



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf  
University Health Board

# **Facilities Directorate**

**Three year Integrated plan**

**2016/17 to 2018/19**

2<sup>nd</sup> Cut Submission

11<sup>th</sup> March 2016

## Contents

1.	<b>Executive Summary</b> 1.1 Our Vision 1.2 Directorate Priorities 2016-17	<b>3</b> 4 5
2.	<b>Strategic Context</b> 2.1 National Strategic Context 2.2 Local Strategic Context 2.3 Legislative Requirements	<b>9</b> 9 11 12
3.	<b>Progress in delivering our plan</b> 3.1 Previous Planning Cycles 3.2 Key Achievements	<b>16</b> 16 17
4.	<b>Directorate Profile</b> 4.1 Overview 4.2 Performance Profile	<b>23</b> 23 26
5.	<b>Quality Assurance and Improvement</b> 5.1 IQT 5.2 Facilities ICare 5.3 Commitment to Patient Experience 5.4 Innovation within Facilities	<b>38</b> 38 39 42 42
6.	<b>Finance Plan</b> 6.1 Directorate Cost Pressures 6.2 Capital investment 6.3 Key Service Change 6.4 procurement section 6.5 Directorate Savings Plans	<b>46</b> 46 47 47 49 50
7.	<b>Workforce Plan</b> 7.1 Facilities workforce summary 7.2 Scheme impact on Workforce 7.3 HCSW Framework	<b>51</b> 51 54 57
8.	<b>Delivery and Governance</b> 8.1 Planning Approach 8.2 Planning Assumptions 8.3 Engagement and Plan Development 8.4 Prudent Healthcare	<b>58</b> 58 59 60 61
9.	<b>Conclusion</b>	<b>63</b>
	<b>Supplementary Annexes</b> Annex A – Financial & Workforce Templates	

## **1. Executive Summary**

The Welsh Government NHS Planning Framework 2014-2017 required each Health Board to submit a Board approved 3 Year Integrated Medium Term Plan (IMTP). This is the third planning cycle following the Welsh Government's medium term planning approach and this plan iteration provides a refreshed local IMTP for the Facilities directorate. In line with the overarching Health Board integrated plan direction, the Facilities IMTP will take a bottom up planning approach which builds upon the information, intelligence and priorities within the directorate encapsulated within the previous planning cycles and taking account of future service development across the organisation. In addition, the Facilities IMTP will conform to the Health Boards' overarching objective which states "If it isn't in the plan, it isn't planned to be done", it is therefore vital that the Facilities IMTP captures all priorities, service pressures and risks within the directorate plan.

This refreshed plan is an opportunity to reflect on the achievements to date as well as providing the focus for Facilities for the next planning period. The past 12 months have set a very real challenge in terms of delivering a financial savings target of 21% of our total budget over a three year period as well as maintaining the quality of service delivery. In order to aid continued operational success, the Facilities directorate is moving away from a period of transactional change into a more innovative period of transformational change which requires careful; balancing of strategic development and operational delivery. The redesign of key services is at the centre of this planning period and the directorate acknowledge not only the importance of the leadership skills of its management teams but also the support of our workforce and stakeholders in making our strategic plans become an operational reality.

To date the directorate has made significant inroads into embedding quality assurance and improvement activity into the everyday way we conduct our business and this planning cycle will see the team continue to build on this strong foundation. Our focus will be on developing a collaborative approach across the Facilities team where not only delivering quality services but also finding new ways of doing things; improving quality and embedding the principles of prudent health care are everybody's responsibility.

The Facilities integrated plan attempts to strike a balance between:

- Implementing schemes to reduce the cost base of the directorate and achieve the financial savings targets as set by the Health Board and
- Maintaining the quality of service delivery recognising the high level of patient contact within the Facilities teams and the subsequent impact on the overall patient experience.

This being the case, the finance and workforce plans contained within the Facilities IMTP are of paramount importance to underpin activity and assist the directorate to achieve its overall goals.

The delivery framework for the IMPT has been considered and incorporates the golden thread principles as outlined within the Health Board overarching plan. To develop our planning process and strengthen our stakeholder involvement the directorate has forged collaborative working practices with our Business partners and implemented a monthly meeting to ensure all aspects of the golden thread are incorporated into the planning and delivery of our work. These connections will continue in 2016-17 and the joint approach will continue to be an integral part of our focus and critical to the way we do business.

In essence our approach is to create and develop a culture within the directorate that values its workforce and recognises the significant contribution they have to the patient experience of receiving care in Cwm Taf. Through Facilities ICare, compassionate care within the directorate will be encouraged and supported so our team can continue to support our clinical colleagues and work collaboratively with other directorates.

This will be underpinned by the transformational redesign of services so that they are responsive, fit for purpose and sustainable into the future. In this way the principles of prudent healthcare will be part of our everyday approach to delivering and developing services which has patient/service user needs at the very centre of everything we do.

## **1.1 Our Vision**

The University Health Board has five strategic objectives, and the vision and priorities contained within the Facilities IMTP are aligned to these.

- To improve quality, safety and patient experience
- To protect and improve population health
- To ensure that the services provided are accessible and sustainable into the future
- To provide strong governance and assurance
- To ensure good value based care and treatment for our patients in line with the resources made available to the Health Board.

The vision for Facilities during the next planning cycle is to:

***Maximise patient care outcomes through the provision of exceptional integrated support services which enhance the patient experience and demonstrate value for money***

This being the case, the Facilities IMTP for 2016-17 will focus on transforming the current delivery models of its services ensuring that the service redesign process focuses on the following elements:

- Recognising that Facilities Services are not just a support services separate to the delivery of patient care, but are in fact integral to the quality of the patient care environment and experience
- Including service user requirements in the redesign process to ensure Facilities Services are integrated into care models now and are sustainable into the future
- Every opportunity is taken to maximise the 'value adding' potential of the Facilities teams embedding prudent health care principles.

## 1.2 Directorate Priorities 2016-17

The table below highlights the top priorities contained within the Facilities IMTP. The allocation of the Facilities team resources will support delivery of these priority areas, and agreement has already been obtained from the Facilities Business Partners where they are key enablers that adequate support will be made available to deliver these Priorities.

Priority	Key actions	Key Outcomes
Housekeeping Redesign	<ul style="list-style-type: none"> <li>▪ Develop redesigned service model in conjunction with service users</li> <li>▪ Implement revised service model through an OCP process lead by our workforce business partner</li> </ul>	<ul style="list-style-type: none"> <li>▪ Redesigned housekeeping service implemented</li> <li>▪ Staff issues resolved in conjunction with workforce business partner</li> <li>▪ Savings delivered as anticipated</li> <li>▪ Cwm Taf house keeping costs more closely aligned to All Wales average costs for comparable service models</li> </ul>
Porter Services Redesign	<ul style="list-style-type: none"> <li>▪ Implement all four phases of porter security scheme</li> <li>▪ Develop minimum manning levels based on work trends recorded on Ausped</li> <li>▪ Introduce 1 porter/1 nurse patient escort at RGH</li> <li>▪ Implement the dedicated transfer service for paediatrics and maternity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fully integrated in-house porter and security services provided</li> <li>▪ Savings delivered as anticipated</li> <li>▪ Training and development opportunities offered to existing staff</li> </ul>

Facilities Services Consultant Review	<ul style="list-style-type: none"> <li>▪ Develop specification for the consultants review of Facilities</li> <li>▪ Appoint consultants to report back before 31<sup>st</sup> March 2016</li> <li>▪ Gain Facilities staff, staff side and board approval for suggested redesign work</li> <li>▪ Develop and implement plans for potential savings as highlighted in consultants report.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report provided to Facilities team by 31<sup>st</sup> March 2016 so the team can fully consider recommendations</li> <li>▪ Any savings potential to be identified and saving plans updated</li> <li>▪ Exec approval and staff side support for any new redesign projects</li> </ul>
Commercial opportunities	<ul style="list-style-type: none"> <li>▪ Redevelopment of the RGH atrium based on the business case</li> <li>▪ Delivery of income targets outlined in the BJC for the RGH Bar Barista relocated outlet</li> <li>▪ Work with RVS to redevelop PCH main entrance commercial offering to maximise income for the Health Board</li> <li>▪ Operate Bar Barista 'plus' model in YCR and strive to meet income targets.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Redevelopment of RGH atrium into a welcoming vibrant space for hospital staff and users</li> <li>▪ Improved income generation opportunities for RGH Bar Barista due to improved location</li> <li>▪ Income generation to be generated as anticipated</li> <li>▪ Improved partnership working with RVS to increase income opportunities for the Health Board</li> </ul>
Bed asset management	<ul style="list-style-type: none"> <li>▪ Continued roll out of phase 2 of the Bed management programme to evaluate community "in house" services</li> <li>▪ Development of a 5 year rolling stock replacement programme</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bed asset management programme implemented</li> <li>▪ Stock replacement requirements identified and replacement programme actively managed</li> </ul>

It is recognised by the team that there will be a number of challenges and risks to the full implementation of the top priorities. These are identified in the table below.

Priority	Challenges and Risk	Mitigating actions
Housekeeping Redesign	<ul style="list-style-type: none"> <li>▪ Objections from staff and staff side representatives</li> <li>▪ OCP process being difficult and introducing delays in implementing new service model</li> <li>▪ Changes to current service requirements from service users</li> </ul>	<ul style="list-style-type: none"> <li>▪ Full engagement with staff and staff side representatives</li> <li>▪ Workforce support obtained</li> <li>▪ Service user workshops held to identify need and requirements to be incorporated into plan development</li> </ul>
Porter Services Redesign	<ul style="list-style-type: none"> <li>▪ Objection from staff regarding the new service models</li> <li>▪ Insufficient nursing establishment to introduce 1 porter/1 nurse scheme impacting on financial delivery of scheme</li> <li>▪ Contractual issues removing the current external security contract including TUPE</li> <li>▪ Capital not being available to procure the ambulance transport required for the dedicated transfer service for paediatrics and maternity</li> </ul>	<ul style="list-style-type: none"> <li>▪ External recruitment exercise completed</li> <li>▪ Engagement with nursing colleagues</li> <li>▪ Legal advice obtained for contractual issues</li> <li>▪ SON completed for capital.</li> </ul>
Facilities Services Consultant Review	<ul style="list-style-type: none"> <li>▪ The procurement exercise and engagement of consultants not being completed in time for a report to be provided by end of march 2016</li> <li>▪ Change management programme requiring significant Facilities and Workforce business partner resources</li> <li>▪ Significant development work required by the Facilities team prior to implementing any recommendations impacting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue with the redesign initiatives identified by Facilities Team</li> <li>▪ Facilities senior managers to engage with consultants to support review and maximise likelihood of additional opportunities being identified</li> </ul>

	<p>on our ability to deliver financial savings in 2016-17</p> <ul style="list-style-type: none"> <li>▪ No sign up from Exec Board</li> <li>▪ Staff side representatives not supporting project</li> <li>▪ Impact on work completed to date on both the Housekeeping and porter services redesign schemes</li> </ul>	
Commercial opportunities	<ul style="list-style-type: none"> <li>▪ Additional income not being generated as forecast impacting on the financial delivery of the Facilities Saving plan</li> <li>▪ Partnership working with RVS not progressing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coffee shop manager to be appointed to actively manage all outlets and maximise income opportunities</li> </ul>
Bed asset management	<ul style="list-style-type: none"> <li>▪ Aging and limited stock</li> <li>▪ Expenditure for Rentals for unavailable stock</li> <li>▪ Expenditure on Ad hoc rental of bed systems affects saving targets/projections.</li> <li>▪ Poor invoicing structure creates paper trail issues and impacts on workload of staff.</li> <li>▪ Support from Nursing staff to attend training and therefore allocate the right asset at the right time</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bed management review group established</li> <li>▪ Collaborative approach with clinical engineering, procurement, finance and nursing teams</li> </ul>



## **2. Strategic Context**

In determining the planning approach for the Facilities IMTP, key strategic drivers have been considered in terms of the National strategic context set by Welsh Government Policy as well as the local strategic context within the Health Board and Legislative Requirements specific to individual Facilities Services.

In addition to this, the planning objectives and priorities contained within the Facilities IMTP have been aligned to the Health Board strategic framework as described within the overarching, Health Board IMTP.

### **2.1 National strategic context**

#### NHS Wales Health and Care Standards

The NHS Wales Health & Care Standards were published in April 2015, replacing the former 26 standards for Health Services in Wales outlined in 'Doing Well Doing Better' and the 12 Fundamentals of Care Standards. The new NHS Wales Health & Care Standards are aligned under 7 quality themes within a framework of governance, leadership and accountability. Person centred care is at the heart of the 7 themes, ensuring that the patient is at the core of everything we do. This is of particular relevance within Facilities as we move into the transformational stage of our planning cycles, as services are being redesigned to deliver increased responsiveness to service user requirements, and to include significant levels of "value adding" activity.

#### Well-Being of Future Generations (Wales) Act 2015

The Well-Being of Future Generations (Wales) Act 2015 places a statutory responsibility on Public Service Boards and certain public bodies, including the NHS, Local Authorities and other partners to plan services jointly. Working towards the well-being goals set out in the Act will help improve the health of the population we serve and the delivery of prudent public services.

The Facilities directorate is committed to supporting the Health Board to meet its obligations in relation to the Well-Being of Future Generations (Wales) Act 2015, and as such the aims and objectives of the well-being goals have been evaluated for their applicability to the top priorities within Facilities. In particular the following well-being goals have been considered in the development of the Facilities IMTP:

- A Healthier Wales  
For example, through the quality and nutritional value of our catering services
- A More Equal Wales  
For example, through the diversity of our workforce

- A more prosperous Wales  
For example through the employment opportunities we provide to nearly 900 people

The Directorate will also be proactive in working in accordance with the Sustainable Development principle required under the Act. This means demonstrating how we adopt 5 key ways of working in our strategic thinking and operational delivery i.e.

<b>Long term</b>	The importance of balancing short-term needs with the need to safeguard the ability to also meet long term needs.
<b>Prevention</b>	How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
<b>Integration</b>	Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
<b>Collaboration</b>	Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.
<b>Involvement</b>	The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

#### Social Services and Wellbeing (Wales) Act 2014

This Act comes into force from April 2016 and is a new legal framework which brings together and modernises social services law. However there are also a range of duties placed on the UHB . Although many of these specific requirements do not directly impact on Facilities, it is important that we take account of its principles, as outlined below, and take account of these in our business whenever appropriate.

- The Act supports people who have care and support needs to achieve **well-being**
- **People** are at the heart of the new system by giving them an equal say in the support they receive
- **Partnership** and co-operation drives service delivery
- Services will promote the **prevention** of escalating need and the right help is available at the right time

In particular, we have considered the implications of the new Act in relation to Safeguarding whereby if there is cause to suspect an adult or child is at risk, this must be reported to the Local Authority.

## Safeguarding

The purpose of the Safeguarding policy is to ensure that all staff employed by the Health Board understand their professional responsibilities to safeguard our patients and promote their welfare. The Facilities teams have a significant contribution in supporting the Health Board to provide a safe care environment for all of its patients including any vulnerable individuals. This being the case, Facilities has prioritised increasing the awareness and knowledge of the Facilities Teams of the safeguarding agenda, specifically related to the individual roles and responsibilities of:

- Discussing any concerns about the welfare of a patient with the Facilities supervisor, manager or ward nursing teams
- Escalating the response of these initial discussions if it is deemed unsatisfactory or the concern for the welfare of the patient remains.

To support the Facilities team in fulfilling their obligations the team will ensure that the mandatory core skills framework which includes training modules on safeguarding both children and adults is provided to all staff. In addition, the safe recruitment processes are employed within the directorate to ensure all new starters have satisfactory references and where the responsibilities of the role require appropriate DBS checks are completed.

All staff are currently being informed that from the 6<sup>th</sup> April 2016 the reporting of any concern becomes a statutory duty, thus reinforcing the importance of everybody's individual responsibility in relation to safeguarding our patients

## **2.2 Local Strategic Context**

In terms of the Local Strategic Context, Facilities is keen to work with the clinical directorates to identify any interdependencies and implement any changes to service. In this collaborative approach it is anticipated that Facilities will support clinical directorates deliver the outcomes of their population needs assessments, shape service delivery under the South Wales Programme and delivery any cross cutting themes. This is considered in detail in Section 8: Delivery and Governance.

More specifically, a number of Health Board initiatives, policies and procedures have been considered. Whilst Facilities is committed to supporting the Health Board to achieve its vision and strategic goals, the following policy documents are discussed below due to the significant overlap with the work of the Facilities teams and the therefore considerable support the directorate can provide in meeting the health Board objectives.

- Volunteer Strategy
- Sensory Loss Standards

## Volunteer strategy

The first volunteer strategy for Cwm Taf UHB was developed in July 2015, and provides the vision for the current volunteering schemes to be strengthened and new innovative schemes to be developed. The long term vision for Cwm Taf UHB is

*“To have a fully integrated team of recognised volunteers within CTUHB, drawn from our wider diverse community, who can contribute to the services we provide to our patients and who feel valued and recognised members of our community through our commitments to their Citizenship”.*

*“To ensure that all volunteering services within complements the work of paid staff, and provides a safe high quality contribution bringing added value to the experience of patients and families and to the lives of volunteers”.*

To deliver the volunteer strategy a full time volunteer co-ordinator has been recruited and the first priority is develop ward volunteers to support patient activity. The Facilities team will seek to develop ideas where volunteers could be utilised to enhance patient experience within the facilities services that could be supported by the volunteer network.

## Sensory Standards

The All-Wales Standards for accessible communication and information for people with sensory loss is used by the Health Board as the guidance for ensuring the communication needs of all of its patients are met. There is a legal duty under the Equality Act 2010 to ensure reasonable adjustments are made to deliver equality of access to healthcare services for disabled people. This duty is anticipatory and requires public bodies to be proactive in making adjustments to ensure all access and communication needs are met. As the Facilities team manage the Health Board switchboard and general office function, providing services in a way which is accessible to all is of paramount importance and work continues to ensure equality of access such as the use of induction loops. The directorate also ensure all frequently used information such as the patient menu are available in accessible formats for people with sensory loss.

### **2.3 Legislative requirements**

The delivery of Facilities services are governed by a significant number of legislative requirements which shape the current service delivery models and service standards. The key legislation for each service is captured in the table Overleaf:

Service Area	Key Legislation	Impact on service
Catering and Nutrition	<ul style="list-style-type: none"> <li>Food Safety Act 1990 Regulations EC 178 (2002)</li> <li>Food Hygiene (Wales) Regulations (2006)</li> <li>Food Premises (Registration) Regulations (1991)</li> <li>Food labelling Regulations (1996)</li> <li>Department of Health Cook Freeze Guidelines</li> <li>Approval of Food Business Establishments Regulations EC 853 (2004)</li> <li>Health and Care Standards for Wales (2.5) - Nutrition and hydration</li> </ul>	<ul style="list-style-type: none"> <li>Environmental Health enforcement notice can lead to closure of premises and catering operation.</li> <li>Serious loss of confidence and reputation with patients, public and staff locally and nationally.</li> <li>Liable to prosecution, fines and worst case scenario individual or corporate manslaughter charge.</li> </ul>
Housekeeping	<ul style="list-style-type: none"> <li>National Standards for Cleanliness NHS Wales updated October 2009</li> <li>Health and Safety at Work etc Act (1974)</li> <li>The Control of Substances Hazardous to Health (COSHH) Regulations (2004)</li> <li>Healthcare Associated Infections - A Community Strategy for Wales 2007.</li> <li>Clean hands Save Lives, Patient Safety Alert, National Patient Safety Agency, 2008</li> <li>Free to Lead, Free to Care - empowering Ward Sisters WAG 2009</li> <li>Health and Care Standards for Wales (2.4) - Infection Prevention and Control (IPC) and Decontamination</li> <li>'Management of infection Guidance for Primary Care', Health Protection Agency, 2009 Ministerial letter: Implementation of the Recommendations in "Minimising Healthcare Associated Infections in NHS Trusts in Wales" National Standards for Cleaning in NHS Wales – revised October 2009 by Welsh Assembly Government</li> </ul>	<ul style="list-style-type: none"> <li>HSE enforcement notice can lead to prosecution.</li> <li>Serious loss of confidence and reputation with patients, public and staff locally and nationally.</li> <li>Liable to prosecution, fines and worst case scenario individual or corporate manslaughter charge.</li> </ul>

	<ul style="list-style-type: none"> <li>Free to Lead Free to Care final report 2008 by Welsh Assembly Government</li> </ul>	
Security	<ul style="list-style-type: none"> <li>Crime &amp; Disorder Act 1998/2003;</li> <li>Public Order Offences Act 1986/2008;</li> <li>Protection from Harassment Act 1997;</li> <li>Theft Act 1968/ (Amendment) Act 1996;</li> <li>Criminal Damage Act 1971;</li> <li>Fraud Act 2006;</li> <li>Data Protection Act</li> <li>All Wales Security Management Framework (2005);</li> <li>Ministerial Taskforce on Violence and Aggression in NHS (Wales) Interim Report and recommendations (March 2008);</li> <li>Security Industry Authority (SIA);</li> <li>The Counter-Terrorism Act.</li> <li>Health and Care Standards for Wales (2.1).</li> </ul>	<ul style="list-style-type: none"> <li>HSE or ICO enforcement notice can lead to prosecution.</li> <li>Serious loss of confidence and reputation with patients, public and staff locally and nationally</li> <li>Liable to prosecution, fines and worst case scenario individual or corporate manslaughter charge.</li> </ul>
Environmental Management	<ul style="list-style-type: none"> <li>ISO 14001</li> <li>Health and Care Standards for Wales (2.1).</li> <li>Clean Air Act 1993</li> <li>Environmental Protection Act 1990</li> <li>Noise and Statutory Nuisances Act 1993</li> <li>Water Industry Act 1991</li> <li>Water Resources Act 1991</li> <li>Building Regulations 1991</li> <li>Landfill (England and Wales) (Amendment) Regulations 2005</li> <li>Contaminated Land (Wales) Regulations 2000</li> <li>Controlled Waste Regulations 2012</li> <li>EC Regulation on Ozone Depleting Substances 2037/2000</li> <li>Environmental Protection (Controls on Ozone Depleting Substances) Regulations 2002 (as amended )</li> <li>Environmental Protection (Polychlorinated Bi-Phenyls and</li> </ul>	<ul style="list-style-type: none"> <li>Environmental Agency or HSE enforcement notice can lead to prosecution.</li> <li>Serious loss of confidence and reputation with patients, public and staff locally and nationally</li> <li>Liable to prosecution fines and worst case scenario individual or corporate manslaughter charge.</li> <li>Loss of ISO 14001 certification - Welsh Government requirement.</li> </ul>

	<p>Other Dangerous Substances) Regulations 2000</p> <ul style="list-style-type: none"> <li>▪ The Carriage of Dangerous Goods</li> <li>▪ Use of Transportable Pressure Equipment Regulations 2009</li> <li>▪ Health and Safety at Work Act etc (1974)</li> <li>▪ WHTM 07-03: NHS Wales car parking management: environment and sustainability</li> <li>▪ Equality Act 2010</li> <li>▪ Transport Wales Act (2006)</li> <li>▪ Hazardous Waste Regulations 2005 (As amended)</li> </ul>	
Clinical Engineering	<ul style="list-style-type: none"> <li>▪ MHRA Managing Medical Devices 2015</li> <li>▪ PUWER 1998</li> <li>▪ Medical Device Regulations 2002 (SI2002/618)</li> <li>▪ Medical Device (amendment) Regulations 2012 (SI2012/1426)</li> <li>▪ Health and Care Standards April 2015</li> <li>▪ Electrical Equipment (Safety) Regulations 1994 [22]</li> <li>▪ Management of Health and Safety at Work Regulations 1999 [28].</li> <li>▪ Control of Substances Hazardous to Health Regulations 2002 (as amended)[25]</li> <li>▪ BS EN 60601-1:2006+A12:2014 - Medical electrical equipment. General requirements for basic safety and essential performance</li> <li>▪ BS EN 62353:2014 - Medical electrical equipment. Recurrent test and test after repair of medical electrical equipment</li> <li>▪ MHRA Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices – October 2015.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Liable to prosecution fines and worst case scenario individual or corporate manslaughter charge.</li> <li>▪ HSE enforcement notice can lead to prosecution</li> <li>▪ Serious loss of confidence and reputation with patients, public and staff locally and nationally</li> <li>▪ Loss of Certification – can impact on UHB welsh risk pool status.</li> </ul>

### **3 Progress in delivering our plan**

In refreshing the Facilities IMTP, it was important to reflect on the considerable achievements that have been made to date in delivering its three year plan.

This section will detail the progress made in the previous planning cycle and the move away from transactional efficiency savings to more innovative and radical transformational changes within the service delivery models.

The key achievements will also be detailed in terms of

- Financial progress
- All Wales benchmarking progress (finance and quality KPI's)
- Individual scheme delivery progress (highlighting quality improvements)

#### **3.1 Previous planning cycles**

The Facilities Directorate has a proven track record of delivering strategic plans and during the planning period 2011-2014 achieved some key successes, namely;

- A reduction of 69.91 WTE from 822.89 WTE in 2011-12 to 752.98 WTE in 2014-15.
- A slight reduction in budget from £26,104,344 in 2011-12 to £26,096,762 in 2014-15 which represents a real term reduction.
- An improvement in the quality of service delivery and staff management captured in service audits and the balance scorecard.

The success of the Facilities Plan during this planning cycle was attributable to the utilisation of the external benchmarking data available through the All-Wales Estates and Facilities Performance Management System (EFMPS) annual reports. The EFPMS return is mandatory in Wales and allows benchmarking with services which are delivered in accordance to the same National Standards and quality guidelines.

The EFPMS return is based on financial information submitted in accordance with predetermined data definitions for key performance indicators. Analysis of the data enabled comparisons to be made of the performance of individual services within Cwm Taf Facilities directorate and similar services in other Welsh Health Boards. These comparisons identified opportunities for transactional management changes and efficiency savings could be implemented for the cost of the individual services to be reduced and more closely aligned to the All-Wales average cost for service delivery. In addition to the All-Wales benchmarking opportunities, the directorate has also conducted comparative analysis between performance at Royal Glamorgan and Prince Charles to provide meaningful data to inform opportunities to reduce operational costs to benchmark.



## Transactional to Transformational

The budget split between pay and non pay is approximately 78% to 22% respectively and the prevalence of the pay costs within the directorate can be seen by the number of WTE employed currently 768 WTE which equates to a head count of approximately 900 staff. As can be seen from the summary financial information above, Facilities have been successful in reducing not only the overall cost of Facilities Services but also the WTE employed in delivering these services. This success has been achieved largely due to more effective operational management processes providing transactional efficiency savings opportunities. It is now considered, however, that these opportunities have been exhausted resulting in the need for further cost reductions to be generated through the transformational changes of the current models of service delivery.

### **3.2 Key Achievements**

During the planning period to date a number of key achievements have been made in delivering the Facilities Plan. These key achievements are detailed in the sections below:

#### Finance progress made to date

To date, the financial performance of the Facilities IMTP has been sound. The key achievements of delivery are summarised below and separated into reports for 2014-15 (actual performance) and 2015-16 (extrapolated FYE based on Month 10).

The financial challenge for the directorate has been considerable with a target delivery in 2014-15 of 6.6% of a budget of £27,449m and a total three year target of 21% of our budget or £5,400m in savings. Despite this significant challenge, the directorate have delivered £2,656m in financial years 2014-15 and 2015-16 combined. The tables below provide a breakdown of where the savings were achieved:

## 2014-15 Financial Performance Savings Achieved

2014-15 Financial Performance Savings Achieved	2014-15 In Year	Recurrent delivery
	£000's	£000's
<b>Directorate</b>	-	-
Clinical Engineering Consumables	24	22
Fuel Cards	17	24
Patient feeding	334	319
Reduction in postal Charges	0	0
Restaurant services B	55	37
Waste management	26	46
Workforce plan	347	486
Laundry	0	0
Puree Meals	0	0
Ready Meals	0	0
VER Oct 14	30	120
EBME Structure	10	40
<b>Cross Cutting</b>	-	
CPU call off orders - AW contract compliance - non pay cross cutting	46	50
AW fruit and vegetable contract	37	83
Gritting contract	6	12
Service redesign - Dewi Sant	162	541
Balance to FYE 13/14 Savings	12	12
Terms and conditions changes	7	16
<b>TOTAL</b>	<b>1,113</b>	<b>1,808</b>

## 2015-16 Financial Performance Savings Achieved

2014-15 Financial Performance Savings Achieved	2015-16 In Year	Recurrent delivery
	£000's	£000's
<b>Directorate</b>		
Restaurant services B	230	230
Waste management	19	19
CPU de-gear	50	230
Merge YCC Coffee Shop and restaurant	0	25
Patient feeding	25	25
Over time reduction	150	100
PCH Coffee Shop	(7)	18
Laundry - items per bed	80	60
<b>Cross Cutting</b>	<b>547</b>	<b>707</b>
Non Pay	141	141
<b>Total</b>	<b>688</b>	<b>848</b>

It can be seen from the tables above that £2,656m recurrent savings have been achieved by the Facilities directorate. This has been as a result of the hard work and focus of the team and represents 10% of the budget allocation for the start of the planning period in 2014-15.

## All –Wales Benchmark progress made to date

Since 2010 the Facilities team has made use of the Estates and Facilities Performance Management System (EFPMS) to compare the performance of the services provided by the team for Cwm Taf against similar services provided at other Welsh Health Boards. The analysis of the data available has enabled the team to question the cost of service delivery in line with similar services. Service managers have met with counterparts at Health Boards reporting lower cost services, to understand their service delivery models and cost reduction strategies to be adopted.

The Tables below provide a year on year comparison of performance against the All Wales benchmarking data provided through the EFPMS for each service where KPI's are available.

<b>Soft FM Services</b>	<b>2009/2010</b>	<b>2010/2011</b>	<b>2011/2012</b>	<b>2012/2013</b>	<b>2013/2014</b>	<b>2014/2015</b>
Total occupied beds (No.)	1,112	1,152	1,113	1,182	1,162	1,092
Total available beds (No.)	1,513	1,410	1,403	1,350	1,353	1,278
Occupied beds per available beds (%)	73.50	81.70	79.33	87.56	85.88	85.45
Total in-patient days (Bed Days)	405,880	420,480	406,245	431,430	424,130	398,580
Total soft FM (Hotel Services) costs (£)	20,892,806	21,591,807	23,532,161	22,935,169	22,311,020	21,946,996
Total number of staff employed (WTE)	7,312	7,313	6,928	6,978	7,004	6,934
Total number of staff employed in relation to the soft FM (hotel services) function (WTE)	853	1,065	743	722	697	658
Soft FM (hotel services) WTE staff per total WTE staff (%)	11.67	14.56	10.72	10.35	9.95	9.49

<b>Cleaning Services</b>	<b>2009/2010</b>	<b>2010/2011</b>	<b>2011/2012</b>	<b>2012/2013</b>	<b>2013/2014</b>	<b>2014/2015</b>
Cleaning service cost (£)	7,135,209	7,142,336	7,277,930	7,033,083	7,441,151	7,268,125
Cost of cleaning per occupied floor area (£/m <sup>2</sup> )	42.41	42.56	42.78	38.96	44.06	42.08
Audit score against National Specification of Cleanliness for the NHS (%)	94.58	92.14	85.86	92.10	91.06	91.56
Cleaning hours (Hrs)	608,855	576,799	534,965	535,652	518,336	506,197
Cleaning staff (WTE)	340.32	317.12	303.02	286.10	270.48	259.54
Cost of cleaning per WTE (£/WTE)	20,966.18	22,522.50	24,017.99	24,582.60	27,510.91	28,003.87

<b>Catering Services</b>	<b>2009/2010</b>	<b>2010/2011</b>	<b>2011/2012</b>	<b>2012/2013</b>	<b>2013/2014</b>	<b>2014/2015</b>
Cost per patient meal	2.31	3.75	3.43	3.86	3.17	3.74

<b>Laundry Services</b>	<b>2009/2010</b>	<b>2010/2011</b>	<b>2011/2012</b>	<b>2012/2013</b>	<b>2013/2014</b>	<b>2014/2015</b>
Laundry and linen service cost (£)	1,328,347	1,360,550	1,459,363	1,596,314	1,436,276	1,518,340
Pieces per annum (No.)	3,749,586	3,735,680	3,646,578	3,625,607	3,713,559	3,667,185
Laundry and linen services cost per item (£/item)	0.35	0.36	0.40	0.44	0.39	0.41
Laundry and linen services cost per Occupied Bed (£/Bed)	1,194.56	1,181.03	1,311.20	1,350.52	1,236.04	1,390.42
Laundry and linen services cost per In-patient Days (£)	3.27	3.24	3.59	3.70	3.39	3.81
Laundry Pieces per Occupied Beds	3,372	3,243	3,276	3,067	3,196	3,358
Laundry Pieces per In-patient days	9.2	8.9	9.0	8.4	8.8	9.2

<b>Porter Services</b>	<b>2009/2010</b>	<b>2010/2011</b>	<b>2011/2012</b>	<b>2012/2013</b>	<b>2013/2014</b>	<b>2014/2015</b>
Portering (internal patient transport) service cost (£)	3,466,548	3,683,255	3,405,361	3,136,928	2,995,606	3,128,066
Portering staff (WTE)	137.98	148.60	133.78	141.10	114.60	117.44
Occupied floor area per WTE (m²/WTE)	1,099.01	1,118.98	1,239.40	1,272.56	1,465.52	1,462.83
Cost of portering service per WTE (£/WTE)	25,123.55	24,786.37	25,454.93	22,231.95	26,139.67	26,635.44
Cost of portering service per In-patient days (£)	8.54	8.76	8.38	7.27	7.06	7.85
Cost of portering service per occupied bed (£/bed)	3,117.40	3,197.27	3,059.62	2,653.92	2,577.97	2,864.53
Portering staff per occupied bed	0.12	0.13	0.12	0.12	0.10	0.11

<b>Security Services</b>	<b>2009/2010</b>	<b>2010/2011</b>	<b>2011/2012</b>	<b>2012/2013</b>	<b>2013/2014</b>	<b>2014/2015</b>
Total Security incidents reported (No.)	1,135	826	987	145	154	134
Security services costs (£)	525,504	417,512	436,746	499,621	523,608	647,929
Security staff (WTE)	22.67	22.67	23.67	23.66	26.49	27.01
Security incidents requiring police attendance (No.)	103	241	35	20	1	10
Assaults on staff (No.)	330	177	742	249	340	238
Security services costs (£)	525,504	417,512	436,746	499,621	523,608	647,929
Cost of Security Services per Occupied Floor Area (£/m²)	3.12	2.49	2.57	2.77	3.10	3.75
Cost of Security Services per WTE (£/WTE)	23,180.59	18,416.94	18,451.46	20,465.64	19,766.25	23,988.49
Cost of Security Services per Incident (£/incident)	463.00	505.46	442.50	3,404.28	3,400.05	4,835.29
Security Incidents per 1,000m² of Occupied Floor Area (No./1,000m²)	6.75	4.92	5.80	0.80	0.91	0.78
Security Incidents Requiring Police Attendance per Total Security Incidents (%)	9.07	29.18	3.55	13.79	0.65	7.46
Assaults on staff per total Security Incidents (%)	29.07	21.43	75.18	171.72	220.78	176.87

### Individual scheme delivery progress

Not only has the team delivered £2,656m recurrent savings for the 2015-16 planning period, a number of achievements have been recorded across the directorate. The table below details the individual schemes included within the 2015-16 integrated plan and provides a narrative of the schemes key achievements.

IMTP Scheme	Key achievements
Restaurant services B	<ul style="list-style-type: none"><li>▪ Restaurant review group established to deliver scheme</li><li>▪ Financial performance improved at all sites</li><li>▪ RGH restaurant, PCH Restaurant and RGH coffee shop now profitable and supporting other outlets</li><li>▪ £43,823 Profit delivered as at month 10 (2015-16)</li><li>▪ Development of the first Bar Barista plus model at YCR which will be used as the community hospital model and rolled out across the Health Board. The outlet will open in its revised form on 28-03-2016</li><li>▪ Improved quality of service as enhanced choice is available to staff, patients and visitors.</li></ul>
Porter / Security	<ul style="list-style-type: none"><li>▪ Phase 1 porter/security approved for implementation</li><li>▪ 6 vacancies for porter/security advertised and appointments being finalised</li><li>▪ Paper to accelerate implementation of phase 2 -4 of scheme approved</li><li>▪ Improved quality for service users as there is now one contact for any porter or security queries.</li></ul>
PCH Coffee Shop	<ul style="list-style-type: none"><li>▪ PCH coffee shop opened in April 2015</li><li>▪ Income trends continue to grow</li><li>▪ Outlet now achieving breakeven/ small profit monthly (as at month 10, 2015-16) excluding start up costs</li><li>▪ Improved offering and choice for staff, patients and visitors improving overall quality of service.</li></ul>
CPU Bonus Scheme	<ul style="list-style-type: none"><li>▪ Staff informed of removal of bonus scheme</li><li>▪ Options for removal being discussed at Executive level</li></ul>
Ready Meals (or de-gear)	<ul style="list-style-type: none"><li>▪ Workforce at CPU reduced through voluntary career development opportunities for the required reduction of 7 staff.</li><li>▪ Investment in staff improving staff experience of working for Cwm Taf</li></ul>
CPU Energy efficiency savings	<ul style="list-style-type: none"><li>▪ Energy efficiency recommendations of Carbon Trust implemented at CPU</li></ul>

Commercial Outlet	<ul style="list-style-type: none"> <li>▪ Capital for scheme approved</li> <li>▪ Design work completed</li> <li>▪ Construction commenced – hand over scheduled for June 2016</li> </ul>
Waste Management	<ul style="list-style-type: none"> <li>▪ Recycling across the UHB has averaged 34%</li> <li>▪ Recycling rates for community hospitals and sites has averaged 42%</li> <li>▪ Offensive Hygiene Waste diversion from the infectious waste stream across all sites has averaged 40%</li> <li>▪ Offensive Hygiene Waste diversion from the infectious waste stream at community hospitals has averaged 58%</li> <li>▪ Diversion of waste from landfill to Refuse Derived Fuel and Energy From Waste has averaged 68%.</li> </ul>
Equality Impact Assessments	<ul style="list-style-type: none"> <li>▪ The team have completed equality impact assessments (EIA) for key redesign projects including housekeeping redesign and patient menu revisions. These EIA's have been signed off at an executive level.</li> </ul>

## 4. Directorate Profile

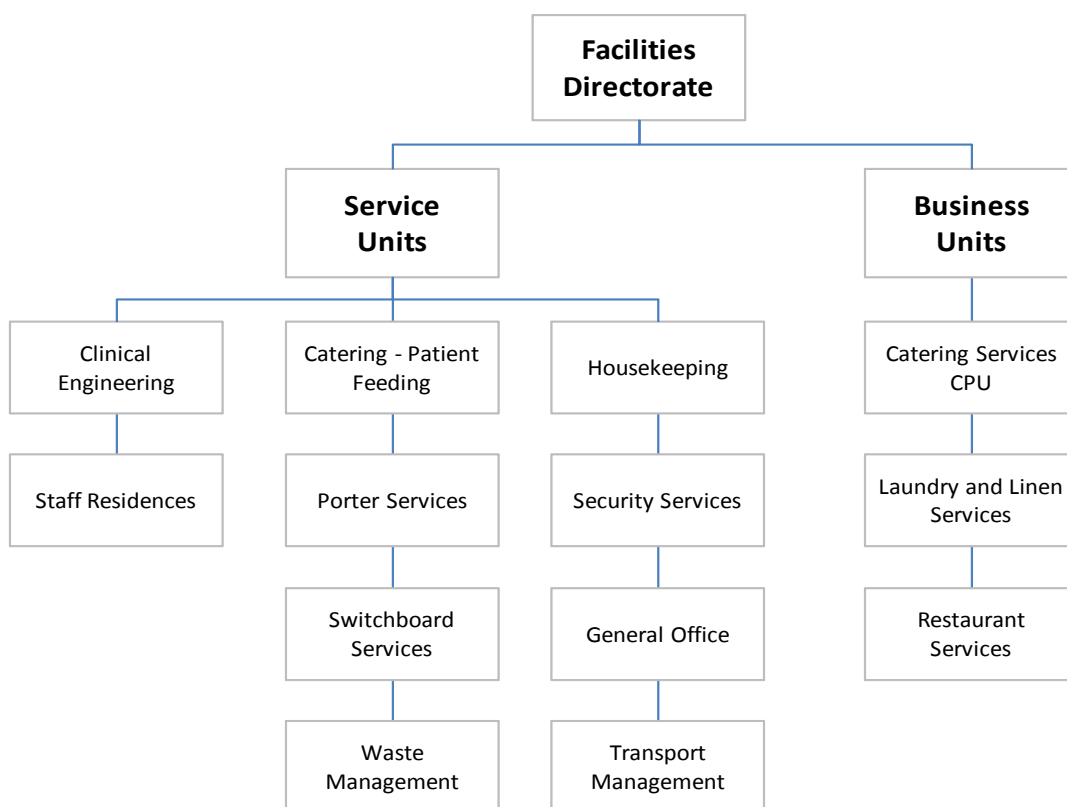
The Facilities Directorate provides a range of support services to the Health Board. This section will provide an

- overview of the directorate (services and structure)
- Performance Profile

### 4.1 Overview

Facilities has a budget of circa £25m to deliver a range of integral and integrated support services to the health board and currently employs 768WTE to deliver its functions. The Facilities directorate comprises of two distinct functions which are categorised as service units and business units. Figure 1 below details the service functions within Facilities and the sub unit in which they belong.

Figure 1: Facilities Directorate



The business unit consists of delivery units which generate income for the unit through the provision of services either within Cwm Taf or to external customers. The business unit includes:

- Business delivery units
  - Central Production Unit (CPU)
  - Laundry
  - Restaurants and coffee shops

The service unit is responsible for the operational delivery of Facilities services and can be further categorised into the following sub teams:

- Operational service delivery teams, providing:
  - Catering services
  - Housekeeping services
  - Portering services
  - Waste management services
  - Grounds and Gardens
  - Transport management including Fleet vehicle management and pool cars
  - Security services
  - General office and switchboard services
  - Staff residences
  - Clinical engineering services

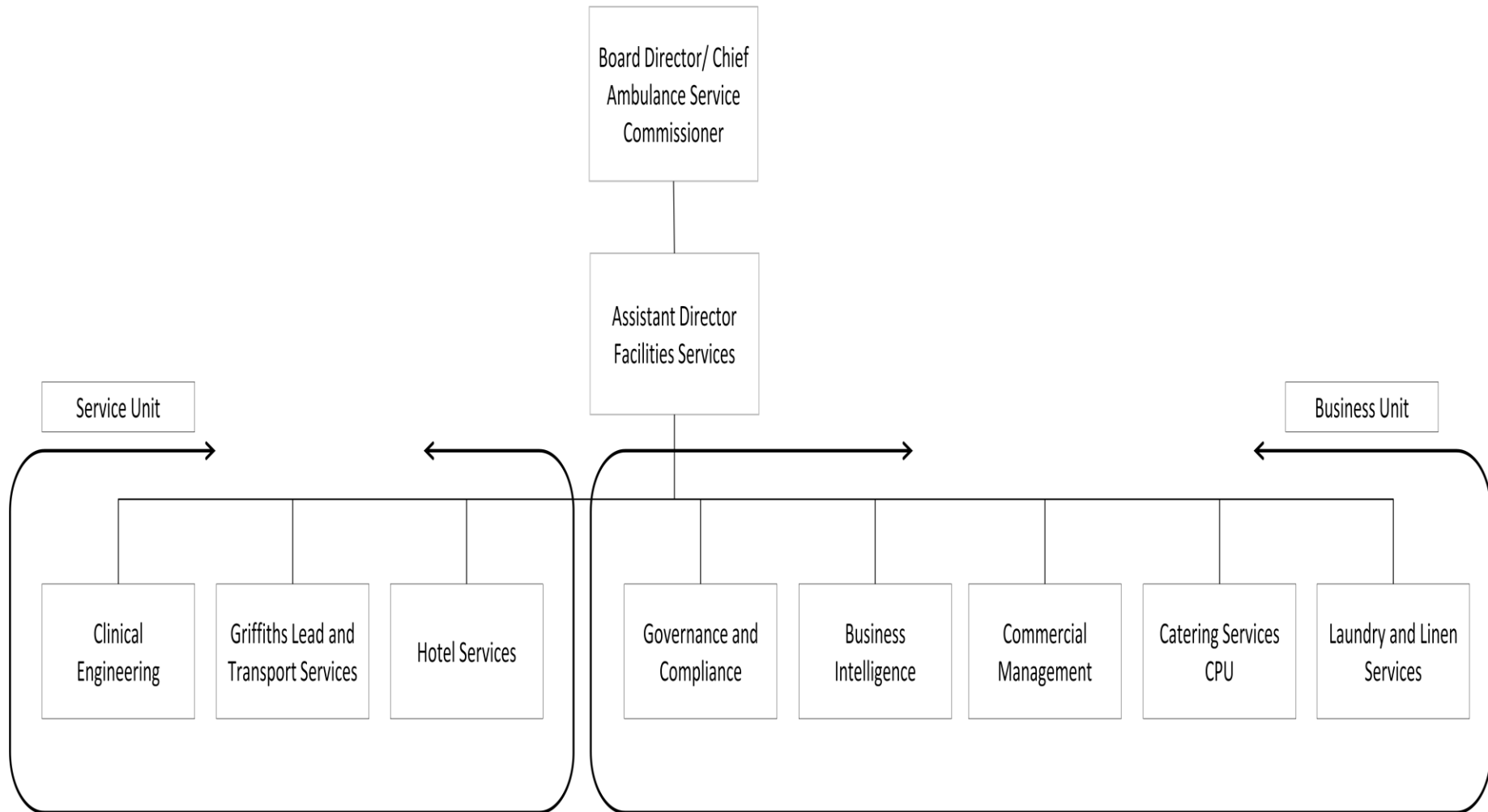
The operational service delivery unit teams are in essence patient facing roles. The contribution to the overall patient experience and the quality of the care environment for Cwm Taf patients is significant. To ensure this quality is maintained and governance and assurance systems are in place, the service unit has a responsibility for the provision of specialist and often technical advice both across Facilities and to other directorates within the Health Board Support teams. To fulfil this function, the directorate has established a support team which underpins the activity and planning of the operational service delivery unit.

- Operational service delivery, support teams:
  - Specialist advice and technical support
  - Governance and compliance information
  - Performance information

The Facilities directorate structure is detailed in Figure 2 overleaf



**Figure 2: Facilities directorate structure**



## 4.2 Performance Profile

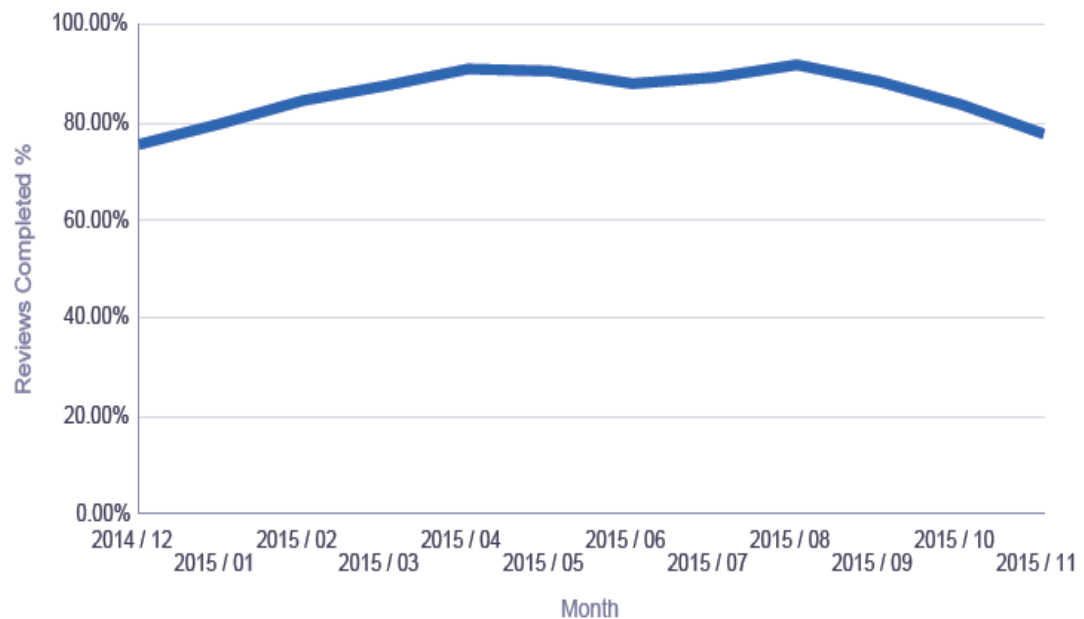
The Facilities performance profile is summarised below under the following headings:

- PDR compliance
- Balanced Scorecard
- Audit feedback
- Risk Register
- Compliance scorecards
- Policies reviewed
- Concerns, compliments and claims.

### PDR Compliance

Facilities recognise the human resource involved in delivering high quality services, and as such value the opportunity of employee engagement offered by the PDR process. Facilities have developed a rolling programme of PDR completion dates, to ensure all staff have regular contact with the management team to discuss current performance and future development opportunities. This is of particular importance as it enables feedback from front line staff regarding patient focused activity and improvements, such as the recent idea from a ward based catering assistant in PCH to produce a pictorial menu with an explanatory key to aid menu choice for patients that have oral communication difficulties.

The table below shows the PDR compliance rate within Facilities for a rolling twelve months as at 1<sup>st</sup> December 2015.



### Facilities Balanced Scorecard

Performance monitoring using a balanced scorecard approach was established within Facilities in 2010. This approach is now embedded, and robust performance monitoring data is routinely available to service managers which provide both monthly performance as well as performance tracked over a rolling 12 month period against key performance indicators and target performance levels.

A Red, Amber, Green (RAG) style report is produced monthly for managers which details performance against target for the key performance indicators applicable to the service. These individual service reports not only enable the respective manager to monitor service performance but also are compiled to provide an accurate picture of the overall performance against target within the Facilities directorate.

The following tables provide a summary of the high level balanced scorecards which detail the overall performance of the Facilities directorate for both 2014-15 (FYE) and 2015-16 (performance to date).

# Balanced scorecard2014-15

KeyPerformanceIndicator	Unit	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Total Budget (Spend)	£	2,299,271	2,291,914	2,180,038	2,125,560	2,108,165	2,157,254	2,129,705	2,148,629	2,224,211	2,569,744	2,185,035	2,103,049
Staff Costs	£	1,687,660	1,687,594	1,657,654	1,557,053	1,592,047	1,585,175	1,575,928	1,552,478	1,599,761	1,733,943	1,566,392	1,562,031
Number of Staff in Post	qty	987	983	965	966	941	936	930	929	928	915	916	911
Contracted FTE's	qty	737.1	737.1	715.2	717.7	696.1	692.4	687.0	686.7	688.6	679.9	681.9	678.7
Number of FTE's Worked	qty	806.0	812.0	791.6	771.9	796.3	780.0	782.2	765.0	748.9	772.1	758.7	753.0
Single Time Overtime %	%	6.0	6.0	5.4	6.0	7.6	6.4	7.1	5.9	5.8	5.1	5.9	5.8
Premium Overtime %	%	5.0	5.0	5.2	6.4	6.1	6.1	5.6	6.1	5.0	5.1	6.3	6.8
Sickness %	%	5.3	5.6	7.1	7.3	6.6	6.8	8.1	9.6	10.5	9.8	7.4	5.8
Completed Personal Development Reviews PDR's	%	83.9	84.0	86.5	78.7	60.0	55.8	63.4	64.9	64.6	71.0	81.9	83.6
Completed Statutory Training	%	35.7	31.6	31.6	42.9	42.9	42.9	42.9	100.0	37.5	37.5	37.5	36.4
Completed Mandatory Training	%	53.1	53.8	53.0	52.6	52.6	52.6	51.8	51.3	51.0	49.9	50.4	58.5
Completed Business Critical Training	%	56.0	56.2	55.8	59.2	50.9	50.9	52.0	51.6	52.1	52.0	52.1	66.3
Monthly Cleanliness Audit Scores	%	95.1	96.5	97.5	92.4	96.6	97.0	90.9	95.0	95.0	94.8	95.5	93.9
Monthly Cleanliness Audits Completed	qty	60	131	130	83	154	117	91	64	114	97	137	143
Laundry Items Dispatched	qty	439,651	434,277	433,587	462,090	407,656	439,252	469,588	408,932	475,956	429,878	397,982	439,231
Laundry Avg Cost per Item Dispatched	£	0.390	0.400	0.403	0.394	0.398	0.394	0.406	0.397	0.393	0.395	0.399	0.414
CPU Portions Dispatched	qty	196,943	201,200	187,625	193,158	150,659	161,877	204,547	168,669	250,460	149,053	173,616	174,508
CPU Avg Cost per Portion Dispatched	£	0.700	0.700	0.666	0.695	0.652	0.645	0.619	0.619	0.608	0.617	0.643	0.638
Occupied Bed Days	qty	32,613	33,715	32,665	33,585	32,706	32,655	33,636	32,365	33,438	33,512	29,409	32,370
Open Incidents Complaints Claims	qty	33	32	112	114	114	114	114	117	113	28	29	32
New Incidents Complaints Claims Logged	qty	3	2	10	10	12	13	6	25	8	7	17	8

# Balanced scorecard 2015-16

KeyPerformanceIndicator	Unit	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Total Budget (Spend)	£	2,138,653	2,200,093	2,064,785	2,153,361	2,075,008	2,078,118	2,092,154	2,056,527	2,127,708	2,141,201
Staff Costs	£	1,564,283	1,579,326	1,555,004	1,584,666	1,574,494	1,578,725	1,572,340	1,517,221	1,512,833	1,546,899
Number of Staff in Post	qty	913	919	919	919	916	906	903	900	897	897
Contracted FTE's	qty	678.9	683.4	683.1	683.1	682.1	676.1	676.1	676.1	676.1	676.1
Number of FTE's Worked	qty	743.4	754.4	744.4	762.8	759.8	756.0	758.5	732.7	726.3	780.2
Single Time Overtime %	%	5.4	6.1	5.5	6.4	6.4	5.9	6.9	5.7	5.2	5.9
Premium Overtime %	%	5.9	5.6	5.1	6.5	6.9	7.0	6.9	6.4	5.5	6.0
Sickness %	%	5.5	5.9	5.7	6.9	6.4	6.1	5.8	6.3	8.0	7.1
Completed Personal Development Reviews PDR's	%	87.0	86.1	87.1	88.3	90.1	86.7	79.8	73.6	70.4	84.2
Completed Statutory Training	%	23.8	16.7	21.4	21.4	21.4	57.1	75.8	78.1	71.9	80.0
Completed Mandatory Training	%	58.7	59.2	60.9	58.3	58.3	58.5	58.9	58.8	58.9	58.8
Completed Business Critical Training	%	64.9	64.9	64.8	42.6	41.7	43.0	42.6	42.9	43.4	42.2
Monthly Cleanliness Audit Scores	%	92.2	93.0	95.2	96.8	98.0	95.4	95.6	93.5	96.7	95.2
Monthly Cleanliness Audits Completed	qty	94	107	188	83	39	147	174	124	98	183
Laundry Items Dispatched	qty	439,633	407,929	443,420	457,135	407,744	440,057	435,224	418,217	487,404	411,110
Laundry Avg Cost per Item Dispatched	£	0.392	0.392	0.392	0.385	0.391	0.395	0.396	0.391	0.391	0.395
CPU Portions Dispatched	qty	195,607	166,913	165,732	196,463	178,940	156,257	216,480	183,232	223,238	170,067
CPU Avg Cost per Portion Dispatched	£	0.634	0.652	0.642	0.649	0.652	0.637	0.642	0.639	0.617	0.649
Occupied Bed Days	qty	32,511	32,770	31,206	32,130	32,122	31,455	32,193	31,829	31,545	33,257
Patient Catering Cost per Occupied Bed Day	£	13	12	13	25	16	16	19	16	17	15
Open Incidents Complaints Claims	qty	32	33	37	37	36	39	42	40	37	0
New Incidents Complaints Claims Logged	qty	10	12	9	8	13	11	12	13	8	0

## Audit feedback

Facilities services are subjected to a number of audits from both external and internal sources. The feedback from these audits is analysed to ensure:

- Consistency of service between sites
- Service standards are met
- Quality standards are met
- Patient/service user expectations/needs are being met
- Any statutory or mandatory activity is being completed correctly

Performance is tracked over time and comparisons made between audits to ensure:

- Continued satisfactory levels of performance are maintained
- Any issues or areas for concern identified by the audit are rectified and not repeated

The tables below detail the main audits for Facilities services and also provide headline achievements/ results and are categorised by either internal or external audit.

### Internal Audits

Service	Audit	Headline achievements/results
Catering	<ul style="list-style-type: none"><li>▪ Kitchen Audit and patient satisfaction</li></ul>	<ul style="list-style-type: none"><li>▪ CTUHB is fully compliant with Environmental Health Food Hygiene requirements and out of 10 premises have achieved ratings of (5) level 5 - Very Good and (5) level 4 - Good.</li><li>▪ The Welsh Audit Office has undertaken a Catering and Nutrition audit and reported as follows: The Health Board has achieved 25 of the 35 recommendations. Since the audit was undertaken a further 5 recommendations have been completed and good progress is being made with those remaining that are associated with Nutrition. A management response to the audit report has been provided to the WAO.</li><li>▪ Patient satisfaction audits are set at 90% and for 2014-15 were reported at 89.7%.</li></ul>

		Work is currently being undertaken in 2016 to improve patient satisfaction/quality audit data capture.
Housekeeping	<ul style="list-style-type: none"> <li>▪ Credits for Cleaning audit reports</li> <li>▪ Infection, Prevention &amp; Control cleanliness audit reports</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ The health board is currently achieving the average overall Credits for Cleaning score required for a clean environment in accordance with the NHS National Standards of Cleanliness for Wales.</li> <li>▪ To improve our current results a collaborative approach with Estates and nursing colleagues will be instigated.</li> </ul>
Environmental	<ul style="list-style-type: none"> <li>▪ Environmental sustainability - NHS Wales Shared Services Partnership internal Audit report</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ CTUHB have achieved ISO 14001 certification for all of its premises.</li> <li>▪ A further surveillance audit carried out in Feb 2016 again confirmed this status with only 4 x minor non conformities identified.</li> <li>▪ The ISO 14001 and EMS certification achievement has also helped in the support of CTUHB Corporate Health 'Platinum' Standard achievement.</li> </ul>
Clinical Engineering	<ul style="list-style-type: none"> <li>▪ Continual internal audits of various internal systems</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review Corrective actions raised implement corrective action plans</li> </ul>

#### External Audits

Service	Audit	Headline achievements/results
Catering	<ul style="list-style-type: none"> <li>▪ Environmental Health External Food Hygiene audit reports</li> <li>▪ WAO Hospital Catering and Patient Nutrition audit report</li> </ul>	<ul style="list-style-type: none"> <li>▪ CTUHB is fully compliant with Environmental Health Food Hygiene requirements and out of 10 premises have achieved ratings of (5) level 5 - Very Good and (5) level 4 - Good.</li> <li>▪ The Welsh Audit Office has</li> </ul>

		<p>undertaken a Catering and Nutrition audit and reported as follows: The Health Board has achieved 25 of the 35 recommendations. Since the audit was undertaken a further 5 recommendations have been completed and good progress is being made with those remaining that are associated with Nutrition. A management response to the audit report has been provided to the WAO.</p>
Housekeeping	<ul style="list-style-type: none"> <li>▪ Public Health Wales Infection Rates Surveillance Report</li> <li>▪ Fundamentals of Care cleanliness audit reports</li> </ul>	<p>Housekeeping has contributed to the following Health Board achievements</p> <ul style="list-style-type: none"> <li>▪ Apr-14-Oct 15, the lowest C. difficile rate currently in the major health boards is 25.27/100,000 population (Cwm Taf Health Board). The rates in the other major health boards range from 31.35 to 57.78 per 100,000 population.</li> <li>▪ Apr 14 – Oct 15, the lowest MRSA bacteraemia rate currently in the major health boards is 1.52/100,000 population (Cwm Taf Health Board). The rates in the other major health boards range from 2.29 to 4.31 per 100,000 population.</li> <li>▪ Apr 14 – Oct 15, the highest MSSA bacteraemia rate currently in the major health boards is 17.01/100,000 population (Cwm Taf University health Board) at 38.92. per 100,000 population. The rates in the other major health boards range from 20.26 to 38.92 per 100,000 population.</li> </ul>
Environmental	<ul style="list-style-type: none"> <li>▪ ISO 14001 external auditors</li> </ul>	<ul style="list-style-type: none"> <li>▪ CTUHB have achieved ISO</li> </ul>



	reports	<p>14001 certification for all of its premises.</p> <ul style="list-style-type: none"> <li>▪ A further surveillance audit carried out in Feb 2016 again confirmed this status with only 4 x minor non conformities identified.</li> <li>▪ The ISO 14001 and EMS certification achievement has also helped in the support of CTUHB Corporate Health 'Platinum' Standard achievement.</li> </ul>
All Facilities Services	<ul style="list-style-type: none"> <li>▪ CHC – HPE inspections</li> </ul>	<ul style="list-style-type: none"> <li>▪ There are no high or medium risk outstanding hospital environmental matters reported by the CHC that require attention.</li> </ul>
Clinical Engineering	<ul style="list-style-type: none"> <li>▪ ISO9001:2008 Quality Systems External auditors report</li> </ul>	<ul style="list-style-type: none"> <li>▪ December 2015 - Continued re-certification</li> </ul>

### Risk register

The Governance Manager is tasked with keeping the directorate Risk Register up to date and the risks are regularly reviewed and where necessary reported to the Corporate Risk Committee. The register was last reviewed in October 2015 and now shows that there are 36 open risks within the directorate. Of these risks, 29 are categorised as high risk, 5 moderate risks and 2 low risks.

The risk register captures financial concerns requiring capital expenditure and issues that could impact significantly on service delivery. They are however, part of the everyday running of the directorate and are not part of the IMTP planning priorities.

Examples of Risks removed from the register in 2015-16

- Replacement of Security Access Card System as capital funding approved.
- Replacement of current refrigeration equipment in Pinewood House catering services
- Replacement of existing Socamel regeneration ovens in Royal Glamorgan Hospital
- Anti Tamper Baby Tagging system installed in Prince Charles Hospital
- Provision of Fire Retardant Curtains for Royal Glamorgan Hospital and Prince Charles Hospital

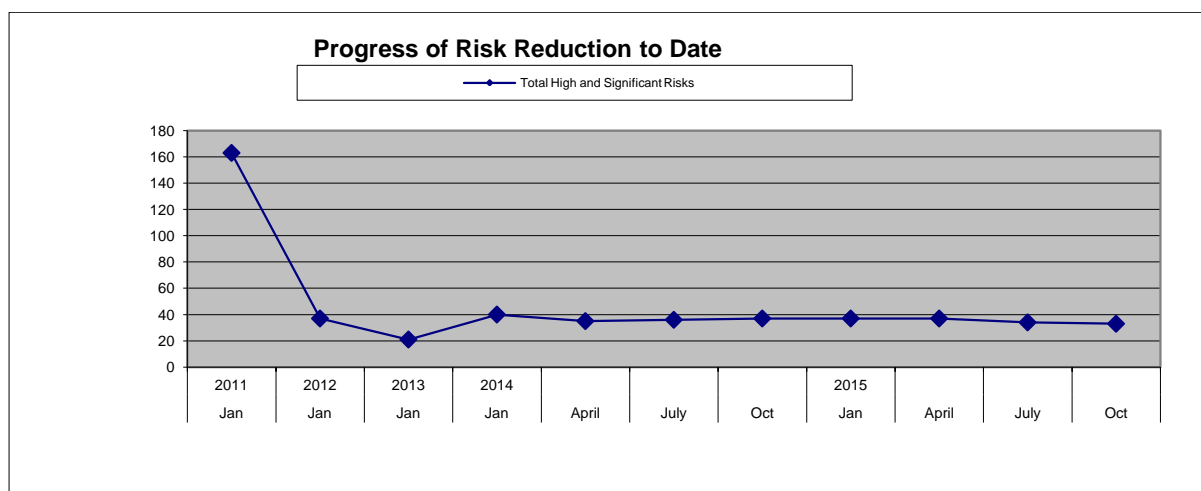
## Examples of Risks added to the register in 2015-16

- Capital allocation request submitted for £216,000 to replace six HPV machines across the Health Board as the current machines will not comply to a European Union directive coming into force in August 2016
- Capital allocation request submitted for £450,000 to replace 9 50kg tumble dryers at the laundry that are at the end of their life cycle and are now incurring maintenance costs and causing significant service disruption
- Capital allocation request submitted for £22,500 to provide additional security alarms and monitoring arrangements for Health Board premises

## Compliance Scorecards

To support the effective management of risk within the Facilities directorate a number of compliance scorecards have been developed. These scorecards are service specific and are assigned to the service manager responsible. The scorecards detail all compliance requirements for the service, the current status and the actions required to demonstrate compliance thus providing evidenced assurance to the directorate and the wider Health Board that risks are being appropriately managed.

The tables below provide a summary of the progress made within Facilities to manage the compliance risks contained within the scorecards.



# Facilities Scorecard Progress

Compliance Element		Jan	Jan	Jan	Jan	April	July	Oct	Jan	April	July	Oct
		2011	2012	2013	2014				2015			
<b>COSHH</b>	<b>High and Significant</b>	11	6	6	16	10	10	10	10	10	10	9
<b>Medical Device Management</b>		10	0	0	0	0	0	0	0	0	0	0
<b>Catering</b>		34	0	0	0	0	0	0	0	0	0	0
<b>Waste</b>		45	18	4	2	2	2	2	3	3	3	3
<b>Transport</b>		37	3	4	12	12	12	12	10	10	10	10
<b>Environment</b>		26	4	2	1	1	1	1	1	1	1	1
<b>Housekeeping</b>		0	5	1	0	0	0	0	0	0	0	0
<b>Security</b>		0	1	4	9	10	11	12	13	13	10	10
<b>Total</b>	<b>High and Significant Risks</b>	<b>163</b>	<b>37</b>	<b>21</b>	<b>40</b>	<b>35</b>	<b>36</b>	<b>37</b>	<b>37</b>	<b>37</b>	<b>34</b>	<b>33</b>

## Policies, Procedures and Strategies

There are 50 individual policies, procedures and strategies within Facilities organised under the following headings:

- Security
- Housekeeping
- Catering & Nutrition
- Porter Management
- Car Parking Management
- Clinical Engineering
- Environmental Management

A plan is maintained within the directorate that includes the date that each policy, procedure or strategy was reviewed, the next date of review and the partnership working

required to ensure each document is fit for purpose. The table below provides details of the policies, procedures and strategies written or reviewed during this planning cycle.

Policies updated or written in 2014-15	Policies updated or written in 2015-16
Housekeeping Management Policy	Environmental Cleanliness Audit Tool and Responsibilities for Cleaning Procedure
Out of Hours Housekeeping Services Guidelines for Acute Sites	Steam Cleaning Operational Procedure
Linen and Laundry Contingency	HPV procedure
Wheelchair Cleaning and Maintenance Procedure	Think Clean and Tidy Procedure
Catering Services Standard Operating Procedures	Additional and Rapid Response Cleaning Procedure
Patient Catering and Nutrition Audit Tool Procedure	Office/Department Cleaning Procedure
Waste Segregation Procedure	Wheelchair Cleaning and Maintenance Procedure
Transport Policy	EMS Procedure
Adverse Weather Snow and Gritting Procedure	Waste Policy
	Security Policy
	CCTV Policy
	Patient Protected Meal Times Procedure
	Safety Alerts Broadcast System (SABS)
	Maintenance of Medical Devices
	Medical Devices Policy
	Laser & Artificial optical radiation management policy
	Purchase and acquisition of medical devices procedure
	Mobile Phone and Media Communication Devices policy
	Safe use and operation of Medical Devices procedure

### Concerns, Compliments and Claims

The Facilities directorate have an informal process for all compliments that are given to individual departments. This appreciation is always shared with the teams whose hard work and dedication has been acknowledged in the compliment received. Areas of best practice are also shared with the directorate as a whole however, the number of compliments received is not currently collated across the directorate.

Any concern raised within the directorate is given the upmost level of attention to resolve any issue as quickly as possible. Where practical, small issues are dealt with locally by the service management teams with more serious concerns being escalated in accordance with

the Health Board concerns procedures. As with compliments, the number of concerns raised is not collated centrally.

To improve the information availability within Facilities for the number of compliments and concerns, a formal process will be devised and implemented in 2016-17 to capture and collate this information.

The number of claims logged against Facilities services, is however collated centrally and the table below details the number of claims logged on a monthly basis for both 2014-15 and 2015-16 to date.

<b>2014-15</b>	<b>Claims Logged</b>	<b>2015-16</b>	<b>Claims Logged</b>
Apr-14	0	Apr-15	0
May-14	0	May-15	3
Jun-14	1	Jun-15	0
Jul-14	0	Jul-15	2
Aug-14	2	Aug-15	1
Sep-14	0	Sep-15	0
Oct-14	1	Oct-15	1
Nov-14	0	Nov-15	1
Dec-14	1	Dec-15	0
Jan-15	0	Jan-16	
Feb-15	1	Feb-16	
Mar-15	2	Mar-16	
<b>2014-15</b>	<b>8</b>	<b>2015-16</b>	<b>8</b>

## **5. Quality Assurance and improvement**

The Facilities IMTP reflects the Health Board drive and commitment to further improve the quality of safe and effective care, efficiency and patient experience. This section provides highlights of the quality initiatives currently being completed within the directorate which are aimed at improving the quality of the services provided.

### **5.1 Improving Quality Together (IQT)**

In order to embed the philosophy that quality improvement is everybody's business, the directorate is encouraging individuals to complete the online IQT bronze training package. Where individuals have an interest in quality improvement, attending IQT silver training and completion of projects is supported. IQT is considered as providing a framework that will assist the directorate to improve the quality of service delivery and in doing so improve the overall patient experience.

An example of an IQT project that links Facilities to more clinical facing teams and the patient which has recently been completed looked at improving the consistency of the standard production recipes to ensure the number of portions made was in an acceptable tolerance of those stipulated by the recipe. This project resulted in improvements in the following areas:

- Greater assurance of the nutritional content of meals
- Improved cost control
- Improved consistency of recipe production, and taste outcomes for patients.

Below are examples of possible areas where IQT silver projects could be completed in the future which would provide valuable information that would identify cost reductions as well as quality improvements. In this way, the principles of prudent healthcare will be further embedded into the daily activities of the Facilities Teams

#### Laundry

The Facilities team are currently working in partnership with Nursing colleagues to develop a set of principles for linen use within the Health Board and consequently reduce the:

- Number of items used
- Number of items lost due to inappropriate use
- Availability of the right product at the right time for its correct use

IQT silver projects could be completed for any of these areas of enquiry, improving quality within the service delivery models and generating cost efficiencies.

## Clinical Engineering

A significant piece of work has been completed regarding the bed asset management systems with a view to reduce the volumes of beds being rented via a short term lease and align the operating systems in place in the North and South part of the Health Board, together with ensuring nursing staff have the right item of equipment to meet the patient's need at the time of assessment. As this work now focuses specifically on asset ownership and maintenance systems an IQT silver project could be used as a framework for measuring the quality improvements secured due to the work completed.

## Catering

Currently the Catering teams are working with support from WRAP to investigate the level of food waste being generated within the departments. Further consideration of the current processes would be an ideal IQT silver project as it would pinpoint where waste occurs in the system so that specific processes could be implemented to reduce the waste. The reduced waste would provide cost efficiencies, improve the quality of the services and embed prudent healthcare principles by increasing the value for money of the service.

Once completed, the outcomes from the IQT projects will be implemented by the team member who has completed the project in conjunction with the relevant service manager.

## **5.2 Facilities ICare**

The culture of the staff is paramount in developing and maintaining high standards of compassionate care for the patients of Cwm Taf UHB. The vision of the Health Board is 'Cwm Taf Cares' and the organisation has just endorsed and sanctioned the rollout of the ICare training package for all staff.

The directorate has made full use of pulse surveys to tackle immediate staff issues within teams and these snap shots that gauge staff feeling are being utilised to build a picture of the existing culture within Facilities.

In response to this organisational goal, an exciting initiative has commenced within Facilities which is specifically designed to change the culture of the teams in line with the overall Health Board direction. ICare is being adopted as the underpinning philosophy for the initiative which is based on the values that the Health Board wishes to promote as the foundations for all staff, namely:

**I** Identity/individual

**C** Compassion

**A** Awareness

**R** Responsibility

**E** Experience

A Facilities ICare community has been established and work is underway to provide learning and development opportunities to the community members with the intention that this will be taken back to teams and in this way will filter out across the directorate. Initial learning within Facilities has suggested that targeting the supervisory and management teams will translate to the biggest impact and therefore, it is this group that form the majority of the community. The Community's programme of work is based on the ICare framework dimensions of:

- Leadership
- Resilience
- Development
- Culture

Pivotal learning has already emerged from the Facilities ICare community in the form of a profound acknowledgement that the core function of the Facilities teams is:

***'Connecting Comfort and Care'***

This statement of purpose has a duality of meaning in that:

- 1) The roles of the Facilities teams provide comfort to patients and are therefore connected to the clinical teams as this comfort is essential to the care package
- 2) In providing the above function, the Facilities team is connected to the patients and due to the significant patient contact have a considerable impact on patient experience.

As there is a clear link to the patient experience the importance of the Facilities team in creating a lasting impression of the care that has been provided by Cwm Taf Health Board is central to the Facilities cultural change initiative.

In this way, the culture change initiative has been identified as having two outcomes:

- 1) Improved staff experience of working for Cwm Taf UHB within the Facilities team
- 2) Improved patient experience through an engaged Facilities workforce connected to the clinical teams and the patient for the essential role they complete daily.

The success of the culture change initiative will be seen in the following:

- 1) Embedding an improved culture within Facilities and the organisation where Facilities staff are recognised for their direct patient contact
- 2) Improving staff engagement



- 3) A pro active approach to combating hotspots of poor morale
- 4) Highlighting the value of the Facilities team as essential front line staff
- 5) Putting the patient at the heart of everything we do, delivering integrated patient care and Facilities services
- 6) Creating connections between the Facilities teams and other Patient Care teams
- 7) Improving the patient experience through providing a service which adds value

Facilities services are not just a support services, but rather core services. There is potential for a misconception that Facilities provide a corporate function and yet the Facilities team have significant levels of patient contact. The table below details the role of Facilities staff and highlights the extent of the patient contact they have and the valuable contribution made in shaping the overall patient experience of receiving care within Cwm Taf.

Facilities role	Patient contact summary
Housekeepers	Provide a safe environment for the delivery of patient care and are often the first point of contact for ward based patients for incidental requests for care and assistance
Porters	Transport patients across the hospital for diagnostics and ward moves connecting patients to the clinical care teams. Providing communication and support for patients on the move from admission to discharge.
Laundry assistants	Provide hygienically clean linen laundered to strict guidelines to not only kill all bacteria but support comfort for patients and reduce the risk of allergy and bed sores.
Catering teams	Produce and serve nutritionally compliant meals to patients to support the nutritional care pathways and provide comfort and a taste of home cooking.
Clinical Engineering Technicians	Provide patient support and diagnostic equipment that is mechanically sound, regularly tested and maintained and is fit for purpose – ‘right first time, every time’.

### 5.3 Commitment to Patient Experience

Given this significant patient contact, the Facilities IMTP is underpinned by its commitment to supporting the Health Board create a care environment which facilitates a positive experience for our patients. This commitment is summarised below:

Facilities Service	What Patients/ service users can expect	Facilities Commitment Statement
Patient catering services	You can expect to be provided a choice of food that complies with the National Nutritional Standards	We are proud to make & serve you tasty and good quality food
Housekeeping Service	You can expect the service to maintain the National Standards of Cleanliness within our hospitals and health centres	We are proud to maintain clean patient care environments for you
Laundry Service	You can expect comfortable clean linen during your stay	We are proud to wash your laundry
Porter Services	You can expect a co-ordinated and timely hospital portering service	We are proud to be your Porters
Security Services	You can expect pro active and responsive security services	We are proud to operate systems designed to keep you safe
Transport Services	You can expect timely and efficient transport services to support patient care outcomes	We are proud to take you home, or transport items which will support your care package whilst you're with us
Grounds and Gardens	You can expect well maintained, safe external grounds	We are proud to maintain the hospital grounds so that they are safe and aesthetically pleasing for you
Clinical Engineering	You can expect medical devices which are fit for purpose and ready for patient care.	We are proud to maintain medical devices to support care outcomes for you

### 5.4 Innovation in Facilities

Central to the innovative approach taken in response to fundamentally changing what we do and improving the way we do things is creating a Facilities team approach rather than to retain the current separate disciplines. This will enable improved efficiencies in the way the resources available are utilised. Therefore the organisation of the workforce will remain in the current separate disciplines for simplicity of delivering the core aspects of each service

function but overlaps in service delivery will enable the efficiencies to be delivered in line with the principles of prudent health care. For example:

- Due to the nature of the hospital environment and the requirement to provide a service the night shift porters have available capacity, although this is insufficient to enable any reduction to the existing rota within a safe operating framework. Whilst efficiency savings are therefore unachievable within portering, this capacity can be utilised elsewhere in Facilities to realise savings. This being the case, the night shift porters will support Housekeeping services and deliver the cleaning of the low risk main corridor areas. This will achieve:
  - a. Cost savings within Housekeeping
  - b. Support with the Housekeeping services redesign project
  - c. Improved service delivery as cleaning the main corridors at night delivers improved cleaning and patient safety.
  - d. Provide a visible portering night service across the hospital
- The introduction of the Porter/security role is another example, of using available capacity within the existing service models, which is insufficient to reduce the required workforce, but can be utilised to achieve savings elsewhere in the directorate. Thus utilising available capacity within the porter service to introduce a porter/security role will achieve:
  - a. Cost savings in the current external security contract
  - b. Improved service delivery as the contracted out service will be brought in house.

### Examples of R&D

The Facilities directorate is also implementing a more structured approach to innovation through the use of R&D activities. Examples of activity here include:

#### **Hybrid Pressure relieving mattresses**

An opportunity has arisen in relation to end of year funding to replace a number of mattress systems. Working with Tissue Viability Nurses (TVN), it was realised that instead of opting for the traditional dynamic systems an option would be to investigate the possibility of using what is known as a hybrid system for semi active patients following specific types of surgery. This would reduce servicing costs and be better use of resources, freeing up the dynamic systems for patients that need them. As the sophistication of hybrid systems advance, we will work with TVN to look at how they can be used more widely for the benefits of the patients and better use of limited resources. The Hybrid systems cost less than the dynamic systems, are less noisy and have no alarms to attend to.

### **Pressure relieving mattress coverlets**

With the same funding, it was hoped to purchase low loss air systems. These are no longer available to purchase from our existing contracted supplier. An alternative single patient use device is to be purchase which is placed on top of the appropriate dynamic system for the patient. This will be closely monitored for results by TVN's as to whether it is viable for future use as an alternative and to prevent the requirement to rent specialist low loss dynamic systems or purchase high cost devices for limited use.

### **Infusion pumps systems**

When the contract for infusion pumps was set up in 2012, the pumps which were supplied had what is known as Drug Error Reduction Software (DERS) embedded within them. This software when configured correctly will prevent the user prescribing a drug dose to the patient in error that could be harmful to the patient. At the time of installation this was not activated as it required further work to agree protocols, configurations and agreed drug libraries via clinical users and pharmacy. Our medical device trainer has since submitted a paper to Pharmacy to kick start this project and to get this implemented to provide a safer environment for patients by hopefully reducing possible incidents of over or under infusion of drugs to patients.

### **Non Invasive Blood Pressure (NIBP) monitors**

With end of year revenue funding, an opportunity has arisen where we have been able to look at replacing aging NIBP monitors in RGH. We have been evaluating with clinical staff the possibility of changing to a device which measures blood pressure in a way which is quicker than the traditional devices in use and on the market. This would halve the time spent taking the measurement on each patient. This can be significant for clinicians when checking each patient on a ward round of 28 patients. In addition to this function, we are hoping to incorporate in the selected supplier through the specification submitted, Wi-Fi capability. While this will not be utilised immediately, it will be looked at for future use when electronic patient records begin to be implemented, sepsis analysis software utilises it and also could be possible to track in equipment asset management software

### **NutriWales Project**

The Welsh Government has confirmed its commitment to support the development of R&D strategies which will stimulate collaboration between food businesses and academia that will promote and develop food for health. Through the Central Production Unit (CPU) the Facilities directorate are involved in designing an R&D project that will engage with the expertise available through NutriWales as well as internal expertise available through the dietetic teams and the clinical research teams. The outcome of this project engagement for Facilities will:

- Improve the quality of the nutrition contained with meals produced at the CPU
- Improve the quality of the meal service provided to patients
- Increase the likelihood of other Health Boards in Wales entering into agreements for CPU to provide their meal solutions.

### **Facilities Improvement and Innovation Board**

*“A common factor that successful, ‘innovative’ organisations share is that they have internal processes that are specifically designed to support and help in the development of innovative products and services” – (NHS)*

The strength in innovation is the gathering of ideas from every level within an organisational structure particularly from those in an operational role. The intention of the innovation board is to facilitate both process for the sharing, discussing and implementing ideas as well as providing a formal mechanism for the recording and agreeing their implementation and review of their impact.

It is the intention of the Facilities Department to establish an improvement and Innovation Board in 2016 and supporting the Board will be an Ideas Scheme Submission Form facilitating the collection of ideas.

The facilities improvement and innovation boards values will be based on the NHS Institute for Innovation and Improvement core values namely:

- Challenging – we question the status quo
- Innovative – we look for new ways of doing things and aren’t afraid to do things differently
- Learning – by sharing our knowledge with each other and beyond
- Passionate – we believe we can make a difference

The proposal is that the Board will be chaired by staff side and its membership will be representative from every level within the department and it is envisaged that the Board will meet on a quarterly basis.

## **6. Finance Plan**

As at month 10 (2015-16) the directorate is reporting an overspend position of £1,439m. The end of year forecast position is £1,484m overspent.

To date, the directorate has delivered £2,656M recurrent savings.

The three major areas of concern within the financial position at the Year End are:

1. The unachieved CRES which is £0,999m which includes the phasing of the workforce scheme with pay savings not materialising as forecast in the savings plan.
2. The continued cost pressure for patient transport
3. Failure to deliver non pay cost savings and increased costs for certain areas such as cleaning materials

The following sections provide a summary which relate to the finance templates contained in Annex A.

### **6.1 Directorate cost pressures**

The plan has identified a number of cost pressures in 2016-17 under the following headings:

- Unavoidable Pressures and Demands 2016-17
- Potential Financial Risks 2016/17

#### **Unavoidable Pressures and Demands 2016-17**

The cost pressure funding requirements for 2016-17, have been identified for the directorate and total £200,000. Of this requirement £11,000 has been identified as a non recurrent funding requirement and the remaining £189,000 is a recurring cost pressure.

The areas of particular import are:

- The requirement for £26,000 to employ 1WTE to provide hotel services to the new medical records storage unit in Williamstown. As existing medical record areas will remain operational, this is an additional requirement.
- The requirement for £24,000 to employ 1WTE dedicated equipment library coordinator to enable the continued operation of the equipment library. The equipment library provides cost savings in the management of equipment as well as improved assurance of maintenance activities.
- The requirement for £16,000 funding to replace labour previously cross charged for equipment decommissioning work. As the work is not cross charge due to the introduction of the equipment library, the £16,000 is sat on other budgets as savings.
- The requirement for £6,800 for maintenance contracts no longer provided by estates.

## Potential Financial Risks 2016/17

The directorate has identified a number of potential financial risks in 2016-17 which total £134,500. Of these potential risks

- £15,000 is potential loss of income
- £25,000 is potential increased pay costs
- £94,500 is potential increased non-pay costs

## 6.2 Capital Investment

The directorate has identified a number of areas which will require capital investment. The total investment has been identified as £2,601,754. The key investment requirements are as follows:

- £28,000 required in 2016-17 to fund a consultant's report which is an enable for the replacement of the current switchboard in 2017-18 which has a requirement of £780,000. The replacement of the switchboard is unavoidable as the current equipment is no longer supported by the manufacturer
- £216,000 required to replace the 6 HPV decontamination machines used within Facilities to support infection prevention & control met HAI reduction targets. The current machines are no longer compliant to the European Directive which governs the use of the chemicals involved in the machine operation.
- £1,750,000 has been identified as required to upgrade the hospital residences offered at Prince Charles Hospital
- £450,000 for replacement tumble driers at the laundry.

## 6.3 Key Service Change

Service change area	Description of proposed action	Key Risks
Housekeeping redesign	A Housekeeping Service Redesign project has commenced to reduce the cost of the current service model so that the cost of the service is more closely aligned to the All-Wales average cost presented in the EFPMS benchmarking figures. The redesign project will transform current service delivery practices whilst maintaining compliance with the National cleanliness audit scores. To progress the project, the requirements of the service users are being ascertained to underpin the redesign process. A workshop was held with key service users in November and the principles governing requirements	<ul style="list-style-type: none"><li>▪ Poor engagement of service users</li><li>▪ Failure to reflect service user requirements in redesigned service model</li><li>▪ requirement of OCP process to implement new service delivery requirements (WTE required, operational service delivery time Requirements and rota requirements)</li></ul>

	are being developed into a service model.	
Consultants review	Over the last four years the Facilities directorate has made significant progress in relation to cost reduction towards the All Wales average KPI's within the EFPMS. This progress has been driven predominantly by transactional management i.e. efficiency drives. The next stage on the journey requires transformational change and service redesign. To support the team in completing this it has been agreed through the CBM process the team will engage with a team of Facilities Consultants to identify future service modelling.	<ul style="list-style-type: none"> <li>▪ Standard of investigation report provided</li> <li>▪ Adverse effect on staff morale and productivity</li> <li>▪ Recommendations not aligned to HB or WG policy direction (i.e. Outsourcing)</li> </ul>
Commercial development	<p>The facilities directorate has developed a business plan to redevelop the atrium within the Royal Glamorgan Hospital into a commercial space. The business plan is based on the relocation of the existing HB run coffee shop into the space and has been approved by both the ECMG and the Executive Group.</p> <p>The current arrangements in the PCH main entrance are also under review and a partnership approach with RVS being implemented to maximise income for the Health Board and service quality and options for customers.</p>	<ul style="list-style-type: none"> <li>▪ Capital availability</li> <li>▪ Planning consent</li> <li>▪ Increased customer up take not as forecast</li> <li>▪ Poor engagement from RVS colleagues in partnership approach</li> <li>▪ HB exec team or RVE exec team and trustees not signing off lease agreements</li> </ul>
Porter Services	The porter service redesign is intended to offer a coordinated approach to the provision of all portering functions and security tasks. The redesign will also align service provision across the Health Board for improved consistency of service delivery.	<ul style="list-style-type: none"> <li>▪ Staff or staff side objections</li> <li>▪ Nursing establishments preventing HB service alignment</li> <li>▪ Tupe or contractual issues for the existing contract</li> <li>▪ Inability to recruit sufficient staff to deliver the security aspect of the redesigned service.</li> </ul>



Bed management	<p>Implementation of phase 2 and 3 of the approved paper on Bed Management.</p> <p><b>Phase 2</b></p> <ol style="list-style-type: none"> <li>1. Development of a 5 year rolling stock replacement</li> <li>2. Development of asset tracking system</li> <li>3. Equipment storage RGH</li> <li>4. Equipment storage PCH</li> <li>5. Primary care service evaluation <ul style="list-style-type: none"> <li>▪ Recommendations for inclusion or not into Acute / Community management model</li> <li>▪ Review hoist and weighing scales for opportunities</li> </ul> </li> </ol> <p><b>Phase 3</b></p> <ol style="list-style-type: none"> <li>6. Conduct a full option appraisal on <ul style="list-style-type: none"> <li>▪ Maintaining existing arrangements (including outcome of phase 2)</li> <li>▪ Transferring to a fully managed service</li> <li>▪ Transferring to a maintained service</li> </ul> </li> <li>7. Present recommendations</li> </ol>	<p>The key risks to both options can be summarised as follows:</p> <ul style="list-style-type: none"> <li>▪ Availability of resources to fund the rolling replacement</li> <li>▪ Risk of medical records project slipping and thus not releasing space for the equipment store at RGH</li> <li>▪ Risk of site development at PCH not allowing space for the re provision of the equipment store</li> <li>▪ Key stakeholder buy in to preferred option</li> <li>▪ Under estimate of resource to manage additional components of associated with beds</li> <li>▪ Information availability for the community (in home) service evaluation</li> </ul>
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#### 6.4 Non pay financial performance analysis

The total non pay target for 2015-16 was £223k and the actual delivery to date is £116k. NWSSP Procurement support Facilities in the delivery of the non pay savings targets, through AW contract renewals and local support on key schemes. Key savings deliverables in 2015-16 were cleaning materials rationalisation on catering cleaning products (£7k) and AW contract renewals including paper and various food items (£50k). Key themes unable to be achieved in 2015-16 were the rationalisation schemes for catering and housekeeping, this was due to resource being focused on other Health Board projects such as Medical records and the Atrium. A further key theme not achieved was the postal review and this was put on hold due to an AW agreement to come into place in 2016-17.

The total non pay target for 2016--17 is £170k, key themes procurement will be supporting on are the contract implementation for coffee bean consumables, savings are forecasted here due to the expansion of the coffee shops across the Health Board allowing for a greater buying power. Further rationalisation projects in Housekeeping and Catering which were unable to be delivered in 2015-16 will be focused on, looking to rationalise suppliers and product lines. The AW contracts renewals also target a similar £50k saving for 2016-17.

## 6.5 Directorate Savings Plans

The 2015-16 unachieved CRES total is £0.999m. In addition to this the directorate has been allocated a savings target of £1,182m for delivery in 2016-17

The directorate have developed a savings plan for 2016-17 which is both stretching and realistic as following the probability adjustment will deliver £1,044,680 in savings within the directorate. This is an in year figure with forecast recurrent savings of £1,207m.

This total can be summarised as follows:

<b>2016-17 Savings Scheme Category</b>	<b>Probability Adjusted total</b>
Pay	£536,930
Non-Pay	£334,500
Income	£173,250
<b>Total</b>	<b>£1,044,680</b>

The target for financial savings for Facilities to deliver in 2016-17 has been set at £1,182m. There is a gap between target and planned delivery of £137,320 which represents a significant risk within the directorate savings plans. This risk will be mitigated following the completion of the consultants bench marking review should any additional service redesign schemes be identified which if implemented can reduce the cost base of the directorate.

## **7. Workforce Plan**

The Facilities Workforce Plan continues to build on the approach taken in previous planning cycles which is to reduce the paid WTE but not head count staff. Central to the Facilities plan, is the minimising of workforce costs whilst at the same time delivering good quality safe and effective services. In order to achieve this, a number of services are being redesigned to be more responsive to service needs which will require significant reorganisation of the workforce under the Health Boards 'Organisational Change Policy'. Therefore, it is increasingly important within Facilities to retain a skilled, engaged and motivated team through the periods of change and into the future to ensure safe, efficient and sustainable services. Some of the Key issues facing Facilities with regard to workforce are summarised below:

- Workforce challenges
  - Aging workforce
  - Succession planning
  - Balancing the over and under staff establishments at certain sites/services
- Key service change priorities
  - Housekeeping redesign
  - Porter services redesign
- Changes to configuration and skill mix
  - Staff redeployment
  - Staff training and re-skilling

### **7.1 Facilities workforce summary**

A profile of the Facilities workforce is provided below, organised under the following headings:

1. Age profile
2. Sickness profile
3. Retention issues/ turnover rates

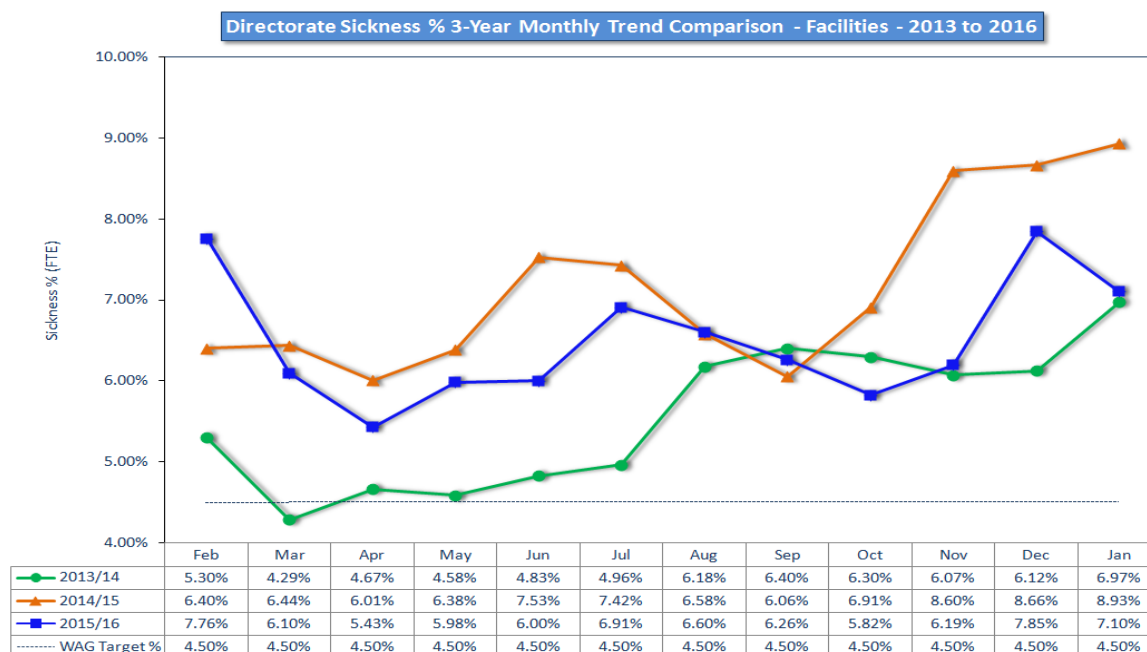
## 1. Facilities Age Profile

The table below provides an overview of the age of the workforce by both WTE and headcount. As can be seen from the table 36% of the total headcount within Facilities are in the age range 55-60 or over 60 therefore succession planning will be a key priority for focus within the directorate in the immediate future.

Age Range	Sum of WTE	Sum of Person Headcount
0 - 24	7.01	10.00
25 - 29	23.66	36.00
30 - 34	38.51	56.00
35 - 39	44.23	60.00
40 - 44	59.15	82.00
45 - 49	93.72	118.00
50 - 54	151.27	203.00
55 - 60	149.67	195.00
Over 60	99.53	132.00
<b>Grand Total</b>	<b>666.75</b>	<b>892.00</b>

## 2. Facilities Sickness Profile

The table below provides a trend comparison of the sickness levels within Facilities over a three year period from 2013 to 2016. Whilst the sickness absence within Facilities fluctuates each year, the trend would suggest that sickness increased in 2014 from the baseline data of 2013 and whilst the sickness levels have reduced again in 2015, the sickness absence is still generally higher than the 2013 data set.



Facilities will continue to work with the Workforce business partner on a monthly basis to ensure that sickness management within the teams remains appropriate and in line with the new sickness policy. This approach will further the investigative work completed to date and where hot spot areas are identified internal audit and deep dive activities will be instigated to understand and remedy high sickness trends. It is important to note here, that the existing Long Term sickness cases are considered complex and due to their nature have been excluded from the deep dive activity.

To explore the sickness data further, the table below shows the available hours available for each department within Facilities from January to December 2015 and the absence % figure (WTE). From the table it is clear that the range of sickness absence across the departments is significant, ranging from 2.6% in the Admin team to 19.41% at the Laundry. The average for the directorate is 6.62%.

Directorate Summary	Abs (WTE)	Avail (WTE)	Absence % (WTE)
Administration	127.20	4,899.83	2.60%
Catering	4,251.48	49,257.21	8.63%
Catering Trading	1,727.55	23,407.34	7.38%
Clinical Engineering	306.00	7,482.00	4.09%
Housekeeping	5,779.22	89,890.87	6.43%
Laundry	132.27	681.33	19.41%
Laundry Trading	661.55	12,386.95	5.34%
Other Support Services	486.00	8,205.00	5.92%
Portering & Security	2,556.30	44,460.95	5.75%
Telecommunications	343.95	7,218.54	4.76%
Waste and Transport	104.00	918.00	11.33%
<b>Facilities Total</b>	<b>16,475.51</b>	<b>248,808.01</b>	<b>6.62%</b>

The Table below illustrates the number of sickness occurrences within each department over the same time period and also separates the absence into long term sickness or short term sickness. It can be seen from the table that the majority of absences within the directorate are short term equating to 75% of all absences.

Directorate Summary	Absence Occurrences	LT Absence Occurrences	ST Absence Occurrences
110 Administration	9	1	8
110 Catering	307	70	237
110 Catering Trading	135	25	110
110 Clinical Engineering	16	1	15
110 Housekeeping	390	109	281
110 Laundry	7	2	5
110 Laundry Trading	43	11	32
110 Other Support Services	15	4	11
110 Portering & Security	148	29	119
110 Telecommunications	25	4	21
110 Waste and Transport	3	2	1
<b>Grand Total</b>	<b>1,098</b>	<b>258</b>	<b>840</b>

### 3. Facilities Turnover Profile

The table below illustrates the turnover rates within each department within Facilities. The average turnover within the directorate is 5.32% although this figure is somewhat skewed due to the high % recorded in Waste and Transport which has been caused due to the size of the department and the impact of 1 WTE leaving.

Directorate Summary	Average Headcount	Average WTE	Starters Headcount	Starters WTE	Leavers Headcount	Leavers WTE	LTR Headcount %	LTR WTE %
Administration	14.00	13.41	0		0		0.00	0.00
Catering	201.50	134.35	1	0.53	13	8.37	6.45	6.23
Catering Trading	80.17	64.16	10	5.87	5	3.49	6.24	5.44
Clinical Engineering	20.50	20.50	1	1.00	0		0.00	0.00
Housekeeping	383.33	245.88	0		18	11.05	4.70	4.50
Laundry	3.00	1.87	0		0		0.00	0.00
Laundry Trading	41.25	33.84	0		2	2.00	4.85	5.91
Other Support Services	22.58	22.38	5	5.00	4	4.00	17.71	17.87
Portering & Security	123.58	121.79	0		6	4.50	4.86	3.69
Telecommunications	25.00	19.81	2	2.00	3	1.80	12.00	9.09
Waste and Transport	2.50	2.50	0		1	1.00	40.00	40.00
<b>Facilities Total</b>	<b>917.42</b>	<b>680.50</b>	<b>19</b>	<b>14.40</b>	<b>52</b>	<b>36.22</b>	<b>5.67%</b>	<b>5.32%</b>

### Recruitment

The turnover rate of 5.32% does not constitute a risk as posts advertised attract high volumes of applicants of suitable calibre due to the following factors:

- Hours and banding of vacancies
- Terms & conditions of vacancies
- Other employment opportunities within the area.

### **7.2 Scheme Impact on Workforce**

The following section will provide a narrative of the areas within the Facilities IMTP which will have a direct impact on the workforce. In line with the Health Board requirements, the following components have been fully considered and reflected in the completion of the Workforce Plan:

- The plan covers the whole workforce including any joint posts or those funded/employed by other parties
- The potential role redesign, restructuring or new ways of completing work
- The implications of maintaining the quality and safety of services have been aligned to the workforce plan element
- The principles of prudent healthcare

- Mechanisms required to maintain/improve PDR completion rates to at least achieve the target of 85% compliance and the continued active management of sickness absence at the target of 4.5%
- The continued use of benchmarking against similar services to inform and support decisions about workforce profile and required establishment.
- The control of overtime and the active monitoring of Contract WTE versus Actual WTE.

The table below provides a summary of the schemes included within the Facilities IMTP and the impact that their implementation will have on the workforce. Support from the business partners and wider workforce teams will be of paramount importance to the delivery of some of the schemes and this is indicated in the table below.

Scheme	Impact on Workforce
PCH Coffee Shop	There is no direct impact on the current workforce within the PCH Coffee Shop as the scheme is related to the income generated through the outlet. However, there are currently vacancies within the agreed establishment which are in the process of being replaced. Support from the workforce business partner and central recruitment team will be required to ensure the timely completion of the recruitment process.
CPU Bonus Scheme	Due to the impact on the workforce at the CPU this scheme is being lead by the Workforce business partner. The scheme involves the removal of the production bonus currently paid to the staff at CPU. The staff have been informed of the removal of the bonus and the removal process is currently being considered by the exec team.
Commercial Outlet	This is an income scheme based on increased sales through moving the current Bar Barista in Royal Glamorgan Hospital to the atrium. Not only will the scheme generate improved income for the Health Board it will also rejuvenate the main entrance atrium area to create a vibrant, welcoming space for our patients, visitors and staff. There is no direct impact on the current workforce, however, a coffee shop manager and an additional Barista were approved as part of the business case for the scheme. This being the case, support from the workforce business partner and central recruitment team will be required to ensure the timely completion of the recruitment process.
Patient feeding	There is no direct impact on the workforce within the patient catering teams as this scheme is related to generating non pay savings through improved waste management, menu offering and provisions spend.

Porter / Security	<p>This scheme has significant workforce impact as it entails the creation of a porter/security role within the existing portering teams. Additional staff are being recruited into the role, with any new appointments utilising the porter/security job description. The scheme has been designed to be implemented in four stages, with each stage transferring security functions from the external provider to the in house team. The end result will be cost savings as the external contract will no longer be required. Support is needed from the workforce business partner and central recruitment team will be required to ensure the timely completion of the recruitment process.</p>
1 porter and 1 nurse savings RGH	<p>This scheme will have significant impact on the workforce across both Facilities portering teams and the nursing teams in Royal Glamorgan Hospital as it will involve changes to current working practices. The scheme will require a nurse to accompany the porter to complete a patient bed transfer instead of the current process of using two porters. At the current time, the scheme has been put on hold due to the establishment difficulties within nursing. The introduction of 1 porter and 1 nurse at RGH will replicate the model currently in use in PCH and ensure consistent levels of quality across the Health Board.</p>
Housekeeping service redesign	<p>In order to reduce the cost of the housekeeping service to better reflect the All-Wales average cost for similar services, a project group has been established to redesign the current housekeeping service model. Whilst this scheme is still at the development stages, the initial work has embedded the principles of a more responsive service that will generate cost savings through reducing the workforce. A stakeholder event has been facilitated and service user expectation/requirement are being embedded into the revised models. Exact WTE are yet to be finalised, but an OCP process will be required to introduce the redesigned service model requiring significant Workforce support as the OCP process will affect 250 WTE housekeeping staff.</p>
Facilities External Benchmarking recommendations	<p>The procurement of the external consultants to review the existing Facilities services, and provide optimum service models is currently in process. The review is anticipated as being completed within the financial year 2015-16 which will enable the recommendations to be developed and implemented within 2016-17. At the current time, the workforce implications are unknown as is the implication for the housekeeping redesign scheme as described above.</p>



### 7.3 HCSW framework

The Welsh Government has introduced the 'NHS Wales Skills and Career Development Framework for Health Care Support Workers (HCSW). The purpose of the framework is to provide a governance mechanism to inform the skills and career development of the HCSW workforce in NHS Wales. It is intended to support current and future role development by standardising the scope of these roles, and through the development of learning pathways it will provide the underpinning knowledge and skills to practice safely. The aim of the framework is to strengthen workforce development through training and work based learning to ensure the provision of a competent, flexible and sustainable workforce. Through the training and development of the existing workforce, NHS Wales will also be able to address workforce strategies which adopt the principles of prudent healthcare in order to deliver a cost effective health service.

The first stage of the rollout of the HCSW framework is currently progressing and focuses on those HCSW's that support nursing and AHP teams as this section of the HCSW workforce equates to approximately 41% of the total HCSW workforce. This framework rollout will however include the HCSW's employed within the Facilities teams which represent a significant proportion of the Facilities Workforce. At the current time, the full impact of this framework is unknown although the requirements of the framework will greatly increase the training and development time afforded to each HCSW having implications on pay budgets as well as learning/training expenditure.

Facilities has representation on the national group that is determining the requirements for our staff groups and whilst the requirements of the HCSW Framework are at this stage uncertain, it is likely that the cost of the in house training and development packages will equate to approximately £800 per person for completion of the Core Skills Training Framework (CSTF). It is likely that this will apply to new starters in the first instance, but will need to be rolled out to incorporate all Facilities Staff. As decisions are made at national level, the Facilities IMTP will be revisited to ensure the full implications of the HCSW framework is included within the IMTP.

The CSTF will consist of ten mandatory subjects which are detailed below:

Subject	Subject
Equality, Diversity and Human Rights	Moving and Handling
Fire Safety	Resuscitation
Health, Safety, and Welfare	Safeguarding Adults
Infection Prevention and Control	Safeguarding Children
Information Governance (Wales)	Violence and Aggression (Wales)

The CSTF will support the Facilities directorate to ensure all staff have suitable training, knowledge and skills to deliver the services within the strategic context described in the IMTP.

## 8. Delivery and Governance

This section will discuss the delivery and governance arrangements for the Facilities IMTP. This section will focus specifically on the planning approach and the planning assumptions made by the team in developing a stretching but realistic plan for the next year and the next planning cycle.

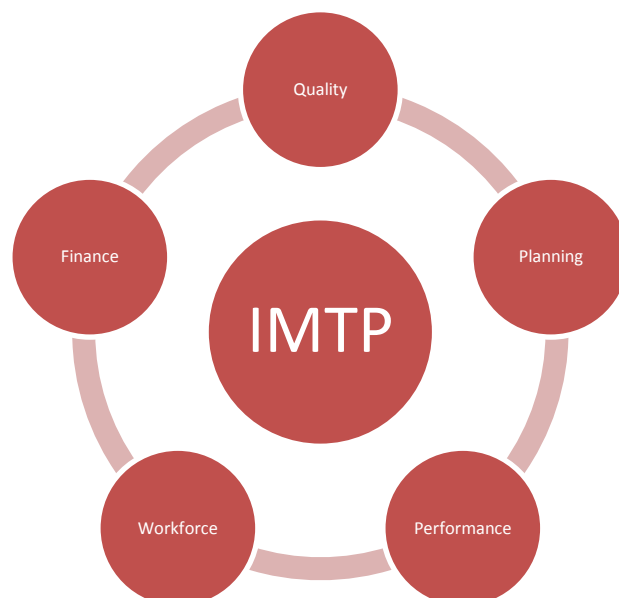
To assist in the development of the Facilities IMTP, engagement with other directorates took place to ensure that the Facilities team could support other directorates to deliver their top priorities and the impact of this on Facilities was considered and incorporated into the IMTP.

The principles of prudent healthcare were also considered when developing the plan to ensure prudent healthcare principles would be embedded and delivered as part of everything we do.

### 8.1 Planning Approach

In line with the Health Board direction, the Golden Thread Principles will be embedded into the Facilities Planning Approach. This will ensure a truly integrated planning approach with the Golden Thread running through the IMTP which links quality to population need, service planning, demand and capacity, workforce, capital and financial planning.

The diagram below illustrates the interconnections between the principles and clearly demonstrates that the IMTP is at the centre of the process.



To assist with this process, Facilities are forging strong links with our designated business partners in:

- Finance
- Planning

- Workforce
- Procurement
- Patient Care & Safety

It is anticipated that through the use of the business partner's, expertise can be pooled and the Golden Thread principles will be central within the development of the IMTP. To facilitate the partnership approach a monthly meeting has been arranged to act as a business partner review and preparation for the CBM.

Using the Golden Thread Principles as the framework which underpins the IMTP planning process, the Facilities directorate with input from its business partner's has posed a number of questions, which will support the development of the IMTP refresh for 2016-17 and enable an innovative approach to service delivery. These questions are as follows:

- What are we doing that could be done better?
- How do we change and improve the way we do things?
- How do we fundamentally change what we do?

## **8.2 Planning assumptions**

The development of the Facilities IMPT has been based on the following service planning assumption:

- Current performance standards will be maintained
- The impact of any known planning priorities within other directorates will be integrated into the Facilities IMPT
- Facilities will focus its efforts on delivering the top priorities for the planning period 2016-17 as identified above
- The service planning assumptions are underpinned by the Patient expectation principles as outlined above
- The Facilities IMTP is aligned to the National and Health Board strategic context as summarised in section 2: planning approach which details the requirements of the Well being and revised Healthcare standards
- Quality is embedded into the facilities IMPT as detailed in section 5

These planning assumptions will be tested, monitored and measured against the Golden Thread principles of Quality, Planning, Performance, Workforce and Finance to ensure that the Health Board strategic principles are embedded into the Facilities service planning approach.

### 8.3 Engagement and Plan development

In order to align the planning assumptions which underpin the Facilities IMTP to the overarching Health Board plan it is important to incorporate the impact of any planning priorities of the other directorates into the Facilities Plan. In order to achieve this, liaison with all directorate service leads was undertaken and the feedback received has been incorporated into the Facilities planning as follows:

Directorate planning priorities which impact 2016/17

- Transfer of mental health directorate services from Maritime to Dewi Sant
- Transfer of Mental Health directorate services from Trealaw to Dewi Sant
- Change of one Mental Health ward in Ysbyty George Thomas from 24/7 to normal working hours
- Implementation of the General Surgery Surgical Assessment Unit which has been under development
- Implementation of an Urology Diagnostic Unit, moving Urology away from theatres in PCH to treatment rooms, and aligning all diagnostic services in one location in RGH.
- Closure of Tonteg Hospital with a number of services moving into areas in RGH.( As these areas are already functional facilities costs are already incurred making the moves most likely to be cost neutral.)
- The development of Williamstown and the relocation of the medical record service.

Directorate planning priorities which impact 2017 and beyond

- Transfer of CDAT to Dewi Sant (low possibility)
- Potential expansion of Mental Health directorate services in Ysbyty George Thomas site (no detail as yet)
- Creation of a South East Wales Vascular network which may impact on the acuity of patients within the Vascular wards within Surgery Directorate
- Potential changes to the Orthopaedic services in line with Welsh Government policy directives
- Closure of Y Bwthyn Hospital which is likely to incur additional costs for facilities as services will move to:
  - RGH new build Palliative Care Centre
  - Dewi Sant Hospital on wards currently closed.
- Closure of Y Bwthyn and the transfer of services provided by Mental Health directorate as follows:
  - rehabilitation services to Maritime or DSH
  - Day Centre to Maritime

In considering the impact of the priority areas of other directorates within the Health Board on the Facilities IMTP the following points are worth noting:

- Facilities are able to support the delivery of the schemes documented above
- Any additional requirements on Facilities not documented above is unlikely to be absorbed as Facilities are redesigning teams based on current activity levels

- Any increase/decrease to current activity levels will impact on the Facilities workforce and additional staff may be required
- The South Wales Programme and redesign of services including the requirement for 7 day working and development of a Diagnostics hub may impact on Facilities although this impact is as yet unknown.

The Facilities team will send a representative to the Integrated Planning Group to ensure that we are kept up to date with planning priorities in other directorates and can respond where necessary.

#### **8.4 Prudent Health Care**

This is a key Ministerial priority due to the significant improvements it offers for patient and population outcomes. The Facilities IMPT has embedded the principles of Prudent Healthcare into its core business areas so that all services are cost effective and represent good value for money. In addition, as aforementioned, Facilities has developed the IMTP with the focus of *'Adding value over and above the direct purchasing of services'*. This will result in a Facilities Team integrated with the clinical care teams providing support services to maximise patient care whilst also delivering additional added value activities which not only enhance patient experience they reduce the workload of the clinical teams.

Examples of how the principles of prudent healthcare are being embedded into the day – to day management of Facilities Services include:

##### CPU de-gear

Following a period of extensive analysis it became clear that the staff establishment at CPU was higher than necessary to deliver the food production requirements of Cwm Taf. This being the case, a plan was developed and the number of staff reduced to match the production demand. This reduction in establishment has now been completed. This is in line with the principles of prudent healthcare as only the resources necessary to deliver the services are now being utilised, resulting in an effective and efficient service.

##### Management of Laundry Items

In order to improve efficiencies within the linen and laundry services, and reduce the cost of purchasing replacement items, a project group has been established with representatives from Facilities and Nursing. The outcome of the project is to establish systems to better manage the usage of linen items and control losses where items are used inappropriately e.g. using a towel for cleaning spillages at ward level. This will result in reduced spend on replacement items as well as laundering costs.

The project will also develop a set of principles concerning the usage and management of laundry items ensuring consistency of quality across all sites.

### Housekeeping redesign

The housekeeping redesign project will incorporate the principles of prudent healthcare as the redesigned service model will provide housekeeping services when they are required by the service users. This will improve efficiency, reduce current service costs and represent value for money for the Health Board.

## 9. Conclusion

The Facilities team is confident that the IMTP refresh captures the priority areas for delivery within the directorate, and where possible this has been aligned to the direction of the Health Board. The directorate will continue to work closely with the planning business partner to ensure that we are aware of the requirements of other directorates and can support the delivery of their plans.

The next steps for the IMPT are:

- Exec approval following submission of 2<sup>nd</sup> cut IMTP
- Implementation of service redesign and savings schemes as identified within the IMPT by the team

Following the IMTP being approved, the directorate will hold a 'team away day' for all senior managers, service managers, support managers and team leaders. The day will focus on sharing the requirements of the IMTP so that everyone is aware of the actions that are necessary to fully implement the plan. This will assist the team to achieve the forecast outcomes detailed in the plan in terms of service improvements/redesign and delivery of savings targets.

The existing meeting structure will support reporting of progress against plan and an escalation process is in place should the usual channels prove insufficient for any significant risks against plan delivery. In order to ensure that these reports are useful and that the plan remains a live document within the directorate, the monthly CBM preparation meetings have been expanded to include an agenda item to review progress against IMTP objectives.