

Foreword

Welcome to the March edition of Insites. This publication has been timed to bring you news from the major NHS Estates environment for care event on 9 and 10 March, as well as the usual updates and information.

The latest in the series of environment for care events shows the real demand for information and advice on creating healing environments, just one of the many aspects of efm. Over 400 people attended the conference to take part in practical workshops, learn about the latest research and meet and talk with a wide range of key

organisations and service providers at the event exhibition.

The event was a real success. I would like to take this opportunity to thank the people who volunteered to present at the event, the organisers who have worked so tirelessly behind the scenes and finally the delegates for their enthusiasm and valuable insights.

THE ENVIRONMENT FOR CARE

Transforming the Environment – 9 and 10 March 2005

Over 400 delegates attended the Environment for Care conference at the Harrogate International Conference Centre on 9 and 10 March 2005.

Delegates chose from 20 workshops looking at a range of issues surrounding the arts and health, design and the environment, and construction. Presenters used a mix of real-life case studies and feedback, role-playing, new research, videos, and even quizzes and live musical performances to demonstrate how to make improvements.

Areas covered included topical issues such as infection control, MRSA and single rooms; advice on improving project delivery through better teamwork and planning; patient environment issues such as use of colour and lighting; good practice examples from around the world; ward layout; ProCure21; primary care; and the visual arts and music.

Professor Roger Ulrich, who has recently joined NHS Estates on secondment from Texas A&M University, was among the speakers who joined the conference from around the world. Details of the secondment are included later in the newsletter.

A full report on the proceedings will be issued to delegates in due course and will also be made available on the NHS Estates website to download.

September Environment for Care Event Report Published

A report on the Environment for Care conference held in September 2004 can now be downloaded in full from the NHS Estates website at <http://www.nhsestates.gov.uk> by clicking on the Latest News section.

The report summarises all of the presentations made, including updates on the latest research and projects and their implications for healthcare delivery.

Transforming the Environment – Speakers and Chairs

Ann Noble Architects
Arts for Health
Be – Collaborating for the Built Environment
Building Design Partnership
Commission for Architecture and the Built Environment
Currie and Brown
Dartford and Gravesham NHS Trust
Drax
Greenhill Jenner Architects
Hillingdon Hospitals NHS Trust
IttenBrechtbuehl, Switzerland
King's College
Lean Thinking Ltd
Lime
MAAP Architects
MediCinema
MJ Gleeson
Music in Hospitals
National Network for the Arts in Health
NHS Estates
NHS Scotland
Nightingale Associates
Oxford Radcliffe Hospitals NHS Trust
Royal Institute of British Architects
Ryder HKS
St George's Hospital
Taylor Woodrow Construction
Texas A&M University
The King's Fund
University of Durham
Venhoeven CS, Amsterdam
York Hospitals NHS Trust

Building the Evidence Base

Professor Roger Ulrich from Texas A&M University has joined NHS Estates to help us develop the Evidence Base, including sharing with us his knowledge of the US initiative called the 'Pebble Project' of which he has extensive knowledge. The project is so called because of the ripple effect that permeates a body of water when a pebble is dropped into it.

In the USA the project has already created "ripples" throughout the healthcare community by providing examples of healthcare organisations whose facilities have made a difference in the quality of care of patients as well as their financial performance.

We are currently assessing bids from the NHS to become part of a version in this country, which will focus on healthcare organisations working together to improve design and combining their evidence on the effects of the healthcare environment on health outcomes through robustly-managed research projects.

Professor Ulrich is a recognised expert within the field of behavioural science and the effects of healthcare facilities on users. He and his associates have researched such areas as the effects on patients, staff and medical outcomes of single-occupancy versus multiple-occupancy rooms, noise levels in wards, providing hospital window views, access to healthcare gardens, and providing artwork in hospitals.

Professor Ulrich's research was the first to document scientifically the stress-reducing benefits of viewing nature, which can actually speed up recovery from surgery. His work has influenced internationally the architecture of scores of major hospitals and clinics around the world. He has been published widely in both scientific and design journals, and his research has received international scientific recognition. He is perhaps the most widely-cited healthcare design researcher internationally. He will be speaking at a number of events during his time in the UK, including the forthcoming HeFMA conference, details of which are included later in the newsletter.

NEW PUBLICATIONS

HBN 8 – Facilities for rehabilitation services (ISBN 0-11-322680-2)

This Health Building Note covers facilities for rehabilitation provided within acute general hospitals as well as a range of community settings.

People who use rehabilitation services have widely differing needs and require a range of services in a

variety of settings. This guidance can be tailored to particular circumstances due to its modular approach. Therefore, planning is described as separate elements of a general rehabilitation service that can be put together as required. The guidance is generally focused towards adults so adaptations would need to be made perhaps using Health Building Note 23 for areas to treat children.

INFORMATION

NHS staff are able to download NHS Estates publications free of charge from The Knowledge and Information Portal (KIP). This is accessed using a unique username and password obtained by completing the application form on the homepage at: <http://www.knowledge.nhsestates.gov.uk>.

Priced publications are also available from three commercial providers:

Hard copy:

The Stationery Office Publications Centre

Tel: 0870 600 5522, fax: 0870 600 5533

E-mail: book.orders@theso.co.uk

Request information at: <http://www.tso.co.uk/bookshop/bookstore.asp>

Electronic:

Barbour Index

Tel: 01344 884121

<http://www.barbour-index.co.uk/content/home/>

Request information at: <http://www.barbour-index.co.uk/content/contact/requestcfhs.asp>

IHS Technical Indexes

Tel: + 44 (0) 1344 404429

E-mail: c.services@ihsti.com

Request information at: <http://www.ihsti.com>

New NHS Estates publications are regularly posted on the Current Publications list on the NHS Estates website at: http://www.nhsestates.gov.uk/publications_guidance/index.asp

HBN 23 – Hospital accommodation for children and young people (ISBN 0-11-322496-6)

This publication sets out best practice guidance on the design of healthcare facilities for children and adolescents, with the aim of creating a child-centred built environment. It is primarily intended for new-builds and upgrades of existing children's facilities. Central considerations are alleviating fear and anxiety, maximising security and safety, reducing boredom, and creating a healing environment.

It also advises about facilities to cater for parents and siblings. Issues discussed include: general functional and design considerations, including patient groups, capacity planning, space, access and security requirements, play facilities and privacy aspects; design of specific service areas, including reception, out-patient and in-patient facilities; engineering services; and cost information.

A risk-based methodology for establishing and managing backlog (ISBN 0-11-322494-X)

This guidance introduces the concept of “risk-adjusted backlog maintenance”, which focuses attention on where any investment needs to be undertaken based on risk.

The Department of Health's ‘Standards for Better Health’ and ‘National Standards, Local Action’ set out the new approach to improving facilities in the NHS. While considerable progress has been made toward reducing backlog maintenance, the guidance responds to concerns from the NHS that the current methodology for calculating backlog maintenance does not take into account the different levels of risk to patients and staff in different areas and thus does not provide a true representation of the priorities in which investment is needed. In addition, calculation and interpretation have varied from trust to trust.

PATIENT EXPERIENCE

Ward Housekeepers in Over Half of All Hospitals and Combating Infection

The Government target to introduce Ward Housekeepers to work with nurses and support patients in half of all NHS hospitals by 2004 was not only met early, but exceeded. There are now Ward Housekeepers in 53% of all NHS hospitals, rising to 70% in the larger hospitals, where the majority of patients receive treatment.

Ward Housekeepers work alongside Ward Sisters, Modern Matrons and other members of healthcare teams to support the delivery of clinical care and make sure that the patient experience is as good as possible.

The benefits for both patients and staff are clear – nurses are free to spend more time directly nursing patients, who in turn are in cleaner, tidier wards and receive much higher standards of care.

The role of the Ward Housekeeper is flexible, and varies widely from trust to trust. From making sure that equipment is properly stored and put away, to keeping the ward tidy, to reading out letters to patients with poor eyesight, the focus is firmly on the patient. In many parts of the country the Ward Housekeeper has become involved in patient nutrition, encouraging healthy eating, ensuring that patients get the meal of their choice and can enjoy their food without disturbance.

A key element of the Ward Housekeeper's role is undoubtedly that of ward cleanliness. In some cases, this will mean actually carrying out the cleaning, while in others, domestic staff may work with the housekeeper to make sure the ward is kept clean. Whatever the arrangement, Housekeepers are responsible for maintaining standards and ensuring

Who has begun to introduce Housekeepers?

- 70% of hospitals with over 100 beds (these hospitals represent 86% of all in-patient beds)
- 56% of hospitals with over 24 beds
- 53% of ALL hospitals

that action is taken promptly to clean up spillages or resolve other domestic problems. In some trusts Housekeepers are directly involved in the recruitment of domestic staff, supporting the modern matron in establishing the most effective ward team.

Housekeepers Helping to Combat Infection

A good Ward Housekeeper can make a genuine contribution to reducing cross-infection, as well as improving cleanliness on the ward. Although individual Ward Housekeepers in different NHS trusts have slightly different roles, the ‘Matron's Charter: An Action Plan for Cleaner Hospitals’, launched in October 2004, makes clear how important they are to the process of cleanliness and infection control.

In many trusts Ward Housekeepers are responsible for the cleaning of medical equipment and patient equipment, and in others when emergency cleaning jobs come up, for example where an infected patient has been moved, Housekeepers clean the area immediately, reducing the possibility of cross-infection.

Many Housekeepers are now trained in the basic principles of decontamination of equipment, universal precautions, and trust isolation policies. This practice has been welcomed by infection control teams, as relieving nursing staff from one more non-nursing task.

Housekeepers can ensure there are sufficient hand wipes for patients, and that supplies of alcohol gel products are kept topped up. The National Patient Safety Agency strongly supports this role for housekeepers.

Looking to the Future

Many trusts are so pleased with the success of their Housekeepers that they are looking at areas other than wards where they could make a difference. For example, many now have them in A&E, and in Outpatients. Housekeepers are not only appropriate in acute hospitals, they are starting to work in a range of healthcare settings, including mental health and primary care trusts.

All this positive practice represents good progress in implementing Ward Housekeepers, and often in innovative ways, but there is more to be done for patients across the country to reap the full benefits of Ward Housekeepers.

INFORMATION

For more information on Ward Housekeepers visit the NHS Estates website at <http://www.nhsestates.gov.uk> or contact Lesley Thurston on 0113 254 7378 or by e-mailing Lesley.Thurston@dh.gsi.gov.uk

Work at NHS Estates Wins Well-earned Recognition

The Royal Society for the Promotion of Health has announced that Darryn Kerr, Head of Engineering at NHS Estates, has been awarded the 2005 John Edward Worth Silver Medal.

The Society, whose current Patron is Her Majesty the Queen, was founded in 1876 and is the largest public health organisation in the UK. Independent of government, its members consist of academics, health professionals and practitioners who share an interest in promoting health through their daily work, and come together to provide cross-cutting, multi-disciplinary perspectives on current health questions.

The John Edward Worth Silver Medal is presented for outstanding work of a health-related nature in architecture, buildings and medical engineering. The Awards Committee stated that they were extremely impressed with Darryn's work relating to the decontamination of surgical instruments. Over the last five years he has been the champion for raising standards in the NHS in England and has ensured co-operation and engagement with the other home countries, the private and voluntary sectors and industry. The award is in recognition of the exceptional contribution to the promotion and improvement of health through this work.

In accepting this prestigious award, Darryn is delighted that the work of NHS Estates and the broader decontamination community has been acknowledged.

CONFERENCES

HeFMA Annual Conference

The HeFMA 2005 Annual Conference & Exhibition will be taking place on 9–10 May at the prestigious Sopwell House Country Club & Spa in St Albans.

The NHS is facing an enormous period of change that will hugely impact the future role of facilities managers within the NHS. This year's HeFMA conference theme will be "Foundations for the Future", and the presentations and discussions will help delegates to map out the way ahead at this uncertain time.

In creating the 2005 conference agenda, HeFMA canvassed nationally and asked what was on your agenda. The topics selected for general sessions and interactive breakout groups are based on these responses and represent the common challenges and issues faced every day.

Topics include the future for NHS Estates after the arm's length review, workforce development, infection control, decontamination, security, LIFT, PFI, Foundation Trusts, Agenda for Change, laundry, car parking, Ward Housekeepers, the healing environ-

ment and the impact of shifting more services to primary care.

Outside the conference sessions, there will as usual be plenty of opportunities for networking and socialising, including the Annual Gala Dinner on Monday 9 May and optional Charity Golf Day on Sunday 8 May, in aid of the Colorectal Unit at Bedford Hospital.

INFORMATION

For more information on the conference and how to book your place, visit the conference website at <http://www.hefma.org.uk/confer05/index.htm>

Lord Hunt to Outline Future for NHS Catering at the HCA 2005 Conference

Lord Hunt, Chairman of the National Patient Safety Agency (NPSA) and President of the Hospital Caterers Association (HCA), will be the Keynote Speaker at the Hospital Caterers Association 2005 Conference on 21–22 April at the Grand Hotel,

Eastbourne. His address is expected to outline the future for Health Service catering.

The Conference theme is "At the Heart of Healthcare" and it will highlight the central role that catering services play in the care of patients, not only by providing essential nutrition but also by ensuring they feel recognised and valued as individuals in an environment that is often unfamiliar and frightening.

The conference speakers will explore a number of subjects including how patients, nursing staff and the public judge the quality of catering services and the competence of managers who are responsible for its delivery. Results of central and local initiatives on actual improvements made in services throughout Great Britain will be revealed and examined.

Other subjects covered will be how service quality should be measured and information systems structured to effectively provide departmental managers, NHS trusts and the Government with the information they actually need.

The overall emphasis throughout the conference programme will be that competent professional management is the critical ingredient for an excellent food service. One of the sessions will closely scrutinise the Agenda for Change-related profiles into which hospital caterers directly responsible for cater-

ing services have been fitted, together with caterers' own assessments of the key elements in their roles.

Commenting on the content of this year's National Conference, HCA Chairman Alison McCree says:

"There is a strong view amongst hospital caterers that the provision of food needs to be flexible and individualised, with strong emphasis on patient choice. Adjustments of this kind cannot be achieved without the full commitment of senior trust and catering management as well as the co-operation and support of dietetic and clinical teams. The conference this year will focus on highlighting the issues. To achieve this, conference sessions will aim to provide catering managers with the appropriate knowledge and guidance in order to meet the future aspirations of patients within a constantly improving NHS environment."

INFORMATION

To register for the HCA 2005 National Conference, visit the HCA website at <http://www.hospitalcaterers.org> or contact the Conference Organisers' office on 01527 451122.

DESIGN AND CONSTRUCTION

ProCure21 Achieving Excellence in Healthcare Construction

Last year was busy for the ProCure21 team. It was the first full calendar year of the national programme, and the take-up by the NHS has been excellent. It has amassed more than £2 billion worth of work on over 200 schemes, of which 18 schemes have been completed and another 47 are on-site. All of the Principal Supply Chain Partners have won work, and many, having performed well on their first scheme, are winning repeat business with their clients.

ProCure21 has now become an established method of construction for the NHS and is already delivering noticeable and measurable improvements to the patient environment. It is delivering quality schemes on budget and time and demonstrating that the partnering approach really does work.

In 2005, this rapid rate of progress is continuing. A full training programme for the NHS and the construction industry is now available. The web-enabled Design and Risk Tool (DART) is now being used on schemes, and the collaborative software that makes up the ProCure21 Club is being rolled out. With continuing work on the Benchmarking Systems and the Accredited Project Directors Database, the range of support material provided for all P21 club members is increasing to create a "one-stop shop" solution.

ProCure21 is quickly becoming the preferred construction method of choice for publicly-funded schemes in the NHS.

INFORMATION

For more details on the ProCure21 courses visit http://195.92.246.148/nhsestates/procure21/p21_content/training/introduction.asp

NAO Publishes Report on Public-sector Construction

The National Audit Office has published a report, 'Improving Public Services through Better Construction', examining what progress has been made by Government departments and their Agencies in improving their performance with regard to construction.

The report praises highly the achievements made under the NHS ProCure21 initiative and the principles of best practice that the initiative achieves.

The report can be downloaded from <http://www.nao.org.uk/pn/04-05/0405364.htm>

Yorkshire's New 'Super Surgeries' Open for Business

Two new state-of-the-art NHS "Super Surgeries" in Yorkshire have officially opened their doors to patients. The £3 million-plus surgeries at Worsborough and Goldthorpe were launched by Health Minister John Hutton and are the first of a new wave of Super Surgeries to open outside London.

Both surgeries offer a range of healthcare services traditionally available only in hospitals, such as blood tests, ultrasound scans and even minor surgery suites for hernia repairs, sports injuries and even vasectomies.

The two surgeries will perform hundreds of minor operations each week, removing the need for many local people to go to hospital and reducing waiting times.

Along with GP services, the surgeries will also give local people access to a wide range of community health and social care services including physiotherapy, chiropody, speech therapy, social welfare, mental health and community nursing all under one roof.

A third surgery, at Thurnscoe, is now open to local people, completing a £10 million wave of “super surgeries” across Barnsley.

John Hutton said:

“Yorkshire’s new super surgeries will provide some of the most modern family doctor facilities anywhere in the country. Many of the old GP premises, including a former chip shop and converted houses, were totally unsuitable for delivering modern healthcare services.

“Local NHS patients will be able to have minor surgery right on their doorstep. The centres are also among the first to bring together health and social care all under one roof.

“It’s all part of the largest and most sustained programme of modernisation of primary care premises in the history of the NHS.”

The surgeries are the first buildings to be delivered in Yorkshire as part of the NHS Local Improvement Finance Trust (LIFT) public-private partnership. A further 15 new integrated health and social care centres are planned for the region, with construction already started on similar centres in Leeds, Bradford and Hull.

NHS LIFT is being delivered on behalf of the Department of Health by Partnerships for Health, in co-operation with the local health economy. There are currently 51 NHS LIFT partnerships. The Department has made £195 million of enabling funds available to support these partnerships.

Many of the partnerships include schemes for either the development of “super surgeries” or the building of other modern healthcare facilities, such as community hospitals.

The NHS LIFT programme is just part of the Department’s major programme to modernise primary care premises. In the last four years, almost 3000 GP premises have already been improved and over 300 one-stop primary care centres have been delivered across the country.

INFORMATION

For more information on the NHS LIFT initiative, visit <http://www.dh.gov.uk/ProcurementAndProposals/PublicPrivatePartnership/NHSLIFT/fs/en>

BUILDING BETTER HEALTHCARE AWARDS 2004

Following on the Building Better Healthcare Awards series that started in the last issue of *Insites* featuring the healthcare design-focused winners, this issue brings you the winners in the facilities management categories. Each of the projects featured were either winners or highly commended within their categories because of service excellence and an innovative approach to improving healthcare facilities and the environment for care.

Facilities Management Award for Service Excellence

The Salisbury District Hospital’s award-winning Facilities Management Team aims to support and complement the Trust’s core business through the provision of excellent non-clinical services. Their winning entry was due to the team’s commitment and vision:

- to deliver cost-effective services which satisfy their customers;
- to respect, value and care about people as individuals;

- to be responsive, enthusiastic and innovative.

The strategic implementation of facilities management services is supported by five core values:

- Delivering excellence value
- Working in partnership
- Responsiveness, enthusiasm and innovation
- Exceeding customers’ expectations
- Respecting, valuing and caring for others.

The judges were impressed by the team’s collaborative approach to the facilities management strategy, for example integrated “soft” and “hard” services, harmonising the FM strategy with the clinical strategy and benchmarking to achieve best quality and value for money.

The Facilities Management Services at Salisbury District Hospital are managed under the following five areas:

- Estates Technical Services
- Trading & Support Services
- Hotel Services

- Business Performance
- Artcare.

Shared services are also delivered to other local trusts including Avon & Wiltshire Mental Health Partnership NHS Trust, South Wiltshire PCT, New Forest PCT and North Dorset PCT.

In giving the award, the judges felt that the interactive and partnering approach adopted by the Trust meant that the Salisbury team were delivering a strategy that met the needs of patients, based on what they want and need. Their benchmarking approach, to maintain high standards and achieve value for money, has delivered good results. Most importantly, the harmonisation of the FM Strategy and Clinical Strategy demonstrated that the Salisbury Facilities Management Team were putting patients' needs at the heart of their strategy.

Outstanding Estates Strategy

The winning entry, Portsmouth City Teaching Primary Care Trust, is coterminous with the Unitary Authority of Portsmouth City Council.

During the course of the panel's meeting with the Trust, it was demonstrated that there was a high level of linking with the remainder of the local health economy. They seem to have developed a knack of being able to find cost-effective solutions to providing service improvement in key areas within their health economy. They are making good use of interagency resources; indeed they are working with the City Council in looking at problems with asylum-seekers jointly.

The Trust has a clear understanding of how it wishes to develop capacity within its own resources and how it is working with its associated partners in the health economy to ensure capacity is available. This was demonstrated during the course of the meeting.

There is a clear understanding of the capacity requirements within their health economy and they are driving both themselves and their partner organisations to provide this capacity. During the course of the meeting with the panel, they demonstrated that they have managed to influence the development of their ISTC to such an extent that they have changed the original content and capacity throughput to that which really met the requirements of their local health economy. Again, they demonstrated a high degree of understanding around the requirements.

These are well covered in the strategy document and are referenced back to the Trust's business plans. They have clear ideas of what they need to do and how they are going to achieve them.

The document highlights the information that the Trust felt was necessary for public debate. There are some minor criticisms around whether or not some of the information could have been dropped and additional detail provided in some of the tables in the

document. However, this does not take away from the impact of what is a very good document.

The document does not specifically state that there will be gains within the estate. It has overarching objectives but does not actually describe how they will be measured at the end of a given period. Similarly, it does not indicate that the Trust carries out benchmarking across its estate, or indeed across most of its organisation. This was demonstrated during the meeting, and it would have been useful to have had something in the document which gave a high-level view of this.

Due to the type of estate, the Trust utilises its operational capital both to provide service improvement and to improve the quality of the assets. This is listed within the document, and an update was provided during the course of the meeting. This demonstrates that the Trust Board is both informed through the document and is actually keeping it under review.

Implementation would be by updating the document on an annual basis. The Trust said they were planning to do this although the document, as presented, says it is a strategy from 2003/2008. During the course of the meeting, it was demonstrated that there was a high level of monitoring performance throughout the Trust on the development of the estate.

Highly Commended

County Durham & Darlington Acute Hospitals NHS Trust received the Highly Commended award for demonstrating integration with all of its health economy partners. It has invested heavily in the last four years, with three new PFI hospitals being opened. Its remaining sites at Darlington Memorial Hospital and at Shotley Bridge Community Hospital are both 30 years old, and some real challenges will exist for them in updating these hospitals. The Trust demonstrated at the meeting that there is a very wide sign-up to their estate strategy and that they are very proactive in the delivery of services for the benefit of patients.

The Trust was able to demonstrate that they had widely consulted with all partners both within the Trust and in the wider health economy. There was clear evidence that for all of their various services, they are highly committed to listening and delivering what the users want. In turn, they are making excellent use of the consultation environments in which they find themselves to help them deliver high-quality services.

The Trust has a clear understanding of the requirements placed upon it both now and for the next three years. They had chosen to look at three years in the first instance due to the fact that a number of national targets create initial pressure; however, they did demonstrate that they are looking beyond that.

As they are a three-star trust they are already, for the most part, meeting the capacity requirements. However, they are continuing to improve the services

for patients and their throughput. The distinction that sets them apart from other trusts is that they looked inwardly at their own capacity in terms of estates and facilities and have carried out a workforce analysis to see whether or not they have both the capability and continuing capacity to meet the needs of the service. Indeed, their estate strategy covers this in some detail, which is both very forward-looking and refreshing to see.

It was clearly demonstrated during our meeting that they have prepared a holistic plan. Their consultation has been very wide, and the final document has been shared with an extensive audience.

If one has a criticism about the document it is that they have not specifically addressed national plans and objectives. To some extent this is because they have, for the most part, already achieved them.

The information content is well presented and demonstrates clearly where the Trust are now and how they plan to improve over the next three years. There are aspirational plans in terms of investment to address known areas of deficiency within the estate.

They have a separate estates and facilities business plan which clearly indicates their targets and how they plan to do this and monitor it.

The estate strategy provided by this Trust is not only comprehensive; it clearly looks at the services patients receive for both estates and facilities, and provides a clear way forward for their delivery. This is a major strength of this document – it is very focused on the service they provide to patients and how they can improve it.

The implementation of this estate strategy is well under way. It was demonstrated during the meeting that they have a high level of monitoring within their services and a high level of commitment. They clearly demonstrated not only that it would be implemented but that the performance strategy would be monitored regularly and reported regularly to the Board.

Clean Hospital Award

For achieving and maintaining excellent standards of cleanliness across a large and busy site with high numbers of out-patients; for demonstrating a culture of, and commitment to, providing patients and visitors with the highest standards of comfort and safety; for a real commitment to the principles of the Matron's Charter – involvement of all staff in ensuring standards are maintained and recognising the invaluable contribution of domestic services to delivering high-quality care; and for demonstrating a deep commitment to controlling infection – the Clean Hospital Award went to the Clatterbridge Centre for Oncology.

Highly Commended

County Durham and Darlington Priority Services Trust was awarded highly commended for demonstrating good standards of cleanliness at Auckland Park Hospital. Auckland Park opened in March 2004

following a period of refurbishment during 2003/4. The hospital provides a high-quality environment for in-patients, out-patients and day hospital care. The housekeeping team at Auckland Park recognise the impact of maintenance of the environment on the ability to clean. They work closely with the estates service, clinical nurse specialist – infection control, and the ward managers and modern matrons to ensure the environment is well maintained as well as being clean and tidy.

Hospital Catering Award

The Hospital Catering Award for 2004 went to Birmingham Heartlands and Solihull NHS Trust. The Trust was able to demonstrate, through a number of initiatives being undertaken, recognition that food has a vital role to play in assisting patients' recovery.

All staff within the Trust spoke highly of the catering services, recognising the dedication and commitment of the catering staff to providing patients with food that is appetising, nutritious, full of flavour, well presented and appropriate. At ward level, housekeepers, nursing, dietitians and catering staff worked together to ensure that patients' expectations were met and mealtimes "enjoyed" by all, complementing the high-quality food provided. Over a number of years, the catering department has forged partnerships with community bodies and ethnic groups to meet the needs of patients' individual cultural, religious and specialist needs, resulting in the catering department producing ethnic dishes that, to quote a patient, "are good enough to be served in a five-star restaurant". All catering staff met by the judges impressed with their enthusiasm and vigilance in wanting to deliver the best service possible to patients. The Trust is justifiably proud of the excellent reputation that the catering department has with patients, staff and visitors of delivering a high-quality catering service every day.

Highly Commended

Portsmouth City Teaching Primary Care Trust were awarded highly commended for delivering a high-quality catering service at St James's Hospital. The hospital has recognised the need to ensure patients are able to choose food that is nutritious, well presented, and meets cultural and ethnic expectations. To achieve this, regular meetings are held with patients, dietitians and ward staff. All staff at ward level are involved in "meal service", ensuring that mealtimes are given priority. The quality of food produced on-site, especially "fresh" soups and home baking, was excellent. The catering service was highly praised by patients, visitors and staff throughout the hospital. St James's Hospital has a catering department delivering a "quality" service.

Excellence in the Decontamination of Surgical Instruments

Judges were looking for the NHS organisation that had devised the most innovative strategy towards improving decontamination service delivery. There were many high-class entries, with the overall winner being Doncaster & Bassetlaw NHS Foundation Trust.

In February 2001, the Trust established a Decontamination Core Group, whose main responsibility was to compile the Trust's Decontamination Strategy for taking the service forward. The group carried out a comprehensive review of practices, and from the findings decided that the Trust needed to undertake a major overhaul of current methodology, coupled with a Sterile Services Department refurbishment.

With the programme of change addressing risks to both patient and staff, and with guidance for decontamination in mind, upgrades were made to equipment, environment and management.

The refurbishment programme was undertaken, allowing the department to continue working and ensuring minimal disruption to services.

The benefits of the change programme include a new state-of-the-art department which has now achieved Medical Devices Directive accreditation, extra instrumentation, a new traceability system, and standardised practices throughout the Trust, with staff training and development also high on the agenda.

The judges felt that the improvements had been very well planned and managed, the degree of staff involvement and enthusiasm was a credit to all, and that much had been achieved under difficult circumstances. There had been forward planning, with spare capacity built into the unit to allow for service expansion in the future.

This is an evolving unit, with a commitment to further improvements, patient care, and becoming a centre of excellence for decontamination.

The next article in the series will cover the environment for care winners and highly commended projects.

PARLIAMENTARY QUESTIONS

Energy Use

14 March 2005, Written Answer [PQ02806]

Tim Loughton (C, East Worthing & Shoreham)

To ask the Secretary of State for Health, what the annual energy bill has been at NHS hospitals in each of the last 10 years.

To ask the Secretary of State for Health, what steps his Department has taken to improve the energy efficiency of NHS hospitals.

Mr Hutton

The information requested is shown in the table. Data on energy costs is not available before 1998–99.

Year	Total annual cost of energy (£millions)
1998–99	177
1999–00	183
2000–01	197
2001–02	243
2002–03	244
2003–04	261

The figures quoted are as reported by the National Health Service and include costs for all forms of energy used, for example coal, gas and electricity sourced both locally and from outside suppliers.

Under the requirements of the Government's climate change programme, the Department of Health has set mandatory energy/carbon efficiency targets on the NHS in England to:

- 1 reduce the level of primary energy consumption by 15 per cent or 0.15 million tonnes carbon from March 2000 to March 2010;
- 2 achieve a target of 35–55 GJ/100 m³ energy efficiency performance for the healthcare estate for all new capital developments and major redevelopments or refurbishments;
- 3 achieve a target of 55–65 GJ/100 m³ for all existing facilities.

In November 2004 the NHS Estates Agency issued guidance entitled 'Carbon/energy management in healthcare – best practice advice for the NHS in England on meeting the mandatory carbon/energy targets – March 2000–March 2010' to assist the NHS and to ensure the requirements are kept in focus.

The larger, more energy-intensive elements of the NHS estate are subject to the requirements of the Emission Trading Scheme which sets a cap on carbon emissions.

Cleaning

14 March 2005, Written Answer [PQ02481]

Chris Grayling (Epsom and Ewell)

To ask the Secretary of State for Health, what estimate he has made of the total expenditure by NHS hospitals on cleaning in each year since 1997.

Mr Hutton

Collection of information on the total amount that National Health Service organisations spend on cleaning began in 2000. The details for the financial years since then are set out in the table overleaf.

Year	Total expenditure on cleaning services (£million)
2000-01	403
2001-02	418
2002-03	460
2003-04	493

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