

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REPORT TO: Trust Board 8th February 2010

REPORT OF: Director of Estates Development

SUBJECT: Quarterly Update Report on the Delivery of the Trust Estate Strategy, 2008/9 to 2018/19

AUTHOR: Gary P Penn – Director of Estates Development

RECOMMENDATION:	The Board is asked to <u>note</u> and <u>endorse</u> the attached Progress Report.
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EXECUTIVE SUMMARY

Purpose of the Report: To provide the third quarterly report for 2009/10 on the implementation of the Trust's Estate Strategy (as approved on 10th March 2008), including key points of progress since the last report to the Trust Board in September 2009.

Implications:

<u>Financial</u> To be dealt with as required under separate business cases
<u>Human Resources</u> Resources to be identified through Strategy Action Plans
<u>Healthcare</u> Provision of infrastructure to provide an improved environment to deliver service
<u>Policy</u> Each Group within the integrated estate strategy governance structure to comply with relevant policies
<u>Legal</u> Groups to deliver Estates Strategy Action Plan to comply with mandatory requirements
<u>Standards for Better Health</u> First Domain patient safety Third Domain governance Sixth Domain provision of care environment and amenities
<u>Other</u> None

Review Committee: Estates Strategy Board

Date: 26th January 2010

2009/10 Third Quarterly Progress Report on the Delivery of the Trust Estate Strategy, 2008/9 to 2018/19

Governance Arrangements

All estates governance groups continue to be operational for the 2009/10 financial year. Key areas that were subject to consideration were:

- **Estates Strategy:** The Estates Strategy has been updated to reflect progress and emerging policy issues since its development in March and update in June 2008 to fit with LTFM and IBP. The action plan to support implementation of the second year of the Estate Strategy in 2009/10 is based on the 2008 strategy. A revised Estates Strategy was approved by the Trust Board in December 2009 and the 2010/11 action plan and KPI's will be based on this revised strategy.
- **Risk Management:** The risk framework has been issued to the governance groups to operationalise, including the review of the baseline risk position within the scope of each group's terms of reference. The Estates Development Directorate and Estates and Facilities Management Department commenced formal risk reporting to the Trust's Quality and Safety Committee in November 2009 and the Estates Governance Groups will commence reporting to the Board Assurance Committee in February 2010. A paper outlining the Estates Governance process was presented and approved by the Board Assurance Committee in December 2009. Departmental risks are reported in Datix in accordance with Trust policy.
- **Key Performance Indicators:** The key performance indicators developed for 2009/10 have been incorporated within the Trust's performance management framework. The governance groups are continuing work to confirm forward trajectories against any long term targets for the remaining period of the Estate Strategy to provide a basis to monitor continuous improvement.

Annex 1 identifies the current performance against the KPIs. The report shows that over 75% of the KPIs are projected to be achieved by the end 2009/10.

- **Audit:** Internal Audit completed their review of estate governance in June 2009, the results of which were reported to the Trust Board in Quarter 2. An audit on the Capital Programme was carried out in May 2009. The recommendations were incorporated into an action plan which has been implemented during 2009. A review of the recommendations and action plan connected with this audit were reviewed by Internal Audit in January 2010 and the resultant report is awaited.

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 Board through the Capital Review Group under separate cover.

The Trust has yet to reach final agreement with Wolverhampton City Council on the Section 106 Agreement and Draft Decision Notice in relation to planning for the major site development encapsulated in the Masterplan.

In terms of the schemes within Phase 1 of the site master plan:

- The Site Rationalisation business case: demolition of EEG, twin theatres and the Laurels building completed, drainage and car parking schemes for twin theatres and EEG will be completed by end of the financial year. The School of Nursing refurbishment is complete with the building now fully occupied.
- The Trust is finalising the outline business case for the integrated pathology unit for submission to the Trust Board and the SHA in March 2010;
- The construction of the new Catering Building commenced on site on 4th January 2010 and is due for completion mid-August 2010;
- Models of Care associated with the Emergency Portal have now been finalised;
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- The business case for Stage 1 of the Women's Unit is being finalised for submission to the Trust Board in March 2010.

The Trust will complete the programme of schemes to eliminate mixed sex accommodation by June 2010.

- **Sustainability and Carbon Reduction**

The Trust is preparing to make its declaration to the Department of Health confirming the application of the Carbon Reduction Commitment (which is due to commence in 2010/11) to the Trust. The Trust has registered on to the Carbon Trust NHS Programme which commences in April 2010. The key benefit of participating in the programme is the delivery of a Carbon Management Plan which provides realistic and bespoke recommendations to reduce carbon emissions and capture cost savings.

The Good Corporate Citizenship model used by the Trust to drive and monitor its progress against the sustainability agenda has been re-launched by the NHS Sustainable Development Unit. The new model is significantly more challenging but is based on the same tiered approach allowing Trust's to assess and monitor their progress from Getting Started, to Getting There to Excellent.

Given the variances between the old and new models, the Trust proposes to continue to monitor its performance against the old model during 2009/10, whilst also initiating a baseline assessment against the new model. This will enable a clear transfer between the old and new models for the start of 2010/11.

The Trust has developed a Sustainability and Carbon Reduction Strategy (previously referred to as the Environmental, Carbon and Energy Management Strategy) outlining its path to delivery of the Trust's commitments in relation to carbon reduction. This paper was approved by the Trust Board in December 2009.

In order to inform the above and identify specific areas for action, the Trust has finalised the Energy Generation and Infrastructure Report. This again was considered by the Trust Board in December 2009.

- **Waste Management and Materials Resource Efficiency**

A Waste Management Policy is being developed for approval at the March 2010 Trust Management Team meeting

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

The Trust's Travel and Car Park Management Plan (approved by the Trust Board in September 2009) has been submitted to Wolverhampton City Council for approval. Travel incentives in the form of Cycle to Work Scheme and Travel passes have been implemented and currently 2% of staff have taken these up.

- **Arts and Way Finding / DDA**

The final report of the way finding survey has been published and is being considered.

An access survey (for people with all types of disability) of all buildings on site was carried out in January 2010. The outcomes of this survey will provide access information for patients and public via the Trust's and direct access websites and audit information to inform the DDA action plan.

- **Asset Management**

Terms of Reference for the Equipment Group have been revised and re-issued and the Medical Equipment Purchasing Group has now taken on the responsibilities of the Equipment Group involving a wider membership.

Target	2009/10 KPI							Remedial Action	Reporting Mechanism / Source	Resp Officer	Resp ED Group	
	Ref	Definition	Frequency of Assessment	Threshold	Risk State: Likelihood & consequence of failure	Latest Assessment	Projected End of Year Position					
Year 2 of Estate Strategy action plan delivered	1	Deliver the KPIs associated with the Estates Strategy	Quarterly	<=33% delivered = red; 34-65% delivered = amber; >=66% delivered = green	C3	49	76	0	Amalgam KPI	Gary Penn	ESWG	
	2	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	7	2	0	ERIC results 07/08 08/09 will be available Dec 09	ERIC return	Carolyn Robinson	SSG
Capital programme delivered within budget and agreed briefs	3	Capital programme is delivered to CRL	Monthly	>=15% variance from profiled spend = red, 6-14% variance from profile = amber, <=5% from profile = green	0	2.0	0	0	0	Highlight reports	Gary Penn	CRG
	4	Capital spend is managed within plan	Quarterly	>+/- 5% = red; +/- 3.1-5% = amber; +/- 0-3% = green	0	27.8	0	0	Gap expected to narrow in final months	Capital review group report, highlight reports	Ed Callaghan	CRG
	5	Before construction on site commences a business case has been approved for each relevant scheme	Quarterly	>=2 approval documents not in place = red, 1 approval document not in place = amber; no approval documents not in place in accordance with capital procedures manual = green	0	4	0	0	Capital Programme Action Plan and log to update on this measure	Capital review group report, highlight reports	Carolyn Robinson	CRG
Procurement programme for site strategy delivered within budget and agreed timescales	6	Relevant stage 1 schemes delivered within budget	Monthly	>=10% variance from profile = red, 5-9% variance from profile = amber, <=5% from profile = green	0	0	0	0	0	Highlight reports Capital Programme report	Ed Callaghan	CRG
Consistency with targets for improvements in estate and clinical performance improvement	7	10 communications complete to advise staff, patients and public aware 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	0	6	10	0	To ensure that this is planned within 2009/10 Estates Strategy action plan	Highlight reports	Gary Penn	SSG
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	8	High and significant backlog maintenance targets reduced by 10% from 2008/09 baseline	Annual	Relevant backlog maintenance targets reduced by 0-4% = red; relevant backlog maintenance targets reduced by 5-9% = amber; relevant backlog maintenance targets reduced by >=10% = green	0	10	10	0	0	Backlog Maintenance audit (annual) ERIC Return	Carolyn Robinson	SSG
Ensure 80% of the Trust's properties fall within Estate Code Categories A and B for Condition, Functionality and Quality and none are Category D by 2018/19	9	65% estate Category A/B or B/C for condition	Annual	<=60% estate category A/B = red; 61-64% estate category A/B = amber; >=65% estate category A/B = green	0	66	66	0	0	ERIC return	Carolyn Robinson	SSG
	10	65% estate Category A/B for functional suitability	Annual	<=60% estate category A/B = red; 61-64% estate category A/B = amber; >=65% estate category A/B = green	0	67	70	0	0	ERIC return	Carolyn Robinson	SSG
	11	75% estate category F (fully utilised) for space utilisation	Annual	<=70% estate category F = red; 71-74% estate category F = amber; >=75% estate category F = green	0	83	83	0	0	ERIC return	Carolyn Robinson	SSG

Target	2009/10 KPI							Remedial Action	Reporting Mechanism / Source	Resp Officer	Resp ED Group
	Ref	Definition	Frequency of Assessment	Threshold	Risk State: Likelihood & consequence of failure	Latest Assessment	Projected End of Year Position				
	12	60% estate Category A/B for quality	Annual	<=55% estate category A/B = red; 56-59% estate category A/B = amber; >=60% estate category A/B = green	0	54	57	0	ERIC return	Carolyn Robinson	SSG
Full compliance with mandatory and statutory standards	13	New and 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	0	0	DDA Audit	Carolyn Robinson	DDASG
	14	Zero cases of legionella	Quarterly	>=1 case of legionella = red; no cases = green	0	0	0	0	Incident reports	I Little	ESWG
	15	Zero business interruption as a result of failure of the estate	Quarterly	Notice of business interruption = red; No business interruption = green	0	0	0	Should be considered a part of Asset Management system	Asset Management Report Incident Reports	I Little	ESWG
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	16	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	0	0	Annual Certification Incidents report	Graham Argent	ESWG
Reduce carbon emissions by at least 10% of the Trust's 2007 levels by 2015	17	4 staff communications complete to increase awareness of the environmental, carbon and energy reduction strategy and their roles within it	Annual	<= 1 staff communication activities complete = red; 2-3 staff communication activities complete = amber; >=4 staff communication activities complete = green	0	0	4	0	Highlight report	Graham Argent/Carolyn Robinson/Darren Jacobs	EMCER
	18	2% reduction in carbon emissions from the Trust's 2007 baseline level	Annual	0 - 0.99% reduction in carbon emissions= red; 1 - 1.99% reduction = amber; >/=2% reduction in carbon emissions = green	0	3.3	2	National interim targets awaited	TBC	Graham Argent	EMCER
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.	19	Designs for all new buildings to have a maximum energy consumption of between 35 to 55GJ/100M3 (and refurbished buildings to be 55 to 65 GJ/100m3) of heated volume per annum, and include an element of energy generation from renewable source	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	2	Awaiting performance information on modular buildings associated with Appleby Project. Currently assuming these wont comply.	BREEAM Assessment Display Energy Certificate	Carolyn Robinson	EMCER
	20	Specifications to require all new healthcare buildings to meet BREEAM Healthcare Excellent standard and healthcare refurbishments above defined capital limits 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	0	0	BREEAM Assessment	Carolyn Robinson	SSG
Compliance with EU and national regulations in relation to refrigerants	21	Zero refrigerant leaks from equipment	Bi-annual	>/= 7 non-compliant incidents = red; 4 - 6 = amber; </= 3 = green	0	0	0	Need to confirm responsibility Certified contractors to be confirmed	Reports from certified contractors	Graham Argent	EMCER

Target	2009/10 KPI										
	Ref	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
	22	100% reduction of ozone depleting refrigerant R22 by December 2009	Annual	Continued requirement to use refrigerant R22 after December 2009 = red (Requirement); no requirement to use R22 = green (No Requirement)	0	Requirement	No requirement	Need to confirm responsibility Certified contractors to be confirmed	Reports from certified contractors	Graham Argent	EMCER
Progress towards national target reduction of 15% energy consumption by 2010, i.e. saving 33,296 GJ on 2003/4 consumption	23	Trust energy consumption reduced by 33,296 GJ from 2003/4 levels of energy consumption	Annual	Trust energy consumption not reduced by 33,296 from 2003/4 levels = red; Trust energy consumption reduced by 33,296 GJ = green	0	33296	33296	This is identified in the energy policy as the primary energy objective for the site by 2010 Energy consumption target = 299,387 GJ 08/09 consumption 206,232 GJ Achieved through introduction of new energy boiler	Annual Energy audit	Graham Argent	EMCER
	24	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)	0	Not complete	Not Complete	Targets to be developed following survey. Survey currently underway.	TBC	Graham Argent	EMCER
Target reduction for emissions from road vehicles used on NHS business by 15% by 2010/11 based on 2005/06 levels	25	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	Annual	<=1% staff take up relevant Travel measures = red; 2-4% staff take up travel measures = amber; >= 5% staff take up travel measures = green	0	2	2	Travel plan in process of being implemented. Take up 26 cycle to work (relaunch due 9th Feb 2010) 78 travel passes	Travel survey and Travel Plan Coordinator Registers	Carolyn Robinson	GCCG
	26	Commence implementation of Travel Plan approved by City Council	Annual	No implementation of measures in Travel Plan = red; Implementation of least one measure within Travel Plan = green	0	Implemented	Implemented	Awaiting approval by WCC	Highlight report	Carolyn Robinson	EMCER
Reduce waste arisings in 2012/13 to be reduced by 5% relative to 2004/5 levels	27	Reduce waste arisings by 2.5% relative to 2004/05 levels	Bi-Annual	Waste arisings < 1% relative to 2004/5 levels = red; waste arisings 1 - 2% relative to 2004/5 levels = amber; waste arisings > 2% = green (based on proxy)	0	0	0	Define 'wastes' included in waste arisings Trust currently does not have system to measure/ calculate the quantity of waste, so proposed to amend frequency of assessment to bi-annual to give time for development. Baseline to be determined but a proxy can be estimated from limited historic records.	Waste quarterly audits	Pete Gibbons	WMEG

Target	2009/10 KPI										
	Ref	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
Ensure recycling levels are 40% of Trust's waste arisings by 2012/13 (from 2006/7 baseline)	28	20% domestic waste recycled 2009/10 30% domestic waste recycled 2010/11 40% domestic waste recycled 2011/12	Bi-Annual	<=10% domestic waste recycled = red; 11 - 19% domestic waste recycled = amber; >=20% domestic waste recycled = green	0	0	0	Trust Does not have system to measure/ calculate the quantity of waste so proposed to amend frequency of assessment to bi-annual to give time for development. Baseline to be determined but a proxy can be estimated from limited historic records relating to cardboard. Certified contractors to be confirmed and issues with local market	Waste quarterly audits	Pete Gibbons	WMRR
	29	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	0	0	0	Annual Certification Incidents report Waste quarterly audits	Pete Gibbons	WMEG
	30	Progress towards implementation of guidelines within HTM 07 by 2010/11	Annual	Policy not in place = red; policy in place = green		Not in place	In place		Highlight report	Pete Gibbons	WMSP
By 2009/10 all new builds to have waste plans in place By 2010/11 all building projects over £300k to have waste plans	31	All building projects 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	0	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	ESWG
By 2010/11 achieve 95% of quarterly audit returns	32	95% waste audits complete	Quarterly	<=50% audits complete = red; 51-94% audits complete = amber; >=95% audits complete = green	0	56	95	0	Waste quarterly audits	Pete Gibbons	WMQA
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	33	Improvements in building materials procurement to achieve at least 5% of the total value of materials derived from recycled and reused content in the products and materials selected	Bi-Annual	<=2% profiled improvements secured = red; 3-4% improvements secured = amber; >=5% profiled improvements secured = green	0	3	5	Trust currently does not have system to measure/ calculate the quantity of materials recycled so proposed to amend frequency of assessment to bi-annual to give time for develop Specifications for major projects include this target as a requirement	Estate Strategy Action Plan	Ed Callaghan	ESWG
Secure score of 'Getting There' against the 6 categories in the Good Corporate Citizen toolkit in 2009/10	34	Secure score of 'Getting There' against the 6 categories in the Good Corporate Citizen toolkit in 2009/10	Bi-annual	GCC score of Basic = red; GCC overall score of Getting There = green	0	Basic	Getting there	0	Update reports to the GCCG groups Bi annual reviews of self assessment scores	6 Pillar Leads	GCCG

Target	2009/10 KPI										
	Ref	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
	35	Each standard within each pillar to score at least "Getting There" in 2009/10	Bi-annual	GCC score for >=2 pillars fails to achieve score of getting there = red; GCC score for 1 pillar fails to achieve score of getting there = amber; no pillars fail to achieve score of getting there = green	0	6	2	Pillars currently being reviewed and improvement anticipated. GCC assessment model updated July 09 which may affect Trust's position - review to be completed	Update reports to the GCCG groups Bi annual reviews of self assessment scores	6 Pillar Leads	GCCG
	36	4 communication activities complete to inform staff, patients and public of the Good Corporate Citizenship standard	Annual	<=1 communication activities complete = red; 2-3 communication activities complete = amber; >=4 communication activities complete = green	0	0	4	Communication activities need to be scheduled and included in action plan	Highlight report Estates strategy action plan	Carolyn Robinson	GCCG
Establishment of a new way finding system for the Trust (for phased roll out) Arts programme implemented	37	Audit complete of way finding system	Annual	Way finding audit incomplete by end of 2009/10 = red (Incomplete); audit complete = green (Complete)	0	Incomplete	Complete	Survey underway and report available in Sept 09	Highlight report Estates strategy action plan	Carolyn Robinson	AWF
	38	Audit complete of arts portfolio	Annual	Arts audit incomplete by end of 2009/10 = red (Incomplete); audit complete = green (Complete)	0	Incomplete	Complete		Highlight report Estates strategy action plan	Carolyn Robinson	AWF
	39	New way finding system agreed, compliant with Disability Discrimination Act	Annual	Way finding system incomplete by end of 2009/10 = red (Incomplete); way finding system complete = green (Complete)	0	Incomplete	Complete	Strategy for wayfinding will be compliant with DDA Access audit underway	Highlight report Estates strategy action plan	Carolyn Robinson	AWF
Score good or excellent for all areas in future PEAT assessments	40	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	0	Good	Good		PEAT Assessment	Sandra Roberts	ESWG
90% patients score the Trust as good or excellent in all areas relating to the environment by 2014/15	41	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	0	75	75	Latest available information to be reviewed	PEAT Assessment	Sandra Roberts	ESWG