teamHDFT
At our best

HIF: HARROGATE INTEGRATED FACILITIES
Taking **Pride** in our Services

NHS
Harrogate and District
NHS Foundation Trust

Harrogate Integrated Facilities
Integrated Board Report

Presented to: HIF Board of Directors
HIF Senior Manager Team (SMT)
HIF Governance & Compliance Committee

June 2023

Company Highlights For Quarter 1

What's happening and achievements for Quarter 1…

- Finalisation of the HIF Business Plan for 2023-24
- Finalisation of the HIF colleague welcome pack and due to be introduced to new colleagues from June 2023
- Shortlisted and nominated for 2 HEFMA awards:
  - *The 'People Development Award' - Catering Team for the workshops, development of team and training*
  - *The 'Efficiency and Improvement award' – Sterile Services for the lockable and cleanable boxes*
- HIF Departmental Charters confirmed and rollout of HIF team objective boards
- National Healthcare Estates & Facilities Day to be celebrated with HIF colleagues on 21st June – Raffle, quiz, food and drink for all HIF colleagues
- Huge success with HIF appraisal rate compliance uptake from 16% to 87%
- Successful bid for NHS forest tree bundles and improvement to green space achieved (implementation late 2023)
- New equipment for Catering has arrived to improve environment and food options/offer
- Implementation of new parking solution at Harrogate District Hospital – xxxxxxxxxxxxxxxxxxx
- Catering feedback forms live and responses are being collated
- Commenced first cohort of HIF colleague First Aid training and following sessions currently being registered for
- Established 'Datix champions' in all HIF service areas with the first training session on 14th June
- Domestic task allocations system 'My Cleaning' trial approved
- Biometric hand readers project commenced

Service Performance Update
Q1 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Feb-23	Mar-23	Apr-23	May-23
General	1	Staff Turnover (Headcount)	10%	10-15%	>15%		24.18%	24.75%	22.42%	22.02%
	2	Appraisal (YTD)	>75%	>74-50%	<49%		16.61%	75.52%	86.12%	86.99%
	3	Core Skill (YTD)	>90%	89-60%	<60%		83%	86%	89%	91%
	4	Absenteeism	<4.5%	4.5-7%	>7%		6.29%	6.25%	4.82%	4.12%
Estates Management		Authorised Engineer (AE) Audits conducted at least annually as per schedule								
	1	Water	<12m	>12m <13m	>13m		Audit carried out 10/1/2023 Waiting for final audit to be provided by AE	Audit carried out 10/1/2023 Waiting for final audit to be provided by AE	Audit carried out 10/1/2023 Waiting for final audit to be provided by AE	Audit carried out 10/1/2023 Waiting for final audit to be provided by AE
	2	Electrical	<12m	>12m <13m	>13m		22-Jul	22-Jul	22-Jul	22-Jul
	3	Vent	<12m	>12m <13m	>13m		Audit carried out 10/1/2023 Waiting for final audit to be provided by AE	Audit carried out 10/1/2023 Waiting for final audit to be provided by AE	Audit carried out 10/1/2023 Waiting for final audit to be provided by AE	Audit carried out 10/1/2023 Waiting for final audit to be provided by AE
	4	Medical Gas	<12m	>12m <13m	>13m		22-Aug	22-Aug	22-Aug	22-Aug
	5	Decontamination	<12m	>12m <13m	>13m		22-Jul	22-Jul	22-Jul	22-Jul
	6	Fire Safety	<12m	>12m <13m	>13m		Expected in April 2024	Expected in April 2024	Expected in April 2024	Expected in April 2024
	7	Lifts	<12m	>12m <13m	>13m		Aug-22	Aug-22	Aug-22	Aug-22
	8	STATUTORY PPM Schedule achieved (in month)	>=95%	90-94%	<90%		91%	93%	87%	91%
	9	MANDATORY PPM Schedule achieved (in month)	>=90%	89-86%	<86%		86%	87%	80%	88%
	10	GENERAL PPM Schedule achieved (in month)	>=85%	84-80%	>80%		To Review	To Review	To Review	To Review

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

Q1 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Feb-23	Mar-23	Apr-23	May-23
Waste Management	1	Pre Acceptance Audit Annual	100							**New KPIs to be reported from July 2023**
	2	DGSA Audit Annual	100							**New KPIs to be reported from July 2023**
	3	Continuous Auditing of Clinical Areas	100							**New KPIs to be reported from July 2023**
	4	Fully completed and compliant Clinical Waste Consignment and Transfer Notes	>=90%	90-80%	<80%		**TBC with Mitie, review to be carried out on current process**	**TBC with Mitie, review to be carried out on current process**	**TBC with Mitie, review to be carried out on current process**	**TBC with Mitie, review to be carried out on current process**
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**
Helpdesk	1	Provision of help desk service from 8am-4pm Monday to Friday	PASS	N/A	FAIL		**PASS**	**PASS**	**PASS**	**PASS**
Energy Management	1	Provision of monthly energy consumption report	PASS	N/A	FAIL		**PASS**	**PASS**	**PASS**	**PASS**
	2	Carbon Target (measured annually against previous year)	0%	1-5% increase	>5%		**Pass, on CEF Portal, update provided for next meet.**	**Pass, on CEF Portal, update provided for next meet.**	**Pass, on CEF Portal, update provided for next meet.**	**Pass, on CEF Portal, update provided for next meet.**
Grounds Maintenance	1	STATUTORY PPM for external areas Schedule achieved (in month)	>=95%	90-94%	<90%		New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the intrdocution of Micad
	2	MANDATORY PPM for external areas Schedule achieved (in month)	>=90%	89-86%	<86%		New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the intrdocution of Micad
	3	GENERAL PPM for external areas Schedule achieved (in month)	>=85%	84-80%	>80%		New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the intrdocution of Micad
Linen Service	1	Average stock levels delivered (aggregate monthly)	<=92%	91>=85	<85		**100%**	**100%**	**100%**	**95%**
	2	Laundry Quality (based on checking 700 pieces per week)					**94.50%**	**95.50%**	**95.25%%**	**94.89%**
	3	Linen Rejects	<=4%	>4%<=9%	>9%		**0.18%**	**0.10%**	**0.25%**	**0.22%**

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
Q1 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Feb-23	Mar-23	Apr-23	May-23
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
	2	Achievement of food wastage target	<=10%	11-14%	>=15%+		8.05%	7.72%	8.87%	7.69%
	3	Achieve at least the national average PLACE score for Catering elements	PASS		FAIL		2019	2019		
Portering and courier service	1	Routine patient movement - average completion times completed within 35-50mins	85-100%	65-84%	>65%		99%	92%	95%%	94%
	2	Items moves and routine task completion time - average completed within 120 mins	85-100%	65-84%	>65%		96%	95%	94%	94%
Domestic services	1	Achieve National Specification of Cleanliness (NSC) score (FR2)	>=95%	94-90%	<90%		96.85%	95.61%	96.32%%	97.28%
	2	Total number of deep clean requests (activity based target)	500-750	751-900	901+		474	542	449	376
	3	Average response time to deep clean requests (24/7)	<=60 mins	>60min-90min	>90mins		46	47	40	46
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
	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

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
Q1 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Feb-23	Mar-23	Apr-23	May-23
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
	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
	3	Surgical instruments will be available for re-use: Community clinics	7 days	>7 <9 days	> 9 days		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
	5	Surgical instruments will be available for re-use: Fast track	4.5 working hours	>4.5 working hours	>5 working hours		1	1	PASS	PASS
	6	The conformity compliance rate remains the same as or above the compliance	>99.36%	=<99.36%	<99.15%		99.81%	99.81%	99.99%	99.99%
	7	The inspection and packing room conforms to ISO Class 8	Class 8		Class 9		awaiting results	awaiting results	Class 8	Class 8
	8	Devices used on patients are not missed of scanning to the sterilisation process	<3	=>3	>5		0	0	1	0
	9	No unscheduled sharps are sent to service users	<1	1	>1		0	0	0	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		00:15	00:13	00:14	00:13
	2	All medical device deliveries requested as urgent will be delivered within 20 minutes daily	<20 mins	>20 mins	>30 mins		PASS	PASS	PASS	PASS
	3	Wards and departments (16 in total) will be checked and equipment collected twice daily	2	<2	0		PASS	PASS	PASS	PASS
Pest Control	1	Call-out response time	72 hours	72-96 hours	>96 hours		Pass	Pass	Pass	Pass

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HIF Risks

All risks scored at a level 12 or above (high risks) are presented on the Datix software and are monitored alongside the Trust's risks.

The level 12 and above risks are tabled in **the next slides**. There are currently **11** high risks identified for June 2023.

From October 2022, all HIF-owned risks have been identified if these are HIF only, or joint HDFT/HIF risks. Please see right column on risk tables.

From November 2022, all HIF risks are reported to HDFT Executive Risk Review Group so both HIF and HDFT colleagues are fully cited on all risks.

Risks are reviewed at the following HIF and HDFT meetings and committees:

- HIF Board of Directors
- HIF Governance and Compliance Committee
- HIF SMT
- HDFT Executive Risk Review Group
- HDFT Board of Directors
- HDFT/HIF Contract Meeting

	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
Estates	**Strategic Theme No.2** Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	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.	*Head of Estates*	Joint risk	20	16	4	1. Estates team to ensure a suitable service contract is in place to support any repairs in the interim. 2. A comprehensive backlog maintenance survey is to be carried out to develop costs, business case and relevant funding stream for replacement of nurse call systems which are obsolete 3. Specialist contractors to provide maintenance costs for existing systems to include call out arrangements to support the clinical teams	241
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Fire Alarm System Outage	Fire alarm system obsolete and requiring replacement.	*Operational Estates Manager*	Joint risk	12	12	8	Porters instructed to carry out regular checks of area. Protec (fire contractor) instructed to allocate resource and obtain parts to effect a repair as urgently as possible.	246
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Strayside Lifts	Lack of resilience with one lift (out of two) currently being replaced.	*Operational Estates Manager – Engineering*	Joint risk	16	16	8	• 1 hour call out for trapped passengers • Standard is 4 hour call out for breakdowns, they have indicated that they will look to attend in 1 hour however they can't always guarantee that this will be the case. • All parts stripped down from the first lift will remain on site and available as replacement spares for additional resilience in resolving if the second lift goes down.	269

Estates

Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	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. Current PPM not adequate.	*Head of Estates*	Joint risk	20	16	8	1. A detailed audit is underway to review key compliance areas and statutory / HTM alignment with respect to Health and Safety, Fire Safety, Water Quality, and other HTM aligned services that are essential to support the delivery of safer care. 2. Recruitment is a major contributory factor, all vacant posts are being reviewed and job descriptions / adverts are to be posted asap. 3. Staff workloads are to be prioritised in terms of risk where possible 4. Constant review and update of this risk based on audit findings 5. Workloads are reviewed by the management team based on site risk 6. An improved PPM schedule for water quality and other key compliance areas is to be developed and implemented with a range of supporting documents. This is to be part of an improved Estates CAFM system and the integration of SFG 20	227
Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Hot Water	Hot Water circulation temperatures are below the minimum required in HTM 04 "Safe Water in Healthcare Premises"	*Head of Estates*	Joint risk	16	12	4	1. The Authorising Engineer (Water Quality)has advised twice weekly flushing for all outlets on site until the source of the issue can be found or an alternative engineering solution can be implemented 2. Legionella sampling is to be arranged for HDFT Main Building as an urgent 3. IPC / WSG have been advised of the issue and the need to carry out regular twice weekly flushing	228

Facilities

Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT /HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Courier fleet vehicles	Courier fleet are 4 years out of contract and vehicles failing. Currently using three hire vehicles.	*Portering & Logistics Manager*	Joint	12	12	4	• Hiring replacement vehicles • Reviewing current contract and looking at new contract • Regular maintenance • Looking for a new contract to replace all vehicles	266
Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Traffic Management - HDH Visitor Car Park	Current queues and traffic concerns (Lancaster Park Road) due to lack of available spaces within the visitor car park. Barrier failure resulting in loss of income.	*Security and Car Park Manager*	Joint	15	12	4	• xxxxxxxxxxxxx to commence contract in Sept/Oct 23 • Staff to pay for parking permits from May 23 • Car Park attendants to patrol the car park to support parking and back log of cars	264
Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Security, Violence & Aggression	Security, Violence & Aggression risk to HDFT/HIF colleagues from patients/visitors.	*Security and Car Park Manager*	Joint	20	15	6	• Xxxxxx security guards in place in A&E and Goods Yard • Car Park attendants in place in all car parks on HDH site • Developing V&A training package • xxxxxxxxxxxxx to commence on site Sept/Oct 23 • Recruitment of staff following consultation • ACS accreditation for security industry authority • T3 continuing security support (7 nights a week)	263

Sterile Services Department (SSD)

	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
SSD	**Strategic Theme No.2** Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	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	*Head of Medical Devices and Sterile Services*	Joint risk	**20**	**12**	**4**	Washers purchased - project team set up, consultation with staff completed and meetings with offsite provider commenced. CP support from ex-xxxxxx team working well, many issues been dealt with that would have otherwise impacted on uptime.	**229**

Risks – Corporate

	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
Corporate	**Strategic Theme No. 1** Being Well managed and Financially Sound	HDFT Corporate Support (Company Secretary) to HIF	Limited corporate and Company Secretary support provided from HDFT to HIF. This is due to the current post (Deputy Company Secretary) being vacant. The service provided in the Corporate SLA between HDFT and HIF is being unfulfilled.	*Quality & Governance Lead*	HIF	12	12	4	• HIF Quality and Governance Lead currently supporting with the Corporate functionality where possible. • HDFT currently out to advert for a Company Secretary and will support HIF corporate functions when recruited to • HDFT Executive Assistant supporting with Board of Directors and Committee meetings (papers and minute-taking)	261
	Strategic Theme No. 1 Being Well managed and Financially Sound	Company Financial Position	Risk to Company financial sustainability and Inability to meet budget	*Quality & Governance Lead*	HIF	15	12	9	• Regular review with divisional accountant • Budget planning process • Dedicated CIP Planning sessions • Business Planning sessions for 2024/25 • Ensure all budget holders have financial training • Reduce agency spend	273

Quality, Performance and Standards

Internal Audit Actions and Plan for 2023-24

The HIF Internal Audit Programme for 2023-24 is underway:

1. **Cash Handling Procedures**
2. **Contract Management/xxxxxxx**
3. **Catering**
4. **Porters**
5. **Company wide Timeclocks**
6. **Car parking**

The 'Cash Handling Procedures' and 'Contract Management/xxxxxxxxxxx' internal audits have now been completed, with the initial outcomes as:

• Contract Management/xxxxxxxxxxxx - opinion of Limited Assurance
• Cash Handling Procedures - Opinion of Significant assurance

Internal Audit have additionally undertaken a follow-up audit on Clinical Waste Management, this outcome has been confirmed as 'Significant Assurance'

HIF colleagues have actions plans in place and work is underway to have all actions completed by June 2023.
There are currently no outstanding audit actions.

Quality, Performance and Standards

[HIF Policies and Standard Operating Procedures (SOP's)](#)

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 majority of the past-review policies are the 21 HIF Workforce/HR identified policies. This process will align with the update of the HIF Terms and Conditions. Anticipated that the review and update of these policies will be in Summer (July/August 2023) following the incorporation of the new T&C's and NHS pension changes. The policies currently under review (excluding workforce/HR policies) are identified below:

Policies past review date:
- Ventilation Management
- Environmental Policy
- Car Parking and Procedures
- HACCP Food Safety System
- Fire Safety

Policies due review:
- CCTV Policy
- Security Policy
- Electrical Safety Policy
- Food Hygiene Policy

Quality, Performance and Standards

Internal Audit Actions and Plan for 2023-24

The new PolicyStat and Datix Cloud IQ (DCIQ) systems are being developed. The projects are progressing well with representation and input from HIF colleagues.

With regards to timescales, it is anticipated that Policystat will be available and live to colleagues from 7th August 2023 (Procedures & Guidelines to follow closely behind and expected October/November 2023).

DCIQ including Events, Claims, Feedback, Safety Learning & Mortality Review modules are currently being re-baselined and forecast for going 'live' in July 2023.

All remaining DCIQ modules will follow after the above.

We now have established 'Datix Champions' across HIF, there is at least one dedicated HIF Datix Champion for each service area. These colleagues will ensure the smooth transition/implementation of systems and will be key support with training. The first training session for this role will be taking place on 14th June 2023.

Quality, Performance and Standards

Freedom of Information (FOI) and Patient Experience Team Feedback

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 FOI process has been working successfully and having one point of contact has ensured that the FOI's are actioned and replied to within the required timeframes. There were a total of 15 FOIs in Quarter 4. So far for Quarter 1 of 2023 there have been 4.

Patient Experience Team (PET) queries

The process and protocol to replying to comments, concerns and feedback via the Patient Experience Team (PET) to HIF has now been formalised. All feedback is shared to the Quality & Governance Lead who manages and responds (if required). Common themes for feedback within HIF are parking/traffic control, building/maintenance queries and cleanliness comments.

Work is ongoing to compile a frequently asked questions database for HIF to streamline this process and support FOI and PET colleagues with responses going forward.

Business Modernisation

Achievements in Last Month	Focus for Next Month
Horizon scanning on-going	E-Learning, Reading Group and IT Drop-in Sessions to continue
Social media presence continues to grow (508 Facebook followers, 295 Twitter followers and 236 LinkedIn followers)	Domestic Department SOPs booklet is in final draft stages following feedback
HIF Newsletter Issue VII and overview video launched	Portering Charter finalised and now awaiting print
Portering Charter launched	Further focus and development of the Domestic Services project groups and 'You Said, We Did' action log
Domestic Department SOPs booklet soft launch and feedback received	Continuation of the Portering Drop-in sessions
Meet and Greet session held on 5 June	Drafting of the Portering Department SOP booklet
Domestic Workshop held on 6 June and well attended	Xxxxxxxxxxxxxx business case and contract finalisation underway
Photography session held on 26 May well received by all departments and key personnel	

Business Development

Key updates:

- ProjectPlace work to continue in conjunction with xxxxxxxxxxxx

- Social Media platforms are growing and engagement is increasing

- Continuous Horizon Scanning for potential new business opportunities

- Domestic Workshop held on 6 June, following results of Team Effectiveness Questionnaire. Workshop well attended and received

- HIF Newsletter Issue VII and overview video launched

- Domestic Department SOPs booklet is in final draft stages following feedback

- Meet and Greet session held on 5 June

- Photography session held on 26 May well received by all departments and key personnel.