

# Estates and Returns Information Collection

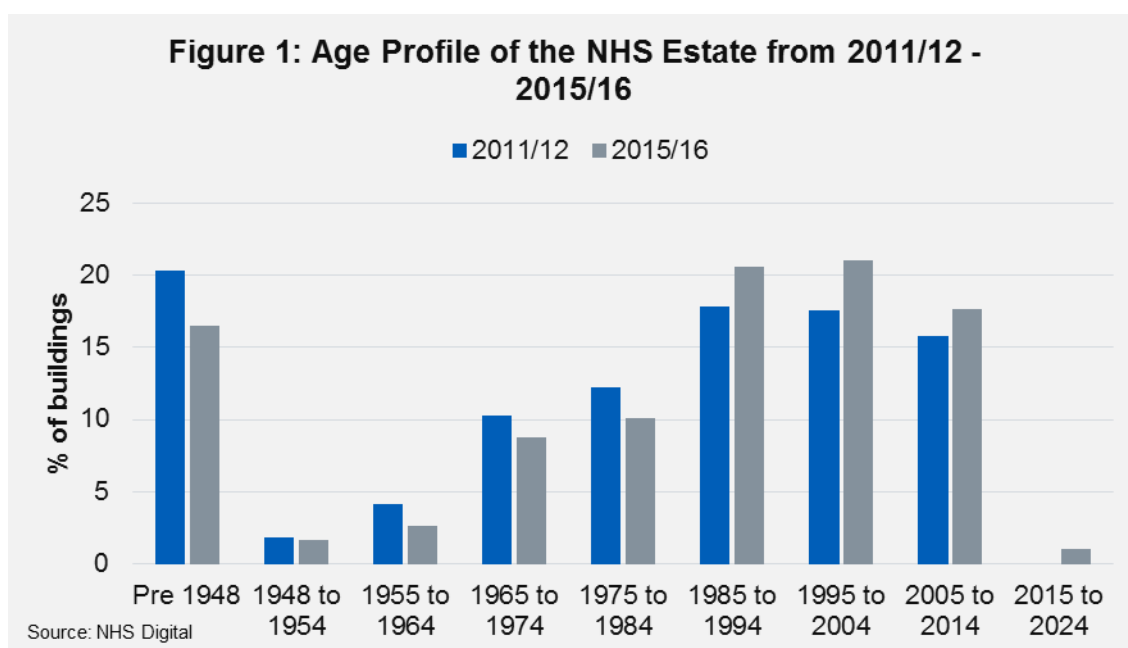
## England 2015/16

Published 11 October 2016

The Estates Returns Information Collection (ERIC) collects information relating to the costs of providing, maintaining and servicing the NHS estate used in the delivery of secondary care and ambulance services.

### Key findings

- Total costs covering the running of the NHS Estate was £8.3 billion in 2015/16, a small rise of 0.2% from 2014/15
- Total Energy usage from all energy sources across the NHS Estate amounted to 11.9 billion kWh, an increase of 3.5% from 2014/15
- 138.5 million in-patient main meals were requested for 2015/16, a decrease of 0.9% from 2014/15



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This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the costs and relative efficiency of services

## Introduction

The Estates Returns Information Collection (ERIC) collects information relating to the costs of providing, maintaining and servicing the NHS estate used in the delivery of secondary care and ambulance services. This includes the costs of providing certain patient-focussed services such as food and laundry. In addition, the collection includes a number of non-financial aspects of the operation of buildings such as information relating to fire safety and an organisation's progress in meeting carbon reduction targets.

Not all properties are included in the collection in recognition of the fact that to do so would impose an unreasonable burden on data providers. The costs involved in the occupancy of these sites are therefore excluded.

The collection of information pertaining to the costs of the NHS Estate has been in existence in one guise or another for over 25 years, but in the current format (ERIC) for 19 years. Not all data items have been either collected consistently, or collected at the same level of detail over this period.

Data is collected in the period 1<sup>st</sup> April – 30<sup>th</sup> June 2016 for the previous financial year; a total of 238 Trusts completed the return. This is the second ERIC publication by NHS Digital under the trading name of Health and Social Care Information Centre (HSCIC). Previous releases of this data have been undertaken by the Department of Health.

Please note the figures given in the publication have been rounded to 1 decimal place excluding the Cost of Feeding One In-Patient per day. Calculations such as percentage change are performed on the data prior to rounding unless otherwise stated. Complete results are provided in the open data text file (csv) which is published alongside this report.

## Principles

The Estates Returns Information Collection (ERIC) provides detailed information on the costs incurred in the provision of the NHS Estate used in the delivery of secondary care, including ambulance services. It does not include costs relating to the delivery of primary medical, dental care or community care, unless those services are provided by staff based in premises owned or operated by secondary care providers. In this case an element of those costs will be included, but not separately identified.

The collection does not operate in the private/ voluntary sector regardless of whether or not an organisation provides NHS-funded care in recognition of the fact that the costs of maintaining and servicing their estate is not a direct cost to the NHS.

ERIC is a mandatory requirement for all NHS Trusts including Ambulance Trusts. Ambulance Trusts complete a reduced version of the collection in recognition that a number of data fields in the full collection are not relevant to them. There are a total of 152 data fields in the collection, of which 38 are at Trust level and 126 at Site level (81 for Ambulance Trusts).

Private Finance Initiative (PFI) information was introduced for 2014/15 however a revision was made to the PFI collection in 2015/16 to reflect feedback from the NHS as part of the Lord Carter Efficiency work, therefore no suitable comparisons can be made between the two years. An additional 17 questions relating to cleaning standards and methods and clinical/non-clinical space have been included for 2015/16 for the first time.

The statistics relating to the costs of operating under a PFI arrangement and the new questions on cleaning, and clinical/ non-clinical space are labelled provisional experimental status. The statistics referred to in this document and included in the published data should therefore be treated with caution, and users are discouraged from attempting to draw any conclusions from this data at this time. We welcome user feedback on these statistics and any comments should be sent using the contact details on page 33.

## Trust Level Data Sections

**Organisational Profile** - this provides information relating to the types of buildings included in an organisation's return, as well as the number of any premises not included in the collection due to their size

**Strategies and Policies** - this provides a range of non-financial information relating to an organisation's status in relation to a variety of policy-related issues such as sustainable development and carbon reduction

**Contracted-out Services** - the volume and value of Estates and Facilities services contracted out by the organisation

**Finance** - information relating to the amount invested by the organisation for a variety of reasons including new buildings, improvements to existing buildings and maintenance of buildings

**Building and Land Sales** - the area of land sold and income raised in the reporting period and forecasts of likely land sales and income during the next financial year

**Fire Safety** - various issues relating to incidents and injuries, if any

## Site Level Data Sections

**Facilities Management Services** - the cost of providing 'hard' and 'soft' facilities management (FM) services and the costs of financing the estate including capital charges, loan interest and rent and rates. The following are examples of what is included under this heading. Some data items will be reported twice within the return – both as part of the Hard/Soft FM costs and additionally in their own right. For example, energy costs are reported under both Hard FM and Energy, and Cleaning Services are reported under both Soft FM and Cleaning. However Grounds and Gardens maintenance is reported only as part of Hard FM, and Telecommunications and Sterile Services only as part of Soft FM. The full list of items relating to Hard and Soft FM and Estates and Facilities costs can be found at Annex A on page 39

**Income Generation** - the income received by the organisation through renting out internal space, e.g. for retail areas, and the provision of services to other organisations, both NHS and non-NHS

**Area** - information related to the space available to an organisation, how much is being used (occupied) and heated and what proportions are for clinical and non-clinical use

**Function and Space** - what percentage of the available space is either unfit for purpose or under-used and the number of single rooms with and without en-suite facilities

**Age Profile** – The proportion of the NHS Estate built before 1948 to the present day

**Quality of Buildings** - how much would need to be invested to restore a building to a given state based on four criteria – high risk, significant risk, moderate risk and low risk. This is commonly referred to as Backlog Maintenance and does not include planned maintenance but refers to maintenance which should already have taken place but for whatever reason has not. Typically for example, an old building scheduled for closure will likely have high backlog figures as the argument in favour of investing for anything other than essential work weakens

**Energy** - the amount and cost of energy consumed by a building including gas, electricity, coal, oil, steam and renewable energy (both electricity and non-fossil fuels). Combined Heat and Power figures that relate to the production of energy on site including energy input to the system and that exported as surplus

**Water Services** - the volume of water consumed and the cost of water and sewage

**Waste** - volume and costs of disposing of various types of waste

**Car parking** - availability of patient, visitor and disabled car parking spaces including associated charges

**Cleaning** - cost of and number of staff involved and the methods, processes and standards in the provision of cleaning services

**In-Patient Food Services** - numbers of meals, cost of provision and average daily feeding costs

**Linen and Laundry** - number of items laundered and cost

**Porter Services** - costs of and number of staff involved in the provision of portering services

**Private Finance Initiative (PFI)** - metrics to allow different types of PFI sites to be compared for efficiency of Estates & Facilities



## 2015/16 Collection

The ERIC return has existed in its current format since 2001. However the precise data has changed over time due to ever changing landscape of NHS and has led to a combination of:

- Alterations to data fields and/or definitions
- Addition of new data fields
- Removal (and occasionally subsequent reintroduction) of data fields
- Changes to the level at which data is collected i.e. between Trust and site level
- Changes in the status of the collection e.g. for a period it was not mandatory for NHS Foundation Trusts

The combined effect of these changes in many cases limits and constrains the ability to undertake long-term analysis or compare trends in particular data fields due to inconsistent or unavailable data.

In addition, the emergence of NHS Property Services from April 2013 as a major owner of NHS Estate which is then leased back to NHS providers has further complicated the picture due to a lack of detailed data in a number of areas leading to incomplete or potentially inaccurate returns. Work to improve the quality of the data with NHS Property Services continues.

PFI information was first introduced for 2014/15 however a revision was made to the PFI collection in 2015/16 to reflect feedback from the NHS as part of the Lord Carter Efficiency work, therefore no suitable comparisons can be made between the two years. An additional 17 questions relating to cleaning standards and methods and clinical/non-clinical space have been included for 2015/16 for the first time.

This publication is therefore limited to a selection of data fields considered to be of interest, but all other data collected in 2015/16 and all data as far back as 1999/2000 is available from <http://hefs.hscic.gov.uk>.

The 2015/16 ERIC collection took place between 1<sup>st</sup> April and 30<sup>th</sup> June 2016. A total of 238 Trusts submitted data, of which 10 were Ambulance Trusts.

Validation checks made by NHS Digital after the end of the collection period means that data was still being amended until 30<sup>th</sup> September to ensure any data published is as accurate as possible.

## Trust and Site Types and Sizes

### Breakdown of Trust type

**Table 1: A breakdown by Trust type for the ERIC collection**

| Trust type                          | 2014/15    | 2015/16    |
|-------------------------------------|------------|------------|
| Acute – Large                       | 35         | 36         |
| Acute – Medium                      | 34         | 32         |
| Acute – Small                       | 35         | 35         |
| Acute – Teaching                    | 30         | 30         |
| Acute – Specialist                  | 19         | 18         |
| Acute – Multi - Service             | 3          | 3          |
| Ambulance                           | 10         | 10         |
| Care Trust                          | 6          | 6          |
| Community                           | 19         | 18         |
| Mental Health & Learning Disability | 50         | 50         |
| <b>TOTAL</b>                        | <b>241</b> | <b>238</b> |

*Source: NHS Digital*

### Site-level reporting criteria

- Any site/ area, excluding ambulance trusts, of less than 200m<sup>2</sup> Gross Internal Area (GIA) is excluded from the scope of the collection and is simply recorded as an unreported site.
- Any site from 200 to 499m<sup>2</sup> GIA, or any site larger than that but from where no in-patient services are provided is recoded as an Aggregate Site – that is the costs are included in a single heading which may include multiple similar sites, costs are not separately identified but the total included under the heading is.
- Any site larger than 500m<sup>2</sup> GIA from where in-patient services are provided, or any site with 10 or more in-patient beds regardless of GIA is to be reported as a separate site.

## Breakdown of Site type

**Table 2: A breakdown by Site type for the ERIC collection**

| Site type             | 2014/15      | 2015/16      |
|-----------------------|--------------|--------------|
| Unreported            | 1,600        | 2,546        |
| Aggregate             | 4,565        | 4,999        |
| Individually reported | 1,113        | 1,045        |
| <b>Total</b>          | <b>7,278</b> | <b>8,590</b> |

Source: NHS Digital

The differences in the breakdown by Site type between 2014/15 and 2015/16 are due to stricter definitions on Site type given in the ERIC Data Definitions guidance in 2015/16 and NHS Trusts possessing a clearer understanding of what defines their Site type.

## Land and area

The land area<sup>1</sup>, building footprint<sup>2</sup>, gross internal area<sup>3</sup> and occupied floor area<sup>4</sup> of the buildings included in the return (i.e. excluding sites which are, due to their size, unreported) was:

**Table 3: Land and area sizes of the NHS Estate**

|                     | Area in m <sup>2</sup> (million)<br>2014/15 | Area in m <sup>2</sup> (million)<br>2015/16 |
|---------------------|---|---|
| Land Area           | 65.2  | 66.0  |
| Building Footprint  | 13.0  | 13.2  |
| Gross Internal Area | 26.4  | 26.8  |
| Occupied Floor Area | 24.3  | 24.8  |

Source: NHS Digital

In 2015/16 Patient Occupied Floor Area and Non-Patient Occupied Floor Area have been replaced with Clinical Space and Non-Clinical Space with new definitions so are not comparable.

In 2015/16 a total of 14.7 million m<sup>2</sup> was reported as clinical space and 8.6 million m<sup>2</sup> as non-clinical space based on all Trusts that provided data excluding ambulance trusts. Some Trusts did not provide data for clinical and/or non-clinical space for all their sites so national and some Trust figures cannot be calculated for the total or the percentage of space that is clinical or non-clinical for this year.

Please note that this is the first year the Clinical and Non-Clinical data has been collected so is labelled as provisional experimental statistics and therefore should be

<sup>1</sup> The total area covered by buildings and any external grounds and gardens including car parks

<sup>2</sup> The total ground floor area of all buildings including enclosed communication routes and walkways but excluding leased out areas, although these may be included in the return of another secondary care NHS provider organisation

<sup>3</sup> The total internal floor area of all buildings, excluding leased out areas although these may be included in the return of another secondary care NHS provider organisation

<sup>4</sup> The total of all floor area in operational use

treated with caution. Hence users are discouraged from attempting to draw any conclusions from this data at this time.

## Function and Space

In 2015/16 the percentages of the occupied floor area which is functionally unsuitable<sup>5</sup> or under used<sup>6</sup> were:

**Table 4: Space Utilisation (%)**

|   | 2014/15 | 2015/16 |
|---|---------|---------|
| Not functionally suitable - occupied floor area | 12.3    | 12.9    |
| Floor area - under used                         | -       | 2.5     |

*Source: NHS Digital*

Please note that this is the first year that floor area - under used data has been collected, previously it was un-utilised space but due to the differences in definitions year on year comparison is not possible.

---

<sup>5</sup> In this context 'functionally unsuitable' means the condition of the area in question is deemed either not satisfactory or unacceptable in its present condition when assessed in accordance with the methodology contained in the Land and Property appraisal guide

<sup>6</sup> Floor area - under used is the percentage of occupied floor area where space utilisation is classified as being "under-used" see Land and Property Appraisal guidance available via the ERIC downloads option within the module

## ERIC 2015/16: Further Analysis

### ERIC Tables and Graphs listings

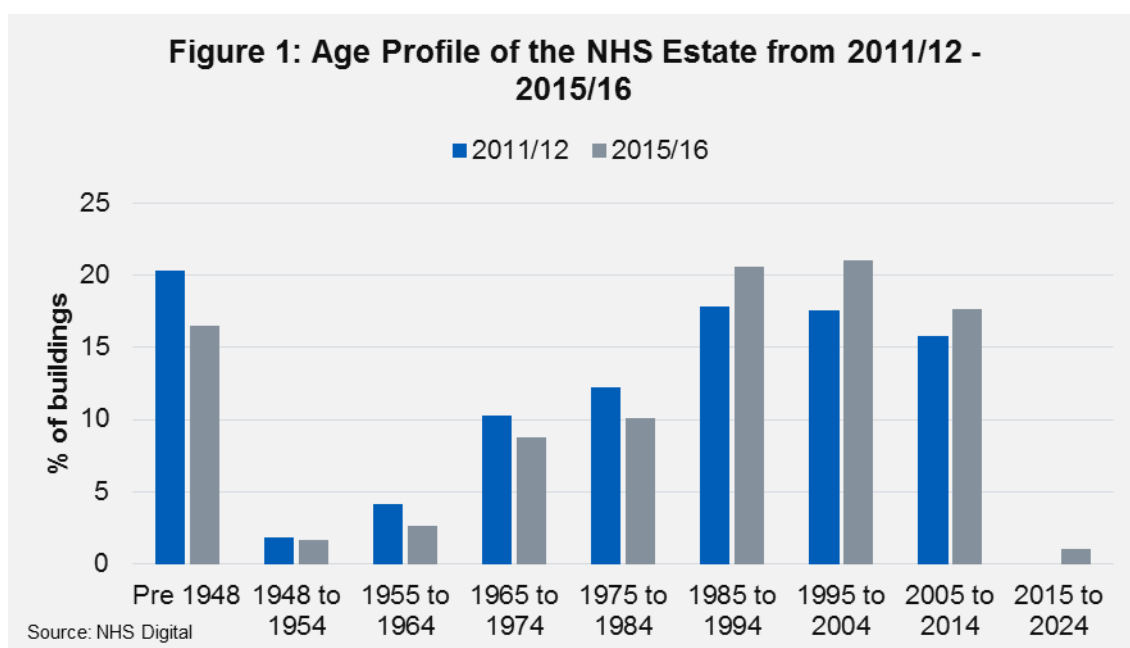
The following charts and tables provide further detail relating to a selected range of subjects included in the collection. As previously noted there are in total 152 separate data fields in 22 sections, however for anyone wishing to undertake further analysis or simply view the data please visit <http://hefs.hscic.gov.uk>.

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## Age Profile of the NHS Estate

The impact of older buildings leaving the NHS Estate raises the proportion of buildings in other age bands. This means the physicality of the NHS Estate in 2011/12 comprised of just over half (51.2%) of the buildings being built from 1985 onwards in comparison to 60.4% in 2015/16. An increase of 0.4 percentage points of new buildings built between 2015 to 2024 took place from last year to 1.1% in 2015/16.



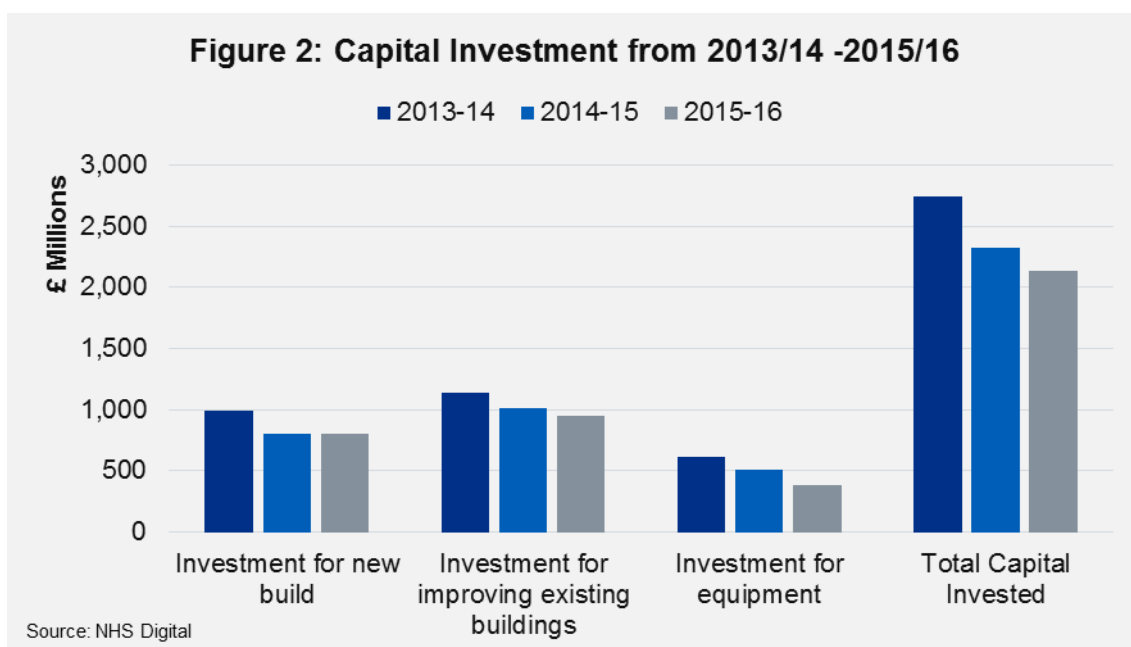
**Table 5: Age Profile of the NHS Estate (%)**

|         | Pre 1948 | 1948 to 1954 | 1955 to 1964 | 1965 to 1974 | 1975 to 1984 | 1985 to 1994 | 1995 to 2004 | 2005 to 2014 | 2015 to 2024 |
|---------|----------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 2011/12 | 20.3     | 1.8          | 4.1          | 10.3         | 12.2         | 17.8         | 17.6         | 15.8         | -            |
| 2015/16 | 16.5     | 1.7          | 2.6          | 8.8          | 10.1         | 20.6         | 21.0         | 17.7         | 1.1          |

Source: NHS Digital

## Capital Investment at Trust Level

The total capital invested decreased by 8% (£185.8 million) from 2014/15 to 2015/16. Decreases in investments to improve existing buildings and in equipment were observed, whilst the investment for new build had increased slightly by £5.2 million.



**Table 6: Capital Investment at Trust Level (£ millions)**

|         | Investment for new build | Investment for improving existing buildings | Investment for equipment | Total Capital Invested | % change of Total Capital Invested |
|---------|--------------------------|---|--------------------------|------------------------|------------------------------------|
| 2013/14 | 988.0                    | 1,139.8                                     | 617.6                    | 2,745.4                |                                    |
| 2014/15 | 801.5                    | 1,011.6                                     | 510.4                    | 2,323.6                | -15.4%                             |
| 2015/16 | 806.7                    | 951.3                                       | 379.8                    | 2,137.7                | -8.0%                              |

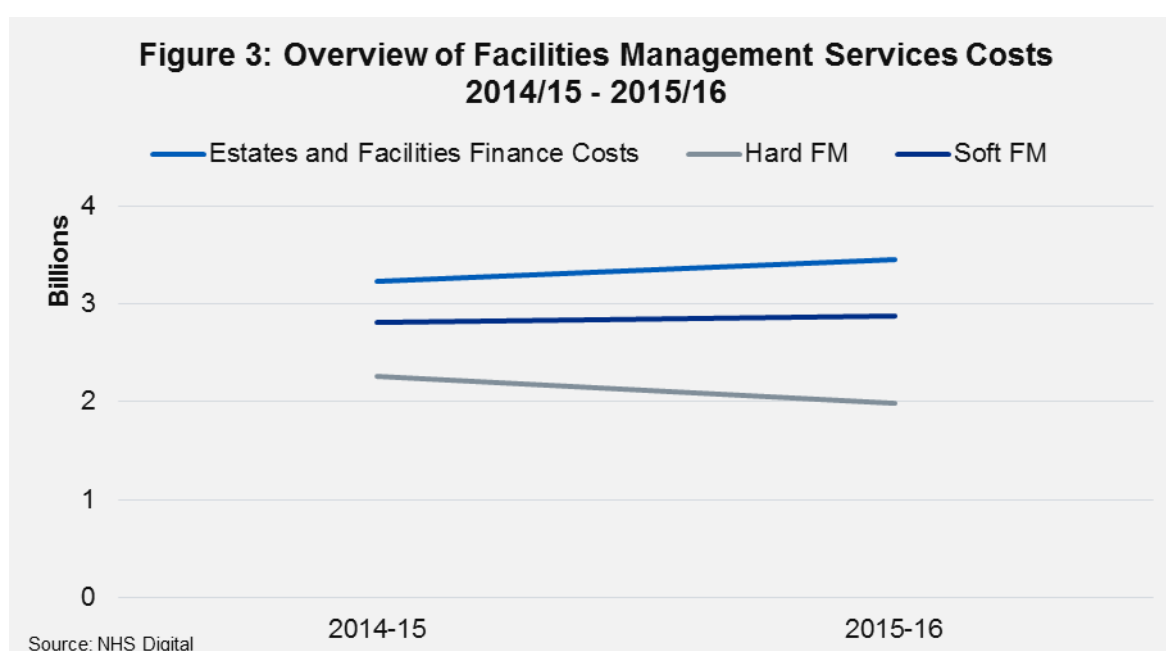
Source: NHS Digital



## Facilities Management Services at Site Level

The Facilities Management (FM) services figures highlight the costs of providing, maintaining and servicing the NHS Estate. Refurbishment and maintenance, quality assurance, mechanical and engineering services come under Hard FM, whereas cleaning, portering and car-parking are Soft FM service provisions. For further details on what constitutes FM services please refer to Annex A on page 39.

The introduction of the Estates and Facilities Finance costs in 2014/15 showed an increase (6.9%) from £3.2 billion to £3.5 billion in 2015/16. This cost is made up of lease costs, capital charges, rents and rates and unitary payments. Hard FM costs decreased by 12.2% from the previous year from £2.3 billion to £2.0 billion in 2015/16 however Soft FM costs increased by 2.4% to £2.9 billion.



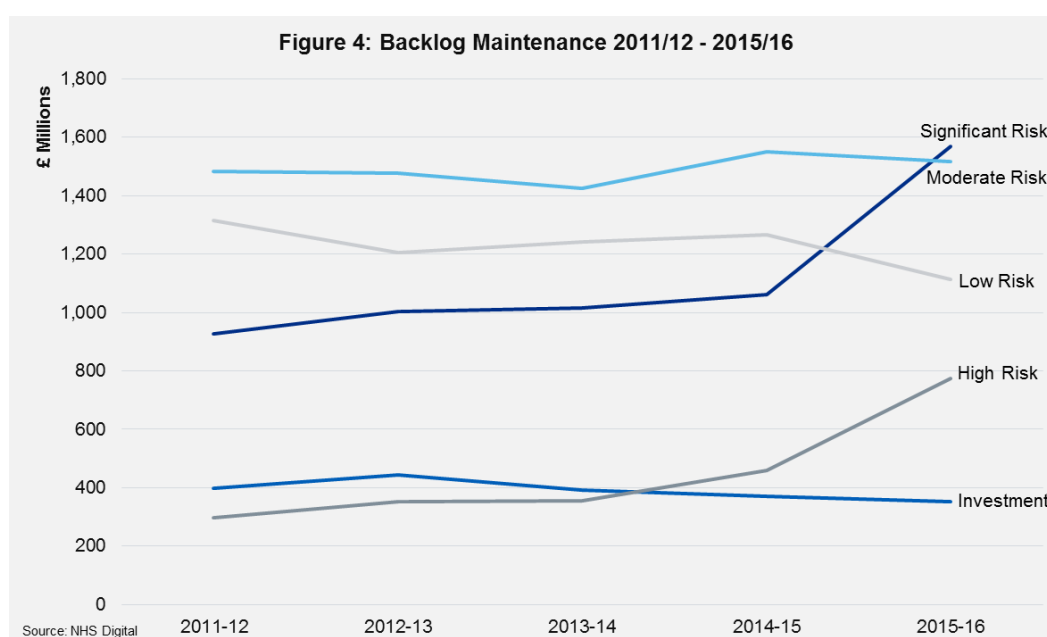
**Table 7: Facilities Management Services at Site Level (£ millions)**

|         | Estates and Facilities Finance costs | Hard FM | Soft FM | Total Cost |
|---------|--------------------------------------|---------|---------|------------|
| 2014/15 | 3,228.1                              | 2,264.5 | 2,807.2 | 8,229.8    |
| 2015/16 | 3,452.1                              | 1,989.2 | 2,875.6 | 8,317.0    |

Source: NHS Digital

## Quality of Buildings at Site Level

The quality of buildings is determined from the investment needed to improve building repairs where the level of repairs can be considered from High Risk to Low Risk. The investment to reduce Backlog Maintenance has decreased by £17.4 million(4.7%) from the previous year to £352.4 million in 2015/16. The largest increases observed were the costs to eradicate Significant and High Risk Backlog. The cost to eradicate High Risk Backlog increased (69.3%) from £458.0 million to £775.5 million and Significant Risk Backlog increased by 47.6% from £1.1 billion to £1.6 billion. The costs to eradicate Moderate and Low Risk Backlogs decreased by 2.3% and 12.0% respectively. These risks concerns repairs and replacement of the NHS Estate that need to be addressed by the organisations and management. The status of the risk will be categorised depending on the severity of the repair and need for replacement.



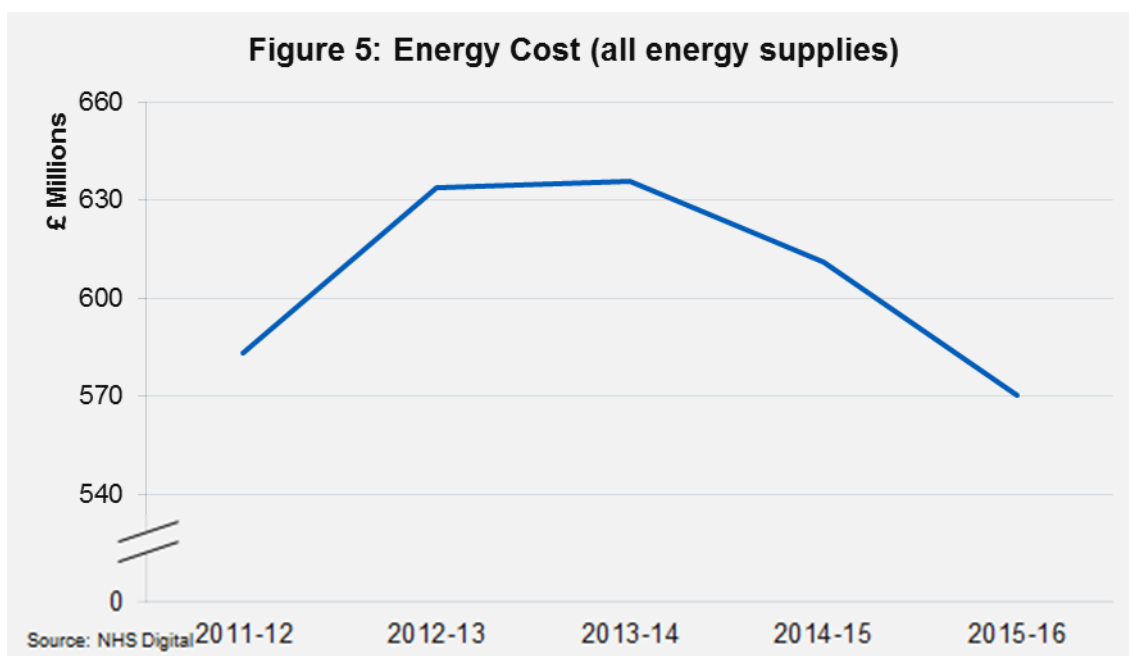
**Table 8: Backlog Maintenance at Site Level (£ millions)**

|         | Investment to reduce Backlog Maintenance | % Change Investment to reduce Backlog Maintenance | Cost to eradicate High Risk backlog | Cost to eradicate Significant Risk backlog | Cost to eradicate Moderate Risk backlog | Cost to eradicate Low Risk backlog |
|---------|--|---|-------------------------------------|--|---|------------------------------------|
| 2011/12 | 397.8                                    | -11.6%  | 296.3                               | 926.4                                      | 1,484.8                                 | 1,316.3                            |
| 2012/13 | 445.4                                    | 12.0%   | 353.1                               | 1,002.0                                    | 1,476.5                                 | 1,204.3                            |
| 2013/14 | 393.4                                    | -11.7%  | 356.6                               | 1,016.7                                    | 1,426.6                                 | 1,241.8                            |
| 2014/15 | 369.8                                    | -6.0%   | 458.0                               | 1,062.1                                    | 1,551.3                                 | 1,266.5                            |
| 2015/16 | 352.4                                    | -4.7%   | 775.5                               | 1,567.9                                    | 1,516.4                                 | 1,114.9                            |

Source: NHS Digital

## Energy Costs at Site Level

Energy costs of all energy supplies (gas, electricity, oil, coal) continued to decrease for the second consecutive year by a further 6.7% between 2014/15 and 2015/16. Lower energy prices could partly explain the decrease in energy costs for 2015/16.



**Table 9: Energy Costs at Site Level (£ millions)**

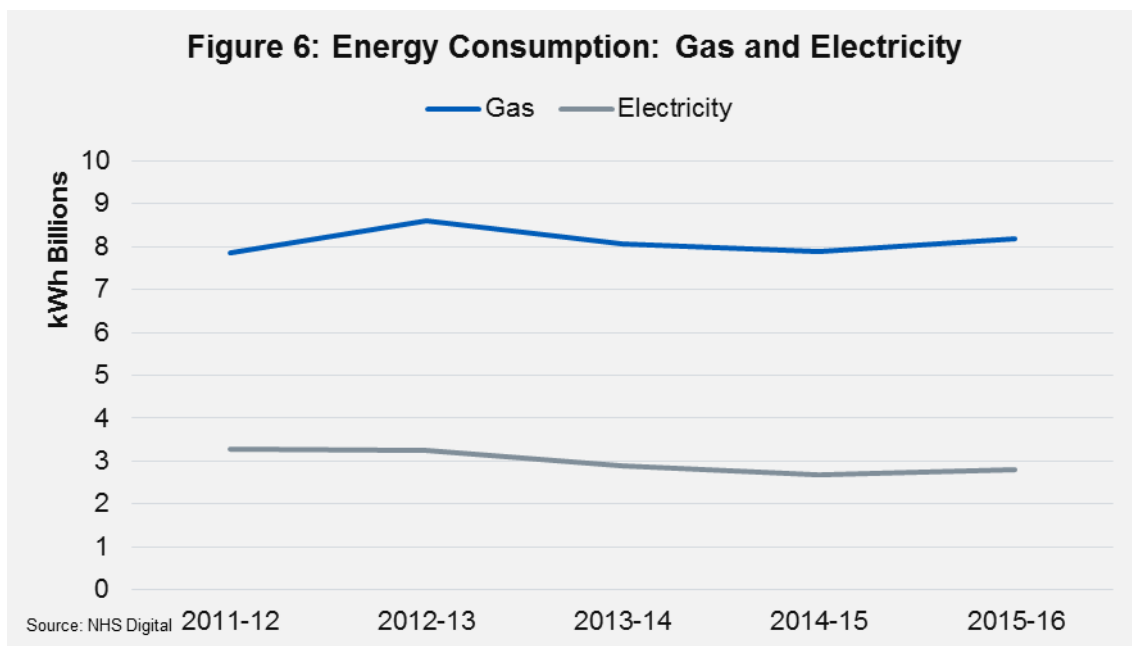
|         | Energy Cost (all energy supplies) | % Change Total Energy Cost |
|---------|-----------------------------------|----------------------------|
| 2011/12 | 583.1                             | 6.1%                       |
| 2012/13 | 633.8                             | 8.7%                       |
| 2013/14 | 636.0                             | 0.3%                       |
| 2014/15 | 611.0                             | -3.9%                      |
| 2015/16 | 570.1                             | -6.7%                      |

Source: NHS Digital

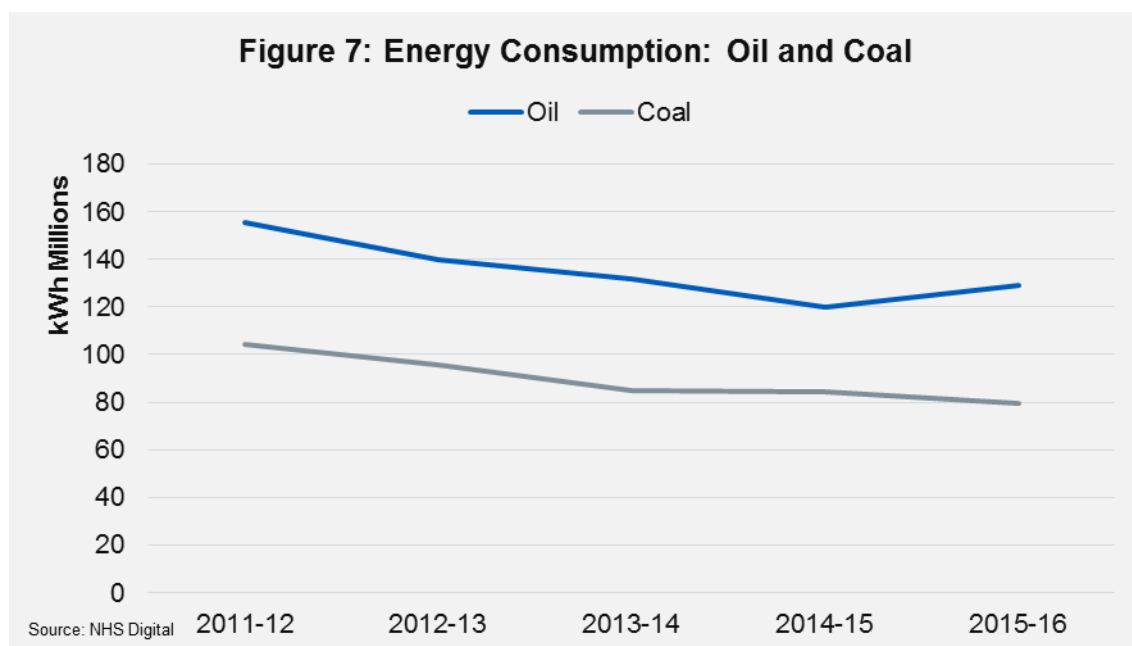
## Non-Renewable Energy Consumption at Site Level

All non-renewable energy consumption showed an increase in usage except for coal which decreased (5.6%) during 2015/16 and has been decreasing in usage in the past 5 years. The largest increase was exhibited by oil, followed by electricity and then gas.

### Gas and Electricity



### Oil and Coal



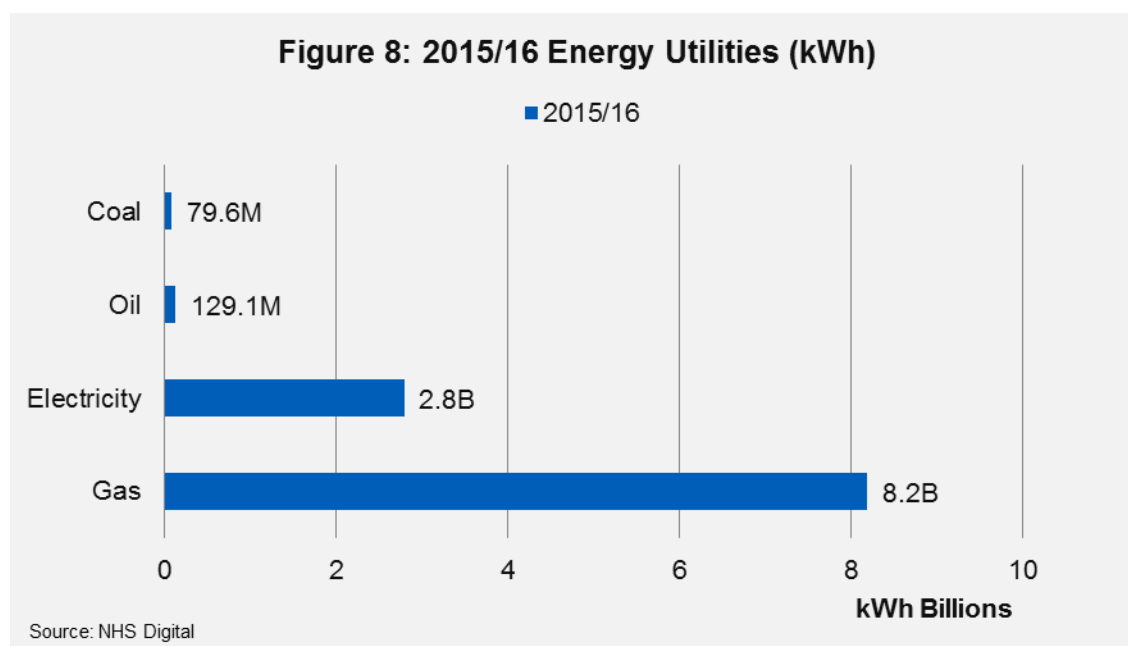
**Table 10: Non-Renewable Energy Consumption at Site Level (kWh millions)**

|         | Gas     | Electricity | Oil   | Coal  |
|---------|---------|-------------|-------|-------|
| 2011/12 | 7,869.2 | 3,270.7     | 155.4 | 104.0 |
| 2012/13 | 8,613.6 | 3,254.3     | 140.1 | 95.7  |
| 2013/14 | 8,057.1 | 2,894.1     | 131.6 | 84.7  |
| 2014/15 | 7,889.2 | 2,682.2     | 120.2 | 84.3  |
| 2015/16 | 8,186.8 | 2,796.4     | 129.1 | 79.6  |

Source: NHS Digital

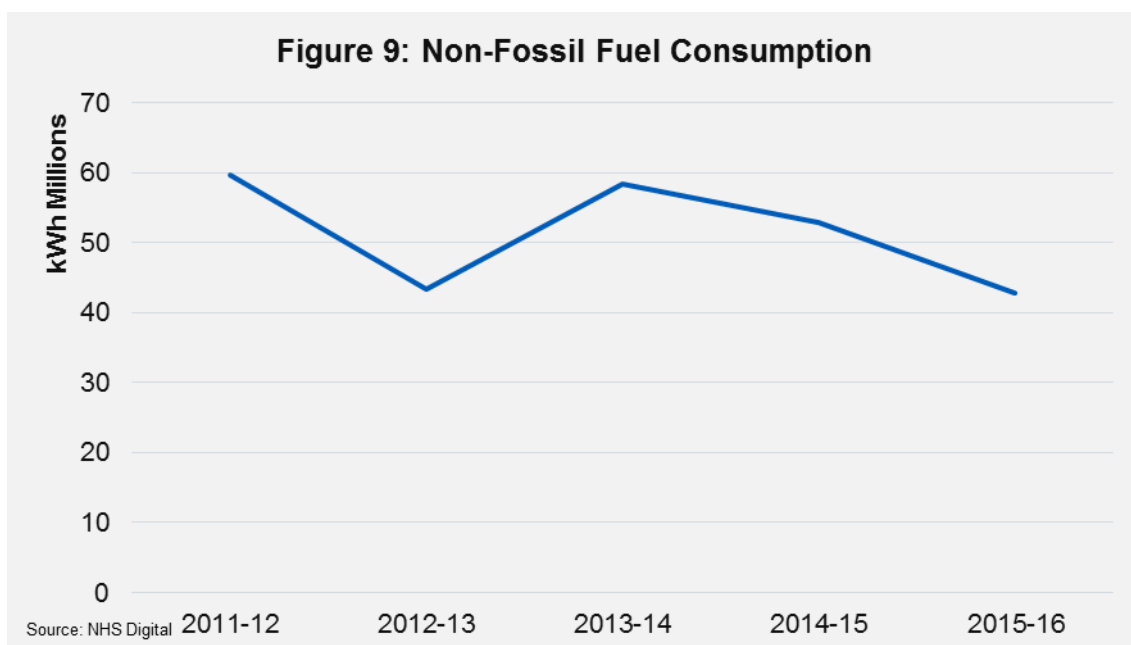
### 2015/16 Energy Utilities Consumption (kWh)

The quantity of oil and coal consumed (expressed in kilowatt hours kWh) by the NHS fell between 2011/12 and 2015/16 by 16.9% and 23.5% respectively. Over the same period the quantity of gas has increased by 4.0% and electricity used (kWh) fell by 14.5% respectively.



## Renewable Energy Consumption at Site Level

The consumption of electricity from renewable sources decreased (17.0%) to 482.7 million kWh for 2015/16 compared with the previous year. For 2015/16, Non-Fossil Fuel achieved its lowest consumption from the past five years.

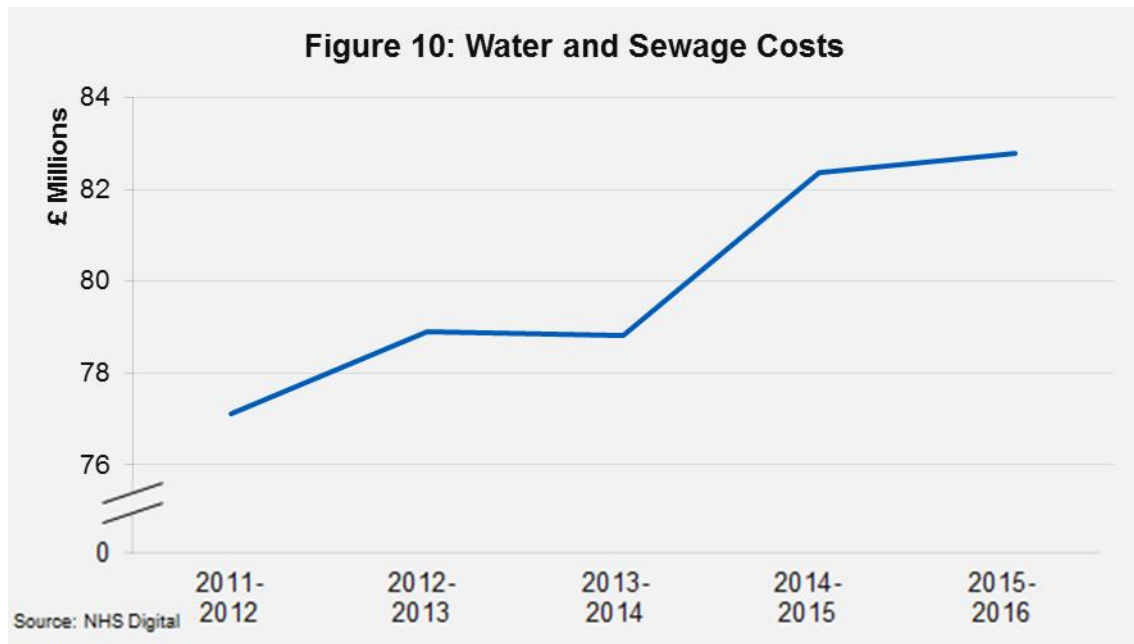


**Table 11: Renewable Energy Consumption at Site Level (kWh millions)**

|         | Non-Fossil Fuel | % Change - Non Fossil Fuel | Electricity | % Change - Electricity |
|---------|-----------------|----------------------------|-------------|------------------------|
| 2011/12 | 59.6            | 4.1%                       | 164.8       | -10.8%                 |
| 2012/13 | 43.3            | -27.4%                     | 199.1       | 20.8%                  |
| 2013/14 | 58.4            | 34.8%                      | 449.3       | 125.7%                 |
| 2014/15 | 52.9            | -9.3%                      | 581.7       | 29.4%                  |
| 2015/16 | 42.9            | -19.0%                     | 482.7       | -17.0%                 |

Source: NHS Digital

## Water and Sewage Costs at Site Level



**Table 12: Water and Sewage Costs at Site Level (£ millions)**

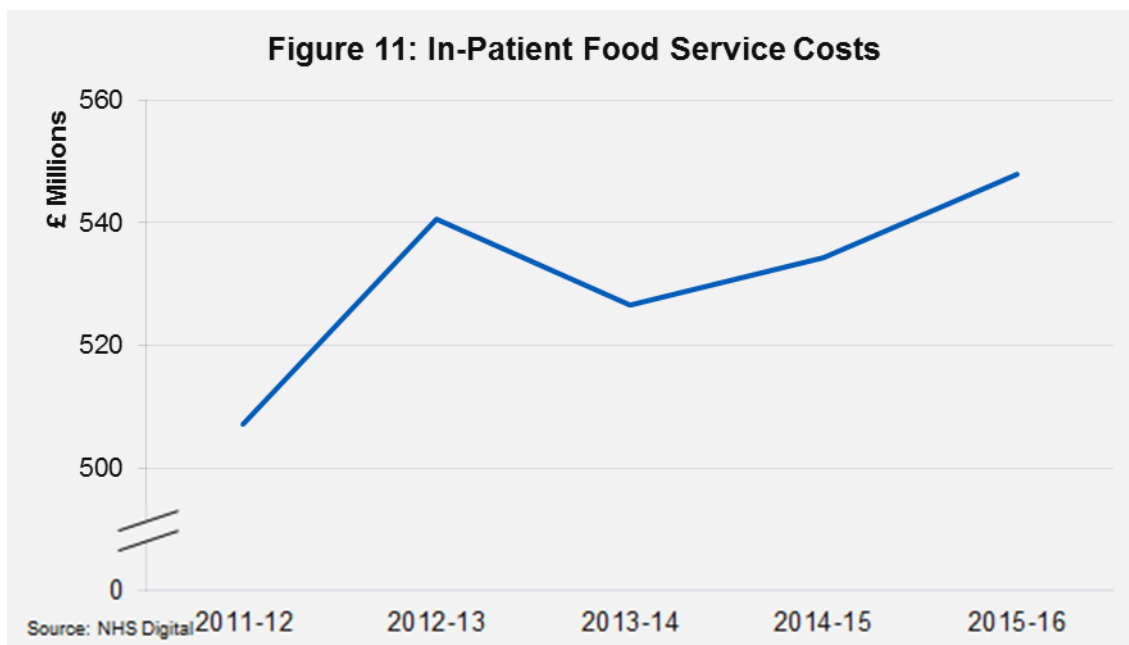
|         | Water and Sewage Cost | % Change Water and Sewage Cost |
|---------|-----------------------|--------------------------------|
| 2010/11 | 77.1                  | 0.4%                           |
| 2011/12 | 78.9                  | 2.3%                           |
| 2012/13 | 78.8                  | -0.1%                          |
| 2013/14 | 82.4                  | 4.5%                           |
| 2015/16 | 82.8                  | 0.5%                           |

Source: NHS Digital

## Food

### Annual Gross Cost of In-Patient Food Service Costs

A continuing increase of In-Patient Food Service Costs by 2.6% can be seen in Figure 11 from 2014/15 to 2015/16.



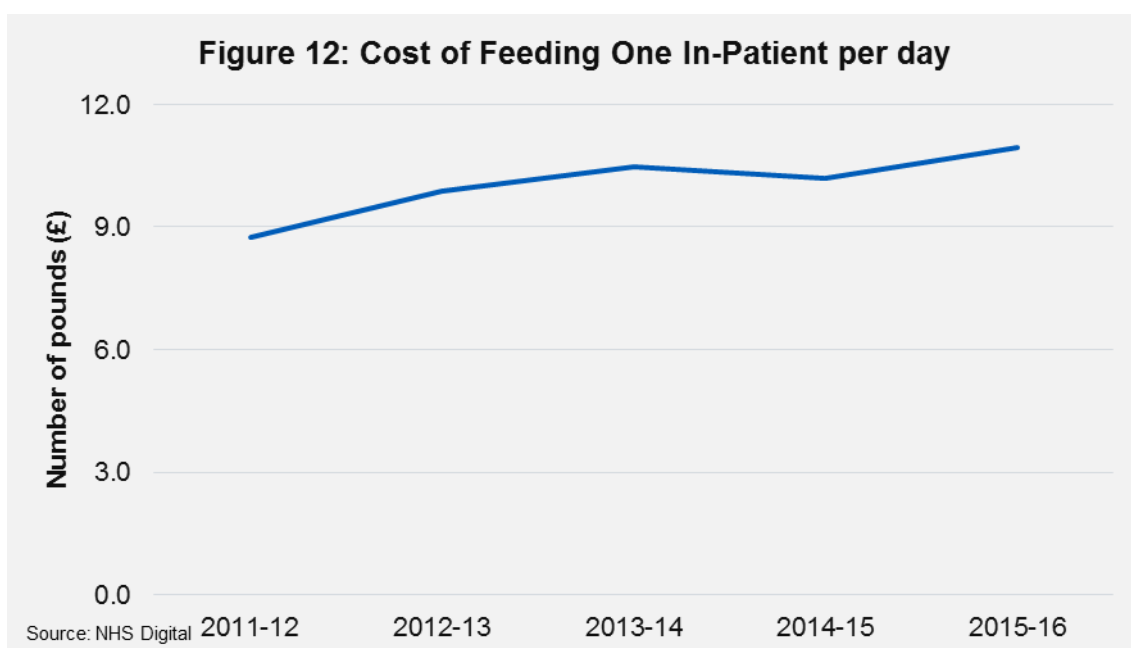
**Table 13: Annual Gross Cost of In-Patient Food Service Costs (£ millions)**

|         | In-Patient Food Service | % Change In-Patient Food Service |
|---------|-------------------------|----------------------------------|
| 2011/12 | 507.0                   | 7.2%                             |
| 2012/13 | 540.7                   | 6.6%                             |
| 2013/14 | 526.6                   | -2.6%                            |
| 2014/15 | 534.2                   | 1.5%                             |
| 2015/16 | 548.0                   | 2.6%                             |

Source: NHS Digital



## Cost of Feeding One In-Patient per day

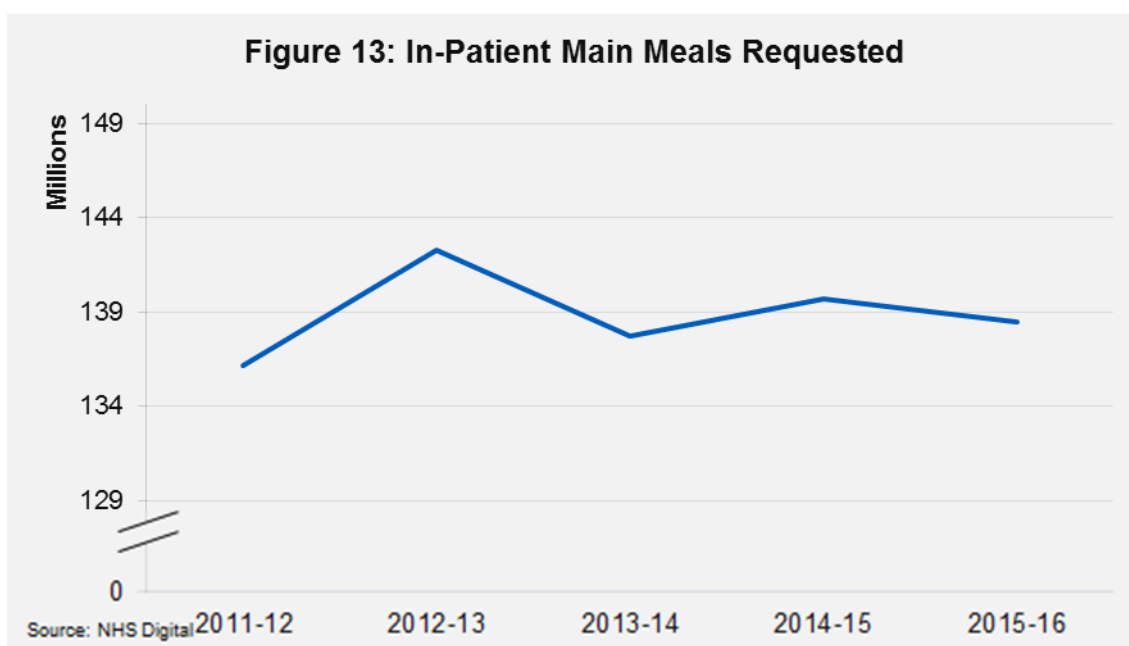


**Table 14: Cost of Feeding One In-Patient per day (£)**

|         | Cost of Feeding One In-Patient per day | % Change Cost of Feeding One In-Patient per day |
|---------|--|---|
| 2011/12 | 8.77                                   | 2.1%  |
| 2012/13 | 9.87                                   | 12.7%   |
| 2013/14 | 10.48                                  | 6.1%  |
| 2014/15 | 10.20                                  | -2.7%   |
| 2015/16 | 10.93                                  | 7.2%  |

Source: NHS Digital

## Total In-Patient Main Meals Requested



**Table 15: Total In-Patient Meals Requested (millions)**

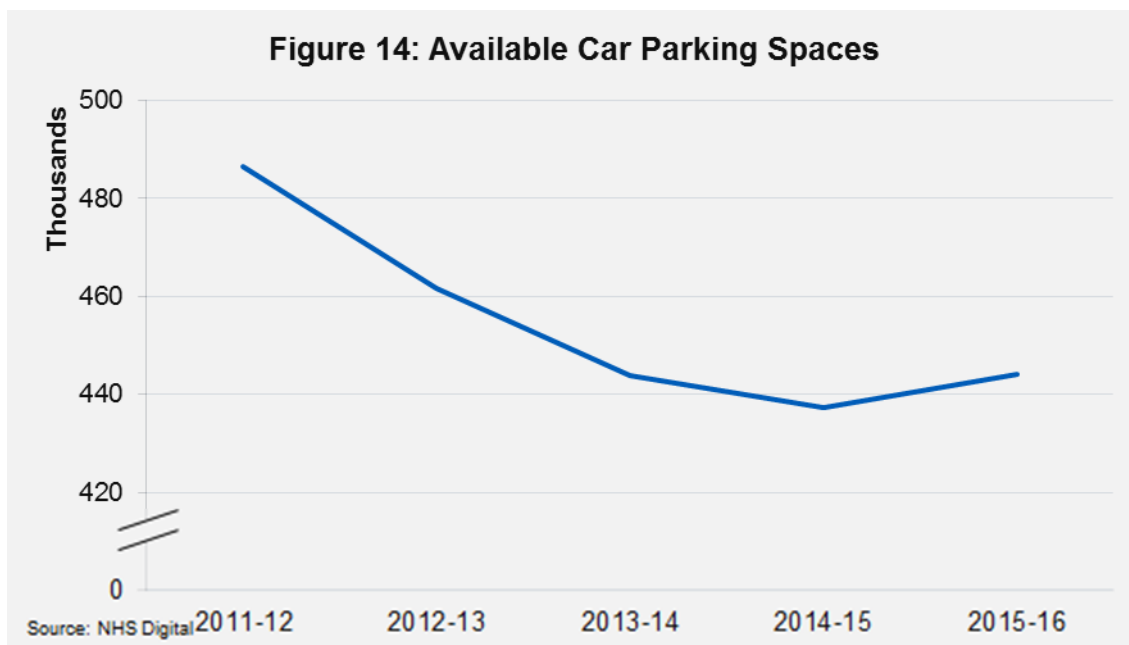
|         | In-Patient Main Meals Requested | % Change In-Patient Main Meals Requested |
|---------|---------------------------------|--|
| 2011/12 | 136.1                           | 1.8%                                     |
| 2012/13 | 142.3                           | 4.5%                                     |
| 2013/14 | 137.7                           | -3.2%                                    |
| 2014/15 | 139.7                           | 1.5%                                     |
| 2015/16 | 138.5                           | -0.9%                                    |

Source: NHS Digital

Table 13 shows an increase (2.6%) of In-Patient Food Services Costs from £534.2 million in 2014/15 to £548 million in 2015/16. A slight increase of 73p occurred for the national average of the Costs of Feeding One In-Patient per day from £10.20 for 2014/15 to 2015/16, however the total number of In-Patient Main Meals Requested decreased (0.9%) for 2015/16.

## Car Parking

### Available Car Parking Spaces



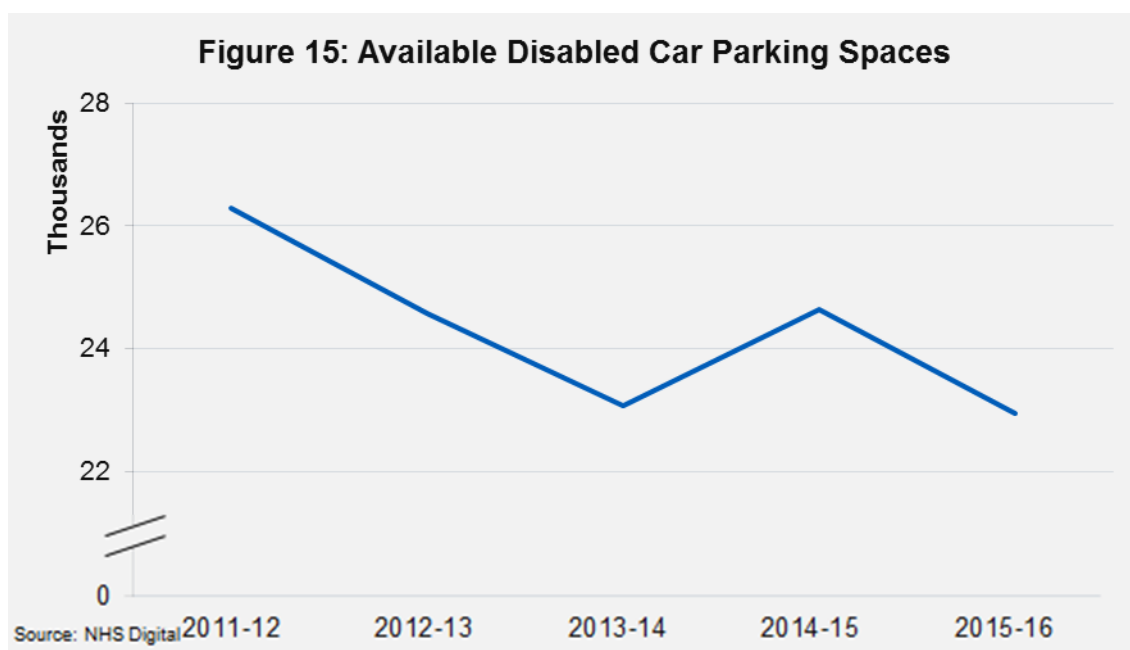
**Table 16: Available Car Parking Spaces<sup>7</sup> (Thousands)**

|         | Total parking spaces available | % Change Total Car Parking spaces |
|---------|--------------------------------|-----------------------------------|
| 2011/12 | 486.5                          | 5.2%                              |
| 2012/13 | 461.7                          | -5.1%                             |
| 2013/14 | 443.8                          | -3.9%                             |
| 2014/15 | 437.4                          | -1.4%                             |
| 2015/16 | 444.1                          | 1.5%                              |

Source: NHS Digital

<sup>7</sup> Available Car Parking Spaces includes the total number of Disabled Car Parking Spaces

## Available Disabled Car Parking Spaces



**Table 17: Available Disabled Car Parking Space (thousands)**

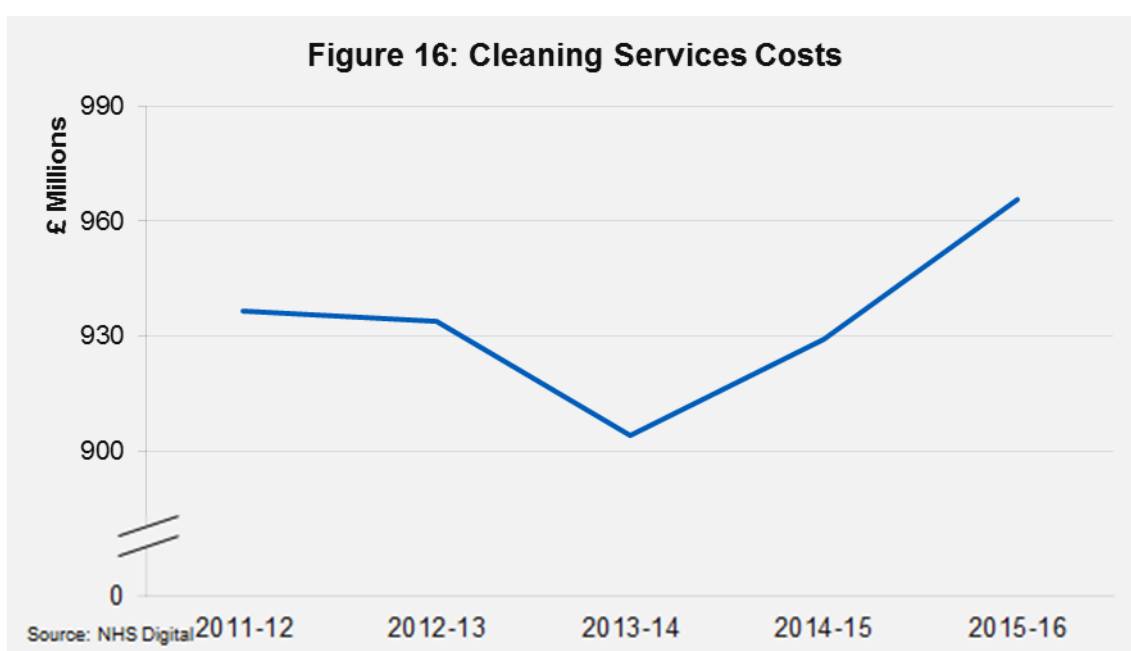
|         | Total Disabled Parking Spaces Available | % Change Total Disabled Parking spaces |
|---------|---|--|
| 2011/12 | 26.3                                    | 8.2%                                   |
| 2012/13 | 24.6                                    | -6.5%                                  |
| 2013/14 | 23.1                                    | -6.2%                                  |
| 2014/15 | 24.6                                    | 6.8%                                   |
| 2015/16 | 22.9                                    | -6.9%                                  |

Source: NHS Digital

## Cleaning at Site Level

### Cleaning Services Costs

Cleaning Services Costs rose by £36.3 million, an increase of 3.9% from 2014/15, whereas the number of Cleaning Staff decreased (0.9%) from 38.7 thousand whole time equivalent to 38.4 thousand in 2015/16. Table 19 also shows that, with the exception of 2011/12, the number of cleaning staff has remained largely stable. The cause of the sudden increase in 2011/12 is not known but is likely to be the result of poor quality data.

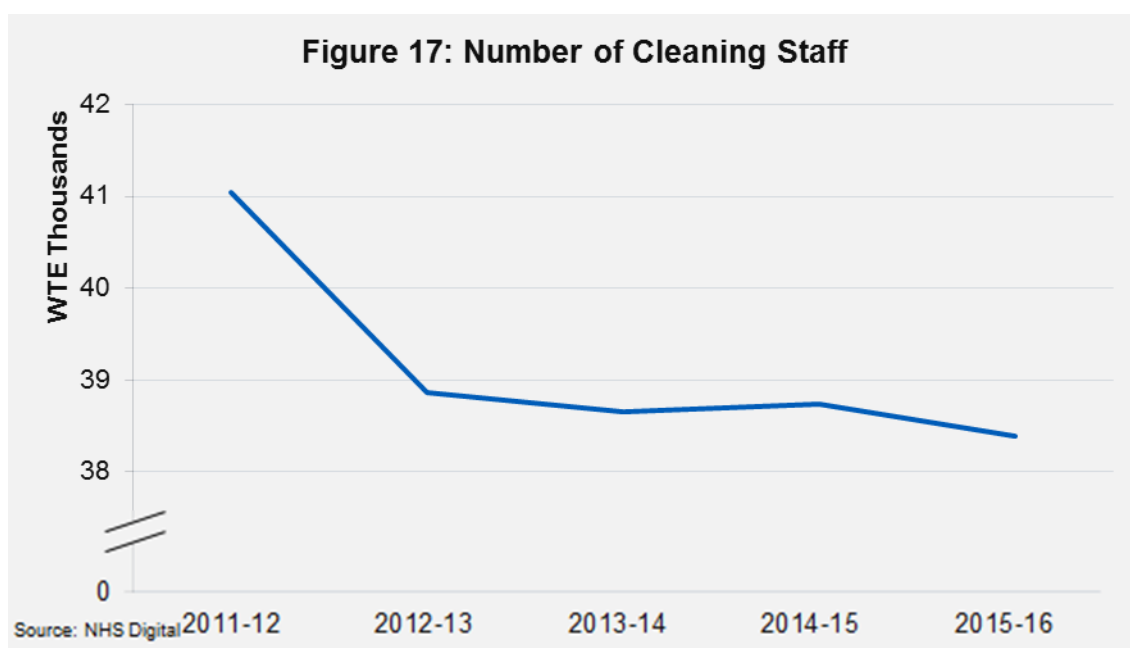


**Table 18: Cleaning Services Costs (£ millions)**

|         | Cleaning Services Costs | % Change Cleaning Costs |
|---------|-------------------------|-------------------------|
| 2011/12 | 936.5                   | -0.2%                   |
| 2012/13 | 933.9                   | -0.3%                   |
| 2013/14 | 904.1                   | -3.2%                   |
| 2014/15 | 929.2                   | 2.8%                    |
| 2015/16 | 965.6                   | 3.9%                    |

Source: NHS Digital

## Number of Cleaning Staff



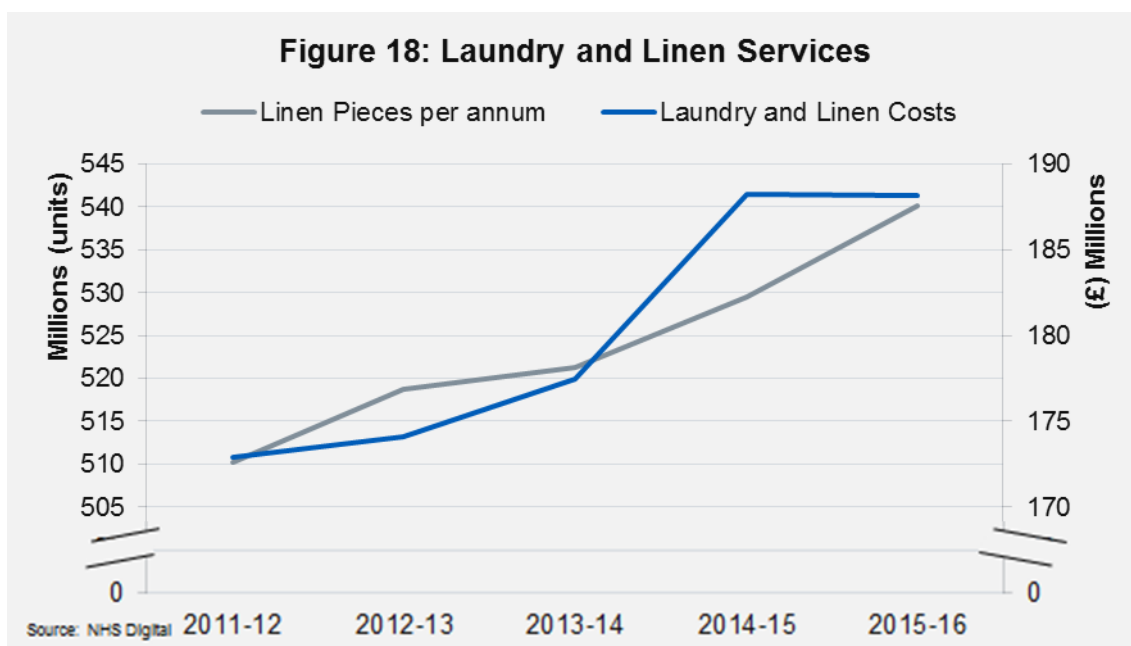
**Table 19: Number of Cleaning Staff (thousands)**

|         | Number of Cleaning Staff (WTE) | % Change Cleaning Staff |
|---------|--------------------------------|-------------------------|
| 2011/12 | 41.0                           | 4.8%                    |
| 2012/13 | 38.9                           | -5.3%                   |
| 2013/14 | 38.7                           | -0.6%                   |
| 2014/15 | 38.7                           | 0.2%                    |
| 2015/16 | 38.4                           | -0.9%                   |

Source: NHS Digital

## Laundry and Linen

The Laundry and Linen costs decreased slightly by 0.1% as the number of linen pieces continued to increase by a further 2.0% between 2014/15 and for 2015/16.



**Table 20: Laundry and Linen Services (units millions) (£ millions)**

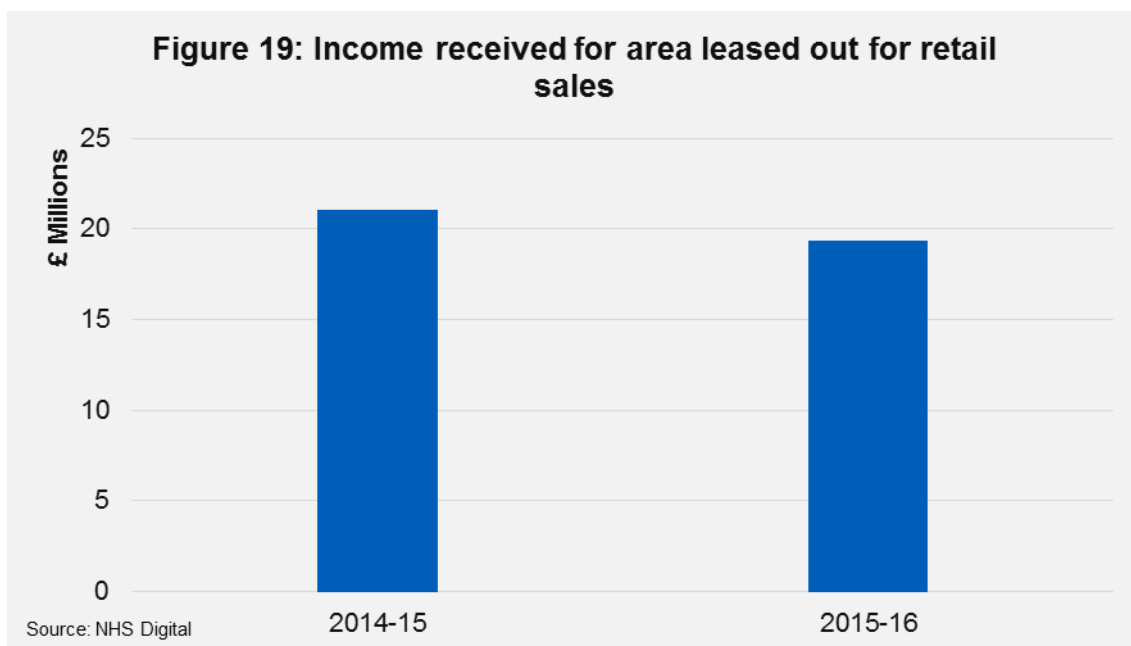
|         | Linen Pieces per annum | % Change | Laundry and Linen Costs | % Change |
|---------|------------------------|----------|-------------------------|----------|
| 2011/12 | 510.3                  | 6.5%     | 172.9                   | 3.5%     |
| 2012/13 | 518.8                  | 1.7%     | 174.1                   | 0.7%     |
| 2013/14 | 521.4                  | 0.5%     | 177.5                   | 1.9%     |
| 2014/15 | 529.4                  | 1.6%     | 188.3                   | 6.1%     |
| 2015/16 | 540.1                  | 2.0%     | 188.2                   | -0.1%    |

Source: NHS Digital

## Income Generation

Income generated from space leased for retail sales amounted to £19.3 million for 2015/16, a reduction of £1.7 million from 2014/15. This figure doesn't include any space leased or rented to charitable or similar organisations.

An additional £379.1 million was the income from services provided to other organisations. This is inclusive to areas concerning catering, laundry and linen and other.



**Table 21: Income Generation (£ millions)**

| Income received for area leased out for retail sales |      |
|--|------|
| 2014/15  | 21.0 |
| 2015/16  | 19.3 |

Source: NHS Digital



## Further Information and Feedback

Complete data tables are available at <http://hefs.hscic.gov.uk/>

NHS Digital would welcome your feedback on the methodology and the tables which accompany this publication. Please contact us with your comments and suggestions either by using the 'Have your say' facility on the NHS Digital website or by sending them, clearly stating 'Estates and Returns Information Collection' as the subject heading to:

Email: [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

Telephone: 0300 303 5678

Address: NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds LS1 6AE

## Data Quality

### Accuracy

All data is provided by participating organisations through an on-line reporting system. The collection system has an internal validation methodology to help ensure responses are accurate and within expected ranges.

Final submission of data cannot be completed until all required responses have been entered. Once fully committed no further changes are made to the submitted data without prior consultation with NHS Digital. Ultimately data quality is the responsibility of data providers however see Validation section below.

The following are known issues in relation to the 2015/16 return.

NHS Property Services – many organisations lease space in properties managed by NHS Property Services (NHS PS). In order that organisations can properly reflect their costs in respect of their use of these properties, NHS PS are expected to provide a range of data to be included in ERIC returns as appropriate.

For the 2015/16 reporting year, not all organisations received data in a reliable or verifiable format. In these circumstances each organisation decided for itself whether to include the data and some chose not to, therefore in those cases the costs reported by those organisations may not reflect their true costs in relation to their occupancy of NHS PS properties. Work is ongoing with NHS PS to improve the quality of the data going forwards.

Private Finance Initiative – a new section seeking to establish the costs of operating services under a Private Finance Initiative (PFI) agreement was introduced in 2014/15. Following feedback from the NHS as part of the Lord Carter Efficiency work, a revision was made to the PFI questions, and therefore no comparisons can be made between the two years. As this is the first year of collecting this data with new questions it is labelled as provisional experimental.

Clinical and Non-clinical space – In 2015/16 new data items were collected on the amount of space that was defined as Clinical and Non-Clinical which were brought in at short notice with new definitions. Some Trusts did not provide this data for all their sites so national and some Trusts figures cannot be calculated for the total or the percentage of space that is Clinical or Non-Clinical for 2015/16. As this is the first year this data has been collected there may be some initial data quality issues and therefore it is labelled as provisional experimental statistics and should be treated with caution. Further work is in progress to improve the quality of these data items for 2016/17 onwards.

Cleaning standards and methods – New questions relating to cleaning standards and methods were introduced in 2015/16 so this data is labelled as provisional experimental.

Improvement in data quality – As part of the Lord Carter Efficiency work there was a lot of feedback from the NHS regarding the quality of their ERIC data for 2014/15. The feedback highlighted some areas where data had not necessarily matched the ERIC definitions. As a result of this, NHS Digital has worked with Trusts and the Department of Health to improve the quality of the data for 2015/16. Therefore some of the changes between 2014/15 and 2015/16 at national, Trust and/or Site level may be due to the improvement to data quality.

Provisional Experimental Statistics – For all the statistics referred to in this document and included in the published data that are labelled provisional experimental should be treated with caution, and users are discouraged from attempting to draw any conclusions from the data at this time. We welcome user feedback on these statistics and any comments should be sent using the contact details on page 33.

## Validation

Owing to the nature of the collection, the questions included, and recognising the differences between data providers, responses to questions will be across a wide range.

Once the process above is complete, NHS Digital undertakes a third, manual validation check looking for any data returns which continue to suggest errors have been made. Due to the size of the collection and the amount of data contained, this process is limited to a selected range of data. Any figures that are a cause for concern, NHS Digital will contact individual data providers directly to discuss this. Ultimately however responsibility for accuracy of any data provided rests with data providers.

## Relevance

The scope and content of the ERIC data collection is reviewed annually to ensure it continues to collect information which is necessary for and relevant to monitoring the cost of the NHS estate.

Relevance will continue to be maintained through similar reviews and through the Estates and Facilities Information and Analysis Working Group which brings together data providers, the Department of Health, NHS Digital, NHS England and other interested parties. Changes to either or both of the process and content of assessments are ultimately subject to approval by the Department of Health and subsequently the Standardisation Committee on Care Information (SCCI).

## Comparability and Coherence

The ERIC collection is mandatory for all NHS secondary care providers including Ambulance Trusts.

As a result of the Lord Carter Efficiency work, NHS Digital has worked with Trusts and the Department of Health to improve the quality of the data for 2015/16.

Therefore some of the changes between 2014/15 and 2015/16 at national, Trust and/or Site level may be due to the improvement to data quality.

PFI data cannot be compared between 2014/15 and 2015/16 due to changes in the question set.

### **Timeliness and Punctuality**

In 2015/16 ERIC data will be published as soon as possible following receipt and validation of all data. This publication is based on data relating to the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 supplied during the period 1<sup>st</sup> April 2016 to 30<sup>th</sup> June 2016. The initial deadline for all data to be submitted was 30<sup>th</sup> June; however the last date on which any data was received and amended was September 30<sup>th</sup>.

### **Accessibility**

The Estates Returns Information Collection publication consists of a range of tables showing selected data from the collection. Due to the number of data fields it is not possible to include them all. However all data supplied by all NHS Trusts through the collection is published at <http://hefs.hscic.gov.uk>.

### **Performance Cost and Respondent Burden**

The collection has been reviewed by the Burden Assessment Advisory Service (BAAS) and approved by the Standardisation Committee on Care Information (SCCI). The collection exploits on-line technology to reduce the burden on organisations in completing and returning this data.

### **Confidentiality, Transparency and Security**

The standard NHS Digital data security and confidentiality policies have been applied in the production of these statistics.

## Users and Uses

### Department of Health

Information from the collection will be used to brief Ministers, inform policy decisions around the estate, account for expenditure in excess of £8 billion, support the Efficiency agenda and justify bids for funding to support improvements in the estate.

### Care Quality Commission

Information from the collection will be used in the CQC's Intelligent Monitoring (IM) process. IM is an analysis used to inform the CQC's inspection programme about which trusts could be prioritised for inspection.

### NHS England

Information from the collection is used by NHS England's Senior Estates Managers when assessing estate, organisational reconfiguration and capital investment proposals from NHS provider organisations on behalf of NHS England, NHS Improvement and the Department of Health.

### Other

We believe other key users of the statistics will be:

- Ministers and their advisers
- Healthcare providers to produce for benchmarking purposes
- Students, academics and researchers

We also believe that the general public will be interested to learn more about the size of and costs involved in providing the NHS estate, which is crucial to and underpins the delivery of modern healthcare.

## Related Information

Hospital Estates and Facilities Statistics (HEFS) is a central point where returns from the ERIC and the Patient-Led Assessments of the Care Environment (PLACE) are collected within the Estates and Facilities Management system (EFM) and are published by the NHS Digital on behalf of the Department of Health. Here data from the ERIC returns dating back from 1999/2000 are held along with the Data Definitions document.

<http://hefs.hscic.gov.uk/>

Also see the below links for information related to ERIC in one form or another.

NHS Car-Parking Management

<https://www.gov.uk/government/publications/nhs-car-parking-management-htm-07-03>

Dementia-friendly health and social care environments

<https://www.gov.uk/government/publications/dementia-friendly-health-and-social-care-environments-hbn-08-02>

NHS Energy Efficiency Fund report

<https://www.gov.uk/government/publications/nhs-energy-efficiency-fund-report>

The efficient management of healthcare estates and facilities

<https://www.gov.uk/government/publications/the-efficient-management-of-healthcare-estates-and-facilities-health-building-note-00-08>

Surplus Land

<https://www.gov.uk/government/publications/release-of-nhs-owned-land-for-development>

ERIC 2014/15 Publication

<http://content.digital.nhs.uk/catalogue/PUB18726>

ERIC 2015/16 Publication

<http://digital.nhs.uk/pubs/eric1516>

## **Annex A**

### **Hard FM (Estates) Costs**

Estates and Property Management relating to implementing and managing the organisations capital programme, excludes capitalised costs and associated staff.

Backlog maintenance monitoring, implementing and managing associated investment

Fire Safety and Health & Safety compliance relating to the built environment

Grounds and Gardens maintenance

Electro Biomedical Equipment maintenance

Waste Disposal Services

Car Parking Services

Energy Services

Water & Sewage Services

Helpdesk Service

Building and Engineering repairs and maintenance relating to the built environment

Equipment maintenance relating to the built environment

External window cleaning

### **Soft FM (Hotel Services) Costs**

Information Management & Technology fixed wiring systems relating to the maintenance and repairs not the provision of the service.

Non-emergency patient transport services

Security Services

Food Services

Telecommunications

Laundry and Linen Services

Reception Services

Portering Services

Cleaning (Domestic) Services

Sterile Supply Services

Courier Services

Pest Control Services

Stores Services

Postal Services

Art in Hospitals

Residential Accommodation Services

Day Nursery & Crèche Services

## **Estates and Facilities Financing Costs**

Capital Charges - The element of Depreciation & Amortisation and Cost of Capital Charges in the year relating to Land, buildings and equipment relevant to the built environment

Interest on Capital Loans

Rent & Rates

Relevant Unitary Payments - payments relating to PFI/LIFT projects and services

Cost of Leases - The costs of leases relating to Estates & Facilities paid during the reporting year excluding those included under other headings



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