

CHAPTER TWO - INTRODUCTION TO THE TRUST

2.1 Trust Overview

- 2.1.1 Brighton and Sussex University Hospitals NHS Trust (BSUH) is the regional University Teaching Hospital and provides general and specialist acute hospital services working as one teaching hospital across two campuses: the Royal Sussex County Hospital (RSCH) in Brighton (which includes the Royal Alexandra Children's Hospital, the Sussex Cardiac Centre, the Sussex Cancer Centre and the Sussex Eye Hospital) and the Princess Royal Hospital (PRH) in Haywards Heath (which includes the Regional Centre for Neurosciences, also known as Hurstwood Park).
- 2.1.2 The Trust was formed in 2001 by the merger of Brighton Healthcare Trust and Mid Sussex Healthcare Trust. At the same time, the new Trust became one of the newly established Teaching Hospitals that were created in 2001 to increase access to medical education and provide additional teaching centres outside London.
- 2.1.3 Both campuses provide acute services for their local populations. In addition, most elective care across the whole Trust catchment is undertaken from the Princess Royal Hospital, while RSCH is designated as the 'hot' site for major trauma and other emergencies that require the full range of surgical support.
- 2.1.4 The Trust also provides six tertiary services for the regional population (paediatrics, cancer, cardiac, renal, neurosciences and HIV) and is currently developing its capacity and capability as the Major Trauma Centre for the Sussex Trauma Network and wider region.
- 2.1.5 The Trust employs c. 6,500 members of staff (headcount). It plays a key role in the education and training of doctors, nurses and other healthcare professionals. As a relatively new University Teaching Hospital it aims to become one of the leading teaching hospitals in the UK by 2012, in continuing partnership with Brighton and Sussex Medical School; Kent, Surrey and Sussex Deanery; and the Universities of Brighton and Sussex. The Medical School is one of the most popular medical schools in the country according to the annual student survey.
- 2.1.6 In April 2011, the Trust assumed host status for the Kent, Surrey and Sussex Deanery from NHS South East Coast.
- 2.1.7 In 2010/11, 601,000 patient activities were completed by the Trust. This includes around:
- 14,000 elective inpatients (planned operations requiring a stay in hospital);
 - 34,000 elective day cases (procedures and operations where patients can go home on the same day);
 - 58,000 non-elective inpatients (patients who need emergency admission to hospital, includes maternity);
 - 495,000 outpatients

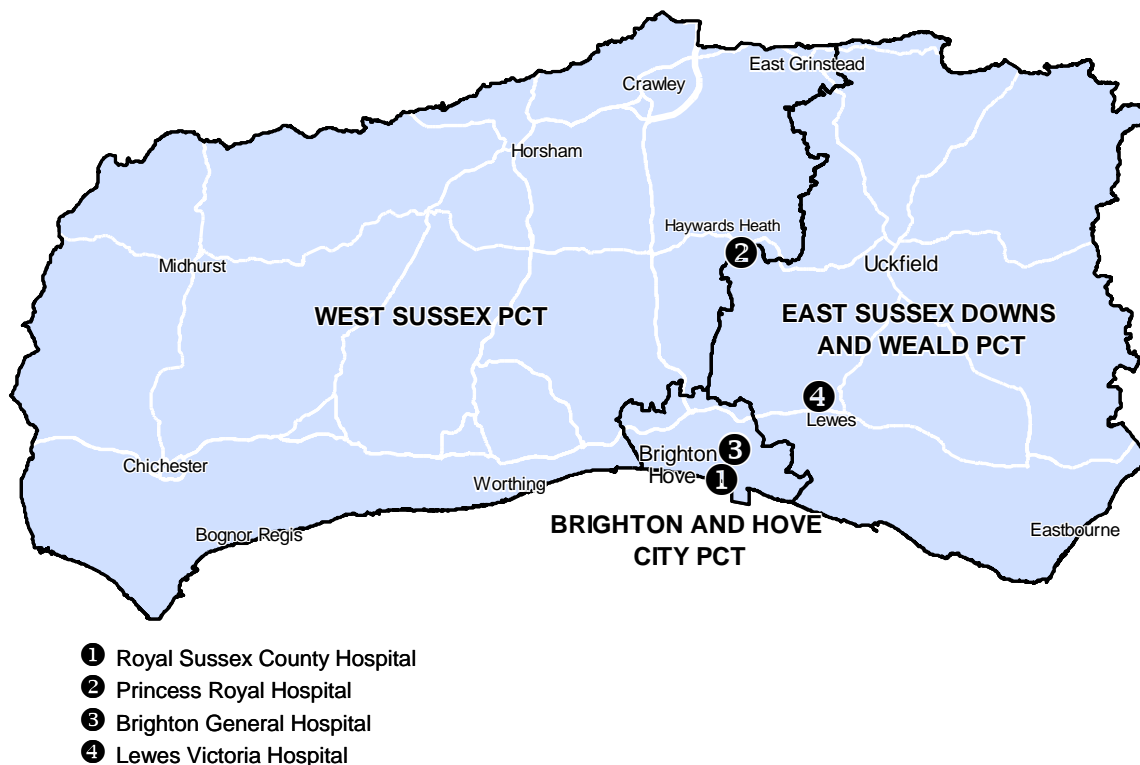
2.1.8 In 2010/11, there were 138,000 attendances in Accident & Emergency across the Trust. There continued to be a steady rise in the level of demand.

2.1.9 The Trust's principal commissioners are:

- NHS Brighton & Hove City (formerly Brighton & Hove City Teaching PCT);
- NHS West Sussex;
- NHS East Sussex Downs and Weald;
- Specialist services (some of which are considered in this case) are commissioned by the South East Coast Specialised Commissioning Group (SECSCG) on behalf of the Sussex PCTs.

2.1.10 A map of the Trust's two main campuses and other locations from which the Trust delivers services in respect of its principal commissioning PCTs is provided below:

Figure 2.1 Map of the Trust's Campuses and Principal PCTs



2.1.11 Figure 2.2 below provides a pictorial history of the development of the Royal Sussex County Hospital campus since it was established in 1828.

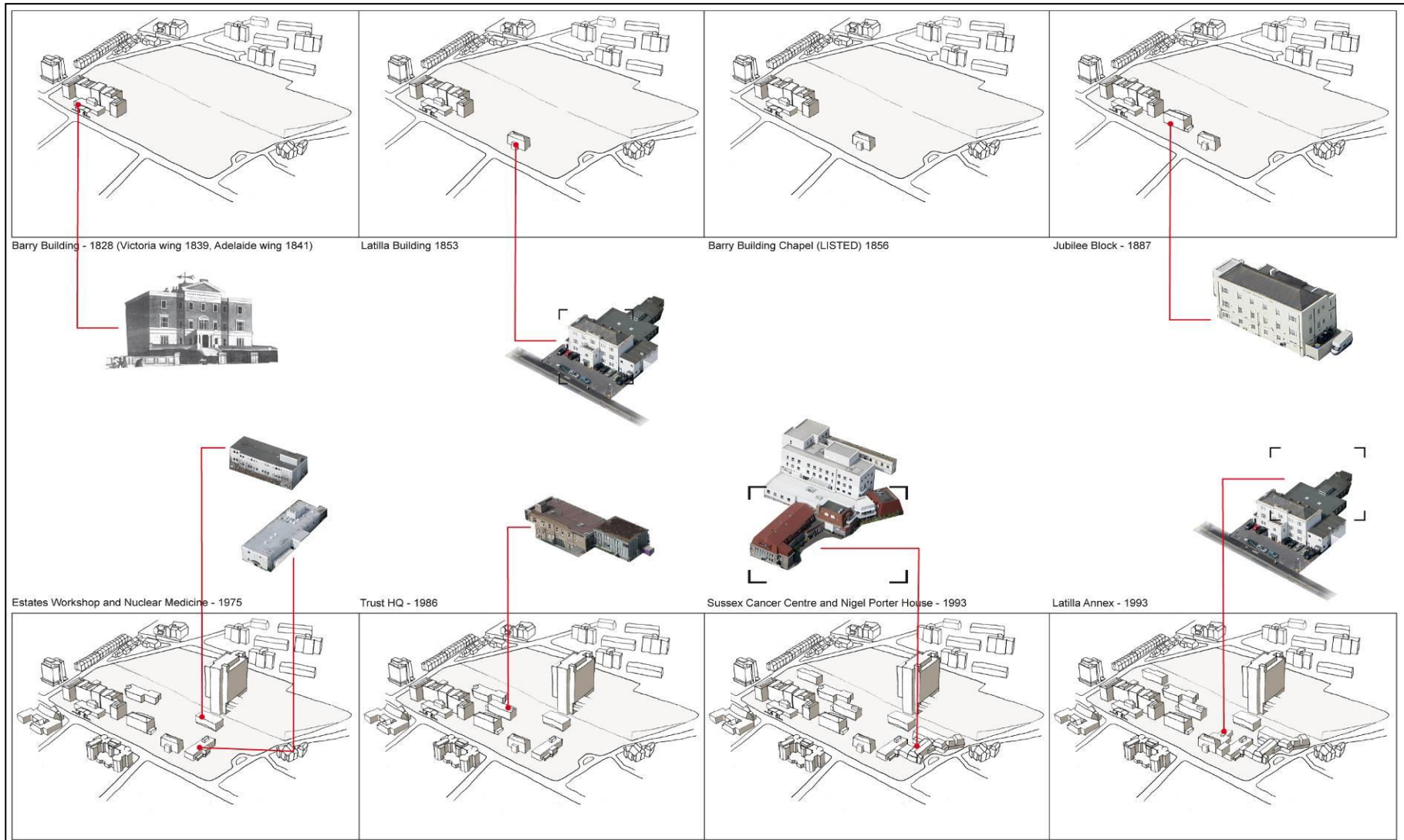


Figure 2.2 History of RSCH Campus

3Ts Programme
Outline Business Case

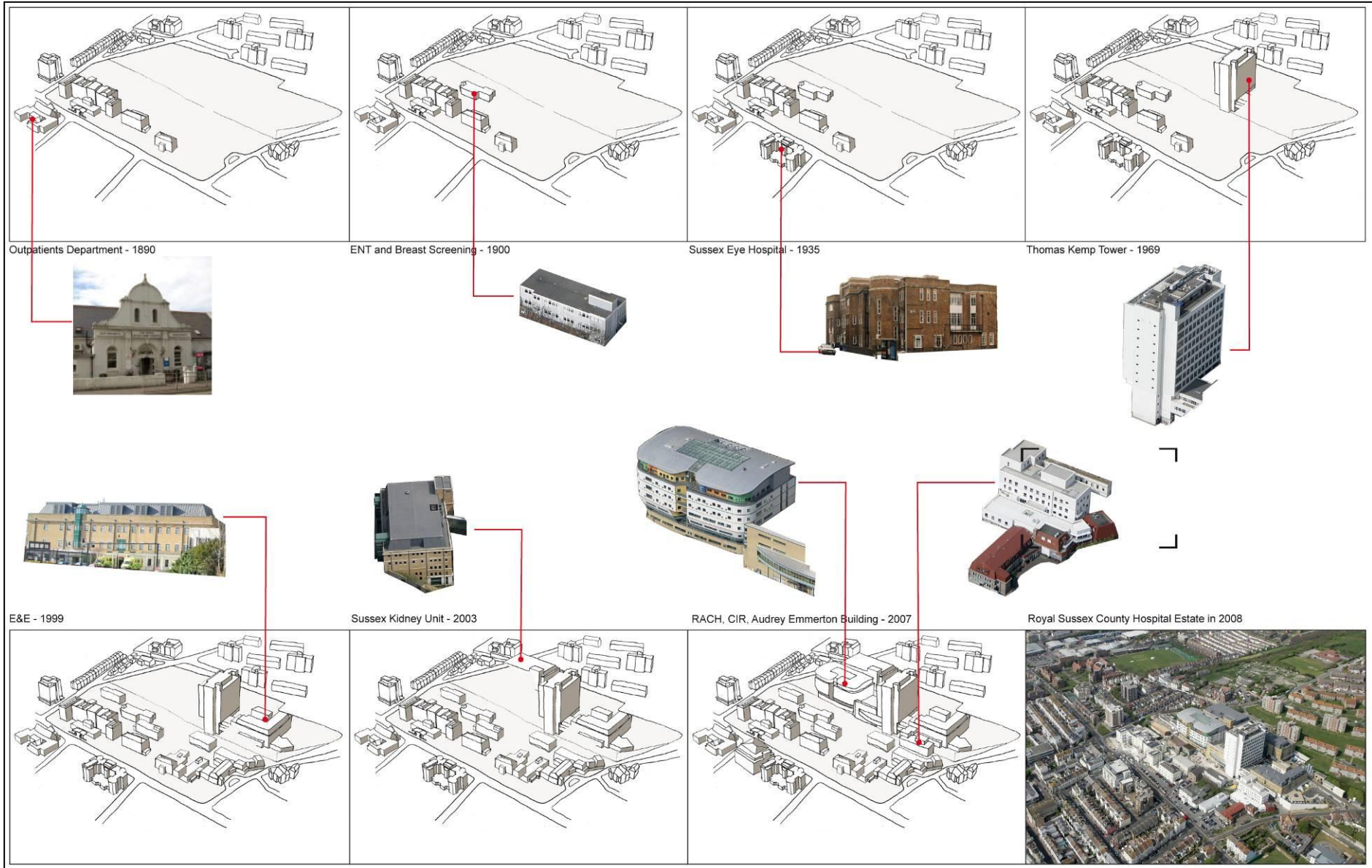


Figure 2.3 Aerial picture of the RSCH campus.



Figure 2.4 Aerial picture of the PRH campus.



2.1.12 The figures below show the current campus layouts at RSCH and PRH.

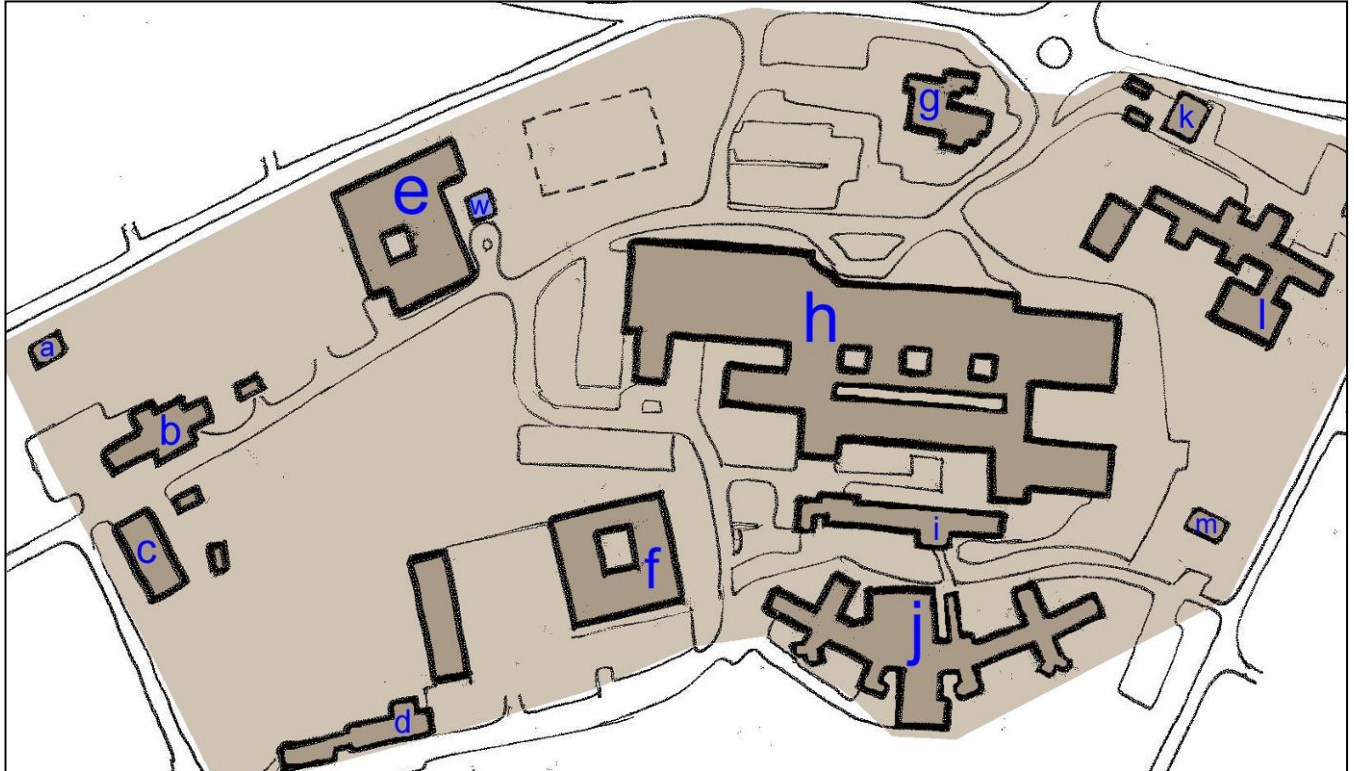
Figure 2.5 Existing RSCH Campus Plan



a	Sussex Kidney Unit	q	Jubilee Block
b	Millennium Wing	r	Latilla
c	Plant room	s	Latilla Annex
d	Restaurant	t	Nuclear Medicine & Anaesthetics
e	Royal Alexandra Children's Hospital	u	Sussex Cancer Centre
f	Thomas Kemp Tower	v	Out Patient's Department
g	Pathology, Accident & Emergency	w	Audrey Emerton Building
h	Nigel Porter Unit	x	Sussex Eye Hospital
j	ENT/Breast Screening & Audiology	y	South point
k	IT Data Centre	z	Rosaz House and cottage
m	Headquarters	aa	Trust owned strip of land adjacent to Bristol Gate roadway
n	Stephen Ralli Building (Estates adjoining it)		
p	Barry Building		

Note: The Trust also provides some outpatient services from Sussex House, which lies just outside this plan (to the south west). Sussex House also provides residential accommodation for junior doctors and non-clinical office accommodation.

Figure 2.6 Existing PRH Campus Plan



- a. Elsdon Lyndhurst
- b. Social Club
- c. Works
- d. Martlet Lodge
- e. Treatment Centre
- f. Downsmere
- g. Beechmont
- h. The Princess Royal Hospital
- i. The Villa
- j. Hurstwood Park
- k. Goodacre
- l. Colwood Hospital
- m. Oakhurst

2.1.13 The services currently provided on each campus are as follows:

Figure 2.7 Current Services on the Trust Campuses

Royal Sussex County Hospital	Princess Royal Hospital
<u>District General Hospital Services</u>	
Accident & Emergency	Accident & Emergency
Main Operating Theatres	Main Operating Theatres
Imaging Department	Imaging Department
General Medical Wards	General Medical Wards
General Surgical Wards	General Surgical Wards
Intensive Care	Intensive Care
General Outpatients	General Outpatients
Maternity Services	Maternity Services
Care of the Elderly	Care of the Elderly
Day Case Surgery	Day Case Surgery
<u>Specialist/Tertiary Services</u>	
Cardiology	Neurosciences (Hurstwood Park)
Cardiothoracic Surgery	
Renal Dialysis	
Sussex Eye Hospital	
General Medical Wards	
General Surgical Wards	
Children's Services	
Clinical Infection Inpatients and Outpatients	
Interventional Radiology	
Trauma	
Specialist Outpatients	
Specialist Imaging (e.g. Nuclear Medicine)	

2.1.14 **Appendix 2A** details each level on the RSCH campus to show current configurations.

2.2 Catchment Areas

2.2.1 The Trust provides local acute services to a population of 484,000 across the geographical areas of Brighton & Hove and Mid Sussex. The catchment populations for specialist services are wider. Generally speaking, for specialist/tertiary services the population served is 1.2-1.4 million. Set out below are the specific catchment populations for the services that are affected by the proposals set out in this OBC:

- The Regional Centre for Neurosciences' catchment is 1.4m (plus 0.25m to the north that it aspires to serve);
- The Sussex Cancer Network (SCN) catchment population is 1.2 million – from Worthing to Rye on the south coast and to East Grinstead in the north;
- The current catchment for radiotherapy is somewhat smaller since Hastings, Rother and Wealden patients currently receive non-surgical services from the Kent Oncology Centre (Maidstone and Tunbridge Wells NHS Trust). However under the SCN commissioning plan this will change

over the next five years as services to Hastings and Rother patients are commissioned instead from BSUH.

2.2.2 The maps below indicate the Trust's catchment areas for neurosurgery, and cancer and, finally major trauma. In the neurosurgery map the extended catchment area with a population of 250,000 people is shown inside the dotted line.

Figure 2.8 Trust Catchment Area for Neurosurgery

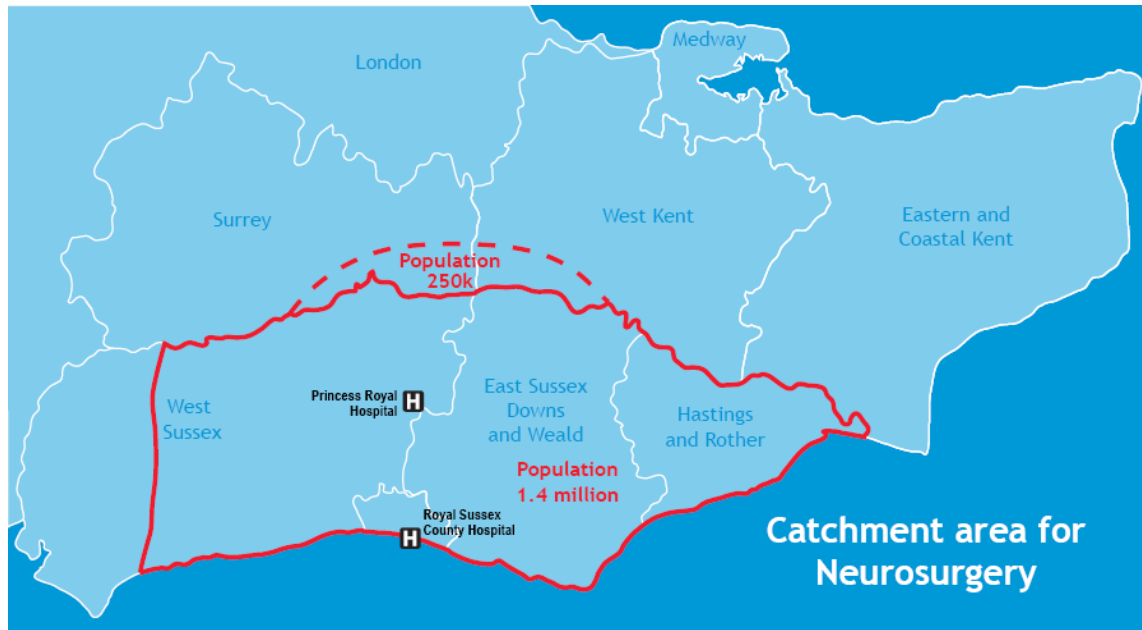


Figure 2.9 Trust Catchment area for Cancer



Figure 2.10 Sussex Trauma Network catchment area for Major Trauma



2.3 Trust Performance

Overall

2.3.1 Trust Performance Metrics 2011 update

The Trust has recently reviewed its performance using Dr Foster data and a peer group of five other University Teaching hospitals (Southampton University Hospital NHS Trust, Guy's & St Thomas' NHS Foundation Trust, St George's Healthcare NHS Trust, King's College Hospital NHS Foundation Trust and Norfolk & Norwich University Hospitals NHS Foundation Trust).

2.3.2 In 2010 the trust was currently rated by the Healthcare Commission as Excellent for quality and Fair for use of resources. In 2010/11 the Trust maintained its unconditional registration with the Care Quality Commission (CQC).

2.3.3 According to 2010/11 Hospital Standardised Mortality Rates (HSMR), BSUH mortality rates are 10% better than the national average.

2.3.4 According to the independent 'Good Hospital Guide' published in November 2010, BSUH met all expectations for patient safety. This is based on performance against 13 patient safety measures including: overall death rate, as well as the death rates for stroke and heart attack patients, patients admitted with a broken hip and patients admitted for low-risk procedures; infection control; the ratio of hospital staff to beds and our commitment to patient safety.

Infection Control

- 2.3.5 The MRSA target for April 2010 to March 2011 was no more than 8 cases and the Trust had 7. Compared with the previous year this was a reduction of 50%
- 2.3.6 The Trust's C.difficile target for April 2010 to March 2011 was no more than 155 BSUH acquired cases and the Trust had 135. Compared with the previous year; this was a reduction of 10%
- 2.3.7 BSUH is also fully compliant with the Statutory Hygiene Code. It passed the CQC's hygiene code inspection as 'best in class' and won a national award as the most improved hospital for infection control in the South East in 2008/9.
- 2.3.8 In July 2011 the RSCH site passed an unannounced visit from the Care Quality Commission to inspect our hospitals for compliance with statutory Hygiene Code.

A&E Performance

- 2.3.9 The Trust has improved its position from being amongst the worst performing Trusts in England and one of a handful not delivering the national 4-hour standard of patients, to the best performing major A&E in England since September 2007. For 2010/2011 the Trust delivered the 4-hour standard for 97% of patients, exceeding the 95% national target.

Patient Waiting Times (18 Weeks)

- 2.3.10 The Trust exceeded the standard to treat 90% of admitted and 95% of non-admitted patients within 18 weeks of referral during 2010-11. Admitted patients had a median waiting time of 11 weeks for their treatment and non-admitted patients had a median waiting time of 4 weeks.

Survival Rates

- 2.3.11 BSUH met all expectations for patient safety in Dr Foster's annual Hospital Guide. The ranking was based on its performance in relation to 13 patient safety measures including overall survival rates and survival rates for stroke, heart attack, patients admitted with a broken hip and for a low risk procedure.

Cancer Access

- 2.3.12 In 2010/11 the Trust was seeing 94% of urgent GP referrals within 2 weeks. 97% of cancer treatments had started within one month of the decision to treat and 87% had started within two months of an urgent GP referral.

Key conclusions:

Admission Rate

- In 2009/10 the Trust admitted fewer patients than Dr Foster expected (ie. casemix adjusted). In 2010/11 the rate of admissions to the Trust per head of population in 2010/11 was as Dr Foster expected. This calculation uses 2001 census data (the most recent available), so given the projected increase in population the admission rate may in fact be slightly lower than expected.

Inpatient Length of Stay

- The Trust's overall average inpatient Length of Stay (LoS) is 4.8 days compared to Dr Foster expected LoS of 5.2 days. These data suggest that Trust performance compares favourably with the peer group: only one other Trust has an even shorter LoS than the Dr Foster expected.
- However, these data show that the Trust's reported LoS for A&E is 0.6 days compared to Dr Foster expected of 4.6 days. This is not fully understood but is likely to be a coding issue for patients in the Observation ward and Acute Admissions Unit. LoS comparison for 3Ts specialties alone, which therefore excludes A&E, shows average actual LoS of 10.5 days compared to 8.8 days expected.

Readmissions

- In 2010/11 the Trust reported 7.1% re-admissions against the Dr Foster expected. It performed worst among the peer group, which had an average readmission rate of 6.4%.

Day Surgery

- In 2010/11 the Trust improved its overall day surgery rates against the British Association of Day Surgery (BADS) target. It met or exceeded the BADS targets in 10 months of the year.
- At individual specialty level, performance against the BADS targets varied considerably. Against the 'basket', the Trust exceeded the 75% day surgery rate for all 25 procedures.

Income

- Both tariff per spell and tariff per bed day are below the peer average. Tariff per bed day is the lowest among the peer group. Again, this is not yet fully understood.

2.4 Trust Bed Numbers

- 2.4.1 The Trust operates just over 900 beds across RSCH and PRH as shown in the table overleaf:

Figure 2.11 Current Trust Bed Numbers

Specialty	Current Beds
Brighton	
Royal Sussex County Hospital	
General, Respiratory and Elderly Medicine	218
Clinical Infection Service	15
Haematology/Oncology	19
ITU	14
Trauma & Orthopaedics	34
Renal	26
Cardiac Services	55
Surgery	125
A&E	13
Ophthalmology (Sussex Eye Hospital)	14
Obstetrics/ Neonates	70
RACH	40
Royal Sussex County Hospital	643
Hayward Heath	
Princess Royal Hospital	
General, Respiratory and Elderly Medicine	120
A&E	4
Rehabilitation Medicine	43
Surgery	29
Trauma & Orthopaedics	43
ITU	8
Obstetrics/ Neonates	40
Total Princess Royal Hospital	287
Hurstwood Park Neurosciences Centre	
Neurology	10
Neurosurgery	29
Neuro ITU	6
Hurstwood Park Neurosciences Centre	44
Total BSUH	974

2.5 Trust Financial Position

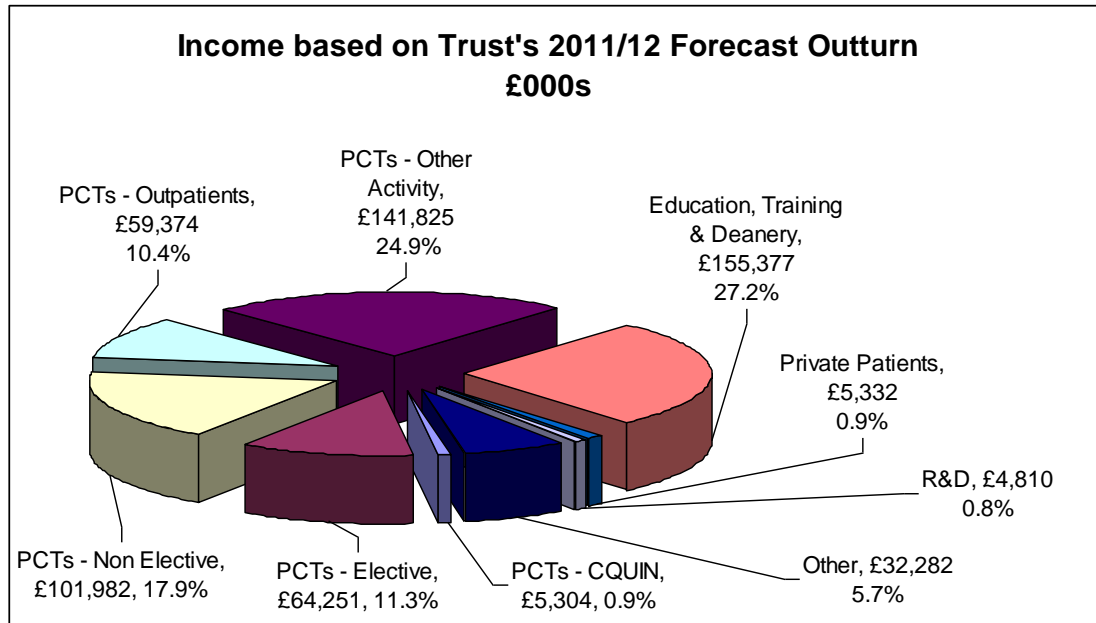
2.5.1 The table below summarises the Trust's financial performance since 2005/6. The Trust has improved its financial performance steadily over the last three years and generated a material surplus of £10m in 2008/9 and 2009/10.

Figure 2.12 Historic EBITDA and Income and Expenditure Trend

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Total Income	309.3	326.3	352.7	400.9	417.5	439.4
Total Operating Expenditure	-303.8	-314.7	-331.1	-363.8	-382.5	-409.7
EBITDA	5.5	11.6	21.6	37.2	35.0	29.7
Depreciation/P&L on disposal	-9.4	-9.4	-11.0	-14.3	-14.5	-15.1
Interest Payable / (Receivable)	0.0	0.2	-0.5	-3.1	-2.9	-2.8
PDC Dividend	-7.4	-7.7	-7.6	-8.9	-7.6	-7.7
Surplus / (Deficit)	-11.3	-5.3	2.5	10.8	10.0	4.1
Non Operational adjustments	-2.2	0.0	-2.3	-5.6	-5.4	-16.0
In-year performance per Annual Accounts	-13.5	-5.3	0.2	5.2	4.6	-11.9

2.5.2 The Trust's planned income sources for 2011/12 are shown in the pie chart below and include the income relating to hosting the Kent, Surrey and Sussex Deanery :

Figure 2.13 Planned Income Sources 2011/12



Source: BSUH Long Term Financial Model November 2011

2.6 Trust Strategic Aims

2.6.1 This section sets out a number of the Trust's aims and objectives that are included in the documents: The Foundation Trust Application; Our Priorities 2010/2011 and the Trust's Estates Strategy. These and other relative documents are also considered further in Chapter 4 which sets out the case for change.

Foundation Trust Application

The Trust intends to achieve Foundation Trust status by 2013 and has set out 3 key objectives in its consultation document for the coming years:

- *being research active with our partner Medical School, niche and deep rather than widely spread, in the areas of oncology, neurosciences, infectious diseases, ageing and paediatrics;*
- *leading on postgraduate multi-disciplinary education for the region; and*
- *being the Major Trauma Centre for the South East.*

2.6.2 *BSUH sets out its goals in its FT consultation document which support the objectives described above. A number of these objectives are taken from the Trust's Our Priorities document as follows:*

Our Priorities 2011/12

2.6.3 Best and Safest Care

We will aim for zero avoidable infections and no more than 6 MRSA hospital-acquired bloodstream infections and no more than 103 cases of hospital-acquired C. difficile

We will be in the 'best performing' category of hospitals in England for survival rates based on Hospital Standardised Mortality Rates (HSMR)

2.6.4 Emergency care

We will make improvements in line with eight national A&E clinical quality indicators

We will redesign the way we treat emergency medical and surgical patients to provide consultant led care for our sickest patients early in their treatment pathway

We will improve the care provided for elderly patients admitted for emergency surgery by:

- *increasing the input from medical specialists in elderly care to meet the specific needs of the elderly, particularly those with orthopaedic problems*
- *achieving best practice for patients with hip fractures including surgery within 36 hours of injury*
- *tailoring nursing care to the specific needs of elderly patients especially regarding providing good nutrition*

We will work with our Local Authorities, community services and GPs to develop Ambulatory Emergency Care (AEC) pathways to prevent avoidable admissions

We will develop our consultant-led Rapid Access Clinic for Older People (RACOP) offering an appointment within 48 hours and establish a consultant-led elderly medicine service in the community

We will complete the relocation of paediatric A&E into the Children's Hospital

We will go live as the major trauma centre for the South East in March 2012 by providing a 24/7 consultant-delivered major trauma service with all major specialist services including neurosurgery available on site; a dedicated major trauma theatre with interventional radiology capabilities; and further modernisation of the County Hospital Emergency Floor

2.6.5 Planned care

We will treat 90% of admitted and 95% of non admitted patients within 18 weeks and within competitive specialty-specific median waiting times

We will develop with our GPs a proposed end-to-end pathway for Musculoskeletal Services which embraces community-based care, the need for surgery — simple and complex — and aftercare

2.6.6 **Academic Excellence**

We will maintain and enhance with our academic partners the reputation of our undergraduate and pre-registration training and teaching

We will continue to develop and improve post graduate medical teaching to meet the needs of doctors in training and the General Medical Council (GMC)

We will build on the hosting arrangement we provide for the Kent, Surrey and Sussex Deanery and play a leading role in the Education and Training agenda for all staff groups across the South East:-

- *accelerate Brighton Centric Higher Specialist Training in collaboration with the KSS Deanery and ensure that all Educational Supervisors will be fully trained by 2010 in line with the latest Deanery guidance;*
- *work with the Strategic Health Authority and the University of Brighton to establish a School of Radiography.*

2.6.7 **3Ts Building for the Future:**

The following aims raised are pertinent to this OBC:

- *Deliver a £4.7m financial surplus – 3Ts will contribute to the Trust's financial position by helping deliver the Trust's cost improvement programme (CIP).*
- *Make the best use of our assets – 3Ts will be a significant improvement on the current estate and will contribute to the Trust's drive for increased efficiency*
- *3Ts redevelopment will replace some of the oldest buildings in the NHS and bring our specialist and trauma services together to treat the most seriously ill and injured patients from across Sussex and the south east of England.*

2.6.8 *In addition the 3Ts project will:*

- *implement recommendations from the National Clinical Director for Trauma Care to further strengthen our trauma and orthopaedic services in preparation for our development as the major trauma centre for the South East;*
- *through partnership with BSMS, and utilising our Clinical Investigation and Research Unit, to widen the scope of research activity and increase numbers of postgraduate research students.*
- *achieve and demonstrate improvements in the individual and overall experience of our patients. The following aims raised are pertinent to this OBC:*
- *improve the flow of patients through the hospitals by reviewing capacity and demand across all specialties and implementing improved arrangements for the way we admit and discharge all our patients;*

- *improve Patient Environment Action Teams (PEAT) scores on catering, environment and cleaning standards, privacy and dignity; in particular, to reduce (and where possible eliminate) mixed sex accommodation.*
- *achieve the best possible use of our beds, equipments, amenities and buildings.*
- *complete and submit the Outline Business Case (OBC) for the 3Ts Programme to develop BSUH as the Regional Centre for Teaching, Trauma and Tertiary Care. Following approval of the OBC we will develop a detailed and robust Full Business Case with the proper engagement and involvement of staff, patients and relevant external stakeholders.*

2.7 Trust Estates Strategy

2.7.7 The Trust's Estate Strategy (2009-14), is attached at **Appendix 2B**. It supports the Trust's clear strategic vision to be 'one University Teaching Hospital on two acute campuses' where the standards of care and services to patients are consistent across those campuses.

2.7.8 The Estate Strategy supports the clinical priorities, which in estate terms are:

- To provide all acute care from the two main campuses by 2020;
- To develop the Royal Sussex County Hospital campus as a Major Trauma Centre, the hub of the Sussex cancer network, the hub of the Sussex county renal network together with providing the main district general hospital services for Brighton & Hove;
- To develop the Haywards Heath campus as the main elective centre and a centre for rehabilitation and longer stay clinical services.

2.7.9 The Trust aims to build new facilities to match its 21st century healthcare services. The Estate Strategy notes that the next phase of development, as outlined in this OBC, will focus on:

- Hi-tech emergency interventions, including a new home for the Regional Centre for Neurosciences;
- Expanding the Sussex Cancer Centre; and replacing ageing wards with modern patient accommodation that is fit for purpose;
- Care of emergency patients, including severe injury and trauma, and securing designation as a Major Trauma Centre.

2.7.10 The vision for the Royal Sussex County Hospital campus includes all of the main campus and the out-lying buildings including the Sussex Eye Hospital, Outpatient department, Audrey Emerton teaching facility and Sussex House.

2.7.11 The Royal Sussex County Hospital will become the main focus for emergency and non elective treatment with reconfiguration to deliver the following:

- A leading centre for neurosciences;
- A leading centre for imaging and diagnostics;
- A leading centre for cancer treatment and the hub of the Sussex network;
- Major Trauma Centre designation;
- A leading centre for renal treatment and the hub of the Sussex network;
- The development of children's services, including the utilisation of the full capacity of the Royal Alexandra Children's hospital.

2.7.12 In support of these services the Trust will have developed the following support services:

- A pathology service to be a net revenue contributor, providing state of the art service to the Trust and other partners in Sussex;
- A sterile services department that is a county centre of excellence;
- Residential accommodation to assist with recruiting top quality staff. This will be focussed on providing short term support to those most in need when they first arrive in Brighton. This will be run as a revenue contributor to the Trust finances;
- Academic research and teaching facilities that support the long term sustainability of the Trust's clinical status;
- Car parking at the Royal Sussex County Hospital campus will be improved;
- Transport to and from the Royal Sussex County Hospital campus will be improved in partnership with Brighton & Hove City Council;
- The development and strengthening of key partnerships to deliver complementary services, such as those with The Queen Victoria Hospital Foundation Trust for plastic surgery;
- Improvement of the overall hospital environment including: greening, traffic calming and improved way-finding.

2.7.13 The Sussex Eye Hospital, Audrey Emerton academic centre and outpatients form a block of estate to the South of the main Royal Sussex County Hospital and will provide a key area for future campus redevelopment. These areas do not form part of the 3Ts development proposals.

2.7.14 The vision for the Princess Royal campus is that it will continue to be the main Trust campus for elective treatments and longer term care whilst retaining Accident & Emergency and medical admissions facilities.

Description of the Estate

2.7.15 The Trust provides acute care from six principal campuses:

Figure 2.14 Trust Principal Acute Campuses

Principal Acute Campuses	
• The Royal Sussex County Hospital (RSCH) - 58,447m ²	• The Royal Alexandra Hospital for Sick Children (RACH) - 15,000m ²
• The Princess Royal Hospital (PRH) - 34,779m ²	• Sussex Eye Hospital (SEH) - 2,894m ²
• Hurstwood Park Neurological Centre (HPNC) - 3,393m ²	• Brighton General Hospital (BGH) (part only) - 9,375m ²

2.7.16 The overall Gross Internal Area is approximately 125,000m². 90% of this space is utilised for patient care.

Physical Condition and Maintenance Backlog

- As it can be seen, a significant amount of the Trust's building stock was built many years ago. There are a number of buildings that are no longer suitable for a modern healthcare environment and there are also significant issues relating to the condition of some of the buildings.
- The current BSUH Backlog Maintenance List totals £19.3 million, risk adjusted to £6.8 million (ERIC data 2010/11). From this total, £12.8 million, risk adjusted £4.2 million applies to the RSCH site where the 3Ts development will take place.
- The 3Ts redevelopment will significantly reduce the Trust's overall backlog maintenance to £10.1 million, risk adjusted £4.6 million as the following buildings on the RSCH site with high levels of backlog maintenance will be demolished to make way for the new build:
 - Barry and Jubilee blocks
 - Sussex Cancer Centre
 - Trust HQ
 - Latilla building
 - Nuclear Medicine building
 - Stephen Ralli building
 - Estates workshops
 - Linen Store.

Summary of Estate Priorities

2.7.17 The Trust will:

- Continue to reduce backlog maintenance the list through major and minor investment in the capital stock;

- Review energy management to improve performance;
- Carry out surveys and set up system to effectively manage space and establish a space management data base;
- Co-ordinate current information in respect of compliance with Health and safety legislation relating to buildings;
- Continue to work with RSCH maintenance staff to optimise estates services extend restructuring agreement presence;
- Complete the review of residential accommodation and agree a strategy and action plan for future developments;
- Review current action plans for the Controls Assurance process;
- Develop a Carbon Management Plan
- Produce a Green Travel Plan. (**Appendix 2C**)

2.7.18 In general the condition of the Estate meets statutory requirements in that the medical gas safety is good, the Legionella requirements are being met and are good, the fire safety is robust and the maintenance of the general estate meets statutory and, health and safety requirements. The Trust has also undertaken surveys with regards to DDA and sustainability and has identified which areas need to be improved.

2.7.19 A six facet survey of the Trust's estate was carried out in 2009 as part of the process to develop an Estate Strategy. This has recently been refreshed. The outcomes for Functional Suitability, utilisation and quality are set out on the pie charts overleaf:

Figure 2.15 Six Facet Survey Outcome: Functional Suitability

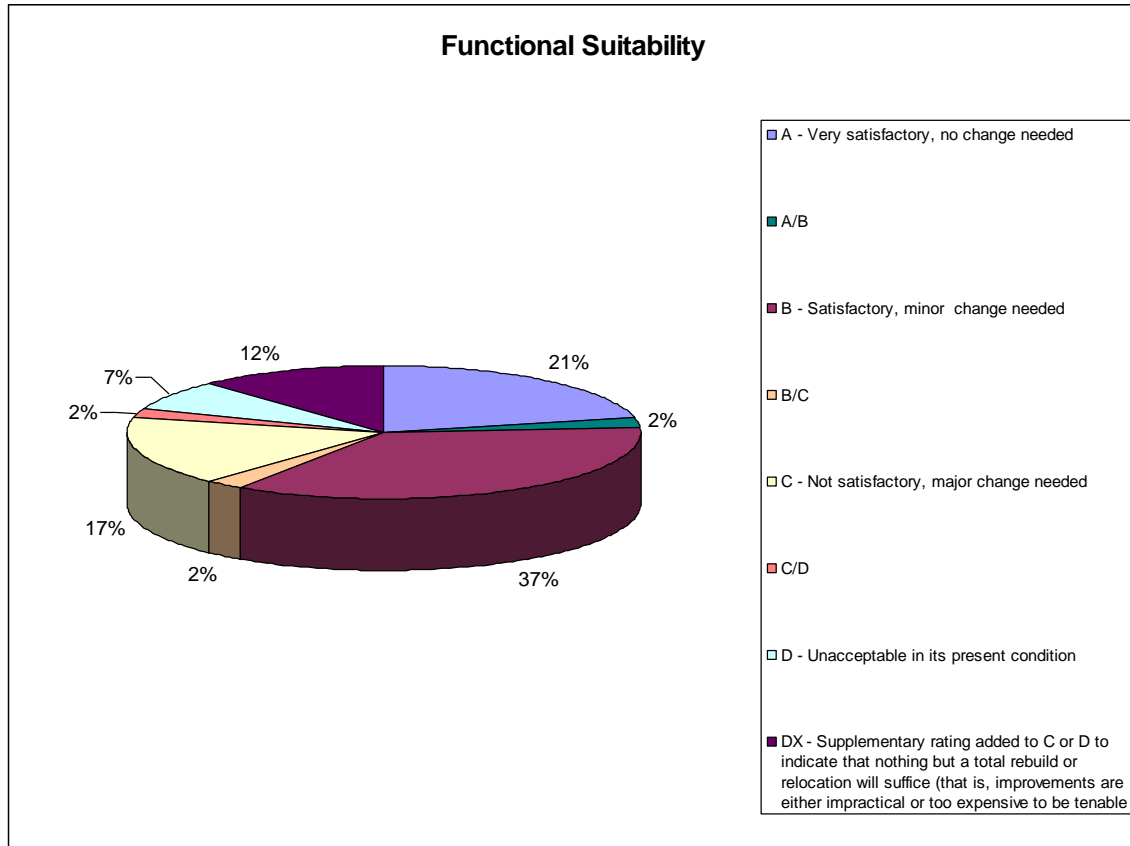


Figure 2.16 Six Facet Survey Outcome: Space Utilisation

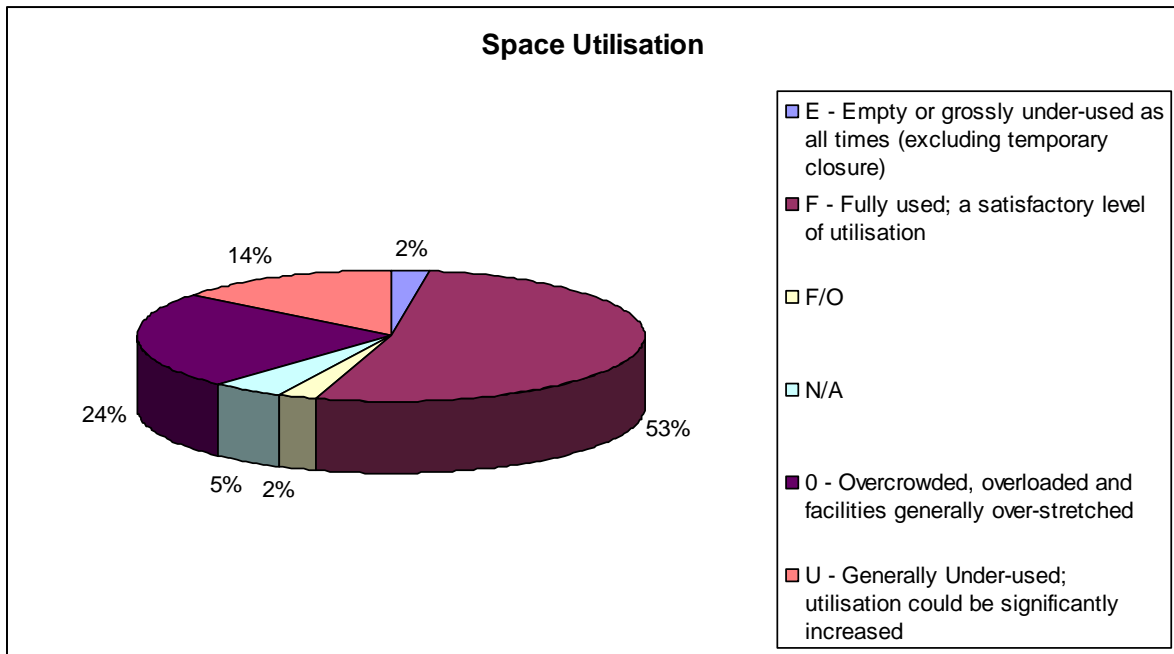
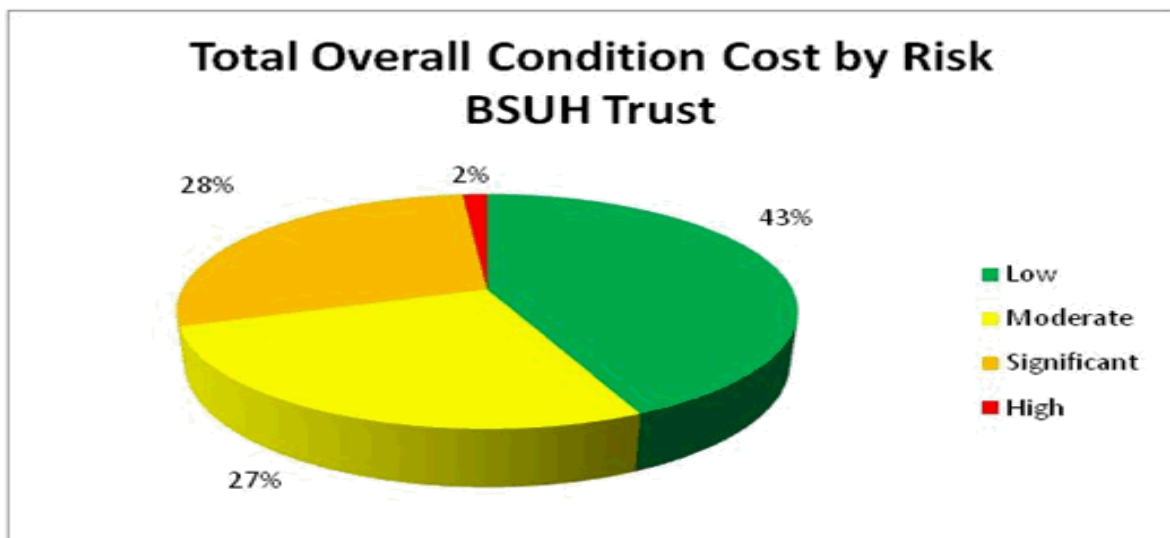


Figure 2.17 Six Facet Survey Outcome: Quality¹



2.7.20 The Department of Health has set mandatory energy efficiency targets for all NHS Trusts:

- Reduce levels of primary energy consumption by 15% or 0.15 million tonnes carbon emissions from a base year of March 2000 to March 2010;
- Achieve 35-55 GJ/100m³ energy efficiency performance in all new capital developments, major redevelopments or refurbishments and existing facilities.

¹ Updated in 2011

2.7.21 In addition there is a target from Government for new build developments to be carbon neutral by 2018. This is the stated intention for all government office estate buildings. These targets set by Government form part of the route to achieving the legal requirements of the Climate Change Act for a reduction in UK carbon emissions of 80% by 2050 against 1990 figures.

2.7.22 The existing BSUH Estate does not achieve the DH upper limit of 55GJ/100m³, with a lower target of 35GJ/100m³.

2.7.23 Currently the BSUH Trust hospitals performance is as follows:

- RSCH 57.45GJ/100m³
- RACH 61.21GJ/100m³
- SEH 68.32GJ/100m³
- PRH 73.79GJ/100m³

2.7.24 Although the RSCH campus achieves good performance against similar hospitals identified in the NHS performance indicators, these are still above the current DH upper limit of 55GJ/100m³. Looking forward at targets for 2020 for the NHS Estate to achieve a 26% reduction in CO₂ emissions (1990 baseline), this target level will need to be reduced accordingly. Looking forward to 2050, further reductions will be required in order to deliver the overarching UK target of 80% carbon reduction on the 1990 baseline.

2.8 Trust Workforce

2.8.1 The Trust currently employs over 5,800 staff (in 2010/11, counted as Whole Time Equivalents, not headcount) across the two campuses. The staffing numbers are broken down overleaf as follows:

Figure 2.18 Breakdown of Staff Employed as at 31st March 2011² full detail available in **Appendix 2D**

Staff Group	Actual WTES
Medical & Dental – Consultants	340.07
Medical & Dental - Staff Grade & Associate Specialist Doctors	42.89
Medical & Dental – Training Grades	512.80
Registered Nurses	1,823.58
Registered Midwives	158.73
Non-registered Nursing Staff	487.05
Non-registered Maternity Staff	50.21
Allied Health Professionals (registered/qualified)	291.48
Healthcare Scientists & ST&T Staff (registered/qualified)	446.10
Management	124.86
Admin, Clerical & Estates Staff	989.01
Maintenance & Works Staff	59.60
HCA & Other Support Staff	430.46
Nursing & Midwifery Learners	59.00
General Payments	1.45
Total:	5,817.29

² These figures exclude facilities management staff (portering, catering and cleaning services) at both campuses. The FM staff at the RSCH campus are employed by ISS Mediclean and the FM staff at PRH are employed by Sodexho