


Board of Directors' Meeting 9 June 2022

Agenda item	106/22			
Report	Estates and MES Quarterly Report			
Executive Lead	Helen Troalen, Director of Finance			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people		Effective	√
	Our service delivery	√	Caring	
	Our partners		Responsive	√
	Our governance		Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF5 Estates infrastructure	
	For decision / approval		Link to risk register:	
	For review / discussion		1482 Fire Evac 1934 Fire Alarm Obsolete 1751 Compliance Struct	
	For noting	√		
	For information			
	For consent			
Presented to:	Finance and Performance Assurance Committee 31.5.22			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>The attached estates highlight report provides high level assurance by covering the estates and MES functions and operations that are integral to the delivery of high quality clinical care ensuring that SaTH provides a safe, high quality and efficient estate. This report is a summary of activity over Q4 21/22. It covers;</p> <ul style="list-style-type: none">• strategic estates capital programme;• backlog maintenance capital programme;• estates operations –statutory and mandatory maintenance as well as reactive maintenance performance;• and medical engineering. <p>The Estates Strategic plan has already gone to board and been approved. The plan is an integral part of service planning, national and local objectives and future planning. The five-year estates plan capital is presented separately.</p>			
Appendices	Annex 1: Estates and MES Q4 FY21/22 report (including KPIs and visuals)			
Lead Executive:				

1.0 Introduction

- 1.1 The attached highlight report covers estates strategic and operational functions that are integral to the delivery of high quality clinical care ensuring that SaTH provides a safe, high quality and efficient estate.

2.0 Estates Capital Programme

- 2.1 The estates capital programme management office (CPMO) continues to build on the successful delivery of schemes from FY 21/22, such as A&E refurbishment, new fracture clinic, clinical modular SDEC (same day emergency care), C.T./ MRI pod, the completion of cophthorne, refurbishment of medical records, PRH Ironbridge Suite, new AHU (air handling units) upgrades on both PRH & RSH, extensions of medical gas supplies to ward spaces, along with the delivery of numerous essential backlog schemes such as window replacements, roads and roofing across both sites.

There are further significant capital investments underway in FY22/23 of roughly £11m. Of that there is £6.2m for renal satellite and pathology. In addition, £4.7m approximately are feasibilities for acute floor, linac bunker and A&E pods. A further £29m worth of ICS system funded schemes are also being managed by the CPMO such as the elective hub at PRH & CDC.

The impact of these investments (delivered on time and on budget) has provided the Trust with a safer physical environment such as the case for A&E and is enabling system required changes to patient pathways and clinical models to support improved operational performance, further assisted with the completion of the new 32 bed modular ward.

Of the planned investment a total of £4m is specifically allocated for SaTH backlog in FY22/23 schemes with another £2.85m on endoscopy.

- 2.2 Major strategic schemes planned for completion in FY22/23:
- RSH pathology laboratory refurbishment – £750k
 - PRH renal satellite- £5m
 - PRH elective hub phase 1 - £10m (if approved – see below)
 - PRH A&E consulting rooms extension - £280k
 - RSH ITU/HDU new AHU - £500K
- 2.3 Major strategic developed schemes awaiting central capital approval:
- Elective daycase hub phases 1 & 2 - £24m
 - HTP OBC detail design stage - £6m
- 2.4 System schemes include:
- Community diagnostic hub £5.8M – (this is a community project supported by SaTH strategic estates department which will complete in 22/23)
 - MSK reconfiguration
- 2.5 A number of significant backlog maintenance capital schemes are also currently underway these will be completed in 22/23 including:
- PRH uninterruptible power supply / isolated power supply £200k
 - RSH/PRH – upgrade of fire alarm systems - £200k
 - RSH/PRH - fire doors and dampers - £300k
 - RSH - AHU & ventilation upgrades - £360k

- Queensway SSD autoclave upgrades £800K

Currently the endoscopy schemes both at RSH and PRH of which £2.85m capital is due for completion by end of summer. These extensions will add significant capacity and improvements to the endoscopy service pathway across both sites.

Backlog liability data is not included in this report and will be reported on within the next Estates and MES board update when backlog survey has been completed.

3.0 Operations - Planned Preventative Maintenance (PPM) & Reactive Maintenance

- 3.1 Statutory and mandatory PPMs are a key area of compliance for each of the 9 estates operations disciplines. These disciplines are decontamination, electrical, water, medical gas, specialist ventilation, fire, asbestos, lifts and pressure systems. Each area must have its own compliance framework following HTM and HBN guidance. Each discipline also requires its own Authorising Engineer (AE), Authorising Persons (AP) and Responsible Persons (RP) and Competent Persons (CP) to be compliant. Historically the estates department at SaTH has not had the required AP resources to ensure such compliance. However, over the last year Estates have been successful in recruiting to most of these roles with any remaining vacancies arising from recent retirements and internal moves. As the formal structure grows with AP appointments, so does the recruitment to CP roles to ensure that the estates compliance framework is complete.
- 3.2 The current position is 73% of AP posts are filled due to recent retirements and internal post moves. Any AP gaps are being covered by other internal resources. The department also engaged 6 apprentices who are all progressing well since their October start.
- 3.3 This quarter there has been a continued improvement in PPM compliance over (83.8%). Not only has there been a steady improvement in performance, the actual number of PPMs has increased by approx. 26% over the last 12 months. This is due to the improved compliance framework that has been developing with resource availability. Whilst estates are targeting 90% PPM compliance, this is affected by staff absences and the number/urgency of reactive work requests received.
- 3.4 Reactive jobs have dropped in numbers since the peak in Q1 and Q2 when there was an increased amount of activity NHSEI visits (see slide 8 in Annex). Average response times for all reactive jobs continues to fall at 13.5 hours and completion times are fairly steady at 2.1 hours.
- 3.5 PPMs
 - 3,240 PPMs completed.
 - 83.8% of statutory and mandatory on time. Impacted by COVID-19 absences/leave.
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- 3.6 Reactive Jobs
 - 7,081 reactive job lines assigned, 6,904 completed 97.5%.
 - Average response time 13.5 hours.
 - Average completion time 2.1 hours.

Over Q4 a total of 10,321 jobs were executed by estates equating to roughly 114 jobs per day. (Slide 9 of Annex)

3.7 Estates compliance - policies

6 policies completed and issued to PAG (Policy Assurance Group) in October (Electric, Lifts, PSSR, Pest Control, Medical Gases and Heating and Ventilation)
2 under review which are Decontamination and Business Continuity Plan.

4.0 Medical Engineering Services (MES)

- 4.1 The MES team undertook commissioning of over 2,000 devices for SaTH in FY21/22.
- 4.2 Supported delivery of >£4M capital replacement programme in FY21/22, due to programme scale and complexity many devices are still being commissioned and will be managed well into the new financial year.
- 4.3 Planned Preventative Maintenance (PPM) compliance targets for medical devices within the Trust is set in line with benchmarking and best practice peer groups. MES have set a stretching target of 95% for high risk medical device PPM (Planned Preventative Maintenance), however PPM compliance has fallen 4.4% this target. The below target performance is due to access restrictions and commissioning pressures associated with large volume of new devices. MES is in the process of assessing resources required to manage the volume of devices the Trust is currently handling.
- 4.4 MES are providing support and planning of major medical device projects including Infusion pumps and new ward profiling beds. MES are also supporting total bed management project involving specialist beds and mattress systems.
- 4.5 Full Re-certification of Quality Management Standards ISO: 9001 (2015) and IS):13485 (2016) was achieved in year.
- 4.6 MES has developed its reporting data and extended the presentation of activity and compliance to Devices and Products Group and Quality Operational Committee in line with Q2 21/22 Internal audit recommendations.

5.0 Risks and Actions

The following are Estates risks with current risk at or above 12.

5.1 Fire Risks

1. Capital Strategy for Fire Safety: Fire Compartmentation Corporate Risk Register 1123

Inherent risk 25 Red

Current Risk 12 Amber

Risk Owner: Estates

Risk Action: Include in backlog capital programme funding for compartmentation.

Action Date: March 23

Fire compartmentation (including fire doors) is of a poor standard across large areas of both main sites. Capital do upgrade the fire compartmentation when

refurbishing areas but this is limited to the areas that are identified within the scheme.

A programme for addressing fire door maintenance is underway with high risk areas being addressed in FY 22/23 capital backlog funding.

2. Capital Strategy for Fire Safety: Fire Alarm System Risk Register 1123

Inherent risk 25 Red

Current Risk 12 Amber

Risk Owner: Estates

Risk Action: Include in backlog capital programme funding for compartmentation.

Action Date: March 23

Some parts of the fire alarm systems installed are not at the required L1 standard on both sites (as a rough approximation 90% of RSH is at the correct standard & 70% of PRH).

Main non-compliant fire alarm boards have been addressed in FY 21/22 with secondary boards on a rolling programme for replacement. Spare boards have been sourced to ensure that any risks are mitigated.

3. Vertical Fire Evacuation Training Ward Block RSH – Corporate Risk Register 1482

Inherent risk 20 Red

Current Risk 16 Amber

Risk Owner: Corporate Education

Risk Action: Implementation of additional corporate training support through external suppliers.

Action Date: March 23

Acceptable levels of staff training in vertical evacuation for the Ward Block RSH, which includes use of the equipment, has not been achieved. This is an education training risk exacerbated during covid due to limited training taking place. Alternative training provider support has been sourced via Wolverhampton NHS Trust.

5.2 Other Estates Risks

1. Compliance Structure and Resources Risk Register 1751

Inherent risk 25 Red

Current Risk 12 Amber

Risk Owner: Estates

Risk Controls:

- Commission external contractors to provide assurance via surveys / audits and high risk reviews
- Gather compliance action plans for highest risks and prioritise actions with highest impact.

Risk Actions: Explore internal progression with support from senior estates managers and advertise more widely for roles to attract private sector candidates.
Action Date: March 23

2. Generator Loading Risk Register 1666

Inherent risk 16 Red

Current Risk 12 Amber

Risk Owner: Estates

Risk Controls:

- Ensure suitable mobile generator is available from a commercial supplier in case generator is required for prolonged periods of time.

Risk Actions: Incorporate generator tap-ins in elective care proposals at PRH.

Action Date: March 23

3. Management of Electrical Systems Across Sites – Black Start 1368

Black Start is effectively shutting testing of electrical back up systems by effectively shutting down electrical supply to the entire site. This allows estates engineers to test resilience and back up in the system.

Inherent risk 20 Red

Current Risk 12 Amber

Risk Owner: Estates

Risk Controls:

- Monthly generator tests
- Installation testing
- Staff training

Risk Actions: Black Start Testing Required for site which needs to be arranged with business continuity and planning manager at SaTH.

Action Date: August 22

4. PPM Status of High Risk Medical Devices– Risk Register 2179

Inherent risk 12 Red

Current Risk 8 Amber

Risk Owner: Estates

Risk Controls:

- Address access restrictions with departments
- Reporting to users of out of date devices that need to be updated in order to facilitate access.

Action Date: August 22

6.0 Conclusion

- 6.1 The Board of Directors are asked to note the Estates and MES Q4 FY21/22 report and the progress being made across key areas.

Estates Q4 Quarterly Board Report – Jan/Feb/Mar 22

Annex 1

Helen Troalen
Director of Finance

Will Nabih
Associate Director
Estates & Hospital Site Transformation

Estates Capital Programme Update

Works to deliver £29.8m of centrally-funded investment for FY22/23 are underway ;

Major Schemes to be delivered in FY22/23 include:

RSH Path Lab – (£750k) – Design in progress.

Community Diagnostic Centre (CDC) Hollinswood House – (£5.8m) – Works in progress.

PRH Renal Service Hollinswood House – (£5m) – Works in Progress.

PRH Elective Daycase Hub Phase 1 & 2 – (£24m) – Design In progress.

Capital schemes currently underway will be completed in 22/23 including:

PRH A&E Changing room extension – (£280k) – Due for completion June 22.

PRH AMU Consulting Room Extension – (200k) – Design in progress.

PRH & RSH Endoscopy Extensions – (£5m) Works in Progress.

RSH New AHU for ITU/HDU – (£500K) – Design completed.

There is also £4m allocated to address backlog maintenance

Estates Backlog Maintenance

Updated backlog data will be produced for next board update when backlog survey will be complete and ERIC submissions made.

Capital Programme of Works – Update at Q1 22/23

Capital Projects Programme of Works	Funding	No of Schemes being handled	FY 22/23 (£000)	FY 23/24 (£000)	Total Value (£000)
Strategic Capital	NHSI/E	1 Live 1 Feasibility	£10,000	£14,000	£10,000 £14,000
System based Projects CDC Hollinswood House	ICS	1 Live	£5,833		£5,833
Backlog Maintenance Endoscopy Build	Trust Backlog Trust Endoscopy	24 Live 2 Live	£4,000 £2,845		£4,000 £2,845
Trust Funded Strategic Schemes (Live Renal & Pathology, AHU / Feasibility A&E Pods, Acute Floor, Linac Bunker)	Trust Funds	3 Live 3 Feasibility	£6,250 £4,670		£6,250 £4,670
HTP OBC Technical Design	NHSI/E	1 Live 0 Feasibility	TBC		TBC
Additional Funding (RSH Energy Centre)	Public Sector Decarbonisation Fund	0 Live 1 Feasibility	£16,600		£16,600
A&E Refurbishment	NHSI/E	Completed			
Modular Ward (Ward 37)	NHSI/E	Completed			
Totals		32 Live 5 Feasibility	£28,928 £21,270	£0 £14,000	£28,928 £35,270

Key Capital Schemes Highlight Report at Q1 FY22/23

Key Strategic Schemes				
Project	Deadline	Allocation	Status Report	Overall Project Stat
CDC & Renal Hollinswood House	March 23	£10.8m	<ul style="list-style-type: none"> Hollinswood House is stripped out Detail Design currently underway Main lease to be signed P.O.'s to be raised for the Main Contractor, Phillips and C.T. Equipment 	In progress
Emergency Care Allocation Schemes (YR 2)				
RSH Pathology	October 22	£750k	<ul style="list-style-type: none"> Design discussion underway with the users 	In Progress
Adopt & Adapt Funding Scheme				
PRH Elective Hub Phase 1 & 2	Phase 1 – May 22 – March 23 Phase 2 Jan 23 – Mar 24	£24m	<ul style="list-style-type: none"> Outline Design in progress P22 Contractor procured Temporary Modular quotations received Awaiting NHSE/I Confirmation 	In Progress
Trust Capital Funding £1m				
ITU/HDU AHU installation	July 22	£500k	<ul style="list-style-type: none"> ITU/HDU Relocate into Ward 37 24th May 22 AHU Equipment ordered Works to take approximately 6-8 weeks Hand back ITU/HDU early July 22 	In Progress

Key Capital Schemes Programme

£ Costs

● On Budget

● Change to Budget

Timescales

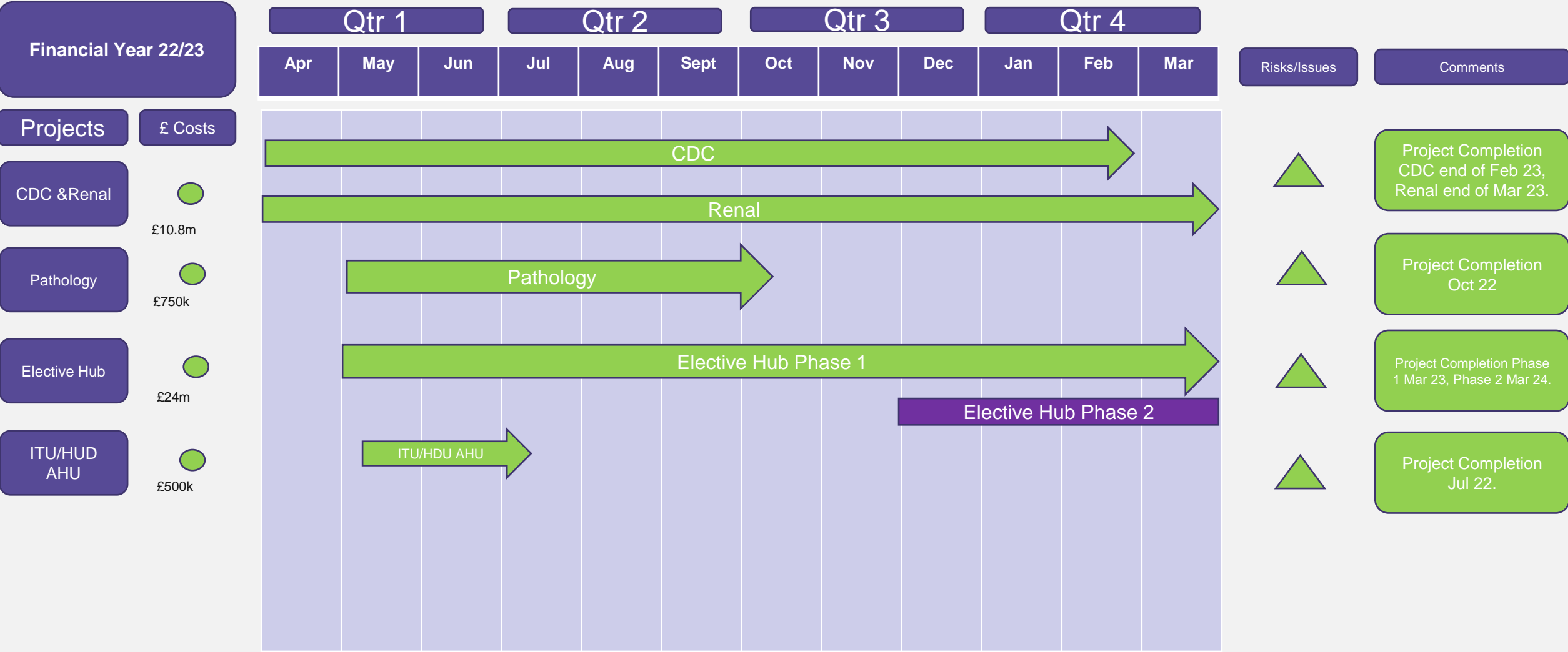
→ On Time

→ Delay to Programme

Risks/Issues

▲ Low Risk

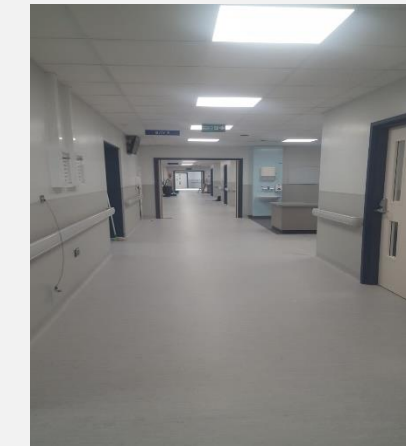
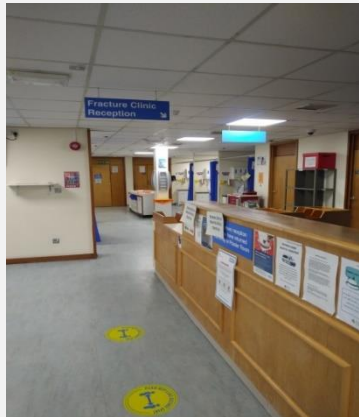
▲ Area of Concern



Key Capital Projects Visual Update @ Q1 FY 2022/23

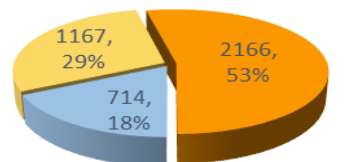
Recently completed and in progress Projects

NHSE/I Funding	ICS / Trust Capital Funding	Trust Capital Funding
A&E Refurbishment	CDC & Renal Hollinswood House	RSH 32 Bed Modular Ward



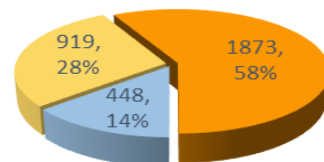
Estates Operations PPM and Reactive Compliance Key Metrics @ Q4 FY21/22

No. PPMs Due By Category
Q4 21/22



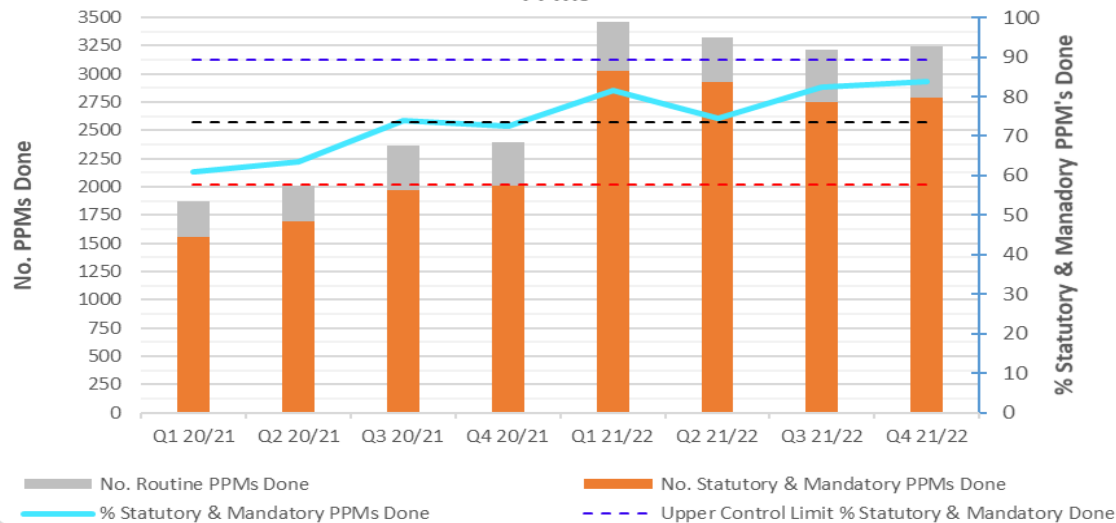
■ Routine ■ Mandatory ■ Statutory

Breakdown Of PPM Done
Q4 21/22



■ Routine ■ Mandatory ■ Statutory

PPMs



Q1 = Apr-Jun Q2 = Jul-Sep Q3 = Oct-Dec Q4 = Jan-Mar

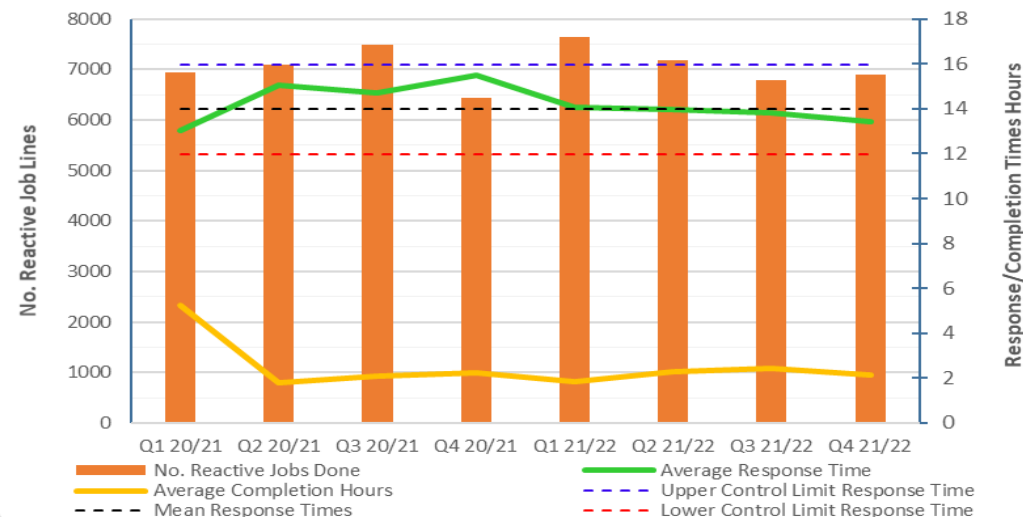
PPMs

- 3,240 PPMs completed.
- 83.8% of Statutory and Mandatory on time.
- Significant PPM completion improvements over the last two years. Also note that the number of PPM's has increased due to improvements in Estates compliance framework.

Reactive Jobs

- 7081 reactive job lines assigned, 6,904 completed 97.5%.
- Average response time 13.5 hours.
- Average completion time 2.1 hours.

Reactive Jobs

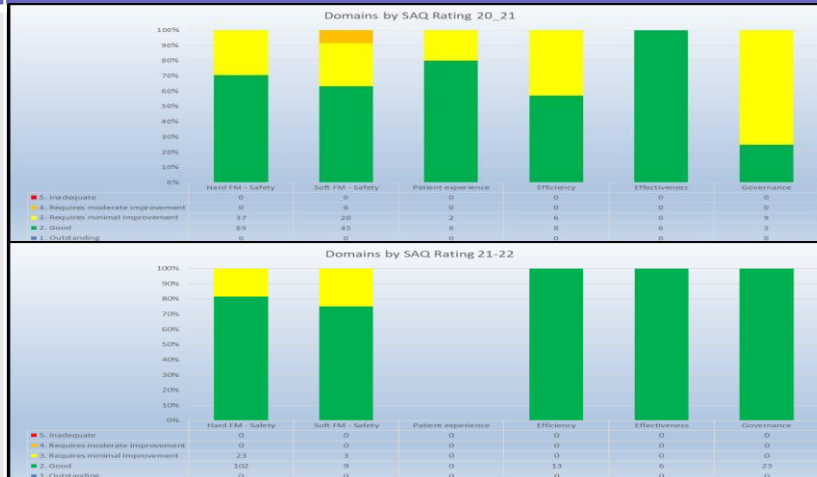


Estates Compliance Key Metrics – Q4 FY21/22

Area	Update
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Premises Assurance Model- Compliance
 Current PAM compliance for 2021-22 = 85.5%
 Compliance for 2020-21 = 75.6%
 Target for year end 2022 = 90%

Risks
 15 open risks (1 Red, 12 Amber, 2 Yellow).
 Red risk scored 15 and related to Lack of Fire Officer.



Generate Report: Heatmap

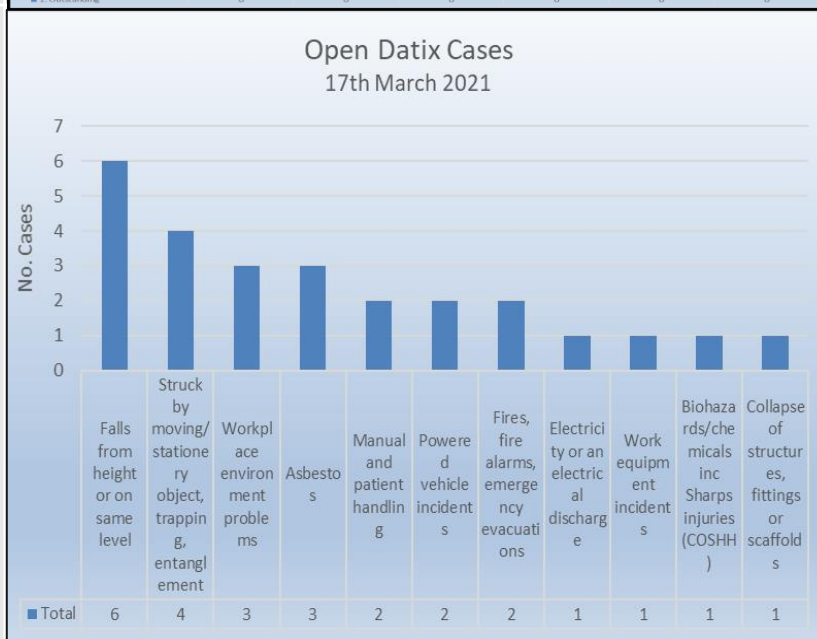
Heatmap Type:

	5	10	15	20	25
Almost certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic

Policies
 6 Policies completed since October (Electric, Lifts, PSSR, Pest Control, Medical Gases and Heating & Ventilation)
 2 under review (Decontamination, & BCP)

Compliance Roles & Responsibilities
 Current 93% compliant
 Recruitment ongoing for Decontamination, Ventilation & Fire)

Datix
 26 open cases
 2 "awaiting approval" by H&S team
 18 being reviewed
 6 awaiting review
 Main issue: Falls from height or on same level



Discipline	AE	Co-ordinating (Lead) AP	(Deputy) AP	Chair / Estates RP
Decontamination	Jim Tinsdeal	Dave Lewis	Stuart Conroy Phil Probert Vacancy	Dave Lewis
Electrical Safety (LV/HV)	Malcolm Partridge (Avonside)	Anthony Butler (*subject to training)	Michael Williams Phil Probert	Michael Williams
Water Safety	Mike Koumi (Hydrop)	Shona Baugh	Martyn Henefer Mark Leighton (*subject to training)	Chris Hood
Medical Gases	Steve Goddard (MGPS Services Ltd)	Michael Williams	Anthony Butler (refresher due 15 th June)	Dave Lewis
Specialist Ventilation	Ray Hughes	Martyn Henefer	Andrew Baxter Vacancy	Chris Hood
Fire	Darren Kirk	Vacancy	Liam Daffern Martin Parton Clare Prime *all training to be Fire Officer.	Will Nabih
Asbestos	Paul Bayliss (Tetratech)	Shona Baugh	Shona Baugh	Will Nabih
Lifts	Andrew Hicks Horsley TDS Ltd	Phil Probert (subject to training)	Martin Lavery	Michael Williams
Pressure Systems	Anthony Fernandez	Andrew Baxter	Martyn Henefer	Chris Hood

Medical Engineering Services - Key Metrics @ Q4 2021/22

Area	Update
MES	<ul style="list-style-type: none"> Undertook commissioning of over 2000 brand new Medical Devices in 21/22 Delivery of >£4 M device replacement programme with planned capital and revenue schemes FY21/22 High risk PPM compliance 4.4% below target (Being managed and addressed with risk register entry) There are over 30,000 medical device assets being managed, with a value of £41M MES supporting Trust-wide Ward Bed replacement project Re-certification of Quality Management Standards ISO:9001(2015) and ISO:13485(2016) achieved in 21/22

