

ENERGY MANAGEMENT POLICY

NON-CLINICAL POLICY		
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	X	
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Review Date	12/02/2029	
Sponsor (Position)	Director of Estates & Facilities	
Author (Position & Name)	Director Of Estates & Facilities – Mark Jackson	
Lead Division/ Directorate	Corporate	
Lead Specialty/ Service/ Department	Estates & facilities	
Position of Person able to provide Further Guidance/Information	Director of Estates & Facilities	
Associated Documents/ Information	Date Associated Documents/ Information was reviewed	
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1.0 INTRODUCTION

This Energy Management Policy sets out Sherwood Forest Hospitals NHS Foundation Trust's approach to energy management and describes the objectives that should be followed by all Trust staff.

The philosophy and approach set out in this Policy should be applied to the management of activities with a significant energy impact.

The Policy's objectives are:

- Consume energy in its most efficient, economic and environmentally responsible manner to commensurate with patient care.
- Identify and seek achievable reductions in energy consumption, through good housekeeping measures, promoting staff awareness and education of the impact of fossil fuel use on the global environment, and efficient building and plant design.
- Purchase energy at the lowest cost and monitor and target energy usage continually.

2.0 POLICY STATEMENT

The Trust recognises that:

- Energy is an integral and necessary resource for the provision of healthcare services.
- Energy consumption and waste has an economic impact to its operation, therefore it will strive to manage it effectively.
- The economic impact of the use of energy needs to be monitored.
- The environmental impact from the use of energy needs to be monitored.

The Trust is committed to:

- improving the energy efficiency of its buildings
- reducing the environmental impact relating to energy use

The Trust accepts:

- It's responsibility to manage energy consumption.

3.0 DEFINITIONS/ ABBREVIATIONS

Private Finance Initiative [PFI]: The initiative under which the Trust has entered into an agreement with partners to build and provide certain services [such as Planned Preventative Maintenance [PPM] at its hospitals].

PFI Project Agreement: The agreement or contract between the Trust and partners for the building of the new hospital buildings and the provision of a facilities management services.

Project Co.: This is the term used for the Central Nottinghamshire Hospitals PLC [or CNH]. It is the organisation appointed by the Trust who built the new hospital buildings, provide facilities services and then manage these facilities for the life of the contract, at which time they are then handed back to the Trust.

Skanska Facilities Services [SFS]: This is the organisation appointed by Project Co to provide certain facilities management services including estates and maintenance functions.

Building Management System (BMS): This is a system used for the management of the Trust's heating, ventilation and air conditioning and hot water systems.

Advanced Meter Reading (AMR): This is a system that collects and analyses energy use by interaction with advanced measurement devices such as electricity, gas and water meters etc.

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 man-made climate change. The carbon footprint relates to the amount of greenhouse gases produced in a period of time through burning fossil fuels for electricity and gas to provide heat, light etc.

Medirest: This is the organisation appointed by Project Co to provide certain facilities management services including 'soft' facilities functions.

4.0 ROLES AND RESPONSIBILITIES

4.1 Trust Board

The Trust Board, through The Chief Executive (who is the Accountable Officer), has overall responsibility to ensure this policy is implemented throughout the Trust, and as so carries the ultimate responsibility for providing a safe and appropriately functioning environment for patient care.

The Trust Board has a duty to ensure a management regime is in place to effectively manage environmental legislation requirements.

4.2 Collective Responsibilities (Policy & Procedures)

The Trust and its PFI partners both have responsibilities as duty holders to ensure they maintain the provision of energy efficiency.

Each key party of the PFI scheme (Trust, Project Co, Medirest and Skanska Facilities Services) has relevant responsibilities to develop, implement, manage and monitor the Trust's energy consumption. This is undertaken both through policies and procedures that reflect each party's respective responsibilities as responsible partners.

The 'principal' duties and responsibilities of the key appointments are highlighted below.

4.3 Trust Duty Holder

The Chief Executive is the statutory Duty Holder.

The Chief Executive has overall responsibility for ensuring compliance with all statutory regulations and guidance related to environmental management. This responsibility can be devolved to Directors, Heads of Departments and Managers.

4.4 Departmental Heads/Managers

Departmental heads/managers will be responsible for the ensuring the requirements of this Policy are met in their respective areas of responsibility, including providing adequate resources for implementing and maintaining the Trust's Energy Management System, where applicable, on a day to day basis.

They are responsible for:

- Making sure appropriate steps are taken into their directorates to comply with this policy.
- Assigning an "Environmental Champion" in their Directorate/Department to champion the topic.
- Seek advice from Estates and Facilities on the energy performance of the processes under their control to improve them and produce a work plan to implement the changes.
- To ensure the Life Cycle
- Costs assessment is considered in major purchases in their department, making of energy performance, aligned with the Trust's objectives, a factor to consider in deciding among alternatives.
- Liaise with other Heads of Department, Clinical Leads and Operational Managers to produce departmental energy operational procedures where required.
- Ensure all the staff in the area are aware of and follow the guidance and procedures related to energy conservation (Section 6.3 of this policy).
- Report to Estates and Facilities Helpdesk any problems in the ward/department related to the HVAC, HWS and physical condition in the area with an energy impact (example: broken windows).
- Seek approval of the Trust Fire Officer, Infection Control and Space Management Group before any change in the use of rooms in their management area.

4.5 All Staff

All staff in the Trust, occupiers, contractors and agents working in the Trust are responsible for:

- Safeguarding the environment by following the relevant procedures and following guidelines designed to minimise the environmental impact of their activities.
- Preventing unnecessary waste of resources (energy, water, supplies, etc.)

5.0 APPROVAL

The Energy Management Policy was consulted with the Estates Energy Group and approved at the Estates Governance Committee on the 24th July 2017. The Policy was then ratified by the Executive Team on the 9th August 2017.

6.0 DOCUMENT REQUIREMENTS

Energy Management

The Trust will strive to conserve energy wherever possible. It will undertake to use the minimum quantities of energy necessary, consistent with its primary role to deliver safe, high quality healthcare to its patients.

The Trust will continually review its use of energy resources and energy efficiency in order to continually reduce its carbon footprint, and in so doing minimise its environmental impact.

The Trust will carry out an on-going programme of energy conservation by monitoring consumption and acting towards eliminating excessive and/or unnecessary use.

The environmental performance of energy consumption will be measured and reported in terms of the reduction of the Trust's Carbon Footprint.

The Estate

The Trust will aim to develop and operate its buildings and physical estate to conserve energy resources and to minimise the environmental impacts.

The Trust will ensure that the energy impacts of its buildings and Estate-related projects are assessed and minimised. This will include, where possible:-

- Designs which result in high energy efficiencies,
- Consideration of the adoption of energy micro generation from sustainable and low carbon sources (e.g. solar thermal collectors, solar photovoltaic panels, wind turbines, ground sourced heat pumps, air sourced heat pumps etc.)

Energy Conservation

Electrical Equipment

- Should not be left in 'standby mode' but be turned off when not in use for long periods
- Re-chargeable devices must be removed from the power source when the equipment is fully charged

Personal items should not be connected to Trust infrastructure

Heating

- Will in most cases be operated and monitored by the Building Management System, staff should report any significant changes via the Estates Helpdesk
- The recommended temperature in clinical and non-clinical areas will be set in accordance with the values laid out in Appendix 1 and the design Room Data Sheets.
- Wherever possible radiators should not be blocked with boxes or furniture as this affects the performance of the heating system
- Areas that are taken out of use should be notified via the Helpdesk so that heating/cooling can be turned down.

Fans & Electric Heaters

- Portable electric fan heaters are not permitted on Trust premises.
- Cooling fans that incorporate a water cooling feature will need to be risk assessed by the department and allocated to a team member for day to day monitoring owing to the infection risk.
- Oil filled radiators will only be provided in exceptional circumstances with the written permission of the Estates Manager.

- Portable electric heating appliances are not to be brought in to the Trust's premises; any private electric heater found within the Trust must be removed and may be liable to be disabled.

Air conditioning

- Air conditioning units are only to operate in areas that require it for (a) clinical reasons, (b) for patient health and safety reasons, (c) for the correct operation of temperature sensitive machinery (IT servers, etc.) or (d) for sensitive works needing strict temperature controlled conditions (e.g. drug mixing and manufacture, clinical tests).

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Policy	Trust Senior Estates Manager	Audit/review	Annual	Estates Energy Strategy Group

8.0 TRAINING AND IMPLEMENTATION

Each Head of Department will be responsible for ensuring staff are briefed regarding relevant procedures.

Implementation

Directors are responsible for the implementation of this policy at a directorate level and ensuring its on-going effectiveness.

Implementation is in the form of periodical assessments looking into:

- Assess resource utilisation (efficiencies, etc.)
- Compliance with relevant energy related legislation
- Ensure that departmental improvement programmes include objectives related to energy efficiency via walk round surveys.

9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1

This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- SFHFT Standing Orders and Scheme of Delegation
- Health Technical Memorandums 07 Series (HTM 07)
- Carbon Reduction Commitment Energy Efficiency Order 2013
- Climate Change Act 2008
- Carbon Reduction Commitment Energy Efficiency Scheme, DECC, DEFRA, 2015
- The Trust's Sustainable Development Management Plan.
- NHS Premises Assurance Model (PAM).

Related SFHFT Documents:

- N/A

11.0 KEYWORDS

words **not** in the published title but thought useful when using the intranet search engine to help find the document

12.0 APPENDICES

- Appendix 1 Equality Impact Assessment
- Appendix 2 Department of Health Recommended Minimum Air Temperatures

Appendix 1 Equality Impact Assessment

EIA Form Stage One:

Name EIA Assessor: Mark Jackson	Date of EIA completion: 6th February 2026
Department: Estates and Facilities	Division: Corporate
Name of service/policy/procedure being reviewed or created: Energy Policy	
Name of person responsible for service/policy/procedure: Mark Jackson	
Brief summary of policy, procedure or service being assessed: Energy Policy	
Please state who this policy will affect: Patients or Service Users, Carers or families, Commissioned Services, Communities in placed based settings, Staff, Stakeholder organisations, Others (give details)	
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)
Race and Ethnicity	None
Sex	None
Age	None
Religion and Belief	None
Disability	None
Sexuality	None
Pregnancy and Maternity	None
Gender Reassignment	None
Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.	
None	

Marriage and Civil Partnership	None	
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	None	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?

None required

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

None required

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			Negative		
			Nil		

If you identified positive impact, please outline the details here:

EIA Form Stage Two:

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity	None	None
Gender	None	None
Age	None	None
Religion	None	None
Disability	None	None
Sexuality	None	None
Pregnancy and Maternity	None	None
Gender Reassignment	None	None
Marriage and Civil Partnership	None	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	None

Signature: Mark Jackson

I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date: 06/02/2026

Please send the complete EIA form to the People EDI Team for review.

Please send the form to: sfh-tr.edisupport@nhs.net

**APPENDIX 2 - DEPARTMENT OF HEALTH RECOMMENDED
MINIMUM AIR TEMPERATURES**

GENERAL AREAS	oC		oC
Bathrooms/Showers	21	Patients Changing	21
Cleaners	16	Patients Lavatories	19
Clean Utility	18	Porters Base	19
Cloakrooms	16	Reception	19
Conference Rooms	19	Seminar/Lecture/Classrooms	19
Consulting/Exam	21	Staff Base	19
Corridors	16	Staff Changing	19
Dark Rooms	18	Staff Lavatories	16
Day Rooms	21	Staff Rooms	19
Dining Areas	19	Staircases	16
Dirty Utility	16	Telephone Exchange	19
Disposal Room	16	Test Rooms	16
Entrance	16	Physiotherapy Rooms	21
Equipment Stores	10	Treatment Rooms	21
Interview Room	19	Visitors Rooms	19
Laboratories	18	Waiting Areas	19
Library	19	Ward Pantry	16
Linen Stores	16	Wards/rooms for up patients	21
Milk Kitchen/Demonstration	18	Wheelchair/Trolley Bay	16
Nurseries	21	Working Corridors	18
Offices	19	Workshops (Heavy)	16
Overnight Stay (Visitors)	21	Workshops (Light)	16

ACCIDENT AND EMERGENCY	oC	INTENSIVE Therapy Unit	oC
Cleansing	21	Multi bed area	21
Examination	21	Single bed area	16-27
Appliance Fitting	18		
Plaster	21	GERIATRIC WARD	oC
Radio diagnostic	21	Day rooms	21
Resuscitation	21	Wards	21
X-ray viewing	18		
KITCHENS	oC	DENTAL	oC
Cooking area	16	Dental surgery	21
Day store	13	Orthodontic model, record store	16
Diet store	13	OPERATING	oC
Main store	16	Endoscopy/Plaster rooms	21
Servery	16	Operating suites 18-24 Other	
Vegetable preparation	16	ancillary rooms	18
Pan wash	16		
MATERNITY	oC	PATHOLOGY	oC
Abnormal delivery	21	Examination	21
Barrier Nursing Unit	18	Patient preparation areas	21
Cot/incubator wards	24	Sterilising rooms	16
Flying squad store	16	Venepuncture	18
Normal delivery/first stage	21		
SCBU nursery, treatment room	21-30		

		PSYCHIATRY	oC
MORTUARY	oC	Ante Room	21
Band saw	16	Bedrooms	21
Bier room	13	Behaviour therapy	21
Body store	13	Consulting & Interview	21
Medical observations	18	Day rooms & Dining	21
Post mortem room	16	ECT treatment	18
Undertakers room	16	Entrance	18
Viewing room	16	Industrial Work	16
		therapy (group therapy etc)	9
		STAFF ACCOMMODATION	oC
PHARMACY	oC	Bathrooms	19
Autoclave area/wash-up	16	Bedrooms	19
Cool store	15	Bed sitting rooms	19
Dispensing area	18	Box room & cleaners room	13
Flammable store	13	Cloak room	16
Goods receiving store	18	Living room/sitting room	19
Preparation/aseptic room	18	Sick bay	18
		Utility	16
REHABILITATION		Xray	oC
Exercise area	21	Equipment store	16
Gym	21+	Diagnostic	21
Hydrotherapy Treatment Utility	21+	Lavage	21
Pool changing/showers	26	Viewing & sorting	18
Preparation bay	21		
Wax and splint	21		
		WORKS DEPARTMENT	oC
Garages	07		
Lavatories	15		
Workshops	16		