



# FOCUS

Facilities Directorate Newsletter

[www.wsufftrust.org.uk/facilities](http://www.wsufftrust.org.uk/facilities)

## Message from the Director

**J**ust a quick note to make you all aware of the facilities team briefing which takes place each week with your respective manager and myself. I use this opportunity to improve internal communication and to share information amongst the different departments within the Directorate.

This information will shortly be cascaded to *you* on a monthly basis along with a "core brief" from the Chief Executive. The core brief will ensure that concise relevant Trustwide information is circulated to *everyone*. The purpose of cascading the information in this way is to make sure we improve communication by ensuring you all receive the same message in the same format within the same time frame.

Face to face communication will not always be possible; in these instances your manager will make use of your departmental notice boards, e-mail and the postal system.

I am committed to improving communication within the Directorate so if you have not received a team briefing by the middle of April please let me know directly on ext 3973 or email me on [stephen.moore@wsh.nhs.uk](mailto:stephen.moore@wsh.nhs.uk).

If you have a chance check out the facilities web site on [www.wsufftrust.org.uk/facilities](http://www.wsufftrust.org.uk/facilities). Well done to Jacqui and Hannah for a first in the NHS, and a special thank you to Roy Hunter for his technical assistance in developing the site.

I would like to take this opportunity to thank you all for your hard work over the past year and look forward to an exciting year ahead!

## Congratulations



**C**ongratulations are in order for David Riggs and Nicky Sherwood from the Catering Department who were both promoted to Assistant Head Chefs as of 1st March.

David worked as a part-time Catering Assistant from February 1997 to May 2001 whilst studying catering at West Suffolk College. In November 2001 he was given a temporary chefs post to cover maternity leave. This position became permanent in May 2002.

Nicky came here in December 2001 as a full-time Chef. Prior to this she worked at various pubs and hotels whilst bringing up her children.

David and Nicky's new role will challenge them to manage staff within their team, monitor paperwork/records and hygiene in their area, ensure effective dissemination of information and provide feedback, resolve work related problems, ensure safe working practices, etc.

The Facilities Directorate web site was launched on 13th March. The web site has detailed information covering all departments and it will play a key

role in keeping you informed of developments within the Directorate. It will be updated on a regular basis so be sure to log-on to get the latest news and

keep up to date on project progress. If you have any ideas for the web site, feel free to let either Hannah Archer or Jacqui Grimwood know; we welcome your ideas.

## Temporary Ward

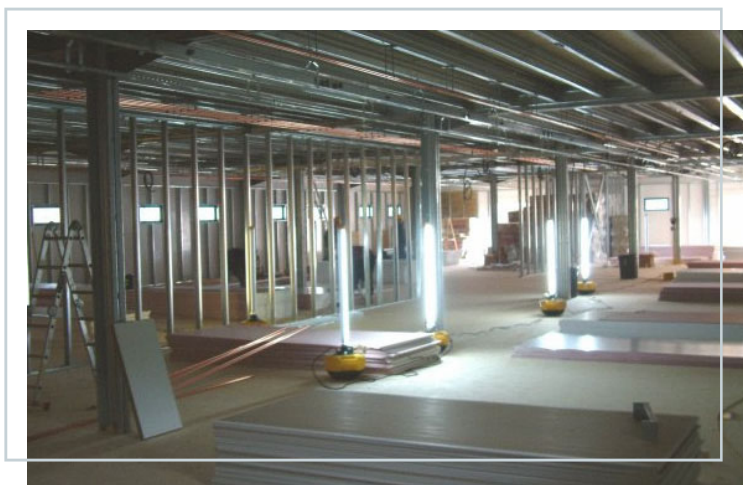
This 30 bedded temporary ward is currently under construction in the proximity of the old Joyce Cockram Day Hospital entrance.

**What is the purpose of the unit?** As most staff are already aware, we frequently suffer an acute shortage of in-patient beds throughout the winter months. An additional 30 beds will therefore help with the shortfall during this period. We are also undertaking a major building programme to construct a Diagnostic and Treatment Centre (DTC) on the hospital site. The purpose of building the DTC is to enable the hospital to carry out an additional 800 major joint replacements, together with a further 2000 cataract procedures every year. This additional work will place even greater pressures on our already straining resources.

**Why a temporary structure?** This is the most expedient way of producing the unit and consequently providing the extra capacity. When the unit was designed, consideration was given to the extreme lack of office space throughout the hospital. Taking this into account, both the foundations and the structure of the unit have been strengthened in order to support an upper floor at a future date.

**What will the unit be used for?** In the initial stages, the unit will be utilised as an Emergency Assessment Unit (EAU). When a new EAU is provided within the main hospital confines, the unit may be used as a decant facility, enabling much needed refurbishment work to be undertaken on the remaining hospital wards.

## Education Centre



The new Education Centre has been operational since 17th February. Facilities incorporated within the Education Centre include:

- Postgraduate Centre
- Meeting rooms
- Library and IT Resource Centre
- Lecture Theatre
- University of Cambridge Graduate Course in Medicine
- Suffolk College, School of Health Nurse Education
- Clinical Skills training
- General training

Room bookings can be made through the Education

Centre staff on ext. 3971.

One of the main features of the new Education Centre is the Library. Joan Hunter, Head of Learning Resources, comments that:

*"The library is certainly much lighter and airier than the old one. The display of books and journals has been improved and our computer room now has 20 PC's available for use at any time. The doors are open from 8.30 am to 6 pm Monday to Friday, so anyone wanting to use the facilities after these times and at weekends should ensure that their ID card has been updated".*

Please contact a member of library staff if you have any queries or problems on ext. 3343 or 3112.



## Farewell Ivy



Ivy Davies, Linen Services Supervisor, left the Trust at the end of March after 30 years service. Ivy commenced her employment at the hospital in 1972, and worked in Accommodation and Catering before taking up her post in Linen Services.

*“Ivy will be greatly missed by her friends and colleagues at the Hospital. This is the time when all her hard work and dedication deserve a standing ovation. As much as we are sad to see her go, we can't help but share in her joy on the occasion of her retirement. We wish her the very best in whatever she chooses to do plus prosperity, good health.”*

Riva Knight, Acting Hotel Services Manager

## Housekeeping Comes Back In-house

In November 2002 the Trust decided to return the housekeeping service back in-house. To address the problems of poor contract performance, low levels of cleanliness, recruitment and retention difficulties, high levels of absenteeism and lack of investment.

The decision was made knowing that there are no off-the-peg solutions or new technology that can replace the housekeepers. After 7 years of under-investment our challenge is for everyone involved with the cleanliness of the Hospital to turn the situation around.

### How will the service change?

During the first 3 months we have concentrated on the Human Resources implications of the change from contractor back to the NHS. The next quarter will be spent on improving the performance and consistency of services provided by the team. This means staff involvement, training and development, monitoring and the use of key performance indicators to assess our improvement.

Our aim is to modernise the organisational structures to incorporate the NHS Plan criteria of the Modern Matron and the Ward Housekeeper. The Ward Housekeeper's main task will be to focus on cleaning/ food service and maintenance of the environment. This will require teamwork, flexibility and a “can do” approach, working in partnership with the wards and departments to create a comfortable, safe, and clean environment for patients, visitors and staff.



## Car Parking

On 6<sup>th</sup> February St Edmundsbury Borough Council's Planning Committee gave the go-ahead for the Trust to build an extra 250 car parking spaces on the hospital site. The extra spaces are part of the Trust's efforts to find a solution to the parking issue and alleviate the problem of having too many cars on site.

A phased programme of works is due to be completed by August 2003. The Trust will continue to work with St Edmundsbury District Council to look at ways to solve the long-term parking problem.

For more information, please contact Steve Moore on ext 3793.

## A Reminder...

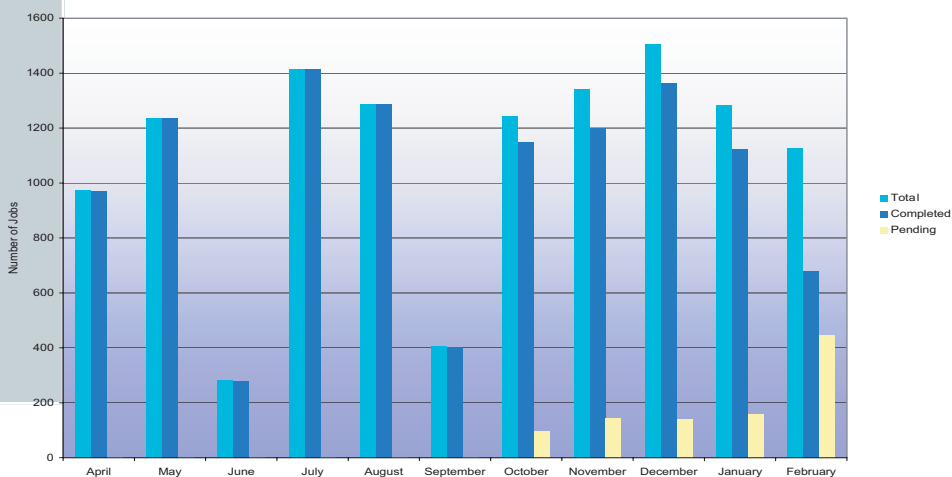
Introduction of the hospital's intranet Notice Board has provided the opportunity to reduce the large number of everybody emails that are sent out on a daily basis.

It is important to have this facility, however, it should be limited to the communication of timely information that cannot be included on the Notice Board or in the regular weekly Green Sheet. The value of this method of communication is being undermined by its regular use to convey inappropriate messages.

For this reason, emails that *really* need to go to everyone in the Trust should be sent via Diane Mathews, the Trust's Communications Manager.

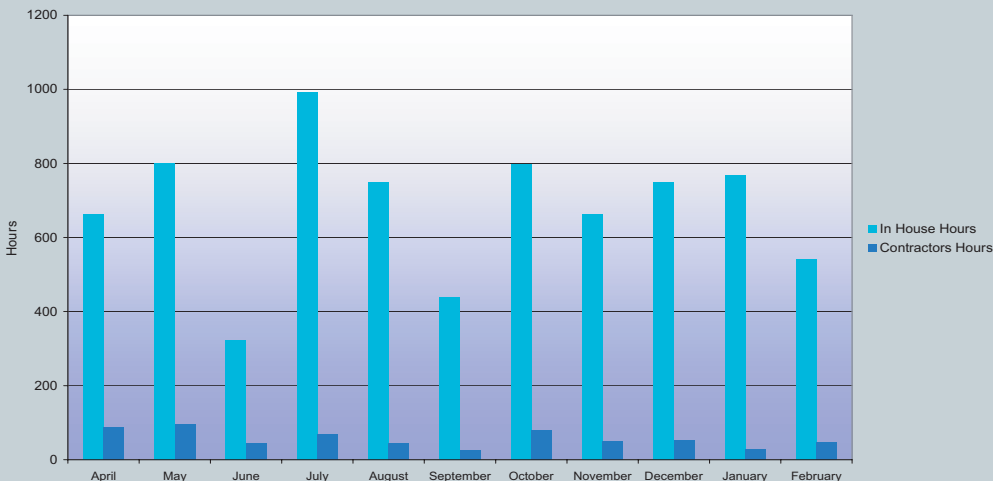
# EBME Key Performance Indicators

EBME Work Jobs Statistics 2002-2003



The EBME KPI's measure our performance on the completion of both demand jobs (repairs, etc.) and planned preventative maintenance. They help us to determine how efficient and effective we are by monitoring the total number of jobs, timeliness of completion and jobs pending. The indicators also help us to identify the busiest periods of the year, enabling us to plan for adequate staffing, stocked parts, etc. to complete planned maintenance. The KPI's reflect the ongoing changes within the department, as seen in June 2002 when both Chief Technicians were sharing the role of acting manager and in September when staff were on annual leave.

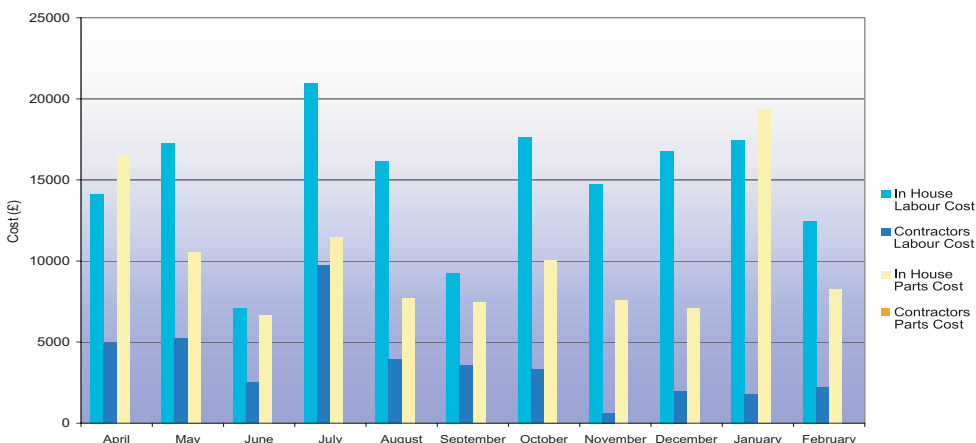
EBME Job Hours 2002-2003  
Inhouse time versus Contractors



Graph 1 shows the total number of jobs reported to EBME, including how many were completed and how many were pending in the month depicted. The results for June and September reflect annual leave.

Graph 2 shows the total hours spent on jobs by the in-house team compared to that of outside contractors. It shows that the majority of work carried out with regard to repairing and maintaining medical equipment is done so by the EBME department. Contractors are only brought in to work on specialised equipment that EBME staff are not trained to work on.

EBME Job Costs



Graph 3 shows that for the time spent on an EBME job, the contractors cost is very high in comparison to the in-house cost. This clearly indicates that the in-house team represent good value for money.

# Electro-Biomedical Equipment Department's role

**W**est Suffolk Hospitals Electro-Biomedical Engineering department was established in the late 1970's and is today still located at the Hospital Road Site. Specialising mainly with electronic patient connected, diagnostic, and dental/chiropractic equipment, the department expanded in 1991 to include respiratory and anaesthetic equipment. At its present location the department consists of two workshops (Electronics and Anesthetics) with a total of seven staff. The medical equipment maintained by EBME varies in complexity; from items used for life support (ventilators, defibrillators, hemodialysis pumps, infusion devices) to the low tech items (flowmeters, pressure mattresses, urine alarms) used throughout the hospital. The department provides services to the East Anglian Ambulance NHS Trust and Community providers of healthcare throughout West Suffolk.

The Electro-biomedical Engineering Department's main function is to maintain patient connected equipment to safeguard both patients and users from any risk that may occur whilst using it. The department operates a computerised equipment register (HECS) for all medical, electro-medical, dental, chiropractic and pathology equipment. Maintaining this database is the responsibility of the department, who regularly update the information.

## Equipment returns

Equipment will usually be returned to the



Roland Ashenden, repairing a Prisma Hemodialysis unit

department to which it is logged. If the equipment has been loaned from another department and you wish it be returned to you, you must tell the technician. The equipment will usually be returned with a pink tie on label. This is part of the EBME departments quality assurance system; it notifies the user that the equipment has been repaired and that function checks may be required as dial readings will have been altered. It also quotes a *job card number* this is the number you should quote to the EBME manager in case of a query. If the user department runs an assurance system the card may be used or else discarded.

For more information about EBME, please contact David Wilson on ext. 2314 or log onto the Facilities web site.

## Stephen Plume



### Tell us a bit about yourself...

I was born in Bury St Edmunds and have lived in and around this area all my life. I worked for the Ministry of Defence for 18 years before coming to work at the West Suffolk. I have now been here for 10 months, working as a departmental porter.

### What do you do at the West Suffolk?

I help out in the mortuary every morning for an hour or so, but I am based in the Physio/OT department for the rest of the day. Every morning I am given a list by the staff of things that need doing throughout the day. My main duties include transporting patients between physio and other departments, and any general tasks that are required of me.

### What do you do in your spare time?

I am a member of the Territorial Army and have been so for 21 years. I go training most Wednesdays and at least one weekend a month. During my time in the TA I have received several awards: Queens Jubilee medal, Long Service medal and United Nations medal.

## FAVOURITES

### Colour

Blue

### Group/record

Any classical music

### Food

Roast beef and yorkshire pudding

### Holiday destination

Southern Ireland



## Are you Planning an Office Move?



**A** number of moves are identified from time to time to allow for improved facilities for both staff and patients. No move is straightforward or without cost therefore the following points must be considered as far in advance of the move as possible, to ensure that the area you are moving to is functional and suitable for the use you intended.

Any proposed move must be requested via your operational/clinical/departmental manager, with costs identified and agreed in principle by your Directorate's Manager or Assistant Manager and approved by the Director of Modernisation/Facilities.

### The next step

You must first consider what facilities you require to continue to deliver your service, and find out whether they are available in the proposed accommodation. Ask yourself the following:

- Are telephone and data points available and in the right position? If you need extra points, be aware that there is a cost implication
- Is the environment in the area suitable i.e. is there sufficient

ventilation, lighting, space for your intended activity? Does the area comply with fire and security requirements?

- Is all your furniture/equipment suitable for transfer? If not, funding will have to be identified for any new or additional equipment
- required
- Does the area meet the requirements of the Disability Discrimination Act?

You will also need to consider signage requirements - directional and internal.

For Clinical areas the following must be considered:

- Are adequate hand-washing facilities available to satisfy infection control requirements?
- Are there enough toilets/showers and baths available?
- Are piped medical gases and vacuum required?
- Are privacy curtains available for bed/trolley space?

### Moving Arrangements

It is necessary for you to inform the following people/departments at least 2 weeks in advance:

- Rob Edgar, Estates Information Officer, and/or Joan Meakin, Switchboard Supervisor, of telephone extensions to be moved and if any extra are required
- IT department to move your IT equipment
- Jim Pretty, Portering Supervisor, who will arrange portering staff to help you move
- Housekeeping Department

- Postroom
- Terry Owens, Fire and Security advisor
- Works department
- Supplies/stores
- Smartline for key and signage requirements
- Reception desk c/o Geraldine Debenham
- Editor of the Green Sheet for general information
- Your patients

You will also need to inform the following, as appropriate:

- Catering
- Pharmacy
- Pathology
- Rehabilitation
- X ray
- Sterile Services
- EBME
- Medical Equipment Library

### Vacated Area

Once you have moved, the vacated area, becomes the responsibility of the Estates Department until otherwise allocated. The area must be secured and all keys handed back to Peter Ward, Estates Building Officer. Bids for space in the vacated area are to be via Steve Moore, Director of Facilities.

Further information/help is available from Peter Lamplough, Capital Projects Officer, Sue Vincent, Senior Nurse Capital & Service Planning or the Directorate web site.

## Telephone system

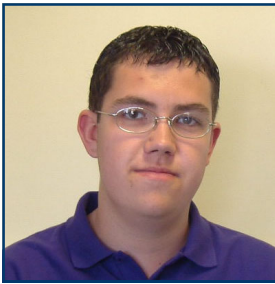
To speed up telephone answering times, an extra switchboard operator now works from 9am-1pm, Monday to Friday, making a total of 3 operators on duty during the busiest times.

Calls are being prioritised according to whether they are internal, external or from fellow professionals such as GPs. Priority is given to external calls, and the average length of time taken to answer a call using the new system has decreased from 18 to 12 seconds. Urgent calls such as cardiac bleeps, fire alarms or MAJAX remain the highest priority.

## Functions - catering

It was agreed at the Trust Management Team held on 31st March 2003 that all catering arrangements must be organised in the first instance through the Trusts Catering Department. Please contact them on ext. 3462 or log onto the web site to obtain a booking form.

# New Appointments



Antony Barrows, part-time Housekeeper/Team Cleaner, started in the Housekeeping Department on 30th January. Antony previously worked at Griffith & Elder Ltd. He also worked as a Team Cleaner at the West Suffolk during the summer of 2002.



Diane Cobbold, Housekeeper/Team Cleaner, started as a full-time member of staff on 7th February. Diane previously worked at Alexander Court as a Housekeeper.



Hayley Manning, full-time Housekeeper, joined the Housekeeping Department on 14th February. Previous to her work at the West Suffolk, Hayley worked as a Sales Assistant in Tesco's.



Keith Blythe started working at the Hospital as a Clerk of Works/Site Engineer on 3rd February. Prior to his work here, Keith spent 4 years with Pfizer Pharmaceuticals on the construction of a new process development facility.



Christopher Deacon, new recruit to Catering, started working as a Catering Assistant on 24th February. Christopher previously worked in a shop/post office on a fixed term contract for 6 months.



Linda Hunt, Catering Assistant, started working at the Hospital on 17th February 2003. Linda is a previous employer of the West Suffolk; she left in 2002 to work for Toyota in Bury St Edmunds, but has now returned to the fold!



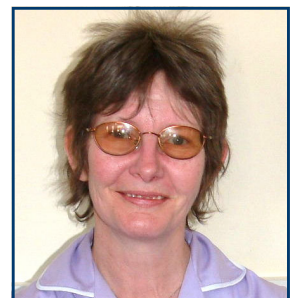
Helen Currey, Catering Assistant, started in Catering on 27th January 2003. Previous to her work at the Hospital, Helen worked as a Beautician at Fitness First.



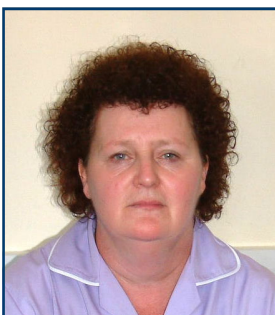
Wendy Williams started working for the Trust as a Cook on 18th March 2003. She was previously employed as a Chef/Manager at Bush Boake Allen.



Fay Hinsley started as a full-time Housekeeper in March. Previous to this post, Fay worked in SSD, located at the Hospital Road site.



Judi Burke joined the Housekeeping department in February as a full-time member of staff. Prior to this she worked at Sainsburys for over 4 years.



Jenny Bowman started at the Hospital as a full-time Housekeeper in February. Jenny has recently moved to Suffolk from Bishop Auckland, where she worked as a Sales Assistant in a Sports Centre.



Cheryl Green started working for the Catering Department on as a Cook on 17th March 2003. Cheryl was previously employed as a Chef at Choices Restaurant at Barton Mills.

# Health and Safety Incidents in the Facilities Directorate

The incident reporting process forms a major part of risk management in the Trust. Not only is the process a requirement under health and safety legislation, but by having a robust system it enables us to monitor all types of incidents that are occurring in our Trust, in addition to identifying ways of reducing the number of incidents and their severity.

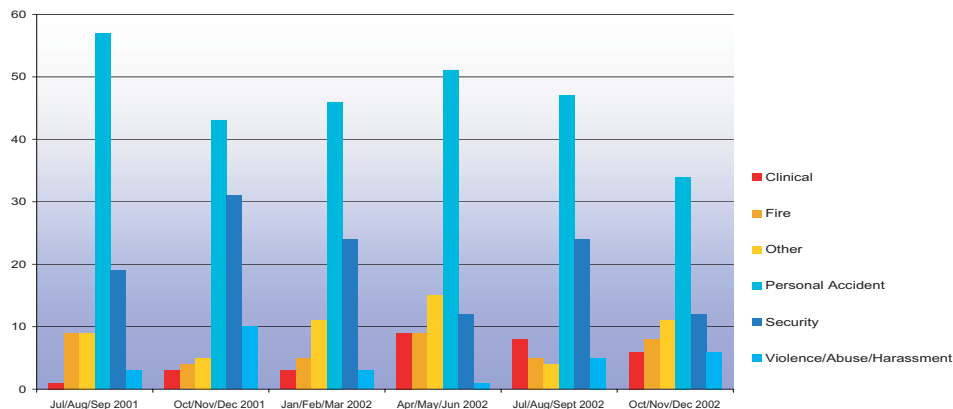
Last April a new incident reporting system was introduced. The new system of reporting includes the investigation of each incident to establish causal factors. In turn this will allow us to learn from the incident and to take action to prevent its reoccurrence. All staff have a contractual duty to report any incident that occurs, and the system will only work if all adverse incidents are reported and investigated.

The graphs show a breakdown of incidents that occurred in the Facilities Directorate over the last two quarters of 2002. You will see from the graphs that the information provides a clear picture of where the increase/decrease of incident has occurred and this enables the trend of incidents to be analysed. All incidents occurring in 'public' places e.g. corridors and the Trust grounds are also reported under the Facilities Directorate.

Graph 1 details the number of incidents under the six main incident categories that occurred in the Directorate. Graph 2 details the number of personal accidents under the person categories that have occurred in the Directorate. Graph 3 details the numbers of personal accidents under the five main personal accident categories that have occurred in the Directorate.

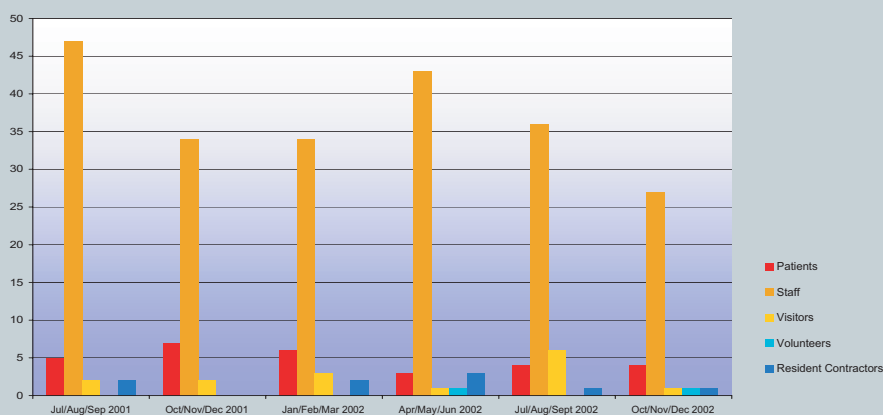
Graph 1

INCIDENTS OCCURRING WITHIN THE FACILITIES DIRECTORATE



Graph 2

PERSONAL ACCIDENTS OCCURRING WITHIN THE FACILITIES DIRECTORATE



Graph 3

TYPES OF PERSONAL ACCIDENTS OCCURRING WITHIN THE FACILITIES DIRECTORATE AREAS

