

## Trust Board Report

<b>Meeting Date:</b>	17 <sup>th</sup> January 2011
<b>Title:</b>	Delivery of Estates Strategy 2009/10 to 2018/19, Quarter 3 Report
<b>Executive Summary:</b>	To provide the 3 <sup>rd</sup> Quarterly Report for 2010/11 on the implementation of the Trust's Estates Strategy including key points of progress since the last report to the Trust Board in November 2010.
<b>Action Requested:</b>	Note and endorse
<b>Report of:</b>	Acting Director of Estates Development
<b>Author:</b>	Brian Midgelow-Marsden Tel 01902 695947
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<b>Resource Implications:</b>	None
<b>Public or Private:</b> (with reasons if private)	Public Session
<b>References:</b> (eg from/to other committees)	Assets, Sustainability & Estates Strategy Board 29 <sup>th</sup> November 2010
<b>Appendices/ References/ Background Reading</b>	Attachment 1
<b>NHS Constitution:</b> (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>
<b>Background Details</b>	
<b>1</b>	<b>See attachment 1 for detailed report</b>

**2010/11 Quarter 3 Progress Report on the Delivery of the Trust Estate Strategy, 2009/10 to 2018/19**

***Governance Arrangements***

The Estates Governance Groups continue to be operational for the 2010/11 financial year in the revised format presented to the Trust Board in July 2010. A further review to streamline the process even further will take place before the end of the financial year.

- **Estates Strategy:** The Estates Strategy is currently being revised and will be presented to the Trust Management Team and Trust Board in March 2011.
- **Risk Management:** The Estates Governance Groups are now reporting to the Board Assurance Committee with the latest report made in December 2010. Risks are reported in Datix in accordance with Trust policy and reviewed and updated quarterly by the Estates Governance Groups.
- **Key Performance Indicators:** The key performance indicators developed for 2010/11 form part of the Trust's performance management framework and these have been reported at the appropriate frequency throughout the year.

Appendix 1 identifies the current performance against the KPIs. The report shows that 61% of the KPIs have been achieved with a projected year end position of 85% achievement.

***Progress Report for Components of the Estates Strategy***

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

The capital programme is being reported to the Trust Management Team and Trust Board through the Capital Review Group under separate cover on a monthly basis. It is anticipated that the CRL of £18,035,000 will be achieved.

The Section 106 Agreement and Decision Notice in relation to Planning for the major site development have now been signed off by the Trust and Wolverhampton City Council.

- **Schemes within Stage 1 of the site master plan and other Major Projects**
  - **Site Rationalisation business case:** This project is complete with the exception of the Medical Illustration relocation (in progress) and demolition of Medical Illustration/Lung Function and Poplar buildings. All work excluding the Poplars demolition (now scheduled for 2012/13) will be completed by 31<sup>st</sup> March 2011. The projected outturn cost of the whole project is £ 5,805,967 against a business case value of £5,860,133.

An interim Post Project Evaluation for the project will be carried out during 4<sup>th</sup> Quarter of the financial year with a final evaluation being carried out on completion of the whole project.

- **Pathology:** The Full Business Case for the New Integrated Pathology and Construction Contract Award are reported to the Trust Management Team and/or the Trust Board under separate cover. Start of construction on site is planned for late April 2011 subject to all approvals being in place. The construction programme is expected to be circa 15 months with the building being ready for occupation in autumn 2012.
- **Catering:** The new CPU was completed in September 2011 slightly behind schedule. Production of food in the unit commenced 25<sup>th</sup> October 2010 as expected and roll out to all wards was completed by end December 2010. All ward regeneration facilities are in place and are supporting the new service. Finalisation of final accounts with ROK is expected to be protracted due to ROK going into administration early November 2010. The Project Manager is currently completing a schedule of all outstanding works for this to be valued by the Quantity Surveyor with a view to sourcing alternative means of delivery. There are however no major issues which prevent the building being used for its intended purpose or the service being provided.
- **Interim Emergency Portal:** The Project Steering Group for the interim Emergency Portal held its first meeting on 1<sup>st</sup> November 2010 to review options for taking this project forward. The first phase of this scheme i.e. the installation of a CT Scanner in the Accident and Emergency Dept was delivered in August 2010 within budget. Work stream meetings are now underway with the intention of developing an Outline Business Case for presentation to the CRG, Trust Management Team and Trust Board in April 2011 followed by a Full Business Case in the summer.
- **Women's Unit Refurbishment:** The Full Business Case for Stage 2 of the Women's Unit was approved by Trust Board in December 2010. Reconfiguration of accommodation on the ground floor and C5 has been completed to allow the relocation of 1<sup>st</sup> floor accommodation. This vacant space is now being reconfigured and refurbished for the new Neonatal Unit which is programmed for completion by end April 2011. Other building services works to electrical services and air handling units is continuing. Design work for Stage 3 which comprises the Midwifery Led Unit has started with a business case being ready to present to the Trust Management Team and Trust Board in March 2011.

The confirmed costs of Stages 1 and 2 suggest that ward refurbishments and refurbishment of Ultrasound will not be affordable within the capped budget of £8million unless the costs for the Midwifery Led Unit come in below budget estimate. Concerns have been expressed by the Division about these exclusions due to poor patient environment.

- **Other projects**

**Refurbishment of ESS (D22):** This project is now complete with the area becoming operational in November 2010.

**New Modular Theatres:** The construction of the structural works for the new theatres started on site early November 2010 and is due to complete April 2011. Equipment is in the process of being delivered for this including the De Vinci Robot (delivered 29<sup>th</sup> December 2010).

- **Sustainability and Carbon Reduction**

Following approval of the outline business case for Carbon Reduction on 8<sup>th</sup> November 2011 details are being worked up on a project by project basis to allow finalisation of the Trust's 5 year Carbon Management Plan which will be presented to the Trust Board in March 2011. Monies have been allocated within the long term capital programme to deliver carbon savings including funds for the Combined Heat and Power Plant subject to business case approval.

- **Impacts of the legislative changes relating to the Carbon Reduction Commitment (CRC) and Trust's involvement in EUETS**

The Trust is part of the CRC and will commence payment for the carbon produced from electricity consumption in April 2012. It was originally anticipated that the likely cost to the Trust would be circa £15K (£150K payment less £135K refund). However due to recent legislative changes which have resulted in the removal of the refund part of the scheme, the Trust will bear the impact of the full £150K.

The Trust is also currently part of EU Emissions Trading Scheme phase 2 (EUETS) accounting for the carbon produced from Fossil fuels e.g. gas (excludes the incinerator) - carbon credits are free at this stage and the Trust enjoys a dividend of circa £80K/annum which it gains from sale of credits. This calculation was based on the original assessment which was due to the Trust converting its steam raising plant from coal to gas circa 4 yrs ago.

It is unclear, however, whether the Trust will be able to participate in EUETS phase 3 in 2013. If it is allowed then the Trust will lose the credits due to the rebasing of its consumption on a later date circa 2008. The resultant cost to the Trust would be the loss of the £80K currently gained from sale of EUETS credits which is in addition to the CRC charge referred to above. Whilst the Trust will have to report its carbon related to fossil fuel consumption to the CRC it will be exempt from any related payment whilst it is a member of the EUETS.

However, if the Trust is unable to participate in the EUETS 2013 then all carbon production will have to be accounted for through CRC at the prevailing cost per tonne. It is estimated that the overall cost impact of both the CRC changes and the EUETS exclusion would be in the order of £250K/annum initially (based on an estimated carbon cost of £13-15 per tonne) plus £80K currently gained from sale of credits.

Installation of CHP would make a major contribution to reducing the Trust's carbon and reducing the CRC charges.

- **Waste Management and Materials Resource Efficiency**

The business case which facilitates the implementation of the Waste Management Policy is being finalised for approval by the Capital Review Group which will enable completion of the capital elements by 31<sup>st</sup> March 2011. Working practices in relation to recycling have been reviewed by the Waste Contractor and compaction of cardboard commenced in September 2010. Trials are being undertaken in stores and theatres on plastic recovery and separation of domestic and clinical waste respectively.

The original target date of February 2011 for implementation of HTM 07 01 has now been delayed until 1<sup>st</sup> May 2010 to avoid unnecessary burden on staff during potential winter pressures period.

An independent waste audit in departments took place in November 2010.

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

Travel incentives in the form of Cycle to Work Scheme and Travel Passes continue to be taken up by staff with a predicted year end position of 4% of staff availing themselves of these incentives. To date 50 staff have taken up the cycle to work scheme in the first year of operation which is 50% of the target take up over 3 years and the current scheme is now self financing. A car sharing scheme in conjunction with Wolverhampton City Council was launched in March 2010 and although some Trust staff have registered for this scheme take up is relatively slow therefore further promotion of this scheme will take place in the near future.

Car Parking continues to be a challenge and the Trust continues to rent circa 60 offsite spaces for staff. Whilst a number of spaces have been released back into use on the North car park with the completion of the new Catering Building, further spaces have been taken out of use in the centre of the site by the relocation of the medical illustration building. Further impacts on parking are expected when the new Pathology building starts on site in 2011/12 to allow access for construction vehicles. Additional spaces have been identified and put into use around the site but on several days demand is exceeding supply which is putting pressure on road parking around the hospital.

Plans to create additional car parking through demolition have been put on hold due to affordability; however, the situation is being continually monitored and reviewed.

- **Arts and Way Finding / DDA**

A pilot of the proposed new internal hospital signage was undertaken over a 24 hour period Friday and Saturday 24<sup>th</sup> and 25<sup>th</sup> September 2010 and members of the public and patient representative groups invited to attend through the Wolverhampton LINKs. Whilst turnout was low, a number of important groups were represented and useful feedback received. A report has since been presented to the Assets, Sustainability and Estates Strategy Board who have asked for a further review of the proposals.

The test accessibility site is now being finalised for sign off with the intention of going live with this site through the Trust's internet and Direct Enquires site in January 2011 following Executive approval. The audit results which will form the DDA Action Plan have been summarised and are currently being prioritised in accordance with the Trust's development and rationalisation programme and where appropriate costs reviewed and mitigation plans developed for inclusion in plans for 2011/12 onwards.

- **Asset Management**

The Trust's original proposals in relation to the development of a new integrated Asset Management System have been put on hold pending a review and gap analysis being undertaken of existing systems used in Estates, Medical Physics and Finance.

Strategies for three of the four categories of Asset are already in place. A strategy for the fourth category, that for vehicles, is to be formulated, performance criteria established, reporting requirements agreed and the Assets then added to the Planet system already operated by Estates and Facilities.

A working group has been established to propose and agree the type of reports to be produced from the Asset Management System and the frequency of reporting that will adequately inform better management of the Portfolio. At this level, reporting will be predictive, ie, information regarding anticipated spend profile for maintenance and anticipated spend profile for replacement, and will also advise on issues of Criticality and Risk.

Another output of the working group is to identify Key Performance Indicators and how reporting against these will allow the Trust Management Team and Trust Board to measure the performance of the Asset Management Systems. These reports will focus on the functionality of the Assets and will monitor their effective use, ensuring that this is maximised and that lifecycle costs are minimised.

The guiding remit of the group is to identify and implement improvements in the way the current Asset Management Systems are utilised with emphasis on the gathering and reporting of key information which informs the Procurement, Deployment and Replacement of Assets such that they may be managed to ensure that they are adequate and appropriate, and available to meet objectives.

- **Backlog Maintenance and Estate Condition**

Detail of the Trust's progress in this area is currently being shared with Monitor as part of the FT application. The Trust is showing steady progress in reducing the backlog and improving the condition and quality of the estate but this still relies heavily on the site rationalisation plans being delivered. Funds to finance essential backlog work on retained buildings have been built into the long term capital programme. This investment will eradicate all backlog maintenance liability on site identified in the 2007/08 survey providing preventative maintenance continues to take place by 2015/16. The next survey is due at the end of 2012/13.

ESTATES DEVELOPMENT TARGETS AND KEY PERFORMANCE INDICATORS Quarter 3 position

2010/11 Key Performance Indicators										
Target	Definition	Frequency of Assessment	Threshold	Risk State: Likelihood & consequence of failure	Latest Assessment	Projected End of Year Position	Remedial Action	Reporting Mechanism / Source	Resp Officer	Resp ED Group
Year 3 of Estate Strategy action plan delivered	Deliver the KPIs associated with the Estates Strategy	Quarterly	<=33% delivered = red; 34-65% delivered = amber; >=66% delivered = green		61	88		Amalgam KPI	Brian Midgellow-Marsden	ASESWG
	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		0	0		ERIC return	Carolyn Robinson	ASESWG
Capital programme delivered within budget and agreed briefs	Capital programme is delivered to CRL	Monthly	>=10% variance from profiled spend = red, 6-9% variance from profile = amber, <=5% from profile = green		0.0	0		Highlight reports	Brian Midgellow-Marsden/Ed Callaghan	CRG
	Capital spend is managed within plan	Monthly	>+/- 5% = red; +/- 3.1-5% = amber; +/- 0-3% = green		-2.90%	0		Capital review group report, highlight reports	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	2		Capital review group report, highlight	Carolyn Robinson	CRG
Consistency with targets for improvements in estate and clinical performance improvement	10 communications complete to advise staff, patients and public of long term site strategy	Annual	<=4 communication activities complete p.a. = red; 5-9 communication activities complete p.a. = amber; >=10 communication activities complete p.a. = green		4	8	Communications planned for new year.	Highlight reports	Carolyn Robinson	ASESWG
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 by 10% from 2008/09 baseline	Annual	Relevant backlog maintenance targets reduced from 2008/09 baseline by <=5% = red; relevant backlog maintenance targets reduced by 6-9% = amber; relevant backlog maintenance targets reduced by >=10% = green		21	21	substantial change as vacant buildings awaiting demolition can be excluded from ERIC return	Backlog Maintenance audit (annual) ERIC Return	Carolyn Robinson	ASESWG
	Total backlog maintenance targets reduced by 10% in year from 2008/09 baseline	Annual	Relevant backlog maintenance targets reduced from 2008/9 baseline by <=5% = red; relevant backlog maintenance targets reduced by 6-9% = amber; relevant backlog maintenance targets reduced by >=10% = green		35.7	35.7	substantial change as vacant buildings awaiting demolition can be excluded from ERIC return	Backlog Maintenance audit (annual) ERIC Return	Carolyn Robinson	ASESWG
	70% estate Category A/B or B/C for condition	Annual	<=66% estate category A/B = red; 67-69% estate category A/B = amber; >=70% estate category A/B = green		68	70		ERIC return	Carolyn Robinson	ASESWG
	73% estate Category A/B for functional suitability	Annual	<=70% estate category A/B = red; 71-72% estate category A/B = amber; >=73% estate category A/B = green		68	73		ERIC return	Carolyn Robinson	ASESWG
	80% estate category F (fully utilised) for space utilisation	Annual	<=77% estate category F = red; 78-79% estate category F = amber; >=80% estate category F = green		87	87		ERIC return	Carolyn Robinson	ASESWG
	65% estate Category A/B for quality	Annual	<=62% estate category A/B = red; 63-64% estate category A/B = amber; >=65% estate category A/B = green		62	65		ERIC return	Carolyn Robinson	ASESWG
Full compliance with mandatory and statutory standards	New and refurbished buildings (value=>£250k) 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	0		DDA Audit	Carolyn Robinson	DDASG
	Zero cases of legionella	Quarterly	>=1 case of legionella = red; no cases = green		0	0		Incident reports	I Little	ASESWG

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2010/11 Key Performance Indicators										
Target	Definition	Frequency of Assessment	Threshold	Risk State: Likelihood & consequence of failure	Latest Assessment	Projected End of Year Position	Remedial Action	Reporting Mechanism / Source	Resp Officer	Resp ED Group
	Zero business interruption as a result of failure of the estate	Quarterly	Notice of business interruption = red; No business interruption = green		0	0		Asset Management Report Incident Reports	I Little	ASESWG
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	0		Annual Certification Incidents report	Graham Argent	ASESWG
Reduce carbon emissions by at least 10% of the Trust's 2007 levels by 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		0	4	Communications plan complete and campaign in place for start in January 2011	Highlight report	Graham Argent/Carolyn Robinson/Darren Jacobs	SCRG
	4% reduction in carbon emissions from the Trust's 2007 baseline level	Annual	0 - 3.4% reduction in carbon emissions from 2007 level = red; 3.5-3.99% reduction = amber; >=4% reduction in carbon emissions = green		0	0	Due to increase in size of estate and energy usage. To be evidenced further	To be defined within Sustainability	Graham Argent	SCRG
	Establish baseline and targets for reduction in energy consumption for estate unaffected by refurbishment or replacement	Annual	Baseline and targets not complete = red (Not Complete); baseline and targets agreed = green (Complete)		Not complete	Not complete	dependent upon sub metering of depts and unlikely to be achievable in year	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 for all new 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	>= 2 new/refurbished buildings not meeting relevant energy target = red; 1 building not meeting relevant standard = amber; no new buildings not meeting relevant standard = green		0	0		BREEAM Assessment Display Energy Certificate	Carolyn Robinson	ASESWG
	Specifications to require all new healthcare buildings to meet BREEAM Healthcare Excellent standard and healthcare refurbishments above £2 million capital costs meet the BREEAM Very Good standard	Annual	>= 2 new/refurbished relevant healthcare buildings not meeting relevant BREEAM standard = red; 1 relevant healthcare building not meeting defined standard = amber; no relevant healthcare buildings not meeting defined standard = green		0	0		BREEAM Assessment	Carolyn Robinson	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		0	0		Reports from certified contractors	Graham Argent	SCRG
Target reduction for emissions from road vehicles used on NHS business by 15% by 2010/11 based on 2005/06 levels	5% of staff members to have taken up one of the Travel measures (e.g. car sharing, walking/cycling buddy) that have been implemented by the Trust during 2009/10 and 2010/11	Annual	<=2.5% staff take up relevant Travel measures = red; >2.5- 4% staff take up travel measures = amber; >= 5% staff take up travel measures = green		2	4	planned initiatives and communications	Travel survey and Travel Plan Coordinator Registers	Carolyn Robinson	STTG
	Implementation of Travel Plan approved by City Council	Annual	Implementation of one additional measure in Travel Plan = red; Implementation two additional measures within Travel Plan = amber; Implementation of three or more additional measures within Travel Plan = green		3	4		Highlight report	Carolyn Robinson	STTG

ESTATES DEVELOPMENT TARGETS AND KEY PERFORMANCE INDICATORS Quarter 3 position

Target	2010/11 Key Performance Indicators									
	Definition	Frequency of Assessment	Threshold	Risk State: Likelihood & consequence of failure	Latest Assessment	Projected End of Year Position	Remedial Action	Reporting Mechanism / Source	Resp Officer	Resp ED Group
Reduce waste arisings in 2012/13 to be reduced by 5% relative to 2004/5 levels	Reduce waste arisings by 3% relative to 2004/05 levels	Bi-Annual	Waste arisings < 1% relative to 2004/5 levels = red; waste arisings 1 - 2.9% relative to 2004/5 levels = amber; waste arisings > 3% = green (based on proxy)			0		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 (from 2006/7 baseline)	30% domestic waste recycled 2010/11 40% domestic waste recycled 2011/12	Bi-Annual	<=15% domestic waste recycled = red; 16-29% domestic waste recycled = amber; >=30% domestic waste recycled = green			0	Survey to confirm levels, but pilots indicate KPI continues to be achievable. Working practices revised by new contractor from 1st July. Separate compaction of cardboard commenced September 2010. Paper recycling under review estimated 91 tonnes p.a. of recyclable paper is disposed of as waste by the Trust. Trial in Stores for plastic recovery and in theatres to remove household waste from the clinical waste stream.	Waste audits, Weight statements (recycled and reused) weight statements on invoices and incinerator records	Pete Gibbons	WMRR
	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	Single yellow coloured lids on sharp boxes being phased in as stocks of orange lids depletes.	Annual Certification Incidents report Waste quarterly audits	Pete Gibbons	WMEG
	Progress towards implementation of guidelines within HTM 07 by February 2011	Annual	Waste management policy not in place = red; policy in place = green		Not in place	Not in place	Introduction of new policy postponed to avoid winter pressures - new implementation date 1st May 2011	Highlight report	Pete Gibbons	WMEG
By 2009/10 all new builds to have waste plans in place By 2010/11 all building projects over £300k to have waste plans	All building projects =>250k to have waste plans in place	Quarterly	>=3 relevant building projects without waste plans in place = red; 1 - 2 relevant projects without waste plans in place = amber; no relevant building projects do not have waste plans in place = green			0	Requirement for waste plans included in tender documentation for larger projects. Requirement needs to be standardised for all capital programme schemes over this value	Estate Strategy Action Plan	Carolyn Robinson	AESWG
By 2010/11 achieve 95% of quarterly audit returns	95% waste audits complete	Bi-Annual	</=50% audits complete = red; 51-94% audits complete = amber; >= 95% audits complete = green			56	Schedule on target. Site wide independent audit to be undertaken by Waste Management Specialist - commencing November 2010.	Waste quarterly audits	Pete Gibbons	WMEG

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2010/11 Key Performance Indicators										
Target	Definition	Frequency of Assessment	Threshold	Risk State: Likelihood & consequence of failure	Latest Assessment	Projected End of Year Position	Remedial Action	Reporting Mechanism / Source	Resp Officer	Resp ED Group
Improvements in materials procurement to achieve at least 10% of the total value of materials derived from recycled and reused content in the products and materials selected by 2012/13	Improvements in building materials procurement to achieve at least % of the total value of materials derived from recycled and reused content in the products and materials selected for contracts with a capital value =>£250k	Bi-Annual	<=5% recycled content per project = red; 6-9% recycled content/project = amber; >=10% recycled content per project = green		3	5	Trust currently obtaining information from suppliers so expect to improve by end of year	Estate Strategy Action Plan	Ed Callaghan	AESWG
Secure score of 'Getting There' against the 6 categories in the Good Corporate Citizen toolkit in 2009/10	Secure score of 'Getting There' in at least 2 questions in each test or achieve a minimum of 37% in each area of results in the Good Corporate Citizen toolkit in 2010/11	Bi-annual	Overall score GCC score of <=35% = red; 36% = amber; >= 37% = green		37	37		Update reports to the SCRG group Bi annual reviews of self assessment scores	6 Pillar Leads	SCRG
Establishment of a new way finding system for the Trust (for phased roll out) Arts programme implemented	Audit complete of arts portfolio	Annual	Arts audit incomplete by end of 2009/10 = red (Incomplete); audit complete = green (Complete)		Not complete	Complete	To be undertaken by end of financial year	Highlight report Estates strategy action plan	Carolyn Robinson	AWF
	Undertake pilot study and produce business case for roll out of new wayfinding strategy	Annual	Business case not complete by end 2010/11 = red; business case complete = green		Not complete	Complete	Pilot study complete, review underway. Business Case to be developed for March 11	Highlight report Estates strategy action plan	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		Excellent	Excellent		PEAT Assessment	Sandra Roberts	AESWG
90% patients score the Trust as good or excellent in all areas relating to the environment by 2014/15	80% of patients score the Trust as 'good' or 'excellent' in all areas relating to the environment	Annual	<=70% patients score the Trust as good or excellent in areas relating to the environment = red; 71-79% patients score the Trust as good or excellent in areas relating to the environment = amber; >=80% patients score the Trust as good or excellent in areas relating			80	80	PEAT assessment	Sandra Roberts / I Little	AESWG