

HIF Board of Directors – Formal Meeting
to be held on Tuesday 16 December 2025 9 – 10:45am
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	Welcome from the Chair Introductions & apologies	Note	Chair	Verbal	9:00
2.0	Apologies for Absence	Note	Chair	Verbal	
3.0	Declaration of Interests and Conflicts of Interest	Note	Chair	Attached	
4.0	Minutes of Previous Meeting: 28 October 2025	Approve	Chair	Attached	
5.0	Matters Arising and Action Log	Note	Chair	Attached	9:10
6.0	Chair's Update	Note	Chair	Verbal	9:15
7.0	Managing Director's Update	Note	Managing Director	Attached	9:20
8.0	Sub-Committee Update - Quality & Governance Committee 6 month review	Note/Discuss	Non- Executive Director	Attached	9:25
9.0	Finance Report	Note/Discuss	Deputy Director of Finance	Attached (in IBR)	9:35
10.0	Workforce and Organisational Development update	Note/Discuss	Deputy Director of People & Culture	Attached (in IBR)	9:45
11.0	Health & Safety Report	Note	Deputy Director of People & Culture	Attached	9:55
12.0	Capital Development	Note/Discuss	Managing Director	Attached (in IBR)	10:05
13.0	Apprenticeship Levy	Note	Managing Director	Attached	10:15
14.0	Freedom to Speak Up Guardian Report	Note/Discuss	Managing Director	Attached	10:20
15.0	Board workplan and workshop plan for 2026	Note/Discuss	Managing Director	Attached	10:25

16.0	Board Effectiveness review update	Note/Discuss	Managing Director	Verbal	10:30
17.0	Any Other Business	Note/Discuss	Chair	Verbal	10:40
18.0	Items to Escalate to HDFT Board	Note/Discuss	Chair	Verbal	
19.0	Additional Risks to add to Risk Register	Note/Discuss	Chair	Verbal	
20.0	Evaluation of the Meeting	Note/Discuss	Chair	Verbal	
Meeting Close: 10:45					
NEXT MEETINGS: HIF Board Workshop: Tuesday 27 January 9:00-11:30 Herriot’s lounge, Harrogate District Hospital HIF Board Meeting: Tuesday 24 February 9:00-11:00 Boardroom, HIF, 17 Wetherby Road Private Board Meeting: Tuesday 24 February 11:00 – 12:00 Boardroom, HIF, 17 Wetherby Road					
Confidential Motion – the Chair to move: <i>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.</i>					

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 16 December 2025, 9 – 10:45am

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

Present:	
xxxx	Chair
xxxx	HDFT Non-executive Director, Shareholder Non-executive Director
xxxx	HDFT Director of Strategy, Shareholder Non-executive Director
xxxx	Non-executive Director
xxxx	Managing Director
In Attendance:	
xxxx	Deputy Director of Estates and Facilities – from item 11
xxxx	Deputy Director of Finance (HDFT)
xxxx	HR Business Partner (HDFT)
xxxx	Assistant Company Secretary and Governance Lead (minute taker)
xxxx	HIF Finance Manager
Apologies:	
xxxx	Deputy Director of People & Culture (HDFT)
xxxx	Associate Director of Corporate Affairs and Company Secretary (HDFT) and Company Secretary (HIF)

APPROVED MINUTES

HIF/10/28/1	Welcome and Introductions
1.1	The Chair welcomed everyone to the meeting.
HIF/10/28/2	Apologies for Absence
2.1	Apologies for absence had been received from those noted above.
HIF/10/28/3	Declarations of Interest & Conflicts of Interest
3.1	The register of interests had been circulated.
3.2	Resolved: There were no additional active conflicts of interests declared in relation to the business of the meeting.

HIF/10/28/4	Minutes of the Previous Meeting
4.1	Resolved: The minutes of the Formal Board meeting held on 28 October 2025 were approved as an accurate record of the meeting.
HIF/10/28/5	Matters Arising and Action Log
5.1	Matters Arising There were no matters arising.
5.2	Action Log For ongoing items, updates were received and actions highlighted as follows:
5.3	113: Update on PLACE: The scores had been received, and they are broadly similar to last year, with only marginal changes noted. A slight deterioration has been observed in food-related scores, attributed to the delivery of meals at ward-level. The results require verification and comparison with peer organisations. All other areas remain within tolerance, and no significant concerns were identified. Complete, action to be closed.
5.4	114: Minutes of August Quality and Governance – The minutes had been circulated. Complete, action to be closed.
5.5	115: Information to be provided regarding the fire risk/escalation of fire risk to HDFT Board – A paper had been circulated in advance. A discussion took place regarding actions being undertaken and the required fire infrastructure investment of £xxxx, which is being considered by the Trust. The risk is detailed on the Trust's and HIF's risk register. The issue would be brought back to Board after a site survey. Complete, action to be closed.
5.6	116: Update on vacancies at the next IRCC – This action has been added to IRCC action log and would be discussed at the IRCC meeting on 8 January 2026.
5.7	117: Update on backlog funding at the next IRCC – This action has been added to IRCC action log and would be discussed at the IRCC meeting on 8 January 2026.
5.8	Resolved: The action log would be updated as discussed.
HIF/10/28/6	Chair's Update
6.1	The Chair provided a verbal update noting: • The challenges facing the wider NHS and the impact these may have on the Trust and HIF • The flu season is underway with a higher-than-usual curve anticipated and HIF has a key role to play in responding effectively to this challenge • While HIF is currently performing well financially, the Trust is under significant pressure and HIF will continue to support wider financial efforts • Resident doctors have voted for strike action, the impact of which may affect HIF staff • The high response rate to the national NHS staff survey was commended.
6.2	Resolved: The Chair's update was noted.

HIF/10/28/7	Managing Director's Update
7.1	The report had been circulated in advance and was taken as read. The Managing Director highlighted key points for the Board to note:
7.2	<u>ISO accreditations</u> – Accreditations for 9001 and 13000 have been received and work will now start to embed new ways of working.
7.3	<u>Business Plan/Service Improvements</u> – An ambitious plan of improvement work is in place, but financial restrictions may require timelines to be tempered. Further information on spending was awaited from the Trust.
7.4	<u>Medical Engineering Restructure</u> - the restructure in Medical Engineering is progressing although challenges were noted. The realisation of financial gains, as outlined in the business case, were on track.
7.5	<u>Security</u> – Plans are continuing to progress with close work occurring between HIF and the Trust.
7.6	It was confirmed that the double-lock on recruitment and spending applied to HIF and the implications for planned investment, such as digital meal ordering, was discussed.
7.7	The Chair noted that the Bistro had experienced a peak day of revenue at £xxxx. The Financial Manager confirmed that increased revenue and a reduction in food costs was helping to drive financial improvement across the outlets.
7.8	It was confirmed that approximately 400 people across the group had booked a Christmas Dinner but had not turned up. HIF would be working with the Trust on how to minimise this issue next year.
7.9	Resolved: The Board noted the contents of the Managing Director's report.
HIF/10/28/8	Quality and Governance sub-committee update
8.1	Due to Christmas, the Board meeting took place before the Quality and Governance meeting. In lieu of a meeting report, the Committee Chair had undertaken a review of the committee's work over the last 6 months from April to September 2025. The report had been circulated in advance and was taken as read.
8.2	The following key themes were noted: • From a risk perspective, no significant issues were identified beyond those already known to the Board • Issues escalated to Board included PLACE and the cash balance issue • Strong progress had been achieved over the last six months, with an expectation of further improvement in the coming months • ISO standards were highlighted as key areas of focus and progression
8.3	The Chair of the committee expressed strong satisfaction with the group's performance, commending the whole team for the work achieved.
8.4	Resolved: The sub-committee update was noted.
HIF/10/28/9	Finance Report

9.1	The finance report had been circulated in advance and was taken as read. The Deputy Director of Finance highlighted the following points.
9.2	The forecast surplus was expected, but it was noted that the year-end forecast still included a number of caveats.
9.3	Cash continued to be a risk however the asset transfer was expected to resolve the issue which would take place before the year-end. It was expected that there would be a £xxx tax liability but this would be reclaimed.
9.4	The Trust were requesting cash support from NHSE. Supplier payments are being impacted. The ICB had implemented a double-lock on vacancies, agency and spending over £xxx. From January this would expand to a triple-lock (including NHSE sign-off.) It was imperative that requisitions are completed and approved before committing to spend. This would have an impact on HIF and HIF's suppliers.
9.5	The Managing Director had not received reports of issues with HIF's suppliers but resolved to raise awareness with operational teams and requested further guidance from the Trust to ensure a consistent message.
9.6	Following a question by Shareholder Non-executive Director (JC), it was confirmed that HIF's agency spend would return to £xxx this month, following recruitment of key roles.
9.7	Shareholder Non-executive Director (MG) asked the Finance Manager for clarity on some of the 10 overspend variances, which was provided. It was confirmed that figures in the IBR are scrutinised at IRCC.
9.8	Resolved: The Finance Report was received and noted.
HIF/10/28/10	Workforce and Organisational Development update
10.1	The workforce report had been circulated in advance of the meeting and was taken as read. The HRBP highlighted the following points.
10.2	In contrast to recent months, workforce performance metrics showed deterioration. Sickness had increased due to seasonal coughs, colds and flu. Long term sickness had also increased.
10.3	The turnover figures were linked to dismissals and retirements. Managers received regular reminders to accurately record reasons for leaving.
10.4	An update on vacancies would be provided at the next IRCC.
10.5	The Chair noted good progress recently with actively managing long term sickness and the HRPB agreed that joint work between managers and HR was resolving issues in line with the policy.
10.6	Resolved: The Workforce Report was received and noted.
HIF/10/28/11	Health & Safety Report
11.1	A bi-annual Health and Safety Report had been created by the HDFT Head of Health and Safety. It had been circulated in advance and was taken as read.

11.2	The Deputy Director of Estates and Facilities noted the following points: • Strong assurance around H&S governance • Violence and aggression, particularly towards staff, was a significant concern and the new security service aimed to mitigate some of the risks • Sickness absence and its correlation to stress had been reviewed and would continue to be monitored • An increase in incident reporting was highlighted, attributed to greater awareness of reporting processes, and this was viewed positively.
11.3	Work would continue to build on this progress, with a focus on embedding a strong health and safety culture.
11.4	The Chair emphasised the importance of Health and Safety and a balanced approach to understanding increases in reporting.
11.5	Resolved: The Health and Safety Report was noted.
HIF/10/28/12	Capital Development
12.1	The Capital Development report was included in the IBR, which had been circulated in advance and was taken as read.
12.2	The renovated Littondale ward had been opened on time and the contractors were thanked for their work.
12.3	Conversations regarding planning theatre upgrades following the opening of TIF2 had begun with the Trust. Significant infrastructure challenges in the existing theatres e.g. roof leaks required urgent works.
12.4	£xxxx of funding had been acquired for submetering, which would support accurate electricity metering.
12.5	A bid has been submitted for LED lighting funding.
12.6	Resolved: The Capital development update was noted.
HIF/10/28/13	Apprenticeship Levy
13.1	The Apprenticeship Levy report had been circulated in advance and was taken as read.
13.2	The report highlighted the organisation's continued commitment to apprenticeships, with an expansion in the number of opportunities offered.
13.3	The Deputy Director of Estates and Facilities noted the following points: • Further work is required to maximise the use of the Apprenticeship Levy • Developing internal teams through training and progression was important and there is still work to do • Recruitment of two apprentices had taken place in the Medical Engineering team recently, providing entry-level routes into engineer-grade positions.
13.4	Resolved: The Apprenticeship Levy report was noted.

HIF/10/28/14	Freedom to Speak Up Guardian Report
14.1	The Freedom to Speak Up Guardian report had been circulated in advance and was taken as read.
14.2	The report outlined how the Freedom to Speak Up process works, including the routes available for staff to raise concerns. New Guardians had been appointed, and they were raising awareness of FTSU including attending HIF team meetings. HIF staff are based in clinical areas and may witness issues relating to patient or staff safety; it is therefore an important route for staff to raise concerns if they arise.
14.3	It was confirmed that the Freedom to Speak Up Guardians link in with HR however they provide an alternative to line managers or HR when escalating concerns.
14.4	The Board received assurance on the effectiveness of the arrangements in place. The Chair welcomed the presence of FTSU cases from HIF, noting that this demonstrates the process is being used and is working.
14.5	Resolved: The Freedom to Speak Up Guardian Report was noted
HIF/10/28/15	Board workplan and workshop plan for 2026
15.1	The Board workplans for Formal and Private meetings including the workshop plan had had been circulated in advance and were taken as read.
15.2	Loan approval would be removed.
15.3	The Chair and Shareholder Non-executive Director (JC) requested to attend one of the Contract Review Meetings that are held monthly with the Trust.
15.5	A discussion took place regarding contractual KPI's.
15.6	Action: Attendance of the Chair and Shareholder Non-executive Director (JC) at a Contract Review Meeting to be arranged.
15.7	Resolved: The plans for 2026 were approved.
HIF/10/28/16	Board Effectiveness review update
16.1	A Board Effectiveness review would take place in 2026 following the guidance of the Company Secretary. Further information would follow.
HIF/10/28/17	Any Other Business
17.1	Resolved: There were no further items of business.
HIF/10/28/18	Items to Escalate to HDFT Board
18.1	Resolved: There were no items to be escalated to the HDFT Board.
HIF/10/28/19	Additional Risks to add to Risk Register

19.1	A new risk would be considered regarding if planned WRAP savings would be impacted by current restrictions on spending.
19.2	Action: Consider adding new risk regarding impact of spending restrictions on WRAP plan.
19.3	Resolved: There were no additional risks to be added to the risk register.
HIF/10/28/20	Evaluation of the Meeting
20.1	The Board considered the meeting had been productive with assurance being provided on a range of topics.
PRIVATE SESSION	
	The Board meeting of Harrogate Healthcare Facilities Management Limited continued in private session.

**Harrogate Integrated Facilities – FORMAL Board of Directors – Action Log
As at end October 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
26/08/2025	113	HIF/08/26/8	Deputy Director of Estates and Facilities to request an update on PLACE and report back to Board.	Deputy Director of Estates and Facilities	16/12/25	August update: PALCE update provided and noted in minutes. A further update will be provided in December.
28/10/25	114	HIF/10/28/8	Assistant Company Secretary to circulate minutes of the August Quality and Governance meeting.	Assistant Company Secretary	16/12/25	December update - Complete – propose to close
28/10/25	115	HIF/10/28/8	Associate Director of Estates and Capital Delivery to provide the Board with information regarding the fire risk at the Board meeting in December.	Associate Director of Estates and Capital Delivery	16/12/25	
28/10/25	116	HIF/10/28/10	The Deputy Director of Estates and Facilities would provide an update on vacancies at the next IRCC.	Deputy Director of Estates and Facilities	18/12/25	December update – action added to IRCC action log and on agenda. Complete – propose to close
28/10/25	117	HIF/10/28/12	Associate Director of Estates and Capital Delivery would provide an update on backlog funding to IRCC.	Associate Director of Estates and Capital Delivery	18/12/25	December update - action added to IRCC action log and on agenda. Complete – propose to close

**Board of Directors
16 December 2025
Fire Alarm System – Current Risk Position**

Agenda Item Number:		4 - actions
Presented for:	Discussion	
Report of:	Fire Alarm System – Current Risk Position	
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		✓
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		✓
Recommendation:		
The Board of Directors is asked to note the Fire Alarm System Current Risk Position		

1. Introduction

- 1.1. The fire alarm system is currently recorded as 20 on the Corporate Risk Register. It has exceeded its expected lifecycle, with several components now obsolete, and there is a limited pool of trained operatives available through the maintenance provider.

2. Recent Incidents and Business Continuity

- 2.1. In the previous quarter, a complete system shutdown occurred, requiring activation of business continuity plans and deployment of a 48-hour waking watch. This intervention significantly reduced the number of faults; however, the system remains unstable and prone to faults.
- 2.2. Additionally, the Farndale fire alarm panel failed in a separate incident, leaving the ward and office area without automatic fire detection. This required 24-hour business continuity activation and full panel replacement. These incidents highlight the fragility of the ageing infrastructure.

3. Current Year Investment

- 3.1. Investment during this financial year includes:
- Full site-wide fire alarm design
 - Installation of a new front-end panel (Switchboard) to provide resilience and support installation of our new fire alarm system
 - New communication loop across the site to future-proof the fire alarm design

4. Future funding requirements

- 4.1. Funding in excess of £xxxx is being requested for future financial years to complete full fire alarm replacement works.

**Board of Directors
Tuesday 16th December 2025
Report from the Managing Director**

Agenda Item Number:		7
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		✓
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		✓
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 Quality Accreditations – ISO 9001 and ISO 31000

- 2.1 We are pleased to confirm that the Company has successfully achieved accreditation for ISO 9001 (Quality Management Systems) and ISO 31000 (Risk Management Framework). ISO 9001 sets out internationally recognised standards for consistent, high-quality service delivery, while ISO 31000 provides a structured approach to identifying, assessing, and managing risk across all operations.
- 2.2 A detailed project plan has been developed to embed these frameworks across the company, ensuring alignment with our existing governance and service structures. This will include realigning Quality Meetings and Management Reviews to meet formal ISO requirements. Consideration is being given to the establishment of a Quality Management Group which would report to Quality and Governance sub committee.
- 2.3 Adopting these standards brings significant benefits including improved process efficiency, enhanced customer confidence, stronger risk resilience, and a culture of continuous improvement. In addition, these outcomes directly support our approach with NHS IMPACT by driving reliability, accountability, and better patient-focused services.

3.0 Patient Led Assessment of the Care Environment (PLACE)

- 3.1 The annual PLACE inspections were successfully completed across the following dates, Thursday 30th November, Friday 1st December, Monday 3rd December, Tuesday 4th December, and Thursday 13th December.
- 3.2 The inspection programme covered 11 wards, 10 departments including the Emergency Department, and included 4 mealtime assessments to review patient experience during food service.
- 3.3 These inspections were undertaken collaboratively with Trust colleagues, ensuring a comprehensive and inclusive approach to assessing the care environment. A formal sign-off meeting will take place before submission of the final results to the national centre for publication in the New Year.

4.0 Service Improvement Plans (Catering, Portering, Domestic)

- 4.1 Progress continues on the implementation of a digital solution covering Catering, including digital meal ordering, Domestic Services, and Portering,. The business case has been completed and approved by HIF SLT and will be considered by IRCC on 18 December 2025 and has also been reviewed by the Trust BCRG.
- 4.2 Mobilisation with the chosen supplier will commence in the new year to implementation with data migration in Catering to be undertaken from 1st April 2026. IT project management support has been secured, and the digital programme will be delivered in phased stages over 12 months from April 2026.
- 4.2 Domestic Services will begin an organisational change programme in January 2026, aimed at realigning working patterns to better meet service demand. This will involve consolidating approximately 15 different shift patterns into 5, creating a more efficient and sustainable structure.

5.0 Medical Engineering Restructure

- 5.1 The consultation process for the Medical Engineering restructure has been extended several times following comments and feedback. The latest extension has now concluded. The management team is finalising revisions to job descriptions and the proposed structure.
- 5.2 We anticipate that the organisational change process will now formally conclude by March 2026 which is an extended date from the original target of February 2026. This has been a challenging period for a number of individuals transferring into the new structure, requiring direct and indirect support and engagement throughout.
- 5.3 Despite these challenges, we remain positive about progressing the requirements outlined in the approved business case after this date, ensuring the service is aligned to future operational needs, resilience and business growth.

6.0 Security

- 6.1 We are now progressing with the recruitment of the various roles outlined in the approved business case. Work to achieve Approved Contractor Status is continuing, and SIA licences have been completed for the Security Management Team, strengthening compliance and professional standards.
- 6.2 Engagement and additional communications with key Trust stakeholders will commence into the New Year to ensure alignment and support for the enhanced security model. These steps are building a robust foundation while we await formal confirmation of the broader funding position from the principle agreement by the Trust which is now included in the 26/27 contract position.

7.0 Staff Survey

- 7.1 This year's NHS Staff Survey saw a significant increase in participation, with almost 80% of staff completing the survey. HIF led the Trust with the highest completion percentage, which reflects strong operational leadership at the service level combined with the introduction of a small non-financial incentive following survey completion.
- 7.2 As a result of achieving the 80% completion target, HIF will now await the allocation of the agreed capital funding linked to this performance milestone. This achievement demonstrates excellent engagement and commitment across the team. Initial data is anticipated to be available in late December which will enable the leadership team to review the findings and develop action plans as appropriate.

8.0 Standing Financial Instructions

- 8.1 On the 1st December 2025 the Audit Committee formally approved HIF's Standing Financial Instructions (SFIs), strengthening governance and financial control within the Company.

9.0 Conclusion

- 8.1 The Board of Directors is asked to: -
 - 8. 1.1 Note the work that is ongoing across the Organisation.

Date: 3/12/25

Ref: AG/AC/

Board Committee report to the Board 6 monthly reviews

Committee Name:	Quality and Governance Committee
Committee Chair:	xxxx
Period covered by this report:	April 2025 – August 2025
Date of Board meeting for which this report is prepared	16 December 2025

Number of meetings held, attendance levels and quoracy

Three meetings were held during the period covered by this report (April, June, and August). Attendance levels were as follows:

- **April:** 9 out of 10 members attended (90%)
- **June:** 7 out of 10 members attended (70%)
- **August:** 8 out of 8 members attended (100%).

Quoracy was achieved at all meetings.

Workplan and ToR updated and approved in June 2025

Are the skills, experience, and roles of the members appropriate to the remit of the Committee? Are there any gaps?

The Committee continues to benefit from a well-balanced membership with appropriate skills and experience aligned to its purpose. At present, there are no identified gaps in knowledge or representation; however, membership will continue to be reviewed to ensure ongoing alignment with the Committee's remit.

Key themes, success stories and topics discussed over last 6 months

- Estates - Introduction of new system, where managers would monitor jobs and ensure they are signed on and off appropriately
- Desktop BCP workshop took place to incorporate the learning from the snow and ice AAR.
- Capital Programme finished the 2024/25-year totalling £xxxx
- Planned 2024/25 RAAC works were completed including all fail-safe measures
- All 2024/25 backlog work was completed
- A more structured approach to risk management had been implemented with a New Corporate Risk Review Group to ensure oversight of risks scored over 12
- The KPI reporting process has been going well overall and high level of compliance across all areas
- After action reviews have been discussed and an ongoing action plan monitors

implementation of recommendations

- PAM submission in a timely matter and work ongoing to complete actions
- HDFT Information Governance team had provided the report which showed the target of 95% of colleagues to have undertaken information governance training has been met, and the relevant standards have been successfully achieved
- Governance audit had received significant assurance.
- Domestic Service review has been undertaken
- Ongoing COOSH and Health & Safety risk assessments
- Security service development
- All required insurance in place
- Introduction of Medical Engineering service
- New HACCP meeting instated from June 2025 in addition to Quality and Governance meetings
- Sickness levels were being well managed using the policy, with a noted decrease this month.
- Water flushing: Achieved 100% compliance
- xxxx Surveys have been completed.
- New appraisal paperwork implemented
- Significant work around postage, particularly due to xxxx reducing collections to three days a week, which is impacting on appointment letter delivery
- xxxx implemented for hot works, working at height, and electrical permits to enhance tracking and governance.

Significant risks that emerged over the last 6 months which were escalated

No significant risks required escalating from the committee to Board

Recommendations made to the Board in the last 6 months

No recommendations for Board approval were made in the last 6 months

Key matters escalated from committee to board in the last 6 months

Cash issues – some suppliers not being paid on time – waste being a key area and does need to be raised to ensure service delivery as impacts are being seen.

PLACE engagement we would like to flag as per the report – actions being undertaken but we may come back to request support for engagement with the Trust

Key actions completed in the last 6 months

- Start and expected closing dates to be added to the Corporate Risk register
- Add outstanding HR policies to the risk register (level 12 - financial and risks relating to employee tribunals.)
- Data showing the last three months of KPI's to be added to the IBR to highlight any patterns
- Request for additional information regarding medical devices risks.
- Review of the JAG report to understand the recommendation related to endoscope washers

Forward look to next 6 months and the workplan

- Any expected changes to policy/expectations of HIF?
- Anticipated challenges
- Topics that the committee should be discussing that are not on the work plan

Domestic review implementation

Chair's Summary and Recommendations

In closing, the past six months have demonstrated solid progress in strengthening our governance framework, enhancing transparency, and reinforcing our culture of compliance across the organisation.

While there is still work ahead, we are well-positioned to continue improving our processes, embedding best-practice standards, and supporting the board in effective oversight. I look forward to building on this momentum in the next reporting period and welcome any feedback or guidance as we refine our priorities.

**Board of Directors
16 December 2025
HIF BI-Annual Health & Safety Report**

Agenda Item Number:		11
Presented for:	Information	
Report of:	BI-Annual Health & Safety Report	
Author (s):	Head of Health and Safety (HDFT)	
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		✓
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		✓
Recommendation:		
The Board of Directors is asked to note the work that is ongoing across the organisation.		

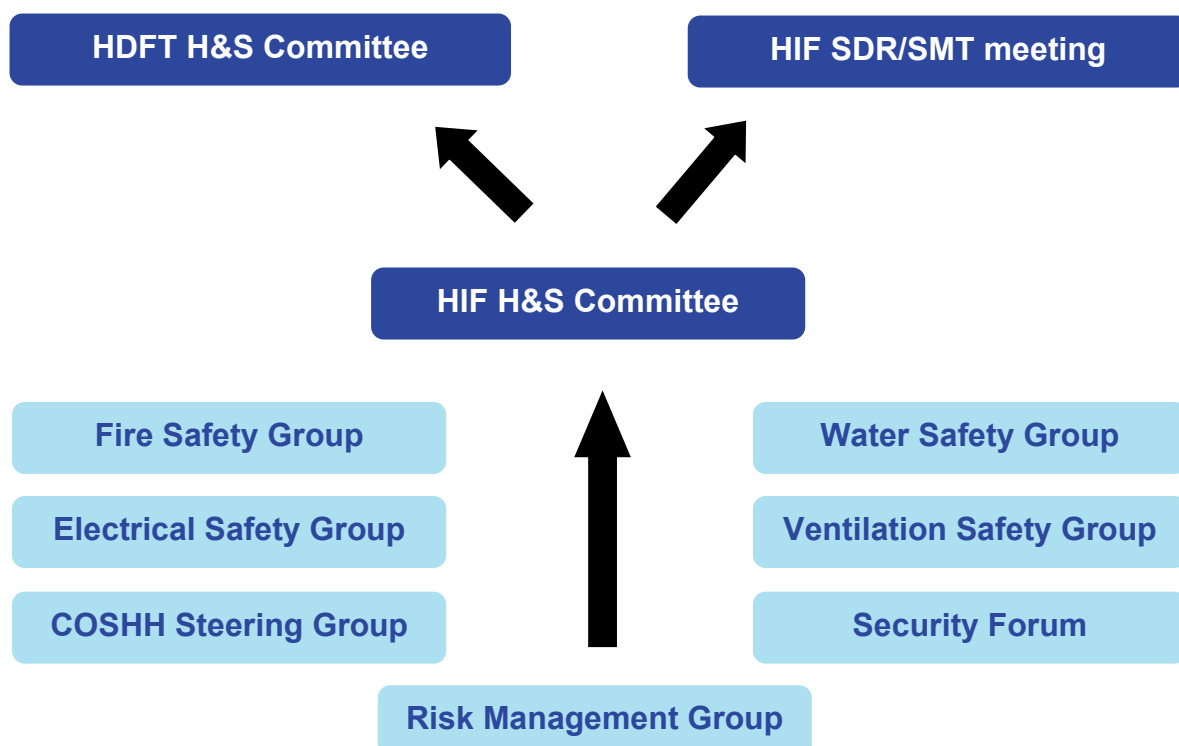
1. Purpose

- 1.1. The Bi-Annual Health & Safety Report provides an update with regards Harrogate Integrated Facilities (HIF) compliance with the Health and Safety at Work etc. Act 1974, and all supplementary legislation and relevant guidance, reviewing our performance and progress for the period 1st May 2025 to 31st October 2025.
- 1.2. This paper will set out the key health and safety data for this period as well as providing an overview of key workstreams that have been taking place, and HIF's contribution to the wider Harrogate and District NHS Foundation Trust (HDFT) health and safety agenda (further context can be found within the HDFT 2024 Annual Health & Safety Report).

2. Background

- 2.1. Health and Safety at HIF is overseen by the Health and Safety Committee (chaired by the Head of Health & Safety), with day-to-day management overseen by the Health and Safety Team (Head of H&S, x2 H&S Advisors – Acute/Community).
- 2.2. H&S Governance:
 - HIF H&S Committee meets on a bi-monthly basis, with representation from all HIF departments attending, and supported by multiple specialist safety groups from within both HIF and HDFT. *(see below for escalation structure)*
 - H&S is further supported by the HIF Risk Management Group which meets monthly, all H&S related risks raised at this meeting are subsequently escalated to H&S Committee and where appropriate further escalated to the HDFT H&S Committee.

2.3 H&S Governance Structure



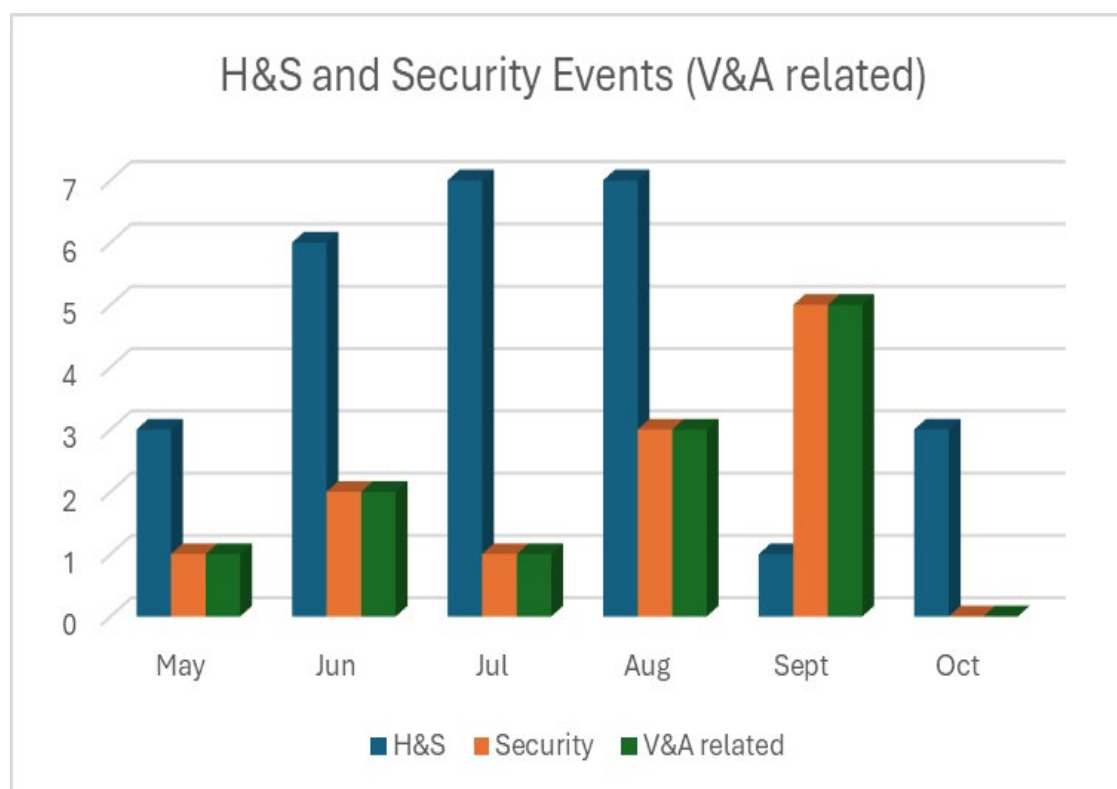
3. General H&S Data / RIDDOR Reporting

3.1. During this period HIF have reported two RIDDORs in comparison to three during the previous six months. (for this period HDFT reported five RIDDORs).

Month	RIDDORs	Cause	Department
May	0	-	-
June	0	-	-
July	0	-	-
August	1	Moving & Handling, 7-day injury	Domestic Team
September	0	-	-
October	1	Moving & Handling, 7-day injury	Portering Team

3.2. All RIDDOR notifiable incidents are fully investigated, led by a member of the H&S team, and any wider learning is shared at H&S Committee. *(Further details regarding Moving & Handling risk is detailed below at section 4.5).*

3.3. This is also supported, where appropriate, by After Action Reviews / task and finish groups such as that carried out in response to the extreme snow and ice faced by the Harrogate site in January 2025, that resulted in a full review by HIF, changes to policies, contractor procedures and safe systems of work for staff.



3.4 H&S and Security Events (V&A Related)

- 27 H&S events compared to 23 recorded during the previous 6 months, of these 5 related to moving and handling and 8 related to cuts/needlestick injuries.

- 12 Security events of which 12 were related to Violence & Aggression, compared 12 and 12 recorded during the previous 6 months, of these 7 related to instances of inappropriate behaviour towards staff.

3.4.1. For context the wider HDFT reporting (including HIF staff events) has seen 247 H&S events recorded, and 380 Security events where 340 related to V&A.

3.4.2 HDFT reporting has seen a significant increase in the reporting of violence and aggression related incidents over the last 12 months, this has been in part due to improved reporting and a willingness for staff to no longer tolerate these types of events. The fact that reporting of V&A related events to HIF staff has remained constant may highlight the challenge faced by HIF colleagues being able to access IT systems and report events on DATIX.

3.5. Sickness Absence Data

3.5.1. The gathering of Sickness Absence data will provide us with a powerful indicator of health and safety performance, as with our Datix reporting we need to treat this collection of data as a continuing development of a baseline from which we can start to assess the impact of improved health and safety performance over the ensuing years.

3.5.2. The following sickness absence reasons can be reasonably linked to health and safety performance, although it is not currently possible to identify every instance where work activity is the sole or primary cause of the injury / ill health.

3.5.3. As with the wider HDFT data, the three categories of anxiety / stress / depression / other psychiatric illnesses, back problems and other musculoskeletal ill health continue to be within the top 10 reasons given, and correlate with both Datix reporting and the RIDDORs reported during this period.

	Occurrences			FTE days lost		
	Stress, anxiety and depression	Back problems	Other musculoskeletal	Stress, anxiety and depression	Back problems	Other musculoskeletal
May	13	6	10	188	84	199
June	3	7	13	33	75	144
July	2	2	7	47	6	147
August	4	4	7	47	7	121
September	5	5	10	85	36	63
October	9	3	5	105	56	66

4. Health & Safety Workstreams Commissioned & Work Underway

4.1 The work of the health and safety team is focussed on facilitating improvement in the four priorities outlined within the recently published Annual Health and Safety Report for 2024.

4.2 The four priority areas for H&S in 2025 (supporting the wider HDFT agenda) continue to be focussed on:

- Work-Related Stress
- Moving and Handling
- Violence and Aggression
- Physical Working Environment – in particular the issue of Slips, Trips and Falls (continuation of work started during the previous 6 months).

4.3 In addition to this work continues to address multiple themes, including COSHH, Risk Assessment, Training, RAAC, Workplace Transport and Fire Safety.

4.4 Work-related Stress

Standard	Effective arrangements in place to manage the risks related to work-related stress, with a focus on proactive prevention.
Rationale	The combined demands of work and home-life may result in staff at all levels being exposed to adverse levels of pressure / stress, leading to short and long-term episodes of ill health, increased sickness absence, lower staff morale and poor patient care.
Legal reference	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999

4.4.1 In December 2024 the Health and Safety Executive wrote to all NHS Trusts in England to inform them of their findings in relation to phase two of an inspection programme looking at causes of ill health in healthcare focussing on musculoskeletal disorders and violence and aggression, which are stressors and major contributory factors to work-related stress.

4.4.2 In response to this the H&S team in conjunction with the Occupational Health team have developed a training session for teams/departments to start the process of identifying causes of stress within their areas and identify / implement appropriate controls. Going forward this will be delivered to HIF teams, and support work on violence and aggression and moving and handling (directly addressing two significant contributing factors).

4.5 Moving and Handling

Standard	Effective arrangements are in place to manage the risks from manual handling, both patient and non-patient related activities.
Rationale	All staff are exposed to certain manual handling activities, whether it be moving equipment, laundry, office supplies or waste to assisting in the movement of patients. Injuries and ill health relating to manual handling account for a significant amount of sickness absence at HDFT.
Legal reference	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999 Manual Handling Operations Regulations 1992 Provision and Use of Work Equipment Regulations 1998 Lifting Operations and Lifting Equipment Regulations 1998

4.5.1 Incidents relating to moving and handling remain one of the most reported H&S categories across HIF (as detailed in section 3), with the challenges to the delivery of suitable training and appropriate equipment to all teams.

- Moving & Handling Level 1 training provided to 378 staff, compliance 94.7%

- Moving and Handling Level 2 training provided to 50 staff, compliance 82%
- DSE e-learning has been introduced as a mandatory course (one time completion) for all staff to support and improve the completion of DSE assessments.

4.5.2 In addition to this a review of delivery and content of training has been completed resulting in new training being delivered to:

- Portering team, including 1-1 on the job training
- Drivers, tailored session delivered with the vehicle rather than in a classroom
- To support the entire team in SSD, a full moving and handling assessment was carried out reviewing all work practices throughout the department.

4.5.3 As part of changes to the risk assessment process task specific moving and handling risk assessment templates have been created and are now being completed by relevant teams.

4.6 Violence and Aggression (including Security / Lone Working)

Standard	Effective arrangements in place to manage the risks associated with violence and aggression.
Rationale	A safe and secure working environment provided to all, no matter the location. That the Trust ensures that neither it or any of its staff accept or tolerate incidents of violence and aggression and that measures, including adequate security and lone working procedures are in place to prevent and reduce risk.
Legal reference	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999

4.6.1 The issue of violence and aggression remains a high level of risk to staff in HIF and the wider HDFT workforce, supported by the data in section 3, and by the HSE report from December 2024.

4.6.2 HSE's report highlighted four main areas of concern - Risk Assessment, Training, Roles & Responsibilities and Monitoring & Review. In addition, they also highlighted the reluctance to report violence & aggression incidents, conflicting and contradicting guidance within the same organisation, and a lack of collaboration with third parties.

4.6.3 In response to this:

- V&A training is now separated into 3 levels – LOW/MEDIUM/HIGH
 - Low – Conflict Resolution Level 1, e-learning module, provided to 340 staff, compliance 97.6%
 - Medium – Conflict Resolution Breakaway Skills, 1 day face to face course incorporating content of Level 1 as well as practical de-escalation training, provided to 38 staff, compliance 68.4%
 - High – Conflict Resolution Physical Restraint, 2 days face to face course, incorporating content of low and medium training as well as restraint training. Not currently provided to HIF staff.

- Staff are now actively attending partnership groups to improve joined up working and access to best practice. This has included attendance at the [xxxx], [xxxx] led by [xxxx]. Attendance at the [xxxx] [xxxx] Violence Reduction & Security Management Network
- HIF Security Manager and Head of H&S have both attended training and achieved a Royal Society of Public Health Level 3 Award in Violence Prevention and Reduction for Strategic Specialists
- [xxxx] attending HDH site monthly to promote various topics and provide advice to staff and members of the public
- Lone Working Policy has been reviewed and updated to reflect all staff groups.
- A wider HDFT Risk assessment has been developed and will be used to inform detailed area/department/team assessments to reflect violence & aggression and security risks
- Security as a standalone risk has been separated from the overall Violence & Aggression risk register entry within HDFT (supported by relevant HIF risk register entries). Although the two are intrinsically linked this allows us to focus on the individual elements of each, the environmental infrastructure improvements required for security i.e. CCTV upgrades and door access systems
- Going forward work will continue updated policies for violence and aggression, security, as well as the potential use of lone working devices by HIF staff
- Work also continues for HIF to become a licensed security provider and provide an in-house enhanced security presence at the Harrogate Hospital site.

4.7 Physical Environment

Standard	Effective arrangements in place to manage the risks associated with the physical workplace environment, and the provision of suitable welfare conditions.
Rationale	The hazards of workplace environments, such as asbestos, legionella, electricity, poor welfare (toilets, hand basins), temperature, or icy walkways can put staff, patients and others at risk of injury.
Legal reference	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999 Workplace (Health, Safety and Welfare) Regulations 1992 Construction (Design and Management) Regulations 2015 Control of Substances Hazardous to Health Regulations 2002 Control of Asbestos Regulations 2012 Electricity at Work Regulations 1989

4.7.1 HIF continues to lead on several relevant topics for HDFT including Water safety, ventilation, fire safety, the management of RAAC and the delivery of Capital works for HDFT. This has included:

RAAC

- Eradication of the RAAC roofing of the Kitchen Plantroom has been completed, and work started on removing RAAC from the Water tank room and Swaledale corridor

- The safety netting solution has been installed within the Energy Centre, and design work has begun with regards the remaining RAAC within the estates area at the hospital site.

Water Safety

- Legionella and Pseudomonas risk assessments completed for HDH site and surrounding buildings
- Site flushing records produced and reviewed on a weekly basis by IPC and Facilities teams.

Fire Safety

- Fire Safety Manager has completed Fire Risk Assessments for all areas at HDH and is completing an annual review of assessments for patient bedded areas
- A new Emergency and Evacuation Procedure has been written and approved at H&S Committee. To support this work is being done with all areas across the HDH site to develop area specific evacuation plans
- Significant work done to remedy faults on existing fire alarm system, including planned shutdowns during October
- Design work being carried out to scope a new fire alarm system for the Harrogate Hospital site
- Work being planned for the next six months to replace fire doors across the Harrogate Hospital site.

4.8 Identification and Assessment of Risk

Standard	The carrying out of suitable and sufficient assessments of the risks to which employees and others might be exposed.
Rationale	To allow the Trust to identify and implement reasonably practicable measures to control significant risks.
Legal reference	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999

- 4.8.1 The creation of new risk assessments across HIF and HDFT continues. General assessments have been completed across all HIF departments, and these will be used to identify high-risk / complex activities that require a more detailed assessment such as COSHH or moving and handling.
- 4.8.2 The next phase of work will be to complete the high-risk assessments and relate these to new SOPs being produced by the Estates and Facilities teams. Additionally, we will be looking at how the information from these assessments is delivered to relevant staff through training, toolbox talks etc. This work will be led by a task and finish group of department leads which reports directly to the H&S Committee.
- 4.8.3 The new HDFT intranet H&S pages will support this process by having a location for all relevant risk assessments. New documents will be uploaded as they are produced.

4.9 Control of Substances Hazardous to Health (COSHH)

Standard	Effective arrangements in place to manage the risks from substances hazardous to health.
Rationale	Hazardous substances including both chemical and biological agents can cause significant ill health to employees, patients, and others. Examples include: • Exposure to blood borne viruses, such as HIV, Hep B and C, from handling bloods • Exposure to wet work, causing skin diseases such as dermatitis • Handling of chemicals such as formaldehyde and cytotoxic drugs • Handling of cleaning and maintenance products. • Exposure to infectious diseases such as SARs
Legal reference	Health and Safety at Work etc. Act 1974 sections 2 & 3 Management of Health and Safety at Work Regulations 1999 Control of Substances Hazardous to Health Regulations 2002 Personal Protective Equipment at Work Regulations 1992

4.9.1 Staff work with a varied and significant number of hazardous substances daily, examples of hazardous substances, found in many areas, include medicines, chemicals, bleach, air fresheners, spray paints, WD40, medical gases, laundry tablets, sawdust, photocopier toner and bodily fluids (blood, vomit, urine etc.).

4.9.2 As such we need to ensure that the use / exposure to any of these substances is suitably risk assessed and that where we are unable to stop the use of or substitute for a less harmful product, that we implement control measures that will prevent ill health.

4.9.3 To support this:

- Departments have implemented new COSHH assessments and established suitable storage areas for hazardous substances.
- HDFT have established a new COSHH Steering Group. The Group has representation from HIF and will support the development of relevant policies and procedures whilst also addressing wider issues of health surveillance / monitoring including dermatitis / latex allergies and providing assurances to both HIF and HDFT H&S Committees.
- Representatives from the Group have also liaised with counterparts from other NHS Trusts to gain best practice knowledge to inform the terms of reference for the group and inform changes to our COSHH Policy and how we carry out COSHH assessments.

4.9.4 A new COSHH Policy has been written and approved outlining five key areas:

1. **COSHH Risk Assessments**, details what needs to be taken into consideration when completing COSHH Risk Assessment include, the scope of the COSHH

regulations, how to assess the risks, deciding if any additional measures are required and documenting the risks.

2. **Selection, Use, Maintenance, Examination and Testing of control measures**, covers when a COSHH assessment concludes that the control of exposure to hazardous substances is inadequate, or where a new process or substance is introduced, the steps to be taken to introduce measures which will give adequate control.
3. **Exposure Monitoring** states that exposure to substances hazardous to health should be prevented or at least controlled. Where substances with Workplace Exposure Limits (WELs) are used, control measures such as engineering controls are required to prevent or control exposure. These include a variety of systems e.g. fume cupboards. The purpose of exposure monitoring is to provide assurance that these engineering controls are controlling exposure to hazardous substances.
4. **Health Surveillance** may be needed to protect the health of staff exposed to a substance hazardous to health. The ward or departmental manager must carry out COSHH risk assessments and work with the Occupational Health Service (OHS) to ensure health surveillance is in place where necessary, the objectives of health surveillance include protecting the health of staff and ensuring measures taken to control exposure are adequate in the event of a member of staff requires it, for example in a latex allergic member of staff.
5. **Storage, Spillage & Disposal**, covers what needs to be taken into consideration when storing substances hazardous to health, and the actions that need to be taken because of spillage. It links to other Trust procedures that deal with the disposal of hazardous substances.

- 4.9.5 New COSHH awareness and assessor training have been developed and delivered, and this will continue going forward as new procedures are developed.

4.10 Exposure to bodily fluids (cuts / splash / needlestick incidents)

- 4.10.1 Cuts / needlestick injuries were the highest reported H&S event on Datix for HIF staff, and the Occupational Health team have been leading on work to support staff who are exposed to cuts, splash or needlestick incidents.
- New Management of Bodily Fluid Exposure Policy now in place (previously Blood Borne Viruses Policy)
 - Policy provides a clear process for staff and the immediate actions that need to be taken when a Bodily Fluid Exposure. Occupational Health have promoted this to HIF departments, and it has been shared at both HIF and HDFT H&S Committees
 - Occupational Health actively monitoring Datix reports to ensure any staff members who initially do not access Occupational Health support are contacted ASAP.

5.0 Conclusion

- 5.1 In summary, since May 2025 there has been progress in strengthening our health and safety culture, systems, and performance. The Board can be assured that a robust governance structure is firmly in place, supported by clear escalation pathways that ensure timely oversight and action. It is positive to note the increasing awareness of the importance of accurate and proactive reporting, alongside more in-depth analysis of key indicators, including sickness data, to deepen our understanding of emerging trends and risks.
- 5.2 Our focussed workplan, high levels of training uptake, and ongoing compliance with all relevant health and safety legislation collectively underpin our commitment to maintaining safe working environments across the organisation. Looking ahead, delivery of the workplan will continue with particular emphasis on developing the in-house security capability, identifying high-risk activities that will undergo more detailed risk assessments, and further encouraging reporting and the sharing of learning from incidents and near-miss events.
- 5.3 Overall, the organisation remains on a positive trajectory, consistently demonstrating its commitment to continuous improvement and to protecting the health, safety, and wellbeing of all employees, service users, and visitors.

XXXX

Head of Health & Safety
December 2025

Board of Directors
16 December 2025
Apprenticeship Levy

Agenda Item Number:		13
Presented for:	Information	
Report of:	Apprenticeship Levy	
Author (s):	Assistant Company Secretary and Governance Lead	
Report History:	None	
Publication Under Freedom of Information Act:	This paper cannot 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		√
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		√
Recommendation:		
The Board is asked to: -		
Note the ongoing work in relation to Apprenticeships and the current levy		

1 Introduction

- 1.1 HIF has supported apprenticeships as a means of enabling staff to develop professionally and obtain recognised qualifications. While these opportunities have traditionally been concentrated in specific service areas, the organisation is now pursuing a substantial expansion of its apprenticeship offer. The aim is to create wider development routes, strengthen workforce capacity, and promote sustained retention across all HIF departments.

2 Apprenticeships Background

- 2.1 In May 2017, the government launched an updated apprenticeship strategy, which set an expectation for NHS organisations to expand their apprenticeship provision. The initiative aimed to create opportunities staff seeking retraining or career advancement.
- 2.2 This initiative enables HIF, in its capacity as an employer, to access a broader portfolio of government-funded training programmes. These are financed through the apprenticeship levy, which is charged to large organisations such as Harrogate & District NHS Foundation Trust and Harrogate Integrated Facilities.

3 Development of the Apprenticeship Offer

- 3.1 Over the next two years, HIF plans to grow and diversify its apprenticeship programmes. Key priorities include:
- Expanding into new apprenticeship standards that are relevant to all HIF departments
 - Creating clearer progression pathways, allowing staff to move from entry-level training through to advanced skills and supervisory or management qualifications
 - Working closely with the HDFT Apprenticeship Team to ensure high-quality programmes, consistent support for learners, and alignment with organisational workforce planning
 - Improving visibility and access, making apprenticeships a mainstream development option.

4 Apprenticeship Finances & Levy

- 4.1 Apprenticeship funding is accessed through the National Apprenticeship Service and is generated from the employer levy. Levy funds can be used solely to cover the cost of the apprenticeship training programme. Expenditure such as salaries, backfill, and other non-training-related costs are ineligible. Typically, the End Point Assessment is also funded via the levy.
- 4.2 Information provided by the HDFT Apprenticeship Team as of November 2025:
- Current balance: £xxxx
 - Funds spent in last 12 months: £xxxx
 - Levy payment for next 12 months: £xxxx
 - Estimated spend for the next 12 months: xxxx.
- 4.3 HIF is currently underspent in their apprenticeship budget, so it could afford more colleagues to undertake apprenticeships.
- 4.4 Expanding the apprenticeship offer allows HIF to maximise levy usage, reduce skill shortages, and contribute to a more sustainable workforce model.

- 4.5 While exact capacity is difficult to determine due to variations in programme cost, length, and yearly completions, current figures indicate that HIF could reasonably support around 15 additional apprentices in the next year.
- 4.6 Each apprentice undertakes roughly 6–7 hours of ‘off-the-job’ learning per week, although this can vary by programme. This time typically includes a mix of workshops, college attendance, independent study, and work-based learning activities.

5 Current Apprenticeships in HIF

- 5.1 HIF currently has 10 members of staff undertaking apprenticeships across a range of programmes. These individuals are developing skills that directly support their current roles while also building future career pathways within the organisation.

5.2 **Table 1:** Current HIF staff completing apprenticeships:

Apprentice Job Title	Apprenticeship Training Course	Start Date	End Date	Training Provider	Total Agreed Apprenticeship Price	Line Manager
xxxx	Data Technician, Level: 3	Mar-25	Jun-26	xxxx	£ xxxx	xxxx
xxxx	Senior leader, Level: 7	Nov-25	May-27	xxxx	£ xxxx	xxxx
xxxx	Healthcare engineering specialist technician, Level: 3	Sep-23	Oct-26	xxxx	£ xxxx	xxxx
xxxx	Installation and maintenance electrician, Level: 3	Sep-24	Mar-29	xxxx	£ xxxx	xxxx
xxxx	Operations manager, Level: 5	Nov-25	Feb-27	xxxx	£ xxxx	xxxx
xxxx	Operations manager, Level: 5	Nov-25	Feb-27	xxxx	£ xxxx	xxxx
xxxx	Production chef, Level: 2	Aug-24	May-26	xxxx	£ xxxx	xxxx
xxxx	Senior leader, Level: 7	Nov-25	May-27	xxxx	£ xxxx	xxxx
xxxx	Customer service practitioner, Level: 2	Oct-25	Dec-26	xxxx	£ xxxx	xxxx
xxxx	Carpentry and joinery, Level: 2	Sep-24	Dec-26	xxxx	£ xxxx	xxxx

6 Conclusion

- 6.1 In summary, HIF's commitment to expanding apprenticeship opportunities represents a strategic investment in both workforce capability and organisational sustainability. Full alignment with the Trust's apprenticeship policies, combined with the development of an internal strategy tailored to HIF's operational needs, will help ensure equitable access and meaningful impact. Leveraging the expertise of the HDFT Apprenticeship Team will enable HIF to prioritise departments and roles most in need of support, particularly those facing recruitment challenges or requiring specialised skills.
- 6.2 The proposed companywide training needs analysis will provide essential insight to guide this work. Until this is complete, apprenticeship applications will continue to be considered on an individual basis. This measured and targeted approach will allow HIF to develop a skilled, resilient workforce capable of supporting future growth.

Board of Directors
16 December 2025
Freedom to Speak Up report

Agenda Item Number:		14
Presented for:	Discussion	
Report of:	Freedom to Speak Up report	
Author (s):	FTSU Guardians	
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		√
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		
Recommendation:		
The Board of Directors is asked to note the Freedom to Speak Up report.		

1. Introduction

- 1.1. All NHS trusts are required to appoint a Freedom to Speak Up (FTSU) Guardian and an assessment of speaking up is at the heart of the well led domain of Care Quality Commission (CQC) inspections of NHS trusts. Recent recruitment by Harrogate and District Foundation Trust has resulted in two new guardians being appointed to fill a full-time role.
- 1.2. HIF has adopted the group's joint Speaking Up Policy which covers all HIF staff, agency workers, temporary workers, students and volunteers. HIF colleagues can utilise the HDFT Freedom to Speak Up Guardians.
- 1.3. The National Guardian's Office and the role of the Freedom to Speak Up Guardian were established following recommendations from Sir Robert Francis' Freedom to Speak Up report (2015). Sir Robert concluded that, within parts of the NHS, the culture did not always encourage or support workers to speak up, which in turn had negative consequences for both staff and patients.
- 1.4. The ambition across the NHS is to affect the cultural change that ensures speaking up becomes business as usual.
- 1.5. Freedom to Speak Up (FTSU) Guardians provide regular, comprehensive reports to their Trust Board so that barriers to speaking up are identified and addressed.
- 1.6. This report outlines current work nationally, data and themes relating to local contacts to the Guardians, progress with local work and further work to be undertaken.
- 1.7. Links with HIF People and Culture Strategy Plan 2024-2025 ambition to provide the highest level of service and make HIF an employer of choice which is also one of the best places to work. The work of FTSU links directly with the people plan domains of:
 - Strong leadership with compassion and empathy
 - Staff health and wellbeing
 - Staff engagement
 - The KITE values.

2. Role of FTSU Guardians

- 2.1. The role of FTSU guardians is to provide an independent and confidential space for staff to raise concerns about patient safety and organisational practices. Their responsibilities include:
 - Promoting learning and improvement: Ensure that concerns raised are used as opportunities for learning and improvement within the organization.
 - Providing impartial support: FTSU guardians offer advice and support to staff who wish to raise concerns, ensuring that their voices are heard and valued.
 - Facilitating the speaking up process: They help facilitate the process of raising concerns, ensuring that organizational policies are followed correctly
 - Encouraging a positive culture: By fostering a culture where staff feel safe to speak up, they contribute to safer care and improved organizational performance.

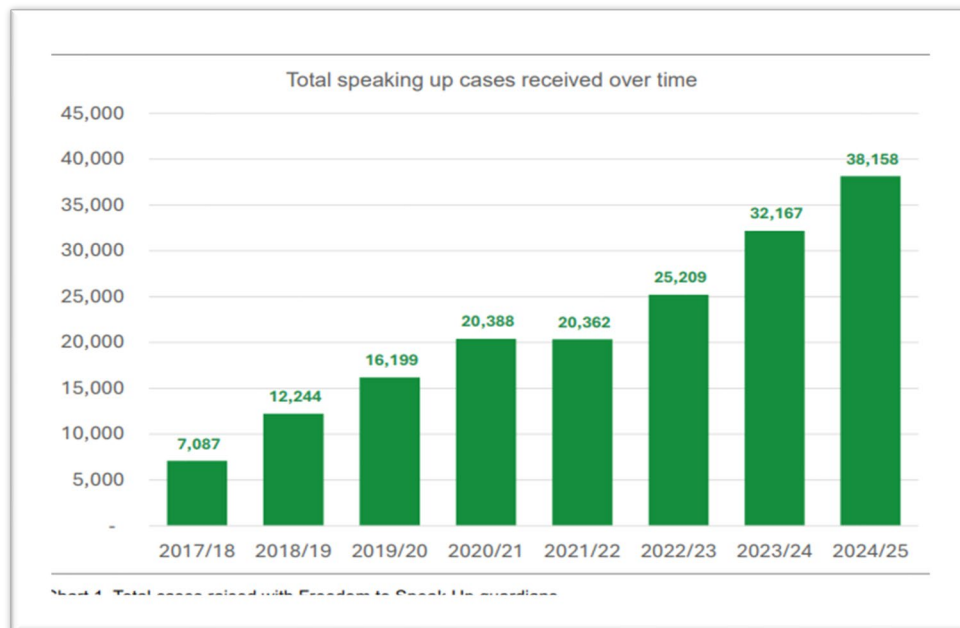
- 2.2. FTSU guardians are essential in creating an environment where staff can raise concerns without fear of repercussions, ultimately benefiting patient safety and organizational transparency. (*Guardian recruitment framework – National guardians Office*).
- 2.3. Guardians are expected to ensure concerns are heard and acted upon, and to escalate issues where there is a risk to patient safety, staff wellbeing, or organisational integrity. *Source: NGO Guidance for Guardians (National Guardian's Office)*.

3. FTSU Guardian role update

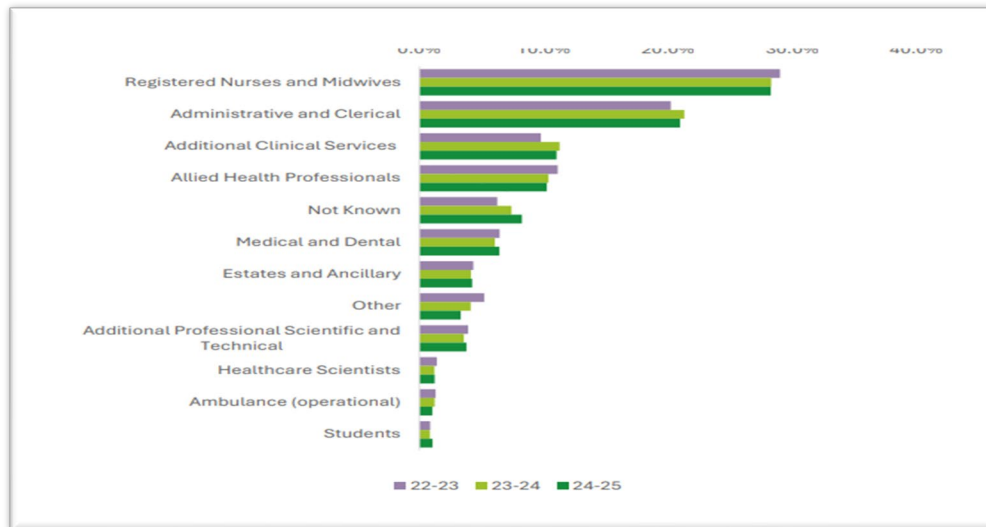
- 3.1. The allocation for the Guardian role is now 37.5 hours per week as a full-time role shared across 2 Guardians at Band 8a.
- 3.2. This is comparable to organisations across the region. The role will now look to be more proactive as well as reactive due to the increase in the capacity of the FTSU role.
- 3.3. The Guardians are part of the Regional Guardian Network and, time allowing, attend network meetings and opportunities to share best practice.
 - xxxx working Monday, Tuesday, and Wednesday
 - xxxx working Thursday and Friday.

4. National picture

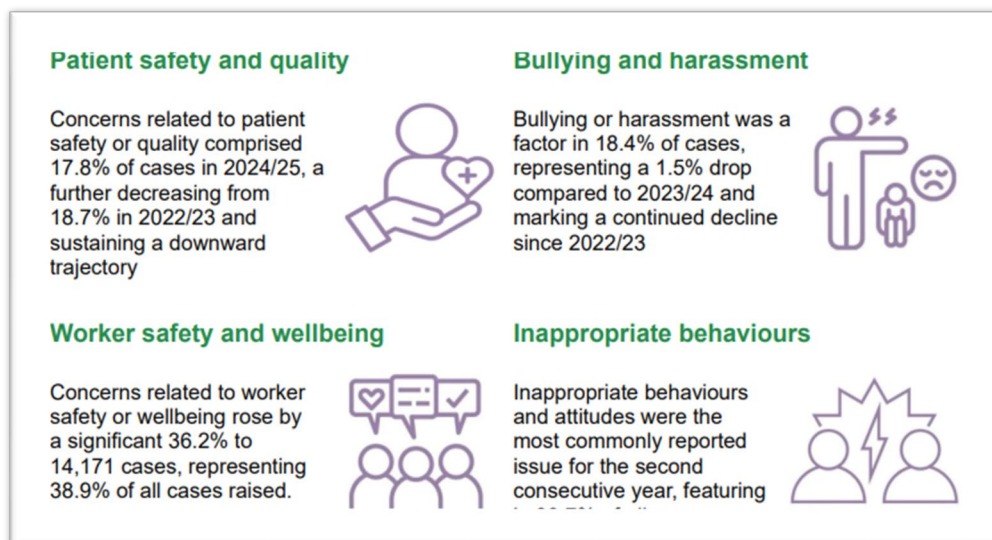
- 4.1. Nationally, from 1 April 2024 to 31 March 2025, 38,185 speaking up cases were raised with Freedom to Speak Up Guardians.



- 4.2. Staff group representation in speaking up cases remained broadly aligned with workforce composition in 2024/2025.



- 4.3. Main themes for speaking up nationally 2024/2025.



5. National Guidelines on Speaking Up training in the health sector in England

- 5.1. Freedom to Speak Up e-learning, has been developed in association with Health Education England and is freely available for everyone who works in healthcare. 'Speak Up, Listen Up, Follow Up' is divided into three modules, it helps learners understand the vital role they can play in a healthy speaking up culture which protects patient safety and enhances worker experience.
- 5.2. It is mandated that all members of Harrogate Integrated Facilities (HIF) and HDFT are required to complete "Speak Up" and all people in a Line Management or Leadership position are required to complete "Listen Up". The final module, "Follow Up" is undertaken by members of the Senior Management Team. This is

to raise the profile and awareness of FTSU across the organisation and provide staff with the opportunity to reflect on and consider how they can support and promote a Just Culture.

5.3. Engagement and completion of training continue to increase:

5.4. **Table 1:** Overall compliance for Freedom to Speak Up e-learning Trust and HIF staff in November 2025.

Group	Workforce Type	Required	Not achieved	Compliance %
Trust staff	Substantive	4,864	137	97%
Trust staff	Bank	126	14	89%
HIF staff	Substantive	342	9	97%
HIF staff	Bank	40	4	90%

6. Communications Plan and Promotion of FTSU

6.1. The guardians are currently implementing a communication plan to ensure reach across both the Trust and HIF so we have assurance that everyone understands how Freedom to Speak Up can support them.

6.2. Within HIF since August 2025 promotion of FTSU has occurred (or will shortly take place) in the following forums:

- HIF SMT meeting
- HIF Staff Forum
- Domestic staff meeting
- Informal Harrogate site walkarounds
- Informal Ripon site walkaround
- Team brief
- Noticeboards
- Quarterly HIF newsletter article
- Trust induction
- HIF induction
- Pathway to management training.

6.3. In addition, collaborative work and constructive signposting is established and continuing, including with:

- Union Representatives
- The Wellbeing Team
- Occupational Health
- Human Resources
- Equality, Diversity & Inclusion Team.

- 6.4. Based on the communications work undertaken to date, it is assumed that approximately 50% of HIF staff are aware of FTSU.
- 6.5. In addition to information about FTSU, HIF colleagues are reminded regularly about the variety of methods they can use to speak up about any concerns they have including via their supervisor/line manager/SLT, using the Datix system to record events and near misses and through Staff Forum, amongst others. In August 2025, the Board received a report which covered how a culture of speaking up is being developed in HIF.

7. HIF FTSU cases

- 7.1. The numbers of cases received by the Freedom to Speak Up Guardian, between August 14 and October 31, 2025, for HIF colleagues:

Number of Cases	Confidential	Themes
xxxx	Yes – xxxx cases were raised confidentially	Bullying elements impacting worker wellbeing

- 7.2. For comparison there has been a total of xxxx cases raised from HDFT staff for this period, four of which had a bullying/harassment element.

8. FTSU action plan

- 8.1. The Guardians will be working on the following actions over the coming year:
- Formalise and agree the role and responsibilities of Fairness Champions. To promote the fairness champion role, provide training and increase membership
 - Continue with the communication plan to reach 100% of HIF colleagues
 - To gain feedback from completed cases and use this to inform FTSU process moving forward
 - Reviewing the Speaking Up Policy.
- 8.2. The Guardians have not yet reviewed the current Fairness Champion membership therefore at this time it is not know if there are any existing Fairness Champions in HIF.

9. Conclusion

- 9.1. The Board can be assured that both the Trust and HIF have robust and accessible Freedom to Speak Up arrangements in place. Two trained and well-supported FTSU Guardians are now in place, the national policy has been locally adopted, and clear routes for raising concerns are available to all HIF staff. Regular reporting, governance oversight, and the actions outlined in this paper demonstrate that concerns are being handled appropriately, themes are identified, and learning is being embedded.
- 9.2. While the foundations are strong, ongoing work to enhance staff awareness and confidence in speaking up remains a priority. The planned FTSU communication and engagement activities will further strengthen our speak-up culture. The Board is therefore asked to take assurance that effective processes exist, and that

focused improvement work is underway to ensure all staff feel informed, safe and supported to raise concerns.

HIF Formal Board Workplan 2026

				2026					
Element	Item	Frequency	Lead	February	April	June	August	October	December
Opening Items	Welcome by the Chair	All	Chair	✓	✓	✓	✓	✓	✓
	Apologies for absence	All	Chair	✓	✓	✓	✓	✓	✓
	Declarations / Conflicts of Interest	All	Chair	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting	All	Chair	✓	✓	✓	✓	✓	✓
	Matters Arising / Action Log	All	Chair	✓	✓	✓	✓	✓	✓
	Chair's report	All	Chair	✓	✓	✓	✓	✓	✓
	Managing Director's Report	All	Managing Director	✓	✓	✓	✓	✓	✓
	Corporate Risk Register	All	Managing Director	✓	✓	✓	✓	✓	✓
Delivering Safe, Efficient, Compliant, Responsive and outstanding Quality Service	Board Assurance Framework – Safe, Efficient, Compliant, Responsive and Outstanding Services	All	Managing Director	✓	✓	✓	✓	✓	✓
	Health & Safety Report	Bi-Annually	Managing Director			✓			✓
	PLACE	Annually	Managing Director		✓				
	Capital Development	Bi-Annually	Managing Director		✓			✓	
	Premises Assurance Model	Annually	Managing Director	✓		✓			
Being Well Led and Financial Sustainable	Board Assurance Framework – Being Well Led and Financial Sustainable	All	Managing Director	✓	✓	✓	✓	✓	✓
	Corporate Framework Review	Annually	Company Secretary			✓			
	Financial Report	All	Deputy Director of Finance	✓	✓	✓	✓	✓	✓
	Annual Accounts(<i>including Going Concern; Letter of Representation; Accounts; ISA260, Audit Opinion</i>)	Annually	Managing Director			✓			
	Loan Agreement	Ad hoc	Deputy Director of Finance						
	Review of SFI's / Standing Orders	Annually	Deputy Director of Finance				✓		
	Contracts Review	Ad hoc	Deputy Director of Finance						
Embedding Business Modernisation and Service Development	Board Assurance Framework – Embedding Business Modernisation and Service Development	All	Managing Director	✓	✓	✓	✓	✓	✓
	Service Improvement Strategies	As required	Managing Director						

				2026					
Element	Item	Frequency	Lead	February	April	June	August	October	December
Growing our Future Business Development Opportunities	Board Assurance Framework – Growing our Future Business Development Opportunities	All	Managing Director	✓	✓	✓	✓	✓	✓
	Authorisation for Business Development	As required	Managing Director						
Being an employer of choice, developing our staff, being an outstanding place to work and delivering services with pride	Board Assurance Framework – Great Place to Work	All	Managing Director	✓	✓	✓	✓	✓	✓
	Workforce and OD Report	All	Deputy Director of People & Culture	✓	✓	✓	✓	✓	✓
	Terms and Conditions Review	Annually	Deputy Director of People & Culture			✓			
	Gender Pay Gap Report	Annually	Deputy Director of People & Culture	✓					
	Ethnicity Pay Gap Report	Annually	Deputy Director of People & Culture	✓					
	Staff Survey results	Annually	Deputy Director of People & Culture	✓					
	Apprenticeship Levy	Annually	Deputy Director of People & Culture					✓	
	Pay Award	Annually	Deputy Director of People & Culture		✓				
	Annual Pensions Governance Report	Annually	Deputy Director of People & Culture					✓	
	Freedom to Speak Up Guardian Report	Annually	FTSU Guardian						✓
	Pay Progression Report	Annually	Deputy Director of People & Culture	✓					
Delivering our services, sustainably, minimising our impact on the environment	Board Assurance Framework – Delivering our services sustainably	All	Managing Director	✓	✓	✓	✓	✓	✓
	Green Plan – Annual Review	Annually	Managing Director		✓				
Governance	Setting Risk Appetite – Risk Management Framework	All	Managing Director	✓					
	Integrated Board Report	All	Managing Director	✓	✓	✓	✓	✓	✓
	Internal Audit Planning	Annually	Managing Director		✓				
	Contract Review Meetings	Annually	Managing Director	✓					
	Quality and Governance – ToR Ratification	Annually	Managing Director		✓				
	Quality and Governance – Sub-committee update	All	Sub-committee Chair	✓	✓	✓	✓	✓	✓
	IRCC - ToR Ratification	Annually	Managing Director		✓				
	Board Meeting / Workshop Workplan	All	Managing Director	✓	✓	✓	✓	✓	✓
	Board Effectiveness Survey	Annually	Company Secretary						✓

				2026					
Element	Item	Frequency	Lead	February	April	June	August	October	December
	Annual Review of Publication Scheme	Annually	Managing Director				✓		
	Annual Review of the Business Plan	Annually	Managing Director	✓					✓
	Fit and Proper Person	Annually	Company Secretary			✓			
	Articles of Association	Annually	Company Secretary	✓					
	Board Appointed Non-Executive Directors	Annually	Company Secretary					✓	
	Code of Conduct and Nolan Principles	Annually	Company Secretary			✓			

NOTE:

✓	For Reference in Supplementary Pack
✓	For formal Approval

Board workshop topics

Year	Month	Workshop Theme
2026	January	Board Assurance Framework (BAF) & Risk Appetite
	March	Staff Survey
	May	Service Quality and Governance
	July	TBC
	September	Business Planning
	November	Market Place & Board Assurance Framework (BAF)

HIF Private Board Workplan 2026

				2026					
Element	Item	Frequency	Lead	February	April	June	August	October	December
Opening Items	Welcome by the Chair	All	Chair	✓	✓	✓	✓	✓	✓
	Apologies for absence	All	Chair	✓	✓	✓	✓	✓	✓
	Declarations / Conflicts of Interest	All	Chair	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting	All	Chair	✓	✓	✓	✓	✓	✓
	Matters Arising / Action Log	All	Chair	✓	✓	✓	✓	✓	✓
	Chair's report	All	Chair	✓	✓	✓	✓	✓	✓
	Managing Director's Report	All	Managing Director	✓	✓	✓	✓	✓	✓
	Corporate Risk Register	All	Managing Director	✓	✓	✓	✓	✓	✓
Growing our Future Business Development Opportunities	Business Development Report (Private meeting)	All	Managing Director	✓	✓	✓	✓	✓	✓
Governance	IRCC – sub-committee update	All	Sub-ctte chair	✓	✓	✓ Annual report	✓	✓	✓
	Business Cases	As required	Managing Director						

NOTE:

✓	For Reference in Supplementary Pack
✓	For formal Approval