

GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

ESTATES DEVELOPMENT STRATEGY

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1. ACCOUNTABILITY/RESPONSIBILITY

- 1.1 Managerial responsibility for the Trusts estate lies with the Chief Executive, with operational accountability devolved through the Trusts management structure to the Gloucestershire Shared Services Estates Department, which is hosted by Gloucestershire Hospitals NHS Trust. The following diagram illustrates accountability arrangements:



- 1.2 Full amplification of processes and responsibilities and relationships are detailed in the Service Level Agreement (SLA) between the Trust and Shared Services Estates Department. This SLA will be published on the Trust's intranet to ensure it is available to all Trust staff.
- 1.3 In addition to in-house responsibility/scrutiny, the condition and functionality of the estate is externally monitored annually by NHS Estates following completion by the Trust of its Estates Return Information Collection (ERIC) return.

2. WHERE ARE WE NOW?

2.1 Analysis of the Estate

The Trust estate comprises 76 locations. 77% of the gross internal building area used by the Trust is provided from property of which the Trust is freeholder.

The total freehold land area of the estate is circa 21,000 m2 with a building gross internal area of c.29,000 m2, of which approximately c.18,500 sq m is dedicated to in-patient/residential provision. The estate has a net book value of c.£43M, as follows:

Cheltenham & Tewkesbury	£11M
Cotswolds	£ 1M
Forest of Dean	£ 2M
Gloucester	£23M
Stroud	£ 7M

<u>Care Group</u>	<u>Value</u>	<u>Capital Charges</u>	<u>Number</u>
Working Age	£21M	£1.7M	13
Older People	£7.6M	£595k	7
Learning Disabilities	£8.1M	£658k	8
Substance Misuse	£648k	£ 50k	1
CAMHS	£1M	£ 82k	2
Corporate	£3.8M	£420k	4

The total NHS freehold estate is to be re-valued during FY 2004/05. Revised valuations will be included in the 2005 update to this strategy.

The Trust leases property with a gross internal area of c.9,500 m2. This area includes commercial leases and property for which the Trust has 'user rights', but which is owned by either neighbouring NHS organisations or Gloucestershire County Council Social Services Department

Appendix A provides a complete listing of properties. This shows that the Trust uses:-

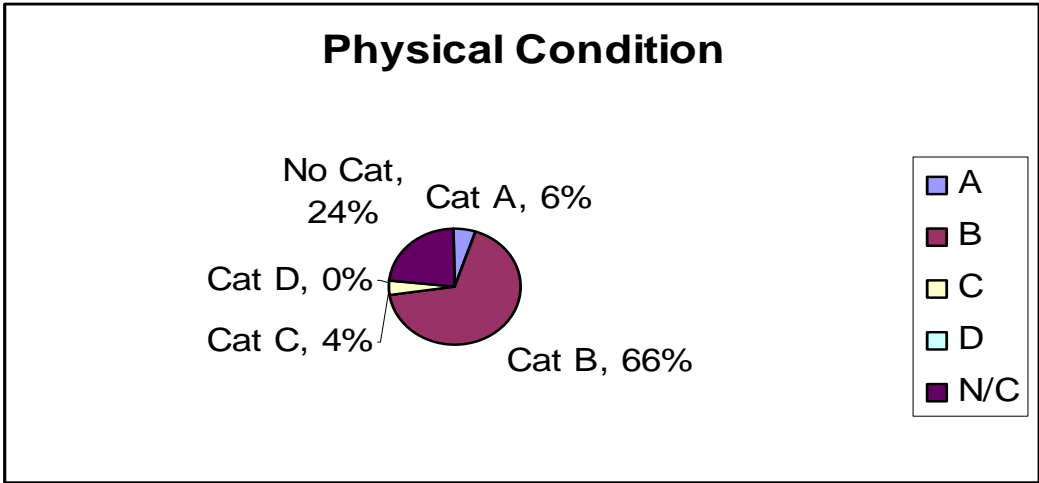
- 21 sites in Cheltenham of which 7 are owned by the Trust
- 3 sites in Tewkesbury of which 1 is owned by the Trust
- 8 sites in Cotswold of which 1 is owned by the Trust
- 11 sites in Stroud of which 9 are owned by the Trust
- 7 sites in Forest of Dean of which 4 are owned by the Trust
- 30 sites in Gloucester of which 17 are owned by the Trust

In addition to clinical and administrative services, the Trust owns a single three bed roomed house for the purposes of staff accommodation. Other staff accommodation and childcare facilities are provided to employees of the Trust by Gloucestershire Hospitals NHS Trust (GHNHST).

2.1.1 The Physical Condition of the Estate

The physical condition of the estate is usually determined on an annual basis from returns made to NHS Estates as at 31st March. Although NHS Estates only require information on freehold properties (because leased properties do not usually require NHS capital to upgrade their structure) the information outlined below includes detail, where available, of all properties occupied by the Trust. The physical condition of an estate is described as:-

Condition A	-	New or as new
Condition B	-	Good condition
Condition C	-	Below acceptable condition
Condition D	-	Dangerous condition
N/C		Not Categorised (SSD property, Group Homes - insufficient info)

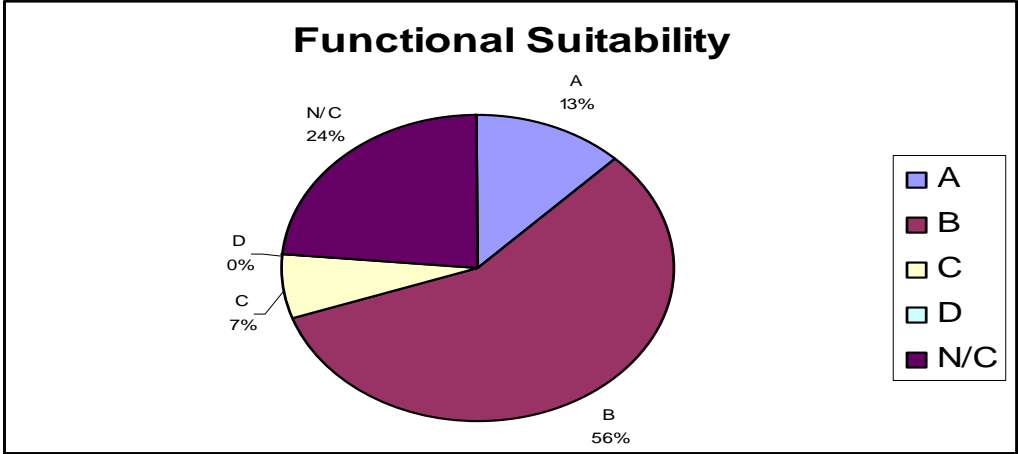


Of the 3 sites that fall into category C, the Trust is actively pursuing alternative locations for 2 (1 owned and 1 leased). The third, 'leased', property requires work by C&V PCT to its roof to bring it up to category B.

2.1.2 Functional Suitability

This category measures the suitability of the building for the purpose for which it is being used.

- Condition A - Very satisfactory – no change needed
- Condition B - Satisfactory
- Condition C - Not satisfactory – major change needed
- Condition D - Unacceptable
- N/C - Not categorised (SSD property, group homes – insufficient information)



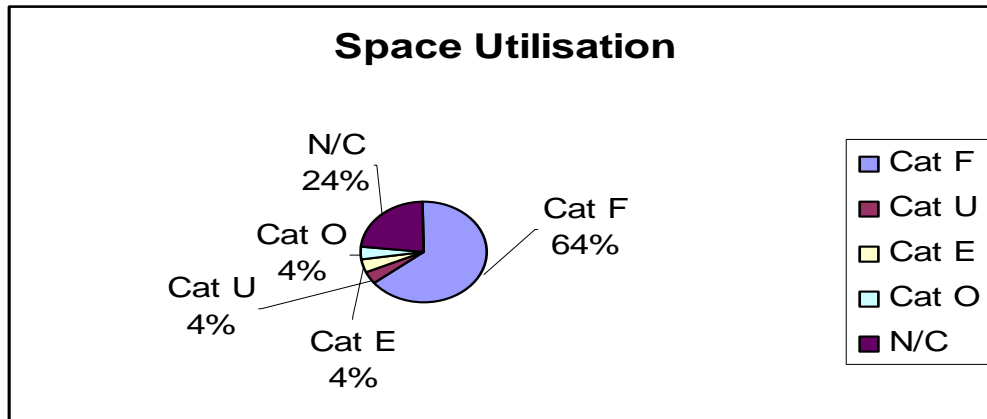
Of the 6 properties in category C; 3 are owned of which 1 is about to be sold, 1 is likely to be redundant within 6 months. The other owned and 3 leased properties will be reviewed during 2004/05 to ascertain whether the use of the properties can be adjusted, or whether their continued occupation should be questioned.

2.1.3 Space Utilisation

This category is used to illustrate how well available space is utilised

- Category F - Fully Utilised
- Category U - Under Utilised
- Category E - Empty

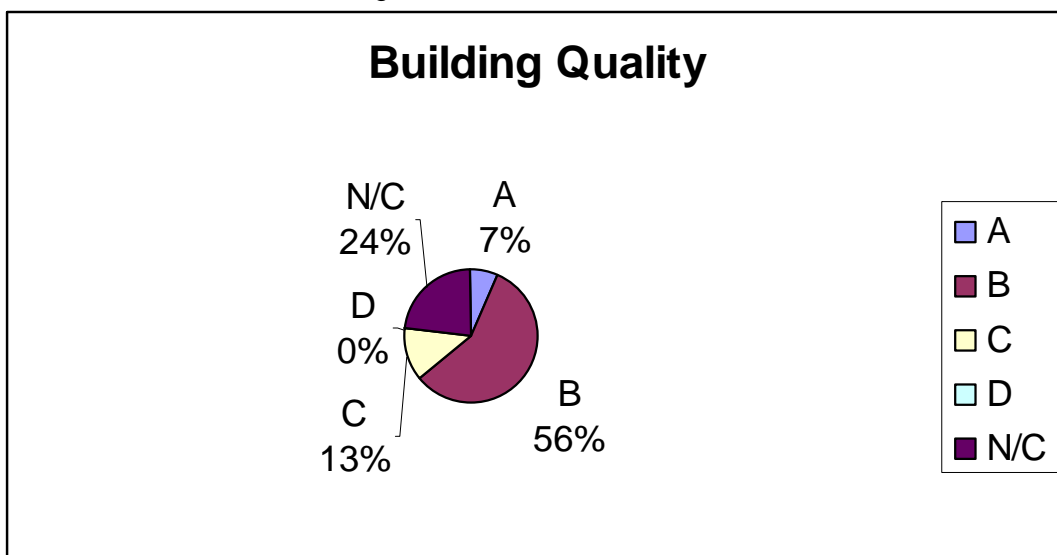
- Category O - Overcrowded
- N/C - Not Categorised



2.1.4 Quality

Overall category scores to define 'quality' are derived from categories assigned to; Amenity, Comfort Engineering (heating, lighting etc) and Design

- Category A - Excellent
- Category B - Requires general maintenance investment only
- Category C - Less than acceptable – requires capital investment
- Category D - Very poor – significant capital investment, or reprovion
- N/C - Not categorised



There are 9 buildings/sites designated category C:

4 are leased – this data will inform discussion with owners and/or decisions to extend leases

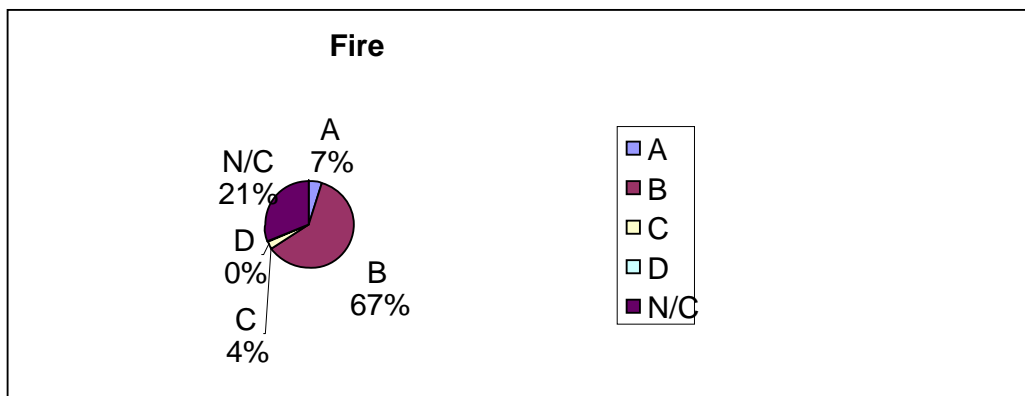
Of the 5 freehold properties; 2 are actively being considered for disposal, 1 awaits outcome of discussion with local authority regarding complete redevelopment, 2 will be the subject of detailed investigation to ascertain costs of improvements.

2.1.5 Fire, Access, Health and Safety, Privacy & Dignity and Prevention of Self Harm

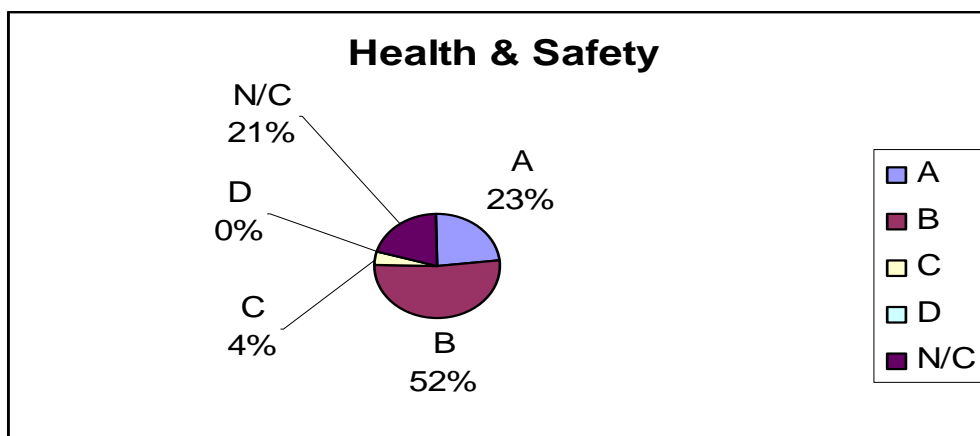
For fire and safety standards compliance, the standards are:

- A - Full Compliance
- B - Acceptable level of compliance
- C - Serious non-compliance
- D - Dangerous

The Trusts compliance is outlined below:



Of the 3 properties in Category C, 1 requires an investment of £25k, which has been identified but not spent (with agreement of Fire Officer) as the building is likely to become redundant within 6 months. 2 are leased (ex social services) – the Trust will work with owners to address outstanding issues



There are 3 properties currently at Category C. Estates advice is that little can be done to upgrade the Trust owned property, which is likely to become redundant within 6 months. The two leased properties appear as Cat C due to possible on site security issues at the one, and the layout of the kitchen at the other. The Trust will be vacating the latter in June 2005.

2.1.6 Disability Discrimination Act

In anticipation of the introduction of standards in the Disability Discrimination Act (DDA) accessibility audits are required to have been completed and a programme of works to achieve compliance be under way by 1 October 2004. The Trust will achieve this objective. The Trust capital programmes, commencing FY 04/05, will include spending proposals to the Board to address DDA issues via a prioritisation exercise. It is anticipated that this work will be an ongoing financial commitment, with significant expenditure being incurred for the next 3 financial years.

2.1.7 Age Profile of Freehold Property

The age profile of the Trust's freehold property is as follows:-

0-15 years	19%
16-40 years	40%
41-60 years	0%
61-100 years	14%
101+ years	27%

The age used is the date of construction of the building. The table does not reflect work done in upgrading pre-existing structures. An NHS Plan objective is that 40% of healthcare accommodation should be less than 15 years old by 2010. The Trust has already made significant progress towards contributing to this target and will make further improvements in the age profile of the Trust properties during FY 2004/2005.

3. THE TRUST'S CAPITAL PROGRAMME

The Trust's capital programme is agreed annually by the Executive Team and the Board. Operational management of the programme is devolved by the Board to the Trust Capital Control Group. This group monitors progress with the programme, and authorises additions and amendments to the programme within boundaries agreed by the Board. The Capital Control Group is comprised:

Director of Service Development
Director of Finance
Director of Nursing
Non-Executive Director
Corporate Services Manager (Chair)
Chief Accountant
Capital Planning Manager
Estates Manager(s)

Prior to recommending to the Board, or approving, any capital scheme the Capital Control Group will require confirmation from either the proposer of the scheme, or estates department, that the scheme complies with building control, fire and infection control statutes and guidelines.

The Capital Programme of the Trust is geared toward the following key objectives:-

- Maintenance of the Trust Estate (particularly maintaining properties at condition A or B)
- Investment in Service Development (including acquisitions and disposals of property to support the services of the Trust)
- Investment in IM&T
- Improvements in privacy and dignity
- Reduction in self harm
- Investment in Fire, Health & Safety (including asbestos surveys) and Security
- Investment to address Disability Discrimination issues
- Investment in medical equipment

4. ESTATES' SHARED SERVICES

The Trust's estate is maintained by the Shared Services Estates Department hosted by GHNHST. The Service Level Agreement between the two organisations provides for the following services to the Trust:-

- Strategic estates advice
- Management of the estates elements of the capital programme
- Operational estates and maintenance management
- Property disposal and acquisition advice
- Environmental advice
- Medical devices acquisition, maintenance and disposal
- Utilities (heating, lighting, water) contracts
- Waste Disposal
- Prioritisation of estates risks via SAFECODE, with links to the Trust's Risk Register

5. IRREGULAR/BACKLOG MAINTENANCE

Irregular maintenance is that which is necessary to maintain the condition of the estate. Backlog maintenance is that which is necessary to upgrade freehold properties from condition C/D to B – the Trust does not currently have a backlog maintenance issue. The Trust will continue to invest, via its annual capital programme, in “Irregular Maintenance”. The allocation is made through a prioritising process through the capital control group, for approval by the Board. The schedule put forward includes a wide range of works of a major maintenance nature, many of which are programmed to carry out work on a due date. Where “backlog” maintenance work is identified as work of a major nature which is overdue, there is often an operational or estates planning reason why it has been delayed. The capital programme of property upgrades, new builds, acquisitions and disposals will have a positive impact upon the backlog maintenance burden in the Trust.

6. OPERATIONAL MAINTENANCE

The Trust maintenance strategy is based around retaining the value of its capital assets and maintaining the availability of operational assets at an economic cost. This involves a complex mix of:

- Property and plant inspection on a cyclical basis to ensure that it's condition or performance is within acceptable/statutory limits
- Response to failures of structures, fixtures, fittings, services and equipment within an acceptable time limit, with repairs to an acceptable standard
- Elapsed or operational time based maintenance of critical items
- A contingency planning and risk assessment process, with explicit measures to reduce exposure to internal or external failures, providing service standards to agreed levels for emergency situations
- Planned "life cycle" maintenance or renewal of structures, fixtures, fittings, services and equipment against a forward plan which is annually reviewed.

7. ENVIRONMENTAL STANDARDS

The Trust is committed, through its environmental strategy, to the NHS and Government set objectives in respect of standards in the following areas:

- Energy consumption, Water usage and carbon emissions
- Pollution to air, land and water
- Waste management
- Transport
- Procurement

8. WHERE ARE WE GOING?

8.1 Pressures for Change and Modernisation

“Modern health services should reflect patients’ needs. They need to provide fast, convenient, high quality services. They need to work with other parts of the local health and social care systems to offer truly integrated services to patients. They need to be flexible in their approach and demonstrate the capacity to change as technology and demography change.”

(Capital Investment Strategy, Department of Health, 1999)

User Expectations	Controls Assurance Improved quality of the Built environment Environmental standards
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Cost	Reducing estate overheads Meeting statutory and Other standards Maximising value from Investment
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THE ESTATE

Options for strategic change of the estate

Service change	National Planning Guidance National Service Frameworks Opportunities for new technology Health Improvement Programmes
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The following key drivers have been identified for the Trust’s estates strategy:-

8.2 Three Year Plans

The national requirement is to move from annual to three year plans. A vital part of the ongoing review of estates will be to ensure that relevant implications of the Trust’s business planning process are reflected in those reviews. The estate implications of care group plans each contain their own emphases with a greater or lesser requirement for the modernisation of inpatient facilities together with the development of community bases. The range of challenges is listed below.

This strategy will be updated following the outcomes of reviews and consultations currently underway, viz:

- Consultation to Develop a Trust Strategy
- Review of provision of Older Peoples Services
- Review of the Brownhill/St Paul’s business case
- Review of provision of Acute Mental Health In-patient beds
- Review of Day Service Provision
- Multi Agency Re-provision Project (MARP)

8.3 Service Modernisation

The national service frameworks and national strategies associated with the populations served by the Trust provide strong drivers to the estates strategy. Key themes include:-

- improving mental well being,
- better responses in primary care,
- improving the range, focus and accessibility of community services including extending hours of opening,
- improving the quality of inpatient therapeutic milieux including measures to improve privacy, safety and dignity,
- “mainstreaming” services and integrating the responses of different organisations
- increasing the numbers of staff to improve service responses.

The Trust's estate strategy needs to be joined up with service planning to ensure quality and efficiency of local implementation. The Trust's Business plan and the processes underpinning its production, implementation and monitoring are important to securing this integration.

9. PARTNERSHIP

When considering property acquisition or development the Trust will routinely explore the possibility of partnership with other potential partners. This will include internal (other care groups) and external (neighbouring NHS organisations and Social Services).

The multi agency re-provision programme (MARP) which is being conducted in partnership between the Trust, Gloucestershire County Council and Primary Care Trusts is an example of a partnership programme requiring joined up service and estates planning across agencies to realise the benefits it intends for users in terms of mainstreaming and modernisation.

Other examples and opportunities for partnership include the development of multi-care group facilities in Tewkesbury and, potentially, Forest of Dean. The Tewkesbury development also includes ReThink. The Trust to be involved in regeneration partnerships such as Hester's Way in Cheltenham and the proposals associated with Westgate Ward in Gloucester.

10. IMPROVING THE QUALITY OF THE ESTATE

The following drivers have been identified:-

- **Trust Service Development**
The quality of the estate in terms of functionality, accessibility, location and condition will improve as the structure of the estate is modified to support the Trusts service development plans.
- **PEAT (Patient Environment Action Teams)**
Although not exclusively estates orientated, the PEAT principles of improving the patient environment, together with the Trust's commitment to improvement, and visits by PEAT teams will ensure that this maintains a high profile.
- **Controls Assurance**
The annual controls assurance process requires the Trust to review its processes and to identify risks, including estates related issues in the widest context.
- **Achieving and Maintaining NHS Estates Condition Targets**
The Trust is required to submit annual returns to NHS Estates. These returns identify, inter-alia, the condition, revenue cost and intensity of use of the

estate and serve as an aide-memoir to estates professionals in identifying areas that require remedial works and investment.

- **Environmental Standards**
The Trusts environmental policy emphasises the need for the environmental impact of the estate to be a significant factor in any estate related decision making process. This commitment will have a positive impact on the quality of the estate, which will be delivered through a baseline assessment and commitment to improvement using the NHS Environmental Audit Tool (NEAT).
- **DDA**
Implementation of the Disability Discrimination Act will reinforce the Trusts determination to improve its estate. Following formal assessment of the estate it is probable that significant accessibility issues will largely inform decisions regarding property disposals and any subsequent acquisitions.

11. ACHIEVING VALUE FOR MONEY WITH THE ESTATE

Value for money will be determined largely through estate review and rationalisation, Estates Performance Indicators and Benchmarking, and informed by case by case decisions on:

- whether to purchase or lease,
- consideration of in-house sharing arrangements between services and wider partnerships with other agencies
- acquisitions and disposals (in terms of freehold value and upkeep costs)
- design considerations.

12. OBJECTIVES

The following objectives have been established for the estate:-

- To ensure that the estate is a core component of the drive to modernise services
- To meet best practice standards of safety, security, privacy and dignity
- To improve the accessibility of services including disabled access
- To achieve value for money through the estate
- To provide buildings of a permanent nature, of masonry construction, with low running costs, low lifetime costs and a good user impression
- To recognise the therapeutic value of environmental quality by incorporating good architectural standards, interior design, artwork and landscaping
- To involve users, carers and clinicians in the design process
- To make efficient use of space on sites by providing more than one floor and ensuring good functional relationships with existing buildings
- To ensure the Trust's estate conforms to the aims of the Trust's environmental strategy
- To meet, maintain and, where possible, exceed the Condition B target for physical condition and fire safety.

13. HOW ARE WE GOING TO GET THERE?

The following areas of work, taken together, will secure these objectives:-

- Trust Capital Programme incorporating acquisitions, new builds and disposals of property surplus to requirement
- Reconfiguration of current resources to be encompassed by the above

- National initiatives e.g. extra capital for acute mental health units, Learning Disability Development Fund also to be encompassed by the above
- Condition B audit and other controls assurance mechanisms
- Partnership with other agencies within and without the NHS
- Co-ordination of the above through the Capital Control Group.

14. REVIEW

14.1 This strategy will be reviewed and shared with the Trust Board annually. The review process will be informed by:

- National Guidance and Legislation
- Trust Business Planning
- Estates department ongoing review and analysis of the Estate

14.2 The statistical data now contained in this strategy will enable the Trust, in future years, to monitor progress and achievement.

APPENDIX A

Property	Address	Function	Care Group	Owner	Locality
Old workshops & laundry	St Paul's, Cheltenham	Derelict	Corp	GPNHST	Chelt
Thirlestaine Court	Thirlestaine Road, Cheltenham,	MEND residential home	L/D	GPNHST	Chelt
Windrush	Pilley Lane, Leckhampton,	Residential (LD)	L/D	GPNHST	Chelt
Old Payroll Dept	Delancey Hospital	LD Offices	LD	GHT	Chelt
Old Personnel Dept	Delancey Hospital	CLDT	LD	GHT	Chelt
CAMHS	Delancey Hospital	Offices & Out patients	CAMHS	GHT	Chelt
Psychology	Delancey Hospital	Offices		GHT	Chelt
Pine View	St Paul's Road Cheltenham	Elderly Nursing home (MEND)	OP	GPNHST	Chelt
Brownhill Centre	Swindon Road Cheltenham	Resource Centre (MH)	WA	GPNHST	Chelt
Highworth Clinic	Cheltenham General Hosp	MH Clinic	WA	GHT	Chelt
Charlton Lane Unit	Charlton Lane, Cheltenham	Acute & Elderly residential. Elderly daycare (MH)	WA & OP	GPNHST	Chelt
Milsom Street Day Centre	8, Milsom Street, Cheltenham,	Day Centre	WA(SC)	GCC	Chelt
Worcester House Day Centre	Pittville Circus Road, Cheltenham	Day Centre	WA(SC)	GCC	Chelt
1-4 Dinas Close	Cheltenham	Group Home	WA(SC)	GCC	Chelt
Area Employment Service	43, Rodney Road, Cheltenham		WA(SC)	GCC	Chelt
11 Sun Street	Cheltenham	Group Home	WA(SC)	GCC	Chelt
30, South Africa House	Cheltenham	Group Home	WA(SC)	GCC	Chelt
Chesterton Halt	Cirencester	CLDT	LD	GCC	Cots
Baunton Ward	Cirencester Hosp	Elderly Residential (MH)	OP	C&V	Cots
Stratton Ward	Cirencester Hospital	Elderly Community (MH)	OP	C&V	Cots
Pear Tree Close Activity Centre	Pear Tree Close Chipping Campden	Social services day centre	SS	BHA	Cots
Memorial Centre	Sheep Street Cirencester	Resource Centre (MH)	WA	GPNHST	Cots
White House Day Centre	Stow Road, Moreton-in-Marsh		WA(SC)	GCC	Cots
10 Tower Street	Cirencester	Group Home	WA(SC)	GCC	Cots
70, Melville	Bourton-on-the-Water	Group Home	WA(SC)	GCC	Cots
Underleaf	13 Boxbush Road, Coleford	CAMHS	CA	GPNHST	Forest
Bellvue Centre	Cinderford	CLDT	L/D	FOD DC	Forest
Colliers Court	Latimer Road, Cinderford	Elderly Residential & Day Care (MH)	OP	GPNHST	Forest

Stonebury House	22 Grove Road, Lydney, Gloucester	Elderly Day Care (MH)	OP	GPNHST	Forest
Coleford House	Boxbush Road, Coleford	Resource Centre (MH)	WA	GPNHST	Forest
2 Roman Way	Littledean	Group Home	WA(SC)	GCC	Forest
4 Ashdean	Cinderford	Group Home	WA(SC)	GCC	Forest
Burleigh House	Nettleton Road, Gloucester	Assertive Outreach	WA	BK	Glos
A.T.U	44 London Road, Gloucester	Substance Misuse	SM	GPNHST	Glos
Cleeve House Adolescent Centre	Horton Road, Gloucester	CAMHS	CA	GPNHST	Glos
1A Meadowleaze	Gloucester	Doctors Accommodation	Corp	GPNHST	Glos
13 Park Road	Gloucester	DN/SN Base	Corp	FHL	Glos
Collingwood House	Horton Road, Gloucester	Training	Corp	GPNHST	Glos
Rikenel	Montpellier, Gloucester	Offices & Clinics	Corp	GPNHST	Glos
Cathedral View	15 Archdeacon Street, Gloucester	Acute Day Care (MH)	L/D	GCC	Glos
Heathfield	30 Denmark Road, Gloucester	LD Offices & CLDT	L/D	GCC	Glos
Charlwood	Abbeymead Avenue, Gloucester	Residential (LD)	L/D	GPNHST	Glos
Field View	Coney Hill, Gloucester	Residential (LD)	L/D	GPNHST	Glos
St. Mary's	38 Colerne Drive, Sussex Gdns, Hucclecote	Residential (LD)	L/D	GPNHST	Glos
91B Hucclecote Road	Hucclecote, Gloucester	Residential (Group Home)	LD	GPNHST	Glos
Holly House	Coney Hill, Gloucester	Elderly Residential Day Care (MH)	OP	GPNHST	Glos
Gloucester Club House	17 St. Mary's Square, Gloucester	Acute Day Care (MH)	WA	ECHG	Glos
Vron	25 Estcourt Road, Gloucester	Acute Residential (MH)	WA	GHA	Glos
Denmark Road M/H Centre	18 Denmark Road, Gloucester	Resource Centre Day Care (MH)	WA	GPNHST	Glos
Laurel House	29/31 Alexandra Rd, Gloucester	Acute Residential (MH)	WA	GPNHST	Glos
Lexham Lodge	Copt Elm Road, Cheltenham	Resource Centre (MH)	WA	GPNHST	Glos
Montpellier Unit	Horton Rd, Glos	Low Secure (MH)	WA	GPNHST	Glos
Severn Enterprise	Horton Road, Gloucester	Acute Day Care (MH)	WA	GPNHST	Glos
Former Ambulance HQ	Horton Road, Gloucester	TBN	TBN	GPNHST	Glos
Stroud Road M/H Centre	136 Stroud Road, Gloucester	MH Offices	WA	GPNHST	Glos
Wotton Lawn	Horton Road, Gloucester	Acute Residential (MH)	WA	GPNHST	Glos

Eastgate House	Gloucester	Primary Care Mental Health Team	WA	LDL	Glos
Grafton Road Day Centre	20, Grafton Road, Gloucester	Day Centre	WA(SC)	GCC	Glos
Weston Road Day Centre	78, Weston Road, Gloucester	Day Centre	WA(SC)	GCC	Glos
13 Scott Avenue	Gloucester	Group Home	WA(SC)	GCC	Glos
20 Trevor Road	Gloucester	Group Home	WA(SC)	GCC	Glos
22 Trevor Road	Gloucester	Group Home	WA(SC)	GCC	Glos
2 Keats Avenue	Gloucester	Group Home	WA(SC)	GCC	Glos
Black Mental Health Team	27, Worcester Street, Gloucester		WA(SC)	GCC	Glos
Marsburgh House	SGH	CAMHS	CA	C&V	Stroud
Hollybrook Bungalow	Berkeley Close, Cashes Green, Stroud	Residential (LD)	L/D	GPNHST	Stroud
Hollybrook House	Berkeley Close, Cashes Green, Stroud	Residential (LD)	L/D	GPNHST	Stroud
Westridge Assessment & Treatment Unit	Standish, Stonehouse	Assessment & Treatment (Residential) (LD)	LD	GPNHST	Stroud
Park House Day Hospital	Park Road, Stroud, Gloucester	Resource Centre Day Care (MH)	OP	GPNHST	Stroud
Tyndale Day Centre	The Slad, Dursley	Elderly Day Care (MH)	OP	GPNHST	Stroud
Weavers Croft	Field Road, Stroud	Elderly Residential & Day Care (MH)	OP	GPNHST	Stroud
Southfield Old House	Park Road, Stroud		WA (SC)	GCC	Stroud
Apperley House	97 Gloucester Rd Tewkesbury	Resource Centre (MH)	WA	GPNHST	Tewks
Tewkesbury CLDT/CAMHS	Tewkesbury Hospital	Offices	LD/CA	GHT	Tewks

Legend:

SM =	Substance Misuse	BK =	Bruton Knowles
CA =	CAMHS	FHL =	Private Landlord
Corp =	Corporate	SC =	Social Care
LD =	Learning Disabilities	OP =	Older People
GHA =	Gloucestershire Housing Association	WA =	Working Age
ECHG =	English Churches Housing Group		
LDL =	Loxton Development Limited		
GHT =	Gloucestershire Hospitals Trust		
GCC =	Gloucestershire County Council		
C&V =	Cotswold and Vale		
BHA =	Bromford Housing Association		
FODDC =	Forest of Dean District Council		