

HARROGATE HEALTHCARE FACILITIES MANAGEMENT LIMITED

Company number: 11048040

(the "Company") t/a Harrogate Integrated Facilities (HIF)

Meeting of the Company Board of Directors

held on Tuesday 23 April 2024

at HIF, 17 Wetherby Road, Harrogate

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| Present: | |
| Mark Chamberlain | Chair |
| Gary Barrett (GB) | Non-Executive Director |
| Roger Taylor (RT) | Non-Executive Director |
| Jeremy Cross (JC) | HDFT Non-Executive Director, Shareholder Non-Executive Director |
| Matt Graham (MG) | HDFT Director of Strategy, Shareholder Non-Executive Director |
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| In Attendance: | |
| xxxxxx | Deputy Director of Estates & Facilities |
| Xxxxx | Deputy Director of People & Culture (HDFT) |
| xxxxxx | Assistant Company Secretary (HDFT) |
| xxxxxx | HR Business Partner (HDFT) |
| xxxxxx | HIF Finance Manager |
| xxxxxx | Deputy Director of Finance (HDFT) |
| xxxxxx | Associate Director of Corporate Affairs and Company Secretary (HDFT) and Company Secretary (HIF) |

APPROVED MINUTES

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| HIF/04/23/1 | Welcome and Introductions |
| 1.1 | The Chair welcomed everyone to the meeting, especially the Deputy Director of People and Culture as it was his first meeting. |
| HIF/04/23/2 | Apologies for Absence |
| 2.1 | Apologies for Absence had been received from xxxxxx (Managing Director) xxxxxx (Non-Executive Director). |
| 2.2 | The Chair confirmed that the meeting was quorate. |
| HIF/04/23/3 | Declarations of Interest |
| 3.1 | Non-executive Director (RT) advised that he would be Chairman of the Lord Chancellors Advisory Committee for Justices of the Peace in North and West Yorkshire from 1 July 2024. |
| 3.2 | The Board were reminded that it was up to individuals to declare any interests but if there was any likelihood of there being a conflict of interest, it should be declared. |

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| | In addition, members should consider any future reputational issues with Board if an interest was not declared and it later became a conflict. The Board were further reminded that everyone was bound by the Nolan Principles, the ethical standards those working in the public sector are expected to adhere to. |
| 3.3 | The Deputy Director of People & Culture noted the company of which he was a director was closed in 2023. |
| 3.4 | Action: Assistant Company Secretary to ensure the register is fully up to date. |
| 3.5 | Resolved: The additional declarations of interests were noted. |
| HIF/04/23/4 | Minutes of the Previous Meetings |
| 4.1 | Resolved: The minutes of the Board meeting held on 27 February 2024 were approved as an accurate record. |
| HIF/04/23/5 | Matters Arising and Action Log |
| 5.1 | Matters Arising There were no matters arising from the minutes not already included on the agenda. |
| 5.2 | Action Log The action log was reviewed and noted that all items listed as “propose to close” would be closed. For ongoing items, updates were received and actions highlighted as follows: |
| 5.3 | 57 – HIF/12/19/9.4: BAF - Updated Green Plan – It was noted that the Company Secretary was working on an updated Board Assurance Framework; the Deputy Director of Estates and Facilities noted that the Green Plan was almost up to date and agreed it would be presented for approval at the June 2024 HIF Board meeting and would then be presented to the Trust Board in July 2024. Item to remain open until this was complete. |
| 5.4 | 50 – HIF/10/24/10 – Approval processes – the Internal Audit was reviewing the hospitality offering and processes. Work was ongoing to incorporate into the Trust’s approval process. Item to remain open until this was complete. |
| 5.5 | 38 – HIF/06/27/10.5 – Fixed Assets – this would remain as an open item until the process was concluded. |
| 5.6 | Resolved: The action log would be updated as discussed. |
| HIF/04/23/6 | Chair’s Update |
| 6.1 | The Chair began his verbal update noting that the company had ended the year with a slight financial surplus. Other positive points over the year were noted as having addressed the company’s culture, planning and staffing. |
| 6.2 | Whilst the positive outcome from the xxxx issue was noted, it was recognised that the forthcoming year would be challenging financially. It was hoped that the middle management layer would ensure that costs were being managed effectively. |
| 6.3 | The Chair also shared that he had attended the celebration of one employee who had been with the organisation for 50 years. |
| 6.4 | Resolved: The Chair’s update was noted. |

| HIF/04/23/7 | Managing Director's Update |
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| 7.1 | The report was received and taken as read. The Deputy Director of Estates & Facilities highlighted key points for the Committee to note: |
| 7.2 | xxxxx Dispute Update: In addition to the update in the report, it was noted that discussions continued to ensure the contractor exited the site in a timely manner. |
| 7.3 | Workforce: It was explained that there were a number of consultations underway, with Portering and Sterile Services Department (SSD), which were required to provide an efficient service |
| 7.4 | Capital Projects: The work with the Trust's planning and improvement teams was noted. |
| 7.5 | Waste Management: There had been an evaluation of the waste management approach and a number of changes had been recommended. These were being reviewed. |
| 7.6 | Business Development: The risk of continuing to engage in external SSD activity without a contract was noted. However the delay was explained as being between the legal teams rather than any material element of the service provision. |
| 7.7 | The Board were advised that the Associate Director of Business Modernisation and Service Improvement was supporting the Trust with some consultancy on bid work, which would provide income to HIF. |
| 7.8 | Non-executive Director (GB) requested a regular update to Board of business development opportunities, likelihood to win the business and a pipeline of work – a weighted forecast. It was also noted that business development work could impact the company in its ability to deliver services. Action: Managing Director |
| 7.9 | The Company Secretary also highlighted the need to consider associated risks with any business development and that all work should be accompanied by a risk analysis – including reputational risk, delivery of contract with xxxxxx , etc. |
| 7.10 | The Chair extended an offer to the Executive Team of the experience from the various non-executive directors in providing guidance and assistance to produce a well-designed weighted forecast. |
| 7.11 | The Shareholder Non-executive director (MG) noted that the TIF2 scheme contract had been signed up to the end of the pre-construction phase. |
| 7.12 | Resolved: The Board noted the content of the Managing Director's report. |
| HIF/04/23/8 | Integrated Board Report (IBR) |
| 8.1 | The Deputy Director of Estates & Facilities outlined the key points in the IBR, noting that alternative suppliers were being considered for waste and a review of the contract with the current supplier for Fire. In addition the wording of the KPI would be considered. |
| 8.2 | The Company Secretary questioned the ambiguity of the wording of some KPIs noting that "pass" could be changed to be a more meaningful percentage figure. |

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| 8.3 | The Deputy Director of Estates and Facilities explained that KPIs had been generated in relation to the impact on a patient rather than a percentage figure of, for example, the proportion of clean instruments provided. The Chair subsequently requested that SSD consider clearer metrics to be used in future. |
| 8.4 | A metric around the Estates Helpdesk service had been considered and that it could potentially report on performance for reactive works. |
| 8.5 | Resolved: The content of the Integrated Board Report was noted. |
| HIF/04/23/9 | Board Assurance Framework (BAF): Progress Update on 2023/24 |
| 9.1 | The Deputy Director of Estates and Facilities explained that the Board Assurance Framework provided a summary position of delivery of the 32 strategic objectives, where all except five were considered complete. There had been a large amount of work and the BAF had helped keep track of status. |
| 9.2 | It was considered that the structure of the BAF needed to align more closely to that of the Trust and that some business themes could be consolidated, such as aligning business development and business modernisation within the finance stream |
| 9.3 | The Chair commented that going forward the BAF should contain pertinent themes. |
| 9.4 | The Deputy Director of People and Culture suggested an amendment to a Corporate Risk on staffing. However, it was noted that the Company Secretary and Director of Strategy were working to provide a structure for Trust Board meetings and suggested a similar structure for HIF Board. |
| 9.5 | Shareholder Non-executive Director (JC) noted a delay on the fire safety risk. It was explained that the risk assessments had been undertaken across the whole Trust. The backlog maintenance requests were being checked to ensure they covered fire doors and alarms. It was expected that this would reduce the risk score. |
| 9.6 | Non-executive Director (GB) questioned the development of an xxxx strategy. It was explained that data from car parking enabled HIF to provide a suggested approach. However, it was noted that some trusts did not provide electric vehicle charging. The Shareholder Non-executive Director (MG) explained that the concern was whether the electrical infrastructure of the site had capacity to accommodate an xxxx strategy. HIF were advised that xxxx strategy options should be presented to the Trust in order that funding could be determined. The Deputy Director of Estates and Facilities noted that options would first be considered by the HIF Board and then escalated to Trust Board as appropriate and if feasible |
| 9.7 | The Board were reminded that the May HIF Workshop would focus on the development of the BAF. |
| 9.8 | Resolved: The BAF was received and noted. |
| HIF/04/23/10 | Finance Report |
| 10.1 | The Deputy Director of Finance (HDFT) provided an overview of the accounts and the key anticipated transactions for the month were outlined. |
| 10.2 | The Board were advised that the positive outcome of the issues with xxxx had resulted in a small surplus in the March 2024 accounts. The figures in the Finance summary slide were explained. |

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| 10.3 | The notable/ key points in final variance compared to forecast slide were highlighted explaining that staff should be aware of finances and the time of year when committing to purchases – for instance many invoices arriving in March for purchases made much earlier in the financial year. |
| 10.4 | It was explained that all requests to spend xxxx or more were directed through the Deputy Director of Estates and Facilities. The Finance Team would be training budget holders on managing their budgets. |
| 10.5 | A comparison of 2023-24 spend to the 2024-25 plan was presented to show the company's position in relation to the contract offer. The emphasis would be is on managing constraints within the next year. |
| 10.6 | It was further explained to Shareholder Non-executive Director (JC) that the overspend on estates was mainly in areas where there had been an additional commitment to spend rather than the cost being more expensive than expected. The Board were advised that there were now more controls in place to ensure authority to spend was sought before a commitment made through the purchase order process. In addition, it was anticipated that the new Reach IT system would provide better oversight with live financial information. |
| 10.7 | Non-executive Director (GB) requested to see a balance sheet as early as possible and the Chair requested that the Deputy Director of Finance provided an additional training session to further explain the movements in the balance sheet to the Directors. Action: Deputy Director of Finance |
| 10.8 | The Chair noted the usefulness of the inclusion of the energy performance information and suggested using some of the information in the Green Plan. |
| 10.9 | Resolved: The finance report was received and noted. |
| HIF/04/23/11 | Workforce Report |
| 11.1 | It was noted that the Workforce Report was included in the IBR. |
| 11.2 | The Deputy Director of People & Culture highlighted the current areas of focus: <ul style="list-style-type: none"> • The improvements in all key performance indicators, with the exception of appraisals where actions were being taken to resolve the issues • The confidence levels on the SPC charts were noted |
| 11.3 | There was a query in a previous meeting about whether the Gender Pay Gap (GPG) could be considered as a KPI. The Deputy Director of People and Culture suggested including benchmarking data in the workforce report as well as the GPG data. |
| 11.4 | The HR Business Partner advised that the queries raised at the People and Culture Committee relating to the Ethnicity Pay Gap report were being reviewed and it was anticipated that an updated report would be presented at the next People and Culture Committee for recommendation to the Board. |
| 11.5 | The Key points in the Workforce report were highlighted <ul style="list-style-type: none"> • Leavers: there were challenges in reporting leavers through ESR as staff moving department or being promoted were shown as leavers which skewed the data when comparing externally. Action: Deputy Director of People & Culture and HR Business Partner to review how leavers/movers could be reported more accurately. |

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| 11.6 | <ul style="list-style-type: none"> Sickness: The reported decrease was noted. The review of the sickness policy was hoped to have a positive impact. However, managing themes in specific departments was also being considered. Collation of benchmarking data from other wholly owned subsidiaries had proved challenging as data was not willingly sharing. |
| 11.7 | <ul style="list-style-type: none"> Appraisals: Completion rates were currently low but work was underway to remedy the situation in affected areas. |
| 11.8 | <ul style="list-style-type: none"> Vacancy Rates: it was explained that difficult-to-fill vacancies were challenging to manage with NHS “Agenda For Change” salaries. There was concern that providing a different pay offer could lead to claims for equal pay, although it was noted that prior to the agreement to implement the changes to the pension arrangements, legal advice had been sought on potential equal pay issues which was fully debated with the Board at the time. Shareholder Non-executive Director (JC) requested a report on options for salaries, pensions, etc., for difficult-to-fill vacancies. Shareholder non-executive Director (MG) noted the risk around the capital programme if these vacancies were not filled. The Company Secretary advised the information should be presented at the next Board meeting to understand what was previously agreed with salaries/pensions, the current situation and proposed ways forward so the Board could make a decision if required. Actions: Deputy Director of People & Culture |
| 11.9 | Resolved: The overall positive Workforce update was noted. |
| HIF/04/23/12 | PLACE Update |
| 12.1 | The Deputy Director of Estates & Facilities explained the generally more positive position for the Trust in the PLACE Scores and outlined the changes made at the hospital to improve the food-based scores in wards, including the upcoming introduction of a new catering strategy. The areas where the hospital was scoring above the national average were highlighted. It was noted that the scores for dementia and disability were where changes were needed. |
| 12.2 | Communication to the organisation should celebrate the improvements achieved. |
| 12.3 | Non-executive Director (GB) noted the advice being given by PLACE for dementia and disability improvements required but questioned if HIF had verified that the advice was correct. It was explained that the organisation was complying with national guidance and a dementia lead nurse was on the group reviewing the findings. |
| 12.4 | Whilst the challenges around funding of suggested improvements were highlighted, it was also noted that external assessors were looking for commitment to improve and an action plan, as well as some progress in addressing their concerns. |
| 12.5 | Resolved: The content of the update was noted. |
| HIF/04/23/13 | Governance & Compliance Committee Terms of Reference |
| 13.1 | Resolved: The Board ratified the Governance and Compliance Committee Terms of Reference. |
| HIF/04/23/14 | Workplan |
| 14.1 | It was noted that there were a large number of items that would normally be due at the April Board meeting. |

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| 14.2 | Resolved: The draft workplan was noted. |
| HIF/04/23/15 | Any Other Business |
| 15.1 | There were no further items of business and the meeting closed at 12:15pm. |
| HIF/04/23/16 | Items to Escalate to HDFT Board |
| 16.1 | Resolved: The Board agreed that risk around estates recruitment and the ability to complete the capital programme would be escalated to HDFT Board. |
| HIF/04/23/17 | Additional Risks to add to Risk Register |
| 17.1 | Resolved: The Board agreed the following items should be included in the Corporate Risk Register: <ul style="list-style-type: none"> • Estates recruitment and pensions for new recruits, in relation to completion of the capital programme. • Updating the existing risks in relation to workforce and fire safety. |
| HIF/04/23/18 | Evaluation of the Meeting |
| 18.1 | It was noted that progress in presentations and reporting was seen at each meeting – including that the reporting was at a more strategic level with less emphasis on the operational detail. |
| 18.2 | The message about the good year had by the Trust and HIF should be communicated to all staff and celebrated. Some examples of the way the message was communicated and staff rewarded were given. However, it was noted that staff engagement was a priority |
| HIF/04/23/19 | Date and Time of Next Meeting |
| 19.1 | Workshop: Tuesday 28 May 2024, 9.00am-12noon – HIF, 17 Wetherby Road Board Meeting: Tuesday 25 June 2024, 9.00am-12noon – HIF, 17 Wetherby Road (including Estates session from 11.30am) |

Signed:

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Dated:

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Harrogate Integrated Facilities - Board of Directors - Action Log As at April 2024

| Date of Meeting | Action Log Reference | Minute Reference | Action Description | Lead | Target date (as detailed, if not at next HIF Board meeting) | Progress update |
|------------------|----------------------|-----------------------------|--|--|---|--|
| 27 February 2024 | 62 | HIF/01/27/3.2 | <u>Declarations of Interest</u> : Register of interests to be included in Board papers pack in future | Assistant Co. Sec. | April 2024 | Propose to close – Register of Interests included as standing agenda item |
| 27 February 2024 | 63 | HIF/01/27/8.2 | <u>IBR</u> : Finance risk score to be reviewed in time for next meeting to align with the Risk Register | Deputy Director of Finance | April 2024 | |
| 27 February 2024 | 64 | HIF/01/27/10.6 | <u>Finance Report</u> : More detailed analysis on non-pay expenditure to be brought to the next meeting including separating between “activity drive” versus budget. | Deputy Director of Finance | April 2024 | Propose to close: March Update: discussed with MD and FM and agreed to focus on future rather than review historic spend. |
| 27 February 2024 | 65 | HIF/01/27/10.7 | <u>Finance Report</u> : Review of timing of reports presented at board to enable more up-to-date information to be provided at Board Meetings | Assistant Co. Sec. | | Finance Report: start of 2 nd week each month IBR: couple of days into new month HR Report: by 10/11 th of month |
| 27 February 2024 | 66 | HIF/01/27/10.9 | <u>Finance Report</u> : Business development to be explored further at a Board Workshop | Managing Director | | Propose to close – Business Development session held at end of March 2024 workshop |
| 27 February 2024 | 67 | HIF/01/27/12.4 | <u>Workforce Report</u> : Confidence levels to be considered in SPC charts to enable an understanding of longer term change. | HR Team | | |
| 27 February 2024 | 68 | HIF/01/27/12.9 | <u>Workforce Report</u> : Gender Pay Gap Report – identify an appropriate tolerance levels of the pay gap for similar organisation | Deputy Director of People & Culture | | |
| 27 February 2024 | 69 | HIF/01/27/12.10 | <u>Workforce Report</u> : Gender Pay Gap Report – add mean Gender Pay Gap to KPIs | Deputy Director of People & Culture | | |
| 30 January 2024 | 60 | Workshop HIF/01/30/3.1.1 | <u>Finance</u> : Identify increased expenditure, including any increase in rents | Finance Team | | |
| 30 January 2024 | 61 | Workshop HIF/01/30/3.1.1 | <u>Finance</u> : Arrange quarterly catch up on finances – 30 minute session before a board meeting | Assistant Co. Sec. | | Propose to close – informal meeting for directors scheduled for before alternate Board meetings, rather than quarterly. |
| 19 December 2023 | 57 | HIF/12/19/9.4 | Board Assurance Framework – Managing Director to work with Quality & Governance Lead to present updated Green Plan (to include digital and sustainability) to February Board | xxxxxxx xxxxxxx | 27 February 2024 May 2024 July 2024 | Open – Propose to include a session at the May workshop April update: This will be further delayed as May Workshop will be to review BAF and risk appetite |
| 24 October 2023 | 50 | HIF/10/24/10 | Contract Variations – Following the increase seen in requests for maintenance and hospitality, work to take place to ensure budget holders are aware of the costs involved and approve these requests. | xxxxxxx xxxxxxx xxxxxxx xxxxxxx | | Feb update: a way forward had been agreed for minor works and POs now required for other items. April update: Revised date for hospitality review to be agreed. |
| 29 August 2023 | 42 | HIF/08/29/6.4 | Consideration to be given to having a formal skills matrix for the Board. | xxxxxxx | 10/23 | Open – in addition to skill matrix to aid with succession planning. RemCom being held 23 April. |

| Date of Meeting | Action Log Reference | Minute Reference | Action Description | Lead | Target date (as detailed, if not at next HIF Board meeting) | Progress update |
|-----------------|----------------------|------------------|--|--------|---|--|
| 27 June 2023 | 38 | HIF/06/27/10.5 | Finance Report - Information in relation to depreciation of fixed assets to be included in the report going forward. August 2023 – not yet available – to be followed up by xxxxxx xxxxxx. December 2023 – updated included I Fixed Asset Paper – Look to resolve when Fixed Asset discussions taken place | xxxxxx | | Open – Propose to delay until Fixed Asset situation reviewed Feb update: discussions were ongoing |
| 27 June 2023 | 40 | HIF/06/27/16.1.5 | Workforce Report – Mandatory and Role specific training – To consider any HIF specific training the Company might wish to include. | xxxxxx | April 2024 | Propose to close – confirmed that current arrangements align with the Trust. |

Harrogate Integrated Facilities - Board of Directors - Action Log

CLOSED ACTIONS

| Date of Meeting | Action Log Reference | Minute Reference | Action Description | Lead | Target date (as detailed, if not at next HIF Board meeting) | Progress update |
|------------------|----------------------|------------------|--|--------------------|---|---|
| 27 June 2023 | 35 | HIF/06/27/5 | Workforce Report – Sickness Absence – Target to be proposed to measure against. | xxxxxx | September 2023 | Closed at Feb 2024 meeting - discussed at Board on 24 October 2023 |
| 29 August 2023 | 45 | HIF/08/29/10.6 | Scenarios around identifying and achieving the cost improvement programme (CIP) to be produced for discussion. | xxxxxx | 10/23 | Closed at Feb 2024 meeting - Discussed as part of the finance update at the Board on 24 October 2023 |
| 24 October 2023 | 47 | HIF/10/24/7 | Annual Accounts – Currently on track to receive the accounts for approval at November's Board Workshop and a pre-meeting would be arranged prior to this to consider the accounts. Subsequently, Extra Ordinary meeting of the Board held on 6 th December to receive the accounts. 22/12/23 – Accounts delivered to xxxxxxx | xxxxxxx | | Closed at Feb 2024 meeting |
| 24 October 2023 | 48 | HIF/10/24/7 | Business Development – Update on business development in terms of SSD to be included in the next Managing Director's report. | xxxxxx | | Closed – update in MD report for December |
| 24 October 2023 | 49 | HIF/10/24/8 | Risk Register – Wording to be reviewed to ensure accurate in relation to risks owned by the Trust but where HIF is part of the solution or where investment would be required from the Trust to replace an asset, including mitigation in place for risks owned by the Trust. To reconsider when discussing model of company and governance arrangements whether a corporate risk register is required for the company. | xxxxxxx xxxxxxx | | Closed at Feb 2024 meeting - Meeting held with Jo Parker in Planning and way forward agreed |
| 24 October 2023 | 51 | HIF/10/24/10 | Contract Variations – Discussion to take place with Director of Finance, HDFT, regarding the xxxxxx contract and how this is delivered. | xxxxx | | Closed – Meeting held with Trust DOF and next steps agreed |
| 24 October 2023 | 52 | HIF/10/24/11 | Workforce Report – All future reports to include legend on any charts. | xxxxxx | | Closed at Feb 2024 meeting - legend to graphs and so will be provided at the beginning of future reports. |
| 19 December 2023 | 53 | HIF/12/19/5.3 | HIF Risk Register: review recording of risks between HIF and HDFT. Discussions ongoing between Managing Director and Head of H&S | xxxxxx | | Closed at Feb 2024 meeting - see action log ref 49 |
| 19 December 2023 | 54 | HIF/12/19/6.2 | January 2024 Workshop Agenda Items: detailed consideration of the finances, including structure, assets, treatment of VAT and other areas highlighted by the auditors around contracts, including the contract with the Trust. | xxxxxx | 30 January 2024 | Closed at Feb 2024 meeting - item added to January 2024 Workshop agenda |
| 19 December 2023 | 55 | HIF/12/19/7.12 | Accounts accrual of sum agreed to date for one element of xxxxx contract – ensure existing written documentation would be considered sufficient as evidence if needed. | xxxxxx | | Closed at Feb 2024 meeting - sum was included in M9 finance position. |
| 19 December 2023 | 56 | HIF/12/19/8.4 | Integrated Board Report – HDFT KITE Awards Ceremony on 19 January 2023: Managing Director to liaise with HR to arrange for a Non-executive member of HIF Board to attend | xxxxx | | Closed at Feb 2024 meeting - xxxxxxx attended |
| 19 December 2023 | 58 | HIF/12/19/12.4 | Workforce Report: Managing Director to give consideration to including information in the Trust Induction Programme to explain the relationship with HIF and how they work together | xxxxxx | | Closed at Feb 2024 meeting |
| 19 December 2023 | 59 | HIF/12/19/14.2 | Update on RAAC situation | xxxxxxx | January 2024 Workshop | Closed at Feb 2024 meeting - included as an agenda item – February 2024 Board meeting |

**Board of Directors
Tuesday 23 April 2023
Report from the Managing Director**

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| Agenda Item Number: | | |
| Presented for: | Discussion | |
| Report of: | Managing Directors Report | |
| Author (s): | Managing Director | |
| Report History: | None | |
| Publication Under Freedom of Information Act: | This paper can be made available under the Freedom of Information Act 2000 if requested. | |
| Links to HIF's Objectives | | |
| Delivering safe, efficient, compliant, responsive and outstanding quality services | X | |
| Being well led and financially sustainable | X | |
| Embedding business modernisation and service development throughout the company | X | |
| Growing our future business development opportunities | X | |
| Being an employer of choice, developing our staff, being an outstanding place to work and delivering our services with pride | X | |
| Delivering our services sustainably, minimising our impact on the environment | X | |
| Recommendation: | | |
| The Board of Directors is asked to note the work that is ongoing across the organisation. | | |

1.0 Introduction

- 1.1 This report provides the Board of Directors with an update on current matters within the Company.

2.0 XXXXX Dispute: Update

- 2.1 Work is continuing with XXXXX to complete the outstanding works on the XXXXXX scheme to achieve practical completion. Weekly meetings are now being held with the operational teams to progress the outstanding actions. With regard to the contract, XXXXX is currently reviewing the draft and meetings are scheduled in the coming weeks to enable the revised contract to be agreed.

3.0 Workforce

Portering

- 3.1 I am pleased to report that a new Portering Manager has been appointed and subject to the completion of the outstanding employment checks will take up their post in May.
- 3.2 With regard to the new organisational structure and rosters, formal consultation is due to commence after next JNCC on the 14th May 2024.

SSD

- 3.3 SSD will commence consultation from the 22nd April 2024 on a minor restructure to strengthen resilience in quality management and production. The restructure follows a review of job roles, changes in workflow and the introduction of new NHS SSD guidance.

4.0 Capital Projects

- 4.1 The capital delivery and estates teams continue to work closely with the Trusts Planning team to deliver a range of enabling schemes to support the vacation of Block C, prior to demolition and the commencement of the XXXX scheme. It is estimated that the enabling schemes will be completed between May and June 2024.
- 4.2 With regard to XXXX, it is anticipated that the project management lead for the scheme will transfer to HIF in the next few weeks.

5.0 Waste Management

- 5.1 A review of HDFT waste management has commenced across all waste streams. We have undertaken a gap analysis on compliance requirements and have identified a need to strengthen governance and clarify responsibilities.
- 5.2 The review identifies a number of initiatives to improve the environment and how we store waste locally around the site and how we manage the goods yard. It is planned for a formal proposal to be presented to the Trust in May 2024.

6.0 Business Development

- 6.1 Discussions are continuing with the XXXX regarding the proposal for HIF to provide SSD services. The current pilot scheme continues whilst the outstanding legal discussions are concluded.

- 6.2 Work has commenced on the development of our business development strategy which will be presented to the Board for approval in due course. A more detailed regular update to the Board of Directors outlining the business opportunities we are considering, the income projections and potential surplus these could generate will be provided at future Board sessions.
- 6.3 Over the coming weeks our Associate Director of Business Modernisation and Service Improvement will be working with the Trust business development team to provided assistance in a bid opportunity for children's services.

7.0 Conclusion

7.1 The Board of Directors is asked to: -

7. 1.1 Note the work that is ongoing across the Organisation.

Date: AG/AC/SL

Ref: 12/04/24

**Board of Directors
Tuesday 23rd April 2024**

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| Agenda Item: | 9 | |
| Title: | Board Assurance Framework (BAF) 2023-2024 Update | |
| Responsible Director: | XXXXX | |
| Author: | Quality & Governance Lead | |
| Purpose of the report and summary of key issues: | The purpose of the report is to provide a position update on the HIF BAF for 2023-24. The reports will detail the work undertaken to achieve the actions and objectives set for the 2023-24 year. The report details the work ongoing for the development and delivery of the BAF for 2024-25. | |
| BAF Risk: | Delivering safe, efficient, compliant, responsive and outstanding quality services | ✓ |
| | Being well led and financially sustainable | ✓ |
| | Embedding business modernisation and service development throughout the company | ✓ |
| | Growing our future business development opportunities | ✓ |
| | Being an employer of choice, developing our staff, being an outstanding place to work and delivering our services with pride | ✓ |
| | Delivering our services sustainably, minimising our impact on the environment | ✓ |
| Corporate Risks: | All risks within the Board Assurance Framework (BAF) | |
| Report History: | None | |
| Recommendation: | The Board are requested to note the work undertaken for the BAF 2023-45 and to support the development of the BAF 2024-25 and associated action plan. | |
| Publication Under Freedom of Information Act: | This paper can be made available under the Freedom of Information Act 2000 once published on the external website | |

1. HIF Board Assurance Framework (BAF) 2023-24 Update

- 1.1. HIF developed a Board Assurance Framework (BAF) for 2023-24 to manage the delivery of HIF's strategic objectives, themes and corporate risks (risks at a level 12 or above). Please see attached at **Appendix A**.
- 1.2. The BAF is reviewed and updated internally on a monthly basis with our senior management colleagues, and presented as part of our governance framework at the following meetings:
- HIF Board of Directors
 - HIF Governance and Compliance Committee
 - HIF Senior Management Team (SMT)
- 1.3. Throughout 2023-24, our HIF services have been delivering their associated strategic objectives as detailed in the **Appendix A**. An update on the current position of the BAF is provided below:
- A total of 32 strategic objectives established for 2023-24
 - A total of 27 were fully delivered with 5 partially delivered by the end of March 2024 (**see 1.4**)
 - Total of 5 corporate risks identified for our Management and Facilities departments
- 1.4. From February 2024 it was agreed that all previous Estates high risks in relation to HDFT infrastructure, assets and environment would be reported and owned by the Trust. HIF are working closely with the Trust to ensure that action plans are developed and delivered to support these risks.
- 1.5. The 5 outstanding actions and reasons for unable to be completed are detailed below:

| Number | Strategic Objective | Reason for Delay |
|--------|---|---|
| 6 | Achieve mandatory training targets | Work ongoing to develop a mandatory training workbook for HIF colleagues |
| 8 | Improve fire safety compliance (HTM 05) | Fire alarm system identified as a risk and delayed due to agreement with the Trust on funding as part of the capital requirements |
| 29 | Development of a Customer Services Strategy | Waiting for the resource and funding in-house to be established from 2024-25 budget |
| 30 | xxxx works completed by October 2023 | Works ongoing with xxxx contractors on the Harrogate District Hospital site |
| 33 | Development of an xxx strategy | Delays with the development of the xxx strategy due to agreement with the Trust on funding as part of the sustainability requirements |

- 1.6. A BAF for 2024-25 is currently being developed in a new format and will incorporate the revised strategic themes (**Appendix B**) and current corporate risks. The draft BAF for 2024-25 will be shared for discussion at the HIF Board of Directors workshop

in May 2024. The BAF will be formally approved at the HIF Board of Directors meeting in June 2024.

2.0. Conclusion

- 2.1.** The Board are requested to note the work undertaken for the BAF 2023-45 and to support the development of the BAF 2024-25 and associated action plan.



HIF

Board Assurance Framework (BAF)

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STRATEGIC THEME No1: BEING WELL MANAGED AND FINANCIALLY SOUND

Ambition:

Being Well managed and Financially Sound. Our financial position will underperform against expected outturn (xxxx profit)

Principle risk:

There is a risk that HIF cannot achieve its strategic goal and is not well led or financially sustainable. This is due to the failure of not having systems and processes in place in relation to strategic governance frameworks. Resulting in damaged external relations a long-term threat to service sustainability and regulatory breach.

Governance:

- **Board Assurance:** HIF Board, SMT, Governance and Compliance Committee
- **Programme Board:** Business Improvement and Modernisation Committee
- **SRO:** Deputy Director of Estates and Facilities, Head of Estates, Head of Facilities, Associate Director of Service Improvement and Business Modernisation

| DATIX ID | Title | Description | Current Rating (CxL) | Target Rating (CxL) & Date | Risk Type | Risk Appetite |
|----------|----------------------------|---|----------------------|----------------------------|-----------|---------------|
| 273 | Company Financial Position | Risk to Company financial sustainability and Inability to meet budget | 12 | 9 | Corporate | Averse |

STRATEGIC THEME No1: BEING WELL MANAGED AND FINANCIALLY SOUND

| Strategic Objective | Outcome | Outcome RAG | Due Date | Plan | Position | Delivery RAG | Responsible Officer |
|--|---|-------------|--|--|---|--------------|---------------------|
| 1. Maintain a robust contract performance process | <ul style="list-style-type: none"> Meetings maintained and held with informed client Accurate service specifications in place | | <ul style="list-style-type: none"> April 2024 | <ul style="list-style-type: none"> Undertake a review of the contract KPI Review and update contract specifications Produce company wide KPI Reports monthly and present as part of IBR Implement a Contract Review Performance Meeting with the Trust (informed client) | <ul style="list-style-type: none"> Completed Completed Completed Completed | | KS/AC |
| 2. Deploy the xxxxx biometric clocking in/out attendance system across the business | <ul style="list-style-type: none"> Staffing costs are controlled and directly related to attendance with a reduction in administration for inaccurate salary payments. Closure of the internal audit recommendation following a number of concerns. | | <ul style="list-style-type: none"> Jan 2024 | <ul style="list-style-type: none"> Order placed with the supplier Project plan in place Units installed and training provided Reports on compliance (Q4) and subsequent audit planned for 2025 | <ul style="list-style-type: none"> Completed Progressing, xxxxxxxx and IT have higher priority projects updating timelines to coordinate resource | | AC |
| 3. Completion of Company wide annual business planning process | <ul style="list-style-type: none"> Business plans in place and representative of service areas. | | <ul style="list-style-type: none"> Annual end April | <ul style="list-style-type: none"> Individual service business plans completed and a consolidated Company business plan produced and presented to HIF Board | <ul style="list-style-type: none"> Completed Completed | | All |
| 4. Embed the use of xxxx across the company | <ul style="list-style-type: none"> Ensure xxxxxx upgrade is fully implemented across all areas of the business HIF is able to report on Incidents and Risks using xxxxxx | | <ul style="list-style-type: none"> April 2024 (following induction of DCIQ) | <ul style="list-style-type: none"> Standardise the approach to Incident, Safety Alerts and Risk Management using new xxxxxx upgraded system Ensure effective operational use and management of xxxxxx including dashboards | <ul style="list-style-type: none"> Completed Completed | | LS |
| 5. Ensure timely submission of NHS Estates and Facilities data sets (xxxxxx xxxxx) to support Model Hospital | Collation and submission of data Benchmarking analysis completed | | <ul style="list-style-type: none"> Sept 23 | <ul style="list-style-type: none"> xxxxx Returns completed and submitted by due date xxxxxx returns completed and submitted by due date | <ul style="list-style-type: none"> Completed Completed | | DQ/DJS |

| Strategic Objective | Outcome | Outcome RAG | Due Date | Plan | Position | Delivery RAG | Responsible Officer |
|--|---|-------------|---|---|---|--------------|---------------------|
| 6. Achieve mandatory training targets | <ul style="list-style-type: none"> Ensure regular monitoring of targets in IBR Achievement of KPI for training targets | | <ul style="list-style-type: none"> Ongoing | <ul style="list-style-type: none"> Monitoring and progress improvement month on month (3-month focus) Implement a hybrid approach to increase participation and accessibility to MT including the development of a Workbook Report via governance structures on compliance | <ul style="list-style-type: none"> Complete Progressing Complete | | All |
| 7. Develop a Board Assurance Framework | <ul style="list-style-type: none"> Presentation of the risks relating to strategic objectives and themes for the business at board | | <ul style="list-style-type: none"> May 23 | <ul style="list-style-type: none"> Complete a workshop with board to scope requirements Production and presentation of HIF BAF to board in Q1 of 2023 Review and monitoring of BAF ongoing | <ul style="list-style-type: none"> Complete Complete Complete | | AC/AG |

STRATEGIC THEME No2: PROVISION OF SAFE, EFFICIENT, COMPLIANT, RESPONSIVE AND GOOD QUALITY SERVICES

Ambition:

Delivery Safe, Efficient, Compliant, Responsive and Outstanding Quality Services

Principle risk:

There is a risk that HIF cannot achieve its strategic goal and is unable to provide the best quality services. This is due to the failure of not having systems and processes in place to learn and improve our services. Resulting in possible harm to patients, poor experience and reduction in quality of care, damaged external relations a long term threat to service sustainability, regulatory breach (e.g. CQC)

Governance:

- **Board Assurance:** HIF Board, SMT, Governance and Compliance
- **Programme of Work:** Business Improvement and Modernisation Committee
- **SRO:** Deputy Director of Estates and Facilities, Head of Estates, Head of Facilities, Head of Sterile Services and Medical Devices

| DATIX ID | Title | Description | Current Rating (CxL) | Target Rating (CxL) & Date | Risk Type | Risk Appetite |
|----------|-------------------------------------|---|----------------------|----------------------------|------------|---------------|
| 266 | Xxxxxx xxxxxx vehicles | Xxxxxx xxxxxx are 4 years out of contract and vehicles failing. Currently using five hire vehicles. Exceeding allocated budget. | 12 | 4 | Facilities | Averse |
| 263 | Security, Violence & Aggression | Security, Violence & Aggression risk to HDFT/HIF colleagues from patients/visitors. | 15 | 6 | Facilities | Averse |
| 276 | xxxxxx Rating & Kitchen Environment | October 2023 xxxxx 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. | 15 | 4 | Facilities | Averse |
| | Portering Uniform & PPE | Requirement to rollout required PPE to all Portering team following a recent recruitment drive and to reflect the recently updated HIF Uniform policy | 12 | 4 | Facilities | Averse |

STRATEGIC THEME No2: PROVISION OF SAFE, EFFICIENT, COMPLIANT, RESPONSIVE AND GOOD QUALITY SERVICES

| Strategic Objective | Outcome | Outcome RAG | Due Date | Plan | Position | Delivery RAG | Responsible Officer |
|---|---|-------------|--|---|---|--------------|---------------------|
| 8. Improve fire safety compliance (HTM 05) | <ul style="list-style-type: none"> Approved site wide fire strategies Fire risk assessments complete (150+) Assess fire doors at condition B and approved/ Inspected Assess compliance against fire compartmentation Fire Alarm system replacement | | <ul style="list-style-type: none"> Feb 24 | <ul style="list-style-type: none"> Appoint Fire Safety Engineer via Leeds FRA work plan developed and actioned Undertake a gap analysis of fire doors with costed action plan Complete site wide fire strategy Revise current fire safety policy Scoping work undertaken and costings sought, business case to be developed (circa xxxxx) | <ul style="list-style-type: none"> Complete Complete Complete Complete Complete On hold due to Trust funding approval and agreement required | | DQ |
| 9. Conduct a full review of Business Continuity in 2023/24 | <ul style="list-style-type: none"> Annual board paper KPI score for BCMS of greater than 90% | | <ul style="list-style-type: none"> Mar 24 | <ul style="list-style-type: none"> Focused BCMS activities BIA / Plan reviewed Conduct an IT systems review Estates infrastructure – deep dive | <ul style="list-style-type: none"> Completed IT systems review within HIF Digital Strategy | | AC |
| 10. Undertake Group wide review of Security Arrangements including incident response and associated security infrastructure | <ul style="list-style-type: none"> HIF to be licenced for Security related activities by Q3 2023 Trust to approve the case to support robust security response service | | <ul style="list-style-type: none"> April 24 | <ul style="list-style-type: none"> HIF engagement with specialist consultant for licence HIF licenced Scope/ Business case for approval Service implemented Specification updated with related KPI's | <ul style="list-style-type: none"> Complete Board update provided in Aug 23. Clarification agreed on roles and responsibilities with the Trust Not progressing in 2024, agreed for interim position to provide security service via contract in place Contract in place Awaiting new NHS provider security standards 2024/25 | | DJS |

| | | | | | | | |
|---|---|--|--|--|---|--|-----------|
| 11. Improve PLACE scores | <ul style="list-style-type: none"> Food scores to be above the national average Domestic scores to be above the national average Improvement in scores for Disability and Dementia | | <ul style="list-style-type: none"> Feb 24 | Action plan produced identifying areas of investment needed | <ul style="list-style-type: none"> Completed however there is a need to review the Catering specification and update following change to PLACE standards | | DJS/AC/DQ |
| 12. Improve the "limited assurance" outcome on the management of the xxxx xxxxx (Medical Devices) | <ul style="list-style-type: none"> Audit actions to be addressed | | <ul style="list-style-type: none"> Sept 23 | <ul style="list-style-type: none"> Develop an action plan and scope the improvements needed. Review risks and assess Business Case to be developed to support installation of asset database xxxxxx to be part of Trust TEG group as per recommendations | <ul style="list-style-type: none"> Completed | | AC/CI |
| 13. Improve compliance against HTM 04 water safety | <ul style="list-style-type: none"> Approved governance process in place Annual assurance report completed Risk score reduced | | <ul style="list-style-type: none"> March 24 | <ul style="list-style-type: none"> Development of a new water safety plan (WSP) Monitoring via WSG and IPCC against WSP | <ul style="list-style-type: none"> Completed Completed | | DQ |
| 14. Replace nurse call system with reliable solution | <ul style="list-style-type: none"> Capital funding approved System installed Risk score reduced | | <ul style="list-style-type: none"> Oct 23 | <ul style="list-style-type: none"> Business Case developed Trust needs to fund xxxx or xxxxx PA over a phased plan | <ul style="list-style-type: none"> Completed - funding rejected as part of EPR (digital) | | DQ |
| 15. Washer disinfectors replaced with reliable new | <ul style="list-style-type: none"> Improved resilience and capacity for SSD | | <ul style="list-style-type: none"> Sept 23 | <ul style="list-style-type: none"> Replace WD's and associated equipment | <ul style="list-style-type: none"> Completed | | DQ/CI |
| 16. Improve Estates PPM compliance and SLA KPI targets | <ul style="list-style-type: none"> Compliance meets / exceeds KPI in specification | | <ul style="list-style-type: none"> March 24 | <ul style="list-style-type: none"> Fully utilisation of xxxxxx an adoption of xxxx Deployment and use of C365 compliance cloud-based system | <ul style="list-style-type: none"> xxxxxx turned off (May 23) Utilisation of new single system Improvement action plan in place | | DM |

| | | | | | | | |
|--|--|--|--|---|--|--|----|
| 17. Refurbishment of Xray basement plant room following water damage | <ul style="list-style-type: none"> Reduction of risk of catastrophic failure of plant room serving Theatres and Critical Care / ITU | | <ul style="list-style-type: none"> Feb 24 | <ul style="list-style-type: none"> Replace damaged pumps Equipment on xxxxxx bid + capital funding needed for infrastructure improvements Transfer services for Theatres (1 & 2) and Critical care to planned new plant room on roof (Jan 24) Monitor and evaluate risk | <ul style="list-style-type: none"> Interim solution in place Progressing – No capital funding identified/ approved currently (xxxxx required from Trust funding) Progressing Progressing | | DQ |
|--|--|--|--|---|--|--|----|

STRATEGIC THEME No3: BUSINESS MODERNISATION AND DEVELOPMENT

Ambition:

Embedding Business Modernisation and Service Development throughout the company.

Principle risk:

There is a risk that HIF cannot achieve its strategic goal of ensuring the company is modern and forward thinking in its services. This is due to the failure of not having systems and processes in place to modernise the business in line with competitors. Resulting in damaged external relations and a long term threat to service sustainability, regulatory breach.

There is a risk that HIF cannot achieve its strategic goal of growing the company. This is due to the failure of not having systems and processes in place to allow a competitive market approach. Resulting in damaged external relations and a long term threat to service sustainability.

Governance:

- **Board Assurance:** HIF Board, SMT, Governance and Compliance
- **Programme Board:** Business Improvement and Modernisation Committee
- **SRO:** Deputy Director of Estates and Facilities, Head of Estates, Head of Facilities, Head of Sterile Services and Medical Devices, xxxxxx Director of Service Improvement and Business Modernisation

| DATIX ID | Title | Description | Current Rating (CxL) | Target Rating (CxL) & Date | Risk Type | Risk Appetite |
|----------|-------|-------------|----------------------|----------------------------|-----------|---------------|
| N/A | | | | | | |

STRATEGIC THEME No3: BUSINESS MODERNISATION AND DEVELOPMENT

| Strategic Objective | Outcome | Outcome RAG | Due Date | Plan | Position | Delivery RAG | Responsible Officer |
|--|--|-------------|---|--|--|--------------|---------------------|
| 18. Develop a HIF Service Wide Improvement Plan | <ul style="list-style-type: none"> Detailed plan for service development and improvement approved covering all areas Implement xxxxx project board/ governance arrangements to monitor plans | | <ul style="list-style-type: none"> May 23 | <ul style="list-style-type: none"> Production of a project plan using project place Align with Strategic Themes and BAF | <ul style="list-style-type: none"> All development areas uploaded into Project Place Progressing | | AC/ SL |
| 19. Produce a Company wide IT Gap Analysis | <ul style="list-style-type: none"> Review incorporated into xxxxx workplan KPI Production of a IT strategy for HIF | | <ul style="list-style-type: none"> March 24 | <ul style="list-style-type: none"> Company wide IT systems audit and register to be populated / created. IT strategy to be scoped including engagement with Trust digital team | <ul style="list-style-type: none"> Complete | | AC |
| 20. Review Teckal Opportunities with Trust | <ul style="list-style-type: none"> Teckal offer outlined to Trust representative | | <ul style="list-style-type: none"> July 23 | <ul style="list-style-type: none"> Offer outlined at workshop session with Trust Production of scoping paper detailing offer | <ul style="list-style-type: none"> Completed subject to further consideration following review of contract and company structure with xxxxxx to be arranged by Trust Completed | | AC |
| 21. Revise the Hospitality offer across the Group | <ul style="list-style-type: none"> Increased level of income for catering retail Hospitality offers clearly detailed and integrated into room booking procedures | | <ul style="list-style-type: none"> Oct 23 | <ul style="list-style-type: none"> Define offer with Trust Monitor Income and uptake - set income targets | <ul style="list-style-type: none"> Completed | | DJS |
| 22. Grow external customer base for Sterile Services | <ul style="list-style-type: none"> Increase revenue for the service ensuring a degree of profit is returned Successful completion of at least 1 x bid/ no bid process | | <ul style="list-style-type: none"> August 23 | <ul style="list-style-type: none"> Market engagement of service with prospective clients, identify sales opportunity Offer identified and promoted Bid no bid process completed | <ul style="list-style-type: none"> Completed Completed Completed | | AC/CI/SL |

STRATEGIC THEME NO.4 BEING A EMPLOYER OF CHOICE AND A GOOD PLACE TO WORK

Ambition:

Being an employer of choice, developing our staff, being an outstanding place to work and delivering services with pride.

Principle risk:

There is a risk that HIF cannot achieve its strategic goal of being a high performing employer. This is due to the failure of not having systems and processes in place to recruit, develop and retain employees. Resulting in a poor culture in workforce affecting the ability of the company to deliver high quality services.

Governance:

- **Board Assurance:** HIF Board, SMT, Governance and Compliance
- **Programme Board:** Business Improvement and Modernisation Committee
- **SRO:** Deputy Director of Estates and Facilities, Head of Estates, Head of Facilities, Head of Sterile Services and Medical Devices, HR Business Partner

| DATIX ID | Title | Description | Current Rating (CxL) | Target Rating (CxL) & Date | Risk Type | Risk Appetite |
|----------|-------|-------------|----------------------|----------------------------|-----------|---------------|
| | | | | | | |

Strategic Theme No.4 Being a employer of choice and a good place to work

| Strategic Objective | Outcome | Outcome RAG | Due Date | Plan | Position | Delivery RAG | Responsible Officer |
|---|--|-------------|--|--|--|--------------|---------------------|
| 23. Ensure we have a robust well-resourced Estates structure | <ul style="list-style-type: none"> Estates structure recruited to All posts in place Service delivery improvements being made | | <ul style="list-style-type: none"> Aug 23 | <ul style="list-style-type: none"> Actively recruit to positions | <ul style="list-style-type: none"> Completed | | KH/DQ |
| 24. Reduce time to recruit | <ul style="list-style-type: none"> Reduction in appointment time for new starts from current 90 days | | <ul style="list-style-type: none"> Ongoing | <ul style="list-style-type: none"> Employ a support role to expedite recruitment process, target reduction from 90 days to 30 days to appoint Implement new ways of working including acceptance of CV's, flexibility on DBS | <ul style="list-style-type: none"> New process in place with SLT and Trust to approve and expedite appointments, successful at reducing timeframes Completed | | LS/KH |
| 25. Implement a People Plan following submission of Staff Survey results | <ul style="list-style-type: none"> HIF defined medium term people plan for 2023/24 approved with associated action plan | | <ul style="list-style-type: none"> April 24 | <ul style="list-style-type: none"> Review the findings of the staff survey Develop an action plan and share progress with staff Strategic HR lead for HIF to develop a plan in collaboration with Teams | <ul style="list-style-type: none"> Completed Completed Completed | | KH/AC |
| 26. Improve and embed apprenticeships across the business | <ul style="list-style-type: none"> Establish an apprentice program across the business xxxxxx fund activity accessed for staff development Integration within HIF People Plan | | <ul style="list-style-type: none"> April 24 | <ul style="list-style-type: none"> Engage with regional leads to identify suitable roles and development of HIF plan Presentation of options and work plan to HIF SMT Staff engaged in apprenticeship schemes | <ul style="list-style-type: none"> Completed Completed Completed | | KH/DQ/DJS/CI |
| 27. Engage and support National Estates and Facilities Day 15th June (annually) | <ul style="list-style-type: none"> Visible contribution to E&F day Long term commitment established in business to support event on an ongoing basis | | <ul style="list-style-type: none"> June 23 | <ul style="list-style-type: none"> Develop a range of programmes and events to support and engage with colleagues across the business and the Trust demonstrative the value that E&S services offer | <ul style="list-style-type: none"> Completed | | TW |

| Strategic Objective | Outcome | Outcome RAG | Due Date | Plan | Position | Delivery RAG | Responsible Officer |
|---|---|-------------|---|--|--|--------------|---------------------|
| 28. Improve appraisal targets across the business to meet or exceed KPI | <ul style="list-style-type: none"> KPI achieved for appraisals | | <ul style="list-style-type: none"> Ongoing | <ul style="list-style-type: none"> Hold a workshop to establish the aims and objectives for teams Develop the group appraisal template Implement and monitor progress | <ul style="list-style-type: none"> Completed Completed Progressing/ ongoing | | All |



STRATEGIC THEME NO.5 BEING CUSTOMER FOCUSED AND PROUD OF OUR SERVICES

Ambition:

Being an employer of choice, developing our staff, being an outstanding place to work and delivering services with pride.

Principle risk:

There is a risk that HIF cannot achieve its strategic goal of being a high performing employer. This is due to the failure of not having systems and processes in place to recruit, develop and retain employees. Resulting in a poor culture in workforce affecting the ability of the company to deliver high quality services.

Governance:

- **Board Assurance:** HIF Board, SMT, Governance and Compliance
- **Programme Board:** Business Improvement and Modernisation Committee
- **SRO:** Deputy Director of Estates and Facilities, Head of Estates, Head of Facilities, Head of SSD and Medical Devices, **xxxxxx** Director of Service Improvement and Business Modernisation

| DATIX ID | Title | Description | Current Rating (CxL) | Target Rating (CxL) & Date | Risk Type | Risk Appetite |
|----------|-------|-------------|----------------------|----------------------------|-----------|---------------|
| N/A | | | | | | |

Strategic Theme No.5 Being Customer Focused and proud of our services

| Strategic Objective | Outcome | Outcome RAG | Due Date | Plan | Position | Delivery RAG | Responsible Officer |
|---|--|-------------|--|--|--|--------------|---------------------|
| 29. Development of a Customer Services Strategy | <ul style="list-style-type: none"> Measures identified for all areas of the business Strategy document drafted | | <ul style="list-style-type: none"> March 24 | <ul style="list-style-type: none"> Work with patient experience team, quality team and other stakeholders to develop a HIF score card measuring customer feedback e.g. F&F Development of a work plan for presentation to the Business Modernisation Group/ Quality and Governance Committee | <ul style="list-style-type: none"> Progressing Progressing | | AC/SL |

STRATEGIC THEME NO.6 DELIVERING OUR SERVICES SUSTAINABILITY MINIMISING OUR IMPACT ON THE ENVIRONMENT

Ambition:

Delivering our services sustainably, minimising our impact on the environment.

Principle risk:

There is a risk that HIF cannot achieve its strategic goal of being a high performing environmentally sustainable company. This is due to the failure of not having systems and processes in place to reduce the impact on the environment of the companies services. Resulting in an increased environmental impact, regulatory breaches and poor public image.

Governance:

- **Board Assurance:** HIF Board, SMT, Governance and Compliance
- **Programme Board:** Business Improvement and Modernisation Committee
- **SRO:** Deputy Director of Estates and Facilities, Head of Estates, Head of Facilities, **xxxxxx** Director of Service Improvement and Business Modernisation

| DATIX ID | Title | Description | Current Rating (CxL) | Target Rating (CxL) & Date | Risk Type | Risk Appetite |
|----------|-------|-------------|----------------------|----------------------------|-----------|---------------|
| N/A | | | | | | |

Strategic Theme No.6 Delivering our services sustainability minimising our impact on the environment

| Strategic Objective | Outcome | Metric RAG | Due Date | Plan | Position | Delivery RAG | Responsible Officer |
|---|---|------------|----------|--|--|--------------|---------------------|
| 30. Completion of the xxxxx project (xxxx) | <ul style="list-style-type: none"> xxxx works completed by Oct 23 Breathe contractor exit site | | April 24 | <ul style="list-style-type: none"> Sustainability elements to be competed Window upgrades Bore hole completed Roof insulation completed Additional works completed Theatre works 1 & 2 | <ul style="list-style-type: none"> All progressing April 24 – Breathe contractor still on-site | | DQ |
| 31. Development and approval of a Group Wide Green Plan for 2023/24 | <ul style="list-style-type: none"> Annual board paper outlining achievement and new targets for Q1 2023 | | May 23 | <ul style="list-style-type: none"> Plan developed and approved by Board(s) | <ul style="list-style-type: none"> Completed | | TW |
| 32. Implement a revised Car Park Management solution demonstrating modal shifts in tran | <ul style="list-style-type: none"> Establish CO2 target reductions in vehicle emissions over next 5 years | | Oct 23 | <ul style="list-style-type: none"> Data base to be implemented integrating emissions and xxxx data xxxxxx system installed Review of travel plan and resurvey | <ul style="list-style-type: none"> Completed Completed Completed | | DJS |
| 33. Development of an EV strategy | <ul style="list-style-type: none"> EV strategy defined for xxxx vehicles, staff, patients and visitors | | March 24 | <ul style="list-style-type: none"> Produce costed draft plan within Q1 2023 Shareholder engagement with region | <ul style="list-style-type: none"> Progressing Trust still to agree funding as part of the sustainability requirements | | TW |
| 34. Submission of xxxx 3b for additional funding | <ul style="list-style-type: none"> Application made on time | | April 23 | <ul style="list-style-type: none"> Engage with CEF to support scheme bid | <ul style="list-style-type: none"> Bid not successful | | DQ |

Appendix B



Board of Directors

Tuesday 23 April 2024

| | | | | | | | | | | | | | |
|--|--|--|---|--|--|---|---|---|--|--|--|---|--|
| Agenda Item: | 12 | | | | | | | | | | | | |
| Title: | Patient Led Assessment of the Care Environment (PLACE) Annual Report | | | | | | | | | | | | |
| Responsible Director: | xxxxxxxx, Managing Director | | | | | | | | | | | | |
| Author: | xxxxxxxx, Deputy Director of Estates and Facilities | | | | | | | | | | | | |
| Purpose of the report and summary of key issues: | The purpose of the report is to provide a summary of the annual PLACE assessment scores following the Trusts annual inspection. The results of PLACE are publicly available. The report outlines actions required to support improvements across the domains and highlight the lower than national average scores for dementia and disability . | | | | | | | | | | | | |
| BAF Risk: | <table border="1"> <tr> <td>Delivering safe, efficient, compliant, responsive and outstanding quality services</td><td>✓</td></tr> <tr> <td>Being well led and financially sustainable</td><td></td></tr> <tr> <td>Embedding business modernisation and service development throughout the company</td><td>✓</td></tr> <tr> <td>Growing our future business development opportunities</td><td></td></tr> <tr> <td>Being an employer of choice, developing our staff, being an outstanding place to work and delivering our services with pride</td><td></td></tr> <tr> <td>Delivering our services sustainably, minimising our impact on the environment</td><td></td></tr> </table> | Delivering safe, efficient, compliant, responsive and outstanding quality services | ✓ | Being well led and financially sustainable | | Embedding business modernisation and service development throughout the company | ✓ | Growing our future business development opportunities | | Being an employer of choice, developing our staff, being an outstanding place to work and delivering our services with pride | | Delivering our services sustainably, minimising our impact on the environment | |
| Delivering safe, efficient, compliant, responsive and outstanding quality services | ✓ | | | | | | | | | | | | |
| Being well led and financially sustainable | | | | | | | | | | | | | |
| Embedding business modernisation and service development throughout the company | ✓ | | | | | | | | | | | | |
| Growing our future business development opportunities | | | | | | | | | | | | | |
| Being an employer of choice, developing our staff, being an outstanding place to work and delivering our services with pride | | | | | | | | | | | | | |
| Delivering our services sustainably, minimising our impact on the environment | | | | | | | | | | | | | |
| Corporate Risks: | No risks to note for HIF | | | | | | | | | | | | |
| Report History: | None | | | | | | | | | | | | |
| Recommendation: | The Board are requested to receive this report for information and to note the actions included. | | | | | | | | | | | | |
| Publication Under Freedom of Information Act: | This paper can be made available under the Freedom of Information Act 2000 once published on the external website | | | | | | | | | | | | |

1.0 Introduction

- 1.1 In October 2023 the annual PLACE assessment was undertaken over three days at Ripon and Harrogate Hospitals. The assessments involved local people and other groups including Health Watch going into our hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness, and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia or with a disability. All areas as covered including ward areas, outpatient areas, car parks, A&E, public spaces and grounds and gardens.
- 1.2 The Patient Led Assessments of the Care Environment (PLACE) assessments focus exclusively on the environment in a healthcare setting which care is delivered. PLACE does not cover clinical care provision or how well staff are doing their job.
- 1.3 Our PLACE assessments were undertaken in 22 areas with 5 external assessors and 7 internal assessors (Clinical, Facilities and Estates). We undertook 4 food assessments with 3 (day and evening) at Harrogate and 1 at Ripon (day).

2.0 Overall Results

- 2.1 The results of the assessments are provided as a percentage scores achieved from answering a list of comprehensive questions covering the following PLACE domains.

| Domain | Harrogate 2023 | Ripon 2023 | National Average 2023 | 2022 Results HDH | 2022 Results RCH |
|---------------------------------------|----------------|------------|-----------------------|------------------|------------------|
| Cleanliness | 99.51% | 99.02% | 98.41% | 99.5% | 99.25% |
| Food | 92.35% | 91.01% | 91.98% | 70.67% | 86.11% |
| Privacy, Dignity and Wellbeing | 87.47% | 87.30% | 89.23% | 80.69% | 98.95% |
| Condition, appearance and maintenance | 98.30% | 96.69% | 95.94% | 99.24% | 97.66% |
| Dementia | 78.36% | 74.81% | 85.56% | 70.54% | 72.75% |
| Disability | 87.47% | 87.30% | 89.23% | 73.54% | 74.71% |

- 2.2 Whilst the overall scores were generally above the national average. The main area of concern from our results relates to the Dementia domain which scored well below the national average.

3.0 Food scores and findings

- 3.1 The food percentage scores are a combination of three individual food domains including 1) Organisational Food 2) Ward based food 3) Food scores.

Further analysis of the three individual food domains which contribute to the overall percentage achieved are as follows.

| FOOD SCORES | Harrogate | Ripon | National Average | 2022 Results HDH | 2022 Results RCH |
|---------------------|-----------|--------|------------------|------------------|------------------|
| Organisational Food | 91.67% | 91.49% | 91.15% | 77.43% | 74.31% |
| Ward based food | 92.62% | 90.48% | 92.92% | 68.11% | 97.92% |
| Food score | 92.35% | 91.01% | 91.98% | 70.76% | 86.11% |

- 3.2 There has been a marked improvement in the PLACE food domain scores especially in relation to the service at ward level. This is attributed to the introduction of protected mealtimes and additional dietetic support. There are still areas of concern raised by the inspection team including the need to focus on maintaining a consistent level of service of the patient dining experience. Regrettably a 30-minute delay in serving meals on one ward led to a noticeable decline in meal quality, adversely affecting scores related to temperature, texture, and taste.

4.0 Cleanliness Scores

- 4.1 The cleanliness scores were above the national average in both Ripon and HDFT, drawing praise from the inspection team for the exceptional state of the wards and public areas. Throughout 2023, work has progressed to align with the NHS cleaning standards. The domestic services team collaborated closely with Infection Control and purported progress to the **xxx xxxxxxxx**. Supporting the approach is the use of a real-time audit software system, replacing the cumbersome paper-based process. This digital transition y streamlined audits by providing direct reports to clinical, nursing and estates colleagues.
- 4.2 During the inspection there were no common themes able to be identified. Minor observations were made relating to an item of patient dirty linen on the floor, toilet cleaning list not up to date and an area of high-level dusting.

5.0 Privacy, dignity, and wellbeing Scores

The scores in this domain fell below the national average, highlighting an area where improvement is needed. Over the years, other Trusts have consistently raised their average scores in this domain, indicating a trend we must address by narrowing the current gap.

While specific observations were made within individual ward areas, there were also recurring themes identified across multiple areas, emphasising the need for comprehensive attention and target investments.

- Appropriate signage on single sex toilets and bathrooms
- Access to secure lockers for patient belongings
- No private room on the ward where patients can go for conversations
- No communal phone access
- Clinical/medical patient data on view
- No access to personal or in communal areas

- Reception areas not large enough insufficient seating

6.0 Condition appearance and maintenance

- 6.1 The domain of appearance and maintenance received generally positive scores across all areas. However, several observations highlighted concerns regarding the condition of walls and floors, particularly noting the presence damage in some locations and poor condition of the floor (hazard tape).
- 6.2 In public waiting rooms/ areas and corridors the following common themes were identified
- Damaged, stained ceiling tiles
 - Poor condition of the floors
 - Corridors clutter
 - Lighting insufficient

7.0 Dementia

- 7.1 Our dementia scores are again below the national average. We will need to focus on addressing some of the common findings within this domain across the site.
- 7.2 The common themes identified across multiple areas included,
- A lack of an identified dedicated social room / social space on wards
 - Room signs on doors accessing staff only areas e.g. sluice were typically at eye level of the dementia patient
 - Lack of painted similar contrasting colours on patient accessible areas (shower, toilet, bathrooms)
 - Lack of visible dementia friendly signs on toilet doors and not eye level
 - Lack of contrast / colour to support patient orientation/ coordination
 - Lack of dimmable lighting on wards
 - The correct date and day was not consistently displayed in all areas
 - Condition and variation of colours on flooring in public corridors and wards
 - Inadequate seating
- 7.3 It has been agreed that the membership of the PLACE team will include the specialist dementia nurse who, as subject matter expert, will support the work of addressing the areas identified.

8.0 Disability

The disability domain scores fell below the national average, indicating potential areas for improvement. Several factors contribute to these scores, including accessibility and patient-friendly environments. Below, are key examples of areas for improvement,

- Effective use of colours to enhance patient orientation
- Slopes and inclines not clearly marked (public areas)
- General site signage and wayfinding issues (eyesight level)
- Lack of dimmer switches to adjust light levels
- Review seating in reception/waiting areas ensuring it meets the requirements for the range of patient needs
- Flooring in contrasts with the walls and furniture

9.0 PLACE Action Plan – 2024/25

Environment – Dementia / Disability / Privacy and Dignity

9.1 The environmental challenges and investment needed to address all the findings under PLACE is significant and unrealistic to achieve in the short term. Our approach should continue to support a phased plan with incremental improvements across domains within schemes and works under capital and backlog. Larger maintenance schemes include the need to replace flooring across the site will include the adoption of the associated standards as we maintain the estate.

9.2 However, there are some recurrent issues and some quick wins available with rapid improvements in the dementia domain scores if we are able to replace old internal signs and introduce new signs including improve the use of colour and contrast on fixtures and fittings. A list of the common domain issues such as signage is provided at See Appendix 1

Food

9.3 Our previous action plan included the trial of a ward host service to introduce a level of consistency of the food service award level. The result of trial supports progressing to develop a fully worked up revised business model. The HIF Catering Strategy has subsequently been developed which identifies improvements and investments in modernising practices to improve our food domain scores further. A digital meal ordering system will be scoped for introduction with a business case for 2024/5. This will involve collaboration between HIF and the Trust.

9.4 In relation to organisation level food score improvements a dedicated nutritional specialist to focus on menu development, compliance against food and dietetic standards compliance is needed and work is ongoing to support this requirement. This post is proving difficult to recruit to on a part time/ permanent basis.

Governance

9.5 Our governance approach was strengthened following the 2022 PLACE audit with the introduction and maintenance of fortnightly collaborative PLACE ~~xxxx~~ audits as well as PLACE feeding into HDFT Nutrition and Hydration Committee and Quality and Governance Committee. Support from subject matter experts has been improved with attendees to the PLACE group including the Trusts dementia lead, nutritional and dietetic and nursing colleagues.

10.0 Conclusion and Summary

10.1 The results for PLACE 2023 identify that the improvements made were achieved from focusing on developing a collaborative approach between HIF and the Trust. In

particular the previous poor food domain scores are a significant improvement and should be considered as a first step in supporting the need to modernise our practices. If we fail to maintain the momentum and invest in the development of a joint model which delivers a complaint, consistent food service at ward level, we risk falling below the national average and not meeting requirements in other associated standards e.g. NHS Food and Drink standards.

- 10.2 There is an urgent need to take action on implementing the identified quick wins for dementia. Recurrent investment in PLACE is needed if we are to be above the national average in all domains.

11.0 Recommendation

The board is requested to receive this report for information.

PLACE
TOP 15 FAILURE REASONS

| Question | No of failures | Domain |
|--|----------------|--------------------------------|
| Are all staff specific signs (e.g. sluice / treatment room) out of general eyesight level | 11 | Dementia Disability |
| Can signs to the toilet be seen from all patient areas and are they clearly identifiable | 10 | Dementia |
| Are there points of interest such as artwork on the walls e.g. familiar local sights | 8 | Dementia |
| Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor | 8 | Dementia |
| Is the flooring in a colour that contrasts with the walls and furniture | 6 | Dementia Disability |
| Are all patient signs clear and letters in contrasting colours to make them easy to read | 5 | Dementia Disability |
| Does the design of the area promote a less clinical feel | 5 | Dementia |
| Has colour been used effectively to enhance patients orientation / co-ordination e.g. doors and bays painted in a different colour | 5 | Dementia Disability |
| Is the correct day and date displayed and clearly visible in all patient areas | 5 | Dementia Disability |
| Is there a large, accurate and silent (approx. 18 inch/45cm diameter) clock clearly visible in all patient areas | 5 | Dementia Disability |
| Are all toilet doors in a single distinctive colour | 4 | Dementia |
| Are toilets and bathrooms for single-sex use and do they have appropriate signs | 4 | Privacy, Dignity and Wellbeing |
| Are all toilet / bathroom / shower room door signs consistent | 4 | Dementia |
| Do all patients have a place where they can lock away their personal belongings | 4 | Privacy, Dignity and Wellbeing |
| Is there any clinical/medical patient data on view | 4 | Privacy, Dignity and Wellbeing |

Terms of Reference

HIF Governance & Compliance Committee

| | |
|---|---|
| Document Details: | Terms of Reference for the HIF Governance & Compliance Committee |
| Version: | 4.1 |
| Approved By: | HIF Governance & Compliance Committee |
| Date Approved: | 08 April 2024 |
| Ratified By: | HIF Board |
| Date Ratified: | To be ratified 23 April 2024 |
| Job Title – Author: | HDFT Assistant Company Secretary |
| Job Title – Responsible Director: | Chair of the HIF Governance & Compliance Committee (Non-executive Director) |
| Date Issued: | To be issued 23 April 2024 |
| Review Date: | February 2025 |
| Frequency of Review: | At least annual |
| Amendment Summary: 1. Transferred to new Terms of Reference Template to include standard wording. 2. Updated with schedule of deputies | |

1. Name of the Committee

HIF Governance & Compliance Committee

2. Accountability

The HIF Governance & Compliance Committee is a committee of the Harrogate Healthcare Facilities Management Limited's Board of Directors. As such it will, on behalf of the Board, work to support the achievement of HIFs strategy and objectives. Harrogate Healthcare Management Limited (t/a Harrogate Integrated Facilities (HIF)) is a wholly owned subsidiary of Harrogate & District NHS Foundation Trust (HDFT).

3. Role of the Committee

3.1. Purpose of the Committee

The purpose of the Committee is to gain assurance, on behalf of the Board of Directors, that Harrogate Integrated Facilities (HIF) has an effective system of integrated governance throughout the company's activities to support the achievement of HIFs strategy and objectives. Governance will work across areas including, but not limited to, risk management, performance management, quality governance, compliance and internal controls.

3.2. Guiding Principles

In carrying out their duties, members of the committee and any attendees must ensure that they act in accordance with the values of the company which are:

- Kindness
- Integrity
- Teamwork
- Equality

3.3. Responsibilities of the Committee

The key responsibilities of the group are to:

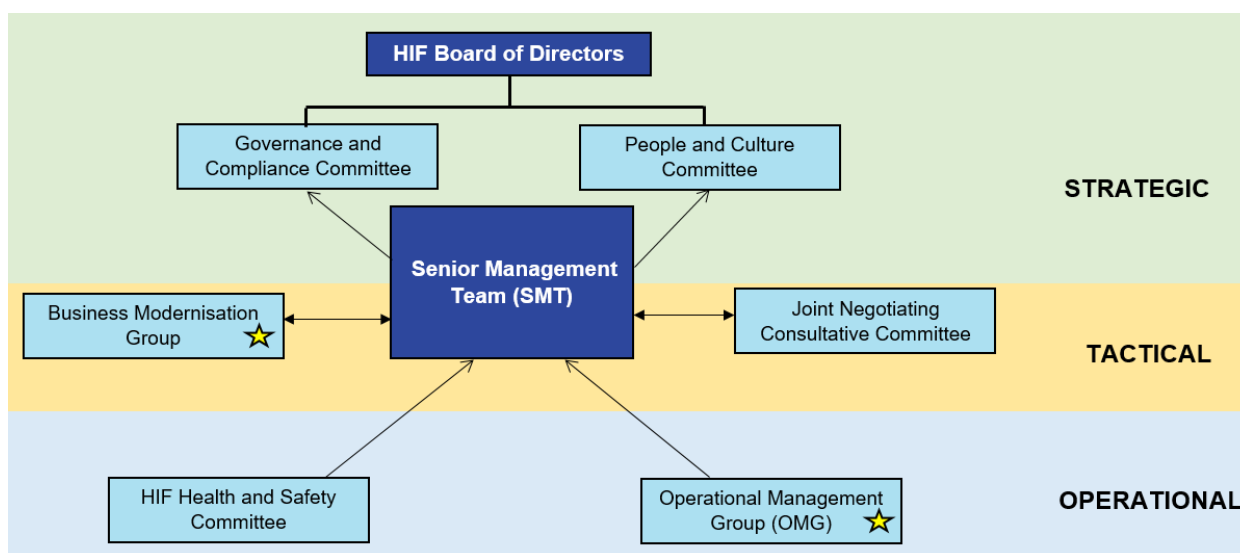
- Ensure that the Business Plan meets regulatory requirements and performance against achievement of the plan is monitored.
- Review the Company's Strategy and Annual workplan and monitor progress against priorities/plans prior to Board review.
- Monitor compliance against Health Technical Memorandums (HTMs)/Premises Assurance Model (PAM), Patient-Led Assessments of the Care Environment (PLACE) Standards, Estates Return Information Collection (ERIC), Hazard Analysis & Critical Control Points (HACCP), Companies House, Companies Act 2006, and other relevant regulatory and legal requirements.
- Ensure there is a process in place to collect conflicts of interests and gifts and hospitality for all decision making staff, with an annual review of the register.
- Review of the Company's Integrated Board Report (IBR)

- Ensure there is a Code of Conduct in place for decision making staff.
- Monitor performance against HDFT Service Level Agreements (SLAs).
- Monitor progress against major findings and limited assurance internal audit reports.
- Monitor HIF's high level Risk Register of risks scoring 12 and above.
- Identify any further risks which should be added to the risk register.
- Review the Sustainability/Carbon Reduction/Environment Plans and monitor progress against approved priorities/plans.
- Review the Annual Report and financial statements before submission to the Board.
- Ensure arrangements are in place for staff and contractors to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.
- Ensure adequate arrangements are in place to mitigate against counter fraud, bribery and corruption.

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request may by the Committee.

The Committee shall have the power to establish task and finish groups for the purpose of addressing specific tasks or areas of responsibility.

4. Relationships with other groups and committees



5. Composition of the Committee

5.1. Members: Full Rights

| Title | Role in the group / committee |
|------------------------|--|
| Non-executive Director | Committee Chair |
| Non-executive Director | Committee Vice-Chair / Non-executive member |
| Managing Director | Executive lead for the Committee. Assurance and escalation provider to the Governance & Compliance Committee |

Membership of the Committee shall be agreed by HIF Board, who will appoint the Chair and Vice-Chair of the Committee. Membership will consist of not less than two Non-executive Directors and one Executive Director. The Chair of the Committee should ensure the membership promotes equality, diversity and inclusion.

Any Executive and Non-executive Director can attend a Board sub-committee meeting because of the position that they hold.

There may be occasions where the Executive and Non-executive Director posts have been filled on an interim basis. Where this arrangement is in place, the interim post holder will be considered a member of this group for the period they hold the interim position.

Where an Executive Director is unable to attend, they may delegate to a Deputy Director; in such cases it should be made clear at the meeting who is undertaking the deputising role.

Where a Non-executive Director is unable to attend, they may delegate to another Non-executive Director; in such cases it should be made clear at the meeting who is undertaking the deputising role.

The Chair is invited / reserves the right to attend any meeting. However, the Chair of the Board shall not be a member of the Committee.

5.2. In attendance: in an advisory capacity

| Job Title |
|--|
| Deputy Director of Estates & Facilities |
| Associate Director of Estates and Capital Delivery |
| Quality & Governance Lead |
| Head of Facilities |
| Member of the Corporate Governance Team |

In addition to anyone listed above as a member or attendee, at the discretion of the Chair of the Committee, the Committee may also request individuals to attend on an ad hoc basis to provide advice and support for specific items from its work plan when these are discussed at the meetings.

6. Quoracy

Number: The minimum number of members for a meeting to be quorate is two, comprising at least one Non-executive Director and one Executive Director. If the Chair of the Committee is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the other Non-executive Director.

Deputies: Where appropriate, members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal “acting up” arrangements. In this case the deputy will be deemed a full member of the Committee. It may also be appropriate for attendees to nominate a deputy to attend in their absence.

A Schedule of deputies (in Appendix 1) should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting and documented in the minutes.

7. Meetings of the Committee

Frequency: Meetings will be held at least quarterly. There will be separate meetings if required by the Board of Directors. In addition, the Committee Chair in consultation with the Lead Executive Director may request a meeting in order for the Committee to discharge all of its responsibilities.

Urgent Meetings: Any member of the Committee may request an urgent meeting. The Chair of the Committee will normally agree to call an urgent meeting to discuss the specific matter, unless the opportunity exists to discuss the matter in a more expedient manner.

Attendance: Members are expected to attend all meetings. Members may attend meetings in person, by telephone or by other electronic means. Those in attendance by electronic means shall count towards the quorum.

Administrative Support: The Committee Secretariat will be provided by the Trust's Corporate Directorate, including to arrange meetings, prepare agendas, circulate papers and draft minutes, including a register of attendance to be agreed with the Chair of the meeting prior to circulation as described below. Papers will be made available a minimum of five days prior to scheduled meetings. An action log will be maintained, and a log of items reviewed throughout each 12 month period.

Minutes: Draft minutes will be approved by the Chair of the meeting and then shared with the members of the Committee. The draft minutes will be reviewed and the final record agreed at the next quorate meeting. Approved minutes of each meeting will then be provided to the Board of Directors for noting.

Chair Reports: The Chair of the Committee will provide an update of key issues arising from the meeting, including decisions taken, to the next Board of Directors meeting.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-executive Directors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

8. Authority

Establishment: The Committee is a sub-committee of the Board and Directors and has been formally established by the Board.

Powers: The Committee has no powers, other than those specifically delegated in these Terms of Reference.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

9. Duties of the Committee Chair

The Chair of the Committee shall be responsible for:

- Agreeing the agenda in partnership with the Managing Director, and the Quality & Governance Lead;
- Directing the meeting, ensuring it operates in accordance with the company's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- Ensuring the agenda is balanced and discussion is productive;
- Establish if there are any conflicts of interest and manage any such declarations appropriately;
- Giving direction to the secretariat and checking the draft minutes;
- Ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee; and
- Attending the Board to Board meetings with the Trust.

10. Review of Committee Effectiveness, Terms of Reference and Annual Report

It will be the responsibility of the Chair of the Committee to ensure that it carries out an assessment of committee effectiveness annually, and ensure the outcome is reported to the Board of Directors along with any remedial action to address any

weaknesses identified. The Chair of the Committee will also be responsible for ensuring that the actions to address any areas of weakness are completed.

The Terms of Reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

The HIF Governance & Compliance Committee will present an annual report to the Board of Directors outlining its work against its duties set out in the Terms of Reference. The HIF Governance and Compliance Committee will make recommendations to the Board of Directors on any area within its remit where action or improvement is required.

Appendix 1: Schedule of Deputies

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case, please state below “no deputy required”.

| Full member (by job title) | Deputy (by job title) |
|--------------------------------|---|
| Non-executive Director / Chair | Vice-Chair, Non-executive Director |
| Non-executive Director | Non-executive Director |
| Managing Director | Deputy Director of Estates and Facilities |
| | |

| Attendee (by job title) | Deputy (by job title) |
|--|-------------------------------------|
| Deputy Director of Estates & Facilities | |
| Associate Director of Estates and Capital Delivery | |
| Quality & Governance Lead | |
| Head of Facilities | |
| Member of Corporate Governance Team | Member of Corporate Governance Team |
| | |