Board of Directors
Tuesday 25 October 2022
Integrated Board Report (IBR)

Agenda Item Number:		7.0
Presented for:	Discussion/ Approval	
Report of:	IBR	
Author (s):	Quality & Governance Lead	
Report History:	None	

Links to HIF's Objectives	
Deliver an efficient and effective service offering to Harrogate and District Foundation Trust	√
Create strong sustainable partnerships	
Develop sustainable organisational systems	
Develop and maintain a strong, efficient and agile workforce	
Strengthen the local community through collaboration	

Recommendation:
The Board of Directors is asked to note the Governance and Compliance work that is ongoing across the organisation.
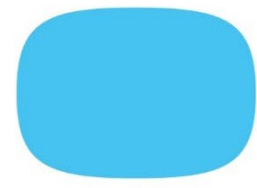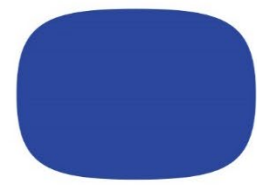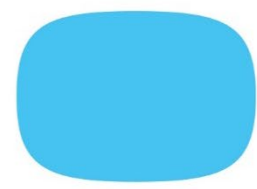
Harrogate Integrated Facilities
Integrated Board Report

Presented to: HIF Board of Directors
                         HIF Senior Manager Team (SMT)

October 2022

Harrogate Integrated Facilities is a trading name of Harrogate Healthcare Facilities Management Limited, company number 11048040, registered office address Harrogate and District NHS Foundation Trust, Third Floor, Strayside Wing, Lancaster Park Road, Harrogate HG2 7SX
Registered in England and Wales

Company Highlights For Quarter 3

What's happening in Quarter 3…

- 3 new confectionary vending machines all with contactless payment and exceed the CQUIN target - All products are under 250 calories
- Dedicated HIF Recruitment event taking place on 24th November 2022 at Cedar Court Hotel, Harrogate
- Xxxxxxxxxxxx the HIF Head of Facilities starting in December 2022
- Recruiting to 'Security and Car Park Manager' following the retirement of xxxxxxxxxxxxx
- xxxxxxxxxxxx bid (2nd phase) to commence
- Awarded a 5* rating following the October Environmental Health Officer visit to Catering
- KITE awards taking place with attendance from HIF colleagues (nominated and long-service)
- Estates and Catering structure underway
- Staff survey and strategic objectives session due to be planned in November 2022.

NHS Staff Survey 2022

By giving just 15 minutes of your time you can help make the NHS the workplace we all want it to be.

Complete the survey to have your say

We each have **a voice that counts**

Service Performance Update

Q2 KPIs 2022-23

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
General	1	Staff Turnover (Headcount)	10%	10-15%	>15%		14.99%	16.61%	18.78%	18.78%	17.95%	20.90%	15.86%	15.91%
	2	Appraisal (YTD)	>75%	>74-50%	<49%		60%	54.70%	50.65%	46.91%	44.74%	16%	14.40%	24.06%
	3	Core Skill (YTD)	>90%	89-60%	<60%				65%	74%	81%	82%	83%	83%
	4	Absenteeism	<4.5%	4.5-7%	>7%		9.06%	6.65%	6.00%	6.72%	5.45%	7.79%	7.03%	7.77%
Estates Management		Authorised Engineer (AE) Audits conducted at least annually as per schedule												
	1	Water	<12m	>12m <13m	>13m		To be reported from next month	<12m	<12m	Dec-21	Dec-21	Dec-21	Dec-21	Dec-21
	2	Electrical	<12m	>12m <13m	>13m		To be reported from next month	<12m	<12m	Aug-21	Aug-21	Aug-21	Aug-21	Aug-21
	3	Vent	<12m	>12m <13m	>13m		To be reported from next month	<12m	<12m	Dec-21	Dec-21	Dec-21	Dec-21	Dec-21
	4	Medical Gas	<12m	>12m <13m	>13m		To be reported from next month	<12m	<12m	Aug-21	Aug-21	Aug-21	Aug-21	Aug-21
	5	Decontamination	<12m	>12m <13m	>13m		To be reported from next month	<12m	<12m	Jun-21	Jun-21	Jul-21	Jul-21	Jul-21
	6	Fire Safety	<12m	>12m <13m	>13m		To be reported from next month			Order in place. AE to visit site to carry out a detailed fire audit within the next 3 months.	AE audit booked for w/c 25th July	Audit has commenced August 22. Report expected Sept / October 22	Audit has commenced August 22. Report expected Sept / October 23	Audit has commenced August 22. Report expected Sept / October 23
	7	Lifts	<12m	>12m <13m	>13m		To be reported from next month	<12m	<12m	Jul-21	Jul-21	Aug-22	Aug-22	Aug-22
	8	STATUTORY PPM Schedule achieved (in month)	>=95%	90-94%	<90%		79.87%	30.88%	89%	95%	82%	89%	72%	79%
	9	MANDATORY PPM Schedule achieved (in month)	>=90%	89-86%	<86%		78.35%	61.34%	85%	90%	87%	77%	75%	66%
	10	GENERAL PPM Schedule achieved (in month)	>=85%	84-80%	>80%		0%	0%	78%	Not released for 5 years plus.	78%	0%	75%	0%
Waste Management	1	5 year audit of clinical areas conducted	>=75%	74-65%	<65%		To be reported from next month			36%	84%	84%	84%	84%
	2	Fully completed and compliant Clinical Waste Consignment and Transfer Notes	>=90%	90-80%	<80%		100%	87%	100%	100%	62% - All are because of the contractor	62% - All are because of the contractor	100%	85%

__Please note that a KPI Remedial Action Plan has been completed for any KPIs with one red KPI or two amber KPIs consecutively__

Service Performance Update

Q2 KPIs 2022-23

Service	#	Description	Green	Amber	Red									
General Office	1	Provision of a General Office service from 9.00am-4.30pm Monday to Thursday. 9.00am to 4pm on Friday	PASS	N/A	FAIL		PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
Helpdesk	1	Provision of help desk service from 8am-4pm Monday to Friday	PASS	N/A	FAIL		PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
Energy Management	1	Provision of monthly energy consumption report	PASS	N/A	FAIL		PASS	PASS	PASS	Energy tracker and usage report is available on the shared drive	Energy tracker and usage report is available on the shared drive	Energy tracker and usage report is available on the shared drive	PASS	PASS
	2	Carbon Target (measured annually against previous year)	0%	1-5% increase	>5%					This is to be reviewed in conjunction with Breathe. Update for next meet.	Meeting to be held with AG,JC,AC,DQ,TW for PSDS bid and carbon monitoring	Tracked via CEF and Energy Tracker	Pass on CEF Portal, up[date provided for next meeting	Pass on CEF Portal, up[date provided for next meeting
Grounds Maintenance	1	STATUTORY PPM for external areas Schedule achieved (in month)	>=95%	90-94%	<90%		Phase 2	Phase 2	Phase 2	No PPM Scheduled. A planned maintenance programme is being developed which will be in place mid-July	Not Previously measured or issued. End of July full programme in place. CAD drawings are being developed.	Not Previously measured or issued. End of July full programme in place. CAD drawings are being developed.	Working to a new planned maintenance programme from August 2022. SLA updated to reflect a new set of KPI to be added to this report	Working to a new planned maintenance programme from August 2022. SLA updated to reflect a new set of KPI to be added to this report
	2	MANDATORY PPM for external areas Schedule achieved (in month)	>=90%	89-86%	<86%					No PPM Scheduled. A planned maintenance programme is being developed which will be in place mid-July	Not Previously measured or issued. End of July full programme in place. CAD drawings are being developed.	94.74	Working to a new planned maintenance programme from August 2022. SLA updated to reflect a new set of KPI to be added to this report	Working to a new planned maintenance programme from August 2022. SLA updated to reflect a new set of KPI to be added to this report
	3	GENERAL PPM for external areas Schedule achieved (in month)	>=85%	84-80%	>80%					No PPM Scheduled. A planned maintenance programme is being developed which will be in place mid-July	Not Previously measured or issued. End of July full programme in place. CAD drawings are being developed.	Not Previously measured or issued. End of July full programme in place. CAD drawings are being developed.	Working to a new planned maintenance programme from August 2022. SLA updated to reflect a new set of KPI to be added to this report	Working to a new planned maintenance programme from August 2022. SLA updated to reflect a new set of KPI to be added to this report
Linen Service	1	Average stock levels delivered (aggregate monthly)	<=92%	91>=85	<85		110%	106%	109%	103%	105%	103%	102%	103%
	2	Laundry Quality					100%	100%	100%	100%	100%	100%	100%	100%
	3	Linen Rejects	<=4%	>4%<=9%	>9%		0.60%	0.40%	0.70%	0.70%	0.70%	0.80%	0.70%%	0.70%

Please note that a KPI Remedial Action Plan has been completed for any KPIs with one red KPI or two amber KPIs consecutively

Service Performance Update

Q2 KPIs 2022-23

Service	#	Description	Green	Amber	Red									
Catering Services	1	Achievement of EHO 5 star food safety rating (annual)	5 Star	4 star	<4 star		5 star	5 star	5 star	5 star	5 star	5 star	5 star	5 star
	2	Achievement of food wastage target	<=10%	11-14%	>=15%+		5.91%	5.91%	5.74%	5.75%	7.81%	7.23%	7.23%	5.91%
	3	Achieve at least the national average PLACE score for Catering elements	PASS		FAIL		2019	2019	2019	2019	2019	2019	2019	2019
Portering and courier service	1	Routine patient movement - average completion times completed within 35-50mins	75-100%	65-74%	>65%		75-100%	92%	94%	92%	85%	86%	84%	82%
	2	Items moves and routine task completion time - average completed within 120 mins	75-100%	65-74%	>65%		75-100%	89%	90%	88%	88%	88%	89%	92%
Domestic services	1	Achieve National Specification of Cleanliness (NSC) score (FR2)	>=95%	94-90%	<90%		96.88%	96.88%	96.88%	96.88%	96.66%	98.36%	97%	97.99%
	2	Total number of deep clean requests (activity based target)	500-750	751-900	901+		611	972	746	679	599	676	550	542
	3	Average response time to deep clean requests (24/7)	<=60 mins	>60min-90min	>90mins		83min	74 mins	67 mins	67 mins	60 mins	69 mins	58 mins	45 mins
Car park and traffic management	1	Car parking permits issued within 15 working days (WD) (subject to waiting lists and over subscription)	<=15 WD	15-18 WD	>=19WD		PASS	Pass	Pass	PASS	PASS	PASS	PASS	PASS
	2	Proximity cards issued within 15 working days (subject to waiting lists and over subscription)	<=15 WD	15-18 WD	>=19WD		PASS	Pass	Pass	PASS	PASS	PASS	PASS	PASS
Sterile services	1	Surgical instruments will be available for re-use: Theatres, DSU and on site clinics (non-critical)	24 hours	24-28 hours	>28 hours		PASS	PASS	PASS	PASS	PASS	PASS	PASS	
	2	Surgical instruments will be available for re-use: Theatres critical (acute and trauma)	12 working hours	12-14 working hours	>14 working hours		PASS	PASS	PASS	PASS	PASS	PASS	PASS	
	3	Surgical instruments will be available for re-use: Community clinics	7 days	>7 <9 days	> 9 days		PASS	PASS	PASS	PASS	PASS	PASS	PASS	
	4	Surgical instruments will be available for re-use: Flexible endoscopes	2 working hours	>2 -2.5	>2.5 working hours		PASS	PASS	PASS	PASS	PASS	PASS	PASS	
	5	Surgical instruments will be available for re-use: Fast track	4.5 working hours	>4.5 working hours	>5 working hours		PASS	PASS	PASS	1	PASS	1	3	
	6	The conformity compliance rate remains the same as or above the compliance	>99.36%	=<99.36%	<99.15%		99.67%	99.67%	99.89%	99.80%	99.90%	99.88%	99.77%	99.87%
	7	The inspection and packing room conforms to ISO Class 8	Class 8		Class 9		Class 8	Class 8	Class 8	Class 8	Class 8	Class 8	Class 8	class 8
	8	Devices used on patients are not missed of scanning to the sterilisation process	<3	=>3	>5		4	4	4	9	0	1	18	0
	9	No unscheduled sharps are sent to service users	<1	1	>1		1	1	0	0	0	1	1	0
Medical devices and equipment library	1	All medical device deliveries not requested as urgent will be delivered within an hour daily	<1 hour	1 hour	>1 hr		0:19	0:19		0:16	0.11	0.1	0:14	0:15
	2	All medical device deliveries requested as urgent will be delivered within 20 minutes daily	<20 mins	>20 mins	>30 mins		0:19	0:19		0:06	1			
	3	Wards and departments (16 in total) will be checked and equipment collected twice daily	2	<2	0		PASS	PASS	PASS	PASS	PASS	PASS	PASS	
Pest Control	1	Call-out response time	72 hours	72-96 hours	>96 hours		PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS

Please note that a KPI Remedial Action Plan has been completed for any KPIs with one red KPI or two amber KPIs consecutively

Quality, Performance and Standards

Freedom of Information (FOI)

A HIF FOI log was developed in February 2022 to ensure the process and timely response of all FOI's was actioned. In addition the approval process was developed to ensure any responses were reviewed and approved by both the Deputy Director Estates and Facilities and Managing Director.

The Quality and Governance Lead manages the process.

During Quarter 2, there have been a total of 10 HIF-related FOI's

- **2 in July 2022**
- **6 in August 2022**
- **2 in September 2022**

All FOI's have been responded to within the 20 working days.

Quality, Performance and Standards

Internal Audit Actions and Plan for 2022-23

All HIF Outstanding Audit Recommendations for 2020-21 have now been actioned and closed. Confirmation in May 2022 from Internal Audit that there are no outstanding audit actions from 2020-21.

HIF have recently received the outcome of the 'Security Management - Compliance with NHS Violence Reduction and Prevention Standards' audit which took place in during 2021 and **10** recommendations to be actioned as part of the report. It has been agreed with Internal Audit that all actions will be completed by December 2022.

The HIF Internal Audit Programme for 2022-23 has been agreed and confirmed. The HIF Governance Internal Audit has commenced (started September 2022) and is currently underway with evidence currently being collated.

The next HIF Internal Audit to take place will be Contracts Management and this will commence in October/November 2022 (date TBC).

Quality, Performance and Standards

Risks

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 **below**.

There have been **5** high risks closed since the previous IBR in 2022.

There are currently **15** high risks identified for October 2022.

	Risk	Risk Detail
Company	Financial loss / poor productivity due to poor recording of staff attendance at work	HIF are unable to accurately account for attendance at work for staff. There have been numerous incidents of staff being paid when not in work and recommendations from disciplinary panels have requested a digital system to accurately account for attendance at work.

Table cropped to redact information regarding risk lead

Quality, Performance and Standards

Risks – Estates

Risk	Risk Detail
Waste Disposal	Incorrectly segregated waste at source collected and disposed of off site, leading to major fines for HIF and HDFT
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.
Health & Safety/Fire Manager	No Fire Safety Manger in place at a suitable level of authority, this is impinging on the organisation ability to meet it's statutory obligations.
Hot Water	Hot Water circulation temperatures are below the minimum required in HTM 04 "Safe Water in Healthcare Premises"
Service Yard	Poor condition and control of service yard. Suitable controls required i.e. walkways and signage
Estates Recruitment	Recruitment is a significant risk within estates due to the current number of vacant posts. This includes Maintenance Assistants, Maintenance Workers, Mechanical Technicians, Electrical Technicians and all frontline management staff (Estates Officers)
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. HIF doing a piece of work to bring door access into the company.
Failure of Nurse Call System	Nurse call systems are obsolete in most areas (33+ years old) and without a comprehensive maintenance contract in place. It will be "best endeavour's" to resolve any ongoing issues. Funding and replacement required site wide.

Table cropped to redact information regarding risk lead

Quality, Performance and Standards

Risks – Facilities

Facilities	Risk	Risk Detail
	Food Allergens	Accuracy of Allergen information on recipe specs for patient meals and retail Lack of use of recipes in kitchen areas and standardization of product
	Kitchen Equipment	Kitchen equipment unitray trolleys, ovens and unfit catering equipment
	Chef Recruitment	Challenges with recruiting to 'Chef' positions within HIF. The previous recruitment advert was external for 3 weeks with 0 applicants. Further risk with 2 Chef leavers (1 x full-time and 1 x part-time) and 1 x full-time on LTS from July.

Risks – SSD and Medical Devices

SSD	Risk	Risk Detail
	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

Medical Devices	Risk	Risk Detail
	Medical Devices Resource and Recruitment	Risk of MEL being under resourced to manage new equipment being procured and manage all aspects of medical devices management.
	Insufficient turn around times	Medical devices not available due to insufficient turn around times. reporting on whether turn-around times are being met is not available, unclear of how long devices are out of action and unavailable to patients

Tables cropped to redact information regarding risk lead

Quality, Performance and Standards

HIF Policies

A 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.

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.

There have been a further **8** policies reviewed, updated and ratified since the previous IBR report in October. All out of date policies are now currently being reviewed.

DEPARTMENT/SERVICE	POLICY NAME/TITLE	REVIEW DATE	RAG RATING
Estates	Water Safety Policy	Jun-24	
Sterile Services Department	Decontamination of Flexible Endoscopes Policy	Jun-24	
Estates	General Waste Management Policy	Apr-24	
Sterile Services Department	Procedure for the Loan of Surgical Instruments for Main Theatre and Day Surgery	Feb-24	
Sterile Services Department	Single Use Small Orthopaedic Implants Policy	Feb-24	
Sterile Services Department	Management of Decontamination Equipment Policy	Feb-24	
Sterile Services Department	Protocol for the Tracking and Traceability of Used Medical Devices Processed by Sterile Services	Feb-24	
Estates	Policy Management of Asbestos	Jan-24	
Estates	Asbestos Management Plan	Jan-24	
Estates	Asbestos Policy	Jan-24	
MEL	Medical Device Training Protocol	Oct-23	
Facilities	CCTV Policy	Sep-23	
Trust & HIF	Health & Safety Policy	30/06/2023 - however, this needs a full review and re-write to come in line with updated Occupational Health & Safety framework. **POINT TO NOTE** - HIF should have its own OHS Policy as we need to own our own hazards & risk.	
Facilities	HACCP food safety System	Yearly on instruction by EHO or as new guidelines are introduced	
Estates	Fire Safety Policy	Jun-21	
Estates	Lift Policy	Mar-23	
Estates	Electrical Safety Policy	Sep-23	
MEL	Medical Equipment Policy Procurement and safe use of medical equipment	Sep-22	Under review
Facilities	Food Hygiene Policy	Sep-22	Under review
Facilites	Cleaning Policy	Dec-19	Under review
Facilities	Car Parking Policy	Aug-20	Under review
MEL	Medical Equipment Library Operational Procedures	Jan-22	Under review
Facilities	Item Collection Disposal SOP	Nov-20	Under review
Facilities	Bomb Alert Policy	Sep-20	Under review

Quality, Performance and Standards

Datix Incidents Reported

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

For Quarter 2 (July to date) there has been a total of **31** incidents recorded and **6** of which closed. The Quality & Governance Lead is meeting regularly with the identified responsible leads to ensure these are actioned and closed.

The significant rise in incidents in September 2022 is predominantly due to the workforce issues within Portering.

	Jul 2022	Aug 2022	Sep 2022	Oct 2022
New events	6	4	18	3
Under Investigation	1	3	1	0
Investigation completed	2	12	4	0
Event Closed	6	0	0	0
Total	15	19	23	3

Business Modernisation

Achievements in Last Month	Focus for Next Month
Horizon Scanning on-going	Evaluation of Effectiveness Questionnaire from Portering Department
Sign-up on the Staff Portal continues to be successful	Continue to develop social media engagement
Successful launch of the first audio version of the newsletter	E-Learning, IT drop-in sessions and Reading Group to continue
Social media presence continues to grow	Scoping for digital coffee loyalty card on #teamHDFT App and pre-payment card
IT Helpdesk sessions, Reading Group and E-Learning Sessions continue to be offered	
Successful 'Meet The Team' Video featuring the Domestic Department launched on website and Social Media Platforms	
Business Development Workshop arranged for Domestic Department for 15 October 2022	

Business Development

Key updates:

- Work is on going to ensure Business Development is central and embedded within the company at all levels
- Social Media platforms are growing and engagement is increasing
- Continuous Horizon Scanning for potential new business opportunities
- 'Back to Home' Project is underway
- Catering Charter is due to launch
- Domestic Department Workshop due to take place in October 2022
- Audio version of Newsletter launched
- 'Meet The Team' videos continue to be successful on Social Media platforms and website.