

Estates Quality Manual

DOCUMENT CONTROL

Author/Contact	Estates Quality Manager Tel: 01946 523787 Email: steve.dougan@ncuh.nhs.uk Facilities Quality & Performance Manger Tel: 01228 814507 Email: carol.johnston@ncuh.nhs.uk	
Document Reference	EFM_QMS_EFQM	
Version	3.0	
Status	Approved	
Publication Date	21/09/2010	
Review Date	30/09/2012	
Approved/Ratified by	Governance Committee	Date: 21/09/2010
Distribution:		
North Cumbria University Hospitals NHS Trust – Intranet		
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Version	Date	Comments	Author
2.0	04/11/2008	Version number changed following annual review	Estates & Facilities Quality Manager
3.0	21/09/2010	Approved	

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Estates & Facilities Management Meeting	28/06/2007
Governance Committee	11/09/2007
Trust Board	25/09/2007
Trust Policy Group	30/08/2007
Trust Policy Group	31/07/2008
Estates and Interserve Group	03/06/2010
Trust Policy group	08/09/2010

SUMMARY

This Quality Manual covers the activities and functions performed by the Trust's Estates & Facilities Department.

This Quality Manual defines the manner in which the Trust's Estates & Facilities Department quality system works in order to assure our clients of the high standards of quality.

As part of this process we have adopted ISO 9001:2008 as a management systems model and have interpreted its requirements for our department and service users.

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1. TABLE OF AMENDMENTS

Table of Amendments – Quality Manual					
Document	Page Number	Version	Date	Description of Change	Authorisation
QM	7	1.1	19/02/2008	Change to Department Quality Objectives with clearly set targets by Director of Estates & Facilities	Director of Estates & Facilities
QM	5	1.1	19/02/2008	Table of Amendments moved from page 14 to page 5 to clearly show changes to manual	Estates Quality Manager
QM	11-13	1.1	19/02/2008	Removal of what was section 12 correspondence between ISO 9001:2000 & procedures, following advice from BSI Assessor	Estates Quality Manager
QM	2	1.1	19/02/2008	Change of word scope to summary on page 2 as scope mention twice	Estates Quality Manager
QM	7	1.1	19/02/2008	Change to wording of Scope on page 7	Estates Quality Manager
QM	6	1.1	19/02/2008	Change to Introduction, clearly defining Planned Preventive Maintenance, Reactive Maintenance (emergency, urgent & routine) by Director of Estates & Facilities	Director of Estates & Facilities
QM		2.0	04/11/2008	Version number changed following annual review	Estates & Facilities Quality Manger
QM	14	2.1	11/11/2008	Changes made to version numbers on other Estates Quality Procedures following annual review	Estates & Facilities Quality Manger
QM		2.2	29/06/2009	Version number changed due to amendments on policy	Estates, Quality & Performance Manger
QM	Various	2.2	14/07/2009	Changes made to include Catering, Domestic & Portering Department	Estates, Quality & Performance Manger
QM	16	2.3	03/08/09	Changes made to 9.3 – Change to Estates & Facilities Department	Facilities, Quality & Performance Manager
QM	14	2.3	03/08/09	Change made to 7 – Change chart to just Facilities Department	Facilities, Quality & Performance Manager
QM	10	2.4	22/09/09	Changes made to section 3.4 – Change times on portering	Facilities, Quality & Performance

					Manager
QM	13	2.5	29/10/09	Changes made to include both Estates & Facilities on the department structure	Facilities, Quality & Performance Manager
QM	2	2.5	29/10/09	Version before 2.0 taken out	Facilities, Quality & Performance Manager
QM	8 & 10	2.5	29/10/09	Move last paragraph from section 2.2 to section 4	Facilities, Quality & Performance Manager
QM	2	2.5	29/10/09	Add Facilities Quality & Performance Manager as an author	Facilities, Quality & Performance Manager
QM	2	2.5	29/10/09	Delete document path & file name	Facilities, Quality & Performance Manager
QM	16	2.5	29/10/09	Delete last 3 rows on table of procedures	Facilities, Quality & Performance Manager
QM	16	2.5	29/10/09	Updated table with all correct version numbers	Facilities, Quality & Performance Manager
QM	16	2.6	08/01/2010	Updated table with all correct version numbers	Facilities, Quality & Performance Manager
QM	14	2.7	11/01/2010	Replace Estates & Facilities Structure with updated version	Estates, Quality & Performance Manager
QM	10	2.8	10/03/2010	Updated to percentage response figures to raise from 80% to 85%	Estates, Quality & Performance Manager
QM	1	2.9	03/06/2010	Trust email address updated	Facilities, Quality & Performance Manager
QM	1	2.9	03/06/2010	Distribution: sentence added to second paragraph	Facilities, Quality & Performance Manager
QM	9	2.9	03/06/2010	Section 2.3: 3 rd paragraph year changed to 2009	Facilities, Quality & Performance Manager
QM	9	2.9	03/06/2010	Section 2.4: 2 nd paragraph – sentence added regarding adopt a ward scheme	Facilities, Quality & Performance Manager

QM	11	2.9	03/06/2010	Section 3.2: year changed to 2009	Facilities, Quality & Performance Manager
QM	11	2.9	03/06/2010	Section 3.3: 95% score added.	Facilities, Quality & Performance Manager
QM	14	2.9	03/06/2010	Section 7: staff amendments made to organisational chart	Facilities, Quality & Performance Manager
QM	17	2.9	03/06/2010	Section 12: Estates list of procedures updated	Facilities, Quality & Performance Manager

2. INTRODUCTION

The Trust's Estates & Facilities Department is based at the West Cumberland Hospital. The certification to ISO9001:2008 incorporates the North Cumbria University Hospital NHS Trust; and Cumbria Primary Care Trust (PCT) premises within West Cumbria including, Flatt Walks Clinic, Seascale Clinic, Millom Hospital, Workington Community Hospital, Ann Burrow Thomas Health Centre, Cockermouth Hospital, Maryport Hospital, Cleator Moor Health Centre and Egremont Dental Access Centre, Cumbria Partnership premises within the North Cumbria Health Economy.

The Estates Department provides a wide range of works; building, engineering maintenance and medical engineering maintenance, and repair services to the West Cumberland Hospital site, plus other sites operated by this Trust, Cumbrian Primary Care Trust, Cumbria Partnership and Medical Engineering at the Cumberland Infirmary, Carlisle.

The service provided includes repairs, Planned Preventive Maintenance, equipment calibration and minor works provision.

The organisation has invested in the development of its people and also in equipment and machinery to enable us to satisfy our client's needs in a demanding market.

Services shall comprise (but not be limited to) all Planned Preventative Maintenance and all Reactive Maintenance such that all statutory requirements, and manufacturers' and suppliers' instructions or recommendations are complied with.

2.1 Planned Preventative Maintenance

The Estates Department shall establish and maintain suitable systems and procedures to ensure that Planned Preventative Maintenance is carried out at such times and in such manner that all the required standards detailed by the Department of Health and as recommended by manufacturers are met in relation to the site, the premises, plant and equipment, and in such a manner as to minimise disruption to the provision of high quality healthcare.

All Planned Maintenance works shall be identified as being critical or non-critical. If as a result of unforeseen events critical Planned Maintenance takes longer than planned or is required to be brought forward, the Estates Department acknowledges that certain non-critical maintenance may need to be re-scheduled to accommodate this. In such an event, the Estates Department shall ensure that the re-scheduled non-critical maintenance is carried out as soon as reasonably practicable.

- Critical Planned Maintenance work is considered to be work with a risk score of 16 or above.

2.2 Reactive Maintenance

All Trust staff (or any patient or visitor) can report any failure or want of repair or other matter which he or she believes to require Reactive Maintenance at any time to the Help Desk.

Failure or wants of repair reported to the Help Desk shall be classified (and responded to) by the Estates Department as follows (save where a Trust Director advises that a particular failure or want of repair must be treated as an emergency, where upon such requests will be met):-

Emergency

This shall mean any failure or want of repair which presents a serious and immediate threat to the life or personal safety of any person. In such circumstances, the Estates Department will take control immediately (and in any event within 30 minutes) upon a report being made to the Help Desk. For this purpose, taking control means the Estates Department assuming responsibility for assessing and making safe any failure or want of repair (bearing in mind at all times the safety of patients and others) and taking control may occur (without limitation) by the Estates Department inspecting a failure or want of repair or by the Estates Manager/s giving telephone instructions to Trust staff (where appropriate) about dealing with the failure or want of repair.

Following taking control, the Estates Department shall then use its best endeavours to rectify such failure or want of repair within such time as is reasonable, taking into account the severity of the situation and the availability of replacement parts.

Urgent

This shall mean any failure or want of repair which significantly affects patient care or the Trust amenities. In such circumstances the Estates Department shall proceed to take control (within the same working day, where reasonably possible, and in any event within 24 hours) and rectify such failure in the same manner as described above.

Routine

This shall mean any other failure or want of repair. In such circumstances, the Estates Department shall take control as soon as reasonably possible and in any event within 72 hours of a report being made to the Help Desk. Thereafter, the Estates Department shall arrange for rectification of such failure or want of repair within its on-going maintenance schedule, which shall be within 7 days or such other time as, may be reasonable, taking into account the severity of the situation and the availability or replacement parts.

2.3 Domestic Services

The cleanliness of the hospital environment is important for infection control and patient well being.

The Domestic Services Department provides daily and periodic (special) cleaning services to all parts of the hospital. This includes wards, laboratories, operating theatres, public areas and out-patients clinics.

All cleaning is undertaken in accordance with the National Standards of Cleanliness in the NHS (2009), which defines methods and frequency of cleaning for specified areas. Cleaning audits are carried out at regular intervals and reports published quarterly.

All domestic staff receive a range of training to ensure cleaning procedures are carried out competently. This includes cleaning skills, health & safety, safe handling of cleaning products, infection control and customer care skills. Some staff work toward NVQ Qualifications.

We regularly survey patients for their views on the Domestic Services.

2.4 Catering Services

The Catering Department at West Cumberland Hospital offer a balanced range of freshly prepared hot and cold dishes to patients, staff and visitors. We manage the catering services for patients on the wards and offer catering facilities for patients, visitors and staff at the Cumberland Gap and The Costa Coffee Shop. The Department is manned by the Catering Manager and his team, all of whom pride themselves on consistently high quality standards of food and service throughout the hospital.

We supply a patient food service which includes three balanced meals daily and a range of therapeutic diets to all wards. We carry out weekly personal visits to the wards to discuss catering needs and requirements, we also undertake weekly ward visits by the Supervisory Catering Team (Adopt A Ward). We conduct a bi-monthly quality assurance survey with input from patients on all aspects of the service.

As part of our Protected Mealtimes Policy, wards are closed to visitors and staff during patient mealtimes to allow patients to relax and enjoy their meals without interruptions.

A 'Red Tray Cloth' initiative is provided on all wards during mealtimes. This is used to identify those patients who may require assistance to eat their meals. Meals are placed on a red tray cloth and returned to the patient with their meal cards. Assistance will then be given as required by either a member of the ward staff or a relative. This is beneficial to patients who have difficulty feeding themselves.

2.5 Portering Services

Porters provide a vital service throughout the hospital. West Cumberland Hospital porters undertake a variety of duties including general portering, utility, post, medical records and theatre portering.

All portering staff are correctly dressed, in the appropriate clean uniform, following uniform policy, and trained to a basic standard.

Porters are available 24 hours a day and are responsible for patient transfers, specimen collection and delivery, collection of bloods, waste collection, delivery and collection of post throughout the hospital, delivery and collection of medical notes, medical gas delivery and collection and any other ad hoc duties.

3. ESTATES & FACILITIES QUALITY OBJECTIVES

- To meet service user expectation ensuring that the Estates & Facilities Department role is understood, with clear procedures for service users to follow
- To demonstrate improving customer satisfaction levels (evidence based), following initial satisfaction survey
- To reduce variation/deviation in service
- To obtain and maintain ISO 9001:2008 accreditation.

3.1 Estates

- To reduce equipment downtime and unavailability. To respond to at least 85% of all reactive requests as follows:-
 - i) Emergency (within normal working hours) - 1 hour
 - ii) Urgent (within normal working hours) - 24 hours
 - iii) Routine - 72 hours

All reactive work requests to be closed out within a period of 7 days providing resources available.

- To ensure statutory compliance and a full audit trial with completion of 85% of all critical planned maintenance work and 100% of all emergency/urgent reactive work requests.

3.2 Domestics

- To ensure the National Standards for Cleanliness (2009) score is above 95%
- To ensure the PEAT score is 'GOOD'

3.3 Catering

- To deliver 95% of patient meals to the wards within 10minutes of the agreed delivery time.
- To ensure waste from patient uneaten meals is below 6.9%.

3.4 Portering

- To complete at least 90% of patient movement requests as follows:-
 - I. Emergency - 5 - 15 minutes
 - II. Urgent - 10 - 20 minutes
 - III. Routine - 15 - 30 minutes
 - IV. Non urgent - 60 - 120 minutes

To respond to 90% requests for medical gases within 30 minutes.

4. SCOPE

This Policy applies to all Trust Estates, Catering, Domestics, Portering and Medical Engineering personnel, who, through the course of their work can impact on the service provided by the Estates & Facilities Department. This manual seeks to measure continuous improvement in service delivery, operational procedures and in turn customer satisfaction via a planned systematic approach being followed for all planned and reactive works.

As part of our Quality Management system to ISO 9001:2008 the Estates Department has identified Clause 7.3 as a permissible exclusion as we do not undertake any design and development functions.

5. QUALITY POLICY

'Our Quality policy is to enhance our clients satisfaction, through continuous improvement, operational excellence and the delivery of a quality service in a timely manner, ensuring patient and visitor safety and satisfaction at all times'

The Estates & Facilities Department Quality Management System (QMS) is designed to support the department's objectives through compliance of ISO 9001:2008. Appropriate quality objectives for the QMS are set and reviewed by management. Our established policy is:-

We shall ensure that our services fully meet our client requirements at all times and to achieve a high level of client satisfaction at all times.

We will monitor our client satisfaction with a view to meeting and, where possible, exceeding their expectations.

By meeting our client satisfaction we ensure Staff, Patient and Visitors safety at all times.

We shall incorporate NHSLA Risk Management Standards (CNST), for acute trusts, within our department at all times.

We shall strive to achieve ongoing improvement of our Quality Management System, and maintain the necessary Quality Approvals consistent with our client's requirements.

Encourage consultation at all levels within the Estates & Facilities Department to ensure that quality controls are effective and adequate.

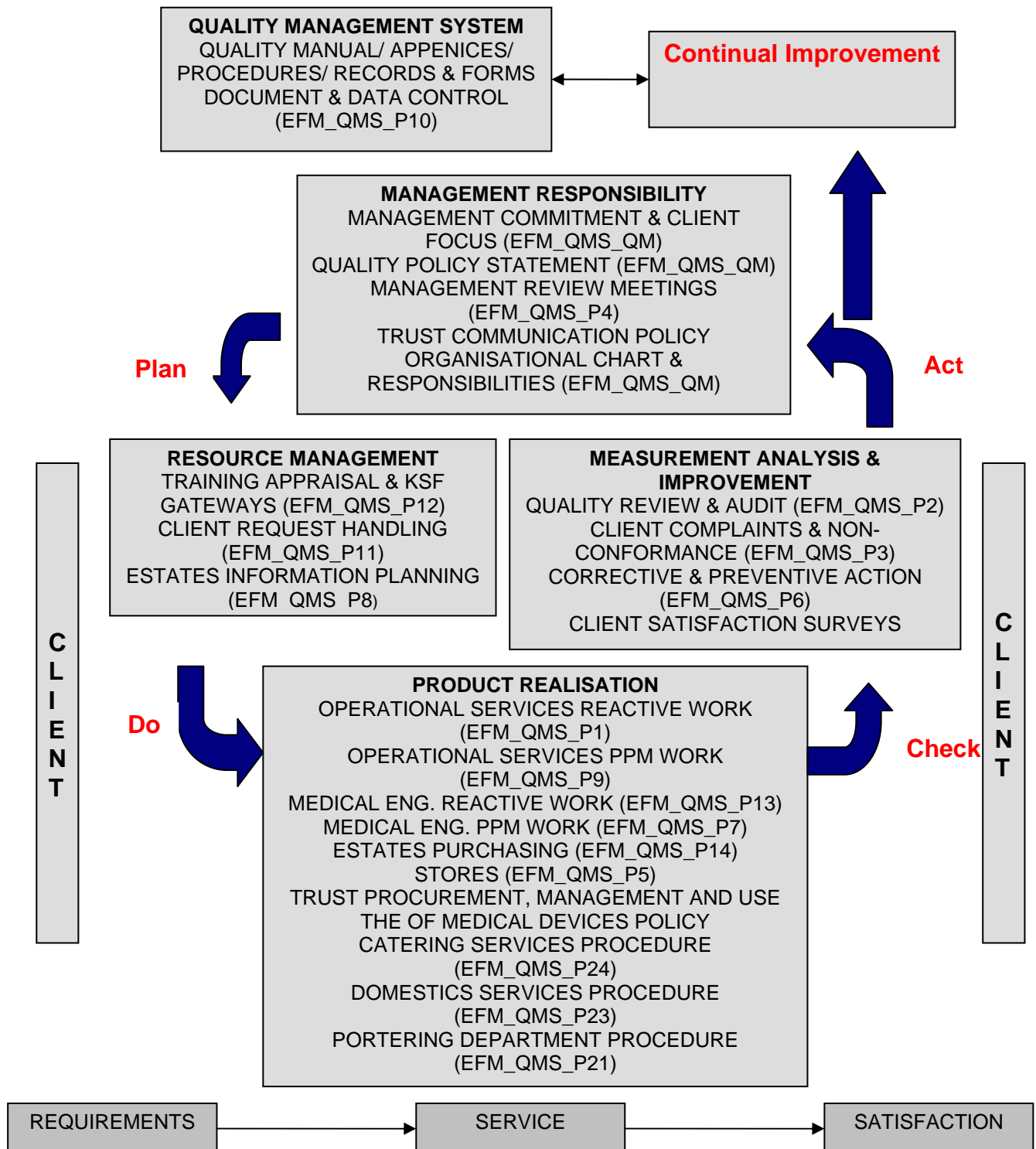
We shall ensure that all our personnel understand and fully implement the Estates & Facilities Department's policies and objectives and that staff are able to perform their duties effectively through an ongoing training and development programme.

Employ simple and effective management systems, which govern all aspects of our business and ensure that we have a quality aware workforce.

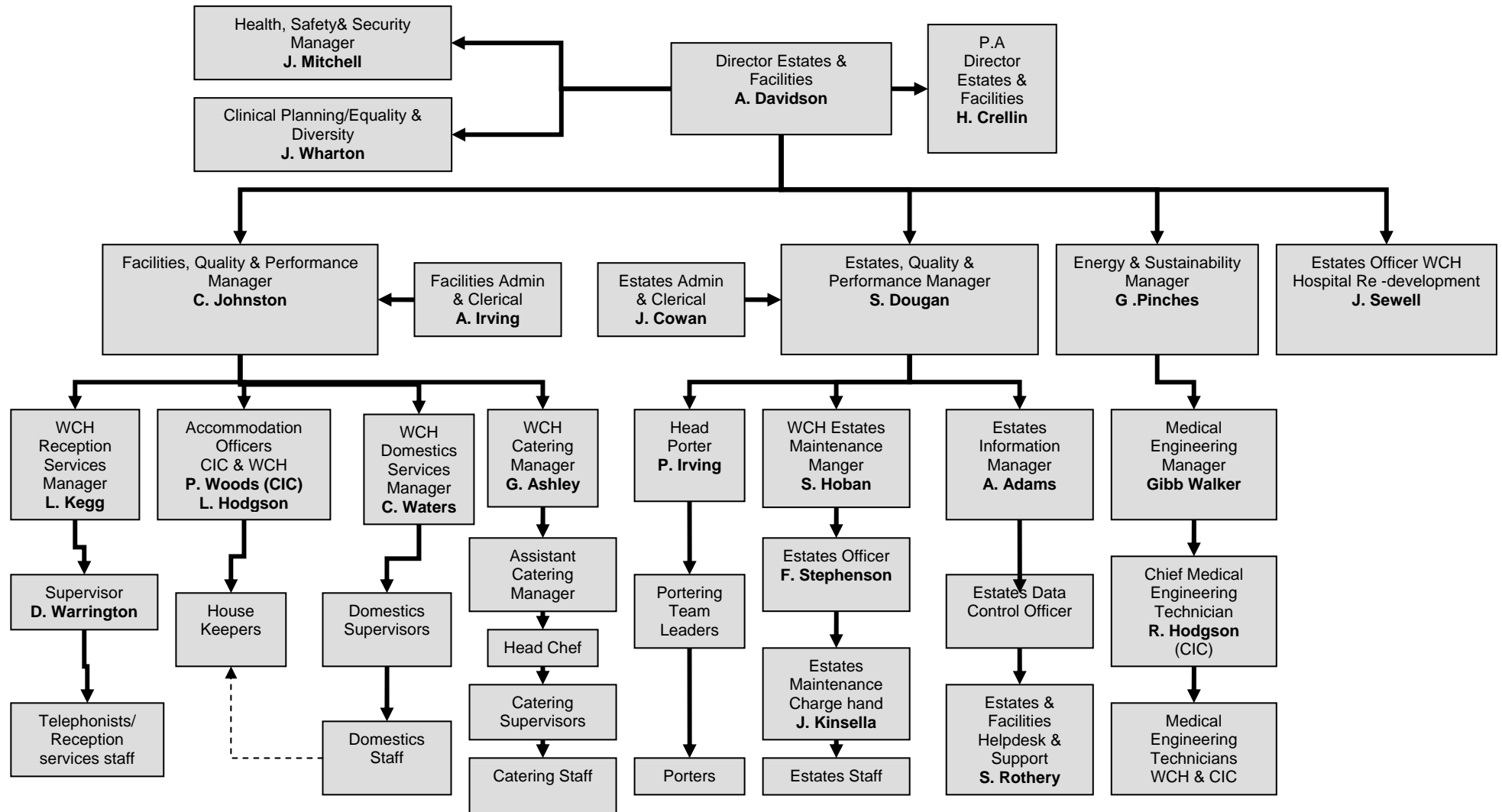
Objectives needed to ensure that the requirements of this Policy are met and that continual improvement is maintained in line with the spirit of the Policy, will be set, determined and monitored at the Quality Management Review meetings.

6. PROCEDURE INTER - ACTION

**Estates Interrelated Procedures for ISO 9001:2008
 (For Full procedures list see section 10)**



7. ESTATES & FACILITIES ORGANISATIONAL CHART



8. WORKING RELATIONSHIPS, AUTHORITY & RESPONSIBILITY

8.1 Director of Estates & Facilities

The Director of Estates & Facilities defines the working relationship, role and responsibilities for all Estates and Medical Engineering personnel. Working relationships are summarised in our organisational chart and individual reporting arrangements are documented on job descriptions. A job description is provided for each employee and a copy of the job description is held on their personnel file within the Human Resources Department and also the Electronic Service Record (ESR) Department at Carlisle.

Key responsibilities are described in the "Job Descriptions". These are established and maintained for each of the job positions indicated on the organisation chart. Due to the nature of our service both general responsibilities and quality responsibilities may also be indicated within each or any of our procedures.

8.2 Estates & Facilities Staff Responsibilities

All employees are responsible for complying with legal and regulatory requirements.

Our Quality Policy statement is displayed on the premises, and all personnel are expected to share a commitment to continuous quality improvement.

9. QUALITY MANAGEMENT SYSTEM

9.1 General

The management of the Estates & Facilities Department are committed to maintaining an effective Quality Management System.

This covers the activities carried out by the Estates & Facilities Department. Wherever possible, quality controls have been integrated into existing systems and cross referenced for ease of interpretation.

The effective implementation of the Quality Management System is verified by regular inspections, reviews and audits that compare management practice against the requirements of the written procedures on the Quality Management System standards. Corrective actions are taken where necessary and are subsequently reviewed for effectiveness.

The Estates & Facilities Quality Management System is available for all Estates & Facilities staff to view by accessing the 'S' Drive on the main hospital computer system.

9.2 Structure

The system documents are on 3 tiers or levels (see below):-

Quality Manual

This **Quality Manual** forms the top tier. It covers the following areas:-

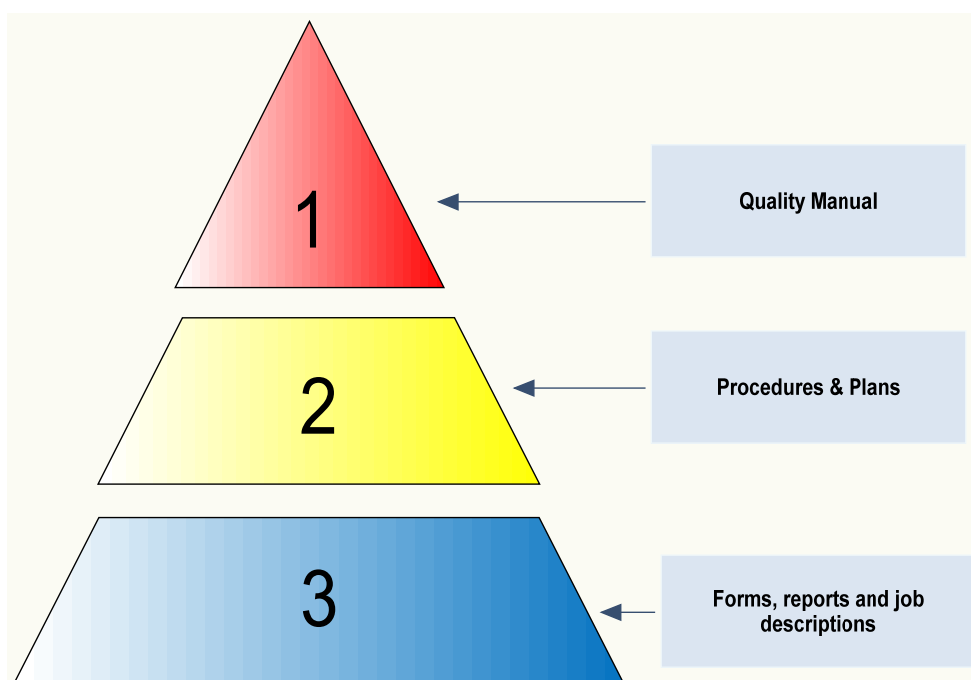
- A statement of our quality policy
- Sets out our objectives
- Generally outlines the system documentation
- Refers to the procedures and other documents where the remaining applicable clauses are dealt with in greater detail.

Quality Procedures & Plans

The second tier largely consists of documented **quality procedures**. These specify controls on activities which may affect the quality of our services. In addition to these procedures, specific **quality plans** may be developed – as necessary – for an individual contract, service or project.

Forms, Reports & Job Descriptions

The third tier includes detailed **forms, reports** and **job descriptions**. The use of these documents may be referred to in procedures or quality plans.



9.3 Documentation

The Estates & Facilities Department has prepared the Quality Policy and procedures as appropriate to its size, type and complexity, and it is available to all department personnel.

10. VALIDITY

This Quality Manual will be reviewed bi - annually by the Trust's Estates & Facilities Department Management and any changes will be recorded in the table of amendments ([see section 1](#)).

11. AUDIT DETAILS

This manual will be audited at least once yearly using the Quality Review and Audit Procedure (EFM_QMS_P2) an audit tool will be used to assist in this.

12. LIST OF ESTATES & FACILITIES PROCEDURES

	Procedure Title	Issue Status
P1	Operational Services Reactive Work	2.2
P2	Internal Quality Audit	2.5
P3	Client Complaints & Non-Conformance Handling	2.5
P4	Management Review Meetings	2.6
P5	Stores	2.6
P6	Corrective & Preventive Actions	2.5
P7	Med. Eng. – PPM's	2.2
P8	Workforce Planning	2.3
P9	Operational Services – PPM's	2.4
P10	Document & Data Control	2.7
P11	Client Request Handling	2.4
P12	Training & Appraisal	2.6
P13	Med. Eng. – Reactive Work	2.3
P14	Purchasing	2.6
P21	Portering Department Procedure	1.3
P23	Domestics Services Procedure	1.0
P24	Catering Services Procedure	1.1

13. SIGNATURE RECORD

Policy Title (to be completed)

This sheet should be used to record the names of staff members who have read and understood the above policy document.

By signing this document, I acknowledge I have read and understood the above named policy.

Name (please print)	Job Title	Date	Signature

APPENDIX 1 WORKS INSTRUCTIONS / CODES OF PRACTICE

These where necessary and required will be made available at the point of use for staff to refer to where training provided does not adequately address the needs of the process being undertaken or where reference is necessary to ensure the consistency of the workmanship or service.