Facilities management good practice guides

GUIDE NO 1: DOMESTIC SERVICES # 4.2

DH Department of Health

NHS Estates

Introduction

GOOD PRACTICE GUIDES

Good Practice Guides are designed to enable organisations to assess their current performance in comparison with others and to set goals for future improvements. All organisations should at least be achieving the minimum standards outlined overleaf and should aspire to the better practice level. Services should, however, aim to achieve a balance in performance. It is usually better to consolidate all elements at the good practice level rather than to excel at some features and fail in others. Organisations should also complete returns against the key performance indicators presented within the guide in order to establish a comprehensive picture of best value.

EFQM Framework

This guide is integrated with the principles of the European Foundation of Quality Management (EFQM) framework. The EFQM framework is based on the premise that excellent results are achieved through the **enablers** of commitment, effective leadership, clear and realistic policies, good management of people and finance and the understanding and management of well defined processes.

This good practice guide is also based on the process of self-assessment. The EFQM definition of self-assessment is:

- self assessment is a comprehensive systematic and regular review of an organisation's activities and results;

- the self-assessment process allows the organisation to discern its strengths and areas in which improvements can be made and culminates in planned improvement activities which are monitored for progress.

DOMESTIC SERVICES

The importance of domestic services within the NHS should not be underestimated. Standards of cleanliness can vary enormously and have a direct influence on the quality of care received by the patient. For example, good cleaning practices can help to reduce infection hazards.

Cleaning and domestic staff have a great deal of contact with patients and many organisations have explored the opportunity to add other duties to traditional domestic tasks. These can include completing meal menu requests, carrying out the meal service, preparing and serving snacks to patients, assisting and directing visitors, taking and delivering messages and the making of beds.

ENABLING ACTIVITIES

1. Policy and Procedures
2. Human Resource
3. Training
4. Value for Money
5. Customer Focused Processes
KP1 Service Quality
KP2 Hostess Service
KP3 Customer Satisfaction

RESULTS – KEY PERFORMANCE MEASURES

- Cleaning cost per m^2 of cleaned area   £ [   ]

- Hours per m^2 of cleaned ward areas

- Hours per m^2 of cleaned non-ward areas

- % of customer satisfaction achieved

- % of target of service standards achieved

- Award of Investors in People or similar

CRITICAL SUCCESS FACTORS

- Managers are visibly involved in the development and support of domestic services and act as champions

- Policies and procedures in place, reviewed and revised annually

- Roles and responsibilities of all staff clearly documented

- Quality standards developed for all duties and independent audit undertaken

- Training programmes based on performance review to highlight competencies and training requirements

- Programmes post evaluated and reported upon

- Formal means of establishing customer satisfaction established

SCORING SYSTEM

The scoring system has been designed to enable users to develop their own action plan for improvement. For each activity a score for current and preferred performance can be made. For example, this method allows organisations to indicate that they recognise they have achieved or improved some of the elements within the standard but not yet achieved better practice levels.

The final step is to prioritise the change required between current and preferred performance. It therefore identifies the changes that need to take place immediately and those, which can wait. At the end of the process an organisation has an action plan which details what action they need to take in order to improve their performance.

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Policy & Procedures	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value) Option appraisal undertaken to determine best form of service provision, including consultation with customers Service delivery is monitored against requirements	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value) – developed by internal review and agreed with the customer. Objectives and standards routinely published and readily available. Performance is reviewed against best value targets and reported on§	Written business plan developed for 1, 3 and > 5 years, including the adoption of clear, consistent SLAs between internal and external service providers and consumers Service specification is continuously monitored and updated when required Best Value targets are agreed for the following year.
Human Resources	Trust policy and business communicated to staff Supervision provided by suitably qualified staff throughout the day Roles and responsibilities of all staff clearly documented i.e. relevant job descriptions for all posts	Trust policy and business formally communicated to staff Supervision provided by suitably qualified staff available at all times staff are on duty Staff have the opportunity to contribute to the development of roles and responsibilities (including flexible working arrangements)	Action plan for recruitment to include review of employment package with staff Supervisors are available out of hours Supervisors responsible for customer liaison and for domestic services within defined areas of the trust Roles and responsibilities are formally reviewed with staff on an annual basis
Training	Induction training (including health and safety checklist) is completed by all staff Technical training is provided and a competency review undertaken with all staff to ensure competence in all aspects of the job and to identify training requirements. "Front of house" skills training programme provided to all staff	Refresher courses and updates undertaken by all staff Locally developed training programmes are accessible to all staff via staff review process "In house" trainers developed	Locally developed NVQs or equivalent carried out as part of training programme and accessible to staff of all levels IIP or equivalent achieved A recognised training programme in customer care has been developed and implemented
Value for Money	Performance for costs, activity, absence and turnover are monitored Costs are set against standards of service and are included in service specification Information systems developed to enable comparison with others.	Targets set and reviewed annually and information used to develop domestic services Cost and quality annual targets are reviewed and information used to develop domestic services Value for money exercise undertaken (e.g. benchmarking, market testing, best value)	Targets reviewed quarterly as a minimum. Computerised system in place to accurately reflect cost and activity (e.g. ward areas vs. non-ward areas) An ongoing programme of benchmarking is undertaken by service providers in order to demonstrate/achieve best value

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Customer Focused Processes	The key processes within the business unit are identified The effectiveness of key processes is assessed	Key processes are identified, flowcharted and/or documented. Ownership is established. A process improvement mechanism has been identified and targets for improvement set.	The improvement mechanism for key processes has been implemented. The process results are reviewed and fed into a continuous improvement cycle. New targets are set.
KP1: Service Quality	Quality standards identified for areas to be cleaned (plus other identified duties) in line with statutory requirements Domestic supervisors audit their own areas of responsibility and produce monthly reports	Quality standards identified for areas to be cleaned (plus other identified duties) agreed with customers Domestic supervisors audit areas of their colleagues against a set of agreed criteria and produce a monthly report	Quality standards developed for areas to be cleaned (plus other identified duties) in line with best practice External badge of quality gained e.g. Kings Fund, OA or Charter Mark, ISO 9000, Joint control of infection audit
KP2: Patient Enhanced Services	Domestic staff undertake some non-cleaning duties. Patient Enhanced Services limited to a < 12 hour period per day	Additional duties are undertaken to relieve nursing staff of non-nursing tasks. Patient Enhanced Services available > 22 hours per day	Range of duties is regularly reviewed to provide comprehensive provision of non-nursing activities
KP3: Customer Satisfaction	A regular programme of random sampling is undertaken Complaints are dealt with in accordance with the Trust's complaints procedures	A formal system is in place to determine customer satisfaction together with action planning for improvement User feedback groups developed	Customer feedback is openly displayed and updated regularly. Staff are involved in planning identified improvements Managers and chefs visit every ward and other outlets on a frequent basis to record and respond to comments

Facilities management
good practice guides

GUIDE NO 2: MAINTENANCE SERVICES # 4.1

Department
of Health

NHS
Estates

Introduction

GOOD PRACTICE GUIDES

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SELF-ASSESSMENT

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MAINTENANCE SERVICES

The provision of good quality care relies on an appropriate quality environment. An effective maintenance system enables this environment to be available as and when required at minimum disruption to healthcare activity.

The main aim is to maintain assets in a Condition that enables them to fulfill their "fitness for purpose" at optimum cost over time. Good maintenance services can therefore be seen as an investment in total cost reduction.

ENABLING ACTIVITIES

1. Policy and Procedures
2. Human Resources
3. Training
4. Value for Money
5. Customer Focused Processes
KP1 Customer Services
KP2 Condition and Reliability
KP3 Procurement
KP4 Maintenance Information & Record Systems
KP5 Customer Satisfaction

RESULTS – KEY PERFORMANCE MEASURES

- Cost per m^2 to bring to condition B   £ [   ]

- Cost per m^2 to comply with statutory standards

- % of ppm achieved against programme

- % of response times met

- Award of IIP or equivalent

- % downtime of assets effecting operation

CRITICAL SUCCESS FACTORS

- Managers are visibly involved in the development and support of maintenance services and act as champions

- Policies and procedures in place, reviewed and revised annually

- Roles and responsibilities of all staff clearly documented

- Quality standards developed for all duties and independent audit undertaken

- Training programmes based on performance review to highlight competencies and training requirements

- Programmes post evaluated and reported upon

- Formal means of establishing customer satisfaction established

SCORING SYSTEM

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Enabling Activities	Minimum Standard	Good Practice	Better Practice
Policy & Procedures	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value) Option appraisal undertaken to determine best form of service provision, including consultation with customers (e.g. % PPM/Response work) Service delivery is monitored against requirements Compliance with H&S. Safety legislation is routinely monitored, including all fire safety legislation	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value) – developed by internal review and agreed with the customer. Objectives and standards routinely published and readily available. Performance is reviewed against best value targets and reported on	Written business plan developed for 1, 3 and > 5 years, including the adoption of clear, consistent SLAs between internal and external service providers and consumers Service specification is continuously monitored and updated when required but annually as a minimum. Best Value targets are agreed for the following year.
Human Resources	Trust policy and business communicated to staff Supervision provided by suitably qualified staff throughout the day Roles and responsibilities of all staff clearly documented i.e. relevant job descriptions for all posts	Trust policy and business formally communicated to staff Supervision provided by suitably qualified staff available at all times staff are on duty Staff have the opportunity to contribute to the development of roles and responsibilities (including flexible working arrangements)	Action plan for recruitment to include review of employment package with staff Supervisors are available out of hours Supervisors responsible for customer liaison and for domestic services within defined areas of the trust Roles and responsibilities are formally reviewed with staff on an annual basis
Training	Induction training (including health and safety checklist) is completed by all staff Technical training is provided and a competency review undertaken with all staff to ensure competence in all aspects of the job and to identify training requirements. "Front of house" skills training programme provided to all staff	Refresher courses and updates available to all staff Locally developed training programmes are accessible to all staff via staff review process "In house" trainers developed	Locally developed NVQs or equivalent carried out as part of training programme and accessible to staff of all levels IIP or equivalent achieved A recognised training programme in customer care has been developed and implemented
Value for Money	Performance for costs, activity, absence and turnover are monitored Costs are set against standards of service and are included in service specification Information systems developed to enable comparison with others.	Targets set and reviewed annually and information used to develop maintenance services Cost and quality annual targets are reviewed and information used to develop maintenance services Value for money exercise undertaken (e.g. benchmarking, market testing, best value)	Targets reviewed quarterly as a minimum. Computerised system in place to accurately reflect cost and activity (e.g. ward areas vs. non-ward areas) An ongoing programme of benchmarking is undertaken by service providers in order to demonstrate /achieve best value

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Customer Focused Processes	The key processes within the business unit are identified The effectiveness of key processes is assessed	Key processes are identified, flowcharted and/or documented. Ownership is established. A process improvement mechanism has been identified and targets for improvement set.	The improvement mechanism for key processes has been implemented. The process results are reviewed and fed into a continuous improvement cycle. New targets are set.
KP1: Customer Services	Agreed access system to maintenance services in place Emergency procedures documented and available to all staff Customer feedback system in place	Requests logged centrally, response times agreed with customers Emergency service drill practiced annually Complaints monitored and action list produced	Help desk operational, work reviewed monthly. Response times monitored and agreed with customers Emergency procedures forms part of the Trust's Control Assurance procedures Complaints, action and exception reports shared with customers on a regular basis
KP2: Condition & Reliability	Condition of fixed assets is regularly appraised No Patient areas in Cat D Capacity of key building and plant assets known Backlog liability is included in estates strategy Non-availability (breakdown history) of key assets known	Targets over time agreed for patient/non-patient areas to be included in estate strategy Capacity and need matched and optimised through the estate strategy Backlog reviewed every 12 months Maximum non-availability set for key assets with customers	Targets reviewed at a minimum of every 12 months with key customers Capacity/utilisation monitored continuously Backlog targeted as a % of value and target % set Monthly asset availability reports to key customers and performance reviewed
KP3: Procurement	Annual replacement programme produced and prioritised Estate advice provided to procurement manager for purchase of physical assets and maintenance services Standardisation of regular maintained products is considered Professional and product liability is included as part of the Trust Controls Assurance System	Impact of depreciation due to backlog quantified and reported annually Value for money options are considered (not just lowest price) Economy of scale purchases are considered between trusts	Replacement of operational assets form part of the Trust's investment plan within its Estates Strategy Full life-cycle costs are used to evaluate procurement options (Acquisition, installation, commissioning, operation maintenance and disposal) For large purchases consideration is given to pan-Trust solutions (i.e. Turnkey arrangements)

Enabling Activities	Minimum Standard	Good Practice	Better Practice
KP4: Maintenance Information & Record Systems	An asset register is maintained A system that tracks materials, tasks automates works orders against time and location of staff Maintenance costs can be aligned to customers	All maintained assets are held on a computer database Maintenance frequencies and replacements are held for planning future work Job costing includes all materials and labour (in-house) or contract services	Critical assets are monitored. Life cycle costs are prepared Options can be explored for extending life of asset or replacement Unit costs can be compares with other trusts and sectors
KP5: Customer Satisfaction	A regular programme of random sampling is undertaken Complaints are dealt with in accordance with the Trust's complaints procedures	A formal system is in place to determine customer satisfaction together with action planning for improvement User feedback groups developed	Customer feedback is openly displayed and updated regularly Managers visit every ward and other outlets on a frequent basis to record and respond to comments

Facilities management good practice guides

GUIDE NO 3: NON-EMERGENCY PATIENT TRANSPORT SERVICES

DH Department of Health

NHS Estates

Introduction

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NON-EMERGENCY PATIENT TRANSPORT SERVICES

Non-emergency patient transport is designed to provide transport for patients who cannot make their own way to hospital for outpatient appointments or for other medical examinations and treatments. It also provides a service for inpatients after being discharged from hospital. Patient Transport services currently carry some 25 million patients a year, mainly by ambulance and hospital car service.

The decision to provide non-emergency patient transport generally rests with the patient's GP or other responsible clinician and transport is provided free to the patient. However, there are concerns that this system leads to inequities in access to services with some patients never receiving an offer on patient transport and whilst in other cases inappropriate offers of transport are made.

ENABLING ACTIVITIES

1. Policy and Procedures
2. Human Resources
3. Training
4. Value for Money
5. Customer Focused Processes
KP1 Access Criteria
KP2 Access to Services
KP3 Service Delivery
KP4 Development of Partnerships
KP5 Customer Satisfaction

KEY PERFORMANCE MEASURES

- Cost per patient journey   £ _____

- % customer satisfaction targets met

- % performance targets met

CRITICAL SUCCESS FACTORS

- Managers are visibly involved in the development and support of patient transport services and act as champions

- Policies and procedures in place, reviewed and revised annually

- Roles and responsibilities of all staff clearly documented

- Quality standards developed for all duties and independent audit undertaken

- Training programmes based on performance review to highlight competencies and training requirements

- Programmes post evaluated and reported upon

- Formal means of establishing customer satisfaction established

SCORING SYSTEM

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Enabling Activities	Minimum Standard	Good Practice	Better Practice
Policy & Procedures	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value) Option appraisal undertaken to determine best form of service provision, including consultation with customers Service delivery is monitored against requirements	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value) – developed by internal review and agreed with the customer. Objectives and standards routinely published and readily available. Performance is reviewed against best value targets and reported on	Written business plan developed for 1, 3 and > 5 years, including the adoption of clear, consistent SLAs between internal and external service providers and consumers Service specification is continuously monitored and updated when required Best Value targets are agreed for the following year.
Human Resources	Trust policy and business communicated to staff Supervision provided by suitably qualified staff throughout the day Roles and responsibilities of all staff clearly documented i.e. relevant job descriptions for all posts	Trust policy and business formally communicated to staff Supervision provided by suitably qualified staff available at all times staff are on duty Staff have the opportunity to contribute to the development of roles and responsibilities (including flexible working arrangements)	Action plan for recruitment to include review of employment package with staff Supervisors are available out of hours Supervisors responsible for customer liaison and for non-emergency patient transport services within defined areas of the trust Roles and responsibilities are formally reviewed with staff on an annual basis
Training	Induction training (including health and safety checklist) is completed by all staff Technical training is provided and a competency review undertaken with all staff to ensure competence in all aspects of the job and to identify training requirements. "Front of house" skills training programme provided to all staff	Refresher courses and updates available to all staff Locally developed training programmes are accessible to all staff via staff review process "In house" trainers developed	Locally developed NVQs or equivalent carried out as part of training programme and accessible to staff of all levels IIP or equivalent achieved A recognised training programme in customer care has been developed and implemented
Value for Money	Performance for costs, activity, absence and turnover are monitored Costs are set against standards of service and are included in service specification Information systems developed to enable comparison with others	Targets set and reviewed annually and information used to develop patient transport services Cost and quality annual targets are reviewed and information used to develop patient transport services Value for money exercise undertaken (e.g. benchmarking, market testing, best value)	Targets reviewed quarterly as a minimum Computerised system in place to accurately reflect cost and activity (e.g. patient vs. non-patient) An ongoing programme of benchmarking is undertaken by service providers in order to demonstrate/achieve best value

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Customer Focused Processes	The key processes within the business unit are identified The effectiveness of key processes is assessed Performance levels of key processes are established	Performance levels are set annually and reviewed Action is taken to "correct" outlying performance Targets over time established within capital schemes as measurable outputs	Performance levels are set/agreed by key customers and service users Performance framework agreed nationally on key outcomes Performance improvement demonstrable year on year (with external validation or audit of results)
KP1: Access Criteria	Decision to provide non-emergency patient transport services rests with patient's GP or other responsible clinician	Written protocol detailing access criteria for non-emergency patient transport in place and communicated to all appropriate staff	Audit of provision of non-emergency patient transport undertaken annually and results used to improve equity in access in to services
KP2: Access to Services	All appointments made by responsible clinician via hospital transport desk	Enquiry helpline available for clinicians, patients and carers with number and details of patient transport widely publicised	Out-patient and other clinics timed to match network of "local" public transport
KP3: Service Delivery	Patient transport contracts contain clear and measurable performance standards and targets Compliance with national standards (e.g. 95% of all out-patients transported should arrive at hospital on time or within 30 minutes of their appointment) Standard booking procedures written into protocol and widely disseminated to all appropriate staff	Performance Standards reviewed annually and information used to identify opportunities for improvement Booking procedures reviewed annually and information used to identify opportunities for improvement	Performance standards reviewed internally and externally on an on-going basis Demonstration that standards are exceeded on review. Results and progress widely circulated amongst staff.
KP4: Development of Partnerships	Current provision of non-emergency patient transport services are reviewed to identify gaps in provision and resources	Partnerships developed with "local" NHS trusts to review current provision to identify gaps, resources and improvement opportunities	Partnerships developed with "local" NHS trusts, Health Authorities, Social Services, Ambulance Trusts, voluntary and other public services to identify gaps, resources and improvement opportunities
KP5: Customer Satisfaction	A regular programme of random sampling is undertaken Complaints are dealt with in accordance with the trust's complaints procedures	A formal system is in place to determine customer satisfaction together with action planning for improvement User feedback groups developed	Customer feedback is openly displayed and updated regularly. Staff are involved in planning identified improvements

Facilities management good practice guides

GUIDE NO 4: SECURITY

Introduction

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SECURITY

Security in health care organisations is technically everyone's responsibility. This presents a very real challenge in a culture where the prime focus is on the patient, and where staff are trained to always put the patient first, even if this places themselves at risk.

The level of access required by local communities means that there will undoubtedly be conflicts between security and other organisational priorities. Nevertheless, sensible and cost-effective security measures can be taken to reduce risks to patients, staff and visitors by establishing an environment of care that aims to prevent criminal activity.

The overall objective is to provide "a secure environment that protects patients, staff, and visitors and their property, and the physical assets of the organisation".

[Adapted from: NHS Executive: *Security Management – Controls Assurance Standard*. January 2000]

ENABLING ACTIVITIES

1.   Policy and Procedures
2.   Human Resources
3.   Training
4.   Value for Money
5.   Customer Focused Processes
KP1 Needs/Risk Assessment
KP2 [Staff] Fit for Purpose
KP3 Maintaining a Safe Environment
KP4 Dealing with Violence/Untoward Incidents
KP5 Record Keeping
KP6 Customer Satisfaction

PERFORMANCE MEASURES

- Cost per m^2 | £ |

- % customer satisfaction targets met

- % performance targets met5

CRITICAL SUCCESS FACTORS

- Managers are visibly involved in the development and support of security services and act as champions

- Policies and procedures in place, reviewed and revised annually

- Roles and responsibilities of all staff clearly documented

- Quality standards developed for all duties and independent audit undertaken

- Training programmes based on performance review to highlight competencies and training requirements

- Programmes post evaluated and reported upon

- Formal means of establishing customer satisfaction established

SCORING SYSTEM

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Enabling Activities	Minimum Standard	Good Practice	Better Practice
Policy & Procedures	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value) Option appraisal undertaken to determine best form of service provision, including consultation with customers Service delivery is monitored against requirements	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value) – developed by internal review and agreed with the customer. Objectives and standards routinely published and readily available. Performance is reviewed against best value targets and reported on	Written business plan developed for 1, 3 and > 5 years, including the adoption of clear, consistent SLAs between internal and external service providers and consumers Service specification is continuously monitored and updated when required Best Value targets are agreed for the following year.
Human Resources	Trust policy and business communicated to staff Supervision provided by suitably qualified staff throughout the day Roles and responsibilities of all staff clearly documented i.e. relevant job descriptions for all posts	Trust policy and business formally communicated to staff Supervision provided by suitably qualified staff available at all times staff are on duty Staff have the opportunity to contribute to the development of roles and responsibilities (including flexible working arrangements)	Action plan for recruitment to include review of employment package with staff Supervisors are available out of hours Supervisors responsible for customer liaison and for security services within defined areas of the trust Roles and responsibilities are formally reviewed with staff on an annual basis
Training	Induction training (including health and safety checklist) is completed by all staff Technical training (e.g. restraint techniques, first aid) is provided (where appropriate) and a competency review undertaken with all staff to ensure competence in all aspects of the job and to identify training requirements. "Front of house" skills training programme provided to all staff	Refresher courses and updates available to all staff Locally developed training programmes are accessible to all staff via staff review process "In house" trainers developed	Locally developed NVQs or equivalent carried out as part of training programme and accessible to staff of all levels IIP or equivalent achieved A recognised training programme in customer care has been developed and implemented
Value for Money	Performance for costs, activity, absence and turnover are monitored Costs are set against standards of service and are included in service specification Information systems developed to enable comparison with others.	Targets set and reviewed annually and information used to develop security services Cost and quality annual targets are reviewed and information used to develop security services Value for money exercise undertaken (e.g. benchmarking, market testing, best value)	Targets reviewed quarterly as a minimum. Computerised system in place to accurately reflect cost and activity An ongoing programme of benchmarking is undertaken by service providers in order to demonstrate/achieve best value

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Customer Focus	The key processes within the business unit are identified The effectiveness of key processes is assessed Performance levels of key processes are established	Performance levels are set annually and reviewed Action is taken to "correct" outlying performance Targets over time established within capital schemes as measurable outputs	Performance levels are set/agreed by key customers and service users Performance framework agreed nationally on key outcomes Performance improvement demonstrable year on year (with external validation or audit of results)
KP1: Needs/Risk Assessment	Option appraisal undertaken in terms of requirements for security services, including use of CCTV cameras and secure ward entrance systems Security Manager (or other designated individual) responsible for annual risk assessments by (1) area and (2) officer	Security arrangements reviewed on a regular basis (twice yearly) and review used to identify opportunities for improvement Security Manager (or other designated individual) responsible for annual risk assessments by (1) area and (2) officer undertaken in partnership with local police	External review of security arrangements undertaken (including staff) on a regular basis (quarterly) and review used to identify opportunities for improvement Security surveys available to all departments on request
KP2: (Staff) Fit for Purpose	All security staff vetted [e.g. for criminal record] prior to employment All security staff provided with basic inoculation programme (e.g. Hepatitis B) All external contractors (1) are accredited firms; (2) have appropriate insurance and (3) have fully qualified staff	All security officers provided with individual copy of security manual detailing their rights and responsibilities and the trust's policies and procedures The performance of all security officers is monitored through annual performance review	Local police involved in training programmes and deliver "safety talks" to vulnerable staff groups
KP3: Maintaining a safe environment	Central coordinator appointed with responsibility for crime prevention All staff wear name badges including name, photograph and job title Clear written procedures detailing the responsibilities of all staff in maintaining security disseminated, including arrangements for contacting security services, police and crime prevention officers	A crime prevention programme is implemented throughout the organisation Partnerships established with other "local" NHS trusts to provide information of relevant incidents and possible areas of risk Regular review of environment undertaken (cleanliness, space, light, temperature, etc) and results used to identify opportunities for improvement	Panic button alarms and/or mobile phones provided to staff in "vulnerable" situations Review of security officer's image undertaken to establish most appropriate form of dress, etc. Partnership arrangements with local police are formalised, e.g. police officer present on-site

Enabling Activities	Minimum Standard	Good Practice	Better Practice
KP4: Dealing with violence and other untoward incidents	Training provided to all new staff in understanding and dealing with violence (including rights and responsibilities) Response Plans & local emergency procedures for dealing with untoward incidents (including details of where to get help) widely disseminated, especially where staff work in isolated situations Staff are encouraged to report all violent and untoward incidents	Training available for all new staff in handling/ dealing with potentially violent situations Incident Report form completed after all violent and other untoward incidents. Debriefing (with trained counsellor) available to all staff who are victims of violent incidents Two way radio contact in place for summoning assistance/police	Local media informed when offenders are prosecuted Regular progress reports provided to all staff demonstrating positive action in maintaining security
KP5: Record Keeping	All security incidents are recorded and classified Design of records and classification system undertaken in partnership with local police	Regular review of recorded security incidents undertaken to identify patterns of risk and identify opportunities for improvement	All recorded security incidents "trigger" local review of arrangements to identify opportunities for improvement
KP6: Customer Satisfaction	A regular programme of random sampling is undertaken Complaints are dealt with in accordance with the trust's complaints procedures	A formal system is in place to determine customer satisfaction together with action planning for improvement User feedback groups developed	Customer feedback is openly displayed and updated regularly. Staff are involved in planning identified improvements

Facilities management
good practice guides

GUIDE NO 5: CATERING SERVICES

DH Department
of Health

NHS
Estates

Introduction

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EFQM Framework

This guide is integrated with the principles of the European Foundation of Quality Management (EFQM) framework. The EFQM framework is based on the premise that excellent results are achieved through the **enablers** of commitment, effective leadership, clear and realistic policies, good management of people and finance and the understanding and management of well defined processes.

CATERING SERVICES

The NHS provides over 300 million meals each year at a cost of £500 million, The NHS Plan and other recent executive / audit reports have recognised that the delivery of high quality catering services is an essential part of the total care package offered to patients. The objective of catering services can be defined as:

- providing a choice of appropriate dietary meals to both staff and patients, delivered at the right time and temperature;

- providing a choice of portion size, with food attractively presented;

- meeting the nutritional needs of patients and allowing choice (including ethnic and cultural).

In addition, the Controls Assurance standard for Catering and Food Hygiene requires that "all catering management, food handlers and NHS premises in which food is stored, prepared and served, complies with the current food safety legislation and provides for the dietary and nutritional requirements of patients.

ENABLING ACTIVITIES

1.	Policy and Procedures
2.	Human Resources
3.	Training
4.	Value for Money
5.	Customer Focus
KP1	Menu Planning
KP2	Meal Service
KP3	Food Safety
KP4	Waste Management
KP5	Customer Satisfaction

RESULTS – KEY PERFORMANCE MEASURES

- Meal cost per patient day   £ _____

- % customer satisfaction targets met

- % substitute meals: total meals

- % food waste

- % staff turnover: total staff

CRITICAL SUCCESS FACTORS

- Managers are visibly involved in the development and support of catering services and act as champions

- Policies and procedures in place, reviewed and revised annually

- Roles and responsibilities of all staff clearly documented

- Quality standards developed for all duties and independent audit undertaken

- Training programmes based on performance review to highlight competencies and training requirements

- Programmes post evaluated and reported upon

- Formal means of establishing customer satisfaction established

SCORING SYSTEM

The scoring system has been designed to enable users to develop their own action plan for improvement. For each activity a score for current and preferred performance can be made. For example, this method allows organisations to indicate that they recognise they have achieved or improved some of the elements within the standard but not yet achieved better practice levels.

The final step is to prioritise the change required between current and preferred performance. It therefore identifies the changes that need to take place immediately and those, which can wait. At the end of the process an organisation has an action plan which details what action they need to take in order to improve their performance.

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Policy & Procedures	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value). Board level responsibility is defined for catering and food hygiene and there is a clear line of accountability to the trust board. Option appraisal undertaken to determine best form of service provision, including consultation with customers Service delivery is monitored against requirements	Policy document in place including clear departmental objectives and standards (including activity cost, quality and best value) – developed by internal review and agreed with the customer. Objectives and standards routinely published and readily available. Performance is reviewed against best value targets and reported on	Written business plan developed for 1, 3 and > 5 years, including the adoption of clear, consistent SLAs between internal and external service providers and consumers Service specification is continuously monitored and updated when required Best Value targets are agreed for the following year.
Human Resources	Trust policy and business communicated to staff Supervision provided by suitably qualified staff throughout the day Roles and responsibilities of all staff clearly documented i.e. relevant job descriptions for all posts	Trust policy and business formally communicated to staff Supervision provided by suitably qualified staff available at all times staff are on duty Staff have the opportunity to contribute to the development of roles and responsibilities (including flexible working arrangements)	Action plan for recruitment to include review of employment package with staff Supervisors are available out of hours Supervisors responsible for customer liaison and for catering services within defined areas of the trust Roles and responsibilities are formally reviewed with staff on an annual basis
Training	Induction training (including health and safety checklist) is completed by all staff Technical training is provided and a competency review undertaken with all staff to ensure competence in all aspects of the job and to identify training requirements. Training records are kept. "Front of house" skills training programme provided to all staff	Refresher courses and updates available to all staff Locally developed training programmes are accessible to all staff via staff review process "In house" trainers developed	Locally developed NVQs or equivalent carried out as part of training programme and accessible to staff of all levels IIP or equivalent achieved A recognised training programme in customer care has been developed and implemented
Value for Money	Performance for costs, activity, absence and turnover are monitored Costs are set against standards of service and are included in service specification Information systems developed to enable comparison with others	Targets set and reviewed annually and information used to develop catering services Cost and quality annual targets are reviewed and information used to develop catering services Value for money exercise undertaken (e.g. benchmarking, market testing, best value)	Targets reviewed quarterly as a minimum. Computerised system in place to accurately reflect cost and activity (e.g. patient vs. non-patient) An ongoing programme of benchmarking is undertaken by service providers in order to demonstrate/achieve best value

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Customer Focus	The key processes within the business unit are identified The effectiveness of key processes is assessed Performance levels of key processes are established and reviewed annually.	Performance levels are set / agreed by key customers and service users Action is taken to "correct" outlying performance Targets over time established within capital schemes as measurable outputs	Performance framework agreed nationally on key outcomes Performance improvement demonstrable year on year (with external validation or audit of results)
KP1: Menu Planning	Menus meet minimum standards documented in NHS guidelines Menus approved by dieticians	Consultation undertaken with key stakeholders (e.g. dieticians, patients, customers) to develop menus and nutritional analysis	Joint nutritional audit undertaken with dieticians and dieticians involved in regular review of menus and development of dishes
KP2: Meal Service	Meal service complies with patient's charter standards and "Hospital Catering: delivering a quality service", EL (96) 37 Targets set for meal delivery (time, temperature, presentation) Food is provided in accordance with menu and standard recipes (tested by staff and patient representatives)	Targets are reviewed annually and information used to develop catering services Patients have available a selection of beverages during 24-hour period All food is purchased in accordance with standard purchasing specification	Meals are sampled at ward levels to measure quality (e.g. temperature, presentation, portion size) Patients and staff are able to request a choice of snacks at any time during 24-hour period Ward housekeepers in place on all wards to ensure individual patient needs are met
KP3: Food Safety	The catering service complies with all statutory requirements All food safety hazards identified and temperature of food monitored at critical stages. Food hazards are dealt with in accordance with HSG (93) 13 All food is stored and prepared in conditions appropriate for its type All managers trained to Advanced Hygiene certificate level	Chefs and supervisors trained to intermediate certificate level A system for the management of hygiene in place which includes cleaning schedules, equipment maintenance i.e. planned preventative maintenance, etc Food temperature monitors are recorded and the temperature of all fridges, etc are monitored	Chefs and supervisors trained to Advanced Hygiene certificate level HACCP in place. All systems subject to regular reviewed regularly to identify improvements Temperature controlled rooms for all food preparation.
KP4: Waste Management	Food waste is routinely monitored	Food waste is monitored and strategies are developed to reduce levels of waste	Catering staff receive regular instruction on portion control. Annual targets are set for the reduction of levels of waste.

Enabling Activities	Minimum Standard	Good Practice	Better Practice
KP5: Customer Satisfaction	A regular programme of random sampling is undertaken Complaints are dealt with in accordance with the trust's complaints procedures	A formal system is in place to determine customer satisfaction together with action planning for improvement User feedback groups developed	Customer feedback is openly displayed and updated regularly "Patient's Forum" established and used to measure and improve customer satisfaction Managers and chefs visit every ward and other outlets on a frequent basis to record and respond to comments
Score	Score 1 for each item	Score 2 for each item	Score 3 for each item

Facilities management good practice guides

GUIDE NO 6: ENVIRONMENTAL MANAGEMENT

DH Department of Health

NHS Estates

Introduction

Good Practice Guides are designed to enable organisations to assess their current performance in comparison with others and to set goals for future improvements. All organisations should at least be achieving the minimum standards outlined overleaf and should aspire to the better practice level. Services should, however, aim to achieve a balance in performance. It is usually better to consolidate all elements at the good practice level rather than to excel at some features and fail in others. Organisations should also complete returns against the key performance indicators presented within the guide in order to establish a comprehensive picture of best value.

ENVIRONMENTAL FRAMEWORK

In the last decade organisations have become increasingly concerned about the impact their activities have on the environment and many have adopted a formal environmental management system (EMS) such as ISO14001 and EMAS in order to demonstrate their commitment to improving environmental performance. The Healthcare sector is not immune from the pressure to address environmental issues and initiatives such as controls assurance will assist in raising the profile of environmental management in the NHS. Increasingly NHS organisations will adopt recognised environmental management systems which in addition to those referred to above also includes Greencode. This good practice guide reflects the requirements of controls assurance and the recognised EMSs and is based on the process of self-assessment.

ENVIRONMENTAL MANAGEMENT

Providing patient care involves a significant range of peripheral activities, including the disposal of clinical waste, linen processing, energy consumption and transportation. It is evident that the processes undertaken in the NHS can cause serious environmental damage if they are not properly managed. Good practice in the use of resources by NHS organisations will not only ensure minimal impact to the environment and consumption of non-renewable resources, but will also be more cost effective. Improving environmental performance requires the support and commitment of all

staff, especially the Board and senior management. Therefore, critical to the success of any environmental initiative is the need to convince those in a position of authority that environmental management is an important issue for the organisation.

ENABLING ACTIVITIES

1. Policies and Procedures
2. Training and Communication
3. Traffic Management
4. Waste Management
5. Emission to Atmosphere
6. Discharge to Drains
7. Energy Management
8. Water Management
9. Land Management
10. Procurement

RESULTS – KEY PERFORMANCE MEASURES

- Amount of energy consumed

- Amount of water consumed

- Amount of waste generated

- Award of a recognised environmental management system

- Year on year improvement in environmental performance

CRITICAL SUCCESS FACTORS

- The Board and senior management are fully committed to improving environmental performance

- Policies and procedures are in place and reviewed and revised annually

- The roles and responsibilities of all staff are clearly documented and staff understand their obligations

- There is a training programme in place, which includes induction, generic and specific training for key staff

- An environmental review has been undertaken which identifies all environmental impacts

- Challenging improvement targets are set and consistently achieved

- Risk management methodology is applied to all environmental risks

SCORING SYSTEM

The scoring system has been designed to enable users to develop their own action plans for improvement. For each activity, a score for current and preferred performance can be made. For example, this method allows organisations to indicate that they recognise they have achieved or improved some of the elements within the standard but not yet achieved better practice levels.

The final step is to prioritise the change required between current and preferred performance. It therefore identifies the changes that need to take place immediately and those which can wait. At the end of the process, an organisation has an action plan which details what action they need to take in order to improve its performance.

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Policy & Procedures	• an environmental policy has been compiled but has not yet been implemented • a senior manager has been allocated responsibility for environmental management but responsibility is not devolved to all levels in the organisation • no environmental management system (EMS) is in place but the organisation is in the early stages of considering implementing an EMS • one report on an environmental issues is submitted to the Board annually • action plans identifying environmental improvements are in place and performance is monitored by senior management	• an environmental policy has been implemented across most functions • Board responsibility for environmental management is defined but responsibility is not completely devolved to all levels in the organisation • no recognised environmental management system is in place but the organisation has commenced the implementation process • at least 3 reports on environmental issues are submitted to the Board annually • targets for improvements are set and generally achieved • risk assessment methodology is applied to all significant environmental risks and action plan developed	• a comprehensive environmental policy and strategy which is subject to continual review has been compiled and circulated to relevant parties • Board level responsibility for environmental management has been defined and responsibility devolved to all levels of the organisation • a recognised environmental management system has been fully implemented eg ISO14001, EMAS, Greencode • a comprehensive environmental report is submitted to the Board annually • the environmental performance of the organisation is independently validated • environmental management is an integral part of the business planning process
Training and Communication	• an environmental working group has been established • environmental responsibilities are defined for key employees and included in job descriptions • appropriate staff have access to key legislation, journals and circulars • environmental training is part of the trust's induction programme • environmental issues are included in at least two team briefs a year	• all staff within the organisation are aware of the trust's environmental policy • some general environmental training is provided for at least 25% of staff • environmental issues are included in at least six team briefs a year • an effective and proactive environmental working group ensures that relevant and important matters are cascaded to staff • staff awareness and publicity is given a high priority and issues raised are actioned quickly • environmental responsibilities are defined for all employees and included in job descriptions	• environmental training is always determined as part of the organisation's training needs analysis • some general environment awareness training is provided to at least 50% of staff • all relevant contractors are given appropriate environmental training • written documentation is provided at ward and department level for patients and visitors to raise awareness on environmental issues • environmental issues are regular topics for discussion at ward and departmental staff meetings • environmental objectives are included in IPRs for all employees

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Traffic Management	• the organisation supports the Government's New Deal for Transport • the organisation acknowledges the importance of establishing a Transport Plan • the trust has determined the membership of the Healthy Transport Working Group • traffic information and data has been collected • a senior manager of the organisation has been assigned to develop a Healthy Transport Plan	• the organisation has set up a Healthy Transport Working Group • a staff travel survey has been undertaken to determine staff transport arrangements • partnerships have been set up with the local authority, local transport providers, CHC, health promotion groups • much of the preparation work on the Transport Plan has been carried out • initiatives are planned to raise awareness of the trust's Healthy Transport Plan	• the organisation has a comprehensive Healthy Transport Plan which has been approved by the Board • Board level responsibility for transport issues is clearly defined • the Healthy Transport Plan has been communicated to all relevant parties • targets and key performance indicators for transport have been agreed and demonstrable improvements achieved • the organisation has undertaken a review of its hospital transport services
Waste Management	• the organisation has arrangements in place for waste segregation • all clinical waste bags are clearly marked to identify wards/departments • waste is transported from wards/departments in separate containers • clinical waste is stored in appropriate secured areas • sharps are correctly disposed of in containers that conform to the standards set by the HSE	• a waste management policy has been compiled but is not regularly reviewed • waste minimisation is a constant active process across the site • all relevant staff are trained in the correct methods of storage and disposal • risk assessments have been undertaken to identify potential risks • the organisation has procedures for reporting and actioning waste related incidents • immunisation is available to staff who handle waste	• a comprehensive waste management policy sets out responsibilities and clear lines of accountability is in place • the organisation has a comprehensive waste management strategy • a programme of regular audits ensures safe management of clinical waste • all staff receive appropriate training and instructions in waste management • risk assessments are reviewed annually • key performance indicators show ongoing improvements in waste management practice which are reviewed annually by the Board

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Emissions to Atmosphere	• no separate policy exists but emissions to atmosphere are contained within other policies • most emission sources eg boilers, extractors, cooling towers etc have been identified • the organisation complies with all known legislation in relation to emissions to atmosphere • there have been no validated serious complaints from the public about emissions to atmosphere in the last 2 years	• a policy on emissions to atmosphere which identifies responsibility exists but it is not regularly updated • all major plant which contribute to emissions to atmosphere eg boilers, extractors, cooling towers have been identified • the organisation complies with all known legislation in relation to emissions to atmosphere • there have been no validated complaints from the public about emissions to atmosphere in the last 2 years	• there is a comprehensive up-to-date policy on emissions to the atmosphere, which clearly identifies responsibility • all emission sources eg boilers, extractors, cooling towers etc have been identified and emissions quantified • the organisation exceeds legislative requirements in relation to emissions to atmosphere • target emissions to atmosphere have been reduced during the last 3 years • there have been no validated complaints from the public about emissions to atmosphere in the last 3 years
Discharges to Drains	• no separate policy exists but discharges to drains are contained within other policies • appropriate training has been provided for most relevant staff relating to discharges to drains • there are plans of surface water and sewage systems although they have not been updated for 3 years • a survey has been undertaken to identify all significant substances discharged to the drainage system • all known legislation in relation to discharges to drains is complied with	• a policy on discharges to drains exists which identifies responsibilities but it is not regularly updated • there is a training programme for relevant staff relating to discharges to drains • there are plans of surface water and sewage drainage system although they have not been updated for 2 years • all known legislation in relation to discharges to drains is complied with • the water company has been made aware of all significant substances discharged to drains and, where appropriate, its consent has been obtained	• there is a comprehensive up-to-date policy on discharges to drains • a manager with responsibility for discharges to drains has been appointed • there is a comprehensive training programme for relevant staff relating to discharges to drains • there are comprehensive up-to-date plans of all surface water and sewage drainage systems • a comprehensive survey has been undertaken to identify all substances discharged to the drainage system and where appropriate the consent of the water company has been obtained • all car park drainage passes through separators which are inspected and cleaned in accordance with a maintenance schedule • all legislation in relation to discharges to drains is fully complied with • all relevant environmental agency pollution prevention guidelines have been followed

continued

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Energy Management	• an unadopted energy policy has been set by energy manager or senior departmental manager • the energy policy has not been reviewed for the last 3 years • energy management is the part time responsibility of a manager • contact with major energy users made on an ad hoc basis • technical staff are trained in the management of energy • monitoring and targeting reports are based on supply meter data	• a formal energy policy in circulated throughout the organisation and reviewed annually • if spend > £1000K, full time energy manager in post • an energy committee in place acting as a sub group of an environmental working party • staff awareness and publicity is given a high priority and issues raised are actioned quickly • a budget for energy investment in place with same payback criteria employed for all other investments • good practice benchmarks identified in Energy Efficiency Office, Energy Consumption guide 72, Energy Consumption in Hospitals are achieved	• a formal energy policy is in place, approved by the organisation's Board and forming an integral part of the organisation's environmental strategy • if spend > £1000K, full time energy manager in post who is in regular formal contact with major users • a comprehensive monitoring and targeting system is in place for departments with monthly reporting • a comprehensive programme of staff awareness, training and publicity is in place with regular updates • life cycle costing of all investments which takes account of 'green' issues • good practice benchmarks identified in Energy Efficiency Office, Energy Consumption guide 72, 'Energy Consumption in Hospitals' are exceeded
Water Management	• an unadopted policy on the management of water set by energy manager or senior departmental manager • the policy has not been reviewed in last 3 years • water management is the part time responsibility of a manager • contact with major users made on an ad hoc basis • technical staff trained in the management of water • monitoring and targeting reports are based on supply meter data	• a formal water policy is in place which is circulated throughout the organisation • if total energy and water spend > £1000K, a full time energy manager in post • water management is included on the agenda of the energy committee meetings • monitoring and targeting based on sub metering to large departments • staff awareness and publicity is given a high priority and issues raised are actioned quickly	• a formal policy on the management of water in place, approved by the organisation's Board and forming an integral part of the organisation's environmental strategy • if spend > £1000K on energy and water, full time energy manager in post, who is in regular formal contact with major users • comprehensive monitoring and targeting system is in place for departments with monthly reporting • there is a comprehensive programme of staff awareness, training and publicity with regular updates • life cycle costing of all investments which takes account of 'green' issues is undertaken

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Land Management	• no separate policy exists but grounds management is contained within other policies • appropriate staff have received some training in grounds management • the use of some pesticides have been phased out in favour of less harmful substances • all known legislation relating to grounds management is complied with • inspections of the site are undertaken four times a year to ensure that standards are maintained	• there is a policy on grounds maintenance although it has not been updated for 2 years • a manager with responsibility for grounds management has been appointed and responsibility is informally devolved to relevant staff • staff involved in grounds management receive training and instruction • the use of most pesticides has been phased out in favour of less harmful substances • all known legislation relating to ground management is complied with • a review has been undertaken to identify possible sources of ground contamination • a review has been undertaken to identify possible areas of soil contamination	• there is a comprehensive up-to-date policy on grounds management • a manager with responsibility for grounds management has been appointed and responsibility is formally devolved to relevant staff • staff involved in grounds management receive comprehensive training and instruction • the use of pesticides has been phased out in favour of alternative less harmful substances • all legislation relating to ground management is fully complied with • a comprehensive review has been undertaken to identify all possible sources of ground contamination • positive action has been taken to encourage wildlife and these requirements are taken into account when planning new developments
Procurement	• the trust's procurement strategy is linked to its environmental policy • the trust's environmental policy includes consideration of purchasing and supply activities • the procurement function is represented on the trust's environmental group • life-cycle costs are used to evaluate tenders involving equipment and consumables	• the Trust's procurement strategy includes specific environmental objectives that support the environmental policy • legitimate environmental criteria have been introduced into some contracts and contract specifications are systematically reviewed to ensure that environmental impact is minimised • the Trust's environmental policy is communicated to all contracted suppliers • the use of life-cycle costs to evaluate tenders is maximised wherever feasible • the trust obtains environmental information on products and suppliers for general interest	• environmental criteria have been incorporated into all contracts where legitimate • an environmental survey of the locally contracted supply chain is conducted periodically • the trust has implemented procedures that recognise the environmental impact and whole-life cost of purchasing decisions and incorporates this within the decision-making process • the trust obtains and uses environmental information to influence the procurement decisions where legitimate • procurement staff have received training on greening the supply chain/environmental procurement in the public sector

Facilities management good practice guides

GUIDE NO 7: LINEN SERVICES

DH Department of Health

NHS Estates

Introduction

Good Practice Guides are designed to enable organisations to assess their current performance in comparison with others and to set goals for future improvements. All organisations should at least be achieving the minimum standards overleaf and should aspire to the better practice level. Services should aim to achieve a balance in performance. It is usually better to consolidate all elements at the good practice level rather than to excel at some features and fail at others.

This guide is one of a series focusing on organisational key issues as recommended within the European Foundation for Quality Management (EFQM) framework.

INTRODUCTION TO THE TOPIC

The provision of adequate laundry services is a fundamental requirement of direct patient care and a major feature among a hospital's many activities that contribute to its commitment to meet Patient's Charter standards of quality services. Hospitals should be offering the highest standards of hygiene to their patients

In addition, the NHS has an obligation under the Health and Safety at Work Act to take steps to prevent the risk of infection to staff handling and laundering linen. There is also a need to deal with the potential for harm to staff and damage to linen by a failure to separate "sharps" from dirty linen before it is placed in laundry bags.

The nature if linen services and the space and equipment required for a laundry provides scope for collaborative working with other trusts, income generation by maximising the potential of existing on-site facilities and offers an option for market testing.

Benchmarking is a change management tool designed for tackling key issues (of high opportunity or value) within an organisation. As one such key issue, the provision of laundry services is an appropriate topic for the benchmarking approach.

KEY ELEMENTS

1. Service Development
2. Policies and Procedures
3. Stock Control
4. Order Stores
5. Collection and Distribution
6. Maintaining a safe environment
7. Training
8. Audit and Monitoring

POSSIBLE PERFORMANCE INDICATORS

- % objectives and met or exceeded on review

- % quality standards met or exceeded on review

- % of linen services staff with NVQ qualification or equivalent

- Annual spend on linen services as % of trust income

- Cost of losses as % of total linen spend (cost of quality)

- Number of pieces per operator hour (laundry room staff only)

CRITICAL SUCCESS FACTORS

- Option appraisal undertaken to establish "best value" arrangements for provision of linen services

- Policies and procedures in place, reviewed and revised annually

- All linen is ordered by linen services and is compliant with BS 5815, 5866, 5223 + fire safety regulations

- Written policies (compliant with all relevant legislation) in place for (i) collection and distribution (including infected linen and requirements for sterile linen), (ii) laundry room procedures, (iii) infection control and (iv) removal and disposal of clinical waste

- Staff appraisals undertaken annually and used to identify training requirements

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Service Development	Consultation undertaken with service users to determine views on service requirements and how linen services should be delivered. Information used to develop linen services.	Internal service review undertaken of the role and organisation of linen services for cost effectiveness and performance standards Information used to develop linen services.	Critical service review undertaken to assess scope for collaborative working (with other trusts), scope for market testing, and management and supervision arrangements. Information used to develop linen services.
Policies and Procedures	Policy document in place including clear objectives and standards.	Policy document in place including clear objectives and standards developed by internal review and agreed with the customer. Objectives and standards published and readily available.	Written business plan developed for 1, 3 and >5 years including the adoption of clear, consistent SLAs between internal service providers and customers.
Stock Control	Minimum stocktake ("linen count") to comply with organisational policy	Bi-annual stock checks undertaken and stock levels revised accordingly.	Integrated stock control system in place, including information on stock losses. Regular random stock checks undertaken to assess stock quality.
Order Stores	"Specification" in line with organisational policy in place. Linen services with input into the ordering process and all linen is compliant with BS 5815, 5866, 5223 + fire safety regulations.	Contract suppliers established with advisory input into ordering process. Reviews of price and quality undertaken by linen services on a quarterly basis	Commodity Advisory Group established to participate in ordering process.
Collection & Distribution	Written policies in place for collection and distribution of linen, to include categories of soiling, packing arrangements and arrangements for keeping clean linen clean. Standards are met 95% + on review.	Process (and participants) for collection, laundering and distribution of linen is reviewed on a annual basis The review is used to identify opportunities for improvements in practice.	Benchmarking of the collection and distribution process is undertaken and used to support changes in practice (where appropriate).
Maintaining a Safe Environment	Written policies (compliant with all relevant legislation) in place for (i) collection and distribution (including infected linen and requirements for sterile linen), (ii) laundry room procedures and (iii) infection Standards are met 95%+ on review	All appropriate staff aware (on review) of the temperature at which laundry is to be processed and the category of soiling and the safe packing for handling by porters and staff en route. Standards are used to identify opportunities for improvements in practice.control	Action cards outlining staff responsibilities on outbreak of infection
Training & Human Resources	All appropriate staff (including laundry contractors) receive health and safety training on appointment.	In post training (including locally developed VQs or equivalent) available to all levels of staff.	Staff appraisals undertaken annually and used to identify training requirements.
Audit & Monitoring	Mechanism in place to audit policies and procedures together with agreed objectives.	Poicies and procedures, agreed objectives/standards and complaints received are used to identify areas for improvement	Auditand monitoring undertaken by independent "function", leading to changes in practice and improved performance against agreed objectives. System in place for patients to provide feedback on the quality of products used during their stay

Facilities management good practice guides

GUIDE NO 8: PORTERING

DH Department of Health

NHS Estates

Introduction

GOOD PRACTICE GUIDES

Good Practice Guides are designed to enable organisations to assess their current performance in comparison with others and to set goals for future improvements. All organisations should at least be achieving the minimum standards overleaf and should aspire to the better practice level. Services should aim to achieve a balance in performance. It is usually better to consolidate all elements at the good practice level rather than to excel at some features and fail at others.

This guide is one of a series focusing on organisational key issues as recommended within the European Foundation for Quality Management (EFQM) framework.

INTRODUCTION TO THE TOPIC

The provision of portering services has a direct impact on the quality of patient care and is central to patient's and visitor's experiences of the hospital, e.g. portering may well be the first service with which a patient has contact during their hospital stay. In addition, portering provides a support service to all hospital departments. These duties may be carried out by a wide variety of staff in addition to "porters", or by porters alone or in collaboration with other staff.

The roles and responsibilities of porters tend to vary from hospital to hospital but in keeping with other services, increasing demands have been placed on portering services in recent years. This is a result of a number of factors including (1) changes in clinical practice (e.g. increase in day case surgery); (2) new developments in technology; (3) limited resources; (4) trend towards larger sites and multi-site organisations and (5) increasing patient expectations.

The portering service plays an important part in the coordination of people, goods and services across the hospital and in maintaining a safe environment and as such is an appropriate technique for the benchmarking approach.

KEY ELEMENTS

1. Policies and Procedures
2. Roles and Responsibilities
3. Communication and Coordination
4. Service Provision
5. Maintaining a Safe Environment
6. Human Resources
7. Training
8. Audit and Monitoring

POSSIBLE PERFORMANCE INDICATORS

- % objectives and met or exceeded on review

- % quality standards met or exceeded on review

- % of portering services with vocational qualification or equivalent

- Daily response time – requests made to job completed (average in minutes, ad hoc requests only)

- Number of m^2 gross internal area per WTE portering staff

CRITICAL SUCCESS FACTORS

- Policies and procedures in place, reviewed and revised annually

- Roles and responsibilities of all staff clearly documented

- Quality standards developed for (i) response to requests, (ii) maintaining a safe environment and (iii) client satisfaction. Audit undertaken against all standards

- Training programmes based on performance review to highlight competencies and training requirements

- Option appraisal undertaken to define "best" deployment of staff

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Policies and Procedures	Policy document in place including clear objectives and standards.	Policy document in place including clear objectives and standards developed by internal review and agreed with the customer. Objectives and standards published and readily available.	Written business plan developed for 1, 3 and < 5 years including the adoption of clear, consistent SLAs between internal service providers and customers.
Roles and Responsibilities	Job descriptions in place for all posts, descriptions are reviewed and updated regularly.	Person specification in place for all posts, staff aware of their roles and responsibilities on review.	Annual staff appraisals undertaken, incorporating meaningful objectives.
Communication and Co-ordination	Clear written procedure in place including designated area for liaison and handover between each ward/department.	A single phone point established for contacting portering services. The person staffing the phone has authority to prioritise and assign tasks.	A single management structure is in place. All porters carry a walkie-talkie to allow task allocation and reassignment of priorities without a return to base.
Service Provision (timely, responsive)	Local handbook produced detailing services provided and access procedures. Handbook available to all staff in user departments. Standards are met 90% on review.	Portering services prioritised into categories to ensure high priority services are always maintained above the minimum. Standards are met 95% on review.	Staff sited (as appropriate) close to patients (ward, department or zone based). Standards are exceeded on review.
Maintaining a safe environment	Written standards in place to cover lifting, handling and transporting patients and maintaining security against crime. Standards are met 90% on review.	Central coordinator appointed with responsibility for crime prevention and "Hospital Watch" scheme. Standards are met 95% on review and used to identify opportunities for improvement.	"Option appraisal is undertaken in terms of requirements for security services. Standards are exceeded on review and used to support changes in practice.
Human Resources	Occupational health assessments carried out against job descriptions for new recruits.	Portering service manager directly involved in the development of new policies and procedures for portering services.	Portering service staff directly involved in the development of new policies and procedures for the portering service.
Training	All new staff trained (i) to comply with health and safety requirements; (2) in emergency incident procedures (e.g. fire) and (iii) politeness to patients and visitors.	In post training (including locally developed VQs or equivalent) available to all levels of staff. Emergency incident procedures rehearsed annually.	Staff appraisals undertaken annually and used to identify training requirements. Emergency incident procedures rehearsed twice a year.
Audit and Monitoring	Mechanism in place to audit policy and procedures together with agreed objectives/standards. Written procedures for complaints in place.	Policies and procedures, agreed objectives/ standards and complaints received are used to identify areas for improvement.	Audit and monitoring undertaken by independent "function", leading to changes in practice and improved performance against agreed objectives (year-on-year).

Facilities management
good practice guides

GUIDE NO 9: UNPLANNED ABSENCE

DH Department of Health

NHS Estates

Introduction

GOOD PRACTICE GUIDES

Good Practice Guides are designed to enable organisations to assess their current performance in comparison with others and to set goals for future improvements. All organisations should at least be achieving the minimum standards overleaf and should aspire to the better practice level. Services should aim to achieve a balance in performance. It is usually better to consolidate all elements at the good practice level rather than to excel at some features and fail at others.

This guide is one of a series focusing on organisational key issues as recommended within the European Foundation for Quality Management (EFQM) framework.

INTRODUCTION TO THE TOPIC

Absence from work due to sickness has long been recognised as a major issue. Sickness Absence can cost an individual NHS Trust up to £500,000 per annum in employers contributions and payments to locum and agency staff, while a 1993 IMS report identified several Trusts where the direct costs of absence were in excess of £1 million per year. Reports published in 1993 by the Industrial Society and the CBI concluded that employee absence in the NHS is higher that in most other sectors of the economy. In addition sickness absence is seen as largely unpredictable and therefore a threat to resource planning and the ability to deliver contracts on time and within budget.

Benchmarking is a change management tool designed for tackling key issues (of high opportunity or value) within an organisation. As one such key issue, sickness absence is an appropriate topic for attention through the benchmarking approach. With stress and workload being increasingly identified as a cause for a high proportion of sickness absence opportunities exist for improving the management of attendance leading to substantial cost savings and improved staff morale.

KEY ELEMENTS

1. Policies and Procedures
2. Information Strategy and Review
3. Communication
4. Absence Management
5. Strategy – Prevention
6. Strategy – Prohibitive
7. Role of Occupational Health

POSSIBLE PERFORMANCE INDICATORS

- Days lost to sickness and absence as a % of total working days available

- Cost of sickness and absence (total sick pay paid plus 25% on-costs to cover costs of employees NI, pensions and benefits)

- Reasons for absence individual

- Length of absence due to sickness – single day sickness, sickness below certificate requirements and long-term sickness

CRITICAL SUCCESS FACTORS

- Clearly defined policies covering all types of absence communicated to all staff

- Pre-employment screening

- Return to work interviews

- Regular monitoring – use of current information to manage absence

- Support mechanisms available to staff

- Appropriate use of disciplinary measures

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Policies and Procedures	Clearly defined policies in place covering all types of absence, outlining formal and structured reporting procedures and emphasising the importance placed on staff welfare and attendance. Reporting procedures for absence published to staff. All staff informed of any changes in policies and procedures. Targets set in line with trust objectives and performance against them reviewed.	Policies and procedures agreed with unions/staff groups or representatives. Demonstrate achievements of targets, results and progress widely circulated to staff. Staff consultative group to bi-annually review performance.	Policy focused on optimum attendance rather than absence. Targets exceeded results and progress widely circulated to staff. Regular review of policy and targets undertaken.
Roles and Responsibilities	Clearly defined policies in place covering all types of absence, outlining formal and structured reporting procedures and emphasising the importance placed on staff welfare and attendance Reporting procedures for absence published to staff. All staff informed of any changes in policies and procedures. Targets set in line with trust objectives and performance against them reviewed.	Policies and procedures agreed with unions/staff groups or representatives. Demonstrate achievements of targets, results and progress widely circulated to staff. Staff consultative group to bi-annually review performance.	Policy focused on optimum attendance rather than absence. Targets exceeded, results and progress widely circulated to staff. Regular review of policy and targets undertaken.
Communication and Co-ordination	All staff aware of expectations, support mechanisms and disciplinary procedures in place.	Information on sickness rates published to all staff on a regular basis.	Attendance forms part of overall organisational performance review.
Absence Management	First day reporting procedures in place. Managers maintain contact with all staff off sick.	Staff report to line manager for "return to work" interview and complete appropriate form for all absences due to sickness within 24 hours of returning to work. Support mechanisms (eg occupational health/counseling) available to all staff. Managers familiar with support mechanisms available.	Home visits for all staff following one week's absence. Home visits undertaken by departmental manager after one month. Staff seen by department manager after 3-month periods of absence during six months. Review period established for staff with persistent absence.

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Strategy – Preventative	All employees treated as individuals. Pre-employment screening undertaken. Absence records to be cross-checked from application form, reference and questionnaire. Former employee's absence records to be checked before employing. Basic health and safety training for all staff. Staff fully aware of organisational policies re: drug and alcohol abuse.	Appropriate health promotion initiatives undertaken (eg organsation wide no-smoking policy stress management courses, healthy eating, "well" woman/men clinics, a range of other health and fitness activities.) Monthly report of "work related" injurie4s used to highlight training requirements. Members of staff off sick due to accidents "retrained" before returning to work. Employment of appropriate staff to treat problems at source eg dedicated Occ. Health. Information published on the costs (money and quality) of absence to the organisation as a whole. Managers aware of the costs to the department they are responsible for).	Option appraisal undertaken on use of incentives for exemplary attendance. Option appraisal undertaken on the use of disincentives in improving attendance undertaken (eg less generous sick pay arrangements). Option appraisal undertaken for introduction of flexi time and annualised hours. Establishing powers of "special leave" considered eg for parents who need to stay at home with sick children.
Strategy – Prohibitive	Appropriate use of disciplinary procedures	Punitive measures related to capability – undertaken when abuse is an issue.	Appeal arrangements in place for all staff who feel they have been treated unfairly.
Role of Occupational Health	Certified occupational health doctor in position	Referral procedures in use by all heads of . department	Occupational health checks undertaken as merited.

Facilities management good practice guides

GUIDE NO 10: TELECOMMUNICATIONS (VOICE)

DH Department of Health

NHS Estates

Introduction

Good Practice Guides are designed to enable organisations to assess their current performance in comparison with others and to set goals for future improvements. All organisations should at least be achieving the minimum standards outlined overleaf and should aspire to the better practice level. Services should, however, aim to achieve a balance in performance. It is usually better to consolidate all elements at the good practice level rather than to excel at some features and fail in others. Organisations should also complete returns against the key performance indicators presented within the guide in order to establish a comprehensive picture of best value.

EFQM framework

This guide is integrated with the principles of the European Foundation of Quality Management (EFQM) framework. The EFQM framework is based on the premise that excellent results are achieved through the **enablers** of commitment, effective leadership, clear and realistic policies, good management of people and finance and the understanding and management of well defined processes.

SELF-ASSESSMENT

This good practice guide is based on the process of self-assessment. The EFQM definition of self-assessment is:

- self assessment is a comprehensive systematic and regular review of an organisation's activities and results;

- the self-assessment process allows the organisation to discern its strengths and areas in which improvements can be made and culminates in planned improvement activities which are monitored for progress.

TELECOMMUNICATION (VOICE) SERVICES

The provision of good-quality care and positive patient experience relies upon an appropriate quality environment. An effective voice telecommunication service enables efficient communication between all parties involved in the delivery of healthcare and provides the patient and their relatives the comfort of being able to speak to one another as and when required at minimum disruption to health care activity.

The main aim is to sustain the telecommunication system(s), together with their operation, in a condition that enables them to fulfil their "fitness for purpose" at optimum cost over time. Good telecommunication services should be reliable, efficient, provide a user friendly interface to the person making the communication, and take account of modern technology advancements.

ENABLING ACTIVITIES

1. Policy and procedures
2. Service development
3. Capability
4. Access
5. Performance management
6. Training
7. Value added services

RESULTS – KEY PERFORMANCE MEASURES

- Cost per m^2 for the telecommunication service | £ |

- Cost per outgoing call

- Average operator response time (seconds) in picking up new incoming calls

- % patients expressing satisfaction with the service

- % downtime of assets effecting operation

CRITICAL SUCCESS FACTORS

- Managers are visibly involved in the development and support of telecommunication services and act as champions

- Policies and procedures in place, reviewed and revised annually

- Roles and responsibilities of all staff clearly documented

- Quality standards developed for all duties and independent audit undertaken

- Training programmes based on performance review to highlight competencies and training requirements

- Programmes post-evaluated and reported upon

- Formal means of establishing customer satisfaction established

SCORING SYSTEM

The scoring system has been designed to enable users to develop their own action plan for improvement. For each activity a score for current and preferred performance can be made. For example, this method allows organisations to indicate that they recognise they have achieved or improved some of the elements within the standard but not yet achieved better practice levels.

The final step is to prioritise the change required between current and preferred performance. It therefore identifies the changes that need to take place immediately and those, which can wait. At the end of the process an organisation has an action plan which details what action they need to take in order to improve their performance.

Enabling Activities	Minimum Standard	Good Practice	Better Practice
Policy & procedures	Policy and procedures in place including clear objective and standards	Policy and procedures in place including clear objectives and standards developed by internal review. Objectives and standards published and readily available.	Policy and procedures regularly reviewed and agreed by customers (SLA) Targets exceeded. Results and progress widely circulated public.
Service Development	Consultation undertaken with service users to determine views on service requirements and how telecommunications service should be delivered. Information used to develop the telecommunications service.	Internal service review undertaken of the role and organisation of telecommunication services. Consideration given to national policy requirements. Information used to develop telecommunication services.	Regular critical review is undertaken to assess the scope for alternative working within emerging technology and information used to develop the service.
Capability	Assessment undertaken to determine current resources i.e. staffing, equipment network services etc. Arrangements in place to maintain continuity of service.	Arrangements in place to maintain continuity of service with regular testing Disaster recovery plan in place. Assessment of future service requirement in place.	Disaster recovery plan in place and regularly tested Business plan 3/5 years to meet future service requirements
Access	Internal telephone directory available, to all users. Basic entry in local telephone directory. Carry out survey against DDA and implement programme in line with time scales set.	Internal telephone directory available, to all users and regularly updated. Important direct dial numbers in local telephone directory. Carry out survey with client user groups against DDA.	Internal telephone directory available, to all users regularly updated and real time (intranet/internet). Important direct dial numbers in appropriate regional telephone directory. Implement recommendations of client user groups against DDA.
Performance Management	Written procedure for complaints in place. Benchmarking carried out. Cost and activity records available.	Complaints are used to identify improvements. Benchmarking used to identify areas for improvement.	User questionnaires are used to audit service quality. Benchmarking used to improve service delivery year on year. Use of mystery shopper quality of switchboard services.

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Enabling Activities	Minimum Standard	Good Practice	Better Practice
Training	All staff (including all contracted services) have access to information how to use the telephone and related systems. All staff receive basic customer awareness training.	All staff (including all contracted services) receive training on maximising the use of the telephone and related system. Staff receive additional customer service training appropriate to their role. Staff appraisal undertaken annually and used to identify requirements.	NVQ or similar accredited training available for appropriate staff. Training evaluated formally on completion to assess effectiveness.
Value Added Services	Establish a register of the activities undertaken through switchboard. Strategy in place. Protocols in place.	Publish protocols to users. Establish strategy for standardising systems.	Publish protocols to users. Establish strategy for standardising systems. Review of user requirements and emerging technologies.