


POLICY DOCUMENT CONTROL SHEET

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Approval

Signature of Chairman of Ratifying Body	
Name / Job Title of Chairman of Ratifying Body:	Tom Hunt P and W Committee
Signed paper copy held at: (2 locations)	Corporate Records Office - DMH, & Estates Office - DMH

VERSION CONTROL TABLE

Date of Issue	Version Number	Status
February 2011	v 1.0	New Overarching Policy
December 2012	v 2.0	Policy review
November 2015	v 2.0	Draft
13/5/2016	v 2.0	Approved

TABLE OF REVISIONS

Date	Section	Revision	Author
February 2011	All Sections	New Overarching Policy	Mr T Overend
December 2012	All Sections	New Overarching Policy New Overarching Policy	Mr T Overend
February 2015	Whole document	Document changed in line with new Trust Format	Mr T Overend
January 2016	Whole document & EIA	Document updated for January PW&C	Mr T Overend

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1 INTRODUCTION

County Durham & Darlington NHS Foundation Trust, (CDDFT), accepts its responsibility to promote both health and a healthy environment.

In providing healthcare, CDDFT will maximise any opportunities to ensure a positive contribution to energy use/sustainability and take actions to minimise negative impacts on the environment and society.

The Trust recognises that energy (electricity & natural gas) is an integral and necessary resource for the provision of healthcare services. The Trust recognises the financial impact of the use of energy; consequently the Trust will ensure energy is used carefully and embracing new technology to reduce waste.

The Trust recognises the environmental impacts that result from our use of energy. The Trust Board is therefore committed to improve the Trust's environmental performance relating to energy use and targeting compliance with the relevant environmental legislation as the minimum acceptable level of performance.

In 2009 the "Carbon Trust" independently verified the Trust carbon foot print as 26,662 tonnes of carbon; we recognise the embedded carbon footprint element in our energy related activities. It accepts its responsibility to manage energy consumption by taking the energy carbon emissions as the primary driver for performance in alignment with national targets. In accordance, the Trust will work in reducing its carbon emissions from energy consumption from its 2007/2008 baseline with the Department of Health targets laid out later in this policy, see section 2.1.

To achieve this, the NHS has introduced two sets of mandatory targets for NHS bodies in England as follows:

- 1) Reduce the organisations level of carbon emissions in line with the Climate Change Act 2008.
- 2) Improve NHS buildings energy performance of owned and leased properties.

The Trust have a track record of investing in new, clean and low carbon emitting energy efficient technologies where they are cost effective. It will continue to source and invest in energy efficient technologies and practices to ensure that it achieves or exceeds the statutory carbon emission reduction targets called for in the appropriate legislation.

2 PURPOSE

This policy identifies the requirements (CDDFT) must achieve in order to ensure; good quality monitoring, energy consumption, carbon emissions & to avoid unnecessary expenditure on utilities, to protect the environment and where practical to prolong the life of fossil fuels.

The Trust is committed to apply best practice to continuously improve the energy efficiency. This includes undertaking “Estates Returns Information Collection” (ERIC) audits to identify and quantify potential energy saving measures and developing and implementing an annual energy management programme which will realise energy, carbon and financial savings.

2.1 Policy Objectives

- 1) To set the framework for Energy Management in the Trust.
- 2) To establish the Trust’s commitment to continually improve its energy performance, thus minimising the impact of its activities on the environment as recognised by best practice.
- 3) To reduce CDDFT’s carbon emissions by 34% from 2007 emission baseline by 2020, Department of Health target.
- 4) To reduce CDDFT’s carbon emissions by 80% from 2007 emission baseline by 2050, Department of Health target.
- 5) Establish an energy champion who sits on the board and throughout the Trust staff who will act ambassadors and help deliver the above aims.

3 SCOPE

The scope of this policy is applied to all properties owned, maintained by, or on behalf of CDDFT.

4 DUTIES

The Trust Board delegates to the Chief Executive the responsibility to ensure this policy is implemented throughout the Trust.

The Chief Executive (CE) is responsible for ensuring compliance with the relevant statutory requirements relating to all aspects of environmental management that impact on the Trust.

The CE delegates to the Director of Estates and Facilities the duty of monitoring the overall operation of the Trust is in compliance with all energy regulation and legislation.

Responsibilities assigned to individuals within the Estates Organisational Structure are clearly defined within individual job descriptions, which are reviewed annually as part of the appraisal process.

4.1 The Director of Estates and Facilities is responsible for:

- The safe, efficient and effective operation of the Trusts estate.
- Delegate the role to the Associate Director of Estates of monitoring and ensuring the Trust is compliant with the relevant environmental legislation, as well as the required improvement of the Estate infrastructure to achieve the goals and commitment set in this policy.
- Producing and updating the Trust's Environment & Sustainability section in the Annual Report.
- Continue to support the Sustainable Steering Group, manage and oversee the Trust's energy agenda.

4.2 The Associate Director of Estates is responsible for:

- The safe, efficient and effective operation of the Trusts estate, and will act as the day to day manager for energy management.
- Monitoring and ensuring the Trust is compliant with the relevant environmental legislation, as well as the required improvement of the Estate infrastructure to achieve the goals and commitment set in this policy.
- Producing and updating the Trust's Environment & Sustainability section in the Annual Report.

4.3 The Energy Manager is responsible for

- Monitoring and controlling energy budget & consumption in the Trust.
- Producing guidance on energy conservation where required.
- Advising the capital department on energy aspects of new building projects.
- Identifying the Trust's potential resources of renewable energy and inform on how these will fit in the estates development agenda.
- Identifying energy and carbon reduction opportunities aligned with the Trust's carbon emissions reduction agenda.
- Monitoring the Trust's carbon footprint related to energy.
- Draft production and updating the Trust's Environment & Sustainability section in the Annual Report.

4.4 The Estates Operations Managers and Officers are responsible for;

- To ensure all buildings in the Trust are properly maintained.
- Ensuring all building systems in the Trust (ventilation, heating, etc) operate efficiently preventing energy wastage.
- Ensuring all heat production equipment (boilers, combined heat and power units, etc.) operate as efficiently as possible.

4.5 All Department Managers have responsibility to:

- Ensure all the staff in their department are aware of and follow the guidance and procedures related to energy conservation and any other environment related activity.
- Report to Estates and Facilities via the “Estates Helpdesk” problems in the ward related to the heating system, ventilation system, water wastage (leaks) and physical condition in the area with an environmental impact (example: broken windows).
- Inform Estates and Facilities Management regarding any change in the use of rooms in their management area. (for example, change of room temperatures, legionellae management to operate taps).

This Policy applies to all Trust employees and staff employed via external Contractors, which include, NHS PS, Robertson’s FM, ISS Mediclean, and Cofely-GDF Suez involved in the provision of energy management.

5 DEFINITIONS

5.1 Glossary of Terms Used

Carbon footprint - Carbon footprint is a measure of the impact an organisation's activities have on the environment, and in particular the potential effects on manmade climate change. The carbon footprint relates to the amount of greenhouse gases produced in a period of time.

Carbon footprint scopes - Carbon footprint scopes are the classification of the different carbon emissions emitted by an organisation according to their source. Scope 1 emissions are the emissions from the direct combustion of fuels on the organisation's premises. Scope 2 emissions are emissions from electricity generation activities to supply the organisation's needs.

Advance Metering Infrastructure - This term relates to system that assess, collects and analyses energy usage by interaction with advanced measurement devices such as electricity meters and gas meters, through communication media either on demand or to predefined schedules.

6 MONITORING

6.1 Key Performance Indicators

- Reduce CDDFT carbon footprint 34% by 2020 based on 2007/2008 baseline of 26,662 t/CO₂ independently verified by the Carbon Trust in line with the Department of Health target.

6.2 Compliance and Effectiveness Monitoring

The Trust recognises the importance of monitoring consumption as a factor in energy management. The Trust is committed to ensure that energy demand and related carbon emissions are monitored and managed according to the best practice procedures (currently by an Advanced Metering Infrastructure).

The impact of this policy will be reviewed monthly performing annual baseline comparison assessments of energy usage via "Scorecard".

Monthly reports will be sent to Associate Director of Estates detailing the Trust's energy performance and adherence to the policy and targets.

Monitoring criterion	Response
Who will perform the monitoring?	Energy Manager Estates & Facilities
When will the monitoring be performed?	Monthly, on receipt of data/invoices.
How will you monitor?	Change in tonnes of carbon shall be reported in the Estates key performance indicator (Scorecard) monthly.
What will happen if any shortfalls are identified?	Shortfalls shall be identified in the traffic light system in Scorecard.
Where will the results of the monitoring be reported?	Carbon results will be reported to the Board. Energy and utilities shall be reported as required in the Trusts annual report.
How will the resulting action plan be progressed and monitored?	The target shall be monitored via Scorecard and progressed in the Sustainability Steering Group.
How will learning take place?	Learning shall take place through monthly monitoring.

The Trust recognises that some elements of energy management fall under the control of departments other than Estates and Facilities Management. To this end the Trust will promote the on-going communication at the Sustainability Steering Group between different departments and directorates to ensure energy is properly managed at all levels of the organisation.

7 REFERENCES

Health Technical Memorandum 07-02 EnCO2de – “Making energy work in healthcare 2006” is the primary source of guidance on energy and carbon management within the NHS. In addition to the NHS energy requirements the policy is supported by the associated documents;

8 ASSOCIATED DOCUMENTATION

This Policy refers to the following guidance, including national and international standards:

Acts & European Directives

Climate Change Act 2008

European Union Energy Performance of Buildings Directive Jun 08

European Union Emissions Trading scheme (EU ETS) Nov 06

The Building Regulations 2010

NHS specific guidance

- HTM 07-02: EnCO2de – making energy work in healthcare Jan 06
- HTM 07-07: Sustainable health and social care buildings Jan 09
- HTM 03-01: Specialised ventilation for healthcare premises: Part A – Design and validation Nov 07
- HTM 04-01: The control of Legionella, hygiene, “safe” hot water, cold water and drinking water systems, Part A - Design, installation and testing Oct 2006

Compulsory Carbon Schemes – Qualifying Organisations

- CRC Energy Efficiency Scheme April 2010
- European Emissions Trading Scheme 2006
- Display Energy Certificates 2008
- European Energy Performance of Buildings Directive Air Conditioning Inspection 2010/31/EU Article 9

9 APPENDICES

9.1 Equality Impact Assessment

Equality Analysis / Impact Assessment

EIA Assessment Form

v3/2013

Division/Department:

Estates & Facilities

**Title of policy, procedure, decision,
project, function or service:**

POL/EF/0001
Energy Policy

Lead person responsible:

Mr W Carr Associate Director of Estates

**People involved with completing
this:**

Mr T Overend, Energy Manager, Mr W Carr
Associate Director of Estates

Type of policy, procedure, decision, project, function or service:

Existing

New/proposed

Changed

Date Completed:

November 2015



Step 1 – Scoping your analysis

What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?

CDDFT's Energy Policy is to monitor & control energy consumption, carbon emissions & to avoid unnecessary expenditure on utilities, to protect the environment and where practical to prolong the life of fossil fuels.

To reduce CDDFT's carbon emissions by 34% from 2007 emission baseline by 2015, target set by

the Department of Health.

Who is the policy, procedure, project, decision, function or service going to benefit and how?

The aim of reducing energy consumption & carbon emission will benefit the Trust via reduced expenditure and globally helps to reduce overall greenhouse gas emissions.

What barriers are there to achieving these outcomes?

Strategic operational change within the Trust due to clinical need; for example changing from 12 hour treatment to 24 hours 7 days a week.

How will you put your policy, procedure, project, decision, function or service into practice?

The policy shall be put into practice by monitoring carbon output of the Trust and reporting to the Board.

Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?

Energy Policy links with the Environmental Policy, there is potential of conflict with Trust operational change and clinical need.

Step 2 – Collecting your information

What existing information / data do you have?

The NHS Carbon Management Programme in 2009 setting the Trusts carbon footprint and target. Detailed in the “Carbon Management Strategy”, signed off in 2009 by the Chief Executive.

Additional data from electricity and gas suppliers to the Trust through invoices held by finance department.

Who have you consulted with?

A 9 month project in 2009 where the Trust consulted with Department of Health and The Carbon Trust to produce the “Carbon Management Strategy”.

What are the gaps and how do you plan to collect what is missing?

The original data from 2007/2008 has been overtaken by the transforming community services and the expansion of the Trusts building stock in 2012. Data is being collated on the new properties to facilitate a benchmarking process with the Carbon Trust or similar organization in the future.

Step 3 – What is the impact?

Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?

Ethnicity or Race

No Impact

Sex/Gender

No Impact

Age

No Impact

Disability

No Impact

Religion or Belief

No Impact

Sexual Orientation

No Impact

Marriage and Civil Partnership (applies to workforce issues only)

No Impact

Pregnancy and Maternity

No Impact

Gender Reassignment

No Impact

Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills etc.

No Impact

Step 4 – What are the differences?

Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?

No Impact

Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?

Yes No

If yes, explain the justification for this. If it cannot be justified, how are you going to

change it to remove or mitigate the affect?

Not applicable

Step 5 – Make a decision based on steps 2 - 4

If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.

In order to comply with the recommendation in Hospital Technical Memorandum 07 (HTM 07:02 & 07:07)

If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:

None

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?

Monitoring of the policy target is carried out quarterly at the Sustainability Steering Group.

Step 6 – Completion and central collation

Once completed this Equality Analysis form must be forwarded to Jillian Wilkins, Equality and Diversity Lead. jillian.wilkins@cddft.nhs.uk and must be attached to any documentation to which it relates.