



Kent and Medway Partnership Trust

ESTATES STRATEGY

2015-20

Document Control

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Executive Summary

This document is an updated version of the existing Trust Estates Strategy agreed by the Board in July 2013. It sets out the aims and objectives of the strategy and describes the principles which apply to strategic estates considerations in KMPT.

It assesses the current position across all Trust estates and identifies a range of initiatives to improve and maintain the estate. It is particularly focussed on ensuring that the strategy supports delivery of the Trust's clinical services' strategy and transformation.

It describes in some detail the rationale behind in-patient investments, and links into the new ways of working made possible through new IM&T initiatives, and changes in the way space is allocated and used across the estate.

It also describes the main structures, processes and systems for delivering the Estates Strategy and how these work together to deliver improvement and change.

It attempts to present the strategy in an easily digestible and relatively brief document by including technical and more detailed information in a series of annexes.

This strategy captures the Trust's plans for its estate, supports the Trust's clinical strategy and service delivery, underpins many elements of the Trust's business planning process, and is consistent with best practice as understood within mental health services and the NHS estate as a whole.

Introduction

- 1 This strategy sets out the Trust's plan for the current and future development and management of its estate. The strategy covers the years 2015-20 and is aimed at supporting delivery of the Trust's Clinical Strategy which describes service models and local service plans across Kent and Medway. It forms a key element of the Trust's business planning process and should be read in conjunction with the Trust's Clinical Service, IM&T and Finance Strategies.
- 2 Apart from its workforce, the Trust estate is its most significant asset and, therefore, is a key factor in the delivery of patient care, Trust strategies and business plans. For a mental health Trust, which has services that are largely community based, spread over a total of just under 50 sites (correct at the time of print, March 2015), the Estates Strategy is a critical element in its forward planning, and a requirement in order to approve business cases for investment.
- 3 Because the Estates Strategy is aligned with the Clinical and Service Strategy it should be seen as a key guidance tool in making decisions involving service configuration and capital investments. The Estates Strategy provides a forward look over the next 5 years. It is regularly updated to reflect any changes in healthcare and Trust plans. The Trust formally reviews and updates the strategy annually.
- 4 The Trust Board should have an understanding of the risks relating to the estate, especially where this affects business continuity, patient safety and well being, and public image. The estate is "front of house" and highly visible, and it is therefore important to the reputation and public image of the Trust.
- 5 The principal aims of the Trust Estates Strategy are to:
 - Provide high quality estate shaped by the Trust's Clinical Strategy and related service development plans, fit for the purpose of supporting delivery of Trust services.
 - Continue to support the Trust's service transformation plans over the next five years, to deliver clinical and administrative space in the community's major population centres at reduced cost in comparison to the current cost base, wherever possible.
 - Continue to identify how Trust in-patient service units will be modernised to ensure a therapeutic environment for service users and a safe workplace for staff.
 - Set out the Trust's plans for developing, maintaining and improving Trust estate over the next 5 years.

In addition to these over-arching aims a number of other objectives have been agreed by the Board, and will continue to be pursued:

- To optimise the utilisation of space across the whole estate
- To maximise the capital receipt from disposals for reinvestment in the estate.
- To ensure high quality facilities management and services.
- To quality assure all estates work through the use of appropriate procurement frameworks and effective project management.
- To develop efficient and effective site facilities management functions.
- To take account of the sustainability/carbon reduction agenda through the Trust's sustainable development management plan (SDMP).
- To use a targeted approach to addressing backlog maintenance.

6 In considering how the existing estate can be improved to deliver these aims and objectives the following principles inform estate action plans.

- Trust estate must support delivery of the Trust's Clinical Strategy and services.
- Most people will access their service in primary and community settings. For those people requiring higher level, more specialised assessment or treatment, modern fit-for-purpose hospital environments will be provided by the Trust.
- The Trust's services will be provided within settings most appropriate to the delivery of an effective service, in facilities which are cost efficient, accessible and comfortable for both staff and service users.
- Services will be provided in the least restricted environments, as close to home as possible, in a way which promotes local access to services.
- Future service and estate developments will be planned and developed jointly with key stakeholders, in line with the priorities identified in service strategies and will take full account of the environmental impact of the development, including carbon management and sustainability. Particular attention will be paid to the views of staff, service users and their families
- The Trust aims to ensure that all of its services and other activities are provided in inclusive environments, accessible to all, regardless of age, gender, ethnicity or disability, wherever possible.

These principles will be achieved through partnership and collaboration with other statutory authorities, the voluntary sector and the independent sector, and through careful management of existing and future Trust estate.

- 7 The current hospital estate comprises four main sites, and is characterised by newer elements added since the creation of the Trust and the legacy of predecessor Trusts and estate inherited from them, including the largely PFI facilities at the Greenacres site in Dartford, facilities at the Maidstone Hospital site, and those at St Martins in Canterbury and the Queen Elizabeth The Queen Mother (QEQM) hospital in Thanet. These facilities are all on Trust-owned freehold sites.
- 8 There are 4 further hospital site facilities, all leased, at Sevenoaks Hospital, Sittingbourne Memorial Hospital, Darent Valley Hospital and Medway Maritime Hospital, offering a range of inpatient and out-patient activities.
- 9 The Trust's in-patient portfolio is completed by a further 7 small sites in the community, offering rehabilitation, drug and alcohol detoxification, and eating disorder services, spread across the county.
- 10 In the community the Trust has 32 further sites, acting as staff bases and out-patient clinics for service users accessing community and recovery services. There is one corporate support services building, at the Magnitude building in Aylesford near Maidstone. Most of these buildings have featured in the Trust's estates transformation programme, aimed at optimising use of estate, ensuring fitness for purpose and reducing costs where possible.

A full list of Trust sites is attached at **Annex 1**, which also indicates disposals since the strategy was last updated.

Service Transformation

- 11 The Trust has plans to continue to drive forward clinical service redesign and transformation over the next 5 years which will provide a modern 21st century mental health service focused on, and driven by, the needs of service users. The clinical strategy anticipates that only a small proportion of people will need hospital care with a majority of people's needs being managed in, or close to, their home environments, by Crisis Resolution and Home Treatment Teams (CRHTs) and Community Recovery teams operating as part of a modern community-based mental health service, and supported by new single point of access arrangements.
- 12 Inpatient services will be provided from modern fit-for-purpose buildings. The Trust commenced plans for modernisation of in-patient services in 2008 when the business case for new units at Canterbury was first agreed and has completed a number of major capital schemes since, listed in **Annex 2** (see also Capital Programme below)

13 In community services, as part of clinical service transformation, the Trust has developed a “service hub” model, where most local clinical and admin activity is based. The service model is supported by the establishment of major building hubs in local Kent and Medway population centres. In addition a number of smaller “satellite” buildings will continue to be established to maintain and, where possible, improve local access for service users and their carers. This desire to improve and modernise service provision is the chief driver behind the programme. A significant by-product of the modernising strategy has been substantial reductions in estate cost.

14 The programme is ambitious but achievable, looking to substantially reduce the total number of Trust sites, with the majority of subsequently surplus accommodation becoming available in the community. Unless alternative clinical requirements can be met by this surplus estate the Trust disposes of it and invests all capital receipts in the retained estate. This funding source has made a substantial contribution to the capital programme over the past 5 years. The transformation programme is dynamic, and kept under constant review and evaluation, allowing for the addition of new facilities as well as disposal of old, subject to service requirement.

A summary of key milestones in the estates transformation programme is attached at **Annex 3.**

Non-Clinical Drivers

15 In addition to the clinical transformation drivers for change there are a number of non-clinical drivers for estate change, chief of which are summarised below.

- The regimes of statutory and non-statutory inspection and compliance
- Trust cost improvement plans
- Long term financial and business planning
- The views of statutory and non-statutory stakeholders with which the Trust works.
- A tariff-based future

The Way Forward

16 Putting all this information about existing estate and drivers for change in the future together is the purpose of this strategy document, and what emerges is a clear picture of priorities for action and focus going forward, as set out below.

Investment in Clinical Environments

17 For In-Patient services this includes further new build projects at Canterbury and Maidstone and major refurbishments at Dartford, Thanet and Maidstone through a rolling annual programme of ward refurbishment across the hospital estate. Because of the scale of cost involved, it is important to note the benefits of this investment in service environments.

18 The financial implications of large investments can be quantified, but the non-financial benefits can be more difficult to measure. The advantages of better designed buildings should be viewed in terms of outcomes for both service users and workforce, with a particular focus on safety for both service users and staff, as follows:

(a) Service Users

- Better sight lines through improved layouts to improve observation in hospital settings can prevent harmful acts occurring.
- Ensuring as ligature-free an environment as possible is a critical requirement for mental health estate, particularly in private areas such as bedrooms and bathrooms.
- Major refurbishment projects provide an ideal opportunity to tackle backlog maintenance.
- A good design will ensure a therapeutic ambience, using structures and light to encourage calm and interaction.
- A therapeutic ambience feeds directly into a reduction in serious incidents, benefitting both users and staff.
- Good design is always informed by lessons learned elsewhere, and the Trust's P21 partnership with Kier Health, using Devereux architects, helps ensure this.
- In designing either new or refurbished layouts for existing buildings the Trust will always consider all sources of information, not simply Health building Note guidance. Recent design work has been strongly influenced by work on dementia-friendly environments, for example.
- Buildings need to be as flexible, adaptable and "future-proofed" as possible in order to deal with an uncertain future in commissioning terms and possible changes in user presentation or client group, and to cope with a range of need.

- New design can make it easier to co-locate key services effectively and with positive outcomes, for example through location of CRHTs near or in in-patient units.

(b) Workforce

- A healthy, well designed environment can impact positively on staff sickness rates, just as poorly designed facilities can drive up sickness rates.
- The nursing team can be used more efficiently in well-designed environments, for example as a result of improved sight lines.
- Team morale is easier to maintain if the environment is positive, with staff feeling safer and more valued.
- The themes of security and integration will always feature heavily in planning new or refurbishment projects.

Finally, well designed facilities are a critical component of a successful patient care pathway.

Estates Transformation Programme (ETP)

19 Until the ETP was developed the Trust’s community estate capacity exceeded its future requirements. Clinical and admin “hubs” have been created in major population centres across Kent and Medway, to ensure both access and efficiency. A number of satellites to these hubs have also been established, as described in para 13 and 14 above, and surplus estate disposed of.

Maximise Benefits of New Ways of Working

20 The progression of IM&T systems and the potential for increasingly agile working arrangements has been factored into considerations for the future. Opportunities to benefit from joint-working with other agencies and accessing other agencies’ accommodation for service delivery, particularly with Primary Care, need to be maximised.

The remainder of this document describes the structure and processes which the Trust will use to deliver the identified estate change and improvement programmes.

Capital Planning and Estates Maintenance

21 The Trust has a capital planning and estates team which is responsible for this strategy, and which includes engineering, surveying and asset management professionals. In addition to managing the strategic estates agenda, the team is also responsible for capital planning, estate reconfiguration, carbon reduction,

property lease arrangements, property development and disposal, improving space utilisation and the site management function for most sites.

- 22 Maintenance of the estate by internal and external providers is performance managed by this Team, largely through a service level agreement with Kent and Medway Facilities (KMF), a consortium group hosted by the Trust. This group delivers the estate maintenance function at almost all of the Trust sites with the exception of the PFI facilities at Dartford.
- 23 NHS Property Services (NHSPS) also receive estate and facilities maintenance services support through a service framework agreement with KMF, inherited from the PCTs. NHSPS has recently indicated it wishes to cease the arrangement and will tender it's FM support function. In anticipation of this the Trust will keep under review its own arrangements with the Consortium going forward.
- 24 Estate maintenance at the Trust's PFI buildings at Dartford is different. With the older PFI buildings which form Littlebrook Hospital, owned by Aviva Investors, KMF provide the maintenance following a "buy-back" of this function by the predecessor Trust. The more recent PFI buildings, owned by Semperian, are maintained by Semperian using their own maintenance provider. The PFI arrangements generally are being reviewed as part of ensuring continuing value for money and opportunities for cost reduction. A new lease arrangement for Littlebrook is being negotiated with Aviva.

Site Management

- 25 The Trust introduced a new arrangement to establish comprehensive, dedicated, integrated local site management at each of its hospital sites in 2012, which has had significant quality and efficiency benefits. Professional site management is critical to effective use of estates and facilities, and to managing the associated risks. The hospital site management function has been extended to include all community hubs and satellites. This rollout will continue.

Business Case Development and Capital Approval Processes

- 26 In order to progress delivery of the strategy there are a number of technical and other ancillary factors to be established, understood and taken into account. Foremost among these is the need for a rigorous process of business case development which is pursued in respect of all significant capital scheme proposals. A robust structure for the development, planning, approval and implementation of Capital Programme schemes has been established within the Trust. This provides for the preparation of a comprehensive business case to

ensure the full and strategic consideration of any capital investment and provides assurance to the Board, via the Finance and Performance Committee (FPC)

27 To ensure this, the Trust has introduced a comprehensive business case development process which allows early stage proposals to be scrutinised constructively from the outset. This helps ensure more efficiency in the process with unworkable proposals being aborted before too much work is undertaken and successful business cases benefitting from senior input from the outset. A comprehensive process for managing proposals through to completion once approved is in place, and currently utilises either KMF or external capital project management depending on the scale of the scheme. These arrangements are regularly reviewed.

Capital Programme

28 The Trust has a comprehensive 5 year capital plan, with a detailed programme agreed for year one and two (2015/16/17). Highlights of this year's programme include the major redesign and development plans for in-patient services, and the backlog burden related to the long term strategic asset portfolio. In addition, where Fire or H&S issues are risk-assessed as urgent these are prioritised within the backlog programme. The Trust Board approves the 5 year plan, the current iteration of which is attached at **Annex 4**, with an accompanying narrative.

29 The Trust's capital schemes are monitored by the Trust Capital Group (TCG) which membership comprises all Service Directors, alongside senior corporate colleagues. Performance of the TCG is overseen by the regular reporting of its activities and decisions to the FPC. The Chair of the TCG presents regular reports of activity and progress on capital schemes to the FPC. The work of the FPC itself is reported to the Board by the Committee Chair, supported by the Director of Finance. The Board agrees the basis of the annual capital programme in March of each year. This is then subject to in-year review, influenced by practical progression of schemes and on-going consideration of service and financial pressures.

Property Disposal Plans

30 One of the more obvious consequences of the Trust's estates transformation programme is the potential to release assets for disposal, development or income generation. The Trust is unaware of any other NHS organisation which has disposed of such a volume of estate in recent years, in line with government policy and which proposes to continue to do so at the pace proposed. This process will continue to need adequate resourcing and expert management. A schedule of disposals to date and planned, and the capital receipts achieved and anticipated, is attached at **Annex 5**.

Partnership

31 The Trust has established a P21 partnership with Kier Health. It is also working in partnership with Skanska, on an Energy Performance Committee (EPC). These and future partnerships are an important part of the Trust's ambitions to ensure expert commercial input to Trust estate matters, and relentless focus on controlling estate costs whilst driving up quality. Future Partners are likely to include housing providers in particular, in relation to community services with an accommodation component, for example, rehabilitation services.

Sustainable Development/Carbon Reduction

32 The Trust has a comprehensive Sustainable Development Management Plan, approved annually by the Board. The energy partnership described above and the Green Champion network are two of the outstanding features of the Plan. The 2015 Annual report on the Plan is attached as **Annex 6**.

Performance and Monitoring

33 Estate management and maintenance performance is monitored with the relevant providers (KMF and PFI primarily) on the basis of SLA/Contracts as appropriate and includes monthly meetings between senior capital planning team members and senior managers from the providers. Performance against the capital plan is monitored by EMT and the FPC, and by the TCG for smaller schemes.

34 P21 schemes have comprehensive project and performance processes built in, which are very effective. For example, the St Martins' schemes were delivered on budget and on programme. In addition, the estates and capital planning team are subject to the same internal CRES and Transformation monitoring processes. It is still unclear what specific estates performance is monitored by the TDA, but the requirements of Monitor are clearly set out and the Trust is gearing up to be in a strong position on these.

35 The Finance and Performance Committee (FPC) receives regular monthly estates reports against implementation plans for most of the strategic key elements. This reporting is in addition to the comprehensive Project Board reporting on major capital schemes.

Risk Management

36 All significant capital schemes have risk registers, the most comprehensive being the P21 Cranmer scheme, the New Emerald (Upnor) unit, the MIP projects and the estates transformation programme. In addition, there is a global estates risk register on the Datix system, which is reviewed on a quarterly basis by the FPC. For all CRES schemes a risk register forms an important part of the scheme monitoring and delivery

Annex 1

Trust Property Sites Freehold & Leases			
	For Disposal	Oakapple Lane Site	
Alexander Lodge (Sevenoaks Hosp Site)		Oakwood (Maidstone Hospital) Site	
Arndale House		Pagoda, The	Disposed
Arundel Unit	Disposed	Park Avenue	
Ash Eton Site		Queen Anne Car Park (Land Only)	For Disposal
Ashford M H Centre	Disposed	Rivendell	
Audley House	Disposed	Riverside House	Disposed
Ash Eton Site		Sittingbourne Memorial Hospital	
Ashford M H Centre	Disposed	Southlands	For Disposal
Audley House	Disposed	Spa House	
Baltic Road Clinic	Disposed	Springwood Close	Disposed
Beacon Centre, The		St Andrews	Disposed
Birling Centre, The		St Martins Hospital Site (West)	For Disposal
Branbridges Industrial Unit, TN12 5HF		Stanley House	For Disposal
Broadmeadow		Thanet Mental Health Unit	
Canada House		Tonbridge Road, 111	
Coleman House		Twistleton Court	
Cornerstrone		Union Street, 180 – 188 (Kingswood)	For Disposal
Courtyard, The – Maidstone			
Darent House			
Deal MH Centre (Victoria Hospital Site)			
Durham House	Disposed		
Elizabeth House			
Elmsleigh Lodge			
Ethelbert Road			
Fant Oast			
Frank Lloyd			
Greenacres MH Site			
Grove, The			
Hadlow Road	Disposed		
Heathside Hosue			
High Street, 17 Swanley			
High St, 77 Chatham ME4 4EE	Disposed		
Highlands House			
Holy Trinity Resource Centre			
Homeopathic Hospital			
Hucking Hill House	Disposed		
Jasmine Centre			
Kelston, KEL01	Disposed		
Kent House (Maidstone)	Disposed		
Kings Road			
Kingsley House	Disposed		
Larkey View	Disposed		
Laurel House			

Magnitude	
Medway Maritime Hospital (various)	
Mulberry Day Centre	

Annex 2

Major Clinical Capital Projects to Date and Planned (KMPT)

Ward Project	Cost	Completion
Allington (Dartford)	£1m	2008
Bluebell (Canterbury)	£4.9m	2012
Foxglove (Canterbury)	£4.9m	2012
Fern (Canterbury)	£1.1m	2012
Samphire (Canterbury)	£1.3m	2014
Brookfield (Dartford)	£1.3m	2013
Upnor (Maidstone)	£5.9m	2015
Woodlands (Dartford)	£1.2m	2015
Cherry Wood (Dartford)	£1.03m	2015
Amberwood (Dartford)	£1.2m	2015
Willow Suite (Dartford)	£1m (est)	2016
Cranmer (Canterbury)	£7.6m (est)	2016
Amherst (Maidstone)	£1.2m (est)	2016
Brockhurst (Maidstone)	£1.2m (est)	2017
Orchards (Maidstone)	£1.2m (est)	2017
Woodchurch (Thanet)	£1.2m (est)	2017
Sevenscore (Thanet)	£1.2m (est)	2018
Walmer (Maidstone)	£1.2m (est)	2019
Bedgebury (Maidstone)	£1.2m (est)	2019
Emmets (Maidstone)	£1.2m (est)	2020

Annex 3

ETP	Predicted Spend	Est Project team - 1st mtg date	Space Utilisation Survey	Proj Team sign off	Dev Initial Spec	Tender return date	Tender award date	Works start date	Works completion date	Moving in date
Corporate										
Medway Hospital - DSC	Not yet known	05/03/2014	Programme to be Agreed							
Medway Hub										
Canada House	£83k	Mar-14	01/04/2014	30/07/2014	19/02/2015	31/03/2015	20/04/2015	May-15	N/A	
Medway hub solution	TBC									
Medway Acute solution	TBC									
Canterbury Hub										
Canterbury Satellite	TBC	May-15			Site identified for service viewing.					
Maidstone Hub										
NFU Building	£50k	01/04/2014	Jun-14	N/A	N/A	N/A	05/01/2015	09/09/2015	Oct-15	
Southeast hub										
Coleman House replacement	TBC	01/04/2014	Site to be identified							

Annex 4

To: Circulation

From: John Carey

Date: 31st March 2015

Title: Narrative to support the 5 year capital plan

Introduction

1. The Board has recently approved a new 5 year capital plan, updated to reflect both additional requirements and affordability. The purpose of this paper is to provide a more detailed high level narrative for the benefit of Board members and senior management colleagues. It focuses on the estates component of the plan which accounts for approximately 80% of capital expenditure in 2015-16, 90% in 2016-17 falling to around 60% in subsequent years. The other chief component of the capital programme is IT expenditure which is detailed elsewhere.

2. The 5 year capital plan is, of course, the means by which the Trust will deliver on key elements of its Estates strategy. In particular, the commitment to redesign of older peoples mental health services in the east of the county as part of the OASSIS programme, and the Modern Inpatient Programme (MIP), aimed at refurbishing and improving all inpatient environments across the whole of the county as part of a rolling programme.

3. To date this has seen Fern and Samphire wards at St Martins refurbished since 2012, as well as the Brookfield unit on the Dartford site. Work to modernise and refurbish the 3 Acute units at Dartford (Woodlands, Samphire and Amberwood) began last month. Although the known costs of the 3 units completed and the 3 now underway at the Dartford site reveal a consistent £ 1.2m cost level no detailed work has yet commenced on surveying and specifying the likely level of investment required at the remaining inpatient sites which this 5 year plan will address.

4. There are 3 Older Peoples units and 5 forensic units to follow completion of the Acute unit modernisation and at this stage in the planning process the only sensible assumption available is to allocate £1.2m to each of those units across the 5 year plan period. Once the detailed specification and identification of backlog and other issues through survey is complete it will be possible to identify more specifically the actual budget required. In doing so, it is accepted that some units will come in above the £1.2m estimate and others below. It is proposed that the MIP funding remains secured for this purpose so that savings on some schemes can support higher costs on others.

5. Most of the £25m expenditure on estate described within the 5 year plan is focused on inpatient services and, while little of it will result in increasing capacity and therefore potential income, all of it will help secure Trust core business/income for the long term. There will also be a host of non financial benefits to do with improved environments and safety for both service users and staff. It can, however, also be

anticipated that some financial benefits may flow from the potential, once environments are made more safer, to review staffing levels across the inpatient services.

6. Thus this major investment will secure both non financial and financial benefits. Each individual MIP scheme will still be required to justify the investment through the preparation of a comprehensive business case, and these cases will follow the normal capital business case approval process through the Finance Committee and the Board itself.

The following paragraphs should be read in conjunction with the Plan, and are sequenced to it. The key spend, funding and disposals tables from the Plan are attached at the end of this paper. Please note that the MIP acronym replaces the previous MAIP acronym, reflecting that the programme is about all in-patient environments, not just Acute:

Capital Maintenance

7. In recent years this allocation has largely reflected the major investments in the estates transformation/community hub programme, with expenditure around £1-1.5m per annum. Most of the hub programme has now been delivered and the annual investment figure going forward has been reduced to circa £500k per annum. This figure reflects the success of the hub programme which, through improved space utilisation, has delivered two parallel components of the strategy, namely, a) the modernisation including the tackling of backlog at all of the Trust's main community hub buildings and b) the disposal of some of the Trust's poorest estate in terms of condition and fitness for purpose.

8. The reduction in the capital maintenance programme funding therefore reflects a decrease in Trust estate footprint of more than 30% (i.e. therefore less estate to maintain) and the fact that further major investments in the hub programme will not be required during the 5 year term. A further contributing factor to the estates team's confidence in this new level of capital maintenance funding derives from the overhaul of planned maintenance programmes and procedures for the residual estate. New programmes of Plans Preventive Maintenance (PPMs) are being finalised with KMF which will assist with driving down the incidence of reactive maintenance, one of the drains on capital maintenance in the past. The position on maintenance and funding available to support it will remain under review on an ongoing basis.

Capital Maintenance "Brought Forward" From 2014-15

9. This figure reflects over-runs and re-phased works from 2014-15.

Acute Redesign - New Emerald ward

10. This figure reflects the allowance for snagging and completion of this project.

OASSIS/Cranmer

11. This scheme has £1m allocated in 2015 -16 and the remaining £6.2m allocated in 2016-17. Expenditure on design to date will bring the total cost of the scheme to the £7.6m agreed by the Board at outline business case (OBC) stage. The planning application for the new Cranmer facility is due to be determined at the end of June which will allow the full business case (FBC) to be presented to the Board at its July

meeting. Subject to its approval the business case will then be considered by the TDA and our experience with the OBC suggests this could be a lengthy process. For this reason the programme reflects a start on site in January 2016 for what should be an 11 month works programme.

OASSIS – Thanet

12.The OASSIS redesign of Older Peoples mental health services in the east focusses not only on Cranmer ward in Canterbury but also on the 2 OPMH wards at Thanet (Woodchurch and Sevenscore). As well as delivering the OASSIS objectives for Thanet this scheme will also ensure that the modernisation objectives of the MIP will also be addressed through the same programme. The planning allocation at this point in time is £1.2m per ward phased over 2017 – 2019.

MIP OPMH (Orchards)

13.The Orchards is the Older Persons' inpatient unit on the Maidstone site. It, too, will be part of the MIP programme with £1.2m allocated to allow its refurbishment as part of the MIP programme for that site. The current plan envisages all of the Maidstone units being completely modernised and refurbished by 20X.

MIP Phase 1 Dartford

14.This is the investment to modernise the 3 Acute units on the Dartford site, approved by the Board earlier this year with the works now under way and due for completion in November 2015.

MIP Phase 2 Maidstone

15.This is the modernisation investment in the 2 Acute wards on the Maidstone site scheduled to complete in the first half of 2017.

MIP Willow Suite

16.This is the modernisation and refurbishment of the Willow Suite PICU unit at the Dartford site, scheduled to be completed during 2015-16, alongside the other Dartford work.

MIP Forensic

17.This is the planned modernisation and refurbishment of the Forensic units at the Trevor Gibbons site. The first unit will be completed during the first half of 2018. Because of constraints on the availability of funding in year 4 the next 2 units cannot commence until April 2019.

Canterbury Hub

18.This is the allocation to pick up on essential backlog works necessary at the Canterbury office site following the postpone the disposal of Laurel House. This project is still being reviewed.

Relocation of St Martin's West Services

19. This is a fund to support the relocation of activities other than Cranmer and Davidson wards from the western half of the St Martins site which is scheduled for disposal.

Energy Infrastructure Modernisation

20. This is the completion of the energy infrastructure investments at all of the Trust's major hospital sites designed to reduce energy consumption through a guaranteed energy performance contract with SKANSKA.

Capital Funding and Disposals

21. Most of the financing for the capital plan is via internally generated capital cash. In years 1 and 2 of the plan (2015-17) a significant contribution to the total spend is via proceeds from disposals. These disposals will account for £13.5m of the spend during those 2 years. That is how the Trust is able to afford such a substantial capital programme in years 1 and 2, whereas subsequently the amount of capital available returns to normal levels. The largest single receipt in the £13.5m is the St Martins West capital receipt which sits in the plan at £8.5m. During 2015-16 it is planned to complete the disposal of 6 further properties which are identified within the plan and which in most cases are already surplus to requirements.

22. The Trust has 3 further large sites which have significant potential for capital receipts if disposed of. All 3 of these sites are currently in use, with only Canada House being used by KMPT services. Both Heathside House and the Homeopathic Hospital are largely occupied by KCHT and other organisation services. When the Trust acquires Foundation status, it may be possible to realise capital receipts for Heathside and the Homeopathic hospital. Work is already underway to look at options for releasing a capital receipt in relation to Canada House, but this business case is yet to be finalised and agreed, and is likely to be subject to a partnership approach with other Health agencies in Medway.

1. Capital Scheme Summary

Table 1, 5 Year Capital Plan

PLANNED CAPITAL EXPENDITURE	2015-16	2016-17	2017-18	2018-19	2019-20
	£000	£000	£000	£000	£000
Information Technology	2,050	1,940	1,800	1,800	1,800
Capital maintenance & minor schemes	525	500	500	469	540
Capital maintenance & minor schemes cfwd from 14-15	545	0	0	0	0
Acute redesign - New Emerald Ward	200	0	0	0	0
OASSIS - Cranmer	1,000	6,296	0	0	0
OASSIS - Thanet	0	0	900	1,500	0
MAIP OPMH (Orchards)	0	800	400	0	0
Modernising Acute Inpatient (MAIP) - Phase 1 Dartford	3,037	391	0	0	0
Modernising Acute Inpatient (MAIP) - Phase 2 Maidstone	0	2,071	400	0	0
Modernising Acute Inpatient (MAIP) WILLOW SUITE	1,000	0	0	0	0
MAIP forensic	0	0	419	881	2,464
Canterbury Hub	300	0	0	0	0
Relocate remaining services in Lower St M	250	0	0	0	0
Energy Infrastructure modernisation	884	0	0	0	0
PFI Lifecycle costs	236	57	71	77	144
TOTAL CAPEX SPEND including IFRS impact	10,027	12,055	4,490	4,727	4,948

5. Disposal Programme

Table 3, 5 Year Disposal Programme

See below

DISPOSALS	2015-16	2016-17	2017-18	2018-19	2019-20
Alexander House Stables, TN119LT - sell Aug 15	220	-	0	0	0
Elmsleigh Lodge, Chatham, ME4 6DQ LAND - sell June 15	50	-	0	0	0
Elmsleigh Lodge, Chatham, ME4 6DQ BUILDING - Sell Mar 16	465	-	0	0	0
union street and car park - sell Feb 16	1,850	-	0	0	0
Birling - sell Mar 17	-	630	0	0	0
Southlands, ME9 8DZ - sell Aug 15	1,150	-	0	0	0
Stanley House, The Downs, Chartham Downs Road, Chartham, Nr. Canterbury, Kent. CT4 7PS - offer received - sell Aug 15	650	-	0	0	0
St Martins Hospital, Littlebourne Road, Canterbury, Kent. CT1 1TD - Sell Mar 17	-	8,500	0	0	0
TOTALS	4,385	9,130	0	0	0

Annex 5

Sales 2010/11

Property	Price achieved
The Birches Folkestone	£430,000
City Way Rochester	£165,000
136 Gillingham Road	£235,000
322a High St Sheerness	£206,000
185 London Road Sittingbourne	£183,000
87 London Road Sittingbourne	Reserve not met
220 Nelson Road Gillingham	£125,000
109 Snodhurst Avenue Walderslade	£192,000
The Poplars Rye	£257,000
20 Ridgeway Chatham	£380,000
Total	£2,173,000

Sales 2011/12

Property	Price achieved
29 Salisbury Road, Maidstone	£168,000
33 Salisbury Road, Maidstone	£162,000
Chapelfield, Ashford	£499,000
4 Manor Road, Chatham	£180,000
Cornerstones, Maidstone	£240,000
Throwley House, Chatham	£280,000
Total	£1,529,000

Sales 2012/13

Property	Price achieved
10 South Canterbury Rd, Canterbury	£405,000
408 Tonbridge Rd, Maidstone	£165,000
32 Cornwallis Rd, Maidstone	£166,000
28 Chervilles, Maidstone	£175,000
9 Court Barn Rd	£279,000
The Springs, Pembury (funds flow)	£500,000
Larkey View Flats	£381,000
87 London Rd	£451,000
Total	£2,255,000

Sales 2013/14

Property	Price achieved
Springwood Close, Maidstone	£2,267,970
Trinity Rd, Sheerness	£216,000
St Johns, Sevenoaks	£1,350,000
Hucking Hill House	£660,000
Larkey Houses	£812,000
Kelston	£650,000
Elwick Rd, Ashford	£360,000
Total	£6,099,970

Sales 2014/15

Property	Price achieved
Pagoda (joint sale with MTW) 14/15	£659,204
Durham House	£555,000
1 St Andrews Rd	£450,000
107 Hadlow Rd (to complete before 31 st March 2015)	£295,000
Baltic Rd	£550,000
Audley House	£325,000
Total	£2,834,204

Proposed Sales 2015/16

Property	Estimated Value
Elmsleigh Lodge Land (subject to planning)	£300,000
Alex Stables (subject to planning)	£600,000
Stanley House (subject to planning)	£650,000
Southlands (subject to planning)	£1,250,000
Union St and Car Park (subject to planning)	£1,850,000
Elmsleigh Lodge	£250,000
Total	£4,900,000

Proposed Sales 16/17

Property	Estimated Value
Birling Rd (33-39)	£575,000
St Martins West (subject to planning)	£8,500,000
Total	£9,750,000

Meeting - Finance and Performance Committee	Date: May 2015
Report Title: Sustainability and Carbon Management Annual Report	
Agenda Item:	Enclosures: None
Report Author: Sirina Blankson	Presenter: John Carey
Report History: N/A	Board Lead Phil Cave

Purpose of the Report		
Outline the purpose of the paper and the reason why it is being presented.	Performance	x
	Policy	x
	Assurance	x
	Strategy	x

Strategic Objective		
1	Enhance service user engagement and patient experience	x
2	Become an exemplary employer, enabling staff to reach their full potential	x
3	Ensure sound financial management without compromising the quality of care	x
4	Develop dynamic and innovative clinical models, enhancing the quality, safety and effectiveness of services	
5	Maintain and further establish our position as the provider of choice for mental health services	x
6	Enhance the quality and safety of the services by maintaining or exceeding required	

	standards of care	
7	Incorporate sustainability and environmental management as an essential element of healthcare delivery	x

Corporate Impact Assessment:		
Legal or regulatory implications	Climate Change Act / NHS Carbon Reduction Strategy / Carbon Reduction Commitment (CRC)	
Financial or resource implications	Potential savings through reduced energy consumption	
Engagement / Consultation	Trustwide engagement	
Risks identified	Failure to deliver on the sustainable development agenda and, in particular, on carbon reduction targets potentially results in significant CRC penalties.	
Links to the Board Assurance Framework or Risk Register	On estates risk register, reported to FPC quarterly	
Impact on Quality	Cleaner environments	
Equality & Diversity	None identified	
Recommendation / Action required		
Board to note the report and approve the continuing work of the Sustainable Development Management Board.	Approval	
	Discussion	
	Consideration	
	Noting	x
	Information	

Summary

This report describes progress with implementation of the Trust's Sustainable Development Management Plan (SDMP) last year. It includes a review of performance in reducing carbon emission across the Trust to the end of March 2014 using the Carbon Trust Matrix. It reports that overall emissions have reduced by a further 3% (notionally equivalent to reduced costs of £47,506

according to the Matrix) since 2012/13. Since 2009/10, the baseline year, there has been a total 27% carbon reduction, which demonstrates continuing strong performance against the 15% target in the Carbon Management Plan.

The matrix also projects notional savings against a “Business as Usual” trajectory from the baseline year, ie, if carbon emissions had continued unchecked since that time. This suggests costs avoided (costs the Trust would have paid had energy and fuel consumption not reduced) of around £2,761,688 since the baseline year of 2009/10, equating to an average of just over £500k pa.

Also included within this report is a table of completed areas of work within the SDMP to date. Below is a summary of achievements to date:

- Guaranteed Energy efficiency contract with 11% savings on Utilities and carbon
- High level of awareness of the Trust carbon management and sustainability agenda across the workforce;
- Effective engagement of internal stakeholders; e.g. identification of Green Champions at each of the Trust’s main hospital sites.
- Involvement/engagement of inpatients in the Trust’s carbon reduction initiatives.
- Various sustainable procurement initiatives
- Sustainable travel initiatives;
- Waste recycling and reduction initiatives
- Collaborative working i.e. effective engagement with external stakeholders and organizations

It is envisaged that with the commencement of the SKANSKA project, further reduction in carbon emissions will be realized across the Trust Estate. Projects to be undertaken in the coming year include:

- Solar PV’s installations
- Bespoke behaviour change program
- Heating infrastructure upgrades and improved Building Management Systems (BMS)

1. Background

1.1 KMPT, along with all NHS Trusts, is committed to tackling climate change. Reducing our carbon emissions will help tackle climate change. National drivers, such as government and NHS targets and the Carbon Reduction Commitment, as well as local drivers, encourage us to manage our carbon.

1.2 In promoting new and innovative projects, the Trust will maintain a commitment to the NHS Carbon Reduction Strategy. The Trust’s progress is monitored through its Sustainable Development Management Plan (SDMP), which sets out a strategy for emissions reductions and cost savings from those carbon emitting activities that KMPT can monitor and influence. This paper summarizes

progress over the 5 years of the current SDMP (previously CMP) from 2009/10 - 2013/14. The baseline from which progress is monitored is 2009/10.

2. Progress

Carbon reduction Performance

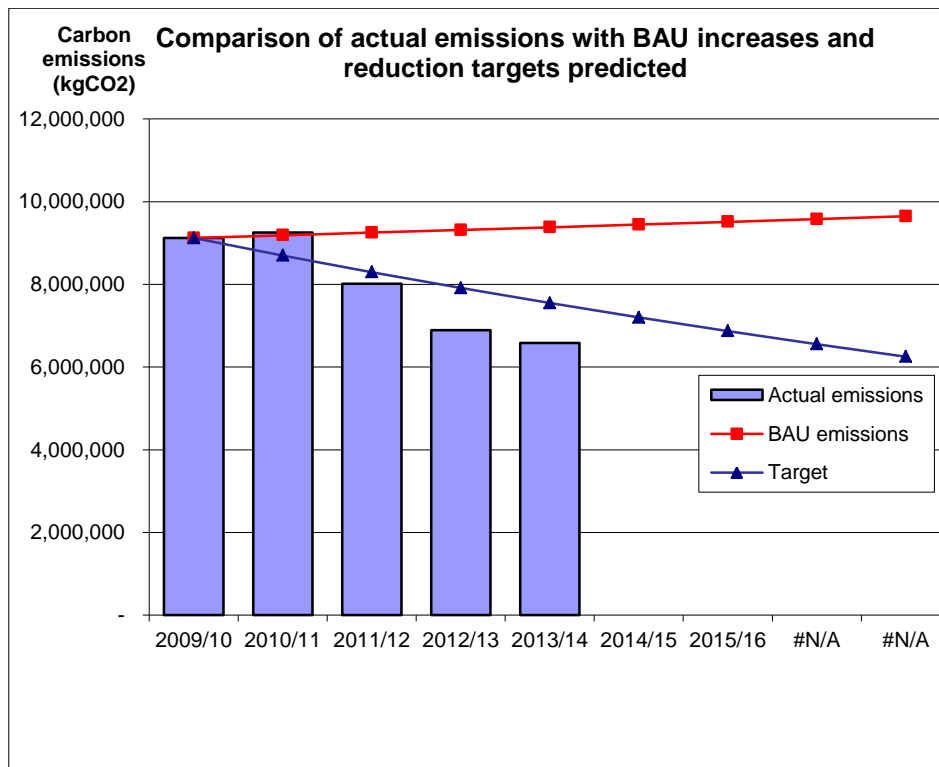
2.1 The Trust has exceeded its target of 15% reduction in its CO₂ emissions by 2015 as set out in the original Carbon Management Plan by more than 10%. The total carbon emissions reduction by 2014 was 27%.

Baseline CO₂e emissions 9,122 tCO₂e (2009/10)

- 2010/11 emissions 9,250 tCO₂e
- 2011/12 emissions 8,019 tCO₂e
- 2012/13 emissions 6861 tCO₂e
- 2013/14 emissions 6583 tCO₂e

This progress is illustrated in Chart 1 below

Chart 1



2.2 The chart demonstrates the 27% carbon reduction against the baseline year of 2009/10. Carbon emissions between 2010/11 and 2012/13 reduced at the greatest rate, mainly because of the large number of disposed assets as part of the estate transformation program. It can be seen that the percentage reduction levelled out in 2013/14 as fewer properties were disposed of.

2.3 It is anticipated that 2014/15 onwards will show further marked decrease in carbon emissions specifically within the Skanska scoped buildings due to the measures being taken there to invest in infrastructure.

2.4 The main interventions which have contributed to progress to date include:

- Renewable energy installations at New St Martins
- Energy efficiency actions e.g. more efficient ICT estate;
- Green Champions
- Improved insulation and heating controls
- Awareness raising and behaviour change;
- Improved monitoring and scrutiny of energy use;
- Changes to staffing and estate.

3. Energy Performance Contract (EPC) with SKANSKA

3.1 Last year KMPT appointed SKANSKA to help drive further reductions in energy use in the Trust through a Guaranteed Energy Performance Contract. This project will specifically look to drive down the demand for Energy usage within a holistic approach through a managed service agreement with a commercial energy partner.

3.2 Drivers for this project include the following:

Drivers:

- KMPT Trust to become a leader in NHS energy and carbon management
- Achieve continual reductions in carbon emissions
- Provide resilience to changes in utility costs
- Minimise energy costs in order that funds can be used for other KMPT activities
- Support the delivery of quality healthcare services through appropriately conditioned environments.

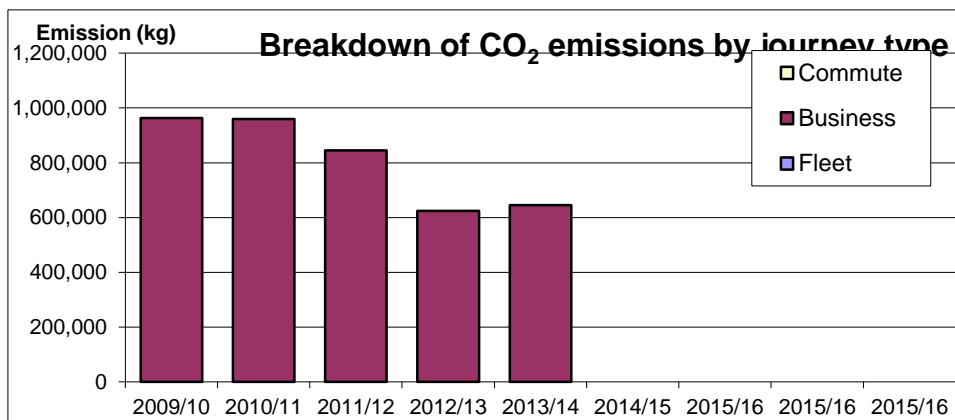
3.3 This will be achieved through the implementation of a series of Energy Conservation Measures (ECMs) such as solar Photovoltaics and BMS upgrades at selected, larger sites; and a Trust-wide behaviour change project which will help achieve the stated reductions and deliver annual financial

savings to the Trust. Further benefits will include facilitating the economic management of backlog issues in as much as this impacts on the Trust energy and carbon plan and maintaining resilient and robust engineering systems for delivering healthcare to the community.

3.4 The bespoke behavioural change program has been designed to deliver a successful behavioural change programme to complement the various initiatives currently happening within the Trust. Skanska has partnered with Global Action Plan, the UK’s leading environmental behaviour change charity and for the past 20 years-helping NHS Trusts, businesses, schools and communities reduce their impact on the environment. Key campaign messages around the various strands of Sustainability will be formulated to span the year and the impact of these will be measured and reported to the Board.

4. Sustainable Travel

4.1 There was a marked decrease in emissions from travel of 26% from 2011/12 to 2012/13. This can be mainly attributed to the initiatives such as increased use of video and teleconferencing; estate rationalisation; more e-learning courses for training; phasing out of the old lease car scheme and car sharing between few staff members. The data for 2013/14 indicated a slight increase in business mileage.



4.2 It is envisaged that further savings may be achieved over the coming year through the following sustained initiatives:

- Asking staff to consider alternatives to using their own cars for business travel
- Increased management scrutiny of staff travel;

- Producing travel reports for sites, promoting and incentivising active travel, promoting and training staff in video conferencing;
- Promoting car sharing and other behaviour change projects.

5. Travel Plans

5.1 There are Travel Plans now in place at the 4 main acute sites.

As part of the Trust's transformation and estate rationalisation program, it has become even more important for a Travel plan document to be put in place to address site congestion issues. The travel plan document will form the basis of patterns of Travel around the Trust and ensure both new and existing premises can adequately and clearly be accessed by all.

The key strands addressed by the Travel Plans include the following:

- The implementation of a Business Travel Hierarchy asking staff to consider alternatives to using their own car for business travel;
- Changing the way we have meetings including not asking all staff to commute to a location for a meeting.
- Increased management scrutiny of staff travel;
- Producing travel reports / plans for some sites, promoting and incentivizing active travel, promoting and training staff in video conferencing;
- Promoting car sharing and other behaviour change projects.
- Cycle initiatives and awareness
- E-learning courses and requesting car sharing partners for training sessions.

6. Car Park Management

A Parking Management Scheme pilot was introduced to ensure that there is sufficient parking on the Oakwood site for visitors to KMPT Services and for KMPT Staff, at all times. The 6 month pilot scheme started on the September 2014. The parking restrictions on the site apply 24/7. Non-compliance with car parking rules will result in a PCN (Penalty Charge Notice) of £30. results so far indicate that numbers of non-KMPT visitors who used to park on site have reduced to almost zero. It will be recommended to extend the pilot to other sites where parking volumes indicate it would be helpful to do so.

Electric Cars

As part of KMPT's commitment to reducing its carbon footprint, especially The Carbon Management Plan's strategic theme of 'Tackling Transport and Travel Emission', the Trust has trialled electric cars for business travel for a 6 month period, which was well-received by staff. The CRSL is considering the outcomes of the trial.

7. Waste & Water

Carbon emissions are calculated from waste by converting the waste in tonnes to carbon equivalent as waste disposed to landfill results in GHG emissions. According to the Carbon Trust matrix, from 2009/10 to 2013/14, there was a 43% decrease from waste and water emissions. Consequently, the amount of internal waste sent to landfill have reduced considerably due to the introduction of waste minimisation and recycling procedures, internal recycling facilities and changes to waste contract. It is anticipated that emissions associated with the disposal of internal waste to landfill will continue to decrease.

8. Communication and Awareness

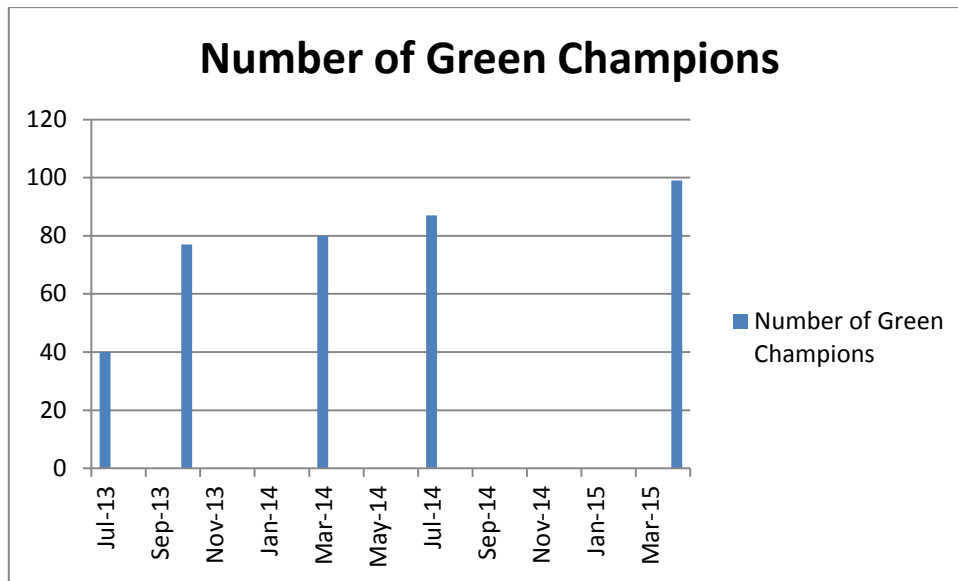
Significant strides have been achieved since 2012, with 726 staff undertaking the E- learning course 'Cutting Carbon and Improving Health'. This is a significant achievement especially since it is not a mandatory module. Communication and awareness has been a major focus of the Sustainable Development Management Plan. A rolling Programme of campaigns, concentrating on energy, green travel and waste and Sustainable development, are supported by a range of initiatives including posters, stickers, competitions, promotions; A new staff induction program/ e-learning module was developed and this will be introduced to new and existing staff in 2013/14. It is proven to be an effective way to engage staff on sustainability.

9. Green Champions

- 9.1 Establishing a network of green champions throughout KMPT to raise awareness of environmental issues within our working lives and to promote and maintain good housekeeping in our premises is very important. The aim is that this voluntary staff engagement scheme will further improve KMPT's environmental performance. All the volunteers care about their working environment and want to spread the bigger greener mission through raising awareness of green issues and making small changes in their workplace, and this will influence positive behavioural change towards greater carbon efficiency. Uptake amongst staff groups is very encouraging the Trust will look to build a more extensive and vibrant Green Champion Network by harnessing the Behaviour Change Program to be rolled out along side the SKANSKA Program.

Patient Champions - Pilot

- 9.2 As part of the Green champion initiatives at Greenacres group, wherever possible, patients are encouraged to join in some Green initiatives as part of their Occupational Therapy session on discussions on Carbon Management and climate change. It has been reported the patients were really enthusiastic and a couple of patients now attend the site wide Green Champion meeting at the Greenacres site. The Trust now has about 99 Green champions across the sites and the plan is to eventually get Green Champions in every building within the Trust.



10. Conclusion

The Trust continues to significantly exceed its full 15% target set for 2015/16 target and is already past its 20% by 2017 carbon reduction target set within the Sustainable Management Development Plan. Systems to implement monitor and communicate further carbon reduction activities at the Trust are now actively improving data management and scrutiny. The Trust continues to meet its duties under the Climate Change Act and NHS Carbon Reduction Strategy.



APPENDIX 1

AREA OF WORK / TASK	LEAD	MILESTONES & DATES	LIKELY CONTRIBUTION TO TARGETS (OR ENABLING SCHEME)	NOTES
COMPLIANCE				
Review board name from CMBP to SDMPB	SDMPB	September 2014	Ensure name is appropriate and gives clear indication of board scope and focus.	
CRC non inclusive Evidence report		January 2014	Ensure assurance is given to the board on CRC commitments.	
Undertake annual self-assessment against Good Corporate Citizenship model.		Submissions for 2009 and 2012	Sharing and learning from good practice. Benchmarking and Trust SDMP indicator. Assessment to be conducted on a 2yearly basis	2014 submission yet to be collated
Review Display Energy Certificates.		All sites in scope obtained for 2013	Legal requirement to display current certificates.	
Board approved Sustainable Development Management Plan		Approved August 13	Demonstrate Trust understanding of, and Board level commitment to, the sustainable development agenda.	
ENERGY & UTILITIES				

AREA OF WORK / TASK	LEAD	MILESTONES & DATES	LIKELY CONTRIBUTION TO TARGETS (OR ENABLING SCHEME)	NOTES
Additional Boiler upgrades	PA/GK	March 2011 till date	Improved measurement, monitoring and benchmarking of Trust environmental impact	
SKANSKA Contract in place and Implementation		November 2014 – ongoing	Guaranteed Energy Efficiency contract with 11% and 12% carbon and utilities savings.	
Energy Efficiency at sites		Ongoing	Posters and Energy information	
Quarterly Energy Data		Ongoing	KMF yet to produce the first quarterly data as agreed.	
TRANSPORT				
Produce Travel Plan document for 4 major hospital sites.		September 2014	Encourage Sustainable Travel and contribute to reduction in carbon emissions related to staff travel	
Improved awareness of the availability of tele / video conferencing facilities at most Trust sites		Ongoing	Encourage Sustainable Travel	
Car Park management pilot at Farm Villa		August 2014	Encourage Sustainable Travel	
Pilot electric cars from Nissan		October 2014	Encourage Sustainable Travel	
Cycle Rack Installations		February 2015	Grant for Installation from Kent County Council	
WASTE				
Review and Evaluation of recycling posters and awareness training at various sites		Ongoing	Divert waste streams from landfill to recycling.	

AREA OF WORK / TASK	LEAD	MILESTONES & DATES	LIKELY CONTRIBUTION TO TARGETS (OR ENABLING SCHEME)	NOTES
Review quantities and options for food waste recycling St Martins.	SB/LC	June 2012	Reduce amount sent to landfill. Improvement in recycling rates.	Not financially or operationally viable
Initiate mixed recycling (plastics, cans) in selected areas especially hubs		May 2013	Reduce amount sent to landfill. Improvement in recycling rates.	
PROCUREMENT				
Work with Procurement masking unnecessary / duplicated items to encourage resource efficiency		April 2014	Reduction in carbon emissions associated with Procurement. Small electrical items and paper	
Identify a range of top spend products purchased via NHS Supply Chain and request evidence of sustainability compliance.		Oct 2013	Reduction in carbon emissions associated with Procurement	
WORKFORCE				
Further work to develop sustainability website		Summer 2013	Part of raising awareness and demonstrates Trust commitment to the sustainable development agenda.	Pages published
Include Sustainability within the corporate induction process and packs		2014	Part of raising awareness and demonstrates Trust commitment to the sustainable development agenda.	e-learning module / induction pack
COMMUNITY ENGAGEMENT				

AREA OF WORK / TASK	LEAD	MILESTONES & DATES	LIKELY CONTRIBUTION TO TARGETS (OR ENABLING SCHEME)	NOTES
Support for NHS Forest scheme.	SB	July 2013 November 2014	Demonstrate Trust's commitment to corporate social responsibility. Trees received from Woodland Trust for Green acre site.	Pursued
Member Kent Climate Change Network	SB	Ongoing	Demonstrate Trust's commitment to corporate social responsibility.	
Green Champions				
Increase the Green Champion network across the Trust sites.	SB	Ongoing	Networks established as part of awareness raising to demonstrate commitment to sustainability.	