

Governance and Compliance Committee – 21st June 2022.

Quality & Governance Lead Update

3.2. Internal Audit Actions and Plan for 2022-23

All HIF Outstanding Audit Recommendations for 2020-22 have now been actioned and closed. Confirmation in May 2022 from Internal Audit that there are no outstanding audit actions.

The HIF Internal Audit Programme for 2022-23 has been agreed and confirmed. – Please see schedule in **Appendix A**.

The schedule and timeframes for each audit topic will be determined with the Company and Internal Audit and will be confirmed in late June 2022.

3.3. Risk Register

The Company continues to manage risk on a monthly basis at the Risk & Compliance Group. The Risk & Compliance Group is chaired by the Deputy Director of Estates and Facilities with attendance from all Heads of Services. The Group reviews and manages the Company's risk registers, reviewing all levels of risk.

All risks scored at a level 9 or above (high risks) have now been migrated to the Datix software and are monitored alongside the Trust's risks.

The level 9 and above risks are tabled in **Appendix B**.

3.4. Policy Register

A recent review of all the Company's policies (HIF-authored policies) has now taken place and the Policy Register has been developed detailing the current position - Please see **Appendix C**.

The register identifies the policies required for review and the Quality and Governance Lead is working with policy authors to ensure these are updated, reviewed and ratified as part of the established monthly Policy Review Group meeting.

The Trust is currently undergoing to the same policy review task and the Quality & Governance Lead is working in partnership to ensure HIF and HDFT have the policies required and within review date.

3.5. Datix Incidents

Appendix D highlights the position to date regarding the incidents recorded as HIF-related. The graph details the categorisation of incidents.



For Quarter 1 (April to date) there has been a total of 28 incidents recorded and 10 of which closed. The Quality & Governance Lead is meeting regularly with the identified responsible leads to ensure these are actioned and closed.

Appendix A – Internal Audit Schedule

Audit Topics
Contract Management
Scheme of Delegation Compliance
Catering Food Safety
Health and Safety
Waste Management / Recycling
Portering
Rostering (Health Roster)
Business Continuity
Governance
KPI & Reporting Management <ul style="list-style-type: none"> - Facilities - Estates - Sterile Services Department & Medical Equipment Library

Please note timescales to be confirmed.

Appendix B – HIF High Risks

Estates

Risk	Risk Detail	Responsible Lead	Level
Waste Disposal	Incorrectly segregated waste collected and disposed off-site, leading to fines for HIF and HDFT	Kirsten Bain	12
Compliance & Service Delivery	Following an internal review, there are various compliance areas such as fire, water quality and health and safety that need urgent improvement to minimise safety and quality risks and ensure we align with our statutory / mandatory maintenance obligations.	Damian Quinn	12
Health & Safety/Fire Manager	No Health and Safety/Fire Manger in place at a suitable level of authority, this is impinging on the organisation ability to meet the requirements under the H&S law	Damian Quinn	12
Hot Water	Hot Water circulation temperatures are below the minimum required in HTM 04 "Safe Water in Healthcare Premises"	Damian Quinn	12

Facilities

Risk	Risk Detail	Responsible Lead	Level
Service Yard	Poor condition of service yard, missus of area. Suitable controls required i.e. walkways and signage	Dean Harker	12
Serious Injury from Physical Assault	Risk of serious injury from physical assault	Dean Harker	12
Maternity Door Release	Potential for unobserved door release in maternity, if you were leaning over the desk to operate door release button or tail gating another person to exit unseen.	Dean Harker	12
Violence & Aggression	Risk of injury and/or harm to members of the Portering Team during response to security situations involving violence and/or aggression	Dean Harker	12

Sterile Services Department (SSD)

Risk	Risk Detail	Responsible Lead	Level
Failure of aging Washer Disinfectors	Risk of failing to meet statutory legislation (HTM Series) resulting in the insufficient availability of sterile medical devices because of inadequate WDs	Clare Illingworth	20

Appendix C - Policy Register

HIF Policy Register		teamHDFT At our best	HIF HARROGATE INTEGRATED FACILITIES Taking Pride in our Services	NHS Harrogate and District NHS Foundation Trust
DEPARTMENT/SERVICE	POLICY NAME/TITLE	REVIEW DATE	RAG RATING	
Estates	Water Safety Policy	Jun-24	Green	
Sterile Services Department	Decontamination of Flexible Endoscopes Policy	Jun-24	Green	
Sterile Services Department	Single Use Small Orthopaedic Implants Policy	Feb-24	Green	
Sterile Services Department	Management of Decontamination Equipment Policy	Feb-24	Green	
Estates	Policy Management of Asbestos	Jan-24	Green	
Estates	Asbestos Management Plan	Jan-24	Green	
Estates	Asbestos Policy	Jan-24	Green	
Facilities	CCTV Policy	Sep-23	Green	
Trust & HIF	Health & Safety policy	Jun-23	Green	
Estates	Ventilation Management Policy	Sep-22	Yellow	
MEL	Medical Equipment Policy Procurement and safe use of medical equipment	Sep-22	Yellow	
Catering services	Food Hygiene Policy	Sep-22	Yellow	
Estates	Lift Policy	Jun-22	Red	
Facilities	Food Hygiene Policy	Jun-22	Red	
Facilities	COSHH Policy	Dec-21	Red	
Estates	Electrical Safety Policy	Jul-21	Red	
Estates	Safety Alert Policy	Jul-21	Red	
Estates	Fire Safety Policy	Jun-21	Red	
Facilities	Bomb Alert Policy	Sep-20	Red	
Facilities	Car Parking Policy & Procedures	Aug-20	Red	
Facilities	Cleaning Policy	Dec-19	Red	

Appendix D – HIF Incident Report

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Total
New events	4	3	0	2	4	4	17
Under Investigation	5	8	6	4	2	0	25
Investigation completed	2	0	0	0	0	2	4
Event Closed	7	5	7	6	3	1	29
Total	18	16	13	12	9	7	75

