QUALITY & SAFETY COMMITTEE

HIGHLIGHT REPORT FROM THE FACILITIES DIRECTORATE

DATE OF MEETING	18 May 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Russell Hoare, Assistant Director for Facilities
PRESENTED BY	Gareth Robinson, Interim Chief Operating Officer
EXECUTIVE SPONSOR APPROVED	Interim Chief Operating Officer

REPORT PURPOSE	To update members of the committee on issues within the Facilities Directorate

ACRONYMS	
	None Identified.

1. PURPOSE

1.1 This report had been prepared to provide the Committee with details of the key issues within the Facilities Directorate.

1.2 Key highlights are reported in section 2.

1.3 The Committee is requested to **NOTE** the report and discuss the risks noted.

2.   HIGHLIGHT REPORT

ALERT / ESCALATE	**Facilities Risk Register** During quarter 4, the Facilities Directorate continued to work to review all Facilities risks currently on the Datix System and fully align these risks with those included within the Facilities Risk Register, for inclusion in the CTMUHB Organisational Risk Register. This is now complete and current high and moderate risks for Facilities are provided below. <table><thead><tr><th>Number of Risks per Risk Category</th><th>Jan – Mar 2021 *(Q4)*</th></tr></thead><tbody><tr><td>High Risks</td><td>3</td></tr><tr><td>Moderate Risks</td><td>114</td></tr></tbody></table> Full details can be found in the Facilities Risk Register which is available on request.
ADVISE	The Facilities Directorate is central to much of the "behind the scenes" and other activities within the Health Board. Issues that are current at present include: • **Covid 19** – the past year has seen unprecedented challenges faced by the Facilities team. The teams have responded with outstanding dedication across all services and in support of the Integrated Locality Groups (ILGs), the field hospitals and the Community Vaccination Centres (CTU). The team is now engaged in supporting the agenda for 'resetting' services. • **Cleanliness** – the Health Board currently achieves the required standard for a clean environment in accordance with the National Standards for Cleaning in NHS Wales. In response to revised Standards issued in December 2020, a gap analysis was completed and a business case has been submitted for Board consideration and funding approval. • **Catering – Food Safety Environmental Health Office (EHO)** – the Health Board currently achieves full compliance with catering environmental health and food safety standards. At present all EHO Inspections are suspended due to Covid 19 (though a re-start is planned imminently), and so internal pre EHO are being undertaken to ensure compliance is maintained.

- **Ward Based Catering project (Bridgend Ogmore ILG)** – Rhondda Taf Ely **(**RTE) and Merthyr Cynon (MC) ILG hospital sites operate a fully ward based caterer service delivery model, and Bridgend Ogmore (BO) ILG is keen to roll this out to all wards. Benefits are as follows:

  o Patients are offered a choice from the menu up to two hours ahead of the meal delivery – helping to reduce food waste.

  o Initial observations estimate 12-14 nursing hours per day are released allow focus on other key nurse duties.

Additionally, the Directorate is in the process of reviewing the current patient meal service model. A paper will be drafted for Management Board with recommendations to take forward this service redesign.

- **Security Management –** following a security incident at the Medical Records and ICT Facility at Williamstown a site security assessment was undertaken and recommendations made for improvement. Until the improvement work is completed, manned site security is in place and a case for capital funding has been submitted.

  Following two incidents at the Royal Glamorgan Hospital (RGH) Emergency Department (ED), another assessment has been undertaken and recommendations provided – this will be carried out at Prince Charles Hospital (PCH) and Princess of Wales (POW) EDs.

  The security and violence and aggression strategic plan is currently being reviewed and the first draft will go to the Security Steering Group and the Health & Safety Committee in May 2021.

- **CCTV Strategic Review**

A strategic review of CCTV systems installed and in operation across the organisation's sites has been commissioned with the aim of providing recommendations and advice by site to managing and operating the CCTV systems.

- **Travel, Transport and Car Parking** - parking and travel sustainability review work and some site refurbishment is currently being taken forward in the following areas:

  - A car parking and travel review is being undertaken at all sites against the NHS Wales Car Parking Health Technical Memorandum (HTM) 07-03.

- Major projects work has commenced to refurbish and improve the car parks at PCH.

- Work has re-commenced at Dewi Sant Health Park to identify travel and car park management solutions to meet new demand.

- A number of Electric Vehicles (EVs) have been brought into the transport fleet as part of plans for carbon emissions.

- **Waste Management –** the Health Board is currently achieving its waste management financial and key compliance targets across all waste streams.

- **Clinical Engineering** – the Health Board is currently achieving the quality standard ISO 9001:2015 required.

  During the covid-19 pandemic the Department purchased a significant amount of new and replacement equipment – a 42% increase in medical device delivery projects and a 59% increase in value.

  The Medical Devices Policy was submitted to the Clinical Policies Group for their approval and is now live on Share-Point.

- **Management of Patient Beds, Mattresses and Associated Equipment –** Facilities is in the process of remodelling the way beds are delivered across CTMUHB.

  The scope of the review is concerned with the Bed Maintenance and management of beds services, bed and mattress hire, bed management, ED trolleys and associated equipment. This is a significant undertaking for the Directorate, with a hybrid model recommended at present.

- **Medical Device Training** – a training needs analysis has been carried out, a training baseline plan and Key Performance Indicators (KPIs) have been produced and reported and performance monitored at the Medical Devices Governance Group.

  There are, as a result of the implications of Covid 19, significant numbers who need training as not all places could be filled.

  Funding for an additional medical device trainer was approved and a further bid for another trainer has now been submitted to tackle the backlog. To achieve compliance, a concerted effort by all three ILGs is now required for staff to attend the scheduled training.

- **Staff Accommodation** – an external consultant was commissioned to complete a review of staff residences and provide information on quality, suitability, compliance and any areas for improvement.

  The Health Board provides staff accommodation in the residences located on site in PCH, POWH and RGH for the full range of staff – with the standard varying between sites. Decisions on an outcome and plan are awaited.

- **All Wales Laundry Processing Units Review** – work continues to develop both the All Wales Laundry Business Case and the initiation of the Service Transition of the existing laundry service within NHS Wales to NHS Wales Shared Services Partnership (NWSSP). In relation to the Service Transition, this continues to mobilise the approach being undertaken and has been outlined as seeking to transfer the Five Laundries into NWSSP on April 1 2021.

  Following the transfer to NWSSP management, CTMUHB Laundry is unlikely to close until 2023. A CTMUHB Laundry transfer group has been set up to take forward the pending transfer to NWSSP.

- **ISO 14001:2015** – following surveillance audits carried out in July 2020 and more recently in April 2021, CTMUHB has successfully retained ISO 14001:2015 certification for all of its healthcare sites and with no non-conformities raised. This is an outstanding achievement by the Environmental Management team involved and everyone in the organisation who contributes towards a clean and sustainable environment.

- **Facilities Governance, Compliance & Performance Monitoring** – the Directorate will be undertaking a refresh and relaunch of the current patient and customer satisfaction and experience quality feedback survey tool which will also include for the first time Porter Services.

  During the Covid-19 pandemic, feedback on all patient and catering and housekeeping services has been limited, or no responses received. In catering due to the Barista and Restaurant facilities being closed to the public, however any corporate or patient satisfaction survey concerns or complaints during the period were addressed and responded to as 'Putting things Right' - 'You Said' 'We Did' process and addressed.

- ## Quality and Standards KPIs Assurance

Quality KPIs - (Facilities Hub and Facilities Services ILGs)				
	Quarter 1 20/21	Quarter 2 20/21	Quarter 3 20/21	Quarter 4 20/21
Patient catering satisfaction (90%)	100%	99%	83%	Limited response feedback
Restaurant satisfaction (85%)	Limited response feedback	Limited response feedback –no response	Limited response feedback	Limited response feedback
Barista satisfaction (85%)	85%	90%	Limited response feedback - No responses	Limited response feedback
Cleanliness satisfaction (85%)	100% Limited response feedback	100% Limited response feedback	100% Limited response feedback	1009% Limited response feedback
EHO (14 CTM catering units x5 = 70 Points) - (5) per unit is the maximum grade	68	68	68	68
CPU food safety STS compliance	100%	100%	100%	100%
ISO 14001:2015- CTM Accreditation	100%	100%	100%	100%
Clinical Engineering ISO 9001:2015 quality standard external BSI audit	100%	100%	100%	100%

National Standards of Cleanliness				
	Quarter 1 20/21	Quarter 2 20/21	Quarter 3 20/21	Quarter 4 20/21
Overall average Target (85%)	94%	92%	96%	94%
High Risk Areas (95%)	96%	95%	96%	96%
Significant Risk Areas (85%)	95%	91%	94%	94%
Low Risk Areas (75%)	93%	89%	91%	92%

Corporate Concerns & Complaints – Facilities Hub and ILGs				
	Quarter 1 20/21	Quarter 2 20/21	Quarter 3 20/21	Quarter 4 20/21
All Facilities Service Areas	1	12	12	2

- **Facilities Policies and Procedures –** the Facilities policy and procedures review plan links in with the compliance scorecards and monitors policy review progress. These are now being reviewed to reflect and support the new organisation operating model and further detailed information is available if needed.

ASSURE	All issues included above.
INFORM	All issues included above.
APPENDICES	**NOT APPLICABLE**