

Meeting of the Board in Public on Friday 27 May 2022

Report Title	Estates Strategy
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1. Report Summary

The Estates Strategy is provided to the Board for approval.

2. Key points to note (Including decisions taken)

The Estates Strategy was originally approved by Business Senior Leadership Team on 22 Sept 2021 and the revised version has now been ratified by the Team again on 18th May 2022.

The Strategy was originally presented to Trust Board in Sept 2021. Trust Board requested that a greater focus was given on the potential development opportunities on the Weston site and as such a Site Development Plan (SDP) has been created.

In September 21 we:-

- Set out objectives
- What to expect
- Where are we now
- Where do we want to be
- How do we get there

Additions to the Estates Strategy

- post covid design considerations
- greater focus on Weston site and backlog maintenance

The Estates strategy has now been updated to reflect the outputs and recommendations of the Weston SDP and also references the need for the Estate to be flexible in responding to post-covid lessons.

The Weston SDP sets out the following non-clinical requirements:-

- Rationalisation of administration accommodation throughout the site to provide a centralized office building for non-clinically based admin staff. This would free up space in the clinical areas and relocate staff out of current inadequate and inappropriate accommodation.
 - Likewise rationalisation of storage facilities across the site in the form of a receipt and distribution hub. This will enhance management of just-in-time and longer term storage and archiving but also remove the dispersed local store buildings around the site to improve the external environment.
- Expand education facilities to improve the teaching offer on the site.

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- Provide a wellbeing hub with additional facilities on site that will focus on the working environment and support facilities for all staff.

The Weston SDP also explores the opportunities for potential clinical service developments

- The clinical brief is evolving with current focus on restructuring the existing hospital to align services more closely with the Bristol Royal Infirmary so that relevant and appropriate care can be provided to patients locally and regionally.
- The potential for new build provision demonstrating a substantial increase in clinical footprint either as an extension to the existing hospital or a stand alone building.
- The existing Weston Hospital was not designed to current space standards so although the accommodation is adequate any development proposals would also need to address upgrading the existing patient areas.

Progress in revising the Estates Strategy and Weston SDP was presented to Trust Board Seminar in March 2022.

Trust Board are asked to acknowledge that there are a wide range of other supporting strategies which may have a material impact on the estate which will need to be reflected in future iterations of the document.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:

- 2642 strategic risk register - Risk that the Trust is unable to invest in maintaining and modernising the Trust estate.

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Approval**.
- The Board is asked to APPROVE the Estates Strategy and note the associated SDP's.

5. History of the paper

Please include details of where paper has previously been received.

Business SLT

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University Hospitals Bristol and Weston

NHS Foundation Trust

Estate Strategy 2021-26

September 2021 (revised April 2022)

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1 Executive Summary

The estate strategy is an iterative document which sets a framework for future development, and will evolve in response to clinical and business needs.

1.1 Where Are We Now?

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is one of the country's largest acute NHS Trusts, with an annual income of close to a billion pounds. The Trust provides general hospital services to the people of central and south Bristol, and the north of North Somerset - a combined core population of over 500,000 - and specialist services to the wider population of the Southwest and beyond, serving typically between one and five million people.

The Trust was formed in April 2020, by the merger of University Hospitals Bristol NHS Foundation Trust (UH Bristol) and Weston Area NHS Trust (WAHT); this new organisation has brought together a workforce of more than 13,000, to deliver 100 clinical services across 10 different sites and a total estate comprising 215,624m².

UHBW is renewing the UH Bristol 2015-2020 Estate Strategy, in line with the Department of Health guidance '*Developing an Estate Strategy*', predominantly to cover the period 2021-2026.

Our Estate Strategy is a long-term plan for managing the estate to optimise its response to the service and business needs of the Trust, the Sustainable Transformation Programme (STP), the Integrated Care System (ICS) and the patients and local population / communities that the Trust operates to serve. An up-to-date estate strategy is required to set out the framework and direction of travel, regarding all estate matters, for the next five years and beyond. It considers the status of the estate, ambitions for the future and how they might be achieved, setting out key investment and disinvestment decisions that will be required, aligned to clinical and business objectives. A key objective of the document is to create a strategy for delivering sustainable, fit-for-future estate provision, where **buildings and equipment are in the right place, in the right condition, of the right type and able to respond to future service and population needs.**

There is also the post-Covid-19 impact to be considered and how this might affect future provision of services and estates infrastructure. The post Covid-19 response will impact how the system delivers services and utilises premises; it is too early to determine the exact long-term impact on use of space, but, given the increased use of digital technology and telemedicine, it is not unrealistic to assume that there will be greater opportunity for efficiency and less reliance on physical assets (in certain circumstances and aspects of the delivery of care). **However, there is a need for more resilience in the core clinical environments delivering care, especially regarding infection control, segregation of space, single rooms and elective recovery capacity. The Trust will ensure resilience planning forms part of design stages for estate developments which will be aligned to the Business Case approvals process as outlined by NHS England and Improvement.**

The Trust has a need to create more adaptable environments that can accommodate virtual clinics and facilitate the proposed flexible and agile delivery of administrative / office functions and to build for estate resilience in times of uncertainty, considering the potential impact of future pandemics. Moving non-direct clinical facing functions and/or elective care offsite, such as diagnostics, back-office, outpatients and other activities, presents an opportunity to release or create space for the expansion of higher acuity services and can be achieved by engaging with our people and delivering a more accessible and carbon neutral option for our patients. The emergence of national programmes including development of Edith Cavell Centres, Community Diagnostic Hubs and

Healthcare on the Highstreet will also need to be considered alongside the implications of local initiatives such as **Healthy Weston 2**, clinical service strategies and other relevant strategic documents.

The October 2021 Spending review granted funding aimed towards partnership working, via the Integrated Care Systems. The Trust is working with its system partners to realise the benefits of wider integration across the geography for the local population that it serves. The Trust currently operates from three main sites - Bristol Royal Infirmary, South Bristol Community Hospital and the Weston General Hospital – and several smaller satellite sites and delivers outpatient and midwifery community services from a range of non-Trust-owned properties.

The Trust is nearing the completion of a 10-to-15-year asset management cycle and, in the previous five years to 2020, has concentrated on rationalisation of the estate to release old building stock, alongside progressing some key strategic capital developments. This Estate Strategy will consider those items that still need to be addressed, future planned capital developments, the response to the clinical or divisional service plans and emerging service developments from the **Healthier Together** agenda, all whilst maintaining *business as usual* from a cyclical or back log maintenance investment programme. The Trust merged with Weston General Hospital in April 2020 and since then has concentrated capital estate investment on backlog maintenance, necessary repairs and patient environment upgrades. The opportunities and benefits of integration for an increased estate are being considered within the system work to develop a Healthy Weston. The vision for Weston General Hospital is to be a successful small hospital delivering truly integrated, safe and high-quality services that meet the specific needs of local people, now and in the future, working in new and innovative ways with our health and care

The estate strategy reflects the current thinking of the Trust's **Strategic Estates Capital Programme** and has, as part of its development, robustly tested the viability of each planned project. This validation of the requirements has been informed through stakeholder engagement and participation sessions with service leads and divisional directors, and further considered and endorsed via our Senior Leadership Team

We have undertaken a rapid review during Covid-19 and validated all clinical requirements using independent demand and capacity modelling, as part of the **Strategic Estates Development Review**. The Trust has also augmented its in-depth technical knowledge of the estate by carrying out Quality and Physical Condition Surveys, in line with DHSC guidance **A risk-based methodology for establishing and managing back-log** (NHS Estates, 2004).

The result of this process is a list of validated schemes that will inform the “where do we want to be” section of the strategy.

1.2 Where Do We Want To Be?

Previous redevelopments and rationalisation of the estate has created opportunities for surplus land for future strategic development or disposal. However, both the site development control plan of 2018 and the demand and capacity review in August 2021, have evidenced that the core Bristol Royal Infirmary site (Bristol Campus) is heavily developed, with only one development site available to the North-East of the main campus at Marlborough Hill.

As custodians of public sector land, it is important that any strategic development is considered carefully, as we must leave a lasting legacy for future generations. Therefore, future development of the site will continue to be a blend of **reuse, refurbish, extend, and new build** (only when necessary). The Trust will consider its options around offsite developments, working with partners as part of the integrated care system.

We also have an ambitious goal to become carbon neutral by 2030; the Trust continually considers how we can reduce our environmental impact and embed sustainability across all aspects and elements of the organisation.

This strategy sets out the ways in which our strategic objectives and estates priorities will be delivered over the next five years, making best use of these opportunities alongside consideration of the clinical service and organisational strategies.

As part of the Strategic Estates Plan the following **estate objectives** were identified:

- Maintain high standards of functionality and suitability;
- Adapt the estate to support the potential transformation of services including the shift of some outpatient activity to community settings, the potential to improve performance, including length of stay and day-case rates based on benchmarking, the impact of anticipated service model and technological changes and the impact of potential external developments to develop a robust site development plan;
- Ensure that business critical backlog maintenance is carried out to improve the quality of the estate, extend asset life where possible and reduce the current level of risk associated with a failure of the business-critical plant and equipment;
- Consider the potential for strategic estate and property acquisitions to support business and service ambitions. This is particularly important given the Bristol Campus location is heavily developed with little room for expansion.

The **estate priorities** were identified as:

- Ensure statutory compliance of existing estate and maximise utilisation;
- In line with the Five Year Forward View, develop plans for sustainable provision of health and care services to the populations we serve;
- Consider the potential for sharing/consolidating service delivery locations and office buildings to ensure effective utilisation of public estate across geographies;
- Prioritise a programme of schemes with the biggest impact on safety and patient experience, including critical backlog maintenance and compliance works;
- Align the strategic estates plan with business and service objectives, including maintaining the delivery of high-quality services, growing our specialist hospital services and maintaining our position as a leading acute provider in South West England and beyond;
- Implement our “[Sustainable Development Strategy 2020-2025](#)” and develop the required “Green Plan”.

Stakeholder engagement, feasibility and surveying work has taken place to inform the estate strategy, including the prioritisation of strategic developments to support a long list of service improvements, expansions and transformation.

The result is a route map of “where we want to be” in terms of prioritised developments, site sequencing, early options appraisals, enabling works and programming.

Option appraisals of possible reconfigurations, relocations, new builds and extensions has taken place, including assessing and utilising expansion space at Marlborough Hill and Trust HQ rather than current site footprints and moving departments around existing buildings.

The **Bristol campus** is constrained for development, particularly around existing Emergency Department and Children’s Hospital, both A&E and inpatient wards. We recognise that we must achieve the best possible value for money in capital redevelopments and each scheme must deliver the outcomes of both services and estate objectives.

The cost: benefit of refurbishing and relocating departments within the existing footprint against that of new build development at Marlborough Hill has been tested at this feasibility stage. To 'unlock' space for developing the prioritised Strategic Estates Development list, including Children's Services, the creation of an Urgent Emergency Assessment Centre (UEAC), Theatres and Endoscopy facility at Marlborough Hill is the **cornerstone for enabling the planned redevelopment programme**.

Our estate objectives for **Weston Hospital** are to upgrade its critical infrastructure, ensure that life cycle investment takes place, while improving the patient environment. A Site Development Plan (SDP) for the site was finalised in March 2022 alongside the emerging clinical service planning "Healthy Weston 2".

The Weston SDP will act as a framework to support and enable delivery of major physical enhancements that secure clinical service benefits to healthcare provision for the population of Weston-super-Mare and the wider region. The plan demonstrates a significant opportunity to develop the estate and there is high level of assurance that any approved outputs from Healthy Weston 2 can be accommodated from an estate perspective. However, as is the case for some of the current strategic estate development programme schemes, development at Weston Hospital requires financial resource constraints to be addressed with system partners and funders.

1.3 How Do We Get There?

The Trust Board approved a five-year Strategic Estates Development Investment Programme, in 2018, to fund refurbishments, new buildings, medical equipment and our digital programme. Delivering consistent high quality, patient-centred care and valuing our people, are all core to the Trust's mission of **providing a modern, fit for purpose environment** and is an essential part of achieving these priorities.

In September 2018, the Trust Board approved investment of **£120.3m in major strategic clinical services schemes**, part of the overall of Investment Programme and Medium-Term Financial Plan totalling £237m to 2022/23. However, the demand on these funds far outweighs what the Trust can invest in, with its own accumulated cash balances, without securing additional funding. The Trust has limited capital to fund a scheme as significant as the Marlborough Hill development.

The new capital regime, introduced in 2020/21, means all provider Trusts, including Foundation Trusts, are subject to capital expenditure constraints via the system Capital Departmental Expenditure Limit (CDEL). The CDEL cannot be breached, regardless of the level of accumulated cash balances a Trust may have. Therefore, to ensure Provider capital investment plans in aggregate are compliant with the system CDEL, system prioritisation of provider plans will be necessary and will, place a constraint on the Trust's future capital investment plans.

The UBHW CDEL for 2021/22 is c£57m for all capital expenditure: the Trust's current Medium Term Capital Programme significantly oversubscribes the CDEL. In real terms this results in significant limitations on the amount that the Trust could invest in infrastructure, environment, restoration, major medical, digital and other elements, from capital, in 2021/22 and beyond. The Trust's Back Log Maintenance is estimated to be more than £73m; £25m of this is indicated for items of high or significant risk and will be prioritised as part of any ongoing infrastructure investments. **The current Strategic programme does not include any allocation for the development of the Weston site. Maintenance and minor capital works will continue to be supported via internal capital allocations. However, any major or strategic capital development will require funding sources to be determined working with BNSSG ICS partners and NHSEI.**

The developing revenue financial regime, the pending NHSEI notified three-year system revenue funding envelopes and the NHSEI notified system financial limit on capital expenditure (CDEL), will all play a major part in assessing the Trust's future capital investment plans. In addition, the yet-to-be-clarified Integrated Care System (ICS) role in determining and deciding the system's capital investment priorities and the subsequent allocation of CDEL to individual organisations, will also play a major part. Whilst, at the time of writing, the system and the Trust has currently, no visibility of the revenue funding envelopes beyond 31 March 2023, the system has committed to refreshing its Medium-Term Financial Plan this Summer to help inform the future direction of travel. However, the 2022/23 system financial plan describes a significant underlying deficit of c£90m going into 2023/24. The scale of the service and financial challenge to recover the system's underlying deficit is likely to impact heavily on the system's ability to afford the recurring revenue consequences of the systems and the Trust's capital investment plans.

The challenging revenue outlook coupled with the CDEL constraint will mean the Trust will not be able to fulfil all of its capital investment ambitions. Therefore, it is extremely important that the Trust works with its ICS partners to appropriately prioritise the systems and therefore the Trusts capital investment plans against all available resources including charitable funds.

Clearly, it is necessary to regularly review the Trust's capital priorities and carefully plan its future capital expenditure projects each year, within its strategic capital programme, that is affordable in recurring revenue and cash terms. Assuming the recurring revenue affordability of capital investment is prioritised and could be fully funded by the system, it would also mean the Trust will have to secure NHSEI centrally held capital funding (that does not score against CDEL) via compelling business cases submitted to NHSEI for future large-scale, strategic developments, such as some of the schemes described in the Capital Investment Programme section below:

Category 1: Infrastructure and Restoration

1 to 2 years

- Very high and high-risk infrastructure requirements – funding committed c£25m over 2 years;
- Existing schemes linked to Restoration Framework:
 - Adult ward capacity;
 - Adult critical care capacity;
 - Medical Education facilities.

Category 2: Medium scale strategic development

2 to 4 years

- D603 (inpatient ward refurbishment);
- Bristol Eye Hospital (Ground Floor)
- Bristol Eye Hospital 5th operating theatre:
 - Endoscopy.
- St. Michaels Hospital (Level E);
- Holistic Cancer Centre;
- Dermatology;
- Neonatal Intensive Care Unit.

Category 3: Major strategic development

3 to 5+ years

- Adult Emergency Department, assessment units and radiology;
- Adult theatres and endoscopy;
- Bristol Royal Hospital for Children expansion;
- Bristol Haematology Oncology Centre (expansion and redevelopment).

A key consequence of creating the UEAC facility on Marlborough Hill, is an opportunity to realise future strategic priorities (including delivery of the strategic objectives that are known or anticipated, in the next 5-10 years and beyond).

Realisation of the estate strategy will afford meaningful opportunities for development or potential disposal (e.g., Central Health Clinic), created through the development of the UEAC; which in turn, will make space available in the existing constrained and congested Children's Hospital and emergency departments. This sequence of developments will release the current pressure experienced on the Bristol Campus site and facilitate opportunities for expansion of key clinical services, such as Children's ED and Outpatients department.

The proposed clinical model for the Weston General Hospital site is to create a "surgical centre of excellence" excellence of between c80 and c90 beds plus potentially additional theatre provision, providing a dedicated elective facility focussed primarily on high volume, low complexity surgical work to be undertaken and to potentially allow for increased volumes of general and orthopaedic surgery as well as expansion of the day case provision in for example Breast, Gynaecology, Ophthalmology and Urology surgery.

The capital assessment assumes additional elective activity could be effectively delivered from Weston General Hospital under the proposals for change, supporting additional planned elective activity and the reduction of waiting lists across the North South-West region. This capital assessment provides for a surgical centre of excellence which includes the reconfiguration and refurbishment of the second floor of Weston General Hospital including four additional theatres (of which two are modular theatres) and the associated recovery facilities. Decant requirements are also included.

This is a significant capital programme of work as described in the Health Weston Phase Two Outline Business Case and in summary is;

- The reconfiguration of the second floor of Weston Hospital including the reprovision and refurbishment of four wards, for example Hutton, Steepholt, Uphill, Ashcombe maternity ward;
- Four new theatres, including two high flow laminar theatres on the second floor and two modular theatres/wards for potential decant and future expansion plus recovery facilities; and
- One modular ward at Taunton to accommodate the re-provision of emergency care transferring to Musgrove Park.

The source of funding required to meet the capital costs is assumed to be available via national funding programmes, for example, the nationally available elective recovery Targeted Investment Fund (TIF) from the Department of Health and Social Care. In a scenario where the capital funding is only partly funded then the BNSSG System will need to undertake prioritisation of system strategic capital investment plans.

1.4 Key actions this Estate Strategy aims to deliver

This Estate Strategy sets out the Trust's strategic direction for estates development over the five years from 2021-2026 and describes the opportunities available to us to facilitate key clinical service developments, maintain high quality environments, create space for expansion, facilitate better access and transport in and out of our sites and release space for future resilience and sustainability.

The estate strategy supports our mission to provide exceptional care, teaching and research for the benefit of the people we serve. Funding the delivery of major strategic developments remains one of the largest risks to achieving the estates strategy implementation and delivery plan.

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The key actions this strategy seeks to deliver are:

1	Support enablement of Trust's clinical and service strategies and be flexible to respond to emerging strategic direction such as Healthy Weston 2 and the Acute Services Review	2	Implement the SEDP, including development of the Marlborough Hill site to unlock the Bristol Campus site for development
3	Improve access, environment and transport for our patients, visitors and staff	4	Reduce our back-log maintenance and invest in the infrastructure supporting our estate
5	Support our sustainability strategy, adopting a road map to achieve net zero carbon	6	Explore the commercial opportunities associated with disposing of Central Health Clinic and Tyndall's Park Road
7	Continue to explore strategic real estate acquisitions such as the current dental hospital	8	Consolidate our administration functions and adopt an agile working methodology post-Covid
9	Enable opportunities for offsite working with our partners in the ICS and Healthier Together membership	10	Develop a strategy for staff, overnight and parents' accommodation
11	Adopt a digital strategy, implementing the opportunities for digital appointments, virtual wards, joined up care and self-care	12	Source funding and implement the Weston Site Development Plan aligning to the emerging clinical requirements from a <i>Healthy Weston 2</i>

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2 Introduction and Overview

2.1 Background

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is one of the country's largest acute NHS Trusts with an annual income of almost a billion pounds. We provide general hospital services to the people of central and south Bristol and the north of North Somerset - a population of about 350,000 - and specialist services to the wider population throughout the South West and beyond, serving typically between one and five million people.

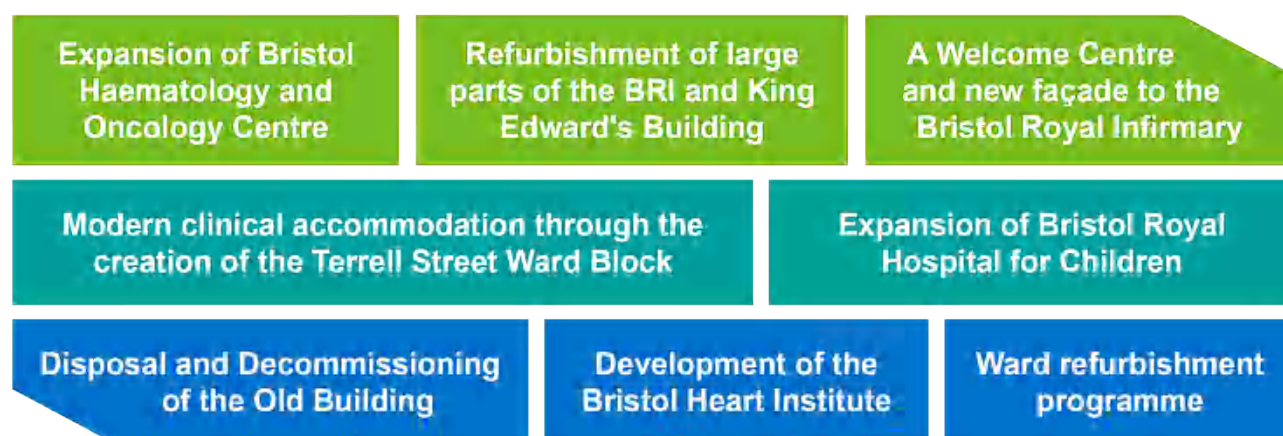
The Trust was formed in April 2020, by the merger of University Hospitals Bristol NHS FT and Weston Area NHS Trust; this new organisation brings together more than 13,000 staff and delivers 100 different clinical services across 10 different sites and a total estate comprising 215,624 m².

This estate strategy is being developed at the beginning of a new 10 to 15-year Trust asset cycle, which will look to renew and optimise significant parts of the Urgent & Emergency Care, Diagnostics departments and Theatres, as well as improving transport and access to the Bristol Campus site. One of its key objectives is to align our clinical accommodation to prevailing service and strategic objectives. There will also be follow-on and alignment work regarding Weston Hospital, once a service strategy is developed, alongside a development control plan.

Implementation of the strategy will result in the development and expansion of specialist hospital services, including the partial decommissioning of our older estate and realising expansion space for other key services - including the Children's Hospital, which provides the major trauma service for the South West region - to grow.

It is worth noting that the outgoing 10-year (UH Bristol) strategies, ending in 2020, will have driven investment of c£200m into the development of the estate and its notable impacts include;

Figure 1 - Impact and results from 10-year investment programme



Subsequently, the Trust has implemented a number of schemes within the current phase of strategic development, which includes:

The acquisition and redevelopment of Myrtle Road;

- Cardiac Service – Stage 1 Expansion;
- Bristol Haematology and Oncology Centre - Stage 1 Redevelopment;
- Knightstone Ward – creation of 12 additional in-patient beds at Weston Hospital.

In parallel, significant work has been progressed on business cases, planning and design development, for several other clinical services-related schemes in the Strategic Estates Development Programme.

Due to the Covid-19 pandemic, there has been a one-year gap, or pause, between the last estate strategy period and this document, as we reviewed all our clinical services in response to these unexpected challenges.

Developing a formal Estate Strategy for 2021-26 brings a range of benefits to the Trust and wider health economy, including having:

- a) an assurance that the quality of clinical services provided will be supported by a safe, secure and appropriate environment;
- b) a means of ensuring that capital investments reflect clinical service strategies;
- c) a plan for change in which progress can be measured;
- d) a strategic context in which detailed business cases for all capital investment can be developed and evaluated as part of our strategic capital programme;
- e) a means by which the Local Authority can identify capital investment projects which will require formal statutory approval and will relate to the **Local Development Plan**;
- f) clear strategies to:
 - establish sustainable development and environmental improvements;
 - ensure assets are effectively managed;
 - ensure risks are controlled and investment properly targeted;
 - reduce risk.

In short, this document outlines the **strategic direction for the Trust**, regarding the future of the estate and acts as a **framework to inform the future estate decisions** over the next five years.

2.2 Strategic Context, National drivers for change

There are three main national drivers that the Estate Strategy needs to reflect:

The NHS Long Term Plan

NHS Property and Estates

One Public Estate

2.2.1 The NHS Long Term Plan

The *NHS Long Term Plan* (LTP), published Jan 2019, sets out five major, practical changes to the NHS service model, to be delivered over the following five years:

Boosting 'out-of-hospital' care, and joining up primary and community health services

More personalised care to help people gain more control over their health when they need it

Increased focus by local NHS organisations on population health and local partnerships with LA-funded services through ICS

Redesigning and reducing pressure on emergency hospital services

Digitally enabled primary and outpatient care

The plan builds on the policy platform laid out in the *NHS Five Year Forward View* (5YFV) which articulated the need to integrate care to meet the needs of a changing population.

Boosting 'out-of-hospital' care, and joining up primary and community health services

Over a five-year period, country-wide, the NHS will be asked to increase the capacity and responsiveness of community and intermediate care services to those who are clinically judged to benefit most.

Urgent response and recovery support will be delivered by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams. Extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs.

Redesigning and reducing pressure on emergency hospital services

Over the period of the plan, the practical goal is to ensure patients get the care they need fast, relieve pressure on A&E departments and better offset winter demand spikes, by expanding and reforming urgent and emergency care services.

To help patients navigate to the optimal service 'channel', the NHS will embed a single, multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20. CAS will provide specialist advice, treatment and referral from a wide array of healthcare professionals, encompassing both physical and mental health, supported by collaboration plans with all secondary care providers.

The NHS will fully implement the Urgent Treatment Centre (UTC) model, so that all localities have a consistent offering for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111. UTCs will work alongside other parts of the urgent care network, including primary care, community pharmacists, ambulance and other community-based services, to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

The NHS and social care services will continue to improve its performance in getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications.

More personalised care to help people gain control over their health when they need it

As part of a wider move to 'shared responsibility for health', the NHS will increase support for people to manage their own health. This will start with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support and online therapies for common mental health problems.

Digitally enabled primary and outpatient care

Building on progress already made in digitising appointments and prescriptions, a digital NHS 'front door' through the NHS App will provide advice, check symptoms and connect people with healthcare professionals – including through telephone and video consultations. Patients will be able to access virtual services alongside face-to-face services via a computer or smart phone.

The NHS will continue to invest in the **nhs.uk** platform so that everyone can find helpful advice and information regarding their conditions. As technology advances, the NHS will trial the use of innovative devices, such as smart inhalers, for better patient care and remote monitoring of conditions and will continue to support the development of apps and online resources to support good mental health and enable recovery. Over the five years of the plan every patient in England will have a right to choose the option of having 'digital-first' contact through telephone or online consultations – usually from their own practice or, if they prefer, from one of the new digital GP providers.

Increased focus by local NHS organisations on population health and local partnerships with LA-funded services, through Integrated Care Systems (ICS)

The NHS will continue to develop ICSs, building on progress already made. As of April 2021, there are ICSs to cover the whole country, which have evolved from the previous network of Sustainability and Transformation Partnerships (STPs).

Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level; this will typically involve a single CCG for each ICS area, resulting in CCGs which are leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and LTP implementation.

The LTP also outlines how care and quality plans for the next 10 years will focus improvement on:

- Cancer care and diagnostics in particular;
- Cardiovascular disease (including stroke);
- Diabetes;
- Learning disabilities and autism;
- Adult mental health services;
- Maternity and neonatal services;
- Respiratory;
- Services for children and young people, particularly in relation to mental health and cancer.

Research, innovation and ensuring the right people are available in the workforce, are highlighted as essential to support the improvements sought. UHBW is well placed to respond to much of the vision of the LTP, building on our successes and continuing to work hard to build partnerships and collaborate for change.

Climate Change Resilience and Adaptation

The 2016 Carter Report highlighted the inefficient use of energy and natural resources as a major area for improvement and addressing these simultaneously supports adaptation and mitigation measures. The **Long-Term Plan** sets out key requirements in order that the NHS leads by example in sustainable development and reduces use of natural resource in line with government commitments.

The NHS has restated its commitment to the carbon targets in the UK government Climate Change Act (2008), reducing carbon emissions (on a 1990 baseline) by 34% by 2020 and 51% by 2025.

The NHS has also committed to improving air quality, by cutting business mileage by 20% by 2023/24 and ensuring that at least 90% of the NHS vehicle fleet have low-emission engines (including 25% ultra-low emissions) by 2028. Other priorities include phasing out coal and oil fuel primary heating from NHS sites, redesigning care and making greater use of 'virtual' appointments to reduce the need for patient and staff travel.

Public Health England and NHS England have identified 35 interventions which Lord Carter of Coles promoted in the Carter Review. The interventions, taken from the Sustainable Development Unit's **Securing Healthy Returns** report, are ranked showing the carbon reduction and financial savings possible across England, but are applicable locally. Whilst capital funding is required for the larger initiatives (e.g., installing combined heat and power facilities), many are achievable without such investment. **The NHS has been identified as the largest public sector contributor to climate change**, and the Government has made taking action, to reduce its carbon emissions and contribute to wider carbon reduction targets, critical for the NHS:

- **Waste management and Water consumption** are costly, contribute significantly to carbon emissions and are subject to legislation requirements.

- **Energy consumption** is the single biggest contributor to emissions in the NHS carbon footprint, of 18 million tons of CO₂ per year, energy is responsible for 22% of this, travel 18% and procurement 60%. Energy Prices have continued to increase as a result of Brexit, Inflation and the Russia's invasion of Ukraine, so both direct and supply chain efficiency gains will be essential to keep costs down.
- **Transport** - BNSSG comprises a significant rural area and community transport plays a key part in accessing and delivering NHS services. The commissioner's strategic aim is to have an increased focus on supporting our population to maintain good health, supporting patients to stay independent for as long as possible and providing services in out-of-hospital settings.
- **Procurement** is responsible for 60% of carbon emissions; it impacts on many areas of estate function, including facilities management (waste, catering, linen, fleet vehicles) and major capital expenditure (new developments, refurbishments and maintenance).
- **Facilities management, building maintenance and capital planning** - main providers will adopt the BREEAM Healthcare methodology to demonstrate that projects are built with sustainability in mind; achieving the BREEAM Excellent standard for new build and Very Good for refurbishments. HTM 07-07 encourages the improved sustainability of our buildings through planning, design, construction and refurbishment. There are various issues to be considered at each stage, with flood prevention and Sustainable Urban Drainage, futureproofing, health and wellbeing (health effects of climate change), energy and carbon emissions, pollution, land use and ecology, water use, and materials all being linked, either directly or indirectly, to our ability to manage the risks, implications and opportunities from a changing climate.

In collaboration with our healthcare partners, including North Bristol NHS Trust, we developed a board-approved Sustainable Development Strategy in 2020. We will continue to work with stakeholders to ensure we are aligned to deliver a shared set of goals for minimising our impact on the environment. We are also committed to working in partnership to deliver [Bristol's One City Plan](#) and the vision for a "fair, healthy and sustainable city".

The Lancet commission declared climate change is the greatest threat to global health. We recognise the urgency of the threat that climate breakdown poses to public health. We wish to be leaders in fast tracking plans to achieve carbon neutrality - improving the health of our population in the process.

NHS England and NHS Improvement (NHSE&I) have issued the report **Delivering a Net Zero National Health Service**, which provides a national-level framework for action on climate change and sustainability. Every NHS organisation has an essential role to play in meeting this ambition.

Green Plans

To Support the net zero carbon ambition, each trust and integrated care system should have a **Green Plan** which sets out their aims, objectives and delivery plans for carbon reduction. In each case this should be signed off by the Trust Board, with a board-level **Net Zero Lead** responsible for overseeing its delivery. In addition to our Sustainable Development Strategy, the Trust is working on delivery of a Green Plan in 2022/23, to be presented to Trust Board for sign off.

2.2.2 NHS Property and Estates – Why the estate matters for patients

In March 2017 the government issued the findings of an independent review, by Sir Robert Naylor, which set out a new NHS estate strategy to support the delivery of specific Department of Health (DH) targets: releasing £2bn of assets for reinvestment and providing land for 26,000 new homes. The report called for the NHS, through the STP process, to develop robust capital plans, aligned to clinical strategies, which maximise value for money (including land sales) and address backlog maintenance costs and issues. Ultimately this should improve capability and capacity to support national strategic planning and local delivery.

The report outlined 17 separate recommendations, relevant to national or local structures; of particular note to UHBW (and other acute providers) are the following four recommendations:

- *“STPs should develop affordable estates and infrastructure plans, with an associated capital strategy, to deliver the 5YFV and address backlog maintenance. These plans should be supported by robust business cases. The new NHS Property Board should support the development of these plans.*
- *STP estates plans, and their delivery should be assessed against targets informed by the benchmarks developed for this review. STPs and their providers, which fail to develop sufficiently stretching plans, should not be granted access to capital funding either through grants, loans or private finance until they have agreed plans to improve performance against benchmarks.*
- *Land vacated by the NHS should be prioritised for the development of residential homes for NHS staff, where there is a need. The NHS Property Board should support this.*
- *Substantial capital investment is needed to deliver service transformation in well evidenced STP plans. We envisage that the total capital required by these plans is likely to be around £10bn, in the medium term, which could be met by contributions from three sources; property disposals, private capital (for primary care) and from HMT.”*

2.2.3 Cavell Centres

NHS policy initiatives in recent years have sought to respond to fundamental changes in Primary Care delivery, such as the PCN agenda and the new multi-disciplinary team (MDT) workforce associated with it. Policy has been consistent in promoting a greater level of care in the community, delivering outpatient services away from hospital settings, and introducing ‘wrap around’ support staff to help GPs manage increasing workloads.

Cavell Centres (sometimes referred to as Super Health Centres) could be considered as the emerging flagship assets of ICSs, enabling genuine system change and transformative service delivery, in line with consistent policy ambitions. The Centres are to be centrally funded with capital allocated as part of HMT's Comprehensive Spending Review (CSR). The National Programme Business Case is to be submitted to HMT in September 2022. The exact allocation is currently unknown, but it is hoped there will eventually be sufficient capital allocated over the next 10 years to cover the development of more than 420 Cavell Centres across England (roughly one per 120,000 people) and the total capital value of this programme would ultimately be circa £10b. There are currently six Cavell Centre pilot scheme underway in England (October 2021).

The Trust will work with the ICS, PCN and other system partners to realise any opportunity to co-develop Cavell Centres for the benefit of the population in Bristol. It is understood that they may be repurposed from existing assets and could potentially include step down beds.

2.2.4 Diagnostics Hubs

In July 2021 NHSE&I announced a plan to establish a multi-year framework agreement, worth up to £10bn, to provide services at around 150 planned new community diagnostic hubs. The framework's objective is to support contracting authorities in improving population health, by:

- increasing diagnostic capacity;
- improving productivity and efficiency of diagnostic activity,
- contributing to reducing health inequalities, by delivering a better and more personalised diagnostic experience for patients;
- supporting integration of care.

It is anticipated that the Community Diagnostic Hubs (CDH) will provide:

- Imaging capacity, including CT, MRI, ultrasound, traditional X-ray;
- Pathology services, including phlebotomy;
- Endoscopy facilities;
- Consulting and reporting rooms;
- Cardiorespiratory capacity, including echocardiography, ECG and rhythm monitoring, spirometry and some lung function tests, support for sleep studies, blood pressure monitoring, oximetry, blood gas analysis.

The Trust will continue to work with the ICS partners to realise any opportunities for a CDH to serve its population and communities. Proposals for CDHs to cover the BNSSG population are in development which currently include an identified need for a CDH in the Weston locality.

2.2.5 Single bedrooms for inpatients

The NHS is expecting central policy guidance, on the appropriate proportion of single bedrooms within hospital environments. Studies on the subject date back to the 1980s, but the debate in England has continued and gained even greater significance during the COVID-19 pandemic.

Many European and other OECD counties have adopted a policy of installing 100% single bedrooms in all new and refurbished buildings. The evidence shows that single rooms, with isolation rooms included in this arrangement, significantly reduces hospital acquired infection rates and speeds recovery times. Factors contributing to this reduction include:

- Fewer bed moves (*Royal College of Physicians* 2012 study found patients in multi-bed bays were moved five times, on average, during their hospital stay);
- Ability to use isolation rooms where provided;
- Improved hand hygiene by clinicians and visitors;
- Avoid issues with bed spacing.

The Trust's proportion of single bedrooms is currently circa 49% across the adult bed base on the BRI site, with the paediatric bed base being lower at circa 20%. The bed base on the Weston site is lower still at circa 13%, all of which are low when compared to others in the region. Moving towards more single rooms in existing buildings will be difficult to achieve due to existing building design and cost. The current policy, as part of the New Hospital Programme, is for 71% single rooms and the Trust will align its objectives with this policy on single rooms when a revised National Policy target becomes available.

2.2.6 One Public Estate

One Public Estate (OPE) is an established national programme of partnership, delivered by the Office of Government Property (OGP) within the Cabinet Office and the Local Government Association (LGA). It provides practical and technical support and funding for councils to deliver ambitious, property-focused programmes in collaboration with central government and other public sector partners.

OPE partnerships work across the public sector and take a strategic approach to asset management. At its heart, the programme aims to get more from our collective assets - whether that's catalysing major service transformation, such as health and social care integration and benefits reform; unlocking land for new homes and commercial space; or creating new opportunities to save on running costs or generate income.

The aims are encompassed in three core OPE objectives:

Creating economic growth
(new homes and jobs)

Delivering more integrated,
customer-focused services

Generating efficiencies,
through capital receipts and
reduced running costs

2.3 Local drivers for change

Local drivers in relation to the development of the estate strategy include;

- Local government plans; One City Plan;
- Healthy Weston 2;
- Acute Services Review;
- Local ICS 'Healthier Together':
 - 'Healthier Together Estate Strategy';
 - Climate change resilience and adaptation.

2.3.1 Local Government Plans

Bristol published the first ever **One City Plan** in Jan 2019, setting out a vision for the city in 2050:

*In 2050 Bristol will be a fair, healthy and sustainable city.
A city of hope and aspiration, where everyone can share in its success.*

The One City Plan includes a vision for health and wellbeing, redesigning the city for healthier living, giving people more choice about how they access health and care services, personalised medicine, the eradication of obesity and taking a holistic approach to health and wellbeing, which also includes schools, businesses, faith groups, charities, clubs and our communities, as well as existing health and social care services. The plan sets out some specific goals for health which include reducing variation in access to services, improving early cancer diagnosis, reducing the transmission of sexually transmitted diseases and making sure that no one leaves hospital to be homeless on the day of discharge.

UHBW aims, through our future strategy, to help achieve the One City Plan goals by increasing the quality, responsiveness and resilience of the services delivered, by collaborating and integrating more with services across the city.

2.3.2 Integrated Care System: Healthier Together

In late 2015, NHS England announced plans to bring NHS healthcare providers and commissioners, together with local authorities that provide social services, to form Sustainability and Transformation Partnerships (STPs). **Healthier Together** as the STP for Bristol, North Somerset and South Gloucestershire (BNSSG) is now the shadow ICS, expected to be established as a statutory entity following legislative changes in the summer of 2022. The ICS involves 10 local health and care organisations, including UHBW:

- Avon and Wiltshire Mental Health Partnership NHS Trust;
- Bristol City Council;
- BNSSG Clinical Commissioning Group (CCG) – NB: the CCG will cease to operate when the formal ICS is established;
- North Bristol NHS Trust;
- One Care;
- North Somerset Council;
- Sirona Care & Health;
- South Gloucestershire Council;
- South Western Ambulance Service NHS FT;
- University Hospitals Bristol and Weston NHS FT.

The main purpose of *Healthier Together* is to enable these organisations to work together towards creating an integrated care system for the population, that is affordable and sustainable. There are three main aims, aligned to the NHS Five Year Forward View (5YFV):



Healthier Together has set out 10 priorities that the partner organisations will collaborate on, as the integrated care system develops acute care collaboration:

- digital transformation;
- general practice resilience;
- Healthy Weston;
- integrated community localities;
- maternity services;
- mental health services;
- prevention focus;
- urgent care access;
- workforce development.

In the Primary Care **Model of Care**, the Primary Care Networks (PCNs) work with local community, mental health, social care and voluntary sector partners, to develop further co-ordinated care. The practices in BNSSG have formed 18 PCNs, within the existing six localities, which aim to work together, across all integrated care providers, including adult community services provider Sirona, to deliver services tailored for the place-based population.

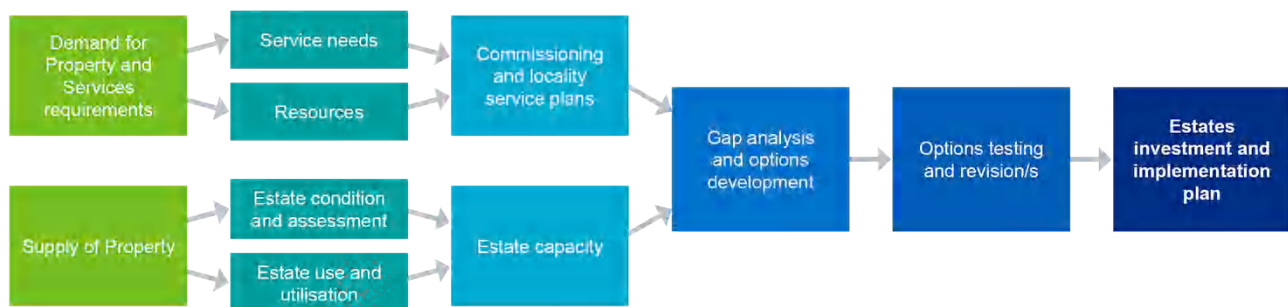
The Healthier Together Estate Strategy

In July 2019 Healthier Together submitted the mandatory template workbook (Estate Strategy) to NHSE&I to support Wave 4 capital projects. It set out the system's key strategic objectives and the priority capital projects required to enable changes to the clinical model. It also included pledges, critical decisions and next steps to reduce backlog maintenance, improve efficiency and maximise disposal opportunities. The BNSSG Healthier Together Estate Strategy (June 2019), outlines that a well-thought-out estate strategy is essential to the provision of safe, secure, high-quality healthcare buildings capable of supporting current and future service needs.

Developing Fit-for-purpose Estate – Healthier Together

A more strategic, service-led approach, which is informed by the needs of patients, is now being proposed to ensure the estate is fit-for-purpose, efficient and flexible to be able to meet the needs of frontline services, based on the supply and demand model below, which is helpful in ensuring a consistent approach across BNSSG, with relevance at both locality and neighbourhood levels.

Figure 2 - BNSSG: Approach to delivering the Healthier Together Estate Strategy



The ICS has established six key objectives for the Healthier Together estate strategy, which will be tested against any estate proposals for investment or disinvestment:

1. Improve quality and user experience.
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery.
3. Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units.
4. Financially sustainable and helps reduce overall costs of running the estate.

5. Invest in estate, which is sustainable, and supports new models of care.
6. Collaborate with partner organisations to gain efficiency and wider community and regeneration benefits.

The UHBW estate strategy has not been developed in isolation and its delivery is part of an integrated approach to planning service redesign, transformation and delivery of services across the system, which will inform future estate plans and projects. The UHBW Estate Strategy has been developed with this in mind, working with partners and setting out the system approach to managing the whole estate at a strategic level in collaboration. Our approach to delivery and our key objectives are fully aligned to the Healthier Together Estate Strategy.

Our Charities and supporters

The work we do would not be possible without the support, dedication, and hard work of a range of organisations, volunteers and charities. This generosity, time and support helps us provide extra equipment and facilities for our patients, their families, and our staff.

Each year millions of pounds are invested in projects that make a real difference to patients in our local communities and also helps to fund innovative research, support, capital projects and train hospital staff and provide state of the art equipment.

This work touches the lives of more than 989,000 patients cared for in our hospitals each year, as well as the millions of friends and family who visit them, and the 9,000 dedicated NHS staff who care for them.

2.4 Geography and Demography

2.4.1 Population figures and trends

Figure 3 - BNSSG Catchment Area and main UHBW hospital sites



In reviewing the population that impacts the future requirements of UHBW it is necessary to look at the wider geographic area, related to the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG) – shown in the figure above.

Bristol itself is a diverse city with thriving and growing communities, but also with areas of deprivation, and is understood in terms of three localities:

North and West Bristol

This locality has around 187,000 residents and covers some of the most affluent parts of Bristol, where many benefit from longer life expectancy and better health. However, there is significant deprivation in some communities where people are more likely to die younger from cancer, heart disease and stroke. There is a difference in life expectancy of 9.6 years between the most deprived and the most affluent areas of this locality.

Inner City and East (ICE)

This area has around 145,000 residents, its diverse community has areas of high deprivation in the inner city and the highest proportions of black and minority ethnic (BAME) residents in Bristol. For example, 80% of pupils in Lawrence Hill schools are from BAME groups. In the inner city there is a rapidly growing number of children aged five and under. In East Bristol, there are growing numbers of children and a significant number of elderly people, representing a wide range of health needs.

South Bristol

This area has around 159,027 residents and the number of 20 to 30-year-olds and babies under one year has increased by 20% since 2001. The number of people over 85 years old has also increased by 20%. Some parts of South Bristol are among the 10% most deprived in the country.

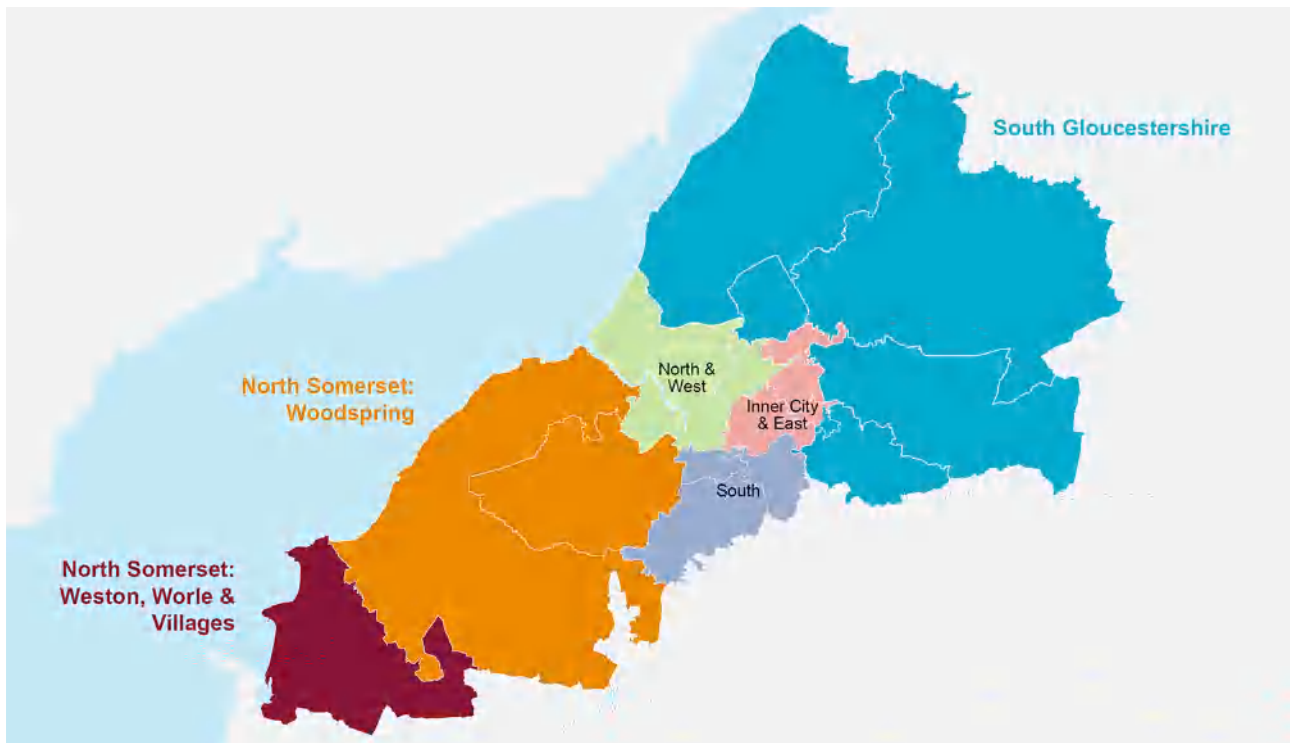
The surrounding area includes:

Figure 4 - Bristol localities



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Figure 5 – Wider regions of BNSSG



North Somerset

Weston, Worle and Villages (WWV)

WWV has around 104,000 residents. Weston currently has an older demographic with pockets of significant deprivation and large health inequalities, whereas Worle has a younger population profile. The health status of people in parts of this locality is poor compared to North Somerset overall, with about 20% reporting a long-term disability that limits day-to-day activities.

Weston-super-Mare is undergoing a major transformation programme with significant new housing developments at Winterstoke and Parklands Villages which will result in a significant change to the population and demographic profile in the next few years. Through the [Healthy Weston Programme](#) an opportunity exists to develop a bright future for health and care services in Weston-Super-Mare, Worle, Winscombe and the surrounding areas.

Woodspring

Woodspring has around 117,000 residents, the demographic is older, with fewer young children. The health status of the population is generally good and many benefit from longer life expectancy. Even so about 17% report a long-term disability that limits day-to-day activities. New build developments are expected near Nailsea, Yatton, Portishead and between Long Ashton and Bristol. Areas of focus are developing local solutions for isolated, frail patients and preventing ill-health and promoting well-being through patient education.

South Gloucestershire

South Gloucestershire has over 280,000 residents, it is predominately rural but most of the population live in the urban areas. The population has increased by 10% over the past decade and is projected to rise a further 17% by 2037, with the biggest increases expected in the older age groups. At least 30,000 new homes are planned in the locality by 2036.

The level of deprivation in South Gloucestershire is generally very low, with most areas among the least deprived nationally. However, pockets of high overall deprivation exist, and deprivation related to access to services and education add complexity. Those living in deprived areas

continue to experience comparatively poor health, with a life expectancy gap of 6.3 years for men and 5.1 for women between the 10% most and least affluent areas in South Gloucestershire.

However, overall health in South Gloucestershire is good and has been improving; life expectancy is higher than the national average and rising and mortality rates for most diseases, including cancer and heart disease, are below the national average and have fallen over the last decade.

2.4.2 Population forecasts

Working from Office of National Statistics population projections, the following tables indicate the level of growth in population for the Bristol CCG area and for the wider BNSSG CCG.

Table 1 - Population breakdown Bristol v BNSSG areas

Area ¹	Age Group	2019	2020	2025	2030	2035	2040
Bristol	All Persons	470.7	475.0	494.2	513.7	531.6	547.9
	% increase from 2019		1%	5%	9%	13%	16%
	Males	236.4	238.8	249.5	260.0	269.6	278.4
	% increase from 2019		1%	6%	10%	14%	18%
	Females	234.3	236.2	244.7	253.7	262.0	269.6
	% increase from 2019		1%	4%	8%	12%	15%
Area ²	Age Group	2019	2020	2025	2030	2035	2040
BNSSG CCG	All Persons	972.1	980.8	1,021.9	1,061.8	1,098.1	1,131.7
	% increase from 2019		1%	5%	9%	13%	16%
	Males	483.2	487.8	509.3	530.0	548.9	566.4
	% increase from 2019		1%	5%	10%	14%	17%
	Females	143.4	144.7	151.1	157.0	162.4	167.5
	% increase from 2019		1%	5%	9%	13%	17%

2.4.3 Use and demand

While advances in healthcare have meant that many people live longer, the BNSSG population has increasingly complex health needs, such as cancer, heart disease, stroke, liver and lung disease, which are some of the most common conditions causing early deaths. Around 44,000 people over the age of 17 have diabetes and this figure is growing.

The population could make healthier choices:

- one in 10 children aged 15 years old smoke regularly;
- one in 10 mothers are smokers at the time their baby is born;
- there are around 6,000 alcohol-related hospital admissions per year;
- about a quarter of the adult population report that they binge drink.

There are also serious social factors affecting people's health in the Bristol area, for example, councils across BNSSG report a high level of *homeless households*. There is unwarranted variation in services access and provision, indicating that the population is not being best served by the various providers. Inequalities can have very real and serious consequences and there is an

¹ Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0.

² As above.

average life expectancy gap of around six years between people living in the most and least deprived areas; in the worst areas the difference can be as much as 15 years.

Working together across public sector organisations is essential if this unacceptable variation is to be addressed.

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3 Where Are We Now?

3.1 The Existing Estate

3.1.1 Main sites

Figure 6 – Key UHBW sites



Our estate incorporates several key sites;

- **The Bristol Campus** - located in the city centre and comprising a number of specialist acute hospital buildings, providing services to both local populations and regional specialities;
- **South Bristol Community Hospital** - a leased LIFT premises located in Hengrove, offering mainly outpatient services, day surgery and urgent care/minor injuries treatment;
- **Central Health Clinic** - the sexual health and women's services, which is due to undergo a strategic review;
- **Weston General Hospital** (and Drove Road) which provide similar services to the main site on a smaller scale to its local population.

Bristol Campus

The site is a complex of buildings offering a range of acute and specialist services – there are 10 main sites, shown in Figure 7, they are:

1. St Michael's Hospital; a large 1970s concrete building located between St Michael's Hill and Kingsdown Conservation Areas.
2. Bristol Haematology and Oncology Centre; large 1970s building set back from Horfield Road.
3. Bristol Royal Hospital for Children; built in the late 1990s this building has a strong presence on Upper Maudlin Street.
4. Terrell Street ward block; constructed in 2014, this is a modular concrete panel structure with full height glazing and coloured fascia panels.
5. The Queens Building; this was part of the Bristol Campus build in the 1970s.
6. The King Edward Building; built in 1912 as part of the BRI, located on Marlborough Street adjacent to the Queens Building.
7. Bristol Heart Institute; built in 2007, this is a traditional stow render construction with a copper roof.

8. Trust Headquarters is a simple grey brick and concrete structure to the north of Marlborough Street.
9. The Bristol Dental Hospital dates to pre-1948 with a series of small extensions, the latest of which was in 1995. This is a brick building located in Lower Maudlin Street adjacent to The Bristol Eye Hospital and close to the BRI.
10. The Bristol Eye Hospital also dates to pre-1948 also with extensions, latest of which was 1984. This is a red brick building on Lower Maudlin Street adjacent to The Bristol Dental Hospital.

Figure 7 –Bristol Campus Map



The campus contains several of Bristol's major institutions; the present scale and importance of the campus at the heart of the community is reflected in several key statistics as follows:

- The hospital accommodates some 144,000 in- patient/day case admissions each year;
- It provides services dealing with just under 710,000 outpatient visits each year;
- It serves a Bristol, North Somerset and South Gloucestershire population of c.500,000;
- Many facilities serve a much wider population, exceeding 2,000,000 for some specialised or regional services;
- As one of the City's major employers, some 13,000 doctors, nurses and other staff are based in the Hospitals Area;
- It occupies a city centre site area of about 10 hectares (25 acres);
- Total floor space approximately 181,000 sq. metres, or 1,948,270 sq. feet, on the site.

South Bristol Community Hospital (SBCH)

The Trust occupy space at the SBCH (opened in 2012; agreement expires in 2042) which was purpose-built via the LIFT Co arrangement. The hospital is currently not fully utilised and has scope for increasing use by other services and providers.

In 2018 Community Health Partnerships, which owns SBCH, carried out an independent space utilisation survey using **OccuPeye**, a remote sensing system, which found that the building had utilisation as low as 46% in some areas.

The Trust has also started collecting utilisation data, since February 2020 and reporting regularly to the Strategic Asset Management Group. This is to try and improve the utilisation of the space or consider opportunities to optimise the building. The table below describes the changes in occupancy since February 2020 to July 2021.

Table 2 - South Bristol Utilisation

Department	Utilisation (Average)	
	Since Feb 2020	July 2021
SBCH Rehab Wards (operated by Sirona Care and Health CIC)	57.4%	50.7%
Sirona Care and Health CIC	53.5%	61.7%
UHBW Acute & Admin Areas	35.4%	44.5%
UHBW FT Dental School 1F	28.2%	37.4%

In response to the need to improve wider collaboration and integration of health and social care services, CHP are supporting the BNSSG CCG to prepare its individual Locality and ICP wide estate strategies in 2021. Part of the initial scoping process has been to confirm the existing estate and identify any opportunities within the existing estate to improve better utilisation. South Bristol Hospital has been identified as such an asset where an opportunity may exist to optimise its use. UHBW as a key stakeholder will work with the CCG and CHP to fully understand the options to optimum utilisation of the facility during 2021.

The Central Health Clinic (CHC)

The Central Health Clinic houses the sexual health service and is located adjacent to the former Great Western Ambulance Station, which was sold for residential development (high rise), giving a good indication of comparable value for residential and office use.

Weston General Hospital (WGH)

There are two main Weston sites, Weston General Hospital and Drove Road, located in the town centre, providing CAMHS services locally.

WGH is on the outskirts of Weston-super-Mare, providing acute services to the local population of North Somerset, it:

- accommodates some 29,000 inpatient / day case admissions each year;
- provides services dealing with just under 98,000 out- patient visits each year;
- serves a Weston population of c. 80,000;
- is one of the city's major employers, with around 1,800 doctors, nurses and other staff based in the hospitals area;
- is has a site area of approximately 10.5 hectares (26 acres);
- provides approximately 34,624 sq. metres (372,690 sq. feet) of total floor space.

The Weston Hospital Estate Strategy, covering the period of 2016-2020, considered the two main sites, Weston Hospital and Drove Road, and concluded that the estate was in good condition, functionally suitable and well utilised. It noted that occupancy costs were high, indicative of an older and less efficient estate.

The strategy identified a requirement for significant capital investment in large items of mechanical and electrical systems infrastructure, particularly, the replacement of lifts, electrical intake systems and some ventilation systems. The total back-log maintenance cost for Weston Hospital was reported at circa £22 million for the financial year 2020/2021.

Two significant environmental problems were identified as affecting the site;

- Little protection exists from prevailing salt-bearing winds from the Bristol Channel, attention needs to be given to protecting steel components of the structure.
- The location in a potential flood area means that risks associated with major sea defence failure must be accepted and understood; risk of tidal flooding would need to be mitigated for any future development.

The key challenges of the existing Weston estate, impacting on our ability to operate services economically, efficiently and effectively include:

- An ageing engineering infrastructure which is not energy efficient;
- Poor functional relationships of departments, impacting on the logical flow of patients and staff through the hospital;
- Local Authority planning constraints, due to its location on the edge of residential development, disposal of surplus site would not attract high values, because planning consent for commercially attractive purposes would likely be refused;
- High overhead costs, with investment required for backlog maintenance and to ensure statutory compliance.

Overall, it was noted that the Weston site performed well in some areas of environmental sustainability, but there remained some opportunity to develop further.

WGH Policy Context

Weston General Hospital is not subject to a specific hospital policy designation on the Development Plan Policies Map. There is, therefore, no express policy provision supporting expansion or modernisation of the hospital estate; however, there is general policy support for protecting and maintaining existing healthcare facilities.

Settlement Boundary: The thick black line in Figure 8 represents the extent of the defined settlement boundary and shows that the hospital is located outside it, being located between the separate defined boundaries of Weston-super-Mare and Uphill.

In accordance with national planning policy provisions, the development plan confirms that development outside the settlement boundaries will be strictly controlled to protect the character of the rural area and prevent unsustainable development.

Figure 8 - Weston Strategic Gap



Core Strategy Policy CS33, however, does state that where a need for community facilities cannot be met within settlement boundaries, development can be acceptable where it is well related to the community it is intended to serve.

Strategic Gap: Policy CS19 of the Core Strategy states that the Council will protect Strategic Gaps (hatched green in image above) in order to help retain the separate identity, character and/or landscape setting of settlements and distinct parts of settlements.

Flood Risk: Policy CS3 of the Core Strategy states that development within flood zone 3 will only be permitted where it is demonstrated that it complies with the sequential test set out in national policy and, where applicable, the exception test. Figure 9 indicates the Hospital Site is situated within flood zone 3.

Figure 9 - Weston Flood Zone 3 and location of WGH



Healthcare Facilities: Policy CS26 of the Core Strategy states that the planning process will support programmes and strategies which increase and improve health services throughout the district, promote healthier lifestyles and aim to reduce health inequalities. This will be achieved, in part, through joint working with health providers to help deliver a district-wide network of health facilities. Existing health services will be protected and maintained.

The National Planning Policy Framework July 2021 (NPPF) sets out the government's planning policies for England and how these should be applied; for example, achieving:

- Sustainable development, promoting healthy communities, promoting sustainable transport, achieving well-designed places, meeting the challenges of climate change and responding to flood risk;
- Planning decisions should take account of local strategies to improve access to health facilities for all sections of the community.

Site Summary (numbers in brackets refer to those on the plan in Figure 10)

The main hospital building (1) is three storeys high; a one-storey support building (2) contains the supplies, restaurant and consultation rooms.

The Quantock Unit (3) contains inpatient, outpatient as well as consultation rooms with an old medical records store.

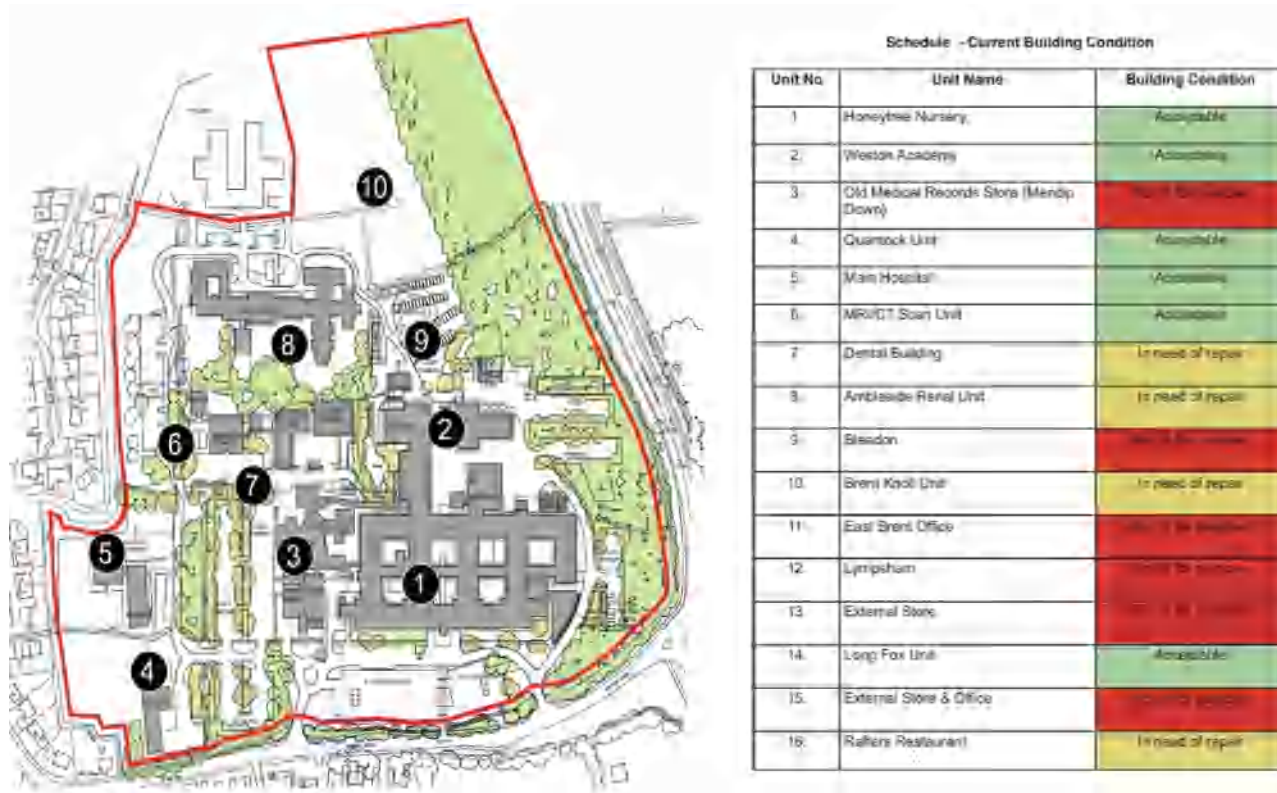
The Dental, Ambleside Renal Unit, Brent Knoll and East Brent offices are situated to the west of the site (6).

Long Fox Unit (8) is two storeys and currently leased by the Trust.

In the south western part of the site, lies the Weston academy and Nursery (5,4).

The Honey tree nursery is also currently leased out by the Trust. Patient and visitor parking are towards the front / south of the site close to Grange road, whereas staff parking is distributed all around the site.

Figure 10 - Weston Site Summary



3.1.2 Current estate challenges to address as part of the estate strategy implementation

The **Estate Strategy** is a long-term plan for managing the estate in the most advantageous way in relation to our service and business needs and the local health economy. It needs to be able to deliver resilient, sustainable and fit-for-future accommodation, with buildings and equipment in the right place, in the right condition, of the right type and able to adapt and respond to future service needs, which includes:

- analysis of the current estate and how it performs;
- proposed changes to the estate over the next decade;
- proposed performance improvements;
- estate optimisation plans;
- site master plans;
- a comprehensive estate investment programme.

The Estate has a critical influence on the key quality issues of:

- Environmental conditions (energy / emissions / sustainability);
- Physical environment (internal and external);
- Access;
- Safety;
- Infection control;
- Fire precautions;
- Suitability for function;
- Transportation / car parking;
- Aid to healing;
- Recruitment and retention of staff.

Backlog Maintenance (BLM)

The backlog maintenance cost is that needed to bring estate assets up to an acceptable good condition (condition B), regarding their physical condition and/or compliance with mandatory fire

safety requirements and statutory safety legislation. Backlog maintenance is a national challenge which is discussed at parliamentary and government level, such that The Cabinet office is also considering the issues and possible solutions to backlog maintenance across all public sector estates.

The Trust's BLM liability is poor, being above the benchmark value of other similar Trusts (on a price per metered squared basis and using the Model Hospital,) in the ICS area. This is due to the age and condition of the estate and the historical underinvestment in the hospital environment, such as at Weston General Hospital. The existing backlog maintenance cost of the estate is estimated to be in the region of £73.8m (including Weston Hospital and Central Health Clinic).

The risk-based methodology recommends investment should be allocated as follows across the risk categories:

- **Low risk** elements can be addressed through agreed maintenance programmes or included in the later years of your estate strategy.
- **Moderate risk** elements should be addressed by close control and monitoring. They can be effectively managed in the medium term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. These items require expenditure planning for the medium term.
- **Significant risk** elements require expenditure in the short term but should be effectively managed as a priority so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.
- **High risk** elements must be addressed as an urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.

The Trust has adopted an appropriate risk management strategy regarding estates and facilities in the context of the physical condition and quality of the estate portfolio. Details of the facet survey (2021) shows the reported back-log maintenance figures per category over the three main Trust sites for the financial years 19/20 & 20/21.

Table 3 - Bristol Campus backlog maintenance costs

Cost	Value 19/20	Value 20/21
Cost to eradicate high risk backlog	£2,513,500	£185,845
Cost to eradicate significant risk backlog	£9,293,299	£22,852,967
Cost to eradicate moderate risk backlog	£12,969,893	£19,763,426
Cost to eradicate low risk backlog	£21,784,689	£6,723,195
Sub- Total	£46,561,381	£49,525,432

Table 4 - Central Health Clinic backlog maintenance costs

Cost	Value 19/20	Value 20/21
Cost to eradicate high risk backlog	£50,000	£0
Cost to eradicate significant risk backlog	£276,000	£110,000
Cost to eradicate moderate risk backlog	£610,018	£1,568,331
Cost to eradicate low risk backlog	£111,002	£148,241
Sub-Total	£1,047,020	£1,826,572

Table 5 – Weston Hospital backlog maintenance costs

Cost	Value 19/20	Value 20/21
Cost to eradicate high risk backlog	£1,662,400	£3,300*
Cost to eradicate significant risk backlog	£2,611,460	£663,678
Cost to eradicate moderate risk backlog	£3,702,200	£16,728,529
Cost to eradicate low risk backlog	£9,485,000	£5,105,526
Sub-Total	£17,461,060	£22,501,033

*The Trust is currently investing £2.5 million per year on backlog for four years, which will eradicate high and significant risk back-log and contribute to the increasing moderate risks.

It is anticipated that the backlog maintenance figure will reduce further over the period of this estate strategy, once the new core clinical buildings are commissioned, enabling older estate to be retired or repurposed.

3.1.3 Estates Infrastructure Review

The 2018 UH Bristol Site Development Plan was produced, to support our strategic capital investment, it contains proposals for several diverse improvement and expansion projects across the Bristol Campus precinct. These projects represent the Strategic Estates Development Programme (SEDP).

Implementation of the SEDP requires a wider understanding and documentation of the site-wide engineering services infrastructure. This information can then be utilised to inform the Estates Infrastructure Steering Group on key issues such as wider energy/ agenda for future developments.

The intention of the MEP (Mechanical, Electrical and Public Health) review, carried out by Hoare Lea (final issue 27 Feb 2020) was to provide an easily understandable overview of the on-site MEP infrastructure. It is intended that the outcomes of this review will avoid the need for a larger detailed surveying exercise and will allow us to take an agile approach to options within the Site Development Plan.

The review concentrated on the “infrastructure” i.e., the supporting external networks for the individual buildings throughout the estate. The services reviewed were:

- Steam / District heating;
- Natural gas;
- Potable water;
- Fire water;
- Foul Drainage;
- Surface Drainage;
- Oxygen;
- Medical Gas;
- HV (11kV) Electrical Network;
- LV Electrical Network;
- Data/Telephones;
- Fire Alarm Network;
- CCTV and Security System sub-network;
- Pneumatic Tube Systems.

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Figure 11 - Site Plan for MEP Review



The map above shows the buildings on the site that were included in the review:

- | | |
|--|---|
| 1. Sam's House | 21. Bristol Dental Hospital |
| 2. Ronald McDonald House | 22. Bristol Eye Hospital |
| 3. St Michaels Hospital | 23. Old Building (Unite Site) |
| 4. Bristol Heart Institute | 24. Joint Boiler House |
| 5. BHOC | 25. PH Laboratory (Myrtle Road) |
| 6. BRHC | 26. 36 Southwell Street |
| 7. Radio Pharmacy | 27. 38 Southwell Street |
| 8. Residential Plot 1 Marlborough | 28. Southwell House |
| 9. Residential Plot 2 Eugene | 29. 2 St Michaels Hill |
| 10. Residential Plot 3 Montague | 30. King David Hotel |
| 11. Bristol Campus Zone A (Queens Building) | 31. Seahorse Pub |
| 12. Bristol Campus Zone A (Tyrell street ward block) | 32. Kingsdown, see row 19. |
| 13. King Edward Building (Zone B) | 33. MSCP attached to Trust HQ |
| 14. Facilities & Estates | 34. Medical Engineering Maintenance Operations (MEMO) |
| 15. Dolphin House | 35. Alfred Hill buildings |
| 16. Trust HQ (including MSCP & Cycle Store) | 36. 10/10A Marlborough Hill |
| 17. Kingsdown/CSSD/Dermatology | 37. Queen Anne Building |
| 18. Education & Research Centre | 38. Site Village |
| 19. Chapter House (part of dental hospital) | 39. 40 Southwell Street/IM&T |
| 20. Above & Beyond (Abbotts House) | 40. Bristol Dental Hospital Extension |

The review process steps included the following:



Highlights of the reports are detailed below:

HV 11kV network (the 11,000 Volt cabling between facilities in and around the Estate) and **LV network** (the 400 Volt submains cabling between facilities in and around the Estate). It was recommended the Trust considers further investigation, monitoring and recording of existing loads to identify routing, demands and capacities of existing equipment for both these networks.

ICT network: It is recommended that the Trust take some time to enhance the recorded information to allow a better understanding of the Main Distribution Frame (MDF) rooms, Intermediate Distribution Frame (IDF) rooms, backbone network routing and network topologies. This would allow third parties to better understand the existing installation when planning for future projects.

Fire alarm network: The information provided and subsequent discussions with the Estates Team have confirmed that Fire Alarm Panels are present in all facilities on the site. Future development of the Bristol Campus Estate and alterations to existing systems is completed on a case-by-case basis, evaluating the existing Fire Detection subnetwork and LAN sitewide capacity as and when this is required. The Bristol campus now has a fully compliant fire alarm system and there are committed funds to have a similar system upgrade for Weston General Hospital.

Mechanical services review summary: The mechanical information has been desktop reviewed with following engagement with Estate department engineers. Whilst there are drawings of the site available which show the general distribution of the services there are several gaps which required further investigation. The GAP Analysis Matrix indicated where information is available the size of the connecting services to each building.

Distribution of services appears to utilise a linear solution from the primary energy/service centres and if a local failure was to occur there are only limited opportunities on some services to divert or redistribute. Where possible future engineering projects will target extension of the services to achieve a ring distribution format to allow services to be fed in various directions.

Our estates team continue to plan and implement works regarding site engineering and critical infrastructure at the Bristol Campus and Weston sites. The infrastructure review recommendations and any subsequent reports will form part of the ongoing estate management.

A key objective of the estate strategy is to ensure that business critical backlog maintenance is carried out to improve the quality of the estate, extend asset life where possible and reduce the current level of risk associated with a failure of the business-critical plant and equipment. Having subsequently carried out a physical condition and quality facet survey, the goal will be to address as much back-log and critical maintenance challenges as possible via the Strategic Estates Development Plan alongside addressing those high and significant risks as part of the Category 1 schemes (critical and significant back-log maintenance).

3.1.4 NHS Premises Assurance Model (NHS PAM)

In 2013 the first NHS Premises Assurance Model (NHS PAM) was developed and published. The NHS PAM is aligned to support the NHS Constitution Right:

"You have the right to be cared for in a clean, safe, secure and suitable environment".

The NHS PAM is a management tool that provides NHS organisations with a way of assessing how safely and efficiently they run their estate and facilities services.

It is a basis for:

- allowing NHS healthcare providers to assure Boards, patients, commissioners and regulators on the safety and suitability of estates and facilities where NHS healthcare is provided;
- providing a nationally consistent approach to evaluating NHS estates and facilities performance against a common set of questions and metrics;
- prioritising investment decisions to raise standards in the most advantageous way.

Methodology

The NHS PAM questions are grouped into five Domains, which are broken down into individual self-assessment questions (SAQs) and further sub-questions known as *prompt questions*. The five domains are:

- Safety (Hard and Soft);
- Patient Experience;
- Efficiency.
- Effectiveness;
- Organisational Governance.

Each domain assessment is made or managed by a senior manager against the following assurance measure:

RED	AMBER	YELLOW	GREEN	BLUE
Inadequate	Requires moderate improvement	Requires minimal improvement	Good, full compliance	Outstanding

As of April 2020, the following results were reported for the Trust:

Table 6 - UHBW NHS PAM risk % scores (at Apr 2020)

Measure	Risk Level	Percentage
Outstanding	VERY LOW RISK	2.1%
Good	LOW RISK	43.5%
Requires Minimal Improvement	MODERATE RISK	42.3%
Requires Moderate Improvement	HIGH RISK	12.1%
Inadequate	VERY HIGH RISK	0.0%

Although the Trust has scored reasonably well it is recognised that there is still work to do to maintain and improve on its position. This is particularly relevant across the measures of requiring moderate improvement mainly in the areas of access and car parking.

3.1.5 Patient Led Assessment of the Care Environment PLACE

April 2013 saw the introduction of PLACE, a system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments primarily apply to hospitals, in-patient healthcare buildings and hospices, providing NHS-funded care in both the NHS and private/independent sectors, but others are also encouraged and helped to participate in the programme.

The assessments involve local people (known as Patient Assessors) going into hospitals and in-patient healthcare buildings, as part of teams, to assess how the environment supports the provision of clinical care, privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with

dementia. From 2016 the assessment also considered the aspects of the environment in relation to those with disabilities.

The results 2019 indicated that the Trust scored well in the areas of cleanliness and food and hydration. However, as identified in this estate strategy there are improvements required to meet the national average on condition, maintenance, and appearance (except for South Bristol Community Hospital) and in the area of privacy and dignity. Been slightly lower than the national average is reflective of the age and functionality of the buildings, requiring investment.

3.2 Redevelopment Constraints of Bristol Campus

3.2.1 Conservation areas and Listed Buildings

The Bristol campus area and surroundings include several conservation areas, areas of archaeological interest and townscape features of interest and listed buildings. All of these have the potential to impact on future development proposals.

One building on campus is listed as being of *special architectural or historic interest*, the Queen Anne Building, Eye Hospital, which is Grade II listed.

3.2.2 On site landscape

Many of the trees on the Bristol Campus are fast-growing, non-native species and have been planted as screening for neighbours to the site, this has resulted in several areas becoming secluded with little means of natural surveillance. There is also a high density of low-level shrubs and unmanaged tree growth resulting from self-propagation, this raises significant safety and security issues for patients, visitors, staff and passers-by.

Notwithstanding this, some existing areas of landscape are of visual amenity and therapeutic value. Communal spaces for the public and staff generally lack means of access and are considered more as gardens to be viewed whilst passing rather than to be actively used. Several trees between Terrell Street and Horfield Road are protected by Tree Preservation Orders.

3.2.3 Off-site landscape

Several parks are relatively close to the Bristol campus and well used by the general public, including:

- St James's Park is often busy and offers an area of solace adjacent to the busy Haymarket. The open grassed area is enclosed by mature trees, with benches around the perimeter;
- Kingsdown Green commands views down Horfield Road and Marlborough Hill but lacks seating generally. Access is restricted by steps at either end of a single path although the route is quite extensively used as a shortcut.

3.2.4 Pedestrians and Cycle Access

The Bristol campus is ideally located to promote sustainable travel, in line with national and local government policy: located in the city centre, walking or cycling are realistic alternatives to private cars. Although hilly, cycle routes exist on the surrounding roads and several pedestrian routes are available through the site. A substantial cycle centre is provided for staff and visitors, located in the base of the Queen's Building, including storage and showering / changing facilities.

Marlborough Hill, the key north-south route through the site, is particularly steep and ends in steps making it unsuitable for people with mobility difficulties. In addition, this route meets a major urban road (Upper Maudlin Street) some 70m away from the nearest pedestrian crossing.

Bristol Bus Station is just over 300m away, or a 3-4-minute walk, from the main outpatients' department in the Queen's Building. The Tollgate, Long Ashton, Avonmouth and Bath Road Park and Ride bus stops are all within an approximate six-minute walk from the campus.

A regular free HUBS bus service, operated jointly between the University and UHBW and funded by *Above & Beyond* charity, stops in front of the site and is part of a regular shuttle between Temple Meads railway station, Cabot Circus shopping centre, the hospitals and the University.

3.2.5 Access and movement by motorised transport

The Bristol campus is near to city centre bus station and bus stops, making it very accessible by public transport, including the free shuttle bus service noted above. It should be recognised however that, due to their shift patterns, many Trust staff and some patients and visitors, would need to travel outside the peak traffic periods when services are less frequent.

Journeys to and from the Bristol campus by private car involve travelling via busy city centre routes. Where viable alternatives exist, UHBW encourages public transport over this method of travel in the information provided to visitors and patients.

3.2.6 Car parking and servicing

The Bristol campus has a total of 673 spaces - with 52% currently allocated to staff and 48% for visitors. Staff with disabilities are provided with spaces in appropriate locations and 8% of the patients and visitors provision is designated disabled parking. Given its city centre location, the area is generally well served by public car parks and is also within the Bristol City Centre Controlled Parking Zone.

Due to the sloping site topography, the different levels and gradients of access to campus buildings, it is not easy for people with reduced mobility and/or disabilities, especially if they have to travel long distances from available parking spaces to their appointment locations.

Car parking and ease of access continues to be a topic on which the Trust receives high volumes of complaints from visitors, patients, staff and families.

3.3 Redevelopment constraints of the WGH site

3.3.1 Land use

Weston General Hospital is located in Weston-super-Mare, Somerset, where there are a variety of adjacent land uses as shown in the map below (Figure 12), including residential, commercial and institutional uses. The potential effect of any development proposal on those living or working in the surrounding areas would always need to be a significant consideration.

3.3.2 Built form

The hospital has been developed in an ad-hoc fashion over the years and a variety of building forms is to be found throughout the area with no particular character, architecture or materials prevailing. Each building reflects the general approach to healthcare and development at the time of construction. There has also been the recent addition of several temporary modular buildings and outbuildings, to accommodate offices and storage areas, due to changes in the local health and care system. The original hospital building was designed to be three storeys high, while all the other units range from one to two storeys.

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Figure 12 - Weston Surrounding Area



3.3.3 Conservation

Within the hospital site, there are no prominent conservation areas or areas of archaeological interest. The site is also not located in a conservation area. Within the hospital site, there are no prominent conservation areas or areas of archaeological interest. The site is also not located in a conservation area.

3.3.4 Landscape

Figure 13 - Weston Landscape



The village of Uphill is identified, in landscape character terms, as a smaller village, separate from Weston Super Mare, and physical and visual coalescence is considered undesirable.

The River Axe is a major waterway flowing through Uphill into the estuary. Most of the area is Flood Zone 3 as it lies beneath high tide level and full river level and is therefore susceptible to flooding. The hospital lies on the eastern edge of the village within a landscape of rhynes and ditches.

It is overlooked by Bleadon Hill, a popular local beauty spot, connected by footpath from the park homes opposite the hospital entrance. North Somerset Council's Landscape Sensitivity Assessment (Wardell Armstrong 2018) concludes that all land around Uphill is of high sensitivity.

Figure 14 - Weston Strategic Gap



Strategic gaps: (green hatched areas, Figure 14) are proposed for specific policy protection from development.

Trees and Landscape: Despite their ecological value, the existing single or grouped trees on the site are generally in poor condition, having had no formative pruning for many years, being choked with ivy and poorly maintained.

Rhynes and Hedgerows: The rhynes and pond, adjacent to the Rafter's restaurant, have been neglected. The retention and good maintenance of these areas will not only conserve an attractive element of the existing landscape but will also contribute to bio-diversity net gain and preserve the existing wildlife habitats.

3.3.5 Pedestrian and cycle access movement

The hospital site is located away from the town centre but is accessible to the general public by vehicle or public transport. However, with settlements like Uphill and Bleadon surrounding the site, alternative transport options, such as cycling or walking, are also possible. There are multiple pedestrian entrances from Grange Road and a single pedestrian entrance from the west of the site, from Uphill Road through Knyfton Close. Due to the ad-hoc nature of the site's development, there is no significant relationship between the landscape areas and pedestrian routes.

The multiple entrances on the south side give the impression that the hospital has its back to the town and is not easily accessible. This may have been a deliberate plan for security reasons, but improved access and signage from other directions would better integrate the site into its surroundings and with the community and the wider town of Weston. The site also suffers from a considerable amount of unclear signage, street clutter and parking control measures which have built up over time (often without obsolete items being removed), resulting in a confused, unwelcoming and understated main entrance, which could be better promoted and used as the main access point to the hospital complex.

3.3.6 Car parking and servicing

Within the site area there are a total of 823 spaces, with approximately 70% currently allocated to staff and 30% to visitors. Staff with disabilities are provided with spaces in appropriate locations and 30% of the patients and visitors parking provision is designated for the disabled.

There are two existing cycle storage spaces in front of the main hospital, on either side of the entrances and another in front of the Weston Academy and the Ambleside Renal Unit. The current cycle storage capacity equates to approximately 5% of vehicular parking.

The arrival points and parking zones are not as clear as they could be, with two vehicular entrances often causing confusion to those unfamiliar with the site. The perimeter road also leads unexpectedly to a gated barrier with no room to turn around. Further car parking surveys would be required to evaluate and confirm the development options for each zone.

3.4 Summary

In line with the Department of Health and Social Care's guidance document HBN 00-08: *The Efficient Management of Healthcare Estate and Facilities*, including "understanding the estate", we continue to annually carry out a comprehensive analysis of our current position and performance in relation to the estate we use. The key objective is to establish a baseline against which estate development planning can take place for future years. The Trust operates from circa 226,596 sq.mt of gross internal space (Weston: 31,569 and Bristol 195,000) with a combined asset valuation of £397 million. The estate metrics considered as part of estate planning and this strategy include:

- ERIC Returns and Model Hospital;
- Six Facet Surveys / Visual Inspection Reports including backlog maintenance;
- Premises Assurance Model;
- Management of Statutory Compliance / Environmental Health and Safety;
- PLACE;
- Management of estates and facilities risks.

The overarching objective is to continue to monitor and assess the estate metrics to fully inform future investment and disinvestment decisions, this includes completing necessary critical infrastructure and facet surveys and approving the strategic programme for investment. The Trust aims for **our hospitals to be among the best and safest places in the country to receive care.**

Providing a modern, fit for purpose environment is an essential part of this and UHBW have committed to a four-year investment plan, which aims to:

- support the development of specialist clinical services that can only be delivered in a hospital environment; and
- continue to renew and upgrade our medical equipment, IT and estates infrastructure to improve facilities for our staff and patients.

The following forward-looking estates objectives have been agreed by the Board:

- Address all known estate priorities;
- Rationalise the estate whilst promoting operational and clinical efficiency;
- Minimise current and future backlog maintenance;
- Align any proposed commercial development of surplus land to schemes which maximise both strategic and financial benefit for us;
- Develop maximum flexibility within the estate to address future priorities;
- Develop strategies that deliver a contribution to the Trust's financial health;
- Develop estate solutions which help diversify risk and promote strategic partnering opportunities, notably in areas that support our core mission of care delivery, teaching and research.

The range of benefits to the Trust and wider health economy in having a formal Estate Strategy for 2021-26 include:

- An assurance that the quality of the clinical services provided will be supported and strengthened by a safe, secure and appropriate environment;
- A plan for change in which the future clinical services can progress and be measured;
- A strategic context in which detailed business cases for all strategic capital investment can be developed and evaluated ensuring that future capital investments reflect service and clinical strategies;
- A means by which the Trust, STP/ICS can identify capital investment projects which will require external approval.
- The Trust will continue to progress investments via the Treasury Green Book Five Case Model in line with NHSE&I.

4 Where Do We Want to Be?

The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

The NHS Constitution

4.1 Overview

The estate strategy is an iterative document which sets a framework for future development and will evolve in response to clinical and business needs.

Previous redevelopments and rationalisation of the estate has provided an opportunity to create a development zone at Marlborough Hill as part of the Bristol campus. **The Site Development Plan for the Weston Hospital site confirms that it can accommodate any emerging clinical services and operational strategy with room for consolidation and expansion.**

This Trust is committed to an efficient, well-utilised estate that offers an excellent and safe environment for patients, staff, carers, and visitors. The estate must be sustainable both in environmental and financial terms and the Trust needs to ensure that any strategic investment deployed considers these objectives. The estate should support clinical models to maximise patient safety and efficient staffing, while aligning to wider proposals at both a national and regional level. The Trust will continue to look at innovative and mitigating solutions to reduce the growing demand for physical healthcare space.

This section details the various National, Regional and Local strategic policies and plans in place at this current time. The key themes identified across the wider strategic context can, and should be addressed, within any planned development and strategic investment in the Trust estate.

4.2 Strategic Context – National

The NHS, the world's largest publicly funded health service, is undergoing strategic transformation to improve clinical outcomes across the UK and this presents many opportunities, as well as challenges, for providers of care services. The key national drivers underpinning the Estates Strategic Plan in service delivery and supporting safe practice are:

- The NHS Long Term Plan;
- We are the NHS: People Plan 2020/21;
- NHS National Patient Safety Strategy;
- Delivering a “Net Zero” NHS;
- The Carter Report;
- The Naylor Review;
- Health Infrastructure Programme (includes the New Hospital Programme);
- UK Industrial Strategy;
- Modern Methods of Construction;
- SMART/Intelligent Hospitals;
- NHS Digital Blueprint.

There are several National, Regional, and Local strategies and plans which influence how UHBW estate should be developed and utilised in the future. The following key themes have been identified in relation to the Trust's estate.

Table 7 - Key Strategic Themes, related to UHBW estate

Development / improvement of infrastructure to support:	<ul style="list-style-type: none"> • The delivery of outstanding clinical quality and safety environments; • Improve capacity, support expansion and operability of our critical infrastructure; • Enhancements to clinical pathways, supporting model of care transformation; • An integrated health and social care system including ICS; • Create a UEAC development to reduce A&E attendances and deliver same day emergency care. 		
An improved and updated estate to:	<ul style="list-style-type: none"> • Ensure pandemic resilience/support Covid-19 recovery response; • Attract and retain skilled staff; • Improve patient and visitor experience. 		
An estate which will:	<ul style="list-style-type: none"> • Be flexibly designed and standardised where possible; • Improve clinical adjacencies; • Support changes to clinical strategies. 		
Develop a sustainable estate in terms of:	<ul style="list-style-type: none"> • Net Zero Carbon/decarbonisation; • Financial sustainability; • Sustainable construction methods that use MMC and DfMA methodologies. 		
Development of a SMART / digitised hospital by:	<ul style="list-style-type: none"> • Implementing latest technologies; • Development of virtual clinics/ outpatients; • Can support more offsite and care in the community. 		
Reduce the demand on ED by:	<ul style="list-style-type: none"> • Working with system partners on integrated care models that are less reliant on emergency care; • Creating an Urgent Emergency Assessment Centre; • Increasing same day emergency care. 		
Collaborative working in terms of estate to:	<ul style="list-style-type: none"> • Provide economies of scale by jointly working with system partners; • Offsite collaboration for elective diagnostics / integrated community hubs etc; • Develop community services which offer care and support closer to home. 		
Strengthen links between primary, mental health and community care to include:	<ul style="list-style-type: none"> • Easier access to services; • Better utilisation of the community estate; • Create centres of excellence within the system. 		
Support the development of services through the SEDP including:	<p>Category 1: Short term critical infrastructure and restoration;</p> <ul style="list-style-type: none"> • Very high risk / high-risk infrastructure requirements – c£25m over 2 years; • Existing schemes linked to Restoration Framework; • Adult ward capacity; • Adult critical care capacity; • Medical Education facilities; <p>Category 2: Medium scale strategic; development – 2-4 years;</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> • BEH ground floor; • D603 (in-patient ward refurbishment); • St. Michaels Hospital (Level E); • Holistic Cancer Centre; </td> <td> <ul style="list-style-type: none"> • Dermatology; • NICU; • BEH 5th operating theatre; • Endoscopy; </td> </tr> </table>	<ul style="list-style-type: none"> • BEH ground floor; • D603 (in-patient ward refurbishment); • St. Michaels Hospital (Level E); • Holistic Cancer Centre; 	<ul style="list-style-type: none"> • Dermatology; • NICU; • BEH 5th operating theatre; • Endoscopy;
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Category 3: Major strategic development – 3-5+ years:

- Adult Emergency Department, assessment units and radiology;
- Adult theatres and endoscopy;
- BRHC expansion;
- BHOC expansion and redevelopment.
- **Develop an estates implementation plan and source funding for strategic developments at the Weston Site.**

4.3 Embracing Change, Proud to Care, Our 2025 Strategy – aligning our Estate Strategy

In developing the future strategy, UHBW remains firmly dedicated to its mission and values, which were developed with stakeholders in 2010 and confirmed, through a refresh process, in 2019 as remaining relevant as key drivers in all that UHBW does:

“Our mission as a Trust is to improve the health of the people we serve by delivering exceptional care, teaching and research, every day. In developing ‘Embracing Change, Proud to Care’, the then (pre-merger) UHB’s 2025 strategy, the Trust has established as its vision for 2025 to;

- *Anchor our future as a major specialist service centre and a beacon of excellence for education.*
- *Work in partnership within an integrated care system locally, regionally and beyond.*
- *Excel in world-class clinical research and our culture of innovation.*

This is further expressed and set out in the establishment of seven key priorities;

1. “Our people are the most important part of all our hospitals”

- *Invest to make sure that everyone who works with us has the skills and development they need to deliver exceptional care every day.*
- *Prepare for a challenging future by training the people and reviewing workforce as a whole, identifying skill gaps.*
- *Promote equality in service delivery and employment, working to maintain a culture of compassion and inclusion at every level.*

2. “We want to be a beacon of outstanding education that motivates and inspires our staff and brings direct benefit to patient care”

- *To effectively respond to the future health and social care priorities, our staff will need to be motivated and highly adaptable to changing workplace environments.*
- *If we embrace learning as part of who we are, we have every opportunity to become nationally and internationally known as a place where exceptional careers are created.*

3. “We want to continue to develop more capacity for delivering specialist services”

- *We want to be able to treat many more people with specialist health needs.*

Too many people in the South West have to make a choice to travel to London, Birmingham and other specialist centres because sometimes we don’t have the capacity to treat them here soon enough. Specialist treatments are developing all the time and we need to keep up to make sure we are always at the leading edge.

4. “We need to make sure that we stay at the forefront of research and innovation”

- We want to make sure that our hospitals maintain their places as specialist regional centres building on our clinical academic foundations.
- We need the brightest clinicians to deliver the best clinical services today and develop the best clinical services for tomorrow.
- We need to keep innovating to offer cutting-edge care and treatment and strive to continuously improve all that we do. Even as a trust that is recognised as a Global Digital Exemplar, we still have a long way to go to become a truly digital organisation and we must maintain and increase our commitment to changing the way we work to take advantage of all the benefits that new technology offers for our patients.

5. “We need to work harder to integrate local hospital services with our local communities”

- We know that a growing, aging population in BNSSG will need more support from health and social care as the next decade progresses.
- We cannot sustain traditional service models where people are referred in for multiple visits for appointments, tests and follow-ups, where GPs feel they have no alternative but to admit people to hospital, where local people feel they have no option but to take themselves or someone they care about to the emergency department.
- Clinical teams in our communities can do much more to look after people at home or nearby – but only if we ensure our specialist expertise and support is available when they need it so that people don’t have to come to our hospitals.

6. “We need to keep focused on delivering strong operational performance to deliver the Constitutional Standards that our patients have a right to expect us to meet”

- We need to continue work to develop our demand and capacity alignment and work smarter to release capacity to support our strategic ambitions to support more care out of hospital and expand our specialist provision.
- We need to use GiRFT, RightCare, Model Hospital, Care Utilisation Review and national benchmarking data to support evidence-based change where we have opportunities to reduce waste and add more value.

7. “We need to play our part in promoting the health and wellbeing of our populations to prevent illness and injury and reduce health inequalities”

There are a series of themes emerging from the clinical strategy as presented in “Embracing Change” as below.

4.3.1 Specialist and Regional Services

To consolidate and grow the specialist service portfolio including;

- Cardiac services, including structural cardiology;
- Clinical Genetics / Genomics;
- Complex cancer surgery;
- Dental Services;
- Dermatology;
- Haematology and Oncology, incl. immune effector cells;
- Ophthalmology;
- Paediatric services, incl. PICU and NICU and specialist children’s service designations in obesity, craniofacial, brain tumour surgery;
- Radiology services.

To develop an integrated regional system for children's healthcare with an overarching operational delivery network structure.

To develop acute collaborative partnerships, avoiding duplication and complexity unless there is a good reason not to, with a focus on NICU, Gynaecology, Stroke, MSK, Interventional Radiology, Aseptic Pharmacy / Pharmacy production, Pathology, Maternity services (LMS).

To invest in the estate to create the physical capacity required to support specialist and tertiary care demand and ambitions.

4.3.2 Local Acute and Integrated Care

To actively manage growing acute demand in general adult and paediatric services to include;

- An integrated frailty model;
- Development of surgical and acute medical ambulatory care;
- Extending UHBW's role in partnering to provide community child health/CAMHS services;
- To develop a partnership with the single community services provider to deliver effective admission avoidance and discharge schemes and an integrated therapies model;
- To work collaboratively with primary care localities, focussing on out of hospital pathways to include Respiratory, Diabetes, Endocrine, Rheumatology, Cardiology, Eye services;
- To improve resilience of services at Weston General Hospital through partnership arrangements and establishment of a new integrated organisation;
- To redesign outpatient services to enable access to specialist expertise out of our hospitals using digital options and working with locality teams;
- To develop diagnostic hubs;
- To deliver a future model of care for South Bristol Community Hospital.

4.3.3 Research and Innovation

To continue to grow the research portfolio and reputation for excellence through;

- Hosting an innovative Academic Research Centre;
- Grow our National Institute of Health Research and Biomedical Research Centres over next three years in preparation for renewal in 2021;
- Bid for and gain an NIHR Clinical Research Facilities in 2021;
- Build on BHP / collaborative regional working to form an Academic Health Science Centre;
- Work with the CRN to transform the performance of the South West.

To build our Quality Improvement capacity and capability, throughout the organisation, through continued development of our QI Academy including development of a 'Gold academy'.

To develop our staff to improve and innovate in their services and lead world class research that benefits patients, including increasing joint clinical / research workforce roles.

To successfully deliver the Digital transformation programme.

To maximise use of technology to drive innovation, including Diagnostic and AI technology, patient communication tools, new clinical devices and techniques.

4.3.4 Education, Teaching and Learning

To develop new non-medical roles including ACPs, nurse and clinical scientists and maximise apprentice opportunities.

To enhance our relationship with HEE and university partners to support clinical education, recruitment and retention.

To build on the Divisional and Trust-wide recognition process to ensure staff feel valued and proud of the work they do through:

- Succession plan, talent management strategy, mentorship schemes, embedding the leadership behaviours;
- Reducing violence and aggression experienced by UHBW teams;
- Creating opportunities for all staff and a diverse leadership team representing staff and population;
- Pursuing innovative recruitment approaches;
- Maximising use of technology to support increased flexible working;
- Improving the physical environment to support staff well-being.

4.4 NBT / UHBW Acute Care Collaboration – Acute Services Review

The *BNSSG Acute Care Collaboration* resulted in the **Acute Services Review** which outlined the following vision:

“... to deliver exceptional health outcomes for the people we serve, through provision of the full range of acute services from general to specialist, working collaboratively within an integrated care system to make the most effective use of the expertise of our staff and our acute resources for the benefit of the whole health community.”

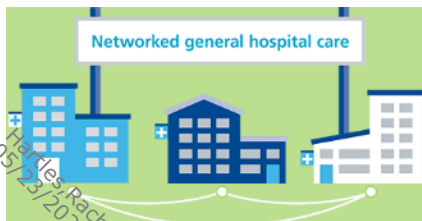
The vision will be delivered through three key themes:

- 1 Collaborating for excellence in delivery of specialist acute services, working together to make best use of the specialist skills of our whole workforce, our physical facilities and equipment. We will deliver exceptional quality and outcomes by developing consistent and aligned services. We will reduce cost through better use of estate and reduced service duplication. We will improve clinical sustainability and the experience of our workforce by working as one network

Regional centre of excellence for specialised services



- 2 Developing an integrated model of care where hospital care is provided only when necessary. We will work in partnership with our primary and community colleagues to better manage the growth in urgent care demand by providing appropriate care closer to home. This will allow us to focus our specialist facilities and expertise at those people who need this level of care and treatment



3 Actively contributing to improving the health and wellbeing of our population.

Prevention will become everyone's business, with clinicians supporting people to make decisions that will improve their health and ability to live a full life. We will use population health management to better understand our patients and shape our services to actively address inequalities in access



4.5 Alignment of UHBW and NBT strategic priorities

As the major acute providers in the South-west region, UHBW and North Bristol NHS Trust are working together as an Acute Provider Collaboration. Below the strategic priorities of both trusts, as outlined in our recently published strategies, are summarised.

NBT Strategic Priorities

Provider of high-quality patient care

- Experts in complex urgent and emergency care;
- Work in partnership to deliver great local health services;
- A Centre of Excellence for specialist health care;
- A powerhouse for pathology and imaging.

Developing Healthcare for the future

- Training, educating and developing our workforce;
- Increase our capability to deliver research;
- Support development and adoption of innovations;
- Invest in digital technology.

Employer of Choice

- A great place to work that is diverse and inclusive;
- Empowered clinically led teams;
- Support our staff to continuously develop;
- Support staff health and wellbeing.

An Anchor in our Community

- Create a healthy and accessible environment;
- Expand charitable support and network of volunteers;
- Developing in a sustainable way.

UHBW Strategic Priorities

Our Patients

We will excel in consistent delivery of high quality, patient centred care, delivered with compassion

Our People

We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future

Our Partners

We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve

Our Portfolio

We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focusing on core areas of excellence and pursuing appropriate, effective out of hospital solutions

Our Potential

We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation

Our Performance

We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future

This demonstrates clear alignment between our two strategies, particularly in:

- Delivering best care to our patients.
- Driving innovation, research and new technologies.
- Developing and expanding our specialist, regional services and being ambitious in striving for excellence in these areas.
- Being an employer of choice and developing and educating our workforce for the future.
- Investing in staff health and wellbeing.
- Promoting a system approach and seeking new opportunities to work in collaboration with our partners.

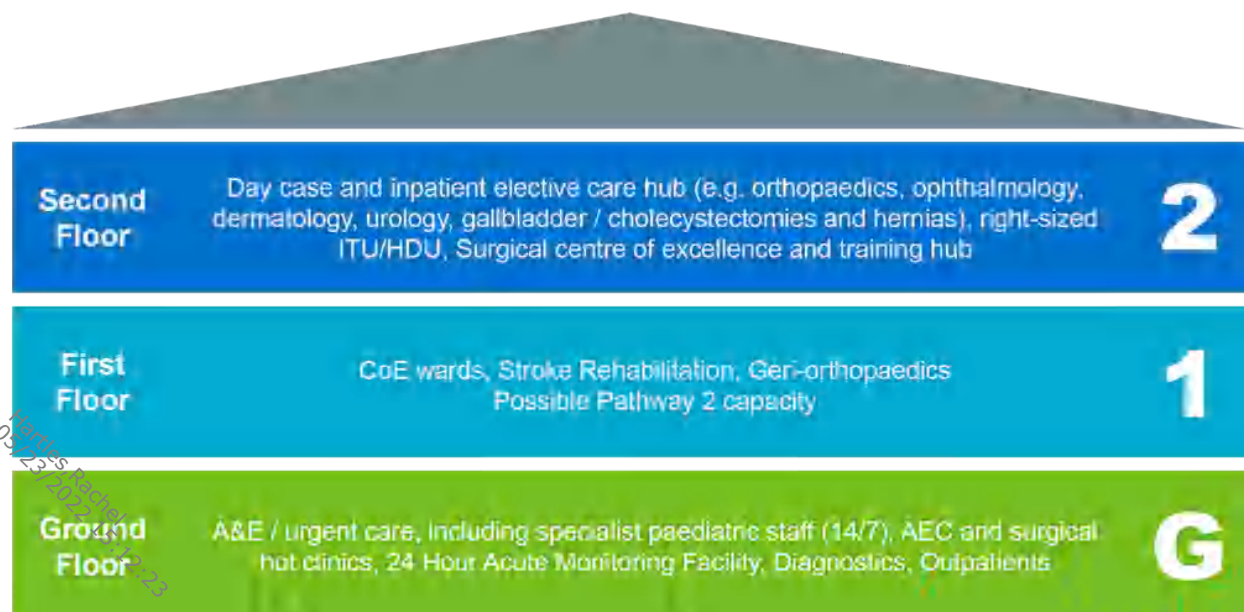
The Acute Provider Collaboration will focus on working together to drive our collective ambitions for the benefit of the population we serve. Both Trusts' estates functions will work jointly together to deliver the most optimum estate solutions that can achieve our combined strategic intentions.

4.6 Weston strategic priorities / Healthy Weston 2

HW2 builds on the Healthy Weston work published in October 2019, which recognised that the reforms it proposed were urgent and important, but further work was required, to deliver the vision of Weston as a dynamic hospital at the heart of its community. The HW2 model will better support the local population by:

- Integrating specialist, community and social care services to support and care for the frail elderly;
- Continuing to provide all-age general hospital services to the local community, including an A&E (open from 8am-10pm);
- Creating a surgical centre of excellence and reducing waiting times;
- Ensuring that specialist medical care is made available to very unwell people much earlier in their pathway;
- Reducing the time that people spend in hospital through the strengthening of new same day care and short stay pathways.

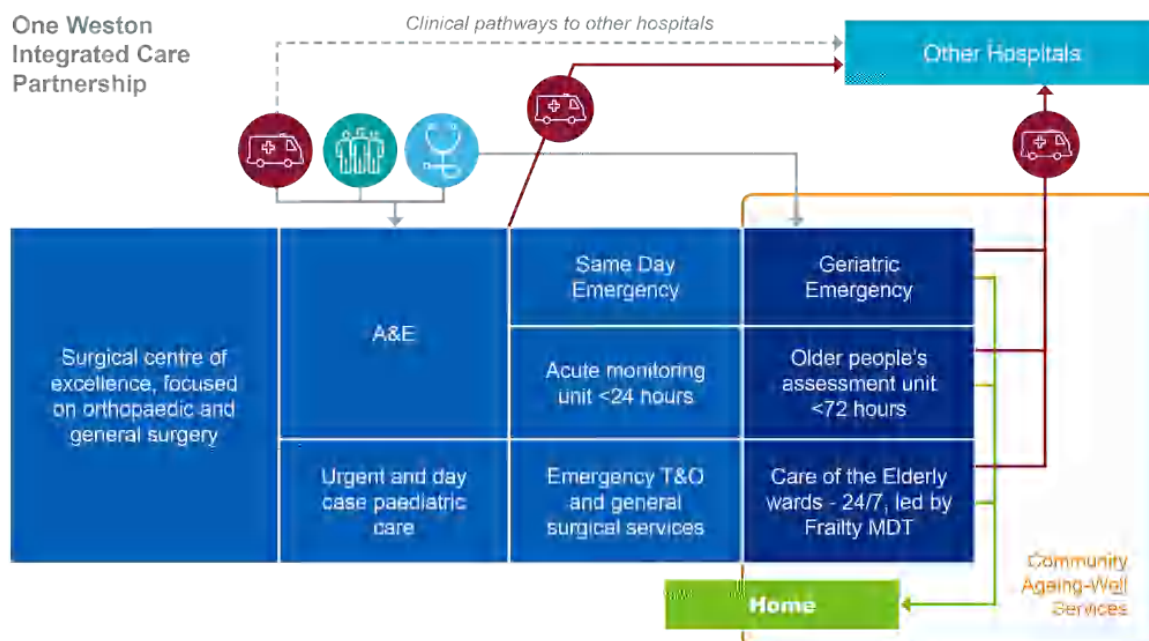
Figure 15 - Phase 2 clinical design group proposal



Healthy Weston 2 objectives

- Avoid admissions and get the right patients under the right teams to optimise recovery and minimise length of stay;
- To provide an accessible service, fit for purpose for the people of Weston;
- Build on excellent work already underway (Ageing Well) to have a seamless frailty service across primary and secondary care;
- Multiple information sources, good triangulation based on predicted capacity needs;
- Parts of the service are already in place (GEMS, care of the elderly wards)- need to expand capacity and increase MDT (therapy/pharmacy etc).
- Develop an OPAU (commensurate reduction in AMU);
- Develop cross cutting teams e.g., delirium and dementia.

Figure 16 - Healthy Weston 2 Pathway Overview



The final decision on the future vision of care at Weston Hospital will be made in 2022 and phased implementation plans will be developed aligned to the final stages of clinical service integration across UHBW.

4.7 Strategic Estates Development Review

An independent capacity and demand analysis exercise was carried out in June 2021 to validate the existing business cases from the Strategic Estates Development Programme, to inform future space requirements, identify where innovation could assist in clinical delivery and consider potential development options on the main Bristol campus site.

The capacity and demand activities were based on the following areas;

Figure 17 - Capacity and demand activity areas



Specifically, the analysis was focused on the areas of the business case and strategic development programme such as inpatient requirements, outpatient pre-operative assessment, dermatology, children, eye hospital and the haematology and oncology centre.

A total of 14 business cases and feasibility documents were reviewed in detail, as part of the process and a series of stakeholder engagement sessions held with members of senior management teams of the relevant clinical division. Further stakeholder engagement was held with business intelligence, estates, and finance teams. This reflects the level of *check and challenge* applied to each case for change and included robust interrogation of all assumptions made by the clinical teams.

Whilst the model projected a substantial required uplift in non-elective medical inpatient beds, based on demand trends to Financial Year 35 (from 255 to c.400 under a 'Do Nothing' scenario, i.e., projected growth with no efficiencies or service transformation applied), the Trust will look to offset the majority of this demand pressure, by achieving expected levels of same day emergency care and reducing delayed discharge rates by 50%. This generates a realistic mid-case scenario of a 280 medical inpatient bed requirement by FY35.

The modelling produced the findings from the demand and capacity exercise and evaluation of individual business cases by department. The net additional impact anticipated to FY35 against baseline capacity is as follows:

Table 8 - Net additional impact anticipated to FY35 against baseline capacity

Hospital Function	Additional FY35 requirements *	Hospital Function	Additional FY35 requirements *
Consult Exam Rooms	48	Inpatient beds elective	18
Same Day Emergency Care	10	Inpatients beds emergency	104
Day Case Spaces	21	Theatres	7

* against baseline

The figures above assume a reasonable mid-case scenario for growth, service transformation and efficiencies. This review looked specifically at the potential impact of any clinical mitigation and innovation opportunities. A "blended" approach will be adopted looking at how services can be delivered differently to reduce the demand on physical space and developing the estate as part of implementation of its SEDP. Opportunities exist for system working, left shift to the community and adoption of more digitally enabled hospital for the future.

Schedules of accommodation were produced for all functional content, resulting from the activity and capacity modelling. These schedules will inform future planning, design, and costing of the capital programme.

The report concluded that no single action or scheme will address all the Trust's strategic needs and challenges, but a series of opportunities have been identified for UHBW to:

- Move to best practice quartiles including *Getting it Right First Time* (GIRFT);
- Undertake a proportion of outpatient appointments outside of hospital settings;
- Increase throughput of patients;
- Reduce length of stay;
- Improve utilisation of space especially if core clinical areas;
- Look for offsite opportunities such as community diagnostics hubs, Edith Cavell Centres and Health on the high street.
- Develop the Marlborough Hill site to provide a new Urgent Emergency Assessment Centre to include adult ED, radiology, endoscopy and theatres.

The **Bristol campus** is constrained for development, particularly around existing Emergency Department and Children's Hospital, both A&E and inpatient wards. We are cognisant that we must achieve the best possible value for money in capital redevelopments and each scheme must deliver the outcomes of both estates and services objectives.

The cost/benefit of refurbishing and relocating departments within the existing footprint against that of new build development at Marlborough Hill has been tested at this feasibility stage. To 'unlock' space for developing the prioritised Strategic Estates Development list, including Children's Services, development of an Urgent Emergency Assessment Centre (UEAC), Theatres and Endoscopy facility at Marlborough Hill is the cornerstone for enabling the planned redevelopment programme.

Figure 18 – Artists' impressions of the Marlborough Hill site development



4.8 Other considerations as part of this estate strategy

4.8.1 Office and Administration Strategy

Offices and administration services are currently located in disparate locations and across multiple buildings and staff are generally based in smaller one person or open plan offices. Over the last decade, recognition in both the NHS and wider industry has been made of the benefits to staff and the organisation of transforming workspaces to be in line with current best practice. These include:

- Providing a space that will improve workforce productivity;
- Promoting collaboration between staff and departments;
- Supporting recruitment and retention;
- Improving efficiency and effectiveness of the estate – linking to Carter benchmarks;
- Potentially reducing office footprints and driving down property costs;
- Enabling redevelopment and utilisation of core acute sites for clinical services.

The Trust has an Asset Management Group and a Non-Clinical and Corporate Space sub-group responsible for reviewing these elements of the estate utilisation. The early finding is that the demand for office accommodation is high with little available space at the Bristol Campus. The Trust is looking to relocate administrative and back-office functions off-site, into a newly acquired office block at St James Court, which was acquired in 2021, as part of a strategy to provide good

quality modern office accommodation for Trust staff. The corporate HQ is currently located in space at Marlborough Hill that is earmarked for expansion and will be demolished.

The Trust have developed a working policy for post-covid occupancy, which includes more flexible, hot-desk and home working, which if adopted by staff, should reduce the dependency on office space on the main acute sites. There is a recognised need to utilise the Bristol campus for core clinical delivery and identify opportunities to move non-clinical functions offsite.

4.8.2 Staff living accommodation

UHBW faces ongoing challenges to recruit and retain staff to work in a Bristol city centre location and at Weston-Super-Mare where both locations have very limited accommodation provision. Candidates regularly withdraw from the recruitment process once they establish the high costs of living in Bristol and that we cannot assist them with accommodation. Additionally, impending changes in legislation will affect the already limited provision of staff living accommodation. It has also proved difficult to attract staff to work in Weston-Super-Mare.

Discussions have been conducted to establish future accommodation requirements and demand, these have included divisional recruitment leads and new starters across a selection of staff groups. A significant need was identified, for a mixed economy of affordable short-term accommodation to support the ongoing need, for UHBW to remain a competitive and attractive employer to those people looking to relocate to Bristol or Weston.

We will continue to pursue options to work with all public sector partners on the possibility of a city-wide key worker strategy or utilising a partnership with a private residential provider to assist in the provision of staff housing and accommodation. The accommodation solution in Bristol does not need to be on the Bristol campus, which is better utilised for clinical purposes and expansion space for the provision of services.

The Trust will continue to rent the 12 houses (known as Rooftops) at Weston-Super-Mare for the provision of staff accommodation.

The Trust will create an accommodation strategy for both Weston and Bristol during 2022/2023 to look at the most optimum solution across all its overnight accommodation needs.

4.8.3 Parent Accommodation

Providing accommodation for parents is a vital part of our commitment to support families of children with serious illness, and we currently benefit from the fantastic support of charities and fundraisers. As part of the last estates strategy (2015-2020), it was identified that this is an ongoing requirement, and that a potential 36 parent units would be required by 2023. There is some existing accommodation for parents, but this is considered aged and worn and in need of replacement. Repatriation of existing parent accommodation from other sites and planning for additional parent accommodation requirements also needs to be considered.

The current leasing arrangements for Ronald Macdonald House and Sam's House end in 2027 and a strategy for these will be required as part of estate planning. The Trust will work closely with the University of Bristol to establish the future intentions for both properties. This work will commence in 2023, to allow sufficient time to provide the most optimum solution.

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4.9 Other sites and issues for development consideration

4.9.1 Tyndalls Park Road

Currently occupied by MEMO and training services; future use of the Tyndalls building is yet to be determined, as it is outside the core estate area and the site's future strategy will need to be aligned to the overall strategic development at Marlborough Hill.

4.9.2 Central Health Clinic (CHC)

The Sexual Health Service, located at the Central Health Clinic is subject to a strategic review, pending a competitive tender for re-provision of all sexual health services in Bristol by the City Council. The CHC is adjacent to the former Great Western Ambulance Station, (currently being redeveloped into 375 new homes, through a mixture of build-to-rent and affordable dwellings).

The future of the CHC must be determined in the context of the estate and services strategy against commercial and sale values. However, given the planning precedent set for the former ambulance site, there is a clear strategic / commercial opportunity. Redeveloping the site for alternative purposes could financially support clinical and capital developments in the future and could provide a potential solution for key worker accommodation or affordable homes, in collaboration with a development partner.

4.9.3 Bristol Dental Hospital

The University of Bristol (UoB) are relocating all primary care-related dental undergraduate teaching from the Trust's sites into a new facility at 1 Trinity Quay, much closer to the proposed new university campus at Temple Quarter, with effect from September 2022.

The Dental Hospital building dates from around 1907 and comprises 7,852sqm, it is owned by the University Of Bristol and leased to UHBW. As of 31 March 2021, the building has a book value of £11m and a land valuation of £600k. Dental undergraduate teaching occupies circa 16% - or 1,242sqm - of the building and accommodates 68 dental chairs (18 on first floor, 50 on third floor). The undergraduate teaching will release circa 1,243sqm of clinical space.

The Trust will consider the future use of this space in partnership with the UoB, whether the space could be used for alternative NHS services if desirable, and the potential to acquire or lease the space from UoB should be considered.

4.9.4 Weston General Hospital Considerations

The need for development should be balanced against the constraints which operate on each part of the site, as set out earlier in this document. It is important to ensure that the **building and facilities** are correctly located to maximise and ease access and flow of patients adequately, to meet clinical needs – as described in 4.6.1 Healthy Weston 2.

1. A&E services would remain the same, with the same number of walk-ins and ambulance arrivals
2. No changes to 9 of the 12 key service areas at Weston General Hospital
3. Further develop our award-winning Geriatric Emergency Medicine Service (GEMS) and creating a centre of excellence for the care of older people, supporting individuals to remain as independent as possible for as long as possible, with different health and social care professionals with specialist expertise working together to deliver joined-up high-quality care. An expanded GEMS, working closely with the primary care-led Care Home Hub, would make Weston-super-Mare a national leader in the care of older people.
4. Significantly expand same day emergency care and planned care services (which would help with COVID backlog recovery)

5. Eight additional people per day would be transferred to a neighbouring hospital for specialist inpatient medical care, delivering better outcomes and a shorter length of stay for those patients.
6. The result of implementing number 5, is that we could deliver between 22 and 114 extra surgical procedures on the Weston site every day (dependent on type of procedure and full capital funding)
7. In addition, we will continue to strengthen how we provide local assessment and treatment of children to support the large number of families living in Weston and the surrounding areas.

There is a positive and exciting future for Weston General Hospital delivering exceptional care and services for our resident communities as well as visitors to the area. This future will be developed by staff, patients and local people.

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5 How Do We Get There?

5.1 Implications of service strategy for the estate

The Trust will align to the national, regional and local drivers which impact how services are delivered and how the estate is development. This includes clinical transformation developments as part of the NHS Long Term Plan, One Public Estate, and the Integrated Care System (Healthier Together). There will also be other localised service developments as a result of national drivers, such as system working alongside all health, social care and third sector organisations, to tackle social detriments to health and continue to find innovative way to provide safe, high-quality care that is sustainable for future generations to come. The Healthier Together ICS Strategy articulates the integrated care provision as neighbourhood, place and system.

The Trust will continue to work with the ICS on the development of its *Acute Services Review* acute provider collaboration and *Healthy Weston 2* review, to develop a sustainable clinical model for a core population of over half a million people. The strategic estates plan is flexible and adaptable to enable any service transformation and to facilitate changes in service delivery as clinical models and strategies evolves. Another major clinical service development which will have an impact on the estate provision will be restoring the position post Covid-19 and addressing the backlog of patient waiting lists.

In a practical sense working as an integrated system will likely see more appointments undertaken virtually with the enablement of digital technology, more self-care management, the potential for outpatients' appointments to take place in the community alongside primary, community, mental health, vocational and social care. More elective and diagnostic care may also take place outside of a traditional hospital campus setting. As seen from the demand and capacity analysis as part of the *Strategic Estates Capital Review*, these changes to the estate will offset demographic and non-demographic growth factors that place greater demand for more physical hospital estate over the next 15 years to FY35.

5.2 Preferred strategic option for estate change Weston SDP

Key Development Areas

We have a hugely ambitious and exciting strategic estates capital programme which aims to:

- Improve our buildings and infrastructure to benefit patients and staff.
- Increase our capacity for delivering care and restoring services impacted by COVID-19, alongside supporting more care outside of our hospitals.
- Drive forward our strategy to be a lead provider of outstanding clinical services, teaching and research over the next 10 years.

Up to £2m is being invested to support staff wellbeing – including refurbishing cafés (Deli Marche and Rafter) and staff rest areas, and the development of plans for new staff wellbeing areas. There is also a focus on projects that will help us to restore services and increase capacity.

The overall development requirements will be linked to the service model developments as highlighted in section 4.9.4 of this Strategy. The Strategic Development Plan has confirmed that expansion space is possible if required.

The Weston General Hospital site covers over 12.25 hectares, but the identified development requirements are expected to involve only a relatively small portion of this. The starting point has been to identify “development zones” - distinct parts of the site generally without major buildings - which, in principle, could accommodate future development. The main building (only minor improvements and refurbishments expected) and Long Fox Unit (leasehold, not owned by the Trust) are not proposed to be developed and therefore excluded from these zones.

The seven development zones are shown on the plan (Figure 19) and outlined below:

Figure 19 - WGH key development zones



Any development of new buildings in these zones will:

- Be designed with massing relative to existing buildings;
- Use building materials that appropriately reflect those already present in the locality;
- Use roof materials and forms that are considered in the context of being visible from the public realm;
- Soft and hard landscaping and new tree planting to be integral to development proposals.

Zone 1 (Academy Green): This zone covers the south-western corner of the site, adjacent to the Rhyne and Uphill Development, containing the Weston Academy with its extension, as well as the Honey Tree Nursery. New buildings will be located away from the residential area and must follow similar height restrictions.

- This option will demolish parts of the existing car park around the Academy;
- The new development will be a two-storey extension of the existing academy, to increase capacity and will be located so that there is a good buffer between it and the existing residential development;
- The land behind Honey Tree Nursery will be further developed into a sports or recreation ground and children's play area.

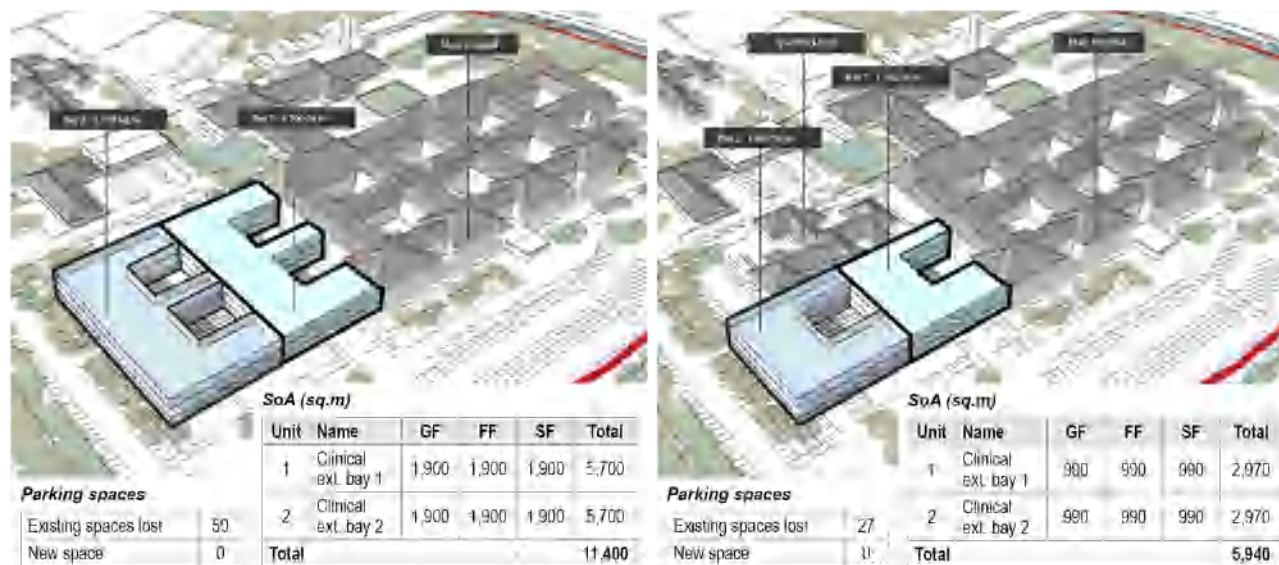
Zone 2 (Grange View): This comprises the southern part of the site, containing the patient and visitor parking parallel to Grange Road. There is limited potential for any new development as the current zone is quite successful at providing parking for patients and visitors, due to its proximity to the hospital entrances. No significant building development is currently proposed.

Zone 3 (Hospital West): Located west of the main hospital and with the academy to its west, outbuildings to the north and parking areas to the south. This zone features an existing drain

running north-south and a tree belt to the west. Proximity to the main hospital suggests potential for clinical activities in this zone, and opportunity to provide high-quality frontage to the main road (Grange Rd) and for new well-defined entrances at the front of the hospital.

- Options 1: a new three-storey clinical extension to the main hospital, divided into two bays - extending along the western hospital street. The option will include the **demolition** of existing Quantock Unit, the temporary buildings currently housing the old medical records store and the adjacent car park.
- Option 2: as Option 1 but would involve **retaining** the Quantock Unit. (see Figure 20 below).

Figure 20 - comparison of Zone 3, option 1 and 2



Zone 4 (Lower Eastern Fringe): Running parallel to Bridgewater Rd, west of the main hospital and including part of the wooded areas and some of the existing staff car parking. There is limited potential for any new development due to location of the woodland and the strategic gap. Thus, no significant built development is currently proposed within this zone.

Zone 5 (Upper Eastern Fringe): Located north of Zone 4, parallel to Bridgewater Rd and the extension of the main hospital. It covers part of the woodland area and helipad, currently used as an informal staff parking area and as a location for temporary storage and office units. As it is apart from the main hospital, there is no potential for Clinical development. However, proximity to the restaurant and workshop could suggest potential non-Clinical uses. The relationship between landscape areas, pedestrian routes and car parking will be reviewed.

- The new development will be a one/two storey (due to the height constraints) standalone Receipt and Distribution Hub, as per location of the strategic gap and the topography. It would involve demolition of a few parking spaces at the helipad, which would be reprovided in other areas around the development.

Zone 6 (Rafters West): several outbuildings are located here: Dental, Ambleside Renal Unit, Brent Knoll Office and East Brent Office, and with some dedicated parking in the south of the zone. Due to its proximity to the main hospital has potential to be developed into recreation or amenity space for staff or visitors, with possible connections to Rafters Restaurant or Quantock Unit. Improvements will be made to the existing poorly maintained pond and the nearby drains.

- Given the identified need for the expansion of the offices, Zone 6 provides an opportunity to introduce a new accommodation for staff / admin that will have a better connection with the main hospital. The new development will be a two-storey standalone unit, comprising the Office staff and a Well-being hub that merges into the landscape.

Zone 7 (Uphill Meadow): in the northern-most part of the site and covering mostly wooded areas and farmland. No significant development is proposed in this zone due to the presence of the Strategic Gap.

In summary Zones 3, 5 and 6 are better suited to accommodate the necessary development than the others.

5.3 Preferred strategic option for estate change Bristol Campus

This section looks at how the Trust's estate and infrastructure can be developed to support the strategic direction and objectives discussed in the previous section. The Category 1 schemes identified are those which address the known risks across the estate, predominantly from a backlog maintenance perspective. However, the realistic strategy for the Trust is the longer-term option of a major capital development on the Marlborough Hill site. The planned proposal is for a new Urgent Emergency Assessment Centre (UEAC), theatres and endoscopy. Development of the Marlborough Hill site would free up the necessary space to allow the expansion of Children's ED, Outpatients, In-patient and Paediatric Intensive Care Unit.

Delivering consistently high quality, patient-centred care and valuing our people are core to our mission and providing a modern, fit for purpose environment is an essential part of achieving these priorities. This proposed development would have the biggest impact to the Trust's strategic challenges, and it is recognised under the SAFE framework assessment:

S Suitable , in terms of addressing the strategic challenges	A Acceptable to the Trust, patients, visitors and staff and other stakeholders	F Feasible , in terms of the resource and capability to implement	E Enduring , in terms of its life expectancy
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A major constraint is the cost / financial resource to implement the required estate changes. The required funding resources are likely to take the Trust beyond its five-year programme, potentially requiring compromise and flexibility of aspirations across the clinical services.

5.4 Funding options

In September 2018, Trust Board approved investment of £120.3m into major clinical services strategic schemes, part of the overall of Investment Programme and Medium-Term Financial Plan totalling £237m to 2022/23. However, the demand on these funds far outweighs what the Trust can invest in, with its own accumulated cash balances, without securing additional funding. The Trust has limited capital to fund a scheme as significant as the Marlborough Hill development.

The new capital regime, introduced in 2020/21, means that all provider Trusts, including Foundation Trusts, are now subject to capital expenditure constraints via a system Capital Departmental Expenditure Limit (CDEL). The CDEL cannot be breached, regardless of the level of accumulated cash balances a Trust may have. Therefore, to ensure Provider capital investment plans in aggregate are compliant with the system CDEL, system prioritisation of provider plans will be necessary and will, place a constraint on the Trust's future capital investment plans.

The UBHW CDEL for 2021/22 is c£57m for all capital expenditure. The Trust's current Medium Term Capital Programme significantly oversubscribes the CDEL.

In real terms this results in significant limitations on the amount that the Trust could invest in infrastructure, environment, restoration, major medical, digital and other elements, from capital, in 2021/22 and beyond.

The developing revenue financial regime, the pending NHSEI notified three-year system revenue funding envelopes and the NHSEI notified system financial limit on capital expenditure (CDEL), will all play a major part in assessing the Trust's future capital investment plans. In addition, the yet-to-be-clarified Integrated Care System (ICS) role in determining and deciding the system's capital investment priorities and the subsequent allocation of CDEL to individual organisations, will also play a major part. Whilst, at the time of writing, the system and the Trust has currently, no visibility of the revenue funding envelopes beyond 31 March 2023, the system has committed to refreshing its Medium-Term Financial Plan this Summer to help inform the future direction of travel. However, the 2022/23 system financial plan describes a significant underlying deficit of c£90m going into 2023/24. The scale of the service and financial challenge to recover the system's underlying deficit is likely to impact heavily on the system's ability to afford the recurring revenue consequences of the systems and the Trust's capital investment plans.

The challenging revenue outlook coupled with the CDEL constraint will mean the Trust will not be able to fulfil all of its capital investment ambitions. Therefore, it is extremely important that the Trust works with its ICS partners to appropriately prioritise the systems and therefore the Trusts capital investment plans against all available resources including charitable funds.

Clearly, it is necessary to regularly review the Trust's capital priorities and carefully plan its future capital expenditure projects each year, within its strategic capital programme, that is affordable in recurring revenue and cash terms. Assuming the recurring revenue affordability of capital investment is prioritised and could be fully funded by the system, it would also mean the Trust will have to secure NHSEI centrally held capital funding (that does not score against CDEL) via compelling business cases submitted to NHSEI for future large-scale, strategic developments, such as some of the schemes described in the Capital Investment Programme section.

5.5 Capital Investment Programme

The Trust has created a detailed Strategic Estate Development Programme Board to oversee the delivery of the programme over the next 5 years and beyond. The SEDP sets a framework for priority and delivery, assisting the Trust to understand what scheme will be delivered to which proposed timeline. **The current Strategic programme currently excludes any allocation for the development of the Weston site.**

The programme has been broken into three categories of schemes:

Category 1: Infrastructure and Restoration
1 to 2 years

Category 2: Medium scale strategic development
2 to 4 years

Category 3: Major strategic development
3 to 5+ years

Category 1: Infrastructure and Restoration – 1 to 2 years

A - Very high risk and high-risk infrastructure requirements – 1-2 years;

In line with Department of Health and Social Care guidance, high and significant risk items should be addressed within a reasonable timescale so as not to compromise the delivery of care. The Trust's identified high and significant risk items as a result of its facet survey is £25 million.

B - Existing schemes linked to Restoration Framework – over 2 years

Adult ward capacity

An additional medical ward is required on the Bristol Royal Infirmary (BRI) site to support the development of cardiology services (i.e., provide space within the Bristol Heart Institute (BHI) to increase cardiology ward capacity) and support resilience of patient flow in the context of increasing medical admissions. The development of medical and cardiology inpatient services is core to our provision of urgent and planned care services for our local and regional populations.

Adult critical care capacity

The provision of critical care facilities is core to the development of our specialist surgical cancer and cardiac work, which are central to the strategic development of our specialist and regional services portfolio.

The proposed scheme will assess the opportunities to integrate general and cardiac ICU provision, along with expansion in the bed base on a phased basis to address the current constraints in capacity and account for future growth.

Medical Education facilities

Capital investment into education facilities to modernise and improve both environment and increase teaching and training capacity.

It is essential that the value of the schemes confirmed for 2021/22 does not exceed the amount we can spend within our CDEL envelope. It has been confirmed that the Trust can fund the Category 1 schemes under the current cash reserves.

Category 2: Medium scale strategic development – 2 to 4 years

Bristol Eye Hospital - Ground floor

This scheme proposes to change the layout of areas of the BEH identified as suboptimal to enable new ways of working and models of care to improve the productivity of outpatient services, expand capacity to match increased demand and provide a modern environment for staff and patients.

There is clear alignment of this programme to our current and future strategic objectives, both in relation to environment and driving productivity and efficiency and to the development of our local and specialist service offer.

D603 (In-patient ward refurbishment)

Refurbishment of Bristol Haematology and Oncology Centre (BHOC) inpatient ward, providing an improved and modernised environment for staff and patients. This is a 100% Charity funded scheme.

St. Michaels Hospital (Level E)

Upgrade of outdated environment at St Michael's Hospital (STMH) for maternity services. Strategically aligned to providing a modern and up to date environment for our staff and patients and to achieving high quality care in our general services for the local population we serve.

Holistic Cancer Centre

Patient feedback has continued to reflect the need for an appropriate environment aligned to, but separate from, the hospital environment for patients with cancer or other long-term conditions. Work is underway to progress a Maggie's Centre for our patients including a collaboration between the Trust, Maggie's and Penny Brohn charities. This programme is strategically aligned to our quality objectives, as well as our development of general and specialist cancer services.

Dermatology

The environment within the current dermatology department requires significant refurbishment in order to provide an adequate clinical and non-clinical environment for staff and patients. Its current location is also suboptimal, with patients experiencing difficulty in accessing the department. In addition, dermatology activity has grown significantly over the last 5 years, supported by increased commissioner contracts. This has included the transfer of activity from Weston and more recently, from Taunton. Dermatology services are core to our clinical services strategy, both in relation to general services we provide to our local population and the development of specialist work for the wider region. The proposal is to build a new and modern unit to provide the required space for the expanding service, as well as a modern environment for staff and patients.

Neonatal Intensive Care Unit

Improving the quality and outcomes of new-born care has been identified as a key national priority in both the NHS Long Term plan and in the recent national neonatal review “Better New-born Care”. In clear alignment with these core national strategies, the current outline business case presents an opportunity to place the new-born babies’ needs at the centre of how we deliver neonatal care in Bristol, to build a safe and sustainable neonatal service for the future, and to address some of the significant challenges and risks faced by the services at present.

The fundamental aim for this reconfiguration of services is to ensure that clinical care of the highest quality and safety is provided to those new-born babies and their families who require care from the neonatal teams at both North Bristol NHS Trust (NBT) and University Hospitals Bristol NHS Foundation Trust (UH Bristol), ensuring we get the right baby in the right place at the right time with the right staffing.

Whilst both units are high performing with good clinical outcomes, the way the services are currently organised, with a neonatal intensive care unit (level 3) on both sites, and the unit at NBT being a standalone neonatal unit with no other paediatrics on site, impacts on the quality and safety of care that can be delivered, as well as the long-term sustainability of the service in a number of ways;

- 35-40% of the very small high-risk babies are transferred from NBT to UH Bristol for paediatric specialist assessment and / or ongoing care.
- There is a lack of paediatric support services at NBT (radiology, pharmacy, allied health professionals) as the NICU is the only paediatric service on site.
- As one of the few NICU units in the country with no other paediatrics on site to provide support to the unit, the long-term sustainability of the neonatal service and staffing at NBT is an important consideration.

The proposal is to centralise all the neonatal intensive care at the Bristol Campus site and for the NBT site to function as a Local Neonatal Unit (LNU). The units would operate as an integrated service, underpinned by a robust partnership agreement between both Trusts to establish the new clinical model and integrate both units, ensuring the delivery of a high quality, safe and sustainable future neonatal service in Bristol.

Bristol Eye Hospital (fifth operating theatre)

Surgicube theatre development to facilitate the essential maintenance of existing theatres, also providing potential future capacity expansion.

Endoscopy

Proposed review and potential redesign of the current endoscopy facilities, with a focus on Queen’s Day Unit (Level 4 BRI) to achieve JAG in medium term.

It has been established that the Trust can fund the Category 2 schemes from current cash reserves. These schemes would need to be further developed through the business case and design process and form part of a programme over the next two-to-four years, based on capital availability and our CDEL envelope. The business case development process is underway within the SEDP.

Category 3: Major strategic development – 3 to 5+ years

Marlborough Hill Development

The development is planned over four levels, providing direct links to Bristol Royal Infirmary, incorporating:

- Adult Emergency Department, including supporting radiology, observation beds, Acute Medical Unit and Older Persons Assessment Unit;
- Increased theatre capacity and a Surgical and Trauma Assessment Unit;
- A Joint Advisory Group on Gastrointestinal Endoscopy (JAG) compliant Endoscopy Unit.

This scheme forms part of broader clinical strategy that support improved response to increasing UEC demand and enhance regional capacity for specialist and tertiary services. The release of space within the existing building enables redevelopment and expansion of services within the South West major trauma centre for children.

As a Global Digital Exemplar, UHBW continues to accelerate using new and emerging technologies and sharing our learning to enable others to follow as quickly as possible.

We will engage and consult with our ICS to horizon scan and realise opportunities such as increased use of data and AI, which will influence final design and capacity.

Bristol Royal Hospital for Children (expansion)

The delivery of local, regional and supra-regional services for children is a core strand of our clinical, teaching and research agenda, both currently and for the future. Since the centralisation of specialist paediatric services, we have continued to experience growth across a number of our paediatric services.

This has led to the requirement for additional space in the children's hospital and this proposal is to expand facilities in the Emergency Department, outpatients, inpatient beds and paediatric intensive care services. This will result in high quality modern environment for staff and patients, as well as enabling the future strategic development of our paediatric services.

Bristol Haematology and Oncology Centre (expansion and redevelopment)

Cancer services are core to providing high quality services to the local population and to continue to develop and innovate in our specialist and regional services. Sustained growth has been experienced in haematology and oncology services over the last 5 years, supported by increased contracts with our commissioners and income growth in these areas. Additional physical capacity and modernisation of the environment is required in BHOC to respond to this growth and maintain an appropriate environment for staff and patients alongside expanding oncology service access in more local units.

These Category 3 schemes drive our strategic objectives as an organisation to find alternative ways to manage our acute demand and to continue to expand our specialist portfolio as a Trust. They are also characterised by their scale and complexity.

5.6 Meeting regulatory obligations

The Trust recognises the importance of working with Regulators to ensure we meet, if not exceed, the standards expected of an efficient and high performing NHS Foundation Trust. These standards ensure that high quality, safe and effective care is provided in an economically sustainable manner.

The Trust has an obligation, as part of the NHS Constitution, to care for patients, staff, and visitors; ensure the services provided are high quality and that the Trust can demonstrate value for money to the taxpayer. The Trust's aim will be to maximise funds to support the delivery of care through the elimination of waste, duplication, and inefficient use of resources within the Estate and how it is operated.

The New Hospital Programme has established 13 criteria that applicable participating Trust's must meet as part of it building. It is anticipated that these criteria will be expected for any major strategic new build programme within the NHS:

Criteria 1	Programme Standardisation – Shell & Core Design Parameters (structural grid / floor to floor heights / general service & FM strategies)
Assessment Evidence of Early Adoption of the Shell & Core Design Principles - Standardised structural grid - Standardised approach to floor-to-floor heights – typology of medium / high tech spaces	
Criteria 2	Programme Standardisation – repeatable rooms / components
Provide example of typical standardized rooms expected; inpatients, outpatients, dirty utilities, toilets etc - 80% demonstration of repeatable rooms on a project basis. Assessed against standard rooms % against quantity of rooms (net department) Commitment for programme application of standardised components. - As drawn demonstration of application of 80% room standardisation and primary assemblies (bathroom pods / bedhead walls / door sets / major FFE assemblies, integrated plumbing systems etc - Commitment for programme application of standardised components evidence with 1:50 standard rooms delivery. Rooms to be HBN/HTM compliant and where derogated evidence to show full functionality	
Criteria 3	Delivering Modern Methods of Construction
Presence of MMC strategy - PMV – Premanufactured Value (measure of offsite) - minimum 65% - RCD – Residual Cost Density (measure of efficiency) - minimum 55% - Standardisation evidence of application within design from strategy - MMC Maturity Assessment (measure of enablers)	
Criteria 4	Patient Flows
Complying with the draft HBN - Matrix of clinical adjacencies - Separation of Elective and Emergency - All areas minimising cross flows of patients/staff/logistics - Infection control processes in place - Major patient pathways	
Criteria 5	Net Zero Carbon
Plant area % minimum of 23% (GIFA and external) - Test Fit Plant Layouts - Full application of Net Zero Technologies - Cost allowance for NZC as maximum 5% of overall net construction cost – separately highlighted but evidenced as integral to the overall standard costs / design delivery strategy (it shouldn't be an add on) - Project specific strategy that demonstrates compliance with national NHS targets. - Complies with Intelligent Hospital Guide	
Criteria 6	Digital
Appointment of Digital Leadership / Digital Team - Undertaken stakeholder engagement/awareness programme - Project Specific Digital Strategy - aligned with Trust wide digital strategy - A Digital Roadmap showing scope of capabilities and how technologies will be rolled out over time (5-10 yrs. depending on scope of scheme) - Digital Case within the OBC or SOC with cost/benefits analysis for digital scope - Digital strategy aligned with and enabling clinical strategy - Digital strategy aligned with physical infrastructure solutions - Digital Capital Allocation or Budget assigned - Compliance with principles of emerging NHS digital guidance	
Criteria 7	Social Outcomes
Project Specific Strategy - Benefits of health outcomes and reducing health inequality locally - Trust have defined aims for local work apprenticeships/ local economy benefits	

Criteria 8	Cost Benchmark and Risk Assessed
In line with benchmark range £/m2 (should cost model / NHP benchmarking) - In line with comparison benchmarks with other front runners - Maximum 20% of OB is factored into design development / area growth	
Criteria 9	Capacity and Modelling
Project Specific Inclusions for Pandemic Resilience, Left Shift, Surge / Peaks - Standard Approach to Modelling - Well developed hospital strategy - Standardisation of occupancy & utilisation (85-90% + application of different working weeks / days)	
Criteria 10	Workforce
Project specific modelling coordinated with clinical strategy and schedule of accommodation	
Criteria 11	Patient experience and Outcomes
Minimum 71% single bedrooms - Minimum 1 Isolation room per ward. Minimum 1 Bariatric bedroom per ward - All patient rooms with direct access to natural light	
Criteria 12	Programme Delivery
Demonstrable Town Planning Support - NHP Technical Assurance Review	
Criteria 13	Backlog Maintenance
The reduction of all critical and significant infrastructure backlog in ERIC to be achieved by completion of the project	

5.7 Sustainability

A sustainable NHS will mean improved working environments, greater cost savings; better service to the community and reduced environmental impact. In conjunction with the service and operational strategies being developed, this estate strategy will consider sustainability issues in the future development of the estate and will be informed by progress being made in delivering the Trusts Sustainable Development Strategy (2020-2025).

The need for a health service facility and its content will be driven by patient needs, national directives and the clinical requirements supporting the Trust's vision. There are, however, opportunities for the Trust to enhance its sustainability by determining how services can be provided efficiently, and by developing them locally or through shared estate with the wider health and social economy. The use of information technologies to link services and to provide information remotely can be an important component of ensuring that the most effective use is made of resources. Also, investigating the extent to which other services could be provided from the same site may reveal significant benefits through economies of scale, increasing the viability of transport access and through effective integration of services.

5.7.1 Net Zero Carbon

Each scheme implemented should deliver benefits under the focus of Net Zero Carbon (as described earlier), Government Energy Conservation targets and the Sustainability Agenda, and reduce the Trust's carbon footprint, reducing its energy costs and consumption to a minimum.

The Trust is committed to sustainability and understanding the importance of reducing carbon emissions. Any new facility will be designed to meet National targets. The Trust will work with its design team to ensure any new development at Marlborough Hill will follow a five-point plan to get to Net Zero Carbon in keeping with the national directive:

Table 9 - Five Point Plan to Net Zero Carbon

1. Sweat the net area requirement

- A smaller building will have a smaller carbon footprint in its construction stage, and in its operational phase. This could be done by:
- Challenging current functional planning and operational policies to limit the extent of under-used space in the new building.
- Seeking out opportunities to move non-clinical functions off-site (such as administration, research and teaching facilities).
- Maximising shared facilities, centrally organise interdisciplinary functions, and work on the principle of right of use rather than ownership of space in the building.
- Investing in digitalisation to maximise the utilisation of space, and automation to limit the extent of on-site storage (just in time delivery).

2. Incorporate Modern Methods of Construction (MMC)

<ul style="list-style-type: none"> • Modern Methods of Construction (MMC) and Design for Manufacture and Assembly (DfMA) Philosophy • Collaborative approach between the Trust, Designers and Contractor to maximise off-site construction. • Collaborative digital engineering in a shared environment. • Repeatability maximised when applied to generic/repeatable installations. 	<p>Benefits include:</p> <ul style="list-style-type: none"> • Faster, quieter construction. • Fewer deliveries (fewer carbon emissions in transit). • Less material/less wastage (fewer carbon emissions in production). • Potential for end-of-life recycling/re-use. • Improved safety.
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3. Set a target for operational energy consumption

The new development will have a Net Zero Carbon Strategy based on targets derived from the RIBA Sustainable Outcomes 2030 Climate Challenge.

Figure 21 - RIBA Sustainable Outcomes 2030 Climate Challenge

RIBA 2030 Climate Challenge target metrics for non-domestic buildings					
RIBA Sustainable Outcome Metrics	Current Benchmarks	2020 Targets	2025 Targets	2030 Targets	Notes
Operational Energy kWh/m ² /y	225 kWh/m ² /y DEC D rated (CIBSE TM46 benchmark)	< 170 kWh/m ² /y DEC C rating	< 110 kWh/m ² /y DEC B rating	< 10 kWh/m ² /y DEC A rating	UKGBC Net Zero Framework: 1. Fabric First 2. Efficient services and low-carbon heat 3. Maximise on-site renewables 4. Minimum offsetting using UK schemes (CCC)
Embodied Carbon kgCO ₂ e/m ²	1100 kgCO ₂ e/m ² (M41 benchmark)	< 600 kgCO ₂ e/m ²	< 550 kgCO ₂ e/m ²	< 500 kgCO ₂ e/m ²	RICS Whole Life Carbon (A+C) 1. Whole Life Carbon Analysis 2. Using circular economy strategies 3. Minimum offsetting using UK schemes (CCC)
Potable Water Use Litres/person/day	> 16 l/p/day (CIBSE W11 benchmark)	< 16 l/p/day	< 13 l/p/day	< 10 l/p/day	CIBSE Guide G

HTM07-07: Sustainable Health and Social Care Buildings (2013) recommends that all new capital developments achieve an energy target of 35-55 GJ/100m3.

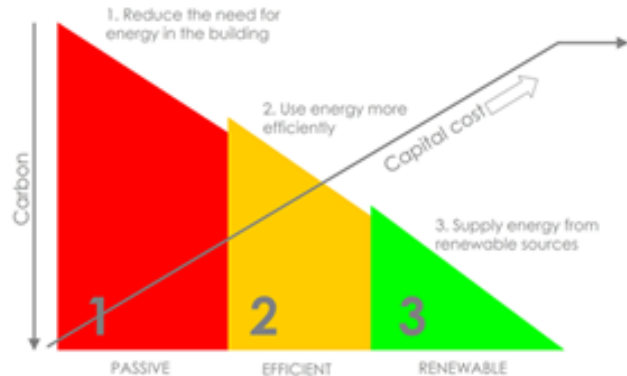
HTM07-07: Sustainable Health and Social Care Buildings (2013) recommends that all new capital developments achieve an energy target of 35-55 GJ/100m³.

4. Lean, mean, green design approach to new building

LEAN. Initial focus on building form, orientation, extent of glazing, solar screens, insulation levels of external fabric of the building, natural air movement through the building, etc.

MEAN. Removal of fossil fuel-based energy provision on the development site. A potential move to electric based heating, cooling, and hot water generation. Inclusion of LED lighting, daylight control, inverter drives, intelligent hospital control strategy, etc.

GREEN. An initial investment in renewable energy technology (solar thermal hot water and PV panels) will allow newer developments to meet energy consumption target level of 110 kWh/m²/y.



5. Investment the appropriate time in renewable energy

We propose to track the decarbonisation of The National Grid and to then calculate annual carbon emissions from the development. Dependant on the rate of decline of the electricity supply carbon factor – will dictate the extent of ongoing carbon offsetting investment (either via onsite renewables or potentially a national carbon offsetting strategy by the NHS).

5.7.2 Using Modern Methods of Construction

The Trust fully supports HM Treasury, DHSC and NHSE&I objectives for MMC as set out in key National strategies and understands the influence this has on the development of procurement and delivery strategies for the Marlborough Hill development.

To limit the extent of carbon emissions generated during the construction stage activity it will be necessary, at the very earliest stage of the design of the development to embrace Modern Methods of Construction (MMC) and Design for Manufacture and Assembly (DfMA).

The MMC philosophy adopted by the Trust will comprise:

- A collaborative approach to off-site construction. This will see a need to appoint a Contractor for the new hospital at an early stage, to enable dialogue and advice on the components available in the manufacturing supply chain that will ultimately comprise the “kit of parts” on which the new hospital will be constructed;
- Close working between the Trust and project stakeholders to develop successful MMC/DfMA strategies;
- Maximising repeatability in the design of the hospital;
- Prioritising locally sourced materials and labour wherever practicable to limit transportation related carbon emissions;
- Reducing the construction programme period where practicable;
- Developing the design of the new development in a digital 3D shared environment within which options analysis can be undertaken on where MMC and DfMA can be incorporated.

Embracing this philosophy will deliver the following benefits:



5.8 Supporting strategies

Throughout the development of this estate strategy, we have sought to reference other key Trust strategies and plans, to ensure that it supports the delivery of overarching objectives, and that the optimal estate is developed to meet the future needs of the local population. This document should be continually reviewed and updated in consultation with others as Trust and wider health economy plans are developed and it should also always be mindful of the inter-dependencies and projections upon which the plans are based. The estate strategy should be read in conjunction with the whole suite of strategies which all need to work together in alignment to deliver the Trust's Strategic Vision:

- Clinical Service Strategies;
- The Digital Strategy – Digitally enabled hospital;
- Workforce Strategy;
- Organisation Development;
- Healthy Weston 2;
- Life Cycle investment and Back-log maintenance;
- Sustainability;
- Transport and access;
- Capital Plans;
- Acute Services Review.

5.9 SWOT Analysis

To understand the Trust's strategic estate challenges and risks and develop the strategic options, a SWOT analysis was carried out for the estate:

Strengths

- c.£200m already spent in past 15 years to develop the estate;
- The site development plan 2018-2023 provides a basis to accommodate future requirements;
- No existing private finance or debt;
- Cash reserves available towards funding of capital developments.

Weaknesses

- Car parking, access and transport;
- Backlog maintenance outstanding c.£73.8m;
- Demand for capital outweighs the available funding resource;
- The age of the buildings and the remaining anticipated life;
- Estate needs to be more resilient for pandemics;
- Flexibility of estate with challenges to increase bed capacity to respond to demand pressures;
- No approved staff residential policy.
- **No capital funding allocation for the strategic development of the Weston site.**

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Opportunities	Threats
<ul style="list-style-type: none"> Weston Hospital and Drove Road now in Trust estate portfolio and managed centrally; Improve utilisation of SBCH (South Bristol Community Hospital); Long-term solution required for parent accommodation and Children's; Potential disposal of Central Health Clinic site; Site development zone available. 	<ul style="list-style-type: none"> Planning permission could be denied for expansion of the main site, Marlborough Hill; Achieving vacant possession of Eugene Street Residences; Flood risk at Weston Hospital and local authority planning constraints; High overhead costs at Weston Hospital; Critical infrastructure and life cycle investment improvements required at both sites; Estate needs to support post covid-19 clinical work; Changes to government policy such as provision of single rooms or funding flows from commissioners under ICS.

As with all large-scale strategic development there will be several constraints and barriers which will impact the delivery of the SEDP. These include, but are not limited to, the following:

- Availability of funding;
- Ability to work successfully with other Trusts, CCGs and wider ICS partners;
- Willingness of other parties to support vision;
- Future commissioning plans;
- HR Policies, Procedures and Management changes;
- Workforce;
- Technology.

All constraints and barriers identified throughout this process will be considered in more detail as part of business case development processes. However, plans to prevent some of them becoming a barrier to the transformation of the estate will be set in motion now.

The estate strategy must ensure that risk is minimised in all forms, that environments are safe and provide a high-quality experience for patients and visitors. The environment in which services are delivered should be maintained to a high standard and support staff to deliver high quality care.

The estate strategy aims to eliminate, minimise or adequately control risks associated with the built environment and to ensure that any investment decisions are affordable, represent value for money and support the Trust's financial plans.

5.10 Benefits

Due to the current financial status of the NHS, and ICS progress to date, it is important that the Trust improves the productivity of the estate as much as possible, this would include:

- An assurance that the quality of clinical services provided will be supported by a safe, secure and appropriate environment;
- A means of ensuring that capital investments reflect service strategies;
- A plan for change in which progress can be measured;
- A strategic context in which detailed business cases for all capital investment can be developed and evaluated as part of our strategic capital programme;

- A means by which the Local Authority can identify capital investment projects which will require formal statutory approval and will relate to the Local Development Plan;
- A clear strategy to:
 - establish sustainable development and environmental improvements;
 - ensure assets are effectively utilised and managed;
 - ensure risks are controlled and investment properly targeted;
 - reduce risk;
 - support a digitally enabled hospital to improve productivity and resources;
 - improve the metrics on cost and performance of the estate;
 - reduce waste and operating costs through effective deployment of Trust resources.

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6 Conclusion and Key Actions

Our estate strategy will be delivered through developing key assets, increasing income from commercial and clinical activities, acquiring strategically and disposing of estate that becomes surplus to requirements.

Affordability and delivery will be achieved using the most appropriate financial mechanisms, to leverage the optimum level of financial and non-financial benefits to the Trust.

Each proposed change to the physical assets will be appraised against the identified options and presented for approval in the context of the framework set out by this overarching estate strategy. Each development will be approved via the Treasury Green Book 5 Case Business case model, utilising Better Business Case practitioners to develop the investment cases. This will include the forecasted effect of this estate strategy on the estate and environmental performance.

There are several clinical service changes planned for the Weston Hospital site, where the capital investment for any material changes to the estate have yet to be determined. The critical infrastructure and life cycle investment at Weston will be a key area of focus for the coming estate strategy period.

As a result of the changing clinical operating models, major estate development will concentrate on the Bristol Campus, the Weston campus, opportunities for offsite working and development of Marlborough Hill.

The key actions this strategy seeks to deliver are as follows:

1 Support enablement of Trust's clinical and service strategies and be flexible to respond to emerging strategic direction such as <i>Healthy Weston 2</i> and the <i>Acute Services Review</i>	2 Implement the SEDP, including development of the Marlborough Hill site to unlock the Bristol Campus site for development
3 Improve access, environment and transport for our patients, visitors and staff	4 Reduce our back-log maintenance and invest in the infrastructure supporting our estate
5 Support our sustainability strategy, adopting a road map to achieve net zero carbon	6 Explore the commercial opportunities associated with disposing of Central Health Clinic and Tyndall's Park Road
7 Continue to explore strategic real estate acquisitions such as the current dental hospital	8 Consolidate our administration functions and adopt an agile working methodology post-Covid
9 Enable opportunities for offsite working with our partners in the ICS and Healthier Together membership	10 Develop an accommodation strategy for staff, overnight accommodation and parents
11 Adopt a digital strategy, implementing the opportunities for digital appointments, virtual wards, joined up care and self-care	12 Source funding and implement the Weston Site Development Plan aligning to the emerging clinical requirements from a <i>Healthy Weston 2</i>



University Hospitals Bristol and Weston

NHS Foundation Trust

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Site Development Plan 2018–2023

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Executive Summary

This document sets out the Site Development Plan for the University Hospitals Bristol NHS Foundation Trust (UH Bristol) Central Hospitals Area. The land involved is referred to here as the Hospitals Area and encompasses Bristol Royal Infirmary (BRI), Bristol Royal Hospital for Children, St Michael's Hospital, Bristol Haematology & Oncology Centre, Bristol Heart Institute, Bristol Eye Hospital and Bristol Dental Hospital.



Background

This document is intended to guide more detailed proposals that may emerge during the next five years that is, 2018-2023. It takes into account healthcare needs and opportunities, town planning considerations and community views.

Specific development proposals are not being put forward in the Site Development Plan. Any such detailed proposals will be subject to the normal planning process and these will then need to be considered by the Council, as local planning authority, in the normal way.

The document has been prepared on the basis of national policy guidance and the policies in Bristol Local Plan.

The current approved Estates strategy covers the period 2015-2020. The basis of the strategy was to explore the potential development areas on the main hospital site. At the time the strategy was produced the extent of the

Phase 5 programme and any STP initiatives was unknown, however a range of potential development requirements were identified to inform the outcome. The strategy concluded that land designated as "The Marlborough Hill site" was sufficient for the forecast development needs, leading the decision to dispose of the Old Building site, which was concluded in 2015.

The Trust is currently reviewing its clinical strategy and, once concluded, the Estates Strategy will require review and refresh as required to ensure the estate can support the clinical need. It is expected this will be completed in the first half of 2019.

The Hospitals area today

The Hospitals Area contains several of Bristol's major institutions. Its scale and importance at the heart of the community is reflected in:

- Some 144,000 in-patient/day case admissions at the BRI each year
- Approximately 710,000 out-patient visits to the BRI each year
- Its key role for a Bristol population of 460,000 and a regional population of 2,000,000
- Some 9,000 doctors, nurses and other staff based in the Hospitals Area
- Its 10 hectare city centre site; and
- Some 181,000sq metres of floor space to accommodate its activities

Historical Background, Planning Context, Existing Influences and Constraints

The historical development of the site and its current town planning context are first considered in this report. These are followed by a thorough analysis of the existing influences and constraints affecting the Hospitals Area, in particular land use, built form, conservation, landscape, access and movement. On this basis, a number of key considerations relevant to potential development of the site are set down.

The Site Development Plan - Key Considerations

The object is to identify in principle what development might be accommodated reasonably on potentially available parts of the Hospital Area. Whilst any specific development proposals will need to be considered in detail if and when put forward, the plan will provide a clear basis on which to judge their likely acceptability.

The need for development needs to be balanced against the constraints which operate in each part of the site. With that in mind the following approach has been adopted in preparing the development plan:

- Identify potential development requirements: The need has been identified, to expand physical capacity for a number of key clinical services across the Trust (Children's, Oncology, Neonatal, Cardiology); the need to replace the outdated and undersized Dermatology facilities; aspiration to develop a Hospital Transport Hub in conjunction with sustainable travel

In tandem with these major developments more modest improvements within the hospital area are planned, to improve the internal environment of a number of out-dated facilities

- Identify potential development zones: some five such zones have been identified, these being distinct parts of the site, which could, in principle, accommodate future development
- Define opportunities and constraints: These stem from the Hospitals' functional requirements and the characteristics of the Hospitals Area. Functional considerations include technical requirements and the desirability of ensuring that certain services adjoin others ("clinical adjacency"). The specific characteristics of the Hospitals Area have been established as part of the preparation of the development plan
- Select preferred areas: Certain parts of the site appear better suited to accommodating the necessary development than others. Preferred areas for development are accordingly specified in general terms
- Review the preferred areas in the context of the whole Hospital Area: The review takes into account a number of further matters, in particular, opportunities to improve the appearance and functioning of the Hospital Area

The Site Development Plan - Proposals

The Plan Proposals take the form of:

- Overall development principles which it is proposed should be applicable throughout the Hospitals Area; together with
- Specific enhancements which, subject to financial resources, are proposed for particular parts of the Hospitals Area outside the development zones; plus
- Zonal development principles which it is proposed should be applicable within each of the five development zones.

Sustainability and sustainable development principles are at the heart of the plan. The development plan will act as a crucial basis to deliver major physical enhancements and service benefits to healthcare provision in central Bristol for the city's residents and those of the wider region.

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1.

Introduction and Project Brief



1.1 The purpose of this document is to set out a Site Development Plan for the University Bristol Hospitals NHS Foundation Trust (UH Bristol) Central Hospitals Area. It is intended to guide future and more detailed proposals that may emerge during the next five years.

The plan takes into account future and changing healthcare needs and opportunities to modernise services provided to patients. It also takes into account the town planning considerations involved and community views. It is to be noted that specific development proposals are not being put forward.

1.2 This document has been commissioned by UH Bristol. It deals with development options for the future of the Bristol Central Hospital Area as shown on page 12. This includes the Bristol Royal Infirmary (BRI), Bristol Royal Hospital for Children, St Michael's Hospital, Bristol Haematology & Oncology Centre, Bristol Eye Hospital and Bristol Dental Hospital. The land involved is referred to here as the Hospitals Area.

1.3 The need to consider future development options has arisen largely for four main reasons:

- Changing circumstances in the provision of healthcare
- Clinical needs such as increasing demand or responding to changes to regional models of care etc.
- The request of Bristol City Council as local planning authority for a broad master plan providing a framework for significant investment over the next five years (in the overall context of Council policy that hospital development is acceptable in principle in the Hospitals Area)
- The wish of the University Hospitals Bristol NHS Foundation Trust to consult the community on the main options for development in the Hospitals Area.

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1.4 The plan sits with the context of the emerging estates strategy within the STP.

1.5 As regards the BRI Hospitals Area the principal anticipated new build requirements are:

- Hospital Transport Hub
- Dermatology
- Expansion to BRHC
- Expansion to BHOC
- Cardiology expansion
- Cardiac research unit
- Upgrade of Estates infrastructure to provide additional capacity for new developments.

Scope of the Site Development Plan

1.6 This document has been prepared on the basis of national policy guidance. The guidance suggests that the right approach to formulating development proposals is to examine the context in detail and to relate new development to its surroundings through an informed appraisal.

1.7 This plan has been formulated on the basis of a thorough review of the physical, social and economic characteristics of the area and its surroundings. This has involved field evaluation together with a review of existing sources of information.

1.8 An analysis of the existing influences and constraints has been undertaken. This has enabled an evaluation to be made of the key urban design considerations involved. A strong urban design philosophy underpins the planning framework on this basis. Sustainability and sustainable development principles are at the heart of the plan.

Detailed Proposals

1.9 The Site Development Plan sets out the location, scale and general form of development likely to be acceptable to meet the developing known healthcare needs in each part of the Hospitals Area during the next 5 years. It is to be noted that any such detailed proposals will be subject to applications for planning permission and/or listed building consent and these will then need to be considered by the Council, as local planning authority, in the normal way.

Public Consultation

1.10 The Trust has a well-established group for local residents and traders to ensure key stakeholders and community groups are kept up to date with proposed developments. Patient and public engagement is also sought at individual scheme level.

1.11 Where required, to support relevant planning applications, the plan will be submitted to Bristol City Council. The City Council seek a process whereby all stakeholders are fully engaged. This has been embraced in the preparation and publication of this document.

The Hospital Area Today

1.12 The Hospitals Area contains several of Bristol's major institutions. The present scale and importance of the Hospitals Area at the heart of the community is reflected in a number of key statistics as follows:

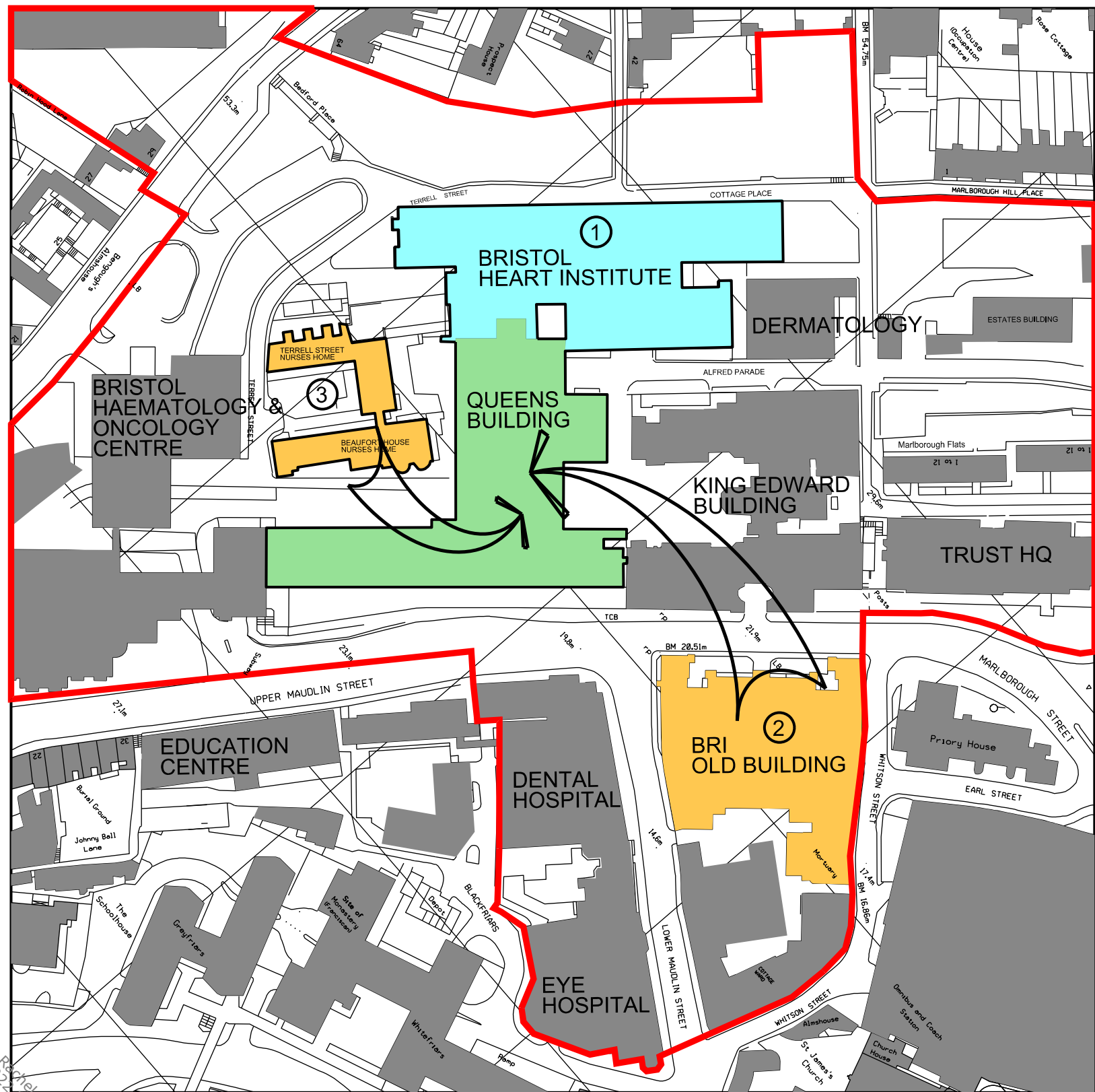
- The Hospital Area accommodates some 144,000 in-patient / day case admissions each year
- It provides services dealing with just under 710,000 out- patient visits each year
- It serves a Bristol population of about 460,000
- Many facilities serve a much wider population, exceeding 2,000,000 for some specialised or regional services
- As one of the City's major employers, some 9,000 doctors, nurses and other staff are based in the Hospitals Area
- It occupies a city centre site area of about 10 hectares (25 acres)
- About 181,000 sq metres (about 1,948,270 thousand sq feet) of floor space is provided within the Hospitals Area.

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2. Historical Development of the Site

2.1 This section provides a brief summary of the historical development of the Hospitals Area. It draws upon work carried out by UH Bristol's Strategic Development Team. Plans in this section identify the various phases of development



Phase 1 (2009 - 2011)

2.2 The initial phase dealt with the transfer of some ward beds from the Old Building into space vacated by the cardiac service following the opening of the new Bristol Heart Institute in 2009. This phase also included some other operational transfers to both improve adjacencies and fully vacate Terrell Street, in readiness for demolition of these buildings as part of Phase 3.

Phase 1

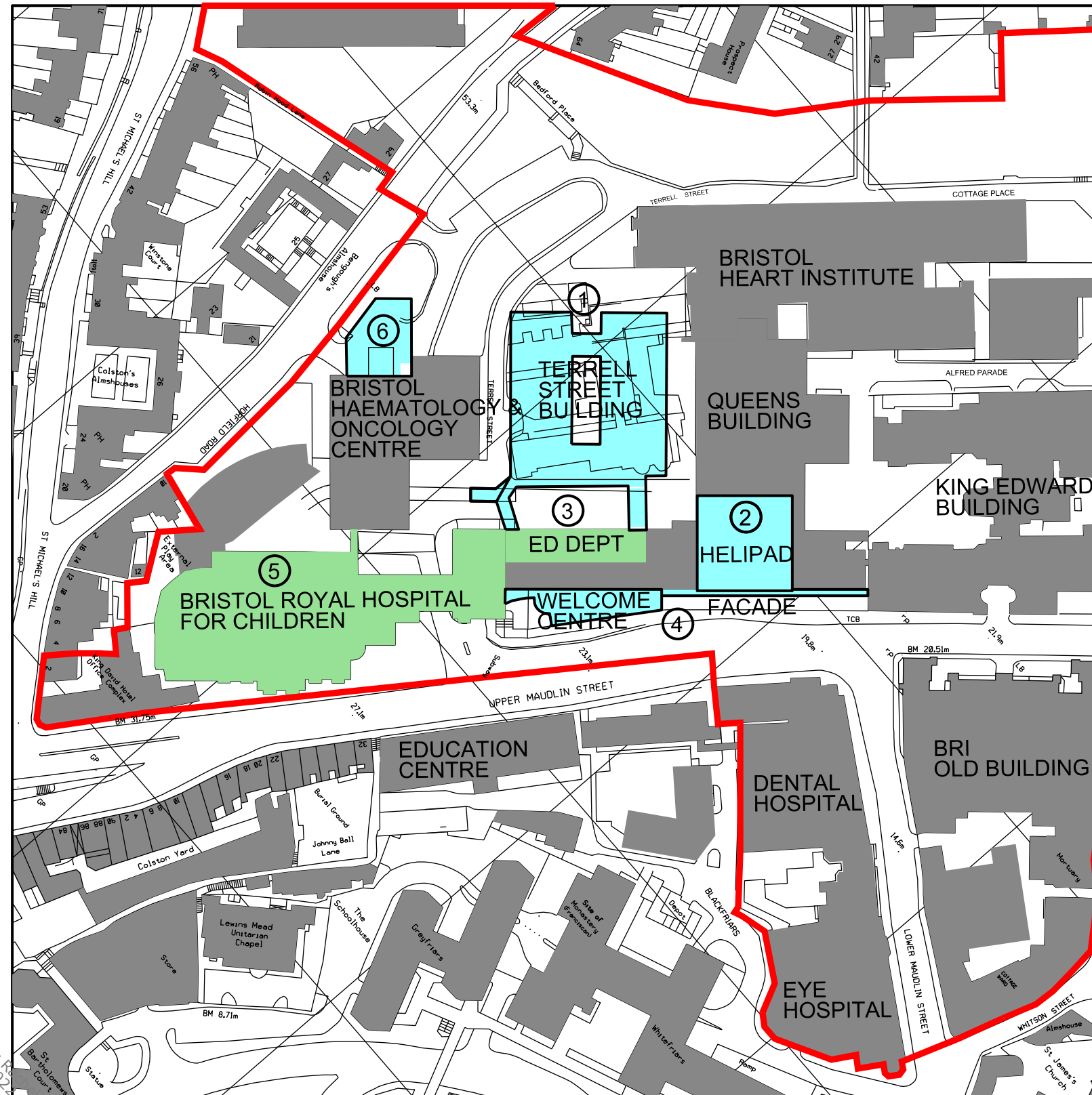
- ① Bristol Heart Institute opens
- ② Old Building wards relocated to area vacated by cardiac service in the Queen's Building
- ③ Terrell Street accommodation transferred to allow demolition of existing buildings in phase 3

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2.3 Constituted the activities required to transfer services from Bristol General Hospital to facilitate the closure and disposal of that property and was dependent on the completion of the new South Bristol Community Hospital by NHS Bristol. This was a change in scope from the original project but had a separately approved funding allocation within the Trust capital programme.

- ## Phase 2

- ① Construction of new South Bristol Community Hospital
- ② Transfer of services from Bristol General Hospital
- ③ Disposal of Bristol General Hospital



- Refurbished area
- Area vacated
- New building

Phase 3

- ① Construction of new Terrell Street Building
- ② Construction of Helideck
- ③ Refurbishment of Adult Emergency Department
- ④ Enhancement of Queen's Building facade and Welcome Centre
- ⑤ Reconfiguration of BRHC
- ⑥ Extension of BHOC including Linac

Phase 3 (2012 - 2017)

2.4 This phase consisted of the demolition of the Terrell Street buildings and the construction of the new build on the Terrell Street site. It also encompassed the reconfiguration of Queens Building to integrate with the new build. There were a number of sub phases to this main phase which delivered:

- The demolition of Beaufort House and Bedford Row on Terrell Street
- The construction of a new block on the Terrell Street site to meet the required functional content
- The construction of a helideck
- The refurbishment of the existing emergency department in level 3 of Queens
- The upgrade of the Queens Building frontage including a new level 2 main entrance with an internal refurbishment, improved access to the Emergency Department and an external cladding solution for the façade
- Substantial expansion of Children's services in BRHC
- Extension to existing Bristol Haematology & Oncology Centre, including additional linear accelerator bunkers

Phase 4 (2014 - 2015)

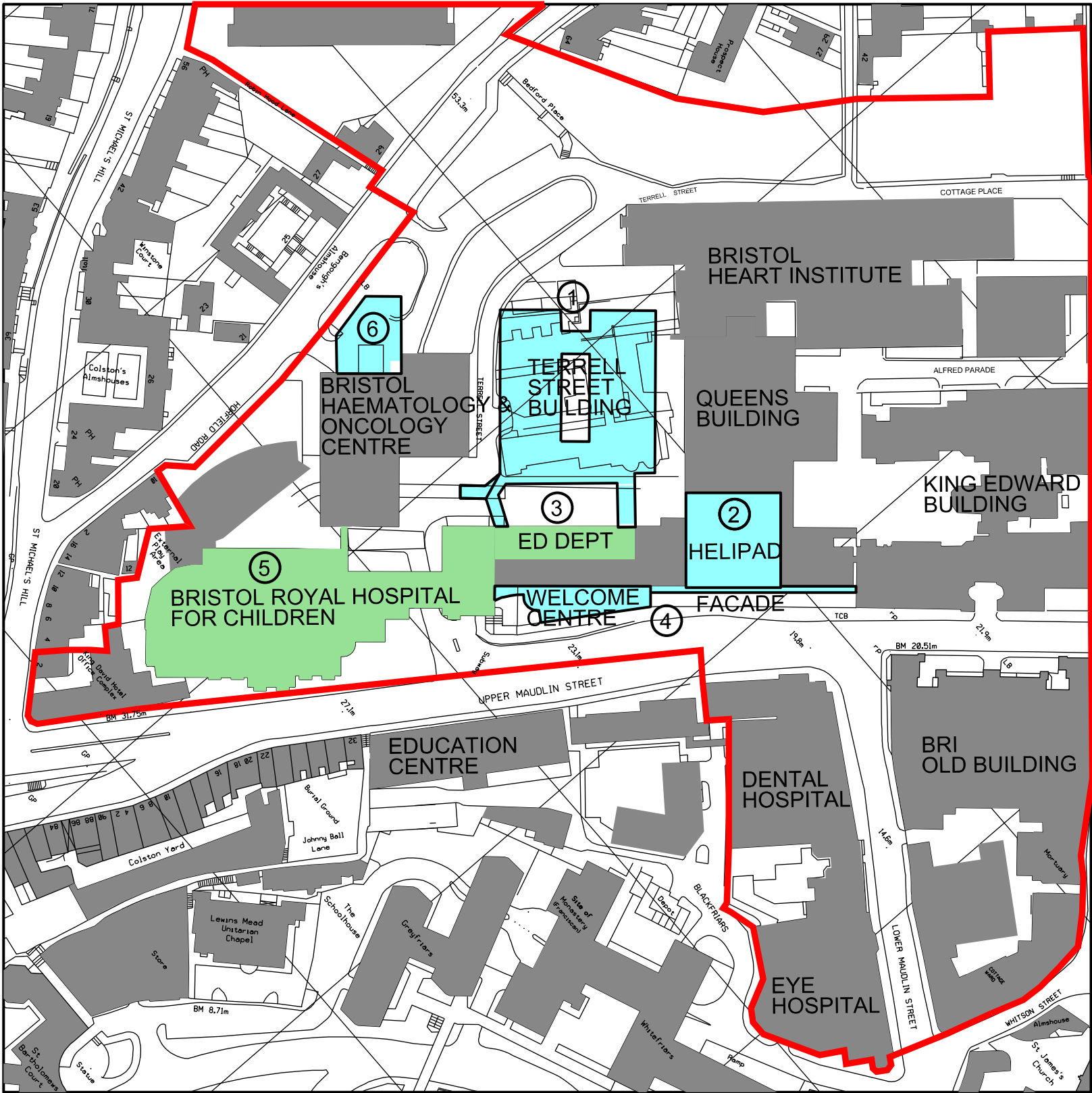
Phase 4 (2014 - 2015)

2.5 Phase 4 consisted of the work required to existing buildings following completion of Phase 3 and the transfer of services and incorporated:

- Refurbishment work to King Edward Building as a part solution to the non-clinical space requirements resulting from the planned closure of the Old Building
- Disposal of the Old Building (completed Dec 2015)

- Refurbished area
- Area vacated
- New building

- Phase 4
- ① Refurbishment of Queen's Building
 - ② Refurbishment of KEB for services transferred out of the Old Building
 - ③ Disposal of Old Building





3. Planning Context

Background: Statutory Requirements

3.1 Section 38(6) of the Planning and Compulsory Purchase Act 2004 requires that planning applications be determined in accordance with the 'development plan' unless material considerations indicate otherwise.

3.2 The Development Plan for Bristol currently comprises:

- Bristol Development Framework Core Strategy (adopted June 2011)
- Site Allocations and Development Management Policies (Adopted July 2014)
- Bristol Central Area Plan (Adopted March 2015)

3.3 The Council has consulted on a new Local Plan and a further consultation is scheduled to commence in October 2018. The new Local Plan will set out how Bristol will develop over the next twenty years.

3.4 The new Local Plan remains in its very early stages and, in accordance with the provisions of national planning policy guidance, can be afforded little weight at the current time. Therefore, this document focusses on those adopted planning policies of relevance.

Development Plan: Hospitals Area

3.5 The boundary of the Hospital Precinct for town planning purposes is set out on the Policies Map of the Bristol Central Area Plan.

3.6 Within the Hospital Precinct planning decisions are made in the context of Policy BCS2 of the Core Strategy and Policy BCAP11 of the Bristol Central Area Plan.

3.7 Policy BCS2 supports a continuing consolidation and expansion of the Hospital Precinct.

3.8 Policy BCAP11 states that the Hospital Precinct shown on the Policies Map will be developed for healthcare and ancillary uses associated with the University Hospitals Bristol Trust. The development of new facilities or the redevelopment and renewal of existing facilities will be encouraged. Development that would impede the consolidation and expansion of hospital facilities within the precinct will not be permitted.

3.9 The supporting text to Policy BCAP11 states that there may be situations where UHB is seeking to redevelop existing hospital sites outside the designated precinct or requires a new site in a particular location due to its proximity to a particular site or community. In these cases, new hospital development will also be acceptable subject to there being no conflict with other policies.

Development Plan: Other Policy Considerations

3.10 In addition to the principal land use policies outlined above, development proposals within the Hospital Precinct may require consideration of a variety of detailed issues stemming from other adopted planning policies, notably those relating to the detailed design of proposals and their relationship to the surrounding area, parts of which are close to residential neighbours and lie in Conservation Areas.

Relevant planning issues are likely to include:

- Effects on heritage assets – listed buildings within and close to the Hospital Precinct, conservation areas and archaeological considerations
- Potential effects on traffic and movement, including the accessibility of the site by public transport, cyclists and pedestrians
- The design of proposed developments
- Public realm improvements
- The effects of proposed developments on site neighbours
- Landscape quality and trees
- Development contributing to both mitigating and adapting to climate change, and to meeting targets to reduce CO2 emissions

3.11 On design considerations, Policy BCAP43 states that development within the St Michael's neighbourhood (which includes the Hospital Precinct) should respond to the topography of the area through its design and that a flexible approach will be taken to redevelopment of sites within the hospital precinct, although higher standards of urban design will continue to be sought.

3.12 The policy notes that within the Hospital Precinct a wide range of building styles and scales will be acceptable, although regard should be had to potential impacts on the skyline and historic environment. Opportunities should be taken to increase the accessibility of the precinct and to improve the public realm.

Supplementary Planning Guidance

3.13 In addition to development plan policies, the Council has adopted several policy advice notes and supplementary planning documents as "supplementary planning guidance".

3.14 The Council is also currently in the process of preparing a new Urban Living supplementary planning document, which is expected to be adopted in late 2018, and has published a draft City Centre Public Realm and Movement Framework.

3.15 The guidance contained within these various documents will be relevant, depending upon the precise nature of a particular development proposal.

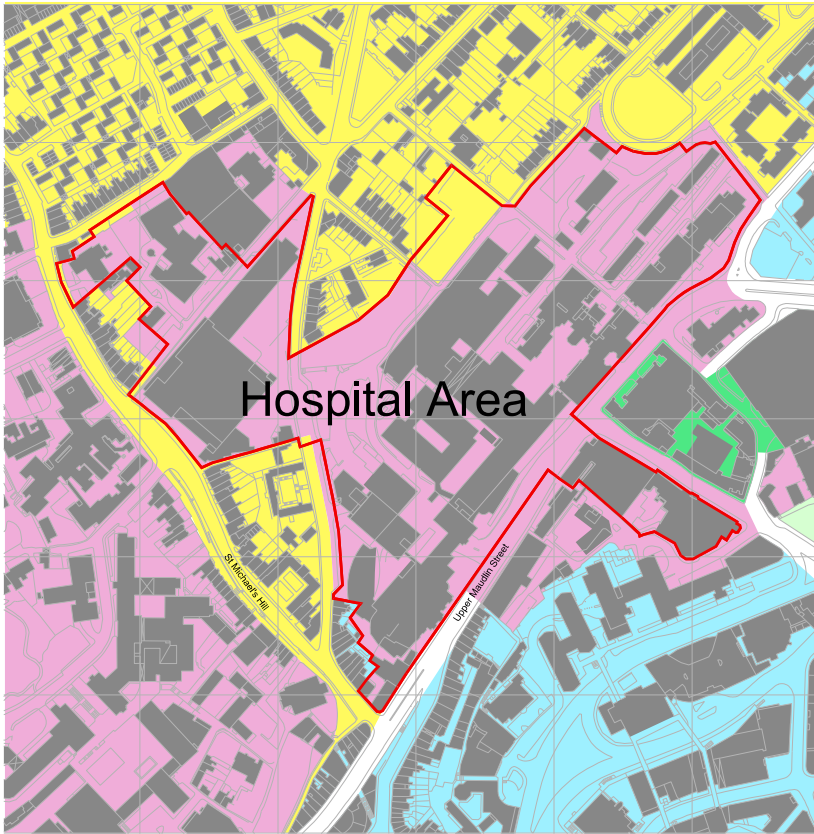
National Planning Policy Guidance

3.16 The National Planning Policy Framework July 2018 (NPPF) sets out the Government's planning policies for England and how these should be applied.

Relevant NPPF provisions relate to the likes of achieving sustainable development, promoting healthy communities, promoting sustainable transport, achieving well-designed places, meeting the challenges of climate change and conserving and enhancing the historic and natural landscape.

Importantly the NPPF states that planning decisions should take account of local strategies to improve access to health facilities for all sectors of the community (para 92).

4. Existing Influences and Constraints: Land Use



The Hospitals Area

4.1 The Hospitals Area is located within a central urban location where there is a variety of adjacent land uses (see plan below left). These range from commercial and institutional uses to the south and west to residential uses to the north and east.

4.2 The predominant surrounding land uses are as follows:

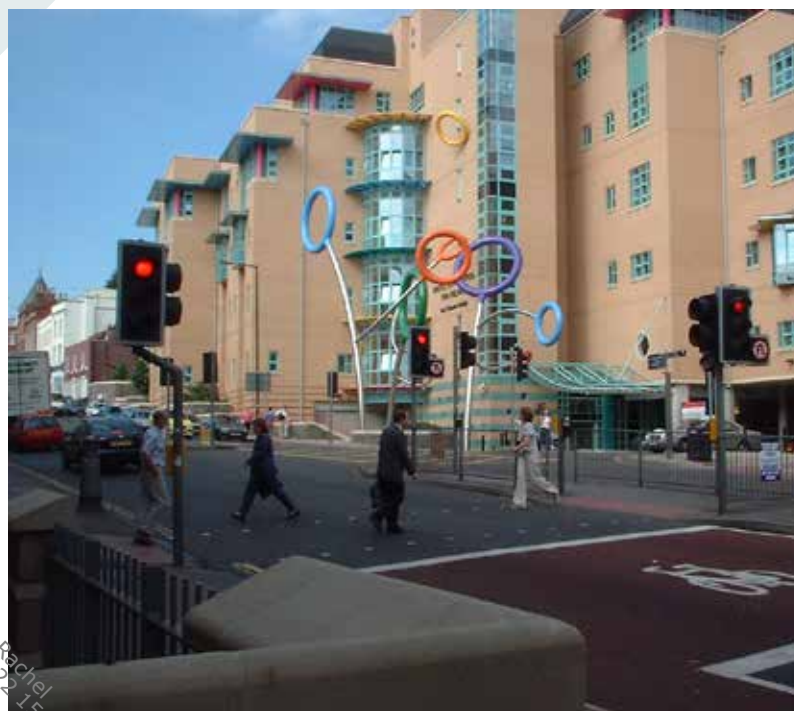
- Housing to the north, including much within the Kingsdown Conservation Area;
- The University Area to the west together with both St Michael's Hill and Tyndall's Park Conservation Areas; and
- The St. James Conservation area with employment and commercial / retail areas to the south and east

4.3 The relationship between the BRI and the University of Bristol is not just close geographically. There are strong academic links between the two institutions and the BRI is classed as a teaching hospital.

4.4 The potential effect of any development proposal on those living/ working in surrounding areas is always a significant consideration. It will be important to ensure that any detailed proposals take into account the varying context of the surrounding land uses. In this respect, the potential constraints imposed on the design of any proposed development in the Hospitals Area by the need to preserve or enhance the character or appearance of adjacent conservation areas and the need to respect the amenity of neighbouring occupiers - residential, commercial and the University - are all likely to be relevant.

4.5 Views of the variety of land uses surrounding the Hospitals area are illustrated in the adjoining photographs.

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5. Existing Influences and Constraints: Built Form

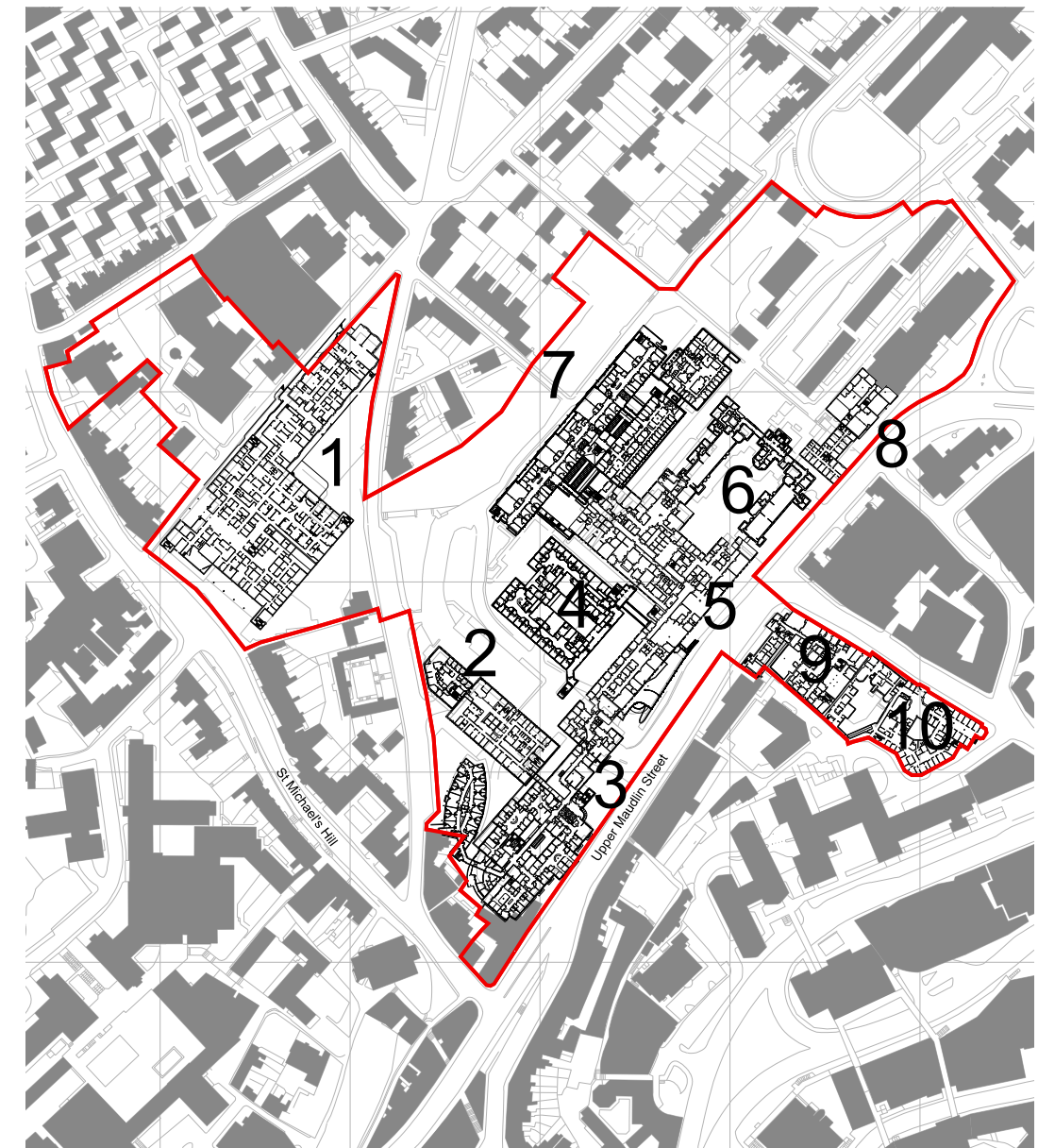
5.1 The Hospitals Area has been developed in a rather ad hoc fashion over the years. A variety of building forms is to be found throughout the area with no particular character, architecture or materials prevailing. Each building reflects the approach to healthcare and development generally at the time of construction.

Main Parts of the Hospitals Area

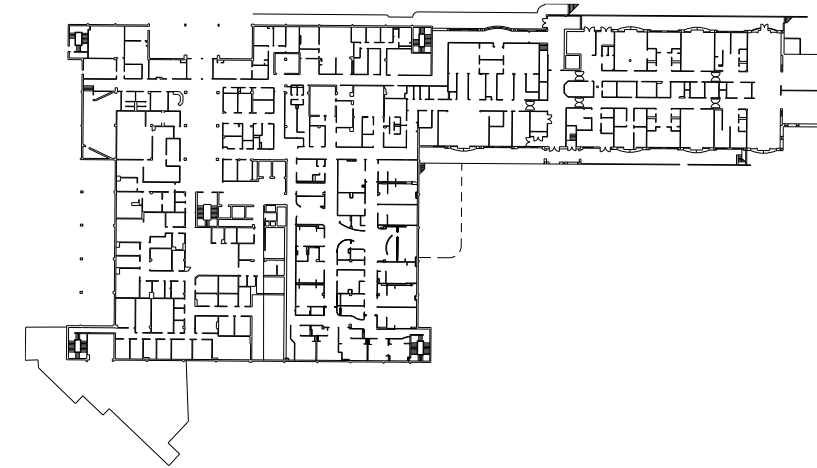
5.2 The main structures located within the Hospitals Area are summarised below and are shown on the plan opposite:

1. St Michael's Hospital, a large 1970s concrete building located between St Michaels Hill and Kingsdown Conservation Areas
2. Bristol Haematology and Oncology Centre, a large 1970s building set back from Horfield Road
3. Bristol Royal Hospital for Children, built in the late 1990s has a strong presence up and down Upper Maudlin Street
4. Terrell Street ward block, constructed in 2014, a modular concrete panel structure with full height glazing and coloured fascia panels
5. The Queen's Building, part of the BRI built in the 1970s is now seen as a largely unattractive and rather dominant structure within the street scene
6. The King Edward Building built in 1912 and also part of the BRI, located along Marlborough Street adjacent to the Queen's Building
7. Bristol Heart Institute, built in 2007, a traditional stow render construction with copper roof
8. Trust headquarters, a simple grey brick and concrete structure to the north of Marlborough Street
9. The Bristol Dental Hospital, dating back to pre-1948, with piecemeal extensions. The latest of these was in 1995, a brick building in Maudlin Street located close to the BRI
10. The Bristol Eye Hospital, dating back to pre-1948, with piecemeal extensions. The latest of these was in 1984, a red brick building in Maudlin Street located close to the BRI

Key to buildings with the Hospital Area

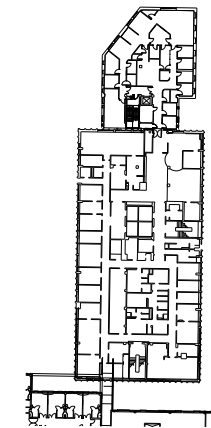
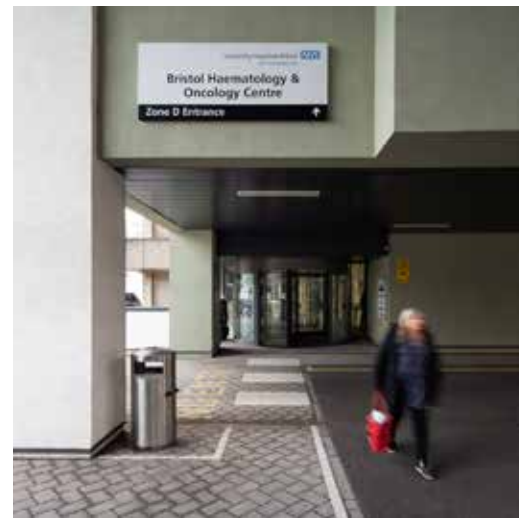


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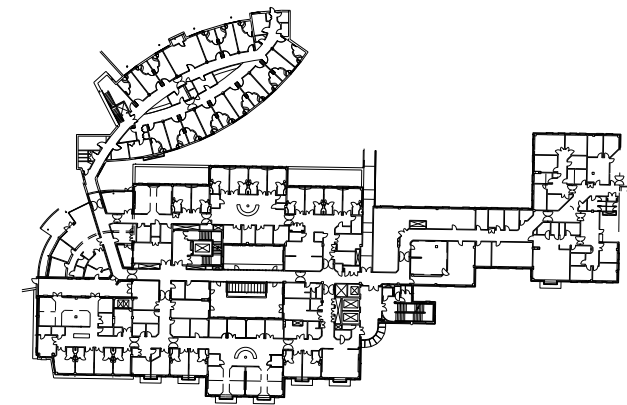
1

St Michael's Hospital



2

Bristol Haematology and Oncology Centre (BHOC)



3

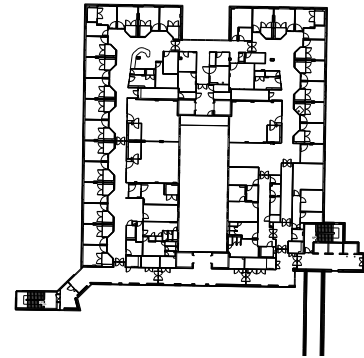
Bristol Royal Hospital for Children

5.3 In terms of the Hospital Area's context, relatively smaller scale fabric is found to the north with larger structures to the east, south and west.

5.4 Stronger built form characteristics prevail outside of the Hospital Area, particularly within the adjacent conservation areas. The character of the conservation areas is briefly outlined in the following section of this document.

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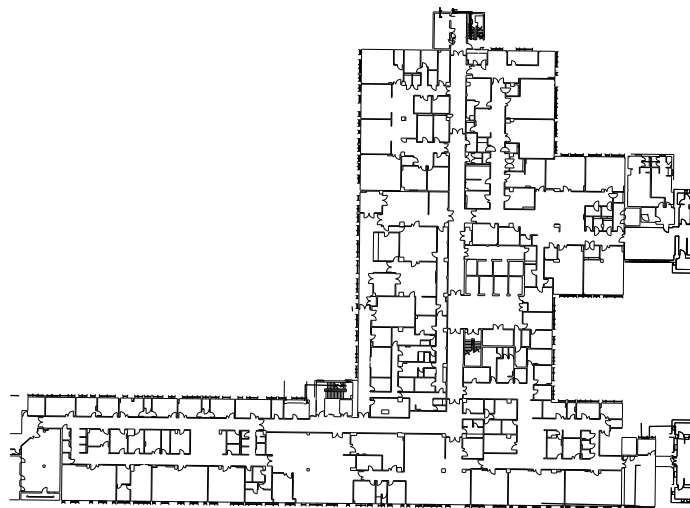
4



Terrell Street



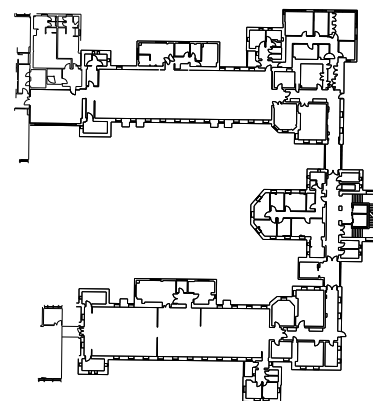
5



Queen's Building



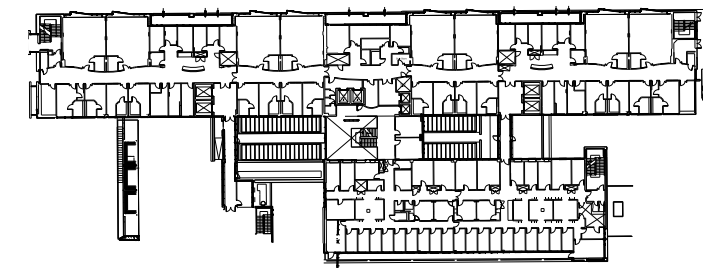
6



King Edward Building

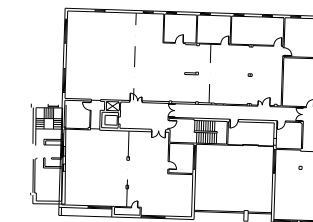


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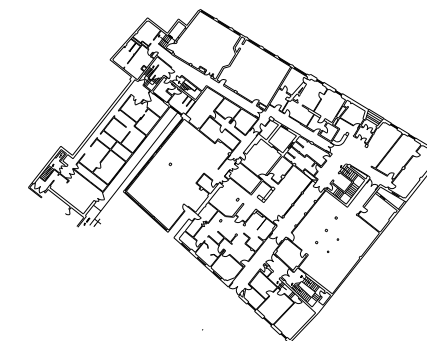
7

Bristol Heart Institute



8

Trust headquarters



9

Bristol Dental Hospital



10

Bristol Eye Hospital

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6. Existing Influences and Constraints: Conservation

6.1 The Hospitals Area and its surroundings include a number of conservation areas, areas of archaeological interest and townscape features of interest (see plan opposite). There are also some listed buildings in the nearby vicinity of the Hospitals Area. All of these influence future development proposals.

Listed Buildings

6.2 There is one building listed by government as being of special architectural or historic interest within the Hospitals Area: Queens Anne Building, Eye Hospital which is listed as Grade II.

6.3 The Eye Hospital on Lower Maudlin Street was originally built as a pair of attached houses in 1753 but is now one hospital building. It is a three storey building and although it was significantly altered in 1886 it retains some features of interest.

6.4 The Seahorse Pub and King David Hotel on Upper Maudlin Street, adjacent to BRHC are noted as having local architectural and historical interest, although neither building is listed.

Listed buildings and conservation areas



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Conservation Areas

6.5 The Hospitals Area is not located within a conservation area but is located adjacent to the Kingsdown Conservation Area to the north, the St. Michael's Hill and Christmas Steps Conservation Area to the west, St' James Conservation Area to the South East and is in close proximity to the Stokes Croft Conservation Area.

6.6 The Kingsdown Conservation Area covers a dense residential area built on the escarpment and developed to an informal grid pattern over a period of 100 years. Its principal streets follow the contours of the slopes and are crossed by narrow lanes.

The main character is that of informally designed classical terraces which are located on the northern boundaries of their plots interspersed with modern developments.

6.7 The St Michael's Hill and Christmas Steps Conservation Area is particularly rich in its diversity and variety, its mix of uses and range of building materials. Large pennant and Brandon stone retaining walls are a particular feature. Striking views over the old city are afforded and roofs are particularly conspicuous. Some unsympathetic, over-scaled, post-war institutional development has damaged the traditional layout and residential scale of the area.

6.8 Where the Stokes Croft Conservation Area adjoins the Hospital Area the area has largely been developed in the mid-Georgian period with a formal focus at King Square. Its layout around a generous open space is noted for its surviving brick terraced houses stepping down from Spring Hill. Its north-west side has disappeared, diminishing its enclosure and is characterised by commercial and institutional uses.

6.9 St. James Conservation Area until recently encompassed the area surrounding St. James Church and park. However following recent consultation in August 2018 this area has been extended to incorporate the Old Building site and Queen Anne Building, part of BEH.

Archaeology

6.10 An archaeological desktop study of the vast majority of the Hospitals Area was undertaken by Bristol and Region Archaeological Services in 2002. In addition, archaeological assessment of specific areas (e.g. the site of the Bristol Royal Hospital for Children) has been undertaken in association with previous individual development proposals.

6.11 Damage may have been caused to the archaeological resource by the construction in the last century and earlier of substantial hospital and other buildings. However, a number of areas of potential archaeological interest have been identified.

St. James's conservation area



- Existing St. James Parade conservation area
- Proposed conservation area extension

7. Existing Influences and Constraints: Landscape

On-Site Landscape

7.1 Many of the trees within the Hospitals Area are fast growing, non-native species and have been planted as screening for neighbours to the site. This has resulted in a number of the areas becoming secluded with little means of natural surveillance. There is also a high density of low level shrubs and unmanaged tree growth resulting from self-propagation. This raises significant safety and security issues for patients, visitors, staff and passers-by. Notwithstanding this, some existing areas of landscape are of visual amenity and therapeutic value.

7.2 A number of trees located between Terrell Street and Horfield Road are protected by a Tree Preservation Order.

7.3 Communal spaces for the public and staff generally suffer from a lack of access and are considered more as gardens to be viewed whilst passing rather than as areas to be used.

Off-Site Landscape

7.4 There are some parks relatively close to the Hospitals Area which are well used by the general public:

- St. James's Park is often busy and offers an area of solace adjacent to the busy Haymarket. The open grassed area is enclosed with mature trees and has a number of public benches around its perimeter
- Kingsdown Green commands views down Horfield Road and Marlborough Hill but generally lacks seating. Access is restricted to steps at either end of a single path although the route is used quite extensively as a shortcut

7.5 Views of the landscape around the Hospitals Area are included in the adjoining photographs.

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8. Existing Influences and Constraints: Pedestrians and Cycle Access and Movement

8.1 The Hospitals Area is ideally located to promote sustainable travel in line with national and local government policy (see Accessibility plan opposite).

8.2 The site is located within the city centre making walking or cycling a real alternative to the private car. Although hilly, cycle routes exist on roads surrounding the Hospitals Area and several pedestrian routes are available through the site. A substantial cycle centre is provided for staff and visitors located in the base of the Queen's Building consisting of storage, showers and changing facilities.










8.3 The key north-south route through the site, Marlborough Hill, is particularly steep and ends in steps making it unsuitable for people with mobility difficulties. In addition, this route meets a major urban road (Upper Maudlin Street) some 70m away from the nearest pedestrian crossing.

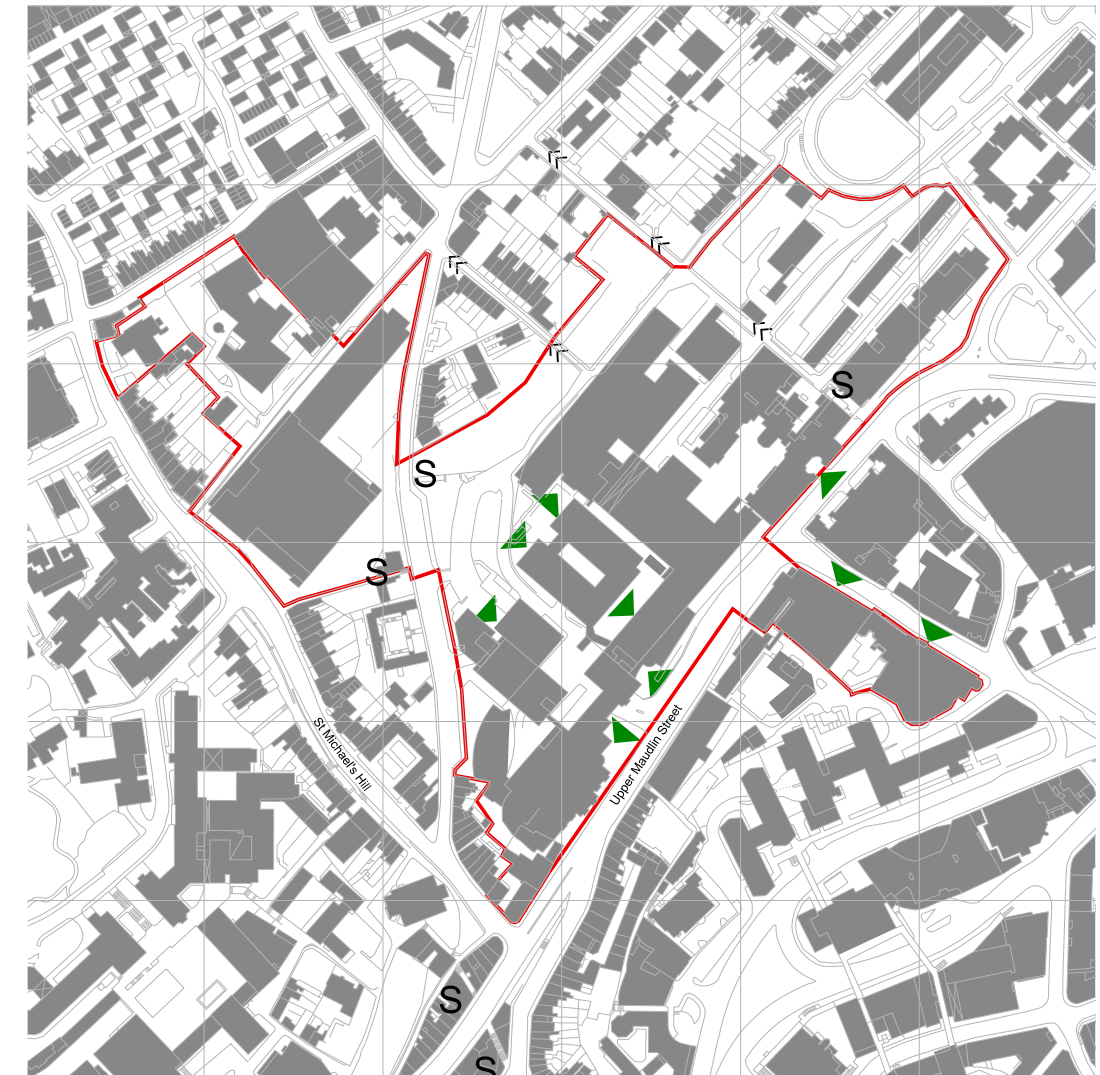
8.4 Bristol Bus Station is just over 300m, or only a 3 - 4 minute walk, from the main out-patients' department in the BRI Queen's Building.

8.5 The Tollgate, Long Ashton, Avonmouth and Bath Road Park and Ride bus stops are about a 6 minute walk from the Hospitals Area.

8.6 A regular free HUBS bus service, operated jointly between the University and UH Bristol and funded by Above & Beyond charity, stops in front of the hospitals as part of a regular shuttle between Temple Meads railway station, Cabot Circus shopping centre, the hospitals and the University.

Accessibility

-  City primary route (Bus priority route)
-  City primary route (Link to national primary route)
-  High traffic route
-  Minor roads
-  Pedestrian routes
-  Steps
-  Steep gradient arrows point up hill
-  Pedestrian areas
-  Public access to UH Bristol building





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9. Existing Influences and Constraints: Access and Movement by Motorised Transport

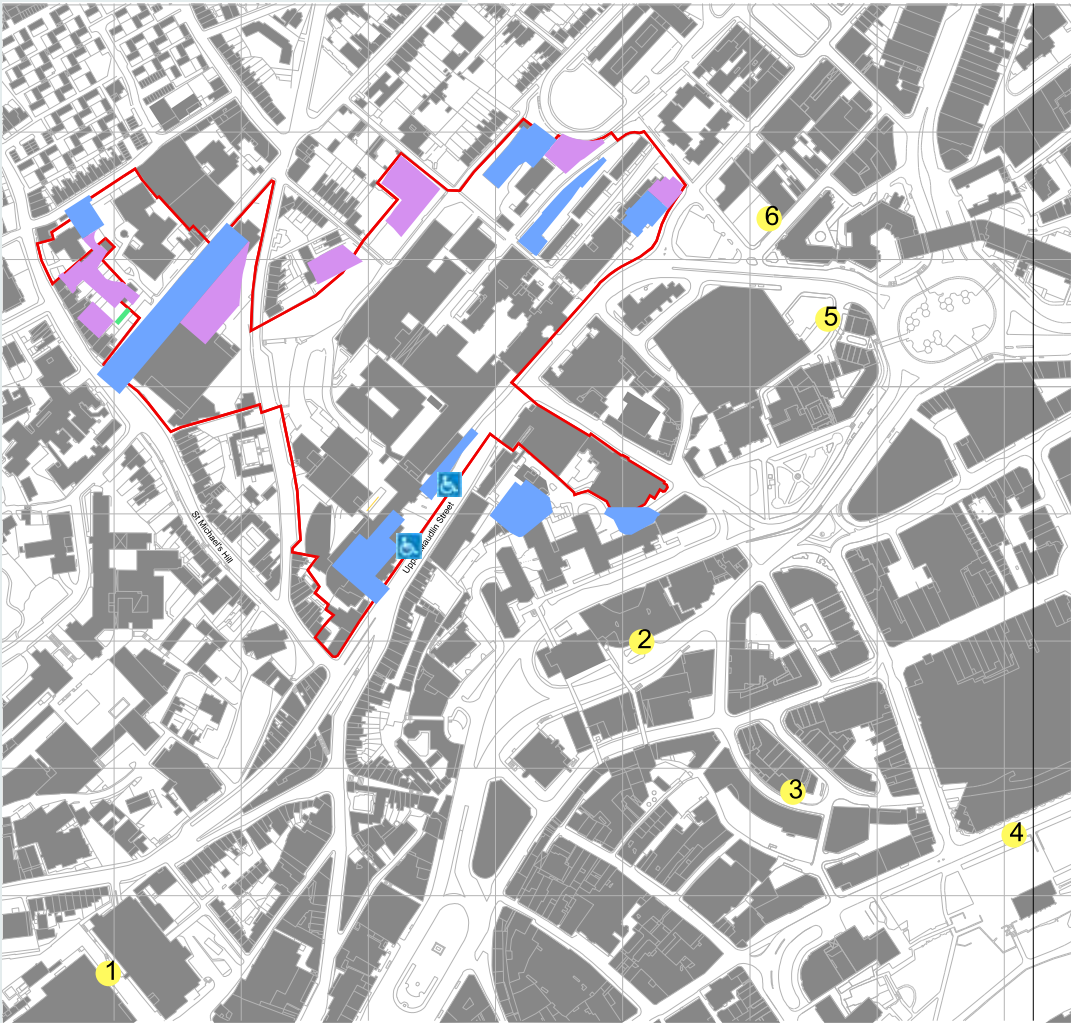
9.1 The Hospitals Area is located in close proximity to Bristol bus station and city centre bus stops. This makes the site highly accessible by public transport (see Access plan on opposite page). As noted previously, UH Bristol and Bristol University provide a free shuttle bus service. It is of note that, due to shift patterns, not all staff, patients and visitors, travel during the normal peak traffic periods. Indeed, very many do not.

9.2 Journeys to and from the Hospitals Area by private car involve travelling on busy city centre streets. Where there are viable alternatives such travel is discouraged in favour of public transport in the travel information that UH Bristol provide to visitors and patients.

9.3 Traffic surveys have been undertaken at the main accesses into the Hospital Area in conjunction with this development plan study. Surveys on Marlborough Hill indicated that over half of the vehicles using this route during the period 07.00 - 19.00 hours were using it as a short cut, rather than being traffic generated by the hospital activities.



Car parking map



- Hospital staff car park
- Hospital pay and display car park
- ♿ Disabled badge holders

- Public car parks**
- 1 Trenchard Street
700 spaces
 - 2 Rupert Street
503 spaces
 - 3 Nelson Street
295 spaces
 - 4 The Galleries
959 spaces
 - 5 Bus station
30 spaces
 - 6 Montague Street
80 spaces

10. Existing Influences and Constraints: Car Parking and Servicing

10.1 Within the Hospitals Area there is a total of 676 spaces with 52% currently allocated to staff and 48% allocated to visitors.

10.2 Staff with disabilities are provided with spaces in appropriate locations and 8% of the patients and visitors parking provision is designated for the disabled.

10.3 Given its city centre location, the Hospitals Area is well served by public car parks.

10.4 The Hospitals Area is located within the Bristol City Centre Controlled Parking Zone.

10.5 UH Bristol is currently taking steps to increase the amount of cycle parking in the Hospital Area by proposing the development of a Hospital Transport Hub. A planning application has been submitted for the development of an 820 space car park with 400 space staff cycle storage and changing facilities. If supported, the proposed Hub will also accommodate a pick up and drop off point for the HUBS bus mentioned previously. This development would bring a net gain of 689 spaces and adjust the staff / patient parking ratio to 27% / 73%.

11.

The Hospitals Area Framework Key Considerations

11.1 As noted in the Introduction, this document sets out a framework to provide a sound basis for considering more detailed development proposals in the Hospital Area potentially arising during the next five years, that is, 2018-2023.

Accommodating Requirements

11.2 The object of the present exercise is to identify in principle what development might be accommodated reasonably on each part of the site. It is emphasised that any specific development proposals will need to be considered in detail if and when put forward in due course. However, the plan will provide a clear basis on which to judge their likely acceptability.

11.3 Whilst hospital development is acceptable in principle within the Hospital Area under Bristol Local Plan policies, the need for development needs to be balanced against the constraints which operate in each part of the site, as set out earlier in this report.

11.4 It is important to ensure that the building and facilities are correctly located to provide flow of patients and access properly to meet the clinical needs.

11.5 With that in mind the following approach has been adopted to addressing this balance in preparing the Site Development Plan:

- Identify potential development requirements
- Identify potential development zones
- Define opportunities and constraints
- Select preferred areas
- Review the preferred areas in the context of the whole Hospital Area

11.6 The content of each of these steps is outlined briefly below.

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Identify Potential Development Requirements

11.7 The anticipated requirements have been identified through a thorough review of health services across the Trust, with emerging proposals constituting the Phase 5 Redevelopment programme. The process has involved extensive clinical and technical assessment. It defines future needs for UH Bristol across the Hospitals Area.

11.8 As regards the Hospitals Area the anticipated requirements are:

- Replacement of the out-dated patient facilities in the current Dermatology department with new facilities on the existing multi-storey car park site, adjacent to Trust Head Quarters
- The development of a new Cardiac Research Unit to accommodate services currently located in the main Queens Building. It is proposed that the space vacated by these services will be converted into additional inpatient ward capacity to meet increasing demand
- The requirement to increase the Trust bed base to meet increasing demand (linked to Cardia Research Unit proposal above)
- A requirement to increase clinical capacity to meeting increasing demand for children's services through the expansion of the existing BRHC building
- A requirement to increase clinical capacity to meeting increasing demand for oncology services through the redesign of the existing BHOC building
- The development of a Hospital Transport Hub (in conjunction with measures to encourage and improve public transport, cycle and pedestrian access) to take parking pressures off surrounding areas and to make better health service use of existing parking areas within the Hospitals Area
- The potential centralisation of level 3 Neonatal Intensive Care services across the local network, including an increased provision of delivery suite facilities
- A requirement to adjust the existing QDU / Endoscopy facilities to allow for gender and pre / post-operative segregation of patients to maintain JAG accreditation
- The redevelopment of Myrtle Road property to provide a range of flexible use office accommodation. This development is a key enabler to facilitate the Phase 5 redevelopment programme, provided essential decant space to support a range of development or redesign projects.
- A requirement to increase cath lab and bed capacity to meeting increasing demand for Cardiology services
- A requirement to increase clinical capacity and improve flow to meet increasing demand for Eye services through the redesign of the existing BEH building
- Clinical drivers to integrate and expand General ICU and Cardiac ICU services

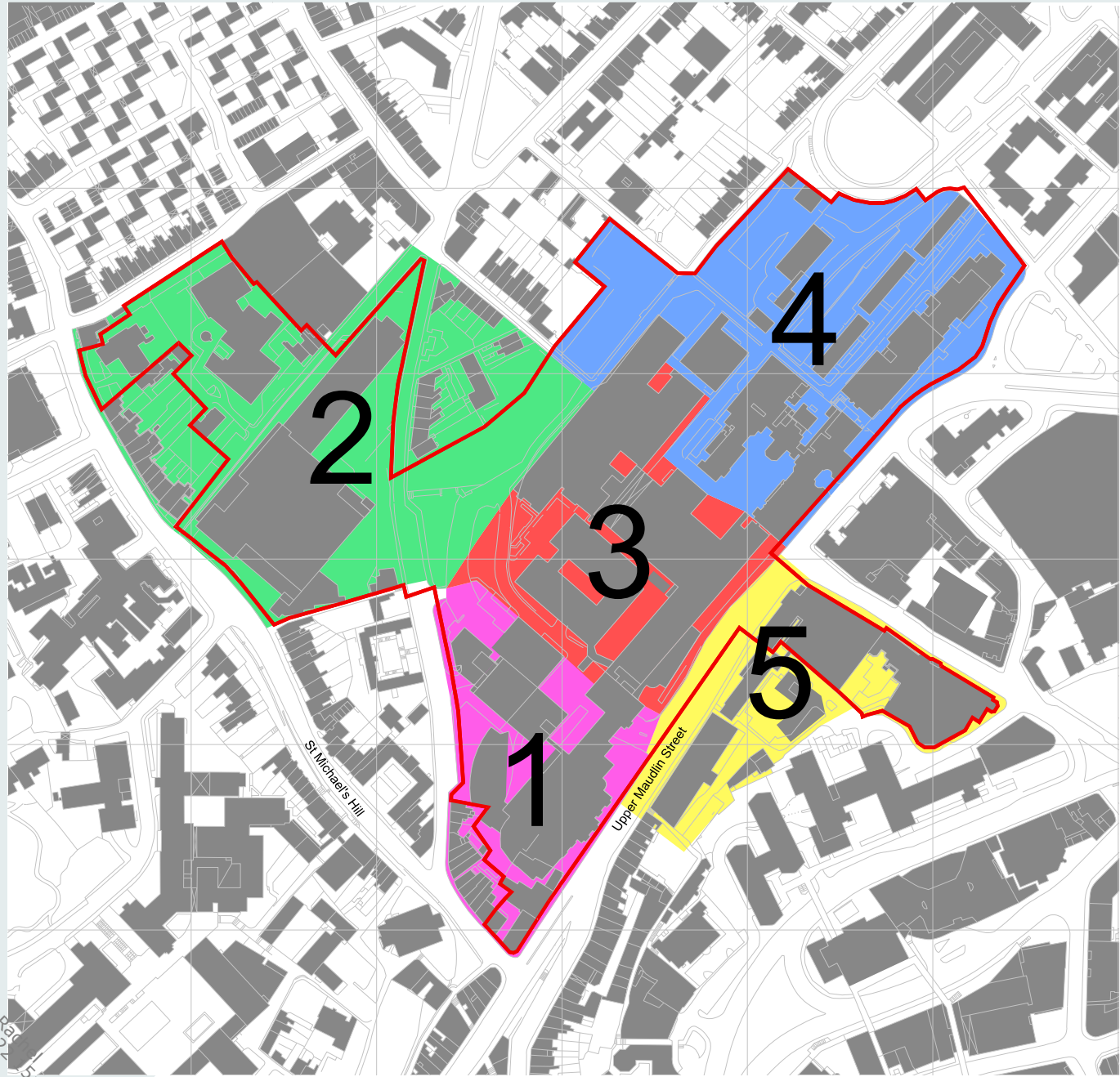
11.9 These broadly-defined requirements indicate that, very approximately, some 9000 sqm of floorspace is likely to be required (excluding the potential car park). Importantly, it should be noted that the actual increase in floorspace within the Hospitals Area is likely to be significantly less than this figure. This is because various outdated buildings will need to be removed in conjunction with specific development proposals in due course. In addition, a review of utilisation of the existing space within the Hospital's area is required to fully inform a refreshed Estates Strategy. Improved external spaces for circulation, landscaping and to provide a setting will also be required in association with any new buildings.

11.10 In conjunction with these major developments UH Bristol intends to carry out other more modest improvements within the Hospitals Area, subject to financial resources, taking into account known shortcomings.

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Zone plan



Identify Potential Development Zones:

11.11 The Hospitals Area covers over 10 hectares. The identified development requirements are expected to involve only a relatively small part of this. The starting point has been to identify “development zones”. These are distinct parts of the site generally without major buildings - which, in principle, could accommodate future development. The development zones are shown on the Zone plan and outlined below:

Zone 1:

The area bounded by the Bristol Royal Hospital for Children, The Bristol Haematology & Oncology Centre and Horfield Road.

Zone 2:

The area bounded by Cottage Place and extending to Myrtle Road and St. Michael's Hill, encompassing St. Michael's Hospital, the Trust Boiler House, IM&T building and Myrtle Road property.

Zone 3:

The area to the south of Cottage Place, bounded by the main Queens Building, and encompassing the Terrell Street new ward block and the Bristol Heart Institute.

Zone 4:

The areas to the east and west of Marlborough Hill, north of Upper Maudlin Street bounded by the King Edward Building and Trust Head Quarters to the South.

Zone 5:

The area to the south of Upper Maudlin Street, bounded by Lower Maudlin Street, and encompassing the Bristol Eye Hospital, Bristol Dental Hospital and the Education Centre.

11.12 It should be noted that a thorough analysis and assessment of the Hospital Area has been undertaken prior to identifying these five potential development zones. This work considered all opportunities for reworking existing buildings and for development on other parts of the Hospital Area. However, a number of fundamental constraints, such as the need for appropriate clinical adjacencies and the investment already made in buildings such as the new children's hospital, mean that the five potential development zones identified are the only areas where the identified requirements can be delivered.

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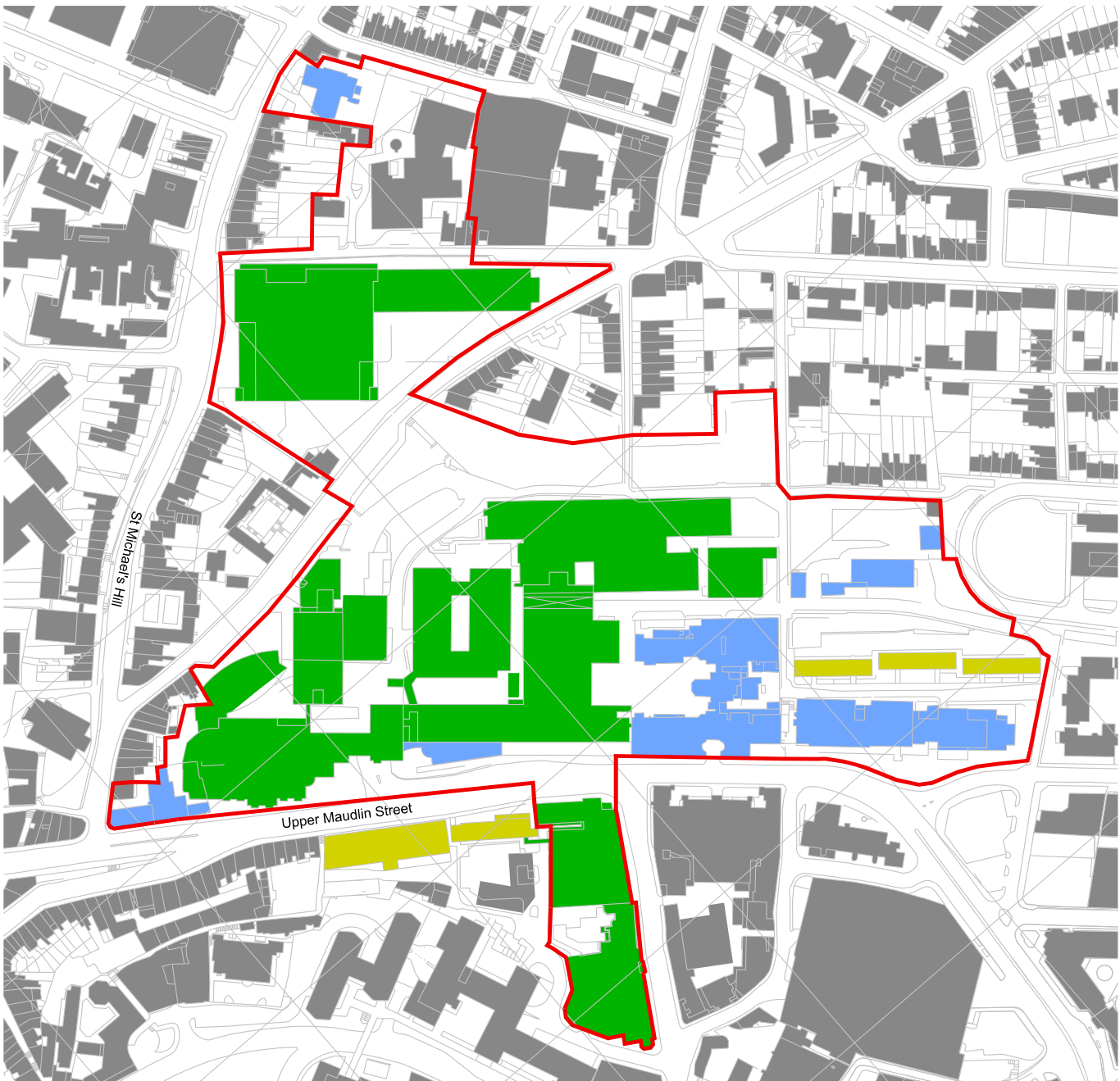
Define Opportunities and Constraints:

11.13 These stem from the Hospitals’ functional requirements and the characteristics of the Hospitals Area:

- Functional requirements: these include meeting the technical requirements applicable to some facilities and ensuring that certain health service facilities adjoin others (“clinical adjacency”); and
- The characteristics of the Hospitals Area and its surroundings: these are outlined in detail in the first part of this report

11.14 It is important to appreciate the general principles and practical realities as they exist within the Hospitals Area regarding clinical adjacency. This is illustrated diagrammatically in Clinical Adjacencies plan opposite. The key elements within a hospital development plan can be categorised as follows:

- Core clinical facilities: e.g. operating theatres, X- ray/diagnostic services, MRI scanners, Intensive Care Unit and Accident and Emergency. These are hugely expensive and complex facilities and form the focus of clinical activity. Once built these are difficult to move
- Patient facilities: e.g. wards, outpatient facilities and rehabilitation services. These must be immediately adjacent to the Core facilities
- Support facilities: These provide support services for the whole hospital e.g., linen and goods supplies, administrative services, the Trust Headquarters, estates and facilities services. These require access to the whole hospital



11.15 The co-location of all acutely ill adult and separately, childrens patients is required thereby creating a critical mass to allow the emergency department, diagnostics and the wards to work effectively and to keep the sickest patients close to where the healthcare staff caring for them are working. In practical terms, this reduces the options available to provide new facilities given the arrangement of existing service provision and the inability to rearrange services in the light of the significant investment already made in existing buildings and facilities.

11.16 Similarly, the identified requirements to both centralise all in-patient paediatric care within the Hospitals Area and to provide a new cardio thoracic centre with close adjacency of operating theatres and intensive care units can only be brought forward if the necessary clinical adjacencies can be achieved. Without such adjacencies these much needed modern healthcare facilities cannot be delivered.

Select Preferred Areas

11.17 It is to be anticipated that certain parts of the site will be better suited to accommodating the necessary development than others. Preferred areas for development are accordingly specified in general terms.

Review the Preferred sites in the Context of the Whole Hospitals Area:

11.18 The review takes into account a number of further matters, in particular, opportunities to improve the appearance and functioning of the Hospital Area in the interests of patients, the public and those who work in the area.

The Development Plan Proposals

11.19 The plan proposals take the form of:

- “overall development principles” which it is proposed should be applicable throughout the Hospitals Area; together with
- “specific enhancements” which, subject to financial resources, are proposed for particular parts of the Hospitals Area outside the development zones; plus
- “zonal development principles” which it is proposed should be applicable within each of the five development zones



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12. Overall Development Principles

Basis of Development Principles

12.1 The development principles to be applied within the Hospital Area are based on the requirements of Bristol Local Plan. These are summarised below using the headings adopted earlier in this report, namely:

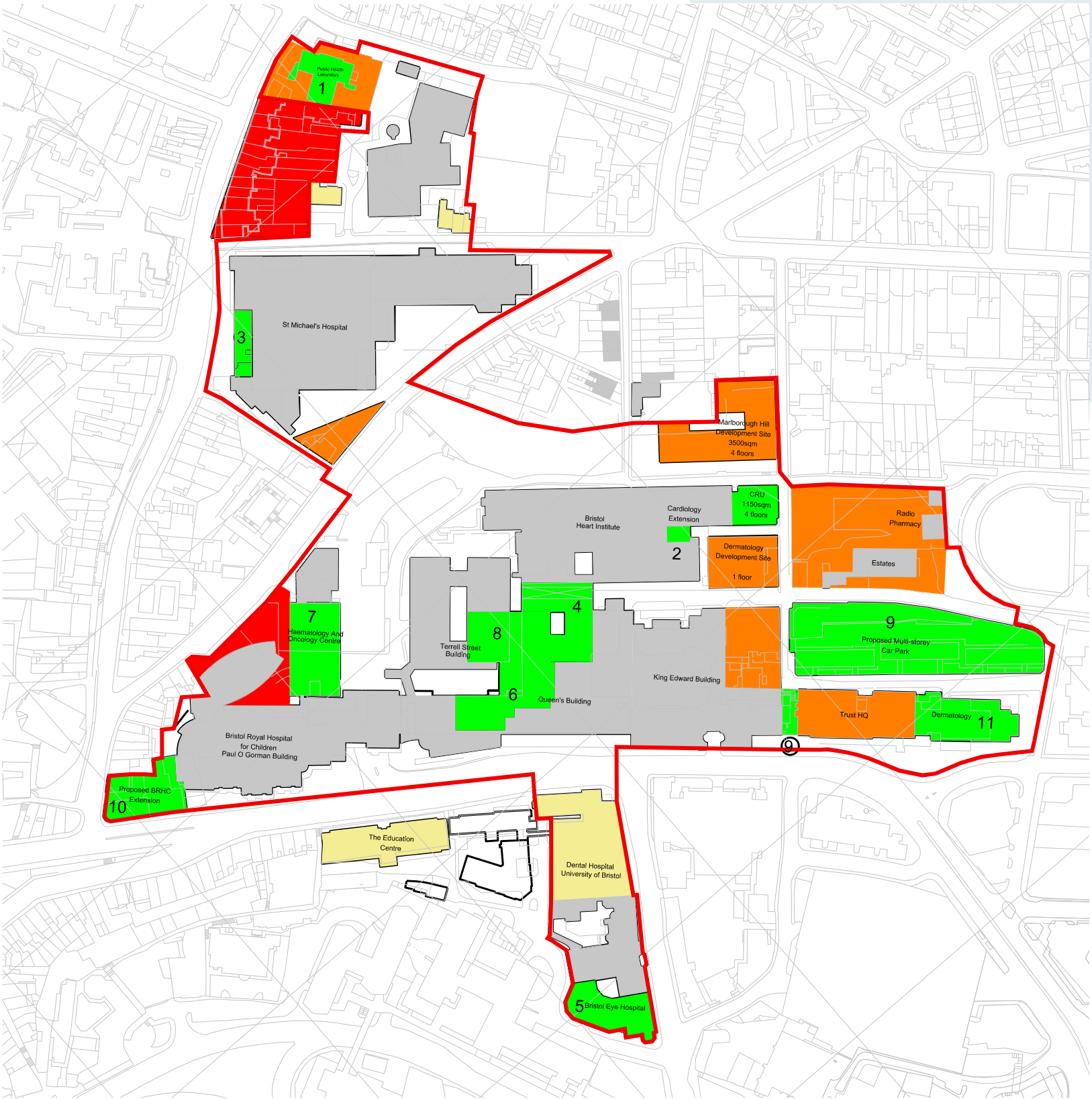
- Land use
- Built form
- Conservation Landscape
- Access and movement
- Parking and servicing

Basis of Development Principles

12.2 There are currently no identified opportunities outside the immediate Hospitals Area. However over the course of the next 5 year programme we will explore any opportunities to purchase land or property that may arise in the local vicinity. This will be considered in parallel with the emerging Estates Strategy to relocate non-clinical functions away from the main hospital precinct, freeing up on site accommodation to develop for future clinical service developments.

Development areas

- Development area scheme defined
- Identified future development site
- Possible future development site
- Leased building





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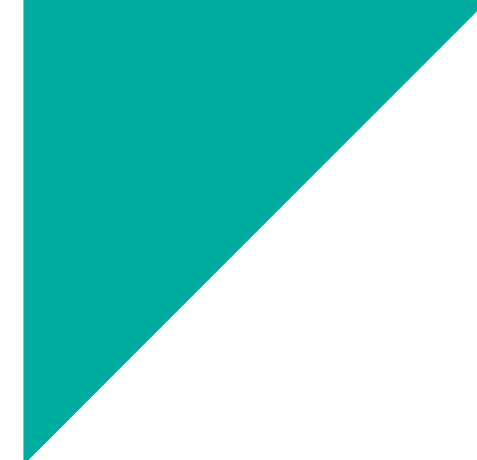
13. Specific Enhancements

13.1 In addition to the main opportunities identified in pages 34 to 40 for each individual zone, the following specific enhancements are proposed, subject to financial resources, for parts of the Hospital Area outside of the zones:

- Improvements to the existing Welcome Centre entrance off Upper Maudlin Street
- General improvements to pedestrian routes, including improved lighting
- The rationalisation of ad-hoc car parking arrangements
- The rationalisation of vehicular access and servicing arrangements
- Improvements to tree planting and landscaping
- General improvements to boundary treatment

- Implementation of an arts strategy
- Parent accommodation
- Holistic Centre
- Suggest we also include reference to infrastructure upgrade requirements here which accounts for c50% of the MTFP

13.2 It is likely that some of these identified specific enhancements will be brought forward in association with any future planning applications for new hospital facilities.



Marlborough St.

Platform to
existing tree

Elevated platform to existing tree

Staircase to
building access

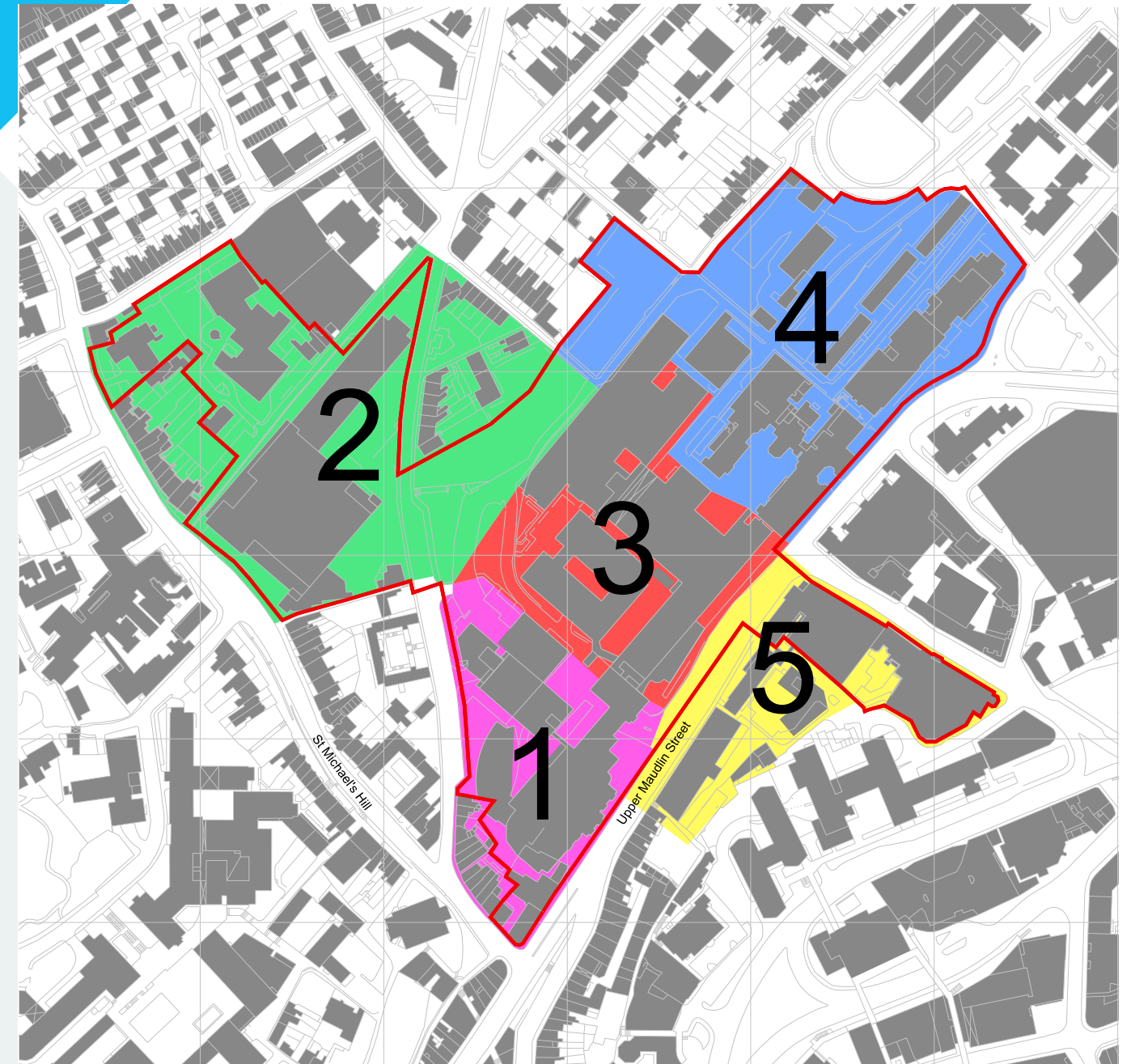
Viewing platform

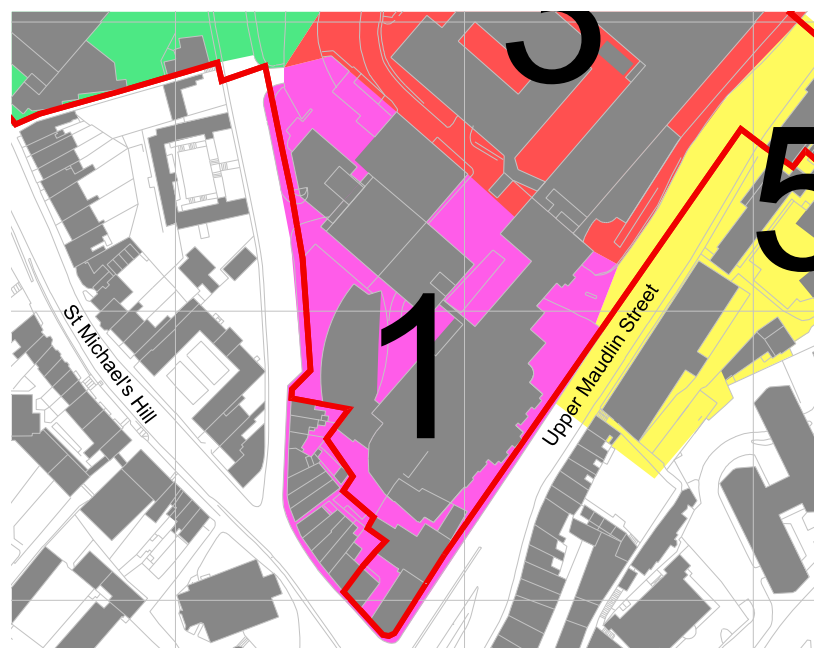
Eugene St.

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14. Zones

Development phases key





Zone 1

Horfield Road, BHOC and BRHC

Key features

14.1.1 Based on the evaluation set out earlier in this document, the key features of this zone are:

- The physical presence of, and proximity to, both the eight storey Bristol Haematology and Oncology Centre and the rear of the Bristol Royal Hospital for Children
- The proximity of the St Michael's Hill and Christmas Steps Conservation Areas
- The contrasting mixture of styles and scales of development between hospital buildings and other nearby buildings
- Its relatively open nature and the presence of a number of trees
- The range of building / roof materials and forms
- The proximity of a number of buildings set behind walls and front gardens
- The availability of long range views over the city

Development Principles

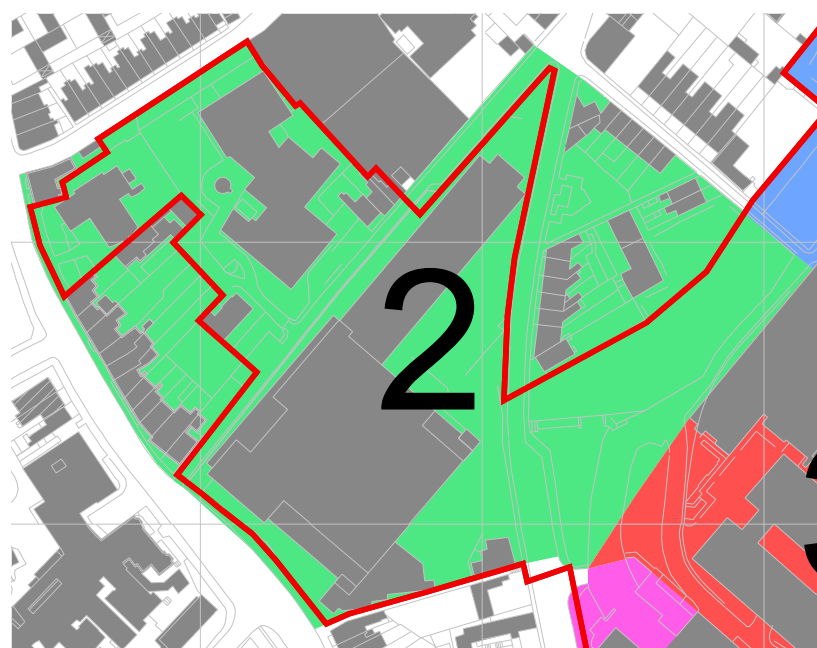
14.1.2 The main development principles that will apply in this zone are as follows:

- Any new buildings shall be designed with massing relative to existing buildings
- Building materials shall respond appropriately to those already present in the locality
- New buildings shall be largely set within a landscaped setting behind boundary walls.
- Roof materials and forms will be considered in the context that they will be visible from the public realm
- Detailed designs will reflect the fact that this zone is not the main entrance to the Hospital Area
- Soft and hard landscaping and new tree planting will be integral to development proposals

Summary

14.1.3 Given the identified need for the expansion of the Children's Hospital, Zone 1 provides the opportunity to introduce a new hospital building that will provide a more satisfactory relationship between the Hospitals Area and Horfield Road.

14.1.4 The merits of development in this zone include the opportunity to provide a high quality built frontage to the street, to improve boundary treatment, to introduce new and replacement tree planting and to address the fundamental requirement for clinical adjacency in healthcare provision.



Zone 2

Southwell Street, Myrtle Road and St. Michael's Hill

Key features

14.2.1 Based on the evaluation set out earlier in this document, the key features of this zone are:

- The physical presence of both the five storey St. Michael's Hospital, IM&T Building and residential type accommodation
- A number of Trust owned residential type buildings within this zone are leased to either the Grand Appeal (Southwell House and 36 and 38 Southwell Street) or from Above & Beyond, leased to Westend Developments (78 – 100 St. Michael's Hill).
- A recently purchased property on Myrtle Road at the North West boundary of Zone 2 and the overall Hospitals Area. Current footprint to be retained and refurbished internally to support the Phase 5 Redevelopment programme with the potential longer term development of the wider site subject to planning permission.
- Its largely divorced nature from core clinical activities
- The proximity of the Kingsdown, St Michael's Hill and Christmas Steps Conservation Areas

- The contrasting mixture of styles and scales of development between hospital buildings and other nearby buildings
- The presence of a considerable amount of soft landscaping / planting
- The availability of long range views over the city
- Poorly defined pedestrian and vehicular routes into and out of the Hospitals Area

Development Principles

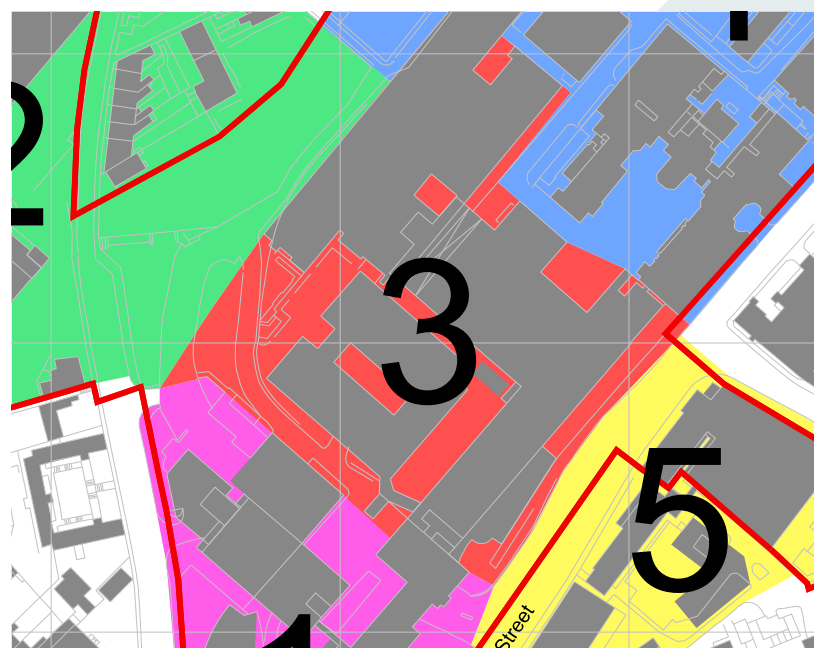
14.2.2 The main development principles that will apply in this zone are as follows:

- Predominantly internal redesign / redevelopment of existing buildings with very limited potential for any new development
- No significant built development is currently proposed within this zone
- There will be no development within the Woodland Walkway area, this space being protected for pedestrian access only
- Improvements to boundary treatment will be considered subject to financial resources
- The relationship between landscape areas, pedestrian routes and car parking will be reviewed

Summary

14.2.3 Within this zone no major built development is envisaged within the five year period covered by this plan. This is because of its relatively divorced nature from main clinical activities, the constraints imposed by the topography, the proximity of the listed Almshouses and relationship to the adjoining conservation area. In addition, improvements to boundary treatment and landscaping will be implemented subject to financial resources.

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Zone 3

Terrell Street and Queens Building area

Key features

14.3.1 Based on the evaluation set out earlier in this document, the key features of this zone are:

- The physical presence of the 10 storey Queens Building with Helideck at level 11 and the recently built 9 storey Terrell Street new ward block
- The focus of UH Bristol's healthcare activities occurs here and essential relationships between clinical activities exist

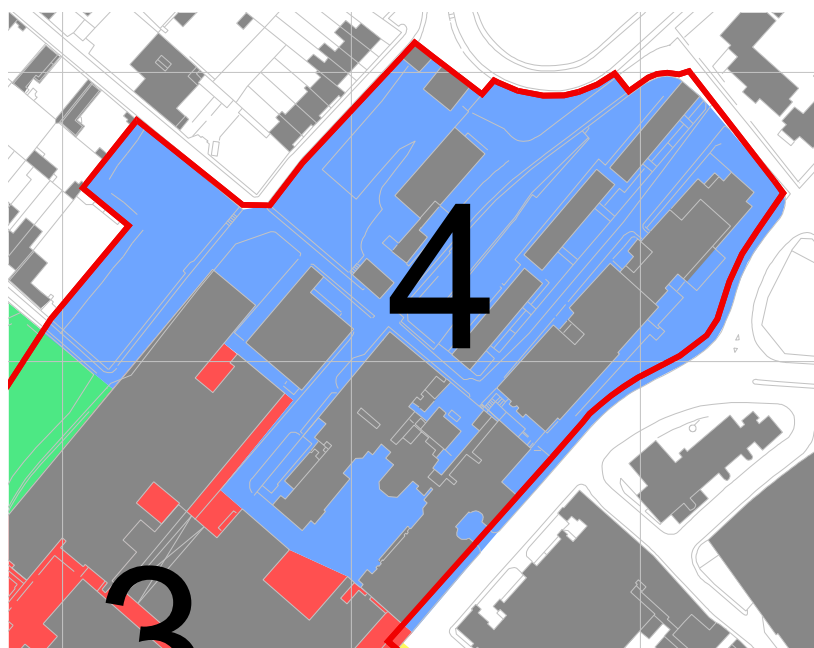
Development Principles

14.3.2 The main development principles for this zone are as follows:

- No significant built development is proposed within this zone
- Improvements to boundary treatment will be considered subject to financial resources
- The relationship between landscape areas and pedestrian routes will be reviewed

Summary

14.3.3 Within this zone no major built development is envisaged within the five year period covered by this plan. This is because of its already densely built nature. Any redevelopment within this zone will be internal reconfigurations or refurbishments of existing departments. In addition, improvements to boundary treatment and landscaping will be implemented subject to financial resources.



Zone 4

Marlborough Hill (Key development site)

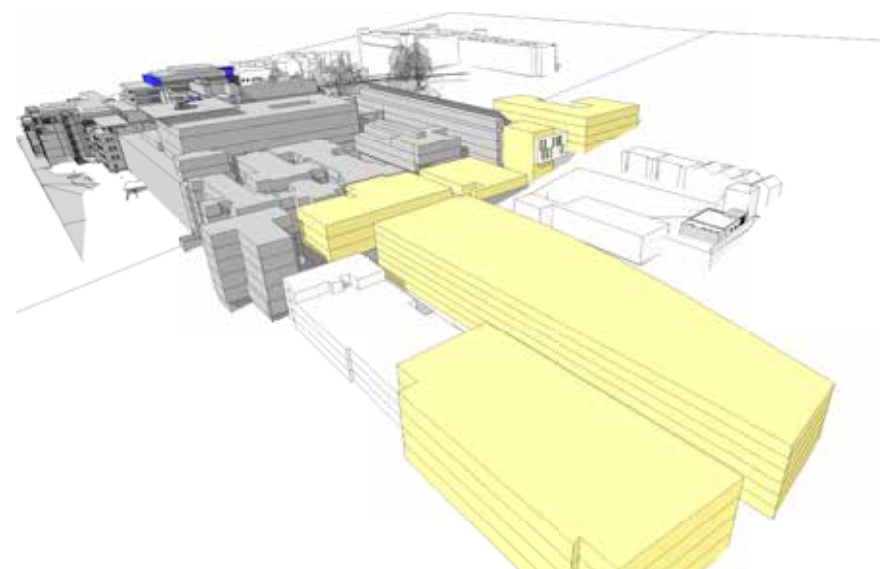
Key features

14.4.1 Based on the evaluation set out earlier in this document, the key features of this zone are:

- The proximity to the Kingsdown Conservation Area
- Its single aspect nature with views over the city
- The use of Marlborough Hill by through traffic
- The presence of poor quality buildings and surface level car parking

Development Principles

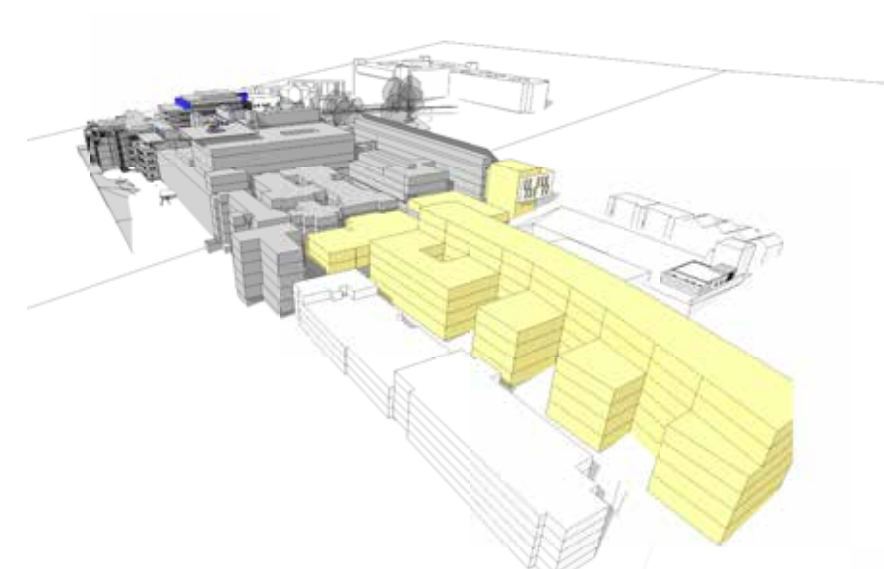
14.4.2 The main development principles for this zone are as follows:



Option 1

(Planning approval granted for Hospital Transport Hub)

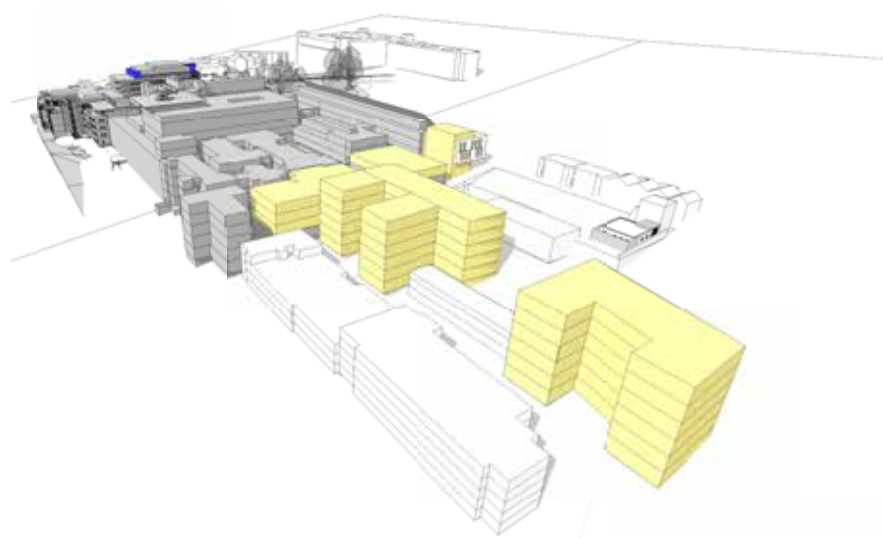
- The rationalisation of car parking within the Hospital Area - e.g. the proposal for a Transport Hub, compromising patient and staff parking, secure cycle storage for staff including changing facilities (subject to planning permission)
- The demolition of the existing multi-storey car park adjacent to Trust HQ (and the development of a new Dermatology Department, replacing current out of date and undersized facilities
- Development of a new Cardiac Research Unit, linked to the BHI building at the junction between Marlborough Hill and Cottage Place.
- The release of future development sites at existing Dermatology dept (858m2) and Marlborough Hill car park locations (c.4,500m2)
- The introduction of new tree planting and opportunities to improve boundary treatments will be investigated



Option 2

(Transport Hub planning application unsuccessful, BCC tenant relocated)

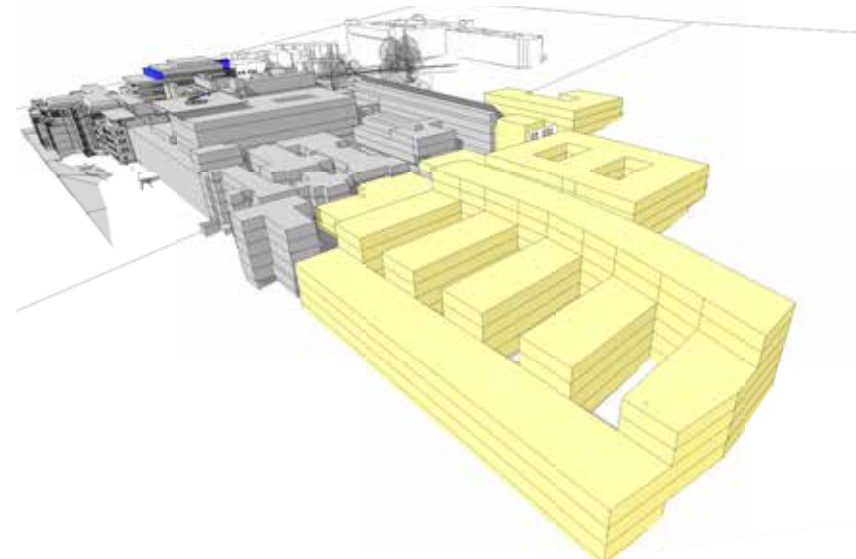
- The demolition of Eugene Street flats and the development of a large scale new build in same location 11,000 sqm. This development would be required to accommodate Dermatology services
- Development of a new Cardiac Research Unit (1,545m2), linked to the BHI building at the junction between Marlborough Hill and Cottage Place
- The introduction of new tree planting and opportunities to improve boundary treatments will be investigated



Option 3

(Transport Hub planning application unsuccessful, BCC tenant remains in situ)

- The demolition of Eugene and Montague flats, retaining Marlborough flats
- The development of a large scale new build on site of demolished flats 9000 sqm. This development would be required to accommodate Dermatology services
- Development of a new Cardiac Research Unit, linked to the BHI building at the junction between Marlborough Hill and Cottage Place
- The introduction of new tree planting and opportunities to improve boundary treatments will be investigated



Option 4

(Transport Hub planning application unsuccessful, BCC tenant relocated, full redevelopment of site to east of Marlborough Hill)

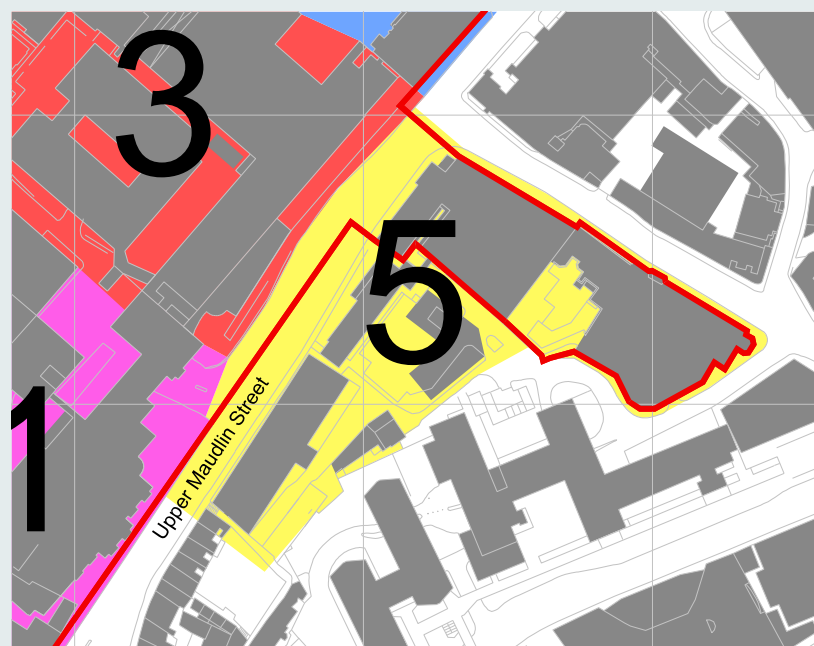
- The demolition of Eugene Street flats, THQ, existing multi-storey car park, Estates building, MEMO accommodation and Radiopharmacy department.
- The development of a large scale new build in demolition zone 40,000 sqm. This development would be required to accommodate:
 - Dermatology services
 - Rationalise car parking
 - Re-provide THQ, MEMO, Radiopharmacy and Estates
- Development of a new Cardiac Research Unit (1,545m2), linked to the BHI building at the junction between Marlborough Hill and Cottage Place
- The release of future development sites at existing Dermatology dept (858m2)
- The introduction of new tree planting and opportunities to improve boundary treatments will be investigated

Summary

14.4.3 This zone is the key development site for the Hospitals Area, providing the opportunity to meet the identified need to expand and / or improve a range of clinical and non-clinical functions over the next five years. A selection of options are available to the Trust depending on a range of scenarios surrounding planning approvals.

14.4.4 Improvements to boundary treatment and landscaping will also be implemented subject to financial resources.

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Zone 5

BEH, BDH and Education Centre

Key features

14.5.1 Based on the evaluation set out earlier in this document, the key features of this zone are:

- The proximity to the St James Conservation Area and Christmas Steps Arts quarter
- The presence of a listed building, namely Queen Anne building, part of BEH
- The presence of leased properties - Education centre leased from Above & Beyond, Dental Hospital leased from the University of Bristol

Development Principles

14.5.2 The main development principles for this zone are as follows:

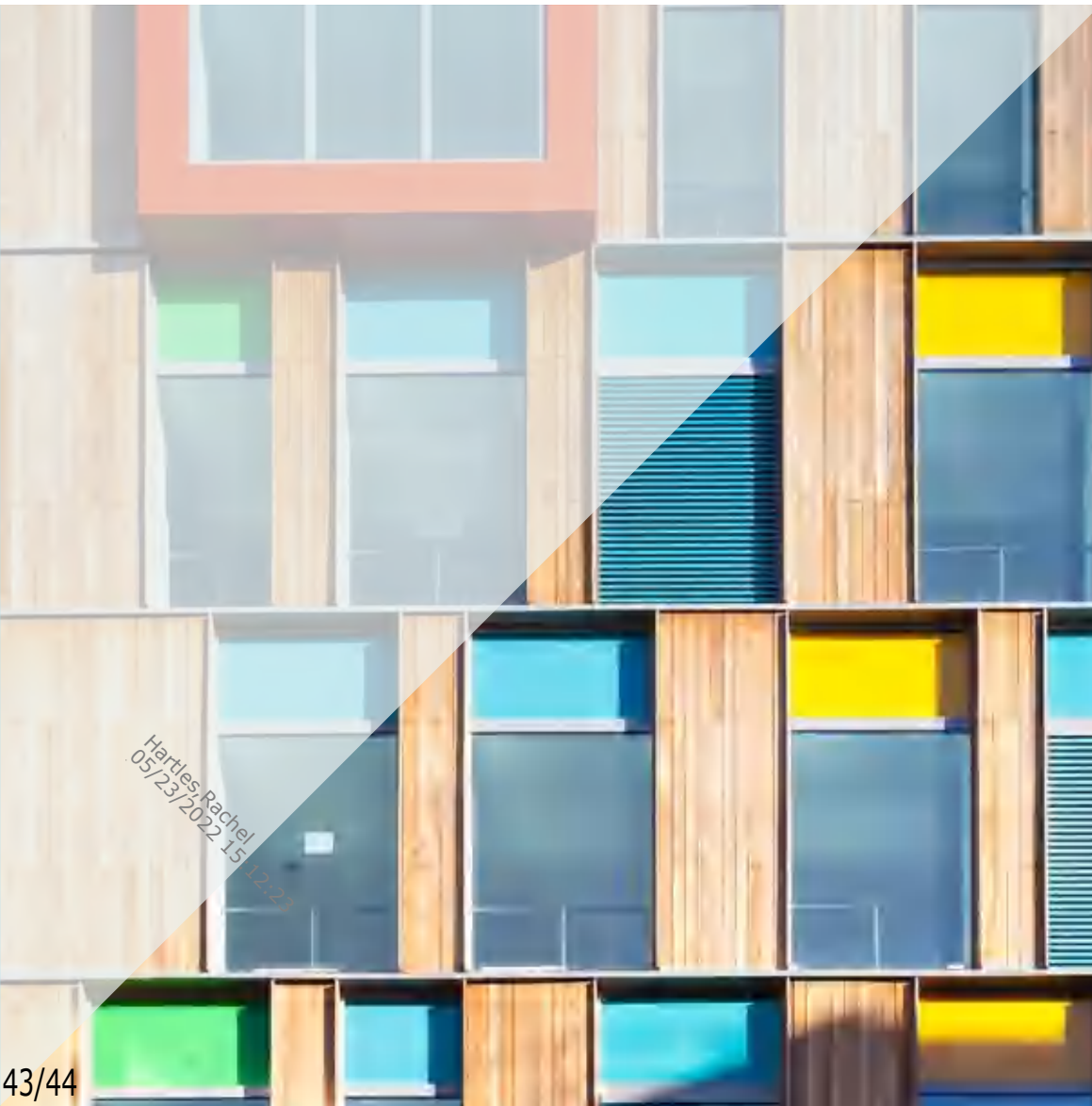
- No significant built development is proposed within this zone, any development will be internal refurbishment to existing buildings

Summary

14.5.3 Within this zone no major built development is envisaged within the five year period covered by this plan. This is because of its already densely built nature and the high level of leased properties not under direct Trust ownership. Any redevelopment within existing hospital buildings within this zone will be internal reconfigurations or refurbishments.

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15. Comparative Evaluation and Overall Conclusions



Comparative Evaluation

15.1 It is clear from the analysis of the potential development zones that they each have different constraints and provide different opportunities to address the identified requirements within the Hospitals Area.

15.2 In summary, the principal opportunities in the context of the identified requirements and the evaluation of each zone are as follows:

- Zone 4 offers the greatest potential to introduce new hospital buildings. This is largely, but not solely, because of functional requirements and the associated need for clinical adjacency of core hospital activities. This zone provides a good opportunity to address the existing largely ad hoc car parking arrangements within the Hospitals Area
- Given their physical characteristics and densely built nature Zones 2, 3 and 5 provide no real potential to introduce new hospital buildings; however Zone 2 does offer some potential for the development of increased infrastructure required to support the planned developments over the next five year
- Zone 1 offers limited potential for development of new buildings, however any developments are likely to require the demolition / redesign of buildings with some level of local architectural note

Overall Conclusions

15.3 The overall development principles, specific enhancements and zonal development principles set out in this report together represent a well-founded development plan for the Hospitals Area. Sustainability and sustainable development principles are at the heart of the plan. The plan provides a sound basis to accommodate potential requirements between 2018 and 2023.

15.4 The development plan will act as a crucial basis to deliver major physical enhancements and service benefits to healthcare provision in central Bristol for the City's residents and those of the wider region.

The plan confirms the extent of constraints for service development and therefore, in conjunction with progressing best use of the opportunities within each zone, the following will be progressed within the Estates Strategy refresh (to be completed by mid-2019):

- Utilisation review of all current estate in the Hospital's area and SBCH
- Healthier together STP Estates Utilisation plans (encompassing future plans for the Weston Hospital site as per Healthy Weston outcomes)



University Hospitals Bristol
NHS Foundation Trust

Site Development Plan 2018–2023

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Revision History



Rev	Date	Revision Description	Issued By	Checked By
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Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is the newly merged Trust comprising University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust.

Bringing together a combined workforce of over 13,000 staff, the new Trust delivers over 100 different clinical services across 10 different sites serving a core population of more than 500,000 people. In support of the Embracing Change, Proud to Care strategy for 2025, the Trust's vision is to;

- grow specialist hospital services and their position as a leading provider in south west England and beyond
- work more closely with their health and care partners to provide more joined up local healthcare services and support the improvement of the health and wellbeing of communities
- become a beacon for outstanding education and research and their culture of innovation

The Trust mission is – to improve the health of the people they serve by delivering exceptional care, teaching and research, every day.

In October 2017 North Somerset Clinical Commissioning Group (CCG) (now merged with Bristol and South Gloucestershire CCGs) published a Commissioning Context paper that set out the population needs and challenges facing health services for the area of Weston-super-Mare, Worle and surrounding villages, both now and in the future. For a number of years there have been a series of challenges to the delivery of effective and sustainable local healthcare. These problems have most visibly been seen in relation to Weston Hospital, although other elements – such as primary care – have also experienced difficulties. The Healthy Weston Programme was established to engage local people and stakeholders in designing solutions that would improve and transform local healthcare services to respond to these needs and challenges.

The Case for Change was published in October 2018 and focussed on four main reasons why health services need to change in Weston and the surrounding area:

1. Our changing health needs
2. Variation in care and access to primary and community care
3. Meeting national clinical quality standards
4. Delivering value for money

Meeting national clinical quality standards has been the primary driver in the development of proposals to change the hospital model of care in Weston, which is the focus of this Decision Making Business Case (DMBC).

This DMBC is a technical document that follows the Pre-Consultation Business Case (February 2019), which set out the initial proposals. The public consultation, which ran from February to June 2019, enabled robust and detailed dialogue with an extensive range of stakeholders. Throughout this period, the CCG has been working with local clinicians and building on feedback from the public, professionals and stakeholder organisations. Over 2,300 responses were received representing more than 3,000 individuals as part of the consultation (including both individuals and

wide range of organisations). This has helped to shape and refine the final proposals put forwards in this business case. Listening to the views of those that responded to the consultation and working with partners across the health system has enabled the CCG to recommend revised proposals that mean more people will be able to continue to receive their care at Weston Hospital, whilst still ensuring that the immediate necessary improvements to the quality and safety at the hospital are made. Further changes to fully meet the case for change are being progressed through the NHS long term planning process.

Weston has a growing population and the Commissioning Context and the Pre-Consultation Business Case identified three overarching priority population groups that local services need to ensure are more comprehensively catered for going forward:

- **Frail and older people:** the new Integrated Frailty Service is a key part of the wider system changes needed to meet the challenges outlined in the case for change, most specifically changing health needs of the population associated with the growth in the frail elderly population that we are seeing in the local area.
- **Children and Young People:** The proposed enhancements to paediatric care at Weston General Hospital means that more local children and young people will be able to receive local care.
- **Vulnerable Groups:** The new Mental Health Crisis and Recovery Centre will provide a new service in the centre of Weston to support people requiring support at evenings and weekends.

The Site Development Plan will focus on what interventions can be made to the existing built estate to support the wider vision of Case for Change and Healthy Weston 2 but should also be mindful of how it can contribute to the long-term aspirations.

The existing Weston Hospital site provides many opportunities for simple and minor gestures that can improve the patient and staff experience and by making a more enjoyable and reactive environment can help to create a workplace of choice.

This document sets out the Site Development Plan of Weston General Hospital which includes the Main Hospital, Honey Tree Nursery, Weston Academy, Long Fox Unit, Ambleside Renal Unit, Dental Unit, Bleadon, Brent Knoll, East Brent Offices and Lympsham.

Additional commentary on Healthy Weston 1 and Healthy Weston 2 to be added.

Executive Summary



Aerial View of Weston General Hospital Site

Background

3

This document is intended to guide more detailed proposals that may emerge during the next five years that is 2022-2027. It takes into account healthcare needs and opportunities, town planning considerations and community views. It is to explore the potential development areas on the Weston General Hospital Site.

Specific development proposals are not being put forward in the Site Development Plan. Any such detailed proposals will be put forward through the normal planning process and these will then need to be considered by the Council, as Local Planning Authority, in the normal way.

The document has been prepared on the basis of national policy guidance and the policies in North Somerset Local Plan.

Weston General Hospital Today

The Hospital provides most of the acute care needed by the community, including intensive care, cancer care and coronary (heart) services. They also offer an Emergency Department (Closed between 10pm and 8am) service which sees more than 47,000 attendances every year. Weston General Hospital has a part time Accidents and Emergency department, an Intensive Care Unit, an Oncology and Haematology day unit and a day case unit. The hospital also has a 12-bed private unit, Waterside Suite, wholly owned by the Hospital Trust.

The hospital is served by a number of voluntary organisations including an active League of Friends whose volunteers staff the hospital shop and raise money for projects within the hospital; Freewheelers EVS, who use motorcycles to provide emergency out-of-hours transport of blood, diagnostic specimens and drugs; and Sunshine Radio, a hospital radio station manned by volunteers.



Background

Historical Background, Planning Context, Existing Influences and Constraints

The historical development of the site and its current town planning context are first considered in this report. These are followed by a thorough analysis of the existing influences and constraints affecting the Hospitals Area, in particular land use, built form, conservation, landscape, access and movement. On this basis, a number of key considerations relevant to potential development of the site are set down.

Site Development Plan - Key Considerations

The objective is to identify in principle what development might be accommodated reasonably on potentially available parts of the Hospital. Whilst any specific development proposals will need to be considered in detail if and when put forward, the plan will provide a clear basis on which to judge their likely acceptability.

The need for development needs to be balanced against the constraints which operate in each part of the site. With that in mind the following approach has been adopted in preparing the development plan:

- Identify potential development requirements: The need has been identified are proposal for clinical and non-clinical facilities, well-being hub, expansion of the Weston Academy, and organised storage solutions.
- In tandem with these major developments more modest improvements within the hospital area are planned, to improve the internal environment of a number of outdated facilities.
- Identify potential development zones: the site has been divided into seven such zones, these being distinct parts of the site, which could, in principle, accommodate future development or the current functions can be expanded.
- Define opportunities and constraints: These stem from the Hospitals’ functional requirements and the characteristics of the Hospital site. Functional considerations include technical requirements and the desirability of ensuring that certain services adjoin others (“clinical adjacency”). The specific characteristics of the Hospital have been established as part of the preparation of the development plan.
- Select preferred areas: Certain parts of the site appear better suited to accommodating the necessary development than others. Preferred areas for development are accordingly specified in general terms.
- Review the preferred areas in the context of the whole site: The review takes into account a number of further matters, in particular, opportunities to improve the appearance and functioning of the existing hospital.

Site Development Plan - Proposals

The Plan Proposals take the form of:

- Overall development principles which is proposed should be applicable throughout the Hospital site;
- Together with Specific enhancements which, subject to financial resources, are proposed for particular parts of the Hospital in and outside the development zones
- Zonal development principles which is proposed should be applicable within each of the seven development zones.
- Sustainability and sustainable development principles are at the heart of the plan. The development plan will act as a crucial basis to deliver major physical enhancements and service benefits to healthcare provision in Weston as well as its residents and those of the wider region.

1. Introduction & Project Brief

5

The purpose of this document is to set out a Site Development Plan for the University Bristol & Weston NHS Foundation Trust. It is intended to guide future and more detailed proposals that may emerge during the next five years.

The plan takes into account future and changing healthcare needs and opportunities to modernise services provided to patients. It also takes into account the town planning considerations involved and community views. It is to be noted that specific development proposals are not being put forward.

This document has been commissioned by UHBW NHS Foundation Trust. It deals with development options for the future of the Weston General Hospital and the other units on site including the woodland area.

The need to consider future development options has arisen largely due to the main reasons outlined below:

- Changing circumstances in the provision of healthcare
- Clinical needs such as increasing demand or responding to changes to regional models of care etc.
- Non Clinical and Admin/Staff requirements within the site due to changes in the hospital's model of care.
- Plan providing a framework for significant investment over the next five years (in the overall context of Council policy that hospital development is acceptable in principle)
- The wish of the University Hospitals Bristol & Weston NHS Foundation Trust to consult the community on the main options for development of the hospital.

After research and consultation with the Trust, the anticipated new build requirements are:

Non-Clinical Requirement

Rationalisation of administration accommodation throughout the site to provide a centralized office building for non-clinically based admin staff. This would free up space in the clinical areas and relocate staff out of current inadequate and inappropriate accommodation.

Likewise rationalisation of storage facilities across the site in the form of a receipt and distribution hub. This will enhance management of just-in-time and longer term storage and archiving but also remove the dispersed local store buildings around the site to improve the external environment.

Expand education facilities to improve the teaching offer on the site.

Provide a wellbeing hub with additional facilities on site that will focus on the working environment and support facilities for all staff.

Clinical Requirement

The clinical brief is evolving with current focus on restructuring the existing hospital to align services more closely with the Bristol Royal Infirmary so that relevant and appropriate care can be provided to patients locally and regionally.

One of the aspirations for the Weston General site is to provide a cancer care centre and the new build provision should include for a substantial increase in clinical footprint either as an extension to the existing hospital or a stand alone building.

The existing Weston Hospital was not designed to current space standards so although the accommodation is adequate any development proposals would also need to address upgrading the existing patient areas.

Scope of the Site Development Plan

This document has been prepared on the basis of national policy guidance. The guidance suggests that the right approach to formulating development proposals is to examine the context in detail and to relate new development to its surroundings through an informed appraisal.

This plan has been formulated on the basis of a thorough review of the physical, social and economic characteristics of the area and its surroundings. This has involved field evaluation together with a review of existing sources of information.

Additional commentary on Healthy Weston 1 and Healthy Weston 2 to be added.

1. Introduction & Project Brief



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Site plan showing the hospital and the various buildings and outbuildings

2. Historical Development of the Site

This section provides a brief summary of the historical development of Weston General Hospital.

Main Hospital (1980)

The original hospital building was sited as close as possible to the south boundary of the site where piling depths and costs would be less due to the poor ground condition. It is also located between the existing tree belt on the west and A370 Bridgewater road to the east. During the design of the main hospital building, adequate space for the expansion of the hospital to the west and smaller expansions to the north of the hospital were also considered. A 3 storey extension currently housing the Accidents & emergency department was built later in 1995.

Over the years, many other units were added along with various temporary modular buildings and structures for offices and storage areas. Long Fox Unit and Honey tree Nursery has been leased out by the Trust.

Long Fox (1990-1994)

The Long Fox unit is run by Avon and Wiltshire Mental Health Partnership NHS Trust and provides community services for Mental health conditions and treatment of disease, disorder or injury. Few extensions have been built around (2000 - 2005) to the Long Fox unit.

Quantock Unit (1993- 1995)

The majority of the outpatient clinics are held in the Quantock Outpatients department. There is also inpatient units in the northern part of the unit.

Extension to the main Hospital (1996-2001)

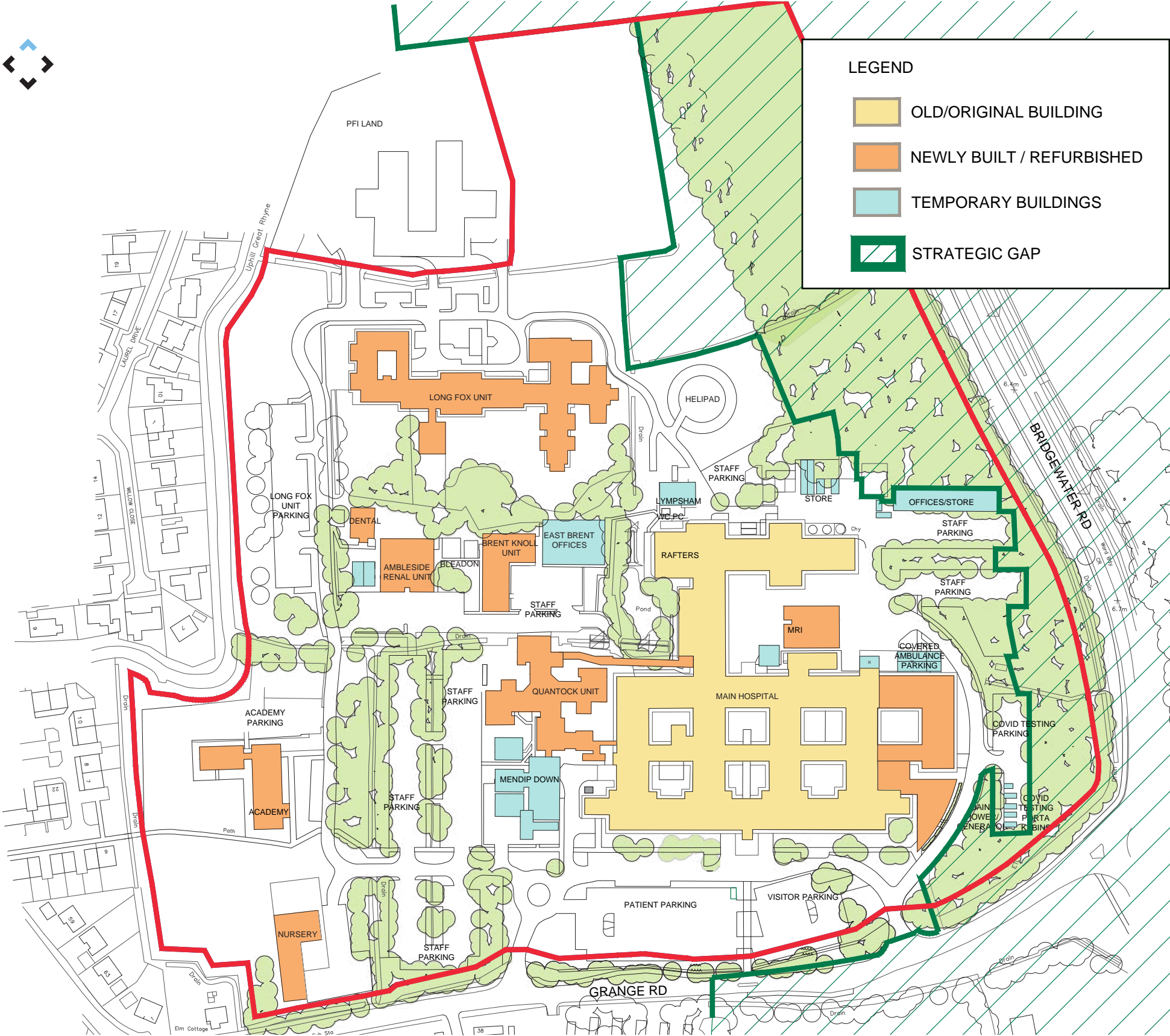
The initial extension to the main hospital was a single storey A&E department to the western corner of the existing hospital. The extension was later converted into a full bay to accommodate the growing clinical capacity of the hospital.

Brent Knoll Unit (2000)

Single storey unit that currently consists of offices along with storage facilities for staff/admin.

Ambleside Renal Unit (2000-2003)

It contains the dialysis unit and other kidney related care facilities.



Site plan showing the historical development over the years

2. Historical Development of the Site

Old Medical Records Store (2001)

The old medical records store is a temporary modular buildings was erected to house the interim ward only for a 2 year period. It is past its expiry and now acts as a medical records store.

Honeytree Nursery (2002)

The Nursery was built in 2002 to provide childcare facilities in the hospital premises but now has been leased out by the Trust to Honeytree.

Weston Academy (2003)

The North Somerset Academy is based here and functions as an Academy building and Education Centre for clinical training. A single storey extension was also added to the main Academy building in 2004.

East Brent Office (2005)

Erection of 2 Nos portacabins that is used as office accommodation adjacent to the existing Brent Knoll unit.

Dental Building (2005)

Erection of a Dental building ancillary to main use of the hospital and patients with parking and external works. It is a timber framed panel composed of composite sandwich construction with an outer face of plastic coated steel and a brick plinth to match the local architectural character.

MRI/CT scan (2009)

The building is centrally located to the existing service yard and is used by both outpatients and inpatients. It is also an extension to the existing Imaging suite serviced from the X-ray reception.

Bleadon (2012)

Erection of single-storey extension to the existing Brent Knoll Offices for additional office and training accommodation.

Covid Testing Units (2020)

5 Nos Covid Assessment portacabins have been installed in the East side of the Hospital within a secured parking area for a period of 156 weeks. The remaining parking spaces will be used for patients using these units or on call doctors only.

Conversion of Helipad into overspill parking spaces (2020)

This is an informal staff car park located at the north of Rafter's restaurant and joiners workshop. Previously a helipad it has now been converted into an ad-hoc car parking space on gravel.

4 Nos Portacabins - Office spaces (2020- 2021)

Erection of 2 single storey portacabins adjacent to Ambleside Renal unit and south of Dental building

to be used as office space and training rooms for a period of 52 weeks. Additionally, erection of 2 Nos single storey portacabins between Quantock Unit and the Old Medical Records Store. Internally the buildings are open plan offices with a shared main entrance

Infrastructure Upgrade programme

£10m was identified in the merger arrangements to invest in back log maintenance. The scope of this work is as follows:

Fire Safety:

Works on upgrading the fire safety and compartmentalisation throughout the site

Roof Maintenance:

Repair and replacement of guttering and fascia panels along with general maintenance works.

Electrical:

Repair and replacement of the electrical facilities side wide

Safety:

Upgradation of Nurse calls, flooring replacement in ward areas and repair and replacement of water storage tanks

Ventilation:

Replacement of the AHUs in plant rooms

Environmental:

Replacement of all the wooden windows and upgradation of public toilets. There is also a proposal for installation of PV panels on the roofs of the existing buildings on site.

For further information, please refer to the Appendices section.

3. Planning Context

Background

Section 38(6) of the Planning and Compulsory Purchase Act 2004 requires that planning applications be determined in accordance with the 'development plan' unless material considerations indicate otherwise.

The development plan for North Somerset, insofar as it is relevant to the hospital site, comprises:

- Core Strategy (April 2012)
- Sites and Policies Plan – Part 1: Development Management Policies (July 2016)
- Sites and Policies Plan – Part 2: Site Allocations Plan (April 2018)

North Somerset Council is currently preparing a new local plan which, once adopted, will take the place of the Core Strategy and Sites and Policies Plans.

Consultation on a draft Preferred Options Local Plan will commence in March 2022. A final version of the plan is currently scheduled to be subject to independent examination by the Secretary of State in late 2022, with an adopted plan being in place during 2023.

In accordance with the provisions of national planning policy guidance, the emerging Local Plan can be afforded little weight at the time of writing when it comes to determining planning applications. Therefore, this document focusses on those adopted planning policies of relevance.

Development Plan Policies

Unlike some other parts of the Trust's estate, the hospital is not subject to a specific hospital policy designation on the development plan Policies Map. Therefore, there is no express policy provision supporting expansion or modernisation of the hospital estate specifically unlike, for example, at the Bristol Royal Infirmary. However, there is general policy support for protecting and maintaining existing healthcare facilities.

The location of the hospital in relation to relevant planning designations is indicated on the extract from the Council's Policies Map below. The hospital site itself is undesignated.

The thick black line represents the extent of defined settlement boundaries and confirms that the hospital is located outside of any settlement boundary, being located between the separate defined boundaries of Weston super Mare and Uphill.

The whole of the hospital site is located within Flood Zone 3 but benefits from flood defences. This flood zone is identified by the dark blue shading below on the extract from the Environment Agency flood map for planning.



The green diagonal hashed shading represents a 'strategic gap'.



Hospital site located in Flood Zone 3

3. Planning Context

In terms of high level development plan policies, the following are of note:

- **Settlement Boundary:** In accordance with national planning policy provisions, the development plan confirms that development outside of settlement boundaries will be strictly controlled in order to protect the character of the rural area and prevent unsustainable development. Core Strategy Policy CS33 does, however, state that where a need for community facilities cannot be met within settlement boundaries development can be acceptable where it is well related to the community it is intended to serve.
- **Strategic Gap:** Policy CS19 of the Core Strategy states that the Council will protect Strategic Gaps in order to help retain the separate identity, character and/or landscape setting of settlements and distinct parts of settlements.
- **Flood Risk:** Policy CS3 of the Core Strategy states that development within flood zone 3 will only be permitted where it is demonstrated that it complies with the sequential test set out in national policy and, where applicable, the exception test.
- **Healthcare Facilities:** Policy CS26 of the Core Strategy states that the planning process will support programmes and strategies which increase and improve health services throughout the district, promote healthier lifestyles and aim to reduce health inequalities. This will be achieved, in part, through joint working with health providers to help deliver a district-wide network of health facilities. Existing health services will be protected and maintained.

In addition to these high level policy provisions, there will be many other more detailed policies that could be relevant to development proposals at the hospital site, depending upon the precise nature and location of any particular proposal. These would include:

- Delivering sustainable design and construction
- Ensuring high quality design
- Meeting climate change and carbon reduction objectives
- Impacts on traffic and movement, including car parking provision and travel planning
- Pedestrian and cyclist access
- Potential impacts on site neighbours
- Landscape impacts, including impacts on existing trees

Supplementary Planning Guidance

Supplementary planning documents provide more detail on the policies contained in development plan documents. The Council has a number of adopted supplementary planning documents, which may be of relevance depending upon the precise nature of individual development proposals.

These include:

- Parking Standards
- Biodiversity and Trees
- Creating Sustainable Buildings and Places
- Travel Plans

National Planning Policy

The National Planning Policy Framework July 2021 (NPPF) sets out the government's planning policies for England and how these should be applied.

Relevant NPPF provisions relate to the likes of achieving sustainable development, promoting healthy communities, promoting sustainable transport, achieving well-designed places, meeting the challenges of climate change and responding to flood risk.

Importantly the NPPF states that planning decisions should take account of local strategies to improve access to health facilities for all sections of the community.

It also states that in order to ensure faster delivery of public service infrastructure, such as hospitals, local planning authorities should work proactively and positively with promoters, delivery partners and statutory bodies to plan for required facilities and resolve key planning issues before applications are submitted.

Principal Planning Issues

Relevant planning provisions will depend upon the specific nature, scale and location of a specific development proposal at any point in time. However, in general terms, the principal issues that are likely to be relevant are:

- Car parking will need to be considered in the context of site wide parking provisions and the split between staff/visitors and long stay/short stay etc.
- Pedestrian and cyclist access will need to be considered and an up-to-date Travel Plan will be important to support development proposals.

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3. Planning Context

- Loss of trees and green space should be minimised and requirements relating to Biodiversity Net Gain will need to be factored in.
- Neighbourly impacts will need to be satisfactorily addressed.
- High quality design will be needed in new developments.
- Flood risk matters will need to be satisfactorily addressed.
- Development within the identified ‘strategic gap’ will need to be avoided.
- Sustainable construction, climate change and carbon reduction objectives will need to be responded to.

- or the height of the existing building (if within 10 metres of a boundary of the curtilage of a premises) or the height of the building being extended or altered in all other cases
- In considering development proposals against these provisions, the hospital site should be treated as a single entity. So references to the site boundary and curtilage should relate to the wider hospital boundaries, rather than the curtilage of an individual hospital building within the site.

These PD rights are likely to mean that some of the hospital’s future development proposals may not require an application for planning permission.

Hospital Permitted Development Rights

The Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) sets out the full scope of permitted development (PD) rights that exist in England. In essence, the Order grants planning permission for certain forms of development that otherwise would need a planning application to be made to the relevant Local Planning Authority.

With regard to hospital developments, Schedule 2, Part 7, Class M of the Order confirms that, subject to certain criteria being met, “the erection, extension or alteration of a hospital building” is PD and does not require planning permission from the local planning authority.

Hospital development is not permitted by Class M if the cumulative footprint of any erection, extension or alteration under Class M on or after 21 April 2021 would exceed the greater of:

- 25% of the cumulative footprint of the hospital buildings as it was on 21 April 2021; or,
- 250 square metres

Other criteria that would need to be complied with include:

- No part of the development can be within 5 metres of the boundary of the curtilage of the premises
- The height of any new building erected cannot exceed 5 metres (if within 10 metres of a boundary of the curtilage of a premises) or 6 metres in all other cases
- The height of any existing building extended or altered cannot exceed the lesser of 5 metres

4. Existing Influences and Constraints: Land Use

12



Aerial photo of the surrounding area highlighting adjacent uses

4. Existing Influences and Constraints: Land Use

13

The Hospital is located in the town of Weston-super-Mare, Somerset, where there are a variety of adjacent land uses as shown in the map above. These range from residential, commercial and institutional uses.

The predominating land use to the east and west of the site are residential and housing units ranging from 1 to 2.5 storeys in height. The hospital site is differentiated from the residential area with the Uphill Great Rhyne cutting through it on the western and northern part of the site.

To the immediate south of the site, next to Grange road are single storey static caravan holiday homes.

To the east of the site, bordering Bridgewater Road, is the Weston College Loxton Campus which ranges from 2 to 4 storey in height.

There are also existing farmlands and woodlands to the north, east and south of the site.

An area to the north east of the hospital site has been given over to a private healthcare facility.

The image opposite shows the character of the residential and institutional development that surround the proposed site.

The potential effect of any development proposal on those living/working in surrounding areas is always a significant consideration. It will be important to ensure that any detailed proposals take into account the varying context of the surrounding land uses. In this respect, the potential constraints imposed on the design of any proposed development with the need to preserve or enhance the character or appearance of adjacent areas and the need to respect the amenity of neighbouring occupiers - residential, commercial and the institutional - are all likely to be relevant.



Hospital Entrance from Grange Rd



View from Uphill Rd



View of the woodlands from Bridgewater Rd



View of Manor Park Holiday Homes



View of Weston college Loxton Campus

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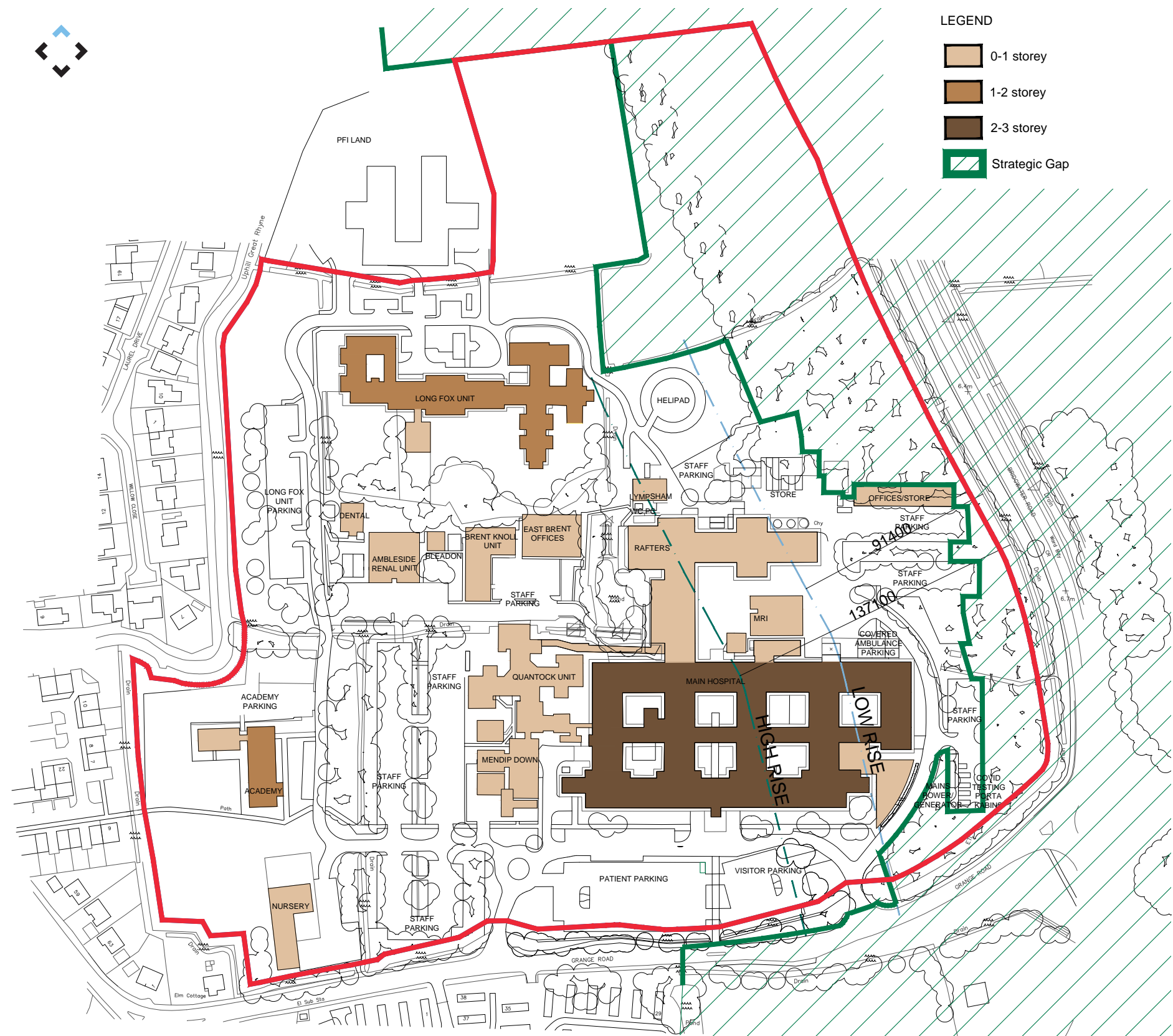
5. Existing Influences and Constraints: Built Form

14

The Hospital has been developed in a rather ad hoc fashion over the years. A variety of building forms is to be found throughout the area with no particular character, architecture or materials prevailing. Each building reflects the approach to healthcare and development generally at the time of construction. There has also been a recent addition of many temporary modular buildings and outbuildings to accommodate the offices and storage areas due to the changes in local health and care system.

As Illustrated in the drawing, the original hospital building was designed to be 3 storeys high while all the other units range from 1 to 2 storeys in height.

During the design of the main hospital, the Planning Authority identified two building lines for high and low rise buildings, parallel to Bridgewater Road. As indicated, the low rise building line is 91.4 metres away from Bridgewater road and the high rise building line is 137.1 metres away.



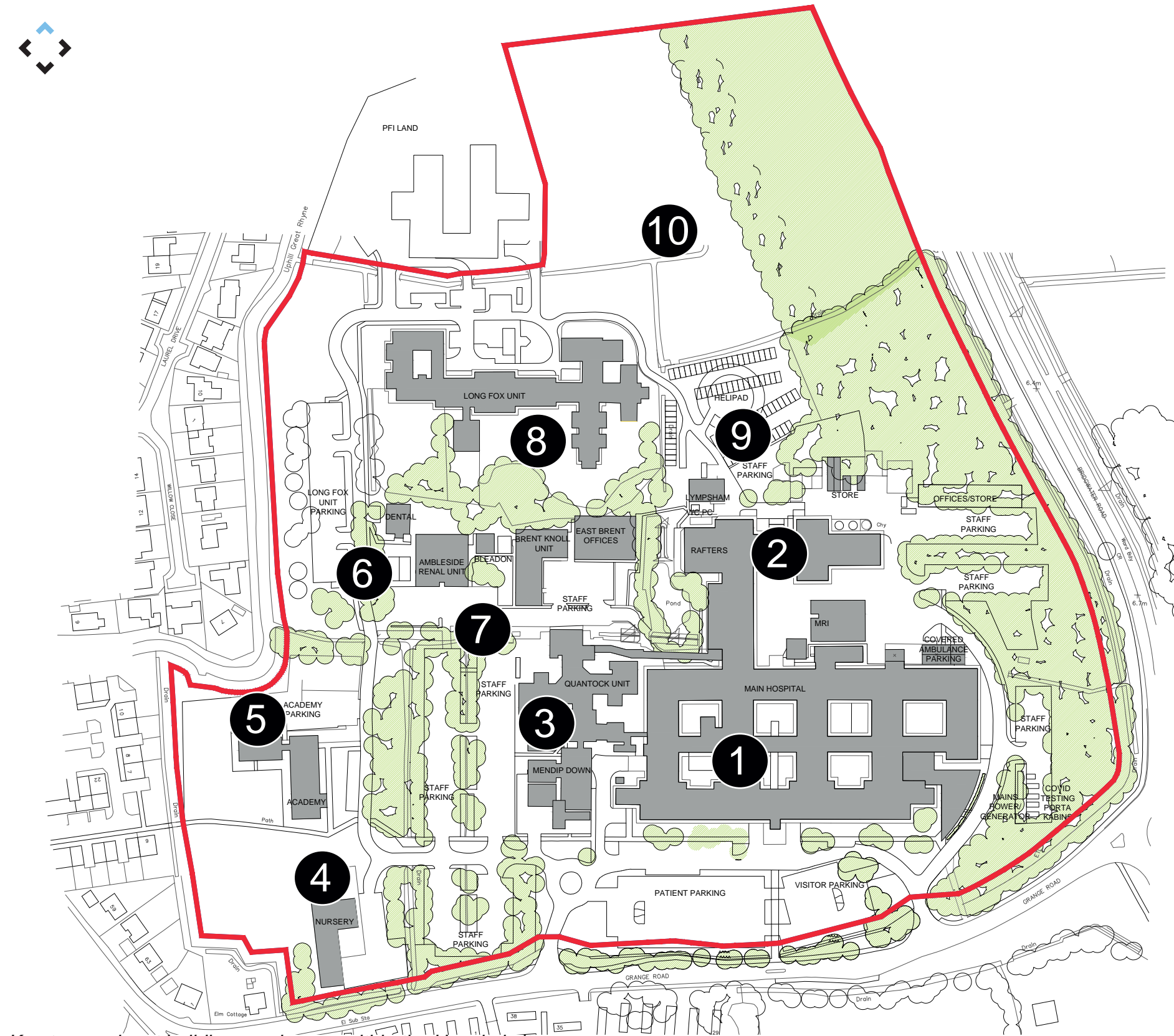
Site plan highlighting the height constraints of all the buildings and units

5. Existing Influences and Constraints: Built Form

15

The main structures located within the site are summarised below and are shown on the plan opposite:

- The main hospital building was the first building to be designed on site with the main entrance from Grange road with the development rising up to 3 storeys.
- To the north of the main hospital is a 1 storey support building containing the supplies, restaurant and consultation rooms.
- To the east of the hospital is Quantock unit containing inpatient, outpatient as well as consultation rooms with an old medical records store to the south of it.
- The north western part of the main hospital contains various outbuildings namely Dental, Ambleside Renal Unit, Brent Knoll and East Brent offices.
- To the north of the site is the Long Fox unit rising up to 2 storeys in height and is currently leased by the Trust.
- The south western part of the site, adjacent to the rhyne is where the Weston academy and Nursery are located with a footpath cutting across that joins Uphill Rd to the west. The Honey tree nursery is also currently leased out by the Trust.
- Patient and visitor parking are towards the front/south of the site close to Grange road, whereas staff parking is distributed all around the site.

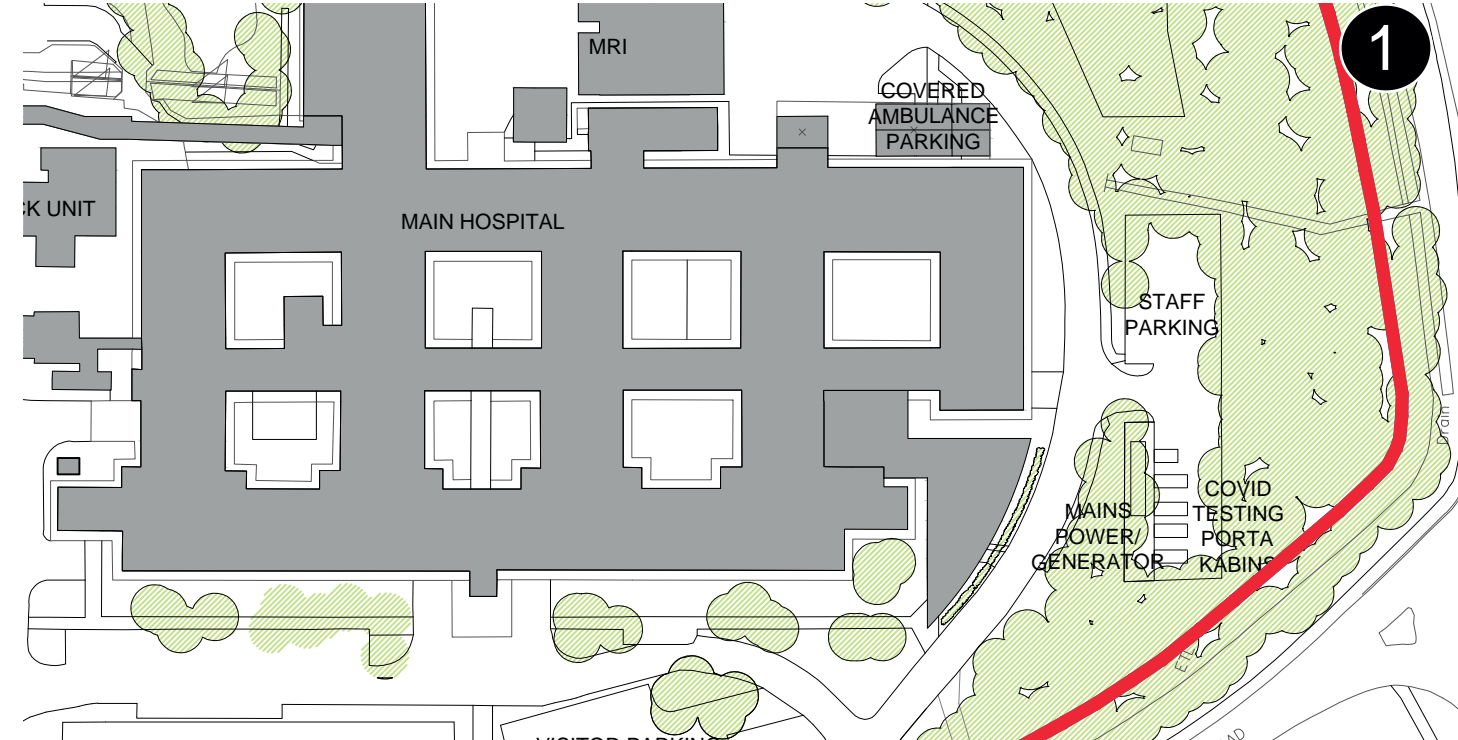


Key to prominent buildings and areas within the Hospital site

5. Existing Influences and Constraints: Built Form



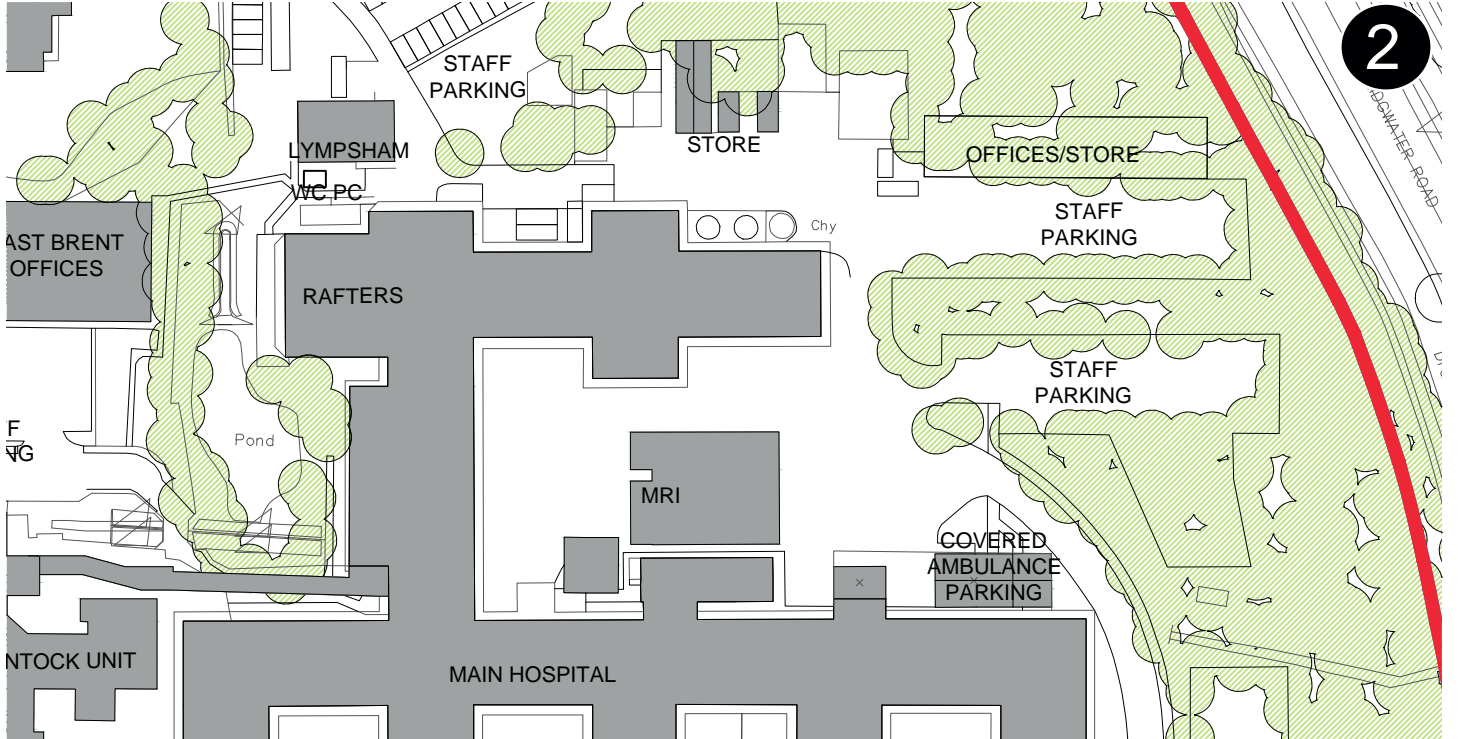
View of the Main Hospital building from the entrance



Site plan highlighting the Main Hospital Building



Rear view of the main hospital building highlighting the joiners workshop

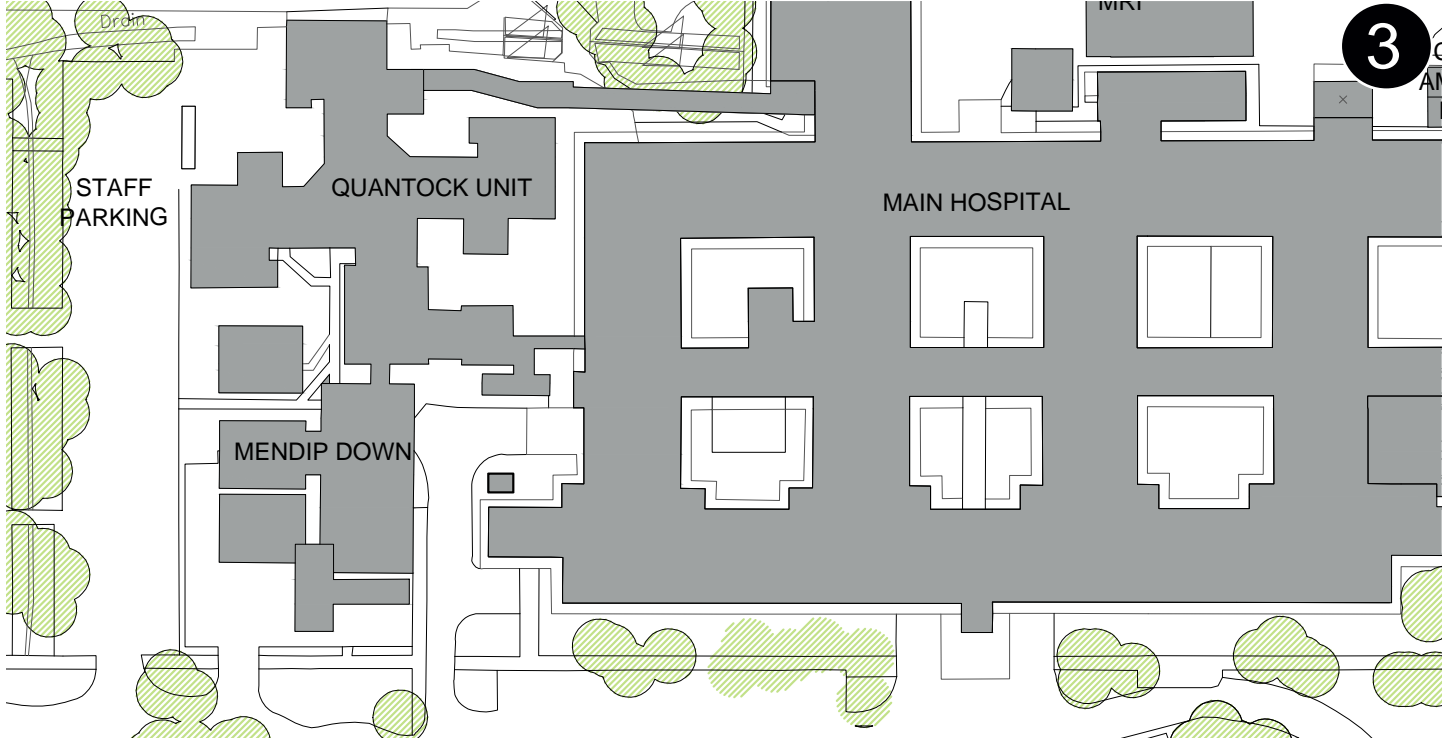


Site plan highlighting Rafters restaurant and the joiners workshop to the rear of the hospital

5. Existing Influences and Constraints: Built Form



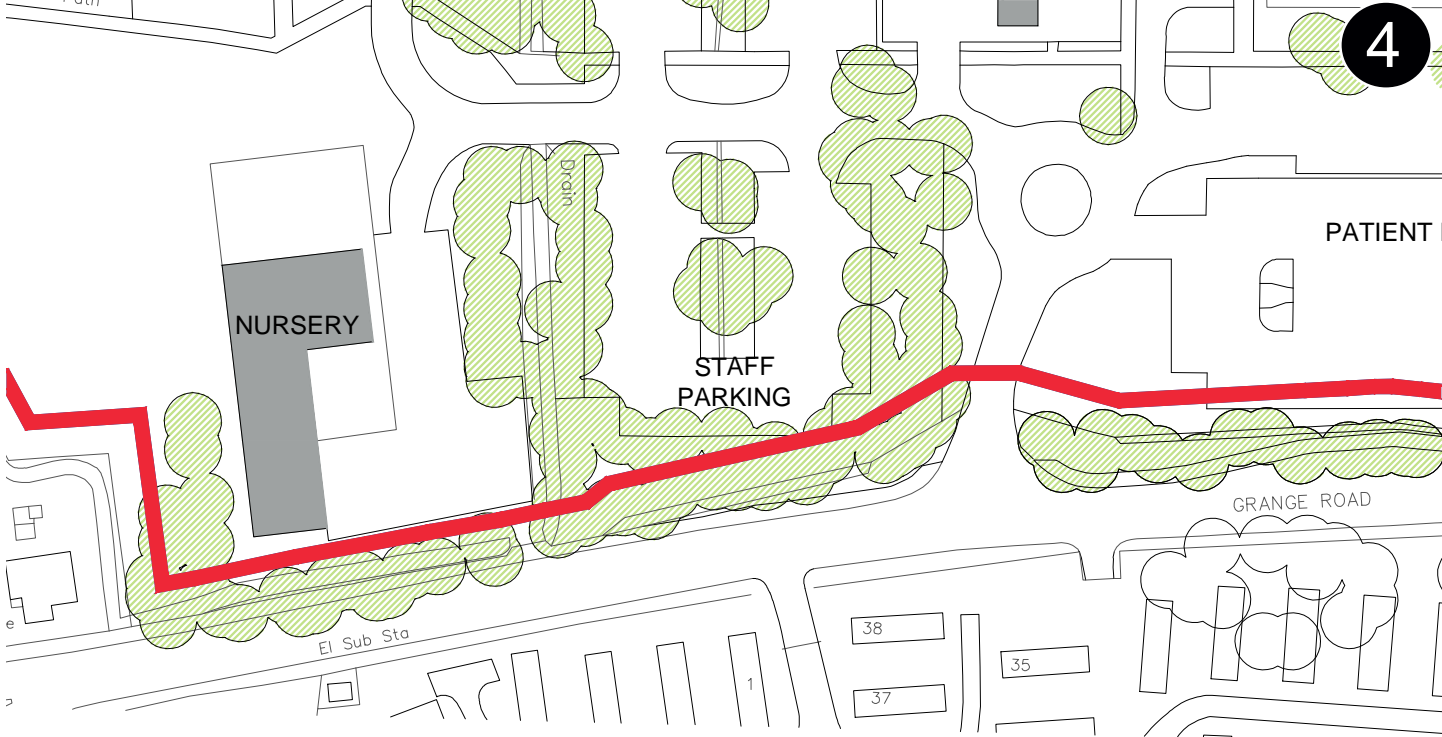
View of the Old Medical Records Store



Plan highlighting the Quantock Unit and the Old Medical Records Store



View of the Honeytree Nursery

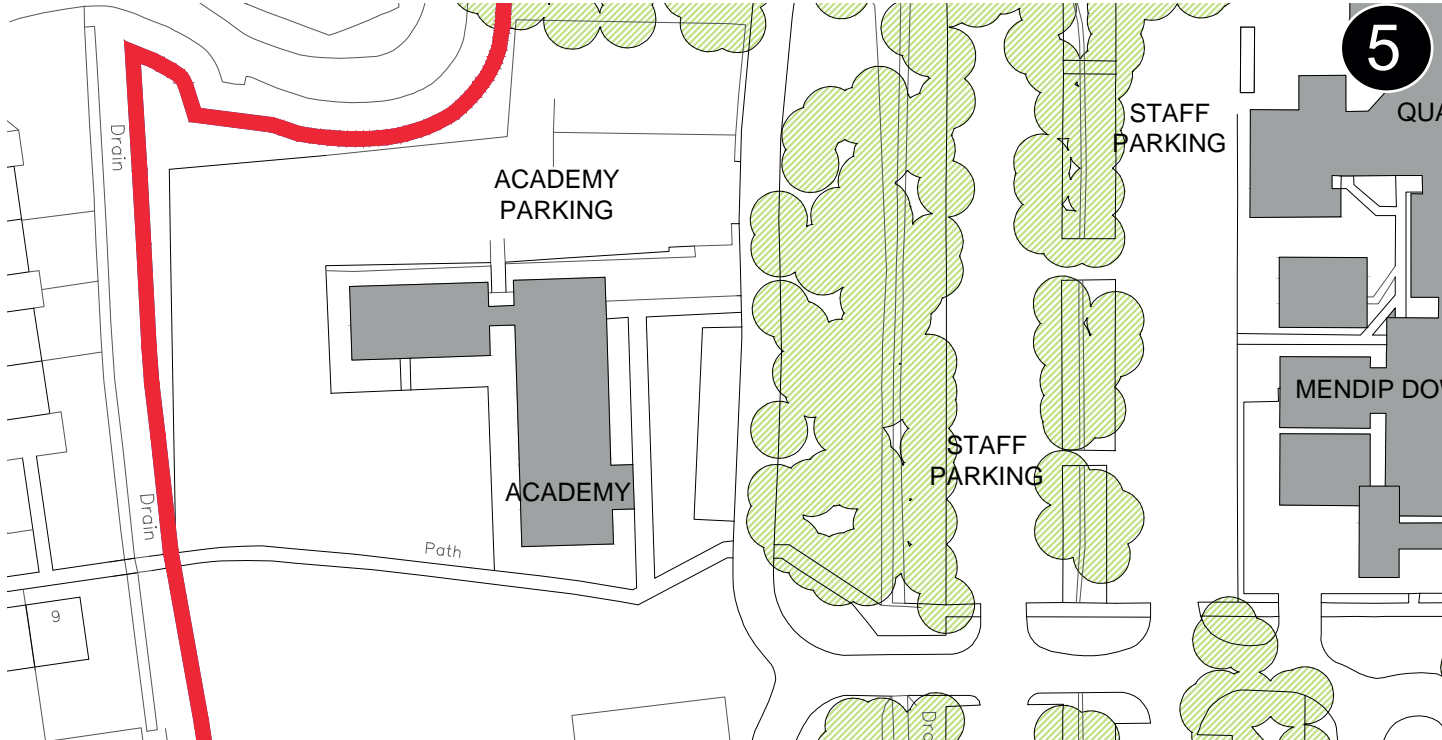


Plan highlighting the Honeytree Nursery

5. Existing Influences and Constraints: Built Form



View of Weston Academy



Plan highlighting Weston Academy



View of Dental Academy

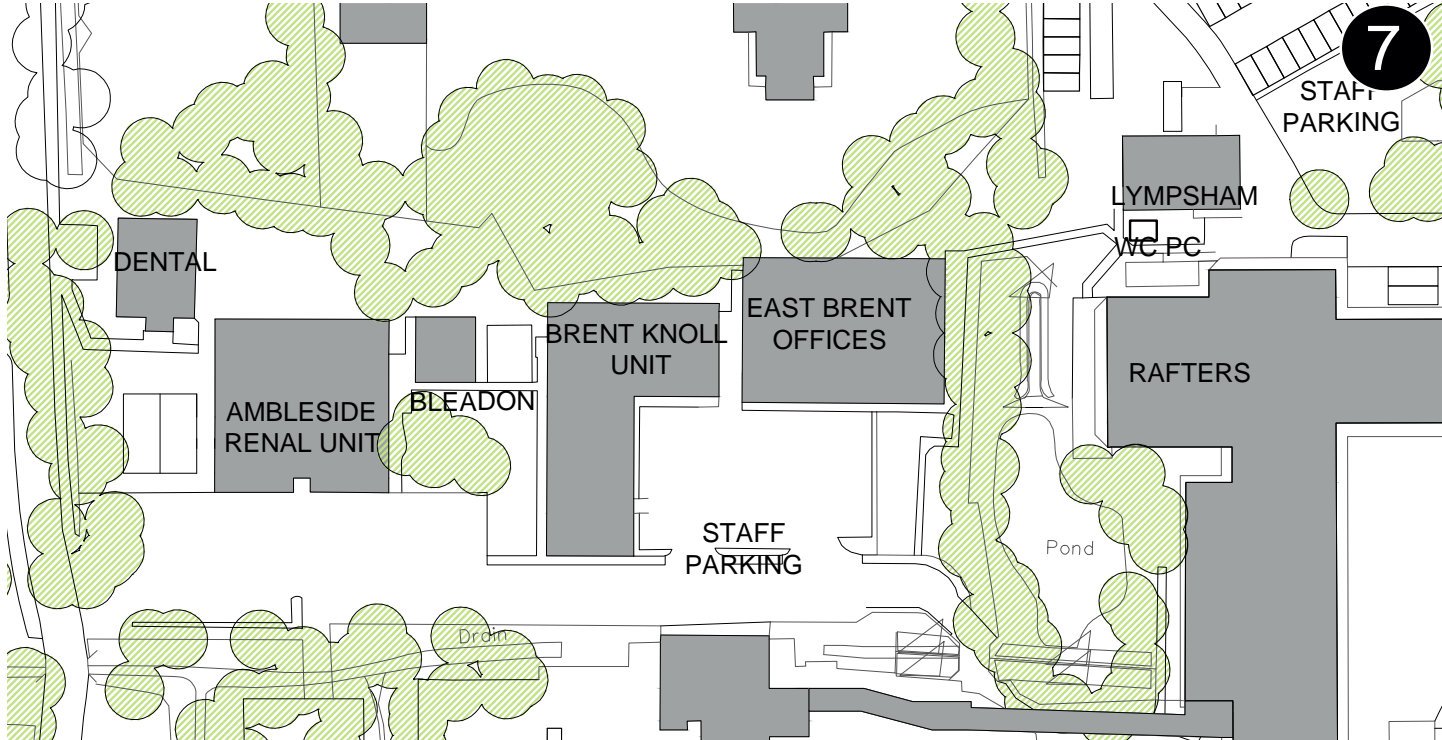


Plan highlighting the Dental building

5. Existing Influences and Constraints: Built Form



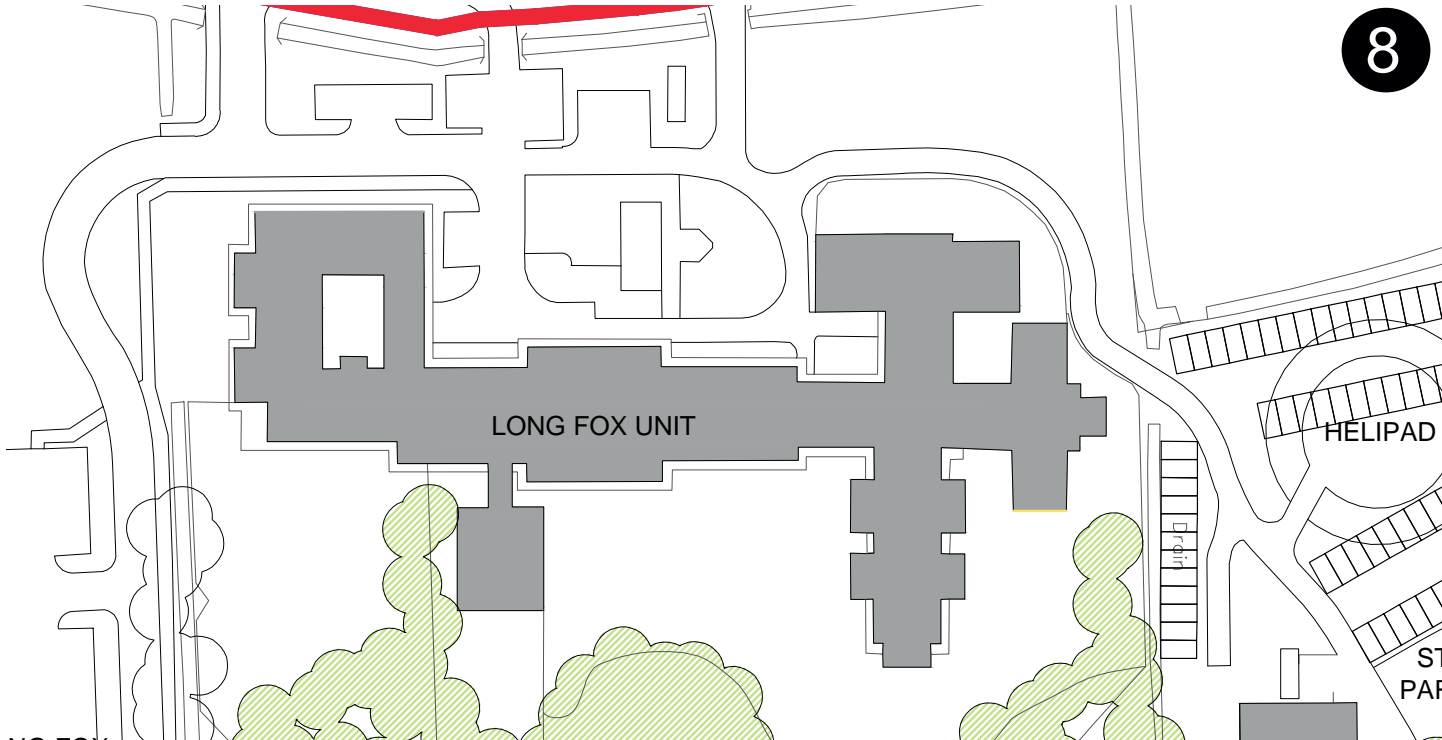
View of Ambleside Renal Unit and Brent Knoll Unit



Plan highlighting the Dental, Ambleside Renal unit, Brent Knoll and East Brent Offices



Perspective view of Long Fox Unit

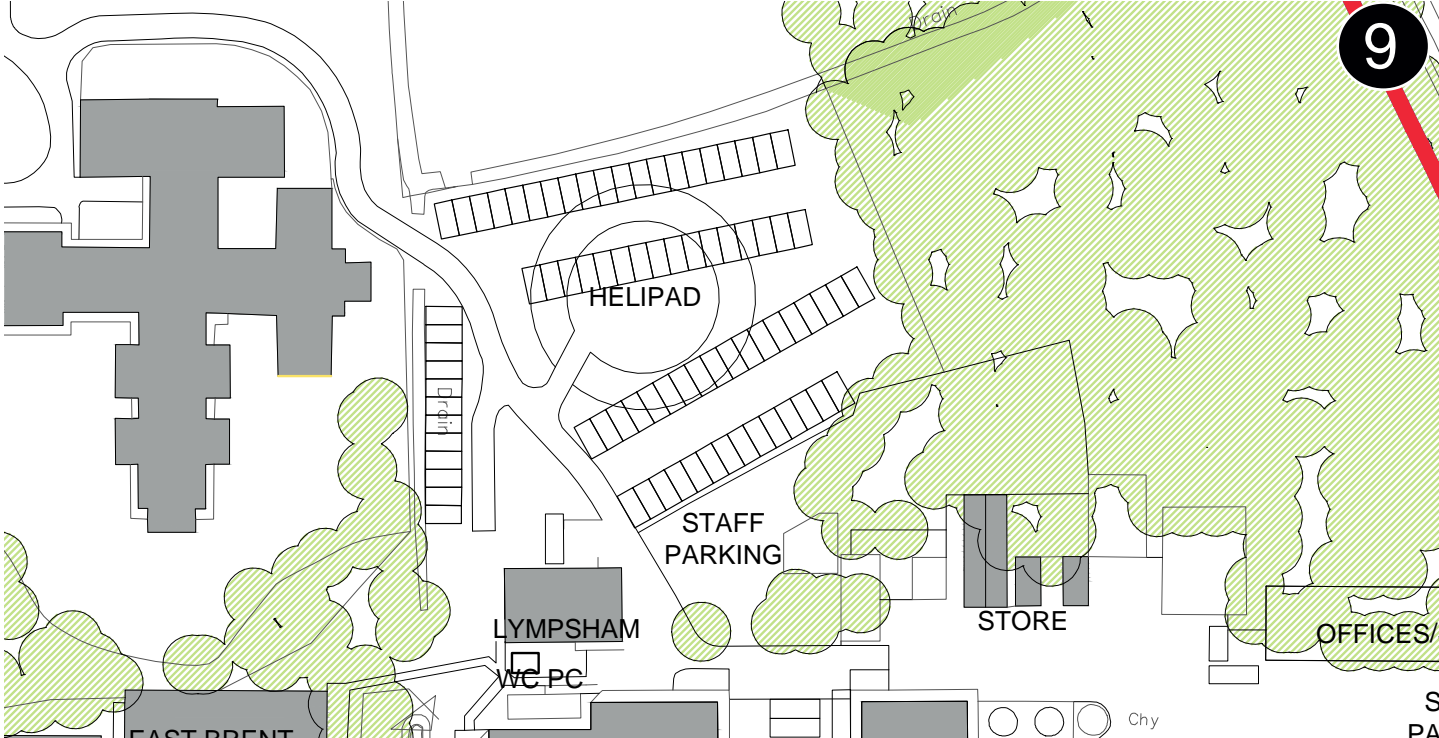


Plan highlighting Long Fox Unit

5. Existing Influences and Constraints: Built Form



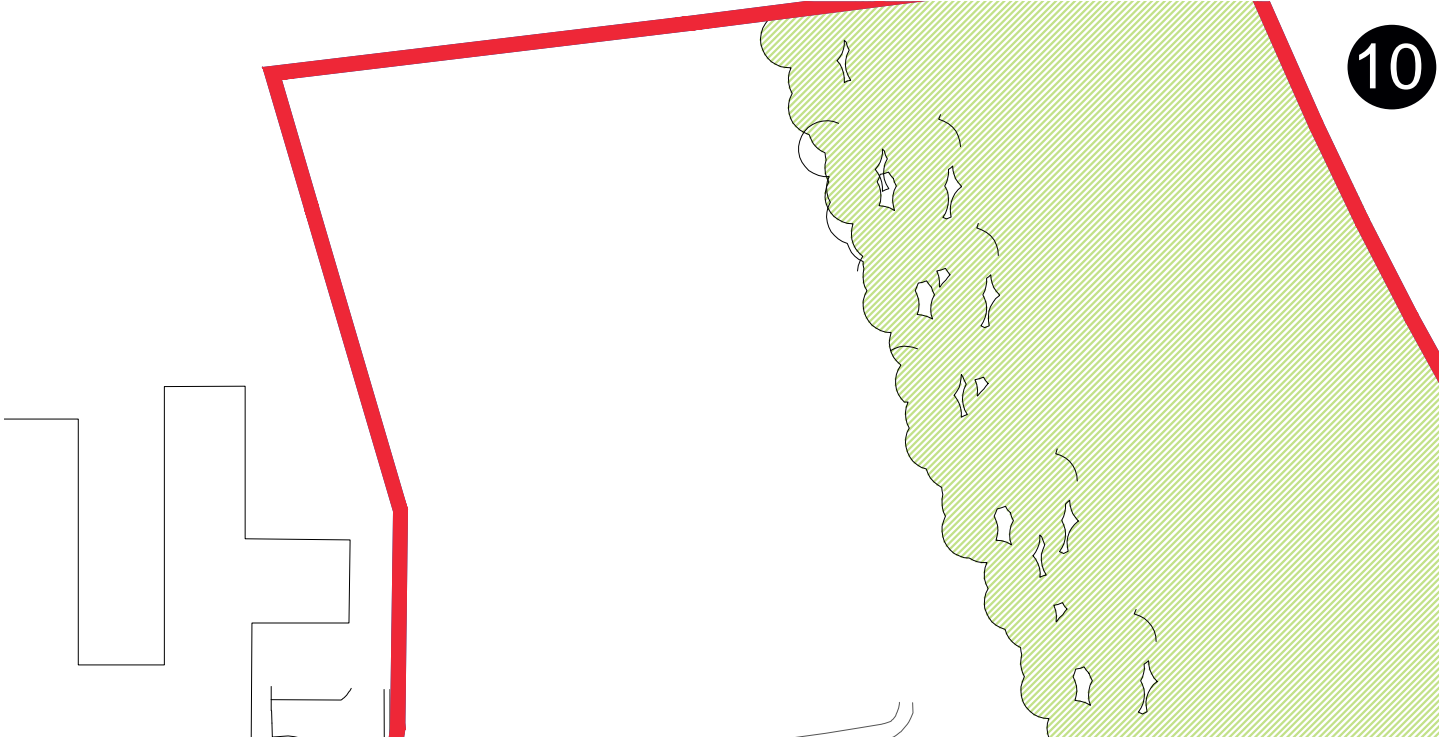
View of the car parking space at the Helipad



Plan highlighting the Helipad and the existing car parking area



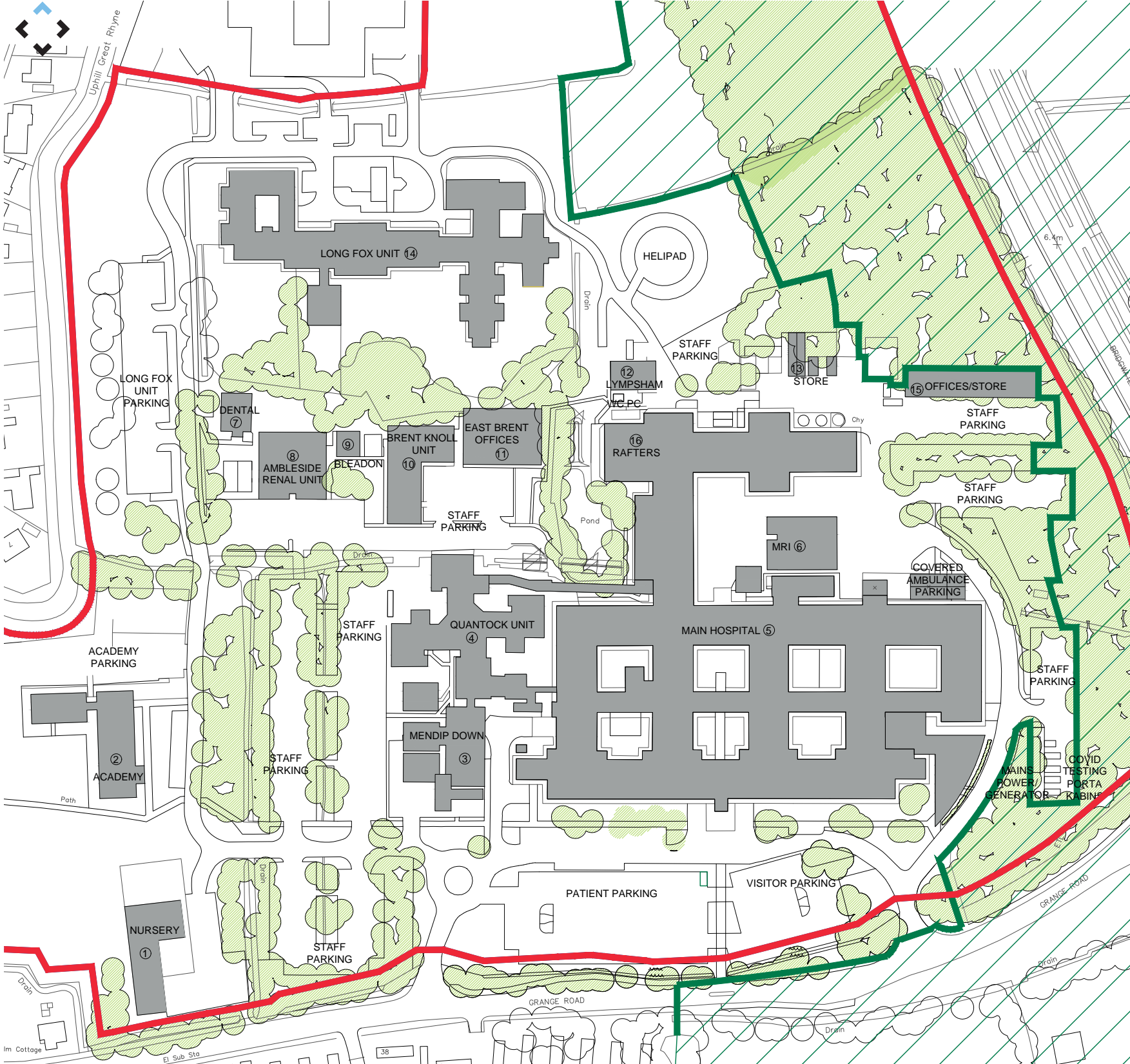
View of the woodlands



Plan highlighting the woodland area

5. Existing Influences and Constraints: Built Form

Schedule - Current Building Condition		
Unit No	Unit Name	Building Condition
1.	Honeytree Nursery	Acceptable
2.	Weston Academy	Acceptable
3.	Old Medical Records Store (Mendip Down)	Not fit for purpose
4.	Quantock Unit	Acceptable
5.	Main Hospital	Acceptable
6.	MRI/CT Scan Unit	Acceptable
7.	Dental Building	In need of repair
8.	Ambleside Renal Unit	In need of repair
9.	Bleadon	Not fit for purpose
10.	Brent Knoll Unit	In need of repair
11.	East Brent Office	Not fit for purpose
12.	Lympsham	Not fit for purpose
13.	External Store	Not fit for purpose
14.	Long Fox Unit	Acceptable
15.	External Store & Office	Not fit for purpose
16.	Rafters Restaurant	In need of repair



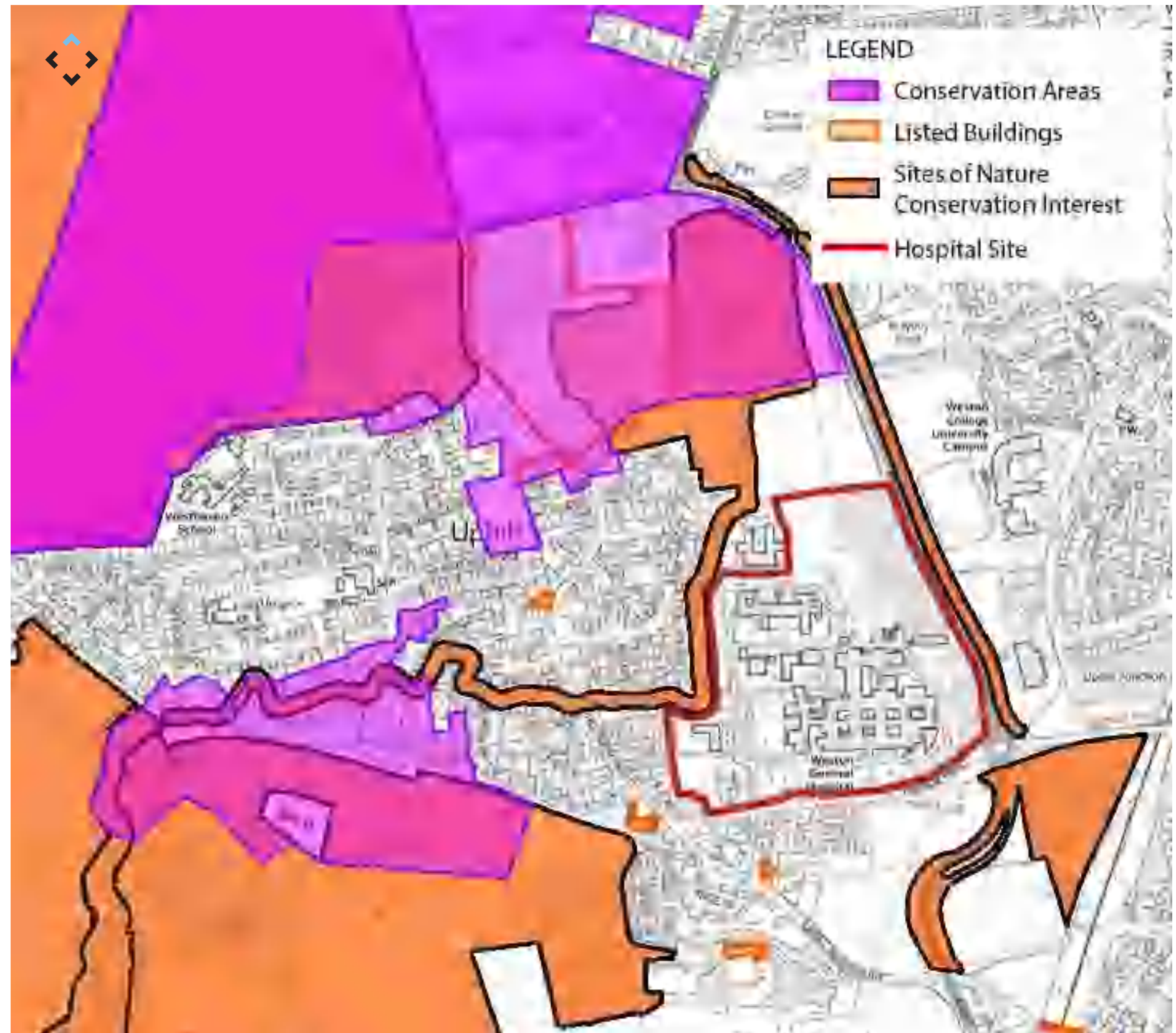
Site plan showing the various buildings and outbuildings within the hospital site

6. Existing Influences and Constraints: Conservation

22

Within the hospital site, there are no prominent conservation areas or areas of archaeological interest. The site is also not located in a conservation area .

As illustrated in the map , the conservation areas are located in Uphill to the west and north of the hospital site, with some isolated listed buildings. There are also the presence of Sites of Nature Conservation Interest that follow the Uphill Great Rhyne as well as the rhyne bordering the other side of Bridgewater road.



North Somerset Council historic map highlighting the conservation areas and areas of interest around the Weston Hospital site.

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7. Existing Influences and Constraints: Landscape

23

The village of Uphill is identified in landscape character terms as a smaller village, separate from Weston Super Mare, and physical and visual coalescence is considered undesirable. It covers an area from the beach at Uphill along a flat floodplain, until it rises towards Bleadon Hill.

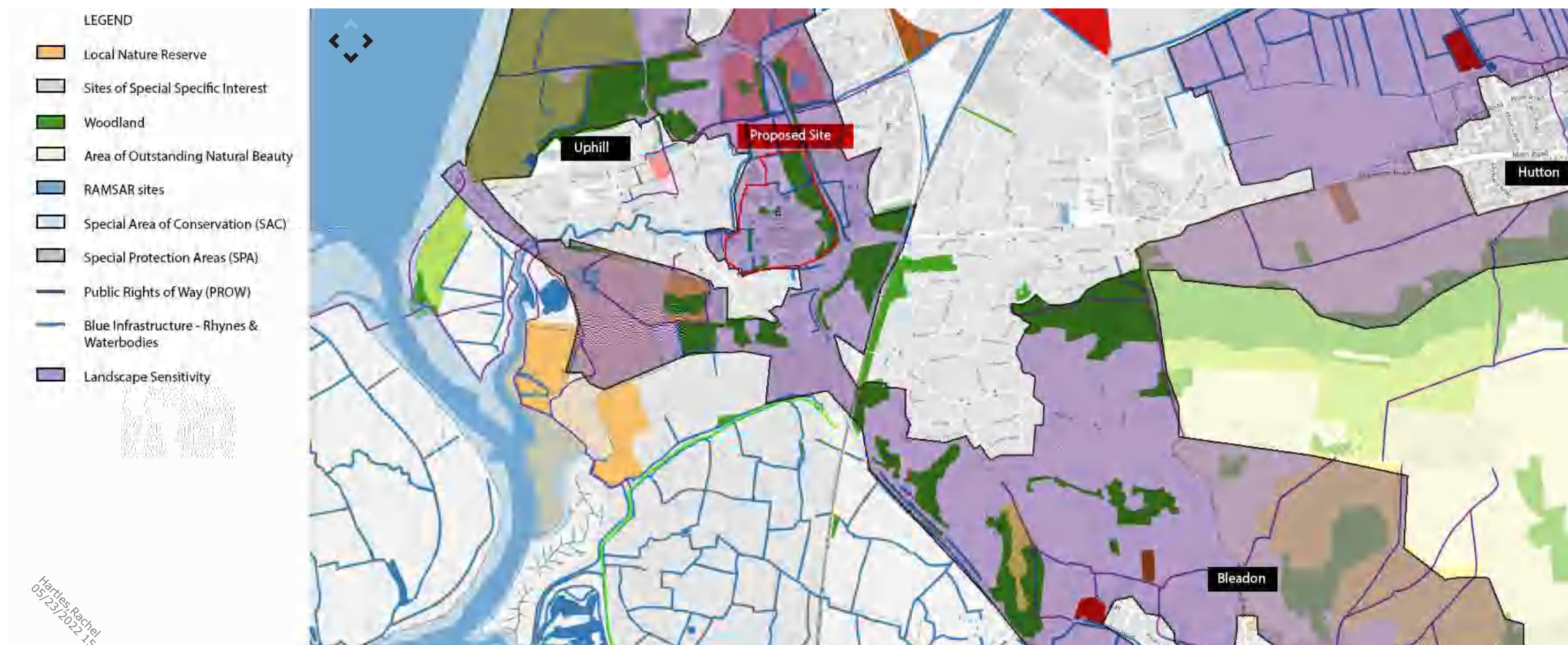
It is part of National Landscape Character Area 142: Somerset Levels and Moors and is characterised by a flat open landscape, wet pasture, arable and wetland, divided by ditches and rhynes. While some rhynes follow old streams, others make a formal grid pattern typical of reclaimed land. The relevant Landscape Types are River Flood Plain, Moor and Settled Coastal Edge.

The River Axe is a major waterway flowing through Uphill into the estuary. Most of the area is Flood Zone 3 as it lies beneath high tide level and full river level, and is therefore susceptible to flooding. The hospital lies on the eastern edge of the village within a landscape of rhynes and ditches. It is overlooked

by Bleadon Hill which is a popular local beauty spot, connected by footpath from the park homes opposite the hospital entrance.

The nearby presence of the estuary, river and limestone hills has led to a range of ecological and landscape designations including a Special Protection Area (SPA), Special Area of Conservation (SAC), Ramsar site and Site of Special Scientific Interest (SSSI) connected to bird and marine life on the estuary and the river mouth. The Uphill Great Rhyne is a Local Nature Site (LNS) while Uphill Nature Reserve is close to the hospital site. Uphill Cliff is a SSSI and Mendip Limestone Grasslands are an SAC.

North Somerset Council's Landscape Sensitivity Assessment (Wardell Armstrong 2018) concludes that all land around Uphill is of high sensitivity.



Natural England maps illustrating the area around the proposed site, River Axe, Uphill, Bleadon and Hutton

7. Existing Influences and Constraints: Landscape

24

Strategic Gap:

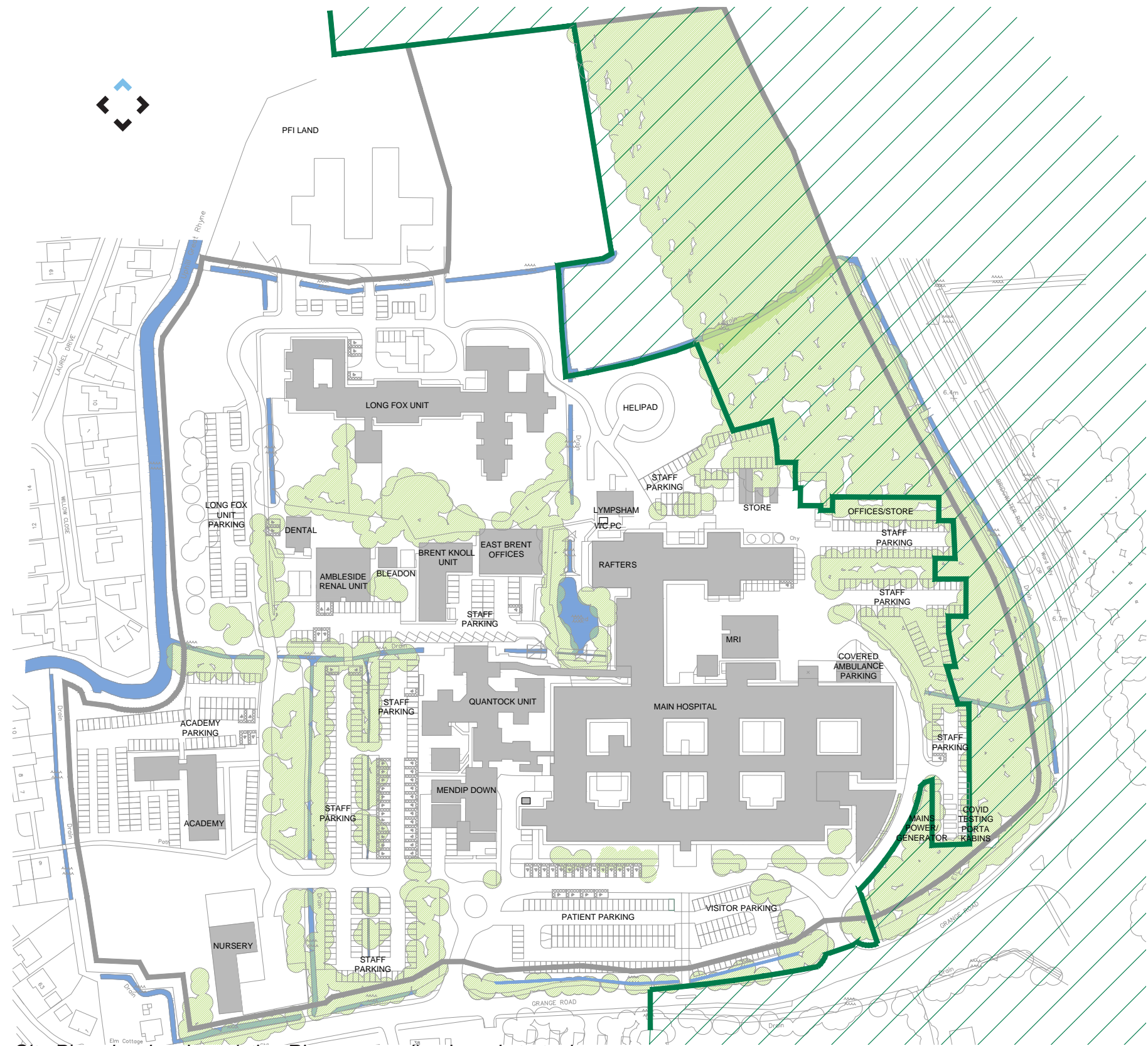
The dark green hatched area depicts the extent of the strategic gap set by the North Somerset Local Planning Authority. Strategic gaps are identified areas of land between settlements; Weston-super-Mare and Uphill, which are proposed for specific policy protection from development. This area predominantly falls along the western and north-western part of the site covering most of the woodlands and A370 Bridgewater Road.

Trees and Landscape:

Despite their ecological value, the existing single or grouped trees within the site are generally in poor condition, having had no formative pruning for many years, being choked with ivy and poorly maintained. Their siting has lost its coherence as new buildings have been added which means they play little part in helping to sign entrances or wayfinding.

Rhynes and Hedgerows:

The rhynes will need to be improved where several years of negligence has impaired their functional qualities of surface drainage. The rhynes discharge into the Uphill Great Rhyne which is protected by a tidal flap valve. The rhynes along with the pond adjacent to the Rafters restaurant has been neglected. The retention and good maintenance of the pond and the rhynes will not only conserve an attractive element of the existing landscape but also contribute to bio-diversity net gain and preserve the existing wildlife habitats. The site being a flood prone area, the existing rhynes are also an important element in the management of rainwater.



Site Plan showing the existing Rhynes, woodlands and strategic gap

7. Existing Influences and Constraints: Landscape



View of the pond adjacent to Rafter's restaurant



Aerial view of the woodland area



Site plan illustrating the Uphill great Rhyne, existing drains and the pond

8. Existing Influences and Constraints: Pedestrian & Cycle Access Movement

The hospital site is currently located away from the town centre but accessible for the general public to use their private cars or public transport. However, with settlements like Uphill and Bleadon surrounding the hospital site, alternative transport options such as cycling or walking also provide an advantage.

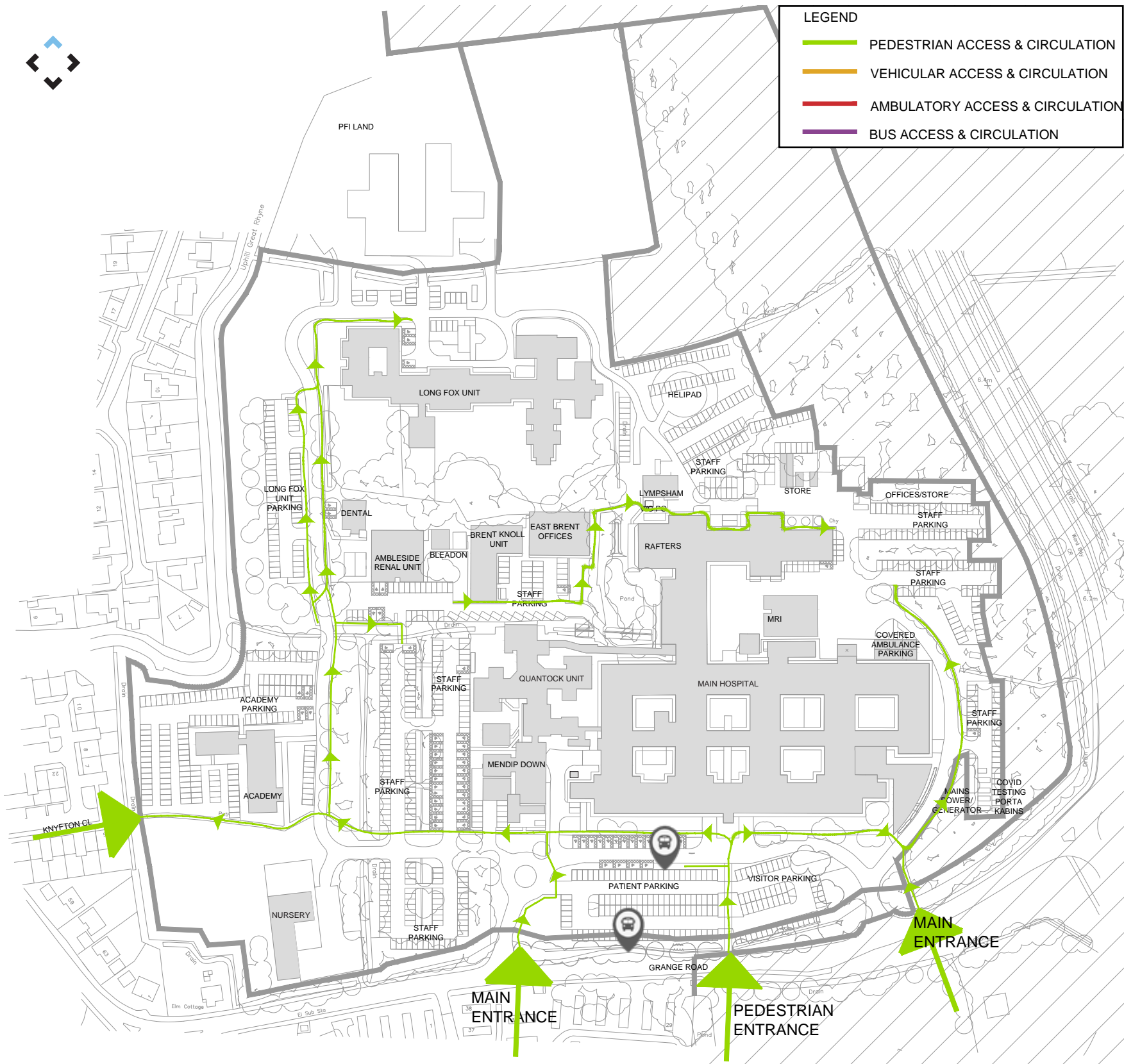
There are multiple pedestrian entrances from Grange Road and a single pedestrian entrance from the west of the site, Uphill Road through Knyfton Close. The predominance of entrances on the south side gives the impression that the hospital has its back to the town and is not a very permeable site. This may be deliberate for security, but improved access and legibility from other directions would integrate the site better into its surroundings and the community and the wider Weston town. A review of movement around the site would benefit intelligibility and understanding of the accesses generally.

A notable detracting factor to site legibility and welcome is the amount of confusing signage, street clutter and parking control measures which have built up over time, without obsolete items being removed. The main entrance is understated and could be better promoted as the main access point to the hospital complex.

The Hospital has a mix of pedestrian pathways and vehicular routes within the site, with vehicular routes given more prominence than pedestrians. Due to the ad-hoc development of the hospital, there is no significant relationship between the landscape areas and pedestrian routes.



Pedestrian entrance access from Grange road



Site Plan highlighting the pedestrian access and circulation

9. Existing Influences and Constraints: Access & Movement by Motorised Transport

27

As illustrated in the plan, the site is highly accessible by public transport with bus stops located close to the hospital main entrance as well as the entrance from Grange road.

There are also provisions of shuttle bus service to the hospital area in Bristol. It is of note that, due to shift patterns, not all staff, patients and visitors, travel during the normal peak traffic periods.

Due to the location and accessibility of the hospital, most of the journeys involve travelling by car or public transport.

The ambulance entrance is from Grange road which directly leads to the current A&E department.



View of the bus stop opposite the main hospital entrance



Site Plan highlighting the motorised transport access and circulation

10. Existing Influences and Constraints: Car Parking & Servicing

28

Within the Hospitals Area there is a total of 823 spaces with approximately 70% currently allocated to staff and 30% allocated to visitors.

Staff with disabilities are provided with spaces in appropriate locations and 30% of the patients and visitors parking provision is designated for the disabled.

There are two existing cycle storage spaces in front of the main hospital located on either side of the entrances. There is also a cycle storage provision in front of the Weston Academy as well as the Ambleside Renal Unit. The current cycle storage capacity is 5% of vehicular parking.

The arrival points and parking zones are not as clear as they could be, with two vehicular entrances causing confusion to those unfamiliar with the site. The perimeter road also leads unexpectedly to a gated barrier with no room to turn around.

A further car parking survey would be required to evaluate and confirm the development options of each zone.

C1 Sheltered Cycle storage 1 - 10 spaces

C2 Cycle storage 2 - 12 spaces

C3 Sheltered Cycle storage 3 - Academy - 10 spaces

C4 Sheltered Cycle storage 4 - Ambleside Renal Unit - 10 spaces

1 Patient & Visitor Parking - 172 spaces

2 Staff Parking - 189 spaces

3 Weston Academy Parking - 152 spaces

4 Ambleside Renal Unit, Dental & Bleadon - 40 spaces

5 East Brent and Brent Knoll- 26 spaces

6 Long Fox Unit Parking - 60 spaces

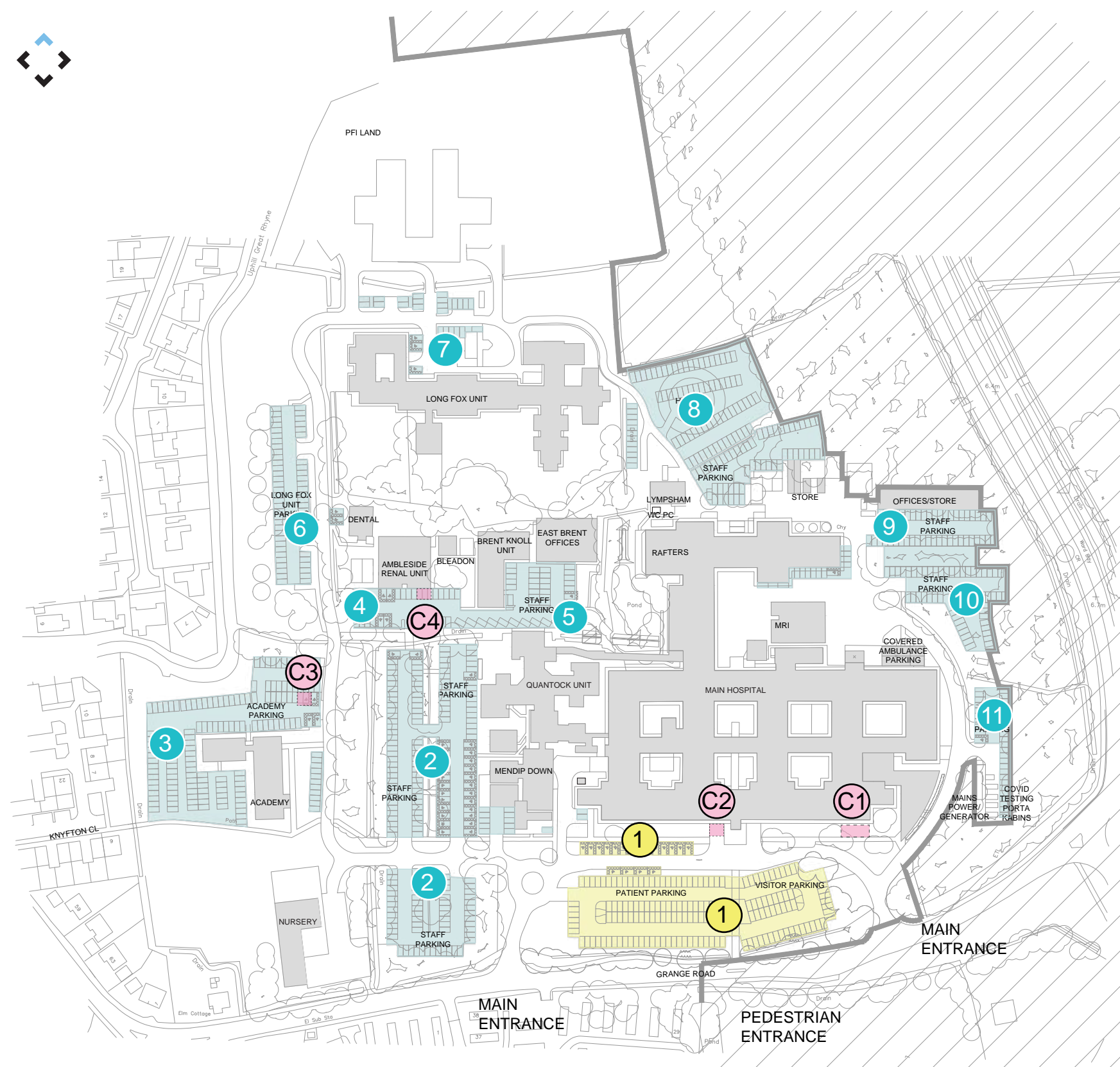
7 Long Fox Unit Parking - 24 spaces

8 Helipad Parking - 132 spaces

9 Office & Store - 45 spaces

10 Staff Parking - 66 spaces

11 Staff Parking - 32 spaces



Site Plan highlighting the parking provisions on site

11. Key Considerations

As noted in the Introduction, this document sets out a framework to provide a sound basis for considering more detailed development proposals in Weston General Hospital potentially arising during the next five years, that is, 2022-2027.

Accommodating Requirements

The object of the present exercise is to identify in principle what development might be accommodated reasonably on each part of the site. It is emphasised that any specific development proposals will need to be considered in detail if and when put forward in due course. However, the plan will provide a clear basis on which to judge their likely acceptability.

Whilst hospital development is acceptable in principle within the Hospital site under North Somerset Local Plan policies, the need for development needs to be balanced against the constraints which operate in each part of the site, as set out earlier in this report.

It is important to ensure that the building and facilities are correctly located to provide flow of patients and access properly to meet the clinical needs.

With that in mind the following approach has been adopted to addressing this balance in preparing the Site Development Plan:

- Identify potential development requirements
- Identify potential development zones
- Define opportunities and constraints
- Select preferred areas
- Review the preferred areas in the context of the whole Hospital Area

The content of each of these steps is outlined briefly below.

Identify Potential Development Requirements

The anticipated requirements have been identified through a thorough review of health services across the Trust, with emerging proposals constituting the Healthy Weston Phase 2 programme. The process has involved extensive clinical and technical assessment.

The Weston General Hospital’s anticipated requirements are:

- Proposals for Urgent and Emergency Care and A&E and keep A&E at Weston Hospital open 8am to 10pm, seven days per week, making the temporary overnight closure of the A&E permanent. The overnight closure of A&E would be supported by 24/7 direct admissions to the hospital via referrals from GPs, paramedics and other healthcare professionals.
- Proposals for Critical Care by providing up to Level 3 critical care for people who need single

organ support at Weston Hospital. Establish a critical care service that is digitally linked to UHBW to provide oversight and monitoring from the larger unit of the people who remain at Weston Hospital.

- Proposals for Emergency Surgery by providing emergency surgery in the daytime only at Weston Hospital. People requiring an emergency operation overnight (those who deteriorate on the ward or present to A&E in the evening) will be stabilised and transferred to Bristol for surgery. Ambulatory pathways for emergency surgery, including rapid access to daily clinics Monday to Friday and a dedicated afternoon emergency theatre session, will be established to and a dedicated afternoon emergency theatre session, will be established to improve the quality and responsiveness of the surgical service.
- Proposals for Acute Paediatrics (as part of wider supporting changes)where specialist children’s staff will be available at Weston Hospital seven days a week from 8am10pm.
- Enhancements to Planned Care - cancer surgery, outpatients, diagnostics, T&O services – are also being considered in order to maximise the use of the hospital facilities and better meet the needs of local people. Critical care will be in scope so as to ensure that it can support the service portfolio within Weston Hospital.
- Enhancement of local community frailty services, integrated between the hospital and the community.
- Mental health inpatient provision may be included which is being scoped further.
- Paediatric care and maternity care are developing through the integration of services within UHBW but are out of scope for the Clinical Design.
- Standalone Well-Being Hub for the staff at Weston General Hospital to create a diligent, transparent and collaborative culture where people feel psychologically safe by launching several new holistic and focussed workplace initiatives for even better well-being solutions, equality and inclusions. This would consist of three areas - Well-being engagement Team Centre, the Sensory room and the Wellness Teaching & Staff engagement area.
- A requirement to increase the current capacity at the Weston Academy to meet their increasing demand.
- Organisation and improvement of all the existing office and store areas that inspire the staff and employees and reassure them that their well-being is looked after, whilst serving the core functional needs of their organisation.

11. Key Considerations - Zones

These broadly-defined requirements indicate that, very approximately, some **18,500 sqm** of new build floorspace is likely to be required (excluding the potential car park). Importantly, it should be noted that the actual increase in floorspace within the site is likely to be significantly less than this figure. This is because various outdated and temporary buildings will need to be removed in conjunction with specific development proposals in due course. In addition, a review of utilisation of the existing space within the Hospital's area is required to fully inform a refreshed Estates Strategy. Improved external spaces for circulation, landscaping and to provide a setting will also be required in association with any new buildings.

Identify Potential Development Zones:

The Weston General Hospital covers over 12.25 hectares. The identified development requirements are expected to involve only a relatively small part of this. The starting point has been to identify “development zones”. These are distinct parts of the site generally without major buildings - which, in principle, could accommodate future development. The main hospital and Long fox unit will not be included in the development zone as the main hospital will undergo only minor improvements and refurbishments, whereas the Long Fox Unit is currently under a lease agreement and is not proposed to be developed in the near future. The development zones are shown on the Zone plan and outlined below with seven different zones:

Zone 1:
This zone covers the south western part of the site, adjacent to the Rhyne and Uphill Development containing the Weston Academy with its extension as well as the Honey tree Nursery.

Zone 2:
This is located in the southern part of the site containing the patient and visitor parking, running parallel to Grange road.

Zone 3:
This zone is located to the west of the main hospital and is landlocked between the academy to the west, outbuildings to the north, main hospital to the east and the parking to the south. This zone also has an existing drain cutting across north-south of it along with an existing tree belt to the west.

Zone 4:
It runs parallel to Bridgewater Road, located west of the main hospital and includes part of the woodland areas along with some of the existing staff parking.

Zone 5:
This zone is located above zone 4, parallel to Bridgewater road and lies above the extension of the main hospital. It covers part of the woodlands area along with the helipad which is currently used as an informal staff parking and few other temporary solutions for storage and office units.

Zone 6:
It contains a number of outbuildings - Dental, Ambleside Renal Unit, Brent Knoll Office, East Brent Office along with some dedicated parking to the south of the zone.

Zone 7:
This zone lies on the northern most part of the site and covers mostly woodlands area and farmlands.

It should be noted that a thorough analysis and assessment of the Hospital site has been undertaken prior to identifying these seven potential development zones. This work considered all opportunities for reworking existing buildings and for development on other parts of the site. However, a number of fundamental constraints, such as the need for appropriate clinical adjacencies and the investment already made in buildings mean that the five potential development zones identified later in the document are the only areas where the identified requirements can be delivered.

Select Preferred Areas

It is to be anticipated that certain parts of the site will be better suited to accommodating the necessary development than others. Preferred areas for development are accordingly specified in general terms.

Review the Preferred sites in the Context of the Whole Site:

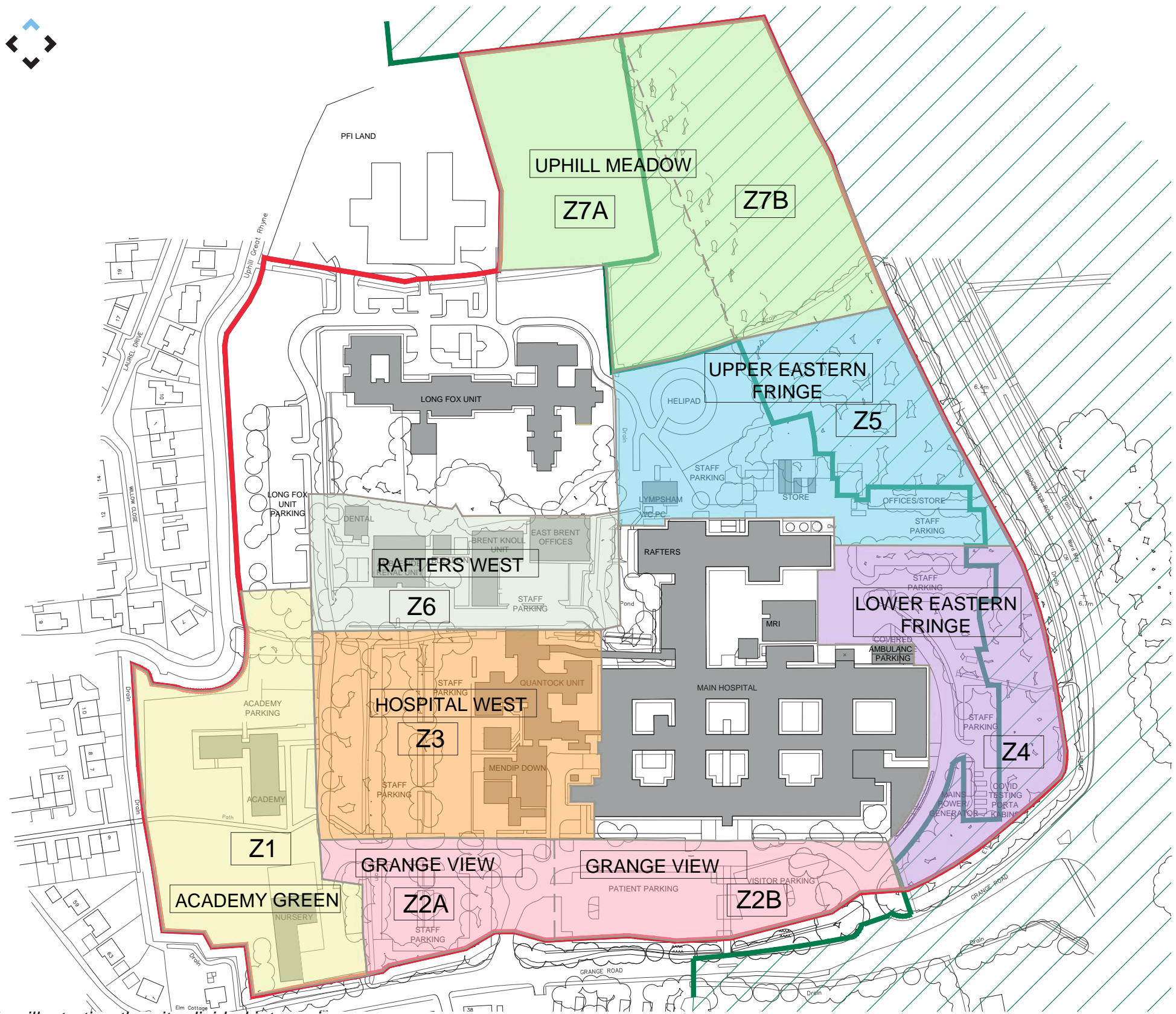
The review takes into account a number of further matters, in particular, opportunities to improve the appearance and functioning of the Hospital in the interests of patients, the public and those who work in the area.

Define constraints and opportunities:

These stem from the Hospitals' functional requirements and the characteristics of the site. Functional requirements include meeting the technical requirements applicable to some facilities and ensuring that certain health service facilities adjoin others (“clinical adjacency”); and The characteristics of the Hospital site and its surroundings: these are outlined in detail in the first part of this report.

It is important to appreciate the general principles and practical realities as they exist within the site regarding clinical adjacency. This is illustrated diagrammatically below for each zone separately.

11. Key Considerations - Zones



Plan illustrating the site divided into various zones

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11. Key Considerations - Zone 1

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Zone 1:

Key Features:

- This zone is located to the south western part of the site, adjoining the residential area to the west and the Uphill Great Rhyne. The Weston Academy and its parking is located to the north of the site and the Honey tree Nursery along with some green space to the south, the two parts are split with a pathway cutting across that leads to Uphill Road.
- Most of the noise source is from main access road within the hospital site that leads to the other units such as Long Fox, Ambleside, Dental, etc. There are also great views towards the Uphill Great Rhyne adjacent to existing Weston Parking as well as towards the nursery with the green space.
- The zone is relatively open in nature with a vast green space.
- The range of building / roof materials and forms.



Diagram illustrating key features of Zone 1

Potential Development Zones

The main development principles that will apply in this zone are as follows:

- Any new buildings shall be designed with massing relative to existing buildings.
- Due to the proximity of the residential area to the west, the potential development zone will have to be located away from the development and must follow similar height restrictions.
- It is also imperative to keep the existing footpath leading to Uphill Road for pedestrian access and circulation and therefore, the development zones will have to be split into two.
- Building materials shall respond appropriately to those already present in the locality.
- Soft and hard landscaping and new tree planting will be integral to development proposals.
- Roof materials and forms will be considered in the context that they will be visible from the public realm.



Diagram illustrating potential development areas within Zone 1

11. Key Considerations - Zone 2

33

Zone 2:

Key Features:

- This zone is located to the southern part of the hospital site, lying parallel to Grange road and consists of mainly the patient and visitor parking.
- There are also two bus stops- one inside the site close to the hospital entrance and one outside on Grange road.
- Most of the noise source is from Grange road and the road parallel to the hospital entrance due to it being an important thoroughfare for patients and visitors.
- There is no other clinical activities present on this zone other than parking provision.
- The presence of a considerable amount of soft landscaping / planting bordering along Grange road as well as the extension of the rhynes.



Diagram illustrating key features of Zone 2

Potential Development Zones

The main development principles that will apply in this zone are as follows:

- Very limited potential for any new development as the current zone is quite successful at providing parking provisions for patients and visitors due to its close proximity to the hospital entrances.
- No significant built development is currently proposed within this zone.
- The relationship between landscape areas, pedestrian routes and car parking will be reviewed.
- For development options considered on this zone, please refer to the Appendices Register.



Diagram illustrating potential development areas within Zone 2

11. Key Considerations - Zone 3

34

Zone 3:

Key Features:

- This zone is located adjacent to the main hospital and included the staff parking, Quantock unit and the old medical records store.
- Presence of an existing tree belt and the existing drains.
- The range of building / roof materials and forms - also consist of permanent and temporary 1 storey buildings.
- Poorly defined pedestrian routes in and around the zone.
- Most of the noise source is from the main road connecting and providing accessibility to motorised transport throughout the site.



Diagram illustrating key features of Zone 3

Potential Development Zones

The main development principles that will apply in this zone are as follows:

- Any new buildings shall be designed with massing relative to existing buildings.
- Proximity to the main hospital makes creates a potential for introducing clinical activities in this zone.
- Building materials shall respond appropriately to those already present in the locality.
- Soft and hard landscaping and new tree planting will be integral to development proposals.
- Roof materials and forms will be considered in the context that they will be visible from the public realm.
- Opportunity to provide high-quality frontage to the main road and address the fundamental requirement for clinical adjacency in healthcare provision.
- Opportunity for new defined entrances at the front of the hospital.

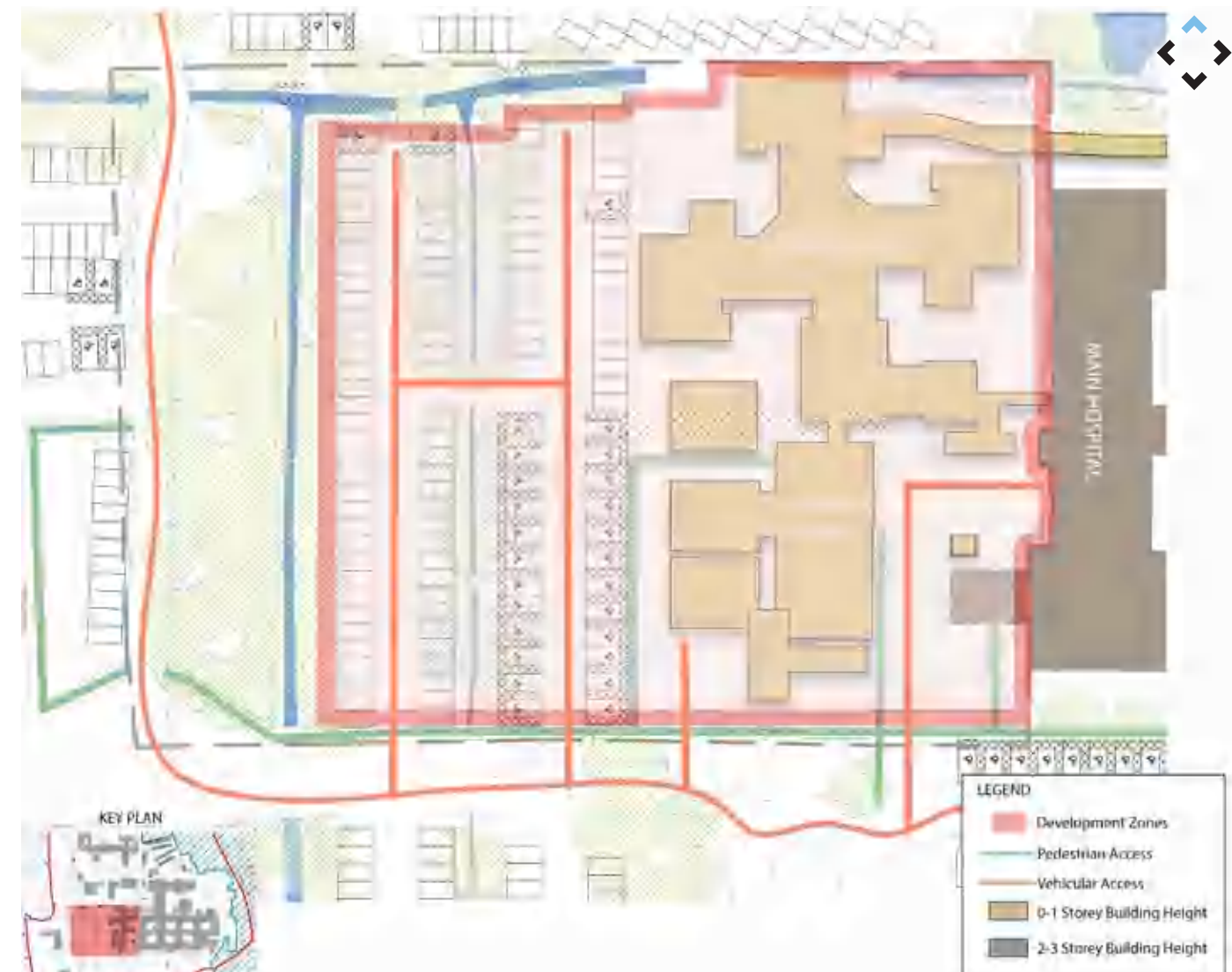


Diagram illustrating potential development areas within Zone 3

11. Key Considerations - Zone 4

35

Zone 4:

Key Features:

- This zone is located to the east of the main hospital bordering Bridgewater road.
- It consists mainly of staff parking with parts of the woodland area surrounding it.
- Part of the parking is also currently converted into Covid testing cabins
- The presence of a considerable amount of soft landscaping / planting.
- Presence of strategic gap on the zone that inhibits any potential development.
- The availability of long range views over the woodland trees and shrubs

Potential Development Zones

The main development principles that will apply in this zone are as follows:

- Very limited potential for any new development due to the location of the woodlands and the strategic gap.
- No significant built development is currently proposed within this zone.
- The relationship between landscape areas, pedestrian routes and car parking will be reviewed.
- For development options considered on this zone, please refer to the Appendices Register.
- Improvements to boundary treatment could provide amenity space.

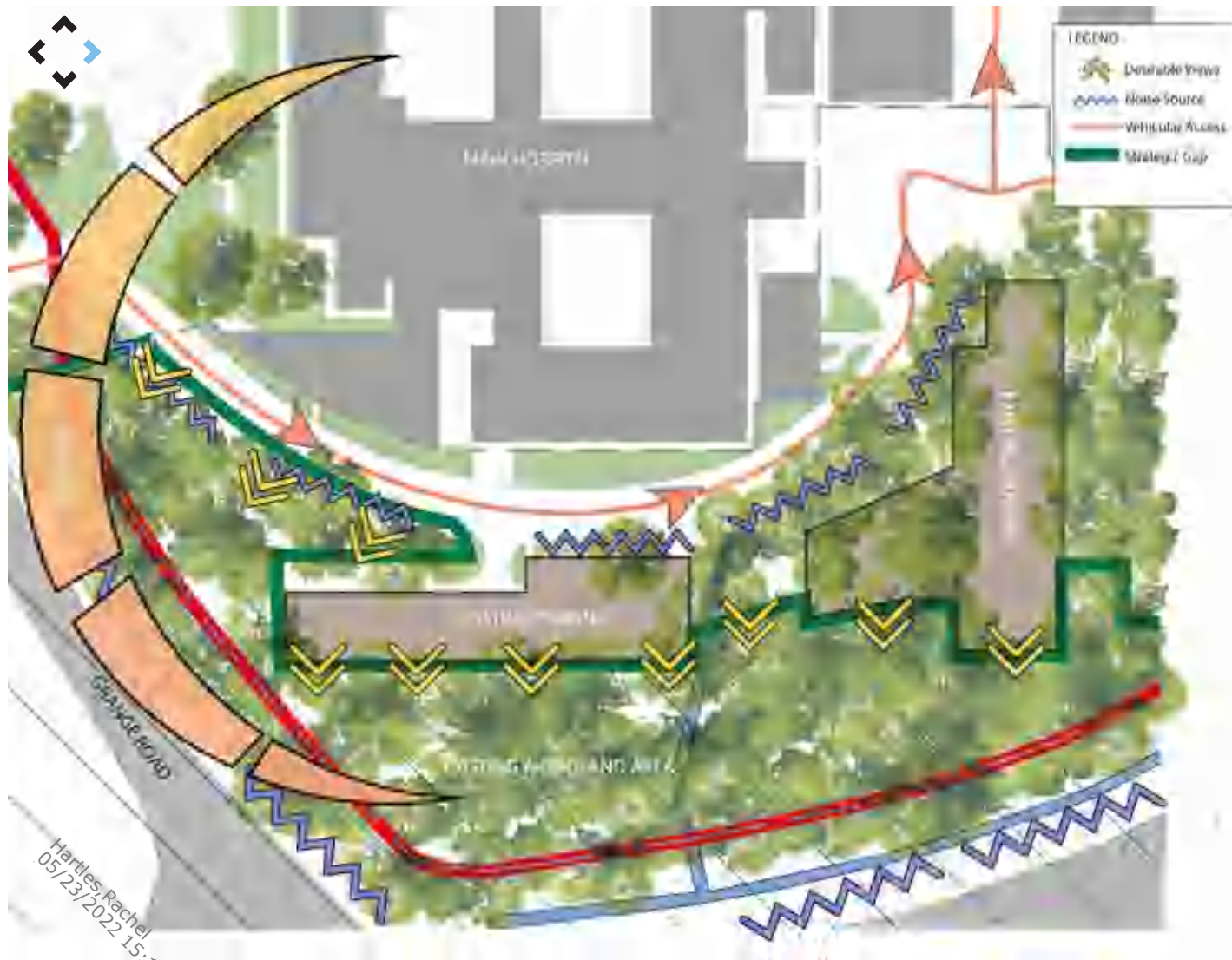


Diagram illustrating key features of Zone 4

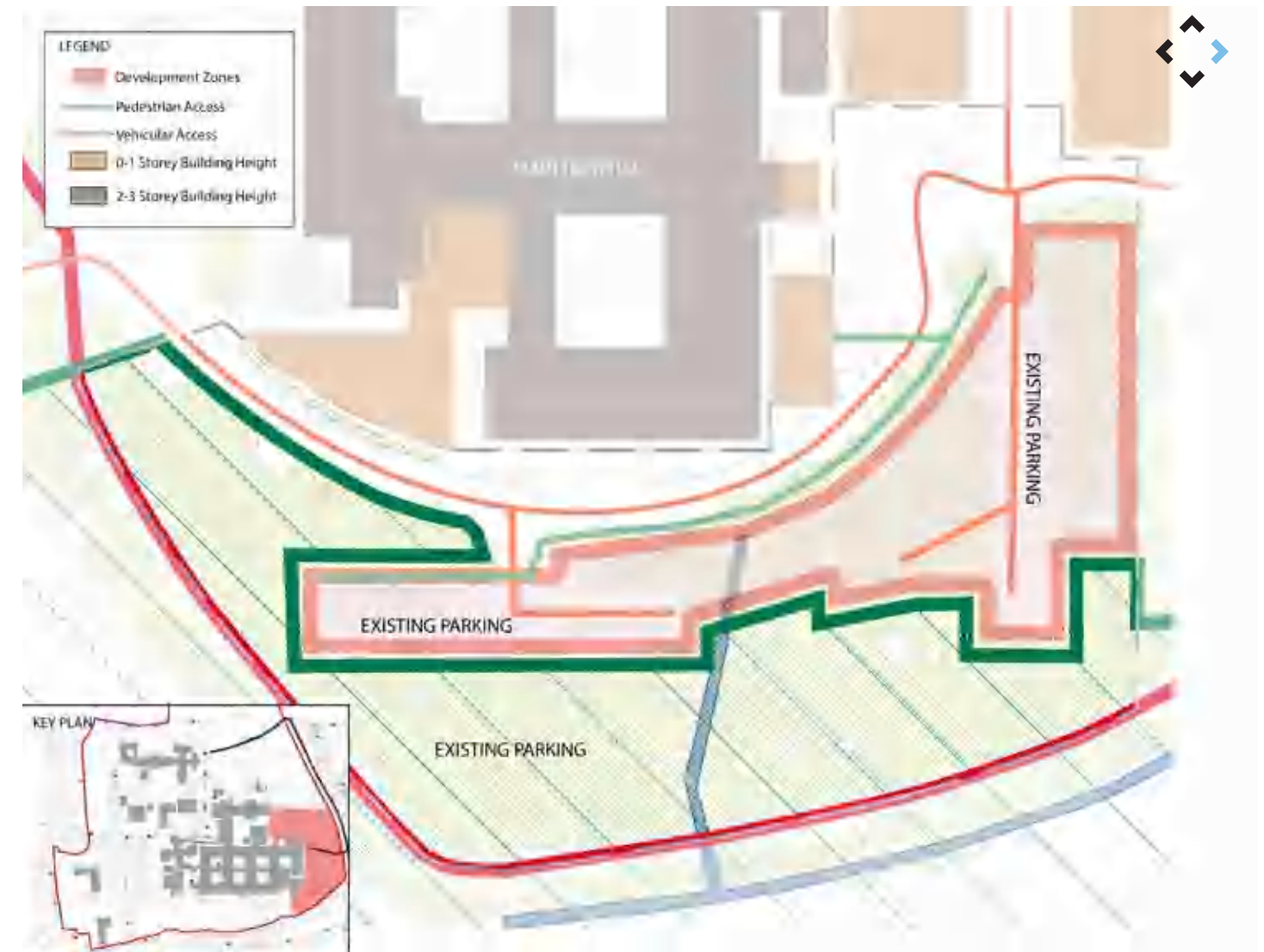


Diagram illustrating potential development areas within Zone 4

11. Key Considerations - Zone 5

36

Zone 5:

Key Features:

- This zone is located to the rear of the main hospital, close to the joiners workshop and the Rafter's restaurant.
- It consists mainly of staff parking (once a helipad) and parts of the woodland area surrounding it.
- Presence of temporary buildings consisting of stores and offices along with a VIE (Vacuum Insulated Evaporator)
- The presence of a considerable amount of soft landscaping / planting.
- Presence of strategic gap on the zone that inhibits any potential development.
- The availability of long range views over the woodland trees and shrubs.
- Poorly defined pedestrian and vehicular routes in and around the zone.

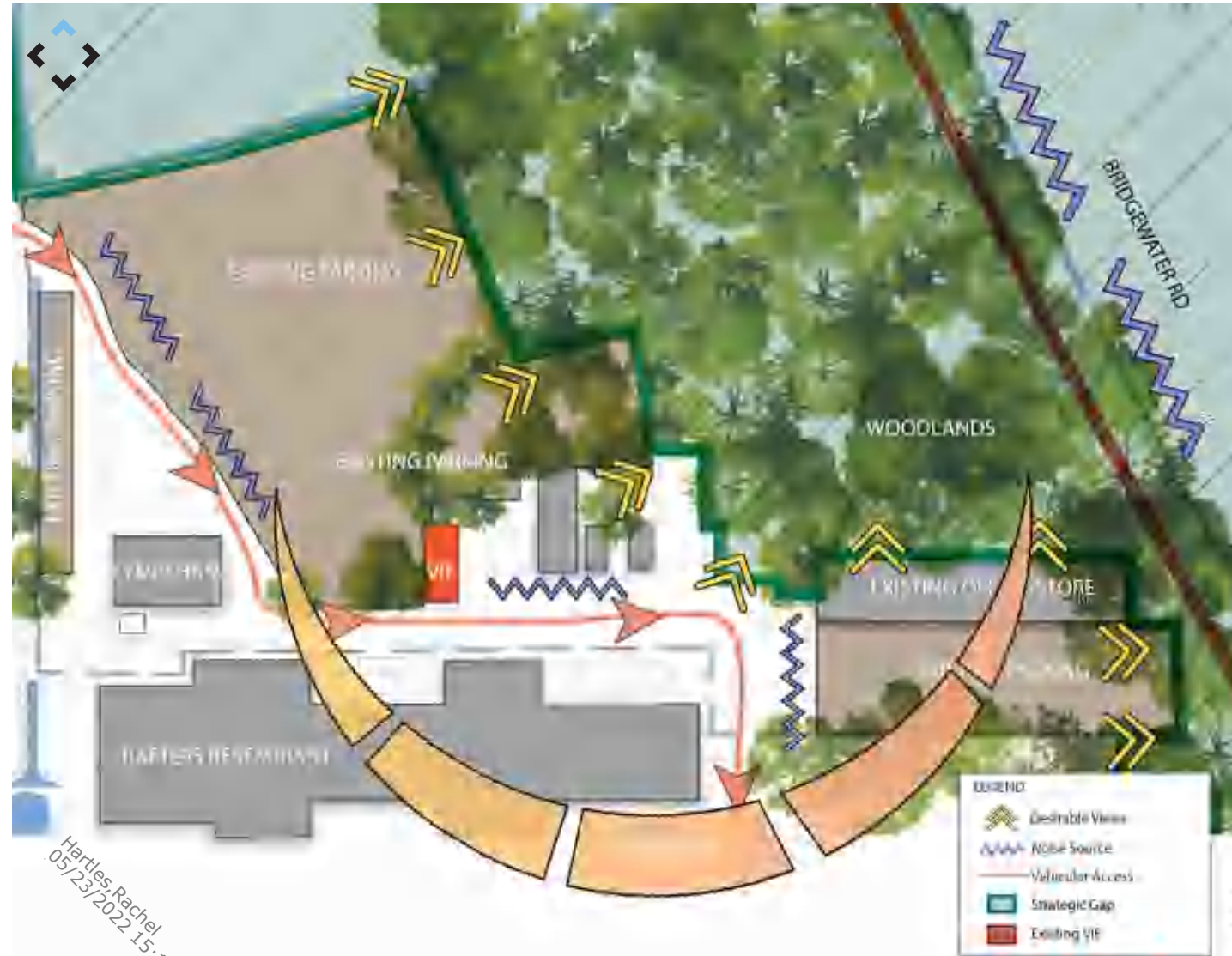


Diagram illustrating key features of Zone 5

Potential Development Zones

The main development principles that will apply in this zone are as follows:

- Any new buildings shall be designed with massing relative to existing buildings.
- Located away from the main hospital, therefore no potential for Clinical development. However, close proximity to restaurant and workshop will be successful for Non-Clinical uses.
- Building materials shall respond appropriately to those already present in the locality.
- Soft and hard landscaping and new tree planting will be integral to development proposals.
- Roof materials and forms will be considered in the context that they will be visible from the public realm.
- Improvements to boundary treatment could provide amenity space.
- The relationship between landscape areas, pedestrian routes and car parking will be reviewed.



Diagram illustrating potential development areas within Zone 5

11. Key Considerations - Zone 6

37

Zone 6:

Key Features:

- This zone has high potential to be developed as it only contains temporary and poorly maintained buildings such as East Brent Offices, Brent Knoll Unit, Bleadon, Ambleside Renal Unit and the Dental which located behind the existing Quantock Unit with proximity to the existing pond and the drain.
- Its in close range to the clinical adjacency of the main hospital.
- The contrasting mixture of styles and scales of development between hospital and other temporary buildings
- The presence of a considerable amount of soft landscaping / planting along with the presence of a poorly maintained pond.
- Poorly defined pedestrian and vehicular routes into and out of the zone.

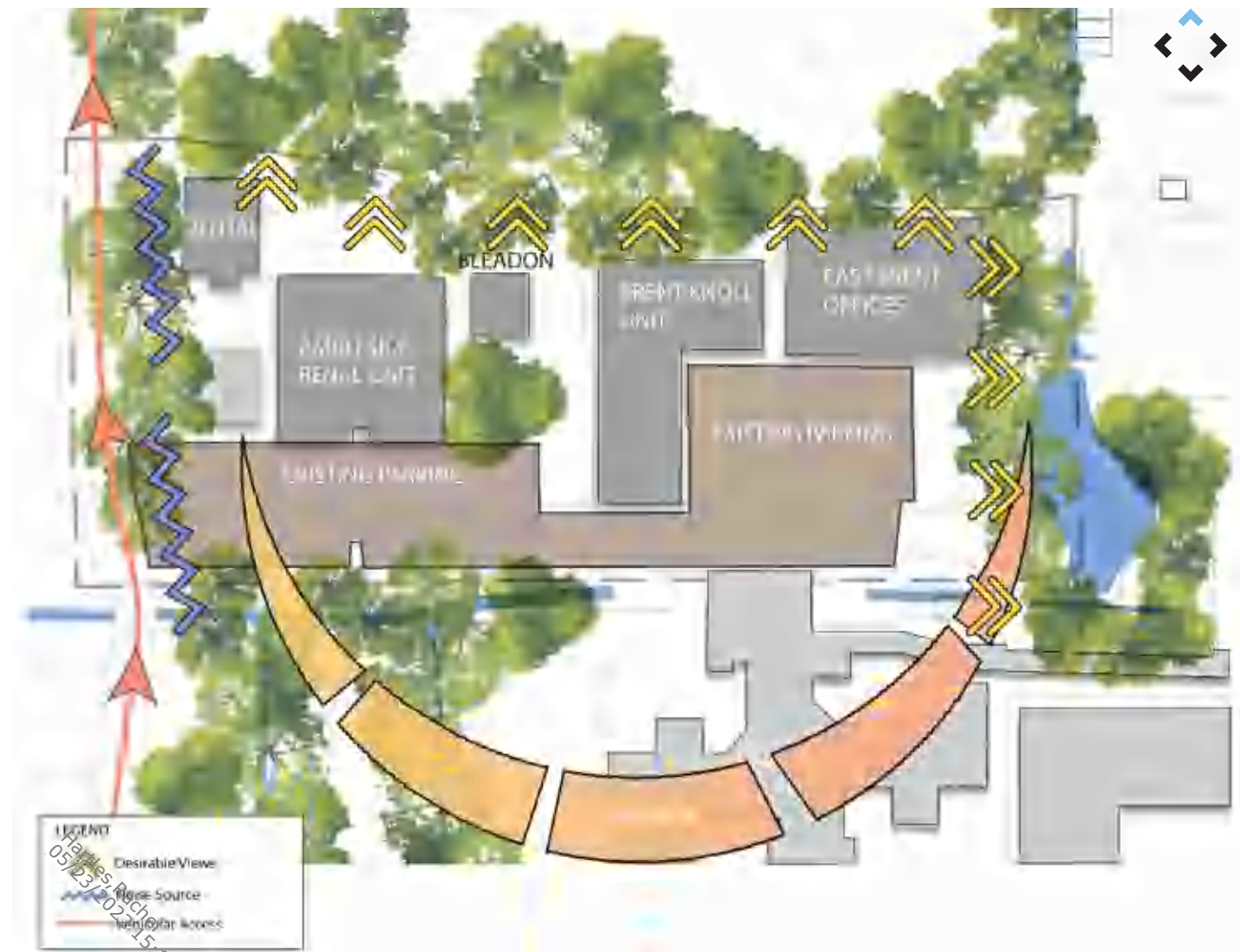


Diagram illustrating key features of Zone 6

Potential Development Zones

The main development principles that will apply in this zone are as follows:

- Any new buildings shall be designed with massing relative to existing buildings.
- Due to its close range to the main hospital it has the potential to be developed into space for congregation or an amenity space for the staff/admin with possible connections to Rafter's restaurant or Quantock unit.
- Building materials shall respond appropriately to those already present in the locality.
- Soft and hard landscaping and new tree planting will be integral to development proposals.
- Roof materials and forms will be considered in the context that they will be visible from the public realm.
- The relationship between landscape areas, pedestrian routes and car parking will be reviewed.
- Improvements to the existing poorly maintained pond and the nearby drains.



Diagram illustrating potential development areas within Zone 6

11. Key Considerations - Zone 7

38

Zone 7:

Key Features:

- This zone is located at northern most part of the site and runs parallel to Bridgewater Road.
- It consists mainly of fields and woodland areas with overgrown foliage.
- Presence of the strategic gap running through most of this zone.
- The availability of long range views over the woodland trees and shrubs.
- Poorly defined pedestrian routes around the zone.



Diagram illustrating key features of Zone 7

Potential Development Zones

The main development principles that will apply in this zone are as follows:

- No significant built development is proposed within this zone due to the presence of the Strategic Gap.
- Potential to be developed into an open or amenity space.
- Improvements to boundary treatment could provide amenity space
- The relationship between landscape areas and pedestrian routes will be reviewed

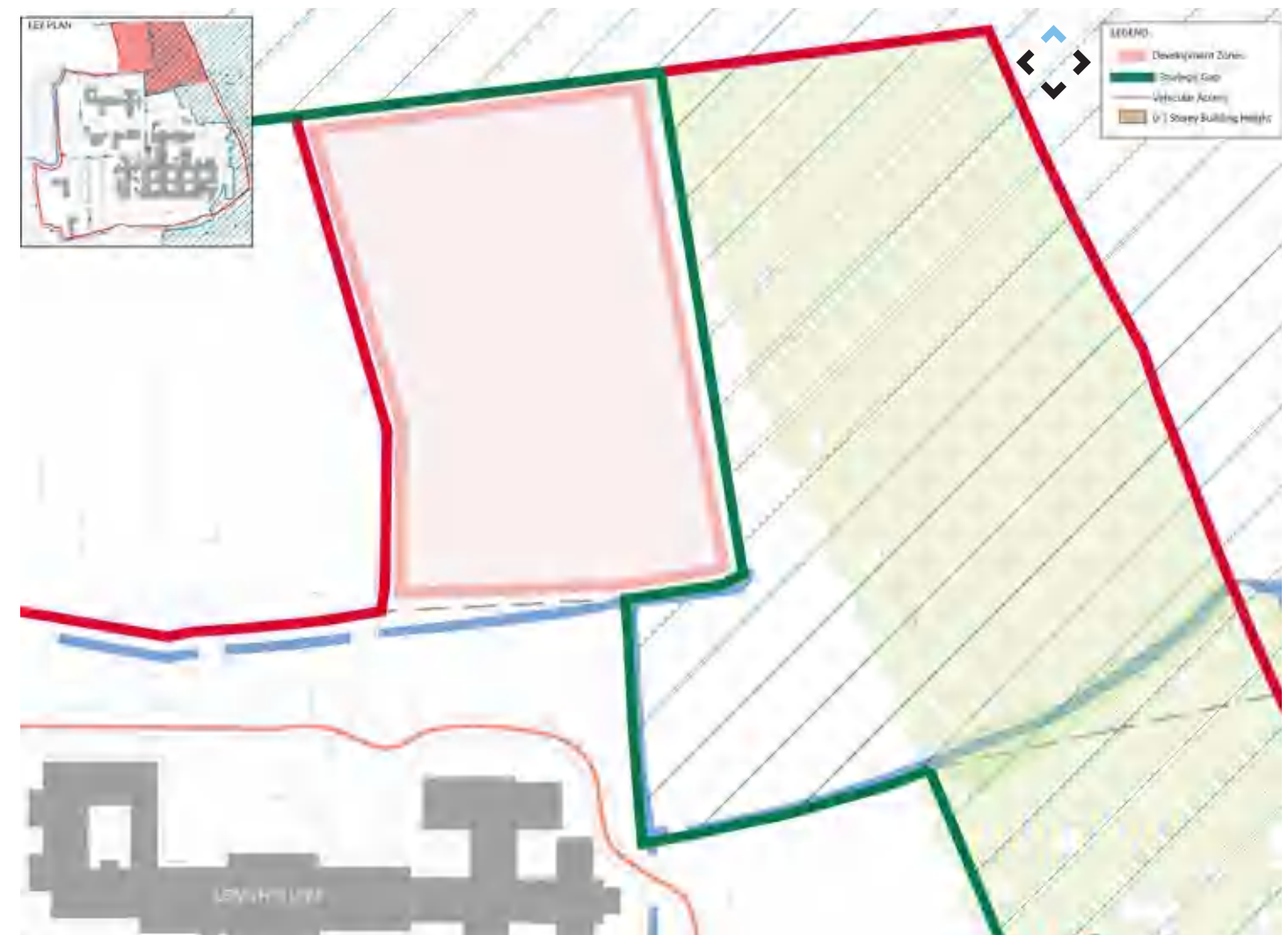


Diagram illustrating potential development areas within Zone 7

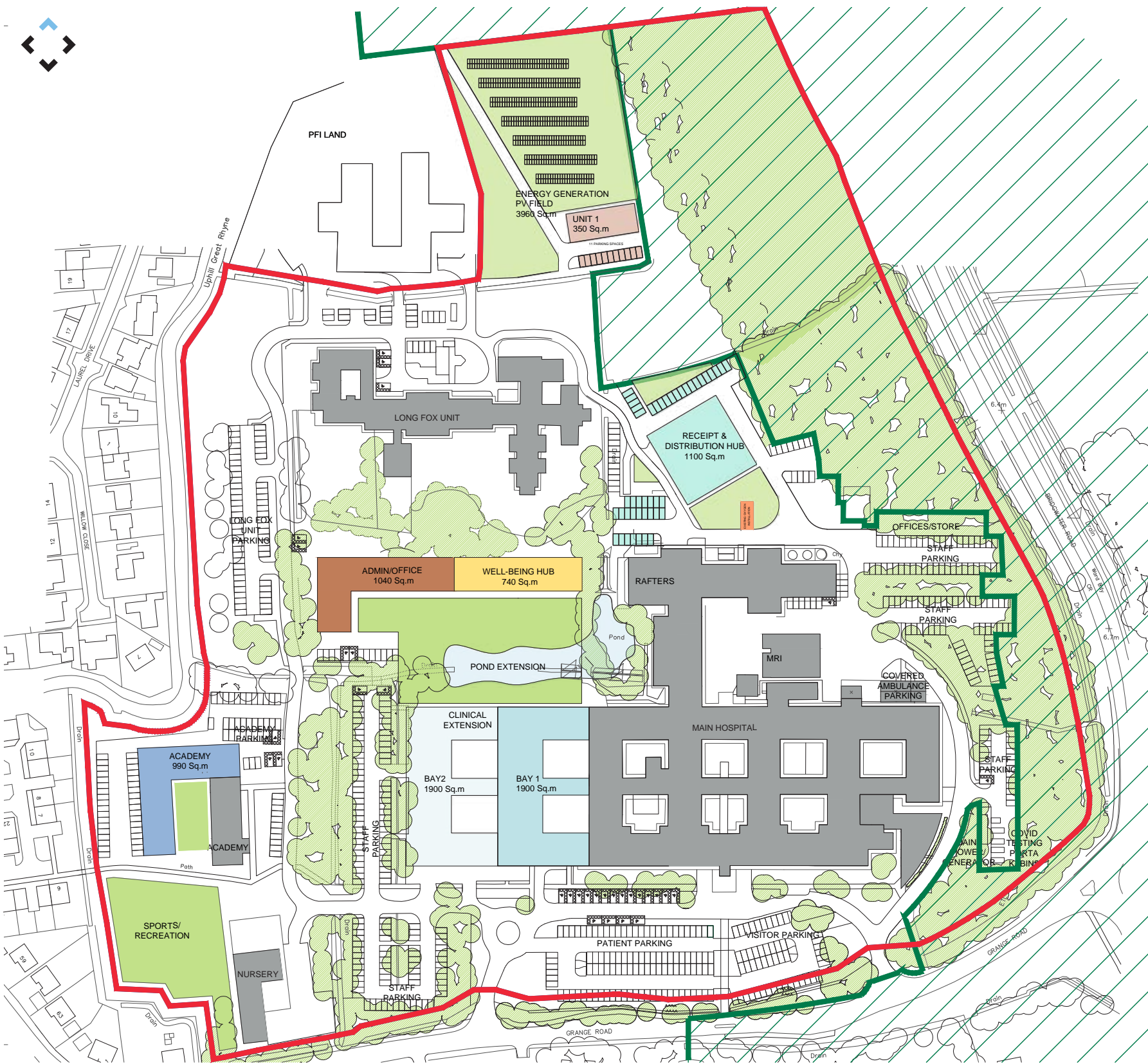
12. Overall Development Principles

Basis of Development Principles

The development principles to be applied within the site are based on the requirements of North Somerset Local Plan. These are summarised below using the headings adopted earlier in this report, namely:

- Land use
- Built form
- Conservation Landscape
- Access and movement
- Parking and servicing

Schedule of Accommodation					
Unit No	Unit Name	Ground Floor (Sq.m)	First Floor (Sq.m)	Second Floor (Sq.m)	Total Area (Sq.m)
1.	Academy Extension	990	990	-	1,980
2.	Clinical Ext. Bay 1	1,900	1,900	1,900	5,700
3.	Clinical Ext. Bay 2	1,900	1,900	1,900	5,700
4.	Admin/Office	1,040	1,040	-	2,080
5.	Well-Being Hub	740	740	-	1,480
6.	Receipt & Distribution Hub	1,100	-	-	1,100
7.	Plant Room-Energy Regen Field	350	-	-	350
Total					18,390



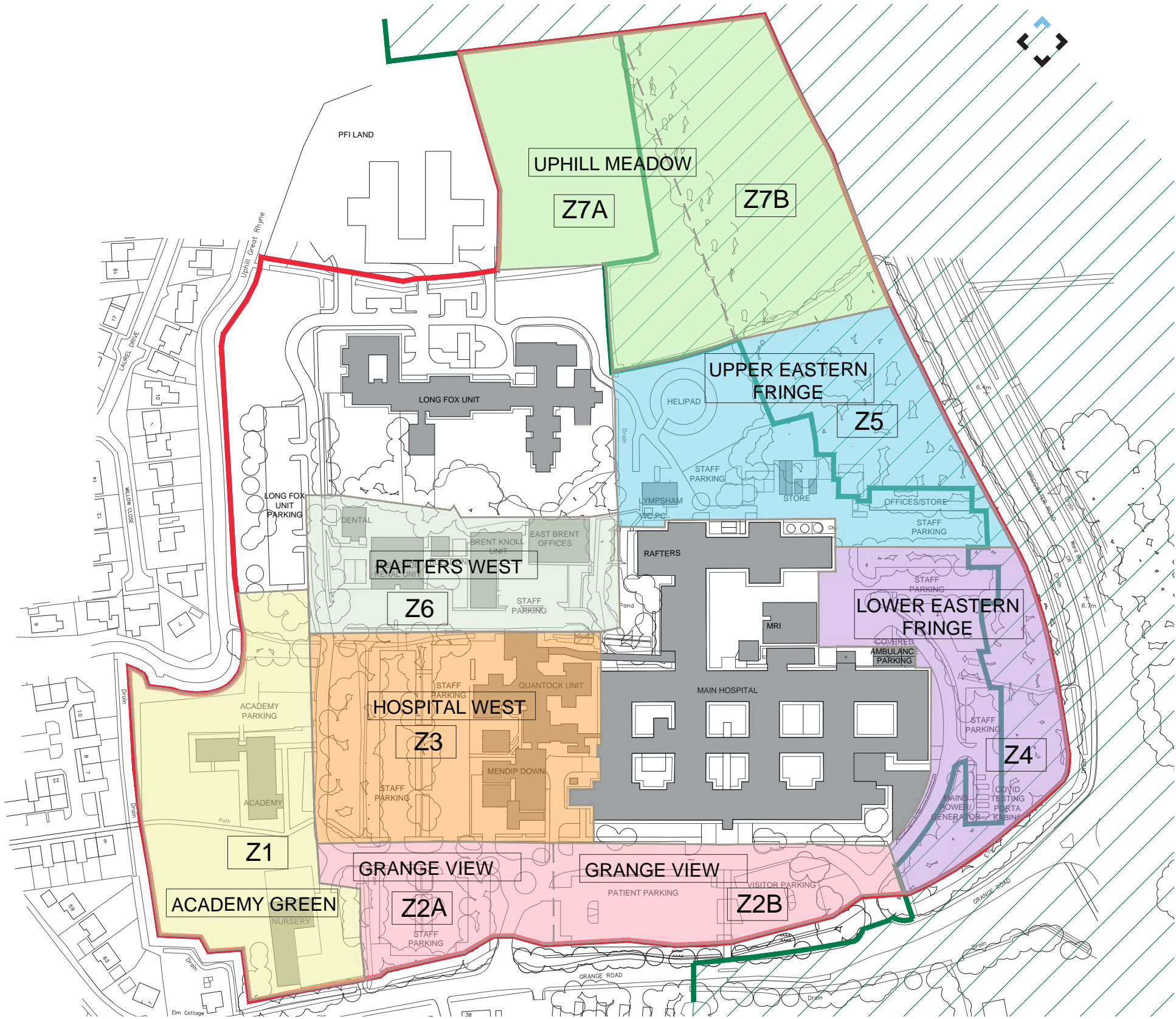
12. Overall Development Principles

40



Aerial View of all the preferred options for the Weston General Hospital Site

14. Key Development Areas



Plan illustrating the site divided into various zones

14. Key Development Areas - Zone 1

42

Based on the evaluation of the key features and the development principles set out earlier in this document, Zones 1, 3, 5 & 6 are better suited to accommodate the necessary development than the others. However, alternate development options for all the zones are illustrated in the Appendix.

- Within Zone 1, the development option will include the demolition of parts of existing car park around the Academy.
- The pathway to Uphill road and the beach is to be maintained to continue providing accessibility and circulation for the pedestrians and visitors.
- The new development will be a 2 storey extension to the existing academy to increase its

capacity and will also be located in such a way that there is a good buffer from the existing residential development.

- The land behind Honeytree Nursery will be further developed into a sports or recreation ground with a children's play area.
- The introduction of new tree planting and opportunities to improve boundary treatments will be investigated.
- From a landscape perspective, Zone 1 contains the main useable and well-related external space on the site which would make it less desirable for development. It is also a prime connection point to Uphill village, the nature reserve and the beach.

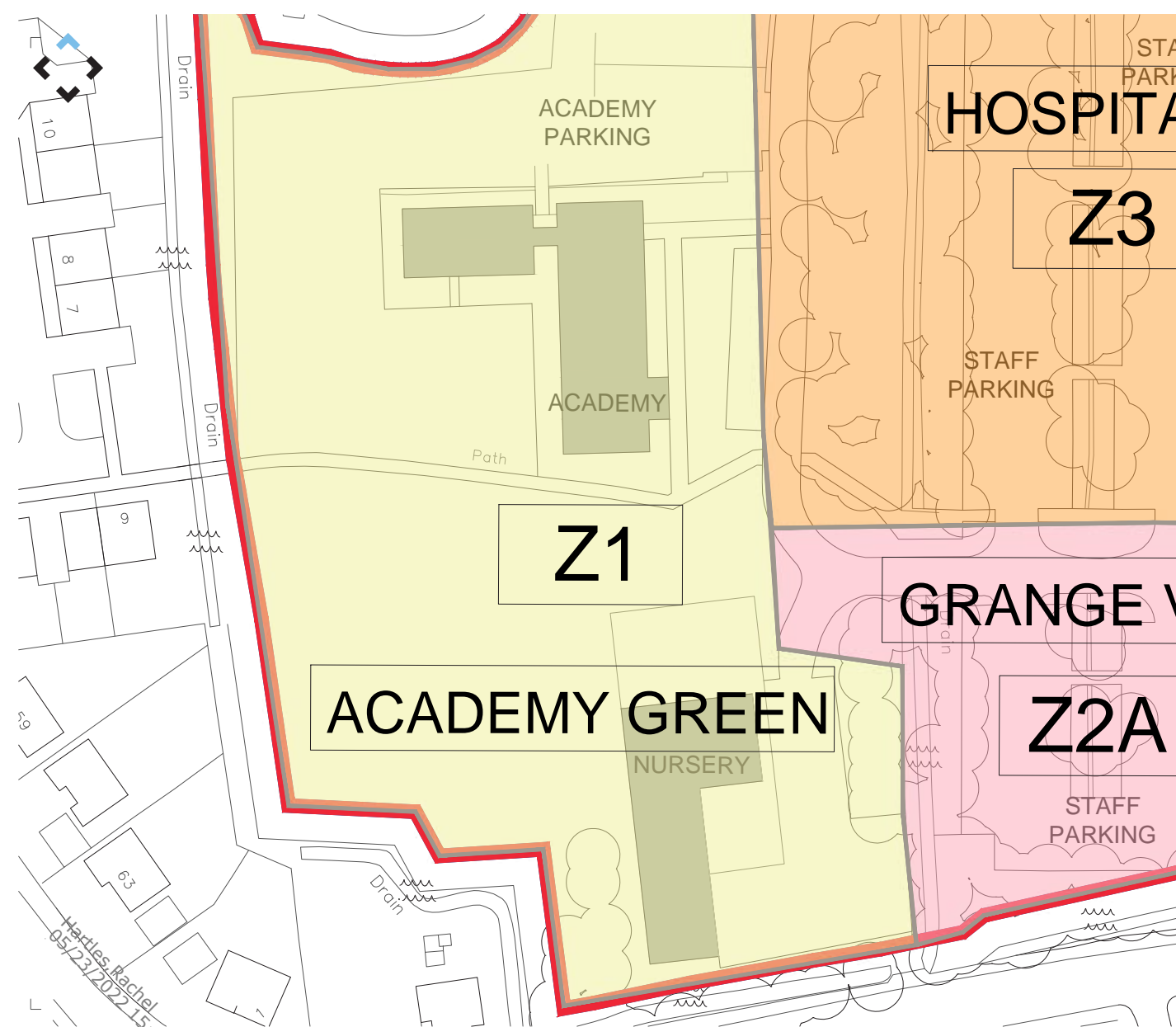
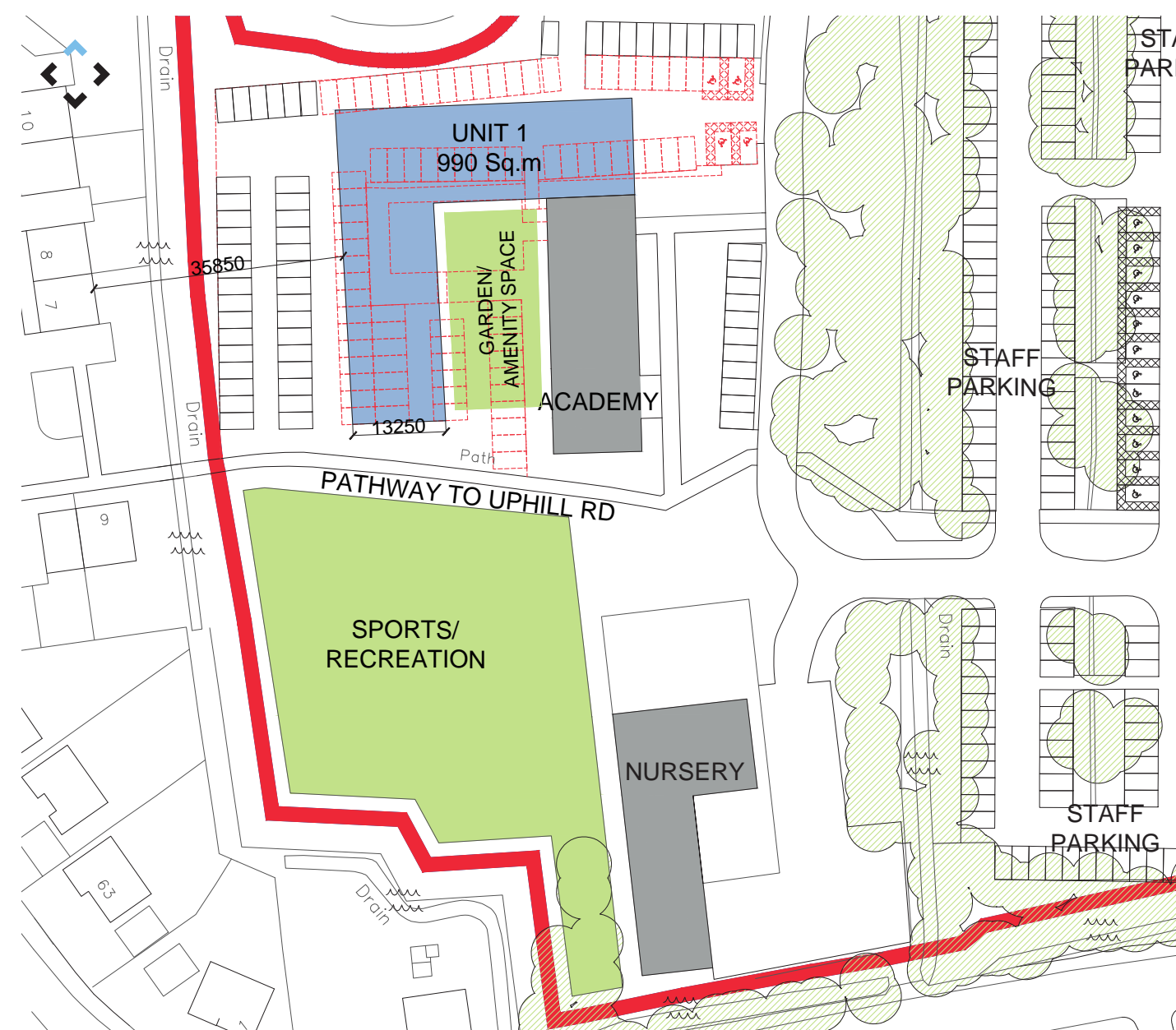


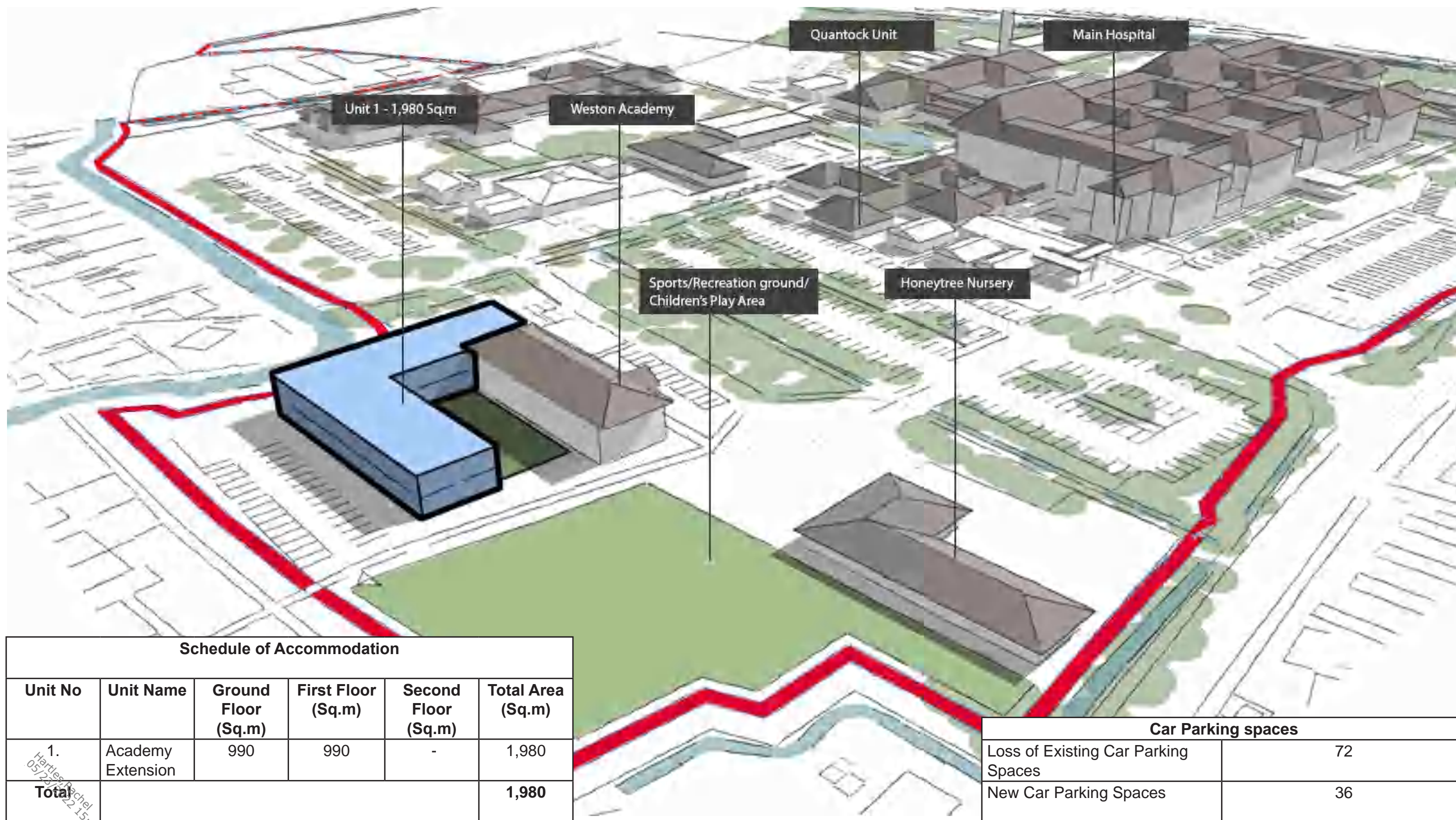
Diagram illustrating the existing Zone 1



Indicative drawing of the proposed development option for Zone 1

14. Key Development Areas - Zone 1

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Perspective view of the proposed development option for Zone 1

14. Key Development Areas - Zone 3 - Option 1

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- This zone is the key development site for the Hospital, providing the opportunity to meet the identified need to expand and / or improve a range of clinical functions over the next five years. A selection of options are available to the Trust depending on a range of scenarios surrounding planning approvals.
- Within this zone, the development option will include the demolition of existing Quantock Unit and the temporary buildings that accommodates the Old Medical Records Store along with the adjacent car park.
- The new development will be a 3 storey clinical extension to the main hospital- extending along the western hospital street.
- The extension is also divided into 2 bays as shown in the proposed plan below. Bay 1 could be developed first and Bay 2 will be a future development.
- Future parking spaces can be introduced to the rear of the extension.
- The merits of development in this zone include the opportunity to provide a high quality built frontage to the street, to improve boundary treatment, to introduce new and replacement tree planting and to address the fundamental requirement for clinical adjacency in healthcare

provision.

- The provision of easy access, or views to, new outdoor and garden areas and proximity to water would be beneficial to patient recovery and staff and visitor wellbeing. A focus on a range of different spaces from communal, to quiet and reflective, along with exposure to beauty, scent and sunshine all have the potential to be uplifting. There is potential to link spaces via new walking routes around the site.
- The original hospital design clearly had a water collection strategy as demonstrated by the number of downpipes into designed ponds and water retention areas which makes good sense in a flood zone. As flood threat is increasing, then SuDs or Water Sensitive Urban Design would be a suitable design response to attenuate water, increase planting, add habitat and help with orientation and placemaking.

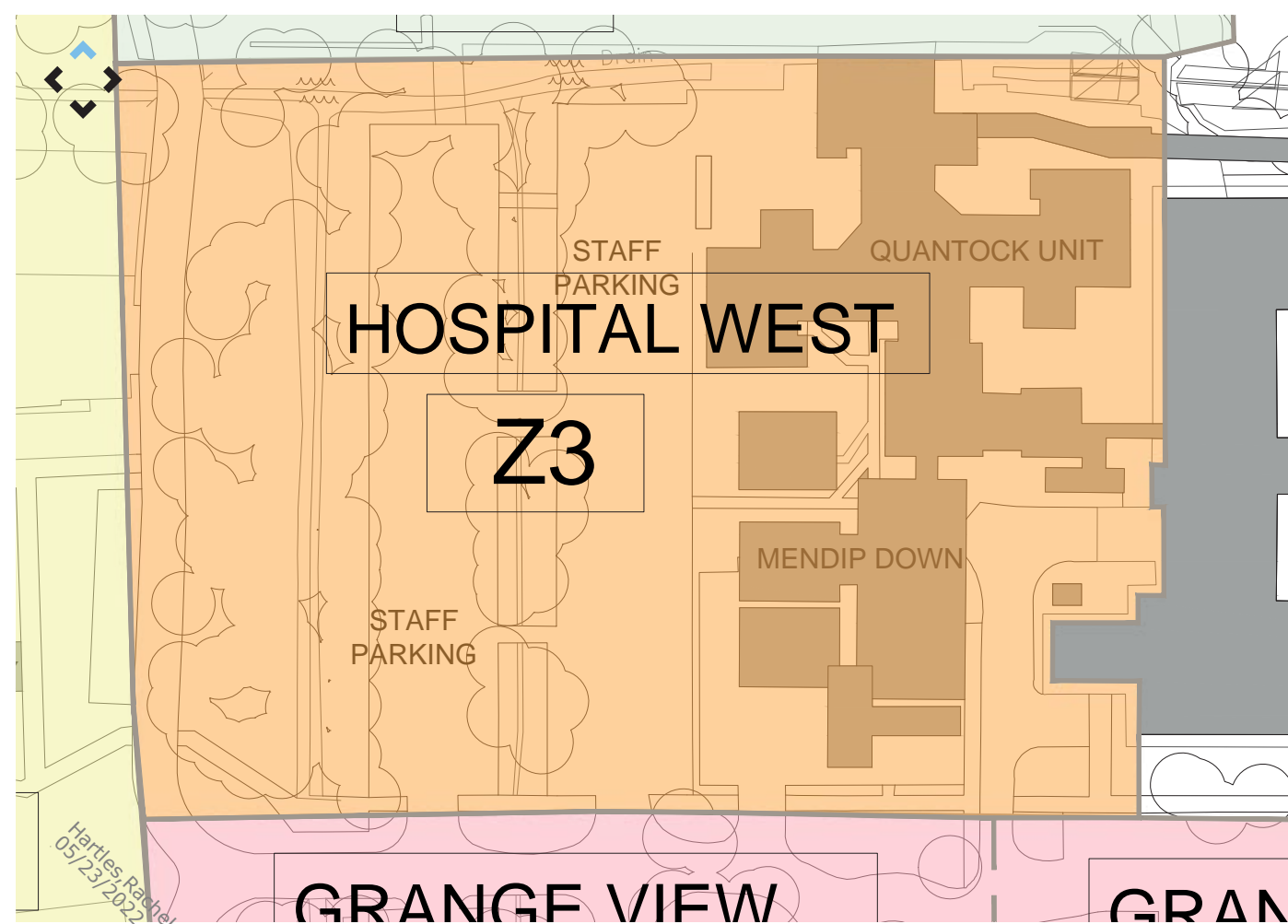
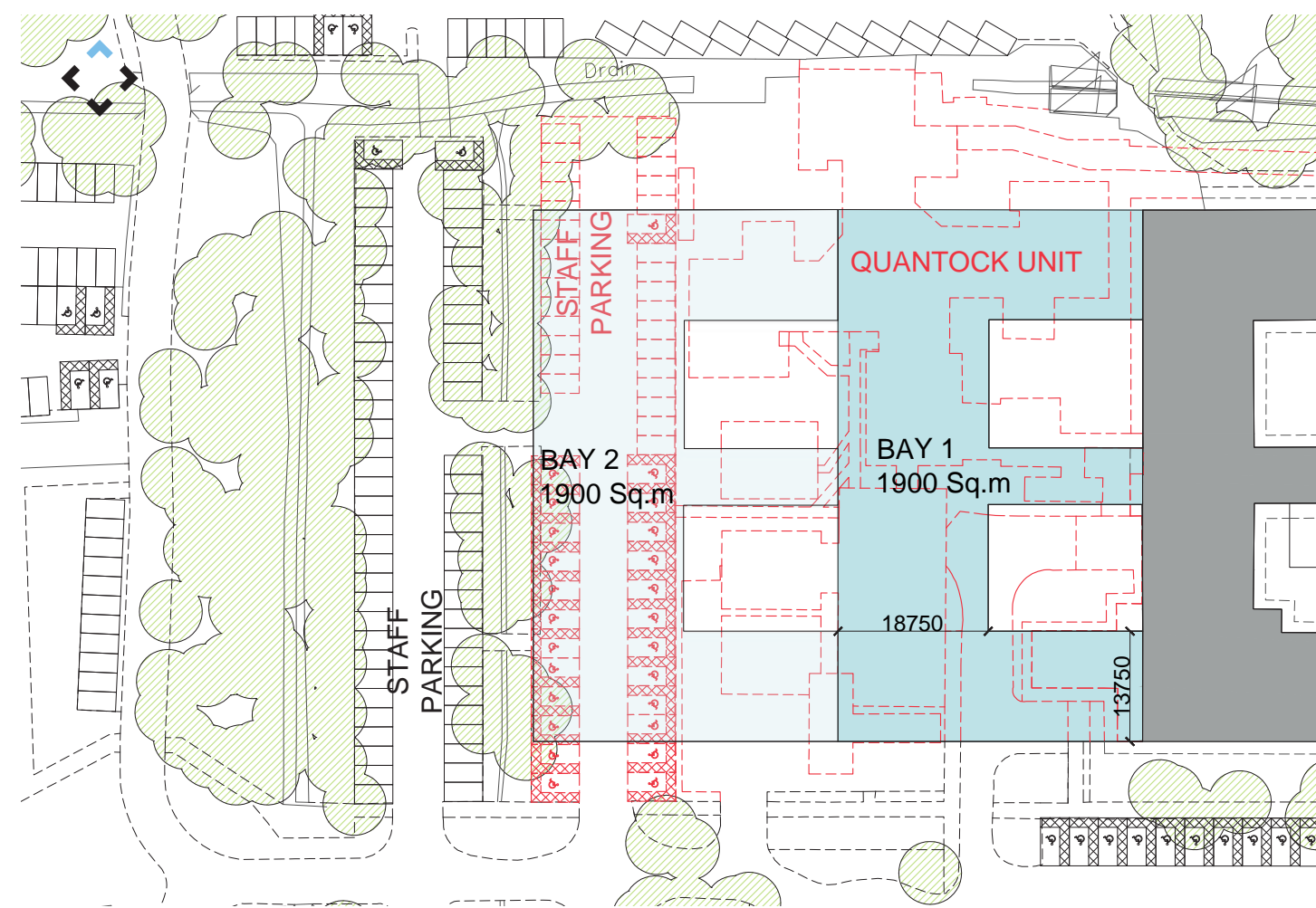
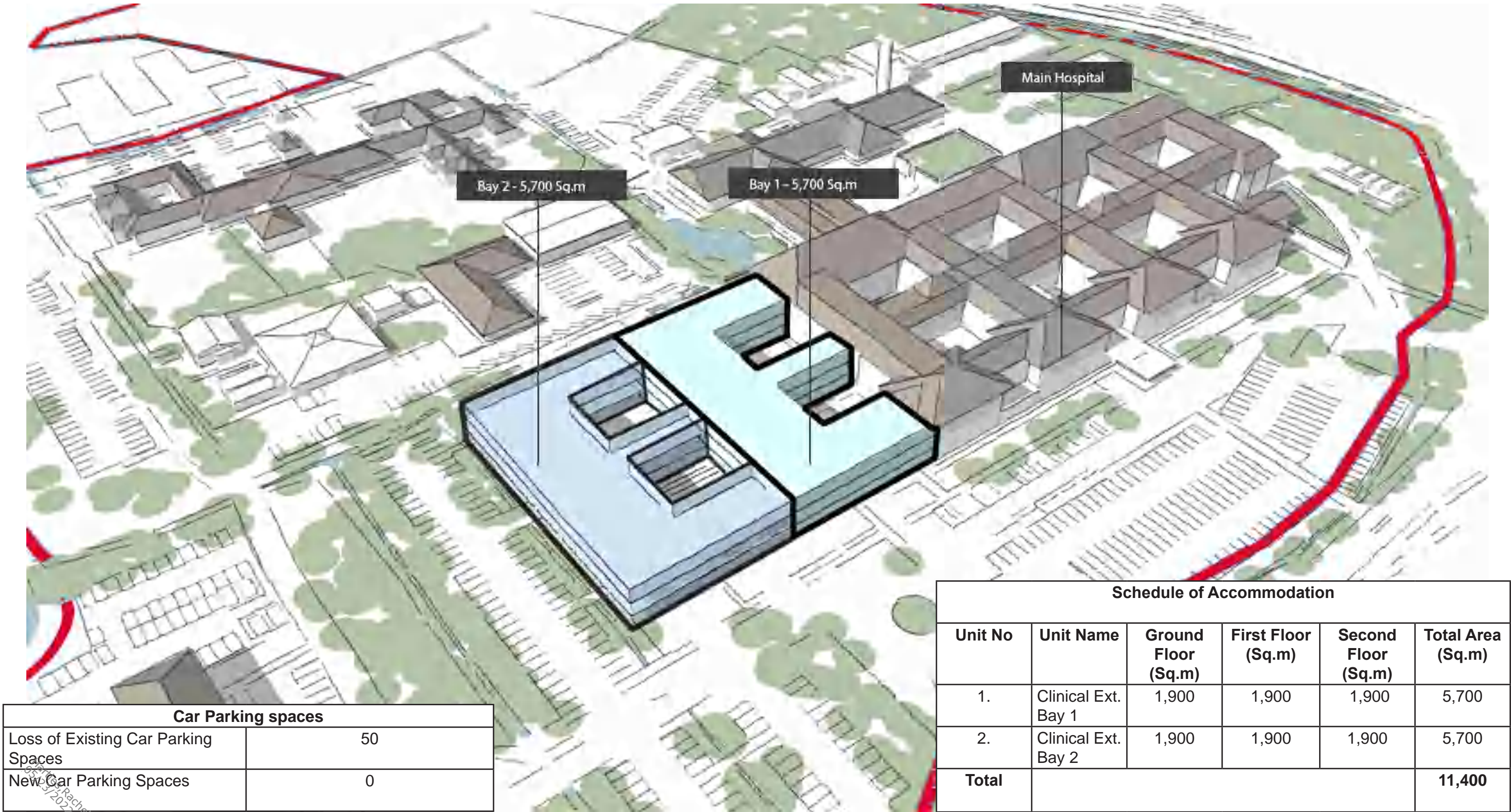


Diagram illustrating the existing Zone 3



Indicative drawing of the proposed development option for Zone 3

14. Key Development Areas - Zone 3 - Option 1



Perspective view of the proposed development option for Zone 3 with the demolition of Quantock Unit

14. Key Development Areas - Zone 3 - Option 1- Clinical Functions

As set out in the anticipated clinical requirements, the new clinical building could provide a cancer care centre; four twenty bed wards (to current HBN standards); day surgery and critical care facilities.

Ground Floor:

Proposal for a Cancer Care Centre serving a catchment area of 800,000. This will include Entrance facilities, External departmental entrance provision, Out-patient facilities (dedicated), 12 consulting/examination rooms, Chemotherapy facilities , 18 places Radiotherapy (teletherapy) facilities, 4 linear accelerator treatment rooms, 1 superficial treatment room and 1 orthovoltage treatment room.

First Floor:

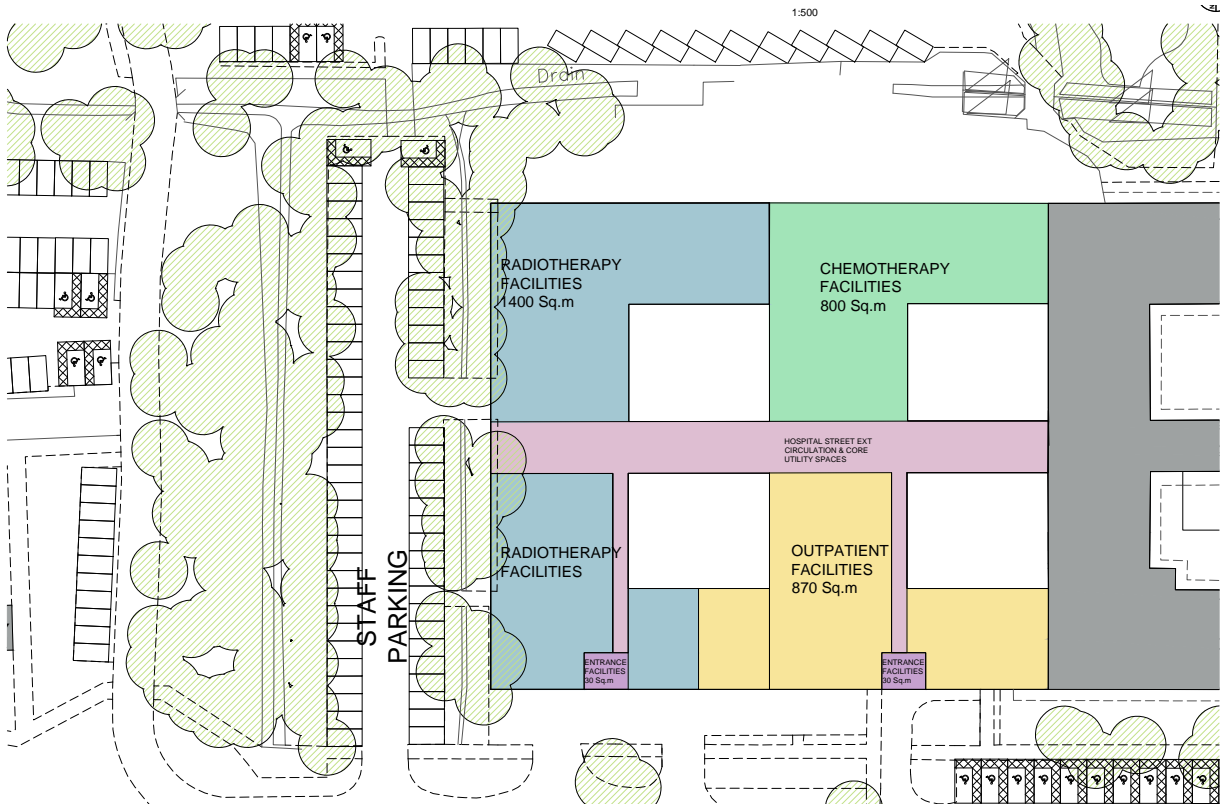
The service will deliver multi-disciplinary support and holistic care planning for frail older people living in Weston, Worle and Villages. Inpatient facilities for the elderly population consisting of 4 X 20 Bed Wards and other integrated frailty services led by an integrated, specialist team and social care staff. This will also include therapy facilities, single rooms and multi-bed rooms along with staff/support facilities. This will reduce demand for acute services and free up capacity to support better flow through the hospital.

Second Floor:

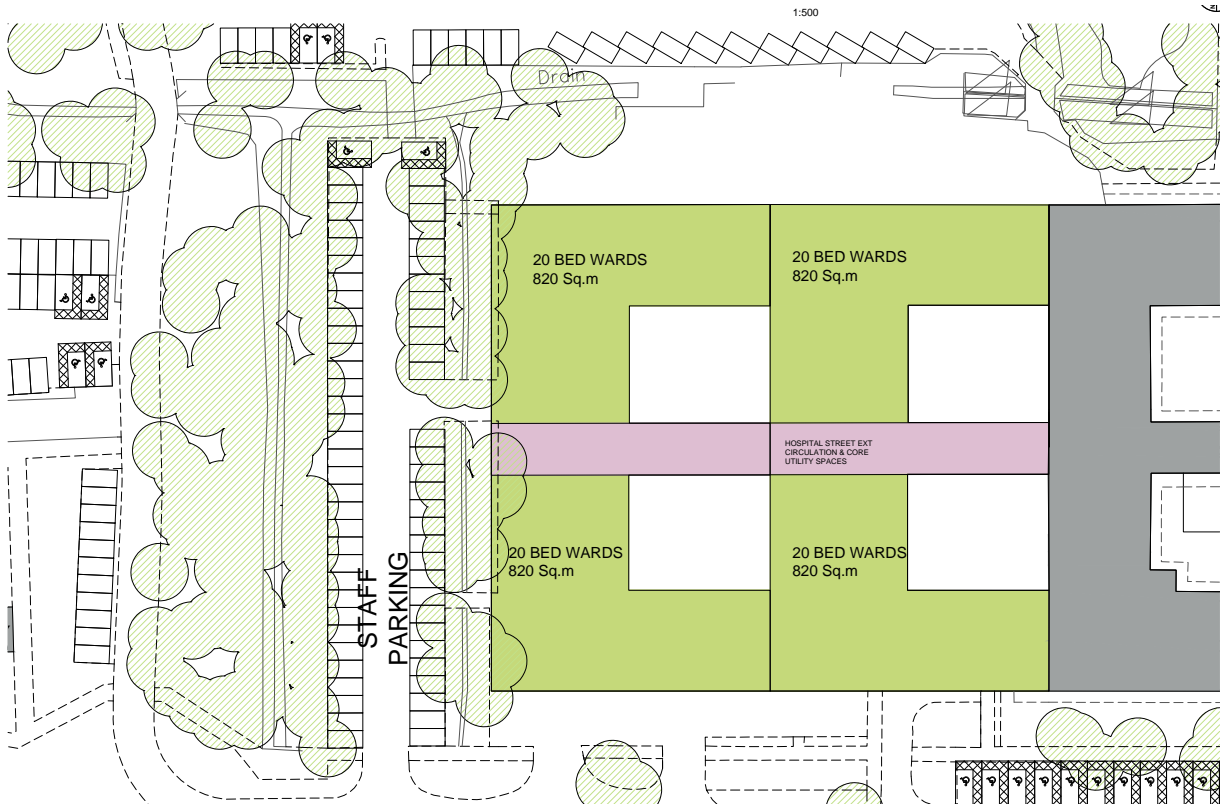
Proposals for critical care on site along with day surgery facilities will enable a more responsive, higher quality surgical service for people during the daytime. The Day Surgery Facilities will serve a population of 300,000 and consist of Admission suite facilities, operating theatre facilities, recovery units, discharge facilities and staff/support facilities.
The Critical Care centre clinical area facilities, clinical support facilities, visitor facilities, storage and support facilities and staff/support facilities.

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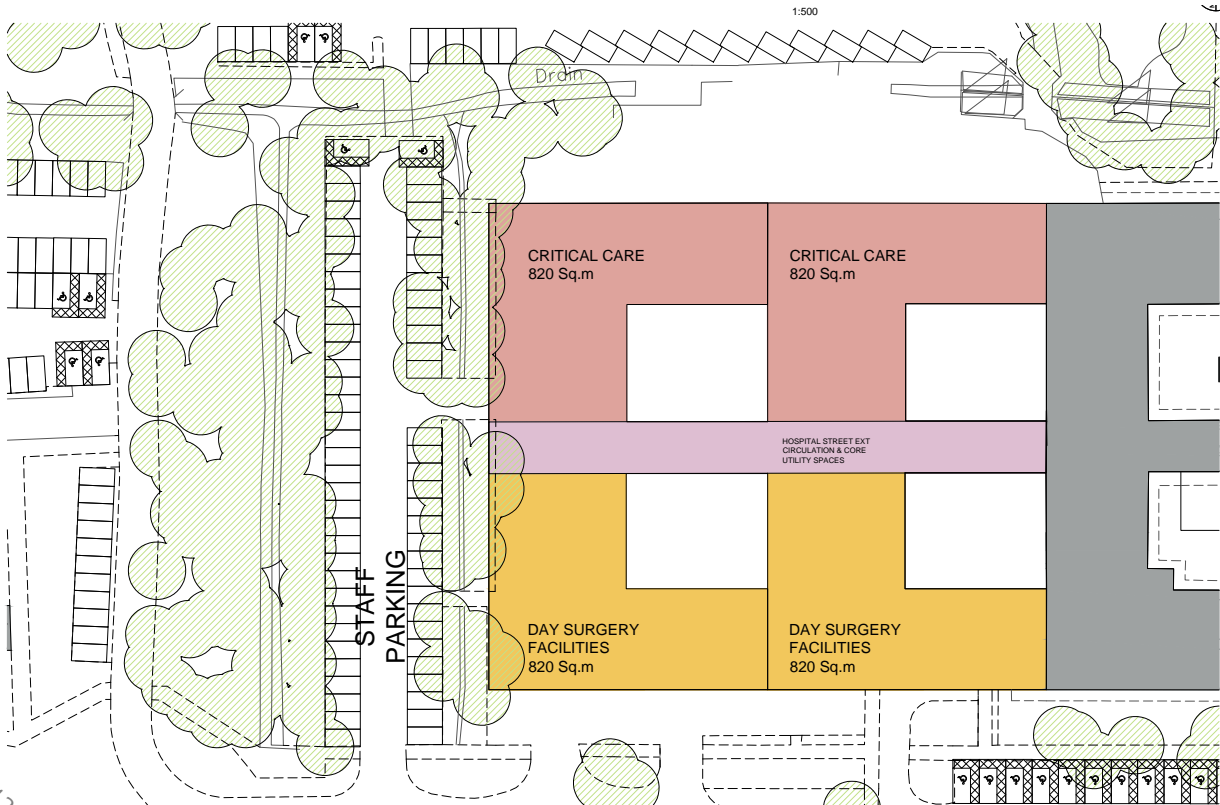
14. Key Development Areas - Zone 3 - Option 1- Clinical Functions



Ground Floor Plan of proposed Clinical Extension - Cancer Care Centre



First Floor Plan of proposed Clinical Extension - Inpatient for Elderly & Frailty service



First Floor Plan of proposed Clinical Extension - Day Surgery & Critical care

Schedule of Accommodation- Clinical Extension Bay 1 & 2			
Floor	Unit Name	Area (Sq.m)	Total Area (Sq.m)
Ground Floor - Cancer Care (Catchment area upto 800,000)	Entrance Facilities x 2 Nos	60	3,130
	Outpatient Facilities	870	
	Chemotherapy Facilities	800	
	Radiotherapy Facilities	1,400	
First Floor - Inpatient for Elderly and Frailty service	20 bed wards x 4 Nos	3,280	3,280
Second floor	Day Surgery Facilities	1,640	3,280
	Critical Care	1,640	
Total			9,690

14. Key Development Areas - Zone 3 - Option 2

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- This option is similar to development option 1 will include the retention of existing Quantock Unit and the demolition of only temporary buildings that accommodates the Old Medical Records Store and part of the car park.
- This development will expand and / or improve the range of clinical and non-clinical functions over the next five years.
- The new development will be a 3 storey clinical extension to the main hospital- extending along the western hospital street.
- The extension is also divided into 2 bays as shown in the proposed plan below. Bay 1 could be developed first and Bay 2 will be a future development.

- The merits of development in this zone include the opportunity to provide a high quality built frontage to the street, to improve boundary treatment, to introduce new and replacement tree planting and to address the fundamental requirement for clinical adjacency in healthcare provision.

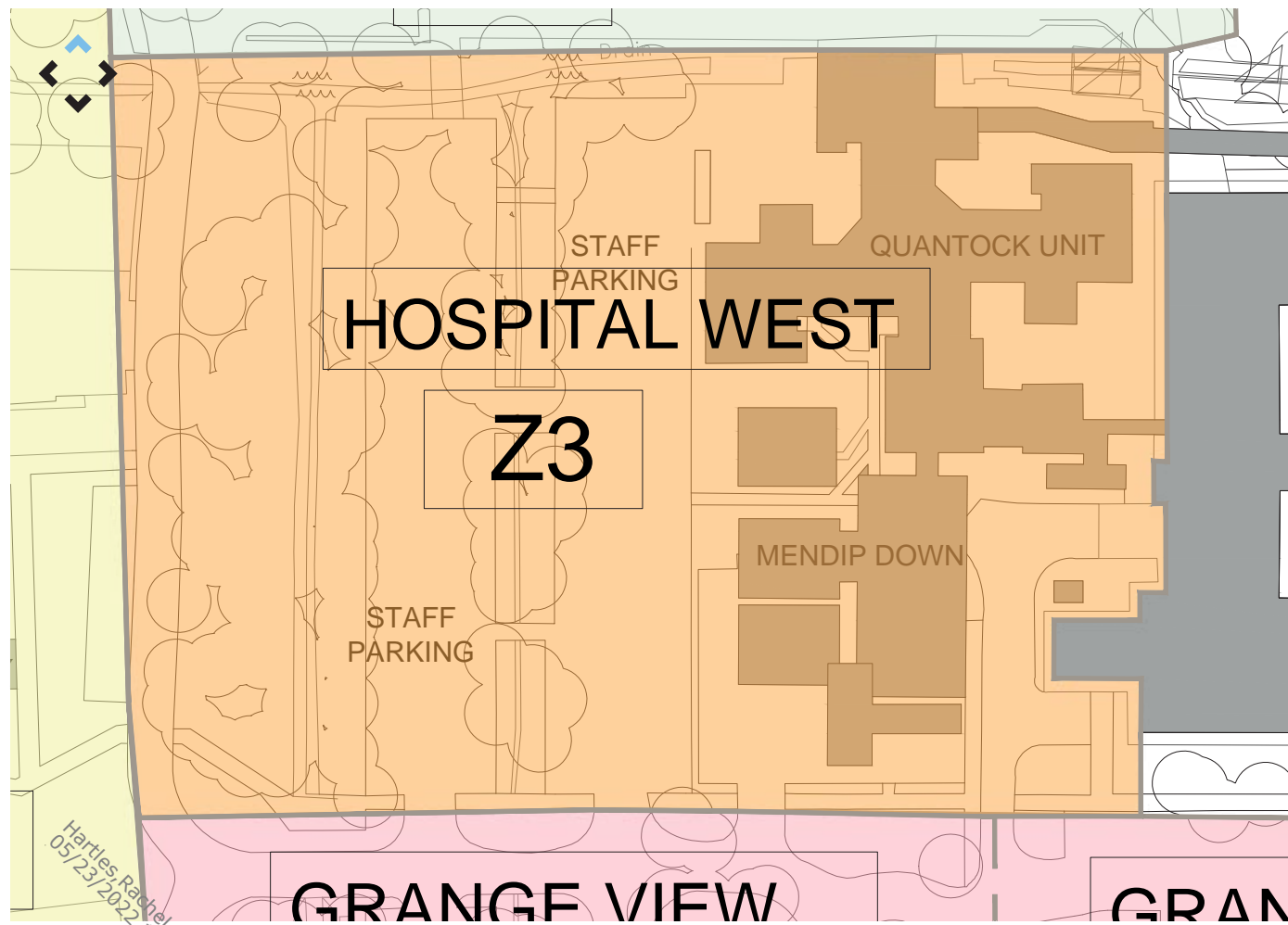
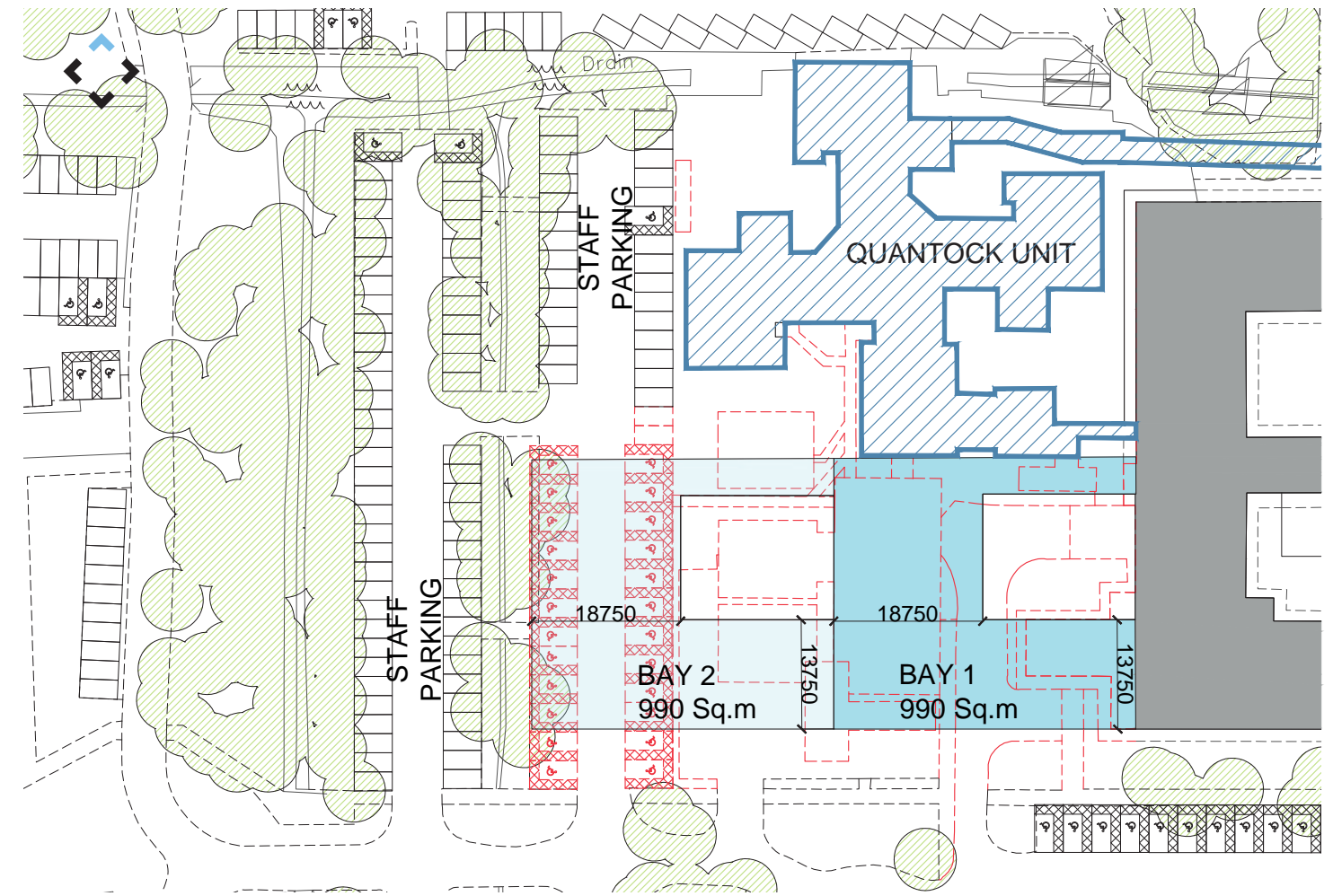


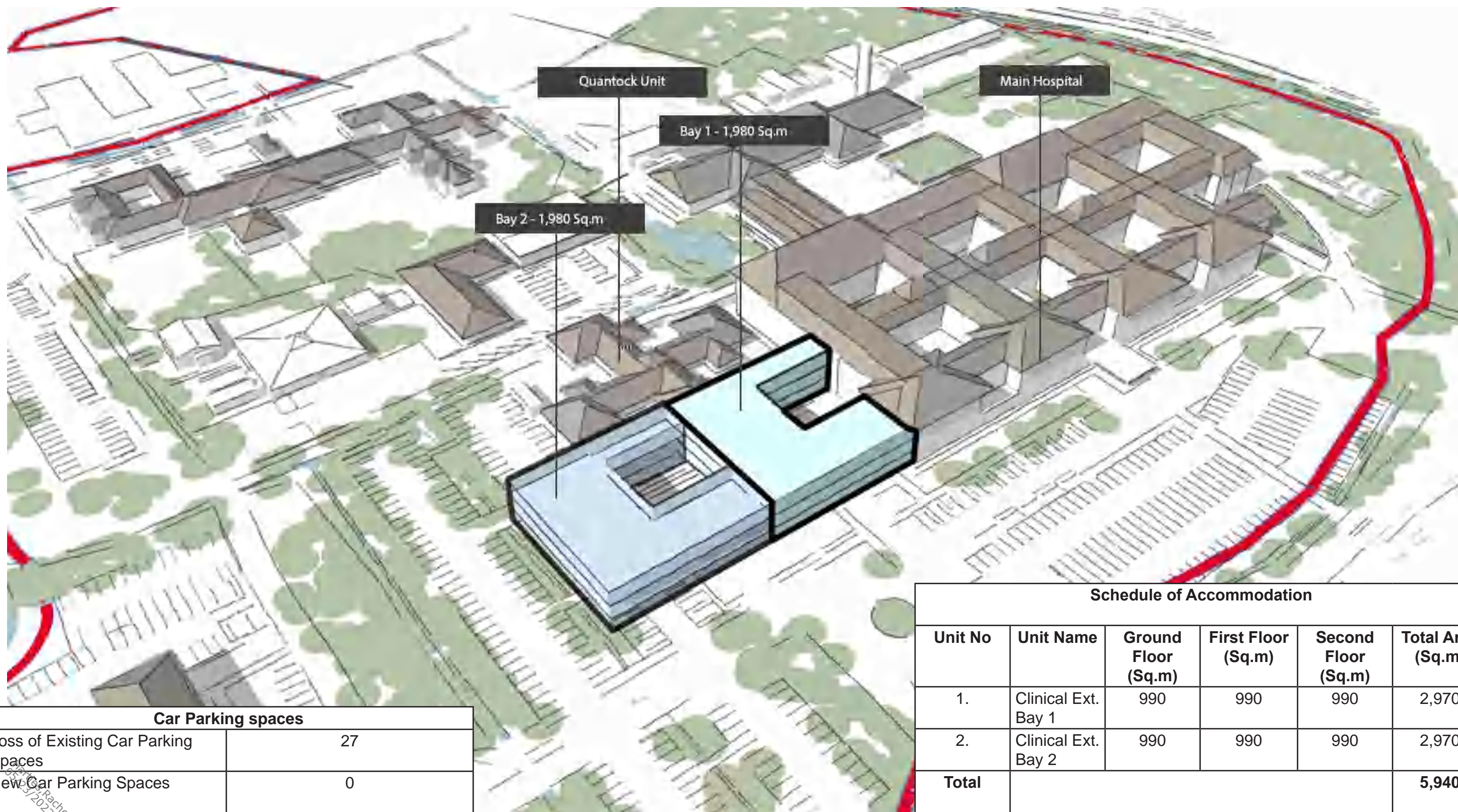
Diagram illustrating the existing Zone 3



Indicative drawing of the proposed development option for Zone 3 while retaining Quantock Unit

14. Key Development Areas - Zone 3 - Option 2

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Perspective view of the proposed development option for Zone 3 with the retention of Quantock Unit

14. Key Development Areas - Zone 5

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- Given the identified need for the expansion and organisation of the current storage, Zone 5 provides the opportunity to introduce a new development to accommodate the storage that will also provide a more satisfactory relationship with the Rafters restaurant and the joiners workshop at the rear of the main hospital.
- The new development will be a one/two storey standalone Receipt and Distribution Hub due to the height constraints as well as the location of the strategic gap and the topography.
- The existing VIE (Vacuum Insulated Evaporator) could be retained to avoid costly relocation.
- It will include the demolition of a few car parking spaces at the helipad but would also introduce new and improved car parking spaces around the development.

- Improvements to boundary treatment and landscaping could provide amenity space. Soft and hard landscaping and new tree planting will be integral to development proposals.
- Roof materials and forms will be considered in the context that they will be visible from the public realm.
- This zone also has the potential to provide Multi-Storey Car Park (MSCP) on the floors above the distribution hub, thereby increasing the existing capacity of parking spaces available to the staff/admin.

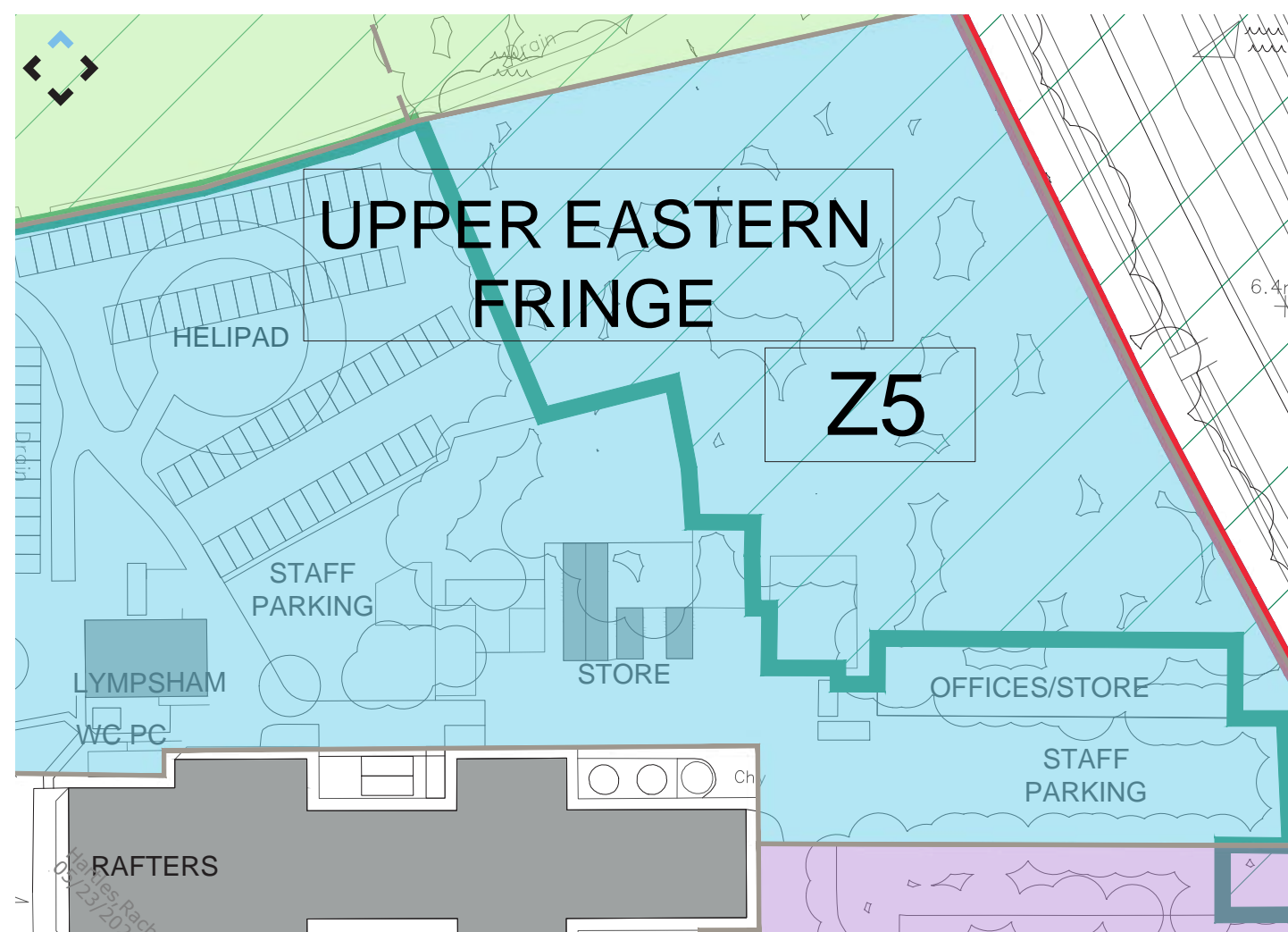
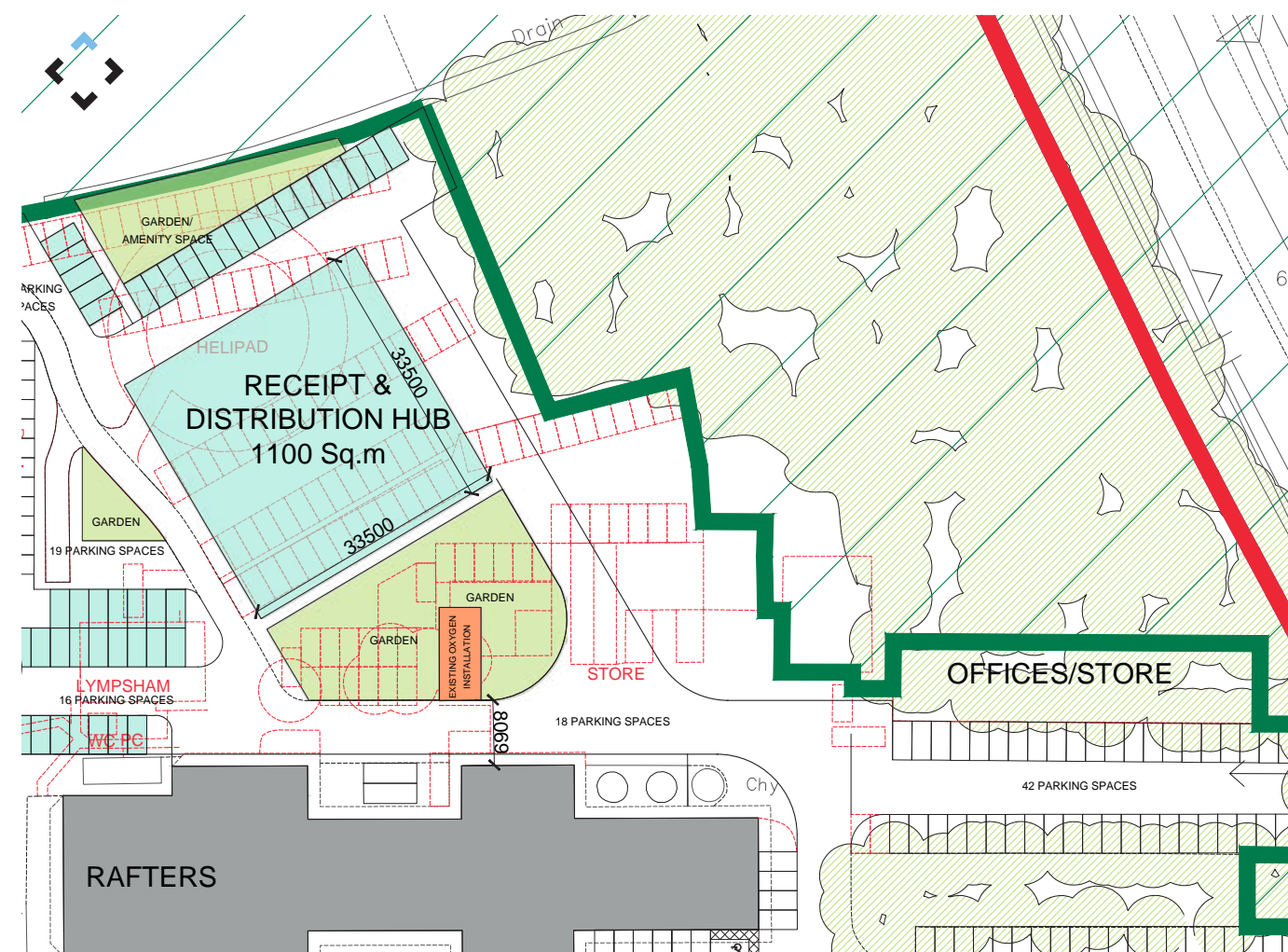


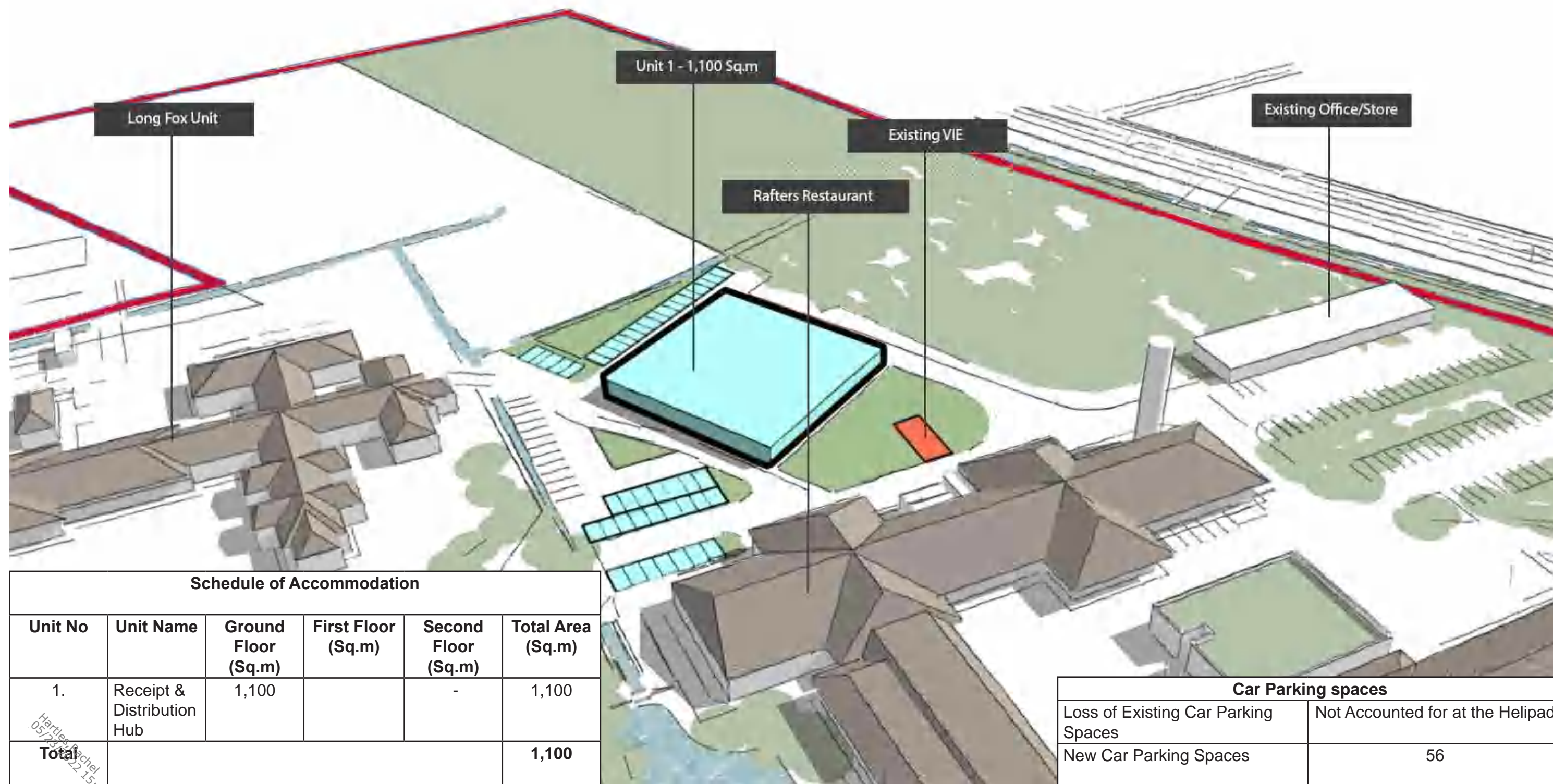
Diagram illustrating the existing Zone 5



Indicative drawing of the proposed development option for Zone 5

14. Key Development Areas - Zone 5

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Perspective view of the proposed development option for Zone 5

14. Key Development Areas - Zone 6

52

- This zone is another key development site for the Hospital, providing the opportunity to meet the identified need to expand and / or improve a range of clinical and non-clinical functions over the next five years. A selection of options are available to the Trust depending on a range of scenarios surrounding planning approvals.
- Given the identified need for the expansion of the offices, Zone 6 provides the opportunity to introduce a new development to accommodate the staff/admin that will also provide a more satisfactory relationship with the main hospital.
- The requirement for the Well-Being Hub also provides a potential to be developed here integrated within the landscape and creating a safe, welcoming and comfortable place.
- The new development will be a 2 storey standalone unit accommodating the Office staff and the Well-being hub that merges into the landscape.
- The extension and improvement of the existing pond will be an attractive setting that also has the potential to be a Congregational open space for both patients/visitors as well as the staff.
- This amenity space could include gardens; pedestrian links through, covered walkways as well as cafe and outdoor seating in connection with the Rafter's restaurant.

- It will include the demolition of the Dental, Ambleside Renal Unit along with the outdated temporary buildings in the zone.
- Soft and hard landscaping and new tree planting will be integral to development proposals.
- Roof materials and forms will be considered in the context that they will be visible from the public realm.
- Further options for this area are illustrated in the specific enhancements section.
- The provision of easy access, or views to, new outdoor and garden areas and proximity to water would be beneficial to patient recovery and staff and visitor wellbeing. A focus on a range of different spaces from communal, to quiet and reflective, along with exposure to beauty, scent and sunshine all have the potential to be uplifting. There is potential to link spaces via new walking routes around the site.
- The original hospital design clearly had a water collection strategy as demonstrated by the number of downpipes into designed ponds and water retention areas which makes good sense in a flood zone. As flood threat is increasing, then SuDs or Water Sensitive Urban Design would be a suitable design response to attenuate water, increase planting, add habitat and help with orientation and placemaking.

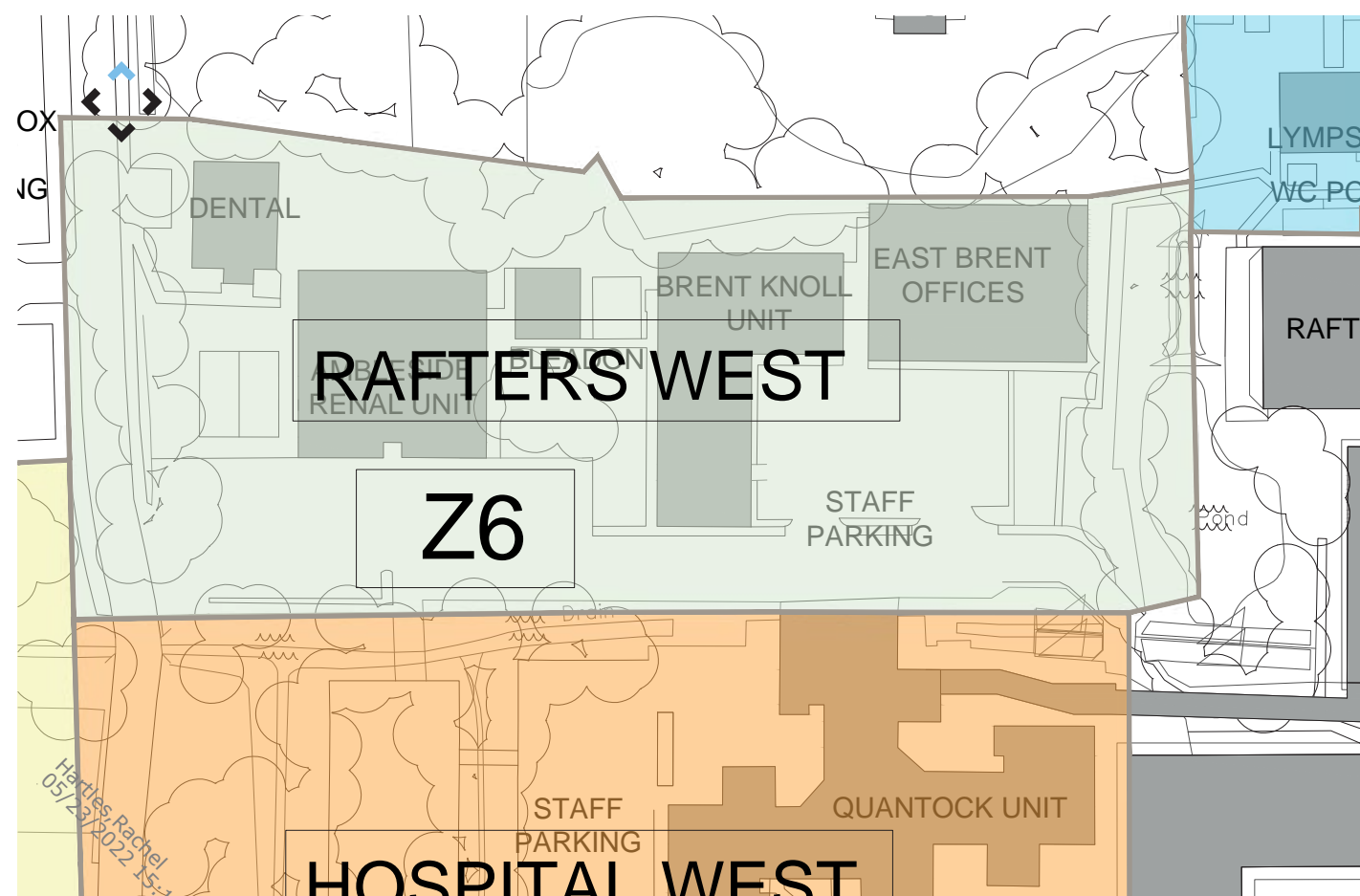
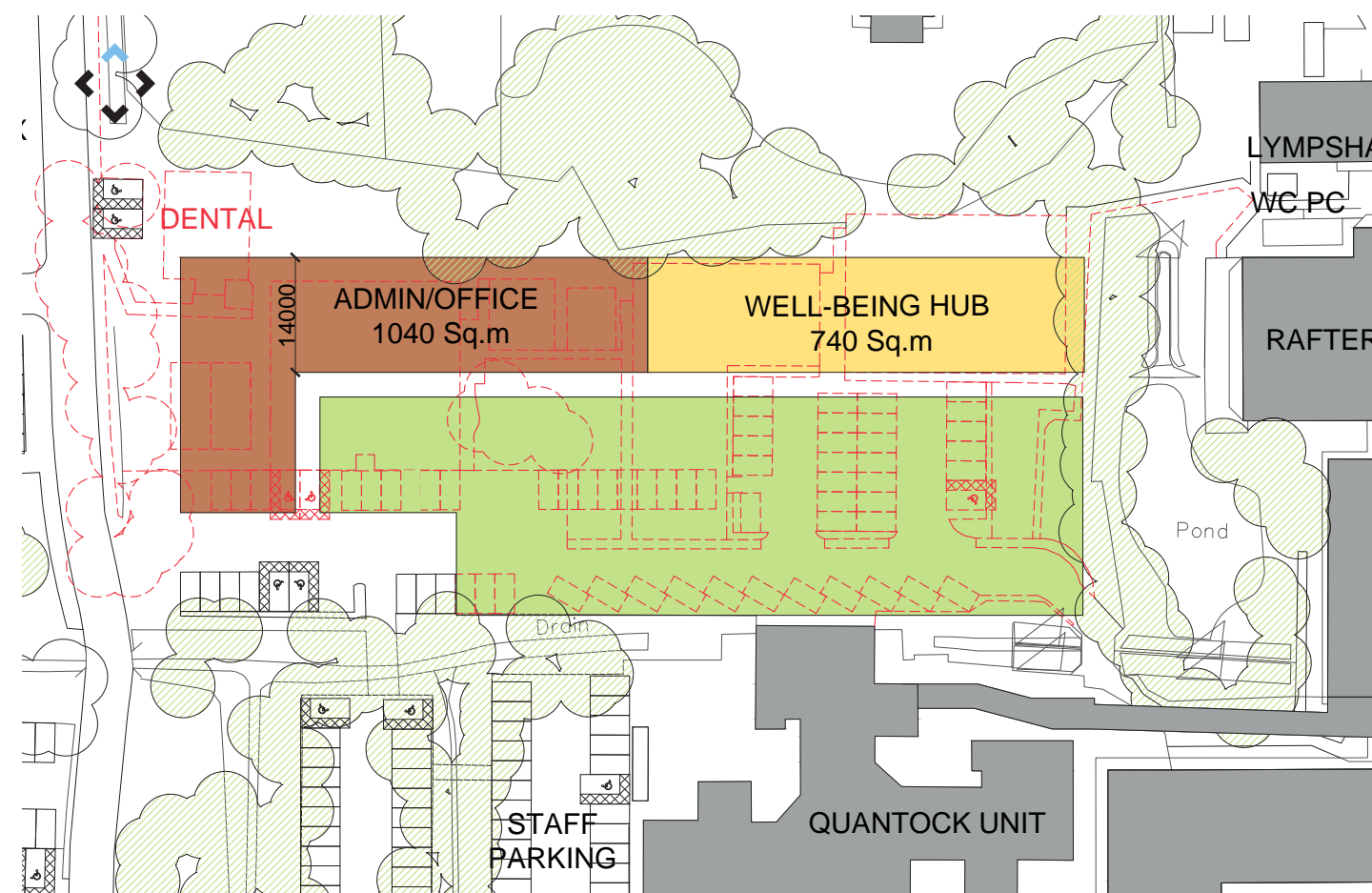


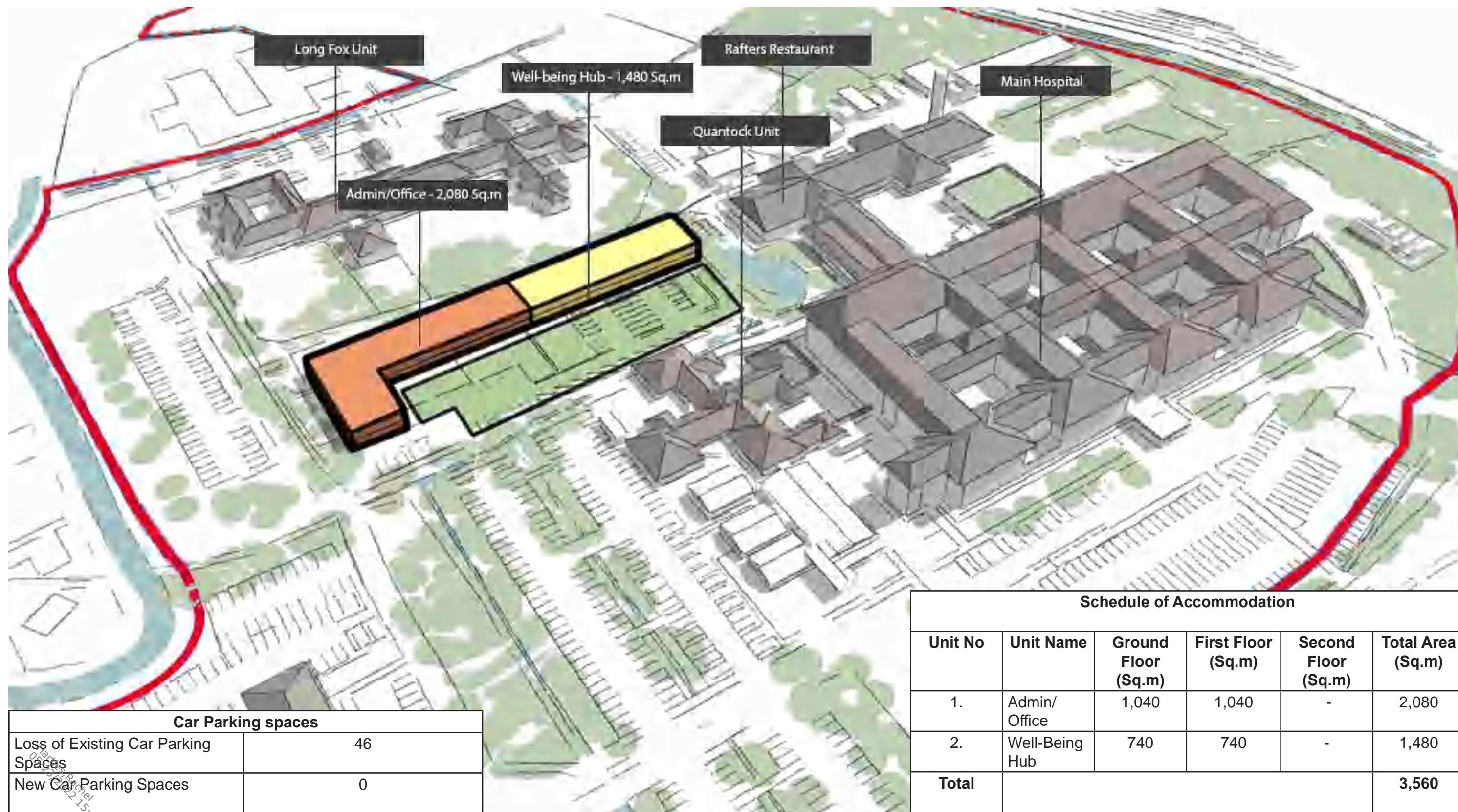
Diagram illustrating the existing Zone 6



Indicative drawing of the proposed development option for Zone 6

14. Key Development Areas - Zone 6

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Perspective view of the proposed development option for Zone 6

14. Key Development Areas - Zone 7

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- Within this zone no major built development is envisaged within the five year period covered by this plan. This is because of its already densely built nature along with the topographical constraints and the presence of the strategic gap.
- Distance from the main hospital, south facing aspect and requirement of the zone to be an open space gives the opportunity to generate clean energy within the site.
- These can be PV panels or windmills to generate electricity to support the hospital and the other buildings within the site. The additional energy also has the potential to be sold back to the grid.
- Soft and hard landscaping and new tree planting will be integral to development proposals.

- The relationship between landscape areas and pedestrian routes will be reviewed
- The woodland area will be retained and developed further to provide a space to relax, workout or run. For further information about the woodland walkway please refer to specific enhancement page.
- Improvements to boundary treatment could provide amenity space.

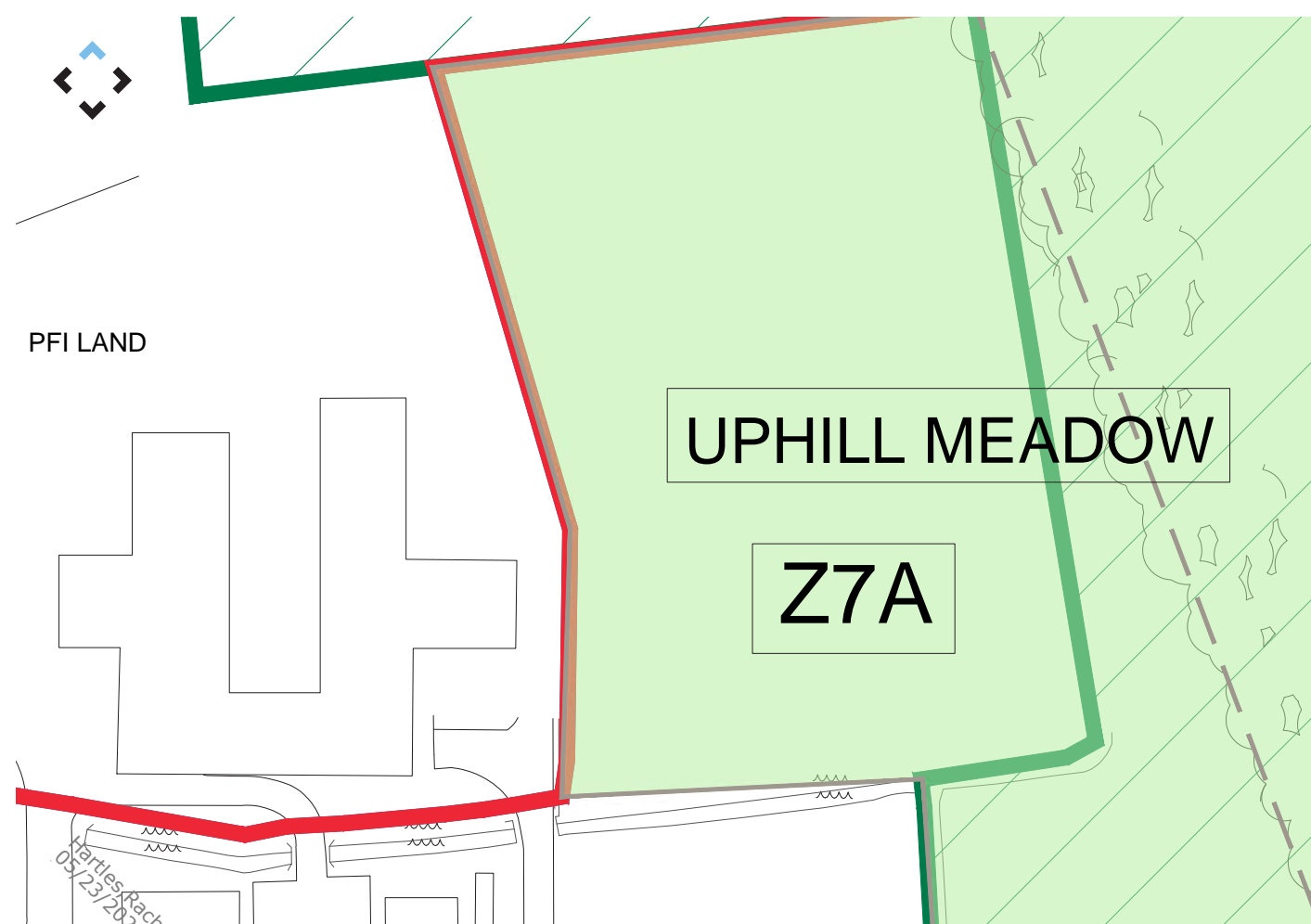


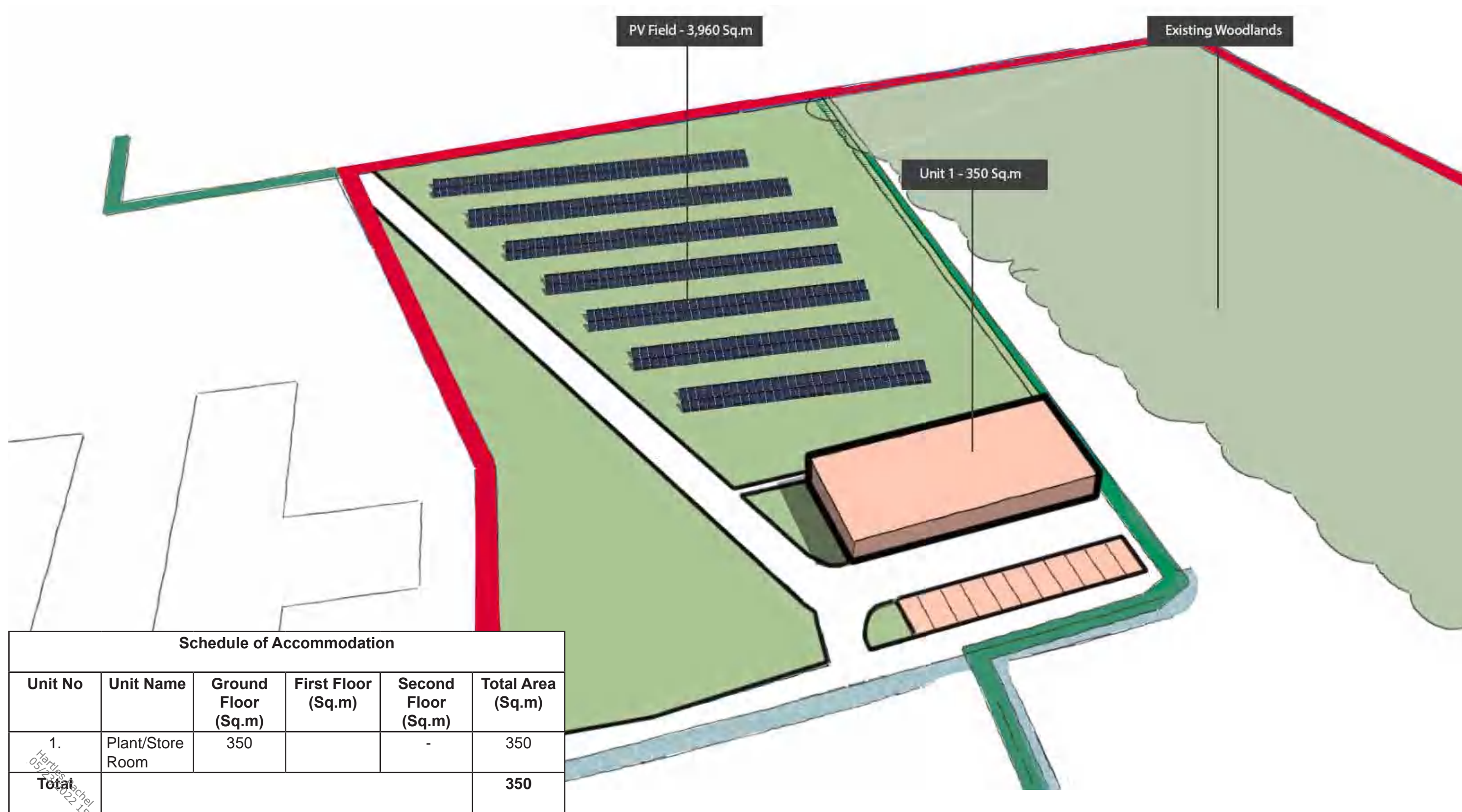
Diagram illustrating the existing Zone 7



Indicative drawing of the proposed development option for Zone 7

14. Key Development Areas - Zone 7

55



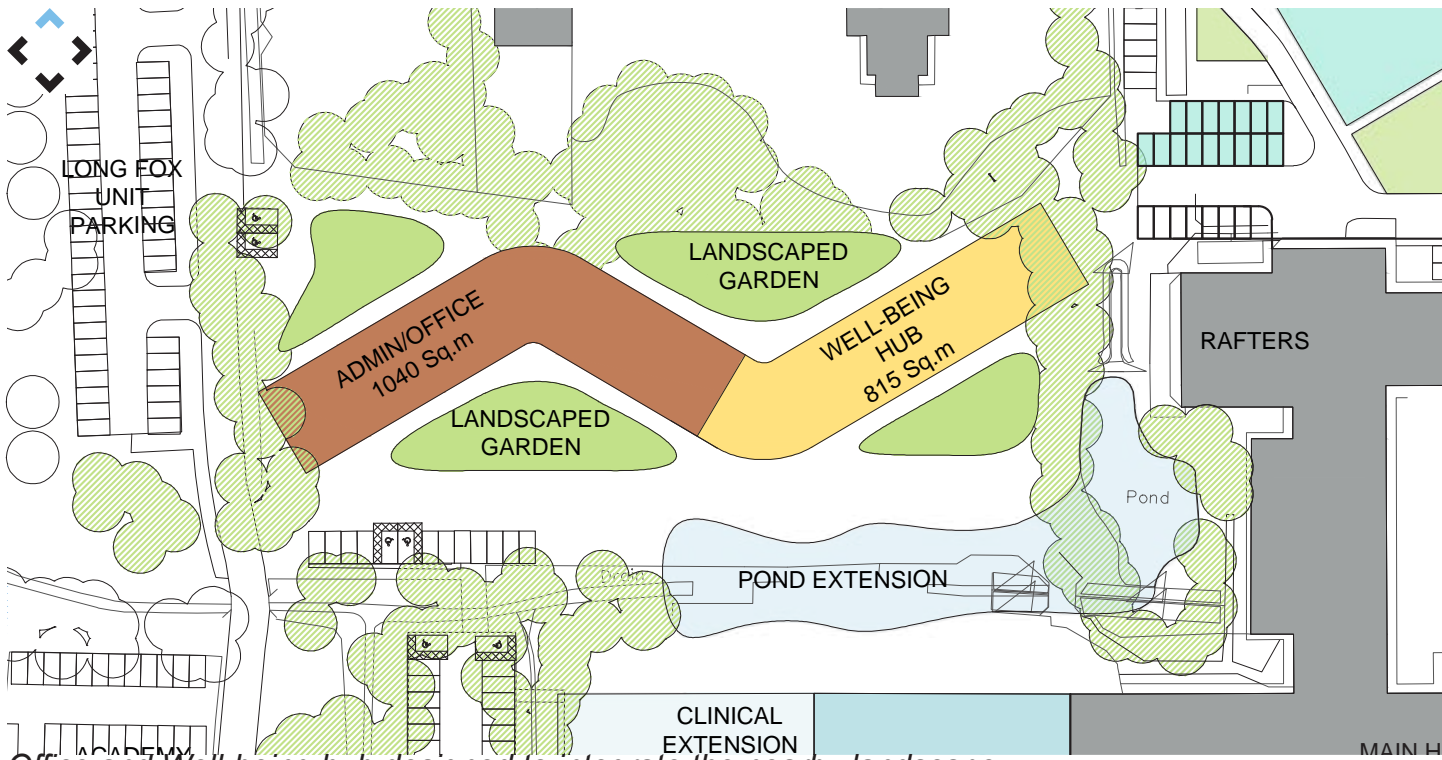
Perspective view of the proposed development option for Zone 7

13. Specific Enhancements - Zone 6 - Option A

In addition to the main opportunities identified above for each individual zone, the following specific enhancements are proposed.

- Zone 6 development option can be designed further to fully integrate landscaped gardens and courtyards.
- Merging the green roof with the nearby landscape with a walkway rising from the ground level all the way to the roof and down again.
- The objective is to create a green sedum roof along with solar panels to harness clean energy, encourage biodiversity net gain and to provide means to mitigate flood risk and reduce run-off.
- This not only increases mental well-being but also physical by joining the running track that connects the woodlands.

Schedule of Accommodation					
Unit No	Unit Name	Ground Floor (Sq.m)	First Floor (Sq.m)	Second Floor (Sq.m)	Total Area (Sq.m)
1.	Admin/Office	1,040	1,040	-	2,080
2.	Well-Being Hub	815	815	-	1,630
Total					3,710



Office and Well-being hub designed to integrate the nearby landscape



Precedent image of the landscaped walkway extending to the roof

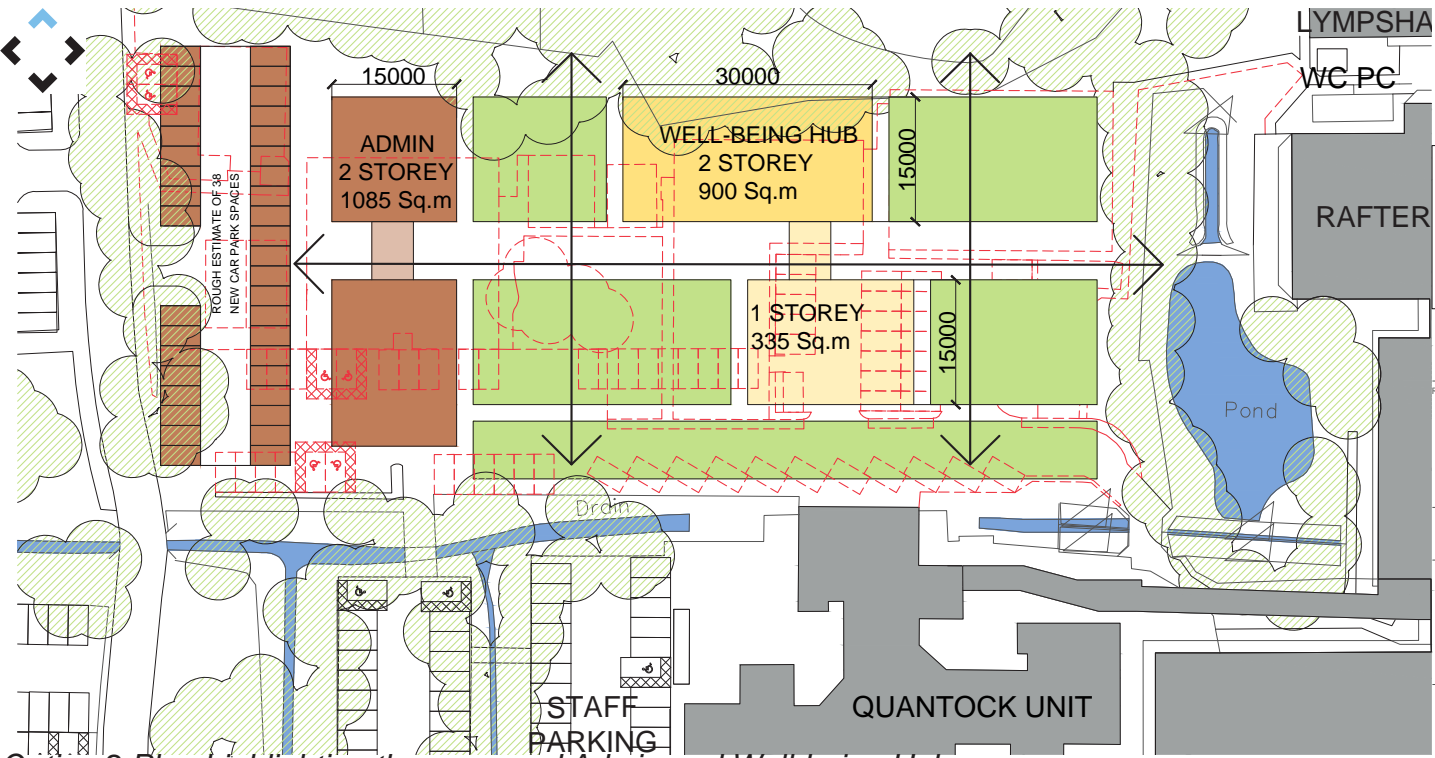


Precedent image of the landscaped walkway extending to the roof

13. Specific Enhancements - Zone 6 - Option B

- Option B looks at creating separate one and two storey buildings associated to each other through various spatial connection.
- The spaces created between these buildings provide sunny south facing courtyards and garden spaces, perfect for break-out or overspill spaces.
- There is also a provision for a single storey cafe with an outdoor space located close to the existing Rafter's restaurant.

Schedule of Accommodation					
Unit No	Unit Name	Ground Floor (Sq.m)	First Floor (Sq.m)	Second Floor (Sq.m)	Total Area (Sq.m)
1.	Admin/Office	540	545	-	1,085
2.	Well-Being Hub	785	450	-	1,235
3.	Cafe	335	-	-	335
Total					2,655



Option 2 Plan highlighting the proposed Admin and Well-being Hub



Precedent image of the connections between the buildings

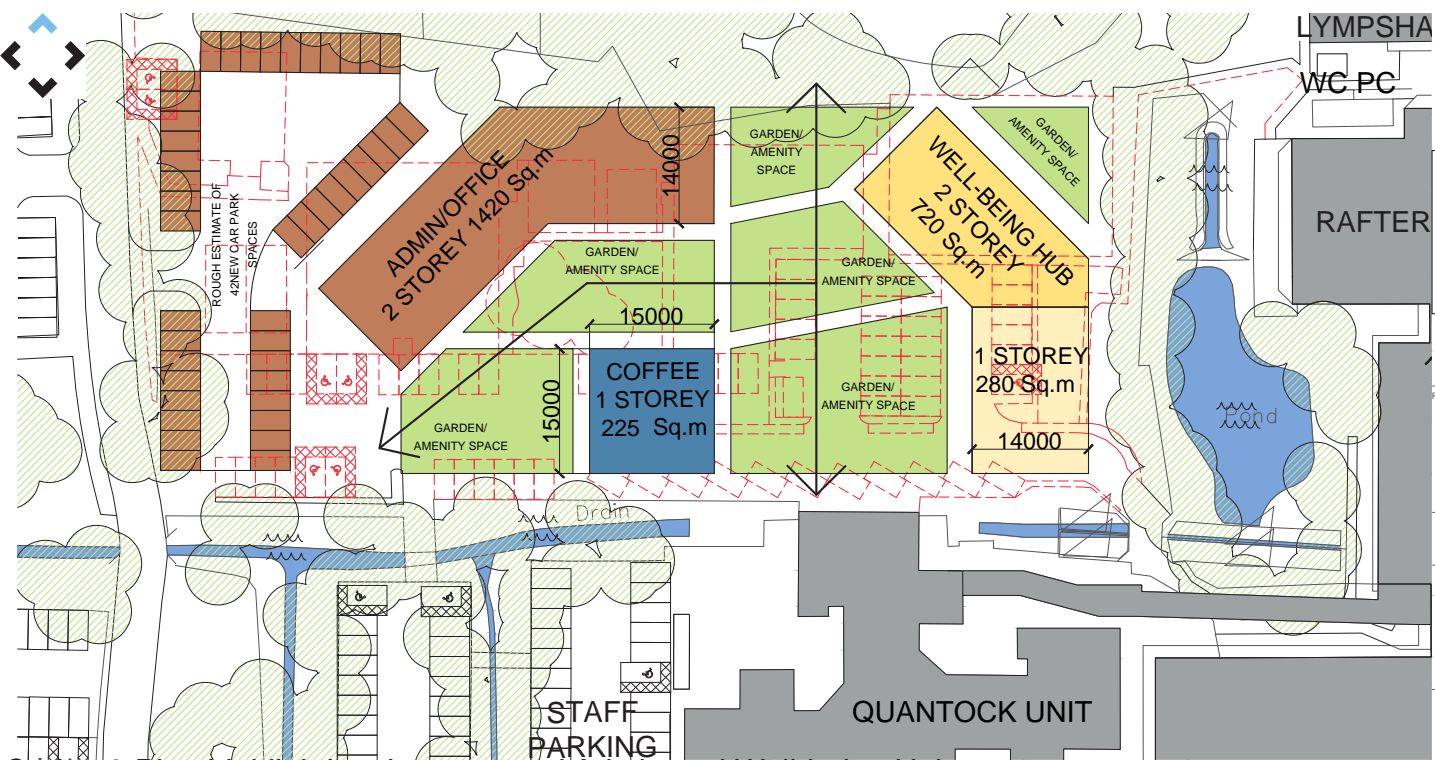


Precedent image of the connections between the buildings

13. Specific Enhancements - Zone 6 - Option C

- Option C is similar to option B with the creation of south facing landscape areas and a centrally located coffee shop.
- The admin is 2 storeys high whereas the well-being hub varies from single to double storey.
- The landscape is integrated with outdoor seating and pathways to create variations in the garden spaces.

Schedule of Accommodation					
Unit No	Unit Name	Ground Floor (Sq.m)	First Floor (Sq.m)	Second Floor (Sq.m)	Total Area (Sq.m)
1.	Admin/Office	710	710	-	1,420
2.	Well-Being Hub	640	360	-	1,000
3.	Cafe	225	-	-	225
Total					2,645



Option 3 Plan highlighting the proposed Admin and Well-being Hub



Precedent image to highlight the roofscape



Precedent image to highlight the sunny courtyard and outdoor spaces

13. Specific Enhancements - Zone 6 - Option D

- This option is a combination of options B and C with the creation of south facing courtyards and spatial connections between each building.

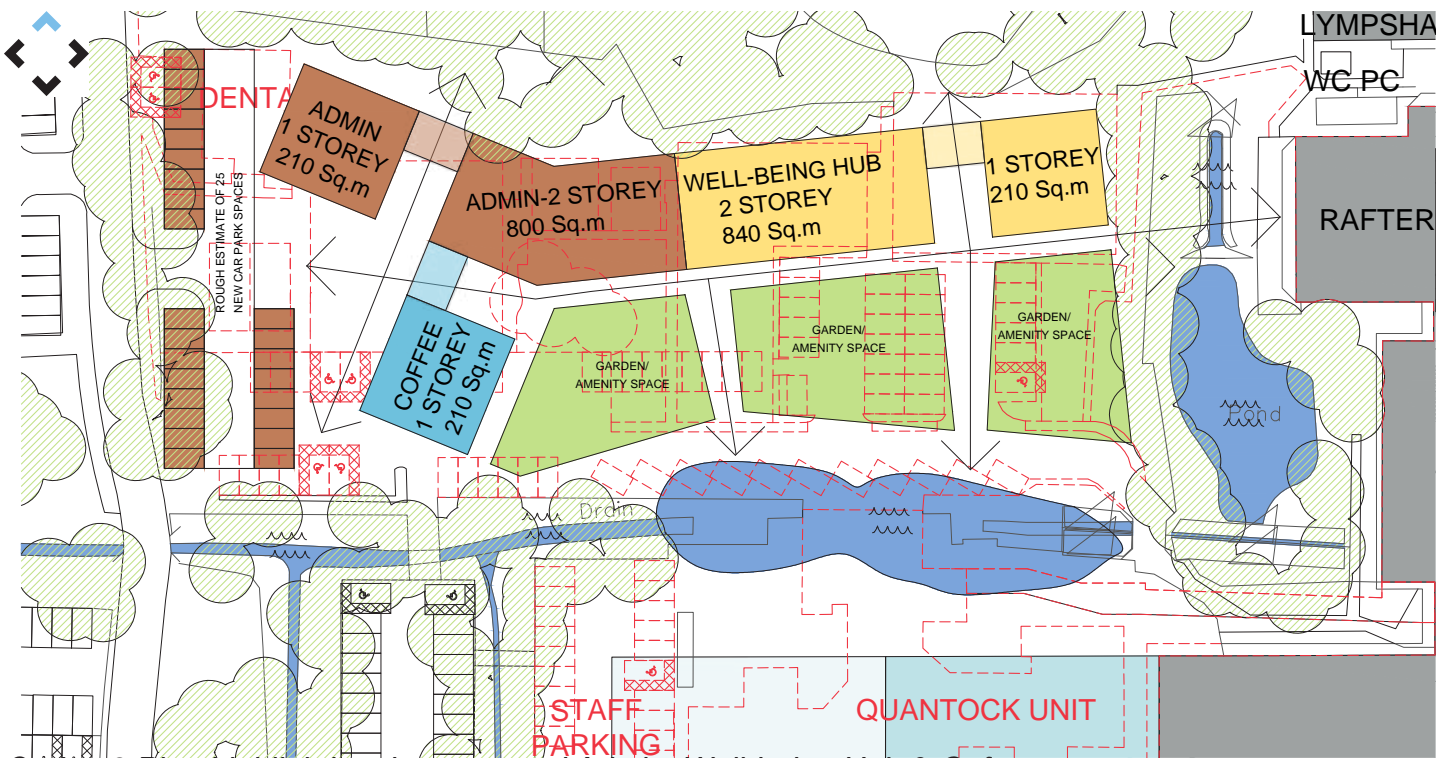
Schedule of Accommodation					
Unit No	Unit Name	Ground Floor (Sq.m)	First Floor (Sq.m)	Second Floor (Sq.m)	Total Area (Sq.m)
1.	Admin/Office	610	400	-	810
2.	Well-Being Hub	630	420	-	1,050
3.	Cafe	210	-	-	210
Total					2,070



Precedent image to highlight the roofscape



Precedent image to highlight the space between the connecting buildings



Option 3 Plan highlighting the proposed Admin, Well-being Hub & Cafe

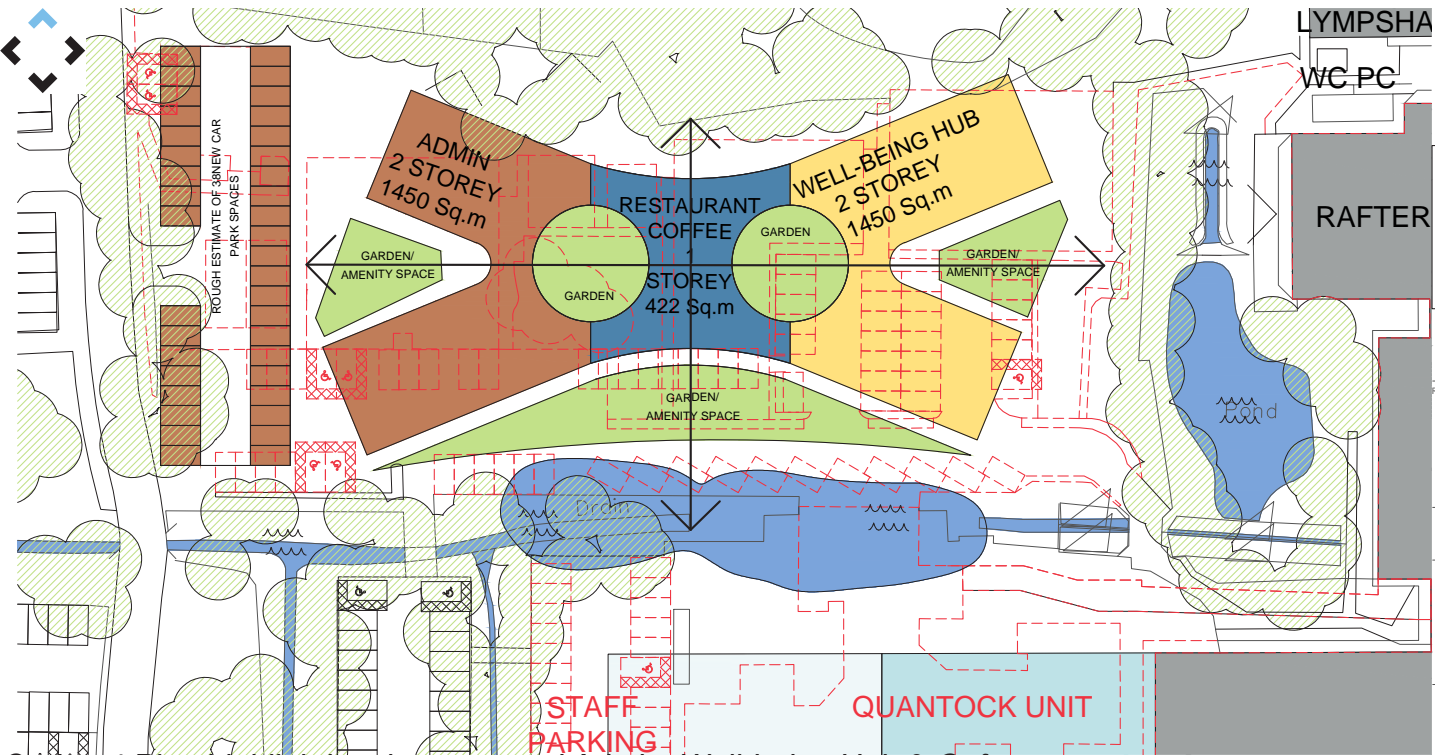


Landscape precedent Imagery

13. Specific Enhancements - Zone 5 - Option E

- This option consists of creating an organic space punctuated with circular courtyards.
- The central space is a restaurant and cafe which then branches out to form the two storey admin and the 2 storey well-being hub.
- There are also separate accesses to the admin/office from the west and the well-being hub from the east.

Schedule of Accommodation					
Unit No	Unit Name	Ground Floor (Sq.m)	First Floor (Sq.m)	Second Floor (Sq.m)	Total Area (Sq.m)
1.	Admin/Office	725	725	-	1,450
2.	Well-Being Hub	725	725	-	1,450
3.	Cafe	420	-	-	420
Total					3,320



Option 4 Plan highlighting the proposed Admin, Well-being Hub & Cafe



Precedent image illustrating the courtyards merged with the landscape



Precedent image highlighting the spaces created



13. Specific Enhancements - Refurbishments to Existing Layouts

Assessing the current facilities’ capabilities and identifying the potential areas that could be developed within the existing main hospital through refurbishment of the existing ward layouts to create covid safe standards by increasing the Clinical Bay widths to 3600 mm. This also includes converting single rooms into en suite rooms for adequate isolation rooms. The en suite rooms are designated in such a way that give them an external outlook, natural light and ventilation.

Retaining multi-bed bays with increased spacing would reduce the number of beds in a typical ward by nine ie current wards have 28 beds (including one side room)/ compliant wards would have 19 beds (including four side rooms).

Should 100% single rooms be required in the existing accommodation the total number of beds would reduce to 12-14 and with a significant amount of refurbishment work. Nursing units of this size are not usually efficient for staffing.



Existing and proposed layout of the Berrow Wards in the existing main hospital

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13. Specific Enhancements - Super Weston

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Super-Weston

SuperWeston is the new Placemaking Strategy for Weston-super-Mare, presenting a new regeneration vision for the next decade.

Eight strategic objectives shape a set of projects and initiatives across the town. These are:

- Weston well-being
- Active Weston
- Green Weston
- Carbon Neutral Weston
- Weston Experience
- Learn Weston
- Work Weston
- Live Weston

Culture Weston in partnership with Super Weston and led by North Somerset arts organisation Theatre Orchard, in collaboration with North Somerset Council, Arts Council England, the local community and the Arts Programme at UHBW have worked closely together to develop new creative initiatives in Weston-super-Mare that support regional well-being and that have national impact. Re-imagining



Moving scenes as NHS staff, care workers and volunteers led a procession from Weston General Hospital to In Memoriam on Weston's seafront as a tribute to remember those lost from Covid-19.

Weston's history as a health resort for the 21st Century. They also launched the Weston Arts & Health week from Sept 18th, 2021 to Sept 26, 2021.

Weston Arts + Health Week is a partnership between the Arts & Culture Programme at University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and Culture Weston. Last April, the inaugural festival had to be swiftly re-imagined owing to the pandemic.

'In Memoriam' is a temporary memorial for the public to visit and remember all that we have lost from the Covid-19 pandemic. The poignant flag installation is also made in tribute to all the NHS health and care workers who have been working during the crisis. Originally commissioned by UHBW and Culture Weston, the acclaimed artwork has been experienced by communities all over the UK before coming home to Weston-super-Mare.

As part of the launch weekend, on the evening of 18 September, a contemplative procession entitled 'Here For You' saw NHS staff, care workers and volunteers participate in a torch-lit beach walk from the grounds of Weston General Hospital to the 'In Memoriam' artwork. As the sun sets, they will lit an evocative installation of flickering flames created by Somerset based fire artist Mike Jones of The Pyro Studio, accompanied by the soothing tones of the Costanzi Consort choir. Spectators were welcomed to observe the peaceful moment of reflection created in appreciation of the health and care community.

As a major local employer with an aspiration to be a dynamic hospital at the heart of the community the Super Weston initiative offers many opportunities for the hospital to develop in parallel with the community it serves.

The hospital's location has many benefits – semi rural surroundings; good access; quiet surroundings but is set apart from Weston centre. Now that reliance on car travel is being challenged UHBW will need to pursue alternatives to making the hospital accessible to all. The development plan also provides an opportunity for UHBW to enhance the site as an amenity for staff and the local community which will help staff retention and put Weston at the heart of the community.



13. Specific Enhancements - Transport

The aspiration for active travel in North Somerset is represented by the ambitious but achievable vision statement for an Active Travel Strategy - ‘Making walking and cycling the natural choice for a cleaner, healthier and more active North Somerset.’

Within North Somerset, the use of active travel improvements will help reshape places to become healthy, vibrant and clean. Using new and improved walking and cycling infrastructure for residents and businesses to choose walking and cycling as the natural and enjoyable choice for short and medium length journeys and for the first and last mile of longer journeys. The aim is for people to take these journeys via a safe, connected network, making active travel the most attractive option wherever possible. This will be important in working towards making the transport network at Weston-super-Mare carbon neutral by 2030.

There is also a programme of more ‘local’ cycle improvement schemes using extremely limited local resource, with funding contributions towards schemes like the Uphill Road North cycle link (as part of the Coastal Towns Cycle Route) and active travel, public realm and public transport improvements which will significantly help the staff, visitors, patients at the Weston General Hospital.

Route 4 (green route) has the benefit of being a level ride from the town centre, but is a relatively featureless route with long stretches of close-boarded fencing. It could be improved by widening it at pinch points, and looking for opportunities for distinctive features, such as trees, wayfinding markers or incidental points which would mark progress and add interest to a journey on foot, scooter or cycle. There is also potential for sustainable urban drainage, such as a long, planted swale, which could be used to separate cyclists from traffic.

There is also an Uphill village scheme proposed by North Somerset Council in place that covers the whole village improving the on-carriageway sections of the Coastal Towns Cycle route and wider benefits to the village, including two schools and Weston General Hospital

Active Travel Grant at Weston General Hospital

In North Somerset, staff at Weston General Hospital have celebrated Clean Air Day with the official opening of their new covered bike shelter, which North Somerset Council has supported with an active travel grant. Any member of staff who walks or cycles to work on Clean Air Day was treated to a free, healthy breakfast. With their own fleet of staff pool bikes in the pipeline, plus the on-site events organised to mark Clean Air Day, many more hospital staff will be encouraged to commute in a sustainable way, reduce their personal air pollution and work towards a clean air future for our children.

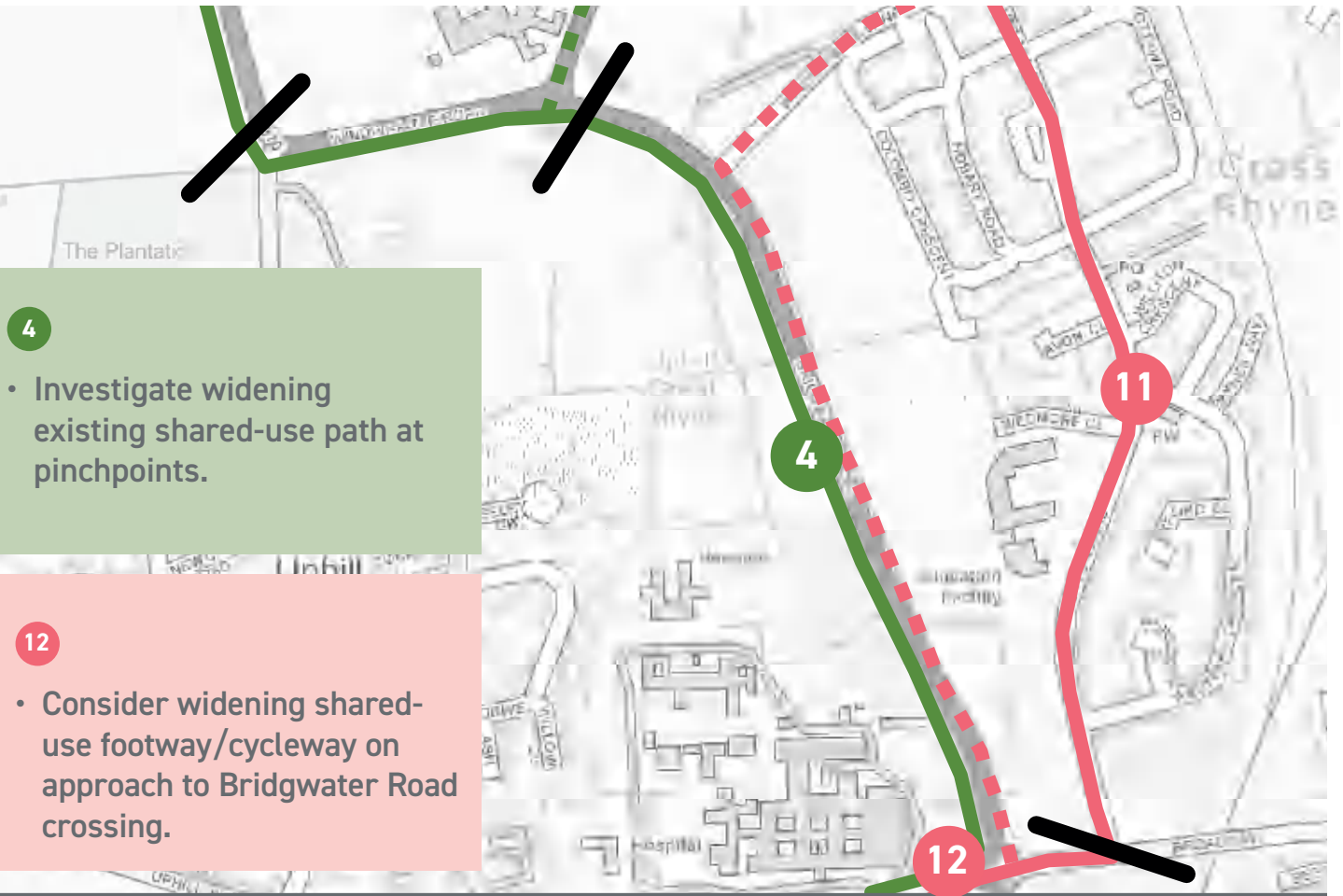
Super Mare Cycles

Currently there is also a free bike scheme provided by the North Somerset Council for NHS staff at the hospital to bike to work launched in 2020. With the support from the Council’s Sustainable Travel team,

the hospital has seen a surge of interest in cycling to work from their staff members. In collaboration with the Sustainable Travel Grant there is also a plan to have the hospital’s own fleet of staff pool bikes and some additional cycle shelters.

Weston Wheels

A car scheme offering transport to medical appointments at all of the regional hospitals including, Bristol, Bath and Bridgewater. Weston Wheels is run entirely by a dedicated team of volunteers who are happy to travel most distances using their own vehicle. The main objective is to provide door to door transport for the elderly, disabled and less advantaged residents and surrounding areas at a price that’s affordable to all.



Weston-super-Mare Route 6 & 7 - West Of England Local Cycling and Walking Infrastructure Plan 2020-2036

13. Specific Enhancements - Woodland Walkway - Spaces for Health & Well-being

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Woodland Walkway

A proposed woodland walkway and running path that extends all around the hospital site for 0.7 miles that focuses on the holistic approach by re-orientating outdoor spaces within the sphere of staff and patient centred care. These spaces are also a cost effective approach for improving mental and physical well-being.

Woodlands are especially restorative environments, the sounds, the sights and smells in a woodland play a role in reducing stress by providing interest and stimulating the senses. Studies have also demonstrated that patients who have contact with nature recover more quickly from operative procedures. Not only that, it also improves staff performance, recruitment and retention.

Studies from Japan since 2004 have found that the plant oils, produced by trees to ward off attacks by insects and bacteria, have a beneficial impact on human health. When people breathe in these plant oils, particularly in a wooded environment where there is a concentration in the air, the phytoncides stimulate an increase in white blood cells. They have also been shown to reduce levels of the stress hormone cortisol which is associated with suppression of the immune system and heart disease. Therefore, increased tree planting and access to the woodland would be beneficial and should be promoted on site.

The plan for the woodland walkway starts from the main entrance of the hospital that extends to the north as a running path through the woodlands and eventually leading to the beach on the west. The walkway/running path is also broken up to create gardens, congregational and relaxing spaces. These multi-functional spaces cater to a wide range of people with different needs.

Apart from creating outdoor spaces for patients, visitors and staff of the hospital, the scheme also has a strong emphasis on wildlife and local biodiversity. Even modest improvements to a space around the site could have major benefits for wildlife in the vicinity and help facilities meet their local performance targets in terms of the environment.

All of the design elements described above have the potential to add a new dimension and interest to spaces designed for therapeutic and healing purpose and is also a well-planned space for everyone to enjoy.

It is likely that some of these identified specific enhancements will be brought forward in association with any future planning applications for new hospital facilities.



Illustration of the proposed woodland walkway around the site

15. Comparative Evaluations & Overall Conclusions

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Comparative Evaluation

It is clear from the analysis of the potential development zones that they each have different constraints and provide different opportunities to address the identified requirements within the site.

In summary, the principal opportunities in the context of the identified requirements and the evaluation of each zone are as follows:

- Zone 1 offers limited potential for development of new buildings due to its proximity to the residential area, however any developments are likely to require the demolition / redesign of buildings with some level of local architectural note. There is potential to strengthen the western access point to improve connectivity to the town, beach and local nature reserve which may benefit staff wellbeing and retention generally.
- Given their physical characteristics and the existing nature of Zones 2 and 4, provide no real potential to introduce new hospital buildings as they work quite well as existing patient, visitor and staff parking.
- Zone 3 & 6 offers the greatest potential to introduce new hospital buildings. This is largely, but not solely, because of functional requirements and the associated need for clinical adjacency of core hospital activities.
- Due to the nature of the ad hoc parking and the various physical constraints, Zone 5 has the potential to be developed Non-Clinically without there being a need to be adjacent to the main hospital.
- Zone 7 also offers limited potential for development due to its location being away from the main hospital, however, this zone has an opportunity to be developed into an advantageous and effective outdoor space.
- The woodland areas of Zones 2, 4 and 7 need to be retained as the strategic gap identified by North Somerset which limits the scale of potential development in this area.

Overall Conclusions

The overall development principles, specific enhancements and zonal development principles set out in this report together represent a well-founded development plan for Weston General Hospital. The plan provides a sound and sustainable basis to accommodate potential requirements between 2022 and 2027

It shows that there is potential for significant development on the site without being detrimental to its existing character. Moreover, it has been demonstrated that a clinical building of the size required to accommodate the current potential clinical services can be adjacent and connected to the existing hospital.

The existing storage function, dispersed around the site, can be re-provided as a combined receipt and distribution centre with good access for deliveries and distribution around the site.

If necessary, the existing education centre can be increased significantly in size to respond to a developing teaching need.

Existing landscaping on the site is a quality that can be enriched to create spaces around the site for all kinds of health and well-being activities. A focus for this enhancement could be a new heart for the hospital between the proposed clinical extension and Long Fox unit that could incorporate a revitalized Rafters restaurant and other food outlets; activity spaces; well being and admin block and developed landscaping.

As part of new development works, a tree survey and maintenance plan should be commissioned, along with an audit of the relevance of signage, seating, bins, bollards and other parking control measures, so that confusing or unnecessary elements can be removed or repositioned.

The development plan will act as a crucial basis to deliver major physical enhancements and service benefits to healthcare provision for Weston-super-Mare residents and those of the wider region.

The plan confirms the extent of constraints for service development and therefore, in conjunction with progressing best use of the opportunities within each zone, the following will be progressed within the Estates Strategy refresh.

Comment in relation to Healthy Weston 2 to be added.

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Next Steps

In summary, the principal opportunities in the context of the identified requirements and the evaluation of each zone are as follows:

- **Next Steps for the Trust**
- Undertake Design Studies to test development options for each zone and update Project Strategies and Outline Specification Detailed Plans of each preferred option to suit the clinical and non-clinical requirements.
- Review design against Hospital Building Regulations and prepare and submit Planning Application.

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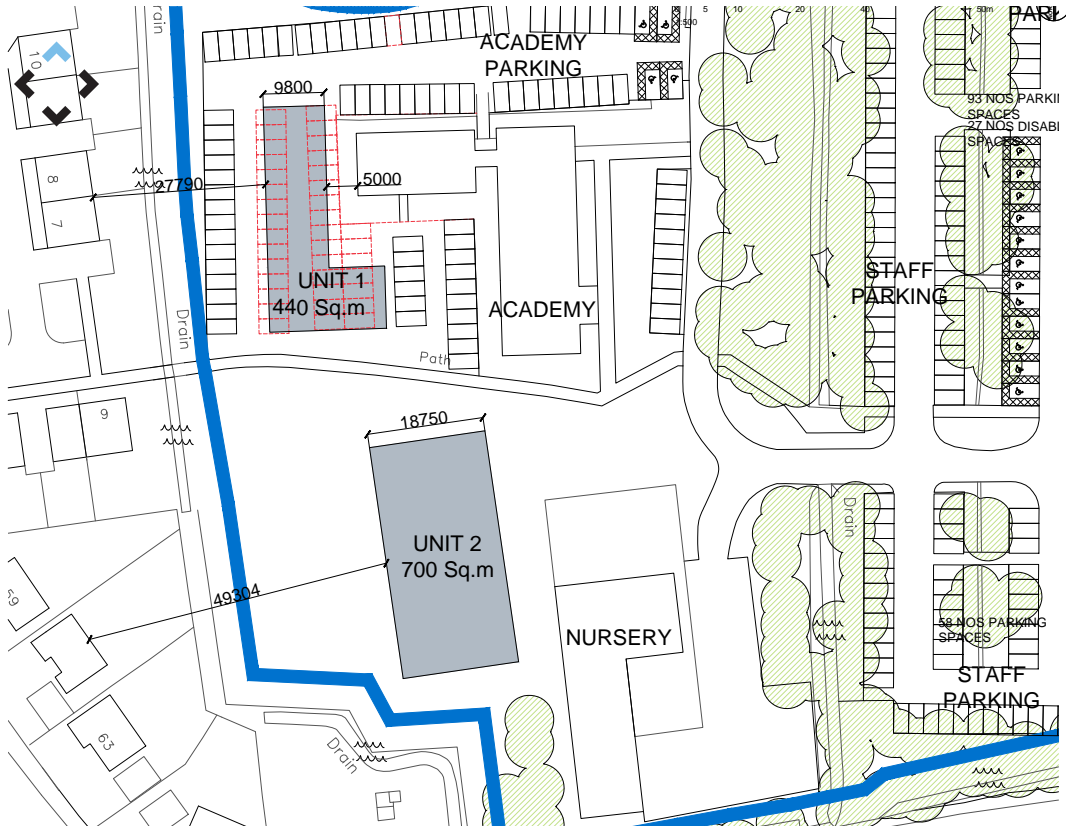
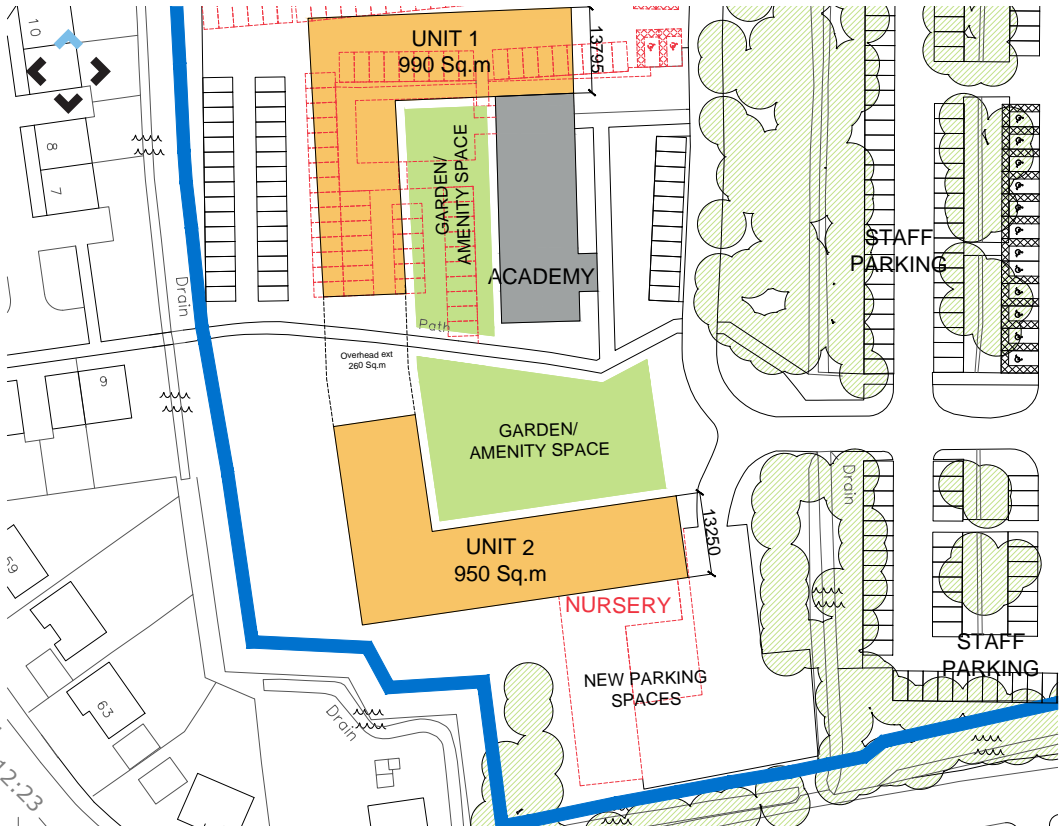
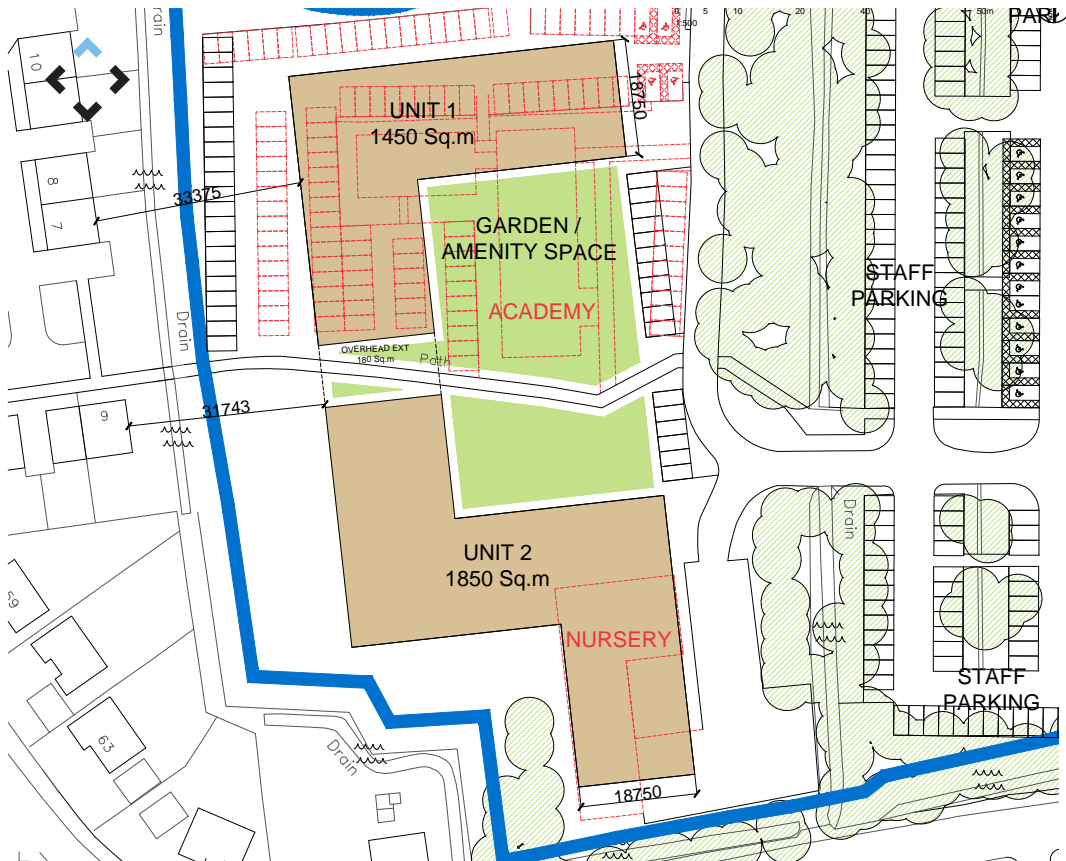
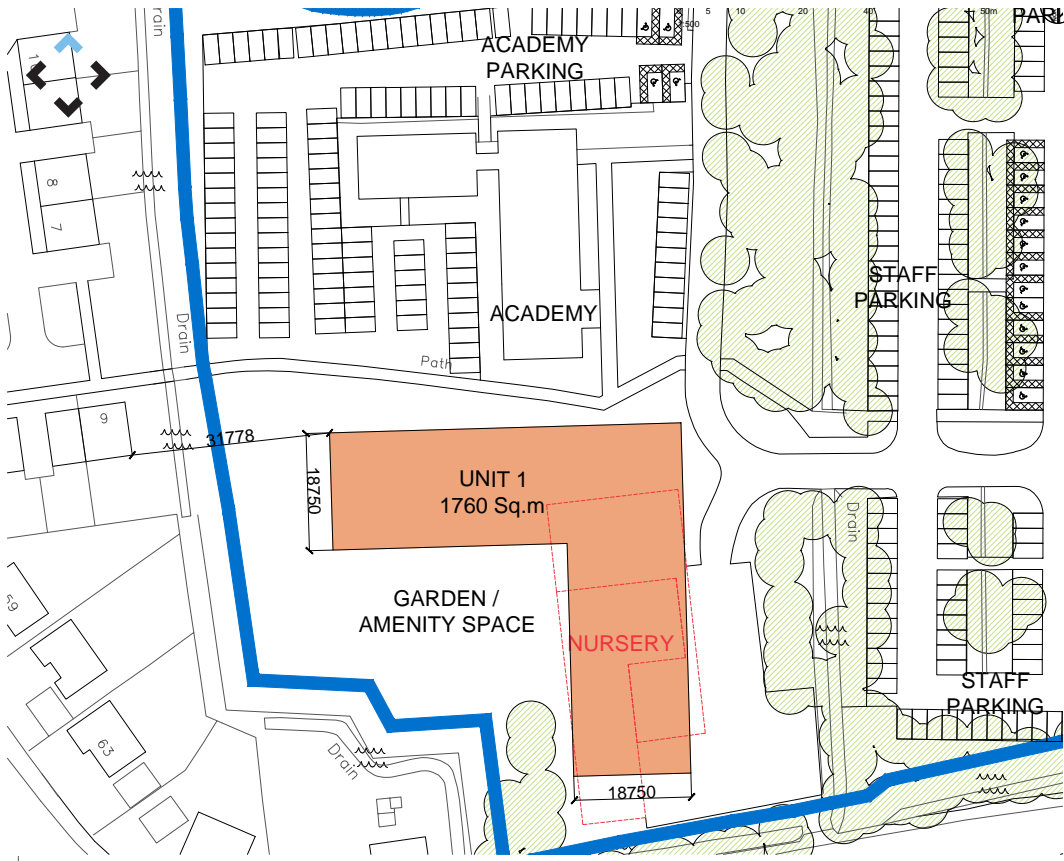
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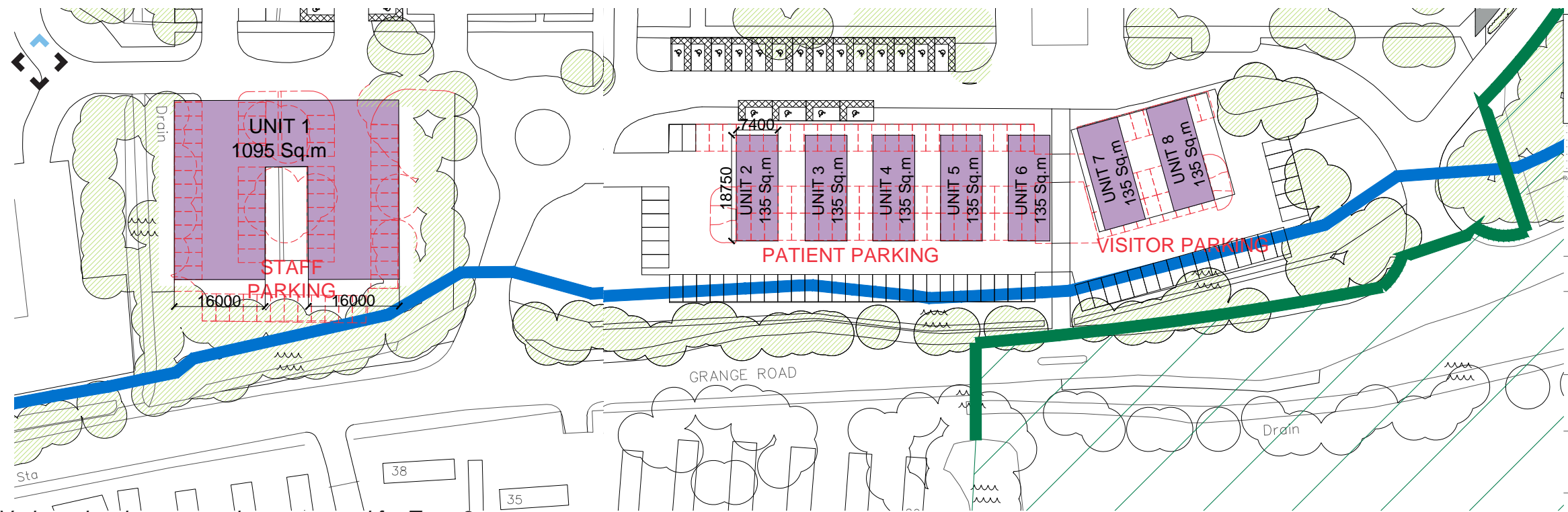
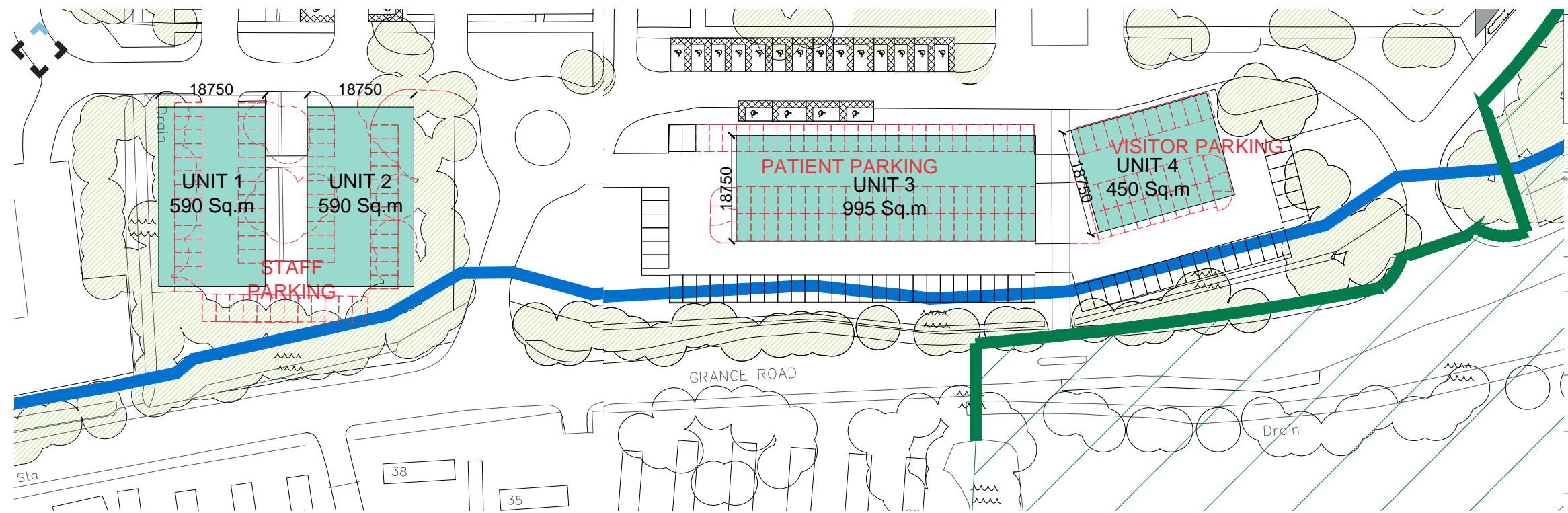
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1. Appendix - Alternate Development Options - Zone 1



Various development options proposed for Zone 1

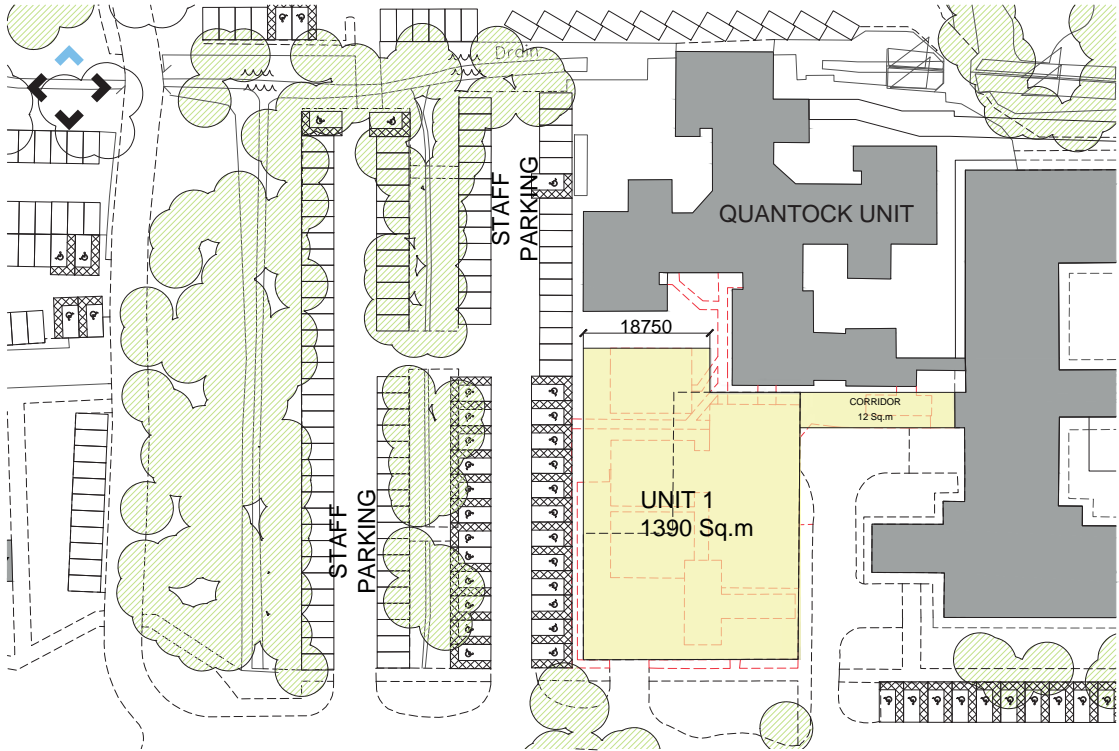
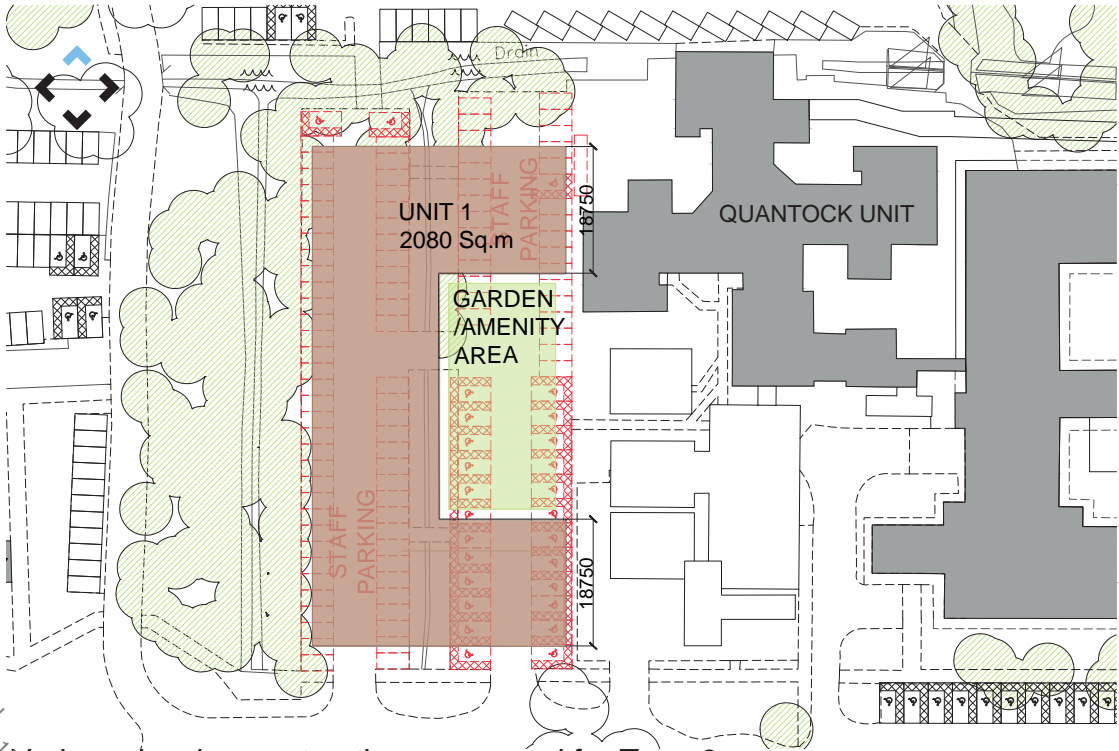
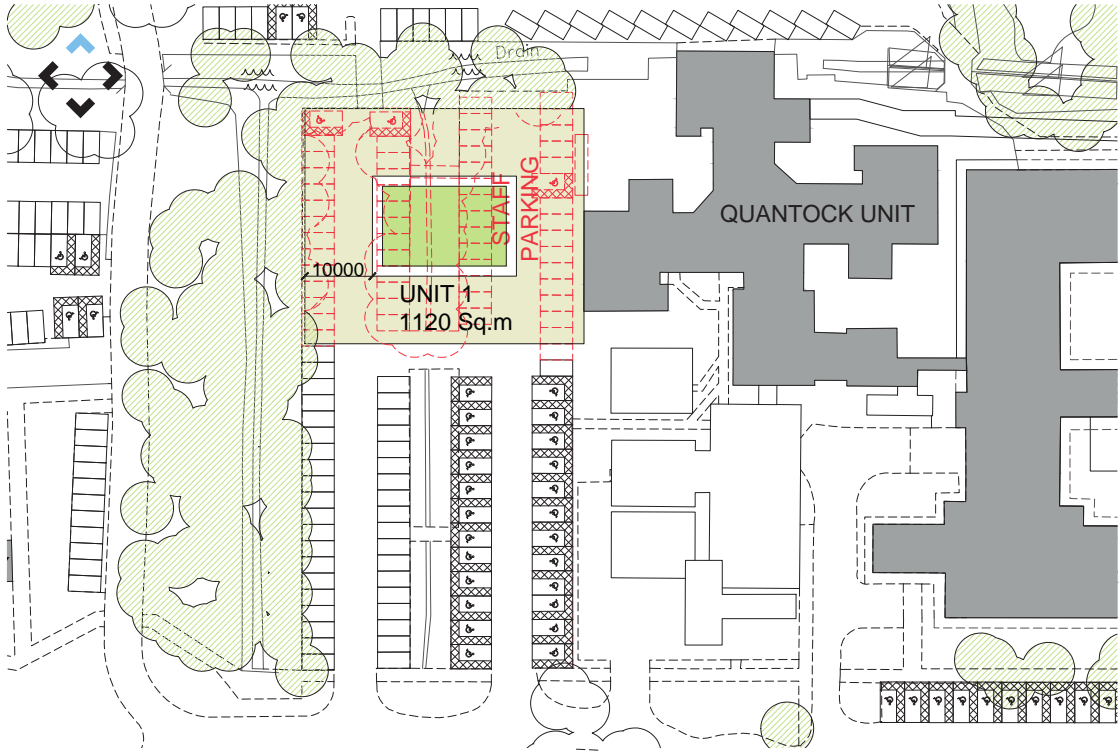
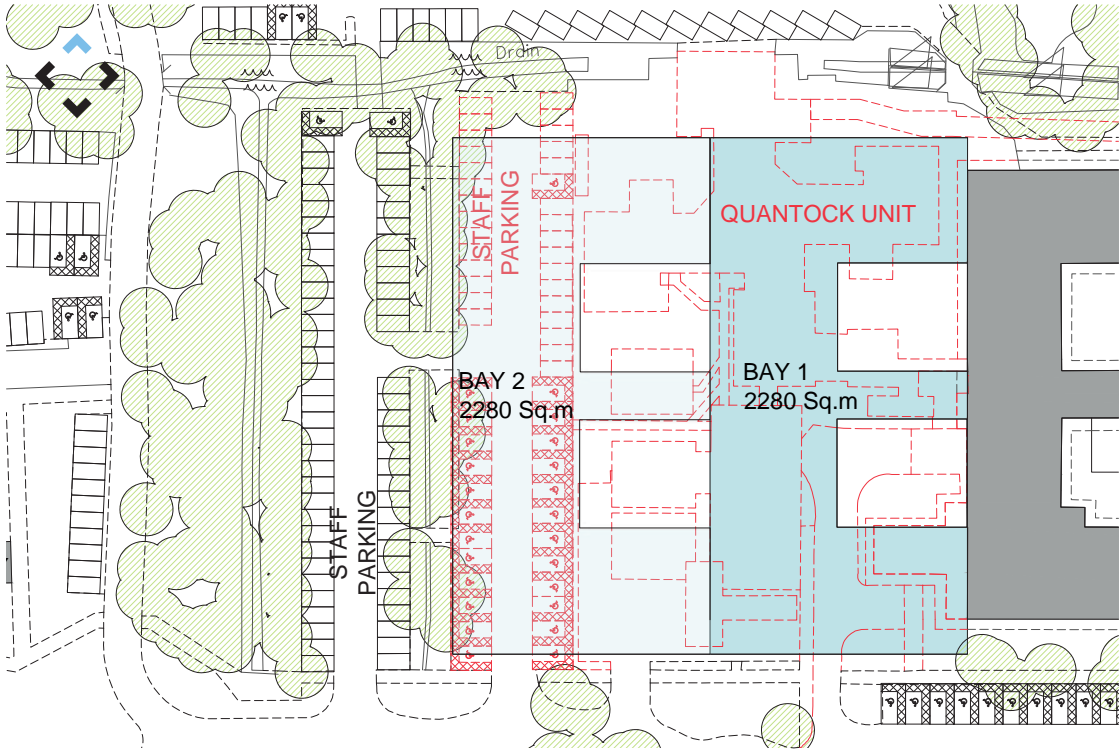
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Various development options proposed for Zone 2

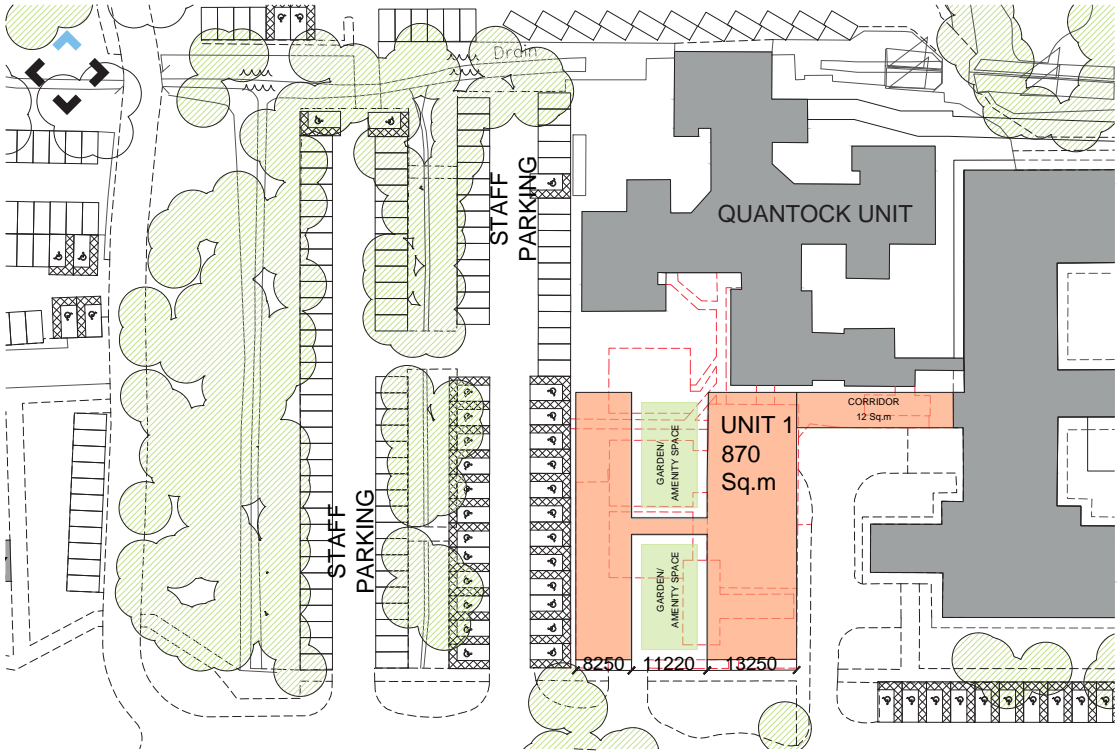
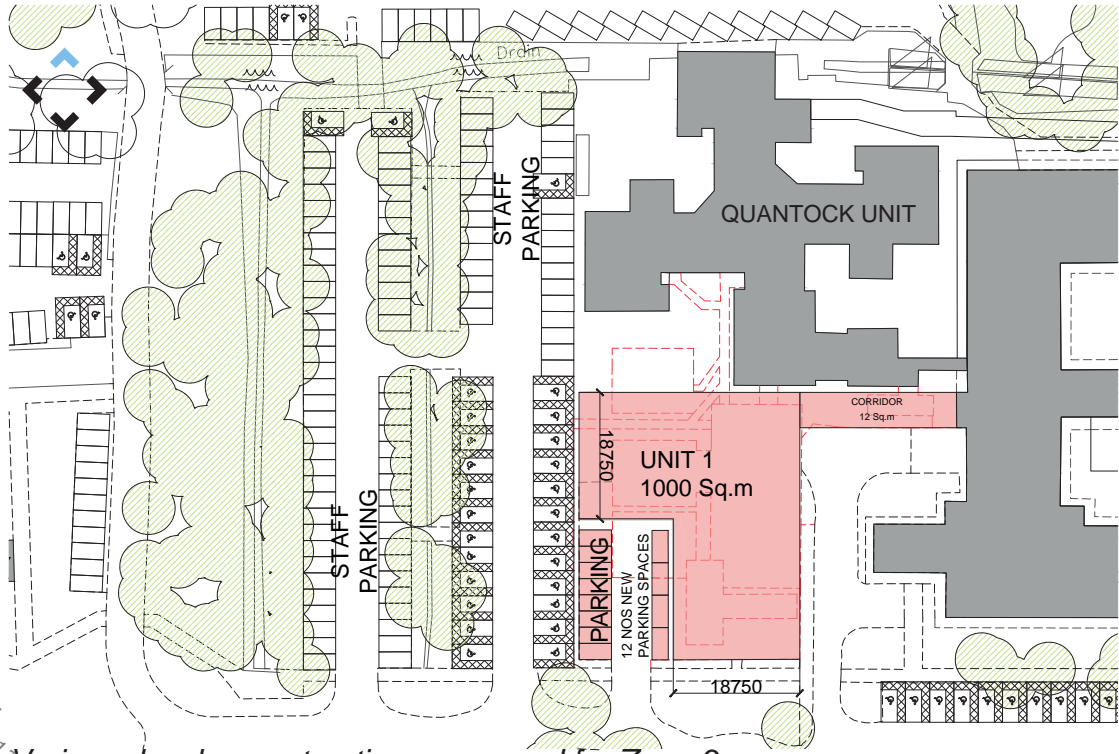
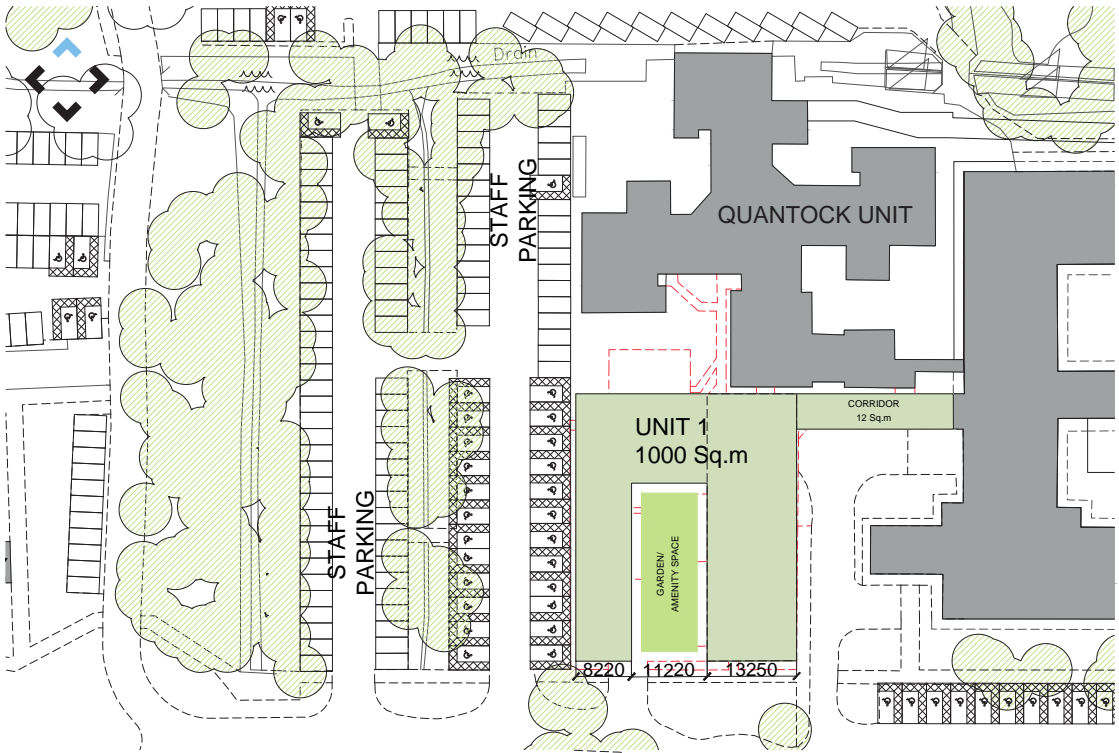
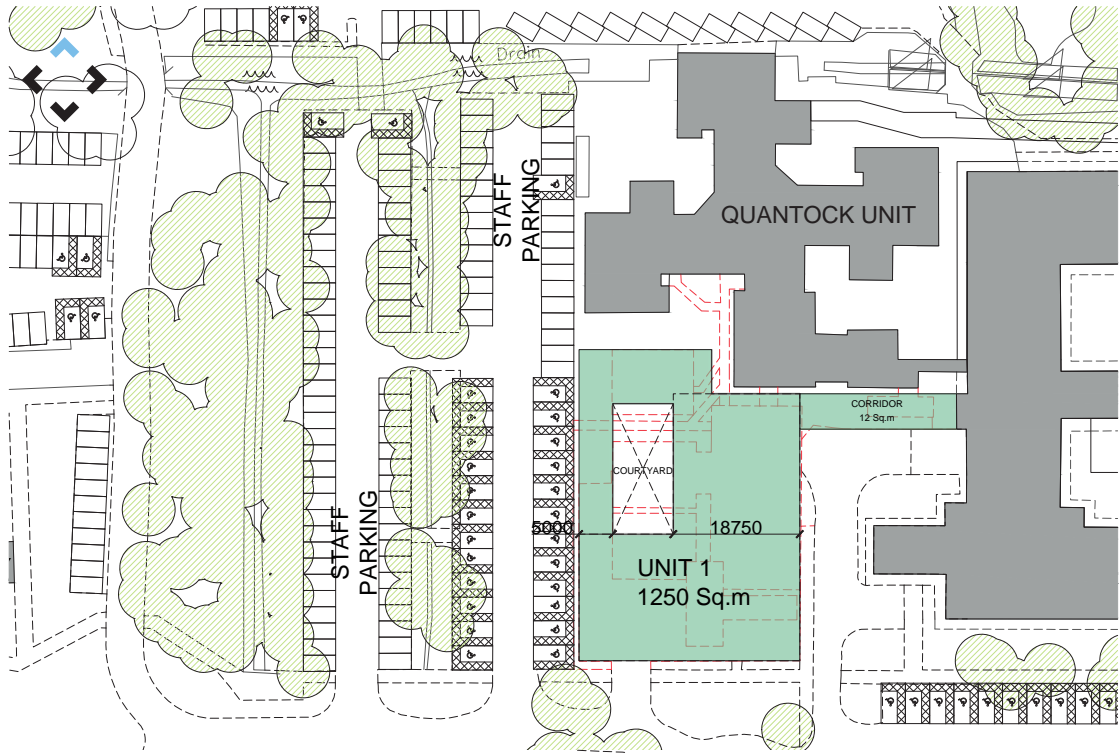
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3. Appendix - Alternate Development Options - Zone 3



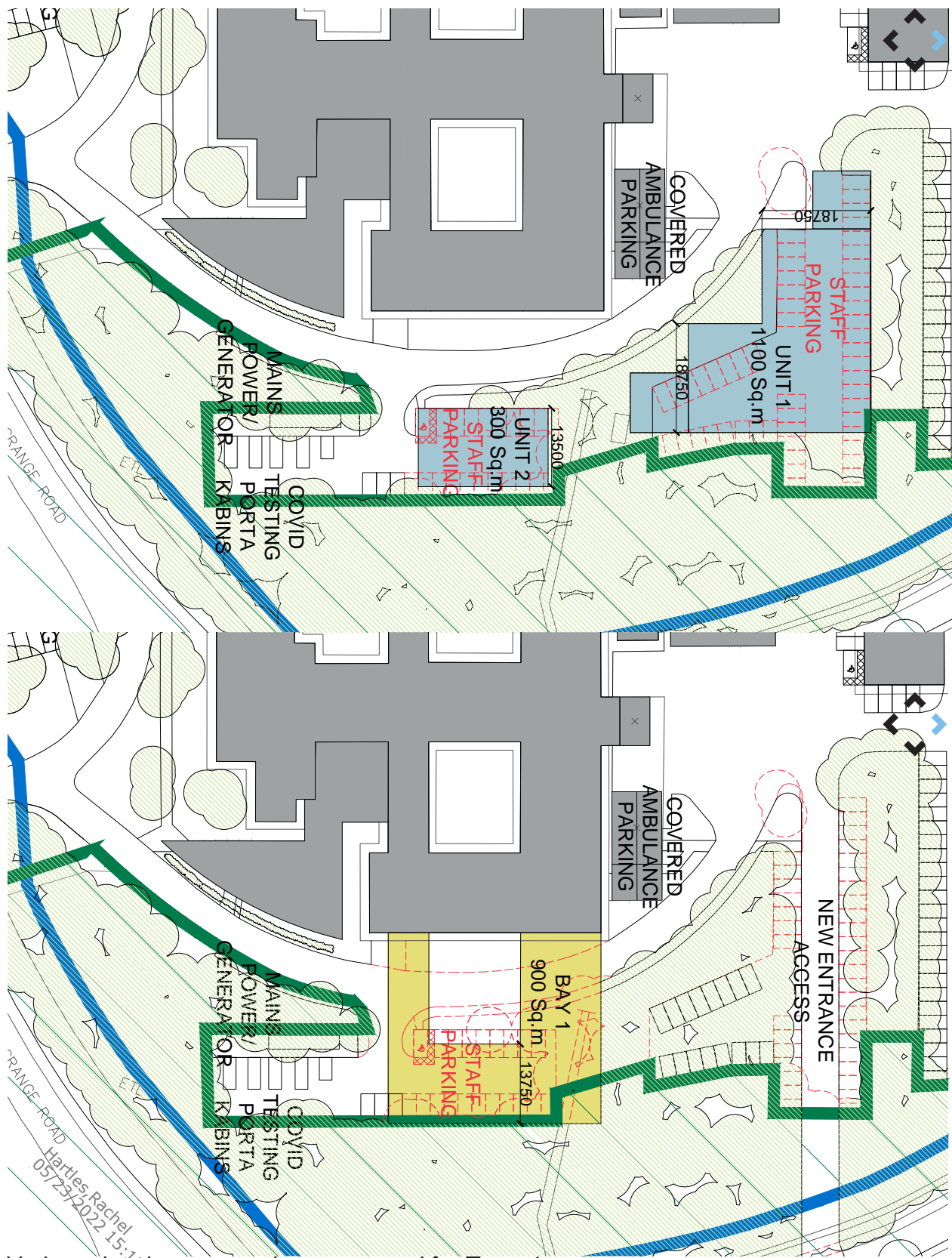
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Various development options proposed for Zone 3

3. Appendix - Alternate Development Options - Zone 3

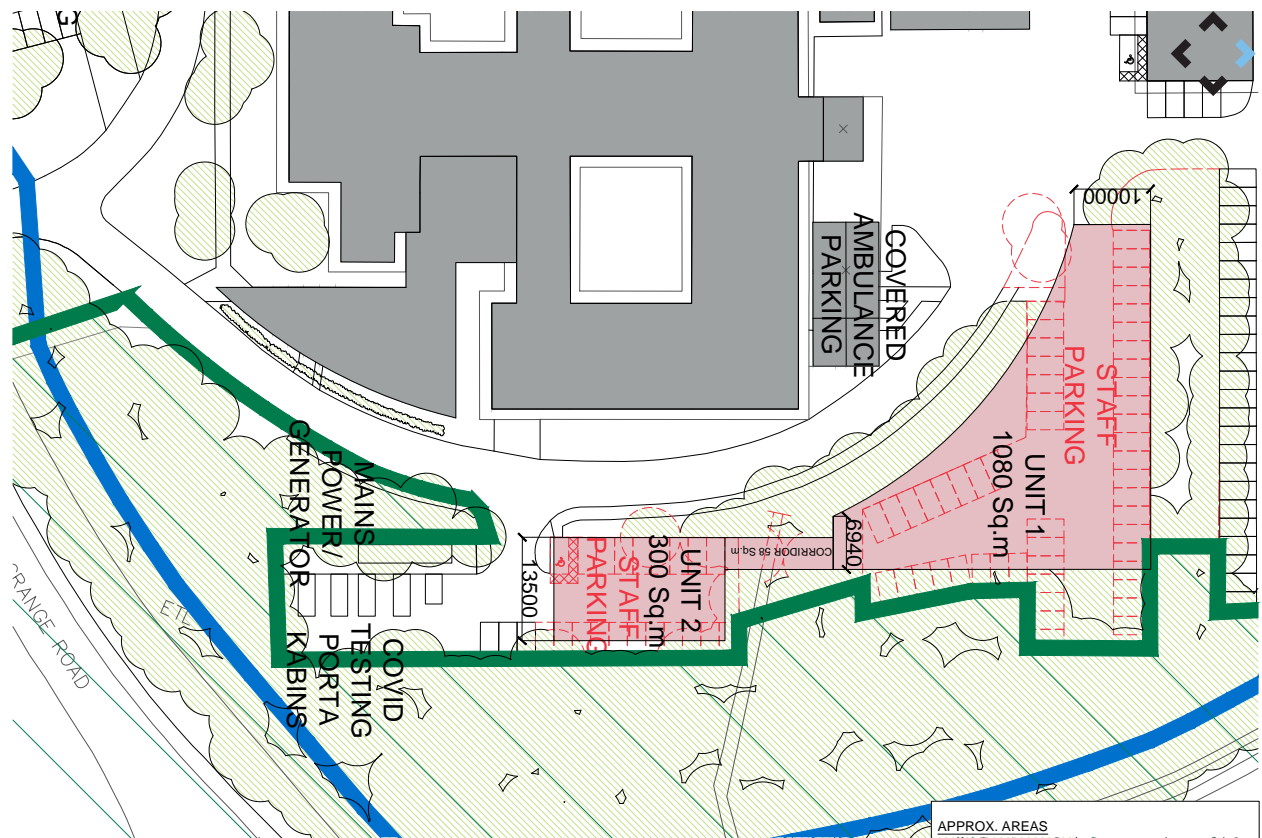


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Various development options proposed for Zone 3

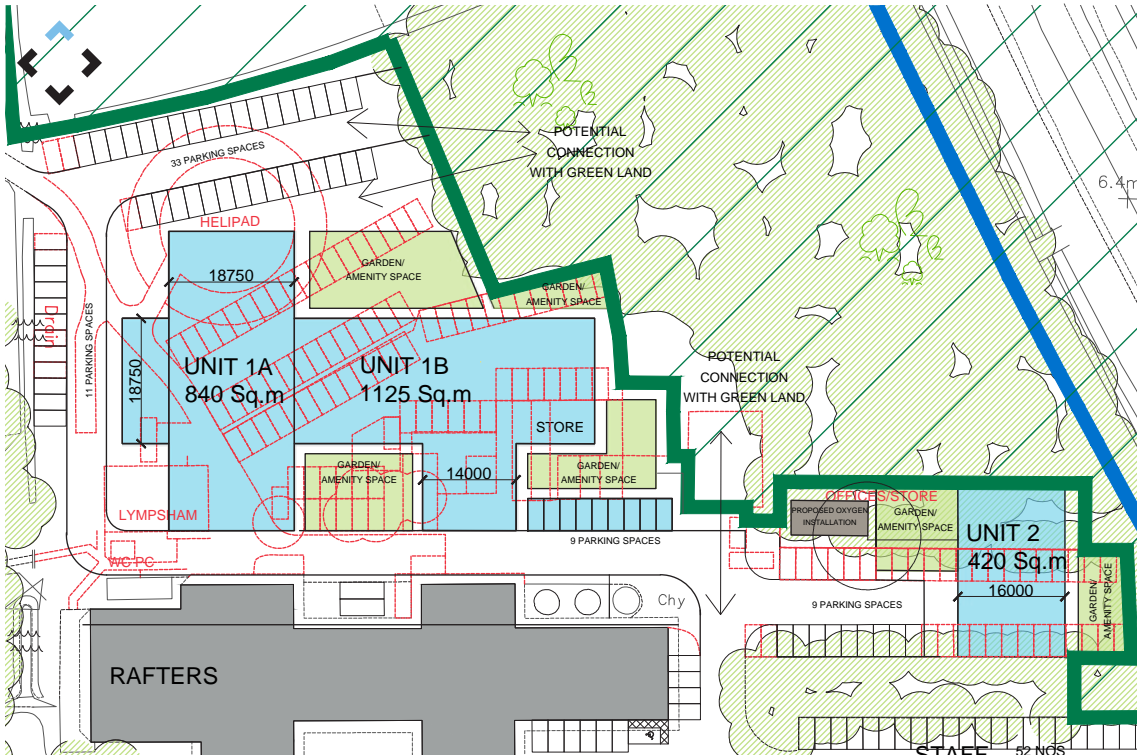
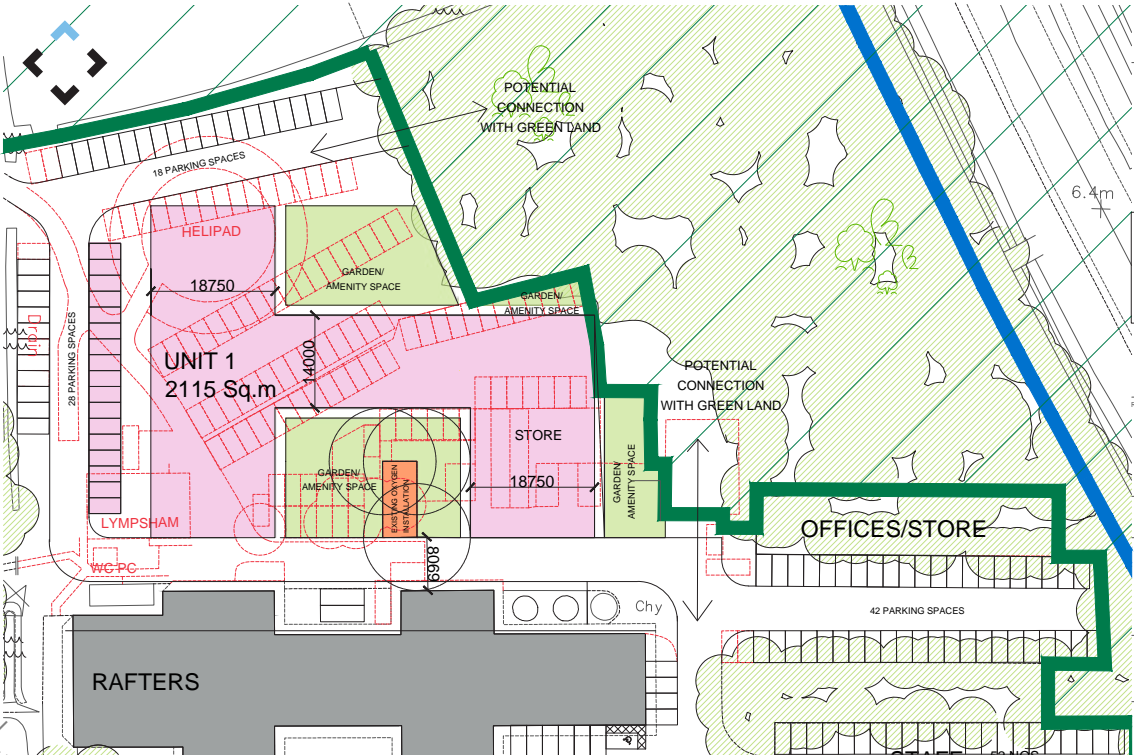
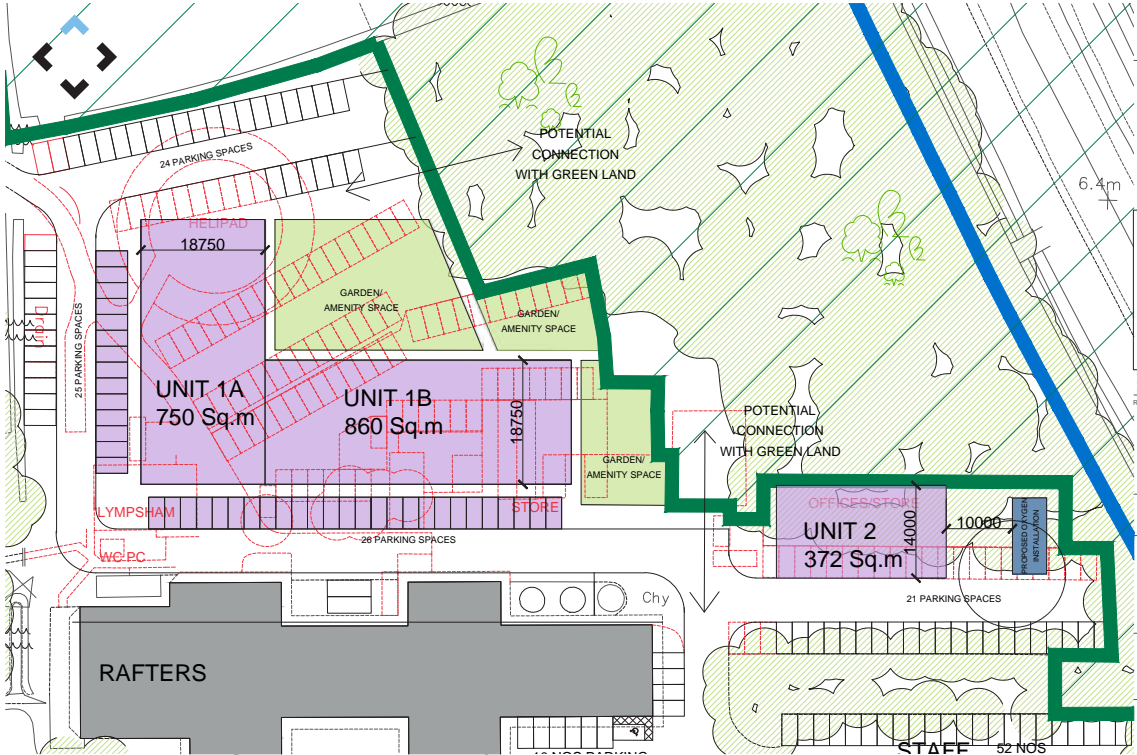
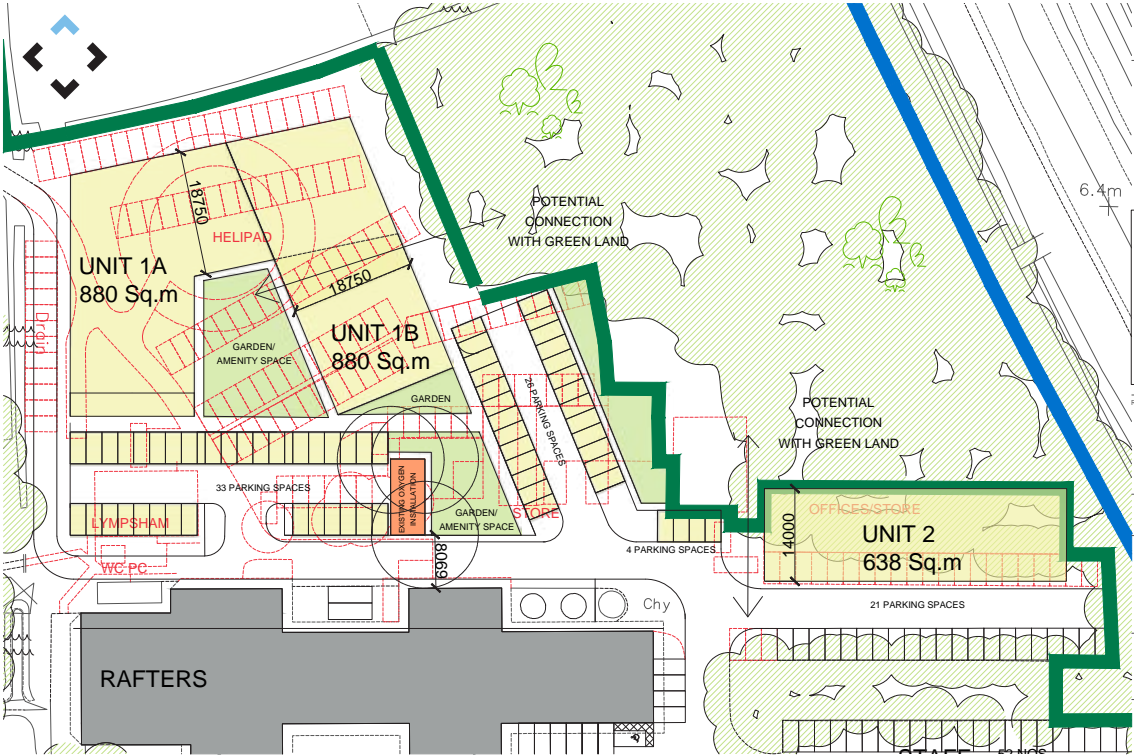
4. Appendix - Alternate Development Options - Zone 4



Various development options proposed for Zone 4

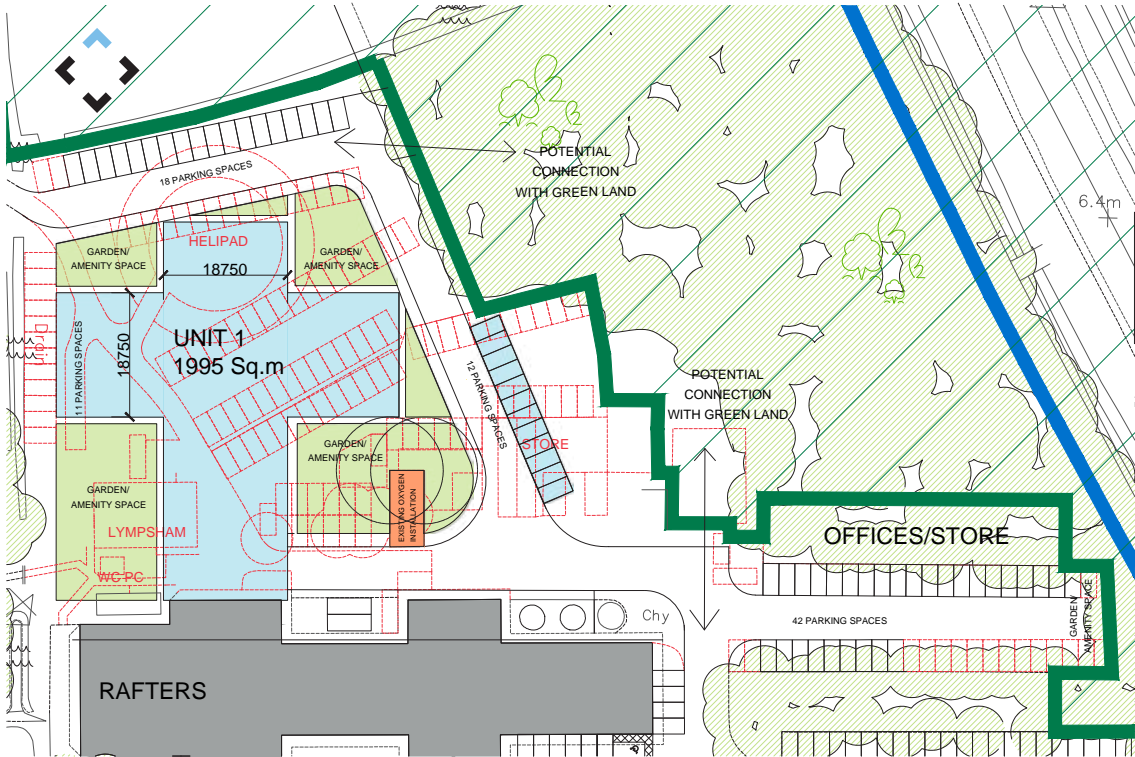
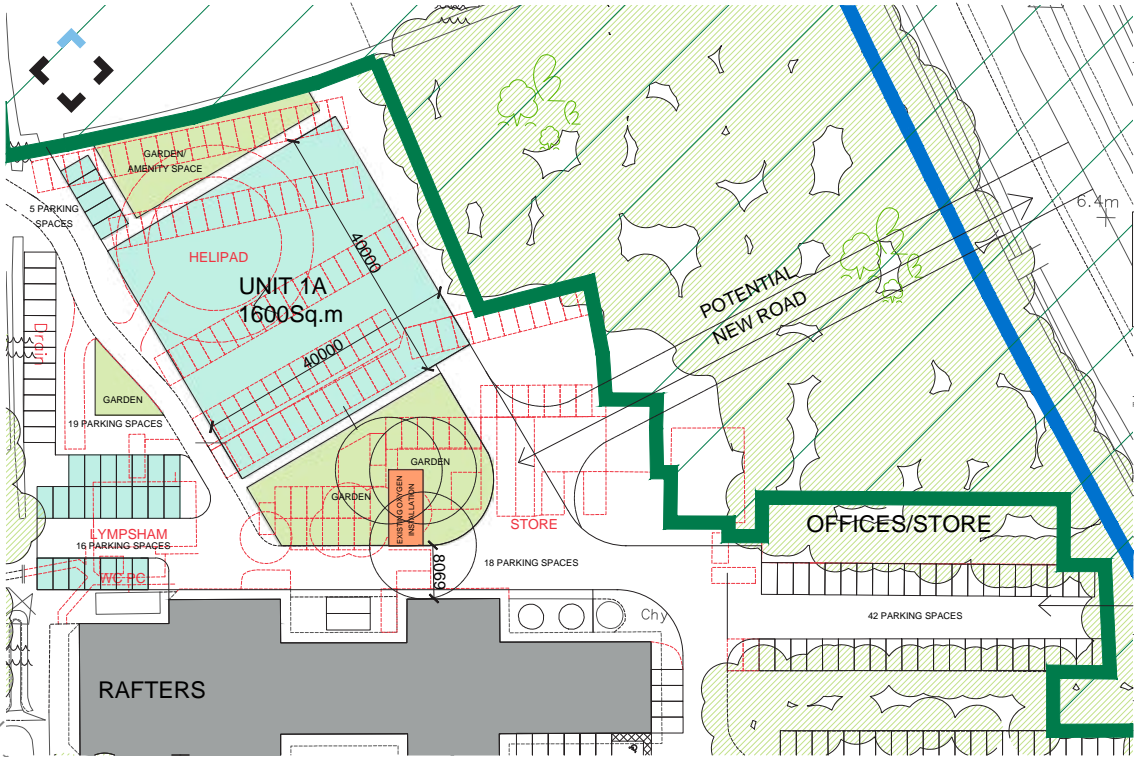
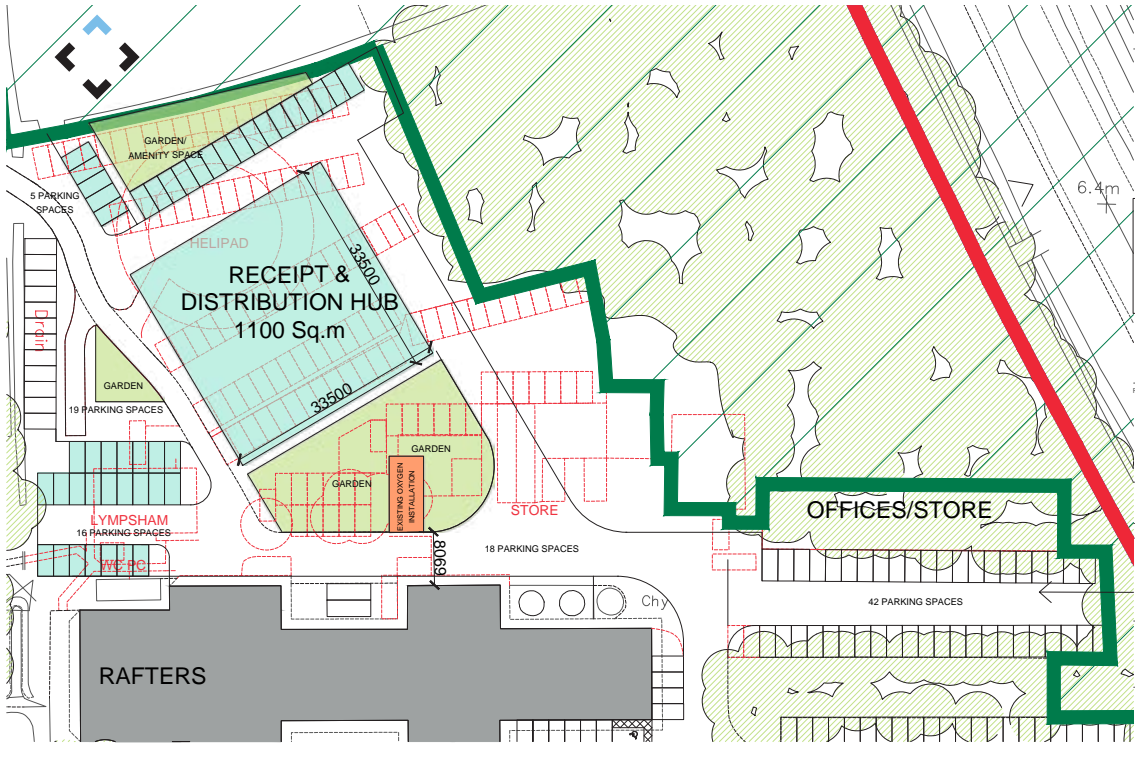
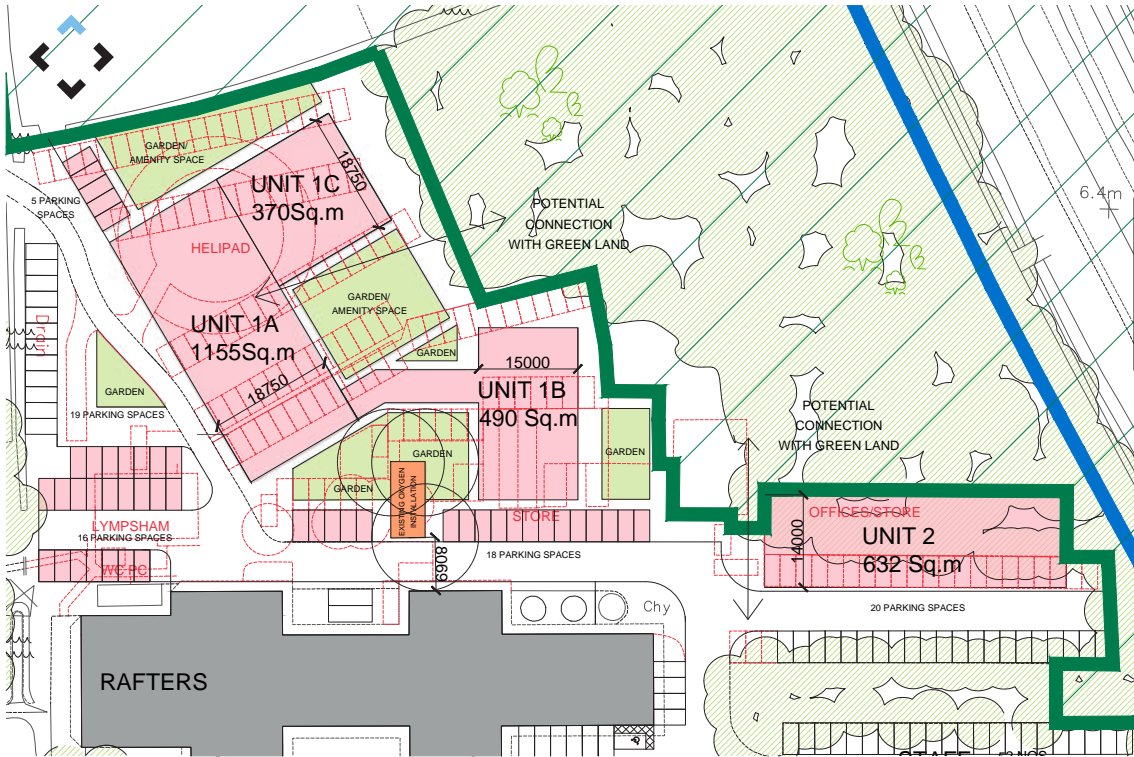


5. Appendix - Alternate Development Options - Zone 5



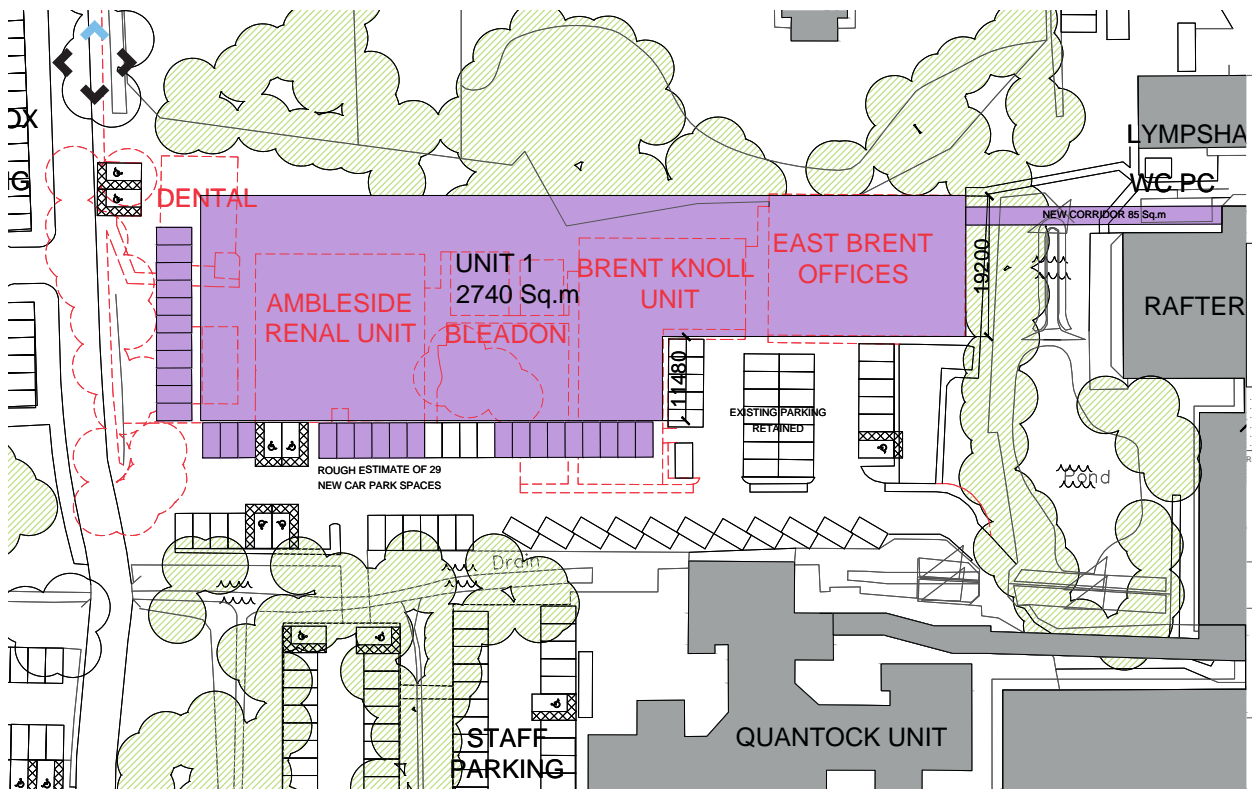
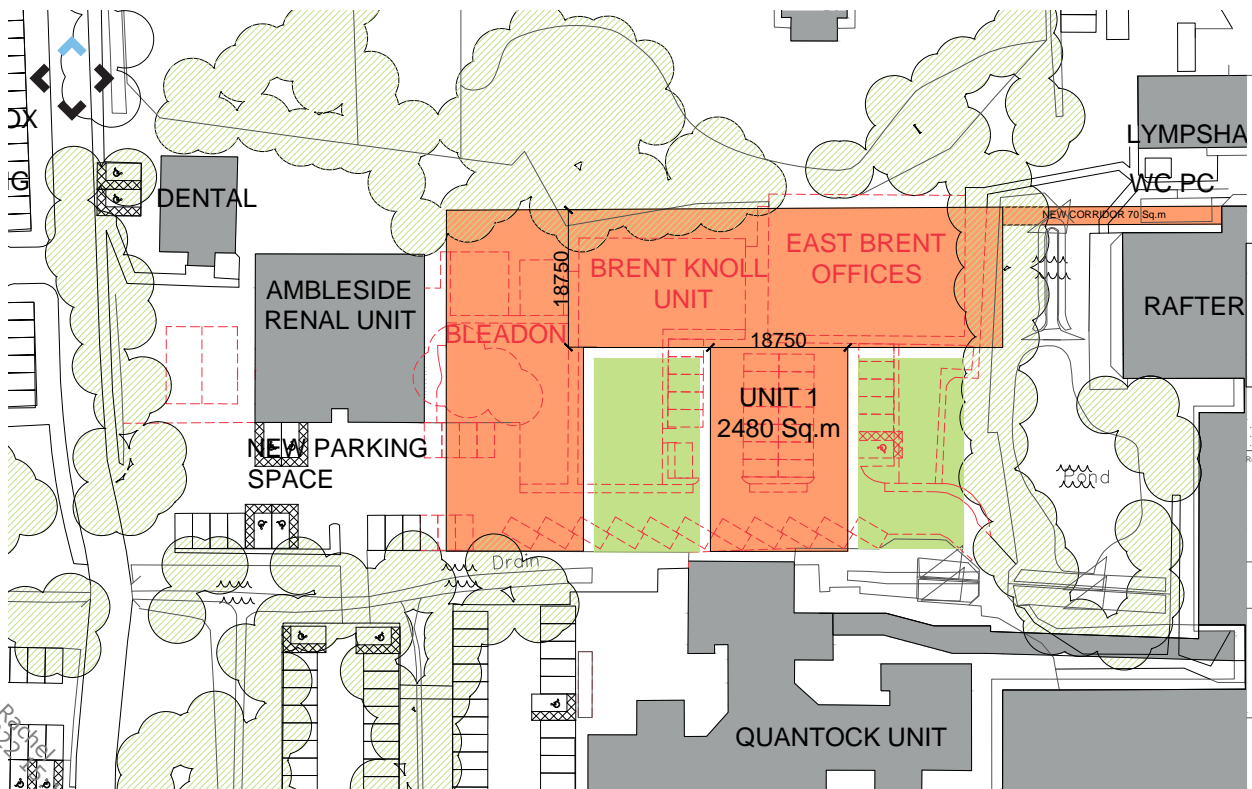
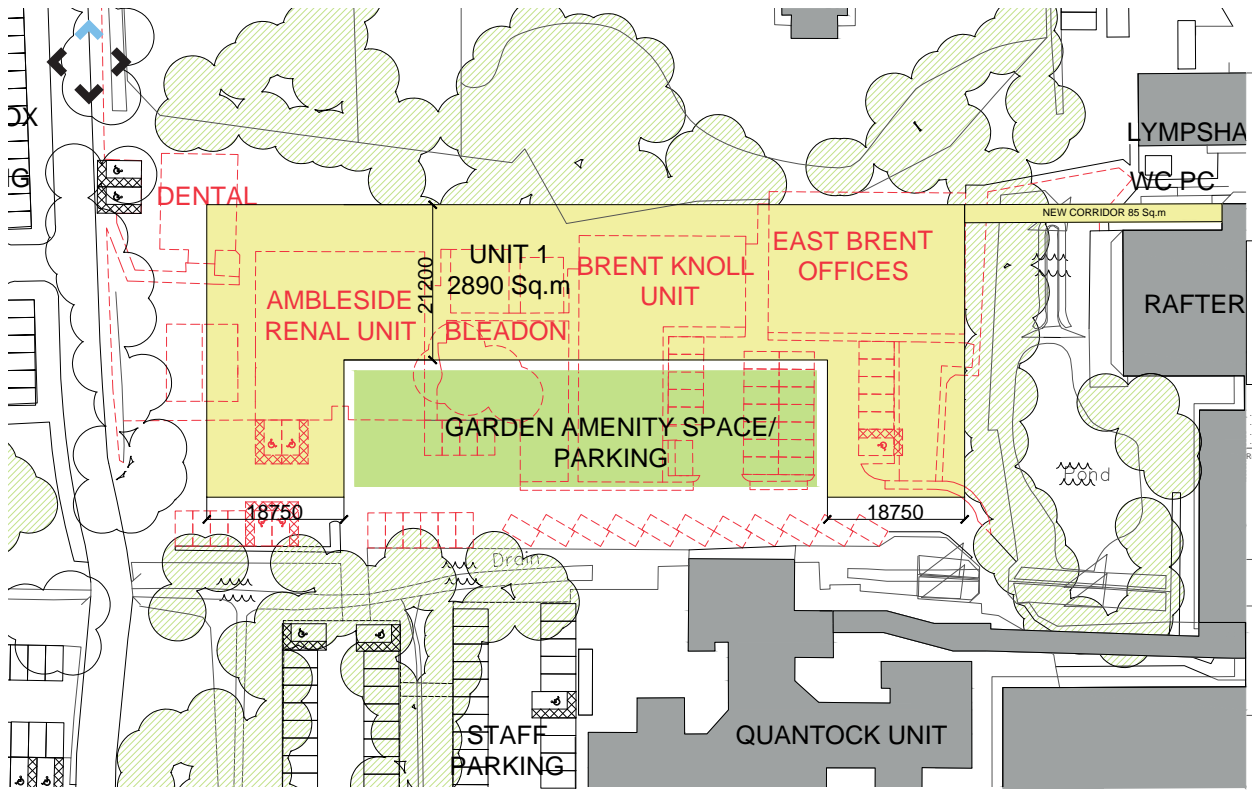
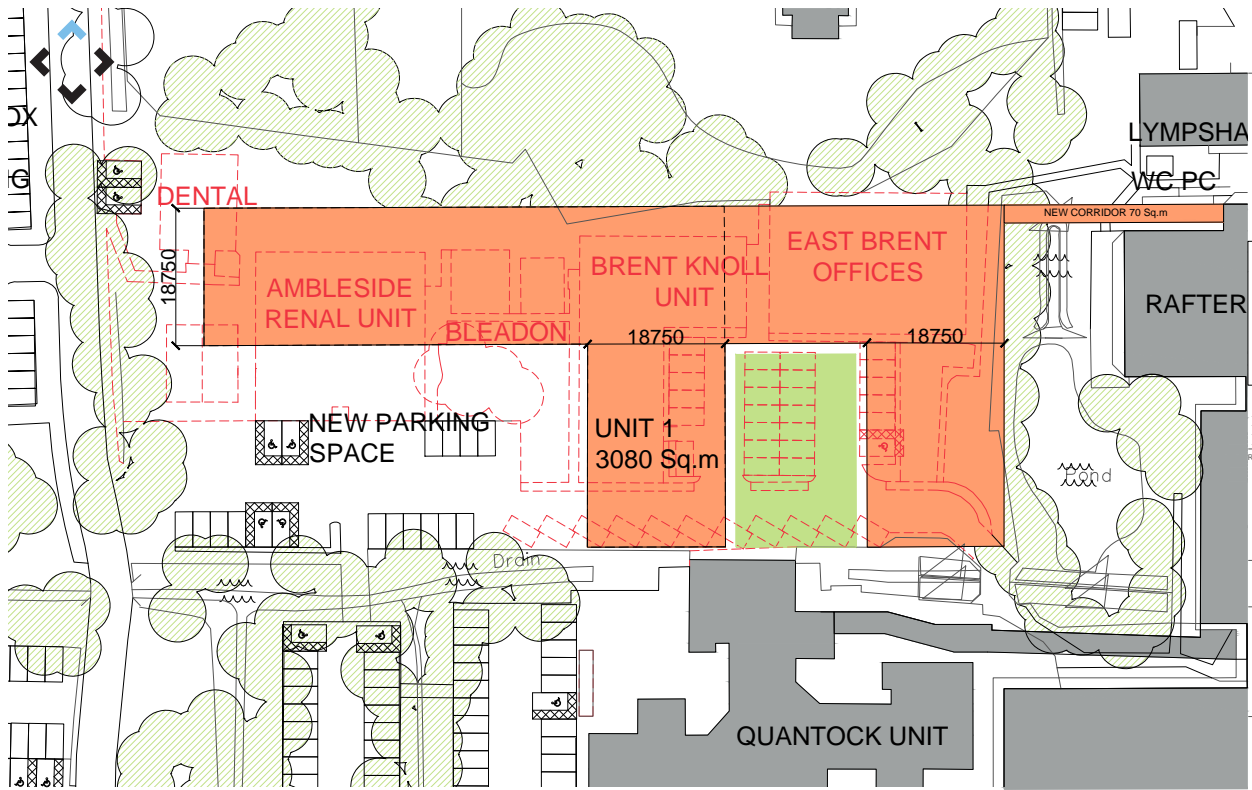
Various development options proposed for Zone 5

5. Appendix - Alternate Development Options - Zone 5



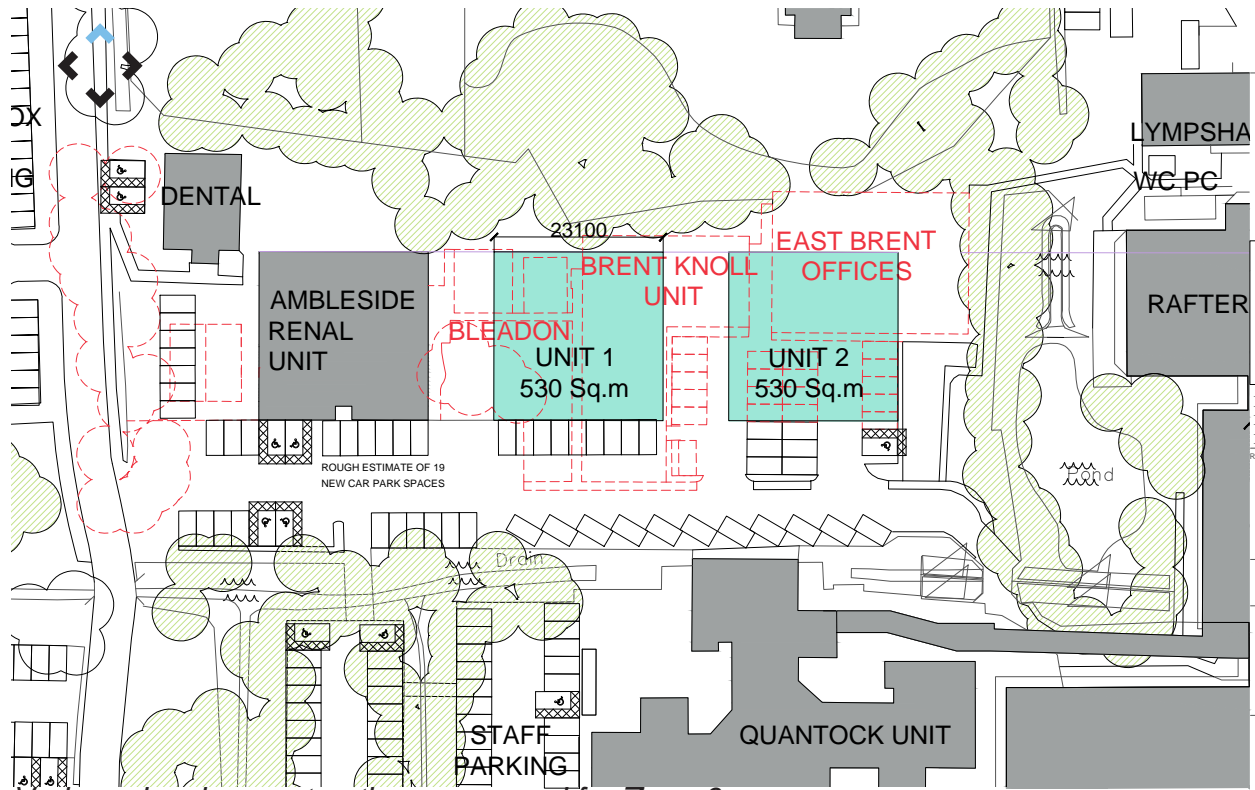
Various development options proposed for Zone 5

6. Appendix - Alternate Development Options - Zone 6



Various development options proposed for Zone 6

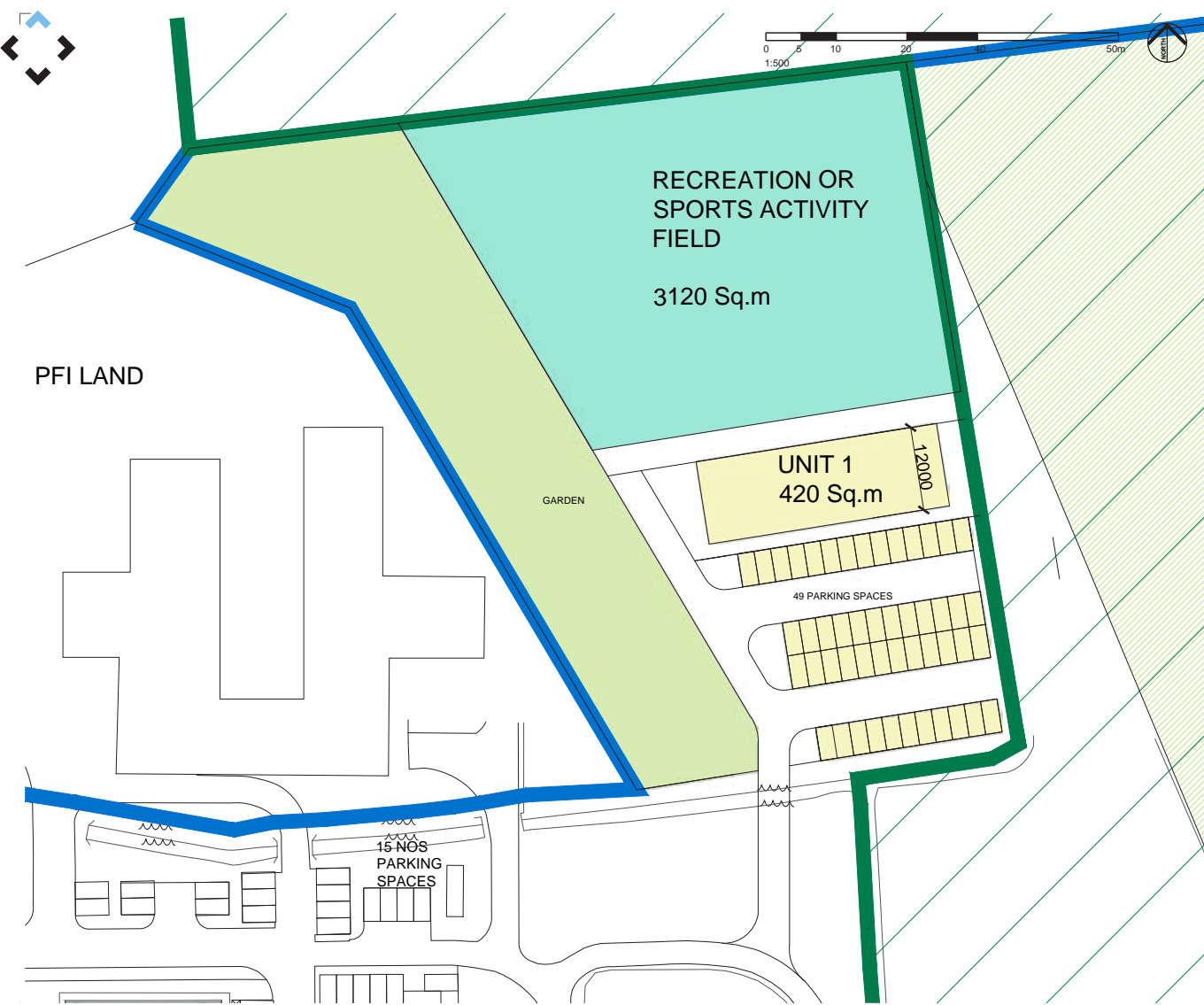
6. Appendix - Alternate Development Options - Zone 6



Various development options proposed for Zone 6

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7. Appendix - Alternate Development Options - Zone 7

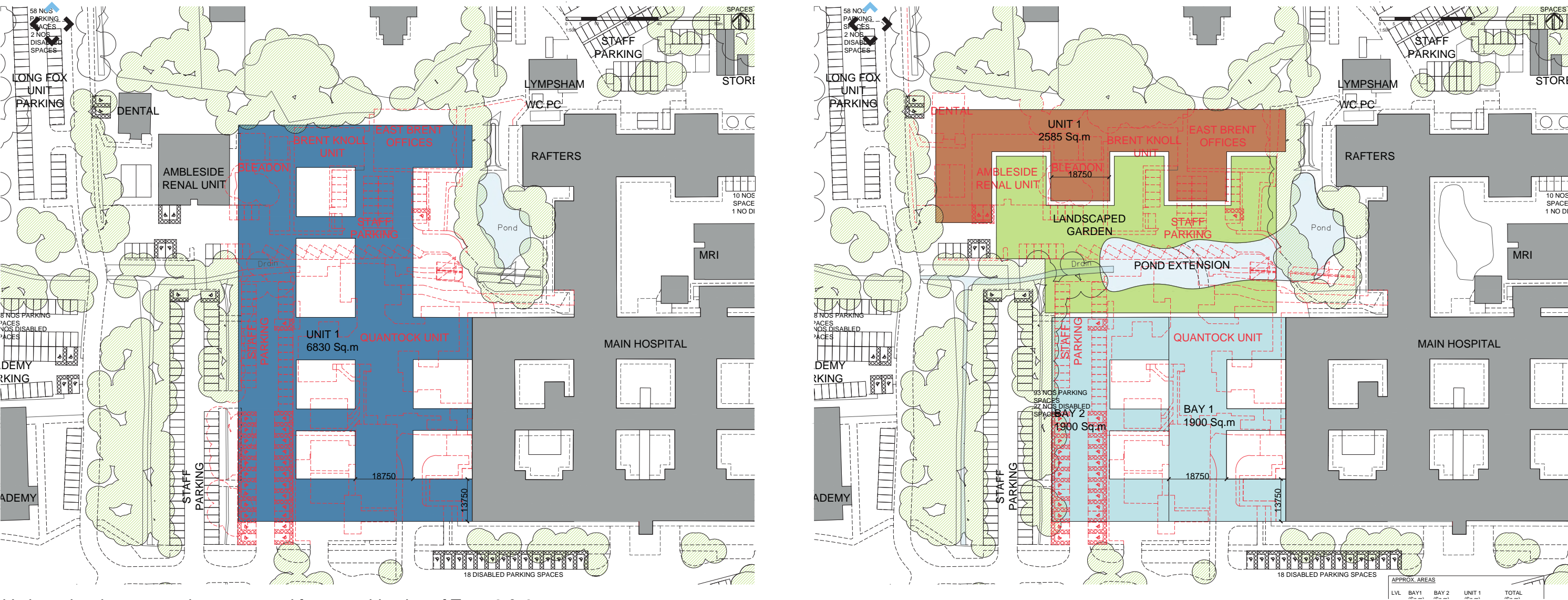


Various development options proposed for Zone 7

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8. Appendix - Alternate Development Options - Zone 3 & 6

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Various development options proposed for a combination of Zone 3 & 6

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9. Appendix - Weston Maintenance Plan

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Weston Backlog Maintenance Plan

Area Location	Works Category	Sub-works category (for current year)	Risk Treatment Plan	Priority	2021 / 2022	2022 / 2023	2023 / 2024	2024/2025	2024/2025	Treatment Plan Total	Notes
Site wide	Fire Safety	Engage consultant to Complete Fire Compartmentation and fire stopping survey,Damper survey, Fire Door requirements.		High	50						Number of instances with missing fire stopping , incomplete fire compartmentation , additional fire doors required
Site wide	Fire Safety	Install Winmag system to allow local & remote access		Med	100						Awaiting cost from Morris Chirchfield / Derek
Site wide	Fire Safety	Replace site wide fire alarm panels and detection to compliant L1.		High	250	350					Awaiting cost from Morris Chirchfield / Derek
Site Wide	Fire Safety	Works from Fire safety audit		Med	200		250	250			Capital cost to be built from site audit.
Site Wide	Roof Maintenance	Complete cleaning and unblock all guttering		High	50						
Courtyards	Roof Maintenance	Repair roof and replace guttering and fascia panels		High	200	210					Gutterings blocked , roof leaking and fascia panels rotted and falling off which presents danger to staff and public.
Main Building	Roof Maintenance	Repair roof and replace guttering and fascia panels		High	350	500					Gutterings blocked , roof leaking and fascia panels rotted and falling off which presents danger to staff and public.
Main Building	Roof Maintenance	Repairs to industrial corridor roof		High	100						quotation received from Bristol contractor
Main Building	Roof Maintenance	Roof garden Pathology		High	75						Roof leaking , soil has to be removed prior to full assesment , causing major issues with consultants offices and treatment rooms on lower floor.
HV Switch Room	Electrical	Install replacement 11KV switches ex BRI to enable protection of Long Fox Transformer and cable , giving resilliance to trust 11KV supplies		High	65						Quotation supplied from SSE in conjunction with WPD
Site Wide	Electrical	Complete Emergency Light Survey document and update drawings , complete remedials		High	50	150		150			Budget
Ground floor	Electrical	Switchroom		Med				32			Non essential boards 34 years old require replacement , spares no longer available
Ground floor	Electrical	Switchroom		Med				32			Non essential boards 34 years old require replacement , spares no longer available
Ground floor	Electrical	X-ray Switchroom		Med				32			Non essential boards 34 years old require replacement , spares no longer available
First floor	Electrical	Switchroom		Med				32			Non essential boards 34 years old require replacement , spares no longer available
First floor	Electrical	Switchroom		Med				32			Non essential boards 34 years old require replacement , spares no longer available
Second floor	Electrical	Switchroom		Med				32			Non essential boards 34 years old require replacement , spares no longer available
Second floor	Electrical	Switchroom		Med				32			Non essential boards 34 years old require replacement , spares no longer available
Main Roof	Electrical	Roof Plant room		Med				32			Non essential boards 34 years old require replacement , spares no longer available
Main Roof	Electrical	Main Roof		Med	32						Non essential boards 34 years old require replacement , spares no longer available
Main Roof	Electrical	Roof Plant room		Med		32					Non essential boards 34 years old require replacement , spares no longer available
Ground floor	Electrical	Catering					32				
Ground floor	Electrical	Dialysis Unit plant room		Med							Non essential boards 34 years old require replacement , spares no longer available
Feeder Pillar	Electrical	EAU Car park		Med		40					Weather corroded and require replacement
Feeder Pillar	Electrical	O/S Joiner's Workshop		Med	40						Weather corroded and require replacement
Feeder Pillar	Electrical	O/S Brent Knoll		Med		40					Weather corroded and require replacement
Site wide	Environmental	Replace Patient entertainment system		High	80			150			Patient entertainment system failed leading to patient experience complaints
Harptree	Safety	Replace Obsolete Nurse Call		High	50						Wandsworth QD 300 & QD 500 no longer supported

Appendix - Weston Maintenance Plan

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Sanford	Safety	Replace Obsolete Nurse Call		High	50				Wandsworth QD 300 & QD 500 no longer supported
Berrow	Safety	Replace Obsolete Nurse Call		High	50				Wandsworth QD 300 & QD 500 no longer supported
Kewstoke	Safety	Replace Obsolete Nurse Call		High	50				Wandsworth QD 300 & QD 500 no longer supported
MAU	Safety	Replace Obsolete Nurse Call		High	50				Wandsworth QD 300 & QD 500 no longer supported
Oncology	Safety	Replace Obsolete Nurse Call		High	50				Wandsworth QD 300 & QD 500 no longer supported
Urology	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
X-ray	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
Cheddar	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
Day Case Unit	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
Draycott	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
Emergency Department	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
MRI	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
Pre-assessment	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
Hutton	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
Seashore	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
Steephholm	Safety	Replace Obsolete Nurse Call		High		50			Wandsworth QD 300 & QD 500 no longer supported
Uphill	Safety	Replace Obsolete Nurse Call		High			50		Wandsworth QD 300 & QD 500 no longer supported
Ashcombe	Safety	Replace Obsolete Nurse Call		High			50		Wandsworth QD 300 & QD 500 no longer supported
ECG	Safety	Replace Obsolete Nurse Call		High			50		Tate system no spares available
Fracture Clinic	Safety	Replace Obsolete Nurse Call		High			50		Tate system no spares available
X-ray	Safety	Replace Obsolete Nurse Call		High			50		Tate system no spares available
Quantock	Safety	Replace Obsolete Nurse Call		High			50		Tate system no spares available
Quantock	Safety	Replace Obsolete Nurse Call		High			50		Tate system no spares available
Waterside	Safety	Replace Obsolete Nurse Call		High			50		Tate system no spares available
Site Wide	Legionella	Replace water storage tanks as non compliant as per risk assessment		High				120	non compliant as per WRS
Site wide	Environmental	Toilet upgrades public toilets Rafters & Main Entrance		Med	120				Public toilets need refurbishment
Site wide	Safety	Flooring replacement ward areas		High	50			250	number of areas need new flooring
Academy	Environmental	Replace rotten wooden windows in all building with UPVC		Med				250	Large number of window frames rotting and require replacement.
Site Wide	Security	Replace 746E keys and barrells as obsolete		High	120				No spares available for this suited locks used throughout site.
Main Building	Electrical	Replace 3,000 lights clinical areas		Med	60	60			Spend to save 45K / year saving
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 1F Serving Kewstoke & Uphill	Med	260				10 off Moducell AHUs in excess of 34 years old require replacement
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 2F Serving Berrow & Steephholm	Med		260			
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 3F Serving Birnbeck & Hutton	Med			260		
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 4F Serving Medical Records ??	Med		260			
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 5F Serving Harptree (Burrington) & Cheddar	Med					
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 6F Serving Orthopaedic	Med			260		3800
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 7F Serving Orthopaedic / Draycott	Med			260		
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 8F Serving General Theatre Area	Med			260		
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 9F Serving HSSU	Med			260		
Roof Plantroom	Ventilation	Replace Moducell AHUs	AHU 10F Serving Pharmacy	Med				260	
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Roof Plantroom	Ventilation	Replace Moducell AHUs	15F	Med				260	
Roof Plantroom	Ventilation	Replace Moducell AHUs	16F - Ashcombe	Med			260		

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University Hospitals Bristol & Weston NHS Foundation Trust



Weston General Hospital
Site Development Plan

March 2022