NHS Grampian

Facilities & Estates Strategic Delivery Plan

2018 – 2021

Adding value to NHS Grampian through Facilities Management

Table of Contents

Foreword

Foreword

The majority of healthcare services delivered across NHS Grampian are dependent on the operation of buildings and infrastructure. Facilities management costs are often second only to human resource costs within an organisation and such costs may be seen as a drain on scarce resources. These assets and liabilities need to be managed with the objectives of the organisation in mind.

It is here that the Facilities & Estates Sector holds a key to improving business performance. There is the potential to add value by facilitating improved 'well-being' and productivity from a satisfied and comfortable workforce, enhancing the user experience, minimising and mitigating risks and controlling costs through efficient management.

The management of Facilities demands are more than merely maintaining and servicing buildings along with its operations. It is a strategic planning and management function that plays a critical role to enable the organisation to better achieve its stated objectives.

For us to be effective, our Strategic Delivery Plan needs to align itself to NHS Grampian's Clinical Strategy, Asset Management Plan, Annual Operational Plan, Regional Delivery Plan for Acute Services and Health and Social Care Partnerships.

The NHS Boards in the North of Scotland Region have been collaborating informally for some time and we have recently sought to formalise this arrangement through the formation of the North of Scotland Facilities and Capital Planning Group. This is a new way of working which I believe will create and drive new opportunities for more effective and efficient service delivery.

I am confident that the Facilities & Estates Strategic Delivery Plan will provide direction, enhancing our performance and corporate social responsibility, with benefits measured in quality of service and value for money and supporting NHS Grampian to deliver the best possible healthcare to the population in Grampian.

Paul Allen
Director of Facilities & eHealth

The Facilities & Estates Sector holds a key to improving business performance.

The NHS - Nationally, Locally and Regionally

The NHS - Nationally, Locally and Regionally

Nationally

The Healthcare Quality Strategy for NHS Scotland sets out an ambitious approach to ensure that the NHS Service in Scotland will become one of the best health services in the world, with a world leading approach to patient safety and determined approach to deliver person centred care.

More recently, the Scottish Government set out the 2020 Vision, a high level description of the direction to be taken by the NHS in Scotland.

> **Our vision is that by 2020 everyone is able to live longer healthier lives at home or in a homely setting.**
>
> **We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management.**
>
> **When hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back to their home or community environment as soon as appropriate, with minimal risk of re-admission.**
>
> **"The 2020 Vision" (Scottish Government, 2010)**

For better integrated care to become a reality, the new Health and Social Care Partnerships (HSCPs) must plan and deliver well-coordinated care that is timely and appropriate to people's needs. Health and social care in Scotland are being integrated to ensure people get the right care, at the right time and in the right place, and are supported to live well and as independently as possible.

Adopting a *Once for Scotland* approach is changing the way we work, improve, integrate and coordinate services. This is reducing geographical and organisational barriers to increase efficiency, reduce costs and maximise returns from continuous improvement to deliver support services and functions.

A substantial property and asset base worth around £6.2bn underpins the delivery of NHS Scotland's wide range of healthcare services. Getting the right assets and facilities services in place will be central to achieving The 2020 Vision and supporting delivery of the National Clinical Strategy for Scotland.

> **Getting the right assets and facilities services in place will be central to achieving "The 2020 Vision" and supporting delivery of the National Clinical Strategy for Scotland**

Locally (Grampian)

The NHS Grampian (NHSG) Clinical Strategy is focused on four themes summarised here.

These span primary and acute care and relate to physical and mental health for children and adults.

Although these themes are described separately within the strategy, they are highly connected, where progress in one has an influence on others.

Prevention - primary prevention activities can stop people becoming ill and reduce the need to use clinical services. Secondary prevention interventions help to identify disease at the earliest stage to begin prompt treatment and minimise future health problems.

Self-management - individuals, families and communities play a significant role in managing their own health conditions. A partnership of care contributes to better outcomes and more effective use of health services.

Planned care - good organisation, communication and collaboration in the delivery of primary care and specialist services help to improve patient outcomes and avoid emergency situations.

Unscheduled care - multiple emergency care providers connected through technology and information sharing will help to provide seamless care for patients. Effective working should span the spectrum of emergency care from minor injuries to major trauma.

PREVENTION	SELF - MANAGEMENT	PLANNED CARE	UNSCHEDULED CARE
PROMOTING STAFF HEALTH AND WELL-BEING			
DEVELOPING OUR WORKFORCE			
INFORMATION SHARING ACROSS THE SYSTEM			
CONTINUOUS IMPROVEMENT			
COLLABORATIVE WORKING AND NETWORKING			

Regionally (North of Scotland)

The population of the North of Scotland will grow from 1.395 million (2015 estimate) to 1.540 million in 2037. The need for healthcare will increase more rapidly given the over 75 population will increase by between 30% and 35% over the same period

Population distribution and geography are major factors in the North – the region spans a huge area covering 47,463 km^2 with an average population density of 28 people per km^2 compared with 134 people per km^2 in the rest of Scotland. There are 93 inhabited islands in the region with a combined population of 103,700.

In relation to finance, the combined efficiency savings target for the North of Scotland NHS Boards, HSCPs and Highland Lead Agency over the next three years is estimated at £370 million or 12.8% of the combined budgets of the organisations.

During 2017 a new collaboration aimed at improving health and social care in the North of Scotland was initiated to implement the Scottish Government's Health and Social Care Delivery Plan; the existing three NHS regions were required to develop Regional Development Plans (RDPs) aligning with national strategy.

A collaboration of NHS Boards, HSCPs and the Highland Lead Agency, have come together to begin to describe the actions needed to improve the health and social care of the population. This collaboration, based on our work to date, will now rapidly extend to our local authority, education, third sector and private sector partners to ensure that services are transformed for the benefit of the population of the North as a whole.

Health and social care in the North, as in other regions of Scotland, face significant challenges in relation to the availability of financial resource and the supply of workforce. The scale of these challenges is magnified by the size, geography and population distribution of the region. The extent of the challenge is matched by the scale of our ambition to improve the health of the population and to deliver services in a way that is tailored to the unique nature of the region. This requires innovation, creativity and hard work and these are qualities which are in abundance in our staff across the partner organisations.

Throughout the North of Scotland (NoS) region, there are examples of Boards collaborating to deliver estates and facilities management as well as capital planning. We now seek to build on this approach by making a collaborative approach very much "business as usual" where we work together to exploit new opportunities for innovative service delivery solutions.

The first regional Estates, Facilities and Capital Services Workplan was published in early 2018 to formalise the previous collaboration across the six NHS Boards in the North of Scotland.

This document describes a number of priority action areas including:

1. Developing a Regional Asset Management Plan (RAMP)
2. Developing areas for collaboration across the North of Scotland
3. Developing a collaborative process for service and maintenance contracts
4. Ensuring the group is fully engaged and provides input to the shared services agenda
5. Developing a Governance Framework for regional working
6. Developing a Communication Plan

We work together to exploit new opportunities for innovative service delivery solutions.

Facilities & Estates Sector Objectives and Strategic Priorities

Facilities & Estates Sector Objectives and Strategic Priorities

> **The purpose of our Sector is to enable and support the primary activities of NHS Grampian.**
>
> **We manage facilities and estates with a clear focus on people, safety, quality and cost, using our relationships and processes to deliver sustainable value to patients, staff and the public.**

In order to fulfil our role and add maximum value to NHS Grampian, we must be fully aligned to enable the full range of healthcare activities, **be an advocate of good practice in Facilities Management (FM)**, be responsive to change and be fully in control of our performance.

This means being an **'informed partner'** to our healthcare and specialist colleagues and to be visibly aligned to the organisational values of Caring, Listening and Improving.

To achieve this, we must maintain a balanced focus on the activities we manage, the people across our organisation, our costs and the key processes that support our operations.

This is summarised in our operating model below

Quality & Service
Stakeholder Engagement
Quality Management
Operations/Service management
Contract Management

People & Safety
Health & Safety Management
Partnership Working
Organisation Structure/Capability
Individual Development

Performance Management and Improvement

Cost & Value
Budget Management
Value Management/Benchmarking
Procurement Management
Capital Planning

Support Processes
Information Management
Asset Management
Risk Management
Assurance & Reporting

A description of the objectives for each section of our operating model is given here.

Quality and Service	Engaging with service stakeholders in primary and secondary care, locally, regionally and nationally in a way appropriate to their interest and influence. An operational approach based on identified needs and agreed standards with the ability to know how well we are achieving those standards. Having the methods to plan and deliver our activities and services, including those provided through specialist contracts.
People and Safety	Planning of our work activities include minimising the risk of harm to patients, staff and visitors. Engaging proactively and constructively with our staff, their representatives and the HR function and ensuring that effective and competent delivery structures are in place. Supporting, developing and recruiting staff to sustain the team over time and to enable productivity in terms of the changing needs of the health service.
Cost and Value	Service planning to deliver the most valuable activities from the funding allocated. Effective planning, measurement and control of expenditure and income (revenue and capital). Measurement of value for money and regular comparison with other relevant organisations. A structured and controlled approach to procurement to ensure reliability, best value and compliance with relevant regulations and guidelines.
Support Processes	A structured approach to collecting, storing and processing data to provide reliable information for managing operations, making decisions and providing assurance. A method where we can identify and track (for movable equipment) our assets including their key attributes, use and condition. An approach to regularly assessing our risks, how these are mitigated and the level of control.
Performance Management	An effective method to measure achievement of our Sector goals and the effectiveness of our arrangements to do that. A system of review that balances the four aspects of quality/service, our people, cost/value and support processes, identifying our key improvement priorities and facilitating those improvements.

A summary of how we work is given in the following section ("Strategic Summaries") and our strategic development priorities for 2018-2021 are described on the next page in this section.

Key aspects of our Sector management methodologies were selected in 2017/18 for review and development. These were Quality Management, Risk Management, Value Management and Information Management. A more detailed description to these aspects is provided later in this document.

Strategic Priorities for 2018-2021

Firstly and critically, it is important to sustain and build on the key strengths of the Sector. These include the general commitment and responsiveness of our staff, the comprehensive operational and management knowledge, good cost management and the effective governance structures.

Secondly, there are a number of areas where improvement would support achievement of the organisation's goals and enable a more collaborative approach across the North of Scotland. These are summarised here. Actions to improve in these areas are described later in this document.

1. Engagement and effective collaboration with Acute services, HSCPs and across the North of Scotland with patient-centred priority setting to maximise the value from the overall allocated funding.

2. An integrated approach to data management, information for decisions and digital intelligence. This includes a reduced administration burden through a robust challenge of why and how we do things and the ongoing application of the Eliminate, Simplify, Standardise and Automate (ESSA) principles.

3. A proactive and formally structured approach to managing the performance and commercial control of our contracted services with clearly defined management responsibilities, processes and reporting.

4. An integrated and more comprehensive approach to property, asset and equipment information enabling best-value management, investment optimisation and effective risk management.

5. Effective goal-setting, support and supervision to enable optimum staff performance and productivity in terms of the developing needs of the health service. Well-targeted individual development and recruitment for a sustainable team and adapting to the changing service demands where needed.

6. A systematic and informed approach to Sector and service risk assessment, mitigation and reporting. Fully comprehensive planning, monitoring and reporting on the key activities that demonstrate compliance with relevant regulations and standards.

7. Identification and regular analysis of key performance indicators and value benchmarks for each service area to measure progress and highlight improvement priorities. Structured planning and resourcing of service and support process improvements for sustainable additional value for NHS Grampian.

Strategic Summaries (How we do our work)

Strategic Summaries (How we do our work)

Health, Safety & Environment

Avoiding harm to people, assets and the environment is a key priority. This methodology is intended to reduce the risk of harm and to maintain alignment with the NHSG Health and Safety Strategy and the national Patient Safety Programme.

Our approach builds on the systematic assessment, mitigation and control of risks. This approach also includes assuring and demonstrating compliance with the broad range of regulations.

We train and develop our staff to enable them to work in the safest possible way. We also arrange structured engagement from front line staff through to senior executives.

We report and review adverse events in detail, including potential injuries and occupational illnesses. The analysis of these and the review of any trends provide us with the knowledge to make changes and improvements that progressively reduce the chance of harm.

We conduct structured inspections of our workplaces and make the arrangements for efficient management of NHSG's waste and energy. We also promote healthy working lives and monitor selected heath conditions including skin health and immunisations.

Quality Management

Our operational approach is based on documented stakeholder needs, relevant regulations and the NHS Scotland standards. Across the Sector, the quality management approach includes certified systems for selected services (e.g. ISO 9001, ISO 13485) and structured, non-certified approaches that facilitate the regular measurement and demonstration of how we are achieving the agreed standards.

For each service we will determine the critical success factors, the expected standards, the measures to enable an assessment of how we are doing and key indicators to track our performance over time.

This is supported by the Information Management strategy and enables ongoing operational and strategic-level reviews of performance and informs supervisor/management decisions and quality improvement actions.

Risk Management

As a Sector, we follow the NHSG Risk Management standards which include systematic assessment and regular review of risks and planned mitigation. All risks are recorded and described in Datix and risks are classified as 'Departmental' or 'Sector-level' risks, each with a formally nominated *Risk Owner* and *Risk Handler*. The Sector will also provide periodic input to the NHSG Corporate Risk Register if appropriate.

Where risks have a recognised regulatory control, a reference is made with the Statutory Compliance Audit Risk Tool (SCART) system that is used to evaluate and demonstrate regulatory compliance. Risks are reviewed on a prescribed interval by the *nominated Owner/Handler* and the effective level of control is also indicated in Datix. A Sector-level view of risks is presented at the Quarterly Performance Review and agreed management interventions are put in place as necessary.

Value Management

The annual budget planning exercise involves activity planning to prioritise the most valuable activities from the funding allocated. The budget is managed through regular measurement and control of expenditure (revenue and capital) and income. This is supported by a structured and controlled approach to procurement to ensure reliability, best value and compliance with relevant regulations and guidelines.

The strategy includes regular measurement of value for money (benchmarking) and comparison with other relevant organisations, in particular the NHS Scotland national averages and selected reference NHS Boards. Our current strategy is to better utilise the existing benchmarks described in this document.

Where a significant difference when reviewing 'good practice' organisations is identified, a more detailed investigation and time limited improvement project may be formally initiated with oversight from the Facilities & Estates Senior Leadership Team.

Information Management

Our goal is to take a fully integrated approach to data management and digital intelligence to provide reliable information for managing operations, making decisions and providing assurance. This fundamentally supports all other strategies described on this document.

The strategy involves mapping and classifying the applications in use across the Sector, leveraging and integrating the *core* systems and applications where possible, validating and maintaining *specialist* systems and applications and reducing our reliance on *non-core* systems and applications over time. In addition, we will take into account the requirements of the General Data Protection Regulations (GDPR) and review our processes and systems on how data is managed, protected and used in accordance with NHS Grampian's policies and procedures. We will also apply governance over our information, assigning *Data Owners* and *Data Stewards* for each element of our digital or hard-copy information. This will be supported by a group of *Records Focal Points*, responsible for maintaining and monitoring our structured information storage.

The strategy also includes reducing the administration burden through a robust challenge of why and how we do things and the ongoing application of the Eliminate, Simplify, Standardise and Automate (ESSA) principles.

Workforce Management and Partnership

NHSG and the Facilities & Estates Sector conduct our work in alignment with the Staff Governance Standard. This includes regular constructive engagement between the Sector management, staff and their representatives and the Human Resources Sector on all key issues.

This ensures that all people in our Sector are well informed, appropriately trained and developed and involved in decisions that affect them. We will demonstrate our commitment that all people are treated consistently with dignity and respect in an environment where diversity is valued.

There is regular engagement at Sector level and Service level as well as representation at the Grampian Area Partnership Forum (GAPF). Partnership engagement is also a key component of Sector management meetings and Sector safety management.

National/Regional Integration (to be further developed)

As part of the commitment to integrated healthcare delivery across the North of Scotland, a regional framework for Facilities & Estates has been developed.

The current focus areas are Asset Management, Service Contracts and Shared Services.

Stakeholders & Communications (to be further developed)

Our quality commitment is built on effective engagement and collaboration with our service stakeholders in Grampian and across the North of Scotland region.

Additionally, members from the Facilities & Estates Sector Senior Leadership Team will be aligned to support NHSG operational sectors and the respective HSCPs.

Key professional relationships and topic-specific networks are defined and maintained to enable the most value-focused and coordinated approach. The focus is regular communication and patient-centred priority setting to maximise the value from the overall allocated funding.

Communication and engagement is planned and coordinated through a Sector level plan.

Portfolio/Asset Management (to be further developed)

An integrated and comprehensive approach to property, asset and equipment information underpins our goals for best-value, investment optimisation and effective risk management.

Our strategy is to assemble meaningful and accurate condition and risk data on all our buildings, infrastructure and equipment and to make it widely available to support decision-making, investment and our maintenance activities.

This also requires deployment of a method to identify our assets including their key attributes, use and condition and track the movement and location of equipment.

Procurement & Specialist Contracts (to be further developed)

Procurement is managed against the NHS Grampian standards through the Facilities & Estates Category Action Group.

We apply a centralised, formal structure for management of the technical and commercial performance of specialist contracts.

All contracts are recorded on the Sector Contracts Register with key information on term dates, procurement planning, performance criteria, costs and administration.

Contract performance is built on appointed contract owners, holders and users with clear responsibilities and an appropriate management plan for each contract including contract administration, regular performance reviews and reporting.

Business Resilience, Major Incident Management and Disaster Recovery

Business continuity and incident management covering all critical assets is managed through a Sector level Civil Contingencies Group with strong links to the NHS Grampian Civil Contingencies Unit.

Performance Management (to be further developed)

Effective methods to measure achievement of our Sector goals and the effectiveness of our arrangements to do that. This includes identification of key performance indicators and using a balanced scorecard methodology.

Quarterly performance reviews that include the four aspects of quality/service, our people, cost/value and support processes, identifying our key improvement priorities and facilitating those improvements.

Service Delivery Strategies

Service-specific delivery strategies will be prepared on an "as and when needed" basis.

Currently, a service delivery strategy for Catering Services is being prepared.

Health, Safety and Environment Management Method

Health, Safety and Environment Management Method

Introduction

Avoiding harm to people, assets and the environment is a key priority for our Sector.

This method statement is a deliberate move from the previous reactive approach to a more proactive effort to sustain and develop our health, safety and environment management and to minimise adverse impact to staff, patients and visitors.

This methodology, together with our management of service quality, is also intended to ensure alignment with the NHSG Health and Safety Strategy, the national Patient Safety Programme and our responsibilities for infection prevention and control.

Implementation of this methodology is a 'line' responsibility, particularly dependent on active support from staff-side representatives and health and safety specialists.

The annual Sector level, Service level Health, Safety and Environment Management Action Plans are derived from this method statement. A checklist/template is available to build these from.
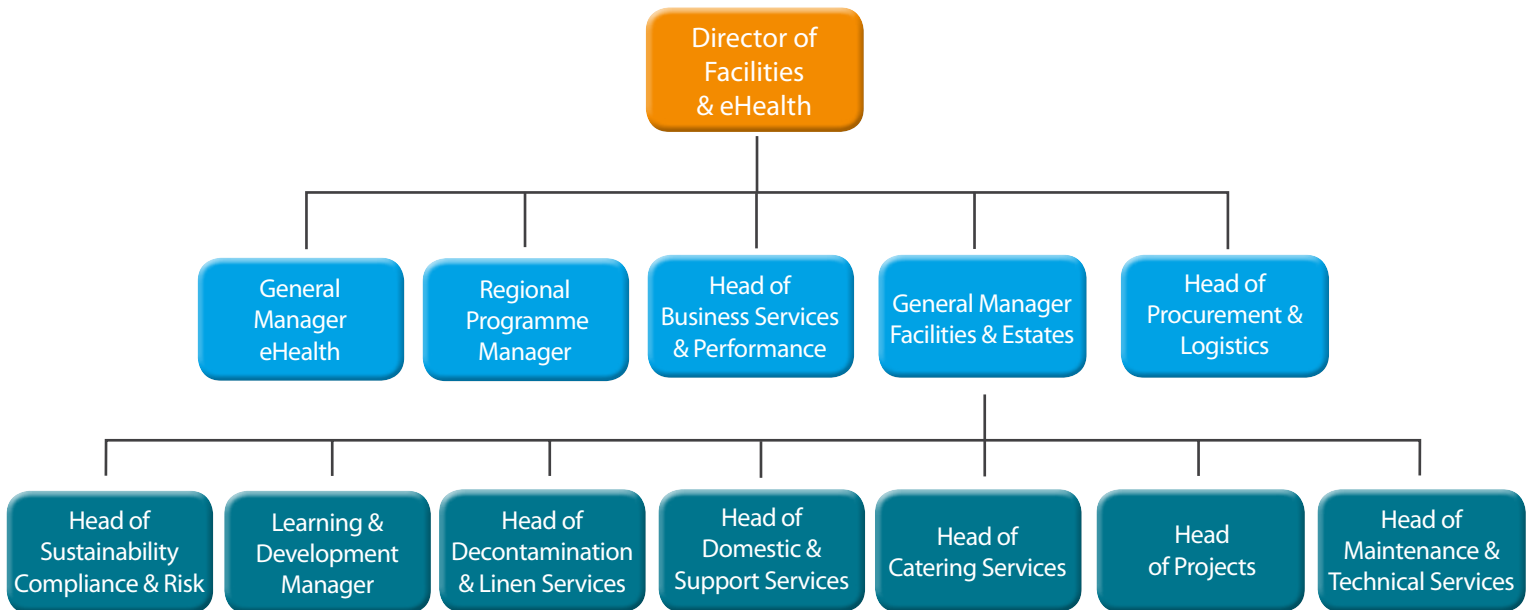
Formal Lines of Accountability

Communication & Engagement

Two-way communication at all levels is critical to success. Front-line engagement on health and safety is a key component of supervision, supported by management visits. Health, Safety and the Environment is a standing agenda item at most management meetings. Staff, staff-side representatives and service managers meet on a scheduled basis in the Local Partnership Group meetings for each service where health and safety is a core agenda item.

In the same way, health and safety is a core element of the wider Facilities Partnership Group where staff-side representatives, Heads of Service/deputies and the Sector senior leaders meet quarterly to share information and to resolve any issues that have not been fully addressed at a local partnership level.

Staff-side representatives and managers from the Facilities & Estates Health and Safety Committee meet bi-monthly to review the leading indicators linked to this methodology and related action plans, the lagging indicators from our actual performance (extracted from Datix) and to raise and resolve any issues.

Facilities & Estates Sector formally report into the NHSG Occupational Health and Safety (OH&S) Committee on health and safety issues, the Infection Control Committee on infection control issues and the Grampian Area Partnership Forum (GAPF) on a full range of staff issues including health and safety. Our Sector also participates as a core member of NHSG Health & Safety Expert Group to coordinate priorities and provide assurance.

Risk Assessment & Review

Risks are managed in alignment with relevant NHSG policy. We have a complex risk profile covering infrastructure and services, some with a regulatory requirement.

Each service prepares risk assessments for core activities and relevant work areas or building infrastructure. These are collated in a Service Risk Assessment Register.

Service Risk Assessment Registers

↓

Sector Risk Register

Where appropriate, a specific risk is logged on the Sector Risk Register (in Datix). Risks on the register are defined as departmental-level or sector-level and an appropriate owner and handler is nominated. Risks related to potentially hazardous substances (e.g. chemicals) are assessed under the NHSG Control of Substances Hazardous to Health (COSHH) guidelines using the Sypol system.

Periodic risk reviews are conducted by the nominated handlers to update or reconfirm the risk rating, check the mitigation arrangements and update the level of control. Actions are planned and tracked to further mitigate risks and/or improve the level of control where appropriate. The overall risk profile for the sector is also reviewed as part of the Quarterly Performance Review.

The Sector Senior Leadership Team will prepare and implement a programme of key control reviews or audits to verify that mitigating measures are robust.

Adverse Event Reporting & Analysis

All adverse events are reported in appropriate detail though the Datix system. Datix users are appropriately trained and additional user guidance can be provided through the Corporate Health and Safety (H&S) team.

A review of each incident is conducted and also recorded in Datix. This includes the upload of relevant documentation (e.g. investigation papers).

Where required (and as advised in Datix), a separate Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) report is completed through the Health & Safety Executive website. A copy of the RIDDOR report should be uploaded to Datix and referenced in the Adverse Event reporting form.

Service managers and senior leaders review summary reports of all adverse events, monitoring performance and identifying trends. A structured analysis is presented to the bi-monthly Facilities & Estates Health and Safety Committee and the Sector Quarterly Performance Review for review and action if appropriate.

The Safety Learning Group reviews summary reports bi-monthly and incident details where needed to identify recurring areas for improvement. These are reported at the sector H&S Committee and also noted at the Quarterly Performance Review.

High-level statistics are also included in the sector report to the NHSG Occupational Health & Safety (OH&S) Committee.

Training & Awareness

We prepare a Sector-level programme of mandatory training, tailored for specific staff groups. This is administered centrally through AT Learning and TURAS.

Mandatory training includes practical training (e.g. manual handling), e-learning modules (with facilitated group options where needed) and toolbox talks.

Formal appointees in specific safety-critical roles will take training to maintain their accreditation or certification as appropriate.

Core health and safety training (e.g. risk assessment, workplace assessment, COSHH management, adverse event reporting) is planned for supervisory and management roles to maintain adequate safety management capacity in each team.

Specific training is identified for role development or to extend the Sector capacity. This will be agreed in the relevant Personal Development Plan and facilitated by the line manager.

Training and refresher sessions for specific groups will be identified by the Sector management team and/or Facilities Partnership Group and coordinated by the Learning & Development team.

Workplace Inspection

We prepare a programme of formal inspections of work areas over an extended period. Higher risk areas are identified and inspected annually with other areas on an annual sample basis. The inspection formats used are the NHSG 'Workplace Inspection Checklist' or the Facilities & Estates 'Inspection by Managers' checklist.

Overall outcomes and highlights of specific inspections are shared at the Sector H&S Committee, the Facilities Partnership Group and the Quarterly Performance Review.

Areas inspected that are assessed as 'high' risk are recorded and actions managed through the Departmental/Sector Risk Register in Datix.

The healthcare environment is inspected on a scheduled basis using the Facilities Monitoring Tool (FMT) to evaluate the cleanliness and fabric condition of NHSG premises. Recurring issues form these inspections are reported to the Healthcare Equipment and Environment Management Group which includes representatives from the Acute sector and the three Health and Social Care Partnerships. This group reviews the maintenance of healthcare equipment, the condition of the healthcare environment and the decontamination of reusable medical devices and escalates any concerns to the relevant authorities as needed.

Health promotion is also an integral feature of specific services, particularly catering, where we adhere to the Healthy Living Plus and Healthcare Retail Standards.

We have an ongoing dialogue with NHSG Public Health to provide staff support on common issues affecting wellbeing. This includes providing access to support for the causes of stress and anxiety and the 'Making Every Opportunity Count' programme.

Occupational illness trends identified from Datix are reviewed and actions taken where needed in the same way as for injuries. This is done at both the Facilities & Estates H&S Committee meeting and the Sector Quarterly Performance Review.

Immunisations relevant to specific roles are checked at the pre-employment stage and coordinated on an ongoing basis by NHSG Occupational Health who maintains a record of individual immunisation status and alert staff and line-managers when an action is required.

Skin health is monitored periodically in service departments by nominated and trained 'responsible persons' who also maintain departmental skin surveillance records. There is a special focus on identified 'wet workers'. Where a skin concern is identified, the responsible person will arrange a referral to NHSG Occupational Health & Safety for clinical support.

Health Promotion & Monitoring

Enabling staff to have Healthy Working Lives (HWL) is considered in all service management meetings, where specific activities or information provision is planned as appropriate. HWL is also promoted at both Sector and Service level partnership meetings.

Staff can also self-refer to occupational health or be referred by their manager for a range of health concerns. This will happen when a need for additional health support is identified or related to potential health-related attendance issues.

Waste and Energy Management

We manage waste (including waste water) processing and licensed disposal from the point of collection, including the required record keeping and reporting.

We promote good waste management including avoidance/reduction and segregation into appropriate waste streams for processing and optimum recycling.

Waste streams cover general waste (for landfill or recycling), 'orange stream' low-risk clinical waste (e.g. sharps, contaminated liquids, infectious waste etc.), 'yellow stream' high-risk waste (e.g. pharmaceuticals, contaminated metal parts and surgical instruments etc.), 'red stream' special waste (e.g. amalgam, hazardous chemicals etc.) and other specialist waste types.

We manage utility procurement, production, distribution, consumption and supply resilience, including the required record keeping and reporting.

We analyse utility supply and consumption data and take action to optimise utilisation and carbon production, promoting energy efficiencies as appropriate.

Compliance Management

NHSG and the Facilities & Estates Sector use the Health Facilities Scotland (HFS) Statutory Compliance Audit Risk Tool (SCART).

The tool comprises a series of question sets designed to guide and evaluate the level of compliance with a wide range of (mainly facilities management) regulations.

In addition, a number of formally constituted groups manage compliance with key regulated activities across NHSG, under the governance of Responsible Persons, formally appointed by NHSG (e.g. Asbestos, Fire Safety, Water Safety and Electrical Safety).

These groups generally report directly into the NHSG OH&S Committee.

Quality Management Method

Quality Management Method

We take a structured approach to the management of service quality. Our approach can be summarised as an operational approach based on identified needs and agreed standards with the ability to know how well we are achieving those standards.

In some cases this may involve the implementation, assessment and external certification of a formal Quality Management System. This is currently the case for the Decontamination Service in Aberdeen (BS ISO 13485:2016), the Linen Service and selected Catering operations (ISO 9001:2015).

An overview of our Sector approach is shown below and described further in this section:

Define Service Needs → Identify Critical Success Factors → Identify Relevant Standards → Operational Quality Measures → Performance Review & Reporting →

Local Stakeholder Input on Service Needs

Defining and reviewing the needs of a service is a balance of professional opinion (from Facilities and Estates managers) and input from a range of stakeholders.

Key stakeholders include the beneficiaries of the service (e.g. clinical and non-clinical staff), staff representatives, patient representatives and the health service management. Engagement with the key stakeholder groups is a structured activity and includes the relevant Partnership groups.

Stakeholder input is balanced with professional opinion in order to define 'what' quality a service should deliver (output standards) and in some cases 'how' a service will be delivered (operating standards).

Identifying the Service Critical Success Factors

For the purpose of quality management and overall performance management, it is useful to define a number of Critical Success Factors (CSFs) for each service.

These are all the key features of a service that (if they are in place) would demonstrate a successful service. Examples might include reliability of the service, service safety, user satisfaction and record keeping.

The relevant Service Managers will identify the CSFs as a basis for quality management and broader service performance management.

Identifying Standards

Service standards are defined or identified from a range of sources including:

- User/stakeholder needs
- Statutory/regulatory requirements
- NHS National guidance
- Cross-Board or Cross-Sector Standards
- Service-specific operating protocols

These standards should be available to the relevant staff groups in each service area and will be used as a basis for training. The standards will also inform the service-level approach to quality measurement in order to know that the standards are being achieved.

Quality Measurement

Measures are chosen on the basis that they show the current level of achievement against the identified standards for the service. The number, range and complexity of the measures are set by the relevant Service Manager with care so as to provide sufficient information, taking into consideration the effort to collect and use the measures on an ongoing basis.

Measures can be obtained in a range of ways. For example, measures can come from workflow records (e.g. Planet Enterprise) and from structured quality audits. The judgement on what level of information is 'sufficient' is based on key staff and/or stakeholder needs, any formal reporting requirements to what is needed to enable a regular assessment of performance against the Critical Success Factors.

Quality measures should ideally be stored in an electronic format in a place that provides adequate data protection and allows users of that data to access it readily (e.g. an FM management application or shared drive). The person(s) responsible for the definition and completeness of each measure should be clearly identified.

Performance Indicators and Reporting

Quality measures are used in isolation or in combination with other data to provide more tactical performance measurement and to review trends. For example, individual cleaning performance measures can be used to provide an NHSG average for a specific month and the cost of a service can be combined with the area supported to provide a cost per square metre.

Performance indicators are used for routine management of services, to support ongoing assurance and compliance activities and to enable the periodic higher-level reviews of our Sector performance. These can be produced in the form of reports or simple statistics.

Service Managers define a range of performance indicators for departmental management and agree a set of key performance indicators with the General Manager of Facilities & Estates to support the Sector Quarterly Performance Reviews.

> **Identify the critical success factors as a basis for quality management and broader service performance management.**

Risk Management Method

Risk Management Method

The Facilities & Estates (F&E) Sector recognises that the provision and delivery of our Facilities Management (FM) activities to NHSG and across our individual departments involves the management of inherent risk.

> **It is therefore of critical importance that the management of risks is embedded into our day to day operations to sustain the delivery of high quality healthcare to the population in Grampian.**

Risk Management is as much about empowering staff, supporting innovation and taking opportunities through informed decision making as it is about preventing adverse events.

The task of every member of staff is to identify potential risks and, with support where needed, to assess the potential impact of those risks and to manage the risk to the potential impact and likelihood as low as reasonably practicable. This is the foundation of risk management and careful consideration of risks will help us plan and execute our operations with a greater chance of success.

Identification and management of risks in Facilities & Estates Sector

The Facilities & Estates Sector maintains a Risk Register in the Datix management information system as a management tool, providing an overall risk profile and information on individual risks across all areas of activity. The Risk Register is at the heart of the internal control system and contains details of the risks that threaten the Sector's success in achieving its stated aims and objectives. Therefore, the individual risks on the Register need to be quantified and assessed, managed and regularly reviewed.

The Risk Register provides a structure for collecting information about risks that helps both in the analysis and in decisions about how these risks should be managed and monitored. It also supports decisions on how resources should be allocated or prioritised to manage risks.

As risks naturally change over time, it is important that the Risk Register is a dynamic tool to support managers in their day to day activities. The Risk Register has two levels, the Sector level and the Departmental level.

Risks at Facilities & Estates Sector Level

Risks recorded at the Sector level facilitate a more strategic level of management and a higher level of governance. This provides visible assurance to NHS Grampian that these risks are actively and effectively managed.

Risks at the Sector level are further segregated into 'Common' or 'Escalated' risks.

Common Risks are those which are present in multiple departments and will benefit from a collective approach as well as department level management.   The Sector level risk topic will be linked to the relevant risks at the department level to facilitate review and maintain the integrity of individual departmental controls.

Escalated Risks are unique risks escalated from the departmental level which they require oversight and management capacity at the Sector level.

Risks at Departmental Level

Risks identifies as being at department level in the risk register are for management by departmental leaders and staff closer to the 'shop-floor'.

Where a similar risk is present in multiple departments, these may be linked to a summary entry at the Sector level to enable an additional strategic review. There may be several risks which are department-specific and do not require a link to the Sector level. In this case, these risks shall remain there unless escalated and will be categorised as 'Unique' risks. Some of these risks may also be cross referenced to the Statutory Compliance Audit Risk Tool (SCART) topics.

Should specific operational risks be beyond the management capacity of the departments, these may be escalated to the sector level in agreement with the General Manager of Facilities & Estates or Director as required. Formal discussions should take place with the General Manager of Facilities & Estates or Director to confirm acceptance or refusal. These escalated risks will then be transferred onto the Sector level of the Risk Register.

Identification of risk accountability (Owner and Handler)

According to the NHSG's Risk Management Policy (NHS Grampian, 2012), the *Risk Owner* is the person responsible for the overall management of a specific risk or risks. This includes responsibility for ensuring that the risk is assessed, mitigated and regularly reviewed. This involves identifying the controls in place to mitigate the risk,

evidencing that the risk is being managed effectively and identifying any further actions required to reduce or eliminate the risk. It is the risk owner's responsibility to ensure that risks are appropriately monitored and reported.

The *Risk Handler* (where appointed) is responsible to the Risk Owner for delivering the defined risk-management actions, arranging the regular reviews and maintaining the risk information in the Datix system.

Management of Facilities & Estates Risk Register (Sector and Departmental Level risks)

To ensure data completeness, quality of input and maintain continual integrity of the risk management structure, the Facilities & Estates Sector will nominate a 'Moderator' from the Business Support function to periodically review and report on the F&E risk register at both Sector and Departmental level to manage performance.

The minimum review dates for risks in NHSG's risk management standard are shown here.

Performance reviews and reporting will be managed and conducted at both Sector Level and at individual Department Level.

Sector Level: reporting at Quarterly Performance Review meetings on the Sector's risk profile.

Department Level: between line management and operational teams on a regular basis for the assessing of risks, data cleansing, monitoring and assurance.

Risk Score	Risk Level	Minimum Review Schedule
Very High	Red	Review within 1 month to ensure necessary action taken
High	Amber	Review within 3 months to ensure necessary action taken
Medium	Yellow	Review within 6 months to ensure necessary action taken
Low	Green	Review within 12 months to ensure necessary action taken

Risk Management Methodology

MODERATOR

Facilities & Estates Risks broken down into two categories:

('Unique' escalated risks e.g. Waterborne bacteria in water supplies) and ('Common' themed risk topics e.g. Breakdown of critical equipment and assets)

Departmental Level Risk Register

Common Themed Risk Topic linkage:
"Breakdown of critical equipment and assets"
e.g. MATS Department Risk Register
- breakdown of backup generators
- Alarm Monitoring System
- Lifts

e.g. CDU/Laundry Department Risk Register
- Autoclaves Maintenance
- Sterilisers Maintenance

e.g. Catering Department Risk Register
- Production equipment at Central Production Units.

NOTE:
There will be risks that will not be linked to the Sector Level Risk Register and will remain at Departmental Level.
e.g. Pipework Corrosion RACH, Hot Water Surface Temperatures.

Review and Mitigation

Facilities & Estates Sector Level (Unique escalated risks e.g. waterborne bacteria in water supplies) and Sector level risks: These risks will be reviewed and mitigated at Sector Level with Heads of Department through periodic reviews.

Escalation

Escalated Risk from Department e.g. Waterborne Bacteria in water supplies. If approved, will be transferred onto Sector Risk as 'Unique'.

Review and Mitigation

Heads of Department review and mitigate Department Risk Register with operational teams through periodic reviews.

Key

MATS - Maintenance & Technical Services
CDU   - Central Decontamination Unit
RACH - Royal Aberdeen Children's Hospital

Value
Management
Method

Value Management Method

NHSScotland spends 15% - 16% of total net operating costs to provide operational facilities and related support services.

> **It is critical that we know the extent to which improvements in Estates and Facilities activities are delivering good value and how we are performing against the national policy objectives.**

We also need an understanding on the state of the present portfolio of real estate assets including the FM services we provide, their suitability for purpose, tenure, condition and cost of restoration to full repair, operating costs, market value, flexibility of use, utilisation levels, environmental performance, user and customer satisfaction.

This involves benchmarking the provision of estates and facilities services on a 'like-for-like' basis across Scotland and where appropriate with other health services.

Key Value Measurement Workstreams

Four key workstreams have been identified nationally via the "NHSScotland Estates and Facilities Benchmarking project" in 2009 as part of the NHS Efficiency and Productivity Programme/National Benchmarking Programme.

The key aims of this project is to support the improvement of Health Service delivery by gaining a common and deeper understanding of our current position with regards to our real estate assets and FM services and using this information will allow NHS Boards to:

- Identify gaps in information
- Compare key aspects of performance across Boards
- Share best practice to identify opportunity for improvement can be achieved
- Identify opportunities for efficiencies and savings without compromising service

Workstreams	Systems Used	Reporting	Submission Deadlines	NHSG Board Coordinators
Facilities Management	FMS (Synbiotix)	Quarterly returns	Within 6 weeks	Head of Business Services and Performance
Energy Management	EMART/eSIGHT	Quarterly returns	Within 6-8 weeks (invoice dependent)	Head of Sustainability Compliance and Risk
Waste Management	Waste Data Tool (Cloud sustainability)	Quarterly returns	Within 6-8 weeks	Head of Sustainability Compliance and Risk
Estates and Asset Management	EAMS (3i)	Annual return (due 1st April/1st May)	Within 4 weeks	Strategic Asset Manager

Current Key Value Measures

Service Area	What we measure:
Catering Services (FM)	Provision costs per patient day
	Food level wastage (average)
	Meals provided per production hour
Estates Maintenance Services (FM)	Total Maintenance cost per square metre
	Planned Preventative Maintenance (PPM) completed as %
	Ratio (PPM hours vs Defect hours)
Sterile Services (FM)	Reported Defects
	Total items processed
	Utilisation
	Total cost per item
Laundry Services (FM)	Condemned items processed
	Current utilisation
	Total cost per item
	Energy, maintenance and utilities costs
	Items processed internal
Portering Services (FM)	Porters per 1000m^2
	Total number of security incidents
	Portering staffing cost per bed
	Cost per square meter portering
Domestic Services (FM)	Cost per square meter cleaned
	Operators per 1000 square meters
Waste Management	Waste stream types
	Total cost per waste disposal
	% Re-use waste
	% Recycled waste
	% Composted waste
	% Recovered waste
	% incinerated waste
	% Inert Landfill waste
	% Landfill waste

Energy Management	Energy use, CO_2 emissions and Costs
	Electricity use, CO_2 emissions and costs
	Natural gas use, CO_2 emissions and Costs
	Liquid fuels use, CO_2 emissions and Costs
	Liquefied Petroleum Gas use, CO_2 emissions and Costs
	District Heating and Contracted Heat use, CO_2 emissions and Costs
	Biomass Wood Chips use, CO_2 emissions and Costs
Estates and Assets Management (Operational and Non-operational estate)	Age Profile %
	Tenure Types %
	Condition Ranking % of total in each category
	Functional Ranking % in each category
	Quality Ranking % in each category
	Space Ranking % in each category
	Backlog Cost (£M) – Clinical areas
	Backlog Cost (£M) – Non clinical areas
	Total Backlog Cost (£M) – All areas
	SCART
	Number of Estates & Facilities staff
	Estimated capital receipts from property disposals over the next 5 years
	Estate surveyed % by area
	Estate surveyed by floor area
	Fleet Assets: Staff car scheme and grey fleet
	Fleet Assets: Leased operational vehicles
	Fleet Assets: Owned operational vehicles
	Replacement value of medical equipment
	Smarter offices programme

Facilities Management, Energy and Waste Management Workstream

Nominated persons for each service across the Facilities Management, Energy and Waste Management areas input data into the various systems in preparation for submission.

Service managers review the data entered by the nominated person before submitting to the Board Coordinator(s). The Board Coordinator(s) conduct a final review on the figures before submission to Health Facilities Scotland for subsequent publishing. Validation route for key value metrics is as shown in the flowchart below.

Estates and Assets Management Workstream

The Board Coordinator for this workstream compiles input from a wide range of stakeholders within NHSG prior to submission. This includes data from the nominated persons and from within existing databases.

Integrity of Key Value Measures

To ensure data completeness, quality and the integrity of value measures, the Facilities & Estates Sector nominates a Moderator from the Business Support Unit to review and report on our benchmarking trends.

The role of the Moderator does not take away the ownership of individual data input by the nominated persons but will provide a high level overview of all the key value measures.
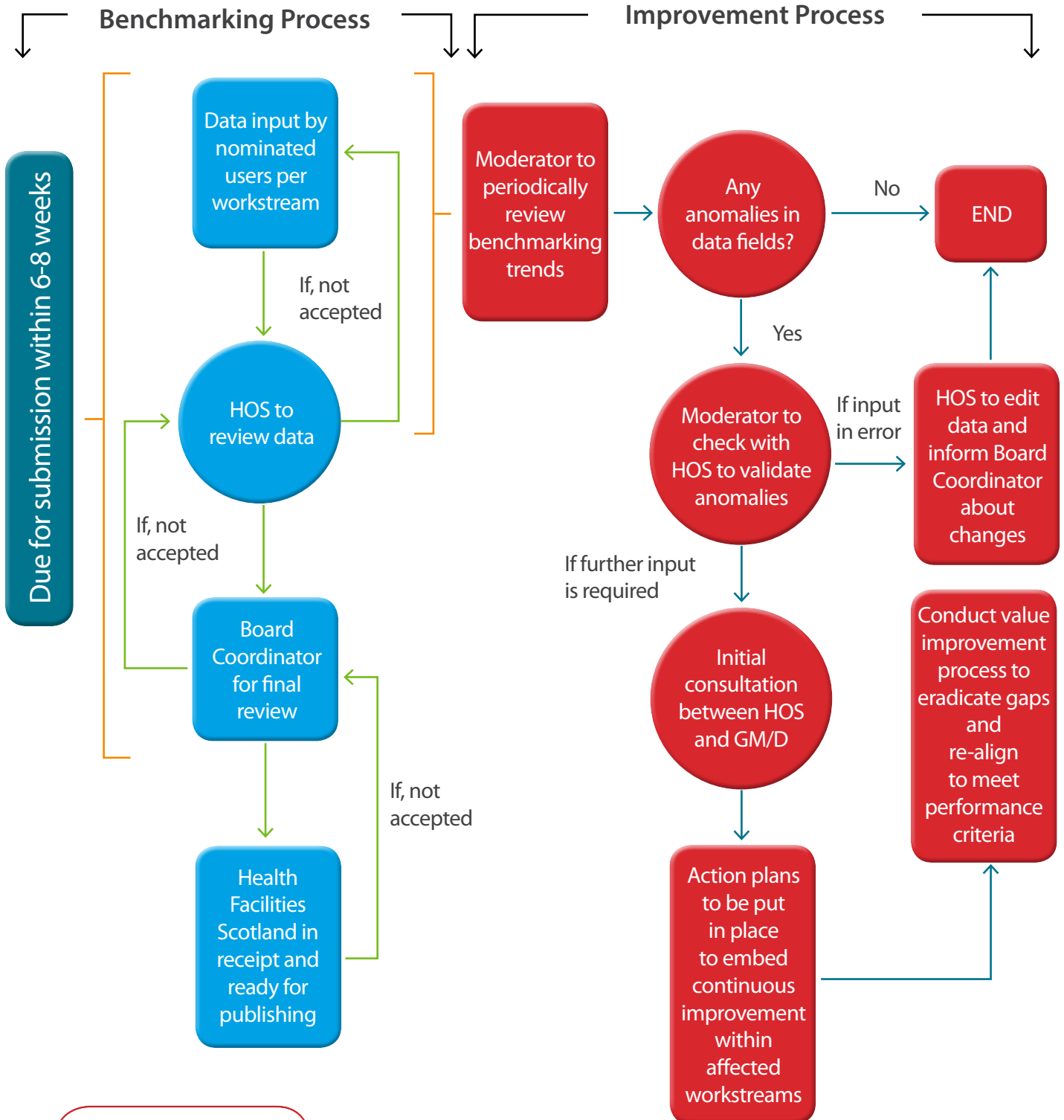
Value Improvement Process

To ensure that NHSG continually make progress towards best value benchmarks, a value improvement process is in place to select, define and implement performance improvement projects.

The Moderator will regularly review the key metrics listed on the previous pages to identify consistent differences to the national averages and comparable NHS sites and validate the data with the relevant service manager if needed.

Once a potential improvement opportunity is identified, this will be presented to the Facilities & eHealth Sector Senior Leadership Team and a fixed-term project may be defined and formally initiated by the General Manager of Facilities & Estates or Director as required. Improvement projects will use the Short Life Working Group approach and may use Lean or Six Sigma tools to re-align operations to meet and sustain good practice benchmarking levels.

Value Management Methodolgy

Benchmarking Process

Improvement Process

Due for submission within 6-8 weeks

Data input by nominated users per workstream

If, not accepted

HOS to review data

If, not accepted

Board Coordinator for final review

If, not accepted

Health Facilities Scotland in receipt and ready for publishing

Moderator to periodically review benchmarking trends

Any anomalies in data fields?

No

END

Yes

Moderator to check with HOS to validate anomalies

If input in error

HOS to edit data and inform Board Coordinator about changes

If further input is required

Initial consultation between HOS and GM/D

Action plans to be put in place to embed continuous improvement within affected workstreams

Conduct value improvement process to eradicate gaps and re-align to meet performance criteria

Key

HOS - Head of Service
GM   - General Manager
D   - Director
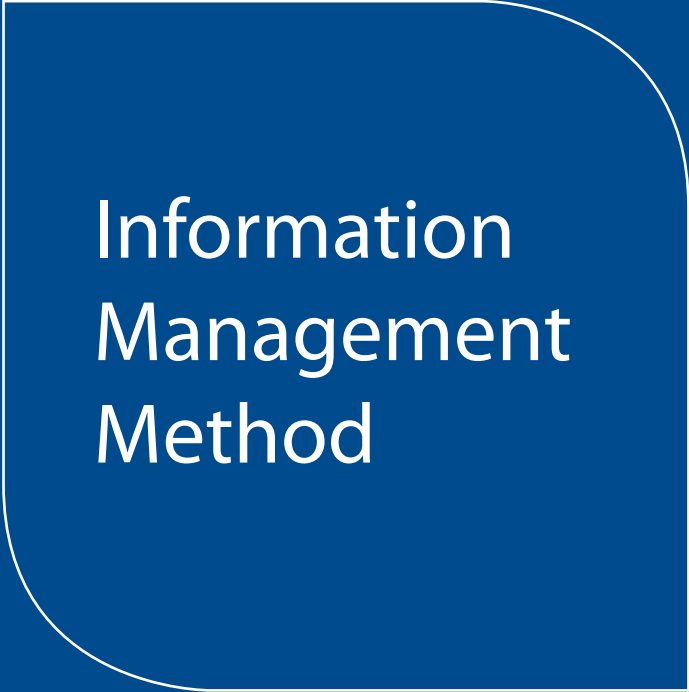
Information Management Method

Information Management Method

Information is the lifeblood of facilities management and it enables us to know how services are delivered, the performance of those services and how we are supporting the core activities of the NHS.

Facilities management information is used for operating an effective and efficient facilities portfolio, for demonstrating results in relation to NHS Grampian's success at strategic level and to make day-to-day and more strategic business decisions. Reliable information is therefore critical to our performance.
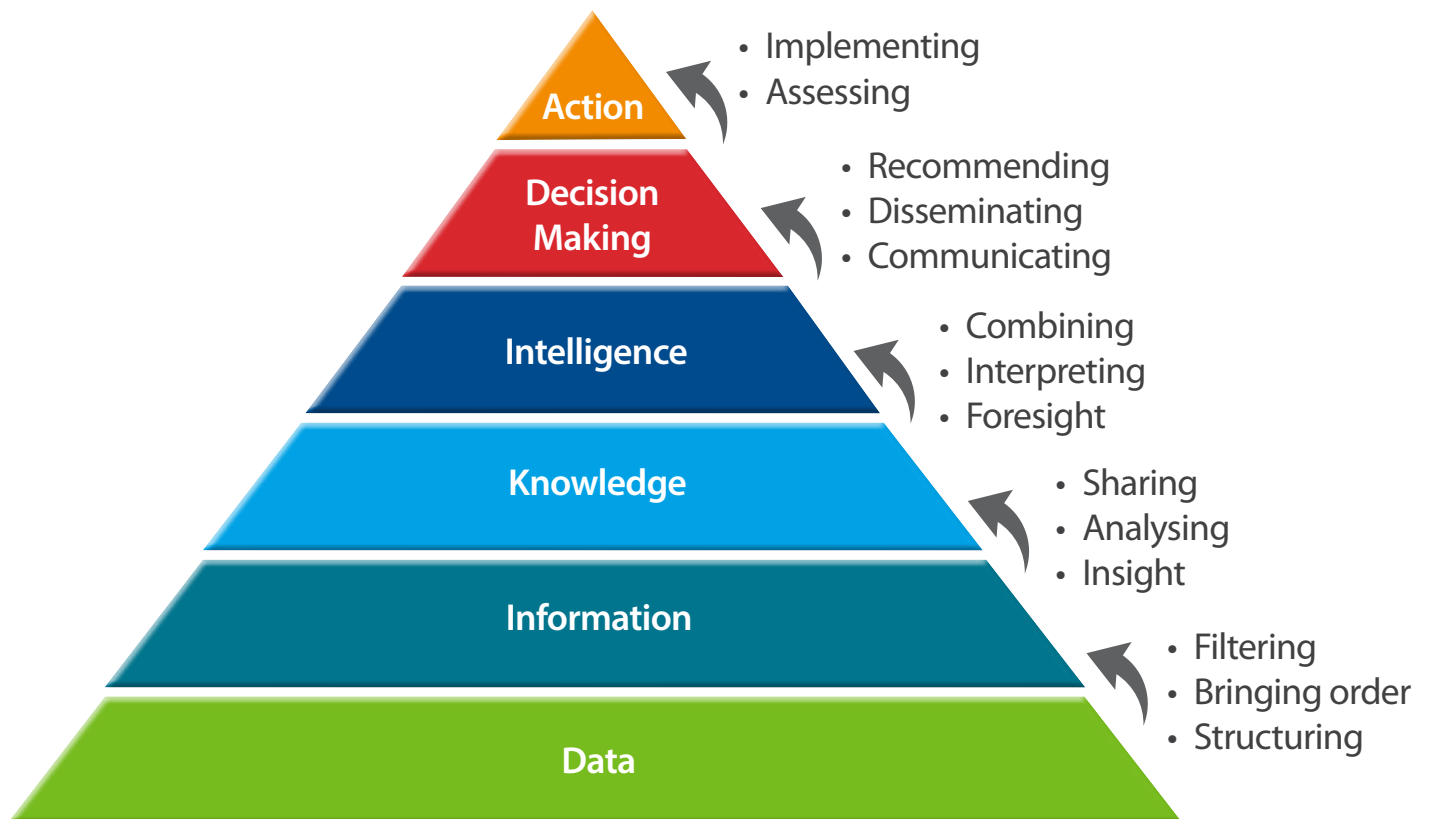
Data, Information and Knowledge

It is important to be clear about the difference between data and information as the terms are often used interchangeably.

Data usually refers to raw data that has not been processed in any manner. Once the data is combined or organised in some way, it is considered as information.

Once data is processed, organised, structured or presented it becomes more useful information which can be accessed by a range of users. This information provides the users with the knowledge or understanding of a specific subject or issue.

User knowledge when it is applied to a subject provides the individual or organisational intelligence to make effective operational and management decisions.

An example of this is illustrated in the table below.

Action
- Implementing
- Assessing

Decision Making
- Recommending
- Disseminating
- Communicating

Intelligence
- Combining
- Interpreting
- Foresight

Knowledge
- Sharing
- Analysing
- Insight

Information
- Filtering
- Bringing order
- Structuring

Data

Systems and Applications (Core and Specialist)

To enable the Facilities & Estates Sector to capture and process the amount of data and information needed to operate the Sector, we use a range of IT systems and applications. To be able to understand the information landscape, it is useful to consider these systems and applications in two categories, 'core' and 'specialist'.

Core systems and applications are those which are required across the Sector level or a number of FM departments. Good examples are Planet Enterprise, PECOS, SSTS and Datix.

Specialist systems and applications usually have single-purpose systems and are often used by a single FM department. Examples are TrainReq (CDU), Benchmarker (Linen services) and MenuMark SQL (Catering Services).

The mapping of core and specialist systems with the associated data and information will enable the Facilities & Estates Sector in identifying opportunities to:

- Leverage and optimise core systems and applications and potentially integrate with other systems
- Maintain specialist systems and applications
- Identify systems and applications which can be potentially be eliminated

Data Quality and Governance

To manage the quality of or data and information, 'Data Owners' and 'Stewards' will be nominated and assigned for parts or the whole of each systems or application.

A Data Owner is a role designated as accountable for specific information assets within their functional area and has overall administrative control. This person is responsible for the quality, completeness access rights and the security of their assigned data assets.

Data Stewards will normally have administration tasks as part of their job roles and will focus on the coordination and quality of specific data on a day-to-day basis. They ensure the quality and completeness of specific data elements (both the content and any metadata), that the data supports the business in their functional areas and the requirements of the Data Owners are met.

Data Users can be any employee of the Facilities & Estates Sector who is authorised by the Data Owner to access information assets. They have a critical role to protect and maintain our information. In addition, the Facilities & Estates Sector will take into account the requirements of the General Data Protection Regulations (GDPR) and review the processes and systems on how data is managed, protected and used in accordance with NHS Grampian's policies and procedures.

> **Facilities management information is used for operating an effective and efficient facilities portfolio. Reliable information is therefore critical to our performance.**

Streamlining Administration and the Eliminate, Simplify, Standardise, Automate (ESSA) Principles

Managing data is a resource-intensive activity and we are committed to reducing that effort. Our approach is the coordinated and ongoing challenge of our processes and information by the Information Management Group, led by the Head of Business Services and Performance.

Data and Information Audit

The Sector will ensure a cycle of data auditing is conducted when entering or compiling data or reporting on information. It is recognised that required facilities information may not always be available and to get best value from management information, it is important to identify our data gaps.

A data gap is any missing or poor quality data that will impair our Sector's ability to make decisions, carry out duties, or meet objectives. Identified data gaps will be reported to the Data Stewards and Data Owners for action and to key Data Users for their awareness.

| Eliminate | Simplify | Standardise | Automate |
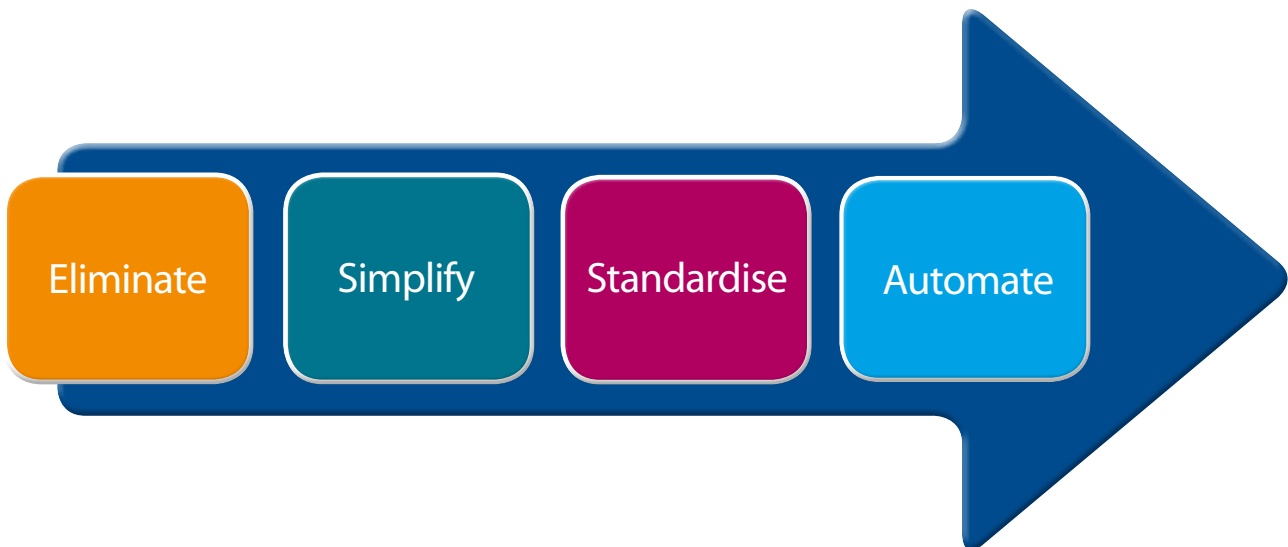
Eliminate any identified low-value processes

Simplify our processes, reducing steps and output to an effective but sustainable level

Standardise our processes to increase the efficiency of delivering the required output and to enable Sector-wide collaboration

Automate our systems and applications where possible to reduce the manual effort to run the simplified and standardised processes

Document Storage

Generally, data and information should be stored in shared areas rather than in personal areas.

It is critical that we identify the areas for data and information storage that provide the appropriate protection, confidentiality and ease of access to the appropriate range of users. To make the best use of our data and information it needs to be organised, up to date and easily retrievable from storage.

Currently, our shared storage areas are

- The central repository hub on the NHSG network. The Facilities & Estates Sector area is 'FacilitiesData' which has a current capacity of 1.42TB and serves as a shared workspace.

- SharePoint is a platform accessed by the NHSG Intranet Portal that is used for internal communication and acts as a document storage and management system. Data and information can be uploaded via the Facilities & Estates Sector intranet page with appropriate access rights assigned to authorised users for file sharing and collaboration.

Document Management Structure

A document management structure (file plan) will be put in place to ensure efficacy and integrity of the above document storage areas. Nominated Records Focal Points will be responsible for maintaining and monitoring structured information storage within respective functional areas.

The structure will include a naming and filing convention and should provide ease of navigation. This should require the minimum number of 'clicks' to find the document you need.

A document library to be developed to reduce the risk of multiple copies of the same document saved in multiple folders.

Archive folders to be provided within functional areas for retention of older data and information. These will then be in line with NHSG's Records Management Policy.

Adding value to NHS Grampian through Facilities Management