Planned and Reactive Maintenance Policy

V1.1

November 2016
The **Estates Department** can help if you have:

- Damaged fixtures and fittings
- Repairs to walls and floors
- Equipment repairs (non-medical/CITS)
- PAT testing
- Inspections of lifting equipment
- Minor New Works
- Plumbing problems
- Electrical issues
- IPAC environmental issues
- Signs and way-finding needs

**Call:** on ext. 3400 (Mon-Fri 8am-4pm) or via switchboard at all other times.

**Visit:** Helpdesk Link Corridor (Mon-Fri 8am-4pm)

**Online:** [https://rcht.micadipr.net/FMS_CUSTOMER_PORTAL/](https://rcht.micadipr.net/FMS_CUSTOMER_PORTAL/)

Rch-tr.EstatesHelpdesk@nhs.net
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1. Introduction

1.1. The Royal Cornwall Hospitals Trust is responsible for providing a safe, high quality healthcare environment for its staff, patients and visitors. This is achieved by ensuring that Trust premises are maintained to a high standard and comply with all statutory, mandatory and best practice requirements. This Policy will ensure that these responsibilities are delivered. The reorganisation of estates services including bringing back in house the core maintenance functions has prompted the review of many Estates policies, of which this is one. Regular maintenance is also essential in the delivery of a safe environment that minimises Healthcare Acquired Infection and supports the cleanliness maintainability and to ensure the efficiency of Estates and Facilities plant and is part of the Trust response to the 2009 NHS ‘Saving Carbon-Improving Health’ initiative.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. It is the Policy of The Royal Cornwall Hospitals NHS Trust to provide buildings and services maintained in a safe, aesthetically pleasing environment that is ‘fit for purpose’ by means of planned and reactive maintenance, regular servicing and full compliance with statutory, mandatory, best practice requirements, Health Technical Memoranda and Key Performance Indicators.

3. Scope

3.1. This policy applies to all properties owned and maintained by the Trust and to all premises leased or occupied by the Trust under Private Finance Initiative contracts or to any other premises rented or leased by any other form of agreement or contract (hereafter referred to as Third Party Provider Premises). The leased, rented or occupied under agreement or contract properties are to be maintained in accordance with the appropriate agreement or contract and this policy.

3.2. Planned preventative maintenance, reactive maintenance and services for all properties, owned or leased by the Trust will include all general building services including electrical and mechanical services, plumbing, joinery, building, painting and decorating, security, fire alarms, flooring etc.

4. Definitions / Glossary

- Construction & Design Management Regulations 2007 (CDM)
- Health Technical Memorandum (HTM)
- LIFT – Private finance initiative schemes
- Estates defect and request system (MICAD)
- Estates Return & Information Collection (ERIC)
- Approved Code of Practice (ACOP)
- Planned Maintenance (PM)
- Infection Prevention & Control (IPAC)
- Personnel File (P-File)
- Patient Led Assessment of the Care Environment (PLACE)
- Hospital Care Acquired Infection (HCAI)
5. Ownership and Responsibilities

5.1. Chief Executive
5.1.1. The Chief Executive has overall responsibility for ensuring that all premises are maintained to the relevant standards. This responsibility is delegated to the Director of Estates.

5.2. Director of Estates
5.2.1. The Director of Estates is responsible for ensuring that all premises are maintained to the relevant standards. That sufficient resource is made available in the form of revenue and capital finance to maintain and improve the estate to meet the high standards of this policy. To give direction to the Head of Estates in terms of prioritizing strategic objectives.

5.3. Head of Estates Operations
5.3.1. The Head of Estates is responsible for the overall compliance with this policy and will ensure that buildings and services are maintained in a safe, aesthetically pleasing environment that is ‘fit for purpose’ by means of planned and reactive maintenance, regular servicing and full compliance with statutory, mandatory, best practice requirements, Health Technical Memoranda and Key Performance Indicators.

5.3.2. Where standards are not attainable within the allocated resource in these instances the deficiency will be recorded on the estates risk rated backlog register. The Head of Estates is responsible for ensuring that the LIFT Partner is compliant with this policy including the maintenance of appropriate records.

5.4. Estates Operations Manager
5.4.1. The appropriate Estates Manager under the direction of the Head of Estates or his nominated deputy is responsible for managing the planned and reactive maintenance services on their respective disciplines, and ensuring that all work is carried out at the appropriate intervals and to the standards as detailed in regulations or guidelines.

5.4.2. Records and programmes are to be provided at regular intervals to confirm that work is being carried out and completed on time.

5.5. Estates Craftsmen
5.5.1. Responsible for carrying out the work as directed by the Estates Operations Managers.

5.6. All Staff Members
5.6.1. Are responsible for ensuring that they report concerns and maintenance requests as required. These records and/or programme will be subject to annual Critical Maintenance Audits.
6. **Standards and Practice**

6.1. All maintenance, servicing and inspection works will be carried out in accordance with the relevant British Standard, HTM Guidance, Building Regulations, Codes of Practice, Health & Safety at Work Act, CDM Regulations and manufacturers' instructions.

6.2. **Servicing**

6.2.1. All servicing of plant, equipment and installations will be carried out at the appropriate intervals as detailed in the guidelines detailed above or on response to detailed risk analysis outcomes associated new Risk Analysis and Risk Rating assessment plus the recent and imminent addition of new estate assets installed during the refurbishment and reconfiguration of the estate as part of the Clinical Site Development Plan.

6.2.2. The Trust Estates Directorate, LIFT Services Providers and Third Party Providers shall ensure that competent persons are employed to carry out the specific services, and are to maintain a register of competent persons. Records of servicing are to be maintained, together with appropriate certificates, and are to be provided to the Head of Estates including LIFT Services Providers and Third Party Providers

6.3. **Maintenance**

6.3.1. **Maintenance Planned**

All planned maintenance work is to be carried out in compliance with the relevant current standards and/or risk assessment. Where there is a deviation from the relevant current standard, the deviation will be risk assessed and recorded within the Estates risk rated backlog register and trust Risk Reporting System where appropriate.

6.3.2. **Maintenance Reactive**

The Trust Estates & Facilities Department will provide a Call Centre operating between 8.00 – 16.00 hours, Monday to Friday except Public Holidays to receive and action requests for reactive maintenance. Priority system and job log identification will be provided for each request and response times and priorities will be recorded. Urgent calls outside of these hours will be responded to via a call out system. Non urgent requests can be logged using the electronic "MICAD" system.

6.3.3. LIFT service providers and other third party providers operate priority system and job log identification will be provided for each request and response times and priorities will be recorded as defined in the relevant contract or project agreement.

6.3.4. **Maintenance Backlog**

The Estates Directorate has a register of backlog maintenance which must be kept updated by the Head of Estates, his deputy and Estates Officers. This backlog register is risk rated and informs the prioritization of capital investment for backlog maintenance. The backlog risk register informs the values and significance ratings for the Estates Return Information Collection (ERIC). The estates backlog register is linked to the trust risk register as appropriate.
6.4. Communication
6.4.1. Details of planned, reactive and backlog maintenance tasks will be communicated to areas and personnel who may be affected by the impact of these tasks. This is to enable those areas or personnel to make alternative arrangements so as to minimise the impact and enable these tasks to be completed as quickly and efficiently as possible. Communication will be carried out using a number of methods, not limited to telephone and electronic communication via the Trust "all user bulletins".

6.5. Infection Prevention and Control (IPAC)
6.5.1. Advice will be sought from IPAC on all planned, reactive or backlog maintenance that may affect patient services or increase the risk of HCAI, or impact on services established to prevent HCAI.

6.5.2. This will include sewerage systems, critical ventilation systems, water services fabrics, furnishing, commissioning and decommissioning of soil provisions and any external works which may result in any internal affects. In addition, any minor works which require fabric/building system and material degradation/demolition will require infection control advice.

6.5.3. Major scheme demolition such as that anticipated with regard to building clearance will follow the guidelines of this and other related good practice. Project execution plans will be individually reviewed in consultation with control of infection. All maintenance, servicing and inspection works will be carried out in accordance with the relevant British Standard, HTM Guidance, Building Regulations, Codes of Practice, Health & Safety at Work Act, CDM Regulations and manufacturers’ instructions.

6.5.4. Commissioning data, as-fitted drawings, manuals etc, and records of any changes implemented since commissioning will be available to Estates managers and maintenance staff.

6.5.5. Schedules of routine maintenance activities, suggested spares lists, and operational information will be made available. This will be achieved by the use of computer-based systems (Concept) to maintain plant databases, maintenance requirements and records.

6.5.6. The frequency of any particular maintenance activity and the need for planned preventive maintenance of the critical engineering services will be determined and continually assessed throughout its operation in order to avoid unnecessary routine maintenance while ensuring the services remain safe and available. Advice of detrimental impacts of service downtime or service failure will be sought from users and or Infection control as appropriate.

6.5.7. The frequency of maintenance will depend on the manufacturer’s recommendations, ACOP, HTMs or other guidance and the circumstances of application Record sheets will be completed for all maintenance actions.

6.6. Frequency of maintenance
6.6.1. The frequency of maintenance will be based on the information supplied by manufacturers, HTM's ACOP and statutory instruments. This information will be used to maintain the operational integrity of an item of plant or equipment.
6.6.2. Planned preventive maintenance (or maintenance at fixed intervals irrespective of a service need) will be balanced against the application of breakdown maintenance except where HTM’s, ACOP or statutory instrument advises differently.

6.6.3. There may well be a mix of both, depending upon local factors and circumstances.

6.7. **Maintenance planning**

6.7.1. Maintenance programmes are essential to ensure that all critical engineering service equipment is checked, inspected, tested, repaired or replaced at the appropriate time. Economically this makes sense, as it enhances the operational life span of equipment and maximises the potential for its availability for use.

6.7.2. To ensure that the maintenance programme is carried out economically, it will be supported by a reporting system of “defect and failure”. Classifications of urgency will allow for those defects requiring extensive plant isolation and shutdown to be slotted into the overall planned maintenance programme to minimise disruption.

6.8. **Commissioning tests**

6.8.1. Commissioning test of buildings or plant will be checked and/or witnessed by suitably qualified staff on behalf of the Trust and signed off by both Trust representative and contractor. These tests generate the contractually agreed records of the original commissioning procedures related to particular items of equipment or plant. The test records must be accurate, and will be retained and kept in a safe place. Reference to these documents will be made from copies. The originals will not be handled for reference purposes in confirming tests or in discussion, the exception being if required as legal documents.

6.9. **Original and amended drawings**

6.9.1. As with test records, these drawings have contractual significance, being the original as-built form. They are legal documents showing the assembly and construction of a system, and the Trust will ensure that complete and accurate drawings are handed over to them on completion of the work.

6.9.2. These drawings, with dated amendments made during the construction phase up to final acceptance, will not be amended. Where subsequent changes are made, these will be entered on separate amended drawings and annotated to indicate the date and reference as appropriate.

6.10. **Functional tests**

6.10.1. Functional tests are a practical demonstration of the operation of an item of equipment or plant. The commissioning functional test record sheet will be preserved for future reference. It will be the comparative reference for all future maintenance tests throughout the life of the item of equipment or plant.
6.10.2. The frequency of such routine tests will depend on the use of the equipment as represented by the running hours or operations. Experience will dictate this requirement on the basis of routine and specific time-checks.

6.11. Inspections prior to re-commissioning
6.11.1. Before any engineering service equipment or plant is put back into service following a period of maintenance, a thorough inspection of all operational controls, protection settings, alarms and indications will be carried out. This will be the responsibility of the person undertaking the work, the Competent Person, or the Authorised Person, and where appropriate a representative from IPAC.

6.12.1. The planned maintenance programme will be designed according to the following principles:

6.12.2. Where the correct functioning of important components is not necessarily verified by the periodic tests prescribed for the critical engineering service, those components will be regularly tested, and reference to testing them will be included in the schedules of maintenance tasks.

6.12.3. This will apply to items that may only be required to perform their safety function when presented with an abnormal condition for example, to door interlocks; The maintenance programme will include, at appropriate intervals, those tasks such as lubrication and occasional dismantling of particular components (such as pumps), the need for which is indicated by normal industry best practice, manufacturers’ advice and experience. Apart from those tasks, the maintenance programme will concentrate on verifying the condition of the critical engineering service and its components by means of testing and examination without dismantling. Parts that are working correctly will not be disturbed unnecessarily. Spares fitted to critical engineering services constructed under a quality system will be sourced from the manufacturer or a similarly approved quality system.

6.13. Design of the planned maintenance programme.
6.13.1. The planned maintenance (PM) programme supplied by the manufacturer will be used where it is available. If no manufacturer’s programme is available, a programme will be designed in consultation with the Authorised Person and the Estates Manager or representative, and where appropriate with a representative from Control of Infection.

6.13.2. Although the manufacturer may carry out certain inspection and maintenance procedures under the terms of a guarantee, these may not constitute a full PM programme. The Estates manager or representative will ensure that the complete PM programme is carried out by the maintenance person during the guarantee period.

6.13.3. The user or their representative will implement any reasonable instructions given by the manufacturer during this period. Failure to carry out maintenance tasks and periodic tests could affect safety.

6.13.4. A set of procedures will be developed for each critical engineering service, containing full instructions for each maintenance task.
6.13.5. It is essential that maintenance is planned so that any plant or equipment is out of service for as little time as possible. Where practicable, maintenance will be scheduled to immediately precede any periodic tests.

6.14.1. The PM programme, procedures and records will be reviewed at least once a year by the Estates manager with the Authorised Person and a representative from IPAC if appropriate.

6.14.2. To facilitate this, records of all work done will be kept, so that judgement can be made in consultation with the manufacturer on what changes, if any, to the PM programme would be best.

6.14.3. The review should aim to identify:
   a. Any emerging defects;
   b. Any changes required to the maintenance programme;
   c. Any changes to any maintenance procedure;
   d. Any additional training required by personnel concerned with maintenance;
   e. Whether records have been completed satisfactorily, signed and dated.

6.15. Performance Monitoring.
6.15.1. A monthly audit will be carried out on all job tickets to measure performance of the maintenance service. Reports of performance against response times, job completion times and job requests will be produced and made available to maintenance staff and Trust Board as required.

7. Dissemination and Implementation
7.1. Practical training will be given to all operational and maintenance staff to ensure that work routines, operational procedures and correct application of the safety procedures and rules are understood and implemented. Initial and, where appropriate, on-going training will be given by the manufacturer to all technical staff as part of the contract requirement, and will be based on the operating and maintenance manuals, supplied as part of the contract.

7.2. This policy will be disseminated via the document library on the Trust’s Intranet and copies are available from the Estates Team Manager’s office for Estates staff.

7.3. All estates staff will receive a copy of this policy; personnel will sign a copy, which will then be placed on their P File.

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Compliance and effectiveness of the planned and reactive maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Head of Estates Operations.</td>
</tr>
<tr>
<td>Tool</td>
<td>Annual Critical maintenance audit</td>
</tr>
<tr>
<td></td>
<td>Monthly statutory maintenance compliance report</td>
</tr>
<tr>
<td></td>
<td>Monthly reactive maintenance performance monitoring</td>
</tr>
<tr>
<td></td>
<td>Monthly statutory and mandatory maintenance performance monitoring</td>
</tr>
</tbody>
</table>

Planned and Reactive Maintenance Policy
<table>
<thead>
<tr>
<th>PLACE environmental monthly and annual audits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Reporting arrangements</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
</tr>
</tbody>
</table>

9. **Updating and Review**

9.1. This policy will be reviewed every three years or whenever required due to change of operational structure, new guidance or other changes that necessitate change.

9.2. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. **Equality and Diversity**

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement".

10.2. **Equality Impact Assessment**

10.3. The Initial Equality Impact Assessment Screening Form is at Appendix 2.
Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Planned and Reactive Maintenance Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>December 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>December 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>30th November 2019</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>James Tinsdeall, Head of Estates Operations</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 253400</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>To provide buildings and services maintained in a safe, aesthetically pleasing environment that is ‘fit for purpose’ by means of planned and reactive maintenance.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Maintenance, planned, reactive, Estates, MICAD, Backlog, repair, preventative</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Estates</td>
</tr>
<tr>
<td>Date revised:</td>
<td>New Document</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>New Document</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Estates Performance &amp; Governance Group</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Director of Estates</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Estates/General</td>
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<tr>
<td>Links to key external standards</td>
<td></td>
</tr>
<tr>
<td>Related Documents:</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Version No</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>25/10/2013</td>
<td>V1.0</td>
</tr>
<tr>
<td>18/11/2016</td>
<td>V1.1</td>
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All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of individual completing assessment: James Tinsdeall</th>
<th>Telephone: 01872 253400</th>
</tr>
</thead>
</table>

1. Policy Aim*  
Who is the strategy / policy / proposal / service function aimed at?  
To ensure staff are aware of the standards expected in executing their duties. To ensure the trust buildings, estate and building services are maintained in compliance with this policy

2. Policy Objectives*  
To ensure the high standards expected by the trust are maintained at all times.

3. Policy – intended Outcomes*  
Consistent high standards of maintenance and repair across the organization

4. *How will you measure the outcome?  
Annual Critical maintenance audit  
Monthly statutory maintenance compliance report  
Monthly reactive maintenance performance monitoring  
Monthly statutory and mandatory maintenance performance monitoring  
PLACE environmental monthly and annual audits

5. Who is intended to benefit from the policy?  
All Staff

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?  
No

b) If yes, have these *groups been consulted?  
C). Please list any groups who have been consulted about this procedure.

7. The Impact  
Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Sex (male, female, transgender / gender reassignment)
- X

### Race / Ethnic communities /groups
- X

### Disability - learning disability, physical disability, sensory impairment and mental health problems
- X

- Improvements to site as part of maintenance may offer improved access and availability of services, such as those detailed in the PLACE action plan.

### Religion / other beliefs
- X

### Marriage and civil partnership
- X

### Pregnancy and maternity
- X

### Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian
- X

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. **Yes** **No** X

9. If you are not recommending a Full Impact assessment please explain why.

PLACE action plan and Access Audits

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Tinsdeall</td>
<td>13/10/13</td>
</tr>
</tbody>
</table>

Names and signatures of members carrying out the Screening Assessment

1. 
2. 

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ___________________

Date ___________________