

Estate strategy

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EXECUTIVE SUMMARY

This document outlines the Estates Strategy for the Avon and Wiltshire Partnership NHS Trust (The Trust) moving forward from 2017 and builds on the work undertaken from 2014. It sets out a framework for estates objectives, Trust wide transformation and reconfiguration based on clinical care models for the next five years.

The Estates Strategy is set in a new strategic context and reflects the pivotal changes within the NHS generally, the current economic climate and internal structural changes within the Trust itself. These pivotal changes include;

- The Five Year Forward View for Mental Health Services
- The Sustainability Transformation Plans (STPs)
- The Lord Carter Review and
- Internal drivers and influencing factors

The Trust’s Executive Team has considered the strategic objectives with the Estates team to ensure that the approach aligns with Clinical, IT and Finance Strategies and have identified key themes against which the Strategy needs to deliver, including;

- The 5-Year aspiration for inpatient services – main hospital sites
- The 5-year aims for community services (model of care) inc modernisation of estate and IT
- The 5-year aims for support office/head office space efficiencies

A number of fundamental principles were established to assist in the delivery of these objectives;

Inpatient Hospital Sites:

Main hospital sites should operate in clusters of four or five units (or more) and thus reduce or eliminate the number of “standalone” units.

Community Services Sites:

The community services will be delivered alongside of a modernised community care model in order to achieve high client-facing service levels with up to date working practices and technologies. It will also reflect the work generated through STP transformation.

Support Office/Head Office Space Efficiencies:

The Trust will work within STP structures to develop transformation plans that achieve the best use of space and best business practice for the Trust and its partners.

As well as developing a reduced number of main sites, but increasing the number of units on each sit, the Trust will also seek to use its estate in the following way;

- Maximise the use of PFI estate
- Maximise the use of owned estate and cost-effective shared estate
- Minimise, as much as possible, the amount of costly commercially leased accommodation

AWP is a specialist mental health Trust that looks at all aspects of care. We want to provide service users with flexible, responsive care that meets their needs and provided in accommodation that is fit for the future. This means having the right facilities in the right places.

In reviewing the Estates Strategy the Trust's objective was to make sure the services we offer are effective and delivered within agreed design principles. These principles would ensure that geography, distance and demand demography were considered.

Good all round support in terms of staffing and economies of scale would be achieved through consolidating wards in clusters of five with no more stand-alone wards.

This strategy will enable the Trust to realise efficiencies within the current plan for the future, but also retain control and flexibility to respond to commissioner and service demands. The purpose of the strategy is to assist the Trust in achieving its wider strategic objectives and it outlines the estate changes that will be needed and how we envisage them being delivered.

ESTATE STRATEGY

1. Introduction

1.1 Background

AWP provides both primary and secondary mental health services to the following main commissioners through a range of direct contracts, sub-contracts, and partnership arrangements. These cover two Sustainability and Transformation Plan (STP) regions – BNSST and BSW)

BNSSG STP region

- NHS Bristol
- NHS North Somerset
- NHS South Gloucestershire

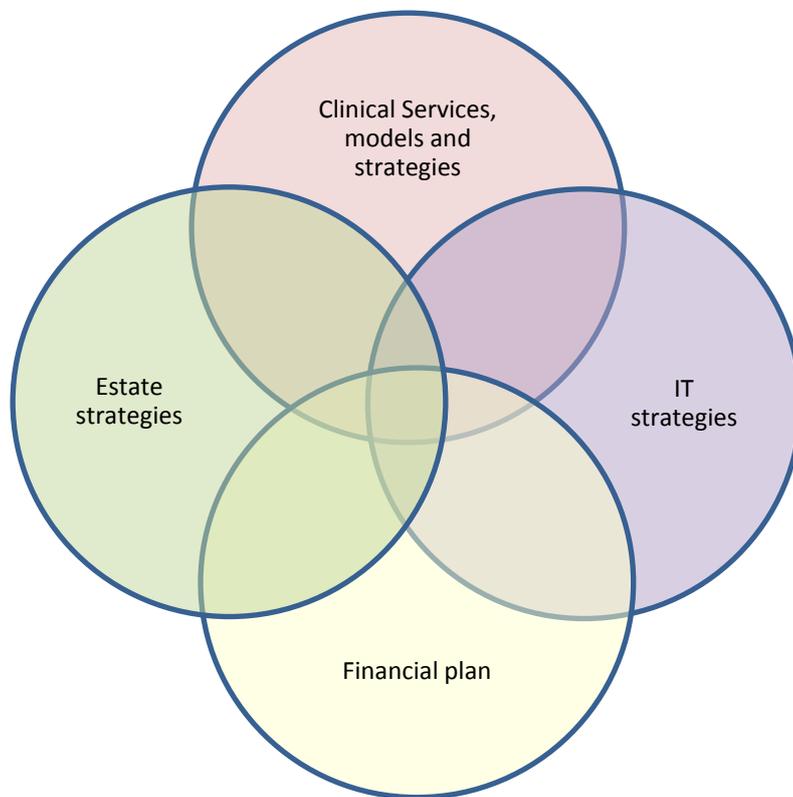
BSW STP region

- NHS Wiltshire
- NHS Bath and North-East Somerset
- NHS Swindon

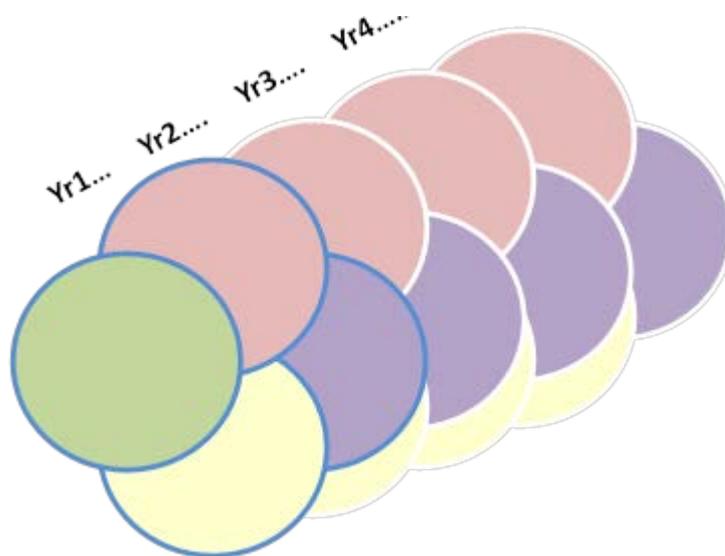
Central/specialist commissioning

- NHS England
- Drug and Alcohol Treatment commissioners
- HM Prisons service

The Estate strategy is complementary to the Clinical Strategy, IM&T Strategy and Trust financial plan for maintaining and developing our services, and closely linked with them. These multi-faceted strategies are the enablers for realising the Trust's vision and service models for providing our care packages into the future.



The strategies are refreshed and updated regularly to ensure they remain current and fit for purpose, aiming to provide an integrated and concurrent planning baseline from which the Trust can develop its workplans.



1.2 NHS commissioning frameworks and partnership working

Over the recent years, commissioning structures and objectives have resulted in a move towards a greater range of service providers from whom commissioners in any one geographic area can procure. This has resulted in a more competitive environment for NHS services in general, including mental health services.

A natural progression as service provision becomes more diverse has been an increase in collaborative arrangements between providers, to build service and accommodation strategies that align with public and commissioner needs. Our Estates planning needs to build in the flexibility and associated business risk management to accommodate these changes.

1.3 Sustainability challenges

Over the coming years the NHS is expecting increasing service demand and ongoing limits to revenue and capital funding. There is also a desire to improve quality. These challenges need to be factored into the estate planning, to ensure the estate can be of good quality, fairly priced, and allow efficient clinical service delivery.

2. Estate strategic drivers and targets

There are a range of existing factors and new initiatives which influence how we need to plan for the estate at present.

2.1 Five Year Forward View for Mental Health

This NHS England report outlines a number of development areas for Mental Health services, and some of these have implications for estate planning, such as:

- Reduced out of area placements – inpatient services
- Extended hours service provision – community services
- Increasingly community and housing/residential based solutions
- 3rd sector partnerships for care
- Online mental health services
- Investment/funding streams for improving some types of service
- CIP planning aligned to the region's Sustainability and Transformation Plans.

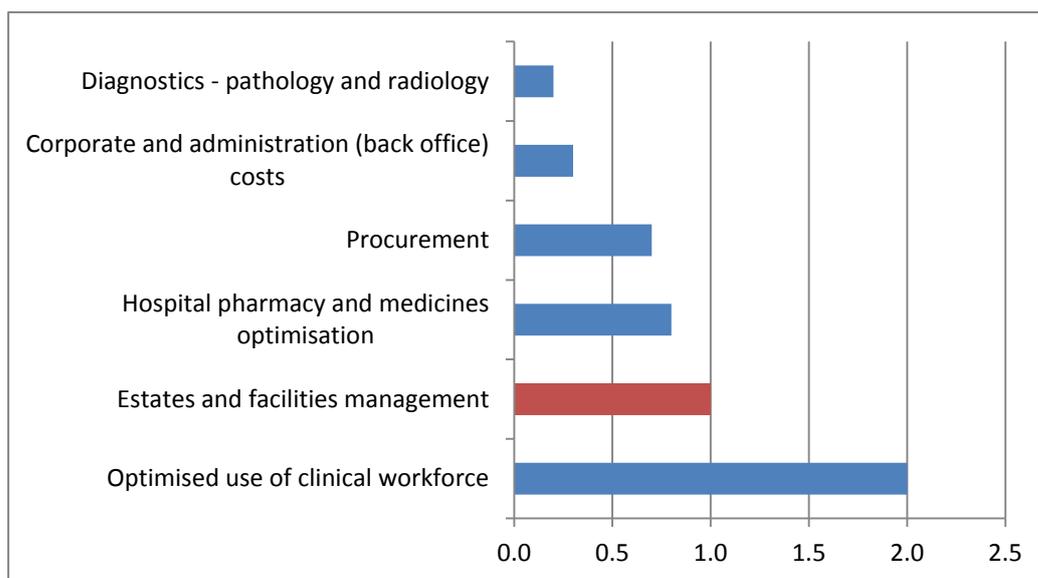
2.2 STP regional objectives

AWP is a member of two STP regions (see 1.1). The objectives of these 5-year plans are to improve our local population's health and wellbeing, to improve the quality of our services and to deliver financial stability. There are a number of complex coordination elements to these plans, and these will influence our estate strategy as they are developed. Examples are:

- Coordinated regional 5-year estate development plans
- Coordinated estate use
- System-wide savings, not just organisation-specific
- Sharing of "business support" functions
- There will be opportunities for operators with economy of scale, which could include some estate services
- There may be disadvantages for operators where there is "inefficiency of scale", which could include some of our estate operational requirements.

2.3 Lord Carter Review

The report on “Operational productivity and performance in English NHS acute hospitals: Unwarranted variations” by Lord Carter of Coles outlines a range of performance indicators where low or moderate performing Trusts can identify savings. Some of these are Estate-related.



Carter Review: Acute Hospitals savings opportunity over 5 years totalling £5bn

Similar Carter Review parameters are being developed for Mental Health Trusts, and will lead to improvement targets being set. Estate examples from the Acute review (Recommendation 6) are:

- Unused floor area should be less than 2.5% (AWP 9%)
- Non-clinical floor area should be less than 35% (AWP 33%)
- Should have Benchmarked estates cost reduction plan
- Should have Reconfiguration investment plan
- Should have Energy-saving investment.

2.4 Internal drivers and influencing factors

Internal drivers for developing our estate strategy include:

- Forecast commissioning intentions – business retention and development
- Competition – providing value for money
- CIPS – supporting cost-reducing service modernisation
- Fitness for purpose - some poor quality buildings

Other influencing factors in developing this strategy are:

- Clinical design and safety needs
- Demand demography
- Effect on total services revenue cost – pay & non-pay
- Capital and revenue funding availability
- Estate flexibility balance (owned/leased/PFI)
- Disposal marketing factors.

2.5 Approach to the Estate Strategy

This estate strategy builds on the Estate Strategies of 2013 and 2014/15, and on the development plans for the estate that have been followed through the last few years. It also takes into account the wide range of factors discussed above.

The Trust's Executive Team (ET) has considered the strategic objectives with the Estates team to ensure that the approach aligns with Clinical, IMT, and Finance plans, and have identified key themes against which the strategy needs to deliver, including:

- The 5-year aspiration for inpatient service main hospital bases
- 5-year aims for community services (model of care) modernisation of estate and IT
- 5-year aims for support office/head office space efficiencies.

This strategy outlines these aims and how we envisage them being delivered. Redesign and modernisation of Trust services is ongoing, in consultation with commissioners and other stakeholders, as an interactive process. This strategy describes the AWP vision for providing accommodation to these services as at the present time, but is not intended to constrain stakeholder input or further developments.

3. The estate at present

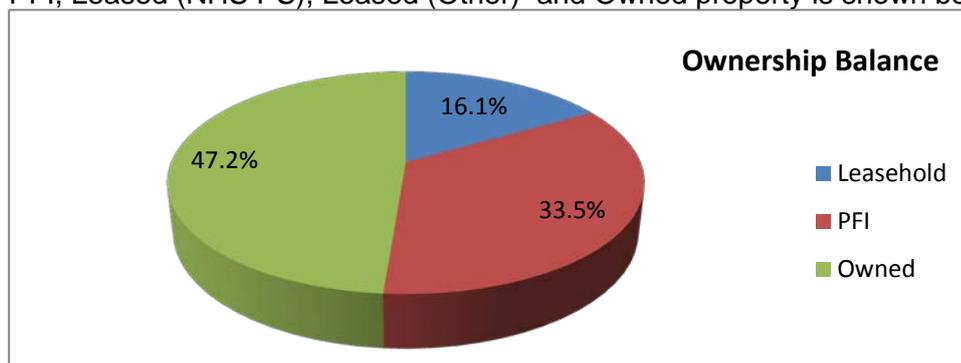
3.1 Trust sites

The Trust location map and list of sites is provided in Appendix A, to indicate the spread and density of Trust locations.

The Trust is currently based on:

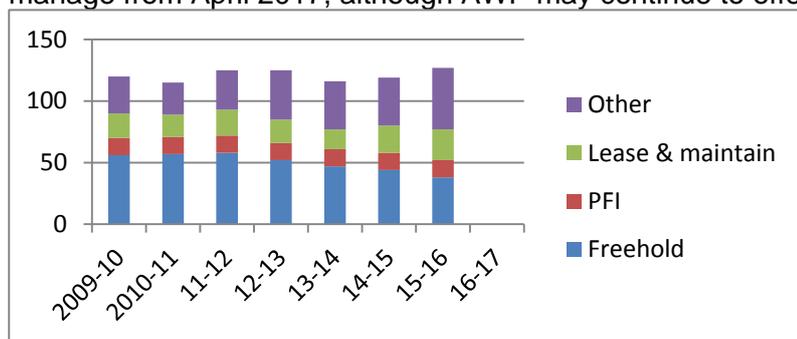
- 9 inpatient sites over 2500m²
- 5 inpatient sites with 2 or less mental health wards
- 3 rehabilitation units
- 47 community team bases and service delivery points over 100m²
- Many much smaller locations and specialist service locations such as prisons
- Multiple Children's community team premises serviced across Bristol, North Somerset and South Gloucestershire
- Total 97 buildings or premises managed.

The Trust has a balanced mix of freehold, leasehold, and PFI financed buildings. The owned estate has a total value of approximately £113 million as at February 2017. The split between PFI, Leased (NHS PS), Leased (Other) and Owned property is shown below.



The Bristol Childrens' Community Service (CCHP) premises have been managed by AWP Estates and Facilities for 2016-17. This totals 78 buildings or premises, of which 72 are partner-

occupied spaces. These are not included in this strategy as they are to transfer to partners to manage from April 2017, although AWP may continue to offer Facilities services to the CCHP.



Graph 5. Trend in number of Trust buildings

3.2 Current performance

Some strategically relevant performance parameters are indicated in the table below.

Current Performance	Need to	5 yr. target
Non-clinical occupied space – 33% (Carter <35%)	↓	
Un-occupied space – 9% (Carter 2.5%) Cost £0.6m pa. (Hillview, Long Fox, Southmead, Green Lane)	↓	2.5%
Under-utilised occupied space – 30-50%	↓	
Not fully fit for purpose occupied space – 8.1% (Hillview, Long Fox, St Martins, Applewood) £40-80m	↓	
Operating cost - is moderate, 3 rd quartile for MHTs (allowing for PFI)	↓	2 nd quartile
Current locations – reasonable, minimal client complaints	↔	Meet STP aims

A range of other performance parameters are also monitored, mainly arising from the annual ERIC reporting, and where possible improvement plans are put in place. These will be reported in Estates operational reporting to the Executive, and do not significantly affect the estate strategically.

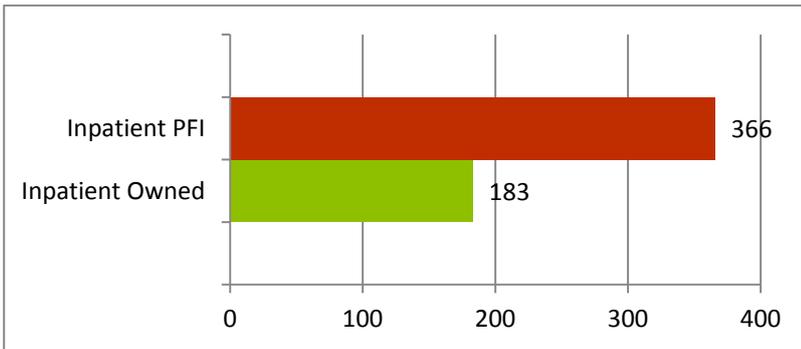
3.3 Current costs

The total estate and facilities cost is summarised as:

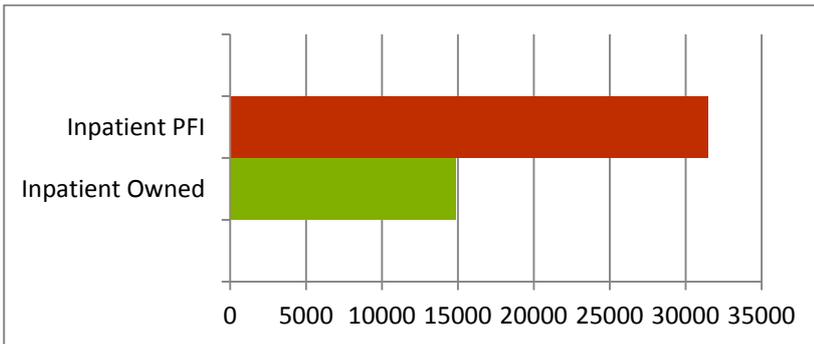
- Cost of ownership – hard FM £18.8m
- Service activity costs – soft FM, utilities, reactive maintenance £10.6m
- This totals to 14% of Trust income (£29.4m vs £212m pa).

The costs can be analysed by building type, to obtain comparisons in cost that assist with strategic planning. Differences in cost by type of ownership are shown below

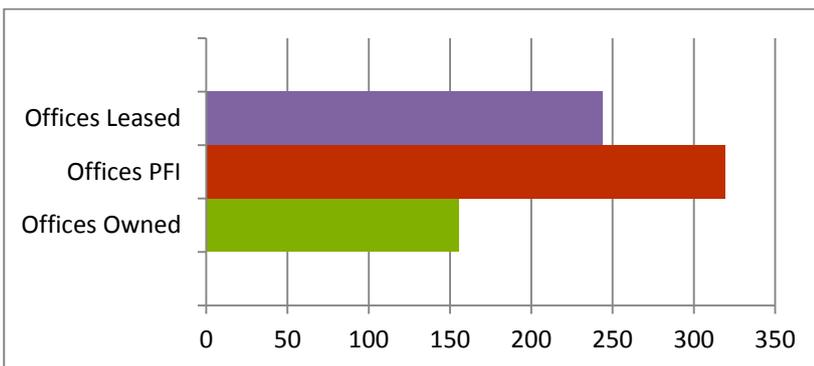
Inpatient – Cost (pa) per m²



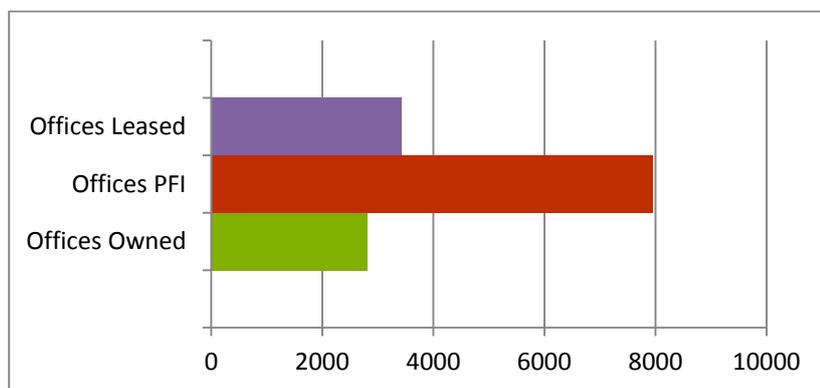
Inpatient - Cost (pa) per installed bed



Offices – Cost (pa) per m²



Offices – Cost (pa) per installed desk



3.4 Current positives and pressures

There have been a number of positive outcomes for the Trust's Estates and Facilities function in the last year.

- CQC inspections were passed with minimal estates or environmental issues, and those identified were minor with many already in hand.
- AWP Estates were offered opportunity to transitionally manage 70 premises on behalf of Bristol Children's Service, significantly improving AWP's impact on healthcare systems there.
- AWP has continued its positive record in achieving disposals of surplus property.

There are also pressures on the estates function.

- Decreased funding to Estates is leading to reduced ability to provide high quality estate to all buildings, and the need to robustly prioritise areas that receive lifecycle maintenance.
- Specific issues with legionella at AWP's Southmead buildings have led to high expenditure on this site, leading to an estates overspend on agreed budgets for the first time in ten years.
- Management of VAT reclaims is becoming more challenging as service models change, particularly regarding the reclaim of VAT against long-stay occupancy, some types of capital construction, and against consultancy services.
- VAT matters associated with onward charges for estate services has the potential to restrict our ability to offer services to other healthcare providers in the region.
- Properties owned by NHS Property Services and Community Health Partnerships will be subject to large increases in lease charges in 2017.

4. Vision for the estate

4.1 Trust estate vision

The Trust will:

- Provide good quality, fit-for-purpose buildings that meet the needs of service users and their carers.
- Establish a range of buildings in appropriate locations that allow services to be delivered effectively and flexibly under the changing healthcare environment, through a mix of owned, leased and shared property.
- Develop its estate in ways which facilitate improved effectiveness, safety, and staffing efficiency in delivery of clinical services.

- Develop property solutions and partnerships estate provision which contribute to the greater healthcare good of the region and align with STP objectives.
- Deliver ongoing improvements in operating the estate efficiently, in terms of both space utilisation and cost of operation, to support the financial sustainability of the Trust.
- Meet estate objectives embedded in other strategies of the Trust and the associated financial modelling, such as building disposals to meet service delivery strategies, and provision of bases that support modern ways of working with technology and staffing models.
- Improve the environmental sustainability of the estate in line with NHS objectives and targets.
- Plan development and disposals that take into account commissioned expectations of the estate, and opportunities will be taken to improve the overall quality of the estate by disposing of poor performing stock.

The Trust Executive have reviewed the estate development aims with the Estates team, and outlined the following aims to align with other Trust service delivery strategies.

4.2 Vision for inpatient sites

The Trust aims to improve the clinical structure and financial sustainability of its inpatient units over the coming 3-5 years, in line with the Clinical Strategy. The clinical executive have determined that it will be necessary to operate inpatient units in clusters of four to five (or more) units, and thus to reduce the number of “standalone” units, to enable the following benefits.

- Best possible staffing effectiveness through unit adjacency and cross-unit coordination.
- More flexible and staged inpatient care pathways within a single site.
- Optimised estate and support services efficiency compared to stand-alone units, including reduced wider support services costs such as logistics.

4.3 Vision for community services estate

Over recent years, a number of opportunities have been taken to create hub-spoke models of community service estate provision, and have demonstrated some issues.

- The financial implications of having a wide range of small locations from which to operate have been significant.
- Booking of a wide range of community venues has been difficult to manage, with a number of block-booked but under-used venues.
- Effective management of services operating in this way have also proved a challenge.
- In shared venues there is limited control over the care environment available.
- There is potential for reduced co-working with social services teams due to less effective communication structures.
- The IT infrastructure to support fully mobile working has proved difficult to implement, with various issues related to the clinical IT systems involved, as the Trust works with a wide range of partners accessing different platforms. There are also practical issues such as wireless connectivity blackspots and access to printing, and it also creates some cost duplication with desktop infrastructure.
- In some cases the CQC has found shortcomings with a number of aspects of the provision facilitated by this model.
- Some service users tell us that public or non-healthcare locations are not ideal for accessing their mental health care, particularly if shared reception and waiting facilities are used.

To improve in these areas, the community service estate will be developed alongside modernised community services to achieve high client-facing service levels alongside up to date working practices and technologies. The estate will be configured in ways that:

- Allow clinical teams and their supporting management and administration to work efficiently and effectively at all times,
- Provide a better balance of well-designed mental health consulting environments and local consultation opportunities,
- Enable fully effective clinical activity in local community venues,
- Provide venues that Service Users can value and associate with good quality mental health care,
- Allow centres of excellence and specialism to be recognised within the local community and health and social care community.

This approach is likely to result in slightly reduced numbers of “spoke” facilities, particularly where under-used or poor quality facilities exist, and investment into core provision locations to ensure that operational effectiveness is maximised.

A balance of owned and leased estate will continue to be used to provide secure base accommodation, while retaining required margins of flexibility. Owned estate will continue to be used where security of tenure and significant investment is required to deliver safe, sustainable, high quality clinical services. This investment will contribute to the ongoing benefit of mental health services in the region.

Leased estate will be used where flexibility for service change, contract durations, and limits to capital commitment are needed. This flexibility will also be reflected in the STP process which will allow opportunities to work with other public sector organisations in relation to integrated estate.

4.4 Framework for development of inpatient bases

The Trust will review its inpatient service provisions and locations in both BNSSG and BSW STP regions during 2017-18-19. The Trust’s aims for the development of its main hub bases over the next 5+ years can be summarised as:

BNSSG Sustainability & Transformation Plan region

- **Blackberry Hill Hospital, Fishponds** – to continue as main site for Secure Services.
- **Callington Road Hospital** – to continue as an inpatient site and community services hub for STP regional services, mainly Bristol. There is potential to extend inpatient provision.
- **Southmead Hospital AWP Units** – To be reviewed as an inpatient services location under BNSSG Sustainability and Transformation Plan. This site currently does not have sufficient units to be sustainable in the long term, and has various risk issues.
- **Long Fox Unit, W-S-M** - To be reviewed as an inpatient services location under BNSSG STP. This site currently does not have sufficient units to be sustainable in the long term, and has various risk issues. There is potential to improve and extend inpatient provision.

BSW Sustainability & Transformation Plan region

- **Fountain Way Hospital, Salisbury** - to continue as an inpatient site for STP regional services, mainly south Wiltshire.
- **Green Lane Hospital, Devizes** – To be reviewed as an inpatient services location under BSW Sustainability and Transformation Plan. This site currently has one inpatient ward, a new Place of Safety suite and a stand-alone Learning Disabilities unit. It does not have sufficient units to be sustainable in the long term. There is potential to extend in-patient provision.

- **Sandalwood Court, Swindon and Victoria Centre** - To be reviewed as inpatient service locations under BSW Sustainability and Transformation Plan. These sites currently do not have sufficient units to be sustainable in the long term. Sandalwood Court has various risk issues for Adult Acute services. There may be potential to reconfigure Sandalwood Court for more appropriate mental health services, and relocate Acute Inpatient services to either Swindon or Devizes as part of STP planning.
- **Hillview Lodge / Ward 4 St Martins, Bath** - To be reviewed as inpatient service locations under BSW Sustainability and Transformation Plan. These sites have various risk and environment issues, and also do not have sufficient units to be sustainable in the long term.

Rehabilitation Units

- **Elmham Way (W-S-M), Whittucks Road (Hanham), Windswept (Swindon)** – service provision needs and models are currently under discussion with Commissioners.

The Trust is basing its current planning on the premise that it will continue to have ownership and operation of these sites in the coming years, and we commit to operating these to the benefit of the local population as the need for healthcare partnership arrangements increases. AWP has an excellent record of maintaining and investing in these sites, bringing them to the high standard that they achieve today, and this will continue.

4.5 Framework for development of community estate

The main framework for providing community access points is summarised below, although many additional local access locations are arranged through GP surgeries and other venues.

BNSSG Sustainability & Transformation Plan region

- **South Gloucestershire** – main community access points in Kingswood, Thornbury and Yate. Specific locations will need review.
- **Bristol** – main community access points will need review for sustainability and quality over the next 1-3 year period. Options for provision will need to be considered between Petheron-Callington Road, Brookland Hall-Speedwell, and Colston Fort-Stokes Croft.
- **North Somerset** – main community access point to continue at Coast Resource Centre (W-S-M). Options for provision will need to be considered for Long Fox Unit and Windmill House, Clevedon.

BSW Sustainability & Transformation Plan region

- **Wiltshire** – main community service bases will be in Devizes, Trowbridge, Chippenham, and Salisbury. Options for service location will need to be considered in Warminster, Marlborough, West Swindon/Malmesbury and other locations where consulting services are carried out.
- **Swindon** – main community access points will need review for sustainability over the next 1-3 year period. Options for provision will need to be considered between Chatsworth House, Victoria Centre, Old Town Surgery and Sandalwood Court, and other locations that may become available.
- **B&NES** – Community mental health services will align to the Virgin Healthcare community contract, and it is unclear to what extent AWP will steer the strategy for estate provision. It is expected that main community access points will need review for quality and sustainability over the next 1-3 year period, and options for estate locations will need to be considered for Midsomer Norton and Paulton, and possibly Bath.

All of the services above also have a significant element of mobile service provision being planned and implemented, plus clinical sessions at other service points such as GP surgeries. This will continue to increase as the Trust-managed estate is consolidated. The estate and facilities services will be developed to facilitate these changes.

4.6 Disposals strategy

The Trust has an investment and disposal programme which is reviewed regularly. The priorities for rationalisation and disposal are updated as part of the Trust's annual financial and service planning. Consideration has been given for vacating property where it;

- does not align to clinical Locality Service delivery strategies
- does not meet design/space/regulatory standards required for the service
- is under utilised
- under performs in relation to building costs over time, or
- is not required by AWP for core business.

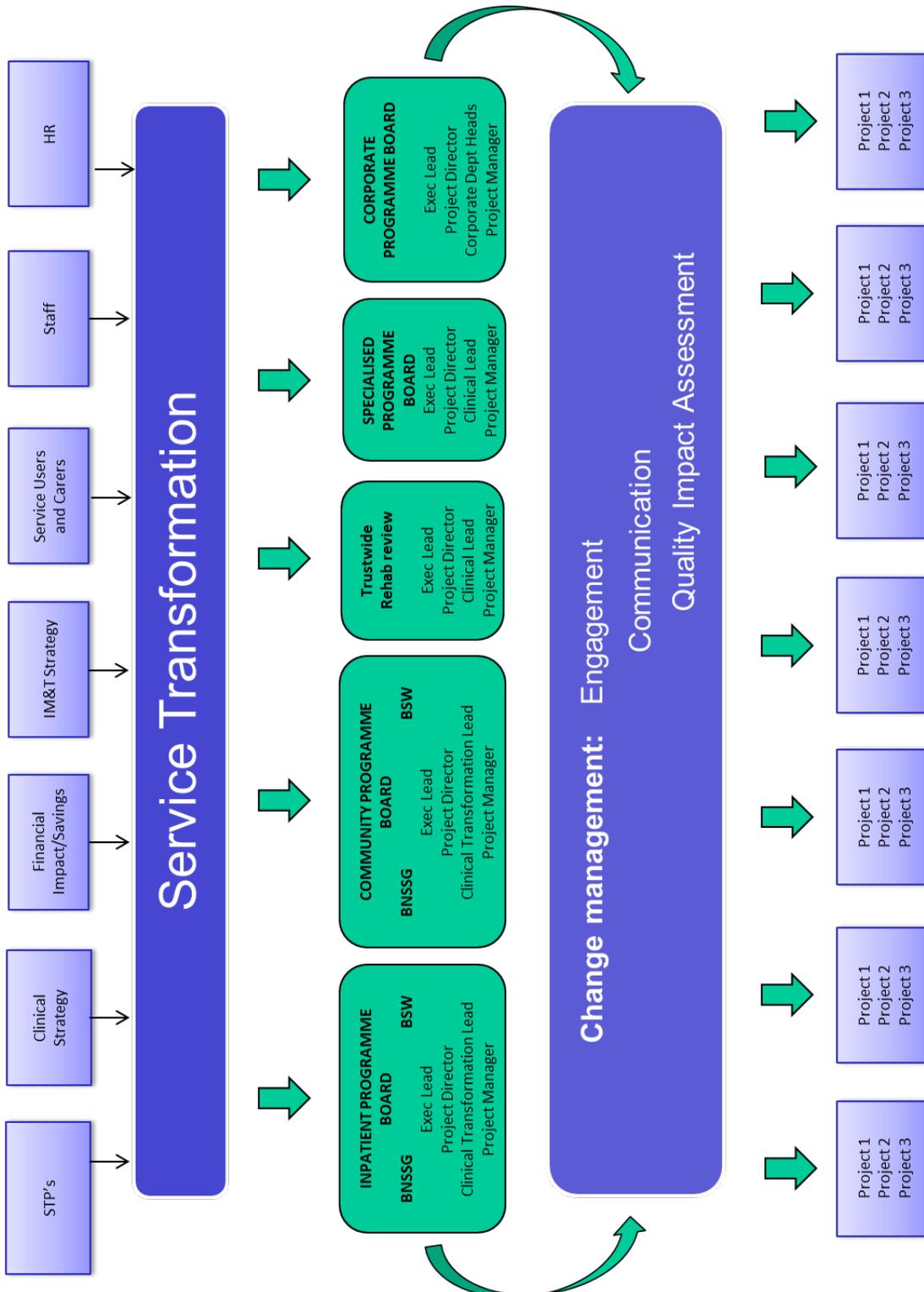
Where there is a longer term strategic need for a currently under-utilised building the Trust may consider leasing it out for a period of time, or other options to minimise holding costs.

5. Developing the estate

The vision for developing the estate is described in Section 4 above. The approach for achieving the development is summarised below.

5.1 Site development plan

The Trust has a delivery plan for service and site development that aims to deliver the estate strategy framework described above, and takes into account clinical service strategies and commissioner aspirations for service delivery. It also takes into account buildings in need of investment to improve functional suitability and operational efficiency and safety.



The development plan includes a number of longer term option appraisals and service modernisation schemes, which will typically be managed through by a programme board, and will be communicated in appropriate ways, with appropriate dialogue at STP and commissioner level. These proposals will take time to work up and, if agreed and funded, would be implemented in years 3-5. The structure for delivering these schemes is summarised in the diagram above.

Also arising from the development plan is a range of current and imminent projects. These will move through the Trust Estate Project management process from option appraisal to business case, then approval and implementation. A summary of the 1-2 year forward planning for each main Trust building is presented in Appendix B.

The main large development schemes being planned at this stage include:

- Perinatal Care unit
- South Gloucestershire – relocation of community services from Blackberry Hill to Kingswood (landlord providing capital)

Other major investment schemes are expected to be necessary over the 5+ year period under the development frameworks described in Section 4.

5.2 Capital investment

The capital programme is overseen by the Investment Planning Group. The total estate capital investment for the last 3 years is summarised in Table 3 (figures from ERIC).

Table 3 Estate Capital Investment Summary (ERIC)

Year	2013-14	2014-15	2015-16	2016-17 (estimate)
Capital Investment (Estate)	£3.36m	£2.67m	£6.58m	£5.00m

Annual depreciation of the Estate is approximately £4.6m, and revenue-based refurbishment works are currently £0.3m annually. This means that total re-investment levels are significantly below the depreciation value at present, so the estate has an affordability issue.

The move towards IT intensive working, together with a reduced bed base, is tending to lead to higher IT investment and decreases in estate investment, based on current service delivery plans.

5.3 Site disposals

Disposals or lease terminations currently being considered are as follows. It must be stressed that all are subject to relevant consultation and agreement of commissioned care models and associated implementation plans.

- Greenacre Gardens, Devizes
- Colston Fort
- Various leased premises (no capital gain)

A number of the estate development option appraisals to be worked up in the next few years have disposal options associated with them. These have not been predicted or assumed at this stage, and if adopted will be reported as part of the business case process associated with the development.

5.4 Site acquisitions

Any acquisitions associated with Trust service developments would normally be covered under Site Developments above. However in the last 12 months the Trust has engaged with

partnership or commissioning arrangements that may lead to acquisition of new sites to support new services.

Bristol Community Children’s Health Partnership (CCHP)

The Trust is currently finalising partnership and contracting arrangements for a 5-year contract to deliver mental health services to the Partnership, which will require the acquisition of several leased premises.

The Trust is in discussions with the lead provider, Sirona, on whether we can provide the Estates services to the Partnership, possibly taking full responsibility for the Estate. This would require acquisition of around 40 leased or licensed properties, and would be subject to a full business case to establish viability for AWP. For 2016-17, as a holding position, AWP has accepted full operational responsibility for these buildings.

Other new commissioned services

In 2016 the Trust adopted Swindon Community LD and LIFT services at the commissioners’ request following the closure of Seqol, inheriting two leased premises. The Trust may need to acquire the leases to these properties.

In March 2016 the Trust took handover of the Riverside CAMHS service in Bristol, and have now been granted a longer term contract. This is likely to lead to the acquisition of the Riverside building at some stage, until when it will be leased.

6. Risks

6.1 Effects of changes in future contracted services on the estate

The Estates and Facilities team provides advice to operational managers on managing risks associated with service change as they are seen on the horizon.

The general nature of these risks relates to property becoming vacant as services release space, and not being sold or supported by other services. The estates team proactively manage the marketing of vacant properties for either sale or lease. The following properties are currently not sold or on long term lease, and have proven to be difficult to market in the last 2 years.

- Rowan Ward, Weston Super Mare
- Vacant parts of Hillview Lodge
- Vacant parts of Southmead
- Vacant parts of Green Lane Acute unit
- Vacant parts of Rosewood (Sandalwood Court)

The main service change risks arising in the foreseeable future are:

- Notice and vacation of Bath NHS House by services including Sirona Children’s service, Virgin Children’s service, and possibly mental health services under Virgin’s influence or control.
- Regional commissioning intentions for Specialised and for Secure services

These risks are included in the strategic planning considerations to dispose of space or re-use it as appropriate to gain positive benefits.

6.2 Reputational impacts of estates issues

From time to time, NHS estate-related issues come to the attention of the media, and may pose a reputational risk to the Trust. These include potential attention for example on:

- statutory or regulatory compliance (H&S, CQC)

- opportunity for self-harm of various types
- security management and systems, or
- patient environment.

Specific risks being taken into account at present are:

- AWP Southmead legionella detections
- Applewood and Southmead roof access management
- Hillview, Ward 4, Applewood and Juniper ward environmental shortcomings

These issues are mainly managed and documented through the Trust H&S and Site management and reporting systems. The development strategy takes these risks into account and builds in opportunities to reduce them.

7. Conclusion

The Trust has robust aims and objectives for service development, and is engaging with regional strategic and commissioning agendas to deliver improved sustainability and quality of services. This will lead to changes in some elements of the estate.

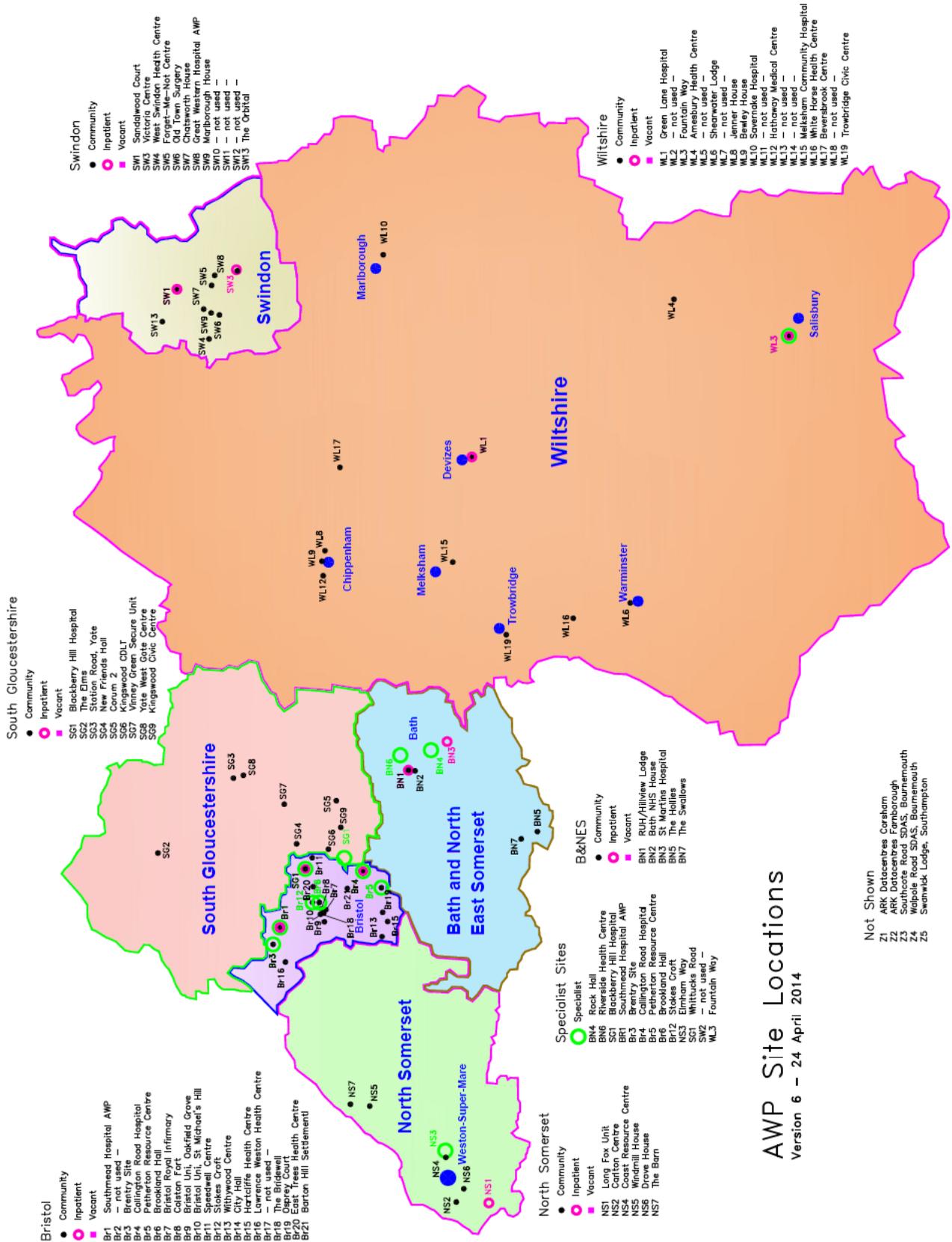
A framework has been provided on how the Trust will develop and work through the necessary changes over coming years, and development plans are being put into place to take this forward.

The estate plans will support our Mental Health services to deal with the challenges ahead, and work effectively, efficiently and sustainably, so that we can continue providing high quality mental health services to the public in the region.

APPENDICES

A Trust site list and distribution map

Appendix A
Trust Site List and Distribution Map
as at December 2016



B Trust estate planning diagram

Appendix B

Trust Estate Planning Diagram (Mar 2017)

[Linked here as separate document.](#)

Version History

Version	Date	Revision description	Editor	Status
8.0	12 September 2013	Updated with Executive comments	AB, NW	For approval
9.0	26 April 2017	First draft including outcomes from Executive strategy day on 02 December 2016 Approved by Board, April 2017, part two	Head of Estates and Facilities Senior Estates Manager	Approved