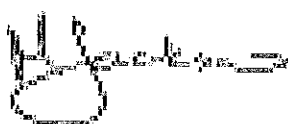


**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF GOVERNORS  
FRIDAY 19 JUNE 2009**

<b>Title:</b>	<b>BNHP PROGRESS REPORT</b>
<b>Responsible Director:</b>	Morag Jackson, New Hospitals Project Director
<b>Contact:</b>	Morag Jackson, New Hospitals Project Director, Ext 2946

<b>Purpose:</b>	To present an update to the Board of Governors.	
<b>Confidentiality Level &amp; Reason:</b>		
<b>Medium Term Plan Ref:</b>		
<b>Key Issues Summary:</b>	The key issue in this report is:  The Update on the New Hospitals Project.	
<b>Recommendations:</b>	The Board of Governors is requested to:-  <b>Accept</b> the progress reported in the New Hospitals Project Director's report.	
<b>Signed:</b>		<b>Date:</b> 8 June 2009

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF GOVERNORS  
FRIDAY 19 JUNE 2009

## BNHP PROGRESS REPORT

PRESENTED BY THE NEW HOSPITALS PROJECT DIRECTOR

### 1. Summary of Progress

Generally good progress continues to be made in all aspects of the New Hospitals Project.

### 2. Technical Services and Construction

#### 2.1 Progress on Ongoing Issues

##### 2.1.1 White Space Variation

The works associated with the White Space variation continue to progress on site. Payments authorised to date are all in line with the capped monthly figures.

##### 2.1.2 Other Major Variations

The other major variations continue to progress on site and this includes all the Major Medical Equipment rooms. A detailed programme for the installation works has been completed by the Trust. This has been reviewed by the JV and they are now finalising detail for the finishing and attendance works.

##### 2.1.3. Infrastructure Works and Demolitions

The old boiler house site has now been cleared ready for the construction of the proposed Hospital Link Road.

##### 2.1.4 Selly Oak Site Master Planning Update

The SPG is due to be approved in June 2009.

##### 2.1.5 Construction Enabling/Capital Projects

- West End Development

The second phase of the project was completed and handed over on 27 April 2009. Work has now commenced

on the third phase and this is scheduled to be completed on 31 May 2009.

The new wide bore CT scanner was delivered on 20 April 2009. The scanner is presently being commissioned and scheduled for clinical use in June 2009.

- Re-provision of RRPPS and the Disaster Recovery Unit

Work is progressing well with no delays or anticipated delays. The building is scheduled for completion at the end of June 2009, with handover of the building to the BNHJV in July 2009.

## 2.2 Technical Commissioning and Interim and Full Service Mobilisation

### 2.2.1 Technical Commissioning and Testing

The Technical commissioning programme is well underway ready for the Phase 1 areas.

A single and a twin theatre are to be fully commissioned within the next month, both as "exemplar" theatres and also to check the environmental conditions meet the specification.

The detailed programme for the complex process of installing and commissioning the major medical equipment is now agreed and includes the attendances and JV finishing works. Monthly meetings continue with the manufacturers, the next step being to develop detailed installation method statements.

### 2.2.2 TUPE Transfer

The monthly TUPE meetings are continuing successfully, as are the monthly local consultation meetings with the staff. In accordance with the TUPE regulations, the staff affected have been officially notified of the transfer date by the Trust, but on the basis that it may change should the interim services be deferred. The issue of certification of the pension scheme by GAD should be resolved by the May at the latest.

### 2.2.3 Validation Process

The latest update shows that 43% of rooms have been validated which represents a slow down from previous months. This was to allow the construction process to catch up.

## 2.3 Significant Issue – Progress on Temporary Link Road

As reported last month the project team continue the discussions with BNHJV and Birmingham City Council planning team regarding the detailed solution for site access when the first phase is commissioned

from April 2010.

The final scope for this proposal has now been requested under cover of a schedule 22 variation.

The following key benefits can be achieved if this proposal is approved:-

- The temporary road access will be achieved for the "go live" date of June 2010 and eliminate any risk to the Trust for the roads.
- The JV will deliver full access to the permanent entrance by the "go live" date of June 2010 and eliminate the need to develop a temporary solution to the west end of the building.
- BCC will gain possession to complete HLR3 three years ahead of the programme date.
- The VO includes for the omission of car park "M" with the corresponding reduction in cost. The Trust will complete this work as part of the Plaza scheme.
- The Trust will also omit works associated the re-siting of a set of fire pumps (for the site fire hydrants) and implement an alternative solution in the retained Estate.
- Both these omissions offer better value for money for the Trust.

#### 2.4 Risks

There are no new risks to report.

#### 2.5 Claims

No new claims have been received.

### 3. **Operational Commissioning**

#### 3.1 Progress on Ongoing Issues

##### 3.1.1 Commissioning Work streams

These are progressing to programme. The current focus is on the identification of training requirements associated with new building induction and familiarisation of staff. Four workshops were held for Training Leads during April and all training requirements are due by the milestone date of 29 May.

Commissioning Workstreams are now working on the production of detailed Move and Commissioning Plans for the Phase 1 moves. It is expected that first drafts will be produced by 30 June and that the plans will be further developed with a view to

finalising them by no later than the end of this calendar year. Workshops will be held in May for Commissioning Leads and Team Leaders to assist them in undertaking this task.

### 3.1.2 Appointment of the Removal Company

Harrow Green has been appointed as the Trust's removal partner. A de-briefing has been offered to the four unsuccessful companies.

### 3.2 Risks

The Commissioning Workstreams have populated risk registers which are located on Performance Accelerator.

## 4. **Equipping**

### 4.1 Progress on Ongoing Issues

The Trust's Medical Engineering Manager and members of the technical team have embarked on a survey of all medical equipment and patient monitoring systems with service, installation and connectivity requirements. The purpose of this is to ensure that any equipment or systems transferring are safely and effectively installed in its new position within the new building to the required timescales

### 4.2 Risks

There are no significant new equipping risks to report this month.

## 5. **Finance**

### 5.1 Progress on Ongoing Issues

Payments continue to be made to Consort Healthcare to reflect the value of works completed as certified by the Independent Tester and external advisors. These payments are in line with the costs approved at previous Board of Directors. During the previous financial year (2008/09) the following amounts were incurred:

- £7.2 million New Hospital White Space Areas
- £2.6 million Hard Shelled Ward areas
- £6.5 million "Other Variations" related to the new hospital

The balance of the expected costs is likely to be incurred during the 2009/10 financial year.

Work is continuing to update the Trust's 10 year financial plan, as reported to the Audit Committee. Exact requirements and funding sources for the furniture and equipment in the new hospital are being completed with procurement staff. In addition, the finance team are supporting the various commissioning work streams.

## 5.2 New Issues

### Variations

#### 106 ICT Service to the NEQAS building

To provide an interim ICT service and equipment to the Birmingham Quality office (NEQAS) located in the University research park on Vincent Drive. UK NEQAS for Clinical Biochemistry provides a national laboratory quality assessment service to labs throughout Britain and also to the Trust and its existing ICT infrastructure is obsolete and requires upgrade. The financial cost of this is:

- One-off Cost £10,841 and
- Recurring cost £878 per year during the interim period

These costs will be met in their entirety by UK NEQAS.

Since the last Board of Directors, the following variations have been issued but not completed:

#### 113 Decorative Gravel Finish

A request to modify the proposed gravel finishes on the three flat roof areas of the new hospital.

#### 114 East Main Entrance and External Works

Request the final costs and details for amending the new hospital main entrance and provision of temporary roads and junctions. This will enable the Trust to access the main entrance from phase 1 and enable Birmingham City Council to continue works to the Hospital Link Road.

## 6. **Communications**

### 6.1 External Bodies

New Hospital meetings with external bodies have continued and have included presentations to Rotarians, Residents' Associations, GP surgeries, Heart of Birmingham PCT Discussion Forum and Wythall W.I.

### 6.2 Publications

The first full hard copy edition of InvolvePlus, the new hospital bulletin, was distributed (3,000 copies) in April. Each edition contains latest information on operational commissioning and the clinical redesign programme. Staff site tours are continuing and will focus more on issues relating to move planning.

During May and June, the new hospital intranet pages will be redeveloped. Other projects include creating public display boards on both hospital sites and staff information posters to be put up in rest rooms, giving customised move planning information.

The latest edition of Involve, the external new hospital bulletin, will be distributed in May. Planning has begun for a new hospital open day in August, similar to the highly successful event last year, attended by more than 5,000 people.

7. **FM Services Performance Management**

There are no significant issues to report.

8. **Strategic Clinical Development Board**

A copy of the SCDB minutes of the meeting of attached (Appendix 1).

9. **Recommendations**

The Board of Governors is requested to:-

**Accept** the progress reported in the New Hospitals Project Director's report.

Morag Jackson  
New Hospitals Project Director  
8 June 2009

## STRATEGIC CLINICAL DEVELOPMENT BOARD

**Minutes of the Meeting held on 23 March 2009**

**Board Room, Trust HQ, Queen Elizabeth Hospital**

**Present:**

- Ms J Moore, Chief Executive (Chair)
- Prof A Williams, Neurology
- Mr A Turbot, Clinical Research
- Mr B Walt, Associate Divisional Director, Physiological Measurements
- Mr D Ray, Director of Informatics & Patient Administration
- Dr D Rosser, Medical Director
- Mrs F Alexander, Director of Communications
- Mrs H Fanning, Head of Clinical Redesign
- Mr I Turner, Service Support Manager
- Mr Javid Kayani, Associate Divisional Director for Emergency Assessment
- Mr K Bolger, COO (Acting)
- Mr M Miller, Associate Divisional Director, Emergency Assessment
- Mrs M Morris, Deputy Chief Nurse
- Mrs M Jackson, New Hospitals Project Director
- Dr N Gittoes, Divisional Director, Div 3
- Ms P Mahendra, Divisional Director, Div 5
- Mr Rajiv Vohra, Consultant Vascular Surgeon
- Mr S Chilton, Director of IT Services
- Dr S Chittenden, Director of Strategic Developments
- Mr S Burnley, Div Dir, Div 1
- Dr Sue Sinclair, ADD Surgical Ambulatory Care
- Professor T Elliott, Deputy Medical Director/Divisional Director, Division 3

### A03/017 APOLOGIES FOR ABSENCE

### Action

Apologies were received from:

- Mr A Arnold, Urology, Consultant, Divisional Director Div 2
- Mr Ian Clark, Head of Wolfson Computer Lead
- Mr Ian Sharp, Maxillofacial Consultant
- Dr J Treml, Associate Divisional Director, Admissions, Discharges and LOS
- Mrs K Fawcett, Chief Nurse



Mr M Hallissey, Divisional Director, Div 4  
Mrs Neil Grogan, (Acting) Director of Operations, Div 2  
Mrs Nick Murphy, Anaesthetics, Consultant  
Prof. R Lilford,  
Mr S Bramhall, Associate Divisional Director, Admissions,  
Discharges and LOS  
Mr Tariq Iqbal, Gastroenterologist  
Mr Tim Jones, Executive Director of Delivery

**A03/018 MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 27 February 2009 were approved.

**A03/019 MATTERS ARISING**

None

**A03/020 NEW HOSPITAL UPDATE**

The Strategic Clinical Development Board (SCDB) considered the new hospital update presented by Morag Jackson.

The Chief Executive:

To accept the progress update report.

**A03/021 PROGRESS REPORT: 4<sup>th</sup> FLOOR AGGREGATIONS TASK & FINISH GROUP**

The SCDB considered the 4<sup>th</sup> Floor Aggregations Task & Finish Group Progress Report.

Professor Adrian Williams explained the purpose and membership of this new group, before presenting the reports of different subgroups in greater detail:

- Research and Development Group: This group is submitting multiple grant proposals to allow further studies reaching from brain injury to functional recovery and has just submitted an initial NIHR application, for £2 million. This group is led by Professor Adrian Williams
- Stroke Pathway: This group is defining the pathway for stroke and is led by Dr Don Sims.

The SCDB discussed approaches to identifying named consultants. One opinion was that there was no need for change since, irrespective of the name on the hospital bed; accountability stays with the person who was in charge of the patient's treatment at the time. Others took the view that the name on the bed had implications on training and representation at the coroner's inquest and would therefore have to be decided appropriately.

- Head injury pathways: This group is defining pathways for patients with head injuries. This group plans to set up a team consisting of a senior nurse with head injury experience, neurosurgeons and other specialists who would be well placed to assist with the planning of pathway of patients with head injuries.
- Neurology/ General Medicine Interface Sub-Group: This group has agreed on a number of changes to the current practice as set out under paragraph 2.4 in the paper.
- Rehabilitation: It is anticipated that the new rehabilitation unit in the new hospital will see an increase in referrals as this is the first time that various specialties are located in the same hospital. This group therefore deals with the need for further recruitment as set out in Annex 2 to the paper.
- Spinal Group: This group considers new pathways for patients with spinal injuries and any necessary recruitment.
- Military Staffing for Trauma Ward: Any issues in relation to military staffing requirements will be taken up on executive level first.

The Chief Executive:

1. Received the contents of the report;
2. Noted the progress made to develop the concepts of 4<sup>th</sup> floor aggregation working to date;
3. Agreed to receive additional progress reports from this group;
4. Agreed to receive future business cases where requirements for these has been indicated in a report;
5. Recommends the replication of the 4<sup>th</sup> floor aggregation approach to developing service across other clinical aggregations.

## A03/022 VISION OF NEUROPHYSIOLOGICAL SERVICES

Dr Bob Walt presented the above paper. It was noted that:

- The workload of the department of Clinical Neurophysiology is likely to increase due to the expansion of epilepsy diagnostic and treatment service, the expansion of theatre monitoring service and the expansion of services delivered in the community.
- There will be a need to appoint a fourth consultant neurophysiologist, as well as a physiologist, support workers and administrative support.
- There will be a dedicated investigation room on the 4<sup>th</sup> floor where all the standard tests such as EEGs, EPs and Physiologist NCS can be carried out.
- Out of hours service will depend on waiting times and available staffing.
- Further work is required to ensure that waiting times are reduced during the move to the new hospital given that the service will work on two or even three sites for in-patients and at least one site for out-patients at this time.

Following further discussion, the SCDB agreed that new standards should be set to ensure that the results of any investigations are immediately available and that joint appointments with other hospitals should be considered.

The Chief Executive:

1. To accept the principles of this vision statement;
2. To welcome the development of business cases by Division 3, presenting the detailed requirements to deliver the vision for clinical Neurophysiological services.

## A03/023 PROGRESS REPORT: SURGICAL AMBULATORY CARE

Dr Sue Sinclair presented the above report. It was noted that there is a mismatch between ambulatory theatre operating hours, post procedure place of care requirements and available capacity within the ambulatory care area on the ground floor of the new hospital. It is estimated that, based on the current speciality time requirements and

including a 10 minute turnaround time between patients, the ambulatory theatres in the new hospital will fall short of 423 operating hours for ambulatory activity.

SCDB considered four options which aim to meet the shortfall of available capacity within the ambulatory care area:

- Option 1 is to reduce the activity to fit the ambulatory care environment planned on the ground floor of the new hospital.
- Option 2 is to operate on Saturdays in ambulatory care on the ground floor of the new hospital.
- Option 3 envisages extending the theatre operating hours in ambulatory care on the ground floor of the new hospital.
- Option 4 is to provide additional ambulatory care theatre sessions within the main theatre complex on the second floor of the new hospital.

Following a discussion of all four options in great detail, it was agreed that:

- Option 1 would be rejected.
- Option 2 would have to go further in that it should consider keeping ambulatory care open 7 days a week, given that any ambulatory activity on Saturdays already necessitates keeping the ambulatory care unit open until Sunday afternoon.
- Option 3 could pose the problem that patients would be regularly discharged at 11 pm at night. There would also be financial and staffing implications. However, it was anticipated that all of these implications could be overcome.
- Option 4 would necessitate duplication of equipment and would also create staffing and payment issues.

**Sue  
Sinclair**

The Chief Executive:

1. To dismiss option 1 and consider options 2, 3 and 4, as well as a combination of the three.
2. To consult staff and patients regarding longer opening hours (option 2) and a 6 or 7 day week (option 3).
3. To draft a similar report for in-patient theatres.

**Sue  
Sinclair**

4. To present the updated report on ambulatory care and the report on in-patients at a future SCDB meeting.

**A03/024 ANY OTHER BUSINESS**

There was no other business.

**A03/025 DATE OF NEXT MEETING**

Tuesday, 21 April 2009

9:00 – 12:00

**Board Room**

Trust Head Quarters