

## Board of Directors Meeting Report – 5 December 2017

### Agenda item 92/17

<b>Title</b>	Estates and Facilities Update
<b>Sponsoring Director</b>	Carin Charlton, Group Estates and Facilities Director
<b>Author(s)</b>	Carin Charlton, Group Estates and Facilities Director John Henry, Site Director of Estates and Facilities
<b>Purpose</b>	To provide assurance and update on the provision of Estates and Facilities services.
<b>Executive Summary</b>	
An overarching summary of issues and challenges within the Estates and Facilities function that have previously been to the FRC. Of note – satisfactory external assessment of the service. Changes to the management function within Estates to improve responsiveness. Focus on improved cleaning standards.	
<b>Related Trust Objective</b>	Excellent Patient Outcomes Excellent Patient Experience Financial and Operational Sustainability – Financial, Operational, Estate
<b>Related Risk</b>	Risk 1 - Failure to provide adequate patient safety, quality of care and patient experience due to capacity, demand and external agency stakeholder engagement.  Risk 2 - Failure to meet constitutional and national performance targets.  Risk 3 - Trust not being financially sustainable.  Risk 5 - Current and future Estates, infrastructure and equipment does not comply with national specifications, meet service needs and/or service user needs.  Risk 8 - Failing to meet CQC Health & Social Care regulations.
<b>Essex Success Regime</b>	Does this proposal have any implications for the other Trusts within the Essex Success Regime (BTUH and MEHT) or for the Mid and South Essex health economy as a whole? <b>No.</b>
<b>Legal implications / regulatory requirements</b>	Health and Safety at Work Act.
<b>Equality impact assessment</b>	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
<b>Recommendations:</b> The Committee is asked to receive assurance from the report.	

## **1. Introduction**

A short paper outlining a number of Estates and Facilities related aspects was presented to the Finance and Resources Committee. This was the first such reports to the Committee and will evolve over time.

## **2. Purpose**

The purpose of this regular report to the Board of Directors via the Finance and Performance Committee is aimed to provide visibility of the infrastructure related challenges and associated quality and safety implications. This is together with an overview of other operational services which also have quality and safety implications are provided to both inform and assure the Board on matters relating to the Estates and Facilities function.

## **3. Governance**

The Board previously agreed the approach that the annual Health and Safety report and regular reporting from the Health and Safety Committee is via the Quality Assurance Committee. A non-executive director is a member of the Health and Safety Committee.

Further work is required to strengthen visibility of statutory compliance such as water quality, asbestos, ventilation via the Health and Safety Committee. Water quality and ventilation reporting is already in place via the Infection Prevention Group, but requires dual reporting to not only deal with the infection related matters, but also the statutory compliance aspects.

BAF risk 6 is the principal risk on the Board Assurance Framework that gives visibility to the Estates and Facilities risks.

More work is required to develop a local risk register which feeds into the EFM Board but also into the Health and Safety Committee.

As part of the annual planning for capital investment, a risk rated itemised list of schemes are put forward to inclusion in the approved capital plan for the year. Articulation of risks associated with constrained capital is via the backlog risk register.

In-year prioritisation is required when infrastructure fails. Revenue budgets for infrastructure are limited, although replacement of plant is required when there are significant breakdowns.

## **4. Assurance & Compliance**

The nature of Estates & Facilities services are such that compliance with health specific estates guidance (Health Technical Memoranda) (HTMs) is required with appropriately appointed officers in engineering disciplines.

In future reports, more details will be provided pertaining to the HTM audits and findings. The first of such external audits have been undertaken by the external authorising engineer (Water). No major concerns were raised although a remedial plan is in place, overseen by the Principal Engineer for the three Trusts.

The Estates and Facilities directorate have for a number of years been successful in attaining and maintaining quality standards, in line with recognised international standards (ISO standards).

During March, September and October, the British Standards Institute (BSI) undertook assessments of a number of Estates and Facilities services against the following ISO standards:

International/British Standard		Assessment Outcome
Environmental Management	BS EN ISO14001:2014	Registration upheld – minor non-conformances
Quality Management	ISO9001:2008	Registration upheld – minor non-conformances
Quality Management (MEMS Dept)	ISO9001:2015	Achieve accreditation to new standard
Safety Standard	BSOHSAS18001:2007	Registration upheld – minor non-conformances

Catering services are outsourced to Medirest and in addition to ongoing Trust monitoring of the contract and standards, Medirest employs an independent provider (STS Solutions) to assess its operation twice a year against key food safety legislation. Most recent STS audit results were 96% in February 2017, and 95% during September 2017.

The Environmental Health Officer attends site periodically. The annual inspection of patient dining/ward kitchens is due in December. The rating in 2016 was excellent – 5. Retail main kitchen and restaurant were inspected during September 2016, with a score of 4 – Good. Actions plans are monitored via the Facilities Contract Manager.

Cleaning standards are monitored through the domestic services team. Cleaning scores are broken down between nursing, domestic and estates. Cleaning scores are reported via the Infection Prevention Committee and audit results circulated to matrons and ward managers.

## 5. Infrastructure risk

A five-facet survey has been undertaken during 2017/18. This is in accordance with Department of Health Guidance in establishing and managing backlog. National methodology suggests 6-facets. The current survey excluded the environmental management facet (Facet 6) as the EFM team uses accreditation via ISO standard for environmental credentials.

The facets relating to physical condition (Facet 1) and statutory compliance (Facet 2) are key facets that inform the backlog register with highest risks associated with condition and safety.

Annually, all Trusts are required to submit data on Estates Return Information Collection and forms the basis of the model hospital data with relation to critical infrastructure risks. This data is based on the six facet data and subsequently the backlog register and associated capital allocation via the Trust's processes for capital allocation.

The advantage of refreshed survey is that it updates costs and articulates the highest risk items. Local moderation is required by engineers who are familiar with the specific performance of plant and buildings.

The table below summarises the risk ratings and associated cost to eradicate backlog.

<b>Cost to Eradicate</b>	<b>2015/16</b>	<b>2016/17</b>	<b>Difference</b>
High Risk Backlog	£ 1,279,249	£ 2,285,659	£ 1,006,410
Significant Risk Backlog	£ 1,040,824	£ 5,421,950	£ 4,381,126
Moderate Risk Backlog	£ 4,006,739	£ 9,146,270	£ 5,139,531
Low Risk Backlog	£ 4,842,721	£ 237,400	-£ 4,605,321
Total	£ 11,169,533	£ 17,091,279	£ 5,921,746

The backlog register however does not necessarily reflect unexpected plant failures.

Significant items of note that have arisen during this reporting period are as follows.

- Partial failure of steam generation for SSD. This has left the SSD at risk of failure to sterilise all equipment leading to cancellations. Mitigated by extended working hours and regular resetting of the Fulton boiler. Issue with Fulton boiler now resolved, review underway to add resilience to the steam generating plant.
- Planned works on HV Electrical system requiring whole hospital to be run from generated supply during extended period. This was to enable the installation of combined heat and power plant which is due to go live in November. The works were completed without incident.

## **6. Operational Services**

### **Maintenance**

A cleansing exercise is underway to cleanse the computer aided facilities management system with open tasks dating back to 2015 and 2016. A review is also underway to ensure high priority tasks are not de-escalated to lower priorities when in-house staff are not able to provide a remedy. This practice has the potential to over-report actual performance against assets/tasks that are essential to maintain a safe environment.

The post of Maintenance and Engineering Manager has been split into a Maintenance Manager role and an Engineering Manager role. A Maintenance Manager has been appointed with a focus on improving response times, customer satisfaction and achieving an improved CQC outcome. The Engineering Manager will now focus on engineering compliance.

Recognising the site manager's substantive role of Associated Director of Estates had not been backfilled like for like when he was appointed in January 2017, and the associated challenges within the estate maintenance department and deteriorating estate, it has been agreed to recruit to a role of senior engineer to focus on engineering processes and providing further senior engineering support. This will be for an initial 6 month period.

In addition, as part of the single EFM leadership team, a Principal Engineer (June 2017) has been appointed across the three sites and provides compliance support to SUH. This role is a new role and is being balanced between compliance across the three sites as well as supporting engineers at MEHT. To bolster this and support further support to the SUH team, the substantive head of maintenance has been focussing on compliance issues whilst an interim head of maintenance commenced around 6 weeks ago. It is important that there is a joint approach to compliance and that senior engineering staff are held to account for performance.

It has been agreed to commission an external review within maintenance to focus on:

- Management structure
- Workflow
- Approach to prioritisation of jobs and associated reporting
- Overview of resource requirement

A suitable provider has been identified, although a specification has not yet been drawn up.

### Domestic Cleaning Service

The overall average as per the audit tool was achieved in all categories This table highlights failed audits in the last two months:

<b>Domestics managerial cleaning audit failure trend 2017</b>		<b>Aug-17</b>	<b>Sep-17</b>
<b>Very High Risk (98%)</b>	Day Stay Theatre recovery	96.88%	
	A/E Majors /Minors		97.84%
	CDS Theatre	97.73%	
	CDS Ward	96.86%	
	Bedwell	97.88%	
	Chemotherapy -CC GF	97.49%	
	Eye Theatres	96.12%	
	Renal unit	97.38%	
<b>High Risk (95%)</b>	Corridor 1st		92.50%
	Corridor 2nd		92.31%
	Corridor Grd	85.65%	
	X-ray 1st		85.99%
	X-Ray Ground floor	92.35%	85.12%
	Edmond stone	93.20%	
	Heart and chest clinic	93.20%	
	Dowset	90.43%	93.78%
<b>Significant Risk (85%)</b>	CT Scanner (X-Ray)	94.29%	
	Body store		77.78%

During September, cleaning audits were conducted and 7 areas failed to achieve the first instance managerial cleaning audit. This is an improvement on the previous month (13) and is due to an increased management focus on cleanliness standards.

The areas of failure were in relation to dust in A&E, corridors, within X-Ray and on Dowset Ward. Items were rectified and additional training provided to individuals covering this area. These are high footfall areas and experience a significant increase in activity when the Trust is under pressure. To mitigate the increased demand and pressure, the Department have invested in training, having four assessors training to BICS methodology. We have achieved our training Centre Accreditation with BICS. This has led to a noticeable improvement in cleaning standards.

Additional cleans have been implemented due to the Trust tackling elective backlog and working weekends. This has impacted on footfall and enhanced hours working.

### **Catering Service**

New menus for autumn and winter have been launched.

The Finance & Performance Committee received a written document relating to nutritional content of the patient menu at its meeting in October. All catering KPI risk categories achieved their contractual targets.

### **Telephony**

The development of the Netcall system is underway with a view to reducing the volume of calls being handled by the operators thus improving answer times and customer satisfaction. This is assisted by resource from Broomfield where the Netcall system has been established for a period of time.

There is on-going education to wards and departments to improve call centre answer times. These issues are affecting the call answer times.

The service is reviewing the rota as well as seeking opportunities to combine helpdesk and switchboard resource to add greater resilience.

### **Laundry and Linen Service**

The contract for Laundry and Linen services contract has been extended and a joint procurement with BTUH is being led by the director of Procurement.

### **Portering**

There has been a focus on training and appraisals. Due to difficulty in obtaining bank staff, a cohort of domestics has trained into a dual role, thus adding an increased level of resilience in the management of turnover and sickness. During periods of high capacity demands, there is a risk that available cleaning resource could be eroded.

### **Security**

The lead for the service is providing conflict resolution training across three Trusts. This is seen as a key requirement in order to counteract the increasing levels of violence and verbal abuse experienced on the front line.

## **7. Capital**

- The Laparoscopic Theatre has been completed and is now fully operational.
- The Elective Admissions Lounge has been completed.
- The GP streaming facility has been completed and is ready for occupancy.
- Works have commenced on the MRI capital replacement.
- Tenders have been received for the HDU scheme, currently being evaluation
- Support being provided to the additional requirement for winter beds and associated capital works.
- Undertaken remedial works in the mortuary

## **8. Other issues**

- Britannia House – negotiations underway
- Fossetts farm – technical and legal issues are in the process of being resolved with a view to going out to the market.