

Policy No. (EF23)

Operational Policy for Estate Management

The following personnel have direct roles and responsibilities in the implementation of this policy:

- All individuals employed by the Trust, including Contractors, voluntary workers, students, locum and agency staff

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1	May 2015	New policy
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2	November 2016	Policy Review
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Important Information

The policy contained within this document forms part of the Trust Estates Operational and Safety documentation and should be read and applied in conjunction with the following:

Estate Management Protocol 1: Operational Procedures for Estate Management

Trust Policy for the Control and Prevention of Legionella and Hazardous Micro-Organisms in Water Supplies (EF- 04)

Trust Prevention of Aspergillosis during Building Work Policy (EF-14)

Trust Operational Policy for Medical Gas Pipeline Systems (EF -18)

Trust Operational Policy for Electrical Safety (EF- 22)

Trust Asbestos Policy (EF- 24)

Trust Operational Policy for Lift Management (EF- 26)

Trust Control of Contractors Policy (EF- 27)

Statement on Trust Policies to be included in all policies

Staff Side and Trade Unions

The University Hospitals of North Midlands NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way in which we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Equality and Diversity

The University Hospitals of North Midlands aims to promote equality and diversity and value the benefits this brings. It is our aim to ensure that all staff feel valued and have a fair and equitable quality of working life.

Equality Impact Assessment

The organisation aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment tool is designed to help you consider the needs and assess the impact of your policy.

Information Governance

Any Trust policy which impacts on or involves the use and disclosure of personal information (patient or employee) must make reference to and ensure that the content of the policy is comparable with the relevant statutory or legal requirement and ethical standards

Data Protection Bill, General Data Protection Regulations (GDPR) and the NHS Code of Confidentiality

GDPR replaces the EU Data Protection Directive of 1995 and supersedes the law of member states that were developed in compliance with the Data Protection Directive 95/45/EC. Its purpose is to protect the "right and freedom" of natural persons (i.e. living individuals) and to ensure that personal data is not processed without their knowledge, and, wherever possible, that it is processed with their consent.

Processing includes holding, obtaining, recording, using and disclosing of information and applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope, e.g. it also covers personal records

While GDPR applies to both patient and employee information, the Confidentiality Code of Practice (COP) applies only to patient information. The COP incorporates, the requirements of GDPR and other relevant legislations together with the recommendations of the Caldicott report and medical ethics considerations, in some cases extending statutory requirements and provides detailed specific guidance.

Freedom of Information Act 2000

The Freedom of Information Act 2000 (FOIA) is an Act which makes legal provision and creates a legal gateway and timetable for the disclosure, to the public, of the **majority** of corporate information held (but not necessarily created) by this Trust. The Trust has a legal responsibility to proactively provide a large amount of information to the public and to pro-actively respond to specific requests for information. Information will not be disclosed when the Trust can claim legal exemption. Any non-disclosure must be conveyed in writing; quoting the relevant exemption together with signposting to internal and external methods of complaint. Locally, guidance on the DPA, FOIA and COP can be obtained from the Information Governance Manager or the Caldicott Guardian.

Mental Capacity Act

Any Trust policy which may affect a person who may lack capacity should comply with the requirements of the Mental Capacity Act 2005 (MCA)

The MCA and its associated Code of Practice provides the framework for making decisions on behalf of individuals who lack the mental capacity to do these acts or make these decisions for themselves. Everyone working with and/or caring for adults who lack capacity, whether they are dealing with everyday matters or life-changing events in the lives of people who lack capacity must comply with the Act.

In a day to day context mental capacity includes making decisions or taking actions affecting daily life – when to get up, what to wear, what to eat etc. In a legal context it refers to a person's ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The Code provides guidance to all those working with and/or caring for adults who lack capacity, including family members, professionals and carers. It describes their responsibilities when acting or making decisions with, or on behalf of, individuals who lack the capacity to do this for themselves. In particular, it focuses on those who will have a duty of care to a person lacking capacity and explains how the legal rules set out in the Act will work in practice.

The Health Act: Code of Practice for the Prevention and Control of Health Care Associated Infections

The purpose of the Code is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean, safe environment, where the risk of HCAI is kept as low as possible. Failure to observe the Code may either result in an Improvement Notice being issued by the Care Quality Commission, or in the Trust being reported for significant failings and placed on 'Special Measures'.

The Code relates to healthcare provided by all NHS bodies. Each NHS body is expected to have systems in place sufficient to comply with the relevant provisions of the Code, so as to minimise the risk of HCAI to patients, staff and visitors.

The Trust Board must have an agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

Effective prevention and control of HCAI must be embedded into everyday practice and applied consistently by all staff.

Human Rights

The Trust is committed to the principles contained in the Human Rights Act. We aim to ensure that our employment policies protect the rights and interests of our staff and ensure that they are treated in a fair, dignified and equitable way when employed at the Trust.

Sustainable Development

The University Hospitals of North Midlands NHS Trust (UJNM) is committed to demonstrating leadership in sustainability and has a Trust Board approved Sustainable Development Management Plan (SDMP): Our 2020 Vision: Our Sustainable Future which sets out the route to developing a world-class healthcare system that is financially, socially and environmentally sustainable.

There are three 'Key Priorities' to aim for by 2020. With the help of employees, key partners and other stakeholders the trust will embed opportunities to:

1. Reduce our environmental impact, associated carbon emissions and benefit from a healthier environment;
2. Improve the resilience of our services and built environment as a result of severe environmental and climatic changes;
3. Embed sustainable models of care and support our local community to be well-connected, healthy, resilient, independent and managing their lives in a positive way.

The SWITCH campaign is designed to achieve these priorities. It is relevant to all departments and all members of staff. The focus is on using resources sustainably in order to provide better patient care, improve health and our working environment.

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1. INTRODUCTION

The University Hospitals of North Midlands NHS Trust (the Trust) recognises that the estate can pose a health and safety risk unless it is adequately maintained.

The estate built environment, which is used to accommodate the treatment, diagnosis and care of patients, service users and staff and must be provided in a form that the fabric, fixtures, fittings and services minimise the risk of Health Care Associated Infections (HCAI).

The Health and Safety at Work Act etc., 1974, the Management of Health and Safety at Work Regulations 1999 and the Construction (Design and Management) Regulations 2010 all impose specific duties to safeguard the health and safety of those who are and who are not in the employment of the Trust. These duties equally apply to a contractor or sub-contractor on Trust premises, in respect of safeguarding our employees, patients and visitors from their activities.

The Trust is committed to fulfilling the requirements outlined in the Health Act 2006 Code of Practice for Prevention & Control of Health Care Associated Infections (Department of Health 2006) revised January 2008, by ensuring that a Planned Preventative Maintenance system (ppm) is in place to minimise the risk of HCAI.

Specific to Estates Operations include: -

You can expect to be safe

- You will be cared for in a clean environment where you are protected from infection.
- You will be cared for in a safe and accessible place that will help you as you recover.
- You will not be harmed by unsafe or unsuitable equipment.

You can expect your care provider to constantly check the quality of its service

- Your care provider will continuously monitor the quality of its services to make sure you are safe.
- If you, or someone acting on your behalf, make a complaint you will be listened to and it will be acted upon properly.

2. STATEMENT

The policy requires that the estate is adequately maintained so that it does not give rise to foreseeable harm.

This policy provides an unambiguous statement for the Operational Policy for Estates Management.

3. SCOPE

This policy applies wherever the Trust owes a duty of care to service users, staff or other individuals.

This policy will:

- Provide guidance to those responsible for the maintenance of healthcare environments
- Assist in maintaining the value of the estate, extending the economic life of property and engineering systems as far as possible.

- Minimise disruption to ensure business continuity and emergency preparedness.
- Maintain the patient environment in a manner conducive to high quality clinical care.
- Ensure that buildings and all associated services operate at optimum levels of performance and within design criteria in the useful life cycle.
- Ensure that robust monitoring and reporting mechanisms are in place. This policy pursues and expects the good upkeep of buildings, engineering plant and equipment by regular inspection and maintenance in line with the Department of Health specialist guidance and best practise HTM documents and other recognised guidance, legislation and relevant industry standards.

Maintenance of medical devices is covered under a separate Trust policy.

4. DEFINITIONS

HTM 01 to 08	Department of Health NHS Estates & Facilities: Health Technical Memorandum best practice documents. HTM series of specialist publications sets healthcare specific standards for building components - such as sanitary ware and the design and operation of engineering services.
HTM 00	The aim of Health Technical Memorandum 00 is to ensure that everyone concerned with the managing, design, procurement and use of the healthcare facility understands the requirements of the specialist, critical building and engineering technology involved.
HBN	Department of Health NHS Estates & Facilities: Health Building Note document. HBN's are a series of publications that set the DoH's best practice standards in the planning and design of healthcare facilities.
Maintenance	The combination of all the technical and associated administrative actions intended to retain an item in, or restore it to, a state in which it can perform its required function. Given due consideration to viability and economic financial responsibilities.
PPM	Maintenance carried out at pre-determined intervals or corresponding to pre-described criteria, and intended to reduce the probability of failure, breakdown or the performance degradation of an asset.
Authorised Person (AP)	An appointed person in writing by the Designated Person on the recommendation of the AE.
Authorising Engineer (AE)	An appointed external Engineer to provide both assurance through audit application and professional independent advice.
Designated Person	The Designated Person will operate the management and control systems outlined in this policy and other related policies.

5. ROLES AND RESPONSIBILITIES

To facilitate this policy the Trust Board will:

- Discharge its responsibilities as a provider of healthcare to ensure that suitable and sufficient governance arrangements are in place to manage the estate and operational maintenance related matters.
- Set in place a clearly defined management structure and operational maintenance system.

See:-

- *Protocol 1: Operational Procedures for Estate Management*
- Provide appropriate levels of investment in the estate and estates personnel to facilitate the implementation of suitable and sufficient delivery of ppm precautions and procedures.

5.1 Management Structure

The responsibility for the implementation of this policy lies with the Trust Board and the Chief Executive as the “Duty Holder” for the University Hospitals of North Midlands NHS Trust.

The Trust Board has overall accountability for all the activities of the organisation, which includes, the management and maintenance of the Trust estate.

Designated Person

The Chief Executive has the managerial responsibility for the management and maintenance of the estate and delegates the operational day to day responsibility and authority to the Director of Estates, Facilities and PFI.

The Director of Estates, Facilities and PFI will operate the management and control systems outlined in this policy and other related policies.

Directorate Management Team – Operations

The Directorate Management Team has overall responsibility for the delivery of the Operational Services and Budget. This team is comprised of the Assistant Deputy Director of Estate Management and Senior Estate Operational Managers.

Estates Operational Managers and Operational Officers

The Estates Operational Managers/Officers have a responsibility to ensure that their staff are instructed, trained, informed and supervised and are competent to carry out their roles in a safe, effective and efficient manner.

The Estates Operational Managers/Officers are the designated officers for estates maintenance services. This position fulfils the role of Authorised Person (AP) for specialist engineering and building services (these appointments are site specific). Operational management of estates services includes building, engineering, equipment, specialist maintenance and grounds and gardens with appropriate maintenance programmes and an annual review of maintenance activities.

Estates Operations Team Leader

The Team Leaders provide day-to-day estate operations supervision and support to their specific discipline to ensure that the section is able to provide give the highest level of safe, courteous and efficient service to the building's users.

Estates Operations Technician /Craftsmen

The technicians and craftsmen provides skilled installation and/or maintenance of specialist services and will be directed, appointed, or authorised to work (if a contractor) by their Team Leader dependant on the work involved. Maintenance Assistants provide semi-skilled support to this role with direction from both Team Leaders and Technicians.

Directorate Management Team – Estates Development Capital

The Capital Projects Director is responsible for the overall programme management of all Estate Capital schemes. The Directorate Management Team – Capital will ensure all new works are efficient in terms of value for money (VFM), energy usage, reducing future maintenance requirements and to comply with relevant HTM/HBN's and other legislation. The Capital Projects Director will also monitor progress of agreed schemes and prepare and issue reports to inform and advise Trust Senior Management on a monthly basis

Infection, Prevention Team

It is the responsibility of the Infection Prevention and Control Team (IPCT) to provide specific input and support for all matters relating to the hospital environment, maintenance of hospital buildings and engineering systems and to work with Estates Operations.

This will include the provision of:

- Education for maintenance staff and management on infection prevention and control and the reduction in HCAI's
- Guidance and support when advice on controlling the environment is required
- Advice on risk assessments e.g. water systems for controlling the environment
- Identify priorities for action
- Assisting in reducing risk caused by Aspergillosis during building works

Employees

All Trust employees (including agency staff and contract staff) have a duty of care to each other as set out within the Health and Safety at Work etc., Act 1974 and to co-operate with their employer, not to tamper with safety devices and to reports defects and failures in accordance with Trust procedures. They should also comply with reporting systems with regard to building and plant faults.

Further information on the role of contractors can be found in the Control of Contractors Policy (EF- 27).

6. EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION

All persons within the estate management structure involved in specialist operational maintenance will attend an initial approved and certificated training course and follow up with refresher training not exceeding every three years as to the specific HTM recommendation.

Training will be recorded within the individual staff member's personal record, ideally within ESR.

7. IMPLEMENTATION

The Trust Board expects those tasked with managing aspects of operational maintenance and associated safety related matters to:

- Diligently discharge their operational maintenance responsibilities as befits their position.
- Set in place a program of suitable and sufficient assessment to identify and assess the risk.
- Develop implement and maintain appropriate action plans, pre-planned maintenance plans & protocols, written schemes and control measures to mitigate identified risks and comply with relevant legislation and codes of practice.

8. MONITORING AND REVIEW ARRANGEMENTS

This policy will be monitored through the Divisional Management Team Governance and Health and Safety meetings.

A regular review, at least 3 yearly of the Policy Document will be carried out and approved by the Designated Person.

9. REFERENCES

Health & Safety at Work Act 1974

Management of Health & Safety at Work Regulations 1999

Construction (Design and Management) Regulations 2015

Health Technical Memorandum HTM 00 – Policies and Principles

- HTM 01 – Decontamination
- HTM 02 – Medical Gases
- HTM 03 – Heating & Ventilation
- HTM 04 – Water systems
- HTM 05 – Fire safety
- HTM 06 – Electrical services
- HTM 07 – Environment and sustainability
- HTM 08 – Specialist services.

Health Building Notes:

- 00 – Core elements
- 01 – Cardiac care
- 02 – Cancer care
- 03 – Mental health
- 04 – Inpatient care
- 05 – Older people
- 06 – Diagnostics
- 07 – Renal care
- 08 – Long-stay care

- 09 – Children, young people and maternity
- 10 – Surgery
- 11 – Community care
- 12 – Outpatient care
- 13 – Decontamination
- 14 – Medicine management
- 15 – Emergency care
- 16 – Pathology.