



**Tees, Esk and Wear Valleys**  
NHS Foundation Trust

# **Estates and Facilities Management Framework**

**September 2017 to March 2022**

making a

difference

together

# CONTENTS

Section		Page
1.	Introduction	4
2.	Where are we now?	7
3.	Local and National Context and Trust Priorities	17
4.	Where do we want to be?	31
5.	How do we get there : EFM Strategic Implementation Plan 2017 – 2022	32
6.	Appendices and attachments: 1. Sustainable Development Management Plan 2. Health, Safety and Security Strategic Plan 3. Food and Nutrition Strategy 4. EFM Achievements 2014 - 2017 5. EFM Management Structure 6. Property Profiles (ERIC)	

# GLOSSARY

AMH	Adult Mental Health
ALD	Adult Learning Disabilities
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CQUIN	Commission for Quality and Innovation
CRES	Cash Releasing Efficiency Savings
CQC	Care Quality Commission
DOH	Department of Health
EA	Equality Act
EFM	Estates and Facilities Management
ERIC	Estates Return Information Collection
FLD	Forensic Learning Disabilities
FYFV	Five Year Forward View
HSCIC	Health and Social Care Information Centre
HBN	Health Building Notice
HEFMA	Health Estates and Facilities Management Association
HSE	Health and Safety Executive
HTM	Health Technical Memorandum
IWL	Improving Working Lives
LSMS	Local Security Management Specialist
MHSOP	Mental Health Services for Older People
NHSI	National Health Service Improvement
NMoC	New Models of Care
PALS	Patient Liaison Service
PESTLE	Analysis of external environment
PFI	Private Finance Initiative
PICU	Patient Intensive Care Unit
PIPA	Purposeful Inpatient Admissions
PLACE	Patient Led Assessment of the Care Environment
PPCS	Purposeful and Productive Community Services
QIS	Quality Improvement System
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences
RPIW	Rapid Progress Improvement Workshop
SDMP	Sustainable Development Management Plan
SLA	Service Level Agreement
STP	Sustainability and Transformation Plan
SWOT	Analysis of internal environment
WAU	Weighted Activity Unit
WTE	Whole Time Equivalent

# 1. INTRODUCTION

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides a range of mental health, learning disabilities and substance misuse services to approximately 2m people living in County Durham and Darlington, Teesside, Scarborough, Whitby, Ryedale, Harrogate, Hambleton, Richmondshire and York and Selby.

The Trust employs over 6500 staff and has an annual income of over £300m. To provide the Estates and Facilities Management (EFM) support service, there are 394 wte staff and an annual budget of £25m. The Trust has two Private Finance Initiative (PFI) funded hospitals, one at Roseberry Park, Middlesbrough and the other at Lanchester Road Hospital, Durham.



Our Trust Mission Statement: To improve peoples' lives by minimising the impact of mental ill-health or a learning disability

Our Trust Vision Statement: To be a recognised centre of excellence with high quality staff providing high quality services that exceeds peoples' expectations

The Trust has developed five strategic goals that are focused on the delivery of our Mission and Vision and which are supported by each of the agreed objectives of the clinical and support service plans. The strategic goals and links to the EFM Implementation Plan can be seen in Section 5 of this Framework.

The support service provided by the EFM Directorate includes:

**Operational Services** - including health, safety, security, emergency planning / business continuity and hotel services.

**Estates Services** - including property management, maintenance, energy and environmental, grounds, medical devices, waste, asset management, fire safety, estate performance, EFM helpdesk, PFI/contract management.

The Directorate continues to work closely with the Capital and Design Team to ensure that capital project design and delivery is fully integrated within the framework.

The Trust, through a long-term investment plan, has recognised the importance of a well designed and maintained patient care environment which has access to open space and gardens. Whether in an inpatient care setting or a community team base, it is also a high priority to ensure we provide a **Safe, Sound** and **Supportive** working environment for staff.

Over the past 10 years (2007 - 2017), the Trust has invested over £110m in an ambitious capital investment plan to support the modernisation of its property portfolio, with a further £75m planned over the next 5 years. This has allowed us to provide 97% single room accommodation with 85% being en-suite.

The Trust has, as part of the above investment plan, increased its community facilities across the estate to provide high quality, accessible and affordable operational environments for community teams to support revised clinical models for more treatment and care in the community and assists in delivering a strategy for clinical transformation, based on recovery in line with the National policy and strategy, including the Five Year Forward View for Mental Health.

The geographical size of the Trust and the complex nature of the statutory and legislative obligations associated with EFM services, requires a professionally lead and managed team to ensure that both in-house and externally provided services meet, and where possible exceed, the agreed standards and quality of delivery. In particular, the standards set by the Care Quality Commission are of paramount importance when assessing EFM service delivery.

The Trust is also conscious of the environmental impact of service provision and is therefore fully committed, through our current Sustainable Development Management Plan to ensure sustainable service delivery. The plan is attached at Appendix 1.

Through self- assessment of its role as a 'Good Corporate Citizen', the Trust embraces a sustainable development approach to all support services and monitors progress towards minimising the impact on both the local environment and health of the population we serve

As part of our commitment to ensuring full integration of Health and Safety obligations into our day to day working practices across the Trust, the Health, Safety and Security Strategic Plan is an integral element of the framework and is attached at Appendix 2.

The Trust also recognises that good nutrition and access to dietary advice plays an essential part in achieving healthy outcomes and has developed a Food and Nutrition Strategy that covers:

- The nutrition and hydration needs of patients.
- Healthier eating for the whole hospital community and sustainable procurement of food and catering services.

The Food and Nutrition Strategy is attached at Appendix 3.

The EFM Framework fully supports the Trust's mission, vision and strategic goals by assisting in delivering the highest standards of operational services in a quality patient care and staff working environment. The framework aims to achieve the following:

- Identify where we are now, assess the business environment, identify where we want to be in 5 years and how we will get there.
- Support the Trust Business Plan and the clinical service developments approved by the Board of Directors.
- Act as an enabling development plan for the Directorate to ensure we continue to improve, maintain and deliver an appropriate quality estate and facilities management service to provide a safe, sound and supportive environment for patients and staff.
- Support the delivery of the planned capital investments over the next 5 years as set out in the Trust Capital Plan.
- Deliver and improve upon our assurance of compliance with Care Quality Commission essential standards of quality and safety.
- Continue to rationalise the estate as services change and the Trust adopts new ways of working to ensure we maximise the efficient use of physical space.
- Act as a baseline for measurement of Key Performance Indicators and service improvement.

## 2. ESTATES AND FACILITIES MANAGEMENT WHERE ARE WE NOW?

The previous EFM Framework 2014 – 2017 has delivered its objectives and over the period, considerable investment through the capital investment programme has led to further ambitious improvements to the Trust's property portfolio.

Appendix 4 shows a consolidated list of achievements during the period 2014 to 2017.

In order to understand the complex range of support services provided by the EFM Directorate and to put these into context to demonstrate how we will deliver the required support through the EFM Framework, listed below are the various departments within the Directorate and the services they provide as we move forward into delivery of the strategic implementation plan. The EFM management structure is shown in outline at Appendix 5.

### OPERATIONAL SERVICES DEPARTMENT

The Operational Services team provide the following services:

- Hotel Services incorporating cleaning and catering services, laundry, linen portering, site management services, transport and Reception services. These services are provided by in-house housekeeping, catering and portering teams, supported by a range of contracted out services. Attached at Appendix 3 is the Food and Nutrition Strategy.
- Health, Safety and Security services including:
  - Producing, maintaining and auditing the Health and Safety workbooks.
  - Developing and implementing the Health, Safety and Security Strategic Plan
  - Health and Safety management advice and training.
  - Security and car parking
  - Disability Access audits

Attached at Appendix 2 is the Trust's Health, Safety and Security Strategic Plan.

- Emergency and Business Continuity Planning

## ESTATES DEPARTMENT

The Estates Department provide the following services:

- Property and asset management
- Building and engineering maintenance
- Grounds and gardens maintenance
- Energy management
- Environmental management and delivery of the Sustainable Development Management Plan
- Fire safety
- Waste management
- Medical devices maintenance
- Estates Return Information Collection (ERIC)
- Helpdesk
- PFI/SLA contract management

**Overview of Existing Estate :** At present, the Trust operates out of some 170 buildings covering an area in excess of 3,600 square miles of North East England. Detailed at Appendix 6 are comprehensive profiles of all the major Trust properties. These profiles provide a full age, physical condition, functional suitability, space utilisation and environmental impact outline for each of the major Trust properties and is the base document for the implementation of capital and estate rationalisation plans.

The key facets of the Trust buildings are Physical Condition and Statutory Compliance and these form the main data source for our life cycle analysis. Functional Suitability is also closely linked with physical condition as addressing the latter includes issues regarding functionality of accommodation i.e. meeting standards such as Health Building Notes (HBNs), Health Technical Memorandum (HTMs) and other guidance.

Due to the varied age/lifecycles of different building asset elements the Trust needs to manage this position dynamically and this has been achieved by adopting a life cycle model for each building utilising a risk based methodology, to minimise high and significant risk backlog maintenance.

In line with the previous Estates Strategy, the Trust has benefited from significant Estate rationalisation in that a considerable amount of, poor, under-utilised and vacant building stock has been taken out of operational use and disposed of. The introduction of new and refurbished buildings and the use of up to date building technologies now contributes significantly to the Trust's carbon management plan by reducing the Trust's carbon footprint. The quality of the overall patient environment and staff experience are greatly improved. The key strategy going forward is linked to developing maximum flexibility within the buildings we have, to support and adopt the best and most effective working practices that will align with changes in the ways services will be delivered by the Trust.

## Capital Investment Programme

The Trust has a five year capital investment plan which identifies in excess of £74.5m investment over the next 5 years and, in conjunction with the clinical services, capital project teams, and EFM, the capital development team will:

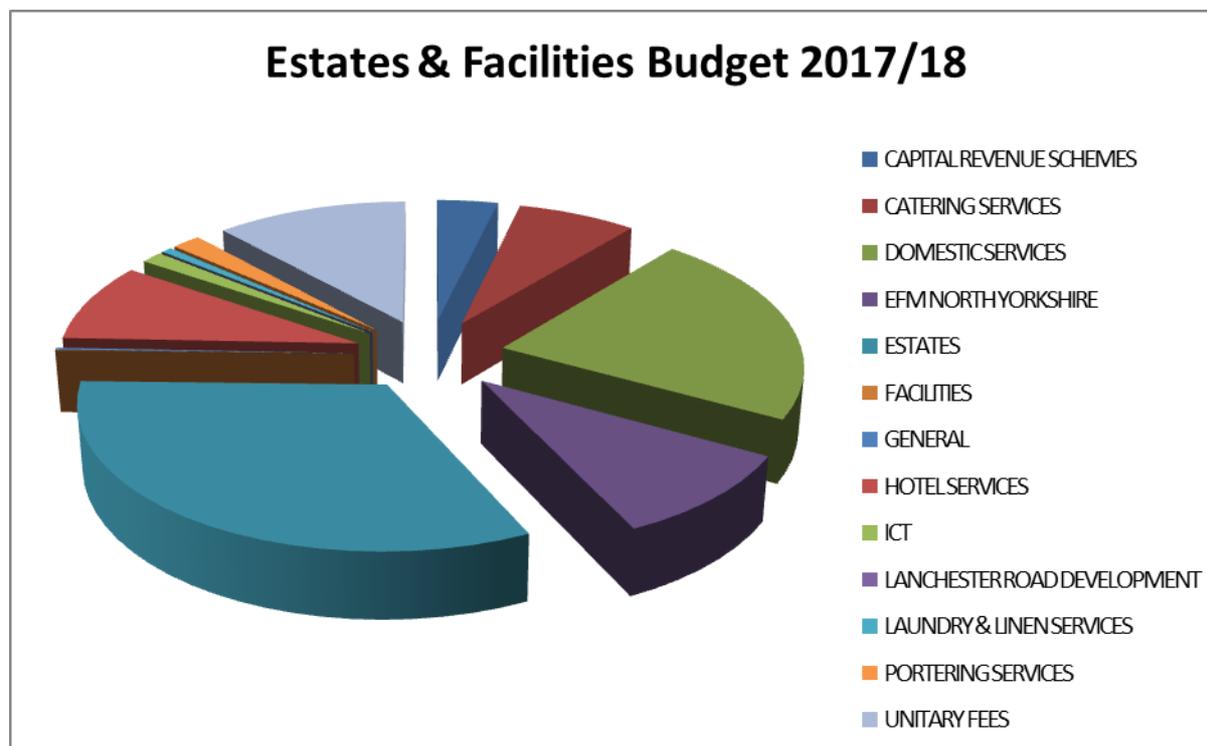
- Design, develop and deliver all approved capital schemes
- Undertake refurbishment projects
- Manage construction contracts (including P22 and approved national frameworks eg Yorbuild)
- Commission, equip and handover completed projects
- Review all capital projects and develop Trust's building notes and guidance
- Look to explore best practice and new innovative methods for new build and refurbishment of the estate.
- Ensure users and carers' needs are factored into the design process and accessible buildings for all needs are developed.

The value of the planned capital investment programme 2017 – 2022 is set out below. The final agreed annual investment is approved for delivery by the Investment Committee.

	FINAL CAPITAL PLAN	2017/18	2018/19	2019/20	2020/21	2021/22	TOTAL
	As per current Trust Business Plan	£k	£k	£k	£k	£k	£k
	<b>Committed Schemes:</b>						
1	PFI & Contract Lifecycle	699	948	904	736	885	4,172
2	Estate Rationalisation & Trust Life Cycle #	2,087	850	850	850	850	5,487
3	(inc. WP seclusion / RP seclusion & CAS)						
4	Equipment IT	100	100	100	100	100	500
5	Other	347	351	354	358	362	1,772
	<b>Minor works - improvement schemes</b>						
6	York & Selby CMHT (Acomb Garth)	100					100
7	York & Selby CMHT (Acomb HC )	100					100
8	York & Selby CMHT (Limetrees Enabling)	37					37
9	York & Selby LD IP (Oak Rise Enabling)	400					400
	<b>Committed Schemes: sub total</b>	<b>3,870</b>	<b>2,249</b>	<b>2,208</b>	<b>2,044</b>	<b>2,197</b>	<b>12,568</b>
	<b>Committed Scheme - (subject to FCBC)</b>						
10	North Yorkshire In Patients (Harrogate)	2,039	11,103				13,142
	<b>Committed Scheme - (FCBC) sub total</b>	<b>2,039</b>	<b>11,103</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13,142</b>
	<b>Business Case - In progress</b>						
11	York and Selby In Patient (York)	4,260	16,040	11,125			31,425
12	York and Selby CAMHT's (Huntington)	2,321					2,321
13	H & R CMHT Review (excl Land)	188	2,894	1,217			4,299
	<b>Business Case - In progress sub total</b>	<b>6,769</b>	<b>18,934</b>	<b>12,342</b>	<b>0</b>	<b>0</b>	<b>38,045</b>
	<b>Trust Business Plan Priorities Sub Total</b>	<b>12,678</b>	<b>32,286</b>	<b>14,550</b>	<b>2,044</b>	<b>2,197</b>	<b>63,755</b>
	<b>Business Case - To Commence</b>						
14	York and Selby CMHT's (Worsley)	86	1,185	729			2,000
15	York and Selby CAMHS CMHT (Limetrees) Replacement	31	509	464			1,004
16	Trustwide CAMHS PICU	209	2,665	1,126			4,000
17	The Ridings Replacement (Foxrush site)	414					414
18	York & Selby LD IP (Oak Rise) Replacement (excl Land)	116	652	3,232			4,000
	<b>Business Case - To Commence sub total</b>	<b>856</b>	<b>5,011</b>	<b>5,551</b>	<b>0</b>	<b>0</b>	<b>11,418</b>
	<b>Capital Plan Sub Total</b>	<b>13,534</b>	<b>37,297</b>	<b>20,101</b>	<b>2,044</b>	<b>2,197</b>	<b>75,173</b>
	# Includes RP CAS scheme to be funded through PDC	-674					-674
	<b>CAPITAL PLAN TOTAL</b>	<b>12,860</b>	<b>37,297</b>	<b>20,101</b>	<b>2,044</b>	<b>2,197</b>	<b>74,499</b>

## FINANCIAL PROFILE

The EFM Directorate budget of £24.83m reflects 8.8% of total Trust revenue. The budget is for the provision of EFM support services across Trust-wide services and estate. The Trust-wide estate has a fixed asset value of £210.7m, of which £210.3m are buildings. The financial profile for the Directorate is set out below.



The Directorate continues to provide a cost effective service, producing year on year savings, whilst delivering our CRES targets.

As part of the business planning process, the EFM Directorate will be examining in detail our financial profile, including:

- Business development opportunities
- SLA reviews
- Best Value analysis of all service areas
- Energy and environmental management targets (Invest to Save)
- Service redesign 'Lean' projects

## CASH RELEASING EFFICIENCY SAVINGS (CRES)

In line with the Trust's strategic financial plan, the EFM budget has been set demanding CRES targets during the period 2017 to 2020 as follows:

Baseline Budget	2017/18	2018/19	2019/20	Total
£24.83m	600,000	605,000	605,000	£1,810,000

## Leadership and Workforce

A modernised workforce is essential for Estates and Facilities Management to achieve and maintain its identified strategic outcomes.

### Workforce Profile

The graph overleaf represents the age profile of the EFM workforce as at 31 March 2017. This clearly demonstrates the ageing workforce in EFM with 71% of the workforce aged over 46. It is also evident that there is a significant increase in the age profile within the EFM Directorate with the number of staff who fall between the age of 56-65 increasing to 148 up to 31 March 2017 in comparison with the figure of 119 at the end of 2014.

There continues to be relatively few staff who work beyond the age of 65 and the figures between March 2016 – March 2017 show that there has been no change in the percentage of staff employed who are aged 66+ within the EFM Directorate since 2014. There is the potential for this to increase further in the future with staff potentially working longer due to the changes to the State pension age. Managers within the EFM Directorate will continue to speak to all staff about their short, medium and long term plans in order to ensure there is no perception of age discrimination.

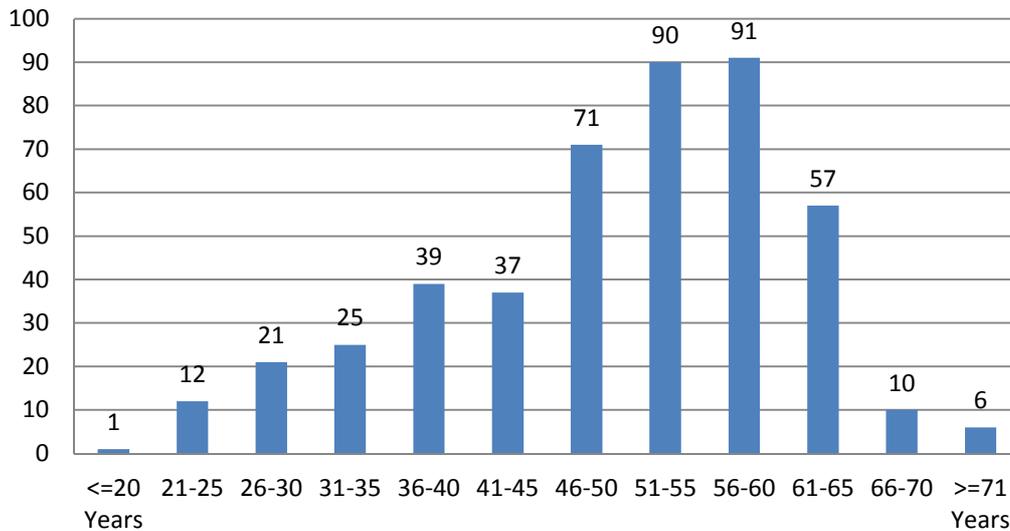
As part of our Workforce Plan, we will need to continue to develop a recruitment and retention plan which not only recognises the retention of skilled staff but also encourages the recruitment of new staff from all age groups and all walks of life, who have the right skills and are willing for the Trust to invest in their continued professional development, training and education in the EFM arena.

EFM Managers will also need to ensure regular talent management conversations take place with all staff to help to ensure that motivated, engaged people are in the right roles within the Directorate, both in the short term and the long term. This will assist individuals in their current job, help prepare them for future posts within the directorate and will aid with succession planning within the EFM Directorate. This will in turn assist in addressing the issue of the increasing aging workforce.

Opportunities need to be explored in reviewing the EFM workforce to consider the following areas:

- Partnership working.
- Implementation of new technologies.
- Develop business and commercial skills from other sectors if appropriate.
- Utilise short term consultancy and/or strategic estates partnerships as two examples.

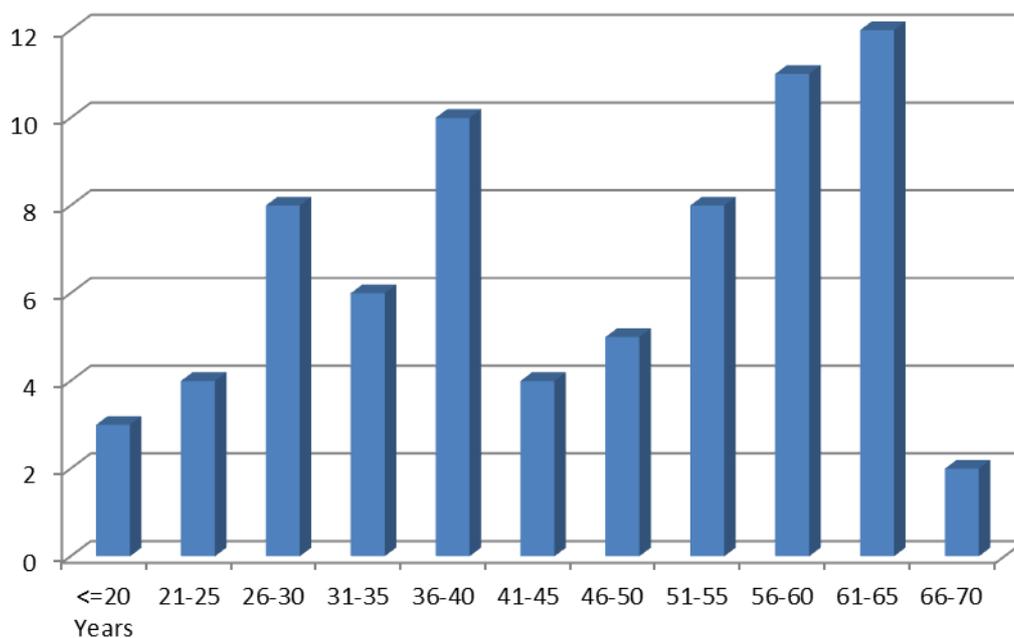
## Age Profile of EFM at 31 March 17



## Recruitment and Retention

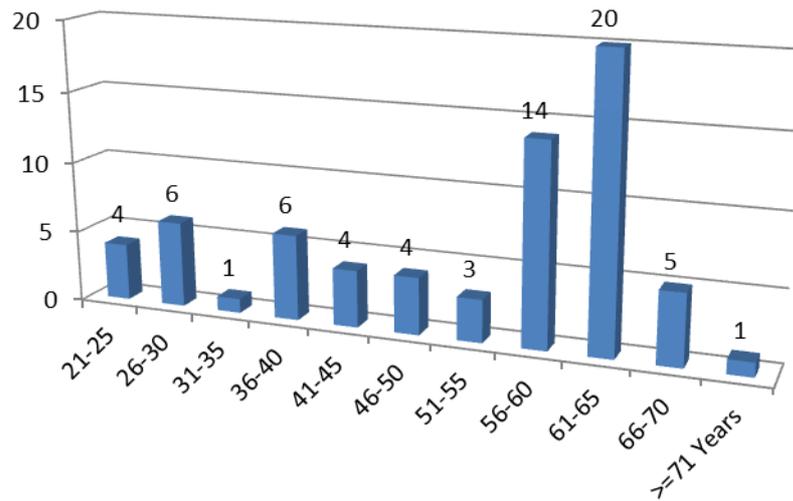
It is evident from the graph below that there were 73 new starters within the EFM Directorate during the period March 2016 to March 2017 and showing that the highest number of new starters during that period fall within the 61-65 age bracket. Please note that this includes 18 Flexible Retirement starters.

## EFM - New Starters Mar 16 to Mar 17



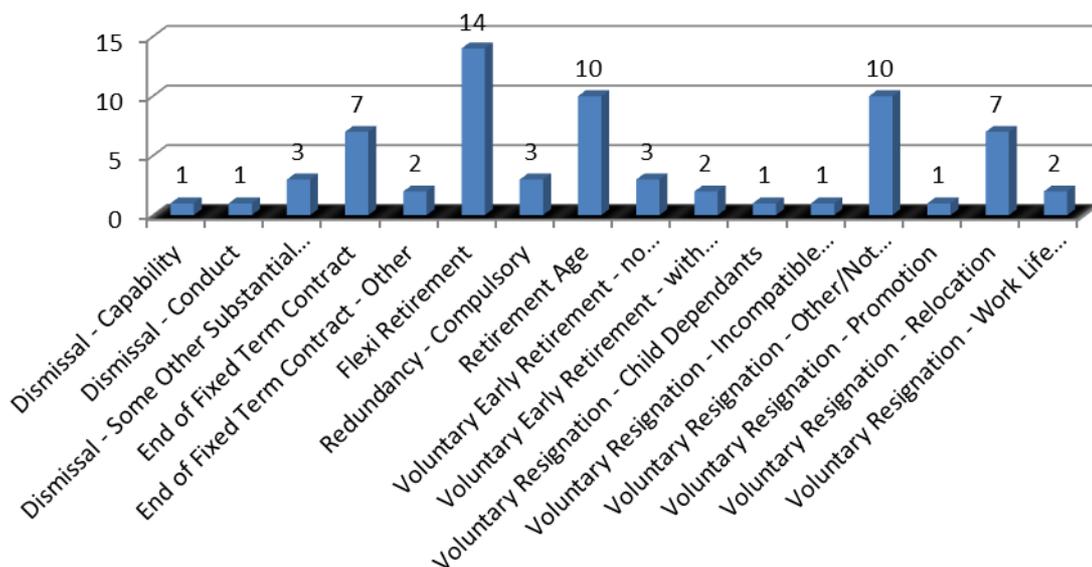
In terms of turnover, the figure for the staff turnover within EFM Directorate during the period March 2016 to 31 March 2017 was 11.74% in comparison with the Trust's average turnover of 2.05%. The age profile of the leavers for that period can be seen below which illustrates that of the 68 leavers, 29% fell within the 61-65 age bracket.

### EFM - Leavers Age Profile March 16 to March 17



By analysing the reasons for leaving below, it is evident that of the 68 leavers, 14 of those staff have taken flexi-retirement. Of the 54 leavers who have not retired and returned, the figures show that the highest reasons for staff leaving within the EFM Directorate is due to retirement and voluntary resignation,

### Reason for Leaving



The graph below identifies the recruitment profile during the period March 2016 to 31 March 2017. It is evident that the 176 vacancies advertised during that period resulted in 76 new starters in total.



Further analysis of the recruitment information identifies that 96 individuals were appointed during March 2016 – March 2017; 58 external applicants and 38 internal applicants. Of those 96 successful applicants, 14 candidates subsequently withdrew and did not commence post in the Trust. In addition the Trust withdrew 6 offers of employment due to unsatisfactory pre-employment checks.

## Developing Capacity

At a practical level, there are core expectations of those who manage people for example, every employee of the Estates and Facilities Management Directorate will have:

- a clear understanding of what is expected of them
- a clear understanding of how they are doing through an annual appraisal linked to the KSF, complimented with one to one meetings during the year
- an agreed Personal Development Plan with appropriate training and development aligned to their role
- any concerns properly considered and fairly managed

Managers and team leaders have a responsibility to ensure these things happen.

## **Management and Leadership**

The implementation and support of change across the Directorate will require effective Leadership and Management skills. These skills need to be demonstrated by our managers at every level. The development of leadership and effective teams is fundamental. In addition, the Directorate recognises that the age profile of senior managers may result in issues relating to succession planning.

In the coming years, the Directorate will continue to invest in developing the capacity of its staff by implementation of the Trust's inclusive talent management process and that staff have the appropriate knowledge, behaviour and skills to ensure they are developed to their full potential.

## **Team Development**

During this ongoing period of change, team development will be invested in across the Directorate to build upon present skills, but also to support the development of new skills, processes, teams and partnerships. The Directorate will work with colleagues from Human Resources and Organisational Development to support and develop effective teams, to meet the challenges of a changing environment.

## **Investors in People**

Following the successful accreditation to the National IIP Framework Gold Standard, Tees, Esk and Wear Valleys NHS Foundation Trust is committed to continuing to work to the IIP principles.

As a Directorate, we need to build on the success we have seen through this initiative over the recent years and ensure the standard is maintained and developed. Over the last year, during a time of major change in the Trust, it has been particularly important to continue to give support to staff. We want staff to feel proud of the Directorate for which they work, and be involved in decisions that affect them in their working lives. We aim to be an attractive employer where we are able to recruit and retain high quality individuals through model employment practices.

## **Equality and Diversity**

Equality and Diversity are at the heart of the NHS Strategy. Our aim is that everyone who works within the Directorate, or applies to work in the Directorate, will be treated fairly and equally, with dignity and respect, thereby recognising the unique contribution that all individuals bring with them in terms of their experience, knowledge and skills.

## PERFORMANCE MANAGEMENT

In order for the Directorate to assure itself that services are operating effectively, meeting customer needs and complying with the principles of the CQC essential standards, it has adopted a balanced scorecard approach to measuring performance which provides a summary of key performance information which are both qualitative and quantitative. Outlined below are examples of the indicators which are included in the scorecard.

<b>Customer</b>
Patient satisfaction survey scores
Number of complaints
Number of PALS
Hospitality Assured score: <ul style="list-style-type: none"> <li>• customer research</li> <li>• customer satisfaction</li> </ul>
PLACE scores
<b>Staff</b>
Appraisals %
Mandatory training%
Staff sickness %
Friends and Family Test scores
<b>Internal Process</b>
Audit cleanliness scores
Sustainable Development Assessment Tool
Hospitality Assured score: <ul style="list-style-type: none"> <li>• service delivery</li> <li>• service recovery</li> </ul>
<b>Financial Resources</b>
ERIC bench-marked costs : <ul style="list-style-type: none"> <li>• £/meal</li> <li>• Cleanliness per square metre</li> <li>• Estates cost per square metre</li> </ul>
Achievement of CRES targets
Break-even financial forecast
Hospitality Assured score: <ul style="list-style-type: none"> <li>• resources</li> </ul>
Energy consumption
Reducing carbon output
Non clinical floor space
Unoccupied or under-used space

## 3. LOCAL AND NATIONAL CONTEXT AND TRUST PRIORITIES

In developing this framework, a range of local, national and Trust internal documents have been reviewed to ensure that the EFM services are focused to underpin the delivery of clinical services to the appropriate and relevant quality. There are also a range of Department Of Health (DOH) guidance and statutory documents which also influence the delivery of EFM services. Key documents considered include:

### The Carter Report (Summary and Key Points)

#### Introduction

Lord Carter was asked in the summer of 2014 by the health secretary to assess what efficiency improvements could be generated in hospitals across England. He provided an interim report on his work in June 2015, in which he outlined that potentially £5bn of operational efficiency savings could be delivered in the acute sector by 2020 by improving workforce costs, hospital pharmacy medicines optimisation, and estates and procurement management. His final report was published on the 2 February 2016.

The scope of his work was focussed on the acute sector with little or no emphasis on Mental Health or Community Trusts. However, National Health Service Improvement (NHSI) have now announced that they are expanding the operational productivity review into community and mental health trusts, building on the approach of the Carter report on operational productivity and performance in NHS acute hospitals. The approach will follow a similar structure and methodology to Lord Carter's original acute review, with some significant tailoring to community and mental health.

#### Mental Health Trusts Operational Productivity Review Aims

The engagement that NHSI will undertake in developing their findings and recommendations will look to understand:

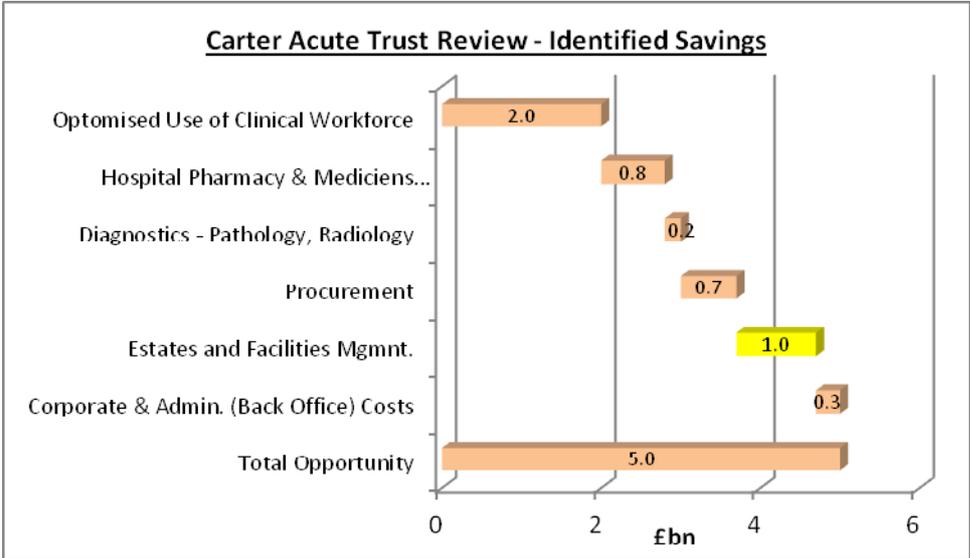
- how organisations in mental health and community trusts operate
- what good looks like
- what approaches to improving productivity and efficiency are already in place and what opportunities there are to drive these further
- what metrics and indicators are required to support the development of the model for these sectors

Mirroring the approach taken in the acute sector review, NHSI have set up a cohort of 23 trusts (TEWV are not part of the initial cohort) across both community and

mental health with which more detailed engagement will be focused over the initial stages of the review process over the next six months. As with the initial acute sector review NHSI are also looking at the scope to extend this review to all remaining providers including ambulance trusts and specialist acute trusts.

**EFM Context**

From the perspective of EFM the impact of the expansion of the Carter Review process to now look at Mental Health Trusts operational productivity could be significant. One of the outputs of the Carter Review was identification of £5bn of operational productivity efficiencies split across six key thematic areas and achievable by 2020 as shown in the graph below. EFM efficiencies of £1bn were identified, second only to Optimised Use of Clinical Workforce (£2bn) and representing 20% of total identified savings highlighting the fundamental importance of EFM related activity to realising operational efficiencies.



Potential efficiencies identified for the Acute Trusts will be significantly higher than those that will be identified for Mental Health Trusts purely due to scale. However, given that the EFM contribution is so significant and the delivery time frame is 3 years (2020) it is highly probable that the NHSI operational productivity review of Mental Health Trusts will impact on the EFM Framework and Strategic Implementation Plan within the 2017 to 2022 period.

**Carter Review EFM Findings and Recommendations**

The following gives an indication of possible areas of impact on EFM of the review of Mental Health Trusts. The recommendations and findings are those identified in Carters review of acute trusts but given the process and methodology will be similar for mental health and the generic nature of EFM delivery across the health estate it is not unreasonable to assume there will be similar outputs.

**Recommendation 6:** All trusts estates and facilities departments should operate at or above the median benchmarks for the operational management of their estates and facilities functions by April 2017 (as set by NHS Improvement by April 2016); with all trusts (where appropriate) having a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space by April 2017 and delivering this benchmark by April 2020, so that estates and facilities resources are used in a cost effective manner.

**Key items for trusts to lead**

- every trust has a strategic estates and facilities plan in place, including a cost reduction plan for 2016-17 based on the benchmarks, and in the longer term (by April 2017), a plan for investment and reconfiguration
- investing in energy saving schemes such as LED lighting, combined heat and power units, and smart energy management systems,
- estates and facilities costs embedded into trusts' patient costing and service line reporting systems.

**Key items for NHS Improvement/national bodies to lead:**

- new DH 'invest to save energy efficiency fund' set up by April 2017 to help trusts deliver the opportunities for reduced energy consumption
- HSCIC and trusts should ensure better data accuracy by improving the governance and assurance of the ERIC data in time for the 2015-16 returns due in July 2016

On estates and facilities, the Carter team outlines it has developed a dashboard that provides each acute trust with a clear understanding of their costs as well as pointers for efficiency opportunities, including an indication of what they could potentially save by improving their performance in line with their peers In areas such as energy consumption, patient food, cleaning and linen and laundry services. To realise these savings, it wants all acute trusts to produce estate management plans, and more prescriptively, a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space by April 2017.

## The Naylor Report – NHS Property and Estates (Summary and Key Points)

### Introduction

Sir Robert Naylor was announced as the Government's estates 'tsar' in February 2016 having served as Chief Executive of University College London Hospitals Foundation Trust for more than sixteen years. He was asked by Jeremy Hunt to advise the Department of Health (DH) on how to make the NHS estate fit for the delivery of Simon Steven's Five Year Forward View (FYFV). The starting point for this Review was to identify the best route for meeting two DH targets set during the last Comprehensive Spending Review:

- Release £2bn of assets for reinvestment
- Deliver 26,000 new homes

While the additional homes target is seen as extremely challenging, it is understood that releasing £2bn of surplus land is achievable, building on the 2016 Lord Carter Review which has encouraged trusts to reduce inefficiencies in their estates. In addition to meeting these two targets, the Review also presented Sir Robert with the opportunity to undertake a forensic examination of the disjointed NHS estates landscape and assess the national estate strategy, local delivery of estate management and capital requirements for the NHS estate.

Primarily the report and associated data analysis focus on the acute estate however contextual metrics have been developed for mental health estate efficiency. The report highlights the mental health estate as having significant efficiency potential.

## Key Recommendations

### Naylor Report Findings and Potential EFM Impact

From an overarching perspective the report found that the current public capital budget for the NHS is insufficient to meet the requirements identified in the Five Year Forward View and tackle the issues of inadequate healthcare buildings and maintenance backlog. Key findings and potential impact on EFM are:

#### 1. Opportunity to release value from the estate

**Report Finding** – Naylor proposes that £2.7bn of NHS estate value could be released based on metrics measuring intensity of use of provider sites.

**Potential EFM Impact** – Rationalisation of estate to generate funds for investment in addressing estate fitness for purpose and maintenance backlogs. Naylor also identifies associated savings for both ‘soft’ and ‘hard’ EFM as a result of reduced estate.

#### 2. Encouraging and incentivising local action

**Report Finding** – The review identifies STP’s as the key mechanism to deliver estate improvements and proposes incentivising them to promote delivery.

**Potential EFM Impact** – The approach requires STP’s to develop area wide estate and infrastructure and will require EFM to work within a broader framework than individual trusts. Proposed performance metrics will require establishment of data measurement processes aligned with STP requirements.

#### 3. Capability and capacity to deliver

**Report Finding** – The review found there was no overarching NHS estate strategy and that the skill base within NHS estates strategy and management reflect traditional skills and are not sufficient for development of a comprehensive strategy.

**Potential EFM Impact** – Establishment of NHSPB to provide system leadership and national strategy development will impact EFM across a number of areas. In particular it is proposed that NHSPB produces improved guidance on both building standards, to support the FYFV and deliver value for money, and estates planning and disposal in particular promoting models for affordable housing for NHS staff and partnerships with both private developers and housing associations.

#### 4. Funding and national planning

**Report Finding** – The form of the estate must follow the service strategies evolving through local STPs and support the FYFV – a process that needs acceleration and incentives. The proposal is that STP’s are responsible for developing estate, and infrastructure plans and associated capital strategy

**Potential EFM Impact** – Estates funding would be performance linked – access to capital would be linked to the quality of STP plans including alignment with estate value for money and land disposals. STPs and their providers, which fail to develop

sufficiently stretching plans, may not be granted access to capital funding either through grants, loans or private finance until they have agreed plans to improve performance against benchmarks. In essence access to capital could be dependent on the performance of other providers within the STP.

The link to Sir Robert Naylor's review of NHS property and estates is below.

[Sir Robert Naylor's review of NHS property and estates](#)

# EFM Current Carter Dashboard based on recent ERIC returns

## Estates & Facilities, Trust Level

Cost Efficiency	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Estates & Facilities Cost (£ per m2)	2016/17	£161	£244	£317	Click for national variation	No trendline available	
Hard FM Cost (£ per m2)	2016/17	£29	-	£67	Click for national variation	No trendline available	
Soft FM Cost (£ per m2)	2016/17	£65	-	£84	Click for national variation	No trendline available	
Estates & Property Maintenance (£ per m2)	2016/17	£6	-	£36	Click for national variation	No trendline available	
Cleaning Cost (£ per m2)	2016/17	£33	£36	£36	Click for national variation	No trendline available	
Food Cost (£ per Meal)	2016/17	£3.21	£4.13	£4.02	Click for national variation	No trendline available	
Laundry & Linen Cost (£ per Item)	2016/17	£0.56	£0.45	£0.39	Click for national variation	No trendline available	
Energy Cost (£ per Unit)	2016/17	£0.050	-	£0.050	Click for national variation	No trendline available	
Water & Sewage Cost (£ per m2)	2016/17	£3.07	-	£2.59	Click for national variation	No trendline available	
Portering (£ per m2)	2016/17	£4	-	£4	Click for national variation	No trendline available	
Total Waste Cost (£ per Tonne)	2016/17	£189	-	£211	Click for national variation	No trendline available	
Landfill Cost (£ per tonne)	2016/17	£165	-	£225	Click for national variation	No trendline available	
Incineration Cost (£ per tonne)	2016/17	£609	-	£570	Click for national variation	No trendline available	
Recycling Cost (£ per tonne)	2016/17	£165	-	£191	Click for national variation	No trendline available	
Other Recovery Cost (£ per tonne)	2016/17	£0	-	£177	Click for national variation	No trendline available	

Productivity	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Amount of Non-Clinical Space (%)	2016/17	33.5%	-	32.6%	Click for national variation	No trendline available	
Amount of empty space	2016/17	14.0%	-	1.3%	Click for national variation	No trendline available	
Amount of under-utilised space	2016/17	0.0%	-	0.4%	Click for national variation	No trendline available	
Cleaning Productivity (m2 per WTE)	2016/17	761	720	688	Click for national variation	No trendline available	
Food Service Productivity (Meals per bed day)	2016/17	2.56	2.41	2.70	Click for national variation	No trendline available	
Energy Productivity (Units per m2)	2016/17	254	-	270	Click for national variation	No trendline available	

Quality & Safety	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Critical Infrastructure Risk (£ per m2)	2016/17	£0	-	£11		Click for national variation 	No trendline available
Total Critical Infrastructure Risk	2016/17	£0	-	£1.02m		Click for national variation 	No trendline available
Total Backlog Maintenance (£ per m2)	2016/17	£0	-	£47		Click for national variation 	No trendline available
Cleanliness - Patient Led Assessment Score	2016/17	95.7% 	99.2%	99.1%		Click for national variation 	No trendline available
Food - Patient Led Assessment Score	2016/17	93.0%	-	90.7%		Click for national variation 	No trendline available
Privacy, Dignity & Wellbeing - Patient Led Assessment Score	2016/17	87.7%	-	90.5%		Click for national variation 	No trendline available
Condition, Appearance & Maintenance - Patient Led Assessment Score	2016/17	91.3%	-	96.1%		Click for national variation 	No trendline available
Dementia Environment - Patient Led Assessment Score	2016/17	70.0%	-	87.1%		Click for national variation 	No trendline available
Disability - Patient Led Assessment Score	2016/17	76.9%	-	86.4%		Click for national variation 	No trendline available

# NHSI/CQC Use of Resources: Assessment Framework – Summary

## Introduction

The Use of Resources (UoR) assessment is intended to assess efficiency and effectiveness in the way that providers use the resources available to them to provide high quality, efficient and sustainable care for patients. The UoR assessment will cover not only finances but also effective use of available workforce, estates, facilities, data and procurement. The framework mirrors the structure of the joint Well-Led framework and CQC's inspection approach, where key lines of enquiry (KLOEs), prompts and metrics are used for a balanced assessment of a trust.

Initially, the UoR assessments will be carried out solely within NHS acute non-specialist trusts with plans to roll out the process to specialist acute, ambulance, mental health and community services from April 2019.

NHS Improvement will be responsible for undertaking the UoR assessment. This will involve an analysis of the trust's performance against defined initial metrics listed below. Local intelligence gathered through day-to-day interactions between NHS Improvement and the trust will also be considered along with any other relevant evidence. Following this initial analysis, NHS Improvement will conduct a one-day site visit to undertake a qualitative assessment, during which NHS Improvement will meet with key members of the trust's leadership team. A report of the collated evidence will then be prepared and submitted to the CQC along with a proposed UoR rating of outstanding, good, requires improvement or inadequate.

The metrics relating to EFM is Estates cost per square metre. This metric examines the overall cost-effectiveness of the Trust's estate, looking at the cost per square metre. The aim is to reduce property costs relative to those paid by peers over time.

## Sustainable Development Management Plan

The Sustainable Development Management Plan (SDMP) was developed in response to the Sustainable Development Strategy for the Health and Care System 2014 – 2020 which was launched by the Sustainable Development Unit in January 2014. It reinforced the urgent need for all NHS and social care organisations to take action to embed sustainability within their strategies and cultures.

The SDMP aims to support the delivery of the best, most efficient and forward thinking healthcare. It supports the NHS Sustainable Development Unit's view that a sustainable healthcare system must do more than focus on carbon – it must also consider how to minimise the impact of other negative environmental impacts, such as waste or water, and also to maximise opportunities to support the local economy and community wellbeing. The plan provides a framework within which the Trust can support its communities to lead independent, sustainable and healthy lifestyles, which in turn may prevent them becoming ill in the first place. The plan also acknowledges the on-going and considerable growth of the Trust, with particular emphasis on the expanding geographic spread of services. In order to accurately measure key performance indicators for the Trust, utility consumption is measured against floor space, and along with travel, is also measured against number of whole time equivalent (WTE) staff at the Trust. This is designed to normalise the data in order to accurately reflect the growing nature of the Trust.

## Impact statement showing Opportunities and Risks

	<b>Opportunity</b>	<b>Risk</b>
Extension of Care Productivity approach to Mental Health	Strategic management of estate.  Disposal of unused / spare buildings.	Not aligned to STP focus / agenda.
Requirement to release number of assets for reinvestment nationally as part of Naylor Report with link to 2600 new homes as part of Naylor Report	Efficiencies on: <ul style="list-style-type: none"> <li>• Use of space</li> <li>• Carbon reduction</li> <li>• Benchmarking</li> </ul> Running of estate: <ul style="list-style-type: none"> <li>• Procurement</li> <li>• Maintenance / SPV</li> </ul> Workforce productivity: <ul style="list-style-type: none"> <li>• Mobile working</li> <li>• Improved workplace</li> </ul>	Limited scope on smaller sites for housing opportunities.  Selling off land parcels on larger sites may limited future growth of Trust services.
Development of STPs and potential for estate to be planned for larger footprint	Links to STP Framework, Estates strategies and funds short term 1 – 2 years.  STP footprints in collaboration with CCGs to identify opportunities for better use of estate and disposals	Impact of Acute agenda on care models and MH sites being adapted to national needs and opportunities for space sharing facilities eg Liaison.
Implementation of NHSI / CQC NOR Framework in Mental Health Trusts	Alignment of PAM (Premises Assurance Model).  Incentives where assurance is required in national requirements  Will be mandatory from 1 April 2018  Will lead to improved patient outcomes linked to safety, effectiveness and patient experience.	Additional investment in key areas if identified may create financial pressure in capital investment/ life cycle budgets.  Additional resource will be required to manage PAM.

	<b>Opportunity</b>	<b>Risk</b>
Commitment to invest in well- resourced and maintained environment	<p>The use of Revit and BIM (Building Information Modelling) as a computer aided design tool to assimilate digital data to provide 3D models of proposed development which can assist with the reduction of on-site issues, durability, resource design and construction time, and improve cost creating if used correctly.</p> <p>If used correctly, the Government Construction Strategy is targeting up to 20% savings in construction costs.</p>	<p>Ability to manage new information on Trust's IT infrastructure and EFM staff being trained in the on-going maintenance of the facility with new software and information.</p> <p>Update all property plans to have base line 3D model information.</p>

## Trust Priorities for the period 2017/18 to 2019/20

The table below shows the 15 priorities identified by the Trust Board for the period April 2017 to March 2020. Those in bold are priorities that form part of the Quality Account.

No	Title	Lead	Concluded
<b>1</b>	<b>Implement Phase 2 of the Recovery Strategy</b>	<b>COO</b>	<b>Q4:2019/20</b>
2	Develop and deliver Purposeful and Productive Community Services Programme	COO	Q4:2018/19
3	Improve consistency and purposefulness of inpatient care across the Trust by implementing and building on Model Wards work and implementation of the refreshed PIPA process	COO	Q4:2019/20
<b>4</b>	<b>Ensure we have Safe Staffing in all services to include recruitment and retention, skill mix and optimisation).</b>	<b>Director of N+G</b>	<b>Q4:2018/19</b>
5	Ensure we address the issues with PARIS and clinical recording and maximise the benefits of existing Information Technology	COO	Q4:2019/20
6	Refresh, communicate and implement 'The TEVV Way' across the whole organisation	COO	Q4:2019/20
7	Implement the 5 Year Forward View for Mental Health as agreed with each of our commissioners	Locality Directors of Operations	Q4:2018/19
8	Evaluate and agree future collaboration with universities on research, education and training	Medical Director	TBC
9	Implement the Transforming Care agenda in Learning Disabilities Service	COO	Q2:2018/19
<b>10</b>	<b>Improve the clinical effectiveness and patient experience at times of transition</b>	<b>Director of N+G</b>	<b>Q4 2017/18</b>
11	Develop a Trust-wide approach to delivering services to services users with Autism	COO	Q4:2017/18
12	Deliver improvement to the inpatient estate in Harrogate and York	COO	Q2:2019/20
13	Deliver a new model of care for AMH and MHSOP in Hambleton and Richmondshire	COO	Q4:2018/19
<b>14</b>	<b>Reduce the number of preventable deaths</b>	<b>Director of N+G</b>	<b>Q4:2017/18</b>
<b>15</b>	<b>Reduce occurrences of serious harm resulting from inpatient falls</b>	<b>Director of N+G</b>	<b>Q4:2017/18</b>

For the period identified planning guidance instructed localities to focus on developing actions to implement Priority 7, Implementation of the 5 Year Forward View. Directorates however are still expected to contribute to other priorities where applicable. From an EFM perspective this could include priorities 1, 2, 3, 6, 9, 12, 13, 14 & 15.

## EFM Support to Clinical Service Plans

Cascading down from the Trust's Overarching Priorities and Priority 15 : The 5 Year Forward View, the following is a high level summary of current business plan priorities by clinical services that may require some form of EFM input.

### Cross-Clinical Speciality

Priority	Directorate	Target Date
Recovery Strategy	COO	Q3 – 19/20
Improving Inpatient Services (includes Model Wards)	COO	Q4 – 19/20
Improve the physical environment at Roseberry Park	COO	Q4 – 20/21
Develop and Deliver PPCS	COO	Q4 – 18/19
Right Staffing/Workforce	N&G	Q4 – 18/19

### Adult Mental Health Services

Priority	Directorate	Target Date
Crisis and Recovery House (Proposal submitted by target date)	D&D	Q3 – 18/19
Improvement to York Inpatient Estate	Y&S	Q2 – 19/20
Review of Rehab Services - Remodel service based on review to improve community provision	Tees	Q4 – 18/19
Reconfiguration of Access - New access model in place	D&D	Q2 – 18/19

### MHSOP Services

Priority	Directorate	Target Date
To carry out agreed environmental improvements on Roseberry Ward Bowes Lyon Unit (BLU) (EMSA), and Oak ward if required	D&D	Q4 – 18/19
Redcar MHSOP Base Relocation	Tees	Q1 – 17/18
Improvement to York Inpatient Estate	Y&S	Q2 – 19/20
Work with commissioners to agree a sustainable service in line with CORE 24 national guidelines	Tees	Q4 - 18/19

### CAMHS (or C+YPS)

Priority	Directorate	Target Date
Review use of the estate and its environment including PICU development (CAMHS Tier 4)	Tees	Q3 – 18/19
Redcar CMHT re-provision	Tees	Q2 – 19/20
CAHMS Estate – Review/Relocation	Y&S	Q4 – 19/20
Implement New Models of Care - secure recurring funding for IHT	D&D	Q1 - 18/19
Development of Neurodevelopmental Service	D&D	Q4 – 18/19

### Learning Disabilities

Priority	Directorate	Target Date
Implement the Transforming Care agenda in Learning Disability Services - Model and implementation agreed within each locality	ALD/FLD	Q2 – 18/19
Respite Review & implications for Day Services – if service specification is appropriate and deliverable,	Tees	Q3 – 18/19

## Forensic Services

Priority	Directorate	Target Date
Achievement of bed reductions in line with trajectories - Forensic LD	FLD	Q4 – 19/20
Develop and Implement New Care Models - Secure Services - Housing pilot commenced ( Durham & Teesside )	Forensic	Q1 – 18/19
Achievement of bed reductions in line with trajectories - Locked Rehab	FLD	Q4 18/19

## North Yorkshire Services

Priority	Directorate	Target Date
Development of a Community hub in Colburn	ALL	Q2 - 18/19
Deliver a new model of care for Adult Mental Health and Mental Health Services for Older People in Harrogate ( new model live)	AMH/MHSOP	Q3 – 18/19
Deliver a new model of care for Adult Mental Health and Mental Health Services for Older People in Hambleton and Richmondshire	AMH/MHSOP	Q2 – 18/19

## York & Selby

Priority	Directorate	Target Date
Deliver an all age acute liaison service (with integrated links with Y&S CAMHS crisis service)	MHSOP	Q3 – 18/19
Complete the transformation of our York & Selby services	AMH/MHSOP	Q3 – 19/20

## Estates and Facilities Management

Priority	Directorate	Target Date
Healthy Food for Staff Visitors & Patients	EFM	Q4 – 17/18
Sustainable Development	EFM	Q2 – 17/18
Estate Services York & Selby	EFM	Q4 – 17/18
Develop a Succession Plan	EFM	Q4 – 17/18

## 4. WHERE DO WE WANT TO BE?

### EFM Framework Outcomes

Over the 5 year period of the framework, further investment in the estate, changes to support service delivery and a change in our approach to sustainability of the environment will result in a number of outcomes which we aim to have achieved. As a result, the Trust's patient care environment will have changed and we hope to have delivered the following:

- Work to achieve operational productivity efficiencies in Estates and Facilities by applying the principle in the Carter Report and NHSI Review of Mental Health Trusts by 2020.
- Support DOH guidance to achieve the targets set out in the Climate Change Act (2008) by reducing carbon output by 34% by 2020 and 80% by 2050 (against 1990 baseline).
- Embedded the TEWV QIS methodology at all levels in EFM service delivery
- Energy efficiency ratings for buildings to be either A or B rating by 2020.
- Property age profile to be >70% of properties less than 20 years old by 2020.
- Physical condition of all properties to be A / B by 2020.
- Achieve ratings equal to or above the National average for Mental Health trusts for each category of PLACE annual assessments for all inpatient facilities over 10 beds as part of annual surveys.
- Deliver all relevant essential elements of CQC assessments.
- Establish a culture change in our approach to sustainability through implementation of the Sustainable Development Management Plan by 2020 which incorporates the GCC requirements (now known as the Sustainable Development Assessment Tool).
- Introduce succession planning – to maintain suitable workforce to match the demands of the changing estate/services.
- Achieve annual EFM CQUIN targets.
- Ensure buildings are accessible for everyone, linked to good design that recognises good practice to meet the wide national range of specialist needs such as dementia, autism and learning disabilities.

To achieve this, we will implement the objectives set out in the following strategic implementation plan.

## **5. HOW DO WE GET THERE : STRATEGIC IMPLEMENTATION PLAN 2017 - 2022**

The EFM strategic implementation plan which follows has been developed to meet the Trust's strategic goals, the clinical service objectives and is also based on the outputs from a PESTLE and SWOT analysis. Over the next five years, the EFM Directorate will focus on the key developments set out overleaf and as part of the Trust's annual planning process, will review and develop an annual EFM implementation plan to ensure that we set achievable yet stretching delivery targets.

## **EFM STRATEGIC IMPLEMENTATION PLAN 2017 - 2022**

### **Strategic Goal 1 : To provide excellent services, working with the individual users of our services and their families to promote recovery and wellbeing**

- Continue to develop and implement action plans and improve the care environment and address issues highlighted in the Patient Led Assessments of the Care Environment (PLACE) programme.
- Support the delivery of the Capital Investment Programme detailed on page 9
- Support the delivery of the clinical service plans as detailed on pages 29 and 30
- Continue to support all tender bids for new or re-tendered contracts

### **Strategic Goal 2 : To continuously improve the quality and value of our work**

- Continue to develop the EFM input to the TEWV QIS work through :
  - Developing value stream maps for services
  - Training managers/supervisors
  - Undertaking RPIW and Kaizen events
  - Communicating the process through various media
  - Develop and implement standard work process
- Continue to be awarded Hospitality Assured accreditation with an annual increase in scores for our Hotel Services team.
- Review the EFM support to Environmental Survey process to provide a consistent, timely and auditable methodology

### **Strategic Goal 3 : To recruit, develop and retain a skilled, compassionate and motivated workforce**

- Deliver workforce changes to meet service change and manage succession planning issues.
- Support and implement the EFM elements of the Workforce Development Strategy
- Support and implement the EFM element of Health and Wellbeing Strategy
- Continually improve our position in the Staff Survey

### **Strategic Goal 3 : To recruit, develop and retain a skilled, compassionate and motivated workforce (continued)**

- Continually improve our position in the Friends and Family test
- To review the stress assessment tool used by the Trust in line with HSE and National guidance
- Support staff in developing appropriate skills by developing and implementing the training plan
- Support the Trust to maintain Investors in People Gold Standard

**Strategic Goal 4 : To have effective partnerships with local, national and international organisations for the benefit of the communities we serve**

- To strengthen liaison with Police and Crime Prevention services specifically relating to prosecution of offenders.
- To review partnership working with other trusts and Local Authorities EFM Directorates.
- Continue to share and test our emergency and business continuity plans with key stakeholders to ensure a co-ordinated response to incidents.
- To maintain an active interest and attendance at relevant local and national groups eg HEFMA, NAFO, Hospitality Assured, Northern and Yorkshire Energy and Environment Group etc.

**Strategic Goal 5 : To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve**

- Continue our programme to regularly test our emergency and business continuity plans and demonstrate that we have taken steps to address lessons learned.
- Seek to reduce the impact of our business on the environment by carrying out an annual Sustainable Development Management Tool review and producing and implementing an action plan to demonstrate year on year improvements.
- Introduction of a Trust-wide car share scheme.
- Implementation of the Premises Assurance Model.
- Implement the LSMS Workplan to strengthen compliance with security management and enable compliance with the security element of NHS Standard Contract.
- Implement the food and drink strategic plan in line with DOH requirements.
- Implement a programme of benchmarking exercises to continually strive to improve services by learning from other organisations.
- Review EFM key performance indicators in line with the Mental Health Follow Up Report to the Carter Review.
- Continue to investigate all RIDDOR incidents and promote lessons learned
- Support the carbon reduction target through installation of renewable technologies and energy efficiency savings through PC power management.
- Further promote the use of electric vehicles.
- Carry out a programme of Disability Access audits in inpatient and outpatient localities.
- To investigate the benefits of EFM Services moving towards Special Purpose Vehicle status.

## **6. APPENDICES & ATTACHMENTS**

1. Sustainable Development Management Plan
2. Health, Safety and Security Strategic Plan
3. Food and Nutrition Strategy
4. EFM Achievements 2014 - 2017
5. EFM Management Structure
6. Property Profiles (ERIC)

Appendix 1

**Sustainable Development  
Management Plan  
2015-2020  
Update 2017**

## Contents

1	Introduction .....	3
2	Sustainability enhances the Trust’s mission, vision and goals .....	7
3	Progress against targets – 2015/2016 .....	8
4	Carbon emitting activity and targets .....	15
5	Strategic themes .....	18
6	Our commitment .....	19
	Action plan .....	19
7	Monitoring and reporting progress of the SDMP .....	25
8	Communications and engagement .....	27
9	Glossary .....	28

Director responsible	Rob Cowell, Director of Operations EFM
Contact officer	Steve Kent, Energy and Sustainability Officer
Executive Management Team approval date	25 November 2015
Implementation date	25 November 2015
Review date	27 July 2017
Version number	V002

## 1 Introduction

### 1.1 Context of the Sustainable Development Management Plan (SDMP)

This is a plan that aims to support the delivery of the best, most efficient and forward thinking healthcare. It supports the NHS Sustainable Development Unit's view that a sustainable healthcare system must do more than focus on carbon – it must also consider how to minimise the impact of other negative environmental impacts, such as waste or water, and to maximise opportunities to support the local economy and community wellbeing. The plan provides a framework within which the Trust can support its community members to lead independent, sustainable and healthy lifestyles, which in turn may prevent them becoming ill in the first place.

This (SDMP) was developed in response to the Sustainable Development Strategy for the Health and Care System 2014 – 2020, launched by the Sustainable Development Unit in January 2014, which reinforced the urgent need for all NHS and social care organisations to take action to embed sustainability within their strategies and cultures.

Since the SDMP's launch in 2015, the Trust has demonstrated significant progress against its targets, and the wider health and social care sector has introduced important drivers for sustainability.

Lord Carter of Coles' independent report on Operational productivity and performance in English NHS acute hospitals and Simon Stephen's *5 year Forward View* for the NHS demand action from the health sector to seriously consider, and where appropriate, implement actions to design out inefficiencies and improve services. The Trust has heeded these calls, and one year into the implementation of its SDMP, is leading the way on delivery.

### 1.2 Scope of the SDMP

This plan acknowledges the on-going and considerable growth of the Trust, with emphasis on the expanding geographic spread of services. To accurately measure key performance indicators for the Trust, utility consumption is measured against floor space, and along with travel, is also measured against number of whole time equivalent (WTE) staff at the Trust. This is designed to reflect the growing nature of the Trust.

The scope of this strategy includes estates managed and operated by Tees, Esk and Wear Valleys NHS Foundation Trust. It does not currently include the services or buildings integrated in late 2015 when the Trust took responsibility for services in York and Selby, as these buildings are managed by NHS Property Services, however, the Trust is keen to manage the utilities from these buildings in future, at which point they will be included in this

plan. The strategy will, however, include future estate provision planned by the Trust, such as a new 50+ bed unit in the York area expected in 2019.

This plan will be updated on an annual basis, and any relevant developments will be considered in the context of delivering sustainable development at the Trust.

### 1.3 Sustainability in health and social care - the current context

**Lord Carter's review of NHS efficiency opportunities**, published in 2016, found that £5bn could be saved across the NHS through simple efficiencies. The review identified six key areas of high spend and significant potential for additional efficiencies in the NHS:

- Workforce (£2bn savings identified)
- Hospital pharmacy and medicines optimisation (£800m savings identified)
- **Estates management (£1bn savings identified)**
- Procurement (£700m savings identified)
- Back office and administration (£200m savings identified)
- Diagnostics (£700m savings identified)

The Trust acknowledges its role in delivering efficiencies, particularly in the areas of estate management, and has responded through action, further detailed in section 3.

**Sustainable Transformation Plans (STPs)** are challenging the NHS and associated social care services to collaborate and work together to provide coordinated services on a local level. Tees, Esk and Wear Valleys NHS Foundation Trust intends to influence local health and social care organisations through its involvement with STPs to encourage wider development of sustainability programmes. Due to its geographical spread, the Trust contributes to several STP areas including:

- Durham, Darlington and Teeside
- Hambleton, Richmondshire and Whitby
- Humber Coast and Vale
- North Yorkshire
- West Yorkshire and Harrogate

**Health Check 2017**, published by the Sustainable Development Unit (SDU), looks to measure and track sustainability in the context of the environment, finance, society and clinical delivery. The update reflects steady progress on carbon reduction across the NHS and social care sectors, but a general lack of organisational focus on sustainability. It also notes poor awareness amongst healthcare staff of issues relating to sustainability. The table below summarises the status of the strategic objectives from the report.

## SDU Strategic Objectives – Wider Health and Social Care Performance

<b>Leadership by Example</b>	<p><b>Strategic Goal</b> The health sector leads and is seen to lead in the creation of a healthier environment</p> <p><b>Highlights</b> <b>Good news:</b> 71% of NHS Trusts implementing SDMPs, -0.5% carbon reduction</p> <p><b>Bad news:</b> Water consumption up, only 15% using Good Corporate Citizen tool</p>
<b>Sustainable Communities</b>	<p><b>Strategic Goal</b> The health sector helps communities build resilience to natural resource costs and climate change</p> <p><b>Highlights</b> <b>Good news:</b> 92% public awareness of sustainability in health</p> <p><b>Bad news:</b> Poor staff awareness of sustainability in workplace</p>
<b>Innovation for Sustainability in Product and Services</b>	<p><b>Strategic Goal</b> Every opportunity contributes to healthy lives, communities, and environments. Every contact and every contract matters</p> <p><b>Highlights</b> <b>Good news:</b> Improved guidance available</p> <p><b>Bad news:</b> Only 12% of commissioners encouraging sustainability through contracts</p>

### Health Check 2017 – SDU’s Scorecard across Health and Social Care

In this context, the Trust has achieved significant headway in the areas of utility consumption, but it acknowledges the importance of increasing awareness amongst its staff of sustainability, as well as embedding sustainability into contracts.

The Trust has contributed to the review and improvement of the **Good Corporate Citizenship model**, administered by the SDU, and aims to ensure that it produces meaningful benchmarking information and provides NHS and social care organisations a tool by which they can effectively plan and track progress against sustainability objectives. Our **current score for the model is 66%** (see Appendix 1 for details), which represents

strong progress against targets, particularly in the areas of Buildings and Adaptation. We have long been and will continue to be advocates of the GCC tool's use.

The Trust has demonstrated its commitment to sustainability through its significant reduction in carbon emissions since the publishing of this strategy, as well as its commitment to investing over £1.4m in energy efficiency projects and renewables through an Energy Performance Contract (EPC).

**Commissioning for Quality and Innovation (CQUIN)** targets for NHS organisations to support the health and wellbeing of staff were introduced in 2016, and the Trust has embraced this agenda with particular emphasis on ensuring that healthy food is available to all staff, regardless of their shift patterns, and that promotions of food on Trust premises do not include foods high in sugar, saturated fat or salt.

The Trust also operates a wide-ranging **Health and Wellbeing programme** for staff, which includes action in the following areas:

- Promotion of physical activity, including cycling, walking and yoga
- Mental health and wellness, including mindfulness training and retreats
- Flu prevention campaigns, including vaccinations
- Smoking cessation
- Weight management support, including health eating advice
- Preparation for new phases of career, including pre-retirement courses

#### **1.4 Legal context**

There are legally binding UK Government targets to reduce carbon emissions by 34% by 2020 and 80% by 2050 compared to 2007 levels. These targets are set out in the **UK Climate Change Act** (2008), which outlined a new approach to managing and responding to climate change in the UK. All health and social care organisations are required to deliver a reduction in greenhouse gas emissions, and must demonstrate how progress towards these targets is measured, monitored and managed. They are also bound by targets for increasing the energy efficiency of buildings.

## 2 Sustainability enhances the Trust's mission, vision and goals

### 2.1 Sustainability and the Trust vision

The Trust's aim is to ensure this SDMP addresses the issues raised in the [Sustainable Development Strategy for the Health and Care System 2014 – 2020](#).

It describes the vision for a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments. The outcomes of this SDMP will support our Trust's Mission, Vision and Goals.

Our Mission Statement: To improve peoples' lives by minimising the impact of mental ill-health or a learning disability.

Our Vision Statement: To be a recognised centre of excellence with high quality staff providing high quality services that exceeds peoples' expectations.

### 2.2 Strategic goals

The Trust's five strategic goals are focused on the delivery of our Mission and Vision, and are supported by the agreed objectives of the clinical and support service plans.

Our strategic goals are as follows:

1. To provide excellent services, working with the individual users of our services and their carers to promote recovery and wellbeing.
2. To continuously improve the quality and value of our work.
3. To recruit, develop and retain a skilled, compassionate and motivated workforce.
4. To have effective partnerships with local, national and international organisations for the benefit of our communities.
5. To be recognised as an excellent and well governed foundation trust that makes best use of its resources for the benefit of our communities.

This plan is designed to dovetail into the strategic mission, vision and goals.

### 3 Progress against targets – 2015/2016

In the first year of the plan, the Trust has made positive progress towards achieving its sustainable development management goals.

#### 3.1 Implementing the SDMP

In 2014/15, the Trust set out three key strategic goals for the SDMP. The table below shows progress against these goals.

Initiative	Targeted saving	Time-frame	Status
<b>Invest in energy efficiency through an Energy Performance Contract (EPC)</b>	c. £500k per annum through “an Invest to save” programme  25% of energy use, 3,000 tonnes of CO <sub>2</sub>	2015/16 – 2017/18	£1.4m energy efficiency programme  £330k savings guaranteed  20% carbon reduction (1,139 tonnes CO <sub>2</sub> )  34% reduction in utility costs
<b>Revised time-frame: On track</b>			

The Trust leads the NHS in its commitment to addressing building energy use, and this is exemplified through our commitment to invest in the estate through an energy performance contract, which will achieve energy savings, as well as improve building resilience.

We plan to invest £500k in solar energy on our sites, which will deliver over 200 tonnes of carbon savings per year. We will also improve lighting to provide healing environments and reduce electricity usage.

Through this project, the Trust is guaranteed to save £330k per annum and reduce carbon emissions by 20% by its partner, ENER-G.

<b>Reduce staff travel through the strategic use of technology</b>	10% saving on business travel for the Trust would yield £300k per annum  Savings would be both financial and in human resource/productivity	2016/17	.51% increase in total miles  4% reduction in carbon emissions from travel
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**Revised time-frame: 2017/18**

Staff travel has risen slightly, though this should be viewed in the context of the Trust's increased services and further geographical spread. Carbon factors for petrol and diesel have also reduced in 2015/16, which has resulted in a reduction in overall transport emissions of 4%.

Technology has an important role to play in this, which is already being reflected in our performance, however, the Trust acknowledges the need to further promote technology, such as video conferencing, as an alternative to travel. The Trust will seek to introduce the practice of submitting travel miles avoided by those who tele or video conference in for each meeting via a link on the Trust agenda template, which will enable benefit tracking.

<b>Reduce waste through improved recycling and engagement</b>	£20,000 per annum	2015/16	4% increase in waste costs (+£6k) 10% increase in recycling
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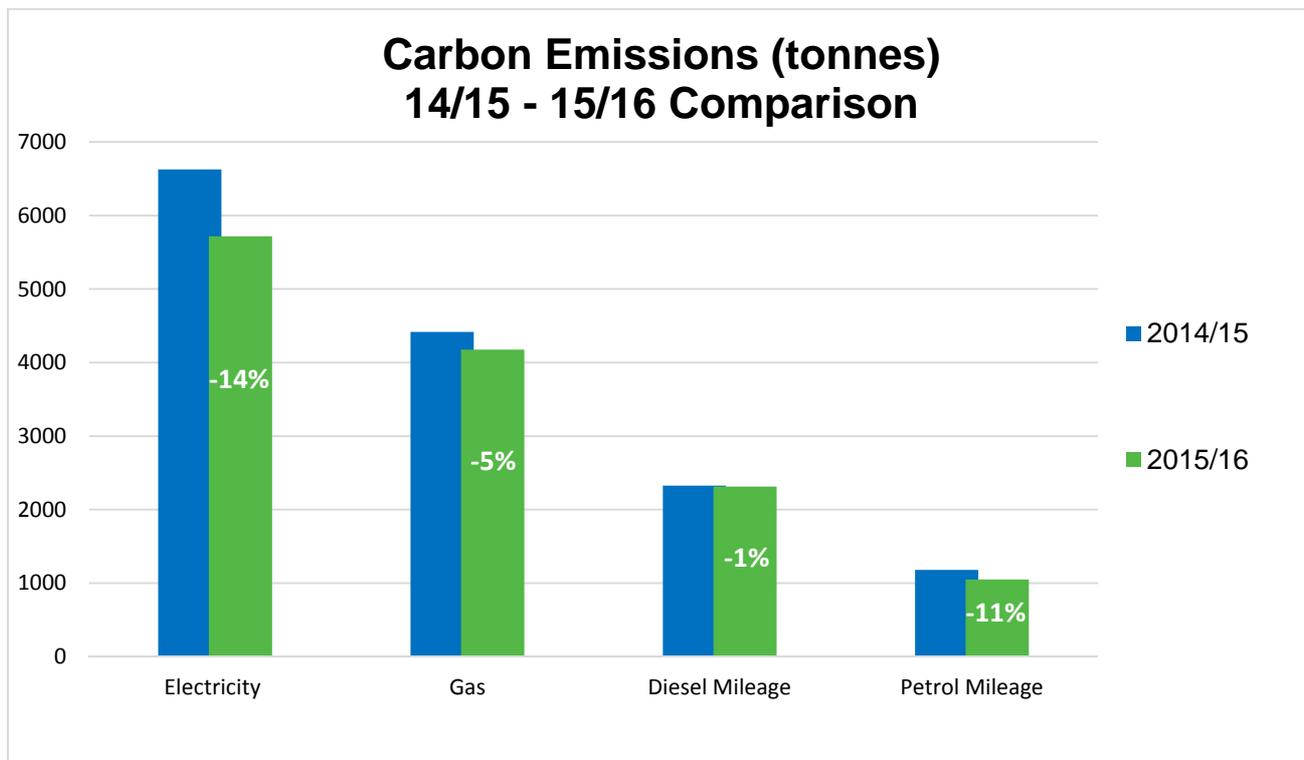
**Revised time-frame: 2017/18**

Total waste costs have risen slightly, but this is in the context of a new waste contract (from October 2015), which resulted in a c.40% increase in waste removal costs. Recycling has increased 10% since 2014/15, taking recycling rates to 80% (excluding clinical waste). 2015/16 waste costs also include skip waste removal, which has not been included in previous years.

Opportunities to eliminate waste at source remain significant, and the Trust will improve staff awareness of these opportunities as a priority.

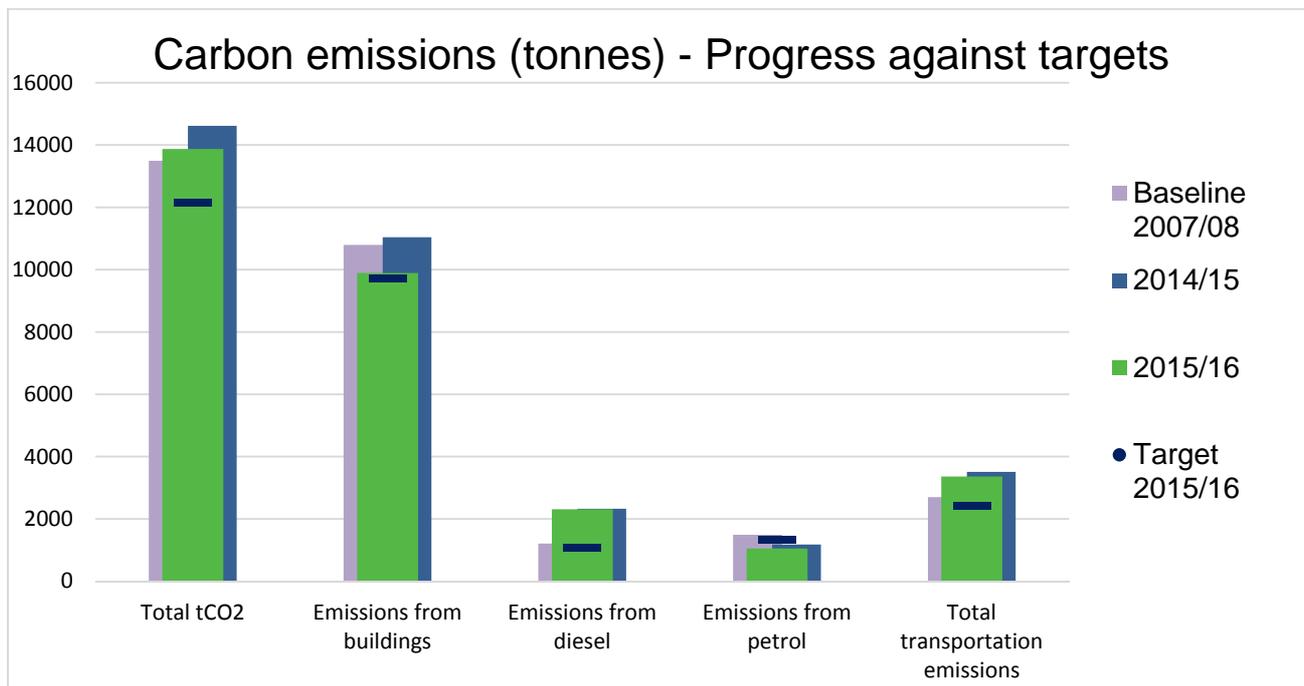
### 3.2 Progress in 2015/2016

The Trust has demonstrated considerable progress against this plan in 2015/2016. It has achieved a 9% total reduction in carbon emissions from the previous year, and has reduced its impact in all key areas.



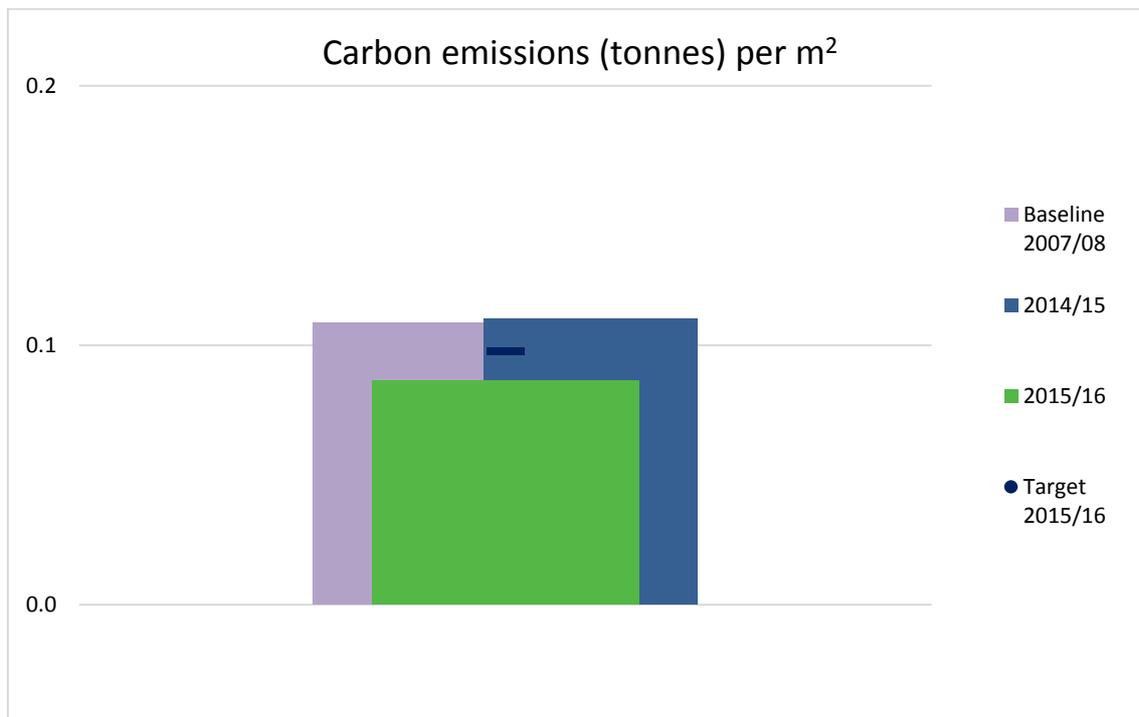
### 3.3 Progress against targets

The Trust set ambitious targets in the 2015 SDMP document, and we are confident that we are on track to meet its key objectives.

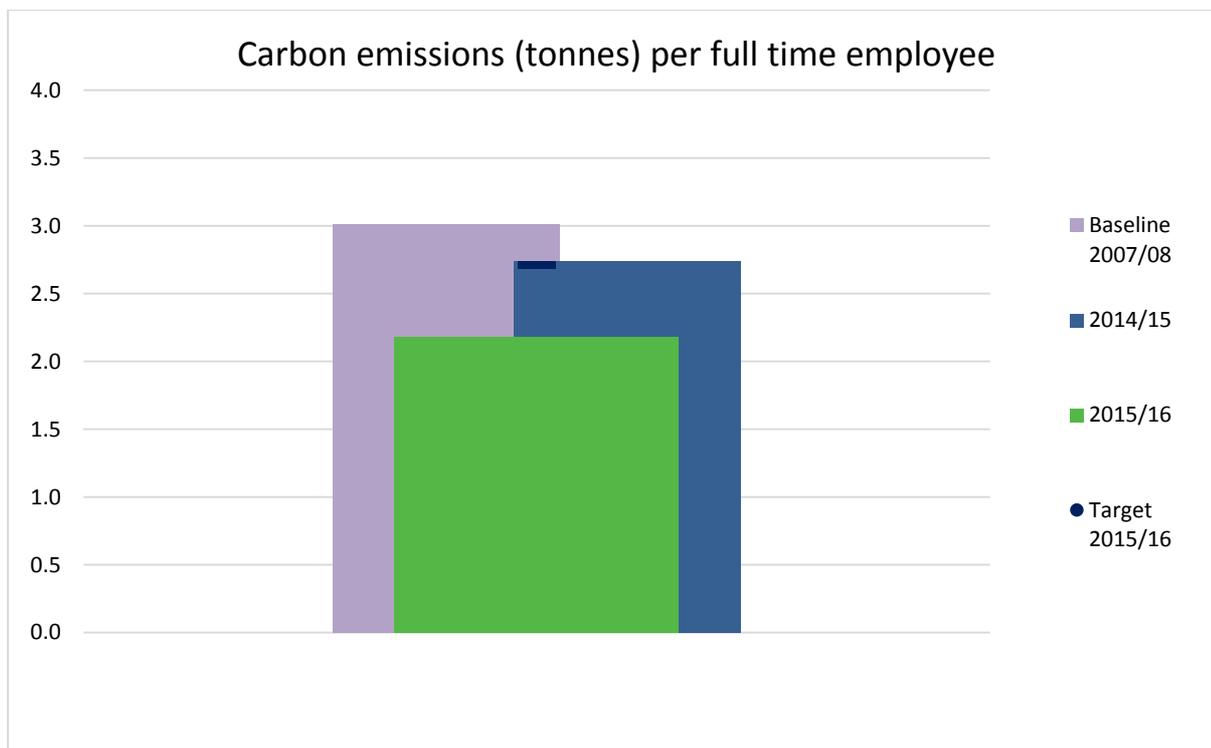


When compared to the 2007/8 baseline, the Trust's overall carbon emissions have reduced by 2%, a significant achievement considering the Trust was 8% above the baseline in 2014/15. In 2015/16, we have been able to achieve a 9% reduction in overall emissions, whilst delivering more services on a growing estate.

Occupied floor area at the Trust has increased by over 15% since the baseline year of 2007/08, and when carbon emissions are measured against this, we have reduced our impact by 21% as demonstrated in the table below.



Staff numbers have also increased since the baseline year by 36%. When measured against whole time equivalent (WTE) staff, emissions are down by 28% against the baseline year and by 20% when compared to 2014/15.



### **3.4 Investing in the Trust estate**

As per its strategic aims set out in the strategy in 2015, the Trust has embarked on a large-scale EPC across three of its largest sites; Roseberry Park, Lanchester Road and West Park Hospitals. This programme of work, which will be conducted by ENER-G, part of the Centrica Group, guarantees a reduction in carbon emissions by 20% and is projected to save the Trust £7.2 million over 15 years.

### **3.5 Decarbonising travel**

Emissions from business travel remain higher than targeted, but have been reduced by 4% when compared with 2014/15.

The Trust encourages the use of electric and low-emission vehicles, and provides power free of charge to vehicles using its charging points. The Trust has installed a total of 16 electric-vehicle charging points with a further two planned, and will incorporate additional points in any new build property. Electric vehicle charging points are at the following Trust sites:

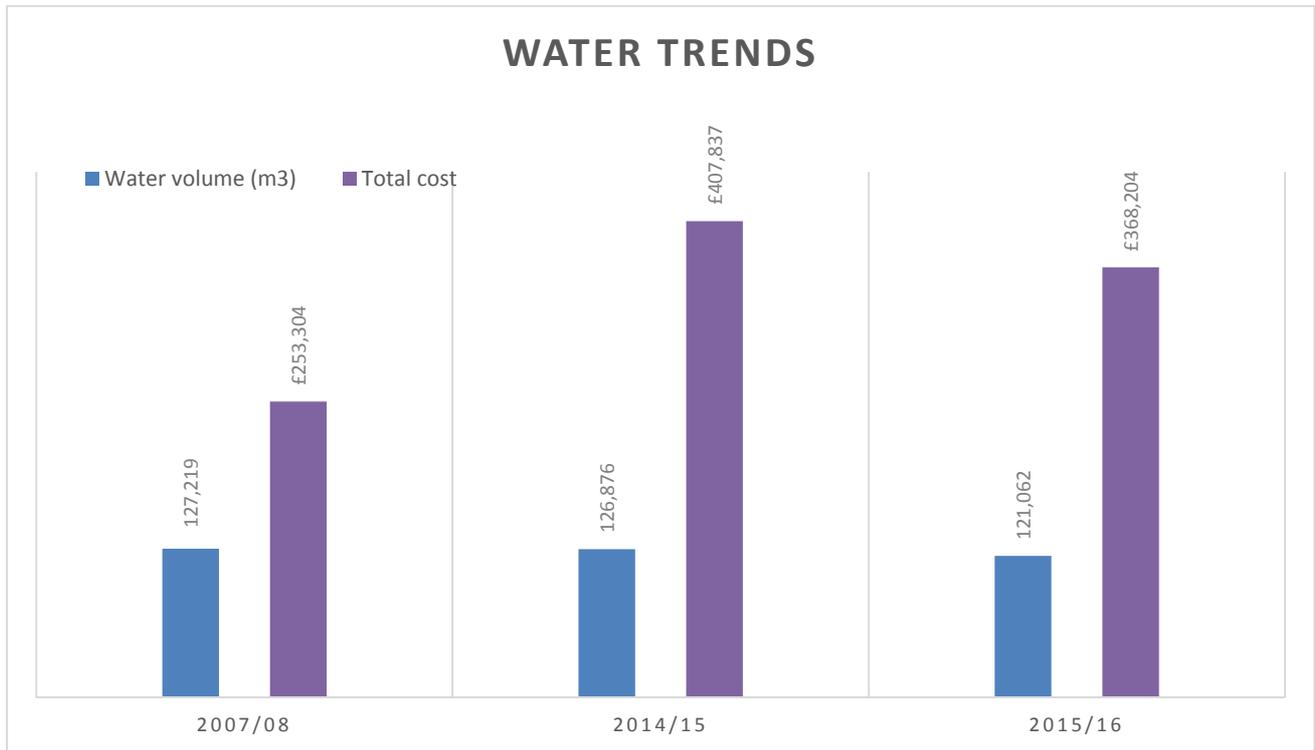
- Cross Lane Hospital, Scarborough – 2 charging points, with potential for an additional 2 points
- Flatts Lane Centre, Normanby – 4 charging points
- Lanchester Road Hospital, Durham – 4 charging points
- Parkside Mental Health Resource Centre, Middlesbrough – 2 charging points
- West Park Hospital, Darlington – 4 charging points (planned upgrade)
- Huntingdon, York – 2 points planned in September 2017

### **3.6 Water consumption**

Water volumes show positive reductions with a 5% reduction in usage since 2014/15 as well as a 5% reduction against the 2007/08 baseline year.

Costs have risen by 45% since the baseline year, but this reflects the value of water, rather than any operational inefficiency on behalf of the Trust.

Water costs have come down by 10% since 2014/15, saving the Trust £40k.



Roseberry Park is responsible for 30% of the total water use for the whole Trust, and efficiencies are being sought through the Trust's partnership with ENER-G, which is investing in energy and water efficient technology on three Trust sites.

The Trust also anticipates that the deregulation of the water market from 1 April 2017 will present opportunities for the Trust to drive retailers to deliver water efficiencies.

## 4 Carbon emitting activity and targets

### 4.1 Activities that produce carbon

Sources of carbon emissions include use of energy, water, transport, the generation and disposal of waste, as well as the procurement of goods and services. When considering the NHS Carbon Reduction targets, the potential for reduced emissions from each of these needs to be considered and quantified. Accurate emissions arising from procurement activities are not generally available so approximate conversion factors in kgCO<sub>2</sub>/£ spent on procurement categories provides a reasonable assessment (based on factors defined by the Department for Energy and Climate Change (DECC) – known as the Department for Business, Energy and Industrial Strategy (BEIS) from July 2016 – and the Department for Environment, Food and Rural Affairs (DEFRA)).

Emissions from transport arise from a range of sources, including the use of private cars, public transport and planes for Trust business, hire cars, lease cars, taxis, patient travel and non-patient travel. Some transport data is readily available. At present, emissions arising from transport have been restricted to lease cars used by Trust staff. Ambulatory travel by patients is not managed by the Trust, and therefore is not included in these calculations.

## 4.2 Meeting and exceeding targets

The Trust has set both short and long-term carbon reduction targets to make the shift towards low carbon mental health care sustainable and realistic.

The Trust's carbon reduction targets are:

Financial year	Reduction target (%)	Note
2015/16	10	UK Climate Change Act Target
2016/17	12	
2017/18	20	Aligned with energy performance contract (EPC)
2020/21	34	UK Climate Change Act Target
2050/51	80	UK Climate Change Act Target

The calculations for reductions are detailed in the table below.

	Baseline 2007/08	2015/16 % change against baseline (10%)	2016/17 target (12%)	2017/18 target (20%)	2020/21 Target (34%)
<b>Total tCO<sub>2</sub></b>	13,495	-1.8%	11,876	10,796	8,907
<b>Total tCO<sub>2</sub> per m2</b>	0.109	-20.5%	0.096	0.087	0.071
<b>Total CO<sub>2</sub> per full time employee (equivalent)</b>	3.0	-27.6%	2.7	2.4	2.0
<b>Emissions from buildings</b>	10,794	-8.4%	9,499	8,635	7,124
<b>Emissions from diesel</b>	1,211	90.9%	1,066	969	799
<b>Emissions from petrol</b>	1,490	-29.6%	1,311	1,192	983
<b>Total transportation emissions</b>	2,701	24.4%	2,377	2,161	1,783

## **Carbon emissions targets – against 2007/8 baseline - detailed view**<sup>1</sup>

The best way to meet these ambitious targets is to assess carefully where the Trust currently stands, set ambitious and realistic goals, establish an action plan, and allocate resources accordingly. This SDMP aims to drive implementation of these actions.

To provide the basis for this plan's action plan, we will monitor and measure progress against The Good Corporate Citizenship (GCC) tool, hosted and supported by the SDU. The tool is currently under redevelopment, and members of the SDMP steering group at Tees, Esk and Wear Valleys NHS Foundation Trust are contributing to this process to ensure meaningful measurement and improved use of benchmarking. It aims to ensure sustainability in health and social care achieves the following:

- Social, economic and environmental considerations inform decision making.
- Day to day activities contribute to sustainable development.
- NHS influence and resources are used to build a healthy and sustainable society.

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<sup>1</sup> Data compiled from NHS Estates Return Information Collection, 2016 <http://hefs.hscic.gov.uk/ERIC.asp>

## 5 Strategic themes

The themes of this plan, which reflect those of the GCC, are the following:

- **Governance and transformation** – embedding sustainability in corporate governance structures.
- **Travel and transportation** – improving health and the environment through active travel and reducing mileage.
- **What we buy** – encouraging local, low carbon and ethical practices in the supply chain.
- **Resource efficiency** – reducing cost and environmental impacts from energy, water and waste.
- **A healthy culture** – informing, motivating and empowering people towards wellbeing at work and achieving sustainable healthcare.
- **Partnerships and collaboration** – working with key stakeholders to ensure knowledge and resources are shared for improved outcomes overall.
- **The built environment** – improving health through the Trust estate through planning and reducing environmental impacts.
- **Adaptation** – ensuring Trust infrastructure, operations and supply chain are resilient to climate change.
- **Linking health and sustainability** – empowering patients and staff to participate in a system-wide approach to sustainable healthcare.

These themes aim to reflect the potential for a truly cross-organisational approach to sustainability and to ensure this plan is as future-proof as possible. The GCC model is the basis for this plan's action plan to ensure the priorities of TEWV NHS FT align with that of the wider health and social care sector.

## 6 Our commitment

The Trust recognises the importance of acting to reduce our carbon footprint and other environmental impacts, as well as the link between sustainability and public health, the potential for financial savings and the role of the NHS to lead by example.

The Trust is committed to reducing our environmental impact and achieving our legislative targets, as evidenced by its progress in delivery against targets in 2015/16. With the themes of this strategic document as the core drivers, the Trust has agreed the following action plan, which will build upon the work the Trust has already done to move towards sustainable healthcare.

### Action plan

Theme	Commitment	Action	Timescale	Responsible person
<b>Governance and transformation</b>	Structures in place to embed sustainability and share responsibility for SDMP implementation	Regularly update SDMP	Annual	Associate Director of Estates (Dave Turner)
		Take part in and share progress against Good Corporate Citizenship model	Annual	Energy and Sustainability Officer (Steve Kent)

**Related Trust policy or strategy:** Sustainable Development Management Plan (2015)

<b>Travel and transportation</b>	Seek to improve health and environment through active travel and reducing road miles	Review and update Trust Travel Plan (2013)	2017/18	Energy and Sustainability Officer (Steve Kent)
		Install electric vehicle charging points at all new build properties	Ongoing	Energy and Sustainability Officer (Steve Kent)

**Related Trust policy or strategy:**  
 Purposeful and Productive Community Services  
 Travel Plan (2013)  
 Health and Wellbeing Workplan 2017/18

<b>What we buy</b>		Identify procurement hot-spots and prioritise action	2017/18	Financial Accountant – Efficiency/VFM (Gillian Duffield)
	Encourage local, low carbon and ethical practices in the supply chain	Identify relevant contract tenders to incorporate sustainability objectives	2016/17	Financial Accountant – Efficiency/VFM (Gillian Duffield)
		Review lease car policy to encourage 10% fewer road miles	2017/18	EPC delivery partner (ENER-G)

**Related Trust policy or strategy:**  
 Food purchasing policy  
 Procurement consortia  
 CQUIN for staff health and wellbeing

		Achieve utility efficiency targets (section 4.2)	Annual	Associate Director of Estates (Dave Turner)
<b>Resource efficiency</b>	Act to reduce cost and environmental impacts from energy, water and waste	Implement EPC	2019/20	Associate Director of Estates (Dave Turner)
		Work with EPC provider to address water efficiency – aim to reduce volume by 20%	2019/20	Energy and Sustainability Officer (Steve Kent)
		Work with on-site waste contractor to increase recycling by 10% and reduce waste at source by 5%	2017/18	Estates Officer (George Watson)

**Related Trust policy or strategy:** Sustainable Development Management Plan (2015)

<b>A healthy culture</b>	Inform, motivate and empower staff and service users to live well and deliver sustainable healthcare	Re-launch Green Champions Network	2017/18	Energy and Sustainability Officer (Steve Kent)
		Establish e-Learning module for staff	2017/18	Energy and Sustainability Officer (Steve Kent)
		Utilise social media and Trust news outlets for strategic sustainability messaging	2016/17	Health and Safety Manager (Helen Cunningham)

**Related Trust policy or strategy:**

Staff health and wellbeing Programme  
 Health and Wellbeing Workplan 2017/18  
 Tax-free cycle to work scheme  
 Green Champions network

<b>Partnerships and collaboration</b>	Share knowledge and resources with key stakeholders to improve overall outcomes	Share Good Corporate Citizenship Model score publicly	Annual	Energy and Sustainability Officer (Steve Kent)
		Participate in Sustainable Transformation Planning (STPs) and encourage sustainable practice	2017/18	Director of Operations EFM (Rob Cowell)

**Related Trust policy or strategy:** Communications and stakeholder engagement

framework

<b>The built environment</b>	Improve health through planning and reducing environmental impacts of the Trust estate	Develop or adopt sustainable build guidance	2017/18	Head of Capital Development (Paul Foxtton)
		Ensure electric vehicle charging points installed for all new builds	As required	Energy and Sustainability Officer (Steve Kent)

**Related Trust policy or strategy:** Estates Strategy, Capital programme

<b>Adaptation</b>	Ensure Trust infrastructure, operations and supply chain are resilient to the effects of climate change	Document and consider climate change risk	2016/17	Business Continuity Manager (Nigel Packer)
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**Related Trust policy or strategy:** Emergency preparedness strategy

<b>Linking health and sustainability</b>	Empower service-users and staff to participate in system-wide approach to sustainable healthcare	Explore opportunities for integration of sustainability principles in Recovery Project	2016/17	Head of Service - Learning Disability (Elspeth Devanney)
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**Related Trust policy or strategy:** Recovery College Project, Communications and stakeholder engagement framework  
Staff Health and Wellbeing Programme



**Tees, Esk and Wear Valleys**  
NHS Foundation Trust

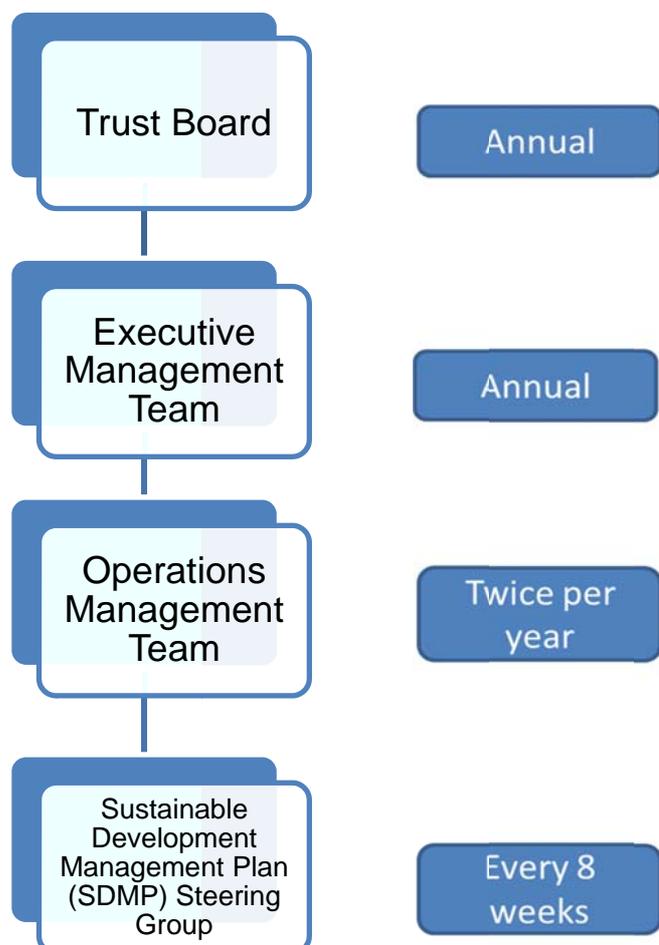
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## 7 Monitoring and reporting progress of the SDMP

### 7.1 Steering Group

A Sustainable Development Management Plan (SDMP) Steering Group to oversee the implementation of the plan will be established, comprised of key Trust leaders and influencers. The implementation of this plan will be monitored through the bi-annual review of the GCC, and reported to the Trust board on an annual basis, as well as through the Trust's annual report.

The diagram below shows the reporting structure of this document, as well as the frequency of reporting.



## **7.2 Membership of SDMP Steering Group**

The group, which will meet every 8 weeks, will be comprised of members representing the following:

- Capital Development Team
- Clinical teams
- Energy and Sustainability
- Waste management
- Finance and procurement
- Private Finance Initiative (PFI) Liaison
- Quality Improvement Team
- Senior Estates and Facilities representative

## 8 Communications and engagement

The ambitious programme of work set out in this plan requires on-going communication, engagement and feedback.

Key information to communicate:

- Patient benefits from investments in the estate
- Progress against the Good Corporate Citizenship Model
- Energy, carbon and water consumption
- Rates of recycling and waste minimisation
- Financial savings from initiatives
- Staff and business travel mileage, carbon impact and cost

Key methods of communication:

- Case studies
- Green champion network (to be established)
- Trust communication outlets, such as *Intouch*, *ebulletin* newsletters and staff updates
- **Public website**
- Social media, including Twitter and Facebook
- Road-shows and face to face communication

The establishment of a network of green champions is proposed to effectively spread key messages and gather feedback first hand from staff delivering services. It is also intended that this network will support the ambition of the Trust to ensure that the sustainable development agenda is owned and lived by staff throughout the organisation.

## 9 Glossary

### 9.1 Definitions

CCG - Clinical Commissioning Group  
CCL - Climate Change Levy  
CO<sub>2</sub> - Carbon Dioxide  
CO<sub>2</sub>e - Carbon Dioxide Equivalent  
CQUIN – Commissioning for Quality and Innovation  
HTM - Health Technical Memorandum  
KPI - Key Performance Indicator  
KWh - Kilowatt hours  
NHS - National Health Service  
SDAG - Sustainable Development Action Group  
SDMP - Sustainable Development Management Plan

### 9.2 Resources

BEIS – [Department for Business, Energy and Industrial Strategy](#)  
BREEAM - [Building Research Establishment Environmental Assessment Method](#)  
CRC [Carbon Reduction Commitment Energy Efficiency Scheme](#)  
DECC – [Department for Energy and Climate Change](#)  
DEFRA – [Department for Environment, Food and Rural Affairs](#)  
DH – [United Kingdom Department of Health](#)  
[EnCO2de](#) - NHS energy efficiency guidance on healthcare facilities  
EA - [Environment Agency](#)  
EPBD - [Energy Performance of Buildings Directive](#)  
ERIC - [Estates Returns Information Collection](#)  
GCC - [Good Corporate Citizenship Assessment Model](#)  
GSL - [Government Soft Landings](#)  
Health Check 2017 – [Sustainable development in the health and care system – health check 2017](#)  
SDS - [Sustainable Development Strategy for the Health and Care System 2014 - 2020](#)  
SDU - [Sustainable Development Unit](#)

## Appendix 2

# HEALTH, SAFETY AND SECURITY MANAGEMENT STRATEGIC PLAN 2017-2020

## 1. THE AIM OF THE STRATEGIC PLAN

### 1.1 The aim of this plan is

- To set the vision and direction for the further development and improvement of the Trust's Health, Safety and Security Management system.
- To support the delivery of the following Trust strategic goals.

**“To provide excellent services, working with individual users of our services and their carers to promote recovery and wellbeing”**

- By ensuring Health, Safety and Security systems assist and support the delivery of safe services and safeguard those at risk of harm.

**“To continuously improve the quality and value of our work”**

- By continuously improving the safety of the environment for our patients and staff.

**“To recruit, develop and retain a skilled, compassionate and motivated workforce”**

- To assist with the development and implementation of the Trust's Health and Wellbeing Strategy
- By ensuring our staff have access to the appropriate Health, Safety and Security training.

**“To be recognised as an excellent and well governed foundation trust that makes best use of its resources for the benefit of our communities we serve”**

- By pro-actively identifying and managing Health, Safety and Security risks.
- Ensuring that we are known for high quality health and safety, and security and management systems by the Health and Safety Executive (HSE), Care Quality Commission (CQC), National Health Service Litigation Authority (NHSLA) and NHS Protect.

## 2. THE CASE FOR CHANGE – Where are we now?

### 2.1 Key Drivers from Internal Environment

The implementation of the Health, Safety and Security plans contained in the 2014 – 2017 management plan have assisted the Trust to demonstrate compliance with (CQC) standards as well as complying with HSE guidance in relation to legal requirements and NHS Protect and Security Standards for Providers.

Significant work has taken place to update Health, Safety and Security Workbooks, producing a user friendly electronic workbook and an improved audit system in addition to implementing our health, safety and security management systems into York and Selby locations.

The Health, Safety, Security and Fire Assurance Group have met bi-monthly to oversee Health, Safety and Security issues within the Trust and give assurance to the Trust's Quality Assurance Committee on the management systems.

The monitoring of incidents and associated work carried out by the group and Health and safety team have identified a number of key internal drives to be addressed in this plan these include:

- To protect the services, staff and reputation and finances of the Trust through process of early identification, assessment and management of health, safety and security risks.
- To minimise the work related ill health and wellbeing of our staff with particular focus on stress, musculoskeletal disorders and injury due to staff involvement in violence and aggression incidents.
- To reduce year on year the number of RIDDOR reportable incidents.

## **2.2 Key Drivers from External Environment**

### **2.2.1 Legal Context**

There is increasingly stringent legislation relating to Health, Safety and Security learning from our mistakes or previous incidents, while necessary, is not a sufficient strategy for managing Health, Safety and Security risks. A pro-active approach is required to ensure incident prevention and the health, safety and security of staff and service users and to protect our buildings and critical assets required to provide our services.

We have a duty of care within law of ensuring Health, Safety and Security of our staff, service users, visitors and anyone who comes into contact with our services and the need to demonstrate that we are fulfilling that duty of care through robust management systems.

### **2.2.2 National Context**

The Health and Safety Executive (HSE) published in 2013 guidance on 'Managing for Health and Safety' (HSG 65).

The guidance explains the Plan, Do, Check, Act approach and shows how it can help achieve a balance between the systems and behavioural aspect of

management. It also treats health and safety management as an integral part of good management rather than a stand alone system.

It re-enforces that organisations have a legal duty to put in place suitable arrangements to manage health and safety and recommends using the framework in the guidance to assist with this.

The 2013 NHS Constitution contains a number of pledges, one of which commits the NHS to ensuring that services are provided in a clean and safe environment that is fit for purpose based on national best practice. The key document highlighting best practice are noted below.

**Health and Safety Executive Health and Work Strategy** aims to support initiatives to improve the health of the working population and sets out a number of health priorities which they will be working on which will impact on the NHS, these priorities include:

- Reducing the high level of ill health from work related stress and musculoskeletal disorders.
- Tackling specific safety issues in high hazard activities.
- Embedding the principles of the Construction (Design and Management) Regulations 2015.

### **Care Quality Commission – Essential Standards**

The Trust is required by law to register with the Care Quality Commission. To do so we currently need to show that we are meeting all essential standards of quality and safety across all of the regulated activities we provide.

The Care Quality Commission has continually monitored compliance with essential standards through a programme of site visits and by seeking information from patients, public representatives groups and from other regulators.

### **NHS Staff Council – Health, Safety and Wellbeing Partnership Group Standards 2013**

The Health, Safety and Wellbeing Healthcare Partnership Group has developed a set of standards with the support of the Health and Safety Executive. They pull together legal requirements and guidance to help organisations comply with 'goal setting legislation'.

The standards describe the principles, which provide the basis of effective health and safety management and sets out issues, which need to be addressed.

It does not specify the management system or framework to be used by the organisation but states that whatever management approach is used it needs to be sustained and systematic and contain the following steps.

- **Plan** : Say what you want to happen

- **Do** : Make sure there are systems in place to provide the tools and equipment to do the job
- **Check** : Make sure the work is being done safely
- **Act and Learn** : Listen to problems and successes and make improvements

### **Tackling Crime Against the NHS : A Strategic Approach**

In order to ensure that Trust's have rigorous anti-crime measures in place NHS Protect developed the following 3 key principles to apply:

- Inform and Involve
- Prevent and Deter
- Hold to Account

To underpin these principles are standards which provide a detailed framework of requirements that apply to the Trust.

In July 2017 NHS Protect will cease to exist however, the security management standards will remain in place as they are part of the requirements of the NHS Standard contract.

**All of the above external key drivers have been used as self assessment tools to inform the objectives in this plan.**

## **3. A VISION FOR THE FUTURE**

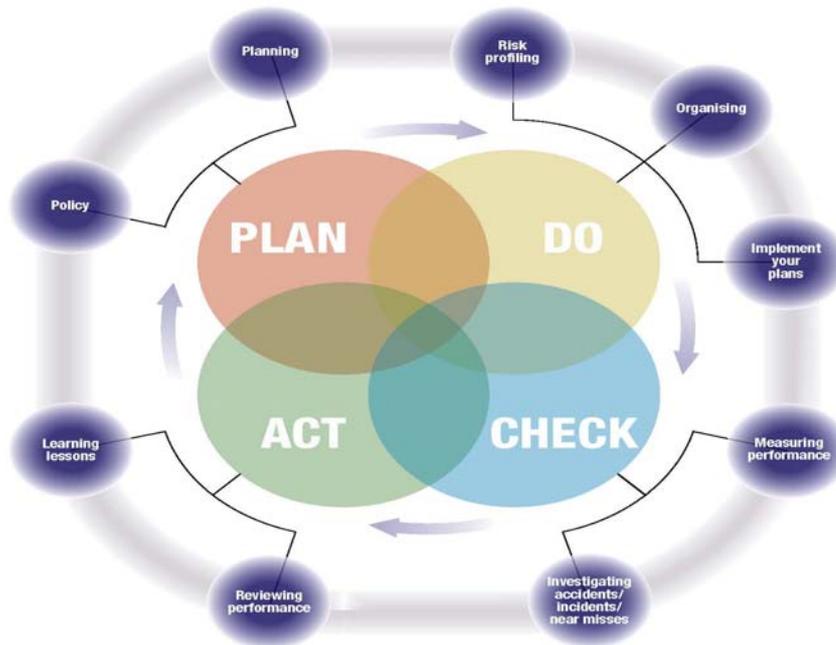
- 3.1 The Trust's vision is "To be a recognised centre of excellence with high quality staff providing high quality services that exceed people's expectations"

This strategic plan contributes to the delivery of this vision by providing a specific focus on striving to be a recognised centre of excellence for our Health, Safety and Security Management System.

We will deliver this vision by focussing on;

- Reducing work related sickness absence
- Reducing violence and abuse experienced by staff
- Reducing number of RIDDOR incidents
- Ensuring our management systems are compliant with legislation and national best practice guidance.
- Strengthening our management approach to health, safety and security to ensure that we continually improve our current management system by implementing the plan, do, check, act cycle shown below.

## Plan, Do, Check, Act



- Tackling crime and improving our security arrangements by adopting the principles of:

**Inform and Involve** : those who work for or use our services about crime and how to tackle it.

**Prevent and Deter Crime** : to take away the opportunity for crime to occur or re-occur and discourage those individuals who may be tempted to commit crime.

**Hold to Account** : those who have committed crime against the Trust.

- Striving to achieve ownership and involvement of all Trust staff in Management of Health, Safety and Security risks and ensuring that they have the knowledge to do this.

## 4. OBJECTIVES

- Ensure the safety and security of our service users, staff and visitors by putting in place Health, Safety and Security management systems so the Trust can comply with legislation and national guidance and learn lessons to enable it to continually improve.
- Reducing year on year the number of work related injuries including RIDDOR reportable injuries to staff.

- Reducing year on year the number of violence and aggression incidents towards staff.
- Providing staff with appropriate Health, Safety and Security information and training.
- Ensure ownership and involvement of all staff in the management of Health, Safety and Security.
- Ensure that Trust board is given through our governance arrangements assurance that Health, Safety and Security risks are being effectively managed.

The strengthening of our systems to deliver these objectives will be achieved by the production and implementation of an Annual Health, Safety and Security Workplan.

## 5. CHALLENGES AND ENABLERS

In order to continually improve our management systems for Health, Safety and Security we need to ensure ownership and involvement of all staff.

The Trust employs a small team of professionals to lead us to achieve this objective and a multi-disciplinary Health, Safety, Security and Fire Assurance Group meet bi-monthly to oversee the systems. This together with a focus on training and awareness raising will assist us to meet the challenge.

**Linda Parsons**  
**Associate Director of Operational Services**

## Appendix 3

<b>Food and Nutrition Strategy</b>		
<b>Time Period: April 2017 – June 2020</b>		
<b>Lead Director: Brent Kilmurray</b>		
<b>Lead: Linda Parsons / Jo Smith</b>		
<b>Version: 1</b>	<b>Date Completed: April 2017</b>	<b>Date of Next Review: March 2019</b>

### The Aim of the Strategy

This strategy aims to respond to ‘The Hospital Food Standards’ Panel’s report on standards for food and drinks in NHS Hospitals by addressing how Tees, Esk and Wear Valleys NHS Foundation Trust will address nutritional care for patients, deliver healthier food for the whole hospital community including staff and visitors using our retail facilities and strive to implement sustainability into its food service.

### The Case for Change

Our diet significantly affects our health. This is true for both over nutrition and under nutrition. Hospital food has a number of challenges to meet. It needs to complement service user’s care and enhance their stay, it should help staff and visitors choose a healthier lifestyle and it should support our economy and protect our environment.

The Trust has a full array of catering services from on-site cooking to bought-in/delivered meals and from the service being provided by Trust employed staff to contract caterers. All are capable of delivering good quality food but equally all can fail if not properly implemented.

In order to clarify standards for hospital food services The Hospital Food Panel was set up by the Parliamentary Under Secretary for Health. After looking at over 50 potential standards the panel identified 5 key ones that were thought to make the biggest difference to service users, staff and visitors.

As an indication of how serious the Government takes nutrition and hospital food, these 5 standards have been introduced as legally binding standards in the NHS Standard Contract and implementation is being monitored via the annual Patient-Led Assessments of the Care Environment (PLACE).

The Mental Health Act Code of Practice (2015) acknowledges that good nutrition and access to dietary advice is essential for healthy outcomes and reinforces the need for Trusts to be compliant with requirements on food, diet and nutrition as set out in the NHS Standard Contract and states that:

Every provider should have a food and drink strategy that covers:

- The nutrition and hydration needs of patients
- Healthier eating for the whole hospital community, and
- Sustainable procurement of food and catering services

The Five Year Forward View for Mental Health (NHE England, 2016) recommends that by 2020/21, at least 280,000 people living with severe mental health problems should have their physical health needs met. It states that they should be offered screening and secondary prevention reflecting their higher risk of poor physical health. The report specifically makes recommendations on the management of obesity. However it is important to ensure that malnutrition is also addressed in this setting, particularly in the older people's services. It is estimated that 18-20% of patients admitted to mental health units are at risk of malnutrition (BAPEN 2014). In addition, numerous studies have identified that service users with mental illness or a learning disability are more likely to be overweight or obese than the general population.

The Trust has developed, piloted and rolled out a Malnutrition Clinical Link Pathway in Mental Health Services for Older People. This pilot was successful and the final version of the pathway for use in all adult services was agreed in June 2015. An electronic learning package to support staff training on the pathway has been produced in-house by the dietetic team with support from the education and training team. The pathway ensures that all service users are screened for malnutrition on admission using the Malnutrition Universal Screening Tool (MUST). Service users identified as being at risk of malnutrition are signposted to appropriate evidence based treatment options. The roll out of this pathway will ensure that the Trust is compliant with NICE clinical guidance and quality standards for nutrition support (2006, 2012), the Care Quality Commission outcome 5 meeting nutritional needs (2010).

Following a review of the Malnutrition Clinical Link Pathway and feedback from staff using this, it has been agreed that the MUST tool is not appropriate for use in mental health and LD settings. This is consistent with feedback from several other mental health and LD specialist Trusts in the UK. Following discussion with the Trust Physical Healthcare and Wellbeing Group, it has been agreed to introduce (with permission) the St Andrew's Healthcare Nutrition Screening Instrument (SANSI). This tool is easy to use and identifies both malnutrition and overweight/obesity in one screening tool. It is therefore anticipated that a single nutritional CLiP will be introduced in the near future.

In August 2016, work commenced to develop a weight management strategy for people in contact with secondary mental health and LD services in the North East. Several Trust staff have been involved with this work, led by the Professional Head

of Dietetics. The work is a collaboration between NHS England's Strategic Clinical Network, Public Health England, TEWV and Northumberland Tyne and Wear. It is anticipated that the strategy, which is named "A Weight Off Your Mind", will be launched in the autumn of 2017. The strategy will be a 10-year plan and the two Trusts will be required to develop local implementation plans to deliver the strategy. The implementation plans will inform the development of the objectives of the Trust Food and Drink Strategy outlined below.

It is important to note that objectives 1-10 of this strategy do not apply to the Trust's eating disorders services. Separate guidance and protocols are available for eating disorders services.

## A Vision for the Future

The vision for the future is to ensure that everyone who eats food supplied by the Trust, including those with special dietary requirements, religious or cultural needs, has a healthier food experience. That is that they are offered a selection of food and drink that meets their daily nutritional needs and reduces the risk of later ill health.

In order to achieve this we will take steps to implement the five required hospital food standards which are summarized below:-

- The 10 Key Characteristics of Good Nutritional Care in Hospitals
- Nutrition and Hydration Digest : Improving Outcomes through Food and Beverage Service
- Healthier and More Sustainable Catering from retail outlets within the Trust
- Government Buying Standards for Food and Catering Services

## Objectives

In order to achieve our vision a multi-disciplinary group was established to:-

- Consider the Hospital Food Standard Panel's report and identify where the Trust complies with the recommendations
- Identify any gaps in compliance and agree how these are to be addressed
- Document the above in a Food and Drink Strategy

The comparison exercise carried out by the group identified a number of gaps.

## References

BAPEN (2014) website - <http://www.bapen.org.uk/>

Care Quality Commission (2010) **Guidance about Compliance: Summary of Regulations, Outcomes and Judgement Framework.** London: Care Quality Commission.

Department of Health (2014) **The Hospital Food Standards Panel's Report on Standards for Food and Drink in NHS Hospitals.** London: Department of Health.  
<https://www.gov.uk/government/publications/establishing-food-standards-for-nhs-hospitals>

Department of Health (2015) The Mental Health Act 1983: Code of Practice. Norwich: The Stationary Office.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/435512/MHA\\_Code\\_of\\_Practice.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF)

National Institute for Health and Clinical Excellence (2006) **Clinical Guideline 32 Nutrition Support for Adults. Oral Nutrition, Enteral Tube Feeds and Parenteral Nutrition (CG32).** London: National Collaborating Centre for Acute Care

National Institute for Health and Clinical Excellence (2012). **Quality Standard for Nutrition Support in Adults (QS24).** London: National Collaborating Centre for Acute Care.

NHS England's Mental Health Taskforce (2016) **A Five Year Forward View for Mental Health.** London: NHS England <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

## Food and Nutrition Strategy

Objective		Implementation Date	Lead
1	To pilot the St Andrew's Healthcare Nutrition Screening Instrument (SANSI) in MHSOP Services.	September 2017	Donna Adamson
2	To develop a nutrition malnutrition e-learning training package for qualified staff to reflect the new screening tool (SANSI).	June 2018	Jo Smith
3	To ensure that all qualified staff have completed the nutrition e-learning package.	July 2019	Jo Smith
4	To develop a Nutrition Clinical Link Pathway incorporating the St Andrew's Nutritional Screening Instrument (SANSI) and pilot this in identified sites across the specialties (including CAMHS).	June 2019	Jo Smith, Clinical Lead Dietitians and Service Development
5	To develop a business case for the management of overweight and obesity in TEWV. This will involve developing a Trust implementation plan for "A Weight Off Your Mind".	June 2017	Jo Smith and Nick Land
6	To develop staff training (e-learning) on weight management brief interventions and signposting.	June 2018	Jo Smith, Laura Passman and Darren Hitching
7	To ensure that all TEWV staff have completed the training on weight management brief interventions and signposting.	July 2019	Jo Smith, Laura Passman and Darren Hitching
8	To achieve 2017/18, 2018/19 CQUIN Targets for Healthy Food for NHS Staff, visitors and patients in restaurants, cafes, vending machines, shops and trolley services	March 2018 / March 2019	Linda Parsons
9	To ensure that any future tender exercises for food products include Compliance with Government Buying Standards for Food and Catering Services	Ongoing	Caroline Siddall

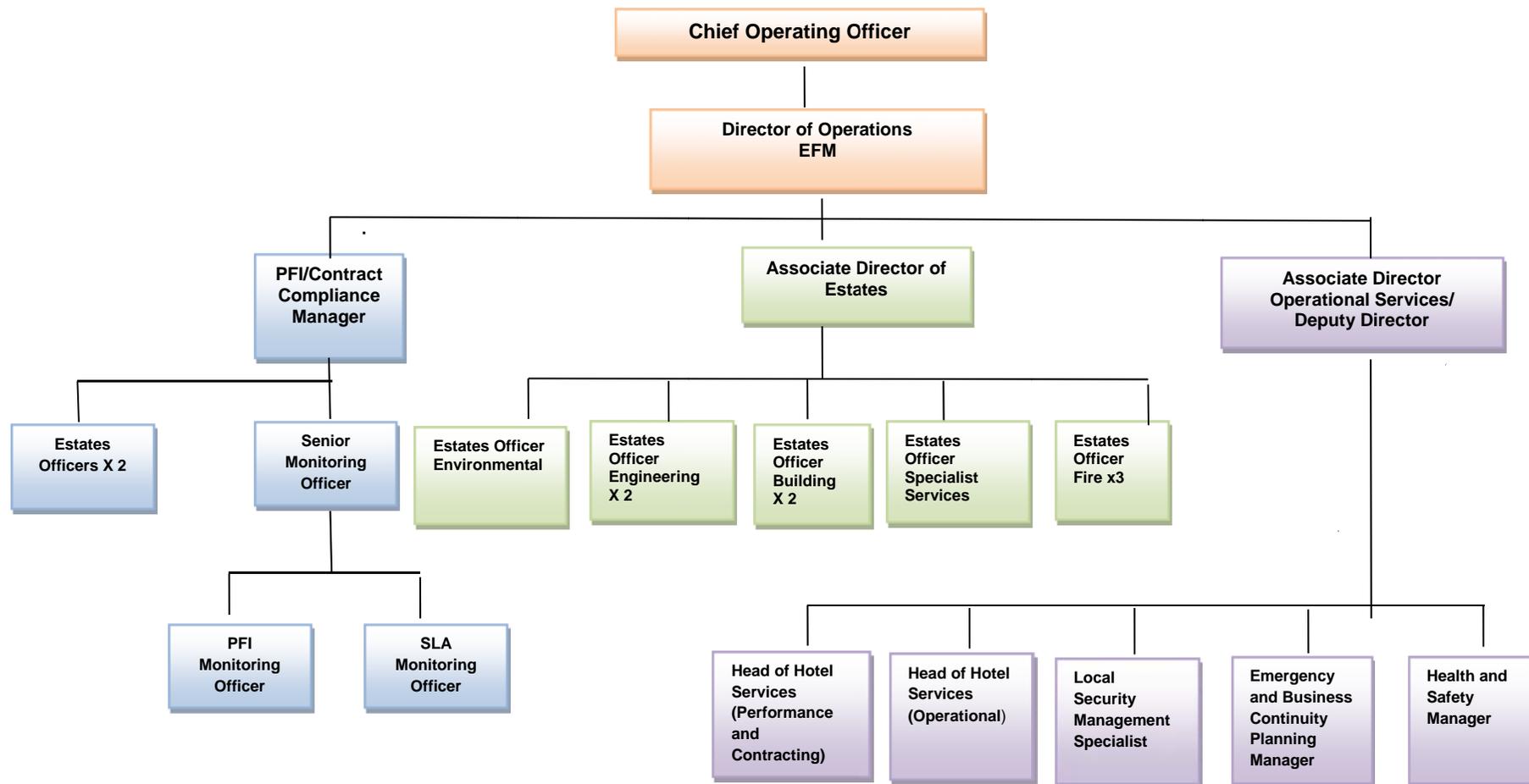
<b>Objective</b>		<b>Implementation Date</b>	<b>Lead</b>
10	To promote positive role modelling by providing access to staff weight management initiatives. This will be piloted in one Trust site initially and evaluated.	March 2018	Sheila Jones/Jo Smith/ Russel Smith
11	To develop a bespoke weight management programme for service users with learning disabilities, building on the success of the LEAN programme that was developed by Adult LD services in Teesside.	March 2019	Jo Smith and Tracey Alston-Hutton

## Appendix 4

### EFM Directorate Achievements 2014 to 2017

- Supported bid for York and Selby tender.
- Introduced EFM service into York and Selby including Houskeeper and Site Manager roles.
- Hotel Services achieved year on year improvements to Hospitality Assured Accreditation score.
- Continued to develop and implement the Patient Led Assessment of the Care Environment assessments and implement action plans following visits.
- Introduced QIS Report Outs and carried out improvement events to CQUIN healthy food targets.
- Completion of Health and Safety workbooks and Segregation of Waste RPIW events.
- Year on year delivery of CRES targets whilst maintaining services under budget.
- Annual improvement in Good Corporate Citizenship score (now known as the Sustainable Development Assessment Tool).
- Achieved Significant assurance in Business Continuity System and Patient Meals Contract audits and Good assurance in Cleaning Services and Building Maintenance audits.
- Completed an annual programme of live business continuity exercises in conjunction with NHS England, the Emergency Planning Unit and Emergency Services.
- Development of a comprehensive management framework which addresses NHS England's Core Standards for Emergency Preparedness, Resilience and Respose and in 2017, the Trust achieved full compliance with all the core standard categories.
- Updated Health, Safety and Security workbooks, producing a user-friendly electronic workbook and an improved audit system.
- Supported the Trust to maintain good assessment ratings following CQC visits.

**EFM DIRECTORATE MANAGEMENT STRUCTURE**



### ERIC (Estates Return Information Collection)

Attached to this report are a number of graphs to illustrate some of the ERIC data which helps inform the team around performance of the estate, these include:

#### Physical Condition:

With the expansion of the Trust geographic, there are a small number of properties which now fall into condition C however these are being addressed through the continuing Capital Development Program, Life Cycle Program and also by disposal. The Trust's estate rationalisation program is partially aimed at maximising available space and also takes into consideration the physical condition of the building. With these measures and the recent opening of several new facilities over the last two years the Trust has realised another large step towards the reduction in the number of buildings in the category C classification.

#### Property age profile:

Following on from some major reductions in the age profile of the Trust estate in recent years, the Trust continues to improve its building stock via the replacement program and estate rationalisation.

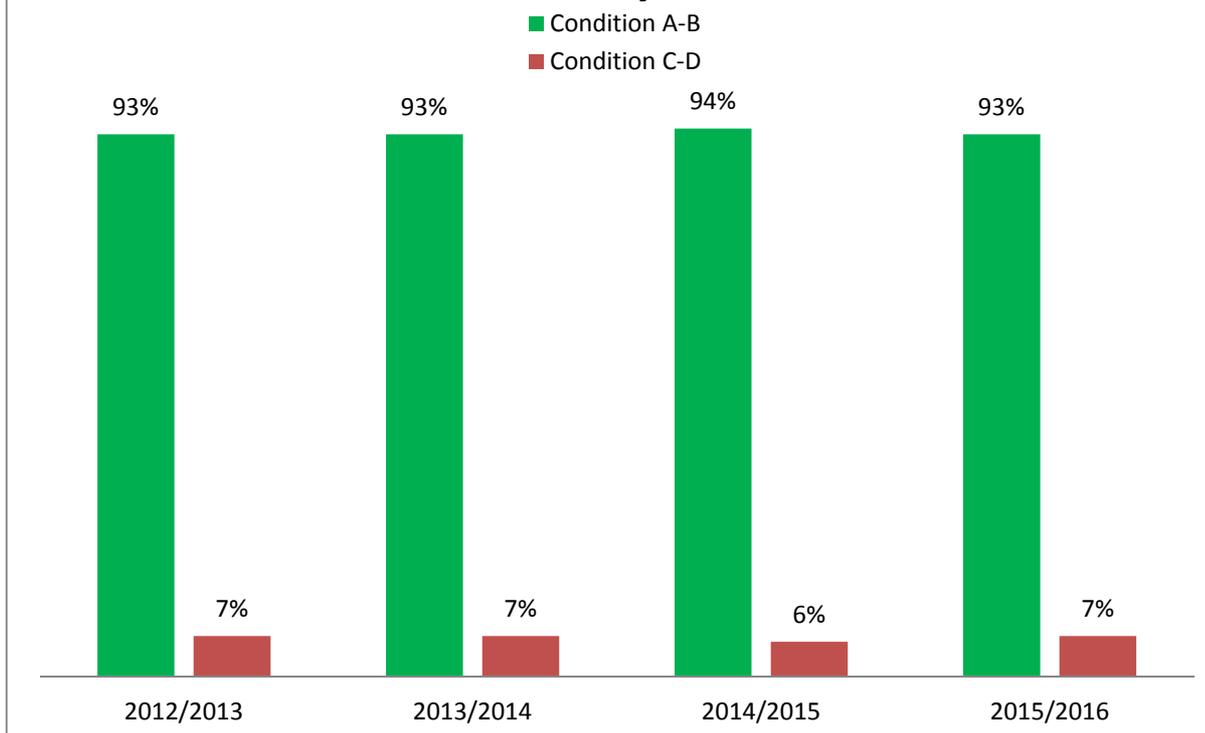
#### Space utilisation:

The Trust's operational estate has decreased mainly due to the changing clinical practice, reconfiguration of services and the on-going estate rationalisation program. This has resulted in a slight increase in empty space but has achieved improved space utilisation in some of our more modern buildings.

#### Energy:

Whilst the Trust strives to encourage energy savings via its in house education program and its ongoing commitment to environmental management in general, due to the expansion and greater reliance on information technology and the increase of the estate building footprint this is currently having a significant impact on the use of energy. The on-going energy efficiency measures incorporated in new capital developments will go some way to offset the impact of rising use in energy.

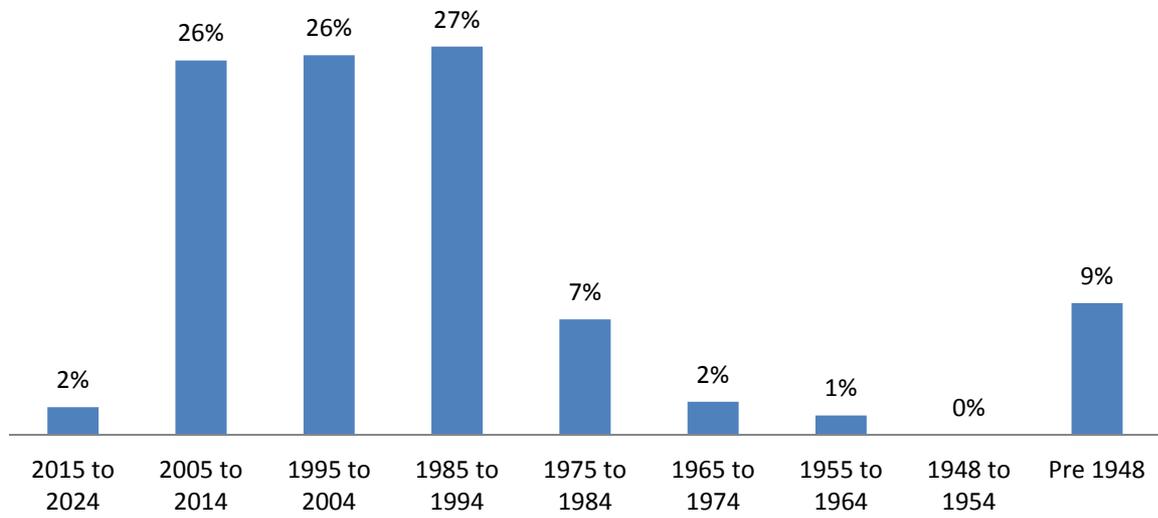
## TEWV NHS FT - Physical Condition



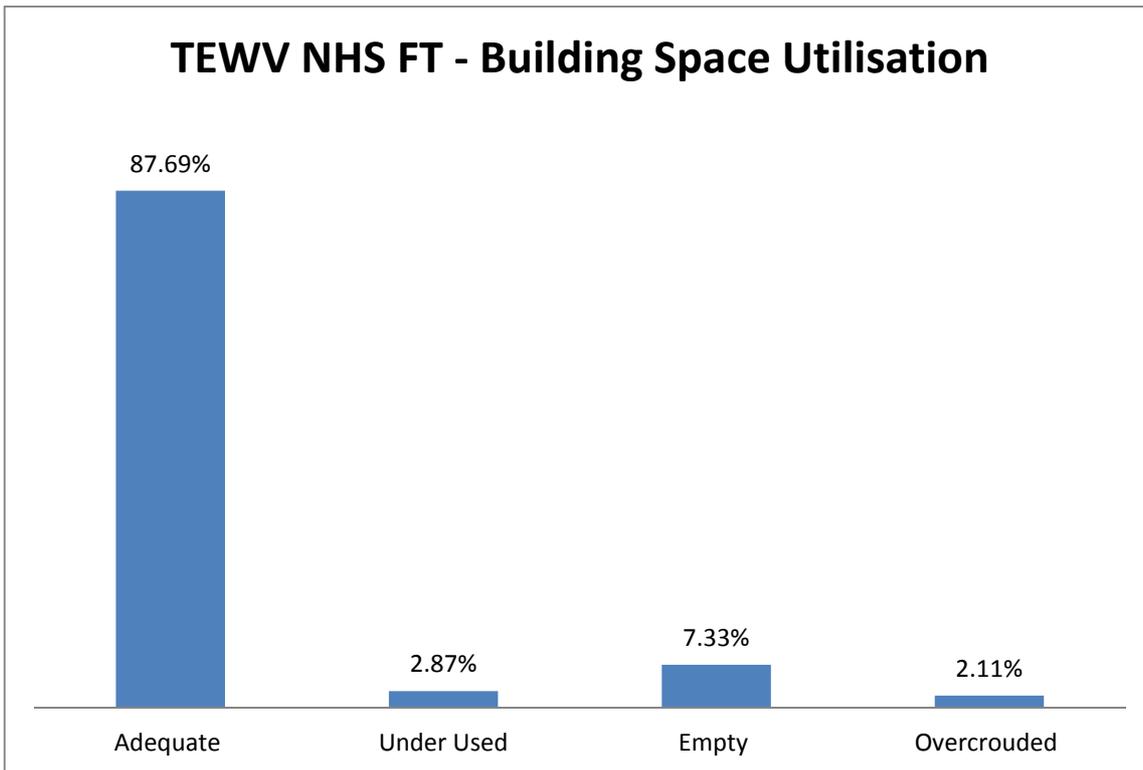
The criteria to record a buildings physical condition is as follows:

- A The element is new and can be expected to perform adequately to its full normal life.
- B The element is sound, operationally safe and exhibits only minor deterioration.
- C The element is operational but major repair or replacement will be needed soon, that is, within three years for the building, one for an engineering element.
- D The element runs a serious risk of imminent breakdown.

## TEWV NHS FT - Buildings Age Profile

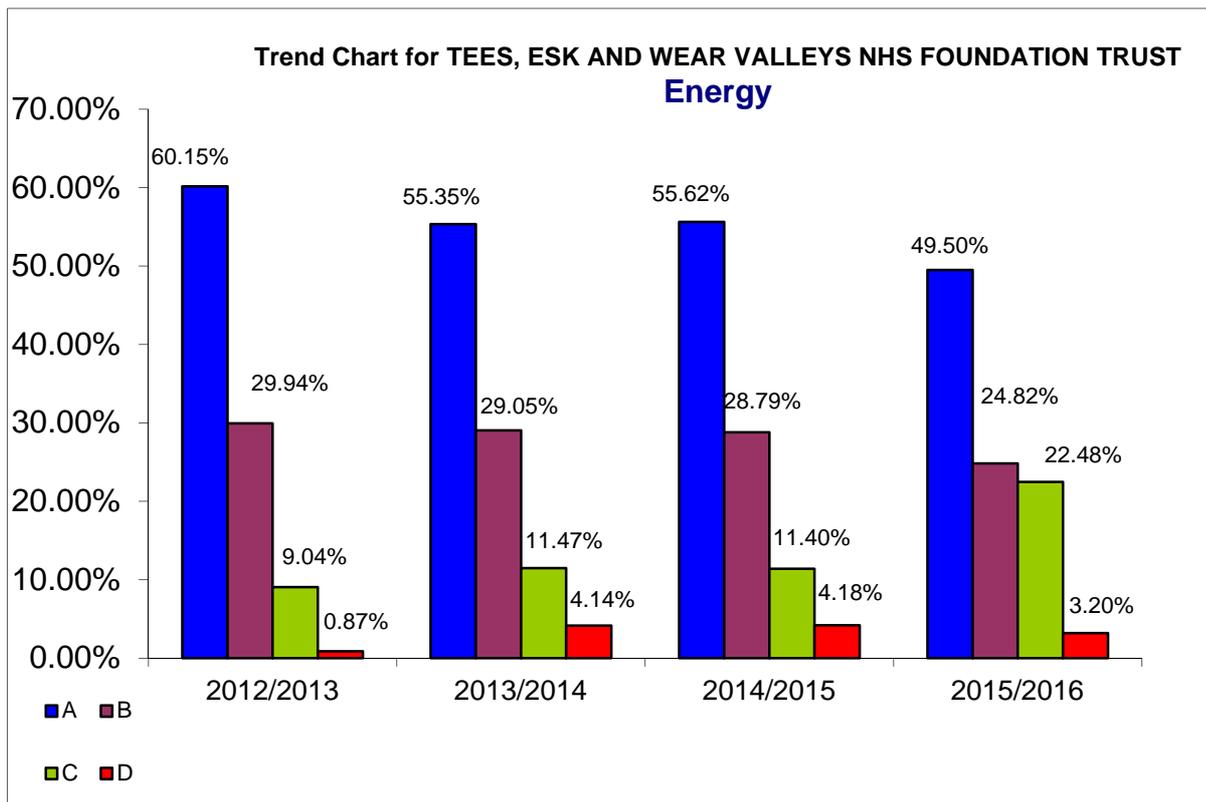


## TEWV NHS FT - Building Space Utilisation



The space utilisation analysis indicates under/over utilised floor space. Under use of space is serious since it represents a waste in terms of property overhead costs, for example energy, maintenance, cleaning, capital charges, and rates. Underused space may be difficult to reduce and may impede the effective delivery of Health care.

The changing medical practices and patient throughput along with the current ongoing estate rationalisation programme have been reflected in a more efficient utilisation of space within the buildings.



Energy Efficiency – The energy condition profile examines the building structure and fabric together with mechanical and electrical service installations for energy efficiency and is categorised as follows:

A 35 – 55 GJ/100 cu m

A building which is constructed in accordance with, or meets with current Building Regulations, all heating, hot water controls and boilers installed and utilised for maximum efficiency. Heat recovery plant to be considered where appropriate.

B 55 – 65 GJ/100 cu m

A building which has undergone a co-ordinated development programme which has considered the following:

- Thermal insulation
- Building Management Systems and Controls
- Regular Inspection and maintenance Programmes

C 65 – 75 GJ/100 cu m

A building whereby some energy control mechanism has been developed, generally on an ad-hoc basis or which has been implemented for a specific purpose.

D 75 – 100 GJ/100 cu m

A building in which no energy conservation control measures have been carried out, no energy management system.