Trust Policy	NHS University Hospitals Plymouth NHS Trust

Estates Services Provision Policy

Issue Date	Review Date	Version
November 2019	**November 2024**	**3**

Purpose

To explain the areas of responsibility of the Estates Department and methods of communication to request works and repairs.

Who should read this document?

All in Site Services.

All Directorate, clinical, and departmental managers, and all other staff to ensure they are aware of the services provided by the Estates function and how to utilise those services.

Key Messages

It is the intention of the Estates Department to provide a comprehensive Estates Service to all properties for which the Trust is responsible.

This policy details the following:
- Details relevant legislation and regulations
- Details the functions of the Estates department
- Details the roles and responsibilities of the staff who manage the Estates department including: Director of Estates & Facilities and the Head of Estates
- Provides information about guidance the department needs to follow
- Details the Planet Facilities Management system
- Defines maintenance
- Details training, information and communication
- Details access to the site in order to carry out works
- Provides information about CAD drawings
- Details relevant legislation and guidance

Core accountabilities

Owner	Head of Estates
Review	Health & Safety Committee
Ratification	Director of Estates & Facilities
Dissemination (Raising Awareness)	Head of Estates
Compliance	Health & Safety Committee

Links to other policies and procedures

Asbestos Policy
Electrical Safety Policy
Induction Information and Guidelines for Contractors
Guidance Notes on the Installation of Electrical System
Air Handling Unit General Specification
General Mechanical Guidance (Wet Services)
Daily Alarm Operational Status Record for Contractors
Policy for the Safe Employment of Contractors
Guidelines for the Infection Prevention and Control Input into Design, Construction and Renovation Projects
Mechanical Engineering Particular Specification
Operational Policy for Medical Gases
Operational Procedure for Medical Gases
Water Management Policy
Fire Safety and Arson Prevention Policy
Health and Safety Policy
COSHH Risk Assessment and Standard Operating Procedure
Operation of the Pneumatic Air Tube Transport System
Personal Protective Equipment (PPE) at Work Standard Operating Procedure
Permit to Work System

Version History

1	February 2010	Original version
2.2	January 2015	Major Update
3	November 2019	Update

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Contents

1	Introduction

It is the intention of the Estates Department (part of the Site Services Directorate) to provide a comprehensive Estates Service to all properties for which University Hospitals Plymouth NHS Trust (hereafter known as the Trust) is responsible.

2	Purpose

This policy sets out to explain the areas of responsibility of the Estates Department and methods of communication that can be used to request maintenance, new works, and any other Estates related issues. This policy has Trust wide relevance.

There are several pieces of legislation, regulation, and guidance that form the basis of this policy.

These include, but are not limited to the following:
- Health and Safety at Work Act 1974
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Confined Spaces Regulation 1997
- Health Technical Memorandums
- Health Building Notes

3	Definitions

The Estates Department is responsible for the maintenance, both planned and reactive of the hospital estate.

Definitions:

AE	Authorising Engineer
AP	Authorised Person
CAD	Computer Aided Design
DEL	Directly Employed Labour
DP	Designated Person
ERIC	Estates Return Information Collection
HBN	Health Building Note
HTM	Health Technical Memorandum
IPCT	Infection Prevention Control Team
MGPS	Medical Gas Pipeline System
PPM	Planned Preventative Maintenance
PTW	Permit to Work

4	Duties

The Trust is responsible for providing a safe and comfortable environment in which to care for and treat patients. It also needs to be a safe and comfortable environment for visitors and staff.

In order to manage and maintain the Estate, the Estates Department will carry out appropriate works to ensure a safe and comfortable environment, and where appropriate delegate work to general contractors, or specialist contractors to perform tasks or works as appropriate.

The functions of the Estates department are:

- To provide and distribute heating, ventilation, lighting, power, gas, medical gases, water services and drainage
- To provide a comprehensive maintenance service to plant, equipment and buildings
- To carry out minor capital works
- To provide a fire advisory service
- To produce, maintain, review and enforce safe systems of work, policies and procedures described in this policy
- Ensures the estate is compliant with current legislation

Roles and responsibilities

Chief Executive:

- Is ultimately accountable for the management and maintenance of the estate, but herein delegates responsibility to the Deputy Chief Executive.

Deputy Chief Executive:

- Has Board responsibility for Site Services including the estate but delegates responsibility to the Director of Estates & Facilities

Director of Estates & Facilities

- Assumes responsibility for the day to day management of the department and ensures that the service provided is effective, efficient, safe, and complies with current statutory legislation as far as reasonably practicable

Head of Estates

- Is responsible for the management of the engineering components of the Trust and to ensure they comply with current statutory legislation as far as reasonably practicable
- Is responsible for the fabric of the building and to ensure they comply with current statutory legislation as far as reasonably practicable

5	Key Elements

Health Technical Memoranda

Health Technical Memoranda (HTM's) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. They are the main source of specific healthcare-related guidance for estates and facilities professionals[1].

The Estates department will provide functions and services as per the HTM's, and adhere to the guidance in these documents.

There are nine core areas which are broken down as follows:

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[1] HTM 00: Policies and principles of healthcare engineering

HTM 00   Policies and principles (applicable to all Health Technical Memoranda
           in this series)
HTM 01   Decontamination
HTM 02   Medical gases
HTM 03   Heating and ventilation systems
HTM 04   Water systems
HTM 05   Fire safety
HTM 06   Electrical services
HTM 07   Environment and sustainability
HTM 08   Specialist services

Health Building Notes

Health Building Notes (HBN's) give best practice guidance on the design and planning of new healthcare buildings and on the adaptation/extension of existing facilities.

Planet Facilities Management System

The Estates department use the Planet Facilities Management System. The Planet system supports the following:

- All aspects of planned and reactive maintenance
- Estates helpdesk
- Asset register
- Health & Safety
- Mobile work order and asset management
- Stores management and purchasing
- Customer contracts and job billing
- Web interface for call logging and customer feedback

The information in the Planet system can be used to analyse performance and plan maintenance schedules.

Maintenance

Maintenance is divided into two types, planned/preventative and breakdown.

Planned preventative maintenance is designed to:

- Avoid breakdown of crucial plant and equipment
- Maintain safety standards
- Enable activities to be planned, thus keeping disruption to a minimum
- Ensure compliance with appropriate legislation

Breakdown maintenance is a repair service normally triggered by user department request and can be categorized into three groups:

- Routine repairs
- Urgent repairs
- Emergency repairs

Requesting Repairs

Please see appendix 4.

Service Contracts

Equipment of a complex or specialist nature is often covered by a service contract. Response times for repairs may vary depending on the terms of the contract.

Minor Works and Improvements

Please see appendix 4.

Risk Management

The associated risks with the operation of Estates will be managed by a process of prioritisation of work within available resources, using professional expertise. The Head of Estates working closely with Estates Services managers and other members of the Estates Department will lead this process.

Training, information and communication

Training

The Estates team will undertake training as appropriate, directed by Trust policy and procedures, as well as any training required to ensure registration and/or competency to perform their role.

Information

The department will provide Trustwide alerts regarding maintenance, shutdowns, testing and any other works which may affect patients, staff or visitors.

Communication

The Estates Helpdesk operates 24 hours a day, 7 days a week. The helpdesk can be contacted on (4)31300 and will raise work orders

Access

Some areas of the hospital are not accessible to non-Estates staff. These include plant rooms, motor rooms, voids and roof spaces. Estates staff and external contractors may require access to these areas when carrying out work. The following items may require attention depending on the area in which the work needs to be carried out.

Induction Information and Guidelines for Contractors

A suite of documents that all external contractors are required to read before working on site. Contractors are also required to complete an induction and a signed record is kept by all those who complete the induction.

Confined spaces

Please refer to the Confined Spaces Regulations 1997 and the Trust Policy for Safe Employment of Contractors.

Hot Works

Please refer to the Trust Fire Safety and Arson Prevention Policy for information.

Mechanical permits

Please refer to the Trust Mechanical Services Design Briefing Note for information.

Medical Gases

Please refer to the Trustwide Operational Policy for Medical Gases document for information.

Asbestos

Please refer to the Trust Asbestos Policy for information.

Records/drawings

The Estates department will keep up to date records and (CAD) drawings. These are readily available in electronic and paper format, including legionella drawings.

When additions or alterations are made, current as fitted drawings and information are to be supplied to the CAD Technician. Operating and Maintenance (O&M) manuals are also to be supplied.

6	Overall Responsibility for the Document

The Director of Estates & Facilities is responsible for ratifying this document. The Estates department has responsibility for the dissemination, implementation and review of this Policy.

7	Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Health & Safety Committee and ratified by the Director of Estates & Facilities.

Non-significant amendments to this document may be made, under delegated authority from the Director of Estates & Facilities, by the nominated owner. These must be ratified by the Director of Estates & Facilities.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8	**Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Estates & Facilities and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9	**Monitoring Compliance and Effectiveness**

The Trust will undertake a regular audit of the processes specified in this policy. It should be noted that the responsibilities in this policy are legally enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies and legislation.

The Estates department are able to use the Planet Facilities Management software to analyse and assess performance.

The Estates department also has a series of Key Performance Indicators which it is assessed against.

10	**References and Associated Documentation**

Regulatory legislation and applicable guidelines

A list of appropriate regulatory legislation is detailed below (this list is not exhaustive):

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Reporting of Injuries, Disease and Dangerous Occurrences Regulations, 1995
- Confined Spaces Regulations 1997
- Control of Asbestos Regulations 2012
- Construction (Design and Management) Regulations 2007 (CDM)

Other applicable guidance:

- Health Technical Memorandums
- Health Building Notes

Dissemination Plan and Review Checklist | Appendix 1

Dissemination Plan	
Document Title	Trustwide Policy on Estates Services Provision
Date Finalised	Nov 2019
Previous Documents	
Action to retrieve old copies	To be managed by the Information Governance Team
Dissemination Plan	

Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Equalities and Human Rights Impact Assessment | Appendix 2

Core Information	
Date	Nov 2019
Title	Trustwide Policy on Estates Services Provision
What are the aims, objectives & projected outcomes?	To explain the areas of responsibility of the Estates Department and methods of communication requests for repair.

Scope of the assessment	
This EIA was undertaken with the Equality Lead and covers all protected characteristics.	

Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored. Consideration will be made if information provided is required in a different language for training purposes.
Religion	There is no evidence to suggest there is a disproportionate impact on religion or belief and non-belief regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Disability	There is no evidence to suggest there is a disproportionate impact on disability regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored. Consideration will be made the requirement of reasonable adjustments when designing and planning new healthcare buildings and adapting/extending existing facilities to ensure compliance with the disability and access aspects of the Equality Act 2010 Consideration will be made if information provided is required in an alternative format when providing information or training
Sex	There is no evidence to suggest there is a disproportionate impact on sex regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Gender Identity	There is no evidence to suggest there is a disproportionate impact on gender identity regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.

Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Age	There is no evidence to suggest there is a disproportionate impact on age regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Socio-Economic	There is no evidence to suggest there is a disproportionate impact on socio-economic regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Human Rights	There is no evidence to suggest there is a disproportionate impact on human rights regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
What are the overall trends/patterns in the above data?	No comparative data has been used to date which means that no trends or patterns have been identified.

Involving and consulting stakeholders	
Internal involvement and consultation	Health & Safety Committee
External involvement and consultation	None
Impact Assessment	
Overall assessment and analysis of the evidence	Consideration will be made if information provided is required in a different language when providing information or training Consideration will be made the requirement of reasonable adjustments when designing and planning new healthcare buildings and adapting/extending existing facilities to ensure compliance with the disability and access aspects of the Equality Act 2010 Consideration will be made if information provided is required in an alternative format when providing information or training.

Action Plan				
Action	**Owner**	**Risks**	**Completion Date**	**Progress update**
Specific issues and data gaps that may need to be addressed through consultation or further research				

| **Requesting works from Estates** | **Appendix 3** |

Logging Maintenance/Security Faults and PAT Testing Requirements.

All non-urgent faults can be logged directly on to the Planet Facilities Management system by clicking HERE. This is a 24 hour monitored system used to administer all planned and reactive maintenance.

All urgent requests must be reported to x31300 giving the Estates Helpdesk team as much information as possible to ensure an efficient response. This is a 24 hour monitored phone line to administer urgent faults only.

New Works

Requests for alterations or improvements should be submitted via the Planet Facilities Management system available by clicking HERE.

Please ensure you complete all relevant questions and provide a budget number and holder name so we can process your request efficiently.