

Trust Board Report

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| Meeting Date: | 28 th May 2012 |
| Title: | Delivery of Estates Strategy 2009/10 to 2018/19, Quarter 4 Report for 2011/12 |
| Executive Summary: | To provide the 4 th Quarterly report for 2011/12 on the implementation of the Trust's Estate Strategy including key points of progress since the last report to the Trust Board in January 2012. |
| Action Requested: | To note and endorse. |
| Report of: | Head of Estates Development |
| Author: Contact Details: | Mike Goodwin Tel 01902 695947 Email: mikegoodwin@nhs.net |
| Resource Implications: | None |
| Public or Private: (with reasons if private) | Public |
| References: (eg from/to other committees) | Sustainability and Carbon Reduction Group Arts and Wayfinding Sub Group DDA Estates Sub Group |
| Appendices/ References/ Background Reading | Attachment 1 |
| NHS Constitution: (How it impacts on any decision-making) | In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> ✦ Equality of treatment and access to services ✦ High standards of excellence and professionalism ✦ Service user preferences ✦ Cross community working ✦ Best Value ✦ Accountability through local influence and scrutiny |

Background Details

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| 1 | See Attachment 1 for detailed report |
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2011/12 Quarter 4 Progress Report on the Delivery of the Trust Estate Strategy, 2009/10 to 2018/19

Governance Arrangements

- **Key Performance Indicators:**

Appendix 1 Identifies the year end position against the KPIs.

Progress Report for Components of the Estates Strategy

- **Implementation of the Site Strategy and Capital Programme**

The Outturn position for the 2011/12 Capital Programme was reported to the Trust Board under separate cover in April 2012.

The review of the Estates Strategy is progressing but at a slower pace than anticipated. The first Stakeholder Workshop was held as scheduled in early February 2012 and findings presented to Directors in March. It was subsequently agreed that a further Stakeholder session should be held to review aspects of the clinical service strategy before the supporting estates strategy can be finalised. The Estates Development team are continuing to update the current position to inform the strategy document and annual ERIC return. It is now anticipated that a revised Strategy will be available for consideration by the Trust Management Team and Trust Board in the Autumn 2012.

- **Schemes within Stage 1 of the site master plan and other Major Projects**

Pathology: The construction of the New Integrated Pathology is progressing and mechanical and electrical engineering works commenced. It is anticipated that there will be a 5 week delay in completion due to weather and some re-design work associated with networking. Completion date is now 21st December 2012. All departments will be fully operational by 31st March 2013.

Emergency Portal and associated projects

The interim refurbishment of the Accident and Emergency Department commenced in January 2012 after delivery of minor enabling works. The project is being delivered over a number of phases enabling the department to remain fully operational throughout. Completion of the full scheme is scheduled for July 2012. The refurbished resuscitation area has been fully functioning for some weeks and work is nearing completion on a new area for eyes cubicles, rapid assessment of patients arriving by ambulance, a new reception and clinical support services. The last part of the refurbishment will include a revamp of the waiting area. The Design Council have been involved in the scheme following their recent work on creating environments to avoid violence and aggression, their input has included colour scheme, information media and artwork.

A short feasibility study into the new build Emergency Centre has now been completed which has enabled a firm overarching strategy to be developed for the overall development. This feasibility study has identified how the project

can be delivered in phases and costs with an early deliverable being the new Accident and Emergency Department. The procurement process for appointment of the Design Team for the development has commenced with a team being in place by the end of June 2012. The Project Board will be holding its first meeting in June.

The demolition of the Catering Building is nearing completion. This site will be converted to a temporary car park until the site is needed for building of the new Accident and Emergency Department.

Women's Unit Refurbishment

The Midwifery Led Unit is now finished. The refurbishment of wards A5 and A6 (obstetric wards) will be undertaken this financial year as will other improvements to the building. The refurbishment of A4 (gynaecology ward) has been deferred to 2013 to allow for a review of service provision.

- Other projects

Demolition of Poplars and Lodge Buildings

The demolition of the Lodge Building and creation of circa 90 additional staff car parking spaces was completed in March 2012. Preparatory works for the demolition of the Poplars building has been completed but the full demolition works were rescheduled to take place in 2012 to prevent site congestion and further pressures on site car parking capacity. The foundation stone and some other small artefacts have been removed from this building for safe keeping and possible use at a later stage. Again this site will be used for temporary parking.

Cystic Fibrosis Service for Adults

The design work for this project is underway and a preferred option identified. It is anticipated that work will start on the outpatient facility in this financial year followed by the inpatient facilities in April 2013. The business case for the project is being finalised.

Pharmacy

Design commenced on this project in January following a non financial option appraisal exercise. This work will inform the Business Case. Work for this project is scheduled for 2013.

• Sustainability and Carbon Reduction

The Trust has reviewed the Carbon Management Plan approved in 2011/12 to assess progress against plan. A report on this review is attached at Appendix 2.

The Trust took part in a NHS Sustainability Day of Action on 28th March 2012 as part of its raising awareness campaign which involved a number of activities in the Event.

Combined Heat and Power Plant - The Contract Agreement plans for this project have now been signed and the project is progressing. The project is now being funded via Treasury funds of £3million. The Plant will be installed

towards the end of the calendar year with full year effect of savings being realized in 2013/14.

- **Travel Plan, Access and Car Parking**

Temporary offsite parking for staff continues to be provided at the Village Inn Public House and New Cross Car Park on the Wolverhampton Road. The need for this provision will be reviewed after additional parking has been created as a result of the demolitions already mentioned.

A feasibility study for a multi-storey car park has been commissioned to look at both the estates and financing options. The outcome of this study will be available in July 2012.

- **Wayfinding**

The Business Case for the new Wayfinding/Signage Strategy is presented to the Trust Board under separate cover.

| 2011/12 Key Performance Indicators | | | | | | | | |
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| Target | Definition | Frequency of Assessment | Threshold | Year End Position | Remedial Action/Commentary | Reporting Mechanism / Source | Resp Officer | Resp ED Group |
| Estate Strategy action plan delivered | Deliver the KPIs associated with the Estates Strategy | Quarterly | <=50% delivered = red; 51-79% delivered = amber; >=80% delivered = green | 70 | | Amalgam KPI | Mike Goodwin/Graham Argent | |
| | No red scores against NHS Estates high level indicators (space efficiency, asset productivity, asset deployment, estates quality and cost of occupancy) | Annual | >3 red scores = red; 2-3 red scores = amber; =<1 red scores = green | 2 | | ERIC KPI's following annual return | Mike Goodwin/Graham Argent | |
| Capital programme delivered within budget and agreed briefs | Capital programme is delivered to CRL | Annual | £501K+ underspend/=£0 overspend = red, £101K to £500K = amber, £0-£100K underspend = green | 340 | Although the final position shows an amber against the target set in April 2012. This year end position was considered to be at an acceptable level given the underspend created by the delay in Pathology of circa £5m. | Capital Programme Reports to CRG, TMT and TB | Mike Goodwin/Ed Callaghan | CRG |
| | Capital spend is managed to plan | Monthly | >+/- 10% variance to target in month = red, +/- 3.1 - 9.9% variance to target = amber, 0-3% variance to target = green | 1.70% | | Capital Programme Reports to CRG, TMT and TB | Ed Callaghan | CRG |
| | Before construction on site commences (estates, IT and equipment) a business case has been approved for each relevant scheme | Quarterly | >=10% approval documents not in place = red, 6-9% approval document not in place = amber; <=5% approval documents not in place = green | 2.20% | All business cases produced for retrospective approval where work has had to start due to urgent clinical need. | Capital Programme Reports to CRG, TMT and TB | Carolyn Robinson | CRG |
| Consistency with targets for improvements in estate and clinical performance improvement | 6 communications complete to advise staff, patients and public of long term site strategy | Annual | 0-2 communication activities complete p.a. = red; 3 - 5 communication activities complete p.a. = amber; >=6 communication activities complete p.a. = green | 6 | | Highlight reports | Carolyn Robinson | |
| Zero high and significant risk adjusted backlog maintenance within the estate by 2015/16 and all remaining backlog on a year by year basis by 2018/19 | High and significant backlog maintenance targets reduced in accordance with plan | Annual | Relevant backlog maintenance targets reduced in accordance with plan >=5% below plan = red; relevant backlog maintenance targets reduced by 2-4% below plan = amber; relevant backlog maintenance targets reduced to within 1% or better than plan = green | 0 | reduction in value also due to reindexing of inflation | Backlog Maintenance audit (annual) ERIC Return | Carolyn Robinson | |
| | Total backlog maintenance targets reduced in accordance with plan | Annual | Relevant backlog maintenance targets reduced in accordance with plan >=5% below plan = red; relevant backlog maintenance targets reduced by 2-4% below plan = amber; relevant backlog maintenance targets reduced to within 1% or better than plan = green | 0 | reduction in value also due to reindexing of inflation | Backlog Maintenance audit (annual) ERIC Return | Carolyn Robinson | |
| | 75% estate Category A/B or B/C for condition | Annual | <=71% estate category A/B = red; 72-74% estate category A/B = amber; >=75% estate category A/B = green | 74 | | 1% below green target | ERIC return | Carolyn Robinson |
| | 80% estate Category A/B for functional suitability | Annual | <=75% estate category A/B = red; 76-79% estate category A/B = amber; >=80% estate category A/B = green | 80 | | | ERIC return | Carolyn Robinson |
| | 95% estate category F (fully utilised) for space utilisation | Annual | <=80% estate category F = red; 91-94% estate category F = amber; >=95% estate category F = green | 93.7 | | 1.3% below green target | ERIC return | Carolyn Robinson |
| | 70% estate Category A/B for quality | Annual | <=64% estate category A/B = red; 65-69% estate category A/B = amber; >=70% estate category A/B = green | 70 | | | ERIC return | Carolyn Robinson |
| Full compliance with mandatory and statutory standards | Refurbished buildings to fully comply with Disability Discrimination Act | Annual | >=2 case of failure to comply without agreed corrective action plan = red; 1 case of failure of comply with agreed corrective action plan = amber; no exceptions from compliance = green | 0 | | DDA Audit | Carolyn Robinson | DDASG |
| | Zero legionella outbreaks | Quarterly | >=1 case of legionella = red; no cases = green | 0 | | Incident reports | Resp Officer - Legionella | |
| | Minimise business interruptions as a result of failure of the estate | Quarterly | Notice of business interruption = red; No business interruption = green | 0 | | Incident reports | Little | |
| All buildings to comply with the HTM 05 suite of documents and the Regulative Reform Order for Fire Safety and remedial action to be taken where shortfalls are identified | Compliance with HTM 05 and the Regulative Reform Order for Fire Safety | Annual | >=2 case of failure to comply without agreed corrective action plan = red; 1 case of failure of comply with agreed corrective action plan = amber; no exceptions from compliance = green | 0 | | Annual Certification Incidents report | Graham Argent | |

| Target | 2011/12 Key Performance Indicators | | | | | | | |
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| | Definition | Frequency of Assessment | Threshold | Year End Position | Remedial Action/Commentary | Reporting Mechanism / Source | Resp Officer | Resp ED Group |
| Reduce carbon footprint by at least 15% of the Trust's 2009/10 levels by March 2015 | 4 staff communications complete to increase awareness of the environmental, carbon and energy reduction strategy and their roles within it, including targets within the good corporate citizenship model | Annual | <= 1 staff communication activities complete = red; 2-3 staff communication activities complete = amber; >=4 staff communication activities complete = green | 4 | Communication Activities planned in Trust Talk and Senior Managers Forum | CMP Action Plan/Estates Quarterly Reports to TMT and TB | Carolyn Robinson | SCRG |
| | 31% of total target reduction in carbon emissions from the Trust's 2009/10 baseline level | Annual | <23% contribution to 2014/15 carbon emissions target = red; 24-30% contribution to 2014/15 carbon emissions target = amber; >=31% contribution to 2014/15 target in carbon emissions = green | 0 | See separate report which recommends new profile for reductions moving forward but which will still achieve 2014/15 overall target. | CMP Action Plan/Estates Quarterly Reports to TMT and TB | Mike Goodwin/Graham Argent | SCRG |
| | Establish baseline and targets for reduction in energy consumption for buildings unaffected by refurbishment or replacement | Annual | Baseline and targets not complete = red (Not Complete); baseline and targets agreed = green (Complete) | Not complete | Smart metering installed but targets wont be set until 12/13 | TBC | Graham Argent | EG |
| All new health care buildings to be low carbon by 2015 All new developments achieve a BREEAM score of excellent and all refurbished buildings achieve a BREEAM score of very good. | Designs and specifications for all new buildings to require a maximum energy consumption of between 35 to 55GJ/100M3 (and buildings subject to major refurbishment (above £2m) to be 55 to 65 GJ/100m3) of heated volume per annum, and include an element of energy generation from renewable sources | Annual | Designs and specifications not including relevant energy target = red; all designs and specifications including relevant standard = green | 0 | | BREEAM Assessment Display Energy Certificate | Ed Callaghan | |
| | All new completed buildings to have a maximum energy consumption of between 35 to 55GJ/100M3 and buildings subject to major refurbishment (above £2m) to be 55 to 65 GJ/100m3) of heated volume per annum, and include an element of energy generation from renewable sources | Annual | 0-49% buildings reaching required energy target = red, 50- 80% of buildings reaching required energy target = amber, 100% of buildings reaching required energy target = green | 100 | To be reassessed when roll out of smart metering is complete by end of financial year | BREEAM Assessment/ Metering | Ed Callaghan | EG |
| Compliance with EU and national regulations in relation to refrigerants | Zero refrigerant leaks from equipment | Bi-annual | >= 7 non-compliant incidents = red; 4 - 6 = amber; <= 3 = green | 3 | | Reports from certified contractors | Ivan Little | SCRG |
| 5% Reduction in the number of single occupancy cars coming to site by end of 2014/15 (based on 2009/10 figures of 73%) - Source RWHT Travel Plan 2009 | 3% Reduction in the number of single occupancy cars coming to site by end of 2014/15 (Source RWHT Travel Plan 2009 - figures 73%) | Annual | <= 1% = red; 1.1% to 2.9% = amber; >= 3% = green | 3 | | Travel survey and Travel Plan Coordinator Registers | Carolyn Robinson /Janet Smith | SCRG |
| Achieve an absolute reduction in the Trust's carbon emissions from waste of 10% from 2009/10 baseline by 2014/15 | Achieve an absolute reduction in the Trust's carbon emissions from waste of 2% from 2009/10 baseline by 2011/12 | Annual | <= 1% = red; 1.1% to 1.9% = amber; >= 2% = green | 0 | | | | |
| Reduce waste arisings by 25% by 2020 on 2009/10 levels | Reduce waste arisings by 3% by 2011/12 on 2009/10 levels | Bi-Annual | Waste arisings < 1% = red; waste arisings 1 - 2.9% = amber; waste arisings >= 3% = green | 1 | New domestic waste collection system implemented to provide greater opportunity to segregate waste types effectively. Clinical waste arisings are still a cause for concern but the level remains stable despite clinical activity increases. | Waste audits, Weight statements (recycled and reused) weight statements on invoices and incinerator records | Pete Gibbons | WMEG |
| Ensure recycling levels are 40% of Trust's waste arisings by 2012/13 on 2009/10 levels | 30% domestic waste recycled by 2011/12 | Bi-Annual | <=15% domestic waste recycled = red; 16-29% domestic waste recycled = amber; >=30% domestic waste recycled = green | 15 | Plastic and cardboard waste being removed and sent for recycling, as part of depackaging process in Main Stores.Used printer cartridges are being collected for recycling. Opportunist recycling projects being undertaken (e.g. replacement of paper hand towel dispensers - circa 2000 old hard plastic dispensers sent for recycling). | Waste audits, Weight statements (recycled and reused) weight statements on invoices and incinerator records | Pete Gibbons | WMEG |

| 2011/12 Key Performance Indicators | | | | | | | | |
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| Target | Definition | Frequency of Assessment | Threshold | Year End Position | Remedial Action/Commentary | Reporting Mechanism / Source | Resp Officer | Resp ED Group |
| | Compliance with HTM 07 05 (Safe Management of Healthcare Waste) | Quarterly | >= 7 cases of failure to comply without agreed corrective action plan = red; 4-6 cases of failure of comply with agreed corrective action plan = amber; <= 3 exceptions from compliance = green | 0 | | Annual Certification Incidents report Waste quarterly audits | Pete Gibbons | WMEG |
| | Progress towards implementation of guidelines within HTM 07 by May 2011 | Annual | Waste management policy not in place = red; policy in place = green | In place | | Highlight report | Pete Gibbons | WMEG |
| Maintain waste audit returns at 95% | 95% waste audits complete | Annual | <= 70% audits complete = red, 71% to 94% audits complete = amber, >=95% = green | 100 | Up stream waste audits undertaken and reported for New Cross Hospital and West Park Hospital. | Annual Waste audit | Pete Gibbons | WMEG |
| All building projects over £300k to have waste plans in place | All building projects =>300k to have waste plans in place | Quarterly | >=80% relevant building projects with waste plans in place = red; 81 - 99% relevant building projects with waste plans in place = amber; 100% relevant building projects with waste plans in place = green | 100 | | Estate Strategy Action Plan | Ed Callaghan | |
| Improvements in materials procurement to achieve at least 20% of the total value of materials derived from recycled and reused content in the products and materials selected by 2014/15 | Improvements in building materials procurement to achieve at least 12% of the total value of materials derived from recycled and reused content in the products and materials selected for contracts with a capital value =>£300k | Bi-Annual | <=5% recycled content per project = red; 6-11% recycled content per project = amber; >=12% recycled content per project = green | 12 | No projects currently in scope or measurable at this moment in time e.g. Pathology. Estimate for Pathology should be available for year end. Actual will be reported in 2012/13. | Monitoring of individual projects | Ed Callaghan | |
| Compliance with Good Corporate Citizen Targets | Secure score of 'Getting There' (minimum score of 4) in at least 2 questions in each pillar and achieve a minimum of 37% in each area of results in the Good Corporate Citizen toolkit by 2012 (Source NHS Sustainable Development Unit) | Bi-annual | Overall score GCC score of <=35% = red; 36% = amber; >= 37% = green | 37 | | Update reports to the SCRG group Bi annual reviews of self assessment scores | 6 Pillar Leads - Graham Argent/Carolyn Robinson/ Neil Simmonds/ Michelle Fish/Nina Dunmore/ Janet Smith | SCRG |
| Establishment of a new way finding system for the Trust (for phased roll out) Arts programme implemented | Undertake 2 Arts events on RWHT site | Annual | 0 events = red ; 1 event = amber, 2 events = green | 0 | Activities have been concentrated on improving environment through art at ward and department level and patient participation in this year. | Estates Strategy Quarterly Report | Carolyn Robinson | AWF |
| | Produce communications plan and business case for roll out of new wayfinding strategy | Annual | Strategy not implemented = red; Strategy implemented = green | Not Implemented | Communication plan in place and commenced. Business case under development for approval in May 2012. Strategy to be implemented from Sept 2012 | Estates Strategy Quarterly Report | Carolyn Robinson | AWF |
| Score good or excellent for all areas in future PEAT assessments | Score good or excellent for all areas in future PEAT assessments | Annual | PEAT assessment unacceptable/poor = red; PEAT assessment acceptable = amber; PEAT assessment good or excellent = green | Good | | PEAT Assessment | Sandra Roberts | EnvG |
| 90% patients score the Trust as good or excellent in all areas relating to the environment by 2014/15 | 83% of patients score the Trust as 'good' or 'excellent' in all areas relating to the environment | Annual | <=73% patients score the Trust as good or excellent in areas relating to the environment = red; 74-82% patients score the Trust as good or excellent in areas relating to the environment = amber; >=83% patients | 83 | | Annual surveys, PEAT assessment | Sandra Roberts / I Little | EnvG |
| <p>Key CRG - Capital Review Group SCRG - Sustainability and Carbon Reduction Group EG - Energy Group EnvG - Environment Group AWF - Arts and Wayfinding Sub Group DDASG - DDA Estates Sub Group WMEG - Waste Management Executive Group</p> | | | | | | | | |