

Estates and Facilities Better for Less



Overview

High quality environments can help to aid recovery and improve a patient's experience. It is essential that these services are well managed to deliver cost effective, high quality services.

This document includes examples of schemes that Trusts within NHS Yorkshire and the Humber have implemented; these and similar initiatives are proven to improve quality whilst delivering significant savings.

Why Estates and Facilities?

Estates and Facilities are responsible for ensuring that the patient environment and the buildings in which services are provided are well maintained, safe and clean.

Conventionally Estates and Facilities includes hard facilities management, (for example building and maintenance, utilities and medical equipment) and soft facilities management, (for example domestic, catering, portering, laundry and transport services).

Robust management of these services ensures that:

- patient experience is improved by the provision of a comfortable clean environment, nutritious food appropriate to the patient needs and that the individual's hydration requirements are met;
- the best possible value for money is achieved;
- services and buildings meet the appropriate Care Quality Commission standards; and
- the environmental impact of NHS activities is kept to a minimum.

What is the challenge?

Analysis by McKinsey suggests that in 2009 the NHS as a whole spent £5bn on estates and of that a potential saving of £500 to £600m could be made.

Whilst some of this may be realised from improvement in service provision, the major benefits are to be made in improved use of buildings and assets either by higher occupation or through reductions in the asset base facilitated by clinical pathway redesign.

How could we deliver better care for less?

- utilisation of the estate – analysis of occupancy rates, relocation of services to ensure optimal care pathways, improved use of office accommodation through agile working, all may result in the identification and disposal of underutilised buildings, reducing overheads and realising income from sales;
- communications – increase use of teleconferencing reduces travel fuel and time costs, electronic records reduces paper, ink and storage requirements all of which save money;
- procurement – standardisation in procurement provides big cost savings and has a positive environmental impact; figures suggest that 60% of the NHS carbon footprint is related to supplies;
- infection prevention and control – maintaining clean and safe environments to reduce hospital acquired infections;

- nutritional balanced menus – ensuring patients eat well whilst in hospital can improve their experience and support their recovery. Sourcing local food supplies can also reduce costs and CO2 emissions;
- transport – reducing business mileage, internal transport systems and examining options for staff and service user transport options to and from sites can make big reductions in costs and CO2 emissions; and
- waste – reviewing methods of waste disposal and segregation of waste can result in significant savings and improve patient and staff safety.

All of these areas can produce significant quality improvements and cost savings if implemented by individual organisations; however these could be greatly increased by service providers working together within wider health economy.

Financial Benefits

The financial benefits of implementing Better for Less approaches will be dependent on the existing situation, the scale at which interventions are applied and the organisational commitment to ensuring implementation. Some interventions will require short term investment in order to reap longer term returns.

Examples of potential cost savings are:

- replacing 5% of business miles with teleconferences would save £1.3m across NHS organisations in our region;
- implementing local food suppliers and a new menu have saved North Lincs and Goole Trust over £80k in year one and seen £1m invested into the local economy;
- Hull & East Yorkshire have realised a £92k saving in one year with better waste management, they expect this figure to grow year on year with further training and education of staff in management of waste; and
- NLAG have realised almost £1m of savings over the 5 years since the introduction of their range of transport initiatives.

Patient Benefits

The examples and case studies referred to in this paper have proven positive effects on patient experience and care in terms of:

- helping to reduce the risk of infection and reduce the length of hospital stays;
- assisting patient recovery and patient satisfaction; and
- making the best use of resources.

Implementation

A number of case studies exist that may provide models for other organisations within Yorkshire and the Humber. Details are provided of the following case studies:

- implementation of a Trust-wide transport strategy to address both cost and sustainability issues whilst also addressing limited car park capacity;
- a waste segregation scheme which produced significant savings and CO2 reductions; and
- Local procurement of food supplies resulting in improved quality of patient meals and cost savings as well as investment in the local economy.

Case Studies

Waste management, Hull and East Yorkshire Hospitals Trust.

Major improvements to waste segregation at Hull and East Yorkshire Hospitals (HEY) have produced a better ward environment for patients and staff, and made the Trust more environmentally friendly whilst also reducing costs.

Waste was segregated by means of coloured pedal bins and colour coordinated refuse bags. Segregation by colour coding is the easiest and most effective method of identifying different waste streams.

Colour coding for waste stream identification	
Yellow	Waste which requires disposal by incineration
Orange	Waste which may be "treated"
Purple	Cytotoxic and cytostatic waste
Yellow with Black Stripes	Offensive/hygiene waste
Black	Domestic (municipal) waste

The project included introducing new pedal bins, developing and delivering a comprehensive training package to staff, and the introduction of comprehensive recycle / reuse systems and monitoring protocols.

Existing pedal bins were rusty, noisy, damaged the walls and were difficult to clean. The bins disturbed patients sleep and staff had concerns over infection control issues.

The project involved talking to the nursing and domestic staff to understand the type of waste they produced and their waste disposal "habits." In total 5000 bins were ordered together with colour coded bags.

KPIs allowed the waste management team to monitor all the waste produced by the Trust in terms of tonnage and focus on reducing the most expensive. The Trust is reducing clinical and domestic waste by approx. 100 tonnes per year per waste stream through better segregation. Recycling has increased from 126 tonnes per annum to 370 tonnes per annum.

Savings are also made from reduced incineration costs. In total the Trust saved £92,000 in clinical waste expenditure in the first year. These savings are expected to continue and grow in the future. The business case for the new pedal bins has a two year payback and the Trust is on course to achieve that in 18 months.

Monitoring of waste has also highlighted other cost saving opportunities for the Trust including a central system for reusing items that would normally be discarded.

Transport strategy, North Lincolnshire and Goole Hospitals Trust.

In 2007 Northern Lincolnshire & Goole Hospitals NHS Trust undertook a transport review which revealed annual spending of over £1.6 million on reimbursement of mileage expenses, courier runs, taxis, lease cars and less fuel efficient pool vehicles.

The review aimed to make significant reductions in staff mileage and cut transport related carbon dioxide emissions by 20% over three years. The Trust also joined Motorvate, an Energy Saving Trust scheme which recognises and rewards organisations for achieving targeted carbon dioxide reductions from their fleet.

Upwards of 1,250 staff including consultants, doctors, midwives, nurses and health workers were using their own cars to travel between three hospital sites as well as other local destinations. This equated to 1.5 million miles, costing in excess of £750,000 in mileage claims per annum. A target was set to reduce that sum by £350,000 over three years.

The Trust's own fleet was made up of a combination of leased, owned cars and vans. A review sought to change the makeup of the fleet to more fuel efficient models and offering employees who regularly use their own vehicles for work the opportunity to enter into a lease car scheme.

Changes implemented to date include:

- introducing two shuttle buses to transport staff between hospitals. This has saved 1 million grey fleet miles and over £250,000 in mileage claims since Sept '07;
- introducing low carbon emission diesel pool cars;
- a 'blue light' rapid response vehicle to remove the need for contracted taxis to urgently transport medical records, equipment, staff etc. Saved over £50,000 since Sept '07;
- courier services implemented to reduce the number of taxis used for non-urgent transport of samples, patient records and equipment;
- using fuel cards to monitor budgets and miles;
- a new cycle to work scheme including secure cycle storage shelters has saved the Trust over £10,000 in the first year;
- proactive easy read reporting to managers of the success of their departments in complying with the travel policy; and
- new Park & Ride service introduced for staff and business visitors.

The Trust has reduced its Transport Carbon Footprint by 14% and saved £967,000 over a 5 year period in travel expenditure costs through the implementation of these transport initiatives. These savings have been channelled back into frontline services.

Food procurement, North Lincolnshire and Goole Hospitals Trust.

In 2007 catering services transferred in-house from contractors having been outsourced for nearly two decades.

Menus were outdated and ingredients were procured based on cost and convenience rather than quality, with cheaper frozen products tinned and packet products dominating. Patient feedback on their food was not positive so the Trust took the opportunity to make improvements to their catering service.

The Trust developed the following objectives:

- review procurement practices;
- research local food producer/ procurement market;
- collaborate with local NHS Trust in full EU Tender;
- develop in-house procurement policies and guidance documents;
- establish 'Authorised Supplier' list;
- redraft patient & retail menus;
- menu standardisation, across 3 hospital sites, patient feeding and retail; and
- introduce real time patient satisfaction surveys with every meal.

Local suppliers and producers were competitive on price whilst supplying much better quality ingredients. Accessing local suppliers required an innovative approach to comply with procurement law. A list of approved local and national suppliers and a dynamic tender programme were developed.

The catering team designed a new menu that reflected the tastes of the local population.

In November 2009, a new standardised locally themed menu was introduced. Approximately 70% of the dishes on the menu contain locally grown or procured ingredients, with the Trust investing up to £1m a year in the local economy.

Patient satisfaction has increased dramatically with an average of 80% satisfaction with food services and inspections have rated food services as 'excellent' since the introduction of the new menu.

As well as substantially improving quality and patient satisfaction our innovative procurement practices and dynamic e-tendering processes have proved more efficient than the previous model of ordering through traditional NHS Supply routes. The Trust have avoided having to increase patient day budgets, and the recurrent QIIP savings targets of £80,000 for 2010/11 have been exceeded.

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