

Trust Board Report

Meeting Date:	25 th July 2011
Title:	Delivery of Estates Strategy 2009/10 to 2018/19, Quarter 1 Report for 2011/12.
Executive Summary:	To provide the 1 st Quarterly Report for 2011/12 on the implementation of the Trust's Estates Strategy including key points of progress since the last report to the Trust Board in April 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)	Sustainability & Carbon Reduction Group Arts & Wayfinding 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	
1	See attachment 1 for detailed report

2011/12 Quarter 1 Progress Report on the Delivery of the Trust Estate Strategy, 2009/10 to 2018/19

Governance Arrangements

- **Key Performance Indicators:** The key performance indicators have been reviewed for the new financial year to reflect the new targets in the Carbon Management Plan and progress on other indicators.

Appendix 1 includes the revised schedule and identifies current performance against the revised KPIs.

Progress Report for Components of the Estates Strategy

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

There have been a number of changes to the 2011/12 Capital Programme to re-allocate the release of funds from the Interim Emergency Project. A further revision will be necessary to reflect the delays to Pathology pending SHA final approval. The projected outturn position as at Month 3 is reported to this Board Meeting under separate cover. Progress against this Programme will continue to be reported monthly. A new version of the Programme will be submitted to the Trust Board in September 2011.

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

Pathology: The Full Business Case for the New Integrated Pathology still awaits final approval by the SHA. Although considered for approval at the June 2011 SHA Board further commitment from neighbouring Trusts to partnership working and responses to additional questions were required by the Strategic Health Authority. Discussions at all levels with one neighbouring Trust are progressing well and responses to SHA questions received to date have been dealt with by the Trust. The earliest start on site date is now 30th August 2011 but this is dependent on final approval being granted at the next SHA Board on 26th July 2011. It is now anticipated that additional construction costs will be incurred circa 2-3% which may not be contained within the Business Case value of £15.4m.

Interim Emergency Portal: This project has been disbanded as options developed were considered to be either unaffordable or not value for money. A much smaller project is now being worked up to do a minimal refurbishment to A&E to improve the environment and comply with quality indicators and infection prevention requirements. This is pending a decision on the way forward regarding a potential new build for some or all of the Emergency Services on a phased based.

Women's Unit Refurbishment: The Neonatal Unit is now complete and operational. Design work for Phase 3 (Midwifery Led Unit) is now complete but is being reviewed to consider accommodating the MLU on the 2nd floor adjacent to the obstetric wards rather than the original intention to locate on

the 3rd floor. This will enable more efficient service provision and potential reduce revenue costs associated with the opening of the MLU.

Although unaffordable within the £8m initially allocated to the refurbishment of this building it is now felt necessary to improve the environment of the ward accommodation in line with the other refurbishments in the block. This work is currently being designed to inform the phase 3 business case and will include a total refurbishment of A5 and A6. A further business case will be developed for the upgrade of the Gynaecology Inpatient accommodation on A4 and communal areas including stairways and communication corridors.

- **Other projects**

New Modular Theatres: This project is now complete and the theatres and recovery area operational.

• **Sustainability and Carbon Reduction**

The Carbon Management Plan (CMP) to 2014/15 has now been formally signed off by the Carbon Trust and the Trust is implementing the 2011/12 projects identified.

Further internal public relations initiatives on carbon reduction and particularly energy savings are planned over the coming months including of a dedicated web page and over 30 people have volunteered to take on the role of Carbon Champions in the Trust.

Electricity consumption rose in the past year due to growth in activity and development although Gas consumption decreased which in part is due to the demolition of Yew Tree Court. Overall this led to a small decrease in the Trusts carbon footprint. Major rises in the cost of utilities are expected this year.

Water charges have considerably increased adding further pressure to the utility budget.

The Sustainability & Carbon Reduction Group has now finalised the Sustainable Development Management Plan (SDMP) which will replace the Sustainability and Carbon Reduction Strategy approved by the Trust Board in 2009. This SDMP will now be the overarching strategy incorporating the CMP and other related plans to 2014/15.

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 by the end July 2011. A detailed collation of the data is now underway.

The Display Energy Certificates (DECs) require updating as a priority. An in-house team have now been trained to do these assessments but due to competing priorities have not yet had chance to start this work. This work will now be undertaken later in the year.

The Business Case setting out the options for a Combined Heat & Power Plant was approved by TMT in April 2011 and the Trust has been accepted onto the 1st tranche of applicants with the Carbon & Energy Fund for funding and / or technical support with this major project. It is expected to be able to submit a final proposal to the Trust Board in November 2011 (<http://carbonandenergyfund.net/>)

The Project is expected to reduce the Trust's carbon footprint by 2,827 tonnes of CO₂ and will in addition deliver reduced energy costs. However, final details of savings will be dependant of the chosen financial funding model. This represents a major step toward delivering the reduced carbon consumption, required as part of the NHS Carbon Reduction Plan, ***Saving Carbon, Improving Health [January 2009]***

http://www.sdu.nhs.uk/documents/publications/1237308334_qyIG_saving_carbon_improving_health_nhs_carbon_reducti.pdf

- **Waste Management and Materials Resource Efficiency**

The new Trust Policy for Waste Management (HS10) was successfully implemented in May 2011. Staff training exceeded the target set (1300 staff) and the Kite Site elearning package continues to be regularly accessed by a diverse range of staff groups. Further work continues within departments to improve the segregation of domestic waste before it enters the clinical waste stream.

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

A dedicated travel web page has now been set up on the Trust's intranet and internet site.

Results of the Annual Travel Survey conducted in February/march 2011 have now been published. Responses from 1039 staff and 883 patients and visitors were recorded. Comparison of these results with the last survey conducted (2009) show:

- 2% reduction in single car drivers
- 3% increase in car sharing
- 1% increase in staff cycling to work
- 1% increase in staff using public transport to work (1% reduction in use of bus but 2% reduction in use of train)
- 1% reduction in people walking to work

The number of staff who travel more than 5km to work has increased from 52% to 56% and the number of staff travelling within 1km of the site had reduced from 11% to 8% which is likely to have contributed to the reduction in number of people walking to work

Reasons behind staff mode choice mostly remain the same although price has become more of a factor in 2011.

Number of patient/visitors who drive to the hospital has increased from 49% to 51%, whilst the use of taxis and walking has reduced by 1%.

The full report is available on request from the Estates Development Department.

Temporary staff car parking continues to be provided on the footprint of the new Pathology Building and offsite on Bentley Bridge. Plans to create additional onsite parking have been put on hold pending a review of other initiatives to reduce demand for parking.

- **Arts Audit**

The Trust is now in possession of a full Arts data base which has catalogued with photographs all works of Art, artefacts and sculptures on the New Cross sites. This will enable the Trust to maintain a live inventory. The Audit carried out in March 2011 has identified that the Trust is in possession of a number of works of art and artefacts which are of historical and monetary value in particular a Pelham Puppet Theatre, stained glass windows and numerous portraits of notable member of staff painted by local Edwardian Painter George Phoenix and some by Liverpool born artist Edward Irvine Halliday. Both Artists are well known with work represented in the National Portrait Gallery collection.

Wolverhampton University who carried out the audit have recommended that the Trust now consider 3 areas for further work:

1. Research and valuation into an agreed number of items from the collection
2. Restoration and storage particularly in relation to the storage of those works of art of monetary and historical value
3. Display and exhibition either at the Trust or in collaboration with other local parties.

Quotations are now awaited on the costs of undertaking some of this work. The possibility of Lottery funding to fund work streams 2) and 3) above is also being investigated.

A full copy of the Audit Report is available from Estates Development Department

- **Arts in Health Programme**

The Arts Coordinator since transferring from the PCT has continued to develop and coordinate delivery of the '**Patient Wellbeing and Creative Activity Programme**'. This is delivered across Ward D22 at New Cross for patients with dementia and the wards at West Park Rehabilitation Hospital. **Art volunteers** are recruited through partnerships with Wolverhampton University, Birmingham City University and local community. They are trained to facilitate arts activities for patients in dayrooms to improve patient experience, support recovery and promote a sense of wellbeing. The Arts Coordinator has submitted a funding bid to the Arts Council in the hope of gaining funding to involve artists in supporting facilitation of arts activities to enrich the programme for patients.

The Arts Coordinator has worked with Matron and Sister of Ward D22 to commission 2 artists to create artwork with patients for display in the ward garden. Patients and staff contributed to making beautiful mosaics and glass butterflies during 4 workshops with the artists. The artwork introduces calming colours and focal points for patients in the garden, improving patient experience and environment. Additional art work has been incorporated into parts of EAU and the reception areas has been redesigned again to create a more welcoming environment for patients and visitors. These two pieces of work have been part funded by the Kings Fund as part of the Enhancing the Patient Environment Programme.

2010/11 Estates Returns Information Collaborative (ERIC)

Each year the Estates and Facilities Department complete the ERIC return for the NHS Information Centre. This is a compulsory return for all Trust and records site

details, profile and utilisation of the estate, service and utilities profiles and costs. The information also when finalised and published enables comparisons with peer groups on a local, regional and national level.

A summary of the information submitted for 2010/11 and comparison with 2009/10 information is included in Appendix 2. This information shows a general improvement in efficiency.

Backlog Maintenance and Estate Condition

The Trust's backlog maintenance figures at 31st March 2011 are:

	£'s
High Risk	0
Significant Risk	3,087,250
Moderate Risk	13,757,142
Low Risk	284,374
Total	17,123,766

of which Wrekin House accounts for £10,890,857

Comparison with 2009/10 figures is shown in Appendix 2.

The Trust plans within the long term capital programme to eradicate all backlog maintenance (identified by the 2007/08 condition survey) by 2014/15 with the exception of that associated with Wrekin House. The Trust has made significant progress in reducing backlog liability since 2007/08, this equates to a 51% reduction in total backlog being achieved through refurbishment and demolition. The next condition survey is due last quarter of 2012/13.

ESTATES DEVELOPMENT TARGETS AND KEY PERFORMANCE INDICATORS

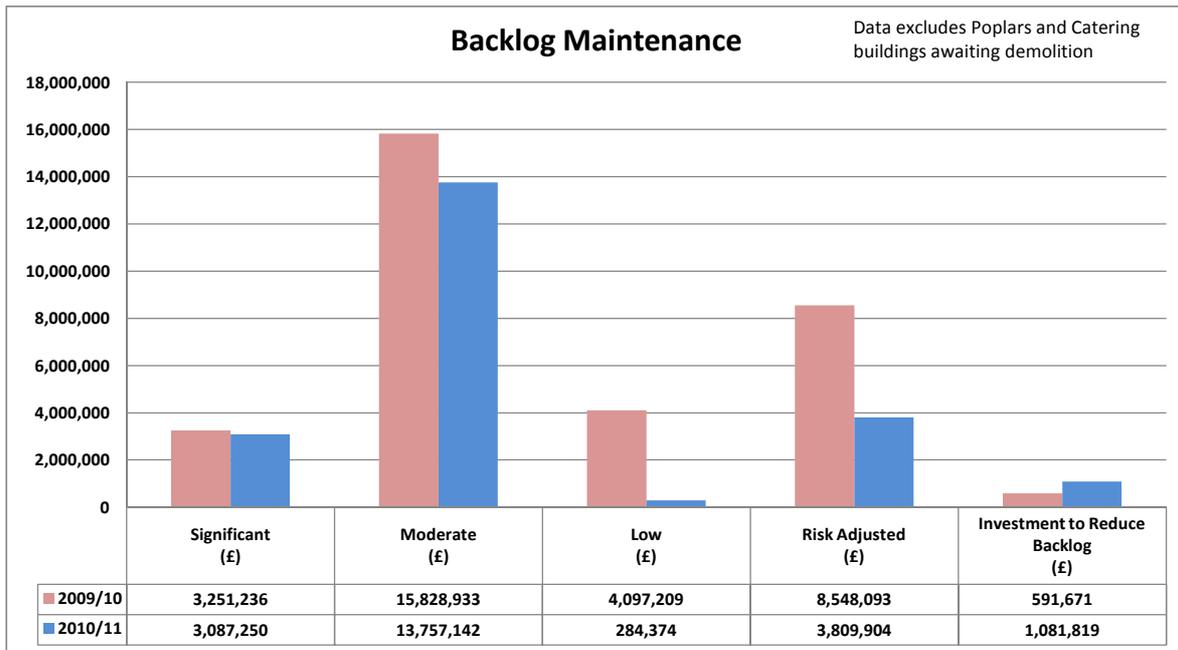
Target	2011/12 Key Performance Indicators					
	Definition	Frequency of Assessment	Threshold	Reporting Mechanism / Source	Resp Officer	Resp ED Group
Estate Strategy action plan delivered	Deliver the KPIs associated with the Estates Strategy	Quarterly	<=50% delivered = red; 51-79% delivered = amber; >=80% delivered = green	Amalgam KPI	Brian Middelgouw-Marsden/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	ERIC KPI's following annual return	Brian Middelgouw-Marsden/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	Capital Programme Reports to CRG, TMT and TB	Brian Middelgouw-Marsden/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	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	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	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	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	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	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	ERIC return	Carolyn Robinson	
	95% estate category F (fully utilised) for space utilisation	Annual	<=90% estate category F = red; 91-94% estate category F = amber; >=95% estate category F = green	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	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	DDA Audit	Carolyn Robinson

Target	2011/12 Key Performance Indicators					
	Definition	Frequency of Assessment	Threshold	Reporting Mechanism / Source	Resp Officer	Resp ED Group
	Zero legionella outbreaks	Quarterly	>=1 case of legionella = red; no cases = green	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	Incident reports	I 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 to comply with agreed corrective action plan = amber; no exceptions from compliance = green	Annual Certification Incidents report	Graham Argent	
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	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	CMP Action Plan/Estates Quarterly Reports to TMT and TB	Brian Midgell-Marsden/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)	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	Annual	Designs and specifications not including relevant energy target = red; all designs and specifications including relevant standard = green	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	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	BREEAM Assessment	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	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	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			

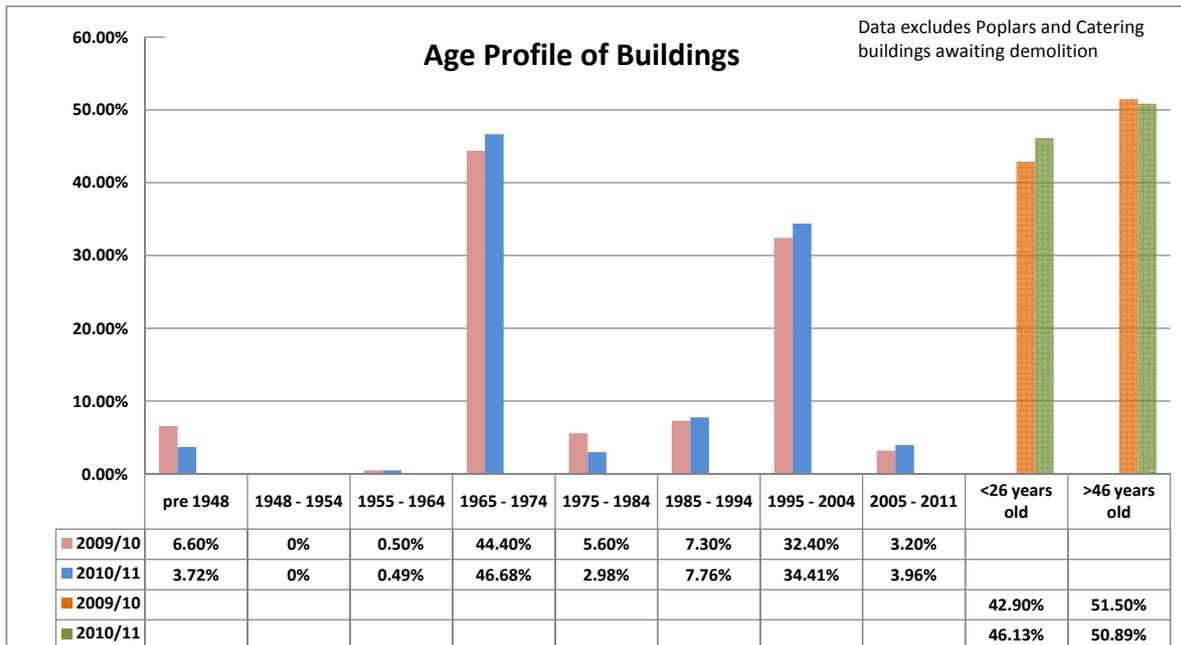
2011/12 Key Performance Indicators						
Target	Definition	Frequency of Assessment	Threshold	Reporting Mechanism / Source	Resp Officer	Resp ED Group
Reduce waste arisings by 25% by 2020 on 2009/10 levels	Reduce waste arisings by 3% by 2011/12 on 2009/10 levels	Bi-Annual	Waste arisings < 1% = red; waste arisings 1 - 2.9% = amber; waste arisings >= 3% = green	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	Waste audits, Weight statements (recycled and reused) weight statements on invoices and incinerator records	Pete Gibbons	WMEG
	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	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	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	Annual Waste audit	Pete Gibbons	WMEG

ESTATES DEVELOPMENT TARGETS AND KEY PERFORMANCE INDICATORS

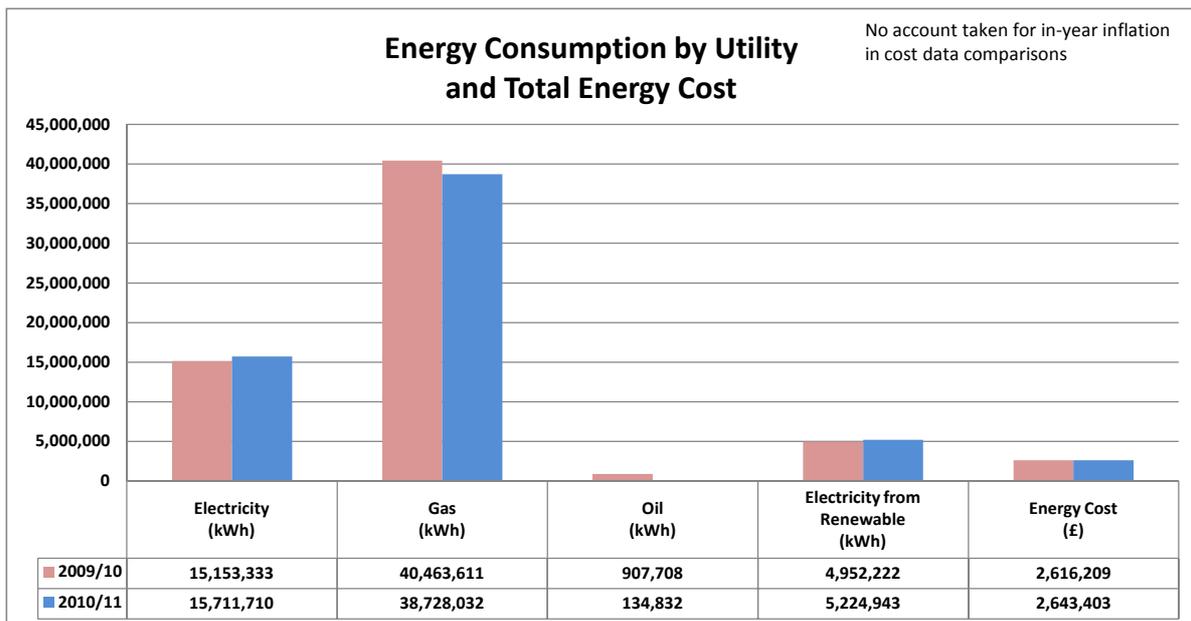
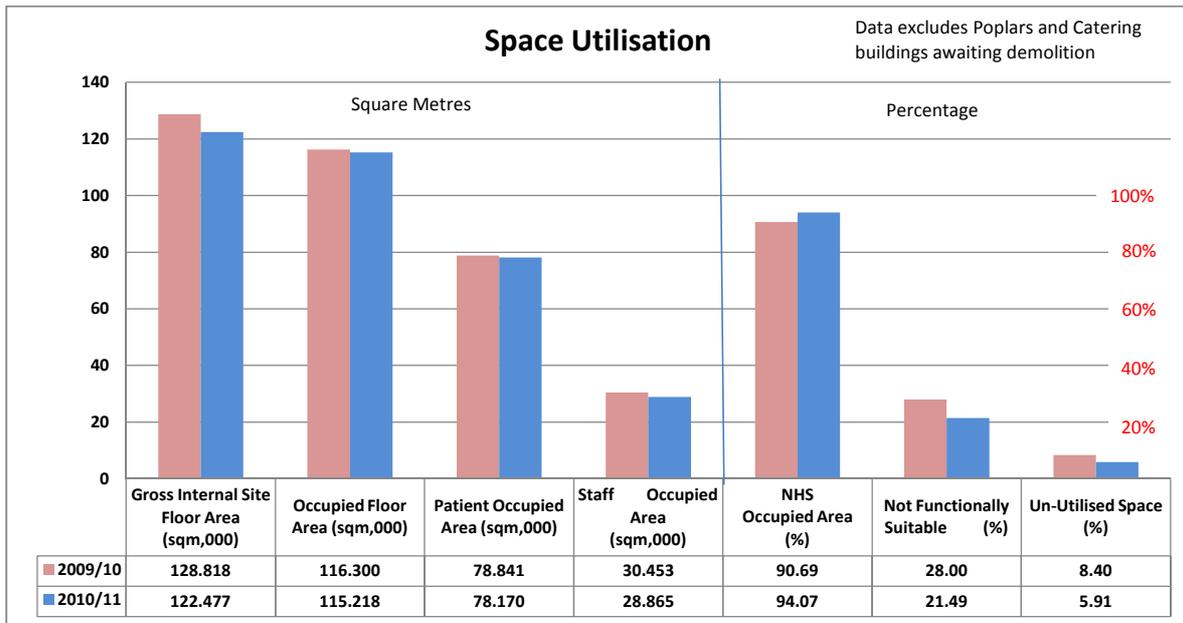
Target	2011/12 Key Performance Indicators					
	Definition	Frequency of Assessment	Threshold	Reporting Mechanism / Source	Resp Officer	Resp ED Group
All building projects over £300k to have waste plans in place	All building projects =>300k to have waste plans in place	Quarterly	>=80% relevant building 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	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	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	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	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	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	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 score the Trust as good or excellent in areas relating to the environment = green	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>						



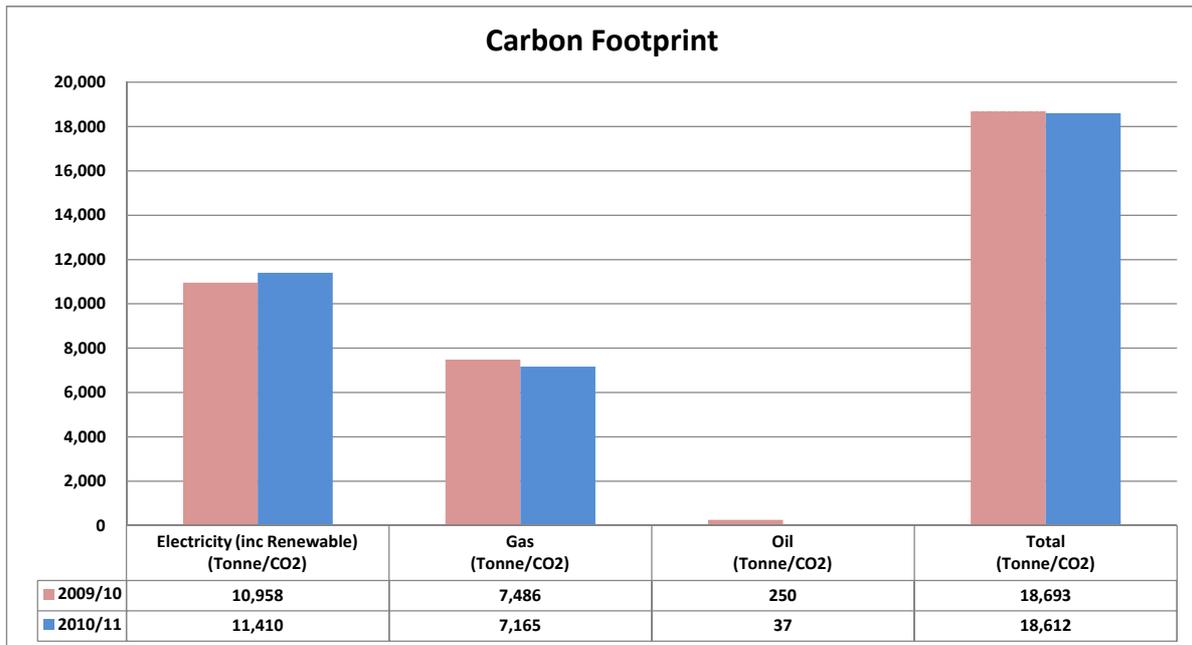
£6m reduction in total backlog liability in year



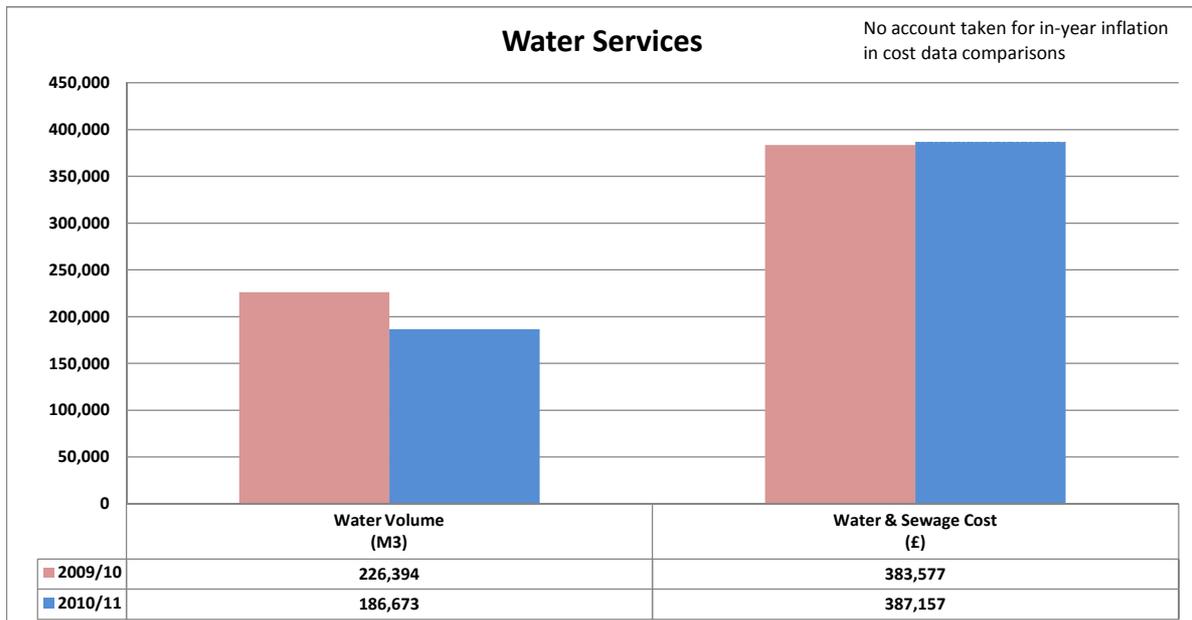
Reduction in Pre 19048 & 1975-1984 due to removal of Poplars and Catering buildings from data.
 Increase 2005 - 2011 due to addition of new Catering and Medical Illustrations.
 Other changes due to reprofiling.



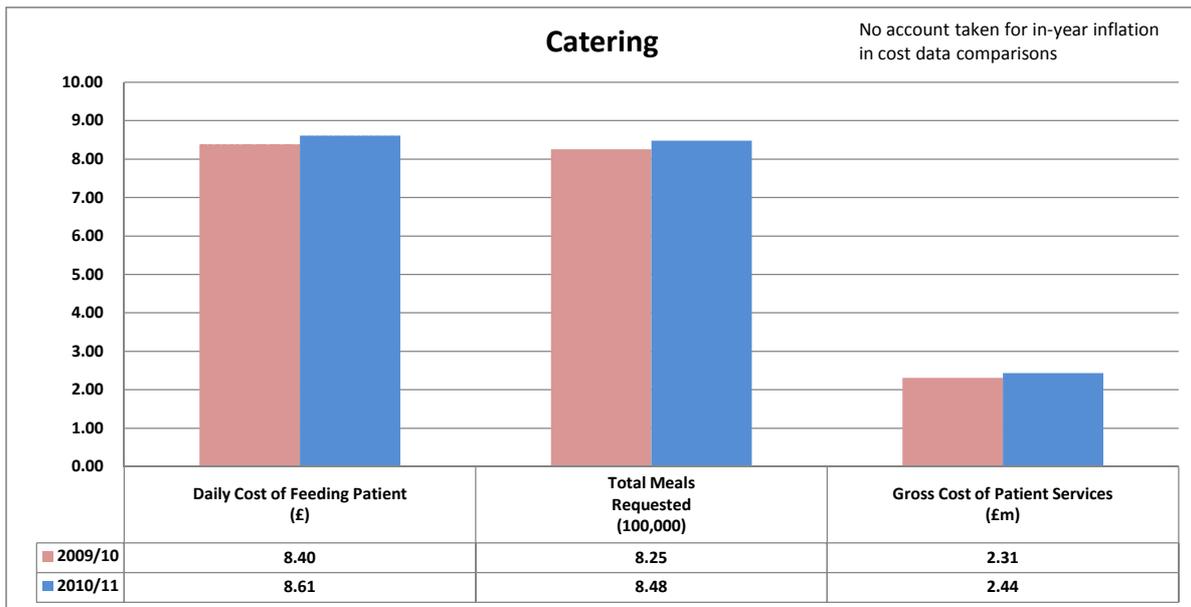
3% reduction in Energy Consumption overall which has mitigated against increasing costs.
 Increase in cost overall = 1%.



0.4% reduction in carbon. (conversion factor higher for electricity than for gas)



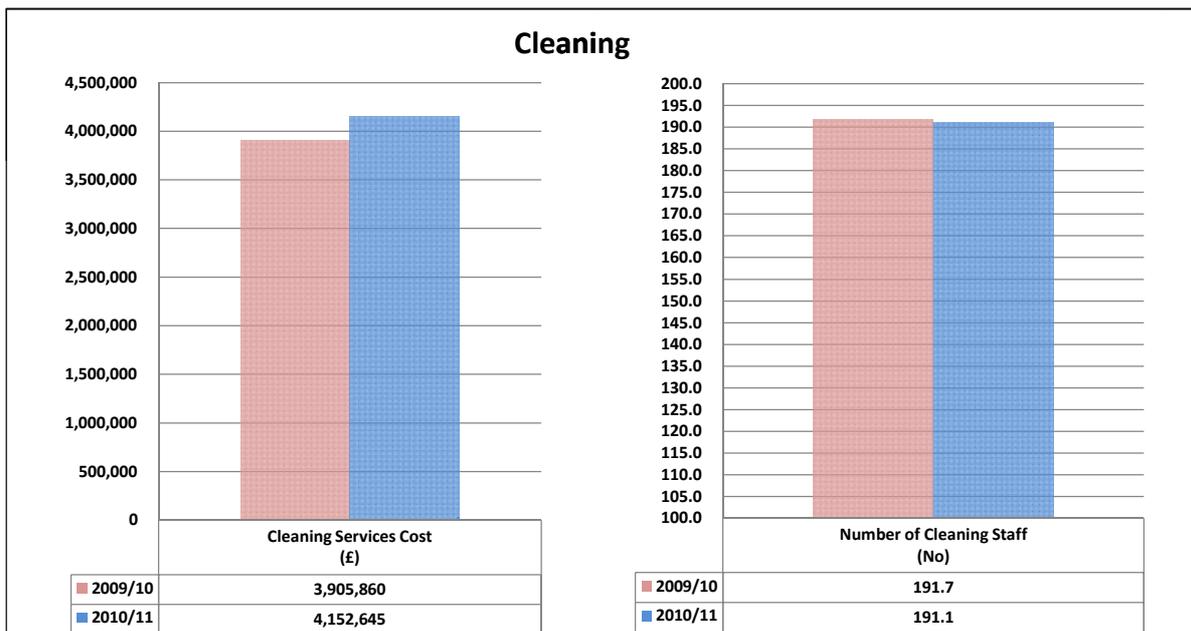
Increasing costs of water have been mitigated by reduced usage



2.78% increase in demand.

5% increase in cost.

Increased costs during transition from traditional to cook chill meal system and inflation of food costs



6% increase in costs due to pay and non-pay inflation, increased activity (10% increase in year), ward moves and deep clean programme, most of which has been covered by overtime and bank staff which is not represented in the workforce numbers.

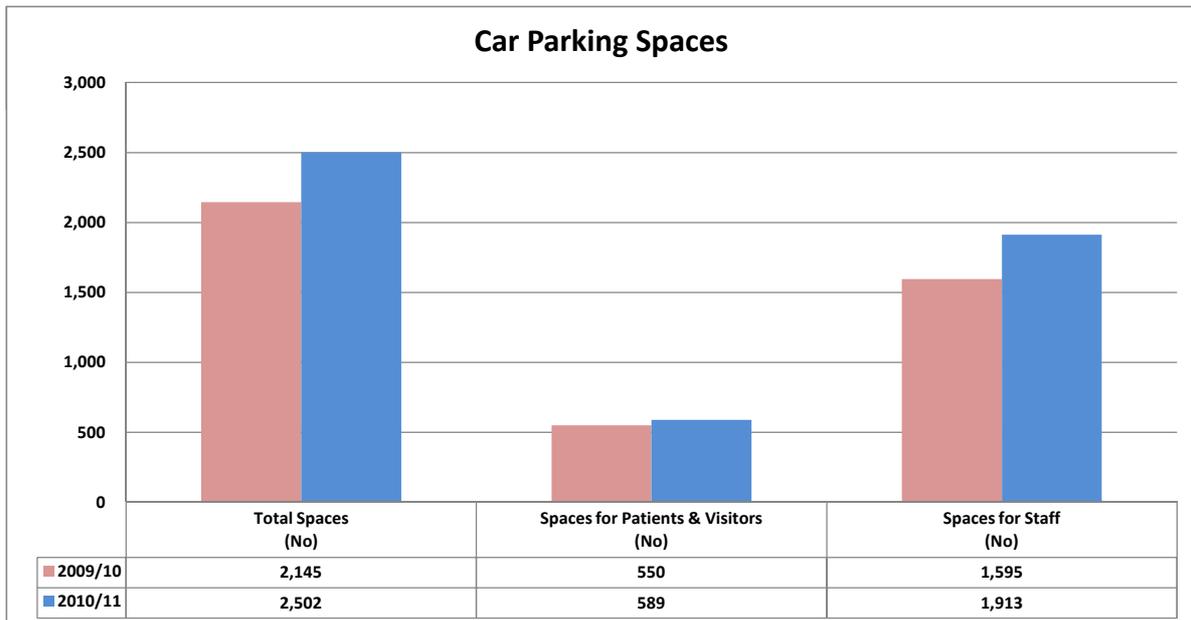
Workforce numbers remained static.



3% increase in cost.

5.5% increase in usage.

Use increases with bed turnover.

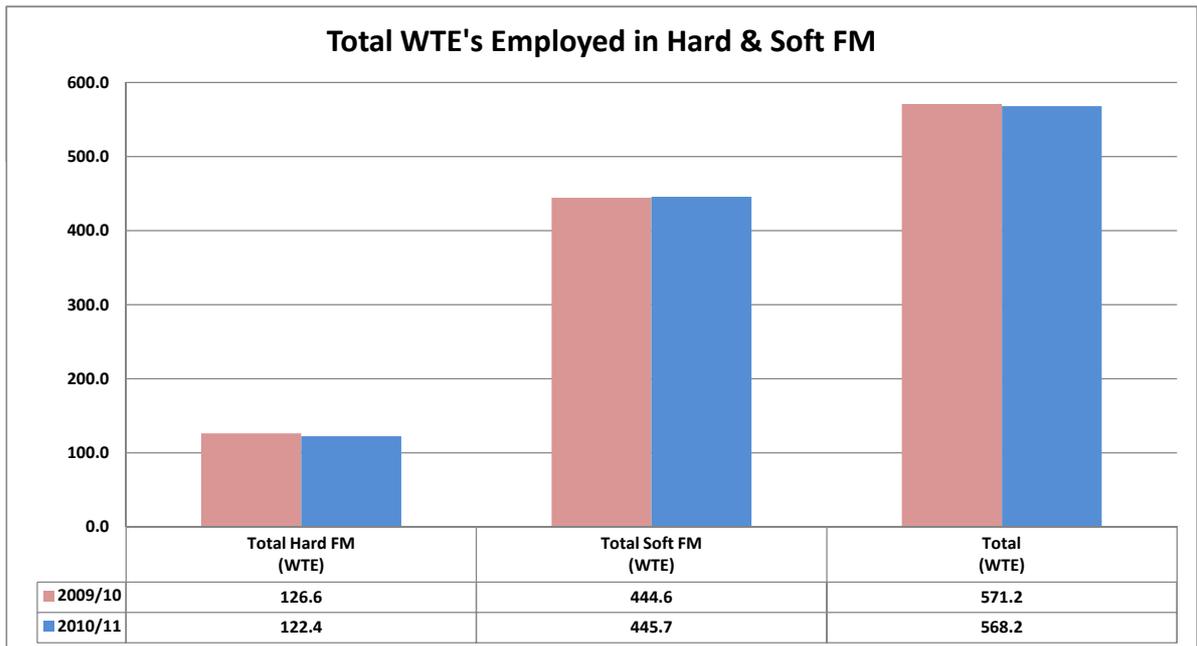
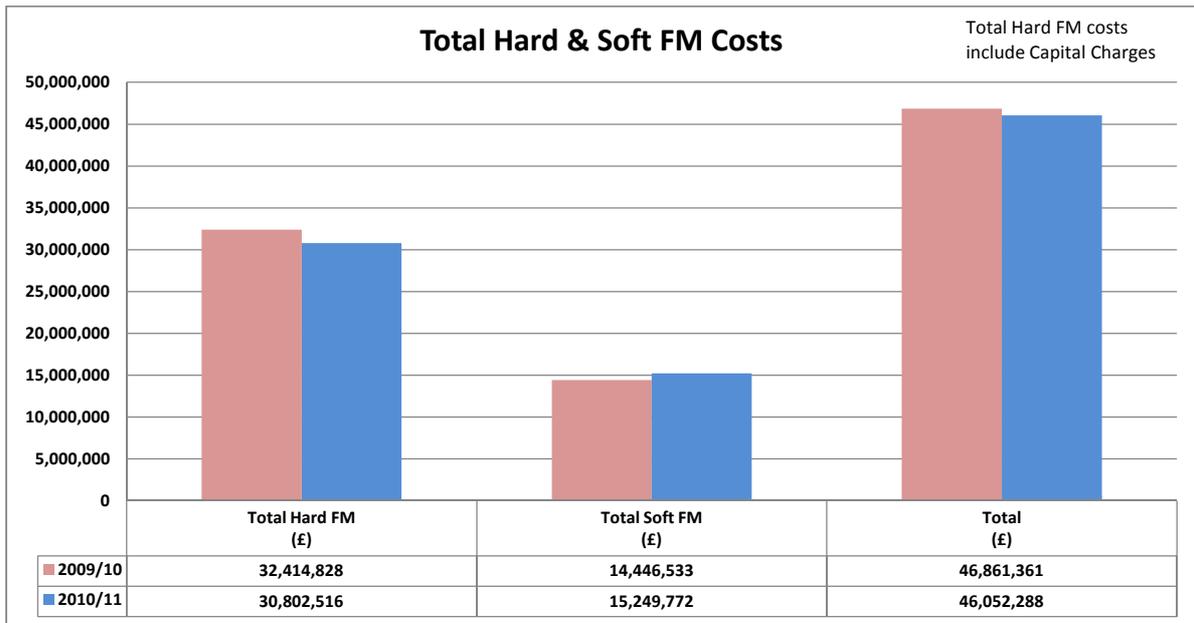


16.6% increase in car parking spaces overall.

Biggest increase for staff (14.8%).



Although volumes have increased, total waste costs have reduced due to a reduction in the average cost / tonne. This is as a result of changes in disposal methods.



Workforce has fallen slightly while costs have reduced overall by £809,073.