

# AGENDA

## Trust Board – Public Session

**Venue** Anne Gibson Boardroom, City Hospital

**Date** 30 September 2010; 1430h - 1730h

### Members

Mrs S Davis	(SD)	[Chair]
Mr R Trotman	(RT)	
Dr S Sahota	(SS)	
Mrs G Hunjan	(GH)	
Prof D Alderson	(DA)	
Mr G Clarke	(GC)	
Mrs O Dutton	(OD)	
Mr J Adler	(JA)	
Mr D O'Donoghue	(DO)	
Mr R Kirby	(RK)	
Mr R White	(RW)	
Miss R Overfield	(RO)	
Mr M Sharon	(MS)	

### In Attendance

Mr G Seager	(GS)
Miss K Dhami	(KD)
Mrs J Kinghorn	(JK)
Mrs C Rickards	(CR)

### Guests

Mr R Banks	(RB)
Mr R Kinnersley	(RKin)

### Secretariat

Mr S Grainger-Payne	(SGP)	[Secretariat]
---------------------	-------	---------------

Item	Title	Reference No.	Lead
1	Apologies	Verbal	SGP
2	Declaration of interests <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting</i>	Verbal	All
3	Chair's opening comments	Verbal	Chair
4	Minutes of the previous meeting <i>To approve the minutes of the meeting held on 26 August 2010 as true and accurate records of discussions</i>	SWBTB (8/10) 180	Chair
5	Update on actions arising from previous meetings	SWBTB (8/10) 180 (a)	Chair
6	Questions from members of the public	Verbal	Public
<b>MATTERS FOR APPROVAL</b>			
7	Annual planning framework 2011/12	SWBTB (9/10) 197 SWBTB (9/10) 197 (a)	MS
8	Workforce Strategy 2010/17	SWBTB (9/10) 201 SWBTB (9/10) 201 (a)	RO
9	Estates strategy 2010/11	SWBTB (9/10) 187 SWBTB (9/10) 187 (a)	RB
10	Execution of a contract as a Simple Contract – Maternity Reconfiguration	SWBTB (9/10) 194	RKin
11	Execution of a contract as a Simple Contract – CT scanner works	SWBTB (9/10) 196	RKin



12	Execution of a contract as a Deed – Maternity Reconfiguration	SWBTB (9/10) 193	RKin
13	Execution of a contract as a Deed – MAU reconfiguration	SWBTB (9/10) 195	RKin
14	Revised Register of Interests	SWBTB (9/10) 185 SWBTB (9/10) 185 (a)	SGP
<b>MATTERS FOR INFORMATION/NOTING</b>			
15	<b>Quality and Governance</b>		
15.1	'Listening into Action' update	SWBTB (9/10) 199 SWBTB (9/10) 199 (a)	JA
15.2	Quarterly risk, complaints and claims update – Quarter 1	SWBTB (9/10) 206 SWBTB (9/10) 206 (a)	KD
15.3	Delivery of Single Sex Accommodation update	SWBTB (9/10) 202 SWBTB (9/10) 202 (a) SWBTB (9/10) 202 (b)	RK
15.4	End of Life care update	SWBTB (9/10) 188 SWBTB (9/10) 188 (a)	RO
15.5	Equality Act 2010	SWBTB (9/10) 186 SWBTB (9/10) 186 (a)	RO
15.6	Outcome of OFSTED inspection of safeguarding and looked after children services: Birmingham	SWBTB (9/10) 182 SWBTB (9/10) 182 (a)	RO
16	<b>Strategy and Development</b>		
16.1	'Right Care, Right Here' programme: progress report	SWBTB (9/10) 200 SWBTB (9/10) 200 (a)	RK
17	<b>Operational Management</b>		
17.1	Sustainability update	SWBTB (9/10) 189 SWBTB (9/10) 189 (a)	RB
18	<b>Performance Management</b>		
18.1	Monthly finance report	SWBTB (9/10) 203 SWBTB (9/10) 203 (a)	RW
18.2	Monthly performance monitoring report	SWBTB (9/10) 184 SWBTB (9/10) 184 (a)	RW
18.3	NHS Performance Framework monitoring report	SWBTB (9/10) 183 SWBTB (9/10) 183 (a)	RW
19	Outline Business Case for the New Hospital – Version 4.0	SWBTB (9/10) 191 SWBTB (9/10) 191 (a)	GS
20	<b>Update from the Board Committees</b>		
20.1	Finance and Performance Management Committee		
▶	Minutes from meeting held 19 August 2010	SWBFC (8/10) 093	RT
▶	Draft minutes from meeting held 23 September 2010	Hard copy paper	RT
20.2	Governance and Risk Management Committee		
▶	Governance and Risk Management Committee Chair's annual report 2009/10	SWBTB (9/10) 204 SWBTB (9/10) 204 (a)	DA



21	<b>Any other business</b>	Verbal	All
22	<b>Details of next meeting</b> <i>The next public Trust Board will be held on 28 October 2010 at 1430h in the Churchvale/Hollyoak Rooms ,Sandwell Hospital</i>	Verbal	Chair
23	<b>Exclusion of the press and public</b> <i>To resolve that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).</i>	Verbal	Chair



# MINUTES

## Trust Board (Public Session) – Version 0.2

**Venue** Anne Gibson Boardroom, City Hospital      **Date** 26 August 2010

### **Present:**

Mrs. Sue Davis – Chair	Prof. Derek Alderson	Mr. Gary Clarke
Mrs. Gianjeet Hunjan	Dr. Sarindar Sahota	Mr. Roger Trotman
Mr. Richard Kirby	Mr. Donal O’Donoghue	Miss Rachel Overfield
Mr. Mike Sharon	Mr. Robert White	

### **In Attendance:**

Miss Kam Dhami	Mr. Graham Seager	Mr. Nick Howells
Prof. Carl Clarke – Item 7	Dr. Beryl Oppenheim – Items 7 & 14.1	

### **Secretariat:**

Miss Rosie Fuller

Minutes	Paper Reference
<b>1 Apologies for absence</b>	<b>Verbal</b>
Apologies were received from Mrs. Olwen Dutton, Mr. John Adler, Mrs. Chris Rickards, Mrs. Jessamy Kinghorn and Mr. Simon Grainger-Payne	
<b>2 Declaration of Interests</b>	<b>Verbal</b>
There were no declarations of interest in connection with any agenda items.	
<b>3 Chair’s Opening Comments</b>	<b>Verbal</b>
Mrs. Davis made no opening comments.	
<b>4 Minutes of the previous meeting</b>	<b>SWBTB (7/10) 158</b>
The minutes of the previous meeting were presented for approval.	
The following amendments were requested: Item 8, 1st paragraph, comments made by Mr. Sharon not Mr. Kirby. Page 3 paragraph 2,	



<p>comments made by Ms. Overfield not Mr. Kirby. Item 10.1, 1st paragraph comments made by Mr. Sharon not Mr. Kirby. With these minor amendments, the minutes were approved.</p>	
<p><b>AGREEMENT: Subject to minor amendment, the Trust Board approved the minutes of the last meeting</b></p>	
<p><b>5 Update on actions arising from previous meetings</b></p>	<p>SWBTB (7/10) 158 (a)</p>
<p>The updated actions list was reviewed. There were noted to be no actions outstanding or requiring escalation.</p>	
<p><b>6 Questions from members of the public</b></p>	<p>Verbal</p>
<p>There were no members of the public in attendance at this meeting.</p>	
<p><b>7 Research and Development Update</b></p>	<p>SWBTB (8/10) 160 SWBTB (8/10) 160 (a) SWBTB (8/10) 160 (b)</p>
<p>Professor Carl Clarke joined the meeting to present an update on the activities of the Research and Development area.</p> <p>The Trust Board was informed that revised terms of reference had been developed for the Research and Development Committee. Mr. White noted that an amendment to the terms of reference was required to list Mr Paul North as the supporting Finance Manager for Research and Development, rather than himself.</p> <p>Prof Clarke outlined the key Government requirements in respect of Research and Development, including the need to source finance streams for the work and secure recurrent income. It was reported that the Birmingham and Black Country Comprehensive Local Research Network (BBC CLRM) was the provider who funded the majority of research and a bid had been made to increase funding by 13% compared to the previous year which had been accepted. The value of this funding was noted to represent approximately £1.1m.</p> <p>The Department's infrastructure was reported to have been reviewed, with a Research Management &amp; Governance Manager having being appointed in June 2010. It has also been agreed with the CLRM that a joint research nurse will be funded for the Trust, which will help with supporting the new Government initiatives, particularly increasing the number of people participating in trials. In addition to this post an advert will be issued in September to recruit a further three research nurses. Mr. Paul North was thanked for his support with this work and the Board was advised that plans were underway to recruit additional resources assist him with his efforts. Dr. Oppenheim also advised that there are pressures on accommodation for Research and Development, however reported that Mr. Seager was considering these issues.</p> <p>Dr. Sahota asked if there were any management and overhead costs</p>	



<p>money available from the CLRM. Prof. Clarke confirmed that some funds were available. He advised that from 1st April 2010 a new costing template established in industry had been approved and had been issued by the Department of Health which the Trust would follow to seek additional funds through this means.</p> <p>Mr. Sharon stated that in a previous trust in which he had worked, the vast majority of publications were produced by a small number of consultants and that publication rates were not generally reflected in job plans. Professor Clarke agreed to look into this and feedback to the Board as part of his next routine report to the Board.</p> <p>There was a further brief discussion on further areas in which Research and Development was involved.</p> <p>Mrs. Davis thanked Prof. Clarke for his presentation and he was asked to pass the Board's thanks onto the R&amp;D Department.</p>	
<p><b>8 Disposal of Trust properties and application of the Trust Seal to deeds and transfer documents</b></p>	<p>SWBTB (8/10) 162 SWBTB (8/10) 162 (a)</p>
<p>Mr Seager presented a proposal for the disposal of four flats owned by the Trust and sought approval for the application of the Trust Seal to the associated deeds and transfer documents for these properties.</p> <p>Mr. Trotman asked if the proceeds were reflected in the accounts. Mr. White stated that previously a valuation on sale was made, however the impact on the accounts was minimal.</p> <p>The Trust Board unanimously approved the sale of properties and the application of the seal to the appropriate documentation.</p>	
<p><b>AGREEMENT: The Trust Board approved the sale of four Flats and agreed the application of the Trust Seal to the Deeds and transfer documents relating to the sale of Nos. 4, 12, 18 and 21 Overton Place.</b></p>	
<p><b>9 Refurbishment of Maternity 1 and ADAU Maternity Unit</b></p>	<p>SWBTB (8/10) 165</p>
<p>Mr Seager presented a proposal for the authorisation of an order, approving the expenditure of £595,838, in respect of building works for the refurbishment of wards M1 and ADAU maternity unit.</p> <p>Mrs. Davis reminded the Trust Board that the scheme had already been agreed as part of the capital programme.</p> <p>The Trust Board unanimously voted in favour of authorising the order.</p>	
<p><b>AGREEMENT: The Trust Board approved the authorisation of the order in respect of expenditure for the refurbishment of Maternity 1 and ADAU Maternity Unit</b></p>	



<b>10 Sandwell CT scanner enabling works – execution of contract as a simple contract</b>	<b>SWBTB (8/10) 170</b>
<p>Mr Seager presented a proposal for the execution of a contract as a simple contract, authorising the expenditure of £98,356.48 (including VAT), in respect of building works for the Sandwell CT scanner.</p> <p>The Trust Board unanimously approved the recommendation to sign the contracted documents.</p>	
<p><b>AGREEMENT:</b>      <b>The Trust Board approved the signing of contract documents (JCT IF98) in relation to Sandwell CT scanner building works</b></p>	
<b>11 Transforming Community Services</b>	<b>SWBTB (8/10) 161 SWBTB (8/10) 161 (a)</b>
<p>Mr. Sharon informed the Trust Board of an approach from Sandwell PCT to work collaboratively on plans for the transition of community services for Adults and Children's Services to the Trust.</p> <p>The Board was advised however, that before any decision could be made, the PCT would be required to obtain approval from the Strategic Health Authority and the competition panel which was currently reviewing the plans. The PCT had also requested that that Trust hosts the Bradbury Day Centre services and staff, pending market testing by the PCT. It was noted that this would involve the transfer of 3 – 4 staff and approximately 20 volunteers.</p> <p>Mr Sharon also highlighted that the plans were set in the context of a challenging timescale, with the transfer proposed to be achieved by 1 April 2011. As such, the Trust Board and Sandwell PCT Trust Board would be speedily required to agree formally the key elements of the service.</p> <p>Mr. Sharon requested approval to commence the required due diligence and business case work.</p> <p>Mrs. Davis remarked that a sub-board may need to be formed that could approve relevant governance issues with members of the Trust Board and the PCT before a hand over to the Trust.</p> <p>Mr. Seager asked whether the due diligence work included estates. Mr. Sharon commented that it would be helpful if the estate did transfer as part of the plans, however some work may need to be undertaken in this area in connection with considerations such as leasing arrangements.</p> <p>Mr. O'Donoghue advised that the plans may prompt GPs to go into competition with the Trust in due course, therefore the PCT needed to be clear of the commissioner and provider issues.</p> <p>The Trust Board unanimously voted on the commencement of work on Due</p>	



Diligence and the business case.	
<p><b>ACTION:</b> Mr. Sharon to consider the establishment of a sub group of the Board to approve any governance related issues in connection with the TCS plans</p> <p><b>AGREEMENT:</b> The Trust Board approved the proposal to commence due diligence and business case preparation work in connection with the TCS plans</p>	
<p><b>12 Trust Annual Plan process and timetable</b></p>	<p>SWBTB (8/10) 167 SWBTB (8/10) 167 (a)</p>
<p>Mr. Sharon informed the Trust Board that the annual planning process would commence in September and the format would be similar that for 2010/11.</p> <p>The process and timescales were approved by the Trust Board</p>	
<p><b>AGREEMENT:</b> The Trust Board approved the proposed annual planning process and timescales for 2011/12</p>	
<p><b>13 Naming the new hospital – agreement of the shortlist of names</b></p>	<p>SWBTB (8/10) 174 SWBTB (8/10) 174 (a)</p>
<p>Mr. Howells tabled a paper from the 'Right Care, Right Here' Programme Acute Hospital Services Development Team, presenting a short list of 16 names for the new hospital. The Board was advised that four of the names had however been ruled out on the basis that an establishment already existed or the name was a trade name. The Trust Board was informed that the Acute Hospital Project Board recommended the following names for consideration:</p> <ul style="list-style-type: none"> <li>• Grove Lane Hospital</li> <li>• Cape Hill Hospital</li> <li>• The Midlands Metropolitan Hospital</li> <li>• The Windmill Hospital</li> </ul> <p>The Board was advised that once the four most popular names were chosen, a period of public consultation via the Birmingham Evening Mail would be undertaken and a poll would be organised, with a celebrity championing one of the four options. The final decision on the name would be made by the Trust Board at its meeting in October 2010. Ms. Dayani, attending on behalf of the Birmingham Evening Mail informed the Board that the four celebrity champions had been identified as: Adrian Chiles, Ruby Turner, Rusty Lee and Ozzy Osborne.</p> <p>Mrs. Davis asked for the views of each Trust Board member before proceeding to vote. The key points raised as part of the discussion were that a geographical name would ensure people from outside the area knew of the new hospital's location; some names suggested could not be spoken easily; and the historical name of James Brindley was popular. Some Board members expressed no real preference to any name.</p>	



<p>Mr. Howells balloted all members to cast four votes each, with the results being announced to be: 13 votes for 'The Birmingham &amp; Black Country Hospital'; 12 votes for 'James Brindley Hospital'; 11 votes for 'The Midlands Metropolitan'; 8 votes for 'Grove Lane Hospital'; 5 votes for 'James Watt Hospital'; 2 votes for 'Cape Hill Hospital'; 2 votes for 'West Midlands Hospital' (ruled out name); and 1 votes for 'The Windmill Hospital'</p> <p>The four names receiving the most number of votes were agreed to be those that should form the final shortlist and consultation.</p>	
<p><b>ACTION:</b> Mr. Howells to inform Ms Dayani of the four names for public consultation</p> <p><b>AGREEMENT:</b> The four names forming the final shortlist for the name of the new hospital were agreed to be 'The Birmingham &amp; Black Country Hospital', 'James Brindley Hospital', 'The Midlands Metropolitan', 'Grove Lane Hospital'</p>	
<p><b>14 Quality and Governance</b></p>	
<p><b>14.1 Quarterly Update on infection prevention and control</b></p>	<p>SWBTB (8/10) 164 SWBTB (8/10) 164 (a)</p>
<p>Dr. Oppenheim informed the Trust Board that links with the community and the wider health economy were working well. On mandatory reporting of MRSA only one case had been reported. A challenge was highlighted to concern the new cohort of junior doctors and necessary re-training in this area. Monitoring continues on hospital acquired infections which was noted to be higher than the same time last year.</p> <p>The Board was advised that a recent infection outbreak had occurred in June in a cluster of babies within the Neonatal Unit at City, which lead to a temporary closure of the unit. As a result, the Infection Control team was looking at ways of reducing the movement of babies from ward to ward.</p> <p>A discussion ensued on the need to reiterate the message of basic hygiene which had been discussed at length by the Trust Management Board.</p> <p>Mr. Howells advised that Infection Control would be a 'Hot Topic' item for discussion In October.</p> <p>Mrs. Davis thanked Dr Oppenheim for her attendance.</p>	
<p><b>14.2 Cleanliness report</b></p>	<p>SWBTB (8/10) 173 SWBTB (8/10) 173 (a)</p>
<p>Miss Overfield presented the quarterly report on cleanliness, reporting that the Trust's audits were going well, however there appeared to be a detrimental shift in cleanliness standards. A Question and Answer session would be produced and spot checks on cleanliness would be organised. Miss Overfield informed the Trust Board that the PEAT funds were being used on measures to improve the environment.</p>	



It was noted that a small laundry was to open on the Rowley site to clean the new nightwear and move away from reliance on the current external provider of this service. Miss Overfield also reported that unisex nightwear would be available shortly in the form of nightshirts and pyjamas.	
<b>14.3 OFSTED inspection of safeguarding and looked after children services: Birmingham</b>	<b>SWBTB (8/10) 163 SWBTB (8/10) 163 (a)</b>
Miss Overfield presented a report concerning the recent OFSTED inspection of Safeguarding and Looked After Children services in Birmingham.  Two recommendations arising from the inspection were noted, namely the need to use common assessment frameworks by healthcare workers and clarity on the community services used across the PCTs in safeguarding young adults. Miss Overfield advised that action plans were in existence in connection to the two recommendations.	
<b>14.4 Auditors' Local Evaluation (ALE) score</b>	<b>SWBTB (8/10) 168 SWBTB (8/10) 168 (a)</b>
Mr. White presented the ALE scores for 2009/10, as awarded by the Audit Commission, highlighting that the score for the Financial Standing dimension had improved 4. The overall score would however remain at 3. It was noted this would be the final ALE assessment as the Audit Commission was to be abolished under the new Operating Framework arrangements.  The Trust Board received and noted the report.	
<b>15 Strategy and Development</b>	
<b>15.1 'Right Care, Right Here' programme: progress report</b>	<b>SWBTB (8/10) 166 SWBTB (8/10) 166 (a)</b>
Mr. Kirby presented the latest 'Right Care, Right Here' programme progress report, which the Board received and noted.	
<b>15.1 New acute hospital project: progress report</b>	<b>SWBTB (8/10) 169 SWBTB (8/10) 169 (a)</b>
Mr. Seager reported that the OBC refresh was now complete and the full report would be presented to the September Board. The commercial/procurement documents had also been completed with a view to execute the plans by January 2011.  The Design Review Group was reported to be holding a stakeholder event on 2 September 2010 to engage with the public.  Work on an Arts Programme was also reported to have commenced. Some pieces of art are currently on show in the Birmingham Treatment Centre.	
<b>16 Performance Management</b>	
<b>16.1 Monthly finance report</b>	<b>SWBTB (8/10) 171 SWBTB (8/10) 171 (a)</b>
Mr. White presented the finance report of the period April – June 2010.	



<p>It was reported that an in month surplus of £479k has been achieved, which was noted to be £67k above the planned position. Capital expenditure remains on target and cash balance is in line with plan.</p> <p>Mrs. Davis noted that from September the minutes from the meeting held in the week prior to the Trust Board would be circulated with Board papers.</p>	
<p><b>16.2 Monthly performance monitoring report</b></p>	<p><b>SWBTB (8/10) 177</b> <b>SWBTB (8/10) 177 (a)</b></p>
<p>Mr. White presented the performance monitoring report and reminded the Trust Board that it had already been considered in detail by the Finance and Performance Management Committee at its meeting on 19 August 2010.</p> <p>It was reported that Delayed Transfers of Care had increased in relation to the previous month at City Hospital. Performance against the COUIN targets was reported to be on plan with the exception of that relating to VTE assessment. Spend on bank and agency staff was reported to remain stable and within target for the month and period to date.</p> <p>Mr. O'Donoghue noted that the VTE assessment figure appeared low at 14.2% but informed the Trust Board that a new implementation scheme giving weekly performance reports via divisions/directorates was underway to achieve the 90% target over the next three months.</p> <p>Dr. Sahota enquired whether there was a mechanism in place to address DNA (Did Not Attend) rates. Mr. Kirby reported that after two DNAs a letter would be sent to the GP. Other approaches currently being trialled included sending reminder letters and text messaging patients.</p> <p>The Trust Board noted the report.</p>	
<p><b>16.3 NHS Performance Framework update</b></p>	<p><b>SWBTB (8/10) 178</b> <b>SWBTB (8/10) 178 (a)</b></p>
<p>Mr. White presented the NHS Performance Framework update for information.</p> <p>The Trust Board received and noted the report.</p>	
<p><b>17 Update from the Board Committees</b></p>	
<p><b>17.1 Finance and Performance Management Committee</b></p>	<p><b>SWBFC (7/10) 083</b></p>
<p>The Trust received and noted the minutes of the Finance and Performance Management Committee meeting held on 22nd July 2010.</p>	
<p><b>17.2 Audit Committee</b></p>	<p><b>SWBAC (5/10) 037</b> <b>SWBAC (6/10) 038</b></p>
<p>The Trust received and noted the minutes of Audit Committee meetings held on 6th May and 10th June 2010.</p>	



<b>18 Any Other Business</b>	<b>Verbal</b>
There was none.	
<b>19 Details of the next meeting</b>	<b>Verbal</b>
The next public meeting of the Trust Board will be held on 30th September at 1430h in the Anne Gibson Board Room, City Hospital.	
The Trust AGM will also be held on the 30th September at 1800h in the Botanical Gardens, Birmingham	
<b>20 Exclusion of the press and public</b>	<b>Verbal</b>
The Board resolved that representatives of the Press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2) Public Bodies (Admission to Meeting Act 1960).	
Signed: .....	
Name: .....	
Date: .....	



Next Meeting: 30 September 2010, Anne Gibson Boardroom @ City Hospital

Sandwell and West Birmingham Hospitals NHS Trust - Trust Board

26 August - City Hospital

**Members present:** Mrs S Davis (SD), Mr R Trotman (RT), Mrs G Hunjan (GH), Dr S Sahota (SS), Professor D Alderson (DA), Mr G Clarke (GC), Mr D O'Donoghue (DO), Mr R Kirby (RK), Miss R Overfield (RO), Mr M Sharon (MS)

**In Attendance:** Mr G Seager (GS), Miss K Dhami (KD), Mr N Howells (NH)

**Apologies:** Mrs O Dutton (OD), Mr J Adler (JA), Mrs C Rickards (CR), Mr S Grainger-Payne (SGP)

**Secretariat:** Miss R Fuller (REF)

Last Updated: 23 September 2010

Reference	Item	Paper Ref	Date	Action	Assigned To	Completion Date	Response Submitted	Status	Review Date
SWBTBACT. 133	Sustainability update	SWBTB (7/10) 152 SWBTB (7/10) 152 (a)	29-Jul-10	Identify a Board-level champion for sustainability	SD	30-Sep-10		Verbal update at meeting	
SWBTBACT. 084	MRI business case	SWBTB (4/09) 093 SWBTB (4/09) 093 (a)	30-Apr-09	Present a post implementation review of the City Hospital MRI scanner	RK	29-Apr-10	Deferred to being presented at the October meeting of the Trust Board	In hand - review next meeting	
SWBTBACT. 123	Equality and Diversity update	SWBTB (4/10) 075 SWBTB (4/10) 075 (a) SWBTB (4/10) 075 (b)	29-Apr-10	Determine the source of the request to determine whether patients are asylum seekers or immigrants	RO	27-May-10	Under investigation and will provide update as part of next Equality and Diversity update in December	Future	16-Dec-10
SWBTBACT. 124	Equality and Diversity update	SWBTB (4/10) 075 SWBTB (4/10) 075 (a) SWBTB (4/10) 075 (b)	29-Apr-10	Present the Trust's position regarding the requirements of the new Equality Bill at the next Trust Board seminar	RO	27-May-10	Presentation will be given to the E & D Steering Group by the Trust's Solicitors in October, which will then inform an update to the Trust Board as part of the E & D update in December 2010	Future	16-Dec-10
SWBTBACT. 130	Staff Health and Wellbeing strategy	SWBTB (6/10) 133 SWBTB (6/10) 133 (a) SWBTB (6/10) 133 (b) SWBTB (6/10) 133 (c)	24-Jun-10	Present an update on the Boorman Review action plan at the December meeting of the Trust Board	RO	16-Dec-10		Future	16-Dec-10
SWBTBACT. 135	Transforming Community Services	SWBTB (8/10) 161 SWBTB (8/10) 161 (a)	26-Aug-10	Consider the establishment of a subgroup of the Board to approve any governance related issues in connection with the TCS plans	MS	30-Sep-10	A sub group is to be convened, which will be chaired by Mrs Olwen Dutton	Completed Since Last Meeting	
SWBTBACT. 136	Naming the new hospital	SWBTB (8/10) 174 SWBTB (8/10) 174 (a)	26-Aug-10	Inform the media of the four proposed names for the new hospital which are to be issued for public consultation	NH	30-Sep-10	Names have now been published	Completed Since Last Meeting	



**Next Meeting: 30 September 2010, Anne Gibson Boardroom @ City Hospital**  
**Sandwell and West Birmingham Hospitals NHS Trust - Trust Board**  
**26 August - City Hospital**

**Members present:** Mrs S Davis (SD), Mr R Trotman (RT), Mrs G Hunjan (GH), Dr S Sahota (SS), Professor D Alderson (DA), Mr G Clarke (GC), Mr D O'Donoghue (DO), Mr R Kirby (RK), Miss R Overfield (RO), Mr M Sharon (MS)

**In Attendance:** Mr G Seager (GS), Miss K Dhami (KD), Mr N Howells (NH)

**Apologies:** Mrs O Dutton (OD), Mr J Adler (JA), Mrs C Rickards (CR), Mr S Grainger-Payne (SGP)

**Secretariat:** Miss R Fuller (REF)

Last Updated: 23 September 2010

Reference No	Item	Paper Ref	Date	Agreement
SWBTBAGR.186	Minutes of the previous meeting	SWBTB (7/10) 158	26-Aug-10	Subject to minor amendment, the Trust Board approved the minutes of the previous meeting as a true and accurate records of discussions held.
SWBTBAGR.187	Disposal of trust properties and application of the Trust Seal to deeds and transfer documents	SWBTB (8/10) 162 SWBTB (8/10) 162 (a)	26-Aug-10	The Trust Board approved the sale of four Flats and agreed the application of the Trust Seal to the Deeds and transfer documents relating to the sale of Nos. 4, 12, 18 and 21 Overton Place.
SWBTBAGR.188	Refurbishment of Maternity 1 and ADAU Maternity Unit	SWBTB (8/10) 165	26-Aug-10	The Trust Board approved the authorisation of the order in respect of expenditure for the refurbishment of Maternity 1 and ADAU Maternity Unit
SWBTBAGR.189	Sandwell CT scanner enabling works – execution of contract as a simple contract	SWBTB (8/10) 170	26-Aug-10	The Trust Board approved the signing of contract documents (JCT IF98) in relation to Sandwell CT scanner building works
SWBTBAGR.190	Transforming Community Services	SWBTB (8/10) 161 SWBTB (8/10) 161 (a)	26-Aug-10	The Trust Board approved the proposal to commence due diligence and business case preparation work in connection with the TCS plans
SWBTBAGR.191	Trust Annual Plan process and timetable	SWBTB (8/10) 167 SWBTB (8/10) 167 (a)	26-Aug-10	The Trust Board approved the proposed annual planning process and timescales for 2011/12
SWBTBAGR.192	Naming the new hospital – agreement of the shortlist of names	SWBTB (8/10) 174 SWBTB (8/10) 174 (a)	26-Aug-10	The four names forming the final shortlist for the name of the new hospital were agreed to be 'The Birmingham & Black Country Hospital', 'James Brindley Hospital', 'The Midlands Metropolitan', 'Grove Lane Hospital'



## Sandwell and West Birmingham Hospitals



NHS Trust

<b>TRUST BOARD</b>
--------------------

<b>DOCUMENT TITLE:</b>	Annual Planning Framework 2011/12
<b>SPONSORING DIRECTOR:</b>	Mike Sharon, Director of Strategy & Organisational Developopt
<b>AUTHOR:</b>	Mike Sharon/Ann Charlesworth
<b>DATE OF MEETING:</b>	30 September 2010

This paper asks the Trust Board to approve the planning guidance for Divisions in constructing their Annual Plans for 2011/12.

The guidance includes a high level summary of the national and local position and current assumptions on our planning context for 2011/12 that may be adjusted when the national operating framework has been received.

**PURPOSE OF THE REPORT** *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
<b>X</b>		

**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

Trust Board is asked to:

- Note the contents of the report
- Approve the planning guidance



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	Asks Divisions to plan taking into account strategic objectives
Annual priorities	Sets out priorities
NHS LA standards	
CQC Essential Standards Quality and Safety	
Auditors' Local Evaluation	

**IMPACT ASSESSMENT** *(Indicate with 'x' all those that apply in the second column):*

Financial	X	
Business and market share	X	
Clinical	X	
Workforce	X	
Environmental	X	
Legal & Policy		
Equality and Diversity	X	
Patient Experience	X	
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

The Board considered the Annual Planning Framework at its August meeting



## Sandwell and West Birmingham Hospitals NHS Trust

### First Cut Divisional Annual Planning Guidance for 2011/12

#### Purpose

This paper provides the Board of Directors with an initial view of Annual Planning Guidance for Divisions. This guidance will be reviewed and updated as the external planning context develops, for example the issuing of the Operating framework which is expected in mid to late December.

The paper asks the Board to approve the guidance.

#### Overview

This document sets out the context for the development of the Trust's Annual Plan for 2011/12 to support the Trust's Operating Divisions in developing their detailed plans for the year ahead. It includes:

- Timetable and Process for the Annual Plan 2011/12
- The Context for 2011/12
- Corporate Objectives for the current year set against our Strategic Objectives
- Activity, Finance and Workforce
- NHS Operating Framework 2010/11 (Dec 2009)
- Revision to the National Operating Framework 2010/11 (June 2010)
- What are our commissioners' priorities?
- Market Share Map
- Specialty-specific Key Performance Indicators (separate attachment)
- Benchmarking data (separate attachment)

#### Timetable and Process for the Annual Plan 2011/12

Our planning process for 2011/12 reflects the approach used in previous years. The timetable was approved at the August Trust Board.

- |  |                 |
|--|-----------------|
| • <i>Timetable agreed by Trust Board</i>                       | 26th Aug 10     |
| • Staff and Public Events – engagement on Corporate Objectives | September 10    |
| • Annual Planning Framework Trust Board discussion             | 30th Sept 10    |
| • Briefing Divisions on 2011/12 Planning                       | w/c 4th Oct 10  |
| • Initial Annual Planning Framework issued to Divisions        | w/c 11th Oct 10 |
| • Planning meetings with each Division                         | 8th-23rd Nov 10 |
| • First cut Divisional Plans (inc CIP)                         | 3rd Dec 10      |
| • National Operating Framework published                       | ? Dec 10        |
| • Monthly updates to F&PC and Trust Board                      | from Dec 10     |



- |   |                 |
|---|-----------------|
| • Update of Annual Planning Framework             | early Jan 11    |
| • Second cut Divisional Plans                     | 31st Jan 11     |
| • Draft Trust Annual Plan issued for consultation | w/c 21st Feb 11 |
| • LDP sign-off (assumed date)                     | end Feb 11      |
| • Final draft Trust Annual Plan to TMB            | 15th Mar 11     |
| • Trust Annual Plan approved by Trust Board       | 31st Mar 11     |
| • Sign-off of detail of Divisional Plans          | end May 11      |

## The Context for 2011/12

The Trust is developing its plans for 2011/12 against a background of significant recent achievements and significant external challenges as a result of the tightening public sector financial position and uncertainties generated by the publication of the White Paper: "Liberating the NHS".

## Strategic Objectives

Our strategic objectives remain unchanged. They are:

Accessible and Responsive Care	High Quality Care	Care Closer to Home	Good Use of Resources	21 <sup>st</sup> Century Facilities	An Effective Organisation
Continue to achieve national waiting times targets	Continue to keep up high standards of infection control and cleanliness	Fully use of the outpatient and diagnostic centre at Rowley Regis Hospital	Deliver a planned surplus of £2.0m	Continue the process to buy the land for the new hospital	Ensure the Trust is registered with the Care Quality Commission
Continue to improve patient experience - focusing on basic nursing care and standards of privacy and dignity	Formalise our quality system to maintain and improve our quality of care	Contribute to the RCRH programme projects – OP demand management, urgent care and intermediate care	Improve our expenditure by delivering a Cost Improvement Programme of £20m	Start the formal procurement process for the construction of the new hospital	Embed Listening into Action as part of the way we do things in the Trust
Make communication with GPs about their patients quicker and more consistent	Improve the protection and care we provide to vulnerable children and adults		Review corporate expenditure in key areas	Ensure involvement with our PCTs in the design of major community facilities (i.e. City Rowley and Sandwell)	Implement the next stages of our new clinical research strategy
Improve our outpatient services, including the appointments system	Achieve NHSLA accreditation at Level 2 for both general and maternity standards		Ensure we have the right amount of ward, operating theatre and clinic capacity for our needs	Continue to improve current facilities including new CT scanner at Sandwell and redevelopment of MAU at City	Reduce our impact on the environment by continuing to implement our sustainability strategy
Ensure our Customer Care promises become part of our day to day behaviour	Successfully implement the outcome of the Maternity Review				Progress plans for a new organisational status and structure, giving staff and public a clear voice in the organisation
	Continue to improve our services for Stroke patients				Embed clinical directorates and service line management into the Trust
	Improve the quality of service and safety within our A&E departments				Implement the Leadership Development Framework
	Achieve the new Quality and Innovation (CQUIN) targets				Refresh the Workforce Strategy and make progress with it's implementation
	Improve our key patient pathways				Continue to develop our strategy for IM&T and improve the systems we use
	Deliver quality and efficiency projects led by clinical directorates				Develop our strategy for medical education and training
	Implement the national Nursing High Impact Changes				Make improvements to the health and well-being of staff, including reducing sickness absence



Our corporate objectives for 2010/11 set against our strategic objectives are included above. Priorities for 2011/12 are currently under discussion.

### **Revision to the National Operating Framework 2010/11 (21st June 2010)**

The revision to the Operating Framework set out changes that needed to happen in-year and areas where change can be expected in the NHS Operating Framework for 2011/12.

The document centres on 5 areas:

- revisions to Vital Signs and Existing Commitments;
- new rules on reconfiguration;
- future direction and next steps on transforming community services;
- finance and efficiencies; and
- accelerating development of the payment system

The NHS Operating Framework for 2011/12 will include substantive systemic changes. Indicators will be reviewed and those with little or no clinical relevance removed.

The main features of the revised Operating Framework are set out below

- Revisions to Vital Signs and Existing Commitments
  - Cancer access – maintain timescales
  - 18-weeks – performance management of the target to cease – waiting time rights of patients to continue.
  - 4 hour A&E waiting time standard – continues but threshold change from 98% to 95%.
  - Healthcare –associated infections – demonstrate continuous improvement, zero tolerance.
  - Implementing the National Dementia Strategy.
  - Mixed sex accommodation to be eliminated – sanctions if requirements not met.
- Current and future reconfiguration proposals must meet 4 new tests to proceed.
- Separation of PCT commissioning from provision of services.
- A phased move towards an “Any Willing Provider” model for community services – greater participation by independent and voluntary sectors.
- Finance and Efficiencies
  - £15-20 billion efficiency challenge to 2014 is critical. QIPP must deliver savings to meet increasing demands and invest in any new priorities.



- Capital constraint – focus on reducing backlog maintenance.
  - New major hospital schemes – to be assessed in context of Spending Review – affordable, high VFM, priorities only.
- Accelerating the development of the Payment System
- Payment mechanism to reward excellent performance and be tough on poor quality.
- Detailed performance data to be published to inform patient choice and increase competition.
- Revised tariff guidance later this year:
  - Payment structured around outcomes – incentivise for quality.
  - Best practice tariffs.
  - No payment if patient safety compromised.
  - Pathway tariffs (across service sectors) – “Commissioning Packs” being produced e.g. Cardiac rehabilitation, end of life care.
  - For 2011/12, tariff to cover re-ablement and post discharge support including social care.
  - Hospitals responsible for patients for 30 days post-discharge – if re-admitted no further payment (from 1st Dec 2010).

### **The White Paper: Liberating the NHS**

The White Paper and subsequent consultations sets out a vision that is mix of both continuation of existing policy and structural change. The main features proposed in the White Paper are:

- Abolition of SHAs and PCTs and the creation of GP Commissioning Consortia and the National Commissioning Board.
- Significant downward pressure on tariff, including more best practice tariffs, year of care tariffs and a greater proportion of payment linked to quality measures
- Helping patients exercise choice through more and better information about quality.
- More competition through application of Any Willing Provider and changed competition and regulatory framework.
- A requirement for all NHS Trusts to become Foundation Trusts by 2013



- More influence for Local Authorities through greater powers to determine strategic priorities, provide and commission public health services and host local HealthWatch (replacement for LINKS).
- Giving providers more control over and responsibility for education funding.

The main implications for this Trust are likely to be a need to:

- Deal with short term unpredictability of PCT and Consortia demands as the old system retreats and new organisations are formed
- Become more responsive to GPs who are becoming more influential in determining commissioning priorities.
- Develop effective relationships with new consortia
- Ensure Right Care Right Here structure and processes evolve as necessary.
- Deliver, in aggregate terms, Right Care Right Here activity assumptions
- Significantly reduce costs to maintain financial viability
- Demonstrate to ourselves and our stakeholders that we are providing high quality services
- Become a Foundation Trust.
- Continue to work closely with our Local Authorities

### **What are our commissioners' priorities?**

Both Sandwell and HoB will be facing the difficulties of delivering local structural change while maintaining the commissioning function for the interim period.

In addition to reducing health inequalities and improving the health of the local population the PCTs are likely to focus on:

Sandwell

- Proposing that their Community Provider function transfer mainly to SWBHT, subject to approvals



- RCRH modelling being used as basis for planning hospital activity levels.
- Continuing reduction in procedures of limited clinical value
- Continuing reduction of outpatient follow ups and consultant to consultant referrals
- CQUIN priorities:
  - a new/revised set of priorities are to be agreed within the LDP negotiations in Jan/Feb 2011

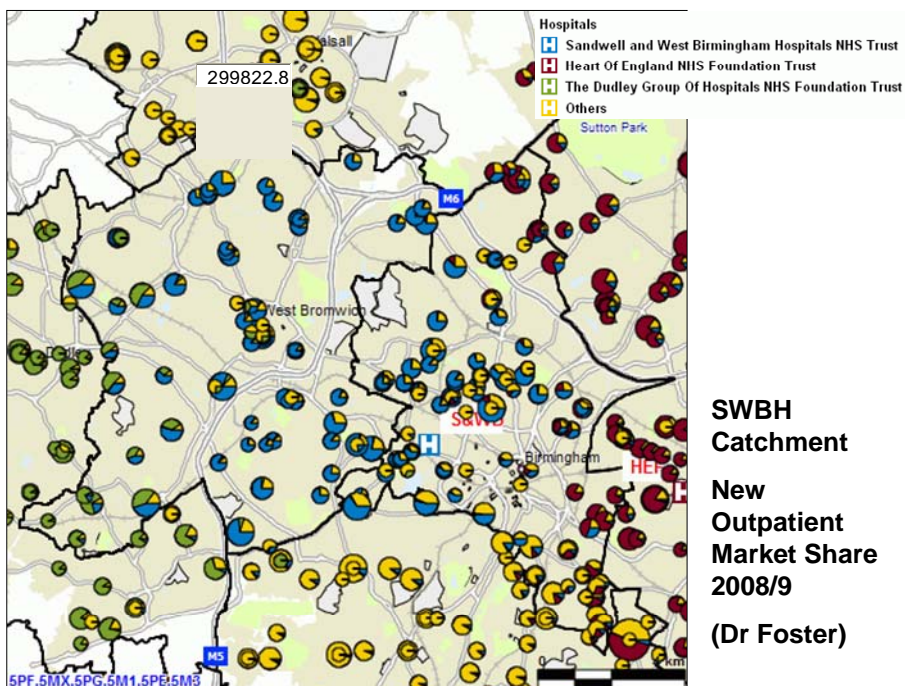
### Heart of Birmingham

- Community Provider function is proposed to transfer to a newly created Birmingham Community Trust, subject to approvals
- RCRH model being used as basis for planning hospital activity levels.
- Continuing reduction in procedures of limited clinical value
- Continuing reduction of outpatient follow ups and consultant to consultant referrals

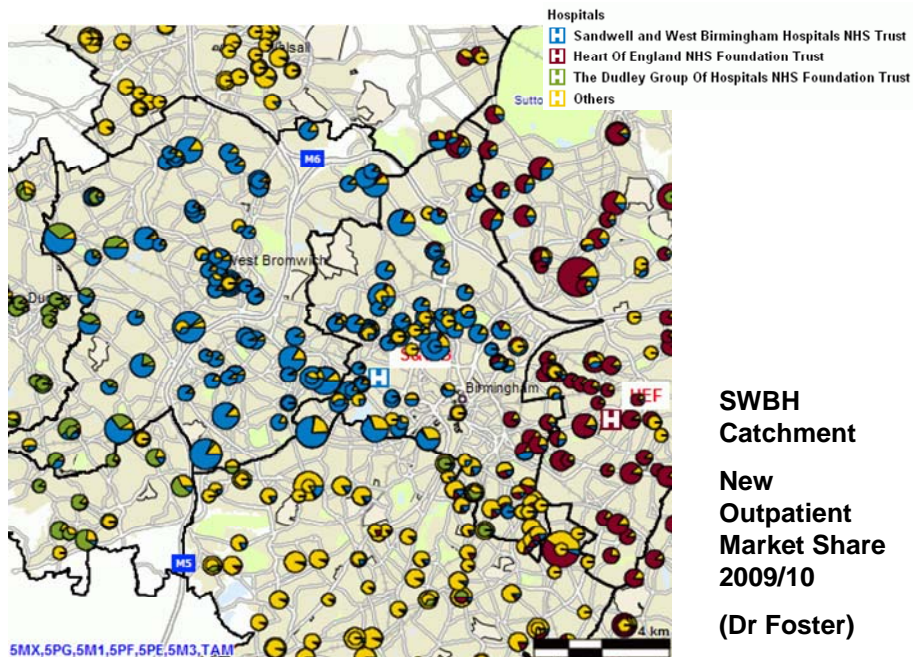
### Referrals and Market Share

The following two slides show market share for new outpatients for 2008/9 and 2009/10.

The Business Development Team will be reprioritising business development activities for 2011/12, in discussion with Divisions to agree priorities for market growth within the framework of the Right Care Right Here demand and capacity model.







## Benchmarking and Key Performance Indicators (KPIs)

Significant work has been undertaken during the last six months to provide Divisions with KPIs and benchmarking data on elements of performance such as length of stay and outpatient attendance rates.

Divisions are encouraged to use this work to inform their approach Development of CIPs and to planning for 2011/12.

## Activity, Finance and Workforce –

Although work is in progress on the detail, the Trust has made some initial assumptions about activity, finance and workforce for 2011/12

### Activity

- We aim to base activity as far as possible on RCRH plans (v5.3)
- Activity for 2010/11 is over target in most categories year to date
- RCRH model (v5.3) forecasts for 2011/12:
  - An increased proportion of daycases.
  - A decrease in Emergency admissions
  - Moving further outpatient services into community settings.
  - A shift from A&E to urgent care attendances where this appropriate for minor cases



## Finance

- LTFM assumptions for 2011/12
  - Income of £372.7m (*based on OBC/RCRH base case adjusted for anticipated tariff deflation and CIPs*);
  - Tariff deflation of -1.8%, internal CIP rate 5.4%;
  - Total CIP (including QUEP) of £20m and surplus of £2m (*per OBC/RCRH and reflected in the LTFM post tariff deflation and CIPs*)
  - Capital programme of c £18.6m (*OBC/RCRH assumptions*) inc £8k for land acquisition;
  - Pressures likely to centre on continued need to reduce capacity and change working practices (RCRH) against backdrop of very tight national funding position, tariff deflation, disincentives to deliver higher activity levels and national efficiency requirements.

## Cost Improvement Programme

The national funding picture presents a CIP challenge for all providers. Taking into account national and local factors the CIP target for 2011/12 is likely to be £20m.

The Finance and Performance Committee is considering options for the allocation of the CIP to Divisions.

## Service Line Management (SLM)

The most recent SLM position will be provided as context for Cost Improvement Discussions to Divisions. Specialties will be made aware of their SLM position and this position is likely to inform CIP targets from 2012/13. It is believed that the SLM data is currently insufficiently consistent to inform 2011/12 CIP setting.

## Workforce

Our workforce plans will take into account RCRH workforce modelling, which assumes an increasing number of staff working in community rather than acute settings.

## Recommendations

The Board is asked to:

**Note** the contents of the report  
**Approve** the planning guidance







## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Workforce Strategy – Revised (September 2010)
<b>SPONSORING DIRECTOR:</b>	Rachel Overfield, Chief Nurse (Executive Lead for Workforce)
<b>AUTHOR:</b>	Gayna Deakin, Deputy Director of Workforce
<b>DATE OF MEETING:</b>	30 September 2010

### SUMMARY OF KEY POINTS:

Progress against the Trust's workforce strategy and work programme was presented to the Trust Board in April 2010.

It was reported at the April Board that the strategy would be revised to take account of the current planning timeframe for the scheduled opening of the new acute hospital and to cover the period up to 2017.

This strategy will be included in the appendices of the New Acute Hospital Development Outline Business Case and has been amended with this in mind.

There are minimal changes to the overall spirit or substantive content of the document and the strategy is supported with an annual HR work programme to ensure it's implementation.

Section 6 (organisational development) and Section 7 (learning and development) will be expanded further as part of wider Trust strategies.

The main revisions are as follows:

- o The majority of the amendments in Sections 1-5 are consistent with material developed for the workforce chapter of the OBC
- o Timeframe to run from 2010-2017
- o Terminology updated and structural changes included where applicable
- o Document history taken from front page and inserted as page 2
- o Section 16 'HR high impact changes' (appendix1) deleted and will be replaced with an annual HR work programme
- o Sections re-formatted to combine the objectives, aims, specific actions all under a common heading of 'objectives'.
- o Section 6 on Organisational Development expanded
- o Strategic context expanded to include reference to recent white paper, TCS and NHS funding position
- o Statistical information updated where applicable and demographic charts deleted due to time sensitivity



**ACTIONS REQUIRED, INCLUDING RECOMMENDATION:**

The Board is asked to **approve** the revisions made to the Trust's Workforce Strategy

**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:N/A**

Strategic objectives	The Workforce Strategy aligns with and supports the Trust's strategic objectives.
Annual priorities	
NHS LA standards	Workforce and Employment
Core Standards	Staffing requirements
Auditors' Local Evaluation	

**IMPACT ASSESSMENT** *(Indicate with 'x' all those that apply in the second column):*

Financial		
Business and market share		
Clinical		
Workforce	<b>X</b>	
Environmental		
Legal & Policy		
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

The Workforce Strategy was reviewed by the Trust Board in June 2008 and subsequently as part of the previous discussions of the OBC.



Sandwell and West Birmingham Hospitals



NHS Trust

# **Workforce Strategy**

## **2010 - 2017**



## DOCUMENT HISTORY

1.	Workforce Strategy Approved by Trust Board	January 2007
2.	Workforce Strategy Updated	November 2007
3.	Workforce Strategy Reviewed for Foundation Trust Application (Integrated Business Plan)  Work Programme developed to implement actions	April 2008
4.	Workforce Strategy Revised for New Acute Hospital Development Outline Business Case	September 2010



## CONTENTS

	Page
1. Introduction	4
2. Trust Vision and Values	7
3. Trust Strategic Objectives	8
4. Workforce Demographics	9
5. Workforce Key Performance Indicators	11
6. Organisation Development	13
7. Employee Relations	14
8. Staff Engagement	15
9. Workforce Governance and Risk Management	16
10. Workforce Planning Capacity and Capability	17
11. Learning and Development	19
12. Productivity	21
13. Occupational Health, Safety and Welfare	22
14. Equality and Diversity	23
15. Operational Support Services	24



## 1. Introduction

- 1.1** Maintaining a highly performing and engaged workforce is the key to future success and progressive HR and employment practices, with a strong emphasis on organisational development are essential to delivering the Trust's vision, strategic objectives, and wider NHS reform.

This Strategy is designed to support the delivery of our challenging workforce agenda, and to compliment and work in conjunction with key national HR themes: the four pillars set out in *HR in the NHS (2002)*, and the NHS West Midlands strategic direction *Investing for Health, Workforce Transformation* ( Project 9 ).

The specific actions detailed within the strategy will ensure that the Trust will be able to:-

- Recruit, retain, and deploy the workforce needed to deliver the Trust's vision;
- Identify, nurture, and develop leaders and managers whose practice will support the Trust's vision and values;
- Engage with staff in ways that will directly improve patient care and staff satisfaction;
- Develop, implement, and maintain first class employment practices.

- 1.2** This Workforce Strategy and its component parts do not exist in isolation and have to be considered and implemented in conjunction with other Trust strategies, e.g. IM&T strategy, nursing strategy etc.

- 1.3** This strategy sets out the key workforce and HR objectives that the Trust will have to deliver if it is to meet its overall strategic objectives for the specified period. This document has been reviewed to take account of the proposed workforce changes and challenges arising from the 'Right Care Right Here' Programme and New Acute Hospital Development and to ensure that it is fit for purpose as an overarching workforce framework for an NHS Foundation Trust moving forward.

- 1.4** The following assumptions and influencing factors have been made and take into consideration:

- 1.4.1 The opportunities and challenges created by the recent white paper 'Equity and Excellence: *Liberating the NHS*' e.g. TCS and vertical integration, whole system working and more effective use of resources.
- 1.4.2 NHS West Midlands strategic direction (Investing for Health) and the associated workforce transformation project will continue.
- 1.4.3 There will be significant internal restructuring over time as a result of interim service reconfiguration and the new models of care associated with the 'Right Care Right Here' Programme are introduced.



- 1.4.4 There will be continued financial challenges and pressures relating to NHS funding and the economic climate.
- 1.4.5 Increased plurality of provision will create competition in the labour market.
- 1.4.6 Interim service reconfiguration, NHS Foundation Trust status, the 'Right Care Right Here' Programme, and continuing financial pressures will require significant HR and organisational development interventions associated with change management, workforce planning and development, and staff engagement.
- 1.4.7 Demand for increased levels of workforce productivity will inevitably involve considerable changes to working practices and the need for the development of new and improved competencies in the workforce.
- 1.4.8 The Electronic Staff Record functionality will become fully operational providing opportunities for different and more efficient employment transactions, management of employee costs, and new ways of working.
- 1.4.9 There will be a continuation of new employment legislation and associated regulations.
- 1.4.10 Opportunities will increase for sharing HR associated transactional services.
- 1.4.11 Staff expectations will increase as a result of the drive for increased engagement.
- 1.4.12 There will be increased performance management and regulation via NHS bodies such as the Care Quality Commission, NHSLA Risk Management Standards, Monitor, and external bodies such as the Health and Safety Executive and the Equalities Commission.

**1.5** This strategy sets out in detail the aims, objectives, and specific actions for each of the following functions:-

- Employee Relations;
- Staff Engagement;
- Workforce Governance and Risk Management;
- Planning the Workforce;
- Learning and Development;
- Productivity;
- Centralised and Operational Support Services;
- Managing Diversity;
- Occupational Health, Safety and Welfare.

**1.6** An annual work programme will be developed to ensure the delivery of the HR interventions and actions required to implement this strategy.



- 1.7** The Strategy has been developed following widespread consultation with local stakeholders, partners, Trust managers, trade unions, and staff.
- 1.8** The Trust Board is fully committed to this strategy and has been involved in its development and will continue to monitor its delivery.



## 2. Trust Vision and Values

We will help to improve the health of people living and working in Sandwell, Western Birmingham and surrounding areas, working with our partners to provide the highest quality healthcare in hospital and closer to home.

Our Values	What this means
Caring And Compassionate	<ul style="list-style-type: none"> <li>• We care for patients, their carers and relatives as they want us to.</li> <li>• We treat all our patients with dignity and respect.</li> </ul>
Accessible And Responsive	<ul style="list-style-type: none"> <li>• Our services are accessible to all.</li> <li>• We identify and respond to the diverse needs of the patients and communities that we serve.</li> <li>• We involve patients in decisions about their care.</li> </ul>
Professional And Knowledgeable	<ul style="list-style-type: none"> <li>• We demonstrate high levels of competence and professionalism in all we do.</li> <li>• We provide safe, high-quality services.</li> <li>• We pursue opportunities for innovation in the way we provide services.</li> </ul>
Open And Accountable	<ul style="list-style-type: none"> <li>• We are open about what we do.</li> <li>• We are accountable to patients and local people for the decisions we take and the services we provide.</li> </ul>
Engaging and Empowering	<ul style="list-style-type: none"> <li>• We value the experience and knowledge of all our staff and listen to their ideas.</li> <li>• We work together across boundaries to provide the very best care</li> <li>• We provide an environment in which staff can flourish and grow.</li> </ul>



### 3. Trust Strategic Objectives

The following table shows how the Workforce Strategy aligns with and supports the Trust's strategic objectives:

Strategic Objectives	Workforce Strategy and HR Objectives
<b>Accessible and Responsive Care</b>	<p>To support the reorganisation of service delivery by producing workforce plans that will ensure that we have the optimum numbers of staff available at the right times and in the right place to care for patients.</p> <p>To develop agreements with staff and trade unions that will facilitate effective organisational change designed to support the introduction of new models of care.</p>
<b>High Quality Care</b>	<p>To ensure that all staff are fully competent to undertake their role.</p> <p>To facilitate approaches and education programmes that will encourage all staff to behave in ways that promote respect and dignity for patients and colleagues.</p>
<b>Care Closer to Home</b>	<p>To ensure that all employment terms and conditions provide for maximum flexibility including joint working with other health and social care partners.</p>
<b>Good Use of Resources</b>	<p>To ensure that all staff are able to positively influence how care is delivered and improve outcomes to patients by promoting the LiA approach for leadership and engagement.</p>
<b>21st Century Facilities</b>	<p>To ensure that the design and development of facilities takes account of work flows that will allow staff to work with maximum efficiency.</p>
<b>An Effective NHS FT</b>	<p>To develop effective leaders and adopt best employment practices designed to ensure that staff understand the important role that they have to play in ensuring the best patient experience possible and to contribute to the Trust's success.</p>



## 4. Workforce Demographics

The Trust is one of the largest employers in Birmingham and the Black Country with a budgeted establishment of circa 6,000 wte staff working across the existing three sites; City Hospital in Birmingham, Sandwell Hospital in West Bromwich, and Rowley Regis Community Hospital.

### Staff Profile

The following table provides an analysis of the demography of the current workforce in as at 31<sup>st</sup> July 2010 (excluding 'bank' staff):

Staff Category	Headcount	WTE	Total Workforce %	Full Time %	Part Time %	Male %	Female %	Average Age
Consultants	289	273	4%	89	11	73	27	47
Other Medical	511	477	8%	89	11	50	50	34
Nursing/Midwifery	2,218	2,021	32%	74	26	12	88	41
Allied Professionals	574	475	8%	59	41	20	80	38
Healthcare Scientists	558	494	8%	69	31	40	60	40
HCAs/Support	1,471	1,151	18%	46	54	32	68	46
Admin & Estates	1,388	1,195	19%	62	38	18	82	42
Managerial	232	221	4%	84	16	38	62	45
<b>TOTAL</b>	<b>7,242</b>	<b>6,307</b>	<b>100%</b>	<b>66%</b>	<b>34%</b>	<b>25%</b>	<b>75%</b>	<b>42</b>

77% of the Trust's staff occupy positions that provide front line patient care and clinical support services. 23% of staff are employed in non-clinical support and managerial roles. Managers make up around 4% of the total numbers.

Nurses make up the highest percentage of the overall workforce (32%), followed by administration and estates Staff (19%), medical Staff (12%), Allied Health Professionals (8%), healthcare scientists and other scientific support staff (8%), and facilities and ancillary support staff (18%). The smallest group is management staff (4%).

### Gender and Age Profile

The gender of our workforce mirrors what is usually found in most NHS provider organisations with females being the predominant gender of the total workforce (75%). This is the case in all of the staff groups with the exception of Consultant medical staff where 73% of the workforce is male, and junior medical staff where the gender breakdown is equally split with 50% of the staff group male and 50% of it female.



An analysis of our age profiles shows a typical spread of staff in each age bracket across the entire workforce peaking at the 46 - 50 years old bracket. There are fewer members of staff in the lower and higher brackets.

Compared to the local population of working age, we see a skew towards the 30 plus age category. Care should be taken when interpreting these figures as the highly specialised nature of the healthcare sector, together with the requirement for higher qualifications and experience may mean that the average age of employees will be higher than other employment sectors.

## **Diversity**

The population that the Trust serves is highly diverse with Black and Minority Ethnic groups making up between 60 to 70% of the local population in some areas. Our analysis of the ethnicity mix of the workforce is not entirely accurate due to 11.87% of our staff not stating their ethnicity. We have attempted to address this through data censuses without success. We anticipate that this will not improve significantly for some time and only as new starters take up post and the information is collected routinely as part of the automated recruitment process (NHS Jobs).

According to Office of National Statistics (ONS) figures the majority of the local populations within the Sandwell and Birmingham authorities travel between 2km and 10km, with the majority of those travelling between 5km and 10km. Therefore, it would seem appropriate to use the local authority boundaries given their radiuses from our hospitals than the narrower ward boundaries.

Taking the combined populations of Sandwell and Birmingham as a percentage by grouped ethnicity and comparing this with those of our workforce where ethnicity is known it can be seen that Asian, White, and Mixed Heritage staff are under-represented, Black staff are over-represented, and other ethnic groups appear to be reasonably well represented.

The Trust's Single Equality Scheme 'Embracing Our Diverse Communities' sets out the Trust's commitment and the actions required to build a workforce whose diversity reflects the community that it serves.



## 5. Key HR Performance Indicators

The Trust monitors performance in relation to a wide range of performance indicators e.g. sickness absence, staff turnover, agency spend, staff appraisal, mandatory training, and staff satisfaction and staff engagement scores. The table below presents performance against these over time.

Indicator	2007/08	2008/09	2009/10	Target 2010/11
<b>Total Staff In Post (budgeted WTEs)</b>	5,618	6,042	6,317	6,347
<b>Sickness Absence (Trust target)</b>	4.65%	4.42%	4.45%	3% by 2013
<b>Staff Turnover</b>	12%	10%	9.5%	10-12%
<b>Agency Spend</b>	1.8%	2.7%	1.7%	< 2% of total pay spend
<b>PDR/Appraisals</b>	20%	84%	75%	90%
<b>Mandatory Training</b>	49%	56%	71%	80% by 31.12.10
<b>Staff Satisfaction Score</b>		3.35	3.41	3.41
<b>Staff Engagement Score</b>			3.62	-

The total Staff in Post position has risen over the last two years largely due to an increase in patient activity.

The Trust's performance on sickness absence when compared with other similar Trusts locally is average (mid range). There is a continued drive on increasing compliance with staff appraisals and attendance on mandatory training.

Staff turnover is around an acceptable level and has decreased from 11.79% (2007/08) to 9.47% (2009/10) representing a significant cost saving.

The Trust operates an internal 'Bank' facility to provide cost effective temporary staffing cover and prevent over reliance on agency cover. This arrangement is centrally co-ordinated to ensure provision of appropriately skilled temporary staff and that robust recruitment procedures and processes are adhered to. Agency staffing is used as a last resort and the Trust's success in this area can be seen in the performance table above.

The Trust's arrangements for temporary staffing are being reviewed to ensure that it is able to draw upon high quality and cost effective solutions. The Trust's target for controlling agency spend measured as a percentage of the total pay bill is <2%.



The Trust's staff satisfaction score is currently 3.41 (2009), achieving in advance the target set for 2010/11. The year prior to this the score was 3.35. Whilst significant progress has been made in this area, the Trust's score is below the national average for acute trusts (3.45).

The Trust's staff engagement score for 2009 is 3.62 and is average when compared with all acute trusts nationally (3.64).

Central to making further improvement is this is the Trust's approach to staff engagement ('Listening into Action' Programme).



## **6. Organisation Development**

**6.1** The underpinning rationale of Organisation Development is a recognition that an organisation's policies, practices and overarching culture directly affect corporate performance. Therefore, organisational development activity should be designed in such a way as to encourage behaviours in the workforce which will promote positive outcomes.

**6.2** By this definition Organisation Development therefore does not exist as an activity in its own right rather its purpose is to directly influence the achievement of clearly defined objectives and create an organisation that is fit for purpose.

**6.3** The desired corporate outcome is to create an organisation that demonstrates the following characteristics:-

- A patient focus;
- Values individual employees;
- Promotes staff engagement;
- Promotes sound leadership;
- Ensures management competence;
- Provides consistently high quality of care;
- Has efficient processes and strives to improve productivity;
- Ensures good use of financial and other resources;
- Has in place rigorous and integrated performance management systems that drive continuous improvement;
- Values teams;
- Actively encourages personal development and accountability.

### **6.4 Objectives**

6.4.1 To ensure that the Trust's employment policies and 'people management' processes support the Trust's vision and values.

6.4.2 To maximise the benefits of using the findings of the national staff service to drive improvements in staff engagement and staff satisfaction.

6.4.3 To support the development of the Trust's 'Owning the Future' project.

6.4.4 To align the strategic and operational HR agendas with the Trust's strategies and plans e.g. staff health and well-being, LiA, leadership development etc.



## **7. Employee Relations**

### **7.1 Introduction**

Employee Relations is concerned with ensuring that the employment relationship between the Trust and individual employees is managed effectively and promotes positive outcomes.

This includes the Trust's relationship with the recognised Trade Unions and Professional Associations. It also includes communication mechanisms designed to ensure a swift and free flowing exchange of ideas and information.

Employee Relations has to be managed within a legal framework. It is, therefore, essential that all of the Trust's legal obligations as an employer are properly understood and discharged effectively.

The Trust employs a full time convenor who is elected by the recognised Trade Unions and who receives Trust Board papers and attends the Board meetings. The Convenor also sits on a number of key strategic/operational meetings, committees, and working groups.

### **7.2 Objectives**

- 7.2.1 To ensure that employees understand their legal obligations in the context of the employment relationship, that the Trade Unions are appropriately involved, and that individual employees recognise that staff and patients benefit from improvements in Trust performance.
- 7.2.2 To continually improve the relationship between the Trust and recognised Trade Unions by having in place appropriate consultation and negotiation arrangements.
- 7.2.3 To promote good employee representation.
- 7.2.4 To ensure that all managers are able and empowered to deal effectively with operational staff management issues.
- 7.2.5 To develop and maintain a clear and comprehensive employment policy framework which is understood by all employees.
- 7.2.6 To ensure that communication mechanisms are understood and used to best effect by all staff and managers.
- 7.2.7 To update the current Recognition Agreement.
- 7.2.8 To continue to jointly develop HR and employment policies and procedures.
- 7.2.9 To continue to operate effective formal consultation processes to facilitate effective organisational change



## **8. Staff Engagement**

### **8.1 Introduction**

The underpinning rationale for seeking to find ways to effectively engage staff in the workplace is the belief that success comes from capturing their knowledge, skills, experience and enthusiasm and then facilitating action that drives improvements.

### **8.2 Objectives**

- 8.2.1 To create a culture within which all employees are encouraged to recognise opportunities for improved delivery of services and to find and implement improvements.
- 8.2.2 To facilitate new ways of working where leaders, managers, and staff connect across traditional boundaries to develop collaborative solutions to problems that inhibit effective delivery of services.
- 8.2.3 To ensure that the right level of organisational support is available.
- 8.2.4 To support identified priority projects in adopting new, engaging ways of working, profiling these across the organisation to create a “pull” and the basis for wider adoption and spread.
- 8.2.5 To commission a research project designed to evaluate the long term effect on organisational performance of “Listening into Action”.
- 8.2.6 To develop a cadre of in house experts/ champions who are embedded within the Divisions and Directorates to support the adoption of “Listening into Action” as a new way of leading/managing.
- 8.2.7 To use appropriate measures to evidence the impact of “Listening into Action” on service delivery.



## **9. Workforce Governance And Risk Management**

### **9.1 Introduction**

The Trust relies on its workforce for the successful delivery of its objectives and services, and the risks associated with managing and maintaining a highly skilled and competent workforce is a significant challenge faced by the Trust.

Workforce Governance and Risk Management is concerned with ensuring that all strategic and operational workforce related decisions are properly aligned to the Trust's Strategic objectives. In addition the process of assessing any risks involved in making and implementing these decisions will ensure informed and effective management of such risks and statutory compliance.

### **9.2 Objectives**

To ensure that all risks associated with workforce activities, introducing change and operating employment policies and procedures are properly identified and understood.

9.2.1 To optimise the performance of the Trust's human resources.

9.2.2 To ensure that all employment policies and procedures meet financial and legal requirements.

9.2.3 To ensure that managers in the Trust fully understand their responsibilities for managing people in accordance with the Trust's values and Code of Conduct.

9.2.4 To identify and manage workforce related risks and ensure that appropriate risk assessments and risk mitigation plans are developed where appropriate.

9.2.5 To ensure that the Trust Board and the Executive are aware of all such risks.

9.2.6. To ensure that all managers are prepared and competent to operate in an environment wherein staff are fully engaged by appropriate management development activities.

9.2.7 To ensure that all managers understand the importance of complying with the Trust's Employment Charter and Code of Conduct.

9.2.8 To ensure that all employment policies and procedures are developed in partnership with the Trade Unions and updated when necessary

9.2.9 To ensure that the requirements of the Working Time Regulations are appropriately managed and monitored.

9.2.10 To put in place all necessary controls on remuneration and the application of terms and conditions to mitigate the risks of equal pay challenges.

9.2.11 To develop appropriate information and reporting mechanisms that allow for performance to be monitored and risks identified.



## **10. Workforce Planning Capacity and Capability**

### **10.1 Introduction**

Workforce Planning Capacity and Capability is the process by which the Trust identifies the future size, shape and skills of the entire workforce that is required to support the effective delivery of corporate strategies and plans. To be effective it must inform and be informed by the corporate planning processes. It includes critical examination of the competencies required to undertake specific roles.

Trust workforce plans are also used to inform the education commissioning process.

It is clear that the service models envisaged by the New Acute Hospital and Right Care Right Here Programme plans will require significant changes to the workforce both in terms of numbers and skills/competencies. A key output from the activity and capacity planning work will be a clear trajectory for the changes in staff numbers year on year.

### **10.2 Objectives**

- 10.2.1 To ensure that the Trust has the right amount of staff, at the right time, with the right competencies.
- 10.2.2 To produce integrated workforce plans, that are fluid and capable of change that will support the delivery of the Trust's objectives.
- 10.2.3 To plan and control the number and type of staff employed matching supply with demand.
- 10.2.4 To provide the Trust Board, Executive Team, managers and external organisations with appropriate workforce information.
- 10.2.5 To alert the Trust Executive and Trust Board of issues that are perceived to be a problem, as appropriate.
- 10.2.6 To keep the composition, profile, and deployment of the workforce under review and to make recommendations for action where necessary.
- 10.2.7 To ensure that structures, processes, and plans are in place to address and facilitate the workforce planning and employee development elements of the New Acute Hospital Development Project i.e. integrated workforce planning processes, transitional planning, organisation development, and change management.
- 10.2.8 To have in place the necessary framework and processes to support any workforce changes i.e. service re-configuration.
- 10.2.9 To ensure that the development of the New Acute Hospital Development workforce plans include proposals for the development of new ways of working and re-designed roles.



- 10.2.10 To support the 'Right Care Right Here' Programme by developing and implementing appropriate methodology and tools to inform workforce planning requirements, including capacity, capability requirements, productivity, and service re-design.



## 11. Learning and Development

### 11.1 Introduction

The effective delivery of the Trust's corporate plans and objectives and the quality of care provided to patients is to a very large extent dependent upon the skills and competencies of the workforce. It is essential that all staff are able to undertake their duties effectively and efficiently and to be able to deal with the accelerating pace of change brought about by national and local developments.

### 11.2 Objectives

- 11.2.1. To ensure that the workforce is fit for purpose by having the required competencies and that all managers and leaders are competent to operate effectively with an "engaged" workforce.
- 11.2.2 To ensure that learning and development activity is linked to organisational and personal objectives.
- 11.2.3 To develop programmes that provide employees with multi-skills that support the removal of traditional boundaries.
- 11.2.4 To ensure that all learning and development activity is free from discrimination and promotes equality.
- 11.2.5 To link Learning and Development activity to nationally recognised standards where applicable.
- 11.2.6 To develop partnerships with external agencies where beneficial.
- 11.2.7 To ensure that opportunities are available for appropriate professional development.
- 11.2.8 To ensure that all employees receive an annual appraisal and personal development plan, and where appropriate link to the Knowledge and Skills Framework.
- 11.2.9 To ensure that optimum funding advantage is derived from working with relevant external agencies, e.g. Locality Stakeholder Boards and NHS West Midlands via the Joint Investment Framework.
- 11.2.10 To continue to embed the Trust wide appraisal system ensuring the effective utilisation of the national NHS Knowledge and Skills Framework (KSF).
- 11.2.11 To review the induction and mandatory training programmes using wherever possible methods of delivery designed to increase ease of access.
- 11.2.12 To investigate and pilot 360 degree appraisal.



- 11.2.13 To continue to provide the first line managers development programme and consider options to extend the provision of management development capacity.
- 11.2.14 To review the induction and mandatory training programme to ensure they are fit for purpose and use, wherever possible, methods of delivery designed to increase ease of access.
- 11.2.15 To put in place recording systems that will allow all learning and development activity to be monitored and reported on as appropriate.
- 11.2.16 To continue to modify and improve on training provision to take advantage of new technologies, to ensure training provision is as effective as possible and increases the ways staff are able to access training.
- 11.2.17 To work closely with education providers (i.e. universities) to ensure the provision of appropriate training and development activity.
- 11.2.18 To work with the Trust Chair and Chief Executive to design appropriate development programmes for Executive Directors, Non-Executive Directors and Governors.
- 11.2.19 To meet our commitments under the 'Skills Pledge' for staff in bands 1-4.



## **12. Productivity**

### **12.1 Introduction**

Workforce costs represent some 70% of the Trust's total expenditure. A productive workforce is essential if the Trust is to effectively manage expenditure and achieve best value for money. In addition a productive workforce will provide the highest possible standards of care within the resources available. Increasing and improving productivity is not necessarily about staff working harder rather it is about ensuring that work is carried out within the most appropriate structures and systems using the most up to date equipment and technology possible by staff who have the appropriate skills.

### **12.2 Objectives**

- 12.2.1 To ensure that opportunities to measure and increase workforce productivity are understood and exploited.
- 12.2.2 To promote service and role redesign to achieve optimum productivity and efficiency.
- 12.2.3 To further develop workforce key performance indicators that can be used to identify future improvements and monitor progress (HR dashboard).
- 12.2.4 To ensure that Trust managers and staff are equipped with the appropriate skills to assess productivity issues and to ensure effective resolution.
- 12.2.5 To use AfC flexibility and creatively to support the creation redesigned roles and new ways of working as appropriate.
- 12.2.6 To ensure the effective use of current ESR functionality and roll out manager self functionality to support improvements in productivity and workforce information
- 12.2.7 To ensure the delivery of the Trust's sickness absence management reduction plans.



## **13. Occupational Health, Safety and Welfare**

### **13.1 Introduction**

The health, safety, and welfare of staff is of paramount importance. Not only is there a legal framework within which the Trust and all individual employees have to operate there is evidence that a healthy workforce is more productive.

### **13.2 Objectives**

- 13.2.1. To provide a safe working environment within which everybody is aware of their personal responsibilities and to actively promote good health. This will be achieved by developing a body of knowledge within the Trust which will ensure that every employee is aware of the health, safety, and risk issues involved in undertaking their responsibilities.
- 13.2.2 To ensure that all Health and Safety legislation is understood and complied with.
- 13.2.3 To encourage a strong commitment to health, safety, and welfare.
- 13.2.4 To reduce overall levels of sickness absence.
- 13.2.5 To ensure that effective organisational arrangements are in place which support managers, employees, health and safety representatives to undertake their responsibilities.
- 13.2.6 To record, monitor, and investigate as appropriate all work related accidents.
- 13.2.7 To lead non clinical risk management activities.
- 13.2.8 To ensure positive relationships with external agencies.
- 13.2.9 To actively promote good health amongst employees.
- 13.2.10 To deliver the changes and actions required to implement the Trust's Staff Health and Well-Being Strategy and Sickness Absence Management Plan.
- 13.2.11 To actively promote and facilitate increased opportunities for rehabilitation programmes.
- 13.2.12 To ensure that systems and processes are in place to achieve a reduction in the number of needlestick injuries.
- 13.2.13 To review the effectiveness of the current occupational health pre-employment screening process and consider alternative approaches with a view to improving efficiency and effectiveness.



## 14. Equality and Diversity

### 14.1 Introduction

**Equality** is essentially about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination (past, present or potential) that is based on membership of a particular group.

**Diversity**, on the other hand, is about the recognition and valuing of difference in its widest sense. It is about creating a working culture and practices that recognise, respect, value and harness 'difference' for the benefit of the organisation and the individual.

### 14.2 Objectives

- 14.2.1 To ensure a representative workforce, removing discrimination, creating diverse leadership and management and implementing legislative requirements.
- 14.2.2 To ensure that the Trust meets all of its legal obligations under relevant employment legislation.
- 14.2.3 To ensure that all employees are aware of their responsibilities in the context of diversity.
- 14.2.4 To ensure that all employment policies, procedures, and practices are free from discrimination.
- 14.2.5 To ensure that appropriate arrangements for monitoring and reporting on employment issues are in place.
- 14.2.6 To ensure that all managers understand their roles and responsibilities via their KSF and appraisal.
- 14.2.7 To comply with statutory obligations to monitor, evaluate, and publish employment activity data annually.
- 14.2.8 To improve employment activity recording systems to ensure that any undue trends or bias are identified as quickly as possible and remedial action taken as appropriate.
- 14.2.9 To undertake an impact assessment on all new HR and employment policies and monitor the impact of existing HR policies and procedures to ensure that they do not have any unintended adverse impact.
- 14.2.10 To continue to ensure the provision of equality and diversity training.



## **15. Operational Support Services**

### **15.1 Introduction**

The Workforce Directorate undertakes a range of centralised services and amongst these are; recruitment administration, workforce information, study leave management and HR specialist support.

### **15.2 Objectives**

- 15.2.1 To provide an efficient and cost effective recruitment administration service.
- 15.2.2 To ensure that appropriate workforce data and information is available.
- 15.2.3 To provide managers with effective, efficient, and timely professional support and advice across the whole range of employment related issues.
- 15.2.4 To ensure that appropriate mechanisms are in place to control staffing costs in particular the use of tempory staff.
- 15.2.5 To ensure that all recruitment processes are administered in such a way to comply with legal requirements and best practice.
- 15.2.6 To ensure that the most cost effective, timely, and efficient recruitment arrangements are in place.
- 15.2.7 To provide an efficient, timely, and efficient study leave booking and recording service.
- 15.2.8 To provide appropriate, accurate, and timely workforce information as required.
- 15.2.9 To ensure that managers are properly advised and supported in relation to employment related issues and that such activity complies with best practice, Trust policy and employment legislation.
- 15.2.10 To develop employment policies and procedures as required and in consultation with staff and recognised Trade Unions.
- 15.2.11 To ensure that remuneration arrangements represent best value for money and comply with all national and local agreements.
- 15.2.12 To examine opportunities to develop shared services where appropriate.
- 15.2.13 To benchmark HR transactional services to ensure best value.
- 15.2.14 To identify, evaluate, and co-ordinate opportunities for cost savings and efficiency gains from pay modernisation and to minimise additional cost pressures from national agreements.



- 15.2.15 To continue with the development of E-Recruitment by introducing a fully 'on-line' recruitment service and maximise the benefits of using the ESR recruitment functionality.
- 15.2.16 To monitor and review existing recruitment and study leave procedures to ensure that they are as efficient and streamlined as possible.
- 15.2.17 To develop proposals and ensure the implementation of approved developments designed to maximise the benefits from the ESR.
- 15.2.18 To monitor and review existing management standards for the provision of formal disciplinary, grievance, dignity at work, and capability investigations to enable consistency of approach and the monitoring and recording of such activity .
- 15.2.19 To ensure that all HR and employment policies are updated in accordance with best practise and employment legislation.



## Sandwell and West Birmingham Hospitals



NHS Trust

## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Estates Strategy Annual Review 2010/11
<b>SPONSORING DIRECTOR:</b>	Graham Seager, Director of Estates/New Hospital Project
<b>AUTHOR:</b>	Rob Banks, Head of Estates
<b>DATE OF MEETING:</b>	30 September 2010

## SUMMARY OF KEY POINTS:

This report provides an annual update of the Estates Strategy to identify the current position in relation to the Estates Management Issues listed below. This layout is consistent with the Executive Summary of the Main Estates Strategy document approved by the Trust Board in October 2008.

- Existing Estate;
- Estates Performance;
- Risk Management and Governance;
- Environmental Performance;
- Estates Returns and Information Collection (ERIC) and Performance Indicators;
- Patient Perceptions and Patient Environment Action Team (PEAT);
- Summary Disposal and Proceeds of Sale;
- Development Control Plans;

PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
<b>X</b>		

## ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Board is asked to consider and approve this Estates Strategy Annual Review 2010/11.



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	21 <sup>st</sup> Century facilities An Effective Organisation
Annual priorities	5.1 Continue the process to buy the land for the new hospital 5.2 Ensure we are fully involved with our Primary Care Trusts in the design of major community facilities (i.e. City, Rowley and Sandwell) 5.3 Continue to improve current facilities, including a new CT scanner at Sandwell and a major redevelopment of the Medical Assessment Unit at City 6.4 Reduce our impact on the environment by continuing to implement our sustainability strategy
NHS LA standards	2.3.1. Secure environment
CQC Essential Standards Quality and Safety	Regulation 16; Outcome 11 - Safety, availability and suitability of equipment
Auditors' Local Evaluation	

**IMPACT ASSESSMENT** *(Indicate with 'x' all those that apply in the second column):*

Financial	<b>x</b>	
Business and market share		
Clinical		
Workforce		
Environmental	<b>x</b>	
Legal & Policy		
Equality and Diversity		
Patient Experience	<b>x</b>	
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

The strategy was last considered by the Board in October 2009.





# Estates Strategy Annual Review 2010/11



September 2010



# ESTATES STRATEGY ANNUAL REVIEW 2010/11

1.0 INTRODUCTION .....	3
2.0 EXISTING ESTATE .....	4
3.0 ESTATE PERFORMANCE .....	4
4.0 RISK MANAGEMENT and GOVERNANCE .....	6
5.0 ENVIRONMENTAL PERFORMANCE .....	8
6.0 ESTATES RETURN INFORMATION COLLECTION (ERIC) RETURNS ..	9
7.0 PATIENT PERCEPTION and PEAT .....	12
8.0 SUMMARY DISPOSAL and PROCEEDS OF SALE .....	14
9.0 DEVELOPMENT CONTROL PLANS .....	14
10.0 STRATEGIC OPTIONS FOR ESTATE CHANGE .....	14
11.0 POSITION STATEMENT IN RELATION TO ESTATES STRATEGY OBJECTIVES .....	17
12.0 CONCLUSION .....	18



## LIST OF TABLES

Table 1	Total Value of Trusts Building Assets at 31/03/10.....	4
Table 2	Cost to Achieve Condition 'B'.....	5
Table 3	Total Backlog Cost per Occupied Floor Area (£/m <sup>2</sup> ) .....	5
Table 4	Total Risk Adjusted Backlog Cost per Occupied Floor Area (£/m <sup>2</sup> ) .....	5
Table 5	Statutory Standards and Estates Related Budget Allocation .....	5
Table 6	Total Building and Engineering Maintenance Cost per Occupied Floor Area (£/m <sup>2</sup> ) .....	10
Table 7	False Alarms per Number of Fires Reported .....	10
Table 8	Fires reported per 1,000m <sup>2</sup> of Occupied Floor Area .....	10
Table 9	Total Cost of Cleaning per Occupied Floor Area (£/m <sup>2</sup> ) .....	10
Table 10	Total Cost of Cleaning per WTE (£/WTE) .....	10
Table 11	Cost of Laundry and Linen Services per Occupied Floor Area (£/m <sup>2</sup> ) .....	10
Table 12	Total Cost to Eradicate Backlog (£).....	11
Table 13	Total Cost to Eradicate Backlog per Occupied Floor Area (£/m <sup>2</sup> ) .....	11
Table 14	CO <sub>2</sub> Emission per Occupied Floor Area (Kg/m <sup>2</sup> ) .....	11
Table 15	Carbon Emissions per Occupied Floor Area (Kg/m <sup>2</sup> ) .....	11
Table 16	Total Energy Cost per Occupied Floor Area (£/m <sup>2</sup> ) .....	11
Table 17	Average Cost per Unit of Energy Consumed (Pence/KWh) .....	11
Table 18	High Temperature Waste Cost per Tonne (£/Tonne) .....	12
Table 19	Total Waste Cost per Occupied Floor Area (£/m <sup>2</sup> ) .....	12
Table 20	PEAT Results for the Trust .....	12
Table 21	National Standards of Cleanliness Audits .....	13



# ESTATES STRATEGY ANNUAL REVIEW 2010/11

## 1.0 INTRODUCTION

The Estates Strategy for the period 2008/09 to 2017/18 was approved by the Trust Board at the meeting in October 2009. An annual review for the period 2009/10 was presented to and approved by the Board in October 2009. The structure of this review document is consistent with the Executive Summary of the Main Estates Strategy document.

The objectives of the Estates Strategy were as follows:

- To analyse the estate condition and its performance;
- To identify costs to achieve Estatecode condition B for key facets of Condition Survey;
- To prioritise capital investment in estate statutory compliance issues;
- To maintain/improve compliance with Annual Health Check Core standards;
- To achieve year on year improvement in Environmental Performance;
- To operate all estate and facilities services at a benchmark between the lower and upper quartiles of the Estates Return Information Collection (ERIC) returns of comparable Trusts and demonstrate value for money;
- To achieve green status for all operational related performance indicators by March 2016.

Generally the objectives have been met where appropriate during this review period and we remain on track to achieve the longer term objectives.

This report provides an annual update of the Estates Strategy for the period 2010/11 to identify the current position in relation to the Estates Management Issues listed below.

- Existing Estate;
- Estates Performance;
- Risk Management and Governance;
- Environmental Performance;
- Estates Returns and Information Collection (ERIC) and Performance Indicators;
- Patient Perceptions and Patient Environment Action Team (PEAT);
- Summary Disposal and Proceeds of Sale;
- Development Control Plans;
- Strategic Options for Estate change.

The main change to the strategy is the move towards a greater proportion of retained estate on both City Hospital and Sandwell Hospital sites and a reduced new acute hospital in Grove Lane.



## **2.0 EXISTING ESTATE**

Sandwell and West Birmingham Hospitals (SWBH) estate property portfolio consists of a variety of buildings with a very diverse range of ages and conditions.

The total value of the Trust's building assets is shown in Table 1 below:

Table 1 – Total Value of Trusts Building Assets at 31/03/10

Sandwell	£74,374,182
City	£73,223,199
Rowley	£13,519,234
BTC	£18,853,023
<b>Total Value of Building Assets</b>	<b>£179,969,638</b>

The valuation of the Estate has been updated in line with Department of Health guidance on 1<sup>st</sup> April 2010. There have been no material changes to the portfolio during this review period, however there has been a significant reduction in the value of the Estate which has resulted in a reduction in payable capital charges. The reduction in the value of the estate has been in the order of 10%.

### **Quality Efficiency Performance (QuEP)**

The Trust is facing significant financial challenges over the next few years and as a result the Estates Directorate is expected to achieve cost improvements/efficiency savings commensurate with the Trust targets. As can be seen from benchmarking and Estates performance indicators, (sections 3.0 & 6.0) the Trust is performing with estates maintenance costs below the lower quartile and therefore further budget reductions could affect business continuity. The plan for further savings from estates has to be achieved through rationalisation and reduction in the size of the estate. A reduction in the size of the estate will result in a reduction in the occupancy costs to include savings from capital charges, rates, energy, maintenance, cleaning and other costs associated with Estates and Facilities Management.

A review of occupancy of non-clinical accommodation is currently being undertaken to assess the office requirements, following which proposals will be developed to close certain buildings where possible. A separate Estates Rationalisation paper will be presented to the Trust Board in due course.

## **3.0 ESTATE PERFORMANCE**

Detailed condition surveys of the two main sites were undertaken in 2002. A desktop update of these surveys was carried out in August 2007 to identify where condition had deteriorated due to age or improved as a result of capital investment in the estate. No further condition surveys have been carried out to date. However, all high risk areas such as Fire, Legionella, Electrical Infrastructure, Asbestos Management etc are subject to at least an annual review and risk assessment.

Backlog maintenance figures have been updated following Capital Investment in the estate during 2009/10 and outputs from revised risk assessments of key estates elements and an allowance for inflation.

Table 2 identifies costs to achieve Estate Code Condition 'B' as at 1<sup>st</sup> April 2010.



Definition of Condition 'B':

**'B' Sound, operationally safe and exhibits only minor deterioration**

Table 2 – Cost to Achieve Condition 'B'

	£
High Risk	<b>635,000</b>
Significant Risk:	<b>2,365,000</b>
Moderate Risk:	<b>86,890,387</b>
Low Risk:	<b>9,425,503</b>
Total Backlog:	<b>99,315,890</b>
Risk Adjusted:	<b>6,789,523</b>

An investment commensurate with the high and significant risk elements of backlog of £3,000,000 has been approved by the Strategic Investment Review Group (SIRG) from 2010/11 Capital Programme.

The Trust's current backlog maintenance position when benchmarked against other large acute Trusts outside of London using Estates Return Information Collection (ERIC) data is as shown in Table 3.

Table 3 – Total Backlog Cost per Occupied Floor Area (£/m<sup>2</sup>)

LOWER QUARTILE	MEDIAN	UPPER QUARTILE	SWBH POSITION
£45.05	£145.49	£400.13	<b>£616.45</b>

Trust Total Backlog Cost per occupied floor area is well above upper quartile position. This is understandable due to the age of the estate and supports the long term strategy and reaffirms the need for significant investment in the new acute hospital.

Table 4 – Total Risk Adjusted Backlog Cost per Occupied Floor Area (£/m<sup>2</sup>)

LOWER QUARTILE	SWBH POSITION	MEDIAN	UPPER QUARTILE
£21.39	<b>£42.02</b>	£61.15	£140.24

The Trust's Risk Adjusted Backlog position falls between lower quartile and median position. This is an indication that whilst high and significant risks have been identified they are being addressed within 12 months and managed through the risk assessment process and governance structure.

The 2010/11 Capital programme includes £3 million allocated to statutory standards and estates related improvement schemes the breakdown of which is as shown in Table 5 below:

Table 5 – Statutory Standards and Estates Related Budget Allocation

Statutory Standards	£1,565,000
Estates Related	£1,435,000
<b>Sub Total</b>	<b>£3,000,000</b>



Other notable schemes for Capital Investment during 2010/11 are as follows:

- MAU Redevelopment, City Hospital;
- Maternity Reconfiguration, City Hospital;
- Ward D5, Delivering Single Sex Accommodation (DSSA) works;
- Sandwell Hospital Replacement CT Scanner;
- Chest Clinic Improvements, Sandwell Hospital;
- Priory 5 Ward Refurbishment, Sandwell Hospital.

Further investment in the existing estate will be required as the Trust moves towards the development of the new acute hospital. This investment will be required in order to maintain compliance with statutory standards, impending standards and the need to achieve high levels of business continuity. The Trusts 10 year Capital Plan Forecast reflects this need for continuing investment in the existing estate. The 10 year Capital Programme is shown in Appendix 1.

#### **4.0 RISK MANAGEMENT and GOVERNANCE**

The Estates and Capital Projects Directorate continues to follow the robust well developed risk management and governance structure:

Governance meetings are held monthly with quarterly reports to Trusts Governance Board. Risk assessments across many elements of Estates Management are undertaken annually and continually monitored and reviewed by the Head of Estates and appropriate Estates Operational Manager. All Red risks relating to the Estates are incorporated into the Trusts risk register in order that an informed corporate view is adopted to the process of Pro-active Risk Management.

The Estates Risk Register is a statutory requirement and an aid to determining the prioritisation of funding for capital investment using the principles as laid down in "Estates and Facilities Management Standard" A Risk Based Methodology For Establishing and Managing Backlog 2007.

#### **Premises Assurance Model (PAM)**

The NHS Premises Assurance Model (PAM) is a management tool, designed to provide a nationally consistent approach to evaluating NHS premises performance against a set of national indicators. It delivers a basis for:

1. Assurance on the premises in which NHS healthcare is delivered;
2. Drive premises-related performance improvements throughout the system;
3. Greater understanding of the vital role that NHS premises play in the delivery of improved clinical and social outcomes.

The NHS PAM is a key enabler allowing NHS providers to deliver local requirements and priorities set within the context of their national commitments.

The model currently provides the ability to peer review against a range of similarly performing organisations and those providing best-in-class performance. It is anticipated that in future development phases, additional functionality will be provided to enable forecasting and scenario planning.



The NHS PAM gives NHS healthcare providers the opportunity to:

- Provide premises assurance to their management boards using a nationality consistent technique;
- Identify how to improve efficiency by increasing the utilisation or reducing the cost of operating their premises;
- Assure commissioners that healthcare is delivered from high quality, safe and fit-for-purpose premises consistent with pledges in the NHS Constitution;
- Identify peer organisations, based on activity mix, and assess performance within their peer group and high performing organisations, supporting the spread of innovation and best practice;
- Raise the profile of estates issues at board level, as key enabler of business strategy.

The Estates directorate has voluntarily completed the Premises Assurance Model (PAM), which will become mandatory for all acute Trusts in April 2011. It has provided the opportunity to identify and assess our position against the five domains which follow the Darzis definitions of Quality, Finance and Value for Money, Safety, Effectiveness, Patient Experience and Board Governance.

As an organisation we have achieved level 3 across all domains but have identified areas of improvement in both Effectiveness and Board Governance. Effectiveness improvement focuses around work related to sustainability which can be achieved by completing the action plan identified as part of the NHS Carbon Management Programme. Board Governance improvement can be achieved by the updating of policy and strategy documentation related to Estates functions.

The Dashboard for the Trust Self Assessment is shown in Appendix 2. The full assessment can be reviewed through the following link: <S:\Estates Shared\Premises Assurance Model\may 2010\26.05.10 SWBH Assurance Model - Release V1.xls>

### **National Health Service Litigation Authority (NHSLA)**

The directorate are working with Risk Management and Governance to provide necessary evidence when required for inspectorate and develop any requirements identified to assist in the achievement of NHSLA Level 2 for the Trust.

Key area of work for Estates with regards to NHSLA Level 2 is the Management for Medical Devices and Medical Device Training. The Trust has a well established Medical Devices Committee, chaired by the Director of Estates. The Medical Engineering Department assist in the delivery of user training for the safe use of medical equipment and the management and control of an inventory of medical equipment.

### **Care Quality Commission**

The Directorate has achieved compliance with the related core requirements for the following and have provided the required evidence through Trust Assurance process:

- Care Quality Commission(CQC) Annual Health Check – C4b, G4c, C4e, C15a, C20a, C20b and C21;
- Care Quality Commission Registration 2010 – Regulation 15 Outcome 10 Safety and suitability of premises and Regulation 16 Outcome 11 Safety, Availability and Suitability of Equipment;
- CQC Hygiene Code visit 10 November 2009;
- National Health Service Litigation Authority (NHSLA) Standard 3 Level 1– Safe Environment (working towards Level 2);



- Department of Health – Premises Assurance Model (Mandatory April 2011 – SWBH part of National Consultation).

Many issues require a programme of strategic capital investment. The current Risk Assessment process is all based around the long term strategic objective to move to a new acute hospital within the timeframe identified in this strategy. Should the new acute hospital not come to fruition in the timescale identified in this strategy, Risk Assessments will need to be completely reassessed to determine the levels of investment required to minimise risk to organisation, staff, patients and visitors.

## **5.0 ENVIRONMENTAL PERFORMANCE**

### **Building Research Establishment Environmental Assessment Method**

A 'Building Research Establishment Environmental Assessment Method' (BREEAM) Assessment has been undertaken on the New Acute Hospital Public Sector Comparator and an excellent rating achieved. An excellent rating is a requirement for Business Case Approval by the Department of Health.

### **Sustainability**

The Trust has an active Sustainability Working Group (SWG) with membership from key stakeholders such as Procurement, Estates, Pharmacy and Information Technology and chaired by The Director of Estates and New Hospital Project with lead responsibility for sustainability.

The SWG members have identified a range of actions to lead on following feedback from an LiA event held on the 22 October 2009. The SWG has developed a Sustainability Management Plan which has been approved by the Trust Board in November 2009 (*A full action plan is available via [S:\Sustainability\Action Plan\Appendix 1 – Action Plan.doc](#)*).

The Trust is currently working towards achieving the NHS Carbon Management Programme in conjunction with the Carbon Trust. A corporate carbon footprint is currently being calculated across Transport, Waste and Utilities to identify potential savings in terms of carbon and Trust efficiency. Cross departmental work is being undertaken to review and work towards achieving target of 25% reduction by 2015. The SWG will work in conjunction with the Carbon Trust to identify capital investment required to achieve savings and pay back periods. (Carbon calculator: [S:\Estates\\_Shared\Sustainability\Carbon\\_Management\baseline\\_tool\July\\_2010\\_SWBH\\_Baseline\\_Calculator.xls](#))

Staff engagement on Sustainability has developed a network of approximately 60 staff that are assisting as Sustainability Champions. The Trust has supported the sustainability agenda with funding of £50k in 2010/11 to provide additional cycle storage, IT power save solutions, training for staff, recycling and assistance to promote sustainability. (Investment – [S:\Estates\\_Shared\Sustainability\Policy, plans and strategy\Sustainability Funding Requirements 2010.doc](#))

### **Good Corporate Citizen**

The Trust is undertaking 6 monthly updates of the Good Corporate Citizen self assessment which will be part of the Sustainability report to the Trust Board. The organisation is currently on target against criteria and leads have been identifying actions to improve and these will be monitored through the SWG. (The report is available via: <http://www.corporatecitizen.nhs.uk/results.php>).



## **Carbon Reduction Commitment**

There is a statutory requirement for the Trust to comply with Carbon Reduction Commitment (CRC), work is in hand to ensure compliance is achieved in the appropriate timescale working in conjunction with Environmental Agency. The Trust's registration has been confirmed by the Environment Agency and work is currently underway compiling the evidence for completion before end of September 2010 deadline.

## **NHS Carbon Management Plan**

The Trust has signed up to Phase 5 of the NHS Carbon Management Plan (CMP). The initial stage is to identify the organisations carbon footprint using 2008/09 information on carbon production as its baseline. The plan, when developed, will identify opportunities for reduction in carbon, quality improvement and efficiency savings. The Trust has been targeted with a reduction of 10% across its total carbon footprint which includes Energy, Waste, Procurement and Travel. This equates to approximately 10000 tonnes of CO<sub>2</sub> PER ANNUM.

The CRC and CMP will form the organisation strategic approach to carbon reduction and engagement across the organisation will be required to achieve the corporate goal of carbon reduction and achieve potentially large efficiency savings and quality improvements.

## **Display Energy Certificates**

All Trust buildings over 1000m<sup>2</sup>, where there is access to the public, are required to display their energy performance/efficiency rating on a scale of A to G by use of Display Energy Certificates (DEC's). The Trust has updated these for 2010/11 and they are on display at the main entrances to buildings included within the scheme.

There are seventeen buildings across the Trust which fall into the category of requiring a Display Energy Certificate. Due to the variety and different ages of the buildings the energy performance varies significantly. In summary most buildings fall with the mid range of C to F. Display Energy Certificates are also accompanied by an Energy Advisory Report which contain recommendations for improvement in energy performance. The recommendations are being considered as part of the Carbon Management Plan identified above.

As can be seen in more detail in section 6.0, ERIC Returns, generally the Trust is operating environmental related performance indicators below the lower quartile for both cost of energy and the carbon emissions per occupied floor area. Thereby demonstrating that the Trust is proactively monitoring its energy usage and implementing measures to reduce consumption.

## **6.0 ESTATES RETURN INFORMATION COLLECTION (ERIC) RETURNS**

The Trust's ERIC data 2009/10 was submitted to the Department of Health on 30<sup>th</sup> June 2010, this is a mandatory requirement from the Department of Health.

An initial assessment of the Trust's Performance for a range of Estates/Facilities indicators for 2009/10 has been compared to other large acute Trusts outside of London. An objective of this strategy is to operate all Estates and Facilities services between the upper and lower quartiles, wherever possible. The initial assessment has identified performance indicators where the Trust is shown to be operating outside of the parameters. These performance indicators are shown in Tables' 6 to 19:



**Finance:**Table 6 – Total Building and Engineering Maintenance Cost per Occupied Floor Area (£/m<sup>2</sup>)

Trust Value	Lower Quartile	Median	Upper Quartile
19.27	23.48	28.93	36.20

Estates Maintenance Costs are operating below lower quartile indicating an efficient service and one where further cost savings would be extremely difficult to achieve without significantly affecting business continuity and increasing risk to the organisation.

**Fire Safety:**

Table 7 – False Alarms per Number of Fires Reported

Trust Value	Lower Quartile	Median	Upper Quartile
6.59	12.67	24.60	57.00

Table 8 – Fires reported per 1,000m<sup>2</sup> of Occupied Floor Area

Trust Value	Lower Quartile	Median	Upper Quartile
0.14	11.75	25.45	58.88

The way in which the reporting of fires and false alarms to the Department of Health has changed fairly recently and there still appears to be many Trusts who do not report correctly which creates a distorted Performance Indicator. The SWBH Fire Safety Team are confident the Trust is reporting correctly in accordance with Department of Health advice.

**Cleanliness:**Table 9 – Total Cost of Cleaning per Occupied Floor Area (£/m<sup>2</sup>)

Trust Value	Lower Quartile	Median	Upper Quartile
27.49	29.68	34.65	41.89

Table 10 – Total Cost of Cleaning per WTE (£/WTE)

Trust Value	Lower Quartile	Median	Upper Quartile
12,780.89	19,039.80	20,301.88	23,238.86

These Performance Indicator's indicate the Trust is providing a value for money cleaning service and when considered in conjunction with PEAT Audits and National Standards of Cleanliness the quality of the service is very good.

**Laundry and Linen:**Table 11 – Cost of Laundry and Linen Services per Occupied Floor Area (£/m<sup>2</sup>)

Trust Value	Lower Quartile	Median	Upper Quartile
6.71	7.70	9.39	10.98



Laundry and Linen services are being provided at minimal cost. Work is currently underway to improve the service in relation to patients' pyjamas and curtains which may require additional investment and raise the cost of this service.

### Quality of Buildings:

Table 12 – Total Cost to Eradicate Backlog (£)

Lower Quartile	Median	Upper Quartile	Trust Value
6,095,275.50	21,265,511.00	50,802,117.50	99,533,890.00

Table 13 – Total Cost to Eradicate Backlog per Occupied Floor Area (£/m<sup>2</sup>)

Lower Quartile	Median	Upper Quartile	Trust Value
45.05	145.49	400.13	616.45

Detailed explanation given in Section 3.0 Estates Performance.

### Energy:

Table 14 – CO<sub>2</sub> Emission per Occupied Floor Area (Kg/m<sup>2</sup>)

Trust Value	Lower Quartile	Median	Upper Quartile
116.29	125.67	141.37	152.76

Table 15 – Carbon Emissions per Occupied Floor Area (Kg/m<sup>2</sup>)

Trust Value	Lower Quartile	Median	Upper Quartile
31.71	34.26	38.55	41.65

Table 16 – Total Energy Cost per Occupied Floor Area (£/m<sup>2</sup>)

Trust Value	Lower Quartile	Median	Upper Quartile
15.98	21.07	22.40	24.32

Table 17 – Average Cost per Unit of Energy Consumed (Pence/KWh)

Trust Value	Lower Quartile	Median	Upper Quartile
3.32	3.93	4.26	4.54

The above energy performance indicators show that the Trust is purchasing its energy utilities cost effectively, as cost per occupied floor area is low. Additionally carbon emissions per occupied floor area is also low which indicate efficient use of energy.



**Waste:**

Table 18 – High Temperature Waste Cost per Tonne (£/Tonne)

Trust Value	Lower Quartile	Median	Upper Quartile
331.90	350.13	450.00	654.28

Table 19 – Total Waste Cost per Occupied Floor Area (£/m<sup>2</sup>)

Trust Value	Lower Quartile	Median	Upper Quartile
3.07	3.50	4.14	4.56

The two waste indicators demonstrate the Trust is procuring its waste disposal contracts in an economical way. However further work is being undertaken in conjunction with the Carbon Management Plan to reduce waste through minimisation initiatives. This will reduce the carbon footprint and further reduce the overall cost of waste disposal.

A detailed analysis of the Performance Indicators will be undertaken when the National Indicators are available from the Department of Health later this year, the outcome will be presented to the Executive Team within the Divisional Review Process.

**7.0 PATIENT PERCEPTION and PEAT****PEAT 2010**

- PEAT External Audits**

All the PEAT scores have been submitted to the National Patient Safety Agency (NPSA) and the score for all the individual hospitals and overall were rated as good.

The official scores have been approved.

Table 20 – PEAT Results for the Trust

Site Name	Environment Score	Food & Hydration Score	Privacy & Dignity Score
Sandwell Hospital	Good	Good	Good
City Hospital	Good	Good	Good
Eye Hospital	Good	Good	Good
Rowley Hospital	Good	Good	Good

The 'Food' score for last year was rated 'excellent' however this year's rating only attracted 'good'.

The reason for the rating change was due to a requirement for additional nutritional information relating to the number of patients weighed on admission and number of patients screened for the purpose of their nutritional care. The PEAT requirement is rating scores on 100% compliance, currently the Trust does not undertake these two elements for every admission.



On reviewing the part of the audit relating directly to patient food the rating was as last year, 'excellent'.

- **PEAT Internal Inspections**

The PEAT programme for 2010/11 has been agreed and elements are being tendered following the recent approval of the PEAT funding. In conjunction with the general ad-hoc work there will be a programme of refurbishment to all the Trust ward linen rooms and Sandwell ward kitchens, food storage areas, there has also been an allocation of funding for general ward equipment and beds.

## **National Standards of Cleanliness (NSoC)**

- **National Standards of Cleanliness Audits**

The Trust has maintained its performance for the first six months for 2010 in the cleanliness of the critical areas designated as 'high' for general wards and departments and 'very high' for theatres, MAU etc.

Table 21 – National Standards of Cleanliness Audits

	<b>January 10</b>		<b>February 10</b>		<b>March 10</b>	
	<b>V High</b>	<b>High</b>	<b>V High</b>	<b>High</b>	<b>V High</b>	<b>High</b>
	<b>%</b>		<b>%</b>		<b>%</b>	
<b>City</b>	97	94	96	96	97	98
<b>Sandwell</b>	95	96	96	96	97	95
<b>Rowley</b>	N/A	98	N/A	99	N/A	98
<b>BTC</b>	98	96	98	96	98	96
<b>Target</b>	98	95	98	95	98	95
<b>Overall Average</b>	<b>97</b>	<b>96</b>	<b>97</b>	<b>97</b>	<b>97</b>	<b>97</b>

	<b>April 10</b>		<b>May 10</b>		<b>June10</b>	
	<b>V High</b>	<b>High</b>	<b>V High</b>	<b>High</b>	<b>V High</b>	<b>High</b>
	<b>%</b>		<b>%</b>		<b>%</b>	
<b>City</b>	97	95	96	94	98	94
<b>Sandwell</b>	97	96	97	96	96	96
<b>Rowley</b>	N/A	98	N/A	98	N/A	97
<b>BTC</b>	98	96	97	96	97	97
<b>Target</b>	98	95	98	95	98	95
<b>Overall Average</b>	<b>97</b>	<b>96</b>	<b>97</b>	<b>96</b>	<b>97</b>	<b>96</b>

- **National Standards of Cleanliness C4C**

A hand-held data capture system has been purchased for the NSoC audits. The current room data and cleaning schedules have been transferred and the system is now operational within the Quality Assurance Department who are checking the NSoC audits.



## **8.0 SUMMARY DISPOSAL and PROCEEDS OF SALE**

The situation in relation to disposal of surplus land remains the same. That being until such time as the New Acute Hospital is much more certain the Trust needs to retain as much of its existing estate as possible to ensure alternative options for the development of a New Acute Hospital on either City or Sandwell Hospital sites are still viable.

Work is currently underway to produce indicative site Development Control Plans associated with the redevelopment of the City and Sandwell sites post transfer of services to the new acute hospital in Grove Lane. Work has commenced in relation to utilisation of some retained estate on both City and Sandwell Hospital sites as part of the work associated with reducing the size of the new acute hospital in Grove Lane. Further details of the plans for the Retained Estate can be found in section 10, (Strategic Options for Estate Change) and Appendix 3.

The only property disposals that are in the process of being agreed are the sales of four residential flats in Overton Place, West Bromwich. These disposals have been approved by Trust Board at the August 2010 meeting.

## **9.0 DEVELOPMENT CONTROL PLANS**

The Development Control Plans (DCR) for 2010/11 have been agreed following discussion with the Director of Estates, Head of Estates, Head of Capital Projects and Chief Operating Officer and approved through the Strategic Investment Review Group (SIRG). DCP's for Sandwell and City sites can be seen in Appendix 4 and 5.

Main areas for development during 2010/11 are shown in Section 3.0.

## **10.0 STRATEGIC OPTIONS FOR ESTATE CHANGE**

### **New Acute Hospital**

The 'Right Care, Right Here' (RCRH) Programme (formerly 2010) continues to make good progress, Sandwell and West Birmingham's major component being the construction of a New Acute Hospital in Grove Lane.

Progress in the last twelve months has included Department of Health/Secretary of State approval to 'Make the Compulsory Purchase Order (CPO)' in relation to land acquisition of the Grove Lane site. The acquisition of this site is critical to the delivery of the New Acute Hospital. Work has continued in relation to land referencing to determine owners and tenants. Discussion has taken place with limited numbers of interested parties regarding voluntary acquisitions. However, Compulsory Purchase is essential to ensure all interests can be acquired within the appropriate timescale of this project.

The Making of the CPO in September 2009 resulted in four objections being received from interested parties. Having received these objections the Secretary of State called for a Public Inquiry to be held. The Public Inquiry was held in June 2010 and was scheduled to last for two weeks. In advance of the Public Inquiry the Trust had been able to deal with each of the objections which enabled the Inquiry to proceed without objection. The Inquiry was concluded in two days. An outcome decision is now awaited from the Secretary of State.

The Trust has recently purchased two plots of land and buildings on the site which equate to approximately 30% of the total area of the site required to conduct the new hospital. The acquisitions have been subject to Trust Board approval in line with Trust policy and in compliance with Trust Standing Orders and Standing Financial Instructions.

Estates Strategy Annual Review September 2010



The key dates for new acute hospital programme are as follow:

- OJEU Notice – December 2010/January 2011
- PFI Financial Close – January 2013
- Construction Complete – April 2016

### **Retained Estate**

Following the acute hospital development scope review process the Trust has agreed to retain some of the estate on all three current sites. Conversion of retained estate at Sandwell and Rowley Hospitals will support the development of the Community facilities as outlined above. It was previously anticipated that Sandwell PCT would develop these facilities.

The following is a summary of buildings and facilities that will be retained:

### **City Hospital**

Birmingham and Midlands Eye Centre (BMEC):

- Ophthalmology outpatients and diagnostics;
- Ophthalmology day surgery (adults only); and
- Ophthalmology A&E (not 24 hours).

Sheldon Block: This facility will be refurbished to support the following acute and community services:

- Dermatology, oral and maxillofacial outpatients;
- Dermatology Day cases;
- Intermediate care beds;
- Cardiac rehabilitation;
- Therapies;
- A base for Specialist Community Services
- Neurophysiology;
- Hearing services; and Offices.

### **Sandwell Hospital**

Emergency Services Centre:

- Urgent Care Centre;
- GP Walk-In Centre.

Block 1

- Intermediate care beds;
- Day case unit;
- Imaging;
- OPD;
- Pathology;
- Therapies;
- Operating Theatres;
- Mortuary & post mortem facilities.

Estates Strategy Annual Review September 2010



**Rowley Regis**

- Intermediate care beds;
- Urgent Care Centre;
- Imaging;
- OPD;
- GP accommodation.

Indicative schedules of accommodation have been developed for City Hospital, Sandwell Hospital and Rowley Regis Hospital for the scope review process. This has helped define the capital costs of the retained estate development and has been included in the capital programme presented in Appendix 1.

Detailed feasibility studies are currently underway for all of the retained estate solutions.

Further details of the Retained Estate proposals can be seen in Appendix 3, Retained Estate Report.



**11.0 POSITION STATEMENT IN RELATION TO ESTATES STRATEGY OBJECTIVES**

Objective	Position Statement	Current Status RAG Rating
1. To analyse the estate condition and its performance	<ul style="list-style-type: none"> <li>Backlog maintenance figures updated on 31/3/10 in line with investment made during 2009/10 and revised risk assessments for 2010/11.</li> </ul>	
2. To identify costs to achieve Estatecode condition B for key facets of Condition Survey	<ul style="list-style-type: none"> <li>Cost to achieve Condition 'B' updated for additional high and significant risks, capital expenditure during 2009/10 and inflation.</li> </ul>	
3. To prioritise capital investment in estate statutory compliance issues	<ul style="list-style-type: none"> <li>Capital Programme agreed by SIRG for 2010/11 and Statutory Standards expenditure approved commensurate with high and significant risks identified.</li> </ul>	
4. To maintain/improve compliance with Annual Health Check Core standards	<ul style="list-style-type: none"> <li>The Directorate has achieved compliance with Care Quality Commission (Annual Health Check) with the core related standards and partial compliance with CQC Hygiene Code.</li> <li>NHSLA Level 1 compliance achieved and working towards compliance with Level 2 in early 2011.</li> </ul>	
5. To achieve year on year improvement in Environmental Performance	<ul style="list-style-type: none"> <li>BREEAM assessment for New Acute Hospital – excellent rating achieved. For Public Sector Comparator.</li> <li>Display Energy Certificates (DEC's) updated and displayed for compliance.</li> <li>In relation to the Trust energy/utility performance, most metrics fall within the median or lower quartiles of the ERIC benchmarking data.</li> <li>Sustainability Development Management Plan produced and approved by Trust Board.</li> <li>Sustainability Working Group Established.</li> <li>Trust signed up to NHS Carbon Management Plan.</li> <li>Good Corporate Citizen Self Assessment undertaken.</li> </ul>	
6. To operate all estate and facilities services at a benchmark between the lower and upper quartiles of the Estates Return Information Collection (ERIC) returns of comparable Trusts and demonstrate value for money	<ul style="list-style-type: none"> <li>Key Estates and Facilities Services are operated between the lower and upper quartiles of the ERIC benchmarking data. Where Services lie outside these parameters action will be taken to identify reasons and develop plans for corrective action where appropriate.</li> </ul>	
7. To achieve green status for all operational related performance indicators by March 2016	<ul style="list-style-type: none"> <li>Secretary of State approval to make Compulsory Purchase Order in relation to land acquisition for Grove Lane, new acute hospital is still on programme for compliance to be achieved for all performance indicators by 2016.</li> </ul>	



## **12.0 CONCLUSION**

As can be seen from the position statement in section 11.0, good progress is being made to ensure compliance with the objectives of this Estates Strategy. From an operational perspective the risk management and governance arrangements in place are robust and the estate is being effectively managed to maintain risk to an absolute minimum in a cost effective manner. Year on year capital investment to address the high and significant risks is essential to maintain this position. The Estates Directorate continues to provide the necessary support to the Trust to ensure appropriate standards are achieved across a range of performance standards, Care Quality Commission, NHSLA etc. Improvements are being made in relation to environmental issues and the push towards sustainability should see even greater benefits for the future.

The long term strategic objective to move to a single acute hospital site on Grove Lane remains on schedule for completion by 2016. Plans are being developed to include some retained Estate on the City and Sandwell sites in the overall Estates solution to deliver the strategic clinical objectives of the Right Care Right Here strategy.



---

ESTATES STRATEGY ANNUAL REVIEW 2010/11

**Appendix 1**

Summary 10 Year Capital Programme Forecast



Section Heading	Description Scheme	Year 2009/10 £000's	Year 2010/11 £000's	Year 2011/12 £000's	Year 2012/13 £000's	Year 2013/14 £000's	Year 2014/15 £000's	Year 2015/16 £000's	Year 2016/17 £000's	Year 2017/18 £000's	Year 2018/19 £000's	Year 2019/20 £000's	Lifecycle Yrs £000's
Land: Acquisition & Sale	Grove Lane	0	6,000	8,000	8,327	0	0	0	0	0	0	0	22,327
	Rowley	0	0	0	0	0	0	0	0	0	0	0	0
	Sandwell	0	0	0	0	0	0	0	0	0	0	-7,500	-7,500
	City	0	0	0	0	0	0	0	0	0	0	-21,900	-21,900
	BMEC / Sheldon	0	0	0	0	0	0	0	0	0	0	0	0
	BTC	0	0	0	0	0	0	0	0	0	0	0	0
	Sub Total	0	6,000	8,000	8,327	0	0	0	0	0	0	-29,400	22,327
Buildings	New Developments												
	Grove Lane	0	0	0	0	0	0	0	1,820	1,820	1,820	1,820	7,280
	Rowley	150	100	100	100	1,800	1,500	1,000	1,250	4,250	250	250	10,750
	Sandwell	112	1,400	1,500	1,100	2,400	-506	0	1,430	750	500	500	9,186
	City	3,994	4,145	2,300	200	300	300	300	0	0	0	0	11,539
	BMEC / Sheldon	0	0	2,500	2,500	400	2,950	0	4,250	1,250	2,300	250	16,400
	BTC	1,000	100	100	350	250	250	250	250	250	250	250	3,300
	Sub Total	5,256	5,745	6,500	4,250	5,150	4,494	1,550	9,000	8,320	5,120	3,070	50,265
	Stat Standards: Legal Compliance												
	Grove Lane	0	0	0	0	0	0	0	0	0	0	0	0
	Rowley	97	97	100	100	100	100	0	0	0	0	0	594
	Sandwell	776	591	600	500	100	100	50	0	0	0	0	2,717
	City	1,067	648	900	900	250	250	100	0	0	0	0	4,115
	BMEC / Sheldon	0	0	0	0	0	0	0	0	0	0	0	0
	BTC	0	0	0	0	0	0	0	0	0	0	0	0
	Sub Total	1,940	1,336	1,600	1,500	450	450	150	0	0	0	0	7,426
	Stat Standards: Maintenance& Replacement												
	Grove Lane	0	0	0	0	0	0	0	821	821	821	821	3,284
	Rowley	0	414	100	100	100	100	100	0	0	0	0	914
	Sandwell	228	500	600	100	200	100	75	0	0	0	0	1,803
	City	670	750	700	700	250	250	100	0	0	0	0	3,420
	BMEC / Sheldon	0	0	0	0	0	0	0	0	0	0	0	0
	BTC	0	0	0	0	0	0	0	0	0	0	0	0
	Sub Total	898	1,664	1,400	900	550	450	275	821	821	821	821	7,779
IT & Telecommunications	IT EQUIPMENT												
	Grove Lane	0	0	0	0	0	0	7,500	770	770	740	770	10,550
	Rowley	0	0	0	0	0	50	50	50	50	50	50	300
	Sandwell	187	0	50	50	100	100	100	100	100	100	100	987
	City	900	683	620	620	620	620	0	0	0	0	0	4,063
	BMEC / Sheldon	0	0	0	0	0	0	124	124	124	124	124	496
	BTC	0	17	30	30	30	30	30	30	30	30	30	287
Sub Total	1,087	700	700	700	750	800	7,680	1,074	1,074	1,044	1,074	14,565	
Medical Equipment	MEDICAL EQUIPMENT												
	Grove Lane	0	0	0	0	6,750	7,006	14,800	1,200	370	1,400	4,350	35,876
	Rowley	0	0	0	0	350	500	50	150	250	150	150	1,600
	Sandwell	2,300	1,170	380	0	450	700	500	500	500	450	450	7,400
	City	3,695	600	1,290	90	500	500	500	0	0	0	0	7,175
	BMEC / Sheldon	0	0	0	0	0	0	0	100	200	250	250	800
	BTC	0	610	500	188	100	100	100	200	100	300	300	2,498
Sub Total	5,995	2,380	2,170	278	8,150	8,806	15,950	2,150	1,420	2,550	5,500	47,299	
Other Equipment	OTHER EQUIPMENT												
	Grove Lane	0	0	0	0	0	0	0	0	560	560	560	1,680
	Rowley	0	0	0	0	0	0	0	0	0	0	0	0
	Sandwell	160	0	0	65	150	250	243	250	350	250	100	1,818
	City	300	0	780	780	800	750	700	0	0	0	0	4,110
	BMEC / Sheldon	0	0	0	0	0	0	0	0	0	0	0	0
	BTC	0	0	0	0	0	0	0	0	0	0	0	0
Sub Total	460	0	780	845	950	1,000	943	250	910	810	660	6,138	
OTHER	OTHER												
	Grove Lane	0	0	0	0	0	0	0	0	0	0	0	0
	Rowley	0	0	0	0	0	0	0	0	0	0	0	0
	Sandwell	0	0	0	0	0	0	0	0	0	0	0	0
	City	430	75	75	75	0	0	0	0	0	0	0	655
	BMEC / Sheldon	0	0	0	0	0	0	0	0	0	0	0	0
	BTC	0	0	0	0	0	0	0	0	0	0	0	0
Sub Total	430	75	75	75	0	0	0	0	0	0	0	655	
All Areas		16,066	17,900	21,225	16,875	16,000	16,000	26,548	13,295	12,545	10,345	-18,275	148,524
	Grove Lane	0	6,000	8,000	8,327	6,750	7,006	22,300	4,611	4,341	5,341	8,321	80,997
	Rowley	247	611	300	300	2,350	2,250	1,200	1,450	4,550	450	450	14,158
	Sandwell	3,763	3,661	3,130	1,815	3,400	744	968	2,280	1,700	1,300	-6,350	16,411
	City	11,056	6,901	6,665	3,365	2,720	2,670	1,700	0	0	0	-21,900	13,177
	BMEC / Sheldon	0	0	2,500	2,500	400	2,950	0	4,474	1,574	2,674	624	17,696
	BTC	1,000	727	630	568	380	380	380	480	380	580	580	6,085
Headline Position	All Site Total	16,066	17,900	21,225	16,875	16,000	16,000	26,548	13,295	12,545	10,345	-18,275	148,524
	Internally Generated Depreciation Fund	16,066	16,000	16,000	16,000	16,000	16,000	16,000	13,295	13,295	13,295	13,295	165,247
	BTC Unitary Charge to Depreciation		1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	15,000
	Grove Lane Unitary Charge to Depreciation								10,606	10,606	10,606	10,606	42,426
													0
	Sub Total Depreciation Available for Cap Programme	16,066	17,500	17,500	17,500	17,500	17,500	17,500	25,402	25,402	25,402	25,402	222,672
	Adjustments												
	Earmarked to fund both Unitary Charges		-1,500	-1,500	-1,500	-1,500	-1,500	-1,500	-12,106	-12,106	-12,106	-12,106	265,098
	Real Total Available to Fund Capital Programme		16,000	16,000	16,000	16,000	16,000	16,000	13,295	13,295	13,295	13,295	487,770
	Borrowing Requirement	0	1,900	5,225	875	0	0	10,548	0	0	0	0	18,548
	Loan Earmarked ( Land OBC )		-1,900	-5,225	-875								-8,000
Residual Need for Borrowing	0	0	0	0	0	0	0	10,548	0	0	0	0	10,548



		Adjustments for SIRG Draft Plan 10/11											Lifecycle Yrs £000's
Section Heading	Description Scheme	Year 2009/10 £000's	Year 2010/11 £000's	Year 2011/12 £000's	Year 2012/13 £000's	Year 2013/14 £000's	Year 2014/15 £000's	Year 2015/16 £000's	Year 2016/17 £000's	Year 2017/18 £000's	Year 2018/19 £000's	Year 2019/20 £000's	
Land	Describe Scheme:												0
	Transfer												0
	Sale											-21,900	-21,900
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-21,900</b>	<b>-21,900</b>
Buildings	New Development Variations	0											0
	D5 Same Sex Alterations / Other Ward Refurb	0	900	1,200	700								2,800
	Capitalised Salaries	300	300	300	300	300	300	300					2,100
	Hearing Services Centre	0				300							0
	Slippage	250	300		-1,300	0							-750
	Minor service development/enabling work	1,889	0	300	500								2,689
	Maternity	1,200	1,000	500									2,700
	MAU	355	1,645										2,000
	<b>Sub Total</b>	<b>3,994</b>	<b>4,145</b>	<b>2,300</b>	<b>200</b>	<b>300</b>	<b>300</b>	<b>300</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,539</b>
	Stat Standards: Legal Compliance												0
	Describe Scheme:												0
	Fire, Legionella H & S	1,067	648	900	900	250	250	100					4,115
	<b>Sub Total</b>	<b>1,067</b>	<b>648</b>	<b>900</b>	<b>900</b>	<b>250</b>	<b>250</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,115</b>
	Stat Standards: Maintenance& Replacement												0
	Describe Scheme:												0
IT & Telecommunications	Estates related issues to maintain business continuity	0	250	700	700	250	250	100					2,250
	Security		500										500
	Secutirt & HC Provision	670											670
	<b>Sub Total</b>	<b>670</b>	<b>750</b>	<b>700</b>	<b>700</b>	<b>250</b>	<b>250</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,920</b>
	IT EQUIPMENT												0
	Describe Scheme:												0
	Telecoms Equipment - Wireless Voice	220	50	50	50	50	50						470
	Telecoms Network	0	50	50	50	50	50						250
	Server virtualisation	0	100	40	40	40	40						260
	Storage ( SAN )	0	20	20	20	20	20						100
	PC's	610	150	100	100	100	100						1,160
	Laptops	0	50	50	50	50	50						250
	Network	0	50	50	50	50	50						250
	Interactive Whiteboards ( Wards/Seminar Rooms )	0	30	30	30	30	30						150
Medical Equipment	Mobile Devices	0	60	60	60	60	60						300
	Backups	0	20	20	20	20	20						100
	PACS Hardware ( Servers/Workstations )	0	20	50	50	50	50						220
	Clinical Systems	70	0	50	50	50	50						270
	Misc Spares/repairs	0	83	50	50	50	50						283
	<b>Sub Total</b>	<b>900</b>	<b>683</b>	<b>620</b>	<b>620</b>	<b>620</b>	<b>620</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,063</b>
	MEDICAL EQUIPMENT												0
	Describe Scheme:												0
	Imaging Equipment (including MRI ) & enabling	2,345	400	0	0	0	0	0	0	0	0	0 #	2,745
	NeuroPhys	300	200	0	0	0	0	0	0	0	0	0 #	500
	CT scanner/MRI & Build	0	0	0	0							0	0
	Pharmacy Robot	50		500	0	0	0	0	0	0	0	0	550
	CR units (plate readers etc)	0	0	0	0	0	0	0	0	0	0	0 #	0
	Ophthal Equip ( SBHAM )	0		0	0	0	0	0	0	0	0	0	0
	Mobile x-ray/theatre intensifier	0	0	90	90	0	0	0	0	0	0	0	180
	General Medical Equipment	750		0	0	0							750
	Gamma Camera			700									700
	Medical equipment required prior to transfer to Grove Lane	250	0	0	0	500	500	500	0	0	0	0	1,750
	<b>Sub Total</b>	<b>3,695</b>	<b>600</b>	<b>1,290</b>	<b>90</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,475</b>
Other Equipment	OTHER EQUIPMENT												0
	Describe Scheme:												0
	Non-Medical equipment required prior to transfer to Grove Lane			180	80	300	100	250	0		0	0	910
	Breast Service	0	600	700	300	400	400						2,400
OTHER	Hygiene	300				200	250	50	0		0	0	800
	<b>Sub Total</b>	<b>300</b>	<b>0</b>	<b>780</b>	<b>780</b>	<b>800</b>	<b>750</b>	<b>700</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,110</b>
OTHER	OTHER												0
	Back Office Systems		75	75	75								225
OTHER	Energy schemes	430											430
	<b>Sub Total</b>	<b>430</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>655</b>
All Areas		11,056	6,901	6,665	3,365	2,720	2,670	1,700	0	0	0	-21,900	13,177



Sandwell & West Birmingham Hospitals NHS Trust  
Long Term Capital Planning Forecast

SITE: SANDWELL

Section Heading	Description Scheme	Year 2009/10 £000's	Year 2010/11 £000's	Year 2011/12 £000's	Year 2012/13 £000's	Year 2013/14 £000's	Year 2014/15 £000's	Year 2015/16 £000's	Year 2016/17 £000's	Year 2017/18 £000's	Year 2018/19 £000's	Year 2019/20 £000's	Lifecycle Yrs £000's
Land	Describe Scheme:												0
	Transfer				X								0
	Sale											-7,500	-7,500
													0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-7,500</b>	<b>-7,500</b>
Buildings	New Development Variations								500	500	500	500	2,000
	Maternity			400									400
	Regulatory /Other		1,100	1,100	1,000								3,200
	SDU Reurbishment		300										300
	Capitalised Salaries								300				
	<b>Refurb post reengineering</b>				600	3,150			1,000	250			5,000
	Slippage				-500	-750	-506		-370				
	Sandwell ESC 2nd Triage Room & Cardiology	112											112
	<b>Sub Total</b>	<b>112</b>	<b>1,400</b>	<b>1,500</b>	<b>1,100</b>	<b>2,400</b>	<b>-506</b>	<b>0</b>	<b>1,430</b>	<b>750</b>	<b>500</b>	<b>500</b>	<b>11,012</b>
	Stat Standards: Legal Compliance												0
	Describe Scheme:												
	Fire, Legionella H & S	776	591	600	500	100	100	50					2,717
													0
	<b>Sub Total</b>	<b>776</b>	<b>591</b>	<b>600</b>	<b>500</b>	<b>100</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,717</b>
	Stat Standards: Maintenance& Replacement												0
	Describe Scheme:												
	Estates related issues to maintain business continuity	200	500	600	100	200	100	75					1,775
	08/09 schemes carried forward	28	0	0	0								28
													0
	<b>Sub Total</b>	<b>228</b>	<b>500</b>	<b>600</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,803</b>
	<b>Tot Build</b>	<b>1,116</b>	<b>2,491</b>	<b>2,700</b>	<b>1,700</b>	<b>2,700</b>	<b>-306</b>	<b>125</b>	<b>1,430</b>	<b>750</b>	<b>500</b>	<b>500</b>	<b>15,532</b>
IT & Telecommunications	IT EQUIPMENT												0
	Describe Scheme:												
	Telecoms Equipment - Wireless Voice	0	0	25	25	50	50	50	50	50	50	50	400
	Telecoms Network	187	0	25	25	50	50	50	50	50	50	50	587
													0
	<b>Sub Total</b>	<b>187</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>987</b>
Medical Equipment	MEDICAL EQUIPMENT												0
	Describe Scheme:												
	CT scanner replacement (equipment cost only)	800	1,100	0	0	0	0	0	0		0	0	1,900
	Angio/Fluoro suite	0	0	0	0	0	0	0	0	0	0	0	0
	CR items (plate readers etc)	0	0	60	0	0	0	0	0	0	0	0	60
	Ultrasound scanner x 2	0	70	200	0	0	0	0	0	0	0	0	270
	Mobile x-ray/theatre intensifier	0	0	0	0	50	0	0	0	0	0	0	50
	General Medical Equipment	1,500	0	120	0	400	400	500	500	500	450	450	4,820
	Theatres												
	Medical equipment required prior to transfer to Grove Lane			0	0	0	300	0					300
													0
	<b>Sub Total</b>	<b>2,300</b>	<b>1,170</b>	<b>380</b>	<b>0</b>	<b>450</b>	<b>700</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>450</b>	<b>450</b>	<b>7,400</b>
Other Equipment	OTHER EQUIPMENT												0
	Describe Scheme:												
	Non-Medical equipment required prior to transfer to Grove Lane	160		0	65	150	250	243	150	250	150	100	1,518
	Hygiene								100	100	100		
	Breast Service												0
													0
	<b>Sub Total</b>	<b>160</b>	<b>0</b>	<b>0</b>	<b>65</b>	<b>150</b>	<b>250</b>	<b>243</b>	<b>250</b>	<b>350</b>	<b>250</b>	<b>100</b>	<b>1,518</b>
OTHER	OTHER												0
	Describe Scheme:												
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
All Areas		3,763	3,661	3,130	1,815	3,400	744	968	2,280	1,700	1,300	-6,350	16,411



Sandwell & West Birmingham Hospitals NHS Trust  
Long Term Capital Planning Forecast  
SITE: BMEC / Sheldon

Section Heading	Description Scheme	Year 2009/10 £000's	Year 2010/11 £000's	Year 2011/12 £000's	Year 2012/13 £000's	Year 2013/14 £000's	Year 2014/15 £000's	Year 2015/16 £000's	Year 2016/17 £000's	Year 2017/18 £000's	Year 2018/19 £000's	Year 2019/20 £000's	Lifecycle Yrs £000's
Land	Describe Scheme:												0
	Transfer												0
	Sale												0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Buildings	New Development Variations								250	250	250	250	1,000
	Describe Scheme:												
	Minor service development/enabling work	0								0	0	0	0
	Refurbishment Retained Estate incl HSC			2,500	2,500	1,000	2,950		4,000	1,000	2,050		16,000
	Slippage					-600							-600
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>2,500</b>	<b>2,500</b>	<b>400</b>	<b>2,950</b>	<b>0</b>	<b>4,250</b>	<b>1,250</b>	<b>2,300</b>	<b>250</b>	<b>15,400</b>
	Stat Standards: Legal Compliance												0
	Describe Scheme:												0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Stat Standards: Maintenance& Replacement												0
IT & Telecommunications	Describe Scheme:												0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Total Build</b>	<b>0</b>	<b>0</b>	<b>2,500</b>	<b>2,500</b>	<b>400</b>	<b>2,950</b>	<b>0</b>	<b>4,250</b>	<b>1,250</b>	<b>2,300</b>	<b>250</b>	<b>15,400</b>
	IT EQUIPMENT												0
	Describe Scheme:												0
	Telecoms Equipment - Wireless Voice	0							10	10	10	10	40
	Telecoms Network	0							10	10	10	10	40
	Telecoms Equipment - Wireless Voice								8	8	8	8	32
	Telecoms Network								4	4	4	4	16
	Server virtualisation								20	20	20	20	80
Medical Equipment	Storage								10	10	10	10	40
	Network								10	10	10	10	40
	Interactive Whiteboards ( Wards/Seminar Rooms )								6	6	6	6	24
	Mobile Devices								12	12	12	12	48
	Backups								4	4	4	4	16
	PACS Hardware ( Servers/Workstations )								10	10	10	10	40
	Clinical Systems								10	10	10	10	40
	Misc Spares/repairs								10	10	10	10	40
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>124</b>	<b>124</b>	<b>124</b>	<b>124</b>	<b>496</b>
	MEDICAL EQUIPMENT												0
Other Equipment	Describe Scheme:												0
	BMEC / Sheldon Residual General Equipment								100	200	250	250	800
Other Equipment	OTHER EQUIPMENT								100	200	250	250	800
	Describe Scheme:												0
OTHER													0
	Describe Scheme:												0
All Areas	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
		<b>0</b>	<b>0</b>	<b>2,500</b>	<b>2,500</b>	<b>400</b>	<b>2,950</b>	<b>0</b>	<b>4,474</b>	<b>1,574</b>	<b>2,674</b>	<b>624</b>	<b>17,696</b>



Sandwell & West Birmingham Hospitals NHS Trust  
Long Term Capital Planning Forecast  
SITE: B.T.C

Section Heading	Description Scheme	Year 2009/10 £000's	Year 2010/11 £000's	Year 2011/12 £000's	Year 2012/13 £000's	Year 2013/14 £000's	Year 2014/15 £000's	Year 2015/16 £000's	Year 2016/17 £000's	Year 2017/18 £000's	Year 2018/19 £000's	Year 2019/20 £000's	Lifecycle Yrs £000's
Land	Describe Scheme:												0
	Transfer												0
	Sale												0
													0
	Sub Total	0	0	0	0	0	0	0	0	0	0	0	0
Buildings	New Development Variations				250	250	250	250	250	250	250	250	2,000
	Describe Scheme:												
	Imaging Facilities (MRI & CT) attached to BTC							0	0	0	0	0	0
	Minor service development/enabling work	0	100	100	100					0	0	0	300
	Urgent Care	1,000											1,000
	Sub Total	1,000	100	100	350	250	250	250	250	250	250	250	3,300
	Stat Standards: Legal Compliance												
	Describe Scheme:												0
													0
	Sub Total	0	0	0	0	0	0	0	0	0	0	0	0
IT & Telecommunications	Stat Standards: Maintenance& Replacement												
	Describe Scheme:												0
													0
	Sub Total	0	0	0	0	0	0	0	0	0	0	0	0
	Total Build	1,000	100	100	350	250	250	250	250	250	250	250	3,300
	IT EQUIPMENT												
	Describe Scheme:												0
	Telecoms Equipment - Wireless Voice	0	17	30	30	30	30	30	30	30	30	30	287
	Telecoms Network	0											0
	Sub Total	0	17	30	30	30	30	30	30	30	30	30	287
Medical Equipment	MEDICAL EQUIPMENT												
	Describe Scheme:												0
	CT Rolling Replacement												0
	MRI & CT scanners to support BTC (see above for building costs)												0
	BTC Residual General Equipment			100	100	100	100	100	200	100	300	300	1,400
	X-ray system CR			0	0	0	0	0	0	0	0	0	0
	X-ray system DR			0	0	0	0	0	0	0	0	0	0
	Digital Mammography		400	400									
	DR items			0	88	0	0	0	0	0	0	0	88
	Ultrasound scanners (100000 per unit)		210	0	0	0	0	0	0	0	0	0	210
Other Equipment	Sub Total	0	610	500	188	100	100	100	200	100	300	300	1,698
	OTHER EQUIPMENT												
	Describe Scheme:												0
OTHER													0
													0
	Sub Total	0	0	0	0	0	0	0	0	0	0	0	0
All Areas		1,000	727	630	568	380	380	380	480	380	580	580	6,085



**Sandwell & West Birmingham Hospitals NHS Trust**  
**Long Term Capital Planning Forecast**  
**SITE: ROWLEY**

Section Heading	Description Scheme	Year 2009/10 £000's	Year 2010/11 £000's	Year 2011/12 £000's	Year 2012/13 £000's	Year 2013/14 £000's	Year 2014/15 £000's	Year 2015/16 £000's	Year 2016/17 £000's	Year 2017/18 £000's	Year 2018/19 £000's	Year 2019/20 £000's	Lifecycle Yrs £000's
<b>Land</b>	Describe Scheme:												0
	Transfer												0
	Sale												0
													0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Buildings</b>	New Development Variations								250	250	250	250	1,000
	Regulatory Other		100	100	100	100							400
	<b>Refurbishment</b>					2,500	1,500	1,000	1,000	4,000			10,000
	Slippage					-800							-800
	Outpatients	150											150
	<b>Sub Total</b>	<b>150</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>1,800</b>	<b>1,500</b>	<b>1,000</b>	<b>1,250</b>	<b>4,250</b>	<b>250</b>	<b>250</b>	<b>10,750</b>
	Stat Standards: Legal Compliance												0
	Describe Scheme:												0
	Fire, Legionella H & S	97	97	100	100	100	100						594
	<b>Sub Total</b>	<b>97</b>	<b>97</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>594</b>
<b>IT &amp; Telecommunications</b>	Stat Standards: Maintenance& Replacement												0
	Describe Scheme:												0
	Estates related issues to maintain business continuity	0	414	100	100	100	100	100					914
	<b>Sub Total</b>	<b>0</b>	<b>414</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>914</b>
	<b>Total Build</b>	<b>247</b>	<b>611</b>	<b>300</b>	<b>300</b>	<b>2,000</b>	<b>1,700</b>	<b>1,100</b>	<b>1,250</b>	<b>4,250</b>	<b>250</b>	<b>250</b>	<b>12,258</b>
	IT EQUIPMENT												0
	Describe Scheme:												0
	Telecoms Equipment - Wireless Voice	0	0	0									0
	Telecoms Network	0	0	0			50	50	50	50	50	50	300
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>300</b>
<b>Medical Equipment</b>	MEDICAL EQUIPMENT												0
	Describe Scheme:												0
	X-ray system	0	0										0
	CR items	0	0										0
	Ultrasound scanner	0	0										0
	General Medical Equipment	0			0	350	500	50	150	250	150	150	1,600
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>350</b>	<b>500</b>	<b>50</b>	<b>150</b>	<b>250</b>	<b>150</b>	<b>150</b>	<b>1,600</b>
<b>Other Equipment</b>	OTHER EQUIPMENT												0
	Describe Scheme:												0
	Breast Service												0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER</b>	OTHER												0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>All Areas</b>		<b>247</b>	<b>611</b>	<b>300</b>	<b>300</b>	<b>2,350</b>	<b>2,250</b>	<b>1,200</b>	<b>1,450</b>	<b>4,550</b>	<b>450</b>	<b>450</b>	<b>14,158</b>



**Sandwell & West Birmingham Hospitals NHS Trust**  
**Long Term Capital Planning Forecast**  
**SITE: GROVE LANE**

Section Heading	Description Scheme	Year 2009/10 £000's	Year 2010/11 £000's	Year 2011/12 £000's	Year 2012/13 £000's	Year 2013/14 £000's	Year 2014/15 £000's	Year 2015/16 £000's	Year 2016/17 £000's	Year 2017/18 £000's	Year 2018/19 £000's	Year 2019/20 £000's	Lifecycle Yrs £000's
<b>Land</b>	Describe Scheme:												0
	Land Acquisition	0	6,000	8,000	8,327								22,327
	<b>Sub Total</b>	<b>0</b>	<b>6,000</b>	<b>8,000</b>	<b>8,327</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,327</b>
<b>Buildings</b>	New Development Variations (Life Cycle Calc)								820	820	820	820	3,280
	Describe Scheme:												0
	Variations								1,000	1,000	1,000	1,000	4,000
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,820</b>	<b>1,820</b>	<b>1,820</b>	<b>1,820</b>	<b>7,280</b>
	Stat Standards: Legal Compliance												0
	Describe Scheme:												0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Stat Standards: Maintenance& Replacement												0
	Describe Scheme: LifeCycle Estimate								821	821	821	821	3,284
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>821</b>	<b>821</b>	<b>821</b>	<b>821</b>	<b>3,284</b>
	<b>Tot Build</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,641</b>	<b>2,641</b>	<b>2,641</b>	<b>2,641</b>	<b>10,564</b>
<b>IT &amp; Telecommunications</b>	IT EQUIPMENT												0
	Describe Scheme:												0
	Telecoms Equipment & Network							1,850	50	50	50	50	2,050
	IT Equipment ( Initial Installation Only )							4,000					4,000
	Server virtualisation							80	40	40	40	40	240
	Storage ( SAN )							200	20	20	20	100	360
	PC's							400	200	200	200	200	1,200
	Laptops							200	100	100	100	100	600
	Network							100	50	50	50	50	300
	Interactive Whiteboards ( Wards/Seminar Rooms )							300	30	30	30	30	420
	Mobile Devices							120	60	60	60	60	360
	Backups							40	100	100	20	20	280
	PACS Hardware ( Servers/Workstations )							40	20	20	20	20	120
	Clinical Systems							100	50	50	100	50	350
	Misc Spares/repairs							70	50	50	50	50	270
	Balance to Reflect Typical Depreciation												0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,500</b>	<b>770</b>	<b>770</b>	<b>740</b>	<b>770</b>	<b>10,550</b>
<b>Medical Equipment</b>	MEDICAL EQUIPMENT												0
	Describe Scheme:												0
	Medical Equipment							0	2,800	1,200	370	1,400	10,120
<b>Other Equipment</b>	Medical equipment required prior to transfer to Grove Lane					6,750	7,006	12,000	0				25,756
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,750</b>	<b>7,006</b>	<b>14,800</b>	<b>1,200</b>	<b>370</b>	<b>1,400</b>	<b>4,350</b>	<b>35,876</b>
	OTHER EQUIPMENT												0
<b>OTHER</b>	Describe Scheme:												0
	OTHER EQUIPMENT							0	0	0	560	560	1,680
	Breast Service												0
<b>All Areas</b>	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>560</b>	<b>560</b>	<b>560</b>	<b>1,680</b>
	Describe Scheme:									0	0	0	0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>All Areas</b>		<b>0</b>	<b>6,000</b>	<b>8,000</b>	<b>8,327</b>	<b>6,750</b>	<b>7,006</b>	<b>22,300</b>	<b>4,611</b>	<b>4,341</b>	<b>5,341</b>	<b>8,321</b>	<b>80,997</b>



---

ESTATES STRATEGY ANNUAL REVIEW 2010/11

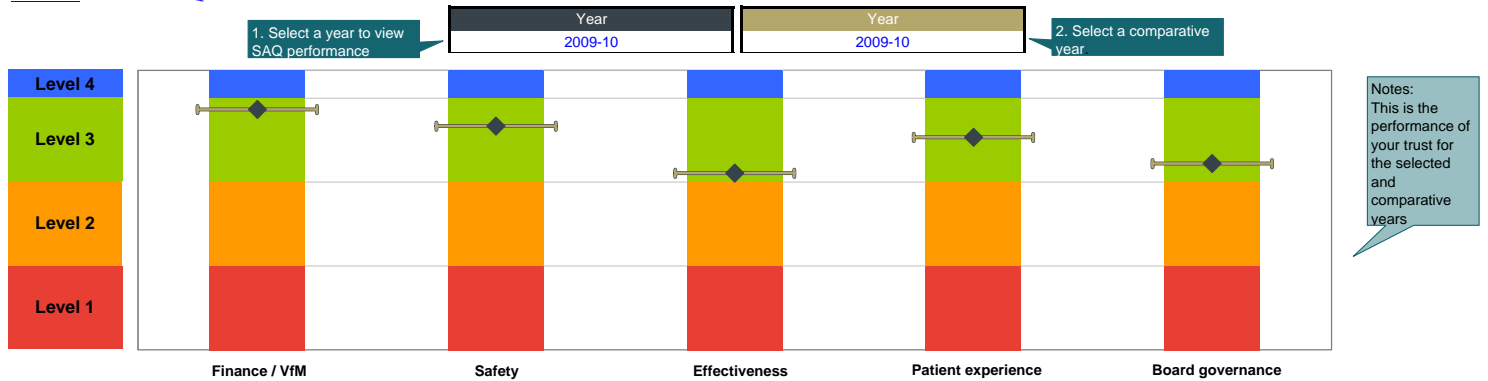
**Appendix 2**

NHS PAM Dashboard - Trust Self Assessment



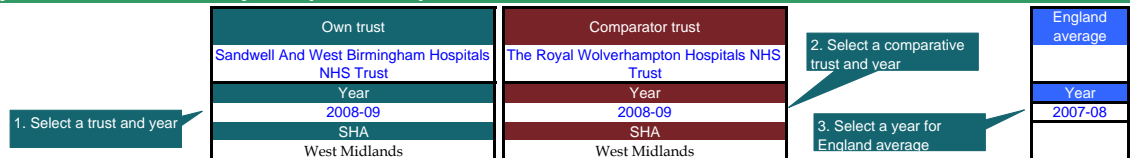
## Self assessment questions performance - for own trust only

[Click here](#) for a detailed SAQ breakdown



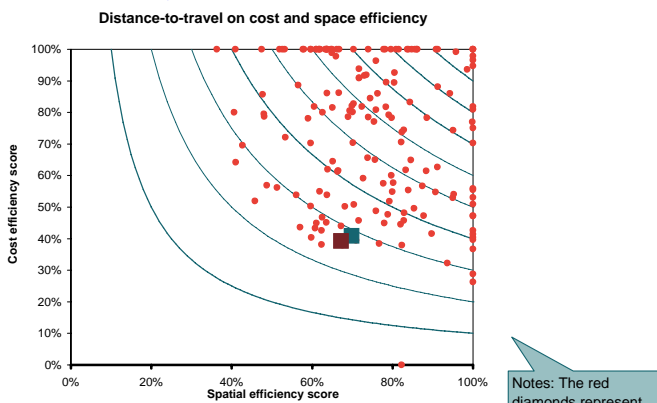
## Comparing efficiency, effectiveness, safety and patient experience for two trusts

[Click here](#) to compare SHAs

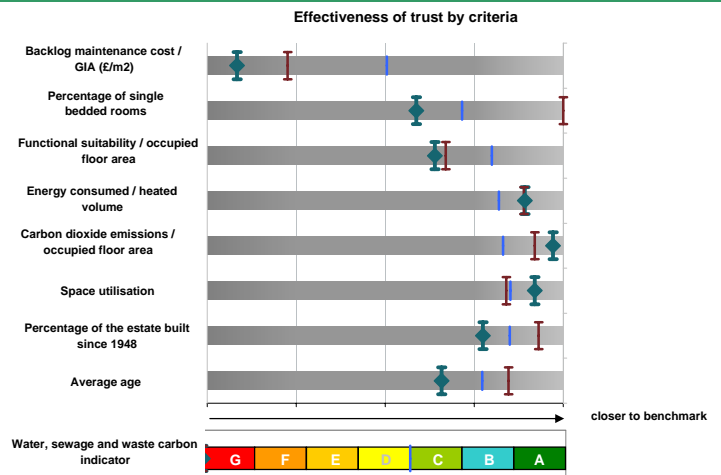


### Efficiency

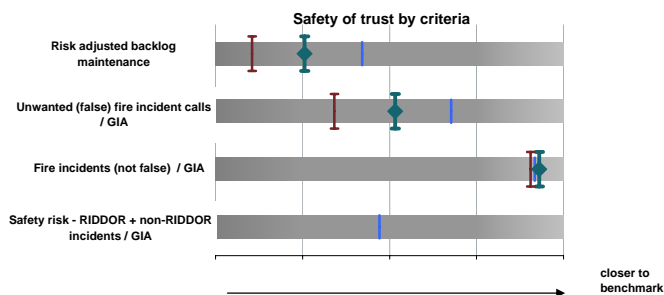
[Click here](#) for a detailed efficiency breakdown



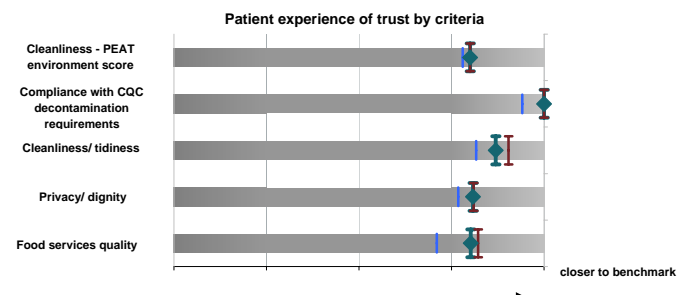
### Effectiveness



### Safety



### Patient experience





## ESTATES STRATEGY ANNUAL REVIEW 2010/11

### Appendix 3

#### Retained Estate Report



<b>Report to:</b>	<b>Core Team</b>
<b>Report of:</b>	<b>Estates &amp; Technical Workstream</b>
<b>Subject:</b>	<b>Retained Estate</b>
<b>Date:</b>	<b>7<sup>th</sup> July 2010</b>

## 1. Executive Summary

Having set a high level brief for the Value Engineering strategy for the affordable delivery of the New Acute Hospital on the Grove Lane site on 31<sup>st</sup> March 2010, the Estates & Technical Workstream have developed an estates solution for retained estate across City, Sandwell and Rowley Regis that sits within the capital costs parameters established.

## 2. Introduction

The report is the outcome of a technical review and contains the output for the retained estates solution in support of the Value Engineering exercise carried out on the New Acute Hospital.

## 3. Methodology

The high level brief set on 31<sup>st</sup> March 2010 was founded on working assumptions; therefore, the initial exercise was to inform the brief to a greater level of detail. To do this the Estates & Technical team worked in conjunction with the Activity and Capacity Workstream to establish a robust activity model to identify the level of clinical activity across each site.

The activity model was then used to establish a Schedule of Accommodation (SoA) for the retained estate. The same design specification and spatial standards was applied to this SoA as has been used in the developed of the New Acute Hospital. This derived an SoA against which an estates solution and costing could be developed and the baseline option against which 3 other options were developed from a technical review of the Trust's existing estate;

- i) Option 1 – Apply an abated DCAG (for refurbishment) against the SoA derived from the activity model
- ii) Option 2 – Apply an estates solution to deliver the functional content contained with the SoA and apply a H/M/L refurbishment rate to existing estate
- iii) Option 3 – Apply a refurbishment rate based upon our knowledge of the condition of the existing estate to align to the functional content
- iv) Option 4 – Apply a refurbishment rate based upon our knowledge of the condition of the exiting estate to align to the functional content with an element of Value Engineering applied



The outturn capital costs identified for each of the options is as follows:

- i) Option 1 - £74,712,428
- ii) Option 2 - £47,374,831
- iii) Option 3 - £39,198,188
- iv) Option 4 - £31,008,695

#### **4. Conclusions**

It can be illustrated from both the methodology used to tackle this exercise and the supporting documents to this report that an estates solution to support the Value Engineering of the New Acute Hospital can be achieved from within the retained estate.

The estates solutions identified, whilst suitable to support the OBC refresh for the New Acute Hospital, need further detailed development through feasibility studies.

Option 4 delivers both an estates solution and sits within the financial parameters set on 31<sup>st</sup> March 2010.

The estates solution identifies a number of schemes to deliver the functional content required delivered across 3 sites

#### **5. Recommendation**

- i) Core Team acknowledge and agree with the methodology applied to this exercise
- ii) Core Team acknowledge the detail and conclusions of the report and supporting documentation in support of the OBC refresh for the New Acute Hospital
- iii) Core Team acknowledge that further development of feasibility studies is required to inform the next level of detail
- iv) Core Team obtain funding for the Retained Estate element of the Estates & Technical workstream deliverables
- v) Core Team to instruct the Estates & Technical workstream to proceed with next stage feasibility studies

#### **Appendices:**

- i) Appendix A -Summary SoA



- ii) Appendix B – Block plans
- iii) Appendix C – Capital Costs
- iv) Appendix D – Headline programme



**SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST**

**RIGHT CARE, RIGHT HERE – RETAINED ESTATE & COMMUNITY  
FACILITIES**

---

# **APPENDIX A**

## **SCHEDULES OF ACCOMMODATION**



<b>Summary of Accommodation</b>	<b>Gross m<sup>2</sup></b>
Intermediate Care - 47 Beds	2,185.17
Day Case - 24 Spaces	994.21
Endoscopy Unit	755.20
Imaging Department	1,265.79
Outpatients Department	4,574.08
Non-Clinical Activity	292.31
Enhanced Procedures Unit	453.92
Breast Unit	432.08
Genito-Urinary Medicine Department	988.16
Therapy Department	736.32
Urgent Care Centre	163.06
GP & Walk-In Centre	505.73
Medical Illustration	179.46
Pathology	2,828.21
Orthotics	15.00
Operating Theatres	1,285.70
Haemo-Oncology Unit - 15 Spaces	1,027.42
Mortuary & Post Mortem Facility	690.92
Corporate Administration	2,241.98
R & D (existing)	100.00
Catering / Cafe (nominal sum)	75.00
<b>Total: Sandwell Community Hospital:</b>	<b>21,789.72 m<sup>2</sup></b>



<b>Summary of Accommodation</b>	<b>Gross m<sup>2</sup></b>
Intermediate Care - 47 Beds	2,397.32
Imaging Department	638.40
Outpatients Department	1,603.59
Outpatients Department - NCA	292.31
Outpatients Department - Therapies	323.87
GP Accommodation	579.37
Urgent Care Centre	205.15
<b>Total: Rowley Regis:</b>	<b>6,040.03</b>



<b>Summary of Accommodation</b>	<b>Gross m<sup>2</sup></b>
Intermediate Care Beds - 34 beds	1,849.67
Enhanced Procedures Suite - Oral Surgery & Dermatology Day Cas	845.13
Outpatients Department	1,724.58
Outpatients Department - NCA	292.31
Hearing Services Centre	1,480.95
Shared Rehabilitation - Cardiac Rehabilitation & Musculo-Skeletal	506.48
Occupational Therapy	112.33
<b>Total: Sheldon Block:</b>	<b>6,811.45</b>
MRI and CT	320.00
Ophthalmology	1,722.00
DGM Building	1,000.00
<b>Total City Hospital:</b>	<b>9,853.45</b>



**SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST**

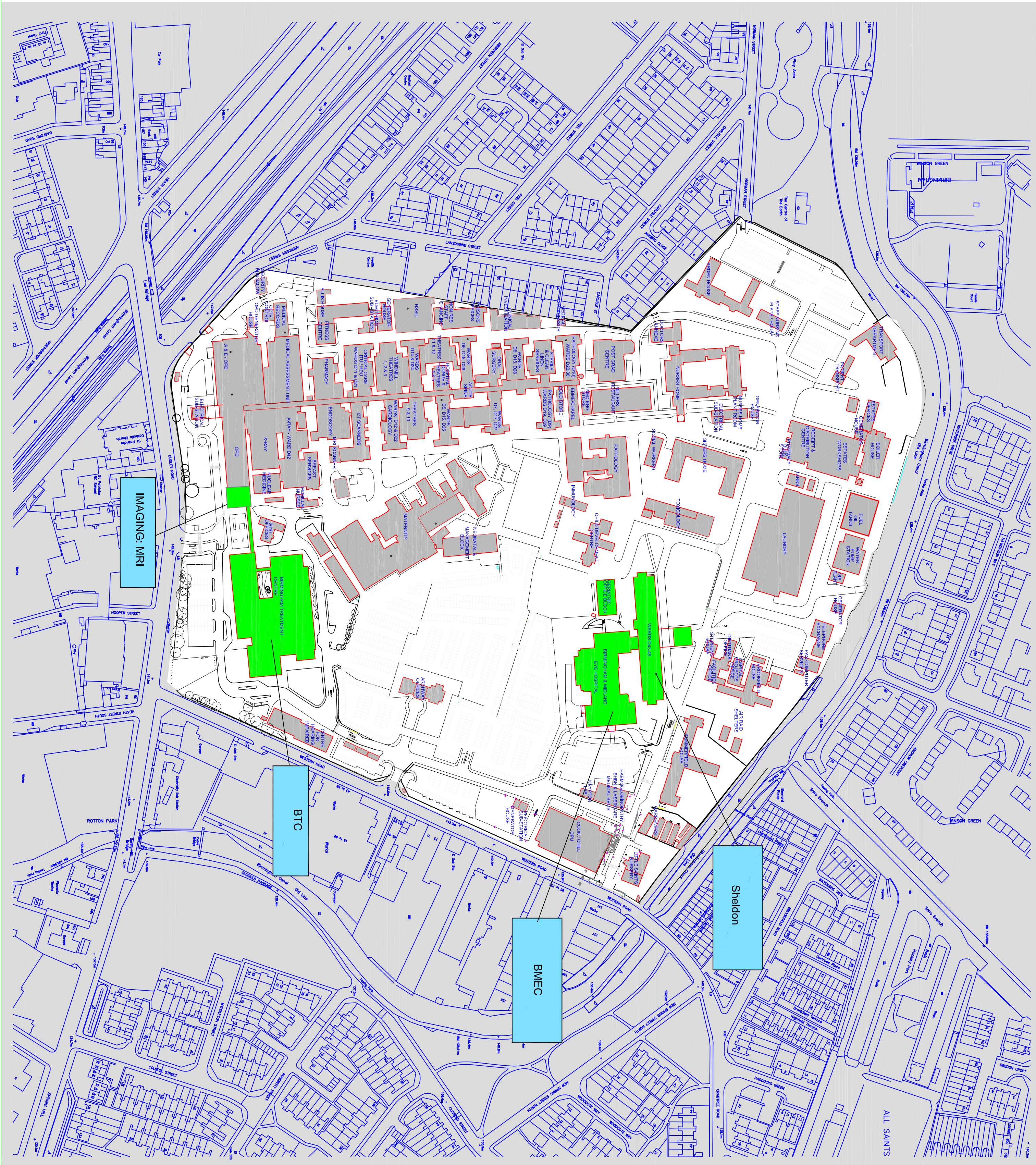
**RIGHT CARE, RIGHT HERE – RETAINED ESTATE & COMMUNITY  
FACILITIES**

---

## **APPENDIX B**

# **PROPOSED BLOCK PLANS**





KEY

- BUILDINGS TO BE VACATED
- RETAINED BUILDINGS

Work	Date	Details	By	Chkd
REVISIONS				

Employer:  
**Sandwell & West Birmingham Hospitals NHS Trust**



Project Title:  
**Right Care Right Here  
Community Facilities**

Scales: **1:1000** for the Original Drawing Size of: **A1**  
Dwn By: **DB** Chkd By: **—** Passed By: **—** Date: **01/06/2010**  
Drawing Status: **Draft**

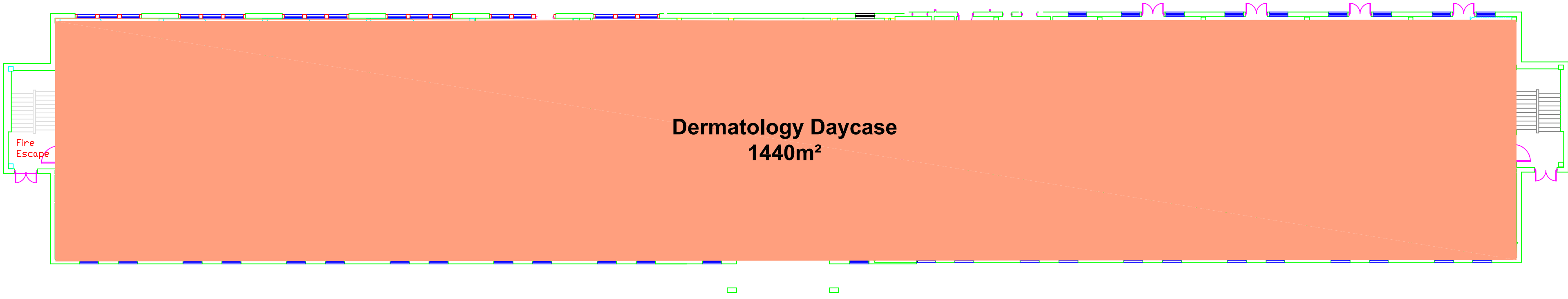
Drawing Originator:

**Capital Projects Department**

Drawing Title:  
**City Hospital  
Development Control Plan**

Job No:	Drawing No:	Revision:
<b>RCRH</b>	<b>RCRH/CITY/DCP001</b>	<b>—</b>

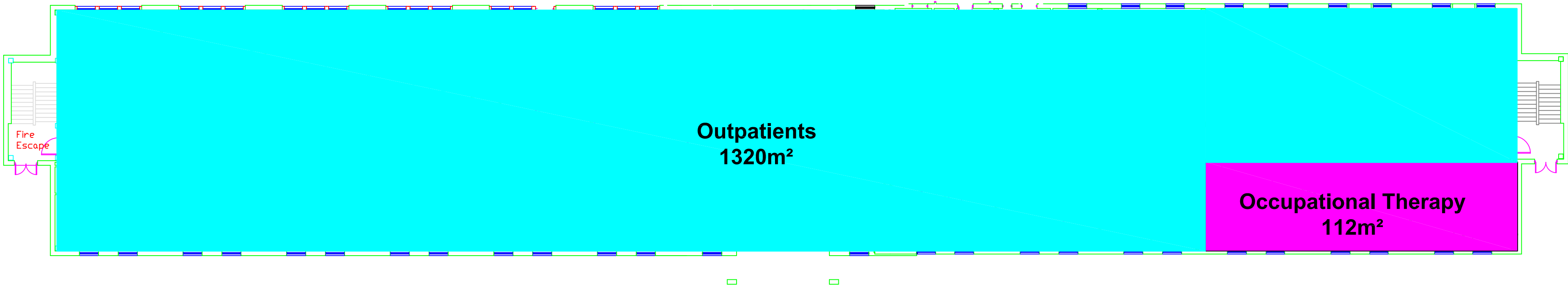




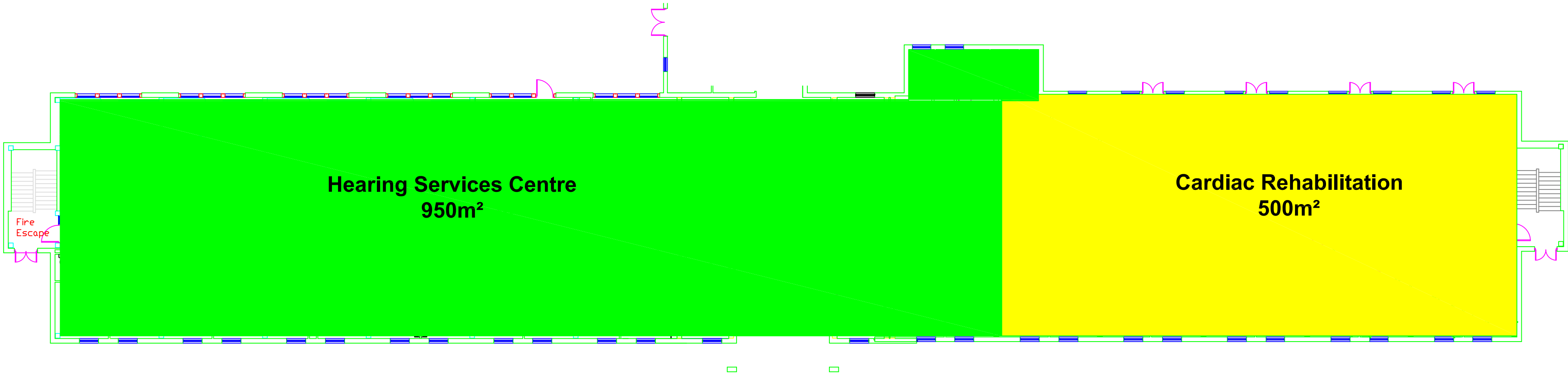
SHELDON BLOCK (065) Third Floor



SHELDON BLOCK (065) Second Floor



SHELDON BLOCK (065) First Floor



SHELDON BLOCK (065) Ground Floor

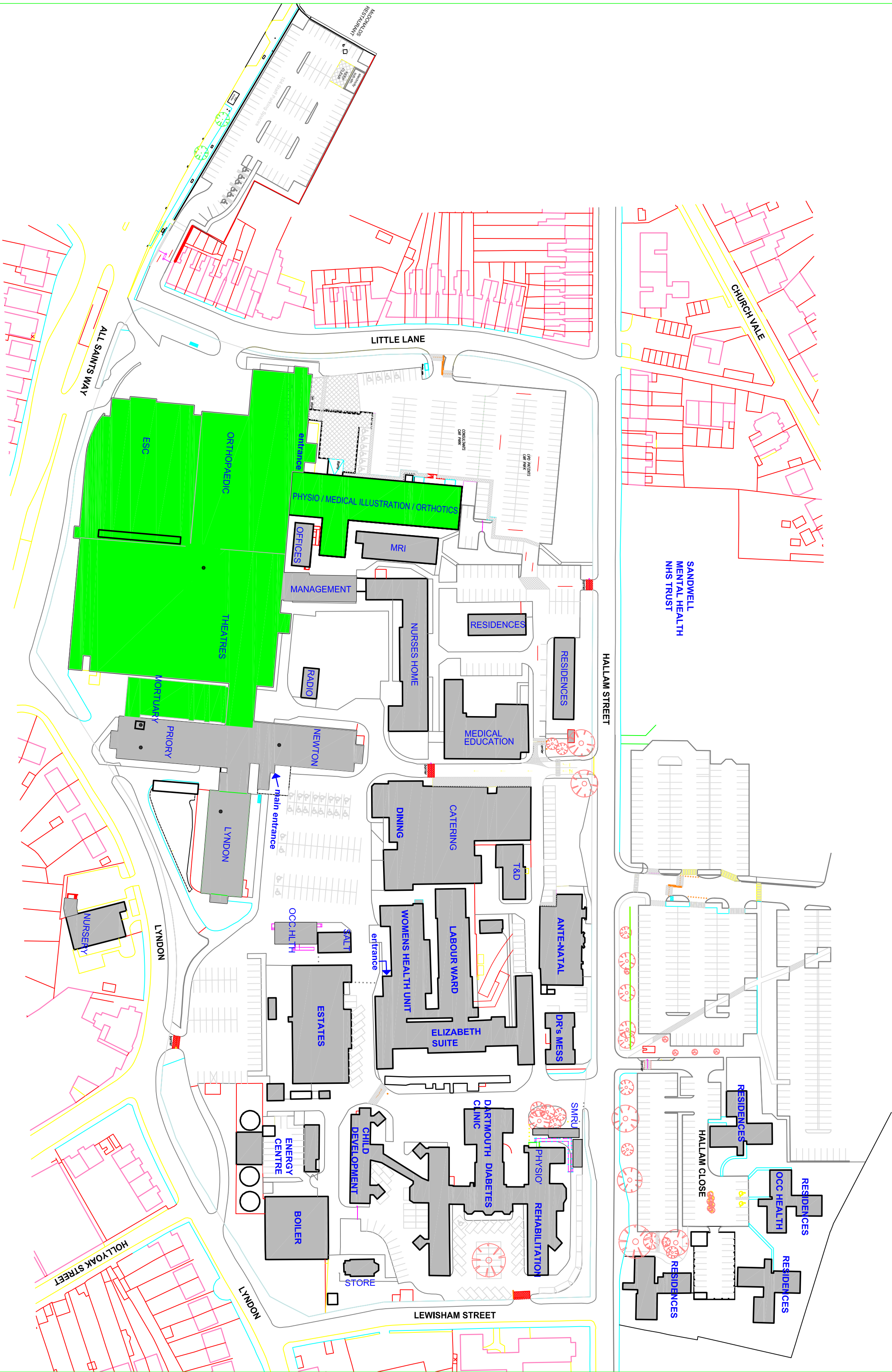
Mark	Date	Details			By Chkd
REVISIONS					
Employer:					
Sandwell & West Birmingham Hospitals NHS Trust					NHS
Project Title:					
Right Care Right Here Community Facilities					
Scales: 1:500 for the Original Drawing Size of: A1					
Dwn By:	DB	Chkd By:	---	Passed By:	---
Drawing Status:		Date: 01/06/2010			
Draft					
Drawing Originator:					
Capital Projects Department					
Drawing Title:					
City Hospital Sheldon Block					
Job No:		Drawing No:		Revision:	
RCRH		RCRH/CITY001		---	





KEY

-  BUILDINGS TO BE VACATED
-  RETAINED BUILDINGS



Work	Date	Details	By	Chkd
REVISIONS				

Employer:  
**Sandwell & West Birmingham Hospitals NHS Trust**



Project Title:

**Sandwell General Hospital**

Scales: <b>1:1000</b>	for the Original Drawing Size of: <b>A2</b>
Dwn By: <b>DB</b>	Chkd By: <b>---</b> Passed By: <b>---</b> Date: <b>01/06/2010</b>
Drawing Status:	<b>Draft</b>

Drawing Originator:

**Capital Projects Department**

Drawing Title:

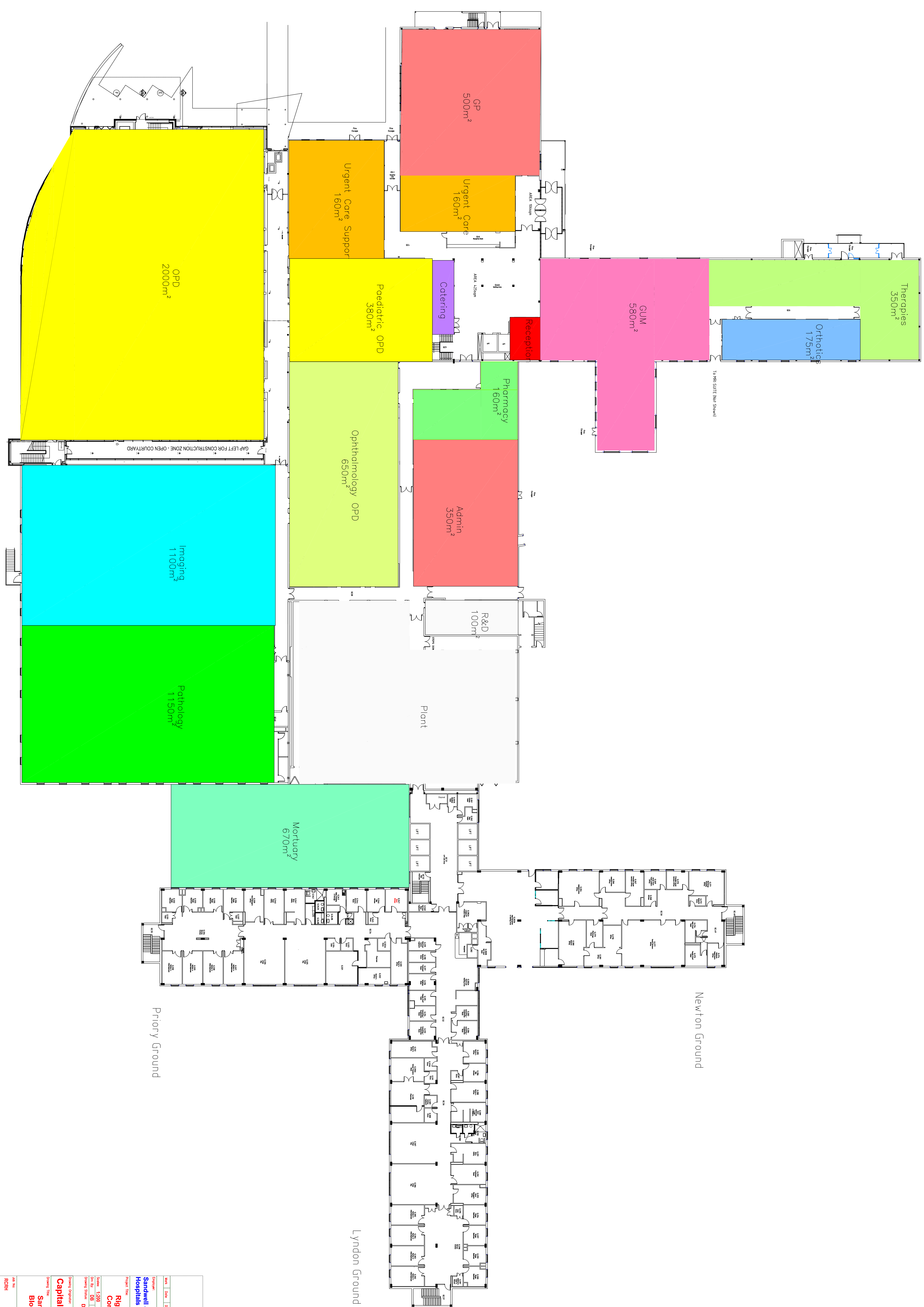
**Sandwell Hospital  
Development Control Plan**

Job No:	Drawing No:	Revision:
<b>RCRH</b>	<b>RCRH/SGH/DCP/001</b>	<b>-</b>



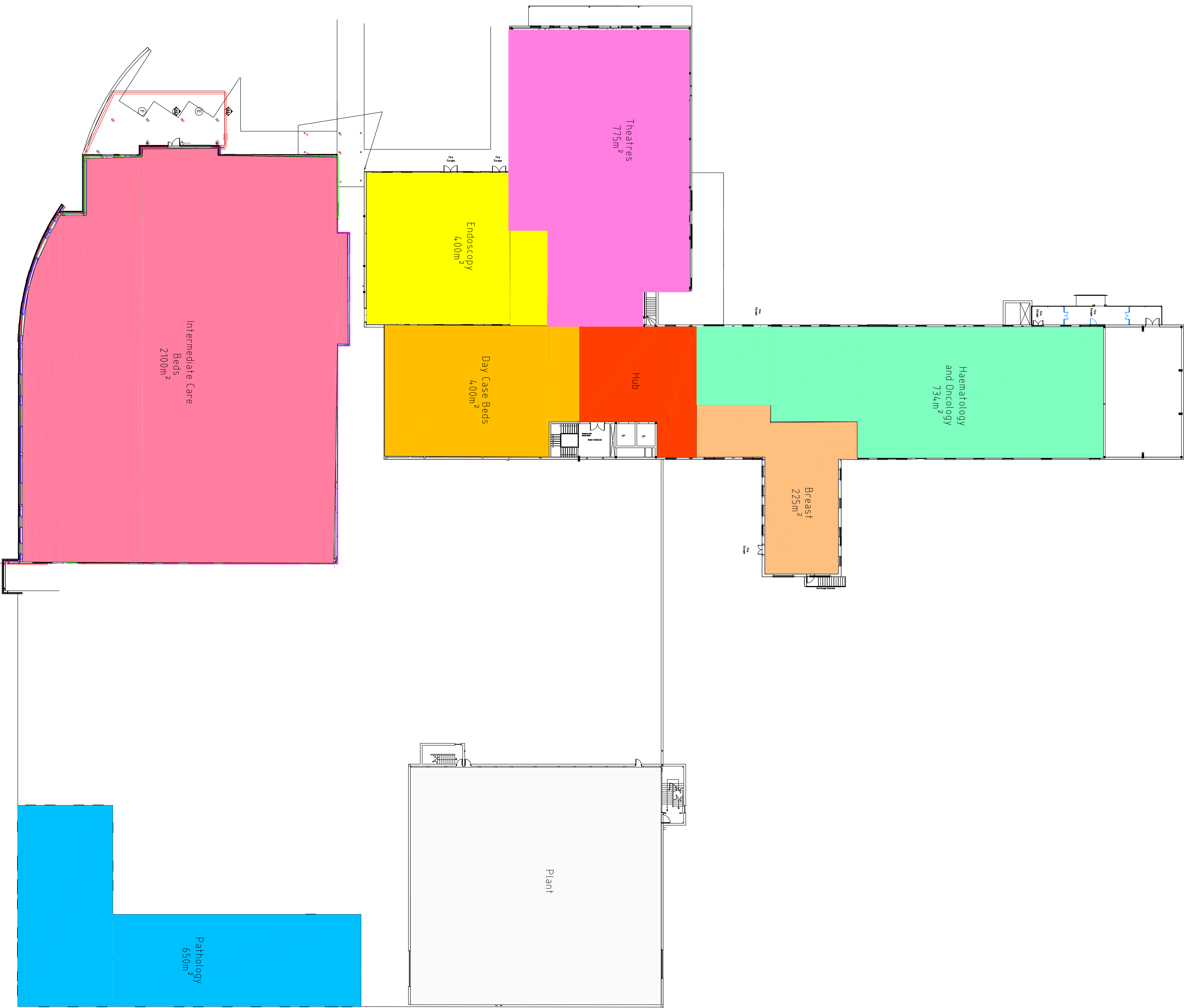






Item	Date	Details	By	Date
		REC00MS		
<b>Supplier: Sandwell &amp; West Birmingham Hospitals NHS Trust</b> <b>Project Title: NHS</b>				
<b>Right Care Right Here</b> <b>Community Facilities</b>				
Scale: 1:200	for the original drawing Size of A0			
Drawn By: DB	Drawn By: _____	Project By: _____	Date: 01/06/2010	
Drawing Title: Draft				
Drawing Supplier: <b>Capital Projects Department</b> Drawing Title:				
<b>Sandwell Hospital</b> <b>Block 1 Ground Floor</b>				
Job No:	Drawing No:	Revision:		
RCR/1	RCR/1/SG/H001	—		



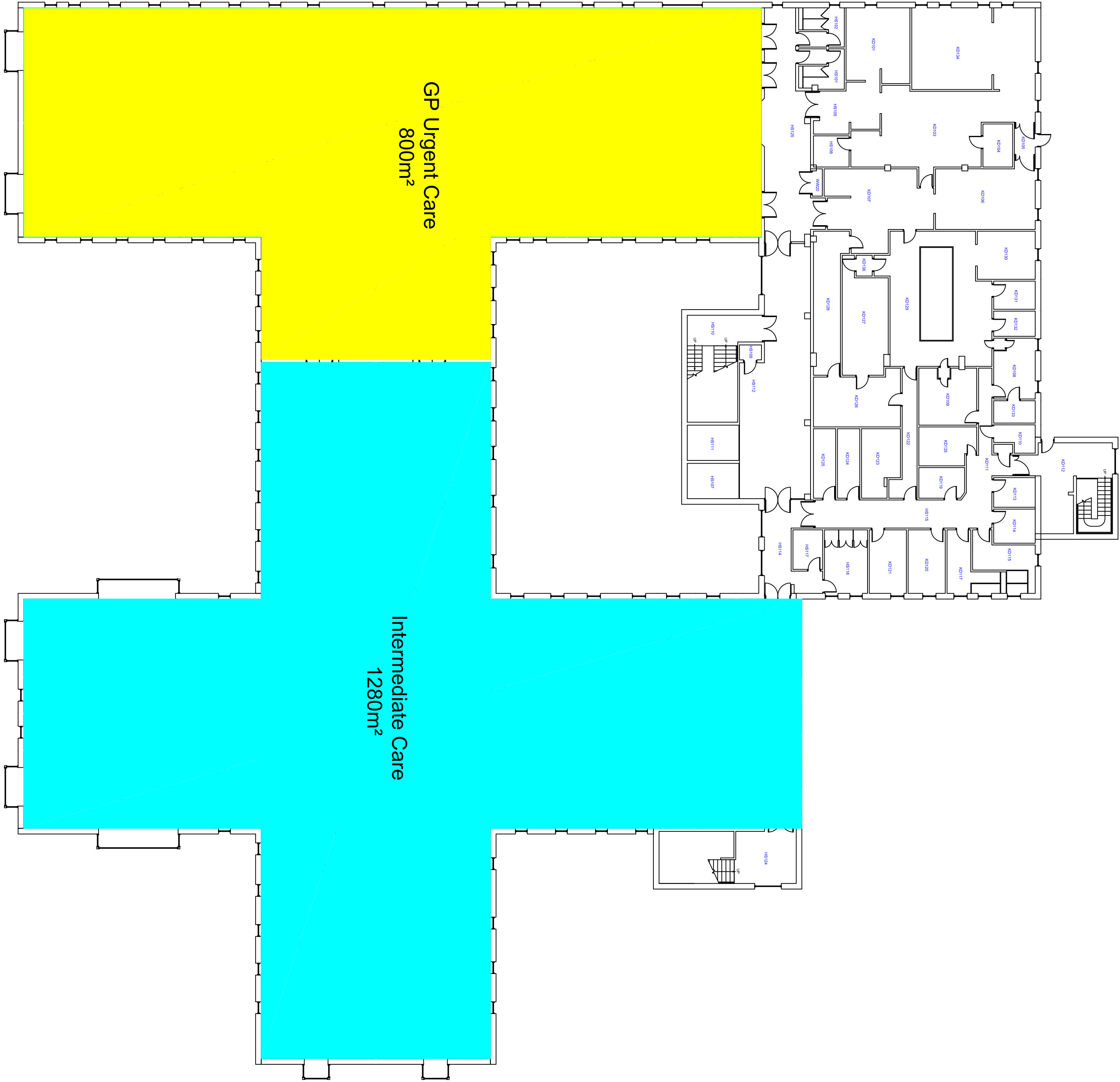


Wet		Site		Details		By		Date	
RCRHS									
Sandwell & West Birmingham Hospitals NHS Trust									
NHS									
Project Title									
Right Care Right Here									
Community Facilities									
Scale: 1:250		Wet		Site		Details		Reference	
Wet		Site		Details		Reference		By	
Wet		Site		Details		Reference		By	
Draft									
Design Signature									
Capital Projects Department									
Sandwell Hospital									
Block 1 First Floor									
Wet		Site		Details		Reference		By	
RCRH				RCRH/SCH002					









Work		Date	Details	By	Chkd
REVISIONS					
Employer:					
Sandwell & West Birmingham Hospitals NHS Trust					
Project Title:					
Right Care Right Here					
Community Facilities					
Scale: 1:500		for the Original Drawing Size of: A1			
Dn By:	DB	Issd By:	_____	Issued By:	_____
Drawing Status:	Draft				
Drawing Originator:					
Capital Projects Department					
Drawing Title:					
Rowley Regis					
Community Hospital					
First Floor					
Job No:		Drawing No:		Revision:	
RCRH		RCRH/RR002		—	



**SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST**

**RIGHT CARE, RIGHT HERE – RETAINED ESTATE & COMMUNITY  
FACILITIES**

---

## **APPENDIX C**

### **CAPITAL COSTS**



Sandwell Hospital

CAPITAL COSTS									
Level of refurb M/M/L/nil	Rate	Works Cost	Design Fees 15%	Equipment Costs	Planning Contingency/ Optimism 7.5%	VAT (fees excepted) 17.5%	Project Costs		
L	£250	£525,000	£78,750	£45,000	£48,656	£108,265	£805,671		
H	£1,400	£560,000	£84,000	£22,500	£49,988	£110,685	£827,173		
L	£500	£213,000	£31,950	£125,000	£27,746	£64,006	£461,702		
L	£500	£550,000	£82,500	£660,000	£96,938	£228,714	£1,618,152		
M	£500	£1,850,000	£277,500	£171,980	£172,461	£384,027	£2,855,968		
		£0	£0	£0	£0	£0	£0		
		£0	£0		£0	£0	£0		
L	£250	£56,250	£8,438	£12,000	£3,752	£12,950	£93,389		
M	£750	£436,500	£65,475	£30,000	£39,898	£86,620	£660,493		
M	£750	£262,500	£39,375	£22,500	£24,328	£54,132	£402,836		
M	£750	£120,000	£18,000	£7,500	£10,913	£24,222	£180,635		
	£0	£0	£0	£0	£0	£0	£0		
M	£900	£1,677,600	£251,640	£337,500	£170,006	£382,393	£2,819,139		
M	£0	£0	£0	£0	£0	£0	£0		
H	£2,300	£1,840,000	£276,000	£135,000	£168,825	£375,169	£2,794,984		
H	£1,400	£1,027,600	£154,140	£22,500	£90,318	£199,572	£1,494,131		
M	£0	£0	£0	£0	£0	£0	£0		
L	£500	£675,000	£101,250	£30,000	£60,469	£133,957	£1,000,676		
L	£500	£50,000	£7,500	£1,500	£4,425	£9,787	£73,212		
L	£250	£12,500	£1,875	£1,500	£1,191	£2,658	£19,724		
L	£500	£290,000	£37,500	£7,500	£22,125	£48,934	£364,059		
M	£250	£36,000	£5,400	£0	£3,105	£6,843	£51,348		
Total		£10,141,950	£1,521,293	£1,631,980	£997,142	£2,234,938	£16,527,302		

BRIEF		Gross m2
Summary of Accommodation		
Intermediate Care - 47 Beds		2,185.17
Day Case Beds - 24 spaces		994.21
Endoscopy Unit		755.20
Imaging Department		1,265.79
		4,574.08
Outpatients Department		
	Non-Clinical Activity	292.31
	Enhanced Procedures Unit	453.92
Breast Unit		432.06
Genito-Urinary Medicine Department		988.16
Therapy Department		736.32
Urgent Care Centre		163.06
Medical Illustration		179.46
Pathology		2,828.21
Orthotics		15.00
Operating Theatres		1,285.70
Haemo-Oncology Unit - 15 Beds		1,027.42
Mortuary & Post Mortem Facility		698.92
Corporate Administration		2,241.98
R & D (existing)		100.00
Catering / Cafe (nominal sum)		75.00
GP & Walk in Centre		505.73
Pharmacy		0.00
		21,789.72



Rowley Regis Hospital

BRIEF	
Summary of Accommodation	Gross m2
Intermediate Care - 47 Beds	2,397.32
Imaging Department	638.40
Outpatients Department	1,603.59
Outpatients Department - NCA	292.31
Outpatients Department - Therapies	323.87
GP Accommodation	579.37
Urgent Care Centre	205.15
Total: Rowley Regis:	6,040.02

ESTATES SOLUTION		
Estates Solution	Level	Area m2
		2560
Plain film and U/S with clinical support	Ground	376
	Ground	1344
	Included in OPD	0
		176
		800
	Include in GP	0
		5,256.00

CAPITAL COSTS							
Level of refurb	Rate	Works Cost	Design Fees	Equipment Costs	Planning Contingency/Optimism Bias	VAT (fees excepted)	Project Costs
H/M/L/nil			±5%		7.5%	±7.5%	
L	£500	£1,280,000	£192,000	£45,000	£113,775	£251,786	£1,882,561
L	£900	£338,400	£50,760	£60,000	£33,687	£75,615	£558,462
L	£500	£672,000	£100,800	£85,750	£64,391	£143,875	£1,066,816
	£0	£0	£0	£0	£0	£0	£0
H	£1,000	£176,000	£26,400	£0	£15,180	£33,457	£251,037
H	£1,000	£800,000	£120,000	£11,024	£69,827	£154,149	£1,155,000
	£0	£0	£0	£20,000	£1,500	£3,763	£25,263
Total		£3,266,400	£489,960	£221,774	£298,360	£662,643	£4,939,138



City Hospital

BRIEF		ESTATES SOLUTION					CAPITAL COSTS							Project Costs
of Accommodation	Gross m2	Estates Solution	Level	Location	Area m2	Level of refurb	Rate	Works Cost	Design Fees	Equipment Costs	Planning Contingency/ Optimism Bias	VAT (fees excepted)		
						M/M/L/nll			15%		10.0%	17.5%		
Intermediate Care Beds - 34 beds	1,849.67	beds, plus support clinical	2nd floor	east and west	1446.00	M	£900	£1,301,400	£195,210	£33,000	£152,961	£260,288	£1,942,859	
Enhanced Procedures Suite - Dermatology Day Case	845.13	clinical space , shared hub for staff support for levels 3 and 2	3rd floor	east and west	1446.00	M	£900	£1,301,400	£195,210	£15,000	£151,161	£256,823	£1,919,594	
Outpatients Department	1,724.28	clinical space , shared hub for staff support for levels 1 and G	1st floor	east and west	1446.00	M	£900	£1,301,400	£195,210	£60,000	£155,661	£265,486	£1,977,757	
Outpatients Department - NCA	292.31	clinical space , shared hub for staff support for levels 1 and G	1st floor	west	0.00		£0	£0	£0	£0	£0	£0	£0	
Hearing Services Centre	1,480.95	clinical space, plus clinical support	Ground	east and west	1508.00	M	£900	£1,357,200	£203,580	£30,000	£159,078	£270,599	£2,020,457	
Shared Rehabilitation - Cardiac Rehabilitation & Musculo-Skeletal	506.48	clinical space, plus clinical support	Ground	west	0.00		£0	£0	£0	£22,500	£2,250	£4,331	£29,081	
Occupational Therapy	112.33	clinical space , shared hub for staff support for levels 1 and G	1st floor	west	0.00		£0	£0	£0	£7,500	£750	£1,444	£9,694	
Total: Sheldon Block:														
MRI and CT	320	BTC link	Basement		132	H	£1,500	£198,000	£29,700	£600,000	£82,770	£154,135	£1,064,605	
			Ground		132	H	£1,500	£198,000	£29,700	£0	£22,770	£38,635	£289,105	
Ophthalmology	1722	BMEC	1st		132	H	£1,500	£198,000	£29,700	£0	£22,770	£38,635	£289,105	
			all		5000	nil	£0	£0	£0	£0	£0	£0	£0	
DGM Building	1000	Administration	all		700	nil	£0	£0	£0	£0	£0	£0	£0	
	9,653.15				11,242.00			£5,855,400	£878,310	£768,000	£750,171	£1,290,375	£9,542,256	

Total for all 3 sitesSandwell£16,527,302Rowley Regis£4,939,138City (Sheldon)£9,542,256£31,008,695



**SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST**

**RIGHT CARE, RIGHT HERE – RETAINED ESTATE & COMMUNITY  
FACILITIES**

---

## **APPENDIX D**

# **HEADLINE PROGRAMME**



**Profile of Costs for Refurbishment of Retained Estate to Maintain Current Plan**

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	TOTAL
	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
Sandwell	0	0	0	1,450	1,650	0	2,530	4,000	5,000	2,170	16,800
BTC	0	0	0	0	0	0	1,600	0	0	0	1,600
BMEC / Sheldon	0	2,500	2,500	1,600	1,200	0	0	0	0	0	7,800
Rowley	0	0	600	2,600	1,600	0	0	0	0	0	4,800
Total Refurb Costs	-	2,500	3,100	5,650	4,450	-	4,130	4,000	5,000	2,170	31,000



---

ESTATES STRATEGY ANNUAL REVIEW 2010/11

**Appendix 4**

Development Control Plan – Sandwell Hospital



FIRE  
DDA  
HYGIENE CODE  
ESTATES RISK RELATED EXPENDITURE  
ENERGY SCHEMES

[illegible] CAPITAL SCHEMES & FEASIBILITY STUDIES 10/11

## REVISIONS

Employer:

**Sandwell & West Birmingham Hospitals NHS Trust** 

Project Title:

## Sandwell General Hospital

Scales: **1:1000** for the Original Drawing Size of: **A2**

Drn By: <b>RS</b>	Chkd By: <b>RK</b>	Passed By: <b>RS/RK</b>	Date: <b>14/08/2010</b>
-------------------	--------------------	-------------------------	-------------------------

Drawing Status: **Sandwell General Hospital  
Proposed Development Control Plan**

Drawing Originator:

## Capital Projects Department

Drawing Title:

**PROPOSED DEVELOPMENT CONTROL PLAN  
APPROVED CAPITAL SCHEMES 2010 - 2011  
AND FEASIBILITY STUDIES**

Job No:	Drawing No:	Revision:
<b>Sandwell</b>	<b>SWBH - SGH/DCP/2010</b>	<b>24/08/2010</b>



---

ESTATES STRATEGY ANNUAL REVIEW 2010/11

**Appendix 5**

Development Control Plan – City Hospital



Note: This site plan is currently shown at one level and therefore does not show floor levels.



KEY



EXISTING BUILDINGS



CAPITAL SCHEMES & FEASIBILITY STUDIES 10/11

STATUTORY STANDARDS:  
FIRE  
DDA  
HYGIENE CODE  
ESTATES RISK RELATED EXPENDITURE  
ENERGY SCHEMES

RETAINED ESTATE:  
FEASIBILITIES

WARD D5  
RECONFIGURATION

MEDICAL ASSESSMENT UNIT (MAU)

SECURITY

MATERNITY  
RECONFIGURATION

HEARING SERVICES  
CENTRE FEASIBILITY

Mark	Date	Details	By	Chkd
------	------	---------	----	------

REVISIONS

Employer:

Sandwell & West Birmingham Hospitals NHS Trust



Project Title:

City Hospital, Dudley Road  
Birmingham, B18 7QH

Scales: 1:2000 for the Original Drawing Size of: A2  
Dm By: RS Chkd By: RK Passed By: RS/RK Date: 24/08/2010

Drawing Status: City Hospital, Dudley Road  
Proposed Development Control Plan

Drawing Originator:

Capital Projects Department

Drawing Title:

PROPOSED DEVELOPMENT CONTROL PLAN  
APPROVED CAPITAL SCHEMES 2009-2010  
AND FEASIBILITY STUDIES

Job No:	Drawing No:	Revision:
City Hospital	CITY/2010/DCP	24/08/2010



## TRUST BOARD

<b>REPORT TITLE:</b>	Execution of Contract as a Simple Contract - R.F.C Construction Ltd.
<b>SPONSORING DIRECTOR:</b>	Graham Seager, Director of Estates and New Hospital Project
<b>AUTHOR:</b>	Richard Kinnersley, Head of Capital Projects
<b>DATE OF MEETING:</b>	30 September 2010

### KEY POINTS:

It is proposed to sign the construction contract for building works for Maternity Reconfiguration, Labour Suite programme between the Trust and R.F.C Construction Ltd with a contract sum of **£450,474.28** including VAT.

There is an option for construction contracts to be executed as a simple contract or as a deed. Under the law of contract, the period within which an action for breach of contract may be brought is limited to 6 years from the time of accrual of the cause of the action for contracts executed as a simple contract and 12 years for contracts executed as a "deed".

It is recommended that all construction contracts over £1m are executed as a deed.

Therefore this paper recommends that this contract be executed as a simple contract.

### PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
<b>X</b>		

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

- approve the signing of the contracts
- 

Through the Trust Secretary, the Board is asked to:

- arrange for contracts to be signed at the indicated places
- apply Trust seal to both copies of contracts
- return Contracts and drawings to Capital Projects department



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	21 <sup>st</sup> Century facilities
Annual priorities	To carry out refurbishment to Ward M1 and first floor Offices within the Maternity block at city hospital in order to proceed with the Trust's Maternity Reconfiguration programme.
NHS LA accreditation	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	

**IMPACT ASSESSMENT** *(Indicate with 'x' all those that apply in the second column):*

Financial	<b>x</b>	To authorise the expenditure of £450,474.28
Clinical	<b>x</b>	To improve clinical space
Workforce	<b>x</b>	To improve the working environment for Staff
Legal & Policy	<b>x</b>	To attach the Trust seal to Contracts
Equality and Diversity		
Patient Experience	<b>x</b>	To improve the environment for patients and visitors
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

The business case for maternity reconfiguration was previously approved by the Trust Board.



## TRUST BOARD

<b>REPORT TITLE:</b>	Sandwell CT Scanner Main Works - Execution of Contract as a Simple Contract
<b>SPONSORING DIRECTOR:</b>	Graham Seager, Director of Estates/New Hospital Project
<b>AUTHOR:</b>	Richard Kinnersley, Head of Capital Projects
<b>DATE OF MEETING:</b>	30 September 2010

### KEY POINTS:

It is proposed to sign the construction contract for building works for Sandwell CT Scanner Main works between the Trust and RFC Construction Ltd with a contract sum of **£644,941.14** including VAT.

There is an option for construction contracts to be executed as a simple contract or as a deed. Under the law of contract, the period within which an action for breach of contract may be brought is limited to 6 years from the time of accrual of the cause of the action for contracts executed as a simple contract and 12 years for contracts executed as a "deed".

It is recommended that all construction contracts over £1m are executed as a deed.

This requires the use of the Trust's seal, under the Trust's SO/SFIs the use of the seal is a reserved matter for the Trust Board.

This paper recommends the contract is signed as a simple contract.

### PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
<b>X</b>		

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

- approve the signing of the JCT IFC98 contracts

Through the Trust Secretary, the Board is asked to:

- arrange for contracts to be signed at the indicated places
- apply Trust seal to both copies of contracts
- return Contracts and drawings to Capital Projects department



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	21 <sup>st</sup> Century facilities
Annual priorities	To carry out refurbishment to CT scanning works
NHS LA accreditation	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	

**IMPACT ASSESSMENT** *(Indicate with 'x' all those that apply in the second column):*

Financial	X	Capital expenditure of £644,941.14 (incl. VAT)
Clinical	X	Improved CT Scanning facilities, including privacy and dignity addressed for inpatients and outpatients, improved clinical reporting of CT scans
Workforce	X	To improve the working environment for Staff
Legal & Policy	X	To apply the Trust seal to the contract
Equality and Diversity	X	Separate inpatient and outpatient areas
Patient Experience	x	To improve the environment for patients and visitors
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

The CT scanner works were agreed as part of the annual capital programme



## TRUST BOARD

<b>REPORT TITLE:</b>	Execution of Contract as a Simple Contract - AM Griffiths & Son Ltd
<b>SPONSORING DIRECTOR:</b>	Graham Seager, Director of Estates and New Hospital Project
<b>AUTHOR:</b>	Richard Kinnersley, Head of Capital Projects
<b>DATE OF MEETING:</b>	30 September 2010

### KEY POINTS:

It is proposed to sign the construction contract for building works for Maternity Reconfiguration, Labour Suite programme between the Trust and AM Griffiths & Son Ltd with a contract sum of **£700,109.65** including VAT.

There is an option for construction contracts to be executed as a simple contract or as a deed. Under the law of contract, the period within which an action for breach of contract may be brought is limited to 6 years from the time of accrual of the cause of the action for contracts executed as a simple contract and 12 years for contracts executed as a "deed".

It is recommended that all construction contracts over £1m are executed as a deed.

This paper recommends the use of the seal to execute as a simple contract.

### PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
<b>X</b>		

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

- approve the signing of the contracts
- 

Through the Trust Secretary, the Board is asked to:

- arrange for contracts to be signed at the indicated places
- apply Trust seal to both copies of contracts
- return Contracts and drawings to Capital Projects department



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	21 <sup>st</sup> Century facilities
Annual priorities	To carry out refurbishment to Ward M1 and first floor Offices within the Maternity block at city hospital in order to proceed with the Trust's Maternity Reconfiguration programme.
NHS LA accreditation	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	

**IMPACT ASSESSMENT** *(Indicate with 'x' all those that apply in the second column):*

Financial	<b>x</b>	To authorise the expenditure of £700,109.65 (incl. VAT)
Clinical	<b>x</b>	To improve clinical space
Workforce	<b>x</b>	To improve the working environment for Staff
Legal & Policy	<b>x</b>	To attach the Trust Seal to contract documentation
Equality and Diversity		
Patient Experience	<b>x</b>	To improve the environment for patients and visitors
Communications & Media	<b>x</b>	To provide data and telephone points
Risks		

**PREVIOUS CONSIDERATION:**

The business case for maternity reconfiguration was previously approved by the Trust Board.



## TRUST BOARD

<b>REPORT TITLE:</b>	MAU Reconfiguration Execution of Contract as a Deed - Manton Building Contractors
<b>SPONSORING DIRECTOR:</b>	Graham Seager, Director of Estate/New Hospital Project
<b>AUTHOR:</b>	Richard Kinnersley, Head of Capital Projects
<b>DATE OF MEETING:</b>	30 September 2010

### KEY POINTS:

It is proposed to sign the construction contract for building works for reconfiguration work to the existing MAU between the Trust and Manton Building Contractors with a contract sum of **£1,572,908.89** including VAT.

There is an option for construction contracts to be executed as a simple contract or as a deed. Under the law of contract, the period within which an action for breach of contract may be brought is limited to 6 years from the time of accrual of the cause of the action for contracts executed as a simple contract and 12 years for contracts executed as a "deed".

It is recommended that all construction contracts over £1m are executed as a deed.

This paper recommends the use of the seal to execute the contract as a deed.

### PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
<b>X</b>		

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to:

- approve the signing of the contracts
- 

Through the Trust Secretary, the Board is asked to:

- arrange for contracts to be signed at the indicated places
- apply Trust seal to both copies of contracts
- return Contracts and drawings to Capital Projects department



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	21 <sup>st</sup> Century facilities
Annual priorities	To carry out refurbishment to MAU
NHS LA accreditation	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	

**IMPACT ASSESSMENT** *(Indicate with 'x' all those that apply in the second column):*

Financial	<b>x</b>	Capital expenditure of £1,572,908.89
Clinical	<b>x</b>	To improve clinical space
Workforce	<b>x</b>	To improve the working environment for Staff
Legal & Policy	<b>x</b>	To attach the Trust seal to Contract
Equality and Diversity		
Patient Experience	<b>x</b>	To improve the environment for patients and visitors
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

The works to the improvement of the MAU were agreed as part of the annual capital programme
---



## TRUST BOARD

<b>DOCUMENT TITLE:</b>	Register of Interests
<b>SPONSORING DIRECTOR:</b>	Kam Dhami, Director of Governance
<b>AUTHOR:</b>	Simon Grainger-Payne, Trust Secretary
<b>DATE OF MEETING:</b>	30 September 2010

### SUMMARY OF KEY POINTS:

The Register of Interests for the members of the Trust Board is presented for noting.

Key changes to the register includes the incorporation of interests declared by the Trust's new Executive Director of Strategy and Organisational Development, Mr Mike Sharon. The Register also reflects a minor change to the list of interests declared by Vice Chair, Mr Roger Trotman.

### PURPOSE OF THE REPORT *(Indicate with 'x' the purpose that applies):*

Approval	Receipt and Noting	Discussion
<b>X</b>		

### ACTIONS REQUIRED, INCLUDING RECOMMENDATION:

The Trust Board is asked to approve the revised Register of Interests.



**ALIGNMENT TO OBJECTIVES AND INSPECTION CRITERIA:**

Strategic objectives	None specifically, although reflects good governance within the Trust
Annual priorities	
NHS LA standards	
CQC Essential Standards of Quality and Safety	
Auditors' Local Evaluation	Supports the internal control dimension

**IMPACT ASSESSMENT** *(Indicate with 'x' all those that apply in the second column):*

Financial		
Business and market share		
Clinical		
Workforce		
Environmental		
Legal & Policy	x	Good governance practice
Equality and Diversity		
Patient Experience		
Communications & Media		
Risks		

**PREVIOUS CONSIDERATION:**

The Register of Interests was last reviewed by the Trust Board in May 2010.



# Sandwell and West Birmingham Hospitals

NHS Trust

## REGISTER OF INTERESTS AS AT AUGUST 2010

Name	Interests Declared
<b>Trust Chair</b>	
Sue Davis CBE <sup>#</sup>	<ul style="list-style-type: none"> <li>▪ Chair – Cruse Bereavement Care, Sandwell</li> <li>▪ Director – West Midlands Constitutional Convention</li> <li>▪ Director – RegenWM</li> </ul>
<b>Non-officer Members</b>	
Roger Trotman	<ul style="list-style-type: none"> <li>▪ Non-Executive Director – Stephens Gaskets Ltd</li> <li>▪ Non-Executive Director – Tufnol Industries Trustees Ltd</li> <li>▪ Member of Business Voice West Midlands</li> <li>▪ Member of the Advantage West Midlands – Regional Finance Forum</li> </ul>
Gianjeet Hunjan	<ul style="list-style-type: none"> <li>▪ Governor at Great Barr and Hamstead Children's Centre</li> <li>▪ Governor at Ferndale Primary School</li> <li>▪ LEA Governor at Oldbury College of Sport</li> <li>▪ Member of GMB Trade Union</li> <li>▪ Member of Managers in Partnership/UNISON</li> <li>▪ Treasurer for Ferndale Primary School Parents Association</li> </ul>
Dr. Sarindar Singh Sahota OBE	<ul style="list-style-type: none"> <li>▪ Vice Chair West Midlands Regional Assembly Ltd</li> <li>▪ Non-Exec Business Voice West Midlands Ltd</li> <li>▪ Trustee Acorns Hospice</li> <li>▪ Director Sahota Enterprises Ltd</li> <li>▪ Director Sahota Properties Ltd</li> <li>▪ Member – University of Birmingham Governing Council</li> <li>▪ Member Birmingham &amp; Solihull Chamber of Commerce Council</li> </ul>
Prof Derek Alderson	Member of Council of Royal College of Surgeons of England.
Mr. Gary Clarke	Lead Officer for Dorcas Housing & Committee Support Association Ltd
Mrs. Olwen Dutton	<ul style="list-style-type: none"> <li>▪ Director – West Midlands European Centre</li> <li>▪ Company Secretary – West Midlands Regional Assembly</li> <li>▪ Director – ReGen West Midlands</li> <li>▪ Board Adviser – Sustainability West Midlands</li> </ul>

<sup>#</sup> At the Trust Board meeting held on 26 March 2009, Mrs Davis declared that her husband had been appointed as Chair of South Birmingham PCT Provider Board



Name	Interests Declared
<b>Officer Members</b>	
John Adler	None
Donal O'Donoghue	Limited medico-legal work
Richard Kirby	Trustee – Birmingham South West Circuit Methodist Church
Rachel Overfield	None
Mike Sharon <i>commenced 12.7.10</i>	None
Robert White	<ul style="list-style-type: none"> <li>▪ Directorship of Midtech clg</li> <li>▪ National Committee Member, HFMA Financial Management &amp; Research Committee</li> </ul>
<b>Associate Members</b>	
Graham Seager	None
Kam Dhami	None
Jessamy Kinghorn	None
<b>Trust Secretary</b>	
Simon Grainger-Payne	None

August 2010