York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors (Public) – Blue Box

2 November 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Main Agenda Item	ITEM	PAGE
17.	**Risk Management Update - Risk Management Framework, Board Assurance Framework and Corporate Risk Register** To receive the Q2 Board Assurance Framework and Corporate Risk Register. Risk Management Framework	03
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Risk Management Framework 2022-2023

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Owner:	Chief Executive
Publisher:	Healthcare Governance
Version:	12
Date of version issue:	November 2022
Approved by:	Board of Directors
Date approved:	November 2022 (pending)
Next Review date:	November 2023
Target audience:	All staff employed by the Trust
Relevant Regulations and Standards	Underpins all outcomes - CQC Essential Standards of Quality and Safety
Links to Organisational/Service Objectives, business plans or strategies	Organizational Strategy, Financial Plan, Patient Safety Strategy and Directorate Strategies
Executive Summary This framework describes the processes and system for risk management utilized by the Trust	
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Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
5	March 2007			Various amendments – see previous version history on Q-Pulse
6	May 2008	Elaine Miller Head of Risk & Legal Services		Various amendments – see previous version history on Q-Pulse
7	July 2009	Elaine Miller Head of Risk & Legal Services	Bootham Park	Various amendments – see previous version history on Q-Pulse
8	Dec 2014	Fiona Jamieson Head of Healthcare Governance	Staffroom	Reviewed and updated into new template
9	September 2016	Fiona Jamieson Deputy Director of Healthcare Governance	Staff Room	Added statement on Risk Appetite
10	Dec 2019	Fiona Jamieson Deputy Director of Healthcare Governance	Staff Room	Reviewed and updated to reflect Internal Audit recommendations, improved description of relationship between BAF and CRR, improved description of generic duties, adoption of Datix Risk Management Module, improved key performance indicators. Incorporation of suggestions from NHSI Style of policy reviewed to make it easily readable
11	May 2021	Bobby Anwar Interim Head of Risk	Staff Room	Updated to reflect revised roles and responsibilities, the risk appetite setting process, risk management process and risk escalation criteria.
12	October 2022	Mike Taylor Associate Director of Corporate Governance	Staff Room	Updated to reflect changes to Committees of the Board

Contents

1 Introduction

York and Scarborough Teaching Hospitals NHS Foundation Trust (The Trust) acknowledges that the services it provides carry risks. The identification and recognition of these risks together with proactive management and mitigation is essential for the efficient and effective delivery of safe and high quality of care for patients and staff.

The Trust is committed to working with staff to make risk management a core organisational process that is an integral part of the Trust's activities.

The benefits of managing risk include:

- Supporting the safe delivery of care to our patients
- Supporting the achievement of Trust objectives
- Avoiding or mitigating the impact of failure
- Supporting the cost efficiency and value for money
- Compliance with legal and regulatory frameworks
- Management of external impacts and changes
- Exploiting opportunities encouraging innovation.

2 Purpose

The purpose of the framework is to define the process for the identification and management of risks within the Trust to all staff and sets out the respective responsibilities for strategic and operational risk management from 'Board to ward'.

3 The Role of Risk Management

The Risk Management Framework compliments, and works alongside the Board Assurance Framework (BAF). Its role is to help manage the immediate strategic level risks, through the reference of risks detailed on the Corporate Risk Register on the face of the Board Assurance Framework report

3.1 The achievement of the Trust's strategic objectives is subject to uncertainty, which gives rise to both opportunities (desirable risk) and threats (undesirable risk). Uncertainty of outcome helps to define risk. Risk management includes identifying and assessing risks, and responding to them in an effective and resilient manner.

3.2 The Trust's Board Assurance Framework (BAF) is a key mechanism which boards should be using to reinforce strategic focus and better management of risk.

3.3 The risks to the achievement of the strategic objectives are identified by the board each year and are recorded in the Board Assurance Framework (BAF). The BAF is the key mechanism that the Board uses to gain assurance around the management of the identified risks to the corporate objectives and to determine whether the risk is sufficiently controlled and mitigated.

3.4 The Trust's governance framework shall be supported by an effective risk management system that delivers continuous improvements in safety and quality, and maximises opportunity for growth and development.

4 Defining Risk Appetite

Risk appetite is described as the level of risk that an organisation is willing to accept in pursuit of its strategic objectives before action is required to mitigate the risk. It provides a balance between the potential benefits of innovation and the threats that change inevitably brings. The risk appetite of firms will vary depending on the sector within which they operate organisational culture and objectives. Different levels of appetite may be set for different risks which may also vary over time.

Risk appetite is usually designed to:

a) clearly express the extent to which a firm's willingness to take risk in order to meet their strategic objectives i.e. define a firm's 'fight or flight' response to risk;
b) discharge the firm's corporate governance responsibilities more effectively;
c) understand a firm's propensity to take risk compared to exercise control

The Risk Appetite is owned and approved by the Trust Board. Once approved, it is built into the processes and culture of the Trust. Target risk scores should be determined to reflect the risk appetite of the Trust, and recorded in the organisation's risk registers. Risk appetite metrics are used to monitor adherence to risk appetite. Actions should be taken where risks are outside appetite to bring them back within agreed levels. Monitoring adherence to risk appetite will be tracked and reported through the governance structure. Risk appetite helps to inform and direct decision-making. Once determined, the risk appetite should be reviewed on an annual basis.

Risk appetite therefore goes to the heart of how the Trust does business and how it wishes to be perceived by key stakeholders including employees, regulators, rating agencies and the public.

The Trust Risk Appetite Statement can be found at Appendix B.

Risk Tolerance

Whilst risk appetite is about the pursuit of risk to achieve objectives, risk tolerance is about what an organisation can cope with and thresholds at which it is willing to 'accept' a specific risk. Risk appetite and tolerance both need to be considered in the context of risk capacity. This is the amount of risk the Trust can bear. The Trust's Board may have a high-risk appetite but not have enough capacity to handle a risk's potential volatility or impact. Conversely, the risk capacity may be high, but the Trust may decide based on strategy and objectives to adopt a lower risk appetite. An example of how this can be illustrated is shown below.

Risk Capacity	The maximum amount of risk the Trust can **support** within its available resources
Risk Appetite	How much and what type of risk the Trust is generally prepared to accept to achieve its strategic objectives.
Risk Tolerance	The maximum amount or type of risk the Trust is prepared to tolerate above risk appetite.

5 Strategic and Operational Risks

Within the Trust there are 2 levels of risk:

- Strategic Risks - Each year a Board Assurance Framework is developed/ refreshed in order to identify and record the key strategic risks for the Trust that may impact on the achievement of its Strategic Goals. Further detail regarding the Board Assurance framework is outlined in Appendix C.
- Operational Risk – these are the identified risks that have the potential to impact on the delivery of business, projects or programme objectives. Operational risks are recorded within the Corporate Risk Registers and Care Group / Service risk registers held by the Trust. Further detail regarding the systems and processes for managing operational risks is outlined in appendix B.

The Risk Management Framework is supported by the Trusts suite of policies as listed on the Y&STHNHSFT website. There is a strong link to a range of policies including:

- Incident Reporting Policy
- Serious Incident Management Policy
- The Complaints Policy
- Suite of Health & Safety policies
- Claims Management policy
- Standing Financial Instructions

6 Roles and Responsibilities

6.1 Chief Executive

The Chief Executive is the Accountable Officer for effective risk management and the system of internal control with the organization. The Chief Executive is also responsible for meeting all statutory requirements including health and safety and ensuring risk management systems are established, implemented and maintained.

6.2 Board of Directors

The Board of Directors has responsibility for ensuring that a framework of systems and processes for effective risk management are in place and that they are functioning appropriately. It is responsible for assuring itself that the Trust identifies and effectively manages any risks that could affect the achievement of the Strategic Goals.

6.3 Risk Committee

The Risk Committee will be Executive-led and have oversight of the Corporate Risk Register and the Board Assurance Framework. The Committee will approve any new additions and removals to and from the Corporate Register as well as being the main governance forum where risks are presented for either escalation or de-escalation. All risks scored as 15 or above must be escalated to the Risk Committee via their Risk Committee representative for consideration and possible inclusion in the Corporate Risk Register (CRR). The Risk Committee will discuss the risk that has been escalated and the rationale for why it should be considered a trust wide risk and therefore included in the CRR. If the Risk Committee agrees, the decision will be documented and the risk added to the CRR. A record will be made to the original risk on Datix including the CRR reference number to confirm it has been escalated. If the risk is rejected for inclusion on the CRR by the Risk Committee, it will be de-escalated to its point of origin along with the rationale for

why it is being de-escalate. The de-escalation will be done via the relevant Risk Committee representative. The Committee will also provide assurance that the Board of Directors is sighted on all strategic risks.

6.4 Audit Committee

The Audit Committee has responsibility to ensure that risk management systems are in place and are embedded throughout the Trust. It will provide assurance to the Board of Directors on the adequacy, efficiency and effectiveness of the Trusts' Corporate Governance, Risk Management and Internal Control.

6.5 Quality & Safety , Digital, Performance and Finance and People and Culture Committees

The Sub Committees of the Board of Directors are responsible for providing assurance in relation to the relevant risks on the Corporate Risk Register (CRR) and the Board Assurance Framework and receiving, managing and monitoring relevant risks within the scope of their Terms of Reference.

6.6 Care Group Management Team Meetings

Care Group Management Team Meetings are responsible for identifying, receiving, managing, monitoring and reviewing relevant risks within the scope of their Terms of Reference. This will be facilitated by the Clinical Governance Facilitators and the Clinical Governance Coordinators who will be responsible for managing the risk process at Care Group level.

6.7 Directorate/Care Group Management Teams

The Care Group Management Teams are responsible for identifying, receiving, managing, monitoring and reviewing relevant risks within the scope of their /Care Group.

6.8 Corporate Directors

The Corporate Directors are responsible for the implementation of risk management and its assurance mechanisms bringing together the corporate, financial, workforce, clinical, information, research and governance risk agendas.

6.9 Non-Executive Directors

The Non–Executive Directors are responsible for providing independent/objective scrutiny of the risk management structure and processes.

6.10 Foundation Trust Secretary

The Foundation Trust Secretary is responsible for ensuring that all risk and assurance processes are identified and reported. The FT Secretary also has responsibility for the review and update of the BAF.

6.11 Head of Risk

The Head of Risk is responsible for the development of the Risk Management Framework and associated policies, guidance, standards and training to facilitate the effective management and oversight of risk across the trust.

6.12 Managers

Managers are responsible for the identification of risks and for implementing and

monitoring any identified risk management control or assurance measures within their designated area and scope of responsibility. Managers should also ensure that all staff are aware of risks within their workplace and provide adequate information, instruction and training to enable them to work safely.

Managers should seek advice on risk management issues, as required, and liaising with relevant specialist advisors where necessary.

6.13 Staff

All staff are responsible for having a sense of ownership and commitment to:

- identifying and minimizing risk;
- reporting and responding to risk;
- participate in training sessions;
- carry out any agreed control measures and duties as instructed.

7 Training

In addition to the mandatory training delivered and coordinated by learning and development, a programme of risk training is provided for all employees, as outlined below:

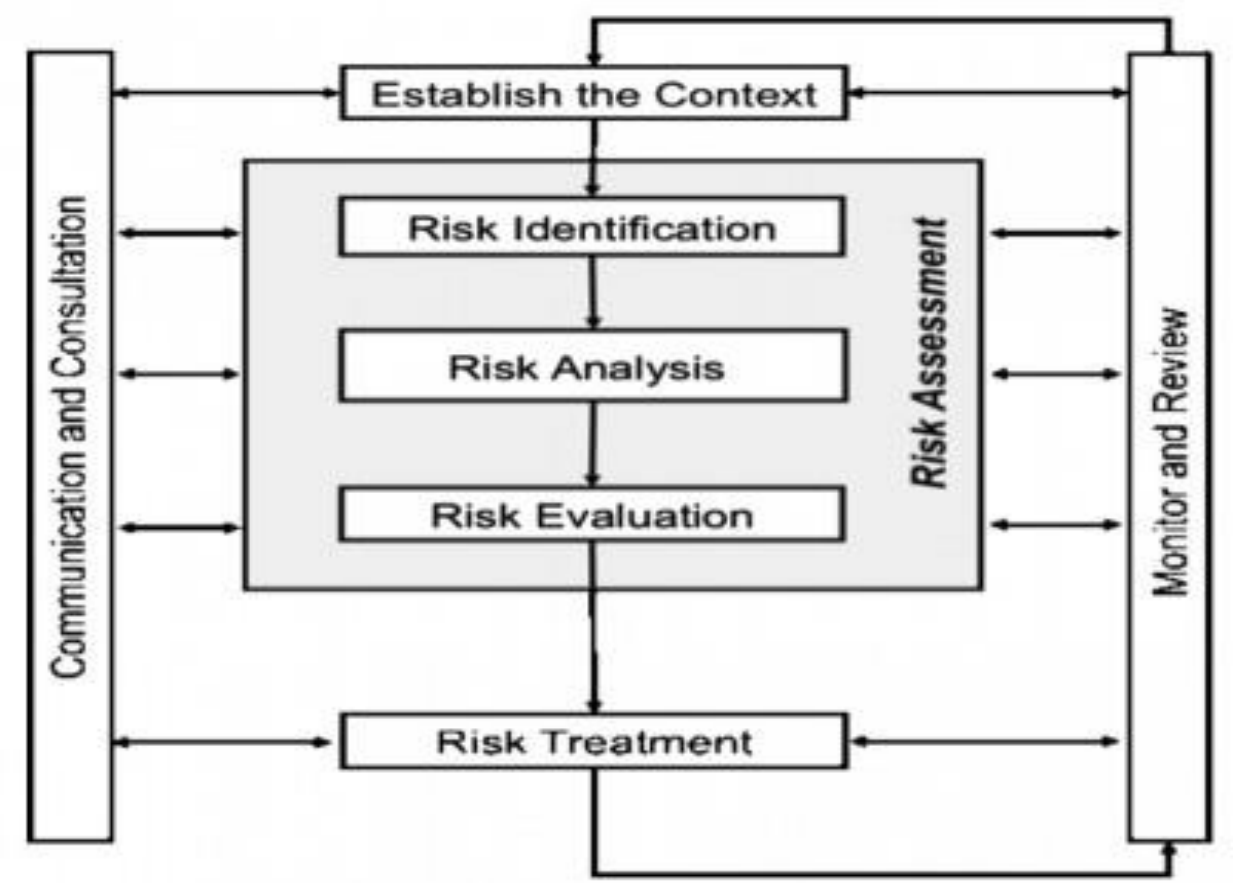
Level of Training	Staff Group	Frequency	Timeframe of training	Delivery method	Delivery by whom
General Risk Awareness	All staff	3 Yearly	N/A	Learning Module	Learning Hub
Management of risks	Senior Management and Non-Executive Directors	As required	As required	Face to face / Webex	Head of Risk
'Risk Module' Datix	Identified Risk Leads	Once	1 hour	Face to Face/ Webex	Head of Risk

8 Risk Management Process Overview

Within the Trust, both a 'top-down' enterprise-level approach and a 'bottom-up' approach to risk management are in place. The top-down approach identifies and reports on Trust-wide risks – the "top risks" to the achievement of the Trust's objectives. These are captured within the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). This includes the production and reporting of enterprise risk dashboards, risk heat maps and performance against agreed appetite levels to the Trust Board and Assurance Committees. The bottom-up approach consists of business-specific risks that are unique to a particular Care Group, speciality or corporate function (e.g. Finance, Procurement). These risks are identified and reported through localised governance structures such as business management committees or Care Group Governance meetings.

A Risk Management Process is a methodical approach to address risks to an organisation's activities. The figure below illustrates the stages of the Risk

Management Process as defined by the ISO 31000 standard on Risk Management. This is a continuous and repeatable process which starts by establishing the context.



a) **Establishing the context** – During this initial stage, objectives of the risk assessment should be established so that it is clear at the outset and throughout the entire process, that only risks relating to these objectives are identified. Objectives may be at a process, speciality, Care Group, functional, project, enterprise or strategic level. These considerations all help to determine the context for undertaking a risk assessment and ensuring conversations around the risk assessment process remain relevant.

b) **Risk Assessment** – Once the correct context has been established, a risk assessment process is initiated. This consists of three stages to ***identify, analyse*** *and* ***evaluate*** risks to the context. This stage establishes the exposure of the Trust to risk and uncertainty which requires an intimate knowledge of the organisation and sector within which the Trust operates (the context). It highlights where, when and how events could prevent, obstruct or augment the achievement of objectives. To facilitate **risk identification**, considerations should remain focused on the context: that is, keeping the objectives established earlier in mind and identifying risks that threaten the achievement of those objectives. Risk identification should take place on a continual basis, but particularly where new activities are planned, new legislation or policy requirements have been identified, at the initiation of projects or when incidents or near misses have taken place. It is vital that all risks are assessed in an

objective and consistent manner if they are to be managed effectively. The **analysis** of the risks consists of the identification and evaluation of existing controls. The **evaluation** of the risk includes an assessment of the gross risk (before controls) and the net risk (after controls), an assessment against risk appetite and an assessment on the effectiveness of controls in terms of control design and control operation.

c) **Risk Treatment** – As the risk assessment stage completes and all potential sources of information have been explored to perform the assessment, the appropriate risk response or risk treatment should be applied. Risk treatment is presented within ISO 31000 as, 'the activity of selecting and implementing appropriate control measures to modify the risk'. Therefore, control measures are central to risk treatment. However, there are a number of other risk response options available. These have been highlighted below:

Treat – To mitigate the risk through controls.
Tolerate – To accept the risk as the cost of mitigation may outweigh the benefits of introducing controls. The risk may also be accepted if it is deemed to be within risk appetite.
Transfer – To transfer the risk for example through insurance or outsourcing arrangements.
Terminate – To stop or avoid the activity that gives risk to the risk.
Where the risk response option to treat a risk has been selected, controls may be deemed to be ineffective, missing or newly introduced. In this case, action plans may be developed to strengthen the control environment. The action plans should clearly state the activity required to address any control deficiencies, the person responsible for delivering the action and a date when the action is expected to be completed by. Details of the actions should be recorded in the 'Next Steps' field within the risk register module of Datix. For further guidance on how to complete the risk register fields on Datix, users should refer to the 'Datix Risk Register Procedural Guide'.

d) **Monitoring & Review** – This is a continuous process to provide constructive review, challenge and oversight over the Risk Management Process. It is exercised all the way from establishing the context through to risk treatment and provides an opportunity to provide feedback on the process, the decisions and the data. Any action plans should be monitored to ensure they are completed within the target dates that have been set. The risks should also be regularly monitored, reviewed and re-scored in light of any actions that are completed as these will contribute to strengthening the control environment.

e) **Communication and consultation** – Similar to the monitoring and review stage, communication and consultation occurs throughout the process to ensure that stakeholder expectations continue to be met, there is regular engagement from all necessary parties within the process and there are open channels of communication on all risk management issues identified and any lessons learnt.

It also provides transparency and the opportunity to make any refinements throughout the end-to-end Risk Management Process.

Appendix A: Definitions

Action Plan	Sets out the activities that will address the identified gap and reduce, eliminate or minimize the risk
Assurance	Evidence that control measures are working effectively to manage risk
Control	Process/plan/measure in place to assist in the prevention of risk occurring
Impact	Result of a particular threat or opportunity should it actually occur
Likelihood	Measure of probability that the threat will happen including a consideration of frequency with which it may arise
Operational risk	A risk that has the potential to impact on the delivery of business, project or programme objectives
Risk appetite	The level of risk that the Trust is prepared to accept
Risk assessment	The process used to evaluate the risk and to determine whether controls are adequate or more should be done to mitigate the risk
Risk management	The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects.
Risk registers	A record of all risks that may threaten the achievement of objectives. It is a living document which is populated through the Trust's risk assessment and evaluation process.
Strategic risk	A risk that has the potential to impact on the delivery of the Strategic objectives
Risk Lead	Nominated lead for managing the review and update of either an individual risk or risk register

Appendix B: Risk Appetite Statement

1 Quality & Safety

Delivering high quality services is at the heart of the Trust's way of working. The Trust is committed to the provision of consistent, personalized, high quality and safe services, a journey of continuous quality improvement and has an on-going commitment to being a learning Trust. The Trust has a risk adverse (Low) appetite to risk which compromises the delivery of high quality and safe services which jeopardize compliance with its statutory duties for quality and safety.

2 Patient Centred Care

This Trust has made a commitment to enable people to be at the centre of their care and treatment, and to empower and enable people and communities to be at the centre of the design and delivery of our services. The trust is risk adverse (Low) to enabling care without validating and verifying what outcomes are possible and desirable with all stakeholders.

3 Partnerships

This trust is committed to developing partnerships with statutory, voluntary and private organizations that will bring value and opportunity to the trust's current and future services. The trust has a risk seeking (High) appetite for developing these partnerships with Trust that are responsible and have the right set of values, maintaining the required level of compliance with its statutory duties.

4 Financial Stability

The Trust is committed to fulfilling its mandated responsibilities in terms of managing public funds for the purpose for which they were intended. This places tight controls around income and expenditure whilst at the same time ensuring public funds are used for evidence based purpose. The Trust is averse (Low risk appetite) to committing non-evidence based expenditure without its agreed control limits.

5 Recovery

As a Trust we look beyond clinical recovery through facilitating recovery and promoting social inclusion by measuring the effectiveness of treatments and interventions in terms of the impact of these on the goals and outcomes that matter to the person and their family. The trust is risk adverse (Low) to recovery that does not provide high levels of compliance with service user outcome measures.

6 Improvement and Innovation

Innovation is at the heart of developing successful organisations that are capable of delivering improvements in quality, efficiency and value. The trust has a risk tolerant (Moderate) appetite to risk where benefits, improvement and value for money are demonstrated.

7 Leadership & Talent

The trust is committed to developing its leadership and talent through its Organizational Development and Workforce Strategy. The trust is committed to investment in developing leaders and nurturing talent through programmes of change and transformation. The trust has a tolerant (Moderate) appetite to risk where learning and development opportunities contribute to improvements in quality, efficiency and effectiveness.

8 Operational Delivery of Services

The Trust is committed through its embedded strategy, governance and performance management frameworks to deliver the activity for which it has been commissioned. The Trust has an adverse (Low) appetite for failing to deliver the requirements outlined and agreed in commissioner contracts.

Appendix C: Calculating Risk

This section describes how to score risks by estimating severity of impact and likelihood of occurrence using a standard 5x5 matrix. Each risk can be measured by multiplying the severity of harm and the likelihood of that harm occurring.

SEVERITY INDEX		LIKELIHOOD INDEX*		
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely	No effective control; or ≥1 in 5 chance within 12 months
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Directorates; Extended service closure	4	Somewhat Likely	Weak control; or ≥1 in 10 chance within 12 months
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Directorates; Service closure	3	Possible	Limited effective control; or ≥1 in 100 chance within 12 months
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely	Good control; or ≥1 in 1000 chance within 12 months
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely	Very good control; or < 1 in 1000 chance (or less) within 12 months

*Use of relative frequency can be helpful in quantifying risk, but a judgment may be needed in circumstances where relative frequency measurement is not appropriate or limited by data.

Severity

Severity is graded using a 5-point scale in which 1 represents the least amount of harm, whilst 5 represents catastrophic harm/loss. Each level of severity looks at either the extent of personal injury, total financial loss, damage to reputation or service provision that could result. Consistent assessment requires assessors to be objective and realistic and to use their experience in setting these levels. Select whichever description best fits.

Likelihood

Likelihood is graded using a 5-point scale in which 1 represents an extremely unlikely probability of occurrence, whilst 5 represents a very likely occurrence. In most cases, likelihood should be determined by reflecting on the extent and effectiveness of control in place at the time of assessment, and using relative frequency where this is appropriate.

Differing Risk Scenarios

In most cases, the highest degree of severity (i.e. the worst case scenario) will be used in the calculation to determine the residual risk. However, this can be misleading when the probability of the worst case is extremely rare and where a lower degree of harm is more likely to occur. For example, multiple deaths from medication error are an extremely rare occurrence, but minor or moderate harm is more frequently reported and may therefore have a higher residual risk. Whichever way the risk score is determined it is the highest l risk score that must be referred to on the risk register.

Appendix D: Risk Grading

SCORE	Incident / Risk Grade (NPSA Cat.)	Level of Risk	Communicated to and overseen by
15 - 25	Catastrophic	**SIGNIFICANT**	Alert Care Group Director, Care Group Manager and Deputy Director of Healthcare Governance. Overseen by relevant Executive Lead
10-14	Major	**HIGH**	Alert appropriate Clinical Director, Care Group Manager and Governance Facilitator
8 - 9	Moderate	**MEDIUM**	Inform Deputy Care Group Manager and Governance Facilitator
4-6	Minor	**LOW**	Inform Ward/Departmental Manager Oversee at Ward/Departmental Level
1-3	None	**VERY LOW**	Ward/Departmental Management

5X5 MATRIX

X	LIKELIHOOD					
SEVERITY		1	2	3	4	5
	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Appendix E: Board Assurance Framework - Strategic Risks

In accordance with the Annual Reporting Manual issued by NHS Improvement, all foundation trusts are required to present in the Annual Report an annual governance statement signed by the Chief Executive and underpinned by a supporting Board Assurance Framework (BAF). This aims to provide the Board of Directors with assurance that systems are safe and subject to appropriate scrutiny and that the Board of Directors are able to demonstrate that they are informed of key strategic risks. The BAF contains all the strategic risks that have the ability to undermine the Trust's Strategic Goals:

- To deliver safe and high quality patient care as part of an integrated system
- To support an engaged, healthy and resilient workforce
- To ensure financial stability

The framework is built up of the strategic risks and includes:

- Current and Target Risk scores (see risk scoring methodology at Appendix C)
- Lead Assurance Committee
- Lead Director
- Key Controls intended to manage the risk
- Sources of Assurance
- Gaps in either control or assurance
- Action plan to address the gaps
- Risk Appetite

Key Controls

The key controls are the processes/plans/measures that are in place to assist in the prevention of risk occurring such as:

- Operational plans
- Statutory frameworks, for instance standing orders, standing financial instructions and associated scheme of delegation;
- Actions in response to audits, assessments and reviews;
- Workforce training and education;
- Clinical governance processes;
- Claims
- Incident reporting and risk management processes;
- Complaints and other patient and public feedback procedures;
- Performance management systems;
- Strategies/Policies/Procedures/Guidance;
- Robust systems/programmes in place – what / how do you know?
- Objectives set and agreed at appropriate level
- Frameworks in place to provide delivery;
- SLA/Contracts/Agreements in place.
- External Scrutiny

Sources of Assurance

Source of assurance refers to the evidence that describes how well the controls are operating. Assurance can be categorised using a 'three lines of defence' model:

- First line – operated by managers across the business
- Second line – corporate oversight functions and challenge
- Third line – independent assurance

This model categorises the assurance according to how independent it is likely to be:

First Line of Defence – operational management, examples include:

- Budgets;
- Risk assessments;
- Work programmes of groups / committees;
- Planning exercises when, who, relevance;
- Training needs assessments.

Second Line of Defence – Corporate oversight, examples include:

- Performance/Quality monitoring in place and at what level, how and when;
- Action monitoring reports;
- Complaints and Compliments / Incident monitoring;
- National returns;
- Training compliance monitoring;
- Routine reporting of key targets together with any necessary contingency plans.

Third Line of Defence - Independence assurances example include:

- External audit;
- External inspection bodies, such as the Care Quality Commission and Royal Colleges;
- Systems of accreditation;
- Mandatory reporting systems;
- Internal Audit;
- Health and Safety Executive.

Appendix F: Monitoring and Reporting Arrangements

All risks are subject to continual review and monitoring by the relevant organizational meeting

- Board of Directors,
- Quality & Safety, Digital, Performance and Finance and People & Culture and Audit Committees,
- Care Group Management Team Care Group Board Meetings
- Executive Management Team
- On an ad-hoc basis as and when required.

Board of Directors

The Board of Directors will:

- Receive and overview the strategic risks (Board Assurance Framework) quarterly;
- Receive an overview of all corporate risks on a monthly basis;
- Receive assurance of risk management report on an annual basis via the Audit Committee

Audit Committee

The Audit Committee will review the Corporate Risk Register as an overview of risk management which outlines the process for managing and monitoring the risk and provides assurance of achievement to date.

Quality & Safety, Digital, Performance and Finance and People & Culture Committees The Committees will (relevant to the scope of the Terms of Reference):

- Review all Strategic Risks (Board Assurance Framework) on a quarterly basis
- Review all the Extreme Operational Risks scoring 15 and above at each meeting

Care Group Board Meetings

Care Group Board Meetings will (relevant to the scope of the Terms of Reference):

- Review all risks scoring 15 and over on monthly basis
- Review all risks on a quarterly basis
- Highlight to the relevant Committee/Operational Management Meeting any risks requiring escalation

Care Group Management Teams

The Care Group Management Teams will (relevant to the Care Group):

- Review all risks scoring 15 and over on a monthly basis
- Review all risks on at least a quarterly basis
- Highlight to the Operational Management Meeting any risks requiring escalation

Non Clinical Support Services Leads

The leads for non-clinical support services will:

- Review all risks scoring 15 and over on a monthly basis
- Review all risks on at least quarterly basis
- Highlight to the Operational Management Meeting any risks requiring escalation

Appendix G: Equality Impact Assessment Relevance (initial) screening

A **screening** process can help judge relevance and provides a record of both the **process** and **decision.** Screening should be a short exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, and
- whether or not it is necessary to carry out a full equality impact assessment

Directorate : Corporate	**Service area/Project: N/A**
Lead person: Mike Taylor	**Date: 16/10/22**

1. Title: <*Name of the Strategy/Policy/Project/Service*

Is this a: <Tick as appropriate>

Change to an existing Strategy / Policy	x	**New Strategy/policy**	
Change to Service(s) / Function (s)		**Other**	

If other, please specify:

2. Summary of the strategy, policy, Service(s) for function(s) being assessed:

This document sets out the framework for the management of risk within the organisation

3. Relevance to equality		
All the Trusts policies, projects, strategies, services and major developments affect patients, carers, service users, employees or the wider community. These will also have a greater or lesser relevance to equality and diversity. The following questions will help you to identify how relevant your proposals are. When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).		
Questions	**Yes**	**No**
Is there any indication or evidence (including from consultation with relevant groups) that different groups have different needs, experiences, issues and priorities in relation to the proposed policy or proposal?		X
Is there potential for or evidence that the proposed policy or proposal will affect different population groups differently (including possibly discriminating against certain groups)?		X
Have there been or are there likely to be any public concerns (including media, academic, voluntary or sector specific interest) about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could the proposal affect our workforce or employment practices?		X
Is there potential for or evidence that the proposed policy or proposal will not promote equality of opportunity or promote good relations between different groups?		X

If you have answered **no** to the questions above please complete **section 6**

If you have answered **yes** to one or more of the above and;

- Believe that the policy or proposal is equality relevant, please complete **section 5** and carry out a full Equality Impact Assessment
- Believe you have already considered the impact of your proposal on equality and diversity and there is little or no relevance, please go to **section 4**
- Believe that whilst the policy or proposal is equality relevant, a full Equality Impact Assessment is not necessary at this stage, please go to **section 4**

4. Considering the impact on equality and diversity
If you have answered yes to one or more of the screening questions and believe that the policy or proposal is not equality relevant or that a full equality impact assessment is not required at this stage, please provide specific details for all three areas below:
• **How have you considered equality and diversity?** (**think about** the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)
• **Key findings** **(think about** any potential positive and negative impact on the different protected characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)
• **Actions** **(think about** how you will promote positive impact and remove or reduce negative impact)

5. If the policy or proposal is equality relevant, you will need to carry out a full Equality impact assessment	
Date to scope and plan your equality impact assessment:	
Date to complete your equality impact assessment:	
Lead person for your equality impact assessment:(Include name and job title)	<Name> <Job Title>

6. Approval	
The findings and decisions are recorded within this document demonstrate our due regard to the general equality duty.	
Completed by: Mike Taylor	Date:
Approval of service/policy by:	Date:
Submitted to Q-Pulse:	Date:

Minutes

Executive Committee
21 September 2022

Members in attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Melanie Liley (ML), Heather McNair (HM), Lucy Brown (LB), James Taylor (JT), Polly McMeekin (PM), James Hawkins (JH), Mike Harkness (MH), Gerry Robins (GR), Amanda Vipond (AV), Srinivas Chintapatla (SC), Mark Quinn (MQ), Ed Smith (ES), Stuart Parkes (SP), Mike Taylor (MT)

Attendees: Lisa Gray (LG) (minute taker), Vicky Mulvana-Tuohy (VM-T) (30-22/23 only), Owen Bebb (OB) (31-22/23 only), Damian Mawer (DM) (31-22/23 only), Liz Hill (LH) (34-22/23 only), Caroline Johnson (CJ) (34-22/23 only)

21-22/23 / Apologies for Absence:

Jo Mannion (JM), Donald Richardson (DR)

22-22/23 / Declarations of Interest

No declarations of interest were declared.

23-22/23 / Minutes of the meeting held on 07 September 2022

The minutes of the meeting held on 07 September 2022 were agreed as an accurate record.

The committee:

- **Approved the minutes of the meeting held on 07 September 2022 as an accurate record.**

24-22/23 / Matters arising from the minutes and any outstanding actions

No matters arising from the minutes were discussed and there was no update given on outstanding actions due to time constraints.

Post meeting note: LG is to remove any actions relating to items being presented back to the committee and add these to the work programme which will be shared with committee members on a regular basis.

Action:

- **LG to update the action log to remove any actions relating to items being presented back to the committee and add these to the work programme which will be shared with committee members on a regular basis.**

25-22/23 / YTHFM LLP Report

SM welcomed MS to the meeting.

Capital Programme Update
MS presented an update on the capital programme to the committee.

JT stressed to MS that due to Infection Prevention and Control (IPC) issues it was critical ward refurbishments are undertaken. The committee discussed this at length and agreed there was a need to undertake this programme of works in more of a planned way, recognising the risk it would cause operationally would be balanced by the reduction in risk from an IPC perspective, and that this would be communicated out to teams to make them aware of this stance. Additionally, MS agreed YTHFM colleagues would do further minor works more pro-actively in advance of full ward refurbishments as this would help reduce the IPC risk. MS asked that Trust colleagues report issues more frequently using the Estates Online Helpdesk to enable YTHFM colleagues to be aware of minor works that need completing. SM flagged there was a real need to get on top of the small fixes that can be done as soon as possible given a CQC inspection is imminent.

HM added Tara Filby is currently pulling together a report on ward refurbishments, which is in the committee's action log to come back in October following it being submitted to the Capital Programme Executive Group.

SC queried how projects get prioritised on the extensive list of works, as his Care Group have several on the list which have been on a long time, and there is no information as to when these will happen. MS highlighted he was currently working with Andrew Bennett to pull together all minor, medium, and major works on one spreadsheet, RAG rating each, and having a project on a page for each to ensure there is more oversight of all projects.

AB highlighted the work the Trust is asking of YTHFM colleagues was similar in scale to the asks of the Digital Information Service (DIS) team previously therefore there is a need for the committee to undertake a similar prioritisation exercise for all capital projects. The committee agreed MS would share the list of works with them to see if anything can be removed or needs adding, with a prioritisation report to be submitted to the committee next month.

Sustainable Development Group Minutes and updated Terms of Reference
The committee noted and approved the minutes and updated terms of reference.

The committee:

- **Agreed there was a need to undertake the ward refurbishment programme of works needed to be completed in more of a planned way.**
- **Agreed YTHFM colleagues would do further minor works more pro-actively in advance of full ward refurbishments.**
- **Agreed staff need to report minor works issues more frequently.**
- **Approved the Sustainable Development Group minutes and updated terms of reference.**

Action:

- **Add YTHFM prioritisation report to the work programme for October.**

26-22/23 / Chief Executive Update

New Medical Director start date
SM flagged he has agreed with the newly appointed Medical Director, Dr Karen Stone that she will commence work with the Trust officially from 28 November 2022. Noting Dr Stone is keen to meet with colleagues in advance of this, so will be in touch with individuals.

Well-Led Review
SM noted the CQC are likely to undertake a Well-Led Review before Christmas. In advance of this SM is looking to commission an internal review in October using either the NHSE regional team or one of two external consultancies which SM has received proposals from.

The committee:

- **Noted the updates.**

27-22/23 / CQC Update including System Quality Action Plan

HM presented an update on the CQC action plan, highlighting the CQC are less assured on progress around flow and what the Trust's system partners are doing. A Rapid Quality Review meeting took place recently and the outcome of this was a System Quality Action Plan which is included in the meeting pack today, and a large proportion is to give traction on the Trust's discharge delays.

ML talked the committee through the system action plan in detail, flagging there are a top nine schemes which are to be supported with the explicit outcome of supporting York Hospital to reduce the number of patients who don't have the right to reside, initially allowing for 30 beds to be closed on the hospital site, allowing for staff to focus on the fundamentals of care. A lot of work is ongoing in the background and the recruitment team are supporting local authorities with their recruitment campaigns to allow some of these schemes to progress.

Meetings are taking place regularly to keep the pace of the work going.

The committee discussed the system action schemes and the Trust's CQC action plan noting what the Trust was required to do to progress each of these.

The committee:

- **Noted the progress being made and the work still required to undertake.**

28-22/23 / QPAS Escalations and Assurance

JT highlighted five escalations from the last QPAS meeting which are:

1. Health and Safety Concerns particularly in relation to corridor clutter
2. Increased number of pressure ulcers
3. Low compliance with Tendable audits
4. 413 outstanding SI actions
5. Increased number of mixed sex breaches

SM noted a bed store was being created and should be in place within the next few weeks which will decrease the corridor clutter.

JT flagged a need to have a one-off SI actions review meeting to do a stock take of the outstanding actions as many are now outdated, meaning this would drastically reduce the actions required.

HM highlighted she was not overly concerned in relation to the mixed sex breaches as this only tends to happen out of hours when the site is under extreme operational pressures and managing the risk it is the right thing to do. .

HM added QPAS is being reviewed as currently too much is feeding into the group which is not allowing the right level of scrutiny.

The committee:

- **Noted the escalations.**

29-22/23 / Board Trust Priorities Report

SM informed the committee this was the replacement to the Trust's Integrated Board Report. MT talked the committee through what the purpose of the report was and where it reports into and noted any feedback on the new report was welcome.

The committee had a lengthy discussion in relation to recruitment and retention of staff, the initiatives being undertaken and noted the need for line mangers to proactively update their staff on what the Trust is doing or looking at potentially doing to improve the issues the Trust faces. Highlighting to staff the Trust's senior managers understand the issues, and that they are continuously seeking solutions to resolve them. In addition to continuing to update via email and social media channels.

AB presented an update on the Trust's financial position and with PM informed the committee on the things being done to support staff through the cost of living crisis which will continue to be ongoing with the Staff Benefits financial wellbeing newsletter being updated as and when required.

The committee:

- **Noted the updates and the need for line managers to proactively update their staff on initiatives to improve issues.**

30-22/23 / AHP Workforce Position

SM welcomed VM-T to the meeting.

VM-T presented the key highlights from the written update on the AHP workforce position and the work currently being undertaken.

The committee discussed the update and it was noted there was a need to look to increase the AHP service to 7 days a week. VM-T confirmed this was being looked at as part of the establishment review, to see where the gaps are within the current 5 day service, and what this would look like from a 6 or 7 day service perspective, as the aspiration is to get to a 7 day service.

The committee agreed an update on the AHP workforce report should be submitted on a regular basis.

The committee:

- **Agreed an update on the AHP workforce report should be submitted on a regular basis.**

Action:

- **Add AHP Workforce Position report to the work programme.**

31-22/23 / Winter Plan 2022-23

SM welcomed DM and OB to the meeting.

ML presented the key highlights and recommendations from the winter plan included within the meeting pack noting it has been approached in a slightly different way this year due to there not being the same financial allocation and direction from NHSE on 8 key areas which should be focussed on. The plan provides assurance on how the Trust will deliver against the 8 principles, adding some of the work is already business as usual.

The committee will receive escalations from the Winter Tactical Group where required.

A flu plan has been developed and will need to work alongside the continuing requirements for covid-19.

OB and DM presented an update in relation to covid-19 highlighting that the proportion of in hospital cases has increased to approximately 50% since mask wearing has been removed, whereas before it was 20%. Although staff sickness absence is lower, absence due to covid-19 has increased and it is likely a sustained increase will be seen due to several factors. OB and DM recommend the committee consider the reintroduction of mask wearing to reduce the risk to flow and discharges, and that it is implemented for a length of time with a review date committed too, as feedback from other Trust's is staff don't mind wearing masks, it is the constant changing of rules they find difficult. The Quality and Safety meeting discussed and supported this approach.

The committee had a lengthy discussion and agreed for the need to reintroduce masks on all wards and areas where inpatients receive care, for both staff and visitors aiming from Monday until the end of March, when a review of guidance will take place. A clear message should be communicated in advance of the guidance changing to outline the rational for change.

PM noted the need to reinforce the message with staff on having their covid-19 vaccination which is currently available within the vaccination hubs. The flu vaccine is being delivered next Friday, which will enable staff to have both vaccinations at the same time.

ML asked the committee whether they agreed the Winter Tactical Group should review the Trust's full capacity protocol, specifically the boarding component to consider the principles Bristol employed to decongest their ED regardless of their workforce challenges. The committee debated this at length and the relative consensus was to support something that is far more pro-active, akin to the Bristol model, but make it the Trust's own to reflect the Trust's estate, acknowledging it may not be possible to achieve this in every area. The Winter Tactical Group are asked to work through the finer detail of what the Trust can deliver and return this to the committee within the next month.

The committee:

- **Agreed to reintroduce masks on all wards and areas where inpatients receive care for both staff and visitors.**
- **Agreed to the Winter Tactical Group reviewing the Trust's full capacity protocol, specifically the boarding component, considering the principles Bristol employed**
- **Agreed the remaining recommendations.**

Action:

- **Communicate a clear message in advance of the guidance changing to outline the rational for change.**
- **Review mask wearing guidance to be added to the work programme.**
- **The Winter Tactical Group update in relation to a similar model to Bristol's to be added to the work programme.**

32-22/23 / Trust Corporate Governance Update

MT noted the Trust's Corporate Governance update was included in the meeting pack for information. If any members have any feedback MT asked for this to be shared with him outside of the meeting.

The committee:

- **Noted the report and agreed to feedback any comments outside of the meeting.**

33-22/23 / Care Group Reports

SM thanked the Care Groups for their reports on the new report format and asked the committee to note these without discussion today due to time constraints.

It was agreed the written reports should be submitted monthly to the first meeting of the month to allow for more time for discussion given the second meeting of the month includes the Transformation Committee agenda, and to move the item to earlier on the agenda. Noting these should also be submitted and discussed at each Care Groups Oversight and Assurance meetings.

The committee:

- **Agreed to move the written reports to the first meeting of the month and move to earlier on the agenda.**

Action:

- **LG to update the agenda template to include the written reports on the first meeting of the month and to move to earlier on the agenda.**

34-22/23 / Business Cases

2021/22-94 eRostering Service
PM presented the business case highlighting this was to expedite over the next two years the completion of the roll out of eRostering to all remaining non-medical staff groups, to achieve NHSE's Level 4 of attainment.

PM noted if all staff had been on eRostering at the beginning of the pandemic it would have negated the need for the daily Sitreps and not left the Trust exposed.

The committee discussed the case and recognised the need to implement this given it will give better oversight and visibility of the Trust's workforce bringing efficiencies however there is a need to identify a source of funding before this can be approved. Along with looking at trying to quantify the benefits of completing the roll out as it is difficult to invest in now as it is not directly linked to clinical care, and the Trust has a current deficit of £2.9m.

2022/23-31 Consolidation of Microbiology Services form Scarborough to York (RACC Roofing Phase 1)
SC presented the business case highlighting this was Phase 1 of resolving the RACC roofing issue.

AB added he felt the case needed to be approved given the building will become unsafe therefore the staff need to be moved out of the first floor to allow the roof to be assessed and to enable preventative measures to stop deterioration. Noting the need to also find a solution for the ground floor. Adding he is 30% optimistic the Trust may receive some national funding to cover this however this would not be capital, and there is a revenue consequence, but he feels the money needs to be found somehow as there is a requirement to make this safe and move the staff out as soon as is possible.

The committee discussed and approved the business case, requesting AB continues to push for national funding.

TIF2 Bid - Development of elective care facilities at York and Bridlington Hospitals
SM welcomed LH to the meeting.

LH presented the business case for the TIF2 bid noting this is a Trust scheme to look at developing elective care facilities at the York and Bridlington sites, which will deliver the additional elective day cases and outpatient activity detailed within the business case.

If the £15m investment in capital is received LH noted there will be a need to pursue a more detailed revenue business case, as additional revenue will be required to deliver the additional activity. Some of this detail is included in the paperwork today.

The biggest risk is the Trust is subject to the current high rates for building materials and whether all of what is being asked within the case will be achieved with the £15m envelope. Noting it links to the VIU build as it proposes the need to use the vacated VIU space to develop a new outpatient procedure suite at York Hospital, therefore the delivery on this scheme would not be until the financial year, 2024-25. Some of the works also cannot commence until the ED build is complete.

AB added he was not concerned about the revenue side of this case as if it is supported the Trust will have conversations with the ICB in relation to growth funding coming into the organisation.

The committee discussed the case noting the need to stay within the £15m budget so as not to affect other capital cases, acknowledging there are areas that can flex to stay within budget and the ability to pull out further down the line once more detailed design plans have been completed.

The committee confirmed support for this case.

2022/23-32 Scarborough Hospital Same Day Emergency Care Expansion
GR presented the business case noting this was for the expansion of Same Day Emergency Care (SDEC) which was a top priority for Care Group 2. The case proposes to increase from 6 to 10 beds. Adding it is not outlined in the paperwork, but Joanne Southwell has confirmed when the new build is complete this space will be the decant ward therefore it will not be wasted clinical space at this point.

AB highlighted there were two issues for him in relation to this case which are that this will cost £200k from a very pressured capital programme for something that is going to have the life of a year in this form as it is superseded by the new build, however it was now helpful to know that there is a planned clinical use following this which makes the case more cost effective. Secondly, if this is approved, given discussions with MS earlier in the meeting the committee would be committing YTHFM to prioritising this project therefore there is a need for the committee to make a collective decision.

The committee discussed and approved the case.

2022/23-54 Ensuring Mental Health and Dementia Care is Delivered in line with National Requirements
SM welcomed CJ to the meeting.

CJ presented the business case highlighting the Trust currently doesn't have any dedicated mental health or dementia resource to lead on the strategy and ensure patients are getting the care they need, which this case is looking to address.

Dementia UK have offered to pump prime for two years, with the proviso the Trust has three admiral nurses which would cover all acute and community sites and services. Noting this will have a significant impact on the CQC metrics.

In addition to this CJ highlighted the Trust is seeing more mental health patients presenting, some of whom are extremely complex cases and the internal audit shows there is a lot to do to meet the Mental Health Care Act and CQC requirements. Therefore, a band 8a post is being requested to support this agenda.

The committee had a lengthy discussion, and agreed given the pump prime money available, it would be sensible to match fund to allow for the three admiral nurses to be recruited too given the significant impact they would have for dementia patients, flow within the hospital and support to staff.

The committee did not approve the mental health band 8a leadership post asking CJ to look to liaise with TEWV as the provider for mental health to seek further support from them given there are standards they need to adhere too and they receive investment in this area.

2022/23-45 CT and MRI Diagnostic Recovery Capacity
SC presented the business case which has previously been discussed at the committee, and it was supported in principle on the back of the clinical need however it was agreed it would come back with the financial detail for final approval.

The committee discussed the case in detail and confirmed their support noting given the cost of the case this would need to go to the Board to discuss and decide as to whether this is supported at financial risk. AB flagged his concern is the Trust will run out of cash to support this given the growing deficit. Kim Hinton, ML and AB are to have conversations through their networks within the ICB to get support for the case and look to find a way of finding investment to move the service away from being clinically unacceptable.

The committee:

- **Approved 2022/23-31 Consolidation of Microbiology Services form Scarborough to York (RACC Roofing Phase 1), requesting AB continues to push for national funding.**
- **Supported the TIF2 Bid - Development of elective care facilities at York and Bridlington Hospitals**
- **Approved 2022/23-32 Scarborough Hospital Same Day Emergency Care Expansion**
- **Approved the three admiral nurse posts for 2022/23-54 Ensuring Mental Health and Dementia Care is Delivered in line with National Requirements however the band 8a leadership position was declined.**
- **Supported 2022/23-45 CT and MRI Diagnostic Recovery Capacity to go to Board for a decision on whether it can be approved, in addition to ML, KH and AB looking to seek support/investment from within the ICS.**

Action:

- **2021/22-94 eRostering Service: Find a funding source and look to quantify the benefits of expanding the service before the case can be approved**
- **2022/23-45 CT and MRI Diagnostic Recovery Capacity: Submit the case to Board and ML, KH and AB to seek support/investment from within the ICS.**

35-22/23 / Items to note

Emergency Preparedness, Resilience and Response (EPRR) Policy
The committee noted the updates to the policy.

Community Stadium IT Outage, 17-18 August 2022
The committee noted the recommendations within the report.

The committee:

- **Noted the updates to the EPRR policy.**
- **Noted the recommendations within the Community Stadium IT Outage.**

36-22/23 / Any Other Business

Executive Transformation Committee
The committee agreed to defer today's Executive Transformation Committee to 5 October 2022 given the Executive Committee meeting overran.

Nurse Staffing
HM highlighted the Nurse Staffing report is being submitted to the Board next week, and HM will share this with the committee for information. The report highlights that all inpatient wards have been reviewed and following extra areas being opened 24/7 there is a need for a further 134 Registered Nurses and 200 Health Care Assistants above the current establishment, which would cost approximately £12m. The Board therefore need to be sighted on this and be aware that the current establishment has gaps before this.

Recruitment and Retention
MQ flagged he needs to advertise some posts offering over and above what has previously been offered in the past however he is still awaiting decisions being made on increment incentives, moving packages and pension recycling.

AB confirmed a draft pension recycling policy has started to be discussed via the ICB Finance and HR group, and this will be submitted to the committee for discussion in the coming weeks so a decision can be made, alongside other recruitment and retention initiatives. It was agreed a briefing session would be set up for consultants to attend to find out what is and isn't possible, once the committee has agreed what can be introduced.

The committee:

- **Agreed to defer Executive Transformation Committee to 5 October 2022**

Action:

- **HM to share Nurse Staffing report with the committee.**
- **Draft pension recycling policy to be submitted for discussion alongside other recruitment and retention initiatives to be added to the work programme.**

37-22/23 / Time and Date of next meeting

The next meeting will be held on 05 October 2022, 8.30am-12pm in the Trust Headquarters Boardroom.

Minutes

Executive Committee
05 October 2022

Members in attendance: Simon Morritt (SM) (Chair), Melanie Liley (ML), Heather McNair (HM), James Taylor (JT), Polly McMeekin (PM), James Hawkins (JH), Mike Harkness (MH), Gerry Robins (GR), Jo Mannion (JM), Srinivas Chintapatla (SC), Mark Quinn (MQ), Ed Smith (ES), Stuart Parkes (SP), Donald Richardson (DR), Mike Taylor (MT)

Attendees: Lisa Gray (LG) (minute taker), Liz Hill (LH), Peter Roderick (PR) (42-22/23 item only), Anna Basilico (ABa) (42-22/23 item only), Cathy Geddes (CG) (43-22/23 item only), Damian Mawer (DM) (47-22/23 item only), Sue Peckitt (SP) (47-22/23 item only), Lynette Smith (LS) (53-22/23 item only), Lucy Turner (LT) (54-22/23 item only), Emma George (EG) (54-22/23 item only)

Observers: Lucy Glanfield, Ruth Render, Kelly Scott

38-22/23 / Apologies for Absence: Andrew Bertram (AB), Lucy Brown (LB), Amanda Vipond (AV)

39-22/23 / Declarations of Interest

No declarations of interest were declared.

40-22/23 / Minutes of the meeting held on 21 September 2022

SM noted the minutes were not ready for circulation and would be shared with the committee when available.

Action:

- **Minutes to be shared when available.**

41-22/23 / Matters arising from the minutes and any outstanding actions

SM noted this would be picked up when the minutes were available.

42-22/23 / Health Inequalities

SM welcomed Peter Roderick, Public Health Consultant and Anna Basilico to the meeting.

JT noted PR & ABa have been invited to the meeting today to discuss one of the national priorities which is how to manage health inequalities, allowing them to educate the

committee on this subject to enable the Trust to agree some actions to support this agenda.

PR presented his health inequalities presentation to the committee asking where the leadership within the Trust sits, how will it be programmed in around all the other work going on, and the need for an action plan. Flagging Calderdale and Huddersfield have a good action plan the Trust could base its own on.

SM thanked PR for his presentation and suggested he presented something similar to the Board.

The committee discussed the detail within the presentation and agreed there was a need as a system to address health inequalities, have someone leading the agenda and for the Trust to have a health inequalities strategy. The challenge will be to get partners to act on the evidence the Trust and the system knows exists.

SM requested ML and others need to review Calderdale and Huddersfield's action plan, who are one step further to provide a health inequalities strategy and action plan for the Trust. In addition to conversations across the system to nudge the system into action.

The committee:

- **Noted the need as a system to address health inequalities, have someone leading the agenda and for the Trust to have a health inequalities strategy.**

Action:

- **PR to come back and present to the Board in the future.**
- **ML and others to produce a health inequalities strategy and action plan and have conversations across the system to nudge it into action.**

43-22/23 / Well Led Review Assessment

SM welcomed Cath Geddes to the meeting.

SM highlighted he had shared in previous meetings he was looking to commission someone to undertake a well-led review assessment on behalf of the Trust, and Cathy Geddes, National Improvement Director from NHS England will be leading on this work.

CG talked the committee through the work that will be undertaken as part of the assessment, noting the outcome will provide the Trust with a clear idea of where it is including what the gaps are, what the risk are and how the Trust can look to address these.

SM thanked CG for talking the committee through the assessment and requested the Standard Operating Procedure (SOP) for the assessment was updated to include the Care Group Directors being interviewed. CG agreed to make this change.

CG agreed to start collating evidence over the next couple of weeks with the interviews potentially starting week commencing 24 October 2022. CG and HM to discuss further detail in a 1;1 meeting later today, where HM will share with CG the Board and Board sub-committee meeting dates to allow CG to plan in attending these.

The committee:

- **Noted the update on the well led review assessment.**

44-22/23 / Chief Executive Update

SM informed the committee that Shaun Stacey, current Chief Operating Officer at North Lincolnshire and Goole will be commencing working two days a week with the Trust from next week as an Improvement Director to drive forward the Trusts four key priorities in addition to supporting the CQC agenda.

The committee:

- **Noted the update.**

45-22/23 / Care Group Reports

Care Group 1
MH presented an update to the committee highlighting there was positive movement in a number of areas including the nursing workforce with numerous posts being recruited into and starting in post soon, with another recruitment event scheduled soon.

Work is continuing to improve the number of falls, as this remains above trajectory. In addition to the care group keeping a careful watch on renal dialysis as issues previously highlighted remain.

The roll out of the Nucleus assessment has been a success, with good feedback from the care group.

The care group are having a real focus on the completion of appraisals as this is behind where they need to be.

York's ED is constantly seeing long waits. The new build is starting to take place and the care group are starting to think about the next phase of what ED should look like one the build is completed. An ED clinical model will be presented at the next meeting before a business case is submitted in November.

MH noted he would be flagging in the care groups Operational Assurance meeting the need to review the digital side of things to integrate with the new ED in addition to underpinning the workforce and how they need to work differently, which the care group will need support in moving forward.

The committee discussed MH's update noting it was key for both the York and Scarborough ED's to engage primary care in the conversations around the new ED/Acute Care Models. ES flagged primary care on the East Coast are involved and ML noted Nigel Wells had committed to engaging both at an ICS & local Place level to ensure primary and secondary care works more collaboratively.

Care Group 3
LH raised another month of Waiting List Initiative (WLI) clinics had been lost due to the lack of communications around a decision on pension recycling and other initiatives, and the care group will struggle to do any at any volume until the second week of November.

The committee had a lengthy discussion around pension recycling noting work was ongoing on relation to this and it was agreed a proposal would come back to the next meeting ahead of any national policy being agreed for the committee to make a decision. The proposal will include a full package of initiatives.

LH added the CG are at a very high risk of not achieving 78 weeks. There is an alternative using an Insourcing company however this is more expensive and if this was the decision made LH would struggle to get clinicians back to doing WLI's. MQ noted care group 6 are in the same position and felt the Trust should be investing insourcing money into its own staff. SM flagged there was a need to look at both, as currently Insourcing cannot be ignored, adding if pension recycling is agreed the Trust cannot give guarantees to clinicians about their tax liabilities as too many factors effect it.

LH escalated the shortage of capacity within YTHFM for the provision of remedial works was a concern as repairs in critical care which are due to start next week had been delayed since July. The care group are concerned they may have to delay the works starting given there is more pressure in this area at this time of year, than if they took place in the summer, and may not have the capacity to shut the 7 beds required to undertake the work. ML added there was a need to review what can be done to enable to works to go ahead, given the risks associated with not doing the works, and this may involve prioritising getting patients out of ICU, who have previously been waiting longer for a bed elsewhere when they are no longer requiring this level of care.

LH flagged the care group has been unable to keep SAU open 24/7 on both sites over the last few weeks, and 4 beds have had to be closed on EAU to ensure safe staffing. The care group have also been unable to staff the day unit until 10am which is limiting the day case delivery.

Care Group 4
SC presented an update to the committee noting his main concern was the waiting list of patients for diagnostics of CT & MRI. A paper was previously discussed and approved in principal however it cost £1.8m and one push back was to review reducing demand and reprioritising existing lists, and this work is being undertaken. It was agreed the paper would be presented to the ICB to look at a way of funding this however SC has not heard if this has materialised yet.

The timescales in relation to the RACC phase solutions are causing a concern.

PTL lists in cancers have grown however SC felt this may be due to better oversight now the care group are using the system called Somerset.

SC raised he was not assured the Gamma camera works will happen this year. The current machine is 21 years old and if it breaks there will be nowhere in the region that can support the Trust. Work is scheduled to finish in Sept 2023, which poses a great risk.

MRI radiographers are at 50% of its workforce capacity, which is contributing to waiting lists increasing. The care group are trying to recruit but there are no immediate solutions. Work is still ongoing in relation to a relationship with an oversees Trust in sending over radiographers to work and learn within the Trust.

Care Group 6
MQ flagged workforce challenges remain and the care group are doing their best to recruit however there is a real need to have a steer on the recruitment and retention initiatives to help move this along, and make the Trust more attractive than others.

MES at Askham Bar is a risk from a quality and safety perspective however they are hopefully moving into their permanent accommodation in December 2022, which should also help with recruitment and staff morale.

Reduced SLA's in Ophthalmology and Orthopaedic theatres have been further reduced which has meant no improvement with the back logs.

Care Group 5
JM escalated maternity unit closures have taken place due to staffing capacity problems. With continuing issues when escalating to OPEL4 in the local maternity system as there is no oversight of which other units are open in the area as there is no joined up thinking. The NM&S are undertaking a piece of work on this given it is not currently fit for purpose, and to ensure there is oversight across the system. Some mitigation has been put in place by offering an increased incentive for midwives. The senior midwifery capacity is still coming online with new members in their induction period. The introduction of Michaelene Holder-March has been a real benefit to the care group, and she has created some great enthusiasm.

JM believed funding for scrub nursing has been agreed so there is a need to get on with recruiting them to release the midwives from having to scrub into theatres. LH flagged the funding has not yet been approved as a funding source has not been identified so there is a meeting between care groups 3 & 5 next week to discuss how this can be done however it will be a significant additional cost.

Elective recovery is slow as there is a need to provide phone clinics at the WLI rate however consultants are not keen on picking the work up as they are doing more acute work and have concerns over the tax implications.

Theatre capacity is causing unhappiness, Gynae is at 50% less capacity than before and short notice cancellations are still happening.

The inaugural maternity transformation board meeting is taking place tomorrow, and there will be lots of work to be done through this however it could do with more programme support to progress this.

Paediatrics will have significant problems from November due to lots of maternity leave which will leave the remaining team extremely stretched across all the areas they need to cover.

Care Group 2
GR flagged there is a concern regarding the number of C.Diff cases on Cherry Ward due to the environment being suboptimal. This should have been part of the refurbishment work which was halted halfway through Chestnut ward and it is now loo late in the year to undertake this. The team are therefore trying to proactively manage a HPV programme.

Concerns are being raised by staff over the number of staff moves across to York which risks disenfranchising the Scarborough workforce.

The care group are moving into phase two of the covid-19 escalation plan.

ED are struggling with ambulance cohorting. The outpatient's area has been used this week however this can't continue to be used but there is nowhere else currently, boarding may help with this.

Delayed transfers of care are causing an impact to flow.

Issues remain with Vocare and there continues to be little engagement from them to fix the issues. ML noted this has been escalated to Wendy Balmain and Simon Bell, and SM requested this continues to be escalated to Stephen Eames at ICS level as they are the

ones that can do anything about the contract. There is a need for the Trust to be looking at in parallel to these conversations what a service model should look like in the future, linking it to the new builds.

GR noted conversations are taking place with insourcing companies to help with elective recovery as even if pension recycling and other incentives are agreed this will not be enough on the Scarborough site.

The committee:

- **Noted the updates.**
- **Agreed a proposal should come back to the next meeting on pension recycling and other initiatives to enable a decision to be made.**

Action:

- **Add ED Clinical Model presentation to the work programme for the next meeting.**
- **Add recruitment, retention and improving capacity initiatives to the work programme for the next meeting.**

46-22/23 / CQC Update

HM presented an update to the committee and thanked the care groups for their engagement in uploading evidence.

HM flagged that the reports states that bed capacity assessment is delayed but this is incorrect as this work is continuing.

The committee:

- **Noted the update and the correction to the report.**

47-22/23 / Infection Prevention & Control Update

SM welcomed DM and SP to the meeting.

DM presented an update to the committee highlighting the Trust's healthcare associated infection figures were improved last month however in year the Trust is still above trajectory.

SP updated the committee on the IPC action plan, noting an IPC strategy will be produced and shared with the committee once drafted. The challenge for the IPC team is it is very stretched, and there is a need for them to undertake some organisational development and improvement work to become a cohesive team, which will allow them to drive forward the IPC agenda with the support of the wider Trust. SP asked for engagement and commitment from each care group to enable post infection reviews to take place quickly to allow lessons to be learnt and be shared more widely to prevent outbreaks, as the Trust is seeing a number of them currently, especially in relation to covid-19.

SP requested the committee note the content of the paper, note there is further work to be done on the action plan, and support the IPC strategy to drive it forward.

HM and SM thanked SP for her support and leadership, with HM noting someone was needed in post substantively to drive forward the IPC strategy and leadership however the Trust had so far been unable to recruit.

GR queried whether YTHFM colleagues were being involved in IPC conversations, as they are key to this agenda too. SM agreed this was important and asked for DM and SP to present the action plan and updates to the YTHFM Management Group meeting with performance being managed at the Executive Performance Assurance Meeting. Additionally, ML will look at how to engage and empower out of hours site management to manage the IPC agenda when they are operationally stretched.

DM highlighted there was increasing confusion within the Trust in relation to mask wearing. The Winter Tactical Group discussed mask wearing this morning and given the confusion and the increase in prevalence within hospital and community settings the group supported moving to wearing masks in all patient and communal areas. The committee had a lengthy discussion and agreed to this approach and asked that when this is communicated, the message around the importance of hand hygiene should be reiterated.

DM flagged he was exploring going back to enhanced cleaning in all inpatient areas, and he was awaiting the cost implications on this from YTHFM. SM suggested that this should be implemented regardless of cost, however the challenge may be whether YTHFM have the staff to do it.

DM highlighted at this point the winter tactical group was against extending covid-19 testing beyond those working in covid-19 areas and high-risk wards, the committee discussed and agreed this was a sensible approach currently.

DM noted it was important to keep pushing the need for staff to have both their flu and covid-19 vaccinations.

The committee:

- **Noted the update and confirmed their support to the IPC agenda.**
- **Agreed DM and SP should be discussing the action plan with YTHFM colleagues.**
- **Agreed masks should be worn in all patient and communal areas.**
- **Agreed for enhanced cleaning to take place in all inpatient areas.**

Action:

- **DM and SP to present the IPC action plan to the YTHFM Management Group meeting and for performance being managed at the Executive Performance Assurance Meeting.**
- **ML to engage with out of hours site management to manage the IPC agenda when they are operationally stretched.**
- **Communicate to all staff that masks should be worn in all patient and communal areas, at the same time reiterating the hand hygiene message.**

48-22/23 / Business Cases

2022/23-05 Blood Track Hull
SC presented the business case noting this was being funded via Hull University Teaching Hospitals NHS Trust however it requires the Trust's approval as the responsible body.

The committee discussed and approved the case.

The committee:

- **Approved 2022/23-05 Blood Track Hull**

49-22/23 / Clinical Coders Recruitment and Retention Premia (RRP)

PM talked the committee through the detail and confirmed that the recruitment and retention premia panel have deliberated this at length and their recommendation is to approve the 15% RRP request.

The committee discussed and approved the 15% RRP request.

The committee:

- **Approved the Clinical Coders RRP request.**

50-22/23 / Implementation of the Real Living Wage

PM reminded the committee that in May 2022 it approved the adoption of the Real Living Wage (RLW), however the 2022/23 Agenda for Change pay deal superseded this. Since then a new RLW has been announced necessitating this issue to be re-looked at. Currently those in Band 1 and the bottom of Band 2 earn an hourly rate of pay below the £10.90 RLW.

It is therefore proposed that each month an individual's gross take home pay (inclusive of enhancements) is divided by the hours they have worked to gain a true hourly rate. Should this hourly rate fall below £10.90 a top up payment will be made.

The cost of making this top up payment, to ensure no hour worked in the organisation is less than £10.90, is approximately £402,521.00. This is based on the current salary scales which are due for review in April 2023.

PM recommends the committee approve the proposal and that the cost associated with the implementation of this is shared in a fair way across the Care Groups and Corporate areas as detailed within the paper.
The committee had a lengthy discussion, confirming their strong support to the RLW however they were unable to approve the proposal as they felt it needed to go to the Board for a wider discussion given the cost implications.

SM asked PM to review in advance of the Board meeting whether the rest of the ICS was committing to implementing the RLW, and if so whether they were doing this immediately. SM added there was a need to be cautious given the Trust's current deficit, especially with all the other costs the Trust needs to meet to achieve the targets it is required to deliver.

PM floated the idea of potentially asking the highest earners to donate 1% of their salary linking it to the pension recycling, to allow this to go towards funding the RLW to support lower paid staff. The committee felt this was potentially a good idea.

The committee:

- **Supported the RLW however they were unable to approve the proposal as they felt it needed to go to the Board for a wider discussion given the cost implications.**

Action:

- **RLW proposal to be submitted to the next Board meeting.**

51-22/23 / Managing demand for community services

MH highlighted Stephen Reed (SR) wrote this paper in advance of leaving the Trust having worked in community services over the last three years. SR also presented to the Board before leaving, on the request of the Chair.

MH noted the paper was a descriptive piece and it asks for a review to take place in terms of what community services should look like moving forwards. MH confirmed the care group would progress with the work outlined.

The committee discussed and agreed MH & ML should bring back a proposal to discuss in more detail, with SM noting it may be helpful if SR in his new consultancy role assisted with this.

The committee:

- **Agreed a proposal on what community services should look like should be submitted so it could be discussed in more detail.**

Action:

- **LG to add to work programme.**

52-22/23 / Medical and Specialty Review in the Emergency Department Standard Operating Procedure Update

SM noted this item has been deferred to the next meeting, and JT will share the paper in advance to ensure everyone has had sight of it in advance.

The committee:

- **Noted the deferral.**

Action:

- **LG to add to work programme for the next meeting.**

53-22/23 / Building Better Care Programme: Next Steps

SM welcomed LS to the meeting.

LS noted the paper had previously been shared in advance of the last Executive Transformation Committee which was cancelled due to time constraints on the day. Since the paper was shared several of the recommendations have been approved via Chairs approval outside of the meeting. An updated paper has therefore been included in today's meeting pack, which lists what has been approved. In addition to highlighting the conversation about a broader PMO has been postponed until next month to allow JH time to review DIS and any changes he wants to make to this service.

LS highlighted it was key to note the programme is moving from one size fits all to specific transformation programmes.

The committee:

- **Noted the update.**

54-22/23 / Boarding Policy

SM welcomed LT& EG to the meeting.

LT & EG presented to the committee key information in relation to the Trust's current 'Full Hospital Capacity Protocol', the 'Bristol' Model, and the key risks and mitigations associated with the model highlighting the Winter Tactical Groups consensus is that there are lots of reasons why the 'Bristol' model is difficult however there is broad agreement the Trust needs to do something.

The proposal for a Y&STH Boarding Protocol is therefore:

1. Be clear why the Trust needs to do something different – not just about ambulance handover delays but also 50h+ waits in ED for admission and overcrowding. This is to visibly spread our risk.
2. First step is to strengthen the Full Hospital Capacity Protocol (FHCP) the Trust already has.
3. Agree that boarding will occur based on known ward discharges
4. Extend the hours of the FHCP and end at 2000 not 1700, ensuring continuous/rolling review through M-F operational meetings and the cross-site 1630 on-call handover
5. Extend the number of wards in Scarborough where 'one-up' boarding is enacted, excluding CCU, Juniper and Mulberry
6. Review impact and assess using QI/ PDSA approach, accepting little data currently available on boarding.
7. Launch as one of key topics at Clinical Summit 12st Oct 22 (opened by JT)

The committee had a lengthy discussion and agreed the proposal above was a sensible way forwards noting there was more work to do. The committee agreed the Winter Tactical Group should produce a full proposal with recommendations of an implementation date and for JT to launch this as one of the key topics at the 12 October 2022's Clinical Summit.

The committee:

- **Agreed the proposal was a sensible way forwards and that the Winter Tactical Group should produce a full proposal with recommendations of an implementation date.**

55-22/23 / Items to note

NHSEI Agency Report
The committee noted the report.

Heatwave plan lesson learnt
The committee noted the report.

The committee:

- **Noted the items to note.**

56-22/23 / Any other business

No other business was discussed.

57-22/23 / Time and Date of next meeting

The next meeting will be held on 19 October 2022, 8.30am-12pm in the Trust Headquarters Boardroom.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

November 2022

Jenna Blogg, Associate Practitioner	**York**	**Nominated by Sana Haq, colleague**
I was trying to escort my patient, who had dementia, back to the ward after she was distraught from having an MRI scan that she was unable to tolerate. My patient became increasingly distressed and uncooperative and began to wander off from myself and her husband. Jenna was finishing her shift and leaving VIU, however she did not hesitate to approach me. Not only did she show empathy and care towards the patient, but also to myself as a colleague. Jenna was extremely kind and thoughtful and stayed with me and my patient for almost an hour afterwards, until she was safely taken back to the ward. Thank you so much again for going above and beyond.		
Lee Wardle, Haematology Coordinator	**York**	**Nominated by Amy Coulson, colleague**
The team as a whole has gone through a difficult couple of months and Lee has gone above and beyond to help the team. He has worked over his hours when we have been short on staff to ensure all jobs were finished and that the nurse working was ok before he left. Lee has always been an integral part of the team and we would be lost without him and his costa runs		

Hannah Peagram, Physiotherapist	**York**	**Nominated by Melissa Loader, a patient**

Hannah assessed my presenting complaint thoroughly and listened to my concerns - how my lifestyle and job were affected. I felt like an individual and not just yet another patient. My treatment plan was easy to follow and I have a clear plan if the problem persists. It was a pleasure to meet such an efficient, friendly and caring member of the team.

Donna Sykes, Senior ODP	**York**	**Nominated by York OPAT team**

The York OPAT team would like to nominate Donna for a star award for her incredible contribution to our team by inserting midlines for our patients. Donna oversees twice weekly midline lists and is very efficient with adding our patients to this list allowing us to process discharge plans. She has been instrumental in streamlining our pathway for our admission avoidance patients, and is always so helpful in her communication with us. Donna has gone above and beyond with offers to insert midlines outside of the line lists to allow for safe and faster discharges. Patients have been so complimentary about their experiences with Donna and the team and she always has the interest of the patient at the centre of everything she does. She always has a positive attitude and demonstrates the trust values. The whole team is so grateful for her help and support in providing the best care for our OPAT patients.

Angeline Green, Associate Practitioner	**York**	**Nominated by Becki Simpson, colleague**
Angeline always goes the extra mile to help her colleagues and to ensure patient's results are not delayed. She works hard every day and is never one to leave on time as she always strives for excellence. She is always offering to help even when she has lots to do herself and she does so with a smile on her face. She is a fantastic member of the AP team and she deserves to be recognised for everything she does.		
Olympio D'Souza, Consultant	**Scarborough**	**Nominated by John Keith, colleague**
During a family meeting for a patient that was entering end of life, the family expressed that the patient would like a glass of red wine, the consultant arranged via his team to have a small bottle of wine, which was promptly given to the patient. This I believe showed compassion above and beyond that is normally expected.		
Ward 11 Team	**York**	**Nominated by a patient**
I had a day case procedure that I didn't expect to turn into a 3 day stay. The staff are great.		

Christina Hutchinson, Staff Nurse	**York**	**Nominated by a patient**

I came into the ward in excruciating pain and with all kinds of issues. Very much complicated by my having very poor hearing. Christina worked very hard both to help me and make sure I understood what was happening. This would have been difficult at any time, never mind a busy night shift.

Jill Hinken, Sister	**Selby**	**Nominated by Fiona Glassford, colleague**

Jill took over the band 6 roll for the community response team earlier this year and since joining the team she has really united the team. She delivers excellent care for all her patients and no problem is ever too big for her to overcome. She really sets an excellent example of how we can provide excellent care in the community. Jill always works really well collaboratively and no matter what band your role she always listens to your input which helps you feel valued as a colleague. An excellent teacher and is always willing to help others further their knowledge and grow in their role. She embodies the trust values and encourages her staff to give the best performance they can.

York Community and Inpatient Midwives	**York**	**Nominated by Paul Johnson, colleague**

The midwives on G2, G3 and labour ward are always great to deal with regarding patient blood samples, and the community forms are always clear and accurate. They are always concise, polite, and professional when I've had any interaction with them through the laboratory, truly knowledgeable about what they're asking for and its impact on their patient care. I was lucky enough to see the other side of the curtain this year as my wife, who also works in the labs, had a baby in June. The energy the midwives have is matched by their hospitality. We dealt with so many it's hard to keep track of the names, but those we've been able to recall are Alex Souchaud and Layla Everard (plus their students/trainees) in the community who were able to allay any and all antenatal worries, the many midwives on G2 who were patient and sensitive (with both parents) in the four-day labour, Claire Le Bourhis who spent the day with us on the labour ward, from start to finish, and Tara and Angela, who were extra helpful with breastfeeding support and whose kindness really helped my wife "get" latching and overcome her worries. So many more people helped take care of us and seeing the midwives and others all work as a team, helping one another, as well as their patients, was great to see. This is a well organised team in the hospital and out in the community and a real gem of the trust.

Healthcare Assistants Team	**Scarborough**	**Nominated by Jadesola Akinpelu, colleague**

The health care assistants on maple ward are exceptional, despite the overwhelming workload on the ward. I have worked with HCAs from other wards (during bank shifts) and I can tell there is a big difference. From providing adequate support to each other, the nurse and taking good care of the patient. This team go through stressful shifts with a smile on their face, they are willing to learn and take to corrections. Honestly, they are the only reason I keep going back to Maple ward for my bank shifts

Emergency A&E Team	York	Nominated by Martin Brooks a relative

My 91-year-old Mother (Pamela Brooks-McIntosh) was brought into the York Hospital A&E by ambulance as the result of a severe fall at home. When I arrived at the A&E reception desk I was greeted by a very courteous and friendly receptionist who actually got up from her station and escorted me to the A&E treatment room where my Mum was being taken care of. From the moment I arrived, I observed the most personal, professional and compassionate care I have ever seen from the entire A&E team that was on duty during the time I was with my Mum; which was several hours. Dr Inegbenose Inegbenijie was the doctor in charge and was extremely attentive and caring to my Mum at all times. He also took the time to answer all the concerns or questions I had - which were many. His professionalism was exceptional at all times. The nursing staff on duty, Adam and all the others, couldn't have been more helpful and caring not only to my mother, but to me. They actively involved me in all aspects of my Mum's care and allowed me to be next to her so I could offer her support. They also kept me informed on what procedures were taking place and why. I cannot thank the entire A&E team enough for the outstanding and professional care they provided my Mum, and myself, during this very traumatic event. They should all receive a Star Award.

Pauline Crowther, Healthcare Assistant	**Selby**	**Nominated by Jo Kirkham, colleague**

I would like to nominate Pauline for her caring attitude, showing kindness to both staff and patients. A recent weekend found the South Community nursing team working with fewer staff than usual, adding extra pressure to the already busy working day. Pauline was given extra visits, including joint visits with myself to complex patients. Pauline was a calming influence on a particularly challenging visit; allowing myself to concentrate on administering medication, knowing the patient was being cared for and speaking to the triage nurse about another matter. Pauline took the time to listen to the patient despite being very busy, allowing her to provide excellent care. She never complains, just smiles and gets on with the job in hand! Pauline deserves the recognition for her hard work and fantastic attitude.

Melissa Lynn, Staff Nurse	**York**	**Nominated by Gary North, a patient**

Melissa made such a positive impact on my recovery post-operatively. She was always professional; competent and confident in her work but what made the difference was her kindness, patience and in particular her communication skills - always supportive and respectful. She was always busy but not stressed, so created an atmosphere of calmness and you felt she had time for whatever you needed. It was the little things that meant so much, like offering to wash my back when I couldn't reach. In my opinion, she has all the qualities you require to be a great nurse. The whole team on Ward 16 were great, but Melissa stood out for me.

Archana Airody, Ophthalmology Consultant	**York**	**Nominated by Amanda Mullin, a colleague**

Archana always goes above and beyond to help her colleagues and patients. She is constantly trying to increase clinical capacity in innovative ways to reduce the clinical risk to our patients, most recently setting up a virtual service at Scarborough Hospital. The Intravitreal service, which treats patients requiring injections to the eye for sight threatening conditions, such as wet AMD, moved from York to the new York Community Stadium in May 202. Archana has coordinated the clinical cover so that clinics are not cancelled when staff are on holiday via a buddying system which has worked incredibly well. Throughout COVID and to this day, we have been very stretched in regard to injecting staff. Archana has frequently volunteered her services in addition to her existing clinical commitments to ensure that patients are not cancelled and their treatment is not delayed, this has been done via goodwill for which we are extremely grateful. Thank you Archana for everything you do, you are a true STAR.

Michelle Large, Community Midwife	**Scarborough**	**Nominated by Matthew Bailey ,a patient and Donna Wallis, a patient**

Nomination 1
I think Michelle deserves this award as she has been to see my partner every day for 12 weeks since she had a C section. We unfortunately lost our little girl hours before birth so the birth was very traumatic for us. Michelle has become more than a midwife, but also a friend to us. She has gone above and beyond and nothing has been too much for her. She goes well out of her way to travel to care for my partner and I genuinely can't think of anyone better to get this award

Nomination 2
Michelle was my community midwife prior to the birth of my daughter as my GP surgery is based in Ryedale. As I live in Hambleton, she was not supposed to be my community midwife following the birth. However, my daughter, Olivia, was born sleeping at 39+1 weeks, by C section. Due to the trauma of the situation, Michelle agreed to continue as my community midwife despite living in an area that she does not actually cover. She has seen me every two days for 12 weeks now, without fail, even on her days off and during her annual leave. She has and continues to dress my wound which has taken a very long time to heal and the journey with that continues. I don't know how I would have done this without Michelle. In addition, Michelle has supported me and my partner and our mental health around this situation, and she has become a dear friend. I am blown away by the kindness of Michelle. She's one in a million and she really deserves some recognition for what she has done for me and what she continues to do.

Frances Marchant, Community District Nurse	**York**	**Nominated by Melanie Linley, a colleague**
Fran had been visiting a gentleman awaiting a hip operation, he had been under urology for a while and before he could have his hip operation the urology issue needed management. After exploring other options and spending time working with this patient to solve the issue Fran trained him in self-management which meant the operation could go ahead. The patient was very grateful as he was losing hope and he is now able to move forward independently.		
Sarah Maltby, Team Leader Radiology	**York**	**Nominated by Di Chapman, a colleague**
Sarah is one of the team leaders of the clerical staff in radiology. In VIU we have been short staffed and she has consistently gone above and beyond to support me and the unit to ensure there has been adequate clerical support, despite other areas of radiology being understaffed. Recently she cancelled her annual leave to come and work in VIU so the unit had clerical support. She does this graciously and without fuss and is always thinking of her staff and the patients first. She goes out of her way to check in with me to make sure I am ok and if there is anything she can do to help. Sarah makes me feel valued and her support is appreciated.		

Ellie Mosey, Staff Nurse	York	Nominated by Gemma Barnes, a colleague
Ellie was the sister in charge of an extremely challenging night shift on the paediatric ward (17). It was busy, with significant staffing issues and several potentially distressing incidents requiring close working with the extended MDT in order to ensure the safety of patients and staff. Ellie approached this with such a calm, professional manner. She ensured that the whole team felt supported, and that children and parents were reassured and cared for. She managed this with a good-natured composure that really helped to diffuse the situation. She demonstrated real leadership, as well as kindness and compassion for all those involved.		

Drewe Carter, Staff Nurse	York	Nominated by Sandra Linfoot, a patient
There are many angels who work at York, but a shining star for me is Drewe. Falling in Pocklington, waiting on a cold path for 5 hours until the ambulance arrived. Drewe came and held my hand the whole time. Drewe, although heading to a leaving party and not dressed for the cold, refused to leave me and her care shone through. Many thanks Drewe, also for visiting me on the ward. We will always be thankful it was you who came to my help.		

White Cross Rehab Nursing Team	**York**	**Nominated by Lisa Laverick, a patient**
This team has looked after my dad for several weeks. Dad was a Royal Marine Commando and a royalist and the Queen passing away has hit him hard on top of a heart attack, a stroke and a hard decision to live in a care home and not with my Mum at home. They have been so caring and patient with my emotional and proud Dad. On Monday we went in early to dress Dad in his beret and put his medals on. Every single nurse came and paid their respects and chatted to Dad about what he was wearing. They had a photo with him and we will cherish these special moments. They made a very hard day extra special for dad and us. My family and I would like to nominate the whole team. Those that were there on Monday but also those that work on the other days too. Every member of staff from domestic to physio have made a difference to our lives.		
Kyle Lowson, Deputy Contracts Manager	**York**	**Nominated by a patient**
Dad has Alzheimer's and cannot be left alone. He is 98 years old and had an eye clinic appointment. With no parking in disabled and unable to get to reception we went in the multi storey with the only space on roof. Got to lift which was broken. Rang number and Kyle responded. He came over immediately and helped my Dad downstairs. Got a wheelchair and helped him to reception. Told me to ring him when finished. I rang and he came to the car park immediately with a colleague. They looked after dad while I got the car and then brought Dad to me. He was so kind and without him Dad would not have made his appointment. He turned around what I thought was going to be a disaster and gave a sensible compassionate human touch. Thank you so much for all you did that day.		

Charlotte Harrington, Higher Administrator	**York**	**Nominated by Nick Dale, a relative**
Whilst on holiday in the area, my 79 year old Mum was transferred to York from Scarborough hospital by ambulance. My Dad was not well enough to come with her and I found out as she was in transit. Charlotte was extremely helpful over the phone, assisting me in finding out where my Mum might me and what I should do to meet up with her. On arrival at the hospital Charlotte continued to do an amazing job helping track down where she had been taken and ensuring I could stay in contact with my Dad. This allowed me to arrive in time to sit with my mother in SAU throughout her treatment and keep my Dad informed. What could have been an extremely stressful situation was made bearable by the way Charlotte carried out her job in an outstandingly professional, caring and compassionate way.		
Ward 14 Team	**York**	**Nominated by Sophie, a patient**
During my five day stay in Ward 14 every member of this team were so professional and friendly despite being run off their feet due to the pressure of the work load. It was clear to see that there were too many patients for the amount of beds, but they made sure everyone felt reassured and listened to. I especially would like to name the ward clerk Lorraine who is just an absolute delight and to know she was nearby was so reassuring. My whole treatment and care felt like I was being treated by my own family members. I wish I could remember all the names I'd like to mention, but I think I'd be naming the whole team! Also the man who had redone my cannula, I think he works on crashes in the emergency department, he was so funny, friendly and amazing at his job. I didn't feel a thing when he did my cannula.		

Victoria Spencer, Foundation Programme Course Administrator	**Scarborough**	**Nominated by Phil Dickinson, a colleague**
Vicky is the course administrator for the trusts SLAM course. When one of the two days of the latest course unfortunately clashed with the funeral of HM Queen Elizabeth the whole two day course program had to be re organised at five days' notice from two days into a single day course. Vicky kept all the speakers and course attendees from across Yorkshire informed and updated with plans. Vicky took on significant extra work to rewrite the program. She kept a smile and a calm approach at all times and helped to deliver a course with great feedback.		
Jessica Horgan, Staff Nurse	**York**	**Nominated by Jason Angus, a colleague**
Jess and I used to volunteer together doing outreach for the homeless, providing warm food and drinks, as well as essential survival items. This is regarding an event from a few years ago, before I worked for the trust and didn't know about star awards. On this particular night, we came across a rough sleeper in his twenties who has taken a bit of a tumble a day or so before, and had some cuts and bruises. Jess didn't hesitate to help him. She grabbed our first aid kit and proceeded to triage him and start cleaning and checking all his wounds, and then patching him up. He refused hospital treatment, but happily accepted a cup of tea and a pot noodle. It was just the way Jess just switched into nurse mode instantly and started helping that impressed me so much, and I'm now lucky to work with her, and can tell you she is exactly the same!		

Jinnet Avarachan, Acute Oncology Nurse	**York**	**Nominated by Mark Buck, a colleague**

I have worked with Jin for a number of years as a nurse colleague. Jin exemplifies what a nurse should be and embodies the trust's values. An unwavering advocate for patients, Jin makes every patient contact count always making himself available and going above and beyond to help colleagues and patient's alike with unbounding energy.

Tracey Mitchell, Childrens Clinic Administrator	**Scarborough**	**Nominated by Sharon Miles, a colleague**

Tracey hasn't been very long in post, but she has embraced everything that we do in clinic and learned the role extremely quickly. Recently the long standing clinic co-ordinator left the Trust and Tracey stepped straight up to the bar, without hesitation, taking on tasks that she had never done before, learning and asking questions and challenging appropriately as to why things were done in a certain way and asking if she could try to improve the system by doing it differently. She has brought a fresh pair of eyes to the role and made some changes to make systems more efficient and less time consuming. Tracey wholeheartedly embraces the Trust values; she is always kind, open and strives to be excellent in all that she does. She has a very caring nature when parents are anxious and always tries to put people at ease.

Kadi Roe, Deputy Sister, Paediatric ED Nurse	**Scarborough**	**Nominated by Adam Dalby, a patient**
At the end of a 12-hour shift a paediatric patient presented with a fracture associated with significant safeguarding concerns. Kadi stayed in the department for three hours after her shift had ended ensuring the child was safe, all the appropriate services had been contacted, and the other child was safe. She communicated clearly with the ED team and colleagues from other services and demonstrated excellence in protecting her patients.		
Security Team	**Scarborough**	**Nominated by a colleague**
They all showed care and compassion towards a visitor who was highly distressed; they calmed the situation quickly and smoothly preserving both the patient and visitors dignity. They perfectly displayed our trusts values which resulted in such a professional and friendly service which was commented on by several members of staff involved.		
May Bragado, Critical Care Outreach Sister	**Scarborough**	**Nominated by Cathlene Ramos, a colleague**
May helped us when one of our patients became really poorly. Although the patient was not for resus and later on found out not for referral to outreach, May still decided to stay with me and with the Junior Doctor in Holly ward for an hour to assist us with further assessment and tests for the patient although she still had other work to do. She helped us to render the necessary care needed for the patient and make the patient comfortable. Indeed May helped us with her utmost care and compassion.		

Gillian Ratcliffe, Healthcare Assistant	York	Nominated by Diane Cavenche, a colleague

Gill has taken the initiative in leading a disability awareness project in the Ophthalmology Department. She identified a particular lack of a full appreciation of the needs of patients attending the department with hearing impairment/deafness, especially alongside their sight problems. Gill has driven the research, networking, resourcing and ultimately the education of staff, even recruiting a patient with deafness to explain the impact on them upon entering such a busy department. The patient has helped Gill to identify other issues and challenges within both the department and in staff awareness which has led to her attending the Deaf Cafe to gain direct insight for her. Gill has then liaised with other departments to create posters to raise awareness and help patients feel able to disclose their specific needs in the department. She has collaborated with Audiology colleagues to provide deaf awareness information on the Learning Hub. I have no doubt that without Gill's passion and dedication to this these changes would not have been identified and implemented in such a rapid timescale. Gill deserves the recognition a Star Award would bring.

Dr Sulik and Krystal Talmadge, Healthcare Assistant	**York**	**Nominated by Charlotte Stone, a relative**

Following an RTA my 17 year old daughter was seen by the paediatric team at York A&E. Dr Sulik went above and beyond to reassure my daughter throughout all the X-rays and scans. Krystal Talmadge went out of her way to be at my daughter's side calming her whilst having a CT scan. It was lovely that there is continuity of care, with Krystal being the professional who initially did her observations and was by her side throughout. Krystal and Dr Sulik really did demonstrate the trust values of care, compassion, respect and listening. A marvellous team who deserve some recognition of the wonderful and thorough work they do. Thank you for making a traumatic event more pleasant with professional values and care.

Sally-Anne Dawson, Plaster Technician	Scarborough	Nominated by Jo Blades, a colleague

A girl with autism had recently broken her arm requiring this to be put in a cast. The girl required the cast to be removed, but was very frightened about this. Her fear was the saw and removal of the cast and also of what her arm would be like once the cast had been removed. The girl attended the Fracture Clinic on three occasions to have the cast removed - the third occasion it took over two hours of intense time with the girl to remove the cast. Sally was incredible in the support she provided, she worked with the girl patiently and calmly, building up the girls trust and confidence and creating a good rapport. She provided explanation in a way that the girl would understand as well as many reasonable adjustments to enable the girl to cope with the cast being removed including placing a cast on my own arm so that the girl could watch the removal of this cast and I could describe what it felt like. This experience has also enabled us to identify a planned way of supporting others in a similar situation in the future.

ICU Team and Childrens Ward 17 Play Team	York	Nominated by Phil Dickinson, a colleague

York ICU dealt with a young patient who had a very recent cancer diagnosis and deteriorated rapidly leading to ICU admission and sadly her death. All in the space of 12 hours. The patient had four very young children who needed to visit their mum, but at the same time needed someone to help care for them whilst the patient's husband and parents spent time with her. The children's play therapy team stepped in at short notice to support the family in the ICU relatives suite, looking after the children, offering to stay beyond their shift and as long as they were needed. In challenging and emotional circumstances, the whole senior ICU nursing team on duty worked together to support the family in any way they could, providing memory boxes for each of the children before they went home.

Ward 35 Team	York	Nominated by Justine Simpson, a relative

I lost my Father whilst he was a patient on Ward 35. I want to thank all of the wonderful staff who cared for my Father (William Simpson) and supported me. My father was treated with immense care and given the dignified send-off he deserved thanks to the wonderful team. I was also supported and cared for at this difficult time and I cannot thank everyone enough for the help they gave me to cope with this traumatic situation.

CG1, AMU and Renal Clinical Educators	York	Nominated by Donna Jack, a colleague

The ED, CG1 and Renal clinical educators have been working independently and together to ensure the new staff that are recruited stay and thrive. This involves them giving the best foundation they possibly can. Recently we have had significant staffing shortfalls and operational pressure has resulted in low morale for staff. The educators have gone above and beyond - as well as carry out mandatory training for their departments they have worked on SI themes and organised bespoke training for areas that have required it. They have amended their way of working to provide education and training flexibly to whatever team needs it. Recently they have set up the CG1 clinical simulation hub which offers practical training which ranges anywhere from plaster training to falls prevention and the basics of care to trauma simulations. Not only do they provide practical and education sessions, but they provide pastoral care to our teams. The teams do not only focus on new starters, but also on our established teams providing refresher training, the ED team provide a band 6 induction programme for new band 6's to the area to give them an overview of the requirements of their newly promoted position. We will roll this out across the care group in the near future. We have band 4 pastoral education facilitators in the team who do a huge amount to support the HCA's in the care group, ensuring they are settling in and supporting them with their care certificate. Every single member of the CG1 education team goes above and beyond with determination and compassion to ensure our staff receive the support they need to ensure we can provide safe patient care. I am immensely proud of everything they aim to achieve; their ideas and dreams for the future and look forward to seeing our staff benefit from our clinical education programme in the future.

Nathan Lee, Waiting List Coordinator	York	Nominated by Luda Laycock, a colleague

As Nathan's Line Manager I know that he lives Trust Values on a daily basis. I would like to highlight one particular example when Nathan truly went above and beyond for a patient. Nathan contacted one of the elderly patients on the Waiting List to arrange their surgery/pre-procedure tests. The patient needed a wheelchair and was worried that there wouldn't be a wheelchair available for them when they came for their procedure/tests. Nathan agreed to help straight away. On the day of this patient's appointment Nathan met the patient at the car park with a wheelchair. Nathan took this patient to the designated ward and asked the nurses to let him know once the appointment was finished. After the appointment Nathan took this patient to York Wheels office and booked them in for this service. He made sure the patient would be looked after before he left. It is especially remarkable as Nathan was supposed to work from home on the day of the patient's appointment. Nevertheless, he changed his working pattern and came on site in order to help this patient.

Kevin Langan, Image Support Worker Echocardiography	**York**	**Nominated by Chloe Howard, a colleague**

Since Kev started working in the department he has always embodied the Trust values. The work he does makes a huge difference to the echo department and the patients he meets. He supports the busy echo team greatly; nothing is ever too much for Kev. He is also known to use his lunch break to visit patients and spend time with them. Recently a patient's daughter was so happy to meet Kev shortly after her dad passed away as her dad used to talk about Kev and the time they spent together. This must have provided her great comfort during such a difficult time. He really does go above and beyond making a difference to staff and patients on a daily basis. We are so lucky to have Kev working in the Cardiorespiratory Department and Trust.

Charlotte Brown, Clinical Governance Coordinator	**Scarborough**	**Nominated by Sa Katib, a colleague**
Charlotte works tirelessly and without fuss in the governance team offering support and advice whenever it is asked. She produces consistently high quality work in a timely manner and engages everyone around her. She stepped in to a very emotive meeting to take minutes and was kind, compassionate and professional throughout. She produced very detailed work within 24 hours. What really stood out for me was that Charlotte took the time to check I was OK after the meeting. She is a consistently excellent member of our team and a pleasure to work with. Charlotte manages to work incredibly hard, under pressure and do so with a smile on her face. She is a true ambassador for the Trust values and is a kind and compassionate soul. It is rare to work with a colleague who has the ability to always smile, remain calm and professional, produce excellent work consistently and adapt to situations with such emotional awareness. We all truly value Charlotte and her can do attitude.		
Fraser Atkinson, Environmental Assistant	**York**	**Nominated by Lisa Laverick, a colleague**
Francis has kept the front of the hospital spotless throughout the seasons and always with a smile and a kind word. He works diligently and when he is not at work it really shows. The amount of rubbish that is dropped or spilt in front of the hospital is evident when he is not around. He was not there this morning and it is apparent.		

Sepsis Escape Room Team	Scarborough	Nominated by Ed Smith, a colleague

Lisa Green is the enthusiastic and motivating chair of the ED Sepsis Delivery Group. As part of World Sepsis Day she arranged and delivered an absolutely fantastic "Sepsis Escape Room" for the Scarborough Urgent and Emergency Care team. She had willing assistance, particularly from Leanne Reid (Critical Care Outreach), Michaela Cullen (from Postgrad - wound make-up specialist) and Stuart Ward (ACP and renowned sepsis actor!). However, as ever, it was Lisa's enthusiasm and energy that drove this fun, unique and innovative approach to the really serious business of saving lives. The opportunity to train colleagues in sepsis management is always really welcome, but when delivered in this new way, it was really powerful and engaging. Thank you for such an excellent contribution to educating the Emergency Care staff in vital patient management skills.

Tara De Freitas, Midwife	**York**	**Nominated by Katie Pickles, a patient**

I visited the labour triage ward due to reduced movement with my baby. Prior to arriving, I had spoken to Tara on the telephone about this and she calmly advised I visited herself for further checks. On arrival it was obvious she was the only midwife currently on shift within the labour triage ward, attending to myself, answering urgent phone calls and also triaging complex patients within this bay. Although she was balancing many complex issues, she was warm, friendly and she made me feel reassured, calm and that I was the only patient she was treating that morning. She talked through exactly what she was doing, why and what was happening, even though it was obvious she had other patients she was also treating too. I felt listened to, given the advice and reassurance that I needed, especially feeling so vulnerable being in my third trimester with my first baby. Tara emulates all of the trust values, has apparent vast knowledge and experience and she is someone the trust should be very proud to employ, always having a smile on her face. Thank you Tara for making a distressed morning much more calming and reassuring.

Donna Atkinson, Domestic	**Scarborough**	**Nominated by Penny, a patient**

I think Donna deserves a Star Award because she was really kind to me and took time to come and spend some time with me and speak to me. Thank you it was so kind of you.

UCC Team – Vicky Finch, Amy Johnson, and Gaynor Hall	**York**	**Nominated by Sonya Cushen, a patient**
Amazing care given. Friendly, approachable and I felt in very safe hands.		
Victoria Clark, Community Midwife	**Scarborough**	**Nominated by Justine Greenwood, a colleague**
Victoria always goes above and beyond to help those in her care and also her colleagues and nothing is ever too much trouble. We are so lucky to have her in our team and I am really proud to call her my colleague.		
Scarborough Maternity Team	**Scarborough**	**Nominated by Justine Greenwood, a colleague**
I wanted to nominate my team for all of their hard work. The past few months they have really shown what amazing individuals they all are. Adapting to a change in working and an increase in workload without any extra staff or resources. Not only do they continue to show up to work with a smile on their face every day they also strive to continue to provide gold standard care. They have also supported me through one of the hardest times in my personal life and I am so proud to be part of such a kind caring team. I just want them to all have the recognition they deserve and hope that this helps in some way to give them all a boost.		

Emergency Department Radiographers – Phoebe, Sara, Emily and Thaddeus	**York**	**Nominated by Debbie Brian, a colleague**

As we know the ED department and the Trust has been experiencing extreme pressures. This week we received a lovely thank you from ED to the radiographers and the support they gave the ED team on particularly busy days. They showed truest AHP flexibility and team working in difficult times. The thanks message says it all "I would like to express my sincere gratitude to several of your staff who have been extremely helpful and have gone above and beyond during a couple of my shifts this week. Tonight I walked onto shift with over 100 patients in the department, of which 47 were still to be seen, with a ten hour wait. Space is at a premium and I was fortunate enough to be allowed to use X-ray room one to be used for initial assessment, X-ray and then treatment. Your staff kindly chaperoned me when required. Without this help, we would still be trolling round the department, fighting over rooms to see people. I just want you to know how much I've appreciated their help. Their names are: Phoebe Thomas, Thaddeus Mubwandarikwa, Sara Drea, Emily Kazimierczyk. I have classed the nomination as a team, but it is for these 4 individuals who went above and beyond to support on this occasion.

Emma Mills, Audiologist	**York**	**Nominated by Sumeya Abdi, a colleague**
Emma has supported new trainees and students in their education and has gone out of the way to include them in gaining meaningful experiences. She is a fountain of knowledge and great at explaining concepts that the students are confused about. She is wonderful example for the students on patient's centred care as she includes patients in decisions on their care. She is kind and great conversationalist as many patients enter anxious and leave laughing after an appointment with her.		
Casey Arnott, Staff Nurse	**Scarborough**	**Nominated by Kayleigh Moment, a colleague**
After a 12 hour shift at work without a break as Nurse in charge, Casey stayed late to support junior staff in the department overnight, due to last minute sickness which left the department without any senior members of staff. Casey was not asked to do this, but did this off her own back, and stayed until she felt the department was safe to be left and another band 6 arrived.		
Michael Cockerton, MLA	**York**	**Nominated by Sam Mellen, a colleague**
Michael provided much needed support and help when the new IT system crashed overnight. At 3am he sat with the new system and without any training worked out to book in samples so that I could continue to provide a service to the hospital. It also allowed me to provide support to my colleague over in Scarborough and carry out any task that the IT consultant required to get the system back up and running.		

Oak Ward and Discharge Team	Scarborough	Nominated by Debbie Sharp, a relative
My Dad was admitted to Scarborough Hospital as York was full. Given the family's lack of transport this was pretty scary for all involved. However, the care provided by the Oak Ward and the Discharge Team was amazing. The nurses were in contact with my Mum and myself and took care to ask about his dementia and eating. They showed so much care throughout his stay. The doctors we spoke to were compassionate and caring. The discharge team really couldn't do enough for any of us. They were amazing. It made the distance bearable for us as a family because we felt reassured that he was receiving the best of care. During the stay he got a diagnosis no family wants to hear, but they made this period of time feel safer and important to them. Everyone we spoke to was amazing including the lovely ward clerk who was so helpful. It reassured me and my mum about his care. I would recommend the care at Scarborough to everybody and cannot thank the team enough for everything they did.		
Robin Hughes, Consultant	**York**	**Nominated by Mary Berry, a patient**
After having a bad experience Robin came in to speak to me personally and explain everything that had happened and to apologize. The next day he treated me so kindly and respectfully as if I had never behaved the way I did before. After my C-section he came and checked on me and had already seen my baby in SCBU to make sure he was ok. I stayed in hospital for a few days and Robin hunted me down again to make sure I was ok and that my son was also ok. He really went above and beyond to make me feel special and cared for even after the way I behaved the day before my son was born. I cannot thank him enough for everything he did.		

Colposcopy Team	**York**	**Nominated by Amanda Stokes-Waters, a patient**
I had a colposcopy appointment and was somewhat nervous as I knew what I was likely to experience having had the procedure previously some years earlier. On arrival at the suite I was warmly greeted and happily surprised when I was called through immediately by Sarah. From the start of the appointment I was treated with such care and attention, and was made to feel like a really valued patient. Sarah and her team went out of their way to put me at ease and treated me with such care it almost made me cry. Sarah was super-efficient and the procedure was over before I had really realised it had started. Afterwards she spent time to explain next steps and put me fully at ease with regards what to expect. It's not a pleasant procedure to have to go through but I can honestly say that Sarah and the other ladies in the team, made all the difference to me. Needless to say it would be lovely if they could be thanked, for doing their job brilliantly and really making a difference to me.		
Ward 34 Team	**York**	**Nominated by Sarah Mahon, a relative**
As a visitor I saw how very dedicated every single member of the staff are, from cleaner to doctor, nurse to health care assistant. As busy and demanding as the patients were I never once heard a clearly overstretched and at times visibly tired staff complain. The feeling I got was one of compassion, caring, empathetic and dedicated friendly staff. The whole organisation and running of the ward was exceptional. My mum, Mrs Ann Butel, was at no point left feeling neglected or alone during her stay. Even as my mum was at her end of life and passed away the entire staff treated her with respect and dignity. I cannot praise the ward staff enough. I speak on behalf of my entire family.		

Lynn Spiers, Domestic Assistant	**York**	**Nominated by Justin Harrogate, a colleague**
Lynn has worked all through the pandemic on Covid wards, never complaining, when many did. She did so for over a year and half. Now she goes to Harrogate renal, Easingwold renal, St Monica's, Nelsons Court and does a great job. Her main job is working in the hospital, but now doesn't seem to spend much time here. I would be more than happy if I had a few staff members like Lynn, she is a great worker and doesn't let us down. I feel she needs some recognition for all she does for us and the Trust.		
Sarah Casey Healthcare Assistant	**Scarborough**	**Nominated by Tracey Kershaw, a relative**
Sarah was absolutely fantastic when my Mum (Maureen Kershaw) attended A&E. Nothing was too much trouble even though she was super busy. She was also great with me and we had a laugh along the way.		
Nicholas Bedford, Catering Operative	**York**	**Nominated by Karen lee, a colleague**
We were extremely short staffed on Ward 32 and I was the only HCSW on the floor. Nick arrived to set up the food as normal. At dinner time, I was called away to deal with a patient, leaving Nick on his own. This took a very long time. Without complaining or being asked Nick checked all the patient menus on the system and with me, and dished out and served all 28 patients by himself. He then collected in all the pots. This was way beyond Nicks remit, but he stepped up without fuss, seeing what was needed and showing excellent team work. He made a very difficult and stressful day much easier and ensured that patients received their meals on time.		

Emily Stanley and Kerry Garvey, Image Support Workers	York	Nominated by Any Rowntree, a colleague

Kerry and Emily went above and beyond to help an Emergency Department patient in distress. A patient with mental health problems was found collapsed in the main entrance. Emily tried comforting the girl and got her a chair. She followed her when she ran away from security. Emily went with security outside the hospital and helped the patient into a chair after she had collapsed again. She then came back to ED with the patient who had taken comfort in her holding her hand despite being very upset. Kerry in the meantime took the mother of the patient to a quieter area in radiology, made her a cup of tea and kept her calm in an obviously very distressing situation. This happened at 5pm and then both stayed after their shifts to ensure the best outcome for the patient and relative.

Biochemistry Team York and Scarborough	York and Scarborough	Nominated by a colleague

Team Biochemistry pulled out all the stops over the last two weeks to manage a transition to a new piece of IT. The change has not gone without issues, and has been exceptionally challenging at times, but every single person involved has demonstrated the Trust values in their commitment to ensuring that results continue to be reported in a timely manner. If I could nominate every individual for a star award I would. The team has shown exceptional commitment to excellence, by continuing to raise issues, questions and suggestions for improvements (around 150 points raised so far, and counting), and by showing exceptional flexibility and commitment to learning the new system, despite the increased pressure this put on them on an already busy shift. There have been countless examples of kindness between colleagues, from staff staying late, coming back in or offering to come back in when problems have arisen, offering advice and support over WhatsApp groups, working extra shifts, taking time with colleagues who are less confident with the system, baking amazing goodies and trying to keep morale up through the medium of sugar and laughs. And despite all the challenges, the team remains open to the change and committed to getting to business as usual once more.

Joe Fenton, Community Fundraiser	York	Nominated by Amber Thompson, a colleague

Joe has been an absolute star in every way. Over the last few months, we have been working to get Netflix and Disney plus accounts set up as part of a project to repurpose the iPads used during the peak of the pandemic to communicate between areas of the Critical Care unit and with patients' families, into a device that can be used by patients to communicate with staff, friends and family and provide a source of entertainment, which is especially important for long term patients, but is beneficial to everyone who finds themselves spending time in Critical Care. In trying to achieve this there have been seemingly endless roadblocks and bumps in the road, but Joe never lost enthusiasm and never stopped trying to get this project to succeed. He has gone above and beyond contacting the various people and teams needed to help pull this off and working with us to troubleshoot when problems arose. Without Joe I think we'd probably still be going around in circles trying to set up email addresses and pull the funding together in a usable way. This week, the project finally came together, and the first patients have been able to get their hands on the iPads during their Critical Care stay, and it has been very much appreciated, for those with no access to televisions or phones, it has been a break from the reality of being so unwell, and hopefully in the future it will be a great asset in the rehabilitation of some of the hospital's sickest patients. Thank you Joe we couldn't have done it without you.

Ally Turner, Staff Nurse	**York**	**Nominated by a colleague**
It's not just this occasion where Ally has stepped up to lead the team during very busy stressful situations, but today I really think she needs to realise how incredible and valuable she is to everyone around her. Her constant positive energy keeping the team going while stretching herself in every direction running the ward, dealing with complex family issues and helping every team member to get all their jobs done all while only being qualified a year. Being left with minimal staff members she still manages to go above and beyond for her team. An asset to the NHS and a truly amazing nurse and person.		
Joanne Kirkham, Community Staff Nurse	**Selby**	**Nominated by Claire Cawthray, a colleague**
Every time Joanne comes into Firth House to see a resident she is always smiling and so pleasant. Joanne is always very kind natured with each resident she attends to and makes sure she gives them her full focus and attention when assisting them with whatever treatment is required, (the home manager has also seen this). Joanne always makes sure she is making the resident fully aware of what she is doing and the plan going forward, making them feel valued and centre of focus. I also find Joanne's knowledge very helpful as she helps us provide the best care and options that suit our residents, giving us the right guidance and advice. Joanne always gives us feedback on what the plan may be for the next visit and how we can do things to help for the next visit. Some might say this is the nurse's job, but I and my team here at Firth House feel she just goes that extra mile and feel nothing is too much for her. I wanted you to know that out in the field she is a star and a credit to your staff team.		

Yvonne Jenkinson, Radiographer	**Scarborough**	**Nominated by Darren Ford, a colleague**
Radiology is experiencing significant staffing challenges; this recently reached a new pinnacle as sickness and absences following shifts meant that management presence was not at ideal levels. Yvonne went above and beyond; she played a role in acting as support for staff and managing some of the day to day service issues. Yvonne also carried out the most difficult task of asking teams for support and modifying the rota to ensure all duties remained covered despite all challenges and sometimes at personal sacrifice. Felt this deserved more than a thank you.		
Chris Carter, Associate Practitioner	**Scarborough**	**Nominated by Tracey Kershaw, a relative**
Chris was absolutely fantastic with my Mum on her attendance in A&E. Chris was looking after the corridor patients with Sarah Casey the HCA. Chris was always calm and patient and always had time for us even though he was super busy. My Mum unfortunately had an accident in the patient toilet and he didn't think twice about cleaning her when it wasn't a nice job at all. Excellent care.		

Emergency Department Radiographers Team	York	Nominated by Mike Faughey-Scraggs, a colleague
The radiographers covering night shifts have gone way above and beyond what would normally be expected of them. Things have been challenging in the ED of late, with higher numbers of patients in addition to the new build. Space is at a premium and not only have the radiographers been supportive in letting us use their rooms, they have also provided a lot of help in moving patients, chaperoning doctors, and being supportive of patients, both during their treatment by ED clinical staff and whilst waiting to be seen. They have made it so much easier to see patients in an as efficient manner as possible. My heartfelt thanks.		