

Harrogate Integrated Facilities Integrated Board Report

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

April 2023

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

Company Highlights For Quarter 1

What's happening in Quarter 1...

- Finalisation of the HIF Business Plan for 2023-24
- Finalisation of the HIF colleague welcome pack and due to be introduced to new colleagues from May 2023
- Shortlisted for 2 HEFMA awards. Winners to be announced on 25th May 2023:
 - *The 'People Development Award' - Catering Team for the workshops, development of team and training*
 - *The 'Efficiency and Improvement award' – Sterile Services for the lockable and cleanable boxes*
- Inpulse survey sessions scheduled for throughout April 2023 with April's theme as 'Integrity'
- HIF Departmental Charters confirmed and rollout of HIF team objective boards
- Internal audits programme for 2023-24 commenced with the Contracts and Cash Handling audits completed
- Board Assurance Framework developed and to be shared at HIF and HDFT committees/meetings
- Implementation of new parking solution at Harrogate District Hospital – Parkingeye
- Catering feedback forms live and responses are being collated

Some achievement so far for Quarter 1...

- Domestic services received a PLACE score above average
- SSD achieved the BSI ISO13485 accreditation
- Project SEARCH – Completed a 10 week work programme with Catering, achieved a level 2 certificate. Enjoyed his time with the team!

Service Performance Update

Q1 KPIs 2023-24

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

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

Service Performance Update

Q1 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red			
						Feb-23	Mar-23	
Waste Management	1	5 year audit of clinical areas conducted	>=75%	74-65%	<65%		84%	84%
	2	Fully completed and compliant Clinical Waste Consignment and Transfer Notes	>=90%	90-80%	<80%		TBC with Mitie, review to be carried out on current process	TBC with Mitie, review to be carried out on current process
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, on CEF Portal, update provided for next meet.	Pass, on CEF Portal, update provided for next meet.

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Service Performance Update

Q1 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red			
						Feb-23	Mar-23	
Grounds Maintenance	1	STATUTORY PPM for external areas Schedule achieved (in month)	>=95%	90-94%	<90%		New reporting structure will be in place with the introduction of Micad	New reporting structure will be in place with the introduction of Micad
	2	MANDATORY PPM for external areas Schedule achieved (in month)	>=90%	89-86%	<86%		New reporting structure will be in place with the introduction of Micad	New reporting structure will be in place with the introduction of Micad
	3	GENERAL PPM for external areas Schedule achieved (in month)	>=85%	84-80%	>80%		New reporting structure will be in place with the introduction of Micad	New reporting structure will be in place with the introduction of Micad
Linen Service	1	Average stock levels delivered (aggregate monthly)	<=92%	91>=85	<85		100%	100%
	2	Laundry Quality (based on checking 700 pieces per week)					94.50%	95.50%
	3	Linen Rejects	<=4%	>4%<=9%	>9%		0.18%	0.10%
Catering Services	1	Achievement of EHO 5 star food safety rating (annual)	5 Star	4 star	<4 star		5 star	5 star
	2	Achievement of food wastage target	<=10%	11-14%	>=15%+		8.05%	7.72%
	3	Achieve at least the national average PLACE score for Catering elements	PASS		FAIL		2019	2019

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

Service Performance Update

Q1 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red	Feb-23	Mar-23
						Feb-23	Mar-23
Portering and courier service	1	Routine patient movement - average completion times completed within 35-50mins	85-100%	65-84%	>65%	99%	92%
	2	Items moves and routine task completion time - average completed within 120 mins	85-100%	65-84%	>65%	96%	95%
Domestic services	1	Achieve National Specification of Cleanliness (NSC) score (FR2)	>=95%	94-90%	<90%	96.85%	95.61%
	2	Total number of deep clean requests (activity based target)	500-750	751-900	901+	474	542
	3	Average response time to deep clean requests (24/7)	<=60 mins	>60min-90min	>90mins	46	47
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

Q1 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red	Feb-23	Mar-23
Sterile services	1	Surgical instruments will be available for re-use: Theatres, DSU and on site clinics (non-critical)	24 hours	24-28 hours	>28 hours	PASS	PASS
	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	1	1
	6	The conformity compliance rate remains the same as or above the compliance	>99.36%	=<99.36%	<99.15%	99.81%	99.81%
	7	The inspection and packing room conforms to ISO Class 8	Class 8		Class 9	awaiting results	awaiting results
	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	0	0
Medical devices and equipment library	1	All medical device deliveries not requested as urgent will be delivered within an hour daily	<1 hour	1 hour	>1 hr	00:15	00:13
	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****

Quality, Performance and Standards

Internal Audit Actions and Plan for 2023-24

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

1. **Cash Handling Procedures** – To focus on cash handling with General Office / Café Bistro/ Herriots / Ripon Hospital –
2. **Contract Management/xxxxxxxxxx** – To focus on the contract / best value / maintenance / asset management
3. **Catering** – To focus on the provisions / controls / stock control and wastage
4. **Porters** – To focus on the productivity / prioritisation (including Teletracking)
5. **Company wide Timeclocks** – To focus on the time and attendance authorisations / policy compliance and interface with Health Roster
6. **Car parking** – To focus on in quarter 4, income/ reconciliation / controls

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

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

HIF colleagues have actions plans in place and work is underway to have all actions completed by June 2023.

HIF Risks

All risks scored at a level 9 or above (high risks) are presented on the Datix software and are monitored alongside the Trust's risks.

The level 9 and above risks are tabled in **the next slides**. There are currently **10** high risks identified for April 2023.

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

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

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

- HIF Board of Directors
- HIF Governance and Compliance Committee
- HIF SMT
- HDFT Executive Risk Review Group
- HDFT Board of Directors (as part of the IBR)
- HDFT/HIF Contract Meeting (as part of the IBR)

	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
Estates	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Compliance & Service Delivery	Following an internal review, there are various compliance areas such as fire, water quality and health and safety that need urgent improvement to minimise safety and quality risks and ensure we align with our statutory / mandatory maintenance obligations. Current PPM not adequate.	Head of Estates	Joint risk	20	16	8	<ol style="list-style-type: none"> 1. A detailed audit is underway to review key compliance areas and statutory / HTM alignment with respect to Health and Safety, Fire Safety, Water Quality, and other HTM aligned services that are essential to support the delivery of safer care. 2. Recruitment is a major contributory factor, all vacant posts are being reviewed and job descriptions / adverts are to be posted asap. 3. Staff workloads are to be prioritised in terms of risk where possible 4. Constant review and update of this risk based on audit findings 5. Workloads are reviewed by the management team based on site risk 6. An improved PPM schedule for water quality and other key compliance areas is to be developed and implemented with a range of supporting documents. This is to be part of an improved Estates CAFM system and the integration of SFG 20 	227
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Hot Water	Hot Water circulation temperatures are below the minimum required in HTM 04 "Safe Water in Healthcare Premises"	Head of Estates	Joint risk	16	12	4	<ol style="list-style-type: none"> 1. The Authorising Engineer (Water Quality) has advised twice weekly flushing for all outlets on site until the source of the issue can be found or an alternative engineering solution can be implemented 2. Legionella sampling is to be arranged for HDFT Main Building as an urgent 3. IPC / WSG have been advised of the issue and the need to carry out regular twice weekly flushing 	228
	Strategic Theme No.4 Being a employer of choice and a good place to work	Estates Recruitment	Recruitment is a significant risk within estates due to the current number of vacant posts. This includes Maintenance Assistants, Maintenance Workers, Mechanical Technicians, Electrical Technicians and all frontline management staff (Estates Officers)	Head of Estates	Joint risk	16	12	4	Estates workforce restructure confirmed and new staffing structure 'live' on Trac for applications for Band 3, 6, 7 and 8a positions. Full, new workforce structure due to be in place Spring/Summer 2023.	230

Estates

	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
Estates	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Failure of Nurse Call System	Nurse call systems are obsolete in most areas (33+ years old) and without a comprehensive maintenance contract in place. It will be "best endeavour's" to resolve any ongoing issues. Funding and replacement required site wide.	<i>Head of Estates</i>	Joint risk	20	16	4	1. Estates team to ensure a suitable service contract is in place to support any repairs in the interim. 2. A comprehensive backlog maintenance survey is to be carried out to develop costs, business case and relevant funding stream for replacement of nurse call systems which are obsolete 3. Specialist contractors to provide maintenance costs for existing systems to include call out arrangements to support the clinical teams	241
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Fire Alarm System Outage	Fire alarm system obsolete and requiring replacement.	<i>Operational Estates Manager</i>	Joint risk	12	12	8	Porters instructed to carry out regular checks of area. Protec (fire contractor) instructed to allocate resource and obtain parts to effect a repair as urgently as possible.	246
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	X-Ray Basement Plant and Equipment	Following flood in the plant room a significant amount of equipment was damaged. Each water service (DHW, VT CT) is running but reduced resilience and increased risk of loss of services.	<i>Operational Estates Manager</i>	Joint risk	8	12	4	Reconfiguration of equipment to ensure that services continue to run. Some damaged items replaced. Estimated financial impact £150-200k, more equipment being sourced to increase resilience.	245

Sterile Services Department (SSD)

	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
SSD	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Failure of aging Washer Disinfectors	Risk of failing to meet statutory legislation (HTM Series) resulting in the insufficient availability of sterile medical devices because of inadequate WDs	<i>Head of Medical Devices and Sterile Services</i>	Joint risk	20	12	4	Washers purchased - project team set up, consultation with staff completed and meetings with offsite provider commenced. CP support from ex-Steris team working well, many issues been dealt with that would have otherwise impacted on uptime.	229

Medical Equipment Library (MEL)

	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
MEL	Strategic Theme No.4 Being a employer of choice and a good place to work	Medical Devices Resource & Recruitment	Risk of MEL being under resourced to manage new equipment being procured and oversee all aspects of medical devices management.	<i>Head of Medical Devices and Sterile Services</i>	Joint risk	12	9	3	Final round of interviews 23/03/23 for the MDIM, MEL fully staffed, 2x bank staff being progressed following interviews. Also awaiting invitation to TEG meeting. Contract meetings with Avensys taking place regularly.	244

Risks – Facilities

Facilities	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Service Yard	Poor condition and control of service yard. Suitable controls required i.e. walkways and signage	Head of Facilities	Joint risk	16	12	8	Trust Capital schemes to revamp the service yard and put in suitable controls including improved security, walkways access and signage	224

Risks – Corporate

Corporate	Strategic Theme	Risk	Risk Detail	Responsible Lead	HIF or Joint (HDFT/HIF Risk)	Initial Risk Level	Current Risk Level	Target Risk Level	Mitigating Actions	Datix ID
	Strategic Theme No. 1 Being Well managed and Financially Sound	HDFT Corporate Support (Company Secretary) to HIF	Limited corporate and Company Secretary support provided from HDFT to HIF. This is due to the current post (Deputy Company Secretary) being vacant. The service provided in the Corporate SLA between HDFT and HIF is being unfulfilled.	Quality & Governance Lead	HIF	12	12	4	<ul style="list-style-type: none"> HIF Quality and Governance Lead currently supporting with the Corporate functionality where possible. HDFT currently out to advert for a Company Secretary and will support HIF corporate functions when recruited to HDFT Executive Assistant supporting with Board of Directors and Committee meetings (papers and minute-taking) 	261

Quality, Performance and Standards

HIF Policies and Standard Operating Procedures (SOP's)

A review of all the Company's policies (HIF-authored policies) has now taken place and the Policy Register has been developed detailing the current position. All HIF 23 authored policies have now been reviewed and are fully renewed.

All policies are available on the intranet and uploaded to the HIF portals for colleagues to access.

The next stage will be commencing shortly with the review of 21 HIF Workforce/HR policies. This process will align with the update of the HIF Terms and Conditions.

The policies and review of HIF's Term and Conditions will take place as part of the 'Recruitment and Retention' meetings chaired by HR Business Partner. The update of these policies will be July/August 2023.

Quality, Performance and Standards

HIF Policies and Standard Operating Procedures (SOP's)

Additional work has commenced to identify all Standard Operating Procedures (SOP's) across the Company, the first phase of the project has established the current position with **232** SOP's across HIF. This has been developed into a HIF SOP Register and all SOP's will be reviewed and formatted (in line with HIF branding).

The next phase, is to ensure that all reviewed and current SOP's are communicated to colleagues and available in easily-accessible, shared areas, including the Intranet and the portal. Work will also commence to identify any gaps and/or missing SOP's. This work will take place over the next few months and is anticipated for completion by May 2023.

PolicyStat Update...

The Trust have now procured 'PolicyStat' software - a document management solution and will be used to store HIF and the Trusts key documentation including policies, guidelines and SOP's. The Quality and Governance Lead is part of the project team and will be working with the Trust to ensure all HIF authored policies are uploaded in May 2023.

HIF will be the first to upload and trial the system.

Quality, Performance and Standards

Freedom of Information (FOI) and Patient Experience Team Feedback

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

The FOI process has been working successfully and having one point of contact has ensured that the FOI's are actioned and replied to within the required timeframes. There were a total of 15 FOIs in Quarter 4. So far for Quarter 1 of 2023 there have been 2.

Patient Experience Team (PET) queries

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

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

Business Modernisation

Achievements in Last Month	Focus for Next Month
Horizon Scanning on-going	E-Learning, Reading Group and IT Drop-in Sessions to continue
Discussions with xxxxxxx for longer term contract award are progressing	Portering and Domestic Workshops are booked for May 2023
Social Media presence continues to grow (501 Facebook followers, 288 Twitter followers and 230 LinkedIn followers)	Issue VII to be launched
HIF Objective Boards are displayed in all areas	Domestic SOP's to be launched.
Charters for Catering, Domestic and Estates launched	
Shortlisted for HEFMA Awards 2023 for Efficiency and Improvement Award and People Development Award.	

Business Development

Key updates:

- XXXXXXXX to continue relationship management with XXXXXXXX
- ProjectPlace work to continue in conjunction with XXXXXXXX
- Social Media Platforms are growing and engagement is increasing
- Continuous Horizon Scanning for potential new business opportunities
- 'Meet the Team' videos continue to be produced, along with other social media updates.

Workforce and Organisational Development Exceptional Report

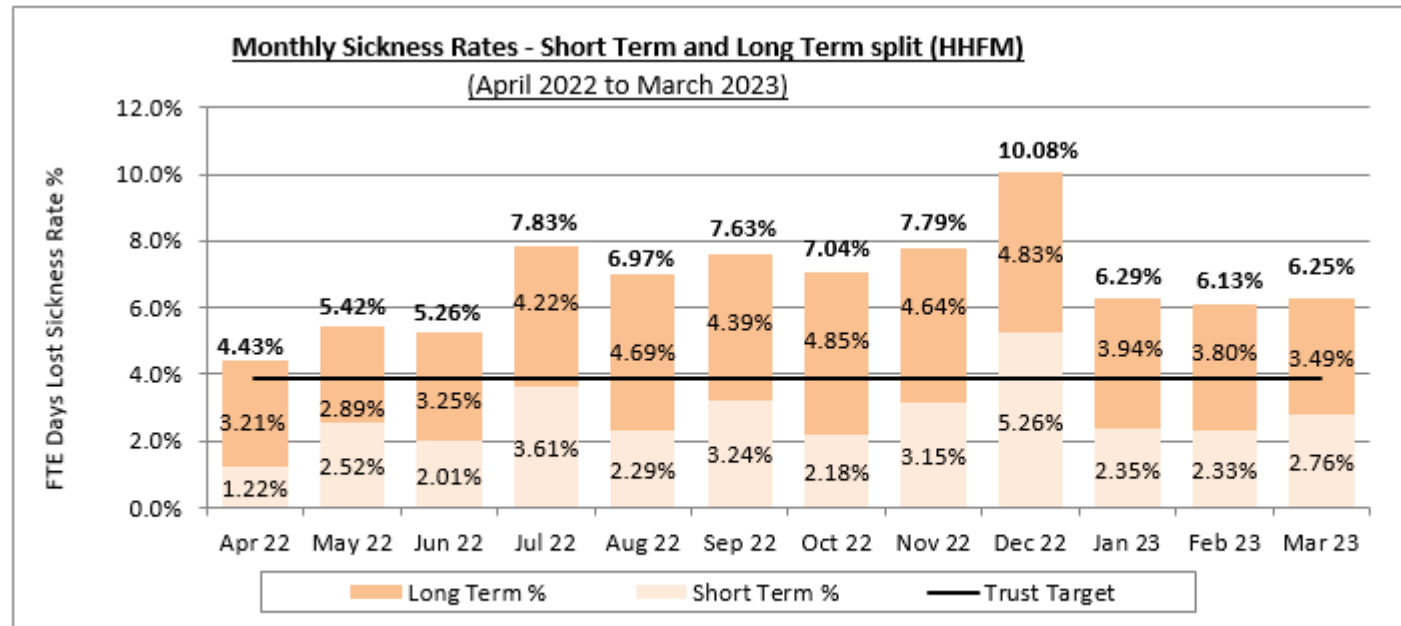
KEY MESSAGES

Please note that all data is based on March information

1.0 Absence

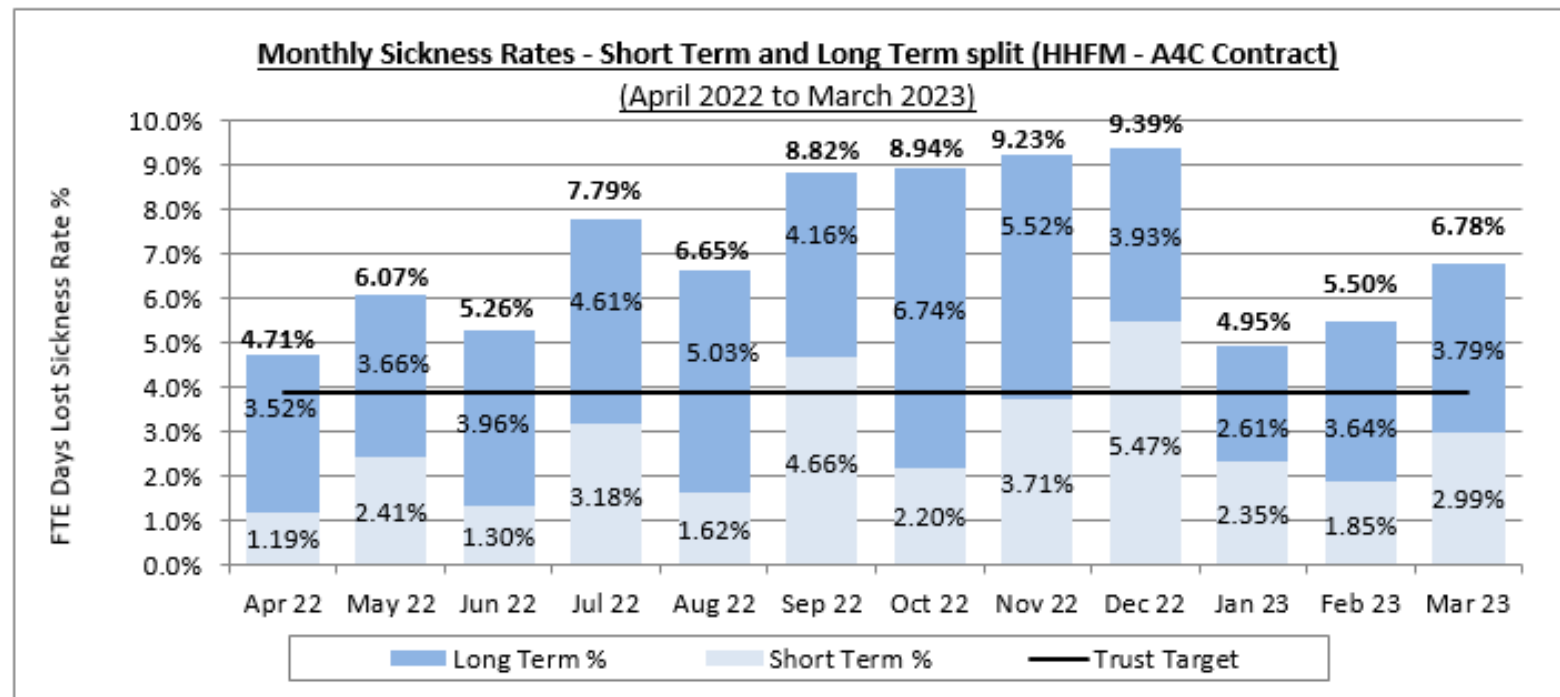
The HIF absence rate has remained fairly static over the past three months at 6.25% in March 2023. The average rate over the past 12 months is 6.76% which is considerably higher than the similar size wholly owned subsidiary at Airedale whose sickness in month was 5.59% and average for the past 12 months is 5.98%

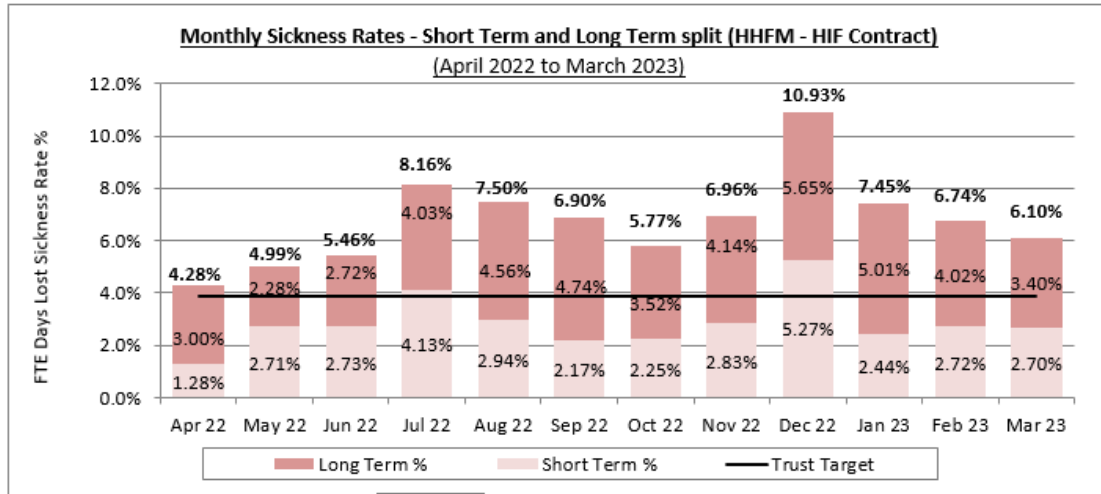
Sickness Absence continues to be proactively managed and return to work interviews have improved.



1.1 Absence between A4C contracts and HIF Contracts of Employment

Comparing the absence rates between the two contracts, sickness has increased for the TUPE'd A4C contracted staff this month at 6.78% and HIF contracted staff at 6.10%. At the point of this report we had 189 substantive staff employed on HIF contracts of employment and 123 substantive staff on Agenda for Change Contracts.





Details of sickness redacted

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Avg for Year
Directorate Total	£21,882	£28,241	£24,623	£39,287	£34,392	£37,125	£36,113	£39,282	£49,430	£29,255	£27,249	£30,211	£33,091
A4C Contract	£13,082	£16,539	£13,533	£20,983	£16,587	£21,947	£22,042	£23,035	£22,233	£10,709	£11,399	£15,711	£17,317
HIF Contract	£8,800	£11,703	£11,090	£18,305	£17,805	£15,178	£14,071	£16,247	£27,198	£18,546	£15,849	£14,500	£15,774

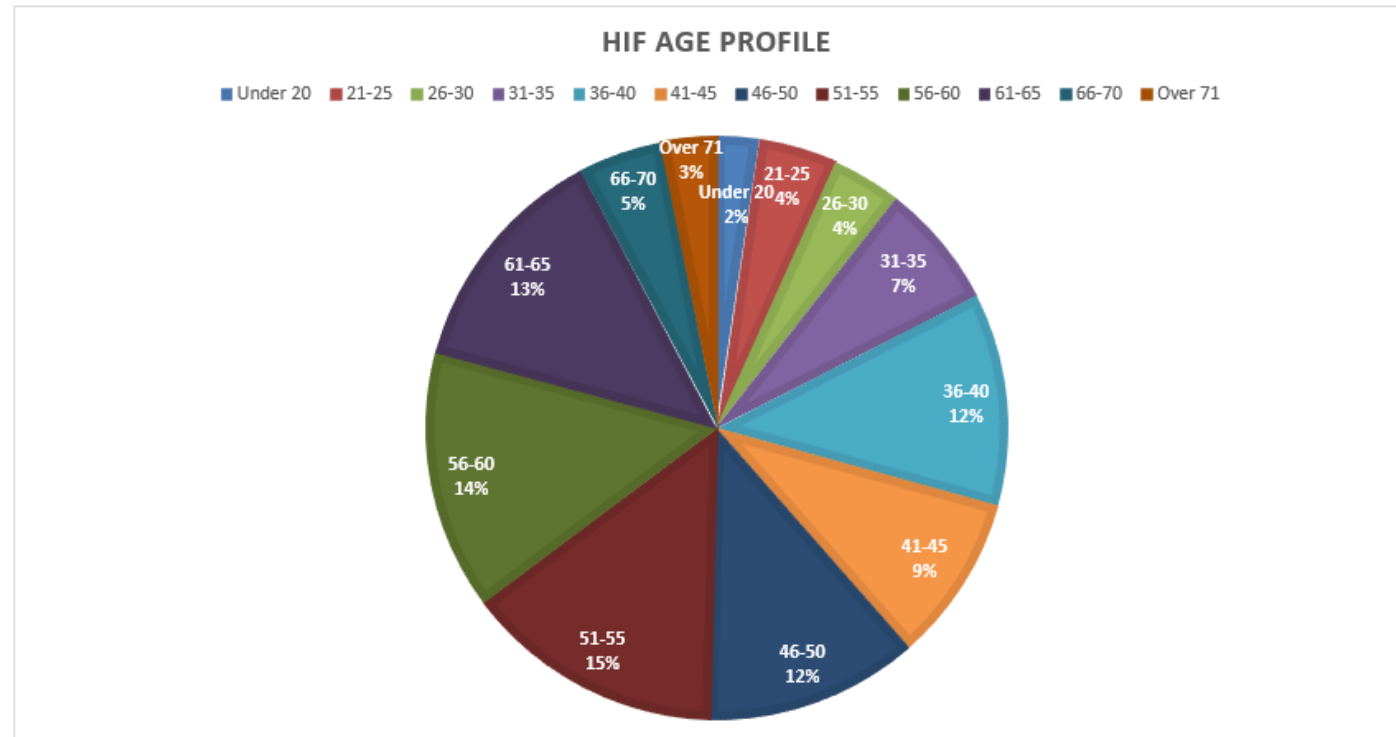
Absence Reason	Headcount	# Episodes	FTE Days Lost	% of Overall Sickness
S98 Other known causes - not elsewhere classified	8	8	132.00	25.02%
S12 Other musculoskeletal problems	7	7	79.00	14.97%
S10 Anxiety/stress/depression/other psychiatric illnesses	3	3	75.87	14.38%
S13 Cold, Cough, Flu - Influenza	12	13	70.68	13.40%
S28 Injury, fracture	4	4	52.36	9.92%
S25 Gastrointestinal problems	13	13	34.99	6.63%
S15 Chest & respiratory problems	8	9	33.96	6.44%
S16 Headache / migraine	6	7	16.00	3.03%
S11 Back Problems	2	2	11.00	2.08%
S27 Infectious diseases	1	1	6.00	1.14%
S19 Heart, cardiac & circulatory problems	2	2	5.00	0.95%
S30 Pregnancy related disorders	1	1	4.00	0.76%
S99 Unknown causes / Not specified	1	1	2.67	0.51%
S17 Benign and malignant tumours, cancers	1	1	2.13	0.40%
S22 Dental and oral problems	1	1	1.00	0.19%
S26 Genitourinary & gynaecological disorders	1	1	1.00	0.19%
	71	74	527.65	

2.0 Staff Turnover

Staff Turnover (FTE) now stands at 24.75% for the past 12 months. In comparison to Airedale WOS whose turnover for the past 12 months is 14.67% our turnover is high, however Airedale Hospital does not have the surrounding private businesses in comparison to Harrogate who are competing for the same types and disciplines of staff.

3.0 Age Profile

From the diagram below you can identify that the majority of staff within HIF fall within the 51 to 65 year old category, as the majority of positions within HIF have a high proportion of moving and handling involved in the day to day duties, this may account for both some of the short-term and long-term sickness absence.



4.0 Appraisals

The Appraisal rate has dramatically increased in the last month following the introduction of the group appraisals which are directly linked to the department and company objectives.

	Assignments Appraised	Assignment Count	Percentage Compliant
HIF Directorate Total	182	241	75.52%

5.0 Statutory and Mandatory Training

Compliance rates have increased to 86%, staff are being released from duty to complete their training.

Certification Name	Required	Not Achieved	Compliance %
Equality, Diversity and Human Rights	298	22	93%
Fire Safety	298	39	87%
Health & Safety	298	111	63%
Infection Control Level 1	121	11	91%
Infection Prevention & Control (Including Hand Hygiene) Level 2	177	17	90%
Information Governance and Data Security	298	26	91%
Moving & Handling - Safer Manual Handling	298	20	93%
Risk Management - Risk Awareness	298	8	97%
Safeguarding Children Level 1	209	20	90%
Adult Basic Life Support with paediatric modifications	37	23	38%
Blood Transfusion - Collection from Fridge	32	6	81%
Bullying and Harassment	15	7	53%
Conflict Resolution - Breakaway Skills	39	23	41%
Conflict Resolution Physical Intervention Reactive	7	4	43%
Dementia Awareness	191	16	92%
EPRR - CBRNE/hazmed - PPE & Decontamination - Tent Construction	12	10	17%
Food Hygiene	46	35	24%
Inoculation Incident	147	3	98%

Medical Devices 0	71	2	97%
Mental Capacity Act (Including DOLs Awareness) Level 1	101	4	96%
Moving & Handling - Safer Moving & Handling of Patients and Equipment Facilitator Led	23	14	39%
Preventing Radicalisation - Basic Prevent Awareness	298	19	94%
Safeguarding Adults Level 1	256	19	93%
Safeguarding Adults Level 2	42	11	74%
Safeguarding Children Level 2	143	66	54%
Overall Compliance	3755	536	86%