


Board of Directors' Meeting 8 December 2022

Agenda item	238/22			
Report	Estates Bi-Annual Report 2022/23			
Executive Lead	Helen Troalen, Director of Finance			
Report Author	Will Nabih Assoc. Director of Estates and Hospital Site Trans.			
	Link to strategic goal:		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		BAF6 Estates infrastructure	
	For decision / approval		Link to risk register:	
	For review / discussion		1482 Fire Evac Training	
	For noting	√	1934 Fire Alarm Obsolete	
	For information		1123 Capital for Fire	
	For consent		2173 Lack of Fire Officer	
			1368 Elect Systems	
			2179 Med Eqpt Status	
Presented to:	2022.11.29: Finance and Performance Assurance Committee			
Executive summary:	<p>The attached estates highlight report covers the key performance indicators that the operational estates and MES functions are held to delivering. These functions are integral to the delivery of high-quality clinical care and the KPI performance provides assurance that SaTH has a safe, high quality and efficient estate. This report is a summary of activity over H1 FY 22/23. It covers:</p> <ul style="list-style-type: none"> • Estates Operations • Medical Engineering. <p>The appendices set out the performance in the last three reported months (August to October) and the performance for the whole of the first half of the year.</p>			
Appendices	<p>Appendix 1: Estates KPIs for August to October 2022 Appendix 2: Estates KPIs for H1 FY 22/23 (April- Sept 2022) Appendix 3: Medical engineering KPIs H1 22/23 Appendix 4: Extract from the risk register</p>			
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 Planned Preventative Maintenance (PPM) & Reactive Maintenance

2.1 The formal operational compliance structure with Authorised Persons (AP) continues to grow. This covers disciplines of Decontamination, Low Voltage Electrical, High Voltage Electrical, Water, Medical Gas, Specialist Ventilation, Fire, Asbestos, Lifts and Pressure Systems.

2.2 The current position is 81% of AP posts are filled due to recent retirements and internal post moves. Any AP gaps are being covered by other internal resources.

2.3 This quarter there has been a continued improvement in PPM compliance (91.4%). Not only has there been a steady improvement in performance, the actual number of PPMs has increased by approx. 35% over the last 4 years. 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.

2.4 Reactive jobs have increased in number this quarter following CQC and NHSEI inspection visits. Despite this increase in workload, the average response times for all reactive jobs continues to fall (12.8 hours) and average completion times are fairly steady (2.4 hours).

2.5 PPMs

- 3,505 PPMs completed.
- 91.4% of statutory and mandatory on time.

Reactive Jobs

- 7,393 reactive job lines assigned, 7,210 completed 97.5%.
- Average response time 12.8 hours.
- Average completion time 2.4 hours.

Over Q4 a total of 10,715 jobs were executed by estates equating to roughly 119 jobs per day.

2.6 Estates compliance - Policies

Six (6) policies completed and issued to Policy Assurance Group in October (electric, lifts, PSSR, pest control, medical gases and heating and ventilation). Two (2) under review which are decontamination and business continuity plan.

3.0 Medical Engineering Services (MES)

- 3.1 The MES team undertook the commissioning of >1,000 additional medical devices for SaTH in the first half of 2022/23.
- 3.2 MES are delivering a capital replacement programme in FY22/23 involving beds, defibrillators, and smart infusion pumps, whilst also supporting clinical area capital schemes predominantly involving central station-controlled patient monitoring systems.
- 3.3 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. Current compliance is 89.6% due to high levels of commissioning of replacement and new devices for successive years pressuring workforce. A restoration plan is in action to regain high-risk compliance by Q3.
- 3.4 A total of 376 brand new beds are now in use, commissioning training and removal of old stock is ongoing, with the project on course to complete by year end.



Clinical training session on new bed in progress

- 3.5 Quality Management Standards certification to ISO: 9001 (2015) and ISO:13485 (2016) is maintained.
- 3.6 MES has revised and rewritten SaTH's '*Management of Medical Devices*' Policy in line with latest MHRA and CQC requirements and the policy has been approved by SaTH's Devices and Product Committee and has been submitted for Executive approval and ratification. This also closes an action from the Medical Device internal audit conducted by MIAA during 2021/22.

4.0 Risks and Actions

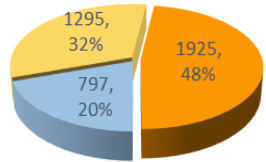
- 4.1 The highest risks for estates can be found in the extract from the risk register in appendix four.
- 4.2 Further work is underway with regards to an action plan on fire risks and this will be reported to Board separately.

5.0 Conclusion

- 5.1 The Board of Directors are asked to note the Estates and MES for H1 FY22/23 report and the progress being made across key areas.

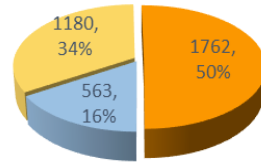
Estates KPIs – August to October 22

No. PPMs Due By Category Aug-Oct 22/23



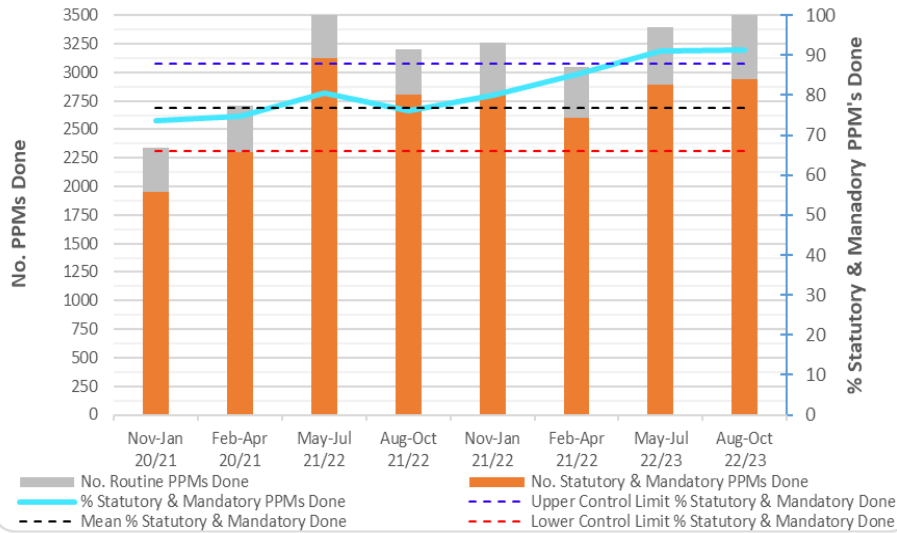
■ Routine ■ Mandatory ■ Statutory

Breakdown Of PPM Done Aug-Oct 22/23



■ Routine ■ Mandatory ■ Statutory

PPMs



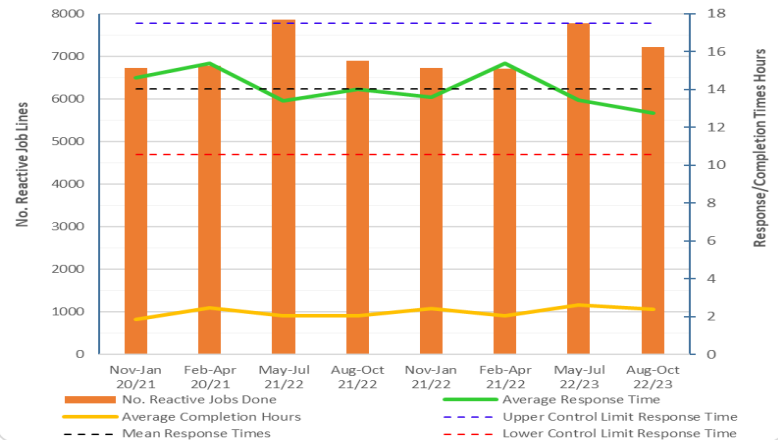
PPMs

- 3,505 PPMs completed.
- 91.4% of Statutory and Mandatory on time.
- Good levels of PPM completion despite increase in reactive works following CQC and NHSEI inspections. Increased compliance work has seen PPM workload increase of approx. 35% since 2019.

Reactive Jobs

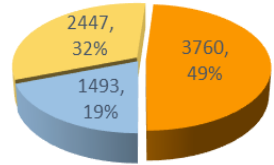
- 7,393 reactive job lines assigned, 7,210 completed 97.5%.
- Average response time 12.8 hours.
- Average completion time 2.4 hours.

Reactive Jobs



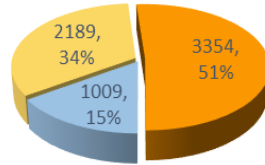
Estates KPIs – April to September 2022

No. PPMs Due By Category Q2 22/23



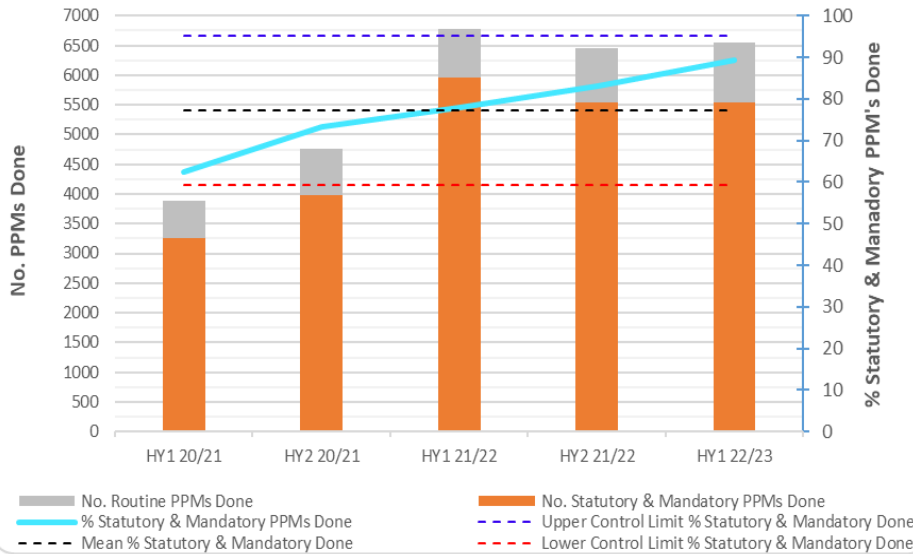
■ Routine ■ Mandatory ■ Statutory

Breakdown Of PPM Done Q2 22/23



■ Routine ■ Mandatory ■ Statutory

PPMs



HY1 = Apr - Sep HY2 = Oct - Mar

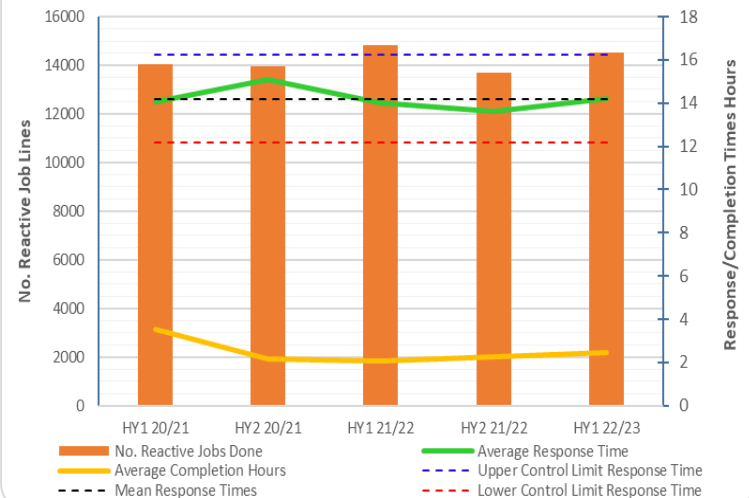
PPMs

- 6,552 PPMs completed.
- 89.3% of Statutory and Mandatory on time.
- Significant improvement in PPM completion against a fairly steady reactive workload.

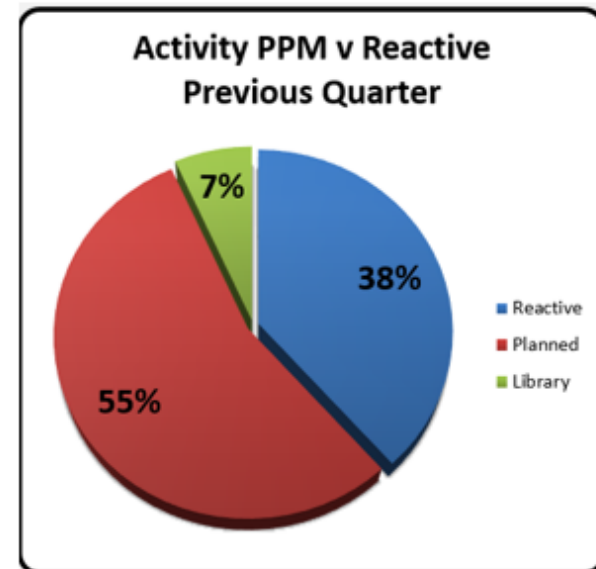
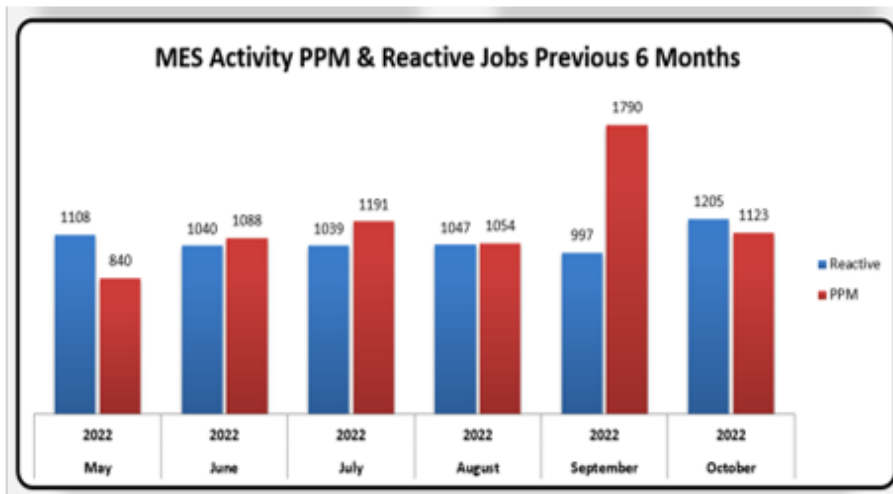
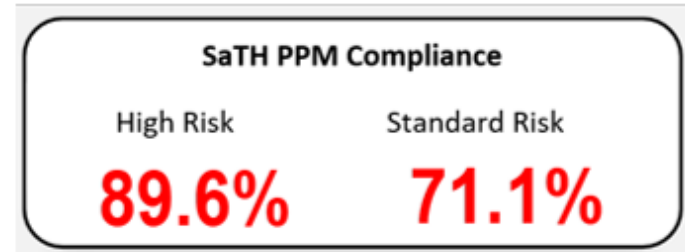
Reactive Jobs

- 14,851 reactive job lines assigned, 14,526 completed 97.8%.
- Average response time 14.2 hours.
- Average completion time 2.5 hours.

Reactive Jobs



- Averaged approx. 2500 jobs per month with a PPM purge in Sept 22
- Saw High risk PPM compliance fall **11.2%** below target but with recovery plan in place currently only **5.4%** below and improving
- Completed 2600 medical device jobs completed this month
- Commissioning activity still high with significant additional devices entering service
- Were able to improve Planned PPM to Reactive work ratio in favour of planned for last quarter



Extract from the risk register – highest estates risks

Fire

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

Inherent risk **25 Red**

Residual Risk **8 Amber**

Risk Owner: Estates

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

Action Date: March 23

Fire compartmentation including some 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. A programme for this works has been identified with key high risk areas that need to be addressed focussing on PRH. Significant fire compartmentation investment has been made over FY 20/21 and FY 21/22 focussing on RSH high risk area, this work was signed off by Shropshire Fire and Rescue. It is planned that PRH compartmentation works start and complete in FY 22/23 if access can be provided.

2. **Capital Strategy for Fire Safety: Fire Alarm system Corporate Risk Register 1123**

Inherent risk **25 Red**

Residual Risk **8 Amber**

Risk Owner: Estates

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

Action Date: March 23 Phase 2 / March 24 Phase 3

Some parts of the fire alarm systems installed are not at the required L1 standard on both sites. Main non-compliant fire alarm boards have been addressed in FY 21/22 (Phase 1) with secondary boards on a rolling programme for replacement. Spare boards have been sourced to ensure that

any risks are mitigated. A rolling programme to replace all fire alarm panels is under way. The programme is over FY 22/23 and FY 23/24. When complete main fire alarm panels will have been upgraded.

3. Vertical Fire Evacuation training Ward Block RSH – Corporate Risk Register 1482
Inherent risk 20 Red

Residual Risk 9 Amber

Risk Owner: Corporate Education now Estates Fire Team

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 has been education training risk exacerbated during covid due to limited training taking place. Fire evacuation training responsibility has now moved to the estates fire team. Alternative training provider support has been sourced via Wolverhampton NHS Trust. A full training plan has been developed addressing all Trust fire training needs. Expected that this risk will be mitigated over the next 6-12 months with support from Wolverhampton.

4. Lack of Trust Fire Officer Corporate Risk Register 2173
Inherent risk 16 Red
Residual Risk 6 Amber

Risk Owner: Estates

Risk Action: Fire officer Support from Wolverhampton NHS Trust. Training internal secondment staff.

Action Date: March 23

Support from Wolverhampton NHS Trust now in place and training programme for trainee fire officers being developed and implemented. Although now a low risk, it should be kept in place until in house resources have had the right training and enough experience to take on fire safety role independently without support from Wolverhampton NHS Trust.

Other risks

5. 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 6 Yellow

Risk Owner: Estates

Risk Controls:

- Monthly generator tests
- Installation testing
- Staff training

Risk Actions:

Black Start has been conducted with support from business continuity and planning manager at RSH. PRH Black Start exercise being organised.

Action Date: March 23

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

Inherent Risk 12 Red

Current Risk 12 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: March 23