



ESTATES OPERATIONAL POLICY

Compiled by: Ian Rowlan
Assistant Director of Estates Operational Services.

In Consultation with: Estates and Facilities Assurance Group

Accountable Officer: Chris Bell
Director of Estates and Facilities

Status: Approval date: January 2020

Ratified by: Estates and Facilities Assurance Group

Review date: January 2023

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 1 of 36
--	--	---------------------------------	-----------------------------	---------	--------------

History

Issue	Date Issued	Brief Summary of Change	Approved by
1	Nov 2014	Revised policy	Estates & Facilities Assurance Group
2	Jun 2015		Estates & Facilities Assurance Group
3	Apr 2016	Annual update to include the role of the Customer Services Manager, contacting Helpdesk and Switchboard and annual review of Backlog Maintenance programme	Estates & Facilities Assurance Group
4	Nov 2017	Annual update, job title changes	Estates & Facilities Assurance Group
5	Jan 2020	Full review and updating of attachments	Estates & Facilities Assurance Group

For more information on the status of this document, please contact:	Ian Rowlan, Assistant Director of Estates Operational Services
Department/Directorate	Estates & Facilities
Date of issue	January 2020
Review due	January 2023
Ratified by	Estates and Facilities Assurance Group
Audience	Estates & Facilities Staff

1. INTRODUCTION

The Trust is required to clearly define policies and procedures for their premises under its control. Through this Operational Policy, Estates contribute to providing a safe, high quality Healthcare environment for the Trust's patients, staff and visitors.

This policy is intended to represent a clear undertaking by the Estates Department of the Estates and Facilities Directorate to carry out a range of specified services to the standard and level detailed in this document.

This policy has been designed to reflect the working relationship that exists between the Estates Department and its end users and stakeholders. It is anticipated that this document will supplement the Estate activity and services to the Trust and act as assurance on the matters in which end users and stakeholders receive the activities and services.

This Estates departmental policy provides guidelines to cover:-

- a) A clearly defined Operational Policy (this Policy)
- b) Qualitative statements about the services to be provided.
- c) Programmes for continuing improvement in delivering those services.
- d) The framework, constraints and boundaries within which those services are delivered.
- e) The organisation, roles and responsibilities of Estates and Facilities directorate staff and resources to provide those services
- f) The means of measuring and monitoring the efficacy and efficiency of the Estates Department; and to assure Value for Money; to regularly review the scope and definition of provided Estates Department services within a healthcare environment.

2. PURPOSE

To provide the Trust with clear statement of intent by the Estates Department.

- Treat all end users and stakeholders (patients, visitors, staff and contractors) equally and with respect and courtesy.
- Inform end users and stakeholders promptly where service requirements or deadlines will not be met and the remedial action which will be taken.
- Employ or source sufficient staff to ensure that the services are provided at all times. Estates Department regularly reviews that sufficient resources are available to meet the service requirements.
- Employ such persons as are competent, skilled and capable of the duties required of them and must ensure that every such person is properly and sufficiently trained and instructed to carry out the services to be performed.

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 3 of 36
--	--	---------------------------------	-----------------------------	---------	--------------

- Inform end users and stakeholders when work is to be carried out and provide a programme of works where applicable.
- Provide to the end users and stakeholders timely, accurate and up to date advice as and when required on all matters covered by this policy.
- Ensure that all staff are aware of and trained/instructed on all relevant rules, *policies, procedures and standards of Ashford and St Peter's Hospitals NHS Foundation Trust ("The Trust").
- Provide each member of Estates Department staff with a form of identification, which staff shall display on their clothing at all times when they are at work.
- Ensure that its staff do not disclose to any person (other than a person authorised by the Trust) any personal information acquired by them in connection with the service.
- Protect personal data in accordance with the provisions and principles of Data Protection and the Caldicott Report, and ensure compliance with the Trust's information security arrangements. It must also ensure the reliability of its staff who have access to any personal data held by the Trust. In addition, if Estates is required to process personal data held by the Trust, all such personal data will be kept secure at all times.
- Ensure that Estates Department staff do not disclose to any person any commercial in confidence information acquired by them in connection with the service.
- Ensure that Estates Department staff are utilize personal protective equipment where appropriate.

The Policy should be read in conjunction with the Trust's Estates and Facilities Strategy which is incorporated within the Estates and Facilities Plan; which in turn supplements the Trust's Business Plan and Clinical Strategies.

The Assistant Director of Estates Operational Services is required to make reasonable forecasts about changes in service and resources, at least on an annual basis, or when significant variations arise.

Estates Services

The estate services is provided in the following framework:-

- The service is delivered using a mix of in-house skills, subcontract and specialist subcontract resource.
- Service support includes Helpdesk using bespoke Facilities Management Software.
- The service is provided from 08:00 to 17:00 hours Monday to Friday excluding bank holidays with 24 hour call-out facility for emergencies at all other times
- The service also operates a limited shift system Mon-Fri 08:00 to 16:00, and 16:00 to mid-night at St Peter's Hospital only.
- Technical expertise is available from qualified professional staff from a range of construction, building and engineering backgrounds.
- The Estates Department and Capital Projects will seek to manage all contractors on the trusts sites through policies and procedures, to enable good control and audit of contractors. Method statements and risk assessments will be in place when required

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 4 of 36
--	--	---------------------------------	-----------------------------	---------	--------------

and the contractor will be managed by an appropriate Estates Officer or Capital Projects Manager.

3 Duties and Responsibilities

3.1 Management Structure

A management structure with defined roles and responsibilities is in place. Single points of contact will be maintained for directors and premises managers. Regular on-going performance monitoring will be undertaken, designed to identify improvements to facilitate the service. The management structure is provided at Appendix A.

Key personnel and contact details are given in [G:\Estates Policy and Procedures\Key personnel.doc](#)

3.2 The Chief Executive

The Chief Executive has ultimate responsibility for ensuring that the Trusts Estate is properly maintained. In particular he/she must ensure that suitably qualified personnel are employed to implement, manage and review the service. The Chief Executive discharges operational responsibility for Estate services through the Deputy Chief Executive.

3.3 Director of Finance and Information

The Director of Finance and Information is responsible for creating a suitable range of arrangements to deliver the policy aims and objectives. He/she sets the standards and quality of service to be provided and ensures that suitable levels of resources are provided to deliver the required level of service. The Deputy Chief Executive discharges the day to day operational responsibility for the Estates Department through the Director of Estates and Facilities.

3.4 Director Estates and Facilities

The Director shall ensure that estates issues are highlighted through the director of finance and information to the Trust Board; is responsible for proposing resources and programmes of work relating to estates operation and maintenance activity; including management of the backlog maintenance of the capital programme, and the future allocation of revenue funding.

Monitor the quality of service provided and take corrective action where appropriate and ensure policies are implemented operationally and monitored as part of assurance.

3.5 Estates and Facilities Assurance Group

The Estates and Facilities Assurance Group (EFAG) meets monthly and is chaired by the Trusts Health Safety and Security Advisor. The Group receives compliance reports on key operational targets. The Groups Terms of reference are provided in Appendix F. This group controls and reviews the Division's risk register. Estate Department's risks are raised through the Trust's risk procedures and if agreed at this Group, are entered onto the

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 5 of 36
--	--	---------------------------------	-----------------------------	---------	--------------

Divisional risk register for further attention of the Trust's Health and Safety Committee (if appropriate) and the Trust's Risk Scrutiny Committee.

The minutes of the meetings can be found in <T:\Facilities Management Admin\E&F ASSURANCE GOVERNANCE>

3.6 Estates Project Group

The Estates Project Group (EPG) meets monthly and is chaired by the Asst Director of Property and Capital Development. The meeting comprises two parts - Part A and Part B. Part A of the IPG meetings involves the Director (or their representatives) of each clinical division along-with the participants of Part B. Part A only deals with the operational clinical issues associated with site infrastructure works, and Part B with specific estates and facilities technical issues.

A primary role of the group is to initiate, review and recommend infrastructure strategies to the Capital Control Group and then manage implementation of those. These strategies include Estates, Energy and Sustainability, and preliminary agreement to the Annual Backlog Maintenance programme (see also section 5.4).

The IPG Terms of Reference can be found in:

<T:\Facilities Management Admin\INFRASTRUCTURE PROJECT GROUP\Redraft IPG Terms of Reference Oct2015v6.doc>

The minutes of the meetings can be found in

<T:\Facilities Management Admin\INFRASTRUCTURE PROJECT GROUP>

3.7 Estates and Facilities Senior Management Team

The Estates and Facilities Senior Management Team meets monthly and is chaired by the Director Estates and Facilities. The Team comprises the Asst Director of Estates Operational Services; Head of facilities Support Services; assistant director of property and capital Development; Divisional HR Advisor; Assistant Divisional Accountant. Matters concerning the service and performance of the Estates Department are raised at this meeting.

The minutes of the meetings can be found in <T:\Facilities Management Admin\DEPARTMENT MANAGEMENT MEETING - SH>

3.8 Assistant Director of Estates Operational Services.

To provide senior management of the Trust's Estates and Facilities Infrastructure.

To be responsible for ensuring Estates and Facilities Infrastructure services across the Trust's sites. To direct the day to day operations of Estates and Facilities Infrastructure and develop these services in accordance with the Trust's corporate policies, strategies and vision.

To develop from the old estate to new with due regard to new technology and new ways of working.

To act as project sponsor to all capital projects for infrastructure works.

To approve engineering content of projects.

To ensure that those services are delivered in a safe manner and can demonstrate through

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 6 of 36
--	--	---------------------------------	-----------------------------	---------	--------------

a robust governance framework and assurance reporting. To be responsible for planning and delivering service cost improvements through productivity and efficiencies in a financially sustainable manner. To liaise with other senior managers of Estates and Facilities to provide a coherent service to users and stakeholders.

To manage and determine administrative and customer service support for the provision of Estates services.

Accountable to the Director of Estates and Facilities.

3.9 Estates Manager

The Estates Manager is responsible for delivering the service provided and monitor the overall output of the Direct Labour Workforce (DLF) including performance and works undertaken by contract and sub-contractors.

Accountable to the Assistant Director of Estates Operational Services.

The Estates Manager is responsible for the day-to-day operation and management of planned maintenance and the response and rectification including:-

- Work relating to maintenance operations and small works with respect to building and engineering services
- Achieve and maintain response and rectification times
- Economical, efficient and effective use of manpower, materials, financial and technical resources
- Maintain accessible to site plans, drawings (AUTOCAD) and maintenance records associated with all assets within building services eg, lifts, low voltage, high voltage, medical gases, ventilation, hot and cold water, heating, natural gas ect .
- Maintain and ensure accessibility of all maintenance records for all mandatory and statutory requirements.
- Management of service contractors and their performance
- Performance monitoring contracts and DLF
- Liaison and point of contact with client organisation.
- Producing in an agreed format a Monthly Monitoring Report
- The Estates Manager with support from the Sustainability and Energy Manager reviews and agrees all design and proposed changes to site infrastructure that affects Energy and Utility consumption, including insulation, heating and cooling systems and directs Estates BMS staff in the correct operation of the BMS and Energy controls and equipment.

3.10 Sustainability and Energy Manager

The Sustainability and Energy Manager is responsible for monitoring and reporting of energy and utilities consumption, expenditure and for improving the operating efficiency of the estate in matters of site infrastructure, building fabric, and mechanical and electrical systems. The Energy Manager has direct overall responsibility and accountability for the Building Management Systems and any systems controls affecting the energy or utility consumption of a building facility.

- Accountable to the Assistant Director of Estates Operational Services.

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 7 of 36
--	--	---------------------------------	-----------------------------	---------	--------------

- The Sustainability and Energy Manager is responsible for producing draft Energy and Carbon Management Strategy that is to be approved by the Board, which can be found in T:\Facilities_Management_Admin\ENERGY on T\Energy Strategy\Trust Board Report Energy Strategy June 2015 rev 3 20150611.doc
- The Sustainability and Energy Manager is responsible for producing the Adaptation Plan which forms part of Sustainable and Site Development Management Plans that are to be approved by the Board.
- The Sustainability and Energy Manager will provide all necessary data for any NHS returns such as ERIC.
- The Sustainability and Energy Manager reviews all design and proposed changes to site infrastructure that affects Energy and Utility consumption, including insulation, heating and cooling systems and directs Estates BMS staff in the correct operation of the BMS and Energy controls and equipment.

3.11 Estates /Works Officers/Authorised Persons

Technicians and craft person who have supervisory and management functions. Their duties:-

- To programme the daily and weekly activity of the direct labour organisation (DLO) in the planned preventative and reactive maintenance including small works. To raise orders on contractors and monitor them.
- Where a Works Officer or technician is deemed to be undertaking “Authorised Person” or “Competent Person” duties under the definition of either legal or Health Technical Memorandum (HTM) procedures, the individual will be suitably trained, qualified, experienced and knowledgeable and can demonstrate specific skills in the service being provided. The Authorised Person will be required to be assessed – or deemed to be competent by the Authorising Engineer. An Authorised or Competent Person can be a member of the DLO or a contractor organisation. An Authorised or Competent Person is not simply deemed to be Authorised or Competent by virtue of being employed by an approved contractor organisation.

3.12 Technicians/ Craft Person /Competent Persons

Technicians and craft person are engaged who have specialist skills related to healthcare building and engineering. The direct labour organisation (DLO) is supplemented by contractor organisations, in particular for specialist service contracts.

- Where a technician or crafts person is deemed to be undertaking “competent” tasks under the definition of either legal or HTM procedures, the individual will be suitably qualified, experienced and knowledgeable and can demonstrate specific skills in the service being provided. The Competent Person will be required to be assessed – or deemed to be competent by the Authorised Person. A competent person can be either DLO or a contractor. A competent person is not simply deemed to be competent by virtue of being employed by an approved contractor organisation.

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 8 of 36
--	--	---------------------------------	-----------------------------	---------	--------------

3.13 Role of the Authorising Engineers

AEs independently audit the effective implementation of the safe systems of work against identified within guidance Health Technical Memorandums (HTM) Suite of documentation and provide an annual audit report to the Assistant Director of Estates Operational Services for presentation to the Estates and Facilities Assurance Group.

Included in the audit the AE will assess the suitable and sufficient adequacy of:-

- Staff competencies and training AP's and CP's
- Appropriate maintenance schedules and records (including drawings)
- Review the electronic operation and maintenance manual
- Current Risk assessments and action plans
- Programme of Improvement works
- Trust Safety procedures
- Permits to Work and Method Statements
- Suitability and state/condition of plant and equipment
- Reporting procedures and safety alerts actions and records
- Assessing and recommending appointments of APs
- Other fire Safety issues that are deemed relevant by the AE.

A list of AEs (where appropriate) against relevant disciplines is provided on the competency matrix <G:\Estates Policy and Procedures\Estates competency matrix Sept 2015.xls>

3.14 Customer Services Manager

The Customer Services Manager reports to the Assistant Director of estates Operational Services and plays a key part in the performance monitoring from helpdesk data of the Estates Department in providing the reports identified at Paragraph 4.2.

4. Service Delivery

Three key areas ensure the delivery of a high quality service:

- Helpdesk telephone number (Ext. 2882 or from outside 01932 722882)
- Computer Aided Facilities Management software
- Delivery of monthly performance monitoring report on DLF.
- Assist in the management of electronic filing of all estates technical service reports for all critical and key building services.

4.1 Customer services helpdesk (incorporating Switchboard and Main Reception)

The Estates and Facilities infrastructure shall provide an effective, flexible and efficient Helpdesk Service which forms part of Customer Services through normal working hours. Monday to Friday 07:30 to 17:30hrs excluding Bank holidays.

Customer Services helpdesk can be contacted by phone or e-mail. The telephone number is Ext. 2882 (or from off-site: 01932 72 2882) and by e-mail using the Trust's internal directory "FACILITIES helpdesk" or from off-site: EstatesHelpdesk@asph.nhs.uk.

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 9 of 36
--	--	---------------------------------	-----------------------------	---------	--------------

Out of these hours switchboard shall be available and permanently staffed 24 hours, 7 days per week to respond to all emergency requests. Telephone 01932 87 2222.

Helpdesk will comprise the facility for receiving, logging and responding appropriately to direct verbal, telephone, letter and e-mail communications and liaising with all users on the progress of work and operations. Help desk reporting service is provided during working hours.

The Helpdesk is the first point of contact for all service requests, complaints and general enquiries. Helpdesk shall keep records of all requests or notification of faults and pass to Works officers to arrange the necessary work to be carried out within the relevant Response and Rectification Times. These times are provided in Appendix B.

The Helpdesk will provide the Service in accordance with the following:

- Helpdesk staff shall log all requests for Services and calls reporting faults and failures and shall record all relevant details including but not limited to, the following information:
 - (a) Requester's name;
 - (b) Date and time;
 - (c) Location;
 - (d) Nature of the request or fault;
 - (e) Service required;
 - (f) Classification (priority);
 - (g) Target Response Time and Rectification Time;
 - (h) Unique request reference;
 - (i) Action taken;
 - (j) Actual Response Time and Rectification Time;
 - (k) Notification of closure to the requester
 - (l) Notification to end user any delays such as of follow-up works/ parts in order
- Helpdesk staff are trained to assess the likely classification of Service requirements resulting from a Helpdesk request and record and action accordingly. An example categorisation of activity is also given in Appendix B.
- The Helpdesk shall inform the requester as to the proposed course of action and Response Time, and Rectification Time – if appropriate, allocated.
- Estates staff shall respond to the service request or fault report, and Estates staff will provide feedback on the actions undertaken, times taken for Response/Rectification.
- The Helpdesk shall keep the Trust informed as to the progress of works requests and/or if the client requests this as an update.
- Feedback shall be provided to Works Officers daily and weekly, the Estates Manager and Head of Estates Operational Services weekly, and the Director monthly.
- In the event of an emergency, the Helpdesk will assist in raising the alarm,

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 10 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

reporting the incident to a Works Officer, internal and external authorities as appropriate, monitoring the response and logging the details.

In the event of an emergency out of hours the switchboard shall contact the relevant On Call Works Officer. This will be automatic and the requester will be unaware of any change of operator function.

- Estates staff will ensure user confidentiality is maintained at all times.
- Helpdesk will regularly generate customer satisfaction reports and follow up reports and feedback to the Estates and Facilities Assurance Group on a regular basis through the use of documented surveys. The latest survey report can be found here:- <T:\Facilities Management Admin\ESTATES AND FACILITIES KPI DASHBOARD>

Once information has been logged with the Helpdesk, entries are not amended unless there is a record of:

- The exact nature and impact of the amendment;
- The reason for the amendment;
- By whom the amendment was authorised;

The original request shall not be deleted but recorded with the amendment.

Switch-Board. A staff manual setting out general switchboard procedures and performance expectations (eg the target response is to answer 80% of all calls within 15 seconds) are set out.

Switchboard will notify immediately any urgent Estates alarms eg; Boiler, Lift, Fire, Medical Gases ect by contacting, the Estates /Works officers or on-call estates team and the shift team during working hours and out of hours

4.2 Performance Monitoring

The Customer Services manager will monitor Helpdesk activity and generate monthly activity and performance reports. Examples of these reports are given at <G:\Estates Policy and Procedures\Estates performance.potx> and <G:\Estates Policy and Procedures\Switchboard and Helpdesk performance.pptx>

Performance monitoring is derived from a range of sources, primarily from the performance monitoring report compiled monthly but also via regular liaison meetings, departmental meetings, day-to-day contact with users in the execution of the service, and service-contractor meetings (normally quarterly).

Additionally Estates shall produce internal annual audits based on key performance indicators. These are identified in Appendix D.

4.3 Complaints Resolution

Complaints that are related to the service provided are dealt with through the Trust procedures.

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 11 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

A log of any complaints is maintained by the Estates staff. Records of 4Cs (Complaints, Compliments, Concerns, Comments) are maintained centrally by the Trust.

Any issues with the service would initially be dealt with by the Customer Services Manager; the Estates Manager, Head of Estates Operational Services and the Director. These will also be raised and discussed at the regular Estates and Facilities Assurance Meetings.

4.4 Computer Aided Facilities Management

Computer Aided Facility Management forms an integral part of the Service. The objective of the system is to provide a traceable and auditable system of maintenance of the client's estate and medical devices.

The system maintains a register of assets at each client organisation's site including asset type, serial number, model number, manufacturer, specialist maintenance equipment, location on the site.

The system can also be utilised to record purchase dates, spares required, safety notes and financial information. Each asset can also then be further broken down and catalogued into major components or sub-assets.

The Trend BMS system shall be used and utilized by Estates Management and the Sustainability and Energy Manager to help resolve plant system faults and energy inefficiencies.

5. Maintenance

Maintenance can be categorised into two elements:

1. Operational
2. Backlog

5.1 Operational Maintenance is further sub-categorised into

5.1.1 Planned Preventative which can be:-

- Statutory/Mandatory (eg: Compliance) or
- Routine

5.1.2 And Reactive which can be:-

- Emergency/Urgent (eg: Health and Safety/Business critical)
- Routine which is further prioritised in terms of response depending criticality of item and/or location

5.2 Planned Preventative Maintenance (PPM).

Based on identified PPM schedules and other asset information the system will produce work orders for directly employed staff and contractors. The Trust requires a complete list

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 12 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

of PPM for each site per day/week/month/year and current costs, also broken down to direct labour and/or contractors carrying out the PPM.

The system maintains detailed reports of PPMs scheduled, missed, on-going or complete. A list of typical systems and equipment that is maintained is given in Appendix C.

5.3 Reactive maintenance (faults).

The system maintains detailed records of missed, on-going or complete. Monthly reports are presented and provided to the Estates and Facility Assurance Group by the Head of Estates Operational Services.

Estates operate a first line reactive service where a fault is generally attended to in the first instance by Trust Works Officers and/or Technicians. Where the rectification is outside the skills or scope of the DLF then contractors with the relevant knowledge; experience; resources and skills will be contacted and orders raised.

5.4 Backlog Maintenance Plan.

A plan will be reviewed annually by the Assistant Director Estates Operational Services and prioritised using the Trust's Risk management process. The plan is supported by the 6 Facet study (whose work plan is updated annually). The latest programme can be found by clicking on the Hyperlink in section 3.6.

The plan will take into account the future use/life of the asset. A full 6 Facet condition survey will be conducted every 5 to 6 years by external surveyors.

The latest 6 facet survey can be found at <T:\Facilities Management Admin\BACKLOG MAINTENANCE>

The most current Backlog Maintenance Programme can be found in :-<G:\Keith Hayward\Five year backlog maintenance plan.doc>

The annual ERIC returns, this can be found at <T:\Facilities Management Admin\ERIC RETURNS> and the Estates Strategy and is considered annually by Capital Control Group for inclusion in the 5 year rolling forward Capital Programme.

6. Additional Professional Services

Occasionally additional professional services (eg: investigations, structural surveys, water analysis professional advice etc) are provided by or procured and managed by Estates staff. This would normally be undertaken by a Works Officer in conjunction with the Estates Manager , Assistant director of Estates Operational Services and the assistant director of property and capital development.

7. Minor Works

Minor works are undertaken by Estates staff and subcontractors. This covers small items of Estates works involving adaptation, alteration and new installations which are often required to support changes in procedures and work practices (e.g. additional sockets, shelving etc). Works values up to £5,000 exc. VAT are considered minor. These works are funded by the requesting

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 13 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

Division or Department and are re-charged to them by the Estates and Facilities customer service section.

8. Assistance to Capital Development Team

An Estate representative attends the weekly capital planning progress meetings (chaired by the assistant director of property and Capital Development with the Trust's Project Managers) and share information on site infrastructure and activity. This is attended by either the Asst Director of Estates Operational Services; the Estates Manager; or one of the Estates /Works Officers.

Estates provide the following services to Capital:-

- Provision of information on the built environment
- Input to the Trust's Design guide
- Advice on the condition and layout of infrastructure services
- Comments on design proposals particularly in connection with maintainability
- Details of site hazards and hazardous areas
- Energy and revenue consequences of design proposals
- Isolation and reconnection of services
- Attendance on site for technical advice and observing commissioning tests
- Acceptance of O&M Manuals and record drawings
- Acceptance of the building and building services for maintenance
- Maintenance during warranty periods if applicable
- Attendance at Post Project Reviews

9. Energy and Utilities

Estates also provide an energy and utilities monitoring and billing service on behalf of the Trust. This is managed by the Sustainability and Energy Manager. Records of consumption and costs are provided on a monthly basis. These can be found at [G:\ENERGY.xls](#)
Estates have a direct connection with the management of Energy and Utilities – Capacity, Resilience and Sustainability. Please see item 3.10 Energy Manager's role for links to the various latest documentation.

10. Financial management

Estates and Facilities staff operates under the Trust's Standing Financial Instructions.

10.1 Authority and delegations:

Nomenclature:
ED Executive Director
DD Divisional Director

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 14 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

CE Chief Executive
 DF&I Director of Finance and Information
 DEF Director of Estates and Facilities
 ADP Associate Director of Procurement

Capital Investment	Building work, equipment, software etc.
Up to £100k ED or DD Must be approved by Capital Control Group, ISSG or Medical Equipment Group	Equipment Group and be in accordance with the Capital Projects Framework

Tendering Process		
Organising tender	ADP, DEF, Capital Project Manager	
Receiving tenders	DF&I	
Opening and recording tenders	Executive Director designated by the CE and 1 witness not from originating department. Includes the Head of Corporate Affairs.	
Adjudication decision	ADP, DEF, Capital Project Manager	Normally to lowest price compliant tender. However the Amount (£) Delegated to Capital Project Manager. Adjudicating manager shall define decision criteria with approval from Head of Capital Development and/or Head of Estates Operational Services and document in tenders and Tender reviews.

Written quotations	£5k to £50k	
Number of quotations to be obtained	£5k to £20k	2 written quotations
	£20k to £50k	3 written quotations

Formal tender process	£50k+	Legal requirements to publish in EU official journal - advice from ADP
Number of tenders to be obtained	£50k +	3 tenders
OJEU tender	OJEU threshold	

Single Tender/Quotation	£5k to £50k	Director Estates & Facilities to approve Waiver Form (provided by
--------------------------------	--------------------	---

procedure		Supplies and Procurement) - for Building Works, Maintenance, Fixtures and Fittings.
Single Tender/Quotation procedure	£50k +	Director of Finance and Information to approve Waiver Form provided by Supplies and Procurement.
In all cases a Waiver Form with a Supplies generated unique Waiver Reference code/number is to be completed and signed.		

10.2 Contractors, Consultants and suppliers

Estates and Facilities operates an approved contractor, consultant and suppliers list.

The current list can be found in:-[T:\Facilities Management Admin\Estate and Facilities Contracts](#)

The list can be added to with new companies however the following criteria for inclusion is:

Employers Liability (if appropriate)	Any one occurrence	Unlimited
Excess	Each and every claim	£10,000
Public Liability	Any one occurrence	Unlimited
Trust Excess	Each and every claim	£3,000
Professional Indemnity (PII)	Any one occurrence	Unlimited
Trust Excess	Each and every claim	£3,000
Products Liability	Any one occurrence	Unlimited
Trust Excess	Each and every claim	£3,000

For smaller schemes and contracts, separate arrangements can be agreed with Trust's contracts manager. As a guide:-

Category a. where the annual gross fee income/turnover earned on UK schemes in the last completed financial year, as declared by the insured, exceeds £500,000 but is less than £5m.

Category b. where the annual gross fee income/turnover earned on UK schemes in the last completed financial year, as declared by the insured is £500,000 or less.

Category			
a.	Employers Liability (if appropriate)	Any one occurrence	£10m
a.	Public Liability	Any one occurrence	£10m
a.	Professional Indemnity (PII)	Any one occurrence	£50m
a.	Products Liability	Any one occurrence	£10m
b.	Employers Liability (if appropriate)	Any one occurrence	£5m
b.	Public Liability	Any one occurrence	£5m
b.	Professional Indemnity (PII)	Any one occurrence	£10m
b.	Products Liability	Any one occurrence	£5m

For Design Consultants - Architects, Building Surveyors, Engineers, QS's and other consultants, and where contractors have design responsibilities and duties, PII is applicable

Design Consultants should be registered with a appropriate Professional Institutions (RIBA, ICE, IMechE, RICS etc) and have appropriate quality assurance (eg ISO 9000).

Contractors – membership of a recognised trade body (ECA / NICEIC, Building & Engineering Services Association (formerly HVCA), Institute of Plumbing, FMB etc) and have membership of a trade safety organisation (eg CHAS). Contractors must be CIS registered.

The ordering and invoicing system used by Estates and facilities for procurement of works, services and suppliers is the NHS Shared Business Service (SBS).

Expenditure vs. Budgets are monitored monthly and discussed at the monthly Divisional Team Meeting with the Division's management accountant. A link to the Monthly Finance Report is attached. <G:\Estates Policy and Procedures\M05 Performance report.pdf>

11. Staff Training

11.1 Trust Mandatory training:-

Staff are required to undergo mandatory Trust induction and refresher training such as Information Governance, infection control etc. These training records are held centrally by the ESR (Electronic Staff Records) administered by the Training Department.

11.2 Local Estates training:-

All Estates staff are subject to thorough training programmes, including the following which is not exclusive:

Health & Safety – fire safety, lone working, working at heights, confined spaces, asbestos awareness, risk and COSHH assessments, manual handling, slips, trips and falls, general housekeeping, Personal Protective Equipment, use of work equipment, noise and vibration, permits to work, hot work, confined space.

11.3 Specific Estate training:-

Estates operates a Safe Systems of Work under the Health Technical Memorandums and specifically HTM00 (2014) - Policies and principles of healthcare engineering, - that replicates the responsible/delegated person tasks and duties within Estates and Facilities as a named point of contact and lead for a particular discipline. This appointment also has a deputy position; an independent auditor/advisor (AE); and identifies Authorised and Competent Persons.

In addition therefore to general trade and professional qualifications, specific staff are required to have particular initial and refresher training appropriate to the systems or disciplines. This includes training on preparation and approval of risk assessments; method statements and permits to work.

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 17 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

Monitoring and planning of specific individuals training and skills development is discussed and agreed using the Trust's Appraisal system.

12. Dissemination

Once this policy has been ratified it will be posted on the Trust intranet and abbreviated details will be provided to all members of Estates and Facilities division.

13. Archiving arrangements

As this is an internal operational policy a folder on the Estates G Drive [Estates Operational Policy Issue 05.doc](#) has been set up to hold master copies. Requests for retrieval of documents can be made to the Customer Services Manager.

APPENDICES

A: Estates Management Structure

B: Call priority guidelines for Estates helpdesk

C: Typical systems under maintenance

D: Key performance indicators

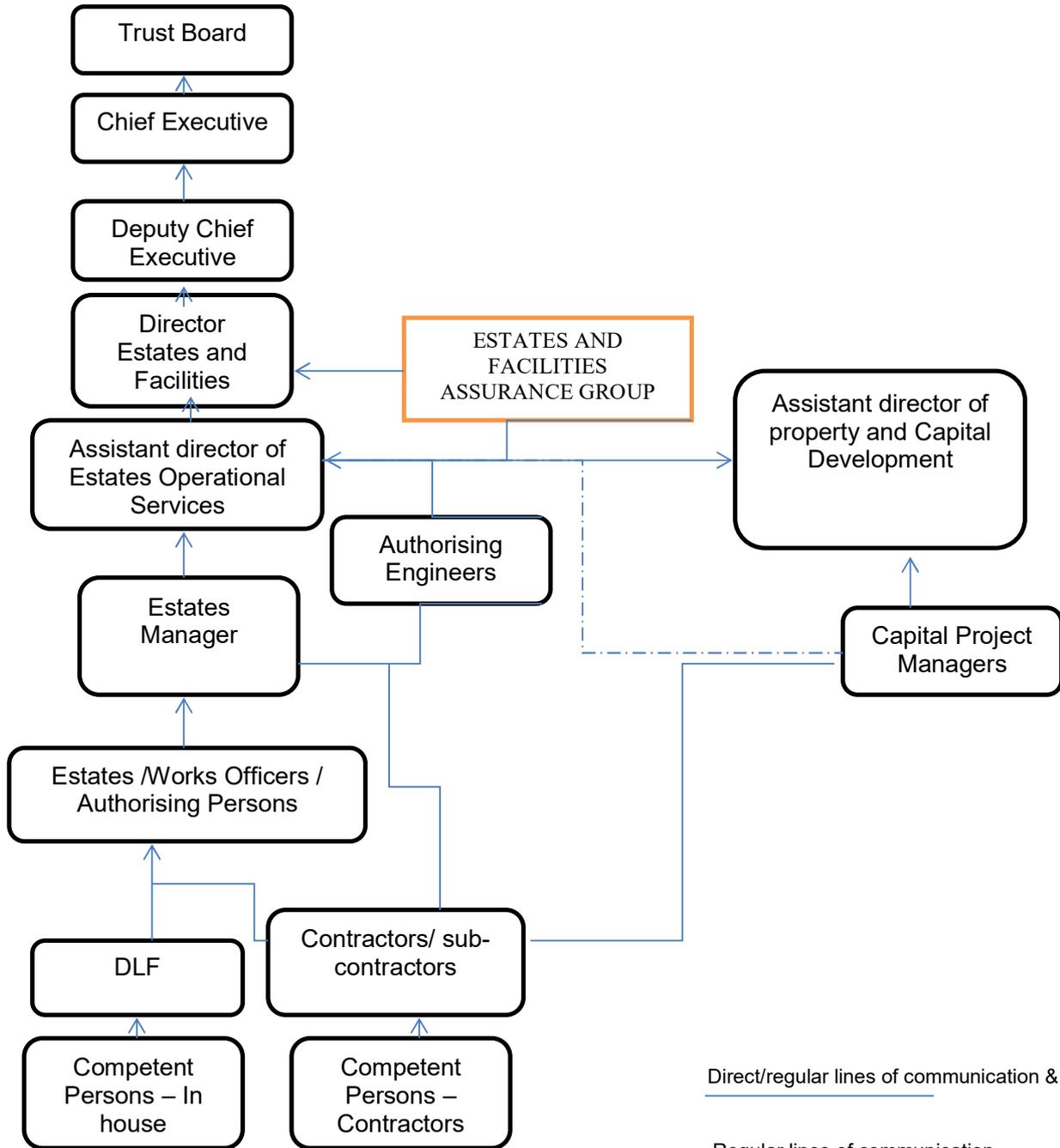
E: Estates and Facilities Assurance Group - Terms Of Reference

G: Equality Impact Assessment Tool

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 18 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

Appendix A

Estates Management Structure



Direct/regular lines of communication & reporting

Regular lines of communication

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 19 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

Appendix B
Call priority guidelines for Estates helpdesk

EMERGENCY: Priority 1 Less than 2hrs initial response time	Priority 2 1-2days response time	Priority 3 2-4 days response time	Priority 4 date and time to be arranged by Estates Staff
Building damage	Building rain/water damage : Wet carpet/floors/walls/ceilings		Building General : Wall Repairs/shelves/pictures/hooks/brackets/noticeboards
Pod system faults	Automatic Doors (External)	Door Failure (ie. Door Closer, Internal Doors)	Domestic Equipment : Toasters/Kettles/Fans/Office and Housekeeping Equipment
Power Loss : Site	Fire Integrity of Buildings	Lamp Failure in Walk-in fridges	PAT Testing Equipment
Fire alarm activation/faults	Glazing Damage	Medical Gas Outlet Faults : Local	Trolley Faults
Flood	Lamp Failure : Patient Area, WC's, Shower & Bathrooms	Patients Equipment : PATS Testing	Key Cutting - chargeable
Gas Loss : Site	Lighting : Large Areas	Domestic : Vacuum Cleaners	New shelving - chargeable
Heating Loss : Site	Lift Failure	Taps : Leaking	New Digital door locks - chargeable
Lift : Trapped Passengers	Cameras : Wards and External CCTV	Catering Equipment not affecting Patient Services	Electrical installations - Chargeable
Medical Gas Alarms	Infection control issues,	Hot Water Heaters	General office moves (noticeboards, shelving etc) - chargeable
Nurse Call: Failure/Continuous Alarm Fault	Pool temp/Chemical failure	Lighting External : Substantial Faults	Window Frosting/Solar Film - chargeable
Sterilisation Steam Loss	Walk-in Refrigerator alarms : Pathology, Pharmacy, Catering and Mortuary	Lighting Internal : Failures and Faults	Desk repairs
Theatres : Main Operating Lamp Failure	Buildings Temperature	Refrigerators and Freezers faults	Trolley repairs
Theatres : Ventilation	Theatres: Operating Lamp replacement		Disposal of electrical equipment - WEEE chargeable
Ventilation Loss : large area	Sinks Blocked chargeable if blockage caused by inappropriate use		

Water Loss : site/large area	Air Conditioning Units		
Drain/Toilet Blockage	Water : Hot and Cold loss : local		
Mortuary Ventilation Failure	Toilet Flush Failure		
Washer/Disinfector Failure - Autoclave Failure	Catering Equipment directly affecting patient services		
Bedpan Washer/Mascerator Failure - chargeable if blockage caused by inappropriate use			
Flooring problems (Trip Hazards)			
Drugs Cabinet Lock Failure			
All critical building service alarms(reported by switchboard)			

Appendix C
Typical systems and equipment

Air compressors and compressed air services
Air-conditioning systems
AirTube
Anaesthetic gas scavenging systems
Bedpan washing and disposal equipment
Boiler plant and auxiliaries
Building Fabric windows, floors, walls, ceilings)
Building maintenance system
Calorifier plants/Heat Exchangers
Chilling plant and chilling water storage and distribution systems
Cold water services
Combined heat and power installations
Communications Systems (excluding IT)
Conveyor installations and equipment
Drainage sewage treatment outside
Drainage system within the building
Electrical distribution system
Electrical lighting and power installations, including lighting fittings
Electrical sub-stations
Emergency Electrical Central Battery Systems
Emergency electrical generation plant and equipment
Emergency lighting systems communication systems (excluding IT)
Energy conservation and thermal installation
External lighting installations (including street lighting)
Fire detection and alarm systems
Fire protection system
Fixed fire extinguishing systems
Floodlighting system
Fuel gas incoming supply and distribution system

Fuel storage plant
Gas systems and equipment (infrastructure)
Grounds and gardens
Heating installations
Hot water services
Humidification systems
Hydrotherapy pools
Incoming electrical supplies
Intruder detection and alarm systems
Laundry equipment and services
Local Extract Ventilation
Lifts, hoists and escalators
Lighting protection systems
Mechanical ventilation systems
Medical vacuum systems
Nurse call, cardiac and emergency alarm systems and equipment
Piped medical gas services
Pneumatic tube systems
Power operated louvres
Public address personnel, location and call systems
Public health and plumbing services
Radio and television installations (infrastructure only)
Refrigeration equipment (infrastructure only)
Refrigeration installation and cold stores
Security access and control systems
Steam services and condensate-return systems
Sterilizing and bedpan washing or disposal equipment
Telephone equipment and distribution systems
Un-interruptible power supply systems/Isolated Power Supplies
Vacuum systems
Vibration control of services and associated equipment

Water Systems
Water treatment and filtration
Water treatment systems.

Appendix D

Key Performance Indicators

Key to Service Failure Type: QF=Quality Failure, FE= Failure Event, - QF Priority and FE Category are as defined in the Payment Mechanism **Key to Recording Frequencies:** = Annual (A), 6 Monthly (6M), Quarterly (A), Monthly (M)

1 MANAGEMENT AND ADMINISTRATION

Ref	Operational Maintenance	SF Type	Category	Minimum Perform Standards	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
1.1	The day to day management and supervision of services is provided by a team of staff at an appropriate level to respond as required to all operational issues within agreed scheduled response time.	QF	2	90%	M	Management and supervision level maintained to agreed schedule based on number of days per month.	Pass/ Fail	Annual report
1.2	Estates will ensure that staff & their contractors comply with all appropriate Trust policies and procedures	QF	3	100%	M	Reports to Help Desk of incidents of non-compliance.	Pass/Fail	Monthly report
1.3	Estates staff maintain high standards of customer service and courtesy when dealing with client staff, patients and visitors.	QF	1	90% positive response	A	% of positive responses	Pass/Fail	Annual report based on audit of 50 Client staff.
1.4	Accident and untoward occurrence reporting procedures are available, known and understood by staff	QF	1	100%	Q	Audit of Incident Report Forms	Pass/Fail	Quarterly report.
1.5	Enquiries from users are dealt with efficiently and courteously.	QF	1	90%	A	% positive responses	Pass/Fail	Annual report Based on Audit of 50 users.

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 23 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

1.6	Systems are in place to monitor all requests for services up to completion.	QF	2	95%	M	No of requests monitored as proportion of total requests.	Pass/Fail	Annual report.
1.7	All complaints are recorded and actioned up to satisfactory conclusion or appropriate response.	QF	1	100%	Q	Compliance with Client complaints procedure.	Pass/Fail	Quarterly report.
1.8	All requests, enquiries, comments and complaints are logged and reported upon monthly.	QF	1	100%	M	Evidence of compliance.	Pass/Fail	Monthly report.
1.9	All statutory estates data is accurately recorded and regularly updated.	QF	3	100%	Q	Number of compliant entries in sample over number of entries in sample. Sample size 25% per month.	Pass/Fail	Measured using estates records. Estate manager's documentation inspection against list of statutory data agreed
1.10	Permit to Work systems are complied with.	QF	3	100%	6M	Number of compliant random checks over number of random checks per month.	Pass/Fail	Authorising Engineers' reports
1.11	Maintenance and routine repairs are correctly monitored.	QF	1	95%	M	Number of compliant random checks over number of random checks per month.	Pass/Fail	5% checks and reported in annual report.
1.12	24 hour Estates Management emergency cover is maintained.	QF	3	100%	M	Percentage of compliant days per month.	Pass/Fail	Measured and monitored using duty rota records.
1.13	24 hour competent person emergency cover is maintained.	QF	3	100%	M	Percentage of compliant days per month.	Pass/Fail	Measured and monitored using duty rota records.
1.14	24 hour suitably designated person cover is maintained.	QF	3	100%	M	Percentage of compliant days per month.	Pass/Fail	Measured and monitored using duty rota records.

2

MAINTENANCE

Ref	Operational Maintenance	SF Type	Category	Minimum Perform Standards	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
2.1	Statutory maintenance works to be carried out in accordance with maintenance schedule.	FE	3	100%	M	Number of tasks completed over scheduled tasks per month. Sample size 100%.	Pass/Fail	Measured and monitored using the Maintenance Schedules Log.
2.2	Critical maintenance works to be carried out in accordance with maintenance schedule.	FE	2	90%	M	Number of tasks completed over scheduled tasks per month. Sample size 100%.	Pass/Fail	Measured and monitored using the Maintenance Schedules Log.
2.3	Environmental/routine maintenance works to be carried out in accordance with maintenance schedule.	FE	1	75%	M	Number of tasks completed over scheduled tasks per month. Sample size 100%.	Pass/Fail	Measured and monitored using the Maintenance Schedules Log.

3

BREAKDOWNS AND DEFECTS

Ref	Operational Maintenance	SF Type	Category	Perform Tolerance	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
3.1	Emergency breakdowns / defects must be Responded to in the agreed time and made safe.	FE	3	100% No tolerance	M	Number of Quality Failures	One-off penalty for each non-compliance	Measured and monitored using the help desk log.
3.2	Urgent breakdowns / defects must be Responded to in the agreed times and made safe.	FE	2	90%	M	Number of Quality Failures	One-off penalty for each non-compliance	Measured and monitored using the help desk log.

3.3	Routine breakdowns / defects must be Responded to in the agreed times (see paragraph 4.13.4) and made safe.	FE	1	80%	M	Number of Quality Failures	One-off penalty for each non-compliance	Measured and monitored using the help desk log.
-----	---	----	---	-----	---	----------------------------	---	---

4 UTILITIES

Ref	Operational Maintenance	SF Type	Category	Minimum Perform Standards	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
4.1	A water quality and hygiene programme will be operated.	QF	3	90%	M	Number of compliant random checks over number of random checks per month.	Pass/Fail	Measured using estates records. Monitored by regular, recorded random checks by estate Officers and managers.
4.2	Produce a monthly utility consumption and targeting report.	QF	1	90%	M	Produce monthly reports within 14 days of month end that includes agreed content and details.	Pass/Fail	Measured and monitored by confirmation of compliance by the Client.
4.3	Provide a six monthly report on improvements to energy efficiency.	QF	1	100%	6M	Produce quarterly reports within 14 days of month end that includes agreed content and details.	Pass/Fail	Measured and monitored by Rolling Energy Management Programme. Annual report checklist.
4.4	To establish and maintain a contingency planning document for loss of power, water, gas and medical gases.	QF	2	100%	A	Contingency planning document is in place.	Pass/Fail	

5

MECHANICAL

Ref	Operational Maintenance	SF Type	Category	Minimum Perform Standards	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
5.1	Ventilation plant and systems are maintained in accordance with relevant guidelines, good practice and legislation.	QF	2	100%	M	Number of compliant records per month over number of records per month. Sample size 100%.	Pass/Fail	Measured and monitored using monthly departmental check list.
5.2	Air conditioning plant is maintained in accordance with relevant guidelines, good practice and legislation.	QF	3	100%	M	Number of compliant records per month over number of records per month. Sample size 100%.	Pass/Fail	Measured and monitored using monthly departmental check list.
5.3	Temperature monitoring and failure alarm systems are correctly maintained and accurate.	QF	3	100%	M	Number of compliant records per month over number of records per month. Sample size 100%.	Pass/Fail	Measured and monitored using monthly departmental check list.
5.4	All mechanical plant and equipment is operated and maintained in line with relevant manufacturers' guidance, good practice and legislation and in line with HTMs.	QF	2	100%	M	Number of compliant records per month over number of records per month. Sample size 100%.	Pass/Fail	Measured and monitored using monthly departmental check list.

6 **ELECTRICAL**

Ref	Operational Maintenance	SF Type	Category	Minimum Perform Standards	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
6.1	All electrical plant and equipment is operated and maintained in line with relevant manufacturers guidance, good practice and legislation.	QF	2	100%	M	Number of compliant Inspections per month over number of inspections per month. Sample size to be 20% of maintenance scheduled maintenance.	Pass/Fail	Measured and monitored using departmental check list.
6.2	All defined information and alarm systems are functional to the commissioned standard and their integrity maintained at all times.	QF	3	100%	M	Number of compliant inspections per month over number of inspections per month. Sample size 100%.	Pass/Fail	Measured and monitored using departmental check list.

7 **STERILISERS AND DISINFECTING EQUIPMENT** This section will apply to endoscopy washers, macerators, dishwashers, and Bedpan washers etc. maintained by Estates.

Ref	Operational Maintenance	SF Type	Category	Minimum Perform Standards	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
7.1	All washing and disinfecting equipment are maintained in line with CFPP 01-01 guidelines, good practice and legislation (but for the avoidance of doubt, Estates will not be responsible for sterilization or disinfecting of such Equipment).	QF	3	100%	M	Number of compliant inspections per month over number of inspections per month. Sample size to be 20% of scheduled maintenance	Pass/Fail	Measured and monitored using monthly inspections of departmental check list

7.2	Machines are checked and certified as working to required CFPP 01-01 standards and safe to operate (but for the avoidance of doubt, Estates will not be responsible for sterilisation or disinfecting of such Equipment).	QF	3	100%	M	Number of compliant checks per month over number of checks per month. Sample size 100%. Measured using statutory log book.	Pass/Fail	Measured and monitored using the statutory log book.
-----	---	----	---	------	---	--	-----------	--

8 MEDICAL GAS, VACUUM AND ANAESTHETIC GAS SCAVENGING SYSTEMS

Ref	Operational Maintenance	SF Type	Category	Minimum Perform Standards	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
8.1	Piped medical gases, vacuum and anesthetic gas scavenging systems are maintained in line with HTM guidelines, good practice and legislation.	QF	3	100%	M	Number of compliant inspections per month over number of inspections per month. Sample size 100%.	Pass/Fail	Measured and monitored using monthly departmental check list.

9 ESTATES BUILDINGS

Ref	Operational Maintenance	SF Type	Category	Minimum Perform Standards/	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
9.1	All buildings are maintained to provide a safe environment.	QF	3	100%	M	Number of compliant inspections per month over number of inspections per month. Sample size to be 100% of scheduled inspections.	Pass/Fail	Measured and monitored using inspections and Rolling Building Audit.

9.2	All buildings are maintained in good order and appearance (appropriate to age and use).	QF	2	100%	M	Number of compliant inspections per month over number of inspections per month. Sample size to be 100% of scheduled inspections	Pass/Fail	Measured and monitored using Rolling Building Audit.
9.3	All pest control inspections are carried out in accordance with agreed schedules.	QF	1	5%	M	Schedule achieved. Check of 20% of scheduled inspections.	Pass/Fail	Measured and monitored using monthly departmental checklist.
9.4	All pest control sitting reports are responded to within 72 hours	QF	2	2%	M	No of responses over no of requests. To cover all requests.	Pass/Fail	Measured using monthly helpdesk report - comparison of responses and times against record of requests.

10 TESTING AND INSPECTING

Ref	Operational Maintenance	SF Type	Category	Minimum Perform Standards	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
10.1	Statutory testing is carried out as to frequency required.	QF	3	100%	M	Number of compliant commission over number of commissions per month. Sample size 100%. .	Pass/Fail	Measured and monitored using monthly departmental check list.
10.2	Statutory inspections are carried out as required.	QF	3	100%	M	Number of compliant commissions over number of commissions per month. Sample size 100%. .	Pass/Fail	Measured and monitored using monthly departmental check list.

10.3	Any actions that are required, following statutory testing and inspections are reported to the client.	QF	3	100%	M	Number of compliant commissions over number of commissions per month. Sample size 100%.	Pass/Fail	Measured and monitored using monthly departmental check list.
10.4	All new plant and equipment are commissioned to manufacturers and best practice guidelines and HTM requirements where appropriate.	QF	3	100%	M	Number of actions completed over number of required actions per month. Sample size 100%	Pass/Fail	Measured and monitored using monthly departmental check list.

11 EXTERNAL WORKS/LANDSCAPING

Ref	Operational Maintenance	SF Type	Category	Minimum Performance Standards	Recording Freq.	Performance Measurement Criteria	Application	Monitoring Method Statement
11.3	Soft landscaping to be maintained to an agreed standard.	QF	1	90%	M	Number of compliant Inspections over number of scheduled inspections per month.	Pass/Fail	Measured using estate records. Monitored by regular, recorded random checks by estate Officers and managers.
11.5	Trees will be regularly inspected for disease and storm damage.	QF	2	95%	M	Number of compliant Inspections over number of scheduled inspections per month.	Pass/Fail	Measured and monitored using departmental check list.

Appendix E

Estates and Facilities Assurance Group - Terms of Reference

Estates and Facilities Assurance Group

TERMS OF REFERENCE

Constitution

The Senior Management Team hereby resolves to establish a risk management and health and safety group to be known as Estates and Facilities Assurance Group.

Authority

The Group is authorised by the Associate Director of Estates and Facilities to manage, monitor and report all Estates and Facilities service risk, safety and assurance matters associated with its terms of reference and corporate responsibilities.

Membership

- Health, Safety and Security Advisor (Chairman)
- Director Estates and Facilities
- assistant director of estates Operational Services
- Estates Manager
- Head of Facilities Support Services
- assistant director property and Capital Development
- Business Assurance Manager
- Minute Taker

Attendance

If an operational member of the Group cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members are required to attend unless there is an appropriate reason for non attendance agreed with the Chairman.

Quorum

The quorum necessary for transaction of business will be at least five members and must include either the Director Estates and Facilities or Health, Safety and Security Advisor.

Duties

The Estates and Facilities Assurance Group will:

- Monitor and report all aspects of Estates and Facilities governance matters including risk management, incident reports, litigation, continuity planning, quality matters, policies and procedures.

- Propose strategies to improve safety and governance issues within service areas.
- Ensure that the identification, management and control of risk is robust and cohesive, taking action where necessary.
- Ensure that areas of concern are recorded on the Trust risk register and that action is taken to mitigate the risks as soon as is reasonably practicable

Key Responsibilities

The key responsibilities of the Estates and Facilities Management Team are to ensure that;

- Appropriate risk and safety management systems in place and the directorate is managing the Health and Safety of its workforce appropriately
- Significant risks identified from the Trust risk register are reviewed and mitigated where possible.
- Appropriate governance, quality and performance reporting systems are in place
- CQC Essential Standards of Quality and Safety and NHSLA Standards are complied with and evidence of sufficient assurance is available
- Risks associated with external inspections (such as HSE and EHO) are identified and managed appropriately

Reporting lines

- The Group will report to Estates and Facilities Senior Management Team

Monitoring

- Minutes of each will be reported to the Estates and Facilities Senior Management Team.
- Actions and recommendations will be reported through the minutes.

Frequency and Conduct

- Meetings will be held monthly and at such other intervals as appropriate.
- The membership and terms of reference will be reviewed annually.

Ratified by:

Date Ratified:

Date Issued:

Review Date

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 33 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

**Appendix F:
EQUALITY IMPACT ASSESSMENT TOOL**

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		For each category describe how you have involved stakeholders including service users and employees
	Race and Ethnic origin (include gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	No	
	Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	No	
	Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	No	
	Culture (consider dietary requirements and individual care needs)	No	
	Religion or belief (include dress, individual care needs and spiritual needs for consideration)	No	
	Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)	No	
	Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist)	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, for example, less than equal access, are any exceptions valid, legal and/or justifiable, for example a genuine occupational qualification?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 34 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

		Yes/No	Comments
7.	Can we reduce the impact by taking different action?	n/a	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the appropriate Action Group, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact [*insert name of appropriate person and contact details*].

PROFORMA FOR RATIFICATION OF POLICIES AND GUIDELINES BY RATIFYING COMMITTEE

Policy/Guidelines Name:	Estates Operational Policy
Name of Person completing form:	Ian Rowlan
Date:	January 2020

Author(s) <i>(Principle contact)</i>	Assistant director of Estates operational services
Name of author or sponsor to attend ratifying committee when policy/guideline is discussed	Ian Rowlan
Date of final draft	January 20
Has this policy/guideline been thoroughly proof-read to check for errors in spelling, typing, grammar and consistency?	
By whom:	
Is this a new or revised policy/guideline?	Revised
Describe the development process used to generate this policy/guideline. <i>Who was involved, which groups met, how often etc.?</i>	
Reference to HTMs and job title changes	
Who is the policy/guideline primarily for?	
All Estates staff	
Is this policy/guideline relevant across the Trust or in limited areas?	
Limited to Estates and Facilities	
How will the information be disseminated and how will you ensure that relevant staff are aware of this policy/guideline?	
Internal Team Brief and posted on notice board and email copy sent to all relevant party, the notification this is on the trust intranet.	
Describe the process by which adherence to this policy/guideline will be monitored. <i>(This needs to be explicit and documented for example audit, survey, questionnaire)</i>	
Review, feedback from staff , feedback from Estates & Facilities Assurance Group	
Is there a NICE or other national guideline relevant to this topic? If so, which one and	

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 35 of 36
--	--	---------------------------------	-----------------------------	---------	---------------

how does it relate to this policy/guideline?
Health technical memorandum 00 series and Health building notes series (HBN)
What (other) information sources have been used to produce this policy/guideline?
Model hospitals, HTM, HBN, ERIC
Has the policy/guideline been impact assessed with regard to disability, race, gender, age, religion, sexual orientation?
Yes
Other than the authors, which other groups or individuals have been given a draft for comment?(e.g. staff, unions, human resources, finance dept., external stakeholders and service users)
Director of estates and facilities, Estates manager, customer service manager, trust health and safety adviser
Which groups or individuals submitted written or verbal comments on earlier drafts?
Estates & Facilities Assurance Group
Who considered those comments and to what extent have they been incorporated into the final draft?
Assistant director of estate operational services, incorporated and assessed final draft
Have financial implications been considered?
Yes

Volume 12 Estates and Facilities	Current version is held on the Intranet	First ratified November 2014	Next review January 2023	Issue 5	Page 36 of 36
--	--	---------------------------------	-----------------------------	---------	---------------