

Harrogate Integrated Facilities Integrated Board Report

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...

- HIF Heroes re-launched and first two awards within Estates team for going above and beyond their day to day roles
- ED2 completed and successfully opened
- Positive feedback on Christmas lunches with over 450 sittings a day
- Meet and Greet session with Executive team taken place with positive staff engagement and good feedback
- Positive number of HIF staff shortlisted for KITE awards in January 2024
- Commenced the planting of 90 trees across the HDH site
- Catering Manager completed HACCP Level 4 training
- Exams booked in January 2024 for Capital and Estates team undertaking project management fundamentals
- Quality and Audit Officer appointed to Portering and Waste services
- Positive engagement with HIF Board of Directors with Service Managers/Leads attending to present on their Business Plans and achievements

Service Performance Update

Q4 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red	Oct-23	Nov-23
General	1	Staff Turnover (Headcount)	10%	10-15%	>15%	19.62%	19.61%
	2	Appraisal (YTD)	>75%	>74-50%	<49%	87.55%	86.85%
	3	Core Skill (YTD)	>90%	89-60%	<60%	91%	91%
	4	Absenteeism	<4.5%	4.5-7%	>7%	5.93%	6.57%
Estates Management		Authorised Engineer (AE) Audits conducted at least annually as per schedule					
	1	Water	<12m	>12m <13m	>13m	Jul-23	Jul-23
	2	Electrical	<12m	>12m <13m	>13m	Jun-23	Jun-23
	3	Vent	<12m	>12m <13m	>13m	Jan-23	Jan-23
	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	Nov-22	Nov-22
	8	STATUTORY PPM Schedule achieved (in month)	>=95%	90-94%	<90%	92.10%	97.90%
	9	MANDATORY PPM Schedule achieved (in month)	>=90%	89-86%	<86%	92.20%	93.30%
10	GENERAL PPM Schedule achieved (in month)	>=85%	84-80%	>80%	96.70%	97.10%	

****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 2023-24



Service Area	KPI No	KPI Descriptor	Green	Amber	Red	2023-24	
						Oct-23	Nov-23
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-22 on a 3 weekly rota	Auditing recommenced Aug-22 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%	New reporting structure being implemented	New reporting structure being implemented
	2	MANDATORY PPM for external areas Schedule achieved (in month)	>=90%	89-86%	<86%	New reporting structure being implemented	New reporting structure being implemented
	3	GENERAL PPM for external areas Schedule achieved (in month)	>=85%	84-80%	>80%	New reporting structure being implemented	New reporting structure being implemented

****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 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red	Oct-23	Nov-23
Linen Service	1	Average stock levels delivered (aggregate monthly)	<=92%	91>=85	<85	91%	94.54%
	2	Laundry Quality (based on checking 700 pieces per week)				96.71%	95.06%
	3	Linen Rejects	<=4%	>4%<=9%	>9%	0.16%	0.23%
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%+	6.94%	7.05%
Portering and courier service	1	Routine patient movement - average completion times completed within 35-50mins	85-100%	65-84%	>65%	91%	93%
	2	Items moves and routine task completion time - average completed within 120 mins	85-100%	65-84%	>65%	95%	96%
Domestic services	1	Achieve National Specification of Cleanliness (NSC) score (FR2)	>=95%	94-90%	<90%	97.74%	97.41%
	2	Total number of deep clean requests (activity based target)	500-750	751-900	901+	576	473
	3	Average response time to deep clean requests (24/7)	<=60 mins	>60min-90min	>90mins	43	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

Q4 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		
						Oct-23	Nov-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	PASS	PASS
	6	The conformity compliance rate remains the same as or above the compliance	>99.36%	=<99.36%	<99.15%	PASS	99.68%
	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	00:12	00:12
	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 **11** high risks identified for December 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.

From July 2023, all HIF risks detail timeframes for each of the mitigating actions to be completed.

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

Estates

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	Date of completion	Datix ID
	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>Associate Director of Estates & Capital Delivery</i>	Joint risk	20	16	4	<ul style="list-style-type: none"> Estates team to ensure a suitable service contract is in place to support any repairs in the interim. 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 Specialist contractors to provide maintenance costs for existing systems to include call out arrangements to support the clinical teams 	<ul style="list-style-type: none"> From April 2023 Unknown – dependent on Trust funding Unknown – dependent on Trust funding 	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	<ul style="list-style-type: none"> Porters instructed to carry out regular checks of area where necessary (SOP in place) New areas have been upgraded (Briary and Lascelles). When funding becomes available and areas of refurbishment identified, these will be updated Protec (fire contractor) instructed to allocate resource and obtain parts to effect a repair as urgently as possible. Fire alarm cause and effect and zoning needs to be addressed site-wide 	<ul style="list-style-type: none"> Unknown – dependent on Trust funding and upgrades 	246

Estates

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	Date of completion	Datix ID
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Strayside Lifts	Lack of resilience with one lift (out of two) currently being replaced.	<i>Operational Estates Manager – Engineering</i>	Joint risk	16	16	8	<ul style="list-style-type: none"> 1 hour call out for trapped passengers Standard is 4 hour call out for breakdowns, they have indicated that they will look to attend in 1 hour however they can't always guarantee that this will be the case. All parts stripped down from the first lift will remain on site and available as replacement spares for additional resilience in resolving if the second lift goes down. 	<ul style="list-style-type: none"> April – February 2024 	269
	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	26 Wetherby Road Student Accommodation	Risks associated with the Student accommodation at no 26. <ul style="list-style-type: none"> Risk of fire and status of fire risk assessment Gas safety and carbon monoxide risks LV fixed wire testing required Asbestos – potential that asbestos is disturbed Security – issues with the front door on D block meaning security is compromised 	<i>Associate Director of Estates & Capital Delivery</i>	Joint risk	15	15	4	<ul style="list-style-type: none"> Gas compliance evidence is now centralised (December 2023) Fire - Detailed compartmentation survey required, ongoing testing of fixed fire detection systems as per statutory requirements. Ongoing assessment of escape routes and potential combustible sources. Evacuation strategies to be defined, implemented, and displayed clearly throughout each building. LV fixed wire survey to price the works is complete (December 2023) Temporary door now installed (December 2023) 	<ul style="list-style-type: none"> December/ January 2024 	277

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	Date of completion	Data ID
Estates	Strategic Theme No.2 Provision of Safe, Efficient, Compliant, Responsive and Good Quality Services	Compliance & Service Delivery including Backlog maintenance programme	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.	<i>Head of Estates</i>	Joint risk	20	16	8	<ul style="list-style-type: none"> 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. Recruitment is a major contributory factor, all vacant posts are being reviewed and job descriptions / adverts are to be posted asap. Staff workloads are to be prioritised in terms of risk where possible Constant review and update of this risk based on audit findings Workloads are reviewed by the management team based on site risk 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 	<ul style="list-style-type: none"> Ongoing November 2023 Ongoing Ongoing Ongoing April 2024 	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"	<i>Head of Estates</i>	Joint risk	16	12	4	<ul style="list-style-type: none"> 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 Legionella sampling is to be arranged for HDFT Main Building as an urgent IPC / WSG have been advised of the issue and the need to carry out regular twice weekly flushing Strayside domestic hot water redesign has been carried out 	<ul style="list-style-type: none"> Ongoing Implemented and ongoing Implemented and ongoing November 2023 	228

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 	<ul style="list-style-type: none"> Ongoing November 2023 November 2023 	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"> xxxxxxxx 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 xxxxxxxxto be introduced as security support (7 nights a week) Recruitment of staff following consultation xxxxxxxxxxxxx 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 20233 December 2023 	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"> 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"> Ongoing January 2024 January 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	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 Executive Assistant supporting with Board of Directors and Committee meetings (papers and minute-taking) Reviewing current position with external advisors and HDFT to next steps and Company Secretary requirements 	<ul style="list-style-type: none"> Ongoing From January 2023 (ongoing) From October 2023 (ongoing) 	261
	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 October:

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	August Rating	September Rating	Target Rating	Target Date
CRR75: CHS1 Health and Safety	An Environment that promotes wellbeing	<p>CHS1 - Identification and Management of risk</p> <p>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.</p>	16	12	12	8	Sept 23
Key Risk Indicators	Current Position		Controls and Plans to 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 have 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</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>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>				

Trust Corporate Risks

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	August Rating	September Rating	Target Rating	Target Date
CRR75: CHS2 Health and Safety	An Environment that promotes wellbeing	CHS2: HDH Goods yard 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)	16	12	12	8	Dec 23
Key Risk Indicators	Current Position	Controls and Plans to implemented					
Board level lead for Health and Safety Annual Audit programme for Health and Safety Health & Safety Committee	<p>Risk assessment completed for the goods yard. Temporary measures have been implemented: Security guard (Mon-Fri 8am – 6pm) Temporary heras fenced walkway to access Pharmacy lift and stairwell. Instruction to all Trust staff made via email and Team talk. Use of his-vis clothing for those that need to routinely access the yard as part of their duties.</p> <p>Instruction to contractors that the yard area is not to be used as a car park, delivery drop off / collection only. Loading bay entrance remains unsecure 24/7 as doors do not close. Particular security issue on an evening / during the night when staff presence is limited and access remains open to patients and others. 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 storage of bikes in hospital buildings</p> <p>Review of waste segregating and disposal</p>					

Trust Corporate Risks

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	August Rating	September 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	12	16	8	Dec 23
Key Targets	Current Position	Controls and Plans to implemented					
Structural inspection / surveying	The HDH sit has been surveyed by WSP and an identification and deflection survey is on going.	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	Some temporary safety measures have been implemented to support the roof. Areas of immediate action have been identified and at risk areas have also been identified. (ALL initial RAAC emergency work is complete)	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					
Results from Regular progress reports to board and sub committees of the current position on RAAC Plans and the Risks	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	Strategic plan in place to identify remedial action needed, with long term plan to eliminate RAAC from site by 2035.					
	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 be established, 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 being developed to implement RAAC eradication plan, including additional funding from NHSE – intention is to incorporate backlog maintenance work where possible					
	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	Work to carried out includes temporary stalls, netting and a scaffolded crash deck in addition to relocation of services					
	B3 Corridor (Farndale 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					
	Year 1 Report now received from WSP – analysis shows significant areas of remedial work required. Further meetings with WSP to identify course of action	Year 1 Report now received from WSP – analysis shows significant areas of remedial work required. Further meetings with WSP to identify course of action					
	The increase in score is due to the report showing an increase in areas with the RACC issue and therefore an increased likelihood risk.						

Trust Corporate Risks

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	August Rating	September 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	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: <ul style="list-style-type: none"> 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 	12	16	16	12	July 2024
Key Targets	Current Position	Controls and Plans to implemented					
<p>The conditions that need to be in place:</p> <ul style="list-style-type: none"> 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. <p>Metrics to be considered:</p> <p>Staff Engagement – Survey Scores (Benchmark Group Acute & Community Trusts)</p> <p>Turnover</p> <p>Sickness</p> <p>Appraisals</p> <p>Vacancy rate</p>	<p>Staff Engagement – The scores for staff engagement over kindness, teamwork, integrity and kindness are higher than the benchmark for a third continuous month</p> <p>Turnover - Target 12% Turnover Rate has had a further small decrease to 14.48% at the end of August. The Trust has seen a decreasing trend since October 2022. (This incorporates voluntary and involuntary turnover).</p> <p>Sickness - Target 3.9% - Sickness has seen an increasing trend since May 2023 and has increased further in August by 0.51%, taking the Trust from 4.44% in July to 4.95%.</p> <ul style="list-style-type: none"> (Sickness had been on the decrease to May) since it peaked in December 2022 at 5.32%) We are starting to see a small increase in Staff Covid sickness <p>Appraisals - Target 90%</p> <p>Appraisal rate in August is 82.16%, which is a small decrease of 1.34% compared to the previous month.</p> <p>Vacancy Rate (Target 7%)</p> <p>Trust vacancy rate in August is 7.71%, which is a decrease compared to last month's vacancy rate of 8.13%. This equates to 348.96wte vacancies.</p>	<p>Staff Engagement - All Directorates instructed to achieve 90% Appraisal compliance – completed appraisal numbers have increased significantly.</p> <p>Turnover - Work underway to develop career pathways, utilising the apprenticeship levy as a major lever for affecting improvements.</p> <p>Review of National Long Term Workforce Plan and implementation actions, in collaboration with HEIs</p> <p>Retention Group formed as a sub-group of Looking After Our People & Belonging – developing career conversation tool/process and new starter survey process.</p> <p>Equality & Diversity and Inclusion work plan in place to reduce workplace inequalities and increase inclusion. Financial support on travel and lunch</p> <p>Sickness – Stress audit underway, fair and just culture project, health ad wellbeing activity</p> <p>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.</p> <p>Appraisals - Each Directorate working to achieve 90% compliance with staff appraisals</p> <p>Vacancy rate-Workforce planning, international recruitment, agile working policies, increase in apprenticeships</p>					

Trust Corporate Risks

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	August Rating	September Rating	Target Rating	Target Date
CRR 71: Agency Usage	Overarching	Agency Usage -The Trust is currently in breach of regulatory obligation regarding agency price caps, is incurring premium costs for staffing where vacancies exist, and in some circumstances this results in an adverse impact to quality and safety	15	15	15	9	March 24

Key Targets	Current Position	Controls and Plans to implemented
<p>1. Monthly agency ceiling performance – expectation that agency spend will be below 3.7% of pay bill - £740k per month</p> <p>2. Performance against 2019/20 Agency expenditure (£4.9m FY). The Trust should target reducing to this level plus inflation.</p> <p>3. Monthly price cap compliance</p>	<p>The Trust is currently spending in excess of the agency ceiling – Month 5 £778k.</p> <p>The Trust is currently spending in excess of the 2019/20 pro-rata agency spend – YTD £3.7m against 2019/20 £1.6m The Trust is now reporting performance to NHSE on a monthly basis.</p> <p>No data reported as a result of agency staff not meeting substantive staff obligations.</p>	<p>1. Review at directorate resource review sessions</p> <p>2. Substantive recruitment as per other risks</p> <p>3. Nursing oversight to be embedded</p> <p>4. Medical e-rostering to be implemented during 2023/24</p> <p>5. Target levels of agency compliance based on monthly return to be developed</p>

Corporate Risk ID	Strategic Ambition	Principle Risk:	Initial Rating	August Rating	September Rating	Target Rating	Target Date
CRR 76: Underlying Financial Position	Overarching	There is a risk that the majority of clinical and corporate IT systems hosted by the Trust are unavailable due to overheating of the IT systems, severely impacting the Trusts ability to operate as normal across the Acute and Community.	20	15	15	5	March 24

Key Targets	Current Position	Controls and Plans to implemented
<p>1. Monthly agency ceiling performance – expectation that agency spend will be below 3.7% of pay bill - £740k per month</p> <p>2. Performance against 2019/20 Agency expenditure (£4.9m FY). The Trust should target reducing to this level plus inflation.</p> <p>3. Monthly price cap compliance</p>	<p>Currently reporting a deficit position of £3.6m.</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>Whilst cash remains positive, the deficit position is having an impact. Cash has reduced by £15m since the end of 2022/23.</p> <p>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 –</p> <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. • <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>1. Review at directorate resource review sessions</p> <p>2. Substantive recruitment as per other risks</p> <p>3. Nursing oversight to be embedded</p> <p>4. Medical e-rostering to be implemented during 2023/24</p> <p>5. Target levels of agency compliance based on monthly return to be developed</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/xxxxxxxx**
- **Catering**
- **Porters**
- **Company wide Timeclocks**
- **Car parking**
- **Governance and Risk**

There majority of audits have now taken place with the remaining three scheduled to take place over the next few months – Catering, Timeclocks and Car Parking.

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

Additionally, HIF have received follow-up review of our previous audit on Use of Agency Staff where an opinion of significant assurance has been given with no recommendations.

A draft, provisional HIF Internal Audit Programme for 2024-25 has been identified as below:

- **Catering and Processes**
- **Car Park**
- **Governance**
- **Cleaning**
- **Portering Follow Up**

Quality, Performance and Standards

Polycystat and Datix Update

Polycystat

The new PolicyStat 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.

The system enables a quick and easy way for colleagues to find associated documents with a simple word or phrase search.

The use of the system has been internally promoted with HIF colleagues through our HIF champions, team 'huddle' meetings, HIF screens and noticeboards, and the HIF newsletter.

DCIQ

DCIQ including Events, Claims, Feedback, Safety Learning & Mortality Review modules are currently being re-baselined and forecast for going 'live' date has been delayed until February/March 2024. HIF colleagues are working closely with the Trust and their project teams to ensure HIF requirements are reflected in the new system.

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 November/December has been regarding the implementation of the new visitor/patient car parking arrangements, and processes associated with our General Office.





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	Further SOPs to be collated by Portering Team and General Office Team for inclusion in new respective SOP Booklets
Harrogate Advertiser feature column issued and continuing	Performance framework reporting mechanism template to be finalised for approval
HIF Hero successfully relaunched, further marketing of the initiative to be carried out	Catering Hospitality Order forms to be finalised and prepared for wider use
Issue 9 of the HIF Newsletter successfully launched	Work continuing to update standard form templates (General Office)
Christmas Meal Week with e-ticket system successfully launched	HIF Newsletter Issue 10 to be drafted
Visit to xxxxx – 15 Dec 2023 – Update to follow	
All user email functionality	

Business Development

Key updates:

-  Social Media platforms are growing and engagement is increasing
-  Continuous Horizon Scanning for potential new business opportunities
-  A thorough review of the HIF portals has been completed
-  Porters SOP booklet currently being collated and initial draft has commenced
-  General Office SOP booklet currently being collated and initial draft has commenced
-  SSD workshop scheduled 06 February 2023
-  Performance framework reporting mechanism template being finalised for approval

Workforce Performance Report

December 2023

Based on November 2023 data

Looking after
our people

Belonging
in the NHS

Growing for
the future

New ways of
working and
delivering care

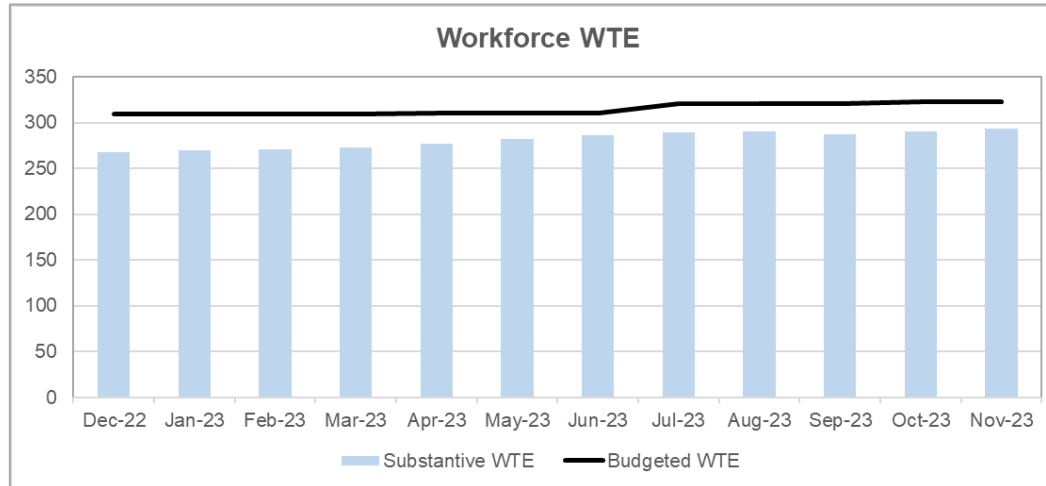
Workforce Performance Indicators

KPI	Nov 21	Nov 22	Oct 23	Nov 23	Target	Performance against Target	Difference to Last Month	Difference to Last Year
Staff Turnover Rate (Rolling 12 months)	12.72%	23.82%	19.62%	19.61%	10%	● 9.61%	● -0.01%	● -4.21%
% staff leaving within the first year (excl fixed term contracts)	13.68%	40.11%	23.53%	23.91%	10%	● 13.91%	● 0.38%	● -16.19%
Stability Index (Rolling 12 months)	87.25%	79.80%	81.58%	81.64%	90%	● -8.36%	● 0.06%	● 1.84%
Sickness Rate (monthly)	8.98%	7.79%	5.93%	6.57%	4.5%	● 2.07%	● 0.64%	● -1.23%
Appraisal Rate (Rolling 12 months)	60.00%	15.17%	87.55%	86.85%	75%	● 11.85%	● -0.70%	● 71.68%
Mandatory Training (Rolling 12 months)	80.00%	86.00%	91.00%	91.00%	60%	● 31.00%	● 0.00%	● 5.00%
Vacancy Rate	12.29%	12.26%	10.05%	9.35%	13.1%	● -3.75%	● -0.71%	● -2.91%

Executive Summary

- Turnover has seen an increasing trend since August 2023, however November has remained at a relatively static position with a marginal decrease from 19.62% in October to 19.61% this month.
- The turnover rate of those within the first year of service is 23.91% in November, which is a small increase from 23.53% last month. This is a key area of concern and focus.
- The stability index is 81.64%, which is a minimal increase from 81.58% last month.
- Sickness rates have seen an increase in November from 5.93% to 6.57%.
- Long term sickness has decreased from 2.86% to 2.78%, however short term sickness has increased from 3.07% to 3.79% and is the reason for the increase in sickness rates this month.
- The appraisal rate has decreased by 0.70% in November and is 86.85%.
- The training data shown is for the Mandatory training compliance for the end of November. The overall compliance rate for substantive staff in HIF is 91% and is compliant against the target of 60%.
- The vacancy rate in November is 9.35%, which is a decrease compared to last month's vacancy rate of 10.05%. This equates to 29.81wte vacancies.
- All metrics for November 2023 have seen improvement compared to the same period last year.

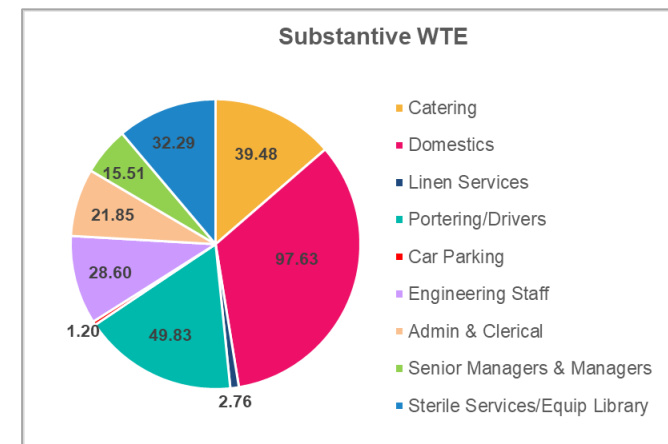
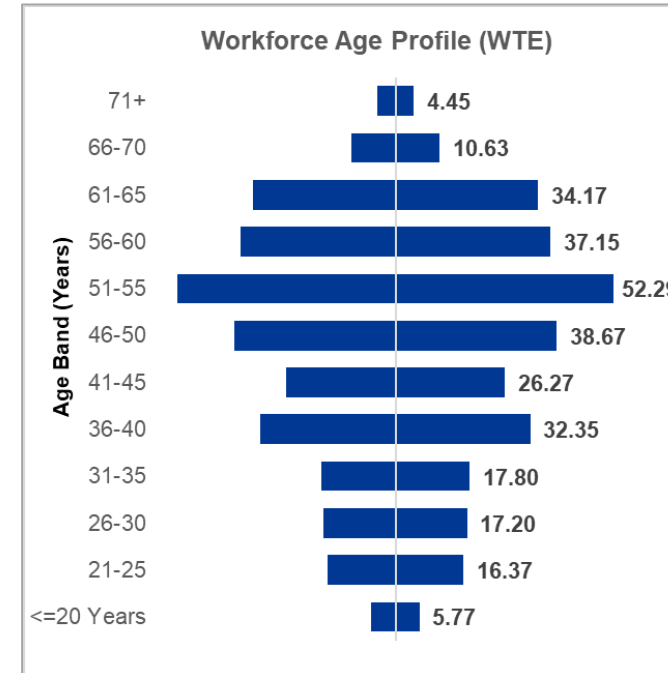
1. Total Workforce



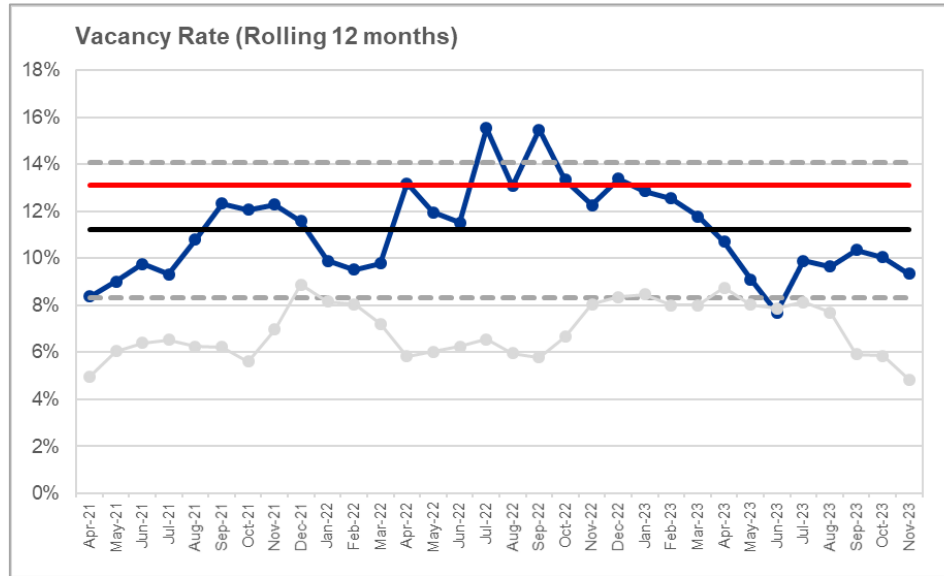
Workforce Indicator	Budget WTE	Substantive WTE	Difference WTE
Workforce Total	322.95	293.14	29.81
AfC Contract		96.05	
HIF Contract		183.62	
Hybrid Contract		13.47	

Commentary

- The organisation has seen a small growth in November from 290.48wte to 293.14wte.
- 5% of the substantive workforce are now on a Hybrid contract.
- 16.8% of the workforce are aged 61 and over.



2. Vacancies

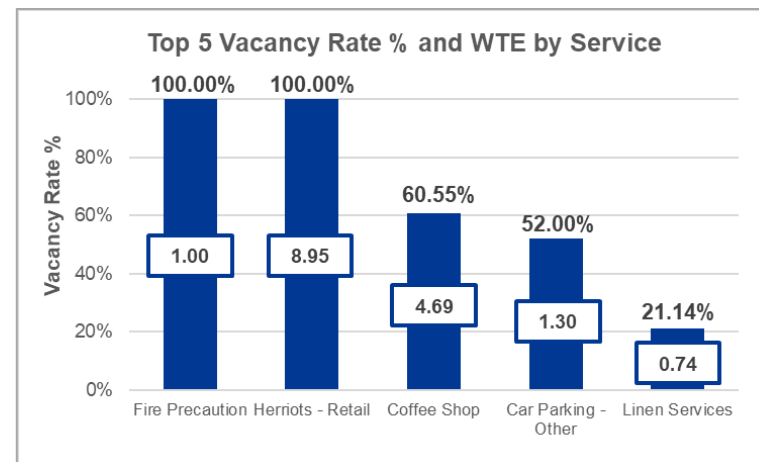


Workforce Indicator	Vacancy Rate	Vacancies WTE	Pipeline WTE
Vacancies	9.23%	29.81	7.93

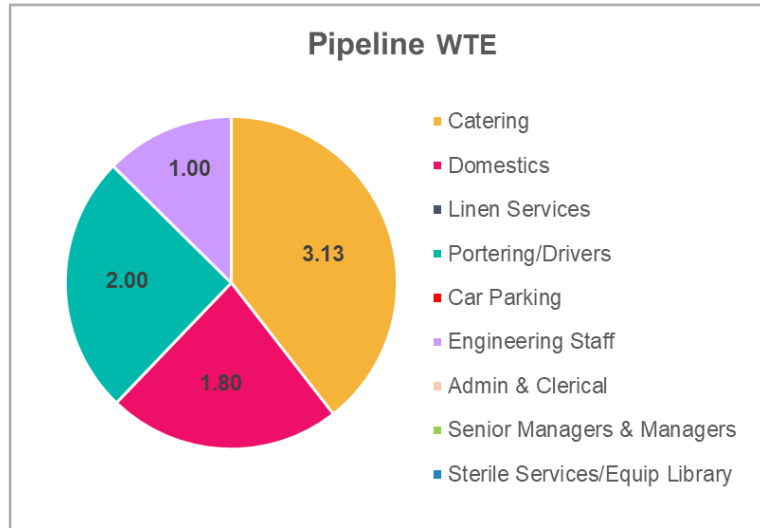
Commentary

- HIF's vacancy rate in November is 9.23%, which is a small decrease to last month which was 10.05%. This equates to 29.81wte vacancies.
- The greatest vacancies are within Band 2 'Domestics - H.D.H.' (6.57wte vacancies) and Band 5 within the 'Engineering Staff' cost centre (5.40wte vacancies).
- A negative vacancy position denotes an over-establishment.

Pay Grade (AfC and HIF combined)	Vacancy WTE	Vacancy %
Band 2	14.17	7.16%
Band 3	9.56	15.87%
Band 4	1.75	8.92%
Band 5	6.40	29.09%
Band 6	1.40	23.33%
Band 7	2.20	25.00%
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	0.37%
Non Executive Directors	0.00	0.00%



3. Recruitment Activity

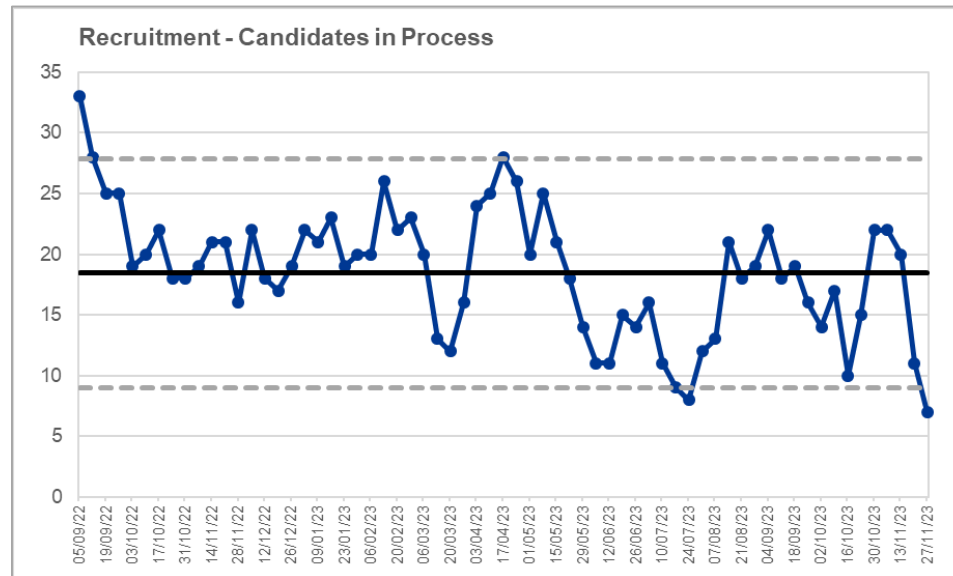


Role	Vacancy WTE	Pipeline WTE
Catering	9.50	3.13
Domestic	17.91	1.80
Linen Services	0.74	0.00
Portering/Drivers	7.08	2.00
Car Parking	1.30	0.00
Engineering Staff	0.25	1.00
Admin & Clerical	-0.99	0.00
Senior Managers & Managers	-4.15	0.00
Sterile Services/Equip Library	-1.84	0.00

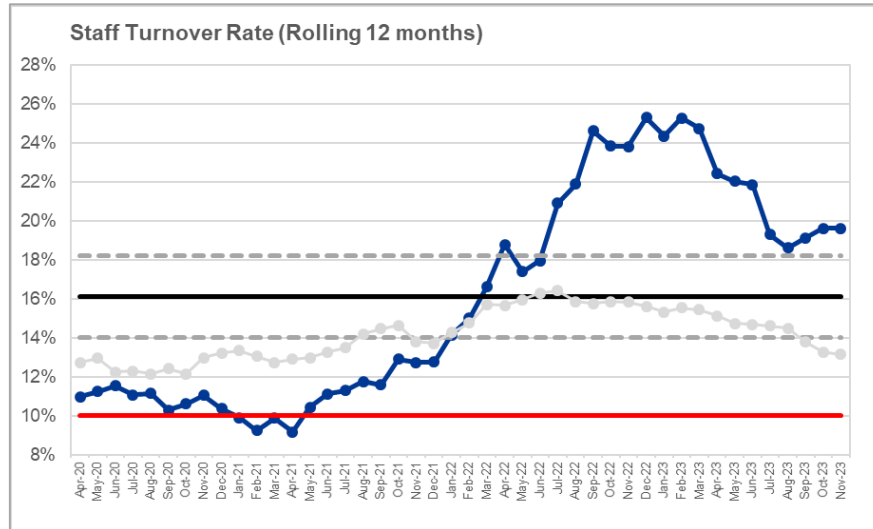
Workforce Indicator	Candidates in Process	Candidates with Start Date	Live Adverts
Recruitment	12	14	4

Commentary

- The table directly above relates to recruitment data as at 27th November 2023.
- ‘Candidates in Process’ are candidates undergoing pre-employment checks and waiting for a start date, this is in addition to those with a confirmed start date.



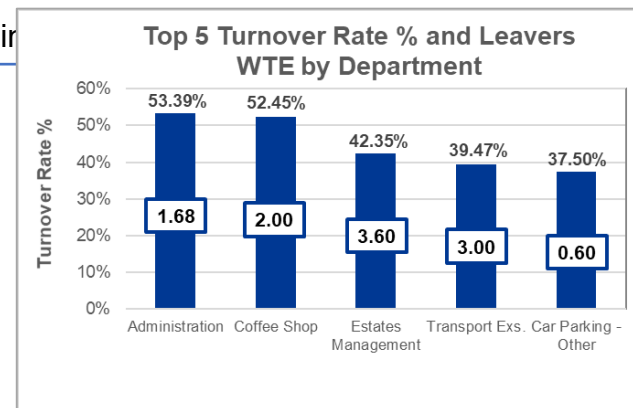
4a. Turnover



Commentary

- Turnover has seen an increasing trend since August 2023, however November has remained at a relatively static position with a marginal decrease from 19.62% in October to 19.61% this month. An updated exit form has been developed and leavers will be asked to complete this at time of resignation and offered an exit interview. Information from these will be reported quarterly.
- Turnover is greatest within HIF Bands 2 and 3, with turnover rates of 26.22% and 25.98% respectively. This is based on an average headcount of 10 employees or more.
- 47% of the leavers were in a HIF Band 2 position, however this is not representative of the workforce, as HIF Band 2's account to 35% of the average staff in post.

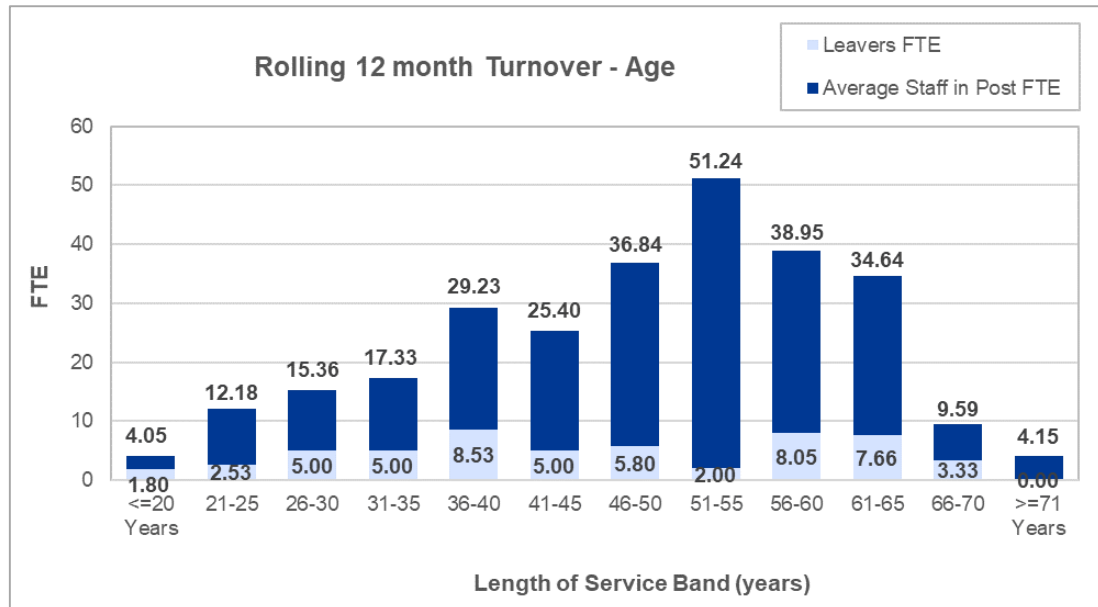
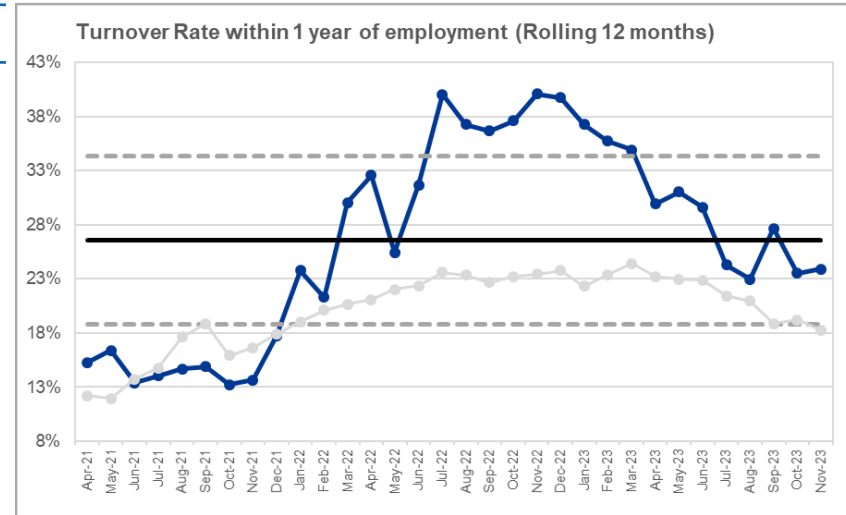
Workforce Indicator	Target %	Actual %	Difference %
Turnover	10.00%	19.61%	+9.61%



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

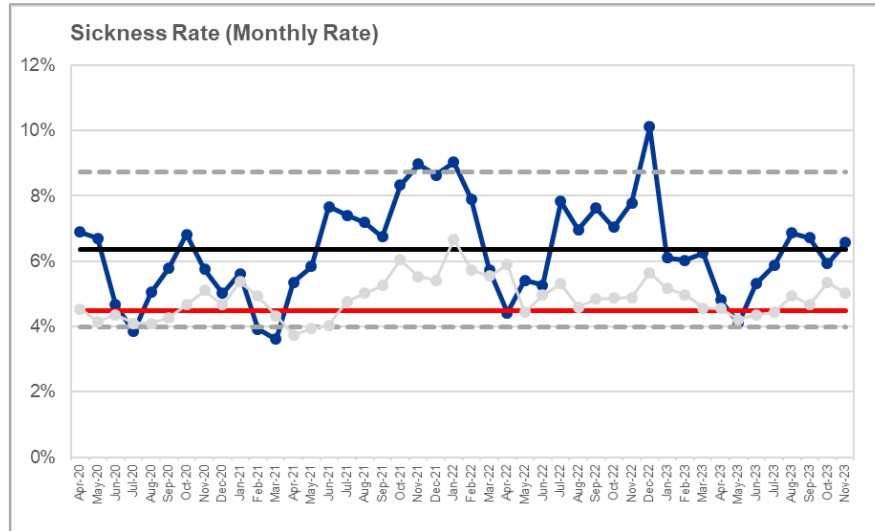
Commentary

- The turnover rate of those within the first year of service is 23.91% in November, which is a small increase from 23.53% last month.
- All leavers over the rolling 12 month period with less than 1 year’s service were on a HIF Band 2 or HIF Band 3 payscale, with the exception of one leaver who was on another HIF payscale.
- Turnover rates are higher for those who are on a HIF payscale, with the turnover rate being 22.46% compared to a turnover rate of 15.18% of those on an Agenda for Change payscale.



Age Band (Years)	Leavers WTE	Turnover %
20 Years and under	1.80	44.41%
21-25	2.53	20.79%
26-30	5.00	32.55%
31-35	5.00	28.85%
36-40	8.53	29.20%
41-45	5.00	19.68%
46-50	5.80	15.74%
51-55	2.00	3.90%
56-60	8.05	20.67%
61-65	7.66	22.11%
66-70	3.33	34.76%
71 Years and over	0.00	0.00%

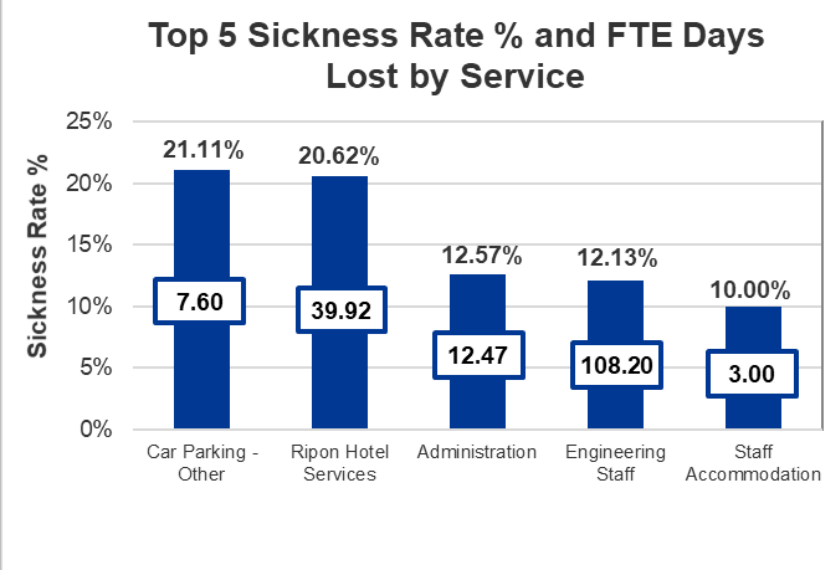
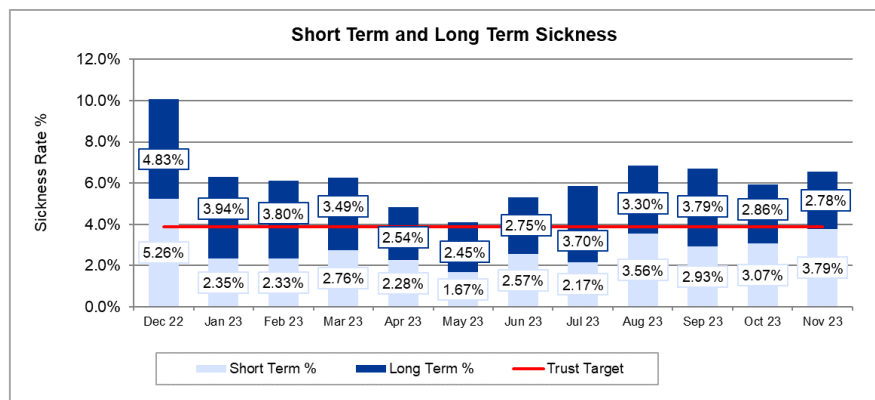
5a. Sickness



Commentary

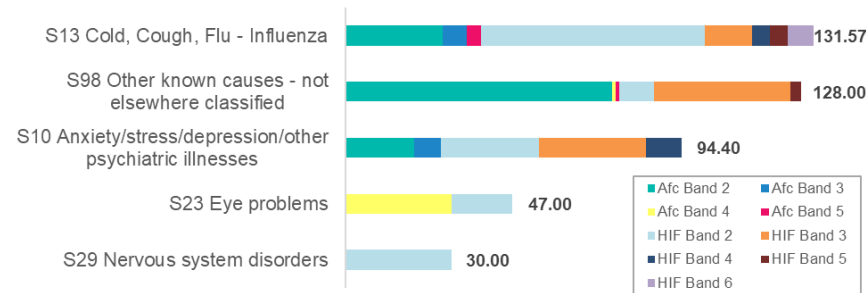
- Sickness rates have seen an increase in November from 5.93% to 6.57%.
- Long term sickness has decreased from 2.86% to 2.78%, however short term sickness has increased from 3.07% to 3.79% and is the reason for the increase in sickness rates this month.
- Based on departments with an average of 10 or more employees, 'Portering Services' has seen the greatest increase in sickness rates this month, from 4.89% in October to 9.12%. This department has seen an increasing trend since August, which was at 1.57%.

Workforce Indicator	Target %	Actual %	Difference %
Sickness	4.50%	6.57%	+2.07%



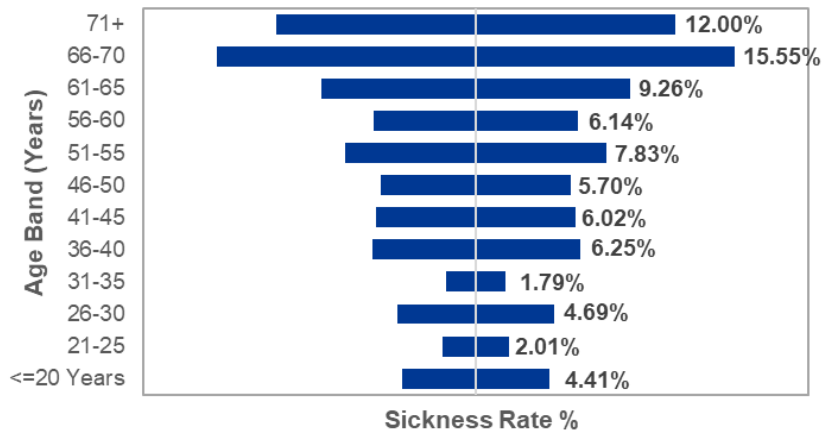
5b. Sickness – Sickness Reasons

Top 5 Sickness Reasons (November 2023)



Sickness by Contract (November 2023)	Sickness %
Agenda for Change	7.59%
HIF	6.32%
Hybrid	1.82%

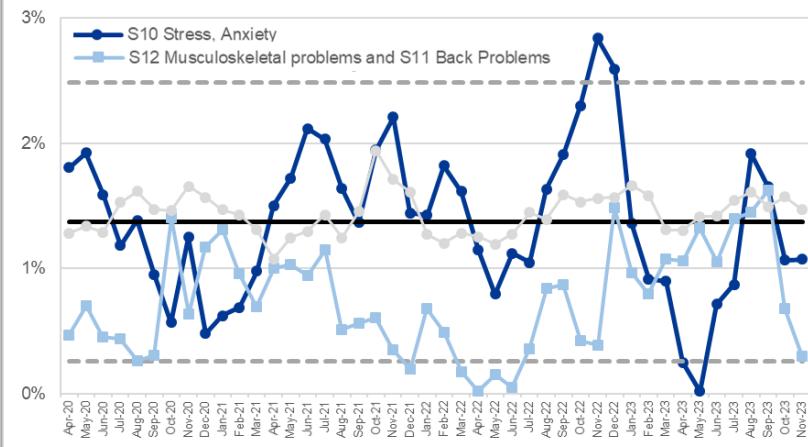
Sickness Rate Age Profile



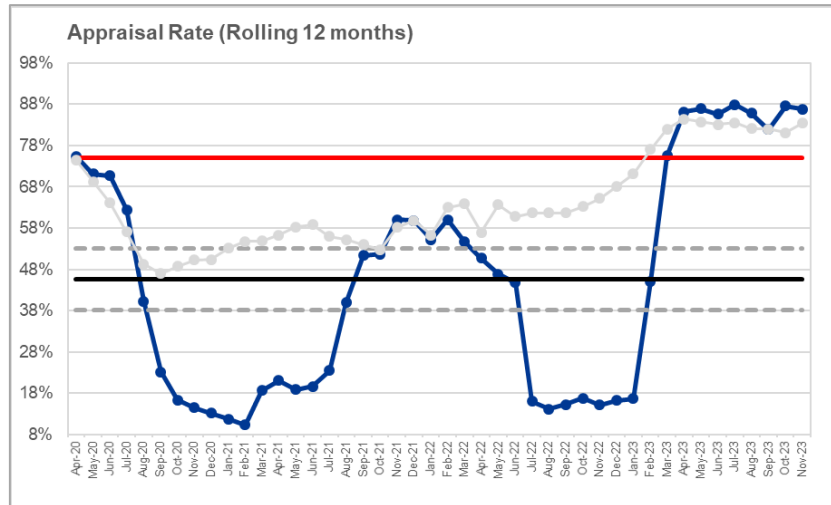
Commentary

- Sickness due to S13 Cold, Cough, Flu - Influenza is the top reason for sickness this month and accounts for 23% of overall sickness within HIF.
- HIF Band 2 is represented across all of the top 5 sickness reasons, however it should be noted 35% of the workforce are on this payscale.
- The sickness rate of those on a AfC contract (7.59%) is higher than those on an HIF contract (6.32%). There are 17 colleagues on a hybrid contract, which has a sickness rates of 1.82%.
- Sickness rates in November are highest within the 61 years and above age brackets.

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



6. Appraisals



Workforce Indicator	Target %	Actual %	Difference %
Appraisals	75.00%	86.85%	+11.85%

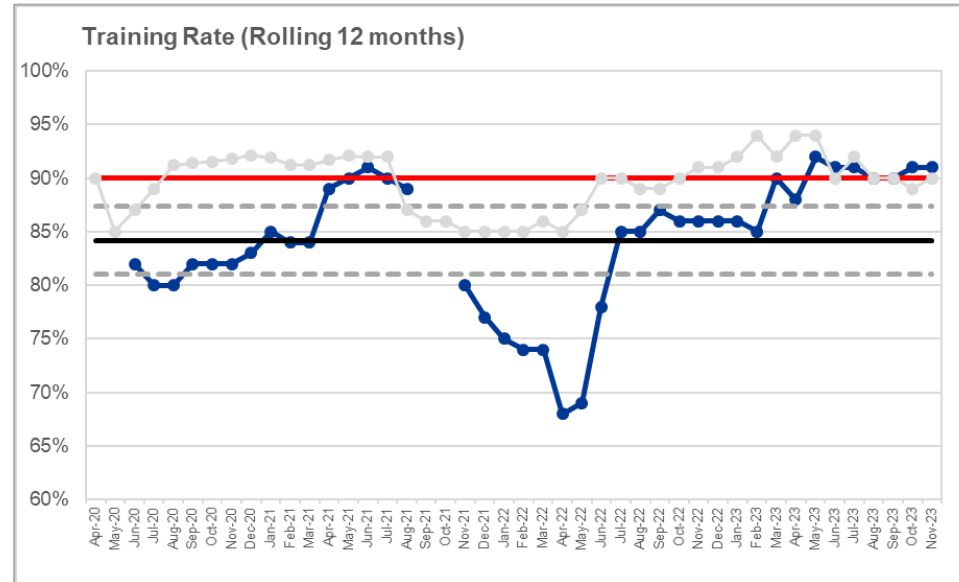
Commentary

- The appraisal rate in November is 86.85%, which is a decrease of 0.70% in comparison to October, which saw an appraisal rate of 87.55%.
- 33 appraisals are still outstanding as at 30th November 2023.

Service	Appraisals Overdue	Appraisal %
HIF Administration	2	33%
HIF Board of Directors	2	50%
HIF Car Parking – Other	0	100%
HIF Catering H.D.H.	3	91%
HIF Coffee Shop	2	33%
HIF Domestics - H.D.H.	5	94%
HIF Engineering Staff	4	82%
HIF Estates Management	1	86%
HIF Healthcare Waste Management	0	100%
HIF Hotel Services Management	2	60%
HIF Linen Services	0	100%
HIF Management Team	0	100%
HIF Portering Services	2	93%
HIF Ripon Hotel Services	8	11%
HIF Staff Accommodation	0	100%
HIF Sterile Services	1	97%
HIF Transport Exs.	1	86%

7. Mandatory Training

Service	% Compliance
HIF Administration	94%
HIF Bank	76%
HIF Board of Directors	54%
HIF Car Parking – Other	96%
HIF Catering H.D.H.	89%
HIF Coffee Shop	92%
HIF Domestics - H.D.H.	95%
HIF Engineering Staff	92%
HIF Estates Management	86%
HIF Healthcare Waste Management	74%
HIF Hotel Services Management	96%
HIF Linen Services	97%
HIF Management Team	91%
HIF Portering Services	82%
HIF Ripon Hotel Services	96%
HIF Staff Accommodation	100%
HIF Sterile Services	98%
HIF Sterile Services Bank	94%
HIF Transport Exs.	79%



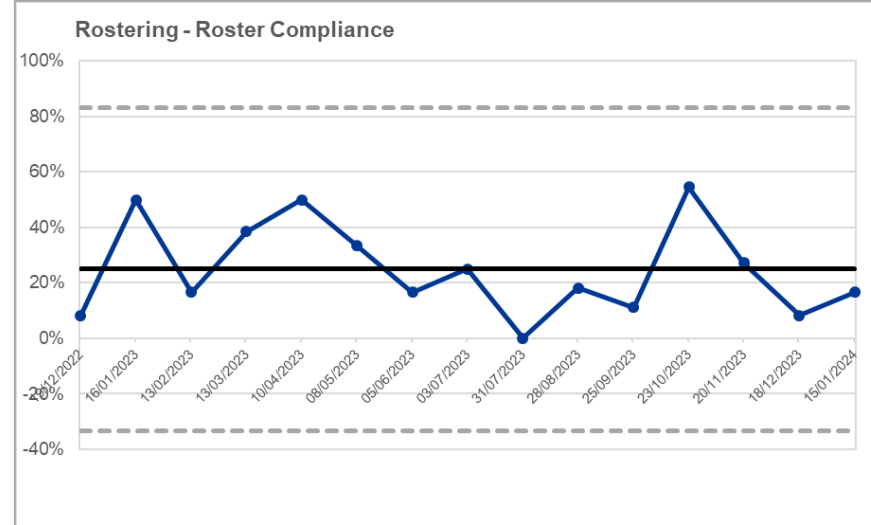
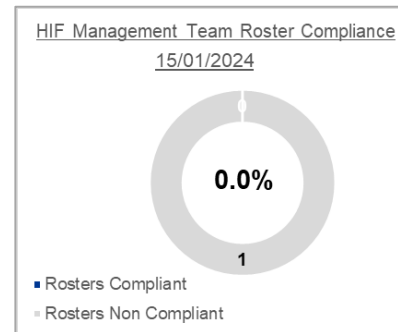
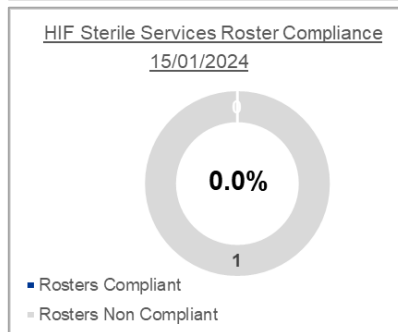
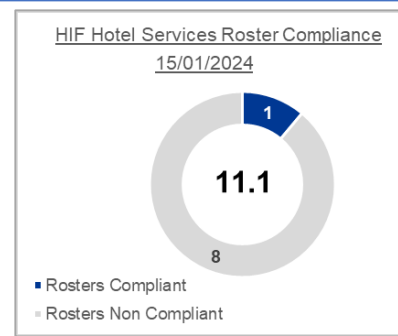
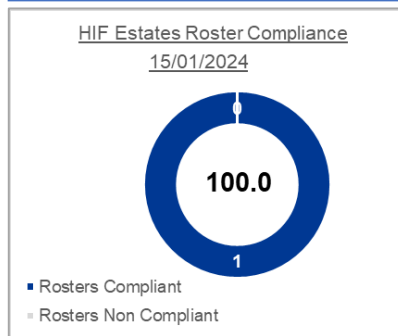
Workforce Indicator	Target %	Actual %	Difference %
Training	60.0%	91%	+31%

Commentary

- The data shown is for the Mandatory training compliance of substantive staff for the end of November.
- The Directorate's Role Specific Training compliance of substantive staff is 91% in November.
- 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	2	12	16.7%

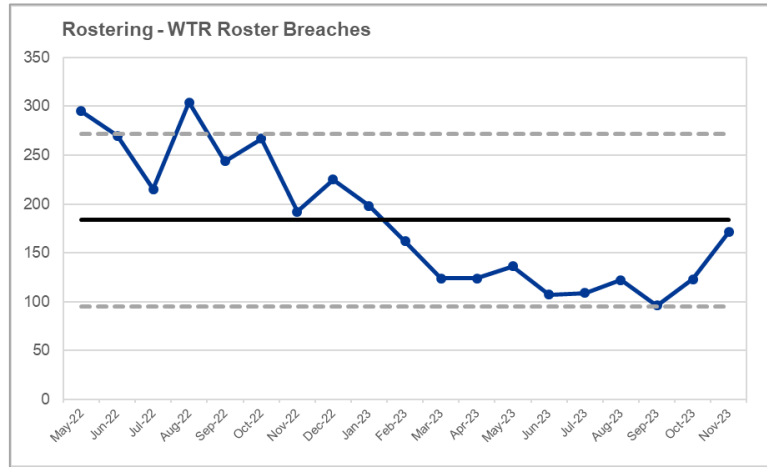


Departments with the Lowest Roster Publication Compliance in Rolling 12 Month period	%
HIF Estates Management	0.00%
HIF Management Team	0.00%
HIF Ripon Hotel Services	8.33%
HIF Engineering Staff	9.09%
HIF Healthcare Waste Management Team	16.67%
HIF Transport Exs.	16.67%
HIF Administration	18.18%
HIF Car Parking – Other	25.00%
HIF Linen Services	33.33%
HIF Domestic – H.D.H.	33.33%

Commentary

- 10 of the 15th January rosters were not published by 20th November.
- The 2 departments which were compliant with roster publication this month were HIF Engineering Staff and HIF Portering Services.

8b. Rostering - Breaches

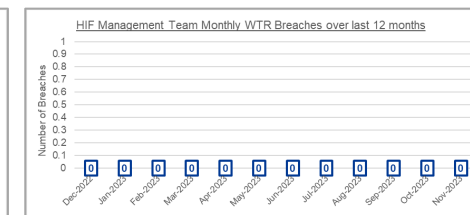
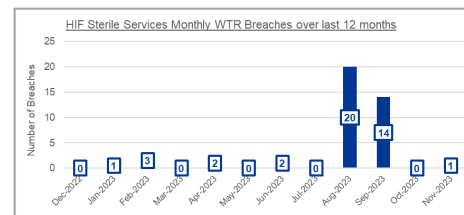
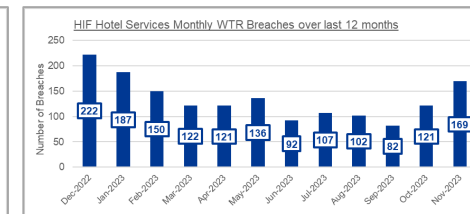
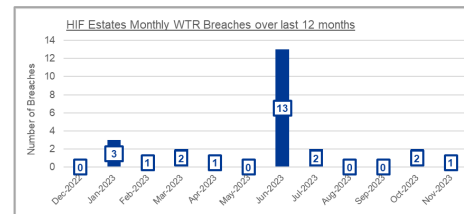


Commentary

- 35% of the breaches in November were due to staff exceeding an average of 48 hours over a 17 week reference period.
- 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)	171
Exceeded average of 48 hours over 17 week reference period	59
Working Hours Exceed 60 in any individual week	12
Not achieving a minimum of 2 days off in 14 or 1 in 7	47
Less than 11 hours between end of duty and commencing another	42
The worker has not received a minimum rest period in the shift of 20 minutes	11

Top 5 Departments of greatest Roster Breaches in Rolling 12 Month period	Number of Breaches
HIF Portering Services	493
HIF Catering H.D.H.	415
HIF Domestic - H.D.H.	394
HIF Transport Exs.	281
HIF Sterile Services	43





teamHDF
At our best



HIF HARROGATE
INTEGRATED
FACILITIES
Taking Pride in our Services

Financial Information

HIF Board Report November 2023



Author: Katie Laurence
Date: 6th December 2023



Slides redacted –
Summary Position
Forecast Position – Full Year Effect (FYE)
Financial position – workforce
Non Pay Expenditure
Energy performance
HIF Efficiency programme – 23/24
Balance sheet