

## ENERGY MANAGEMENT POLICY

		POLICY	
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	YES	NO	N/A
	X		
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Sponsor (Position)	Associate Director of Estates & Facilities		
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Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Estates & facilities		
Position of Person able to provide Further Guidance/Information	Head of Estates & Facilities		
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## 1.0 INTRODUCTION

This Energy Management Policy sets out Sherwood Forest Hospitals NHS Foundation Trust's approach to energy management and describes the objectives that should be followed by all Trust staff.

The philosophy and approach set out in this Policy should be applied to the management of activities with a significant energy impact.

The Policy's objectives are:

- Consume energy in its most efficient, economic and environmentally responsible manner to commensurate with patient care.
- Identify and seek achievable reductions in energy consumption, through good housekeeping measures, promoting staff awareness and education of the impact of fossil fuel use on the global environment, and efficient building and plant design.
- Purchase energy at the lowest cost and monitor and target energy usage continually.

## 2.0 POLICY STATEMENT

The Trust recognises that:

- Energy is an integral and necessary resource for the provision of healthcare services.
- Energy consumption and waste has an economic impact to its operation, therefore it will strive to manage it effectively.
- The economic impact of the use of energy needs to be monitored.
- The environmental impact from the use of energy needs to be monitored.

The Trust is committed to:

- improving the energy efficiency of its buildings
- reducing the environmental impact relating to energy use

The Trust accepts:

- It's responsibility to manage energy consumption.

## 3.0 DEFINITIONS/ ABBREVIATIONS

**Private Finance Initiative [PFI]:** The initiative under which the Trust has entered into an agreement with partners to build and provide certain services [such as Planned Preventative Maintenance [PPM] at its hospitals.

**PFI Project Agreement:** The agreement or contract between the Trust and partners for the building of the new hospital buildings and the provision of a facilities management services.

**Project Co.:** This is the term used for the Central Nottinghamshire Hospitals PLC [or CNH]. It is the organisation appointed by the Trust who built the new hospital buildings, provide facilities services and then manage these facilities for the life of the contract, at which time they are then handed back to the Trust.

**Skanska Facilities Services [SFS]:** This is the organisation appointed by Project Co to provide certain facilities management services including estates and maintenance functions.

**Building Management System (BMS):** This is a system used for the management of the Trust's heating, ventilation and air conditioning and hot water systems.

**Advanced Meter Reading (AMR):** This is a system that collects and analyses energy use by interaction with advanced measurement devices such as electricity, gas and water meters etc.

**Carbon footprint:** Carbon footprint is a measure of the impact an organisation's activities have on the environment, and in particular the potential effects on man-made climate change. The carbon footprint relates to the amount of greenhouse gases produced in a period of time through burning fossil fuels for electricity and gas to provide heat, light etc.

**Medirest:** This is the organisation appointed by Project Co to provide certain facilities management services including 'soft' facilities functions.

## 4.0 ROLES AND RESPONSIBILITIES

### 4.1 Trust Board

The Trust Board, through The Chief Executive (who is the Accountable Officer), has overall responsibility to ensure this policy is implemented throughout the Trust, and as so carries the ultimate responsibility for providing a safe and appropriately functioning environment for patient care.

The Trust Board has a duty to ensure a management regime is in place to effectively manage environmental legislation requirements.

### 4.2 Collective Responsibilities (Policy & Procedures)

The Trust and its PFI partners both have responsibilities as duty holders to ensure they maintain the provision of energy efficiency.

Each key party of the PFI scheme (Trust, Project Co, Medirest and Skanska Facilities Services) has relevant responsibilities to develop, implement, manage and monitor the Trust's energy consumption. This is undertaken both through policies and procedures that reflect each party's respective responsibilities as responsible partners.

The 'principal' duties and responsibilities of the key appointments are highlighted below.

### 4.3 Trust Duty Holder

The Chief Executive is the statutory Duty Holder.

The Chief Executive has overall responsibility for ensuring compliance with all statutory regulations and guidance related to environmental management. This responsibility can be devolved to Directors, Heads of Departments and Managers.

### 4.4 Departmental Heads/Managers

Departmental heads/managers will be responsible for ensuring the requirements of this Policy are met in their respective areas of responsibility, including providing adequate resources for implementing and maintaining the Trust's Energy Management System, where applicable, on a day to day basis.

They are responsible for:

- Making sure appropriate steps are taken into their directorates to comply with this policy.
- Assigning an "Environmental Champion" in their Directorate/Department to champion the topic.
- Seek advice from Estates and Facilities on the energy performance of the processes under their control to improve them and produce a work plan to implement the changes.
- To ensure the Life Cycle
- Costs assessment is considered in major purchases in their department, making of energy performance, aligned with the Trust's objectives, a factor to consider in deciding among alternatives.
- Liaise with other Heads of Department, Clinical Leads and Operational Managers to produce departmental energy operational procedures where required.
- Ensure all the staff in the area are aware of and follow the guidance and procedures related to energy conservation (Section 6.3 of this policy).
- Report to Estates and Facilities Helpdesk any problems in the ward/department related to the HVAC, HWS and physical condition in the area with an energy impact (example: broken windows).
- Seek approval of the Trust Fire Officer, Infection Control and Space Management Group before any change in the use of rooms in their management area.

#### **4.5 All Staff**

All staff in the Trust, occupiers, contractors and agents working in the Trust are responsible for:

- Safeguarding the environment by following the relevant procedures and following guidelines designed to minimise the environmental impact of their activities.
- Preventing unnecessary waste of resources (energy, water, supplies, etc.)

#### **5.0 APPROVAL**

The Energy Management Policy was consulted with the Estates Energy Group and approved at the Estates Governance Committee on the 24th July 2017. The Policy was then ratified by the Executive Team on the 9th August 2017.

#### **6.0 DOCUMENT REQUIREMENTS**

##### **Energy Management**

The Trust will strive to conserve energy wherever possible. It will undertake to use the minimum quantities of energy necessary, consistent with its primary role to deliver safe, high quality healthcare to its patients.

The Trust will continually review its use of energy resources and energy efficiency in order to continually reduce its carbon footprint, and in so doing minimise its environmental impact.

The Trust will carry out an on-going programme of energy conservation by monitoring consumption and acting towards eliminating excessive and/or unnecessary use.

The environmental performance of energy consumption will be measured and reported in terms of the reduction of the Trust's Carbon Footprint.

## **The Estate**

The Trust will aim to develop and operate its buildings and physical estate to conserve energy resources and to minimise the environmental impacts.

The Trust will ensure that the energy impacts of its buildings and Estate-related projects are assessed and minimised. This will include, where possible:-

- Designs which result in high energy efficiencies,
- Consideration of the adoption of energy micro generation from sustainable and low carbon sources (e.g. solar thermal collectors, solar photovoltaic panels, wind turbines, ground sourced heat pumps, air sourced heat pumps etc.)

## **Energy Conservation**

### **Electrical Equipment**

- Should not be left in 'standby mode' but be turned off when not in use for long periods
- Re-chargeable devices must be removed from the power source when the equipment is fully charged

Personal items should not be connected to Trust infrastructure

### **Heating**

- Will in most cases be operated and monitored by the Building Management System, staff should report any significant changes via the Estates Helpdesk
- The recommended temperature in clinical and non-clinical areas will be set in accordance with the values laid out in Appendix 1 and the design Room Data Sheets.
- Wherever possible radiators should not be blocked with boxes or furniture as this affects the performance of the heating system
- Areas that are taken out of use should be notified via the Helpdesk so that heating/cooling can be turned down.

### **Fans & Electric Heaters**

- Portable electric fan heaters are not permitted on Trust premises.
- Cooling fans that incorporate a water cooling feature will need to be risk assessed by the department and allocated to a team member for day to day monitoring owing to the infection risk.
- Oil filled radiators will only be provided in exceptional circumstances with the written permission of the Estates Manager.
- Portable electric heating appliances are not to be brought in to the Trust's premises; any private electric heater found within the Trust must be removed and may be liable to be disabled.

#### Air conditioning

- Air conditioning units are only to operate in areas that require it for (a) clinical reasons, (b) for patient health and safety reasons, (c) for the correct operation of temperature sensitive machinery (IT servers, etc.) or (d) for sensitive works needing strict temperature controlled conditions (e.g. drug mixing and manufacture, clinical tests).

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Policy	Trust Senior Estates Manager	Audit/review	Annual	Estates Energy Strategy Group



## 8.0 TRAINING AND IMPLEMENTATION

Each Head of Department will be responsible for ensuring staff are briefed regarding relevant procedures.

Implementation

Directors are responsible for the implementation of this policy at a directorate level and ensuring its on-going effectiveness.

Implementation is in the form of periodical assessments looking into:

- Assess resource utilisation (efficiencies, etc.)
- Compliance with relevant energy related legislation
- Ensure that departmental improvement programmes include objectives related to energy efficiency via walk round surveys.

## 9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1

☐ This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

**Evidence Base:**

- SFHFT Standing Orders and Scheme of Delegation
- Health Technical Memorandums 07 Series (HTM 07)
- Carbon Reduction Commitment Energy Efficiency Order 2013
- Climate Change Act 2008
- Carbon Reduction Commitment Energy Efficiency Scheme, DECC, DEFRA, 2015
- The Trust's Sustainable Development Management Plan.
- NHS Premises Assurance Model (PAM).

**Related SFHFT Documents:**

- N/A

## 11.0 KEYWORDS

Energy Management

## 12.0 APPENDICES

- Appendix 1 Equality Impact Assessment
- Appendix 2 Department of Health Recommended Minimum Air Temperatures

## APPENDIX 1- EQUALITY IMPACT ASSESSMENT FORM (EQIA)

<b>Name of service/policy/procedure being reviewed: Energy Management Police</b>			
<b>New or existing service/policy/procedure: Existing</b>			
<b>Date of Assessment: 16<sup>th</sup> February 2022</b>			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	Availability of this policy in languages other than English	Alternative versions can be created on request.	None
<b>Gender</b>	None	Not applicable	None
<b>Age</b>	None	Not applicable	None
<b>Religion</b>	None	Not applicable	None
<b>Disability</b>	Visual accessibility of this document	Already in font size 14. Use of technology by end user. Alternative versions can be created on request.	None
<b>Sexuality</b>	None	Not applicable	None
<b>Pregnancy and Maternity</b>	None	Not applicable	None
<b>Gender Reassignment</b>	None	Not applicable	None
<b>Marriage and Civil Partnership</b>	None	Not applicable	None
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	None	Not applicable	None

<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>None for this version</li> </ul>
<b>What data or information did you use in support of this EqIA?</b> <ul style="list-style-type: none"> <li>Trust Policy approach to availability or alternative versions</li> </ul>
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> <ul style="list-style-type: none"> <li>No</li> </ul>
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact
<b>Name of Responsible Person undertaking this assessment:</b> <b>Head of Estates &amp; Facilities</b>
<b>Signature:</b> <b>BEN WIDDOWSON</b>
<b>Date:</b> <b>16<sup>th</sup> February 2022</b>

## APPENDIX 2 - DEPARTMENT OF HEALTH RECOMMENDED MINIMUM AIR TEMPERATURES

<b>GENERAL AREAS</b>		<b>oC</b>		<b>oC</b>
Bathrooms/showers		21	Patients Changing	21
Cleaners		16	Patients Lavatories	19
Clean Utility		18	Porters Base	19
Cloakrooms		16	Reception	19
Conference Rooms		19	Seminar/Lecture/Classrooms	19
Consulting/Exam		21	Staff Base	19
Corridors		16	Staff Changing	19
Dark Rooms		18	Staff Lavatories	16
Day Rooms		21	Staff Rooms	19
Dining Areas		19	Staircases	16
Dirty Utility		16	Telephone Exchange	19
Disposal Room		16	Test Rooms	16
Entrance		16	Physiotherapy Rooms	21
Equipment Stores		10	Treatment Rooms	21
Interview Room		19	Visitors Rooms	19
Laboratories		18	Waiting Areas	19
Library		19	Ward Pantry	16
Linen Stores		16	Wards/rooms for up patients	21
Milk Kitchen/Demonstration		18	Wheelchair/Trolley Bay	16
Nurseries		21	Working Corridors	18
Offices		19	Workshops (Heavy)	16
Overnight Stay (Visitors)		21	Workshops (Light)	16

### ACCIDENT AND EMERGENCY

	<b>oC</b>
Cleansing	21
Examination	21
Appliance Fitting	18
Plaster	21
Radio diagnostic	21
Resuscitation	21
X-ray viewing	18

### INTENSIVE Therapy Unit

	<b>oC</b>
Multi bed area	21
Single bed area	16-27

### GERIATRIC WARD

	<b>oC</b>
Day rooms	21
Wards	21

### KITCHENS

	<b>oC</b>
Cooking area	16
Day store	13
Diet store	13
Main store	16
Servery	16
Vegetable preparation	16
Pan wash	16

### DENTAL

	<b>oC</b>
Dental surgery	21
Orthodontic model, record store	16

### OPERATING

	<b>oC</b>
Endoscopy/Plaster rooms	21
Operating suites 18-24 Other ancillary rooms	18

### MATERNITY

	<b>oC</b>
Abnormal delivery	21
Barrier Nursing Unit	18
Cot/incubator wards	24
Flying squad store	16
Normal delivery/first stage	21
SCBU nursery, treatment room	21-30

### PATHOLOGY

	<b>oC</b>
Examination	21
Patient preparation areas	21
Sterilising rooms	16
Venepuncture	18

<b>MORTUARY</b>	<b>oC</b>
Band saw	16
Bier room	13
Body store	13
Medical observations	18
Post mortem room	16
Undertakers room	16
Viewing room	16

<b>PHARMACY</b>	<b>oC</b>
Autoclave area/wash-up	16
Cool store	15
Dispensing area	18
Flammable store	13
Goods receiving store	18
Preparation/aseptic room	18

<b>REHABILITATION</b>	<b>oC</b>
Exercise area	21
Gym	21+
Hydrotherapy Treatment Utility	21+
Pool changing/showers	26
Preparation bay	21
Wax and splint	21

<b>WORKS DEPARTMENT</b>	<b>oC</b>
Garages	07
Lavatories	15
Workshops	16

<b>PSYCHIATRY</b>	<b>oC</b>
Ante Room	21
Bedrooms	21
Behaviour therapy	21
Consulting & Interview	21
Day rooms & Dining	21
ECT treatment	18
Entrance	18
Industrial Work	16
therapy (group therapy etc)	9

<b>STAFF ACCOMMODATION</b>	<b>oC</b>
Bathrooms	19
Bedrooms	19
Bed sitting rooms	19
Box room & cleaners room	13
Cloak room	16
Living room/sitting room	19
Sick bay	18
Utility	16

<b>Xray</b>	<b>oC</b>
Equipment store	16
Diagnostic	21
Lavage	21
Viewing & sorting	18