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Topical, inspirational, angry or amusing – we consider all relevant comment

PERSPECTIVES



1 Keep your customers close

FINBARR MURRAY is director of estates, FM and procurement at East Kent Hospitals University Foundation Trust

There is a school of thought that says you should keep your customers at arm's length – they might tell you something you don't want to hear. I think the opposite, and try to seek as much feedback from customers as possible. In the NHS there are plenty of customers to choose from and nearly every week letters arrive from our service users.

I take these letters, calls and emails as a positive. It's key to delivering better services and, frankly, some extra motivated pairs of eyes can be a very useful tool. More formally, though, are the NHS's patient-inclusive assessments, which drive up standards. The most significant of these is the Patient Lead Assessment of Clinical Environments, or PLACE.

PLACE assessments happen across all NHS hospitals and provide a standardised assessment by the people who most motivated to care – patients. Patients and staff together assess a wide range of standard metrics. These include food, cleanliness, maintenance, privacy and dignity, and some new measures on disability and

dementia friendliness. These standard metrics are then tested across a number of defined areas, including our emergency departments, wards, canteens, front of house and outside in our grounds and car parks.

"THE PATIENTS TELL YOU HOW IT IS. THEY REALLY DO CARE ABOUT THE QUALITY OF THE EXPERIENCE"

These assessments are excellent. The patients tell you how it is, they really do care about the quality of the experience and are not easily fooled into giving good scores where not deserved.

It's with huge thanks to a whole host of people, especially the facilities staff, that our trust does well nationally. This year the results were excellent, with the trust in the upper quartile and above average on all but one metric.

So if you're not yet in the school of thought that says keep your customers close, it's worth reflecting on whether that's still right for you. You might be positively surprised by what you're told.



2 Missing out on small talk

EDWARD FINCH is a former professor in FM at Salford University and previously editor of the academic journal Facilities

Increasingly, our workplace is unbounded. Much of it takes place in corridors, conference halls, town hall events or at company receptions. Being in a wheelchair sensitises you to this change in work style. I've now ended up with a workstation that is 'everything I need'. But whilst I am busying myself at the workstation, I begin to realise that 'the real business' is going on elsewhere.

A breakout group has formed on the garden terrace outside the reception. Not surprisingly, it is led by the company director who is suddenly surrounded by a group of faithful. On this

"I FEEL LIKE THE 'POLITICAL CORRECTNESS' AMBASSADOR WHO'S BEEN LEFT IN THE DARK"

occasion, it is the picnic table that is this cabal's furniture of choice. My participation here is strictly off-limits. Am I getting paranoid?

Many of these informal workplace innovations can

present barriers and cause social exclusion. But they also provide a vibrancy and dynamism that is so attractive to many, particularly the younger workforce. In addition, such surroundings discourage sedentary habits (i.e. living and eating at the workstation), which cause pernicious long-term health problems. If the FM is to successfully implement these informal settings, they need to be mindful of the implications for disabled people. This requires an understanding of the 'social model' of disability as opposed to 'medical model'.

The medical model may be more familiar to the FM. In the design of workstations and disabled toilets, guidelines and standards set out the solution. By contract the social model suggests that it is systemic barriers, negative attitudes and exclusion by society (purposely or inadvertently) that 'disables' people.

Let's not see the disabled community as an impediment to workplace innovation. After all, we all want to be part of the workplace revolution. Let's engage in conversations to enable truly remarkable and robust work environments.



3 Why social value is a moral duty of care

JOSIE O'CONNOR is business and community investment manager at Vinci Facilities

Social value has become a term at risk of going from buzzword to boredom. The problem is perception. The immediate effect of the Social Value Act, which requires public sector organisations to think about the social value generated through buying services, was a shift in the procurement process.

Demonstrating social value is seen as a way of distinguishing yourself from the competition. But, sadly, too many people in facilities on the client and supply side see this act of differentiation as a tick-box exercise.

Embedded as an intrinsic element of a contract, social value can make a huge difference to local communities, no matter if the project is the refurbishment of a hospital, social housing or energy improvement initiative.

But it can also go further. Social value is not about meeting some procurement criteria in a tender. It is about making a sustainable difference to the communities affected by the services we provide. It is in effect a moral duty of care – it is about how one interprets the legal obligation and how far you go.

We've been working with Barking & Dagenham College with the goal of improving the employment chances of local young people. We saw that school leavers joining

“OUR WORK WITH THE COLLEGE OVER THE YEARS HAS HELPED TO EQUIP THESE YOUNG ADULTS FOR LIFE, NOT JUST WORK”

the business did not have some of the business or trade, let alone life skills to cope with employment in any organisation, not just an FM service provider.

Our work over the years has helped to equip these young adults for life, not just work. We deliver teaching, learning, mentoring and create projects to test their new practical skills.

This is about practical, pragmatic social value in action and also planning for the future as well. It involves tapping into the talent pool: enhancing it and nurturing it for the future. It is about sustainable social value.



4 We need to aim higher

DARRAN YATES is director at Incredible Window Cleaning, part of Indepth Managed Services

The architectural landscape is continually changing. Thanks to ever more unique and challenging structures, we have more extreme tall buildings than ever before. Fortunately for us, this creative architectural trend demands the skills of accomplished window cleaners. But there is still a risk to window cleaners' safety while cleaning at height.

Even though we have seen a gradual safety evolution relating to the methods we use when cleaning windows at height, there is always room for improvement. There have been changes that demand

“WHY DON'T WE BUILD SAFETY AT HEIGHT PROVISIONS INTO THE DESIGN FROM THE START?”

more rigorous training and safety awareness, notably the Working at Height Regulations, as amended.

We've also seen technical innovations that make it easier for window cleaners to reach awkward places, for example lighter tools, water-

fed poles, lightweight rope and cradles.

But methods and techniques that work today may not necessarily work tomorrow, unless we adapt our cleaning methods to the buildings. Instead of tackling the issue after a building is constructed, why don't we build safety at height provisions into the design of the building from the start? If experienced window cleaners have a voice at the beginning of the design process, architects can encompass those and design a tall building that is safer to clean.

To some this may sound far-fetched. However, the process has already begun, thanks to the HSE's ongoing engagement with the Royal Institute of British Architects (RIBA) to improve designer risk management under the Construction Design and Management (CDM) regulations, of which cleaning at height methods are a consideration.

There has been little change to the designer role in CDM 2015, and there is still a duty to eliminate, reduce or control risk in design to ensure that a building can be built, maintained and used safely and without causing ill health, as far as is practicable.