



Great Western Ambulance Service **NHS**

NHS Trust

### **Joint HOSC Meeting**

To be held on Friday, June 10, 2011 at 11am  
at Council Offices, Bristol

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## **Update on GWAS estates strategy**

### **1 Purpose**

To update members on GWAS's plans to review the trust's entire state of 30-plus buildings. The strategy was presented to the trust Board meeting on 26 May, when it was agreed, allowing work on the first phase to begin

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Paper supplied: June 1, 2011



Great Western Ambulance Service



NHS Trust

# Great Western Ambulance Service NHS Trust

## Estate Strategy

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## Executive Summary

This estate strategy has been developed to enable the trust meet its core clinical, operational and financial objectives, over time transforming an aged estate in generally in poor condition into one which is more modern, flexible and provides a suitable environment for staff and patient care.

This latest estate strategy is a strategic review of the trust's operational estate and has built upon the previous estate strategy produced in 2008. It aims to draw together the property risks facing the trust today, set out a strategic direction for the trust's estate, identify options for improving performance and make recommendations that will be used to assess future property investment related decisions. Detailed studies and modelling work has been undertaken to assess the suitability of the estate for future service delivery and this has been used to inform the development of the strategy. These studies included a full strategic property appraisal of how efficient and effective the current estate is at supporting delivery of the trust's operational objectives. The following major points can be ascertained from this estate strategy:

- The trust's estate is aged and in a poor state of repair with an increasing maintenance liability. A key challenge for the trust has been maintaining sufficient investment due to the size and age of the estate relative to the organisations income. This situation is unlikely to change if recommendations in the estate strategy are not adopted.
- The current A&E operational estate, when assessed for its physical condition, is classified as being operationally safe and exhibiting minor defects. However, when the physical condition assessment is extended to the other facets such as functional suitability and Health and Safety compliance a large part of the trust estate is assessed as not meeting acceptable standards.
- Over 71% of the trust's estate was constructed prior to 1975. Buildings of this age are reaching the end of their useful economic life and will require major capital investment in both their fabric and mechanical and electrical infrastructure. This is third highest proportion of pre-1975 buildings in use within the eleven ambulance services in England.
- The current economic climate is a significant issue for all public sector organisations. The trust must deliver service improvements with little or no growth funding over the next three years. This challenge, combined with development of new care pathways for patients and increased patient demand mean the trust must fundamentally review how it delivers its services with partnership with other health providers.
- The report identifies outstanding backlog maintenance liabilities of £2,085,800, of which £1,836,300 are identified as being of an urgent nature.

This strategy forms one component of the Trust's vision for the future and complements our draft Integrated Business Plan. It aims to describe

- The Trust's existing Estate;
- The general condition, age and tenure of the Estate;
- Proposals for the future;
- Estates maintenance and environmental issues.

The recommendations contained within this report have been developed to support the emergent strategies:

- 111, Emergency Control Room, Out of Hours and PTS call taking strategies;
- Development of a hub and spoke A&E and PTS delivery model;
- Facilities for fleet, logistics and “make ready” functions;
- Stores centralisation;
- Consolidation of headquarters and administrative office arrangements;
- Operational and clinical strategies.

The estate strategy proposes a five to ten year vision for the estate. Changes will be implemented on a stage by stage basis, reflecting the dynamic environment in which the NHS is operating and advances in clinical practice and technology.. All change proposals will be subject to a detailed suitability analysis to ensure resilience is acceptable and that benefits to patient care and to the trust’s estates costs are achievable. Significant investment and disinvestment decisions will be brought to the Board for approval separately.

Recommended changes will support delivery of an improvement in operational performance against national performance standards, improved patient outcomes through improved infection prevention and control, significantly improve ambulance station physical condition and the quality of the staff environment, enhance call taking capacity and deliver a significant financial benefit that can be reinvested into front line services.

## 1. Introduction

### 1.1. Project Brief

DVS were appointed by the Great Western Ambulance Service NHS Trust (GWAS) in February 2010 to develop an estate strategy that would support the strategic direction of the Trust, and support the Trust's improvement plans as well as complementing the Trust's application to Foundation Trust status.

The strategy document sets out:

- An assessment of the Trust's existing estate in terms of cost in use and contribution to service performance;
- Detailed plans when set;
- A comprehensive ten year investment analysis for the estate;
- Evidence of improvement in estate related Key Performance Indicators (KPI's).

The estate strategy document identifies the actions required from the estate to support the strategic aims of the trust and outline how plans for service improvement and modernisation will be implemented. The estate changes identified will be programmed for implementation over a ten year timescale, however given;

- The amount of estate change,
- The scale of the implementation costs,
- The internal capability/capacity
- The ongoing uncertain economic climate creating continued uncertainty in the property market.

The delivery timetable will need expert management to deliver to this demanding timetable.

The strategy has been produced to provide a five – ten year vision for the trust estate and to be used to assess future property-related investment opportunities as they arise. This strategy benefits from a methodology which includes the latest information on operational and estate performance. It identifies both key investment areas and strategic priorities which support the trust's integrated business plan and trust vision. It will help achieve reduced property operating costs, reduced backlog maintenance liability and facilitating better risk management of estate liabilities what does this mean?.

The estate strategy is an overarching document that considers the property requirements of the various departments within the trust and includes estate outcomes for:

- Accident & Emergency Operations (A&E Ops);
- Patient Transport Service (PTS);
- Emergency Operations Centres (EOC) including Out of Hours (OOHs);
- Headquarters (HQ);
- Fleet, Logistics and "make ready" services (FLMR);
- Hazardous Area Response Teams (HART);
- Training.

The strategy includes outline proposals for the reconfiguration of the accident and emergency operations estate and develops options for other trust services that support accident and emergency operations. These options will be further refined as the full

business case for change is developed during the implementation stage of the estate Strategy.

## **1.2. The Estate Strategy Document**

The document has been drafted in accordance with current best practice and is arranged on the following basis

- **Strategic Objectives**  
A review of the national strategic considerations for ambulance services is considered in relation to the development of the estate strategy. Additionally the trust's strategic objectives have been considered together with local drivers for change.
- **Methodology**  
This includes full details of the processes used in developing the options included in the document.
- **Where are we now – the current estate**  
This outlines our current position and establishes a baseline against which the development of the strategy can be measured.
- **Where do we want to be – the strategy proposals**  
This section examines the long term service aims of the trust , the vision for future services and subsequent priorities for investment.
- **How do we get there - implementation**  
This section details a range of prioritised options, including outline programmes for projects, capital costs and revenue implications.

## 2. Strategic Objectives

### 2.1. National Strategic Objectives

#### Strategic Review of Ambulance Services

In May 2004 the Department of Health began a strategic review of NHS ambulance services in England. The resulting report on the outcome of the review was published in June 2005 under the title *Taking Healthcare the Patient: Transforming NHS Ambulance Services*, which recognised the changes to ambulance services over the last decade and in particular the emerging role of ambulance services in providing world-class pre-hospital care. More recent healthcare policy, including the planned reorganisation of trauma services and *Equity and excellence: Liberating the NHS* are likely to have a significant impact on ambulance services. Most significant will be the development of a coherent 24/7 urgent care service in every area of England, incorporating GP out-of-hours services and the provision of urgent medical evaluation via a single telephone number '111' ultimately replacing NHS Direct.

#### Sustainability

The NHS estate is the largest and most complex estate in Europe with buildings that range from state of the art healthcare facilities, designed especially to meet the demands of modern and future healthcare, to sites which can trace their roots back many decades. The quality of the NHS estate both in terms of the physical quality of the buildings and facilities management services is critical to delivering the NHS commitment to a zero carbon footprint by 2050.

### 2.2. Trust Strategic Objectives

The Great Western Ambulance Service strategy commits to putting the patient at the heart of everything we do. The trust's vision statement being *We will achieve new standards of excellence in emergency and urgent care by embracing innovation and learning, working in partnership with our communities, and putting patients first in everything we do.*

Our strategy to achieve this is to strengthen and extend our patient services.

This means for:

- **Our Patients**  
Keeping you safe, not taking decisions about your care without involving you, and providing improved outcomes and experience that meet your individual needs;
- **Our Services**  
Responding to your needs quickly, equitably and appropriately whatever the time of day or night;
- **Our People**  
A highly skilled and empowered workforce, applying evidence based practice, patient focused and achieving excellence in leadership and development;
- **Our Organisation**  
Having sound systems of governance to ensure value for money, being a good partner and delivering improvements to services without additional cost to the taxpayer.



The trust's strategic direction charts, aims and objectives for the next five years and marks a desire to improve the quality of the services the trust provides. It outlines how the trust will deliver improved services through innovative practice and its ambition to play an integral role in the prevention of disease and chronic illness.

The trust's ambition is to become a foundation trust by the end of 2012 as achieving foundation trust status will allow the trust to further improve services and ensure that the trust is responding to the needs of the communities it serves in the best possible way.

The current economic climate is a significant issue for the public sector, it will be a great challenge for the trust to continue to improve and extend its services with no inflation or growth funding over the next three years. The NHS South West Region is required to make efficiency savings of £2.7bn over the next three years and the trust is expected to make its to this. The trust must therefore continue to provide good clinical care whilst ensuring needs and national response standards are met and exceeded whilst also increasing productivity, reducing costs and providing excellent patient care. This has led to the fundamental review of the trust's estate to identify where it can contribute to improved service performance and deliver increased cost efficiency.

The trust's principle objectives are taken from the 2010 – 2011 annual business plan and are categorised under the strategic aims of the trust and they are:

- Delivering response time reliability;
- Improving efficiency and productivity;
- Improving clinical quality and effectiveness;
- Improving customer satisfaction and patient experience;
- Supporting prevention of illness/disease;
- Emergency preparedness and resilience;

The estate strategy has been developed to support delivery of these aims.

## **2.3. Local Drivers**

### **Demography**

The trust serves a population of 2.357 million living in both highly urbanised areas and more isolated rural communities. Understanding these issues is critically important for the trust in planning its services and working in partnership with other agencies to deliver care in these wide ranging communities with their diverse needs.

### **Stakeholders**

During the development of the estate strategy the views of key commissioners and the Strategic Health Authority have been sought to determine the general direction. The views of other parties to the Tri-service arrangements (with police and fire services) have been sought to determine practicality of implementation.

### **Commissioning and Competition**

Both PTS and out of hours services will increasingly have to compete against the independent sector and voluntary sector providers for the award of contracts. The success or failure of securing the contracts will influence the future operating model and strategic decisions taken around the location and provision of PTS facilities.

### **Increasing Traffic Congestion**

Increased road congestion will have the effect of increasing response times and reducing clinical outcomes. Additional response and standby posts will be required in strategic locations, if clinical outcomes are to be maintained and improved.

### **Future Proofing the Estate Strategy**

An examination of the regional spatial strategies (RSS) within the trust's geographical boundaries forecasts an increase in new housing of approximately 300,000 dwellings up to 2026. While the RSS has been superseded following the election of the coalition government, local planning for future increases is still likely to result in significant increases in housing numbers if previous proposals are used as an indication of housing volumes.

The estate strategy proposals will be tested to account for this predicted demographic change. As the estate strategy is implemented future modelling for operational areas will take into consideration the planned increases as forecast in the RSS or any locally planned increases in housing and employment to ensure that deployment locations are sufficient to meet need.

## **2.4. Estate Strategic Objectives**

The trust estate review and development of an estate strategy is one of the trust's key priorities for 2010/11. The estate review and development of an estate strategy underpin key trust strategic aims by delivering response time reliability and improving efficiency and productivity. The aim is for the estates strategy to identify long term estate objectives and priorities for short and medium term planning.

The strategic objectives of the estate strategy are:

- To ensure that the estate's portfolio meets current and future needs for the provision of patient care;
- To improve working conditions/facilities at station locations – for all staff on site;
- To improve use of assets including identification of sites surplus to operational requirements;

- To reduce estate's capital and revenue lifetime costs and maximise investment in patient care;
- To improve energy efficiency at current/future sites via investment in low energy building and engineering technology;
- To reduce the environmental impact of stations/sites and vehicles;
- To advise on an appropriate condition upgrade programme for existing sites;
- To support delivery of improved vehicle egress times from hub and spoke stations.

The aim is to provide a future estate operating model that achieves these objectives via a hub and spoke model of ambulance stations and standby locations across the trust's operational area.

These strategic locations have been developed through a process that involved research of previous simulation modelling reports conducted by ORH and a study into resource centre locations by Co-performa, interviews with operations divisional managers and a detailed assessment of current ambulance station performance as part of the strategic property appraisal (SPA) process. The strategic locations included in the reconfiguration proposals have been tested by the trust's current simulation modelling partner Process Evolution who have confirmed that the proposals will support a small improvement in overall A&E operational performance.

### 3. Where are we now - The Current Estate Assessment

#### 3.1. Trust Profile

Great Western Ambulance Service NHS Trust was created from the merger of Avon, Gloucestershire and Wiltshire Ambulance trusts in 2006. The trust covers an area of 3,000 square miles and employs more than 1,650 staff across 33 operational sites – 30 ambulance stations and three emergency operations centres – and in its various headquarters and offices across the region. A full site listing is contained in appendix 1

Great Western Ambulance Service (GWAS) provides the following services:

- Accident & Emergency (999) and urgent care;
- Patient Transport Service (PTS);
- Out-of-Hours service (in Gloucestershire);

It also provides non core services such as training and education and private event support as well as emergency preparedness and resilience services.

The trust serves the following commissioner communities:

- Bath and North East Somerset
- Bristol
- Gloucestershire
- Wiltshire
- North Somerset
- South Gloucestershire
- Swindon (plus Watchfield and Shrivenham)

#### 3.2. Service Performance

##### **Accident & Emergency**

Medical emergencies happen at all times of the day and night. GWAS operates a 24-hour clinical response to 999 calls to ensure patients receive the right care as quickly as possible. An analysis of the trust's performance for the year 2009 – 10 is detailed below.

Last year (2009-10), GWAS responded to more than 256,000 emergency calls. In terms of current operational performance ambulance services have stringent national standards in responding to 999 emergencies:

**Category A8** - An emergency response should be on scene within 8 minutes of the 999 call being made for 75% of Category A (immediately life-threatening) incidents.

**Category A19** - A vehicle capable of transporting a patient should be on scene within 19 minutes for 95% of Category A incidents.

**Category B19** - Respond to 95% of Category B (serious but not immediately life-threatening) incidents within 19 minutes.

Since April 2008, these response times have been based on the time at which the 999 call hits the ambulance service's switchboard – i.e. as soon as it is put through by the emergency operator. This is known as call connect.

Thereafter, ambulance services are also measured on how quickly 999 calls are answered - with a national requirement that 95% of calls are answered within 5 seconds.

For the last full financial year (2009-10) GWAS achieved:

- 75% for Category A8
- 95.1% for Category A19
- 90.7% for Category B19

Current Performance for the year 2010 – 2011 as at end February 2011 is:

- 74.3% for Category A8
- 94.7% for Category A19
- 91.4% for Category B19

### **Patient Transport Service (PTS)**

The Patient Transport Services teams provide pre-arranged transport for patients to and from hospital appointments, between healthcare providers and when they are returning home after spending time in hospital.

PTS provides planned journeys for patients with a clinical or care need to and from hospitals and treatment centres. The patients can be taken to a range of different settings including outpatient departments, renal dialysis centres, oncology and hospice centres, day units, children centres, inter hospital transfers and a range of care centres. PTS also convey discharged patients back to their place of residence.

PTS carry out around 300,000 patient journeys a year, currently employing 225 staff and working with a number of volunteer drivers and some private transport companies. The service currently has around 90 ambulance-type vehicles.

Hospitals covered by the PTS service include Weston General, Bristol General, Bristol Royal Infirmary, Southmead, Frenchay, Gloucester Royal, Cheltenham General, Great Western Swindon along with other small cottage hospitals and day units.

### **Out of Hours**

GWAS runs the Out-of-Hours doctor service across the county of Gloucestershire on behalf of GPs. The out-of-hours telephone number covers all patients registered with a doctor's surgery in Gloucestershire and is a service run by dedicated staff including doctors, paramedics, nurses, control assistants, dispatchers and drivers coordinated by a local control centre.

### **3.3. Composition of Current Estate**

Generally the physical condition of the estate is not considered unsafe. However the physical assessment undertaken considers the building structure and mechanical and electrical installations holistically to provide a broad ranking. In determining this broad ranking individual sub standard building elements are incorporated into an overall assessment. A brief summary of the trusts estate is included below:

#### **A&E Ambulance Stations**

##### **Avon**

The trust currently operates from 10 ambulance stations in Avon. Generally the condition of the estate across Avon in terms of its physical condition is good, with the exception of Bristol Central Ambulance Station which has significant maintenance liabilities that need urgent attention. However there are issues to address regarding compliance with outstanding statutory maintenance fire safety and energy performance items in the remainder of the Avon region.

### **Gloucestershire**

The trust currently operates from 9 ambulance stations in Gloucestershire. Generally the condition of the estate across Gloucestershire in terms of physical condition is good; however there are issues to address regarding compliance with outstanding statutory maintenance fire safety and energy performance items in the remainder of the Gloucestershire region.

### **Wiltshire**

The trust currently operates from 11 ambulance stations in Wiltshire. In 2009 the trust sold Amesbury Ambulance Station at London Road and relocated the site to a leasehold industrial unit on a ten year lease. The Chippenham site including training college, ambulance station and Dorman House have previously been declared surplus by the trust, however only limited action has been taken to pursue disposal and the ambulance station and Dorman House are still in use. Salisbury Ambulance Station was subject to a major refurbishment in 2009. Generally the condition of the estate across Wiltshire in terms of physical condition is good however there are issues to address regarding compliance with outstanding statutory maintenance fire safety and energy performance items in the remainder of the Wiltshire region.

### **Patient Transport Service (PTS)**

The provision of the Patient Transport Service varies by region with many PTS vehicles co-located within frontline ambulance stations. PTS contracts are market tested and secured for a fixed term. PTS locations will be reconfigured in line with A&E locations where this doesn't fit operationally the trust will consider other options for provision with NHS or other partners.

### **Emergency Operations Centres**

The trust operates three EOCs; this is a legacy arrangement as a consequence of the 2006 merger of the three former ambulance services. The largest in Bristol (Avon EOC) provides all 999 call handling and dispatch for Avon area. Its other EOCs are located in Gloucester and Devizes and provide dispatch. In the Gloucestershire EOC there is also an OOHs service/control function.

### **Headquarters and Offices**

The trust operates three former headquarters buildings at Marybush Lane in central Bristol, at Dorman House the ex Wiltshire HQ and at GTEC Quedgeley south of Gloucester.

Marybush Lane in central Bristol is relatively quite old. It, has compliance issues, and uses space inefficiently. As it forms a natural part of Bristol Central station it is likely to be very suitable for disposal as a single high value redevelopment site.

Dorman House is located at the Chippenham ambulance station site and was constructed in the early 1980's. Given the building current condition it requires considerable investment. Additionally use of space is inefficient when compared with modern office accommodation standards

GTEC Quedgeley south of Gloucester is part of the county Tri-service centre held on complex long-term lease agreement with police and fire. Accommodation is modern but limited in size and fragmented within the building. Location is good, as it is close to a M5 junction, for travel to Bristol locations, but poor for travel to Wiltshire locations.

Jenner House, Chippenham is leasehold space shared with Avon and Wiltshire Mental Healthcare Partnership NHS Trust. Space is modern but availability is severely limited and inadequate for use as the trust HQ. The lease terminates in January 2013

### **Fleet, Logistics and “make ready” (FLMR)**

The full FLMR services are currently being reviewed with a number of options under consideration.

#### **Fleet**

Currently there are four vehicle maintenance and repair facilities covering the three trust regions. The Avon region facility is located at Bristol Central ambulance station. The Gloucestershire region is covered by the workshop adjacent to the Tri-Service EOC and the Wiltshire region is covered by two workshops at Trowbridge Ambulance Station and Swindon Ambulance Station. The following is a brief overview:

- The Gloucester shared Tri Service facility is modern, although sharing arrangements appear possible, are not realised and the trust does not benefit from shared maintenance and repair facilities;
- The Swindon workshop dates from the 1960s and is in poor condition both internally and externally. There is insufficient space for vehicle storage, access to the workshop is inadequate as are the storage facilities;
- The Bristol workshop dates from the 1960s and in poor condition both internally and externally. The available space is at capacity and not easily accessed given traffic congestion at peak times;
- The Trowbridge workshop is a reasonably modern facility dating from the late 1970s. It is being used to its maximum capacity and general storage areas are inadequate. In addition excessive travel times between Trowbridge and South Wiltshire hinder efficiency.

#### **Logistics**

Currently there are three stores covering the trust's regions. The Avon region stores are located at Bristol Central ambulance station. The Gloucestershire region stores are located at Staverton but are due to be re located to HART site at Filton. The Wiltshire region stores are located at Chippenham Ambulance Station.

#### **“Make ready” services**

Currently there are four teams providing deep cleaning services at locations covering the trust's regions, this is not a full “make ready” service. The Avon region is located at Bristol Central ambulance station and co-located with the workshop. The Gloucestershire region is located at Staverton Ambulance Station. The Wiltshire region located at both Trowbridge Ambulance Station and Swindon Ambulance Station both locations are co-located with the workshop.

#### **Hazardous Area Response Teams (HART)**

A site has been acquired for the provision of HART services at North Bristol at Filton 400. This site is due to become operational in April 2011. The trust is considering a number of co-locations of services, including training, the resilience team, stores and some A&E presence.

#### **Training**

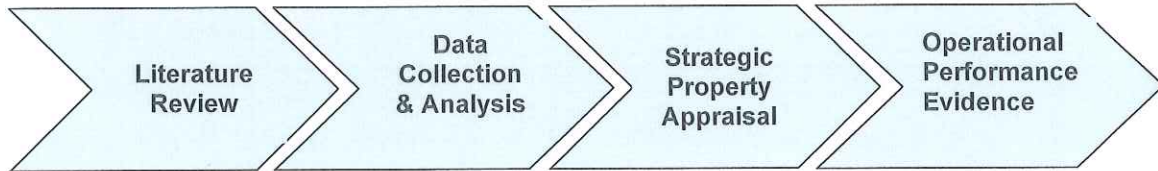
There are currently training facilities provided at Marybush Lane in Bristol and Acuma/Wessex House (EOC training) in Avon, from Dorman/Oak House in Wiltshire and GTEC Tri Service site in Gloucestershire. Marybush Lane and Dorman/Oak House are freehold, and the others are rented. There has been no formal assessment of training

facility usage; however individual analysis of facility usage indicates possible underutilisation of the training facilities.



## 4. Methodology

The diagram identifies the stages adopted in developing the estate strategy and the reconfiguration proposals it sets out. This section of the Strategy provides details of each of the stages



### 4.1. Literature Review

A number of key documents were reviewed to provide the context and background information on the trust and wider changes in the health sector to inform the estate strategy, some of the key documents used in developing the strategy are,

- GWAS Estate Strategy 2007-2012;
- GWAS Estate Strategy 2009-2012;
- GWAS Estate Strategy- Draft Premises Plan 2010;
- GWAS Operational Deployment Plan 2009;
- RICS Public Asset Management Guidelines;
- Canty Young 6 Facet Survey 2007;
- NHS Healthcare Capital Investment 2002;
- NHS Estate Code 2007;
- Bradley Report 2005 Taking Healthcare to the Patient;
- DH Improving Ambulance Response Times – April 2007.

### 4.2. Data Collection and Analysis

Data on the existing trust's estate was analysed to provide an understanding of its size, tenure, quality and suitability. The scope of this estate's strategy currently covers stand alone operational ambulance stations (the estate) located in the three localities of Avon, Gloucester and Wiltshire together with various other buildings which offer support services.

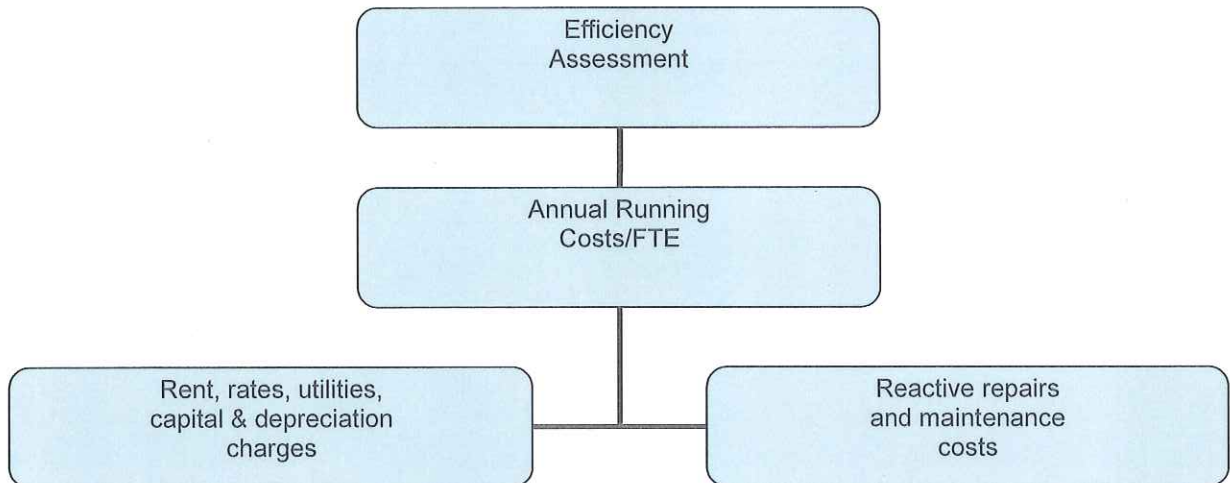
### 4.3. The Strategic Property Appraisal (SPA) Process

As part of the development of the estate strategy process a Strategic Property Appraisal (SPA) for the estate has been undertaken to provide an assessment of both the efficiency and effectiveness of the current operational estate. The SPA considers the business objectives of the trust and then develops a system to measure the estate's contribution to service delivery by developing bespoke Property Performance Indicators (PPI's) which are then used to assess and score the estate based on two key areas of measurement, efficiency and effectiveness.

The SPA also provides an assessment of the economic dimensions related to property by providing the value of the asset in its existing use compared to its potential market (disposal) value. This will identify the potential capital receipt or any impairment issues associated with any proposed property disposal.

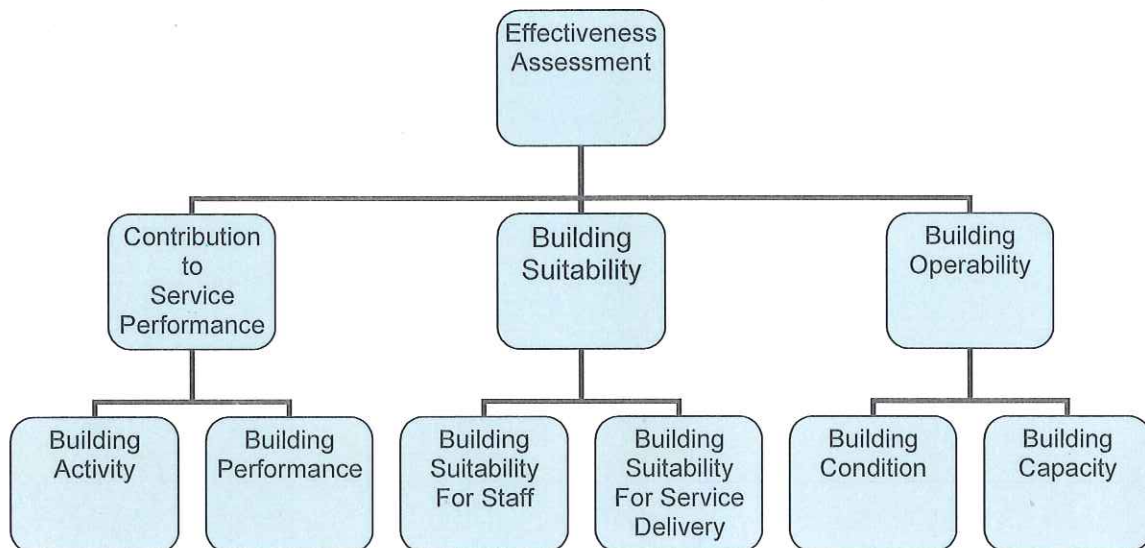
For the efficiency assessment the SPA uses a framework shown below at Figure 1 that uses quantitative evidence to provide an assessment. The total running costs of each ambulance station per annum are collected and then divided by the total staff operating at the station to give a cost assessment based upon staff numbers.

**Figure 1**

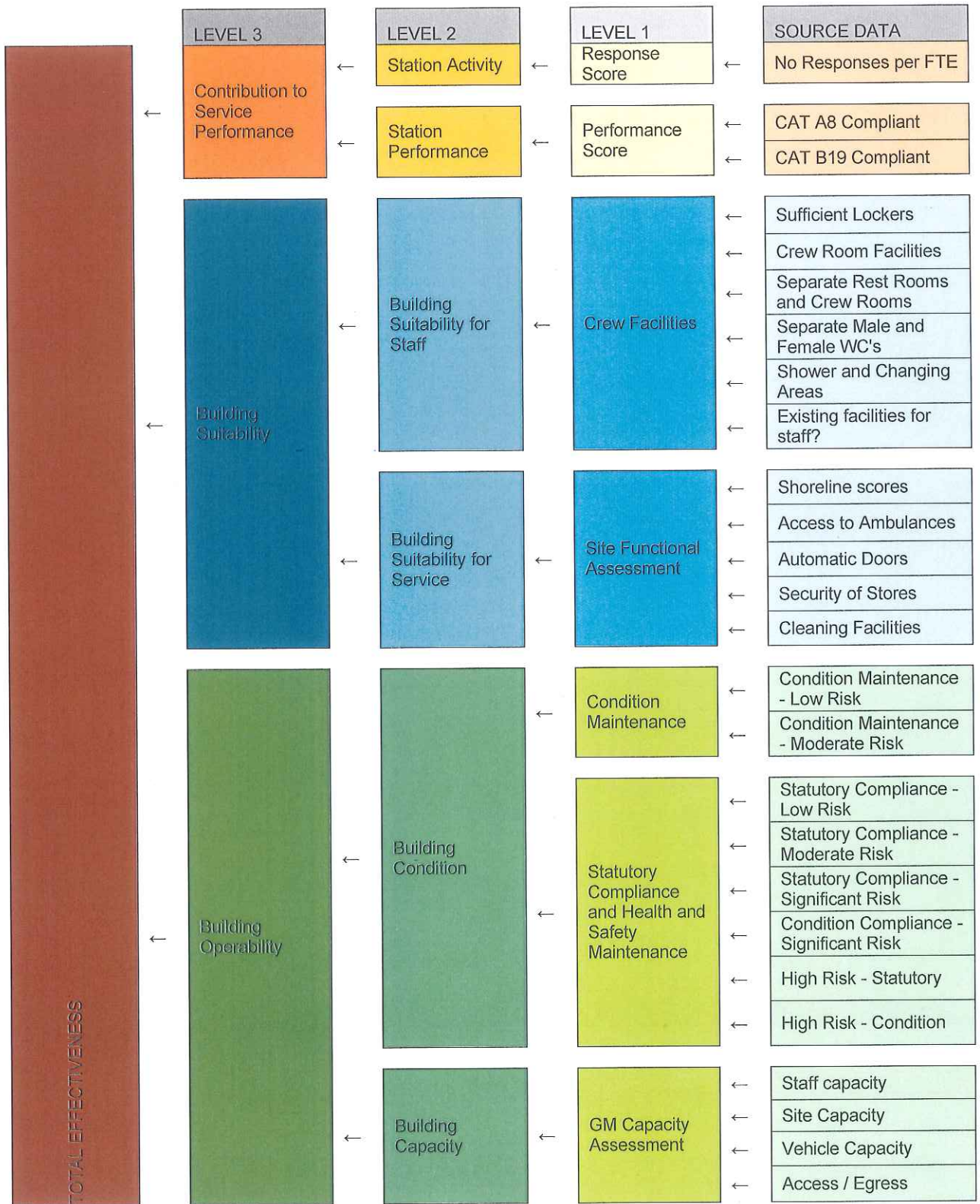


For the effectiveness assessment the SPA uses a framework shown below at figure 2. This assessment uses both quantitative and qualitative evidence to provide an assessment of building performance. The framework measures and sets benchmarks for three key aspects of building performance namely, the buildings contribution to service performance, the buildings suitability for the service being delivered and staff using it, and the buildings operability and condition.

**Figure 2**



**Figure 3 The SPA Effectiveness Framework**



The SPA has been completed using property information supplied by GWAS and a measured survey of building suitability using a bespoke designed questionnaire that was completed by divisional operational management. Other key information that has informed the SPA has been the Six Facet Property Survey prepared Canty Young, trust informatics data on individual building activity and performance, and various reports and information supplied by the trust's finance and estate departments.

The information contained in the SPA provides a performance tool to help to review, update and further develop strategic options for the estate by highlighting areas for investigation such as:

#### **Disposals**

- Identifying inefficient buildings for disposal;
- Identifying low use buildings for disposal or consolidation;
- Identifying buildings which need to be replaced for effectiveness reasons.

#### **Space Rationalisation and Improvement**

- Identifying low cost buildings for intensification of use;
- Assessing possible improvements for individual buildings;
- Characterising general problems to resolve.

#### **Improved Operability / Compliance**

- Identifying the extent of non-compliance with statutory and health and safety legislation;
- Identifying qualitative issues such as building suitability and service delivery;
- Identifying major repair programme to remove future liabilities.

The aim of the SPA is to summarise the performance of the estate by developing internal benchmarks and assessing the suitability of the portfolio for service delivery requirements. The information contained in the SPA provides a performance tool to help to review, update and further develop the estate's strategic asset management. The SPA has been used in conjunction with other data and analysis to provide a comprehensive evidence base for property related decisions contained within the estate strategy.

## Overall Effectiveness Scores

When looking at the effectiveness element of the assessment (including delivery against national performance standards and volume of activity) the results shows that the overall number of stations performing below the trust assessed average benchmark score of 146 is twenty five in number.

**Table A - Effectiveness Performance Scoring**

Region	Station	Score
Gloucestershire	Moreton in Marsh	106
Gloucestershire	Cinderford	115
Wiltshire	Paulton	122
Gloucestershire	Dursley	122
Avon	Churchill	122
Gloucestershire	Lydney	124
Wiltshire	Chippenham	128
Wiltshire	Marlborough	128
Gloucestershire	Cirencester	130
Avon	Nailsea	131
Wiltshire	Malmesbury	131
Avon	Soundwell	132
Gloucestershire	Tewkesbury	132
Gloucestershire	Coleford	134
Wiltshire	Warminster	134
Avon	Almondsbury	135
Wiltshire	Bath	135
Avon	Falfield	137
Gloucestershire	Stroud	138
Avon	Keynsham	138
Wiltshire	Amesbury	139
Wiltshire	Devizes	140
Avon	Yate	142
Wiltshire	Salisbury	143
Avon	Weston	144
Wiltshire	Trowbridge	147
Wiltshire	Swindon	147
Avon	Central	149
Avon	Avonmouth	151
Gloucestershire	Staverton	161

## Overall Efficiency Scores

The measurement of 'Efficiency' is determined by assessing the ongoing annual running costs (e.g. rent, rates, utilities, capital charges, reactive repairs and maintenance etc.). The assessment of efficiency has been made using running cost data supplied by the trust and the current capital charging liability based on the most recent asset valuation. This data is then used to calculate an overall performance assessment determined by the cost per employee working from the station which is then converted to a benchmark score (148) this represents average performance across the trust. 15 stations are currently performing below average for efficiency.

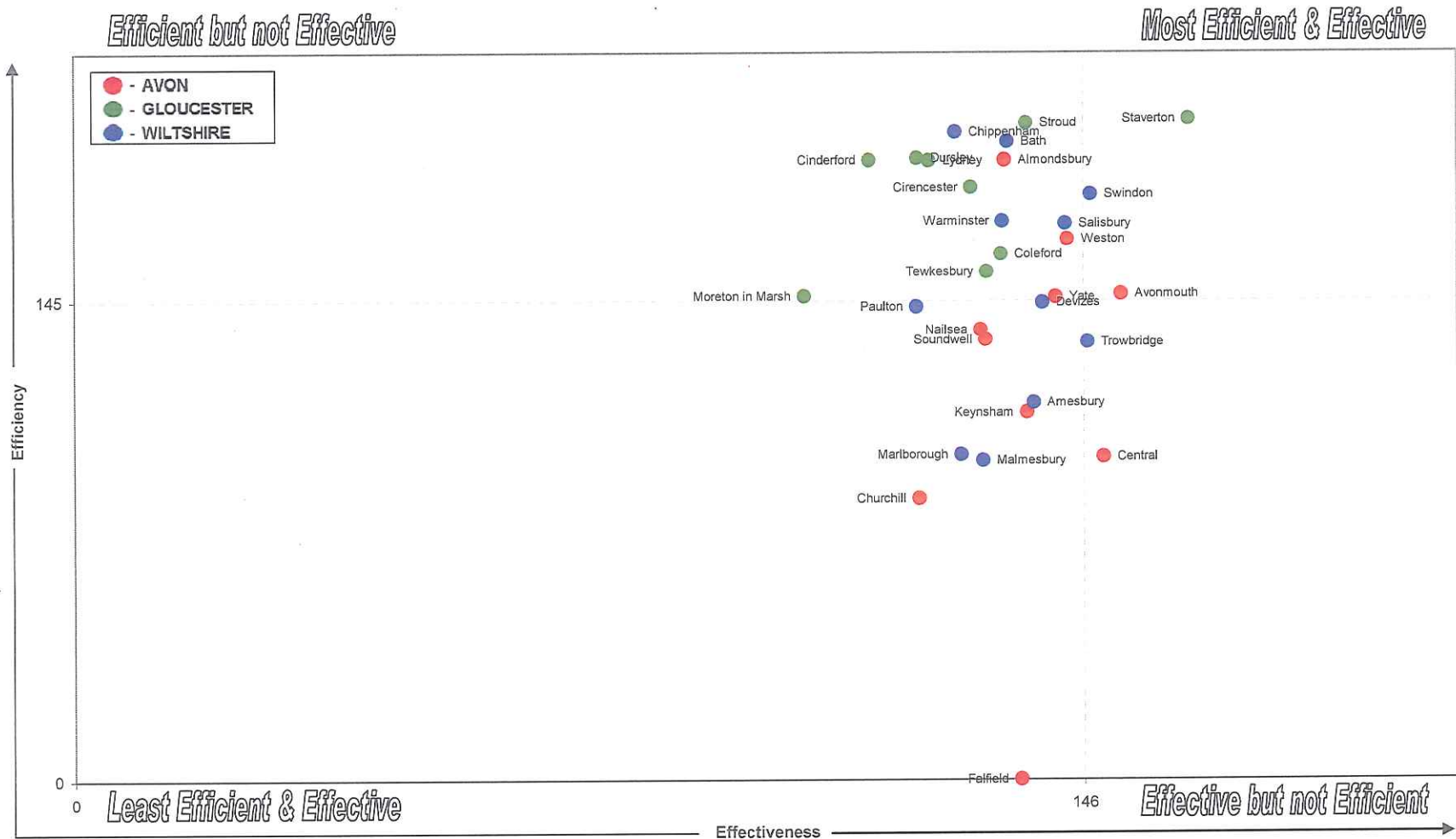
**Table B – Efficiency Performance Scoring**

Region	Station	Score
Avon	Falfield	0
Avon	Churchill	85
Wiltshire	Malmesbury	97
Avon	Central	98
Wiltshire	Marlborough	98
Avon	Keynsham	111
Wiltshire	Amesbury	114
Wiltshire	Trowbridge	132
Avon	Soundwell	133
Avon	Nailsea	136
Wiltshire	Paulton	143
Wiltshire	Devizes	144
Avon	Yate	146
Gloucestershire	Moreton in Marsh	146
Avon	Avonmouth	147
Gloucestershire	Tewkesbury	154
Gloucestershire	Coleford	159
Avon	Weston	164
Wiltshire	Salisbury	168
Wiltshire	Warminster	169
Wiltshire	Swindon	177
Gloucestershire	Cirencester	179
Gloucestershire	Lydney	188
Gloucestershire	Cinderford	188
Avon	Almondsbury	188
Gloucestershire	Dursley	188
Wiltshire	Bath	193
Wiltshire	Chippenham	196
Gloucestershire	Stroud	199
Gloucestershire	Staverton	200

## Efficiency and Effectiveness Conclusions

The efficiency and effectiveness scores derived for each station can be used as an indicator of where further action may be needed to either improve the physical environment of the site or increase its contribution to operational performance. These actions could include capital redevelopment, backlog maintenance or in some cases relocation. The combined effectiveness and efficiency scores of existing A&E sites using this methodology are supplied in the table below.

GWAS



#### 4.4. Operational Performance Evidence

##### Structured Interviews and Strategy Development Workshops

Various individual and group meetings were held during the methodology stages to discuss the results and reconfiguration proposals that were being developed from the outcomes of the various information analyses. These meetings involved a number of the trust's key staff listed below in Table C.

**Table C**

Name	Position
Executive Team	Half Day Event
Management Team	Full Board Meeting
Rod Barnes	Director of Finance
Dave Harwood	Head of Estates
Andy Hollingshead	Associate Director
Keith Scott	General Manager Gloucester
Kerry Pinker	Director of HR & OD
Dominic Morgan	Operations Manager Wiltshire
Nick Matson	Operations Manager Avon
Neal Goodwin	Head of Fleet and Logistics
Andy Parker	Head of EOCs
Tom Milles	Programme Manager

##### Validation of Reconfiguration Proposals

The strategic deployment locations within the ORH report are consistent with the reconfiguration proposals within the estate strategy. Further resilience testing of the strategic locations included in the reconfiguration proposals have been tested with simulation modelling which has confirmed that the proposals will not adversely affect overall operational performance in rural locations.

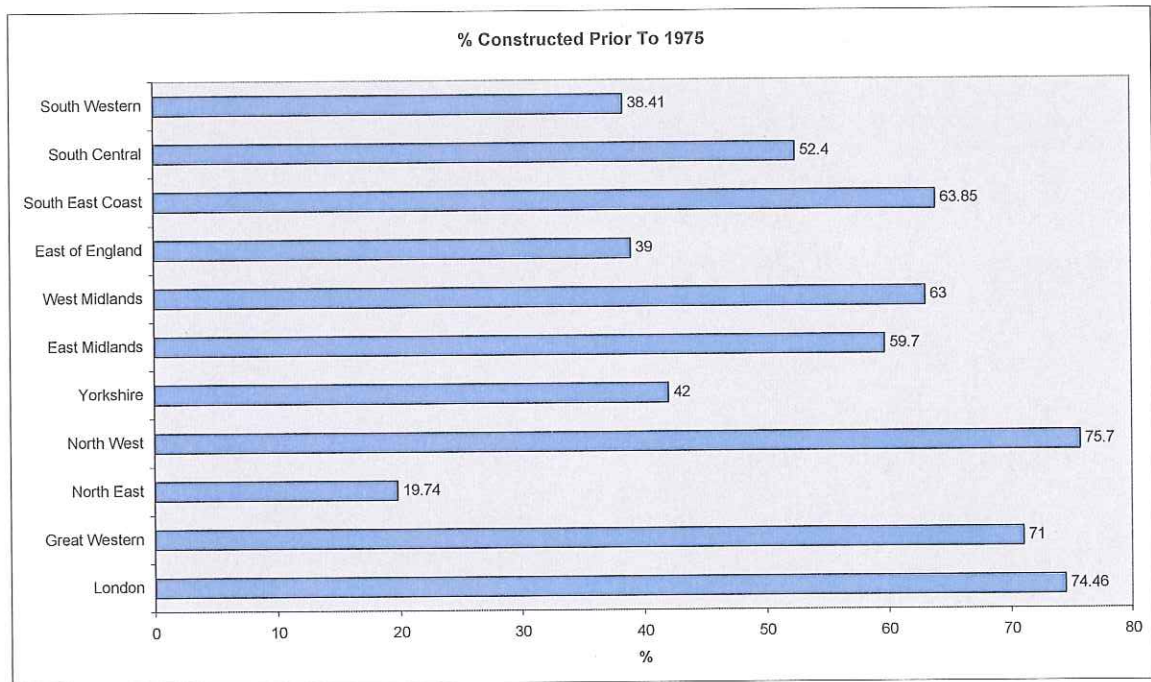


#### 4.5. Overall Six Facet Performance

An analysis of the trust's estate was undertaken in 2007 in accordance with an NHS estate code six facet survey guidelines by Canty Young Associates to determine the overall condition and liabilities associated with the trust's properties. The six facet condition surveys reveal that many of the trust operational sites suffer from high levels of backlog maintenance (including high statutory maintenance i.e. fire and health and safety compliance) and perform poorly against evaluation criteria.

The survey highlighted that over 71% of the trust's estate was constructed prior to 1975 - the date at which assets transferred from local authority ownership to the Department of Health. Buildings of this age are reaching the end of their useful economic life and will require major capital investment in both the fabric and mechanical and electrical infrastructure. This is one of the highest percentages of pre-1975 buildings in use within the eleven ambulance services in England.

Figure 5



The six facet survey results have been updated to reflect maintenance expenditure since the surveys were undertaken in 2007. These results set a baseline from which to measure current condition and future improvements delivered through the implementation of the Estate Strategy.

The original surveys identified a number of immediate issues to address and investment has been made in priority areas. However, given the general poor condition of the estate and the levels of investment required, suitable investment in other areas has not been made at the levels identified in the Canty Young Report. This still leaves much of the trust's estate performing poorly in relation to the facet methodology.

Facet	Condition Assessment
Physical Condition: The overall physical condition is assessed on the basis of the condition of three elements: buildings (internal and external); mechanical systems; and electrical systems.	A: As new and can be expected to perform adequately over its expected life. B: Sound operationally safe and exhibits only minor defects. C: Operational but major repair or replacement will be needed soon. D: Runs a serious risk of imminent breakdown.
Functional Suitability: Assessed on the basis of three elements; internal space relationships; support facilities; (e.g. Toilets, storage, seating) and location (is it well sited).	A: Very satisfactory, no change needed. B: Satisfactory, minor change needed. C: Not satisfactory, major change needed. D: Unacceptable in its present condition
Space Utilisation: Considers how well available space is being used using judgements on intensity of use, numbers of people using it and frequency of use.	E: Empty or grossly underused. U: Underused, utilisation could be significantly increased. F Fully used a satisfactory level of utilisation. O: Overcrowded, facilities overloaded and generally overstretched.
Quality: Considers three elements: amenity; comfort engineering (e.g. internal environment) and design.	A: A facility of excellent quality. B: A facility requiring general maintenance investment only C: A less than acceptable facility requiring capital investment D: A very poor facility requiring significant capital investment
Health and Safety: Considers elements of compliance for Statutory Compliance considers Health and Safety Compliance and Fire Safety Compliance.	A: Building complies with all statutory requirements and relevant guidance. B: Building where action will be needed in the current plan period to comply with relevant guidance and statutory requirements. C: Building with known contravention of one or more standards which falls short of B D: Building areas which are dangerously below B standard
Energy: The assessment is part of the environmental management facet. Energy usage is assessed using the Energy Cost Indicator = cost/GJ. For strategic planning purposes the buildings can be ranked using an energy usage per unit method of assessment.	A: Energy usage per cubic volume 35 – 55GJ per 100m <sup>3</sup> . B: Energy usage per cubic volume 56 – 65GJ per 100m <sup>3</sup> . C: Energy usage per cubic volume 66 – 75GJ per 100m <sup>3</sup> . D: Energy usage per cubic volume 76 – 100GJ per 100m <sup>3</sup> .  The above energy targets are set by the Department of Health as part of the facet appraisal.

The acceptable standard that the NHS sets for facet performance is Category B level which indicates the satisfactory performance of a facet. A summary of the trust's levels of facet performance at below Category B is detailed below in table D.

**Table D**

Facet	2007 Performance
Physical Condition (% of estate below Category B)	0%
Functional Suitability (% of estate below Category B)	73%
Space Utilisation (% Overcrowded)	0%
Quality (% of estate below Category B)	77%
Statutory Compliance (% of estate below Category B)	99%
Fire Safety	92%
Energy (% of estate below Category B)	82%

The facet survey has highlighted that much of the trust's estate still requires investment, with certain sites (Bristol Central ambulance station (AS), Chippenham AS, Swindon AS, Trowbridge AS, Soundwell AS, Nailsea AS and Marybush Lane Offices) requiring significant investment in relation to the facets of statutory compliance, fire safety works and energy efficiency, which highlights poor performance and above average risk exposure. The overriding concern is that there is still a significant liability attached to these work items which places the trust at considerable risk. A summary of the total backlog maintenance liabilities by region is detailed below in Table E

**Table E**

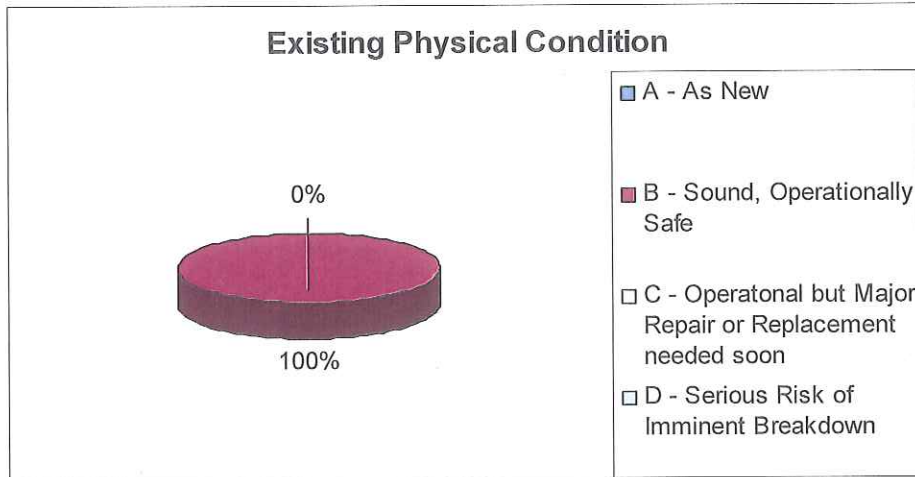
Region	Existing Backlog Maintenance Liability
Gloucestershire	£169,000
Wiltshire	£761,300
Avon*	£1,115,400
Total	£2,085,800

\* Figure includes £711,200 for Central Ambulance Station

All buildings have been graded on a scale of A to D for the following facets, Physical Condition, Functional Suitability, Space Utilisation, Fire and Health and Safety Compliance, and Energy, the results of the six facet survey are summarised below:

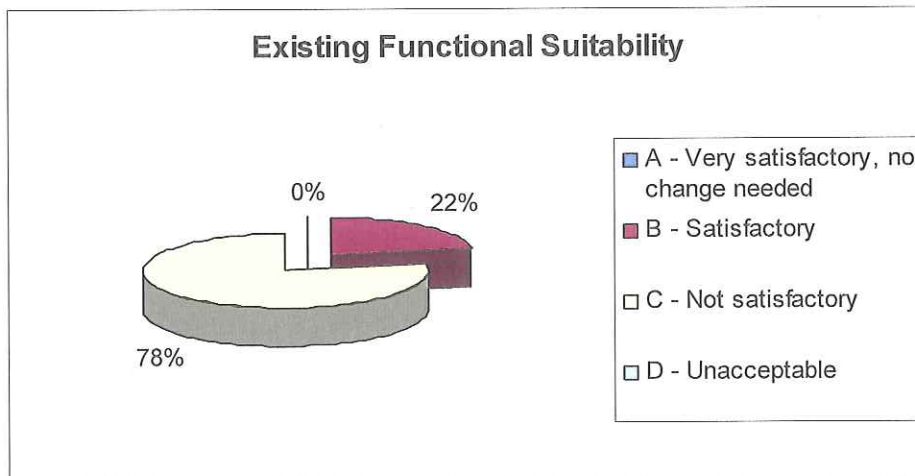
### Facet 1: Physical Condition

With the exception of Bristol Central ambulance station (Condition C) the estate when assessed against this facet is classified as being in Condition B indicating that most buildings are generally sound and operationally safe and exhibiting only minor defects regarding their actual physical condition. The chart below summarises estate performance for this facet.



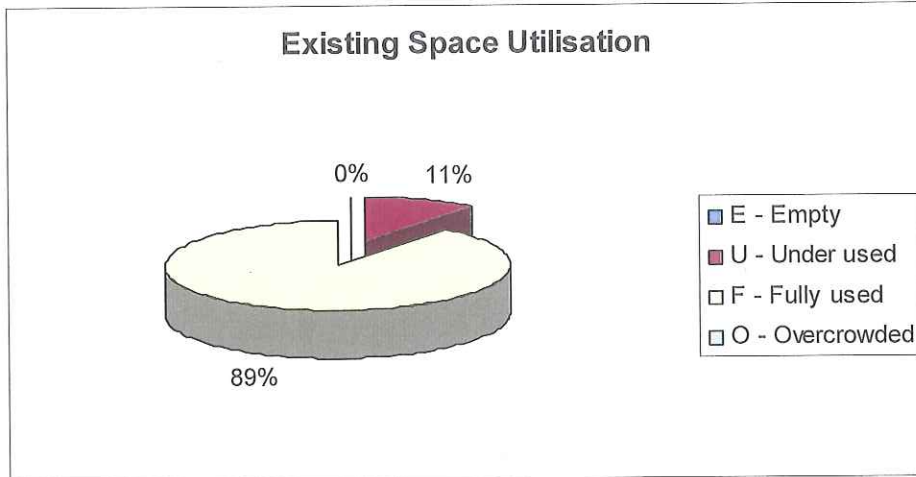
### Facet 2: Functional Suitability

The majority of the estate when assessed against this facet is classified at Level C meaning that a large proportion of the estate is considered as being not satisfactory for their function. A significant factor in this will be the age of the majority of the estate. The chart below summarises estate performance for this facet.



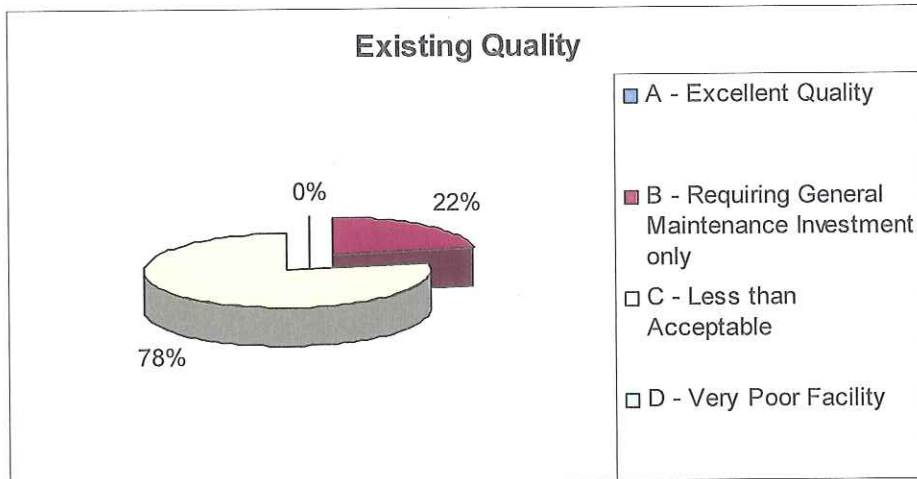
### Facet 3: Space Utilisation

A high proportion of the trust's estate is currently fully used; however underutilised sites include Chippenham AS and the old training college, Churchill AS, Falfield AS, Malmesbury AS, Marlborough AS, Warminster AS, Marybush Lane Offices and GTEC. The chart below summarises estate performance for this facet.



### Facet 4: Quality

A high proportion of the trust's estate (Bristol Central AS, Chippenham AS, Swindon AS and Trowbridge AS) is considered to be less than acceptable quality and requiring capital investment, while the remainder requires general investment. The chart below summarises estate performance for this facet.

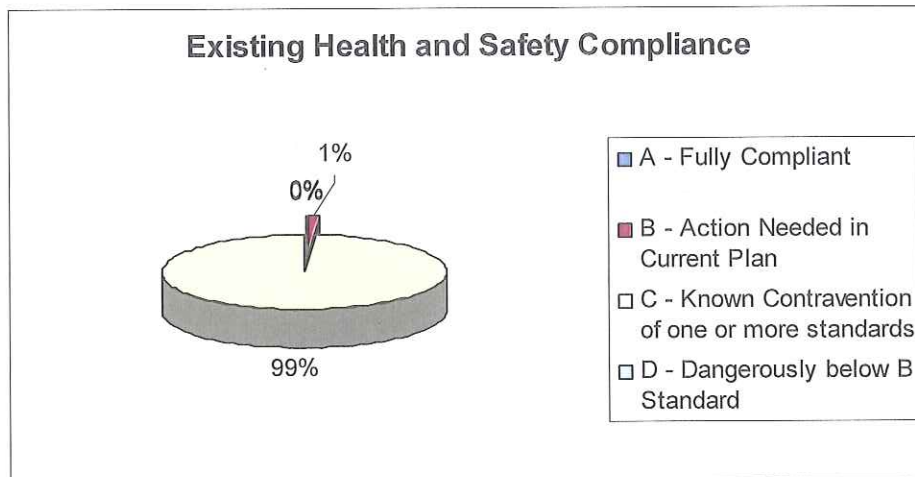


### Facet 5: Fire and Health and Safety Requirements

This assessment assesses elements to grade buildings on a scale ranging from Category A, complying with all requirements, to Category D buildings that are dangerously below Category B standard.

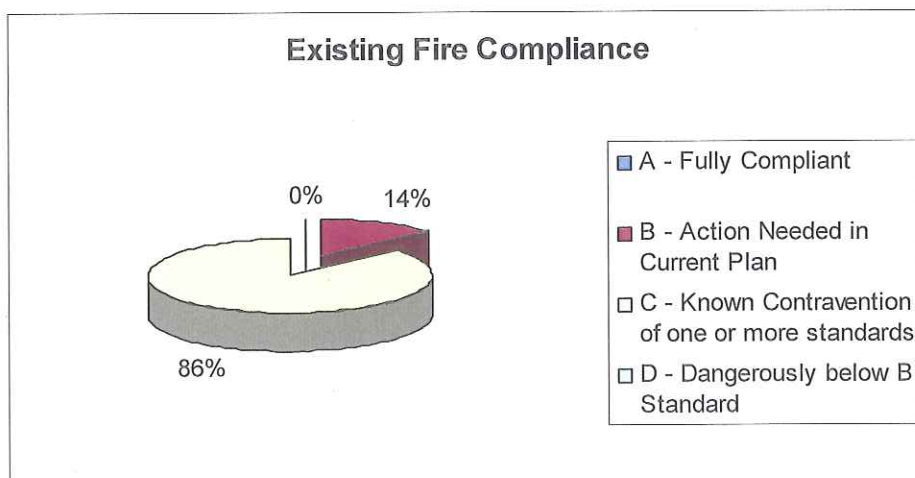
#### Statutory Health and Safety Compliance

99% of the estate when assessed against this facet is classified at Level C meaning that most of the estate is known to be contravening one or more health and safety standard. This issue should become a priority area for the trust to address given the associated risks with non-compliance. The chart below summarises estate performance for this facet.



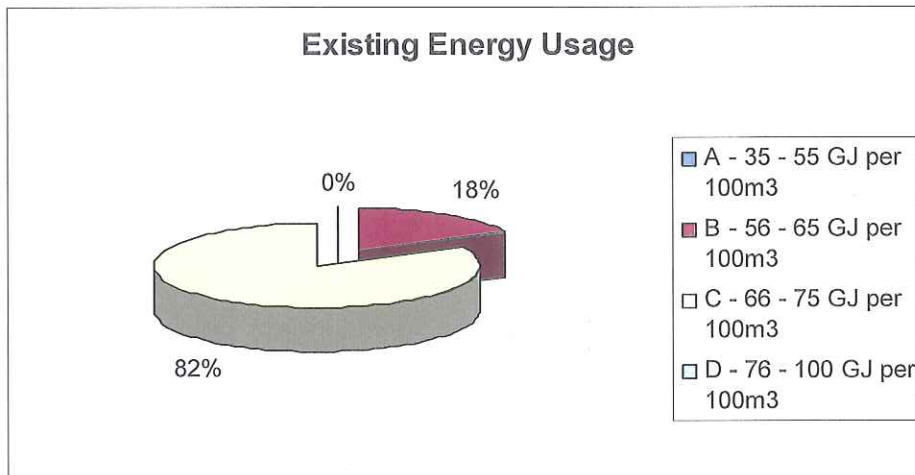
#### Statutory Fire Safety Compliance

The majority of the estate when assessed against this facet is classified at Level C meaning that a significant proportion of the estate (Bristol Central AS, Bath AS, Chippenham AS, Swindon AS and Marybush Lane offices) is contravening one or more standard. This issue will become a priority area for the trust to address given the associated risks with non-compliance. Fire safety is being brought up to acceptable standards by mid-2011 at all sites, however there are other statutory safety issues that will need to be rectified, including working at heights, legionella, and electrical safety. The chart below summarises estate performance for this facet.



**Facet 6 Energy:**

The majority of the estate when assessed against this facet is classified at Level C, meaning that a large proportion of the estate is performing below the target standard of Level B. A significant factor in this will be the age of the majority of the estate because older buildings do not incorporate modern design principles regarding current thermal insulation requirements and therefore perform poorly. The chart below summarises estate performance for this facet.



**Condition Summary**

The six facet condition survey results highlight that most of the trust's estate is either not satisfactory or less than acceptable in terms of building functionality or building quality, that it contravenes a statutory requirement with regards to fire safety or statutory compliance and performs poorly in terms of energy consumption. This will be largely due to the age of the estate, and a general reduction in expenditure to tackle backlog maintenance liabilities given other spending priorities for the trust. Sites that are performing poorly across most facets are Bristol Central AS, Chippenham AS, Swindon AS, Trowbridge AS and Marybush Lane Offices. It is important not to underestimate the impact that poor condition buildings have on operational performance and the adverse affect on staff morale having to operate from unsuitable and poorly maintained buildings.

## 5. Where do we want to be - Strategy Proposals

### 5.1. Estate Strategy Concepts and Guiding Principles

Traditionally services provided by GWAS and most other ambulance services have been centred on areas of population density and this is reflected within current divisional locations. This is a sensible view given that the majority of activity would be focussed on the most densely populated areas of the trust. However, the role of the ambulance service trust has developed and is changing from the traditional movement of patients to a place of treatment, to a far more sophisticated service, which is now firmly entrenched in the NHS whole systems approach to healthcare.

The guiding principle for operations is to construct a hub and spoke delivery model where smaller sites feed off larger hub sites for administration, supply, management arrangements, allowing the trust to locate key support services at certain suitable hub sites. The aim of the hub spoke model is:

- To improve station and standby point 'range and cover' and support the trust's clinical priorities and achievement of Category A and Category B national response standards;
- Support overall delivery of services to patients;
- To improve working conditions/facilities at station locations – for all staff on site. To improve energy efficiency at current/future sites via investment in low energy building and engineering technology;
- Improve vehicle preparedness (stock, cleaning and availability);
- To improve use of assets including identification of sites surplus to operational requirements;
- To reduce estates capital and revenue lifetime costs and maximise investment in patient care;
- To reduce the environmental impact of stations/sites and vehicles;
- To advise on an appropriate condition upgrade programme for existing sites;
- To support delivery of improved vehicle egress times from hub and spoke stations.

Traditionally both A&E and PTS services have been provided from traditional ambulance stations and, in future where appropriate, these services will be provided by a combination of hubs, spokes and standby points in optimum strategic locations.

- **Hub:** integrated resource centre or resource centre – defined as a site where a large number of staff report and where we operate other support services – full "make ready" services, fleet servicing and maintenance, logistics/supplies, have a management presence (i.e. locality management) and have education facilities that are able to accommodate classroom based training;
- **Spoke:** operational centre – defined as a site where staff report, but is aligned to a hub for services including deep cleaning, repair, supplies etc (could be an existing station, a co location site with other partners) but importantly, where staff report to collect a vehicle;
- **Standby Points** either a 'hot' stand by site e.g. an acute emergency department, or number one location in a city where we do not expect to be there for more than a few minutes and facilitated stand by locations/sites which can be any site where crew facilities are present (e.g. a portable building, polyclinic, MIU etc).



With consideration to the trust's aims and strategic objectives detailed in section two of this strategy, the following concepts and guiding principles have been developed to meet these objectives. Additionally, the impact on the trust's accommodation is now considered on a service by service basis below.

#### **5.1.1. Accident & Emergency Ambulance Stations**

The primary function of the trust is the delivery of A&E services. Many of the other functions the trust needs support of the delivery of A&E services. Other services the trust provides are also linked to A&E services locations. It was considered essential to firstly develop the future A&E services model and to identify proposed locations for ambulance stations so that linked services strategies could then be developed. The A&E service locations would become the foundation layer that will underpin the development of other related service strategies and where these services will be located.

The A&E operational model has been developed in conjunction with District Valuer Services (DVS) based upon the full Strategic Property Appraisal (SPA) and a series of facilitated workshops and structured interviews with the regional operational heads of service and other trust stakeholders.

Simulation modelling analysis of historical demand patterns has previously been undertaken by Operational Research in Health (ORH). The ORH report identified the need for four to five strategic response locations across the trust operational area centred in the main population centres. Reference to the ORH report has been made in the development of the reconfiguration proposals and the strategic locations identified in the ORH report correspond and support the locations within the reconfiguration proposal.

The proposed reconfiguration model will be tested by Process Evolution (the trust's informatics partner) to assess the potential impact on operational performance.

### **5.1.2. Patient Transport Service (PTS)**

There is an option to have a few large locations from which PTS resources could be deployed, allowing for efficient use of resources and minimising the fleet size. These resources do not necessarily need to be co-located with A&E resources. This may be more relevant in more rural areas but not a necessity in urban areas.

In the future PTS operating model resources will spend most of their working shift away from their base location and often will not return to their base location until the end of their shift. Typically almost all of the PTS fleet is inactive during the night period and vehicles do not need to be parked inside a garage area and could either be located in a compound type area either covered or uncovered.

Any proposed location would require basic cleaning facilities and requirements such as lighting and shore lines for vehicles that require over night charging facility. Consideration does need to be given to how vehicles access appropriate fleet maintenance and deep cleaning services, although deep cleaning could feed in to an A&E hub site or a mobile cleaning service could be accommodated. Maintenance could be provided in house or the service out-sourced if more cost effective.

### **5.1.3. Emergency Operations Centres (EOC)**

The trust is currently maintaining three emergency operations centres (EOCs) and is increasingly viewed as an outlier when compared to other ambulance services nationally. This is both inefficient and costly and is viewed by commissioners as financially unsustainable in the current economic climate. In addition to this, there is a separate Patient Transport Service (PTS) control room and the Gloucestershire Out-of-Hours (OoH) control function is incorporated into the Gloucestershire EOC.

In line with the legacy arrangements, the emergency operations centres (EOCs) are located in Almondsbury, Devizes and Gloucester. None of the existing EOCs are of sufficient size to accommodate all call taking and dispatch functions of A&E in addition to Patient Transport Services, Out of Hours and a potential 111 service.

When considering future options, the following need to be taken into consideration:

- In order to be considered as a potential provider of the 111 service there will be a need to increase capacity, efficiency and effectiveness of control rooms;
- Significant cost savings can be made from a combination of increased efficiency of a single dispatch function (compared to three at present), together with reductions in management overhead requirements;
- Improved responsiveness and flexibility to cater for variations in demand, including projected growth in call volumes and possible major incidents, through the ability to allocate resources flexibly and at short notice to meet changes in demand. This would be enhanced further through co-location of the Out of Hours Service and Patient Transport Service within the EOC facility;
- Resilience, through implementation of effective backup and contingency arrangements. It is envisaged that backup would be provided initially through existing facilities, before migrating to a dedicated backup/training facility.

In view of this there is a need to review this provision to ensure the trust is best placed to succeed within a competitive environment for 111 services whilst guaranteeing sufficient resilience; potential options are:

- a) No change to current locations
- b) Split-site EOC
- c) Hub and spoke
- d) Single EOC with resilience arrangements.

It is recommended that a review of control room facilities is undertaken and a business case is produced and presented to the Board for further consideration.

#### **5.1.4. Headquarters (HQ)**

Currently the trust has management and headquarters administrative staff (HQ, OoH control and PTS control staff) at five main locations (Marybush, Acuma, Dorman, Jenner, and GTECH). A single headquarters would need to accommodate approximately 130 people and require approximately 1,400m<sup>2</sup> NIA of modern office space, plus adequate car parking for essential users. As part of the estate strategy a preliminary option appraisal exercise has been undertaken to scope out HQ options, these are:

- a) Do nothing, adapting existing locations.
- b) Single HQ in Chippenham.
- c) Single HQ in Bristol
- d) Single HQ in Bristol, with a co-located single EOC
- e) Consolidate in Chippenham and retain certain HQ services (e.g. IT, personnel and HR) located at Bristol HART or a future EOC.

It is recommended that a further study is undertaken on the above options, with a business plan being produced that will be presented back to the trust board.

#### **5.1.5. Fleet, Logistics and “make ready” (FLMR)**

The full fleet, logistics and “make ready” functions are currently being reviewed with a number of options under consideration.

##### **Logistics**

Currently three stores cover the trust’s regions. The Avon region stores are located at Bristol Central ambulance station. The Gloucestershire region stores are located at Staverton. The Wiltshire region stores are located at Chippenham ambulance station.

##### **Fleet and “make ready”**

Currently there are four fleet workshops covering the three trust regions. The Avon region is located at Bristol Central ambulance station. The Gloucestershire region is covered by the workshop adjacent to the Tri-Service EOC and the Wiltshire region is covered by two workshops at Trowbridge ambulance station and Swindon ambulance station.

Currently there are four ‘deep clean’ locations covering the trust’s regions. The Avon region is located at Bristol Central ambulance station and co-located with the workshop. The Gloucestershire region is located at Staverton ambulance station. The Wiltshire region located at both Trowbridge ambulance station and Swindon ambulance station both locations are co-located with the workshop.

To support the highly mobile resources required for the A&E future operating model there is a need to have efficient and appropriately located support functions such as fleet and “make ready” deep cleaning services. It is proposed that at certain suitable hub sites there may be a fleet maintenance service co-located with static “make

ready” deep cleaning team(s) and logistics/mobile “make ready” staff to ensure the prompt maintenance and cleaning of vehicles to minimise lost/downtime when resources are required to be operationally available.

It is envisaged that typically there would be a maintenance and “make ready” facility within each of the three regions although this is not mandatory. The required supply chain arrangements would need to reflect and support the hub and spoke configuration. This may involve more direct supply of goods to larger hub sites with arrangements then to feed to smaller sites the required supplies needed.

Of the current four deep clean locations (Staverton, Bristol Central, Swindon and Trowbridge ambulance stations) only Staverton is not co-located with a fleet workshop. Therefore when considering a future combined fleet and “make ready” service there are a range of options for consideration which are detailed below.

#### **5.1.6. Training and Education**

Higher education for paramedics is central to achieving a modernised ambulance workforce able to provide a greater range of mobile urgent care, set out in the ambulance review *“Taking Healthcare the Patient: Transforming NHS Ambulance Services”*. Making the transition will equip ambulance clinicians with a greater range of competences and underpinning knowledge whilst maintaining the vocational nature of their training. It will also aid integration with the wider NHS, making it easier for staff to move to and from ambulance roles within their careers.

In the future where internal training and development is required, more of this would be carried out at a local site level, therefore each site ideally would have minimal facilities to enable some classroom training to take place. Smaller sites may simply have a room in which staff could study at a computer or undertake some practical training. Larger hub sites may need the facilities to train a group of staff in a room – having at least one site with these types of facilities within each operational sector/county.

#### **5.1.7. HART**

The HART service went live at the end of August 2010, based in temporary accommodation at Falfield ambulance station. Negotiations to purchase a site at Filton in North Bristol for the permanent HART base have been concluded and works are due to commence on site in January 2011, and complete in April 2011. The works allow scope for a number of non-HART services to be co located onto the site including:

- Training – shared use of the HART training rooms, booked through HART;
- Stores – relocation of Bristol and Staverton stores – this vacates space at Bristol enabling use by the workshops to increase capacity and improve efficiency;
- A&E services – to be confirmed;
- PTS services – to be confirmed.

## 5.2. The Estate Strategy Benefits

### The Benefits for Patients

The reconfigured estate will support delivery of national performance standards ensuring patients receive the most appropriate response whether from an ambulance crew or telephone advice from a trained clinician. In addition the strategy will ensure that resources are not diverted from front line care to maintain buildings in need of significant repair that are no-longer required to deliver the trusts services.

Where practicable new facilities will be co-located with other health providers, ensuring the trust remains part of a coherent community based health system, whilst delivering cost efficiencies for taxpayers.

### The Benefits for Staff

The reconfigured estate will enable trust staff to operate from base locations that are modern and purpose built. They will provide modern facilities for crews. The new estates model will be supported by full "make ready" services that will provide fully prepared vehicles as set out in the fleet and "make ready" proposals.

### The Financial Benefits

The forecast net cash benefit to the trust of implementing the estate strategy based on a 10-year investment will be significant; this is partially due to the high backlog maintenance costs.

### The Estate Condition Benefits

The six facet survey data has been used as a baseline to provide a forecast of what the future condition of the proposed estate will be based on the estate strategy reconfiguration proposals. Certain assumptions have been used to make this forecast, namely that:

- Any new build building solution will be constructed to achieve the highest level of facet compliance as required in the six facet assessment criteria;
- Any refurbished building solution will be refurbished to achieve the highest level of facet compliance as required in the six facet assessment criteria;
- Any leasehold building solution will achieve the highest level of facet compliance as required in the six facet assessment criteria.

**Table J**

Facet	2007 Performance	2011 Performance	2021 Performance
Physical Condition (% of estate below Category B)	0%		0%
Functional Suitability (% of estate below Category B)	73%		0%
Space Utilisation (% Overcrowded)	0%		0%
Quality (% of estate below Category B)	77%		0%
Statutory Compliance (% of estate below Category B)	99%		0%
Fire Safety (% of estate below Category B)	92%		0%
Energy (% of estate below Category B)	82%		0%

### Estate Benefits Summary

The forecast future estate condition results clearly demonstrate a dramatic improvement in the overall condition of the estate as well as significantly reducing the existing backlog maintenance liabilities the trust faces regarding the condition of its A&E operational property. A summary of the reduction in backlog maintenance liabilities by region is detailed below in Table H this clearly demonstrates the potential savings to the trust.

Table K

Region	Existing Backlog Maintenance Liability	Proposed Backlog Maintenance Liability	Reduction in Liability
Gloucestershire	£ 169,000	£ 79,800	£ 89,200
Wiltshire	£ 761,300	£590,000	£ 513,900
Avon*	£1,115,400	£169,000	£ 946,400
Total	£2,085,800	£839,000	£1,246,800

This figure includes £711,200 for Central Ambulance Station

### 5.3. The Environmental and Sustainability Benefits

The reconfigured estate will enable trust staff to operate from a reduced number of sites; this will deliver a number of environmental and sustainable benefits such as:

- Reduction in core locations combined with full fleet and "make ready" services will reduce vehicle travel and emissions;
- Reduction in floor space will reduce energy usage and reduce CO2;
- Deploying from strategic response locations will reduce overall vehicle travel to incidents and reduce emissions;
- All proposed buildings either new builds or refurbishment will be designed to latest BREEAM standards as required by NHS, this will further reduce energy usage.

All of the above will enable the trust to reduce its carbon footprint.

## **6. How do we get there - Implementation**

### **6.1. Introduction**

The estate strategy proposes significant changes to the trusts estate; these changes are numerous and are likely to be considered as transformational by the trust's many stakeholders. It is essential that a detailed communications strategy is developed, that all stakeholders are consulted early in the process and then regularly informed on implementation progress. This is imperative to reassure all stakeholders that full and open engagement with all affected stakeholders will be properly managed.

An important aspect to emphasise is that the estate strategy provides a vision for the next five – ten years and that realising this vision will be incremental. All change proposals will be subject to a detailed suitability analysis to ensure resilience is acceptable and that both service performance and financial benefits are achievable. Each estates project will be guided by an implementation team made up of staff representatives who have power to influence decisions which affect staff. It is hoped also that patient representatives will be invited to join these project groups as well, so to maximise the impact on delivering excellent patient care.

### **6.2. Priority Actions**

#### **6.2.1. Dedicated Project Delivery Team**

The changes proposed in the estate strategy are many and complex it will be necessary to establish an estate strategy project delivery team. The Project Delivery team remit will extend beyond property matters and will include the development of a communications strategy that will cover all internal and external communications requirements.

#### **6.2.2. Communications Strategy**

Produce a communications strategy that will inform all internal and external trust stakeholder engagement and consultation.

#### **6.2.3. Key Priority Areas**

Given the current internal and external influences, it is recommended that 3 initial stages to be pursued are:

- A review of the existing Emergency Operations Centres, incorporating the Out of Hours and Patient Transport Services, taking into consideration potential 111 business;
- A review of the headquarters facility, taking into consideration the existing sites in Bristol, Gloucester and Chippenham;
- In line with the new Hazardous Area Response Team (HART) facility a review should be undertaken of the wider A&E facilities in Bristol.

Detailed estate proposals will be developed into business cases and implementation plans for approval by the board on a project by project basis.