

## Board of Directors' Meeting 6 May 2021

Agenda item	104/21			
Report	Estates and MES Quarterly Report			
Executive Lead	Director of Corporate Services Julia Clarke			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people		Effective	√
	Our service delivery	√	Caring	
	Our partners		Responsive	√
	Our governance		Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF5 Estates infrastructure	
	For decision / approval		Link to risk register:	
	For review / discussion		1482 Fire Evac	
	For noting	√	1934 Fire Alarm Obsolete	
	For information		1751 Compliance Struct	
	For consent			
Presented to:	Senior Leadership Committee – Operations (SLC-O) 22 April 2021			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>The attached report highlights some of the estates functions and operations that are integral to the delivery of high quality clinical care ensuring that SaTH provides a safe, high quality and efficient estate. This report is a summary of Estates activity over Q4 2020/21. It covers;</p> <ul style="list-style-type: none"><li>• Estates Capital Programme</li><li>• Estates Operations – Reactive Compliance and Planned Preventative Maintenance</li><li>• Medical Engineering</li><li>• Environmental Sustainability</li></ul> <p>The Estates Strategic Plan is also being finalised. It is an integral part of service planning, national and local objectives and future planning. The five year Estates Plan will be presented to Trust Board in July following approval of the 2021/22 Capital and Operational Plan in May.</p>			
Appendices	Annex 1: Estates and MES Q4 report (including KPIs and visuals)			

## **1.0 Introduction**

The attached report highlights some of the estates functions and operations that are integral to the delivery of high quality clinical care ensuring that SaTH provides a safe, high quality and efficient estate.

## **2.0 Estates Capital Programme**

2.1 The Estates Capital Programme Office (CPMO) has been busy during FY20/21 both with Covid adaptations, large centrally-funded schemes as well as Trust-funded schemes. The impact of the investment (delivered on time and on budget) has provided a safer physical environment and has enabled required changes to patient pathways and clinical models, and therefore improved operational performance. In FY20/21 a total of £25M investment was committed with another £18.5M investment already in motion in FY21/22. Of that investment a total of £6M was specifically allocated for backlog schemes for FY20/21. (See slides 2-6 in Annex)

2.2 Major Schemes delivered in FY20/21 include:

- RSH Fracture Clinic (£1.76M)
- PRH – Ward 36 £2M
- Cataract Suite - Ophthalmology (Copthorne) £2M
- RSH SDEC (£3M).

2.3 A number of capital schemes currently underway will be completed in 21/22 including:

- RSH A&E reconfiguration (£9.3M)
- RSH SAU (£1.74)
- RSH MRI- CT RSH (£3.5M)
- PRH Ironbridge Suite office accommodation (£500K).

## **3.0 Operations - Planned Preventative Maintenance & Reactive Compliance**

This is always a key area in Estates, especially in an organisation with ageing estate and equipment. The department has almost completed the Authorised Persons appointment processes and recruitment is currently ongoing for Medical Gas, Ventilation & Electrical Role. The current position is 89% of posts are filled and this follows investment in 2019/20 into these key roles. It has also been agreed that non-pay budget can be used to appoint four permanent Competent Persons to bring the workforce up to complement and reduce reliance on (expensive) contractors. This should also release cash efficiencies once in post and trained. There is also an Apprentice Programme being developed with Workforce. (See slides 7- 9 in Annex)

3.1 There is an improving position on Planned Preventative Maintenance (PPM) which is currently 73% completed on time (the remainder being completed late). This has improved from under 40% in 2019/20. PPM compliance is lower in comparison to Reactive completed lines due to the urgency of the reactive requests received during Covid. PPM completions are expected to rise by end of Dec 2021 with a target of 90% as investment in permanent workforce, rather than contractors is implemented

- Statutory 1,145 jobs completed
- Mandatory 870 jobs completed

- Routine 379 jobs completed
- **TOTAL 2,394 jobs completed**

### 3.2 Reactive Maintenance

- 6,518 reactive job lines were assigned, 6,446 were completed 99%.
- Average response time 15.5 hours.
- Average completion time 2.2 hours.

### 3.3 Estates compliance

- *Policies:*

Fire Safety Policy has been updated and reissued following consultation  
 4 drafts are being submitted to April meeting of Health & Safety, Fire & Security Committee (HSSFC) for review (Ventilation, Electric, Lifts, Pressure Systems)  
 3 are being reviewed prior to presentation at HSSFC (Decontamination, Legionella, Business Continuity Plan)  
 2 new policies are being written (Medical Gas, Working in Confined Spaces)

## **4.0 Medical Engineering Services (MES)**

4.1 The Medical Engineering Service was certified for achieving an internationally agreed standard that sets out the requirements for a quality management system specific to medical equipment (ISO13495)

4.2 Despite all the pressures of the pandemic the team delivered a £3M FY20/21 device replacement programme with planned capital and revenue schemes including national covid response donated devices (ITU ventilators and oxygen concentrators).

4.3 Planned Preventative Maintenance (PPM) compliance targets for medical devices within the trust is set in line with benchmarking and best practice peer groups. SaTH traditionally achieves high compliance and reached 92% in Q4. There are 1,704 assets being managed by MES - an increase of over 200 since last year.

(See slide 10 in Annex)

## **5.0 Sustainability Update**

5.1 SaTH's multi-disciplinary Good Corporate Citizen Group continue to meet quarterly and SaTH still performs in the upper quartile of the national Sustainability standards.

5.2 The NHS ambition to achieve net zero carbon by 2040, means that SaTH needs to decarbonise its heating system. Options being explored include improved energy efficiency (heat insulation) and a move away from fossil fuel gas heating and Combined Heat and Power (CHP) to heat pumps and possibly onsite waste digestion. On site electrical generation may also be an option in the move towards zero carbon.

5.3 An exercise is currently underway to develop a SaTH combined Green Plan and Heat Decarbonisation Plan encompassing the Trust's wider environmental initiatives as well as a Roadmap for carbon net-zero.

5.4 SaTH is a founder member of **Shropshire Climate Action Partnership**, working with other NHS organisations as well as local authorities (LAs) and utility suppliers to

decarbonise our energy usage and transport and also looking at funding opportunities with the LAs. SaTH are also members of the local **Integrated Care System (ICS) Climate Change Group**, which held its first meeting on 16 April). (Slides 11-12 in Annex)

## 6.0 Risks and Actions

BAF																
Created Date	Risk Ref	Risk Title/Description	Strategic Objective	Cause & Effect	Assurance Committee	Inherent Risk Priority	Risk Control	Control Assurance (1st Line)	Control Assurance (2nd Line)	Control Assurance (3rd Line)	Gap(s) in Control / Assurance	Overall Assurance Level	Residual Risk Priority	Action Required	Progress Notes	Target Risk Priority
30 Sep 2020	BAF 5	There is a risk that the current and future estates, infrastructure and equipment does not comply with national specifications, meet service needs and/or service user needs. Executive Lead: Julia Clarke Operational Lead: Will Naibh Last Updated: 13 Apr 2021 Latest Review Date: Latest Review By: Last Review Comments:	We deliver our services utilising safe, high quality estate and up to date digital systems and infrastructure	Hazard(s) / Cause(s) The ageing buildings, physical environment, associated infrastructure and inadequate backlog resources present a risk of services falling and impacting on the delivery of patient services.  Effect(s) & Impact(s) There is a risk of the Trust breaching its conditions; regulatory action being taken against the Trust; poorer patient outcomes and/or patient harm; and adverse publicity and reputational damage.	Finance & Performance	<b>1 - SL - 4</b> 20	Board-approved fully funded Capital Programme including backlog maintenance plan and medical equipment budget in place. Control Owner: Will Naibh  Estates Plan 2015-2025 in place (with interim plan for 2021) Control Owner: Will Naibh  Programme of planned preventative maintenance (PPM) in place Control Owner: Will Naibh	Capital plan developed and overseen by CPG  • Monthly Estates report to SLCO • Independent Authorising Engineers (APEs) recruited  MICAD system utilised for planning and monitoring	Approval through SLCO and Trust Board  • Additional capital allocation for backlog maintenance secured • Quarterly report on all aspects to F&P from April 21  Progress reported monthly to Director of Corporate Services	Internal Audit oversight and reporting through ARAC  • Annual Oakleaf six facet survey • Sign off of Ward 36 (PRH) and SDEC (RSH) • Weekly report to NHSI on major schemes  Annual Six Facet Survey	Capital available against ageing estate  • Lack of clinical service vision • Clear alignment with HTP and potential to expedite schemes  Adequate number of Competent Engineers (CEs) to undertake PPM	Adequate Assurance Date: 12 Apr 2021 Assurance By: Tony Holt  Adequate Assurance Date: 12 Apr 2021 Assurance By: Tony Holt  Adequate Assurance Date: 12 Apr 2021 Assurance By: Tony Holt	<b>1 - SL - 3</b> 15	Development of Capital Plan for 21/22 - to be presented to May Trust Board Person Responsible: James Drury To be implemented by: 28 May 2021  Development of Estates Plan for 21/22 Person Responsible: Julia Clarke To be implemented by: 31 Jul 2021  Agreement to appoint into establishment based on concomitant reduction in external contractors costs and CIP contribution. Person Responsible: Will Naibh To be implemented by: 30 Sep 2021	12 Apr 2021 Tony Holt JC - to be presented to July Trust Board following finalisation of Capital Plan and Service Delivery priorities  12 Apr 2021 Tony Holt JC - recruitment underway	<b>1 - SL - 2</b> 10

## 7.0 Conclusion

The Board of Directors is asked to note the update across the Estates function and the progress being made across key areas

**Julia Clarke**  
**Director of Corporate Services**  
**April 2021**

# Estates Quarterly Board Report – Jan/Feb/Mar 21

Julia Clarke  
Director of Corporate Services

Will Nabih  
Associate Director  
Estates & Hospital Site Transformation

# Estates Capital Programme Update

The Estates Capital Programme Office (CPMO) has been busy during FY20/21 both with Covid adaptations, large centrally-funded schemes as well as Trust-funded schemes. The impact of the investment (delivered on time and on budget) has provided a safer physical environment and has enabled required changes to patient pathways and clinical models, and therefore improved operational performance. In FY20/21 a total of £25M investment was committed with another £18.5M investment already in motion in FY21/22. Of that investment a total of £6M was specifically allocated for backlog schemes for FY20/21.

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RSH SAU (£1.74)

RSH MRI- CT RSH (£3.5M)

PRH Ironbridge Suite office accommodation (£500K).

# Capital Programme of Works – Update at Q4 20/21

Capital Projects Programme of Works	Funding	No of Schemes being handled	FY 20/21 (£000)	FY 21/22 (£000)	Total Value (£000)
Strategic Capital	NHSI/E	7 Live 16 Feasibility	£6,300 £0	£9,300 £41,160	£15,600 £41,160
Backlog Maintenance	Trust CIR Central Fun	8 live 42 Live	£305 £5,756	£4,700 £TBC	£5,005 £5,756
Trust Funded Strategic Schemes (Copthorne Ophthalmology Ward 20, medical records)	Trust Funds	4 Live 0 Feasibility	£3,000		£3,000
Emergency Covid Funding (PAU W36 PRH)	NHSI/E	1 Live 0 Feasibility	£2,000 £0	£0 £0	£2,000 £0
Adapt & Adopt / Diagnostic replacement	NHSI/E League of Friends	16 Live 3 Feasibility	£5,200 £0	£4,500 £4,450	£9,700 £4,450
Additional Funding (modular office at PRH)	Trust	1 Live 0 Feasibility	£500 £0	£0 £0	£500 £0
£2M Priority Schemes	Trust	25 Live 0 Feasibility	£2,000 £0	£0 £0	£2,000 £0
Totals		<b>104 Live 19 Feasibility</b>	<b>£25,061 £0</b>	<b>£18,500 £45,610</b>	<b>£43,561 £45,610</b>

# Key Capital Schemes Highlight Report at Q4 FY20/21

Key Strategic Schemes				
Project	Deadline	Allocation	Status Report	Overall Project Stat
SAU Clinical	30 April 21	£1,740,722	<ul style="list-style-type: none"> <li>Triage Decoration due for completion 26<sup>th</sup> April 21.</li> <li>2<sup>nd</sup> phase Triage room works due for completion 27<sup>th</sup> April 21.</li> <li>2<sup>nd</sup> phase Handover for Triage area 29<sup>th</sup> Apr 21.</li> <li>SAU works complete due 30<sup>th</sup> Apr 21.</li> </ul>	
Emergency Care Allocation Schemes (YR 2 )				
A&E Refurbishment	31 March 22	£9,300,000	<ul style="list-style-type: none"> <li>Phase 1 pre start user meeting scheduled 7<sup>th</sup> Apr 21.</li> <li>Main Contractor to start phase 1 Majors 12<sup>th</sup> Apr 21.</li> <li>Enabling works in UTC area to complete 16<sup>th</sup> Apr 21.</li> <li>Phase 2 Pit Stop/Paeds 12<sup>th</sup> Jul – 27<sup>th</sup> Sept.</li> </ul>	
Adopt & Adapt Funding Scheme				
RSH CT & MRI Pod	12 August 2021	£3,469,000 (£740k of total Trust Funded)	<ul style="list-style-type: none"> <li>Site set up 05<sup>th</sup> Apr 21.</li> <li>Main works commencement 12<sup>th</sup> Apr 21.</li> <li>Asbestos works to be Complete 16<sup>th</sup> Apr 21.</li> <li>Additional Lead protection requested by RPA , lead in time 6 weeks. Pushing works completion back to beginning of August 21.</li> </ul>	
STP Funding £1m				
PRH Modular Office Block	14 May 2021	£499,919	<ul style="list-style-type: none"> <li>Planning permission granted 29<sup>th</sup> Mar 21.</li> <li>Building due for delivery 23<sup>rd</sup> Apr 21.</li> <li>Project completion 14<sup>st</sup> May 21.</li> <li>Malling Health land acquisition agreement still to be completed.</li> </ul>	



# Key Capital Schemes Programme

£ Costs

● On Budget

● Change to Budget

Timescales

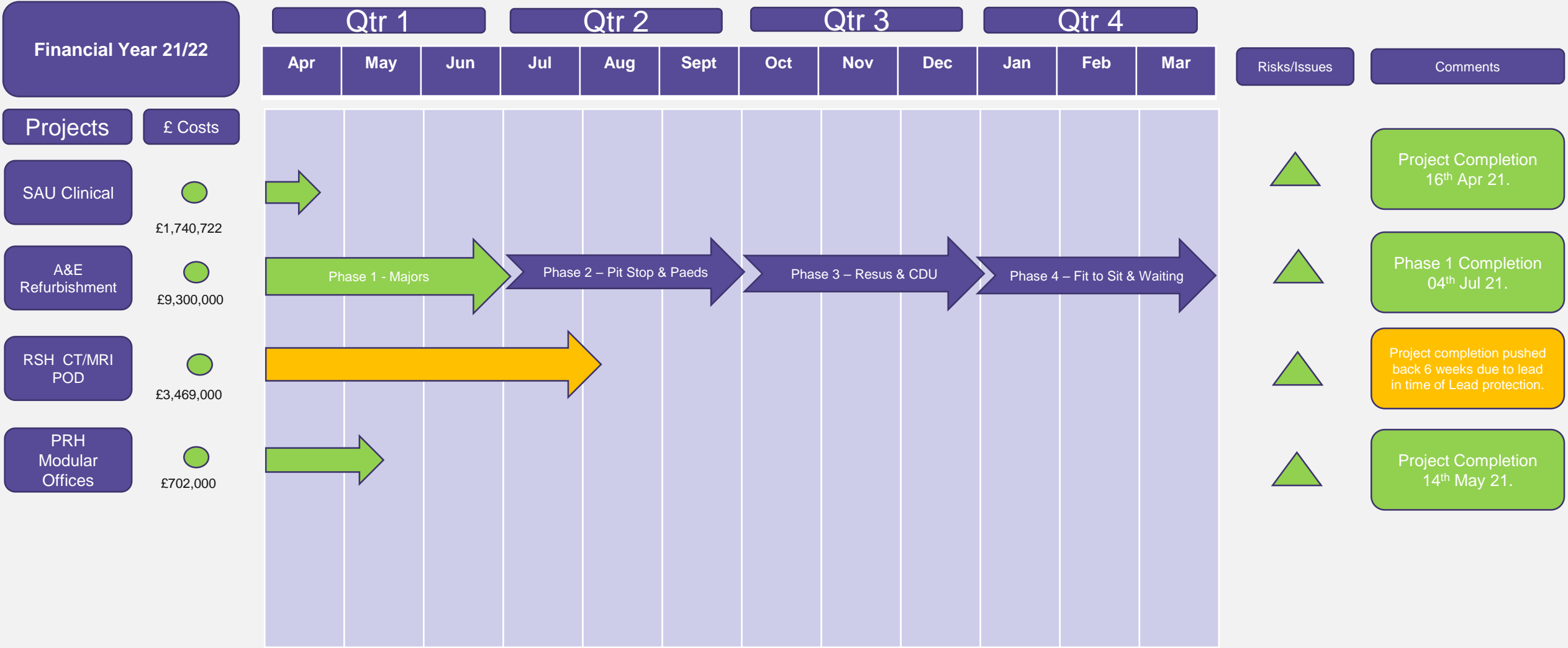
→ On Time

→ Delay to Programme

Risks/Issues

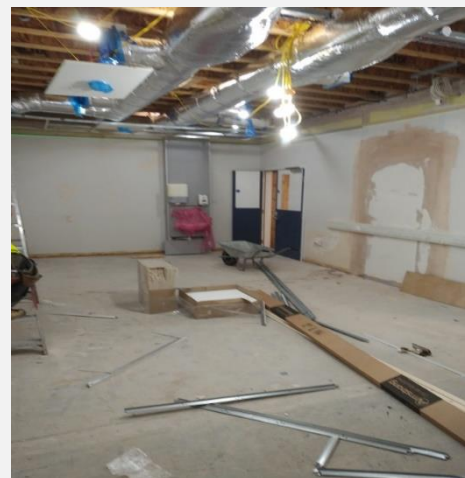
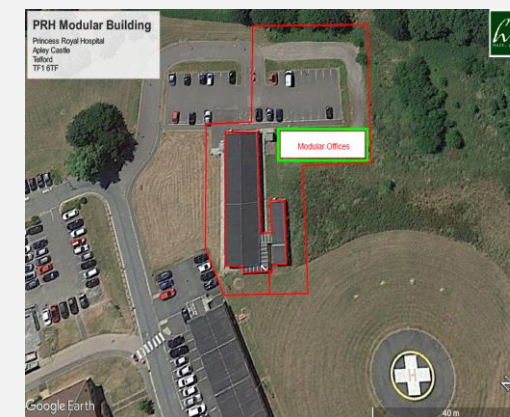
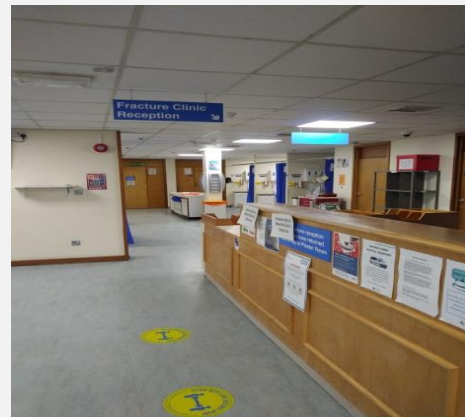
▲ Low Risk

▲ Area of Concern



# Key Capital Projects Visual Update @ Q4 FY 20/21

Emergency Care Allocation Schemes- YR1	Emergency Care Allocation Schemes - YR2	Adapt and Adopt Funding	STP Funding
SAU Clinical	A&E Refurbishment	RSH CT MRI POD	PRH Modular Offices



# Estates Operations PPM and Reactive Compliance Update @ Q4 20/21



The Shrewsbury and  
Telford Hospital  
NHS Trust

## Planned Preventative Maintenance (PPM) **73% completed on time**

- Statutory 1,145 jobs completed
- Mandatory 870 jobs completed
- Routine 379 jobs completed
- **2,394 jobs completed**

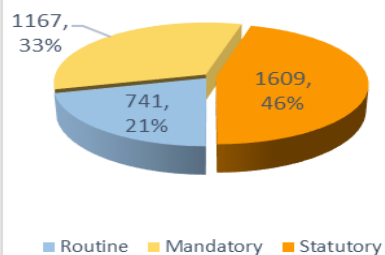
## Reactive Maintenance

- 6,518 reactive job lines assigned, **6,446 completed 99%**.
- Average response time 15.5 hours.
- Average completion time 2.2 hours.

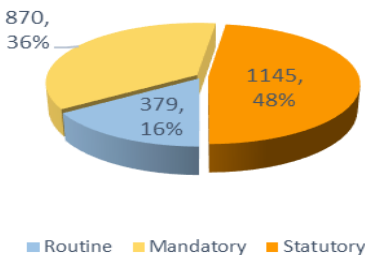
PPM compliance (**73%**) is low in comparison to Reactive completes (**99%**). This is due to urgency of the reactive requests during Covid. PPM completions expected to rise by end of Dec 2021 with a target of **90%**.

# Estates Operations PPM and Reactive Compliance Key Metrics @ Q4 FY20/21

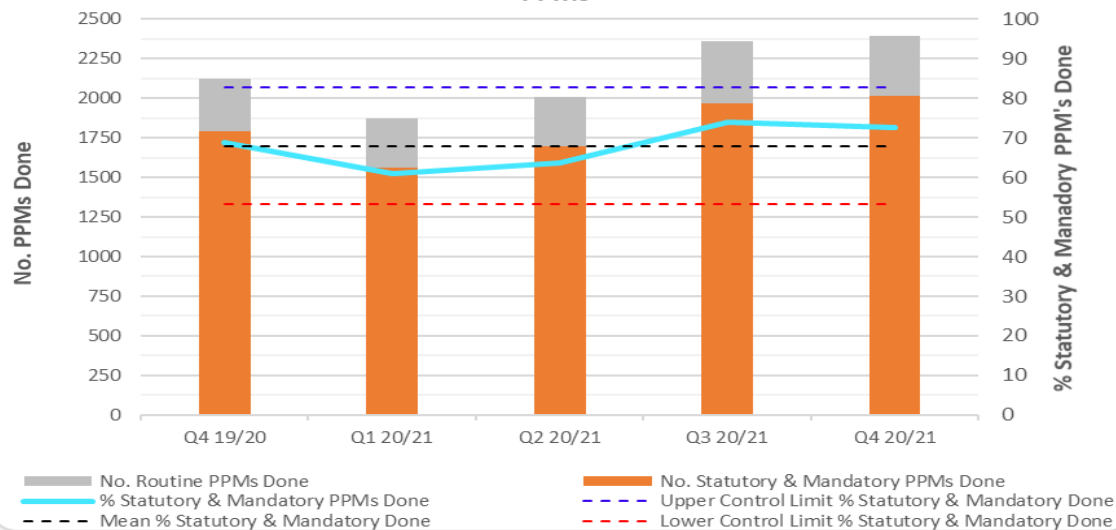
No. PPMs Due By Category  
Q4 20/21



Breakdown Of PPM Done  
Q4 20/21



PPMs



Q1 = Apr-Jun Q2 = Jul-Sep Q3 = Oct-Dec Q4 = Jan-Mar

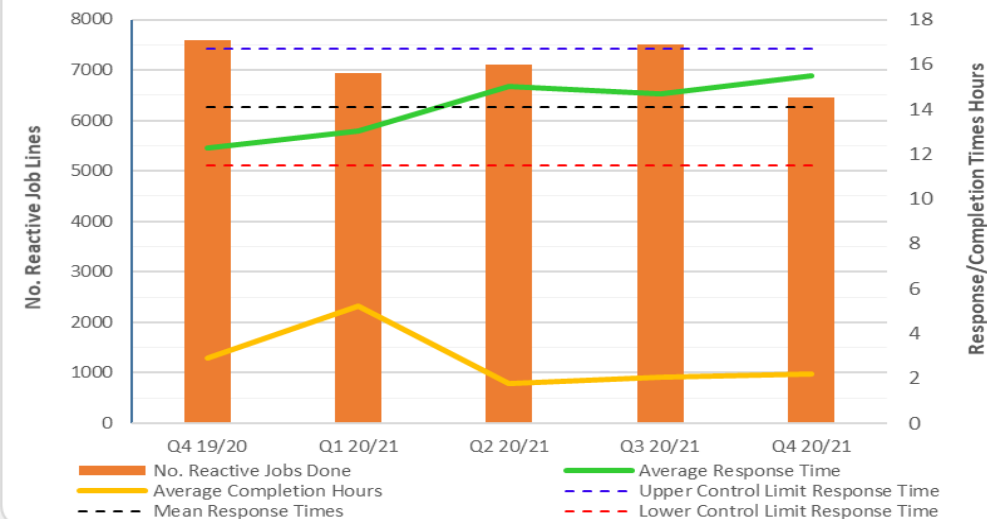
## PPMs

- 2,394 PPMs completed.
- 72.6% of Statutory and Mandatory on time. Reduction in performance as a result of Covid period, backlog underway.
- MICAD reporting continues to be refined to provide more accurate data and following appointment of new co-ordinating AP roles.

## Reactive Jobs

- 6,518 reactive job lines assigned, 6,446 completed 98.9%.
- Average response time 15.5 hours.
- Average completion time 2.2 hours.

Reactive Jobs



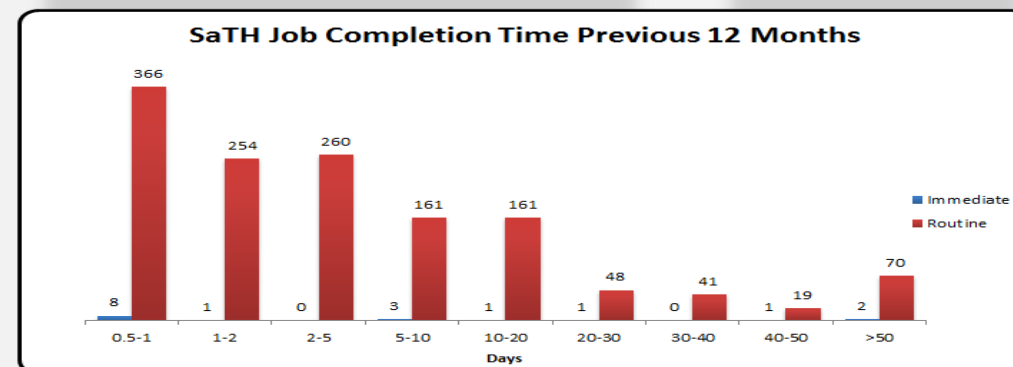
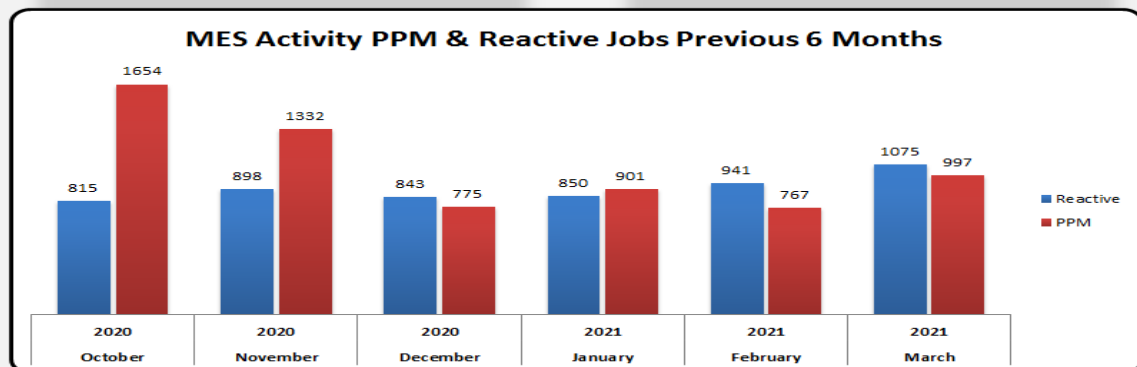
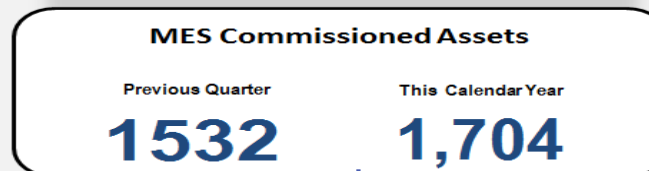
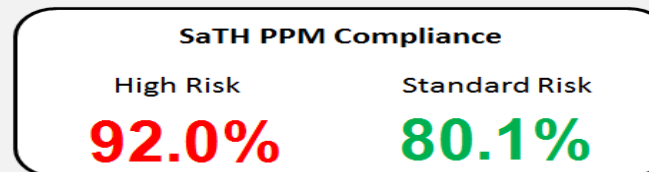
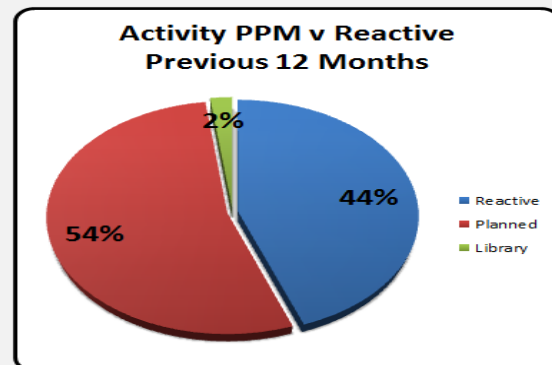
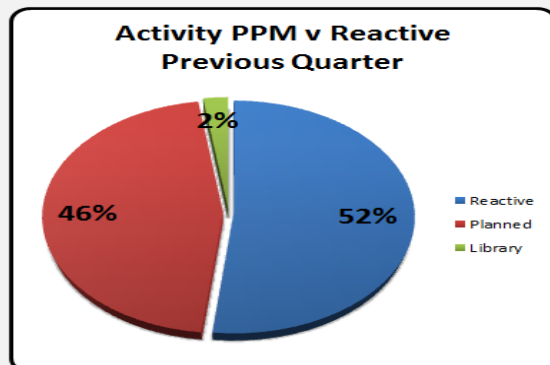


# Estates Compliance Key Metrics @ Q4 2021

Area	Update																																								
<div>Premises Assurance Model- Compliance</div> <div>Current PAM compliance = 64.5%</div> <div>Target for year end 2021 = 95%</div> <div>RED in “Soft FM” as a result of policy, roles &amp; responsibilities and risk assessments as one policy update outstanding. Will be completed in May</div> <div>Risks</div> <div>39 open, 1 RED (Fire evacuation training currently with Education Team to complete. Delay due to Covid)</div>	<div>Domains by SAQ Rating</div> <table><thead><tr><th></th><th>Hard FM - Safety</th><th>Soft FM - Safety</th><th>Patient Experience</th><th>Efficiency</th><th>Governance</th></tr></thead><tbody><tr><td>5. Inadequate</td><td>0</td><td>3</td><td>0</td><td>0</td><td>0</td></tr><tr><td>4. Requires moderate improvement</td><td>15</td><td>0</td><td>0</td><td>1</td><td>0</td></tr><tr><td>3. Requires minimal improvement</td><td>42</td><td>4</td><td>0</td><td>9</td><td>11</td></tr><tr><td>2. Good</td><td>50</td><td>6</td><td>0</td><td>2</td><td>2</td></tr><tr><td>1. Outstanding</td><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>						Hard FM - Safety	Soft FM - Safety	Patient Experience	Efficiency	Governance	5. Inadequate	0	3	0	0	0	4. Requires moderate improvement	15	0	0	1	0	3. Requires minimal improvement	42	4	0	9	11	2. Good	50	6	0	2	2	1. Outstanding	3	0	0	0	0
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<div>Policies – 11 documented</div> <div>1 issued to HSSF (Fire Safety)</div> <div>4 drafts being submitted to April HSSF for review (Ventilation, Electric, Lifts, PSSR, PtW)</div> <div>3 being reviewed prior to HSSF (Decontamination, Legionella, BCP)</div> <div>2 new policies being written (Medical Gas, Confined Spaces)</div> <div>Compliance Roles &amp; Responsibilities</div> <div>Current 89% compliant</div> <div>Recruitment ongoing for Med Gas, Ventilation &amp; Electrical</div> <div>Datix</div> <div>66 open cases</div> <div>14 “awaiting approval” by H&amp;S team</div> <div>29 reviewed and ready to move to “awaiting approval” stage</div> <div>23 under investigation</div>	<div>Open Datix Cases</div> <div>April 2021</div> <table><thead><tr><th>Category</th><th>Total</th></tr></thead><tbody><tr><td>Falls from height or on same level</td><td>19</td></tr><tr><td>Asbestos</td><td>18</td></tr><tr><td>Workplace environment problems</td><td>13</td></tr><tr><td>Electricity or an electrical discharge</td><td>4</td></tr><tr><td>Manual and patient handling</td><td>3</td></tr><tr><td>Struck by moving/stationary object, trapping, entanglement</td><td>2</td></tr><tr><td>Work equipment incidents</td><td>2</td></tr><tr><td>Collapse of structures, fittings or scaffolds</td><td>2</td></tr><tr><td>Fires, fire alarms, emergency evacuations</td><td>1</td></tr><tr><td>Medical device (equipment and disposables)</td><td>1</td></tr><tr><td>Powered vehicle incidents</td><td>1</td></tr></tbody></table>					Category	Total	Falls from height or on same level	19	Asbestos	18	Workplace environment problems	13	Electricity or an electrical discharge	4	Manual and patient handling	3	Struck by moving/stationary object, trapping, entanglement	2	Work equipment incidents	2	Collapse of structures, fittings or scaffolds	2	Fires, fire alarms, emergency evacuations	1	Medical device (equipment and disposables)	1	Powered vehicle incidents	1												
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	Discipline	AE	Co-ordinating (Lead) AP	(Deputy) AP	Estates RP																																				
	Decontaminatn	Jim Tinsdeal	Dave Lewis (Phil Probert)	Stuart Conroy	Dave Lewis																																				
	Electrical Safety (LV/HV)	Nick Lane & Malcolm Partridge	Vacancy-1 (Dave Chan-HV & LV)	Steve Darlington Michael Williams	Dave Chan																																				
	Water Safety	Mike Koumi (Hydrop)	Shona Baugh	Martyn Henefer (Subject to Training)	Chris Hood																																				
	Medical Gases	Steve Goddard	Michael Williams	Vacancy-1	Dave Lewis																																				
	Specialist Ventilation	Ray Hughes	Derek Jones	Vacancy-2	Chris Hood																																				
	Fire	Darren Kirk	Andrew Brown	Stuart Leece	Will Nabih																																				
	Asbestos	Clare Brooks (WYG)	Shona Baugh	Shona Baugh	Will Nabih																																				
	Lifts	Andrew Hicks Horsley TDS Ltd	Steve Darlington	Vacancy-2	Dave Chan																																				
	Pressure Systems	Anthony Fernandez	Andrew Baxter	Derek Jones	Dave Lewis																																				

# Medical Engineering Services - Key Metrics @ Q4 FY 20/21

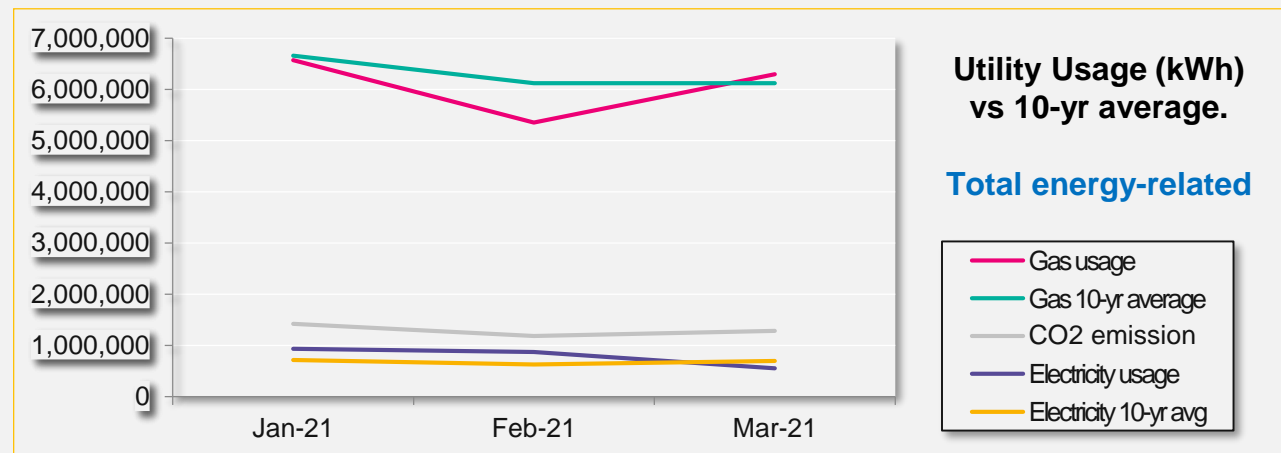
Area	Update
MES	<ul style="list-style-type: none"> <li>• <b>Re-certification</b> of Medical Device specific <b>Quality standard ISO13495</b></li> <li>• Delivery of <b>£3M FY20/21 device replacement programme</b> with planned capital and revenue schemes including national covid response donated devices.</li> <li>• MES were involved with the pilot of Data warehouse and became one the first two SaTH departments to go live on Data warehouse intranet</li> <li>• Planned Preventative Maintenance (PPM) compliance targets for medical devices within the trust set in line with benchmarking and best practice peer groups. <b>High risk compliance @ end of Q4 92%</b>. There are <b>1,704 assets</b> being managed an <b>increase</b> of approximately <b>200</b> since last year. <b>MES handled 5,633 jobs in Q3</b></li> <li>• MES Delivery and Support planned for 21/22 device projects including Infusion Devices and Bed and Mattresses and general replacement schemes.</li> </ul>



## Sustainability Key Metrics – Q4 FY20/21

The **NHS ambition** to achieve **net zero carbon by 2040**, means that SaTH needs to decarbonise its heating system. Options to be explored include improved energy efficiency (heat insulation), and a move away from fossil fuel gas heating and CHP to heat pumps and possibly onsite waste digestion to produce biogas. On site electrical generation may also be required in the move towards zero carbon. Off-site electricity generation will also need to be considered in the future.

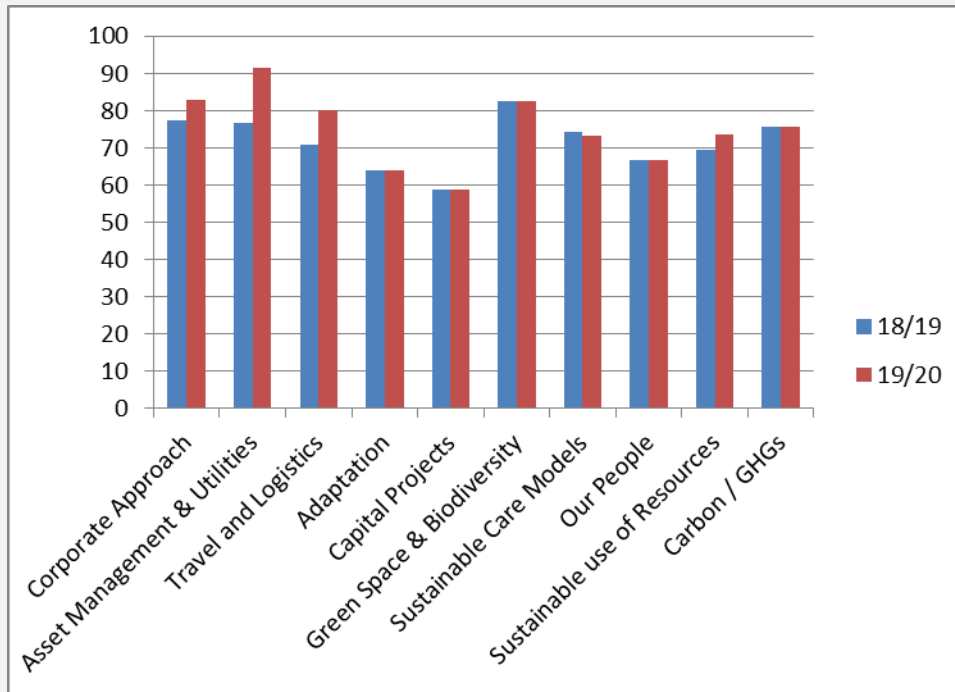
- An exercise is currently underway to develop a SaTH **combined Green Plan and Heat Decarbonisation Plan** encompassing the Trust's wider environmental initiatives as well as a **roadmap for carbon net-zero**.
- SaTH is a member of **Shropshire Climate Action Partnership**, working with other NHS organisations as well as local authorities (LAs) and utility suppliers to decarbonise our energy usage and transport and also looking at funding opportunities with the LAs.
- **Phase 1 Salix grant** for several decarbonisation schemes was over-subscribed. **SaTH is currently making a bid for Phase 2 capital grant.**



- Green electricity tariff has addressed decarbonising our electricity, and has saved **633 tonnes CO<sub>2</sub>** in Q4 FY21/22.
- **LED lighting** scheme delivered and is **saving** electricity, but not possible to quantify due to other variables (incl. covid)

# Sustainable Development

SaTH's current sustainability (SDAT) Score is 76% (up from 72% last year)



Comparison SDAT Score [last year](#) / [this year](#).

New Assessment due in Q1 2021

Good work in the Estates areas of  
Assets and Utilities, Sustainable Resource usage  
and Carbon reduction.

- £800k LED lighting programme completed.
- On-going improvement to heating and ventilation equipment and controls, will reduce energy usage.
- SaTH now using entirely green electricity.