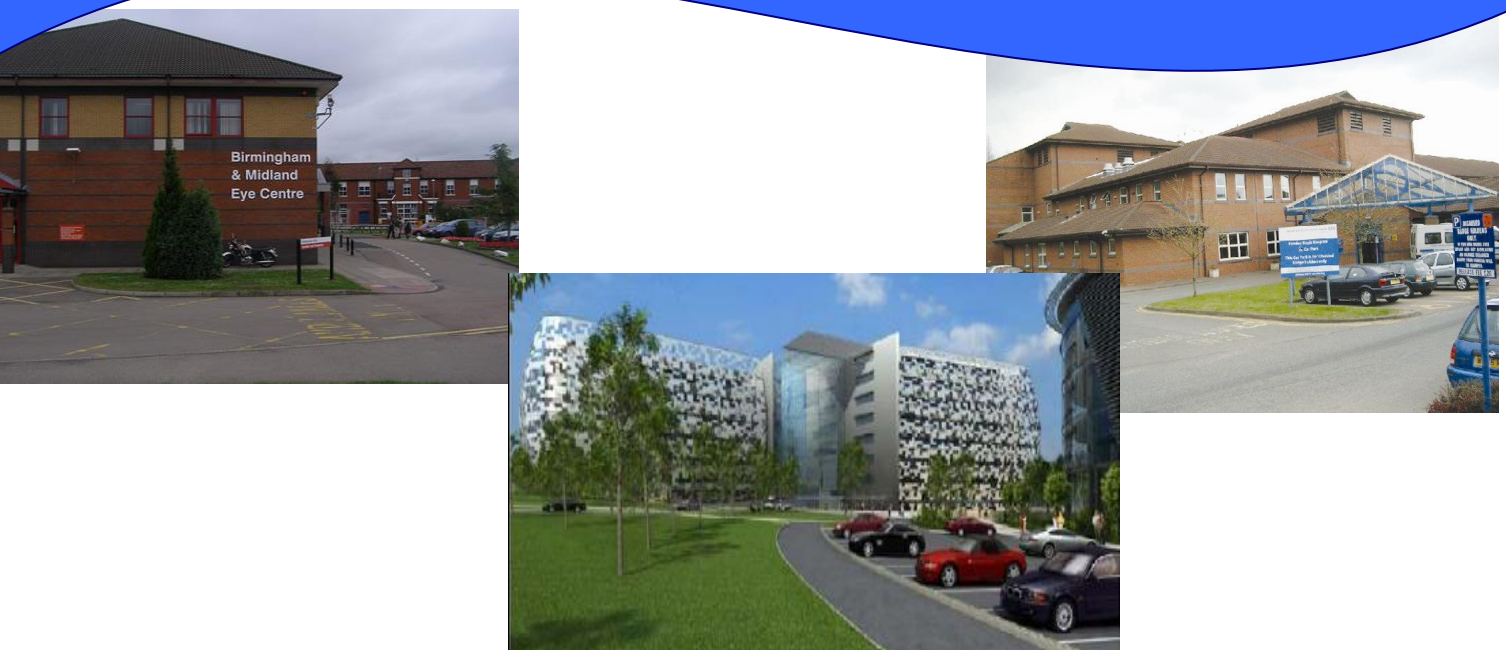


**Sandwell and West Birmingham Hospitals NHS Trust**  
**Midland Metropolitan Hospital Project**  
**Outline Business Case**

**Appendix 3a Estates Strategy**



# Estates Strategy 2013/14 - 2019/20



# ESTATES STRATEGY ANNUAL UPDATE 2013/14 – 2019/20

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## 1.0 INTRODUCTION

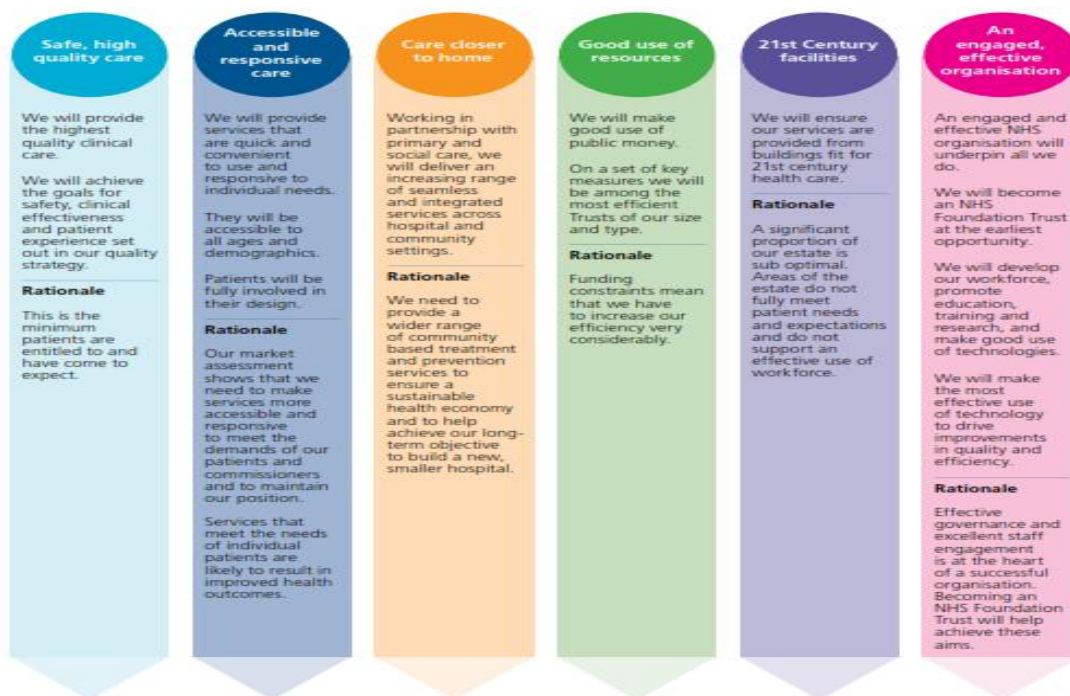
A patient's first impression of healthcare services is formed by the appearance of healthcare buildings and facilities. Services should be delivered in safe and suitable environments. Patients and staff need to feel safe, secure and comfortable. Healthcare buildings should ensure good functionality, meet expectations in terms of privacy and dignity, provide good access to all, reduce infection and minimise accidents.

In line with guidance (Developing an Estate Strategy) this strategy has been developed on a framework asking three fundamental questions across a range of criteria, as follows:

- Where are we now?
- Where do we want to be?
- How do we get there?

## 2.0 AIMS OF AN ESTATE STRATEGY

The Trust's Strategic Objectives are summarised:-



To support these objectives the Estates Strategy document:-

- Reviews the current key estate issues of the Trust
- Sets out how the clinical services will be supported by a safe, secure and appropriate environment.
- Ensures that capital investments support service strategies and plans.

### **3.0 OBJECTIVES**

1. To analyse the estate condition and its performance.
2. To identify costs to achieve Estatecode Condition B for key facets of Condition Survey.
3. To prioritise capital investment in estate statutory compliance issues.
4. To support compliance with Care Quality Commission registration
5. To achieve year-on-year improvement on performance in line with the Trust approved Carbon Management Plan
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.
7. Maintain Patient Led Assessments of the Care Environment (PLACE) standards year on year to achieve a minimum of 90% compliance level across all criteria for all sites.
8. To have a formal system of control to ensure a robust Development Control Plan (DCP) to support clinical services.

### **4.0 TIMESCALE**

This is an annual review of the 2012/13 – 2019/20 Estates Strategy. This timescale has been chosen as it encompasses planned MMH opening date and the timescale for community facilities schemes that cannot be commenced prior to MMH opening. This strategy identifies the areas of land for disposal but does not include the schemes to support disposal as they are planned to be outside of this timescale. The strategy will be reviewed on an annual basis as part of the Trust's business planning process.

### **5.0 ESTATE PERFORMANCE – ACHIEVING OBJECTIVES 1, 2 & 3**

#### **5.1 Where are we now?**

As can be seen from Table 1 overleaf, (Building Age and Asset Profile) much of the existing estate is of a significant age and does not comply with Department of Health guidelines or aspirations for 40% of the NHS estate to be less than 15 years old by 2010. Currently more than 70% of City site is over 30 years old and over 90% of Sandwell site is over 20 years old.

Compliance with Department of Health requirements is dependent upon the implementation of the Trust's long term strategic plan for the construction of the Midland Metropolitan Hospital as part of the Right Care, Right Here programme.

**Table 1 – Building Age and Asset Profile as at 31<sup>st</sup> March 2013**

Age & Asset Profile	Unit	Sandwell	City	Rowley	Trust %
Age Profile - 2005 to present	%	0	21.29	0	11.11
Age Profile - 1995 to 2004	%	0	9.31	0	4.86
Age Profile - 1985 to 1994	%	0	3.98	100	9.16
Age Profile - 1975 to 1984	%	88.87	5.12	0	38.86
Age Profile - 1965 to 1974	%	4.28	7.27	0	5.54
Age Profile - 1955 to 1964	%	0	3.11	0	1.62
Age Profile - 1948 to 1954	%	0	0.41	0	0.22
Age Profile - pre 1948	%	6.85	49.5	0	28.63
Age Profile - Total (must equal 100)	%	100	100	100	100
Building Asset Value by Age - 2005 to present	£	0	19,823,558	0	
Building Asset Value by Age - 1995 to 2004	£	0	8,671,351	0	
Building Asset Value by Age - 1985 to 1994	£	0	3,703,174	12,645,075	
Building Asset Value by Age - 1975 to 1984	£	64,555,097	4,763,401	0	
Building Asset Value by Age - 1965 to 1974	£	3,105,862	6,769,133	0	
Building Asset Value by Age - 1955 to 1964	£	0	2,895,786	0	
Building Asset Value by Age - 1948 to 1954	£	0	384,821	0	
Building Asset Value by Age - pre 1948	£	4,977,581	46,085,876	0	
Total Building Asset Value	£	72,638,540	93,097,100	12,645,075	178,380,715

Condition surveys of the two principle sites were undertaken in December 2002 by French Thorpe Consultancy supported by Malcolm Lamb Associates. The criteria that were used to assess the estate were those defined by Estatecode:

- Physical Condition
- Space Utilisation
- Statutory standards
- Energy performance
- Functional suitability

Desktop surveys were undertaken in August 2007 and the additional facet of Quality was included in June 2012 to identify areas where condition has deteriorated or improved via capital investment. The following pie charts summarise the performance for the categories. Note the 'Part Dangerous and Inoperable' areas are generally disused areas of the estate with the exception of the upper floors of Arden House where the lack of passenger lifts limits operational use of the building for staff.



The findings of the survey are summarised graphically as follows (Ref 31<sup>st</sup> March 2012):-

	Trust	City	Sandwell	Rowley Regis
<b>Physical Condition</b> <b>Key</b> A = As new (built within last 2 years) B = Sound, operationally safe and exhibits only minor deterioration C = Operational but major repair/replacement needed soon, within 3 years for building elements and one year for engineering elements D = Runs serious risk of imminent breakdown X = Supplementary rating added to C or D to indicate that nothing but a total rebuild or relocation will suffice	<p>Physical Condition (Combined)</p>	<p>Physical Condition (City Hospital)</p>	<p>Physical Condition (Sandwell Hospital)</p>	<p>Physical Condition (Rowley Regis Hospital)</p>
<b>Functional Suitability</b> <b>Key</b> A = Very satisfactory, no change needed B = Satisfactory, minor change needed C = Not satisfactory, major change needed D = Unacceptable in its present condition X = Supplementary rating added to C or D to indicate that nothing but a total rebuild or relocation will suffice	<p>Functional Suitability (Combined)</p>	<p>Functional Suitability (City Hospital)</p>	<p>Functional Suitability (Sandwell Hospital)</p>	<p>Functional Suitability (Rowley Regis Hospital)</p>
<b>Space Utilisation</b> <b>Key</b> A = Empty or grossly under used at all times (excluding temporary closure) U = Under-used, utilisation could be significantly increased F = Fully used – a satisfactory level of utilisation O = Overstretched, overcrowded, overloaded and facilities generally overstretched	<p>Space Utilisation (Combined)</p>	<p>Space Utilisation (City Hospital)</p>	<p>Space Utilisation (Sandwell Hospital)</p>	<p>Space Utilisation (Rowley Regis Hospital)</p>
<b>Quality</b> <b>Key</b> A = A facility of excellent quality B = A facility requiring general maintenance investment only C = A less than acceptable facility requiring capital investment D = A very poor facility requiring significant capital investment or replacement X = Supplementary rating added to C or D to indicate that nothing but a total rebuild or relocation will suffice	<p>Quality (Combined)</p>	<p>Quality (City Hospital)</p>	<p>Quality (Sandwell Hospital)</p>	<p>Quality (Rowley Regis Hospital)</p>
<b>Statutory Requirements</b> <b>Key</b> A = Complies with all statutory requirements and guidance B = Action needed in the current plan to comply with statutory requirements and guidance C = Known contravention of one or more standards which falls short of B D = Dangerously below B standard X = Supplementary rating added to C or D to indicate that nothing but a total rebuild or relocation will suffice	<p>Statutory Requirements (Combined)</p>	<p>Statutory Requirements (City Hospital)</p>	<p>Statutory Requirements (Sandwell Hospital)</p>	<p>Statutory Requirements (Rowley Regis Hospital)</p>
<b>Energy Performance</b> <b>Key</b> A = 35-55 GJ per 100 cubic metres B = 56-65 GJ per 100 cubic metres C = 66-75 GJ per 100 cubic metres D = 76-100 GJ per 100 cubic metres X = Supplementary rating added to C or D to indicate that nothing but a total rebuild or relocation will suffice	<p>Energy Performance (Combined)</p>	<p>Energy Performance (City Hospital)</p>	<p>Energy Performance (Sandwell Hospital)</p>	<p>Energy Performance (Rowley Regis Hospital)</p>

The cost to Condition B for key facets, which is the Trust's Backlog Maintenance Level, has also been estimated:-

• City Hospital	-	87,148m <sup>2</sup>	-	£51,707,267
• Sandwell Hospital	-	54,614 m <sup>2</sup>	-	£43,321,531
• Rowley Regis Hospital	-	8,735 m <sup>2</sup>	-	£ 384,602
• Leasowes Intermediate Care Centre	-	921m <sup>2</sup>	-	TBC
				-----
				<b>151,418m<sup>2</sup></b>
				=====
				<b>£96,653,400</b>
				=====

The High and Significant Risk elements of this assessment equate to £3.43m which has been funded in the 2013/14 capital programme.

## 5.2 Where do we want to be?

Backlog of this magnitude has potential safety implications and may influence patient perception, this could also affect business with greater patient choice arrangements.

The issues of poor physical condition need to be addressed to maintain the building fabric and to ensure patient's expectations are met. This is assessed through the Patient Led Assessment of the Care Environment action team initiative (PLACE). A strategic objective for the Trust is to achieve 21<sup>st</sup> century facilities, achieving condition B for all facets of the survey through strategic capital investment and to achieve good or excellent standards for PLACE Assessments would meet this objective. However, this cannot be achieved without strategic investment; therefore, detailed risk assessments are undertaken in line with the Trust's formal risk assessment process and managed through the governance/risk management structure to ensure a safe facility.

## 5.3 How do we get there?

Issues associated with statutory compliance have to be managed through the Trust's risk management arrangements. These arrangements consist of the Estates and Facilities Governance Group, which meets on a monthly basis and reports through the Trust's Governance arrangements. The risk management process identifies a number of estates and facilities issues as red risks; these are reported with their control measures through the Trust's risk management arrangements. All risks are updated annually and implications identified through the business planning process. Continued investment into the Estate is required in order to control the backlog position, maintain compliance with statutory standards and minimise risk.

To date specific funding has been made available to address the high and significant backlog issues. Wider condition survey related issues are addressed as part of the briefing process for capital investments.

## 5.4 2013/14 Capital Programme

The capital programme for the 2013/14 financial year includes £3.43m allocated to statutory standards and estates related improvement schemes. The £3.43m expenditure has been identified through a detailed risk assessment process and covers areas including:

- Fire Safety
- Asbestos Management
- Legionella precautions
- Electrical Safety



Other capital schemes to support the implementation of the Trust's Transformational Service Plans (TSPs) will also include elements of environmental improvements and statutory standards compliance works as well as facilitating the functional change required to deliver these TSPs.

However, to achieve condition "B" for all facets requires strategic investment. Notable capital schemes for 2013/14 are as follows:

- Major estate rationalisation
- Endoscopy reconfiguration at Sandwell
- Pathology reconfiguration, blood sciences laboratory
- Stroke reconfiguration
- Imaging reconfiguration
- Replacement Gamma cameras at City
- Winter will be Better 2013 (range of schemes across all sites)
- Theatre hygiene works
- Improving the environment for dementia

## **6.0 RISK MANAGEMENT AND GOVERNANCE - ACHIEVING OBJECTIVE 4**

### **6.1 Where are we now?**

The Estates division has a robust system of risk management managed through the division's Governance Group. Chaired by either the Director of Estates or the Head of Estates, this group meets monthly and reports through the Trust's Governance arrangements.

The standing agenda items are:

- |  |  |
|--|--|
| • Privacy and Dignity                              | • Consultation and Patient Involvement |
| • Disability Discrimination Act                    | • Staff Management                     |
| • PLACE  | • Education and Training               |
| • Compliance with HTMs, HBNs, Best Practice Guides | • Governance Development               |
| • Complaints and Litigation                        | • External Publications                |
| • Statutory Enforcement Bodies                     | • HEFMA                                |
| • Risk Management                                  | • Divisional Health & Safety Meetings  |

All significant Estates related risk assessments are managed through the Trust's risk management processes. To provide Board assurance that the estate is suitable and safe the Estates department have commissioned external consultants to provide Board assurance. This builds on the external assurance provided to Audit Committee during the last financial year.

The 2013/14 external assurance review will be undertaken during autumn 2013 and presented to a subsequent committee.

### **6.2 Where do we want to be?**

The Trust needs to maintain progress on all of the above issues and provide its services in a safe, suitable and secure environment. This needs to be achieved in a transparent way and responsive to patient perception and views through surveys and complaints. The objective is to maintain compliance with Outcome 10 and 11 for Care Quality Commission registration requirements and maintain the robust approach to Risk Management and Governance.

### 6.3 How do we get there?

The Risk Management and Governance arrangements of the Trust provide a framework to meet the objective of maintaining a safe and secure environment.

The Risk Register is a statutory requirement and an aid in determining the prioritisation of funding for capital investment and informs ongoing service provision. The division will maintain its Risk Register and ensure the divisional “red risks” and associated control measures are notified to through the Trust’s risk management arrangements.

The current risk assessment process is based around the long term strategic objectives to move to the Midland Metropolitan Hospital with the risks managed over a 5 year planning horizon.

Establishing external assurance of Estates will become an annual occurrence.

## 7.0 **ENVIRONMENTAL PERFORMANCE – ACHIEVING OBJECTIVE 5**

### 7.1 Where are we now?

#### Carbon Management Plan

The Carbon Management Plan is the Trust’s route-map to achieving sustainability and carbon related targets. The Carbon Management Plan document includes a series of projects and programmes that will help the Trust achieve rigorous carbon reduction goals over the next five years.

The Trust’s baseline carbon emissions footprint for 2012/2013 encompassing energy, business travel, water and waste was 26,956 tCO<sub>2</sub>. This can be broken down as follows:

	Electricity (kWh)	Fossil fuels (kWh)	Water (m3)	Waste (tonnes)	Transport (km)	Business Travel (km)	Total
Amount	24,740,263	23,056,772	227,945	2,486	549,914	7,373,269	
CO <sub>2</sub> emissions (tonnes)	12,869	12,042	246	132	116	1551	<b>26956</b>

#### Carbon Reduction Projects

The Trust has already engaged in some carbon reduction projects which include a 50KWp Solar Voltaic system installed at the Birmingham Midland Eye Centre. The project was installed and commissioned within 5 weeks and within the first month of operation generated 7713 KWh of electricity. This project aims to save the Trust >£8000 of electricity per year and reduce the carbon footprint by 23 tons.

The Trust has also begun to replace light fittings with energy efficient LED fittings and advanced lighting controls. This has so far been introduced at City Birmingham Midland Eye Centre, Sheldon Block, Sandwell OPD, Lift lobbies and at Rowley Regis circulation areas. Lighting had been identified as a significant electrical energy consumer so it was an obvious choice to invest in making improvements.

#### Sustainability Working Group and Sustainability Action Plan

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

The Sustainability Working Group members have identified a range of actions and have developed a Sustainability Action Plan. The action plan is reviewed monthly and progress monitored

### Sustainability Champions

The Trust has developed a network of around 100 Sustainability Champions, with an additional 100 Sustainability Supporters. The Sustainability Champions and Supporters are vital in driving forward the Trust's sustainability objectives including energy reduction, waste reduction and recycling, water conservation, promoting sustainable travel and transport.

A quarterly Sustainability Champion meeting is held which is open for attendance from any of the current Champions. The meeting is an opportunity to communicate progress with carbon management, future aspirations and an opportunity for the Champions to feedback their experiences within departments.

### Sustainability Events and Engagement

Sustainability events are run annually, with additional engagement campaigns run throughout the year. Last year a Sustainability Garden Party was held which provided key engagement and recruited numerous extra champions.

The aim of these events is to gain further support and engagement across the organisation and to demonstrate the successes we have achieved to date.

### Good Corporate Citizen

The Trust continues to report to the Sustainable Development Unit bi-annually via the Good Corporate Citizen assessment tool. This assessment tool covers a range of sustainable development topics, including:

- Transport
- Procurement
- Facilities management
- Workforce
- Community engagement
- New buildings
- Adaptation
- Models of Care

For each of the above areas, the Trust answers a series of questions to gauge what we are doing and to track progress. The last submission was in August 2013 and showed an improvement on the previous submission in February 2013.

Score in February = 47%

Score in August = 51%

Overall score for 2013 = 56%

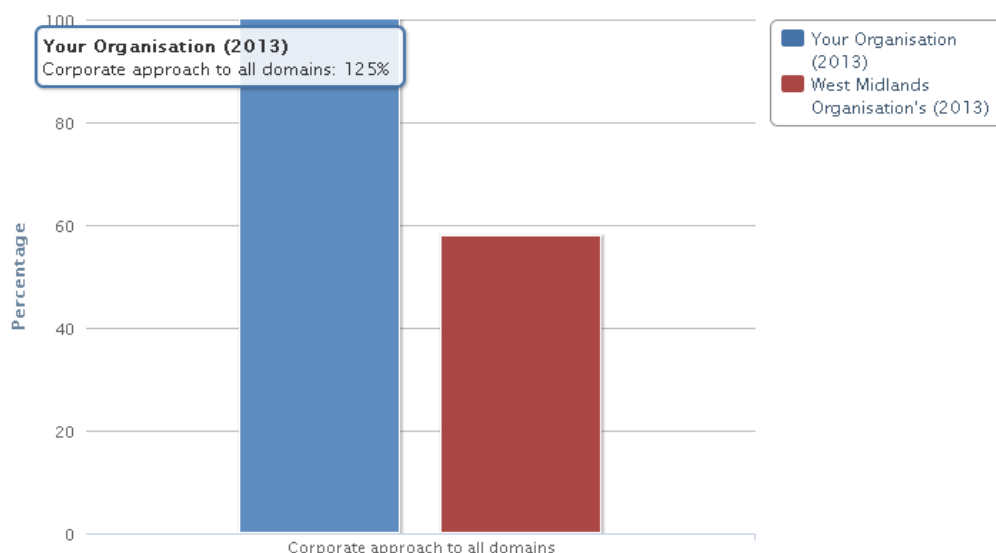
The scores achieved by this Trust for 2013 shows a continuing improvement.

	<b>February 2013</b>	<b>August 2013</b>
Travel	43%	29%
Procurement	32%	42%
Facilities Management	56%	65%
Workforce	66%	70%
Community Engagement	39%	37%

Buildings	48%	51%
Adaptation	41%	46%
Models of Care	35%	35%

The graph below shows how this Trust compares to all other Acute Trusts that have published their results in 2013

## Overall



### Carbon Reduction Commitment

There is a statutory requirement for the Trust to comply with Carbon Reduction Commitment (CRC). This scheme assesses the gas and electricity consumption of the Trust and calculates carbon emissions based upon consumption. The Trust is then obliged to buy carbon (in tons) from the Environment Agency and surrender the equivalent emissions back to the EA. The Trust has completed the qualification requirements for Phase 2 of the scheme which introduces the next stages of carbon emission prediction in a bid to ensure organisations set targets that should be at least matched or be required to purchase additional carbon allowances at a higher unit rate than offered originally. Work is underway to collect data and evidence for submission in July 2014 (2013/14 data).

The Trust is also a member of the European Union Emission Trading Scheme (EUETS) and is currently part of Phase III which runs from January 2013 to December 2020. The aim of EUETS was to introduce carbon as a commodity that could be allocated and purchased, with organisations having the ability to trade surplus carbon if they had made savings. The Trust has so far been able to emit less carbon than allocated and accumulate a substantial 'bank' of carbon units. Phase III has introduced an annual reduction in organisation allocation of carbon and the Trust has enough carbon 'banked' to top up the reduced allocation until 2016. By this point the Trust will expect to be in deficit.

CRC and EUETS schemes rely upon individual meter points as a measure of energy consumption and carbon emission based upon this. A single meter point can only be part of one of these schemes. Currently the largest Gas consuming meter within the Trust at City is part of EUETS which currently offers a much lower unit rate of carbon than CRC.

## Display Energy Certificates

All Trust buildings over 1,000m<sup>2</sup> and 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 (DECs). The Trust has updated these for 2013/14 and they are on display at the main entrances to buildings included within the scheme. DECs have to be renewed annually.

There are seventeen buildings across the Trust that 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 that contains 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 the 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. The Trust is proactively monitoring its energy usage and implementing measures to reduce consumption.

### **7.2 Where do we want to be?**

The Trust is committed to ongoing improvement in its environmental impact, energy reduction programme and sustainable development, whilst providing a cost efficient service to the public. The Trust will undertake a voluntary BREEAM Assessment for its existing sites and aspire to a 'Good' rating.

The Trust will undertake a mandatory BREEAM Assessment on the Midland Metropolitan Hospital development and aim to achieve an 'Excellent' rating

### **7.3 How do we get there?**

The revised carbon target will be a 15% reduction in carbon by 2016/17 (from the 2011/12 baseline). The Carbon Management Plan will be assessed and accredited by the Carbon Trust over the next few months. Work is underway to progress us towards this ambitious target, including:

- The Estate Rationalisation programme
- Installation of energy efficient lighting and controls
- Installation of air conditioning controls
- Investigating installation of Solar PV at Rowley Regis Hospital
- Installing new boiler plant at City and SGH
- Introduction of recycling at SGH and RRH

## **8.0 ERIC AND PERFORMANCE INDICATORS – ACHIEVING OBJECTIVE 6**

### **8.1 Where are we now?**

#### Estates Return Information Collection (ERIC) Returns

The Trust has a mandatory requirement to submit information annually to the Department of Health on a whole range of hard and soft FM services. This information is provided in line with the Estates Return Information Collection requirements. Trusts are categorised according to their size and type. Sandwell and West Birmingham Hospitals NHS Trust is in the category of 'Large Acute Trusts Outside Of London' of which there are 38 such Trusts. Obviously the benchmarking information is more meaningful when provided in this way.

The returns are summarised for each service into quartiles, lower, median and upper. Any service that fall outside the upper and lower quartiles will be identified and further detailed analysis undertaken to understand the reasons why.

## 8.2 Where do we want to be?

For each element of service delivery the objective remains to keep the cost of provision of those services within the benchmark between lower and upper quartiles and demonstrate value for money.

## 8.3 How do we get there?

To inform the business planning process, the division will utilise the 2012/13 ERIC returns, factor in the current TSP plans and forecast its benchmark position. Areas outside of the benchmark will be reviewed and these are shown below.

Where appropriate, proposals will be developed to make changes to operational services to comply with objective.

## 8.4 Summary of ERIC returns where the Trust lies outside of the Upper or Lower Quartile

### Capital Investment for new build per Occupied Floor Area – Upper Quartile

Finance	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Capital Investment for new build per Occupied Floor Area	£/m <sup>2</sup>	83.66	2.26	15.82	53.23

Almost £12.9 million has been invested in new build during 2012/13 a large amount of which (£1.62m) was utilised to purchase land and property at Grove Lane for the proposed new hospital project. The Trust Value excluding Grove Lane land and property purchases is £74.95, just above the upper quartile.

### Total Capital Investment – Upper Quartile

Finance	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Total Capital Investment	£	17,318,078	5,174,605	7,626,047	13,750,379

### Total Capital Investment per Occupied Floor Area – Upper Quartile

Finance	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Total Capital Investment per Occupied Floor Area	£/m <sup>2</sup>	112.97	34.82	50.94	94.80

The capital invested in new build together with the £5.4 million invested in improving existing buildings and addressing statutory standards has resulted in the total capital investment being above the upper quartile. The Trust value excluding Grove Lane land and property purchases is £108.80, placing the Trust above the Upper Quartile.

#### Total backlog cost – Upper Quartile

Quality of Buildings	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Cost to eradicate Backlog	£	96,659,400	9,298,253	20,919,816	42,488,791

Significant investment has been utilised from Capital Programme to address high and significant backlog and minimise risk to the organisation. It is accepted that the Trust will continue to have a very high backlog maintenance until such time as the Midland Metropolitan Hospital is opened. The emphasis must continue to be to keep high and significant backlog to a minimum.

#### Percentage of Risk Adjusted Backlog to Total Backlog – Lower Quartile

Quality of Buildings	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Percentage of Risk Adjusted Backlog to Total Backlog	%	7.90	16.95	33.05	55.57

Despite reporting a huge figure required to eradicate total backlog maintenance, the Trust has continued to expend Capital investment in addressing Statutory Standards which has resulted in a large reduction of high and significant risks.

#### Total Energy Cost per Occupied Floor Area – Upper Quartile

Energy	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Total Energy Cost Per Occupied Floor Area	£/m <sup>2</sup>	30.96	24.86	27.02	28.85

The ageing estate containing many buildings with low energy performance results in a high energy input to maintain required environmental conditions. As a result of the Estate Rationalisation programme a number of buildings closed during 2012/13. Though the reduced occupied floor area was reported in the submitted data the energy consumed up until closure was included for these buildings. Had the building closures not happened, the Trust figure would have been £28.67 which is below the upper quartile.

#### Contracted Out Services per Occupied Floor Area - Lower Quartile

Contracted Out Services	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Contracted Out Services per Occupied Floor Area	£/m <sup>2</sup>	16.28	33.31	66.96	149.86

The majority of Facilities services are in-house inclusive of PTS and Security.



Total Hard FM (Estates) and Soft FM (Hotel Services) costs (Cost of Occupancy) per Occupied Floor Area Upper Quartile

Finance	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Total Hard FM (Estates) and Soft FM (Hotel Services) costs (Cost of Occupancy) per Occupied Floor Area	£/m <sup>2</sup>	425.41	237.63	313.51	404.90

The Hard and Soft FM costs for all the buildings during the Estate Rationalisation programme are included within the reported figure. However the floor area following these closures was reported therefore placing the Trust above the upper quartile. Had the buildings not closed the Trust figure would have been £394.07 which is below the upper quartile.

Gross Cost of Inpatient Services per Main Meals Requested (Cost per Inpatient Meal) – Upper Quartile

Food Services	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Gross Cost of Inpatient Meal	£/meal	4.35	3.02	3.45	4.18

The reason for this figure being above the upper quartile is being investigated.

Cost of Laundry and Linen Services per Item (Upper Quartile)

Laundry and Linen	Unit	Trust Value	Lower Quartile	Median	Upper Quartile
Cost of Laundry and Linen Services per Item	£/item	0.41	0.27	0.31	0.37

The reason for this figure being above the upper quartile is being investigated.

## **9.0 PATIENT LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE) – ACHIEVING OBJECTIVE 7**

### **9.1 External PLACE Audits 2013**

The audits for 2013 were held later in the year and were undertaken between 2<sup>nd</sup> April and 29<sup>th</sup> June 2013. Trusts and other participating organisations no longer determine the date(s) on which to undertake the assessments. The Health and Social Care Information Centre (HSCIC) has given Trusts and other organisations six weeks notice of the week in which assessments at any particular hospital/unit are to be undertaken. Notification was received in relation to all of the assessment dates for our Trust and they were undertaken as detailed below.

- City Hospital – Friday 19<sup>th</sup> April 2013
- Leasowes PCT – Friday 3<sup>rd</sup> May 2013
- Rowley – Friday 24<sup>th</sup> May 2013
- Sandwell – Wednesday 5<sup>th</sup> June 2013
- BTC – Thursday 13<sup>th</sup> June 2013

Feedback from the audits are that the overall standards are very good and the majority of the detailed checks have passed, there were a few qualified passes and a couple of failures that are being addressed.

The NHS Information Centre have indicated the results of the PLACE 2013 programme for Cleanliness, Food, Privacy and Dignity and Condition Appearance and Maintenance score for each hospital within the Trust. However, the results need to be verified prior to release, confirmation is expected by 18<sup>th</sup> September 2013.

<b>Site Name</b>	<b>Cleanliness Score</b>	<b>Food Score</b>	<b>Privacy &amp; Dignity Score</b>	<b>Condition Appearance &amp; Maintenance Score</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
SANDWELL GENERAL HOSPITAL	99.32	92.81	97.08	95.96
CITY HOSPITAL	97.32	90.38	96.32	94.96
EYE HOSPITAL	99.79	95.05	95.00	97.14
ROWLEY REGIS HOSPITAL	98.37	94.81	89.73	92.68
LEASOWES	100.00	94.37	95.00	89.81

Percentages TBC.

## 10.0 SUMMARY DISPOSAL AND PROCEEDS OF SALE – ACHIEVING OBJECTIVE 8

The Trust currently provides its services from an estate that covers over 80 acres and 170,000m<sup>2</sup> of buildings. There are currently a number of building areas that have been vacated and plans are developing to vacate further areas as the Trust improves its performance and implements the interim reconfiguration. The Estates division are developing plans to “right size” its estate by closing peripheral buildings through the Estate Rationalisation Transformation Savings Plan. However, until such time as the Outline Planning Application and Outline Business Case for the Midland Metropolitan Hospital have been approved and there is much more certainty about the future of the remaining estate, site disposal will be put on hold.

An Estates Terrier summary of the three existing sites is shown in Table 2 below:

General Information	City Hospital <sup>(1)</sup>	Sandwell Hospital <sup>(2)</sup>	Rowley Regis Hospital <sup>(3)</sup>	Leasowes Intermediate Care
Gross internal site floor area	98,2210 m <sup>2</sup>	61,762m <sup>2</sup>	8,735m <sup>2</sup>	980m <sup>2</sup>
Occupied floor area	87,148m <sup>2</sup>	54,614m <sup>2</sup>	8,735m <sup>2</sup>	921m <sup>2</sup>
NHS Estate occupied floor area	87%	100%	100%	100%
Site heated volume	202,763m <sup>3</sup>	138,442m <sup>3</sup>	22,760m <sup>3</sup>	2,211m <sup>3</sup>
Site building footprint	60,067m <sup>2</sup>	27,790m <sup>2</sup>	4,868m <sup>2</sup>	980m <sup>2</sup>
Site land area	19.47 hectares	8.14 hectares	2.76 hectares	0.84 hectares
Leased in land area <sup>(2)</sup> All Saints Way Car Park Hallam Street Car Park (2.66h) Unit 3, Church Lane, West Bromwich, (no details of land or buildings)	Nil	2.97 hectares	Nil	
Patient occupied floor area	59,940m <sup>2</sup>	32,285m <sup>2</sup>	5,990m <sup>2</sup>	600m <sup>2</sup>
Non-patient occupied floor area	27,207m <sup>2</sup>	22,329m <sup>2</sup>	2,745m <sup>2</sup>	321m <sup>2</sup>
Unoccupied floor area	11,063m <sup>2</sup>	7,148m <sup>2</sup>	Nil	59m <sup>2</sup>
Main circulation area	7,300m <sup>2</sup>	8,012m <sup>2</sup>	832m <sup>2</sup>	115m <sup>2</sup>
Leased in floor area	Nil	Nil	Nil	Nil
Leased out floor area <sup>(1)</sup>	869m <sup>2</sup>			Nil
Artificial Eye BHBN				
Leased out floor area <sup>(2)</sup>		60m <sup>2</sup>		Nil
WRVS MRI 24 and 25 Hallam Close GP Deputising?				Nil
Leased out floor area <sup>(3)</sup>			Nil	Nil
Temporary buildings and portacabins	540m <sup>2</sup>	176m <sup>2</sup>	Nil	Nil

## 11.0 DEVELOPMENT CONTROL PLANS – ACHIEVING OBJECTIVE 8

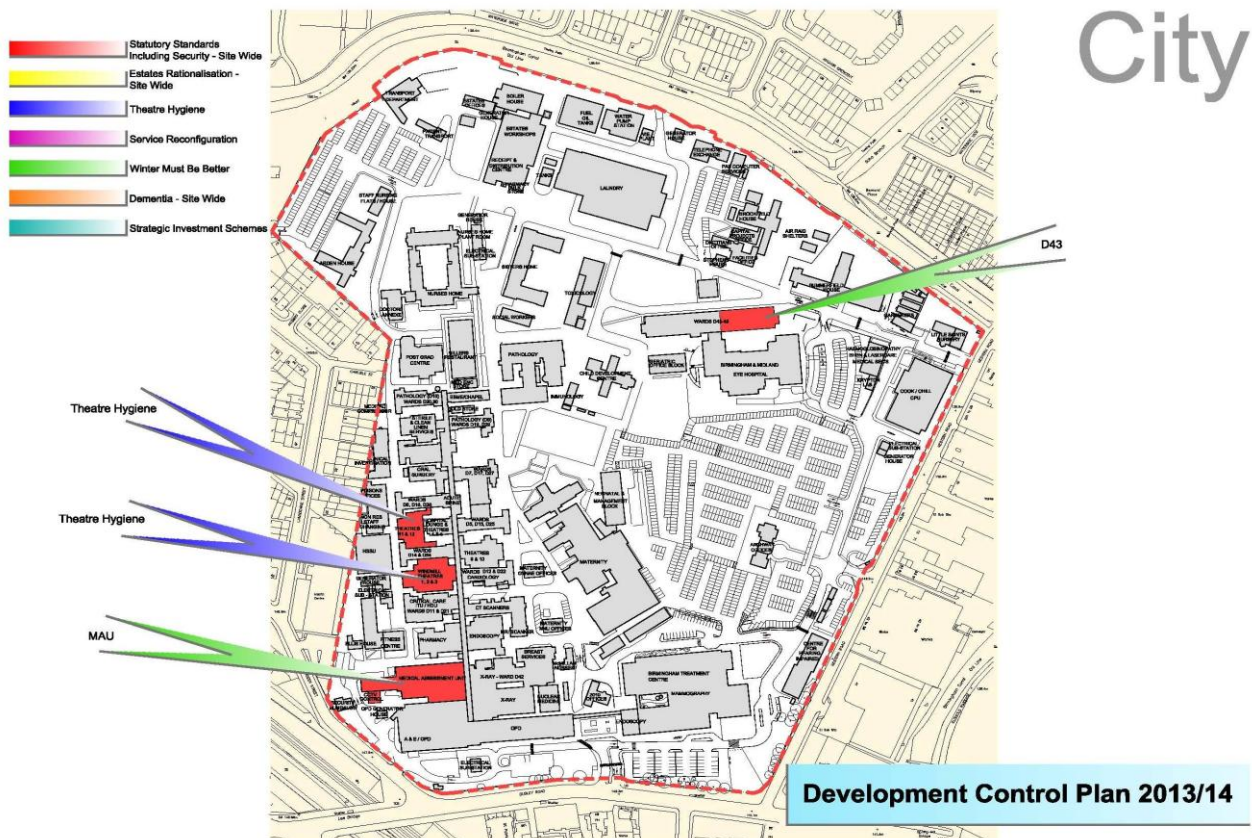
The Trust's Development Control Plan has to take into account clinical service requirements in the form of:-

- Clinical service developments
- Clinical service reconfigurations
- Clinical service Transformation Savings Plans
- Long Term clinical configuration

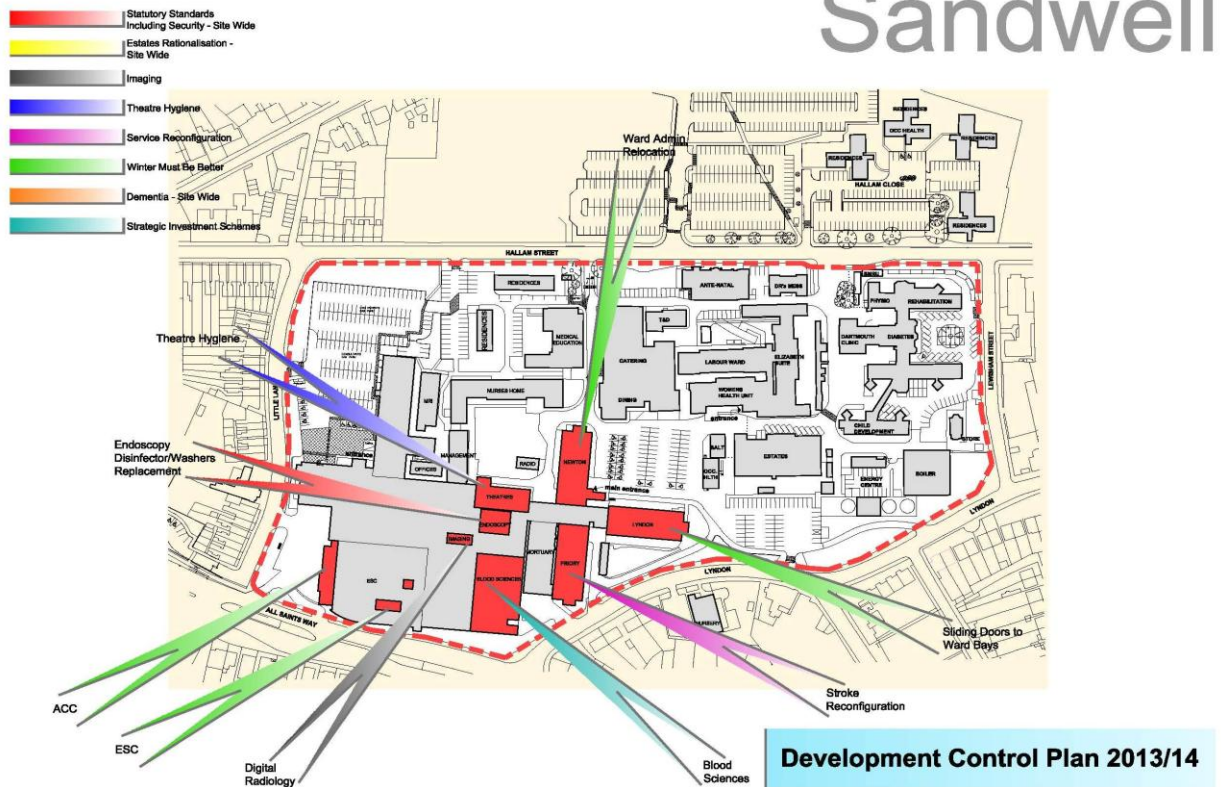
Estates related issues:-

- Condition of the estate
- Statutory Compliance issues
- Transformation Savings Plans - Estates Rationalisation Programme
- Long term estates plans

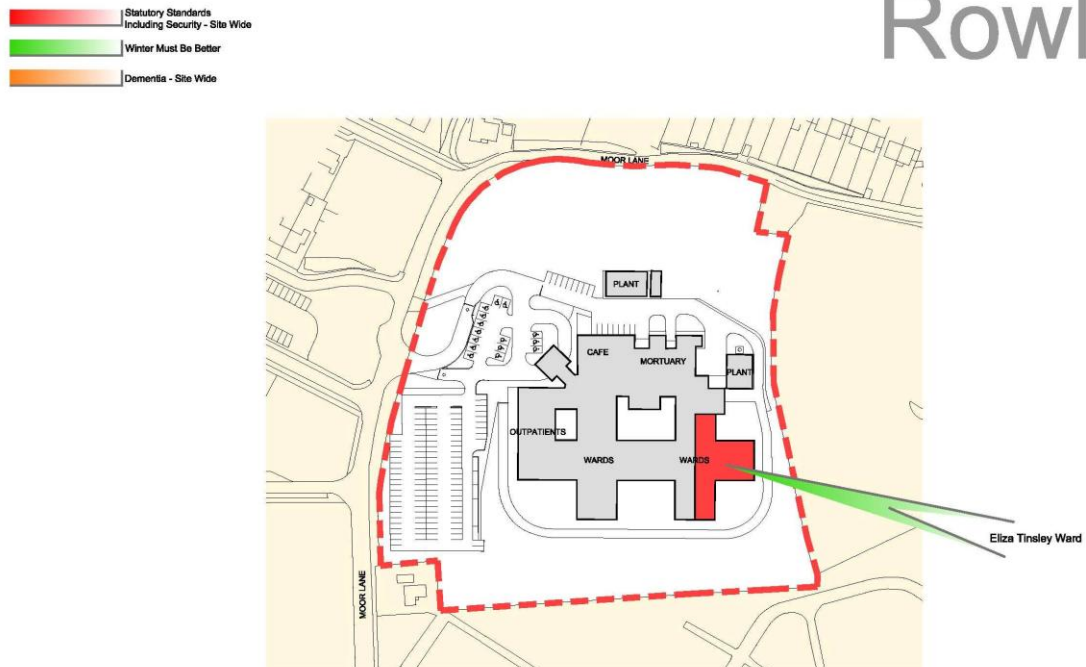
The following illustrations show the 2013/14 development control plans for each site:



# Sandwell



# Rowley



## 11.1 Development Control Plan for City Hospital 2014/15 to 2017/18

These plans need to be updated following further discussion with the groups and feedback from the Transformation Savings Plans.

	Clinical Service Development	2014/15	2015/16	2016/17	2017/18
1.	Achieving Right care Right Here Activity projections	Over time should release acute capacity (beds & clinics) but requires increase in community capacity Initial increase in acute beds in 13/14 but the intention is for these to be closed again by 15/16.			
2.	Other Possible Reconfigurations: Clinical Haematology (inpatients)	If inpatients integrated onto one site will need increase in beds for the specialty on that site & possible ward refurbishment e.g. hepafiltration to some isolation rooms (areas currently where service delivered are: Newton 5, BTC, D7 & D41- think D41 pts moving to other wards at City as part of winter 13 plans). Any change likely to happen in 14/15 (assuming consultation required).			
3.	Other Possible Reconfigurations: emergency PPCI (Cardiology) Any change unlikely to be before 14/15 unless emergency change	If emergency PPCI or all PCI integrated onto one site may need increase in CCU/Cardiology beds on that site & review of Cardiac Cath Lab capacity & upgrade of Cath Lab (City). Areas currently where service delivered are: City & Sandwell - CCU, Cath Lab, Cardiology ward on each site. Any change likely to happen in 14/15			
4.	Other Possible Reconfigurations: Interventional Radiology (IR). Others may be identified via specialty strategies or TSPs	If IR based on one site may have implications for recovery space in Imaging & upgrade of existing rooms/equipment (especially at Sandwell) likely to stay on both sites until MMH although not finalised yet. Still under review.			
5.	Development of Gynae Oncology as supra regional service; may include reconfiguration of	May have implications for equipment, theatre capacity, beds			



	Urogynaecology (in partnership with BWH), increase in laparoscopic surgery, development of radical & ultra radical surgical skill (including with colorectal surgery). 2014/15 to 2015/16			
6.	Development of specialist/tertiary Ophthalmology Services; includes developing R&D capacity, securing national or regional commissioned status for specialised services in e.g. mucous membrane pemphigoid, posterior Uveitis, scleral contact lenses etc., enhancing training facilities. 14/15-17/18	Will have implications for BMEC capacity in outpatients especially, development of teaching facilities e.g. simulation theatre and potential development of private patient facilities.		
7.	Development of Breast Surgery including Oncology plastic work, expansion of breast screening service. 14/15-15/16	Unclear at this stage but will require investment in Imaging technology		
8.	Review of Theatre capacity and activity to determine if closures can be made. 2014/15.	2014/15		
9.	Development of minor ops facility BTC	2014/15		
10.	Imaging – 4 <sup>th</sup> CT scanner	2014/15-15/16		
11.	Imaging 3 <sup>rd</sup> MRI ; site unclear but would make sense to be at City next to BTC in line with long term plans	2014/15-15/16		

## 11.2 Development Control Plan for Sandwell Hospital 2014/15 to 2017/18

	Clinical Service Development	2014/15	2015/16	2016/17	2017/18
1.	Achieving Right care Right Here Activity projections	Over time should release acute capacity (beds & clinics) but requires increase in community capacity as for City			
2.	Other Possible Reconfigurations: Clinical Haematology (inpatients & chemotherapy units)	If inpatients integrated onto one site will need increase in beds for the specialty on that site & possible ward refurbishment e.g. hepafiltration to some isolation rooms (areas currently where service delivered are: Newton 5, BTC, D7 & D41- think D41 pts moving to other wards at City as part of winter 13 plans). Any change likely to happen in 14/15 (assuming consultation required).			
3.	Other Possible Reconfigurations:	If emergency PPCI or all PCI integrated			



	emergency PPCI (Cardiology)	<p>onto one site may need increase in CCU/Cardiology beds on that site &amp; review of Cardiac Cath Lab capacity &amp; upgrade of Cath Lab (City). Areas currently where service delivered are: City &amp; Sandwell - CCU, Cath Lab, Cardiology ward on each site. Any change likely to happen in 14/15 (assuming consultation not required). Assume any reconfiguration will be to City site &amp; therefore expansion at City in above areas.</p> <p><b>All subject to consultation if necessary.</b></p> <p>Any change likely to happen in 14/15</p>			
4.	Other Possible Reconfigurations: Interventional Radiology (IR). Others may be identified via specialty strategies or TSPs	<p>If IR based on one site may have implications for recovery space in Imaging &amp; upgrade of existing rooms/equipment (especially at Sandwell)</p> <p>As for City</p>			
5.	Medical Day Case Unit	Medical Day Case Unit 14/15-15/16			
6.	Development of part of Lyndon 2 into an SAU	Development of part of Lyndon 2 into an SAU 14/15			

### 11.3 Development Control Plan for Rowley Regis Hospital 2014/15 to 2017/18

	Clinical Service Development	2014/15	2015/16	2016/17	2017/18
1.	Expansion of market share for Ophthalmology with growth from Dudley residents	Increase in outpatient activity			
2.	Relocation of School Health Nurse office base into one centre RRH	2014/15			
3.	Primary Care Assessment and Treatment bed pilot	Additional beds/reallocation of space			

## 11.4 Development Control Plan for Community 2014/15 to 2017/18

	Clinical Service Development	2014/15	2015/16	2016/17	2017/18
1.	Increase in Health Visitors (Sandwell Community).	Additional bases required for additional staff; needs discussion with GPs re best locations	Additional bases required for additional staff; needs discussion with GPs re best locations	Additional bases required for additional staff; needs discussion with GPs re best locations	
2	Review of Bradbury Day Hospice	Either closure or development of facility to meet new service model. Likely to start in 13/14/ but go into 14/15.			

## 12.0 STRATEGIC OPTIONS FOR ESTATE CHANGE

### 12.1 Where are we now?

Sandwell and the west of Birmingham have some of the highest levels of deprivation in the country. This is a major factor in determining the poor health of the diverse and disadvantaged communities. Local health and social care services face very challenging health needs that are a major cause for concern. For example:

- Men and women live three to four years less than the national average
- Infant mortality rates are high, in some parts they are twice the national average
- One in five people have a long-term illness that affects their daily life
- There is significant variation in health status within the area, and in general Black and Minority Ethnic groups have poorer health than others.

The need for major investment to develop and improve health and social care services to address these needs was formally recognised by the development of a Strategic Outline Case during 2003 and 2004. The Strategic Outline Case sets out a clear direction of travel to deliver a vision of improved physical, mental and social wellbeing for the population of Sandwell and the west of Birmingham and described the need to redesign the whole health and social care system by creating a major step change in service provision.

The Strategic Outline Case indicated a required rebalancing of capacity to reflect a substantial transfer of care into a primary care setting alongside a demanding performance improvement in acute hospital services. Substantial reductions in hospital lengths of stay are anticipated, with much of the consequent reduction in acute hospital capacity being re-provided in new services and facilities closer to people's homes. Investment in community health and social care services, as well as investment in acute hospital facilities, is seen as key to making the vision a success. This investment will also enable new models of care to be put in place in advance of any changes to acute hospital facilities.

The development of an Outline Business Case for all of the investment needed across the local health and social care system commenced under the auspices of the Right Care Right Here Partnership.

Milestones of progress;-

- The Strategic Outline Case was approved by the Department of Health in July 2004.
- Department of Health approved the Outline Business Case in August 2009 to enable application for Trust to activate a Compulsory Purchase Order. Caveats were made that HM Treasury would need to approve the Outline Business Case before procurement is initiated.

- Compulsory Purchase Inquiry completed in June 2010 and Secretary of State Health confirmed that the Compulsory Purchase Order can be made in January 2011.
- Right Care, Right Here review to the programme and subsequent scope review process leading to revision of size of the Midland Metropolitan Hospital and change to assumptions (Trust will now retain facilities on the City and Sandwell sites) - winter 2009/10. Driven by more adverse financial environment.
- Full update of the Outline Business Case approved by Trust Board in September 2010 and Strategic Health Authority in October 2010 – this addressed the new requirements to meet International Financial Reporting Standards to model partial indexation and to meet Monitor's Prudential Borrowing Ratios.
- General Vesting Declaration 1 activated in July 2011 – the most complex properties are now owned by the Trust (taking ownership to circa 50% of the total site).
- Detailed Department of Health scrutiny of the Outline Business Case and Long Term Financial Model (LTFM) during 2011 /12, approval not yet granted.
- Procurement documents completed by September 2011.
- General Vesting Declaration activated in June 2012 – secures all remaining areas of the site.
- HM Treasury review of Private Finance Initiative procurement route commenced with collection of evidence in December 2011, report pending.
- Outcome of HMT review announced, PF2 initiative launched, Trust project timescales re-established

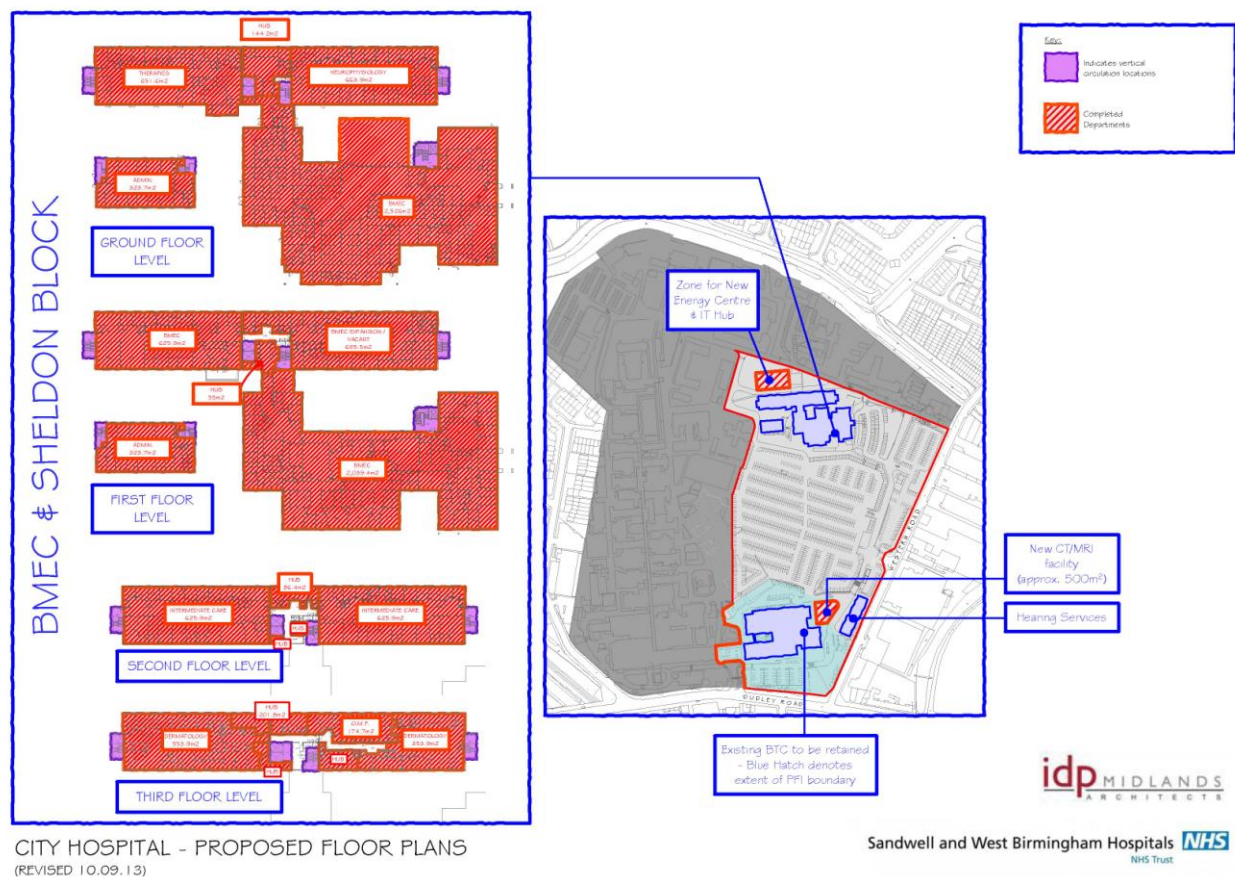
Task	End date
Complete Trust Assurance Process including workforce strategy	September
Update FT LTFM to new version with detailed CIP plans for 14/15 and 15/16	November
Fully revised LTFM approved SWBH Board	End November
Trust issues notice to quit to remaining tenants at Grove Lane	September
Architectural Design Refresh	September / October
Update Procurement Documents	November
Agreement of PF2 Update of documentation	December / January
DH/ NHSTDA approve OBC & updated PF2 Documents	December /January
Commence Pre Market Engagement	December
Final SWBH Board approval to issue OJEU	End January 2014
HMT approve OBC & updated PF2 Documents	February 2014
Secretary of State Approval Letter	February 2014
Issue OJEU Notice	March 2014
ITPD issued to 3 Bidders	April 2014
3 Bidders reduced to 2 Bidders	August 2014
Draft ABC to request permission to close dialog issued	End January 2015
Approvals Process DH, NHSTDA/Monitor and HMT Closure of Dialogue letter issued	End March 2015
Final ABC approved and Preferred Bidder Appointed	June 2015

Task	End date
CBC approved and Financial Close	January 2016
Construction	August 2018
Commissioning	October 2018
New Hospital Opens	October 2018

## 12.2 RCRH Community Facilities

SWBH will continue to provide healthcare services from its Trust owned estate that comprises City, Sandwell, RRH and Leasowes Intermediate Care. These sites will be reconfigured to support relocation of acute inpatient services to MMH. Work has been undertaken to establish DCPs for each site. These are illustrated below:

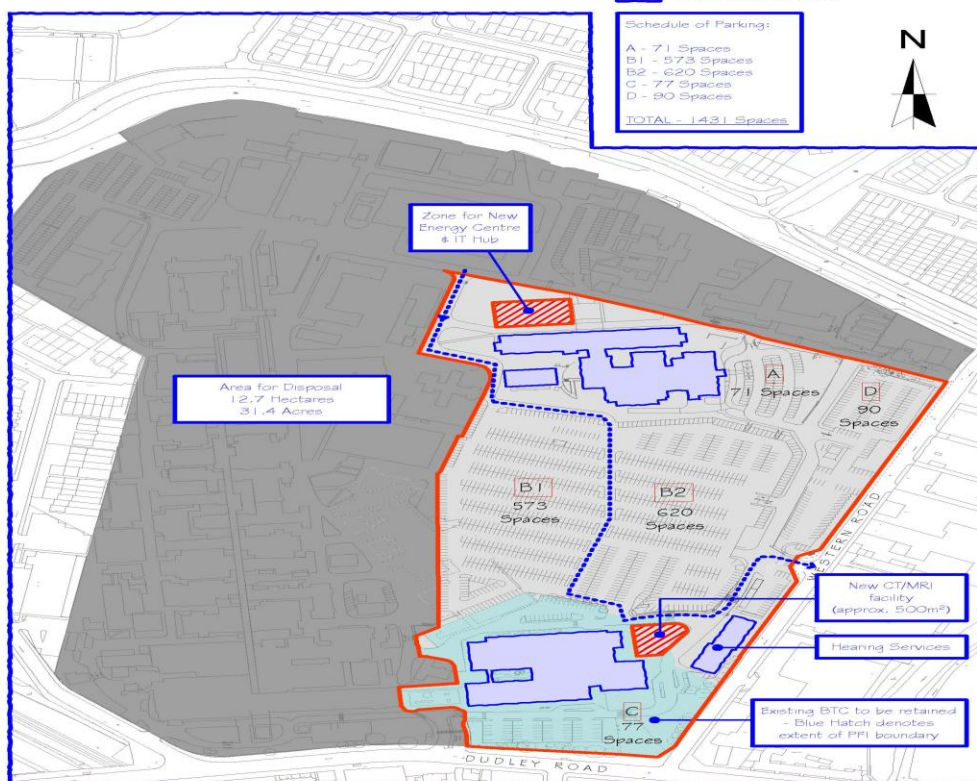
### City Hospital Site



- Denotes extent of proposed new retained estate boundary 7.46 Ha (18.4 Acres)
- Denotes Existing Building to be retained as part of retained estate solution

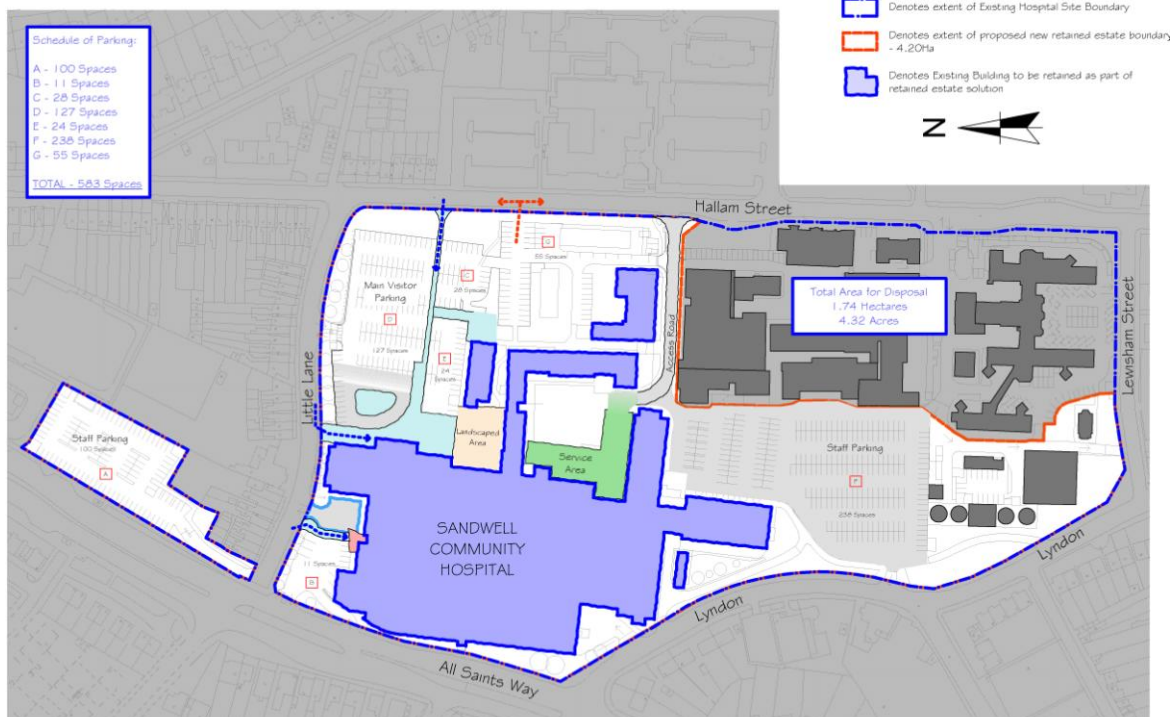
Schedule of Parking:

A	- 71 Spaces
B1	- 573 Spaces
B2	- 620 Spaces
C	- 77 Spaces
D	- 90 Spaces
<b>TOTAL</b>	<b>- 1431 Spaces</b>



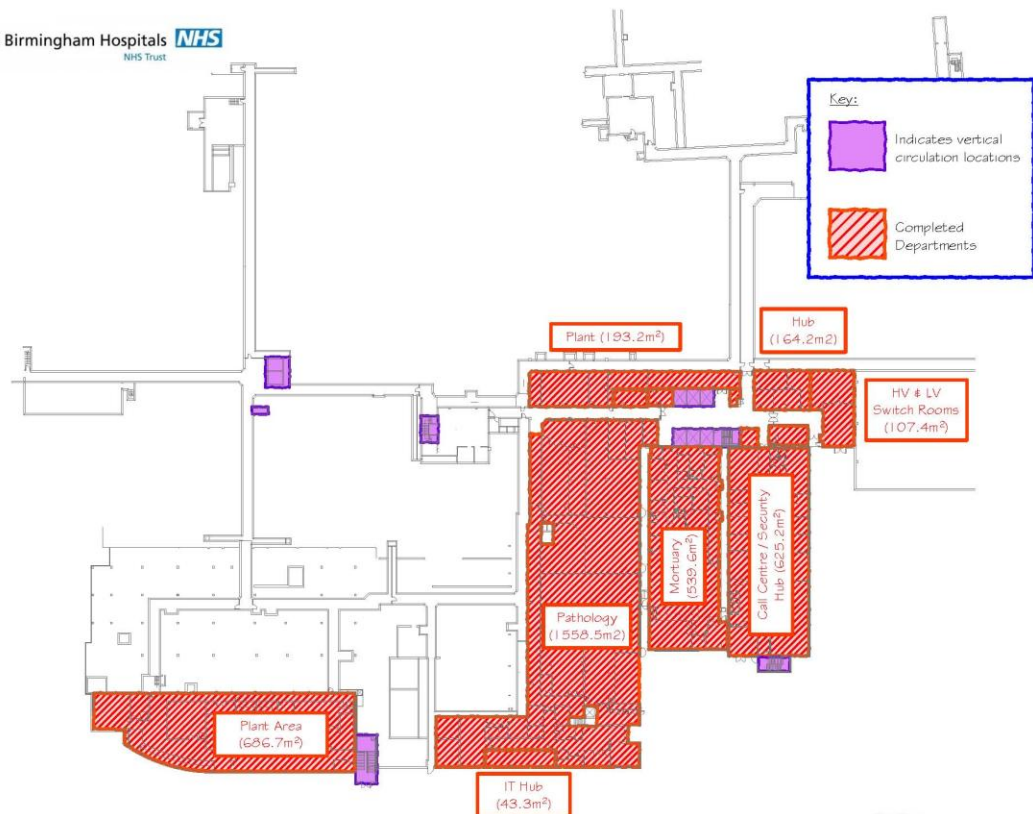
CITY HOSPITAL  
PROPOSED SITE PLAN (V4) SEPTEMBER 2013

### Sandwell Hospital Site

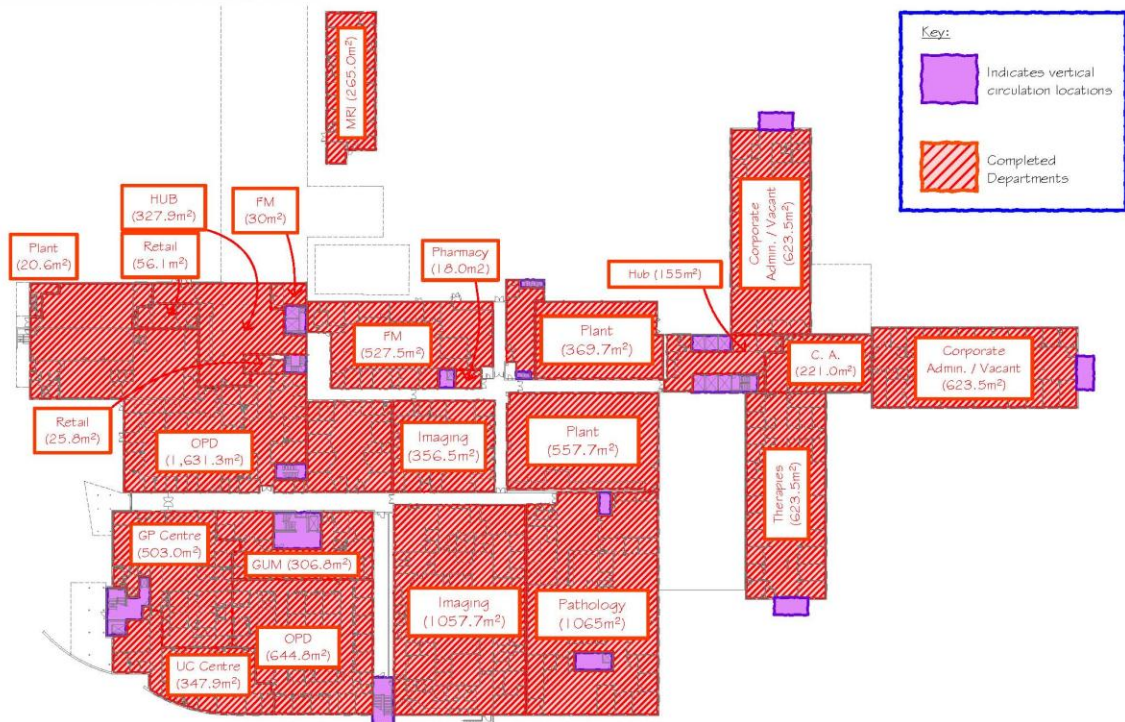


SANDWELL HOSPITAL  
PROPOSED SITE PLAN (V4) SEPTEMBER 2013

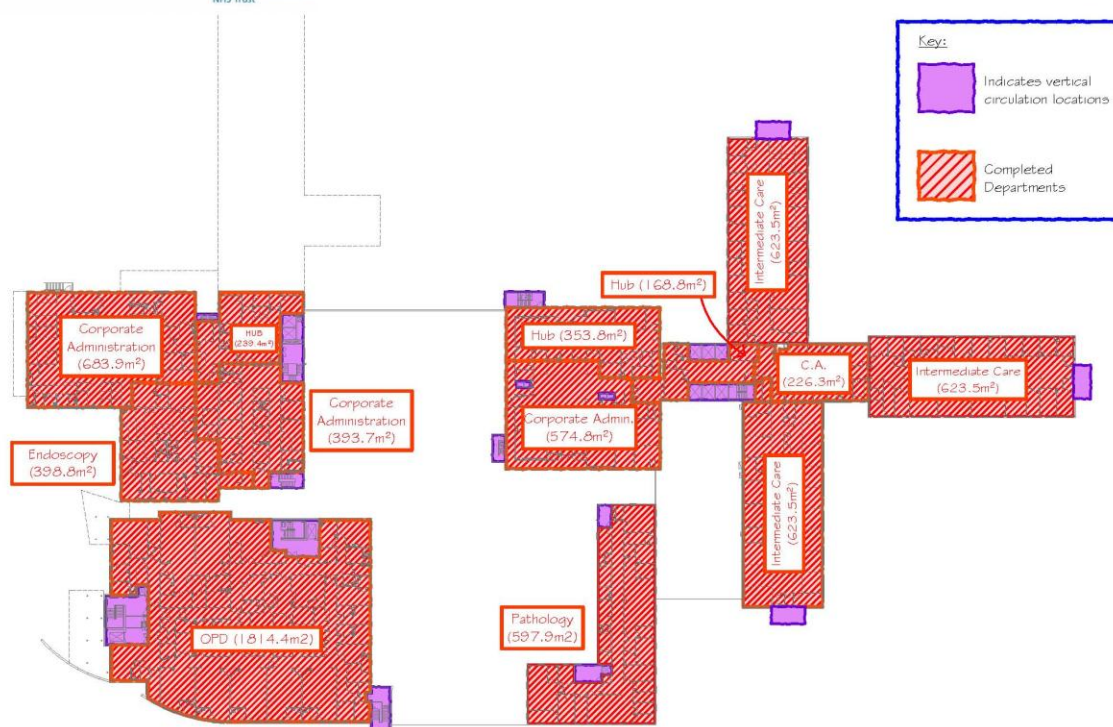




SANDWELL HOSPITAL - PROPOSED LOWER GROUND FLOOR PLAN  
(REVISED 11.09.13)

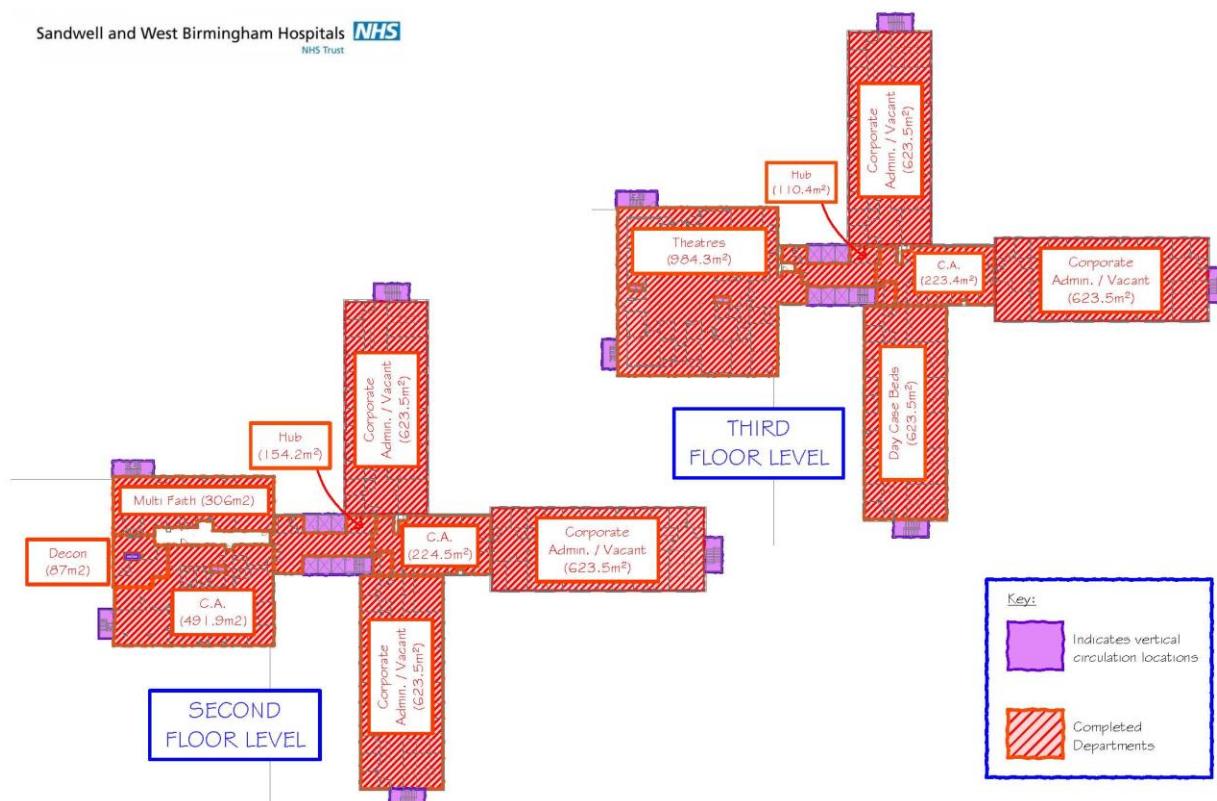


SANDWELL HOSPITAL - PROPOSED GROUND FLOOR PLAN  
(REVISED 11.09.13)



SANDWELL HOSPITAL - PROPOSED FIRST FLOOR PLAN  
(REVISED 11.09.13)

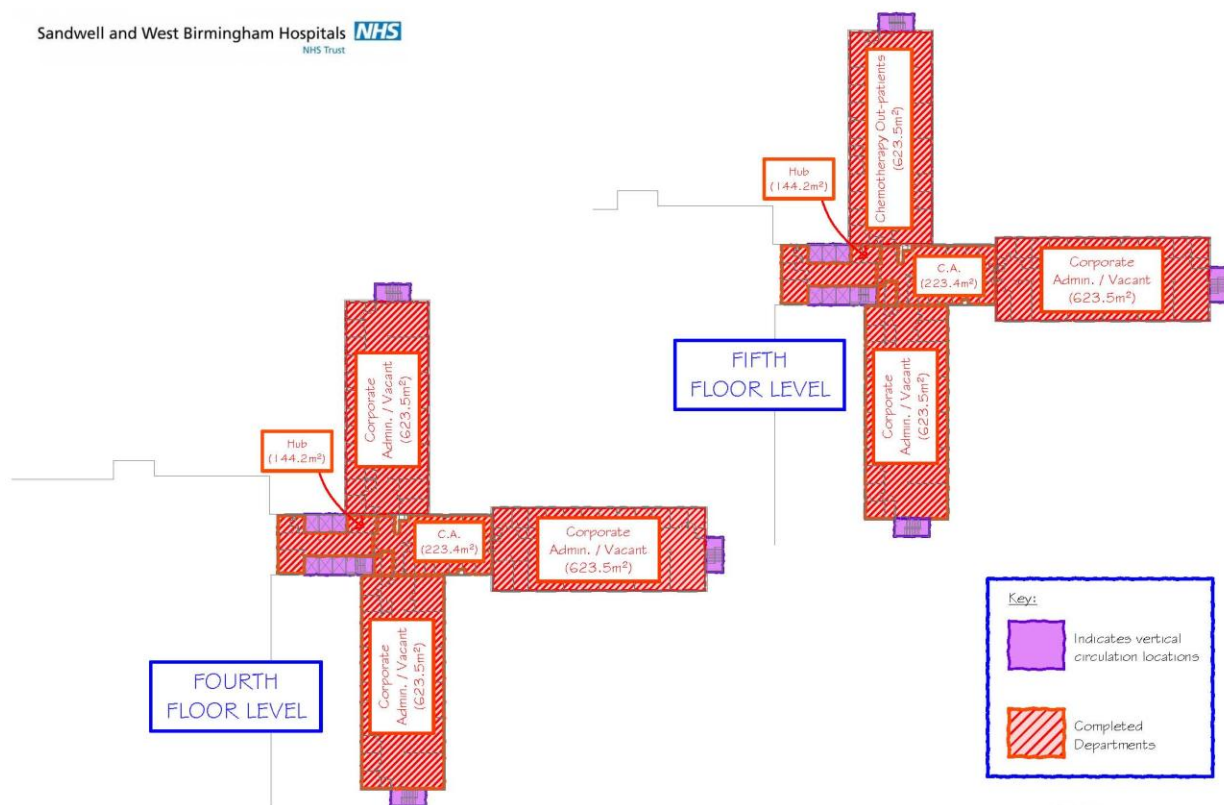
idp MIDLANDS  
ARCHITECTS



SANDWELL HOSPITAL - PROPOSED 2nd & 3rd FLOOR PLANS  
(REVISED 11.09.13)

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ARCHITECTS

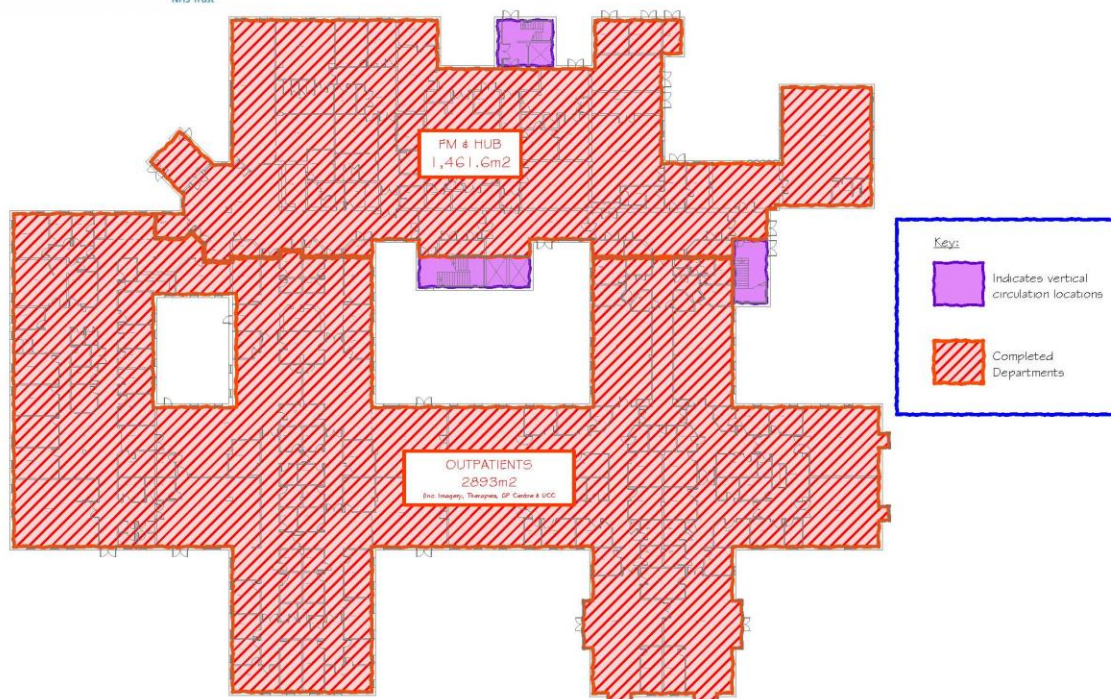




SANDWELL HOSPITAL - PROPOSED 4th & 5th FLOOR PLANS  
(REVISED 11.09.13)

**idp** MIDLANDS  
ARCHITECTS

## Rowley Regis Hospital Site



ROWLEY REGIS HOSPITAL - PROPOSED GROUND FLOOR PLAN  
(REVISED 28.08.13)

**idp** MIDLANDS  
ARCHITECTS



ROWLEY REGIS HOSPITAL - PROPOSED FIRST FLOOR PLAN  
(REVISED 28.08.13)

### 12.3 Non-Trust Community Estate

The Trust provides services from non-owned estate. Over the coming 12 months SWBH with its partners need to develop an estates strategy to support clinical services in the community. These partners will include CCGs, Local Authorities, NHS Property Services and Community Health Partnerships who all have an interest in ensuring the estate is optimised for clinical care.

Properties in which community facilities are currently delivered are detailed below. These are currently under review with the CCG.

Beeches Road Childrens Centre, Beeches Road, West Bromwich, B70 6QE
Bradbury Day Care Centre, Wolverhampton Road, Oldbury B68 8DG
Burnt Tree Childrens Centre, 20-25 Tividale Street, Tipton. DY4 7SD
Cape Hill CC, Cape Hill, Smethwick
Cape Hill Medical Centre, Raglan Rd, Smethwick B66 3NR
Central Clinic, Horsley Rd Tipton DY4 7NB
Cradley Heath Surestart, Valley Road, Cradley Heath, B64 7LR 01384 414747
Crocketts Lane School
Dr K Paramanathan, The Surgery, 348 Bearwood Road, Smethwick, B66 4ES
Edward Street Hospital, Edward Street, West Bromwich. B70 8NL
Friar Park Clinic, Friar Park Road, Wednesbury WS10 0JS
Gayton Road Community Centre,
Glebe Fields HC, St Marks Rd Tipton DY4 0SN
Great Barr Group Practice, 912 Walsall Road, Great Barr, Birmingham. B43 7QP
Great Bridge Children's Centre, Sheepwash Lane, Great Bridge, Tipton, DY4 7JF
Green Acres Childrens Centre, Brennand Road, Oldbury B68 0ST
Greets Green Childrens Centre, Wattle Road, West Bromwich, B70 9EZ

Haden Hill Leisure Centre, Barrs Road, Cradley Heath, B64
Hallam Street Hospital
Hateley Heath FETC, Huntingdon Road, Hateley Heath. B71 2RP
Heath Lane Hospital, Heath Lane, West Bromwich, B71 2BQ
Hillside Children's Centre, Pennyhill Primary School, Hollyhedge Road, Stone Cross, B71 3BU
Hill Top Medical Centre, (Dr Hanna/Sunday Surgery), 15 Hill Top Road Oldbury Warley. B68 9DU
Hollybush Medical Centre, 435 Hagley Road West, Quinton B32 2AD
Holly Lane Clinic: Holly lane, Smethwick B66 1QN
Hurst Road Community Centre, Hurst Road, Smethwick, B67 6ND
Independent Living Centre(Wheelchair Service), Oldbury Road, Smethwick B66 1JA
Jubilee Health Centre, 1 Upper Russell Street, Wednesbury, WS10 7AR
Langley Leisure Centre
Leasowes Intermediate Care Centre, Oldbury Rd, Smethwick B66 1JA
Lyng Centre, Frank Fisher Way, West Bromwich B70 7AW.
Mace St Clinic, Mace Street, Cradley Heath. B64 6HP
Malling Health Great Bridge, Unit 18 Black Country Park, Great Bridge Street, West Bromwich, West Midlands, B70 0EN
Malling Health Wednesbury, Wednesbury Leisure Centre, High Bullen, Wednesbury, West Midlands, WS10 7HP
Malling Health, Western Road, Langley Rood End, Oldbury, West Midlands B69 4LV 0121 612 3630
Meadows Sports College, Dudley Road East, Oldbury, B69 3BU
Mesty Croft Clinic, Alma Street, Wednesbury. WS10 0BQ
Neptune Health Park, Sedgley Rd West, Tipton DY4 8LT
Oldbury Health Centre, Albert Street, Oldbury, B69 4DE
Orchard School, Causeway Green Road, Oldbury B68 8LD
Popes Lane (TDC) Popes Lane, Oldbury, B69 4PJ
Portway Lifestyle Centre, Newbury Lane, Oldbury, B
Regis Medical Centre, Darby Street, Rowley Regis, B65 0BA
Rood End Childrens Centre, Greenwood Avenue, Oldbury, B68 8TE
Rowley Childrens Centre (Springfield) Dudley Road, Rowley Regis B65 8JY
Rowley Regis Hospital, Moor Lane, Rowley Regis B65 8DA
Rowley Learning Centre.(inc St Michaels, Westminster School and PRU)
Rowley Village Surgery, Rowley Village, Rowley Regis. B65 9AF
Sai Surgery, Slater Street, Great Bridge, DY4 7EY
Sandwell General Hospital B71 4HJ
SGS House, John's Lane, Tividale, B69 3HX
Sherwood House Surgery, 9 Sandon Road, Edgbaston. B17 8DP
Smethwick Library, High Street, Smethwick B 66 1AA
Smethwick Medical Centre, Regent Street, Smethwick. B66 3BQ
Spires Health Centre, Victoria Street, Wednesbury, WS10 7EH
Stone Cross Clinic, Jervoise Lane, Stone Cross. B71 3AR
Stone Cross Medical Centre, 291 Walsall Road, West Bromwich, B71 3LN
Stoney Lane Day Centre, Summer Street, West Bromwich, B71 4JA
Surestart Friar Park, Mesty Croft and Woods, Priory Family Centre, Dorsett Road, Wednesbury WS10 0JG
Surestart Nursery, Capehill and Windmill Lane, Corbett Street, Smethwick B66 3PX

Swanpool Medical Centre
Tanhouse Centre, Hamstead Road, Great Barr, B43 5EL
Tipton Surestart, 24 Ridgeway Road, Tipton, DY4 0TB
Tipton Swimming Centre. Alexander Road, Tipton, DY4 8TA
The Brambles, Yew Tree Estate(annexe of Hillside Children's Centre), Bramley Road, Walsall, WS5 4LE
Thimblemill Leisure Centre,
Thimblemill Library, Thimblemill Road, Smethwick B67 5RJ
Tividale Childrens Centre, Ashleigh Road, Tividale, B69 1LL
Uplands Manor Primary School
Victoria Health Centre: Suffrage Street, Smethwick B66 3PZ
Warley Medical Centre, Ambrose House, Kingsway, Oldbury B68 0RT
Wednesbury North Children's Centre, Woden Road North, Wednesbury, WS10 9LX
Wellman Building, Dudley Road East, Oldbury, B69 3DE 0121 569 7273
Whiteheath Clinic, Badsey Road, Whiteheath B69 1EJ
Yew Tree Healthy Living Centre, Redwood Rd., WS5 4LB
YMCA