Equipment Strategy and the commissioning of the work identified in the subsequent sections.

2 Background

- 2.1 The Trust published Annual Accounts for 2004/5 identified **capital equipment** assets including medical, plant and machinery, IT, transport and furniture and fittings equipment with a gross replacement cost value at current prices in excess of £74million.
- 2.2 The Trust Asset Register includes equipment purchased since 1990 to date and which is still in operational use. In addition, the Trust has a significant range of medical equipment classified **revenue equipment** with an initial purchase price of under £5,000 with an estimated overall value of in excess of £14million.
- 2.3 The Trust Capital Programme is reviewed on an annual basis and judgements made about the level of funding to be made available for replacement of major medical equipment. This has varied over recent years with the annual investment ranging from £1.5m to £3.5m per annum. Generally, the Trust's equipment asset base has been used to full effect with assets remaining operational after they have been fully depreciated. The planned replacement programme is subject to annual review and is constrained by the availability of capital funds. It should be noted that as a result there has not been strict adherence to a rolling programme of equipment replacement.
- 2.4 Historically the Trust has used several sources of funding for equipment, including:
 - A proportion of the Trust's capital block allocation approved on an annual basis
 - Charitable funds, including New Opportunities funding (NOF) and grants from the League of Friends
 - Finance and operating leases, where appropriate.
- 2.5 Equipment maintenance is undertaken either in-house or through service agreements with suppliers.

3 Requirements of the PFI Scheme

- 3.1 As detailed above the OBC covers the provision of a 32 bed community hospital integrated with an 802 bed acute hospital on the Southmead Hospital site. The development will also include a 102 bedded community Hospital on the Frenchay site
- 3.2 It is anticipated that the acute hospital development will be undertaken as a PFI scheme whilst the Community Hospital developments will be publicly funded.
- 3.3 The Trust must ensure that it maintains flexibility throughout the procurement process to enable the delivery of the best overall build and equipment package, covering both the new and remaining buildings on the Southmead site. There will also be a need to ensure a consistent approach to procurement between the PFI and publicly funded schemes to ensure that there is best value for money and also maximum benefit in terms of staff training, maintenance support etc.
- 3.4 At this stage it is assumed that the PFI scheme will include the provision of some items of medical and non medical equipment, but the scope of this provision will need to be subject to regular review upto the award of contract and financial closure stage to ensure that the Trust obtains the most affordable and beneficial equipment service.
- 3.5 It is proposed that equipment requirements will be included as a mandatory variant in the draft contract documentation. The Trust will consider alternative means of procuring both medical and non medical equipment as part of the overall contract negotiation process upto the stage of identification of the preferred bidder.
- 3.6 It should be noted that the purchase of equipment with a value of under £5,000 which whilst not routinely classified as capital equipment items will be included within the capital procurement programme as an integral component of the overall capital development scheme.
- 3.7 At this stage the working assumption is that "hard" Facilities Management Services will be included within the terms of the PFI contract, whilst inclusion of "soft" Facilities

Management Services is subject to further consideration. Consequently, the current assumption is that Project Co will be responsible for the purchase, commissioning and maintenance of all equipment associated with “hard” Facilities Management Services such as Estates Management. Decisions will be taken subsequently with regard to “soft” Facilities Management services such as Domestic Services.

- 3.8 It should be noted that, at this stage, it is anticipated that there will be a separate development for Pathology Services to establish a unified Bristol service for both NBT and the United Bristol Healthcare Trust allied with regional pathology services offered by the existing departments. Consequently pathology equipment with the exception of a mortuary, body store and viewing room are not within the remit of this strategy.
- 3.9 With regard to CSSD services, the expectation is that the processing service will be provided off site under the terms of the new national programme arrangements. Consequently CSSD equipment is also excluded from the remit of this strategy.
- 3.10 The position with regard to surgical instruments and how this will be managed/funded will be confirmed as the Equipment Strategy is developed. Currently the Trust inventory of surgical instruments has a value of £7-8million
- 3.11 It should be noted that the Trust will undertake a significant programme of enabling works in preparation for the PFI development. This will involve relocation of a number of departments. The equipment costs associated with the enabling programme will be funded separately and have not been included as part of the OBC costings. Procurement of the equipment associated with the enabling programme will be managed under the auspices of the overall development project and consequently care will be taken to ensure a consistent approach to procurement and selection

4 Definitions of equipment

- 4.1 The NHS Capital Investment Manual classifies equipment into groups, which reflect its specialist nature and the space implications. The table below details these categorisations.

Group

- 1. Items (including terminal outlets), which are supplied and fixed within the terms of the building/engineering contract. Examples are: theatre lighting, hoists
 - 2. Items that have specific requirements with regard to space and/or building construction and/or engineering services requirements; and are fixed within the terms of the building contract but are supplied under arrangements separate from the building contract. Examples are: linear accelerators, CT scanners
 - 3. Items similar to Group 2, but they are supplied and fixed (or placed in position) under arrangements separate from the building contract. Examples are: incubators, small refrigerators
 - 4. Items which are supplied under arrangements separate from the building contract, possibly with storage implications, but otherwise having no effect on the requirements for space or engineering services. Examples are: surgical instruments
- 4.2 Both medical and non-medical equipment, including IM&T and Telecommunications equipment are classified into these four groups.
 - 4.3 On the basis that items with a purchase price under £5,000 will also be included as part of the equipment procurement as detailed in Section 3.6, all items with a purchase value of under £5,000 will also be classified into these four groups.
 - 4.4 As detailed in Section 1.6, the Trust will undertake further work to assess the extent to which the designation of an extended list of Group 1 equipment should be agreed which Project Co will be required to supply, install, maintain and replace. This may include a range of non medical equipment such as fire-fighting equipment, and blood banks. Such an approach will ensure that there is a

comprehensive approach to identifying all equipment requirements and minimising the risk of exclusion by default of equipment which may have been inadvertently, but mistakenly, have been assumed to have been encompassed by the standard CIM categorisation of Group 1 equipment.

5. Medical Equipment Library

5.1 This Strategy incorporates a commitment to developing an equipment library.

5.2 Medical Equipment Libraries, as recommended by the National Audit Office, offer the following benefits which the Trust is keen to achieve:

- Help reduce the overall equipment stock held
- Help rationalise and standardise equipment lines
- Optimise utilisation of loan equipment
- Enable efficient, accessible storage for medical equipment
- Help reduce unnecessary rental costs
- Introduce a system which prompts:
 - Appropriately timed decontamination
 - Definition of training needs
 - Help ensure that loan equipment is subject to scheduled maintenance and timely repair.

5.3 The Schedule of Accommodation includes provision of a Medical Equipment Library.

5.4 Detailed studies will need to be commissioned to assess and agree equipment inventory and the stock levels for the Medical Equipment Library.

6. Financial Framework

6.1 Categorisation of funding for equipment

6.1.1 The degree to which costs of equipment are included within the development costs depends upon:

- Which Group the equipment comes within
- Whether equipment is being transferred from an existing department.

6.1.2 The table below identifies where the costs of equipment are included when calculating the costs of building a new hospital.

Group

1. The costs of Group 1 equipment are included with the Departmental Cost Allowance Guides (DCAGs), ie the building and engineering (works) costs for

an individual department

2. The costs of Group 2 equipment are included with the Equipment Cost Allowance Guides (ECAGs),
 3. The costs of Group 3 equipment are included with the Equipment Cost Allowance Guides (ECAGs),
 4. The costs of Group 4 equipment are specifically excluded from the cost allowance guides
- 6.1.3 In addition, there is a need to confirm that there is clarity about the designation of certain items which may not have been included within DCAGs such as:
- Communications, including lifts
 - Works “external” to a specific department, but still part of the building, for example: plant rooms, heating boilers
- 6.1.4 The costing allowances include assumptions about equipment which will be transferred from another department. The costs included within the Outline Business Case proformas have been abated to reflect this.
- 6.1.5 An assessment needs to be undertaken of all major medical equipment purchased by the Trust post 2002 to assess the viability for transfer to the new facilities. This assessment will need to include account of fitness for purpose both technologically and in terms of functionality whilst also ensuring best value for money in respect of new purchase as opposed to upgrading the existing equipment. Consequently, the Trust Medical Equipment Committee will commission a review the current equipment inventory to identify equipment which can realistically transfer to the new development.
- 6.1.6 When considering viability of equipment transfer, account has also to be taken of practicality issues in respect of the need to maintain seamless services and the lead time potentially involved in decommissioning and recommissioning. In some circumstances, consideration may need to be given to the use of mobile hired equipment to maintain services allowing existing equipment to be transferred
- 6.1.7 The Trust will also introduce guidelines to ensure that all future equipment purchases are compatible with longer term requirements.

6.2 Trust Financial Framework for Equipment

- 6.2.1 The financial framework for the PFI scheme includes capital funding allowances for equipment costs for all equipment in Groups 2, 3 and 4, in addition to the funds included within DCAGs and “on-costs” as described in Section 5.1.
- 6.2.2 In costing the OBC the Trust has assumed that approximately 50%, of the estimated equipment requirements can be abated by means of transfer of equipment already owned by the Trust. Based on the experience of other Trusts, this is considered to be a reasonable assumption, but detailed analysis is required to test and confirm this assumption. This work is currently being commissioned.
- 6.2.3 The funding allowances within the OBC are therefore expected to cover the costs of
- additional equipment required to support expansion of existing facilities. For example, increase in the number of MRI scanners within the Trust and increase in the number of Coronary Care beds. Appendix 1 details the first cut assessment of equipment within this category based upon the Schedules of Accommodation
 - New purchase equipment required to ensure that there is a consistent standard and style of equipment across the new development.
 - Replacement of equipment either approaching the end of it's operational life negating the operational cost involved in transfer.
 - Decommissioning and recommissioning costs associated with equipment transfer.

- 6.2.4 The OBC costings also assume that the existing programme of capital equipment replacement on an annual basis referred to in Section 2 will continue, although it is acknowledged that in the latter stages of the lead in period to opening of the new development this may be phased down to allow new purchases to be installed within the new hospital development.
- 6.2.5 The provision of additional equipment outside the remit of the new hospital development will require the approval within the Trust of separate Business Cases, with both capital and revenue funding consequences being addressed.
- 6.2.6 The Trust is committed to undertake a validation process to quality assure the equipment costs assumptions included within the Outline Business Case proformas. External consultancy support is being employed to undertake this process which will provide independent scrutiny whilst drawing on specialists with up to date equipment procurement and costing expertise.
- 6.2.7 Attention will also be focussed on ensuring that all equipment items have been included within the designated equipment categories to minimise the risk to the Trust. Again specialist expertise will be employed to provide additional support for this task.
- 6.2.8 It is anticipated that the process outlined in Para 6.2.6 and 6.2.7 will be completed by March 2006.
- 6.2.9 The costs associated with decommissioning and recommissioning of transferred equipment will need to be included as part of the review of overall cost assumptions. Consideration will be given to whether contracts placed for new equipment purchased between 2006 and 2012 will include provision for the equipment to be transferred to the new facility during its lifetime of operational use.

7 Equipment Responsibilities

- 7.1 It is proposed that based on the experience of other Trusts, work be undertaken to develop a generic equipment responsibility matrix, which identifies, in line with the agreed strategy, who shall be responsible for:

- Supply
- Installation
- Commission
- Maintenance
- Replacement

- 7.2 These responsibilities can then be categorised as:

- | | |
|---|---|
| A | Project Co supply, install, commission, maintain and replace. |
| B | Project Co supply, install, commission and maintain. Trust replace. |
| C | Trust supply, install, commission, maintain and replace. |
| D | Trust supply, Project Co install, commission, maintain. Trust replace |

- 7.3 Equipment could then be classified as follows:

Category	
A.	All Group 1 medical and non-medical equipment, some Group 2 non-medical equipment. Scope of FM services equipment to be confirmed.
B.	Most of the remaining Group 2 non-medical equipment and most Group 3 non-medical equipment.
C.	All of the medical equipment not included with Group 1 and IT equipment and Group 4 equipment. Scope of FM equipment to be confirmed.
D.	Non-medical equipment within departments where the Trust considers it will be necessary to determine the need for equipment separate to the proposed development, and others where it is best placed to determine what equipment, if any, will be required new

- 7.3 Training in the use of equipment will be an essential component of the Equipment Programme. Responsibility for provision of training following commissioning of new equipment, including associated costs, will be the responsibility of the owner of the equipment. Responsibility for ensuring ongoing update training will be the responsibility of the employer of the relevant staff. However, there will be a need to ensure that the contract documentation with Project Co identifies responsibility for ensuring the provision of update training as and when equipment is upgraded by the owner.

8 Medical Equipment Procurement

- 8.1 The Trust is aware that there may be other options for the procurement of medical equipment to consider, which may be advantageous to the Trust. These options may include:
- A full managed equipment service, either by the Consortium undertaking the redevelopment or by a separate equipment provider. This may include the transfer of existing medical equipment owned by the Trust to a third party.
 - The Trust to (initially) procure all equipment, with an agreement as to who will maintain and replace in the future
 - Leasing
- 8.2 The Trust must therefore undertake an appraisal of all options for the procurement and maintenance of all medical equipment taking account of the following:
- The delivery of a guaranteed equipment replacement programme covering all Trust services
 - Ensuring equipment replacement reflects technological advances, and therefore improves patient care
 - The provision of a full maintenance and repair service
 - Appropriate training for all equipment users
 - Financial affordability and value for money

9 Conclusion

- 9.1 It should be acknowledged that at this stage of the project, the Equipment Strategy is presented as a working draft for further development. However, it is considered that the Strategy as outlined meets current requirements providing a framework for the further work to be undertaken in respect of :
- Testing the robustness of the current costing assumptions;
 - Assessing the equipment suitable for transfer;

- Agreement of guidelines to ensure that future equipment purchases are compatible with longer term requirements;
- Designation of equipment categories and agreement of an extended list of Group 1 equipment;
- Identification of equipment which will be specifically excluded eg Pathology and CSSD;

9.2 The Draft Equipment Strategy outlines the proposed strategy with regard to designation of procurement routes and the development of an explicit generic equipment responsibility matrix, which identifies, in line with the agreed Strategy, who shall be responsible for:

- Supply
- Installation
- Commission
- Maintenance
- Replacement

This will be essential to the agreement of contract terms with the selected preferred PFI bidder.

9.3 The Strategy highlights the commitment to establish a Medical Equipment Library within the new development.

9.4 The statement also includes a first cut appraisal of anticipated Imaging Equipment costs and the equipment costs for equipment required to support additional facilities within the new development.

9.5 The Strategy will be further developed by the Equipment Group established as a component of the overarching Project Structure.

Estimate of High Cost Equipment Requirements as at January 2006

1. IMAGING CAPITAL EQUIPMENT REQUIREMENT FOR NEW HOSPITAL

Assumptions

- The equipment listed is the major Radiology Capital equipment only and does not include room fitting costs
- Costs are **current estimates** at today's prices, which are reasonably accurate but not confirmed by companies. It also does not take into account any volume discounts that are likely to be negotiated at the time of purchase.
- If equipment is more than 6 years old – do not transfer (renew in the new hospital)
- If equipment is less than 6 years old – transfer (when purchased, transfer cost included in purchase price)
- All equipment is replaced after expected working life (10yrs for X-ray equipment and 7 yrs for U/S equipment)
- Mobile equipment – transferred if as above
- PACS equipment will not be owned by NBT in 2013 with the cost of new PACS system to be included. This is a major capital investment of £7 million pounds or revenue expenditure of approx. £1M per annum (based on current PACS contract)
- Technical obsolescence has not been taken into account.

The Radiology Department has assessed the equipment requirements on the basis of the above assumptions and also following categorisation of for the purchase of

- 1 New Equipment into new Hospital as useful life of equipment has expired. Equipment purchased between 2005 – 2002
- 2 Equipment kept after expected shelf life that would normally have been replaced in the old hospital and transferred to new hospital. Equipment installed between 2001 – 1998.
- 3 Equipment replaced in old hospitals within the period between the present and the new hospital opening and which will transfer to the new development.

Estimated Requirements for New Purchase

Plain X-ray	6	Lytho	1
Fluoroscopy	1	OPG	2
Nuclear Med	3	Mobiles	4
Mammography	1	Mobile II	8
Ultrasound	7	MRI	3
CT	4	Interventional	3

Total Estimated Cost = £11 Million excluding the costs of equipment transfer and room fitting costs

2. ADDITIONAL MEDICAL EQUIPMENT REQUIREMENTS

An initial assessment of developments reflecting the Clinical Model detailed in the OBC has highlighted the following requirements for additional major medical equipment

Coronary Care Unit

Increase from 14 full CCU beds to 16 and increase from 6 step down beds to 8

Additional equipment for 2 full CCU beds (monitoring+ pumps and sundries) £50,000

Additional 2 step down beds (monitoring only) £40,000

Upgrade requirements to central monitoring systems £20,000

Integrated Critical Care

Increase from current 16 ICU, 10 HDU, 12 Level 1/2 Beds to 48 potential ICU beds

Additional monitoring for 10 beds £200,000

Additional ventilators for 32 beds £1,000,000

Central Station facilities £100,000

Pumps £150,000

Specialist beds £150,000

Other equipment £100,000

Endoscopy

One additional Endoscopy room is shown which should result in an increase in the number of scopes, offset by a reduction in the number of washer disinfectors. Current value of scopes is about £1.5m. Estimated increased investment of about £300,000. Option to consider the supply of endoscopes as a managed service, so this may result in a continued revenue solution with no equipment costs. .

Cardiac catheterisation service.

Transfer of biplane cardiac catheterisation equipment: £200,000

3. TOTAL ESTIMATED COST

On the basis of the above costs, the first cut costing of major items of **medical** equipment is £13million. This needs to be further assessed as the equipment schedules are developed. In addition allowance must be made for the cost of :

- equipment transfer
- furniture and fittings,
- IT and telecommunications,
- equipment costs within Group 1 not included within DCAG allowances
- Facilities Management Services equipment