

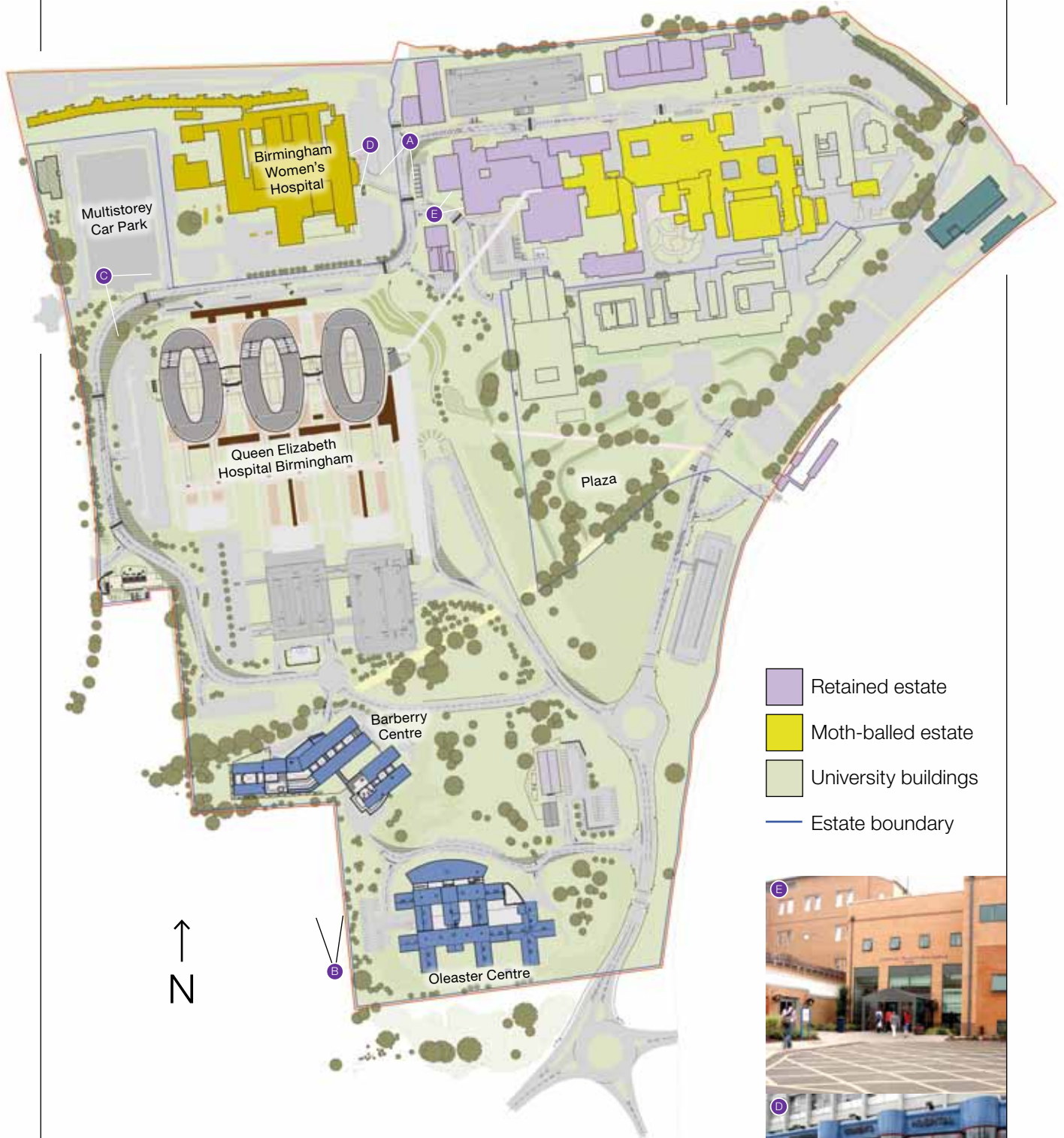
# Whole Site Master Planning Exercise 2008 > 2018

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Consultant Briefing Paper



# Queen Elizabeth Medical Centre



- Retained estate
- Moth-balled estate
- University buildings
- Estate boundary





## 1. Background

A well thought-out Whole Site Master Plan/Estate Strategy is essential to the provision of safe, secure, high-quality healthcare buildings capable of supporting current and future service needs. An Estate Strategy cannot be developed in isolation. Rather, it is an integral part of service planning.

The scale and pace of change in the NHS has never been greater. This is being driven by the Government's comprehensive agenda to modernise health and social services, as set out in a range of key documents, including:

- *The NHS Plan: A Plan for Investment, A Plan for Reform (2000);*
- *The NHS Improvement Plan: Putting People at the Heart of Public Services (2004);*
- *Standards for Better Health (2004);*
- *Creating a Patient Led NHS. Delivering the NHS Improvement Plan (2005);*
- *Commissioning a Patient Led NHS (2005); and*
- *Our Health, Our Care, Our Say – A New Direction for Community Services (2006).*

Combined with the tripling of investment in NHS staff and services from £30 billion to £90 billion in the decade from 1997, this has accelerated change and has transformed the quality of health and social care.

Evidence of this is seen in:

- The dramatic reduction in waiting times;
- Fewer people dying from cancer and heart disease;
- Accident and Emergency Services are faster and better; and
- People are increasingly being offered more choice about when and where they receive hospital treatment.

Sustaining these recent improvements within less rapidly expanding resources, whilst transforming the NHS into a truly patient led responsive service, where people are given the control and choice they have the right to expect as patients and tax payers, is the immediate challenge facing the NHS.

## **2. Background to the Trust and the Estate**

University Hospitals Birmingham NHS Foundation Trust (UHBFT ) is one of the largest NHS trusts in Britain. The Trust currently comprises of two large hospitals, Selly Oak and the Queen Elizabeth, located within a mile of each other in the south-western suburbs of the City.

The Trust has procured at £540M. new hospital development under a PFI 40 year concession with partners, Consort, Balfour Beatty and Haden Building Management. This is under construction on the Queen Elizabeth site and the first acute Phase will be commissioned in 2010.

The development is a joint undertaking with Birmingham and Solihull Mental Health Trust. This component of the development was completed and handed over in March 2008.

The Queen Elizabeth site, in particular, is adjacent to the Birmingham University campus and medical school. Birmingham University is a key partner organisation.

UHBFT is widely recognised as one of the top performing NHS Organisations. The Trust is the West Midlands leading teaching trust and hosts the Royal Centre for Defence medicine.

South Western Birmingham is undergoing significant suburban regeneration and the Trust's current sites sit in an area of major planned change which will see the development of an A38 High Technology Corridor through Selly Oak and Northfield.

University Hospitals Birmingham NHS Foundation Trust (the Trust) developed an estate strategy in 2005 which identified the service plans and the estate Development Control Plan (DCP) solution to accommodate the existing and future planned service developments. Principally this supported the business case for the procurement of the Birmingham New Hospitals Project and the closure of Selly Oak Hospital. Since the FBC for the New Hospitals Project, significant change has occurred both local health economy and nationally with changes in policies and initiatives.

Therefore the Trust wishes to develop and extend the original aims set out in 2005 and produce a new estates strategy which reflects the changing needs of the primary health services provided by the Trust and to take this forward in Estate terms to support the strategic aims of the organisation beyond 2010-12 when the new hospital development will be complete.

### 3. Summary of UHBFT's Service Strategy

This section provides potential bidders with a summary of the Trust's service strategy that was developed in 2006.

UHBFT provides both general and specialist hospital services. General services are provided for a population of around 400,000 people living mainly in south Birmingham.

Specialist services include cancer services, radiotherapy, heart, liver and kidney transplantation plastics and neurosurgery. The Trust also hosts the Royal Centre for Defence Medicine, providing the main UK centre for the treatment of seriously injured UK military personnel.

The Trust does not provide obstetrics, gynaecological and paediatric services, except for paediatric radiotherapy.

The Vision of the Trust is to provide the **Best** in Care. This vision is underpinned by a purpose and set of values:

#### Our Purpose

To provide leading edge healthcare for the people and communities we serve locally, nationally and internationally by delivering excellence in patient care through clinical expertise, research, innovation, teaching, training and support services.

#### Our Values

**Respect** We respect each other at all times with regard to age, disability, gender, position, race, religion and sexual orientation through **professionalism and courtesy**, treating all patients, colleagues, visitors, carers, communities and others as they would **wish to be treated**.

**Responsibility** We take **personal and collective responsibility** to do the best we can, working towards agreed individual and Trust-wide goals and expect to be held accountable and to challenge poor performance.

**Honesty** We are **open, have integrity and are inclusive** in our engagement and our decision processes.

**Innovation** We strive to be **responsive, creative and flexible**, always looking for ways to do things better. We trial **new ideas** and share best practice quickly and fully.



## 4. The Corporate Strategy

The Corporate Strategy set out eight strategic aims. These are:

1. Always put the needs and care of patients first.
2. Maintain our reputation and position at the leading edge of performance and quality.
3. Enhance our reputation for excellent financial management.
4. Provide an outstanding environment for the future.
5. Be an employer of choice.
6. Educate and train the healthcare staff of the future.
7. Research and develop healthcare services of the future.
8. Be a community asset and positively contribute to the regeneration activities for Birmingham and beyond working with all key stakeholders.

The strategic context for Acute Trusts is becoming more challenging. NHS funding increases to 2011/12 will be lower than they have been since 2001/02. The Darzi Review is likely to reinforce the commitment and desire to move services away from hospital settings. Practice Based Commissioning will also increasingly provide incentives for GPs to keep people out of hospital.

UHBFT, as the leading teaching Trust in the West Midlands is, to some degree, insulated from a number of these pressures. It is expected that, over time, tariff will increasingly recognise the additional costs of providing more specialist work, which is also less likely to be subject to competitive pressures. In addition, as the NHS increasingly focuses on quality and outcomes, Trusts such as UHB that provide a high volume of specialist work are likely to see work move towards them and away from Trusts with worse outcomes and lower activity.

The Trust has estimated future clinical activity levels. Table 1.1 sets out the assumptions made in the New Hospital Full Business Case.

Table 1.1: Comparative Activity and Performance 2004 to 2011

Category	2003/04	2010/11 FBC
Emergency inpatients	47,624	53,648
Elective inpatients	18,483	18,721
Day Cases	23,426	32,652
<b>Total FCEs (excl regular attenders)</b>	<b>89,533</b>	<b>105,020</b>

At the time of the FBC inpatient activity was estimated to rise by approximately 17% from 89533 Finished Consultant Episodes (FCEs) to 105,020 by 2010/11 (from a 2004 baseline, excluding regular attenders).

Outpatient activity was expected to rise by 11.93% between 2004 and 2010/11

A detailed bottom up activity projection was then undertaken in 2007 and based on 2006/07 baseline activity the conclusion was that inpatient activity would raise by 8.23% (set out in table 1.2) and outpatient activity would fall slightly, by 1.6% by 2010/11. This is based on midpoint activity assumptions.

Table 1.2

	Original FBC 2010/11 projection	Retested FBC 2010/11 projection (midpoint)
Elective IP	18721	18444
Emergency IP	53648	53093
Day Case	32652	28402
<b>Total (excluding regular attenders)</b>	<b>105020</b>	<b>99939</b>

The main drivers of this increase are changes in demography, technology and clinical practice, as opposed to specific actions that the Trust proposes to undertake. Within these totals it is expected that there will be a small shift from more general work towards more specialist work and some specialties will see no increases or a small decrease in activity. There is also a shift from elective inpatient activity to day case activity.



The main components of the Trusts' service strategy are:

1. To maintain the local secondary care workload because secondary and specialist work are closely interlinked and, to a degree, interdependent. The same staff generally undertake secondary and specialist work.
2. To consolidate and where possible expand the specialist work because it is this work that differentiates the Trust from local competitors.
3. To develop new services where these fit with the Trust's existing portfolio.
4. To provide our services to the very highest standards across all dimensions of quality.

We will achieve these objectives by:

- Providing services that respond to patient, GP and PCT requirements, including relocating services into community settings where this is clinically appropriate and cost effective. This may mean that some specialties will have a significant proportion of their outpatient activity delivered in community settings by 2012.
- Being innovative in the way in which we provide services, being early adopters of safe new technologies and practices and willing to rethink traditional ways of doing things
- Providing hub and spoke specialist services where feasible to protect and expand market share
- Maintaining good relationships with referring consultants and referring Trusts in order to maintain the flow of specialist referrals.
- Working closely with the University of Birmingham to provide education and research, recognising that these areas are significant brand differentiators for UHBFT.
- Actively bidding for research funds to consolidate and expand research activity, building on the existing co-location of clinical and academic research with wide ranging clinical specialties.
- Being open to mergers and acquisitions if this provides service or infrastructure benefits to UHB.
- Ensuring that UHB clinical services are perceived to be of high quality by:
  - Reducing the number of hospital acquired infections
  - Audit and comparison of clinical outcomes
  - Listening to patients and GP views of our services and responding to those views
  - Redesigning and reducing steps in the patient pathway
  - Reducing waiting times
  - Providing high quality physical facilities
  - Actively communicating our clinical, education and research successes





## 5. Proposed Commission Outputs

The Estate Strategy should be prepared in accordance with the guidance given in *'Developing an Estate Strategy'* 2nd Edition published on 31st March 2005 by NHS Estates, and *'Estatecode – Essential guidance on Estates and Facilities Management'* published by NHS Estates in 2003.

The commission will take the form of project managing data collection, service planning, interrogation, estate option solutions and investment strategy planning for the next 10 years and full authorship of a new strategy which will encompass the following elements.

### Current position

Develop performance database of the existing estate comprising of:

- Trust owned estate
- Trust leased estate

The methodology for capturing the estate performance data shall be based upon the guidance set out in Estatecode covering the six facet approach.

### Six facet survey

The six-facet survey shall be presented in an agreed form which covers in detail each facet and sub criteria. The Trust will require fully costed estimates for the following three facets where the overall condition falls below the acceptable standard, identifying where these costs relate.

- Physical Condition
- Statutory Requirements
- Environmental Management

The estate strategy will also include the current performance indicators in the form of radar capacity charts to benchmark its asset management against similar organisations and the national average for Trust clusters.

## **Future Service Vision**

The estate strategy must be a document which reflects the future service strategies developing within Trust. For example the Trust has recently established the Birmingham Clinical Research Academy and is developing a strategy for translational research. As this vision becomes clear it will feed in to the DCP.

The Trust has a good working relationship with Birmingham City Council's planning department and the DCP will be discussed with the planners as the strategy and vision emerges. Once completed it is expected that the DCP will be presented to both the planners and the Trust. Allowance should be made with the bid for these discussions.

The changing shape of acute care and the integration of research and academia will need to be fully reflected within the strategy.

The new Estate Strategy will provide a summary of these strategies reflecting the main national drivers and local initiative to develop an overall future service model. Interrogation of these strategies will be required to develop options for the configuration of service delivery and ultimately an estates solution which will enable the service models to be implemented.

## **Strategic Estate Planning & Investment**

A strategic investment plan will be provided, based upon the vision for the Trust's future service model within the context of the Trust's capital programme.

The investment plan shall reflect the planned development of the estate portfolio as detailed above over the next 10 years and shall also advise on future surplus estate and land currently owned by the Trust.





## 6. Information Available from the Trust

The following Trust specific information is available in electronic format following appointment.

### **Strategic Documentation**

- Clinical service strategy
- The Birmingham New Hospitals Project Full Business Case June 2006

### **Estates Documentation**

- Estate Terrier database
- Estate strategy 2004-2010
- ERIC Data Returns 2007
- Property portfolio database
- Six -Facet Survey Reports (hard copy 2000/2006)
- Surveys of existing estate buildings
- Capital Programmes

## 7. Company Profile & Relevant Experience

The Trust requires details of the consultancy company profile including professional disciplines, skill mix, previous work within the NHS of a similar nature providing examples of other Trust estate strategies within the last three years.

The Trust requires references from two Trusts where your company has been commissioned on developing estate strategies and estate performance database work within the past two years. Examples of previous estate strategy commissions will be required to be viewed by the Trust prior to appointment.

## 8. Timescale

The Trust requires the new estate strategy to be completed in full within a reasonable timescale to be agreed. The consultancy company shall be responsible for arranging survey visits, meetings and any workshops required with all relevant parties.

## 9. Consultant Profile/Project Team

The Trust requires details of the consultants who will be working on this project including experience, professional qualifications and position within the consultancy company.

The consultancy company shall provide the project team structure for the project and roles and responsibilities within this team providing CVs of each member. No sub-contracting of this commission or any part will be allowed without prior approval from the Trust.



## 10. Fee Bid

The fee bid for the development of the full estate strategy shall be based on a fixed fee for the duration of the project.

The Trust will require a breakdown of the fee bid by the following elements indicating each resource time allocation and skill type as detailed within the project team structure and consultancy profile:

- Estate database surveys and costs
- Data compilation and performance indicators
- Service vision interrogation
- Strategic estate solution planning and investment strategy
- Overall authorship, meetings and workshops

Included within the fee bid, the Trust will expect to receive:

- four colour hard copies of all data and documentation
- two electronic versions of all data and documentation

In addition to the fixed fee, the Trust request the daily charge out rates of each level of project team to be involved within the commission. These costs will be applied if there is a requirement to omit or add to the overall defined brief at the request of the authorised manager within the Trust.

UHBFT New Hospital Project Team April 2009