York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors (Public) – Blue Box

25 January 2023

York and Scarborough Teaching Hospitals
NHS Foundation Trust

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

RESERVATION OF POWERS

AND

SCHEME OF DELEGATION

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Reservation of Powers to the Board of Directors and Delegation of Powers

Introduction

The NHS Foundation Trust Code of Governance requires that there should be a formal schedule of matters specifically reserved for decision by the Board of Directors. This document sets out the powers reserved to the Board of Directors and the Scheme of Delegation including financial limits and approval thresholds. Notwithstanding any specific delegation, the Board of Directors remains accountable for ~~all of~~all its functions, including those which have been delegated. ~~Therefore~~Therefore, the Board of Directors expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

All powers of the Trust which have not been retained as reserved by the Board of Directors or delegated to a Board Committee shall be exercised on behalf of the Board of Directors by the Chief Executive or other Executive Directors.

Purpose

1.1 The purpose of this document is to define the control framework set by the Board for committing trust resources. The Board reserves certain matters to itself which are set out in the Schedule of Matters Reserved to the Board. The Scheme of Delegation identifies which powers and functions the Chief Executive shall perform personally and those which he has delegated to other Directors and Officers.

1.2 All powers delegated by the Chief Executive can be re-assumed by him/her should the need arise. In the absence of the Chief Executive the powers of the Chief Executive are delegated to the Deputy Chief Executive.

1.3 The Scheme of Delegation shows only the top level of delegation with the Trust. The Scheme is to be used in conjunction with the Trust's Standing Orders, Schedule of Matters Reserved to the Board, Standing Financial Instructions including the system of budgetary control and other established policies and procedures within the Trust.

1.4 In the absence of a director or officer to whom powers have been delegated those powers shall be exercised by that Director of Officer's superior unless alternative arrangements have been approved by the Board. If the chief Executive is absent, powers delegated to him may be exercised by the Director who has been duly authorised to act up for him taking appropriate advice from the Chair.

Scope

2.1 To ensure that all staff, particularly budget managers and authorised signatories are aware of their authorities and responsibilities for compliance with the relevant procedures.

2.2 The Scheme of Delegation is consistent with the NHS Code of Conduct and Accountability and NHSE/I's Code of Governance. Directors and Officers are reminded that powers are delegated to them on the understanding that they would not exercise delegated powers in a manner which in their judgement was likely to be a cause for public concern. The Code of Conduct of Accountability in the NHS and the Code of Governance sets out the core standards of conduct expected of NHS managers.

2.3 Provides details of delegated limits to all officers holding responsibilities. Budget Holders agree to operate within the budget limit and within the delegated limits as outlined

in this document. It is their responsibility to manage within their budget and to identify any changes to the budget assumptions surrounding activity, timing and staffing issues which may result in changes to financial risk. If a proposed transaction is beyond their authority and outside the Annual Plan, it should be referred to their manager. Failure to do so may result in disciplinary action.

2.4 The document forms part of the Trust's corporate governance framework, which is the regulatory framework for the business conduct of the Trust within which all Trust officers are expected to comply. The aim is not to create bureaucracy but to protect the Trust's interests and to protect staff from any accusation that they have acted less than properly. It does this by ensuring that all staff, particularly budget managers and authorised signatories are aware of their authorities and responsibilities for compliance with the relevant procedures. The key documents in this framework include the following and should be read in conjunction with the Reservation of Powers by the Board of Directors and Delegation of Powers:

- Standing Orders.
- Standing Financial Instructions

2.5 Wherever the title Chief Executive, Finance Director, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them. This aligns with section 1.2.2 of the Standing Financial Instructions.

Principles of the Scheme of Delegation

3.1 Principles that are followed by the Scheme of Delegation

- There is no expenditure beyond authorised limits except with the express written approval of the Chief Executive or Finance Director.
- The business case process is mandatory.

Governors' legal responsibilities

4.1 The Trust has a body of elected individuals that make up the Council of Governors. Governors have a number of legal rights and responsibilities. These include:

- The appointment or dismissal of the Chair and Non-executive Directors
- The approval of the appointment of the Chief Executive
- At a general meeting the Council of Governors will:
    - receive the annual accounts annual report and quality report and annual audit letter from the external auditors
    - approve the remuneration and allowances and other terms and conditions of the office of the Chair and Non-executive Directors
    - appoint or replace the Trust's auditor at a general meeting
- Providing the views of the Council of Governors to the Board of Directors for the purposes of the preparation by the Board of Directors of the document containing information as to the Trust's forward planning in respect of each Financial Year to be given to NHSE/I
- Receiving and considering the views of the Members on matters of significance to the future plans of the Trust
- Approval of any amendments ~~to the~~to the constitution

- Hold the Non-executive Directors individually and collectively to account for the performance of the Board of Directors
- Represent the interests of the NHS Foundation Trust members and the public served by the Trust
- Approving significant transactions that fall within the definition
- Appointment and removal of the External Auditors
- Approval of the increase of non- NHS income where it is 5% or more in any one year

Scheme of matters reserved for the Board

5.1 General enabling provision

The Board may determine any matter (for which it has delegated or statutory authority) it wishes in full session within its statutory powers, subject to any restrictions contained in the Trust's Constitution and/ or terms of the Licence.

5.2 Constitutional Powers

- To exercise all powers of an NHS foundation trust set out in the NHS Act 2006, subject to any restrictions in the Trust's Licence; enforcement undertakings given to regulators or as delegated in accordance with this Scheme of Delegation. (Constitution section 4)
- Determine the composition of the Board of Directors (Constitution section 9)
- Make available for inspection by members of the public the following: register of members of the Council of Governors; register of interest of members of the Council of Governors; register of members of the Board of Directors; register of interests of members of the Board of Directors; Constitution; Licence; latest Annual Accounts and Auditor's report on them; latest Annual Report and Forward Plan; and any notice issued by NHSE/I under Section 52 of the NHS Act 2006.
- Appoint the Returning Officer
- Approve payment of expenses and remuneration to Returning Officer
- Make available for inspection by members of the public statements of nominated candidates and nomination papers.
- Approve and deliver to the Returning Officer a list of Members eligible to vote
- Retain documents relating to elections to the Council of Governors and make these for inspection by members of the public, subject to any restriction in the Election Rules.
- Approve proposals to amend the Constitution which must be approved by the Council of Governors.
- Specify Partnership Organisations
- Receive and determine disputes under the Constitution, including disputes between the Council of Governors and the Board of Directors.
- Present Annual Accounts, any reports of the Auditor on them and the Annual Report at the Annual General Meeting.
- Prepare the Annual Report
- Prepare the Forward Plan

5.3 Regulation and controls

- Approval, suspension, variation or amendment of Standing Orders, Reservation of Powers and Delegation of Powers and Standing Financial Instructions for the regulation of its proceedings and business

- Approval of the Reservation of Powers and Delegation of Powers from the Board to officers
- Requiring and receiving the Declaration of Directors' Interests which may conflict with those of the Trust and determining the extent to which that director may remain involved with the matter under consideration
- Requiring and receiving declaration of interest from officers which may conflict with those of the Trust.
- Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property
- Approval of the arrangements for dealing with complaints
- Adoption of the organisational structure, processes and procedures to facilitate the discharge of business by the Trust and to agree any modification there to
- To establish terms of reference and reporting arrangements of all committees established by the Board of Directors
- To receive reports from committees including those which the Trust is required to provide by the Secretary of State, NHS/EI or other regulatory body or regulation to establish and to take appropriate action thereon
- To confirm recommendations presented to the Board of Directors by the Trust's Committees
- Ratification of any urgent decisions taken by the Chair in accordance with Standing Orders
- Approve the Trust's Major Incident Plan
- Prescribe the Financial and Performance reporting arrangement required by the Board of Directors
- Approval of arrangements relating to the discharge of the Trust's responsibility as a corporate trustee for funds received in trust and funds held on Trust
- Approval of the Trust's banking arrangements (SFI 5.2)
- Authorise use of the common seal of the Trust (SO10)
- Ratify or otherwise instances of failure to comply with Standing Orders (SO3.13)
- Discipline members of the Board of Directors or Officers who are in breach of statutory requirements or Standing Orders
- Call meetings of the Board of Directors (SO3.1)
- Resolve to require withdrawal of the press and public from meetings of the Board of Directors
- Approve minutes of the proceedings of the meetings of the Board of Directors (SO 3.12)
- Resolve to adjourn any meeting of the Board of Directors

5.4 Appointments/ Dismissal

- The appointment and dismissal of Board Committees
- The appointment of the Vice Chairman in consultation with the Council of Governors
- The appointment of the Senior Independent Director in consultation with the Council of Governors
- Through the Remuneration Committee the appointment and appraisal of Executive Directors / VSM and the disciplinary procedures of the Trust
- Ratification of the appointment of senior medical staff
- Approval of all new consultant appointments related to a business case
- The appointment of membership of the Board sub-committees
- The appointment of any representative body outside the organisation

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5.5 Policy Determination

- The Board of Directors will approve policies that require specific Board approval including:
    - Management of Risk
    - Fire Safety Policy
    - Health and Safety Policy
    - Security Policy

This is not an exhaustive list.

5.6 Strategy and plans

- Define and approve the strategic aims and objectives of the Trust
- Approve strategic business plans incorporating a programme of investment in respect of the application of available financial resources
- Approve proposals for ensuring quality and safety and developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State
- Approve annually Trust budgets (SFI 3.1.1)
- Approve final business cases for the use of private finance for capital schemes (SFI 10.2)
- Approve proposals for action on litigation against or on behalf of the Trust
- Review use of NHSR risk pooling schemes, commercial insurers and self-insurance (SFI 18.3)

5.7 General matters

- Acquisition, disposal of land/ or buildings above a value of £1m.
- Change of use of land
- Joint ventures
- To agree actions on litigation against or on behalf of the Trust
- Any investment regardless of size of new activity or any disinvestment
- Purchase and maintain insurance against liability.
- Approve opening and closing of any bank or investment account (SFI 5)
- Approve proposals for action on litigation against or on behalf of the Trust

5.8 Financial and reporting management arrangements

- Continuous appraisal of the affairs of the Trust by means of the receipt of reports as it sees fit from directors, committees and officers of the Trust
- Consideration and approval of the Trust's Annual Report and Annual Accounts prior to submission to Parliament
- Receive the annual management letter from the external auditor and agree proposed action taking account of the advice, where appropriate, of the Group Audit Committee

Summary of Delegated Authorities

Delegated matters in respect of decisions which may have a ~~far reaching~~far-reaching effect must be reported to the Chief Executive. The delegation shown below is the lowest level to which authority is delegated. Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation,

consult with other Senior Officers as appropriate. All items concerning Finance must be carried out in accordance with Standing Financial Instructions and Standing Orders. All reference material is available from staffroom

General Area	Delegated matter	Authority delegated to	Scope of Delegation	Details/ Reference
Accountability	Accountable through NHS Accounting Officer to NHS England ~~& Improvement~~ for the stewardship of Trust Resources	Chief Executive	Full	Accountable Officer Memorandum
	Ensure the expenditure by the Trust complies with NHS England ~~& Improvement~~ requirements	Chief Executive	Full	Accountable Officer Memorandum
	Ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, ~~efficiency~~efficiency, and effectiveness	Chief Executive Finance Director ~~Foundation Trust Secretary~~Associate Director of Corporate Governance		
Declaration of Interests	The keeping of a declaration of board members and officers' interests	~~-~~Associate Director of Corporate Governance		SO 6
Receipt of Gifts and Hospitality	Receipt or provision of hospitality and gifts	All Trust employees have a duty to declare		Standards of business conduct policy
	Approve procedures for declaration of hospitality and sponsorship	Board of Directors		
	Maintenance of gifts and hospitality register	Associate Director of Corporate Governance ~~Foundation Trust Secretary~~		
	Approval of receipt of both individual and collective hospitality	Prime budget holder		
Financial Procedures and Trust accounting policies	Approve and communicate all financial procedures and Trust accounting policies	Finance Director Group Audit Committee	All	FReM and NHS England ~~& Improvement~~ guidance SFI 1.1.3
Asset Register	Maintenance of the asset Register	Head of Corporate Finance	All	SFI 10.3

Investment of funds	Investments – Annual programme agreed by the Board of Directors	Finance Director	All	Treasury Management Policy
Capital Investment and Business Cases	Any urgent approval can be agreed by the chair or deputy chair of the relevant group (Any urgency must be justified).	Capital Programme Management Group (CPMG) - delegated authority from Capital Programme Executive Group (CPEG)	£5k to £50k	SFI 10 Business Case Guidance Manual
		Chief Executive or Finance Director through Capital Programme Executive Group (CPEG)	£50k- £500k	
		Executive Committee	£500k - £1m	
		Board of Directors	Over £1m and all PFI proposals	
All Business Cases revenue investment (planned increases in expenditure or income from existing approved levels)	Captured in the business cases (Any expenditure over £25k must be advertised under procurement rules. Further advice should be sought from procurement) Any urgent approval can be agreed by the chair or deputy chair of the relevant group (Any urgency must be justified).	~~Prime budget holder~~Care Group Board or Director in Directorates	Up to £50k	Business Case Guidance Manual
		Chief Executive or Finance Director	£50k - £500k	
		Executive Committee	£ 500k-£1m	
		Board of Directors	Over £1m All PFI proposals All new (non-replacement) consultant appointments	
Expenditure variations on capital schemes	Variations Any urgent approval can be agreed by the chair or deputy chair of the relevant group (Any urgency must be justified).	Capital Programme Executive Group (CPEG)	Up to 10k	SFI 10
		Chief Executive or Finance Director through Capital	Up to £500k	

		Programme Executive Group		
		Executive Committee	£500k-£1m	
		Board of Directors	Above £1m	
Planning & Budgetary Control	Prepare and submit an Annual Plan including any in year adjustment to the Annual Plan	Finance Director		SFI
	Management of budgets for the totality of services	Chief Executive		SFI
	At Care Group level Prime Budget Holders are Care Group Directors and Directors who hold all operating budgets for the Care Groups/ Directorates they manage including, where appropriate, income, activity and expenditure. Associate Chief Operating Officers (ACOO) who provide professional support to practising Care Group Directors have also been granted Prime Budget Holder status.	Prime budget holder		Trust Finance Manual Section 8
	At individual ~~budget unit~~cost centre level (pay and non-pay) Prime Budgets Holders can delegate budgetary authority to delegated budget holders. These are typically lead clinicians, senior and other operational managers who control budgets on a day to day basis.	Delegated budget holder		Trust Finance Manual Section 8
	Virement (planned change in use) of resources between Care Groups or specialty/department budgets (per annum): A register of all virements should be kept	Care Group or Directorate Finance Manager	Up to £50k	SFI Trust Finance Manual Section 8.2.2
	Virement (planned change in use) of resources between Care Groups or specialty/department budgets (per annum):	Finance Director	Over £50k	SFI Trust Finance Manual Section 8.2.2

	A register of all virements should be kept			
	Non pay requisitions – Decisions to rent or lease in preference to outright purchase	Deputy Finance Director Head of Corporate Finance		SFI
	Authority to change clinical template activity	Head of Contracting and the Operational Planning & Performance Manager ~~Chief Operating Officer and Finance Director~~		
	Emergency & urgent expenses necessary to ensure continuing safety and function of the site	2nd on call		
Non-pay revenue expenditure within budgets ~~(Note: over £50K the Business Case procedure shall apply)~~		Prime budget holder (if within available budget resources as agreed with the Finance Director)	Prime budget holders are expected to set delegated limits for delegated budget holders and advise the Head of Financial Management for inclusion in the authorised signature list	SFI Trust Finance Manual Section 5.2 ~~Section 9~~Section 9
	Medical equipment (i.e. medical, scientific, technical and x-ray equipment) – individual items. Funding to be managed within Capital Programme allocation	Medical Equipment Resource Group (MERG)	over £1k and up to £50K supported by a MERG Form	
	Establishment of emergency escalation facilities ~~at short notice~~ and associate costs	Chief Operating Officer		

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	Non-pay expenditure for which no specific budget has been established and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above).	Finance Director		SFI 9.2.6(e)
	Purchasing Cards: Authority to issue purchasing cards and setting of limits	Deputy Finance Director Head of Corporate Finance		
~~Clinical and Contract income credit notes~~		~~FRAC Analyst/Senior Analyst~~	~~Up to £250~~	
		~~Income Accountant~~	~~£250 to £10k~~	
Clinical and Contract income credit notes	Head of Contracting can delegate defined authority to named members of the 'Financial Reporting and Contracting' team up to £250.	Head of Contracting	~~£10k~~Up to £1m with a retrospective report to the Finance Director and Deputy Finance Director for all transactions over £100k	
		Finance Director Deputy Finance Director	Over £1m	
Non clinical income credit notes		Prime budget holder	Up to £50k	
		Head of Financial Management	£50k to £500k	
		Deputy Finance Director	£500k to £1m	
		Finance Director	Over £1m	

Credit notes / refunds to correct posting errors and duplicate payments		Accounts Receivable Team Leader	Up to £1k	
		Financial Accountant /Payroll Manager	£1k to £5k	Payroll manager for payroll invoices up to £5k
		Deputy Head of Corporate Finance~~Financial Accountant / Payroll Manager~~	£5k to £25k~~£1k to £10k~~	~~Payroll manager for payroll invoices up to £10k~~
		~~Deputy~~ Head of Corporate Finance	£~~10k~~ 25k to £500k	
		~~Head of Corporate Finance~~Deputy Finance Director	£500k to £1m	
		Finance Director	Over £1m	
Write offs – excluding workforce remuneration over payments~~Write offs~~		Accounts Receivable Team Leader	Up to £50	
		Financial Accountant	£50 to £250	
		Deputy Head of Corporate Finance	£250 to £1k~~000~~	
		Head of Corporate Finance	£1k to £5k~~£1000 to £10,000~~	
		Deputy Finance Director	£5k to £10k	
		Finance Director	Over £10,000	

Write offs – workforce remuneration over payments	Please note it is not Trust policy to write off any workforce remuneration overpayments – Any agreed write off will only be approved as an absolute exception	Head of Corporate Finance	Up to £500	
		Deputy Finance Director	£500 to £1k	
		Finance Director	Over £1k	
Bidding for Work	Decision to bid or not, under a re-procurement exercise, for an existing contract	Chief Executive Board of Directors	Up to 1% of trust turnover More than 1% of trust turnover or If it is anticipated that not re-bidding for a contract of up to 1% of turnover is likely to involve significant reputational and political concern then this matter reverts to the Board of Directors for approval	SFI 9.5
Quotations, Tendering and Contracts	Obtaining a minimum of 3 written competitive tenders for goods/services over £~~25K~~50k (£25k for YTHFM)	Head of Procurement	Over £25k	
	Waiving of quotations and tenders subject to SFIs and SOs (including approval of single tenders)	Head of Procurement Chief Executive or Finance Director	Under £50k Over £50k	SFI 9.5
	Opening tenders – manual	All Executive Directors and the Associate Director of		SFI 9.5

		Corporate Governance		
	Opening tenders – electronically the system prevents quotes/tenders from being opened before the deadline	Head of Procurement		
	Acceptance of quotations/ permission to consider late quotations	Head of Procurement	Under £50k	
	Acceptance of tenders/permission to consider late tenders	Chief Executive	Over £50k	SFI 9.5
	Accepting contracts and signing relevant documentation	Head of Procurement Chief Executive or Finance Director	Under £50k Over £50k	
Attestation of sealing in accordance with standing orders	Attestation of sealing	Chairman or designated NED and Chief Executive or designated Executive Director	All	SO10
	The keeping of the seal	Associate Director of Corporate Governance		
	Signing of Parent Guarantees	Finance Director or Chief Executive		
Insurance policies	Insurance	Head of Corporate Finance		
	Review of all statutory compliance legislation and Health and Safety requirements including Control of Substances Hazardous to Health Regulations	Health and Safety Manager		
Bank accounts and loans	Loan arrangements	Finance Director		SFI 5
Petty cash disbursements	Expenditure	Petty cash holder	Up to £50 per item	
		Finance Director	Over £50	

			per item	
	Reimbursement of patient monies	Delegated budget holder	Up to £250	
		Prime budget holder	Over £250	
Property transactions	Disposal and acquisition of land and buildings	Chief Executive, Finance Director Capital Programme Executive Group	Up to £500k	SFI
		Executive Committee	£500k - £1m	
		Board of Directors	Above £1m	
	Lets and Leases			
	Preparation and signature of all tenancy agreements/ licenses for all staff subject to Trust Policy on accommodation for staff	YTHFM manage the Trust properties on behalf of the Trust. See YTHFM Scheme of delegation		
	Extensions to existing leases	YTHFM manage the Trust properties on behalf of the Trust. See YTHFM Scheme of delegation		
	Letting of premises to outside organisations, subject to business case limits	YTHFM manage the Trust properties on behalf of the Trust. See YTHFM Scheme of delegation		
	Approval of rent based on professional assessment	YTHFM manage the Trust properties on behalf of the Trust. See YTHFM Scheme of delegation		
Setting of Fees and Charges	Private patient, overseas visitors, income generation and other patient related services	Finance Director		SFI 6.2.3 Provider Licence
	Financing content of NHS contracts	Finance Director		

	Approval of healthcare contracts and other agreements resulting in income to the Trust	Finance Director		
	Approval of variations of healthcare contracts:	Finance Director		
Losses and compensation	All losses, compensation and special payments shall be in accordance with current DOH guidance & details of all such payments shall be presented to the Group Audit Committee annually	Group Audit Committee		
	Maintain a losses and special payments register	Finance Director		
	Clinical Cases	Settled by NHS Resolution		
	Non-clinical cases	Finance Director	Up to £150k	
		Chief Executive	£150k - £500k	
		Executive Committee	£500k-£1m	
		Board of Directors	Over £1m	
	Review schedules of losses and compensations and make recommendations to the Board	Group Audit Committee		
	Special payments – outside the terms of any contract obligation	Treasury approval required		
Condemning and disposal - Equipment	Items obsolete, obsolescent, redundant, and irreparable or cannot be repaired cost effectively (note: For disposal including those for sale the tendering and quotation limits shall apply)	Executive Director responsible for the area		SFI 12 Disposal and Transfer policy
Provision of services to other organisations	Legal and financial arrangements for the provision of services to other organisations and individuals	Director of Finance		SFI 6.2
	Signing agreement with other organisations and individuals			
Audit and Accounts	Approve the appointment and where necessary dismissal of the External Auditors	Council of Governors		SFI 4
	Receive the annual management letter from the External Auditor.			
	Receive the annual management letter from the external auditor and agree	Board of Directors		

	proposed action, taking account of the advice, where appropriate, of the Group Audit Committee			
	Receive an annual report from the Internal Auditors and agree action	Group Audit Committee		
Annual Report and Accounts	Receive and approve the Annual Report and Accounts and Quality Report	Board of Directors		SFI 4
	Receive the Annual Report and Accounts and Quality Report and any comments on them at the Annual General Meeting	Council of Governors		
	Sign the annual statements including the annual accounts on behalf of the Board of Directors	Chair, Chief Executive and Finance Director		
	Implementation of internal and external audit recommendations	Finance Director		SFI 2.2
Retention of Records	Maintaining archives of records to be retained	Chief Executive		SFI 17
Research and development	Approval of Trust research and development contracts to be supported by a business case including workforce implications (including variations or extensions): NB: Generic research to be signed off by Deputy CEO/Finance Director or Chief Executive	Head of Research & Development	Up to £200K	
		Deputy CEO/ Finance Director	£200K to £500K	
		Executive Committee	£500k -£1m	
		Board of Directors	£1m and over	
Personnel and Pay	Approve management policies including workforce policies incorporating arrangements for the appointment, removal and remuneration of staff	Director of Workforce & OD		
	Authorisation of timesheets (including agency timesheets)	Line Manager		
	Agency nursing staff	Matrons		
	Authority to fill funded post on the establishment with permanent staff	Budget holder		SFI 3.3
	Authority to appoint staff to post not on the formal establishment	Finance Director		SFI 3.3
	Granting of additional increments to staff outside of the starting salaries process ~~Above policy level~~	Director of Workforce & OD		
	~~Chief Executive and Director posts including Corporate and Executive Directors~~All Very	Remuneration Committee Chair of the Trust		

	Senior Manager (VSM) posts	as Chair of the Remuneration Committee		
	Non-executive Directors and Chair	Council of Governors		SO 2.2
	Upgrading and re-grading (Medical staff only as AfC is through matching process) Subject to compliance with regulations	Care Group Director in conjunction with HR (Medical Staffing)		SFI 3.3
	Authorising overtime (within approved resource)	Delegated Budget Holder		SFI 8.4.3
	Authorising travel and subsistence	Line Manager and Delegated Budget Holder		
	Authority to pay clinical excellence awards to Consultants	Board of Directors endorsement ~~decision of Committee chaired by the Chief Executive or Director of Workforce & OD~~		
	Uplift to starting salary in line with policy (AfC staff only) Outside of Policy Uplift of starting salary (medical staff)	Line manager ~~in conjunction with HR Business Partner~~ Director of Workforce and OD Lead Clinician in conjunction with Medical Staffing		
	Consider and approve recommendations on behalf of the Board on the remuneration and terms of service of corporate directors to ensure they are fairly rewarded for their individual contribution to the Trust, having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff	Remuneration Committee		
	Any variation to national terms and conditions	Director of Workforce & OD		

	Approval of annual leave	Line Manager		Annual Leave and Bank Holiday Policy and Procedure
	Annual leave – approval of carry forward	Line Manager	Up to a maximum of 5 days in exceptional circumstances only:	
		Over 5 days in exceptional circumstances only:		
		Prime Budget Holder	Medical Staff	
		Prime Budget Holder	Other Staff	
	~~Approval of compassionate leave~~	~~Line Manager~~	~~Up to 5 days~~	~~Special Leave Guidance~~
		~~Prime budget holder in consultation with HR~~	~~Up to 10 days~~	
	Special leave	Line Manager (A4C staff) ~~Line Manager Line Manager Line Manager~~	As detailed in Special Leave Guidance~~Paternity Other Maternity leave Leave without pay~~	Special Leave Guidance
		~~-~~Care Group Director (M&D Staff)	As detailed in Special Leave Guidance~~Medical staff leave of absence – paid and unpaid~~	Special Leave Guidance
		Line Manager	Flexible working arrangements	Flexible Working Policy
		Director of Workforce & OD	Extension of sick leave on half pay up to three months	Sickness Absence Policy

		Budget Holder	Extension of paid return to work beyond policy limit	
	Study Leave			
		Clinical Director	Study leave ~~outside the UK –~~ medical	Learning Leave Guidance
		~~Clinical Director~~Line Manager	Study leave ~~outside the UK – other~~ non-medical	
		~~Clinical Director~~	~~Medical staff study leave (UK)~~	
		~~Clinical Director~~	~~All other study leave (UK)~~	
	Rent and House Purchases: Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Prime Budget Holder Finance Director	up to £6,000 (non-medical staff)	Relocation Expenses Policy
		Chief Executive Medical Director Finance Director	up to £6,000 (medical staff)	
		Medical Director Finance Director Deputy Director of Workforce	£6,000 - £8,000	
		Chief Executive	Over £8,000	
	Requests for new posts to be authorised as car users or mobile phone users	Prime budget holder		Lease Car and Mobile Communication Equipment Policies
	Renewal of fixed term contracts Must be linked to business needs and available funding	budget holder in conjunction with HR		
	Authorisation of staff redundancy	Finance Director and Director of Workforce & OD		Redundancy Policy
		Chief Executive and Finance Director (with HM Treasury approval	Any termination settlement	

		where required)		
	Authority to suspend (AfC) staff	Head of Employee Relations & Engagement, Director of Workforce & OD Deputy Director of Workforce		Disciplinary Policy and Procedure
	Authority to exclude medical staff	Chief Executive or ~~deputy~~ Medical Director, Deputy Medical Director ,Director of Workforce and OD		
	Authority to restrict practice	Medical Director Chief Nurse Director of Workforce & OD Head of Employee Relations & Engagement, Deputy Director of Workforce		MHPS guidance, Disciplinary Policy
	Authorisation of staff dismissal	as per Trust policy		
	Engagement of staff not on the establishment supported by a business case	Executive Committee		
	Booking of bank and agency staff	**CG Director up to +49% of capped value with an absolute limit of £99.99; anything above 50% or £100 needs the Exec Rate Escalation Group.**	Medical Locums	
		Matrons – off framework – Chief Nurse	Nursing	
		Prime budget holder	Clerical	
Security and risk	Corporate responsibility for implementation of the Security	LLP Managing Director on behalf		Security Policy

management	Policy	of the Trust		
	Overall statutory responsibility for security management within the Trust	Chief Executive		
	Where an offence is suspected	LLP Head of Security	Criminal offence of a violent or clinical nature	
		LLP Head of Security (theft)/ Local Counter-Fraud Specialist (fraud)	Where a fraud or theft is involved	
	Authority for the issue of ID and security badges and car park passes	Delegated budget Holder		Security Policy ID Badge policy
Authorisation of new drugs	Yearly cost of drugs	~~-~~Associate Chief Operating ~~Officers~~~~Chief~~Officers Chief Pharmacist	Estimated total yearly cost per individual drug up to £25,000	
		DTC recommendation, subject to business case procedure and Executive Committee approval	Estimated total yearly cost per individual drug above £25,000	
	Authority to purchase/contract:			
		Senior Technician	Up to £5K	
		Countersigned by Principal Pharmacist	£5K - £50K	
		Countersigned by Chief Pharmacist	£50K - £100K	
		Finance Director	£100K to £150K	
		Chief Executive	£150K to £500K	
		Executive Committee	£500K - £1m	
		Board of Directors	Over £1m	
	Approval of nurses and others	~~Director of~~		Nurse,

	to administer and prescribe medication beyond the normal scope of practice	~~Nursing~~Chief Nurse or Medical Director or Chief Pharmacist		Midwives, HV Act, Midwives Rules/Codes of Practice, NMC Code of professional Conduct/ CSP Rules of Professional Conduct
Patients and relatives' complaints	Overall responsibility for ensuring that all complaints are dealt with effectively	Head of Patient Experience		Concerns & Complaints Policy and Procedure
	Responsibility for ensuring complaints relating to a Care Group are investigated thoroughly	Head of Patient Experience		Concerns & Complaints Policy and Procedure Complaints Policy
	Agreement of financial compensation	Finance Director		Losses procedure
Extra Contractual Payment	Authority to undertake and approval to pay waiting list initiatives	Finance Director or Medical Director and Director of Workforce and OD		
Engagement of Trust's Solicitors		All Directors, Associate Director of Corporate Governance, Deputy Director of Healthcare Governance , Head of Procurement Deputy Director of Workforce Head of Employee Relations and Engagement		

York and Scarborough Teaching Hospitals
NHS Foundation Trust

STANDING FINANCIAL INSTRUCTIONS

Author:	~~Head of Corporate Finance & Resource Management~~Deputy Finance Director
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CONTENTS

1. INTRODUCTION

1.1 General

1.1.1 The Code of Accountability requires that each NHS Foundation Trust shall give, and may vary or revoke, Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. These Standing Financial Instructions (SFIs) are issued in accordance with the Code. They shall have effect as if incorporated in the Standing Orders (SOs).

1.1.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures to be adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Board of Directors and the Scheme of Delegation adopted by the Trust.

1.1.3 These Standing Financial Instructions identify the financial responsibilities that apply to everyone working for the Trust and its constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. **All financial procedures must be approved by the Finance Director.**

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Finance Director **must be sought before acting**. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders.

1.1.5 **FAILURE TO COMPLY WITH STANDING FINANCIAL INSTRUCTIONS AND STANDING ORDERS IS A DISCIPLINARY MATTER WHICH COULD RESULT IN DISMISSAL.**

1.1.6 Overriding Standing Financial Instructions - if for any reason these Standing Financial Instructions are not complied with full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Group Audit Committee for referring action or ratification. All members of the Board of Directors and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Finance Director as soon as possible.

1.2 Terminology

1.2.1 Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990, the Health and Social Care (Community Health and Standards) Act 2003, the Health and Social Care Act 2012, the Health and Care Act 2022 and other Acts relating to the National Health Service or in the Financial or other Regulations made under the Acts or in the Authorisation or Constitution shall have the same meaning in this interpretation and in addition:

"**Accountable Officer**" means the Officer responsible and accountable for funds entrusted to the Trust. ~~He/she~~They shall be responsible for ensuring the proper stewardship of public funds and assets. In accordance with the Act, this shall be the Chief Executive.

"**Authorisation" means the authorisation of the Trust by NHS England ~~and NHS Improvement~~, the Independent Regulator for the NHS**

"**Board of Directors**" means the Chair, non-executive directors and the executive directors appointed in accordance with the Trust's Constitution.

"**Budget**" means a resource, expressed in financial terms, proposed by the Board of Directors for the purpose of carrying out, for a specific period, any or all of the functions of the Trust. This can be income, capital or revenue expenditure.

"**Budget Holder**" means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

"**Chair**" is the person appointed in accordance with the Constitution to lead the Board of Directors and the Council of Governors. The expression "the Chair" shall be deemed to include the Vice-Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

"**Chief Executive**" means the chief officer of the Trust.

"**Commissioning**" means the process for determining the need for and for obtaining the supply of healthcare and related services from the Trust

"**Committee**" means a committee appointed by the Board of Directors.

"**Committee Member**" means a person formally appointed by the Board of Directors to sit on or to chair specific committees.

"**Constitution**" means the constitution of the Trust as approved from time to time by the Council of Governors.

"**Contracting and Procuring**" means the system for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

"**Executive Director**" means a director who is an officer of the Trust appointed in accordance with the Constitution. For the purposes of this document, "Director" shall not include an employee whose job title incorporates the word Director but who has not been appointed in this manner.

"**Finance Director**" means the chief finance officer of the Trust.

"**Funds Held on Trust**" shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under the National Health Services Act 2006. Such funds may or may not be charitable.

"**Legal Adviser**" means the properly qualified person appointed by the Trust to provide legal advice.

"**NHS England** ~~**and NHS Improvement**"~~ means the Independent Regulator for the NHS.

"**Nominated Officer**" means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

"**Non-Executive Director**" means a director who is not an officer of the Trust and who has been appointed in accordance with the Constitution. This includes the Chair of the Trust.

"**Officer**" means employee of the Trust or any other person who exercises functions for the purposes of the Trust other than solely as a Staff Governor or Non-executive Director of the Trust.

"**Provider Licence**" means the licence issued by NHS Improvement.

"**Secretary of State Directions**" means the NHS Counter Fraud Authority's Requirements to meet the Government Functional Standard GovS013: counter fraud. Each NHS body is required to take necessary steps to counter fraud in the NHS in accordance with these Directions and the Chief Executive and Finance Director are mandated to monitor and ensure compliance with these Directions

"**SFIs**" means Standing Financial Instructions.

"**SOs**" means Standing Orders.

"**Trust**" means York & Scarborough Teaching Hospitals NHS Foundation Trust.

"**Vice-Chair**" means the non-executive director appointed by the Council of Governors to take on the duties of Chair if the Chair is absent for any reason.

1.2.2 Wherever the title Chief Executive, Finance Director, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them.

1.2.3 Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust.

1.3 Responsibilities and Delegation

1.3.1 The Board of Directors exercises financial supervision and control by:

(a) formulating the financial strategy;

(b) requiring the submission and approval of budgets within approved allocations/overall income;

(c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and

(d) defining specific responsibilities placed on members of the Board of Directors and employees as indicated in the Reservation of Powers and Scheme of Delegation document.

1.3.2 The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board of Directors in formal session. These are set out in the Reservation of Powers and Scheme of Delegation document.

1.3.3 The Board of Directors will delegate responsibility for the performance of its functions in accordance with the Reservations of Powers and Scheme of Delegation document adopted by the Trust.

1.3.4 Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board of Directors, and as Accountable Officer for ensuring that the Board of Directors meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities; is responsible to the Chair and the Board of Directors for

ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

1.3.5 The Chief Executive and Finance Director will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

1.3.6 It is a duty of the Chief Executive to ensure that existing members of the Board of Directors and employees and all new appointees are notified of, and understand, their responsibilities within these Instructions.

1.3.7 The Finance Director is responsible for:

(a) implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies;

(b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

(c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, ~~in order to~~to disclose, with reasonable accuracy, the financial position of the Trust at any time.

and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Finance Director include:

(d) the provision of financial advice to other members of the Board of Directors and employees;

(e) the design, ~~implementation~~implementation, and supervision of systems of~~—~~ internal financial control; and

(f) the preparation and maintenance of such accounts, certificates, estimates, ~~records~~records, and reports as the Trust may require for the purpose of carrying out its statutory duties.

1.3.8 All members of the Board of Directors and employees, severally and collectively, are responsible for:

(a) the security of the property of the Trust;

(b) avoiding loss;

(c) exercising economy and efficiency in the use of resources; and

(d) conforming to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

1.3.9 Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

1.3.10 For any and all members of the Board of Directors and employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board of Directors and employees discharge their duties must be to the satisfaction of the Finance Director.

2 AUDIT

2.1 Group Audit Committee

2.1.1 In accordance with Standing Orders the Board of Directors shall formally establish a Group Audit Committee, with clearly defined terms of reference, which will provide an independent and objective view of internal control by:

(a) overseeing Clinical Audit, Internal and External Audit services;

(b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;

(c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives

(d) monitoring compliance with Standing Orders and Standing Financial Instructions;

(e) reviewing schedules of losses and compensations and making recommendations to the Board of Directors;

(f) approval of non-audit services by External Audit.

2.1.2 Where the Group Audit Committee feel there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chair of the Group Audit Committee should raise the matter at a full meeting of the Board of Directors. Exceptionally, the matter may need to be referred to NHS England & Improvement.

2.1.3 It is the responsibility of the Finance Director to ensure an adequate internal audit service is provided and the Group Audit Committee shall be involved in the selection process when there is a proposal to review the provision of internal audit services.

2.2 Finance Director

2.2.1 The Finance Director is responsible for:

(a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function;

(b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;

(c) deciding at what stage to involve the police in cases of misappropriation and other irregularities;

(d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee and the Board of Directors. The report must cover:

(i) a clear opinion on the effectiveness of internal control in accordance with current controls assurance guidance, including for example compliance with control criteria and standards,

(ii) major internal financial control weaknesses discovered,

(iii) progress on the implementation of internal audit recommendations,

(iv) progress against plan over the previous year,

(v) strategic audit plan covering the coming three years,

(iv) a detailed plan for the coming year.

2.2.2 The Finance Director and designated auditors are entitled without necessarily giving prior notice to require and receive:

(a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

(b) access at all reasonable times to any land, premises, members of the Board of Directors or employees of the Trust;

(c) the production of any cash, stores or other property of the Trust under a member of the Board of Directors or employee's control; and

(d) explanations concerning any matter under investigation.

2.3 Role of Internal Audit

2.3.1 Internal Audit will review, appraise and report upon:

(a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;

(b) the adequacy and application of financial and other related management controls;

(c) the suitability of financial and other related management data;

(d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:

(i) fraud and other offences,

(ii) waste, extravagance, inefficient administration,

(iii) poor value for money or other causes.

(e) Internal Audit shall also independently verify the controls assurance statements in accordance with relevant guidance.

2.3.2 Whenever a matter arises that involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Finance Director must be notified immediately.

2.3.3 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Executive of the Trust.

2.3.4 The Head of Internal Audit shall be accountable to the Finance Director. The reporting system for internal audit shall be agreed between the Finance Director, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Manual. The reporting system shall be reviewed at least every 3 years.

2.3.5 The reporting process agreed is that the Internal Audit department will issue a formal written audit report to the appropriate Directors of Clinical and Functional Directorates at the conclusion of each piece of audit work, within an appropriate timescale. Outstanding audit reports will be reviewed by the Finance Director who will initiate immediate remedial action.

2.3.6 Managers in receipt of audit reports referred to them have a duty to take appropriate remedial action within the timescales specified in the report.

The Director of Finance shall identify a formal review process to monitor the extent of compliance with audit recommendations. Changes implemented must be maintained in the future and not viewed as merely satisfying an immediate audit point.

2.3.7 A summary of reports and an annual report will be presented to the Audit Committee.

2.3.8 The Head of Internal Audit has the right to report directly to the Chief Executive of the Board of Directors if, in his/her opinion, the circumstances warrant this course of action.

2.4 Fraud and Corruption

2.4.1 In line with their responsibilities, the Trust Chief Executive and Finance Director shall monitor and ensure compliance with NHS Counter Fraud Authority's Requirements to meet the Government Functional Standard GovS013: counter fraud.

2.4.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.

2.4.3 The Local Counter Fraud Specialist shall report to the Trust Finance Director and shall work with staff in the NHS Counter Fraud Authority in accordance with the NHS counter fraud manual.

2.5 External Audit

2.5.1 The external auditor is appointed by the Council of Governors from an approved list recommended by the Group Audit Committee and paid for by the Trust. The Group Audit Committee must ensure a cost-efficient service. Should there appear to be a problem then this should be raised with the external auditor and referred on to the Council of Governors. If the issue cannot be resolved by the Council of Governors it should be reported to NHS England ~~& Improvement~~.

3 BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL, AND MONITORING

3.1 Preparation and Approval of Business Plans and Budgets

3.1.1 The Chief Executive will compile and submit to the Board of Directors an annual business plan which takes into account Foundation Trust financial requirements, including compliance with forecast income and expenditure plans and cash resources. The annual business plan will contain:

(a) a statement of the significant assumptions and risks on which the plan is based;

(b) details of major changes in workload, delivery of services or resources required to achieve the plan.

3.1.2 Prior to the start of the financial year the Finance Director will, on behalf of the Chief Executive, ensure annual budgets are prepared. Such budgets will:

(a) be in accordance with the aims and objectives set out in the annual business plan as submitted to NHS England ~~and NHS Improvement~~;

(b) accord with workload and manpower plans;

(c) be produced following discussion with appropriate budget holders;

(d) be prepared within the limits of available funds; and

(e) identify potential risks.

3.1.3 The Finance Director shall monitor financial performance against budget and business plan, periodically review them, and report to the Board of Directors.

3.1.4 All budget holders must provide information as required by the Finance Director to enable budgets to be compiled and monitoring reports to be prepared.

3.1.5 The Finance Director has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully in accordance with the Budget section of the Trust Finance Manual.

3.2 Budgetary Delegation

3.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing, reflecting the Scheme of Delegation, and be accompanied by a clear definition of:

(a) the amount of the budget;

(b) the purpose(s) of each budget heading;

(c) individual and group responsibilities;

(d) authority to exercise virement;

(e) achievement of planned levels of service; and

(f) the provision of regular reports.

3.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total set by the Board of Directors.

3.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

3.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive.

3.3 Budgetary Control and Reporting

3.3.1 The Finance Director will devise and maintain systems of budgetary control. These will include:

(a) regular financial reports to the Board of Directors in a form approved by the Board of Directors containing:

(i) income and expenditure to date showing trends and forecast year-end position;

(ii) movements in working capital;

(iii) movements in cash;

(iv) capital project spend and projected outturn against plan;

(v) explanations of any material variances from plan;

(vi) details of any corrective action where necessary and the Chief Executive's and/or Finance Director's view of whether such actions are sufficient to correct the situation;

(vii) an updated assessment of financial risk;

(b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

(c) investigation and reporting of variances from financial, workload and manpower budgets;

(d) monitoring of management action to correct variances; and

(e) arrangements for the authorisation of budget transfers.

3.3.2 Each Budget Holder is responsible for ensuring that:

(a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board of Directors;

(b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;

(c) no employees are appointed without the approval of the Chief Executive~~.~~ Further details of the approval limits are included with the Reservation of Powers and Scheme of Delegation.

3.3.3 The Chief Executive is responsible for identifying and implementing cost improvements, cost reductions and efficiencies and income generation initiatives in accordance with the requirements of the Annual Business Plan.

3.4 Capital Expenditure

3.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in SFI Section 10.)

3.5 Monitoring Returns

3.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation e.g. NHS England ~~and NHS Improvement~~.

4 ANNUAL ACCOUNTS AND REPORTS

4.1 The Finance Director, on behalf of the Trust, will prepare financial returns and reports in accordance with the accounting policies and guidance laid down within International Financial Reporting Standards, as modified by the guidance given by NHS England ~~& Improvement~~ with the approval of HM Treasury.

4.2 The Trust's annual accounts must be audited by the external auditor appointed by the Council of Governors. The Trust's audited annual accounts must be approved by the Board of Directors and presented to a public meeting of the Council of Governors and made available to the public.

4.3 The Trust will publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with NHS England ~~and NHS Improvement~~ FT Annual Reporting Manual (FT ARM).

5 BANK ACCOUNTS, INVESTMENT AND EXTERNAL BORROWING

5.1 General

5.1.1 The Finance Director is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account NHS England and NHS Improvement guidance/directions.

5.1.2 The Board of Directors shall approve the banking arrangements.

5.2 Bank Accounts

5.2.1 The Finance Director is responsible for:

(a) the operation of bank accounts;

(b) establishing separate bank accounts for the Foundation Trust's non-exchequer/charitable funds;

(c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; and

(d) reporting to the Board of Directors all instances where bank accounts may become or have become overdrawn, together with the remedial action taken.

5.3 Banking and Investment Procedures

5.3.1 The Finance Director will prepare detailed instructions on the operation of bank accounts that must include:

(a) the conditions under which the bank accounts are to be operated;

(b) the limit to be applied to any overdraft; and

(b) those authorised to sign cheques or other orders drawn on the Trust's accounts.

5.3.2 The Finance Director must advise the Trust's bankers in writing of the conditions under which each account will be operated.

5.4 Investments

5.4.1 The Finance Director will comply with the Treasury Management Policy, as approved by the Audit Committee, when borrowing and investing surplus funds.

5.5 External Borrowing

5.5.1 The Finance Director will advise the Board of Directors concerning the Trust's ability to pay interest on, and repay, both Public Dividend Capital and any proposed new borrowings.

5.5.2 Any application for a loan or overdraft will only be made by the Finance Director or by an employee so delegated by him/her.

5.5.3 All ~~short term~~short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position.

5.5.4 All ~~long term~~long-term borrowings must be consistent with the plans outlined in the current Business Plan and be approved by the Board of Directors.

5.6 Tendering and Review

5.6.1 The Finance Director will review the commercial bank arrangements of the Foundation Trust at regular intervals to ensure that they reflect best practice and represent best value for money.

6 INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

6.1 Income Systems

6.1.1 The Finance Director is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

6.1.2 The Finance Director is also responsible for the prompt invoicing and banking of all monies received.

6.2 Fees and Charges

6.2.1 The Trust shall follow NHS England ~~and NHS Improvement's~~ guidance when entering into contracts for patient services.

6.2.2 The Finance Director is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Department of Health's "Commercial Sponsorship – Ethical standards in the NHS" shall be followed.

6.2.3 The Finance Director shall determine the appropriate charges or fees for the provision of all services provided to other organisations and individuals.

6.2.4 It is the responsibility of all employees to inform the Finance Director promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

6.3 Debt Recovery

6.3.1 All staff have an overriding responsibility to collect fees due for the provision of chargeable services thus ensuring the minimisation of debts.

6.3.2 The Finance Director is responsible for the appropriate recovery action on all outstanding debts.

6.3.3 Income not received should be dealt with in accordance with losses procedures. (See section 12.)

6.3.4 Overpayments should be detected (or preferably prevented) and recovery initiated.

6.4 Security of Cash, Cheques and other Negotiable Instruments

6.4.1 The Finance Director is responsible for:

(a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;

(b) ordering and securely controlling any such stationery;

(c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

6.4.2 Official money shall not under any circumstances be used for the encashment of private cheques.

6.4.3 All cheques, postal orders, cash etc., shall be banked promptly and intact. Disbursements shall not be made from cash received, except under arrangements approved by the Finance Director.

6.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

6.4.5 Any loss or shortfall of cash, cheques or other negotiable instruments, however occasioned, shall be monitored and recorded within the Finance Department. Any significant trends should be reported to the Finance Director and Internal Audit via the incident reporting system. Where there is prima facie evidence of fraud or corruption this process should follow guidance provided by the NHS Counter Fraud Authority. Where there is no evidence of fraud or corruption the loss should be dealt with in line with the Trust's Losses and Special Payments procedures.

7 NHS SERVICE CONTRACTS FOR PROVISION OF SERVICES

7.1 The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable legally binding service contracts with service commissioners for the provision of NHS services.

7.2 All service contracts should aim to implement the agreed priorities contained within the Integrated Business Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- the Provider Licence from NHS England ~~and NHS Improvement~~
- the standards of service quality expected;
- the relevant national service framework (if any);
- the provision of reliable information based on national and local tariffs, and underlying reference costs
- the National Institute for Health and Care Excellence Guidance
- the National Standard Local Action – Health and Social Care Standards and Planning Framework
- that service contracts build where appropriate on existing partnership arrangements;
- that service contracts are based on integrated care pathways.

7.3 A good service contract will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The service contract will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the Trust can jointly manage risk with all interested parties.

7.4 The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board of Directors detailing actual and forecast income from the service contract. This will include information on costing arrangements.

8 TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES

8.1 Remuneration and Terms of Service

8.1.1 In accordance with Standing Orders the Board of Directors shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

8.1.2 The Remuneration Committee will:

(a) determine the appropriate remuneration and terms of service for the Chief Executive, and Corporate Directors employed by the Trust including:

(i) all aspects of salary (including any performance-related elements/bonuses);

(ii) provisions for other benefits, including pensions and cars; and

(iii) arrangements for termination of employment and other contractual terms

(b) determine the terms of service for the Chief Executive, and Corporate Directors to ensure they are fairly rewarded for their individual contribution to the Trust – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;

(c) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking accounts of such national guidance as is appropriate.

8.1.3 The Board of Directors will after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees not covered by the Committee.

8.1.4 The Trust will pay allowances to the Chair and Non-Executive Directors of the Board of Directors and said allowances will be approved by the Council of Governors.

8.2 Funded Establishment

8.2.1 The workforce plans of the Trust will be reconciled with the funded establishments on expenditure budgets, to ensure affordability of appropriate staffing levels.

8.2.2 The funded establishment of any department may not be varied recurrently without the approval of the Chief Executive, on the advice of the Director of Workforce and Organisational Development.

8.3 Staff Appointments

8.3.1 No officer may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or agree to changes in any aspect of remuneration:

(a) unless authorised to do so by the Chief Executive; and

(b) within the limit of the approved budget and funded establishment.

(c) The hire of agency staff and locums must comply with the guidelines laid out in the Reservation of Powers and Scheme of Delegation

8.3.2 The Board of Directors will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc., for employees.

8.4 Processing Payroll

8.4.1 The Finance Director is responsible for:

(a) specifying timetables for submission of properly authorised time records and other notifications;

(b) the final determination of pay and allowances (in conjunction with the Director of Workforce and Organisational Development);

(c) making payment on agreed dates; and

(d) agreeing method of payment.

8.4.2 The Finance Director will issue instructions regarding:

(a) verification and documentation of data;

(b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;

(c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;

(d) security and confidentiality of payroll information;

(e) checks to be applied to completed payroll before and after payment;

(f) authority to release payroll data under the provisions of the Data Protection Act;

(g) methods of payment available to various categories of employee and officers;

(h) procedures for payment by cheque or bank credit to employees and officers;

(i) procedures for the recall of cheques and bank credits;

(j) pay advances and their recovery;

(k) maintenance of regular and independent reconciliation of pay control accounts;

(l) separation of duties of preparing records; and

(m) a system to ensure the recovery from leavers of sums of money and property due by them to the Trust.

8.4.3 Appropriately nominated managers have delegated responsibility for:

(a) Submitting a signed copy of the notification of starter/variation in contract forms and other such documentation as may be required immediately upon an employee commencing duty;

(b) submitting time records and other notifications in accordance with agreed timetables;

(c) completing time records and other notifications in accordance with the Finance Director's instructions and in the form prescribed by the Finance Director; and

(d) submitting termination forms in the prescribed form **immediately** upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Finance Director must be informed immediately.

(e) taking responsibility for managing staff costs within the available resources and engaging staff in accordance with Trust policies and procedures.

8.4.4 Regardless of the arrangements for providing the payroll service, the Finance Director shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

8.5 Contracts of Employment

8.5.1 The Board of Directors shall delegate responsibility to managers

(a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Director of Workforce and Organisational Development and which complies with employment legislation; and

(b) dealing with variations to, or termination of, contracts of employment.

9 NON-PAY EXPENDITURE

9.1 Delegation of Authority

9.1.1 As part of the approval of annual budgets, the Board of Directors will approve the level of non-pay expenditure and the Chief Executive will determine the level of delegation to budget managers as part of the Reservation of Powers and Scheme of Delegation.

9.1.2 The Chief Executive, as the Accountable Officer, will determine:

(a) prime budget holders who are authorised to place requisitions for the supply of goods and services; and

(b) the maximum level of each requisition and the system for authorisation above that level (See Reservation of Powers and Scheme of Delegation document)

9.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

9.1.4 The Chief Executive will determine the level of delegation in respect of entering into contracts (refer to Reservation of Powers and Scheme of Delegation for delegated limits).

9.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

9.2.1 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the York Hospitals Facilities Management LLP or Purchasing department shall be sought. Where this advice is not acceptable to the requisitioner, the Finance Director (and/or the Chief Executive) shall be consulted.

9.2.2 The Finance Director shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

9.2.3 The Finance Director will:

(a) advise the Board of Directors regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; current thresholds are set out in 9.5 below;

(b) prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;

(c) be responsible for the prompt payment of all properly authorised accounts and claims;

(d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

(i) A list of Board Directors/employees (including specimens of their signatures) authorised to certify invoices.

(ii) Certification that:

- goods have been duly received, examined and are in accordance with specification and the prices are correct;
- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
- the account is arithmetically correct;
- the account is in order for payment.

(iii) A timetable and system for submission to the Finance Director of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts (where providing good value for money) or otherwise requiring early payment.

(iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.

(e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below).

9.2.4 Prepayments are only permitted where exceptional circumstances apply. In such instances:

(a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%);

(b) the appropriate Corporate Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;

(c) the Finance Director will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the UK public procurement rules where the contract is above a stipulated financial threshold); and

(d) the budget holder is responsible for ensuring that all items due under a prepayment contract are received and he/she must immediately inform the appropriate Director or Chief Executive if problems are encountered.

9.2.5 Official orders must:

(a) be consecutively numbered;

(b) be in a form approved by the Finance Director;

(c) state the Trust's terms and conditions of trade; and

(d) only be issued to, and used by, those duly authorised by the Chief Executive.

9.2.6 Managers and officers must ensure that they comply fully with the guidance and limits specified by the Finance Director and that:

(a) all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Finance Director in advance of any commitment being made;

(b) contracts above specified thresholds are advertised and awarded in accordance with UK regulations on public procurement (thresholds and regulations together with the consequences of breaching these regulations are attached at Appendix 1).

(c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health/NHS Improvement. For 2020-21 NHSE~~&I~~ determined the threshold for this to be £50,000.

(d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

(i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii) conventional hospitality, such as lunches in the course of working visits;

Refer to the national guidance contained in "Standards of Business Conduct for NHS Staff"

(e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Finance Director on behalf of the Chief Executive;

(f) all goods, services, or works are ordered on an official order except purchases from petty cash or on purchase cards;

(g) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(h) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;

(i) changes to the list of directors/employees and officers authorised to certify invoices are notified to the Finance Director;

9.3 Petty Cash

9.3.1 Purchases that will be reimbursed from petty cash are restricted in value and by type, in accordance with instructions issued by the Finance Director.

9.3.2 All reimbursements must be supported by receipt(s) and certified by an authorised signatory.

9.3.3 Petty cash records are maintained in a form as determined by the Finance Director.

9.4 Building and Engineering Transactions

9.4.1 The Finance Director shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the ~~guidance contained within CONCODE and ESTATECODE, and Procure 22 guidance~~guidelines and requirements of the DHSC frameworks (e.g. Procure 22 & 23 or successor arrangements) or other equivalent public sector frameworks that may be utilised to procure building work and related services. ~~.~~ All works and related contracts (e.g. architects services) should utilise and comply with recognised forms of contract. The technical audit of these contracts shall be the responsibility of the relevant Director.

9.5 Tendering Quotation and Contract Procedure

9.5.1 The Trust shall ensure competitive tenders are invited for the supply of goods and materials, manufactured articles and services, for the design, construction and maintenance of buildings and engineering works and for disposals.

9.5.2 Formal tendering procedures may be waived by officers for whom powers have been delegated by the Chief Executive through the Scheme of Delegation where one or more of the following applies:

(a) The estimated expenditure or income does not, or is not reasonably expected to, exceed £50,000 (this figure is reviewed annually). It is a breach of the UK Public Contracts Regulations to spilt contracts to avoid the thresholds. The value used should be the overall contract value for the life of the equipment or service (including VAT) not annual costs;

(b) A contract which was sourced by competitive selection or via a framework either by the Trust or by agencies such as the Crown Commercial Service, NHS Supply Chain or another commercial procurement collaborative acting on behalf of a NHS organisation;

(c) Where the supply of the proposed goods or service is under special arrangements by any Government Agency (e.g. Procure22 as it applies to construction contracts).

9.5.3 The negotiated procedure without the prior publication of a contract notice (a Single Tender Action waiver - STA) may be used in the following circumstances but should not be used to avoid competition or for administrative convenience:

(a) There is an absence of suitable tenders. (i.e. The goods / services / works having been appropriately advertised using the open procedure);

(b) For reasons of extreme urgency brought about by events **unforeseeable** by, and not attributable to, the Trust, e.g. flood, fire or system failure. Failure to plan properly is not a justification for single tender;

(c) Specialist expertise / equipment is required and it is only available from one source. (i.e. for technical, artistic reasons or connected to the protection of exclusive rights).

(d) There is clear benefit to be gained from maintaining continuity where:

(i) the goods are a partial replacement for, or in addition to, existing goods or an installation; and

(ii) to obtain the goods from another supplier would oblige the Trust to acquire goods having different technical characteristics which may result in incompatibility and/or disproportionate technical difficulties in the operation or maintenance of the existing. This must be more than familiarity. This continuity must outweigh any potential financial advantage to be gained by competitive tendering.

Where a responsible officer decides that competitive tendering is not applicable and should be waived by virtue of the above, details should be recorded on the Single Tender Approval Form (available on the intranet) and submitted to the Chief Executive for approval. Responsible officers must follow the single tender action guidance available from the Procurement Department. Details of these approvals will be reported to the Group Audit Committee.

9.5.4 All invitations to tender should be sent to a sufficient number of firms / individuals to provide fair and adequate competition as appropriate, and in no case less than three firms / individuals, having regard to their capacity to supply the goods, materials or undertake the service required.

9.5.5 The firms/individuals invited to tender (and where appropriate quote) should be as set out in the tendering procedures.

9.5.6 Where the formal tendering procedures are waived under 9.5.2 above (i.e. below £50,000) but the value of the goods / services or works is greater than £10,000 (inc VAT) then at least 3 suppliers shall be invited to quote with the results of these quotes to be recorded Ideally the quotation process used should be done using any ‘quick quote’ process and using an appropriate eprocurement tool. (e.g. In-Tend or Atamis).

9.5.7 All quotations should be treated as confidential and should be retained for inspection.

9.5.8 The Chief Executive or his nominated officer should evaluate the quotations and select the one which gives best value for money. If this is

not the lowest, then this fact and the reasons why the lowest quotation was not chosen should be in a permanent record.

9.5.9 Where tenders or quotations are not required the Trust shall procure goods and services in accordance with procurement procedures approved by the Board of Directors.

9.5.10 The Chief Executive shall be responsible for ensuring the best value for money can be demonstrated for all services provided under contract or in-house. The Board of Directors may also determine from time to time that in-house services should be market tested by competitive tendering. (Standing Order 9)

9.5.11 The competitive tendering or quotation procedure shall not apply to the disposal of:

(a) Items with an estimated sale value of less than £10,000;

(b) Any matter in respect of which a fair price can be obtained only by negotiation or sale by auction;

(c) Obsolete or condemned articles and stores; which may be disposed of in accordance with the procurement policy of the Trust;

10 CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

10.1 Capital Investment

10.1.1 The Chief Executive:

a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;

b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and

c) shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including capital charges.

10.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

(a) that a business case is produced, in line with the limits set out in the Reservation of Powers and Scheme of Delegation, setting out:

(i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and

(ii) appropriate project management and control arrangements;

(iii) the involvement of appropriate Trust personnel and external agencies; and

(b) that the Finance Director has certified professionally to the costs and revenue consequences detailed in the business case.

10.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will ~~issues~~issue procedures for their management, incorporating the recommendations of "CONCODE".

The Finance Director shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

The Finance Director shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

10.1.4 The approval of a capital programme shall not constitute approval for the initiation of expenditure on any scheme.

10.1.5 The Finance Director shall issue to the manager responsible for any scheme:

(a) specific authority to commit expenditure;

(b) authority to proceed to tender;

(c) approval to accept a successful tender.

10.1.6 The Finance Director shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures will:

(a) be designed to ensure that each project stays within estimated/budgeted costs at each milestone;

(b) be issued to project managers and other employees/persons involved in capital projects;

(c) incorporate simple checklists designed to ensure that important requirements are complied with on each project.

10.2 Private Finance (including leasing)

10.2.1 The Trust may test for PFI when considering a major capital procurement.

10.2.2 When the Trust proposes to use finance the following procedures shall apply:

(a) The Finance Director shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.

(b) The proposal must be specifically agreed by the Board of Directors.

(c) Any finance or operating lease must be agreed and signed by the Finance Director or any individual with delegated authority specifically agreed by the Finance Director.

10.3 Asset Registers

10.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Finance Director concerning

the form of any register and the method of updating, and arranging for a physical check of assets.

10.3.2 The Trust shall maintain an Asset Register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the guidance issued by Monitor.

10.3.3 Additions to the Fixed Asset Register must be clearly identified to an appropriate budget holder and be validated by reference to:

(a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

(b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and

(c) lease agreements in respect of assets held under a finance lease and capitalised.

10.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

10.3.5 The Finance Director shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on Fixed Asset Registers.

10.3.6 The value of each asset shall be depreciated using methods and rates in accordance with NHS Improvement FT ARM.

10.4 Security of Assets

10.4.1 The overall control of fixed assets is the responsibility of the Chief Executive.

10.4.2 Asset control procedures, (including both purchased and donated assets) must be approved by the Finance Director. These procedures shall make provision for:

(a) recording of managerial responsibility for each asset;

(b) identification of additions and disposals;

(c) identification of all repairs and maintenance expenses;

(d) physical security of assets;

(e) periodic verification of the existence of, condition of, and title to assets recorded;

(f) identification and reporting all costs associated with the retention of an asset.

10.4.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Finance Director.

10.4.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board Directors and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS Foundation Trust property as may be determined by the Board of Directors. Any breach of agreed security practices must be reported in accordance with instructions.

10.4.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Directors and employees in accordance with the procedure for reporting losses.

10.4.6 Where practical, assets should be marked as Trust property.

10.4.7 Equipment and other assets may be loaned to or from the Trust. Employees and managers must ensure that the Trust's management procedure is followed, in particular conditions attaching to the loan are documented and the assets identified. Assets loaned to the Trust must not be entered in the Trust's asset register.

11 STORES AND RECEIPT OF GOODS

11.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

(a) kept to a minimum;

(b) subjected to annual stock take;

(c) valued at the lower of cost and net realisable value.

11.2 Subject to the responsibility of the Finance Director for the systems of control, overall responsibility for the control of stores shall be delegated to the Trust's Head of Procurement. The day-to-day responsibility may be delegated by him/her to departmental employees and stores managers/keepers. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated Estates Manager.

11.3 A number of principles apply to the operation of all stores; managers of stores and stock are responsible for ensuring that:-

(a) stocks are kept to a minimum, commensurate with delivery and cost effective purchasing;

(b) delegation of responsibility must be clearly defined and recorded. The Finance Director may require access to the record in writing;

(c) the designated manager must be responsible for security arrangements; the custody of keys etc. must be clearly defined in writing;

(d) security measures, including marking as Trust property, must be commensurate with the value and attractiveness of the stock;

(e) stocktaking arrangements are agreed with the Finance Director and a physical check undertaken at least once a year;

(f) the system of store control, including receipt and checking of delivery notes etc. is agreed with the Finance Director;

(g) there is a system, approved by the Finance Director, for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods;

(h) any evidence of significant overstocking and of any negligence or malpractice shall be reported to the Finance Director;

(h) losses and the disposal of obsolete stock are reported to the Finance Director

11.4 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Finance Director.

11.5 For goods supplied via the NHS Supply Chain central warehouses and in accordance with the Reservation of Powers and Scheme of Delegation, the Chief Executive shall identify those authorised to requisition and accept goods from the store, and issue appropriate guidance for checking receipt of goods.

12 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

12.1 Disposals and Condemnations

12.1.1 The Finance Director must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

12.1.2 When it is decided to dispose of a Trust asset, the head of department or authorised deputy will determine and advise the Finance Director of the estimated market value of the item, taking account of professional advice where appropriate. The Finance Director shall ensure that the arrangements for the sale of disposable assets maximise the income to the Trust.

12.1.3 All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Finance Director;

(b) recorded by the Condemning Officer in a form approved by the Finance Director that will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Finance Director.

12.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Finance Director who will take the appropriate action.

12.2 Losses and Special Payments

12.2.1 The Finance Director must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments. The Finance Director must also prepare a Fraud and Corruption Policy that sets out the action to be taken both by the persons detecting a suspected fraud and those persons responsible for investigating it.

12.2.2 Any employee or officer discovering or suspecting a loss, which is not fraud must either immediately inform their head of department, who must immediately inform the Chief Executive and the Finance Director or inform an officer charged with responsibility for responding to concerns involving loss confidentially. This officer will then appropriately inform the Finance Director and/or Chief Executive. Where a criminal offence is suspected, the Finance Director must immediately inform the police if theft or arson is involved.

When an employee discovers or suspects fraud or corruption it must be immediately reported to the Trust's Local Counter Fraud Specialist or Finance Director. Alternatively, employees can contact the NHS Fraud and Corruption Reporting Line – 0800 028 40 60. In cases of fraud and corruption or of anomalies that may indicate fraud or corruption, the Local Counter Fraud Specialist will inform ~~the NHS~~the NHS Counter Fraud Authority.

12.2.3 The Finance Director or Local Counter Fraud Specialist must ~~notify the~~notify the NHS Counter Fraud Authority and both the Internal and External Auditor of all frauds.

12.2.4 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Finance Director must immediately notify:

(a) the Board of Directors,

(b) the External Auditor, and

(c) the Head of Internal Audit.

12.2.5 The Audit Committee shall receive a report of losses and Special Payments. The delegated limits for approval of all losses and special payments are set out in the Reservation of Powers and Scheme of Delegation document. Authorising officers must undertake fuller reviews of systems to reduce the risk of similar losses occurring in the future and seek advice where they believe a particular case raises issues of principle.

12.2.6 For any loss, the Finance Director should consider whether any insurance claim could be made.

12.2.8 The Finance Director shall maintain a Losses and Special Payments Register in which write-off action is recorded. This register will be reviewed by the Audit Committee on an annual basis.

12.2.9 No special payments exceeding delegated limits shall be made without the prior approval of the Treasury.

12.3 Bankruptcies, Liquidation and Receiverships

12.3.1 The Finance Director shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

12.3.2 When a bankruptcy, liquidation or receivership is discovered, all payments should cease pending confirmation of the bankruptcy, etc. As a matter of urgency, a statement must be prepared listing the amounts due to and from the Trust.

13 COMPUTERISED FINANCIAL SYSTEMS

13.1 The Finance Director, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:

(a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's financial data, programs and computer hardware for which he/she is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

(b) ensure that adequate (reasonable) controls exist over financial data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

(c) ensure that adequate controls exist such that the financial computer operation is separated from development, maintenance and amendment;

(d) ensure that an adequate management (audit) trail exists through the financial computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.

13.2 The Finance Director shall satisfy him/herself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

13.3 In the case of computer systems which are proposed General Applications (i.e. including those applications which the majority of NHS bodies in the locality/region wish to sponsor jointly) all responsible directors and employees will send to the Finance Director:

(a) details of the outline design of the system;

(b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

13.4 The Finance Director shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during

processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

13.5 Where another health organisation or any other agency provides a computer service for financial applications, the Finance Director shall periodically seek assurances that adequate controls are in operation.

13.6 Where computer systems have an impact on corporate financial systems the Finance Director shall satisfy him/herself that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;

(b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that an audit trail exists;

(c) Finance Director staff have access to such data; and

(d) such computer audit reviews are being carried out as are considered necessary.

14 PATIENTS' PROPERTY

14.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

14.2 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

- notices and information booklets,
- hospital admission documentation and property records,
- the oral advice of administrative and nursing staff responsible for admissions,

that the Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

14.3 The Finance Director must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money.

14.4 Where Department of Health instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the Finance Director.

14.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

14.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

14.7 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

14.8 Where a deceased patient is intestate and there is no lawful next-of-kin, details of any monies or valuables should be notified to the Treasury Solicitor.

14.9 Any funeral expenses necessarily borne by the Trust in respect of a deceased patient shall be reimbursed from any of the patient's monies held by the Trust.

15 CHARITABLE FUNDS

15.1 Introduction

15.1.1 Charitable funds are those funds which are held in the name of the Trust separately from other funds and which arise principally from gifts, donations, legacies and endowments made under the relevant charities legislation.

15.1.2 Standing Orders state the Trust's responsibilities as a corporate trustee for the management of funds it holds on trust and define how those responsibilities are to be discharged. They explain that although the management processes may overlap with those of the organisation of the Trust, the trustee responsibilities must be discharged separately and full recognition given to its dual accountabilities to the Charity Commission for charitable funds held on trust and to NHS Improvement for all funds held on trust.

15.1.3 The reserved powers of the Board of Directors and the Charitable Funds Scheme of Delegation make clear where decisions regarding the exercise of discretion in terms of the disposal and use of funds are to be taken and by whom. Directors and officers must take account of that guidance before taking action. SFIs are intended to provide guidance to persons who have been delegated to act on behalf of the corporate trustee.

15.1.4 As management processes overlap most of the sections of these Standing Financial Instructions will apply to the management of funds held on trust. This section covers those instructions which are specific to the management of funds held on trust.

15.1.5 The over-riding principle is that the integrity of each trust must be maintained and statutory and trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

15.2 Income

15.2.1 All gifts and donations accepted shall be received and held in the name of the Trust’s registered charity and administered in accordance with the Charity’s’ policy, subject to the terms of the specific charitable funds.

15.2.2 All managers/employees who receive enquiries regarding legacies shall keep the Finance Director, or person nominated by him, informed and shall keep an appropriate record. After the death of a benefactor all correspondence concerning a legacy shall be dealt with on behalf of the Trust by the Finance Director.

15.2.3 The Finance Director shall advise the Board of Directors on the financial implications of any proposal for fund raising activities which the Trust may initiate, sponsor or approve.

15.2.4 New charitable funds will only be opened where the wishes of benefactors cannot be accommodated within existing funds and in all cases must comply with the requirements of the Charity Commission.

15.3 Expenditure

All expenditure from charitable funds, with the exception of legitimate expenses of administering and managing those funds and expenditure for research purposes must be for the benefit of the NHS.

15.3.1 Expenditure of any charitable funds shall be conditional upon the goods and services being within the terms of the appropriate charitable fund and upon the proviso that the expenditure does not result in further payments by the Trust which have not been agreed and funded.

15.4 Investments

15.4.1 Charitable funds shall be invested by the Finance Director on behalf of the Fund Manager in accordance with the Trust's policy and statutory requirements.

15.4.2 In managing the investments the Trust shall take due account of the written advice received from its duly appointed Investment Advisors.

16 ACCEPTANCE OF GIFTS BY STAFF

16.1 The Finance Director shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff. This policy should follow the guidance contained in the Department of Health Standards of Business Conduct for NHS Staff.

17 RETENTION OF DOCUMENTS

17.1 The Chief Executive shall be responsible for maintaining archives for all documents required to be retained in accordance with Department of Health guidelines " Records Management: NHS Code of Practice".

17.2 The documents held in archives shall be capable of retrieval by authorised persons.

17.3 Documents held in accordance with Department of Health guidelines shall only be destroyed at the express instigation of the Chief Executive and records shall be maintained of documents so destroyed. All the above shall be in compliance with the requirements of the Freedom of Information Act and the Trust's policy for document management and retention.

18 RISK MANAGEMENT

18.1 The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with the terms of the licence issued by Monitor. This programme will be approved and monitored by the Board of Directors.

18.2 The programme of risk management shall include:

a) a process for identifying and quantifying principal risks and potential liabilities, existing controls, additional controls as identified in the corporate risk register;

b) engendering among all levels of staff a positive attitude towards the control of risk as described in the Trust Risk Management Strategy;

c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

d) contingency plans to offset the impact of adverse events;

e) review arrangements including; external audit, internal audit, clinical audit, health and safety review;

f) receive and review annual plan at Board of Directors.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control within the Annual Report and Accounts as required by the guidance issued NHS ~~Improvement.~~England.

18.3 The ~~Board of Directors~~Audit Committee shall review insurance arrangements for the Trust.

APPENDIX 1 UK Thresholds

The Public Procurement (Agreement on Government Procurement) (Thresholds) (Amendment) Regulations 2021

Note a change under the Regulations, whereby the estimated value of procurements (under all the above-mentioned regulations) will be calculated on the total amount of the procurement **inclusive of VAT** rather than net of VAT.

These thresholds apply from **1 January 2022**.

Contract type	**Current threshold**	**New threshold**
	Net of VAT	**Inclusive of VAT**
Public works	£4,733,252	£5,336,937
Public service and supply awarded by central government authorities, and their design contests	£122,976	£138,760
Public service and supply awarded by sub-central contracting authorities, and their design contests	£189,330	£213,477

UKUKUK

Time Limits (Minimum Timescales

MINIMUM TIME	IF ELECTRONIC TENDER PERMITTED	IF URGENT	WHERE PIN PUBLISHED*
Open Procedure (1 stage progress) Minimum time limit for receipt of tenders: 35 days	Minimum time limit for receipt of tenders: 30 days	Minimum time limit for receipt of tenders: 15 days	Minimum time limit for receipt of tenders: 15 days
Restricted Procedure (2 stage process) Minimum time limit for requests to participate: 30 days	-	Minimum time limit for requests to participate 15 days	Minimum time limit for requests to participate 30 days
Minimum time limit for tenders: 30 days	Minimum time limit for receipt of tenders: 25 days	Minimum time limit for tenders: 10 days	Minimum time limit for tenders: 10 days
Competitive Negotiated Procedure/ Innovation Partnerships Minimum time limit for requests to participate: 30 days		Minimum time limit for requests to participate: 15 days	Minimum time limit for requests to participate: 30 days
Minimum time limit for initial tenders: 30 days	Minimum time limit for receipt of initial tenders: 25 days	Minimum time limit for tenders: 10 days	Minimum time limit for tenders: 10 days
Competitive Dialogue Minimum time limit for requests to participate: 30 days No explicit time limits for submission of initial/subsequent tenders			

Help choosing the right procedure

The choice of procedure requires a careful balancing act. Often, you may be able to use an existing framework agreement but, if not, then the open procedure or the restricted procedure is often the most appropriate. The table on the next page indicates some of the key considerations.

For any uncertainty, or for further guidance on which procedure is likely to be appropriate for your needs please ask any questions via purchasingenquiries@york.nhs.uk and we'll do our best to help.

	Open procedure	*Restricted procedure*	*Competitive dialogue OR Competitive procedure with negotiation*	*Dynamic purchasing system*	*Innovation partnerships*
Few bidders expected	✓	(✓)	✓	✓	✓
One-off purchases	✓	✓	✓	✗	✓
Low cost/effort to bidding	✓	✓	✗	(✓)	✗
Commodity products	✓	(✓)	✗	✓	✗
Adaptation of available	(✗	(✓)	✓	(✗	(✓)
Frequent similar purchases	✓	(✓)	✗	✓	✗
Many bidders expected	✗	✓	✓	(✗	✓
Complex projects	(✗	(✓)	✓	✗	✓
Research and development needed	✗	✗	✓	✗	✓
Specification cannot be set	✗	✗	✓	✗	✓

NHS Guide to Procurement, Foot Anstey LLP, 2015

Key: ✓ Yes, ✗ No, (✗) means probably not, (✓) means probably yes.

Minutes

Executive Committee
16 November 2022

Members in attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Melanie Liley (ML), Heather McNair (HM), Polly McMeekin (PM), James Hawkins (JH), Amanda Vipond (AV), Srinivas Chintapatla (SC), Jo Mannion (JM), Mark Quinn (MQ), Donald Richardson (DR), Stuart Parkes (SP), Mike Taylor (MT)

Attendees: Lisa Gray (LG) (minute taker), Nicola Topping (NT), Jamie Todd (JTo), David Thomas (DT), Mark Steed (MS) (item 98-22/23 only), Kim Hinton (KH) (item 100-22/23 & 105-22/23 only), David Burton (DB) (item 100-22/23 only), Phil Dickinson (PD) (item 102-22/23 only), Caroline Johnson (CJ) (item 102-22/23 only), Liz Hill (LH) (item 103-22/23 & 104-22/23 only)

94-22/23 / Apologies for Absence: James Taylor (JT), Lucy Brown (LB), Mike Harkness (MH), Gerry Robins (GR), Ed Smith (ES)

AB noted SM asked him to Chair the meeting until he was able to join the meeting.

95-22/23 / Declarations of Interest

No declarations of interest were declared.

96-22/23 / Minutes of the meetings held on 03 November 2022

The minutes of the meeting held on 03 November 2022 were agreed as an accurate record.

The committee:

- **Agreed the minutes of the meeting held 03 November 2022 were an accurate record.**

97-22/23 / Matters arising from the minutes and any outstanding actions

No matters arising discussed and no updates given on outstanding actions.

98-22/23 / YTHFM LLP Report

AB welcomed MS to the meeting.

Capital Programme Update

MS highlighted a detailed report was included within the meeting pack and queried if the committee had anything they wished to raise with him.

SC noted his concern in relation to Reinforced Autoclaved Aerated Concrete (RAAC) Phase One as there does not appear to be a clear plan as to where the staff are moving too. MS noted SC's concern and confirmed he would feed this back to the team. Adding there does need to be some more governance around RAAC and that it is looks like an old portacabin outside of the Path Lab will be removed for temporary accommodation to be installed. Andrew Bennett is working on the longer-term plan with MS noting there is added complexities due to other areas also having RAAC within the Trust. MS agreed he would keep KH informed of any updates in relation to the short-term move.

YTFHM prioritisation update

MS delivered a presentation to the committee following previous conversations in relation to the visibility of all capital projects and the prioritisation of them.

MS noted there is a need to get the commissioning stage correct to enable projects to run smoothly. Andrew Bennett (ABe) will be submitting the commissioning process to the Capital Programme Executive Group (CPEG) next month as a reminder.

Two documents have been created to support visibility and prioritisation and they were discussed at CPEG. The first is a Project on a Page and the second a full schedule of all capital project schemes above £5k which will be updated regularly by assigned project managers. These documents will be placed in a shared area to allow Care Groups to review these easily. MS talked through the documents in finer detail and asked the committee whether there was anything which they felt was missing.

AB thanked MS for the presentation noting this will give the committee and Care Groups the visibility required. Noting once the Trust's Capital Prioritisation list for 2023/24 was completed this would need to be added to the schedule to allow MS to balance the work schedule and the capacity of his team, coming back to the committee if there is a need for them to look to prioritise between which project takes place first throughout the year.

The committee discussed the detail and agreed there was a need to include on the project on a page document, mitigations to risks added and to consider the impact on quality and safety and planned activity if a project cannot progress in the timescale required. Acknowledging the risks still require management through the Care Groups risk registers.

MS flagged he was happy to take any further improvement suggestions for this in the future.

The committee:

- **Noted the Capital Programme Update.**
- **Provided feedback to MS on the YTHFM Project on a Page and full schedule of all capital projects above £5k.**

99-22/23 / Chief Executives Update

No update was given in the absence of SM.

100-22/23 / Business Cases

Scarborough Community Diagnostics Hub
AB welcomed KH to the meeting.

KH flagged to the committee the ICB are close to being at the point of submitting five business cases to the national team. One has been submitted already for the additional mobile CT capacity across the ICS, and there is an equipment case, plus three community hub cases for Grimsby, Scunthorpe & Scarborough. It is likely there will also be a digital case however KH has not had sight of this and noted this is a risk as the hubs are heavily reliant on this element being in place.

Potential options for the equipment case have been worked up around Selby, Bridlington, Acomb Garth, Askham Bar and Monkgate in partnership with Nimbuscare which will include several different diagnostics as previously discussed. The Trust's case has £2.9m capital and £8.7m revenue attached to it and has been shared with the ICB who will now pull all the elements together and submit this to the national team at the end of November.

The committee noted the progress and approved of the case being submitted.

KH talked the committee through the Scarborough hub case noting it is essentially looking at providing a community diagnostics hub in Scarborough in partnership with Scarborough Borough Council (SBC). The documentation is a working draft as not all elements of the case have been completed however, KH wished for the committee to have sight of this as it needs to be fully submitted by 25 November 2022. SBC have submitted a funding request to cover the costs of refurbishment of the building, which they will hear about later this year. The Trust will then look to fund the equipment and workforce to run the services. The hub will look to deliver just under 100,000 additional tests once up and running with a planned start date of March 2025. The ask for this case is almost £21m capital and £11m revenue. The ICS have £36m for all five of the business cases, although they believe they will be able to access an additional £18m therefore KH's expectation is this will be considered alongside the Scunthorpe and Grimsby cases at the end of November against set criteria with only two of them being submitted alongside the equipment case.

The committee noted the progress to date and highlighted the case needed to go to the Board of Directors (BoD) meeting at the end of November, with the BoD approval and ICS processes running concurrently.

2022/23-87 Endoscopy Insourcing
KH highlighted there were two options to consider for this case which is looking to reduce the current diagnostic and surveillance colonoscopy backlog within the endoscopy service and to recover performance towards both national targets and JAG accreditation guidelines. Option one is to commission insourced support to provide additional capacity utilising the £160k of underspend within the endoscopy budget to be able to scope over 400 additional patients by 31 March 2023. Option two is to commission insourced support as described in option one plus a further £141,500 of additional revenue to be able to scope up to 800 additional patients by 31 March 2023.

The committee discussed the two options outlined and approved option one. Requesting option two is discussed through the Tier 2 meetings to push for additional financial support to deliver this.

Cataract Proposal
AB welcomed DB to the meeting.

MQ informed the committee DB was presenting the cataract and glaucoma proposals today as the ICB are supportive of them but have turned them down on the grounds they have no money to fund them. Pre-pandemic ophthalmology services were overwhelmed with huge backlogs, in particular cataracts and glaucoma, and despite all efforts and due to the impact Covid-19 has had, harm is still being seen.

DB presented the cataract case highlighting if the proposal was implemented it will take away some capacity burden faced by local acute providers. This will be done through transferring some of the routine post-operative care responsibilities to community provider partners, releasing approximately 2,000 appointments for other cataract patients to be seen. Similar services run in other areas within Yorkshire. It is anticipated 5% of these patients may be referred back to the Trust due to post-operative complications.

The committee discussed the case at length and confirmed support given it is the right thing for patients, and the Trust from an activity point of view. The committee were unable to confirm a funding source but agreed there was a need to find a way of funding it, therefore it was agreed AB would meet with DB, the Care Groups Associate Chief Operating Officer and Finance Manager to agree a way to fund the case. Additionally, the case needs to include Scarborough unless it is piloted in York first with a clear understanding for the whole service longer term, and for a case to be built to present to NHSE/ICB in relation to funding for next year.

Glaucoma Proposal
DB presented the glaucoma case highlighting if the proposal is implemented it will take away some capacity burden faced by local acute providers. This will be done through efficiently refining the referral process, specifically across the Trust's footprint and transferring some of the ongoing monitoring responsibilities to community provider partners, initially across both the Trust and Harrogate and District Foundation Trust (HDFT) footprints. Approximately 4,000 patients across the region could receive ongoing monitoring in the community and refining the referral process will reduce the number of patients being referred into the Trust as currently 40% if patients do not need to be seen.

DR flagged the serious incidents being reported relate to glaucoma.

The committee discussed and supported the case but confirmed the £0.5m required to fund it was beyond the Trust's reach. It was suggested DB look to pull out the core components to see if this could be delivered to prove the concept. It was agreed HM would take this issue to the Quality PLACE Group and AB will seek to include this in conversations which are due to start in relation to next year's commissioning given this is a known risk, and the proposal put forward is a long term solution to improving the position.

The committee:

- **Scarborough Community Diagnostics Hub:**
    - **Noted the progress and approved of the equipment case being submitted to the ICS**
    - **Noted the progress of the Scarborough Community Hub case adding it needed to go to the Board of Directors (BoD) meeting at the end of November, with the BoD approval and ICS processes running concurrently.**
- **2022/23-87 Endoscopy Insourcing:**
    - **The committee approved option one as described for 2022/23-87 Endoscopy Insourcing and requested option two is discussed through**

the Tier 2 meetings to push for additional financial support to deliver this.

- **Cataract Proposal:**
  - **Supported the cataracts case noting the need to agree a way to fund it and for the case to include Scarborough unless it is piloted in York first with a clear understanding for the whole service longer term.**
- **Glaucoma Proposal:**
  - **Supported the glaucoma case but confirmed the £0.5m required to fund it was beyond the Trust's reach.**

Action:

- **Scarborough Community Diagnostics Hub:**
  - **MT to add Scarborough Community Hub case to November's BoD agenda.**
- **Cataracts Proposal:**
  - **AB to meet with DB, Care Group 6's Associate Chief Operating Officer and Finance Manager to agree a way to fund the Cataracts case and to build a case to present to NHSE/ICB in relation to funding next year.**
- **Glaucoma Proposal:**
  - **DB to pull out the core components to see if this could be delivered to prove the concept.**
  - **HM to flag this risk and proposal with the Quality PLACE Group.**
  - **AB to include in commissioning discussions for next year.**

101-22/23 / CQC Update including an Information Request Risks Report

HM presented an update to the committee noting there was nothing new to highlight to the committee, with all work being on track.

HM reminded the committee the CQC are due on site from 22-24 November 2022 for the Trust's Well Led Review. Feedback has been received from the mock Well Led Review NHSE undertook, with a Board of Directors session taking place this afternoon. Following this a self-assessment document will be shared with Care Groups for information. It is expected the CQC report will be issued either at the end of the year or early in 2023.

The Information Request Risks report has been deferred to the next meeting.

The committee:

- **Noted the update.**

Action:

- **LG to add Information Request Risks report to the work programme for the next meeting.**

102-22/23 / Quality Improvement – Self assessment and where next?

AB welcomed PD and CJ to the meeting.

PD presented an update to the committee on the work been done on Quality Improvement (QI) over the last three months, with the QI delivery group having assessed the current position and developed a number of initiatives to increase organisational capacity/ capability for QI. Adding the first cohort of the Quality, Service Improvement and Redesign (QSIR) practitioner education programme completed yesterday.

PD confirmed the next steps for QI includes:

- Care Group feedback sessions over the next few months
- Delivering a Board of Directors development session in February 2023
- Completing the QI education plan - mapping to workforce numbers to ensure adequate provision of QI education
- Developing a communications plan, reviewing what this will look like and the resource required to be able to do it
- Undertaking an options appraisal for a QI monitoring package
- Support the development of QI leadership at care group/departmental level. This would be designed with care groups but should encompass:
    - QI Clinical lead roles across Care groups. Similar to research.
    - Roles with a significant and recognised time for QI. E.g. Endoscopy lead nurse for QI.
    - QI/Leadership Fellowship roles at department level (Secondment time limited 12-month roles at Speciality trainee/Band 6-8a level). This would include coordination of bids for external funding e.g. via the HEE Leadership fellow program.
- Undertaking an options appraisal for the development of a Trust wide Quality Management System. Considering the best way to support ground up QI across the trust via coordination of corporate resource already allocated to the 6 IHI Quality Domains:
    - Efficiency
    - Safety
    - Patient Centred/Patient Experience
    - Equitable
    - Effectiveness
    - Timeliness
- Plan a Quality Summit/Conference for May 2023.

JM highlighted there may be difficulties with assigning a specific clinical lead as this didn't work well for research. PD noted the Care Group Directors know their care groups best and he would work with each of them to find a way which works for their individual care groups.

AB thanked PD for the update, noting he looked forward to seeing the momentum build around QI.

The committee noted the updated and supported next steps.

The committee:

- **Noted the update and supported next steps.**

103-22/23 / Theatres SLA Update

SM joined the meeting.

AB welcomed LH to the meeting and noted it was good news to see the proposal was to increase the theatre SLA by 10%.

LH confirmed excellent work had taken place in terms of recruitment, particularly for scrub and ODP posts on the York site however significant shortages remain on the east coast.

The Care Group is therefore exploring options for a recruitment and retention premia, especially considering the ask to provide maternity scrub support.

LH highlighted the agreement to reduce theatre SLA previously led to less cancellations on the day which was the aim of the reduction. The care group is now able to add 10% back into the SLA, taking this up to 90% overall. Doing this does require extra support from theatre insourcing which AB is aware of. LH noted a breakdown in specialty split is proposed in the paper however she is happy to discuss and agree the final breakdown with care group colleagues outside of the meeting as this has been based on fairness, but the care group appreciate some areas need more support than others to meet specific targets.

LH added there has been significant improvement with theatre utilisation reaching 82% however the team would like to get this to 85% so will keep pushing this work.

LH flagged the east coast is a concern therefore there will be a focus on reviewing recruitment over the next few months.

The care group hope to be able to increase the theatre SLA to 100% from April 2023.

The committee noted the update and was pleased to see the 10% increase. ML noted the impact of this would be flagged at the Tier 2 meeting tomorrow.

The committee:

- **Noted the update and was pleased to see the 10% increase.**

104-22/23 / FIT Proposal

LH updated the committee on discussions the Cancer Delivery Group (CDG) have had in relation to FIT which the committee have previously discussed. The CDG at the last meeting were unable to come to a consensus as to how to deliver NHSE's instructions regarding FIT given HNY Cancer Alliance have not chosen to mandate the test as a pre-referral test.

LH outlined the paper describes several different options for the committee to consider highlighting option three needs to be explored, with executive to executive discussions with the HNY Cancer Alliance. Option two is a more radical option and will damage relations with primary care. Equally if the Trust does nothing it will not achieve NHSE's instruction and diagnostic wait times on this pathway will continue to suffer with patients' weeks rather than days for the test. If FIT is undertaken by all GP's it will allow the most at risk patients to be prioritised within two weeks. Moving into Tier 1 will also put more pressure on the Trust to implement NHSE's instruction.

The committee had an in-depth discussion and agreed LH and LB should write a letter to all GP's which is to include:

- DR's points that this will provide the lowest risk to patients, enabling the Trust to see, diagnose and treat those that need it most
- the NHSE letter outlining the instruction to the Trust
- confirmation of the pathway change notifying this will take effect from 1 January 2023

ML agreed to inform the Tier 1 meeting tomorrow to ensure they are aware of the Trust's intention to do this and will ask if there is any learning from other areas where there may have been issues with implementing this.

The committee:

- **Agreed LH and LB to write a letter to all GP's outlining the change in pathway and the explanation as to why.**

105-22/23 / LIMS Report

KH highlighted to the committee following a review and discussion at the LIMS Project Board it has been agreed the go live date for LIMS has been delayed to 10 July 2023. The report outlines the potential risks associated with the delay however these risks have not yet been quantified. A report with the full detail will be submitted to the committee following the next LIMS Project Board. KH has asked the project team to ensure there are clear milestones throughout the project to ensure any delays are flagged quickly, to enable them to be dealt with.

AB noted the need for the committee to have routine visibility over the progress of the LIM project.

DR informed JM the delay to the LIMS project may impact on the ability to go live with Badgernet and results being uploaded. Adding it may need to be a partial launch until LIMS goes live however this is currently an ongoing debate.

The committee:

- **Noted the update and change in the go live date.**

Action:

- **LG to add LIMS Project update to the work programme.**

106-22/23 / Executive Committee – updated Terms of Reference

MT requested the committee approve the updated Terms of Reference (ToR) noting there is an ongoing review of which groups will start to report into the committee which will inform a further change of the ToR and work plan.

The committee approved the ToR subject to the Chief AHP being added to the membership and amending 'Clinical Chief Information officer' to 'Chief Clinical Information Officer'.

The committee:

- **Approved the ToR subject to the Chief AHP being added to the membership and amending 'Clinical Chief Information officer' to 'Chief Clinical Information Officer'.**

107-22/23 / Protocol for changes to in-year revenue financial forecast

AB requested the committee reads through the paper in detail within the next few days, asking that it is shared and discussed within their teams to ensure everyone is sighted on this as it could have significant consequences for the Trust.

AB talked the committee through what the protocol means and the implications this could have on the Trust, including the possibility of being stripped of all delegated authority for spend over £50k which would need to be signed off by the ICB. If the ICB is unable to balance its financial plan the same would happen and spend over £100k would need to be signed off by NHSE. AB stressed that this is being treated extremely seriously by the national team as there is pressure to finish the year without a deficit.

AB noted the paper suggested some stage one recovery actions, most of which are already underway, however there are some new ones which will help improve the Trust's position. There are also secondary stage actions should the position significantly deteriorate however AB is not recommending these are done, they are there for reference so the committee are sighted on what would need to be done.

The committee had a lengthy discussion and acknowledged the stage one recovery actions that need to be taken to ensure a balanced financial position at year end. Noting the secondary stage actions and significant implications of not having a balanced plan.

The committee:

- **Acknowledged the stage one recovery actions that need to be taken to ensure a balanced financial position at year end.**
- **Noted the secondary actions and significant implications of not having a balanced plan.**

Action:

- **Committee members to share and discuss the protocol with their teams.**

108-22/23 / Paediatric and Midwifery Incentives

JM highlighted this follows on from the last meetings discussion in relation to the Trust's winter incentives which was received last minute and agreed at the meeting. On further review JM noted this will not go far enough for maternity and paediatric staff due to double time being agreed for full time staff only, and most of the paediatrics workforce are part time.

There are significant challenges within midwifery and child health over this winter period which have been previously flagged therefore the committee are asked to consider paying double time for all unfilled shifts otherwise the departments will not be safely staffed. Maternity theatre staff also have a long-standing double time incentive which if not agreed for all will cause disparity and is likely to lead to midwifery staff taking up theatre shifts more than core midwifery shifts.

The costs of applying double time incentives for all unfilled shifts are estimated as follows through to 31st March 2023:
Paediatrics (1/11/22 to 31/3/23): £141,280
Midwifery (1/11/22 to 31/12/22): £77,418
Total: £218,698

JM highlighted another option to support paediatrics staffing would be to pause the transitional care service for a short period of time however this would have a quality impact on patients.

The committee discussed the request and agreed that it could not pay double time to staff working part time hours. Midwifery can be classed as acutely short until the end of the year so that as part of the agreement at the last meeting those working full time can pick up hours over and above this for double time and those working part time can receive double

time by booking in an allocate on arrival bank shift. Due to their skill set they will be allocated to these areas first.

It was agreed the transitional care service would be paused until January 2023 to allow this resource to be allocated to the wider paediatrics team, and to allow for the double time for allocate on arrival bank shifts to be booked. The committee were not comfortable about the pausing of the service however felt this was the only option given limited financial resources.

The committee:

- **Agreed for maternity and paediatrics to be classed as acutely short areas to allow for double time for hours worked above full time and for bank allocate on arrival shifts.**
- **Agreed to pause the transitional care service until January 2023.**

109-22/23 / HNY HCP Convergence Charter

JH presented an updated on EPR and the specific set of principles that the Trust is currently agreeing with colleagues in the ICB around the convergence of EPR's as part of a bid for monies from the National Frontline Digitisation Programme and asked the committee to agree the EPR Convergence Charter to enable continued collaboration across the ICS. JH noted the EPR business case is still at the outline stage.

The committee:

- **Noted the update and agree to the EPR Convergence Charter.**

110-22/23 / Items to note

Risk Committee Update including minutes, Board Assurance Framework (BAF) & Corporate Risk Register (CRR)
The committee noted the Risk Committee minutes, BAF and CRR.

The committee:

- **Noted the Risk Committee minutes, BAF & CRR.**

111-22/23 / Any other business

Improvement Director
SM flagged Shaun Stacey officially commenced in the Improvement Director role two days a week for six months from Monday 14 November 2022. SM noted he will attend a future meeting when possible and will be meeting with colleagues over the coming weeks.

The committee:

- **Noted the update.**

112-22/23 / Time and Date of next meeting

The next meeting will be held on 07 December 2022, 8.30am-12pm in the Trust Headquarters Boardroom.

Minutes

Executive Committee
07 December 2022

Members in attendance: Simon Morritt (SM) (Chair), Karen Stone (KS), Melanie Liley (ML), Heather McNair (HM), Polly McMeekin (PM), Lucy Brown (LB), James Hawkins (JH), Mike Harkness (MH), Gerry Robins (GR), Amanda Vipond (AV), Srinivas Chintapatla (SC), Jo Mannion (JM), Mark Quinn (MQ), Donald Richardson (DR), Stuart Parkes (SP), Mike Taylor (MT)

Attendees: Lisa Gray (LG) (minute taker), Neil Todd (NT) (122-22/23 item only), Penny Gilyard (PG) (123-22/23 item only), Kevin Richardson (KR) (123-22/23 item only), Gail Dunning (GD) (126-22/23 and 127-22/23 items only), Tim Lord (TL) (128-22/23 item only), Dan Palmer (128-22/23 item only), Gemma Ellison (GE) (129-22/23 item only), Nichola Greenwood (NG) (129-22/23 item only), Karen Priestman (KP) (130-22/23 item only), Amber Lee (AL) (130-22/23 item only), Sheena White (SW) (131-22/23 item only)

113-22/23 / Apologies for Absence: Andrew Bertram (AB), Ed Smith (ES)

114-22/23 / Declarations of Interest

No declarations of interest were declared.

115-22/23 / Minutes of the meetings held on 16 November 2022

DR flagged minute no. 105-22/23 should read ‘BadgerNet’ rather than ‘Badger Notes’.

The remaining minutes of the meeting held on 16 November 2022 were agreed as an accurate record.

The committee:

- **Agreed with the change to minute no. 105-22/23, the remaining minutes of the meeting held on 16 November 2022 were an accurate record.**

Action:

- **LG to update minute no. 105-22/23.**

116-22/23 / Matters arising from the minutes and any outstanding actions

No matters arising discussed and no updates given on outstanding actions.

117-22/23 / Chief Executives Update

SM welcomed KS to her first meeting as the Trust's new Medical Director.

SM flagged the National Intensive Support Team (IST) were on the York site yesterday and today. ML added feedback will be received later today.

SM noted there was nothing else to specifically update on that was not already on today's agenda.

The committee:

- **Noted the update.**

118-22/23 / Care Group Reports

Combined Care Group Report

JM presented the combined care group report on behalf of all care groups highlighting the work being undertaken for the CQC Section 31 notice has seen some really good work, including the rapid turnaround and senior manager walk rounds which teams have found energising. There is a need to look at this work and expand it to other care groups as the issues in relation to governance and oversight are relevant to all.

JM highlighted the number of vacancies remains an ongoing risk, with it being challenging to deliver the standards of timeliness within elective and acute care. Winter incentives should have reduced the gaps in some clinical areas, a review of this will come back to a future meeting. The care groups are still unsure of the impact pension recycling offered to consultants will have and recommend implementing the Real Living Wage (RLW) in quarter 4 to improve retention of staff at the bottom of band 2.

PM confirmed there was not much appetite when pension recycling was linked to additional work however the Trust has been informed the national template policy for Trusts to use is imminent, once received the Trust plans to implement it. PM added a pensions consultation was launched yesterday and PM will share the link with the committee and would encourage individuals to complete this.

SM noted the RLW was currently with the Board of Directors (BoD) who would be reviewing it again in January 2023. Both the committee and BoD are supportive of the RLW however there is a £0.5m revenue consequence which needs to be taken into consideration given the current financial position and protocol the Trust must follow.

JM flagged the minor capital works projects plan on page is still awaited. Noting there is a need to have this, so it is clear where they are up too and what the timescales are to start and complete the work to allow this to be shared with teams to set realistic expectations. JH highlighted a minor works that has been waiting up to 12 weeks to be completed which is having a significant impact. SM flagged Mark Steed has been tasked to produce this and there needs to be a further discussion with him, as some of these things should not be taking as long as they do, despite YTHFM's capacity constraints.

Care Group 1

MH highlighted urgent care continues to be challenging with the care group looking to enact the full capacity boarding protocol again this morning.

Paediatric urgent care has had some successes however there are now some issues in relation to nurse staffing, further conversations regarding this will be picked up across the

care groups in the paediatrics strategic group to look to analyse and implement change to support this area.

Workforce in gastroenterology is extremely difficult across sites, which is linked to not having many middle grades meaning there are not enough trained to come through. An advert has gone out to attract new candidates and it is believed there may be some interested parties.

The general medicine offering as a whole is being looked at and a time out has taken place to include the whole team to look at different ways of working.

The care group are mobilising additional funds to support NIV CPAP on ward 24.

ML presented an update on the York System Plan which the committee has had sight of previously. Work is ongoing around prioritisation and the Trust has been very clear that if there is no impact on flow and discharge then it should not be supported currently.

Care Group 2
GR confirmed the East Coast Steering Group is now up and running. There is variable traction on staff engagement for the transition into the new model. JH noted there was a need to look at how to start ramping up communications around staff brief and other channels to increase visibility and support, on what the Trust is trying to achieve with the new model.

GR noted C.Diff remains a challenge on Cherry due to environmental and equipment issues. New mattresses required to replace the damaged ones are unavailable to order, pro-active HPV is still taking place by using Haldane on weekends and there is plan for a decant ward once the new build goes live in April 2024. Post Infection Reviews are ongoing, with a comparison taking place between the two elderly wards which has flagged differences between use of anti-biotics so further work will take place on this.

Keeping respiratory and non-respiratory patients separate, including separating out covid-19 and flu patients within urgent care is challenging in an extremely busy department. The flu plan has been reviewed and Lilac Ward is now going to be the flu ward as it has more flexibility.

Gastroenterology is a challenge as MH mentioned, and it is suspected another consultant will leave within the next three months.

Work is ongoing in relation to looking at making the Outpatients A area into a semi-permanent area to support acute flow and ambulance handovers.

ML flagged the need to not lose sight of increasing capacity on BCU to 28 beds now it has been moved to Waters ward notwithstanding the issue of funding the additional staff to manage it as this will be beneficial to the acute site. GR believed David Thomas had managed to secure the additional funding yesterday.

Care Group 3
AV noted there was not much difference to the last report.

The care group continue to have concerns on how they are going to continually staff maternity theatres. A business case in relation to this will come to the next meeting.

Concerns also continue over GPIC standards not being met in either ICU, which relates to AHP support for it. A business case has been completed but there is no funding for it and

given it has been on the care groups radar for some time AV is contemplating as to whether this should now be escalated to the ICS given the same standards should be achieved across the network. SM agreed, noting there was a need to assess what it looks like across the network and to ensure the Trust receives its part of any funding made available.

AV flagged the care group have also had to use a lot of agency staff across many of their teams which is causing a financial risk.

Care Group 4
SP noted most risks and escalations remain the same as the previous report.

SP flagged the issues that remain with RAAC and the impact the delays is having on staff. The staff cannot be moved out of Scarborough yet, and there are concerns around the building itself, and the redevelopment of the York site where the service will move too has not been developed so the timeline for the move is looking to be March/April 2023. Staff are now starting to look for alternative jobs, with several leaving already. SM asked for an action to be noted for AB to pick up on RAAC as there needed to be more clarity on what is happening with this.

Vacancy issues remain, particularly in oncology and histopathology. KS flagged she spoke to SC over the last few days highlighting the oncologist's issue is not unique to this Trust so there is a need to look at alternative workforce models which are consultant led but the work is delivered by other professionals. SM flagged there was a need for the Cancer Alliance and ICB to discuss the issue within oncology. SP noted the H&NY Cancer Alliance is undertaking a workforce review which should be completed for when Lucy Turner takes over as Managing Director in January 2023.

SP noted from a pharmacy perspective the Group A Strep concerns has caused supply shortages for anti-biotics across the patch, so efforts have been increased to pro-actively order stock to ensure there is enough for the emergency departments and paediatric patients. KS noted the shortage around paediatrics was around syrups so there is a real need to teach children how to take tablets, nationally there has been a big drive to do this and there is a lot of supportive resource to help do this. JM acknowledged this needed driving forward, with a 'Think Tablets First' campaign. KS added dosing is better and it will also reduce costs.

Care Group 5
JM noted the care group have been doing a lot of work in relation to the CQC Section 31 notice, with an action plan being pulled together for the initial submission of 23 December 2022. The maternity on call rota which has been discussed previously has now commenced as of last weekend to allow any maternity diverts or closures to go through this route.

The team are looking at mitigating the risks in relation to the maternity theatre environment in lieu of new theatres given the current ones are not fit for purpose. Further information on this will come to the next meeting.

The paediatric CAT hub is now in place five days a week at Askham Bar. ML noted given it has been a success there is an ask to look at whether the principle can be expanded to the whole of the ICS and whether it could include adults.

JM flagged the scrub practitioner business case which AV mentioned noting it would not be an easy thing to work through and recruit too but there is a need to do something at pace.

Care Group 6
MQ noted dermatology continues to be a pressure with our people, and quality and safety with four consultant vacancies. The care group did feel there was some progress with using some locums however locums are requesting £180 per hour which is well above the normal rates and even after negotiation this is not coming down much and they are only willing to do certain things for this. Therefore, the care group has lost one of the locums due to their unreasonable demands. There is one applicant for a substantive position after going out numerous times to advert, and they will be interviewed in January 2023.

The care group are doing all it can to help, with insourcing in Dermatology starting next weekend however it is extremely expensive but it should help bring the cancer targets in line.

There remain limitations on space so some Saturday work has taken place when there is more room, but capacity will increase when the urgent care centre moves following the building work completing early next year.

The care group increased their staff survey response rate by 5% this year and appraisal rates are at 98%, showing that there is good staff engagement. SM noted the staff survey response rate of over 50% was fantastic, noting the need to share learning on how this has been done with other teams for next year.

MQ noted capacity and demand is not foreseeing what the care group want it too, with new patient waits and follow up partial bookings growing despite best efforts. There are some 78 week wait issues for trauma and orthopaedics, with some issues of ringfencing of beds. If these are not ringfenced the department will miss out on its 78-week trajectory.

The committee:

- **Noted the combined and individual care group escalation reports.**

Action:

- **PM to share the pensions consultation link, asking individuals to respond.**
- **AB to seek clarity on the RAAC works.**
- **LG to add the Maternity Theatre Scrub and Recovery Practitioner business case to the next meeting agenda.**

119-22/23 / QPAS Escalations

HM wanted the committee to note that there remains a challenge on the York Care Unit as there are not enough therapists to support the unit which is detrimental to moving patients on.

There are IPC concerns within the report however they have all been discussed at previous committee meetings.

HM flagged the escalation in relation to a POTS service being established without any sort of governance wrapped around it. SP noted there is a lot of detail behind this, with many different elements and there is a need for the ICS to agree where this service should be commissioned. MQ added there is a report going to the Drugs Therapeutics Committee in January and he expects a lively debate. KS noted this was not a service she has seen elsewhere so will pick this up with SP and others outside of the meeting to get a broader understanding before bringing back a recommendation to the committee, which will be likely to cease the service.

The committee:

- **Noted the QPAS escalations.**

Action:

- **KS to pick up with SP and other individuals in relation to the POTS service.**

120-22/23 / Industrial Action

PM noted this item had been added before the Trust was aware it would not be impacted by the RCN industrial action on 15 and 20 December. It is therefore likely the industrial action will impact the Trust in the New Year. It is important to learn the lessons from the Trust's within the area which are part of the action in December.

The Trust is more likely to be impacted by the GMB and Unison industrial action involving the Yorkshire Ambulance Service which is taking place on 21 December 2022. ML confirmed there will be an impact for the Trust mostly around discharges and outpatients. Clarity on this is being sought so this can be worked through with the care groups to understand how this will impact on outpatient delivery.

A command structure is built around this, and Richard Chadwick is working with the workforce team to ensure all FAQs are circulated in anticipation of this. PM's ask is if the care groups are fielding the same questions to feed this back either to herself, Lydia Larcum or Jenny Flinton to allow them to feature in the FAQs.

PM suggested it would be helpful to have this as a standing item over the next couple of months as industrial action takes place.

The committee:

- **Noted the industrial action update.**

Action:

- **LG to add industrial action as a standing agenda item.**

121-22/23 / Locum rates of pay

PM noted this item was to clear up any misunderstanding around locum rates of pay.

The committee know the Trust already has some expensive locums working for the Trust and rates are escalating to eyewatering levels. A report on agency usage is included within the Trust Priorities report each month. What the Trust is now seeing is individuals that are already working for the Trust, above cap, requesting to increase their rate of pay by approximately 10%. The Trust has already accepted to pay above cap due to quality and safety issues, but some care groups now appear to be lobbying for this increase due to this reason which is making it difficult for the Trust to negotiate the pay down, highlighting they are already paid very well.

The Trust pays very generously in comparison to others and is therefore on NHSE's radar to receive support as the usage of off framework and above cap rates is generally higher than most other Trust's. Locums at times state they have been offered higher pay elsewhere, but this is generally untrue.

PM highlighted the care groups do not need to be making the argument about clinical risk if they are already being paid above cap, it is about whether they are worth that amount of money.

The committee had a lengthy debate, with KS highlighting if locums are currently working for the Trust and they are asking for an increase then there is a need to see if there is another locum who would be willing to work for the Trust for less. There is also a need to get a message across to staff that all are equally as important as each other and should not be paid any more or less so as not to provide resentment. There is a need for the senior medical team to take this stance and question why people think they are worth that much.

SM noted there is a need to push back more on high rates however there is a need to sense check rates in real time to figure out whether the locum has been offered more elsewhere so the Trust can make the appropriate decision.

The committee:

- **Noted the update and the need to push back more on high rates, and to get the rates sense checked in real time.**

122-22/23 / Business Cases

SM flagged that if there is not a source for funding for these cases, an exercise has just begun to understand the revenue ask of all care groups and this will be returning to the next committee meeting. Currently this stands at £64m, so if there is no funding for any of these cases then they need to be part of that wider conversation.

2022/23-83 Project Manager DIS
JH noted within DIS there is no substantive project managers and DIS has been relying on external contractors. One of the Trust's analysts was used to do project management for the Somerset Cancer System at a Band 7 and that individual is keen to continue as a project manager and DIS are keen to support this and back fill their post to help reduce reliance on externals. There is no recurrent consultancy spend as DIS usually rely on income from other care groups to fund projects however, this will not impact on this year as DIS will not recruit in time. JH discussed this with AB in advance of the meeting, and it was agreed that this post would be recognised as having some income against it, and if this income did not come in then JH will manage the costs within the overall DIS budget.

The committee discussed and approved the case given there has been an income stream identified against it and that there will not be any short-term revenue consequences this year.

2022/23-55 Maintaining current staffing levels in the York and Scarborough POCT department
SM noted due to the IST meeting Kim Hinton and SC were unable to present.

SM added this case is linked to covid-19 funding which the Trust doesn't know what, if any will be allocated next year. There is therefore a need to continue as is for this financial year and include it within the planning round with all the other revenue pressures for next year.

2022/23-94 Radiology Replacement equipment on the approved priority capital replacement schemes for 2022-23
SC highlighted this case was for replacement equipment on the approved priority capital replacement schemes for 2022/23. MERG have questioned whether the OPT machine in Bridlington should be replaced as they feel it is not a cost-effective use of money given it sees on average 15 patients a week. SC flagged if the OPT machine is not replaced this

would mean stopping the service at Bridlington once the current machine breaks down, which is politically sensitive.

The committee discussed the case and approved the replacement of the 2 mobile intensifiers and 3 USS machines. The committee were unable to make a final decision on the OPT machine replacement and asked SC to undertake some further work on what the political consequences of not replacing the machine would be, given this would stop the service running in Bridlington and bring a recommendation back to the committee.

2022/23-36 Consultant Microbiologist
SM welcomed NT to the meeting.

NT highlighted the team has not increased in size since 2015 despite the workload increasing by 30%, with covid-19 on top of this. The case is asking for two posts, one of which can be funded by 0.8 from released PA's which would bring the team back to just about a sustainable clinical service, although under duress. The team has seen on medium to long term sickness in the last few months due to stress and two are still undertaking a one in four on call rota which is not sustainable. Therefore, the need is for 0.2 to make this post 1WTE and a second post which is driven by the IPC agenda. The team are increasingly unable to support any pro-active IPC work there NT feels the case for both is strong in terms of service delivery. Adding income streams are always a challenge for support specialties however the main source of income would be avoidance of costs through reduced hospital acquired infections, noting each C.Diff case costs £10k, and the Trust saw 120 last year.

Any recruitment would not happen in this financial year so there would be no costs incurred this year.

The committee had a lengthy discussion and agreed to approve the replacement post, increasing this to 1WTE. The committee were unable to approve the second post despite being supportive of it given the financial constraints, therefore it needs to be included within the planning round for with all other revenue pressures for next year given there are many things that the committee will class as critical. NT is also to pick up a conversation with KS and HM outside of the meeting to discuss KS' suggestion of looking at alternative workforce models.

The committee:

- **2022/23-83 Project Manager DIS.**
  - **Approved**
- **2022/23-55 Maintaining current staffing levels in the York and Scarborough POCT department**
  - **to include in the planning round for all revenue pressures for next year.**
- **2022/23-94 Radiology Replacement equipment on the approved priority capital replacement schemes for 2022-23**
  - **Approved the 2 mobile intensifiers and 3 USS machines**
  - **Requested further work to take place in relation to the replacement of the OPT machine at Bridlington and return a recommendation to the committee.**
- **2022/23-36 Consultant Microbiologist**
  - **Approved the replacement post, increasing it to 1WTE**
  - **The second post is to be included in the planning round for all revenue pressures for next year.**

123-22/23 / Car Parking Management Costing Schedules

SM welcomed PG & KR to the meeting.

PG and KR updated on the work that has been undertaken since the previous discussion with the committee, and the changes that have been made following the committee's feedback and on discussion with key stakeholders. All of which are outlined in today's meeting pack. PG noted Dan Braidley will present at the next meeting in relation to sustainable travel options and existing York Hospital Park and Ride bus service, which links into the wider piece of work the team were asked to undertake in relation to access to sites for staff and visitors.

KR outlined the work GroupNexus, who have been awarded the contract through the approved procurement route, must do in advance of a proposed go live date in April 2023. To allow them to move the project forward the committee are asked to review and approve the proposed staff and visitor car parking pricing schedules. KR flagged there was a query over whether Band 8+ staff group should be moved into the price bracket below with Band 6&7's and requested the committee to confirm where the Band 8+ staff group should sit. PM noted the reason for this was Band 8+ would not be guaranteed a car parking space, like consultants who were currently in the same price bracket.

The committee had an in-depth discussion and approved the staff car parking pricing schedule subject to Band 8+ moving into the price bracket below with Band 6&7's. Noted the staff permit criteria which has previously been approved. Approved the visitor car parking pricing schedule subject to reviewing the concessions which are to be advertised alongside the price increase in January ready for a go live date of February 2023.

The committee were clear that the staff car parking permit criteria and pricing schedule are only to be communicated and implemented once a decision has been made in relation to all other elements relating to access to sites.

The committee noted the staff car parking permit criteria and pricing schedule will need to be discussed with the JNCC either at their next meeting, or virtually.

The committee:

- **Approved the staff car parking pricing schedule subject to Band 8+ moving into the price bracket below with Band 6&7's.**
- **Noted the staff permit criteria which has previously been approved.**
- **Approved the visitor car parking pricing schedule subject to reviewing the concessions which are to be advertised alongside the price increases.**
- **Were clear that the staff car parking permit criteria and pricing schedule are only to be communicated and implemented once a decision has been made in relation to all other elements relating to access to sites.**
- **Noted the staff car parking permit criteria and pricing schedule will need to be discussed with the JNCC either at their next meeting, or virtually.**

Action:

- **PG to discuss with AB whether salary sacrifice was explored to use to support a hardship fund.**

124-22/23 / CQC Update

HM presented an update to the committee noting the report updates on the recent visit, the feedback for care group 5 and the Section 31 notice. A lot of work is being undertaken

in care group 5, and there will be learning to come from it, which JM has talked the committee through in the care group updates.

Once the initial submission is made to the CQC on 23 December, there will be a requirement to submit monthly reports thereafter. Care group 5 are also receiving external support, and the improvement work is starting to gain some real momentum.

HM flagged there are still some outstanding actions from the previous visit, and there is still regulatory action against the Trust's licence.

The committee:

- **Noted the update.**

125-22/23 / Trust Priorities Report

The committee noted the report with SM highlighting the Trust's financial position in November is unchanged from October, meaning the Trust is £4.6m behind plan which is broadly in line with other organisations across Humber and North Yorkshire.

The committee:

- **Noted the Trust Priorities Report.**

126-22/23 / Leadership Framework & accompanying 360 tool

SM welcomed GD to the meeting.

GD presented the leadership framework and accompanying 360 tool to the committee which has been produced for the Trust's leadership at all levels. The framework has been based on the Trust's values of kindness, openness, and excellence, and three leadership behaviours of professional, compassionate, and collaborative.

The committee had a lengthy discussion and felt there was no doubt that this would support embedding the Trust's values and behaviours, with it starting to make people accountable and able to challenge others. It will also allow for future leaders to develop, allowing for succession planning.

GD noted there were many different stakeholders involved, with lots of opportunities to get the framework embedded throughout the organisation with many people wanting to pilot it, which should allow for social movement. There is a need however for the committee to provide some direction, and for members to be living it out in practice as GD's team can only provide the development.

The committee were fully supportive of the leadership framework and accompanying 360 tool.

The committee:

- **Supported the leadership framework and accompanying 360 tool.**

127-22/23 / Reverse/reciprocal mentoring framework

GD delivered a presentation on the work undertaken following her previous discussion with the committee and shared the proposal for cohort two of the reverse/reciprocal mentoring programme and the framework to be implemented by the Trust.

The committee discussed and approved the approach for the next cohort and the reverse/reciprocal mentoring framework.

The committee:

- **Approved the approach for the next cohort and the reverse/reciprocal mentoring framework.**

SM left the meeting and ML took over as Chair.

128-22/23 / Nursing Council Update

ML welcomed TL and DP to the meeting.

TL noted to the committee himself and DP have over the last few months been establishing the Nursing Council. It has been set up as there is a view within the nursing teams that their voice often doesn't get through as much as they would like. The principles of the Nursing Council is to ensure that no decision is made on behalf of the nurses without the nurses consideration. Therefore, the council want to be involved in decision making to avoid unintended consequences that may get missed without the knowledge of front-line staff.

DP highlighted that everyone within the council is treated as equal, with banding of members not being taken into consideration. TL chairs the council with an assigned deputy. The Nursing Council is for both nursing and midwifery staff however there are currently no midwives on the council, so DP asked for support for this to happen.

At the next meeting DP noted the council will be looking at establishing members of the council that will link in with different departments within the organisation so they can help shape and be involved in decision making. Following this these names will be shared, and the ask is that these are added to any decision-making meetings going forwards that effect nursing and midwifery staff to allow them to advise and bring back to the council.

ML suggested TL and DP attend a committee meeting in a couple of months' time once a couple of their meetings have taken place to allow them to share the work of the council and give some examples of how it is working.

PM flagged it was important for the Nursing Council to link in very closely with the RCN and RCM representatives as there is a formal collective bargaining forum called the JNCC which meets monthly where decisions are made that relate to terms and conditions. There is clear crossover, and this is the formal function within the Trust so there is a need to link in to ensure there is no duplication and matters are picked up appropriately.

The committee:

- **Noted the update on the Nursing Council.**

Action:

- **LG to agree a date with TL and DP to come back to present an update to the committee in a couple of months' time and add to the work programme.**

129-22/23 / Domiciliary Care Update

ML welcomed GE and NG to the meeting.

GE and NG presented an update on the work undertaken since the previous discussion with the committee where it was agreed they would go away and work up a more detailed scoping of setting up a domiciliary care service, and to explore further collaboration with Harrogate plus other options to address the same issue of the number of patients within the hospital who do not have the criteria to reside.

GE highlighted they feel the organisation will have a greater impact on this issue if the Trust pursues other options rather than the development of a domiciliary care service. All options will require a level of investment. Nationally there is additional investment for social care available, and this is available for both York and North Yorkshire therefore there is a need to decide which actions will have the biggest impact on discharge numbers, to work with partners to ensure these options are on the bids for the additional national funding.

The committee had a brief discussion given time constraints and agreed there was a need to pick up a more in-depth conversation with a smaller working group of key stakeholders and bring back some recommendations in the New Year, ensuring it is at the beginning of the agenda to allow for a fuller conversation.

The committee:

- **Agreed there was a need to pick up a more in-depth conversation within a smaller working group of key stakeholders and bring back some recommendations in the New Year, ensuring it is at the beginning of the agenda to allow for a fuller conversation.**

Action:

- **LG to add to the work programme for the New Year.**

Post meeting note:
GE and NG attended Corporate Directors on 12 December 2022 where the paper was discussed. The Executive Directors have determined the following:

- No further progress to be made on the development of a Trust-run domiciliary care service, at this stage.
- To progress the expansion of CRT services, initially with an additional caseload of 20 patients with the option to scale up or down as necessary.
- To progress with the expansion of beds at Bridlington Care Unit
- To progress the expanded workforce model at York Care Unit to allow a modification to the acceptance criteria.
- To continue discussions to accelerate the review of intermediate care services through integration and expansion.
- To explore development of additional community intermediate care capacity on the East Coast with Humber NHS Trust.

The Trust is seeking funding through:

- ICS recovery of virtual ward monies attributed to Humber NHS Trust to deliver the above.
- the additional social care investment

The actions are:

- to ensure that Michelle Carrington (York Place) has York CRT on its prioritised funding list

- to ensure that Sam Haward (NY Place) has Bridlington Care Unit on its prioritised funding list and explore recovery of virtual ward monies.
- for recruitment to be progressed substantively.

130-22/23 / Sharing of Indicative Outpatient Wait Times with Patients and Primary Care

ML welcomed KP and AL to the meeting.

KP informed the committee she was seeking approval to share indicative wait times, by the outpatient services the Trust publish on the e-Referral Service. The is now a robust mechanism for extracting and compiling this data meaning the information can be reliably provided and kept up to date.

The indicative wait time data is to give patients an indication of the maximum routine wait time that they may experience for that service. The actual wait time will depend on clinical prioritisation. The intention is to give patients an idea of the upper wait times to manage their expectations and allow them to exercise informed choice when choosing an acute provider.

The committee discussed and approved the publishing of the indicative wait times data set on the e-RS system and with primary care. ML noted it would be interesting to track what feedback is received and what impact it may potentially have, feeding this into the Tier 1 meetings.

The committee:

- **Approved the publishing of the indicative wait times data set on the e-RS system and with primary care.**

131-22/23 / Health Inequalities – National Requirements and Progress Summary

ML welcomed SW to the meeting highlighting SW and colleagues have been undertaking a piece of work around Health Inequalities following Peter Roderick's presentation to the committee in October 2022 where it was agreed the Trust would review its position and bring back an update report.

SW noted a health inequalities stock take was held in November 2022. Several teams are involved in pockets of work however there is no single forum to discuss and progress projects for health inequalities across the Trust. It is therefore proposed a health inequalities group is established, and an executive sponsor is assigned to support the work and lead from a strategic point of view.

In terms of priority pieces of work the Trust received a request from Stephen Eames, Chair of the ICS on 25 November 2022 asking that as an ICS, any patients with a learning disability or autism are brought forward to the front of the waiting list. This would therefore be the first project for the steering group, with the need to look at how these patients are identified on the Core Patient Database.

The committee discussed the update and supported the establishment of a health inequalities group. It was agreed due to time constraints that the executive sponsor would be agreed outside of the meeting.

The committee:

- **Supported the establishment of a health inequalities group.**

Action:

- **To agree who the executive sponsor will be.**

Post meeting note:
Corporate Directors continued the discussion regarding Health Inequalities – it was agreed that HM is the nominated Executive Lead and that a Task & Finish Group (T&FG) is to be established by the colleagues who contributed to the Executive Committee Health Inequalities paper to develop a work programme. Corporate Directors also agreed that the Trust, in response to the presentation from Dr Peter Roderick to the Committee in October and to the request from Stephen Eames, will review patients with Learning Disabilities and undertake a prioritisation review according to their waiting times. The T&FG will provide regular reports to Exec Committee.

132-22/23 / Items to note

NHSEI Agency Report
The committee noted the report.

Business cases approved outside the meeting:

- 2022/23-56 Optos California ICG widefield fundus camera for Scarborough Hospital
- 2022/23-58 Replacement of Two Microtomes and Procurement of Two Additional Microtomes
- 2022/23-88 Radiology Digital ICS Funding 2022-23
- 2022/23-95 Testing a new way of ordering wound care products in a community setting
- 2021/22-108 Scarborough CT

The committee noted above cases were approved outside of the meeting due to either being on the approved 2022/23 capital prioritisation list or having external funding attached.

The committee:

- **Noted the NHSEI Agency Report.**
- **Noted the business cases approved outside of the meeting.**

133-22/23 / Any other business

No other business was discussed.

134-22/23 / Time and Date of next meeting

The next meeting will be held on 21 December 2022, 8.30am-12pm in the Trust Headquarters Boardroom.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

January 2023

York Mortuary Team	**York**	**Nominated by Kim Hinton, colleague**

Kevin and the mortuary team recently worked with 34 Field Hospital to provide an education and awareness session for a group of soldiers. Following the session, the officer commanding, Major Rieder, wrote to say 'The visit was perfect and exactly what I was hoping it would be in terms of developing the mental resilience side of soldiering and learning. I would especially like to thank James who was on great form'. Warrant Officer Green also wrote and said 'I would just like to say thank you to yourself and your team. The soldiers who attended the session on Wednesday really enjoyed the experience and got loads from it'. Kevin and the team provided this support outside their normal day to day work and really represented the Trust at the highest level embodying the values of the organisation.

Acute Stroke Team	**York**	**Nominated by Z. Sokee, patient**

Outstanding! My wife and I would just like to make sure that Ward 23 acute stroke team realise just how amazing they truly are. I'm honestly speechless as to how they all go above and beyond with everything they do; nothing was too much trouble. The care that I received was clearly five star and everyone worked together. The team have the most amazing qualities - they are always smiling and laughing which just shows how much they love making a difference - plus it helps with recovery. Please let everyone I met know that I really appreciate all that you did and continue to do. Keep making a difference acute stroke Ward 23 team. A fantastic professional team who are a credit to NHS.

Nuwanthi Wanigasinghe, Trust Grade Doctor	**Scarborough**	**Nominated by Adam Dalby, colleague**

From a clinical governance point of view Nuwanthi is always willing to engage with audits and quality improvement projects. Whatever she says she will do, and she always follows through and is always enthusiastic.

Chloe Mason, Ward Manager	**Scarborough**	**Nominated by Cleopatra Robles, colleague**

I have worked within the Trust for 18 years and for the past two years I have worked on EAU with Chloe Mason as my ward manager. I have nominated Chloe as in my opinion she is a brilliant ward manager. She is approachable, kind, caring and considerate to all staff especially when it comes to personal family and childcare issues. She goes above and beyond to help resolve any problems any of the team have. I can testify that all the staff are happy and are privileged to have her as our manager.

Clare Inkster, Ward Clerk	**York**	**Nominated by a colleague**

Clare is not just a ward clerk - she is the glue that holds ward 14 together. After returning to work following the passing of her father, Clare has gone above and beyond with the relatives of patients that have passed recently on the ward. The care and attention she provides is amazing, her kind words and offers of tea and coffees etc - she helps them cope and it is lovely to see the comfort she gives.

Sarah Atalay, Matron and Ward 16 Team	**York**	**Nominated by Maggie Bulman, colleague**

There was an extremely challenging and violent patient awaiting transfer to Foss Park. When I was in attendance as the operations manager for the day, I witnessed them throw multiple items of furniture down the corridor including a chair, footstool, and a mobile laptop. The patient was extremely threatening.

The staff remained professional, and with security in attendance prioritised ensuring all other patients were calm and safe in what was a frightening situation both for themselves and the patients. They continued to do their job in what was a very difficult situation.

All the staff including the discharge liaison officer worked as a team to support each other. Matron Sarah Atalay attended the ward and supported the nursing staff during a very difficult shift.

Ophthalmology theatre and ward team | **Scarborough** | **Nominated by Sarah Crossland, colleague**

The Ophthalmology team have worked very hard to improve the numbers of patients they are able to operate on each day. By improving efficiencies in theatres and changing practice they have increased the number of patients on a list from six to up to 16 a day. This is an incredible achievement which they should be so proud of.

Jenny Vogl-Casterton, Deputy Chemotherapy Sister | **York** | **Nominated by Hazel Hall, colleague**

Jenny became aware of a situation in the chemotherapy outpatient department where a patient was deteriorating quickly despite ongoing treatment and promptly called the emergency medical technician (EMT). Jenny quickly took charge of the situation whilst awaiting the EMT. The EMT arrived and quickly called upon critical outreach.

I believe Jenny's prompt action helped the patient receive the emergency treatment she required in a timely manner. Jenny also helped transfer this patient alongside the EMT to the appropriate place of care.

Jenny should be highly commended for her swift action and professionalism at this time.

Anna Ogrodnik, Domestic Assistant | **Bridlington** | **Nominated by Kim Stacey, colleague and Rachel Stockdale, visitor**

Nomination 1

Anna is helpful, hardworking, and friendly. She is competent in every area she has covered as a supervisor at both Bridlington and Scarborough Hospitals. Anna shows warmth compassion and understanding to all hospital staff, patients', and visitors. She is effective and efficient in whichever role she undertakes and is willing and able to do whatever task is asked of her. Anna embodies all the values required of NHS staff and represents the Trust to the highest standard.

Nomination 2

Anna has worked for the Trust for over ten years. She goes above and beyond, works weekends and takes new starters and shows them the ropes. She has stepped in as a supervisor at Bridlington, she can clean in the morning and supervise in the afternoon. She has also been to Scarborough a few times to be a supervisor when they have been short.

Lina Snaith, Service Manager | **York** | **Nominated by Sue Bennington, colleague**

We have all faced incredible challenges over the last three years and I feel that Lina deserves to be recognised for her passion, determination, resilience and the flexibility she has shown, not only to me as her manager, but to the whole department and Trust.

She has operated her team with limited resources for several years and has ensured that the service can operate at an excellent standard throughout this period, taking on the role of administrator as well as doing her management role, with some of the challenges she has faced, where most people would have crumbled, she has remained positive and upbeat and at all times demonstrated the Trust values.

On many occasions throughout these challenging situations, she has put in additional hours to ensure that we meet service requirements, often working outside her working hours. She has a level of knowledge that encourages other users to go to her for advice and guidance. She never turns people away when they go to her for help, even if she is snowed under, she always makes time to help them. Lina is an integral team member and manager of digital information services. Working very closely with her over the last three years I can see many of the things that she does that no one knows about or sees. She gets on with things going above and beyond to make a difference and I want to say a huge thank you to her for everything.

All I can say is that I take my hat off to her for the way she has conducted herself over this period, she is a role model for the Trust and there are many people that could learn from Lina.

Scott Harrison, Healthcare Assistant | **Scarborough** | **Nominated by Susan Santhosh, colleague**

Scott has been working in ICU as a healthcare assistant since August 2021. He is caring, compassionate, kind, very patient, has excellent communication skills. He looks after us colleagues, as well as our patients. When the unit is busy, he works hard to ensure that everyone had a drink, and they are safe. On many occasions I have witnessed Scott talking to agitated aggressive patients and calming them down. He is an excellent role model for everyone. He demonstrates all our Trust values.

Bev Waterhouse, Deputy Head of Midwifery and Sarah Ayre, Associate Director of Midwifery | **York** | **Nominated by Lois Bennett, colleague**

I would like to nominate Sarah and Bev for star awards. Bev and Sarah have recently joined the Trust taking on the head and deputy head of midwifery roles within maternity.

They have come into a very challenging environment with many developments to tackle and change to drive forward. They have both brought with them very professional and positive outlooks which is very encouraging and reassuring.

They are both very willing to give their time and energy and have been very supportive and open to listening to staff.

We are really pleased that they have both joined our team.

Karen Hind, Risk Team Admin Assistant | **York** | **Nominated by Lois Bennett, colleague**

I would like to nominate Karen for a star award.

She has been very supportive as I started my new role within the training team, taking time to explain and teach me. Karen has so much knowledge and a wealth of experience keeping a handle on the whole training overview for the unit. Nothing is too much trouble for her.

I would love her to be recognised for the hard work that she does quietly hidden away in the office.

DIS Training Team **York** **Nominated by Susan Bennington, colleague**

I am nominating the whole training team, as without a collective effort these projects would not have been successful. Here are some of the projects that we are currently involved with.

- Nucleus, Hospital Out of Hours (tasking- HOOH)
- Somerset (cancer system)
- 0365/ teams' migration

Not only are we as a team responsible for ensuring that all new starters are trained, but we also develop bespoke packages for a huge range of courses, supporting the wider trust with their technical requirements, balancing project work and working alongside our colleagues within digital information services and project teams to bring these projects to life.

On any ordinary day we are balancing many plates, it is down to the passion, flexibility and sheer determination to ensure we can support the Trust and all our users in the most efficient and effective way. There are several key players within the team that have worked to some really challenging timelines, being flexible and adaptable, often at very short notice ensuring that we can capture all relevant information, working along-side our stakeholders to then create digital resource, videos and e-learning packages, as well as users guides and other documentation that help to bring the training to life. The team have pulled together to ensure that we hit these go-live dates and then to offer ward/department support, building the knowledge and confidence of our users.

Every person within my team demonstrates the Trust values in a way that is natural and genuine, and all have a passion to make a difference within the Trust. I would like to recognise everyone in my team as without the extra hours that they put in some of these projects would not have happened within the expected timelines. They are a one in a million team and I am very proud to be their manager.

Community Response Team **York community** **Nominated by Elizabeth Chisholm, relative**

The team went the extra mile for my husband with the excellent care they gave him. Without exception the team were kind, considerate and professional. Because of their help not only did my husband benefit, but so did I.

I had previously found it so hard to manage on my own and felt quite different, less exhausted, and happier with their help.

Reece Dodsworth, Staff Nurse **York** **Nominated by Donna Exton on behalf of the Blue Mentor Group, colleagues**

The Blue Mentor group would like to nominate Reece for completing the information display for the fundamentals of care for the group. It is informative and eye catching. Well done and thank you.

Catherine Gascoyne, Waiting List Coordinator **York** **Nominated by Jenny Senior, colleague**

The Integrated Care Team based at Tang Hall Surgery cares for patients who are often medically unstable and usually vulnerable. We try to prevent unnecessary admissions by supporting and managing their needs at home whilst promoting independence. However, many of our older patients need an advocate to help them navigate the health service. Consequently, we spend a lot of our time sign posting issues, changing medication, writing referrals, sorting benefits, making and cancelling appointments on behalf of our patients.

I called the waiting list service today and spoke with Cath Gascoyne who sounded happy to receive my call, was genuinely compassionate, friendly, and just really nice. I have never spoken to her before. Cath listened to my tale and gave me sound, professional advice. She rang me straight back and sorted out an issue that has probably saved my patients life, plus has relieved the pressure and anxiety on his poor elderly wife. I wish every phone call was the same, our workload would be eased, and our patient's clinical health and well-being would be so much better.

Dawn Orange, Specialist Nurse Practitioner **York** **Nominated by Sue Ellis, relative**

Dawn's care of my husband and me as his wife and carer was exemplary during our appointment in October. She was knowledgeable, caring, compassionate and empathic. The physical issues he has had not changed, but our confidence increased due to her sense of optimism and clear communication of current and next steps. We both felt that Dawn was holding my husband in mind holistically, not just the one physical issue, and the team supports him and me as his wife and carer. Exceptional

Radiology Admin and Secretaries Team	**Scarborough**	**Nominated by a colleague**

Just wanted to formally acknowledge the helpfulness of these teams. They must get repeated requests in the current climate for expedited scans to be performed and then reported.

They always are so very helpful and responsive to our requests (I am part of the cancer pathway) I just want it known that it is very much appreciated.

Shaun Bryan, Medical Engineer	**Scarborough**	**Nominated by Sue Dawson, colleague**

The Trust is undertaking a mammoth task of replacing all resuscitation trolleys at Scarborough and Bridlington. This has needed significant guidance and input from medical engineering.

Shaun has been there from the start of the process. He's advised and supported the resus team, going out of his way to help us make everything happen. We couldn't have embarked upon this without his huge efforts and help with the significantly extra workload. We are very grateful.

Amy Kerr, Midwife	**York**	**Nominated by a colleague**

Amy's amazing work as a Professional Midwifery Advocate qualifies her for a star award. She has gone above and beyond with supporting me and my colleagues. She has been an amazing listener and really helped me through a difficult time.

Lamin Tamb, Security Officer	**York**	**Nominated by Karsten Weston, colleague**

Lamin and I had been deployed to a male acting suspiciously and carrying a crowbar. Lamin managed to disarm the male and had taken him to the floor where we both restrained the male until police arrived to arrest him.

Paul Hodgson and Chris Allen, Facilities Operatives | **Scarborough** | **Nominated by David Thomas, colleague**

The HPV team always go over and above, but this last week has been outstanding. We are currently going through a very difficult time with a high number of CDIFF patients which has increased the HPV requirement considerably.
Paul Hodgson and Chris Allen worked through the night on 8 November working over and above their hours to get 14 beds on Oak Ward back on a day we were experiencing extreme operational pressure. Bringing those beds back into operation meant we were able to decompress the emergency department considerably and it also actually resulted in the site de-escalating to OPEL 3 for the first time in many, many weeks.
The same happened on 9 November. Two bays on Chestnut Ward needed HPV that would have resulted in us getting six beds back. Paul and Chris again stayed until the early hours and completed the work meaning six patients had beds who wouldn't have otherwise been able to.
Their engagement and their proactive approach to HPV simply is amazing and nothing is ever too much trouble. They are really making a difference to our patients and are wholly worthy of a star award for their work this last week.

Ward 11 Team | **York** | **Nominated by Karen Richardson, relative**

This is to nominate all the nurses /ward sisters and care staff working on Ward 11 for their care of my mother-in-law who sadly passed away on the evening of 26 October 2022.

Ward 11 staff were very caring and welcoming to our family on our daily visits and informative of what was happening during her stay on the ward. The care on the final night to us, as well as Christine, was exceptional. The staff rang us to alert us to the news that she was passing soon, but unfortunately my mother-in-law passed before we managed to arrive. When we walked on to the ward the staff were so very attentive and had even supplied fake candles in the room as a mark of respect which I have never ever seen before in the hospital. Great touch. Drinks were supplied to us all and there was no rush to us to leave the ward. Well done to all. Everyone we dealt with was great and we wanted to highlight their great work.

EAU/YCU Team	**York**	**Nominated by a colleague**

This team has been the best team I have ever had the pleasure of working with and I believe they deserve some recognition.
I joined this team last year but am leaving soon to start a new adventure elsewhere in the hospital. They are the most lovely and resilient group of colleagues I have ever met. They have gone from being one of the covid wards, flipping between all covid positive patients and back to amber patients and back to covid again, a mix of the two. They've dealt with a temporary wall being put up on their ward, many ward moves between ward 29 and ward 28, to merging with the team on ward 28, to merging with the team on EAU and learning something new on SDEC/RAFA and opening York Care Unit. During all this their patient care and determination never faltered, and they embraced every new challenge and change in our department. I think it has been a challenging year for our team and I have witnessed nothing but compassion, dedication, and individual patient-centred care, throughout.
I truly think this team is outstanding and have pushed themselves to take on new challenges, learn new skills, take on extra training to work in a new department, make improvements to both ward areas and to come to work every day and give their best to our patients.
They should all be so proud of themselves.

Mr N Brown, Consultant	**York**	**Nominated by Mary Race, patient**

Outstanding commitment, care, professionalism, empathy. Unbelievable talent and commitment. Even when tired provide a smile and empathy.

Abbi Leaper, Staff Nurse	**Selby**	**Nominated by Claire Carr, colleague**

I would like to nominate Abbi because since starting my role as a clinical coordinator whenever I have called Abbi to see if she can do a visit, she has always taken them with a cheery smiley voice even though she has already had lots of patients on her daily visits. Abbi is not overwhelmed by anything and even when busy she is always happy to help.

I would personally like to say thank you to Abbi.

Marie Conlon, PSO **York** **Nominated by Mrs Dawn Isenstein, colleague**

I began volunteering earlier this year and was placed on Ward 39. I knew no-one, I knew nothing about the ward, I knew none of the patients or the work I would be doing, but from day one Marie took me under her wing and showed me the ropes.

She had a very welcoming approach, took time to make me feel part of the team straight away and really made me feel welcome and appreciated for what I was signing up to do. She brought joy to the patients with her happy approach to her role and you could always tell where she was! She would always cheer up the bays and the patients under her care. I looked forward to being back each Wednesday morning to work alongside her. Even though work was stressful at times, she always had time for me and her patients.

She is a wonderful nurse, but more importantly it's the little things that make all the difference and I feel Marie should be recognised for this. My time on Ward 39 would have been entirely different had it not been for her. It's important to be part of a team, but it's even more important to make people want to be on a team.

Steve Day, Transport Driver **York** **Nominated by Philip Bland, colleague**

While the department has been hit with staff shortages Steve has gone over and above to help the department out by giving up a week of annual leave and working multiple weekends to ensure that our hospitals received the food deliveries on time.

Always turning up with a smile his attitude is amazing and always helpful to others.

Ashley Webster, Porter **Scarborough** **Nominated by Liz Alinaitwe, colleague**

It is undeniable that porters do an incredible job in our hospital and I would like to nominate Ashley Webster for always doing such a great job.
Ashley demonstrates genuine care and compassionate in his work. His kindness, consideration and dedication to patients and his natural ability to put their needs and feelings first, is such an inspiration. When he is on shift and you bleep him to come and help with a transfer or to bring equipment to the ward, he immediately rings back. He is a great communicator. He treats patients with compassion, when he is moving patients to either a new ward or for X-ray, the first thing he does is to introduce himself to the patient, and you can see him chat to the patients while moving them, as though he is talking to a family member. Even on the busiest of days he appears calm, he is professional and always ready with a smile for patients and staff. Nothing is too much for him.
Ashley is a real asset to our Trust, as he is always willing to go the extra mile even when it's close to the end of his shift and always with a smile.

Fae Collins, Healthcare Assistant **Scarborough** **Nominated by Sara Bennett, patient**

Fae looked after me when I had an allergic reaction. She was kind, caring and compassionate and went that extra mile for everyone showing considerable kindness. She is so caring and deserves recognition.

Jackie Carr, Patient Services Operative **York** **Nominated by a colleague**

Jackie started to work with the team as a domestic and as soon as the opportunity came, she become our PSO. Jackie goes above and beyond for her colleagues and the patients. She knows the patients well; she takes time to listen to them. When she has some free time, she is encouraging our patients to mobilise to our social area and she often plays with them domino or bingo, which the patients are really enjoying.

She is a valuable member of the team, and we cannot imagine our weekdays shift without her.

Mark Smith, Mechanical Craftsperson	**York**	**Nominated by Gill Valentine, colleague**

The patient fridge on ICU suddenly stopped working which meant the out of hours engineer was bleeped. Mark very quickly called back. He was very cheery and suggested to call catering as he didn't have any spare fridges, but that he would try to locate one for us. The catering department were not able to help, however Mark turned up with a small fridge that he had found. He had scrubbed it clean, so it was ready to use. Mark also advised that he arrange for an engineer to come out the following day to have a look at the old fridge and remove if necessary.

This all happened at the end of a very busy shift, and it really restored my faith in that some people do go out of their way to help. I think that our colleagues in the estates, maintenance departments do not get enough credit for the work that they do.

Scarborough Emergency Department	**Scarborough**	**Nominated by a colleague**

This teamwork under constant pressure especially at night, and they demonstrate great team work to get patients off ambulances and seen and treatment started.

Kate Hudson, Discharge Liaison Officer	**York**	**Nominated by a colleague**

Kate is fantastic and great at her job. She consistently puts 100% into her work and always ensures a timely and safe discharge for patients. She works well and has great relationships built with multiple teams and you never see her on the ward without a smile on her face or checking in asking if there's anything she can help with or asking if people or okay.

Her kind caring nature is one of the reasons I have nominated her for this star award, but to also highlight her fantastic work ethic and exemplary display of the Trust values.

Jess Tomlinson, Discharge Liaison Officer	**York**	**Nominated by a colleague**

Jess is an outstanding discharge officer and a perfect example of the Trust values ensuring each one is incorporated into her daily working routine. She always strives to ensure safe and effective discharges ensuring the finer details are all in place for the patient's discharge, but also to create flow for the wards with patients being admitted. Her kind and caring nature is another of the reasons I have nominated her as this isn't just something she does for patients, but for all staff and colleagues within the Trust.
She is a great asset to her team and the wards she covers, and this is award is a little way of showing her appreciation for all that she does

Joanna Pool, Nursing Associate	**North Ryedale District Nursing Team**	**Nominated by Jasmine Lyth**

I am nominating Joanna to recognise her hard work and dedication in her role. Specifically, I would like to recognise her for her proactive approach to the new 'healthy I.O' community wound scanning app which was implemented a number of months ago to help improve patient experience and overall wound care practice across community services.
Joanna has been chosen as a 'super trainer' for the app due to her taking it upon herself to help support and train the rest of the team, as well as creating an outstanding record of her own use of the app which has been highlighted as having already made a positive impact on patient care within our area. She has gone the extra mile to support her team and her patients through this new service improvement project and has set the scene for further progression.

Arsalaan Ali, Doctor	**York**	**Nominated by Sally Jackson, colleague**

Dr Ali has worked night shifts on EAU since it has recently expanded its services to include 24hour care. Dr Ali has very often been the only doctor overnight working alone with just the nursing team. He has a fantastic work ethic and always works his hardest to discharge as many people home as possible overnight. The service works so much better when we have medical cover overnight to ensure patients can continue to be seen and treated and as a result relieve pressure off the emergency department. This has been Dr Ali accommodating this. He works so well with the nursing team and night shifts certainly do not run as successfully without him. I have had multiple positive feedback from the nurses and healthcare assistants on EAU.

Nicola Tuck, Therapy Assistant	**Selby**	**Nominated by Eddie Stock, colleague**

Nic has been treating a patient in MSK Outpatients who is in severe pain with his knee and currently not meeting the guidelines for a much-needed arthroplasty.
The patient advised that they had a few falls due to their knee pain and was having increasing trouble with the toilet transfer. Nic approached community services asking if the patient could have an urgent home assessment for toilet equipment, due to capacity they would be unlikely to be seen within the next month. Because she was concerned about this patient's falls risk, she arranged a home visit after work to fit a Mowbray toilet seat frame. Nic doesn't drive so she arranged (coerced) her partner Mark to collect her and the toilet frame from the New Selby War memorial Hospital and drive them to the patient's house. Nic went the extra mile to ensure her patient remained safe at home.

Deborah Holmes, Imaging Support Worker	**York**	**Nominated by Shannon Mortimer & Amy Rowntree, colleagues**

Debbie never fails to go above and beyond for every single patient she brings down to radiology. When the patients are waiting for a scan or X-ray, she takes time to comfort them and ensure they have everything they need. She is always smiling and lifts the morale of everyone around her. She is an absolute asset to the bank team.

Digital and Information Service	**York**	**Nominated by Anne Gill and Rachel Allan, colleagues**

Sam and the IT team have demonstrated the Trust values by working above and beyond to ensure Trust services could continue to run as smoothly as possible at the community stadium this week when the network was lost due to a damaged cable. Sam and the team worked through the night to ensure that when staff came to work the following day, they had access to laptops using wi-fi hotspots which Sam had been out to purchase for us. The team were amazing and as stated earlier absolutely demonstrated Trust values above and beyond. Thank you is not enough for their tireless efforts.

Julia Houlden, Housekeeper | **Scarborough** | **Nominated by Ellie Brook, colleague**

Julia deserves a star award as she is hard working, kind, caring and a credit to our team. Julia goes above and beyond her role and helps when possible on the ward. She is always there for all members of staff, especially if someone is having a difficult day - Julia is always there to support you and help you. Julia is extremely kind and is excellent at her job.

Nikita Nighoskar, ENT Doctor | **York** | **Nominated by Claudia Sheriff-Pinches, colleague**

Nikita was working a night shift in October and had come to review an ENT patient on the children's ward. The night shift was very busy with multiple emergencies requiring both medical and nursing staff to be elsewhere. There were many jobs and patients requiring care on the ward that we were struggling to attend to in a timely manner. Nikita stayed on ward 17 and helped to review paediatric patients, prescribe medications, and correctly diagnosed a surgical admission, all whilst managing her own workload of ENT patients elsewhere in the hospital. She went above and beyond to ensure the safety of the patients, but also ensured the staff were looked after during a very difficult shift. She is an exemplary doctor and deserves recognition for going above and beyond.

Same Day Emergency Care | **York** | **Nominated by Jo Topping, relative**

My husband has been in SDEC twice in the last few months. The service from initial assessment at ‘out of hours’ to his discharge has been excellent. He was seen promptly and treated with respect. Everyone was kind, understanding and the system worked brilliantly. Explanations were given of every procedure and now he is on the road to recovery. So, thank you to everyone.

Jason Angus, Healthcare Assistant | **York** | **Nominated by York Psychiatric Liaison Team**

Jason is always bright and friendly in the paediatric area of the emergency department. Going out of his way to spend time with children with mental health problems awaiting assessment from CAMHS. In November whilst he was in the car park (on a break or coming onto shift) he came across a family in distress. He liaised with mental health, police, and medics, and encouraged and supported the adult patient to come into the department for assessment by the medical team as she was there for assessment of her physical health.

Chloe Cook, Healthcare Assistant	**Scarborough**	**Nominated by a colleague**

Chloe deserves a star award for numerous reasons. Including going above and beyond for every patient and remaining kind, caring and compassionate always.

Chloe works superbly within every team within every ward and always lifts everyone's spirits.

Clare Inkster, Ward Clerk	**York**	**Nominated by Beverley Burke, colleague**

Clare keeps Ward 14 running smoothly whilst at the same time helping the other surgical wards by way of stock ordering, problem solving, covering for sickness or leave. Clare helps the surgical matrons organise social events, helps clinical educators with ordering of equipment etc.

I feel Clare regularly goes over and above her role as ward clerk daily and this should be recognised as she is an unsung hero.

Sue Wall, Domestic Assistant	**York**	**Nominated by Katie Squire, colleague**

The elderly therapy team would like to nominate Sue for a star award due to her unwavering efforts to maintain a clean and tidy environment. She selflessly takes it upon herself daily to check in with our office to make sure it is clean and tidy despite having a busy ward of her own to do. Sue is thorough, kind, and helpful and we feel that going above and beyond her duties daily is remarkable, highlighting what an asset she is to the Trust.

Sue most definitely deserves a star award to show recognition of this and to give her a great big thank you from the elderly therapy team.

We really do appreciate you.

Nutritional Link Nurses	**Scarborough**	**Nominated by Anne**

Marie Hill, colleague

The nutritional link nurses on Beech Ward have gone the extra mile to ensure that patients are receiving adequate nutrition in a timely, effective manner. They have carried out research in their own time and asked staff as to how mealtimes and nutrition can be improved. The link nurses have then worked together and come up with a plan where each week they disseminate to all staff what the objectives are for that week and how it is going to be achieved.

For example, the first week staff were informed that patients need to be sat up or in a chair ready for meals, the environment is to be cleared and prepared for meals ensuring that hand wipes are given out, there is a allocated meal co-ordinator and all staff help with meals unless a patient is on time critical medications or a priority. All of this ensures a timely flow to serving meals within a clean environment etc.

The second week, staff were asked to write on bed boards indicating who requires a red tray and going over the traffic light system. The staff are now so well prepared and informed that mealtimes have become a lot more organised, documentation is clearer and completed and everyone knows what they are doing. Patients are now better supported, nutritional intake is more noticed and acted upon if required, they have made a real difference, and the link nurses have more objectives to come.

I feel that they need to be recognised for their positive approach, hard work and how they have acted upon their link nurse role.

Angela Mead, Midwife **York** **Nominated by Jack Griffiths**

Student doctor Jack Griffiths would like to nominate Angie for her outstanding efforts in teaching on labour ward. Angie went above and beyond, and Jack feels this has really benefitted his education.

ICU Team **York** **Nominated by Linda Dunlop, colleague**

Annabelle Francis led an improvement project around reducing pressure ulcers for all patients on ICU at both York and Scarborough. The project took several months to manage, but the results and outcomes have been outstanding with some pressure ulcers reduced to zero occurrence following changes to equipment, education and training, procurement and improving process. The team had strong leadership and MDT membership throughout the project. The team used several improvement tools to identify the problem, prioritize the issues and manage the project.

The team are now looking at ways to share their success both across the Trust and externally via conferences.

Tara DeFrietas, Midwife **York** **Nominated by Jack Griffiths**

Student doctor Jack Griffiths would like to nominate Tara for her exceptional efforts in teaching during his placement on triage. In particular her advice and support on multidisciplinary working, communicating with patients, antenatal care, assessment and decision making and the role of the triage department.

Tina Devine, Domestic Assistant **Scarborough** **Nominated by Sharon Miles, colleague**

Since the summer Tina has been the allocated domestic covering the paediatric area. Not only does she service all areas to an impeccably high standard and work incredible hard in doing so, but she also takes the time to engage with every staff member in the area that she covers. Every day she works non-stop to make sure we are working in a spotless environment and she always takes the time to mention when floors are wet, to avoid any slips etc. If she goes on annual leave, she always leaves a plan in place in case staffing is too short and no cover can be accommodated, and she is always keen to clean the junior doctor's office every morning before they do handover. The only thing she asks from us in return is to leave our bins by our doors! Every day she goes above and beyond, in what she does, and Tina always demonstrates the Trust values and is a credit to the Domestic team.

Name Justin Harrogate, Domestic Team Leader **York** **Nominated by Caitlyn Walls, colleague**

After returning to work I have found Justin has gone above and beyond to help, support and reassure myself and other staff members. Justin has been very patient and understanding during shifts - if there is ever a problem, I know I can go to him.

Tia King, Healthcare Assistant **York** **Nominated by a colleague**

Tia has demonstrated great professionalism and empathy. She's always willing to listen to the patient's needs and she never loses her smile. During one of her shifts, a patient deteriorated and Tia, thanks to her excellent knowledge and personality, managed to deal cleverly with the situation. Although being a student, Tia has shown strong devotion to her job and, with no doubt, she's going to be an amazing nurse.

Nicola Coxon, Clinical Educator **York** **Nominated by Hannah West, colleague**

We would like to nominate Nikki for a star award, for always going above and beyond in her job. She is dedicated to the new healthcare assistants and takes real pride in ensuring they are trained to an extremely high standard, which in turn impacts on the quality of care patients receive.

She always displays each Trust value throughout her working day. Nothing is ever too much trouble for Nikki and she often takes on large cohorts of new starters single handed - leaving little time for her to breathe as well as often having to incorporate her planned work into supporting the wards at this difficult time. She is kind and a fantastic role model to the new HCAs, ensuring they feel settled and comfortable within their role and helping to tackle the retainment issue we currently have. She consistently shows the new starters empathy and compassion and is a place to turn to when they are unsure.

Since starting her job we have had some fantastic feedback from new starters. Nikki is an exceptional team member. Always asking if she can do anything to help and support others and she should be extremely proud of the work she has achieved; we would be lost without her. We feel incredibly lucky to have Nikki working within our team. Thank you, Nikki!

Tori Dawson, Healthcare Assistant | **Scarborough** | **Nominated by Stephanie Walker, relative**

My mum was recently taken to the emergency department where I spent seven hours observing what was happening around us. Tori was polite, friendly, and professional. An absolute breath of fresh air. She carried out her role methodically and consistently, but also took the time to listen and understand. She treated mum with the same care, dignity, and respect as all others, even though she was in an unresponsive state. I became incredibly anxious while there and it was Tori who took the time to listen to my concerns, ensuring that a doctor came and explained things to me. She also gave me a lovely cup of tea!

It is so scary for people when a loved one is very ill. A cup of tea, a listening ear and honest communication make such a huge difference. She is an absolute credit to the NHS.

Laura Miles, Children's Community Nurse | **York** | **Nominated by Kim Rekik, relative**

Laura was appointed as the community nurse for our son Laith when he was put on a NG tube in June 2022.

From day one Laura and the team have proven themselves an amazing support to our whole family, going above and beyond to ensure that the household was informed and supported. From plaster changes, tube changes, weigh ins and medication queries to facilitating Laith's care plan between departments and even providing a shoulder to cry on when we, as parents, were struggling.

Laura is a welcome sight in our house any day by all of us. She always brings a positive attitude, a proactive and compassionate approach, a welcome smile, and a plan! We are thankful every day for the support that we receive, but Laura has become a proxy family member that we are very grateful for!

She is an asset to the Trust and the community. What Laura and her team see as 'their job' goes far beyond any job description or professional banding - they are the superstars in cars that bring everything we never knew we needed.

Bridgette Bainbridge, Healthcare Assistant — **York** — **Nominated by Jane Mason, patient**

What lovely lady this nurse is. I was on this ward for three nights and the staff were rushed off their feet. Bridgette stood out.
An elderly patient needed such a lot of care, time, and patience. Bridgette took the time to feed and wash her and within an hour all of room five was all sorted out with all the patients seen to. She is just such a caring nurse and worth her weight in gold.
I could see Bridgette loved her job, such a caring lovely person. She deserves the biggest star award and I will always remember her as will others.

Denise Karlsson and Stephanie Moon, Directorate Secretaries — **York** — **Nominated by Annette Farrington, colleague**

I would like to nominate two members from my Care Group 1 Admin Team, Denise Karlsson and Stephanie Moon, for a star award for going the extra mile to ensure an urgent task was completed to a very short deadline.

Recently, the emergency department were required to make some changes very quickly within the department's waiting area. Very late in the day, Matron Jo Welch asked for A4 numbered laminated sheets to be produced, to attach to the waiting room chairs, to identify to staff where patients are seated. Denise and Stephanie stayed beyond their work finishing times to ensure they met Matron Welch's deadline for the task, so the chairs could be numbered as soon as possible. Matron Welch expressed her gratitude to both for the speed with which the task was completed, allowing the new system to be introduced without delay.

Jeanette Kuba and Claire Wulder, Medical Secretaries — **York** — **Nominated by Lesley Hutchinson, patient**

I had occasion to contact these two ladies when I needed to arrange some cardiology tests in a short time for my hip replacement surgery to go ahead. Both Claire and Jeanette listened to my requests, were very sympathetic with the situation I was in and took great pains to assist me. They kept in constant contact with me which was extremely reassuring and greatly helped with the stress I was suffering in conjunction with tremendous pain. I am very grateful for all their assistance. They certainly went the extra mile for me at a time when I felt I was banging my head against a brick wall and would never get the necessary cardiological tests done to enable my hip surgery to take place. Truly unsung heroes. Thank you both.

Name Jessica Bateman, Physiotherapist	**York**	**Nominated by Emma Crooks, colleague**

Since moving to work on the acute stroke ward Jess has been outstanding in supporting junior staff and managing complex patients. She goes above and beyond to make sure the patients are receiving optimal physiotherapy intervention and care.

Sarah Bainbridge and Rachel Smith, Heart Failure Specialist Nurses	**York**	**Nominated by a patient**

A very grateful patient with heart failure wrote to the matron of the Integrated Heart Failure Specialist Nursing Service.

The patient outlined how "calm, knowledgeable, reassuring professional and so, so helpful" two nurses were. They answered her questions gave a clear path forward and perhaps most importantly gave her time. The patient felt listened to and unrushed and wanted it on record what a difference time and undiluted attention has made to her sense of being cared for and well guided.

The patient wanted to wish the nurses well, to thank them and let them know they "make a real difference". The matron has written to thank the patient for their kind words and to let her know, the nurses have been nominated for a star award.

Karolina Figura, Medical Student	**Scarborough**	**Nominated by Sarah Casey, colleague**

As a healthcare assistant working in the emergency department, I was approached by Karolina to ask if she could shadow and assist with ECG and bloods. She did plenty of these as well as helping with multiple bed changing, drinks for patients and generally been an absolute angel in supporting myself.

Karolina has a lovely manner with patients and is friendly and keen to learn and it didn't bother her at all to take instruction from healthcare assistant. She will be an asset to the Scarborough emergency department.

Elzbieta Ryczek, Domestic | **Bridlington** | **Nominated by a colleague**

Ella works very hard and often goes beyond her job role to help patients and keeping the ward clean and tidy. She is always kind happy to help and very hard working. The ward is always clean and tidy when she is on shift and she doesn't get much appreciation for her work.

Beth Black, Midwife | **York** | **Nominated by Victoria Clift, patient**

My husband and I are eternally grateful for the care and support we received from Beth during the labour and delivery of our little girl. Beth was caring, knowledgeable, approachable, and friendly from the first minute to the last and we felt extremely happy and comfortable with her. Nothing was too much trouble for her, and she was calm and happy throughout our time with her, which in turn helped us to remain calm and thoroughly enjoy our daughter's birth. We could not have asked for a better midwife.

Sarah East, IM&T Engineer | **York** | **Nominated by Jay Varner, colleague**

I have not been with the Trust long and Sarah has been my trainer. She has been kind, nurturing and incredibly patient with me. She turned what seemed overwhelmingly daunting at times into an incredibly fun and interesting learning curve. She has very quickly made me become a valued and highly contributing member of the team, which has already resulted in me earning my first star award within my first three months of being here. Sarah is an invaluable asset to the hospital and has the Trust values at the core of everything she does and teaches. I honestly don't think I would be at the level I am at now had it not been for her guidance and skill set. She is truly amazing.

Chloe Winship, Healthcare Assistant | **York** | **Nominated by Katie Chudley, relative**

My eight-year-old daughter needed bloods taking following an appointment in CDC. Chloe was so prompt acknowledging us (despite an obviously busy dept.) which meant there was no time for nerves. Chloe introduced herself, chatted to my daughter and distracted her so genuinely with stories about her puppy. The procedure was quick, efficient, and done with such care. Although a speedy interaction, Chloe's engagement, focus, and professionalism was first class.

Vicki Clancey, Diabetes Specialist Nurse **York** **Nominated by Clare Inkster, relative and colleague**

My lovely Dad was diagnosed with pancreatic cancer in April this year. It was the worst thing that has ever happened to our family. The involvements from all teams involved, including the consultant, the specialist nurses, and the community diabetic team, were just amazing.

We were very fortunate that he did not suffer for long, but during the illness and palliative weeks, Vicki Clancey would call Dad on a frequent basis to check on his diabetic control. He would talk - a lot.... He would ask if he was keeping her from other things and she always said no, she'd like to listen. He told her about the motorbike he bought when he found out he was dying. About his family. About his life in general..... and she always listened.

Vicki wasn't just there for my Dad though - she chatted to my Mum, who was struggling so much to start with. The shock, the sadness, the fear and knowing that he was dying. Mum needed that outlet and Vicki was always there if they needed her. Even toward the end of his life, the calls continued, and he still chatted and enjoyed sharing lots of memories and stories. Always a talker. Vicki called Mum after we lost Dad, just to say she was thinking of us and what a lovely man he was. He so was.

I'm not sure Vicki knew at the time how much her calls meant to Dad - she was consistent, kind and for her to listen to him, so kindly, when we are all so busy, it made a difference. In those last few weeks of life, Vicki made a difference and we will always, always be grateful for that. Just thank you.

Cathy McSkeane, Directorate Secretary **York** **Nominated by Helen Rowland, colleague**

Cathy is a joy to work with, a real treasure. She always takes time to make sure everyone in the office is doing ok. She always has a smile on her face, no matter what is thrown at her and she faces each day with determination.

She is our office "mother hen" and she really keeps us going - the office is a better place because of her.

Heidi Buckle, Healthcare Assistant	**Scarborough**	**Nominated by Christine Virgo, colleague**

Heidi is a very caring HCA and is great to work alongside. She has a lot of patience and is a great team member.

Louise Winter, Healthcare Assistant	**Selby**	**Nominated by Lisa Noble, colleague**

Louise is a conscientious member of staff who demonstrates kindness to her colleagues, patients, and their relatives. Louise works well within the team but is also able to work on her own initiative as well supporting the nursing team to ensure excellent patient care is being delivered. Louise comes to work with a positive attitude and a smile on her face every shift which for some patients, particularly those with a longer length of stay, this has a positive impact on their experience as an inpatient. Louise is a delight to work with and is an excellent team player.

Dean Ingram, Storekeeper	**York**	**Nominated by Mark Lee and Dean Eiles, theatre storekeepers**

Dean has not been in the Trust very long but has made a positive impact on the improvement of service since joining the NHS and this has been noted especially in the theatre department. We always find Dean very friendly, approachable, and keen to listen to any problems that may have occurred. He always makes sure everything has been delivered in the correct designated area. Dean is a great asset to the Trust and the receipting and distribution department within York Hospital.

Jade Redman, Staff Nurse	**York**	**Nominated by Tom Dunning, patient**

I have spent six days on ward 11 and during my time here I have seen many fantastic nurses and staff members. I would gladly nominate the whole ward team as well, but Jade has shown to be exemplary, above the already high performance of the team. She repeatedly goes out of her way to listen to patients and help in any way she can, encouraging the team (as she's not a team leader) to aid the patients in many ways. For me personally, I have had trouble receiving my pain meds on time. She has been an advocate for me and has stayed 30min late just so that she can make sure I got my meds before she left. This shows a level of dedication to patient welfare whilst still being respectful and cooperative with the rest of the team. I feel that this combination of traits is a great representation of your values and is an example to others.

Sally Mann, Receptionist	**Scarborough**	**Nominated by Craig Tyson, patient**

I injured my ankle the evening before my wedding. We came to Scarborough emergency department - we are from Leeds. I suffer with anxiety and was very upset about the injury. My partner and I were greeted by Sally Mann emergency department receptionist. Sally was very friendly, helpful, supportive, and caring.

Thank you so much Sally for going above and beyond for me. You are a credit to the emergency department team.

Shirley Young, Staff Nurse	**York**	**Nominated by Stephen Greenfield, visitor**

We would like to nominate Shirley for her outstanding attention to detail and professionalism whilst we have seen her working on the ward. She has been looking after our father and the other patients tirelessly. She is very personable, helpful and has gone over and above her duties caring for her patients and their relatives/visitors. We have noticed how meticulous she is, as on her first greeting with us she ensured that all our contact details were present and correct. She made our family feel that our father was in safe hands. She has also made sure our father feels well cared for and nothing is too much trouble for her, which he comments on regularly.

Shirley has been mentioned on several occasions by other members of our family how good she is. We have also witnessed her training younger members of staff to her same high standards. These training standards have been clear, concise, and engaging even for us novices.

We understand she has been working for the NHS for over 15 years and Shirley is a credit to the ward and the NHS service. When we heard that there was a nomination scheme to recognise outstanding members of staff, we felt compelled to do this and our decision to nominate Shirley was unanimous.

MRI Team	**York**	**Nominated by Jack Marriott, colleague**

I have recently started in the MRI unit as an Imaging Support Assistant. The team here have been extremely welcoming, I have quickly found myself feeling like part of the crew. Even though my new role requires a lot of responsibility and can be quite challenging, my new colleagues have been very patient and helpful. I often struggle fitting in, but I really feel at home here and every member of staff here is just as kind, supportive and friendly to me as they are with their patients. It can be quite quick paced and stressful here at times, but the team is great at supporting each other and coming together when someone needs a hand. It's a lovely work environment with people from all works of life and I am very proud of everyone here.

Lisa Reinhard, volunteer	**York**	**Nominated by Louisa Coxon**

Lisa has been a volunteer with us for a couple of years, helping us throughout the pandemic. Lisa arrives with a smile on her face and works so hard to help the radiographers. Lisa is kind and caring and an asset to our team.

Lilac Ward Team	**Scarborough**	**Nominated by John Horlock, relative**

They made my mother feel comfortable and were very helpful working out the next steps involved in her treatment.

Scarborough Paediatric Medical Secretaries and Audio Typist Team	**Scarborough**	**Nominated by Sharon Miles, colleague**

I would like to nominate the medical secretaries and audio typists for this star award as they have not only worked amazingly hard during the recent months, but they have also shown the Trust values by looking after each other and constantly showing guidance and support to each other when workloads have been immense. They have dealt with both happy parents/families and verbally aggressive ones alike, and they have consistently shown empathy and been helpful even in the most challenging of times. They have always shown amazing team spirit and resilience. They often go above and beyond to help others and stay late to sort issues.

John Javier, Endoscopy Technician | **York** | **Nominated by Katrina Mansfield, patient**

I had a gastroscopy procedure under Mr Banerjee's team and as anyone whose undergone this procedure will tell you it's not the nicest. But John was with me the whole way through. He had his hand on the side of my face and gently stroked my cheek whilst speaking encouraging words to me. Telling me I was doing well and to focus on my breathing. He kept me calm and focused and stopped me from panicking. I think it would have been a much more traumatic experience without him and I'm very grateful.

Kerry Chapman, Healthcare Assistant | **Scarborough** | **Nominated by Joanne Radley and Heidi Fry, colleagues**

During an extremely challenging night shift in the emergency department Kerry noticed that myself and my nurse were short staffed and needed some help. Kerry was already flat out with her own work, but she stepped up and came to help and to make sure we were both ok as we did not get to have a break. Kerry went out of her way to help so that we could focus on the pre-alert that we had just received as well as all the other sick poorly patients we had in the emergency department. Kerry took over our paperwork for us, she helped with patient care, and she also made sure we were ok. We had such poorly patients that needed lots of care. Kerry was a breath of fresh air and came to help just when we thought we would end up on our knees.
Kerry is an amazing team player. She's kind, thoughtful and most of all she is a true credit to our department. This is just typical of Kerry. Kerry truly deserves a star award

Dawn Lowery, Receptionist | **Selby** | **Nominated by Samantha Reddy, colleague**

Dawn has gone above and beyond to assist a patient at Selby Hospital. She has made a real difference to the service at Selby and Dawn always goes out of her way to help any patient or staff. Her kindness and compassion to others always shows through. She is a credit to the NHS and Selby Hospital is lucky to have such a wonderful individual.

Ashley Roffe, Healthcare Assistant | **York** | **Nominated by Carol Parker, relative**

My elderly father had been in the emergency department waiting to go to a ward for many hours. During some of this time Ashley looked after us. He was amazing, he was respectful, helpful, and cheerful. Nothing was too much trouble for him, even by the end of his shift. He had the wonderful balance of being bright and keeping our spirits lifted without being too lively. His care for my father was excellent and he treated him with such thought and dignity. As they say, he had a lot of gifts that can't be taught.

Thomas Skidmore, Radiology PACS Manager | **York** | **Nominated by Andrew Thompson, colleague**

I approached Tom to assist with the imaging required to run the Fellow Royal College of Surgeons (FRCS) national vascular exit exam to be held in November in York. At the time I was unaware of how much work would be required to support the exam with high quality PACS imaging. From the first meeting Tom identified the issues involved and volunteered to provide the solutions. He spent considerable time and effort outside of his normal duties to provide individual logins, a bespoke PACS system and individualised patient imaging, required to run the exam. The exam was an overwhelming success with positive feedback from all the involved parties including the JCIE. It was the first time the exam had been conducted using cross sectional imaging in that could be viewed and manipulated by the examiners and candidates in real time and was the subject of significant praise by the JCIE as no small achievement. The senior vascular department at York would like to thank Tom for his hard work behind the scenes.

Eddie Stevenson, Domestic | **York** | **Nominated by Gemma Granger, colleague**

Eddie is a crucial member of the team on ward 18. He keeps the ward immaculate and has such high standards. He takes immense pride in his work. Eddie is so popular with the staff and patients and their families. Nothing is ever too much trouble. We would be lost without him.

York Security Team **York** **Nominated by a colleague**

The security team have been doing an amazing job of helping to manage the traffic in and out of the York site. They have been working tirelessly to keep the traffic moving and to help patients find car parking spaces. They have really kept the cogs turning and I am sure have helped avoid countless missed appointments.

With winter dawning, they have really gone that extra mile and have made a massive difference during this period of increased pressure on the service.

Beth Bedford, Medical Education Induction Lead **York** **Nominated by Andrew Thompson, colleague**

Beth was instrumental in the organization of the facilities and patients for the provision of the Fellow Royal College of Surgeons (FRCS) national vascular exit exam held in York on 14 November. The prestigious event was hosted at York Hospital and required the co-ordination of 15 patients from across the county, as well as over 30 consultant vascular surgeon examiners and 45 candidates from all over the country. This was done, in addition to her normal duties, to an excellent standard.

The exam was an overwhelming success with positive feedback from all the involved parties including the JCIE. The entire senior vascular department at York were incredibly proud of the way that Beth organized this event and looked after the patients who volunteered their time.

York Maternity Services | **York** | **Nominated by Holly Nurse, a patient**

I have been meaning to nominate the maternity team since November 2021, I was upset for the team after seeing reports online about the recent CQC visit, and I felt I really now needed to do it as they deserve recognition.

I was a high-risk pregnancy and from 33 weeks pregnant I had weekly admissions for suspected pre-eclampsia until the delivery of my daughter. The care I received was above and beyond what I would have ever expected. I had three appointments a week arranged on the day unit to monitor me for pre-eclampsia, most appointments required an admission, I was never made to feel like a nuisance for being a regular attendee on the ward. A bed was always found for me in York, even when diversions were being made. The midwives were always so busy and short staffed, but I didn't feel like this affected my care. I always felt safe and very well looked after, any concerns I had were acknowledged and acted on. I am forever grateful to Angie, Midwife and Miss Merrick, Consultant. Angie had looked after me a lot and was quick to act when I felt something was wrong with my unborn daughter, Miss Merrick quickly appeared and I was swiftly taken to labour ward, I had an emergency C-section later that day. Both Miss Merrick and Angie came to see me on labour ward after my C-section when they returned for their night shift, it really meant a lot and showed how caring they are. The following day I developed very high blood pressure and the midwives acted quickly giving me medication and taking me round to labour ward for one to one care and treatment for pre-eclampsia. I was very relieved Miss Merrick was the consultant as I felt I was in very safe hands; she was so caring and went above and beyond calming my daughter down when she was unsettled as I was unable to. Thankfully after everything both myself and my daughter were healthy and discharged a few days later. All the midwives were fantastic, even when short staffed and the wards merging due to this, the stress I know it was causing was not put on the patients, this shows how amazing and caring the team is, and I feel they need recognition as I'm sure they are continuing to provide outstanding care. I am always praising the York maternity team and I will continue to do so. Hopefully I will be lucky enough to have a second pregnancy and be cared for at York.

Jannie Raven, Specialist Biomedical Scientist	**Scarborough**	**Nominated by Georgia Williams, colleague**

Jennie is always a positive and calm influence over the laboratory, where in the past few weeks we have had multiple issues with analysers and software. Although everyone has been brilliant in pulling together, Jennie has always remained optimistic, taking charge of the situation, and making sure that staff feel supported in difficult times. On a particularly bad day she stayed for hours past her shift to help a member of staff on a lone working late shift and did not leave until she knew they would be able to cope with the workload as it was extremely busy.

Jennie is a fantastic BMS and deserves to be recognized for all the hard work she does to make sure the laboratory is running smoothly as well as taking on extra tasks with enthusiasm and is a delight to work with.

Bridlington Outpatients Team and Dr Nagy	**Bridlington**	**Nominated by Heather Crowe, a relative**

My 84-year-old mother and I visited Bridlington orthopaedic outpatients when she was in great discomfort, requiring knee replacements. She had thought she wouldn't be placed on the waiting list due to her age but was made to feel cared for and listened to. Thank you for allowing me to accompany her. Please thank Dr. Nagy also for considering her for surgery. Unfortunately, mum died last month after a brief illness. I think the pain in her knees was distracting her from back pain from a pancreatic tumour, but she and I often said how much we appreciated the lovely manner and kindness we received. As an NHS worker I know how difficult time constraints and workloads are, but I wanted to let you know what a difference this made. Please also thank the Bridlington outpatient team who were lovely as well.

Mark Fearnley, Cancer Research Nurse **York** **Nominated by Peter Green, patient**

I cannot express my gratitude enough for the professional, friendly, and caring service I experienced from Mark. I was diagnosed with bowel cancer at the end of October and joined the STAR-TREC trial. Mark was standing in for the research nurse for my speciality as well as managing his own caseload. Despite this Mark lead me through the complex procedures of diagnosis, tests, and the process of beginning treatment in Leeds. I was then also diagnosed with a bladder tumour which lead to further complications and delay in my treatment. Consequently, there were unexpected and very stressful complications on the way which Mark helped me get over, facilitating timely appointments and generally having my back. It is my understanding that the problems that came up had not happened in the service before and so would have been especially challenging. The issues needed the coordination of specialist services and their consultants which Mark managed in a most professional and effective way, especially as Mark was working in a field less familiar than his usual area. I felt truly supported and that my voice was heard and respected. I could trust that Mark would sort things out for me as well as keep me informed. In my opinion Mark demonstrated all the Trust values.

- "Caring about what we do" Mark demonstrated this in that he was dedicated and persistent in finding answers to the problems that came up, working extra time and sometimes on his days off to sort things out.
- "Respecting and valuing each other" I felt very respected and that my case and problems were valued due to Marks diligence and friendly support.
- "Listening in order to improve" My problems were heard and acted upon by Mark until the issue was resolved.
- "Always doing what we can to be helpful" I could be confident that Mark was working with my best interest at heart to bring about the best solutions possible during this most stressful episode of my life.

He is most definitely worthy of receiving the star award, he is a true star.

Niall Ubhi, Foundation Doctor **York** **Nominated by Kyna Lewis, colleague**

I am nominating Niall, on behalf of Ward 16, for a star award as recognition for what an excellent doctor he is. He is kind with every member of the team, is willing to help everyone no matter his own workload, he constantly gets compliment for how well he communicates and cares with the patients and staff. He goes above and beyond and is an exceptional role model for how all doctors should act and has stood out during this rotation.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

February 2023

Jacob Harlow, Staff Nurse	**York**	**Nominated by Beverley Thorpe, patient**

Jacob was the nurse on duty when my mum Wendy Thorpe was admitted. After a long wait in the emergency department, I was immediately reassured that mum would be well cared for. Jacob communicated clearly what he was going to do. His tone of voice was kind, compassionate and caring. A true professional living the values of the hospital.

Jacob deserves to be recognised for these stand out attributes. In what are very stressful circumstances I am extremely grateful for this care that enabled me to leave mum feeling confident that she is being cared for.

Sarah Hillery, Urology Nurse	**Malton**	**Nominated by Jenny Panton, patient**

I saw Sarah at the Malton one stop urology clinic. She was fabulous really caring, thorough and incredibly helpful about my bladder condition. She has since given follow up care with the same degree of empathy.

Rachel McCormack, Midwife	**Scarborough**	**Nominated by Bev Waterhouse, colleague**

Rachel is a highly experienced midwife with a wealth of knowledge. She is the foetal monitoring lead across site at the Trust. The training she facilitates is consistently very well evaluated, and she conducts this with minimal support. Her ability to keep updated with the subtle, frequent changes in national guidance is impressive, and the way that she cascades this knowledge to staff is an art form! We would love to see Rachel's work acknowledged and let her know how much we value her.

Iza Flynn, Associate Practitioner | **Scarborough** | **Nominated by Martha Callaghan, relative**

My Gran was brought in with an infection and was supported by me as she was confused. She was assessed by the emergency department team when it was extremely busy.

During this time, Iza showed a great level of care, compassion, and professionalism towards all her patients. Iza was friendly and approachable if Gran needed anything, and nothing was too much trouble for her as she carried out her duties with care and attention.

I wanted to acknowledge all her hard work and care during a very busy time.

Kerry Thirlwell, Community Midwife | **York** | **Nominated by Hayley Ludlow, patient**

Kerry was my partners community midwife from the beginning of our pregnancy, unfortunately our son died during labour at 41 weeks.

After hearing the news Kerry visited us at home and bought some meds that Ellie required but wasn't given when discharged. She's been round to visit most weeks and at the end of the phone when we needed advice or just to vent. She also took time out of her busy schedule to come and meet our baby boy Reuben, and come to his funeral, which I can't thank her enough for.

She's been an absolute star and deserves recognition.

Victoria Beattie, Staff Nurse	**York**	**Nominated by a patient**

I recently suffered my third miscarriage and was admitted to the gynaecology assessment unit, where the care by everyone was excellent. This was the second time my husband and I were under Vicky's care and we both were so grateful for her warmth and empathy for the situation we were in. She explained our options and what the next steps were in a way that we could understand - she was so patient and kind. The department was of course busy, but we were never made to feel like we had to rush to ask our questions. Thank you, Vicky, because even though we were heartbroken, it's people like you and your team that make it bearable, we're so grateful.

Helen Hope, Staff Nurse	**York**	**Nominated by Harriet Leaf, patient**

Unfortunately, my husband and I recently suffered our third miscarriage and when we were referred to the early pregnancy assessment unit (EPAU) for a scan to find our baby no longer had a heartbeat, we were of course heartbroken. We were under the care of Helen, who was incredibly professional and warm, which we appreciate must be difficult in such a highly emotional situation. She was empathetic, kind and incredibly informative. The staff on the EPAU must be so busy, yet we never once felt rushed. Helen your kindness did not go unnoticed.

Day Surgery Ward 27 and Discharge Area Team	**York**	**Nominated by Sean Westwell, patient**

During these difficult and busy times where the team are understaffed the care and compassion shown to patients is clear to see. The lady who discharged me, who works part time was very caring and it’s clear how much she enjoys her job. I felt at ease throughout my time from coming in to being discharged. People will often complain, but never praise. This department deserves the praise.

Becky Stephenson, Healthcare Assistant | **Scarborough** | **Nominated by Ashley O'Flynn, patient**

I was in for a skull fracture and a brain haemorrhage. At the time I didn't realise the severity of my injuries, but Becky was genuinely worried about me and it showed. She didn't just perform her normal duties, she took the time to speak to me, empathise with me and really care. I had to have a lumbar puncture and Becky came to sit with me while it was done just to give me a distraction and some comfort. She didn't have to do any of this, but she wanted to.

I don't remember much from my stay in hospital, but Becky stood out to me and I remember her well. She brightened up my time there and she deserves the recognition for it. Thank you, Becky, you're an angel.

Vanessa Philp, Bed Manager | **York** | **Nominated by a colleague**

As a member of the surgical operational team, I would like to express my gratitude to Vanessa for all her help and support on what has been a really challenging operational period. Vanessa has supported the surgical operational team in a friendly, calm, and efficient manner - sometimes when she's been the only bed manager on shift and so having to coordinate both surgical and medical beds.

Vanessa is a pleasure to work with and made a really challenging period so much easier. The whole bed management team are excellent, a team to be proud of.

Night Transfer Team | **York** | **Nominated by a patient**

I would like to take a moment to appreciate the night transfer team at York. I have seen them in action when I was a patient myself. When transferring a patient through the early hours of the morning, they do it seamlessly.

They woke a patient in the calmest possible manner to inform him that he was getting moved to another ward, the patient was questioning the reasons. The lady then explained thoroughly about how it is essential to move people to their specific specialty wards for their needs to create more beds for others in emergency department to come to the wards for treatment. This conversation happened with the other two patients being moved. The lady helped to pack up the gentleman's belongings and the man was thankful for their help.

The gratitude I witnessed and recognised myself was above and beyond and displayed every Trust value that the hospital is required to show through the staff. It means so much to have everything explained properly and helped when in discomfort.

From this experience alone I can see this service within York Hospital would fail without the individuals on this team being so kind and keeping the hospital acuity flowing.

Victoria Beattie Staff Nurse and Claire Collier Advanced Practitioner Sonographer

York

Nominated by a patient

Nomination 1

I went for an early pregnancy scan following a traumatic miscarriage earlier this year. Victoria was really reassuring and took time to calm me down when I was worried about everything. She explained everything that was happening and why and most importantly made me feel listened to and taken seriously.

The sonographer Claire was also lovely, explaining everything carefully and taking my previous experience into account. She was also brilliant in taking time to explain everything and reassured both myself and my husband as quickly as she could.

Nomination 2

My wife and I went in for an early pregnancy scan and were super nervous as miscarried at the beginning of year.

Both were so lovely and professional and made us feel safe and respected - it was the same room where we found out our last child had no heartbeat so to get such great support this time and for her to talk us through seeing our baby's heartbeat was magical.

Joanne Bentley, Healthcare Assistant **York** **Nominated by Larry Thomson, a patient**

I attended York emergency department (ED) with an acute event which due to a very significant blood pressure loss meant I lost my ability to speak and partly see. This was identified as the cause of a potentially metastasised carcinoma and a significant brain tumour. During the process I stayed in the ED before transferring to Ward 5, to be treated for a further seven hours.

I wish to thank Jo Bentley who triaged me but kept supporting me during the rest of her shift and the day's following shift. She was very caring, supportive, and very helpful throughout my long stay in the ED. Jo contacted me on many occasions even whilst I was in the vicinity upstairs. During this time, she was extremely facilitating. She was the star of the event for me, but I also met others as well, notably stroke sister Samantha and the oncologist who came to see me after the MRI who were all extremely helpful, pleasant, and patient. Having been told I would have to stay in I was delighted to be released by Stephen Waring in later evening.

Whilst it was not fun your staff and particularly Jo did a great deal to ameliorate this. I am very grateful for their support.

Clare Cain, Senior Physiotherapist | **Community** | **Nominated by Natalie Ross, colleague**

I wish to nominate Clare for her continued commitment to and advocacy for her patients. Working within the community can frequently mean that we are the first or most recent point of contact for patients. They may not be fully aware of or accessing all the services they need.

At times navigating these services can be difficult for them. Clare works tirelessly to support patients, liaising with specialist teams and a range of services to ensure our patient needs are best met. She will check in with patients to help them understand the processes and as a direct result of her input so many patients continue to function to the best of their ability and are well supported in the community. She always goes above and beyond to help, has a warm and empathetic approach, and makes a huge difference to our patients.

Becky Smith, Sister | **York** | **Nominated by Donna Exton, colleague**

Despite the pressures in the emergency department Becky has demonstrated ultimate dedication to her team, always wanting to support her colleagues. She has come in extra to her hours to put up the Christmas decorations to help raise the spirits of the team. She is a star.

Siobhan Walmsley, Psychologist	**York**	**Nominated by Victoria Hunter, patient**

Siobhan has been simply amazing. She provided a place of safety in the health and wellbeing service to do exactly what was needed when I experienced a time of distress. She is calm and perceptive, non-judgemental and a super clinician. The service has been a lifeline and I really can't express or thank you enough.

Times are tough in the NHS, York Trust and in general. You provide a spark of light, helped me to navigate to a healthier and happier place where, as a member of staff, both professionally and personally feel I can shine again. Thank you so much.

Samantha Williams and North Community Nursing Clinic Team	**Community**	**Nominated by Keeley Chapman, colleague**

I have through working on a digital project with Samantha and the team had the opportunity to witness the excellent work and excellent service the patients are receiving in the clinic. Samantha is currently using an application on the phone to obtain images of wounds and track healing throughout the patient journey.

I also witnessed excellent practice where patients are seen on referral to the clinic ABPI obtained and put into treatment on the very same day. The patients I met were thrilled with the service and two were discharged healed after a short period highly satisfied. It is an excellent example of utilising the lower limb pathways and using digital technology to improve wound care and increase patient satisfaction

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Laura Nicolle, Senior Occupational Therapist and Jacob Shannon, Physiotherapist	**York**	**Nominated by relatives**

My mother was in York Hospital earlier this year. During her stay she received some outstanding care which was fantastic, and a few individuals really did make all the difference to her stay. Jake and Laura from the physiotherapy team were extremely professional, caring and an absolute credit to York hospital.

I wanted to highlight the truly excellent support they offered to Mum. Jake was extremely kind, supportive, and professional in every aspect of his job. He was the one constant face mum got to see almost every day. He offered her hope and reassurance at what was a very difficult and depressing time for her as she came to terms with the fact that she was paralysed from the waist down. He was truly amazing, and my daughters and I can't thank him enough for his kindness and support.

Ward 39 Team	**York**	**Nominated by Susan Wreglesworth, relative**

I would like to nominate Ward 39 for the excellent care and support to my mother-in-law over the last five weeks - exemplary.

Everyone from senior nurses to the ladies who do the tea trolley have treated her with care and respect, and the family has been fully updated and supported. I can't say how grateful I am for the professional support and caring for her.

Rapid Access Frailty Assessment Team | **York** | **Nominated by Judith Spindler, relative**

My 93-year-old mother was brought by ambulance to York hospital on Sunday 11 January. She was assessed quickly and taken to the Rapid Access Frailty Assessment unit. Every single member of staff who dealt with her was wonderful: professional, kind, and efficient. They went out of their way to accommodate her claustrophobia and made the time to reassure her even while the unit was handling a challenging patient and associated security issues.

I cannot adequately express my thanks and admiration for the work they all. I hope in these difficult times know you are appreciated.

Mollie Campey, Healthcare Assistant | **Community** | **Nominated by Lorraine Rankin, colleague**

Mollie has helped me so much in my new role. I started with the team 12 weeks ago and it is a very different job for me. Mollie has showed me a lot of clinical skills and nonclinical skills, informed me of almost everything I have needed to know regarding patients I have visited and things that have made my job so much easier.

Nothing has been too much trouble for her, and I feel that she has gone above and beyond to help me. She said that when she started there were things that would have helped her, so she wanted to make sure that I knew them and I feel I have been able to settle in much better having her support in so many ways. As well as doing clinical tasks Mollie has shown me computer skills and I wanted her to know how much I appreciate it, she deserves it.

Sarah Baxter, Senior Physiotherapist	**Community**	**Nominated by Natalie Ross, colleague**

I wish to nominate Sarah for her ongoing commitment and dedication to our patient group. Sarah has been a driving force for a countless number of our patients working so hard within current pressures to enable them to access the therapy they require.

She gives 110% to her patients. Her expertise and tenacity is valued by us as a team.

Tanya Barber, Housekeeper	**Scarborough**	**Nominated by Alexie Neville, colleague**

Tanya always goes above and beyond to provide quality patient care. She never says no to a challenge, job, or request.

Tanya really pulled out all the stops for a dying patient and their family. During the treacherous weather, a patient's family were travelling all the way from Driffield to visit their dying relative. Once the snow had settled, the family stated to Tanya that they were unable to get back to Driffield and were planning to sleep on the floor/bench of the hospital. Tanya rang round the hospital and managed to obtain the hospital flat for the patient's family to stay in. This meant that the family were close by if the worst happened. The next morning the family were able to visit the patient who unfortunately had passed away, however this meant a lot to the family especially in this awful time.

Tanya really went above and beyond her job role and this was the most meaningful thing I have witnessed thus far in my career at Scarborough hospital.

Lesley Johnson and Beverley Burke, Ward Clerks | **York** | **Nominated by Sue Nicholls, colleague**

These two have worked their socks off over the last few weeks and continue to do so. We have had a leaver, sickness, and holidays to cover on all the wards. There has only been the two of them in at certain times covering six wards, but they pull it out of bag every time.

As well as the heavy workload they will cover other wards for an hour or two alongside their own. When any of the other ward clerks need help on their wards, Lesley and Bev will always come down and help - nothing is too much trouble, they are machines and never stop. They deserve a Star award for being so hard working.

Jason Angus, Healthcare Assistant | **York** | **Nominated by Calum Longhorne, relative**

My son ended up in the emergency department on 12 December, he was feeling very unwell and quite frightened at this point. The situation we met was quite terrifying for all of us as the department was extremely busy and it was clear the staff were under immense pressure. Despite this Jason was making sure the children were reassured and as at ease as possible. This was in between him doing all his clinical jobs and having to make difficult announcements to the waiting patients and parents. He did so with a reassurance and presence which really helped in a very difficult time.

Staff like Jason really do make all the difference to people who are in a place that no one wants to be and to do so with a smile and a joke here and there under such pressure is a special talent which I would love him to be recognised for.

Skye Aldous, Staff Nurse **York** **Nominated by Verity Sedgwick, colleague**

Skye has helped me get to work with the train strikes. I live in Sherburn in Elmet and rely on the train to get to work. Skye volunteered to help me get in and back on her day off. She lives in Barlby so had to go out of her way to help me. She did this whilst being unwell. She has also offered to help when she is also doing a long day.

She often helps on the ward, doing whatever she can to help. She has taken on support for the ward whilst being newly qualified without any hesitation, even when someone is very poorly.

Lauren Blackburn, Nursing Associate **York** **Nominated by a colleague**

I saw Lauren constantly stay with a very sick patient and give all her time and attention to him whilst the doctors and ward sister established if ICU was required to help the patient more. She kept calm and helped the family and most of all kept the patient calm. All while looking after the rest of the bay as well.

I'm new to the ward and it was so amazing to see how well she handled a not so nice situation, and it was inspiring for me.

ODO's/ PACU Team **York** **Nominated by Tia King, colleague**

The operating department orderlies (ODO's) in theatres are amazing, they collect patients to take them to theatre and take them back to the wards once they have recovered in PACU.

They are always willing to help with as much as they possibly can and do their job with a smile on their faces. The ODO's make such a difference to patients before and after theatre as they remember the friendly face that walked down with them to theatre.

The whole PACU team are a close-knit team who work incredibly hard to ensure patients recover from operations well and safely so that they can return to the ward. They are always smiling and talking to their patients making them feel more at ease whilst recovering.

Service Desk Team **York** **Nominated by Luke Stockdale, colleague**

The service desk team have recently gone through a period of transition after a successful recruitment drive with five new colleagues joining in the last two months.

This relatively new team are doing a superb job on tackling general calls and supporting the Office 365 rollout effecting every user and machine in the Trust; on a normal weekday the team take approximately 100 calls and in recent weeks they have taken over 225 calls a day to support users on the rollout. The team have really gone above and beyond to support each other to bring themselves up to speed as quickly as possible.

The team had an immediate challenge of supporting the large Office 365 project so soon after forming, they embraced the challenge with positivity and a can-do attitude. The service desk team are on the frontline when dealing with colleagues' frustrations with IT and they have remained professional throughout resolving many of the issues embedding the "kindness" Trust value. Now the team is in place, they have that eagerness to strive for "excellence" by dramatically improving the user experience.

The teams have multiple plans for next year, and are already starting to look at ways to prevent the need to call the desk or establishing when you do if it is as slick as possible. The recent improvement to the P1 notifications has received positive feedback throughout the Trust from operational and clinical colleagues at all levels. The service desk team have really spearheaded this change in line with the Trust value of "openness" operating with transparency when dealing with IT incidents. This ensures end users are informed and made aware as soon as possible if we have IT issues, enabling the management teams in the Trust to make decisions to continue the smooth running of the hospital.

Emily Parkinson, Service Lead **York** **Nominated by Stuart Parkes, colleague**

Emily had to show fantastic leadership skills, when due to unplanned circumstances, she ended up leading the winter vaccination campaign in the Trust having never taken on anything similar in the past. The outcome was that the campaign was a success and there is much learning that can be used to improve future campaigns. Throughout the programme her communication with vaccinators, staff and Trust stakeholders was excellent. She had a clear vision of what she wanted to deliver and achieved this through her significant interpersonal skills. If she was unsure of anything, she sought advice and was aware of areas where she required help. Some parts of the programme involved Emily going outside of her comfort zone and presenting at a high-level committee and taking on unfamiliar roles. She did this with a positivity and can-do attitude. Emily was pivotal in this year's campaign and this should be recognised.

Pharmacy Antimicrobial, Procurement and Dispensary Teams **York** **Nominated by Stuart Parkes, colleague**

During a national shortage of antibiotics used for Group A streptococcus infections the teams worked tirelessly to ensure the available stocks were available and in the right place to treat patients with serious infections. This required a mammoth task of teamwork, logistics and communication with clinical teams, microbiologists and with antibiotics suppliers to ensure that we were quick to access any available supplies and that we had contingency plans in place should deliveries fail which they did on several occasions.

This is a brilliant example of individuals and teams going above and beyond to provide the best care to patients and showing the Trust values of excellence, openness in communication, and working towards a common goal.

Medical Deployment Team	**York**	**Nominated by Nicky Kidd, colleague**

The medical deployment teamwork across York & Scarborough Hospitals and manage the rotas for our junior doctors across general, elderly and acute medicine, emergency department (Scarborough), surgery, trauma and orthopaedic, obstetrics and gynaecology and paediatrics. This involves booking locums to ensure safe cover as well as managing day to day absences and annual leave requests. The team have been extremely short staffed for the last few months, but everyone has pulled together to ensure that the service is still delivered in an efficient and effective way.
As manager of this service, I am incredibly proud in the way that the team have tackled the challenges we have faced and really pulled together to work as a team. Individually and as a team everyone has gone the extra mile to ensure that our wards have the correct level of junior doctor staffing.

Ward 25 Covid Team	**York**	**Nominated by Sharon Greenfield, visitor**

The whole team have been exemplary in their care and services not only to our father, but also to the visiting members of the family. The staff present themselves in a very professional manner carrying out their duties. This was very evident when the ward had to transfer from ward 25 to 28, as they did this seamlessly. We feel that the staff need the recognition for being so personable, and for their outstanding services that they give daily. We would also like to add recognition to the catering staff, especially Romeo who went above and beyond his duties ensuring our father was able to enjoy his meals on a very limited and specialised dietary requirement. Romeo even went on to personally ensure that when our father was transferred to ward 29, all our father's dietary requirements were met. Our father had become extremely anxious due to this transfer and Romeo personally visited him to reassure him that everything was in place. The whole team proved yet again that their work is not just a job, but a vocation that they are dedicated to.

Eye Team Scarborough and Malton | **Scarborough** | **Nominated by Emma Brady, patient**

I write as a patient, not a member of staff, who had cataract surgery. The care I have received, from initial referral to post op outpatients, was incredible. My cataracts are congenital, and unusual in their presentation and the surgeon explained the risk was very high. However, as my sight was rapidly deteriorating and my driving licence would very soon be at risk, it was agreed I really had very little choice other than to have surgery or potentially lose my sight.

Every single person I have seen/spoken to along my "journey" has been amazing. The out-patients team at Malton who explained every step clearly and put me at ease. Toni Aldred from waiting list who contacted me when a cancellation appointment was available and ensured I had all the correct information. The team on Willow Ward who completely understood how terrified I was and did everything they could to allay my fears. The team in theatre itself, they were professional in the extreme, but again looked after me and allayed my fears, even down to ensuring my hearing aids were looked after and that I could hear instructions/answers to questions when they needed to be removed during the surgery itself. Special mention goes to the two nurses, one who looked after me on the ward and one in theatre. The nurse in theatre literally held my hand through the whole procedure, without her I would have found it very difficult. Also, to Mr Van der Hoek himself as he has, quite literally, saved my sight. I am very fortunate, and my surgery has been successful, my vision was significantly improved before I had even left theatre.

It is hard to be a patient when you are a nurse, and due to the significant risk of complication I was terrified, but I could not have asked for better care, understanding or treatment. The whole team from start to finish are quite literally stars.

Rosie Creaser, Apprentice Assistant Audiology Practitioner | **York** | **Nominated by Kate Iley, colleague**

Rosie joined the Trust on an apprenticeship. In the short time she has been with the Trust she has shown a real enthusiasm for the role. Due to staff sickness within our hearing aid repair team, it meant Rosie has at times been left to deal with the postal request lists. She has handled this superbly. At times there can be 100 of these requests a day.

These first few weeks of her apprenticeship has embedded her into the team dynamics and shown that Rosie has a lot of potential.

Laura Rooke, Community Staff Nurse | **Community** | **Nominated by Rebecca Bradley, colleague**

We would like to nominate Laura for a star award following compliments raised by North Yorkshire Police Force (NYPF) control room. There was a recent incident where Laura was unable to get into a property for a patient she was visiting despite numerous attempts and phone calls. Laura was concerned for the patient and contacted the police to assist. Police officers were dispatched to the address and Laura was given advice. Laura was able to force entry to the property on the advice from the control room. Laura found the patient quite unwell and together we managed to prevent the patient from becoming even more unwell.

“Laura was a pleasure to speak to and she went above and beyond her role. Laura is a credit to the SHAR Community Nurse team. Thank you so much for your help, Laura!” from NYPF control room.

Stephen Roberts, Staff Nurse | **Scarborough** | **Nominated by Phoebe Smith, patient**

I fell when ice skating so came to the emergency department as my wrist was very painful. I was quickly seen and a lovely kind gentleman Stephen got me a sling then booked me in for x-Ray. After the x-ray I saw him again, he remembered my name, made me laugh while in pain. Told me about my fracture, gave me a splint, sling and information before sending me on my way. He was excellent at helping and doing his job – his care and attention amazing. He got things moving; in and out in one and a half hours.

Tracey Butterfield, Midwifery Support Worker and Andrea Huby, Community Midwife | **York** | **Nominated by Darren Gargan, patient**

We attended the antenatal day unit in December due to reduced movement in our pregnancy. The unit was clearly busy and there was high demand on the services. Despite this Andrea and Tracey were kind, caring, informative and compassionate to us and all the other couples in the department. They are a credit to the department and to the NHS we can't thank them enough, its staff like this that keep the NHS going in such difficult times.

Petra Chishinge, Nurse | **York** | **Nominated by Beverley Thorpe, relative**

Petra has provided stand out care for my Mum on Ward 21. Mum has been in the hospital for two weeks and is likely to end her life in the hospital. Petra has been kind, helpful and reassuring throughout mums stay. Petra is always smiling and had an empathy which is wonderful. She worked tirelessly to look after all patients. Dad and I always felt comfortable when we knew Petra was on shift.

Ousman Jallow, Staff Nurse **York** **Nominated by Jeremy Taylor, patient**

Admitted for an ileostomy reversal I was discharged in December 2022. I have praise for all the nursing staff on Ward 12, but one standout individual made a huge difference to my wellbeing. The young man Ousman Jallow worked relentlessly hard both day and night to assist me in my recovery. His expertise in all aspects of my care was fundamental to my recovery. Thank you so much you are a very special young man. Best wishes for your future career with the NHS.

Belinda Smale, Nurse Practitioner **York** **Nominated by Imogen White, colleague**

I am a healthcare from Foss Park hospital and attended the emergency department with a patient. Belinda was our nurse, and she went above and beyond in helping; she had a brilliant attitude, and was just absolutely fantastic. So good at recognising the patient as a person and speaking to her rather than about her to myself (the carer with her). Belinda worked hard to provide for the patient appropriately and interact with her meaningfully. Belinda had absolutely no preconceptions about the patient being a mental health patient who was attending emergency department for self-harm. I could not speak more highly of Belinda or thank her more. Very person centred. We have had other difficult times in the emergency department with this patient and Belinda really made this a positive experience for all of us.

Marius Bouwer, Healthcare Assistant **York** **Nominated by Rose Eyes, colleague**

Marius always works hard, with a smile on his face and he made my first day back at work a positive experience.

Sharon Hill, Healthcare Assistant	**York**	**Nominated by Rose Eyes, colleague**

Sharon made my first day back at work a positive experience, she showed kindness and compassion towards patients and supported me and the rest of the team.

Sophie Cundall, Senior Sister	**Scarborough**	**Nominated by Ian Platten, colleague**

In December as the snow began to fall Sophie was the nurse in charge on Maple Ward. As the conditions outside worsened and nurses were unable to make it in because of snow, Sophie was faced with a staffing crisis. With two agency nurses cancelling because of the snow Maple Ward was left with very low registered nurse numbers. Putting the safety of her patients and colleagues first, Sophie remained on shift overnight to ensure that patients received the correct level of care and her colleagues who had made it into work were supported overnight. Sophie remained on shift for 24 hours.

This exemplifies the Trusts values of kindness and excellence in carrying out her professional duties and going above and beyond to ensure her patients were not put at risk. I am proud to call Sophie my colleague.

Records Management Team | **York** | **Nominated by Lynne Mellor**

As a non-executive director, I recently met Sally Grabham and some of her team. I was impressed with her commitment to excellence: Sally has done a fantastic job in not only managing the records department across multiple sites she has also managed to work with 47% of our clinical specialities to ensure they use CPD to digitally record patient notes.

Sally and her team are meticulous in storing and managing the records, and the York warehouse is meticulously clean. Sally also has a team of people who are scanning patient records, to ensure 'older notes' are recorded digitally. Sally also demonstrated 'openness' having new ideas to help with storage and digitisation. This is an area which is key for handling patient data and the team are doing an outstanding job in managing these patient records. Sally and her team across all the record sites deserve an award, and further support in resourcing digitisation of the records.

Sharon Young, Healthcare Assistant | **Selby** | **Nominated by Joanne Cawthray, colleague**

I would like to nominate Sharon Young. Prior to the HCA appreciation day, I received positive feedback about Sharon from multiple team members.

All staff agree that Sharon is caring and respectful to both patients and colleagues and is always willing to go the extra mile. She is forward thinking and during quiet times, she can often be found doing tasks to improve the smooth running of the department. She is always willing to share her knowledge and help train new staff members and she is always up to date with training.

Sharon is a highly valued member of our team.

Louise Cardall, Healthcare Assistant **York** **Nominated by Beverley Thorpe, relative**

Louise has been looking after my mum Wendy Thorpe who has had a long stay on Ward 21. Louise is a buzz of energy and encouragement to everyone. Her Christmas headband is cheery and stand out.

Louise always had time to chat, smile and really does live the values.

Louise clearly enjoys her role and is a credit to this Ward and the wider hospital.

Heidi Fry, Sister **Scarborough** **Nominated by David Thomas, colleague**

21 December was the day that led into the recent ambulance strike that commenced at midnight. As has been the case for many months now, the emergency department (ED) was extremely busy. There were well over 50 patients in the ED, over 30 of which were waiting for admission beds. We had ambulance patients cohorted in outpatients, patients on trollies in the corridor and patients in fracture clinic. In addition, the waiting room was full, and we were having to balance several patients who were testing positive for flu and other infections. While this situation is not new, on this occasion, we were faced with a full RESUS and in the space of approx. 30 mins, several pre-alerts came in which required rapid and skilled decision making to make the department safe.

Heidi had not long been on shift when faced with multiple demands on her time including support to junior nurses and junior doctors, taking information from pre-alert phone calls, making decisions about which patients to place where based on acuity and allocation of resources to maintain her ED capability to the best effect. With so many demands on her time in such a compressed period, what I saw that evening was one of the finest demonstrations of senior nurse leadership that not only kept the ED safe, it instilled confidence in others, stabilizing what could have been a rapidly escalating situation which, if unchecked, could have gone out of control.

Throughout this, Heidi kept her cool, listened to all the issues that were coming in all directions, liaised with the people she needed to in the right priority and made all the right decisions based on the information she had in front of her. Above all, Heidi remained positive, friendly, approachable, and kind. All our ED teams work brilliantly, but on this occasion, I saw someone going above and beyond, and demonstrating superb professionalism and adherence to Trust values such that I could not let this event go unnoticed.

Jih Dar Yau, Registrar | **York** | **Nominated by Faith Carmichael and Ward 16 colleagues**

As a nursing team on ward 16 working on Christmas Day it was hard for everyone, we were short staffed, and the morale was low. Jih Dar (JD as we know him) came in on his day off in his Christmas jumper and brought the ward treats for Christmas and individually wished all the patients a Merry Christmas. He stayed to lift morale and he was just a joy on the day and really lifted everyone's spirits. He didn't need to do that at all, and it was so appreciated.

We believe it should be equally as valued giving back to the staff in such difficult times just as much to the patients. JD really went above and beyond and brings a smile to our faces, not just on Christmas Day, but whenever he works.

Pauline Ducat, Senior Healthcare Assistant | **York** | **Nominated by a colleague**

When a patient received upsetting news regarding the outcome of her procedure, Pauline was the first to approach the lady and comfort her. Pauline drew the curtains to respect the patient's dignity and calmed her down by listening to her and reassuring her. Pauline spoke to the patient in a calm way and helped her to understand what would follow from this. She offered her a drink and once she had been sat with us for some time, ensured she felt okay enough to leave the department. Pauline asked her to ring her husband to meet her at the doors and she walked with the patient to see him.

I feel that Pauline demonstrated exceptional kindness and empathy during this patient's stay, and it is occasions like this where Pauline really shines within the unit.

Rick Waterson, Healthcare Assistant | **Scarborough** | **Nominated by Jamie Edwards, colleague**

Rick works very hard to keep Cherry ward up and running always going above his role to provide for the ward and staff team, organising events for the team and never lets the ward go without. He is always polite and helpful to the patients and always willing to help. I feel he deserves some recognition for all his hard work for Cherry ward.

Bernadette Foster, Palliative Care Staff Nurse | **York** | **Nominated by Beverley Thorpe, relative**

Bernie was very kind and reassuring when discussing my mum's care. Bernie had followed up my enquiry to the hospice to ask if mum's end of life care could be managed there. Bernie met my dad and I and explained the options. Unfortunately, mum had Covid and was therefore unable to transfer from the hospital to the hospice. However, the next day Bernie still popped by to say hello which was very much appreciated.

Great work and thank you for your help and support, especially listening to my dad who is always wanting to share a story with anyone willing to listen.

CCU Team | **Scarborough** | **Nominated by Teena Thankachan, colleague**

My experience with this team is marvellous. Some staff are helping over and above and words are not enough to explain my gratitude towards them....after coming here and adjusting myself to the ward and its routine.

Paediatrics Emergency Department Team	**York**	**Nominated by Susan Lee, relative**

I visited York hospital with my son, age 12, and after checking in at the main reception desk we were directed to the paediatric emergency department. I just wanted to say that every member of the team we encountered were amazing and made my son and myself feel very well cared for and looked after. We were not kept waiting long and were given regular updates on what was happening and the next steps. The team created a very calm environment and were brilliant at engaging the children and making them feel safe and as happy as possible in the circumstances. I just wanted to thank the whole team for their outstanding service and for helping my son with swift examination and treatment. You are all amazing

Sharon Clowes, Healthcare Assistant	**York**	**Nominated by Beverley Thorpe, relative**

Sharon has looked after mum on Ward 21 for several weeks now. Truly living the values of kindness and offering support and empathy to us as relatives. Sharon is always cheerful and has helped very much, during the difficult and tricky time for us all. I am grateful for Sharon's support to make mum as comfortable as possible.

Edyta Wyskiel, Healthcare Assistant	**York**	**Nominated by Beverley Thorpe, relative**

My mum Wendy Thorpe has been in the ward for a long stay and is likely to end her life there. Edyta has lived the Trust values, her kindness shines through. Always a nice welcome and a smile. I am very grateful for all the care Edyta provided… making the final days as comfortable as possible. Thank you and keep up the great work that you do.

Joe Fayad, Junior Doctor **York** **Nominated by Paul Durose, patient**

Amongst all the emergency department staff, my greatest praise is reserved for the junior doctor Joe Fayad, who saw me privately to talk about my situation and treatment. He had read all my recent notes about my cancer diagnosis and knew what stage of the process I was at. He took notes of the current issue and asked questions that were pertinent to me. Above all, he listened to what I had to say and heard my concerns. He answered all my questions very thoroughly and reassured me. He gave me a calm and accurate analysis of the current situation and discussed what would happen going forward. He examined me with dignity which, given the nature of the problem, was very comforting.

All the time, he was listening and understanding what I needed and wanted. My husband was included at every stage.

I left the department feeling very reassured and well cared for. I cannot praise Dr Fayad highly enough. Please pass on my thanks to him.

Ward 26 Team **York** **Nominated by Jody Merry, patient**

I'm unexpectedly away from home and friends and family can't visit me easily. I had one visit while here. I'm in hospital long term. The team on the ward have taken care of me emotionally as well as physically.

They try every day to get me to a hospital closer to home and worked hard to get me two days leave. Sue has taken my one set of clothes home to wash, and Sophie bought me some comfy pyjamas and other comfort items that visitors might bring.

Sarah Garbutt, User Access Supervisor	**York**	**Nominated by Brad Davidson, colleague**

Over the winter period, Sarah has been available to help when not on duty and has not vented frustration about being contacted once. She has assisted with setting up doctors to help support areas where these were the only short notice doctor available to cover the Trust. This is out of hours, not part of her normal hours. She understands the urgency and the impact of patient safety if certain things were not done, so is always happy to be called on a Sunday evening as an example, even while watching Christmas movies with her daughter. True Trust values - thank you again Sarah

Stephen Tiller, Procurement Systems Development Manager	**York**	**Nominated by Louise Parker, colleague**

For the past 12 months, Stephen has been supporting a community-based project to test moving from ordering dressings from one company to supply chain. This has now been successfully completed and is in place at one community health centre and is about to go live in a second health centre. Overall, the project is estimated to save approx. £50k at each site.

The reason for this nomination is that without Stephen's expert knowledge, time, energy, good humour, constant positivity, problem solving skills and reliability this project would never has succeeded. Often roles like Stephen's go un-noticed and in the background. They don't have much patient facing contact and yet they are as vital to service delivery as our clinical colleagues. I would therefore like to nominate Stephen Tiller for a star award in recognition of his amazing and very much valued contribution to patient care.

Steven Dodsworth, Quality Improvement Manager **York** **Nominated by Louise Parker, colleague**

Steve has been supporting a community-based project to test moving from ordering dressings from one company to supply chain. This has now been successfully completed and is in place at one community health centre and is about to go live in a second health centre. Overall, the project is estimated to save approx. £50k at each site. Without Steve's expert knowledge, time, energy, good humour, constant positivity, problem solving skills and reliability this project would never has succeeded. Often roles like Steve's go un-noticed and in the background. They don't have much patient facing contact and yet they are as vital to service delivery as our clinical colleagues. Steve Dodsworth deserves recognition of his amazing and very much valued contribution to patient care.

Chestnut Ward Team **Scarborough** **Nominated by Jane Hutchinson, relative**

My mother was recently a patient on Chestnut Ward. During her stay, she was treated with care and compassion by all members of staff. Indeed, they went above and beyond. On one occasion, a nurse put cream on her feet and massaged them because they were dry and uncomfortable, and on another occasion, when she wanted to watch the England match, a member of the staff set it up for her on his mobile phone so that she was able to watch it. He told her that he didn't need his phone as he was busy working. On the day that she sadly passed, after being rung to come in and be with her, it was comforting to see that, when I arrived, a member of staff was sat with her, holding her hand so that she was not alone. It is these small gestures that are comforting to me now, knowing that in her last days and hours, she received the best care, from a great team, a credit to the Trust, but undoubtedly headed by a great ward manager, who herself was personally involved with the care and ensuring that her patients did not suffer and are comfortable to the end.

Sam Eiles, Deputy Sister **York** **Nominated by Okonkwo Doris Chikaodiri, colleague**

Sam is someone I admire for her leadership and decision-making skills. She goes the extra mile to ensure everyone is settled in their roles. She is a wonderful boss who knows how to bring out the best in her nurses. I have learnt so many important lessons from Sam. Thank you for helping me improve my leadership skills and abilities. You are a fantastic manager and dedicated mentor. I just want to let you know how much I appreciate you as my manager and friend.

You are so skilled, have much to teach and you do make a difference. I am doing this because according to John F. Kennedy, we must find time to stop and thank the people who make a difference in our lives.

Ward 16 Team - Charlie, Tina, Rachel, Sue, Godfrey **York** **Nominated by Georgia Miles, patient**

In December I came to York hospital for some varicose vein surgery and had to be unexpectedly admitted to ward 16 after the surgery due to pain management issues. I'm a wimp! The team that cared for me on the ward were incredible individuals. Kind, understanding and funny even though they were very busy!

Godfrey - thank you for being kind and understanding and there for me even when I was being needy. Sue - thank you for keeping me informed and knowing what I really needed - and for the bladder scan! Tina - you are an incredible person; you were so empathetic towards me when I really felt low and sad. Rachel - you made me laugh and that is always the best medicine. I'm still waiting for you to colour in my bandages! Charlie - thank you for getting me home and sorting what I needed. You are extremely good at your job and for that I thank you.

Cath Speechley, Community Physiotherapist and Lisa Dunwell, Therapy Assistant

Selby

Nominated by Fiona Skelton, colleague

Cath and Lisa are supporting the discharge to assess beds that have been purchased in our local care home, Osborne House, in Selby to support winter pressures and expedite discharges from our acute bed bases in York and Scarborough.

They both hit the ground running from day one supporting these patients and progressing their rehab. They also support the staff at Osborne house in how to enable these patients to become as independent as they can.

I know how hard they are working and what a great service they are providing, but how wonderful when you receive an endorsing e-mail from the manager of Osborne House:

"Good afternoon, all. Here is wishing you a happy new year from the team at Osborne. Just a note to say how fantastic Cath and Lisa are in the support, they go above and beyond, and I have to say that they are first class. I think it's important to say when we work with colleagues who are so professional and supportive, not only to our residents but also us as a wider team. Once again thank you to an amazing team – we think you are all wonderful. Take care and the kindest of regards Clare "

Thank you, Cath and Lisa, for living the Trust values and collaborating so successfully with your care home and social service colleagues.

Vivienne Epton and Community Nursing Team – South	**Community South**	**Nominated by Judith Seagrave, colleague**

Viv and her team of community nurses provided excellent end of life care for a young woman with complex symptom management needs and even more complex and challenging social/family needs.

The team provided unwavering daily care for this lady over several months and liaised effectively with a range of other services in order that this patient could be supported to die at home.

The home environment was at times very challenging. Despite this, the team showed compassion, kindness, and excellence in their care throughout this patient/s care in the last months of life.

Abbie Boden, Midwife	**Scarborough**	**Nominated by a colleague**

Abbie provided outstanding labour care to a woman and her partner, the woman who had a very extensive personal history and in-depth detailed care plan.

Abbie was excellent and professional the whole way through, she did everything she possibly could to provide the care that this woman not only needed, but so very much deserved.

Abbie strives for excellence and is an asset to the Scarborough maternity team. She always acts with the utmost kindness and treats people with respect and dignity. Abbie 1000% deserves this nomination.

Roseann Pease and Briony Guilliatt, Labour Ward Managers | **Scarborough** | **Nominated by Bev Waterhouse, colleague**

The labour ward coordinators at both Scarborough and York sites are responsible for the oversight of their shifts on the maternity units. All the individual members of the team have worked tirelessly to improve the experiences of both service users and staff. This has often meant them changing their plans at short notice, working extra shifts, covering sickness, trouble-shooting potential issues and making recommendations. Their role is often a challenging one for several reasons, but over the last two months they have worked as a team to support each other and the service.
We are so fortunate to have such skilled and dedicated professionals in our service and are immensely proud of each individual. Thank you.

Caroline Pennick, Clinical Governance Specialist | **York** | **Nominated by Rachel Anderson, colleague**

The AHP senior community team would like to show appreciation and thank Caroline for all the help and support she has given in providing specific datix and investigation training to a number of new starters and as a refresher for the wider AHP community team. Caroline is always so approachable and willing to help, going the extra mile to support her colleagues.

Sharon Craven, Housekeeper | **York** | **Nominated by Sarah Harwood, colleague**

Sharon has been a breath of fresh air since joining our team this year. She goes above and beyond for our patients, staff and ward every single day. I cannot thank her enough for her dedication, time, and all-round beautiful attitude. We need more Sharon's in our hospitals!

Rebecca Morgan, Speech and Language Therapist **York** **Nominated by Helena Perry, colleague**

During the extreme pressures the hospital has recently been under the speech and language therapy team along with other AHP's were asked to see how they could help support patients and staff within areas feeling the strain. Rebecca responded promptly and was a positive example for the rest of the team.

She immediately volunteered, without being asked, to go down to the emergency department to see what help and support she could offer. She understood what the pressures were and how her skills could be used to assist other areas in the hospital. She directed other colleagues and guided them as to how they could help. This showed great leadership, enabling the team to work collaboratively to ensure good patient care and support.

Rachael Johnson, PSO **York** **Nominated by Caroline Geraldine and Sara, colleagues**

Rachael always goes above and beyond for patients. On several occasions she has gone out of her way to ensure a patient can be provided with an item that is personal to their taste/likes that they would usually have at home to try and make their hospital stay more comfortable, for example, getting decaffeinated coffee for one gentleman. This is just one example of her kindness and thoughtfulness. Recently we have had several of our peritoneal dialysis patients admitted to ward 33 and each and every one of them have made reference to Rachael, praising how wonderful she was and how she constantly went above and beyond for everyone. The common phrase we heard back from our patients in the community regarding Rachael was "nothing was ever too much trouble". Even to the point that one of our patients sent an individual thank you card thanking her for the difference she made to his stay. Particularly when no visiting was allowed.

Laura Winspear and Timothy Dimatulac, Phlebotomists | **York** | **Nominated by Victoria Watson, relative**

My daughter Emily came for her first ever experience of blood taking. She was very nervous and upset but Timothy reassured her by gaining her trust and explaining the procedure. Laura also appeared (like an angel Emily said!) to comfort her and hold her hand.

The procedure was done so efficiently and considerately so thank both very much for making quite a traumatic trip way more positive.

AHP Children's Therapy Team - Occupational Therapists and Physiotherapists York and Selby | **York** | **Nominated by Catherine Leatherbarrow, colleague**

Following the critical incident declared on Tuesday 3 January, in which the Trust asked all non-urgent staff to support, our team attended an urgent virtual meeting that day at 2pm.

All the occupational therapists, physiotherapists and therapy assistants volunteered to support, with immediate effect. Their appointments were rearranged, training cancelled, and other professional partners informed that they were unavailable to support patients that week. A few urgent appointments were kept, however not one therapist refused to help, and they were all willing to support any patient and any area. I think that they were one of the few teams who all offered to help the quickest.

York District Nurse Team - Acomb | **Community** | **Nominated by Vanessa Lea, relative**

This district nurse team at Oak Rise, Acomb is outstanding. During the help we needed for dad's palliative care they provided a caring, sensitive yet professional service. They upheld his pride and dignity through such a difficult time. They organised the medication and medical equipment, the coordination between themselves, doctors, and hospice at home nurses (who were also extremely helpful and caring). Advice and information for the family was also delicately handled.
I can't find the correct words to praise these ladies as much as they deserve but they were bloody fantastic. Recognition, an enormous hug and thank you is the least they deserve.

Ashleigh Stone, Gemma Hall and Dan Sellers | **Scarborough** | **Nominated by Kim Sellers, colleague**

I would like to nominate Ashleigh, Gemma, and Dan for their unquestionable commitment during two very difficult days. We were facing extreme pressures with staffing levels and demands for beds. They were deployed to help in many areas without question. Understanding patient flow was advantageous because it meant I could work closely with them, and they knew what I needed and responded immediately. Putting the patients first is always their top priority – on a daily basis. Carrying out patient care in different surroundings with professionalism and dedication. Making sure the patients got to their destination safely and by staying late both days to ensure this happened. I am really proud of them, and they should be proud of themselves for the dedication and commitment they have shown. Collectively they made a difference.

Christy Davidson, Audiologist | **York** | **Nominated by Paul Moll, patient**

Thank her for two hours of her time explaining how to help me with my tinnitus.

Sue Wood, Healthcare Assistant | **York** | **Nominated by Beverley Thorpe, relative**

My mum Wendy Thorpe has been on Ward 26 for the last week. Sue has looked after her needs and brought her hot teas and delicious looking food. Mum is going through end-of-life care and eating is something she is still enjoying. Sue lives the values and delivers them with a smile. Thank you.

Assad Aghahoseini, Consultant | **York** | **Nominated by Megan Paterson, patient**

In 2020, whilst six weeks post-partum I got admitted to York hospital for an emergency surgery for an ischiorectal abscess. Following that surgery, I believed I had developed a fistula, and so attended my GP clinic on several occasions to be told I was worrying too much.

In 2021, I was admitted with another abscess and whilst in SAU I met Mr Aghahoseini. From the moment he read my notes, he treated me with dignity and respect and chose a female nurse to accompany him during my examination. I have been under Mr Aghahoseini's care for two years, and he has always listened to me, and validated my concerns. When I told him I thought my fistula had returned, he saw me straight away and put me forward for a new, non-invasive surgery.

He is what a medical professional should be and more. To be listened to, is what patient's want, he respected that I am in the science sector and spoke to me accordingly. His bedside manner has been amazing, he visited me in the recovery room and on the wards after every surgery, to update me personally and address any concerns I may have with recovery. He eased my anxieties prior to every surgery, and every follow-up he has greeted me with a friendly smile, and often, a little joke too. I struggled mentally over the past two-years, but my confidence in Mr Aghahoseini has never faltered as he has always made me feel like he is doing his upmost to ensure I recover, whilst maintaining my quality of life. I cannot think of anyone more deserving than him for this award.

Emma Scott, Healthcare Assistant

Community

Nominated by Fran Marchant, colleague

Emma has given amazing support to me and is a fantastic healthcare assistant within the community setting. She has a very kind, caring and hardworking attitude. As a colleague Emma is always very supportive especially when the work is stressful and demanding. The patients I visit after Emma has been always give me positive feedback and I can tell she has given the best care possible. She has made significant achievements with patients care, helping to improve patients' health so they have been able to come off the caseload and continue their lives independently.

Fae Collins, Healthcare Assistant and Julie Robinson, Staff Nurse

Scarborough

Nominated by Claire Colefax, relative

My parents were on holiday in Filey when my father collapsed in the apartment. My father was admitted on Christmas day, and I travelled over from Wakefield on Boxing Day as my mum was unable to go to the hospital due to her own ill-heath. I contacted the department by phone and Julie the nurse was so understanding and supportive. When we arrived, we met the wonderful Fae who has been helping look after my dad. Her care and compassion have helped my dad and provided me and my mum with so much reassurance. Julie explained everything that was happening with my dad to the best of her knowledge. She didn't rush us and how wonderful to have a nurse in such a busy department take time to support us. She gave us regular updates, and this was very much appreciated. Fae checked on my dad often and he stated she had been a godsend to him. As someone who works in our local emergency department at Pinderfields hospital and understands the challenges and pressures, I just want to give this wonderful feedback for the two outstanding members of staff who have looked after my dad until he was taken to the ward. We as a family truly appreciate their care at this difficult time for us all.

A Health Prospectus for York 2022 and beyond

Part I: Introduction to this Prospectus

Purpose of this prospectus

This is not a strategy.

Strategies are helpful, and have their place. This, however is a deliberately short and readable 'prospectus' which has been written at the start of a new stage for York's health and care system. It describes the state of that system in 2022, the changes we are currently putting in place, and what people have told us they would like to see in future years.

> ***Prospectus*** (noun)
> a) a preliminary printed statement that describes an enterprise
> b) something (such as a statement or situation) that forecasts the course or nature of something
>
> **Merriam Webster**

This document was published in the first few months of a new organisation which plans healthcare in our region: **Humber and North Yorkshire Health and Care Partnership.**

Within this partnership, York sits as one of six 'places'. A group of leaders from has been meeting in preparation for these changes since the start of 2021 but we have only been a formal committee (the **York Health and Care Partnership**) since July 2022.

During this preparation year, we have been doing a number of things:

- focussing on improving the relationships between health and care partners
- using data to understand population health need better, with the establishment of the York 'Population Health Hub'
- collaborating on improving care
- engaging with citizens and our partners

This work has culminated in the production of this document, which is a preliminary statement that describes:

Where we are
Where we want to be
How we start the journey

How we made this prospectus

The production of this document drew on a number of opportunities for conversation in the York health and care system, and the events summarised below form the basis of the rest of this document, in its language and content.

York Big Question engagement exercise

We asked our partners in the voluntary and community sector in York to run an engagement exercise for us across winter 2021/22, which involved them hosting a conversation with people around a very simple question: ***What helps you live a happy and healthy life?*** The participants were asked to consider the question in a number of contexts: in the community they live, within health and care services, and through other city services. Additionally, when this document was finished, it was assessed by the Healthwatch York Readability panel for their view on how we have presented things.

Coproduction Workshop

In April 2022 we hosted an open-invite co-production workshop to help us write this prospectus. Participants were asked to focus on a number of areas of health: children and young people's mental health, social isolation/ connectedness, living with long term conditions, and health and care services, and asked two key questions: ***'In ten years, if nothing has really improved, describe what York looks like'***; and ***'In ten years, if things are radically different, describe what York looks like'***

Academic input

We are grateful to several senior academics within York's higher education sector for their input into the process. They talked through with us a number of international **models for health-generating city systems**, including the Marmot City approach, the WHO Healthy Cities indicators, the Preston Model (community wealth building), Doughnut Economics, and the Welsh 'Future Generations' Act.

Strategic Inquiry

The York Health and Care Partnership also held a workshop where a number of well-recognised 'strategic inquiry' questions were posed, aimed at generating meaningful, deep and challenging conversation about the issues we will need to tackle through the newly reformed health and care system. These questions were: **Where is the system now? Where does it need to be? Where are you in your own practice?**

Part II: Where are we now?

Challenges and strengths

Our work so far has highlighted a number of things to be proud of, and to build on. But it has also brought to light a number of hard and difficult realities we face in our York health and care system, which need to be acknowledged.

Strengths for health and care in York

Improved links between primary care and wider social interventions, e.g. through social prescribing	Many wonderful NHS and care **staff,** and commitment shown in e.g. the vaccination rollout	An abundance of **health assets** – green space, access to culture and heritage, community venues
An emerging aligned set of **prevention services** / practitioner networks	**Research and innovation** – the potential from clinical trials and operational insight	Use of **technology** to enable care and improve ways of getting help (but guard against digital exclusion)
The depth and togetherness of the **voluntary sector**	The power of **involvement** – seen in several 'coproduced' initiatives	Geography, in terms of our **aligned** providers, VCSE and council

Challenges for health and care in York

An overstretched, tired and burdened **workforce** where morale is low	**Demand** for healthcare seems to only ever head in one direction (upwards)	A challenging **financial** situation for all providers of care in York
The **short-term** nature of VCSE investment hinders sustainable capacity building	The long shadow and collective trauma of **COVID**	A '**crisis management**', system, not a 'preventative' system
Huge **backlogs** in care and long waits, across hospital care but also GP, community and social care.	A young **people's mental health crisis**, apparent even before the pandemic made it worse	Labyrinth **systems** – people feel they bounce from one gatekeeper to another
People often report ending up in the **wrong place** for too long, be it a hospital bed or the wrong service	**Access issues** to several services, including urgent care, primary care and dentistry	A reversal of **inequality** gains - people in poorer parts of York are dying earlier than they should

Current changes in health and care

The organisations which deliver health and care services in York are **not changing overnight**.

What is changing are the organisations which organise and plan this healthcare – essentially, those who allocate the resource and ensure the quality, safety and adequate provision of services to the whole population ('commissioning'). This is all part of a **national reorganisation** of the NHS and care.

This is not the first time these organisations have changed! As a city, York has been covered by various geographies of commissioning over the last decade:

What is different this time – and potentially a huge advantage – is that **York will have its own local body** focussing solely on the city and its needs and strengths, rather than in combination with other local areas.

Our **York Health and Care Partnership** will be a formal committee of the NHS Humber and North Yorkshire Integrated Care Board (ICB), and as such is charged with the local delivery of the four Integrated Care System goals.

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

This local group brings together senior leaders from all NHS organisations (including **GPs**, **the hospital**, and our **mental health trust**), **local government, St Leonard's Hospice, Healthwatch York,** the **education** and **higher education** sectors, to function as the ICB's decision-making body at place level for health and care.

Part III: Where do we want to be?

The following pages build on what people have described to us through the engagement exercise we have undertaken. They use the language, ideas and 'voice' of those who took part.

They tell a story, looking ahead to York's health and care system in a decade's time – 2032.

The first imagines that nothing has really improved ('the same old story')

The second imagines a radical transformation ('a better story').

2032…the same old story…

Its 2032, and York is a pleasant enough place to live. The relative affluence of our city ensures that some of the worst health outcomes seen by neighbouring northern towns (as a result of the pandemic and the cost-of-living crisis) are avoided.

The **seeds of good health**, however, are not being planted. A decade of budget constraints have meant that our local partnerships have mainly focussed on acute care and 'bailing out the boat'. Health and care services still tend to operate under a '**medical model**', placing an emphasis on procedures or packages of care which can be measured, rather than investing in the things which create good health.

We can see this most clearly in the health of our children and young adults. This is **generation COVID**. The disruptions of lockdown and the collective trauma of a pandemic meant that those learning to toddle and talk in 2020 are now starting secondary school; but we haven't proactively supported them. In addition, we've allowed increased pressures on young people, and worries such as isolation, career and housing prospects, and unemployment, to stack up. When this results in mental and physical health issues, it means more **costly interventions are needed**, with higher rates of young people accessing services.

The educational impacts are increasing inequalities in York's young adults, and with the cost of housing still a huge issue, **market forces** become destiny: York's mobile younger generation seek their future in other cities, while the less mobile stay, but struggle to find higher paying work, and to pay the bills.

Social isolation remains a big issue in the city. Parity of esteem in our system for issues like **loneliness or debt** (when A+E is full to-bursting more often than not) seems a luxury. Yet an increasing amount of healthcare demand is driven by inequalities and social factors. Fuel poverty leads to people living in colder houses increasing preventable long-term conditions. Some struggle with bills and budgeting for food, with clear impacts on physical and mental health.

Most people who are being seen by health and care services have more than one condition, but our system hasn't caught up.

The **divides** between primary and secondary care, between treatment pathways for single diseases, and between children's and adult's services, are still with us, and patients aren't getting anywhere near what we'd call a holistic or integrated service. This is true in our approach to the workforce, with the same clinical and professional **staffing structures** meaning a coherent and flexible approach to moving staff to the bit of the system which needs them is difficult.

Our work in clinical research, workforce development and innovation is still fragmented, and ad hoc; whilst we have world-class universities and colleges they are not strategically focused on local impact or really part of the partnership - so **we underplay our strengths**.

Out in the community, we haven't taken the opportunity to **involve people in services**, which (again) felt like a luxury we couldn't afford; but in fact designed out the power of people and community to make services higher quality. And our social prescribing services – while helpful, are running out of things to prescribe/refer to, with a number of key voluntary and community groups becoming unviable due to short-term contracts and lack of resilience.

2032…a better story…

Its 2032, and York is recognised as the healthiest and fairest city in the North of England. Life expectancy gaps between the richest and poorest – whilst still with us – are now **starting to close** rather than widen.

Having taken the decision to make improving health and wellbeing for all **a fundamental standard** by which we measure every decision in the city, we now only do things that support this vision, and are starting to reap the rewards.

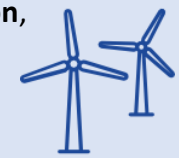
A large part of this involves a relentless shift in all areas to a **prevention and early intervention** model. At one end of the scale, communities are now defined by the depth of relationships and associations that exist, and not only do we use our health assets, but we grow them. At the other, people with long term conditions all have proactive care plans, and the most complex have a **multi-professional** team which isn't bound by disease area, sector, or the child/adult service division.

We utilised the COVID generation's experience of mental health issues and **turned it for good**, creating a more sensitive, compassionate and kinder culture and building the workforce of the future from people with lived experience. Models of community support based around **local 'hubs'** have arisen which are preventative, meaning people don't need to seek professional help so often, and can find mental wellness in connections and communities.

Children are at the centre of our city life, starting with the most vulnerable. Much better work across all partners involved in the care system, including **better transition** into adult services, means that children in care have better health outcomes, whilst the involvement of education leaders in our health partnerships mean that pioneering work is being done to raise **a healthy generation of children**, most of whom are now growing up accustomed to getting around the city using active travel methods such as walking, cycling and public transport.

Workforce difficulties are still with us, but since the introduction of a city-wide **workforce plan** and collaboration on flexible training in health and social care, we now have the right number of district nurses, carers, mental health practitioners and social workers. Our collective capability in universities and colleges has given us innovative solutions in this area, as well as creating higher-paid research and teaching jobs which boost our economy and wage growth.

In terms of our local health partnerships, York is now really starting to maximise its maturity – building on the closeness, informal and strong relationships and honest conversations needed to sort problems out quickly. Not everything is done by committee (though governance is strong and robust); our niche is to be **nimble, compact and adaptable**; we are starting to get a reputation for pioneering new models of care, and so we attract the clinical and professional leaders needed to make this a reality.



Our NHS is basically now **zero carbon**, and in fact works with the council to identify patients whose homes need insulating. Fewer people are in fuel poverty (since we have a more environmentally sustainable way of heating houses), and those struggling with debt are **quickly identified** by, for example their GP and given support. All of this is slowly reducing pressure on the NHS and social care, who have long moved from focussing on patient flow and discharge, and now **collaborate** on making care more personalised.

Part IV: How do we start the journey?

Develop our behaviours

Over this last year, the York Health and Care Partnership has agreed a Charter of Behaviours. Learning from other high performing health and care systems who have worked hard to behave as one team, we have agreed that as a set of senior leaders:

We are in it together

We agree that we will have a robust airing of views, but that once our team has reached a decision, we will all abide by that decision and support it publicly.

We will trust in people

We agree to openly discuss all matters that affect our ability to make firm decisions, including any conflicts of interest and any limits on our mandate (where we carry these from participant organisations), so that all members of our team are fully aware of any restrictions, caveats or further authority that may be required.

We will be permission-giving and empower staff

We will support our teams, and in particular professional/clinically-led service development. We will deliberately try to enable decisions to be made by 'front-line' staff by saying 'yes' to their solutions. We will promote an environment of high quality and low bureaucracy. We will recognise that Health and Care rises and falls on staff wellbeing.

We are person-centred

Recognising the diversity of our population we will develop solutions that are 'bespoke by default' focussing on understanding the needs of our residents. We will put people at the centre of decision making and be able to question where we think this is not the happening.

We will free the power of the community

People/patients will be actively involved in the system, providing feedback, supporting and leading change.

We are committed to improving population health

We recognise the significant health inequalities experienced across the city. We recognise the upmost importance of working to address these inequalities and support vulnerable individuals and populations when participating in our activities.

We will connect clinicians and professionals

We are committed to restoring the connections between clinicians and professionals from primary and secondary care, nursing and social care, and the voluntary sector. Staff are empowered to make the right decisions without bureaucracy getting in the way, and will understand the system as a whole.

Our finances will align

We will explore ways in which we can use our collective resources to the best possible effect for the population. We will strive to understand the consequences of our decisions on all partners and manage any repercussions so as not to destabilise any organisation and managing risk collectively.

Build on our framework for a health generating city

GROW
the things which keep us healthy

for example: cookery classes, the NHS procuring local goods, offering apprenticeships, more keyworker housing, capacity building in the third sector, cycling skills courses, smokefree hospitals, social prescribing, reduced air pollution

ACT
early and prevent ill health

for example: help to achieve a healthy weight, identification and brief advice for alcohol,, self-management technology, home blood pressure monitoring, peer support groups, population health management, dementia coordination, falls prevention

CARE
with compassion and quality

for example: meeting healthcheck targets, reducing elective waiting lists, supporting maternal health, preventing hospital-acquired infection, advance-care planning, timely care packages, primary care access, trauma-informed care

CONNECT
things into one York team

for example: shared care records, integrated discharge arrangements, co-location of services, locality working, multi-disciplinary working, better treatment of dual-diagnosis, personalisation, involvement of carers

Establish and mature our partnership

The following is our equivalent of a 'to do list' for our first year in operation as York' place within Humber and North Yorkshire ICS:

- Strengthen the foundations of our place partnership, including its governance
- Streamline workstreams and health sub groups in York, building a fit-for-purpose partnership model
- Support the development of a city 10 year strategy, with three key documents – the Economic Strategy, the Climate Change Strategy, and the Health and Wellbeing Strategy, at its centre.
- Lead the health and care sector response to the above strategies, including the development of action plans and associated partnership structures
- Press for a maximal model of delegated functions from Humber and North Yorkshire Integrated Care Board, to further integration plans
- Start work on joining up the health and care research and innovation potential in York, collaborating with higher education sector leaders on joint priorities e.g. workforce supply, clinical research, operational insight
- Develop our co production approach to decision-making
- Produce a realistic future workforce strategy for the city based on the concept of a York 'health and care team'
- Understand the financial challenge for York 'place' within the integrated care system, and develop plans to underpin good long term decision making
- Keep 'alliancing', including modelling the behaviours listed in this document
- Work collaboratively on a York and North Yorkshire footprint on things that make sense within the health and care system, for instance urgent and emergency care

Thank you for reading this Prospectus

For more information on please email
peter.roderick@nhs.net

Report to:	Trust Board
Date of Meeting:	25th January 2023
Subject:	Endoscopy Equipment Replacement 22-23
Director Sponsor:	Andrew Bertram
Author:	Beth Eastwood/ Kim Hinton

Status of the Report (please click on the appropriate box)

Approve☐ Discuss☐ Assurance☐ Information☒ A Regulatory Requirement☐

Trust Priorities	**Board Assurance Framework**
☐ Our People	☐ Quality Standards
☒ Quality and Safety	☐ Workforce
☒ Elective Recovery	☒ Safety Standards
☐ Acute Flow	☐ Financial
	☒ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System
	☐ Sustainability

Summary of Report and Key Points to highlight:

This business case supports the £4.1 million upgrade of ageing equipment in the endoscopy units in York, Scarborough and Bridlington. The equipment is at the end of it's recommended lifecycle (over 8+ years old) and the funding is a combination of the trust capital programme and national funding.

The replacement will assist in supporting elective recovery and diagnostic performance as modern equipment will improve efficiencies and maximise capacity, as activity will not need to be lost due to equipment breakage and scheduling constraints to accommodate.

The funding streams & schemes are detailed below:

Equipment Scheme	**Funding Source**	**Total**
Endoscope Lease Replacement	Trust capital programme	£2.1 million
Endoscope Purchase	External – NHSE/ ICB	£348,000
Stack replacement	Trust capital programme	£1.2 million
Endoscope Drying Storage Cabinet Lease Replacement	Trust capital programme	£317,000
Endoscopy Simulator	External – NHSE/ ICB	£70,000

This has been deemed a no risk business case, and therefore been supported by the care group board and endorsed by the executive finance director. Board chair approval has been sought outside of the meeting due to the urgency of timescales to place requisitions in this financial year. The is approval was given on 17th January 2023. Due to the financial value of the case, this is being presented to Board in line with the Trust scheme of delegation.

Recommendation:
Board notes approved business case.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

Report History
(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation
Care Group 4 Board	11th January 2023	Approved
Exec Finance Approval – virtual	13th January 2023	Approved
Board chair approval- virtual	17th January	Approved

APPENDIX Ai

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE SUMMARY

1. Business Case Number

2022/23-100

2. Business Case Title

Endoscopy Equipment Replacement 22/23

3. Sponsorship, Management Responsibilities & Key Contact Point

The Business Case 'Owner' should be the appropriate Care Group or Corporate Director, or where appropriate an alternative lead Clinician nominated by the respective Care Group Director. The 'Author' will be the named manager supporting the owner of the Business Case, who will have responsibility for the development and writing of the Business Case, and will be the key contact point for enquiries.

3.1 Sponsorship Confirmation (where neither the Owner or Author of the Business Case)

Care Group/ Corporate Director	Name	Date of Agreement
	Srinivas Chintapatla	

Care Group Manager	Name	Date of Agreement
	Kim Hinton	

3.2 Management Responsibilities & Key Contact Point

Business Case Owner:	**Kim Hinton**

Business Case Author:	**Beth Eastwood**
Contact Number:	**07814 266185**

4. Issue(s) to be addressed by the Business Case

Describe the background and relevant factors giving rise to the need for change.

4 x schemes were approved for Endoscopy equipment on the 22-23 Trust Capital replacement programme, due to equipment being older than recommended lifespan. It is anticipated that replacing this equipment will release benefits around faster room and scope turnaround time, meaning that efficiencies will be realised on the units. A number of scopes have been repeatedly returned to the servicing provider for repairs, due to age. This has left scopes needing to be transported between units at very short notice to avoid cancellation of patients.

The following schemes were approved for replacement this year:

- Replacement 6 x storage cabinets and associated equipment- lease reference: LG17057 & £316,311 awarded from trust capital replacement programme
- Endoscope replacement & Additional Scopes- various leases (see corresponding MERG form), £1 million currently awarded from trust capital replacement programme
- Replacement 4 stacks and endoscopy peripherals- York – to replace existing stacks , £1.2 million currently awarded from trust capital replacement programme

Replacement of Diathermy Machines & Argon Plasma Coagulator at £114,000 has had a business case and MERG approved (October 2022), and PO raised for equipment purchase.

An additional equipment scheme is now in progress, with funding from the ICB/ cancer alliance. £70,000 has been awarded to the Trust to purchase new simulator equipment.

An additional £348,000 was awarded by NHSE in December 2022 for scope replacement.

The scope replacement scheme is more complex than the simulator, stacks or drying cabinets due to the varied end date of leases and the number on each lease. Please see the corresponding MERG form for further information.

An additional £1.2 million is required to replace all endoscope leases which are now at the end of their recommended equipment lifecycle. This funding will provide around 55 new endoscopes on lease, with the £348k to purchase 8 additional scopes to provide service resilience and allowance for expansion in line with national diagnostic programmes (e.g. Bowel Cancer Screening Age Extension).

5. Capacity & Demand Analysis

Where a key issue raised concerns the availability of sufficient capacity to meet anticipated demand on the service, it must be supported by a Capacity and Demand analysis to clearly demonstrate the gap in capacity, with the results presented below. Please refer to the Business Case guidance document for the guidance and access to the preferred capacity and demand model. If required, support in completing the model is available through the Corporate Operations team (contact Andrew Hurren on extension 5639).

The issue to be addressed is the replacement of equipment with a like for like product; we are not anticipating any material impact on capacity, therefore have not undertaken capacity and demand analysis.
However, it should be noted that currently the scope repair issues do have an impact on capacity in that it limits which lists can run on which site.

6. Options Considered

List, and describe briefly below the alternative options considered to resolve the issue(s) presented in Section 4 above. This should just be a factual description of the option without at this stage any comments on the pros and cons of the option. The inclusion of alternative workforce and clinical models should be considered when generating the list of options.

Description of Options Considered
1. Do not replace the equipment
2. Replace the equipment with existing funding streams identified. This excludes the additional ask from the trust capital replacement programme and therefore only 50% of the ageing scope inventory could be replaced.
3. Replace the equipment with funding schemes identified with the additional £1.2 million from trust capital replacement programme for schemes.

7. The Preferred Option

Detail the preferred the option together with the reasons for its selection over the other options. This must be supported with appropriate description and data in demonstrating how it will address the issue(s) described in Section 4 above.

***Note**: All identified options must be subject to a Benefit and Cost analysis, using the 'Investment Appraisal Scoring Sheet' (Appendix Biii) and attached to this Case. The case for the preferred option should include cross references to key attributes identified in the Benefit and Cost Analysis as supporting information. Where the preferred option closes an identified capacity gap identified in section 5, the results of the closed gap after using the preferred capacity and demand model should be shown here.*

The preferred option is:

- Option 3: Replace the equipment with identified funding streams in addition to ask for £1.2 million from trust capital replacement.

Option 3 allows the Trust to replace equipment which has been identified as suitable for replacement by Care Group 4 service leads due to its age and/or breakdown history. By replacing this equipment, we reduce the risk of equipment downtime and we may benefit from technological advances due to the use of newer equipment, which may include improved scanning capability, quality and speed.

It also means that all ageing scopes can be replaced with a new lease, as opposed to creating additional financial pressure in 23/24.

Option 1 does not address the risks or issues associated with using aging equipment. Option 2 only allows partial replacement of ageing scope inventory.

8. Alignment with the Trust's Strategic Themes

The Trust has identified five strategic themes that ensure there is a focus for its emerging priorities and objectives, and assists in the communication to staff, patients and other stakeholders.

Indicate using the table below, to what extent the preferred option is aligned with these strategic themes. It is expected that the preferred option will align with at least one of the strategic themes.

Strategic Theme	Aligned? Yes/No	If Yes, how is it Aligned?
Deliver clinically sustainable services for our patients	Yes	By replacing old equipment with new, we minimise the risk of machine downtime having replaced older equipment with new equipment. This will reduce the occurrence of cancelling appointments for patients, thus prevent this being a factor impacting negatively on patient experience.
Develop people to improve care	Yes	By replacing old equipment with new, we provide a modern environment for our highly valued colleagues to work in, which may help with retention and to attract prospective employees also.
Adopt a home first approach	No	
Work collaboratively in our partnerships and alliances	Yes	The Endoscopy unit is a training site for medical trainees across HYMS. By replacing the equipment this will bring the unit up to date with the latest training requirements.
Make best use of every pound	Yes	By replacing old equipment with new, we believe this can support with the Trust's intention to exploit technology to improve cost effective care delivery; we expect reduced downtime with new equipment, there we expect the cost effectiveness of service delivery to improve as a consequence.

9. Benefits of the Business Case

The identification of the benefit(s) that are expected to arise from the Business Case is crucial to ensuring that a robust evaluation of the progress and delivery of the Business Case objectives is possible during any post implementation reviews.

*Clearly detail and **quantify** the expected benefits that will arise from implementing the preferred option using the three domains of service improvement below. The benefits identified must be tangible, and capable of being evidenced through some form of measurement. The timings of when the benefits will materialise should be realistic.*

It is acknowledged that some benefits may not materialise until at least 6m, dependent on the purpose of the Business Case and, as the Guidance Manual indicates, in a small number of instances there may be a need to consider adjusting the timings of the reviews, dependent on the forecast timeframe for benefit delivery.

Quality and Safety						(* from Estimated Implementation date)
Description of Benefit	**Metric**	**Quantity Before**	**Quantity After**	**At 3m***	**At 6m***	**At 12m***
Given the intention to replace equipment on a like for like basis, we do not anticipate any material quality and safety benefits being delivered over and above current delivery.						
How will information be collected to demonstrate that the benefit has been achieved?						

Access and Flow						(* from Estimated Implementation date)
Description of Benefit	**Metric**	**Quantity Before**	**Quantity After**	**At 3m***	**At 6m***	**At 12m***
Given the intention to replace equipment on a like for like basis, we do not anticipate any material access and flow benefits being delivered over and above current delivery.						
How will information be collected to demonstrate that the benefit has been achieved?						

Finance and Efficiency						(* from Estimated Implementation date)
Description of Benefit	**Metric**	**Quantity Before**	**Quantity After**	**At 3m***	**At 6m***	**At 12m***
Given the intention to replace equipment on a like for like basis, we do not anticipate any material finance and efficiency benefits being delivered over and above current delivery.						
How will information be collected to demonstrate that the benefit has been achieved?						

10. Estimated Implementation Date

State the estimated implementation date. This will be used as the start point of the review period where the Business Case is selected for Post Implementation Review (PIR).

Estimated Implementation Date	**March 2023**

11. Risk Analysis:

Identify the key risks to the Trust of proceeding with the preferred option, and what actions can be taken to mitigate them should they arise.

In light of the difficulties being experienced both locally and nationally in successfully recruiting across a broad range of staff groups, the author should pay particular attention to the risks associated with fully recruiting to any new posts identified in the business case, supported by current market intelligence. Such risks need to be considered in the context the likelihood (and timeframe) of the need to use agency or locum staff incurring premium costs for the Trust. The likelihood of any additional costs should be acknowledged in this section, and its impact recognised in the financial assessment of the case.

Identified Risk	Proposed Mitigation
The new equipment is not compatible with existing older equipment on units.	Close liaison with supplier to ensure that existing and new equipment is compatible with each other.

12. Is there a requirement to apply for funding via the Medical Equipment Resources Group (MERG), linked to this Business Case?

If 'yes', the completed and approved MERG form must feature as an attachment to the Business Case document.

Yes	√
No	

Please tick

If 'Yes' please state below what proportion of the overall Capital costs associated with the Business Case (see the Financial Pro-forma), relate specifically to equipment

Overall Capital Costs for the Business Case	
State the value of the Equipment within the above	

13. Is there a requirement to involve or liaise with the Procurement Department with regard to any aspects associated with this Business Case?

Yes	√
No	

If 'Yes' please provide a brief summary to evidence the involvement and the outcome.

Procurement colleagues have been engaged from the outset of this for all schemes and supportive of the approach taken. Email evidence can be provided on request.

Single tender waivers will be required for the stack, scope and simulator purchase due to specialist nature of equipment and/or need for equipment compatibility with existing equipment on units.

14. Consultant, and other Non-Training Grade Doctor Impact

*(Only to be completed where the preferred option **increases** the level of Consultant/ non-Training Grade input)*

a. Impact on Consultant/ Non-Training Grade Doctor Workload:

The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant/Non-Training Grade Doctor to a maximum of 11. This section should illustrate the impact that the additional Consultant/Non-Training Grade input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's/Non-Training Grade Doctor's actual annual working weeks against the 41 week requirement.

The information below must be accompanied by the Trust's Capacity Planning Tool, and the Job Plan, which should be appended to, and submitted with the Business Case.

	Before	After
Average number of PAs		
On-call frequency (1 in)		

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	Working Weeks v 41 Week Requirement		PA Commitment	
	Before	After	Before	After

b. Job Plan Approval:

The Medical Director or Deputy, along with the Medical Workforce Manager must review all proposed Job Plans for new Consultant posts, as well as any Job Plans of existing Consultants where the proposed new post would have an impact on current working practices. The date that the Job Plans were approved must be provided below.

Date of Approval	
Comments by either the Medical Director or Deputy, or the Medical Workforce Manager	

15. Stakeholder Consultation and Involvement:

Identify the key stakeholders (both internal and external to the Trust) essential to the successful implementation of the Business Case; the extent to which each support the proposal, and where appropriate, ownership for the delivery of the benefits identified above.

Where external stakeholder support is vital to the success of the Business Case (e.g. commitment to commission a service), append documentation (letter, e-mail, etc.) evidencing their commitment. If the Business Case spans more than one Care Group or Directorate the expected/required close collaboration in such circumstances must be evidenced.

Examples of stakeholders include lead clinicians, support services (e.g. Systems & Network Services, Capital Planning re: accommodation), Commissioners (e.g. Vale of York CCG, etc.), patients & public, etc.

Please bear in mind that most Business Cases DO have an impact on Facilities & Estates services provided by York Teaching Hospital Facilities Management (YTHFM) LLP.

Stakeholder	Confirmation of Support (Yes, No, Not applicable stating why?)
Mandatory Consultation	
Radiology	N/A- do not use equipment
Laboratory Medicine	N/A- as above
Pharmacy	N/A- as above
AHP & Psychological Medicine	N/A- as above

Theatres, Anaesthetics and Critical Care	N/A- as above
Community Services	N/A- as above
Systems and Network Services	N/A- as above
Sustainability	N/A- as above
YTHFM LLP	N/A- as above
Clinical Coding Team	N/A- as above
Other Consultation	
Endoscopy Units (York & SGH)- nursing and clinical leads	Yes
Sterile Services	Yes

16. Accommodation

If the delivery of this Business Case is reliant on the Care Group or Directorate submitting the case being allocated additional space (e.g. to accommodate new staff or to expand its services) the availability of this additional space should be established prior to the submission of the Business Case for approval.

If assistance is required in assessing the space requirements / availability of space to support this Business Case then help is available from Tony Burns (01904) 721856 or tony.burns@york.nhs.uk).

	Yes	No
Does the implementation of the Business Case require additional space to be found and allocated?		√

Please tick

17. Financial Summary

a. Estimated Full Year Impact on Income & Expenditure:

Summarise the full year impact on income & expenditure for the Care Group or Directorate as a result of this Business Case. The figures should summarise the more detailed analysis on the accompanying 'Financial Pro Forma'.

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure			0
Income		0	0
Direct Operational Expenditure			0
EBITDA	0	0	0
Other Expenditure			0
I&E Surplus/ (Deficit)	0	0	0
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	0	0	0
Contribution (%)	#DIV/0!	#DIV/0!	#DIV/0!
Non-recurring Expenditure	n/a		0

Supporting Financial Commentary:

Awaiting quotes from procurement – capital funding total awards below:

Scheme	**Trust Capital Replacement Funding Approved**
Replacement 6 x storage cabinets and associated equipment	£316,311
Endoscope replacement & Additional Scopes	£1,005,861 Additional ask of £1.2 million
Replacement 4 stacks and endoscopy peripherals- York	£1,200,000

Scheme	**External Capital Funding- NHSE England/ ICB**
New Simulation Equipment	£70,000
Additional Endoscopes	£348,000

b. Estimated Impact on Run Rate

Summarise the impact on current monthly income and expenditure run rate as a result of this Business Case. The current run rate should reference the average monthly income and expenditure over the last six months. Demonstrate how the run rate will change as a result of this business case in full, and at 6 months and 12 months following approval of the case. Show income as positive figures and expenditure as negative.

	Current Run rate	Revised Run Rate	Change	Change at 6 months	Change at 12 months
	£000	£000	£000	£000	£000
Income (+ve)					
Clinical Income			0		
Non Clinical Income			0		
Expenditure (-ve)					
Pay			0		
Non Pay			0		
Non Operational expenditure			0		
Total	0	0	0	0	0

Run Rate Supporting Commentary:

18. Date of Completion:

Note: This date should be kept current on each occasion that the documentation is refreshed/ updated.

The use of version control is recommended to aid the auditing and tracking of current documentation, particularly if the Case spans more than one Care Group or Directorate with multiple contributors. The 'Final' version must be clearly indicated as such.

Date	06/01/2023
Version No.	2.0

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	2022/23-100
TITLE:	Endoscopy Equipment Replacement 22/23
OWNER:	Kim Hinton
AUTHOR:	Beth Eastwood

Capital

		Total £'000	Planned Profile of Change 2022/23 £'000	2023/24 £'000	2024/25 £'000	Later Years £'000
Expenditure	(-ve)	-4,116	-4,116	0	0	0

Capital Notes *(including reference to the funding source)* :

The Capital ask of this business case is split between Trust Capital and funded awarded by the ICG/NHSE. It is broken down as £2.53m for Scopes (£348k of this is from Externally awarded Capital and £2.18m of Trust Capital), £316k for Drying Cabinets from Trust Capital, £70k for a Simulator funded by NHSE/ICB awarded Capital, £1.2m for Stacks which is from Trust Capital.

Revenue

		Total Change: Current £'000	Revised £'000	Change £'000	WTE	Planned Profile of Change: 2022/23 £'000	2023/24 £'000	2024/25 £'000	Later Years £'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)			0					
Nursing	(-ve)			0					
Other (please list):									
Executive Board & Senior Managers	(-ve)			0					
Support Staff	(-ve)			0					
WLIs	(-ve)			0					
				0					
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)	-216	-302	-86		0	0	-86	-86
Other (please list):									
Establishment Expenses	(-ve)			0					
CIP	(-ve)			0					
LLP Costs				0					
		-216	**-302**	**-86**		**0**	**0**	**-86**	**-86**
Total Operational Expenditure		**-216**	**-302**	**-86**		**0**	**0**	**-86**	**-86**
Impact on EBITDA		**-216**	**-302**	**-86**	**0.00**	**0**	**0**	**-86**	**-86**
Depreciation	(-ve)		-588	-588			-588	-588	-588
Rate of Return	(-ve)		-72	-72			-72	-72	-72
				0					
Overall impact on I&E		**-216**	**-962**	**-746**	**0.00**	**0**	**-660**	**-746**	**-746**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**-216**	**-962**	**-746**		**0**	**-660**	**-746**	**-746**

Revenue Notes *(including reference to the funding source)* :

The revenue costs of this business case are the service contracts and the capital costs.

General Service & Supplies - The increase from now is due to the new Simulator (£4k) and £82k for the scopes maintenance this increase is due to two factors, firstly inflation and also the current service is inadequate for the departments needs and the level of cover needs increasing. These will not be seen until the 2024/25 financial year due to the waranty period the equipment will be under after purchase.

Owner	Finance Manager	Board of Directors Only: Director of Finance

Signed	**Beth Eastwood**	**Neil Barrett**	
Dated	9.1.23	9.1.23	

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances			0				
Follow-up Attendances			0				
A&E (Attendances)			0				
Other (Please List):							
Screening Services			0				
Excluded Devices			0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Other								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income								
Private patient income	(+ve)			0				
Other non-protected clinical income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income								
Research and Development	(+ve)			0				
Education and Training	(+ve)			0				
Other income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)			0			
Nursing	(-ve)			0			
Other (please list):							
Executive Board & Senior Managers	(-ve)			0			
Support Staff	(-ve)			0			
WLIs	(-ve)			0			
				0			
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)			0			
Clinical Supplies & Services	(-ve)			0			
General Supplies & Services	(-ve)	-18	-25	-7	0	0	-7
Other (please list):							
Establishment Expenses				0			
CIP	(-ve)			0			
				0			
		-18	**-25**	**-7**	**0**	**0**	**-7**
Total Operational Expenditure		**-18**	**-25**	**-7**	**0**	**0**	**-7**
Impact on EBITDA		**-18**	**-25**	**-7**	**0**	**0**	**-7**
Depreciation	(-ve)	0	-49	-49	-49	-49	-49
Rate of Return	(-ve)	0	-6	-6	-6	-6	-6
				0			
Overall impact on I&E		**-18**	**-80**	**-62**	**-55**	**-55**	**-62**

+ favourable (-) adverse

Run rate notes:

The impact on Run Rate will be the increased service contract, but due to warranty this wont be seen until 2024/25, and the costs of capital.

SCORECARD : Quality and Safety Mandatory Reporting

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : DECEMBER 2022

Note 'Action Required' is stated when either Variation is showing special cause concern or Assurance indicates failing the target
* Indicators marked with an asterisk have 'unvalidated' status at the time of producing the TPR
Icons are left blank when the data is not presented as a statistical process control chart (variation not applicable) or a target is not set (assurance not applicable)

Section	Indicator	Period	Value	Target	Action	Variation	Assurance
Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Dec 2022	7	45 (12-month)			
	Total Number of Trust Onset MRSA Bacteraemias	Dec 2022	1	0	Action Required		
	Total Number of Trust Onset C. difficile Infections	Dec 2022	13	117 (12-month)			
	Total Number of Trust Onset E. coli Bacteraemias	Dec 2022	15	No Target			
	Total Number of Trust Onset Klebsiella Bacteraemias	Dec 2022	4	No Target			
	Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	Dec 2022	5	No Target			
Harm Free Care	Inpatient Acquired Pressure Ulcers	Dec 2022	196	No Target	Action Required		
	Pressure Ulcers per 1000 Bed Days	Dec 2022	5.9	No Target			
	All Patient Falls	Dec 2022	276	No Target	Action Required		
	Patient Falls per 1000 Bed Days	Dec 2022	9.5	8.7			
	Medication incidents per 1000 bed days	Dec 2022	6.0	No Target			
Incident Reporting	Patient Safety Incidents per 1000 Bed Days	Dec 2022	66.5	No Target	Action Required		
	Harmful Incidents per 1000 bed days	Dec 2022	27.7	No Target	Action Required		
	Percentage of Patient Safety Incidents with Moderate or Above Harm	Dec 2022	5.7%	No Target	Action Required		
	Trust Duty of Candour (Stage 1)	Dec 2022	89.7%	No Target			
	Trust Duty of Candour (Stage 2)	Dec 2022	87.5%	No Target			
	Trust Duty of Candour (Stage 3)	Dec 2022	67.9%	No Target			
	Number of Serious Incidents Reported	Dec 2022	15	No Target			
	Total Number of Never Events Reported	Dec 2022	0	0			
Mortality Indicators	In-Hospital Deaths	Dec 2022	278	No Target			
	Quarterly SHMI	Jun 2022	97	100			
	Monthly SHMI	Sep 2022	106	100			
	Quarterly HSMR	Sep 2022	111	100			
	Monthly HSMR	Oct 2022	116	100			
FFT and Complaints	Friends and Family Test - Trust ED Recommend %	Nov 2022	71.8%	90%	Action Required		
	Friends and Family Test - Trust Inpatient Recommend %	Nov 2022	97.1%	90%			
	Friends and Family Test - Trust Maternity Recommend %	Nov 2022	98.0%	90%			
	Trust Complaints	Dec 2022	43	No Target			
Health and Safety	Needlestick Injury or Sharps Incident	Dec 2022	12	No Target			
	Staff Slips, Trips and Falls	Dec 2022	4	No Target			
	RIDDOR	Dec 2022	0	No Target			
Maternity	Antepartum Stillbirths	Dec 2022	1	No Target			
	Intrapartum Stillbirths	Dec 2022	0	No Target			
	Early neonatal deaths (0-7 days)	Dec 2022	0	No Target			
	PPH > 1.5L as % of all women - York	Dec 2022	2.8%	No Target			
	PPH > 1.5L as % of all women - Scarborough	Dec 2022	5.9%	No Target			
	Obstetrics and Gynaecology: Serious Incidents	Dec 2022	0	No Target			
	Obstetrics and Gynaecology: Moderate Incidents	Dec 2022	7	No Target	Action Required		
7 Day Services / Deteriorating Patient	14 Hour Post Take	Dec 2022	78.5%	90%	Action Required		
	Senior Review	Dec 2022	46.2%	No Target	Action Required		
	Discharges by 5pm	Dec 2022	63.3%	70%	Action Required		
	NEWS2	Dec 2022	85.8%	90%	Action Required		

TPR: Icon Summary Matrix (i) Acute Flow

Filters:

METRIC

All

METRIC GROUP

All

VariationIcon	P	?	F		Total
Improvement				**2**	**2**
				2	**2**
Common Cause	**2**		**1**	**1**	**4**
	2		1	1	**4**
Concern		**1**	**10**	**1**	**12**
		1	5	1	**7**
			5		**5**
Neither					
Empty				**1**	**1**
				1	**1**
Total	**2**	**1**	**11**	**5**	**19**

MetricName	Date	Variation	Assurance	Target	Latest Value
% ED attendances streamed to SDEC	2022-12				22
% of SDEC admissions transferred to downstream acute wards	2022-12				24
Ambulance handovers waiting >30 minutes (%)	2022-12			5	58
Ambulance handovers waiting >60 minutes (%)	2022-12			10	38
Ambulance handovers: Percentage of Ambulance Handovers within 15 minutes (shadow monitoring)	2022-12			65	22
Daily discharges as % of patients who no longer meet the criteria to reside in hospital (S005a) (Trust total)	2022-12				32
ED - Total waiting 12+hours - % of all type 1 attendances	2022-12			8	23
ED - Total waiting 12+hours - Actual no. of all type 1 atts	2022-12			150	2208
ED 12 hour trolley waits	2022-12			0	1234
ED: % of attendees assessed within 15 minutes of arrival	2022-12			66	38
ED: % of attendees seen by doctor within 60 minutes of arrival	2022-12			55	22
ED: Median Time to Initial Assessment (Minutes)	2022-12			18	21
Emergency Care Attendances	2022-12				19232
Emergency Care Standard Performance (Trust level)	2022-12			81	69
Emergency Care Standard Performance (Type 1 level)	2022-12			95	44
Lost bed days for patients with no criteria to reside (monthly count) (>=7 LOS for Acute sites only)	2022-12				1843
Non Elective Admissions (excl Paediatrics & Maternity) - based on date of admission	2022-12			5765	4449
Non Elective Admissions (Paediatrics) - based on date of admission	2022-12			1043	841
Proportion of patients discharged before 5pm (70%)	2022-12			70	63

TPR: Icon Summary Matrix (ii) Elective Recovery

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

Filters:

METRIC

All

METRIC GROUP

All

VariationIcon	P	?	F		Total
Improvement		**1**		**1**	**2**
H		1			**1**
L				1	**1**
Common Cause	**1**	**5**	**1**		**7**
	1	5	1		**7**
Concern		**3**	**3**		**6**
H		1	1		**2**
L		2	2		**4**
Neither					
↗					
↘					
Empty				**8**	**8**
				8	**8**
Total	**1**	**9**	**4**	**9**	**23**

MetricName	Date	Variation	Assurance	Target	Latest Value
% of patients waiting 63 or more days after referral from cancer PTL	2022-12		?	12	15
Cancer 2 week wait (all cancers)	2022-11	L	?	93	63
Cancer 2 week wait (breast symptoms)	2022-11	H	?	93	97
Cancer 28 Day Wait - Faster Diagnosis Standard	2022-11	L	?	74	57
Cancer 31 day wait for second or subsequent treatment - drug treatments	2022-11		P	94	97
Cancer 31 day wait for second or subsequent treatment - surgery	2022-11		?	94	91
Cancer 31 day wait from diagnosis to first treatment	2022-11		?	96	98
Cancer 62 Day - 85th centile waits	2022-11	H	F	62	103
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	2022-11		?	90	75
Cancer 62 Day Waits for first treatment (from urgent GP referral)	2022-11	L	F	85	53
Cancer treatment volumes (Total number of patients receiving first definitive treatment for cancer)	2022-11		F	288	150
Diagnostics: % Patients waiting <6 weeks from referral to test	2022-12	L	F	95	45
Diagnostics: 99th centile all (not split by modality)	2022-12			6	39
Diagnostics: 99th centile, split by: Cardiology û echocardiography	2022-12			6	31
Diagnostics: 99th centile, split by: Colonoscopy	2022-12			6	45
Diagnostics: 99th centile, split by: Computed tomography	2022-12			6	29
Diagnostics: 99th centile, split by: Flexi sigmoidoscopy	2022-12			6	40
Diagnostics: 99th centile, split by: Gastroscopy	2022-12			6	29
Diagnostics: 99th centile, split by: Magnetic resonance imaging	2022-12			6	36
Diagnostics: 99th centile, split by: Non-obstetric ultrasound	2022-12			6	34
Number of patients waiting 63 or more days after referral from cancer PTL	2022-12	H	?	138	350
Number of people referred onto a non-specific symptoms pathway	2022-11		?	40	50
Total Endoscopy Surveillance Backlog (Red)	2022-12	L			673

TPR: Icon Summary Matrix (iii) Elective Recovery

York and Scarborough Teaching Hospitals NHS Foundation Trust

Filters:

METRIC

All

METRIC GROUP

All

VariationIcon	P	?	F	◌	Total
Improvement		**2**	**2**	**1**	**5**
H		1	2		**3**
L		1		1	**2**
Common Cause	**1**	**6**	**1**	**7**	**15**
◌	1	6	1	7	**15**
Concern		**1**	**1**		**2**
H			1		**1**
L		1			**1**
Neither					
↗					
↘					
Empty				**1**	**1**
◌				1	**1**
Total	**1**	**9**	**4**	**9**	**23**

MetricName	Date	Variation	Assurance	Target	Latest Value
% of SLA	2022-12	?	?	90	65
AHP Outpatients: DNA rates	2022-12	?	◌		9
AHP Outpatients: 1st Attendances	2022-12	?	◌		2080
AHP Outpatients: 1st to FU Ratio	2022-12	?	◌		2
AHP Outpatients: Follow Up Attendances	2022-12	?	◌		4641
AHP PIFU %	2022-12	H	?	5	6
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clin...	2022-09	?	?	0	6
Day Cases (based on Activity v Plan)	2022-12	?	?	6178	6185
Electives (based on Activity v Plan)	2022-12	H	F	621	501
No urgent operation should be cancelled for a second time*	2022-12	?	P	0	0
Outpatients: DNA rates	2022-12	H	F	5	7
Outpatients: 1st Attendances	2022-12	?	?	16109	11909
Outpatients: All Referral Types	2022-12	?	◌		16202
Outpatients: Consultant to Consultant Referrals	2022-12	?	◌		1479
Outpatients: Follow Up Attendances	2022-12	?	?	26674	30028
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 12 month)	2022-12	◌	◌	0	5083
Outpatients: GP Referrals	2022-12	?	◌		8543
Outpatients: Other Referrals	2022-12	L	◌		6180
Percentage of episodes moved or discharged to patient-initiated outpatient follow-up pathway as an outcome of their ...	2022-12	H	F	5	2
Proportion of all outpatient activity delivered remotely (S017a)	2022-12	L	?	25	23
Specialist Advice (including A&G) activity levels (S016a)- Placeholder	2022-12	L	?	3531	2626
Theatres: Touch Time Utilisation	2022-12	?	F	85	81
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2022-12	?	?	99	79

TPR: Icon Summary Matrix (iv) Elective Recovery

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

Filters:

METRIC

All

METRIC GROUP

All

VariationIcon	P	?	F	◌	Total
Improvement			1		1
H					
L			1		1
Common Cause					
~					
Concern	1	2	4	1	8
H	1	1	3	1	6
L		1	1		2
Neither					
↗					
↘					
Empty				3	3
◌				3	3
Total	1	2	5	4	12

MetricName	Date	Variation	Assurance	Target	Latest Value
"Number of all ""Priority 2 - Surgery that can be deferred for up to 4 weeks"" pathways at end of month*"	2022-12	H	◌		816
"Percentage of all ""Priority 2 - Surgery that can be deferred for up to 4 weeks"" pathways under 4 weeks at end of mo...	2022-12	L	?	75	51
92nd centile RTT weeks	2022-12	H	F	18	53
Proportion of BAME pathways on RTT PTL (S056a)	2022-12	◌	◌		2
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2022-12	◌	◌		12
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2022-12	◌	◌		69
RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	2022-12	H	F	9	22
RTT Percentage of incomplete pathways within 18wks	2022-12	L	F	92	52
RTT Total Waiting List	2022-12	H	P	44017	50379
RTT Waits over 104 weeks for incomplete pathways	2022-12	L	F	0	2
RTT Waits over 52 weeks for incomplete pathways	2022-12	H	?	2431	4447
RTT Waits over 78 weeks for incomplete pathways	2022-12	H	F	97	623

TPR: Icon Summary Matrix (v) Community and Children and Young persons

York and Scarborough Teaching Hospitals NHS Foundation Trust

Filters:

METRIC

All

METRIC GROUP

All

VariationIcon	P	?	F	○	Total
Improvement		**1**			**1**
H		1			**1**
L					
Common Cause			**2**	**7**	**9**
○			2	7	**9**
Concern		**1**	**2**	**3**	**6**
H		1		3	**4**
L			2		**2**
Neither					
↗					
↘					
Empty				**3**	**3**
○				3	**3**
Total		**2**	**4**	**13**	**19**

MetricName	Date	Variation	Assurance	Target	Latest Value
% Community Therapy Team Patients Seen within 6 weeks of Referral	2022-12				87
% of End of Life Patients Dying in Preferred Place of Death	2022-12				71
2-hour Urgent Community Response (UCR) care Referrals	2022-12				89
2-hour Urgent Community Response (UCR) Compliancy %	2022-12			70	82
Children & Young Persons: Cancer 2 week wait (all cancers)	2022-11	H	?	93	100
Children & Young Persons: Diagnostics - Patients waiting <6 weeks from referral to test	2022-12		F	99	62
Children & Young Persons: ED patients waiting over 12 hours in department	2022-12	H	?	0	9
Children & Young Persons: Emergency Care Standard Performance (Type 1 only)	2022-12	L	F	95	81
Children & Young Persons: RTT Percentage of incomplete pathways within 18wks	2022-12	L	F	92	57
Children & Young Persons: RTT Total Waiting List	2022-12	H			4327
Children & Young Persons: RTT Waits over 78 weeks for incomplete pathways	2022-12		F	0	30
Community Inpatient Units Average Length of Stay (Days)	2022-12	H			27
Number of Adults (18+ years) on community waiting lists per system	2022-12				850
Number of District Nursing Contacts	2022-12				20825
Number of Selby CRT Contacts	2022-12				2020
Number of York CRT Contacts	2022-12				4327
Referrals to District Nursing Team	2022-12				1898
Referrals to Selby Community Response Team	2022-12				76
Referrals to York Community Response Team	2022-12	H			322