# Corporate Policy: Estates and Facilities

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| **Revision No** | **Reason for change** |
| 1 | New Corporate Policy –Estates and Facilities leads had consultation and input. |
| 2 | Review of Policy – General updates and minor amendments |
| 3 | Review of Policy – General updates and minor amendments |

| Consultation |
|---|
| Director of Estates and Facilities |
| Head of Estates |
| Head of Hotel Services |
| Head of Facilities |
| Deputy Director of Estates and Facilities |
| Local Security Management Specialist (LSMS) |
| Head of Clinical Engineering |

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Best of care
Best of people

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**To be read in conjunction with any policies listed in Trust Associated Documents.**

## 1.     Introduction

1.1     The Estates and Facilities Directorate has a corporate responsibility to operate and maintain all Trust land, premises, equipment and all associated support facilities and services in an efficient and effective manner.  In addition there is also a responsibility to ensure the premises are safe, secure, clean, fit for purpose and appropriate to the delivery of clinical healthcare services.

1.2     The information within this overarching policy and all subsequent supporting Estates, Facilities, Security and Clinical Engineering policies and procedures provides detail on how the above requirements and standards are to be met.  It provides information on levels of accountability and responsibility, implementation of specific policies and procedures, benchmarking and measurement of performance, and reporting mechanisms, in order to provide assurance to the Trust Board.

## 2.     Purpose / Aim and Objective

2.1     The purpose and aim of this document is to provide an overview of the seven strands of Estates and Facilities and to identify through supporting policies and procedures the various regulatory frameworks to which the directorate is expected to work at the National level, and at Trust level.

The seven strands of the Estates and Facilities Directorate are:

- Estates Services
- Facilities Services
- Clinical Engineering Services
- Security Services
- Health & Safety including Moving & Handling
- Emergency Preparedness, Resilience and Response
- Fire Safety

2.2     The objective of this document and all supporting policies and procedures is to identify, at high level and in detail, the relevant statutory regulations and standards which govern the provision of Estates and Facilities services.  These documents will provide all Trust staff with detailed guidance, references and clarity on a range of topics relating directly to the Estates and Facilities service provision in order to ensure that the principles of providing a safe, secure and clean healthcare environment are met.

## 3.     Regulatory Frameworks

The following outlines the Regulatory frameworks which govern all Estates and Facilities activities within the Trust:

## 3.1    National Frameworks and Regulations

3.1.1    Regulatory Requirements: CQC -  Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15

The Care Quality Commission (CQC) regulates all providers of regulated health and adult social care activities in England. The CQC's role is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve. Regulation 15 relates to Premises and equipment. The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly.

The CQC is responsible for assessing whether providers are meeting the registration requirements. CQC cannot prosecute for a breach of this regulation or any of its parts, but they can take regulatory action. The CQC will refuse registration if providers cannot evidence that they can comply with this regulation.

3.1.2    NHS Constitution

The NHS Constitution sets out the rights to which patients, public and staff are entitled. It also outlines the pledges that the NHS is committed to achieve, together with responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All healthcare organisations are required by law to take account of this Constitution in their decisions and actions.

Healthcare organisations need to "ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice".

In order to deliver on this pledge, it specifically advises NHS organisations to take account of:

- National best-practice guidance for the design and operation of healthcare facilities.(HTM's and HBN's – see 3.2.1 & 3.2.2)
- The NHS Premises Assurance Model (NHS PAM).

3.1.3    Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted Variations.

The DH have commissioned and published an independent report by Lord Carter of Coles into productivity and efficiency in non-specialist acute hospitals in England.

The report concluded that there is significant unwarranted variation across all main resource areas. The report notes that the unwarranted variations are worth £5bn in

terms of efficiency opportunity and goes on to make 15 recommendations designed to tackle this variation and help trusts to improve their performance.

The recommendations (recommendation 6) relating to the hospital estate are summarised as follows.  Medway results are in brackets:

- Total estates and facilities running costs per area (£/m²)

  Trusts are considered good if their metric is lower than £320. (The current variation is between £105 and £970) (2017/18 £364 m²)

- Non clinical space (% of floor area)

  Trusts are considered good if their metric is lower than 35% (The current variation is between 12% and 69%)  (36.95%)

- Unoccupied or under used space (% of floor area)

  Trusts are considered good if their metric is lower than 2.5% (0%)

- Trusts are required to have in place, by April 2017 a strategic estates and facilities plan to deliver the above benchmarks by April 2020 so that estates and facilities resources are used in a cost effective manner.

### 3.1.4  Health and Safety legislation

The Health & Safety Executive (HSE) is the national regulator for workplace health and safety.

The following primary and secondary legislation places legal duties on various duty holders (this list is not exhaustive):

- The Health and Safety at Work etc. Act 1974
- The Health and Safety (Display Screen Equipment) Regulations 1992(amended 2002)
- Management of Health and Safety at Work Regulations (2006 amendment & 1999)
- Manual Handling Operations Regulations 1992 (As amended)(MHOR)
- Personal Protective Equipment at Work Regulations 1992
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998(PUWER)

Other regulations specific to Estates and Facilities function are expanded further in the supporting policy documentation relating to Estates, Facilities, Security and Clinical Engineering.

### 3.1.5  Fire Safety Legislation

Fire Safety in buildings in the UK is governed by two pieces of legislation.  These being:

- The Regulatory Reform (Fire Safety) Order 2005 covers general fire safety management in healthcare premises. The body responsible for enforcing this fire safety legislation is the Kent Fire and Rescue Service (KFRS)
- The Building Regulations 2010, Part B, Fire Safety which applies to building design.

In addition, all Trusts are expected to comply with HTM 05-05 (Fire Code).

### 3.1.6 NHS Premises Assurance Model (PAM)

The NHS has developed, with the support of DH, the NHS Premises Assurance Model (NHS PAM), the remit of which is to provide assurance for the healthcare environment and to ensure patients, staff and visitors are protected against risks associated with hazards such as unsafe premises.

Primarily aimed at providing governance and assurance to Trust Boards, it allows organisations that provide NHS funded care and services to better understand and assess the effectiveness, quality and safety with which they manage their estate and facilities services and how that links to patient experience and patient safety.

Key questions are underpinned by prompt questions which require the production of evidence. Healthcare organisations should prepare and access this evidence to support their assessment of the NHS PAM.

The model also includes reference to evidence and guidance as a helpful aide-memoir to assist in deciding the level of NHS PAM assurance applicable to a particular healthcare site or organisation.

NHS PAM is designed to be available as a universal model to apply across a range of Estates and Facilities management services.

### 3.2 Estates Related Frameworks and Regulations.

### 3.2.1 NHS Estate code (HBN 00-08) – Strategic Framework for the Efficient Management of Healthcare Estates and Facilities.

HBN 00-08 provides information primarily related to the provision of a compliant healthcare estate and the performance of the estate in terms of efficiencies. It specifically links with Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and with regard to the safety and suitability of premises used for the delivery of healthcare.

Regulation 12  - specifically deals with the protection of users against infection

Regulation 15 - specifically deals with the protection of users against risks of unsafe and unsuitable premises.

HBN 00-08 provides information, in two parts, to all Estates and facilities professionals in the NHS on ways in which efficiencies in the running of land and property can be achieved and on the active management of land and buildings used for healthcare services.

Parts A and B cover the strategic framework references and further detailed guidance in relation to the following areas:

- improvements to the efficient and effective running of the estate;

- improved efficiency, including value for money, in capital procurement and construction;

- adherence to best practice land management, ensuring optimum solutions are implemented, including the identification and disposal of surplus land.

### 3.2.2 Health Technical Memorandum (HTM 00)

HTMs are the main source of specific technical guidance for all healthcare estates and facilities professionals. They give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

HTM 00 is supported by the HTM suite of guidance. The aim of HTM 00 is to ensure that everyone concerned with the strategic and operational management, design, procurement and use of the healthcare facility understands the requirements (including regulatory) of the specialist, critical building and engineering technology involved. The core guidance (including professional support) is applicable to all building engineering services including those not covered by HTMs (for example, steam, gas and pressurised hot water services).

HTM 00 addresses the general principles, key policies and factors common to all engineering and building services within a healthcare organisation.

Key issues include:

- Compliance with policy and relevant legislation;

- Professional support and operational management policy;

- Design and installation;

- Maintenance;

- Training requirements.

### 3.2.3 Health Building Notes (HBN's)

HBN's are the main source of guidance to all healthcare estates and facilities professionals on the specific planning and design requirements for healthcare environments and settings.

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

### 3.2.4 Sustainability Regulatory Frameworks.

- UK Climate Change Act (2008)

- National Adaptation Programme (NAP)

- The Carbon Reduction Commitment Energy Efficiency Scheme (CRC)

- Environmental Protection Act 1990

- Clean Air Act 1993

- Water Resources Act 1991

- The Civil Contingencies Act (2004) (CCA)

### 3.3    Facilities related Frameworks and Regulations.

3.3.1  Catering Services

The catering department provides nutritional support, food and hydration for patients, staff and members of the public.  The guidance and regulatory frameworks that the catering department are governed by are listed below:

- The Food Safety Act 1990

- The General Food Hygiene Regulations 2004

- Food Hygiene (England) Regulations 2006

- D.H.S.S. Guidelines For Cook/ Chill & Cook / Freeze Meals

- NHS Codes of Practice for the manufacture, distribution & Supply of Food, ingredients and related products

- Food Information for Consumers Regulation 2014 (Allergens)

- Local council Food premises registration

3.3.2  Housekeeping Services

The Housekeeping department manages the cleanliness of the Hospital and the provision of food to patients.

The guidance and regulatory frameworks that the Housekeeping department are governed by are listed below:

- PAS 5748 (2014): Specification for the planning, measurement and review of cleanliness services in hospitals.

- The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes April 2007.

3.3.3  Waste & Transport Services

The Waste and Transport Department manages all domestic, clinical, confidential and recycling waste activities and all Trust owned and leased vehicles.  The frameworks and guidance governing the waste and transport services are listed below:

Waste

- HTM 07-01 Safe Management of Healthcare Waste

- The Environmental Protection Act 1990 (including the Duty of Care Regulations)

- The Hazardous Waste (England and Wales) Regulations 2005

- The Waste (England and Wales) Regulations 2011

  Transport

- The Transport Act 2000

- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009

- Road Traffic Act 1991

- EU drivers hours regulations(EC)561/2006

- Radioactive Substances Act 1993

3.3.4  Portering Services

The Portering Services department manages the movement of patients, records, general and medical equipment.

The frame work and guidance governing the Portering service is shown below:

- HTM02-01 (Medical Gas Pipeline systems)

- Pressure Equipment Regulations of 1999

3.3.5  Laundry Services

The Laundry department provide linen services for the Trust.

The framework and guidance governing the Laundry Service is:

- HTM 01-04 (Decontamination of Linen for health and social care)

3.3.6  Accommodation Services

The accommodation service provides short and long stay accommodation for staff and approved visitors. The regulatory current framework and guidance that the Accommodation Department complied with includes:

- Landlord & Tenant Act 1985

- Housing Act 1988 (as amended)

- Housing Act 2004 (as amended)

- Deregulation Act 2015

- Assured Shorthold Tenancy Notices and Prescribed Requirements (England) Regulations 2015

**3.4** **Clinical Engineering Services related Frameworks and Regulations:**

3.4.1 The framework and guidance governing the Clinical Engineering Department is shown below:

- SI 2002 (618): The Medical Devices Regulations 2002;
- MHRA Managing Medical Devices: Guidance for Health and Social Services Organisations April 2015;
- IEC62353 (Ed10) Medical Electrical Equipment: Recurrent test and test after repair of medical electrical equipment.

3.4.2 There are three principal policies relating to Medical Equipment and Devices which ensure that the Trust is compliant with regard to the requirements of the MHRA and CQC for managing Medical Devices:

- Management of Reusable Medical Devices and Equipment;
- Training of Staff with Medical Equipment;
- Management of Single Use and Single Patient Use Medical Devices.

**3.5** **Security related Frameworks and Regulations.**

3.5.1. Each NHS Trust is required to employ a Local Security Management Specialist in accordance with Secretary of State's Directions (2004). The LSMS ensures that pro-security culture is embedded and that the Security Standards for Providers, which serve as a framework for security arrangements, are complied with. Medway NHS FT aims to implement these standards in every aspect of the healthcare services provided.

3.5.2. There are two CQC Regulations that relate to security management. They are both part of the core quality and safety standards:

Regulation 13: Safeguarding service users from abuse and improper treatment. "Abuse", in relation to a service user, means—

- sexual abuse;
- physical or psychological ill-treatment;
- theft, misuse or misappropriation of money or property; or
- neglect and acts of omission which cause harm or place at risk of harm

Regulation 15: Premises and equipment. Service users and others having access to premises are protected against the risks associated with unsafe or unsuitable premises, by means of

- suitable design and layout;
- appropriate measures in relation to the security of the premises

- adequate maintenance and, where applicable, the proper:

  - o operation of the premises, and

  - o use of any surrounding grounds

- Protecting personal safety, which includes restrictive protection

- Protecting personal property and/or money

- Providing appropriate access to and exit from protected or controlled areas

- Not inadvertently restricting people's movement

- Providing appropriate information about access and entry

- Using the appropriate level of security needed in relation to the services being delivered.

  In addition, if any form of surveillance is used for any purpose, the provider must make sure that this is done in the best interests of people using the service.

3.5.3 Other security management components, such as Security Management, Lock Down Plan, CCTV, Violence, Aggression and Disruptive Behaviour, are covered in Trust policies where regulation and legislation is detailed further.

## 4. (Duties) Roles & Responsibilities

### 4.1 Trust Board

4.1.1 Responsible for approving the Trust's Corporate Policy for Estates and Facilities.

4.1.2 Responsible for reviewing and approving the annual report to the Board on Estates and Facilities activity and performance.

4.1.3 Responsible for understanding the statutory frameworks governing the delivery of Estates and Facilities services and assuring itself on the adequacy of the Trust arrangements for meeting the requirements of these frameworks.

### 4.2 Chief Executive

4.2.1 Department of Health Guidance (HBN00-08 Part A: Strategic framework for the efficient management of healthcare estates and facilities) indicates that the Chief Executive, as an accountable officer, has a corporate responsibility to enact the principles set out in HBN00-08.

### 4.3 Executive Director of Estates and Facilities

4.3.1   Is the designated Executive for Estates and Facilities services with responsibility for ensuring that the Trust has resources, plans and policies in place to fulfil the requirements of the statutory frameworks.

4.3.2   Is the nominated Security Management Director, as registered with NHS Protect, and as such the responsible lead for security related issues within the Trust.

4.3.3   Is the nominated Fire Safety Management Director.

4.3.1   Has overarching responsibility for the effective and efficient management and delivery of all Estates, Facilities, Security and Clinical Engineering services within the Trust and for development of policies and procedures in support of these functions.


**4.4     Deputy Director of Estates and Facilities**

4.4.1   Is responsible for the management and delivery of the Trusts Capital, Estates and Facilities Compliance and Sustainability Programmes and for the development of programmes for capital schemes in line with the Trusts overarching strategies, clinical strategies and local and national healthcare regulatory frameworks and guidance.

**4.5     Head of Estates**

4.5.1   Is responsible for the management and delivery of all Estates Operational services in line with the Regulatory and NHS frameworks and specific standard operating procedures described within Estates policies.

**4.6     Head of Hotel Services**

4.6.1   Is responsible for the management and delivery of the catering, housekeeping, waste and transport, portering and laundry services in line with Trust policies and overarching procedures, and  in line with governing regulations and regulatory/NHS frameworks described within this policy.

**4.7     Head of Facilities**

4.7.1    Is responsible for the management and delivery of the car parking, waste and transport and laundry services in line with Trust policies and overarching procedures, and  in line with governing regulations and regulatory/NHS frameworks described within this policy.

**4.8     Head of Clinical Engineering**

4.8.1   Is responsible for ensuring the delivery of the Medical Equipment Service in line with Regulatory and NHS Frameworks and specific and standard operating procedures described in this policy and covering Medical Devices Policies.

### 4.9 Head of Health and Safety and Compliance

4.9.1 Is responsible for the management and delivery of Health and Safety across the Trust in line with Trust policies and overarching procedures and in line with governing regulations and regulatory/NHS frameworks described within this policy. Is responsible for the provision of Trust wide operational support regarding the security of staff, assets and premises, in line with security related Trust, National Security Polices and Standard Operating Procedures.

### 4.10 Local Security Management Specialist (LSMS)

4.10.1 Local Security Management Specialist ensures that the Secretary of State's Directions (2004) are fulfilled and a pro-security culture is embedded within the organisation.

### 4.11 Emergency Preparedness, Resilience and Response Manager

4.11.1 Is responsible for the management and delivery of emergency preparedness, resilience and response in line with Trust policies and overarching procedures, and in line with governing regulations and regulatory/NHS frameworks described within this policy (Civil Contingencies Act (2004)).

## 5. Monitoring and Review

| What will be monitored | How/Method/ Frequency | Lead | Reporting to | Deficiencies/ gaps Recommendations and actions |
|---|---|---|---|---|
| Policy review | Every three years | Executive Director of Estates and Facilities | Chief Executive | Where deficiencies are recognised - action plans will be put into place and reviewed regularly. |
| Estates and Facilities Directorate performance against Regulatory Frameworks and DH requirements.(DH Level) | Through annual review of PAMs/ERIC metrics Feedback from NHS Improvement & DH.<br><br>Through ongoing review of metrics relating to Carter review recommendation 6. | Deputy Director of Estates and Facilities | Executive Director of Estates and Facilities | Where deficiencies are recognised - action plans will be put into place and reviewed regularly. |
| Estates and Facilities Directorate performance against Regulatory Frameworks and DH | Through ongoing Estates & Facilities compliance forums and Senior | Deputy Director of Estates and Facilities (in | Executive Director of Estates and Facilities | Where deficiencies are recognised - action plans will be put into place and reviewed regularly |

| What will be monitored | How/Method/ Frequency | Lead | Reporting to | Deficiencies/ gaps Recommendations and actions |
|---|---|---|---|---|
| requirements.(Trust Level) | Management Teams.<br><br>Through annual PAMs review and Benchmarking through ERIC. | conjunction with Head of Estates) | | |
| Staff training and awareness | Through annual review of training statistics and review and update of training needs matrices. | All E+F Heads of Service | Executive Director of Estates and Facilities | Where shortfalls in training completion are identified - actions will be taken to ensure that training requirements are fulfilled and monitored on a monthly basis until all training is up to date |
| Staff training and awareness | Through review of individual staff personal development plans at Achievement reviews. | All E+F Managers and Heads of Service | Executive Director of Estates and Facilities | Where shortfalls in training completion are identified - actions will be taken to ensure that training requirements are fulfilled and monitored on a monthly basis until all training is up to date |
| Implementation and Monitoring/Review | Through sign off processes/collation of evidence on usage of policies (i.e. derogation schedules/design team minutes and specification content). Reviewed annually as part of Estates and Facilities compliance audit | Deputy Director of Estates and Facilities | Executive Director of Estates and Facilities | Where deficiencies are recognised - action plans will be put into place and reviewed regularly |

## 6.    Training and Implementation

6.1    This policy and all subsequent subordinate estates and facilities policies will be implemented through directorate and service level forums such as Senior Management Team meetings, Project Team meetings and Design Team meetings, and also through group and individual training and awareness sessions.

6.2 All Estates and Facilities staff will receive formal training in all areas of expertise and competency required, and to ensure that the requirements of the regulatory framework are met in full.

6.3 Training needs analysis will take place through individual performance reviews and development plans, and through departmental analysis of the requirements for staff ratios and skill mix to ensure that suitably trained and competent staff are always available.

6.4 The Estates and Facilities directorate will undertake regular reviews of training requirements and will take steps to ensure that suitably trained staff will be in place where legislative requirements deem, where legislation changes over time and where new legislation is introduced.

6.5 In terms of the requirement to monitor and review effectiveness, the Estates and Facilities Directorate will undertake an annual audit of estates and facilities, security and clinical engineering services compliance in order to identify gaps in compliance, to generate action plans and to provide assurance to the Trust that the requirements of the previously stated regulatory frameworks are met.

## 7. Equality Impact Assessment Statement & Tool

All public bodies have a statutory duty under The Equality Act 2010 (Statutory Duties) Regulations 2011 to provide "evidence of analysis it undertook to establish whether its policies and practices would further, or had furthered, the aims set out in section 149(1) of the [Equality Act 2010]"; in effect to undertake equality impact assessments on all procedural documents and practices. Authors should use the Equality Impact Toolkit to assess the impact of the document.

In the first instance this will mean screening the document and, where the screening indicates, completing a full assessment. The Toolkit can be found on the Trust website http://www.medway.nhs.uk/our-foundation-trust/publications/equality-and-diversity/equality-impact-assessments/

A document will not be considered approved until the author has confirmed that the screening process has been carried out and where required a full impact assessment has been completed. Where a full assessment is completed this should be submitted along with the document for approval.

## 8. References

| Document | Ref No |
|---|---|
| **References:** | |
| Care Quality Commission (Registration) Regulations 2009 (CQC Regulations) | |
| The NHS Constitution | |
| Operational Productivity and Performance in English NHS Acute | |

| | |
|---|---|
| Hospitals: Unwarranted Variations. (an independent report for the Department of Health by Lord Carter of Coles) (February 2016) | |
| The Health and Safety at Work etc. Act 1974 | |
| Secondary Health and Safety related regulations (various) | |
| The Regulatory Reform (Fire Safety) Order 2005 | |
| NHS Premises Assurance Model (PAM) (2016) | |
| NHS Estatecode (HBN 00-08) – Strategic Framework for the Efficient Management of Healthcare Estates and Facilities. (2014) | |
| UK Climate Change Act (2008) | |
| National Adaptation Programme (NAP) | |
| The Carbon Reduction Commitment Energy Efficiency Scheme (CRC) | |
| The Civil Contingencies Act (2004) (CCA) | |
| The Food Safety Act 1990 | |
| Food Information for Consumers Regulation 2014 (Allergens) | |
| Local council Food premises registration | |
| D.H.S.S. Guidelines For Cook/ Chill & Cook / Freeze Meals | |
| NHS Codes of Practice for the manufacture, distribution & Supply of Food, ingredients and related products | |
| The General Food Hygiene Regulations 2004 | |
| Food Hygiene (England) Regulations 2006 | |
| PAS 5748 (2014): Specification for the planning, measurement and review of cleanliness services in hospitals. | |
| The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes April 2007. | |
| HTM 07-01 Management & disposal of healthcare waste | |
| The Environmental Protection Act 1990 (including the Duty of Care Regulations) | |
| The Hazardous Waste Directive 2011 | |
| The Waste (England and Wales) Regulations 2011 | |
| Road Traffic Act 1991 | |
| EU drivers hours regulations(EC)561/2006 | |
| HTM02-01 (Medical Gas Pipeline systems) | |
| Pressure Equipment Regulations of 1999 | |
| HTM 01-04 (Decontamination of Linen for health and social care) | |
| SI 2002 (618): The Medical Devices Regulations 2002 | |
| MHRA Managing Medical Devices: Guidance for Health and Social Services Organisations April 2015 | |
| IEC62353 (Ed10) Medical Electrical Equipment: Recurrent test and test after repair of medical electrical equipment | |
| **Trust Associated Documents:** | |
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| POLCS001 | Arson - Prevention and Control |
| POLCOM003 | Security Management Policy |
| POLCS002 | Bomb Threats Policy & Procedures |
| POLCS015 | CCTV (Close Circuit Television) Policy |
| POLCS011 | Smoke-Free Policy |
| POLCOM022 | Car Parking Policy |

| POLCGR036 | Water Safety Policy |
|---|---|
| POLCOM019 | Food Hygiene Policy |
| POLCOM020 | Planned and Preventative Maintenance |
| POLCOM023 | Health and Safety Permit to Work Policy |
| POLCS016 | Testing of Portable Electrical Equipment For Safety |
| POLCS003 | Environment Policy |
| POLCOM001 | Medical Gas Pipeline Systems and Associated Equipment Operational Policy |
| POLCS009 | Safe Operation of Land & Buildings |
| POLCGR116 | Access Control Policy |
| POLCOM004 | Use, return, cleaning and maintenance of Hospital Wheelchairs |
| POLCOM021 | Pest Control Policy |
| POLCS024 | Fire Safety Policy |
| POLCGR105 | Management of Single Use and Single Patient Use Medical Devices |
| POLCGR020 | Management of Reusable Medical Devices & Equipment |
| POLCGR030 | Medical Device Training Policy |
| POLCGR089 | Specialist Cleaning Team |
| POLCOM024 | Civil Penalty Notice Scheme Policy |
| POLCS010 | Violence and Aggression Policy |
| POLCOM028 | Lockdown Policy |
| POLCS024 | Fire Safety Policy |
| POLCS018 | Window Management Policy |
| POLCS022 | Asbestos Policy |
| | |

**END OF DOCUMENT**