

Harrogate Integrated Facilities Integrated Board Report

Presented to: HIF Board of Directors
HIF Senior Manager Team (SMT)
HIF Governance & Compliance Committee
HDFT Performance and Contract Review

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 3

What's happening and achievements for Quarter 3...

- Sterile Services Department returned to Harrogate Hospital site with refurbishment completed
- All HIF colleagues have now eligible to join the NHS Pension
- SMT Workshops held to develop the HIF Business Plan for 2024/25
- HIF attending Harrogate College Recruitment and Higher Education Fair
- Relaunch and promotion of HIF Heroes to be implemented shortly
- Welcomed Jeremy Cross (Non-Executive Director)
- HIF have been granted 80 trees from NHS Forest to be delivered and planting schedule commencing from November 2023
- Implementation of new car parking arrangements for visitors and colleagues commenced with xxxxxxxxxxxx
- Food safety level 3 and HACCP level 2 being rolled out to supervisor positions within Catering
- New Governance framework being developed
- Introducing HIF colleague e-rostering clock in-out system

Service Performance Update

Q3 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Jul-23	Aug-23	Sep-23
General	1	Staff Turnover (Headcount)	10%	10-15%	>15%		19.29%	18.62%	19.12%
	2	Appraisal (YTD)	>75%	>74-50%	<49%		87.90%	85.83%	81.93%
	3	Core Skill (YTD)	>90%	89-60%	<60%		92%	90%	90%
	4	Absenteeism	<4.5%	4.5-7%	>7%		5.87%	6.87%	6.72%
Estates Management		Authorised Engineer (AE) Audits conducted at least annually as per schedule							
	1	Water	<12m	>12m <13m	>13m		Jul-23	Jul-23	Jul-23
	2	Electrical	<12m	>12m <13m	>13m		Jun-23	Jun-23	Jun-23
	3	Vent	<12m	>12m <13m	>13m		Jan-23	Jan-23	Jan-23
	4	Medical Gas	<12m	>12m <13m	>13m		22-Aug	22-Aug	Oct-23
	5	Decontamination	<12m	>12m <13m	>13m		22-Jul	Initial date given of 06/09/23. To be rescheduled with AE	Sep-23
	6	Fire Safety	<12m	>12m <13m	>13m		Expected in April 2024	Expected in April 2024	Expected in April 2024
	7	Lifts	<12m	>12m <13m	>13m		Aug-22	Nov-22	Nov-22
	8	STATUTORY PPM Schedule achieved (in month)	>=95%	90-94%	<90%		Reporting from Micad from September 2023	91.40%	91.79%
	9	MANDATORY PPM Schedule achieved (in month)	>=90%	89-86%	<86%		Reporting from Micad from September 2023	92.20%	91.67%
10	GENERAL PPM Schedule achieved (in month)	>=85%	84-80%	>80%		Reporting from Micad from September 2023	94.60%	89.00%	

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

Service Performance Update

Q3 KPIs 2023-24



Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Jul-23	Aug-23	Sep-23
							Jul-23	Jul-23	Jul-23
Waste Management	1	Pre Acceptance Audit Annual	100				Jul-23	Jul-23	Jul-23
	2	DGSA Audit Annual	100				Sep-22	Sep-22	Sep-23
	3	Continuous Auditing of Clinical Areas	100	90-80%	<80%		TBC with Mitie, review to be carried out on current process. Meeting with Mitie scheduled 26/07/23	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%		TBC with Mitie, review to be carried out on current process. Meeting with Mitie scheduled 26/07/23	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	PASS
Helpdesk	1	Provision of help desk service from 8am-4pm Monday to Friday	PASS	N/A	FAIL		PASS	PASS	PASS
Energy Management	1	Provision of monthly energy consumption report	PASS	N/A	FAIL		PASS	PASS	PASS
	2	Carbon Target (measured annually against previous year)	0%	1-5% increase	>5%		PASS	PASS	PASS
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	New reporting structure being implemented
	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	New reporting structure being implemented
	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	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

Q3 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red	Jul-23	Aug-23	Sep-23
Linen Service	1	Average stock levels delivered (aggregate monthly)	<=92%	91>=85	<85	91%	92%	93%
	2	Laundry Quality (based on checking 700 pieces per week)				94.07%	94.52%	95.43%
	3	Linen Rejects	<=4%	>4%<=9%	>9%	0.20%	0.10%	0.27%
Catering Services	1	Achievement of EHO 5 star food safety rating (annual)	5 Star	4 star	<4 star	5 star	5 star	5 star
	2	Achievement of food wastage target	<=10%	11-14%	>=15%+	8.44%	7.74%	5.76%
Portering and courier service	1	Routine patient movement - average completion times completed within 35-50mins	85-100%	65-84%	>65%	93%	92%	92%
	2	Items moves and routine task completion time - average completed within 120 mins	85-100%	65-84%	>65%	94%	94%	95%
Domestic services	1	Achieve National Specification of Cleanliness (NSC) score (FR2)	>=95%	94-90%	<90%	96.92%	96.53%	97.32%
	2	Total number of deep clean requests (activity based target)	500-750	751-900	901+	391	398	464
	3	Average response time to deep clean requests (24/7)	<=60 mins	>60min-90min	>90mins	41	44	44
Car park and traffic management	1	Car parking permits issued within 15 working days (WD) (subject to waiting lists and over subscription)	<=15 WD	15-18 WD	>=19WD	PASS	PASS	PASS
	2	Proximity cards issued within 15 working days (subject to waiting lists and over subscription)	<=15 WD	15-18 WD	>=19WD	PASS	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

Q3 KPIs 2023-24

Service Area	KPI No	KPI Descriptor	Green	Amber	Red		Jul-23	Aug-23	Sep-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	PASS
	2	Surgical instruments will be available for re-use: Theatres critical (acute and trauma)	12 working hours	12-14 working hours	>14 working hours		PASS	PASS	PASS
	3	Surgical instruments will be available for re-use: Community clinics	7 days	>7 <9 days	> 9 days		PASS	PASS	PASS
	4	Surgical instruments will be available for re-use: Flexible endoscopes	2 working hours	>2 -2.5	>2.5 working hours		PASS	PASS	PASS
	5	Surgical instruments will be available for re-use: Fast track	4.5 working hours	>4.5 working hours	>5 working hours		PASS	PASS	PASS
	6	The conformity compliance rate remains the same as or above the compliance	>99.36%	=<99.36%	<99.15%		99.93%	PASS	PASS
	7	The inspection and packing room conforms to ISO Class 8	Class 8		Class 9		Class 8	Class 8	Class 8
	8	Devices used on patients are not missed of scanning to the sterilisation process	<3	=>3	>5		0	0	0
	9	No unscheduled sharps are sent to service users	<1	1	>1		0	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		00:13	00:12	00:11
	2	All medical device deliveries requested as urgent will be delivered within 20 minutes daily	<20 mins	>20 mins	>30 mins		PASS	PASS	PASS
	3	Wards and departments (16 in total) will be checked and equipment collected twice daily	2	<2	0		PASS	PASS	PASS
Pest Control	1	Call-out response time	72 hours	72-96 hours	>96 hours		Pass	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 **9** high risks identified for October 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
- HDFT/HIF Contract Meeting

	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
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	<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
	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 	<ul style="list-style-type: none"> April – February 2024 	269

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.	<i>Portering & Logistics Manager</i>	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 October/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.	<i>Security and Car Park Manager</i>	Joint	20	15	6	<ul style="list-style-type: none"> Xxxxx 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 Xxxxxxxx to be introduced as security support (7 nights a week) Recruitment of staff following consultation xxxxxx to commence on site Developing and implementing a V&A training package 	<ul style="list-style-type: none"> Ongoing Ongoing Ongoing August 2023 September 2023 September/October 2023 December 2023 	263

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.	<i>Quality & Governance Lead</i>	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 to next steps and Company Secretary requirements 	<ul style="list-style-type: none"> Ongoing From January 2023 (ongoing) October 2023 	261
	Strategic Theme No. 1 Being Well managed and Financially Sound	Company Financial Position	Risk to Company financial sustainability and Inability to meet budget	<i>Quality & Governance Lead</i>	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 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
ERR75: 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	<p>CHS2: HDH Goods yard</p> <p>Organisational risk major injuries, fatality, or permanent disability to employees, patients and others, in addition to failure to comply with legislative requirements and the unauthorised access of persons to restricted areas as a result of the improper use of the goods yard (including the unauthorised access of persons to restricted areas)</p>	16	12	12	8	Dec 23
Key Risk Indicators	Current Position	Controls and Plans to implemented					
Board level lead for Health and Safety	Risk assessment completed for the goods yard.	Capital investment will be required to implement all control measures identified within the risk assessment. With plans to include this in backlog maintenance work.					
Annual Audit programme for Health and Safety	Temporary measures have been implemented: Security guard (Mon-Fri 8am – 6pm)	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					
Health & Safety Committee	<p>Temporary heras fenced walkway to access Pharmacy lift and stairwell.</p> <p>Instruction to all Trust staff made via email and Team talk.</p> <p>Use of his-vis clothing for those that need to routinely access the yard as part of their duties.</p> <p>Instruction to contractors that the yard area is not to be used as a car park, delivery drop off / collection only.</p> <p>Loading bay entrance remains unsecure 24/7 as doors do not close.</p> <p>Particular security issue on an evening / during the night when staff presence is limited and access remains open to patients and others.</p> <p>New pedestrian crossing markings provided July 2023 at entrance to goods yard / car park</p>	<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>					
	<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 						

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 datix 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

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

1. **Cash Handling Procedures**
2. **Contract Management/xxxxxxxxxx**
3. **Catering**
4. **Porters**
5. **Company wide Timeclocks**
6. **Car parking**
7. **Governance and Risk**

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

- Contract Management/xxxxxxxxxxxxx - Opinion of Limited Assurance
- Cash Handling Procedures - Opinion of Significant Assurance

There has been an additional follow-up audit on Clinical Waste Management with has an outcome opinion of 'Significant Assurance'

The Portering audit has just been completed and HIF are awaiting the report. The and Governance & Risk audit is currently being undertaken.

Follow-up audit on the agency usage additionally being undertaken with an expected outcome as Significant Assurance.

Quality, Performance and Standards

Polycystat and Datix Update

The new PolicyStat and Datix Cloud IQ (DCIQ) systems are being developed. The projects are progressing well with representation and input from HIF colleagues.

With regards to timescales, Polycystat will be available and live to colleagues from 25th October 2023. The Quality & Governance Lead has attended training and will be rolling out a HIF-wide training session to our colleagues.

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 late October 2023.

Our 'HIF Datix Champions' are now 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. **There have been a total of 4 FOI's so far for Quarter 3.**

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 September/October has been regarding the implementation of the new visitor and patient car parking arrangements.

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 Porter Team for inclusion in new SOP Booklet
Harrogate Advertiser feature column issued and continuing	HIF Hero winners to be determined and full launch to be arranged
Catering Feedback results and responses displayed	Consider whether to continue with Guided IT/E-Learning sessions following poor attendance
Domestic SOPs booklet finalised, pending quality assurance check by Domestic Team Management	KITE Award nominations to be submitted for HIF categories by closing date of 22 October
SSD Feedback Questionnaire responses being collated	MS Teams Backgrounds to be standardised as per selected design, together with email signatures
Successful HIF Meet & Greet session held on 28 September 2023	Performance framework reporting mechanism template to be created for approval
Business Modernisation Group, project group meetings commenced as of 28 September 2023	Planning of the SSD workshop following Feedback Questionnaire responses
Quality Meeting Agenda and Meeting Minute template drafted, and circulated to SMT for approval	

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
- 📌 New managerial updates have been added to the Domestic SOP Booklet
- 📌 Porters SOP booklet currently being collated and initial draft has commenced
- 📌 SSD Feedback Questionnaire responses being collated and planning of workshop commenced
- 📌 HIF Hero nominations being considered and plans underway for full relaunch
- 📌 Business Modernisation Group, project group meetings commenced as of 28 September 2023
- 📌 Quality Meeting Agenda and Meeting Minute template drafted, and circulated to SMT for approval
- 📌 Performance framework reporting mechanism template to be created for approval.

Workforce Performance Report

October 2023

Based on September 2023 data

Looking after
our people

Belonging
in the NHS

Growing for
the future

New ways of
working and
delivering care

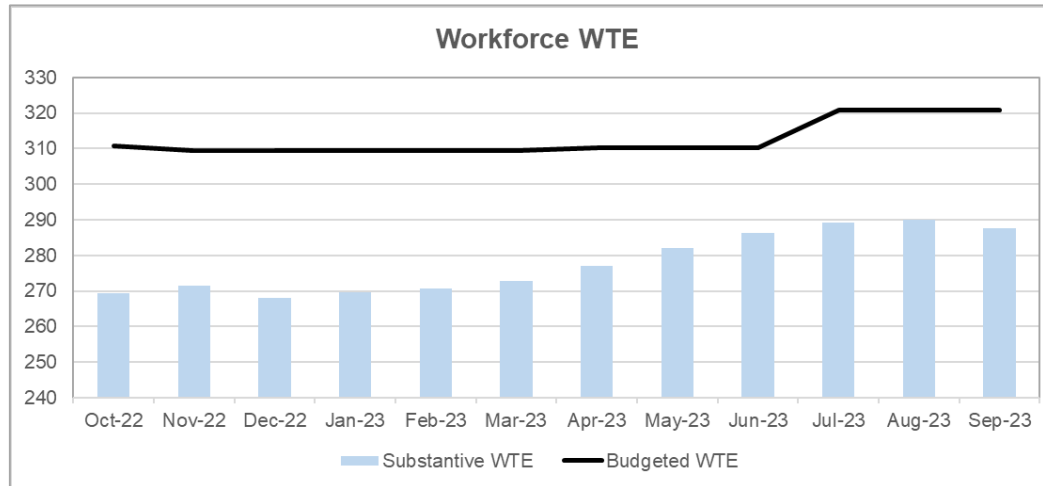
Workforce Performance Indicators

KPI	Sep 21	Sep 22	Aug 23	Sep 23	Target	Performance against Target	Difference to Last Month	Difference to Last Year
Staff Turnover Rate (Rolling 12 months)	11.58%	24.60%	18.62%	19.12%	10%	● 9.12%	● 0.50%	● -5.48%
% staff leaving within the first year (excl fixed term contracts)	14.91%	36.66%	22.97%	27.67%	10%	● 17.67%	● 4.70%	● -9.00%
Stability Index (Rolling 12 months)	0.00%	77.81%	82.39%	82.94%	90%	● -7.06%	● 0.55%	● 5.13%
Sickness Rate (monthly)	6.75%	7.63%	6.87%	6.72%	4.5%	● 2.22%	● -0.15%	● -0.91%
Appraisal Rate (Rolling 12 months)	51.31%	15.19%	85.83%	81.93%	75%	● 6.93%	● -3.90%	● 66.73%
Mandatory Training (Rolling 12 months)	0.00%	87.00%	90.00%	90.00%	60%	● 30.00%	● 0.00%	● 3.00%
Vacancy Rate	12.33%	15.48%	9.65%	10.37%	13.1%	● -2.73%	● 0.71%	● -5.11%

Executive Summary

- Turnover has seen an increase to 19.05% in September having seen a decreasing trend since February and remains at a very high rate. (This incorporates voluntary and involuntary turnover).
- Staff leaving within the first year of employment is 27.67% in September, which is an increase from 22.97% last month. This is a key area of concern and focus.
- The stability index is 82.94%, which is a small increase from 82.39 % last month.
- Sickness rates had seen an increasing trend since May 2023, however September has seen a small decrease of 0.15% from 6.87% to 6.72%.
- The appraisal rate has decreased by 3.90% in September and is 81.93%.
- The training data shown is for the Mandatory training compliance for the end of September. The overall compliance rate for substantive staff in HIF is 90% and is compliant against the target of 60%.
- The vacancy rate in September is 10.37%, which is an increase compared to last month's vacancy rate of 9.65%. This equates to 33.27wte vacancies.

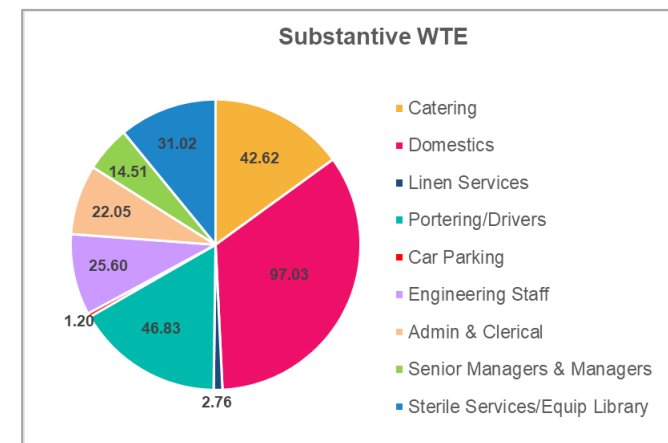
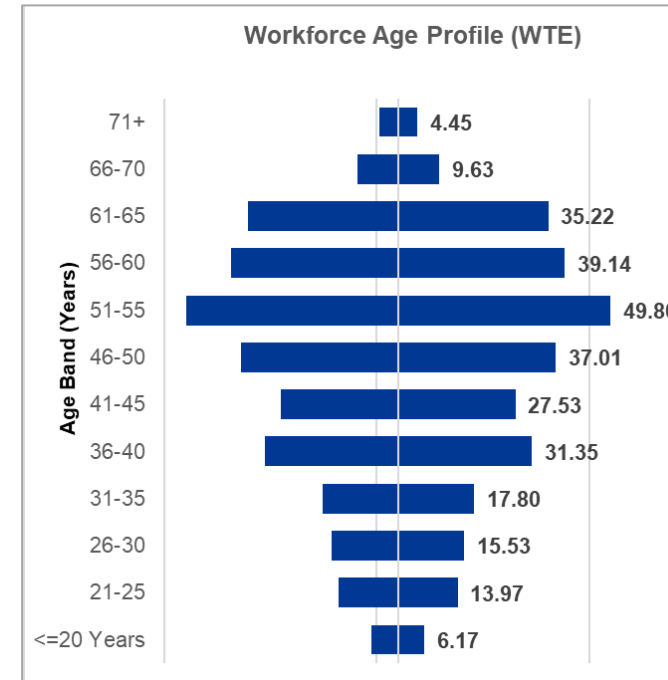
1. Total Workforce



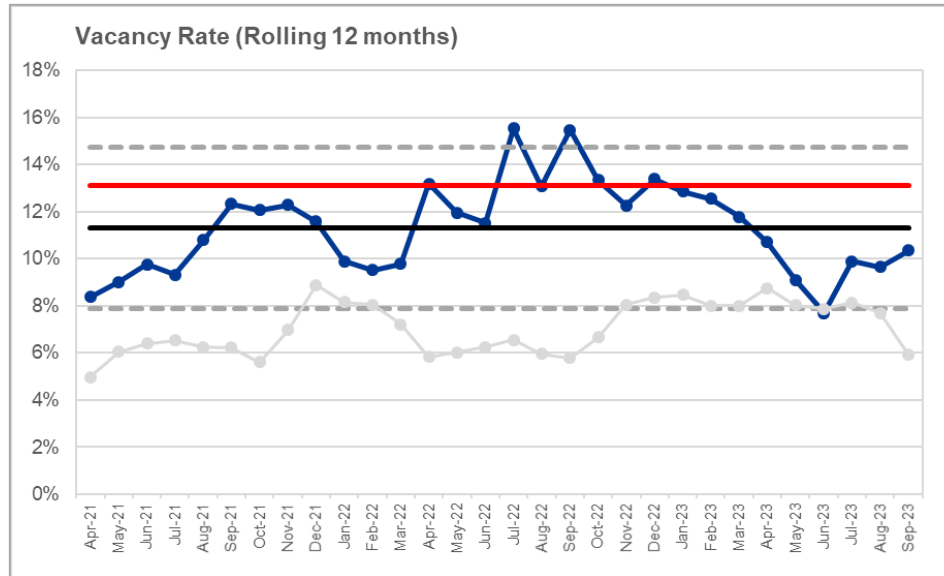
Workforce Indicator	Budget WTE	Substantive WTE	Difference WTE
Workforce Total	320.88	287.61	33.27
AfC Contract		96.05	
HIF Contract		191.56	

Commentary

- The graph displays that HIF had seen an increasing trend in the WTE of the substantive workforce since December, however September has seen a small decrease from 289.90wte to 287.61wte.
- 67% of the substantive workforce are on a HIF contract.
- 17.1% of the workforce are aged 61 and over.



2. Vacancies

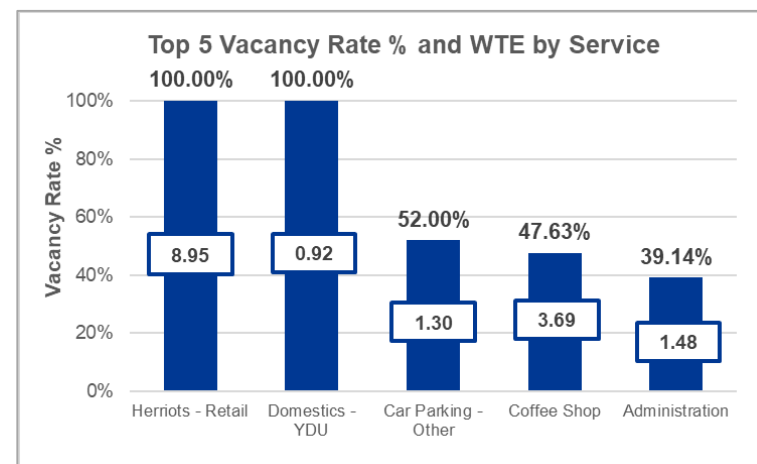


Workforce Indicator	Vacancy Rate	Vacancies WTE	Pipeline WTE
Vacancies	10.37%	33.27	14.74

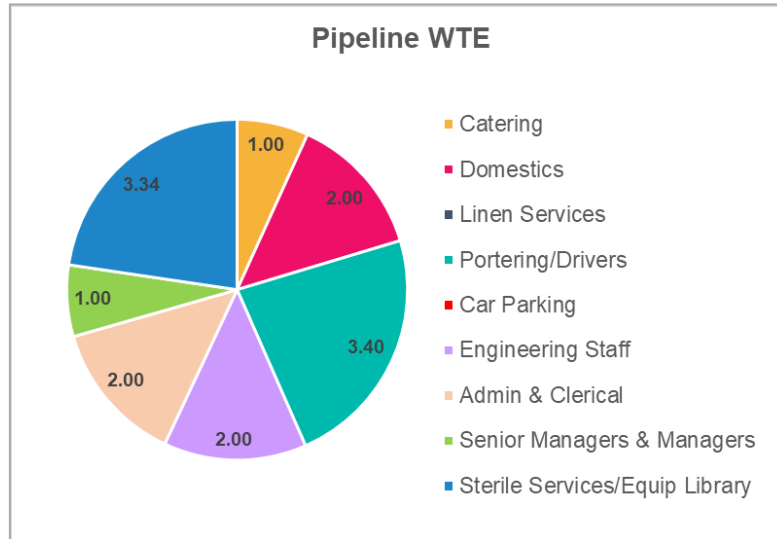
Commentary

- HIF's vacancy rate in September is 10.37%, which is a small increase to last month which was 9.65%. This equates to 33.27wte vacancies.
- The greatest vacancies are Band 5 within the 'Engineering Staff' cost centre (6.40wte vacancies) and Band 2 within 'Portering Services' (6.04wte vacancies).
- A negative vacancy position denotes an over-establishment.

Pay Grade (AfC and HIF combined)	Vacancy WTE	Vacancy %
Band 2	17.40	8.79%
Band 3	10.86	18.33%
Band 4	-1.25	-6.68%
Band 5	7.40	35.24%
Band 6	-0.60	-12.00%
Band 7	3.20	36.36%
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	-1.00	-33.33%



3. Recruitment Activity

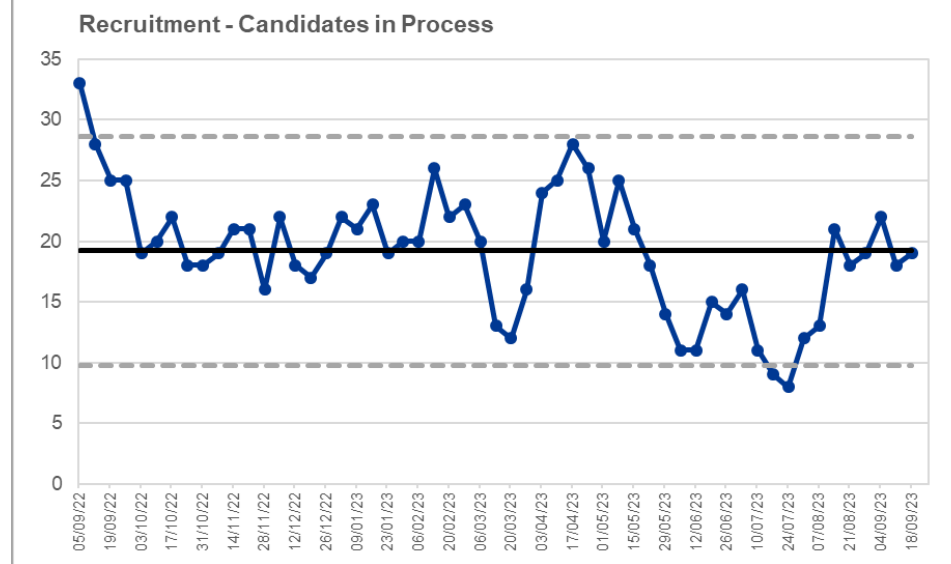


Role	Vacancy WTE	Pipeline WTE
Catering	3.36	1.00
Domestics	15.97	2.00
Linen Services	0.74	0.00
Portering/Drivers	8.70	3.40
Car Parking	1.30	0.00
Engineering Staff	4.25	2.00
Admin & Clerical	3.66	2.00
Senior Managers & Managers	-2.80	1.00
Sterile Services/Equip Library	-0.92	3.34

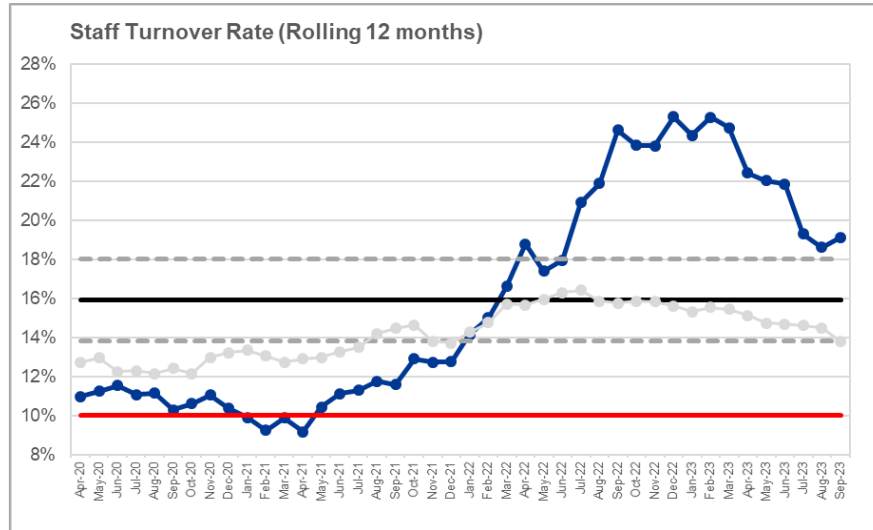
Workforce Indicator	Candidates in Process	Candidates with Start Date	Live Adverts
Recruitment	19	6	6

Commentary

- The table directly above relates to recruitment data as at 26th September 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.



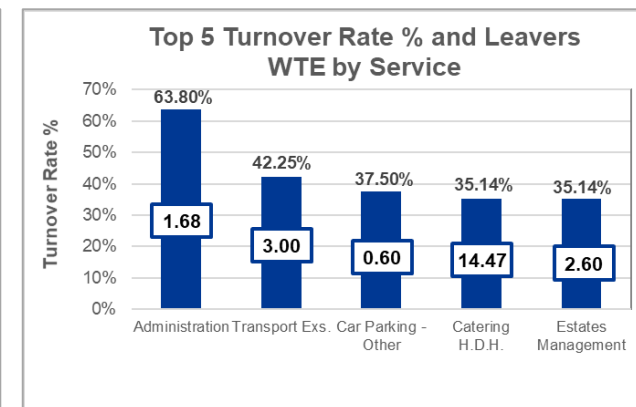
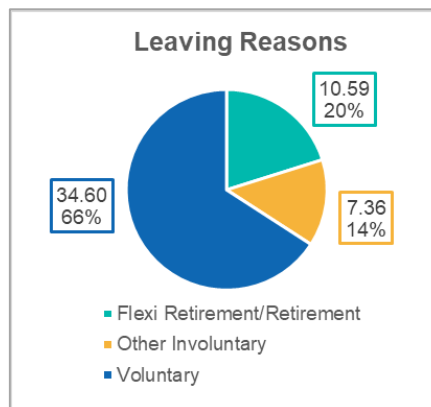
4a. Turnover



Commentary

- Turnover has seen an increase to 19.05% in September having seen a decreasing trend since February and remains at a very high rate.
- Voluntary turnover has increased this month from 61% to 66%.
- Turnover is greatest within Bands 7 and 3, with turnover rates of 29.85% and 26.48% respectively.
- 69% of the leavers were in a Band 2 position, however this representative of the workforce, as Band 2s account to 66% of the average staff in post.
- The grey line denotes the Trust's turnover.

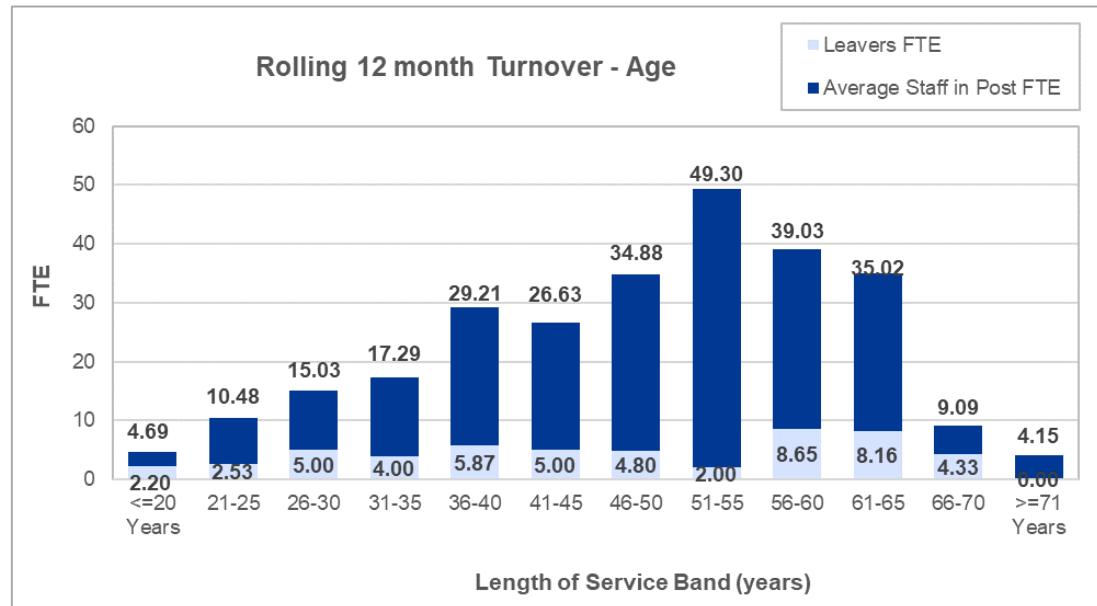
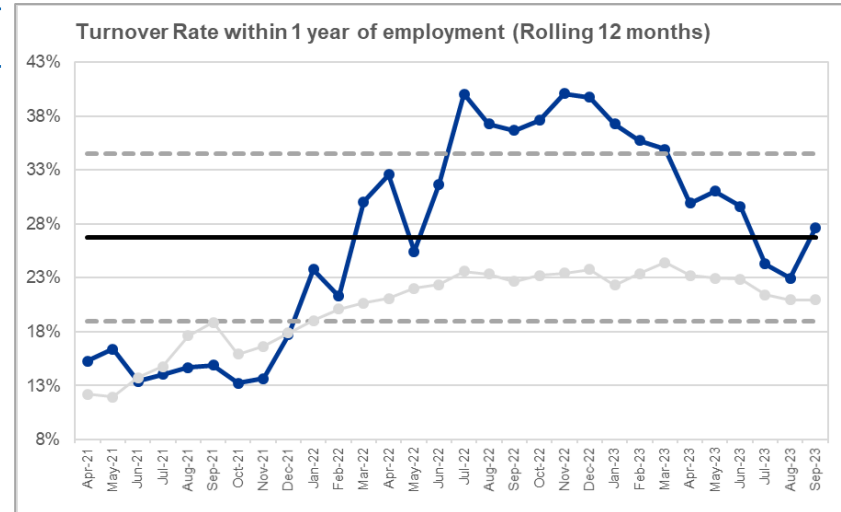
Workforce Indicator	Target %	Actual %	Difference %
Turnover	10.00%	19.05%	+9.05%



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

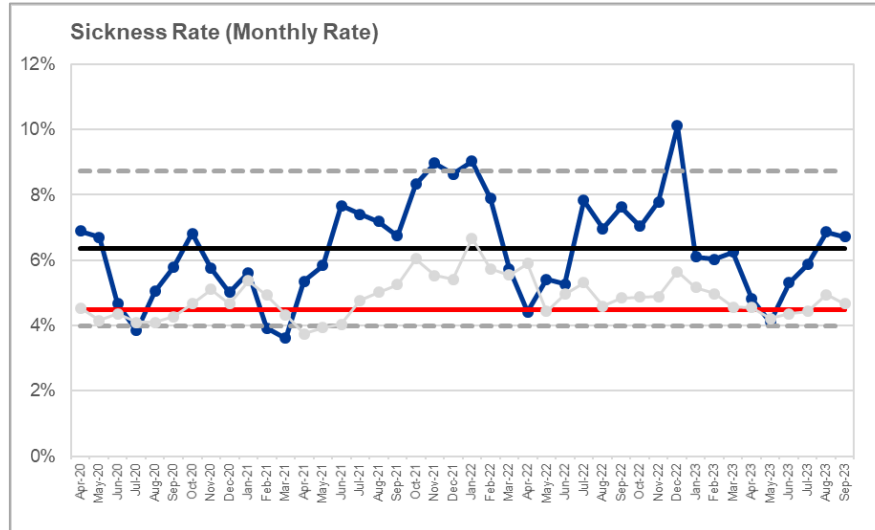
Commentary

- The turnover rate of those within the first year of service is 27.67% in September, which is an increase from 22.97% last month.
- The departments with the greatest number of leavers with less than 1 years’ service are Domestic, Sterile Services, Engineering and Catering.
- Turnover rates are slightly higher for those who are on a HIF contract, with the turnover rate being 19.31% compared to a turnover rate of 18.83% of those on an Agenda for Change contract.



Age Band (Years)	Leavers WTE	Turnover %
20 Years and under	2.20	46.94%
21-25	2.53	24.17%
26-30	5.00	33.27%
31-35	4.00	23.14%
36-40	5.87	20.09%
41-45	5.00	18.77%
46-50	4.80	13.76%
51-55	2.00	4.06%
56-60	8.65	22.17%
61-65	8.16	23.30%
66-70	4.33	47.67%
71 Years and over	0.00	0.00%

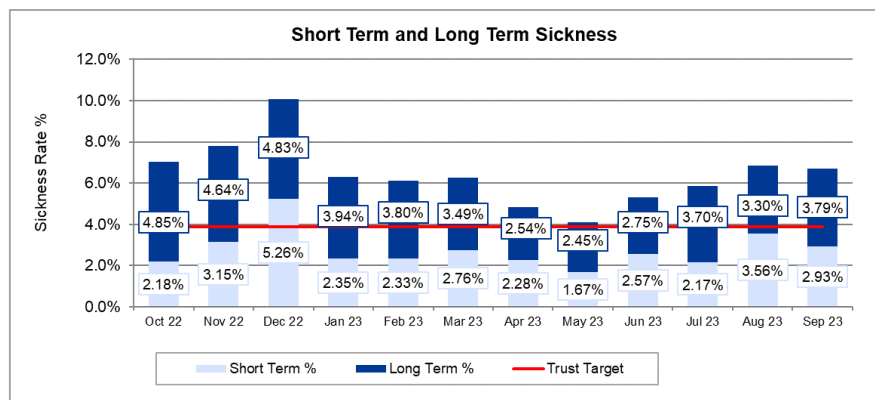
5a. Sickness



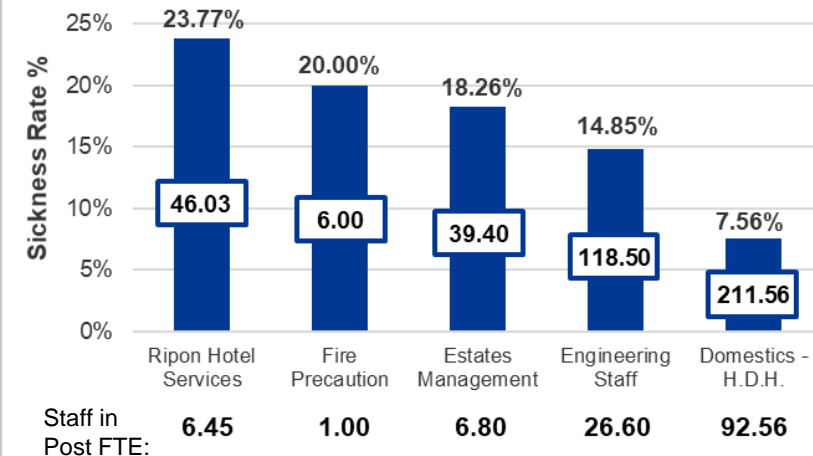
Commentary

- Sickness rates had seen an increasing trend since May 2023, however September has seen a small decrease of 0.15% from 6.87% to 6.72%.
- Short term sickness has decreased from 3.56% to 2.93%, however long term sickness has seen an increase this month from 3.30% to 3.79%.
- Sickness has seen a great decrease within 'Domestics – H.D.H' in September from 10.79% to 7.56%.
- Sickness has increased the within 'Catering H.D.H' (3.29% to 6.22%) and Engineering (8.56% to 14.85%).

Workforce Indicator	Target %	Actual %	Difference %
Sickness	4.50%	6.72%	+2.22%

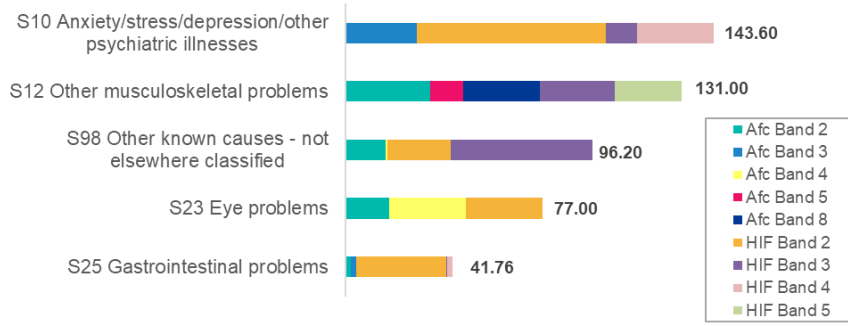


Top 5 Sickness Rate % and FTE Days Lost by Service



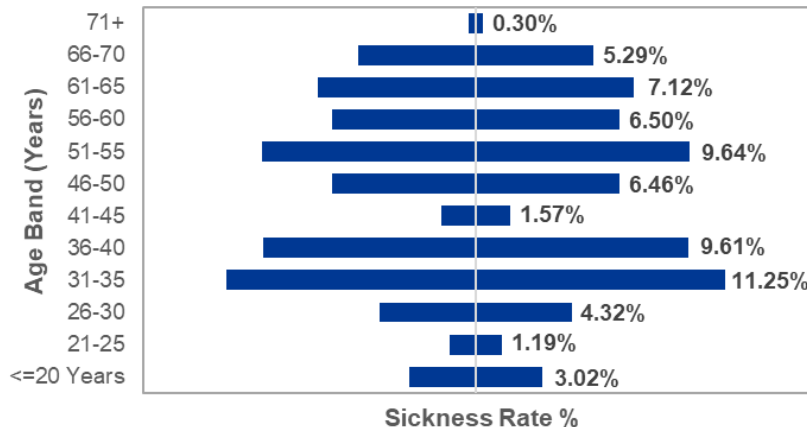
5b. Sickness – Sickness Reasons

Top 5 Sickness Reasons (September 2023)



Sickness by Contract (June 2023)	Sickness %
Agenda for Change	6.86%
HIF	6.65%

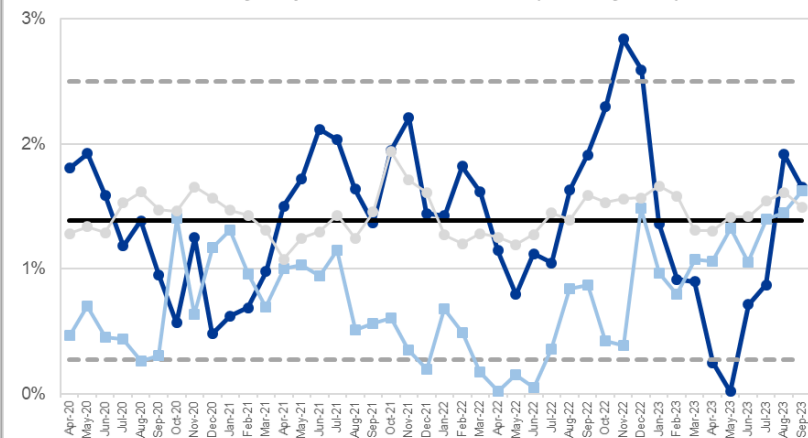
Sickness Rate Age Profile



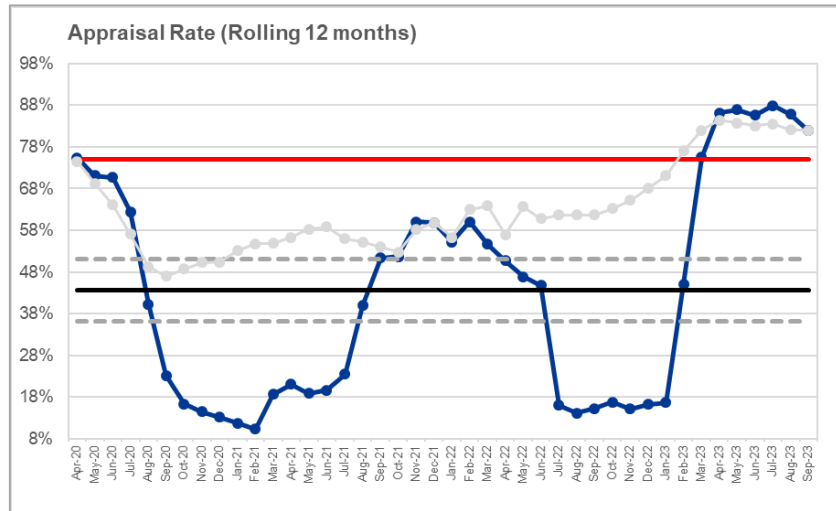
Commentary

- Sickness due to 'S10 Anxiety/stress/depression /other psychiatric illnesses' remains the top reason for sickness this month and accounts for 25% of overall sickness within HIF.
- HIF Band 2 is represented across all of the top 5 sickness reasons, with the exception of 'S12 Other musculoskeletal problems', however it should be noted 38% of the workforce are on this payscale.
- The sickness rate of those on as AfC contract (6.86%) is higher than those on an HIF contract (6.65%).
- Sickness rates in September are highest within the 31-35 and 36-40 years bracket.

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



6. Appraisals



Workforce Indicator	Target %	Actual %	Difference %
Appraisals	75.00%	81.93%	+6.93%

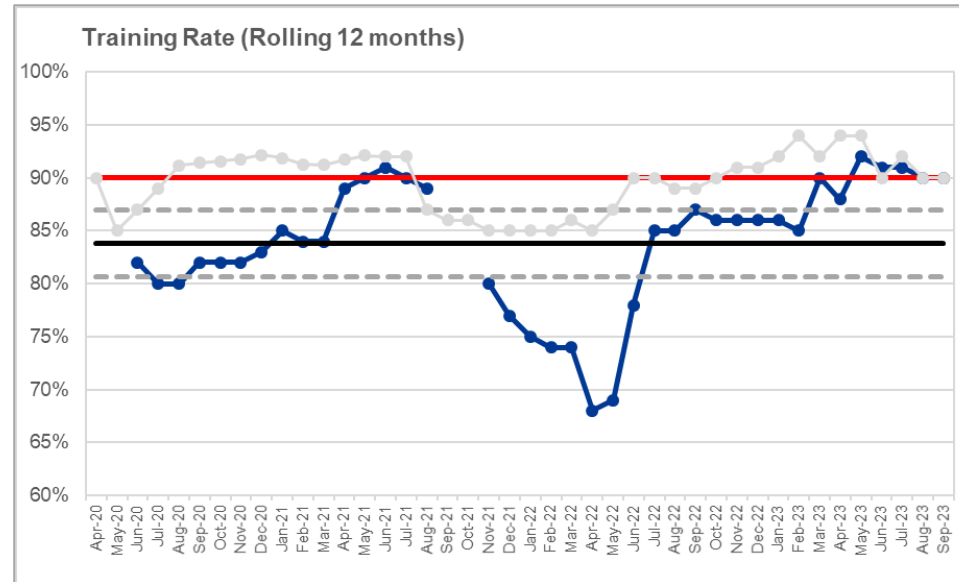
Commentary

- The appraisal rate in September is 81.93%, which is a decrease of 3.90% in comparison to August, which saw an appraisal rate of 85.83%.
- 45 appraisals are still outstanding as at 30th September 2023.

Service	Appraisals Overdue	Appraisal %
HIF Administration	1	50%
HIF Board of Directors	2	50%
HIF Car Parking – Other	0	100%
HIF Catering H.D.H.	2	94%
HIF Coffee Shop	1	67%
HIF Domestics - H.D.H.	4	95%
HIF Engineering Staff	19	5%
HIF Estates Management	2	67%
HIF Fire Precaution	1	0%
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	1	96%
HIF Ripon Hotel Services	4	56%
HIF Staff Accommodation	0	100%
HIF Sterile Services	5	84%
HIF Transport Exs.	1	83%

7. Mandatory Training

Service	% Compliance
HIF Administration	93%
HIF Bank	77%
HIF Board of Directors	73%
HIF Car Parking – Other	96%
HIF Catering H.D.H.	89%
HIF Coffee Shop	91%
HIF Domestics - H.D.H.	95%
HIF Engineering Staff	93%
HIF Estates Management	88%
HIF Fire Precaution	78%
HIF Healthcare Waste Management	83%
HIF Hotel Services Management	96%
HIF Linen Services	97%
HIF Management Team	91%
HIF Portering Services	73%
HIF Ripon Hotel Services	98%
HIF Staff Accommodation	100%
HIF Sterile Services	97%
HIF Sterile Services Bank	94%
HIF Transport Exs.	68%



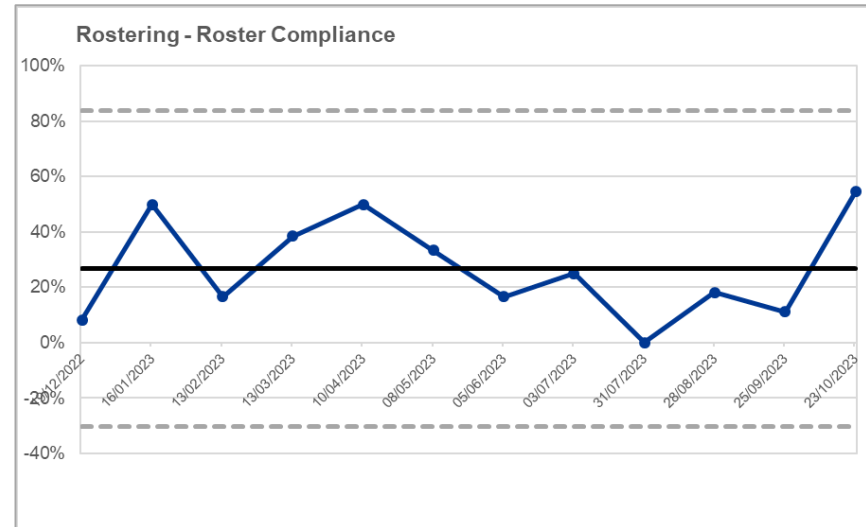
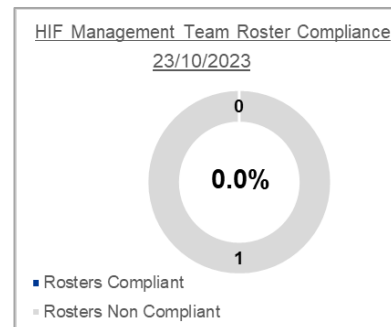
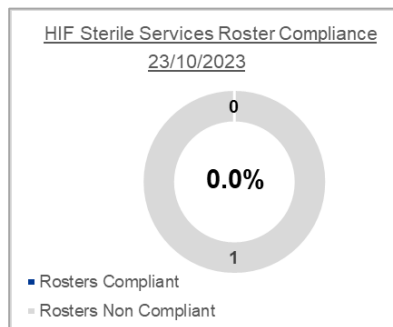
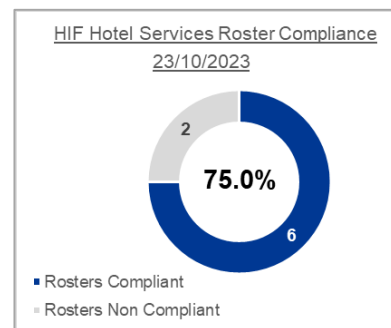
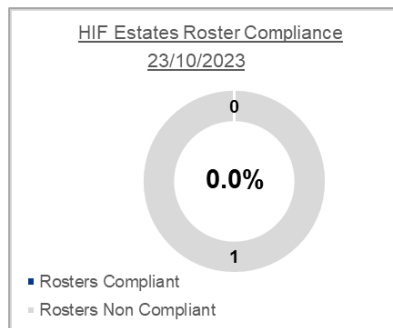
Workforce Indicator	Target %	Actual %	Difference %
Training	60.0%	90%	+30%

Commentary

- The data shown is for the Mandatory training compliance of substantive staff for the end of September.
- The Directorate's Role Specific Training compliance of substantive staff is 90% in September.
- 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	6	11	54.5%

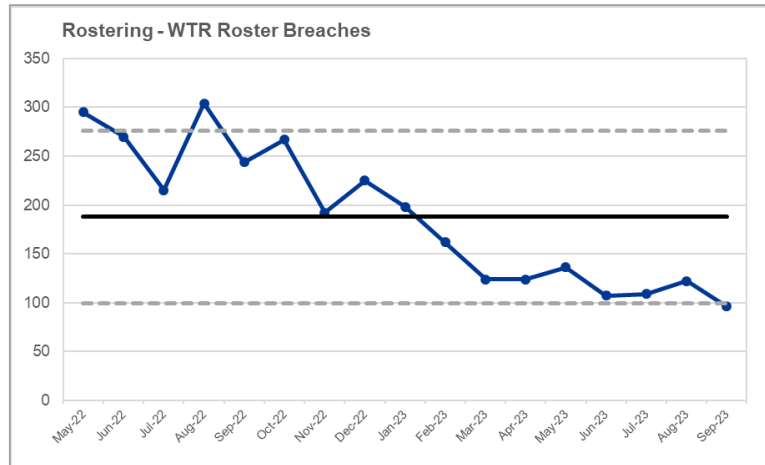


Departments with the Lowest Roster Publication Compliance in Rolling 12 Month period	%
HIF Engineering Staff	0.0%
HIF Estates Management	0.0%
HIF Management Team	0.0%
HIF Ripon Hotel Services	16.7%
HIF Healthcare Waste Management Team	25.0%
HIF Transport Exs.	25.0%
HIF Administration	27.3%
HIF Car Parking – Other	33.3%
HIF Domestic - H.D.H.	33.3%
HIF Linen Services	33.3%
HIF Portering Services	33.3%

Commentary

- 5 of the 23rd October rosters were not published by 11th September.
- Paediatric Services, Specialist Children's Services and the Management Team did not publish any rosters on time for the 23rd October roster.

8b. Rostering - Breaches

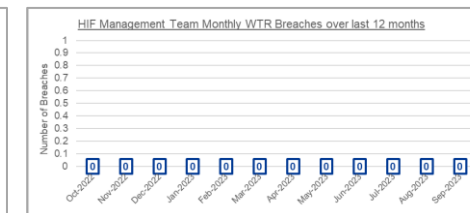
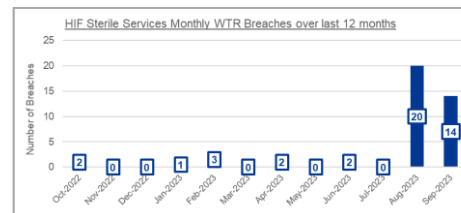
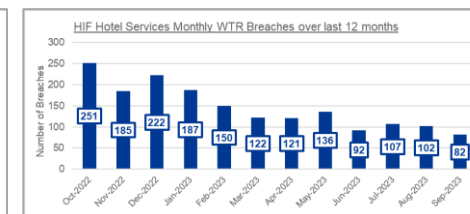
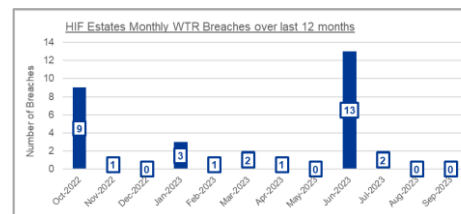


Workforce Indicator	Number of Breaches
Total Rostering Breaches (Current month)	96
Exceeded average of 48 hours over 17 week reference period	19
Working Hours Exceed 60 in any individual week	9
Not achieving a minimum of 2 days off in 14 or 1 in 7	21
Less than 11 hours between end of duty and commencing another	38
The worker has not received a minimum rest period in the shift of 20 minutes	9

Commentary

- 40% of the breaches in September were due to staff having less than 11 hours between the end of a shift and then commencing another.
- The 'Working Hours Exceed 60 in any individual week' has been added into the data from July 2023 onwards.

Top 5 Departments of greatest Roster Breaches in Rolling 12 Month period	Number of Breaches
HIF Portering Services	663
HIF Catering H.D.H.	445
HIF Domestics - H.D.H.	351
HIF Transport Exs.	251
HIF Sterile Services	44



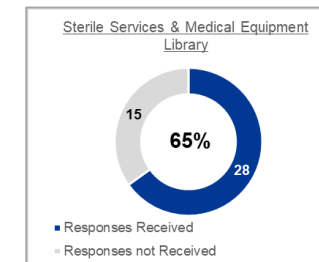
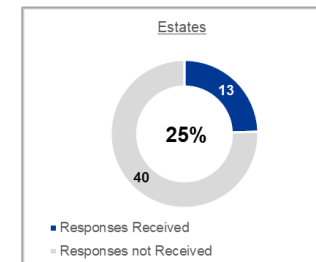
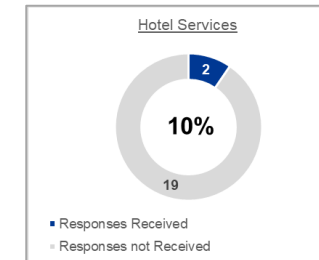
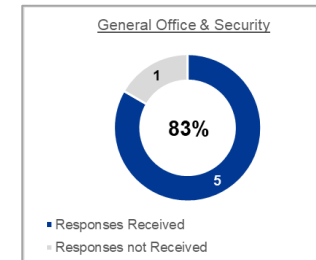
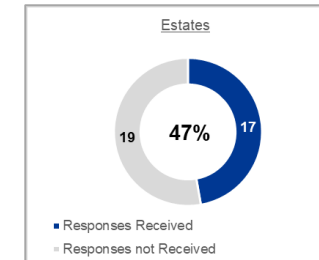
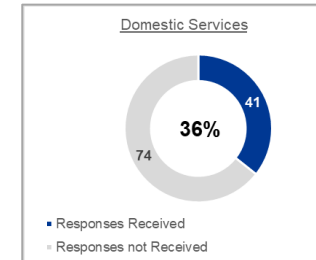
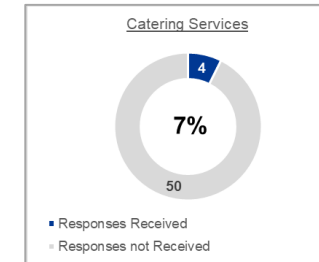
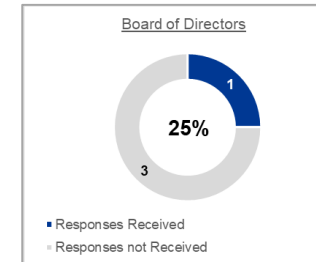
9. Inpulse Survey – Areas of Low Response

Workforce Indicator	Expected Responses	Actual Responses	%
Inpulse Survey (Teamwork)	332	111	33%

Commentary

- The Inpulse Survey information is based on the latest survey 'Teamwork'.
- The table below displays the departments which have 10 or more staff in post, but had less than 10 responses to the survey.
- There are no departments with 10 or more staff that had no responses.
- 'General Office & Security' had the greatest response rate with 5 out of 6 employees completing the 'Teamwork' Inpulse survey.

Responses of less than 10 for Departments with 10 or more staff	Expected Responses	Actual Responses
Hotel Services	21	2
Catering Services	54	4



Financial Information

HIF Board Report September 2023

Author: xxxxxxxxxxxxxxxx
Date: 5th October 2023

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