![NHS Wales - Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board]

	AGENDA ITEM
	3.2.7

QUALITY & SAFETY COMMITTEE

FACILITIES – UPDATE REPORT

Date of meeting	22 November 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report

Prepared by	Russell Hoare, Assistant Director of Facilities (ADF)
Presented by	Chief Operating Officer (COO)
Approving Executive Sponsor	Chief Operating Officer (COO)

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
N/A		

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
ILG	Integrated Locality Group
QS&EC	Quality, Safety and Experience Committee
KPIs	Key Performance Indicators
IMTP	Integrated Medium Term Plan
EHO	Environmental Health Officer

CPU	Central Production Unit
PTR	Putting Things Right
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
BO	Bridgend Ogmore
MC	Merthyr Cynon
RTE	Rhondda, Taf, Ely
NWSSP	NHS Wales Shared Services.
CSO	Clinical Services Operations
COO	Chief Operating Officer
ADF	Assistant Director Facilities
CTU	Community Vaccination Centres
ICT	Information and Communication Technology
NRW	Natural Resources Wales
A&E	Accident and Emergency
HTM	Health Technical Memorandum

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide the Quality and Safety Committee (Q&SC) with an update on quality and safety within Facilities.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 <u>Key IMTP Service Review Project Work in Progress and in Support of ILGs</u>

The Facilities CSO Hub is continuing to progress plans in accordance with the IMTP Service Review Project Work and to support the Facilities CSO Hub and Integrated Locality Groups.

2.2 <u>Covid 19</u>

The past 18 months has seen some of the most unprecedented challenges faced by the Facilities team. The teams have responded with outstanding dedication and resourcefulness across all of its services and in support of the ILGs, the field hospitals and continue to support the Community Vaccination Centre's (CVCs). We are now actively engaged in supporting the resetting of services and winter pressures.

2.3 <u>Housekeeping and Cleanliness</u>

The Health Board is currently achieving the required standard for a clean environment in accordance with the National Standards for Cleaning in NHS Wales.

Following a recent HIW inspection of ECC at PCH, concerns about the standard of cleanliness and the high patient activity at this environment that impact on the Nursing and Facilities team ability to maintain cleanliness standards at this area were raised. MC ILG have put in place an action plan to address the concerns.

NWSSP and PHW have set up a task and finish group to review the Covid National Cleanliness Standard Addendum that was issued in October 2020. The objective is to amend the addendum to more reflect the wider winter pressures concerning respiratory infections and not just the risks from Covid-19.

NWSSP held the first meeting on the 13th October 2021 and is being taken forward at weekly meetings over the next few weeks. An updated addendum will then be published. Facilities are engaged in this work along with IP&C teams.

With regard to the All Wales review of the previously published and reported NHS England Cleanliness Standard we are still waiting to find out when the All Wales review will commence. NWSSP advise that due to few resources available to do this work it is now unlikely to be reviewed until 2023.

2.4 Catering – Food Safety EHO

The Health Board is currently achieving full compliance with catering environmental health and food safety standard at all of its catering service units with 13 x very good (5) and 1 x Good (4) ratings.

The NHS Wales expected target rating is Good (4) rating. Facilities has set itself an expected target rating of Very Good (5). Therefore following corrective action the site with Good (4) rating has been submitted to the relevant local authority Environmental Health Officer (EHO) for regrading.

The patient and customer satisfaction survey was reset and relaunched in September 2021. Any adverse feedback or suggestions is reviewed by the relevant service and action taken.

2.5 Waste Management

The health board is currently achieving its waste management and key compliance targets across all waste streams.

2.6 Clinical Engineering

ISO 9001:2015 re-certification is currently postponed due to workload and immediate commitments to ILG activity and challenging service demands with limited resource to be able to spend time on this task.

Clinical Engineering are currently in the process of a review of the management of patient beds, A&E trolleys, mattresses, bed maintenance, decontamination and associated equipment. This work involves a study of the options to remodel the way beds are delivered for the new organisation. The aim being to provide a future service which is cost effective, provides quality of service along with effective service delivery to our patients.

Working with finance and ILG leads, all associated services and equipment budget cost centres across all ILGs that provide for bed services are being identified to support this work.

The work is progressing well and there has been very positive feedback and support for the project and its objectives from ILG and other stakeholders.

2.7 Quality and Standards KPIs Assurance

Quality KPIs - (Facilities Hub and Facilities Services ILGs)				
	Quarter 3 20/21	**Quarter 4 20/21**	**Quarter 1 21/22**	**Quarter 2 21/22**
Patient catering satisfaction (90%)	83%	Limited response feedback	97%	89%
Restaurant satisfaction (85%)	Limited response feedback	Limited response feedback	80%	78%
Barista satisfaction (85%)	Limited response feedback - No responses	Limited response feedback	Limited response feedback	83%
Cleanliness satisfaction (85%)	100% Limited response feedback	100% Limited response feedback	98%	93%
EHO (14 CTM catering units x5 = 70 Points) - (5) per unit is the maximum grade	68	68	68	69
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%

2.8 Facilities Policies and Procedures

The table below provides a summary of the Policy and Procedure Tracker.

Policy and Procedures Tracker		Approved & Issued	Reviewed and Waiting Final Approval	Expired - Being Reviewed	New - in draft stage
Policy	10	3	3	4	0
Procedure/Guidelines/Protocols	32	2	1	19	10

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Clinical Engineering

- Patient Safety Notice (PSN 059) – **Eliminating the risk of inadvertent connection to medical air via a flow meter.** Details and progress with this notice is reported to Committee in the Patient Safety Quality Dashboard.

- Patient Safety Field Notice (PSFN) - **Philips Bi-Level PAP, CPAP, and Mechanical Ventilator Devices**

Philips Respironics UK has issued a PSFN in June 2021. This notice advises that under certain conditions the foam part of the device can be damaged. This notice has been issued globally, so it is not specific to the UK.

For most patients the risk of **not** using these devices is far greater than the risk from the issue that Philips has reported. The MHRA has advised that **patients should continue to use these devices.**

The response to the notice has been escalated to Head of Patient Safety, Medical Director and the Director of Clinical Operations.

We are now waiting for replacement CPAP devices from Philips and change of software to enable the swap out of these devices.

Following 18 months of supporting the pandemic and providing reactive responses there is a Clinical Engineering planned preventive maintenance backlog. The roll out of new equipment for commissioning and decommissioning existing equipment has added to the pressures on the department. Additional resource or overtime to be able to clear the backlog will be required.

- Medical Device Training

Medical Device training compliance continues to be low across the health board. The current overall Health Board compliance for medical device training is 24.39%.

The ability to provide training and improve compliance continues to be challenging due to the following factors:

- o Covid pandemic activity and demand over the last 18 months.
- o 2021-2022 patient service resetting operational pressures.
- o Nurse recruitment – overseas nurse project training needs.
- o Medical device team under resourced following Bridgend boundary change
- o Poor attendance from clinical staff to planned training course sessions.
- o Challenges in finding suitable training venues due to lack of training space at acute hospital sites which have been remodelled to support the pandemic.

- o Increased number of new devices in the system provided by WG end of year funding in FY 20-21.
- o Large number of new and replacement medical devices roll out.

Detailed information is available and has been provided to the Director of Clinical Operations and the ILG Directors to encourage staff to be released to attend the training sessions.

There is also now an urgent requirement to recruit a Band 6 Medical Device trainer to support the team. An investment bid for the post was included within the Facilities IMTP 2019-2020 and 2020-21 post Bridgend boundary change transition.

3.2 Facilities Risk Register

The Facilities Risk Register was last reviewed in October 2021. The current number of high and moderate risks for Facilities are provided below.

Number of Risks per Risk Category	July – September 2021 (Q2)
High Risks	5
Moderate Risks	144

4 IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Safe Care
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.

Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5   RECOMMENDATION

5.1   Members are asked to **NOTE** the update outlined in this report and **DISCUSS** the risks detailed in the report.