

**HIF Board of Directors – Formal Meeting  
to be held on Tuesday 24<sup>th</sup> June 2024 11 – 12.00 noon  
at HIF, 17 Wetherby Road, Harrogate, HG2 7RY.**

**AGENDA**

All items listed in blue text (throughout the agenda), are to be received for information/ assurance and no discussion time has been allocated within the agenda. These papers can be found in the supplementary pack.

Item	Agenda Item	Action	Lead	Paper	Time
1.0	<b>Welcome from the Chair</b> - Introductions & apologies	Note	Chair	Verbal	11:00
2.0	<b>Apologies for Absence</b>	Note	Chair	Verbal	
3.0	<b>Declaration of Interests and Conflicts of Interest</b>	Note	Chair	Attached	
4.0	<b>Minutes of Previous Meeting:</b> 29 April 2025	Approve	Chair	Attached	
5.0	<b>Matters Arising and Action Log</b>	Note	Chair	Attached	11:10
6.0	<b>Chair's Update</b>	Note	Chair	Verbal	11:15
7.0	<b>Managing Director's Update</b>	Note/ Discuss	Managing Director	Attached	11:20
8.0	<b>Sub-Committee Update</b> - Quality & Governance Committee	Note/ Discuss	Non- Executive Director	Verbal / Attached	11:25
9.0	<b>Finance Report</b>	Note/ Discuss	Deputy Director of Finance	Attached (in IBR)	11:30

10.0	<b>Workforce and Organisational Development update</b>	Note/ Discuss	Deputy Director of People & Culture	Attached (in IBR)	11:35
11.0	<b>Green Plan</b>	Approve	Managing Director	Attached	11:40
12.0	<b>Pledge to the Code of Conduct</b>	Note/ Discuss	All	Attached	11:45
13.0	<b>Premises Assurance Model</b>	Approve	Managing Director	Attached	11:50
14.0	<b>Any Other Business</b>	Discuss	Managing Director	Verbal	11:55
15.0	<b>Items to Escalate to HDFT Board</b>	Discuss	Chair	Verbal	
16.0	<b>Additional Risks to add to Risk Register</b>	Discuss	Chair	Verbal	
17.0	<b>Evaluation of the Meeting</b>	Discuss	Chair	Verbal	

**Meeting Close: 12 noon**

**NEXT MEETINGS:**

HIF Board Workshop: Tuesday 29 July 9:00-11:30 Herriots Training Room, Harrogate District Hospital  
HIF Board Meeting: Tuesday 26 August 9:00-11:00 Boardroom, HIF, 17 Wetherby Road  
Private Board Meeting: Tuesday 26 June 11:00 – 12:00 Boardroom, HIF, 17 Wetherby Road

**Confidential Motion – the Chair to move:**

*The following items will be discussed in a private session which is exempt under the Freedom of Information Act S.33(1)(b) – disclosure would or would likely prejudice substantially the commercial interests of any person or organisation.*

## HARROGATE HEALTHCARE FACILITIES MANAGEMENT LIMITED

Company number: 11048040

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

### Formal Meeting of the Company Board of Directors

held on 24 June 2025, 10 – 12 noon

at HIF, 17 Wetherby Road, Harrogate, HG2 7RY.

<b>Present:</b>	
Mark Chamberlain	Chair
Lucy Hind (LH)	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
Angie Gillett (AG)	Managing Director
<b>In Attendance:</b>	
XXXX	Deputy Director of Estates and Facilities
XXXX	Associate Director of Corporate Affairs and Company Secretary (HDFT) and Company Secretary (HIF)
XXXX	Associate Director of Business Development & Service Improvement
XXXX	Assistant Company Secretary and Governance Lead (minute taker)
XXXX	Deputy Director of Finance (HDFT)
XXXX	Deputy Director of People & Culture (HDFT)
XXXX	Head of Operational Estates – item 13 only
<b>Apologies:</b>	
XXXX	HIF Finance Manager
XXXX	HR Business Partner (HDFT)

### APPROVED MINUTES

<b>HIF/06/24/1</b>	<b>Welcome and Introductions</b>
1.1	The Chair welcomed everyone to the meeting
<b>HIF/06/24/2</b>	<b>Apologies for Absence</b>
2.1	Apologies for absence had been received from those noted above.
2.2	The Chair confirmed that the meeting was quorate.
<b>HIF/06/24/3</b>	<b>Declarations of Interest &amp; Conflicts of Interest</b>
3.1	The register of interests had been circulated.
3.2	<b>Resolved:</b> There were no additional active conflicts of interests declared in relation to the business of the meeting.

<b>HIF/06/24/4</b>	<b>Minutes of the Previous Meeting</b>
4.1	<b>Resolved:</b> The minutes of the Board meeting held on 29 April 2025 were approved as an accurate record of the meeting.
<b>HIF/06/24/5</b>	<b>Matters Arising and Action Log</b>
5.1	<b>Matters Arising</b> Shareholder Non-executive Director (MG) raised that HIF were responsible for capital estates but that information was not being reported specifically to Board.
5.2	Non-executive Director (LH) clarified that capital-related reports would go to Quality and Governance by exception. If projects were on target and within budget they would not be escalated to Board.
5.3	The Managing Director added that capital was reported on to a number of boards and it was closely monitored by the Trust.
5.4	<b>ACTION –</b> Add capital programme to the IBR to allow information to be scrutinised in sub-committees.
5.5	<b>Action Log</b> 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:
5.6	<b>107. Declarations of Interest:</b> The list of Declarations would be published on the HIF website. <i>Action to be closed.</i>
5.7	<b>106. Employment law briefing:</b> the employment law briefing would take place in the September workshop. <i>Action to be closed.</i>
5.8	<b>105. Initial Reflections:</b> The reflections would be discussed in the August Board meeting. <i>Action to be closed.</i>
5.9	<b>99. Security:</b> all Board members are now licenced. <i>Action to be closed</i>
5.10	<b>91. Corporate Framework:</b> The Corporate Framework would be presented at the Board workshop in July. <i>Action to be closed.</i>
5.11	<b>38. Depreciation of fixed assets:</b> Action to be moved to Private Board action log. <i>Action to remain open</i>
5.12	<b>Resolved:</b> The action log would be updated as discussed.
<b>HIF/06/24/6</b>	<b>Chair’s Update</b>
6.1	The Chair provided a verbal update.
6.2	The metrics provided in the IBR suggest the company is in a good position with work ongoing, such as the Domestic Review, which will drive improvements further. Credit was given to the Managing Director, the wider team and colleagues in finance and HR for what was being achieved.
6.3	In the wider context of the NHS, HIF is supporting the group’s efforts in what is a challenging financial situation.

6.4	<b>Resolved:</b> The Chair's update was noted.
<b>HIF/06/24/7</b>	<b>Managing Director's Update</b>
7.1	The report was received and taken as read. The Managing Director highlighted key points for the Board to note:
7.2	<u>Medical Engineering project</u> The project was progressing well, with TUPE and asset work underway. There were some risks regarding the accuracy of information, but mitigations were in place, and the programme is on track to achieve a go-live date of 1 July 2025.
7.3	<u>Domestic Services</u> The domestic services review has progressed towards implementation. Key work streams include rosters, team structure and productivity. The process was already starting to result in greater rigour with monitoring and reporting.
7.4	The Chair was pleased to hear that progress was being made and encouraged colleagues to engage with the new Director of Nursing, Midwifery, and AHP's.
7.5	<u>Security</u> The licencing of Directors was now complete and the Full Business Case had been developed and would be taken to the Business Case review Group this week. It should be noted that whilst HIF can support some financial aspects of the Business Case, there was also a resource implication for the Trust.
7.6	There would need to be a focus on the requirements of Martyn's law in the coming months.
7.7	<b>Resolved:</b> The Board noted the contents of the Managing Director's report.
<b>HIF/06/24/8</b>	<b>Quality and Governance sub-committee update</b>
8.1	A report had been circulated in advance and was taken as read.
8.2	HDFT Non-executive Director (LH) noted that all the statutory compliance was on target. A conversation had taken place regarding KPI's and it had been requested that the IBR would contain KPI's for the last 3 months to give a more comprehensive view of metrics. It was also noted that risk documentation had improved.
8.3	The finance team confirmed that an additional <b>XXXX</b> would be received for backlog funding which would be used to upgrade some of the fire infrastructure on the HDH site.
8.4	It was noted that mandatory training rates are continuing to exceed the target. The Chair highlighted the importance of reviewing training requirements to ensure they continued to be relevant to HIF staff. The Deputy Director of Estates and Facilities provided assurance that the relevance of training was reviewed on an ongoing basis.
8.5	<b>Resolved:</b> The sub-committee report was noted.

HIF/06/24/9	Finance Report
9.1	The finance report had been circulated in advance of the meeting and was taken as read. The Deputy Director of Finance stated that the finances were looking very positive however inflation to service costs and energy prices in the coming year pose a some risk to financial planning.
9.2	The biggest financial risks to the company was cash and the fixed assets situation. These risks would be monitored closely by the finance team. It would be important to understand the impact on key suppliers if cash flow remains tight for a number of months.
9.3	It was noted that agency spend had increased, after three months at zero. The Managing Director explained that there were some key vacancies in estates that were currently being covered by agency whilst recruitment took place.
9.4	<b>Resolved:</b> The Finance Report was received and noted.
HIF/06/24/10	Workforce and Organisational Development update
10.1	The workforce report had been circulated in advance of the meeting and was taken as read. The Deputy Director of People & Culture highlighted the following points.
10.2	Most of the key workforce indicators were showing improvements compared to the same time last year and five indicators showed improvements from the previous month. Sickness levels remain a concern although there had been a slight decline this month.
10.3	A deep dive discussion on the management of sickness absence had taken place at IRCC where assurance was received that sickness was being managed appropriately. It was noted that the Domestic Services review may have a positive impact on sickness levels, as had occurred following the portering review.
10.4	<b>Resolved:</b> The Workforce Report was received and noted.
HIF/06/24/11	Green Plan
11.1	The Green Plan had been circulated in advance and was taken as read. A Board workshop on the Green Plan had taken place in May where in-depth discussions had taken place.
11.2	The Shareholder Non-executive Director (MG) confirmed that the action plan would be slightly revised to make it clear that the main focus was reducing gas and that Annexe C would be removed.
11.3	The Managing Director noted the potential opportunity to support other organisations with their Green Plans.
11.4	The Board were asked to approve the Green Plan with onward approval by the Trust Board of Directors in July.
11.5	<b>Resolved:</b> The Green Plan was approved

<b>HIF/06/24/12</b>	<b>Pledge to the Code of Conduct</b>
12.1	A paper outlining the Code of Conduct had been circulated in advance and was taken as read. Paper copies were distributed for Directors to sign after the meeting.
12.2	<b>Resolved:</b> The Code of Conduct was accepted and Directors signed paper copies of the Code which would be kept on file.
<b>HIF/06/24/13</b>	<b>Premises Assurance Model</b>
13.1	A PAM paper had been circulated in advance of the meeting and was taken as read. The Head of Operational Estates joined the meeting to give a presentation regarding the PAM submission.
13.2	The PAM submission is complete for this year with some new additions from NHSE including mortuary and Martin's law. In addition, the submission now includes Ripon Hospital as well as the Harrogate District Hospital site. 159 actions had been identified in 2025 (2024 - 180 actions). Some actions have been closed and new actions added. Procurement had been engaged regarding software to support monitoring of PAM. It was noted that there would be challenges in making some improvements due to the funding required.
13.3	The deadline for the PAM submission was 12 September and it would be approved at Trust's Resources Committee in July 2025.
13.4	An independent audit had recently taken place and had provided significant assurance on the PAM process.
13.5	The Shareholder Non-executive Director (MG) asked if the submission needed to be presented to Environment Board and it was confirmed that this would be appropriate as this group had oversight of all the key environment work across the Trust.
13.6	The Shareholder Non-executive Director (JC) asked what actions may be required in terms of Martyn's Law. Head of Operational Estates stated that it would probably require changes to policies and procedures but that guidance had not yet been received. Organisations would have a year to implement and enforcement of the Law would start in April 2027.
13.7	Shareholder Non-executive Director (MG) added that some aspects were already covered by the group's Emergency, Preparedness, Resilience and Response (EPRR) policies and procedures, although the Company Secretary cautioned that this only provided limited assurance and that there would still be actions required as a result of the Martyn's Law guidance.
13.8	The Managing Director confirmed that the Trusts' Health and Safety team were leading on the Martyn's Law element.
13.9	The Board approved the PAM submission to move to the next stage of the approval process and delegated power to the Quality and Governance committee to approve any further requirements in relation to the submission.

13.10	The Board acknowledged the potential <b>XXXX</b> investment requirement over subsequent years, aligned with organisational priorities, risk appetite and legislative requirements.
13.11	<b>Resolved:</b> The Board agreed the PAM submission to move to the next stage of the approval process and delegated power to the Quality and Governance committee to approve any further requirements in relation to the submission. The Board noted the potential <b>XXXX</b> investment requirement over subsequent years, aligned with organisational priorities, risk appetite and legislative requirements.
<b>HIF/06/24/14</b>	<b>Any Other Business</b>
14.1	Non-executive Director (JC) asked for an update on the work being undertaken to consider more challenging KPI's. Associate Director of Business Development & Service Improvement confirmed that this topic would be covered in the next Board workshop on the BAF. SMT would be receiving training on a new meeting and reporting format which falls in line with the BAF and Impact work.
14.2	<b>Resolved:</b> There were no further items of business.
<b>HIF/06/24/15</b>	<b>Items to Escalate to HDFT Board</b>
15.1	It was agreed that the following items would be escalated to the HDFT Board:
15.2	PAM progress - Non-executive Director's (JC & MG) would take a PAM progress update to Resources committee and Board and report back at the next Board meeting  <b>ACTION:</b> PAM progress - Non-executive Director's (JC & MG) would take an PAM progress update to Resources committee and Board and report back at the next Board meeting
15.3	Going forward, escalations would be added to the action tog to ensure a return report to HIF Board.
15.4	<b>Resolved:</b> There above items would be escalated to the HDFT Board.
<b>HIF/06/24/16</b>	<b>Additional Risks to add to Risk Register</b>
16.1	It was suggested that there should be a risk on the risk register related to the capital costs of PAM  <b>ACTION:</b> Head of Operational Estates to add PAM risk to risk register
16.2	<b>Resolved:</b> The above risk would be added to the risk register.
<b>HIF/06/24/17</b>	<b>Evaluation of the Meeting</b>
17.1	The Board considered the meeting had covered a lot of ground and the presentation regarding PAM had been appreciated.
<b>HIF/06/24/18</b>	<b>Date and Time of Next Meeting</b>
18.1	The dates, times and locations of the next meetings were noted: <b>Workshop:</b> Tuesday 29 July 2025, 9.00am -11:30am – Herriot's Lounge, HDH <b>Formal Board Meeting:</b> Tuesday 26 August 2025, 9.00am-11:00am – HIF, 17 Wetherby Road

	<b>Private Board Meeting:</b> Tuesday 26 August 2025, 11.00am-12 noon – HIF, 17 Wetherby Road
<b>PRIVATE SESSION</b>	
	The Board meeting of Harrogate Healthcare Facilities Management Limited continued in private session.

### Harrogate Integrated Facilities – Board of Directors – Action Log As at end April 2025

Date of Meeting	Action Log Reference	Minute Reference	Action Description	Lead	Target date (as detailed, if not at next HIF Board meeting)	Progress update
29 April 2025	107	HIF/04/29/14.2	<u>Declarations of Interest</u> : Provide more information on the proposal to publish the Board's Declarations of Interest on the HIF website.	Assistant Company Secretary and Governance Lead	May 2025	
29 April 2025	106	HIF/04/29/10.5	<u>Workforce</u> : Add employment law briefing to an upcoming Board workshop	Assistant Company Secretary and Governance Lead	August 2025	
29 April 2025	105	HIF/04/29/8	<u>Quality and Governance Committee</u> : Arrange discussion regarding initial reflections raised by Deputy Director of Estates and Facilities and Associate Director of Estates and Capital Delivery	Assistant Company Secretary and Governance Lead	June 2025	
17 December 2024	99	HIF/12/17/14.6	<u>Security: Process for Licensing</u> : Presentation with step-by-step instructions to be circulated to Board Directors	Deputy Director of Estates & Facilities	April 2025	February 2025 update – Relevant Board members encouraged to complete accreditation April 2025 - Relevant Board members were encouraged to complete their accreditation
29 October 2024	91	HIF/10/29/1.7	<u>Corporate Governance</u> : Corporate Framework to be presented during the December 2024 Board meeting.	Managing Director	July 2025	February 2025 update - Outcome of review expected in July 2025. April 2025 – as above
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.	Deputy Director of Finance		August 2023 – not yet available – to be followed up by XXXX. December 2023 – updated included   Fixed Asset Paper – Look to resolve when Fixed Asset discussions taken place July 2024 update: XXXX Report to be received by 26/07/24 June 2024 update: XXXX work to be completed by 08/24 Feb 2024 update: discussions ongoing October 2024 update: Still awaiting XXXX report. February 2025: still awaiting XXXX report April 2025 – report has been received and a paper will be presented to the Board at the next meeting.



**Board of Directors  
June 2025  
Report from the Managing Director**

<b>Agenda Item Number:</b>	<b>7</b>
<b>Presented for:</b>	Discussion
<b>Report of:</b>	Managing Directors Report
<b>Author (s):</b>	Managing Director
<b>Report History:</b>	None
<b>Publication Under Freedom of Information Act:</b>	This paper can be made available under the Freedom of Information Act 2000 if requested.
<b>Links to HIF's Objectives</b>	
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	✓
<b>Recommendation:</b>	
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 Domestic Services Review**

2.1 As part of the ongoing Domestic Services Review, a number of key activities have been undertaken to support service improvement, assurance, and innovation. Spot checks are now actively being completed daily on high risk areas across the Trust, providing valuable assurance on compliance with cleanliness standards and highlighting areas for immediate resolution. These checks are identifying trends and supporting direct operational actions to improve standards.

2.2 A focused workshop was recently held to review productivity and service structure. This session brought together operational leads and HR with the aim to identify opportunities to identify gaps in service provision and undertake a workforce review against availabilities and actual service requirements. As a result, a detailed service plan has been produced which will be costed and stress tested.

2.3 Work is also progressing to strengthen training provision and increase engagement with Trust colleagues in signing off standards, ensuring collective ownership and understanding of expectations at department and ward level. This supplements the existing IPC oversight and approval process.

2.3 In addition, the introduction of cleaning robots is progressing through the Trust's governance processes. Approval is currently advancing through the Water Safety Group, with a planned go-live date of 1 July. This initiative represents a step forward in modernising domestic services and supporting existing teams with innovative, automated solutions.

2.4 Overall, the review is progressing well, with a clear focus on maintaining high standards, supporting staff, and making best use of available technology. Further updates will be provided as these workstreams continue to move forward.

## **3.0 Pay Progression – Update**

3.1 Following the Board's previous request to review the current pay progression proposal, the matter has been considered by the Senior Leadership Team (SLT). After further discussion and assessment of the operational impact, the SLT has agreed to maintain the existing automatic gateway process.

3.2 This decision reflects the complexities associated with managing multiple terms and conditions across staff groups, which would make implementing a uniform, performance-linked process both operationally challenging and potentially inconsistent.

3.3 No further changes are proposed at this stage, though the position will continue to be kept under review in line with the broader workforce strategy.

## **4.0 Security**

4.1 The Full Business Case (FBC) for the Security service has now been completed and submitted to the Director of Finance for review and consideration. The FBC provides detailed proposals for the future operational model, including staffing, service delivery

arrangements, and investment in creating a more integrated approach to security management.

- 4.2 A key focus of the FBC is strengthening collaborative partnership working across internal teams to deliver a more cohesive and responsive service. This approach aims to enhance site safety, improve incident response, and better align with the Trust's wider priorities around staff wellbeing and patient experience.

## 5.0 **Medical Engineering**

- 5.1 The project to transfer Medical Engineering services via TUPE into HIF is progressing well and as planned from the 1<sup>st</sup> July. Equipment purchases have been agreed and are underway. This includes office facilities and equipment.

- 5.2 Work is progressing to operationalise the service within HIF including the procurement of uniforms and the implementation of IT systems to support day-to-day activities.

- 5.3 The next phase will include detailed planning to develop the service further, focusing on improving operational efficiency and enhancing service delivery.

## 6.0 **Conclusion**

- 6.1 The Board of Directors is asked to: -

6. 1.1 Note the work that is ongoing across the Organisation.

Date: 12/06/25

Ref: AG/AC/

<b>Title</b>	<b>Pledge to the Code of Conduct, Nolan Principles and HIF Kite Values</b>
<b>Presented to:</b>	Board of Directors
<b>Meeting date</b>	24 June 2025
<b>Presented for:</b>	Agreement
<b>Author (s):</b>	Company Secretary
<b>Report History:</b>	None
<b>Publication Under Freedom of Information Act:</b>	This paper can be made available under the Freedom of Information Act 2000 if requested.
<b>Links to HIF's Objectives</b>	
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	✓
<b>Recommendation:</b>	
The Board are recommended to endorse the Board of Directors Code of Conduct and ensure all Directors of HIF sign the declaration.	

## PLEDGE TO CODE OF CONDUCT, NOLAN PRINCIPLES AND HIF KITE VALUES

### 1.0 INTRODUCTION

Governance principles are set out in the Nolan Principles: The Seven Principles of Public Life, which sets out the behaviours of senior leaders and Boards of Directors. This is supported by the Health and Social Care Act Regulation 2015 which sets out the requirements for NHS bodies to meet the Fit and Proper Person Test as well as supporting the principles of Duty of Candour which should ensure that Harrogate Integrated Facilities is open, honest and transparent.

All NHS Boards and Council of Governors are required to have a Code of Conduct that underpins the behaviours of members.

The HIF Board is invited annually to endorse their support to the Code of Conduct for Directors.

### 2.0 BOARD OF DIRECTORS - CODE OF CONDUCT

The Board of Directors – Code of Conduct is detailed in full at Appendix 1.

### 3.0 RECOMMENDATIONS

The Board are recommended to endorse the Board of Directors Code of Conduct and ensure all Directors of HIF sign the declaration.

XXXX, Company Secretary

June 2025

## Appendix 1

# Harrogate Integrated Facilities Board of Directors – Code of Conduct

## 1. Introduction

High standards of corporate and personal conduct are an essential component of public service enabling public confidence and assurance. The purpose of this Code of Conduct ('the Code') is to provide clear guidance on the standards of conduct and behaviour expected of all directors.

As a wholly-owned subsidiary of Harrogate and District NHS Foundation Trust ('the Trust'), Harrogate Integrated Facilities (HIF or 'the company') complies with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice. The HIF Board of Directors is a unitary Board, meaning that Directors have equal and shared accountability.

The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all Directors. It seeks to outline the appropriate conduct for Directors of Harrogate Integrated Facilities. It addresses both the requirements of office and of personal behaviour.

This Code, with the Board Code of Conduct and the NHS constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the Trust. The Code is intended to operate in conjunction with the company's Articles of Association, the Trust's Constitution, Standing Orders and the Code of Governance for NHS Foundation Trusts. The Code applies at all times when Directors are carrying out the business of Harrogate Integrated Facilities or representing Harrogate Integrated Facilities.

## 2. Compliance, interpretation & concerns

All Directors are required to give an undertaking that they will comply with the provisions of this Code. Questions and concerns about the application of the Code should be raised with the Company Secretary. The Chair will be the final arbiter of interpretation of the Code.

## 3. Principles of public life

The principles underpinning this Code of Conduct are drawn from the 'Seven Principles of Public Life'<sup>1</sup> as follows:

- **Selflessness:** Holders of public office should act solely in terms of the public interest.
- **Integrity:** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work.

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1. <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life-->

They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

- **Objectivity:** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- **Accountability:** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- **Openness:** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- **Honesty:** Holders of public office should be truthful.
- **Leadership:** Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

#### 4. HIF's mission and objectives

HIF's mission is "to be an exceptional provider of integrated facilities for the benefit of our communities, our staff and our partners." To do this HIF's objectives are:

- 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
- The Trust's values lie at the heart of who we are, what we do, and the culture we want to establish, having a direct impact upon both colleagues and the public we service.

Our KITE values are:

- **Kindness** - We show compassion, and are understanding and appreciative of other people.
- **Integrity** - We display personal and professional integrity, are honest and bring a positive attitude.
- **Teamwork** - We are helpful to each other, listen intently and communicate clearly.
- **Equality** - We show respect, we are inclusive and we act fairly

## 5. General principles, directors' duties and liabilities

Boards' of Directors have a duty to conduct business with probity, to respond to staff, service users and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct. The general duty of the Board of Directors, and of each director individually, is to:

- Promote the success of the organisation so as to maximise the benefits for the members of the organisation as a whole and for the public.
- Work with the Trust's Board of Directors and the Council of Governors in an open and transparent way and observe and embed of a duty of candour throughout the group.
- Set an example in the conduct of its business and to promote the highest corporate standards of conduct.
- Ensure that the provisions of the Articles of Association, Standing Financial Instructions and accompanying scheme of delegation conform to best practice and serve to enhance standards of conduct. The Board of Directors expects that this code will inform and govern the decisions and conduct of all Directors.

## 6. Confidentiality and access to information

Directors must comply with HIF's confidentiality policies and procedures. Directors must not disclose any confidential information, except in specified lawful circumstances, and advisably, only in consultation with the Company Secretary.

Information on decisions made by the Board of Directors and information supporting those decisions should be made easily available in a way that is understandable. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation and Directors must not seek to prevent a person from gaining access to information to which they are legally entitled.

The Board of Directors has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation which will be followed at all times by Board of Directors.

Nothing said in this code precludes Directors from making a protected disclosure within the meaning of the Public Disclosure Act 1998. The Company Secretary or the Freedom to Speak Up Guardian should be consulted for guidance.

## 7. Fit and proper person

It is a condition of the Trust's licence that each Director serving on the Board of Directors is a 'fit and proper person'. A person may not continue as a member of the Board of Directors if they are:

- (a) a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged,
- (b) a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it,
- (c) a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her,

- (d) subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

Directors must certify on appointment, and each year, that they are/remain a fit and proper person. If circumstances change so that a Director can no longer be regarded as a fit and proper person, or if it comes to light that a Director is not a fit and proper person, they are suspended from being a Director with immediate effect pending confirmation and any appeal. Where it is confirmed that a Director is no longer a fit and proper person, their membership of the Board of Directors is terminated in accordance with the Articles of Association.

### **8. Register of interests**

Directors are required to register all relevant interests in HIF's register of interests in accordance with the provisions of the Articles of Association and the Conflicts of Interest Policy. It is the responsibility of each Director to provide an update to their register entry (within 7 days) if their interests change. Failure to register a relevant interest in a timely manner may constitute a breach of this Code.

### **9. Conflicts of interest**

Directors are required to comply with the Conflicts of Interest Policy. In particular, Directors must avoid a situation in which they have a direct or indirect interest that conflicts or may conflict with the interests of the company. Directors must not accept a benefit from a third party by reason of being a Director for doing (or not doing) anything in that capacity. Directors must not offer a benefit to a third party by reason of being a Director for doing (or not doing) anything in that capacity.

Directors are required to declare the nature and extent of any interest at the earliest opportunity. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. It is then for the Chair to advise whether it is necessary for the Director to refrain from participating in discussion of the item or withdraw from the meeting. Failure to comply is likely to constitute a breach of this Code.

### **10. Gifts & hospitality**

The Board of Directors will set an example in the use of public funds and the need for good value in incurring public expenditure. The use of HIF's budget for hospitality and entertainment, including hospitality at conferences or seminars, will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board of Directors is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage the reputation of the company in the eyes of the community.

The Board of Directors has adopted a policy on gifts and hospitality (the Conflicts of Interest Policy) which will be followed at all times by Directors. Directors must not accept gifts or hospitality other than in compliance with this policy.

### **11. Whistle-blowing / Speaking Up**

The Board of Directors acknowledges that staff must have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature and positively establishes a culture for sharing concerns. The Board of Directors has adopted a Speaking Up (whistle-blowing) policy on raising matters of concern which will be followed at all times by Directors and all staff.

## 12. The Bribery Act 2010

The Board of Directors will ensure that it acts at all times in compliance with the Bribery Act 2010, acknowledging that it is a criminal offence to give, promise, or offer a bribe and to request, agree or receive a bribe.

## 13. Meetings

Directors have a responsibility to attend meetings of the Board of Directors and of any committees or working groups to which they are appointed. When this is not possible, apologies should be submitted to the Company Secretary in advance of the meeting. Persistent absence from Board of Directors' meetings without good reason is likely to constitute a breach of this Code.

## 14. Personal conduct

Directors are expected to adopt and promote the values of HIF and the NHS. Moreover, Directors are expected to conduct themselves in a manner that reflects positively on the company and the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office, the company or the Trust into disrepute. Specifically, Directors must:

- Treat each other, Directors and staff with respect; not breach the equality rights and not bully any person.
- Not seek to use their position improperly to confer an advantage or disadvantage on any person and must comply with the company's rules on the use of its resources.
- Uphold the seven principles of public life (see above).
- Be honest and act with integrity and probity at all times;
- Respect and treat with dignity and fairness, the public, service users, relatives, carers, HIF staff, Trust colleagues and partners in other agencies.
- Seek to ensure that fellow Directors are valued as colleagues and that judgements about colleagues are consistent, fair and unbiased and are properly founded;
- Accept responsibility for their actions.
- Show their commitment to working as a team member by working with colleagues in HIF, the NHS and wider community.
- Seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social or economic status or national origin.
- Comply with the Articles of Association and Standing Financial Instructions of Harrogate Integrated Facilities.
- Comply with the confidentiality policies of the company.
- Not make, permit, or knowingly allow to be made, any untrue or misleading statement relating to their duties or the functions of the company or Trust.

- Seek to ensure that the best interests of the general public, service users, stakeholders and staff are upheld in decision making and the decisions are not improperly influenced by gifts or inducements.
- Acknowledge that Harrogate Integrated Facilities is an apolitical organisation.
- Must have regard to advice provided by the Chair, Managing Director and Company Secretary pursuant to their duties.

It is essential that the conduct and behaviour of Directors at all times support the ethos and values of the company. Should there be any concern about the activities of a Director the nature of which might undermine public confidence then the Chair's decision on that person's role will be final.

### 15. Training & development

The Trust is committed to providing appropriate training and development opportunities for Directors to enable them to carry out their role effectively. Directors are expected to undertake to participate in training and development opportunities that have been identified as appropriate for them. To that end, Directors will participate in the appraisal process and any skills audit carried out by the company.

### 16. Visits to Harrogate and District NHS Foundation Trust Premises or other services provided by HIF or the Trust

Where Directors wish to visit the premises or services of Harrogate and District NHS Foundation Trust in a formal capacity, as opposed to individuals in a personal capacity, the Director should make arrangements in advance.

### 17. Review and revision of the Code

This Code has been agreed by the Board of Directors on 24 June 2025. The Company Secretary will lead an annual review of the Code. It is for the Board of Directors to agree to any amendments or revisions to the Code.

### 18. Declaration

I hereby confirm that I will adopt and comply with this Code of Conduct for the Board of Directors.

Signed:

Name:

.....

.....

Date: .....

## Board Committee report to the Board of Directors

<b>Committee Name:</b>	Governance & Compliance Committee
<b>Committee Chair:</b>	XXXXX
<b>Date of last meeting:</b>	12 <sup>th</sup> June 2025
<b>Date of Board meeting for which this report is prepared</b>	June 2025

### Summary of key issues:

A well supported meeting with representation across the teams present. Good open discussions and views held with some really proactive conversations.

Outline of key areas with a note as below:

#### Service Updates by exception

##### Medical Engineering,

1<sup>st</sup> July service transitions to HIF – there have been a couple of surprises aligned to the current structure but all aspects of the change are being worked through. Vehicles have transitioned and HIF have purchased some additional equipment.

##### Security

Full business case will go to the Trust for investment and ongoing service over the next few weeks

##### Capital

- XXXXX - 2 weeks ahead
- Neuro physio – module build – enabling works and design being worked through - some issues with water & sewerage pipework
- RAAC – still awaiting XXXX confirmation of budgets
- FIRE backlog funding – verbally advised that funding is to be approved

##### Portering

Positive feedback on new structure and the team are now all in new polo shirts. All training on Policystat and rolled out week 9<sup>th</sup> June

##### Vehicle fleet

- There has been an increase in staff accountability regarding paperwork
- Options for a consultant to create a travel plan are currently being assessed

##### Postage

Internal review underway to look at current costs and improvements re costs – data being collected currently

**Catering**

- New HACCP meeting instated from June 2025
- New summer menu in place and rolled out
- Catering budget in place and team are aligned to costs and the new catering model
- Kitchen phase 3 works under discussion
- Additional compliance aligned to changes to ingredients / allergens is all under review currently with a project to look at digital systems and future investment
- Herriots outdoor decking – [XXXX] team did not attend planned meeting and the team are working closely to assess the works and ensure it is completed as a priority
- AC now installed in the kitchen to improve the environment

**Domestics**

- An SBAR has been written and will be presented to the Trust considering how to overcome low demand for staff accommodation
- Full review of domestics is underway re: management and operational team to align expectations / audits and requirements. Focus on F1 areas and corridors currently
- Robot scrubber dryer – going through agreement internally with the Trust and hope to have this working on the corridors from July 25

**Carparking**

Loss of revenue [XXXX] due to spaces lost due to ongoing work on site (briary carpark) has been highlighted to the Trust and a contract variation requested. On the positive side, the upper deck of the patient car park has been redone with remarking spaces and re tarmacking

**Risks**

Dates showing when a risk has been added to the risk register have now been added to ensure tracking and audit where we have long term issues outstanding. A review of risks scoring 12+ was undertaken and discussion held, all under control and mitigations in place. Note: many risks are Trust related

**OHFC Contract / Service Specification / KPIs**

Estates	
SSD	
Facilities	

KPIs – KPI log all good, requested to see the whole year to see variables and add some depth to the report so that data does not just show one month

The Trust have linen, estates services & waste SLAs under review

Contract variations – 5 open currently including estates small works ([XXXX]) pre surgery works ([XXXX]) dishwasher maintenance ([XXXX]) 3<sup>rd</sup> party and carparking ([XXXX])

**Health, Safety and Security update**

- Water flushing - all done / up to date re L8
- Refurb in catering phase 4 underway which will improve EHO visit in Oct 2025
- Asbestos surveys completed
- Sharps talk undertaken and this is specifically relevant to SSD

- Goods work going well – new gate being fitted, this will stop skip raiding. The goods yard is due to be completed over next few weeks
- Security report has gone to the Trust – working closely to align all requirements and look at public space needs / requirements – HIF teams will need to be licensed for CCTV data works as currently reviewed by the Trust and this will move to HIF

**PAM Update**

Submission complete for this year with some new additions including mortuary and Martin’s law - will be submitted Sept 25 after review internally

159 actions in 2025 (2024 - 180 actions). Some actions have been closed and new actions added.

**ISO13485 (Quality management system (QMS) in the medical device industry)**

Annual audit undertaken - Audit undertaken by BSI / 20 areas reviewed. Action plan compiled and in place under corrective action requirements.

**Statutory and Mandatory training**

All areas apart from 3 are at target area at or above 90%. The 3 areas not at target are porters, linen & Ripon domestic team.

Reviewing on going to ensure that training kept at an optimum level

**Q&G TOR**

Approved

**Q&G Workplan**

Approved

**Are there any significant risks for noting by Board? (list if appropriate)**

NA

**Any matters of escalation to Board for decision or noting (list if appropriate)**

Nothing to note at this time.

## Annual Premises Assurance Model Submission 2025

### Board of Directors - 24<sup>th</sup> June 2025

<b>Agenda Item Number:</b>	<b>13</b>
<b>Presented for:</b>	Discussion/Agreement
<b>Report of:</b>	Annual Premises Assurance Model Submission 2025
<b>Author (s):</b>	Head of Operational Estates (Contracts, Quality and SSD)
<b>Report History:</b>	None
<b>Publication Under Freedom of Information Act:</b>	This paper <b>cannot</b> be made available under the Freedom of Information Act 2000 if requested.
<b>Links to HIF's Objectives</b>	
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	✓
<b>Recommendation:</b>	
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the current position to enable national submission in accordance with NHSE timeframes.</li> <li>• Acknowledge the potential <b>XXXX</b> investment over subsequent years, aligned with organisational priorities, risk appetite and legislative requirements.</li> <li>• Approve the proposed next steps to enhance the quality, efficiency, and effectiveness of the process.</li> </ul>	

## 1.0 Executive Summary

- 1.1 The NHS Premises Assurance Model (PAM) framework, developed by the Department of Health, provides a nationally consistent approach to evaluate NHS estates performance against common indicators and supports the NHS Constitution right for patients to be cared for in clean, safe, secure and suitable environments.
- 1.2 As a mandatory requirement under the NHS Standard Contract, PAM serves as both a Trust improvement tool and board assurance mechanism, enabling demonstration of robust systems to patients, commissioners, staff, and regulators.
- 1.3 The below table highlights the agreed milestones to enable timely submission in line with the national PAM deadline.

Milestone	Deadline	Responsible
2024 Costed Action Plan Review	January 2025	XXXX Owners
NHSE 2025 PAM Release	May 2025	XXXX
Draft Submission	May 2025	XXXX Owners
Final Submission to HIF Board	June 2025	Head of Operational Estates (Contracts, Quality and SSD)
Final Submission to HDFT Resources Committee	July 2025	Head of Operational Estates (Contracts, Quality and SSD)
Internal Review	August 2025	Head of Operational Estates (Contracts, Quality and SSD)
Submission Date to NHSE Portal	August 2025	Head of Operational Estates (Contracts, Quality and SSD)
XXXX PAM Deadline	September 2025	N/A

- 1.4 The 2024/25 NHS Premises Assurance Model (PAM) self-assessment demonstrates progress in compliance, safety, and operational efficiency across the Trust's estate portfolio.
- 1.5 The comprehensive assessment for 2024/25 encompasses 402 self-assessment questions (SAQs) distributed across six domains, increased from the previous year's 378 SAQs.
- 1.6 The following rating metrics are attributed to each SAQ:-
- Not applicable
  - Outstanding
  - Good
  - Requires Minimal Improvement

- Requires Moderate Improvement
- Inadequate

- 1.7 The assessment shows 50.75% rated as 'Good', 27.86% 'Requires Minimal Improvement' and 6.97% as 'Requires Moderate Improvement'. An additional 14.43% of [XXXX] are Not Applicable, with no inadequate ratings.
- 1.8 The moderate improvement areas highlight gaps within Ligature Safety, Terrorism Act (2025) and asset register developments which will be prioritised throughout 25/26.
- 1.9 A total investment of [XXXX] is required based on the costed action plan. This consists of a 60% [XXXX], 40% [XXXX] split and will be subject to a scoping exercise within 2025/26.
- 1.10 **Appendix A** details the full costed action plan, with **Appendix B** showcasing the self-assessment questions present within each domain.

## 2.0 24/25 Model Amendments

- 2.1 The 24/25 model includes several updates, with 24 additional [XXXX] introduced, bringing the overall total to 402.
- 2.2 Key amendments include the addition of [XXXX], which has been repurposed to focus on mortuary related requirements, establishing a new area of emphasis within the Safety (Hard) domain.
- 2.3 Additionally, [XXXX] has been introduced as a new question set relating to Martyn's Law (Terrorism Act), aimed at strengthening preparedness and ensuring compliance with public protection requirements. As this question set deviates from the standard self-assessment rating format.
- 2.4 Additional minor updates include the revision of [XXXX] to incorporate 2 new questions aligned with updated national cleaning standards, with 6 new questions have added to the Helipad domain; however, as these are not applicable to HDFT, no action is required for the 2024/25 submission.

### 3.0 Assessment Results

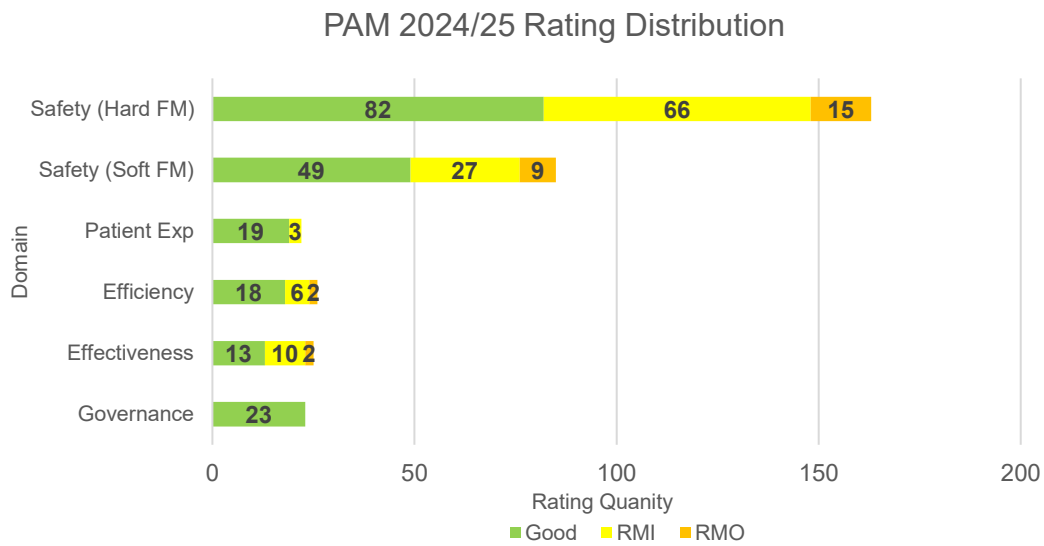
3.1 The table below shows the number of questions in each domain across the self-assessment ratings, with a comparison shown for 23/24 and 24/25 submissions.

Domain	Year	Not Applicable	Outstanding	Good	Requires Minimal Improvement	Requires Moderate Improvement	Inadequate	Total SAQs
Hard FM - Safety	23/24	19	0	67	59	22	0	167
	24/25	18	0	82	66	15	0	181
Soft FM - Safety	23/24	10	0	35	38	8	0	91
	24/25	9	0	49	27	9	0	94
Patient Experience	23/24	6	0	19	3	0	0	28
	24/25	6	0	19	3	0	0	28
Efficiency	23/24	4	0	17	7	3	0	31
	24/25	5	0	18	6	2	0	31
Effectiveness	23/24	1	0	8	13	4	0	26
	24/25	1	0	13	10	2	0	26
Governance	23/24	3	0	22	1	0	0	26
	24/25	3	0	23	0	0	0	26
Helipad	23/24	9	0	0	0	0	0	9
	24/25	16	0	0	0	0	0	16
Totals	23/24	52	0	168	121	37	0	378
	24/25	58	0	204	112	28	0	402

3.2 Based on the assessment, the table below shows the percentage change per rating between the current and previous submissions. Notably, there has been a positive shift, with an increase in 'Good' ratings and reductions across both 'Requires Minimal Improvement' and 'Requires Moderate Improvement' categories.

Rating	2023/24 % Total	2024/25 % Total	+/- %
Not Applicable	13.76	14.43	+ 0.67
Outstanding	0	0	0
Good	44.44	50.75	+ 6.31
Requires Minimal Improvement	32.01	27.86	- 4.15
Requires Moderate Improvement	9.79	6.97	- 2.82
Inadequate	0	0	0

3.3 Visual summary illustrating the relative distribution of assessment outcomes against each domain, highlighting areas of strength and those requiring continued improvement.



#### 4.0 Costed Action Plans

4.1 Where self-assessment questions (XXXX) have been rated as *Requires Minimal Improvement*, *Requires Moderate Improvement*, or *Inadequate*, a costed action plan has been developed to support improvement to a minimum rating of *Good*. The current position identifies 159 open actions, with the majority concentrated within the Safety domains (both Hard and Soft FM), aligning broadly with the volume reported in the previous submission.

4.2 It is important to note that these actions and costs do not contribute directly to the Trust’s backlog maintenance liability, which remains in excess of XXXX (excluding on-costs). Addressing the backlog will require a separate, dedicated investment strategy aligned to the Trust’s *True North* ambition of delivering the Best Quality, Safest Care.

4.3 Instead, the identified actions provide a strategic foundation for strengthening governance, enhancing operational productivity and driving efficiency improvements across Estates and Facilities services.

4.4 The following tables provide a domain-level assessment actions and their associated budgeted capital and operational costs.

<b>Actions</b>			
<b>Domain</b>	<b>Number of Actions</b>	<b>CapEx (£)</b>	<b>OpEx (£)</b>
Safety Hard	XXXX	XXXX	XXXX
Safety Soft	XXXX	XXXX	XXXX
Patient Experience	XXXX	XXXX	XXXX
Efficiency	XXXX	XXXX	XXXX
Effectiveness	XXXX	XXXX	XXXX
Governance	XXXX	XXXX	XXXX
<b>Total</b>	<b>XXXX</b>	<b>XXXX</b>	<b>XXXX</b>

4.5 The 2024/25 costed action plan includes 159 open actions with a total projected budget cost of £XXXX, comprising £XXXX in capital expenditure (CapEx) and £XXXX in operational expenditure (OpEx).

<b>Actions Summary</b>			
<b>No. Actions 23/24 Submission</b>	<b>No. Actions 24/25 Submission</b>	<b>No. of New Actions 24/25</b>	<b>No. Actions Closed in Year 23/24</b>
182	159	19	42

4.6 Overall this represents a net decrease of 19 actions and an overall cost rise of £XXXX compared to the 2023/24 submission. The year-on-year changes reflect expanded scope and continued commitment to Estates and Facilities improvement across all domains.

4.7 Financial investment by domain is outlined below, with the Effectiveness domain requiring the highest allocation at £XXXX, representing 57% of the total proposed investment.

Image redacted

- 4.8 This substantial commitment reflects the domain's essential role in supporting safe, sustainable clinical service delivery, enhancing operational productivity, and driving long-term strategic transformation.
- 4.9 The investment will underpin a range of key E&F led initiatives, including:
- The development and review of the Estates & Facilities Strategy, ensuring alignment with national targets and local service priorities;
  - Implementation of the Clean Air Framework, supporting improved air quality and health outcomes;
  - Business travel and air pollution reduction schemes, forming part of a wider decarbonisation programme;
  - The rollout of a smart metering strategy and installation programme, aimed at optimising energy performance and enabling data-driven estates management.
- 4.10 All net zero initiatives will be aligned with the Trust's revised 2025–2028 Green Plan, ensuring consistency with sustainability, decarbonisation, and climate resilience objectives.
- 4.11 All costs are indicative budget estimates and will be further developed as actions and strategies are finalised, in line with trust appetite.

## **5.0 Progress and Next Steps**

- 5.1 Significant steps have been taken to strengthen the Trust's premises assurance processes, including:
- Establishment of a monthly PAM Group providing structured, ongoing oversight of E&F performance. This has enhanced accountability, enabled regular tracking of progress and supported early identification and management of emerging risks;
  - Clear ownership of actions and domain responsibilities were defined, allowing for more efficient resolution of outstanding items and structured escalation of issues where reassessment was required;
  - Formalisation of approved PAM governance route, with information now flowing through the appropriate internal groups, committees and the Board. As a result, there has been consistent oversight, challenge and strategic alignment of E&F related assurance activity;
  - Appointment of a Board level Senior Responsible Officer (SRO) strengthened executive leadership, accountability and visibility at Board level;
  - Community estate inclusion was initiated, with Ripon Community Hospital incorporated into **XXXX** for the 2024/25 submission. This marks the first step toward achieving a fully inclusive model that reflects the Trust's entire operational estate footprint;

- An internal audit of the PAM management process was completed by Audit Yorkshire, returning a rating of *Significant Assurance*. The outcome provides independent confirmation that core controls are effectively designed and consistently applied, reinforcing confidence in the Trust's governance arrangements and regulatory compliance.

5.2 Building on the strengthened governance and assurance framework established since the previous submission, the following next steps are proposed to further enhance the Trust's E&F assurance and operational performance:

- Procure a dedicated PAM software solution to streamline administration, reduce manual input and enable real-time tracking of actions through a live dashboard. The approach will improve data accuracy, reduce reporting lag and support informed, timely decision-making at both operational and strategic levels.
- HDFT to undertake a comprehensive risk assessment of community estate sites to support their formal inclusion in future PAM submissions building on the inclusion of Ripon Community Hospital. A greater representative overview of the Trust's community estate will be achieved, enabling enhanced risk visibility and supporting informed investment decisions.
- Formalise and monitor target completion dates for all PAM actions, ensuring consistent progress reviews are embedded within the assurance cycle. This will drive accountability, improve delivery confidence and enable timely mitigation of risks that may impact service continuity or compliance.
- Align PAM related risks with HDFT and HIF risk registers ensuring;
  - E&F assurance is fully integrated into the Trust's broader governance and performance frameworks
  - Enhancing regulatory compliance
  - Enable proactive risk management
  - Support alignment of estates planning with organisational priorities.

5.3 The Board is asked to:

- Approve the current PAM position.
- Delegate approval of the PAM in subsequent years to the Quality and Governance Committee.
- Acknowledge the potential **XXXX** investment required, subject to full scoping exercise of the costed action plan.

**6.0 Appendix A – Costed Action Plan 2024-2025**

[HDFT PAM XLS Risk Assessed Costed Action Plan 2024-2025.xlsx](#)

[Updated PAM Action and Cost Comparison Table 2425.xlsx](#)

## **7.0 Appendix B - PAM Domains**

### **7.1 Domain – Safety Hard**

Areas covered by this section include:-

- E&F operational management
- Design, layout and use of properties
- E&F document management
- Health and safety at work
- Asbestos
- Medical gas systems
- Natural gas and specialist piped systems
- Water safety systems
- Electrical systems
- Mechanical systems
- Ventilation, air conditioning and refrigeration systems
- Lifts, hoists and conveyance systems
- Pressure systems
- Fire safety
- Medical devices and equipment
- Resilience, emergency and business continuity planning
- Reporting of safety related issues and auctioning safety related alerts
- Ensuring E&F services are safe and suitable when the organisation is not directly responsible for providing these services
- Contractor management
- Mortuaries
- Built Environment – Reducing harm by ligature in practice
- IT and Building Information Management (BIM) systems

Typical questions in all of these areas focus on:-

- Policies and procedures
- Roles and responsibilities
- Risk assessment
- Maintenance
- Training and development
- Resilience, Emergency & Business Continuity Planning
- Review process
- Costed action plans

## **7.2 Domain – Safety Soft**

Areas covered by this section include:-

- Catering services
- Decontamination processes
- Waste and recycling management
- Cleanliness and infection control
- Laundry and linen services
- Security management
- Transport services and access arrangements
- Pest control
- Portering services
- Martyn's Law (terrorism Act 2025)

Typical questions in all of these areas focus on:-

- Policies and procedures
- Roles and responsibilities
- Risk assessment
- Maintenance
- Training and development
- Resilience, Emergency & Business Continuity Planning
- Review process
- Costed action plans

## **7.3 Domain – Patient Experience**

Areas covered by this section include:-

- Ensuring engagement and involvement on E&F services from people who use the services, public and staff
- Ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory
- Ensuring patients, staff and visitors perceive cleanliness of the estate and facilities to be satisfactory
- Ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors
- Provide high quality and supportive environments to patients, visitors and staff in relation to grounds and gardens
- Ensuring that NHS catering standards are provided effectively and efficiently

Typical questions in these areas focus on:-

- PLACE assessments
- Other assessments
- Schedules
- Equality and choice
- Views and experiences
- Engagement
- Prioritisation
- Value
- Policies, Procedures, Legal and Regulations
- Costed action plans

## **7.4 Domain – Efficiency**

Areas covered by this section include:-

- Having a well-managed approach to performance management of E&F operations
- Having a well-managed approach to improved efficiency in running E&F services and in line with the **XXXXX** infrastructure strategy
- Improved efficiencies in capital procurement, refurbishments and land management
- Having well-managed and robust financial controls, procedures and reporting relating to E&F services
- Ensuring E&F services are continuously improved and sustainability ensured

Typical questions in these areas focus on:-

- Analysing performance and reporting
- Benchmarking
- Business planning
- Commercial opportunities
- Capital procurement
- Policies and procedures
- Quality and sustainability
- Financial pressures
- Continuous improvement
- Recognition
- Costed action plans

## **7.5 Domain – Effectiveness**

Areas covered by this section include:-

- Having a clear vision and a credible strategy to deliver good quality E&F services
- Having a well-managed approach to town planning
- Having a well-managed robust approach to management of land and property
- Having a suitable sustainability approach in place and being actioned.

Typical questions in these areas focus on:-

- Vision and value
- Strategy
- Development
- Progress
- Local and neighbourhood planning
- Special interests
- Planning control
- Enforcement
- Disposal, leases and acquisitions
- Governance
- Procurement
- Costed action plans

## 7.6 Domain – Governance

Areas covered by this section include:-

1. Ensuring the E&F governance framework has clear responsibilities and that quality, performance and risks are understood and managed
2. Ensuring the estates and facilities leadership and culture reflects the vision and values, encourages openness and transparency and promoting good quality E&F services
3. Ensuring that the organisations Board has access to professional advice on all matters relating to E&F services

Typical questions in these areas focus on:-

- Governance frameworks
- Roles
- Partners and third parties
- Performance, assurance and monitoring
- Audit
- Risk
- Leadership
- Staff feelings
- Internal and External Advisors
- Culture
- Promoting safety, health and wellbeing
- Teamwork
- E&F professional advice
- Costed action plans