

Harrogate Integrated Facilities Integrated Board Report



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

June 2022



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



Company Highlights During Quarter 1

What we have achieved so far for Q1...

- National Estates & Facilities Day took place on 15/06/22. Colleagues celebrated with food, raffles and quiz
- Herriot's complete refurbishment completed and re-opened on 25/04/22
- Health & Safety Consultant completed draft report and in the process of recruiting 3 new roles within Health & Safety
- Green Plan approved and actions commenced
- Environmental Health Officer conducted ad-hoc unannounced visit and successfully passed
- Successfully recruited to 2 x Catering Service Improvement Leads (9 month fixed term)
- Head of Estates and Catering Manager started in post on 25/04/22

More to achieved during Q1...

- Development of HIF Business Plan and IT Strategy (3 years)
- Training and implementation of Reset within Estates



Service Performance Update

HIF KPI 2022-23

| Service Area | KPI No | KPI Descriptor | Green | Amber | Red | | | | |
|--------------------|--------|--|-------|-----------|------|-----------------------------------|--------|--------|---|
| Service Area | KPINO | | Green | | Rea | Feb-22 | Mar-22 | Apr-22 | May-22 |
| | 1 | Staff Turnover (Headcount) | 10% | 10-15% | >15% | 14.99% | 16.61% | 18.78% | 18.78% |
| | 2 | Appraisal (YTD) | >75% | >74-50% | <49% | 60% | 54.70% | 50.65% | 46.91% |
| | 3 | Core Skill (YTD) | >90% | 89-60% | <60% | | | 65% | 74% |
| General | 4 | Absenteeism | <4.5% | 4.5-7% | >7% | 9.06% | 6.65% | 6.00% | 6.72% |
| | 5 | No of RIDDOR reportable | 1 | 2 | >=3 | 0 | 0 | 0 | 0 |
| | 6 | Contract wide formal complaints upheld (in month) | <2 | <3 | <6 | 0.00% | 0.00% | 0.00% | 0.00% |
| Estates Management | | Authorised Engineer (AE) Audits conducted at least annually as per schedule | | | | | | | |
| | 1 | Water | <12m | >12m <13m | >13m | To be reported from next month | <12m | <12m | Dec-21 |
| | 2 | Electrical | <12m | >12m <13m | >13m | To be reported from next month | <12m | <12m | Aug-21 |
| | 3 | Vent | <12m | >12m <13m | >13m | To be reported from next month | <12m | <12m | Dec-21 |
| | 4 | Medical Gas | <12m | >12m <13m | >13m | To be reported from next month | <12m | <12m | Aug-21 |
| | 5 | Decontamination | <12m | >12m <13m | >13m | To be reported from next month | <12m | <12m | Jun-21 |
| | 6 | Fire Safety | <12m | >12m <13m | >13m | To be reported from next month | | | Order in place. AE to visit site to carry o a detailed fire audit within the next 3 months. |
| | 7 | Lifts | <12m | >12m <13m | >13m | To be reported from next month | <12m | <12m | Jul-21 |
| | 8 | STATUTORY PPM Schedule achieved (in month) | >=95% | 90-94% | <90% | 79.87% | 30.88% | 89% | 95% |
| | 9 | MANDATORY PPM Schedule achieved (in month) | >=90% | 89-86% | <86% | 78.35% | 61.34% | 85% | 90% |
| | 10 | GENERAL PPM Schedule achieved (in month) | >=85% | 84-80% | >80% | 0% | 0% | 78% | Not released for 5 years plus. |
| Vaste Management | 1 | 5 year audit of clinical areas conducted | >=75% | 74-65% | <65% | To be reported from next month | | | 36% |
| | 2 | Fully completed and compliant Clinical Waste Consignment and Transfer Notes | >=90% | 90-80% | <80% | 100% | 87% | 100% | 100% |



Service Performance Update

HIF KPI 2022-23

| Service Area | KPI No | KPI Descriptor | Green | Amber | Red | Feb-22 | Mar-22 | Apr-22 | May-22 |
|-------------------------------|--------|--|---------|---------------|---------|---------|---------|------------|--|
| General Office | 1 | Provision of a General Office service from 9.00am-4.30pm Monday to Thursday. 9.00am to 4pm on Friday | PASS | N/A | FAIL | PASS | PASS | PASS | PASS |
| Helpdesk | 1 | Provision of help desk service from 8am-4pm Monday to Friday | PASS | N/A | FAIL | PASS | PASS | PASS | PASS |
| | 1 | Provision of monthly energy consumption report | PASS | N/A | FAIL | PASS | PASS | PASS | Energy tracker and usage report is available on the shared drive |
| Energy Management | 2 | Carbon Target (measured annually against previous year) | 0% | 1-5% increase | >5% | | | | This is to be reviewed in conjunction with Breathe. Update for next meet. |
| | 1 | STATUTORY PPM for external areas Schedule achieved (in month) | >=95% | 90-94% | <90% | | | | No PPM Scheduled. A planned maintenance programme is being developed which will be in place mid-July |
| Grounds Maintenance | 2 | MANDATORY PPM for external areas Schedule achieved (in month) | >=90% | 89-86% | <86% | Phase 2 | Phase 2 | Phase 2 | No PPM Scheduled. A planned maintenance programme is being developed which will be in place mid-July |
| | 3 | GENERAL PPM for external areas Schedule achieved (in month) | >=85% | 84-80% | >80% | | | | No PPM Scheduled. A planned maintenance programme is being developed which will be in place mid-July |
| | 1 | Average stock levels delivered (aggregate | <=92% | 91>=85 | <85 | 110% | 106% | 109% | 103% |
| Linen Service | 2 | Laundry Quality | >60% | >60-40% | <40% | 100% | 100% | 100% | 100% |
| | 3 | Linen Rejects | <=4% | >4%<=9% | >9% | 0.60% | 0.40% | 0.70% | 0.70% |
| | 1 | Achievement of EHO 5 star food safety rating (annual) | 5 Star | 4 star | <4 star | 5 star | 5 star | 5 star | 5 star |
| Catering Services | 2 | Achievement of food wastage target | <=10% | 11-14% | >=15%+ | 5.91% | 5.91% | 5.74% | 5.75% |
| | 3 | Achieve at least the national average PLACE score for Catering elements | PASS | | FAIL | 2019 | 2019 | 2019 | 2019 |
| Portering and courier service | 1 | Routine patient movement - average completion times completed within 35-50mins | 75-100% | 65-74% | >65% | 75-100% | 28 mins | 25.24 mins | 27.48 |
| ontering and council service | 2 | Items moves and routine task completion time - average completed within 120 mins | 75-100% | 65-74% | >65% | 75-100% | 54 mins | 50.4 mins | 58.09 |



Service Performance Update

HIF KPI 2022-23

| Service Area | KPI No | KPI Descriptor | Green | Amber | Red | Feb-22 | Mar-22 | Apr-22 | May-22 |
|---|--------|---|-------------------|---------------------|--------------------|---------|---------|---------|---------|
| - | 1 | Achieve National Specification of Cleanliness (NSC) score (FR2) | >=95% | 94-90% | <90% | 96.88% | 96.88% | 96.88% | 96.88% |
| Domestic services | 2 | Total number of deep clean requests (activity based target) | 500-750 | 751-900 | 901+ | 611 | 972 | 746 | 679 |
| | 3 | Average response time to deep clean requests (24/7) | <=60 mins | >60min-90min | >90mins | 83min | 74 mins | 67 mins | 67 mins |
| Car park and traffic management | 1 | Car parking permits issued within 15 working days (WD) (subject to waiting lists and over subscription) | <=15 WD | 15-18 WD | >=19WD | PASS | Pass | Pass | PASS |
| | 2 | Proximity cards issued within 15 working days (subject to waiting lists and over subscription) | <=15 WD | 15-18 WD | >=19WD | PASS | Pass | Pass | PASS |
| | 1 | Surgical instruments will be available for re-use: Theatres, DSU and on site clinics (non-critical) | 24 hours | 24-28 hours | >28 hours | PASS | PASS | PASS | PASS |
| | 2 | Surgical instruments will be available for re-use: Theatres critical (acute and trauma) | 12 working hours | 12-14 working hours | >14 working hours | PASS | PASS | PASS | PASS |
| | 3 | Surgical instruments will be available for re-use: Community clinics | 7 days | >7 <9 days | > 9 days | PASS | PASS | PASS | PASS |
| | 4 | Surgical instruments will be available for re-use: Flexible endoscopes | 2 working hours | >2 -2.5 | >2.5 working hours | PASS | PASS | PASS | PASS |
| Sterile services | 5 | Fast track | 4.5 working hours | >4.5 working hours | >5 working hours | PASS | PASS | PASS | 1 |
| | 6 | same as or above the compliance | >99.36% | =<99.36% | <99.15% | 99.67% | 99.67% | 99.89% | 99.80% |
| | 7 | ISO Class 8 | Class 8 | | Class 9 | Class 8 | Class 8 | Class 8 | Class 8 |
| | 8 | Devices used on patients are not missed of scanning to the sterilisation process | <3 | =>3 | >5 | 4 | 4 | 4 | 9 |
| | 9 | No unscheduled sharps are sent to service users | <1 | 1 | >1 | 1 | 1 | 0 | 0 |
| A Flexible endoscopes 2 working hours >2 -2.5 >2.5 working hours 2 Sterile services 5 Surgical instruments will be available for re-use: Fast track 4.5 working hours >4.5 working hours >5 working hours 1 6 The conformity compliance rate remains the same as or above the compliance >99.36% =<99.36% | 00:19 | 00:19 | | 00:16 | | | | | |
| | 2 | | <20 mins | >20 mins | >30 mins | 00:19 | 00:19 | | 00:06 |
| | 3 | | 2 | <2 | 0 | PASS | | | |
| Pest Control | 1 | Call-out response time | 72 hours | 72-96 hours | >96 hours | PASS | PASS | PASS | PASS |



Overview of Quarter 1

- Freedom Of Information (FOI) process fully established and process flowchart developed
- HIF Governance structure finalised and confirmed
- Risks of 9 or above have now been migrated to the Datix system
- Governance & Compliance workplan drafted and implemented
- HIF Policy register developed and working alongside Trust colleagues to implement new policy template and review programme
- PAM Reports for Estates, Domestics and Catering have been issued and assurance groups established to take forward actions
- Internal audit planning programme for 2022-23 confirmed and commenced from April 2022.



Internal Audit Actions and Plan for 2022-23

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

The HIF Internal Audit Programme for 2022-23 has been agreed and confirmed.

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

| Audit Topics |
|---|
| Contract Management |
| Scheme of Delegation Compliance |
| Catering Food Safety |
| Health and Safety |
| Waste Management / Recycling |
| Portering |
| Rostering (Health Roster) |
| Business Continuity |
| Governance |
| KPI & Reporting Management |
| - Facilities |
| - Estates |
| - Sterile Services Department & Medical Equipment |
| Library |





Risk Register

The Company continues to manage risk on a monthly basis at the Risk & Compliance Group. All risks scored at a level 9 or above (high risks) have now been migrated to the Datix software and are monitored alongside the Trust's risks.

| | D 1 | | | | Lead | |
|--|---|---|--|---|--|--|
| Risk Detail | Responsible Lead | Level | Service Yard | Poor condition of service yard, missus of area. Suitable controls required i.e. walkways and | xxxxxxxxx | 12 |
| Incorrectly segregated waste collected and | XXXXXXXXXXX | 12 | | | | |
| disposed off-site, leading to fines for HIF and HDFT | | | Serious Injury from Physical | Risk of serious injury from physical assault | **** | 12 |
| Following an internal review, there are various | XXXXXXXXXXX | 12 | Assault | | | |
| | | | Maternity Door | Potential for unobserved door release in | xxxxxxxxxx | 12 |
| , , | | | Release | maternity, if you were leaning over the desk to | | |
| | | | | operate door release button or tail gating | | |
| . . | | | | another person to exit unseen. | | |
| | | | Violence & | Risk of injury and/or harm to members of the | xxxxxxxxxxx | 12 |
| | XXXXXXXXXXXXXX | 12 | | | | |
| | | | 33 | | | |
| o | | | Food Allergens | | xxxxxxxxxx | 15 |
| • | | | U U | | | |
| • | | 12 | | Lack of use of recipes in kitchen areas and | | |
| • | | | | standardization of product | | |
| | | 16 | Kitchen | Kitchen equipment unitray trolleys, ovens and | xxxxxxxxx | 12 |
| C | | 10 | Equipment | unfit catering equipment | | |
| • | | | | | | |
| | | | Risk | Risk Detail | Responsible | Level |
| | | | | | Lead | |
| | | | Failure of aging | Risk of failing to meet statutory legislation | xxxxxxxxxxxxxxx | 20 |
| statutory / mandatory maintenance obligations. | | | Washer | | | |
| | | | Disinfectors | availability of sterile medical devices because | | |
| | | | | of inadequate WDs | | |
| | Incorrectly segregated waste collected and disposed off-site, leading to fines for HIF and HDFT | LeadIncorrectly segregated waste collected and disposed off-site, leading to fines for HIF and HDFTXXXXXXXXXXFollowing an internal review, there are various compliance areas such as fire, water quality and health and safety that need urgent improvement to minimise safety and quality risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXXNo Health and Safety/Fire Manger in place at a suitable level of authority, this is impinging on the organisation ability to meet the requirements under the H&S lawXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | LeadLeadIncorrectly segregated waste collected and disposed off-site, leading to fines for HIF and HDFTxxxxxxxxxx12Following an internal review, there are various compliance areas such as fire, water quality and health and safety that need urgent improvement to minimise safety and quality risks and ensure we align with our statutory / mandatory maintenance obligations.xxxxxxxxxxx12No Health and Safety/Fire Manger in place at a suitable level of authority, this is impinging on the organisation ability to meet the requirements under the H&S lawxxxxxxxxxxxx12Hot Water circulation temperatures are below to minimum required in HTM 04 "Safe Water in Healthcare Premises"xxxxxxxxxxxx12Following an internal review, there are various compliance areas such as fire, ventilation, water quality and health and safety that need urgent improvement to minimise safety and quality risks and ensure we align with ourxxxxxxxxxxxx12 | LeadService YardIncorrectly segregated waste collected and disposed off-site, leading to fines for HIF and HDFTXXXXXXXXXX12Following an internal review, there are various compliance areas such as fire, water quality and health and safety that need urgent improvement to minimise safety and quality risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXX12No Health and Safety/Fire Manger in place at a suitable level of authority, this is impinging on the organisation ability to meet the requirements under the H&S lawXXXXXXXXXXXX12Hot Water circulation temperatures are below the minimum required in HTM 04 "Safe Water in Healthcare Premises"XXXXXXXXXXXX12Following an internal review, there are various compliance areas such as fire, ventilation, water quality and health and safety that need urgent improvement to minimise safety and quality risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXX12Kitchen EquipmentKitchen EquipmentFollowing an internal review, there are various compliance areas such as fire, ventilation, water quality risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXX16Risk Failure of aging Washer | LeadPoor condition of service yard, missus of area. Suitable controls required i.e. walkways and signageIncorrectly segregated waste collected and disposed off-site, leading to fines for HIF and HDFTXXXXXXXXXX12Poor condition of service yard, missus of area. Suitable controls required i.e. walkways and signageFollowing an internal review, there are various compliance areas such as fire, water quality and health and safety that need urgent improvement to minimise safety and quality risks and ensure we align with our statutory / mandatory maintenance obligations.12Risk of serious injury from Physical AssaultNo Health and Safety/Fire Manger in place at a suitable level of authority, this is impinging on the organisation ability to meet the mediane merequirements under the H&S lawXXXXXXXXXXX12Hot Water circulation temperatures are below the minimum required in HTM 04 "Safe Water in Healthcare Premises"XXXXXXXXXXX12Following an internal review, there are various compliance areas such as fire, ventilation, water quality risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXX12Following an internal review, there are various compliance areas such as fire, ventilation, water quality risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXX16FiskRiskRisk of failing to meet statutory legislation (HTM Series) resulting in the insufficient availability of sterile medical devices because | LeadService YardPoor condition of service yard, missus of area. Suitable controls required i.e. walkways and signageXXXXXXXXXXIncorrectly segregated waste collected and disposed off-site, leading to fines for HIF and HDFTXXXXXXXXXXX12Following an internal review, there are various compliance areas such as fire, water quality risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXX12No Health and Safety/Fire Manger in place at a suitable level of authority, this is impinging on the organisation ability to meet the requirements under the H&S lawXXXXXXXXXXXX12Hot Water circulation temperatures are below the minimum required in HTM 04 "Safe Water in Health and safety that need urgent improvement to minimises afty and quality risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXXX12Kitchen equirements under the H&S lawXXXXXXXXXXXXX12Hot Water circulation temperatures are below urgent improvement to minimise safety and quality risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXXX12Kitchen equility risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXXX16Kitchen equipmentKitchen equility risks and ensure we align with our statutory / mandatory maintenance obligations.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |



A recent review of all the Company's policies (HIFauthored policies) has now taken place and the Policy Register has been developed detailing the current position.

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

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

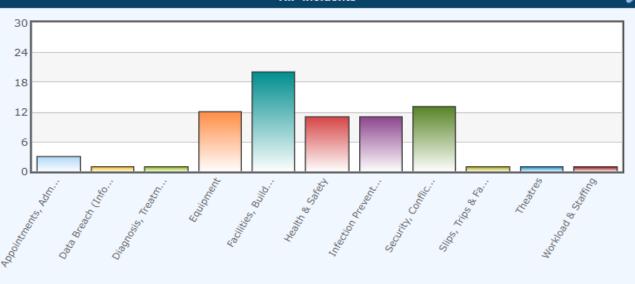
| HIF Policy Register | teamHDFT HARROGATE At our best HIF HARROGATE Taking Pride in our Services | Harrogate | and District Foundation Trust |
|-----------------------------|---|----------------|----------------------------------|
| DEPARTMENT/SERVICE | POLICY NAME/TITLE | REVIEW DATE | RAG RATING |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



Datix Incidents

The graphs and table highlight the position to date regarding the incidents recorded as HIF-related. The graph details the categorisation of incidents.

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



Category

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



Business Modernisation

| Achievements in Last Month | Focus for Next Month |
|--|---|
| Horizon Scanning on-going | Evaluation of Effectiveness Questionnaire from Domestic Department |
| Sign-up on the Staff Portal continues to be successful with 49 colleagues signed up so far | 'Back to Home' Project to continue |
| Bid No Bid template is live | Business Development Workshop to be held for Domestic Department |
| Electronic sign-up for newsletter is live on the website | English tutoring classes to be considered |
| SSD letters sent out to 144 podiatry practices | Outdoor Catering Project plan to be finalised and work commenced |
| | Promotion of HIF Meet The Directors due to take place on 30 August 2022 |
| | Continue to develop social media engagement |
| | Catering Charter to be launched |



Business Development

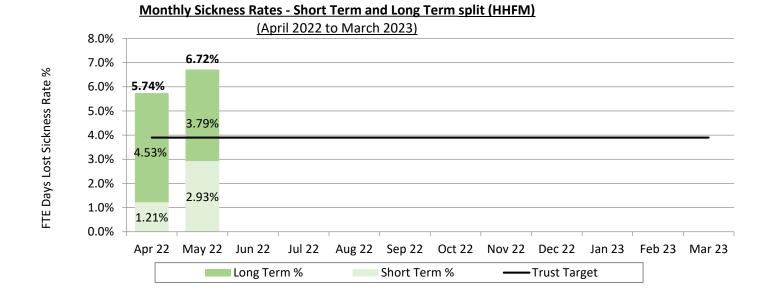
Key updates:

- Mork is on going to ensure Business Development is central and embedded within the company at all levels
- Social Media platforms are growing and engagement is increasing
- Sterile Services Department (SSD) potential new business continues to be scoped
- Business Case completed and under review for Outdoor Catering Services
- Continuous Horizon Scanning for potential new business opportunities
- Back to Home' Project is underway
- Catering Charter is due to launch
- 'Feed a Family for £5' Catering Project is being scoped
- Effectiveness Questionnaires and letters have been sent out to colleagues in the Domestic Team and a date for the workshop is being scoped



Absence

The HIF absence rate for May has seen an increase to 6.72%. Short-term sickness has increased from 1.21% to 2.93% and long term sickness has decreased from 4.53% to 3.79%. The absence rate is still considerably higher than the Trust target of 3.9% and the Trust actual percentage of

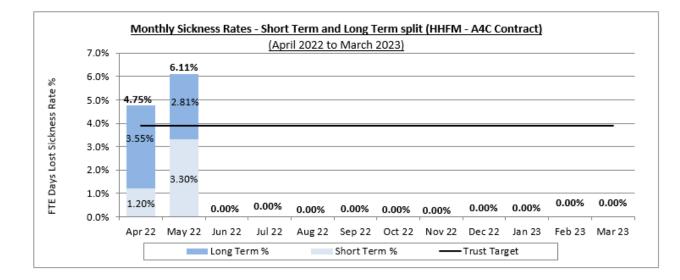




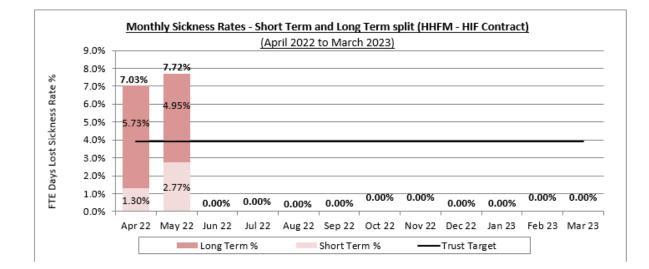
.1 Absence between A4C contracts and HIF Contracts of Employment

Comparing the absence rates between the two contracts short term sickness is higher for those on A4C contracts by 0.53% and long-term sickness is higher on the HIF contracts by 2.14%

| | A4C Contracts | HIF Contracts |
|--------------------|---------------|---------------|
| SHORT TERM ABSENCE | 3.30% | 2.77% |
| LONG TERM ABSENCE | 2.81% | 4.95% |
| OVERALL ABSENCE | 6.11% | 7.72% |







Absence Management

Long-term sickness absence is being proactively managed, however, 2 individuals who are adding to the long-term sickness figures had not had their COVID absence closed when they returned to work. The following staff are recorded as long-term sick in May

- 4 Domestics 3 have now returned to work.
- 5 Catering 2 absences not closed, 1 now returned to work
- 1 Estates Management (Admin)
- · 4 Sterile Services 1 has now left the organisation



1.2 Cost of Absence

| | Apr 22 | May 22 |
|----------------------|---------|---------|
| Directorate Total | £29,553 | £34,692 |
| A4C Contract | £12,261 | £15,062 |
| HIF Contract | £17,291 | £19,630 |

1.4 Absence Reasons

| S25 Gastrointestinal problems 16 16 88.36 15.83% S10 Anxiety/stress/depression/other psychiatric illnesses 3 3 66.00 11.82% S99 Unknown causes / Not specified 14 16 65.73 11.78% S98 Other known causes - not elsewhere classified 10 10 34.31 6.15% S23 Eye problems 1 1 31.00 5.55% 519 Heart, cardiac & circulatory problems 2 2 24.00 4.30% S30 Pregnancy related disorders 1 1 24.00 4.30% 528 Injury, fracture 2 2 19.00 3.40% S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% | Absence Reason | Headcount | # Episodes | FTE Days Lost | % of Overall Sickness |
|--|---|-----------|---------------|------------------|-----------------------------|
| S25 Gastrointestinal problems 16 16 88.36 15.83% S10 Anxiety/stress/depression/other psychiatric illnesses 3 3 66.00 11.82% S99 Unknown causes / Not specified 14 16 65.73 11.78% S98 Other known causes - not elsewhere classified 10 10 34.31 6.15% S23 Eye problems 1 1 31.00 5.55% S19 Heart, cardiac & circulatory problems 2 2 24.00 4.30% S30 Pregnancy related disorders 1 1 24.00 4.30% S28 Injury, fracture 2 2 19.00 3.40% S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S11 Back Problems 1 1 2.00 0.36% S12 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.60 0.11% S22 Dental and oral problems 1 | | | | | |
| S10 Anxiety/stress/depression/other psychiatric illnesses 3 3 66.00 11.82% S99 Unknown causes / Not specified 14 16 65.73 11.78% S98 Other known causes - not elsewhere classified 10 10 34.31 6.15% S23 Eye problems 1 1 31.00 5.55% S19 Heart, cardiac & circulatory problems 2 2 24.00 4.30% S30 Pregnancy related disorders 1 1 24.00 4.30% S28 Injury, fracture 2 2 19.00 3.40% S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S11 Back Problems 1 1 2.00 0.36% S12 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.60 0.11% S22 Dental and oral problems 1 1 0.60 0.11% | S15 Chest & respiratory problems | 12 | 12 | 185.30 | 33.20% |
| S99 Unknown causes / Not specified 14 16 65.73 11.78% S98 Other known causes - not elsewhere classified 10 10 34.31 6.15% S23 Eye problems 1 1 31.00 5.55% S19 Heart, cardiac & circulatory problems 2 2 24.00 4.30% S30 Pregnancy related disorders 1 1 24.00 4.30% S28 Injury, fracture 2 2 19.00 3.40% S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S13 Cold, Cough, Flu - Influenza 1 1 2.00 0.36% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S25 Gastrointestinal problems | 16 | 16 | 88.36 | 15.83% |
| S98 Other known causes - not elsewhere classified 10 10 34.31 6.15% S23 Eye problems 1 1 31.00 5.55% S19 Heart, cardiac & circulatory problems 2 2 24.00 4.30% S30 Pregnancy related disorders 1 1 24.00 4.30% S28 Injury, fracture 2 2 19.00 3.40% S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S11 Back Problems 1 1 2.00 0.36% S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S10 Anxiety/stress/depression/other psychiatric illnesses | 3 | 3 | 66.00 | 11.82% |
| S23 Eye problems 1 1 31.00 5.55% S19 Heart, cardiac & circulatory problems 2 2 24.00 4.30% S30 Pregnancy related disorders 1 1 24.00 4.30% S30 Pregnancy related disorders 1 1 24.00 4.30% S28 Injury, fracture 2 2 19.00 3.40% S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S11 Back Problems 1 1 2.00 0.36% S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S99 Unknown causes / Not specified | 14 | 16 | 65.73 | 11.78% |
| S19 Heart, cardiac & circulatory problems 2 2 24.00 4.30% S30 Pregnancy related disorders 1 1 24.00 4.30% S28 Injury, fracture 2 2 19.00 3.40% S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S11 Back Problems 1 1 2.00 0.36% S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S98 Other known causes - not elsewhere classified | 10 | 10 | 34.31 | 6.15% |
| S30 Pregnancy related disorders 1 1 24.00 4.30% S28 Injury, fracture 2 2 19.00 3.40% S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S11 Back Problems 1 1 2.00 0.36% S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S23 Eye problems | 1 | 1 | 31.00 | 5.55% |
| S28 Injury, fracture 2 2 19.00 3.40% S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S11 Back Problems 1 1 2.00 0.36% S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S19 Heart, cardiac & circulatory problems | 2 | 2 | 24.00 | 4.30% |
| S12 Other musculoskeletal problems 3 3 11.00 1.97% S16 Headache / migraine 6 6 4.35 0.78% S11 Back Problems 1 1 2.00 0.36% S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S30 Pregnancy related disorders | 1 | 1 | 24.00 | 4.30% |
| S16 Headache / migraine 6 6 4.35 0.78% S11 Back Problems 1 1 2.00 0.36% S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S28 Injury, fracture | 2 | 2 | 19.00 | 3.40% |
| S11 Back Problems 1 1 2.00 0.36% S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S12 Other musculoskeletal problems | 3 | 3 | 11.00 | 1.97% |
| S13 Cold, Cough, Flu - Influenza 1 1 1.87 0.33% S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S16 Headache / migraine | 6 | 6 | 4.35 | 0.78% |
| S21 Ear, nose, throat (ENT) 1 1 0.69 0.12% S22 Dental and oral problems 1 1 0.60 0.11% | S11 Back Problems | 1 | 1 | 2.00 | 0.36% |
| S22 Dental and oral problems 1 1 0.60 0.11% | S13 Cold, Cough, Flu - Influenza | 1 | 1 | 1.87 | 0.33% |
| | S21 Ear, nose, throat (ENT) | 1 | 1 | 0.69 | 0.12% |
| 74 76 558.21 | S22 Dental and oral problems | 1 | 1 | 0.60 | 0.11% |
| | | 74 | 76 | 558.21 | |



2.ER cases REDACTED

3.0 Staff Turnover

Staff Turnover for the past year has risen to 18.78% in comparison to the Trust which stands at 15.67%

| DEPARTMENT | Average Headcount | Avg FTE | Leavers Headcount | Leavers FTE | LTR Headcount % | LTR FTE % |
|---------------------------------------|----------------------|---------|----------------------|----------------|-----------------------|--------------|
| HHFM Administration | 4 | 3.29 | 3 | 2.57 | 75.00% | 78.30% |
| HHFM Board of Directors | 3 | 2.50 | 0 | 0.00 | 0.00% | 0.00% |
| HHFM Car Parking - Other | 3 | 2.00 | 0 | 0.00 | 0.00% | 0.00% |
| HHFM Catering H.D.H. | 52 | 43.63 | 8 | 6.50 | 15.38% | 14.90% |
| HHFM Coffee Shop | 3 | 2.82 | 1 | 0.64 | 33.33% | 22.70% |
| HHFM Domestics - H.D.H. | 101 | 82.19 | 15 | 10.76 | 14.85% | 13.09% |
| HHFM Domestics - YDU | 1 | 0.50 | 0 | 0.00 | 0.00% | 0.00% |
| HHFM Engineering Staff | 22 | 21.05 | 5 | 4.10 | 23.26% | 19.48% |
| HHFM Estates Management | 10 | 8.90 | 2 | 2.00 | 20.00% | 22.47% |
| HHFM Fire Precaution | 1 | 1.00 | 1 | 1.00 | 100.00% | 100.009 |
| HHFM Healthcare Waste Management Team | 5 | 4.50 | 1 | 1.00 | 22.22% | 22.22% |
| HHFM Hotel Services Management | 6 | 5.80 | 1 | 1.00 | 16.67% | 17.24% |
| HHFM Linen Services | 5 | 3.12 | 0 | 0.00 | 0.00% | 0.00% |
| HHFM Management Team | 3 | 2.45 | 0 | 0.00 | 0.00% | 0.00% |
| HHFM Medical Equipment Library | 3 | 2.00 | 1 | 1.00 | 40.00% | 50.00% |
| HHFM Portering Services | 45 | 43.40 | 8 | 6.32 | 17.78% | 14.56% |
| HHFM Ripon Hotel Services | 8 | 6.00 | 0 | 0.00 | 0.00% | 0.00% |
| HHFM Sterile Services | 33 | 29.91 | 10 | 9.80 | 30.30% | 32.77% |
| HHFM Transport <u>Exs</u> , | 4 | 3.50 | 0 | 0.00 | 0.00% | 0.00% |



4.0 Appraisals

4.1 Appraisal rate has dropped this month to 46.81% across HIF departments under 50% completion are listed below;

| DEPARTMENT | Assignments Appraised | Number of Assignments | % Appraised |
|---------------------------------------|--------------------------|--------------------------|-------------|
| HHFM DIRECTORATE | 144 | 307 | 46.91% |
| HHFM Administration | 1 | 5 | 20.00% |
| HHFM Board of Directors | 0 | 3 | 0.00% |
| HHFM Car Parking - Other | 1 | 3 | 33.33% |
| HHFM Catering H.D.H. | 5 | 51 | 9.80% |
| HHFM Coffee Shop | 0 | 3 | 0.00% |
| HHFM Engineering Staff | 1 | 16 | 6.25% |
| HHFM Estates Management | 0 | 6 | 0.00% |
| HHFM Fire Precaution | 0 | 1 | 0.00% |
| HHFM Healthcare Waste Management Team | 1 | 4 | 25.00% |
| HHFM Hotel Services Management | 0 | 5 | 0.00% |
| HHFM Linen Services | 0 | 5 | 0.00% |
| HHFM Portering Services | 5 | 42 | 11.90% |
| HHFM Transport Exs. | 2 | 8 | 25.00% |



5.0 Statutory and Mandatory Training

The overall compliance for HIF has risen to 74% 3853 individual sessions required and 1000 not achieved.

| Department | Assignment Count | Non-Compliant | Percentage Compliant |
|---|---------------------|---------------|-------------------------|
| 421 Level 4 HHFM Coffee Shop | 3 | 30 | 19% |
| 421 Level 4 HHFM Domestics - YDU | 1 | 8 | 39% |
| 421 Level 4 HHFM Catering H.D.H. | 53 | 356 | 479 |
| 421 Level 4 HHFM Board of Directors | 4 | 24 | 549 |
| 421 Level 4 HHFM Estates Management | 8 | 45 | 63% |
| 421 Level 4 HHFM Portering Services | 57 | 371 | 63% |
| 421 Level 4 HHFM Domestics - H.D.H. | 109 | 476 | 70% |
| 421 Level 4 HHFM Medical Equipment Library | 5 | 23 | 739 |
| 421 Level 4 HHFM Hotel Services Management | 5 | 20 | 739 |
| 421 Level 4 HHFM Engineering Staff | 21 | 43 | 839 |
| 421 Level 4 HHFM Management Team | 2 | 3 | 869 |
| 421 Level 4 HHFM Healthcare Waste Management Team | 5 | 8 | 879 |
| 421 Level 4 HHFM Linen Services | 5 | 5 | 909 |
| 421 Level 4 HHFM Sterile Services | 31 | 42 | 909 |
| 421 Level 4 HHFM Ripon Hotel Services | 8 | 9 | 919 |
| 421 Level 4 HHFM Car Parking - Other | 3 | 2 | 939 |
| 421 Level 4 HHFM Administration | 9 | 6 | 939 |

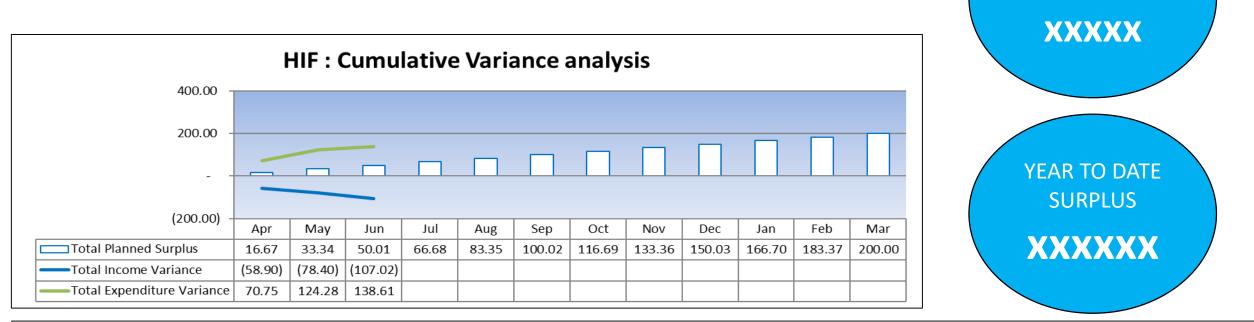


Financial Information HIF Board Report May 2022

Author: Katie Laurence Date: 06th June 2022

Summary Position

Summary table redacted



CASH BALANCE

FEB 22

Summary points included in the May report:

- In May HIF reported a surplus of **xxxxxx** which takes the year to date position to **xxxxx** surplus, ahead of plan by **xxxxxx**.
- The non NHS income related to car parking, dining room and coffee shop improved in May compared to April, however year to date the shortfall is already **xxxxxx** behind the planned level.
- Pay expenditure has increased in month, partly due to bank holiday payments and partly due to an accrual that has been added for the pending pay award. The contract income was inflated for this in April as part of annual planning process.
- Non pay continues to underspend against budget however it is worth noting that the energy & utility budgets are currently phased in equal 12ths which isn't reflective of the pattern of usage across the colder period. This will be revised for month 3.

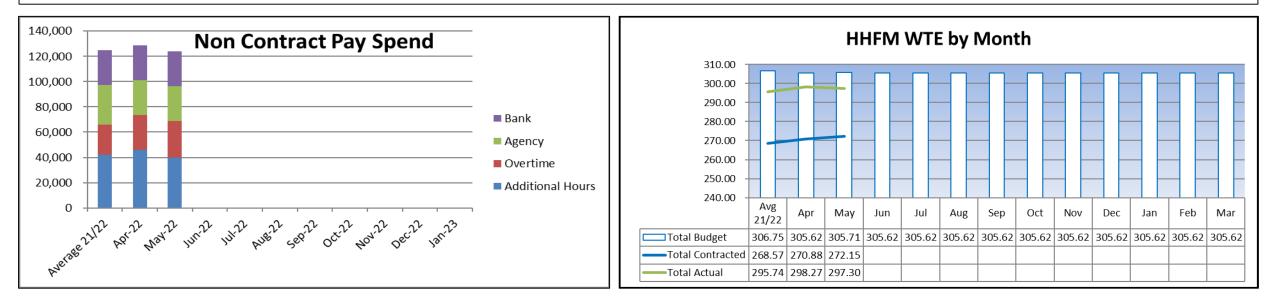
Financial position - workforce

| | HIF | | | | | | | | | | | |
|---------------------|------------------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| | Average 21/22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | YTD |
| Contracted | 624,039 | 624,945 | 658,178 | | | | | | | | | 1,283,124 |
| Additional Hours | 42,001 | 46,025 | 39,719 | | | | | | | | | 85,743 |
| Pay Award Accrual | -5,861 | 0 | 50,832 | | | | | | | | | 50,832 |
| Overtime | 23,915 | 27,680 | 28,955 | | | | | | | | | 56,635 |
| Agency | 31,620 | 27,554 | 27,519 | | | | | | | | | 55,073 |
| Bank | 27,397 | 27,666 | 27,587 | | | | | | | | | 55,253 |
| Apprenticeship Levy | 3,116 | 3,343 | 3,232 | | | | | | | | | 6,575 |
| Total | 746,227 | 757,213 | 836,022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,593,235 |

<u>MAY 2022</u>

• The overall pay bill in May has increased compared to April, this is mainly due to the accrual that has been added in for the pending pay award. It is worth noting that the contract income was inflated for this in April. There were also bank holiday payments made in May that will account for an increased spend.

- The continued use of non contract spend is a result of vacancies and continued high sickness levels across hotel services particularly. Agency spend has continued to increase in the last 3-4 months.
- The Actual WTE has also remained comparable to the average outturn from last year with the continued gap between budgeted establishment and contracted in post at circa 30 WTE.



Non-pay expenditure

Table redacted

- Non pay budget lines underspent by **xxxx** in month 2 a similar run rate to month 1.
- At least 50% of the CIP has now been actioned and is reflected in the numbers shown here.
- The estates contracts overspend has continued from 21/22 against engineering lines and continues to be a pressure each month.
- The energy budget lines include an additional xxxxx annual equivalent funding for price inflation which is currently phased in 12ths in this position which isn't reflective of the pattern of spend through the colder months. The aim is to have this corrected for month 3.
- Additional resource was also added in to the xxxxxx maintenance contract line for additional 3rd party spend that hasn't come through as yet, this will be monitored going forward.

HIF Efficiency programme – 22/23

- The CIP target for HIF in 22/23 is £785,500 this is based on the agreed HDFT contract efficiency values for 22/23 and the roll over from 21/22 that hasn't been recurrently allocated.
- 50% of this target has now been actioned and is reflected in the May reported budget lines.

| 22/23 COST EFFICIENCY PROGRAMME | | | | | | | | | | |
|---------------------------------|-----------------|----------------|----------|------------|--------|------|---------|-------------|------|--|
| Risk I | | | | | | | | Risk Adj | | |
| Summary | Target | Not Identified | Actioned | Low | Medium | High | Total | Risk Adjust | %age | |
| Harrogate Integrated Facilities | 785,500 | 1,700 | 391,800 | 392,000 | 0 | 0 | 783,800 | 764,200 | 97% | |
| | % age of target | 0% | 50% | 50% | 0% | 0% | | - | - | |

• The remaining 50% has been identified as low risk and I will be working with the identified leads to get these transacted.

| | _ | VARIANCE BY SERVICE AREA | | | | | | |
|---------|-------------------|--|---------------|--------|---------|--------|--------|--------------------------|
| 391,800 | | 43,802 | -12,831 | 0 | 30,971 | | | |
| TOTAL | | | RECURRENT OR | | | | | |
| SAVINGS | MGT LEAD | SUMMARY OF CIP BY SERVICE AREA | NON RECURRENT | Apr-22 | May-22 | Jun-22 | Ytd 23 | Comments |
| 141,100 | ANGIE GILLET | Balance of 21/22 cost pressure funding | Recurrent | 24,467 | -10,217 | | 14,250 | |
| 100,000 | ANDYCOLWELL | Waste budget efficiencies | Recurrent | 15,287 | -2,745 | | 12,542 | |
| 45,000 | DEAN HARKER | Wetherby Road Accommodation Income | Recurrent | -239 | -9,252 | | -9,491 | New mattresses purchased |
| 17,000 | CLARE ILLINGWORTH | Various schemes | Recurrent | 4,287 | 9,383 | | 13,670 | |
| 88,700 | ANGIE GILLET | Accounting benefit from 21/22 | Non Recurrent | 0 | 0 | | 0 | |
| | | | | | | | 0 | |

• The table above shows the financial performance for each area where CIP has been actioned so far, all of which remain underspent apart from the accommodation area.