GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Ystadau Arbenigol
Shared Services Partnership
Specialist Estates Services

Llywodraeth Cymru
Welsh Government

Estates & Facilities Performance Management System

Data Definitions and Completion Notes

2025/2026

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Estates & Facilities Performance Management System – 2025/2026

EXECUTIVE SUMMARY

This return forms the central mandatory collection of Estates and Facilities data in support of the assessment of performance for the NHS estate in Wales during the fiscal year **2025/2026**.

Figures relating to the condition and status of estate and facility services should be **as of 31 March 2026**.

All Health Boards, Velindre NHS Trust and Welsh Ambulance Services NHS Trust, henceforth referred to as NHS Organisations, are required to **commit a completed return by 21 July 2026** It should be noted that in order for NHS Wales Shared Services Partnership – Specialist Estates Services to analyse the EFPMS data in a timely manner, it will not be possible to enter data after that date and this rule will be rigorously applied.

Data should be entered via the link through the NHS Wales Shared Services Partnership – Specialist Estates Services intranet site accessed through the appropriate password and ID number. Each NHS Organisation has a designated EFPMS point of contact that has been provided with the relevant password and ID number.

The NHS Organisation's designated EFPMS point of contact will be required to identify the necessary data providers as additional EFPMS users to ensure that all people within the organisation who contribute to the EFPMS return are able to gain benefit by having access to the system. These persons will also be called upon, as required, to confirm data accuracy and will be provided with access to the performance information to inform improvement in the efficiency and effectiveness of the particular efm functions of interest.

NHS Organisation Chief Executives are urged to ensure that fully completed returns are entered by the required deadline and that adequate checks have been made in respect of data accuracy.

PERIOD OF THE RETURN

Figures for the reporting year should reflect that which appertained during the fiscal year. For the purposes of this EFPMS return the figures should be provided for the reporting year 1 April 2025 to 31 March 2026.

PFI PROJECTS

Organisations that are delivering healthcare services from property procured under PFI Agreements are required to submit a return for such property. Where cost figures are required, these shall be the total cost to the NHS organisation for the supply of the particular estates and facilities service being reported on, inclusive of service fee and relevant proportion of unitary payment costs.

NHS ORGANISATION AND SITE LEVEL DATA

Information returned is required to be provided at either NHS ORGANISATION level or SITE level.

Data for all identified NHS Organisation Level (T) fields should be entered on an NHS Organisation level basis (i.e. total figures for the whole organisation). Data for all identified Site Level (S) fields should be entered for each of the required site types on a Site Level basis (i.e. total figures for the

site). Data for all of an NHS Organisation's sites must be entered individually or aggregated in accordance with the defined Site Types (see below), to the extent that for any specific data field, the total would represent the NHS Organisation Level figure for the whole organisation.

1. General Acute Hospital
2. Multi-Service Hospital
3. Short Term Non-Acute Hospital
4. Long Stay Hospital
5. Specialist Hospital
6. Community Hospital
7. Aggregated Sites

Note for Aggregated Sites:

Data relating to the aggregated sites should be entered under the following single site code AGGRE which has replaced the 6 aggregated sites used from 2002 to 2008 (AGGR1 to AGGR6).

Data for aggregated site, AGGRE, is the aggregate of all the properties ***excluding*** *any information which is reported as a hospital under site types 1 to 6.* ***The total of all hospital sites and aggregate sites should equate to the total for the whole organisation.***

Individually reported sites should comprise stand alone sites or stand alone buildings within a site. Each of the individually reported sites should have an occupied floor area in excess of **500 m^2**. Sites which are embedded within buildings of another NHS Organisation that are classified by that organisation as a different site type (e.g. a type 5 site contained within a building of another organisation providing predominantly type 1 services) should not be reported individually.

PREMISES AWAITING DISPOSAL

Figures relating to property that is vacated and awaiting disposal at the end of the reporting year should NOT be included within the return unless it has been operational for more than 6 months of the reporting year in which case the relevant figures should be **included**. Figures relating to property that is temporarily unoccupied by the organisation and is likely to be brought back into service in the future, should be **included**.

CONFIDENTIALITY

Please be aware that all information acquired through the Estates & Facilities Performance Management System (EFPMS) and disseminated to the NHS in the form of reports, charts, schedules and the like are subject to Crown Copyright. During the collection period, the EFPMS data will be held confidential except for NHS access and in response to Welsh Government enquiries. NHS Organisations that wish to share data and information during the collection period should do so at their own discretion but restrict such data and information to that which applies solely to the NHS Organisation itself and no other organisation. Like all government organisations, the Welsh Government and the National Assembly for Wales are subject to the Freedom of Information Act which came into force on the 1st January 2005.

DATA QUALITY

Returning NHS Organisations are accountable for the accuracy and timeliness of all data they commit. It is therefore essential that all data be validated and, where necessary, corrected by the relevant data provider(s) within the NHS Organisation. Performance indicators automatically calculated by the web-site, together with benchmarking information and various on-line messages, will provide a good source for validation purposes.

In the event of accurate figures not being readily available, an informed best estimate will be acceptable pending the introduction, by the NHS Organisation, of mechanisms that will ensure the provision of accurate information in future EFPMS returns. Informed estimates may also be relevant in circumstances where billed amounts are being disputed.

Please note that entering “Not Applicable” (N/A) will not be accepted by the EFPMS unless by means of a programmed choice selection via a drop down box. The use of zero in place of N/A is acceptable within the return, provided zero is a true figure; otherwise the correct figure should be entered. Every effort must be made to ensure the compulsory data is available, however, if the information is not available, then the relevant fields should be left as “input” until the necessary information becomes available.

To assist in the validation and feedback reporting of key performance information, it is strongly recommended that NHS Organisations set up internal sub-users of the EFPMS web based system for data providers (e.g. Head of Cleaning Services, Head of Catering, Head of Estates, etc.) in order to

ensure that they are able to check the data entered on behalf of the NHS Organisation for accuracy and to benefit from the benchmarking and performance information provided.

VAT

Include VAT only where it is paid. **DO NOT** include VAT which is being reclaimed.

STAFF RESIDENTIAL UNITS

Unless otherwise specified, all costs associated with staff residential units in the ownership of the NHS and used by NHS Organisation personnel should be **included** within the relevant sections of the return, inclusive of floor area, energy, maintenance costs, staffing, estates and hotel services etc. Residential units provided by non-NHS Organisations (e.g. Housing Associations, private sector landlords etc.) should be **excluded**. Apply apportionment rules where relevant.

GROSS INTERNAL FLOOR AREA (GIA) – Figure 1

The gross internal floor area (GIA) is calculated as follows: GIA (m^2) should be the overall internal floor area within the perimeter of the external walls (e.g.: Measuring the building or premises externally and by deducting from the overall length and width the thickness of the external walls, and then multiplying the resultant length by the resultant width (Fig 1)). Allowances should be made for projections, indentations, insets, voids and courtyards. This is repeated for each storey of the building and added together to obtain the total GIA. The floor areas of plant rooms, circulation spaces and internal walkways are INCLUDED. GIA = [(A1 x B1) + (A2 x B2) + (A3 x B3)] + GIA other floors. **Premises that are vacant and awaiting disposal should be excluded from the GIA figure**.

OCCUPIED FLOOR AREA – Figure 1

Occupied floor area (m^2) is the proportion of the GIA that is occupied by the NHS Organisation for the purpose of delivering its healthcare function, irrespective of ownership or tenure of the premises. Where areas have changed throughout the year (e.g. due to major developments or disposal) the figure quoted should be that current on 31 March at the end of the reporting year.

UNOCCUPIED FLOOR AREA – Figure 1

Unoccupied floor area (m^2) is the proportion of the GIA that is temporarily unoccupied by the NHS Organisation for the purpose of delivering its healthcare function, irrespective of ownership or tenure of the premises. Where areas have changed throughout the year (e.g. due to major developments or disposal) the figure quoted should be that current on 31 March at the end of the reporting year.

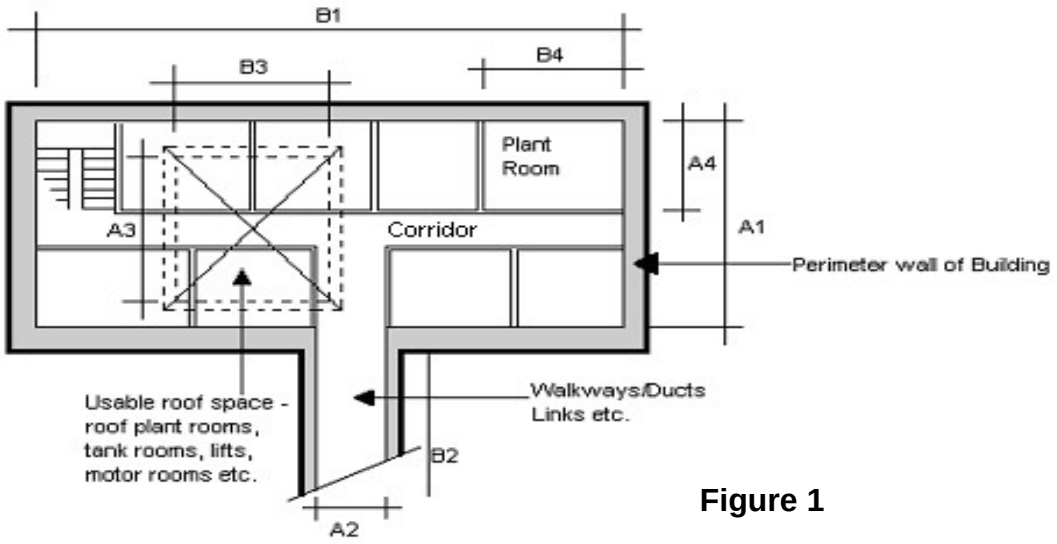


Figure 1

ORGANISATION SITE

The Estates and Facilities information collected from each NHS Organisation is related to the premises or facilities operated or managed by that NHS Organisation; these premises or facilities (Hospital and nonhospital) are defined as an ORGANISATION SITE.

An ORGANISATION SITE is defined as a piece of land, or premises therein.

Adjacent facilities separated only by a natural or man made feature such as a stream or road should still be considered as forming part of the ORGANISATION SITE provided that it is still operated or managed by the NHS Organisation and that there is the capability of safe and quick transport between the facilities.

An ORGANISATION SITE can:

- Share the same physical site land area with one or more other ORGANISATION SITES for the same NHS Organisation i.e. the ORGANISATION SITE is not the sole occupant.
- Lease or sublet premises or facilities from another NHS Organisation and also share the same physical site land area with one or more ORGANISATION Sites from the same or different NHS Organisation i.e. the ORGANISATION SITE is not the sole occupant.
- Receive supply of energy or maintenance services from another ORGANISATION SITE either within the same NHS Organisation, a different NHS Organisation, or another Organisation outside of the NHS.

Where sites are shared with other NHS Organisations or non-NHS organisations, the Apportionment Rules set out on pages 6 to 9 should be applied.

CONVERSION FACTORS

The following conversion factors are provided for use in completion of this return:

1 GJ = 0.0036 * kWh = 0.1055 * therm (gas) = 0.0381 * Ltr (Oil) = 28.4 * Tonne (Coal) = 1,024 * (lb Steam)
1 kWh = 0.03412 therm gas = 3.3 Cu.ft of gas = 0.093 m^3 of gas
1 Tonne = 1,000 Kg = 2,204.62 pounds
1 m^3 = 1,000 Ltrs = 219.97 gallons
1 m^2 = 10.764 ft^2
1 metre = 1.094 yards
1 Hectare = 2.47 Acres = 10,000 m^2
10 m^3 of bin volume = approximately 1 Tonne of waste (or 1 m^3 volume = 100 Kg waste)

APPORTIONMENT RULES

Where sites are shared with other NHS Organisations or non-NHS organisations, the following Apportionment Rules should be applied to ensure that the returns for an NHS Organisation represent only that which is necessary for the NHS Organisation to deliver its own healthcare responsibilities. **Where an NHS Organisation provides Estates and Facilities services to another NHS Organisation then the provider NHS Organisation must forward the required information to the receiving NHS Organisation in order for them to incorporate the data into their EFPMS returns.**

The general principles of the Apportionment Rules apply to all elements of the EFPMS return data where one ORGANISATION SITE provides services to another ORGANISATION SITE.

The following specific elements illustrate how the apportionment rules are to be applied:

A. Organisation Site Floor Area (m²)

This is the Floor Area of buildings or premises or part therein occupied and operated by an ORGANISATION SITE and is either owned by the NHS Organisation or as defined within the terms of a lease, Service Level Agreement, or tenancy agreement.

1. For ORGANISATION SITES within the same NHS Organisation sharing the same physical buildings and premises i.e. no other NHS Organisation sharing the same buildings and premises, the NHS Organisation will apportion and assign the floor area between each of the ORGANISATION SITES as ORGANISATION SITE FLOOR AREA (m^2) as appropriate.

2. For ORGANISATION SITES being leased to the NHS Organisation from another NHS Organisation, the ORGANISATION SITE FLOOR AREA is as defined within the demise of the lease, Service Level Agreement, or tenancy agreement. In the case of multiple ORGANISATION SITES for the same NHS
Organisation sharing the leased or sublet premises, apply the same apportionment rules as for 1 above

3. The Floor Area of an ORGANISATION SITE which is leased to another NHS Organisation **must not be included** in the return of the lesser NHS Organisation.

B. Organisation Site Land Area (ha)

This is the physical site land area that is occupied and operated by the ORGANISATION SITE. It is the land portion either owned by the NHS Organisation or as defined within the demise of a lease, Service Level Agreement or tenancy agreement and **is inclusive of land covered by the buildings and premises which form the Organisation Site**.

1. For ORGANISATION SITES within the same NHS Organisation and sharing the same physical site land area i.e. no other NHS Organisation sharing on the same physical site land area, the NHS Organisation will apportion and assign the physical site land area between each of the ORGANISATION SITES as ORGANISATION SITE LAND (ha) as appropriate.

2. For ORGANISATION SITES being leased from another NHS Organisation, the physical site land area is as defined within the demise of the lease, Service Level Agreement, or tenancy agreement. In the case of multiple ORGANISATION SITES for the same NHS Organisation sharing the leased or sublet physical site land area, apply the same apportionment rules as for 1 above.

3. The physical site land area of an ORGANISATION SITE which is leased to another NHS Organisation **must not be included** in the return of the lesser NHS Organisation.

C: Whole Time Equivalent (WTE) and Services Costs

Where staff are multi-skilled and share time to a range of non-clinical services then the overall time, in WTE, should be apportioned accordingly for each service in order to derive relevant labour costs.

Costs relating to a particular service which is managed at NHS Organisation level (e.g. a number of the organisation sites are maintained from a workforce based at a central site) should be apportioned between individual sites in a manner that reflects the most accurate results for each site. For most cases it is anticipated that costs will be apportioned according to labour and materials allocated to a particular service on a specific site or on an average cost per square metre basis. However, for some services such as telecommunications it might be more appropriate to apportion costs in relation to the amount of telephone traffic associated with each site.

D. Energy (kWh) and Energy Costs (£)

This is the Energy Usage and Cost of Usage for an ORGANISATION SITE.

National/Regional Company Sources denotes an energy service provided by the utility services sector.

Combined Heat and Power (CHP) denotes an energy service provided by on site generator plant (normally with heat recovery) that is either owned by an NHS Organisation or is the subject of a lease and/or supply agreement with a third party company. Where the CHP is the subject of a Contract Energy Management scheme, relevant CHP data apportioned to that which serves the NHS Organisation must be provided.

Locally Supplied Energy denotes an energy supply to the ORGANISATION SITE provided directly from another ORGANISATION SITE belonging to either the NHS Organisation or another NHS Organisation or an organisation outside of the NHS (not a utility supplier).

Exported Energy (electricity or thermal) denotes that which has been produced by on-site CHP or other plant and exported from an ORGANISATION SITE to a Utility Supplier or another ORGANISATION SITE. Energy produced by CHP or other plant which has been used to directly supply other ORGANISATION SITES should be classified as Locally Supplied energy in the EFPMS return for the other 'importing' ORGANISATION SITE. Where a commercial plant, located on an ORGANISATION SITE affords the commercial company an opportunity to export power to entities other than ORGANISATION SITES i.e. the National Grid, local Regional Electricity Company, etc., the appropriate adjustments will be required to ensure that only energy usage and associated cost of usage pertinent to the ORGANISATION SITE(S) is recorded.

Process energy denotes that which has been supplied to an on-site central industrial processing unit (e.g.: CSSD, Laundry, Incinerator, Manufacturing Pharmacy etc.) that serves a number of ORGANISATION SITES.

Renewable energy denotes that which is supplied to the ORGANISATION SITE from an eligible renewable supply source as defined in Protocol A3 of the DEFRA document "Guidelines for the Measurement and Reporting of Emissions by Direct Participants in the UK Emissions Trading Scheme". Renewable energy will be exempt from the Climate Change Levy and assumed to have nil impact on CO_2 emissions.

Rule 1. For ORGANISATION SITES within the same NHS Organisation where energy is being fully supplied from utility, CHP, or locally supplied sources, i.e. no other NHS Organisation sharing the same buildings and premises, the NHS Organisation will apportion and assign the energy usage and cost of usage between each of the ORGANISATION SITES as appropriate.

Rule 2. For ORGANISATION SITES being leased from another NHS Organisation, the energy usage and cost of usage is that which has been supplied to the ORGANISATION SITE from utility, CHP or locally supplied sources in accordance with the terms of the lease, Service Level Agreement, or tenancy agreement. In the case of multiple ORGANISATION SITES for the same NHS Organisation sharing the leased or sublet premises, apply the same apportionment rules as for (1) above.

Rule 3. The energy usage and cost of usage of an ORGANISATION SITE which is leased to another NHS Organisation must not be included in the return of the lesser NHS Organisation.

Rule 4. Where metered or measurable supply figures are not available, agreed estimates both of energy usage and cost must be established between supplying and receiving ORGANISATION SITES especially for inter-NHS Organisation supply.

Examples: Energy – Apportionment Rules (Note: For simplicity, energy costs taken as 10 pence/kWh for all energy sources)

Example 1. ORGANISATION SITE "A" and ORGANISATION SITE "B" take their energy from National/Regional Company Sources. Intake meter reading for ORGANISATION SITE "A" is 5,000,000 kWh of Electricity at a Cost of £500,000. Intake meter reading for ORGANISATION SITE "B" is 2,500,000 kWh of Electricity at a Cost of £250,000.

ORGANISATION SITE "A" will report National/Regional Company Sources Electric kWh as 5,000,000 kWh and National/Regional Company Sources Electric £ as £500,000.

ORGANISATION SITE "B" will report National/Regional Company Sources Electric kWh as 2,500,000 kWh and National/Regional Company Sources Electric £ as £250,000.

Example 2. ORGANISATION SITE "A" takes its energy from National/Regional Company Sources and its intake meter reading is 4,000,000 kWh of Electricity at a Cost of £400,000. The energy distribution system of ORGANISATION SITE "A" also sub-feeds ORGANISATION SITE "B". Energy metered by ORGANISATION SITE "A" indicates that 1,500,000 kWh has been supplied to ORGANISATION SITE "B" with a charged Cost of £150,000.

ORGANISATION SITE "A" will report National/Regional Company Sources Electric kWh as 2,500,000 kWh (4,000,000 – 1,500,000) and National/Regional Company Sources Electric £ as £250,000 (400,000 – 150,000).

ORGANISATION SITE "B" will report Locally Supplied Electricity as 1,500,000 kWh and Locally Supplied Electricity £ as £150,000.

Example 3. ORGANISATION SITE "A" takes its energy from metered National/Regional Company Sources and its intake meter reading is 30,000,000 kWh of Gas at a Cost of £3,000,000, 12,500,000 kWh of Electricity at a cost of £1,250,000, and is operating a Combined Heat and Power Installation fuelled by gas. The CHP Installation supplies 800,000 kWh of Electricity, at a charged Cost of £80,000, and 2,000,000 kWh of Hot Water, at a charged Cost of £200,000, to ORGANISATION SITE "B".

ORGANISATION SITE "A" used 8,000,000 kWh of Gas in generating the supplied Electricity and Hot Water kWh.

ORGANISATION SITE "A" will report:

National/Regional Company Sources Electricity kWh as 12,500,000 kWh and National/Regional Company Sources Electricity £ as £1,250,000.
National/Regional Company Sources Gas kWh as 30,000,000 kWh and National/Regional Company Sources Gas £ as £2,720,000 [3,000,000 – (80,000 + 200,000)].
Exported CHP Electricity as 800,000 kWh and Exported CHP thermal as 2,000,000 kWh. Total fossil energy to the CHP system as 8,000,000 kWh.

ORGANISATION SITE "B" will report Local Sources Electric kWh as 800,000 kWh and Local Sources Electric £ as £80,000, and Local Sources Hot Water kWh as 2,000,000 kWh and Local Sources Hot Water £ as £200,000.

Example 4. ORGANISATION SITE "A" has an incinerator on site, which is owned, managed and operated by a commercial company. ORGANISATION SITE "A" total Gas intake from the National/Regional supplier is 40,000,000 kWh at a cost of £4,000,000. ORGANISATION SITE "A"

supplies 100% of the incinerator's gas intake of 2,500,000 kWh. In exchange, the commercial company supplies 15,000,000 kWh of Hot water to ORGANISATION SITE "A" free of charge.

ORGANISATION SITE "A" will report:

National/Regional Company Sources Gas kWh as 37,500,000 (40,000,000 – 2,500,000).
National/Regional Company Sources Gas £ as £4,000,000.
Locally supplied Hot Water as 15,000,000 kWh. Locally
supplied Hot Water cost as Zero.

Example 5. ORGANISATION SITE "A" takes its energy from metered National/Regional Company Sources and its intake meter reading is 35,000,000 kWh of Gas at a Cost of £3,500,000, and 14,000,000 kWh of Electricity at a cost of £1,400,000. The organisation site has a Central Laundry of which 25% of its output is used by the organisation site and 75% by other organisation sites. The total electricity supplied to the laundry is 1,500,000 kWh at a cost of £150,000 together with 16,000,000 kWh of steam energy at a cost of £1,600,000.

ORGANISATION SITE "A" will report:

National/Regional Company Sources Electricity kWh as 12,875,000 kWh [14,000,000 – (1,500,000 * 0.75)] and National/Regional Company Sources Electricity £ as £1,287,500 [1,400,000 – (150,000 * 0.75)].
National/Regional Company Sources Gas kWh as 23,000,000 kWh [35,000,000 – (16,000,000 * 0.75)] and National/Regional Company Sources Gas £ as £2,300,000 [3,500,000 – (1,600,000 * 0.75)].

ENERGY AND EMISSION CALCULATIONS

Where applicable, the apportionment rules should be applied before undertaking the calculations.

Energy Performance Calculations:

This is based upon the energy consumed within the Gross Internal Floor Area of the property associated with the organisation and is calculated using the following formula:

Total Electrical Energy (kWh) = [Utility Electricity(kWh) + Local Electricity(kWh) + Renewable Energy (electricity)(kWh)] + [CHP Electrical Output(kWh) – CHP exported electricity(kWh)]

Total Thermal Energy (kWh) = [Utility Gas(kWh) + Utility Oil(kWh) + Utility Coal(kWh) + Local Steam(kWh) + Local Hot Water(kWh) + Renewable Energy(non-fossil fuel)(kWh)] + [(CHP Thermal Output(kWh))] – [(CHP exported thermal (kWh)+ CHP fossil energy input(kWh)]

Energy Performance: Total Site Energy Consumed per GIA (kWh/m^2) = [GIA m^2] * {[Utility Electricity + Utility Gas + Utility Oil + Utility Coal + Local Electricity + Local Steam + Local Hot Water + Renewable Energy (Electricity + Non-fossil fuel)] + [(CHP Electrical Output + CHP Thermal Output)] – [(CHP exported electricity + CHP exported thermal + CHP fossil energy input)]}

Where applicable, enter ZERO into the above formula in circumstances where energy is not provided for a particular category.

CO_2 Emission (tonnes) Calculation:

This is based upon the total energy supplied to the organisation from external sources and is calculated using the under mentioned formula. Energy that has been obtained from a renewable energy source should be excluded from the calculation of CO_2 but included within the overall energy performance figures above. Where an NHS Organisation has energy supplied from a CHP unit or steam and hot water provided from a local source, it is assumed, for the purposes of the CO_2 calculation, that the primary fuel used is gas.

Locally supplied fuel (steam, hot water) from another organisation and CHP exported thermal has a primary energy correction factor of 0.8 (i.e. 80% boiler/CHP efficiency) to reflect generation etc. losses. i.e. to produce 10,915,000 kWh of local hot water would have required 13,643,750 kWh (10,915,000/0.8) of input energy.

The following $KgCO_2e$/kWh correction factors are as published by DEFRA in their *UK Government GHG Conversion Factors for Company Reporting* document and are incorporated into the EFPMS formula to provide carbon dioxide equivalent values:

	$KgCO_2e$/kWh	
Electricity	0.2556*	UK Government GHG Conversion Factors for Company Reporting, UK Electricity table
Gas	0.18385*	UK Government GHG Conversion Factors for Company Reporting, Gaseous fuels table – Gross Calorific Value
Oil	0.26782*	UK Government GHG Conversion Factors for Company Reporting, Liquid fuels table – Fuel Oil Gross Calorific Value
Renewable energy	0.00	

*Conversion factors will be taken from the DEFRA conversion factor list for the majority reporting year

CO_2e EMISSION (tonnes) = 0.001 * [0.28307 * (Utility Electricity + Local Electricity - CHP exported electricity) + (0.18396 * Utility Gas) + (0.26831 * Utility Oil) + (0.32482 * Utility Coal) + (0.18396/0.8) * (Local Steam + Local Hot Water – CHP exported thermal energy)].

Note: 0.001 at the start of the formula represents the conversion from kg to tonnes.

Carbon Equivalent Calculation

A metric measure used to compare the emissions of the different greenhouse gases based upon their global warming potential (GWP). Global warming potentials are used to convert greenhouse gases to carbon dioxide equivalents. Carbon dioxide equivalents can be converted to carbon equivalents by multiplying the carbon dioxide equivalents by 12/44 (the ratio of the molecular weight of carbon to carbon dioxide).

Carbon Emissions (Tonnes) = CO_2e Emission * (12/44)

Where applicable, enter ZERO into the above formula in circumstances where energy is not provided for a particular category. Energy sources in kWh.

Examples – Energy and Emissions Calculations

An NHS organisation has the following energy parameters:

Utility Electricity	3,218,056
Utility Gas	14,297,222
Utility Oil	118,333
Utility Coal	0
Local Electricity	3,087,778
Local Steam	0
Local Hot Water	10,915,000
Renewable Energy (Electricity)	277.778
Renewable Energy (non-fossil fuel)	2,777,778
CHP Fossil Energy Input (kWh)	2,648,381
CHP Thermal Output (kWh)	1,402,469
CHP Electrical Output (kWh)	810,415

CHP Exported Electricity (kWh)	0
CHP Exported Thermal (kWh)	0
Occupied floor area (m²)	78,430

Total Electrical Energy Consumed (kWh) = [Utility Electricity + Local Electricity + Renewable Energy (Electricity)] + [CHP Electrical Output – CHP exported electricity]

= [3,218,056 + 3,087,778 + 277,778] + [810,415 – 0]

= 6,583,612 + 810,415

= **7,394,027 (kWh)**

Total Electrical Energy Consumed per Occupied Floor Area (kWh/m²) = 7,394,027 / 78,430 = **94.28 kWh/m²**

Total Thermal Energy (kWh) Consumed = [Utility Gas + Utility Oil + Utility Coal + Local Steam + Local Hot Water + Renewable Energy (non-fossil fuel)] + [(CHP Thermal Output] – [CHP exported thermal + CHP fossil energy input]

= [14,297,222 + 118,333 + 0 + 0 + 10,915,000 + 2,777,778] + [1,402,469] – [0 + 2,648,381]

= [28,108,333] + [1,402,469] – [2,648,381]

= **26,862,421 (kWh)**

Total Thermal Energy (kWh) Consumed Per Occupied Floor Area (kWh/m²) = 26,862,421 / 78,430 = **342.50 kWh/m²**

Energy Performance: Total Site Energy Consumed per Occupied Floor Area (kWh/m²) = {[Utility Electricity + Utility Gas + Utility Oil + Utility Coal + Local Electricity + Local Steam + Local Hot Water + Renewable Energy (electricity + non fossil fuel)] + [CHP Electrical Output + CHP Thermal Output] – [CHP exported electricity + CHP exported thermal + CHP fossil energy input]} / [Occupied Floor Area]

= {[3,218,056 + 14,297,222 + 118,333 + 0 + 3,087,778 + 0 + 10,915,000 + (277,778 + 2,777,778)] + [810,415 + 1,402,469] – [0 + 0 + 2,648,381]} / [78,430]

= [34,256,448] / [78,430]

= **437 kWh/m²**

CO_2e Emission (tonnes) = [conversion from kg to tonnes] * {[0.28307 * (Utility Electricity + Local Electricity - CHP exported electricity)] + [0.18396 * Utility Gas] + [0.26831 * Utility Oil] + [0.32482 * Utility Coal] + [(0.18396/0.8) * (Local Steam + Local Hot Water – CHP exported thermal energy)]}.

= [0.001] * {[0.28307*(3,218,056 + 3,087,778 – 0)] + [0.18396 * 14,297,222] + [0.26831 * 118,333) + [0.32482 * 0] + [(0.18396/0.8) * (0 + 10,915,000 - 0)]}

= [0.001] * {[1,784,992] + (2,630,117] + [31,750] + [0] + [2,509,904]}

= [0.001] * [6,956,764]

= **6,956.8 Tonnes**

CO_2e Emission per Occupied Floor Area = [total CO_2e Emissions * 1000] / [Occupied Floor Area]

= [6,956.8* 1000] / [78430]

= **89 kg CO_2e/m^2**

Carbon Emissions = CO_2e Emissions * (12/44)

= 6,956.8 * (12/44)

= **1897 Tonnes**

Carbon Emissions per Occupied Floor Area (kg/m²) = 1000 * ((Carbon Emission) / (Occupied Floor Area))

= 1000 * (1897 / 78430)

= **24.2 kg/m²**

Energy Calculations Definitions

Utility Electricity (kWh): The total annual amount of energy used in kWh by the NHS Organisation supplied by the national/regional electricity supplier, net of any energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy used to feed CHP plant associated with the site, and energy used by the ORGANISATION SITE for processing purposes (e.g.: laundry, SSD). In cases where the ORGANISATION SITE includes an on-site central processing unit(s) which serves more than one ORGANISATION SITE, the input energy to this unit should be apportioned in accordance with the percentage output used by the NHS Organisation for its own purposes. (e.g.: if the NHS Organisation uses 30% of the processing unit output then the figure included should be 30% of the total amount of energy supplied to the processing unit).

Utility Gas (kWh): The total annual amount of energy used in kWh by the NHS Organisation supplied by the national/regional gas supplier, including LPG, net of any energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy used to feed CHP plant associated with the site, and energy used by the ORGANISATION SITE for processing purposes (e.g.: laundry, SSD). In cases where the ORGANISATION SITE includes an on-site central processing unit(s) which serves more than one ORGANISATION SITE, the input energy to this unit should be apportioned in accordance with the percentage output used by the NHS Organisation for its own purposes. (e.g.: if the NHS Organisation uses 30% of the processing unit output then the figure included should be 30% of the total amount of energy supplied to the processing unit).

Utility Oil (kWh): The total annual amount of energy used in kWh by the NHS Organisation supplied by the national/regional oil supplier, net of any energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy used to feed CHP plant associated with the site, and energy used by the ORGANISATION SITE for processing purposes (e.g.: laundry, SSD). In cases where the ORGANISATION SITE includes an on-site central processing unit(s) which serves more than one ORGANISATION SITE, the input energy to this unit should be apportioned in accordance with the percentage output used by the NHS Organisation for its own purposes. (e.g.: if the NHS Organisation uses 30% of the processing unit output then the figure included should be 30% of the total amount of energy supplied to the processing unit).

Local Electricity (kWh): The annual amount of energy in kWh used by the NHS Organisation which has been supplied by an organisation other than Regional/National supplier sources (e.g. a neighbouring NHS Organisation supplying electricity to the site from their central distribution system).

Local Steam (kWh): The annual amount of energy in kWh used by the NHS Organisation which has been supplied by an organisation other than Regional/National supplier sources (e.g. a neighbouring NHS Organisation supplying steam to the site from their incinerator or central boiler plant and distribution system).

Local Hot Water (kWh): The annual amount of energy in kWh used by the NHS Organisation which has been supplied by an organisation other than Regional/National supplier sources (e.g. a neighbouring NHS Organisation supplying hot water to the site from their main distribution system).

CHP Fossil Energy Input (kWh): The total annual fossil energy, in kWh, supplied from regional and/or local sources to the NHS Organisation CHP plant.

CHP Thermal Output (kWh): The total useful thermal energy output, in kWh, from the NHS Organisation's CHP plant, inclusive of exported thermal energy. Apply apportionment rules where relevant.

CHP Electrical Output (kWh): The total electrical energy output, in kWh, from the NHS Organisation's CHP plant, inclusive of exported electricity. Apply apportionment rules where relevant.

CHP Exported Electricity (kWh): Amount of surplus electricity, in kWh, generated by the organisation's CHP Plant which is 'exported' to a Utility Supplier or to another organisation whether another NHS Organisation or another organisation outside of the NHS. Please note that 'imported' CHP energy to other NHS organisations should be recorded as Locally Supplied Energy in that NHS Organisation's EFPMS return.

CHP Exported Thermal Energy (kWh): Amount of surplus thermal energy, in kWh, produced by the NHS Organisation's CHP plant which is supplied to a Utility Supplier or another ORGANISATION SITE whether another NHS Organisation or another organisation outside of the NHS. Please note that 'imported' CHP energy to other NHS organisations should be recorded as Locally Supplied Energy in that NHS Organisation's EFPMS return.

Renewable Energy (kWh) which has been supplied from an eligible renewable energy supply source. E.g. biomass, sewage gas, etc.). Such energy to be exempt from the Climate Change Levy (CCL).

AGE OF THE NHS ESTATE

Age Profile by Build Date

The data used for the purpose of this return should relate to the original construction dates of all buildings that the NHS Organisation delivers its healthcare services from, irrespective of ownership (e.g. Freehold, leasehold, PFI etc.). This is to gain knowledge of the general age from which the NHS in Wales delivers all of its services.

In cases where property has been extended over time at different periods then, depending upon the size of the extension, assign either a single built date for the whole building or separate dates. Where separate built dates are known, the original building and its extension should be regarded as separate buildings for the purpose of grouping built dates with associated floor area.

BACKLOG MAINTENANCE (Quality of Buildings)

Backlog maintenance costs should be assessed in accordance with the best practice guidance document **"A risk-based methodology for establishing and managing backlog"** introduced in 2004 under WHEN 04/28.

Backlog maintenance costs are a measure of the condition and associated risks relating to fixed building components and engineering assets (sub-elements). Historically, such costs have been compiled and presented as the cost to achieve acceptable condition B relevant to the following three categories:

- Cost to achieve an acceptable Physical Condition B.
- Cost to achieve statutory compliance with Fire Safety legislation and Firecode.
- Cost to achieve statutory compliance with Health & Safety legislation (excluding fire safety).

The various asset (sub-element) conditions relating to the above categories have been amended and are as follows:

Physical Condition

A – The asset is as new and can be expected to perform adequately to its full normal life;
B – The asset is sound, operationally safe and exhibits only minor deterioration;
B (C) – The asset is **currently** as B but will fall below B within five years;
C – The asset is operational but major repair * or replacement is currently needed to bring up to condition B;
D – The asset is operationally unsound and in imminent danger of breakdown; **
X – A supplementary rating added to C or D to indicate that it is impossible to improve the asset without replacement.

* Expenditure for major repair would be expected to exceed one-third of the assets replacement cost. *
* Expenditure required to bring a condition D asset up to condition B expected to exceed 50% of its replacement cost.

Compliance with Fire, Statutory and non-statutory standards

A – Complies fully with current mandatory fire safety requirements and statutory safety legislation;
B – Complies with all necessary mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature; *
B(C) – Currently as B but will fall below B within five years as a consequence of unabated deterioration of knowledge of impending mandatory fire safety requirements or statutory safety legislation;
C – Contravention of one or more mandatory fire safety or statutory legislation requirements, which falls short of B;
D – Dangerously below conditions A or B.

Buildings which are at category B or higher standards are considered satisfactory. Premises which fall below these standards (C or D) are not considered to be in a satisfactory condition and the total cost to bring them up to at least category B standards is classified as the **backlog maintenance cost**.

* Minor deterioration of a non-serious nature means a small breach in mandatory fire safety requirements or statutory safety legislation that is currently not of concern to the enforcement bodies and well be rectified through normal revenue expenditure. The minor breach will also present only a very insignificant impact on safety.

Backlog Cost Categories

Backlog costs are required to be presented based on the following risk categories:

1. HIGH Risk The total sum in £'s (**NOT the sum intended** to be expended in the reporting year) attributable to all assets associated with property occupied by the NHS Organisation that are below condition B in respect of physical condition, fire safety or statutory safety condition, that have been assessed as at HIGH RISK, namely, that where repairs/replacement must be addressed with **URGENT PRIORITY** in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution. (The sum of low, moderate, significant and high risk backlog will be the total backlog cost for the organisation or site being reported on.)

2. SIGNIFICANT Risk The total sum in £'s (**NOT the sum intended** to be expended in the reporting year) attributable to all assets associated with property occupied by the NHS Organisation that are below condition B in respect of physical condition, fire safety or statutory safety condition, that have been assessed as at SIGNIFICANT RISK, namely, that where repairs/replacement require **PRIORITY** management and expenditure in the short term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. (The sum of low, moderate, significant and high risk backlog will be the total backlog cost for the organisation or site being reported on.)

3. MODERATE Risk The total sum in £'s (**NOT the sum intended** to be expended in the reporting year) attributable to all assets associated with property occupied by the NHS Organisation that are below condition B in respect of physical condition, fire safety or statutory safety condition, that have been assessed as at MODERATE RISK, namely, that where repairs/replacement require effective management and expenditure in the medium term through close monitoring so as not to cause undue concern to

statutory enforcement bodies or risk to healthcare delivery or safety. (The sum of low, moderate, significant and high risk backlog will be the total backlog cost for the organisation or site being reported on.)

4. LOW Risk The total sum in £'s (**NOT the sum intended** to be expended in the reporting year) attributable to all assets associated with property occupied by the NHS Organisation that are below condition B in respect of physical condition, fire safety or statutory safety condition, that have been assessed as at LOW RISK, namely, that where repairs/replacement require to be addressed through agreed maintenance programmes or included in the later years of your estate strategy. (The sum of low, moderate, significant and high risk backlog will be the total backlog cost for the organisation or site being reported on.)

5. RISK ADJUSTED BACKLOG The sum of all risk adjusted backlog costs for each building/block and external area relating to all assets associated with property occupied by the NHS Organisation.

Risk Adjusted Backlog should be calculated for each building block using the following formula:

Risk Adjusted Backlog = (Non-Critical Backlog / Remaining Life of the Building/Block) + Safety-critical Backlog

Where:

Non-critical backlog (£) = Total backlog cost relating to low and moderate risk sub-elements for the building/block.

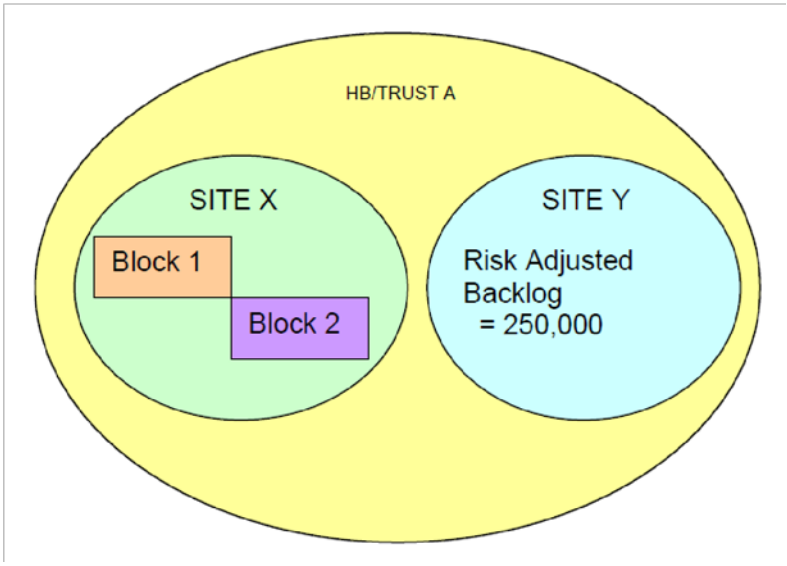
Safety-critical backlog (£) = Total backlog cost relating to significant and high risk sub-elements for the building/block.

Remaining Life of the Building / Block (years) = Estimated remaining life of the building / block. The remaining life should be based on the District Valuer's (DV) quinquennial survey, which should be reviewed annually to take account of the impact of investments since the previous DV survey. Where DV information is not available, such as when a building has recently been purchased, the remaining life should be assessed on the basis of professional judgement following a review of the overall condition of the building assets.

The risk-adjusted backlog formula is based on the premise that the eradication of safety-critical backlog will have a greater impact on the risk-adjusted figure than non-critical backlog (and hence will focus attention on reducing high and significant risk sub-elements). Similarly, the higher the remaining life of each building block is, the longer is the period in which the lower-risk sub-elements can be addressed and, therefore, the lower the risk-adjusted backlog figure.

The reported risk-adjusted backlog figure associated with a specific site, for which a figure is required, is the total of all the individual risk-adjusted figures derived for each building/block on the site. The total of all the risk-adjusted backlog figures for all relevant sites will provide the total risk-adjusted backlog figure for the whole organisation.

An example of how to calculate risk-adjusted backlog is as follows:



Health Board/Trust A has two sites (X) and (Y)

Site (X) has two buildings (block 1 and block 2)

Block 2 has a risk-adjusted backlog figure of: **£85,000**

Site (Y) has a risk-adjusted backlog figure of: **£250,000**

Block 1 has the following backlog and remaining life figures:

- estimated remaining life **= 30 years**
- Sum of all high risk backlog sub-elements **= £15,000**
- Sum of all significant risk backlog sub-elements **= £30,000**
- Sum of all moderate risk backlog sub-elements **= £200,000** - Sum of all low risk backlog sub-elements **= £400,000**

Total Backlog Cost **= £645,000**

Then:

Risk-adjusted backlog for block 1: = [(£200,000 + £400,000) / 30] + (£15,000 + £30,000)

= £20,000 + £45,000

= £65,000

Total risk-adjusted backlog for site (X): = Block 1 + Block 2

= £65,000 + £85,000

= £150,000

Total risk-adjusted backlog for Health Board/Trust: = site (X) + site (Y)

= £150,000 + £250,000

= £400,000

Notes to Consider when Compiling Backlog Maintenance Costs

The following notes are provided to assist organisations identify and report the correct figures within the EFPMS return for backlog maintenance costs.

NB: These notes are specific to backlog maintenance costs and do NOT supersede any other EFPMS completion note or data entry field definition for which reporting is required on the basis of the whole of the estate occupied by the organisation, inclusive of NHS and non-NHS property.

General

1. Backlog maintenance costs SHOULD be reported within the EFPMS return for all property which the organisation occupies, including that associated with occupied property such as that leased from a third party landlord, local authority or University.

2. Assets (sub-elements) classified as being in condition B (C) must NOT be considered as backlog until such time as the condition of the asset has actually fallen to below condition B.

3. Backlog maintenance costs relate only to assets that involve achieving condition B for physical condition, fire safety and statutory safety legislation relevant to the built environment. Costs to achieve condition B relating to other aspects of the 5 facet property condition appraisal, as described in HBN 0008 Estatecode Supplement: Land and property appraisal and estate performance indicators Welsh edition 2010, such as functional suitability, space utilisation, and environmental, should NOT be classified as backlog maintenance costs.

4. Assets that are operationally safe and serviceable through normal revenue maintenance budgets, and therefore in compliance with condition B standards, but are to be replaced or upgraded as part of a modernisation project designed to improve service delivery, quality, efficiency, effectiveness or best practice should NOT be classified as backlog. For example, costs to bring plant and equipment (e.g. Lifts, boilers, ventilation systems) up to modern standards should NOT be classified as backlog if those assets are currently compliant with condition B standards and not in breach of statutory requirements (e.g. a lift which remains compliant with statutory standards applicable at the time of installation may not be required to meet present statutory standards until replaced.)

5. Backlog maintenance costs reported should be WORKS COSTS, **INCLUSIVE** of any additional costs that are dependent upon the project solution taken to address backlog such as fees, VAT (if not reclaimable), decanting and temporary service costs to other areas. To take into account future uplifts for inflation these costs should be attributed to the BIS PUBSEC Tender Price Index of Public Sector Building Non Housing, published by the Building Cost Information Service (BCIS) of the RICS and distributed quarterly to Health Boards and NHS Trusts by NHS Wales Shared Services Partnership – Specialist Estates Services, as at the end of the EFPMS fiscal reporting year (i.e. 31 March). Works costs will include that which is directly related to undertaking the work. For example, should a wall have to be removed and replaced and/or pipework diverted in order gain access to replace a major item of equipment which has fallen below condition B standards (e.g. boiler, ventilation plant etc.) then such costs SHOULD be included within the reported backlog works cost.

Similarly, if a temporary boiler or alternative source of supply is needed to undertake the works then these costs also SHOULD be included within the backlog works cost figure. However, additional costs that are dependent upon the choice of a project to address the backlog, (e.g. Incorporating as part of a major development to resolve a multitude of deficiencies of which the eradication of backlog is but one element, or to focus purely on the specific backlog element alone) should NOT be included within the EFPMS reported backlog costs but SHOULD be included within any business case approval process in line with normal Capital Investment Manual or Health Board/Trust standing order procedures. These costs will include fees, VAT, and costs to decant services and/or to provide temporary services to other areas (e.g. Provision of temporary ward building) the requirements of which will depend upon the chosen scheme content.

6. Backlog maintenance costs associated with property that is vacant and awaiting disposal should be EXCLUDED from the EFPMS return.

7. Assets or services that are NOT currently in breach of relevant statutory requirements or DH Firecode standards, and therefore do not place the organisation at risk of prosecution, should NOT be classified as fire safety or statutory health and safety backlog. For example, where for reasons of best practice, costs have been identified to remove asbestos lagged pipework that is appropriately sealed, labelled and registered to the extent that it is already in compliance with statutory requirements, such costs should NOT be regarded as backlog. However, should the asbestos lagged pipework not be in compliance with statutory requirements (i.e. the lagging is loose or unmarked or non-registered) then the costs necessary to bring the element into compliance with statutory legislation, SHOULD be identified as backlog.

8. Where an asset is operational and serviceable by way of normal maintenance revenue budgets at the end of the EFPMS fiscal reporting year (i.e. 31 March) and does not require capital to undertake major repair or replacement, then it is NOT to be classified as backlog. This applies even if the asset has fully depreciated.

9. Organisations should take account of assets that are forecast to fall below condition B in future years in their forward investment planning processes but should NOT classify such items as backlog for the purpose of the EFPMS return unless the asset has actually fallen below condition B standards at the end of the reporting year.

NON-NHS PREMISES

Where an NHS Organisation occupies premises that are owned or serviced by non-NHS organisations (e.g. PFI, Private Landlord, other Public Body), then the NHS Organisation shall obtain all relevant details from those organisations in order to complete the EFPMS return, thereby enabling the provision of performance indicator outcomes that accurately reflect the position of the facilities in which the NHS Organisation is delivering its healthcare services. Where this is not possible for reasons of 'commercial – in confidence' or work undertaken as an 'all inclusive cost', then the NHS Organisation should provide a reasonable estimate of the figures either through carrying out surveys and measurement of their own or through an informed assessment, especially in consideration of their Duty of Care responsibilities.

COST OF OCCUPANCY (Estates and Hotel Services)

The Cost of Occupancy relating to efm services is the summation of all annual revenue expenditure costs (e.g. labour, materials, equipment, consumables, management, contracting etc.) that are incurred by the Organisation to deliver the Estates (hard) and Hotel (soft) facilities management services listed below. These services are required to maintain the organisation's occupied physical assets and provision of services in support of the organisation fulfilling its healthcare duties within its occupied premises and sites. The schedule is not exhaustive but is considered sufficient to embody all key efm services that will allow accurate benchmarking.

A. Fixed Costs (to be included within the Estates Services Costs):

1. Capital Charges (Lands, buildings and equipment relevant to the built environment)
2. Interest on Capital Loans
3. Rent & Rates
4. Relevant Unitary Payment
5. Cost of Leases

B. Estates Services (Hard FM Variable Costs):

1. Estates and Property Management relating to implementing and managing the organisation's capital programme
2. Backlog maintenance monitoring, implementing and managing associated investment
3. Fire Safety and Health & Safety compliance relating to the built environment
4. Building and Engineering repairs and maintenance relating to the built environment
5. Equipment maintenance relating to the built environment

6. Grounds and Gardens maintenance
7. Electro Biomedical Equipment maintenance
8. Waste Disposal Services
9. Car Parking Services
10. Energy Services
11. Water & Sewage Services
12. Helpdesk Service

C. Facilities Management (Hotel) Services (Soft FM Variable Costs):

1. Information Management & Technology fixed wiring systems
2. Non-emergency patient transport services
3. Security Services
4. Catering Services
5. Telecommunications
6. Laundry and Linen Services
7. Reception Services
8. Portering Services
9. Domestic Services
10. Sterile Supply Services
11. Courier Services
12. Pest Control Services
13. Stores Services
14. Postal Services
15. Art in Hospitals
16. Residential Accommodation Services
17. Day Nursery & Creche Services
18. Ward Hostess Services

The sum of A+B+C represents the total efm cost of occupancy.

WARD FOOD WASTAGE SURVEY

The EFPMS return requires information about ward food wastage in relation to the provision of catering services. Ideally hospitals should be monitoring food waste throughout the whole of the catering-chain (procurement, production, ward orders, service, plate waste and untouched meals). This should be done routinely and regularly as part of effective day-to-day management.

The methodology to be used is identical to that adopted by the Audit Commission in their Acute Services Review. This will allow hospitals to match their EFPMS information against previous performance standards.

Measurement Process

Ideally someone independent of both the Catering Department and the wards should carry out this survey. Hospitals may wish to consider some form of external auditing. The methodology shown below should be followed closely.

NB: This survey addresses only unserved meals.

The person conducting the survey should:

1. Arrange with the catering manager to visit six wards to observe the serving of the **main meal** of the day. Where lunchtime and evening meals services are the same then this can be done at either.

2. Ask the Catering Manager or Monitoring Officer to accompany them during the survey. The wards to be surveyed should be chosen on the day.

3. In acute hospitals, wards chosen should cover the spectrum of specialities e.g. surgical, medical, maternity, children's etc. In smaller hospitals and non-acute settings choose wards which largely represent the "make-up" of the hospital or healthcare setting. Try and review at least 6 wards whatever the hospital type.

4. Count the number of meals ordered from the menu cards for the sample wards – the catering department will likely keep a daily summary of meals ordered ward by ward.

5. Where the hospital operates a "tray" or "plated" meals system then count the meals placed in ward trolleys sent from the kitchen.

6. Where the hospital operates a 'bulk' system – ask the Catering Manager to estimate the number of portions in trays/containers for the main protein menu items only (i.e. exclude vegetables and desserts).

7. Some hospital use both "bulk" and "tray or plated" meals. In these cases review the system which provides most of the meals at the hospital. Where this is difficult to establish, sample three "bulk" and three "tray or plated" wards.

8. At ward level:
Where the hospital operates a "tray" or "plated" meals systems count the number of meals given to patients who ordered them and then count the number of meals not served.
Where the hospital operates a "bulk" system ask the Catering Manager to estimate the number of portions remaining in the trays/containers unserved for the main protein menu items only.

9. Manually enter the figures onto the survey form (page 21), calculate the following and enter the results into the EFPMS return (field S13-33 Food waste): % of untouched meals = (unserved meals as a % of total meals sent).

10. For information, it might be helpful to note the reasons why meals were unserved (e.g. patient discharged, patient in theatre).

Ward Food Wastage Survey Form

Name of person completing questionnaire:

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6
Ward Name						
Speciality						
Date of Survey						

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Total
Number of meals ordered from menu cards							
Number of meals sent from kitchen							
Number of meals given to patients							
Unserved meals							
Percentage wasted of total sent							

To calculate % of untouched meals: Unserved meals / Number of meals sent from kitchen X 100

Note the reasons for meals unserved (if known):

T01. Health Board / Trust Profile				
Ref.	**Field**	**Unit**	**Value**	**Definition**
01	Number of sites	No.		Total number of sites being reported on relevant to each category. The combined total should represent the total number of sites which the NHS Organisation occupies for the purposes of delivering its healthcare services, inclusive of premises owned by the NHS Organisation or as defined within the terms of a lease, Service Level Agreement, or tenancy agreement. Where sites are shared with other organisations the site type allocated should be that relevant to the function of the facilities being reported on by the occupying organisation, which may differ from the designation of the remainder of the site.
01A	General Acute Hospital	No.		Total number of sites that are being reported on that are hospitals providing acute services. Such hospitals may provide non-acute or single speciality services up to 20% of the gross internal floor area of the whole site without altering the classification. This would include Treatment Centres providing in-patient facilities.
01B	Multi-service Hospital	No.		Total number of sites that are being reported on that are hospitals providing multi-service functions, including single speciality, acute services, and mental health and community services. Such sites must provide at least two differing service functions each with gross internal floor area representing more than 20% of the total gross internal site floor area for the whole site.
01C	Short Term Non-Acute Hospital	No.		Total number of sites that are being reported on that are hospitals providing short term (less than 6 months), non-acute services including respite care, convalescence and rehabilitation.
01D	Long Stay Hospital	No.		Total number of sites that are being reported on that are hospitals where the service delivered is mainly for long stay patients i.e. where patient stays are expected to be more than six months e.g. hospitals for the long-stay care of mentally ill, elderly or patients with learning difficulties.
01E	Specialist Hospital	No.		Total number of sites that are being reported on that predominantly undertake a specialist function, inclusive of Radiotherapy, Dental Hospital, Maternity Hospital, Children's Hospital, Oncology, Cardiology and Secure Unit for the mental health.
01F	Community Hospital	No.		Total number of sites that provides an alternative to acute, general hospital care, nearer to people's homes and responding to local need. The facilities providing this type of care are likely to serve populations less than 100,000 and not be equipped to handle emergency admissions on a 24/7 basis. They are likely to include inpatient care for older people, rehabilitation and maternity services, outpatient clinics and day care as well as minor injury and illness units and diagnostics and day surgery. Community hospital services are characterised by allowing direct access to GP's and other local community staff.
01G	Treatment Centres	No.		Total number of sites that are being reported on that are Health Centres, Clinics, Ambulatory Diagnostic Centres, One Stop Centres and Primary Care Units, mobile units and Treatment Centres providing day care services only.

01H	Non-Hospital (Patient)	No.		Total number of sites that are being reported on that are nursing homes, residential care homes and group homes providing mainly long stay residential-type care. Hospices may be included in this category.
01I	Support Facilities	No.		Total number of sites that are being reported on that are administrative or other support service sites, ambulance stations including control centres, stand-by points and radio masts, education and training, and any other non-hospital site where patients are not treated or accommodated. Sites solely used for the provision of staff residential accommodation should be included.
02	Estates Development Strategy	Yes/No		Enter "yes" if the NHS Organisation has a Board Approved Estates Development Strategy which is currently being implemented to improve the quality, efficiency and effectiveness of the estates and facilities services – otherwise enter "no".

T02. Contracted Out Services – NOT APPLICABLE IN WALES

T03. Finance

Ref.	Field	Unit	Value	Definition
01	Total Capital Investment	£		Total amount of all capital invested by the NHS Organisation, within the reporting year, for the upgrading, refurbishment, renewal and modernisation of the NHS Organisation's estate. This should include all capital invested in buildings, engineering plant and equipment (groups 1, 2, 3 & 4) together with external works. Exclude costs associated with day to day maintenance of property and the provision of vehicles. Include relevant capital derived from all sources, inclusive of discretionary capital allocations, Capital Resource Limit (CRL) allocations, donations, and private sector investment.
02	Reduction of backlog maintenance			The actual in year reduction in health board/ trust in overall backlog maintenance including all investment in compliance, lifecycle investments
03	Total hard FM (Estates) Costs	£		Total Health Board/Trust-wide annual revenue cost to provide the whole of the Estate (hard FM) services as listed under "Cost of Occupancy (Estates and Hotel Services) "within the Completion Notes Text Section. Include all materials and equipment necessary to provide the Estates services together with costs associated with relevant Directors' time, management, supervisors, trade staff and administrative support employed by the NHS Organisation and through Contract or Service Level Agreement with another organisation. **Please refer to the Cost of Occupancy Section within the completion notes** for a breakdown of the elements that should be included

04	Total soft FM (Hotel Services) Costs	£		Total Health Board/Trust-wide annual revenue cost to provide all Hotel (soft) facilities management services as listed under "Cost of Occupancy (Estates and Hotel Services)" within the Completion Notes Text Section. Include all materials and equipment necessary to provide the services together with costs associated with relevant Directors' time, management, supervisors, staff and administrative support employed by the NHS Organisation and through Contract or Service Level Agreement with another organisation. **Please refer to the Cost of Occupancy Section within the completion notes** for a breakdown of the elements that should be included in Total FM (hotel services) Costs (part C). The sum of the costs to provide Estates and Facilities Management (Hotel) services should be the total revenue expenditure (i.e. efm Cost of Occupancy) for the whole organisation.
05	Income from Leases	£		Total income received in £s by the NHS Organisation, from leasing out property. Includes charges paid by other NHS organisations or GP practices under an SLA and radio masts.
06	Cost of Leases	£		Total amount, payable in £s, incurred by the NHS Organisation in leasing building property not owned by the NHS Organisation, inclusive of property owned by other NHS organisations where such costs are part of a Service Level Agreement. This cost should include all rent and service charges and charges for car parking facilities.

	T04. Staff				
Ref.	**Field**	**Unit**		**Value**	**Definition**
01	Total number of staff employed	WTE			The total authorised establishment of whole time equivalent staff for the reporting year, inclusive of clinical and non-clinical staff, employed by the NHS Organisation, either directly or through contract (e.g. PFI, out-sourced services) or Service Level Agreement another organisation, that enabled the NHS Organisation to carry out all its duties during the reporting year. Exclude very shorttemporary contract staff employed to undertake building and upgrading work, and staff time spent working for other organisations. Includes all Directors' time, management, supervisors, trade staff, administrative support staff, and staff associated with residential
02	Total number of staff employed in relation to the hard FM (Estates) function	WTE			The total whole time equivalent (WTE) of non-clinical staff, employed by the NHS Organisation, either directly or through contract (e PFI, out-sourced services) or Service Level Agreement with another organisation, that enabled the NHS Organisation to carry out a its Estates service functions during the reporting year. Exclude short-term temporary contract staff employed to undertake building upgrading work, and staff time spent working for other organisations. Include all Directors' time, management, supervisors, trade s administrative support staff, EBME staff and staff associated with residential units. Please refer to the "Cost of Occupancy" section the Completion Notes for the list of services associated with the Estates function.

03	Total number of staff employed in the soft FM (Hotel Services) function	WTE			The total whole time equivalent (WTE) of non-clinical staff, employed by the NHS Organisation, either directly or through contract (e PFI, out-sourced services) or Service Level Agreement with another organisation, that enabled the NHS Organisation to carry out a Facilities management (Hotel) Services, as listed under “Cost of Occupancy (Estate and Hotel Services)” within the Completion No Text Section. Include all Directors’ time, management, supervisors, administrative support staff and staff associated with residentia Exclude staff time spent working for other organisations. Please refer to the "Cost of Occupancy" section within the Completion Not the list of services associated with the Hotel Services function.

	T05. Transport Services				
Ref.	**Field**	**Unit**		**Value**	**Definition**
01	Patient transport mileage	Miles			The total mileage of non-urgent patient transport services for the NHS Organisation, in miles. This should include all dedicated NHS Organisation vehicles and leased vehicles used for patient transport, PTS services from other providers, and taxis where utilised fo patient transfer. It should not include volunteer services or emergency ambulance services.
02	Staff transport mileage	Miles			The total mileage of transport services provided to staff funded by the NHS Organisation, in miles. This should include all NHS Organisation vehicles and leased vehicles, and mileage reimbursed under national or local agreements. (Suggested source: HM Customs and Revenue Form P11D)
03	Vehicle fuel cost	£			The total cost of fuel (i.e. petrol, diesel and LPG) for vehicles operated by the NHS Organisation. This should include all NHS Organisation owned vehicles and leased vehicles but should exclude electric powered vehicles i.e. tugs etc. It should also include costs calculated from staff mileage claims reimbursed under national or local agreements.
04	Fleet electric vehicles	No.			The total number of electric vehicles that are under control of the organisation (Not including Grey Fleet)
05	Fleet Diesel vehicles	No.			The total number of diesel vehicles that are under control of the organisation (Not including Grey Fleet)
06	Fleet Petrol vehicles	No.			The total number of petrol vehicles that are under control of the organisation (Not including Grey Fleet)
07	Fleet Hybrid vehicles	No.			The total number of hybrid vehicles that are under control of the organisation (Not including Grey Fleet)
08	Do you use a single system to capture all your feet data?	Yes/No			
09	Does your organisation have operational vehicle trackers installed to support improve route / vehicle optimisations, monitor driver behaviours?	Yes/No			
10	Do you have a pool car/ Vehicle scheme in place?	Yes/No			
11	Do you have a car sharing scheme in place?	Yes/No			
12	Do you offer any incentives for staff to use public transport networks?	Yes/No			

SITE LEVEL INFORMATION (all sites owned or occupied by the Health Board/Trust) - Information collected from this point is required at site level.

S. Site Information				
Ref.	**Field**	**Unit**	**Value**	**Definition**
	Organisation Code			Automatic from NHS Organisation Information.
	Site Code			This is the unique code identifying the NHS Organisation site. Codes are issued by the Organisation Codes Services and can be found at their web site Hospital codes

	Site Name			The Name by which the organisation site is normally referred.
	Site Type			Enter the main activity of the organisation site being reported. Types of hospital requiring individual site returns, see note below: **1: General Acute Hospital** - Hospitals providing acute services. Such hospitals may provide non-acute or single speciality services up to 20% of the gross internal floor area of the whole site without altering the classification. This would include Treatment Centres providing in-patient facilities. **2: Multi-Service Hospital** - Hospitals providing multi-service functions, including single speciality, acute services, mental health and community services. Such sites must provide at least two differing service functions each with gross internal floor area representing more that 20% of the total gross internal site floor area for the whole site. **3: Short Term Non-Acute Hospital** - Hospitals providing short term (less than 6 months), non-acute services including respite care, convalescence and rehabilitation. **4: Long Stay Hospital** - Hospitals where the service delivered is mainly for long stay patients i.e. where patient stays are expected to be more than six months e.g. hospitals for the long-stay care of mentally ill, elderly or patients with learning difficulties. **5: Specialist Hospital** – Hospitals that predominantly undertake a specialist function, inclusive of Radiotherapy, Dental Hospital, Maternity Hospital, Children's Hospital, Oncology, Cardiology, Secure Unit for the mental health.
				6: Community Hospital - Site that provides an alternative to acute, general hospital care, nearer to people's homes and responding to local need. The facilities providing this type of care are likely to serve populations less than 100,000 and not be equipped to handle emergency admissions on a 24/7 basis. They are likely to include inpatient care for older people, rehabilitation and maternity services, out patient clinics and day care as well as minor injury and illness units and diagnostics and day surgery. Community hospital services are characterised by allowing direct access to GPs and other local community staff. **7: Aggregated Sites** - Data relating to the remaining sites should be collated as aggregated sites under the single site code AGGRE which has replaced the 5 aggregated site codes (AGGR1 to AGGR5) used previously. Individually reported sites should be reported in order of largest occupied floor area to smallest and comprise stand alone sites or buildings sufficient to provide meaningful benchmarking between sites of a similar type designation. Each of the individually reported sites should have a floor area in excess of 500 m^2. Sites which are embedded within buildings of another organisation that are classified by that organisation as a different site type (e.g. a type 5 site contained within a building of another organisation providing predominantly type 1 services) should be aggregated and not reported individually.

SITE PROFILE

S01. Areas				
Ref.	**Field**	**Unit**	**Value**	**Definition**
01	Gross internal site floor area	m^2		Total internal floor area of all buildings including temporary buildings or premises or part therein, occupied or non-occupied, which constitute the site operated by the NHS Organisation and is either owned by the NHS Organisation or is defined within the terms of a lease, Service Level Agreement, or tenancy agreement. Includes embedded education and training facilities, university accommodation and areas temporarily in the possession of building contractors. Excludes any leased-out areas. This figure should be the sum of the occupied and non-occupied floor areas. See Figure 1 in the Completion Notes for calculation details.

02	Occupied floor area	m^2		Total internal floor area of all buildings or premises or part therein which are in operational use and required for the purpose of delivering the function/activities of the NHS Organisation (i.e.: occupied by the NHS Organisation), and either owned by the NHS Organisation or defined within the terms of a lease, license, Service Level Agreement or tenancy agreement. Include leased-in areas, industrial process areas, embedded education and training facilities and university accommodation which are occupied. Measured as for the Gross Internal Floor Area, inclusive of plant rooms, and circulation spaces, but excluding areas which are not required for operational purposes (i.e. non-occupied areas and not in use). See Figure 1 in the Completion Notes. The total of the non-occupied floor area and occupied floor area should equal the gross internal floor area. Excludes leased-out and licensed-out areas. PLEASE NOTE FROM 2013/14 EXCLUDES MULTI-STOREY CAR PARKS.

03	NHS estate occupied floor area	%		Percentage of the total reported occupied floor area which relates to NHS owned property (on the NHS Organisation's balance sheet as an NHS asset) - the remainder of the occupied floor area being within leased or non-NHS estate property.
05	Site footprint	m^2		Total ground floor area of all buildings or premises or part therein occupied and unoccupied which is operated by the NHS Organisation and is either owned by the NHS Organisation or is defined within the terms of a lease, license, Service Level Agreement, or tenancy agreement. Enclosed communication routes or walkways that are covered but open to the elements should be included; however, building overhangs above ground level should be excluded. Also excludes leased-out and licensed-out areas.
06	Site land area	Hectare		Total physical site land area operated by the NHS Organisation which is either owned by the NHS Organisation or is defined within the terms of a lease, license, Service Level Agreement or tenancy agreement. The units of entry are hectares to a maximum of four decimal places. The land area quoted should be inclusive of the building footprint. For information, one hectare equals 10,000 m^2.
07	Patient occupied floor area	m^2		Total internal floor area within the boundary of all departments which provides patient care and where patients are exposed to risk (e.g. Wards, OPD, A&E, Theatres, ITU, SCBU, CCU, Day Surgery, Radiology, Clinics etc.) All Facilities such as offices, toilets, dining rooms, and circulation spaces within the boundary of the relevant department should be included but common circulation spaces (e.g.: hospital street, visitors toilets, main entrance reception/waiting, stairways etc.) outside the boundary of the department should be excluded. Exclude external car parking areas and multi-storey car parking areas. This figure plus the total non-patient occupied area and main circulation areas should equal the total occupied floor area for the site. Excludes leased-out and licensed-out areas.
08	Non-patient occupied floor area	m^2		The gross internal floor area within the boundary of all departments which are not accessible to patients, inclusive of administration offices, laboratories, industrial processes, plant rooms, operational support areas and amenity areas. Exclude external car parking areas and multi-storey car parking areas. This figure plus the total patient occupied area and main circulation areas should equal the total occupied floor area for the site. Excludes leased out areas.
09	Unoccupied floor area	m^2		Total internal floor area of all buildings or premises or part therein, which are not used by the NHS Organisation for the purpose of delivering the function/activities of the NHS Organisation (i.e. non-occupied area) but are in the ownership of the NHS Organisation or within the terms of a lease, license, Service Level Agreement or tenancy agreement. Includes unoccupied embedded education and training facilities, university accommodation and areas temporarily in the possession of building contractors. Measured as for the Gross Internal Floor Area, inclusive of any associated plant rooms, and circulation spaces, or part therein, which are directly related to the nonoccupied area(s) [see Figure 1 in the Completion Notes]. The total of the non-occupied floor area and occupied floor area should equal the gross internal floor area. Excludes leased-out and licensed-out areas.
10	Main circulation area	m^2		Total gross internal floor area of main communication routes/circulation areas within the site. This should include all main circulation spaces, corridors, hospital streets, covered walkways, waiting areas, reception areas, entrances, stairways etc. where patients or staff are allowed to travel but excluding all circulation spaces within the boundaries of departmental areas (e.g.: wards, laboratories, theatres, Radiology, workshops etc). This figure plus the total patient occupied and non-patient occupied areas should equal the total occupied floor area for the site.
11	Leased in floor area	m^2		Gross internal floor area of all buildings or premises, or part therein, leased by the NHS Organisation including PFI buildings and shared access areas. Where a building or premise lease has been disposed of during the reporting period this should be recorded in the general comments section.

12	Leased out floor area	m^2		Gross internal floor area of all buildings or premises or part therein, leased to another party by the NHS Organisation. Where the other party is an NHS body or GP give details in the general comments section.
13	Temporary buildings and portacabins	m^2		Gross internal floor area that is attributable to buildings with temporary planning consent, as defined in the Planning Regulations (normally with up to two years planning consent). Exclude site cabins used by private contractors but include all relevant buildings that are either owned by the NHS Organisation or defined within the terms of a lease, Service Level Agreement, or tenancy agreement. Excludes leased out areas.
14	Budlings on Site	No.		Please provide the number of buildings on the site. A building is classified as a structure with walls and a roof, standing more or less permanently in one place. If there has been an extension to the original building, if one can get from the original building to the extension without going outdoors or via a walkway, it is classed as the same building. If one has to go outdoors or via a walkway to get to the extension or another part of the building, they are classed as 2 different buildings.

S02. Function and Space

Ref.	Field	Unit	Value	Definition
01	Not functionally suitable	%		Percentage of occupied floor area that is below Estatecode Condition B for functional suitability (i.e. below an acceptable standard, or unacceptable in its present condition, or so below standard that nothing but a total rebuild will suffice).
02	Un-utilised space	%		Percentage of occupied floor area where space utilisation is classified as being either "empty" or "under-used" as defined in Estatecode and Developing an Estate Strategy documents.
03	Available beds	No.		Annual average daily number of available Patient beds in wards staffed and open overnight (i.e. 24 hours). This is the number of beds on site available by patients at midnight and is derived from the KH03 Korner return from which the NHS Organisation Activity statistics on beds is derived.
04	Percentage of single bedrooms for patients	%		Percentage of the total number of available beds that are single bedrooms provided for patient use.
05	Percentage of Single bedrooms for patients that include en-suite facilities	%		Percentage of the total number of single bedrooms provided for patient use that include en-suite facilities

S03. Age & Asset Profile				
	Age Profile by build date			Percentage of the total gross internal area (GIA) of all buildings occupied by the Organisation, **irrespective of ownership**. See completion notes for further detailed information.
01A	2020 to present			% of all buildings owned and occupied by the NHS Organisation that were built after 2020
01B	2015 to 2019	%		% of all buildings owned and occupied by the NHS Organisation that were built between 2015-2019
01C	2005 to 2014	%		% of all buildings owned and occupied by the NHS Organisation that were built between 2005–2014.
01D	1995 to 2004	%		% of all buildings owned and occupied by the NHS Organisation that were built between 1995–2004.
01E	1985 to 1994	%		% of all buildings owned and occupied by the NHS Organisation that were built between 1985–1994
01F	1975 to 1984	%		% of all buildings owned and occupied by the NHS Organisation that were built between 1975–1984.
01G	1965 to 1974	%		% of all buildings owned and occupied by the NHS Organisation that were built between 1965–1974.
01H	1955 to 1964	%		% of all buildings owned and occupied by the NHS Organisation that were built between 1955–1964.
01I	1948 to 1954	%		% of all buildings owned and occupied by the NHS Organisation that were built between 1948–1954.
01J	pre 1948	%		% of all buildings owned and occupied by the NHS Organisation that were built before 1948.
01K	Total	%		Total must equal 100%. (This is a calculated field)

ESTATE SERVICES

S04. Quality of Buildings (please note Backlog is to be reported for all occupied property irrespective of ownership)				
Ref.	**Field**	**Unit**	**Value**	**Definition**
01	Cost to eradicate High Risk Backlog	£		Total sum in £s (NOT the sum intended to be expended in the reporting year) attributable to all assets associated with property occupied by the Organisation that are below condition B in respect of physical condition, fire safety and statutory safety condition, and have been assessed as at HIGH RISK, namely, that where repairs/replacement must be addressed with urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution. The sum of low, moderate, significant and high-risk backlog will be the total backlog cost for the organisation or site being reported on. Please refer to the Completion Notes for further guidance and NHS Estates document "A risk-based methodology for establishing and managing backlog".
02	Cost to eradicate Significant Risk Backlog	£		Total sum in £s (NOT the sum intended to be expended in the reporting year) attributable to all assets associated with property occupied by the Organisation that are below condition B in respect of physical condition, fire safety and statutory safety condition, that have been assessed as at SIGNIFICANT RISK, namely, that where repairs/replacement require priority management and expenditure in the short term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. The sum of low, moderate, significant and high-risk backlog will be the total backlog cost for the organisation or site being reported on. Please refer to the Completion Notes for further guidance and NHS Estates document "A risk-based methodology for establishing and managing backlog".

03	Cost to eradicate Moderate Risk Backlog	£		The total sum in £s (NOT the sum intended to be expended in the reporting year) attributable to all assets associated with property occupied by the Organisation that are below condition B in respect of physical condition, fire safety and statutory safety condition, that have been assessed as at MODERATE RISK, namely, that where repairs/replacement require effective management and expenditure in the medium term through close monitoring so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. The sum of low, moderate, significant and high-risk backlog will be the total backlog cost for the organisation or site being reported on. Please refer to the Completion Notes for further guidance and NHS Estates document "A risk-based methodology for establishing and managing backlog".
04	Cost to eradicate Low Risk Backlog	£		The total sum in £s (NOT the sum intended to be expended in the reporting year) attributable to all assets associated with property occupied by the Organisation that are below condition B in respect of physical condition, fire safety and statutory safety condition, that have been assessed as at LOW RISK, namely, that where repairs/replacement require to be addressed through agreed maintenance programmes or included in the later years of your estate strategy. The sum of low, moderate, significant and high-risk backlog will be the total backlog cost for the organisation or site being reported on. Please refer to the Completion Notes for further guidance and NHS Estates document "A risk-based methodology for establishing and managing backlog".
05	Cost to eradicate Risk Adjusted Backlog	£		The sum of all risk adjusted backlog costs for each building/block and external area relating to all assets associated with property occupied by the Organisation or site being reported on. This should be calculated using the formula and methodology defined within the document "A risk-based methodology for establishing and managing backlog". Refer to the Completion Notes.
06	Percentage of total occupied floor area in physical condition category C plus D	%		This figure should be derived by adding together all the gross internal floor areas that are below physical condition B for the organisation site and dividing by the total gross internal floor area of the site. The percentage should be to a maximum of one decimal place.
07	Percentage of total occupied floor area not in Statutory Health and Safety compliance	%		This figure is the percentage of the total floor area of buildings that are not in compliance with statutory Health & Safety legislation **(excluding statutory fire safety compliance).**
08	Percentage of total occupied floor area not in Statutory Fire Safety compliance	%		This figure is the percentage of the total floor area of buildings that are not in compliance with statutory Fire Safety legislation **(excluding other health and safety compliance).**

09	Methodology used to review costs to eradicate backlog	Select (multiple options)		The methodology used to determine the cost to eradicate backlog maintenance for the percentage of GIA that has had a risk adjusted backlog review. Select the option that covers most of the site 1. Formal 6 facet survey 2. Partial 6 Facet Survey– Physical Condition (Building and M&E) and Statutory Compliance Audit (Fire etc) 3. Trust/Internal survey 4. Desktop exercise 5. Other 6. DHSC centre of best practice survey specification 7. No review undertaken If “Other" is selected you will be required to provide further information, in a notes field that will appear below, stating what methods were used and the proportion of them, by percentage, to determine your costs to eradicate backlog maintenance for the estates/site.

10	Formal survey year	Select		Select the year the last formal survey was undertaken at the site. *This question will only appear if you have selected options 1 or/and 2 for "Methodology used to review costs to eradicate backlog".* 1. 2022 2. 2021 3. 2020 4. 2019 5. 2018 6. 2017 7. 2016 8. 2015 9. Pre 2015 Note: If areas of the site were surveyed at different times, please respond with the date of the latest formal survey.
11	Review year	Select		Select the year the last backlog review was undertaken at the site. *This question will only appear if you have selected options 3,4,5 or 6 for "Methodology used to review costs to eradicate backlog".* 1. 2023 2. 2022 3. 2021 4. 2020 5. 2019 6. 2018 7. 2017 8. 2016 9. 2015 10. Pre 2015 Note: If areas of the site were reviewed at different times, please respond with the date of the latest backlog review.
12	Methodology used to review formal survey	Select		The methodology used to determine the cost to eradicate backlog maintenance for the percentage of GIA that has had a risk adjusted backlog review. Select the option that covers most of the site 1. Formal 6 facet survey 2. Partial 6 Facet Survey– Physical Condition (Building and M&E) and Statutory Compliance Audit (Fire etc) 3. Trust/Internal survey 4. Desktop exercise 5. Other 6. DHSC centre of best practice survey specification 7. No review undertaken If “Other" is selected you will be required to provide further information, in a notes field that will appear below, stating what methods were used and the proportion of them, by percentage, to determine your costs to eradicate backlog maintenance for the estates/site.

S04A. Estate Maintenance				
Ref.	**Field**	**Unit**	**Value**	**Definition**
01	Total Building and Engineering Maintenance Costs	£		Total pay and non-pay cost for the provision of building and engineering maintenance services, to maintain the whole of the building fabric, sanitary ware, drainage, engineering infrastructure, systems and plant etc. both internally and externally to the buildings. Include labour and material costs for all directly employed and contract staff including contract support costs, fees, and any pay elements for Directors, senior managers associated in maintaining the Organisations premises inclusive of fixed and portable engineering assets. Exclude costs associated with medical devices (except medical gas systems), pathology, microbiology diagnostic equipment, direct patient connected equipment, IT equipment and telecoms equipment and storage costs. Include all capital investment costs that have been expended in support of the maintenance function but exclude all capital modernisation works involving adaptations, improvements and/or alterations including items that will be redefined as revenue to capital in the final accounts. Cost of directly employed staff will be gross cost including all direct labour costs and on costs due to charge hands, supervisors, proportions of PTB/A&C staff time etc. **Apply apportionment for staff that carries responsibility for several roles.**
02	Grounds and Gardens maintenance costs	£		Total pay and non-pay cost for the maintenance of the Grounds and Gardens. It includes labour costs for directly employed and contract staff including contract support costs, fees, material and pay element for Directors, senior managers and all associated staff employed in the upkeep and maintenance of the grounds, gardens and external paths of the organisation site. Expenditure will also include costs relating to the employment of staff belonging to an external organisation (including PFI work). Cost of directly employed staff will be gross cost including all direct labour costs and on costs due to charge hands, supervisors, proportions of PTB/A&C staff time etc. **Apply apportionment for staff that carries responsibility for several roles.**

S05 – CHP – If more than one CHP unit is installed on site, then an individual return for each CHP is required for S05-02 to S05-07.				
Ref.	**Field**	**Unit**	**Value**	**Definition**
01	Number of CHP units operating on the site	No.		Number of individual engine/generators sets on site providing the CHP facilities. If more than one CHP unit is installed on site, then an individual return for each CHP is required for S05-02 to S05-07.
02	Total full load rating of the electrical generator plant	kW		Current total full load electrical rating of the CHP generator.
03	Fossil energy input to the CHP system	kWh		Record the total annual fossil energy supplied from regional and/or local sources to the CHP plant.
04	Total thermal energy output of the CHP system	kWh		Record total useful thermal energy output, inclusive of exported thermal energy.
05	Total electrical energy output of the CHP system	kWh		Record total electrical energy output, inclusive of exported electricity.
06	Exported electricity	kWh		Amount of surplus electricity in kWh generated by the organisation site from CHP Plant which is 'exported' to a Utility Supplier or to another organisation site whether another NHS Organisation or an organisation outside of the NHS. Please note that 'imported' energy to the other NHS Organisation site should be reported as Locally Supplied Energy in that NHS Organisation's EFPMS return.

07	Exported thermal energy	kWh		Amount of surplus thermal energy in kWh produced by the organisation site from CHP plant which is supplied to a Utility Supplier or another organisation site whether another NHS Organisation or an organisation outside of the NHS. Please note that 'imported' energy to the other NHS Organisation site should be reported as Locally Supplied Energy in that NHS Organisation's EFPMS return.

S06. Energy - Utility				
Ref.	**Field**	**Unit**	**Value**	**Definition**
01	Electricity (Green Tariff)	kWh		Total annual amount of energy used in kWh by the organisation site supplied by national /regional electricity supplier on an eligible renewable or green energy tariff e.g. NWSSP All Wales Electricity Supply. If a proportion supplied electricity is not from a green energy tariff, then only the proportion of costs which is a 'green energy tariff' should be reported here. This figure will be net of any energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy used to feed CHP plant associated with the site and energy used by the organisation site for processing purposes (e.g. laundry, CSD). Do not include non-green tariff or third party owned/onsite renewable electricity.
02	Electricity (Non Green Tariff)	kWh		Total annual amount of energy used in kWh by the organisation site supplied by the national /regional electricity supplier, net of any energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy used to feed CHP plant associated with the site, and energy used by the organisation site for processing purposes (e.g. laundry, CSD). In cases where the organisation site includes an on-site central processing unit(s), which serves more than one organisation site, the input energy to this unit should be apportioned in accordance with the percentage output used by the NHS Organisation for its own purposes. (e.g. if the NHS Organisation uses 30% of the processing unit output, then the figure included should be 30% of the total amount of energy supplied to the processing unit.). **Exclude energy derived from eligible renewable energy sources/green tariff**
03	Gas	kWh		Total annual amount of energy used in kWh by the organisation site supplied by the national /regional gas supplier, including LPG, net of any energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy used to feed CHP plant associated with the site, and energy used by the organisation site for processing purposes (e.g. laundry, CSD). In cases where the organisation site includes an on-site central processing unit(s), which serves more than one organisation site, the input energy to this unit should be apportioned in accordance with the percentage output used by the NHS Organisation for its own purposes. (e.g. if the NHS Organisation uses 30% of the processing unit output, then the figure included should be 30% of the total amount of energy supplied to the processing unit.). **Exclude energy derived from eligible renewable energy sources.**
04	Oil	kWh		Total annual amount of energy used in kWh by the organisation site supplied by the national /regional oil supplier, net of any energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy used to feed CHP plant associated with the site, and energy used by the organisation site for processing purposes (e.g. laundry, CSD). In cases where the organisation site includes an on-site central processing unit(s), which serves more than one organisation site, the input energy to this unit should be apportioned in accordance with the percentage output used by the NHS Organisation for its own purposes. (e.g. if the NHS Organisation uses 30% of the processing unit output, then the figure included should be 30% of the total amount of energy supplied to the processing unit.). **Exclude energy derived from eligible renewable energy sources.**
05	Total Energy Cost	£		Total annual cost (in £s) of energy consumed by all of the NHS Organisation's occupied premises, inclusive of electricity, gas, oil, and coal from whatever source (e.g. utility supplier, local source, **renewable source** etc.), net of any costs that are charged to other organisations for which the NHS Organisation provides energy (see apportionment rules).

06	Electricity (Green Tariff)	£		Total annual amount of energy used in £ by the organisation site supplied by national /regional electricity supplier on an eligible renewable or green energy tariff e.g. NWSSP All Wales Electricity Supply. If a proportion supplied electricity is not from a green energy tariff, then only the proportion of costs which is a 'green energy tariff' should be reported here. This figure will be net of any energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy used to feed CHP plant associated with the site and energy used by the organisation site for processing purposes (e.g. laundry, CSD). Do not include non-green tariff or third party owned/onsite renewable electricity.
07	Electricity (Non Green Tariff)	£		Total annual cost of electricity used in £s by the NHS Organisation site supplied by the national /regional supplier, net of any costs for energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy costs associated with
				feeding CHP plant together with energy used by the organisation site for processing purposes (e.g. laundry, CSD). In cases where the organisation site includes an on-site central processing unit(s), which serves more than one organisation site, the energy costs should be apportioned in accordance with the percentage output used by the NHS Organisation for its own purposes. (e.g. if the NHS Organisation uses 30% of the processing unit output, then the figure included should be 30% of the total amount of energy costs associated with supplying energy to the processing unit.). **Exclude energy derived from eligible renewable energy sources/green tariff**
08	Gas	£		Total annual cost of gas used in £s by the NHS Organisation site supplied by the national /regional supplier, net of any costs for energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy costs associated with feeding CHP plant together with energy used by the organisation site for processing purposes (e.g. laundry, CSD). In cases were the organisation site includes an on-site central processing unit(s), which serves more than one organisation site, the energy costs should be apportioned in accordance with the percentage output used by the NHS Organisation for its own purposes. (e.g. if the NHS Organisation uses 30% of the processing unit output, then the figure included should be 30% of the total amount of energy costs associated with supplying energy to the processing unit.). **Exclude energy derived from eligible renewable energy sources.**
09	Oil	£		Total annual cost of oil used in £s by the NHS Organisation site supplied by the national /regional supplier, net of any costs for energy that may have been supplied by the NHS Organisation to other ORGANISATION SITES. Include energy costs associated with feeding CHP plant together with energy used by the organisation site for processing purposes (e.g. laundry, CSD). In cases were the organisation site includes an on-site central processing unit(s), which serves more than one organisation site, the energy costs should be apportioned in accordance with the percentage output used by the NHS Organisation for its own purposes. (e.g. if the NHS Organisation uses 30% of the processing unit output then the figure included should be 30% of the total amount of energy costs associated with supplying energy to the processing unit). **Exclude energy derived from eligible renewable energy sources.**

S08. Renewable Energy				
Ref.	**Field**	**Unit**	**Value**	**Definition**
01	Renewable energy (Electricity)	kWh		The total annual amount of electricity output from onsite/dedicated renewable generation, inclusive of exported electricity. Excludes electrical energy output of CHP recorded separately. This can also include renewable electricity supplied from offsite third-party installations for example a private wire arrangement
02	Renewable energy (non-fossil fuel)	kWh		Annual amount of non-fossil energy, in kWh, used by the organisation site for combustion (e.g. heating boilers) which has been supplied from an eligible renewable energy supply source. E.g. biomass, sewage gas, etc.). Such energy to be exempt from the Climate Change Levy (CCL). The sum of the utility, local and renewable fossil and non-fossil energy figures reported will be the total 'intake' fossil and non-fossil energy delivered to the site.

03	Renewable energy (Electricity) Cost	£		Total annual cost of electricity used in £s by the organisation site supplied from an eligible renewable energy source. The cost should relate to charged amount. The sum of the utility, local and renewable electrical cost figures reported will be the total 'intake' electrical cost of energy delivered to the site.
04	Renewable energy (non-fossil fuel) Cost	£		Total annual cost of non-fossil fuel energy used in £s by the organisation site supplied from an eligible renewable energy source. The cost should relate to charged amount. The sum of the utility, local and renewable fossil and non-fossil cost figures reported will be the total 'intake' fossil and non-fossil cost of energy delivered to the site.
07	LED lighting coverage	%		Percentage of Gross internal area that is covered by working LED lighting

S10. Waste				
Ref.	**Field**	**Unit**	**Value**	**Definition**
01	High Temperature Disposal Waste Weight	Tonnes		Total annual weight in tonnes of waste that has been produced by the organisation site and disposed of using high temperature techniques, including incineration (850-1100 ^{0}C), pyrolysis (545-1000 ^{0}C), plasma technology (1300-1700 ^{0} C) and gasification. Please note that where the waste is determined by volume an assessment will be required to convert to weight in tonnes. (e.g. average weight of bag x number of bags per annum). In the absence of more accurate figures, typical ratios of 10 m^3 of bin volume = approx. 1 Tonne of waste (or 1 m^3 volume = 100 Kg waste) might be used.
02	High Temperature Disposal Waste Cost	£		Total cost of disposal of all waste, in £s, produced by the organisation site and disposed of by high temperature techniques. For off-site disposal, include all waste transfer and transport costs. The cost should NOT include on site collection and handling costs associated with bringing waste from wards and departments to a central collection point but should INCLUDE costs for on-site storage and preparation undertaken by the organisation in readiness for waste collection.
03	Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	Tonnes		Total annual weight in tonnes of waste that has been produced by the organisation site and disposed of using No Burn Treatment (Alternative Treatment Plant) techniques that operate at temperatures less than 1000 degree Celsius. There are a broad range of methodologies in use, however, this will include principally the following three main types: **Heat (e.g.** autoclaves, steam auger, dry heat disinfection, microwaves). **Chemical** (e.g. sodium hypochlorite; chlorine dioxide, quaternary ammonium compounds, peracetic acid). **Irradiation (e.g.** gamma irradiation). Please note that where the waste is determined by volume an assessment will be required to convert to weight in tonnes. (e.g. average weight of bag x number of bags per annum). In the absence of more accurate figures, typical ratios of 10 Cu.m of bin volume = approx. 1 Tonne of waste (or 1 m^3 volume = 100 Kg waste) might be used.
04	Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Cost	£		Total cost of disposal of all waste, in £s, produced by the organisation site and disposed of by No Burn Treatment (Alternative Treatment Plant) techniques. For off-site disposal, include all waste transfer and transport costs. The cost should NOT include on site collection and handling costs associated with bringing waste from wards and departments to a central collection point but should INCLUDE costs for on-site storage and preparation (e.g. compacting) undertaken by the organisation in readiness for waste collection.
05	Non-infectious Offensive Waste Weight	Tonnes		Total annual weight in tonnes of offensive or hygiene waste conforming to European Waste Catalogue code 18 01 04 that has been produced by the organisation site and disposed of to a suitably licensed landfill site. Please note that where the waste is determined by volume an assessment will be required to convert to weight in tonnes. (e.g. average weight of bag x number of bags per annum). In the absence of more accurate figures, typical ratios of 10 Cu.m of bin volume = approx. 1 Tonne of waste (or 1 m^3 volume = 100 Kg waste) might be used.

06	Non-infectious Offensive Waste Cost	£		Total annual cost of disposal of offensive or hygiene waste conforming to European Waste Catalogue code 18 01 04 that has been produced by the organisation site and disposed of to a suitably licensed landfill site. For off-site disposal, include all waste transfer and transport costs. The cost should NOT include on site collection and handling costs associated with bringing waste from wards and departments to a central collection point but should INCLUDE costs for on-site storage and preparation (e.g. compacting) undertaken by the organisation in readiness for waste collection.
07	Landfill Disposal Waste Weight	Tonnes		Total annual weight, in tonnes, of waste that has been produced by the organisation site and disposed of at licensed Landfill sites. There are principally three types of licensed sites, as follows: **Non-hazardous** (e.g. for black bag or domestic type waste). **Inert** (e.g. building material, construction type waste). **Hazardous waste** (e.g. asbestos). Please note that where the waste is determined by volume an assessment will be required to convert to weight in tonnes. (e.g. average weight of bag x number of bags per annum). In the absence of more accurate figures, typical ratios of 10 Cu.m of bin volume = approx. 1 Tonne of waste (or 1 m^3 volume = 100 Kg waste) might be used.
08	Landfill Disposal Waste Cost	£		Total cost of disposal of all waste, in £s, produced by the organisation site and disposed of at licensed Landfill sites. For off-site disposal, include all waste transfer and transport costs. The cost should NOT include on site collection and handling costs associated with bringing waste from wards and departments to a central collection point but should INCLUDE costs for on-site storage and preparation (e.g. compacting) undertaken by the organisation in readiness for waste collection.
09	Waste Recovery	Tonnes		Total weight, in tonnes, of waste that is recovered for a useful purpose by replacing other materials which would otherwise have been used. i.e. Energy from Waste by the organisation. Where the waste is determined by volume an assessment will be required to convert to weight in tonnes. (e.g. average weight of bag x number of bags per annum). In the absence of more accurate figures, typical ratios of 10 Cu.m of bin volume = approx. 1 Tonne of waste (or 1 m^3 volume = 100 Kg waste) might be used.
10	Waste Recovery	£		Cost of disposal of the organisations waste that is recovered for a useful purpose by replacing other materials which would otherwise have been used. i.e. Energy from Waste by the organisation. Where the waste is determined by volume an assessment will be required to convert to weight in tonnes. (e.g. average weight of bag x number of bags per annum). In the absence of more accurate figures, typical ratios of 10 Cu.m of bin volume = approx. 1 Tonne of waste (or 1 m^3 volume = 100 Kg waste) might be used.
11	Recycling Weight	Tonnes		Total weight, in tonnes, of waste that is recycled by the organisation. Where the waste is determined by volume an assessment will be required to convert to weight in tonnes. (e.g. average weight of bag x number of bags per annum). In the absence of more accurate figures, typical ratios of 10 Cu.m of bin volume = approx. 1 Tonne of waste (or 1 m^3 volume = 100 Kg waste) might be used.
12	Recycling Cost	£		Cost of disposal of the organisation's recycled waste. For off-site disposal, include all waste transfer and transport costs. The cost should NOT include on site collection and handling costs associated with bringing waste from wards and departments to a central collection point but should INCLUDE costs for on-site storage and preparation (e.g. compacting) undertaken by the organisation in readiness for waste collection.
13	Food Waste Weight	Tonnes		Total weight, in of all food waste which has been segregated and is sent for anaerobic digestion/composting
14	Food Waste Cost	£		Cost of disposal of the organisation's food waste. For off-site disposal, include all waste transfer and transport costs. The cost should NOT include on site collection and handling costs associated with bringing waste from wards and departments to a central collection point but should INCLUDE costs for on-site storage and preparation (e.g. compacting) undertaken by the organisation in readiness for waste collection.

15	Total Waste Weight	Tonnes		Total annual weight, in tonnes, of waste that has been produced by the organisation site, inclusive of that disposed of by means of High Temperature, Non-Burn Treatment (Alternative Treatment Plant), , Landfill and Recovery/Recycling. Where the waste is determined by volume an assessment will be required to convert to weight in tonnes (e.g. average weight of bag x number of bags per annum). In the absence of more accurate figures, typical ratios of 10 Cu.m of bin volume = approx. 1 Tonne of waste (or 1 m^3 volume = 100 Kg waste) might be used.
16	Total Waste Cost	£		Total cost of disposal of all waste, inclusive of that disposed of by means of High Temperature, Non-Burn Treatment (Alternative Treatment Plant), and Landfill and recycling in £s, for the organisation site. For off-site disposal, include all waste transfer and transport costs. The cost should NOT include on site collection and handling costs associated with bringing waste from wards and departments to a central collection point but should INCLUDE costs for on-site storage and preparation undertaken by the organisation in readiness for waste collection.

S11. Car Parking				
Ref.	**Field**	**Unit**	**Value**	**Definition**
01	Total parking spaces available	No.		Total number of car parking spaces available for use within the organisation's grounds. This should be the combined total number of disabled, patients, visitors and staff parking places for all of the organisation's occupied sites. Exclude residential parking.
02	Total disabled parking spaces	No.		Total number of disabled car parking spaces available within the organisational grounds for disabled staff and visitors.
03	Total parking spaces available for patients/visitors	No.		Total number of car parking spaces available for use by patients and visitors within the organisational grounds, inclusive of relevant disabled parking spaces.
04	Total parking spaces available for staff	No.		Total number of car parking spaces available for use by staff within the organisational grounds, inclusive of relevant disabled parking spaces.
05	Fleet Electric Vehicle Charging Points	No.		Total number of electric vehicles charging points available on site for use by the organisations own internal fleet only
06	Visitor/Patient Electric Vehicle Charging Points	No.		Total number of electric vehicles charging points available on site for patients, visitors, and staff irrespective of any fees charged. (in addition to charging points reported in field S11.05 above)

HOTEL SERVICES

S12. Cleanliness

Where porters carry out specific cleaning tasks it would be appropriate to account for this work in the total for 'Cleaning Services Costs' (S12.01), 'Cleaning hours' (S12.03), and 'Number of cleaning staff' (S12.04). If Portering staff undertake ad-hoc cleaning tasks as/when required it may be appropriate to apportion time/costs if this represents a significant proportion of their time.

Ref.	Field	Unit	Value	Definition
01	Cleaning Services Costs	£		Total pay and non-pay cost of the cleaning services for the NHS Organisation. Labour costs are to include staff directly or indirectly (contracted out) employed in the provision of the cleaning service up to and including the grade of domestic manager or equivalent. Non-pay costs are to include all materials, fees, equipment, consumables, training, uniform costs and any other associated non-pay costs are to be included Exclude the cost of providing any cleaning services to tenants, leased-out property and other organisations. Where it is not possible for an NHS Organisation to determine the exact cost of providing cleaning services to tenants and therefore find it difficult to exclude this from the Cleaning Services Costs for a site, please deduct an estimate and advise accordingly under comments. It would also be helpful to confirm if this has been done in previous years.
02	Audit score against National Standards of Cleanliness for the NHS	%		Whole hospital audit score (verified externally) against 'National Standards of Cleanliness for NHS Trusts in Wales'.
03	Cleaning Hours	Hrs		Total number of hours delivered in the reporting period spent on cleaning services by directly employed and contracted out service staff. Exclude time spent by managers, administrative and supervisory staff who do not physically carry out the cleaning function. Where cleaners undertake 'food service' tasks (e.g. the preparation & distribution of beverages), the time should be deducted from the number of cleaning hours reported. The associated labour cost will need to be added to the labour cost for food (S13.05). For sites where this principle applies, *please advise* of the percentage of cleaner's time apportioned and how reliable you consider the apportionment to be for reporting purposes.
04	Number of cleaning staff	WTE		Whole Time Equivalent (WTE) of all staff (directly employed and contracted out staff), undertaking cleaning work for the organisation site. Exclude managers, administrative and supervisory staff who do not physically carry out the cleaning function.

S13. Food

Ref.	Field	Unit	Value	Definition
01	Production type	n/a		From the drop-down menu select the production type of catering service.
	Provisions			From the drop-down menu select 'actual' or 'apportionment'. (If 'actual' is selected, complete field ref. 06 and 07 only. If 'apportionment' is selected, complete fields ref. 04, 05 and 08)
02	Provisions - patient	£		Include provisions and beverages consumed by patients, including provisions purchased by wards (e.g. bread, milk and coffee) and special diets. Exclude parenteral and enteral feeding, baby milk and nutritional supplements such as SIP feeds.
	Staff			From the drop-down menu select 'actual' or 'apportionment'.

03	Patient staff costs	£		Include pay, employer's NI and pension contributions, bonus and overtime. Exclude ward staff costs included under field ref. 18 'Ward staff'.
	Other			From the drop-down menu select 'actual' or 'apportionment'.
04	Other costs - patient	£		Include consumables – foil, detergents, patient menu printing, uniforms, laundry, cutlery and crockery. Exclude transport, energy, maintenance, depreciation, repairs, new equipment and vending rental costs.
05	Total Gross Costs Patient Catering	£		This will automatically add up field's ref. 7, 12 and 23.
06	Total patients meals requested	No.		Total Meals requested by patients – Breakfast, lunch, main meals and sandwiches
07	Cost per patient meal	£		The Total Gross Costs Patient Catering (field ref. 27) is divided by the Total patient meals requested (field ref. 39).
08	FSA Rating	n/a		Where a hospital kitchen has received a hygiene inspection the rating should be completed.

S14. Laundry & Linen

The inclusion of incontinence products as disposable items has been queried. Where the Linen and Laundry service for a hospital site procure, stock and distribute such products please include the costs under 'Total Laundry and Linen Cost' (S14.01) and advise of the range of products included with the number of 'Pieces per annum' (S14.02) involved in the comments section.

Concern has been expressed with the inclusion of the costs to launder patient clothing in the 'Total Laundry and Linen Cost' (S14.01) as it significantly increases the reported cost per piece. Please include the costs under 'Total Laundry and Linen Cost' (S14.01) and advise of these and the number of 'Pieces per annum' (S14.02) involved in the comments section.

Ref.	Field	Unit	Value	Definition
01	Total Laundry and Linen Cost	£		Total pay and non-pay costs paid by the Organisation in relation to the provision of laundry and linen services. It includes all labour and materials, fees, contract support costs, uniforms, equipment and consumables, associated with directly employed and contracted out staff that provides the service. Include also disposables, transport, collection and distribution to the point of use and replacement and repairs. Exclude the cost of providing laundry and linen services to other organisations (see apportionment rules) and personal linen and laundry services undertaken by clients/patients.
02	Pieces per annum	No.		Total annual number of laundry and linen pieces, including disposables, used by the organisation site but excluding any laundered or provided for other organisations.

S15. Security Services

For sites that do not have dedicated security staff, porters may be designated certain security duties, such as checking that premises are secure with doors locked and windows closed etc. as part of their routine duties, and it would be appropriate to account for the associated costs in the 'Total Security Service Costs' (S15.02) and in 'Security staff' (S15.03).

Ref.	Field	Unit	Value	Definition
01	Security incidents reported	No.		Total number of security and deliberate violent incidents recorded by the organisation for the reporting period. Include assaults on staff and client to client and any incident requiring intervention by security personnel or police attendance. A security incident is defined as those which are recorded by the organisation and involve an initial call for assistance to an incident as described followed by a response by security staff.
02	Total Security Service Costs	£		Total pay and non-pay cost for the provision of all security services for the organisation site. This should include all costs associated with equipment, uniforms, consumables, labour for directly employed and contract staff designated to security duties and where appropriate, system maintenance costs e.g. CCTV and door access. Exclude any income received by the organisation from car parking.

S16. Portering

Where porter's time has been attributed to labour costs for specific FM services reported in the EFPMS, such as to food service tasks or security services, please adjust the portering service costs (S20.01) and WTE (S16.02) reported accordingly and advise of the apportionment to the respective services in the comments section.

Where sites include departments that finance and manage their own portering service, please advise of the departments concerned in the comments for S16.01 and S16.02 and this will be taken into account for reporting purposes.

Ref.	Field	Unit	Value	Definition
01	Portering Service Costs	£		Total pay and non-pay cost for the provision of all portering services for the organisation site. It should include all elements relating to the cost of directly employed and contract staff, fees, materials, training, equipment provisions, and uniform costs for the purpose of carrying out portering duties. It should include departmental porters and courier services. The courier services included in 'Portering Service Costs' should be for the transportation of ad-hoc items such as medical records and laboratory samples. The routine distribution of internal mail may be included for Postal Services and the principle for apportionment applied.
02	Porters	WTE		Total number of portering staff in whole time equivalents (WTEs) for the organisation site. The number shown should exclude the portering service manager.