

Trust Board Report

Meeting Date:	28 th November 2011
Title:	Delivery of Estates Strategy 2009/10 to 2018/19, Quarter 2 Report for 2011/12.
Executive Summary:	To provide the 2 nd 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 July 2011.
Action Requested:	Note and endorse
Report of:	Head of Estates Development
Author:	Mike Goodwin Tel 01902 695947
Contact Details:	Email: mikegoodwin@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 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

1	See attachment 1 for detailed report
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2011/12 Quarter 2 Progress Report on the Delivery of the Trust Estate Strategy, 2009/10 to 2018/19

Governance Arrangements

- **Key Performance Indicators:**

Appendix 1 Identifies current performance against the revised KPIs.

Progress Report for Components of the Estates Strategy

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

Since the revised Capital Programme was presented to the Trust Board in September 2011 identifying a potential under-spend of circa £3m against the CRL, a further review has been undertaken in an attempt to mitigate this risk by bringing forward more projects from future years. This revised programme and progress against this programme as at Month 7 are reported to the Trust Board under separate cover.

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

Pathology: The Full Business Case for the New Integrated Pathology was approved by the SHA in September 2011. The construction works for the new building commenced on site (following enabling works) on 26th September 2011. The construction period is 15 months due to complete on 19th November 2012. This will be followed by a commissioning period to allow the installation of major automated tracked equipment which has been procured via a Managed Service Contract out-with the construction contract but procured to coincide with the handover of the new building. It is intended that the new building will be fully operational in early 2013. The Trust expects to spend circa £4.6m on this project during the current year. Discussions with neighbouring Trusts are continuing around Pathology networking opportunities.

Emergency Portal and associated demolitions

The Project structure and design brief for this potential new building are currently being developed. The initial works associated with the demolition of the former Catering Building commenced in October 2011. This work is expected to be completed in Spring 2012 and is a key enabler for the new emergency services building. The site will be used as a temporary staff car park in the intervening period.

Design work for an interim refurbishment of the existing Accident and Emergency Department has been completed but priorities are now being reviewed to reflect other potential demands on capacity in the department. It is anticipated that a business case for this project will be finalised as soon as possible for approval at the designated level. However due to the impact of partial closure of A&E at Stafford purchase of equipment associated with this project has had to be expedited.

Women's Unit Refurbishment: The Business Case for the 3rd phase of this work (MLU and refurbishment of Obstetric Wards A5 and A6) was approved by the Trust Board in October 2011. Work on site has commenced with the MLU expected to be completed by the end of the financial year. The design work for the refurbishment of A4 (Gynaecology Ward) is in progress with a business case to be submitted for approval in the near future and the intention of starting work before the end of the financial year. Some advanced works to a number of showers on the 3 wards will take place prior to the main projects. Necessary building services work in the redundant Neonatal area on the 3rd floor is also being scoped with the intention of completing this work in the current year.

- **Other projects**

Demolition of Poplars and Lodge Buildings

The enabling works for the demolition of these 1880's buildings is currently underway with the intention of completing the demolition in 2012/13. Both demolitions will result in additional temporary on site parking and reduce the need for offsite provision but also clear the site for future development.

Cystic Fibrosis Service for Adults

A business case will be submitted to the Trust Board in Spring 2012 which proposes the provision of dedicated outpatient and inpatient facilities for Wolverhampton Cystic Fibrosis Patients (adults) who are currently treated at Heartlands Hospital. 3 potential options for the accommodation are under consideration. It is anticipated that building work will commence in early 2012/13.

Pharmacy

Options are currently under consideration to provide alternative pharmacy facilities in locations within the Trust. The provision of new/upgraded accommodation is linked to a project to increase efficiency within the department particularly in relation to materials handling but will also improve both the staff working environment and dispensing arrangements for patients.

• **Sustainability and Carbon Reduction**

Representatives from the Trust will be attending an event in London on 22nd November 2011 to receive the Certificate from the Carbon Trust relating to the Trust's participation and successful completion of the Public Sector Carbon Reduction Programme during 2010/11.

The first League Table for the Carbon Reduction Commitment was published on 8th November 2011. The Trust is ranked 586 out of circa 2100 participating organisations and 40 out of 153 NHS organisations.

The selection of the preferred supplier for the Combined Heat and Power project is imminent which will enable finalisation of the business case.

• **Waste Management and Materials Resource Efficiency**

The recent agreement with Wolverhampton City PCT to "share" a Waste Management Specialist is proving successful and it is anticipated this joint working will provide opportunities to improve value for money. The approval of the new domestic waste containment and compaction system will support the

delivery of greater segregation of recyclable waste types and work continues to establish a dedicated team of waste handlers to improve compliance with waste activities with the Trust.

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

Participation in the travel initiatives (travel card and cycle to work schemes) now totals just over 200 representing circa 3% of Trust staff. Unfortunately increasing public transport fares, reductions in discounts offered, changes to VAT regulations and re-routing of buses within the City are all likely to act as disincentives to future participation in the schemes.

Additional temporary staff parking has been commissioned at the Village Inn Public House to offset parking being removed as part of construction/demolition works and increasing demands. Studies are currently underway to review reconfiguration of current onsite parking, impacts of construction sites and associated traffic/access arrangements, bus routes and traffic speeds around the site.

A number of disabled parking spaces have been removed from the East road to facilitate access for vehicles during the construction of new Pathology. However these have been replaced by new larger (to current guidelines) and more accessible spaces adjacent to the Beynon Car Park and temporarily in spaces previously allocated to staff on the side road adjacent to the Diabetes Centre. Additional disabled spaces are also planned for the East Car Park. All of these spaces will continue to be free of charge and are compliant in terms of providing adequate space for side and rear access. All are located away from the main perimeter road and therefore provide a much safer facility for patients, visitors and staff.

- **Arts & Wayfinding**

Wolverhampton University have now been commissioned to do research into and confirm the value of a number of pieces of art and photographs owned by the Trust (previously identified by the University as potentially having monetary and historical value) and to also make recommendations regarding any ongoing maintenance and safe storage. A report on this work is expected towards the end of the financial year.

As part of the ongoing research, Wolverhampton Art Gallery have asked to visit the site to look at a bronze sculpture of the Young Aviator. Although there was awareness of the sculptures existence, the Gallery were unaware of its whereabouts and this knowledge and identification could complete the history the Gallery have concerning this particular piece of artwork.

In conjunction with Tesco and their representative's developing the Royal Hospital site, the Trust has agreed to provide/loan artefacts which have some relevance to the Royal so that these can be either re-installed in the refurbished buildings and/or displayed in a dedicated museum which Tesco have agreed to set up as part of the redevelopment. In addition, drawings and photographs which the Trust held in its project files on the Royal Hospital will be donated to the Wolverhampton Archive run by Wolverhampton City Council.

Arts in Health Programme

The Arts Co-ordinator has been successful in gaining funding of £2,300 from the Arts Council to support the development of the '**Patient Wellbeing and Creative Activity Programme**' for a period of 6 months. This programme is delivered across Ward D22 at New Cross for patients with dementia and the wards at West Park Rehabilitation Hospital. Our team of **Art volunteers** is growing and we now have 13 trained art volunteers who are facilitating arts activities for patients in dayrooms to improve patient experience, support recovery and promote a sense of wellbeing. We are continuing to recruit and train more art volunteers. The Arts Council funding will involve artists in supporting facilitation of arts activities to enrich the programme for patients and mentor art volunteers and also the production of an Arts in Health electronic resource toolkit for use with the arts volunteers during training.

The **Neuro Rehabilitation Arts Group** is continuing to be delivered at West Park Rehabilitation Hospital and is facilitated by a local artist in consultation with Occupational Therapy staff and the Arts Co-ordinator. Patients attending the arts group have now produced pieces of artwork which will be exhibited in the hospital corridor on the rehab side of the West Park site to improve patient environment. This will be the second exhibition of patient artwork in this corridor area.

Plans are in development to hold a '**Staff photography competition**' in early 2012 with a nature theme. The competition criteria and locations for display of photography are currently been discussed and will be agreed with the Arts and Wayfinding group and Environment group before the competition is launched.

A new project in development is focussed on the value of **music for dementia patients in the hospital setting** in relation to patient care improvement and creating a healing environment. A project team is in development and the potential research partner is Birmingham City University who are keen to support the project. A funding source has been identified as the Patient Benefit (RfPB) programme and discussions are taking place with research and development lead, occupational therapy team and clinical staff and potential project partners to scope the project outline and research focus. It is intended that a funding application would be submitted in 2012.

In relation to improving patient environment, Matron's have highlighted that certain children **inpatient and outpatient areas need to be improved to create child friendly environments**. Suitable approaches and ideas for how to integrate art into these environments is been explored and will be discussed with Arts and Wayfinding group and Environment Group to plan the most cost effective and low maintenance art interventions.

Wayfinding

A number of staff from the Trust visited the Royal United Hospital NHS Trust in Bath to look at their new wayfinding system and to talk to representatives of the Trust project team. This is in the style of the numerical system proposed for our Trust and has been implemented by the same supplier. The system was found to be extremely easy to follow. A further visit has been arranged in November to visit Walsall Manor Hospital where a similar system has been installed based on a system used in hospitals in the Netherlands.

- **DDA Estates Sub Group**

The DDA accessibility site is now available via the Direct Enquiries public site and will shortly be available on the Trust website. This provides way finding and accessibility information for all visitors attending the hospital site. The written information is supported by photographs.

2011/12 Key Performance Indicators as at Month 7										
Target	Definition	Frequency of Assessment	Threshold	Risk State: Likelihood & consequence of failure	Latest Assessment	Projected End of Year 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		58	88		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	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		505	0	Further review of capital programme undertaken during Month 7 which identifies further bring forward projects to spend the shortfall against the CRL. £505K not allocated.	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		12.70%	0	Cash flow reviewed to match new programme. Ahead of revised plan at Month 7	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		0	0		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		0	6	Articles planned for next edition of Trust Talk, Presentations on Pathology planned to Senior Managers Forum. General presentations planned to Patients Forum and FT Members	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		not yet assessed	not yet assessed	to be assessed at year end when all works complete	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		not yet assessed	not yet assessed	to be assessed at year end when all works complete	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		66	not yet assessed	latest assessment is position at year end 2010/11. To be re-assessed at 31st March 2012	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		70	not yet assessed	latest assessment is position at year end 2010/11. To be re-assessed at 31st March 2013	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		83	not yet assessed	latest assessment is position at year end 2010/11. To be re-assessed at 31st March 2014	ERIC return	Carolyn Robinson	
Full compliance with mandatory and statutory standards	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		61	not yet assessed	latest assessment is position at year end 2010/11. To be re-assessed at 31st March 2015	ERIC return	Carolyn Robinson	
	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	0		DDA Audit	Carolyn Robinson	DDASG
Zero legionella outbreaks	Zero legionella outbreaks	Quarterly	>=1 case of legionella = red; no cases = green		0	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	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	0		Annual Certification Incidents report	Graham Argent	

2011/12 Key Performance Indicators as at Month 7										
Target	Definition	Frequency of Assessment	Threshold	Risk State: Likelihood & consequence of failure	Latest Assessment	Projected End of Year 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		not yet assessed	not yet assessed		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	complete		Smart metering to be rolled out by end of year	TBC	Graham Argent
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	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		not yet assessed	not yet assessed				
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			0	New Waste Management Specialist appointed and now implementing new waste collection system. Review of paper waste for recycling and metal wastes for recycling to be reviewed in year.	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			0	New Waste Management Specialist appointed and now implementing new waste collection system. Review of paper waste for recycling and metal wastes for recycling to be reviewed in year.	Waste audits, Weight statements (recycled and reused) weight statements on invoices and	Pete Gibbons	WMEG

2011/12 Key Performance Indicators as at Month 7										
Target	Definition	Frequency of Assessment	Threshold	Risk State: Likelihood & consequence of failure	Latest Assessment	Projected End of Year 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		1	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	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		95	95	Ongoing independent spot audits taking place and local resolution for special waste disposal methods	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	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		0	0	No projects currently in scope or measurable at this moment in time e.g. pathology	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	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	2	Arts Coordinator planning staff photography competition and heritage photograph short term display being planned.	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		implemented	Implemented		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	Good	Assessment as at Feb 11. New results due before end of financial year	PEAT Assessment	Sandra Roberts	EnvG
90% patients score the Trust as good or	83% of patients score the Trust as 'good' or	Annual	<=73% patients score the Trust as good or excellent in areas relating to		not yet	not yet assessed		Annual	Sandra Roberts	EnvG
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										