

Trust Board Report

Meeting Date:	18 th April 2011
Title:	Delivery of Estates Strategy 2009/10 to 2018/19, Quarter 4 Report
Executive Summary:	To provide the 4 th and final 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 January 2011.
Action Requested:	Note and endorse
Report of:	Acting Director of Estates Development
Author:	Brian Midgelow-Marsden Tel 01902 695947
Contact Details:	Email: brian.midgelow-marsden@nhs.net
Resource Implications:	None
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	Assets, Sustainability & Estates Strategy Board and Sustainability & Carbon Reduction Group
Appendices/ References/ Background Reading	Attachment 1
NHS Constitution: (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"> ✚ 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

1	See attachment 1 for detailed report
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2010/11 Quarter 4 Progress Report on the Delivery of the Trust Estate Strategy, 2009/10 to 2018/19

Governance Arrangements

Review of the Estates Governance Groups is on hold pending the decision on Foundation Trust status.

- **Estates Strategy:** The update to Estates Strategy has been delayed to include 2010/11 outturn position on all Estate targets but also to enable a review of the site development strategy moving forward in the light of Transforming Community Services and other changing clinical priorities.
- **Risk Management:** Risks continue to be 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 have continued to be reported at the appropriate frequency throughout the year.

Appendix 1 identifies the current performance against the KPIs. The report shows year end position of 76% achievement. This is lower than expected mainly due to late delivery of some of the waste management targets associated with the waste collection/recycling and buildings which are now scheduled for delivery in 2011/12. KPI's are now being finalised for 2011/12.

Progress Report for Components of the Estates Strategy

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

The capital programme 2010/11 outturn position is being reported to the Trust Management Team and Trust Board through the Capital Review Group under separate cover. The internal audit on the Capital Programme was completed December 2010. The Action Plan has been agreed and includes 3 recommendations categorised "low". The 2011/12 Capital Programme has now been finalised and has been reported to the Trust Board under separate cover in March 2011. Progress against this programme will be reported monthly.

- **Schemes within Stage 1 of the site master plan and other Major Projects**
- **Site Rationalisation Project:** The relocation of Medical Illustration and demolition of the Medical Illustration/Lung Function buildings are now complete. This leaves just the Poplars demolition (scheduled for 2012/13) to be completed to conclude this project. The findings of the interim PPE will be presented to the Trust Board in the next report.

Pathology: The Full Business Case for the New Integrated Pathology was submitted to the Strategic Health Authority on 18 March 2011. This is later than expected leading to a delay to start on site (now planned for 20 June 2011) of 6 weeks subject to SHA approval on 7 June 2011. It is anticipated that there will be some increased costs due to increasing price of metal and

particularly steel and these are awaited. It is hoped that these can be contained within the risk and contingency element of the capital costs. An Addendum to the Full Business Case was submitted to the SHA on 8 April 2011 which outlines proposals for networking with 2 neighbouring Trusts which will lead to improved efficiency and reduction in costs for all Trusts. A report on these proposals is presented to the Trust Board under separate cover.

Catering: A Post Project Evaluation will be conducted on this project in Quarter 2: the findings of which will be presented to Trust Board later in the year. The demolition of the old catering building is scheduled for 2012/13. This and the demolition of the Lodge Building in 2011/12 enable further site rationalisation.

Interim Emergency Portal: Service Model, workforce and accommodation design work are continuing on this project. The Outline Business Case is now to be submitted to Trust Board in July 2011.

Women's Unit Refurbishment: The Neonatal Unit is on schedule to become operational in May 2011. Other building services associated with the Phase 2 Business Case works will continue throughout the year. Design work for Phase 3 (Midwifery Led Unit) is now complete with a business case being ready to present to the Trust Management Team and Trust Board in May 2011.

- **Other projects**

New Modular Theatres: This project is scheduled to complete May 2011.

• **Sustainability and Carbon Reduction**

The Carbon Management Plan (CMP) to 2014/15 was approved by the Trust Board on 14 March 2011. Formal sign off of the Plan is still awaited from the Carbon Trust but informal feedback has highlighted no issues. Delivery of the Plan and Progress against Plan will be monitored through the Sustainability & Carbon Reduction Group and reported by exception to Trust Board quarterly in this report.

The Trust took the opportunity of launching the CMP in Climate Change Week 15-21 March 2011. Five days of display and promotions on energy, water, waste efficiency and travel initiatives were held during the week.

A baseline survey was also undertaken to assess staff understanding of climate change and carbon reduction. This will be used to monitor progress/improvements in staff engagement over the coming months.

The Sustainability & Carbon Reduction Group are now in the process of reviewing the Sustainability & Carbon Reduction Strategy (approved 2009) and developing a 1 year Sustainable Development Management Plan as recommended by the NHS Sustainable Development Unit to consolidate all plans in this area. An internal audit was recently carried out on the Trust's Carbon Reduction Plans and found the Trust to be in a positive position. Some further actions have been agreed and these will be incorporated into plans moving forward.

The Trust's first report on its position in relation to the Carbon Reduction Commitment (CRC) is due to be reported to the Environmental Agency in July 2011.

- **Waste Management and Materials Resource Efficiency**

The revised target date for implementation of NHS Guidance on Waste Management - HTM 07 01 is on schedule for 2nd May 2011 with staff currently being trained in the new procedures. 700 staff have been trained to date and a new Waste Management Policy HS10 has been developed which supports the guidance.

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

Travel incentives in the form of Cycle to Work Scheme, Travel Passes and Car Sharing continue to be taken up by staff, with a position at 31st March 2011 of 4% of staff availing themselves of these incentives. To date 60 staff, have taken up the cycle to work scheme which is 60% of the target take up over 3 years (by October 2012) and the current scheme continues to be self financing. 93 staff, have taken up the West Midlands Travel Card to date. A car sharing scheme in conjunction with Wolverhampton City Council was launched in March 2010 and to date 15 Trust staff have registered for this scheme. Further promotion of this scheme took place in March 2011. A dedicated travel website is currently going through the approval process within the Trust in readiness for this being available on the intranet and internet from April/May 2011. This fulfils another Green Travel Plan target agreed with Wolverhampton City Council.

Car Parking continues to be a challenge with availability of spaces being reviewed on a regular basis. An additional 15 public parking spaces have been created in the last month on the West Car Park and the rental of further off-site parking is being explored to offset the impact of further reduction of staff on-site spaces due to the Pathology building.

- **Arts and Way Finding / DDA**

Wayfinding plans are currently on hold pending a review of proposals.

An Art Audit has been undertaken on site by Wolverhampton University during March 2011 in support of Section 106 agreement. Outputs from the audit are expected within the next month.

- **Backlog Maintenance and Estate Condition**

The year end position is reported in Appendix 1.

ESTATES DEVELOPMENT TARGETS AND KEY PERFORMANCE INDICATORS Quarter 4 position

2010/11 Key Performance Indicators									
Target	Definition	Frequency of Assessment	Threshold	Projected End of Year Position	Remedial Action/Commentary	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	76		Amalgam KPI	Brian Midgelow-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	1		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		Highlight reports	Brian Midgelow-Marsden/Ed Callaghan	CRG	
	Capital spend is managed within plan	Monthly	>+/- 5% = red; +/- 3.1-5% = amber; +/- 0-3% = green	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		Capital review group report, highlight reports	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	9	Presentations to staff on pathology on hold awaiting final approval	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	3	3% reduction in year due to items coming into condition C in the 'significant' category in year and not addressed in year. 5 year plan in place and this category to be addressed as a priority in 2011/12. Overall reduction in this category since 08/09 = £792874 on a total figure of £3,884,536 at 2008/09 (20% reduction overall) which demonstrates target has been met over whole period.	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 2008/09 baseline by <=5% = red; relevant backlog maintenance targets reduced by 6-9% = amber; relevant backlog maintenance targets reduced by >=10 % = green	10	Above target with final position to be confirmed	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	72		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	76		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	81		Poplars and old Catering now removed under ERIC rules as awaiting demolition.	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	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		DDA Audit	Carolyn Robinson	DDASG	
	Zero cases of legionella	Quarterly	>=1 case of legionella = red; no cases = green	0		Incident reports	I Little	ASESWG	

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2010/11 Key Performance Indicators									
Target	Definition	Frequency of Assessment	Threshold	Projected End of Year Position	Remedial Action/Commentary	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		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		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	Annual	<= 1 staff communication activities complete = red; 2-3 staff communication activities complete = amber; >=4 staff communication activities complete = green	4	Communications campaign launched March 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	Carbon Footprint currently increasing due to increase in size of estate and associated energy usage. Carbon Management Plan now in place with initiatives to enable Trust to achieve savings particularly Combined Heat and Power Plant.	To be defined within Sustainability and Carbon Reduction Action plan	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	Unable to implement in 2010/11 due to no sub metering of buildings. Now in CMP for 2011/12. KPI to be carried forward	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		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	Assumed Catering has met standard as required. Unable to Evidence due to Contractor going into Administration	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		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	4	Launch of Travel website in due in April 2011	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	5	Cycle scheme and facilities on site, travel card, car sharing, travel survey	Highlight report	Carolyn Robinson	STTG	

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2010/11 Key Performance Indicators								
Target	Definition	Frequency of Assessment	Threshold	Projected End of Year Position	Remedial Action/Commentary	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	The waste arising from Hospital clinical activity still show an upwards trend. However there is now more evidence (from independent audits by the Waste Management Specialist) showing that some areas (specifically wards) dispose of all waste as clinical with little regard for segregation of domestic waste. Domestic waste arisings still contain high levels of recyclable materials.	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	Audits confirm KPI can be achieved. Separate collection of residual cardboard (normally put in domestic waste) commenced January 2011. Office Paper recycling, a scheme to separately collect office paper at source is being rolled out with a view to remove this from waste streams. Theatres separation of waste types, to remove household waste from the clinical waste stream, has been marginally successful.	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)	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	Yellow coloured sharps boxes (lid and body) now widely practiced stocks of orange lids depleting and ordering template masked to stop local ordering by departments.	Annual Certification Incidents report Waste quarterly audits	Pete Gibbons	WMEG
Progress towards implementation of guidelines within HTM 07 by February 2011	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	Introduction of new policy on course for May 2011 implementation. Emphasis on reducing volume of domestic waste in clinical waste stream. Agreement on introducing domestic waste pedal bins on several wards where traditionally all wastes were perceived as "clinical" waste.	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	Compliance not known. Now written into contract documents. Method of collecting information & monitoring achievement to be implemented in 2011/12	Estate Strategy Action Plan	Ed Callaghan	AESWG

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2010/11 Key Performance Indicators									
Target	Definition	Frequency of Assessment	Threshold	Projected End of Year Position	Remedial Action/Commentary	Reporting Mechanism / Source	Resp Officer	Resp ED Group	
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	95	Independent spot audits undertaken across the Hospital site by the Waste Management Specialist in November and December 2010. Future audits to be in accordance with HTM 0701 recommendations - KPI to be revised.	Waste quarterly audits	Pete Gibbons	WMEG	
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	0	Compliance not known although assumed that the Trust is on track to achieving the 10% figure on all new builds and major refurbishments. Now written into contract documents. Method of collecting information & monitoring achievement to be implemented in 2011/12	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	Trust on target to achieve NHS SDU target for 2012 of 38%	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 2010/11 = red (Incomplete); audit complete = green (Complete)	Complete	Awaiting report	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	On hold pending review	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		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 to the environment = green	80		PEAT assessment	Sandra Roberts / I Little	AESWG	