York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors (Public) – Blue Box

28 September 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

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Monthly Oversight of Perinatal Clinical Quality Minimum Data Set - Appendix A

York and Scarborough Teaching Hospitals NHS Foundation Trust

CQC Maternity Ratings - Scarborough Hospital Last Inspection: 16th October 2019	Overall	Safe	Effective	Caring	Responsive
	Good	Good	Good	Good	Good

CQC Maternity Ratings - York Hospital Last Inspection: October 2015	Overall	Safe	Effective	Caring	Responsive
	Good	Good	Requires Improvement	Good	Good

	2021										
	Sep	Oct	Nov	Dec	Feb	Mar	Apr	May	Jun	Jul	Aug
Number of reviews completed using the Perinatal Mortality Review Tool	2	5	0	0	1	1	0	4	0	1	0
Number of cases notified to MBRRACE	1	2	2	4	0	1	2	2	1	1	3
Number of cases referred to HSIB as per eligibility criteria	1	1	1	0	0	0	1	0	1	0	3
Number of received HSIB final reports	1	0	0	1	0	0	0	2	0	1	0
Number of incidents with a harm rating of Moderate or above	1	2	1	1	0	1	4	5	1	1	3
Number of Maternity Unit Diverts						11	4 SGH 4 YDH	0 SGH 2 YDH	1 SGH 3 YDH	1 SGH 8 YDH	SGH 0 YDH 7
Number of Maternity Unit closures	4	10	4	2	5	0	0	0	0	0	1
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	1	0	2 (CQC)	1 (CQC)	0	2 (CQC)	1 (CQC)	1 (CQC)	1(CQC)
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0
Continuity of Carer											
Percentage of Continuity of Carer bookings	38%	40%	31%	37%	40%	40%	37%	34%	35%	paused	Paused
Of those booked for Continuity of Carer - Black, Asian and mixed ethnicity backgrounds	44%	38%	22%	29%	60%	14%	28%	2%	64%	paused	Paused
Of those booked for Continuity of Carer - Postcode for top decile for deprivation	84%	91%	94%	73%	94%	83%	92%	8%	90%	paused	Paused
Intrapartum Continutiy of Carer received - Overall	17%	15%	16%	8%	25%	19%	25%	25%	19%	paused	Paused
Intrapartum Continutiy of Carer received - Scarborough	43%	43%	42%	28%	25%	19%	24%	25%		paused	Paused
Intrapartum Continutiy of Carer received - York	4%	6%	5%	0.42%	0%	3%	11%	0.00%	11.00%	paused	Paused
Intrapartum Continutiy of Carer received - Black, Asian and mixed ethnicity backgrounds	9%	7%	14%	14%	25%	0%	0%	0%	8%	paused	Paused
Intrapartum Continutiy of Carer received - Postcode for top decile for deprivation	42%	37%	23%	20%	19%	9%	15%	23%	50%	paused	Paused
Safe Staffing											
1 to 1 care in Labour - Scarborough	94%	99%	95%	94%	98%	96%	95%	98%	100%	100%	99%
1 to 1 care in Labour - York	95%	93%	97%	96%	96%	97%	94%	100%	100%	100%	100%
L/W Co-ordinator supernumary % - Scarborough	98%	99%	100%	100%	97%	92%	84%	95%	99%	94%	73%
L/W Co-ordinator supernumary % - York	95%	93%	87%	99%		100%	100%	100%	100%	76%	90%
Vacancy Rate - Scarborough (including maternity leaves)						5%	3%	4.60%	1.55%	0.15%	
Vacancy Rate - York (including maternity leaves)						18%	15%	13%	12%	13.75%	

2020 Staff Survey: Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work (Reported annually)	45.73%
2020 Staff Survey: Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to receive treatment (Reported annually)	56%
2020 Staff Survey: Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	Awaiting Data

Appendix B
Number of incidents graded 'Moderate' Harm / Serious Incidents (SI) and actions taken

Moderate Harm

There was one moderate harm incidents reported in August which, following discussion at Quality and Safety meeting did not reach the threshold for Serious Incident.

Summary of incident:

An unanticipated admission to SCBU following an abnormal CTG on G3 following induction of labour. The woman had a raised BMI was the indication for induction but there had been three episodes of reduced fetal movements in the preceding weeks before birth.

Serious incident(s) declared

There were two Serious Incidents declared in August both cases which will have been notified to HSIB and who will be undertaking the investigation.

Summary of Incident 1

Confirmed intrauterine death following the commencement of induction of labour after the woman reported reduced fetal movements. Induction was started after which there was no heartbeat found on routine auscultation.

Summary of Incident 2

Maternal death of a woman at 32 weeks gestation who was diagnosed with epilepsy. She was found unresponsive at her home address and was taken to hospital in Hull where she was declared dead.

Appendix C - PMRT

PMRT Notified cases

There were two cases reported this month, one was an antenatal stillbirth for an unbooked pregnancy at what was believed to be 23 or 24 weeks gestation. The second case is for the intrapartum stillbirth that has been reported to HSIB. These reports will be concluded within four months.

PMRT Reports completed

No reports were completed in this period.

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PMRT themes identified in the last year

All babies who die after 22 weeks gestation, or are delivered after 20 weeks gestation and subsequently die, are reported to MBRRACE. Reviews are conducted using the Perinatal Mortality Review Tool for all babies who die after 22 weeks gestation.

PMRT ongoing cases

Site	Date of death	Reason PMRT required
York	27.12.21	NND 27 days (not completed as awaiting Coroners report)
York	11.4.22	38+1 Intrapartum Stillbirth
York	28.05.22	39+5 Antenatal Stillbirth
York	26.06.22	39/40 Intrapartum Stillbirth

Appendix D - Training Compliance

Midwifery Staff – York

	Frequency	Measure	(green)	(Amber)	(Red)	January	February	March	April	May	June	July
Neonatal Life Support	Annual	% of staff trained	≥85%	61%-84%	≤60%	77	73	74	87	92	93	92
Infant Feeding	Annual	% of staff trained	≥85%	61%-84%	≤60%	77	75	66	64	81	84	91
Professional Midwifery Advocate	Annual	% of staff trained	≥85%	61%-84%	≤60%	84	84	85	86	89	92	94
Perinatal Mental Health	Annual	% of staff trained	≥85%	61%-84%	≤60%	90	91	89	90	92	94	93
Public Health	Annual	% of staff trained	≥85%	61%-84%	≤60%	20	22	33	44	50	56	56
Personalised Care - Year 1 (2021/2022)	3 yrly	% of staff trained	≥85%	61%-84%	≤60%	20	23	33	44	51	56	60
Personalised Care - Year 2 (2022/2023)	3 yrly	% of staff trained	≥85%	61%-84%	≤60%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Personalised Care - Year 3 (2023/2024)	3 yrly	% of staff trained	≥85%	61%-84%	≤60%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PROMPT - Midwives	Annual	% of staff trained	≥85%	61%-84%	≤60%	64	72	82	91	92	90	92
PROMPT - MSW/HCA	Annual	% of staff trained	≥85%	61%-84%	≤60%	60	54	64	77	77	81	79
COVID in pregnancy - Midwives	Annual	% of staff trained	≥85%	61%-84%	≤60%	84	67	68	N/A	N/A	N/A	N/A
COVID in pregnancy - MSW/HCA	Annual	% of staff trained	≥85%	61%-84%	≤60%	80	71	64	N/A	N/A	N/A	N/A
Antenatal and Newborn screening	Annual	% of staff trained	≥85%	61%-84%	≤60%	78	70	75	83	84	85	84
Learning from Incidents, Complaints & Claims	Annual	% of staff trained	≥85%	61%-84%	≤60%	27	27	34	46	53	62	68
Substance Misuse	3 yrly	% of staff trained	≥85%	61%-84%	≤60%	89	89	91	90	89	89	88
Mentorship	Annual	% of staff trained	≥85%	61%-84%	≤60%	26	26	33	45	52	60	56
Bereavement update	Annual	% of staff trained	≥85%	61%-84%	≤60%	60	54	49	70	72	76	75
e-lfH National Bereavement Care Pathway	One off	% of staff trained	≥85%	61%-84%	≤60%	21	19	18	18	20	18	18
K2 - Intrapartum CTG Assessment	Annual	% of staff trained	≥85%	61%-84%	≤60%	74	72	69	70	70	69	73
K2 - Intrapartum Intermittent Auscultation Assessment	Annual	% of staff trained	≥85%	61%-84%	≤60%	73	71	66	66	72	72	73
K2 - Antenatal CTG Assessment	Annual	% of staff trained	≥85%	61%-84%	≤60%	73	72	69	73	72	72	74
K2 - Full Midwife pathway	Annual	% of staff trained	≥85%	61%-84%	≤60%	63	60	57	61	66	66	70
SBLCB - Supporting a smoke free pregnancy	Annual	% of staff trained	≥85%	61%-84%	≤60%	71	72	71	68	61	64	65
SBLCB - Detection and surveillance of growth restrictions	Annual	% of staff trained	≥85%	61%-84%	≤60%	81	61	59	61	61	60	62
SBLCB - Reduced Fetal Movements	Annual	% of staff trained	≥85%	61%-84%	≤60%	84	64	64	67	63	63	66
SBLCB - Effective continuous fetal monitoring	Annual	% of staff trained	≥85%	61%-84%	≤60%	81	60	59	62	57	57	59
SBLCB - Reducing Pre-term birth	Annual	% of staff trained	≥85%	61%-84%	≤60%	87	66	66	68	62	63	66
Bereavement Workshop - HCAs	One off	% of staff trained	≥85%	61%-84%	≤60%	80	71	64	69	69	69	61
2 day BFI - Midwives/MSWs/HCAs	One off	% of staff trained	≥85%	61%-84%	≤60%	83	83	83	92	81	82	82
SBLCB - Fetal Monitoring (with Rachel McCormack)	Annual	% of staff trained	≥85%	61%-84%	≤60%	83	87	90	89	91	94	94
Intelligent Intermittent Auscultation in Labour	Annual	% of staff trained	≥85%	61%-84%	≤60%					9	13	19
BLS - Midwives	3yrly	% of staff trained	≥85%	61%-84%	≤60%	90	87	84	77	72	89	92

Midwifery Staff - Scarborough

	Frequency	Measure	No Concerns (green)	Of Concern (Amber)	Concerns (Red)	January	February	March	April	May	June	July
Neonatal Life Support	Annual	% of staff trained	≥85%	61%-84%	≤60%	83	77	81	89	87	78	72
Infant Feeding	Annual	% of staff trained	≥85%	61%-84%	≤60%	73	73	83	77	80	71	59
Professional Midwifery Advocate	Annual	% of staff trained	≥85%	61%-84%	≤60%	81	82	87	89	90	79	74
Perinatal Mental Health	Annual	% of staff trained	≥85%	61%-84%	≤60%	91	93	93	96	94	94	91
Public Health	Annual	% of staff trained	≥85%	61%-84%	≤60%	14	26	26	26	36	36	35
Personalised Care - Year 1 (2021/2022)	3 yrly	% of staff trained	≥85%	61%-84%	≤60%	13	23	31	31	33	36	67
Personalised Care - Year 2 (2022/2023)	3 yrly	% of staff trained	≥85%	61%-84%	≤60%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Personalised Care - Year 3 (2023/2024)	3 yrly	% of staff trained	≥85%	61%-84%	≤60%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PROMPT - Midwives	Annual	% of staff trained	≥85%	61%-84%	≤60%	74	81	85	88	90	87	68
PROMPT - MSW/HCA	Annual	% of staff trained	≥85%	61%-84%	≤60%	59	71	81	75	70	68	78
COVID in pregnancy - Midwives	Annual	% of staff trained	≥85%	61%-84%	≤60%	57	49	N/A	N/A	N/A	N/A	N/A
COVID in pregnancy - MSW/HCA	Annual	% of staff trained	≥85%	61%-84%	≤60%	76	76	N/A	N/A	N/A	N/A	N/A
Antenatal and Newborn screening	Annual	% of staff trained	≥85%	61%-84%	≤60%	68	72	65	61	69	63	58
Maternal Obesity	3 yrly	% of staff trained	≥85%	61%-84%	≤60%	90	87	85	85	86	86	86
Learning from Incidents, Complaints & Claims	Annual	% of staff trained	≥85%	61%-84%	≤60%	16	24	32	35	47	50	48
Substance Misuse	3 yrly	% of staff trained	≥85%	61%-84%	≤60%	86	84	84	89	91	91	92
Mentorship	Annual	% of staff trained	≥85%	61%-84%	≤60%	16	5	19	22	33	36	36
Bereavement update	Annual	% of staff trained	≥85%	61%-84%	≤60%	61	56	45	42	54	53	52
e-lfH National Bereavement Care Pathway	One off	% of staff trained	≥85%	61%-84%	≤60%	12	11	11	13	13	13	13
K2 - Intrapartum CTG Assessment	Annual	% of staff trained	≥85%	61%-84%	≤60%	84	70	70	65	76	80	73
K2 - Intrapartum Intermittent Auscultation Assessment	Annual	% of staff trained	≥85%	61%-84%	≤60%	83	68	59	59	67	72	67
K2 - Antenatal CTG Assessment	Annual	% of staff trained	≥85%	61%-84%	≤60%	80	61	63	64	74	78	73
K2 - Full Midwife pathway	Annual	% of staff trained	≥85%	61%-84%	≤60%	62	49	45	49	67	67	46
SBLCB - Supporting a smoke free pregnancy	Annual	% of staff trained	≥85%	61%-84%	≤60%	65	58	71	64	64	64	68
SBLCB - Detection and surveillance of growth restriction	Annual	% of staff trained	≥85%	61%-84%	≤60%	67	46	41	50	41	54	59
SBLCB - Reduced Fetal Movements	Annual	% of staff trained	≥85%	61%-84%	≤60%	65	46	53	65	63	68	71
SBLCB - Effective continuous fetal monitoring	Annual	% of staff trained	≥85%	61%-84%	≤60%	71	46	41	50	41	41	52
SBLCB - Reducing Pre-term birth	Annual	% of staff trained	≥85%	61%-84%	≤60%	67	45	51	58	58	62	68
Bereavement Workshop - HCAs	One off	% of staff trained	≥85%	61%-84%	≤60%	88	82	57	57	75	74	74
2 day BFI - Midwives/MSWs/HCAs	One off	% of staff trained	≥85%	61%-84%	≤60%	96	96	86	88	89	92	92
Fetal Monitoring (with Rachel McCormack)	Annual	% of staff trained	≥85%	61%-84%	≤60%	93	87	97	92	94	91	91
BLS - Midwives	3yrly	% of staff trained	≥85%	61%-84%	≤60%	97	97	90	91	90	87	90

Medical Staff - York

Course	January	February	March	April	May	June	July
PROMPT	50	53	61	71	90	97	100
COVID in pregnancy	75	69	70	N/A	N/A	N/A	N/A
Antenatal Screening	13	31	45	45	59	62	61
Fetal Monitoring (with Rachel McCormack)	75	72	64	71	71	87	89
Perinatal Mental Health	0	19	36	52	55	60	64
Personalised Care - Year 1 (2021/2022)	0	16	36	55	65	70	71
Personalised Care - Year 2 (2022/2023)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Personalised Care - Year 3 (2023/2024)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Risk Assesment through pregnancy	0	19	39	61	71	77	79
Learning from Incidents, Complaints & Claims	0	22	42	48	55	57	64
SBLCB - Supporting a smoke free pregnancy	75	66	64	55	65	70	71
SBLCB - Detection and surveillance of growth restrictions	69	56	55	68	68	77	75
SBLCB - Reduced Fetal Movements	72	59	55	68	74	83	86
SBLCB - Effective continuous fetal monitoring	69	59	61	81	77	80	79
SBLCB - Reducing Pre-term birth	72	59	55	71	74	83	86
K2 - Intrapartum CTG Assessment	72	75	73	74	74	80	75
K2 - Intrapartum Intermittent Auscultation Assessment	65	66	67	65	65	73	71
K2 - Antenatal CTG Assessment	72	72	73	74	74	80	79
K2 - Full Medical Staff pathway	56	56	61	58	55	67	61

Medical Staff – Scarborough

e	Course	Frequency	January	February	March	April	May	June	July	A
	PROMPT	Annual	55	60	80	75	70	84	79	
	COVID in pregnancy	Annual	60	60	N/A	N/A	N/A	N/A	N/A	
	Antenatal Screening	One off exl F2 & GP	10	10	10	0	0	11	37	
	Fetal Monitoring (with Rachel McCormack)	Annual	75	75	75	75	55	58	63	
	Perinatal Mental Health	Annual	0	30	40	35	40	42	58	
	Personalised Care - Year 1 (2021/2022)	3 yrly	0	15	25	20	35	37	53	
	Personalised Care - Year 2 (2022/2023)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Personalised Care - Year 3 (2023/2024)	3 yrly	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Risk Assesment through pregnancy	Annual	0	15	20	25	40	42	58	
	Learning from Incidents, Complaints & Claims	Annual	0	25	40	40	40	42	58	
	SBLCB - Supporting a smoke free pregnancy	Annual	85	85	80	75	75	68	68	
	SBLCB - Detection and surveillance of growth restriction	Annual	85	85	75	75	80	58	58	
	SBLCB - Reduced Fetal Movements	Annual	85	75	85	75	70	63	53	
	SBLCB - Effective continuous fetal monitoring	Annual	80	80	75	70	70	58	53	
	SBLCB - Reducing Pre-term birth	Annual	80	75	75	70	70	58	58	
	K2 - Intrapartum CTG Assessment	Annual	75	75	70	60	55	53	53	
	K2 - Intrapartum Intermittent Auscultation Assessment	Annual	80	75	65	60	55	53	53	
	K2 - Antenatal CTG Assessment	Annual	65	65	65	60	60	63	58	
	K2 - Full Medical Staff pathway	Annual	65	65	60	55	55	53		

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Constitution

York & Scarborough Teaching Hospitals NHS Foundation Trust

~~April 2021~~September 2022

TABLE OF CONTENTS

YORK & SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST

(A PUBLIC BENEFIT CORPORATION)

1. **DEFINITIONS**

1.1 In this constitution: -

"the 2006 Act"	The National Health Service Act 2006 as may be amended or replaced from time to time;
"the 2012 Act"	The Health and Social Care Act 2012 as may be amended or replaced from time to time;
"Accounting Officer"	The person who from time to time discharges the function specified in paragraph 25(5) in Schedule 7 to the 2006 Act;
"Area"	The area of the Trust consisting of all the areas specified in Annex 1 as an area of the Public Constituency and "Area" shall mean each of those areas individually or all of them collectively;
"Authorisation"	The authorisation of the Trust given under section 35 of the 2006 Act;
"Board of Directors"	Board of Directors as constituted in accordance with this constitution;
"Chair"	The person who is the Chair of the Board of Directors and the Council of Governors;
"Chief Executive"	The chief executive officer of the Trust appointed in accordance with the terms of this constitution;
"Council of Governors"	The Council of Governors as constituted in accordance with this constitution;
"Director"	A director on the Board of Directors;
"Election Scheme"	The election scheme set out in Annex 2, as may be amended from time to time;

“Executive Director”	An executive director of the Board of Directors including the Chief Executive where the context so permits;
“Financial Year”	Each successive period of twelve months beginning with 1 April;
“Governor”	A Member elected or a person appointed as a member of the Council of Governors;
“Healthcare Organisation”	An organisation that has an involvement with the Trust around the provision of Trust services [as listed in Annex 1];
“Healthcare Organisation Governor”	A member of the Council of Governors appointed by one of more of the Healthcare Organisations;
“Health Service Body”	has the same meaning as ascribed to it as section 9(4) of the 2006 Act;
“Lead Governor”	The Public Governor elected by the Council of Governors to act as Lead Governor, as defined by the NHSI, in accordance with the Standing Orders;
“Local Authority Governor”	A member of the Council of Governors appointed by one local authority whose area includes the whole or part of an area specified in Annex 1 as an area for the public constituency in accordance with this constitution;
“Member”	A member of the Trust, as provided by this constitution;
“NHSI”	NHS Improvement which succeeds and incorporates “Monitor” – a body corporate, as provided by section 61 of 2012 Act;
“Non-executive Director”	A Non-executive Director of the Board of Directors, including the Chair where the context so permits;
“Partnership Governor”	Any of the appointed Governors including the Local Authority, Healthcare Organisation, University and the Voluntary Sector;
''Partnership Organisation''	An organisation designated under the provisions of this constitution to appoint a Partnership Governor;
“Public Constituency”	Those constituencies whose areas are set out in Annex 1 and “Public Constituency” shall mean each of those constituencies individually and all of them collectively;

"Public Governor"	A member of the Council of Governors elected by the members of the public constituency;
"Safeguarding Registers"	The registers maintained in accordance with the Safeguarding Vulnerable Groups Act 2006 and connected regulations and orders; Part II of the Sexual Offences Act 2003, and the list maintained under Part 8 of the Education Act 2002, as may be amended or replaced from time to time;
"Staff Member or Group"	A type of membership within the Staff Constituency as provided for in Schedule 7 to the 2006 Act;
"Staff Constituency"	The part of the Trust's membership consisting of the Trust's staff and which is divided into staff groups as provided by this constitution;
"Staff Governor"	A member of the Council of Governors elected by the members of the relevant staff group within the staff constituency as provided by this constitution;
"Standing Orders"	Standing Orders for the Practice and Procedures for the Council of Governors set out in Annex 4 unless the context otherwise specifies;
"Secretary"	The secretary of the Trust or any other person appointed to perform the duties of the secretary of the Trust, including a joint, assistant or deputy secretary;
"Senior Independent Director"	The independent Non-executive Director appointed by the Board of Directors in consultation with the Council of Governors, who is available to Directors and Governors if they have concerns which contact with the Chair has failed to resolve or for which such contact is inappropriate; and who may also be the Vice Chair of the Board of Directors and Council of Governors;
"the Trust"	York & Scarborough Teaching Hospital NHS Foundation Trust;
"University Governor"	A member of the Council of Governors appointed by a university in accordance with this constitution;
"Vice Chair"	In relation to the: (a) Council of Governors – a Non-executive Director appointed as a Vice Chair, who is to preside over a meeting of the Council of Governors when the Chair is absent from the meeting or when the Chair declares a conflict of

interest which precludes them from presiding as Chair at that meeting; and

(b) Board of Directors – a Non-executive Director appointed as Vice Chair who is to preside over a meeting of the Board of Directors when the Chair is absent or when the Chair declares a conflict of interest which precludes them from presiding as Chair at that meeting;

"Voluntary Sector Governor"	A member of the Council of Governors appointed in accordance with this constitution from the voluntary sector.

1.2 Unless the contrary intention appears or the context otherwise requires, words or expressions contained in this constitution bear the same meaning as in the 2006 Act.

1.3 Reference in this constitution to legislation includes all amendments, replacements or re-enactments made, and all regulations, statutory guidance or directions.

1.4 Headings are for ease of reference only and do not affect interpretation.

1.5 References in this constitution to paragraphs are to paragraphs in the constitution.

1.6 All annexes referred to in this constitution form part of it.

1.7 This constitution is legally compliant with the 2006 Act as amended by the 2012 Act.

2. NAME

2.1 The name of this Trust is to be "York & Scarborough Teaching Hospitals NHS Foundation Trust".

2.2 The Trust is an NHS Foundation Trust authorised under the 2006 Act.

3. PRINCIPAL PURPOSE

3.1 The Trust's principal purpose is the provision of goods and services for the purposes of the health service in England.

3.2 The Trust does not fulfil its principle purpose unless, in each Financial Year, its total income from the provision of goods and services for the purpose of the Health Service in England is greater than its total income from the provision of goods and services for any other purpose.

3.3 The Trust may provide goods and services for any purpose related to:

3.3.1 The provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 The promotion and protection of public health.

3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

4. FUNCTIONS

4.1 The Trust shall provide goods and services related to the provision of health care in accordance with its statutory duties and the Licence.

4.2 The Trust may also carry out other activities, subject to any restrictions in its authorisation, for the purpose of making additional income available in order to better carry out its principal purpose.

4.3 The profits or surpluses of the Trust are not to be distributed (either directly or indirectly) amongst members.

4.4 The Trust shall exercise its functions effectively, efficiently and economically.

5. **POWERS**

5.1 The Trust is to have all the powers of an NHS Foundation Trust set out in the 2006 Act, subject to the Licence.

5.2 Without prejudice to the generality of those powers, the Trust may in particular:

5.2.1 provide hospital and other accommodation for the purposes of any of its activities;

5.2.2 acquire and dispose of property;

5.2.3 accept gifts of property (including property to be held on trust for the purposes of the Trust or for any purpose relating to the health service);

5.2.4 employ staff;

5.2.5 enter into contracts;

5.2.6 provide the services of medical, dental, midwifery and nursing staff, other health care professionals, other staff and volunteers;

5.2.7 borrow money for the purposes of, or in connection with, its functions subject to the limit set by the NHSI;

5.2.8 provide such other facilities for the care of expectant and nursing mothers and young children as it considers appropriate;

5.2.9 provide such facilities for the prevention of illness, the care of persons suffering from illness and the aftercare of persons who have suffered from illness as it considers appropriate;

5.2.10 provide such other services as it considers are required for the diagnosis and treatment of illness and the care of those suffering from illness;

5.2.11 conduct, or assist by grants or otherwise any person to conduct, research into any matters relating to the causation, prevention, diagnosis or treatment of illness and into any such other matters connected with any service provided by the Trust as it considers appropriate and publish the results of such research;

5.2.12 educate and train its own staff and students and those from other organisations or educational establishments in any trade, profession or other occupation relevant or related to any part of the Trust's functions and collaborate with other organisations in the provision of such education and training;

5.2.13 provide goods and services in England;

5.2.14 provide or assist in providing, information, training and support to voluntary and community bodies within the area of the Trust;

5.2.15 invest money (other than money held by it as a trustee) for the purpose of, or in connection with, its functions;

5.2.16 give financial assistance (whether by way of a loan, guarantee or otherwise) to any person for the purposes of or in connection with its functions;

5.2.17 raise charitable funds and, in so doing, appeal for any contribution, donation, grant or gift money or property;

5.2.18 provide and participate in external quality assurance schemes; and

5.2.19 carry out investigations into any aspect of the activities of the Trust.

5.3 Any power of the Trust to pay remuneration and allowances to any person includes the power to make arrangements for providing or securing the provision of pensions or gratuities (including payable by way of compensation for loss of employment or loss or reduction in pay).

5.4 In fulfilling its statutory duty to co-operate with another body, provide to that body, and receive from it, goods and services on such terms as the Trust considers appropriate including terms under which the goods or services are provided or received free of charge.

6. FRAMEWORK

6.1 The following paragraphs describe the governance arrangements within the Trust and set out the respective roles of Members, Governors and Directors.

6.2 Members

6.2.1 The members may vote at the elections of Public Governors or Staff Governors to the Council of Governors depending on their constituency. They may take part in consultation and opinion testing exercises conducted by the Trust and attend open meetings of the Trust. A member can apply for an advertised role as a Non-executive Director but may only be appointed if they meet the qualification criteria in paragraph 16(4) of Schedule 7 to the 2006 Act.

6.2.2 A member may stand for election to the Council of Governors for their constituency or, where applicable, Staff Group.

6.2.3 A member will receive care and treatment from the Trust on exactly the same basis as any other NHS patient (that is, whether they are a member or not).

6.2.4 Members will not be required to pay a subscription.

6.2.5 The Council of Governors may ask members for their views.

6.3 Council of Governors

6.3.1 The Trust is to have a Council of Governors. It is to consist of Public Governors, Staff Governors, Healthcare Organisation Governors, Local Authority Governors, a University Governor and Voluntary Sector Governor.

6.3.2 The role and responsibilities of the Council of Governors are to be carried out in accordance with the constitution and the Trust's Licence. The Council of Governors' role and responsibilities are set out more particularly at paragraph 8.15 of this constitution.

6.4 Board of Directors

6.4.1 The Trust shall be managed by the Board of Directors, who shall exercise all the powers of the Trust subject to any contrary provisions of the 2006 Act as given effect by this constitution.

6.4.2 The Board of Directors will have the roles and responsibilities set out in paragraph 9.6 of this constitution.

6.5 General provision

6.5.1 Any dispute or complaint arising from the application of the procedures set out in the constitution, or any aspect of the membership or election arrangements for the Trust, will be resolved by the Secretary in consultation with the Chair and the Chief Executive.

7. MEMBERSHIP

7.1 The Trust is to have two membership constituencies, namely:

7.1.1 a public constituency (comprising seven separate public areas); and

7.1.2 a staff constituency (comprising of three staff groups).

7.2 A person, who is a member of a constituency, or of a staff group within a constituency, may not (while that membership continues) be a member of any other constituency or staff group.

7.3 A person may become a member by application to the Trust in accordance with this constitution or, where so provided for in this constitution, by being invited by the Trust to become a member of a staff group in accordance with paragraph 7.5 below.

7.4 Where a person applies to become a member, the Trust shall consider their application for membership as soon as reasonably practicable following receipt and unless that person is ineligible or is disqualified from membership in accordance with the terms of this constitution, the Secretary shall cause their name to be entered forthwith in the register of members and that person shall thereupon become a member.

7.5 Where a person is invited by the Trust to become a member of a staff group within the staff constituency in accordance with paragraph 7.8.1 that person shall automatically become a member and shall have their name entered on the register of members unless within the period specified in the said invitation, that person has informed the Trust that they do not wish to become a member.

7.6 Any person shall become a member on the date upon which their name is entered on the register of members and that person shall cease to be a member upon the date on which their name is removed from the register of members as provided for in this constitution.

7.7 Public Constituency

7.7.1 The public constituency comprises seven areas which are set out and named in Annex 1. Members of the Trust who are members of a public constituency are to be persons:

(a) who live in the area of that public constituency as set out in Annex 1 as evidenced by their name appearing on the electoral roll for their place of residence which shall be within that said area or where the Secretary is otherwise satisfied that they live in the area of the Trust; and

(b) who have each made an application for membership to the Trust;

(c) who are not members of the staff constituency; and

(d) who are not disqualified from membership under paragraph 7.9.

7.7.2 Membership of a public constituency is available to persons who satisfy the criteria at paragraph 7.7.1. The Trust is to ensure as far as reasonably practicable, taken as a whole, that the actual membership of the Trust's public constituency is representative of those eligible for membership.

7.8 The minimum number of members required for each area of the public constituency is set out at paragraph 1 of Annex 1.

7.8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:

(a) they are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or

(b) been continuously employed by the Trust under a contract of employment for at least 12 months.

7.8.2 Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months and have been invited by the Trust to become a member of the relevant staff group and have not, within a period of 14 days commencing with the date of the said invitation, notified the Trust in writing that they do not wish to become a member.

7.8.3 The staff constituency is to be divided into three staff groups as follows:

(a) Scarborough & Bridlington staff group: all staff whose designated base hospital is either Scarborough General Hospital or Bridlington and District Hospital;

(b) Community staff group: all staff whose designated base hospital is Malton Community Hospital, The New Selby War Memorial Hospital, St Monica's Hospital, Easingwold and any other staff who are designated as "Community" staff and therefore do not have a designated base hospital as they work mainly with patients in a non-acute setting, including those members of staff who are engaged in support functions in connection with such services; and

(c) York staff group: all staff whose designated base hospital is York Hospital, White Cross Court Rehabilitation Hospital, St Helens Rehabilitation Hospital, or and any other staff not included in either of the above definitions

7.8.4 An individual who satisfies the criteria for membership of the staff constituency may not become, or continue, as a member of any constituency other than the staff constituency.

7.8.5 The minimum number of members for each staff group is as follows:

(a) Scarborough & Bridlington staff group 200;

(b) Community staff group 100; and

(c) York staff group 200.

7.9 Disqualification from membership

7.9.1 A person is disqualified from being a member of the Trust if:

(a) they are under the age of 16; or

(b) they do not meet the requirements set out at paragraphs 7.7 or 7.8; or

(c) their membership has previously been terminated; or

(d) the Council of Governors resolves for reasonable cause that the individual becoming a member would or would be likely to:

(i) prejudice the ability of the Trust to fulfil its principle purpose or other of its purposes under this constitution or otherwise to discharge its duties and functions; or

(ii) harm the Trust's work with other persons or bodies with whom it is engaged or may be engaged in the provision of goods and services; or

(iii) harm the Trust's work with other persons or bodies with whom it is engaged or may be engaged in the provision of goods and services; or

(iv) otherwise bringing the Trust into disrepute.

7.9.2 It is the responsibility of members, not the Trust, to ensure their eligibility for membership, but the Secretary will take reasonable steps to verify eligibility from the information collected through membership registrations and, where the Trust is on notice that a member may have ceased to be eligible for membership, the Secretary shall carry out all reasonable enquiries to establish if this is the case.

7.10 Termination of membership

7.10.1 A member shall cease to be a member if they:

(a) die;

(b) resign by notice to the Foundation Trust Secretary;

(c) cease to fulfil the requirements of paragraphs 7.2 and 7.7 to 7.9; or

(d) becomes disqualified from membership by reason of paragraph 7.9.

7.10.2 Staff will automatically cease to be eligible for membership of the staff constituency upon termination of their employment with the Trust.

7.10.3 Former employees will be eligible for membership of the public constituency if they live within one of the areas of the Trust as set out in Annex 1.

7.11 Voting at Governor elections

7.11.1 A person may not vote at an election for a Public Governor unless at the time of voting he has made a declaration in the specified form of the particulars of his qualification to vote as a member of the public constituency and, it is an offence, under section 60 of the 2006 Act, to knowingly or recklessly make such a declaration that is false in a material particular.

7.11.2 A person entitled to vote for a Staff Governor shall make a similar declaration to that at paragraph 7.11.1 above save that section 60 of the 2006 Act does not apply in such a case.

7.11.3 The Governor elections will be held in accordance with the provisions of Annex 3.

8. COUNCIL OF GOVERNORS

8.1 The Council of Governors shall comprise 3027 Governors.

8.2 The Council of Governors of the Trust is to include the following Governors, as are detailed more particularly below and at Annex 1:

8.2.1 16 Public Governors elected in accordance with paragraph 8.4;

8.2.2 75 Staff Governors elected in accordance with paragraph 8.5 whereby:

(a) 32 Staff Governors are to be elected by the Scarborough & Bridlington Staff Group;

(b) 1 Staff Governor is to be elected by the Community Staff Group; and

(c) 32 Staff Governors are to be elected by the York Staff Group;

8.2.3 31 Local Authoritiesy Governors appointed in accordance with paragraph 8.6 and 8.8.

8.2.4 2 Governors appointed from any organisation that has an involvement with the Trust around the provision of Trust services appointed in accordance with paragraph 8.7.

8.2.5 1 University Governor appointed in accordance with paragraph 8.6 and 8.9.

8.2.6 1 Voluntary Sector Governor appointed in accordance with paragraph 8.10.

~~8.2.7 1 York Teaching Hospital Facilities Management LLP Governor appointed in accordance with paragraph 8.11~~

8.3 The aggregate number of members of Public Governors is to be more than half the total membership of the Council of Governors.

8.4 Public Governors

8.4.1 Members of a public constituency may elect any of their number to be a Public Governor in accordance with the Election Scheme at Annex 2.

8.4.2 Members of a public constituency may stand for election as a Public Governor in respect of their respective area.

8.4.3 If contested, the election must be by secret ballot.

8.4.4 A member of a public constituency who stands for election as a Public Governor must make a declaration as to their eligibility in accordance with sections 60(2) of the 2006 Act. Under section 60(6) of the 2006 Act it is an offence to knowingly or recklessly make a declaration which is false in a material particular.

8.4.5 A Public Governor

(a) shall hold office for a maximum period of three years;

(b) is eligible for re-election at the end of that initial period;

(c) may be subsequently re-elected provided that they may serve no more than a maximum of sixnine years in office in aggregate; and

(d) ceases to hold office if they cease to be a member of the Trust.

8.5 Staff Governors

8.5.1 Staff Members may elect any of their number to be a Staff Governor in accordance with the Election Scheme at Annex 2.

8.5.2 Members of the staff constituency may stand for election as a Staff Governor for their staff group.

8.5.3 If contested, the election must be by secret ballot.

8.5.4 A Staff Governor:

(a) shall hold office for a maximum period of three years;

(b) is eligible for re-election at the end of that initial period;

(c) may be subsequently re-elected provided that they may serve no more than a maximum of ~~nine~~ six years in office in aggregate; and

(d) ceases to hold office if they cease to be a member of the Trust' staff.

8.6 Appointed Governors

8.6.1 The arrangements by which the organisations referred to at paragraphs 8.2.3 to 8.2.6 may appoint members of the Council of Governors are described in paragraphs 8.7 to 8.10 below.

8.7 Healthcare Organisations

8.7.1 The Healthcare Organisations will at the request of the Trust coordinate the appointment of 2 Healthcare Organisation Governors to represent those Healthcare Organisations listed in Annex 1.

8.7.2 A Healthcare Organisation Governor:

(a) shall hold office for a maximum period of three years;

(b) is eligible for re-appointment at the end of that initial period;

(c) may be subsequently re-appointed provided that they may serve no more than a maximum of nine years in aggregate; and

(d) ceases to hold office for the Healthcare Organisation which has appointed them or withdraws its appointment of them.

8.8 Local Authority Governors

8.8.1 3 ~~A~~ Local ~~Government Partnership~~ Authorities Governors shall be appointed ~~who will co-ordinate and~~ to represent all Local Authorities within the Trust's geographical area.

8.8.2 The Local Authority Partnership Governors:

(a) shall hold office for a maximum period of three years;

(b) is eligible for re-appointment at the end of that initial period;

(c) may be subsequently re-appointed provided that they may serve no more than a maximum of nine years in aggregate; and

(d) ceases to hold office if a Local Authority which has appointed them withdraws its appointment of them.

8.9 University Governor

8.9.1 A University Governor is to be appointed by the University of York in accordance with a process agreed with the Secretary.

8.9.2 A University Governor:

(a) shall hold office for a maximum period of three years;

(b) is eligible for re-appointment at the end of that initial period;

(c) may be subsequently re-appointed provided that they may serve no more than a maximum of nine years in aggregate; and

(d) ceases to hold office if the University of York which has appointed them withdraws its appointment to them.

8.10 Voluntary Sector Governor

8.10.1 One Voluntary Sector Governor shall be appointed to represent the interests of all relevant voluntary organisations in the Area of the Trust.

8.10.2 The Voluntary Sector Governor:

(a) shall hold office for a maximum period of three years;

(b) is eligible for re-appointment at the end of that initial period;

(c) may be subsequently re-appointed provided that they may serve no more that a maximum of nine years in aggregate; and

(d) ceases to hold office if the voluntary organisation which has appointed them withdraws its appointment of them.

~~8.11 York Teaching Hospital Facilities Management LLP Governor~~

~~8.11.1 The York & Scarborough Teaching Hospital Facilities Management LLP Governor:~~

~~(a) shall hold office for a maximum period of three years;~~

~~(b) is eligible for re-appointment at the end of that initial period;~~

~~(c) may be subsequently re-appointed provided that they may serve no more than a maximum of nine years in aggregate; and~~

~~(d) ceases to hold office if the York & Scarborough Teaching Hospital Facilities Management LLP which has appointed them withdraws its appointment of them or they retire from that appointment.~~

8.12 Disqualification from being a Governor

8.12.1 A person may not become a Governor (and if already holding office shall immediately cease to do so) if:

(a) they are a Director of the Trust or a Director of another NHS Foundation Trust;

(b) they are a Governor of another NHS Foundation Trust;

(c) they are a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986)

(d) they have been made bankrupt or their estate has been sequestrated and in either case has not been discharged;

(e) they have made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it;

(f) they have within the preceding five years been convicted in the British Islands of any offence, and 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 them;

(g) they have in the preceding two years been dismissed by the Trust or any predecessor organisation, or in the case of another organisation, on any grounds other than redundancy;

(h) they have been excluded from the Trust's premises because of abusive or violent behaviour; and has been appropriately notified to that effect by the Chief Executive;

(i) they are a member of a Local Authority Overview and Scrutiny Committee for Health (Social Affairs and Health Scrutiny Commission);

(j) they lack capacity as defined by the Mental Capacity Act 2005;

(k) they are a vexatious complainant, in the opinion of the Board of Directors, who has persistently and without reasonable grounds made any unjustified complaint(s) the effect of which is to subject the Trust (or any of its staff, agents, patients or carers) to inconvenience, harassment or expense;

(l) their name has been placed on a Safeguarding Register; or

(m) they are a strategic member of a health monitoring organisation that would create a conflict of interest.

8.12.2 Where a person appointed as a Governor becomes disqualified from serving in that capacity by nature of paragraph 8.12.1, they shall notify the Secretary in writing without delay.

8.13 Eligibility, termination of office and removal of Governors

8.13.1 A person holding office as a Governor shall cease to do so if:

(a) they resign from that office by giving notice in writing to the Secretary;

(b) in the case of a Public Governor they cease to be a member of the public constituency by which they were elected;

(c) in the case of a Staff Governor they cease to be employed by the Trust or cease to be a member of the staff group by which they were elected;

(d) in the case of a Healthcare Organisation Governor, a Local Authority Governor, University Governor and Voluntary Sector Governor the organisation which has appointed them withdraws their appointment of them, or, if that appointment arises from their

employment by the appointing organisation, they cease to be employed by the appointing organisation;

(e) they are a person whose tenure of office as a Chair, or as a member or director of a Health Service Body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

(f) they have failed to abide by the terms of any declaration made on nomination or appointment, or abide by any code of values and principles which the Trust may publish from time to time;

(g) they have failed to declare an interest in accordance with Standing Orders or, contrary to the Standing Orders, has voted at a meeting on a matter on which they have an interest, or has failed to declare any interest to the Secretary as required by this constitution or the Standing Orders whereby in this context 'interests' includes a pecuniary or a non-pecuniary interest whether direct or indirect;

(h) they refuse or fail to agree to a request from the Trust that a check be carried out through the Disclosure and Barring Services (DBS) or any such other security check that may be deemed appropriate; or

(i) they die or become mentally incapacitated to a degree that they cannot perform the role. .

8.13.2 Where a person appointed as a Governor ceases to be eligible to serve in that capacity by virtue of paragraph 8.12.1 or 8.12.2 they shall notify the Secretary in writing without delay.

8.13.3 Consideration will be given to the removal of a Governor if they breach the:

(a) requirements for attendance at the Council of Governor meetings set by the Council of Governors and detailed in the Council of Governors' Standing Orders;

(b) eligibility criteria as contained within the legislation and as set out in paragraph 8.12 above.

8.13.4 Removal of a Governor from the Council of Governors will require the approval of a majority of the Governors present at a general meeting of the Council of Governors.

8.13.5 The Governor concerned will be eligible to make representation to the Council of Governors but not to vote on any resolution relating to his removal or any associated issue.

8.14 Vacancies

8.14.1 Where an elected Public Governor or Staff Governor ceases to hold office within six months of their appointment, the Trust shall offer the candidate who is not currently a Governor and who secured the second highest number of votes in the last election for the staff group or public constituency in which the vacancy has arisen ("the reserve candidate") the opportunity to assume the vacant office for the unexpired balance of that Governor's term of office. If the reserve candidate does not accept the invitation to fill the vacancy, it will then be offered to the reserve candidate who secured the next highest number of votes until the vacancy is filled.

8.14.2 If no such reserve candidate is available or willing to fill the vacancy, or if the vacancy occurs more than six months after the retiring Governor's appointment, an election will then be held in accordance with the Election Scheme save that if an election is due to be held within six months of the vacancy having arisen, the office will stand vacant until the next scheduled election.

8.14.3 The returning officer under the election scheme shall maintain a record of votes cast at each election for the above purposes and the returning officer shall conduct or shall oversee the process set out in the preceding paragraphs.

8.14.4 Local Authority Governors, Healthcare Organisation Governors, the University Governor and Voluntary Sector Governor are to be replaced in accordance with a processes agreed with the appointing organisations and the initial term of office of those replacement Governors shall be as for the unexpired balance of the retiring Governor's term of office.

8.15 Roles and responsibilities of Governors

8.15.1 The Council of Governors will:

(a) decide at a general meeting of the Council of Governors held in public the remuneration and allowances and other terms and conditions of the office of the Chair and Non-executive Directors;

(b) appoint or remove the Chair and other Non-executive Directors at a general meeting;

(c) appoint or replace the Trust's auditor at a general meeting;

(d) be presented with the annual accounts, auditors' report, the annual report and the quality report and any comment from the auditors at a general meeting;

(e) approve an appointment (by the Non-executive Directors) of the Chief Executive of the Trust;

(f) provide the views of the Council of Governors to the Board of Directors for the purposes of the preparation by the Board of Directors of the document containing information as to the Trust's forward planning in respect of each financial year to be given to NHSI;

(g) receive and consider the views of the members on matters of significance to the future plans of the Trust;

(h) respond appropriately when asked for its views by the Board of Directors in accordance with this constitution;

(i) to require one or more of the Directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust or Directors' performance); and

(j) if NHSI has appointed a panel for advising governors, vote on whether to approve the referral of a question by a Governor to the panel.

8.15.2 The general duties of the Council of Governors are:

8.15.3 hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors; and

8.15.4 to represent the interests of members of the Trust as a whole and the interests of the public.

8.15.5 The removal of the Chair or a Non-executive Director under paragraph 8.15.1(b) shall require the approval of three-quarters of the members of the Council of Governors.

8.15.6 The Council of Governors may appoint committees and subcommittees consisting of Governors to advise and assist the Council of Governors in carrying out its functions, e.g. a nominations committee and/or a remuneration committee.

8.15.7 The Chair or Vice Chair, as the case may be, shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press so as to ensure that the Council of Governors' business shall be conducted without interruption and disruption.

8.15.8 Without prejudice to the generality of paragraph 8.15.7, meetings of the Council of Governors are to be open to members of the public except in the following circumstances:

(a) during the consideration of any material or discussion in relation to a named person employed by or proposed to be employed by the Trust;

(b) during the consideration of any material or discussion in relation to a named person who is or has been or is likely to become a patient of the Trust or a carer in relation to such patient;

(c) during the consideration of any matter which, by reason of its nature, the Council of Governors is satisfied should be dealt with on a confidential basis: and/or

(d) a direction is given by the Chair or Vice Chair, as the case may be, in accordance with paragraph 8.15.7.

8.15.9 The Council of Governors is to meet at least 4 times per year. These meetings will, subject to paragraph 8.15.8, be held in public.

8.15.10 The quorum for meetings of the Council of Governors will be nine and the majority of the Governors comprising quorum present must be elected Governors.

8.15.11 The Council of Governors is to adopt its own Standing Orders for its practice and procedure, in particular for its procedure at meetings (including general meetings), as required by paragraph 14(1)(c) of Schedule 7 to the 2006 Act, but these shall be in accordance with Annex 4 and paragraph 10.1.

8.16 Conflicts of interest of Governors

8.16.1 If a Governor has a pecuniary interest, whether direct or indirect, in any contract, proposed contract or other matter which is under consideration by the Council of Governors, they shall disclose that to the rest of the Council of Governors as soon as they are aware of it. Arrangements for excluding Governors from discussions or consideration of the contract, or other matters as appropriate, are set out at paragraph 11.

9. BOARD OF DIRECTORS

9.1 The Trust is to have a Board of Directors. It is to consist of Executive Directors and Non-executive Directors.

9.2 The Board of Directors is to include up to:

9.2.1 the following Non-executive Directors:

(a) a Chair; and

(b) the option of having 7 other Non-executive Directors, 1 of which (at any one time) can cover Yorkshire and the Humber; and

9.2.2 the following Executive Directors:

(a) a Chief Executive, who shall also be the Accounting Officer;

(b) a Director of Finance;

(c) a Medical Director, who shall be a registered medical practitioner or a registered dentist (within the meaning specified in the Dentists Act 1984);

(d) a registered nurse or registered midwife; and

(e) and three other Executive Directors.

9.3 Vacancies for Chair and Non-executive Directors

9.3.1 The following provisions shall apply in circumstances where a vacancy arises on the Board of Directors in respect of the Chair or other Non-executive Directors:

(a) all vacancies for appointment as Chair or Non-executive Director shall be advertised;

(b) the Chair or other Non-executive Director whose term of office has expired but who is entitled to hold office for a further term may be considered for reappointment; and

(c) all Non-executive Directors including the Chair, shall be eligible to serve ~~a maximum of~~ six~~nine~~ years. ~~The final three~~ Any further extension ~~years~~ will be assessed on a year by year basis subject to performance up until a maximum of a further 3 years.

9.3.2 A committee of the Council of Governors will be formed to assist the Council of Governors to undertake the appointment of the Chair and Non-executive Directors. The Chair of the Trust shall chair this committee (and any sub-committees) for the appointment of Non-executive Directors.

9.3.3 For the appointment of the Chair, the Lead Governor will chair the committee (and any sub-committees).

9.3.4 If a Chair is suspended from their appointment or is on long-term sick leave, the Council of Governors (with support and advice from the Chief Executive) may appoint another person as Chair in an acting capacity.

9.4 Executive Directors' terms of office

9.4.1 The terms and conditions of office for all Executive Directors shall be decided by the remuneration committee of the Board of Directors, comprising the Chair and other Non-executive Directors.

9.4.2 Chief Executive:

(a) The Chief Executive shall be appointed by and shall hold office in accordance with the terms and conditions of office decided by, and be removed by, an appointment committee which consists of the Non-executive Directors; and

(b) the appointment of a Chief Executive shall require the approval of the Council of Governors at a general meeting.

9.4.3 Executive Directors:

(a) The Executive Directors, other than the Chief Executive, shall be appointed by and be removed by an appointment committee consisting of the Chair, the Chief Executive and the other Non-executive Directors and led by the Chief Executive.

(b) The remuneration and allowances and the other terms and conditions of office of the Executive Directors shall be determined in accordance with paragraph 9.4.1.

9.4.4 On termination of their contract of employment, an Executive Director shall cease to be a member of the Board of Directors.

9.4.5 If an Executive Director is suspended from their contract of employment or is on long-term sick leave, the Chair and Non-executive Directors in the case of the Chief Executive, and the Chief Executive in the case of the other Executive Directors, may appoint another person as an Executive Director in an acting capacity in his place.

9.5 Disqualification from being a Director

9.5.1 A person may not become or continue as a Director of the Trust if:

(a) they have been made bankrupt or their estate has been sequestrated and in either case has not been discharged;

(b) they are a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

(c) they have made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;

(d) they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;

(e) in the case of the Chair and Non-executive Director, they no longer meet the requirements of paragraph 16(4) Schedule 7 to the 2006 Act;

(f) they are a person whose tenure of office as a Chair or as a member or director of a Health Service Body has been terminated on the grounds that their appointment is not in the interests of public service, for non-attendance at meetings or for non-disclosure of a pecuniary interest;

(g) their name has been placed on a Safeguarding Register;

(h) they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment by a Health Service Body;

(i) they fail to declare an interest in accordance with Trust's Standing Orders for the Board of Directors or, contrary to the Standing Orders for the Board of Directors, has voted at a meeting on a matter in which they have an interest or has failed to declare any interest to the Secretary as required by this constitution or the Standing Orders for the Board of Directors and, in this sub-paragraph, interest includes a pecuniary or non-pecuniary interest, in either case whether direct or indirect;

(j) they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;

(k) in the case of a Non-executive Director they have refused, without reasonable cause, to fulfil any training requirement established by the Board of Directors;

(l) they have failed without reasonable cause, to sign and deliver to the Secretary a statement in the form required by the Board of Directors confirming acceptance of the code of conduct for Directors or

(m) a person who does not satisfy all of the requirements of Regulation 5(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014/2936 (as amended or updated from time to time). – (fit and proper person test)

9.6 Roles and responsibilities of the Board of Directors

9.6.1 The general duty of the Board of Directors, and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

9.6.2 The duties that a Director of the Trust has by virtue of being a Director include in particular:

9.6.3 a duty to avoid a situation in which the Director has (or can have) a direct of indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

(a) a duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

9.6.4 The duty referred to in paragraph 9.6.3 is not infringed if:

(a) the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or

(b) the matter has been authorised in accordance with Trust policy.

9.6.5 The duty referred to in paragraph 9.6.3(a) is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest and "third party" in that paragraph means a person other than the Trust or a person acting on its behalf.

9.6.6 All the powers of the Trust are to be exercisable by the Board of Directors on its behalf. Any of those powers may be delegated to a committee of Directors or to an Executive Director.

9.6.7 The Board of Directors will decide the strategic direction of the Trust, set the targets for the Trust's performance and direct the management of the Trust.

9.6.8 The Board of Directors will establish a committee of Non-executive Directors as an audit committee to monitor, review and carry out such other functions in relation to the auditors and to the audit functions of the Trust as appropriate.

9.6.9 The Board of Directors will establish a committee of Non-executive Directors as a remuneration committee to decide the remuneration and allowances and the terms and conditions of office of the Executive Directors.

9.6.10 The Chair and Non-executive Directors shall appoint or remove the Chief Executive. The appointment of the Chief Executive is subject to the approval of the Council of Governors.

9.6.11 It is for a committee consisting of the Chair, the Chief Executive and other Non-executive Directors to appoint or remove an Executive Director.

9.6.12 The Board of Directors is to prepare the information as to the Trust's forward planning in respect of each financial year to be given to NHSI and in doing so shall have regard to the views of the Council of Governors.

9.6.13 The Board of Directors is to present the Council of Governors at a meeting held no later than the end of September each year with the annual accounts, annual report and quality report and ask the Council of Governors to consider any reports of the auditors on them.

9.6.14 The functions of the Trust under sub-paragraphs 15.5 to 15.7 are delegated to the Chief Executive as Accounting Officer.

9.7 Qualification for appointment as a Non-executive Director

9.7.1 They are a member of a Public Constituency, or

9.7.2 They are a member of the Patients' Constituency, or

9.7.3 Where any of the Trust's hospitals includes a medical or dental school provided by a university, they exercise functions for the purpose of that university, and

9.7.4 They are not disqualified by virtue of paragraph 9.5 above.

10. MEETINGS

10.1 Meeting of the Council of Governors

10.1.1 The Chair is to preside at meetings of the Council of Governors. In the absence of, or at the request of, the Chair, the Vice Chair of the Board of Directors will preside at meeting of the Council of Governors. Where both the Chair and the Vice Chair are unable to preside over a meeting of the Council of Governors, the Lead Governor will do so subject to paragraph 11.12.

10.1.2 A record of each meeting will be kept.

10.1.3 Subject to paragraph 8.15.8 meetings of the Council of Governors are to be open to the public. The Council of Governors may, by resolution and for special reasons, exclude the public from the whole or part of a meeting in accordance with the provisions made in its Standing Orders.

10.1.4 A Governor may only vote at a meeting of the Council of Governors if he is not within paragraph 8.12 and 8.13.1 and in the case of a Public Governor, or Staff Governor, he is a Member of the Trust.

10.2 Meetings of Board of Directors

10.2.1 The Chair is to preside at meetings of the Board of Directors. In the absence of the Chair, a Non-executive Director appointed by the Board of Directors as the Vice Chair of the Board of Directors will preside at meetings.

10.2.2 The Board of Directors is to adopt Standing Orders covering the proceedings and business of the meetings of the Board of Directors which are appended to the constitution.

10.2.3 The proceedings of the Board of Directors shall not be invalidated by any vacancy in its membership or any defect in a Director's appointment.

10.2.4 Meetings of the Board of Directors shall be open to the public. Members of the public may be excluded from a meeting for special reasons.

10.2.5 A record of the meeting will be kept.

10.3 An Annual General Meeting of the Trust that will be open to the public shall be held prior to 31 October each year at which Members and members of the public will be presented with the annual accounts, annual report, quality report and any report of the auditor on them.

10.4 Committees and sub-committees

10.4.1 Meetings of any committees and sub-committees of the Council of Governors or the Board of Directors shall not be open to the public.

10.5 Joint meetings of the Council of Governors and the Board of Directors

10.5.1 Joint meetings between the Council of Governors and the Board of Directors will be held at least once a year.

10.5.2 The Chair shall preside at joint meetings of the Council of Governors and the Board of Directors. In the absence of, or at the request of, the Chair the Vice Chair of the Board of Directors will preside at such meetings.

10.5.3 Joint meetings of the Council of Governors and the Board of Directors shall be held for special reasons and to discuss confidential and commercial matters and shall not be open to the public.

10.6 Remuneration and expenses

10.6.1 Governors are not to receive remuneration for serving as Governors.

10.6.2 The Trust may pay travelling and other expenses to Governors at such rates as the Board of Directors may decide.

10.6.3 The remuneration and allowances for Non-executive Directors set by the Council of Governors are to be published in the annual report.

10.6.4 The Secretary will set out guidelines for the Council of Governors on the remuneration and allowances for Non-executive Directors.

11. DECLARATION OF INTERESTS

11.1 Pursuant to paragraph 20 of Schedule 7 to the 2006 Act, a register of Directors' interests and a register of Governors' interests shall be kept by the Trust.

11.2 All existing Directors (including for the purposes of this constitution, Non-executive Directors) and Governors shall declare relevant and material interests. Any Director or Governor appointed or elected subsequently shall do so on appointment or election.

11.3 Interests which should be regarded as "relevant and material" and which, for the avoidance of doubt, should be included in the register, are:

11.3.1 directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);

11.3.2 ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

11.3.3 majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;

11.3.4 a position of authority in a charity or voluntary organisation in the field of health and social care;

11.3.5 any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services; or

11.3.6 any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks.

11.3.7 a direct or indirect interest in a proposed transaction or arrangement with the Trust unless the relevant person is unaware of the interest or unaware of the transaction or arrangement

11.4 If Directors or Governors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair or Secretary.

11.5 A person need not declare an interest:

11.5.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest;

11.5.2 if, or to the extent that, the Trust is already aware of it;

11.5.3 if, or to the extent that, it concerns terms of a Director's appointment that have been or are to be considered by a meeting of the Board of Directors or by a committee of the Directors appointed for the purpose under this constitution.

11.6 At the time the said interests are declared, they shall be recorded by the Secretary in the Board of Directors' or Council of Governors' minutes, as appropriate. Any changes in interests shall be officially declared at the next Board of Directors' or Council of Governors' meeting, as appropriate, following the change occurring. It is the obligation of the Director or Governor, on becoming aware of the existence of a relevant or material interest, to inform the Secretary before or at the next general meeting of the Board or Council. The Secretary shall amend the relevant register upon being notified.

11.7 The details of Directors' and Governors' interests recorded in the relevant register shall be kept up to date by means of a monthly review of the register carried out by the Secretary, during which any changes of interests declared during the preceding month will be incorporated.

11.8 Subject to contrary regulations being passed, a register will be available for inspection by the public free of charge.

11.9 Copies or extracts of the register must be provided to members upon request free of charge and within a reasonable time period of the request. A reasonable charge may be imposed on non-members for copies or extracts of a register.

11.10 If, during the course of a meeting of the Board of Directors or Council of Governors, a conflict of interest is established the Director or Governor concerned shall withdraw from the meeting and play no part in the relevant discussion or decision. For the avoidance of doubt, this includes voting on such an issue where a conflict is established.

11.11 If there is a dispute as to whether a conflict of interest exists, the majority of Governors or Directors (as the case may be) present at the meeting shall resolve the issue, with the Chair having a casting vote.

11.12 If, in relation to paragraph 11.10, the Chair has a conflict of interest, the Vice Chair of the Board of Directors shall be entitled to exercise the casting vote. If the Vice Chair has a conflict of interest, the Lead Governor shall be entitled to exercise the casting vote at the Council of Governors meeting. If the Lead Governor is not present or has a conflict of interest, a Governor from the public constituency (in respect of the Council of Governors) shall be nominated to preside and exercise the casting vote. In respect of the Board of Directors, a Non-executive Director (in respect of the Board of Directors), shall be nominated to preside and to exercise the casting vote. The nomination shall in each case be approved by a majority vote of those present at the meeting.

11.13 Any travelling or other expenses or allowances payable to a Governor in accordance with this constitution shall not be treated as a pecuniary interest.

11.14 Subject to any other provision of this constitution, a Governor or Director shall be treated as indirectly having a pecuniary interest in a contract, proposed contract or other matter, if:

11.14.1 they, or a nominee , are a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or

11.14.2 they are a partner of, or is in the employment of, a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration.

11.15 A Governor or Director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

11.15.1 of their membership of a company or other body if they have no beneficial interest in any securities of that company or other body; or

11.15.2 of an interest in any company, body or person with which they are connected as mentioned in the preceding sub-paragraph which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Governor in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

11.16 Where a Governor or Director:

11.16.1 has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body; and

11.16.2 the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company of body, whichever is less; and

11.16.3 if the share capital is of more than one class, the total nominal value of shares of any one class in which they have a beneficial interest does not exceed one-hundredth of the total issued share capital of that class,

11.16.4 the Governor or Director shall not be prohibited from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice to their duty to disclose their interest.

11.17 The Standing Orders of each of the Board of Directors and the Council of Governors respectively may make further provision in relation to interests and the requirement to declare an interest.

12. REGISTERS

12.1 The Trust is to have:

12.1.1 a register of members showing, in respect of each member, the constituency or staff group to which they belong;

12.1.2 a register of members of the Council of Governors;

12.1.3 a register of interests of members of the Council of Governors;

12.1.4 a register of members of the Board of Directors; and

12.1.5 a register of interests of the members of the Board of Directors.

12.2 The Secretary shall be responsible for compiling and maintaining the registers. Removal from any register shall be in accordance with the provisions of this constitution. The Secretary shall update the register with new or amended information as soon as is practical through a regular review of the registers.

12.3 Register of Members

12.3.1 The Trust shall maintain a register of members and all members of the public constituency must, at the request of the Trust, complete and sign a membership data form in the format prescribed by the Trust, containing such information regarding that member as the Trust may require for the purposes of compiling the register of members and in ensuring that the same is kept up to date as appropriate.

12.3.2 The Secretary shall maintain the register in two parts:

(a) part one shall include the name of each member and the constituency or staff group to which they belong and shall be open to inspection by the public in accordance with paragraph 13;

(b) part two shall contain all the information from the application form and shall not be open to inspection by the public nor may copies or extracts from it be made available to any third party.

12.3.3 Notwithstanding this provision the Trust shall extract such information as it needs, in aggregate, to satisfy itself in accordance with Annex 1 of this constitution that the actual membership of the Trust is representative of those eligible for membership.

12.4 The Trust shall maintain a register of members of the Council of Governors and the said register shall list the names of members of the Council of Governors, their category of membership (public, staff or partnership organisation represented) and an address through which they may be contacted (which may be via the Trust).

12.5 Register of interest of the members of the Council of Governors

12.5.1 The Trust shall maintain a register of interests of the members of the Council of Governors and each member of the Council of Governors shall complete and sign a form as prescribed by the Secretary setting out any interests to be declared and the register shall contain the names of all members of the Council of Governors and any interests declared, including the fact that no interests have been declared.

12.6 Register of the members of the Board of Directors

12.6.1 The Trust shall maintain a register of the members of the Board of Directors and that register shall list the names of members of the Board of Directors, their capacity on the Board and an address through which they may be contacted (which may be via the Trust).

12.7 Register of interest of the members of the Board of Directors

12.7.1 The Trust shall maintain a register of interests of the members of the Board of Directors and each member of the Board of Directors shall complete and sign a form as prescribed by the Secretary setting out any interests to be declared and the register shall contain the names of the members of the Board of Directors and any interest declared, including the fact that no interests have been declared.

12.8 The Secretary will send to NHSI a list of the persons who are elected or appointed as:

12.8.1 the members of the Council of Governors;

12.8.2 the members of the Board of Directors.

13. PUBLIC DOCUMENTS

13.1 The following documents of the Trust are to be available for inspection by members of the public free of charge at all reasonable times:

13.1.1 a copy of the current constitution;

13.1.2 a copy of the current authorisation;

13.1.3 the registers referred to in paragraph 12.1 subject to the provisions of paragraph 12.3 and paragraph 13.3;

13.1.4 a copy of the latest annual accounts and of any report of the auditor on them;

13.1.5 a copy of the latest annual report;

13.1.6 a copy of the latest information sent to NHSI as to the Trust's forward planning;

13.1.7 a copy of any notice given under section 52 of the 2006 Act (NHSI's notice to failing NHS foundation trust);

13.1.8 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;

13.1.9 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act;

13.1.10 a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act;

13.1.11 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;

13.1.12 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;

13.1.13 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (NHSI's decision), 65KB (Secretary of State's response to NHSI decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;

13.1.14 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;

13.1.15 a copy of any final report published under section 65I (administrator's final report);

13.1.16 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act; and

13.1.17 a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

13.2 Subject to the provision of paragraphs 13.3, 13.4 and 13.5, any person who requests it is to be provided with a copy or extract from any of the above documents.

13.3 The registers mentioned above are to be made available for inspection by members of the public, except (in relation to the register of members) the details of any member who has requested that the Trust not make their details available for inspection, in accordance with the Public Benefit Corporation (Register of Members) Regulations 2004 or as otherwise as prescribed by regulations made under the 2006 Act.

13.4 Insofar as those registers are required to be available:

13.4.1 they are to be available free of charge at all reasonable times; and

13.4.2 a person who requests it is to be provided with a copy of or extract from them.

13.5 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for providing the copy or extract.

14. AUDITOR

14.1 The Trust is to have an auditor and is to provide the auditor with every facility and all information, which they may reasonably require for the purposes of their functions under the 2006 Act.

14.2 A person may only be appointed auditor to the extent that they (or it) meet one of the requirements at paragraph 23(3) of Schedule 7 to the 2006 Act if they (or in the case of a firm each of its members) meets one or more of the criteria at paragraph 23(4) of Schedule 7 to the 2006 Act.

14.3 Appointment of the auditor by the Council of Governors shall be in accordance with paragraph 8.10.2(c), and monitoring of the auditor's functions by a committee of Non-executive Directors shall be as provided in paragraph 9.6.8.

14.4 The Trust's auditor is to carry out their duties in accordance with Schedule 10 to the 2006 Act and in accordance with any directions given by NHS I on standards,

procedures and techniques to be adopted when preparing or auditing the accounts of the Trust.

15. **ACCOUNTS**

15.1 The Trust must keep proper accounts and proper records in relation to the accounts.

15.2 NHSI may with the approval of the Secretary of State give directions to the Trust on the content and form of its accounts.

15.3 The accounts are to be audited by the Trust's auditor.

15.4 The following documents will be made available to the Comptroller and Auditor General for examination at their request:

15.4.1 the accounts;

15.4.2 any records relating to them; and

15.4.3 any report of the auditor on them.

15.5 Where trustees have been appointed pursuant to section 51 of the 2006 Act, the Comptroller and Auditor General may also examine:

15.5.1 the accounts kept by the trustees;

15.5.2 any records relating to them; and

15.5.3 any report of an auditor on them.

15.6 The Trust (through the Accounting Officer) is to prepare in respect of each Financial Year annual accounts in such form NHS I may with the approval of the Secretary of State direct.

15.7 In preparing its annual accounts, the Trust is to comply with any directions given by NHS I with the approval of the Secretary of State as to:

15.7.1 the methods and principles according to which the accounts are to be prepared; and

15.7.2 the information to be given in the accounts.

15.8 The Trust must:

15.8.1 lay a copy of the annual accounts, and any report of the auditor on them, before Parliament; and

15.8.2 once it has done so, send copies of those documents to NHSI .

15.9 The Trust's functions in respect of paragraph 15.6 to 15.8 are delegated to the Accounting Officer.

16. **ANNUAL REPORTS AND FORWARD PLANS AND NON – NHS WORK**

16.1 The Trust is to prepare annual reports and send them to NHSI.

16.2 The reports are to give:

16.2.1 information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of the public constituency is representative of those eligible for such membership

16.2.2 information on the impact of that income received by the Trust otherwise than from the provision of goods and services for the purposes of the

health service in England has had on the provision by the Trust of goods and services for those purposes; and

16.2.3 any other information NHSI requires.

16.3 The Trust is to comply with any decision NHSI makes as to:

16.3.1 the form of the reports;

16.3.2 when the reports are to be sent to it; and

16.3.3 the periods to which the reports are to relate.

16.4 The Trust is to give information as to its forward planning in respect of each Financial Year to NHSI. This information is to be prepared by the Directors, who must have regard to the views of the Council of Governors.

16.5 Each forward plan must include information about –

16.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the trust proposes to carry on, and

16.5.2 the income it expects to receive from doing so.

16.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 16.5.1 the Council of Governors must –

16.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfillment by the Trust of its principal purpose or the performance of its other functions, and

16.6.2 notify the Directors of the Trust of its determination.

16.7 If the Trust proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England, it may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

17. INDEMNITY

17.1 Members of the Council of Governors, members of the Board of Directors and the Secretary who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust and the Trust shall maintain insurance arrangements for this purpose.

18. INSTRUMENTS ETC.

18.1 A document purporting to be duly executed under the Trust's seal or to be signed on its behalf is to be received in evidence and, unless the contrary is proved, taken to be so executed or signed.

18.2 The Trust is to have a seal, but this is not to be affixed except under the authority of the Board of Directors.

19. COMMUNICATION BETWEEN THE COUNCIL OF GOVERNORS AND THE BOARD OF DIRECTORS

19.1 The Board of Directors shall promote effective communication between the Council of Governors and the Board of Directors and shall have regard to the views of the Council of Governors in this respect.

19.2 The Council of Governors and the Board of Directors shall each use their best endeavours to resolve any difference of view through discussion but in the event of any conflict, the Board of Directors, pursuant to paragraph 15(2) of Schedule 7 to the 2006 Act, will decide the disputed matter.

20. AMENDMENT OF THE CONSTITUTION

20.1 The Trust may make amendments to this constitution with the approval of more than half of the members of the Council of Governors voting and more than half of the Board of Directors voting.

20.2 The Trust must inform NHSI of amendments made under section 37 of the 2006 Act.

20.3 Amendments to this constitution shall take effect as soon as the conditions in paragraph 20.1 are satisfied. An amendment is of no effect in so far as this constitution would, as a result of the amendment, not accord with Schedule 7 of the 2006 Act.

21. TRANSITIONAL PROVISIONS

21.1 No amendments to this constitution shall affect the validity of appointments made or processes followed prior to the adoption of the amendment.

21.2 Each Governor serving his term as at 1 April 2013 shall complete their current term of office as specified at Annex 3.

21.3 For the avoidance of doubt, at all times more than half the Governors will be elected by Members of the public constituency and the composition of the Council of Governors will satisfy the provisions of paragraph 9 of Schedule 7 to the Act.

21.4 Further provision is made in relation to transitional arrangements at Annex 3.

22. DISSOLUTION OF THE TRUST

22.1 The Trust may not be dissolved except by order of the Secretary of State for Health, in accordance with the 2006 Act.

23. SIGNIFICANT TRANSACTIONS

23.1 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors voting approve entering into the transaction.

23.2 This constitution does not contain any descriptions of the term ‘significant transaction’ for the purposes of section 51A of the 2006 Act.

Annex 1

Trust Constituencies and Governors

1. Public Constituency

1.1 A public constituency is defined by reference to the local authority electoral wards specified in this annex. This is also the area of the Trust for the purpose of governor elections.

1.2 The public constituency shall comprise seven areas, as set out below in addition to the relevant minimum number of members and number of governors to be elected.

Public Constituency	**Area**	**Minimum number of members**	**Number of Governors**
York	All electoral wards within the City of York Council, Ouseburn and Marston Moor	500	5
Selby	All electoral wards within Selby District Council	200	2
Hambleton	The 6 Hambleton District Council wards of Easingwold, Helperby, Huby & Sutton, Shipton, Stillington, Tollerton and White Horse, Northallerton Bromfield, Northallerton Central, Romanby, Sowerby, Thirsk, Thorntons, Topcliffe, Whitestone Cliff, Bishop Monkton, Boroughbridge, Carlo, Hookstone, Knaresborough East, Knaresborough King James, Knaresborough Scriven Park, Newby, Pannal, Ribston, Ripon Minster, Ripon Mooreside, Ripon Spa, Spofforth with Lower Wharfdale, Starbeck, Wetherby	100	1

Ryedale and East Yorkshire	The following electoral wards: Amotherby, Ampleforth, Cropton, Dales, Derwent, Helmsley, Hovingham, Kirbymoreside, Malton, Norton East, Norton West, Pickering East, Pickering West, Rillington, Ryedale South East, Sherburn, Sheriff Hutton, Sinnington, Thornton Dale, Wolds, Pocklington Provincial, Wolds Weighton, Holme upon Spalding Moor	300	3
East Coast	The following electoral wards: Danby, Esk Valley, Fylingdales, Mayfield, Mulgrave, Streonshalh, Whitby West Cliff, Bridlington Central & Old Town, Bridlington North, Bridlington South, East Wolds and Coastal, Driffield & Rural, Castle, Central, Clayton, Derwent Valley, Eastfield, Falsgrave Park, Filey, Hertford, Lindhead, Newby, North Bay, Northstead, Ramshill, Scalby, Hackness and Staintondale, Seamer, Stepney, Weaponess, Woodlands	500	5
Out of Area	The electoral wards not covered above.	100	1

2. Staff Constituency of the Trust

2.1 The staff constituency shall comprise three staff groups, as set out below in addition to the relevant minimum number of members and number of governors to be elected.

Staff Class	**Eligibility**	**Minimum number of**	**Number of Governors**

		members	
York	All staff whose designated base hospital is York Hospital, White Cross Court Rehabilitation Hospital, St Helens Rehabilitation Hospital, Archways Hospital and any other staff not included in either of the Staff Classes described below.	200	32
Scarborough	All staff whose designated base hospital is Scarborough General Hospital or Bridlington and District Hospital.	200	32
Community	All staff whose designated base hospital is Malton Community Hospital, New Selby Community Hospital (also known as the New War Memorial Hospital), St Monica's Hospital, Easingwold and any other staff who are designated as "Community" staff and therefore do not have a designated base hospital as they work mainly with patients in a non-acute setting, including those members of staff who are engaged in support functions in connection with such services.	100	1

3. Partnership Organisations

3.1 The partnership organisations specified below shall appoint the following partnership governors:

Partnership Organisation	**Number of Governors**
Local authorities	
A 3 Local Government Partnership Governors shall be appointed. who will co-ordinate and represent all Local Authorities within the Trust's geographical area.	
University	

University of York	1
Voluntary Sector	
Voluntary Sector Representative	1
Healthcare Organisations	
National Council of Palliative Care Organisations	1
Third Sector Organisations	1

Annex 2

York and Scarborough Teaching Hospitals NHSFT

Model Election Rules 2014

(for inclusion within the model core constitution)

PART 1: INTERPRETATION

1. Interpretation

PART 2: TIMETABLE FOR ELECTION

2. Timetable
3. Computation of time

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1. Interpretation

1.1 In these rules, unless the context otherwise requires:

"*2006 Act*" means the National Health Service Act 2006;

"*corporation*" means the public benefit corporation subject to this constitution;

"*council of governors*" means the council of governors of the corporation;

"*declaration of identity*" has the meaning set out in rule 21.1;

"*election*" means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

"*e-voting*" means voting using either the internet, telephone or text message;

"*e-voting information*" has the meaning set out in rule 24.2;

"*ID declaration form*" has the meaning set out in Rule 21.1; "internet voting record" has the meaning set out in rule 26.4(d);

"*internet voting system*" means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

"*lead governor*" means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

"*list of eligible voters*" means the list referred to in rule 22.1, containing the information in rule 22.2;

"*method of polling*" means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

"Monitor" means the corporate body known as Monitor as provided by section 61 of the 2012 Act;

"*numerical voting code*" has the meaning set out in rule 64.2(b)

"*polling website*" has the meaning set out in rule 26.1;

"*postal voting information*" has the meaning set out in rule 24.1;

"*telephone short code"* means a short telephone number used for the purposes of submitting a vote by text message;

"*telephone voting facility*" has the meaning set out in rule 26.2;

"*telephone voting record*" has the meaning set out in rule 26.5 (d);

"*text message voting facility*" has the meaning set out in rule 26.3;

"*text voting record*" has the meaning set out in rule 26.6 (d);

"*the telephone voting system*" means such telephone voting facility as may be

provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

"*the text message voting system*" means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

"*voter ID number*" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

"*voting information*" means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

(a) a Saturday or Sunday;

(b) Christmas day, Good Friday, or a bank holiday, or

(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

4. Returning Officer

4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

6.1 The corporation is to pay the returning officer:

(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,

(b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

8. Notice of election

8.1 The returning officer is to publish a notice of the election stating:

(a) the constituency, or class within a constituency, for which the election is being held,

(b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(c) the details of any nomination committee that has been established by the corporation,

(d) the address and times at which nomination forms may be obtained;

(e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,

(f) the date and time by which any notice of withdrawal must be received by the returning officer

(g) the contact details of the returning officer

(h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

(a) is to supply any member of the corporation with a nomination form, and

(b) is to prepare a nomination form for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

10.1 The nomination form must state the candidate's:

(a) full name,

(b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and

(c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

(a) any financial interest that the candidate has in the corporation, and

(b) whether the candidate is a member of a political party, and if so, which party, and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination form must include a declaration made by the candidate:

(a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,

(b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

(a) they wish to stand as a candidate,

(b) their declaration of interests as required under rule 11, is true and correct, and

(c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

14. Decisions as to the validity of nomination

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

(a) decides that the candidate is not eligible to stand,

(b) decides that the nomination form is invalid,

(c) receives satisfactory proof that the candidate has died, or

(d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

(a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,

(b) that the paper does not contain the candidate's particulars, as required by rule 10;

(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,

(d) that the paper does not include a declaration of eligibility as required by rule 12, or

(e) that the paper is not signed and dated by the candidate, if required by rule 13.

14.3 The returning officer is to examine each nomination form as soon as is practicable

after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

(a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and

(b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination forms

16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

19. Poll to be taken by ballot

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.

19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.

19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:

(a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system.

(b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system.

(c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

20. The ballot paper

20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that

constituency, or class within that constituency,

(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,

(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and

(g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public and patient constituencies)

21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:

(a) that the voter is the person:

(i) to whom the ballot paper was addressed, and/or

(ii) to whom the voter ID number contained within the e-voting information was allocated,

(b) that he or she has not marked or returned any other voting information in the election, and

(c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,

(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,

(f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,

(g) the address for return of the ballot papers,

(h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;

(i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,

(j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,

(k) the date and time of the close of the poll,

(l) the address and final dates for applications for replacement voting information, and

(m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by email or post to each member of the corporation named in the list of eligible voters:

(a) a ballot paper and ballot paper envelope,

(b) the ID declaration form (if required),

(c) information about each candidate standing for election, pursuant to rule 61 of these rules, and

(d) a covering envelope (post only);

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

(a) instructions on how to vote and how to make a declaration of identity (if required),

(b) the voter's voter ID number,

(c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

(a) only be sent postal voting information; or

(b) only be sent e-voting information; or

(c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

(a) the address for return of the ballot paper printed on it, and

(b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

(a) the completed ID declaration form if required, and

(b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

26.1 If internet voting is a method of polling for the relevant election then the returning

officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as “the telephone voting facility”).

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as “the text message voting facility”).

26.4 The returning officer shall ensure that the polling website and internet voting system provided will:

(a) require a voter to:

(i) enter his or her voter ID number; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(v) instructions on how to vote and how to make a declaration of identity,

(vi) the date and time of the close of the poll, and

(vii) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-

(i) the voter’s voter ID number;

(ii) the voter’s declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter’s vote,

(e) if the voter’s vote has been duly cast and recorded, provide the voter with confirmation of this; and

(f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

(a) require a voter to

(i) enter his or her voter ID number in order to be able to cast his or her vote; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(iv) instructions on how to vote and how to make a declaration of identity,

(v) the date and time of the close of the poll, and

(vi) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

(a) require a voter to:

(i) provide his or her voter ID number; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(ii) the candidate or candidates for whom the voter has voted; and

(iii) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

The poll

27. Eligibility to vote

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

29. Spoilt ballot papers and spoilt text message votes

29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.

29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:

(a) is satisfied as to the voter's identity; and

(b) has ensured that the completed ID declaration form, if required, has not been returned.

29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):

(a) the name of the voter, and

(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and

(c) the details of the unique identifier of the replacement ballot paper.

29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.

29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.

29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.

29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list ("the list of spoilt text message votes"):

(a) the name of the voter, and

(b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and

(c) the details of the replacement voter ID number issued to the voter.

30. Lost voting information

30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:

(a) is satisfied as to the voter's identity,

(b) has no reason to doubt that the voter did not receive the original voting information,

(c) has ensured that no declaration of identity, if required, has been returned.

30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):

(a) the name of the voter

(b) the details of the unique identifier of the replacement ballot paper, if applicable, and

(c) the voter ID number of the voter.

31. Issue of replacement voting information

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):

(a) the name of the voter,

(b) the unique identifier of any replacement ballot paper issued under this rule;

(c) the voter ID number of the voter.

32. ID declaration form for replacement ballot papers (public and patient constituencies)

32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter will need to enter his or her voter ID number.

33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.

33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

34. Voting procedure for remote voting by telephone

34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.

34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

35. Voting procedure for remote voting by text message

35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.

35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.

35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents

36.1 Where the returning officer receives:

(a) a covering envelope, or

(b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

(a) the candidate for whom a voter has voted, or

(b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) put the ID declaration form if required in a separate packet, and

(b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) mark the ballot paper “disqualified”,

(b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,

(c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and

(d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,

(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents; and

(c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public and patient constituency)[1]

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

(a) mark the ID declaration form "disqualified",

(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and

(c) place the ID declaration form in a separate packet.

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

(a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and

(b) mark as "disqualified" all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

(a) mark the ballot paper "disqualified",

(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,

(c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;

(d) place the document or documents in a separate packet; and

(e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",

(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;

(c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and

(d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets

[1] It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

containing:

(a) the disqualified documents, together with the list of disqualified documents inside it,

(b) the ID declaration forms, if required,

(c) the list of spoilt ballot papers and the list of spoilt text message votes,

(d) the list of lost ballot documents,

(e) the list of eligible voters, and

(f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

"*ballot document*" means a ballot paper, internet voting record, telephone voting record or text voting record.

"*continuing candidate*" means any candidate not deemed to be elected, and not excluded,

"*count*" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

"*deemed to be elected*" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"*mark*" means a figure, an identifiable written word, or a mark such as "X",

"*non-transferable vote*" means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

"*preference*" as used in the following contexts has the meaning assigned below:

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,

(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

"*quota*" means the number calculated in accordance with rule STV46,

"*surplus*" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,
"*stage of the count*" means:

(a) the determination of the first preference vote of each candidate,
(b) the transfer of a surplus of a candidate deemed to be elected, or
(c) the exclusion of one or more candidates at any given time,

"*transferable vote*" means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

"*transferred vote*" means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

"*transfer value*" means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

(a) the board of directors and the council of governors of the corporation have approved:

(i) the use of such software for the purpose of counting votes in the relevant election, and

(ii) a policy governing the use of such software, and

(b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

(a) count and record the number of:

(iii) ballot papers that have been returned; and

(iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and

(b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV44. Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which the figure "1" standing alone is not placed so as to indicate a first

preference for any candidate,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

(a) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,

(b) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word “rejected” on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

FPP44. Rejected ballot papers and rejected text voting records

FPP44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which votes are given for more candidates than the voter is entitled to vote,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

(a) elsewhere than in the proper place,

(b) otherwise than by means of a clear mark,

(c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

(a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and

(b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

(a) does not bear proper features that have been incorporated into the ballot paper,

(b) voting for more candidates than the voter is entitled to,

(c) writing or mark by which voter could be identified, and

(d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

(a) on which votes are given for more candidates than the voter is entitled to vote,

(b) on which anything is written or marked by which the voter can be identified except the voter ID number, or

(c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP448 A text voting record on which a vote is marked:

(a) otherwise than by means of a clear mark,

(b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

(a) endorse the word “rejected” on any text voting record which under this rule is not to be counted, and

(b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words “rejected in part” on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

(a) voting for more candidates than the voter is entitled to,

(b) writing or mark by which voter could be identified, and

(c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

STV45. First stage

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

STV46. The quota

STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).

STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

STV47. Transfer of votes

STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

(a) according to next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.

STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value ("the transfer value") which:

(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and

(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

(a) according to the next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

(a) a transfer value calculated as set out in rule STV47.4(b), or

(b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or

(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

STV48. Supplementary provisions on transfer

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

(a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and

(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

(a) record the total value of the votes transferred to each candidate,

(b) add that value to the previous total of votes recorded for each candidate and record the new total,

(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and

(d) compare:

(i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV49. Exclusion of candidates

STV49.1 If:

(a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and

(b) subject to rule STV50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

(a) ballot documents on which a next available preference is given, and

(b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub- parcels according to their transfer value.

STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).

STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.

STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.

STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.

STV49.10 The returning officer shall after each stage of the count completed under this rule:

(a) record:

(i) the total value of votes, or

(ii) the total transfer value of votes transferred to each candidate,

(b) add that total to the previous total of votes recorded for each candidate and record the new total,

(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and

(d) compare:

(i) the total number of votes then recorded for each candidate together with

the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.

STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and

(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51. Order of election of candidates

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP51. Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

FPP52. Declaration of result for contested elections

FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,

(b) give notice of the name of each candidate who he or she has declared elected:

(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation; and

(c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

(a) the total number of votes given for each candidate (whether elected or not), and

(b) the number of rejected ballot papers under each of the headings in rule FPP44.5,

(c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

STV52. Declaration of result for contested elections

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,

(b) give notice of the name of each candidate who he or she has declared elected –

(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

(a) the number of first preference votes for each candidate whether elected or not,

(b) any transfer of votes,

(c) the total number of votes for each candidate at each stage of the count at which such transfer took place,

(d) the order in which the successful candidates were elected, and

(e) the number of rejected ballot papers under each of the headings in rule STV44.1,

(f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

(a) declare the candidate or candidates remaining validly nominated to be elected,

(b) give notice of the name of each candidate who he or she has declared elected to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

(a) the counted ballot papers, internet voting records, telephone voting records and text voting records,

(b) the ballot papers and text voting records endorsed with "rejected in part",

(c) the rejected ballot papers and text voting records, and

(d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

(a) the disqualified documents, with the list of disqualified documents inside it,

(b) the list of spoilt ballot papers and the list of spoilt text message votes,

(c) the list of lost ballot documents, and

(d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

(a) any voting documents are received by the returning officer after the close of the poll, or

(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or

(c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chairman of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

(a) the inspection of, or the opening of any sealed packet containing –

(i) any rejected ballot papers, including ballot papers rejected in part,

(ii) any rejected text voting records, including text voting records rejected in part,

(iii) any disqualified documents, or the list of disqualified documents,

(iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or

(v) the list of eligible voters, or

(b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,

(b) time,

(c) place and mode of inspection,

(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

(a) in giving its consent, and

(b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and

(ii) that Monitor has declared that the vote was invalid.

FPP59. Countermand or abandonment of poll on death of candidate

FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and

(b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.

FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.

FPP59.5 The returning officer is to:

(a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,

(b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

FPP59.6 The returning officer is to endorse on each packet a description of:

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the chairman of the corporation, and rules 57 and 58 are to apply.

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as

a candidate has died, then the returning officer is to:

(a) publish a notice stating that the candidate has died, and

(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –

(i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and

(ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

(a) personal expenses,

(b) travelling expenses, and expenses incurred while living away from home, and

(c) expenses for stationery, postage, telephone, internet(or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or

(b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

(a) compile and distribute such information about the candidates, and

(b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

(a) objective, balanced and fair,

(b) equivalent in size and content for all candidates,

(c) compiled and distributed in consultation with all of the candidates standing for election, and

(d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other

candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

(a) a statement submitted by the candidate of no more than 250 words,

(b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and

(c) a photograph of the candidate.

65. Meaning of "for the purposes of an election"

65.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

66. Application to question an election

66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor for the purpose of seeking a referral to the independent election arbitration panel (IEAP).

66.2 An application may only be made once the outcome of the election has been declared by the returning officer.

66.3 An application may only be made to Monitor by:

(a) a person who voted at the election or who claimed to have had the right to vote, or

(b) a candidate, or a person claiming to have had a right to be elected at the election.

66.4 The application must:

(a) describe the alleged breach of the rules or electoral irregularity, and

(b) be in such a form as the independent panel may require.

66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor.

66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

66.7 Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.

66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.

66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

67. Secrecy

67.1 The following persons:

(a) the returning officer,

(b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

(i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,

(ii) the unique identifier on any ballot paper,

(iii) the voter ID number allocated to any voter,

(iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

(a) a member of the corporation,

(b) an employee of the corporation,

(c) a director of the corporation, or

(d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

(a) the delivery of the documents in rule 24, or

(b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

Part 1 - Interpretation

1. Interpretation

Part 2 – Timetable for election

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Part 1 - Interpretation

1. Interpretation – (1) In these rules, unless the context otherwise requires -

“corporation” means the public benefit corporation subject to this constitution;

“election” means an election by a constituency, or by a member within a constituency, to fill a vacancy among one or more posts on the board of governors;

“the regulator” means NHSI and

“the 2006 Act” means the NHS Act 2006

(2) Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

Part 2 – Timetable for election

2. Timetable - The proceedings at an election shall be conducted in accordance with the following timetable.

Proceeding	**Time**
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination papers to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time - (1) In computing any period of time for the purposes of the timetable -

(a) a Saturday or Sunday;

(b) Christmas day, Good Friday, or a bank holiday, or

(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

(2) In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

Part 3 – Returning officer

4. Returning officer – (1) Subject to rule 64, the returning officer for an election is to be appointed by the corporation.

(2) Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff – Subject to rule 64, the returning officer may appoint and pay such staff, including such technical advisers, as they consider necessary for the purposes of the election.

6. Expenditure - The corporation is to pay the returning officer –

(a) any expenses incurred by that officer in the exercise of their functions under these rules,

(b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation – The corporation is to co-operate with the returning officer in the exercise of their functions under these rules.

Part 4 - Stages Common to Contested and Uncontested Elections

8. Notice of election – The returning officer is to publish a notice of the election stating –

(a) the constituency, or group within a constituency, for which the election is being held,

(b) the number of members of the board of governors to be elected from that constituency, or group within that constituency,

(c) the details of any nomination committee that has been established by the corporation,

(d) the address and times at which nomination papers may be obtained;

(e) the address for return of nomination papers and the date and time by which they must be received by the returning officer,

(f) the date and time by which any notice of withdrawal must be received by the returning officer

(g) the contact details of the returning officer, and

(h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates – (1) Each candidate must nominate themselves on a single nomination paper.

(2) The returning officer-

(a) is to supply any member of the corporation with a nomination paper, and

(b) is to prepare a nomination paper for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer.

10. Candidate's particulars – (1) The nomination paper must state the candidate's -

(a) full name,

(b) contact address in full, and

(c) constituency, or group within a constituency, of which the candidate is a member.

11. Declaration of interests – The nomination paper must state –

(a) any financial interest that the candidate has in the corporation, and

(b) whether the candidate is a member of a political party, and if so, which party,

and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility – The nomination paper must include a declaration made by the candidate–

(a) that they are not prevented from being a member of the board of governors by Paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,

(b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate – The nomination paper must be signed and dated by the candidate, indicating that –

(a) they wish to stand as a candidate,

(b) their declaration of interests as required under rule 11, is true and correct, and

(c) their declaration of eligibility, as required under rule 12, is true and correct.

14. Decisions as to the validity of nomination – (1) Where a nomination paper is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer-

(a) decides that the candidate is not eligible to stand,

(b) decides that the nomination paper is invalid,

(c) receives satisfactory proof that the candidate has died, or

(d) receives a written request by the candidate of their withdrawal from candidacy.

(2) The returning officer is entitled to decide that a nomination paper is invalid only on one of the following grounds -

(a) that the paper is not received on or before the final time and date for return of nomination papers, as specified in the notice of the election,

(b) that the paper does not contain the candidate's particulars, as required by rule 10;

(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,

(d) that the paper does not include a declaration of eligibility as required by rule 12, or

(e) that the paper is not signed and dated by the candidate, as required by rule 13.

(3) The returning officer is to examine each nomination paper as soon as is practicable after they have received it, and decide whether the candidate has been validly nominated.

(4) Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination paper, stating the reasons for their decision.

(5) The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination paper.

15. Publication of statement of candidates – (1) The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

(2) The statement must show –

(a) the name, contact address, and constituency or group within a constituency of each candidate standing, and

(b) the declared interests of each candidate standing,

as given in their nomination paper.

(3) The statement must list the candidates standing for election in alphabetical order by surname.

(4) The returning officer must send a copy of the statement of candidates and copies of the nomination papers to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination papers – (1) The corporation is to make the statements of the candidates and the nomination papers supplied by the returning officer under rule 15(4) available for inspection by members of the public free of charge at all reasonable times.

(2) If a person requests a copy or extract of the statements of candidates or their nomination papers, the corporation is to provide that person with the copy or extract free of charge.

17. Withdrawal of candidates - A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election – (1) If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the board of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

(2) If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the board of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

(3) If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be board of governors, then –

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

Part 5 – Contested elections

19. Poll to be taken by ballot – (1) The votes at the poll must be given by secret ballot.

(2) The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

20. The ballot paper – (1) The ballot of each voter is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

(2) Every ballot paper must specify –

(a) the name of the corporation,

(b) the constituency, or group within a constituency, for which the election is being held,

(c) the number of members of the board of governors to be elected from that constituency, or group within that constituency,

(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) instructions on how to vote,

(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and

(g) the contact details of the returning officer.

(3) Each ballot paper must have a unique identifier.

(4) Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public and patient constituencies) – (1) In respect of an election for a public or patient constituency a declaration of identity must be issued with each ballot paper.

(2) The declaration of identity is to include a declaration –

(a) that the voter is the person to whom the ballot paper was addressed,

(b) that the voter has not marked or returned any other voting paper in the election, and

(c) for a member of the public or patient constituency, of the particulars of that member's qualification to vote as a member of the constituency or class within a constituency for which the election is being held.

(3) The declaration of identity is to include space for –

(a) the name of the voter,

(b) the address of the voter,

(c) the voter's signature, and

(d) the date that the declaration was made by the voter.

(4) The voter must be required to return the declaration of identity together with the ballot paper.

(5) The declaration of identity must caution the voter that, if it is not returned with the ballot paper, or if it is returned without being correctly completed, the voter's ballot paper may be declared invalid.

Action to be taken before the poll

22. List of eligible voters – (1) The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 26 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

(2) The list is to include, for each member, a mailing address where his or her ballot paper is to be sent.

23. Notice of poll - The returning officer is to publish a notice of the poll stating–

(a) the name of the corporation,

(b) the constituency, or group within a constituency, for which the election is being held,

(c) the number of members of the board of governors to be elected from that constituency, or group with that constituency,

(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,

(f) the address for return of the ballot papers, and the date and time of the close of the poll,

(g) the address and final dates for applications for replacement ballot papers, and

(h) the contact details of the returning officer.

24. Issue of voting documents by returning officer – (1) As soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following documents to each member of the corporation named in the list of eligible voters–

(a) a ballot paper and ballot paper envelope,

(b) a declaration of identity (if required),

(c) information about each candidate standing for election, pursuant to rule 59 of these rules, and

(d) a covering envelope.

(2) The documents are to be sent to the mailing address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope – (1) The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

(2) The covering envelope is to have –

(a) the address for return of the ballot paper printed on it, and

(b) pre-paid postage for return to that address.

(3) There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

(a) the completed declaration of identity if required, and

(b) the ballot paper envelope, with the ballot paper sealed inside it.

The poll

26. Eligibility to vote – An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

27. Voting by persons who require assistance – (1) The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

(2) Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

28. Spoilt ballot papers (1) – If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

(2) On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.

(3) The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she –

(a) is satisfied as to the voter's identity, and

(b) has ensured that the declaration of identity, if required, has not been returned.

(4) After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers") –

(a) the name of the voter, and

(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and

(c) the details of the unique identifier of the replacement ballot paper.

29. Lost ballot papers – (1) Where a voter has not received his or her ballot paper by the fourth day before the close of the poll, that voter may apply to the returning officer for a replacement ballot paper.

(2) The returning officer may not issue a replacement ballot paper for a lost ballot paper unless he or she –

(a) is satisfied as to the voter's identity,

(b) has no reason to doubt that the voter did not receive the original ballot paper, and

(c) has ensured that the declaration of identity if required has not been returned.

(3) After issuing a replacement ballot paper for a lost ballot paper, the returning officer shall enter in a list ("the list of lost ballot papers") –

(a) the name of the voter, and

(b) the details of the unique identifier of the replacement ballot paper.

30. Issue of replacement ballot paper– (1) If a person applies for a replacement ballot paper under rule 28 or 29 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue a replacement ballot paper unless, in addition to the requirements imposed rule 28(3) or 29(2), they are also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

(2) After issuing a replacement ballot paper under this rule, the returning officer shall enter in a list ("the list of tendered ballot papers") –

(a) the name of the voter, and

(b) the details of the unique identifier of the replacement ballot paper issued under this rule.

31. Declaration of identity for replacement ballot papers (public and patient constituencies) – (1) In respect of an election for a public or patient constituency a declaration of identity must be issued with each replacement ballot paper.

(2) The declaration of identity is to include a declaration –

(a) that the voter has not voted in the election with any ballot paper other than the ballot paper being returned with the declaration, and

(b) of the particulars of that member's qualification to vote as a member of the public or patient constituency, or class within a constituency, for which the election is being held.

(3) The declaration of identity is to include space for –

(a) the name of the voter,

(b) the address of the voter,

(c) the voter's signature, and

(d) the date that the declaration was made by the voter.

(4) The voter must be required to return the declaration of identity together with the ballot paper.

(5) The declaration of identity must caution the voter that if it is not returned with the ballot paper, or if it is returned without being correctly completed, the replacement ballot paper may be declared invalid.

Procedure for receipt of envelopes

32. Receipt of voting documents – (1) Where the returning officer receives a –

(a) covering envelope, or

(b) any other envelope containing a declaration of identity if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 33 and 34 are to apply.

(2) The returning officer may open any ballot paper envelope for the purposes of rules 33 and 34, but must make arrangements to ensure that no person obtains or communicates information as to –

(a) the candidate for whom a voter has voted, or

(b) the unique identifier on a ballot paper.

(3) The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

33. Validity of ballot paper – (1) A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly completed, signed, and dated.

(2) Where the returning officer is satisfied that paragraph (1) has been fulfilled, he or she is to –

(a) put the declaration of identity if required in a separate packet, and

(b) put the ballot paper aside for counting after the close of the poll.

(3) Where the returning officer is not satisfied that paragraph (1) has been fulfilled, he or she is to –

(a) mark the ballot paper "disqualified",

(b) if there is a declaration of identity accompanying the ballot paper, mark it as "disqualified" and attach it the ballot paper,

(c) record the unique identifier on the ballot paper in a list (the "list of disqualified documents"); and

(d) place the document or documents in a separate packet.

34. Declaration of identity but no ballot paper (public and patient constituency) – Where the returning officer receives a declaration of identity if required but no ballot paper, the returning officer is to –

(a) mark the declaration of identity "disqualified",

(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper; and

(c) place the declaration of identity in a separate packet.

35. Sealing of packets – As soon as is possible after the close of the poll and after the completion of the procedure under rules 33 and 34, the returning officer is to seal the packets containing–

(a) the disqualified documents, together with the list of disqualified documents inside it,

(b) the declarations of identity if required,

(c) the list of spoilt ballot papers,

(d) the list of lost ballot papers,

(e) the list of eligible voters, and

(f) the list of tendered ballot papers.

Part 6 - Counting the votes

stv36. Interpretation of Part 6 – In Part 6 of these rules –

"continuing candidate" means any candidate not deemed to be elected, and not excluded,

"count" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

"deemed to be elected" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"mark" means a figure, an identifiable written word, or a mark such as "X",

"non-transferable vote" means a ballot paper –

(a) on which no second or subsequent preference is recorded for a continuing candidate, or

(b) which is excluded by the returning officer under rule stv44(4) below,

"preference" as used in the following contexts has the meaning assigned below–

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,

(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

“quota” means the number calculated in accordance with rule stv41 below,

“surplus” means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable papers from the candidate who has the surplus,

“stage of the count” means –

(a) the determination of the first preference vote of each candidate,

(b) the transfer of a surplus of a candidate deemed to be elected, or

(c) the exclusion of one or more candidates at any given time,

“transferable paper” means a ballot paper on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

“transferred vote” means a vote derived from a ballot paper on which a second or subsequent preference is recorded for the candidate to whom that paper has been transferred, and

“transfer value” means the value of a transferred vote calculated in accordance with paragraph (4) or (7) of rule stv42 below.

37. Arrangements for counting of the votes – The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

38. The count – (1) The returning officer is to –

(a) count and record the number of ballot papers that have been returned, and

(b) count the votes according to the provisions in this Part of the rules.

(2) The returning officer, while counting and recording the number of ballot papers and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper.

(3) The returning officer is to proceed continuously with counting the votes as far as is practicable.

Stv39. Rejected ballot papers – (1) Any ballot paper –

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

(2) The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.

(3) The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of paragraph (1).

fpp39. Rejected ballot papers – (1) Any ballot paper –

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which votes are given for more candidates than the voter is entitled to vote,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall, subject to paragraphs (2) and (3) below, be rejected and not counted.

(2) Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

(3) A ballot paper on which a vote is marked –

(a) elsewhere than in the proper place,

(b) otherwise than by means of a clear mark,

(c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that they can be identified by it.

(4) The returning officer is to –

(a) endorse the word "rejected" on any ballot paper which under this rule is not to be counted, and

(b) in the case of a ballot paper on which any vote is counted under paragraph (2) or (3) above, endorse the words "rejected in part" on the ballot paper and indicate which vote or votes have been counted.

(5) The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings –

(a) does not bear proper features that have been incorporated into the ballot paper,

(b) voting for more candidates than the voter is entitled to,

(c) writing or mark by which voter could be identified, and

(d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

stv40. First stage – (1) The returning officer is to sort the ballot papers into parcels according to the candidates for whom the first preference votes are given.

(2) The returning officer is to then count the number of first preference votes given on ballot papers for each candidate, and is to record those numbers.

(3) The returning officer is to also ascertain and record the number of valid ballot papers.

stv41. The quota – (1) The returning officer is to divide the number of valid ballot papers by a number exceeding by one the number of members to be elected.

(2) The result, increased by one, of the division under paragraph (1) above (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as "the quota").

(3) At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in paragraphs (1) to (3) of rule stv44 has been complied with.

stv42. Transfer of votes – (1) Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot papers on which first preference votes are given for that candidate into sub-parcels so that they are grouped –

(a) according to next available preference given on those papers for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

(2) The returning officer is to count the number of ballot papers in each parcel referred to in paragraph (1) above.

(3) The returning officer is, in accordance with this rule and rule stv43 below, to transfer each sub-parcel of ballot papers referred to in paragraph (1)(a) to the candidate for whom the next available preference is given on those papers.

(4) The vote on each ballot paper transferred under paragraph (3) above shall be at a value ("the transfer value") which –

(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and

(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot papers on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

(5) Where at the end of any stage of the count involving the transfer of ballot papers, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot papers in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped –

(a) according to the next available preference given on those papers for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

(6) The returning officer is, in accordance with this rule and rule stv43 below, to transfer each sub-parcel of ballot papers referred to in paragraph (5)(a) to the candidate for whom the next available preference is given on those papers.

(7) The vote on each ballot paper transferred under paragraph (6) shall be at –

(a) a transfer value calculated as set out in paragraph (4)(b) above, or

(b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

(8) Each transfer of a surplus constitutes a stage in the count.

(9) Subject to paragraph (10), the returning officer shall proceed to transfer transferable papers until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

(10) Transferable papers shall not be liable to be transferred where any surplus

or surpluses which, at a particular stage of the count, have not already been transferred, are –

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or

(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

(11) This rule does not apply at an election where there is only one vacancy.

stv43. Supplementary provisions on transfer – (1) If, at any stage of the count, two or more candidates have surpluses, the transferable papers of the candidate with the highest surplus shall be transferred first, and if –

(a) The surpluses determined in respect of two or more candidates are equal, the transferable papers of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and

(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable papers of the candidate on whom the lot falls shall be transferred first.

(2) The returning officer shall, on each transfer of transferable papers under rule stv42 above –

(a) record the total value of the votes transferred to each candidate,

(b) add that value to the previous total of votes recorded for each candidate and record the new total,

(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and

(d) compare—

(i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

(3) All ballot papers transferred under rule stv42 or stv44 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that paper or, as the case may be, all the papers in that sub-parcel.

(4) Where a ballot paper is so marked that it is unclear to the returning officer at any stage of the count under rule stv42 or stv44 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot paper as a non-transferable vote; and votes on a ballot paper shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

stv44. Exclusion of candidates – (1) If—

(a) all transferable papers which under the provisions of rule stv42 above (including that rule as applied by paragraph (11) below) and this rule are required to be transferred, have been transferred, and

(b) subject to rule stv45 below, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where paragraph (12) below applies, the candidates with the then lowest votes).

(2) The returning officer shall sort all the ballot papers on which first preference votes are given for the candidate or candidates excluded under paragraph (1) above into two sub-parcels so that they are grouped as—

(a) ballot papers on which a next available preference is given, and

(b) ballot papers on which no such preference is given (thereby including ballot papers on which preferences are given only for candidates who are deemed to be elected or are excluded).

(3) The returning officer shall, in accordance with this rule and rule stv43 above, transfer each sub-parcel of ballot papers referred to in paragraph (2)(a) above to the candidate for whom the next available preference is given on those papers.

(4) The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

(5) If, subject to rule stv45 below, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable papers, if any, which had been transferred to any candidate excluded under paragraph (1) above into sub-parcels according to their transfer value.

(6) The returning officer shall transfer those papers in the sub-parcel of transferable papers with the highest transfer value to the continuing candidates in

accordance with the next available preferences given on those papers (thereby passing over candidates who are deemed to be elected or are excluded).

(7) The vote on each transferable paper transferred under paragraph (6) above shall be at the value at which that vote was received by the candidate excluded under paragraph (1) above.

(8) Any papers on which no next available preferences have been expressed shall be set aside as non-transferable votes.

(9) After the returning officer has completed the transfer of the ballot papers in the sub-parcel of ballot papers with the highest transfer value they shall proceed to transfer in the same way the sub-parcel of ballot papers with the next highest value and so on until they have dealt with each sub-parcel of a candidate excluded under paragraph (1) above.

(10) The returning officer shall after each stage of the count completed under this rule—

(a) record –

(i) the total value of votes, or

(ii) the total transfer value of votes transferred to each candidate,

(b) add that total to the previous total of votes recorded for each candidate and record the new total,

(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and

(d) compare—

(i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

(11) If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with paragraphs (5) to (10) of rule stv42 and rule stv43.

(12) Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

(13) If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest—

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and

(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

stv45. Filling of last vacancies – (1) Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

(2) Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

(3) Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

stv46. Order of election of candidates – (1) The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule stv42(10) above.

(2) A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which they obtained the quota.

(3) Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

(4) Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

fpp46. Equality of votes – Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

Part 7 – Final proceedings in contested and uncontested elections

fpp47. Declaration of result for contested elections – (1) In a contested election, when the result of the poll has been ascertained, the returning officer is to –

(a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the board of governors from the constituency, or class within a constituency, for which the election is being held to be elected,

(b) give notice of the name of each candidate who they have declared elected–

(i) where the election is held under a proposed constitution pursuant to powers conferred on the York & Scarborough Teaching Hospitals NHSFT by Section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or

(ii) in any other case, to the Chair of the corporation; and

(c) give public notice of the name of each candidate whom they have declared elected.

(2) The returning officer is to make –

(a) the total number of votes given for each candidate (whether elected or not), and

(b) the number of rejected ballot papers under each of the headings in rule fpp39(5),

available on request.

stv47. Declaration of result for contested elections – (1) In a contested election, when the result of the poll has been ascertained, the returning officer is to—

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,

(b) give notice of the name of each candidate who they have declared elected –

(i) where the election is held under a proposed constitution pursuant to powers conferred on the York & Scarborough Teaching Hospitals NHSFT by Section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or

(ii) in any other case, to the Chair of the corporation, and

(c) give public notice of the name of each candidate who they have declared elected.

(2) The returning officer is to make –

(a) the number of first preference votes for each candidate whether elected or not,

(b) any transfer of votes,

(c) the total number of votes for each candidate at each stage of the count at which such transfer took place,

(d) the order in which the successful candidates were elected, and

(e) the number of rejected ballot papers under each of the headings in rule stv39(1),

available on request.

48. Declaration of result for uncontested elections – In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election –

(a) declare the candidate or candidates remaining validly nominated to be elected,

(b) give notice of the name of each candidate who he or she has declared elected to the Chair of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

Part 8 – Disposal of documents

49. Sealing up of documents relating to the poll – (1) On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets –

(a) the counted ballot papers,

(b) the ballot papers endorsed with “rejected in part”,

(c) the rejected ballot papers, and

(d) the statement of rejected ballot papers.

(2) The returning officer must not open the sealed packets of –

(a) the disqualified documents, with the list of disqualified documents inside it,

(b) the declarations of identity,

(c) the list of spoilt ballot papers,

(d) the list of lost ballot papers,

(e) the list of eligible voters, and

(f) the list of tendered ballot papers.

(3) The returning officer must endorse on each packet a description of –

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

50. Delivery of documents – Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 49, the returning officer is to forward them to the chair of the corporation.

51. Forwarding of documents received after close of the poll – Where –

(a) any voting documents are received by the returning officer after the close of the poll, or

(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or

(c) any applications for replacement ballot papers are made too late to enable new ballot papers to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

52. Retention and public inspection of documents – (1) The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the regulator, cause them to be destroyed.

(2) With the exception of the documents listed in rule 53(1), the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

(3) A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

53. Application for inspection of certain documents relating to an election – (1) The corporation may not allow the inspection of, or the opening of any sealed packet containing –

(a) any rejected ballot papers, including ballot papers rejected in part,

(b) any disqualified documents, or the list of disqualified documents,

(c) any counted ballot papers,

(d) any declarations of identity, or

(e) the list of eligible voters,

by any person without the consent of the Regulator.

(2) A person may apply to the Regulator to inspect any of the documents listed in (1), and the Regulator may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

(3) The Regulator's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,

(b) time,

(c) place and mode of inspection,

(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

(4) On an application to inspect any of the documents listed in paragraph (1), –

(a) in giving its consent, the regulator, and

(b) and making the documents available for inspection, the corporation,

must ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and

(ii) that the regulator has declared that the vote was invalid.

Part 9 – Death of a candidate during a contested election

fpp54. Countermand or abandonment of poll on death of candidate – (1) If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to

(a) countermand notice of the poll, or, if ballot papers have been issued, direct that the poll be abandoned within that constituency or group, and

(b) order a new election, on a date to be appointed by them in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

(2) Where a new election is ordered under paragraph (1), no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or group.

(3) Where a poll is abandoned under paragraph (1)(a), paragraphs (4) to (7) are to apply.

(4) The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 33 and 34, and is to make up separate sealed packets in accordance with rule 35.

(5) The returning officer is to –

(a) count and record the number of ballot papers that have been received, and

(b) seal up the ballot papers into packets, along with the records of the number of ballot papers.

(6) The returning officer is to endorse on each packet a description of –

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

(7) Once the documents relating to the poll have been sealed up and endorsed pursuant to paragraphs (4) to (6), the returning officer is to deliver them to the Chair of the corporation, and rules 52 and 53 are to apply.

stv54. Countermand or abandonment of poll on death of candidate – (1) If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to –

(a) publish a notice stating that the candidate has died, and

(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –

(i) ballot papers which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and

(ii) ballot papers which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

(2) The ballot papers which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot papers pursuant to rule 49(1)(a).

Part 10 – Election expenses and publicity

Election expenses

55. Election expenses – Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application to the regulator under Part 11 of these rules.

56 Expenses and payments by candidates - A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to –

(a) personal expenses,

(b) travelling expenses, and expenses incurred while living away from home, and

(c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of [£100].

57. Election expenses incurred by other persons – (1) No person may -

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or

(b) give a candidate or their family any money or property (whether as

a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

(2) Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 58 and 59.

Publicity

58. Publicity about election by the corporation – (1) The corporation may –

(a) compile and distribute such information about the candidates, and

(b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

(2) Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 59, must be –

(a) objective, balanced and fair,

(b) equivalent in size and content for all candidates,

(c) compiled and distributed in consultation with all of the candidates standing for election, and

(d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

(3) Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

59. Information about candidates for inclusion with voting documents - (1) The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

(2) The information must consist of –

(a) a statement submitted by the candidate of no more than [250] words, [and]

[(b) a photograph of the candidate.]

60. Meaning of "for the purposes of an election" - (1) In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

(2) The provision by any individual of their own services voluntarily, on their own time, and free of charge is not to be considered an expense for the purposes of this Part.

Part 11 – Questioning elections and the consequence of irregularities

61. Application to question an election – (1) An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to the regulator.

(2) An application may only be made once the outcome of the election has been declared by the returning officer.

(3) An application may only be made to the Regulator by -

(a) a person who voted at the election or who claimed to have had the right to vote, or

(b) a candidate, or a person claiming to have had a right to be elected at the election.

(4) The application must –

(a) describe the alleged breach of the rules or electoral irregularity, and

(b) be in such a form as the Regulator may require.

(5) The application must be presented in writing within 21 days of the declaration of the result of the election.

(6) If the Regulator requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

a. The Regulator shall delegate the determination of an application to a person or persons to be nominated for the purpose of the Regulator.

b. The determination by the person or persons nominated in accordance with Rule 61(7) shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or group within a constituency) including all the candidates for the election to which the application relates.

c. The Regulator may prescribe rules of procedure for the determination of an application including costs.

Part 12 – Miscellaneous

62. Secrecy – (1) The following persons –

(a) the returning officer,

(b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to –

(i) the name of any member of the corporation who has or has not been given a ballot paper or who has or has not voted,

(ii) the unique identifier on any ballot paper,

(iii) the candidate(s) for whom any member has voted.

(2) No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter.

(3) The returning officer is to make such arrangements as they think fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

63. Prohibition of disclosure of vote – No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom they have voted.

64. Disqualification – A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is –

(a) a member of the corporation,

(b) an employee of the corporation,

(c) a director of the corporation, or

(d) employed by or on behalf of a person who has been nominated for election.

65. Delay in postal service through industrial action or unforeseen event – If industrial action, or some other unforeseen event, results in a delay in –

(a) the delivery of the documents in rule 24, or

(b) the return of the ballot papers and declarations of identity,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll, with the agreement of the Regulator.

Annex 3

Council of Governors: Transitional Provisions

1. Elections

1.1 The Trust wishes to eventually be able to hold Governor elections every year. To that end, the terms of service of the Public and Staff Governors will be as set out in the table below.

Constituency				**Elected seats**	**Election 202215**	**~~Election 2016~~**	**~~Election 2017~~**	**~~Election 2018~~**
Public Constituency				Total governor (2319)	3 year term (8)	~~3 year term~~ (5)	~~3 year term~~ (8)	~~3 year term~~ (5)
York				*5*	~~*1*~~	~~*3*~~	~~*1*~~	~~*1*~~
Selby				*2*	~~*1*~~	~~*0*~~	~~*1*~~	~~*1*~~
Hambleton				*1*	~~*0*~~	~~*1*~~	~~*0*~~	~~*0*~~
Ryedale				*3*	~~*1*~~	~~*0*~~	~~*1*~~	~~*1*~~
East Coast ~~*Scarborough*~~				~~*2*~~	~~*1*~~	~~*0*~~	~~*1*~~	~~*1*~~
~~*Whitby*~~				~~*1* 5~~	~~*1*~~	~~*0*~~	~~*1*~~	~~*1*~~
~~*Bridlington*~~				~~*2*~~	~~*1*~~	~~*0*~~	~~*1*~~	~~*1*~~
Staff Constituency comprising:				~~*7*~~*5*	~~*1*~~	~~*2*~~	~~*1*~~	~~*2*~~
York Staff Group				~~*3*~~*2*	~~*0*~~	~~*2*~~	~~*0*~~	~~*1*~~
Scarborough Staff Group				~~*3*~~*2*	~~*0*~~	~~*0*~~	~~*0*~~	~~*0*~~
Community Staff Group				*1*			~~*1*~~	~~*1*~~

Annex 4

STANDING ORDERS FOR THE PRACTICE AND PROCEDURE

OF THE COUNCIL OF GOVERNORS

Contents ***1***

Introduction

Statutory framework

The York & Scarborough Teaching Hospitals NHS Foundation Trust (the Trust) is a public benefit corporation authorised by the Sector Regulator (the Independent Regulator of NHS Foundation Trusts) with effect from 1 April 2005.

The statutory functions conferred on the Trust are set out in the National Health Service Act 2006 and in the Trust's Terms of Authorisation set by the Sector Regulator.

As a public benefit corporation the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable.

NHS Framework

The Constitution requires the Council of Governors to adopt Standing Orders for its practice and procedures.

In these Standing Orders, the provisions relating to interpretation in the Constitution shall apply and the words and expressions defined in the Constitution shall have the same meaning and in addition:

Definitions

"CLEAR DAYS"	shall mean days including Saturday and Sundays and any English bank holiday.
"CONSTITUTION"	shall mean the Trust's Constitution as approved by, and from time to time varied by agreement with the Sector Regulator.
"MOTION"	shall mean a formal proposition to be discussed and voted on during the course of a meeting.
"OFFICER"	shall mean an employee of the Trust.

SECTION A: COUNCIL OF GOVERNORS

1 **Roles and responsibilities of Governors** – The role and responsibilities of the Council of Governors are set out in paragraph 8.154 of and elsewhere in the Constitution. The Council of Governors shall support the NHS core principles.

2 **Composition of the Council of Governors** – The composition of the Council of Governors is set out in paragraph 8.2 of the Constitution.

3 **Appointment of the Chair and Non-executive Directors** – The Chair and Non-executive Directors are appointed by the Council of Governors in accordance with paragraph 9.3 of the Constitution and the process set out in these Standing Orders at section D (Standing Orders 62 and 63) and at Appendix A.

4 **Terms of office of the Chair and Non-executive Directors** – The provisions governing the respective terms of office of the Chair and Non-executive Directors are contained in Appendix A of these Standing Orders.

5 **Appointment of the Vice Chair** – The Council of Governors and Board of Directors shall jointly appoint a Non–executive Director as the Vice Chair of the Council of Governors and the Board of Directors.

6 **The Vice Chair of** the **Trust shall preside for the Chair of the Trust** in the following circumstances:

a) in the absence of the Chair on those occasions when the Council of Governors is considering matters relating to the Chair and it would be inappropriate for the Chair to be present or the Chair is otherwise absent;

b) when the remuneration, allowance and other terms and conditions of the Chair are being considered;

c) when the appointment of the Chair is being considered, should the current Chair be a candidate for reappointment or otherwise.

d) when the Council of Governors is reviewing the appraisal of the Chair and/or

e) on those occasions when the Chair declares a pecuniary interest that prevents them from taking part in the consideration or discussion of a matter before the Council of Governors or Board of Directors.

7 **Appointment of the Senior Independent Director** – The Board of Directors in consultation with the Council of Governors will appoint one of the independent Non-executive Directors as the Senior Independent Director for the Trust.

8 The Senior Independent Director shall be available to Directors and Governors if they have concerns, which contact through the normal channels of Chair, Chief Executive or Secretary has failed to resolve or for which such contact is inappropriate.

SECTION B: CONDUCT OF MEETINGS

Admission of the public and the press

9 The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Council of Governors but shall be required to withdraw upon the Council of Governors resolving as follows:

> *"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to [the confidential nature of the business to be transacted] [the direction of the [Vice] Chair]."*

10 Nothing in these Standing Orders shall require the Council of Governors to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than in writing, or to make any oral report of proceedings as they take place without prior agreement of the Council of Governors.

Calling and notice of meetings

11 Meetings of the Council of Governors shall be at such times as the Council of Governors may determine and at such places as they may from time to time appoint.

12 Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least seven **(7)** clear days written notice of the date and place of every meeting of the Council of Governors to all Governors. Notice will also be published on the Trust's website www.yorkhospitals~~York~~.nhs.uk and the Trust's regular newsletter to Trust members. The notice of the meeting will be signed by the Chair or Secretary.

13 The names of Governors present at the meetings shall be recorded.

14 The Chair may call a meeting of the Council of Governors at any time.

15 If the Chair refuses to call a meeting after a requisition for that purpose signed by at least eight Governors which has been presented to them specifying the business to be carried out, the Secretary shall call a meeting on at least fourteen **(14)** clear days but not more than twenty-eight **(28)** days notice to discuss the specified business. If the Secretary fails to call such a meeting, the eight (or more) Governors shall call such a meeting.

16 In the case of a meeting called by Governors in default of the Chair, the notice shall be signed by those Governors and no business shall be transacted at the meeting other than that specified on the notice.

17 Following notice of the meeting as per Standing Order 12, an agenda for the meeting, specifying the business proposed to be transacted at it and signed by the Chair or by the Secretary, shall be delivered to every Governor, or sent by post to the usual place of residence of such persons, so as to be available to them at least seven **(7)** clear days before the meeting.

18 The agendas will include all supporting papers available at the time of posting. Further supporting papers will be received no later than three **(3)** clear days before the meeting.

19 Lack of service of the notice on any one person above shall not affect the validity of the meeting, but failure to serve such a notice on more than half the Governors will invalidate the meeting. A notice shall be presumed to have been served on the second clear day after it was posted.

Quorum

20 No business shall be transacted at a meeting of the Council of Governors unless at least nine **(9)** Governors are present of which at least five **(5)** must be elected Governors.

Setting the agenda

21 The Council of Governors may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors and shall be addressed prior to any other business being conducted.

22 A Governor desiring a matter to be included on an agenda shall make the request in writing to the Chair at least fourteen **(14)** clear days before the meeting. Requests made less than fourteen **(14)** clear days before a meeting may be included on the agenda at the discretion of the Chair or the Secretary.

Person Presiding Chairship of meetings

26 At any meeting of the Council of Governors, the Chair of the Trust, if present, shall preside. If the Chair is disqualified from participating because of a declared conflict of interest, the Vice Chair of the Council of Governors, if present, shall preside. If the Chair and the Vice Chair of the Council of Governors are both disqualified from participating because of a declared conflict of interest, because the matter under discussion relates to them or are otherwise absent, the Lead Governor shall preside. If the Chair, Vice Chair and the Lead Governor are all disqualified from participating because of a declared conflict of interest or are otherwise absent, a Governor from the Public Constituency will be nominated to preside and exercise the casting vote, the nomination to be approved by a majority vote of those present at the meeting.

Notices of motion

27 A Governor desiring to move or amend a motion shall send a written notice thereof to the Chair at least twenty one **(21)** clear days before the meeting, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This Standing Order shall not prevent any motion being moved during the meeting, without notice, on any business mentioned on the agenda.

Withdrawal of motion or amendments

28 A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

Motion to rescind a resolution

29 Notice of a motion to amend or rescind any resolution (or general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Governors who give it and also the signature of four other Governors, of whom at least two shall be Public Governors. When any such motion has been disposed of by the Trust, no-one other than the Chair shall propose a motion to the same effect within six months, although the Chair may do so if they consider it appropriate.

Motions

30 The mover of a motion shall have the right of reply at the close of any discussions on the motion or any amendment thereto.

31 When a motion is under discussion or immediately prior to discussion it shall be open to a Governor to move:

- an amendment to the motion.;
- the adjournment of the discussion or the meeting
- that the meeting proceed to the next business(*);
- the appointment of an *ad hoc* committee to deal with a specific item of business; and/or
- that the motion be put(*).

* In the case of sub-paragraphs denoted by (*) above, motions may only be put by a Governor who has not previously taken part in the debate.

32 No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

Chair's ruling

33 The decision of the Chair of the meeting on the question of order, relevance and regularity and related matters shall be final. The Chair, advised by the Secretary, shall be the final authority in the interpretation of these Standing Orders.

Voting

34 If, in the opinion of the Chair or on the advice of the Secretary or requested by five or more Governors, a vote shall be required on a question at a meeting, a vote shall be taken. The results of such a vote will be determined by a majority vote of the Governors present. In the case of an equality of votes, the person presiding shall have a second or casting vote.

35 All questions put to the vote shall, at the discretion of the Chair, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request, or Secretary deems it advisable or necessary.

36 In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.

37 If a Governor so requests their vote shall be recorded by name upon any vote other than by paper ballot, and it shall be recorded in the minutes of the proceedings of the meeting.

Minutes

38 The minutes of the proceedings of a meeting shall be drawn up and appropriately record the decisions and action points arising from the meeting. Draft minutes should be distributed to the Council of Governors fourteen **(14)** clear days after the meeting.

39 The minutes of the meeting shall be included in the papers for the next meeting as an early agenda item. No discussion shall take place upon the minutes, except upon their accuracy, or where the Chair considers discussion appropriate. Any amendments to the minutes shall be agreed and recorded.

40 Once approved by the full Council of Governors, the minutes of the meeting shall be signed by the Chair (or person who presided at the meeting) and retained in the Trust as a permanent record and the final minutes shall be added to the Trust's website for public inspection.

Record of attendance

41 The attendance of the Governors at meetings of the Council of Governors will be recorded in the minutes and reported in the annual report. Governors are required to attend 80% of the Council of Governor meeting held during the year. Non-attendance of a Governor at Council of Governor meetings will be brought to the attention of the Chair who will review the reasons for non-attendance and consider any appropriate action. The Chair will in a private session of the Council of Governors

discuss the absence of the Governor and proposed action. The Council of Governors will be asked to agree the action to be taken. The absent Governor will be asked to leave the room during the discussion.

Adjournment of meetings

42 The Council of Governors may, by resolution, adjourn any meeting to some other specified date, place and time and such adjourned meeting shall be deemed a continuation of the original meeting. No business shall be transacted at any adjourned meeting which was not included in the agenda of the adjourned meeting.

43 When any meeting is adjourned to a date more than fourteen (14) clear days' later, notice of the adjournment shall be sent to each Governor specifying the business to be transacted.

SECTION C: COMMITTEES

Appointment of Committees

44 Subject to Standing Order 48 below and such directions as may be given by Independent Regulator, the Council of Governors may and, if directed, shall appoint committees and groups of the Council of Governors, consisting wholly or partly of Governors. In all cases, each committee shall have a majority of Public Governors.

45 The Council of Governors will form a Nominations/ Remuneration Committee, a Membership Development Group, a Constitution Review Group and an Out of Hospital Care Group as standing committees. Each of these committees will have terms of reference approved by the whole Council of Governors. The committees will be able to formulate recommendations, which must be approved by the full Council of Governors at a meeting held in public. Such terms of reference shall have effect as if incorporated into these Standing Orders. These Standing Orders shall not apply to joint committees which Governors attend e.g. Transport Committee. These committees are managed by the Executive Directors.

46 A committee appointed under Standing Order 44 may, subject to such directions as may be given by Independent Regulator or the Council of Governors, appoint sub-committees or working groups consisting wholly or partly of members of the particular committee.

47 These Standing Orders shall apply with appropriate alteration to meetings of any committees established by the Council of Governors. The provisions in this section which apply to committees of the Council of Governors shall also be taken to apply to sub-committees of those committees.

48 *Ad hoc* committees of the Council of Governors shall have such terms of reference and powers and be subject to such conditions (such as to reporting back to the Council of Governors), as the Council of Governors shall decide. Such terms of reference shall have effect as if incorporated into these Standing Orders.

49 Committees may not delegate their powers to a sub-committee unless expressly authorised by the Council of Governors.

50 The Council of Governors has the authority to form sub-committees and groups in the execution of their business.

51 The Council of Governors shall approve the proposed terms of reference of the committee which it has formally constituted. Governors will be invited to nominate themselves for membership of the committees or groups. Where the Council of Governors determines that persons who are neither governors, nor directors or officers~~,~~ shall be appointed to a committee, the terms of such an appointment shall be determined by the Council of Governors subject to the payment of travelling and other expenses being in accordance with such sum as may be determined by the Board of Directors or Independent Regulator.

52 Governors who nominate themselves to be a member of a sub-committee will provide their name to the Secretary within the prescribed timescale. On the occasion of over subscription to a committee or group the Secretary will prepare voting papers for the members of Council of Governors to vote the membership of the committee or group. Once the committee or group membership is established it is for the committee or group to agree the Chairship and the regularity of meetings.

53 Where the Council of Governors is required to appoint persons to a committee or to undertake statutory functions as required by the Sector Regulator, and where such appointments are to operate independently of the Council of Governors or the Board of Directors, such appointment shall be made in accordance with any regulations laid down by the Chief Executive or their nominated officer or any directions or guidance issued by the Sector Regulator from time to time.

54 An appointed Governor will be eligible to serve on a committee or group for the duration of their current term of office. At the expiry of that term, the appointed Governor's membership of the committee or group will automatically expire and the Council of Governors will seek nominations for membership of that committee or group from among the appointed Governors. The appointed Governor who has already served on the committee or group will, if re-appointed to the Council of Governors by their sponsoring organisation, be eligible to be nominated to serve on the committee or group again, coterminous with their further term of office.

55 An elected Governor will be eligible to serve on a sub-committee for the duration of their current term of office. At the expiry of that term, the elected Governor's membership of the Committee will automatically expire and the Council of Governors will seek nominations for membership of that committee from among the elected Governors. The elected Governor who has already served on the committee will, if re-elected to the Council of Governors, be eligible to be nominated to serve on the committee again, coterminous with their further term of office.

56 If an elected or appointed Governor is unable to complete his appointed term of membership of a committee or group (i.e. as a result of illness, planned extended absence, etc), the committee or group may, at its discretion, appoint another elected or appointed Governor in their place. Where a sponsoring organisation for an appointed Governor has been invited by the Council of Governors to appoint a temporary replacement for the absent appointed Governor to membership of the Council of Governors, that person will take the absent Governor's place on any committees or groups to which they have been appointed for the duration of the appointed Governor's absence.

57 Where the role of Chair for a committee or group has been left vacant due to term of office ending for the previous incumbent, the committee or group will, as its first agenda item, appoint the Chair.

Confidentiality

58 A member of a committee or group shall not disclose a matter dealt with by, or brought before, the committee or group without its permission until the committee or group has reported to the Council of Governors or has otherwise concluded that matter. A Governor on a committee or group may pass on to other governors a synopsis of points which are relevant but shall first obtain permission from the Chair of the committee or group.

59 A Governor or a member of a committee or group shall not disclose any matter reported to the Council of Governors or otherwise dealt with by the committee or group, notwithstanding that the matter has been reported or action has been concluded, if the Council of Governors or committee or group shall resolve that it is confidential.

60 In relation to patient confidentiality, the provisions at Standing Orders 58 and 59 above for disclosure of information by Governors or members of committees established by the Council of Governors shall not apply, and such information shall not be disclosed under any circumstances.

SECTION D: APPOINTMENT OF THE CHAIR AND NON-EXECUTIVE DIRECTORS, VICE CHAIR AND LEAD GOVERNOR

61 An *ad hoc* sub-committee of the Nominations/Remuneration Committee will be formed on each occasion that it becomes necessary to appoint the Chair or a Non-executive Director. This sub-committee will, in each case, be known as the Appointment Committee. Whilst its membership will generally be drawn from the Nominations/Remuneration Committee, other Governors may also be members. The membership of the Appointment Committee will be decided by the Nominations/Remuneration Committee be subject to the approval of a majority of the Council of Governors present and able to vote.

62 A Governor should declare to the Appointment Committee if a candidate is known to them.

63 The arrangements for the functioning of Nominations/Remuneration Committee and the Appointment Committee are set out in Appendix A attached to these Standing Orders.

Appointment of the Lead Governor

64 The Council of Governors will appoint a Lead Governor from the Public Governors. The appointment shall be for the Governor's term of office and subject to annual review. The review of the Lead Governor is undertaken by the Chair with support and contribution from the Council of Governors. Removal of the Lead Governor would be through a recommendation received from the Nominations/Remuneration Committee which is considered and approved by 75% of the Council of Governors present at the meeting considering the recommendation.

65 The Lead Governor will act in place of the Chair at meetings of the Council of Governors where it is for the Chair to be present (or in his absence) and in the absence of the Vice Chair.

66 The Lead Governor will be a member of the Nominations/Remuneration Committee.

SECTION E: DISQUALIFICATION

67 Where a person has been elected or appointed to be a Governor and they become disqualified for appointment~~,~~ under paragraphs 8.121~~1~~ and 8.132~~2~~ of the Constitution, they shall notify the Secretary in writing of such disqualification as required by paragraphs 8.121~~1~~.2 and/or 8.132~~2~~.2.

68 If it comes to the notice of Secretary that a person elected or appointed to be a Governor may be disqualified under paragraphs 8.121~~1~~ and 8.132~~2~~ of the Constitution from holding that office and the Secretary has not received a notice from that person, the Secretary will make such inquiries as they think fit and, if satisfied that the person may be so disqualified, the Secretary will advise the Chair so that the Chair can make a recommendation for disqualification to the Council of Governors. The recommendation will either be made to a general meeting or to a meeting called specifically for the purpose.

69 The Secretary shall give notice in writing to the person concerned that the Trust proposes to declare the person disqualified as a Governor. In this notice, the Secretary shall specify the grounds on which it appears to them that the person is disqualified and give that person a period of fourteen **(14)** clear days in which to make representations, orally or in writing, on the proposed disqualification.

70 The Chair's recommendations and any representations by the Governor concerned shall be provided to the Council of Governors. If the Council of Governors upholds the proposal to disqualify, the Secretary shall immediately declare that the person in question is disqualified and notify them in writing to that effect. On such declaration the person's tenure of office shall be terminated and they shall cease to act as a Governor.

SECTION F: REMUNERATION AND PAYMENT OF EXPENSES

Remuneration

71 Governors are not to receive remuneration.

Payment of expenses

72 The Trust will pay reasonable expenses to Governors, at such rates as the Board of Directors may determine, for attendance at general meetings of the Council of Governors [or its committees, sub-committees or working groups] or any other business authorised by the Board of Directors.

73 Expenses will be authorised through the Secretary's office and reimbursed on receipt of a completed and signed expenses form, evidenced by receipts. A summary of expenses paid to Governors will be published in the annual report.

SECTION G: STANDARDS OF CONDUCT OF GOVERNORS

Policy

74 In relation to their conduct as a member of the Council of Governors, each Governor must comply with the same standards of business conduct as for NHS staff. In particular, the Trust must be impartial and honest in the conduct of its business and its office holders and staff must remain beyond suspicion. Governors are expected to be impartial and honest in the conduct of official business.

75 Members of the Council of Governors are required on an annual basis to sign a code of conduct form as prescribed by the Secretary and must comply fully with the terms of the code of conduct.

76 A Governor shall not solicit for any person any appointment in the Trust.

Interest of Governors in contracts

77 If it comes to the knowledge of a Governor that a contract in which they have any pecuniary interest, not being a contract to which they are themselves a party, has been, or is proposed to be, entered into by the Trust, they shall immediately give notice in writing to the Secretary of the fact that they have such an interest.

SECTION H: MISCELLANEOUS PROVISIONS

Suspension of Standing Orders

78 These Standing Orders may be suspended in part or fully at any general meeting provided that:

(1) at least two-thirds of the Council of Governors are present, including at least six elected
(2) Governors and one appointed Governor~~,~~; and the Secretary does not advise against it~~,~~; and
(3) a majority of those present vote in favour.

79 Notwithstanding Standing Order 76 above, these Standing Orders cannot be suspended if to do so would contravene any statutory provision, the Trust's Authorisation or the Constitution.

80 A decision to suspend these Standing Orders shall be recorded in the minutes of the meeting and any matters discussed during the suspension of Standing Orders shall be recorded separately and made available to all members of the Council of Governors.

81 No formal business may be transacted whilst Standing Orders are suspended.

Variation and amendment of Standing Orders

82 Standing Orders may only be varied or amended if:

1. the proposed variation does not contravene any statutory provision, the Trust's–Authorisation or the Constitution;
(A) unless proposed by the Chair or the Chief Executive or the Secretary, a notice of motion under Standing Order 27 has been given;
(B) at least two-thirds of the members of the Council of Governors are present, including at least five elected Governors and one appointed Governor, and a majority of the Governors present vote in favour of the amendment.

Review of Standing Orders

83 These Standing Orders shall be reviewed bi-annually by the Council of Governors. The requirement for review shall extend to all and any documents having effect as if incorporated in the Standing Orders [other than the Constitution].

APPENDIX A

Procedure for the appointment of the Chair, Non-executive Directors of the Board of Directors and Vice Chair of the Board of Directors and Council of Governors

Appointment of the Chair and Non-executive Directors

The Council of Governors will appoint the Chair and the Non-executive Directors. These appointments will be made with the support of appropriate Directors and officers of the Trust.

When the appointment is for a Non-executive Director, the Chair will lead the process with the Governors. When the appointment is for the Chair, the Chair will not be involved and the process will be lead by the Lead Governor with the support of the Vice Chair and other Directors and officers, as appropriate.

Below is a process agreed by the Council of Governors for the appointment of a Chair and Non-executive Directors.

During this process, a regular report will be received by the Council of Governors in private on the progress of the appointment.

Once it has been established that it will be necessary to run an appointment process and the Council of Governors have been informed, a consultation meeting will be convened and attended by the Nominations/Remuneration Committee, a representative from the Trust's Recruitment Department and the Secretary. Those present at this meeting will establish the outline timeline for appointment~~,~~; review and amend the pro forma documentation – (the job description~~,~~ (including the required level of commitment) person specification and recruitment pack); agree the competencies to be measured at an assessment centre; and agree the appointment of an external assessor to act as an advisor to the Appointment Committee.

In the case of a Non-executive Director appointment, the Chair will comment on the views of the existing members of the Board of Directors. This process will be lead by the Chair as chair of the Nominations/Remuneration Committee and a report from the Chair will be presented to the next Council of Governors meeting.

In the case of a Chair appointment, the Vice Chair will provide the Nominations/Remuneration Committee with comments from the Board of Directors and the Lead Governor with the support of the Vice Chair will report to the Council of Governors.

The Secretary, a representative from the Trust's Organisational Development team and the representative from the Trust's Recruitment Department will prepare a recommendation on the measurements to be used for the agreed competencies for consideration by the Nominations/Remuneration Committee. The Nominations/Remuneration Committee will meet to discuss the recommendation

and agree the measures to be used. The Nominations/Remuneration Committee will also agree the finalised recruitment timetable and the proposed advert.

Long-listing will be undertaken by the representative from the Trust's Recruitment Department and the Secretary in accordance with criteria advised by the Nominations/Remuneration Committee. The Nominations/Remuneration Committee will be provided with reasons as to why candidates have been removed at long-listing stage and will review and amend the list, as necessary. The Nominations/Remuneration Committee will undertake the short-listing exercise and be advised by the external assessor wherever possible. The interview timetable will then be finalised.

The assessment centre work is to be undertaken in parallel with the work of the Nominations/Remunerations Committee. The results will be included in the information provided to the Appointment Committee.

The Appointment Committee may be split into two panels, if appropriate, with agreement as to what each panel will consider.

Once the interviews are held, the two panels (if used) will re-form the Appointment Committee and consider each of the candidates. The Appointment Committee will formalise a recommendation to be considered by the Council of Governors at their next meeting in private. Once the appointment has been made by the Council of Governors, the successful candidate will be informed. Arrangements will be made by the Secretary for the new Chair or Non-executive Director(s), as the case may be, to receive a full induction.

Term of Office of Non-executive Directors and the Chair

Each Non-executive Director including the Chair shall be eligible to serve ~~the maximum of~~ six~~nine~~ years. Any further extension ~~The final three years~~ will be assessed on a year by year basis subject to performance up until a maximum of a further 3 years.~~.~~

Non-executive Directors, including the Chair, are appointed by the Council of Governors for specified terms, subject to re-appointment thereafter at intervals of no more than three years and subject to the National Health Service Act 2006 provisions relating to the removal of a Director. Re-appointment of the Chair or a Non-executive Director should only be made in exceptional circumstances and should be subject to particularly rigorous review to the extent that that individual has already served for six years (e.g. two three year terms), taking into account the need for progressive refreshing of the Board.

All Non-executive Directors including the Chair will undergo an annual appraisal. The appraisal for the Non-executive Directors is to be carried out by the Chair the results of the appraisal reported to the Nominations/Remuneration Committee and a recommendation prepared for consideration by the full Council of Governors. The appraisal for the Chair is to be carried out by the Senior Independent Director and the Lead Governor. The results of the appraisal are reported to the

Nominations/Remuneration Committee and the Board of Directors and a recommendation prepared for consideration by the full Council of Governors.

Appointment of the Vice Chair of the Council of Governors and the Board of Directors

The Chair will develop a recommendation to present to the Council of Governors on the appointment of an appropriate Non-executive Director to fulfil the role of Vice Chair.

The Council of Governors will consider the recommendations and if appropriate approve the recommendation. The Board of Directors will also consider the same recommendation and if appropriate approve the appointment.

Annex 5

Auditor's Annual Report

York and Scarborough Teaching Hospitals NHS Foundation Trust – year ended 31 March 2022

September 2022

mazars

Contents

01

Section 01:

Introduction

1. Introduction

Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for York and Scarborough Teaching Hospitals NHS Foundation Trust ('the Trust') for the year ended 31 March 2022. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders. Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO'). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.

Opinion on the financial statements
We issued our audit report on 21 June 2022. Our opinion on the financial statements was modified as we were unable to obtain sufficient appropriate audit evidence regarding the inventory balance as at 31 March 2021 (as a result of not being able to attend and test year end stock takes due to Covid-19 restrictions at that time).

Wider reporting responsibilities
In line with group audit instructions issued by the NAO, on 21 June 2022 we reported that the Trust's consolidation schedules were consistent with the audited financial statements.

Value for Money (VFM) arrangements
In our audit report issued on the 21 June 2022 we reported that we had not completed our work on the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources. Our audit report highlighted a significant weakness in arrangements and a VFM recommendation in relation to outstanding Care Quality Commission conditions of registration.

Section 3 confirms that we have now completed this work and provides our commentary on the Trust's arrangements. This includes a second significant weakness identified since we issued our audit report.

Following the completion of our work we have issued our audit certificate which formally closes the audit for the 2021/22 financial year.

02

Section 02:

Audit of the financial statements

2. Audit of the financial statements

The scope of our audit and the results of our opinion

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust's financial position as at 31 March 2022 and of its financial performance for the year then ended. Our audit report was issued on 21 June 2022. Our opinion on the financial statements was modified to reflect the prior year limitation of scope on inventory balances because we were unable to attend stock-counts in 2021 due to Covid-19 restrictions.

Our Audit Completion Report, presented to the Trust's Audit Committee on 16 June 2022, provides further details of the findings of our audit of the Trust's financial statements. This includes our conclusions on the identified audit risks and areas of management judgement, internal control recommendations and audit misstatements identified during the course of the audit.

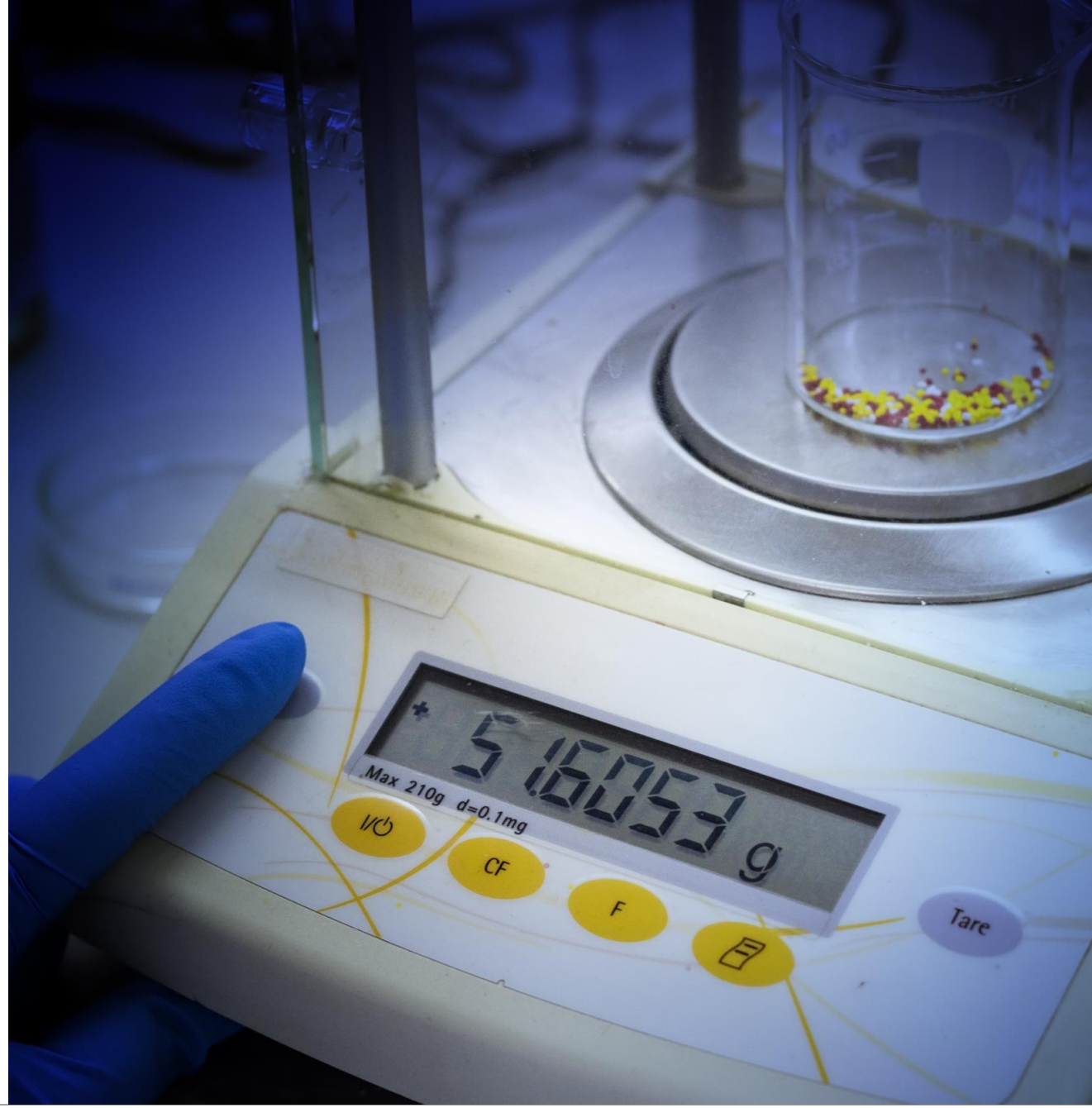
03

Section 03:

Our work on Value for Money arrangements

3. VFM arrangements

Overall Summary



3. VFM arrangements – Overall summary

Approach to Value for Money arrangements work

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Trust ensures that it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding or arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information
- Information from internal and external sources including regulators
- Knowledge from previous audits and other audit work undertaken in the year
- Interviews and discussions with staff and directors

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements**

  We make these recommendations for improvement where we have identified a significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.

- **Other recommendations**

  We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant but which still require action to be taken.

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

3. VFM arrangements – Overall summary

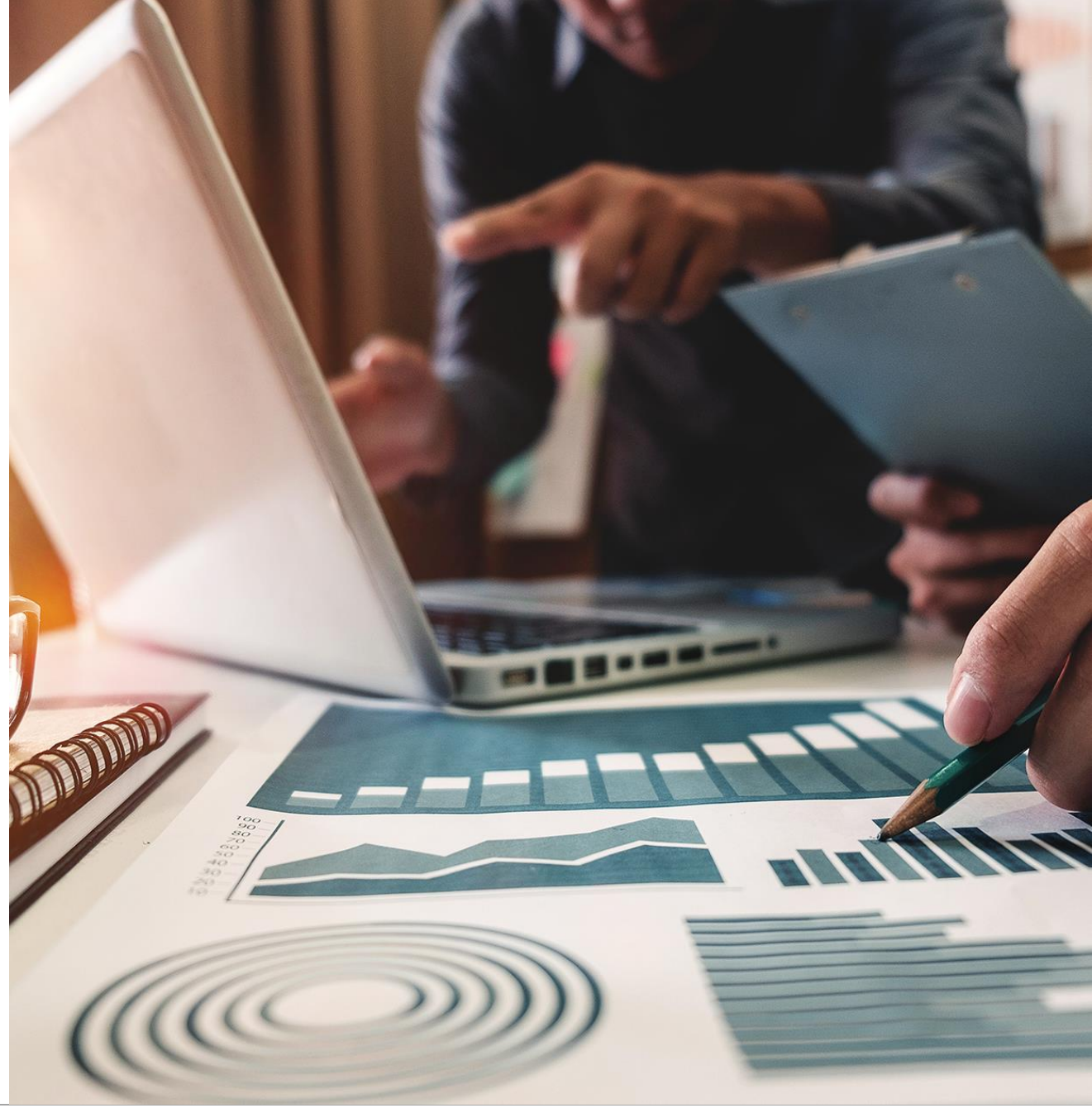
Overall summary by reporting criteria

Reporting criteria	2020/21 Actual significant weaknesses identified?	2021/22 Commentary page reference	2021/22 Identified risks of significant weakness?	2021/22 Actual significant weaknesses identified?	2021/22 Other recommendations made?
Financial sustainability	No	11	No	No	Yes
Governance	Yes	15	Yes	Yes	No
Improving economy, efficiency and effectiveness	No	21	No	No	No

3. VFM arrangements

Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services



3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria

Background to the NHS financing regime in 2021/22

Following the onset of the Covid-19 pandemic in March 2020, the original NHS Planning Guidance 2020/21 was suspended and a new financial regime was implemented. For the second half of the 2020/21 year (October 2020 to March 2021) there was a move to "system envelopes", with funding allocations covering most NHS activity made at the system level, including resources to meet the additional costs of the Covid-19 pandemic. The 2021/22 financial year was also split into two halves, with a different funding regime in each. However, the regimes were largely a continuation of those introduced in 2020/21 in response to COVID-19, where system envelopes and block payment arrangements remained in place.

The 2021/22 H1 (April 2021 to September 2021) envelopes comprised of adjusted Clinical Commissioning Group (CCG) allocations, system top-up and COVID-19 fixed allocation, based on the H2 2020/21 envelopes, adjusted for known pressures and policy priorities. The 2021/22 H1 NHS guidance also confirmed that block payment arrangements would remain in place for relationships between NHS commissioners and NHS providers. The guidance for H2 (October 2021 to March 2022) confirmed that the arrangements would stay broadly consistent with a continuation of the H1 framework. The 2021/22 H2 "system envelopes" contained adjusted CCG allocations, system top-up and COVID-19 fixed allocation, based on the H1 2021/22 envelopes adjusted for additional known pressures, such as the impact of pay awards, and increased efficiency requirements.

Over the course of the year and into 2022/23, the focus of the funding regime has shifted from responding to the immediate challenges caused by COVID-19 to supporting recovery in the healthcare system. This has facilitated the need for collaborative working between commissioners and providers, as local systems were expected to work together to deliver a balanced position in 2021/22, with additional funding available for those systems exceeding target activity levels through the Elective Recovery Fund. The planning guidance for 2022/23 supports the transition back to local agreement of contracts, and requires systems to achieve a break even position each year. This will necessitate further collaboration through the planning process, as individual organisations work together to achieve system-level outcomes.

Overall responsibilities for financial governance

We have reviewed the Trust's overall governance framework, including Trust Board and Committee Reports, the Annual Governance Statement, and Annual Report and Accounts to confirm the Trust Board has arrangements to meet its responsibility to make the best use of financial resources and deliver the services people need, to standards of safety and quality which are agreed nationally. We have reviewed reports and minutes of the Group Audit Committee, confirming there is oversight on corporate performance, quality of services and financial governance on behalf of the Board..

Our review of the Audit Committee, also provided assurance that there is oversight of the Trust's internal control and risk management arrangements.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria (continued)

The Trust's financial planning and monitoring arrangements

Through our review of Board and Committee reports, meetings with Management, review of key documents and relevant work performed on the financial statements, we are satisfied that the Trust's arrangements for budget monitoring remain appropriate. These include:

- Standing Financial Instructions with relevant provisions for budgetary control and reporting - these including arrangements for the Finance Director to provide reports and support to budget holders and teams to support effective financial management of those component parts of Trust financial performance. Clear responsibilities are outlined for budget holders and the Trust's Standing Financial Instructions include specific provisions for the preparation and approval of the Annual Business Plan and budget.
- Alignment of budgeting with other planning processes - workforce planning informs the budget setting process and operational activity planning is considered with budgets aligned to commissioning intentions and treatment performance. There is an established Business Case process when services are faced with changes which impact activity and required financial resources. The Trust agreed its five-year Strategy in March 2018, which set out the strategic objectives for the period. Due to Covid-19 the Trust has refreshed its plans and published an interim plan, 2021-2023: Building better care together. Our review of documentation and discussions with management confirm that business planning, investment decisions, and governance arrangements are shaped within this strategic framework.
- Oversight from the Trust Board and its Committees - throughout 2021/22 there has continued to be regular and sufficiently detailed reporting on financial performance and planning through the Integrated Business Reports. There is a reassessment of in-year forecasts and underlying run rate analysis throughout the financial year with bridge analysis provided to identify key changes. The Board Assurance Framework (BAF) identifies the specific risks and controls regarding the 'getting the basics right' theme in the Trust's Strategy.
- Established arrangements for effective year end financial reporting - statutory deadlines have been met for 2021/22 and in previous years. No significant concerns which adversely impact on this commentary were reported in our Audit Completion Report and the final financial outturn was broadly in line with the forecast position during the year.

The Trust's arrangements and approach to Financial planning 2022/23

We reviewed the Trust's 2022/23 financial plan submitted to NHSE/I in April 2022 and the supporting Board paper. For 2022/23 the NHS will revert to contracting arrangements instead of the current block payments system introduced to simplify arrangements during the pandemic. The financial plan submitted in April 2022 showed an I&E deficit of £11.8m, within the overall Humber, Coast and Vale ICS deficit of £56m. The plan included targeted efficiency improvements of around £15.5m which was in line with the thresholds set out in the planning guidance. Although specific areas of planned saving had not been firmed up it was expected that the risks could be managed non-recurrently through cost control and reserves. A capital plan totalling £86.5m was submitted to the ICS, of which £22.8m relates to newly capitalised finance leases.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria (continued)

The Trust had secured £50m of Public Dividend Capital and Charitable funding and is monitoring the discretionary element of the capital programme to mitigate any budget risks.

NHSE/I required that all 2022/23 plans be resubmitted by 20 June 2022 and offered ICSs additional funding to help broker breakeven positions in local plans. The ICS was offered around £35m of additional funding. The Trust worked with its ICS colleagues and internally to update its planning and the Trust's resubmitted plan shows a breakeven position for 2022/23 largely met through additional ICS income of £10.3m.

In this final plan submission the Trust updated its reporting of its CIP to fall in line with a reporting process requested by the ICS and NHSE and adopted by other providers. The plan shows that the efficiency improvement target for the year has increased to £32.4m (£15.5m in the original plan). We have noted that the efficiency savings target increased by £16.9m for, corporately managed, technical expenditure savings linked to planned reductions in Covid-19 expenditure and productivity gains. The savings requirement the Trust must deliver from operational budgets is £15.7m and represents 2.4% of operational budgets. This in line with the national savings requirement.

Whilst we have not identified a significant weakness in arrangements, in recognition of the significant challenge associated with delivery of this challenging efficiency target, we have raised the following 'other recommendation'.

Other recommendation

1	As at the end of July 2022, £10.8m of efficiency savings are still to be delivered. While the Trust is making progress towards its efficiency target, delivery is challenging and could be a potential risk to the projected breakeven position for 2022/23.	The Trust should ensure it continues its arrangements to identify how it will deliver un-costed efficiency savings included in the financial plan. It should also ensure that its scrutiny arrangements, to monitor and deliver its efficiency savings plan are maintained throughout 2022/23..

The creation of the statutory ICS from July 2022, along with the introduction of new financial/contracting arrangements, will lead to the need for, and opportunity to, develop more medium-term financial and operational plans. The Trust will continue to work with the ICS, to shape new management arrangements and deliver improved service configurations in the coming years. The Trust is expected to respond to national requirements whilst endeavouring to work with patients and the public to deliver good services within available resources.

Overall, we are satisfied that there are no indications of a significant weakness in arrangements under the financial sustainability criteria.

3. VFM arrangements

Governance

How the body ensures that it makes informed decisions and properly manages its risks

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria

Overall Governance Arrangements

The Trust has a full suite of governance arrangements in place, supported by the Trust's Constitution and Scheme of delegation. These are set out in the Trust's Annual Report and Accounts and Annual Governance Statement. We reviewed these documents as part of our financial statements audit and confirmed they were consistent with our understanding of the Trust's arrangements.

Our review of the Trust's governance framework confirms arrangements are in place, with the Trust Board being responsible for the overall performance of the Trust and having a clear set of strategic and supervisory roles. The Trust has established Committees to support these roles, including.

- Remuneration Committee;
- Group Audit Committee;
- Quality Assurance Committee;
- Executive Committee; and
- Resource Assurance Committee.

The Trust carries out an annual review of the Board and its Committees; each sub-committee completes an annual review of its effectiveness and performance against their terms of reference, with the results and any priorities for improvement reported to the Trust Board. We consider the committee structure of the Trust is sufficient to provide assurance that decision making, risk and performance management is subject to appropriate levels of oversight and challenge.

The 2021/22 Annual Report and Accounts and Annual Governance Statement set out the steps taken in the year to strengthen compliance with NHS Improvement's Well-Led framework.

The Care Quality Commission's most recent inspection in 2019/20 resulted in a rating of 'Requires Improvement' and in March 2022 it served a section 29a warning notice in regard to services at Scarborough Hospital. The Annual Report provides an updated on actions taken in regard to both and we have highlighted significant weaknesses on these matters (see pages 19 and 20).

The Trust carries out an ongoing programme of work to ensure that its governance procedures are in line with the principles of the NHS Foundation Trust Code of Governance. The Annual Report and Accounts includes a summary of the Trust Board's assessment of its arrangements against the Code's expectations

The Annual Report and Accounts sets out the arrangements in place for the Council of Governors (CoG) to carry out its roles and meet its responsibilities as set out in the Trust Constitution. These include the arrangements for making the Trust accountable for the services it provides The Annual Report and Accounts confirms that the Chair of the Trust is also the Chair of the CoG, and has the responsibility of updating the Board regularly on matters arising from the CoG. The Trust's updated Constitution was adopted in April 2021.

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria (continued)

The Trust records strategic risks in the Board Assurance Framework (BAF), with the Corporate Risk Register subject to regular review by the Risk Committee. Our review of the BAF confirms it is sufficiently detailed to manage the Trust's key risks, identify controls, gaps in controls and obtain the assurance required to work towards a targeted risk score. The Audit Committee programme includes regularly assessing whether these arrangements are in place and are effective.

The BAF and Corporate Risk Register are used to inform the agenda of the Trust Board with our review of agendas confirming the relevant risks being reviewed regularly. Our review of Board and Committee reports as well as attendance at Group Audit Committee meetings confirms the BAF is regularly updated and in sufficient detail to allow for review including primary risk controls, gaps, plans to improve controls and any additional actions required.

The Group Audit Committee considers the BAF, Annual Report and Accounts and Annual Governance Statement and monitors progress with internal and external audit plans. It also regularly receives updates on losses and compensation payments, single tender waivers. Our attendance at Group Audit Committee has confirmed there is an appropriate level of effective challenge.

We reviewed the 2021/22 Annual Governance Statement and are satisfied it fairly reflects the arrangements in place. The Statement identifies significant matters that the Trust is focused on addressing but these are not identified as significant gaps in control in relation to the delivery of the Trust's strategic objectives and we are satisfied that they do not represent significant weaknesses in the Trust's VFM arrangements.

The Trust's Internal Audit is provided by an independent third party (Audit Yorkshire) who provide an Annual Plan, Annual Report and regular progress reports to the Audit Committee, which we have read. The Head of Internal Audit Opinion is reflected in the published Annual Governance Statement. In respect of the 2021/22 period Internal Audit provided a rating of 'significant assurance' that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently. Their overall opinion and the detailed reports issued in the year do not identify any significant weaknesses in the Trust's VFM arrangements.

The Trust's Local Counter Fraud service is provided by an independent third party. The Audit Committee has received regular progress reports on the agreed annual counter fraud plan and provided oversight and challenge as required. None of the matters reported in the year or in the Anti-Crime Service Annual Report 2021/22 indicate any significant weaknesses in the Trust's VFM arrangements.

Group Audit Committee

The Committee's membership includes three Non-Executive Directors. Terms of reference are in place for the Audit Committee and these are in line with expectations. The terms of reference includes; seeking assurance in respect of the Trust's risk management, control and governance systems and seeking assurance on anti-fraud controls. The Audit Committee Chair reports into the Trust Board after each meeting and an Annual Report of the work of the Committee is produced and presented to the Board. We have attended Audit Committee meetings held during the year. While all meetings were held remotely we identified no evidence that this impacted on the objectives and performance of the Committee.

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria (continued)

Regulator assessments

In the last Care Quality Commission (CQC) inspection (dated July 2019), the Trust's overall combined quality rating was 'Requires Improvement', with the domain scores from the latest published report shown in the table below. Ratings will not change until the next formal inspection by the CQC.

Theme	Rating
York and Scarborough Hospitals NHS Foundation Trust (Combined ratings from report Issued June 2019)	
Overall rating	Requires improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

In March 2022 the CQC also completed an unannounced focused inspection, due to safety concerns about standards of patient care. This resulted in a section 29a warning notice being issued because the Trust's patient risk assessment procedures and levels of care in regard to nutrition and hydration, pressure area care and falls were deemed as being inadequate.

We have considered the Trust's governance arrangements in response to these reports and followed up on the progress made in regard the significant weakness reported in 2020/21 (see page 19) and highlighted a new significant weakness in regard to the March 2022 unannounced inspection (see page 20).

Performance management

Performance management is monitored by the Board as part of the Integrated Business Report. This report includes a performance summary, key performance indicators, more detailed metrics for specific areas, e.g. infection control and patient safety and exception reports for the mandated NHS targets, e.g. cancer waiting times and referral to treat (RTT).

As highlighted on pages 19 and 20, we have identified significant weaknesses in arrangements against the Governance reporting criteria as a result of the matters arising from CQC inspections of the Trust.

3. VFM arrangements - Identified significant weaknesses and our recommendations

Progress against significant weaknesses and recommendations made in the prior year

As a result of our 2020/21 work we identified a significant weakness in the Trust's arrangements to secure economy, efficiency and effectiveness it its use of resources. The identified weakness has been outlined in the table below, along with our view on the Trust's progress against the recommendation made.

Identified significant weakness in arrangements	Reporting criteria	Recommendation for improvement	Our views on the actions taken to date	Overall Conclusions
Care Quality Commission (CQC) inspection of the Trust's Emergency Departments In January 2020, the CQC carried out an unannounced focused inspection of the Trust's Emergency Departments. In their report, published in March 2020, the CQC rated the service as 'inadequate' and set out a number of areas for improvement that the Trust must address to comply with the conditions of registration. In June 2021, the CQC removed five of the seven conditions of registration originally imposed. However, two conditions of registration (in relation to patients who present to the emergency departments at York and Scarborough Hospitals with mental health needs) were not removed and remain in place. The Trust recognises that a failure to continue to address the weaknesses identified by the CQC could adversely impact upon services provided to users of the emergency departments (particularly those with mental health needs) and has has developed an action plan to address the continuing conditions of registration and established additional internal oversight arrangements to drive the required improvements.	Governance	The Trust should implement and embed the action plans it has developed to address the patient care issues identified by the Care Quality Commission in order to deliver sustainable improvements for patients. In particular, it should ensure that robust monitoring and reporting processes are maintained, and that challenge, scrutiny and escalation arrangements drive the required improvements for patients and maintain the progress made to-date in implementing the actions to address the remaining issues raised by the CQC.	We issued our recommendation for improvement to the Trust on the 16 September 2021. Review of subsequent correspondence from the CQC confirms that the two conditions continue to remain outstanding in 2021/22. However, we aware that the Trust continues its efforts to address the remaining issues identified by the CQC and maintains the additional oversight arrangements established to monitor progress.	As a result, there remains a significant weakness in the Trust's arrangements.

3. VFM arrangements - Identified significant weaknesses and our recommendations

Identified significant weaknesses in arrangements and recommendations for improvement

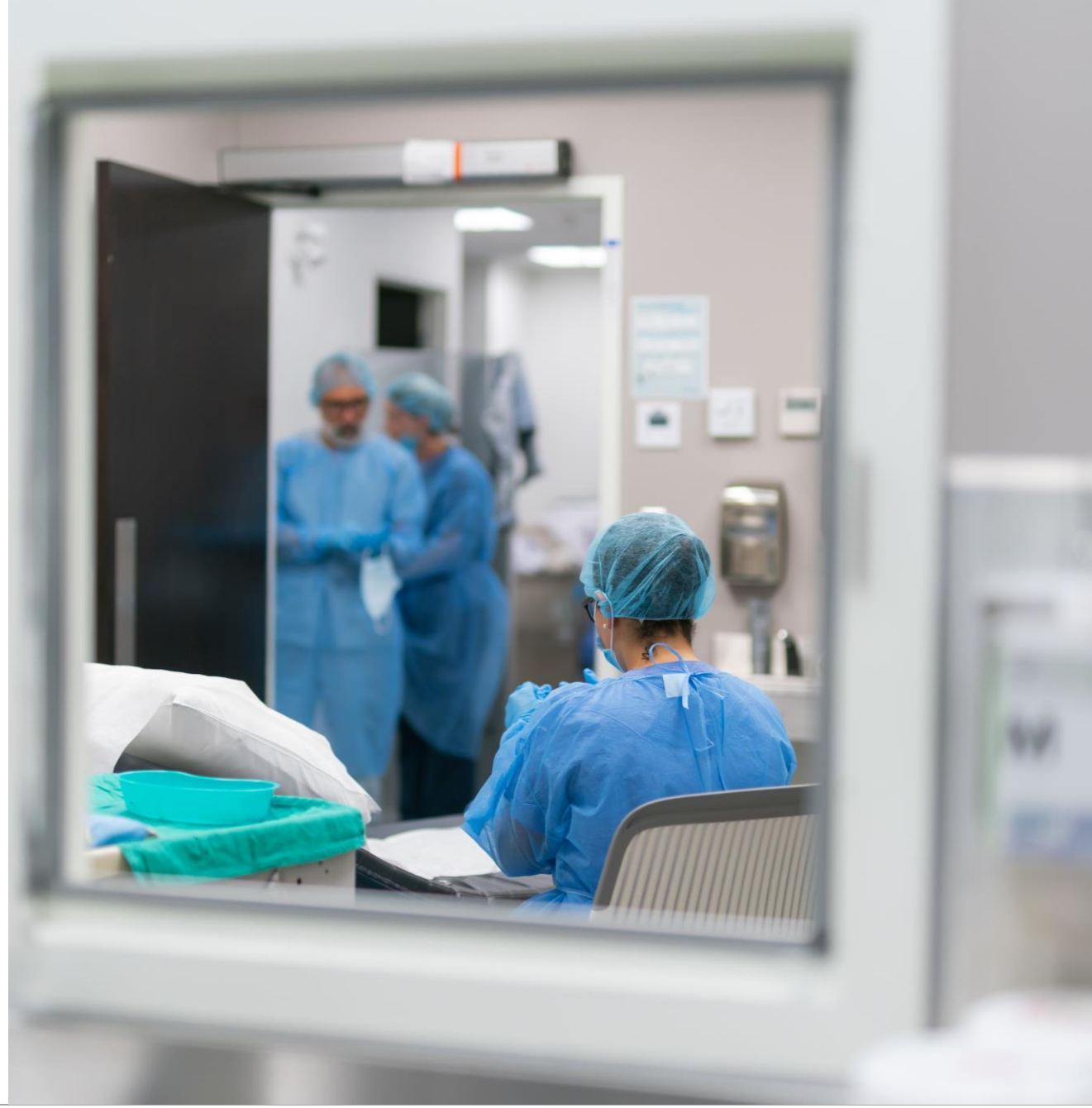
As a result of our work, we have identified a significant weakness in the Trust's arrangements to secure economy, efficiency and effectiveness it its use of resources. The identified weakness has been outlined in the table below.

Identified significant weakness in arrangements	Reporting criteria	Recommendation for improvement	Our views on the actions taken to date
Care Quality Commission (CQC) inspection of York Hospital In March 2022, the CQC completed an unannounced focused inspection, due to safety concerns about standards of patient care. This resulted in a section 29a warning notice being issued because the Trust's patient risk assessment procedures and levels of care regarding nutrition and hydration, pressure area care and falls were deemed as being inadequate. The CQC have suspended this hospital's rating for medical care as a result of concerns about this service.	Governance	The Trust should ensure it embeds and sustains the action plan that it has put in place to address the patient care issues identified by the Care Quality Commission. In particular, it should ensure that existing monitoring and reporting processes are maintained, and that challenge, scrutiny and escalation arrangements drive the required improvements for patients and sustain the progress made to-date in implementing the actions to address the issues raised by the CQC and ensure these arrangements act to mitigate future recurrences of the weakness.	We issued our recommendation for improvement to the Trust on the 6 September 2022. As a result, there has not yet been time for the Trust to address our recommendation in full. We aware that the Trust continues its efforts to address the remaining issues identified by the CQC and maintains the additional oversight arrangements established to monitor progress.

3. VFM arrangements

Improving Economy, Efficiency and Effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services



3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria

Overview

We have reviewed key reports issued by the Board and confirmed the Trust reports its performance in several different ways, including:

- an Integrated Business Report to each Board meeting, with the Integrated Assurance Committee also providing detailed scrutiny and challenge of the report at its meetings; and
- the publication of the Annual Report and Accounts, and Annual Governance Statement, which are reviewed by the Audit Committee before adoption by the Trust Board.

The regular Integrated Business Reports cover Quality, Outcomes and Patient Experience; Operational Performance; Workforce; Digital; and Finance. Performance is summarised in format which shows performance against target and over time. Board members are also able to triangulate information from this report with the assurance summaries from each Committee, where Committee chairs draw attention to assurances provided or matters escalated for the full Board's attention.

The Trust's Annual Report and Accounts sets out its performance against key indicators and how it evaluates and assesses performance and improvement opportunities.

The Trust's Finance and Integrated Business reports, reported to Board, include sufficient information to understand performance trends and highlight any potential issues. Our review of the published Board minutes also demonstrates sufficient challenge from non-executive directors on the Trust's costs, performance and service delivery

Partnerships

The Trust is a member of the Humber, Coast and Vale Integrated Care System (ICS). We have confirmed through discussions with officers and review of minutes that the Trust are an active participant in ICS arrangements.

The Chief Executive provides regular updates on ICS activity to the Trust Board. The Trust has worked with the ICS in planning and submission. This required the Trust to work with ICS partners in developing a financial plan within the funding allocated.

Procurement

There is a Procurement Policy in place with a requirement to procure via open competition, framework agreements or to seek prior approval via a waiver. Waivers are reviewed by the officers with delegated authority. The Trust's Standing Financial Instructions set out the procedures, controls and the authorisation sign offs that are required for the commissioning or procurement of services. There is a professional procurement team in place with a specification process used to ensure that the selected option and supplier gives best value for money. Legally compliant Framework Agreements are used where appropriate and there are instructions in place regarding the levels for delegated approval of expenditure. The Trust has policies in place regarding expected standards of business conduct, and gifts and hospitality, to mitigate the risk of conflicts of interests arising.

Overall, we are satisfied that there are no indications of a significant weakness in arrangements under the improving economy, efficiency and effectiveness criteria.

04

Section 04:

Other reporting responsibilities and our fees

4. Other reporting responsibilities and our fees

Matters we report by exception

The Local Audit and Accountability Act 2014 provide auditors with specific powers where matters come to our attention that, in their judgement, require specific reporting action to be taken. Auditors have the power to:

- issue a report in the public interest;
- make a referral to the Secretary of State; and
- make a written recommendation to the Trust which must be responded to publicly.

We have not exercised any of these statutory reporting powers.

Annual Governance Statement

We are also required to report if, in our opinion, the governance statement does not comply with relevant guidance or is inconsistent with our knowledge and understanding of the Trust. We did not identify any matters to report in this regard.

Reporting to the NAO in respect of consolidation data

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. We have concluded and reported that the consolidation data is consistent with the audited financial statements.

Fees for work as the Trust's auditor

We reported our proposed fee for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Audit Committee in March 2022 i.e. £74,750 plus VAT.

Having completed our work for the 2021/22 financial year, we can confirm that our final fee is unchanged.

Fees for other work

We confirm that we have not undertaken any non-audit services for the Trust in the year.

In 2021/22, we have also been appointed to complete the following statutory accounts audits:

- York Teaching Hospitals Facilities Management LLP with a fee of £12,925 plus VAT; and
- York and Scarborough Hospitals Charity with a fee of £6,002.50 plus VAT.

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Action Notes
Executive Committee
20 July 2022

/ Attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Lucy Brown (LB), Melanie Liley (ML), James Taylor (JT), Andy Williams (AW), Amanda Vipond (AV), Jo Mannion (JM), Mark Quinn (MQ), Gerry Robins (GR), Srinivas Chintapatla (SC), Stuart Parkes (SP), Donald Richardson (DRi), Michael Taylor (MT), Lisa Gray (LG) (action note taker), Lydia Larcum (LL), Caroline Johnson (CJ), Jamie Todd (JTo), Vijay Jayagopal (VJ) (HYMS item only), Mark Steed (MS) (YTHFM item only)

/ Apologies for Absence: Heather McNair (HM), Polly McMeekin (PM), Mike Harkness (MH), Ed Smith (ES)

/ Observing: Jane Clayson, Head of Digital Delivery

Agenda Item:	**Declaration of Interests**
/ Notes	No declarations of interest were declared.
/ Actions agreed	• Nil.

Agenda Item:	**Minutes of the meeting held on 06 July 2022**
/ Notes	The minutes were approved as an accurate record.
/ Actions agreed	• Nil.

Agenda Item:	**Matters Arising from the minutes and any outstanding actions**
/ Notes	There were no matters arising from the minutes and no outstanding actions flagged.
/ Actions agreed	• Nil.

Agenda Item:	**HYMS Expansion**
/ Notes	SM welcomed VJ to the meeting. VJ presented his report to the committee outlining the need for the Trust to supply more accommodation and tutor support from consultants.

It is expected HEE will formally announce a reduction in tariff. Regardless of this, net income is still increasing as student numbers increase due to fixed costs not increasing proportionately.

HYMS have taken the decision to switch to a more consultant led teaching model as feedback from students is that they do not have access to senior staff very often as they were mainly being trained by clinical fellows. The model will therefore have consultants delivering high level training with clinical fellows leading on bedside teaching.

The committee had a lengthy discussion and confirmed their support despite the challenging times, noting they had previously supported the HYMS expansion business case, and this was an amendment to this. SM added it was great that the Trust and wider patch were starting to reap the benefits of HYMS.

It was agreed VJ would spend more time with the CGD's to explore the issues raised during today's discussion, which would look to further enhance the teaching delivered which included:

- Producing a HYMS brochure to go in all consultant recruitment packs to promote this to candidates
- More visibility of PA's – share with CGD's and attend job planning meetings. VJ noted these were suspended previously due to covid-19.
- Share various options in terms of career progression if consultants go down the teaching route
- Review what the ratio of PA's should be
- Re-introduce pharmacy/AHP staff in PA's

/ Actions agreed

- The committee supported the amendment to the HYMS expansion business case.
- It was agreed VJ would spend more time with the CGD's to explore the issues raised during today's discussion, which would look to further enhancing the teaching delivered which included:
  - Producing a HYMS brochure to go in all consultant recruitment packs to promote this to candidates
  - More visibility of PA's – share with CGD's and attend job planning meetings. VJ noted these were suspended previously due to covid-19.
  - Share various options in terms of career progression if consultants go down the teaching route
  - Review what the ratio of PA's should be
  - Re-introduce pharmacy/AHP staff in PA's

Agenda Item:	**YTHFM LLP Report**

/ Notes

SM welcomed MS to the meeting.

MS updated the committee on the following:

Scarborough Urgent & Emergency Care (UEC) build
Progressing well but there have been a few challenges with the foundations so it is running 8 days behind however it is felt this time can be caught up. The team are in the latter stages of the contractual documentation and are having to contend with the cost of inflation. There is a clause and the team are looking at where this risk sits. An element of risk will have to sit with the Trust despite pushing down the commercial acumen and value engineering to the contractor.

Central government have highlighted there is no additional money despite the reality that items cost more today than previously, so this will continue to be a challenge for all projects.

York ED
Progressing well with a value engineering exercise being undertaken. A meeting with senior managers is taking place on Friday in relation to this.

York ICU
Some issues around validation have been raised and these are being worked through with clinical colleagues to find a suitable time to do this and to plan in the refurbishment of the existing ICU area.

RACC
The funding request submission has gone to NHSEI, minus the information for the link corridor at Scarborough so there is a push to get this. There are 8 phases to the works and there is approval to do some up-front work based on the assumption this funding will become available in due course.

VIU
Design work is ongoing and should be completed by the end of the year which will allow the works to proceed.

Salix funding
Progressing well. The cladding work and the replacement of windows at the back of York Hospital is due to start and heat pumps are being ordered for Bridlington Hospital. The team are pulling together another bid submission to help de-carbonise the Scarborough site. The bid will be presented to the committee for approval before submission.

Backlog Maintenance
YTHFM are committed to the £0.5m budget for 2022/23. The ward backlog maintenance programme is currently on Chestnut ward and the team are looking for a little more structure to this project to move it forward, and ward 26 on the York site is progressing well.

Community Stadium
The Lantern project is progressing well.

The lease is still being negotiated for phase two, but it is close to completion and the design work has been completed for the fit out of the area.

Nuclear Medicine
The designs are progressing for the York scheme with the aim of completing these next month. Scarborough's will follow based on the logic developed for York.

JT highlighted IPC has raised some concerns with him recently in relation to changes in specification for the ventilation in the ICU pod and design changes within both ED builds. MS noted there was no change in design in ICU, it is just the final validation has not been completed so this needs to be undertaken, and the ventilation committee and IPC will be involved in this. In relation to the ED builds there will be a ventilation system installed that is suitable for infectious diseases, again the ventilation committee and IPC will be involved in the detail. Decisions will be made collaboratively for any changes needing to be made to make best use of the money being spent but MS noted improvements can be made on this and the communication between groups of specialists.

SC thanked MS for more detailed information provided in the paper in relation to RAAC but asked for a timescale for the works to allow for a clearer message to be shared with staff. MS noted there is a project team for RAAC so he will look for improved communications as the risk is better understood now, and the main focus is exiting the top floor of Path Lab with a series of other moves that will follow. These will happen in advance of the central funding being received.

SC raised some disconnect in relation to the VIU project as he has heard different completion dates of December 2023 and May 2024, and SC was unsure as to whether this was due to them talking about different end points so clarity on this would be helpful. MS noted the design work should be completed by the end of the year, with works then taking 12 months but MS confirmed he would need to review Kiers timeline again.

SC and MS agreed to discuss the further clarification YTHFM needed for the radiology resource projects at their meeting later in the week as well as picking up anything additional in relation to VIU.

SM thanked MS for the update and noted it was great to see the major schemes progressing well which is testament to MS and his colleagues.

/ Actions agreed

- Nil.

Agenda Item:	**Chief Executives Update**

/ Notes

SM asked AB and LL to give a brief update on the NHS pay award which was announced yesterday and AW to update on how this

might affect the digital funding previously highlighted to the committee.

Pay Award
AB highlighted he had not yet received what the pay award would look like for each band however the average increase for agenda for change staff would be 4.8% and 4.5% for medical, excluding the junior medical workforce who are in the final year of a multi-year deal. There is a nuance in here that not every band will increase by 4.8%, most will see an increase of £1400 in monetary value in full year terms. Lower bands will therefore receive more than 4.8% and higher bands less.

In relation to financial planning the Trust was originally given 2% for 2022/23 however Julian Kelly confirmed Trust's will receive the difference from the centre rather than it coming out of individual Trust budgets.

AB confirmed it has been made clear there will be no more money from the treasury to fund this so NHSEI are looking how to balance the cost. This will result in other investment projects being deferred this year, and it is looking likely digital funding will be targeted.

LL highlighted she had indication the unions had emergency meetings last night and it is highly likely they will ballot their members, either informally in the first instance or formally to look at taking strike action. LL is aware unions have added considerable funds to their industrial action fund.

LL stressed there is a very real likelihood strikes or action short of strike will take place.

The workforce team will continue to work closely with the unions and when the next steps are known this will be communicated out, and managers will be given support.

It is anticipated there will be heavy media coverage in relation to NHS strikes.

The pay award will be processed in September and back paid to April regardless of any industrial action as the government have agreed to the independent pay body review recommendations rather than it being a consultation.

Digital funding for Electronic Patient Record (EPR) update
AW noted that despite the likely decrease in central digital funding investment, as the Trust has been assessed as group zero, which has the least digital majority, the Trust should still receive funding to progress with a new EPR.

A paper will be submitted to the Board meeting next week following discussions yesterday at the Digital, Performance and Finance Assurance Committee meeting.

All EPR options are still open, and during this time the Trust will continue to support the development of CPD as whatever option is decided will take several years to implement.

The DIS team continue to work through the accelerated business case process. The team are looking to deliver this collaboratively across acute, mental health and community services.

AW confirmed this creates a great opportunity but also challenges as the money will be split equally over three years so there will be a large amount needing to be spent this year and may help elevate pressures on the Trust's capital programme. The trust must match fund 20% however this will be spread over five not three years.

AB highlighted if this funding is received it should release £2m back to the Trust's capital programme which will reduce the balance to a £1m deficit. The remaining deficit will likely be able to be managed due to slippage with some of the projects throughout the year.

/ Actions agreed

- Nil.

Agenda Item:	**CQC Update**

/ Notes

CJ confirmed the InPhase system is progressing. The action plan is now on there and is being updated regularly by the CG's and patient safety team.

There are corporate right down to individual ward action plans. JTo, MH and Caroline Dunn are undertaking a good piece of work, meeting with the sisters on a regular basis to co-produce the actions with spot checks, walk rounds and the senior team going onto the wards and supporting them. Discussions are taking place as to how to evidence the conversations taking place and to ensure all staff can explain to the CQC on their return what has taken place since their last inspection, and that they feel involved in it.

CJ noted it is important this is considered in part with the staffing paper, which is due to be discussed today, as the staffing development is a key piece in delivering the fundamentals of care.

There are lots of initiatives progressing from a QI perspective in relation to hydration. There are hydration stations on wards where patients are more independent, and new liquid bags with straws which can be clipped to patients who cannot hold a cup.

SM queried if GR was confident the new PEM consultant would start in autumn 2022. GR confirmed he would be speaking to them later today so would know more then.

JT stressed it would be helpful to do all possible to mitigate the section 29a concerns in relation to PEM before this consultant starts.

CJ noted escalations are being received around the provision of paediatric nurses within ED across both sites due to the fragility of the service. JM highlighted it is extremely challenged and there is no quick fix. It was agreed JM would pick this up with CJ outside of the meeting.

The committee acknowledged the outstanding warning notices, the action plan submission, and recognised the progress being made with the recruitment of a PEM consultant at Scarborough's ED.

/ Actions agreed

- The committee acknowledged the outstanding warning notices, the action plan submission, and recognised the progress being made with the recruitment of a PEM consultant at Scarborough's ED.

Agenda Item:	**Integrated Business Report**

/ Notes

SM asked MT to give an update on the revision of the IBR.

MT confirmed the IBR has been streamlined following an ask from Board, to ensure the right information is being given to the right people. The four board priorities have been looked at and there will be priority measures that are related to the delivery of these and likewise through all the individual areas of the Trust.

Nicky Slater is currently producing the majority of this and MT has a meeting to finalise any issues later today. Once this has been done communications will go out and the process will be concluded by the end of August.

JT highlighted he wished to escalate concerns around the Trust's IPC agenda which was discussed at the Quality & Safety Assurance Committee yesterday. There were 15 new C.Diff cases last month, MSSA's trajectory for the year is 30 and last month 7 cases were reported.

Only CG2 completed Post Infection Review's (PIR) in June, so the committee felt this very serious issue is not being taken seriously. JT confirmed there is a need to act on the trends and themes. IPC have been asked to simplify the PIR form but CG's need to be completing them.

AV highlighted CG3 are on with this and she is getting more clinical engagement and confirmed it is important to the CG. One difficulty is some areas feel they are set up to fail due to the infrastructure.

JTo noted his support of what AV said and CG1 are trialling a 72hr turnaround to engage staff whilst it is fresh in people's minds. JTo highlighted some of the infrastructure issues are being addressed, ward 26 is currently being refurbished and the teams are trying to hold the line on C.Diff for patient safety even if this causes additional operational pressures. Additionally, JTo was keen to see the wider

themes and trends, to understand whether the learning from PIR's is making a difference or whether there should be more of a focus on those areas that are known will make a difference.

The committee acknowledged it is something that needs to be a priority and it is being taken seriously but more needs to be done whilst noting all the infrastructure challenges are not going to be resolved immediately.

SM asked JT to submit a report in the next couples of weeks which sets out the issues, picks up on the themes and has some clear recommendations on what the Trust can do.

/ Actions agreed

- JT to submit a report which sets out the issues, picks up on the themes and has some clear recommendations on what the Trust can do in relation to the IPC agenda and Post Implementation Reviews.

Agenda Item:	**Impact of nursing workforce shortfalls**

/ Notes

CJ summarised that there are significant shortfalls in registered staffing as there are 138 WTE vacancies across the Trust's inpatient wards, and this will increase by a further 137 WTE once the establishment reviews have been completed. It is therefore likely that the Trust will not be in a positive position with registered staffing until the end of 2023.

The Health Care Assistant (HCA) position is more positive as by the end of August 2022 this will reach a positive position however once the establishment review has been completed this will create 205 HCA vacancies.

CJ highlighted the focus has not just been around the recruitment but also on the retention of staff as this is key and there are some positive initiatives ongoing however the turnover of staff is still a concern.

CJ noted Tara Filby (TF), Deputy Chief Nurse is asking if the Trust is to meet safer staffing levels and meeting fundamentals of care, overlayed by operational pressures there will continue to be a significant challenge, so how does the Trust look to right size its ward in terms of the ratio patient to staffing.

SM asked ML to update on the funding bids for winter pressures.

ML confirmed the team have been working with regional teams across Humber & North Yorkshire around the submission of some bids for additional money for winter funding which would be phased in around October. The specific ask to acute Trusts is to increase beds over winter, given the increasing number of patients who don't have the right to reside and the inability of local authority colleagues to manage these patients. The teams have pushed back noting

acute Trusts do not need more beds as there is enough there if the patients who don't have the right to reside where discharged effectively.

Despite this the team have put in submissions to support the continuation and potential extension of the Bridlington Care Unit, and replication of this on the York site too. Plus, additional capacity in CRT, opening ESA 24/7 and several community schemes, as this would help free up acute beds. The Trust should have notification by the end of the month as to what is or isn't supported.

The reason the team have gone down the care unit model route is that this requires a different workforce model to an acute ward which the Trust is already struggling to staff.

SM highlighted he does not anticipate any significant funding will go into social care, and right sizing the wards would require the Trust to discharge those who don't have right to reside. Therefore, the NHS has been asked to do more however it is clear the Trust can't do more from an acute setting but there is potential if care units open for this to provide some respite for the acute wards.

SM added that all of the acute hospitals in the HCV ICS have requested the ICS has a real conversation with local government and they have committed to a summit in September which will look at mechanisms which will accelerate discharges from hospitals.

ML highlighted there is also a push for the Trust to put a focus on pathway zero patients, as this is within the Trust's gift.

LL noted flow is extremely important however there is a need to really focus on retention of staff. There is a need when additional funding is received to consider what roles are important to staff. Through exit interviews and feedback, it is apparent it is little soft management side of things that are missing, as these things really make individuals feel valued. CJ added the key thing was highlighting to staff what the Board and this committee were doing to help and showing that it cares.

AV queried about the courtyards and what was happening with these as they have been renovated. LB noted the Trust received a significant charitable donation from a local artist which has been spent on creating wellbeing gardens for both staff and patients undergoing rehabilitation. The programme of works for this is coming to an end and communications will be going out to staff to highlight the wellbeing areas that have been created for them to relax in.

SC felt nursing staff don't hear what the Board and committee are attempting to do to improve things so there is a need to get more messaging out about the good work being undertaken.

A lengthy discussion took place in the relation to how to communicate the messages out to staff and SM summarised that

key messages from the Board would be fed down to staff via the Staff Briefing sessions which have been reintroduced following a pause during the pandemic and there was a need for managers/supervisors to get the consistent messages across to staff on a day to day basis about what the Board and senior managers are doing to try make a positive impact. Being honest in how things are progressing and being open about areas of improvement that the Trust may be struggling to improve as quickly as it wants.

/ Actions agreed

- Nil.

Agenda Item:	**Staff Influenza and Covid-19 vaccination programme 2022/23**

/ Notes

LL highlighted the report sets out the proposal from Occupational Health (OH) as to how it will look to deliver the Trust's flu vaccination campaign this year. The Trust is again being asked to deliver a combined flu and covid-19 booster campaign.

The report outlines in detail the two issues the trust has in the delivery of this. Only looking at a peer vaccinator campaign will not work due to workforce pressures and there is the issue of space to undertake the vaccinations on the York site.

The proposal is a combined hub and peer/roving vaccinator model. There are costs associated to this which relate to bank staff and the use of a marquee at the York site to deliver the vaccinations from given the vaccination hub is currently being used by the cystic fibrosis team. The incentive of a meal voucher is included in addition to the cost of the appointment booking system and consumables required. The total cost is estimated to be £86,200.

SP highlighted there was a need for OH to ensure during the campaign that they continued to deliver the OH clinics for staff who are off sick and need to return to work. LL confirmed the bank staff costs highlighted in the paper is to cover this, so OH colleagues can continue to run the clinics whilst bank staff who only want to vaccinate and not work on wards will undertake vaccinations. There will however be an element of time built into OH colleagues assisting with the campaign, as there is every year.

The committee discussed and approved the proposal outlined in the report noting AB would work with LL and PM outside of the meeting to understand why it is costing £86k more than previously, and look to manage the costs sensibly if it is not centrally funded as the Trust will have to take this money from elsewhere if not as there is no spare money available.

/ Actions agreed

- The committee approved the proposal noting AB will work with LL and PM to manage to costs.

Agenda Item:	Policies for Approval
/ Notes	**Updated Private Patient Policy** AB highlighted the policy had been updated in response to several queries from LMC members. The changes have been identified as tracked changes within the policy, for ease of reference. Several other minor cosmetic changes have been included. AB noted there is one issue that has not been fully addressed which is in relation to what is done where a request for a private patient is asked to be reviewed within one of the Trust's MDT's. Work is continuing in regard to this and the intention is to produce a standard operating procedure which describes what needs to be done once it has been agreed. AB is asking the committee to approve the proposed changes noting the above works still needs to take place. The committee discussed and approved the updated Private Patient Policy subject to a section being added in around medicines governance. SP will liaise with the policy author to add this section in. **National Data Opt-Out Policy** AW noted that in response to the National Data Guardian review of data security and how health care organisations use and share data, the National Data Opt-Out (NDOO) Programme was developed. The NDOO allows patients to choose if they do not want their confidential patient information to be used for purposes beyond their individual care and treatment – such as research and planning – or for "secondary purposes" further from the initial purpose for which data were collected. Patients, or people acting for them by proxy, also have control over setting or changing their opt-out choice, and can change their mind at any time. The purpose of the Trust's NDOO policy is to provide a consistent and logical framework to ensure that the patient's opt-out choice is respected at the Trust; and that the Trust is prepared for any legal challenge arising from the use of patient data for secondary purposes The Trust must put a policy and standard operating procedures in place to review uses and disclosures of confidential patient information, in order to comply with the national data opt-out policy. This policy will support staff in their discussions with patients; and support the Trust in data protection compliance therefore the committee are asked to approve the policy. The committee discussed and approved the National Data Opt-Out Policy.

Central Alerts System (CAS) Policy
JT noted a review of processes to manage patient safety alerts issued via the national online CAS has been completed and therefore the Trust policy has been updated to reflect local and national changes.

The committee are asked to approve the updated policy.

The committee discussed and approved the updated CAS Policy.

/ Actions agreed

- **Updated Private Patient Policy**
  The committee approved the updated Private Patient Policy subject to a section being added in around medicines governance. SP will liaise with the policy author to add this section in.
- **National Data Opt-Out Policy**
  The committee approved the National Data Opt-Out Policy.
- **Central Alerts System (CAS) Policy**
  The committee approved the updated CAS Policy.

Agenda Item:	**Care Group Reports**

/ Notes

Care Group 3 – including Anaesthetic Workforce Challenge report
AV noted the last week had been difficult, with lots of cancellations. Theatres ventilation and air conditioning system failed yesterday so they had to shut however AV was pleased to confirm she had received confirmation during today's meeting this was now back up and running.

AV noted the anaesthetic workforce challenge report was being presented to highlight to the committee the challenges currently being faced in their ability to cover the agreed SLA's as there are 10 consultant anaesthetic vacancies, consultants have already worked their years DCC, there are high levels of sickness and the maximum number of consultants are on leave over the next couple of months.

The current situation is unsustainable with daily chaos, cancellations on the day and last-minute list mergers and staff moves which causes upset and clinical risk.

AV is recommending the committee support the proposal of the temporary reduction in theatre SLA for a period of 3 months from Aug-Oct. This will likely not increase the number of cancellations already being seen but it will mean it is done in a planned way and allow the CG to review how to stabilise the service.

AV noted a lot of consultants, not just in anaesthetics don't want to work extra for money due to the tax and pension implications so AV would like the committee to consider what could be done to help resolve this. Noting consultants keep mentioning pension recycling would help.

AV added it would be helpful if someone from finance could come talk to staff to work out if the fears they have are real or unfounded.

AV added there is a need to look at how Scarborough out of hours is covered more efficiently as it is very consultant heavy led for the amount of work done, and consultants are choosing to take the time back rather than work extra. Longer term this would need to be job planned in some way.

AB noted himself and Steven Kitching have been working with some tax advisors around how something can be structured to try help with the tax and pension issues. The tax advisors are hopefully coming into the Trust next week, and Nicola Topping is involved with this. AB confirmed AV or a representative was welcome to come along to these discussions. AB was not overly optimistic, but finance will seriously look to see if there are any options that could help.

AB added it was much more difficult to have individual conversations with staff as everyone's circumstances are different as they may have earnings outside of the Trust, own rental property etc. and these all count towards the relevant income to assess the taper on the annual allowance.

AB & SM confirmed this issue is a national one and they continue to escalate how this is affecting elective recovery both in the finance and chief executive networks. Currently there is no appetite centrally to change anything however AB confirmed it was useful having real life examples of staff choosing not to do things due to this, as this can be shared with them to assist the argument.

MQ noted there would be a knock-on effect if the SLA's are reduced to the Ramsay contract therefore this needs to be looked at. SM agreed there needs to be an understanding of how this is going to be fulfilled as this is not outlined in the report so discussions around this need to take place. SM added he was less concerned about the money as he was more concerned about recovery and achieving what was set out at the beginning of the year.

SC added Neil Wilson is currently pulling together a report on a piece of work which is looking at bringing in different staff, so rather than consultants they are clinical fellows, and this may have the potential to help.

SM noted he felt there still needed to be a few more conversations to understand the operational implications of agreeing to the proposal, adding the committee understand there is a need to use the resource the Trust has as best it possibly can. AV added she understood that but noted there was a need to look at what was moral as it is more than just a contract.

The committee agreed to pick up the conversation outside of the meeting to agree what is done and how Ramsay can help the Trust with extra resource, noting the Trust would need to fund this as per

the contract but it would give the Trust the capacity to do what it wants to do on site.

The committee agreed AB would investigate pension recycling, noting if this was undertaken it was likely many would leave the Trust pension as it is only a benefit if you are not in the scheme. It was agreed AB would review which Trusts locally to see who actively does this and have continued to do so recently. There needs to be an understanding if this came in whether it would benefit the Trust in terms of freeing up clinical capacity to do additional work.

Care Group 2
GR noted a report had been submitted for the committee's attention.

GR wished to highlight Adam Dalby, Clinical Fellow presented his missed opportunities audit for missed admissions to the CG last week and one thing that came out of this was around ambulance convenances. Up to 15% GP & 35% patient convenances are felt to be inappropriate however Yorkshire Ambulance Service (YAS) do not have a policy for stopping those convenances coming into the Trust yet the North East ambulance service do.

It was agreed this issue would be picked up by ML at the ambulance handover steering group as ML noted York has done the same audit and came out with the same themes. SM noted he would equally highlight this at the Health and Care Resilience meeting tomorrow adding he will recommend the Trust meet with Rod Barnes, Chief Executive of YAS.

Care Group 1
JTo noted this has been discussed at QPAS and the Quality & Safety meetings but he wished to highlight to the committee York's renal capacity currently. There is a crisis with the renal dialysis capacity driven by the increase in number of inpatients requiring renal dialysis but also the covid-19 community prevalence and the way the staff need to be split to manage the different cohorts of patients safely. In summary the renal MDT have agreed to reduce the frequency of dialysis from three sessions to two for a short period of time for 20 patients this week and next. Clinical mitigations have been put in place and it will remain under constant review.

Conversations around renal issues have been flagged in the past and it was discussed at the CG's Oversight and Assurance Meeting (OAM) this week about progressing with specialist commissioning or at risk with some recommendations to increase haemodialysis capacity particularly at the York site.

Updates will return to the committee and through assurance meetings as this improves and develops.

Care Group 5
JM noted a lot of the issues she will pick up at the CG's OAM next Monday however she wanted to flag that complaints are going

through the roof at the moment and CG staff are struggling to keep on top of what is a complex process. JM suggested the Patient Experience Team get a temporary increase in staff, noting she was aware TF was undertaking a restructure which should help in the longer term.

SM asked for TF to bring a proposal back to the committee for additional resource if it was felt that this is what is required, as this is not something that can be ignored.

MQ added it would be helpful to share with primary care colleagues and the public, information on the significant backlogs the Trust is facing highlighting there will be longer than normal waits for treatment as this will help set expectations. It was agreed the communications team would review especially in terms of GP's as it was felt the public understand this, but it will not stop them expressing their frustration whilst waiting for treatment.

Care Group 6
MQ highlighted dermatology are going from crisis to crisis and it is suspected two more consultants will leave. There are 602 patients who will have been waiting longer than a year for their new patient assessment currently and there is no capacity to expand so the CG will struggle to meet its service requirements. The team are doing everything they can, but it is not promising so there is a need to look at how to reconfigure the service.

Care Group 4
SC noted there was a detailed report within the meeting pack for information however SC wished to flag the CG are waiting to hear about an external bid for diagnostic monies for the Scarborough CT scanner and to hear about costs for nuclear medicine which is quite vulnerable now.

SC highlighted the good news is VIU nursing staff is increasing as the CG have managed to successfully recruit.

/ Actions agreed

- Nil.

Agenda Item:	**Any other business**
/ Notes	No other business was discussed.
/ Actions agreed	• Nil.

Date of next meeting:
The next meeting will be held on Wednesday 03 August 2022 – virtual or F2F is TBC.

ACTION LOG – Outstanding

Meeting Date	Action	Due	Owner
07.07.2021 21.07.2021 01.12.2021 02.02.2022 16.02.2022 01.06.2022 06.07.2022 20.07.2022	Agree a solution offline for the Lead Clinician for Paediatric Emergency Medicine and seek approval from SM and AB, unless the solution is catastrophic as which point it would need to return to the committee for approval. JT confirmed he had a conversation with Gary Kitching and an ED consultant is interested in a 4PA role. DT noted he was calling the consultant this week to explore this further. An update is to be received in January 2022. JT highlighted the PEM consultant action was not resolved and he is in discussions with MH and is meeting with MH later in the day to look to try move this forwards. HM noted in the CQC update there was no further progress with this. JT said discussions are still ongoing regarding this and there has been a preliminary discussion with the applicant SM noted there may be a solution to the PEM consultant action, given the clinical director appointment in Scarborough ED. SM queried if GR was confident the new PEM consultant would start in autumn 2022. GR confirmed he would be speaking to them later today so would know more then. JT noted it would be helpful to do all possible to mitigate the section 29a concerns in relation to PEM before this consultant starts.	January 2022	CGD 1, 2 & 5
05.01.2022	**DIS Funding Bids** A regular update to keep sight of the risk around the Essential Services Programme and procurement following the holistic partner challenge.	Ongoing	Andy Williams
02.02.2022 20.04.2022	6 and 12 month review of the change to the management of the Trust's Cancer Nurse Specialist Teams. KH asked for the review dates to be two months later given the dates were from the approval date, and not when the change was implemented.	~~August 2022 & February 2023~~ October 2022 & April 2023	Srinivas Chintapatla
16.02.2022 11.04.2022	An update on the harmonisation of local pay is to be submitted to the committee in April 2022. PM confirmed Lydia Larcum needed to meet with the CG's following sharing an	~~April 2022~~ ~~May 2022 – 2nd meeting~~	Polly McMeekin

	updated paper with them so this item will now come to a meeting in May.		
18.05.2022 01.06.2022 15.06.2022	Deferred to 1 June 2022 to allow time for the Board Priorities discussion. Deferred to either 15 June or 06 July PM noted there was a significant delay. A meeting is planned for the end of July to discuss this, unfortunately it could not be planned in sooner due to annual leave commitments. An update will now come to in August before the outcomes are submitted to the LNC for discussion.	~~June 2022 – 1st meeting~~ ~~June 2022 – 2nd meeting~~ August 2022	
16.02.2022	**2021/22-59 Community Stadium and Community Estate Utilisation Plan – Update** • Quarterly updates to be submitted from the Community Estate Working Group. • Expansion into any vacated space will require a business case as no funding is available to service or recommission these areas.	Various June 2022 Ongoing	Various Neil Wilson CGD & ACOO's
02.03.2022 20.04.2022 06.07.2022	**2021/22-89 Ensuring Sustainable Pancreatic, Biliary and Liver services (Medical and Surgical) Trust wide** • To be re-submitted once the conversations with Hull, Leeds and the ICS have taken place within the next month to allow for final sign off before TB starts his training. GR confirmed conversations are still ongoing in relation to this case. GR highlighted this has proved difficult however the ICB are now involved in discussions. TB is still scheduled to begin training in September.	~~April 2022~~ May 2022 September 2022	Mike Harkness
18.05.2022	MS to check the Scarborough site is secure and fire doors are kept closed.	May 2022	Mark Steed
18.05.2022	ES to scope out what could be done to look to change clinicians' behaviours and create a set of principles for them to sign up too. It was suggested a clinical forum is created to assist with the work.	September 2022	Ed Smith
01.06.2022	Cheryl Gaynor (CG) to add people recovery delivery plan to Executive Committee agenda (15 June) and Board of Directors agenda (29 June) as part of Board Priorities discussion	June 2022 – 2nd meeting	
01.06.2022	AB to update on deficit plan at next meeting (15 June)	June 2022 – 2nd meeting	Andrew Bertram
01.06.2022	CS to gather and share potential costings for options 3 and 5 (HSIB – NIV Report)	June 2022	Clare Scott

01.06.2022	DR to check progress on discharge vs. transfer piece of work	June 2022 – 2nd meeting	Donald Richardson
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15.06.2022	Tara Filby to submit a report on ward refurbishments highlighting the risks associated.	August 2022	Heather McNair
15.06.2022	ML & JH to submit bid for additional investment to help increase bed capacity, including the Bridlington model and a similar model in York.	June 2022	Melanie Liley
06.07.2022	**Access Policy Change** The committee approved the policy subject to a review taking place in relation to patients who don't have capacity as there was concern GP's would not pick up on this and those patients were then at risk of harm. ML agreed to pick this up and feedback to the committee in relation to what action has been taken to eliminate this risk.	August 2022	Melanie Liley
06.07.2022	SC to pick up a discussion with PM to review what development programme could be developed to support lead clinicians.	August 2022	Srinivas Chintapatla
20.07.2022	JT to submit a report which sets out the issues, picks up on the themes and has some clear recommendations on what the Trust can do in relation to the IPC agenda and Post Implementation Reviews.	August 2022	James Taylor

Action Notes
Executive Committee
03 August 2022

/ Attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Lucy Brown (LB), Heather McNair (HM), Polly McMeekin (PM), Melanie Liley (ML), James Taylor (JT), Andy Williams (AW), Amanda Vipond (AV), Mark Quinn (MQ), Gerry Robins (GR), Ed Smith (ES), Donald Richardson (DR), Lisa Gray (LG) (action note taker), Caroline Alexander (CA), Kim Hinton (KH), Jamie Todd (JTo), Damian Mawer (DM) (IPC item only), Gail Dunning (GD) (Reverse Mentoring item only), Lydia Harris (LH) (Commercial Income Policy only), Marthe Ludtmann (MLu) (Commercial Income Policy only), Liz Hill (LH) (Theatre SLA proposals only)

/ Apologies for Absence: Mike Harkness (MH), Srinivas Chintapatla (SC), Jo Mannion (JM), Stuart Parkes (SP), Michael Taylor (MT)

Agenda Item:	**Declaration of Interests**
/ Notes	No declarations of interest were declared.
/ Actions agreed	• Nil.

Agenda Item:	**Minutes of the meeting held on 20 July 2022**
/ Notes	The minutes were approved as an accurate record.
/ Actions agreed	• Nil.

Agenda Item:	**Matters Arising from the minutes and any outstanding actions**
/ Notes	SM agreed to close the PEM consultant action as GR confirmed the consultant who will undertake this role will start with the Trust between mid-October and December. AB confirmed the deficit plan update could be closed. DR updated on the discharge to transfer action noting that rather than discharging patients from the acute hospital to then re-admit them to the community hospital all of the development work has been completed to treat them as a transfer rather than a discharge however the information team have flagged they are unable to unpick the level of detail needed for reporting and it will increase patients length of stays. SM asked for DR to get a sense of the impact so the committee can decide on whether to progress with this or not given it makes sense clinically.

ML highlighted there had been no formal update on the bids submitted for additional investment in bed capacity. It is expected an update will be received within the next few weeks.

ML confirmed in relation to the access policy change action, Andrew Hurren (AH) has had further conversations with those clinicians who raised this as a request. It was felt contacting the GP was not practical therefore AH will be taking some recommendations through QPAS on 10 August to agree on how to proceed and conclude the changes, therefore this action can be closed.

/ Actions agreed

- LG to update the action log.

Agenda Item:	**Chief Executives Update**

/ Notes

Board Priorities
SM highlighted he would circulate the Board of Directors priorities paper to the committee after the meeting to ensure they have all had sight of the copy which was discussed at the July Board. Adding it was important that it becomes the centre piece of the committee's conversations moving forward and that it would be discussed in more detail at a later meeting.

Elective Recovery
SM noted nationally there was a tiering system 1-4 for elective recovery, and the Trust has been placed in Tier 2 which will put the Trust under enhanced regional surveillance between now and the end of the year. Specifically, in relation to the two major elective recovery targets, which the Trust is currently behind trajectory on. Bringing with it a set of obligations and responsibilities in conversation with the regional team.

SM added Jim Mackey and a few of the national team are planning to visit the Trust in mid to late August, and this could provide a potential opportunity to ask for further support.

CQC
HM noted the team had a tricky engagement meeting with the CQC yesterday where they highlighted that they are not assured by what the Trust is saying in relation to the fundamentals of care, especially on the acute floor.

HM confirmed there were two whistle blowers last week regarding staffing levels on AMB, and the Trust had no mitigation. There was a further whistle blower yesterday, which HM is fairly certain is from AMB although it came through anonymous.

The CQC highlighted the Trust is on the highest level of surveillance, they are not assured by the acute floor at York and they have asked for more assurance around what the Trust is putting in place by Thursday and may wish to meet to discuss this on Friday. HM confirmed she met with ML, JT and JTo on Monday to talk through

some options that might be able to be implemented so there is work happening on this in the background to look to resolve this. If the CQC are not assured by the weekend that AMB is staffed appropriately, HM confirmed they will ask the Trust to shut some beds.

JTo talked the committee through the options currently being worked through and considered.

HM added there is a need to look at the messaging to staff as staff are reporting they feel the organisation is not listening to their concerns but these are being listened too and on call managers spend a lot of time trying to resolve the issues out of hours.

ES highlighted the feedback he has had from the CQC is their view of the Vocare issue is that it is a contractual issue between Vocare and the Trust which concerns ES as this is an area where the Trust has had historical whistle blowing due to the inability of Vocare staffing their streaming shifts 24/7 and intermittently some of the other shifts too, and the Trust is holding a lot of quality and safety risk due to this at the front door. Work is ongoing with Vocare on a weekly basis however it is proving difficult to progress. SM noted there is a system meeting next week as the Chief Executive's within the Humber and North Yorkshire ICS have been putting pressure on the ICS to progress the issues around flow and patients with no right to reside more quickly, of which Vocare is part of that conversation. SM highlighted it would be helpful to have some senior physician in attendance alongside HM and ML who are planned to attend. It was agreed it would be picked up offline as to who would attend.

HM noted the CQC has noted they should meet with their community providers arm and Vocare to fully understand the outcomes that Vocare are suggesting are ok for their patients, therefore it is hoped this will be progressed.

/ Actions agreed

- LG to circulate the Board priorities paper to the committee on behalf of SM.
- To add Board priorities to a future agenda to discuss in more detail.

Agenda Item:	**Current IPC position and actions required for improvement**

/ Notes

SM welcomed DM to the meeting.

DM highlighted the IPC position had not improved since himself and Emma George presented to the committee in February 2022. The Trust were above trajectory for C.Diff & Staph Aureus Bacteremia last year, making it an outlier both regionally and nationally. Performance in quarter one shows this has not improved with most being above trajectory. This has an impact on the individual patients and their length of stay which in turn effects patient flow.

DM directed the committee to the actions required section in the report which highlights the quality priorities for this financial year which the board has already agreed in relation to IPC, some of which will be extremely challenging. One is a 20% reduction in C.Diff & Staph Aureus Bactermia case numbers, another is an active HPV programme for all wards at both acute sites and beyond this two governance elements of embedding the Post Implementation Review process for C.Diff and the re-establishment of a similar process for Staph Aureus cases. In addition to embedding IPC performance reviews with CG quality meetings. The C.Diff action group have an action plan and an annual plan which has been developed and shared with the new IPC strategic and assurance group. Some elements of this were discussed with the committee in February.

DM confirmed the priority actions are there for two reasons, firstly as none of them require additional financial resource to achieve and secondly, they are the actions that require the greatest input and support from CG's. DM asked the CG's to consider what they are doing to achieve these priority actions.

DM highlighted there is some encouraging work happening, particularly within CG2 with a PIR process for C.diff running effectively every month and a pro-active programme for HPV. DM requested that despite all the other challenges the CG's and Board face that they prioritise IPC this year as it is the only way significant improvement in the position will be seen.

The committee had a lengthy discussion and agreed IPC needs to be a priority for staff at all levels despite all the other challenges, given it underpins much of quality and safety. Noting in the medium to long term, investment in the IPC agenda needs to be looked at and business cases will be written for these for the committee to review and decide what it is happy to support over the next few months.

It was highlighted the appendices were missing from the report, and these would be shared with the committee via email following the meeting.

HM, DM and AW agreed to meet offline to discuss an IPC system, as the Trust does not have one like most other Trust's.

The committee agreed there was a need for the IPC link nurse for each CG to become more embedded in the CG's to ensure they have the right level of support.

The committee agreed IPC needs to be a monthly standing agenda item so members can have oversight on how the position is progressing against the immediate actions, and medium to long terms actions.

/ Actions agreed

- The committee agreed IPC needs to be a priority despite all the other challenges faced.

- DM to write business cases for investment required in the medium to long term.
- LG to circulate missing appendices to the committee via email.
- HM, DM and AW to meet to discuss an IPC system.
- IPC link nurses to become more embedded in the CG's.
- LG to add IPC as a monthly standing agenda item.

Agenda Item:	**Reverse Mentoring**
/ Notes	SM welcomed GD to the meeting. GD presented feedback and learning from the Reverse Mentoring pilot which ran for six months. The overarching aim of the pilot was to provide opportunities for staff from a Black, Asian, and Minority Ethnic (BAME) background to share their 'lived' experience in a confidential one to one mentoring relationship with a senior manager. GD highlighted the changes required for future reciprocal mentoring interventions included renaming it Reciprocal Mentoring, giving more structure for the meetings, defining the expectations, giving early support and check in for the pairs, more preparation for meeting (if required), group sessions for mentors/mentees after matching, and further workshops on relevant topics to support the programme participants. GD noted some recommendations for organisational actions specific to this pilot include, induction: focused preparation & support in work areas before staff start, reciprocal learning: continue to create opportunities-widen the opportunity for other staff, increase cultural awareness for staff, more consideration of use of language and communication, and incorporate learning from 'listening events' CE & staff from a BAME background. GD requested the committee consider the next steps for the programme which is to implement learning from this pilot to make changes across the organisation, widen access for 'reciprocal' learning: staff from protected characteristic groups &/or all staff. The committee had a lengthy discussion and agreed the learning from the pilot should be implemented, with those who took part highlighting how much they themselves got out of the pilot. The committee agreed to leave it open in terms of who the programme is open too, noting it was possibly all staff thinking about lived experiences however there needs to be a framework and structure to it, to take it forwards. GD is to submit a proposal to the committee on how to embed this throughout the organisation.

It was noted there was a need for a future conversation about mentorship, as GD struggles to sign up mentors given the pressures staff have with their workload.

/ Actions agreed

- The committee agreed the learning from the pilot should be implemented.
- GD to submit a proposal to the committee on how to embed Reciprocal Mentoring, which should include a framework and structure.

Agenda Item:	**Policies for Approval**

/ Notes

Commercial Income Policy
SM welcomed LH and MLu to the meeting.

MLu gave the committee a background to commercial research highlighting the Research & Development (R&D) team aims to increase this within the Trust, therefore MLu is presenting a new commercial income policy for the committee to review and approve.

MLu noted 100% of all staffing costs are covered. The funders, for example a pharmaceutical company, pays an additional 70% on top of this and the new policy sets out how this will now be allocated, which puts a greater emphasis on incentivising the Principal Investigator (PI) and CG's which will facilitate valuable clinical research within the Trust.

MLu added the new policy ensures it is in line with NIHR guidance, it rewards research active clinicians and CG's, and incentivises research to be conducted at the Trust.

The committee discussed and approved the policy.

SI Policy
JT noted the updated policy has had very minor updates, capturing feedback from internal audit and it aligns with the HSIB process. QPAS have reviewed the updated policy and advises the committee to approve it.

JT added the Trust can expect a new SI policy later in the year when NHSE publishes and agrees its new framework for SI's.

The committee discussed and approved the policy.

/ Actions agreed

- **Commercial Income Policy**
  The committee approved the policy.

- **SI Policy**
  The committee approved the policy.

Agenda Item:	Theatre SLA Proposals
/ Notes	SM welcomed LH to the meeting. LH highlighted the CG were seeking the committee's permission to formally reduce the Service Level Agreement (SLA) for the provision of theatres across all Trust sites and Clifton Park Hospital for a period of three months from 5 September-2 December 2022. In addition to requesting investment to both continue and increase the provision for insourcing to reduce the volume of waiting lists which need to be cancelled as part of the SLA reduction. LH noted the request to do this was due to the number of vacancies and higher than average sickness rates in the theatres workforce. There has been an average of 53.4 cancellations per week in June and July 2022 and the last-minute nature of these cancellations leads to a poor experience for both staff and patients. It is having a significant impact on morale and leading to an increased number of complaints LH added the paper details the number of lists lost by each specialty and a detailed piece of work has informed these figures, involving analysis of the waiting list position and discussion with the clinical and operational management teams. The number of lists which can be delivered will be reviewed weekly and can likely be increased with a higher spend on insourcing. LH confirmed Ramsay are trying to source additional anaesthetic consultant cover to reduce or eliminate the reliance on Trust-employed consultant anaesthetists. LH added a paper detailing the impact of the reduction and plan for the rest of 2022/23 will come back to the committee in October 2022. LH outlined the two options detailed in the paper noting the CG was confident in delivering option A but less confident in delivering option B given this relied on additional anaesthetists coming from both Insourcing and Ramsay. Option B is the best-case scenario however it would require £10k a week more for Insourcing and an amount to be agreed with Ramsay as this would require a contract change. LH flagged the confidence rate amongst the surgical CG is very low for achieving the 78 week wait reduction especially if it has to maintain option A for this 3 month period and potentially beyond this, however option B would give the CG a chance of achieving the target. The committee had a lengthy debate around the recommendations outlined in the report and the committee supported them noting some of it is dependable on whether elements of it is deliverable however there is a need to push exploring all options. It was noted being pro-active would allow for reutilisation of resource not being used in theatre to support performance in other areas of the Trust.

It was agreed that outside of the committee meeting LH will consider recruitment and retention premia with PM, in addition to wider discussions around releasing surgical ward space to become a DToC ward which will in turn release nursing staff to support other areas within the Trust.

The committee noted there was a real need to be clear what this does for waiting lists, for the required progress to 104%, and what impact it will have on elective recovery funds in the second half of the year, as the Trust will be required to explain this in the Tier 2 meetings. LH is going to seek AH's support to articulate this clearly, in addition to looking to Insource for the remainder of the financial year.

LH is to review productivity utilisation alongside Jenny Hey, seeking tips and practical advice from GIRFT, running a Perfect Week after the summer holidays, and speaking to other similar Trusts to see what they do if they are performing better on utilisation.

AB highlighted following previous discussions at the committee around pension recycling that neighbouring Trusts are not running this scheme, and there are numerous complications with introducing this however some of the finance team along with AB and AV are meeting with some specialist tax advisors next week to look at all options to attract consultants to work additional hours.

/ Actions agreed

- The committee supported the recommendations outlined in the report noting some of it is dependable on whether elements of it is deliverable.
- LH to submit a report detailing the impact of the Theatres SLA reduction and a plan for the rest of 2022/23.

Agenda Item:	**Care Group Verbal Reports**

/ Notes

Care Group 1

JTo flagged the capacity challenges which are still being worked through in Renal Medicine. Discussions have taken place with the specialist commissioners, and it has been agreed AB will formally write to them as they feel there is no further investment they can support the Trust with. The CG will therefore progress with the level of investment the committee agreed too at its 1 June 2022 meeting.

JTo confirmed all patients are receiving their dialysis patients this week however it is likely over the coming months there will be occasions when this is not the case due to fluctuating demand. It therefore remains an ongoing risk so JTo agreed to keep the committee and the CG assurance committee up to date in relation to the impact this is having, adding it is on the CQC's radar.

AB added the specialist commissioners want to do a wider piece of work to review where capacity is needed strategically, and they wish to do this from a network perspective rather than individual

organisations. AB will look to keep the pressure on, as there is a need for them to undertake this as soon as possible, noting he will be looking for a confirmed timeline from them.

Care Group 4
KH highlighted there are significant pressures and concerns around diagnostic performance. Approximately 100 patients per week are being added to the backlog currently. Layered on top of some of the workforce challenges across radiographers. A pay incentive has been agreed for August, but this will need to be kept under review.

SM queried what was happening with the community diagnostic position. KH noted the Trust won't see much difference this financial year, adding mobile scanners are being used across the ICS however they have not been to a Trust site as they have remained in Hull. The scanners are supposed to be shared equally, however this is not happening and KH felt they should go to where there is the most need for them and she was escalating this to the ICS. ML added Anil Vara are pushing this too.

It was agreed KH would submit a diagnostic investment paper to the next committee meeting so the committee could agree what level of risk it wishes to take to look to resolve the challenges.

KH noted oncology workforce issues have previously been flagged in relation to acute services however the CG are now seeing an impact on the elective service too. Delays are starting to be seen in patients accessing their cancer treatments. KH confirmed she was writing a paper to take to the Quality and Safety meeting as there are significant concerns in relation to this.

Care Group 2
GR noted the CG had planned to submit the SDEC and swipe card business cases for the committees approval today however he was informed they needed to be submitted to the Capital Programme Executive Group, and GR is wanting to progress these as soon as possible.

AB apologised as GR had been wrongly informed noting they do need to be presented to the committee for approval. Due to the urgency to progress AB asked the committee to confirm if they were happy for AB and SM to receive and make a decision on behalf of the committee outside of the meeting so as not to delay by a further two weeks. AB noted they are both on the agreed capital priority programme the committee has previously approved and will only be approved if there is no revenue consequences that will impact on the Trust. The committee agreed.

Care Group 3
AV noted there was nothing additional to highlight to the committee.

Care Group 6
MQ noted Dermatology has been flagged previously with one solution being insourcing. The CG have met with several companies however despite offering an advanced premia they have been unable to cover any sessions in Scarborough. The companies have noted this is due to there being lots of work in West Yorkshire so there is no reason for people to travel. Despite not being able to get any covered in Scarborough the CG have gone back to ask what they can cover just in York and are awaiting a response.

MQ confirmed a list of conditions Dermatologists are potentially going to refuse to see has been finalised today. This will be less of an issue in secondary care as many others do not deliver these services as they are low level risks being reviewed elsewhere however this is a change in practice so there may be some pushback on this from primary care colleagues.

The CG are struggling with 62 days for cancer, which is part of the wider capacity issues faced within Dermatology.

Care Group 5
No update was available due to CA experiencing technical issues.

/ Actions agreed

- KH to submit diagnostics investment paper to the next meeting.
- GR to share business cases with AB and SM for review outside of the committee.

Agenda Item:	**Business Cases**

/ Notes

2022/23-25 Additional Investment to Support Intermediate Care Capacity
JTo informed the committee this case is for additional CRT in the community and has funding attached to it. It will help replace the lost CRT capacity that was taken out as part of the reduced allocations received through some of the community discharge funds. It is beneficial as it will help mitigate the current position the Trust has been in and will support the Trust financially.

The committee discussed and approved the case.

/ Actions agreed

- **2022/23-25 Additional Investment to Support Intermediate Care Capacity**
  The committee approved the case.

Agenda Item:	**Items to note**

/ Notes

Covid-19 Inquiry Group – Action Notes
The committee noted no meeting had been held since the last action notes shared with the committee.

NHSEI Agency Report
The committee noted the report.

/ Actions agreed

- Nil.

Agenda Item:	**Any other business**

/ Notes

BMA 'card rates' for ECP work
PM flagged CA had sent an email around querying what the Trust's position was in relation to Waiting List Initiatives (WLI's) payment rates in light of the BMA circulating a new rate card for WLI's two weeks ago.

PM noted NHS Employers were quick to highlight this was not endorsed by them and PM would be working with people within her network over the next few weeks to agree what the standard rate should be across the ICS, as currently all Trust's pay differently.

MQ added it would be helpful to have the Trust/ICS's support on this as the CG's are already receiving pushback on the rates currently being paid following the BMA's publication.

AV highlighted staff use WLI rates for more than just WLI's as they want to same rate to cover absent colleagues or for out of hours therefore there was a need to tread carefully as if it was less than the £150 per hour the Trust pays now, people will refuse to cover. PM noted she didn't expect it to drop below £150 per hour but suspected it would not increase from this either.

/ Actions agreed

- Nil.

Date of next meeting:
The next meeting will be held on Wednesday 17 August 2022 – virtual or F2F is TBC.

ACTION LOG – Outstanding

Meeting Date	Action	Due	Owner
05.01.2022	**DIS Funding Bids** A regular update to keep sight of the risk around the Essential Services Programme and procurement following the holistic partner challenge.	Ongoing	Andy Williams
02.02.2022 20.04.2022	6 and 12 month review of the change to the management of the Trust's Cancer Nurse Specialist Teams. KH asked for the review dates to be two months later given the dates were from the approval date, and not when the change was implemented.	~~August 2022 & February 2023~~ October 2022 & April 2023	Srinivas Chintapatla

16.02.2022 11.04.2022 18.05.2022 01.06.2022 15.06.2022	An update on the harmonisation of local pay is to be submitted to the committee in April 2022. PM confirmed Lydia Larcum needed to meet with the CG's following sharing an updated paper with them so this item will now come to a meeting in May. Deferred to 1 June 2022 to allow time for the Board Priorities discussion. Deferred to either 15 June or 06 July PM noted there was a significant delay. A meeting is planned for the end of July to discuss this, unfortunately it could not be planned in sooner due to annual leave commitments. An update will now come to in August before the outcomes are submitted to the LNC for discussion.	~~April 2022~~ ~~May 2022 – 2nd meeting~~ ~~June 2022 – 1st meeting~~ ~~June 2022 – 2nd meeting~~ August 2022- 2nd meeting	Polly McMeekin
16.02.2022	**2021/22-59 Community Stadium and Community Estate Utilisation Plan – Update** • Quarterly updates to be submitted from the Community Estate Working Group. • Expansion into any vacated space will require a business case as no funding is available to service or recommission these areas.	Various June 2022 Ongoing	Various Neil Wilson CGD & ACOO's
02.03.2022 20.04.2022 06.07.2022	**2021/22-89 Ensuring Sustainable Pancreatic, Biliary and Liver services (Medical and Surgical) Trust wide** • To be re-submitted once the conversations with Hull, Leeds and the ICS have taken place within the next month to allow for final sign off before TB starts his training. GR confirmed conversations are still ongoing in relation to this case. GR highlighted this has proved difficult however the ICB are now involved in discussions. TB is still scheduled to begin training in September.	~~April 2022~~ May 2022 September 2022	Mike Harkness
18.05.2022	MS to check the Scarborough site is secure and fire doors are kept closed.	May 2022	Mark Steed
18.05.2022	ES to scope out what could be done to look to change clinicians' behaviours and create a set of principles for them to sign up too. It was suggested a clinical forum is created to assist with the work.	September 2022	Ed Smith
01.06.2022	Cheryl Gaynor (CG) to add people recovery delivery plan to Executive Committee agenda (15 June) and Board of Directors agenda (29 June) as part of Board Priorities discussion	June 2022 – 2nd meeting	

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01.06.2022	AW to review AV equipment in Boardroom and whether there is a way of boosting the microphones/speakers to improve sound quality for dial-in	June 2022 – 2nd meeting	Andy Williams
15.06.2022	Tara Filby to submit a report on ward refurbishments highlighting the risks associated.	August 2022	Heather McNair
15.06.2022 03.08.2022	ML & JH to submit bid for additional investment to help increase bed capacity, including the Bridlington model and a similar model in York. ML highlighted there had been no formal update on the bids submitted. It is expected an update will be received within the next few weeks.	~~June 2022~~ August/ September 2022	Melanie Liley
06.07.2022	SC to pick up a discussion with PM to review what development programme could be developed to support lead clinicians.	August 2022	Srinivas Chintapatla
20.07.2022	JT to submit a report which sets out the issues, picks up on the themes and has some clear recommendations on what the Trust can do in relation to the IPC agenda and Post Implementation Reviews.	August 2022	James Taylor
03.08.2022	GD to submit a proposal to the committee on how to embed Reciprocal Mentoring, which should include a framework and structure.	October 2022	Gail Dunning
03.08.2022	LH to submit a report detailing the impact of the Theatres SLA reduction and a plan for the rest of 2022/23.	October 2022	Liz Hill
03.08.2022	KH to submit diagnostics investment paper to the next meeting.	August 2022	Kim Hinton

Action Notes
Executive Committee
17 August 2022

/ Attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Lucy Brown (LB), Heather McNair (HM), Polly McMeekin (PM), Melanie Liley (ML), Mark Quinn (MQ), Gerry Robins (GR), Mike Harkness (MH), Srinivas Chintapatla (SC), Jo Mannion (JM), Stuart Parkes (SP), Ed Smith (ES), Donald Richardson (DR), Michael Taylor (MT), Lisa Gray (LG) (action note taker), Liz Hill (LH), Mark Steed (YTHFM item only), Kim Hinton (KH) (CT & MRI item only)

/ Apologies for Absence: James Taylor (JT), Andy Williams (AW), Amanda Vipond (AV)

/ Observing: Luke Stockdale (LS)

Agenda Item:	**Declaration of Interests**
/ Notes	No declarations of interest were declared.
/ Actions agreed	• Nil.

Agenda Item:	**Minutes of the meeting held on 03 August 2022**
/ Notes	The minutes were not ready for circulation and it was agreed LG would share them for comment and approval once complete
/ Actions agreed	• LG to share with the committee once ready for circulation for comment and approval.

Agenda Item:	**Matters Arising from the minutes and any outstanding actions**
/ Notes	No matters arising or outstanding actions were discussed.
/ Actions agreed	• Nil.

Agenda Item:	**YTHFM LLP report**
/ Notes	SM welcomed MS to the meeting. MS highlighted that a recent audit recommendation suggested there needed to be more communications between the Trust and YTHFM colleagues. Andrew Bennett is setting up meetings with the CG's Associate Chief Operating Officers to aid more communication in addition to circulating reports and newsletters.

The backlog maintenance programme is almost fully committed too however the team are reanalysing some of the projects which were above the red line in the recent capital report to release some further cash to invest in other priorities that have emerged which include the kitchen at Scarborough plus structural and lightening protection on the chimney. In addition, YTHFM are looking to hold some contingency funds in case anything else unexpected crops up throughout the year. This will be completed through the Backlog Maintenance Group which Andy Johnson-Betts is leading on, and updates will be submitted to the Capital Programme Executive Group (CPEG).

The ward 26 refurbishment on the York site is progressing well, however the Chestnut ward on the Scarborough site is on hold again, and the team are working with clinical colleagues to resolve issues to try to continue.

The value engineering exercise for the York ED extension is currently being finalised. AB is meeting with one of Kier's directors to see if their fees can be squeezed any more. Work on the ground is on target to complete by March 2023.

The works to add insulation to the rear of York Hospital is underway and heat pumps are being procured using the Salix funding. Bridlington is on programme for heat pumps and solar panels.

Scarborough UEC is progressing well, and despite some slippage in timeline the project team are confident this will be pulled back by the end of the project. There was the issue with what was thought to be an unexploded bomb earlier this month and a lesson's learnt exercise has been undertaken.

The ablution and bereavement suite works will commence in September and be completed by December 2022.

MS confirmed the lease for the community stadium is nearing finalisation and a timeline of works should be shared with the committee shortly. The Lantern area is out to tender, and work should commence in October for completion in January 2023.

VIU work is ongoing with Kier and it is hoped works can start within the next few months and it should take no longer than a year to convert the area for VIU. A group has been set up including Jenny Hey to look at a temporary area outside G1 in the short term.

A meeting is taking place later this morning in relation to a Nuclear Medicine ventilation solution for the York scheme, longer term a scheme will be developed for Scarborough using similar design specifications.

There is an end stage report for Laboratory Medicine at York which is to be presented to the CG in September followed by a report to CPEG in October.

A positive meeting with NHSEI in relation to RACC in Scarborough took place earlier this month and the team's priority now is to progress the short-term moves. Andrew Bennett is working up the business cases required to receive funding for each financial year as it could not be submitted as one. AB has agreed that some of the capital money can be used to fund the works in advance of receiving the money but only if there is complete confidence this will be received and added back into the capital programme. AB added the business case to move the team out of the first floor at Scarborough was nearly complete. On top of the capital ask there will be some revenue implications due to staff moving across to the York site and increased transport costs for moving samples around. Given the urgency AB suggested if the case is ready before the next meeting the committee gives approval for SM and AB to deal with it outside of the meeting. The committee agreed.

The team are also reviewing other smaller projects including considering whether to retain Cherry Trees, which is linked in with recruitment and retention and not just a property investment piece. The cycle to work options in terms of storage and changing facilities, and an information shop for MacMillan.

DR queried whether signage was up to date on both sites given the numerous changes that have taken place, as several clinicians have noted they have been unable to find their way to certain new units/areas. MS noted it was always part of every project to check the signage, but he would take it offline and double check.

SM thanked MS for a comprehensive update and noted the large amount of work going on which was credit to YTHFM colleagues.

/ Actions agreed

- Nil.

Agenda Item:	**Chief Executives Update**

/ Notes

National Team Visit
SM informed the committee the national team were visiting the York site tomorrow which was being led by Jim Mackey and the focus was on elective recovery. ML has led on the detail for the session and several committee members will be involved. Highlighting it was a good opportunity to highlight the good work being undertaken whilst equally flagging the challenges and asking for further support from the national team where necessary.

Additional bed capacity funding
SM noted formal notification has not been received but it is understood the Trusts bid for additional capacity for winter has been agreed. The York and Bridlington care units were looked at as part of this. ML confirmed the ICB bid for Humber and North Yorkshire was £12.7m as a whole and it is believed £11.35m will be funded, with the Trust receiving approximately £1.7m of this. There is now a secondary process taking place over the prioritisation, and it is being

reviewed as to whether delaying all the schemes a few weeks will bring the funding back on target. The Trust has been given the go ahead to progress the schemes it had put forward, which included the continuation of the Bridlington Care Unit, possibly with a couple of additional beds as well as replicating the same in York. Plus, it will cover the ESA 24/7 funding gap, additional funding in the community and it brings in line additional home care provisions with a City of York Council (CoYC) care provider. All these schemes should help create additional bed capacity.

GR flagged now Bridlington Care Unit was going to remain and York has just opened he felt some due diligence was required in relation to reviewing the CQC licence given this was going to be longer rather than short-term solution. ML confirmed Corporate Directors discussed this earlier in the week (in SM's absence) and this is ongoing in the background.

AB added North Yorkshire County Council are currently undergoing a tender process to select their preferred APL approved provider list of care. The Trust has been asked if it is interested in looking at that process, to look to be formally added onto the approved provider list as a way forward for permanent funding via this route. The process is running until December 2022, and if it is felt this is something to progress then the relevant individuals will be involved. It was agreed this should be explored with CoYC too, and potentially the East Riding of Yorkshire.

Quality Summit
SM highlighted following the CQC's visit in March 2022 the Trust was keen to organise a quality summit like the one undertaken following the CQC's visit to Scarborough in 2019. The ICB were reluctant to do this but subsequently what they did do resulted in the system wide Emergency Care Summit on 11 August which several of the committee attended to discuss the challenges faced. Following this meeting another is planned in for September.

SM spoke to Stephen Eames in advance of his leave to flag the real need to have a quality summit, this is now recognised, as the CQC are keen for this too. The Rapid Quality Review meeting is now scheduled to take place on 22 August 2022, and will include the Trust, the ICB, the CQC and some of the Trust's partners.

Medical Director Recruitment
PM confirmed Odgers have been instructed to help the Trust with the Medical Director recruitment campaign. A small group are meeting tomorrow to refine the longlist down to a shortlist of approximately 5 individuals and interviews will take place on 2 September 2022. The selection process on 2 September, will consist of 3 focus groups and a formal question and answer interview in the Boardroom. A decision on appointment will be made shortly after this.

/ Actions agreed

- Nil.

Agenda Item:	CT & MRI Performance Recovery
/ Notes	SM welcomed KH to the meeting. KH highlighted the report has been pulled together to describe the issues being experienced in CT & MRI. The report has also been shared with the Oversight and Assurance meeting, the ICB and regional colleagues as part of the Tier 2 conversations given the revenue asks involved, to explore all funding routes potentially available. KH explained there is a significant shortfall between demand and capacity for CT & MRI, noting this is also experienced in non-obstetric ultrasound however CT & MRI have been focussed on as they create the greatest concern. MRI has seen the waiting list increase 164%. 1,200 patients are now waiting over 6 weeks in comparison to 640 patients in March 2021. Likewise, CT had 119 patients waiting over 6 weeks and they now have 1,500 patients. KH noted Hull and NLaG have not seen the same degree of change, so the Trust is an outlier in this effect. KH informed the committee the issues contributing to this was the radiographic workforce as there is a 50% vacancy rate in MRI and 30% in CT, increasing to 50% taking into account sickness and maternity leave. Additionally, KH highlighted that acute demand has hugely increased, with an additional 360 MRI and 1,300 CT scans requested per month in comparison to pre-covid levels. There has equally been a decrease in the independent sector capacity the Trust had access to pre-covid. KH confirmed a demand and capacity review has taken place and the paper outlines various scenarios, adding doing nothing will see the waiting lists continuing to rise. The Trust will at some point have access to the ICS procured mobile scanner for 2 out of 6 weeks as it is being shared across York, Hull and NLaG however this is only staffed for 3 full days and to date it has remained on the Hull site. This should see a slight reduction in the CT waiting list however MRI would continue to rise. KH noted the ICS scanner is being distributed on a fair shares basis however it was felt the time should be shared out more based on where there is the greater need, and this has been flagged at the Tier 2 meeting. Hull and NLaG were asked to undertake the same demand and capacity review before a decision is made. KH noted the team do have some unfunded capacity which AB has agreed to continue, which is for 7 days' worth of mobile CT, and where appropriate patients are being sent to the Nuffield of Ramsay

however this is causing a significant risk as it is not within the Trust's financial planning.

SC and KH confirmed recruitment and retention work is ongoing in the background including discussions around international recruitment of radiographers however this will take time to come to fruition and there is a need to do something sooner as the current position is unsustainable.

KH is therefore seeking the committee to discuss and approve the below recommendations:

- Obtain funding to secure independent sector capacity to prevent significant increase to waiting list and further decline in performance
    - Specific request to fund
        - CT mobile as per recommendation which is an additional £1.8million (this is over and above the current unfunded mobile provision we have at risk)
        - MRI mobile as per recommendation which is an additional £345k
- Executive support for CT radiographer recruitment and retention premia case to be submitted
- Revise how ICS CDC mobile capacity is allocated – change from an equal share to sites with longest waiting patients
- Executive support for development of a business case for sustainable radiology services addressing under resourcing of radiographic staff to future proof the radiology service at the Trust following completion of long-term demand and capacity analysis

The committee had a lengthy debate and supported the recommendations outlined above and confirmed the recruitment and retention premia case could be picked up and agreed offline so as not to delay it further. In addition to this the below was agreed:

- KH to undertake a demand management review and work with CGD's, clinicians and primary care colleagues to look to try reducing demand.
- KH to undertake an impact assessment once the recommendations have been implemented.

/ Actions agreed

- The committee had a lengthy debate and supported the recommendations outlined above and confirmed the recruitment and retention premia case could be picked up and agreed offline so as not to delay it further. In addition to this the below was agreed:
    - KH to undertake a demand management review and work with CGD's, clinicians and primary care colleagues to look to try reducing demand.

- KH to undertake an impact assessment once the recommendations have been implemented.

Agenda Item:	CQC Update
/ Notes	HM flagged to the committee that there is a real lack of assurance in the system about the quality of care within the Trust which is not only linked to findings within the CQC report but also due to ED, Elective, Cancer and Diagnostic performance. HM requested CGD's ensure these are all being routinely discussed at the CG Quality meetings and all actions and escalations are documented to ensure it is evidenced as a whole Trust that the issues are recognised to ensure it is evident there is a line of sight from ward to board. HM noted that there have been 35 whistle-blowers to the CQC since March 2021, adding there is a real need to address this to ensure staff feel comfortable raising concerns and feeling assured their concerns will be acted upon. The action plan is outlined in the report submitted to the committee, with HM highlighting a couple of actions are slightly behind plan however there is no real risk to delivery that is of concern. HM highlighted there is concern in relation to the regulatory warning notices. Two section 31 conditions remain, and there has been no demonstrable improvement seen following recent audits. Both ED's have been spoken too and they have asked for the assessments to be made simpler and digitalised. HM confirmed she has tasked Nicola Coventry to review if a digital assessment can be set up over the next couple of weeks. The outstanding risk in terms of the section 29a warning notice is the Paediatric Emergency Medicine consultant however a solution has been found for this, although it is not in place until later in the year. Mitigation is being looked at until then, but nothing is agreed yet. HM noted another concern was the management of nutrition and hydration. An audit has been completed on fluid balance charts and it was poor in terms of compliance however there have been improvements in other areas relating to this. HM confirmed a large amount of work has taken place for risk assessments around the Mental Health Capacity Act however an audit has outlined this is not being completed systematically on every ward which poses a risk. Good progress has been made on the recording of general risk assessments due to the digitalisation of these. Digital assessments have been piloted in three areas and compliance is high and staff

have feedback they are enjoying the change, so the roll out of this can be demonstrated.

HM summarised that there is lots of good work being undertaken, and improvements are being made but there is concern this may not be enough given all the other performance issues. Ultimately the Trust is unable to assure the CQC in relation to staff being able to do what they want to do without right sizing the Trust's capacity which can only done with change in the wider system. HM confirmed this would be being picked up at the Rapid Quality Review meeting next week.

The committee had a lengthy discussion in relation to outstanding issues and concerns and it was agreed the mental health risk assessment needs to be made as achievable and simple as possible given the number of mental health patients presenting within ED's.

It was agreed there was a need to pull together some focus groups with staff to understand what they would like to be able to raise concerns within the Trust, and to feel they are being acted upon. It may be the Freedom to Speak Up agenda requires more support as currently there is one Freedom to Speak Up Guardian across the whole Trust which is spread across a wide geographic area. Potentially there is a need to introduce someone independent with a clinical background. It was agreed work would continue to take place in promoting the guardian, and for them to work more closely with the patient safety team and CG's.

The committee agreed there was work for them all to do in relation to communicating to staff what the medium to long term picture is for the Trust as although things are difficult currently there is a lot of work ongoing which will create benefits and improvements with time to come. The difficulty now is the lived experience both inside and outside of work is bleak for many.

LB asked for the committee to ensure news that should be celebrated is shared with the communications team so this can be widely communicated.

/ Actions agreed

- CGD's to ensure actions and escalations in their Quality meetings are documented to ensure evidence can be provided that all issues are recognised to ensure it is evident there is a line of sight from ward to board.

Agenda Item:	**Integrated Business Report**

/ Notes

The committee noted the report, with HM highlighting the IPC position has not seen any improvement. Following the discussion at the last committee meeting Damian Mawer is drafting an action plan and will submit this to the next meeting as part of the standing IPC agenda item.

AB and ML noted if anyone wished to pick up on anything in relation to finance or performance, they were happy to do so offline.

/ Actions agreed

- Nil.

Agenda Item:	**Harmonisation of Medical and Dental Local Pay - Update**

/ Notes

PM updated the committee on the latest position in trying to agree a local pay arrangement. Since the last discussion at the committee PM, AB, JT, the Deputy Director of Workforce have met with AV who has presented the views of all CGD's on several occasions and from these meetings it has been agreed:

- Any arrangement should be phased in.
- It should be applied to new and existing staff.
- The job planning multiplier of 2.5hours to a PA as an incentive felt closer to where an agreement needed to get to.

PM confirmed a revised proposal based upon a 2.5-hour multiplier for work which needs to be incentivised is being collectively worked upon. This proposal must then be costed and will be presented to the committee once complete.

PM noted there was no agreement on:

- Paid time verses TOIL.
- Tackling all areas verses managing the current arrangements better.
- The area to be incentivised e.g. work at another site, premium time work, resident on call etc.
- If the work should be job planned or not.

The committee had a lengthy debate which included discussion around the BMA rate cards that have been circulated, pension recycling and many other initiatives MQ listed in an email he shared outside of the meeting that could look to be introduced to make the Trust a more attractive place to work. It was agreed a task and finish group should be organied with a wider group of people to discuss all the different initiatives, and a formal paper to be created to go to the Workforce Working Group and this committee with some clear recommendations about what the Trust can/cannot progress. It was agreed this should be submitted to the committee mid-September.

The committee supported the recommendation within the local pay update and will await the proposal being submitted.

/ Actions agreed

- The revised medical and dental local pay proposal to be submitted to the committee on completion.
- Recommendations from the task and finish group/Workforce Working Group on initiatives the Trust can progress to be submitted to the committee mid-September.

Agenda Item:	Lessons Learnt from Suspected UXO at Scarborough Hospital
/ Notes	ML highlighted the paper in the pack gave an overview and timeline of the incident, and it lists several actions that the Trust will take from the learning which are all practical and tactical. ML wished to bring to the committee's attention that ML and Richard Chadwick attended a review of the incident with the ICB who feedback that they thought the Trust handled the situation incredibly well and were very complimentary. ML asked the committee to share this feedback with those involved in the incident. ML noted the ICB confirmed they had learnt from the incident too as they are still working through their structures in terms of what being a category 2 responder means to them. Updates within the ICB structure and on call system will be reviewed and shared with the Trust so these can be incorporated within the Trust's on call and Emergency Preparedness, Resilience and Response documentation. ML added it has been suggested to the ICB that the Trust's LIVEX event which is next due to take place in 2024 is undertaken as a joint venture. The ICB seemed keen and noted they would discuss and confirm back to the Trust if they wished to progress with this. The committee noted the report and actions within it and agreed to share the ICB's feedback with relevant team members.
/ Actions agreed	• The committee noted the report and actions within it and agreed to share the ICB's feedback with relevant team members.

Agenda Item:	Medical and Specialty Review in the Emergency Department (ED) Standard Operating Procedure
/ Notes	DR noted the reason this is being presented is the issue in relation to the increasing cohort of patients that are in both of the ED's who are referred for a specialty opinion and/or pended to be admitted who have found themselves in between ED and an inpatient bed. Some specialty areas include these patients in their post take ward round or on call processes despite the patient still being in ED and the ask is that this is made to be the standard of care via this Standard Operating Procedure (SOP). The SOP outlines if a patient becomes acutely unwell then ED staff will attend those patients in an emergency. The committee discussed the SOP and agreed support given the SOP is generic enough to lay out the initial principles. Adding the SOP does need to remain under constant review through JT and the committee expects it to be updated as it is worked on.

/ Actions agreed	• The committee agreed support given the SOP is generic enough to lay out the initial principles. Adding the SOP does need to remain under constant review through JT and the committee expects it to be updated as it is worked on.
Agenda Item:	**Care Group Verbal Reports**
/ Notes	**Care Group 6** MQ noted the team have completed some modelling for Orthopaedics. It outlines to have a chance of meeting the 78-week target for the year the team will need 3 side rooms ringfencing in a ward area for them to maintain activity. This includes when working with the reduced SLA and provided no lists are cancelled. Due to the reduced SLA the 78-week target will not be met in Ophthalmology. There may be some capacity at Nuffield however they have previously declined picking this work up however this will be explored again. Dermatology is increasingly in a difficult position. The team provided a list of conditions they no longer wish to see to Nigel Wells however the feedback is this cannot happen as it will put additional pressure on primary care, therefore MQ noted difficult conversations in relation to this continue. Recruitment into the team is ongoing, with no applicants being received after several rounds of recruitment. **Care Group 2** GR noted a report had been circulated and the main points to highlight were the CG are still struggling with medically fit for discharge patients who are taking up 25% of the bed base. The Vocare position has deteriorated significantly due to unfilled shifts. The CG had to provide a UTC service at the weekend, which the Trust has not officially provided for 7-8 years so there is potentially a big skills gap which is of concern. There have been long waits in ED, and there is an issue with the deterioration in planned care which is being reviewed. Wendy Balmain, Place Director has been invited to the Scarborough site to aid her understanding of the current position. **Care Group 4** SC noted radiology issues have already been discussed. Endoscopy had an issue with bowel prep availability, which was nationwide. It has not been resolved completely however the Trust has enough stock for 200 procedures. The communications received have been asking for hospitals to be responsible with their stocks. Likewise, there has been a national shortage for basic stock for Pathology and this persists and will affect histological management. SP added stock shortages, not just in these two instances, are a real

issue currently which is causing pressure due to having to try source alternatives and work with departments to try managing their patients.

SC added there may be an issue with male bowel cancer screening at Scarborough, but this is currently being worked through.

Recruitment for Radiodiology, VIU and Oncology remains an issue however there are several ideas being worked through which have not come to fruition yet.

Care Group 1
MH confirmed EAU 24/7 has now commenced. There are still significant pressures within ED however it is good to get EAU on the go. GP colleagues have also now taken on supporting the York Care Unit on Ward 29.

The renal issues previously flagged continues with conversations ongoing with specialist commissioners. The team are experiencing real pressures with haemo-dialysis capacity levels.

The latest whistleblowing relates to ward 33, so MH noted he is extremely interested in the outcome of the conversation as to how to provide alternative routes for staff to raise their concerns internally as he feels this is more helpful.

MH felt positive about the good spread of nominations across CG's for the Celebration of Achievement awards this year. JTo has broadened this out some more with CG1 sending out a positive piece specifically within the CG's briefing.

Care Group 5
JM wished to highlight the risks within maternity, noting 150 incidents were reported in July. 35% was around staffing and 15% in relation to the maternity unit closure. The unit has been on divert a lot over the last week and there have been some issues around escalation and support for the labour ward co-ordinators when this has happened. JM flagged on call managers did not know how to support the closures and the CG feel there is a need for a separate maternity on call. It is felt there is enough senior capacity to support this, but they would need to be removed from the Trust's general on call. ML added this was discussed at the Corporate Directors meeting on Monday and it was agreed there was a need to reinvigorate a refresh of site management and on call requirements which Lucy Turner and Tara Filby will lead, therefore the suggestion is to include the possibility of separating this out as part of this refresh. JM agreed this was a sensible approach.

Staffing impacts in terms of risks reducing compliance with MEWS, Tendable, overdue guidelines, overdue actions from SI's and other moderate harm incidents. The CG's Governance Lead is now in post following a month's induction, and will progress with getting on top of the guidelines and SI matters.

JM noted another risk is scanning capacity, currently the Trust is scanning to local guidance but not to national guidance however solutions are being reviewed for this.

Another longstanding risk is around theatre infection on the York site, with work needing to be done to resolve it.

JM highlighted the maternity transformation programme plan will commence soon, adding much of the risks rely on staffing and capacity for it all to work.

JM confirmed 17 band 5 midwives will be commencing in post in September.

Care Group 3
LH confirmed following the discussion on the reduction of theatres SLA's at the last meeting the CG had been successful in insourcing two additional anaesthetist consultants, resulting in the SLA not being reduced as much as was presented in the plan. This will be included in the October briefing.

LH flagged the biggest risk for the CG was achieving the 78-week target in ENT and Maxillofacial, as currently they are projected not to achieve. There is no mutual available yet however LH is exploring if Harrogate or NLaG can provide any support.

LH noted cancer performance is not being achieved currently, primarily due to diagnostic waits on the pathway, therefore it is incredibly challenging. For example, it is taking 5 weeks to achieve a Fast Track CT on the colorectal pathway.

The critical care outreach team in conjunction with enthusiastic colleagues from CG1 and DR have successfully launched the out of hours task in app on the York site on 1 August.

/ Actions agreed

- Nil.

Agenda Item:	**Business Cases**

/ Notes

2022/23-35 CTG Monitors - York
JM highlighted the existing CTG monitors are beyond recommended use and there is a need to procure replacements which are within warranty. The risk in not doing so is the current ones will breakdown and cannot be repaired, and they are no longer under warranty.

The committee discussed and approved the case.

/ Actions agreed

- **2022/23-35 CTG Monitors - York**
  The committee approved the case.

Agenda Item:	**Any other business**
/ Notes	No other business was discussed.
/ Actions agreed	• Nil.

Date of next meeting:

The next meeting will be held on Wednesday 07 September 2022 in the Trust HQ Boardroom.

ACTION LOG – Outstanding

Meeting Date	Action	Due	Owner
05.01.2022	**DIS Funding Bids** A regular update to keep sight of the risk around the Essential Services Programme and procurement following the holistic partner challenge.	Ongoing	Andy Williams
02.02.2022 20.04.2022	6 and 12 month review of the change to the management of the Trust's Cancer Nurse Specialist Teams. KH asked for the review dates to be two months later given the dates were from the approval date, and not when the change was implemented.	~~August 2022 & February 2023~~ October 2022 & April 2023	Srinivas Chintapatla
16.02.2022	**2021/22-59 Community Stadium and Community Estate Utilisation Plan – Update** • Quarterly updates to be submitted from the Community Estate Working Group. • Expansion into any vacated space will require a business case as no funding is available to service or recommission these areas.	Various June 2022 Ongoing	Various Neil Wilson CGD & ACOO's
02.03.2022 20.04.2022 06.07.2022	**2021/22-89 Ensuring Sustainable Pancreatic, Biliary and Liver services (Medical and Surgical) Trust wide** • To be re-submitted once the conversations with Hull, Leeds and the ICS have taken place within the next month to allow for final sign off before TB starts his training. GR confirmed conversations are still ongoing in relation to this case. GR highlighted this has proved difficult however the ICB are now involved in discussions. TB is still scheduled to begin training in September.	~~April 2022~~ May 2022 September 2022	Mike Harkness

18.05.2022	MS to check the Scarborough site is secure and fire doors are kept closed.	May 2022	Mark Steed
18.05.2022	ES to scope out what could be done to look to change clinicians' behaviours and create a set of principles for them to sign up too. It was suggested a clinical forum is created to assist with the work.	September 2022	Ed Smith
01.06.2022	Cheryl Gaynor (CG) to add people recovery delivery plan to Executive Committee agenda (15 June) and Board of Directors agenda (29 June) as part of Board Priorities discussion	June 2022 – 2nd meeting	
01.06.2022	CS to gather and share potential costings for options 3 and 5 (HSIB – NIV Report)	June 2022	Clare Scott
01.06.2022 03.08.2022	DR to check progress on discharge vs. transfer piece of work DR updated on the discharge to transfer action noting that rather than discharging patients from the acute hospital to then re-admit them to the community hospital all of the development work has been completed to treat them as a transfer rather than a discharge however the information team have flagged they are unable to unpick the level of detail needed for reporting and it will increase patients length of stays. SM asked for DR to get a sense of the impact so the committee can decide on whether to progress with this or not given it makes sense clinically.	~~June 2022 – 2nd meeting~~ September 2022	Donald Richardson
15.06.2022	Tara Filby to submit a report on ward refurbishments highlighting the risks associated.	August 2022	Heather McNair
06.07.2022	SC to pick up a discussion with PM to review what development programme could be developed to support lead clinicians.	August 2022	Srinivas Chintapatla
03.08.2022	GD to submit a proposal to the committee on how to embed Reciprocal Mentoring, which should include a framework and structure.	October 2022	Gail Dunning
03.08.2022	LH to submit a report detailing the impact of the Theatres SLA reduction and a plan for the rest of 2022/23.	October 2022	Liz Hill
17.08.2022	The revised medical and dental local pay proposal to be submitted to the committee on completion.		Polly McMeekin
17.08.2022	Submit recommendations from the task and finish group/Workforce Working Group on initiatives the Trust can progress to make it more attractive.	September 2022	Polly McMeekin

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes

Executive Committee
07 September 2022

Members in attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Melanie Liley (ML), James Taylor (JT), Polly McMeekin (PM), James Hawkins (JH), Gerry Robins (GR), Amanda Vipond (AV), Jo Mannion (JM), Mark Quinn (MQ), Donald Richardson (DR), Stuart Parkes (SP), Mike Taylor (MT)

Attendees: Lisa Gray (LG) (minute taker), Caroline Johnson (CJ), Jamie Todd (JTo), Damian Mawer (DM) (06-22/23 only), Emma George (EG) (06-22/23 only), Abby Hands, CoYC (AH) (07-22/23 only), Caroline Alexander (CA) (10-22/23 only), Penny Gilyard (PG) (12-22/23 only), Kevin Richardson (KR) (12-22/23 only)

Observing: Nik Coventry, Virginia Golding

01-22/23 / Apologies for Absence: Heather McNair (HM), Lucy Brown (LB), Mike Harkness (MH), Srinivas Chintapatla (SC), Ed Smith (ES)

02-22/23 / Declarations of Interest

No declarations of interest were declared.

03-22/23 / Minutes of the meeting held on 03 and 17 August 2022

The minutes of the meetings held on 03 and 17 August 2022 were agreed as an accurate record.

The committee:

- **Approved the minutes of the meetings held on 03 and 17 August 2022 as an accurate record.**

04-22/23 / Matters arising from the minutes and any outstanding actions

SM asked MT to chase for updates on any outstanding actions offline due to time constraints within the meeting.

Post meeting note: Tara Filby confirmed the ward refurbishment paper would now be presented to the committee at the second meeting in October as she is awaiting detail from the YTHFM LLP which will first be submitted to the Capital Programme Executive Group.

Action: MT to chase for updates on any outstanding actions.

05-22/23 / Chief Executive Update

Welcome and introductions
SM welcomed Nik Coventry and Virginia Golding who were observing today's meeting. In addition to introducing James Hawkins the Trust's new Chief Digital and Information Officer to committee members who have yet to meet with James following him commencing employment on 30 August 2022.

Medical Director Recruitment Update
SM informed the committee a successful recruitment campaign for a new Medical Director concluded on Friday 2 September 2022. SM was not able to confirm the successful candidates name yet but hoped to be able to share this by the end of the week.

CQC
SM noted the CQC will be back to visit the Trust, particularly medicine and SM felt it was likely to be within a matter of weeks, rather than months. The CQC will undertake a well-led review at some point soon, therefore the Corporate and Care Group teams need to be well prepared for this. SM is looking for either an external company or the NHSE Regional team to undertake a well-led review for the Trust in advance of the CQC's to highlight any areas of concern.

Strike action
SM asked PM to give the committee an update on strike action.

PM confirmed that due to the recent cost of living pay awards several unions intend to progress with some form of industrial action. The RCN has notified the Trust of their intention to ballot their members from 15 September to 13 October 2022, with PM noting they were just proposing strike action, and not action short of strike, discontinuous for six months running from 28 October 2022 to 13 April 2023.

PM highlighted there are consultative ballots currently underway with RCM, GMB and Unite. Unison are not undertaking a consultative ballot; they are going straight to ballot like the RCN however dates for this are yet to be confirmed. The BMA have chosen to write to the Secretary of State (SoS) given the junior doctors are in the third year of a three year pay deal which has not kept pace with the cost of living. Once a response has been received from the SoS the BMA will decide whether to ballot their members.

PM noted it is therefore likely going to be a difficult winter and she will keep the committee updated as things progress.

The committee:
- **Noted the updates.**

06-22/23 / CQC Update

CJ confirmed the CQC were positive around progress being made at their engagement meeting yesterday.

Audits have taken place on medical wards and they are now ongoing for the rest of the Trust, with repeat audits seeing positive progress however there are still areas to improve on. MUST assessments are not routinely being completed, which is impacting on the ability to be able to demonstrate good nutrition.

CJ noted all action plans are on InPhase, and all major work is on track as are the self-assessments which wards are undertaking except for Care Group 5. JM acknowledged this highlighting there were big leadership gaps within the Care Group, particularly in September and they were doing as much as they could possibly do.

CJ highlighted an interim staff member has started in the Patient Safety team this week to support the CQC agenda, with JM adding Care Group 5 have also signed up an agency senior ex director of improvement, with the hope they will assist progressing this agenda.

GR flagged some areas are struggling to undertake simple tasks such as taking patients weights due to not having the necessary equipment. CJ flagged it is believed there was enough equipment however SM noted if this was incorrect then Care Groups need to be expediting orders through procurement to ensure these targets are not missed due to not having the basic equipment.

CJ noted staffing remains a big risk and questioned whether any further agreements have been made through the system meetings. ML noted another meeting was taking place this afternoon with Stephen Eames so will know more then, however she felt that not everything that was originally offered will materialise. Noting some of the offers are dependant on the Trust recruiting more health care assistants to support some of the additional capacity, so none of it is without risk.

The committee had a lengthy discussion in relation to all of the offers currently being discussed via the system meetings to create extra capacity within the system and agreed there was a need to look at the Trust stepping into the social care market, to allow patients to be discharged home. Harrogate Hospital are already progressing down this route and are currently in the recruitment phase. CJ and ML are to take this away and work up what would be required, ensuring the correct governance is in place and add it to the Trust's CQC licence. GR noted this would be helpful anyway for the York and Bridlington Care Units as currently not having it listed on the licence causes operational complexities.

AB flagged there would be a need to look at joining the North Yorkshire approved provider list to be able to potentially use social care funding to fund this, as the funding for the two Trust care units will come to an end at some point.

PM highlighted there was a big recruitment event at the Community Stadium on Friday with over 100 people attending, and there may an overlap with those attending so there was the potential to recruit some staff here for this however it would need to be clear what they would be doing as the job descriptions shared with them was to work in an acute setting therefore there is work to do before Friday.

SM noted he would share with CJ the outcome of this afternoon's meeting with Stephen Eames.

CJ added the other preparation that is required is in relation to Well-Led in the corporate setting as this has already been done within Care Groups. SM confirmed this is under review and it is hoped either an external provider, whose quotes MT is waiting on, or NHSE's regional improvement team will undertake this for the Trust in October.

The committee:

- **Agreed the Trust should progress to become a social care provider and add it to the CQC licence.**

Action:

- **CJ to get social care added to the CQC licence.**
- **ML to work up finer detail to become a social care provider.**

- **PM to advertise social care worker roles at the Trust recruitment event on 9 September 2022.**

07-22/23 / Infection Prevention and Control Update

SM welcomed DM and EG to the meeting.

DM informed the committee the Trust saw another difficult month in August with 15 C. difficile, 1 MRSA, 12 MSSA, and 16 E.Coli cases, noting there is zero tolerance nationally for MRSA cases.

C.Difficile
DM noted numbers are above last year at this stage despite the Trust looking to reduce cases, and it is being predominantly led by increased cases on the York site highlighting this is a Trust-wide issue. Leaving the Trust as an outlier.

DM highlighted only 29 of 63 Post Infection Reviews (PIRs) have taken place, noting Care Group 2 are making the best progress. DM acknowledged 15 cases were in August and this can be a difficult month to get staff together to undertake the PIRs due to peak holiday season.

MSSA bacteraemia
DM confirmed both York and Scarborough cases are above the same time last year, with Scarborough having a particularly difficult month in August. This leaves the Trust as regional and national outliers.

E.Coli bacteraemia
DM noted the Trust is tracking similarly to last year. The York site has improved on last year however given the Trust is expected to reduce cases overall the Trust is tracking upwards of the national and regional mean.

Vancomycin-Resistant Enterococci (VRE) Outbreak
DM wished to highlight to the committee there is currently a VRE outbreak on Ward 11, 16 and part of ICU in York. More than 35 patients have been affected over a 6-7-month period, with a real cluster in July and August, with one individual passing away as a result. AV has been chairing VRE outbreak meetings and several actions have been agreed, including weekly screening to understand where the problem is and to review if the Trust's interventions are improving this. Bay by bay decant to deep clean and HPV has been managed, and there is a focus on basic IPC to stop the spread.

DM highlighted there are challenges to stopping the spread as screening is a burden for staff who are already short on resource, in addition to keeping the escalation beds open on Ward 11 & 16 given bed pressures however the team is addressing the outbreak.

IPC Improvement Plan
EG highlighted an improvement plan has been drafted following DM's attendance at the July's committee meeting, and they wished to check the committee were supportive of how it has been presented to them, to allow them to share updates on progression on a monthly basis.

EG noted there are many multi-faceted elements to the plan, and there are some elements that can be owned around practice and education. The plan has been split into the main elements of strategic, IPC team, Estate, Cleanliness, Hand hygiene and PPE, C. difficile and, MSSA bacteraemia.

Due to the scrutiny the Trust is under EG noted the ICS have offered a senior IPC nurse to support the Trust, who will work 5 days throughout September. EG is looking to see if the time commitment can be increased to give further support.

EG noted all Care Groups attended the CDIG meeting and progress in this area is being seen, as well as in PIRs, despite not all being completed. There is a need to get the PIRs embedded in every Care Group and IPC approve of Care Group 2's process and would ask all Care Groups to implement this process, so it is standard across the Trust. The committee agreed this was a sensible approach.

The committee continued to have a lengthy discussion on the improvement plan, and highlighted there was a need to align some of the works required on the wards, so window replacement, HPV and freshening up of areas to enable them to be done at the same time, as running them under separate programmes makes this more difficult. There was a suggestion that this could be done bay-by-bay if required, noting from October there will be a decant ward available on the York site to support the programme of work. A review of how HPVing can be undertaken in the Emergency Departments is to be considered.

DM noted he would consider whether hand hygiene guidance should be amended to using alcohol gel within corridor areas, and hand washing within bays. EG flagged an educational campaign around the overuse of gloves is being developed as staff are keeping these on and not washing their hands routinely.

DR highlighted it would be worth undertaking a QI methodology review of factors within the Trust and with those performing best to see what the difference is, as this should highlight improvement which can be implemented.

The committee agreed DM and EG should come to present the high-level data information and an update on the improvement plan monthly, asking for the key actions to be highlighted at the top.

The committee:

- **Noted the update.**
- **Agreed Care Group 2's PIR process is implemented across all Care Groups.**
- **Agreed DM and EG should present the monthly IPC update.**

Action:

- **DM and EG to update the improvement plan with ideas for decanting wards.**
- **DM and EG to develop a programme of work, aligning each of the areas mentioned above.**
- **DM and EG to undertake QI methodology review of factors within the Trust and with those performing best to see what the difference is.**

08-22/23 / York Dementia Strategy 2022-2027

SM welcomed AH to the meeting informing the committee AH is the Head of Transformation for Adult Social Care at the City of York Council.

CJ introduced the item noting the Trust has its own internal dementia strategy and where possible the team are looking to align this with York City's Dementia strategy. Adding a business case will be submitted to the committee in the coming weeks as there is a gap in leading the dementia agenda within the Trust, noting Dementia UK will be offering some pump prime for appointing some admiral nurses.

AH informed the committee the City of York Health and Wellbeing Board (HWB) have been working on a joint dementia strategy for York for the last couple of years. The HWB are hoping to publish the final version by the end of the month. The reason for the strategy is the key government priority around dementia and the number of residents locally who have dementia, with the current diagnosis rate being at 55.1% which is lower than the national average of 62%. It is estimated the cost of dementia care is £108m, therefore there is clear need to think about how the city supports people with dementia.

AH noted it is estimated a quarter of people in hospital have dementia. Areas the strategy addresses around hospital care are:

- support for people with delirium including post discharge
- improved referral pathways particularly between ED and the memory service
- integrated working between neurology, neuroradiology, and psychiatry particularly in response to young onset dementia and Parkinson's disease.
- better outcomes following crisis submissions with compassionate skilled support in the right environment and unnecessary delay in discharge using the mental health liaison team
- avoiding hospital admissions

AH noted the strategy talks about the five well domains with one being prevention and one being support, which is largely around supporting people in the community to attempt to avoid crises like hospital admission.

AH highlighted the strategy should get the city through the next five years in a stronger position with how people with dementia are supported. Adding the strategy has been written collaboratively over a long period of time, lots of consultation has taken place with the public and there is a big appetite for the strategy. There is a launch event at the end of the month and over 50 organisations are supporting it.

CJ added that the strategy aligns with the Trusts vision, and if the admiral nurses can be supported in addition to this it will place the Trust in a better position.

GR raised that the common theme at an ICS level is that it is viewed that the simplest way to access wrap around services is to send them to hospital who will put things in place, and there is a need to break this view. Adding the strategy is very aspirational, and that he is not sure many of these things will happen with the way the system is currently. AH agreed that it was aspirational however she has seen over the last six months links being made at a micro-level as relationships have built through creating the strategy collaboratively. Due to this, challenges are being flagged at the current working group which will continue into a steering group. People with dementia will be expected to be a part of this to hold to account.

AH highlighted following SM's challenge on how is the strategy made a reality that the steering group membership is currently being considered to ensure the right people sit on this so they can consider the five different domains and to hold itself to account to progress each one. It is known the people that can make the difference should be part of the membership. AH confirmed the HWB will continue to be the Board that oversees the work, as it was felt this should be kept as local to York as possible.

AH confirmed Tees, Esk and Wear Valleys NHS Foundation Trust Executive Committee acknowledged the memory service needed to look at making its pathways easier, enabling referrals to be received directly rather than having to go through GP's. There is a considerable amount of work for the memory clinics to do as part of the strategy however they have committed to doing this.

The committee confirmed their support of the strategy, with SM noting he will pick up updates at the HWB and asked for a review in a few months' time once the steering group is set up.

SM thanked AH for attending.

The committee:

- **Supported York City's Dementia Strategy.**

Action:

- **To receive an update in a few months' time once the steering group is set up for the York City Dementia Strategy.**

09-22/23 / Interpreting Service Update – contract 2022/23

CJ informed the committee Helen Ketcher, Patient Equality, Diversity and Inclusion Lead has been reviewing the interpreting services contract following a couple of incidents which has impacted on patient safety when the service has not been able to be accessed like it should be. Helen Ketcher has found that the current provider is not fulfilling their contract however it was agreed to extend this by six months to allow the Trust time to go through a procurement process to find a new supplier. This has resulted in the current provider improving their services to the Trust as they are aware that they are at risk of losing the contract.

CJ noted there is an appetite to undertake the procurement process as an ICS rather than individual Trusts and is today seeking the committee's approval to progress an ICS wide procurement exercise for a new interpreting services provider.

The committee discussed and approved for an ICS wide procurement exercise to progress.

The committee:

- **Approved for an ICS wide procurement exercise to progress.**

10-22/23 / 100-day Challenge

CJ presented the 100-day challenge which NHS England have introduced across the system to look to address flow.

10 best practice initiatives have been identified by ECIST that demonstrably improve flow and should be implemented in every trust and system to improve discharge. By 30 September 2022, it is requested that Trusts have a full understanding of the 10 interventions and have the appropriate infrastructure in place to focus on the implementation of the 10 initiatives and have a clear picture of the support required from NHS England to assist with implementation.

Gemma Ellison will lead on this work, and whilst the Trust will work on all 10 areas, 3 priority areas have been identified for immediate focus internally, which are:

- Set expected date of discharge (EDD) within 48 hours of admission
- Apply Seven-day working to enable discharge of patients during weekends
- Treat delayed discharge as a potential harm event

CJ highlighted the committee are being asked to commit to ensuring the necessary clinical leadership is behind the required embedding of criteria led discharge, the setting of Expected Date of Discharge (EDDs) (particularly agreeing the clinical criteria for discharge as early as possible within admission), the embedding of red to green days and the tracking of harm events for those who do not meet the criteria to reside.

The committee had a lengthy discussion and confirmed their commitment to the recommendations outlined in the report on the proviso CJ and JT discuss and update the wording in relation to better discharge planning and EDD's ready to communicate out wider with Care Groups 1 & 2.

The committee:

- **Committed to the recommendations outlined in the report on the proviso CJ and JT discuss and update the wording in relation to better discharge planning and EDD's to communicate out wider with Care Groups 1 & 2.**

11-22/23 / Re-establish the York Children's Ambulatory Treatment (CAT) Hub

SM welcomed CA to the meeting.

CA noted a Children's Ambulatory Treatment (CAT) Hub was mobilised successfully with Nimbuscare for 9 months last year, using Covid-19 and CCG funding to support this. The local integrated care oversight group for children and young people has identified the need to re-establish the CAT Hub to support a forecast Respiratory Syncytial Virus (RSV) and flu surge in autumn 2022 which would mirror that experienced in the southern hemisphere as children return to school.

The Hub will support the ED and paediatric acute teams in managing additional pressure on their workforce and services during the winter period from the 19 September - 31 March 2023. The Hub can be developed to manage conditions other than RSV and flu in order to be able to alleviate the pressure on York ED from low acuity ED attendances which would be better managed in primary care.

The costs to doing this are outlined in the report however Nimbuscare will look to cover most of the costs, and the portacabin will be funded by NHSE.

CA highlighted the committee is being asked to support the identification of winter funding to support the bank nursing costs to ensure the Hub can open an additional three days per week and ensure it is able to open five days per week. This would require winter funding of £15,997.

The committee discussed the ask and confirmed their support for the re-establishment of the CAT Hub between 19 September – 31 March 2023. Noting if Nimbuscare are unable to fund the costs outlined for them the CAT Hub may not be able to open 5 days a week, as the Trust would not be able to fill the funding gap.

The committee:

- **Confirmed their support for the re-establishment of the CAT Hub between 19 September – 31 March 2023.**

12-22/23 / Single Spell Reporting

DR highlighted this report has been submitted following the committees request for this information following a conversation at the 1 June's meeting where the committee agreed in principle to move to the transfer of care for patients moving into Trust community units. The committee had asked for the information team to share detail of the impact of doing this from a data point of view.

DR noted the report outlines that by moving to transfer of care it will significantly increase patients length of stay who move into community units however when calculated against all Trust spells, the average length of stay is only affected by 0.03 as a Trust overall.

DR is therefore recommending for patients transferring between acute and community units that these should be reported as one continual spell to match CPD as a single point of truth. This approach should not be applied to those patients transferring to virtual wards, further investigation is ongoing as to the most appropriate solution for these patients.

The committee discussed the impact on data versus patient safety and agreed given the negligible difference in length of stay overall it would be sensible to agree to move to the transfer of care to community units rather than discharge and admit. Noting there may be challenge further down the line from commissioners still under PbR.

The committee:

- **Agreed patients should be transferred rather than discharged to admit too Trust community units to enable one continual spell.**

13-22/23 / Car Parking Management and Costing Schedules

AB welcomed PG & KR to the meeting, noting he had asked them to present to the committee on where they had got to in terms of a proposal for car parking management and costing schedules, which they have been working through with staff side. Highlighting the conversation today is not to implement anything yet, as this forms part of a much wider piece of work. Adding offerings outside of parking on site are being explored, including ongoing discussions with First York bus service to review if the Trust could offer subsidised or free bus fares, for staff travelling to work within the city.

PG highlighted the car parking equipment is beyond its life cycle so needs to be replaced. A procurement process will be undertaken however, to help with the tendering process there is a need to clearly understand what the car parking criteria is going to look like moving forwards. Adding ANPR software will be able to minimise issues with the current volume of permits in circulation and the potential for fraud, it will also increase revenue uptake.

In addition to this PG noted there was a need to agree on pricing schedules. Currently car parking charges are paused for all staff however this will need to be re-introduced at some point in time, and when it does the proposal is to introduce a banded system which will ensure lower banded colleagues are supported.

PG noted the health and social care guidance for car parking has been reviewed during this process to ensure anything being proposed to the committee for discussion is compliant with these standards.

PG added there was a need to review visitor car parking charges as they have not been revisited for a number of years, and there is an increasing risk commuters outside of staff,

patients and visitors will use the car park and walk into the city centre as it is considerably cheaper than other car parks within the city.

PG informed the committee KR has been working with staff side, and a task and finish group has been set up to ensure robust discussions took place in relation to car parking permit criteria. KR has not yet gone into detail in relation to costs as PG was keen to have a discussion with the committee first.

KR highlighted full details of the proposal were included in today's meeting pack and noted there were several recommendations he wished to discuss with the committee and agree a way forward which include:

- Consultants to continue to park within the Multi Storey Car Park (MSCP) on the York site and visitor car park at Scarborough
- The revised staff car parking permit criteria which will include an annual review of allocated permits
- All current staff parking permits will be cancelled with all staff requiring to re-apply via the new App based service and criteria.
- The revised staff car parking pricing schedule
- The service user & visitor pricing schedule
- Approve the 'voluntary' service user & visitor concessions
- Note the mandatory service user & visitor concessions.

KR noted consultants were the only staff group small enough to allocate into the MSCP on the York site due to how the system works, as this group of staff will still allow sufficient space for patients and visitors. The JNCC supported this approach as it releases the 140 spaces in the old consultant's car park for all other staff with permits to use.

KR added the visitor concessions will get logged via the system, and a time frame can be set which will negate the need for staff to have to validate parking tickets every day for those with valid concessions. This will also stop the previous abuse from staff using the validating machines for their own tickets, which have already been removed due to this, which has caused an additional pressure for the car parking offices who now have to deal with them all. Once the visitor is logged in the system ANPR will recognise them and the barrier will lift to let them in or out of the MSCP.

AB added by removing unauthorised use of the MSCP it has been made clear there is sufficient space for patients, visitors, and consultants. By removing the unauthorised usage, it has resolved the issue of cars backing up onto Wigginton Road and blocking traffic which the Trust were under pressure to resolve by the council.

KR noted he wants to be the leading Trust for car parking and achieve Park Mark status from the British Parking Association. Noting to implement the systems will cost a lot but the money will be gained back through revenue within the first year of use.

The committee had a lengthy debate around all aspects of the proposal with the following outcomes:

- Approved for consultants to continue to park within the MSCP on the York site and visitor car park on the Scarborough site.
- To review whether those parking on site for cross travel reasons only (as would seek alternative travel options otherwise) should be charged to park.
- To review whether parking charges increase the more you use it each week/month to encourage alternative modes of transport.

- To review the possibility of expanding free parking either for all staff if possible, or if not at least for Band 3 and 4's.
- To review having a different price band for band 7's and 8a's rather than being grouped into one price band.
- To ensure there is a clear distinction between visitor and staff revenue and ensuring there is no increase in staff revenue as there is no credible reason for increasing this.
- Car parking charges to remain paused until final agreement is in place for parking charges and permit criteria.

SM stressed communication about any changes to car parking charges or permit criteria should not be done in isolation, as it needs to be part of a broader paper brough back to the committee and Board highlighting all options for staff travelling to and from work.

The committee noted the ANPR software would be installed on the Scarborough site ahead of final agreements for charges and permit criteria as the system required replacing within the next six months due to the imminent failure of current equipment.

The committee:

- **Approved for consultants to continue to park within the MSCP on the York site and visitor car park on the Scarborough site.**
- **Agreed car parking charges to remain paused until final agreement is in place for parking charges and permit criteria.**
- **Noted ANPR software would be installed on the Scarborough site ahead of final agreements due to imminent failure if the equipment.**

Action:

- **To review whether those parking on site for cross travel reasons only (as would seek alternative travel options otherwise) should be charged to park.**
- **To review whether parking charges increase the more you use it each week/month to encourage alternative modes of transport.**
- **To review the possibility of expanding free parking either for all staff if possible, or if not at least for Band 3 and 4's.**
- **To review having a different price band for band 7's and 8a's rather than being grouped into one price band.**
- **To ensure there is a clear distinction between visitor and staff revenue and ensuring there is no increase in staff revenue as there is no credible reason for increasing this.**
- **Communication about any changes to car parking charges or permit criteria should not be done in isolation, as it needs to be part of a broader paper brought back to the committee and Board highlighting all options for staff travelling to and from work.**

14-22/23 / YTHFM LLP EPAM Terms of Reference

AB highlighted the committee were being asked to approve the updated YTHFM LLP EPAM Terms of Reference.

The committee discussed and approved the updated YTHFM LLP EPAM Terms of Reference.

The committee:

- **Approved the updated YTHFM LLP EPAM Terms of Reference.**

15-22/23 / CT Radiographer Recruitment and Retention Premia

PM recommended the committee approved this request. The Recruitment and Retention Premia panel discussed whether this should exclude those on sick or maternity leave however PM confirmed those individuals should not be excluded. Adding those currently on maternity leave will not receive the premia due to maternity pay being calculated at week 25.

The committee:

- **Approved the CT Radiographer Recruitment and Retention Premia, which includes those on sick and maternity leave.**

16-22/23 / Policies for Approval

Hospital Visiting
CJ noted the policy has been updated as part of the CQC required actions and to reflect changes post-Covid. The policy now includes 'reasonable adjustment' updates from specialist areas, and instances where visiting may be different from the norm. During the next six months the team plan to draft a patient-facing Visiting policy for the website, inviting external stakeholders, patients, and carers to comment and contribute therefore this updated policy is only for an interim six-month period.

JM highlighted the need to include others with protected characteristics, including the transgender community. CJ noted she would ensure the team pick up on this for the next version which is being worked on.

The committee discussed and approved the policy, noting it was for an interim six-month period only.

Learning from Deaths
DR highlighted the policy has been updated to incorporate changes requested by the medical examiner service, adding the changes are outlined in the meeting pack.

Both the Learning from Deaths Group and Quality and Patient Safety Group approved the updated policy in July and August 2022 respectively.

The committee discussed and approved the policy.

The Committee:

- **Approved the Hospital Visiting Policy, noting it was for an interim six-month period only.**
- **Approved the Learning from Deaths Policy.**

17-22/23 / Care Group Verbal Reports

SM asked the Care Group Directors for a brief update by exception due to time constraints.

Care Group 6
MQ stressed that a decision needed to be made around whether 3 side rooms could be ringfenced to enable Orthopaedics to achieve the 78-week target, as he flagged at the last meeting.

ML added there is simply not enough side rooms to service all needs however analysis for this has been undertaken and she is confident this can be done between now and the end of the winter period.

The committee had a lengthy discussion and agreed there was a need to support this despite being aware of the difficulties and challenges operationally. SM tasked ML to sort out any operational issues and talk to clinicians to agree a protocol to manage keeping the 3 side rooms ringfenced.

MQ requested the committees support to unilaterally send a letter to primary care about what dermatology services the Trust no longer wants to supply, as touched on at previous meetings. Adding the team are only looking to remove some primary care procedures, not any core secondary care ones, and by doing this it will improve cancer access and brings the Trust in line with what the rest of the ICS delivers.

The committee confirmed their support to send the letter with SM requesting it is shared with Nigel Wells in advance of it being circulated.

MQ flagged the quotes that have come back for Insourcing in Dermatology is eye-watering, with a day's work being quoted at £5.5k, if this was done through WLI it would be £1.2k. MQ feels there is a need to look at what other incentives the Trust can offer staff to support WLI work and undertake the work in house, as it will be much cheaper to do this, noting there would need to be appetite from staff to do this.

AB noted himself and PM were part of an ICS group looking at holding the line on standard rates and the potential development of a pension recycling policy, which would support some of this work.

The committee discussed MQ's comments and SM asked AB's team to review the Insourcing quotes and push back to see if a better price can be given. Adding there was an urgent need for the ICS group to decide on pension recycling whilst there was still half of the year left to make a difference.

MQ added the Community Stadium contract was struggling to get over the line, although Mark Steed may have ironed this out since he last spoke with him, if not this could cause significant issues. AB highlighted the issue is the Trust wants to use its own catering rather than that of the stadiums however they are refusing this and are insistent the Trust must use their caterers. There is therefore a need to decide whether the Trust agrees to this. In addition to this they want the Trust's agreement that if the Trust passes the 25-year lease onto someone else they will have the same financial backing as the NHS.

Care Group 5

JM highlighted the Rainbow Ward at Scarborough had to be closed overnight several weeks ago with a divert to York put in place. A post closure review was undertaken, and this was the correct thing to do however it was a huge inconvenience for everyone, especially patients and their families. JM has discovered shifts had not been covered by agency staff as she has been informed the Trust's stance is not to book Thornberry staff who have previously worked substantively for the Trust, and wanted to question whether this was really the case? Noting this stopped the Trust booking agency staff who were willing to work and would have kept the ward open. ML noted this should not be the case and was unsure where this had come from and asked CJ to review and ensure all are notified of the correct information.

JM added that following AV's comments at the 3 August's meeting she wished to support these, noting if the Trust continues to differentiate ECP work into WLI clinic rates and not

include ward post take ward rounds, weekends, acute work in the day, last minute covering of weekends then the Trust will find itself in real difficulty. JM highlighted a letter will be coming from Trust Paediatricians about ECP rates and them wanting to be paid the BMA card rate, noting there is a real need to look at this. SM asked JM to pick this up with PM outside of the meeting.

Care Group 2
GR questioned where the money was for the EAU. AB noted the business case needed to be submitted to the committee, and the last iteration AB had seen did not include any finance details which is required. AB highlighted the discussion as to whether to approve the case needed to be had at the committee as there needed to be a debate on whether spending £0.25m on something that will last 1 year was the right thing to do, or whether that money would be better spent on ward refurbishments for example to support the IPC agenda.

Care Group 1
JTo noted to the committee following the stroke services rating dropping down to a D in the last period, the team committed to some improvement actions and this has seen the rating move up to a C, and with continued transformation work it should see this move back to a consolidated B rating over the next two periods.

Renal continues to have issues that need resolving however currently no patients are having their dialysis treatment reduced. JTo and AB are due to have a conversation with NHSE on moving this forward, and an update will come back to the committee at a later date describing what is going to be done to resolve the issues.

The York ED build is on plan but slightly off budget, with the ED clinical model business case being submitted to the committee for consideration next month.

Care Group 3
AV noted there was nothing additional to highlight.

Care Group 4
No update was available for Care Group 4.

The committee:
- **Agreed to ringfence 3 side rooms between now and the end of the winter period for Orthopaedics.**
- **Supported MQ unilaterally sending a letter to primary care about services Dermatology no longer wish to supply.**

Action:
- **Scarborough EAU Business Case to be submitted for consideration at 21 September's meeting.**
- **York ED Clinical Model Business Case to be submitted for consideration in October 2022.**

18-22/23 / Items to note

NHSEI Agency Report
The committee acknowledged the NHSEI Agency Report.

The committee:
- **Noted the NHSEI Agency report.**

19-22/23 / Any other business

No other business was discussed.

20-22/23 / Time and Date of next meeting

The next meeting will be held on 21 September, 8.30am-12pm in the Trust Headquarters Boardroom.

ACTION LOG – Outstanding

Action no.	Meeting Date	Action	Due	Owner
	05.01.22	**DIS Funding Bids** A regular update to keep sight of the risk around the Essential Services Programme and procurement following the holistic partner challenge.	Ongoing	~~Andy Williams~~ James Hawkins
	02.02.22 20.04.22	6 and 12 month review of the change to the management of the Trust's Cancer Nurse Specialist Teams. KH asked for the review dates to be two months later given the dates were from the approval date, and not when the change was implemented.	~~August 2022 & February 2023~~ October 2022 & April 2023	Srinivas Chintapatla
	16.02.22	**2021/22-59 Community Stadium and Community Estate Utilisation Plan – Update** • Quarterly updates to be submitted from the Community Estate Working Group. • Expansion into any vacated space will require a business case as no funding is available to service or recommission these areas.	Various June 2022 Ongoing	Various Neil Wilson CGD & ACOO's
	02.03.22 20.04.22 06.07.22	**2021/22-89 Ensuring Sustainable Pancreatic, Biliary and Liver services (Medical and Surgical) Trust wide** • To be re-submitted once the conversations with Hull, Leeds and the ICS have taken place within the next month to allow for final sign off before TB starts his training. GR confirmed conversations are still ongoing in relation to this case. GR highlighted this has proved difficult however the ICB are now involved in discussions. TB is still scheduled to begin training in September.	~~April 2022~~ May 2022 September 2022	Mike Harkness
	18.05.22	MS to check the Scarborough site is secure and fire doors are kept closed.	May 2022	Mark Steed
	18.05.22	ES to scope out what could be done to look to change clinicians' behaviours and create	September 2022	Ed Smith

		a set of principles for them to sign up too. It was suggested a clinical forum is created to assist with the work.		
	01.06.22	Cheryl Gaynor (CG) to add people recovery delivery plan to Executive Committee agenda (15 June) and Board of Directors agenda (29 June) as part of Board Priorities discussion	June 2022 – 2nd meeting	
	01.06.22	CS to gather and share potential costings for options 3 and 5 (HSIB – NIV Report)	June 2022	Clare Scott
	15.06.22 07.09.22	Tara Filby to submit a report on ward refurbishments highlighting the risks associated. Deferred to 2nd meeting in October due to awaiting information from YTHFM LLP.	August 2022 October 2022	Heather McNair
	06.07.22	SC to pick up a discussion with PM to review what development programme could be developed to support lead clinicians.	August 2022	Srinivas Chintapatla
	03.08.22	GD to submit a proposal to the committee on how to embed Reciprocal Mentoring, which should include a framework and structure.	October 2022	Gail Dunning
	03.08.22	LH to submit a report detailing the impact of the Theatres SLA reduction and a plan for the rest of 2022/23.	October 2022	Liz Hill
	17.08.22	The revised medical and dental local pay proposal to be submitted to the committee on completion.		Polly McMeekin
	17.08.22	Submit recommendations from the task and finish group/Workforce Working Group on initiatives the Trust can progress to make it more attractive.	September 2022	Polly McMeekin
06-22/23	07.09.22	CQC Update: • CJ to get social care added to the CQC licence. • ML to work up finer detail to become a social care provider. • PM to advertise social care worker roles at the Trust recruitment event on 9 September 2022.	September 2022	Several
07-22/23	07.09.22	IPC Update: • DM and EG to update the improvement plan with ideas for decanting wards. • DM and EG to develop a programme of work, aligning each of the areas mentioned above. • DM and EG to undertake QI methodology review of factors within the Trust and with those performing best to see what the difference is.	October 2022	Damian Mawer & Emma George
08-22/23	07.09.22	To receive an update in a few months' time once the steering group is set up for the York City Dementia Strategy.	December 2022	Caroline Johnson

17-22/23	07.09.22	**Care Group Updates:** • Scarborough EAU Business Case to be submitted for consideration at 21 September's meeting. • York ED Clinical Model Business Case to be submitted for consideration in October 2022.	September 2022 October 2022	Gerry Robins Mike Harkness

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

September 2022

Labour Ward/ Maternity Team	**York**	**Nominated by Sophie Ellerby, patient and Briony Guilliatt, colleague**

Nomination 1

The team on labour ward made me feel so calm when I was in labour with my first baby. With essential hypertension and my baby's heart rate dropping the team kept me informed about everything that was happening and what I needed to do in order to safely deliver my little girl. I am so inspired by what the midwives do and I can't thank them enough for making our experience the best personal time we could have had. Special shout out to Abbie and her student Molly who were absolute stars throughout.

Nomination 2

Thank you to the whole maternity team for their exceptional hard work during a time of extreme challenges. You continue to provide excellent care to women and their families at such an important time in their lives. Since I have recently joined the trust I have observed everyone working above and beyond to ensure safety for women, and support for their colleagues. You are doing a fantastic job and the trust is so proud of you.

Liver Team	**York**	**Nominated by Michelle Athey, patient**

The team deserve an award for all their hard work and dedication to patient services. They are proactive, efficient and caring and go above and beyond to support patient needs. The care I received in Hospital was great, even though the team were busy, working under very demanding circumstances and were very short staffed and dealing with difficult patients and those with complex needs. The liver team, looking after me since being discharged and now as an outpatient, are excellent, caring, kind and do all they can to help. Their support is appreciated and valued. They are a credit to the hospital and I would like them and management know how important and valued this team is and the hard work they do. The specialist liver nurses and liver consultants, supported by pharmacist and support teams are outstanding, deserve recognition and an award!

Katrina Maddison, Patient Safety Officer	**York**	**Nominated by Denise Plowman, a colleague**
Our new PSO Katrina has not long joined the team but has already made a great impression with our patients and Ward 36 team. Katrina is a natural and excellent in what she does. She is warm and kind-hearted to the patients and to everyone she meets. She creates this lovely atmosphere into the ward and makes our day much more bearable when days or shifts are hectic in the ward. We are very blessed and grateful to have someone who cares so much and always goes that extra mile to make each patient's experience wonderful in difficult circumstances for some. She goes above and beyond each time. Katrina works well on her own and as part of the team. She has a great initiative in making the ward workload a bit easier and she helps wherever she can. We received wonderful feedback from patients and they adore her kindness and compassionate manner.		
DIS – Service Desk	**York**	**Nominated by Alastair Jakeman**
I often log issues with the Systems & Network Services Service Desk and recently because of a new colleague joining my team I have been logging a high number of requests. The Service Desk team are always extremely helpful and often reply almost immediately. I think that this team should be recognised for their hard work and consistent demonstration of Trust values.		
Head, Neck and Gynaecology Team	**York**	**Nominated by a colleague**
I have been part of this amazing team since 2019. Every single staff member has made me feel so welcome. I've learned so many skills. Thanks to the team. The kindness, openness, and excellence that this team delivers 24 hours, 365 days a year to all patients, colleagues and visitors is truly outstanding! Every member of this team will go above and beyond to help anyone that walks into our ward. As a team we have been thrown into so much; multiple ward moves, working hard through covid and we have all stuck by and supported, not just all are patients, but each other. I am honoured to be part of this team. I truly believe this team deserves a star award because it would show them that all the hard work they do daily just out of the kindness of their hearts doesn't go unnoticed.		

Scarborough Stoma Care Team and Lisette Backhouse, Stoma Nurse	**Scarborough**	**Nominated by Christine Penrose, patient**
They always go above and beyond, just over 6 years ago I had my surgery to form my stoma and since then and even before that they have been amazing. They're always a phone call away or a visit away whenever I have needed any help, advice or even just to ask what may seem like a silly question! I know everyone has been so stretched and work so hard but these ladies truly deserve recognition!		
Domestic Team – Haldane	**Scarborough**	**Nominated by Claire Jackson, colleague**
Sharon, Debbie and Tracey are such hard working members of our team on Haldane Day Surgery Unit. They take such pride in ensuring our unit is spotless. All of them really engage with the nursing team and our patients really do notice how clean and tidy our unit is. All of them are an asset to Haldane.		
Dialysis Twilight Shift Team	**York**	**Nominated by Angus McLean, patient**
I wanted to recognise the twilight dialysis team who looked after me for 2 years during Covid. Their care was first class and they made my treatment as best as it could have been. They are all a real asset to the Trust. I would like to call out in particular - Megan, Tara, Sharron and Maisie from the nursing team and Helen, Rita and Mark from the support team.		
Andre Coelho Fernandes, Consultant Anaesthetist	**Scarborough**	**Nominated by Abigail Hansford, patient**
I went into hospital for an elective C-section. I am allergic to general anaesthesia which means I'm a high risk patient. Andres couldn't have been more calming and reassuring. No questions where ever too silly or daft, he managed to get the spinal block in and successfully first attempt (I've got a lot of metal in my back which means there's a 50/50 a spinal will work) - he's a miracle man.		

Clare Jemmett, Midwife	**Scarborough**	**Nominated by Abigail Hansford, patient**
Claire was my community midwife and was absolutely amazing throughout my whole pregnancy. This was my third pregnancy and the first after a traumatic birth. She referred me to all relevant services and was there on hand to answer any questions. Claire was working on Hawthorne the day I had my baby and she treated me and my partner like members of her own family. She is amazing.		
Kim Robinson, Midwife	**Scarborough**	**Nominated by Nominated by Abigail Hansford, patient**
Kim was the midwife who was asked to look after me and my baby during my elective C-section. This was my third birth, but followed a traumatic past birth experience. Well she made this time 100x better, she never left my side in theatre, held my hand when I cried tears of fear and kept me positive. She took me into theatre nice and slowly and explained everything in such a calming way. She was excellent with my partner too and kept him calm.		
Sophie Smith, Healthcare Assistant	**Scarborough**	**Nominated by Abigail Hansford, patient**
Sophie was such a lovely HCA; nothing was ever too much for her. I was fussy when it came to ordering lunch she got me a sandwich made up which wasn't on the menu that day. She reassured me and sat with me when I had a few tears and a panic attack just before being discharged home with my baby. She was such an amazing lady.		

Lizzie Dickinson, Midwife	**Scarborough**	**Nominated by Abigail Hansford, patient and a patient**

Nomination 1

I was in theatre having my elective C-section and Liz was an absolute diamond. Explained everything that would be happening, helped to keep me calm when having my spinal put in and helped reassure me when my baby didn't cry straight away after delivery. She kept me laughing and smiling even though I was absolutely terrified.

Nomination 2

On a very difficult day shift leading into a difficult night shift Lizzie had been caring for a patient who was having an extremely sad day, unfortunately on her birthday. Lizzie left her day shift late and returned with a kind gesture for the patient and some treats for the staff. A totally selfless act which absolutely impacted the patients experience for the better and gave the staff a boost too! Lizzie is due to leave us soon and this will be a very sad loss to the trust and midwifery.

Wendy Skelton, Domestic	**Scarborough**	**Nominated by Carol Chadwick, colleague**

Wendy is a very caring and kind person. She abides by the trust values at all times, often making patients in the waiting room a cup of tea even though she is very busy and doesn't have to, nothing is too much for Wendy she is very helpful and is very valued by all the staff in the discharge lounge it is a pleasure to have her around.

Endoscopy Team	**York**	**Nominated by Allison Sawyer, colleague and Jacqueline Hobbs, patient**

Nomination 1

The Endoscopy Nursing Team have been instrumental in supporting ward areas to deliver fundamentals of care in recent weeks and months. As Matrons of the Day we frequently have to escalate areas of concern due to nurse staffing levels and at this point urgent requests for support are sent out via the Associate Chief Nurse of the day. There is not always support available. However one team who have shone out as always helping where they can is the Endoscopy Team in York. They have even implemented a buddy system for support whereby they go in two's until each person is confident on ward areas which is an environment they are not used to working in. They assist in all provisions of care, help reduce falls and pressure ulcers and we cannot thank them enough.

Always striving for excellence, showing our teams and patients true kindness and being open with what they can provide. Today, as an example, when the site nurse staffing was RAG rated as red and we had requested support, endoscopy sourced eight members of staff to come out and help. They went to areas they had never worked in and did it all with positivity. The Care Group 1 Matron and Operational team wanted them to know how appreciative we are, our teams are and ultimately the difference that their support gives to our patients. Thank you for all that you do.

Nomination 2

My visit today was absolutely perfect! All staff were informative, knowledgeable and helpful. Everything was explained to me and the area was spotlessly clean. The two staff members who looked after me in the endoscopy room were fantastic. John put me at ease and was so funny; he really is a credit to the team.

Children Assessment Unit	Scarborough	Nominated by Eleanor Hinson, relative
I attended A&E with my daughter on 02/07 at 8:30pm after she drank from a calpol bottle whilst we were on holiday in Pickering. The staff in A&E were very good but as soon as we got to the children's assessment unit the staff there were amazing. I would like to say in particular the junior doctor Jess Hebden had a fabulous bedside manner. Jess really listened and understood everything I had to say about my daughter. The consultant who came to take her bloods was also very reassuring, the nurse and health care assistant were also so lovely through their interactions. Jess made sure I fully understood what to expect for my daughter and spoke me through her aftercare making sure I was comfortable with everything that had been said.		

Christopher Blackstone, Clerk of Works	Scarborough	Nominated by Craig Laffey, colleague
I nominate Chris Blackstone for the award, as without his tireless efforts in striving to complete a refurbishment in Chestnut ward of complete nurse call removal and installation of a new system, it would not have progressed to where it is now. Whilst other members of estates have assisted him in moving this project forward, in reality I feel it is down to him alone mainly that it has almost reached completion, I feel he thoroughly deserves recognition for his efforts so far.		

Community Therapy Team	York	Nominated by Cath Speechley, colleague
As I retire this week from my long held position as Team Manager of the York Community Therapy Team I want to thank all the members for their support and willingness to work with me as the team has changed and developed into what it is today. You are a very special group of people. I've watched and worked with many of you in a variety of teams over the years and have been lucky to poach you as the crème de la crème as CTT established itself and continues to develop and grow. CTT has been a big part of my life and career and I will miss you all on a personal level. I remain in awe of your resilience over the last 2 years, your professionalism and willingness to move through change has been greatly appreciated. You are all stars, and if I could give you all the George Cross I would. You've been a pleasure to work with, continue to look after each other and your new manager when she arrives. Thank you for being a great team.		

Jason Angus, Healthcare Assistant	**York**	**Nominated by Vicky Reader, colleague**
Jason arrived at the Radiology reception at York hospital on Tuesday 19/7 (PM) during the peak of 37+ degree heatwave, offering ice lollies to our teams and wider teams throughout the hospital. He had a huge thermal bag full of ice lollies. I managed to find out he was on annual leave and wanted to help keep teams cool as working the past weekend in heat although not extreme was not nice.		
PPE Team, Procurement	**York**	**Nominated by a colleague**
Since the beginning of the pandemic there has been one department that has been key in helping to keep all our medical and non-medical staff in York supplied with any and all of their PPE requests. This has included them going around the hospital every morning ensuring that any and all PPE central storerooms were kept fully stocked and all ward/department PPE requests were actioned and delivered as soon as possible. This saved staff time having to go to the PPE store to collect it. On behalf of all medical and non-medical staff I would just like to say a big thank you for being there.		
Beth Finelli, Staff Nurse	**York**	**Nominated by Sophie, colleague and a colleague**

Nomination 1

Beth is a very supportive member of staff who makes sure colleagues are supported during their roles and helps when they need it. She has come up with positive ideas for the unit to make it a happy place. Beth is a hard worker who accommodates everyone's needs to the best she can.

Nomination 2

After a rough few weeks Beth has taken on the new role as deputy sister in her stride. She has supported the staff emotionally and ensures patient safety and staff are her priority before herself, even when we are short staffed. Beth you have made the role your own, keep smashing it you are an amazing nurse to patients and a fab colleague. Don't ever change! Patients and staff would be lost without you.

Jo King, Staff Nurse	**Scarborough**	**Nominated by Caran Jones, colleague**

Jo recently went above and beyond in caring for a patient who was unwell in clinic identifying she had been struggling to care for herself. Jo discussed her concerns with the consultant and they agreed the lady required admission. Jo went out of her way to ensure the lady was provided with a meal and drinks whilst waiting for a bed. Due to the lack of beds, she then volunteered to stay behind after work to make sure the lady was looked after until a bed became available later in the evening. Jo is always happy to help and go out of her way to ensure patients come first.

Ben Wells, Healthcare Assistant	**York**	**Nominated by Rebecca Reffold, colleague**

As a nurse, whenever Ben is on shift I feel safe in the knowledge that the support and work he carries out will be second to none. Ben really shone on a very difficult shift Tuesday 20th July. As a ward we found ourselves in a busy and challenging situation taking medical patients direct from ED due to the extremely busy situation the hospital was in. We regrouped, made a plan and worked as a team taking the workload off one another wherever possible. Six patients arrived on our ward more or less back to back, with Ben taking the bull by the horns and just delivering exemplary patient care.

Ben is a true asset to the York bank department, has the most positive attitude and immeasurable mannerisms and communication skills with all the patients. His respect for the patients he cares for is amazing to witness. Ben always stands up to the challenge but that night shift he just shone and thank you isn't enough for all he did that evening. Every ward or department in the hospital needs a Ben. As a newly qualified it is true what they say, us nurses could not do our job if it wasn't for fantastic healthcare assistants such as Ben. From the bottom of my heart, thank you Ben for being you. You are a pleasure to work alongside!

Chantelle Gore Jones, Healthcare Assistant	York	Nominated by Kirsty Bottomley, colleague

Chantelle works part time as a HCA due to having a young family and busy home life. When at work she is a real asset to our team and gives 110% to patient care when she is at work. Often behind the scenes she is busy checking patient's documentation and clinic lists ensuring they are the right patient on the right clinic list. In November last year the head and neck OPD recently lost a very dear colleague who sadly died in ICU. This was Chantelle's best friend, her work mentor and buddy, the person who taught her all she knew about Head and neck OPD. Although this affected many of us, it hit Chantelle the hardest. However her sadness did not stop her from coming back to work. As hard as it was to be in the place where she would work alongside her bestie, she stood strong and continued to do her job professionally whilst supporting her fellow colleagues.

Through this experience she gained the courage to apply for the nursing associate apprenticeship, something she always wanted to do but never had the time or confidence to apply. She knew that this was something her friend was working towards and decided that she would do it in her place. She felt she now had someone watching over her which gave her strength and courage to apply. She starts in September. Recently Chantelle has helped to organise a memorial service in the hospital chapel for our dear colleague so that we could remember her on her birthday. It was a beautiful service and Chantelle provided a lovely poem for the Chaplain to read.

I have been so impressed with Chantelle's professionalism, resilience and strength and feel she is a real star for continuing to provide high standards of patient care and putting herself forward for the nursing associate apprenticeship.

Emma Lovie, Chief Biomedical Scientist	**York**	**Nominated by Zara Mackenzie, colleague**
Day in, day out, Emma puts her utmost into maintaining our wellbeing here in Biochemistry. The laboratory has been under pressure recently due to staff absences and persistent instrument failures. Emma radiates positivity and keeps us motivated, especially when times are tough. She listens to our issues and looks for ways to make our days easier. Emma takes it upon herself to get us involved in activities that bring a bit of joy to the lab, including monthly photo challenges. Emma orchestrated our submissions for the annual Institute of Biomedical Sciences competition, from which we won best lab photo bringing recognition to the SHYPS service.		
Mark Tenant, Senior Orthopaedic Practitioner	**Bridlington**	**Nominated by a colleague**
Mark is a fantastic member of the orthopaedic team and is remarkable in his approach to both staff and patients. He's always polite and professional and takes the time to listen to patients, actively working to improve their quality of life. He is always willing to lend an ear to anyone and is always willing to teach staff, never asking for anything in return so I think it's only fair for him to receive the recognition he deserves.		
Rabia Ilyas Gill, Healthcare Assistant	**York**	**Nominated by a colleague**
Rabia has recently joined the Ophthalmology team and is so hard working and always happy to help both patients and staff. Clinics run a lot smoother when Rabia is at work and I have really appreciated her support on many occasions. She works extremely hard and can always be trusted to do a great job. She really is a great team player and a great addition to Ophthalmology.		

Emily Smith, Sister	**York**	**Nominated by Lauren Rice, visitor**

I work for Children's Services and as such was at A&E as part of challenging and complex situation. Emily was incredible; she was dedicated to ensuring the patient received the best care, whilst also being considerate of the sensitive circumstances. Emily looked at the bigger picture, advocated for the family, despite other staff making this difficult, and ensured the matter was dealt with in everyone's best interests. Emily provided above and beyond care, sourcing materials to ensure the family were comfortable and enabling an NHS staff member to support with the situation (who was equally as amazing but I can't remember her name). Emily is a credit to the NHS. A smile goes a long way in difficult situations, and she really proved that. I'd like to thank Emily for making a very difficult situation much easier. You were amazing.

Rebecca Thomas, Respiratory Consultant	York	Nominated by Abigail White, patient

I think Dr Rebecca Thomas should receive a Star Award as she has gone above and beyond in the care that she has provided for me. She has developed a comprehensive Individualised Care Plan for me and has been keen for me to have the input I feel I need when developing the plan. This has proved to be invaluable, as I am frequently admitted with life threatening asthma attacks, so whoever is treating me in resus knows exactly what my needs are as I also have several other co-morbidities that have an effect on my asthma.

Dr Thomas has continually updated my Care Plan as issues have arisen during admissions. The Care Plan gives a detailed description of the procedures and medication that I require when I arrive in hospital and once I am admitted. Dr Thomas has also referred me to various other specialities to try to see if there is anything else going on that may be making my asthma so severe and has pushed hard for many procedures to be performed.

I also think that Dr Thomas's secretary, Amy Scott, should get a mention here as I only have to e-mail or speak to Amy with any concerns I have and she passes them onto Dr Thomas sending me updated copies of my Care Plan.

Dr Thomas has spoken with ward staff about issues that have arisen to get them resolved promptly. She also often comes to see me even if she isn't the consultant covering the ward during the time I am in to make sure things are running smoothly and on occasions when I have felt anxious or concerned she has tried to rectify any issues as my anxiety has an impact on my asthma. Dr Thomas is very aware of all my other health conditions and although she is my respiratory consultant she takes these into account so that I feel I have received a very holistic approach to my care from her. Dr Thomas shows a lot of empathy and compassion and this is important to someone like me who not only suffers from severe physical conditions but mental health conditions too. I am only one patient of hundreds she sees but I always feel she has time for me whether that is on the ward, in outpatients or over the phone. I think she is incredibly dedicated and caring in the work she does and is always there to deal with the needs of her patients so that is why I feel she deserves a Star Award to acknowledge how highly thought of she is by her patients.

Justine Greenwood, Midwife	**Scarborough**	**Nominated by Clementina Onwuekwe, patient**

During my admission after the loss of my baby, Justine was literally with me through it all. Holding my hand and reassuring me. It was such a difficult time but the compassion she showed me was exceptional, made everything better and that made the difference. I was on the theatre table screaming for my mummy but she was there with me, gave me a hug and held my hand. Being an immigrant who is a thousand miles away from home, that was the kindest gesture ever especially in that time. I hope she gets this award for all her selflessness and hard work. She is such a star and hope that she knows this.

Domestic, Porters and Facilities Operatives	**Scarborough**	**Nominated by Tracey Ellis, colleague**

I would like them to have a star award for all their hard work through difficult times. Keeping things going, cleaning, making sure patients get to where they need to be and bringing linen up in some very challenging times during the covid pandemic.

Charlie Pallister, Healthcare Assistant	**York**	**Nominated by Jennifer Stone and family, relative**

Charlie goes the extra mile and is very compassionate. My mum goes weekly to the Magnolia Centre and Charlie is always there to keep her smiling and gives mum the support she needs. Charlie is always willing to help and nothing is too much trouble. Charlie has made mums cancer experience more bearable and she is an incredible person. As a family we will not forget what she has done for mum.

Mike Szpak , Deputy Sister	**York**	**Nominated by Nicky Slater, relative**

My 89 year old mum, who has severe dementia, attended the SDEC unit on G1 last Monday, due to a suspected DVT and significant swelling in her leg. We were on the unit for several hours, during which time she became extremely agitated, confused, very vocal and anxious to leave. Plus it was the first day of the heat wave, with temperatures in the high 30s. Mike dealt with my mum in an incredibly professional and friendly manner, calming her down and putting her at ease. He chatted about her time working at Rowntree's and turned a potentially difficult situation around.

The unit was short staffed and incredibly hot and very busy, but I was incredibly impressed and grateful in the way Mike dealt with my mum plus the other patients, keeping spirits up and even offering out ice pops. His cheerful personality is a credit to the team and nursing profession as a whole.

Humberto Reis, Community Staff Nurse	**Haxby and Wigginton Health Centre York**	**Nominated by Melanie Linley, colleague**

Humberto has received constant exceptional feedback from our patients and staff. He has the natural qualities of making patients feel cared for and at ease and his attitude never deviates from always doing his very best. His tireless positivity and willingness to provide excellence in care has attracted feedback from patients feeling safe and confident during his visits and they appreciate his kindness and compassion. Humberto goes above and beyond for the people he cares for and works hard to make a real difference to our patients and the service, we are proud to have him in our team.

Ward 11 Doctors, Nurses and other staff	**York**	**Nominated by Michael Randall, patient**
I was scared that I would lose part of my foot but fortunately, due to the high level of care, I was discharged from the hospital with all digits intact. No matter that I had a positive prognosis, I cannot say enough how amazing the staff were. I really am so thankful for the care that I received. The cheerfulness of all staff put me at a sense of ease. Sister Brown helped me deal with the insurance company; never a pleasant task, but she took the time from her busy day. The positive vibe from all the staff made my first ever stay in a hospital a positive event. I had a 24 hour panic attack, and looked to Nurse Anna for assistance; she put me at ease and formulated a plan to involve the mental health team. This was invaluable. I am back in Canada now, continuing my care. I have a whole new respect for the NHS, being originally from York. I cannot thank the consultants and the doctors enough. I was provided with incredible medical care. I cannot say enough about the team on Ward 11, they really are fantastic, and I wish I could do more than filling in this form. Star well deserved!		
Jilly Montgomery, Midwife	**York**	**Nominated by Annie Gowdy, patient**
Last year on 3 June 2021, I gave birth to my baby boy Lucas Gowdy. I would like to nominate Jilly for a star award because she took exceptional care of me and Lucas. I was never left on my own the entire time and she did a fabulous job of making me feel at ease. Jilly took phenomenal care of me when I gave birth. It was very traumatic due to a haemorrhage but Jilly made sure the doctor did everything to fix the problem and stayed with me after to wash me and help me breast feed. It really made me feel normal after such a scary experience. All of the staff were very busy but Jilly really went above and beyond to make sure I had everything I needed and was comfortable before she left her shift which I'm sure she would have worked over. It's down to the dedication of people like Jilly that the NHS keeps going and provides the service it does. We are so lucky to have such amazing people to look after us. I am so great full for the care I received and will always remember how amazing Jilly was.		
Paddy Barry, Staff Nurse	**York**	**Nominated by a colleague**
Always going above and beyond for every patient you meet, remaining professional in the hard times, showing patients care and consideration during procedures. Keeping the on call team running with all the extra shifts, you are an inspiration and I hope I'm as good a nurse as you one day.		

Megan Heels, Staff Nurse	**York**	**Nominated by a colleague**
Megan is an amazing nurse, always going above and beyond. Her dedication to the job and patients is something else. Thank you for all you do. VIU would be lost without you.		
Jo Laslett, David Wrigglesworth, Sam Shields, Annie Triffit, Liz Picken, Holly Barnes, Radiographers	**York**	**Nominated by a colleague**
Just an appreciation post to say thank you for all your hard work, staying on call, ensuring patient safety, keeping the nursing team right, and having a positive attitude, you all rock!		
Karen Johnson, Support Worker	**York**	**Nominated by a colleague**
Karen always goes above and beyond for every patient, taking time to offer reassurance when bringing them down from the wards for procedures, offering them hot drinks, friendly chats and always with a smile. Very valuable member of the team, her hard work and dedication doesn't go unnoticed, Karen is the first face patients see and it's always with a smile. Thank you for all you do.		
Julia Wong, Physician Associate	**York**	**Nominated by Gillian Jackson, colleague**
I am nominating Julia from all the Haematology Clinical Nurse Specialist (CNS) team as she is an amazing colleague and a very valued member of our team. Recently we have had significant sickness in the CNS team leaving only one nurse on duty. Julia has helped in the office by taking telephone calls and contacting patients providing support and reassurance about their treatment and appointments. She has helped by seeing patients in clinic who have attended for blood tests. Julia is very kind and caring and goes above and beyond her role everyday always putting others before herself. I have had lots of lovely comments from patients and relatives of how kind and helpful Julia has been when talking to patients and their family. Julia deserves to be recognised for her care and kindness, her dedication and the permanent smile she wears. She makes everyone feel happy and is a lovely colleague, we are so proud to have her in our team.		

David Sneddon, Staff Nurse	**Scarborough**	**Nominated by David Lawson, patient**
David goes out of his way to be friendly and professional in everything he does. He is a credit to the NHS.		
Rachael Draper, Healthcare Assistant	**Scarborough**	**Nominated by David Lawson, patient**
Nothing is too much trouble for Rachael she is cheerful and very caring.		
Emma Gibbs, Staff Nurse	**York**	**Nominated by Lisa Williams, patient**
Emma provided outstanding care to our daughter, going way beyond her role as a nurse for us. Providing additional emotional support, it's the little extra care that helped not only my daughter but the whole family get though a very tough time. Emma is an absolute angel.		
Faye Allman, Ward Clerk	**York**	**Nominated by Karen Wiley, colleague**
Faye was working with a new starter in the ward clerk team when an unfortunate incident happened. Faye showed compassion, kindness and complete support and strength for the new staff despite being extremely upset by the situation herself. Faye went above and beyond in her role.		
Debra Layton, Healthcare Assistant	**Scarborough**	**Nominated by Katie Hanrahan, colleague**
Debby is a valued member of the Cherry team, always going the extra mile for patients, relatives and staff. Nothing is too much trouble for Debby she is very compassionate and caring in her work and incorporates the trust values in everything she does. Although time is of the essence this never fazes Debby and care is carried out to an exceptional standard despite the work load she has. Debby always takes the extra time to ensure care is personalised to the patient's individual needs. I feel Debby deserves some recognition and credit for the dedication to her role as a healthcare assistant and to her patients, relatives and her colleagues. Debby is an asset to the Cherry team and the NHS!		

Mira Bakalarska, Domestic Assistant	**York**	**Nominated by Lindsey O'Donovan, colleague**
Mira consistently works hard on ICU often coming in for overtime to cover when we are short staffed. She always achieves a green KPI score on the unit and recently achieved 100%. Thank you for all your hard work.		
Marija Laurineniene, Domestic Assistant	**York**	**Nominated by Lindsey O'Donovan, colleague**
Marija is a very kind and caring member of the domestic team. A letter has recently been received from a patient praising Marija's kindness. Thank you for your hard work.		
Painters and Decorators Ward 11 refurb team	**York**	**Nominated by Charlotte Brown, colleague**
Please can I thank the Team of Painters/Decorators who came onto Ward 11 to repaint the corridors, bays, rooms and admin areas. Not only is their job neat, clean and tidy - but a true reflection of their hard working attitude. Despite the heat wave and difficulty working around the Nursing Staff going about their day to day working, they kept not only the patients spirits up having conversation and bringing laughter, but they kept the morale of the Nursing Team high who were all working (like the entirety of the trust) under difficult circumstances. We enjoyed their presence on the ward; they helped and supported nursing teams at work by adapting their job to suit the patient's needs and movement around the ward. The patients, staff and wider MDT would like to say a huge thankyou to a team for been a breath of fresh air - even if we don't like the Yellow door frame... it will grow on us!		
Julie Allan, Matron	**York**	**Nominated by Charlotte Brown and Ward 11 Nursing team, colleagues**
Just wanted to say a huge thankyou... it's been a complete pleasure to welcome you to our Care Group within your new role as Matron. You've helped, supported and guided the ward throughout the first month of the job with kindness, approachability and laughter. We just wanted to say a huge welcome and thank you!		

Ella Barmby, Staff Nurse, Ally Turner, Staff Nurse, Rebecca Reffold, Staff Nurse and Evelyn Odiwe, Staff Nurse	**York**	**Nominated by Charlotte Brown and Ward 11 Nursing team, colleagues**
I would like to nominate our four wonderful RN's who joined us this time last year in the mix of a recovering NHS post Covid Pandemic and just when CG3/Surgery was firing on all cylinders to get things up and going again to begin welcoming all our patients back in for their elective surgeries. It has been a tough first year as a nurse within the Trust - not just for Ella, Ally and Rebecca who began their journey into nursing in the mix of the above, but for Evelyn who joined us from overseas in July of 2021. I wanted to say, as your Manager, I'm incredibly proud of your resilience, your stamina and your drive to deliver safe, effective and holistic care to our patients. It is to be recognised not just here, but within the Trust that our Nurses are delivering the very best care they can in difficult and pressured times. Please accept this nomination as an achievement of that dedication over the last 12 months. Well done, from Myself and all your Colleagues on Ward 11.		
Dave Tose, Ben Armistead and Laurence Webb, Physio team	**Scarborough**	**Nominated by Karen Gledhill, colleague**
They were very helpful when a patient with ME attended the Women's Unit, helping me with a hoist and going to the equipment library for a sling. They were lovely with the patient and her Mother, who were both very grateful for their lovely manner and banter.		

SCU team	York	Nominated by Briony Guilliatt, colleague and Rachel Kemp, a visitor

Nomination 1
Thank you to the nurses and support workers who helped midwifery staff care for high risk babies on G2 overnight, during a period of escalation and significant midwifery staffing pressures. Your cohesive team working helped to keep women and babies safe.

Nomination 2
There are some real life super heroes working on this ward. Becky, Lucy B, Debbie, Sam and Kat made my month at SCBU. They are amazing at their job and made you feel valued. SCBU can be a very upsetting time and I felt that these ladies made my time more bearable. They gave my son first class care, as a parent they always kept me up to date and took time to get to know me and my partner and our other child. They are amazing at what they do I will never be able to thank them enough, forever grateful.

Kim Robinson, Midwife	Scarborough	Nominated by Frances Bowser, patient

Owing to previous difficult labours I had spent my entire pregnancy anxious about the prospect of going through it all again and the potential outcomes that birth could result in. With the fear and worry and not much of my birth plan actually going to plan (we were diverted from York to Scarborough), I went into the labour room extremely scared with a sense of being so out of control for the welfare of my unborn baby and what would lie ahead. It was quite a rushed situation but Kim, along with her incredible student, Faith, soon grasped how I was feeling and in the most empathic, encouraging and patient of ways supported me throughout the whole process, ultimately ensuring the safe delivery of our baby boy with very little medical intervention, something I never believed would be possible. All the staff on the labour ward and Hawthorn at Scarborough were outstanding, and whilst she may 'just' have been doing her job, Kim will never know how much she has helped to heal the mental scars from my previous birth traumas, and for that I will forever be grateful. She is the epitome of a star.

Acute Theatres Team	**York**	**Nominated by Briony Guilliatt, colleague**
Thank you to the acute theatre team for your hard work in supporting labour ward emergency theatres during times of extreme staffing pressures and escalation. Your support has enabled us to continue to carry out emergency deliveries, which really does save lives!		
Critical Care Outreach Team	**Scarborough**	**Nominated by Alice Marson, colleague**
I feel this team deserves so much more than an award, there are a million reasons for this nomination. Their skills, knowledge base, level of care and communication are nothing short of amazing and I am in complete awe of the whole team. I work as both a band 4 and am now studying my nursing, throughout my whole time I have felt I can always contact the team for support and advice and they are always willing to offer both clinical but also emotional support which given current times is really important. The team are always willing to explain and teach if you have any questions, which as a band 4 and student is really helpful. I would like to say a special thankyou to Ellie, who in an arrest last week was the imperative calm amongst what was a really chaotic situation, she took lead, delegated and completely turned the situation round in a really calm and professional manner and after dealing with the patient came back to check on the team and their welfare, she is always going above and beyond her role. Additionally Leanne, who has the most passionate drive for nursing, her dedication and huge field of knowledge is incredible. She is always available to quiz and question and her teaching skills are amazing, I feel I have learnt so much from her and will continue to which I am really grateful for. I could go through the whole team individually and point out each of their amazing factors, but as a whole, they are an incredible force who have such an impact both on patients but also staff. As a student and member of the Trust for 10 years, as I stated before, I am in total awe of each of them and nurses like these are the exact reason I am doing my training, they are phenomenal role models.		

Joe Blurton, Facilities Operative	**Scarborough**	**Nominated by Jules Rennison, colleague**
I had the misfortune to visit the urgent trauma centre in Scarborough with my wife on Weds evening 13/7. Joe was on porter duty at the time. During a lengthy wait, there was a small child in the waiting area accompanied by her mother, she was clearly bored & causing a disturbance to other people waiting. I witnessed Joe go over & above in his responsibilities by recognising the child was anxious & kindly brought her some colouring in paper & some crayons. This settled the girl & at the same time minimized the disturbance to other patients. I believe Joe deserves recognition for efforts please, & in the same situation, learning from the experience I would be hopeful I could do the same.		
Eve Turner, Senior Recruitment Advisor	**York**	**Nominated by Lauren Rainer, colleague**
Eve is an absolute asset to this organisation. Yesterday, when our service is experiencing extreme staff shortages and high staff sickness, we were given a piece of work last minute with an extremely tight turn around. Eve stepped up to the plate, and completed the TRAC profile before us to support our very small team. Every time Eve rings, she always goes above and beyond and you are always left with a smile on your face. She is a genuine joy to work with!		
Sue Compton, Staff Nurse	**York**	**Nominated by David Harrison, relative**
Sue was an absolute star with my friend who was admitted the previous evening due to a very severe migraine (query meningitis). Her kindness to my friend and myself, reassuring us both and making sure that she was as comfortable as possible really made for a positive experience in an otherwise unsettling time. Her expertise on migraines, especially with her confiding her personal experiences to us really made a massive difference, as she made a personalised, empathetic patient experience and made my friend know she's not on her own and that she will be better in no time with medication and rest. Thank you so much to Sue and the rest of the ED team... you truly are superstars!		

Ailish Philips, Healthcare Assistant	**York**	**Nominated by Jason Angus, colleague**
Ailish is an absolute pleasure to work with and amazing at her job, and I'm not sure she really realises it. I've overheard so many patients thanking her, and RN's & doctors praising her during shifts or in conversations in the staff room. She'll be leaving us soon to go to university to become a paramedic (and we all know she is going to amazing at that too!) Thank you Ailish!		
Julie Burdett, Breast Imaging Unit Assistant	**York**	**Nominated by a colleague**
Julie goes above and beyond her daily role to help put patients at ease when they are in the unit, she is always ready to help others and nothing is too much trouble. Her happy outlook lifts others when they are feeling down and a star award will let her know how special she is to the team.		
Tracy Readman, Breast Imaging Unit Assistant	**York**	**Nominated by a colleague**
Tracy always goes the extra mile with the patients that attend our unit. A lot of the patients that attend are very worried and she always has a smile on her face and a friendly openness that puts patients at ease. If the patients need extra support she will go out of her way to help sort what they need from a warm cup of tea, to help with directions, to booking transport. She doesn't look for credit for in what she does, she quietly gets on without a fuss, so a star award will let her know how special she is to our team.		
Carol Hanson, Midwife	**York**	**Nominated by Rachel Kemp, patient**
Carol is a true credit to the hospital. She takes the time to talk to the patients. My experience on G2 was made a lot better by the care Carol gave me. I was a SCBU mum and often felt over looked, Carol when on shift made me feel heard and the care she gave was amazing. Little things like asking how my children were, working around my babies care time to come and do observations. She is a real life superhero and her smile and positive attitude could light up any room.		

Samantha Pickering, Trauma Coordinator	**Scarborough**	**Nominated by Sam Bush, patient**

I've had a most unpleasant time in here for the last two weeks. Aside from all the little things that could go wrong did go wrong and all the fresh daily challenges that came our way such as allergies to the dressings, Sepsis, MRSA, bloods (and cannulas were a big problem as my veins were either tiny or collapsed), there was one constant all the way through, and that was Samantha Pickering. Not only is she excellent at her job (everybody speaks so highly of her) Sam also has an incredible bedside manner and explains what's going on, and the direction we are heading toward. Without her I fear I would have been rather much left in the dark. And Sam listens. Really listens. It's so important for a patient to feel listened to and understood. She also administered my first suppository and enema (eww) so I feel we now share some level of intimacy!!

I also experienced some issues with administration of drugs during the night shifts and Sam knew this was distressing me every night it happened so she would pop in to say good night or pop in before her shift started to check on me. Sam truly is an angel in my eyes. It feels like she was heaven sent just for me. I can't thank the NHS enough for (hopefully) getting me better again. But mostly my thanks go out to Sam who without doubt went over and above her call of duty with compassion and care. Thanks Sam you supported me throughout this nightmare. There were times I really was very scared but your reassurance and our similar sense of humour is what got me through. Sending you big infection free hugs T'other Sam xx

Heart Nurses Team Clementhorpe	**York**	**Nominated by Ian Dyer, patient**

I was diagnosed with heart failure in October 2022 and signposted to the Heart Nurses at Clementhorpe for an initial appointment followed by several follow up appointments. From the initial contact the whole team have been invaluable to me. They have given me information and advice, given me updates on my proposed treatment and all with a very friendly, approachable and professional manner. A top team. Thank you.

Angela Bowling, Breast Imaging Unit Assistant	**York**	**Nominated by a colleague**

Angie is an amazing unit assistant going above and beyond her role to make sure every patient feels like an individual. She always has a smile on her face and chats to each patient to put them at ease, in what can be a very stressful time for some patients. Angie makes sure they know what is going on and explains to them what the next step will be, if the patient needs extra support before they leave she directs them to the relevant area and puts others above herself no matter what she has going on outside of work this amazing lady truly needs a star award to let her know how fantastic she is.

Mr Jowett, Jo Bradley Smith and Plaster Room Team	**York**	**Nominated by Charlotte Smith, a patient**

I have received amazing care from the whole team, I could not have had better care if I had gone private nothing has been too much trouble the whole team 100 percent deserve star awards. My ankle was back to front and they fixed it, even getting the skin fixed so that surgery was more successful.

I am OCD so I am scared of germs and never once have I felt unsafe. The Orthopaedic department is extremely clean and the entire staff in the plaster room are so lovely. Laura even used to put glitter on my cast for me and they always used to make me a cup of tea. The department are amazing and Mr Jowett has straightened my ankle. Other state of the art Orthopaedic facilities do not come close to how amazing York Orthopaedic department is.

Donna Ounsley, Staff Nurse	**York**	**Nominated by Sally Tutill, colleague**

Donna retired from her substantive post on Stroke Rehabilitation Unit, now based at White Cross Court. She has worked for the NHS in York since March 1986 and for a long period in stroke, since stroke services was first established and recognized in York Hospital as an emergency treatment. Donna had dedicated many minutes, hours and days of her time to stroke services patients and has an abundance of skills which she passed on to junior colleagues and students. She went above and beyond the call of duty on many an occasion and would buy patient clothes that didn't have relatives, or buy anniversary cards so that in-patients could still surprise their loved one.

Donna was a 'go to' person for not only nursing staff and students, but therapists and doctor's; she always made time to invest in staff. With a cheeky sense of humour and her historical storytelling, you were guaranteed a laugh on shift with her. She knew how to keep spirits raised even throughout the numerous ward moves and challenges we faced during covid. Always very dependable, she would help out with covering vacant duties even right up to her last week, if she thought it would help the team out, despite having her own recent ill health recently. The team are so grateful that she intends to return on bank occasionally to help out and keep in touch. Stroke rehab are currently in mourning for a fantastic nurse and friend and would like Donna to receive public recognition for the hard work and years she has dedicated to York hospital and in particular Stroke Rehabilitation.

Selby Community Response Team	**Selby**	**Nominated by Charlotte Smith, patient**

The entire community response team in Selby should receive a star award; they are amazing and always go the extra step to make me feel comfortable. I talk quite a lot and they never make me feel like I am talking too much. They are friendly and very kind, they are very knowledgeable and I always feel safe and reassured when they have visited. The entire team should all be very proud of themselves and how good they are at their jobs, so I hope that they receive a star award which they most definitely deserve. Thank you so much for everything which you do to make me better.

Adrian Whelan, Chaplain	**Scarborough**	**Nominated by Karen Brown, colleague**
Adrian was doing his routine Chaplin service when he saw that I was struggling with a patient with complex needs and attempting to shave him. He offered straight away to get me some disposable beard trimmers from another department. The patient was also shouting he wanted Guinness and as we were unable to provide this Adrian went out of his way and returned with two cans of non-alcoholic stout. The patient thought this was wonderful and began laughing saying he was drunk. To see such a lovely gesture was amazing.		
Dr Charles Millson, Consultant Gastroenterologist	**Scarborough**	**Nominated by Peter Woodbridge, patient**
Friendly, supportive, gives me 100% confidence in my treatment. Always willing to explain and answer questions. A true credit to the NHS.		
Lindsay Robinson, Healthcare Assistant	**York**	**Nominated by Caroline Davis, relative**
I accompanied my husband David to SAU on Friday 16th June 2022, 2000-2300hrs. SAU called him in after a conversation with our GP after David's appointment with the GP on Friday afternoon. The doctors on duty were busy in other areas of the hospital and we had a long wait. You made a big impression on me. You were welcoming, managed our expectations, showed appropriate empathy and monitored what was going on. You initiated taking the blood samples to the lab to minimise further delays. It was a very difficult time for us (and still is) but the small things you did that night made a difference to us and kept us going. I want to thank and recognise you. Keep true and keep being you. Thank you, Caroline Davis		
Julia Eddy, Staff Nurse	**Scarborough**	**Nominated by a patient**
This nurse couldn’t do enough for me and the other patients in my bay; she’s kind and I felt like she treats patients as people. I was really upset and she just listened and comforted me. Everything she said she was going to do, she did, and not hours later even though it was mad busy on that day and she was being called left right and centre. It didn’t faze her one bit she just got on with it with a smile.		

Edward Kenny, Doctor	York	Nominated by Omar Alam, colleague
Dr Edward Kenny started his first job in the NHS as a doctor on ward cover nights. He did not stop working throughout the night and prioritized unwell patients and escalated them appropriately. His management plans were at the level of medical registrars. No job was too small for him and he worked extremely hard. It is enthusiastic and passionate doctors like Dr Kenny who make the NHS a wonderful place to work at. He is an asset to the team and deserves to be recognized for all his hard work.		
Tracey Knorn, Staff Nurse	**Scarborough**	**Nominated by Kate Simpson, colleague**
As part of my job I have close links with the recovery staff at SGH. One particular morning I went and found Tracey playing 'medical trivial pursuit' with 3 ODP students. The game Tracey had taken upon herself to develop and source questions and answers for was a fantastic teaching tool for the students. Each student was engaged in the game and having fun whilst also testing their knowledge base. As a previous mentor and old fashioned sign off mentor, I could see the engagement and learning benefit from what Tracey had developed. I'd like to acknowledge her fantastic idea and general thinking out of the box style to make student learning fun and productive and memorable.		
Emma Chappell, Associate Practitioner	**York**	**Nominated by Paddy Barry, colleague**
Emma was on call with myself. We were called back to work after a very busy shift. It was apparent that the patient was very unwell when we were asked to collect direct from A&E resus. On arrival to Resus the patients relatives were with him. Emma remained professional, calm and was so kind, caring and compassionate to both the patient and his family. Despite the urgency and what was a challenging environment, Emma ensured we had patient relatives details and contact numbers. Acted as an advocate to ensure he had some time with his family before we took him off for his procedure. The case itself was long and challenging and Emma's skills were tested but throughout the whole case, she remained calm and ensured there was no delay in providing the correct equipment for the doctor. Emma's knowledge of her role is above and beyond expectations; she is a true joy to work with and has such a positive attitude to work.		

Pauline Del Rosario, Switchboard Operator	**York**	**Nominated by Laura Blissett, colleague**
Pauline is fantastic team player and has provided support to help cover Junior Doctor's induction, staff illness and annual leave. Pauline shows dedication to getting the job done effectively but also continued support to every person she comes in contact with. Here is an example from a member of the public, Friday at 22:40hrs after you'd gone home a gentleman from Belgium called to say a big thanks for all your help in finding his father in law, he was very appreciative. I feel the star award is thoroughly deserved and she is an asset to my team.		
Renal Department	**York**	**Nominated by Chris Barrick, relative**
I'd like to nominate the team for coping with dialysis and transplant work especially during last few difficult years. Particularly Dr Jones, who recently retired, the dialysis team and all the team I have heard of but never actually met who have cared for and continue to care for my husband.		

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

October 2022

Lucy Page, Radiographer Specialist | **Scarborough** | **Nominated by a patient**

I have had to attend the radiology department three times within the last three months for CT procedures; two as an emergency and one as an outpatient. I am a member of staff within the hospital and I cannot thank Lucy enough for her care and compassion towards myself when I was feeling most vulnerable. She even managed to swap her day around on one of my scans as I had requested her to carry out an invasive procedure. Everything was explained in detail and she stayed with me keeping me calm as long as she was able too. I must say it is absolutely awful being on the other side having to receive treatment. However, on these occasions I felt Lucy displayed so much kindness to me as the patient and so much commitment to her role within the Trust and I feel like this deserves some recognition.

Catherine Hirst, Facilities Supervisor | **Bridlington** | **Nominated by David Toohie, colleague**

Catherine is a very professional Supervisor always on hand to listen and help in anyway. You can go to Catherine and she listens to you and if she cannot answer your question she will find out and get back to you asap. Catherine not been a supervisor long but feel she is only one you can go to.

Jane O'Neill, Breast Care Specialist Nurse | **York** | **Nominated by Lynn Moffatt, colleague**

Jane has had some challenging situations to deal with recently but she has dealt with this in an extremely kind, thoughtful and professional way. Going above and beyond to support her patients with empathy and skill. She is an asset to our team.

Jennie Booth, Lead Nurse Medicines Management — **York** — **Nominated by Santhamma Plamkootttahil, colleague**

Jennie was very supportive with my non-medical prescription course. Two years ago I had to get a signature from Jennie to apply for my prescription course. Jennie agreed to come out of her class room to provide a signature to avoid delay in university application. Also whenever I need support with prescription on EPMA Jennie was very approachable and supportive. I have been prescribing for two years now. I still feel confident to approach Jennie any time if I am stuck regarding prescription and it is easily sorted.

Rachel Daniel, AHP Team Manager — **Scarborough** — **Nominated by Louise Brown, colleague**

Rachel has worked tirelessly supporting governance reporting in Care Group 2 AHP. She has designed spreadsheets, graphs, data sets and numerous ways of reporting all with very limited electronic data/dashboards to work from. Her hard work has enabled accurate and in the moment reporting informing workforce, risk management and I want her to know this does not go unnoticed or unrecognised. Nothing is too much trouble and her hard work is very much appreciated in driving forward changes to systems and reporting. Thank you Rachel.

Jenna Blogg, Assistant Nurse Practitioner — **York** — **Nominated by David Wigglesworth, colleague**

Jenna always has a positive and caring attitude towards her patients however, I feel like she went beyond to help a patient and to facilitate the smooth undertaking of a potentially challenging procedure. We had a complex patient who required medication for drug use withdrawal. The patient was quite irate and exhibiting challenging behaviours towards the team. Jenna took it upon herself to speak to the patient and to try and calm them down. Jenna's attitude towards the patient was very empathetic, non-judgmental and kind. She treats the patient with absolute dignity and I was very impressed with her compassion and communication skills. I genuinely feel that had Jenna not exhibited these qualities the procedure would have been very challenging and potentially would have needed cancelling. Well done Jenna.

Sheena Mason, Administrative Assistant | **Scarborough** | **Nominated by Kath Smith, colleague**

We work in a shared office, which holds 16 staff members across three care groups. During Covid, we have had to reduce the amount of people working to eight and Sheena selflessly appointed herself to keep the office safe and clean. Every day she has opened the windows, cleaned the touch points, and ensured we always have masks, wipes, and sanitiser available. As well as this, she also oversees the ordering of joint supplies for the printer, paper, envelopes, and picks up our post daily from the post room. We have never asked Sheena to do any of this and we are very grateful that she just does it every day with a smile. For these reasons, I feel Sheena deserves a star award.

Lisa Laverick, Administrator | **York** | **Nominated by Claire McKee, colleague**

Lisa ran a water campaign off her own initiative; she contacted various companies and managed to get Nestle to donate 90 bottles of water for staff and patients to have during the heatwave. Lisa brought the whole 90 bottles in herself and made sure they were kept cool not only that she spent the weekend making a water display to show how important drinking water is and put it up. The team and patients were extremely thankful for all of Lisa's hard work, effort and foresight Lisa put into this project.

Emma Chappell, Associate Practitioner | **York** | **Nominated by a colleague**

Emma is an amazing associate practitioner - she goes beyond in her role, every day. Her care and consideration to patients is beyond the standards of the trust. Emma puts her heart and soul into her job, attending to patients needs and supporting her colleagues. Thank you Emma for all you do.

Ashley Marritt, Healthcare Assistant | **York** | **Nominated by Gillian Jacob, a patient**

Ashley had only been in the role a few weeks, having previously worked in McDonald's. She was a very kind and caring member of staff, who showed gumption and a genuine desire to be helpful even when the ward was very busy. She is a great asset to the ward, making the stay more pleasant.

Aaron Ridsdel, Healthcare Assistant **York** **Nominated by Beverley Thorpe, a relative**

My Mum is currently in Ward 21 with an infection in her leg. She is showing early signs of memory loss. Today when I visited, she was struggling to stand up from her chair and was reluctant to let me help. Aaron came to the rescue… talked to Mum and helped her and before we all knew it she was standing up… walking around the Ward. Aaron explained it was only day two in the role. His empathy, kindness and authentic caring nature was stand out. I hope he goes on to have a long career in whichever part of the profession he chooses. And most importantly he maintains and builds on these essential skills! You are a Star Aaron.

Kayleigh Sykes, Midwifery Support Worker **York** **Nominated by Joanne Sadler, colleague**

Maternity services are currently running at very high acuity and on numerous occasions we are short staffed on shifts and the unit has been on divert. Kayleigh is an amazing member of the maternity team and always works really hard supporting the midwifery team. On one particular night shift recently with extremely high acuity, Kayleigh went above and beyond to support myself, the Labour Ward Coordinator and all the rest of the team, she was on top of everything and pre-empted what we needed and did all of this whilst staying calm and with a smile on her face, I just wanted her to realise how valued and appreciated she is.

Bipin Raj, Staff Nurse (Agency) **York** **Nominated by Isobel Austin, colleague**

Bipin was working on a very understaffed ward Saturday and Sunday 7 and 8 August. This was my first weekend on call as a new FY1 and he was phenomenally supportive and knowledgeable about his patients. He ran the ward that weekend and went above and beyond. It made a huge difference to my on call.

Rainbow Ward HCA team | **Scarborough** | **Nominated by Anita Ogle, a colleague**

Jen, Emily, Emma, Nicci, Helen, Karen, April, Michaela, Beth, Jo, Tracy and Gail work on Rainbow Ward and Children's Clinic. They are a fantastic team, working together to support the registered nurses and doctors to give fantastic care to the children and families we look after. They support each other with covering shifts, often changing plans to ensure we are covered on the ward and not be left short. I am proud to be their manager and each one of them is a valued member of the team.

Pascal Dannerolle, Junior Server Analyst | **Scarborough** | **Nominated by Susanne Kelly, colleague**

Pascal went over and above. I am a staff member self-isolating. I am usually patient facing but some of my role is virtual reporting for patients who attended for clinical tests. Pascal helped me set up to be able to access the applications I needed to continue to do this part of my work remotely. This may be part of his job role, but he pro-actively phoned me to check I had everything up and running and got back to me very quickly in response to a query I had. He allowed me to continue to be productive when I was feeling well enough to work but could not be on site. This is good for me but has been of a great benefit to the patients I have been able to manage in the meantime, reduced the burden on my colleagues because of my absence and helps me tackle the backlog prior to my return. His help is greatly appreciated.

Amy Foster, Healthcare Assistant | **York** | **Nominated by Holly Hatfield, colleague**

Due to sickness in waiting list, the patient’s hospital notes for the theatre list were not ordered. Amy took the initiative to check the following list and ordered the notes herself and collected them. Amy went beyond her expected role; this saved the patients needing to be cancelled.

Alison Ellis, Renal Transplant Nurse | **York** | **Nominated by Christine Barrick, relative**

Alison has always gone out of her way to sort out issues for my husband Tim Barrick and for me Chris Barrick working alongside Dr Colin Jones (recently retired) during our transplant operation issues, the work up and following complications. Our operations were at St James hospital Leeds on 13 August 2021. Lots of others involved behind the scenes however Alison has been brilliant and certainly deserves recognition

Sue Cowley, Midwife | **York** | **Nominated by Samantha Nicholson, patient**

Sue provided outstanding care and support throughout my time at York Hospital. She made what was the most difficult experience of stillbirth as easy as it could have been for me. She made me feel safe, understood and so insightfully helped me make the decisions that were right for me. Throughout the whole experience she explained every step so that I felt involved, prepared and nothing came as a shock. She did not try to hide the challenges and suffering to come, but instead held my hand through it. Because of Sue my memories of my birth and my baby Theo are now comforting and of only love and warmth. I am in complete awe of Sue and whole-heartedly grateful to her. The wider team of midwifes were also wonderful and a huge asset to York Hospital.

Toni Evans, Healthcare Assistant | **Scarborough** | **Nominated by Amy Lazenby, relative**

I was unfortunate enough to have to attend the emergency department with my son, who had broken his leg. Toni was caring and considerate and could not do enough for us. Staffing was obviously stretched and she kept us well informed, acting as a liaison between the medical team and us, which I believe is above and beyond her role. Toni even came to see us the next on the ward to check how we were, which I think is a lovely touch.

Sandra Towlerton and Shirley Major, Domestics | **Scarborough** | **Nominated by Hannah Jones, colleague**

Nomination 1
Sandra and Shirley are seen as a vital part of our team and are always happy to help. Their approach towards patients is admirable and we appreciate everything they do for us and the ward. They really do go above and beyond and we couldn't be more grateful. Thank you ladies, don't ever change.

Nomination 2
These two ladies go far beyond their job title. They are fabulous with the patients and very helpful to all the staff. They make our day a lot better with their smiles. They both work very hard and take great pride in the work they do.

Nomination 3
These two ladies are a true inspiration to our ward. So lovely with the patients and very lovely with staff and newcomers to the trust. I am very thankful to have two ladies that work so hard and keep our ward so pleasant and so clean. I know the CCU team appreciate you both ladies.

Jon Hunter, IM&T Engineer | **York** | **Nominated by Jane Clayson, colleague**

There have been many times when Jon has been on hand to help me though a challenge with my system access/equipment etc. He displays characteristics, which I believe, align with the Trust's values - he is always willing to help and go the extra mile to resolve an issue. He is helpful in his approach and always strives to do the very best job. Jon displays a great 'service' approach - nothing is too much trouble to help a colleague with and, if he doesn't know, he will endeavour to put you in touch with someone who can help. I have referred colleagues to him to help with their issues and Jon is always happy to help resolve their problems. This can do attitude is exemplary and is a positive reflection on Jon’s attitude to his work and how he can deliver the best service at all times.

Rebekah Molyneux, Renal Consultant and Renal Clinical lead | **York** | **Nominated by a colleague**

Dr Molyneux has been an absolute rock through what has been the hardest two years ever experienced in York Renal Services. Dr Molyneux took over the role as clinical lead during an already big period of change with the Scarborough merge and patient load on the increase. Then Covid came along. Without going into too much detail, but during a period of unknown , chaotic times Dr Molyneux was always there to provide answers, support, and made the patients feel safe and able to cope with the dreadful uncertainty of this new virus by keeping up to date with every aspect of new information. Dr Molyneux works very long hours to ensure she is not missing anything. Dr Molyneux is doing her best in what is a very hard situation currently with staff shortages and huge patient demand, and looking at every different angle to support the wider MDT find ways of working that can support this massive period of stress and demand on the service. The staff at Easingwold would like to thank her very much for the dedication she shows to patients and the continued support she gives to the staff.

Angela Prankett, Healthcare Assistant | **York** | **Nominated by a colleague**

Angela always helps our unit and works very passionately. The oncology/haematology unit always love working alongside Angela. She is very kind, caring and always works efficiently. Angela is always a pleasure to work with, and will always offer to help others! You are amazing, from all the HCAs.

Community Stadium Ophthalmology Team **York** **Nominated by Cath Williamson, colleague**

The entire internet, phone, email and CPD network went down unexpectedly at the Community Stadium with a whole clinic of patients to be assessed and treated. Some very quick and inventive thinking went on, and we still managed to carry out the eye injections of all of the patients safely and as quickly as possible. Everyone from Reception, the HCAs, the Imaging Team, the Optometry team, the Assistants, the NP/AHP Injectors and the Consultant pulled together to provide exemplary patient care in tricky circumstances, while all the time communicating openly with the patients. The situation looked at first to have some insurmountable difficulties, but with some quick thinking and a lot of gritty determination (including two optoms cycling back to YDH to access CPD!), the teamwork and positive interaction between many different subgroups within Ophthalmology showed that anything is possible, and that it can still be done with a kind smile on your face and a sense of humour! I am proud to be part of this dedicated, patient centred and truly excellent team and would like to thank them all for embracing an extraordinary situation and maintaining patient care.

Vicki Beattie, Staff Nurse **York** **Nominated by Sarah, Kieran Tunney and Adele Elliott, patients**

In July, my Husband and I received the most heart breaking news at our first 12 week scan, we were told that our baby had passed away at nine weeks, and we had miscarried. Words that we never expected to hear. We were numb. After a very emotional night at home and not knowing where to turn, we contacted EPAU, where we were introduced to Vicki.

From the off, it was clear that Vicki took absolute pride in her job, as she met us with a kind heart and a friendly smile. She had true feelings of sympathy towards the both of us for the news we had received. We did not realise how important this was until after our appointment. Vicki was very informative, took her time to explain that we were not on our own, as one in four women go through this awful experience, and absolutely reassured us that we had not done anything wrong - it just wasn't meant to be.

She explained the management options we had to complete the miscarriage in such a way that we felt comfortable and positive that everything would be ok and we had her full support. The reassurance that we felt after the appointment knowing that although we had a way to go, we could go onto being parents as we wanted so much. Vicki stayed in close contact with us throughout the management and really kept us on the straight and narrow. Vicki is a real asset to the EPAU and the NHS. We could not be more grateful.

Second nomination

Vicki has gone beyond her role as a staff nurse while caring for my partner and me after we had a miscarriage. She has shown the utmost empathy and kindness throughout our care and has demonstrated the highest level of professionalism.

She is an incredible nurse who has shown us compassion at all times and with her specialised knowledge, she was able to explain every procedure to make sure we understood exactly what was going to happen - this is something that was invaluable for an anxious patient like me. Vicki has always kept my wellbeing at the forefront of every discussion and explanation: she has ensured we have been happy and comfortable with every decision. Thank you for being an absolute star Vicki. Your hard work and willingness to help and support us is very much appreciated.

Helen Bradley, Healthcare assistant | **Scarborough** | **Nominated by a colleague**

Helen works hard on her ward. I was sent to help out there and she was really friendly and supportive. We had a patient who was very poorly; she showed kindness and compassion to them. I noticed that she held the hand of the poorly patient so they knew they were not alone.

Paige Leighton, Sister | **Scarborough** | **Nominated by Richard Emmanuella, colleague**

Paige is a hardworking nurse and leader. She possesses all the qualities of a good leader and she is readily available to listen to her team members. I am an International nurse but Paige has made my stay very comfortable so far, She has really helped in my adjustment process and I think she deserves a Star Award for all her good works so far because she is indeed a star.

Scott Harrison, Healthcare Assistant | **Scarborough** | **Nominated by Mrs Virgo, colleague**

Scott is always so helpful and works hard in ITU. He is also very kind towards the patients. He also came in to do a shift short notice to cover sickness.

Radiology Admin Scanning Team | **York** | **Nominated by Lucy Doughty, colleague**

As a Cancer Nurse Specialist team, we are often required to liaise with the radiology admin team to arrange scans for our patients. The radiology team is inundated with requests and bookings however are always happy to help us when it comes to expediting scans and tests for our UGI cancer patients. This star award referral is in relation to a patient who presented urgently to his GP with obstructive jaundice, which can be life threatening. He was referred to the hospital on a 2WW however needed more urgent investigations. Despite the difficulty with capacity in the CT department Shelley and her team were able to arrange an urgent outpatient CT scan for our patient, which allowed us to move his investigations along promptly. This also prevented him from requiring an acute admission to hospital for inpatient investigations. We really appreciate the team and all their hard work; they are unsung heroes and deserve recognition for the difference they make to patients on a daily basis.

Amanda Norrie and Laura McIntyre, Orthopaedic Plaster Room | **York** | **Nominated by Jason Angus, colleague**

I was working on the paediatric ED department one afternoon, when we had a little girl with a bad buckle fracture of her femur. After an initial long discussion with the orthopaedic doctors about how we were going to stabilise it, I then spoke with the orthopaedic plaster room nurses and we decided the best option would be to have it cast by them. Amanda & Laura were absolutely fab, and grabbed a load of supplies and came back to ED with me, where they made the patient & parents comfortable and then put on a lovely sparkly purple cast. They were very professional, and above all, kind. Thank you both.

Cath Williamson, Advanced Specialist Practitioner | **York Community Stadium** | **Nominated by a colleague**

Cath deserves a Star Award for being a one-woman army, her leadership is categorically the reason that the Ophthalmology injection clinic is able to run successfully, even when presented with unforeseen challenges. She is able to do the work of three individuals and never utters a bad word about it. Her work ethic is inspirational but it's her kind hearted nature that is shocking. Throughout such a hard time Cath has put others before herself, always providing a kind word, an ear to listen and a copious amount of food. She is definitely deserving of recognition and a very large thank you.

Sue Allanby, Volunteer | **York** | **Nominated by Sandra Miller, relative**

Sue made a huge difference when my nephew was admitted to Ward 23. Concerned about his mental health Sue took notes from me on his interests to help engage him in conversation boosting his mood and making him laugh! It boosted his morale and has definitely helped him to be more positive about his future. Her volunteer role is invaluable.

Katie Kitchman, Senior Biomedical Scientist | **Hull Royal Infirmary** | **Nominated by a colleague**

Katie joined the team at the beginning of the pandemic and took on the role of Senior Biomedical Scientist shortly after. Throughout the pandemic, Katie has been the backbone of the service, and still to this day is often the glue, which holds the service together. Katie does not often get the recognition or praise she deserves for the excellence she brings to the department, but she is a truly fantastic line manager. Katie is not shy of stepping up to the mark when things require doing. She is not one to shy away from tasks others may feel are beneath them, is always there to lend a hand and offer support when times get hard and she is always prepared to go above and beyond. Katie remains a strong leader of the team even when facing adversity, challenges or big changes to the department. She is not one to turn her back on the service or her colleagues even in the most challenging of situations. If a colleague wants to improve their skillset or knowledge, Katie is always supportive, enthusiastic and encouraging in them doing so. Katie really does go beyond in what she does and on behalf of the Virology team, I would like to say a massive thank you.

Willow Eye Unit | **Scarborough** | **Nominated by David Butler, patient**

Having attended the department three times now, the whole team are always friendly, professional, caring informative in a non-clinical way and treat you as a human not a number. Great department and a credit to the hospital

Coralie Stubbs, Outpatient Services Administrator | **Bridlington** | **Nominated by Michaela Quinn, colleague**

Last week we had a patient attend the OPD who is actually part of the circus, spoke no English at all and had attended with a friend who spoke very broken English. The patients were from South America and spoke Portuguese. Knowing our colleague Coralie spoke Spanish, we called her to the reception desk and she was able to speak with the patient in Spanish (most Portuguese people can understand Spanish) and give details on his appointment the following week. When the patient attended the following week, Coralie booked the patient in speaking Spanish with the patient and offered to translate for the patient within the appointment if it was needed. The HCA called for Coralie to attend the appointment and she was able to aid both the consultant and the patient by translating for them! This made the appointment as seamless as possible, given the language barrier and was just a fantastic show of how brilliant Coralie is! This isn't the first time I've witnessed her go above and beyond for patients and staff within the department, if she can help she will and even if she can't she will make it her mission to find someone who can.

Roy Feetenby, Domestic Assistant | **York** | **Nominated by Caroline Everett, colleague**

Roy has been the regular cleaner on Ward 34 for many years. He has given dedicated service as a core member of the team and is always ready with a smile and a few words of greeting whenever I come on the ward. Recently, during a conversation with the Matron for our clinical area regarding infection prevention, it was mentioned that Ward 34 usually scores very well in cleanliness audits. In particular, it was apparent that the high scores were directly attributable to Roy's hard work as the scores are noticed to dip when he is away and the ward is being cleaned by other staff. I think that Roy deserves an award in recognition of his constancy and dedication to performing his role to a high standard. Without his hard work it would not be possible for the clinical staff on Ward 34 to deliver safe and effective patient care.

Caitlin Wingfield, Healthcare Assistant | **Scarborough** | **Nominated by Laura Green, colleague**

She is such a hard working member of the team always shows up and does not care if she has to move ward she is willing to try to learn new things and is amazing with patients of all ages. She is always smiling and positively thinking and always puts everyone before herself. A very valuable member of the team.

Alistair Calvert, Locum Doctor | **Scarborough** | **Nominated by Andrew Brown, patient**

After a long night in A&E, I was very grateful for the care shown by Dr Calvert who was attentive and extremely helpful and responded both pastorally and practically. I appreciated his approach and it was clear he had the interest of his patients first, on what seemed an all too typical busy shift. I left feeling I had been treated as an individual rather than just a name on a list and am very grateful.

Samantha Williams, District Nurse | **Acomb Healthcare Centre** | **Nominated by Dr John Heritage, relative**

Samantha has fought hard to get Velcro wraps to help treat my wife's lymphadema, coordinating with our GP practice, our pharmacy and the manufacturer. She did meet some resistance from a team member but she persevered and is still working to support my wife, arranging for her to try out experimental wraps. She went way beyond what would be expected of her and she deserves recognition.

South Hambleton & North Rydale (SHaR) Community Nursing Team | **Community based, c/o Caroline Milson Malton** | **Nominated by Natasha Bradley, colleague**

Caroline and the team have been providing end of life care to a palliative patient who had very specific requirements in the event of their death. In order to achieve the patient's wishes the team needed to provide a time sensitive response. The team have liaised with all involved professionals and acted as coordinator to ensure the patient’s wishes were honoured. They have provided exemplary end of life palliative care to the patient in their preferred place of care and death.

Bernadette Darby, Deputy Sister | **York** | **Nominated by Nicky Kerslake, colleague**

Bernie is an absolute asset to the band 6 team. Over the last year, Bernie has supported the team through some really tough times and never fails to put her patients' and teams needs above her own. Bernie never gets home on time, always staying late to support her colleagues and doing so with a smile and a friendly ear. She is like the mum of the team and is a great support when things are tough. She will always do her best, work her hardest and go the extra mile - every shift - week in week out. Often in charge on the floor, Bernie remains calm and collected even on the busiest of days, She has a 'can do' approach and will often switch back and forth between areas to ensure that all staff are supported and manage to take their breaks. She doesn't become flustered when things don't go to plan, she remains calm, positive and this has a really positive influence on the team. Thank you for being such a rock for the team Bernie - your dedication never goes unnoticed and we would be lost without you.

Medical records and outpatient services | **Malton** | **Nominated by a colleague**

I joined the team in January and they have supported my training throughout. They are very hard working and always go the extra mile to ensure all tasks are complete and up to date. This year has been difficult for them due to being short staffed for a long time. However, they have kept working hard to ensure the service runs well. They work behind the signs to ensure patient information is available for clinics. Process appointments promptly to ensure patient needs are met. They provide a happy, friendly greeting to patients when checking in on the three reception areas they cover. They work well as a team and are supportive of each other.

Alex Hulland, Biomedical Scientist	**York**	**Nominated by Alison Jones, colleague**

Alex was working as the only Biochemistry BMS on a night shift over the Bank Holiday weekend when he received a request to process an unusual test on an unusual sample type (cord blood post-delivery). The test had been automatically rejected by the lab software, as the test had previously been performed on mum. The requesting doctor phoned Alex in the early hours of the morning to ask for the sample to be processed. Alex came up with plan for ensuring the sample was handled appropriately, and the test could be analysed after the Bank Holiday. He communicated the plan to the doctor and ensured the information was handed over to all relevant members of the biochemistry team to make sure the sample didn't get overlooked, even though the software had rejected it. I was impressed with the initiative Alex took in dealing with this unusual situation out of hours when he was working alone, and the care he took to ensure the requested test could be performed on this precious sample after his shift, which included good communication with all parties.

Henrietta Tully, Generic Therapy Assistant	**Springhill House Scarborough**	**Nominated by Elizabeth Jones, colleague**

I was having difficulty locating an essential piece of equipment for a child on my caseload. This was causing a lot of frustration for the family and therapist's time looking into where it was. Henrietta went to the med equip stores on her way home from work and was able to find that the equipment (sleep system) was there; and bring it into the office marked for my attention. This was beyond Henri's role but will make an enormous difference. Thank you so much Henri.

Margaret Stary, SPA Team Leader	**Monkgate York**	**Nominated by a colleague**

When a member of staff didn't turn up on shift I had to contact Margaret for advice despite it being her day off. She went out of her way to support me to ensure the service was covered. She is always friendly and keen to help whenever we need her. She consistently demonstrates the trust values and is an absolute asset to the team! We could not do our job without her and the teams support.

Gemma Kane, Specialist orthoptist | **York** | **Nominated by Ellie Castle, a relative**

Gemma has been looking after my son Mason for four years she always gives the best care. She's kind and caring. Gemma has helped Mason so much and his eye sight has improved. Every visit was an absolute pleasure and we are so very grateful for the care provided. Gemma is amazing at her job and couldn't have asked for a better doctor.

Ward 14 Team | **York** | **Nominated by Linda De Costa, colleague**

The team on ward 14 is an acute admissions ward. At any time during the day and night. The team has to respond, as quickly and efficiently to whatever the situation demands. The team I have found always strives to meet the challenges ahead and do their utmost to provide. In my view first class care, and paying specific attention to the individual needs of the patient. Also working alongside with the team to support and help each other to provide whatever is needed for the patients. I would like to say, thank you all for working with me.

Gigi Joseph, Deputy Sister | **York** | **Nominated by Linda De Costa, colleague**

I have worked with Sister Gigi on ward 14 for over six years. I have always found her to be very dedicated and caring within her role. The ward is acute admissions and can be high octane and very challenging, a lot of the times. Sister Gigi works calmly through as much as she can with the patients and I have always found her supportive with myself [when I was once unwell, on the ward] as well with the team.

Ophthalmology Theatre Team | **York** | **Nominated by Pouya Alaghband**

The ophthalmology team has come a very long way. They have now become a very cohesive and dependable team. They are striving to improve and welcome the constructive feedback. This has resulted in improved efficiency by at least 60% since previous years. Kudos to the team and team leaders Alison Grice-Holt and Mike Golowala.

York ICU Team **York** **Nominated by Dave Donaghy, a relative**

My sister recently received care in York ICU, but sadly lost her fight to recover. I have to say that the standard of Care, Compassion, and Professionalism, shown by ICU Staff, towards my Sister, was absolutely outstanding, they sought to tend her every need, Medically, and with regard to her comfort, even after the decision was made to turn off the various life support equipment, they continued to make sure she was as comfortable as possible, which can't have been easy for them. All of this was done, whilst also, ensuring that we, her loved ones, were kept well informed, the procedures explained in a easy to understand and sympathetic way, and also our needs, emotionally, and with regard to cups of Tea or Coffee etc. These staff are an absolute credit to the Trust, and I sincerely thank them from the bottom of my heart for the superb Care and Compassion shown towards all of us, they most certainly went "above and beyond"

Dr Lewis Warnock, Speciality Registrar **Anaesthetics York** **Nominated by Penny, a patient**

I think Lewis from Scarborough Hospital A&E deserves a Star Award because he was really kind and caring towards me. He listened to me and helped me. Thank you Lewis for helping me and being really kind to me.

Dr Martin Chanayireh, Consultant Nephrologist **Scarborough** **Nominated by Penny, a patient**

I think Martin deserves a Star Award, because when one Dr was about to discharge me, Martin took over and did some test on me. He spent time listening to me and was very kind and caring towards me. Thank you Martin for helping me and being kind to me.

Dr Irina Bacila, Paediatric Registrar | **York** | **Nominated by Carey Cronwright, colleague**

Dr Irina has gone beyond her duty to care for a parent of a neonate on SCBU who mostly only understood Romanian. Irina could speak Romanian and was able to interpret to the mum all the important information about her baby, how to breastfeed, how to care for the baby. Irina established a good connection with mum and would often come down to SCBU to ensure that the mum understood what was happening to her baby. Staff were able to call Irina when she was not rostered to SCBU and Irina never minded coming in her own time to ensure the mum always had a full update and understanding of the care given to her baby. Irina's demonstrated trust values of kindness openness and excellence. Irina is genuinely passionate about her job and it's reflected in the care and attention she gives her patients and in particular this mum.

Donna Coop, Patient Services Operative | **York** | **Nominated by Hannah Carlyle, a visitor**

Donna Coop was wandering with my mum when my mum was in hospital. What a great woman she is with the sick and their family and friends.

Heather Whitfield, District Nurse | **Acomb Healthcare Centre** | **Nominated by Jane Venable, colleague**

Heather was the District Nurse triaging patient calls at the weekend and overseeing the district nursing team. She was notified on Sunday afternoon that the Single Point of Access (SPA) call handler had not arrived for her shift. Heather tried to contact the call handler and spent time trying to establish that she was safe and eventually found she had been admitted to hospital. Heather stayed at work until 20.00, her shift finish time was 15.30 and she took on the role of the call handler and triage nurse. The following day was a Bank Holiday and there was unexpected leave in the West DN team, the SPA call handler was still absent from work and so Heather came to work on her rest day and continued to work as call handler and triage nurse for the West DN team. She remained calm, collected and cheerful; she supported the team and went above and beyond what is expected. It is much appreciated. Thank you Heather.

Rachel McHale, Staff Nurse **York** **Nominated by Nicky Kerslake, colleague**

Rachel is an absolute asset to the team, always giving 110% to her work and never failing to look for ways of improving our department and service. The department is currently becoming a practice placement for student nurses after many years of this not being possible. Not only has Rachel been proactive in ensuring that she has completed the necessary teaching qualifications, but she has also taken it upon herself to independently create a really comprehensive student pack from scratch which has a wealth of information for students about our team, our speciality, our department and what the student can expect to learn from us. She has really thought through the process of the students joining the team and what they need from us to feel welcomed, informed and part of the team. Her work on this shows real commitment to not only her role, but to nurturing the next generation of nurses and other healthcare professionals. Well done Rachel, your continuous efforts to strive for excellence do not go unnoticed - you are a real credit to the team.

Emilie Meynell, Children's Specialist Physiotherapist **York** **Nominated by Emma Dillion, a relative**

We have the best NHS physio…FACT! Emilie is our main "go to" person for anything related to Spinal Muscular Atrophy and everything that comes with it. Today I text her about some pain Ollie has been having 60 minutes later Emilie was at our door and checked him over! We are very lucky she is so supportive and on the ball. Her standards never dropped throughout lockdown. I have known her sat at home on a virtual appointment with kids swimming goggles on, waving a Thomas the Tank Engine around just to keep Ollie engaged and makes it fun! She is way too modest to realise how amazing and instrumental she is as part of Ollie's journey. We are very grateful to her!

R Popham, K Brown, J Garcia, T Talavera, K Pinkney and A Proctor - Oak Ward | **Scarborough** | **Nominated by Peter Cooper, a visitor**

It gives me great pleasure to nominate the following personnel in OAK Ward for your STAR Award, Scarborough Hospital Ruth Popham - DLO, Sister Karen Brown - Ward Manager, Charger Nurses Jose Garaq and Truinan Talavera, Sister Kate Pinkney and Andrea Proctor. Auntie Connie Speechley has been in the OAK ward for a while. The care has been fantastic. Nothing has been too much for her and her care. The ward manager and her management team have created a wonderful warm, caring and considerate ward. Ruth Proctor, The Discharge Liaison Officer has gone the extra mile to manage Auntie Connie's discharge. She has informed us of all procedures and other matters while this was in progress. The stress the family has had was made considerably easier because of her help. Sister Kate Pinkney was fantastic. Her individual care was brilliant. Her friendly manner and professionalism was a credit to her. Finally, but not least, was Andrea Proctor. She was friendly and very helpful. She provided us with extra information, when needed, and was always friendly and nothing was too much trouble. The ward is a credit to the hospital, and I hope you will give full consideration to my nominations.

A Abante, J Nalugo, M Yates, J Prime, E Wardell, E Oludimi Elderly Care Ward 25 | **York** | **Nominated by Rebecca Hampson, a colleague**

I would like to nominate the ward 25 team for their care and resilience when receiving multiple new admissions to the ward on Saturday 13 August. Usually new patients have already been admitted to another ward and are transferred to Ward 25. Due to operational pressures on this date, six patients were admitted directly from ED, all within an hour. This put significant additional pressures on the staff that day as direct admissions require a lot of additional paperwork, assessments and tests, as well as care, compassion and reassurance. They handled it really well; with good nature and efficiency. Despite putting extreme pressures on the staff, they made sure all the patients, and their relatives, were welcomed, cared for and safe.

Christine O'Dwyer, Optometrist **York** **Nominated by Ophthalmology Research Team**

Chris noticed a patient on a research study hadn't attended a few treatment appointments for her wet AMD. She rang the patient's family to make enquiries and found that the issues preventing the patient's attendance were quite complex due to dementia. Chris stayed late at work in the evening to mediate between family members and the patients nursing home to ensure the patient was facilitated to attend her appointments. Chris even answered queries from the patient's family on her annual leave and made every effort to ensure the family were fully informed and involved with the plan of care.

East Community HCA Team **Tang Hall Clinic York** **Nominated by Genna Riley, colleague**

The HCAs in the community in the East team have worked so hard. We work as a team. We always ring one another to check on each other. If you're having a bad day we are always there to help one another, if someone is struggling with visits there is always someone to help, we always cheer everyone up when it's a terrible shift. We are all under pressure, but I feel the HCA don't get a mention. We work as hard as the nurses. We take extra visits on if we can to help the nurses. I can always rely on my own HCA to get me though my day. We take a lot on a day and I feel we need a pick me up, every day is different but the Team in the East are amazing. We are like family and that's what you need in a team and is why I'm nominating our HCA team

Ria Dean, Staff Nurse **York** **Nominated by Rebekah Garland, colleague**

There are not enough words to describe how fantastic Ria is. She cares deeply about patients (and staff) constantly works hard, is a real team player and always prioritizes her patients. Patients feel safe when she is looking after them, and staff always know they will be supported and it will be a good day when Ria is on shift. Nothing is ever too much trouble for Ria and she constantly goes the extra mile for everybody, she is a genuinely nice person. It is a pleasure to work alongside Ria and I know I speak on behalf of lots of people when I say she has taught me so much. Ria is the perfect role model for junior staff and she always makes a difference each and every shift she works.

Tanya Barber, Housekeeper | **Scarborough** | **Nominated by Sam Shardlow, colleague**

Tanya goes above and beyond her role to help patients and her colleagues. Recently we had a patient on the ward with challenging behaviour and a learning disability who she took the time to sit with and keep calm while the medical staff ensured essential care and treatment was delivered. Tanya is a credit to the ward and is a pleasure to work with.

Sonia English, ACS Dementia and Frailty | **York** | **Nominated by Anna Milton, colleague**

I recently attended a dementia training session held by Sonia and was blown away by the sheer passion and commitment that Sonia has to her job role and teaching. One of the very few training sessions that I have actually wanted to last longer than it did! Please keep up the amazing work Sonia, what an amazing individual.

Sarah East, 2nd Line IM&T Engineer | **York** | **Nominated by David Thomas, colleague**

Sarah has come a long way in the last year and to say she was knew nothing about IT she is now one of the top engineers on calls. She is always happy to help and also willing to go the extra mile when it comes to customers coming in to get the IT equipment fixed. Sarah has made a massive difference to our team and would love for her to be praised for this.

Ward 36 | **York** | **Nominated by Andy Ingerson, a patient**

Everyone on ward 36 has been absolutely fantastic. All the staff really helped me get back on my feet and helped me prepare for when I go home. They have all been very friendly and have made my time in hospital enjoyable.

Bex Burton and Sexual Health Sisters | **York** | **Nominated by Sarah Dobson, colleague**

I want to say a huge thank you to Bex and the YorSexualHealth Sisters for their support. Over recent years I have needed to take some time off due to family circumstances. The support I have received from the Sisters has allowed me to continue working in a job I love. I know of many families in our situation where a parent has had to give up work due to unsupportive workplaces. I feel lucky to work with such an incredible team in the NHS which has supported me to keep working.

Gill Ratcliffe, Healthcare Assistant **York** **Nominated by Nicky Kerslake, a colleague**

Gill has been leading a project within the department on improving our services for patients who have a hearing and visual impairment and how we can improve their experience when they visit our clinics. This came from a conversation Gill had in the community with a patient who had experienced some difficulties in accessing healthcare in a variety of settings. Gill has really showed initiative with this project - creating posters, discussing ideas with the deaf community and putting together an audit session where we had members of the deaf community come into the unit, do some scenarios and improve our knowledge and understanding of their needs and wishes when they come into a hospital setting. Gill has really thrown her heart and soul into this project and has worked hard to drive it forward, improving our service, patient experience and staff awareness. Gill is now continuing to be a lead for the team in deaf awareness and is continuing on this work in collaboration with the deaf community.

David Passey, Clerical Officer **York** **Nominated by Caroline Wright, colleague**

David deserves recognition for his outstanding dedication, conscientiousness and hard work on MES. David is a real credit to the MES team. He organises and arranges so much on MES, and ensures that urgent referrals are booked in a timely fashion. Being the only clerical worker on MES, he faces a lot of pressure, but is always willing to help and has adapted to lots of changes including 3 department moves during Covid. He is a massive team player in MES and helps make things run so smoothly and is always putting patients first. Patients and staff are very complimentary of him so I feel he really deserves to be recognised for how much he does, and that what he does, does not go unnoticed. MES are lucky to have such a dedicated member of staff!

Jenny Oakley, Physiotherapist **York** **Nominated by Susan Palmer, a patient**

Following cast removal and X-rays, I saw a consultant in Mr Stanley's clinic, but no provision had been made to see a physiotherapist. I had been non weight bearing: needed to know how to walk, walk upstairs and be provided with walking aids. Jenny came to Outpatients with no briefing. When she understood the issue, she sought out a walker and crutches and spent 3/4 hour showing me how they worked. The Department was trying to close. I feel sure her shift had finished, but never once did she express concern for the length of time this unexpected call was taking. At the end she went back to the other end of the hospital to obtain a basket for the walker. It was nearly 5.45 pm when we left. Outstanding help and attitude.

Dermatology Team and Dr Caroline Love **York** **Nominated by Dr john Bypass, colleague**

I am a salaried GP at Gale Farm surgery in Acomb. I just wanted to pass a special mention on to the dermatology team, specifically Dr Caroline Love. We use the advice and guidance service to dermatology frequently in general practice. She always responds promptly and her guidance is consistently thorough and incredibly informative. I myself have learned a lot from them, despite never having had the pleasure of speaking to her or meeting her. I am aware that many of my GP colleagues here at the Haxby Group feel much the same. At a difficult time when we are all feeling the strain, I felt compelled to nominate her for a Star Award!

Sally-Anne Dawson, Plaster technician **Scarborough** **Nominated by Joanne Shaw, a patient**

Sally has consistently gone above and beyond in her interaction with patients. The level of care she shows individuals stands out amongst the many staff I have encountered at Scarborough. She makes her patients feel like they matter. She remembers them and greets them as she passes in the clinic - this might only seem a small a thing but it is so important to patient experience. When I met Sally I was very anxious and she took the time to treat not only what I was there for but to address my anxiety and provide comfort and reassurance. She took the time to really connect. She is everything a patient would wish for in a care giver and despite the clear work load and pressure her positivity was inspiring.

Beech Ward team **Scarborough** **Nominated by Helen Jennison, a colleague**

This team has worked hard through Covid for the last three years, they have endured so many situations thrown at them and taken it all in their stride as a team. Nothing is too much for Beech team. As a team, they give time, care and devotion in everything they do. I would like to nominate the team as they have worked so hard over the last few years working in a Covid world with little thanks.