

Appendix F – Estates

Supplementary information relating to existing estates projects, STP Initiatives, implementation priorities and financial impacts.

Estates Efficiency Themes:

The majority of Estates efficiencies will be generated through improvements within the Reference Cost Index (RCI) Benchmarking and Carter recommendations as required for Acute Trusts. In most cases, land disposals will enable reinvestment into higher quality and a more efficient estate to meet demand.

Estates leads are now working with the Model of Care (MoC) groups to ensure that the planned estates mapping best meets the demand mapping.

Our Estates Strategy poses a number of significant questions that we will need to address as an STP in order to achieve the optimum value from our estate. These are set out in the table below.

Bristol, North Somerset and South Gloucestershire STP Estates Workbook October 2016 Submission

STP Estates Workbook - Contents

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STP Service Strategy & Implications

Key STP Service Strategy Themes:

In order to avoid the need for 240 more acute beds, almost 600,000 more GP contacts and 12% more capacity in community services, estates will need to generally provide a higher efficiency.

The new MoC that will enable providers change how healthcare services are delivered. This will be implemented through three major transformational work-streams:

1. Integrated primary and community care
 - 7 day model of care
 - Delivery of specialist care in the community
 - Reduction of inappropriate use of hospital beds
 - More efficient use of digital solutions and joint estate options at scale
2. Prevention, Early Intervention and Self Care
 - Reduce dependency on acute beds
3. Acute care collaboration
 - Best use of hospital capacity

Estates Efficiency Themes:

The majority of Estates efficiencies will be generated through improvements within the Reference Cost Index (RCI) Benchmarking and Carter recommendations as required for Acute Trusts. In most cases, land disposals will enable reinvestment into higher quality and a more efficient estate to meet demand. Estates leads are now working with the Model of Care (MoC) groups to ensure that the planned estates mapping best meets the demand mapping.

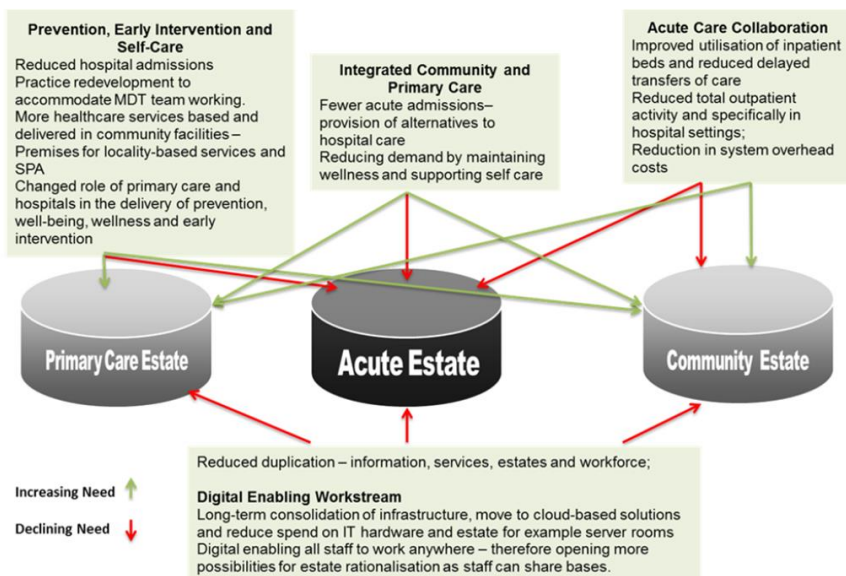
Enabling Implications for Future Estate

1. Integrated primary and community care:
 - Transformation of community facilities to allow mental and physical health services to be delivered locally from "Clustered" GP Premises.
 - Efficient use of joint estate options with other public sector bodies.
 - Surplus estate is removed from the system, estate running/operating costs are reduced and estate delivers value for money.
 - Investment in the estate with poorer quality buildings that are no longer fit for purpose replaced with new facilities.
2. Prevention, Early Intervention and Self Care
 - Shift of care from an acute setting to primary and secondary care making best use of available resources.
3. Acute care collaboration
 - Utilisation of fit for purpose existing estate is maximised (Lord Carter targets) with consolidation of activity and sharing of premises.
 - Sharing the acute and mental health hospital facilities and physical assets.

STP Service Strategy & Implications

Enabling Implications for Future Estate

An overview of the impact on estate arising from the 3 work-streams is given below:



Performance Indicators: 2020/21 Success Metrics (STP Footprint)

Indicator	Current	Planned	Comments
Estate Running Costs (£/m2)	£187m pa for 475,216 sqm (£394/m2)	Rationalisation of estate and subsequent increased efficiency	STP wide response. Metrics for the individual organisations can be found in Annex 2
Non-Clinical Space (%) (Carter Metric max 35% for Acute)	164,558 sq metres, equivalent to 34.6%	Continued compliance with Carter metric	STP wide response. Metrics for the individual organisations can be found in Annex 2
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	10,495 sq metres, equivalent to 2.21%	Continued compliance with Carter metric	STP wide response. Metrics for the individual organisations can be found in Annex 2
Functional Suitability	75% of the assets are in an acceptable condition / satisfactory performance	Improvement in estate and subsequent improvement in Functional Suitability	STP wide response. Metrics for the individual organisations can be found in Annex 2
Condition	6% of estate is pre 1948 22% of estate is '65 – '74 58% of estate is '85 – '94 4% of estate is '95 – '04 10% of estate is '05 to '14 Back-log maintenance of £27.3m	Rationalisation of fit for purpose estate and reduction of backlog maintenance	STP wide response. Metrics for the individual organisations can be found in Annex 2

Estates projects

Supplementary information relating to existing estates projects, STP Initiatives, implementation priorities and financial impacts.

Summary of existing projects

Review of existing projects /initiatives considered to align with STP (top 10/20 projects)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Southmead site rationalisation and re-provision of Mental Health services	AWP	Acute Care Collaboration	Critical	-£360k	-£3m	Project Implementation Stage	2018/19	Yes
Part disposal part development of Frenchay Hospital	NBT	Acute Care Collaboration	Critical	£0	-£45k	Final stages of sale	2017/18	YES
Improve utilisation of Core Estate (SBCH / LIFT / PFI)	All	Integrated Primary and Community Care	Critical	TBC	-£100k	Project Implementation Stage	2017/18	YES
Additional GP facilities in Weston Villages (New Build)	NS CCG	Integrated Primary and Community Care	Critical	- £360k to - £600k	-£3m to -£5m	Awaiting ETTF decision due Oct-16	2018/19	YES
Disposal and re-provision of Thornbury Hospital	NBT	Acute Care Collaboration	Critical	+£800k	-£125k	Negotiating with Sirona	2017/18	YES

Summary of existing projects

Review of existing projects /initiatives considered to align with STP (top 10/20 projects)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Consolidation of Back Office Functions	All	Integrated Primary & Community Care	High	TBC	TBC	Project Implementation stage	2018/19	Yes
Re-provide Central Health Clinic building	UHB	Acute Care Collaboration	High	TBC	TBC	Project Implementation stage	2018/19	Yes
Weston / Worle / Urban (Extension / New Build)	NS CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	Yes
Nailsea and Long Ashton (Extension / New Build)	NS CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	Yes
Mendip Vale, Congresbury (Extension / New Build)	NS CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	Yes
Clevedon, Portishead, Pill (Extension / New Build)	NS CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	Yes

Summary of existing projects

Review of existing projects /initiatives considered to align with STP (top 10/20 projects)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Banwell and Winscombe (Extension / New Build)	NS CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	YES
Lawrence Weston Community Hub (New Build)	Bristol CCG	Integrated Primary & Community Care	High	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2018/19	YES
Bishopston Medical Centre (New Build)	Bristol CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2018/19	YES
North and West Locality Strategy (Extension / New Build)	Bristol CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	YES

Summary of existing projects

Review of existing projects /initiatives considered to align with STP (top 10/20 projects)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Inner City and East Locality Strategy (Extension / New Build)	Bristol CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	YES
South Locality Strategy (Extension / New Build)	Bristol CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	YES
Thornbury, Pilning and Almondsbury (Extension / New Build)	SG CCG	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	YES
Filton, Cribbs Causeway and Patchway (Extension / New Build)	South Glos	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	YES
Yate (Extension / New Build)	South Glos	Integrated Primary & Community Care	Medium	-£216k to -£360k	-£1.8m to -£3.0m	Awaiting ETTF decision due Oct-16	2019/20	YES

Summary of existing projects

Review of existing projects /initiatives considered to align with STP (top 10/20 projects)

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Charlton Hayes (Extension / New Build)	South Glos	Integrated Primary & Community Care	Medium	£216k to £360k	£1.8m to £3.0m	Awaiting ETTF decision due Oct-16	2019/20	YES
BNSSG Health & Care Single Point of Access (This may cross many sites, but mapping is yet unknown)	BNSSG	Integrated Primary & Community Care	High	£420k	£3.5m	Operational development	2017/18	YES
Bentry - Disposal	AWP	Acute Care Collaboration	Medium	TBC	+£800k	Early stages	2018/19	YES

Sustainability & Transformation Initiatives

In order of priority - X new projects identified where implementation required to enable wider STP strategy (revenue savings >£1m pa)

STP initiative	Estates Impact and Enablers	Est. Net Revenue Benefits (£m pa)	Project Status	Est. Deliver Year	Gross Capital Required (£m)	Disposal receipts (£m)	Comments and Interdependencies
1. Acute Care Collaboration	Rationalisation of Southmead site and re-provision of Mental Health services	£360k	Identified as opportunity only	2018/19	£3m	£0	Land to be transferred from AWP to NBT at Net Book Value
2. Prevention, Early Intervention and Self Care	Part disposal part development of Frenchay Hospital	TBC	Outline planning consent. Final stages of sale	2018/19	£45k	+£3.5	Sale is currently in abeyance as Council have publicly consulted on a condition precedent for 'Town and Village Green' status of a large part of the site. Decision due Nov-16
3. Integrated Primary and Community Care	Improve utilisation of Core Estate (SBCH / LIFT / PFI)	+£1.5m to +£2m	Identified as opportunity only	2017/18	£100k	£0m	Utilisation studies to be undertaken within LIFT buildings
4. Integrated Primary and Community Care	Additional GP facilities in Weston Villages to accommodate growing population	£360k to £600k	ETTF bid submitted. NHS England decision due end of Oct-16	2018/19	£3m to £5m	£0	Option appraisal required to determine capacity and condition of neighbouring estate
5. Prevention, Early Intervention and Self Care	Disposal and re-provision of Thornbury Hospital	+£800k	Negotiating with Sirona	2017/18	£125k	+£3m	Site to be sold to Sirona for nursing home and extra-care housing

Implementation priorities

Key next steps towards delivery

Key next step	Challenges	Resources	Indicative timeline	Comments
Rationalisation of Southmead site and re-provision of Mental Health services	AWP / NBT combined Estates Strategy to be agreed for non-PFI areas of estate	Specialist resource (1 No Project Manager and £100k budget). To develop masterplan that meets need of both organisations	Within 6 months (by Apr-17)	Discussions have commenced between AWP and NBT
Part disposal part development of Frenchay Hospital	Planning is currently in abeyance	1 No specialist planning consultant is required to assist with complex planning issues	Within 12 months	Community site is not linked to the remainder of the site. Negotiations are on-going with Sirona
Improve utilisation of Core Estate (SBCH / LIFT / PFI)	System is requesting additional space but Core Estate is not being fully utilised	Utilisation surveys of all Core Estate is required (£100k plus implantation and delivery team). 1No Project Manager	Utilisation of LIFT buildings to be undertaken within 6 months. Strategy to utilise space to be undertaken in 2017/18	Surveys of all core estate is required, not just CHP property
Additional GP facilities in Weston Villages to accommodate growing population	Additional GP facilities may be required in Weston Villages area to cope with significant increase population	Appointment of 1 No Project Director and 1 No Project Manager and £250k budget for technical support team to undertake option appraisal / Business Case	ETTF due diligence decisions are anticipated by Oct-16	Option appraisal must take into account wider implications of Weston Town and Weston General Hospital Sustainability issues
Disposal and re-provision of Thornbury Hospital	Disposal opportunity	1 No specialist planning consultant (could share with Frenchay disposal) is required to assist with complex planning issues	Within 12 months	Negotiations are on-going with Sirona
Capacity and implementation of ETTF bids	Fund is not sufficient to cover all projects. Management arrangement required to ensure delivery	1 No Project Director, 1 No Project Manager (could be shared with Weston Villages) and £500k budget to manage ETTF programme and ascertain non-ETTF options	ETTF due diligence decisions are anticipated by Oct-16	Alternative funding route required to pick up short fall in ETTF funding

Headline Financial Impacts

Investment Pipeline summary

Investment requirement (strategic objective)	Estimated investment capital £m	Committed (OBC stage)	Uncommitted (Pre OBC)	Estimated timeline	Capital Proceeds £m	Gross Estate Running Cost Savings £m pa	Service savings £m pa
High risk back-log maintenance programme	£6.1m	£3.1m	£3.0m	2018/19	£0	£0	£0
Service re-configuration/ consolidation	£6.77m	£0	£5.97	2020/21	£7.3	TBC	TBC
Estate subject to ETTF funding	£27.4m to £44m	£0	£27.4m to £44m	2019/20	TBC	TBC	TBC
Other	£0	£0	£0	N/A	£0	£0	£0
Totals	Dependent on Control Totals	Dependent on Control Totals	Dependent on Control Totals	As above	£7.3m subject to Control Totals	TBC	£0

Disposal Opportunities

Disposal Status	No. of sites	Land Area (Ha)	GIA (m)	Estimated disposal value £m	Timeline for disposal (year)	Estimated Housing Units	Gross Running Cost reduction £m	Cost to Achieve (where known) £m
1. Marketing ongoing	3	4	2,500 to 3,500	£7.3m	2018/19	32	£1m	£220k
2. Declared surplus / OBC approved	0	0	0	£0	N/A	0	0	0
3. Feasibility Stage	0	0	0	£0	N/A	0	0	0
Totals	3	4	2,500 – 3,000	£7.3m	2018/19	32	£1m	£220k

Critical Decisions

Critical Decisions:

Decision Required	Significance/ impact on STP strategic objectives	Owner	Action By:
Rationalisation of Southmead site and re-provision of Mental Health services – Co-ordination between acute and central commissioners for specialist Mother & Baby unit to provide additional beds that can not be economically provided on site combined with quality of existing inpatient environment	Rationalisation of estate and reduction in non-functional space	AWP / NBT	Within 6 months
Part disposal part development of Frenchay Hospital – Outcome of local planning decision required to allow disposal of site allocated to Health and Social Care Centre. Decision is due by November 2016	Disposal of surplus land	NBT	Nov-16
Improve utilisation of Core Estate (SBCH / LIFT / PFI) – Commissioners to confirm requirement for additional space within Core Estate following outcome of utilisation surveys	Rationalisation and best use existing core estate	Bristol CCG	Within 12 months
Additional GP facilities in Weston Villages to accommodate growing population – Funding to be confirmed to allow appointment of Project Director and Technical Support team	Provision of integrated primary and community care services at scale	North Somerset CCG	Within 2 months
Disposal and re-provision of Thornbury Hospital – Negotiations between NBT and Sirona to be completed to allow transfer of land between the two organisations	Disposal of surplus land	NBT	Nov-16

Annex 1: STP Estates Data Summary

Estates Composition (1 of 4)

Portfolio Summary

Portfolio	No. Properties	Footprint Size (Ha)	Size GIA (sqm)	Percentage Tenure split Freehold / Leasehold	Estate Running costs pa (£m) (rent, s'charge, FM)	Back-log Maintenance £m
GP owned	124	Not available	76,484	54% Freehold 8.9% Leasehold 37.1% Unknown	Not available	Not available
NHS PS	54 All properties	Not available	57,528	53% Freehold 47% Leasehold	8.39	Not available
CHP	5	Not available	20,215	100% Leasehold	8.94	£0
Provider estate	83	99	440,971	24% Freehold 14.5% Leasehold 61.5% Unknown	203.25	42.01
Mental Health Trusts	23	16.59	41,266	95.5% Freehold 4.5% Leasehold	10.35	2.48
Public Health Estate	16	Not available	6,876	31.25% Freehold 68.75% Leasehold	Not available	Not available
Other (SWAFT)	13	contained with aggregated data in ERIC	Contained with aggregated data in ERIC	Contained with aggregated data in ERIC	Contained with aggregated data in ERIC	Contained with aggregated data in ERIC
Totals	318	115.59	643,339		230.93	44.49

DISCLAIMER: INFORMATION COLLECTED FROM SHAPE (OCTOBER 2016). FURTHER CLARIFICATIONS ARE REQUIRED

Estates Composition (2 of 4)

Functional Use Summary

Functional Uses	No. Properties	Footprint Size (Ha)	Size GIA (sqm)	Percentage Tenure split Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance £m
Clinical/clinical support	76	contained with aggregated data in ERIC	contained with aggregated data in ERIC	contained with aggregated data in ERIC	contained with aggregated data in ERIC Incomplete data	contained with aggregated data in ERIC
Back Office (self contained unit)	7	contained with aggregated data in ERIC	contained with aggregated data in ERIC	contained with aggregated data in ERIC	contained with aggregated data in ERIC	contained with aggregated data in ERIC
Other (eg w/ house or workshop)	No Data	No Data	No Data	No Data	No Data	No Data
Totals	83	contained with aggregated data in ERIC	contained with aggregated data in ERIC	contained with aggregated data in ERIC	contained with aggregated data in ERIC	contained with aggregated data in ERIC

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Estates Composition (3 of 4)

High Cost Sites: Estate Running Costs

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance £k	Cost per sqm	Current Site Strategy
Southmead Hospital	6.8	174,930	Freehold/PFI	100.3	11,500	573.37	Retain
Bristol Royal Infirmary	10	192,342	Freehold	72.4	19,971	284.36	Retain
Weston General Hospital	10.6	36,825	Freehold	14.7	9,060	233.67	Retain
Callington Road Hospital	4.8	12,095	Leasehold/PFI	6.21	PFI	513.77	Retain
South Bristol Community Hospital	13.5	11,000	leasehold	6.11	PFI	556	Retain

Highest Cost Locations : Backlog Maintenance

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance £k	Cost per sqm	Current Site Strategy
Bristol Royal Infirmary	10	192,342	Freehold	72.4	19,971	284.36	Retain
Southmead Hospital	6.8	174,930	Freehold/PFI	100.3	11,000	573.37	Retain
Weston General Hospital	10.6	36,825	Freehold	14.7	9,060	233.67	Retain
Drove House	0.4	1190	Freehold	.006	141.2	5.1	Retain
Long Fox Unit	3.14	4,439	Leasehold	1.8	18.9	403.51	Retain

DISCLAIMER: INFORMATION COLLECTED FROM SHAPE (OCTOBER 2016). FURTHER CLARIFICATIONS ARE REQUIRED

Estates Composition (4 of 4)

PFI and LIFT Utilisation

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Estimated Utilisation (%)	Estate Running costs pa (£m)	Cost per sqm (GIA)	Proposed STP Site Strategy
Southmead Hospital PFI	6.8	174,930	Not available	100.3	573.37	Retain
Callington Road Hospital PFI	4.8	12,095	Not available	6.21	513.77	Retain
Hampton House health Centre LIFT	Not available	3,261	40% (assumed)	1.17	359.7	Retain
Fishponds Primarycare Centre LIFT	Not available	2,313.4	40% (assumed)	1.05	454.7	Retain
Shirehampton Healthcentre LIFT	Not available	1,854	40% (assumed)	.79	426.9	Retain

DISCLAIMER: INFORMATION COLLECTED FROM SHAPE (OCTOBER 2016). FURTHER CLARIFICATIONS ARE REQUIRED

Annex 2: Performance Indicators for Individual Organisations

Performance Indicators: 2020/21 Success Metrics (AWP)

Indicator	Current	Planned	Comments
Estate Running Costs (£/m2)	£14.1m pa for 51,704 sqm (£273/m2)	Currently no board agreed target. No Carter target for mental health	Further cost improvements desired, but limited by 35% PFI estate, and high private leasehold costs following disposals. Therefore costs must reduce by consolidation on existing owned estate and vacating leases.
Non-Clinical Space (%) (Carter Metric max 35%)	23,929 sq metres, equivalent to 31.7 % of occupied space	No board agreed target Estate Strategy under review	No Carter target for mental health
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	2,650 sq metres, equivalent to 5.5 %	Currently no board agreed target. Previous AWP strategies targets similar to Carter . Current schemes in progress will reduce this to 3.8%.	Remaining reduction will require AWP Southmead services redesign
Functional Suitability	96% of the assets are acceptable for functional suitability	Investment / build addressing functional suitability and improved space utilisation of the Long Fox facility on the WAHT main site	Key development requirement
Condition	Almost all estate post-1985. 14% at condition C. Back-log maintenance of £2.7m	Investment / build addressing operational viability and backlog of services currently at AWP on the Southmead site	Key development requirement

Performance Indicators: 2020/21 Success Metrics (BCH)

Indicator	Current	Planned	Comments
Estate Running Costs (£/m2)	£2.76m pa for 6,992 sqm (£395/m2)	Reduce absolute by 10% by 2020/21 (£0.276/m)	The only method BCH have of reducing cost is by reducing space occupied
Non-Clinical Space (%) (Carter Metric max 35%)	4,055 sq metres, equivalent to 58%	Reduce to 10% by April 2020	Not all relevant information is available. Also, BCH deliver the majority of its clinical services in patients homes so the Carter metric is not totally appropriate
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	0 sq metres, equivalent to 0 %	Maintain 0% by April 2020	All BCH leased space is occupied, success for BCH will be in reducing space by optimising use of existing space
Functional Suitability	50% of the assets are in an acceptable condition / satisfactory performance	See Comments	BCH have little direct impact on investment in the sites they occupy.
Condition	TBC	TBC	TBC

Performance Indicators: 2020/21 Success Metrics (NBT)

Indicator	Current	Planned	Comments
Estate Running Costs (£/m2)	£102.93m pa for 196,646m2 (£523.41/m2)	Reduce cost of retained estate (see comments)	Benchmarking and the Lord Carter Dashboard shows that this is in the upper quartile – the retained estate has a total E&F cost of £389/m2 which we will aim to reduce to £360/m2 – however the PFI Brunel building is over inflating the costs of the estate compared to larger freehold estates
Non-Clinical Space (%) (Carter Metric max 35%)	54,794 sq metres, equivalent to 27.9%	To remain under 35%	The development of the Pathology phase 2 expected this year is expected to further decrease Non-Clinical Space
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	0 sq metres, equivalent to 0%	To remain under 2.5%	There is currently a building unoccupied and part demolished to facilitate further development but isn't classed as unoccupied space within the ERIC definitions
Functional Suitability	70% of the assets are in an acceptable condition / satisfactory performance	Replace unsuitable space (see comments)	The Women and Children's Hospital is due to replacement.
Condition	82% age between 1985 and 2014 Risk Adjusted Back-log maintenance of £5.1m	See comments	At this stage the potential replacement of the Women's and Children's Hospital has not been included in these figures but is projected to be required for replacement

Performance Indicators: 2020/21 Success Metrics (NSC-P)

Indicator	Current	Planned	Comments
Estate Running Costs (£/m2)	£1.75m pa for 4,967m2 (£381.83/m2)	Reduce costs by £500k per annum. Reduce £381.83/m2 to £251.16/m2	NSC-P are required to make 30% on its annual estate costs equivalent to £500,000
Non-Clinical Space (%) (Carter Metric max 35%)	3,632 sq metres, equivalent to 73%	Non-Clinical space may reduce if total floor spaces reduces by April 2020	Carter metric is not applicable to NCS-P
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	0 sq metres, equivalent to 0 %	Maintain 0% by April 2020	All offices and clinical space are fully occupied. There are no regularly vacant offices/clinic rooms within NSC-P estate
Functional Suitability	60% of the assets are in an acceptable condition / satisfactory performance	See Comments	NSC-P have little direct impact on investment in the sites they occupy.
Condition	TBC	TBC	TBC

Performance Indicators: 2020/21 Success Metrics (SWAFT)

Indicator	Current	Planned	Comments
Estate Running Costs (£/m2)	Unknown	Unknown	Unable to break down at the moment
Non-Clinical Space (%) (Carter Metric max 35%)	Unknown	Unknown	Not applicable
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	524 sq metres, equivalent to 5.36%	Reduce to 2.5% by April 2020	Figures are for the whole Trust
Functional Suitability	97% of the assets are in an acceptable condition / satisfactory performance	To be confirmed	3.21% below condition B currently. Target to be set.
Condition	To be confirmed	To be confirmed	6 facet survey about to be undertaken

Performance Indicators: 2020/21 Success Metrics (UHBT)

Indicator	Current	Planned	Comments
Estate Running Costs (£/m2)	£58.7m pa for 206,690 sqm (£284.36/m2)	2% annual year on year revenue saving required	E&F Annual savings within 2017/18 Operating Plan - £623k to be submitted December 2016
Non-Clinical Space (%) (Carter Metric max 35%)	68,527 sq metres, equivalent to 33%	Reduce to 35% by April 2020 – Target met	Target met
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	0 sq metres, equivalent to 0% following disposal of Old Building	Less than 2.5% by April 2020 – Target met	Target met
Functional Suitability	70% of the assets are in an acceptable condition / satisfactory performance	See comments	Lifecycle capital needed as per current plan to reduce risks of estate not sustaining stability as non PFI
Condition	13.5% of estate is pre 1948 52% of estate is '65 – '74 6.5% of estate is '85 – '94 6.5% of estate is '95 – '04 21.5% of estate is '05 to '14 Back-log maintenance of £10.5m	Reduction in backlog maintenance	

Performance Indicators: 2020/21 Success Metrics (WAHT)

Indicator	Current	Planned	Comments
Estate Running Costs (£/m2)	£7.1m pa for 30,409 sqm (£233.67/m2)	Trust is planning to remain as per the recommendation of under £320 m2 Estates running costs by 2020/21	Figures provided and verified by WAHT
Non-Clinical Space (%) (Carter Metric max 35%)	9,621 sq metres, equivalent to 33.2%	Trust is planning to remain as per the recommendation of under 35% for non-clinical space by 2020/21	Figures provided and verified by WAHT
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	7,845 sq metres, equivalent to 1.79%	Trust is planning to remain as per the recommendation of under 2.5% for unoccupied floor space by 2020/21	Figures provided and verified by WAHT
Functional Suitability	75% of the assets are in an acceptable condition / satisfactory performance	Estates capital programme will prioritise investment to remain above 75%	Figures provided and verified by WAHT
Condition	82% of estate is '85 – '94 12% of estate is '95 – '04 6% of estate is '05 to '14 Back-log maintenance of £9m	The Trust has occupies 3 buildings. The main part of the estate is the General Hospital. The 2 other buildings are part of the children's services. This service is currently out to tender and potentially they may not be part of WHAT by 2020/21	Figures provided and verified by WAHT

Annex 3: Summary of transformation by sectors

Summary of transformation by sectors

Model	Secondary	Community	Primary	Admin
ESTATE TO REDUCE / DISPOSE	No plans	Part disposal part development of Frenchay Hospital Disposal and re-provision of Thornbury Hospital Brentry Hospital	Outputs from Option Appraisals (possible 6 No practices)	Back office functions being review may impact on future of South Plaza
ESTATE TO INCREASE (by 2020/21)	No plans	Outputs from Option Appraisals. Primary and Community services to be delivered at scale	Outputs from Option Appraisals. Primary and Community services to be delivered at scale	3 No CCG's forming one organization. New Head Quarters needs to be identified
ESTATE TO OPTIMISE	Southmead site	CHP Estate (5 No) AWP Mental Health Estate (PFI)	Outputs from Option Appraisals.	CCG and other admin functions moving out of clinical space