

Energy and Water Management

CORP-0034-v3

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1 Introduction

The Health and Safety at Work Act 1974 puts a duty of care upon both employer and employee to ensure the safety of all patients, staff and visitors whilst using Trust premises.

Increasing environmental legislation and public awareness means that environmental management issues including the regulation of energy and water consumption must become a priority within NHS organisations.

2 Why we need this policy

2.1 Purpose

The purpose of this document is to formalise the Trust's policy on energy usage, and to endorse the principle that reducing energy intensity of operations is of paramount importance both in terms of reducing operating costs and protecting the global environment.

Tees, Esk and Wear Valleys NHS Foundation Trust recognises its activities have a significant effect on the environment. The Trust has a commitment to take the appropriate steps to limit the impact of these activities on the local and global environment

Following this Policy will help the Trust to manage energy and water by:-

- Procuring Utilities for Trust premises at the most economical cost
- Consuming energy and water in a responsible manner
- Reducing the overall volume of energy and water used
- Endeavoring to reduce air quality pollutants and in particular carbon dioxide emissions
- Achieve standard room temperatures

2.2 Objectives

Through commitment to this Policy the Trust will aim to:

- Consume energy in its most efficient, economic and environmentally responsible manner possible commensurate with patient care.
- Coordinate actions on energy management through the Sustainability Group.
- 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 to monitor and target energy usage continually.
- Utilise advanced technologies in the operation of its buildings to achieve optimum saving balanced against a comfortable environment.
- Examine life cycle implications in terms of energy and emissions when purchasing new or replacement plant and equipment.
- Comply with mandatory legislation and carbon trading schemes such as the Carbon Reduction Commitment Energy Efficiency Scheme where applicable.

3 Scope

3.1 Who this Policy applies to

This Policy applies to ALL staff, patients, visitors and Contractors (see control of contractors Policy)

3.2 Roles and responsibilities

The Trust has a legal obligation to comply with all statutory legislation at national and regional level.

Role	Responsibility
Chief Executive	<ul style="list-style-type: none"> Overall responsibility for Health and Safety within the Trust. Delegated to Executive Directors, Heads of Service, Nominated Officers and all Employees as defined in the Health and Safety at Work Act 1974
Director of Operations EFM	<ul style="list-style-type: none"> Delegated responsibility from the Chief Executive the Director is designated as responsible for overseeing all aspects of safety management for the Trust for the purpose of this Policy is the Designated Person
Associate Director of Estates	<ul style="list-style-type: none"> Delegated responsibility for implementing arrangements for statutory compliance in respect of all engineering services and ensuring suitably qualified persons are in place to assess and advise the Trust on all aspects of Energy performance and Water management.
Energy and Sustainability Officer	<ul style="list-style-type: none"> The Energy and Sustainability Officer is responsible for coordinating environmental performance actions through a network of 'green champions' as chosen through the Sustainability Group
Heads of Service/Service Managers/Locality Managers/Site Managers	<ul style="list-style-type: none"> Ensure that their staff members are aware of the importance of energy and of the existence of an energy and water management policy and ensuring staff are also responsible for reporting of all issue that effect the safe use of energy and water systems within their respective remit.
Employees	<ul style="list-style-type: none"> All employees have a responsibility under the Health and Safety at Work Act 1974 to ensure their own safety in the workplace which will include a duty to comply with local policy and procedural documentation.

4 Room Temperature

- ✓ You can find, recommended Department of Health air temperatures for hospital buildings in Appendix 1
- ✓ You **must** keep room temperatures within these recommended parameters
- ✓ You **must** only vary and raise temperatures above those recommended as a last resort and only following consent and agreement by senior management within each respective department.



On average overheating by 1°C in any premise adds 8 – 10% to the annual heating bill

✓	✗
You can adjust individual room thermostats and thermostatic radiator valves to establish a comfortable environment	You must not adjust room thermostats and thermostatic radiators above recommended temperatures for that area unless you have special permission as detailed above
Estates have preset controls both centrally and individually for most heating installations	Controls, must not be adjusted to exceed recommended temperatures for that area

4.1 Temperature Failure

- ✓ Heating failure should be reported as a defect to the Estates Helpdesk
- ✓ The Estates Department will endeavor to repair a heating failure as quickly as possible

5 Heating and cooling during summer months

5.1 Heating



All areas, with the exception of key treatment areas as advised by the Director of Nursing and Governance will have their heating turned off from May - September

These months are important to allow for planned maintenance of the heating systems and their controls to be checked and recalibrated

5.2 Cooling



In extreme heat conditions due to seasonal climate the Trust will be expected to follow the latest national Heatwave plan guidance issued by the Department of Health

With the exception of defined key treatment areas many room ventilation systems incorporate cooling facilities. These systems are also very high energy users and every effort must be made to ensure that full advantage of fresh air cooling is utilised prior to running air conditioning plant.

If additional mechanical cooling becomes necessary during Level 2 – 4 of The Heatwave Plan it should be used only during the periods defined by the Met Office as those days where there is the likelihood of threshold temperatures being reached



Temporary portable heating or cooling appliances will be issued and controlled by the Estates Department

6 Personal Equipment

- You must not use personal electric heaters, cooling fans or any other energy consuming items



If temporary cooling or heating is required usage will be authorised by the head of department and equipment supplied by the Estates Department in order to comply with the 'Electricity at Work Regulations'

7 Water Management

- ✓ You are responsible for the economical use of supplied water
- ✓ You must report leaks, excess use or faulty sanitary equipment, taps or showers / baths to the Estates Department for repair

8 Definitions

Term	Definition
Energy	Embraces all electricity, gas, oil and water purchased for use by the Trust with the exception of fuel to be used by road and gardening vehicles
Key Treatment Areas	An area within a building where temperature would affect patients recovery and or welfare as determined by a Clinical practitioner

9 References

The Trust's Sustainable Development Management Plan (SDMP)

HTM 04-01 Safe Water in Healthcare Premises

ERIC Data Returns

Carbon Trust Calculation

British Gas Criteria

EU Energy Performance of Buildings Directive (currently only relevant in buildings over 500m² frequently visited by the public).

10 How this policy will be implemented

- | |
|---|
| <ul style="list-style-type: none"> • The Chief Executive has ultimate accountability for this policy. Specific responsibility for policy implementation is delegated to respective Directors and Heads of Service etc. A Senior Manager within the Estates Department will appoint Authorised Persons to adopt responsibility for controlling and managing any identified risks associated with Energy performance and Water management. |
| <ul style="list-style-type: none"> • The implementation of this policy shall be delegated to appropriate identified Estates Staff with assistance from maintenance supervisors and craftsperson's. Those persons appointed to carry out the control measures shall be suitably informed, instructed and trained to a standard which, ensures that tasks are carried out in a safe, technical competent manner. The operational requirements shall be determined and scheduled with a planned preventive maintenance regime set in place for identified tasks in accordance with relevant guidance. |
| <ul style="list-style-type: none"> • This policy will be published on the Trust's intranet and external website. |
| <ul style="list-style-type: none"> • Line managers will disseminate this policy to all Trust employees through a line management briefing. |

10.1 Training needs analysis

Where specific training need has been identified a suitable course will be procured to ensure staff competency is maintained.

11 How the implementation of this Policy will be monitored

- | |
|--|
| <ul style="list-style-type: none"> • A Senior Manager within the Estates Department in conjunction with the Energy & Sustainability Officer will review this policy on an annual basis and update as required to take account of new legislation, guidance, changes to personnel, Policies, protocols etc. and as a result of audit findings. |
|--|

12 Document control

Date of approval:	10 October 2018	
Next review date:	10 October 2021	
This document replaces:	CORP/0034/v2 Energy and Water Management Procedure	
Lead:	Name	Title
	Dave Turner	Associate Director of Estates
Members of working party:	Name	Title
	Steve Kent	Energy and Sustainability Officer
	George Watson	Estates Officer (Specialist Services)
This document has been agreed and accepted by: (Director)	Name	Title
	Paul Foxtan	Acting Director of Operations EFM
This document was approved by:	Name of committee/group	Date
	Health Safety and Security Working Group	06 September 2018
This document was approved by:	Name of committee/group	Date
	Executive Management Team	10 October 2018
An equality analysis was completed on this document on:	March 2018	

Appendix 1 – Room temperatures for use throughout Trust properties

The following schedule shows room temperatures in degrees Celsius and Fahrenheit applicable to each designated room use. This is the maximum temperature the room will be heated to mechanically, but due to the design of the heating and cooling systems, individual rooms will, on occasions, vary from these standards

General Area	°C	°F	General Area	°C	°F
Bathrooms / Showers	21-23	70-73	Telephone Switchboards	21	70
Cleaner's cupboard	16-18	61-65	Test Rooms	18 - 21	65 – 70
Clean Utility	18-21	65-70	Therapy Rooms	20 - 23	68 – 73
Cloakroom	16-20	61-68	Treatment Rooms	21 - 23	70 – 73
Conference Rooms	18-21	65-70	Visitors	18 - 21	65 – 70
Consulting Rooms	19-22	66-72	Waiting Rooms	18 - 21	65 - 70
Corridors (Public)	16-20	61-68	Wards General	20	68
Day Room	21-23	70-73	Workshops, (Heavy Patients)	18 - 21	65 – 70
Dining Areas	18-21	65-70	Workshops (Light Patients)	18 - 21	65 – 70
Dirty Utility	18-20	65-68	Workshops, Maintenance	18 - 21	65 – 70
Disposal Rooms	16-21	61-70			
Entrance Foyers	16-21	61-70	Specific Areas		
Equipment Stores	16	61	Examination	21 - 23	70 – 73
Interview Rooms	19-21	66-70	Single Bed Area (Residential)	21 - 22	70 – 72
Laboratories	20	68			
Lecture Room / Class	18-21	65-70	Kitchen		
Library	18-21	65-70	Cooking Area	18 - 19	65 – 66
Linen Store	16-19	61-66	Day Store	13 - 15	55 – 59
Nurseries	22-24	72-75	Diet Store	13 - 15	55 – 59
Offices	19-21	66-70	Main Store	15 - 16	55 -61
Overnight stay (visitor)	20	68	Servery	18 - 21	65 – 70
Patient Changing	21	70	Veg Prep / Pan Wash	18	65
Patient Toilets	18-21	65-70			
Porters Base	20-21	68-70	Works Department		
Reception Desks	19-21	66-70	Equipment Store	16	61
Seminar Rooms	18-21	65-70	Toilets	18 - 20	65 - 68
Staff / nurses stations	18-22	65-72	Workshops	18 - 19	65- 66
Staff Changing	18-22	65-72	Garages	9	48
Staff Toilets	18-20	65-68			
Staff Rooms	18-21	65-70			
Staircases (Public)	18-19	65-66			



Area locations identified in bold type indicate maximum temperatures being set above the national standard based on working practices and common sense

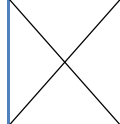
Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Estates and Facilities Management			
Name of responsible person and job title	Dave Turner, Associate Director of Estates			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Steve Kent George Watson			
Policy (document/service) name	Energy and Water Management Policy			
Is the area being assessed a;	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Policy/Guidance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code of practice
	Other – Please state			
Geographical area	Trust Wide			
Aims and objectives	This Policy aims to ensure electrical systems are constructed and maintained so as to prevent danger to patients, staff and visitors whilst on Trust premises by implementing the duties set out under the Electricity at Work Regulations 1989 and other authoritative industry guidance.			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	12/03/2018			
End date of Equality Analysis Screening (This is when you have completed the analysis and it is ready to go to EMT to be approved)	16/03/2018			

You must contact the EDHR team as soon as possible where you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Patients, Staff, Visitors and FM Provider					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	Yes/No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	Yes/No	Gender (Men, women and gender neutral etc.)	Yes/No
Gender reassignment (Transgender and gender identity)	Yes/No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	Yes/No	Age (includes, young people, older people – people of all ages)	Yes/No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	Yes/No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	Yes/No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	Yes/No
<p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe positive impacts/s</p> <p>By Implementing this Policy will ensure electrical systems are constructed and maintained so as to prevent danger to patients, staff and visitors whilst on Trust premises by implementing the duties set out under the Electricity at Work Regulations 1989 and other authoritative industry guidance.</p>					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	<p>Yes</p>		<p>No</p>	
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 		<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 		
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p>Yes – Please describe the engagement and involvement that has taken place</p>				
<p>No – Please describe future plans that you may have to engage and involve people from different groups</p>				

5. As part of this equality analysis have any training needs/service needs been identified?					
Yes/No	Please describe the identified training needs/service needs below Only suitably trained staff will be allowed to enter into a confined space.				
A training need has been identified for;					
Trust staff	Yes/No	Service users	Yes/No	Contractors or other outside agencies	Yes/No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: You the Policy owner/manager: Type name: STEVE KENT					Date: 16/03/2018
Your reporting (line) manager: Type name: DAVE TURNER					Date: 16/03/2018
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: sarahjay@nhs.net					

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
2.	Rationale		
	Are reasons for development of the document stated?	YES	
3.	Development Process		
	Are people involved in the development identified?	YES	
	Has relevant expertise has been sought/used?	YES	
	Is there evidence of consultation with stakeholders and users?	YES	
	Have any related documents or documents that are impacted by this change been identified and updated?	YES	
4.	Content		
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	
	Are the intended outcomes described?	YES	
	Are the statements clear and unambiguous?	YES	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	
	Are supporting documents referenced?	YES	
6.	Training		
	Have training needs been considered?	YES	
	Are training needs included in the document?	YES	
7.	Implementation and monitoring		
	Does the document identify how it will be	YES	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	implemented and monitored?		
8.	Equality analysis		
	Has an equality analysis been completed for the document?	YES	
	Have Equality and Diversity reviewed and approved the equality analysis?	YES	
9.	Approval		
	Does the document identify which committee/group will approve it?	YES	
Signature:		