Harrogate Integrated Facilities
Integrated Board Report

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

February 2023

Company Highlights For Quarter 4

What's happening in Quarter 4…

- We welcomed xxxxxxxxxxxx Security and Car Parking Manager to HIF
- Estates Consultation completed and recruitment to new Supervisor Roles (and others) due to commence in February
- Wellbeing schemes largely completed across the Hospital site, properties on Wetherby Road to be completed over the next few months
- Estates to recruit an apprentice (potentially 2) through the Levy
- Nominations for HIF teams have been made to the HEFMA awards, due to receive outcomes in February
- We are celebrating the HIF's 5th birthday on 1st March and a day of celebrations has been planned
- The Inpulse survey on 'Kindness' has now closed with HIF obtaining the highest engagement (percentage completed) across teamHDFT, also the highest engagement ever as a Company for survey completion – well done!
- SSD have undertaken their BSI audit for ISO 13485
- A bid for xxxxxxxxxx funding to York and North Yorkshire Local Enterprise Partnership has been submitted. This includes xxx to undertake a feasibility study looking at decarbonisation of heating systems for Fewston, Heatherdene and Lascelles. Should the feasibility identify that the project is viable, the long-term plan would be to fully replace the gas fed heating system with a low carbon alternative, replacing approximately 4,550,000kWh of fossil fuelled heating supply. Which when converted into tonnes of carbon dioxide equivalence could provide an emission reduction of up to 830tCO2e per annum.

Service Performance Update
Q4 KPIs 2022-23

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Dec-22	Jan-23
General	1	Staff Turnover (Headcount)	10%	10-15%	>15%		23.82%	24.18%
	2	Appraisal (YTD)	>75%	>74-50%	<49%		16.25%	16.61%
	3	Core Skill (YTD)	>90%	89-60%	<60%		83%	83%
	4	Absenteeism	<4.5%	4.5-7%	>7%		10.07%	6.29%
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%		62.07%	91%
	9	MANDATORY PPM Schedule achieved (in month)	>=90%	89-86%	<86%		74.31%	86%
	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

Q4 KPIs 2022-23

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Dec-22	Jan-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.
Grounds Maintenance	1	STATUTORY PPM for external areas Schedule achieved (in month)	>=95%	90-94%	<90%		New reporting structure will be in place with the intrdocution of Micad	New reporting structure will be in place with the 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 intrdocution 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 intrdocution of Micad	New reporting structure will be in place with the introduction of Micad

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

Q4 KPIs 2022-23

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Dec-22	Jan-23
Linen Service	1	Average stock levels delivered (aggregate monthly)	<=92%	91>=85	<85		100%	100%
	2	Laundry Quality					96.60%	96.07%
	3	Linen Rejects	<=4%	>4%<=9%	>9%		0.15%	0.19%
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%+		7.25%	7.93%
	3	Achieve at least the national average PLACE score for Catering elements	PASS		FAIL		2019	2019
Portering and courier service	1	Routine patient movement - average completion times completed within 35-50mins	85-100%	65-84%	>65%		88%	91%
	2	Items moves and routine task completion time - average completed within 120 mins	85-100%	65-84%	>65%		94%	95%
Domestic services	1	Achieve National Specification of Cleanliness (NSC) score (FR2)	>=95%	94-90%	<90%		98.55%	98.41
	2	Total number of deep clean requests (activity based target)	500-750	751-900	901+		930	669
	3	Average response time to deep clean requests (24/7)	<=60 mins	>60min-90min	>90mins		59	38
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
Q4 KPIs 2022-23

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Dec-22	Jan-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		3	
	6	The conformity compliance rate remains the same as or above the compliance	>99.36%	=<99.36%	<99.15%		99.99%	99.97%
	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		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		00:11	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 2022-23

The HIF Internal Audit Programme for 2022-23 is underway. The HIF Governance and Risk Internal Audit is now completed and the first draft report has been received with 'limited assurance'. Shared actions with HDFT and HIF have been agreed and work is underway to have all actions completed by March/April 2023.

The 2022 Contracts Management Internal Audit has been completed and the draft findings have been with shared with significant assurance for Contract Strategy element and limited assurance with regards to the management xxxxxxxxxx.

The Company has additionally had three follow-up audit reports on HIF 'Agency Use and Spend', 'Waste Management' and 'Food Supplies' from 2021-22. The outcome of these audits resulted in limited assurance for 'Agency Use and Spend' and 'Waste Management, and significant assurance for the 'Food Supplies' internal audits.

Work is underway to have all actions completed by March 2023.

Quality, Performance and Standards

Draft Internal Audit Plan for 2023-24

Work is underway to establish the audit plan for 2023-24.

The proposed plan is drafted below, timescales and agreed dates are to be confirmed:

- **Cash Handling Procedures** – To focus on cash handling with General Office / Café Bistro/ Herriots / Ripon Hospital

- **xxxxxxxxxx** – To focus on the contract / best value / maintenance / asset management

- **Catering** – To focus on the provisions / controls / stock control and wastage

- **Porters** – To focus on the productivity / prioritisation (including Teletracking)

- **Company wide Timeclocks** – To focus on the time and attendance authorisations / policy compliance and interface with Health Roster

- **Car parking** – To focus on in quarter 4, income/ reconciliation / controls

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 **15** high risks identified for February 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 Corporate Risk Review Group so both HIF and HDFT colleagues are fully cited on all risks.

Risks are reviewed at the following HIF meetings and committees:

- HIF Board of Directors
- HIF Governance and Compliance Committee
- HIF SMT

Risk	Risk Detail
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.
Hot Water	Hot Water circulation temperatures are below the minimum required in HTM 04 "Safe Water in Healthcare Premises"
Service Yard	Poor condition and control of service yard. Suitable controls required i.e. walkways and signage
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)
Maternity Door Release	Potential for unobserved door release in maternity, if you were leaning over the desk to operate door release button or tail gating another person to exit unseen. HIF doing a piece of work to bring door access into the company.
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.
Fire Alarm System Outage	Fire alarm system obsolete and requiring replacement.
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.

Risk holder and further details redacted

Quality, Performance and Standards

Risks – Facilities

	Risk	Risk Detail
Facilities	Food Allergens	Accuracy of Allergen information on recipe specs for patient meals and retail. Lack of use of recipes in kitchen areas and standardization of product
	Kitchen Equipment	Kitchen equipment unitray trolleys, ovens and unfit catering equipment
	Chef Recruitment	Challenges with recruiting to 'Chef' positions within HIF.

Risk holder and further details redacted

Quality, Performance and Standards

Risks – Facilities, SSE and MEL

	Risk	Risk Detail
SSD	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

	Risk	Risk Detail
MEL	Infection risk to staff and patients - Soiled equipment being sent to Avensys for repair and returned to the equipment library	Soiled equipment is being sent for repair or returned to the equipment library visibly soiled or with no evidence of it being cleaned - this is against Trust Policy and against IPC guidelines and MHRA guidelines.
	Medical Devices Resource & Recruitment	Risk of MEL being under resourced to manage new equipment being procured and oversee all aspects of medical devices management.
	Insufficient turn-around times	Medical devices not available due to insufficient turn-around times. Reporting on whether turn-around times are being met is unavailable, unclear of how long devices are out of action and unavailable to patients.

Risk holder and further details redacted

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 authored policies have now been reviewed and are updated. All policies are available on the intranet and uploaded to the HIF portals for colleagues to access.

Following the review, the next phase is to identify policy gaps within HIF. There are currently 4 new policies in development as follows:

- Removal of Company Property Policy
- Cash Handling Policy
- Risk Management Policy
- Hand Reader Policy

The above policies have been reviewed by the Policy Review Group and will be ratified at the relevant Committees and Meetings this month. Final versions will be approved and available by the end of February 2023.

The next stage will be commencing shortly and with the review of Workforce/HR policies.

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.

Looking forward….

The Trust have now procured the'PolicyStat' software, currently in the early stages of project planning and initiation. PolicyStat is 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 attending meetings with the Trust to start the upload of HIF-authored policies.

Quality, Performance and Standards

Freedom of Information (FOI)

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 Quality and Governance Lead manages the process.

For Quarter 4, there have been a total of 8 HIF-related FOI's

- January 7 FOIs received
- February 1 FOI received

All FOIs have been responded to within the 20 working days.

Business Modernisation

Achievements in Last Month	Focus for Next Month
Horizon Scanning on-going	Official launch of HIF Team Objectives and Charters
Social Media presence continues to grow	E-Learning, Reading Group and IT Drop-in Sessions to continue.
Work underway to create Issue VI of the newsletter	
Meet the Team video featuring Estates Helpdesk successfully launched.	

Business Development

Key updates:

- Sammy Lambert to continue relationship management with xxxxxxxxxxxx

- Social Media Platforms are growing and engagement is increasing

- Continuous Horizon Scanning for potential new business opportunities

- 'Meet the Team' videos continue to be successful.

Workforce and Organisational Development Exceptional Report

KEY MESSAGES
Please note that all data is based on January information

1.0   Absence

The HIF absence rate has reduced by 3.79% during January to 6.29%. Short-term sickness has reduced by 2.91% and Long-term sickness by 0.89%. Although the absence rate is still considerably higher than the target of 3.9%, sickness absence continues to be pro-actively managed, by ensuring standard absence management processes are in place e.g. training of supervisors in return to work interviews.

Monthly Sickness Rates - Short Term and Long Term split (HHFM)
(April 2022 to March 2023)
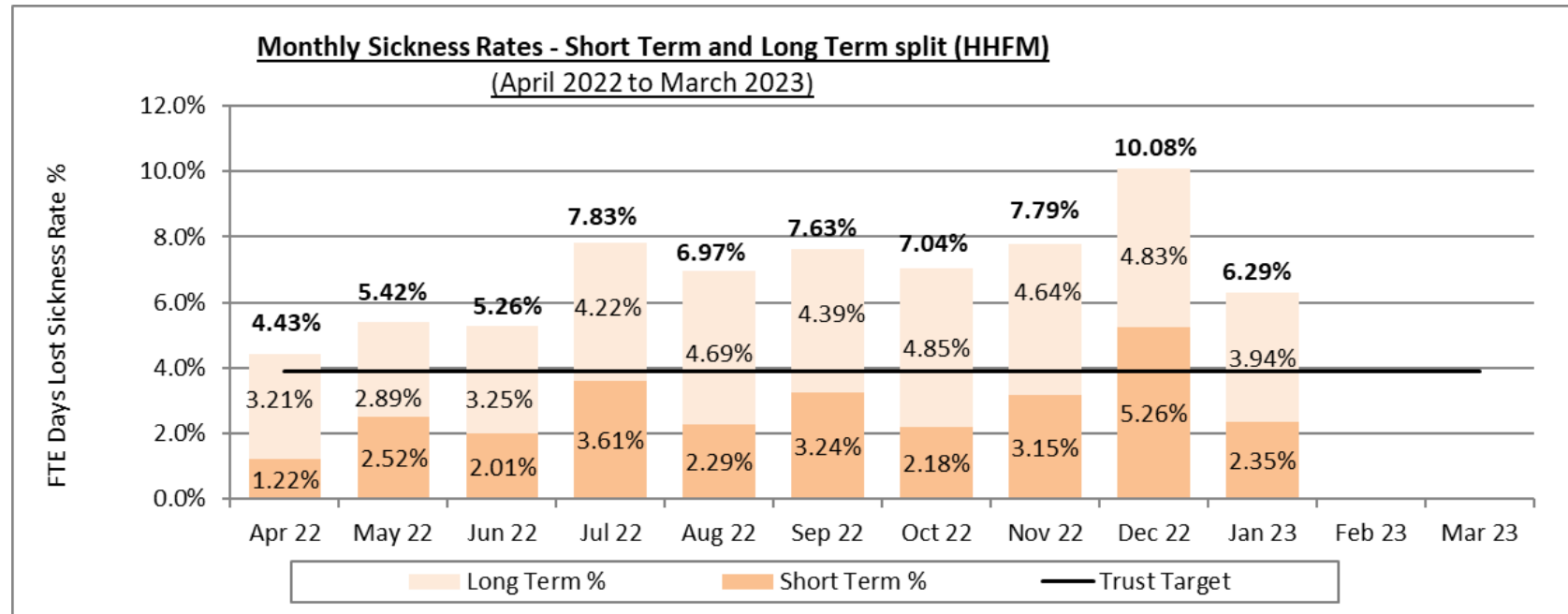
1.1   Absence between A4C contracts and HIF Contracts of Employment

Comparing the absence rates between the two contracts, HIF contracted staff continue to exceeded A4C contracts for both short term and long term sickness absence.

1.2 Absence Management

Due to the large increase in absence in January some focussed work on short-term absence commenced.
- Catering Department - Supervisors trained in RTW interviews
- Review of number of employees on each Stage of the policy has commenced

At the start of January there were 17 staff recorded absent due to Long Term Sickness, 5 of which returned to work during January and 1 who has left due to medical capability.
- xxxxxxxxxxxx – 1 RTW
- xxxxxxxxxxxxxxx– 3 RTW, 1 leaver
- xxxxxxxxxxxxxx
- xxxxxxxxxxxxxx - 1 RTW
- xxxxxxxxxxxxxxxx
- xxxxxxxxxxxxxxxx

1.3 Cost of Absence

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

1.4 Absence Reasons

The main 5 reasons for absence in January are as follows:

Absence Reason	Headcount	Number of Episodes	FTE Days Lost	% of overall sickness
S10 Anxiety/stress/depression/other psychiatric illnesses	7	7	128.60	24.60%
S98 Other known causes - not elsewhere classified	8	8	104.13	19.92%
S11 Back Problems	4	4	66.00	12.63%
S13 Cold, Cough, Flu - Influenza	17	18	56.95	10.89%
S15 Chest & respiratory problems	5	5	39.00	7.46%

Staff Turnover

Staff Turnover (FTE) now stands at 24.18%

	Average Headcount	Avg FTE	Leavers Headcount	Leavers FTE	LTR Headcount %	LTR FTE %
HHFM - January	306.00	267.02	74.00	65.01	24.18%	24.35%
HHFM - December	302.50	263.81	76.00	66.75	25.12%	25.30%

Appraisals

The Appraisal rate remains at 16.61%, group appraisal documentation has been launched and are planned to commence

	Assignments Appraised	Number of Assignments	% Appraised
HHFM DIRECTORATE	48	289	16.61%

Statutory and Mandatory Training

Compliance rates stands at 82%, staff are being released from duty to complete their training.

Certification Name	Required	Not Achieved	Compliance %
Equality, Diversity and Human Rights	284	55	81%
Fire Safety	284	53	81%
Health & Safety	284	11	96%
Infection Control Level 1	117	27	77%
Infection Prevention & Control (Including Hand Hygiene) Level 2	167	31	81%
Information Governance and Data Security	284	41	86%
Moving & Handling - Safer Manual Handling	284	48	83%
Risk Management - Risk Awareness	284	14	95%
Safeguarding Children Level 1	284	51	82%
Adult Basic Life Support with paediatric modifications	33	22	33%
Blood Transfusion - Collection from Fridge	29	7	76%
Bullying and Harassment Facilitator Led	13	7	46%
Conflict Resolution - Breakaway Skills	34	19	44%
Conflict Resolution Physical Intervention Reactive	6	3	50%
Dementia Awareness	179	46	74%
EPRR - CBRNE/hazmed - PPE & Decontamination - Tent Construction	12	10	17%
Food Hygiene	42	42	0%
Inoculation Incident	139	6	96%
Medical Devices 0	67	3	96%
Mental Capacity Act (Including DOLs Awareness) Level 1	97	8	92%
Moving & Handling - Safer Moving & Handling of Patients and Equipment Facilitator Led	20	12	40%
Preventing Radicalisation - Basic Prevent Awareness	284	50	82%
Safeguarding Adults Level 1	246	35	86%
Safeguarding Adults Level 2	38	15	61%
Overall Compliance	3511	616	82%

Statutory and Mandatory Training

The overall compliance for HIF has risen to **83%**.

Certification Name	Required	Not Achieved	Compliance %
Equality, Diversity and Human Rights	286	56	80%
Fire Safety	286	56	80%
Health & Safety	286	11	96%
Infection Control Level 1	111	24	78%
Infection Prevention & Control (Including Hand Hygiene) Level 2	175	30	83%
Information Governance and Data Security	286	37	87%
Moving & Handling - Safer Manual Handling	286	44	85%
Risk Management - Risk Awareness	286	12	96%
Safeguarding Children Level 1	286	52	82%
Adult Basic Life Support with paediatric modifications	38	28	26%
Blood Transfusion - Collection from Fridge	32	5	84%
Bullying and Harassment	12	6	50%
Conflict Resolution - Breakaway Skills	40	23	43%
Conflict Resolution Physical Intervention Reactive	5	1	80%
Dementia Awareness	186	48	74%
Dementia Tier 1	1	0	100%
EPRR - CBRNE/hazmed - PPE & Decontamination - Tent Construction	13	11	15%
Food Hygiene	47	47	0%
Inoculation Incident	139	4	97%
Learning Disabilities Awareness Level 1	4	0	100%
Medical Devices 0	73	3	96%
Mental Capacity Act (Including DOLs Awareness) Level 1	92	6	94%
Moving & Handling - Safer Moving & Handling of Patients and Equipment	24	15	38%
Preventing Radicalisation - Basic Prevent Awareness	286	51	82%
Safeguarding Adults Level 1	244	34	86%
Safeguarding Adults Level 2	42	15	64%
Overall Compliance			83%