

Harrogate Integrated Facilities Integrated Board Report February 2024

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

Company Highlights For Quarter 4

What's happening and achievements for Quarter 4...

- Work commenced for development of the Catering Strategy 2024-27
- Project team for the National Healthcare Estates and Facilities Day for 2024 established
- Business Continuity tabletop exercise taken place and update of BCP's underway
- Water safety audit complete and action plan developed
- Deep clean programme agreed with IPC and Theatres
- Catering equipment and environment work underway
- New suppliers confirmed for cold drinks and sandwiches for Bistro, Herriot's and patients
- BSI re-accreditation and external assurance audit for instrument cleaning for SSD
- HIF attendance at the Governors Briefing on 6th February
- Developed colleague welcome handbook and established new HIF induction process (commencing on 19th February)
- New exit questionnaire developed to assist in assessing turnover rates

Service Performance Update – Our Key Performance Indicators (KPI)

Q4 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red	Performance	
						Dec-23	Jan-24
General	1	Staff Turnover (Headcount)	10%	10-15%	>15%	19.50%	19.34%
	2	Appraisal (YTD)	>75%	>74-50%	<49%	87.70%	83.33%
	3	Core Skill (YTD)	>90%	89-60%	<60%	90%	90%
	4	Absenteeism	<4.5%	4.5-7%	>7%	7.73%	8.69%
Estates Management		Authorised Engineer (AE) Audits conducted at least annually as per schedule					
	1	Water	<12m	>12m <13m	>13m	Jul-23	Jan-24
	2	Electrical	<12m	>12m <13m	>13m	Jun-23	Jun-23
	3	Vent	<12m	>12m <13m	>13m	Jan-23	Feb-24
	4	Medical Gas	<12m	>12m <13m	>13m	Oct-23	Oct-23
	5	Decontamination	<12m	>12m <13m	>13m	Sep-23	Sep-23
	6	Fire Safety	<12m	>12m <13m	>13m	Expected in April 2024	Expected in April 2024
	7	Lifts	<12m	>12m <13m	>13m	Jan-24	Jan-24
	8	STATUTORY PPM Schedule achieved (in month)	>=95%	90-94%	<90%	95.10%	95.00%
	9	MANDATORY PPM Schedule achieved (in month)	>=90%	89-86%	<86%	86.30%	90.00%
10	GENERAL PPM Schedule achieved (in month)	>=85%	84-80%	>80%	97.00%	90.00%	

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

Service Performance Update – Our Key Performance Indicators (KPI)

Q4 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red	2023		2024	
						Dec-23	Jan-24	Jul-23	Jan-24
Waste Management	1	Pre Acceptance Audit Annual	100				Jul-23	Jul-23	
	2	DGSA Audit Annual	100			Sep-23	Sep-23		
	3	Continuous Auditing of Clinical Areas	100	90-80%	<80%	Auditing recommenced Aug-23 on a 3 weekly rota		Auditing recommenced Aug-23 on a 3 weekly rota	
	4	Fully completed and compliant Clinical Waste Consignment and Transfer Notes	>=90%	90-80%	<80%	100	100		
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		
Helpdesk	1	Provision of help desk service from 8am-4pm Monday to Friday	PASS	N/A	FAIL	PASS	PASS		
Energy Management	1	Provision of monthly energy consumption report	PASS	N/A	FAIL	PASS	PASS		
	2	Carbon Target (measured annually against previous year)	0%	1-5% increase	>5%	PASS	PASS		
Grounds Maintenance	1	STATUTORY PPM for external areas Schedule achieved (in month)	>=95%	90-94%	<90%	PPM programme uploaded to Micad. KPI data to be reported from March '24		PPM programme uploaded to Micad. KPI data to be reported from March '24	
	2	MANDATORY PPM for external areas Schedule achieved (in month)	>=90%	89-86%	<86%	PPM programme uploaded to Micad. KPI data to be reported from March '24		PPM programme uploaded to Micad. KPI data to be reported from March '24	
	3	GENERAL PPM for external areas Schedule achieved (in month)	>=85%	84-80%	>80%	PPM programme uploaded to Micad. KPI data to be reported from March '24		PPM programme uploaded to Micad. KPI data to be reported from March '24	

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

Service Performance Update – Our Key Performance Indicators (KPI)

Q4 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red	Performance	
						Dec-23	Jan-24
Linen Service	1	Average stock levels delivered (aggregate monthly)	<=92%	91>=85	<85	92%	96%
	2	Laundry Quality (based on checking 700 pieces per week)				94.96%	94.43%
	3	Linen Rejects	<=4%	>4%<=9%	>9%	0.24%	0.18%
Catering Services	1	Achievement of EHO 5 star food safety rating (annual)	5 Star	4 star	<4 star	4 star	4 star
	2	Achievement of food wastage target	<=10%	11-14%	>=15%+	7.03%	6.24%
Portering and courier service	1	Routine patient movement - average completion times completed within 35-50mins	85-100%	65-84%	>65%	88%	85%
	2	Items moves and routine task completion time - average completed within 120 mins	85-100%	65-84%	>65%	96%	97%
Domestic services	1	Achieve National Specification of Cleanliness (NSC) score (FR2)	>=95%	94-90%	<90%	98.54%	98.13%
	2	Total number of deep clean requests (activity based target)	500-750	751-900	901+	619	712
	3	Average response time to deep clean requests (24/7)	<=60 mins	>60min-90min	>90mins	41	43
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
	2	Proximity cards issued within 15 working days (subject to waiting lists and over subscription)	<=15 WD	15-18 WD	>=19WD	PASS	PASS

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

Service Performance Update – Our Key Performance Indicators (KPI)

Q4 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Dec-23	Jan-24
Sterile services	1	Surgical instruments will be available for re-use: Theatres, DSU and on site clinics (non-critical)	24 hours	24-28 hours	>28 hours		PASS	PASS
	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
	3	Surgical instruments will be available for re-use: Community clinics	7 days	>7 <9 days	> 9 days		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
	5	Surgical instruments will be available for re-use: Fast track	4.5 working hours	>4.5 working hours	>5 working hours		PASS	PASS
	6	The conformity compliance rate remains the same as or above the compliance	>99.36%	=<99.36%	<99.15%		99.91%	99.99%
	7	The inspection and packing room conforms to ISO Class 8	Class 8		Class 9		Class 8	Class 8
	8	Devices used on patients are not missed of scanning to the sterilisation process	<3	=>3	>5		0	0
	9	No unscheduled sharps are sent to service users	<1	1	>1		1	1
Medical devices and equipment library	1	All medical device deliveries not requested as urgent will be delivered within an hour daily	<1 hour	1 hour	>1 hr		00:12	0.11mins
	2	All medical device deliveries requested as urgent will be delivered within 20 minutes daily	<20 mins	>20 mins	>30 mins		PASS	PASS
	3	Wards and departments (16 in total) will be checked and equipment collected twice daily	2	<2	0		PASS	PASS
Pest Control	1	Call-out response time	72 hours	72-96 hours	>96 hours		Pass	Pass

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

HIF Risks

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

The level 12 and above risks are tabled in **the next slides**. There are currently **4** high risks identified for February 2024.

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

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

From February 2024, it was agreed that all previous Estates risks in relation to HDFT infrastructure, assets and environment would be reported and owned by the Trust. HIF will work closely with the Trust to ensure that action plans are developed and delivered to support these risks.

Facilities

	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT /HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Date of completion	Datix ID
Facilities	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Courier fleet vehicles	Courier fleet are 4 years out of contract and vehicles failing. Currently using five hire vehicles. Exceeding allocated budget.	Portering & Logistics Manager	Joint	15	12	4	<ul style="list-style-type: none"> Hiring replacement vehicles and regular maintenance Reviewing current contract and looking at new contract . Awaiting quote Looking for a new contract to replace all vehicles Contract in place and new vehicles 	<ul style="list-style-type: none"> Ongoing March 2024 March 2024 August 2024 	266
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Security, Violence & Aggression	Security, Violence & Aggression risk to HDFT/HIF colleagues from patients/visitors.	Security and Car Park Manager	Joint	20	15	6	<ul style="list-style-type: none"> Security guards in place in A&E and Goods Yard Car Park attendants in place in all car parks on HDH site ACS accreditation for security industry authority Xxxxx introduced as security support (7 nights a week) Recruitment of staff following consultation xxxxxxx to commence on site Developing and implementing a V&A training package 	<ul style="list-style-type: none"> Ongoing Ongoing Ongoing August 2023 September 2023 September/October 2023 January/February 2024 	263
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	EHO Rating & Kitchen Environment	October 2023 EHO visit resulted in a downgrade from 5* to 4* - Due to structural issues (floors and walls) not being in good condition. Compromising food safety and hygienic conditions.	Catering Manager	Joint	15	15	4	<ul style="list-style-type: none"> Capital Funding required to resolve long standing degradation of the environment. Immediate remedial works being undertaken from emergency funding HIF Estates and Catering working in project team to address concerns EHO invited to Catering department to discuss the plans and re-inspection Specialised Water and drainage required and specialised contractor work to progress 	<ul style="list-style-type: none"> Unknown – dependent on Trust funding Ongoing February 2024 March 2024 	276

Risks – Corporate

	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Date of completion	Datix ID
Corporate	Strategic Theme No. 1 Being Well managed and Financially Sound	Company Financial Position	Risk to Company financial sustainability and Inability to meet budget	Quality & Governance Lead	HIF	15	12	9	<ul style="list-style-type: none"> Regular review with divisional accountant Budget planning process Dedicated CIP Planning sessions Business Planning sessions for 2024/25 Ensure all budget holders have financial training Reduce/zero agency spend 	<ul style="list-style-type: none"> Ongoing Ongoing Ongoing From August 2023 Ongoing Ongoing 	273

Trust Corporate Risks

From October 2023, the HIF IBR will detail all Trusts' risks scored at a level 12 or above (as presented at the Trust Executive Risk Review Group) that directly affect or impact HIF. The next slides will highlight these for February:

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	November Rating	December Rating	Target Rating	Target Date
CRR75: CHS1 Health and Safety	An Environment that promotes wellbeing	CHS1 - Identification and Management of risk There is a risk of incidents arising and a risk of failure of compliance with legislative requirements due to a failure to make a suitable and sufficient assessment of the risks to the health and safety of employees, patients and others.	16	12	12	8	March 24
Key Risk Indicators		Current Position	Controls and Plans to be implemented				
<ol style="list-style-type: none"> Suitable and sufficient assessments of risk (Completed for all Trust / HIF activities) Identification and assessment of Hazards (completed) Replacement of the existing SALUS risk management system, to ensure all have access to the relevant risk assessments. Sufficient compliance of contractors Completion of Environmental Audits 		<p>The suitability of SALUS H&S folders results in the assessments not meeting legislative requirements and do not reflect current practices or relevant guidance.</p> <p>A new system (EVOTIX) is to be introduced. A draft Implementation pack and project timeline has been produced.</p> <p>All hazards not being identified and subsequently assessed, and therefore the Trust / HIF is failing to ensure suitable measure are being taken to protect the health and safety of its employees, patients and others who come in to contact with our activities. New Risk Assessment templates created by H&S Team, now being used to create appropriate risk control and generate new content to be utilised on new system</p> <p>Extensive work now being carried out with multiple Departments / Wards / HIF teams to generate new risk assessments.</p> <p>New Risk Assessment templates created by H&S Team, now being used to create appropriate risk control and generate new content to be utilised on new system.</p> <p>Current Position remains with work ongoing on the creation of new RA's across HDFT</p>	<p>Temporary control measure are being introduced for current risk assessments.</p> <p>Business case being developed for the purchase of EVOTIX (approx. cost is 23k annually) and awaiting confirmation of cost based on 250 users – 250 users will be £28,957.75 (first year), initial 5 year term</p> <ul style="list-style-type: none"> Initial risk assessment meetings have been held 51 teams across the 3 clinical directorates, which will then have follow up meetings to review draft assessments (Dec/Jan) <p>This will be extended to Corporate teams in Jan/Feb 2024</p>				

Trust Corporate Risks

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	November Rating	December Rating	Target Rating	Target Date
CRR75: CHS2 Health and Safety	An Environment that promotes wellbeing	<p>CHS2: HDH Goods yard</p> <p>Organisational risk major injuries, fatality, or permanent disability to employees, patients and others, in addition to failure to comply with legislative requirements and the unauthorised access of persons to restricted areas as a result of the improper use of the goods yard (including the unauthorised access of persons to restricted areas)</p>	16	12	12	8	April 24
Key Risk Indicators	Current Position	Controls and Plans to implemented					
<p>Board level lead for Health and Safety</p> <p>Annual Audit programme for Health and Safety</p> <p>Health & Safety Committee</p>	<p>Risk assessment completed for the goods yard.</p> <p>Temporary measures have been implemented:</p> <p>Security guard (Mon-Fri 8am – 6pm)</p> <p>Temporary heras fenced walkway to access Pharmacy lift and stairwell.</p> <p>Instruction to all Trust staff made via email and Team talk.</p> <p>Use of his-vis clothing for those that need to routinely access the yard as part of their duties.</p> <p>Review of storage of bikes in hospital buildings has been completed</p> <p>Instruction to contractors that the yard area is not to be used as a car park, delivery drop off / collection only.</p> <p>Loading bay entrance remains unsecure 24/7 as doors do not close.</p> <p>Particular security issue on an evening / during the night when staff presence is limited and access remains open to patients and others.</p> <p>New pedestrian crossing markings provided July 2023 at entrance to goods yard / car park</p> <ul style="list-style-type: none"> Recent incident involving T3 security guard and member of HDFT staff, has led to urgent review of provision within the Goods Yard. New communications to be shared with all HDFT staff re; use of the goods yard 	<p>Capital investment will be required to implement all control measures identified within the risk assessment. With plans to include this in backlog maintenance work.</p> <p>Discussions with Medical Gases Group / Pharmacy over non-conformity of physical barriers and controls in place for protection of the liquid oxygen store. Additional work will need to be included in costs for Goods Yard improvements</p> <p>Risk assessment is to be reviewed every quarter reporting to H&S committee</p> <p>Review of access arrangements for catering entrance.</p> <p>Review of waste segregating and disposal</p> <p>Updates following meeting with waste AE: a new waste management group is to be established to assist the process</p> <p>Backlog Maintenance consultation and introduction as packages of work</p>					

Trust Corporate Risks

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	November Rating	December Rating	Target Rating	Target Date
CRR75: CHS3 Health and Safety	An Environment that promotes wellbeing	CHS3: Managing the risk of injury from fire Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality, or permanent disability to employees, patients and others, and the unauthorised access of persons to restricted areas of the hospital through the loading bay entrance.	20	15	15	10	March 24
Key Risk Indicators	Current Position	Controls and Plans to implemented					
Updated Fire Safety Policy and associated management protocols	Fire risk assessments are not currently available for all areas of HDH	Review of all current fire safety provisions					
Completion of fire assessments	Fire safety measures <u>have been identified</u> and are in the process of being implemented fully, of these fire compartmentation and fire door safety measures are inadequate.	Review of HDH fire compartmentation <u>being carried out</u> , to result in action plan for required remedial work.					
Appointment of competent Fire Manager and Authorising Engineer	There is no clear picture of the Fire safety standards in properties leased by the Trust	Production of evacuation plans and training on evacuation. Mott MacDonald have produced a Fire and Life Safety Strategy Report – <u>this details</u> a number of urgent issues which require remedial action. To separate fire risk in to individual risk entries – General Fire (RA's/ <u>Evac Plans/Training</u>), Fire Alarm System, Fire strategy for HD site, including compartmentation/fire doors/remedial work to fire dampers.					
Completion of assessments	As part of Backlog Maintenance report – HDH site Fire Alarm system has been identified as being in need of urgent investment, Protec have provided a quotation in excess of £1.6m to replace the existing fire system	These <u>will be added to the H&S Risk Register and escalated where appropriate. Work on this will be reported via the Fire Safety Group/H&S Committee/Environment Board.</u>					
Implementation of fire procedures and policies	Review of all compartmentation and fire doors at HDH. With an action plan in place to carry out identified remedial work.	Costs for the remedial work for compartmentation, fire doors and fire dampers are being obtained - Initial fire door remedial work to take place in medical records, due to high risk nature of the area, using existing 23/24 backlog funds – approx. £15k					
Communication of fire procedures to all employee	New Fire Policy and Fire Management Procedures in place.	Meeting with Operations Directors to add clinical risk priority to Backlog Maintenance paper					
Audits and reviews of the above conditions at appropriate intervals.	SLA with Leeds Teaching Hospitals NHS Trust (LHT) <u>is fully implemented</u> . Mark Cox attending site weekly to carry out a range of activities (including review of all fire risk assessments, review of fire strategy in relation to current construction work, delivery of ad hoc training)	Recommendations of the Fire Authority being actioned					
	Fire safety group established with monthly meetings, this provides actions from all risk assessments. The group will monitor the actions and escalate actions through the health and safety committee.	Meetings to be held with clinical teams to progress the creation of suitable evacuation plans					
	Following two fire incidents fire reviews indicated all measures were in place. Chubb have now taken over maintenance and replacement of fire-fighting equipment to address previous failure to ensure <u>12 month</u> checks are completed.						

Trust Corporate Risks

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	November Rating	December Rating	Target Rating	Target Date
CRR75: CHSS Health and Safety	An Environment that promotes wellbeing	Violence and aggression against staff: Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality or permanent disability to employees due to the failure to manage the risk of staff being subjected to acts of violence and aggression whilst carrying out normal duties, due to lack of suitable control measures and appropriate training.	16	16	16	8	Sept 24
Key Targets	Current Position	Controls and Plans to implemented					
<p>Suitable and sufficient assessments of risk Trust / HIF activities.</p> <p>Supported by up to date policies that reflect the activities carried out by the Trust and the geographical differences created.</p> <p>Risk assessments, policies and control measures actively monitored and reviewed.</p> <p>Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.</p> <p>Provision of appropriate training and information to all Trust staff clinical and non-clinical.</p>	<ul style="list-style-type: none"> Current policies for Violence & Aggression, Security and Lone Working are out of date and do not reflect the current makeup of the Trust, the services it provides, locations and resources. Risk assessments, where available, are generic and do not provide clear identification of hazard or control measures. Security presence in the Acute setting is limited - Security guard in place on ED 6pm - 6am, currently single LSMS supporting entire Community footprint. Training is limited and is not currently provided to staff on a risk based approach. Conflict Resolution (Breakaway Skills) training provided to approximately 220 staff Escalation procedures for staff in response to incidents and the procedures to follow when dealing with patients is limited and not consistently applied. Reports on a daily basis of incidents of violence and aggression against staff across the Trust, both physical and verbal (20-30 Datix reports per month). Trust supports and promotes a zero tolerance approach to V&A, however there is a culture of accepted levels. Trust Security Forum in place – now reports directly to the Trust H&S Committee Ligature assessment and training scheduled 	<ul style="list-style-type: none"> Task and Finish group established (led by Head of H&S and HON LTUC) – broad remit to review all existing policies, procedures and implement improvements where required. Phase 1 work reviewing managing Patients who may self-harm / those suffering with mental health issues. New policy- in draft New environmental assessments and creation of green spaces to allow safe areas for patients and staff (complete in Farndale and Oakdale) – to be continued across Acute setting Provision of ligature training Increase in provision of Breakaway Skills training to staff based on risk. Mandatory elearning Conflict Resolution training for all HDFT staff Visits to all Community teams/locations to identify current security, lone working procedures Phase 2 work for Task and Finish group has started – looking at the management of patients with dementia/delirium Business case for resource to increase Conflict Resolution – Breakaway Skills training 					

Trust Corporate Risks

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	November Rating	December Rating	Target Rating	Target Date
CRR75: CHS8 Health and Safety	An Environment that promotes wellbeing	CHS8: Organisational risk to compliance with legislative and NHSE requirements, with the risk of major injuries, fatalities, or permanent disability to employees, patients and others, due to the failure to manage the risk associated with RAAC roofing.	16	16	16	8	March 24
Key Targets	Current Position	Controls and Plans to implemented					
Structural inspection / surveying	The HDH sit <u>has been surveyed</u> by WSP and an identification and deflection survey is <u>on going</u> . Some temporary safety measures have been implemented to support the roof. Areas of immediate action have been identified and at <u>risk</u> areas have also been identified. (ALL initial RAAC emergency work is complete)	To undertake and annual survey of every plank; or more frequently as advised by your structural engineer					
Health & Safety Committee surveying and ultimately to record plank condition	Funding of £490k secured from NHSE for 22/23, which will cover costs already incurred, surveying and remedial work being carried out. Additional bid made for 23/24	Be part of a communications approach led by NHS England, cognisant of: SCOSS Guidance; Duty of Candour, and duties under the Health and Safety at Work etc. Act 1974 Strategic plan in place to identify remedial action needed, with <u>long term plan</u> to eliminate RAAC from site by 2035.					
Results from Regular progress reports to board and sub committees of the current position on RAAC Plans and the Risks	Responses from community landlords are being received (reminder email sent by Director of Strategy)- Data Collection Questionnaire for NHSE has been completed and sent	Task group to <u>be established</u> , via Environment Board. Head of Estates and Head of H&S to lead – initial discussions with EPRR manager held					
	The trust is expecting to hear about the funding arrangements imminently	Business Case <u>being developed</u> to implement RAAC eradication plan, including additional funding from NHSE – intention is to incorporate backlog maintenance work where possible. Work to carried out includes temporary stalls, netting and a scaffold crash deck in addition to relocation of services					
	Year 1 report indicates increased likelihood of a panel collapse – assessment of risk of collapse vs risk of harm cancelling clinical services in those areas required	Year 1 Report now received from WSP – analysis shows significant areas of remedial work required. Further meetings with WSP to identify course of action					
	B3 Corridor (<u>Farnedale</u> to ITU) has had significant water ingress – increasing likelihood of panel collapse	Year 1 Report now received from WSP – analysis shows significant areas of remedial work required. Further meetings with WSP to identify course of action					
	Relocation of teams and services are being implemented and monitored through fortnightly meetings.						

Trust Corporate Risks

CQC CARING DOMAIN									
<p>People are always treated with kindness, empathy, and compassion. They are supported to live as independently as possible. Their privacy and dignity are respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. Kindness, compassion and dignity - We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.</p> <ul style="list-style-type: none"> • Treating people as individuals - We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics. • Independence, choice and control - We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing. • Responding to people's immediate needs - We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress. • Workforce wellbeing and enablement - We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care. 									
Lead Committee	Quality Committee: People and Culture (Workforce Risk)	Risk Type	Clinical	Workforce	Risk Appetite	Cautious			
Executive Committee	Quality Management Group (QMG) (Clinical) Workforce Committee (Workforce)	<p>Summary in Month: This area of the Corporate Risk Register is linked to the Caring Domain. Currently there is 1 Corporate Risk within this Domain. The impact of COVID and Operational Pressures on workforce wellbeing (previously wellbeing of staff). CRR6 was reduced to 12 in October, the risk is to remain on the corporate risk register and target score adjusted to 8. The reduced score is to reflect the positive performance against the KRI. The panel noted the possibility of winter pressures affecting the performance in the coming months.</p>							
Initial Date of Assessment	1 st July 2022								
Last Reviewed	December 2023								
Corporate Risk ID	Strategic Ambition	Principle Risk: The impact of Covid and Operational Pressures on Workforce Wellbeing Risk to patient care and safety due to potential impact of staffing levels, including the impact of current/future strike action and increased reliance on agency workers. Potential for lower colleague engagement due to increased workload, post pandemic burn-out and poor working environment. Risk of: • potential increase in lapses in delivery of safe and effective care to patients and service users • both short and long term mental and physical health impacts on staff			Initial Rating	November Rating	December Rating	Target Rating	Target Date
CRR6: The impact of Covid and Operational Pressures on Workforce Wellbeing	At Our Best – Making HDFT the Best Place to Work				12	12	12	8	March 2024
Key Targets	Current Position	Controls and Plans to implemented							
The conditions that need to be in place: • The right numbers of competent and qualified colleagues present and fit to work in the workplace. • Colleagues having the right environment/equipment/tools to enable them to fulfil their roles effectively. • Colleagues feeling valued and appreciated for the work they are doing. Metrics to be considered: Staff Engagement – Survey Scores (Benchmark Group Acute & Community Trusts) Turnover Sickness Appraisals Vacancy rate	Staff Engagement – The scores for staff engagement over kindness, teamwork, integrity and kindness are higher than the benchmark for a third continuous month Turnover - Turnover (Target 12%) Turnover Rate has reduced to 13.16% at the end of October. The Trust has seen a decreasing trend since October 2022. (This incorporates voluntary and involuntary turnover). Sickness - Target 3.9% - Sickness has seen a small decrease in November, from 5.34% to 5.03%. • Anxiety/stress/depression/other psychiatric illnesses" remains the top reason for sickness this month and contributes to under a third of the overall sickness. The sickness rate due to this reason has decreased from 1.57% last month to 1.47% in November. Appraisals - Target 90%. The appraisal rate in November is 83.44%, which is a small increase of 2.31% compared to the previous month. Vacancy Rate (Target 7%) The Trust's vacancy rate in November is 4.85%, which is a decrease compared to last month, which was 5.85%. Mandatory training – The overall compliance rate for substantive staff in November is 90%, which is an increase from 89% last month and is now compliant against the target,	Staff Engagement - All Directorates instructed to achieve 90% Appraisal compliance – completed appraisal numbers have increased significantly. Turnover - Work underway to develop career pathways, utilising the apprenticeship levy as a major lever for affecting improvements. Review of National Long Term Workforce Plan and implementation actions, in collaboration with HEIs Retention Group formed as a sub-group of Looking After Our People & Belonging – developing career conversation tool/process and new starter survey process. Equality & Diversity and Inclusion work plan in place to reduce workplace inequalities and increase inclusion. Financial support on travel and lunch Sickness – Stress audit underway, fair and just culture project, health and wellbeing activity Sickness absence policy and procedures in place and line managers actively supported by the Operational HR Team in managing this. HR is also considering the policy and Staffside for further review and samples from other Trusts shared with Staffside. Appraisals - Each Directorate working to achieve 90% compliance with staff appraisals Vacancy rate-Workforce planning, international recruitment, agile working policies, increase in apprenticeships							

Trust Corporate Risks

USE OF RESOURCES						
Use of resources area Key lines of enquiry (KLOEs)						
<ul style="list-style-type: none"> Clinical services - How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit? People - How effectively is the trust using its workforce to maximise patient benefit and provide high quality care? Clinical support services - How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients? Corporate services, procurement, estates and facilities - How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients? Finance - How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients? 						
Lead Committee	Resource Committee	Risk Type	Financial	Workforce	Operational	Risk Appetite Cautious
Executive Committee	Operational Management Committee (OMG)	Summary in Month: This area of the Corporate Risk Register is linked to the Use of Resources Domain. Currently 2 Corporate Risks are link to this domain. Agency Usage (CRR71) has been reviewed, the risk relates to not meeting the ICB target for agency spend. We are aiming to reduce the spend to meet the target over the FY. If the plans suggested are implemented the spend will reduce, however if the spend is not reduced the possibility of between 100k-1m of overspend on agency is likely. The reduction in score is not to reflect the reduction in risk; it is reflecting the refinement of the risk with further context.				
Initial Date of Assessment	1 st July 2022	Underlying Financial risk (CRR76) is a High Level risk scoring 15. CRR86 has been amalgamated with CRR76 and has therefore been removed from the CRR.				
Last Reviewed	December 23					
Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	November Rating	December Rating	Target Rating Target Date
CRR 71: Agency Usage	Overarching	Agency Usage - If the trust continues to incur premium costs for staffing where vacancies exist, there is a risk it will exceed the agency price cap for the financial year the consequences for this will be breach of regulations, and a negative impact on the overall financial position.	15	12	12	9 March 24
Key Targets	Current Position	Controls and Plans to implemented				
1. Monthly agency ceiling performance – expectation that agency spend will be below 3.7% of pay bill - £740k per month 2. Performance against 2019/20 Agency expenditure (£4.9m FY). The Trust should target reducing to this level plus inflation. 3. Monthly price cap compliance	ICB Target 657k Trust Target 468k Required to meet ICB target 536k Average of actual spend 743k 1. The Trust has spent less than the Trust target (£468k per month). – Month 8 spend in month was, £544k. This is an improvement from month 7, which was £670k. 2. The Trust is currently spending in excess of the 2019/20 pro-rata agency spend – YTD £5.7m against 2019/20 £3.7m pro rated 3. The Trust is now reporting performance to NHSE on a monthly basis.	1.Review at directorate resource review sessions 2.Substantive recruitment as per other risks 3.Nursing oversight to be embedded 4.Medical e-rostering to be implemented during 2023/24 5.Target levels of agency compliance based on monthly return to be developed				
The Trust will not be able to deliver the 19/20 rate of expenditure plan, however with continued focus on reducing agency spend for the remainder of the year the trust will be able to deliver the ICB ceiling target.						

Trust Corporate Risks

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	November Rating	December Rating	Target Rating	Target Date
CRR 76: Underlying Financial Position	Overarching	If the current in year performance continues as is, the trust will continue to increase its YTD deficit and therefore not reach its projected breakeven position. Over the longer term, this will result in the overall financial position of the trust being effected, which will affect the financial standing of the trust.	20	15	15	5	March 24
Key Targets	Current Position	Controls and Plans to implemented					
1. Monthly financial reporting – Break even operational plan	The Trust remains dependant on non-recurrent funding to achieve a breakeven position. Pressures relate to non-recurrent funding sources supporting the operational position of the Trust, the impacts of capital charges following an increased capital programme, and the impact of inflation on non-pay. Inflation is affecting many areas, there is also an underlying issue with drug expenditure.	1. Continued discussions with ICB regarding underlying position – NHSE submission expected late summer					
2. NHSE productivity analysis	In year performance in 2023/24 is currently not at the levels anticipated, and therefore the risk scoring below remains at 15. Pressures in year related to –	2. Recovery plans at directorate level – see appendix					
3. Agency Expenditure	<ul style="list-style-type: none"> Performance against the efficiency requirement for the Trust Use of temporary, premium rate staffing Inflation above the levels outlined above and within planning Strike costs Drug expenditure, again above the levels described above. 						
4. Cash position	<p>The above assumes a funded pay award for all staff and a recurrent delivery of CIP – both are risks within directorate risk registers. It is also expected that ERF funding is achieved, again a risk to the Trust.</p> <p>The above pressures have been mitigated as part of the 2023/24 planning round, and the Trust is therefore receiving funding in the short/medium term for this.</p> <p>Currently reporting a deficit position of £3.9m.</p> <p>NHSE productivity analysis outlines the Trust being below the median against 2019/20 productivity levels, as measured by NHSE. Month 12 2022/23 is 12.6% against ICB at 8.6% and region at 11.3%.</p> <p>See agency risk</p> <p>Whilst cash remains positive, the deficit position is having an impact. Cash has reduced by £22m since March 23.</p> <p>The Trust is still expected to deliver the planned surplus, 6m however based on current run rate it without any recovery plans it would result in £6m deficit.</p>						

Quality, Performance and Standards

Internal Audit Actions and Plan for 2023-24 and 2024-25

The HIF Internal Audit Programme for 2023-24 is as follows:

- **Cash Handling Procedures**
- **Contract Management/xxxxxxx**
- **Catering**
- **Porters**
- **Governance and Risk**

There majority of audits have now taken place with the remaining Catering audit scheduled to take place this month.

In October/November 2023, HIF have received a 'limited assurance' for a Porterage audit and an action plan has been developed with work underway.

A draft, provisional HIF Internal Audit Programme for 2024-25 has been identified as below and the timescales will be confirmed shortly.

- **Biometric system/e-rostering**
- **Car Park**
- **Governance**
- **Cleaning**
- **Portering Follow Up**

Quality, Performance and Standards

PolicyStat and Datix Update

PolicyStat

The new PolicyStat system is now live for all teamHDFT colleagues to access. The system is a platform for all policies, Standard Operating Procedures (SOPs) and protocols to be available and accessible to all colleagues. Work is underway for the update of all HIF HR policies.

DCIQ

DCIQ including Events, Claims, Feedback, Risks, Safety Learning & Mortality Review modules are currently being re-baselined and forecast for going 'live' date has rescheduled as **April 2024**. HIF colleagues are working closely with the Trust and their project teams to ensure HIF requirements are reflected in the new system. HIF are currently underway with the transfer of risks from Datix to DCIQ.

Our 'HIF Datix Champions' are established and attending project team meetings in time for the introduction of DCIQ.

Quality, Performance and Standards

Freedom of Information (FOI) and Patient Experience Team Feedback

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

The FOI process has been working successfully and having one point of contact has ensured that the FOI's are actioned and replied to within the required timeframes.

Patient Experience Team (PET) queries

The process and protocol to replying to comments, concerns and feedback via the Patient Experience Team (PET) to HIF has now been formalised. All feedback is shared to the Quality & Governance Lead who manages and responds (if required). The theme of the majority of complaints for January/February has been regarding the implementation of the new visitor/patient car parking arrangements.

HIF colleagues have been working closely with PET and developed an FAQ document to support these queries. This has been extremely positive and helped streamline the process.

Workforce Performance Report

February 2024

Based on January 2024 data

Looking after
our people

Belonging
in the NHS

Growing for
the future

New ways of
working and
delivering care

Workforce Performance Indicators

KPI	Jan 22	Jan 23	Dec 23	Jan 24	Target	Performance against Target	Difference to Last Month	Difference to Last Year
Staff Turnover Rate (Rolling 12 months)	14.15%	24.35%	19.50%	19.34%	10%	● 9.34%	● -0.16%	● -5.01%
% staff leaving within the first year (excl fixed term contracts)	23.77%	37.29%	24.83%	22.72%	10%	● 12.72%	● -2.12%	● -14.58%
Stability Index (Rolling 12 months)	86.54%	78.43%	81.58%	81.76%	90%	● -8.24%	● 0.18%	● 3.33%
Sickness Rate (monthly)	9.03%	6.10%	7.73%	8.69%	4.5%	● 4.19%	● 0.96%	● 2.59%
Appraisal Rate (Rolling 12 months)	55.22%	16.61%	87.70%	83.33%	75%	● 8.33%	● -4.37%	● 66.72%
Mandatory Training (Rolling 12 months)	75.00%	86.00%	90.00%	90.00%	60%	● 30.00%	● 0.00%	● 4.00%
Vacancy Rate	9.91%	12.87%	8.25%	6.98%	13.1%	● -6.12%	● -1.26%	● -5.89%

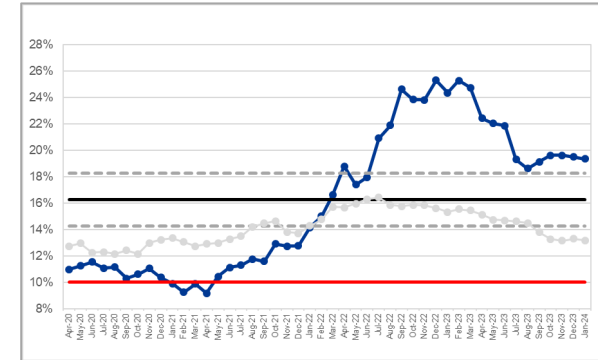
Executive Summary

- Turnover has remained at a relatively stable position since October and is 19.34% in January, which is a small decrease from 19.50% last month.
- The turnover rate of those within the first year of service is 22.72% in January, which is a small decrease from 24.83% last month.
- The stability index is 81.76%, which remains at a similar level compared to last month which was 81.58%.
- Sickness rates have seen a further great increase in January from 7.73% to 8.69%.
- Short term sickness has increased from 3.16% to 4.88%, however long term sickness has decreased from 4.57% to 3.82%.
- The appraisal rate has decreased by 4.37% in January and is 83.33%.
- The training data shown is for the Mandatory training compliance for the end of January. The overall compliance rate for substantive staff in HIF is 90% and is compliant against the target of 60%.
- The vacancy rate in January is 6.98%, which is a decrease compared to last month's vacancy rate of 8.25%. This equates to 22.56wte vacancies.
- All metrics for January 2022 have seen improvement compared to the previous month, with the exception of sickness and appraisal rates.

SPC Charts Key

Commentary

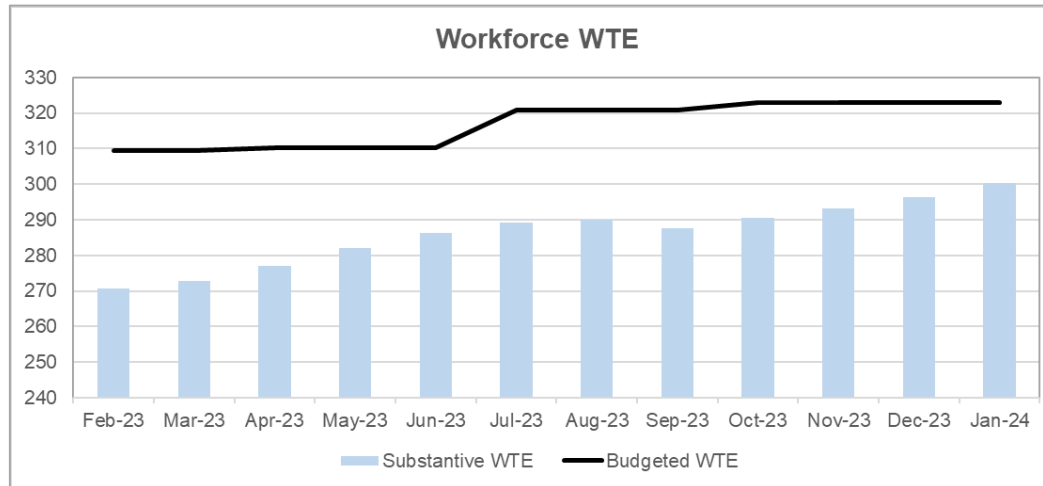
- The Workforce Performance Report includes SPC charts for each of the metrics.
- The key below demonstrates what each of the lines represent.
- The graph to the right shows an example SPC chart for reference against the key.



KEY

- **Value** – The dark blue line with the circle marker denotes the value of the metric for the HIF company.
- **HIF Mean** – The black line denotes the average value of the metric for the entire timeframe.
- **LCL** – The ‘Lower Control Limit’ denotes the lower boundary for expected deviation in the metric.
- **UCL** – The ‘Upper Control Limit’ denotes the upper boundary for expected deviation in the metric.
- **Target** – The red line denotes the target of the metric for the HIF company.
- **Trust** – The grey line with the circle marker denoted the value of the metric for the HDFT Trust as a comparison.

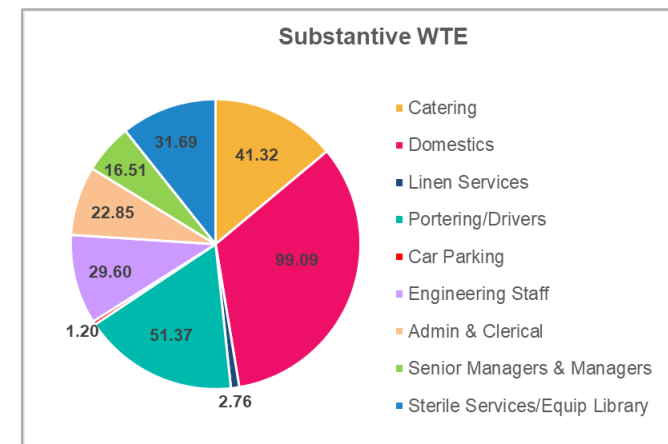
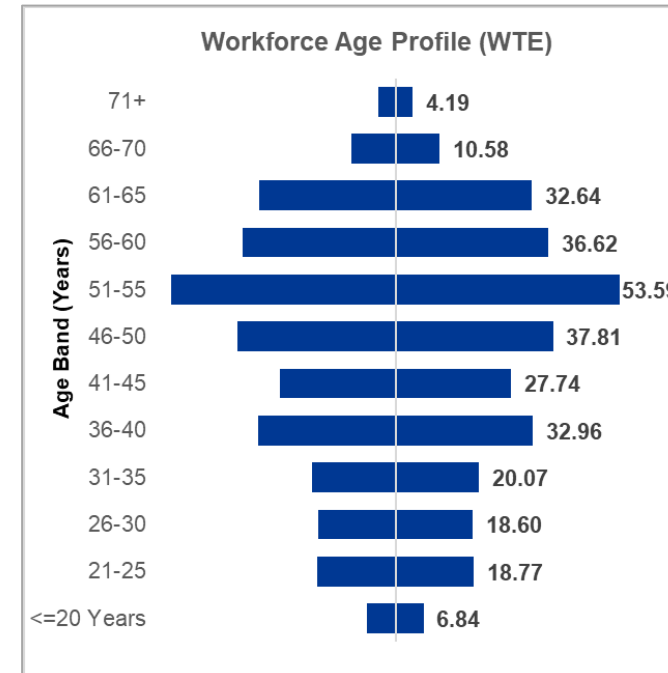
1. Total Workforce



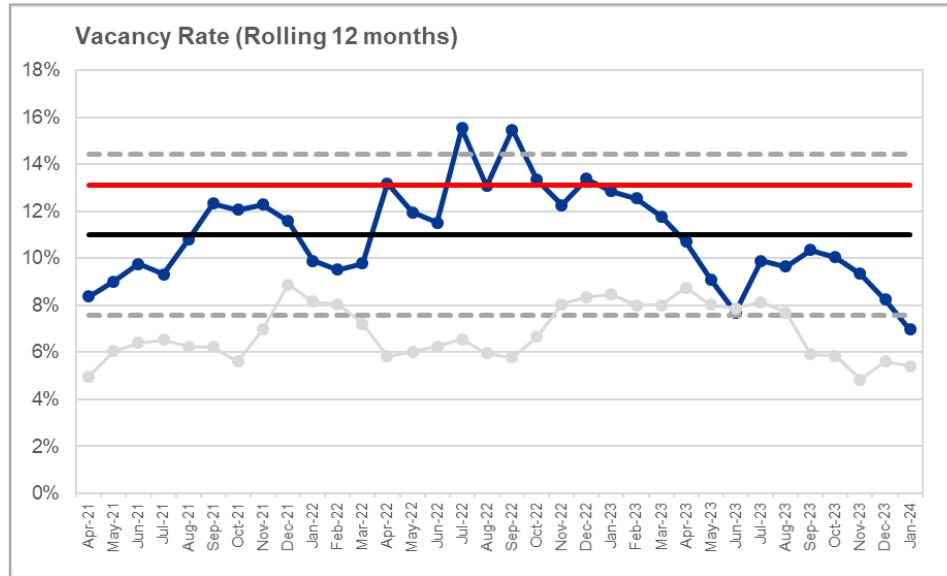
Workforce Indicator	Budget WTE	Substantive WTE	Difference WTE
Workforce Total	322.95	300.39	22.56
AfC Contract		94.92	
HIF Contract		172.26	
Hybrid Contract		33.21	

Commentary

- The organisation has seen a further small growth in January from 296.31wte to 300.39wte.
- 11% of the substantive workforce are now on a Hybrid contract.
- 15.8% of the workforce are aged 61 and over.



2. Vacancies

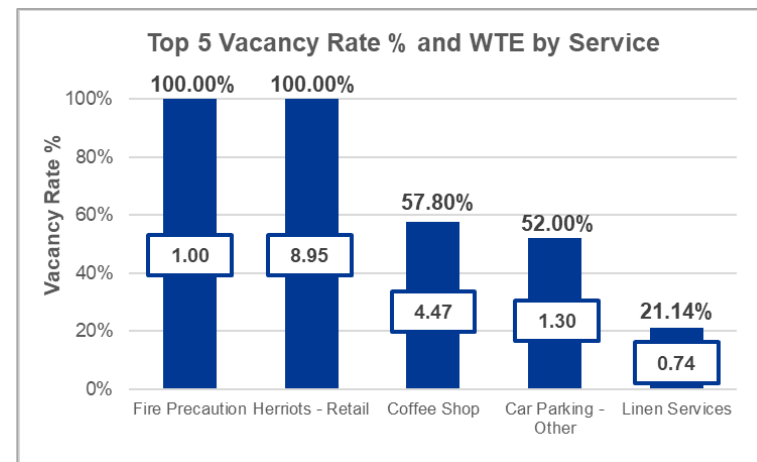


Workforce Indicator	Vacancy Rate	Vacancies WTE	Pipeline WTE
Vacancies	6.98%	22.56	5.46

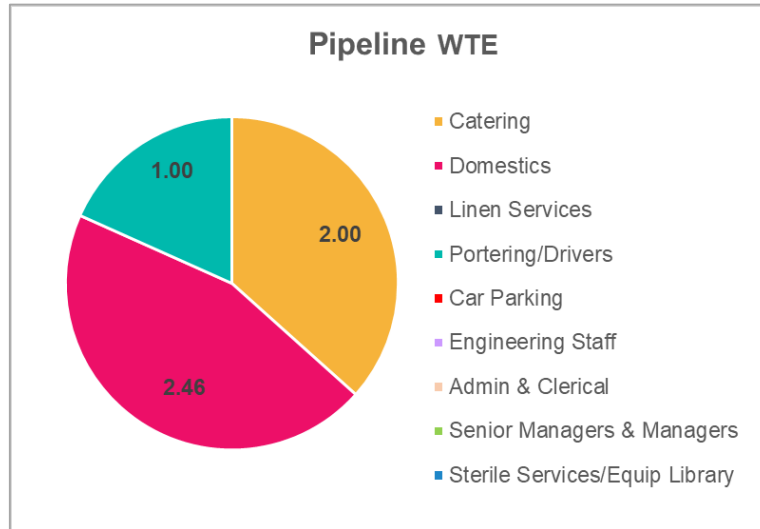
Commentary

- HIF's vacancy rate has seen a decreasing trend since September 2023 and this month is at 6.98%. This equates to 22.56wte vacancies.
- The greatest vacancies are within Band 5 within the 'Engineering Staff' cost centre (6.40wte vacancies) and Band 2 'Domestics - H.D.H.' (5.10wte vacancies).
- A negative vacancy position denotes an over-establishment.

Pay Grade (AfC and HIF combined)	Vacancy WTE	Vacancy %
Band 2	11.92	6.02%
Band 3	4.56	7.57%
Band 4	1.75	8.92%
Band 5	7.40	33.64%
Band 6	1.40	23.33%
Band 7	1.20	13.64%
Band 8a	0.00	0.00%
Band 8b	1.00	25.00%
Band 8c	-2.00	0.00%
Band 8d	0.00	0.00%
Band 9	0.00	0.00%
Non Executive Directors	0.00	0.00%



3. Recruitment Activity

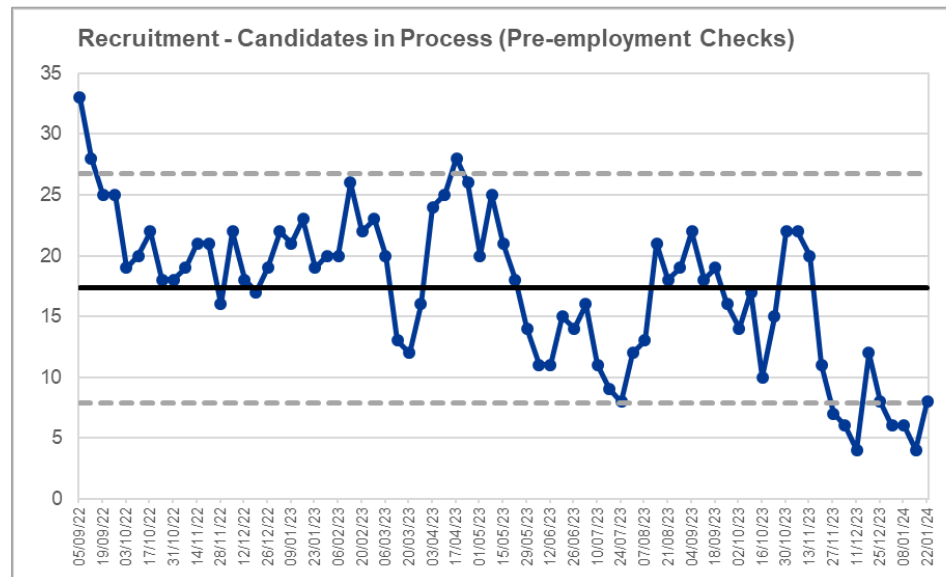


Role	Vacancy WTE	Pipeline WTE
Catering	7.66	2.00
Domestic Staff	16.45	2.46
Linen Services	0.74	0.00
Portering/Drivers	5.54	1.00
Car Parking	1.30	0.00
Engineering Staff	-0.75	0.00
Admin & Clerical	-1.99	0.00
Senior Managers & Managers	-5.15	0.00
Sterile Services/Equip Library	-1.24	0.00

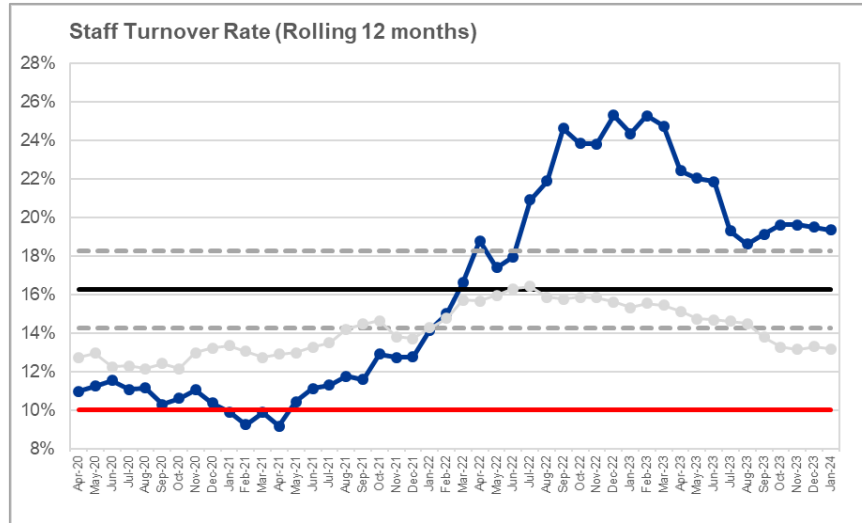
Workforce Indicator	Candidates in Process	Candidates with Start Date	Live Adverts
Recruitment	10	5	4

Commentary

- The table directly above relates to recruitment data as at 22nd January 2024.
- ‘Candidates in Process’ in the table above are candidates undergoing pre-employment checks and waiting for a start date, this is in addition to those with a confirmed start date. The graph to the right are candidates going through pre-employment checks only.



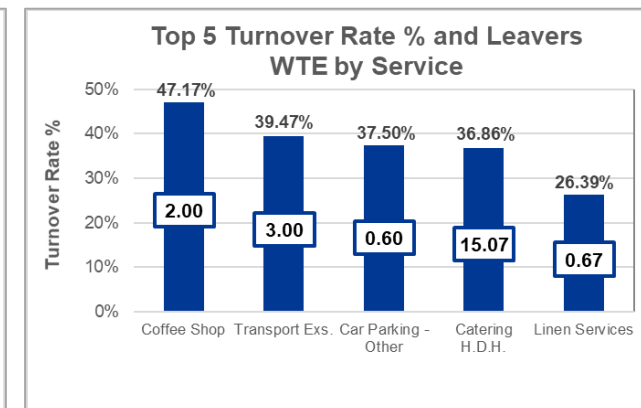
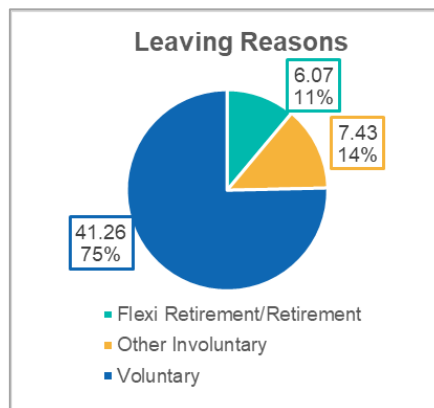
4a. Turnover



Commentary

- Turnover has remained at a relatively stable position since October and is 19.34% in January, which is a small decrease from 19.50% last month.
- Turnover is greatest within HIF Bands 2 and 3, with turnover rates of 31.89% and 22.51% respectively. This is an increase within HIF Band 2 compared to last month, which had a turnover rate of 30.63%. HIF Band 3 remains at a similar level when compared to the previous month. This is based on an average headcount of 10 employees or more.
- 'Hotel Services Management' has seen the greatest increase in turnover in January, seeing an increase from 0.00% to 17.24%, due to a 1.00wte leaver in the month.

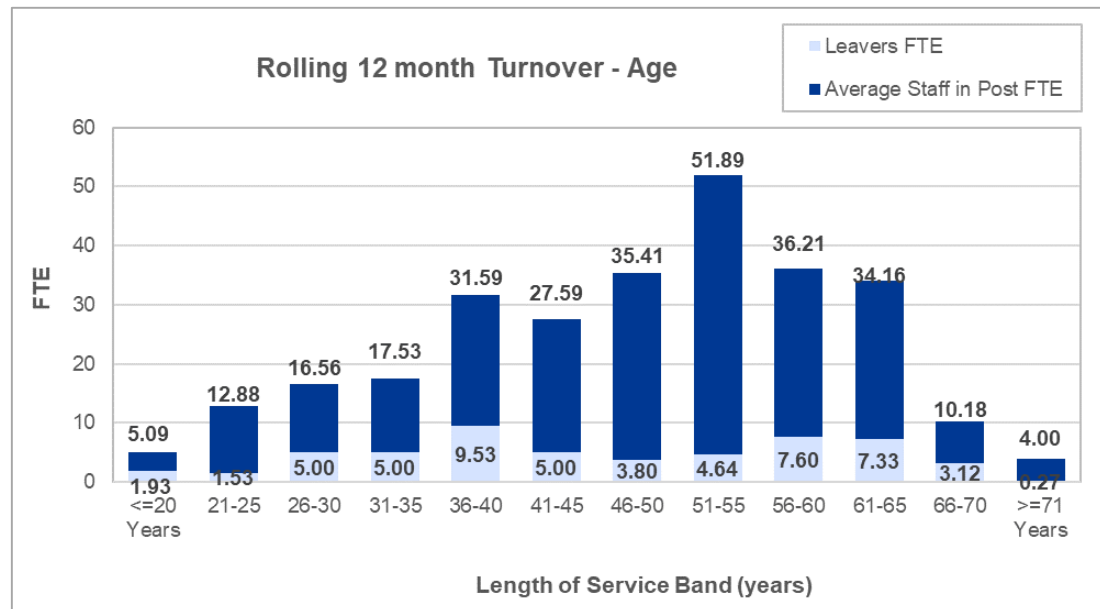
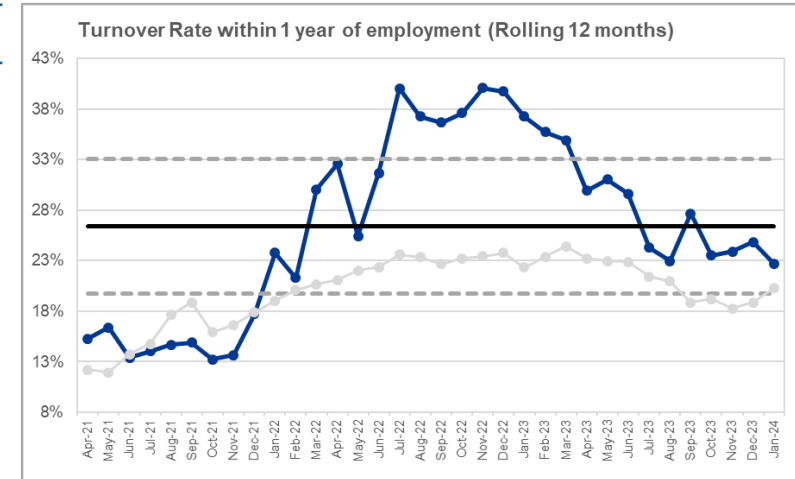
Workforce Indicator	Target %	Actual %	Difference %
Turnover	10.00%	19.34%	+9.34%



4b. Turnover – Less than one year’s service and Age

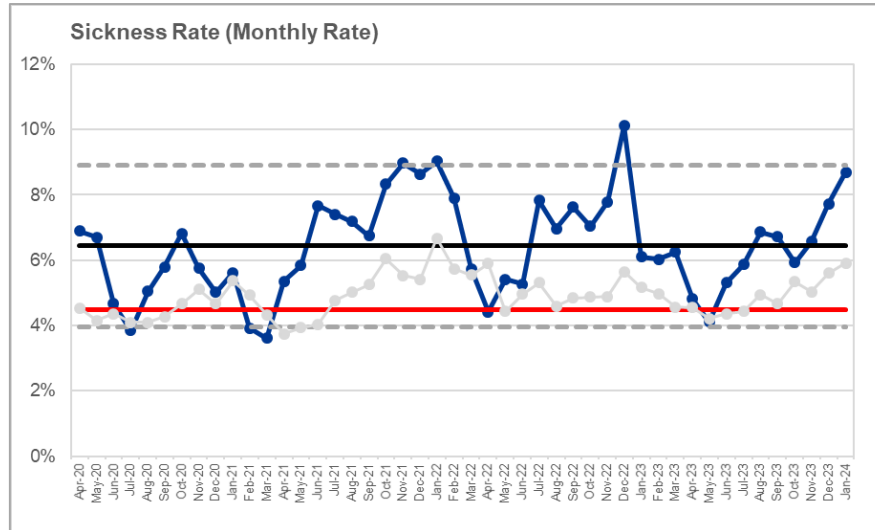
Commentary

- The turnover rate of those within the first year of service is 22.72% in January, which is a small decrease from 24.83% last month.
- 68% of leavers over the rolling 12 month period with less than 1 year’s service were on a HIF Band 2 and 5 of the 17 leavers were within the Domestic department.
- Turnover rates are more than double for those who are on a HIF payscale compared to those on an Agenda for Change payscale. Turnover of those on a HIF payscale is 25.38% and 11.47% for those on an Agenda for Change payscale.



Age Band (Years)	Leavers WTE	Turnover %
20 Years and under	1.93	38.01%
21-25	1.53	11.90%
26-30	5.00	30.19%
31-35	5.00	28.52%
36-40	9.53	30.18%
41-45	5.00	18.12%
46-50	3.80	10.73%
51-55	4.64	8.94%
56-60	7.60	20.99%
61-65	7.33	21.45%
66-70	3.12	30.64%
71 Years and over	0.27	6.67%

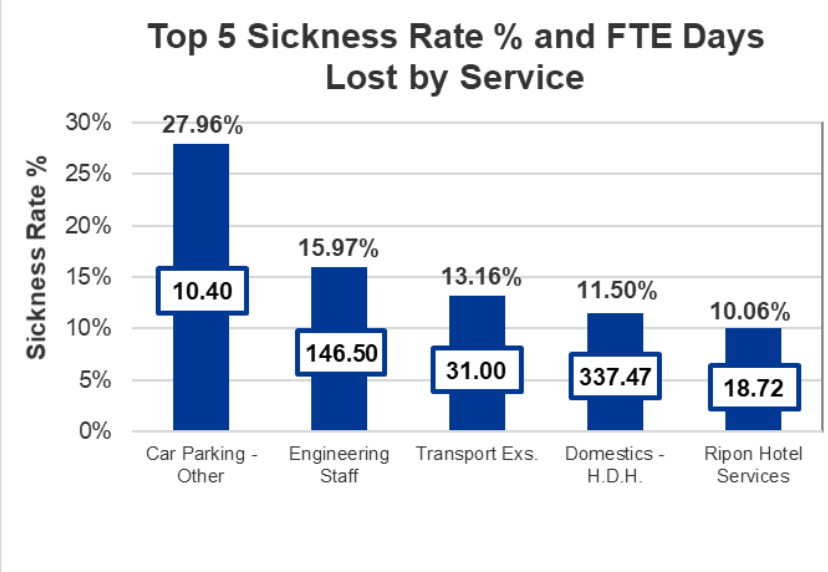
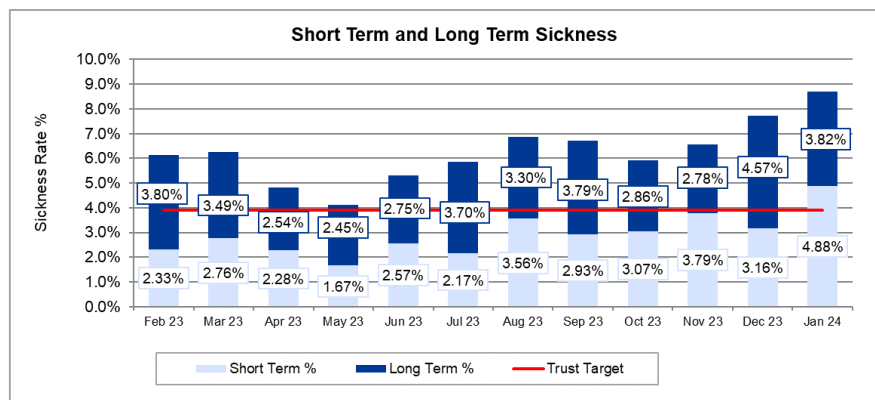
5a. Sickness



Commentary

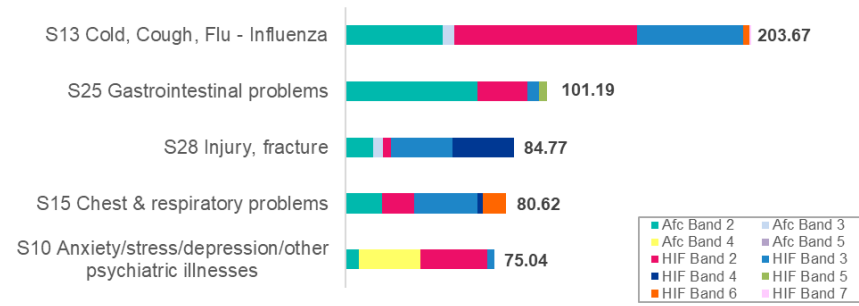
- Sickness rates have seen a further great increase in January from 7.73% to 8.69%.
- Short term sickness has increased from 3.16% to 4.88%, however long term sickness has decreased from 4.57% to 3.82%.
- Based on departments with an average of 10 or more employees, 'Engineering Staff' has the greatest sickness rate of 15.97% in January and this is an increase from last month which was 11.60%.
- The teams which have contributed the greatest to the increase in sickness rates this month are 'Domestics - H.D.H', 'Portering Services' and 'Engineering Staff'.

Workforce Indicator	Target %	Actual %	Difference %
Sickness	4.50%	8.69%	+4.19%



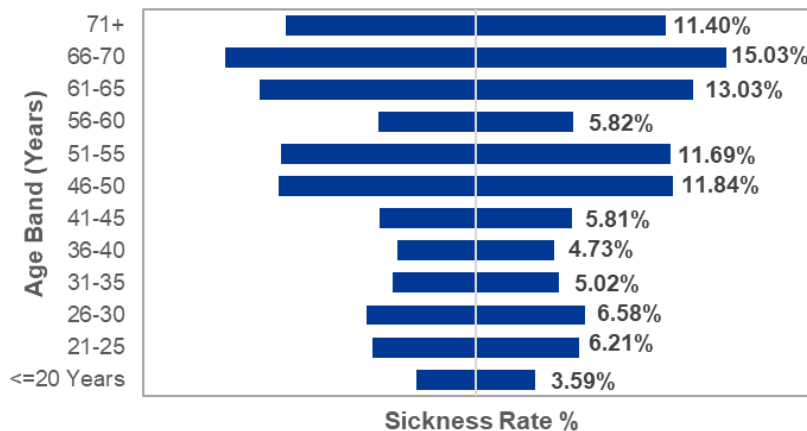
5b. Sickness – Sickness Reasons

Top 5 Sickness Reasons (January 2024)



Sickness by Contract (January 2024)	Sickness %
Agenda for Change	9.19%
HIF	9.30%
Hybrid	3.66%

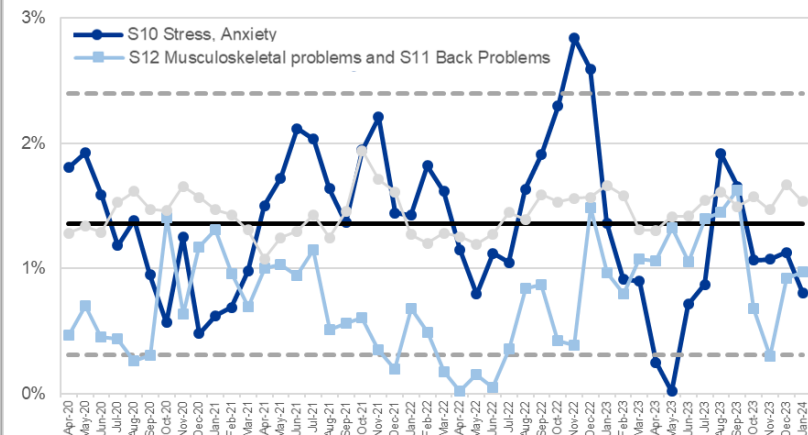
Sickness Rate Age Profile



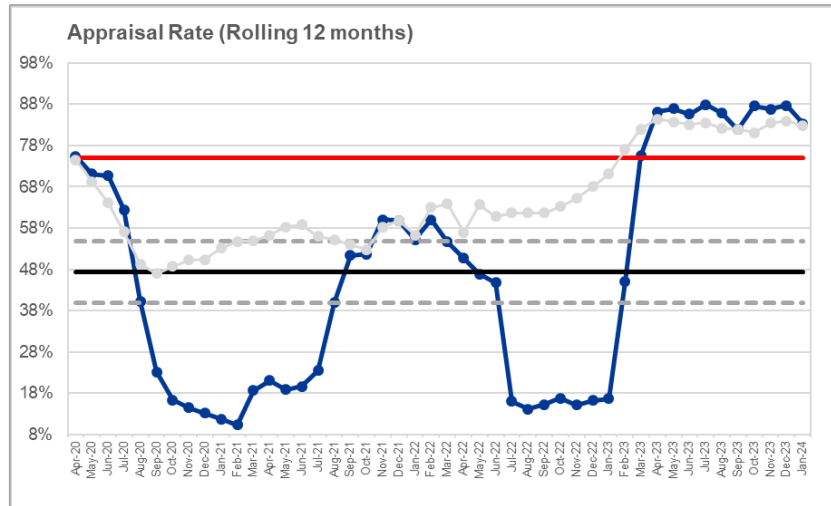
Commentary

- Sickness due to S13 Cold, Cough, Flu - Influenza is the top reason for sickness this month and accounts for 25% of overall sickness within HIF.
- HIF Band 2 is represented across all of the top 5 sickness reasons and accounts to 32% of this sickness, however it should be noted 31% of the workforce are on this payscale.
- The sickness rate of those on a HIF contract (9.30%) is just slightly higher than those on an A4C contract (9.17%). There are 39 colleagues who are on a hybrid contract, which has a sickness rates of 3.66%.
- Sickness rates in January are highest within the 61-70 years and above age brackets.

S10 Stress, Anxiety, Depression Sickness Rate (Monthly Rate)



6. Appraisals



Workforce Indicator	Target %	Actual %	Difference %
Appraisals	75.00%	87.70%	+12.70%

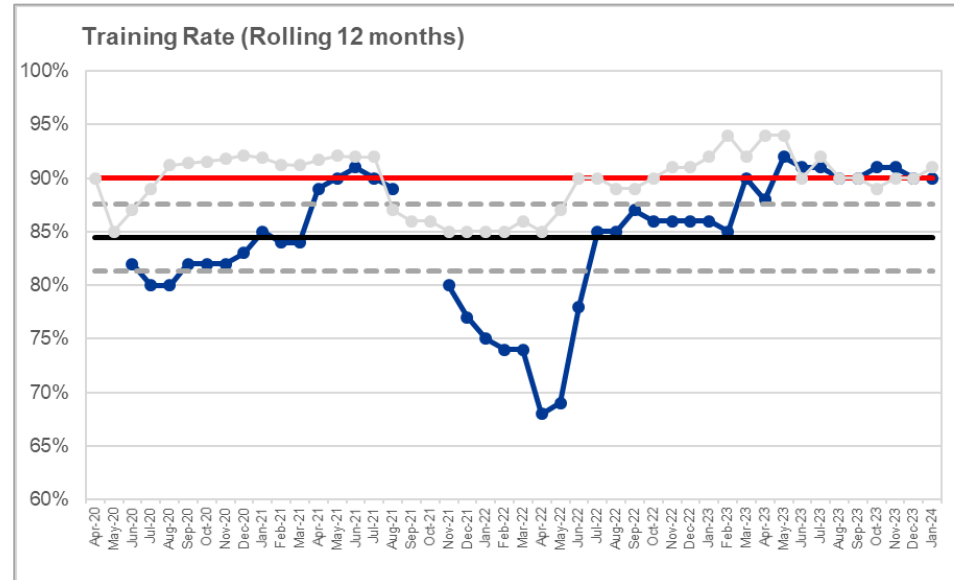
Commentary

- The appraisal rate in January is 83.33%, which is a small decrease of 4.37% in comparison to December, which saw an appraisal rate of 87.70%.
- 43 appraisals are still outstanding as at 31st January 2024.

Service	Appraisals Overdue	Appraisal %
HIF Administration	3	25%
HIF Board of Directors	2	50%
HIF Car Parking – Other	0	100%
HIF Catering H.D.H.	5	84%
HIF Coffee Shop	3	25%
HIF Domestic - H.D.H.	8	91%
HIF Engineering Staff	6	75%
HIF Estates Management	1	88%
HIF Healthcare Waste Management	0	100%
HIF Hotel Services Management	3	50%
HIF Linen Services	0	100%
HIF Management Team	0	100%
HIF Portering Services	3	89%
HIF Ripon Hotel Services	2	75%
HIF Staff Accommodation	0	100%
HIF Sterile Services	5	85%
HIF Transport Exs.	2	71%

7. Mandatory Training

Service	% Compliance
HIF Administration	97%
HIF Bank	73%
HIF Board of Directors	54%
HIF Car Parking – Other	89%
HIF Catering H.D.H.	87%
HIF Coffee Shop	92%
HIF Domestics - H.D.H.	94%
HIF Engineering Staff	95%
HIF Estates Management	79%
HIF Healthcare Waste Management	71%
HIF Hotel Services Management	92%
HIF Linen Services	97%
HIF Management Team	94%
HIF Portering Services	83%
HIF Ripon Hotel Services	92%
HIF Staff Accommodation	100%
HIF Sterile Services	99%
HIF Sterile Services Bank	97%
HIF Transport Exs.	75%



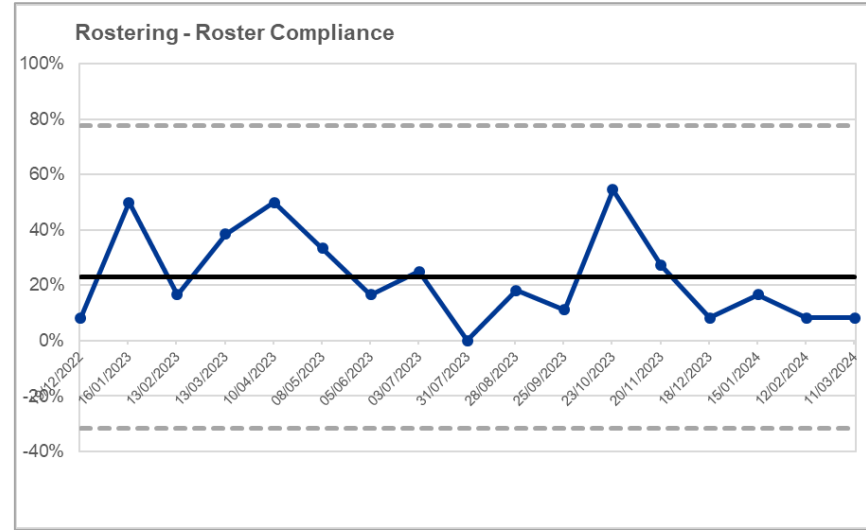
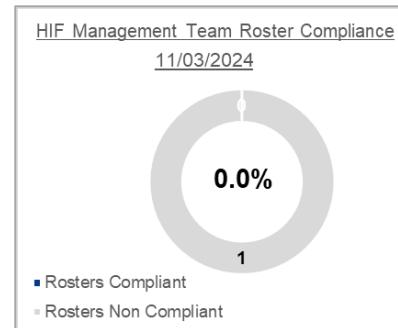
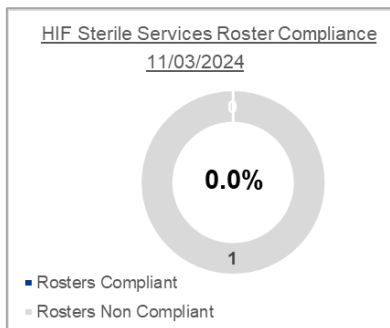
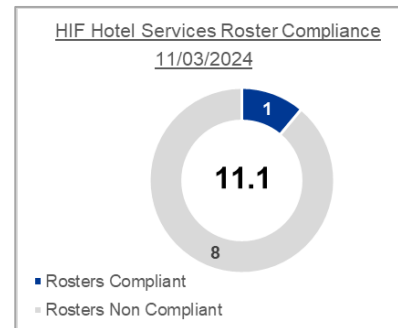
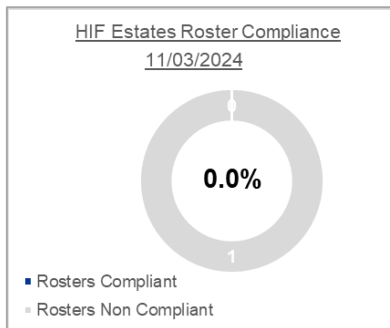
Workforce Indicator	Target %	Actual %	Difference %
Training	60.0%	90%	+30%

Commentary

- The data shown is for the Mandatory training compliance of substantive staff for the end of January.
- The company's Role Specific Training compliance of substantive staff is 90% in January.
- The data for September 2021 and October 2021 is not available, this is due to the migration of training from ESR to Learning Lab.

8a. Rostering – Publication Compliance

Workforce Indicator	Rosters Compliant	Total Rosters	Publication Compliance
Rostering Publication	1	12	8.3%

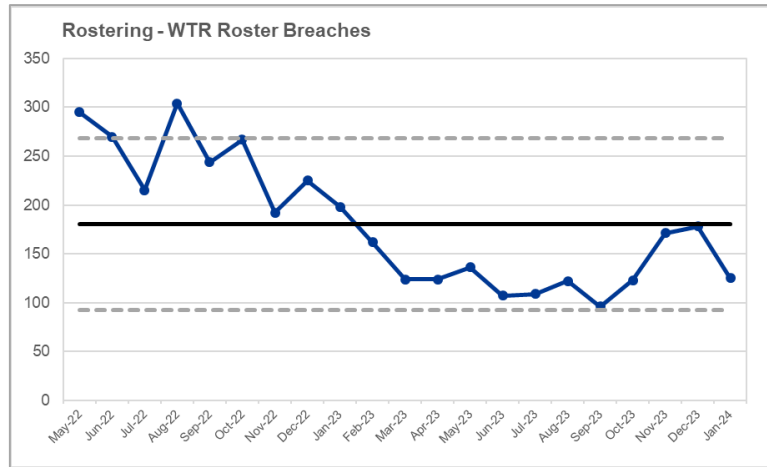


Departments with the Lowest Roster Publication Compliance in Rolling 12 Month period	%
HIF Administration	0.0%
HIF Car Parking – Other	0.0%
HIF Management Team	0.0%
HIF Ripon Hotel Services	0.0%
HIF Engineering Staff	9.1%
HIF Domestic - H.D.H.	16.7%
HIF Healthcare Waste Management Team	16.7%
HIF Linen Services	16.7%
HIF Transport Exs.	16.7%
HIF Sterile Services	25.0%

Commentary

- 11 of the 12th March rosters were not published by 29th January.
- The 1 department which was compliant with roster publication this month was HIF Catering H.D.H.

8b. Rostering - Breaches

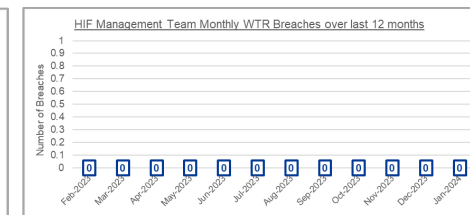
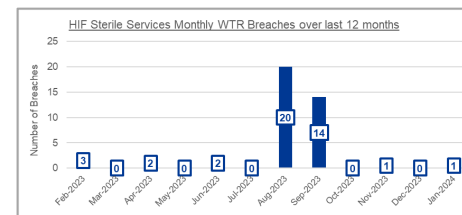
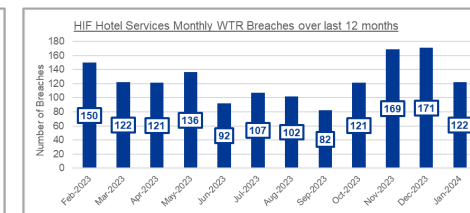
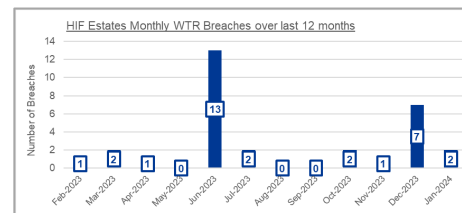


Commentary

- 32% of the breaches in January were due to staff not achieving a minimum of 2 days off in 14 or 1 in 7.
- The 'Working Hours Exceed 60 in any individual week' has been added into the data from July 2023 onwards.

Workforce Indicator	Number of Breaches
Total Rostering Breaches (Current month)	125
Exceeded average of 48 hours over 17 week reference period	37
Working Hours Exceed 60 in any individual week	10
Not achieving a minimum of 2 days off in 14 or 1 in 7	40
Less than 11 hours between end of duty and commencing another	30
The worker has not received a minimum rest period in the shift of 20 minutes	8

Top 5 Departments of greatest Roster Breaches in January 2024	Number of Breaches
HIF Catering H.D.H.	52
HIF Domestic - H.D.H.	44
HIF Transport Exs.	19
HIF Healthcare Waste Management Team	3
HIF Linen Services	3



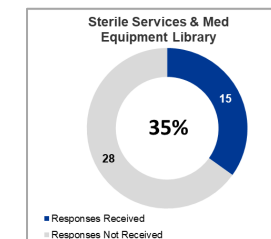
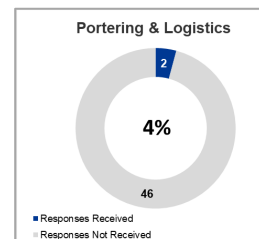
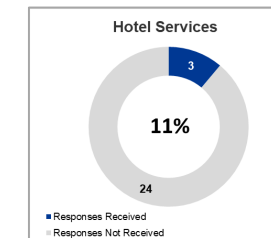
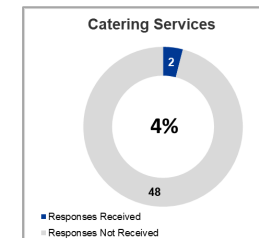
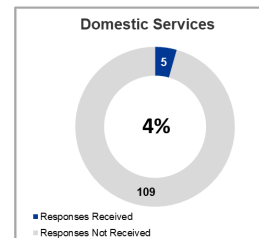
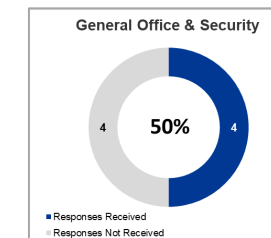
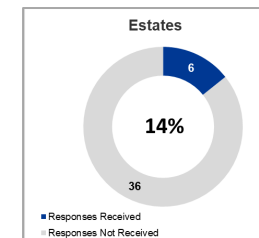
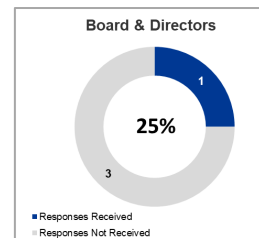
9. Inpulse Survey – Areas of Low Response

Workforce Indicator	Expected Responses	Actual Responses	%
Inpulse Survey (Kindness)	341	47	14%

Commentary

- The Inpulse Survey information is based on the latest survey 'Kindness'.
- The company had a response rate of 14%, which is a decrease compared to the previous Inpulse Survey for 'Teamwork', which saw a response rate of 33%.
- The table in the top right displays the departments which have 10 or more staff in post, but had less than 10 responses to the survey.
- There are no departments with 10 or more staff that had no responses.
- 'Management Team', 'General Office & Security' and 'Sterile Services & Medical Equipment Library' had the greatest response rates of 100%, 50% and 35% respectively.

Responses of less than 10 for Departments with 10 or more staff	Expected Responses	Actual Responses
Estates	42	6
Domestic Services	114	5
Catering Services	50	2
Hotel Services	27	3
Portering & Logistics	48	2



Financial Information HIF Board Report

Author: xxxxxxxxxx
Date: 8th February 2024

Slides redacted –
Summary Position
Forecast Position
Forecast variance to plan
Financial position – workforce
Non Pay Expenditure
Energy performance
HIF Efficiency programme – 23/24
Financial planning
Balance sheet