

TRUST BOARD

Date of Meeting: 23/07/13	Agenda Item No:	Enclosure: 7
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Update on Keogh and CQC related issues in Estates and Facilities		
<p>Aims:</p> <ul style="list-style-type: none"> To advise executive colleagues of the actions taken around the KRRT and CQC enquiries Reports to be tabled monthly on progress against plan for the directorate 		
<p>Executive Summary: The trust has recently, as part of a cohort of 13 other organisations, been assessed and measured to ascertain the quality of care and treatment it provides is broadly in line with their performance using mortality statistics as an initial parameter. As part of that exercise a number of key lines of enquiry were identified; and of those, the performance of the Trusts Estates and Facilities directorate was interrogated. The report is tabled to update colleagues on actions to date , current status and assessments' of those perceived failings. There are a full range of appendices and these have been fully considered by the Estates & Facilities Board and Executive Management Team.</p>		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		x
Provide a safe and welcoming environment , that is fit for purpose		x
Ensure the Trusts reputation is upheld in this regard		x
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		x
Recommendations:		
The members are asked to note this report.		
Prepared by: As presenter	Presented by: Steven Bannister Interim Director of Estates and Facilities Management	

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Executive Summary

The Trust, has recently, as part of 13 other such like organisations, been assessed and measured to ascertain the quality of care and treatment provided at these establishments and broadly in line with their performance using mortality statistics as the initial parameter.

The reviewing team were mandated under the auspices of the Medical Director of NHS England and thereby took the name KEOGH rapid response team (KRRT).

As part of that exercise a number of key lines of enquiry (KLE) were identified; and of those, the performance of the Trust's Estates & Facilities Directorate was interrogated.

In addition, the Care Quality Commission via its Northern based team located in Newcastle, have enquired into two specific and overlapping areas of concern, these being theatre maintenance and medical device management.

This report is tabled to update the Trust Executive on actions to date to close these perceived failings and current status.

1.0. Introduction

The report has been broken down into two sections:-

- i) Those issues embedded in the report from the KEOGH RRT and largely described on pages 52 and 53 of that report dated 31/05/2013
- ii) Those issues contained in the letter received by the CEO from the Head of Regional Compliance, CQC dated 04/06/2013

1.1. Work to date

The actions described herein have been undertaken and carried out during the period 05/06/2013 to 05/07/2013.

The commencement date is commensurate with the appointment “in extremis” of the author as Interim Director of Estates & Facilities (IDEF) under honorary contract in the absence of the substantive post holder.

1.2. Scope

The IDEF has attempted to focus his attention on bringing about some material change within the department and focus his time on the content of the aforementioned report and letter.

2.0. Content of Report 31/05/2013 from KRRT

The statements below are extracts from each document and set the scene for the necessary interventions and actions required by the Trust.

2.1 Section 1

Inadequate governance, and pace and focus of change to improve overall safety and experience of patients.

- a) Urgent review of the Trust's corporate risk register (CRR) and board assurance framework (BAF)*

2.2 Section 5

Failure in governance to ensure adequate maintenance of the estate and equipment.

- a) Urgent review of the estates department to ascertain competence and capability, including an assessment of current arrangements relating to Water Management and equipment maintenance.*
- b) Independent assessment of all theatres for compliance with relevant standards.*
- c) Urgent review of the Trusts' compliance status for the SSD and Endoscopy, involving the DIPC.*
- d) Governance arrangements for decontamination should be reviewed, and form an integral part of the Infection Control Committee agenda.*
- e) Implement, a formal, annual deep clean programme*

2.3 Section 6

Significant weakness in infection control practices

- b) Adopt, a more multi-disciplinary approach to infection control, including more involvement from Estates.*
- c) De-clutter wards to allow better cleaning and an improved patient environment.*

3 Content of the letter from CQC dated 04/06/2013

The main thrust of the letter related to the theatre suite at WCH, in particular theatres 4 & 5 and their closure on 17th May 2013.

The above highlighted two areas of concern relating principally to medical device management. These are highlighted below:-

- *We have been advised that members of the electrical and maintenance team informed the Review Team that, prior to the visit: staff had been asked to certify portable electrical appliances as tested and safe without testing being carried out. If this is the case, this raises deep concerns regarding probity and integrity within the Trust's management systems and I would welcome your response to this issue.*
- *We were also advised that there is a significant backlog in maintenance and repair work across both hospital sites and there were concerns regarding the robust and timely maintenance and servicing of medical devices and equipment. As these matters have a direct impact on the safety of services offered to patients can you please confirm the current position and any actions you will be taking to address maintenance and repair backlogs*

4.0 Response Planning

Many of the issues contained within both the report and letter have complimentary and overlapping themes.

On that basis, the IDEF has undertaken an holistic approach, with selected deep dives into specific areas, to try and bring about the changes required to secure effective levels of patient safety associated with the asset base and the management thereof.

4.1 Governance

The IDEF has formulated a structure of reporting which includes the following;

- 4.1.1** Formal direct reports and heads of service meetings, held monthly, formulated via agenda, terms of reference and minutes.
- 4.1.2** Quarterly an Estates and Facilities Advisory Group meet and the minutes and formal governance / performance data is directed upwardly to the corporate Governance and Quality Committee. (CG QC)
- 4.1.3** In addition formal reporting of performance lodged at the Trusts water group, decontamination, medical devices group, ICC and FIP.
- 4.1.4** The IDEF chairs the medical devices group, is to refresh the health and safety group and attends ICC, FIP and others.
- 4.1.5** The E+F risk register is now updated monthly and the table introduced at CGQC when appropriate through the Director of Governance.
- 4.1.6** Contract management and performance arrangements are being refreshed with regard to the PFI agreement.

The IDEF is now de-facto the liaison officer and has recently written on behalf of the Trust expressing concern at the contractual performance

5.0 Compliance and Assessment

In response to the report from KRRT and CQC the following actions have been undertaken to date;

- 5.1.1** An independent assessment of the Trusts compliance levels across the 9 key HTMs was undertaken by NHCT in March 2013. This is now being acted upon.
- 5.2** NHCT have undertaken a gap analysis against the PCA self-assessments of CQC 10 and CQC 11. These identify large gaps in evidence that would support and enable compliance with reasonable timescales.
- 5.3** A triangulation exercise by Messrs CPA Ltd is to be carried out in July to corroborate with (5.2.)Above and/or identify further evidence requirements.
- 5.4** Messrs CPA Ltd have been appointed to undertake a competency and capability assessment of the Estates and Facilities function.
- 5.5** Messrs IOM have now validated all theatres across both sites. They are to be appointed as authorising engineers (AE) on behalf of the Trust and will attach birthdates to each theatre footprint for annual checks.
- 5.6** A MDT now discuss all issues of ventilation not only theatre issues. The scope has been extended by the IDEF to cover all forced ventilation areas ITU, birthing rooms, Mortuary
- 5.7** A capability assessment of the plant at WCH is being undertaken to understand the ability of the infrastructure to sustain performance.
- 5.8** In addition assessments relating to medical gas installations and water systems are being produced have been and are underway across all sites. Electrical testing and safety is to commence in August.

Key and statutory appointments have been made across Water, Ventilation, Decontamination, Medical Gases, LV/HV and the like. These external assessors are to produce gap analysis of each key topic area.

Up skilling and training programmes are diarised for key estates personnel.
- 5.9** The IDEF now chairs the medical device management group. Its first refreshed meeting was held 24th June 2013. The group receives activity data relating to device maintenance.

Additional staffing resource has been applied to enable a programme of medical device training and train the trainer.

Further business cases have been formulated to close the risk gap for these medical devices requiring a maintenance programme.

A subsequent case will be made to establish a medical device loan library at CIC and the resource to manage it.

- 5.10** A formal group dealing with decontamination has been formed its first meeting is due on 9th July 2013. It will report directly into the infection control committee (policy and procedure in line with the latest guidance)

Similar arrangements are now in place for water management.

- 5.11** The formal deep cleaning programme has commenced and at both CIC and WCH with forward looking plans developed

- 5.12** In addition 4no HPV machines have been purchased associated with the above. Two for each site.

Additional resource has been applied via new healthcare assistants on each site to clean medical devices in lieu of the general nursing cohort.

- 5.13** An investigating into allegations relating to the medical device maintenance activity has been undertaken by the Chief Technician of NHCT

6.0 Action planning and delivery

The IDEF has now formulated a forward looking action plan to measure progress against each of the major topic areas identified in the KRRT report and CQC letter.

This document and table is updated weekly to monitor progress, any risk reduction is then detailed in the Directorate risk register.