

Board of Directors (Public) – Blue Box

26 July 2023



Report to:	Board of Directors
Date of Meeting:	26 July 2023
Subject:	Humber and North Yorkshire Collaboration of Acute Providers (CAP)
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Mike Taylor, Associate Director of Corporate Governance

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System <input checked="" type="checkbox"/> Sustainability</p>
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Summary of Report and Key Points to highlight:

To approve the joint working agreement and establishment of the Trust Committee.

Recommendation:

The Board of Directors is asked to approve the joint working agreement and establishment of the Trust Committee

Report History
(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation

HUMBER AND NORTH YORKSHIRE COLLABORATION OF ACUTE PROVIDERS (HNY CAP)

BRIEFING NOTE - DRAFT JOINT WORKING AGREEMENT (JUNE 2023)

1 OVERVIEW

- 1.1 The Trusts have identified that they wish to collaborate and align more closely so that, as far as possible within the existing legislation and applicable statutory guidance, they can work with common decision-making structures where appropriate.
- 1.2 To enact this and in compliance with the national requirement (under guidance) for NHS Trusts and Foundation Trusts to be a member of a provider collaborative, the Trusts are entering into the Joint Working Agreement (the Agreement). This is a collaboration agreement which is non-legally binding (*in terms of being enforceable in court*) but provides a clear framework of obligations between the Trusts which would be enforced through mutual dispute resolution. It documents HNY CAP's governance and the key priorities moving forward as well as annexing the terms of reference for the committees which will make up HNY CAP.
- 1.3 The Agreement sets out HNY CAP's vision, intended role, priorities, key work programmes and the rules of working for the collaborative. This is the basis on which the Trusts will establish Trust committees which will work in common with each other, but which will each take decisions independently on behalf of their own Trust (the legal basis for this is set out in more detail in section 2 below).
- 1.4 When the committees (HNY CAP CiCs) meet together at the same place and time (in common) they collectively form the HNY CAP Board.
- 1.5 This is a flexible framework for aligned decision-making between the Trusts meeting as the HNY CAP Board and incorporates terms of reference for each respective HNY CAP CiC. These are substantially the same form for each Trust, except that the membership of each HNY CAP CiC will reflect the respective Trust's own member.
- 1.6 As the model develops further responsibilities could be brought into the HNY CAP Board through amending the scope of the delegated functions which the Trusts assign to the HNY CAP CiCs (Appendix A to the Terms of Reference). The areas within the scope of the Agreement itself may also be amended through a variation of the Agreement (by resolution) or the agreement of a new annual HNY CAP workplan, so there is significant flexibility for the Trusts to adapt these arrangements over time.

2 KEY FEATURES OF THE AGREEMENT

- 2.1 The Agreement is to be entered into by all 4 Trust members of HNY CAP, and sets out in broad terms, the following key provisions:
 - 2.1.1 the key functions of HNY CAP as a provider collaborative (taken from Board Papers);
 - 2.1.2 the rules of working agreed between the Trusts ;
 - 2.1.3 the process of working together agreed between the Trusts, which includes a tiered approach to bringing decisions which come within the terms of reference to the HNY CAP Board;
 - 2.1.4 the aims, objectives and governance arrangements of each HNY CiC as set out in the terms of reference for each Trust;
 - 2.1.5 the process for resolving disagreements between the Trusts;
 - 2.1.6 the parameters of information sharing between the Trusts and how conflicts of interest will be dealt with;
 - 2.1.7 the arrangements for regular review and updating of the Agreement; and

2.1.8 the process for the Trusts to terminate the arrangements, or for withdrawal of an individual Trust member, and the process for admitting new members to the Collaborative.

2.2 There were some prior queries that have been confirmed in the latest version of the Agreement as follows:

2.2.1 Confirmation on the vision statement and ambitions of HNY CAP (JWA 2.1);

2.2.2 The involvement of chairs i.e., one HNY CAP Trust chair/non-exec from each Trust are members of the CiC along with the Chief Executives (JWA 4.9, ToR 7.1);

2.2.3 Attendance of other executives at the HNY CAP Board (ToR 8.4); and

2.2.4 Scope of delegation to the HNY CAP Committees (ToR Appendix A).

3 **PROPOSED NEXT STEPS**

3.1 Each of the Trust Boards are requested to approve the entry into the Joint Working Agreement and authorise its signature alongside the establishment of the Trust Committee as part of the HNY CAP CiCs subject to the Terms of Reference.

3.2 Upon signature of the documentation by the four trusts the first formal meeting of HNY CAP as committees in common under the new arrangements would be held in July 2023.

3.3 The HNY CAP team will then conduct twice yearly reviews to assess the effectiveness of the Joint Working Agreement and CiC operating framework. Soliciting feedback from members and stakeholders to identify areas for improvement and evaluating the impact of the framework on collaboration, decision-making, and outcomes.

4 **FURTHER INFORMATION**

If you have any queries regarding this note or the Agreement, please contact Rob

McGough (robert.mcgough@hildickinson.com).

Hill Dickinson LLP

2 June 2023

TIMETABLE FOR HNY CAP FORMATION

DATE	ACTION
June 2023	Board approvals for the four HNY CAP Trusts confirmed with documentation in agreed form
July	Execution of the Joint Working Agreement by the four HNY CAP Trusts via either physical signature on a hard copy or electronic signatures
July	Each HNY CAP Trust confirms the formation of its HNY CAP Committee in Common under the agreed Terms of Reference and confirms the membership of the committee to the HNY CAP team
July	First meeting of the HNY CAP CiC held – HNY CAP team and Trust Board Secretaries to ensure smooth integration and collaboration between the committees within the framework
January 2024	Suggested date for review of the framework by the HNY CAP team to check it is working effectively

Draft No: 1 - 3
Date of Draft: 15/06/23
Note – amendments from CAP Programme Team 15.06.23

Dated 2023

**HUMBER AND NORTH YORKSHIRE
COLLABORATION OF ACUTE PROVIDERS
(CAP)
JOINT WORKING AGREEMENT**

Between

- (1) HARROGATE AND DISTRICT NHS
FOUNDATION TRUST
- (2) HULL UNIVERSITY TEACHING
HOSPITALS NHS TRUST
- (3) NORTHERN LINCOLNSHIRE AND
GOOLE NHS FOUNDATION TRUST
- (4) YORK AND SCARBOROUGH
TEACHING HOSPITALS NHS
FOUNDATION TRUST



Humber and North Yorkshire
Collaboration of Acute Providers

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1 Introduction

1.1 In this Agreement, the following words bear the following meanings:

Agreement	this agreement signed by each of the Trusts in relation to their joint working and the operation of the HNY CAP CiCs;
Confidential Information	all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement;
Competition Sensitive Information	means Confidential Information which is owned, produced and marked as Competition Sensitive Information including information on costs by one of the Trusts and which that Trust properly considers is of such a nature that it cannot be exchanged with the other Trusts without a breach or potential breach of competition law;
Dispute	any dispute arising between two or more of the Trusts in connection with this Agreement or their respective rights and obligations under it;
HNY CAP CiCs	the committees established by each of the Trusts to work alongside the committees established by the other Trusts and "HNY CAP CiC" shall be interpreted accordingly;
HNY CAP Board	the HNY CAP CiC's meeting in common;
HNY CAP CEO Group	The monthly meeting of the HNY CAP Trust Chief Executives with the HNY CAP Managing Director.
Meeting Lead	the HNY CAP CiC Member nominated (from time to time) in accordance with paragraph 7.6 of the Terms of Reference, to preside over and run the HNY CAP CiC meetings when they meet in common;
Member	a person nominated as a member of an HNY CAP CiC in accordance with their Trust's Terms of Reference and "Members" shall be interpreted accordingly;
Terms of Reference	the terms of reference adopted by each Trust (in <u>substantially the same form</u>) more particularly set out in the Appendices to this Agreement;
Trusts	the Harrogate and District NHS Foundation Trust, Hull University Teaching Hospitals NHS Trust, Northern Lincolnshire and Goole NHS Foundation Trust and York And Scarborough

	Teaching Hospitals NHS Foundation Trust and "Trust" shall be interpreted accordingly.
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- 1.2 Each Trust is putting in place a governance structure which will enable it to work together with the other Trusts to implement change and develop HNY CAP as a provider collaborative.
- 1.3 Each Trust has agreed to establish a committee which shall work in common with the other HNY CAP CiCs, but which will each take its decisions independently on behalf of its own Trust.
- 1.4 Each Trust has decided to adopt terms of reference in substantially the same form to the other Trusts, except that the membership of each HNY CAP CiC will be different.
- 1.5 The HNY CAP Trusts agree that, notwithstanding the good faith consideration that each Trust has afforded the terms set out in this agreement, this agreement shall not be legally binding. The HNY CAP Trusts enter into this agreement with the approval of their boards and intending to honour all their obligations to each other.

2 Background

Vision

- 2.1 The proposed vision statement articulates the ambitions of HNY CAP:
 - **Quality and Safety:** *to collectively deliver the highest quality hospital services across our four Trusts, focussed on the patient and reducing unwarranted variation, so all patients across Humber and North Yorkshire can access the same high quality levels of care, wherever they live.*
 - **Transformation and Innovation:** *To transform services to ensure the safest, most effective and most efficient care within the resources available*
 - **Collaboration and Partnership:** *to be excellent partners in our health and care systems and to collaborative where collaboration will bring benefit to patients, staff or the best use of resources*
 - **Social Responsibility:** *To play our full part in reducing Health Inequalities within Humber and North Yorkshire and to optimise our impact as Anchor Institutions*

Key functions

- 2.2 It is intended that HNY CAP will take responsibility for current Humber and North Yorkshire system wide strategic transformation programmes of work which specifically focus on the National, Regional and ICB priorities, namely:
 - 2.2.1 HNY CAP will operate across four strategic objectives:
 - 2.2.2 Clinical Programmes
 - Development of strategic approach to clinical services focusing on vulnerable services and a strategic response to clinical networks and associated cross system working arrangements
 - Delivery of elective recovery (covering inpatient, diagnostics and cancer) to meet or exceed national benchmarks, standards and targets
 - Delivery urgent care standards and requirements across providers and local systems to reduce variation and improve consistency of response

- 2.2.3 Clinical Support Programmes
 - Building capacity and capability in clinical support services to achieve appropriate infrastructure in place to delivery strategic clinical aims
 - 2.2.4 Corporate Programmes
 - Establish and deliver appropriate corporate strategies to enhance integration and tackle variation (thereby ensuring enhanced efficiency) including approaches to collective planning, rationalised and aligned estates/capital process and development of underpinning approaches in workforce.
 - 2.2.5 Provider Collaborative Development
 - To continue to build capacity and capability within and across CAP to meet ongoing requirements.
 - 2.2.6 Planning, delivering and transforming services together, consolidating these where it makes sense to do so enabling the Humber and North Yorkshire population to access latest technologically informed care;
 - 2.2.7 Investing in workforce, giving staff the training and support to deliver the standards of care we want for the Humber and North Yorkshire population; and
 - 2.2.8 Put in place a shared financial sustainability plan and identify opportunities for reducing waste, duplication, delivering corporate efficiency.
- 2.3 More specifically the HNY CAP CiCs and the HNY CAP Board will look to agree an annual work programme with the ICB. It is appreciated that ICB priorities may change on an annual basis and the HNY CAP will look to facilitate the agreed ICS Priorities and the Trusts' work in the following key work programmes at this initial stage of HNY CAP development:
- 2.3.1 Elective recovery - reduce the maximum waiting times and the overall number of patients waiting for elective care, with the longest waiting times to reduce most;
 - 2.3.2 Cancer - enhance the provider and clinical input into the Cancer Alliance and develop a work programme that drives the delivery of improved outcomes and equality of outcomes;
 - 2.3.3 Diagnostics - develop the diagnostic capability and capacity across the Humber and North Yorkshire ICS;
 - 2.3.4 Urgent and Emergency Care - improve the experience and outcomes of urgent and emergency care for patients; and
 - 2.3.5 Responding to and coordinating HNY CAP action in response to any national, regional or HNY ICB initiated priorities.
- 2.4 The Trusts have identified that a preferred model for their closer collaboration and joint working is to establish a governance structure that, so far as possible within the legislation, enables "group" and common decision making structures; the HNY CAP CiCs acting through the HNY CAP Board.
- 2.5 The HNY CAP Trusts are part of the ICS. Regional and inter regional relationships should first and foremost be guided by the ICB. To support this HNY CAP will provide both intelligence to the ICB and respond to ICB calls for action. Where necessary and appropriate HNY CAP may seek to develop relationships with peers or for trusts, across other ICS's and ICB's (for example,

related to specialised commissioning). This will be notified and communicated between the HNY CAP Trusts in accordance with the principle outlined in clause 4.8.

The areas within scope of this Agreement may be amended through variation, by Trust Board resolutions or agreement of an annual HNY CAP workplan.

- 2.6 The Trusts will remain as separate legal entities with their own accountabilities and responsibilities. The priorities for HNY CAP will be complementary to (and do not revise or replace) the existing statutory duties of the Trusts (such as the delivery of NHS Constitutional Standards or equivalent). For avoidance of doubt there is no intention that the governance structure outlined in this Agreement will lead to a statutory merger or acquisition under section 56 or section 56A of the National Health Service Act 2006 (as amended).

3 Rules of working

- 3.1 The Trusts have agreed to adopt this Agreement and agree to operate the HNY CAP CiCs as the **HNY CAP Board** in line with the terms of this Agreement, including the following rules (the “**Rules of Working**”):

- 3.1.1 Working together in good faith;
- 3.1.2 Putting patients interests first;
- 3.1.3 Having regard to staff and considering workforce in all that we do;
- 3.1.4 Consider the wider system impact and perspective and discuss proposals before any unilateral Trust action which may impact other Trusts;
- 3.1.5 Airing challenges to collective approach / direction within HNY CAP openly and proactively seeking solutions;
- 3.1.6 Support each other to deliver shared and system objectives;
- 3.1.7 Empower and expect our professional (executive) groups to think from a system perspective and to develop proposals with this in mind;
- 3.1.8 Recognising and respecting the collective view and keeping to any agreements made between the HNY CAP CiC’s;
- 3.1.9 Maintain HNY CAP collective agreed position on shared decisions in all relevant communications;
- 3.1.10 Be accountable. Take on, manage and account to each other for performance of our respective roles and responsibilities; and
- 3.1.11 Appropriately engage with the ICB and with other partners on any material service change.

4 Process of working together

- 4.1 The HNY CAP CiCs shall meet together as the HNY CAP Board in accordance with and discuss the matters delegated to them in accordance with their Terms of References (attached here as Appendices).
- 4.2 The HNY CAP CiCs shall work collaboratively with each other as the HNY CAP Board in relation to the committees in common model.
- 4.3 Each HNY CAP CiC is a separate committee, with functions delegated to it from its respective Trust in accordance with its Terms of Reference and is responsible and accountable to its Trust.

Acknowledging this and without fettering the decision-making power of any HNY CAP CiC or its duty to act in the best interests of its Trust, each HNY CAP CiC shall seek to reach agreement with the other HNY CAP CiCs in the HNY CAP Board and take decisions in consensus, in light of its aims and Rules of Working set out in clauses 2 and 3 above.

4.4 The HNY CAP CiC meeting structure will be as follows:

HNY CAP Board (Quarterly)	Members will be the Chief Executives and a Non-Executive Director from each of the four HNY CAP Trust members having delegated authority from their Boards to take decisions together in accordance with the Terms of Reference. Purpose to set the strategic direction for HNY CAP, to agree and set the annual plan and to take decisions through delegated authority (acting under the HNY CAP CiC).
HNY CAP CEO Group	Members will be the Chief Executives from each of the four HNY CAP Trust members and the HNY CAP Managing Director. Purpose is to ensure delivery of the HNY CAP annual plan, agree programme or resource changes in line with the annual plan and respond to programme escalations.
HNY CAP Programme Executive	The purpose of this separate executive group is to deliver the identified priority programmes of work in the annual plan successfully, bringing together key teams and leads from HNY CAP organisations to drive delivery.

4.5 The HNY CAP Board will work in partnership to determine service priorities and to develop a HNY CAP programme of work into an annual plan which will be approved through the HNY CAP Board. The HNY CAP annual plan and any updates or revisions will be annexed to this Agreement.

The HNY CAP Board will also contribute and respond to any setting of objectives/outcomes by the ICB and then agree the HNY CAP response to this (including through updating the programme of work (annual plan)). Any changes to the annual plan will be submitted to the HNY CAP Board for approval.

4.6 When the HNY CAP CiCs meet in common, as the HNY CAP Board, the Meeting Lead shall preside over and run the meeting. The intention is that the lead arrangements for the Meeting Lead with the Chief Executive of York and Scarborough Teaching Hospitals Foundation Trust will continue for twelve (12) months before being reviewed by the CAP Board.

4.7 The HNY CAP CiCs will run a process to appoint a *HNY CAP Medical Director* through nominations and the development of a proposal for the process, role and engagement of the Medical Director through the HNY CAP Trusts to ensure robust clinical leadership and engagement in all areas of HNY CAP work.

4.8 The Trusts agree that they will adopt a tiered approach to bringing decisions which come within the Terms of Reference to the HNY CAP Board which will reflect the principle of subsidiarity (that issues should be dealt with at the most immediate level that is consistent with their resolution) in the following approach:

Scale of involvement/impact	Approach to decision
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Matter under discussion has no involvement or impact on other HNY CAP Trusts (e.g. local issue related to place)	Matter for the Trust involved and notified to the HNY CAP Board if appropriate.
Matter only involves or impacts a smaller group of HNY CAP Trusts and not all (e.g. issue for Hull and NLAG under their CiC but not York and Harrogate)	If the HNY CAP CiC's for the Trusts involved consider that the required decision is outside their delegation as set out in the Terms of Reference then this would be notified to the HNY CAP Board.
Matter involves or impacts all HNY CAP Trusts and comes within the delegation under the HNY CAP CiCs (e.g. collaborative approach to non-clinical services or workforce)	Matter to be dealt with through the HNY CAP CiCs at the HNY CAP Board in accordance with this Agreement and the Terms of Reference.

- 4.9 Each HNY CAP CiC will report back to its own Board and the HNY CAP Board will be responsible for transparent information sharing in the form of common briefings and updates to each of the HNY CAP Trust Board meetings.
- 4.10 When HNY CAP CiC meetings are intended to take decisions under the delegations made to those committees then the meeting of HNY CAP (or if relevant, section of the meeting), will be held in public except where a resolution is agreed by the HNY CAP Board to exclude the public on the grounds that it is believed to not be in the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time. Papers and minutes of HNY CAP meetings held in public will be published.

5 Future Involvement and Addition of Parties

- 5.1 Subject to complying with all applicable law, and the Trusts' unanimous agreement, third parties may become parties to this Agreement on such terms as the Trusts shall unanimously agree.
- 5.2 Any Trust may propose to the other Trusts that a third party be added as a Party to this Agreement.

6 Exit Plan

- 6.1 Within three (3) months of the date of this Agreement the Trusts shall develop and agree an exit plan which shall deal with, for example, the impact on resourcing or financial consequences of:
- 6.1.1 termination of this Agreement;
 - 6.1.2 a Trust exercising its rights under clause 7.1 below; or
 - 6.1.3 the Meeting Lead and the HNY CAP CiC Chairs varying the Agreement under clause 10.6.2.
- 6.2 Once agreed by all of the Trusts, the exit plan shall be inserted into this Agreement as an Appendix and the Trusts shall review and, as appropriate, update the exit plan on each anniversary of the date of this Agreement.

7 Termination

- 7.1 If any Trust wishes to revoke the delegation of functions to the relevant HNY CAP CiC committee and exit this Agreement ("**Exiting Trust**"), then the Exiting Trust shall, prior to such revocation and exit:
- 7.1.1 send a written notice from the Chair of the Exiting Trust to the other Trusts' Chairs and the HNY CAP Board of their intention to do so; and
 - 7.1.2 if required by any of the other Trusts (by sending a written notice within ten (10) business days of receipt of such notice) meet with the other Trusts' Chairs within ten (10) business days of the notice given under clause 7.1.1 to discuss the consequences of such revocation and exit.
- 7.2 If:
- 7.2.1 no other Trust sends a notice to the Exiting Trust within the time limit referred to in clause 7.1.2; or
 - 7.2.2 following the meeting held under clause 7.1.2 the Exiting Trust still intends to exit the Agreement,
- then the Exiting Trust may (subject to the terms of the exit plan at Appendix 5) exit this Agreement.
- 7.3 If following the steps and meeting (if any) pursuant to clause 7.1.2 above the Exiting Trust revokes its delegation to its HNY CAP CiC and exits this Agreement then the remaining Trusts shall meet and consider whether to:
- 7.3.1 Revoke their delegations and terminate this Agreement; or
 - 7.3.2 Amend and replace this Agreement with a revised Agreement to be executed by the remaining Trusts and to make such revisions as may be appropriate in the circumstance.

8 Information Sharing and Competition Law

- 8.1 For the purposes of any applicable data protection legislation the Trusts shall be the data controller of any Personal Data (as defined in the UK General Data Protection Regulation (UK GDPR)) created in connection with the conduct or performance of the principles of this Agreement.
- 8.2 Where appropriate the HNY CAP Trusts agree to use all reasonable efforts to assist each other to comply with their respective responsibilities under any applicable data protection legislation. For the avoidance of doubt, this may include providing other Trusts with reasonable assistance in complying with subject access requests and consulting with other Trusts, as appropriate, prior to the disclosure of any Personal Data (as defined in the UK GDPR) created in connection with the conduct or performance of this Agreement in relation to such requests.
- 8.3 All Trusts will adhere to all applicable statutory requirements regarding data protection and confidentiality. The HNY CAP Trusts agree to co-operate with one another with respective statutory obligations under the Freedom of Information Act 2000 and Environmental Information Regulations 2004.
- 8.4 Subject to compliance with all applicable law (including without limitation competition law and obligations of confidentiality (contractual or otherwise)) the Trusts agree to share all information relevant to the operation of this Agreement in an honest, open and timely manner. The Trusts, shall not, (save as permitted by this Clause 8) either during or after the period of this Agreement divulge or permit to divulge to any person (including the other Trusts) any information acquired from other Trusts in connection with this Agreement which concerns:

- 8.4.1 any matter of commercial interest contained or referred to in this Agreement;
- 8.4.2 Trusts' manner of operations, staff or procedures;
- 8.4.3 the identity or address or medical condition or treatment of services received by any client or patient of any of the Trusts;

unless previously authorised by the Trusts concerned in writing, provided that these obligations will not extend to any information which is or shall become public information otherwise than by reason of a breach by a Trust of the provisions of this Agreement.

HNY CAP is committed to clear, consistent and transparent communication across the HNY CAP Trusts and with system partners' where appropriate. It is specifically recognised that HNY CAP Trusts are part of the ICS and members of Place Based Partnerships and will be working with their local partners and other collaboratives. Communication to and from Place Based Partnerships will be key for HNY CAP and the HNY CAP Trusts may be asked to represent both their own organisations and HNY CAP in such local place-based discussions.

- 8.5 For the avoidance of doubt, nothing in this Agreement shall be construed as preventing any rights or obligations that the Trusts may have under the Public Interest Disclosure Act (1998) and / or any obligations to raise concerns about any malpractice with regulatory or other appropriate statutory bodies pursuant to professional and ethical obligations including those obligations set out in the guidance issued by regulatory or other appropriate statutory bodies from time to time.
- 8.6 The Trusts acknowledge and agree that each may be required to disclose Confidential Information to others. For the purpose of this Agreement "Confidential Information" means all information provided in connection with this Agreement which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-know or trade secrets, in all cases whether disclosed orally or in writing before or after the date of this Agreement.
- 8.7 The Trusts undertake for themselves and their respective Boards and employees that:
 - 8.7.1 the disclosing Trust shall confirm whether information is to be regarded as confidential prior to its disclosure by clearly marking all such documents with 'Confidential';
 - 8.7.2 they will use no lesser security measures and degree of care in relation to any Confidential Information received from the other Trusts than they apply to their own Confidential Information;
 - 8.7.3 they will not disclose any Confidential Information of the other Trusts to any third party without the prior written consent of the disclosing Trust; and
 - 8.7.4 on the termination of this Agreement, they will return any documents or other material in their possession that contains Confidential Information of the other Trusts.
- 8.8 The Trusts agree to provide in a timely manner and without restriction all information requested and required by the relevant designated HNY CAP Programme Support team (either internal team or external contractor where agreed) to carry out work including but not limited to relevant detailed financial, activity, workforce and estates related information pertaining to HNY CAP activities.
- 8.9 The Trusts will ensure they share information, and in particular Competition Sensitive Information, in such a way that is compliant with competition law to the extent applicable.
- 8.10 The Trusts will seek to agree a protocol to manage the sharing of information to facilitate the operation of HNY CAP across the Trusts as envisaged under this Agreement in accordance

with competition law requirements, within three (3) months of the date of this Agreement. Once agreed by the Trusts (and their relevant information officers) , this protocol shall be inserted into this Agreement at Appendix 16 and the Trusts shall review and, as appropriate, update the exit plan on each anniversary of the date of this Agreement.

9 Conflicts of Interest

- 9.1 Members of each of the HNY CAP CiCs shall make arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the HNY CAP Board will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of HNY CAP's decision-making processes.
- 9.2 The HNY CAP Board will agree policies and procedures for the identification and management of conflicts of interest which will be published on the HNY CAP webpages. It is proposed that such policies will either be HNY CAP developed or HNY CAP will support the adoption and application of the policy of a host organisation of HNY CAP.
- 9.3 All HNY CAP Board, committee and sub-committee members, and employees acting on behalf of HNY CAP, will comply with the HNY CAP policy on conflicts of interest in line with their terms of office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by HNY CAP. Reuse / resubmission of host employer or home trust data, where applicable, will be supported
- 9.4 All delegation arrangements made by the Trusts will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures agreed by the HNY CAP Board.
- 9.5 Where an individual, including any individual directly involved with the business or decision-making of the HNY CAP Board and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the HNY CAP Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Agreement and any agreed HNY CAP Conflicts of interest Policy and Standards of Business Conduct Policy.

10 Dispute Resolution

- 10.1 The Trusts agree to adopt a systematic approach to problem resolution which recognises the Rules of Working set out in clause 3 above.
- 10.2 If a problem, issue, concern, or complaint comes to the attention of a Trust in relation to any matter in this Agreement, that Trust shall notify the other Trusts in writing and the Trusts each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion.
- 10.3 If any Trust considers an issue identified in accordance with clause 10.2 to amount to a Dispute requiring resolution and such issue has not been resolved under clause 10.2 within a reasonable period of time, the matter shall be escalated to the Meeting Lead who shall decide in conjunction with the HNY CAP CiCs at the HNY CAP Board the appropriate course of action to take. If the Meeting Lead is involved in the dispute directly then their role in the process will be allocated by the HNY CAP Board to an alternate lead person for the purposes of the determination of the issues which the Meeting Lead is involved in and any references to the Meeting Lead in this clause 10 in such a process shall be to the alternate appointed by the HNY CAP Board.
- 10.4 If the Meeting Lead and the HNY CAP Board reach a decision that resolves, or otherwise concludes a Dispute, the Meeting Lead will advise the Trusts of the decision by written notice. Any decision of the Meeting Lead and the HNY CAP Board will be final and binding on the Trusts once it has been ratified by the Trusts' Boards (if applicable).

10.5 If the matter referred to in clause 10.3 above cannot be resolved by the Meeting Lead and the HNY CAP Board, within fifteen (15) Working Days, the Trusts agree that the Meeting Lead and the HNY CAP Board, may determine whatever action they believe necessary to resolve the Dispute which may include:

10.5.1 appointment of a panel of HNY CAP Board members who are not involved in the dispute to consider the issues and propose a resolution to the Dispute;

10.5.2 mediation arranged by HNY ICB for consideration and to propose a resolution to the Dispute; or

10.5.3 if considered appropriate selecting an independent facilitator and utilising the Centre for Effective Dispute Resolution (CEDR) Model Mediation Procedure. Unless otherwise agreed between the HNY CAP Trusts, the facilitator will be nominated by CEDR to assist with resolving the Dispute;

and who shall:

- be provided with any information they request about the Dispute;
- assist the Meeting Lead and HNY CAP Board to work towards a consensus decision in respect of the Dispute;
- regulate their procedure and, subject to the terms of this Agreement, the procedure of the Meeting Lead and HNY CAP Board at such discussions;
- determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Working Days of their appointment; and
- where appropriate have their costs and disbursements met by the Trusts in dispute equally.

10.6 If the independent facilitator proposed under clause 10.5 cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this clause 10 and only if after such further consideration the Trusts again fail to resolve the Dispute, the Meeting Lead and HNY CAP Board may decide to recommend their Trust's Board of Directors to:

10.6.1 terminate the Agreement;

10.6.2 vary the Agreement (which may include re-drawing the member Trusts); or

10.6.3 agree that the Dispute need not be resolved.

11 Variation

No variation of this Agreement shall be effective unless it is in writing and signed by the Trusts (or their authorised representatives).

12 Counterparts

12.1 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement.

12.2 The expression “counterpart” shall include any executed copy of this Agreement transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

12.3 No counterpart shall be effective until each Trust has executed at least one counterpart.

13 Governing law and jurisdiction

This Agreement shall be governed by and construed in accordance with English law.

This Agreement is executed on the date stated above by

.....
For and on behalf of **Harrogate and District NHS Foundation Trust**

This Agreement is executed on the date stated above by

.....
For and on behalf of **Hull University Teaching Hospitals NHS Trust**

This Agreement is executed on the date stated above by

.....
For and on behalf of **Northern Lincolnshire and Goole NHS Foundation Trust**

This Agreement is executed on the date stated above by

.....
For and on behalf of **York and Scarborough Teaching Hospitals NHS Foundation Trust**

**APPENDIX 1– TERMS OF REFERENCE FOR THE HARROGATE AND
DISTRICT NHS FOUNDATION TRUST CIC**

[Insert Terms of Reference for the Trust CiC]

**APPENDIX 2 – TERMS OF REFERENCE FOR THE HULL UNIVERSITY
TEACHING HOSPITALS NHS TRUST CIC**

[Insert Terms of Reference for the Trust CiC]

**APPENDIX 3 – TERMS OF REFERENCE FOR THE NORTHERN
LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST CIC**

[Insert Terms of Reference for the Trust CiC]

**APPENDIX 4 – TERMS OF REFERENCE FOR THE YORK AND
SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST CIC**

[Insert Terms of Reference for the Trust CiC]

APPENDIX 5 - EXIT PLAN

- 1 In the event of termination of this Agreement by all parties, the Trusts agree that:
 - 1.1 each Trust will be responsible for its own costs and expenses incurred because of the termination of the Agreement up to the date of termination UNLESS it is agreed between the Trusts that the costs and expenses are to be borne equally between the Trusts;
 - 1.2 upon reasonable written notice, each Trust will be liable for one quarter of any professional advisers' fees incurred by and on behalf of HNY CAP in relation to the termination of this Agreement (if any) up to and including the date of termination of this Agreement;
 - 1.3 each Trust will revoke its delegation to its HNY CAP Committee in Common (CiC) on termination of this Agreement;
 - 1.4 termination of this Agreement shall not affect any rights, obligations or liabilities that the Trusts have accrued under this Agreement prior to the termination of this Agreement; and
 - 1.5 there are no joint assets and resources but should these be identified in the future, Trusts will need to confirm agreement at termination of this Agreement how any joint assets or resources will need to be dealt with on termination of the Agreement.
- 2 In the event of an Exiting Trust leaving this Agreement in accordance with clause 7, the Trusts agree that:
 - 2.1 a minimum of six months' notice will be given by the Exiting Trust and they shall pay to the other Trusts all reasonable costs and expenses incurred by the other Trusts as a consequence of the Exiting Trust's exit from HNY CAP and this Agreement up to and including the Exiting Trust's date of exit from this Agreement. Notwithstanding this, the Exiting Trust's total aggregate liability, in respect of such reasonable costs and the expenses, shall be capped at the value of their annual contribution of resources that are agreed to remain for the financial year or term of any agreement being overseen by the HNY CAP CiC;
 - 2.2 upon reasonable written notice from the other Trusts, the Exiting Trust shall be liable to pay one quarter of any professional advisers' fees incurred by and on behalf of HNY CAP as a consequence of the Exiting Trust's exit from the collaborative and this Agreement up to and including the date of exit of the Exiting Trust from this Agreement;
 - 2.3 the Exiting Trusts will revoke its delegation to its HNY CAP CiC on its exit from this Agreement;
 - 2.4 the remaining Trusts shall use reasonable endeavours to procure that the Agreement is amended or replaced as appropriate in accordance with clause 7.3.2;
 - 2.5 subject to any variation to or replacement of this Agreement in accordance with paragraph 2.4 above, and clause 7.3.2, this Agreement shall remain in full force and effect following the exit of the Exiting Trust from this Agreement

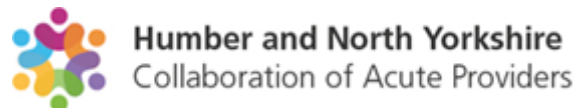
APPENDIX 6 - INFORMATION SHARING PROTOCOL

The Trusts will insert a copy of the current protocol in place across them in this annex

**HUMBER AND NORTH YORKSHIRE
COLLABORATION OF ACUTE PROVIDERS (HNY CAP)**

**YORK AND SCARBOROUGH
TEACHING HOSPITALS NHS
FOUNDATION TRUST**

**TERMS OF REFERENCE FOR A
COMMITTEE OF THE BOARD TO MEET
IN COMMON WITH COMMITTEES OF
OTHER HNY CAP TRUSTS**



TERMS OF REFERENCE

1 Introduction

1.1 In these terms of reference, the following words bear the following meanings:

Humber and North Yorkshire Collaboration of Acute Providers or HNY CAP	the partnership formed by the Trusts to work together to improve quality, safety and the patient experience; deliver safe and sustainable new models of care; and make collective efficiencies. This mainly operates within the NHS Humber and North Yorkshire Integrated Care System.
HNY CAP Agreement	the joint working agreement signed by each of the Trusts in relation to their provider collaborative working with and the operation of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC together with the other HNY CAP CiCs;
HNY CAP CiCs	the committees established by each of the Trusts to work alongside the committees established by the other Trusts and “ HNY CAP CiC ” shall be interpreted accordingly;
HNY CAP Programme Executive Group	the Group, to provide programme support and oversight of the delivery of agreed collaborative activities;
HNY CAP Managing Director	the Named Lead Officer or any of subsequent person holding such title in relation to HNY CAP;
HNY CAP Office	Administrative infrastructure supporting HNY CAP;
Meeting Lead	the CiC Member nominated (from time to time) in accordance with paragraph 7.5 of these Terms of Reference, to preside over and run the HNY CAP CiC meetings when they meet in common;
Member	a person nominated as a member of an HNY CAP CiC in accordance with their Trust’s Terms of Reference, and Members shall be interpreted accordingly;
NHS Humber and North Yorkshire Integrated Care System or “HNY ICS”	the Integrated Care System (ICS) for Humber and North Yorkshire bringing together NHS organisations, councils, and wider partners in a defined geographical area to deliver more joined up care for the population.
Trusts	The (i) Harrogate and District NHS Foundation Trust, (ii) Hull University Teaching Hospitals NHS Trust, (iii) Northern Lincolnshire and Goole NHS

	Foundation Trust and (iv) York and Scarborough Teaching Hospitals NHS Foundation Trust and “Trust” shall be interpreted accordingly. and
Working Day	a day other than a Saturday, Sunday or public holiday in England.
York and Scarborough Teaching Hospitals NHS Foundation Trust	York and Scarborough Teaching Hospitals NHS Foundation Trust of Wigginton Road, York YO31 8HE;
York and Scarborough Teaching Hospitals NHS Foundation Trust CiC	the committee established by York and Scarborough Teaching Hospitals NHS Foundation Trust, pursuant to these Terms of Reference, to work alongside the other HNY CAP CiCs in accordance with these Terms of Reference;

- 1.2 The York and Scarborough Teaching Hospitals NHS Foundation Trust is putting in place a governance structure, which will enable it to work together with the other Trusts in HNY CAP to implement change.
- 1.3 Each Trust has agreed to establish a committee which shall work in common with the other HNY CAP CiCs, but which will each take its decisions independently on behalf of its own Trust.
- 1.4 Under paragraph 15(2) and (3) of Schedule 7 of the National Health Service Act 2006, the constitution of a Foundation Trust may provide for any of the powers exercisable by the Board of Directors on behalf of the Foundation Trust to be delegated to a committee of its directors. Section 5 Committees, of the Standing Orders of the Trust Board provides that: *“the Board of Directors may ... appoint committees of the Trust, consisting wholly (or partly) of directors of the Trust. The Board of Directors may only delegate its powers to such a committee if that committee consists entirely of board directors”*
- 1.5 Each Trust has decided to adopt terms of reference in substantially the same form to the other Trusts, except that the membership of each HNY CAP CiC will be different.
- 1.6 Each Trust has entered into the HNY CAP Agreement on **[DATE]** and agrees to operate its HNY CAP CiC in accordance with the HNY CAP Agreement.
- 2 Aims and Objectives of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC**
- 2.1 The aims and objectives of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC are to work with the other HNY CAP CiCs on system work or matters of significance as delegated to the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC under Appendix A to these Terms of Reference to:

- 2.1.1 provide strategic leadership, oversight and delivery of new models of care through the development of HNY CAP and its workstreams;
- 2.1.2 set the strategic goals for HNY CAP and approving work programmes and the annual plan, defining its ongoing role and scope ensuring recommendations are provided to Trusts' Boards for any changes which have a material impact on the Trusts. Potential HNY CAP work programmes have been identified as covering urgent and emergency care, cancer and elective recovery, and these will be refined further by the HNY CAP Board.
- 2.1.3 review the key deliverables and hold the Trusts to account for progress against agreed decisions;
- 2.1.4 review the HNY CAP Agreement and Terms of Reference for HNY CAP CiCs on an annual basis;

3 Establishment

- 3.1 The York and Scarborough Teaching Hospitals NHS Foundation Trust's board of directors has agreed to establish and constitute a committee with these terms of reference, to be known as the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC.
- 3.2 The York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall work cooperatively with the other HNY CAP CiCs and in accordance with the terms of the HNY CAP Agreement.
- 3.3 The York and Scarborough Teaching Hospitals NHS Foundation Trust CiC is a committee of York and Scarborough Teaching Hospitals NHS Foundation Trust's board of directors and therefore can only make decisions binding York and Scarborough Teaching Hospitals NHS Foundation Trust. None of the Trusts other than York and Scarborough Teaching Hospitals NHS Foundation Trust can be bound by a decision taken by York and Scarborough Teaching Hospitals NHS Foundation Trust CiC.
- 3.4 The York and Scarborough Teaching Hospitals NHS Foundation Trust CiC will form part of a governance structure to support collaborative leadership and relationships with system partners and follow good governance in decision making (as set out in the updated Code of Governance for NHS Provider Trusts). The York and Scarborough Teaching Hospitals NHS Foundation Trust CiC will have regard in their decision-making to the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.

4 Functions of the Committee

- 4.1 Paragraph 15(2) and (3) of Schedule 7 of the National Health Service Act 2006 allows for any of the functions of a Foundation Trust to be delegated to a committee of directors of the Foundation Trust. This power is enshrined in Paragraph 9.6.6 of York and Scarborough Teaching Hospitals NHS Foundation Trust's Constitution.
- 4.2 York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall have the following function: decision making in accordance with Appendix A to these Terms of Reference.

5 Functions reserved to the Board of the Foundation Trust

Any functions not delegated to the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC in paragraph 4 of these Terms of Reference shall be retained by York and Scarborough Teaching Hospitals NHS Foundation Trust's Board or Council of Governors, as applicable in line with its Scheme of Delegation and Schedule of Matters Reserved to the Board of Directors. For the avoidance of doubt, nothing in this paragraph 5 shall fetter the ability of York and Scarborough Teaching Hospitals NHS Foundation Trust to delegate functions to another committee or person.

6 Reporting requirements

- 6.1 On receipt of the papers detailed in paragraph 14.1.2, the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC Members shall consider if it is necessary (and feasible) to forward any of the agenda items or papers to York and Scarborough Teaching Hospitals NHS Foundation Trust's Board for inclusion on the private agenda of York and Scarborough Teaching Hospitals NHS Foundation Trust's next Board meeting in order that York and Scarborough Teaching Hospitals NHS Foundation Trust's Board may consider any additional delegations necessary in accordance with Appendix A.
- 6.2 The York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall send the minutes of York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meetings to York and Scarborough Teaching Hospitals NHS Foundation Trust's Board, on a monthly basis, for inclusion on the agenda of York and Scarborough Teaching Hospitals NHS Foundation Trust's Board meeting.
- 6.3 York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall provide such reports and communications briefings as requested by York and Scarborough Teaching Hospitals NHS Foundation Trust's Board for inclusion on the agenda of York and Scarborough Teaching Hospitals NHS Foundation Trust's Board meeting.

7 Membership

- 7.1 The York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall be constituted of directors of York and Scarborough Teaching Hospitals NHS Foundation Trust. Namely:

- 7.1.1 the York and Scarborough Teaching Hospitals NHS Foundation Trust’s Chief Executive; and
 - 7.1.2 a designated non-executive director from the York and Scarborough Teaching Hospitals NHS Foundation Trust board;
- who shall each be referred to as a “Member”.
- 7.2 Each York and Scarborough Teaching Hospitals NHS Foundation Trust CiC Member shall nominate a deputy to attend York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meetings on their behalf when necessary (“**Nominated Deputy**”).
 - 7.3 The Nominated Deputy for York and Scarborough Teaching Hospitals NHS Foundation Trust’s Chief Executive shall be an Executive Director of York and Scarborough Teaching Hospitals NHS Foundation Trust and the nominated deputy for the non-executive director Member shall be another Non-Executive Director of York and Scarborough Teaching Hospitals NHS Foundation Trust.
 - 7.4 In the absence of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC Chief Executive Member or the designated Non-Executive Director Member, their Nominated Deputy(ies) shall be entitled to:
 - 7.4.1 attend York and Scarborough Teaching Hospitals NHS Foundation Trust CiC’s meetings which the Member would be entitled to attend;
 - 7.4.2 be counted towards the quorum of a meeting of York and Scarborough Teaching Hospitals NHS Foundation Trust CiC’s; and
 - 7.4.3 exercise Member voting rights,

and when a Nominated Deputy is attending a York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meeting, for the purposes of these Terms of Reference, the Nominated Deputy shall be included in the references to “Members”.
 - 7.5 When the HNY CAP CiCs meet in common, one person nominated from the Members of the HNY CAP CiCs shall be designated the Meeting Lead and preside over and run the meetings on a rotational basis for an agreed period.

8 Non-voting attendees

- 8.1 The Members of the other HNY CAP CiCs shall have the right to attend the meetings of York and Scarborough Teaching Hospitals NHS Foundation Trust CiC.
- 8.2 The Meeting Lead’s Trust Corporate Secretary (or another HNY CAP Trust Corporate Secretary by agreement) shall have the right to attend the meetings of York and Scarborough Teaching Hospitals NHS Foundation Trust CiC to support the provision

of governance advice and ensure that the working arrangements comply with the accountability and reporting arrangements of the HNY CAP CiCs.

- 8.3 The HNY CAP Managing Director shall have the right to attend the meetings of York and Scarborough Teaching Hospitals NHS Foundation Trust CiC.
- 8.4 Without prejudice to paragraphs 8.1 to 8.3 **Error! Reference source not found.** inclusive, the Meeting Lead may at his or her discretion invite and permit other persons relevant to any agenda item to attend any of the HNY CAP CiCs' meetings, but for the avoidance of doubt, any such persons in attendance at any meeting of the HNY CAP CiCs shall not count towards the quorum or have the right to vote at such meetings.
- 8.5 The attendees detailed in paragraphs 8.1 to 8.4 (inclusive) above, may make contributions, through the Meeting Lead, but shall not have any voting rights, nor shall they be counted towards the quorum for the meetings of York and Scarborough Teaching Hospitals NHS Foundation Trust CiC.

9 Meetings

- 9.1 Subject to paragraph 9.3 below, York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meetings shall take place quarterly and dates for meetings will be set before the start of each financial year.
- 9.2 The York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall meet with the other HNY CAP CiCs as the HNY CAP Leadership Board in accordance with the HNY CAP Agreement (as set out in clause 4 of the HNY CAP Agreement) and discuss the matters delegated to them in accordance with their respective Terms of References.
- 9.3 Any Trust CiC Member may request an extraordinary meeting of the HNY CAP CiCs (working in common) on the basis of urgency etc. by informing the Meeting Lead. In the event it is identified that an extraordinary meeting is required the HNY CAP Managing Director shall give five (5) Working Days' notice to the Trusts.
- 9.4 The agenda and supporting papers for a meeting shall be forwarded to each York and Scarborough Teaching Hospitals NHS Foundation Trust CiC Member and planned attendees not less than three clear days before the date of the meeting. In exceptional or urgent circumstances, a shorter period may be acceptable, at the discretion of the Meeting Lead.
- 9.5 Meetings of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall generally be held in public save where items are agreed to be private and confidential and otherwise in accordance with clause 4.10 of the HNY CAP Agreement.
- 9.6 Matters not discussed in public in accordance with paragraph 9.5 above and dealt with at the meetings of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall be confidential to the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC Members and their Nominated Deputies, others in attendance at

the meeting and the members of York and Scarborough Teaching Hospitals NHS Foundation Trust's Board.

10 Responsibility of Members and Attendees

10.1 Members of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC have a responsibility to:

- be guided by and act consistently with the Seven Principles of Public Life;
- act as 'champions' and lead by example (reflecting the Trusts' values), disseminating information, agreements and good practice as appropriate;
- adhere to the principles of collective decision making. *[Note: Where concerns regarding decisions may exist, members have a responsibility to ensure these concerns are aired at the time of the decision so that they can be discussed and resolved and/or recorded.];*
- ensure that when matters are discussed in confidence at the meeting, such confidences are maintained;
- declare any conflicts of interest / potential conflicts of interest in any of the agenda items in accordance with York and Scarborough Teaching Hospitals NHS Foundation Trust's policies and procedures; and
- attend at least 80% of York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meetings, having read any papers in advance.

11 Quorum and Voting

11.1 Members of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC have a responsibility for the operation of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

11.2 Each Member of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall have one vote. The York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall reach decisions by consensus of the Members present.

11.3 The quorum shall be one executive Member and one non- executive Member for the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC.

11.4 If any Member is disqualified from voting due to a conflict of interest, they shall not count towards the quorum for the purposes of that agenda item.

12 Conflicts of Interest

12.1 Members of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall comply with the provisions on conflicts of interest contained in York and Scarborough Teaching Hospitals NHS Foundation Trust Constitution/Standing Orders, the HNY CAP Agreement and NHS Conflicts of Interest guidance. For the avoidance

of doubt, reference to conflicts of interest in York and Scarborough Teaching Hospitals NHS Foundation Trust Constitution/Standing Orders also apply to conflicts which may arise in their position as a Member of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC.

- 12.2 All Members of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC shall declare any new interest at the beginning of any York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meeting and at any point during a York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meeting if relevant.

13 Attendance at meetings

- 13.1 York and Scarborough Teaching Hospitals NHS Foundation Trust shall ensure that, except for urgent or unavoidable reasons, York and Scarborough Teaching Hospitals NHS Foundation Trust CiC Members (or their Nominated Deputy) shall attend all relevant York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meetings (in person) and fully participate in all York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meetings.
- 13.2 Subject to paragraph 13.1 above, meetings of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC may consist of a conference between Members who are not all in one place, but each of whom is able directly or by secure telephonic or video communication (the Members having due regard to considerations of confidentiality) to speak to the other or others, and be heard by the other or others simultaneously.

14 Administrative

- 14.1 Administrative support for the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC will be provided by HNY CAP Office (or such other route as York and Scarborough Teaching Hospitals NHS Foundation Trust may agree in writing). The HNY CAP Office will:
- 14.1.1 draw up an annual schedule of HNY CAP CiC meeting dates and circulate it to York and Scarborough Teaching Hospitals NHS Foundation Trust CiC;
 - 14.1.2 circulate the agenda and papers three (3) Working Days prior to HNY CAP CiC meetings; and
 - 14.1.3 take minutes of each York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meeting and, following approval by the Meeting Lead, circulate them to the HNY CAP Trusts and action notes to all Members within ten (10) Working Days of the relevant York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meeting.
- 14.2 The agenda for the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meetings shall be determined by the HNY CAP Managing Director and agreed by the Meeting Lead prior to circulation.

14.3 The Meeting Lead shall be responsible for approval of the first draft set of minutes for circulation to Members and shall work with the HNY CAP Office to agree such within five (5) Working Days of receipt.

15 Equality Act (2010)

15.1 York and Scarborough Teaching Hospitals NHS Foundation Trust is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.

15.2 York and Scarborough Teaching Hospitals NHS Foundation Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

15.3 York and Scarborough Teaching Hospitals NHS Foundation Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.

15.4 York and Scarborough Teaching Hospitals NHS Foundation Trust therefore strives to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

APPENDIX A – DECISIONS OF THE YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST CIC

The Board of each Trust within HNY CAP remains a sovereign entity and will be sighted on any proposals for service change and all proposals with strategic impact.

Subject to York and Scarborough Teaching Hospitals NHS Foundation Trust’s Scheme of Delegation, the matters or type of matters that are fully delegated to the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC to decide are set out in the table below.

If it is intended that the HNY CAP CiCs are to discuss a proposal or matter which is outside the decisions delegated to the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC, where at all practical, each proposal will be discussed by the Board of each Trust prior to the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meeting with a view to York and Scarborough Teaching Hospitals NHS Foundation Trust CiC requesting individual delegated authority to take action and make decisions (within a set of parameters agreed by York and Scarborough Teaching Hospitals NHS Foundation Trust’s Board). Any proposals discussed at the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC meeting outside of these parameters would come back before York and Scarborough Teaching Hospitals NHS Foundation Trust’s Board.

References in the table below to the “Services” refer to the services that form part of the HNY CAP Agreement for joint working between the Trusts (as set out in clause 2.3 of the HNY CAP Agreement and which may be supplemented or further defined by the annual HNY CAP Work Programme) and may include both back office and clinical services.

	Decisions delegated to York and Scarborough Teaching Hospitals NHS Foundation Trust CiC
1.	Providing overall strategic oversight and direction to the development of the HNY CAP programme ensuring alignment of all Trusts to the vision and strategy;
2.	Promoting and encouraging commitment to the key Rules of Working;
3.	Seeking to determine or resolve any matter within the remit of the York and Scarborough Teaching Hospitals NHS Foundation Trust CiC referred to it by HNY CAP or any individual Trust;
4.	Reviewing the key deliverables and ensuring adherence with the required timescales including; determining responsibilities within workstreams; receiving assurance that workstreams have been subject to robust quality impact

	Decisions delegated to York and Scarborough Teaching Hospitals NHS Foundation Trust CiC
	assessments; reviewing the benefits and risks associated in terms of the impact to HNY CAP Programmes and recommending remedial and mitigating actions across the system;
5.	Formulating, agreeing and implementing strategies for delivery of HNY CAP Programmes;
6.	In relation to services preparing business cases to support or describe delivery of agreed HNY CAP priorities or programmes (including as required by any agreed HNY CAP annual work programme);
7.	Provision of staffing and support and sharing of staffing information in relation to Services;
8.	Decisions to support service reconfiguration (pre consultation, consultation and implementation), including but not limited to: <ul style="list-style-type: none"> a. provision of financial information; b. communications with staff and the public and other wider engagement with stakeholders; c. support in relation to capital and financial cases to be prepared and submitted to national bodies, including NHS England; d. provision of clinical data, including in relation to patient outcomes, patient access and patient flows; e. support in relation to any competition assessment; f. provision of staffing support; and g. provision of other support.
9.	Decisions relating to information flows and clinical pathways outside of the reconfiguration, including but not limited to: <ul style="list-style-type: none"> a. redesign of clinical rotas; b. provision of clinical data, including in relation to patient outcomes, patient access and patient flows; and c. developing and improving information recording and information flows (clinical or otherwise).
10.	Planning, preparing and setting up joint venture arrangements for the Services, including but not limited to: <ul style="list-style-type: none"> a. preparing joint venture documentation and ancillary agreements for final signature;

	Decisions delegated to York and Scarborough Teaching Hospitals NHS Foundation Trust CiC
	<ul style="list-style-type: none"> b. evaluating and taking preparatory steps in relation to shared staffing models between the Trusts; c. carrying out an analysis of the implications of TUPE on the joint arrangements; d. engaging staff and providing such information as is necessary to meet each employer's statutory requirements; e. undertaking soft market testing and managing procurement exercises; f. aligning the terms of and/or terminating relevant third party supply contracts which are material to the delivery of the Services; and g. amendments to joint venture agreements for the Services.
11.	Services investment and disinvestment as agreed within Trust Board parameters and delegated authority;
12.	Reviewing the Terms of Reference and HNY CAP Joint Working Agreement on an annual basis.

APPROVED BY THE BOARD OF DIRECTORS: [DATE] 2023



Action Notes

Executive Committee

03 May 2023

Members in attendance: Simon Morritt (SM) (Chair), Andrew Bertram (AB), Karen Stone (KS), Melanie Liley (ML), Polly McMeekin (PM), Heather McNair (HM), James Hawkins (JH), Gary Kitching (GK), Gerry Robins (GR), Amanda Vipond (AV), Srinivas Chintapatla (SC), Mark Quinn (MQ), Stuart Parkes (SP), Jo Mannion (JM), Ed Smith (ES), Donald Richardson (DR)

Attendees: Mike Taylor (MT) (minute taker), Damien Mawer (DM) (Item 37-23/24 only), Jamie Todd (JT) (Item 40-23/24 only)

29-23/24 / Apologies for Absence and Quorum	
Summary	Apologies received from: Lucy Brown (LB)
Decision/s	<ul style="list-style-type: none">The meeting was declared quorate.
Action/s	<ul style="list-style-type: none">Nil.
30-23/24 / Declaration of Interest	
Summary	No declarations received.
Decision/s	<ul style="list-style-type: none">The committee noted the declaration.
Action/s	<ul style="list-style-type: none">Nil.
31-23/24 / Minutes of the meeting held on 05 April 2023	
Summary	The minutes were approved as an accurate record.
Decision/s	<ul style="list-style-type: none">The minute were approved as an accurate record.
Action/s	<ul style="list-style-type: none">Nil.

32-23/24 / Matters arising from the minutes and any outstanding actions	
Summary	Actions were to be updated outside of the meeting.
Decision/s	<ul style="list-style-type: none"> • Nil.
Action/s	<ul style="list-style-type: none"> • MT to update the action log.
33-23/24 / Items and escalations from Board and other committees	
Summary	No matters of escalation received.
Decision/s	<ul style="list-style-type: none"> • Nil.
Action/s	<ul style="list-style-type: none"> • Nil.
34-23/24 / Care Group Escalations	
Summary	SM requested any Care Group urgent escalations of which there were none.
Decision/s	<ul style="list-style-type: none"> • Nil.
Action/s	<ul style="list-style-type: none"> • Nil.
35-23/24 / CQC Update	
Summary	<p>HM presented the update with further scrutiny on progress being asked for at the previous Board meeting.</p> <p>At the Quality Improvement Group SPC charts were being requested in stating the ambition and where the Trust was at in meeting it. The well-led draft report was expected in the next few weeks with the communications around this being worked on in what has been achieved not just the CQC report findings.</p>
Decision/s	<ul style="list-style-type: none"> • Nil.
Action/s	<ul style="list-style-type: none"> • Nil.
36-23/24 / Industrial Action	
Summary	<p>PM reported that the staff council have met recently and with the majority of Unison membership the recommendation of a deal was accepted with pay awarded in June.</p> <p>Unite are further balloting nationally for local strike action in the future.</p>

	The efforts of the remaining nursing staff in covering the strikes were acknowledged in their appreciation.
Decision/s	<ul style="list-style-type: none"> • Nil.
Action/s	<ul style="list-style-type: none"> • Nil.
37-23/24 / Infection Prevention and Control Update	
Summary	<p>DM presented an update on IPC across four main areas: performance, root causes, key actions and escalations. The Trust had not yet received this year's national targets.</p> <p>2022/23 C-Difficile cases were at 151 vs a trajectory of 117 with significant issues across care groups 2 and 4. For MSSA bacteraemia this was 90 vs a trajectory of 59 and for MRSA this was 3 cases vs a trajectory of 0. Finally for E-coli bacteraemia this was at 162 cases vs a trajectory of 158.</p> <p>Root causes of cases included cultural behaviours of staff, pressures across the workforce, the building environment, general maintenance and aging equipment. Improvements were in place such as staff awareness, further hand hygiene and environmental controls such as further cleaning.</p> <p>KS discussed the hand hygiene practices required of needing to be bare below the elbow and glove management with general discussions on hand gel dispensers being replaced. There was further discussion of challenge of consultant practices and the need to be down to individual responsibility of all staff.</p>
Decision/s	<ul style="list-style-type: none"> • The setting of the Trust's own IPC trajectories in the absence of national targets.
Action/s	<ul style="list-style-type: none"> • Re-engage with YTHFM and invite the interim Managing Director to future Executive Committee meetings.
38-23/24 / Elective Programme Update	
Summary	<p>ML presented the report with elective care as at 31 March, 190 against the 78 week trajectory and 185 against the 62 day PTL trajectory of 123. The Trust remains in tier 1 for elective care and tier 2 for cancer.</p> <p>The EY support work was now concluded with the work on elective care governance including oversight and assurance. Further work on the productivity workstream for elective recovery is ongoing working with the GIRFT team. There is continued focus on cancer care progress with further work to do.</p>

	On the Scarborough Hub, council funding decisions are awaited. Operational challenges after the Bank Holiday have been difficult with few discharges and further admissions required over the period.
Decision/s	<ul style="list-style-type: none"> • Nil.
Action/s	<ul style="list-style-type: none"> • Care Groups to spread the word to discharge where possible ahead of the pending May Bank Holidays.
39-23/24 / Staff Survey	
Summary	<p>PM presented the reports of the staff survey with (1) the overall summary and (2) free text comments summary.</p> <p>The Trust response to last year was marginally better from 43% in 2022 to 44% this year, just below our peer average. Across the survey categories the Trust remained the same in 3 areas, deteriorated in 3 and improved in 3 and in being benchmarked against other Trusts needs to improve in particular areas.</p> <p>Discussion amongst members agreed that the culture and leadership programme underway was key to improving results and PM noted that NHSE had provided light touch support. It was planned for the Core Change Team to be set-up from ODIL and Senior Management with 'change agents' being asked for across the organisation to embed the Trust's vales and behaviours.</p> <p>The free text report was acknowledged as a useful summary.</p>
Decision/s	<ul style="list-style-type: none"> • The Trust participates in the NHSE Culture & Leadership Programme that has been proven to result in increased RN retention, increased staff engagement, and improved CQC • outcomes.
Action/s	<ul style="list-style-type: none"> • Nil.
40-23/24 / Business Case 2022/23-89 York ED Clinical Model	
Summary	<p>JT presented the business case with the aim to provide an up-front assessment to overall shrink the ED phase of care with escalation as required.</p> <p>In terms of costs the case involved overall a £1.34m cost; £1.2m of current covid allocation, £239k planning for ED growth with an emergency budget of £18k to close the gap further. AB commented that of the £1.2m Covid was dependant upon everyone else at the Trust going further with overall approval at Board required in being greater than £1m.</p>

	Regarding staffing an increase of ED medical staffing EAU nurse staffing was needed to meet delivery of the clinical model. HM enquired if safer nursing staffing data had been compiled on this, which it hadn't currently.
Decision/s	<ul style="list-style-type: none"> Support in principle from the Executive Committee to take forward to Board in May.
Action/s	<ul style="list-style-type: none"> The safer staffing nurse tool to be used on the business case.
41-23/24 / Items to note	
Summary	<p>NHSEI Agency Report The committee noted the report.</p> <p>Trust Priorities Report The committee noted the report.</p> <p>Board Assurance Framework and Corporate Risk Register The committee noted the report.</p>
Decision/s	<ul style="list-style-type: none"> Nil.
Action/s	<ul style="list-style-type: none"> Nil.
42-22/23 / Items to escalate to Board and other committees	
Summary	No items to escalate.
Decision/s	<ul style="list-style-type: none"> Nil.
Action/s	<ul style="list-style-type: none"> Nil.
43-23/24 / Items to escalate for BAF & CRR consideration	
Summary	No items to escalate.
Decision/s	<ul style="list-style-type: none"> Nil.
Action/s	<ul style="list-style-type: none"> Nil.
44-23/24 / Any other business	
Summary	A question was asked on when the new COO – Clare Hudson would commence in post, which would be 17 July.
Decision/s	<ul style="list-style-type: none"> Nil.

Action/s	<ul style="list-style-type: none">• Nil.
45-23/24 / Time and date of the next meeting	
The next meeting will be held on 17 May 2023 in the York Hospital Boardroom.	

Action Notes

Executive Committee

17 May 2023

Members in attendance:


Simon Morritt (SM) (Chair)
 Andrew Bertram (AB)
 Karen Stone (KS)
 Melanie Liley (ML)
 Polly McMeekin (PM)
 Lucy Brown (LB)
 Heather McNair (HM)
 James Hawkins (JH)
 Gary Kitching (GK)
 Gerry Robins (GR)
 Srinivas Chintapatla (SC)
 Mark Quinn (MQ)
 Donald Richardson (DR)
 Ed Smith (ES)
 Stuart Parkes (SP)


Attendees:

Caroline Alexander (for Jo Mannion)
 Jerry Piper (for Amanda Vipond)
 Maria Di Sciascio, Chief of Quality Control and Risk Management, Chieti, Italy
 Zaid Alnakeeb, Deputy Medical Director, Mallorca, Spain
 Rebecca Bradley (for Item 12-23/24)
 Liz Hill (for item 13-23/24)
 Will Thornton (for item 14-23/24)

01-23/24 Apologies for Absence and Quorum	
Summary	Apologies received from: <ul style="list-style-type: none"> • Amanda Vipond (AV) • Steven Bannister (SB) • Jo Mannion (JM) • Mike Taylor (MT)
Decision/s	<ul style="list-style-type: none"> • The meeting was declared quorate.
Action/s	<ul style="list-style-type: none"> • Nil.
02-23/24 Declaration of Interest	

Summary	No declarations of interest were declared.
Decision/s	<ul style="list-style-type: none"> • Nil
Action/s	<ul style="list-style-type: none"> • Nil.
03-23/24	Minutes of the meeting held on 03 May 2023
Summary	The minutes were shared outside of the meeting and were subsequently approved as an accurate record.
Decision/s	<ul style="list-style-type: none"> • The minute were approved as an accurate record.
Action/s	<ul style="list-style-type: none"> • Nil.
04-23/24	Matters arising from the minutes and any outstanding actions
Summary	Current actions not discussed.
Decision/s	<ul style="list-style-type: none"> • Nil.
Action/s	<ul style="list-style-type: none"> • MT to chase up outstanding actions and update at the next meeting.
05-23/24	Items and escalations from Board and other committees
Summary	No matters of escalation received.
Decision/s	<ul style="list-style-type: none"> • Nil.
Action/s	<ul style="list-style-type: none"> • Nil.
06-23/24	Chief Executives Update
Summary	<ul style="list-style-type: none"> • Care Group Structure Report – (circulated separately) • Draft CQC report received for factual accuracy checks – shared with care groups and deadline for response 30 May but will look to seek an extension. • Reaffirm that the Trust Chair Alan Downey has stood down on Monday 15th May – Interim Chair Mark Chamberlain. The recruitment process for a substantive Chair would commence imminently and all will follow the necessary formal governance process.
Decision/s	<ul style="list-style-type: none"> • Care Group Structure – Move Endoscopy, Clinical Haematology and Oncology under Specialist Medicine and Support Services Trustwide. • Come back to neurology • Cancer needs stronger identity – strategically significant and needs a name and place in the structure

	<ul style="list-style-type: none"> Structure has to be fundamental and in response to the CQC in terms of leadership
Action/s	<ul style="list-style-type: none"> Update Care Group structure to reflect decisions. Define and include some narrative that describes an explicit objective of the restructure and the improvement it will bring, with particular emphasis on what this will bring to the patients Bring a further updated report back to the Committee in June following relevant offline planning discussions
07-23/24 YSTHFT – EPR OBC	
Summary	<p>The DHSC and NHS England have set a minimum HIMMS EMRAM level of 5 and the Trust currently has an EPR of level 4. Therefore, investment was required to meet the expectations of the ICS.</p> <p>NHS England, through the Frontline Digitisation Programme has funding to enable Trusts to meet the requirements.</p> <p>Following this level there is a proposed level 7 to be met by 2025.</p>  <p>York and Scarborough - EPR O</p>
Decision/s	<p>Supports the ongoing work to make the modular option affordable through identification of additional cash releasing benefits and looking at impairment options for the asset value.</p> <p>Supports the team to finalise the Outline Business Case and support its submission to the NHS England Provider Digitisation Programme for formal review.</p> <p>Supports in parallel, the team to continue to prepare the relevant procurement documentation to support at a minimum a joint procurement with and Harrogate Foundation Trust for a modular EPR solution, while continuing to explore the achievement of a common solution across the 4 acute trusts across the ICS.</p>
Action/s	Nil
08-23/24 Integrated Urgent Care	
Summary	<p>Proposal received from the Integrated Care Board to become a prime provider for Integrated Urgent Care including Out of Hours services. Looking to improve the quality of care for patients. Preferred option 2 described in the report (accept the prime provider proposal and development partnership/alliances/sub-contract arrangement to support delivery).</p>

Decision/s	Approve the completion of a detailed business case including a comprehensive due diligence process and development of clinical pathways and workforce models.
Action/s	Nil
09-23/24	UEC Programme Update
Summary	Assurance on the continued development of the Urgent and Emergency Care Programme in April.  Item 9 - UEC exec com update April 23 t
Decision/s	Support the progression of the programme.
Action/s	Nil.
10-23/24	CQC Update
Summary	Draft CQC report received for accuracy check.
Decision/s	Nil
Action/s	Nil
11-23/24	Industrial Action
Summary	BMA balloting for national strike action. Closing 27 th June RCN rejected pay offer and are re-balloting for strike action nationally. Closing on 23 rd June A4C – June pay, dispute around bank pay nationally
Decision/s	Nil.
Action/s	Nil.
12-23/24	Information Governance
Summary	<u>Information Asset Owner</u> Identifying asset owners as they have different levels of engagement across the Trust and individuals to be accountable for better control. <u>Freedom of Information Requests Management</u> The Trust is not responding adequately to FOI requests in line with the current legislative requirements and this represents both a reputational and financial risk to the Trust. Recognise there is an obligation to

	respond to FOI's. Requests that come through that are not publicly available information, should be publicly applied going forwards following the request, leading to fewer requests over time.
Decision/s	Information Asset Owner - Agreed proposal to change Senior IAO to ACOO and directorate equivalent and create a hierarchy of responsibility for the Information Assets that the Trust holds. Freedom of Information Requests Management: <ul style="list-style-type: none"> • consider resource options within the IG team and a new process for FOI within the service areas. Once this is in place the Trust should respond to all FOI requests in line with the FOI Act. • The Trust should also consider options on how to publish more Service Information transparently on the Trust website with an aim to reduce the number of FOI requests received.
Action/s	Nil.
13-23/24	Provision of Head & Neck Microvascular Surgery Service
Summary	Proposed service reconfiguration of the Head and Neck Microvascular Surgery service. The Head and Neck Microvascular Surgery service had been challenging to deliver over many years due to the complex nature of the surgical aspect of the service but the resignation of one of the consultant surgeons delivering the service means that were now unable to deliver this service at York and Scarborough Hospitals.
Decision/s	<ul style="list-style-type: none"> • Approve the change in the provision of the Head and Neck Microvascular Surgery service • Support the Care Group with efforts to recruit to Maxillofacial Surgery posts.
Action/s	Nil.
14-23/24	Workforce Planning
Summary	Noted outputs from the most recent workforce planning round and opportunities available to support workforce growth and development.
Decision/s	Nil
Action/s	Nil
15-23/24	Reasonable Adjustment (RA) Report

<p>Summary</p>	<p>Following a review of The Trust’s approach to the requirement of ‘reasonable adjustments’ there is no guidance in place and a process to follow. A review of the process was due in July 2023 as stated in the EDI Action Plan and the Workforce Disability Equality Standard (WDES) Action Plan.</p> <p>Occupational Health always, and will continue to, provide a list of reasonable adjustments but it is to the managers to determine whether something is reasonable or not necessarily required which was important why HR should be included.</p>
<p>Decision/s</p>	<ul style="list-style-type: none"> • Come back at a later stage to review exploring creating a central budget for the ordering of chargeable equipment • Raising manager’s awareness by integrating information into current development programmes, through Disability Awareness Training and utilising the Human Resources teams • The IT Department creating an equipment list and streamlining their internal process • Implementing a Reasonable Adjustments Policy. To include expectations of Managers and relevant networks for support.
<p>Action/s</p>	<ul style="list-style-type: none"> • Seek a budget of c. £40k and prioritise the timelines of approval to delivery
<p>16-23/24 Any Other Business</p>	
<p>Summary</p>	<ul style="list-style-type: none"> • None
<p>212-23/24 Time and date of the next meeting</p>	
<p>The next meeting will be held on 7 June 2023 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block.</p>	

Action Notes

Executive Committee

7 June 2023

Members in attendance:


Simon Morritt (SM) (Chair)
 Andrew Bertram (AB)
 Melanie Liley (ML)
 Polly McMeekin (PM)
 Lucy Brown (LB)
 Heather McNair (HM)
 James Hawkins (JH)
 Gary Kitching (GK)
 Gerry Robins (GR)
 Srinivas Chintapatla (SC)
 Mark Quinn (MQ)
 Donald Richardson (DR)
 Ed Smith (ES)
 Stuart Parkes (SP)
 Steven Bannister (SB)
 Jo Mannion (JM)
 Mike Taylor (MT)
 Dawn Parkes (DP)

Attendees:

Jerry Piper (for Amanda Vipond)
 Karen Priestman (for item 32 23/24)
 Nikki Slater (for item 32 23/24)
 Liz Hill (for item 26 23/24)
 Amanda Pollard (for item 31 23/24)

18-23/24 Apologies for Absence and Quorum	
Summary	Apologies received from: <ul style="list-style-type: none"> • Karen Stone (KS) • Amanda Vipond (AV)
Decision/s	The meeting was declared quorate.
Action/s	Nil.
19-23/24 Declaration of Interest	

Summary	No declarations of interest were declared.
Decision/s	Nil
Action/s	Nil.
20-23/24	Minutes of the meeting held on 03 May 2023 & 17 May 2023
Summary	The minutes were shared outside of the meeting and were subsequently approved as an accurate record.
Decision/s	The minute were approved as an accurate record.
Action/s	Nil.
21-23/24	Matters arising from the minutes and any outstanding actions
Summary	Action updated action log as follows: <ul style="list-style-type: none"> • EC01 – report coming to 21 June 2023 – closed • EC02- Removed from action log as will be picked up through normal business in future. • EC05 - KS absent from the meeting - update at the next meeting. • EC06 - There have been some delays so the deadline needs deferring from June to September • EC11 – completed and closed
Decision/s	Nil.
Action/s	Nil.
22-23/24	Items and escalations from Board and other committees
Summary	The Committee discussed escalations raised by the care groups for information but there were no specific asks of the Executive Committee to action.
Decision/s	<ul style="list-style-type: none"> • Strategically IPC is confusing, pickup with Medical Director. • Report to be presented at the next Executive Committee on the new York ED Build (10 July go live). • JH to pick up with DIS team around device concerns and progress of the virtual desktop roll-out
Action/s	Nil.
23-23/24	Chief Executives Update
Summary	Touched on the request to the Trust to become primary care provider for urgent and emergency care.

	<p>Noted EPR outline business case approved through Executive Committee, Digital, Performance and Finance Assurance Committee and Board of Directors. Will be submitted on Monday 12 June 2023</p> <p>ML gave an update on the care group restructure – good progress made with constructive and challenging conversations. A view to continue further discussions and report back to the next committee with a formal update in particular confirming processes from a HR perspective and overview of clinical leadership.</p>
Decision/s	Nil.
Action/s	Nil.
24-23/24	Care Group Escalation Reports
Summary	Noted escalations highlighted from each of the care groups. No direct action from the Executive Committee identified.
Decision/s	Nil.
Action/s	Nil.
25-23/24	Infection Prevention and Control Update
Summary	<p>Nothing further added to the report as presented with the exception of the attached Yorkshire and Humber HCAI Quarterly report shared with the Committee.</p>  <p>Yorkshire and Humber HCAI Quarter</p> <p>The ask of this was a 0.6WTE 8D role. There was an individual set on Bank to cover this position for now.</p>
Decision/s	Need leadership modelling and messaging from the Executive Committee around good IPC practice.
Action/s	Nil
26-23/24	Business Cases
Summary	<p><u>2022/23 77 Acute and Elective Midline and PICC Line Service Business Case</u></p> <p>Liz Hill attended to present. Serious patient safety concerns around this. Not able to agree the pay cost. Significant clinical risk if there is no midline service available.</p>

	<u>2022/23 124 Hull Steriliser Equipment Replacement (Autoclaves)</u>
Decision/s	<ul style="list-style-type: none"> • 2022/23 77 – case approved. • 2022/23 124 - To be delegated to SHYPS Oversight Committee (for the meeting on 8 June 2023)
Action/s	Nil
27-23/24	CQC Update
Summary	Comprehensive factual accuracy report had been submitted. Awaiting response to this.
Decision/s	Nil
Action/s	Nil
28-23/24	Trust Priorities Report
Summary	Received and noted the report. No comments made.
Decision/s	Nil
Action/s	Nil
29-23/24	Board Assurance Framework and Corporate Risk Register
Summary	Received and noted the report. Nothing further added to the report presented.
Decision/s	Nil
Action/s	Nil
30-23/24	Industrial Action
Summary	<ul style="list-style-type: none"> • Consultant ballot remained out until 7 June 2023. • Junior doctors - received late notification of strike action for Wednesday 14 June to Saturday 17 June. • RCN ballot closed on 23 June 2023 • The Society of Radiographers ballot closed 28 June 2023 • Still awaiting the outcome of the Unite ballot having rejected the pay offer to be implemented in June.
Decision/s	Nil
Action/s	Nil

31-23/24 Lightening the Load Project	
Summary	Received a joint presentation between, Claire March and Laura Proctor from NHS Improvement Academy with reflections from Alison Pollard.
Decision/s	Need to connect this up to the 'Our Voice Our Future'
Action/s	Nil
32-23/24 Outpatient Transformation – Follow up process change	
Summary	<ul style="list-style-type: none"> • Data quality issues related to incorrect capture of contact activity within CPD which has impacted follow up numbers • Data quality issues related to incorrect TFC assigned to clinics which has impacted follow up numbers
Decision/s	<ul style="list-style-type: none"> • Remove contacts from SUS return, to bring in line with other organisations • Mandate all Care Groups to undertake full review of contacts and move activity to being captured on clinic templates where appropriate • Review and update audiology activity to ensure correct TFC applied to clinic templates • Review of all clinic templates to ensure that correct TFCs have been applied • Develop Specialty Specific plans with trajectories to deliver appropriate % FU reduction and conversion to NP to achieve Trust overall ambition of 25% FU reduction • Oversight of contact activity to be provided by Corporate Planning and Performance function, with review at regular planning and performance meetings to ensure consistency and accuracy of data capture • Support to establish a dedicated Data Quality Manager role within the organisation, who will identify and oversee this type of change. This role was recommended by the IST following their recent work at the Trust, it is a key role in ensuring quality and integrity of data. The role exists in other organisations. Funding to be identified and progressed through DIS budgets or agreed alternative funding route.
Action/s	Nil.
33-23/24 Any Other Business	
Summary	Trust Priorities Report – moving to 6 Board meetings a year, will need to discuss how the TPR is managed, and the data is run. – MT to follow-up with Interim Chair Mark Chamberlain. Need to further consider how to achieve other compliance with some monthly reporting.

34-23/24 Time and date of the next meeting

The next meeting will be held on 21 June 2023 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block.

Action Notes

Executive Committee

21 June 2023

Members in attendance:

Simon Morritt (SM) (Chair)
 Andrew Bertram (AB)
 Melanie Liley (ML)
 Polly McMeekin (PM)
 Lucy Brown (LB)
 Dawn Parkes (DP)
 James Hawkins (JH)
 Gary Kitching (GK)
 Gerry Robins (GR)
 Mark Quinn (MQ)
 Donald Richardson (DR)
 Ed Smith (ES)
 Stuart Parkes (SP)
 Steven Bannister (SB)
 Jo Mannion (JM)
 Mike Taylor (MT)
 Karen Stone (KS)

Attendees:

Freya Oliver (FO)
 Jerry Piper (for Amanda Vipond)

35-23/24 Apologies for Absence and Quorum	
Summary	Apologies received from: <ul style="list-style-type: none"> • Amanda Vipond (AV) • Srinivas Chintapatla (SC)
Decision/s	The meeting was declared quorate.
Action/s	Nil.
36-23/24 Declaration of Interest	
Summary	No declarations of interest were declared.
Decision/s	Nil

Action/s	Nil.
37-23/24	Minutes of the meeting held on 07 June 2023
Summary	The minutes were shared outside of the meeting and were subsequently approved as an accurate record.
Decision/s	The minutes were approved as an accurate record.
Action/s	Nil.
38-23/24	Matters arising from the minutes and any outstanding actions
Summary	Action updated action log as follows: <ul style="list-style-type: none"> •
Decision/s	Nil.
Action/s	Nil.
39-23/24	Items and escalations from Board and other committees
Summary	The Committee discussed escalations raised by the care groups for information but there were no specific asks of the Executive Committee to action.
Decision/s	Nil.
Action/s	Nil.
40-23/24	Chief Executives Update
Summary	SM updated the committee regarding the Director of Midwifery Improvement, Sascha Wells-Munro, who will be on secondment with the Trust for 12 months.
Decision/s	Nil.
Action/s	Nil.

41-23/24 Care Group Structure	
Summary	<p>ML presented to the committee the proposed Care Group Structure and explained the levels of seniority for each CG. There are continuing discussions regarding the medical leaderships yet to be confirmed. From a financial perspective this structure is cost neutral.</p> <p>There was discussion amongst members of the proposed structure and how this had been arrived at in discussion with Care Groups and the changes from the current structure. SM agreed that the process should progress with ML to discuss further with the Care Groups out of the Executive Committee.</p>
Decision/s	Nil.
Action/s	ML to discuss further with Care Groups the amendments to the Care Group structure with the structure to be implemented by 01.09.23.
42-23/24 Business Cases:	
Summary	<p>Business case approved offline: The committee noted the below business case was approved outside of the meeting:</p> <ul style="list-style-type: none"> • 2022/23-120 - Simulation Manikin Application for new Simulation Manikin to train all clinical staff in the Postgraduate Medical Education Centre and for use of insitu simulation across the Trust. This will include the management of critically ill patients and also human factors.
Decision/s	Nil
Action/s	Nil
43-23/24 CQC Update	
Summary	Following the submission of the report, awaiting copy of the final draft (should be 21.06.23) and to be published 28.06.23. DP suggested rapid reviews of the wards, get a task group together and map out clear plans to focus on for the next six months.
Decision/s	Nil
Action/s	DP and Caroline Dunn (CD) to follow this through.
44-23/24 Industrial Action	

Summary	<ul style="list-style-type: none"> • BMA Consultants balloting for national strike action closing 27th June for industrial action 20th and 21st July 2023 • RCN ballot closes on 21st July. • The committee asked how much activity was lost during recent industrial action but data not yet available. The value of the first 3 day Junior Doctors strike in the April period of action was c. £700,000
Decision/s	Nil
Action/s	Dawn Parkes and Gary Kitching to work together on future transformation pathways in learnings from the industrial actions.
45-23/24	Summer Incentives
Summary	<ul style="list-style-type: none"> • The aim is for the Trust to remove off framework nursing agency shifts from 1st July 2023, to support this position being maintained, summer incentives for nursing is proposed • Summer incentives for the nursing and midwifery workforce are proposed from Friday 21st July until Sunday 3rd September and we are requesting from the committee that we use the popular 'Allocation on Arrival' (AOA). In addition to AOA, it is proposed that the Trust reintroduce flexibility payments for our substantive staff, £50 for RN and £30 for HCA's, who are moved during their shift
Decision/s	The Committee will support the 'Allocation on Arrival' incentive; however, this cannot be an 'alternative plan' and all other options and resources are pursued before this is implemented.
Action/s	Nil
46-23/24	Emergency Floor Mobilisation Update
Summary	<ul style="list-style-type: none"> • The Committee were presented with the proposed transitioning from the current ED to the new ED due to start on Monday 10th July 2023 over 3 phases and the integration of the various services Phase 1 – ED moves into new building (10.07.23) Phase 2 – following completion of building/decorating of current ED – EAU will move into the current ED footprint (c. first week of September) Phase 3 – following completion of decorating work of current ED RFT corridor the remaining services move (c. mid September)
Decision/s	Nil
Action/s	Nil
47-23/24	UEC Programme Update

Summary	Continued assurance of the development of the Urgent and Emergency Care Programme Final Agenda Documents\Item13(2) - UEC exec com update May 23 - updated.pptx
Decision/s	Nil
Action/s	Nil
48-23/24	Items to Note
Summary	<ul style="list-style-type: none"> • TPR Report <ul style="list-style-type: none"> - Our People – Executive Committee Report included in papers it has been identified that the ICB has a deficit of £30M and our share of the deficit is £15M - We will be expected to have a vacancy control panel in place, show evidence that we have one and, we are using it - We will be subject to audit as we progress through the year - We will also have to have an Investment Panel who will consider anything that is an irregular spend above £10k, therefore controls will have to be put in place and show we have a sourcing of funding - At the end of May we are £1.3M adrift of plan, we expected a £5.1M overspend but we have got £6.4M - There are c. 100k outpatients that we will not get paid for
Decision/s	Nil.
Action/s	<ul style="list-style-type: none"> • Time to be spend for each Exec Director on key respective areas of the TPR at the second meeting of the month closest to the Board of Directors meeting.
49-23/24	Any Other Business
Summary	<p>JM raised the issue with laptops fixed on to tables and staff not being to use the laptops comfortably but if we are moving further digitally we must look at investing in ergonomic equipment.</p> <p>There was further discussion amongst members referring back to item 41-23/24 Care Group Structure and the engagement of the process.</p>
50-23/24	Time and date of the next meeting
The next meeting will be held on 05 July 2023 in the Boardroom, Trust Headquarters, 2 nd Floor Admin Block.	

Action Notes

Executive Committee

5 July 2023

Members in attendance:

Simon Morritt (SM) (Chair)
Melanie Liley (ML)
Polly McMeekin (PM)
Lucy Brown (LB)
James Hawkins (JH)
Gary Kitching (GK)
Gerry Robins (GR)
Mark Quinn (MQ)
Stuart Parkes (SP)
Steven Bannister (SB)
Jo Mannion (JM)
Karen Stone (KS)
Srinivas Chintapatla (SC)

Attendees:

Tara Filby (TF) on behalf of Dawn Parkes
Freya Oliver (FO)
Nik Coventry
Kim Hinton (KH)
Sarah Barrow (SB)

51-23/24 Apologies for Absence and Quorum	
Summary	Apologies received from: <ul style="list-style-type: none"> • Dawn Parkes (DP) • Mike Taylor (MT) • Andrew Bertram (AB)
Decision/s	The meeting was declared quorate.
Action/s	Nil.
52-23/24 Declaration of Interest	
Summary	No declarations of interest were declared.
Decision/s	Nil
Action/s	Nil.
53-23/24 Minutes of the meeting held on 21 June 2023	

Summary	The minutes were shared outside of the meeting and were subsequently approved as an accurate record.
Decision/s	The minutes were approved as an accurate record.
Action/s	Nil.
54-23/24	Matters arising from the minutes and any outstanding actions
Summary	Actions to be updated outside of the meeting.
Decision/s	Nil.
Action/s	Nil.
55-23/24	Items and escalations from Board and other committees
Summary	
Decision/s	Nil.
Action/s	Nil.
56-23/24	Chief Executives Update
Summary	SM updated the committee confirming that the CQC report had been published on Friday 30 June 2023.
Decision/s	Nil.
Action/s	Nil.

57-23/24 Care Group Escalation Reports	
Summary	<ul style="list-style-type: none"> • MQ The National Joint Registry have found that the prosthesis been used at Bridlington has a premature failure rate compared to others. • The Care Group 6 Escalation Report highlights the key points by severity with the critical areas highlighted. • The committee discussed the support of having two to three GP's working across the whole of the new care model. • Raised an issue around support for our AHP, with a loss of staff from that team. • There are a lot of complex complaints particularly in maternity with insufficient capacity in the team.
Decision/s	Nil.
Action/s	Nil.
58-23/24 Infection Prevention & Control Update	
Summary	<p>Damien Mawer (DM) expressed the continuing challenges around C-Diff, especially April and May. June figures are improved with only 9 cases which is our monthly target.</p> <p>There was only one orthopaedic hip infection in June which is a significant improvement on the first quarter of the financial year. Sue Peckitt returned to the Trust during June as IPC Strategic Nurse working 3 days a week on a bank contract. DM was intending to propose a Business Case for support to make the post permanent but I will do this next month.</p> <p>FO suggested the IPC Team to go on to wards showing good practise behaviours.</p>
Decision/s	To invite DM to attend the meetings on a regular basis to discuss IPC
Action/s	Nil
59-23/24 Business Cases:	
Summary	<p>Business cases:</p> <ul style="list-style-type: none"> • For info – 2023/24-16 Critical Care YH Pendant Replacement • For info – 2023/24-10 ED Capital Build Patient Trolleys • 2023/24-11 Community Diagnostic Centre (CDC) – Equipment Spokes <p>Kim Hinton and Sarah Barrow presented their case to the Committee.</p> <p>The development of Community Diagnostic Centres (CDCs) is a key recommendation of the Richards' Report, which highlights the need for planned diagnostic tests to be provided in separate, dedicated facilities.</p>

	<p>The report recommends that these facilities be located away from acute hospitals, in easily accessible locations, including town and city centres.</p> <p>Developments funded through the CDC programme must deliver additional, digitally connected, diagnostic capacity, providing patients with a co-ordinated set of diagnostic tests in accessible community facilities, in as few visits as possible, enabling accurate and fast diagnosis across a wide range of clinical pathways.</p> <p>Demand is rising across all aspects of diagnostics and there are still over 1.5 million patients in UK waiting for key diagnostic tests. The following CDC programme aims will be met through this scheme:</p> <ul style="list-style-type: none"> • Improving population health outcomes and addressing health inequalities • Increasing diagnostic capacity • Improved productivity and efficiency through transformation • Better more personalised patient care (including co-ordinated testing) • Integration of care and use of complete pathways across health services <p>This Business Case is for the provision of additional diagnostics equipment (and enabling works if required), to enhance diagnostic service provision in existing community facilities, creating two spokes that will support the Scarborough CDC Standard Hub. The two spoke locations are:</p> <p>North Yorkshire and York:</p> <ul style="list-style-type: none"> • Askham Bar Community Care Centre, Moor Lane, York, YO24 1LW in partnership with NIMBUS Care • The New Selby War Memorial Hospital, Doncaster Rd, Selby, YO8 9BX
<p>Decision/s</p>	<ul style="list-style-type: none"> • The Committee support both: For info – 2023/24-16 Critical Care YH Pendant Replacement For info – 2023/24-10 ED Capital Build Patient Trolleys • The Committee approved the case of 2023/24-11 Community Diagnostic Centre (CDC) – Equipment Spokes
<p>Action/s</p>	<p>Nil</p>
<p>60-23/24</p>	<p>CQC Update</p>
<p>Summary</p>	<ul style="list-style-type: none"> • Tara Filby reported the findings from the CQC on DP’s behalf. <p>The final version of the CQC report was received by the Trust on Thursday 22 June 2023 and published at 8.00am on Friday 30 June 2023.</p> <p>The Trust action plan must be submitted by Wednesday 20 July 2023. The overall rating was evaluated at ‘Requires Improvement’.</p> <p>There are 95 actions the Trust must take to comply with its legal obligations. There are 46 actions the Trust should take to prevent the</p>

	<p>Trust from failing to comply with legal requirements in future or to improve service.</p> <p>Actions plans are being developed in the Care Groups with oversight from the Corporate Patient Safety Team. Trust-wide themes have been identified and will inform coordinated actions spanning all Care Groups.</p> <p>Delivery of the Care Group action plans will be monitored at the Exec Led Oversight & Assurance Meetings (OAM) Assurance on delivery of the Care Group actions plans and the overall Trust action plan will be provided to the CQC Group.</p> <ul style="list-style-type: none"> • Develop the CQC Group to collect evidence and hold this centrally so the Care Groups understand what they have to work on.
Decision/s	Nil
Action/s	DP to confirm reporting architecture for future accountability for delivery of a single improvement plan.
61-23/24 Trust Priorities Report	
Summary	<ul style="list-style-type: none"> • The Committee discussed the report with several points highlighted: • KS raised concern about the complaints received by the Trust, and the need to deal with the issue so they never become a complaint. • JH confirmed that the migration was heading towards completion. There is a request that people remain vigilant and cautious with emails. • PM expressed that following incidents with learning back in February and the significant dip in core training compliance that we are not far below where we were before the incident. We have partnered with an external partner to deliver training, i.e. Race and Racism, Cultural Competence, Gender Diverse Communities and the outcome of these is really positive.
Decision/s	Nil.
Action/s	PM to circulate information to staff and form a waiting list as these training sessions cost £1000 each.
62-23/24 Board Assurance Framework & Corporate Risk Register	
Summary	This report was not covered in this meeting due to absence.
Decision/s	Nil
Action/s	Nil
63-23/24 Industrial Action	

Summary	<p>PM raised points regarding the timing of the next dates of Junior Doctors industrial action from Thursday 13th to Tuesday 18th July. Payroll will be shutdown for July pay and then at the start of August there will be a requirement for back over payments following staff having left our employment.</p> <p>The consultants also have dates for industrial action on Thursday 20th and Friday 21st July. The Trust will have few consultants on site so we should be fully staffed in all other areas.</p> <p>Communicate this payment issue as it may influence decisions about striking.</p>
Decision/s	Nil.
Action/s	Nil.
64-23/24	Consultant Recruitment
Summary	<p>KS raised the issue with the recruitment of consultants and the need to review and have a formal committee to support the process. An interview panel with members appropriate to the specialities of the appointment is required. The advertising of the roles and the onboarding need to be reviewed effectively.</p> <p>The recruitment pathway would be drawn up with proposed dates for advertising being in place, date of application closure, interview date etc.</p>
Decision/s	Nil.
Action/s	Nil.
65-23/24	Elective Programme Board Update
Summary	<p>The Trust received an NHSE elective priorities letter which outlines a board assurance template. This is being reviewed alongside the programme for presentation at the July 2023 meeting and Executive Committee approval.</p> <p>Elective recovery performance position is that we are off trajectory for 78wk reduction of zero at the end of June with a forecast of 75 patients who will breach. We are below trajectory for the 65wk target. We are currently off trajectory for the size of the 63 days + cancer PTL and Faster Diagnosis Standard at 62.7% against trajectory of 67.8%. Significant improvement in CT 6-week performance, continued challenges for NOUS, USS, and colonoscopy.</p>
66-23/24	Items to note

	Not extending CPDCU.
67-23/24	Issues to escalate to Board and other committees
	Nil.
68-23/24	Issues to escalate to BAF & CRR consideration
	Nil.
69-23/24	Summary of Actions agreed
	Nil.
70-23/24	Any other business
	Nil.
71-23/24	Time and date of the next meeting
The next meeting will be held on 19 July 2023 in the Boardroom, Trust Headquarters, 2 nd Floor Admin Block.	
Nik Coventry:	
Summary	<p>The York and Bridlington care units have been experiencing issues for months, with York unit being more problematic. The units lack medical care, CPD, and RPMA, and nursing staff have been requesting regular CPD usage. This has led to infection prevention issues.</p> <p>The infection prevention team mistakenly believed patients were discharged home on Ward 29. They propose moving to Monica's model, where patients are on CPD and transferred, to maintain electronic and medication records. Gary Hardcastle found minimal impact on reporting and length of stay.</p> <p>In terms of the governance, we've got systems in place to St Monica's at the moment for GP's, could we use those systems for these units because we've got governance in place for GP's using CPD.</p>
Decision/s	Following identifying the risk the acceptable solution was agreed to move forward with St Monica' model.
Action/s	Nil



STAR
AWARD

July 2023



**Susan Kinsella,
Infant Feeding
Coordinator**

York

**Nominated by
Charlotte Gill,
a patient**

My husband and I would like to nominate Susie for a star award, to show our appreciation of the excellent care she gave us and our new-born Ozzy.

We were referred by our local NHS trust for an assessment of Ozzy's feeding and possible correction of tongue tie. Within just 24 hours Susie had called me and made me feel so at ease on the phone. Being a third time mum, everybody, including other professionals, just expected I knew what to do with a baby struggling to feed, and all I really wanted was for somebody to support me and make sure everything was okay.

We met Susie that same week on a Friday afternoon, she was so kind, had an amazing sense of humour and I felt so safe in the knowledge that she would support us. The hospital was clearly busy and space for the assessment was limited, but Susie managed this professionally and with humour. She expertly assessed us and performed the tongue tie correction, she was so slick at it, Ozzy didn't even let out a noise.

I had a great experience at York Hospital, and this was solely down to the compassionate care Susie gave us. I am certain that Susie will probably not even remember us from all the women and babies she sees, but we will forever remember how kind she was to us and the immediate impact she had on our baby's feeding.

Ozzy is now almost eight months, 23lb and loves his food. Susie is a credit to the nursing and midwifery profession and demonstrated all of your Trust values in the short time we met her.



Blessy Baby, Staff Nurse **Scarborough**

**Nominated by
Alistair Peatfied
Wilson, a patient**

Blessy looked after me so well in recovery. Her calm and caring nature showed and I cannot thank her enough.

Indu Sasidharan, Audiologist **York**

**Nominated by Ian
Willis, a relative**

My Mum had a hearing test on Saturday, and we were seen by Indu. Mum is quite frail and with a list of co-morbidities, including being a periodic wheelchair user. Indu really took great care to explain what she would do and why she was undertaking the test. She was deft at making sure she could do what she needed to simply and without fuss. Additionally, she ensured headsets fitted and nothing was hurting. When an additional test was required, it was seamlessly undertaken and Mum was put at ease at every point. Indu very much always displayed the Trust values.

In short, she's a great exemplar for the audiology service and the Trust.

Faye Potts, Student Midwife **York**

**Nominated by
Maria Hamilton,
a patient**

Faye made a real difference to the delivery of my daughter. I was incredibly tired and was struggling to deliver, but Faye kept me calm, monitored my contractions and ultimately delivered my baby. She also went the extra mile by making the delivery a lovely experience for me and my husband by capturing loving photos.

Faye was highly professional, attending to me very quickly, all while delivering in a friendly and reassuring manner. Faye is truly an asset to York Hospital.



**Polly Boyes, Senior York
Biomedical
Scientist**

**Nominated by
Alison Jones,
colleague**

Due to staffing shortages, the blood sciences laboratory and specimen reception at York Hospital have recently been working even harder than normal, and later into the evening, to receipt and process every sample received from within the hospital and from GP surgeries each day.

Towards the end of a particularly challenging week, it was discovered that one of the biochemistry analysers had given out some incorrect results the previous night. The number of affected patient results was unclear, but the potential significance of the problem meant that immediate action was required. The incorrect results were identified in the middle of the afternoon, the time when the lab is at its busiest.

Polly is a Senior Biomedical Scientist (BMS) and team leader. As soon as she became aware of the problem, she took control of the situation. She put on her lab coat and made sure all the BMS staff working that afternoon and evening were able to take a break while she kept the lab running.

When the BMSs returned from their breaks, she gathered a list of all potentially affected samples from overnight and single-handedly reanalysed every sample, staying until 9pm, four hours beyond her day. This allowed the BMS team to continue to analyse the high numbers of urgent and routine samples that still needed to be processed and meant there were no delays in reporting results to the emergency department and the wards.

Polly's presence and actions meant that the BMS staff were able to focus on running the lab and managed to analyse and report all the GP and out-patient samples from that day. Fortunately, the extent of the problem was found to be limited to a small number of samples from a limited time, and no patient was adversely affected by the issue.



**AMU, Lilac Ward
Team**

Scarborough

**Nominated by
Esther Lockwood,
colleague**

Preventing patient falls was identified to be a key area of improvement on the unit. Since February 2023 the team have been focused on implementing various opportunities to improve identification of patients at risk of falls, reviewing patient falls and quickly identifying ways to minimise the risk and maintain patient safety and raising the profile of falls prevention to staff, patients, and the public. The positivity of the team and the 'can do' attitude during the daily challenges and pressures of a busy admission unit deserves to be recognised and celebrated.

**Lucy Smith, Acute
Oncology
Specialist Nurse**

York

**Nominated by a
colleague**

There was an emergency on our clinic, and Lucy was straight there to support the patient and other members of her team. Lucy has showed kindness, care, and professionalism throughout her working day, and is an inspiration. Lucy has the kindest heart and will always help anybody when needed.

**Harriet Rossol,
Children's Therapy
Team Manager**

Community

**Nominated by
Harriet Cousins,
colleague**

Harriet has recently taken over as the children's therapy team manager and is doing an amazing job. Harriet celebrates everyone and all our team's achievements. Each month she focusses time on us as a team and how amazing each individual person is, which is a huge moral boost for the whole team, and she supports everyone's mental health in a positive way.

Harriet is helpful, supportive, and kind to everyone and we all appreciate her so much. Our team is happy and thriving under her leadership and with her support we will continue to be excellent.



**Josephine
Holleran, Digital
Midwife**

York

**Nominated by
Lorraine Dodd,
colleague**

Josephine has been our digital midwife for the past year. She has worked so hard this last year to get our maternity team to the place we need to be for the introduction of BadgerNet, the new digital database for maternity.

Jo has worked alone with little support for this. This is a huge change for us as a team and is proving challenging for all. Jo has been on call to answer questions and support staff through this change. Jo does not like to be in the limelight, but she deserves some recognition for the hard work she has and continues to do for our maternity team.

**Special Care Baby
Unit (SCBU) Team**

Scarborough

**Nominated by
Melanie Taylor,
a patient**

My little boy was born in April 2023 and had breathing difficulties, which led to a week-long stay in SCBU. All the staff went above and beyond to explain what was happening and why. It was a completely scary, overwhelming time, but all the staff checked in to make sure I was fine.

They supported me and made a hard time easy for me. I will never forget the support they provided not just to my son, but me as well. All the SCBU staff are stars.

**Jane Monkman,
Specialist Theatre
Team Leader and
Mary Timpson,
Team Leader**

York

**Nominated by a
colleague**

By going above and beyond, both Jane Monkman and Mary Timpson have supported and encouraged me in my application for the nurse apprenticeship role.



**Sheena Campbell Bridlington
and Rachel Turner,
Healthcare
Assistants**

**Nominated by
Nicola Frankish,
a patient**

At 54 years old, having regular blood tests has left me with a real phobia of having them. I was sent to Bridlington hospital for a blood test. Unbeknown to me the form I had was not completed, so Sheena and Rachel rang through to York to see what test needed doing. They could see that I was very stressed about the test and went above and beyond to make sure it went well, which it did. These things are so very important to people and make a whole world of difference. Thank you.

**Anne-Marie Becker, York
HR Advisor**

**Nominated by
Peter Redfern,
colleague**

I have had a long-standing injury to my knee, which has affected my ability to do my normal job as an operating department orderly in theatres. I have never been in this position where I needed to have so much time off due to an injury at work. Anne-Marie has been very clear and supportive as to what she can do to assist me. My mental health has suffered because of the uncertainty on my future, which is still to be decided. Ann-Marie has been totally reassuring in making sure I understand if the worst-case scenario occurs there are other options such as administration that I can do. This has made my life so much easier, giving me extra time to recover but also having the reassurance of other choices within the Trust. As a result, my depression has lessened, and I feel more valued as a colleague. I feel blessed to be part of an organisation that will go the extra mile to keep me in the workplace while still checking on my wellbeing.

Anne-Marie says she is just doing her job, but to me it is more. Anne-Marie has been available to talk to when I was off work, and since my return the friendly way in which even a more formal meeting was held has reassured me that she is more concerned about my wellbeing than anything else. This colleague goes above and beyond in her role to make sure that everyone is reassured.



**Lucy Appleton,
Ward Clerk**

York

**Nominated by
Anne Turgoose
and Nicky
Kerslake,
colleagues**

Lucy came to us as a ward clerk in January. Before her arrival we had not had a ward clerk for seven months and as a team we just muddled through. Although she had previously worked as a ward clerk, the role in the eye day case unit was different and obviously the first few weeks were challenging to say the least. On her arrival she was surrounded by medical notes and notes prepping, but without complaint she tackled it head on, and soon had the administration side of things in order.

She has been an asset to the team and has certainly grasped admission paperwork used in the department. She is conscientious and very diligent in keeping up with changes to the surgery list. She even prepares labels and wristbands in advance when she goes on holiday to ensure she helps us even when not here. She has ensured that if a patient is cancelled on the list that the prepared paperwork does not go to waste, it is filed, and she pulls it again when required. She has been an absolute asset and we do not know what we would do without her.

**Catering
Production Team**

York

**Nominated by
Chris Moore,
colleague**

The team has taken on extra work over a six-week period, catering for Scarborough hospital while a new kitchen floor is fitted. Just as the period was due to start there were a few incidents in the catering department. After losing our Ellerby's kitchen largest walk-in freezer and a small fryer fire we were down on equipment. The staff in the department all pulled together and managed to keep the high level of service for all hospitals and sites that we deliver food to, including the staff areas with minimal disruption. This included industrial action and having to arrange packed lunches for all staff. A very tough few weeks for the team, but they showed great team work to ensure no patients or staff went without.



Mais Ismail, Doctor York

**Nominated by
Mrs. Hassan,
a patient**

Dr Ismail is professional, cooperative, and committed to her work to patients and their families. She is clever and always does her work on time. She gives all that she can to all patients with full respect, kindness and patience.

Sativex Clinic York

**Nominated by a
colleague**

Julie and Caroline developed and run the Sativex clinic in York. In 2019 National Institute for Health and Care Excellence NICE recommended the use of Sativex for symptom improvement in adult patients with moderately to severe spasticity due to multiple sclerosis (MS). They assess patients, initiate treatment where appropriate, and evaluate its effectiveness. Julie and Caroline consistently get very positive feedback. They are improving the lives of people with MS.

**Bladder and Bowel Community
Community Team**

**Nominated by
Geraldine Rook,
colleague**

The bladder and bowel team has made significant changes to the service over the last year. We have implemented a new screening tool which can be completed by patients and/or preventing delays waiting for assessment. As part of Queen's Nursing Institute (QNI) project, we educated both carers and residents in care homes to manage their bladder and bowel symptoms in the best way, including lifestyle information. We have successfully applied for funds from charitable funds to purchase bladder scanners, and we have worked with the acute Trust and primary care to develop a bladder scanning pathway to support use of the scanners. We have also successfully implemented continence champions to support teams to manage the waiting list for continence assessments, post Covid. The team are passionate about the service and making improvements, therefore improving access and management plans for patients. They are motivated, enthusiastic and embrace change and challenges head on. A small but inspirational team.



**Nigel Durham
and Hester
Beaverstock,
Consultant
Cardiologists**

York

**Nominated by Ash
Nicholls,
colleague**

As a new member of management staff in the care group, Dr Durham kindly allowed me to observe cardiac procedures in theatre.

During a procedure, a complication occurred which could have had terrible medical consequences and required an immediate response. Dr Durham, supported directly by Dr Hester Beaverstock, reacted calmly, and spoke with both respect and urgency to his team, meaning they resolved the issue promptly. So much was the calmness in their life saving reactions I was unaware of the seriousness of the complication until discussing with the doctors after the procedure was completed.

A star award is well deserved by these two doctors who demonstrated kindness and excellence under pressures most would find overwhelming.

**Chris Deakin,
Porter**

Selby

**Nominated by
Joanne Chatham,
colleague**

Chris has been an outstanding member of the team since he joined us in September 2022.

Chris is a conscientious member of the porter team that goes above and beyond whenever and wherever he can. Nothing seems too much trouble for him and he is always happy, upbeat, and lifting spirits. Chris has had a lot of input into the day-to-day routine of the porters and is always looking for new approaches to improve the running of the department. He has also been a great help to other members in the team with last minute shift changes, holiday cover and IT issues.

Welcome to the team Chris we are proud to have you on board.



**Rebecca Cussans York
and Louise Muir,
Midwives**

**Nominated by
Alice Hurd,
a patient**

When Louise and Becca came on shift at 7am we received the most wonderful service for the next 13 hours. Already in early labour, they went above and beyond to ensure the birth of our beautiful daughter was as close as possible to how we had hoped. Their words of encouragement, friendliness and general patient service was exceptional. For an experience which has the potential to be so negative, they made sure we left the delivery suite with only positive memories. From a husband's perspective I witnessed the midwives offer all options available and kept us fully informed with what was going on. They helped Alice make her decisions based on the information provided on pain relief rather than just telling her what to do.

**Adam Brook, Scarborough
Obstetrician**

**Nominated by
Melanie Taylor,
a patient**

I met Mr Brook whilst on labour ward and pregnant with my son, I had a difficult pregnancy with little movement throughout. Mr Brook took his time to sit down and explain what was going to happen each week regarding my care and went the extra mile to reassure me all would be ok. I felt as though I wasn't just another patient, he made me feel like I was cared for and not alone. I honestly think Mr Brook is a fantastic consultant who listens to the patient and goes above and beyond to make sure you are happy and reassured.



**Taiwo Adejimi,
Staff Nurse**

Scarborough

**Nominated by
Olatunde Koleola,
colleague**

Tee as she is often fondly called, is a staff nurse that goes above and beyond in her care for patients. She is keenly aware of patients' overall situation and will duly escalate as necessary. She is a great help to junior doctors whenever she is on the ward.

**Deborah Adebayo,
Staff Nurse**

Scarborough

**Nominated by
Olatunde Koleola,
colleague**

Debbie as she is often called is a conscientious member of the Aspen team. She works hard to ensure patient safety and in so doing makes junior doctors feel confident when she is on duty. I personally find her amiable, friendly, and dutiful and thinks she deserve recognition for her efforts.

**Onyinye Ahaneku,
Staff Nurse**

Scarborough

**Nominated by
Olatunde Koleola,
colleague**

Onyinye is a lovely nurse to work with. He respectfully informs you of patient care and carries out patient care with dignity and loving care. It is always a joy to work with him whenever I am in the emergency department. He enjoys much adulation from his colleagues as well and I think he deserves to be recognised for his good works.



Ward 26 Team

York

**Nominated by
John Hall,
a patient and
Judith Plant, a
colleague**

Nomination One

A star award for both the day shift and the night shift on ward 26 who worked Sunday and Monday days and nights, including the care assistants, nurses, and sisters. They went the extra mile to help, reassure and explain everything, nothing was too much trouble for them. These staff are a credit to the NHS, they are what the NHS stands for.

I hope I'm fortunate enough to be looked after by them should I ever have to stay in hospital again. They made my stay the best I could hope for. They deserve recognition for their hard work and efforts.

Nomination Two

From the bottom of my heart thank you all for your kindness in taking care of me from being transferred from Scarborough hospital and making my stay as pleasant as possible. Your smiles were infectious, such a wonderful team and I would recommend York to anybody especially this ward. Keep doing what you all do best keeping patient happy and comfortable.



**Susannah Lawford, York
Operations
Manager**

**Nominated by
Carrie Ann Reeve,
colleague**

Susannah joined the head and neck management team in September 2022 as part of the NHS graduate training scheme. Since she joined us and took over the operational management of the Ear Nose Throat (ENT) department, she has continuously amazed me with her enthusiasm, positive attitude, and determination to make a difference.

Susannah always strives to do her absolute best for patients and colleagues alike and has had an incredible impact on the department, working flat out to ensure we are seeing as many patients as we can and that the service runs as smoothly as possible. She treats every single individual with the utmost respect and always finds time to listen when colleagues are having a tough day. We hear a lot about Trust values and I have not yet encountered anyone who demonstrates them each day like she does. We are coming into our final months with Susannah in post and the department will miss her terribly. In such a short space of time she has had such a positive impact and made a real difference.

She is a shining star whose absence will be felt by us all and absolutely is deserving of recognition.

**Blessing Nnaji, Scarborough
Staff Nurse**

**Nominated by
Olatunde Koleola,
colleague**

Blessing always raises issues with patient care in the most pleasing manner I have ever seen. While most nurses just inform the doctor on duty about a situation they need the doctor to review, Blessing has a way of ensuring the doctor feels dignified in coming to do his duty. I have seen this several times and I really appreciate her efforts in ensuring other team members are treated with respect and dignity.



**Chindinma
Amamilo, Staff
Nurse**

Scarborough

**Nominated by
Olatunde Koleola,
colleague**

Ever since I met Chindinma she has always been so eager to learn and prioritise patient safety. She attempts to deliver patient care as passionately and dignified as possible. It is always a joy to work with her. I see how her efforts makes her a wonderful team player.

**Lisette Backhouse
and Sue McNeill,
Stoma Care Nurses**

Scarborough

**Nominated by
David Carpenter,
a patient**

I cannot praise Lisette and Sue enough for the care, dedication and support they provide.

I have been under the care of various Stoma teams since 2017, including Addenbrookes, which would rightly be deemed as one of the best specialist hospitals in the world. But I have never received the level of personal care that I have received from Lisette and Sue.

I recently had a very traumatic experience whilst under the care of a colorectal surgeon in Leeds and came home in complete turmoil. I reached out to Lisette and Sue and within hours I received a phone call from Lisette to talk through my troubles. Lisette then had me on Maple ward the very next day! She took real care of me, put my mind to rest and did a thorough examination of my post-surgical stoma and sent me home with invaluable advice and products to help me regain my independence and confidence. Lisette has looked after me as an outpatient several times since, and Sue has taken the time to call me and discuss my progress.

I have never received such excellent ileostomy care. Please take the time to acknowledge the amazing work that these two remarkable women do. They truly are an asset to their profession, to Scarborough hospital and to the community of patients that they provide a critical service to.



**Geneva Eustaquio, Bridlington
Recovery Nurse**

**Nominated by
John Senior,
a patient**

I was admitted to Bridlington for a knee replacement using a spinal local anaesthetic.

Walking to theatre, knowing I would be conscious and having the electrodes fitted was anxiety inducing. Geneva was incredibly professional, reassuring, and caring, talking to me and holding my hands prior to surgery, mostly to get me into the right position for the injection and then afterwards, monitoring my recovery and providing tea and biscuits.

A small thing, but when you have been nil by mouth since before 7am and it's 4pm it really makes a difference.

**MRI Scanning York
Team**

**Nominated by
Helen Godliman, a
relative and Julie
Perks, a visitor**

Nomination One:

Three staff in the MRI department helped my daughter Bethany Godliman when she came in for a scan. She has special needs and I just wanted to say how amazing they were with her. Very kind, friendly, reassuring, and so patient. Thank you so much to such a wonderful team you were fantastic.

Nomination Two:

My daughter Nola Perks came in for an MRI scan and I just wanted to say a huge thank you to all the staff we met at York hospital. You all did an amazing job at making Nola feel cared for and comfortable, she especially liked the 'a little boost' gift bag she received after her scan, a lovely thought. Thank you all so much.



**North District
Nursing Team**

Community

**Nominated by a
colleague**

The whole team has pulled together and worked hard over the past months under some extremely challenging circumstances. Everyone has worked in the best interests of the patients and supported each other with the myriad of complex visits and additional visits for our patients. Everyone comes to work with smiles and the determination to succeed for the best outcomes for the patients.

It is lovely to see such a great team working in collaboration with each other daily. Well done the north district nursing team you should all be very proud of yourselves and what you have achieved so far for all. Keep up the amazing work you are doing, it really does not go unnoticed.

**Emergency
Department
Reception Team**

York

**Nominated by
Kate Ashworth,
colleague**

I feel I must put forward our amazing team for a star award as I don't think they get enough recognition for all their hard work and loyalty to the emergency department (ED) and York hospital.

Everything that is asked of them they do without complaint and with a smile on their face, they are a team in the greatest sense of the word. They support each other and cover shifts for each other when illness strikes, they worked tirelessly through the pandemic when half of the team had to leave for various reasons. They are overlooked for any praise or thanks from the patients as they are just a means of getting to see the nurse or doctor, when in fact they bring to attention anyone who needs to be seen straight away and cannot wait their turn, they are another watchful eye in the waiting room when it is so busy that it is impossible for the medical staff to be. They are passionate about their role in ED and most have been in the role well over ten years.



**Lucy Topham,
Staff Nurse**

Community

**Nominated by
Susan Birkitt,
colleague**

Lucy has worked hard in supporting myself in the transition to district nurse (DN) for the Clifton based team within the north DN team.

She has been an invaluable member of staff and helped me with the patients and the very complex end of life patients we have on the caseload. I just wanted to nominate Lucy for all her hard work and support.

Well done Lucy and I want to thank you for all your support with everything. Lucy is a very valued member of the team.

**Tracey Brooksmith, Scarborough
Healthcare
Assistant**

**Nominated by
Navia Crossley,
colleague**

This healthcare assistant (HCA) goes above and beyond whenever she is booked to work on any ward and I have the pleasure of working with her.

Nothing is too much for her.

She works well as part of a team and shows the patients such empathy and kindness and is very hard working.

I think she truly deserves recognition for her consistent care, compassion, and hard work as a bank HCA.



**'FM' Admission
Team**

York

**Nominated by
Georgina Cherry,
colleague**

I was co-ordinating a very complex admission for surgery and special dental surgery, on a patient with learning disabilities, severe autism, and ADHD. This admission was weeks in the planning, with multiple medical and non-medical professionals involved from urology, the Harrogate special dental team, mental capacity assessment, paediatric staff, security staff and Dr Mark Allford, the anaesthetist without whom I could not have done this admission. Mental capacity assessment and best interest paperwork helped create a thorough flowchart, setting out everyone's roles and involvement on the day and steps for the potential need for restraint, from the least restrictive, to the most restrictive.

Security took the time to meet with me the day before to walk through the admission. On the day, security made sure the walk from the car to the unit was as smooth as possible, whilst keeping a distance so as not to upset the patient. Doors and lifts were opened ahead of time, so the patient wasn't waiting at all, which is a huge trigger for them.

On the day unit, all staff were in position and knew when and where to get involved. There were many reasonable adjustments in place for the patient's needs to make the admission as suitable for the patient as possible. All professionals present tried their best alongside mum and dad, to settle the patient so that the anaesthetist could administer the sedation, but this became very difficult due to the patient's behaviour becoming extremely challenging. The restraint flowchart had to be followed step by step, in the end to the most restrictive. The team worked efficiently and safely to ensure the patient had the treatment he needed. This was also the same for when we were waking him up - we adjusted how this is done normally to accommodate his needs and how he would respond to certain people and environments. Everyone's hard work, dedication, and respect for the patient's needs meant this patient got all the surgery he needed, which also means he won't need to come into hospital again for a very long time. Everyone was aware of how this admission might traumatise the patient, stopping him from trusting professionals, but we have had a very positive outcome for this patient.



**Casey Arnott,
Staff Nurse**

Scarborough

**Nominated by
Hayley Lisboa,
a relative**

Casey was really kind and helpful to my mother-in-law, Wendy Lisboa, who is staying with us to recover after a total knee replacement. She had this done at Kettering General Hospital and we collected her from there on 29 May to bring her to our house near Driffield. We didn't realise until Tuesday night that she had a pressure sore on her bottom which was causing discomfort. After seeing this I decided to take her to the emergency department for it to be checked. Casey was wonderful, she was very calming and kind to her, she took great care to listen to her and then explain what she would do. She was very gentle and really made her feel much calmer and comfortable, she also checked the compression socks she had on and changed them over for her as these were the wrong size that had been put on after her operation. She also told us exactly what to do with ongoing treatment, she is wonderful and my mother-in-law can't stop talking about how lovely she was. She is an absolute credit to the NHS, a very caring individual and you should hold on to nurses like her, she is priceless and should be treated that way.

**Suzanne Hadfield,
Midwife**

Scarborough

**Nominated by
Chloe Smith,
a patient**

Suzanne is so extraordinary it's difficult to put into words. My pregnancy wasn't the easiest, the hospital visits were frequent, stressful, and sometimes scary. Meeting Suzanne for the first time I had no idea what a blessing and how dedicated she would be. My care was divided between Scarborough and York, Suzanne was key in ensuring continuity between both hospitals and the care I was given, which was faultless. Between appointments she kept me informed and often just 'checked in'. She was so committed to my care I was made to feel like I was the only patient she had to look after. Suzanne made my rollercoaster of a pregnancy a much easier journey. Her level of professionalism combined with the compassion and empathy you'd expect from a lifelong friend or family member is truly special. Above and beyond doesn't come close.



**Janet King,
Home Dialysis
Specialist Nurse**

Community

**Nominated by
Nicola Christie,
colleague**

Janet has gone the extra mile to provide support for patients around our team's working hours. This includes evenings, weekends, and a bank holiday without a second thought. The flexibility in changing her working hours ensures that patients and their partners can receive support for haemodialysis cannulation and continue their support with teaching haemodialysis competencies, whilst maintaining their own working/family lives. This helps patients to maintain their employment and prevents a negative impact on their lives especially in an unplanned event.

She is without a doubt an outstanding member of the team and appreciated by both colleagues and patients alike. This has prevented in some cases, home patients needing a slot on the renal unit which impacts on the workload of the unit which is already stretched. Janet deserves to be nominated for a star award for her services to renal within the Trust.

**Michelle Daley,
Patient Support
Officer**

York

**Nominated by
Natasha Dyer,
colleague**

Michelle has improved the patient experience at White Cross Court, for what can be a long stay for some of our stroke patients. She has developed the dining room experience where patients can come together to socialise and support each other through their recovery, following lunch Michelle has also taken a lead on co-ordinating activities for patients and visitors, ranging from singing, crafting, and planting flowers to brighten up the ward garden areas. The dedication and care demonstrated by Michelle is invaluable to both patients, relatives, and staff members.

Michelle's personality and positivity shines through and it is a pleasure to have her as part of the team.



**Paediatrics Ward York
17 Team**

**Nominated by
Oscar Maguire,
a patient**

Just want to say how amazing York hospital children's ward 17 are. My son recently had a two week stay and without the nurses, healthcare assistants (HCAs) and play team I wouldn't have any sanity left. Ozzie is autistic with PDA (pathological demand avoidance) and can be a handful at times, awake at the crack of dawn and on the go 24/7 100mph, but did they keep him busy! He takes a while to warm up and speak to new people, but they were all consistent in trying and helping him and by day five he was in the playroom and crafting from just about anything he could get his hands on. He was talking to all the nurses and they were so welcoming, took time with him, played with him, and made him feel at home. Nothing was too much trouble and the positivity was just incredible. All this while the work never stopped and the phone didn't stop ringing, the work ethic, sympathy, and high spirit was shining out of every single person there.

The play team did a fantastic job keeping him busy and occupied and by day five he was the first kid in the playroom and the last to leave, they made hospital fun. There were some amazing volunteers, from Makaton stories to music and even a box theatre performance which also helped break up the day and keep Ozzie entertained. They managed to source us absolutely anything Ozzie needed and were so encouraging and helpful. You all love your job and it shows. The night shifters cheery and full of energy were all amazing with Ozzie's late night and early morning bursts of energy and were fantastically quiet and quick with observations and meds in the night. We saw many consultants on the ward, but one paediatrician really stood out as he went above and beyond to help us and was always available for a chat, prescribed quickly and worked incredibly hard despite being new. He listened and acted as best he could and contacted other paediatricians to try and come up with a plan working alongside dieticians. A few staff stood out to Ozzie and they were Kate, Cath, Fiona, Lucy, Olivia, Helen and all the play team and the domestics. Feeling at home, loved, and cared for makes the world of a difference when you're in the place you'd least like to be! Your 12hour shifts are lifesaving in so many ways, they must be long, tiring, mentally exhausting and stressful, but I hope you all realise how much you mean to us.



**Lucy Eggleston,
Physiotherapist**

York

**Nominated by
Rachel Maloney,
colleague**

For consistently being a positive presence within the team, always being willing to help and to go the extra mile for both patients and colleagues. Particularly during the last few months of stress and short staffing for the team, she has taken on additional work and responsibilities with enthusiasm and capability. Lucy has provided real support and a cheerful atmosphere to work in for team members, and consistently made the patient experience better with frequent positive feedback from families.

**Christopher Smith, York
Patient Services
Operative PSO**

**Nominated by a
colleague**

As a PSO on Ward 24, Christopher consistently demonstrates exceptional dedication, kindness, and professionalism towards both patients and staff. His unwavering commitment to patient care and his ability to create a positive and supportive environment makes him an invaluable member of our team.

Christopher's exceptional qualities are evident in his interactions with patients. Time and time again, we receive praise from patients and their relatives about his compassionate nature and the extraordinary care he provides. Christopher is truly a patient's choice advocate, always going above and beyond to fulfill their wishes and needs. Whether it is by taking the time to listen attentively to their concerns or ensuring their comfort, he consistently exemplifies empathy and understanding.

Furthermore, Christopher's team spirit and willingness to support his colleagues are remarkable. He recognizes the challenges faced by nursing staff and continuously finds ways to make their job easier. Whether it is through lending a helping hand during busy periods, sharing his expertise, or offering words of encouragement, Christopher consistently fosters a collaborative and cohesive work environment. His dedication to teamwork enhances patient care and boosts morale among the entire team.



**Jess Bateman,
Physiotherapist**

York

**Nominated by
Susie Dale,
colleague**

Since working alongside Jess, I have witnessed her consistent professionalism, attention to detail, care, empathy, team spirit and all-round positive attitude to not just the patients, but to the whole staff team. She genuinely cares and always puts in 100% for the good of everyone around her.

Very motivational, extremely knowledgeable in her field and a complete joy to work with.

**Trauma and
Orthopaedic
Outpatient Team**

York

**Nominated by
Helen Snowden,
a patient**

Following a fractured wrist whilst on a skiing holiday I was referred to the fracture clinic in York. During my second visit, Mr Yeoman was called away from his clinic to attend an emergency, causing the clinic to run late. The nursing team remained calm whilst many patients complained at having to wait. I was kept informed of the wait and updated accordingly. It is important to remember that not everything goes to plan, and in some cases, someone may need urgent treatment, pushing their importance to the front of the queue. One day that could be me!

The whole team was professional and courteous. When I did get into my appointment two hours later, Mr Yeoman was incredibly apologetic for the wait, and still provided top quality service. As a staff nurse myself, I understand the pressures all services are put through, but feel that the orthopaedic outpatient team deserve a big pat on the back for keeping the service running whilst having to deal with some unhappy visitors. Well done everyone and keep on smiling. You're all amazing.



**Fiona Whalley,
Directorate
Secretary**

York

**Nominated by a
colleague**

Fiona was on a late bank shift on 4 June in the emergency department (ED) reception, when the department was extremely busy and staff were facing lots of challenges. A member of staff made Fiona aware of a gentleman who was very distressed in the corridor, crying and alone. The gentleman did not want to come into ED to book in and find the help he needed because he was too anxious to be in a room full of people. Fiona went to see the patient to ask for his details so he could be booked in. Fiona has some experience supporting people through Samaritans and could see the patient was emotionally overwhelmed, she tried to comfort him, subsequently asked for help from the teams to try to prioritise the patient, contacted his next of kin to ensure that patient was not alone and ensure he was safe. When Fiona told me about this experience three days later, I could tell she was still upset about it. Fiona always wants to support patients as if they were loved ones and will do everything she can to help them. Fiona is very compassionate and she went above and beyond for a mental health patient who needed help desperately.

**Phoebe Baines,
Healthcare
Assistant**

York

**Nominated by
Joanna Bartliff,
colleague**

We were on ward 26 and struggling with a patient that had miscarried and needed equipment from maternity. As we do take mid trimester miscarriages we had some experience, although had not had experience in this for a long time. Upon going to the labour ward for the equipment required and going through what needed to be done regards the paperwork the labour coordinator asked Phoebe to come and help the ward set up. Phoebe was very helpful with going through the protocol with junior and senior staff, she was approachable, helpful and although she was working on the labour ward she helped us on ward 26 throughout the day, on and off the ward offering us all help and advice with what was required. This was a very busy and emotional shift for the staff on ward 26 and having Phoebe there to help, support and guide everyone was very much appreciated. Phoebe not only helped the staff, but also the family that this had happened to.



Outpatients Team Bridlington

**Nominated by
Laura Barman,
colleague**

I would like to nominate the wonderful staff in the outpatients' department in Bridlington hospital. Their care and support to patients and staff is just outstanding. Each staff member is so caring, welcoming and puts everyone at ease. I have recently been working on a research trial which involved me travelling to Bridlington outpatients' department and they really could not do enough to welcome and support me. The feedback which I had from patients was so positive. A true reflection of Trust values. Well done to all.

**Adeleke Scarborough
Babatunde, Internal
Medicine Trainee**

**Nominated by
Olatunde Koleola,
colleague**

As a colleague, Adeleke, fondly called Leke by all, is quite helpful, considerate, and intentional in both patient care and interest in colleague's welfare. He conscientiously does his job and helps others in doing theirs whenever possible. I have learnt from him in some instances how best to approach patient care when the situation looks difficult. I think Adeleke should be encouraged that his efforts are not unnoticed.

**Inioluwa Olatunji, Scarborough
Staff Nurse**

**Nominated by
Olatunde Koleola,
colleague**

Inioluwa is a hardworking nurse with keen interest in patient safety and care. In the few times I have met her on duty as the doctor on call, I have come to know her for being up and doing, escalating appropriately and eager to provide optimal care to patients. She essentially makes my job as junior doctor more focused and easier and it is a joy to work with her for patient benefit. I think she deserves accolades for her efforts.



**Jose Thomas,
Healthcare Support
Worker**

Scarborough

**Nominated by Jan
Sockett, colleague**

Jose stepped in at the last minute to support in a virtual recruitment session for healthcare support workers (HCSWs) to the Trust. Jose was unfamiliar with the virtual meeting set up and had no time for preparation. Despite this, he demonstrated the Trust values and represented the HCSWs and their role with a very positive and friendly approach and received very positive feedback from all who participated in the meeting. We're confident that Jose has contributed to the Trust's recruitment of this vital workforce.

AHP Therapy Team Scarborough

**Nominated by
Jamie Edwards,
colleague**

I'd like to nominate the allied health professionals (AHP) therapy team and management for a star award for all the hard work they do day in and day out. We have recently had a loss in our team and everyone has shown their support and professionalism for each other through this hard time. The whole team are dedicated and really support each other and go above their roles for the patients in their care. All our managers and leads are supportive and have supported myself through some personal matters I have recently had. The team are hardworking, dedicated, and professional and the whole AHP department feels more like a family than a work team. They all deserve recognising for the work they do.

**Rawnak Jaibaji,
Consultant**

York

**Nominated by
Charlotte Stone,
a relative**

Despite being incredibly busy on a Sunday evening Rawnak gave my husband first class treatment ensuring he was as comfortable as possible following coming off his motorcycle. Rawnak quickly got his pain under control whilst organising full trauma scans and bloods. Rawnak really demonstrated Trust values by being a good communicator, showing kindness, compassion and listening to my husband's needs. Thank you, Rawnak and the team.



**Selby Community
Therapy Team**

Selby

**Nominated by
Fiona Skelton,
colleague**

In all the years since 2006 when I joined Selby community therapy team, I have never known their waiting lists not to be breaching. However, due to improved staffing levels in the last six months and a huge drive by the team to ensure all new referrals receive a quality clinical triage on entry to the service ensuring patients are appropriately placed on the correct waiting list or signposted to other services in a timely manner we are now seeing the tides turn.

The team have worked exceptionally hard on diary management ensuring new patient slots are available for four to six weeks ahead so patients can be booked in a timely manner at point of triage. Amy Jackson our administrative assistant has been instrumental in managing these bookings for registered and non-registered staff and re-arranging if required, she is the nerve centre of the team. I don't know where we would be without you!

So a huge, huge thank you from me for the whole team effort in the last eight to ten months to manage our waiting lists down and reduce the breaches to now being able to offer appointments within our criteria guidance at point of triage. This work is allowing us to share our learning and influence other community therapy colleagues and further standardise our triage/diary process. You should all be very proud of your team. Thank you all for your patience, understanding and trust when at the start it seemed an impossible ask from myself.



**Rad Humenczyck. Scarborough
Generic Therapy
Assistant**

**Nominated by
Terry Smith, a
patient and Jo
Weatherill,
a relative**

On arriving with my dad for an MRI on 10 June you introduced yourself, explained you had many emergencies in that day and may be running slightly late which was not a problem. You then came and explained the whole procedure to my nervous dad who is 80 years of age. You gave compassion, were professional and showed respect. After this the cannula was fitted before entering the MRI room, it was explained music would be played and again he had interest to what the individual wanted, my dad wasn't rushed. My dad's favourite was played Neil Diamond.

I feel as my dad's daughter my dad wanted this chap to have some recognition as he is an excellent asset to the hospital. Nothing was too much, the whole experience was 100 percent and all down to a friendly experienced guy. I'm sorry my dad cried at the end however he braved the MRI bit which was down to you. You certainly deserve this award.

**John Booth, Sterile Scarborough
Services
Technician**

**Nominated by
Tracy Spicer,
colleague**

I would like to nominate John, for going above and beyond in his duties, volunteering to work over his hours at short notice to transport endoscopy scopes between the Scarborough and York departments. John is an asset to the decontamination team.



**Gillian Ratcliffe,
Healthcare
Assistant**

York

**Nominated by
Chris Pilson,
colleague**

Gill has shown a great focus on patient care and improving the patients experience with her involvement within various quality improvement projects in ophthalmology. This is while working in a busy outpatient environment. Gill often works above what is expected to understand what is important to patients.

Gill rolled out a patient survey to understand the needs of those using the service. With fantastic take up due to Gills commitment, the patient feedback was analysed to show key themes and areas in which to focus future work. She has continued to focus on various pieces of work in-between her busy role as a HCA, improving the area for patients with sight or hearing difficulties to ensure they have the best possible service while in the Trust.

It has been a pleasure working with someone with such enthusiasm and commitment to patient care, who is always thinking of new ways to help support the patients.

**Antenatal Clinic
Office Team**

Scarborough

**Nominated by a
colleague**

Rachel and the team in the office deserve to be recognised for being such a brilliant team.

They are so hardworking and always willing to help, they have undertaken many changes recently within the team including staff turnover and the change from paper notes to the digital system Badger

notes, and they remain friendly, professional, and helpful. They cannot do enough to support any queries you may have - they are a great point of contact for not only the pregnant women we support, but also for the staff.

I want them to know how much we appreciate everything they do, and how we would struggle to do our jobs without all the help and support they give.



**Maaike Carter,
Midwife**

York

**Nominated by
Megan Furniss,
patient**

Maaike Carter was the midwife who helped me deliver my son. She made the whole experience so special with her kindness and compassion throughout towards both me and my husband. She made me feel empowered that I could do it when I was doubting myself. She is a truly amazing midwife, thank you.

**Hannah Fretwell-
Bates, Midwife**

York

**Nominated by
Cassie-Louise
Rowley, patient**

Hannah was my midwife through my second pregnancy from August to March.

She was extremely welcoming and friendly on my booking in appointment and then made sure I was well looked after all the way through. I had some problems in my pregnancy, and she made sure these were sorted and prescriptions I needed were sorted quickly. She made my whole pregnancy easy and made sure I felt comfortable at every stage.

Unfortunately, she was on holiday when I had my baby, so I did not get to thank her properly. I'm so glad to have had such a lovely midwife thank you.

**Katie Smallwood,
Admin Assistant**

York

**Nominated by a
colleague**

Katie has been brilliant throughout what must have been a very busy time for her with the new car parking system. She is always prompt at responding to queries we have sent and providing solutions for us all. Nothing is ever too much trouble for her.



**Emma McDonnell, York
Senior Healthcare
Assistant**

**Nominated by
Aiden Grant,
patient**

Emma has been incredible this past year.

I was diagnosed with T1D February 2022 and to be perfectly honest I felt as though my life had ended and I was given a death sentence there and then. I found myself incredibly anxious, angry, and frustrated with the world.

Emma has taken the time out to listen to me and help me along my journey. She has helped me get my blood taken as I'm anxious about needles and having to have blood taken since my diagnosis, I'm now prone to faint. She has taken all my calls just to go over things that she has already told me a million times, helped, and encouraged me to get back into the mental health system and become medicated again as I was really struggling.

Emma is patient, kind and compassionate and are all things I've needed without knowing. Emma has got me to the point now where my glucose levels are under control, and I feel as though I can now live a 'normal' life. Thanks to Emma I am now back to being self-employed and living life again, so I owe Emma a huge thank you and she really deserves this recognition.

E-rostering Team York

**Nominated by
Esther Taylor,
colleague**

The e-rostering team are consistently helpful, friendly and go out of their way to help sort out queries and issues with the e-roster.

I have contacted them many times to resolve confusion, mistakes and mysteries and they are always so kind and patient. This has been said by other clinical colleagues who also feel the same way. For a team who must always be receiving calls and emails from confused clinical staff who need help to unpick matters with shifts, annual leave, maternity leave etc. the fact that they are so knowledgeable, resourceful and all with good humour, is much appreciated. The potential for errors with the e-roster is a big stressor so they are a complete team of heroes in getting any problem sorted. Thank you.



**Sherin Nidhin,
Specialist
Ophthalmic Nurse**

**York (Community
Stadium)**

**Nominated by a
colleague**

Sherin joined the ophthalmology department just before Christmas and has taken to her new role as an intravitreal (eye) injector amazingly. She is kind, compassionate, dedicated and always receives excellent feedback from her patients. Sherin has been a brilliant addition to our team, and the patients are lucky to have her looking after them through what can be a stressful procedure. Keep up the great work, Sherin.

**Chris Ruddock,
Staff Nurse**

York

**Nominated by
Judith Plant,
colleague**

My experience at York has been very pleasant and I'd like to mention Chris, as after surgery, going into recovery and coming round was quite daunting for myself, but the softness and the reassurance from Chris that he was going to take good care of me and ensure my pain was controlled, was an absolute credit. He did this and ensured everything was done upon me entering back onto the ward, leaving no room for any errors. From the bottom of my heart thank you. Chris is absolutely in the right profession and one person you should not let go.

**Gill Hall, Specialist
Optometrist**

York

**Nominated by
Fiona Bailey,
colleague**

Gill works as a member of the optometry team at the community stadium. On Friday it was her day off but she became aware that four of the six members of staff who were due to be at work were stuck in traffic and would be very late for work. Gill was so concerned about the effect of this on the patients and her two colleagues who had made it into work that she came in on her day off and stayed seeing patients until her delayed colleagues arrived. This act of kindness is typical of her attitude to work. To put the patients and her colleague's wellbeing first and truly reflects Gill working to uphold the Trust values. She is a great colleague and we appreciate all the help she gives.



**Radiology Admin York
Team**

**Nominated by
Juliana Dawson,
colleague**

I work in Hull at the memory assessment service and we have patients which are East Riding and have had scans under York and District hospitals. I am in contact with this team on a very regular basis requesting scan results and e-mailing them with requests for scans for patients under our care and they are always so helpful, efficient, and friendly it makes my job a lot easier to do. Whilst it is correspondence via e-mail, they are so wonderful they never make it seem like I am being a bother, though I am sure I am. As a team they are at the front end of things where all departments internal and external will be chasing them for reports and they always are so prompt in helping I can't stress how easy this makes things at my end. I really can't praise them enough.

**Breast Imaging York
Administration Team**

**Nominated by a
colleague**

The breast imaging administration team truly are the driving force behind the scenes of the whole department. They are responsible for arranging appointments across the whole of North Yorkshire and producing all paperwork and results letters. Even though the job can be very demanding, they are all polite and friendly to every member of the public or staff they encounter and never hesitate to go above and beyond what's asked of them if it would help someone. The whole team have also been doing a brilliant job of digitising all the old paper records for decades worth of patients, and their hard work is noticed.



**Outpatients
Department Team**

Bridlington

**Nominated by
Katie Sylvester,
colleague**

I wish to express my heartfelt appreciation for the exceptional support and guidance the outpatient's team at Bridlington have provided me during my time covering the Podiatry/MDT on a Wednesday afternoon. Their dedication and professionalism have made a significant impact on my work experience, and I believe it is essential to acknowledge the invaluable contributions.

From the moment I joined the team, they demonstrated a genuine interest, and willingness to lend a helping hand, offer insightful advice, and patiently address my questions and concerns have not gone unnoticed. I especially would like to recognise Shenna Campbell for her professional contributions, her warm and approachable demeanour have made it easy for me to seek guidance whenever needed. Shenna's patience and willingness to take the time to explain concepts and processes have been instrumental and I greatly appreciate the genuine care shown for me. I very much appreciate the exceptional contributions to my growth and success.

**Radiology Medical
Secretaries, Sam
Morris, and
Michelle Hepples**

Scarborough

**Nominated by
Gemma Arnall,
colleague**

Oncology patients may present with acute symptoms which need investigating promptly. Timely vetting, scheduling, and reporting of scans is imperative to timely management plans, decision making of treatments.

Recently, we have been faced with some very complex presentations and I cannot thank the radiology department enough as each member of the team are so efficient when replying to emails and accommodating with scheduling appointments. They are under immense pressures from primary and secondary care and they still go above and beyond to deliver high standard of care. They really do deserve recognition. A big thank you!



**Clinton Cooper,
Staff Nurse and
Lyndsay
Crossman,
Healthcare
Assistant**

Scarborough

**Nominated by a
colleague**

A patient from Kent was on holiday in Scarborough and got admitted on to the critical care unit. During the admission he was found to have a severe heart condition which will require heart surgery and the patient needed to be transferred to his local hospital. Due to the nature of his condition he needed to travel with a team from our ward, a healthcare assistant and registered nurse. The ambulance was booked before six in the morning but as the Yorkshire ambulance service was on escalation the ambulance took more than six hours to arrive to the ward. Despite being on shift for six hours already and knowing that it would be a very long trip Lyndsay was happy to go with the patient. Clinton was on an early shift that day however he offered to go to make sure the patient could be transferred safely. Both returned to Scarborough after one in the morning. Lyndsay and Clinton showed the highest level of dedication and compassion thinking not of the very long journey ahead, but of the wellbeing and safety of the patient. The expression 'they always go the extra mile' was never so true.

**York and Selby
Diabetes Team**

York

**Nominated by
Jayne Sherwood,
a relative**

This team have been outstanding in supporting me and my two children for the last ten years. I'd like to nominate them for a star award to show how much they are appreciated. Professional always, as well as friendly and empathetic. I knew they would only be at the end of the phone to help us. Thank you so much, we will miss seeing you at clinics. Jayne, Corey, and Holly-Tia.



**Laura Wilby, York
Advanced Clinical
Specialist**

**Nominated by Ian
Simpson, a patient**

I attended an outpatient service 12 June and was greeted and collected by Laura Wilby. I have suffered some constant dizziness for eight months. Her questions and explanations about my concerns were very useful. She guided me through various tests and after one particular head movement she carried out, my symptoms had an immediate positive reaction to the condition. Her knowledge and demeanour can only be referred to as outstanding.



**Cait'lin Passmore, York
Consultant**

**Nominated by
colleagues**

Nomination One:

Cait'lin has shown true dedication to both staff and patients. She is committed to educating and developing her colleagues within the emergency department (ED) team regardless of their professional role, and proactively seeks new learning opportunities for individuals. She regularly commits to delivering teaching to colleagues even if this falls outside of her working hours, and still gives up her free time selflessly to aid staff development. She is always wary that others may have given up their free time to attend teaching/simulation sessions, despite also doing the same. She has played a considerable role in the preparation for the move into the new ED, with developing, organizing, and running simulated scenarios to ensure staff feel more prepared for working in the new department with new ways of working, but also to ensure possible patient safety issues are identified in advance, to avoid such events occurring upon the opening of the new department. The same level of care and compassion that she displays to colleagues also echoes throughout her clinical work to her patients and their relatives. Cait'lin embodies the Trust values, and we as a team really appreciate her.

Nomination Two:

The ED new build is nearing completion and as simulation lead for the department Cait'lin organised a week's worth of simulations to test the new department and working. This work was supported by wider post grad team and ED and through these simulations significant issues were identified that will need correcting before the new build opens. Cait'lin supported those undertaking simulation to identify learning needs, identify teething problems and articulate workable solutions where possible. This work will prove valuable in ensuring our patients remain safe during transition to new department and that staff are able to find the equipment and consumables they need to do their jobs along with understanding of constraints of the new department. Most of this simulation work was planned and organised in Cait'lin's own time and was for the benefit of the organisation, patient safety and facilitating ease of transfer into the new department.



**Charlotte Godfrey, Scarborough
Speech and
Language
Therapist**

**Nominated by
Harriet Rossol,
colleague**

At the team meeting Charlotte received five appreciation cards. She has embedded herself within projects by piloting innovative projects within the speech and language therapy SLT transformation project. Her behaviours of motivation towards the projects are having a very positive impact on the team. Despite being busy with new projects and her current caseload she always takes time to ensure the team feel supported. Charlotte embraces new ways of working and has excelled at collaborative working within the service. Thank you for all your hard work, it is fantastic to have you part of the team.

**Bev Waterhouse, York
Head of Midwifery**

**Nominated by a
colleague**

Since joining the Trust, just six months ago, Bev has consistently demonstrated her ability to lead teams and drive change in fractious environments during times of real uncertainty. Bev embodies the Trusts values and has a warm and welcoming energy which allows staff to relax and thrive under her management. I would like to celebrate Bev and ensure she is aware all her hard work and commitment is not only widely recognised, but also valued and more importantly, appreciated.

**ID and Car Parking York
Team**

**Nominated by
Imogen Fairburn,
colleague**

I am nominating all the staff who have been involved, with the car parking changes on the York site. Car parking has been a significant issue for many years and I have been in contact with the team a lot prior to the changes, in relation to issues in the car parks. The new automatic number plate recognition ANPR system is a breath of fresh air and has significantly improved the whole experience. It has been very stressful for the whole team, from getting it all set up to dealing with questions and concerns from staff.



**Denize Antonsson, Scarborough
Midwife and
Natasha Mitchell,
Doctor**

**Nominated by
Gabriella Phillips,
a patient**

Denize and someone I will never forget or be able to thank enough, Dr Natasha Mitchell, supported me during the birth of my first baby at Scarborough hospital. Natasha went above and beyond to explain the risk to baby in a very clear and calm manner. Seeing that I was nervous and reluctant for intervention, Natasha very calmly and clearly explained the options and recommendations. As time progressed baby's heart rate dipped so I was taken to a room where Denize supported me into different positions and baby's heart rate improved whilst Helen and Natasha were also helping me with a canula and the use of gas and air. Both were explaining what was happening, why and taking great care as they had all read my notes and seen I had a phobia of needles. After baby's heart rate settled, we were able to see how I progressed naturally for a while... which was very quickly! Denize was 100% the most perfect midwife for me. During the pain, distress, and fear of the unknown, Denize stayed with me, held my hand, directly looked at me throughout contractions and coached me through breathing. I felt she was truly with me the whole time and my husband was also amazed at how great and reassuring she was whilst also keeping a constant eye on baby's obs, my obs and getting help when needed. When I was ready to push due to baby's heart rate Dr Natasha recommended an episiotomy and venthouse support. Again, explaining why and seeking my consent at every stage, albeit at this point I was not in the best way. After the numbing Natasha recognised baby might not need the support and, again as per my birth plan, waited to see if I could birth without the intervention, which we did. Denize was professionally aware enough to stay with me at my head rather than deliver baby as she clearly understood person centred care and knew I wanted her with me. Denize and Natasha then both stayed after their shift had finished to complete the delivery of the placenta and do as much as they could before handing over. After delivery I was in shock and felt a bit 'traumatised', I think this was to do with sheer exhaustion and the speed of which things progressed. Both Denize and Natasha came to me the next day and I now feel confident with what happened, in what order and that I was supported with great patient care throughout. I really cannot thank Denize enough and would love for both Denize and Natasha to be recognised for their person-centred care and support and going above and beyond.



**Microbiology York
and Scarborough
Team**

**York and
Scarborough**

**Nominated by Lisa
Mead, colleague**

Our microbiology teams across York and Scarborough whilst currently navigating major changes within our departments and implementing a new IT system at the same time are managing to pull out all the stops every day and support each other. All our biomedical scientists, associate practitioners and medical laboratory assistants (BMSs, APs and MLAs) are fantastic, always helping each other where needed. We are all so proud to be a part of these teams.



STAR
AWARD

The logo features the word "STAR" in a large, bold, dark blue font. A light blue five-pointed star is positioned behind the letter "A", with its points extending through the letters "S" and "R". Below "STAR" is a thin horizontal light blue line. Underneath the line, the word "AWARD" is written in a smaller, dark blue, all-caps font with wide letter spacing.

August 2023



<p>Kate Adamson, Clerical Officer</p>	<p>York</p>	<p>Nominated by Michelle Jeffrey, colleague</p>
<p>Kate has just reached 15 years of loyal service in paediatrics at York hospital. The level of loyalty and care she demonstrates to other staff members both new and old and her kindness and compassion shows in everything she does. She will cover shifts for staff and has given up her free time to cover the doctors strikes and work late into the evening. She has taken on extra responsibilities and is an asset to the department. Kate will always go the extra mile in everything she does and I am pleased to have had the opportunity to work alongside her for the last couple of years. I want to say a big well done and a thank you and I think that she deserves recognition for her continued service and for the care she always shows towards children and their families on the ward. Kate makes coming into work every day something to look forward to, she always has a smile on her face and offers time and support for everyone.</p>		
<p>Alli Wood, Staff Nurse</p>	<p>Scarborough</p>	<p>Nominated by Christine Roe, patient</p>
<p>After long discussion with doctor's we decided to give outpatient parenteral antimicrobial therapy (OPAT) a try again, as it had worked for me before. Once Alli arrived for a refresher course it was like welcoming an old friend. She is kind, supportive, knowledgeable, and friendly she talks through the procedures and if you ask a question, she never makes you feel silly for asking it. She organised all the equipment and medication. Even when you have left hospital, Alli does the follow up and never makes you feel like you're going it alone. This lady has now saved me from a long stay in hospital (twice) but I think it's her manner and personality that makes everything seem so much better and that you can achieve the goal. So I owe Alli a very big thank you from the bottom of my heart.</p>		



<p>Leigh Shipley, Staff Nurse</p>	<p>York</p>	<p>Nominated by Amanda Ward, a relative</p>
<p>Leigh has been involved in the care of my 94-year-old father for the last ten months, who has undergone some quite extensive and disfiguring at times surgery. Throughout our journey Leigh has shown us only kindness and support, explaining everything at length and putting us all at ease. She has always gone that extra mile, ensuring that we want for nothing and explaining everything thoroughly. I cannot praise Leigh enough she is so knowledgeable in her field of expertise and answered any worries we had, she never rushed us through our appointment and made sure my father was happy with everything before we left. Leigh was always positive when we visited with a big smile on her face, she showed interest in my father's life other than his surgery and in doing so made our regular visits enjoyable and a feeling of achievement. Please seriously consider this most kind, caring, and professional nurse for a star award, she is truly worthy of such recognition, which frequently goes unnoticed, she clearly loves her job and her patients.</p>		
<p>Cheryl Moss, Administrator</p>	<p>Scarborough</p>	<p>Nominated by Sara Kelly, colleague</p>
<p>I am nominating Cheryl for totally going over and above in her duties on 23 June and supporting a colleague that had received tragic news. The police attended the emergency department (ED) and asked at the reception for the colleague they needed to see. Cheryl recognised that this must be bad news and found them a room to wait in. Cheryl asked the colleague if she wanted her for support and stayed with them during the conversation with the police. Following the conversation contacted the first on call manager and the PFP at BDH to assist on the Scarborough site, using her initiative and compassion for her colleague under a very stressful situation. Cheryl's actions not only helped her colleague through a very difficult time but also ensured that things were in place to make sure the site was safe. Cheryl is a valued member of the ED team and has shown her value beyond that in this situation and a heartfelt thanks goes out to her from me.</p>		



Dr Olympio D'Souza, Consultant	Scarborough	Nominated by Maria Woodmansey, colleague
<p>I would like to nominate Dr D'Souza who went above and beyond and showed great compassion for one of his patient's relatives, after her mother passed away. There were some old teddy bears left on the ward belonging to the lady who passed away so we rang the lady's daughter to inform her. At which she was very distraught and upset, as her wishes were for these bears to be cremated with her mum, but this had not been passed on to all staff. Dr D'Souza arranged for the bears to be cremated so the daughter could put the ashes with her mum as she had always wanted.</p> <p>Once the daughter was aware of what we could do for her she was so happy and grateful and couldn't thank us enough. Her wishes and the last thing she could do for her mum was granted.</p>		
Heather Lovitt, Advanced Clinical Practitioner	Scarborough	Nominated by Dr Rehan Azim Qureshi, colleague
<p>I have worked with Heather for over two years now. She is very polite and has an excellent sense of humour. She is dedicated to patient care and has always been very patient while dealing with patients. Always ready to accept the tasks in patient care. Very soft spoken and humble. Always helpful to colleagues. I strongly recommend her for a star award.</p>		



<p>Gabriella Valks, Staff Nurse</p>	<p>York</p>	<p>Nominated by Rachel Bissell, colleague</p>
<p>Gabby is a fantastic member of the AMB team. She always demonstrates the Trusts values and always does whatever she can to help. She is a poignant part of patient flow and has recently demonstrated how fantastic she is during the ward moves. She always does her best by her patients and her staff and I cannot thank Gabby enough for how she worked over the weekend of 24 June. She organised and with her team moved a whole ward of patients down from Ward 25 to Ward AMB in a proactive and safe manner. She conducted this in such a timely manner that it enabled flow from the emergency department and to other wards. I feel her hard work should be recognised.</p>		
<p>Carol Popplestone, Specialist Nurse Practitioner</p>	<p>Scarborough</p>	<p>Nominated by John Michael Blaymires, a patient</p>
<p>When I was diagnosed with advanced prostate cancer some four years ago one doctor told me I had not long to live and at that point I was down on the floor with no future but Carol lifted me up, gave me hope and she has been there for me ever since with the right words and actions. She runs a support group after work and all the people at that group will tell you how good she is. The staff who work with her benefit from her expertise are brilliant thanks to her. If ever I have a problem and need some re-assurance she or one of her colleagues always comes back to me. During the last four years I have spoken to many of her patients and they all say the same. She has helped me to live and other patients will tell you how she goes beyond the call of duty every day. Not only has she helped with the basic nursing duties e.g. arranged additional doctors advice when needed or being meticulous in dealing with my illness but her humour always lifts you up when you perhaps have a bad day. In a nutshell she is the most dedicated person I have ever met and I cannot praise her and her colleagues too highly.</p>		



Yvonne Heaps, Outpatient Services Administrator	York	Nominated by Rowena Fitzsimmons, a patient
<p>I rang outpatients' services on 22 June with what I felt was a slightly awkward enquiry. Yvonne was so patient, understanding and kind and made me feel that my enquiry was a genuinely legitimate question. She spent time looking up my records and recording relevant details and contacting another team member to check the appointment I'd received was appropriate. I had been feeling embarrassed about ringing however Yvonne understood that if I had not enquired, I would've been worried. Yvonne's kindness was very much appreciated.</p>		
Chloe Cook, Healthcare Assistant	Scarborough	Nominated by a colleague
<p>Always happy and always willing to give a helping hand nothing is too much stress or hard work for Chloe. The care she gives patients are next to none and is always done with respect dignity and with a smile. No task is too much for Chloe and the jobs not done till she makes a patient smile or laugh. Chloe is also very well-mannered and polite and will always lend a helping hand where she can.</p>		
Nadia Armstrong, Healthcare Assistant	Scarborough	Nominated by Alex Trousdale, relative
<p>My dad was given some bad news regarding his cancer at a recent Outpatients appointment. He said Naida was amazing. She was very caring, reassuring and went out of her way to explain everything that was not initially clear at a really difficult time. Both dad and mum said that Nadia went above and beyond and provided excellent care - they were both so grateful. Thanks so much Nadia.</p>		



<p>Adebayo Akande, Doctor</p>	<p>York</p>	<p>Nominated by Lucy Todd, relative</p>
<p>In late June my 22-month-old son was treated in the emergency department. Despite it being horrendously busy, Dr Akande showed my son, and us, so much patience and kindness. We were feeling very alarmed as our son had completely lost his balance, but he thoroughly listened to our concerns, reassured us, and held lengthy discussions with colleagues in other departments which led to the situation being speedily referred and expedited. My son was very distressed; however, Dr Akande was so good with him, and us, despite the very difficult operating circumstances and a worrying situation. We are very grateful.</p>		
<p>Jessica Robinson, Administration Manager</p>	<p>York</p>	<p>Nominated by Nichola Simpson, colleague</p>
<p>Jess deserves an award because she is the best manager we have ever had. She is approachable and nothing is too much - all departments should have a manager like Jess. If we raise concerns they are resolved quickly and efficiently; I understand this is her job, but I have worked here in the same office for 15 years and Jess is hands down the best manager to ever be employed here. She is always smiling and happy.</p>		
<p>Gemma Nichols, Lead Digital Pharmacist</p>	<p>Scarborough</p>	<p>Nominated by Adam Dalby, colleague</p>
<p>Nominated for a very positive approach to implementing ePMA in Scarborough Emergency Department - such an excellent job planning and implementing and communicating with the team. Such a smooth transition that people barely noticed we had moved away from paper-based prescribing.</p>		



Karen Lee, Staff Nurse	York	Nominated by a colleague
<p>Karen is always very helpful and very supportive of colleagues, but one instance has stood out. A patient was deteriorating, and on her way out for her break Karen came and offered any help she could. Her patient was on the other end of the unit, but Karen came out of her way to try and support her colleagues as she always does. This is just one example of Karen always being there for her colleagues and for the patients, and she deserves recognition for it.</p>		
Adam Ferguson, Ophthalmology Registrar	York	Nominated by Liz Robson, Kate Walker, Jane Daft, Janet Hall, Kerry Goodwin, colleagues
<p>Adam is an asset to any team. He constantly reassures his patients, as well as his team members. He is an excellent doctor; he has excellent communication skills and always makes the patients feel at ease (as well as the staff). Adam is always professional, courteous, and polite and assists wherever he can. He is an excellent teacher and mentor and is always happy to explain any procedure, his knowledge is evident when he explains things. He demonstrates the Trust values with ease and is always calm in any given situation. He has a reassuring voice, and it is a pleasure to work with him.</p>		
Rachel Turner, Phlebotomy	Bridlington	Nominated by Sharon Green, patient
<p>Rachel has a friendly and confident manner and took my blood at the first attempt, which is usually impossible.</p>		



Georgina Cherry, Learning Disabilities Nurse	York	Nominated by Faith Carmichael, colleague
<p>We had an inpatient in a general surgery ward that was awaiting a procedure, which was delayed due to strain in the department through no-one's fault apart from a backlog of lists and time constraints/emergencies.</p> <p>Learning disability nursing is not something that is truly appreciated or educated to everyone and how complex the patients' needs are. Georgina put so much care and time in ensuring the patients' needs are met and gives her colleagues like myself who were not well versed in learning disability patients, the education and understanding. You are taught about the 6 Cs in nursing, and I really feel Georgina encompasses what courage is. By being an advocate for her patient when sometimes in a situation where she was against it. Everyone worked hard for that patient, but I really feel Georgina fought for the patient's best interest in this situation.</p>		
Liam Coxon, Healthcare Assistant	York	Nominated by a colleague
<p>Liam has gone the extra mile to provide support for all the wards during day shifts and nightshifts. I cannot praise Liam enough on the Clinical Support Team. His hard work has not gone unnoticed, and he has really supported the surgical floor during very difficult times of short staffing or junior staff overnight who have required extra support. This includes evenings, weekends, and a bank holidays w without a second thought. Liam always give the best care to the patients and teamwork. Liam always comes to work with a smile and the determination to succeed for the best outcomes for the patients and goes above and beyond to get every task done to support the wards and colleagues. He is truly an asset to their profession, to York Hospital and to the patients, by helping nurses and doctors by helping to ease the workload during their shifts. Liam is without a doubt an outstanding member of the team and appreciated by both colleagues and patients. I just wanted to nominate Liam for all his hard work and support he gives on every shift. Well done Liam and thank you for all your support and it really does not go unnoticed.</p>		



Lisa Wright, Deputy Sister	York	Nominated by Paige Glenwright, colleague
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I am nominating Lisa because she is caring and compassionate towards all staff and patients, making them comfortable and safe even during stressful situations.

The unit recently had a traumatic event which was a huge shock to us all. Lisa was the 'glue' in the situation, she kept us all going and guided us through the whole day without even taking a minute for herself. She always has a smile on her face and has time for everyone no matter how busy she is. Many others and I on the unit aspire to be like Lisa someday. She deserves so much more appreciation than we can give her, but this is a good start. Thank you Lisa for being you.



Rachel Pickup, Sister and Ed Smith, Consultant	Scarborough	Nominated by Jo Blades (on behalf of a carer and patient)
<p>Following a recent visit to the emergency department by a lady with a learning disability, very complex needs and an absolute fear and dislike of being in hospital, the manager of the care provider sent me an email saying the following:</p> <p>“Just regarding Penny’s experience of going to hospital, as you are aware there is a special protocol for Penny going to hospital and we have tried everything to avoid this experience for her. When the ambulance was called the team were dreading the experience of taking Penny to hospital due to the impact this would have on her emotionally. However, after initially Penny being very resistant to going, once she agreed to go the experience was a positive one.</p> <p>“The idea of the consultant seeing her in the ambulance was genius and made such a difference. Her phobia of hospital goes many years back we feel she must have had some challenging experiences from previous visits. However, the fact she was seen, examined, and returned home was positive from Penny perspective. I think it also helped to support and inform the staff team to understand that if she does need to go hospital that we will be able to get her there. Just to say many thanks to yourself and all those involved.”</p> <p>Both Rachel and Ed understood instantly the lady's fears and were proactive in enabling her to be seen in the ambulance where she was calm and settled. It was a genius reasonable adjustment.</p>		



Emergency Department team	York	Nominated by Michael Scott, colleague
<p>I would like to nominate the Emergency Department team at York Hospital for braving the cramped facilities they have been working in for the last few years, while they have been waiting for the brand-new Emergency Department to open. The team is amazing. The work I have seen while I have been down during my learning disability liaison assistant job is wonderful. They deserve a Star Award for the amazing work they all do - well done team.</p>		
Eleanor Wilson, District Nurse	Community	Nominated by Rhiannon Durkin, colleague
<p>I think Ellie deserves an award as she is new to the team and has settled in so well. She is very knowledgeable in her role; I feel I can go to her for support with anything and I trust her clinical judgement. She is kind and compassionate and goes above and beyond for her patients.</p>		
Lisa Melody, Orthotic Administrator	Community	Nominated by Jeannette Judd, colleague
<p>I am nominating Lisa because she simply went above and beyond to accommodate our request from Orthopaedic Clinic to see a patient as a matter of great urgency. She agreed to see and treat the patient the same day which truly demonstrates the Trust values of excellence and kindness.</p>		



Ward 22	York	Nominated by Hayley Dawson, patient
<p>I would like to nominate the whole team on ward 22. I've just got out of hospital after been admitted in for four days with high calcium and kidney function problems, caused by my illnesses. I cannot fault the care I received by each one of the staff that cared for me, despite been clearly rushed off their feet with other patients. They were kind and caring and took the time to chat with me and make me smile and answered any of my questions and worries that needed answering. Amazing people.</p>		
Danielle Chapman, Healthcare Assistant	York	Nominated by a colleague
<p>Danielle is a hard-working member of the team on AMU. She gets on with everyone and completes all her work with great enthusiasm. Danielle is one of the more senior members of the team and she knows how the ward works and can manage any situation she is faced with. I feel like she deserves recognition for been such a shining star.</p>		
SCBU	Scarborough	Nominated by Celina Taylor, a relative
<p>My grandson was cared for by an amazing team on the special care baby unit (SCBU) in Scarborough for seven days. They went above and beyond and cared for the whole of the family. This is the way we should all care for our patients. They are a credit to this Trust, they kept my daughter and her partner fully informed and explained everything to them, I can't thank them enough.</p>		



ICNARC Data Clerks	York	Nominated by Gill Valentine, colleague
<p>Our critical care ICNARC clerks process an enormous amount of data from both York and Scarborough units, that contributes towards national statistics, research, and fiscal benefits to our patients.</p> <p>During the past couple of years Chris has had to manage this workload mainly on his own whilst also adapting to a new version of the software and the introduction of a clinical information system on critical care. This has meant that the two systems need to work together and of course there has been some 'glitches' along the way. Chris has dealt with this in a professional manner, going above and beyond to ensure that the data reports are ready for submission in time of deadlines. Latterly we have appointed a new clerk Jack Arden who has very quickly learnt the new systems. I am so impressed with how they both work together and with the wider ICU team, they are always happy and willing to help with tasks outside of their job description.</p> <p>Alongside this both Chris and Jack help to look after the critical care reception, dealing with relatives and others visiting the unit. I am extremely proud of both for their professionalism, kindness, and dedication that they give to our patients, relatives and unit. They both work very hard and I feel that this can sometimes go unnoticed, this nomination demonstrates how much we appreciate all that they do and how valuable they are to our team. They are most deserving of a star award and represent all that the Trust seeks in its employees.</p>		



Oak Ward	Scarborough	Nominated by Jo Blades, colleague
<p>Recently a gentleman with a learning disability was admitted onto Oak Ward. His mum spent a great deal of time sat with him so that she could provide support. Following the gentleman's discharge, I spoke with the mum who advised that whilst she was sat for many hours with her son, she observed the staff supporting other patients in the bay. She praised the wonderful approach that they all had with the patients, their gentleness, respect, consideration of reasonable adjustments and the way they adapted their communication to meet the needs of everyone. She advised that all these skills were transferable to supporting her son and that due to this he was able to cope with his admission and the busy environment of a medical ward.</p>		
Gloria Oduro, Staff Nurse	York	Nominated by a patient
<p>Staff nurse Gloria was extremely kind and caring attending to all my needs with compassion and high-quality care. She ensured I was not alone when unable to sleep and went above and beyond her job role.</p>		
IT Engineers Team	York	Nominated by a colleague
<p>IT have been on hand through the newly rebuilt emergency department (ED) department. We have only had to ring and ask for help; equipment need installing or something is not working as it should be and they are there. It has been an enormous project and everyone seems to have been involved. Thank you for all your help.</p>		



<p>Gordon Holbrook, 2nd Line IM&T Senior Engineer</p>	<p>York</p>	<p>Nominated by Lisa Coates, a colleague</p>
<p>Gordon was on hand to install all the IT for the newly rebuilt emergency department (ED). He was on site several days before we opened getting things set up so as much of the IT was working on the day of the launch. On the day of the launch Gordon was pulled from pillar to post as we came across issues that needed to be rectified and more equipment needed to be brought to the department and set up. He normally has a Monday off, but as we were still finding things for him to set up decided to have the Tuesday off, but sure enough on the Tuesday knowing that IT issues still needed doing Gordon turned up and was on hand moving equipment installing more screens and phones etc. Even when emailing Gordon problems, he would email back saying it had been sorted. Nothing was too much trouble.</p>		
<p>ENT Team</p>	<p>York</p>	<p>Nominated by Brian Burgess, a patient</p>
<p>I am nominating the whole team for my laryngoscopy treatment. In June I was diagnosed and treated by Mr Shayah. I was amongst the first to be seen, the nurses gave a great reception and I was ready in no time. I had separate informative and useful meetings with Mr Shayah and the anaesthetist. The goal was identified as taking a biopsy from the affected area of the larynx, and to reduce the risks of my ILD causing issues it was agreed I would take a local anaesthetic. Mr Shayah's information was clear and frank and filled me with confidence as was the anaesthetists briefing. In the operating theatre Mr Shayah and his junior handled the equipment very effectively, and the anaesthetist's performance was exemplary explaining every step of the procedure enabling me to cope even when entry was changed from throat to nose. The procedure continued longer than planned with my full agreement and we all hope that eventually all the tumour was removed. I will know after the review. The positivity extended to discussing a new possibility of repeating the procedure to avoid the need for radiotherapy. The nurses were all kind and professional making the whole day a positive experience.</p>		



Steven Rice and Dean Ingram, Store Person	York	Nominated by Helen Greenley, colleague
<p>Steve, or Arthur as he is better known, and Dean found themselves running the stores doing a job that generally has a team of five for two weeks whilst one member was on retire and return, one had pre-booked annual leave and one was called for jury service. I have had the pleasure of being able to help Steve and Dean out in stores, with some basic admin of booking in deliveries whilst they were short staffed and have seen first-hand their dedication to ensuring departments have their deliveries on time, which is no stroll in the park when drivers are turning up and unloading at quite a pace. They have done this with a smile on their face, they have helped people that have rung up looking for parcels, searching for them if they were just left by a driver and helped those that have just turned up wanting help. They are always polite and try their best to help in any way possible. They both encompass the Trust's values in everything they do, if they didn't the deliveries would not reach the end user and the patient would suffer, they know this and strive to ensure they work as quickly and as efficiently as is possible in such a busy hands-on environment. Between the two of them, they have accepted and despatched all the deliveries every day and to the end user they would know no difference in the service that is provided when the team is full. This team always works tirelessly but often do not receive thanks or appreciation and that is why I would like to thank both for how hard they have worked, without them, the hospital could have easily come to a standstill with no supplies getting through.</p>		
Andrew McPherson, Supply Chain Porter	York	Nominated by Dean Ingram, colleague
<p>Andy has done us a massive favour in stores when we have gone from six strong to only two members of staff. He has arrived early to help with receipt and distribution of supply chain stock around the whole of the hospital. We have valued his kindness and help.</p>		



Karen Hind, Practice Development Admin Manager	York	Nominated by Laura Barley, colleague
<p>Karen is my direct line manager. She is extremely supportive and nothing is ever too much trouble. Karen has a rather demanding role, even more so at the minute due to supporting management with figures on the back of CQC. Karen has had an extremely intense week yet she always has a smile on her face and is happy to help.</p>		
Emma Richards, Diabetes and Endocrinology Admin/Reception Team Member	York	Nominated by Lisa Laverick, colleague
<p>On 13 July Libre Freestyle, who supply our patients with a lifesaving and enhancing app and equipment, had a new update to the app. This did not work very well and we were inundated with over 30 calls on the first day and over 50 to date today. We at first, were asking patients to call Abbott direct, but they were calling back saying they had been on the phone for hours waiting. We were lucky to have a team member find some info which we could depart to outpatients about apps and recent apps application but some of our elderly patients were very confused.</p> <p>I have listened to Emma patiently talk to these few patients one by one on the phones through the whole set up. Emma has patiently looked at her own phone and taught me what to look for too. She deserves a star for being kind and patient.</p>		



Iain Luke, Porter	Scarborough	Nominated by Anthony Taylor, colleague
<p>It was a Friday lunchtime, and I was making my way to the canteen, thinking it would be a good idea to catch some fresh air on this nice afternoon. While walking out the back, my feet suddenly decided to tap to a different beat, causing me to stumble to the ground. One person even commented, "that was the worst commando roll ever." As I lay there, my colleagues went looking for help, I think I heard "get the crane driver" who was building the new department, who could lift me back up. But out of nowhere, I saw a flash of blue - it was my hero, Iain. With help from others, I managed to regain a vertical position and he placed me in a wheelchair. He then raced me to the emergency department, but his heroism didn't stop there, as he came to check on me in his own aftercare. Everyone that afternoon was amazing, but I wanted to give a special thanks to my friend, Iain.</p>		
Paediatric Outpatients Admin Team	York	Nominated by Jackie Capaldi, colleague
<p>For a period of six months the child health admin team, Zoe Bulmer, Claire Newbold, Michelle Lee, Andrea Thrall, and Claire Hara, were without their immediate line manager and co-ordinator. Each member of the team stepped up and ensured the service ran smoothly and efficiently. During this time the team lost a member of staff and recruited a new one, managed industrial action, welcomed new consultants and their respective clinics, dealt with concerned parents - and all with a smile on their faces! I would like to nominate each member of the team for going above and beyond during extremely trying times, all whilst running circa 60 clinics per week! Well done team, you should all be very proud of yourselves.</p>		



Keeley Harris, Outpatient Services Administrator	Bridlington	Nominated by Michaela Quinn, colleague
<p>Keeley was working on the outpatient department (OPD) main reception desk after 4pm on Wednesday evening when a gentleman appeared asking about the whereabouts of his wife. The chap appeared confused and quite disoriented, becoming visibly upset. At one point, the gentleman raised his hands to his head, at which point Keeley noticed he was wearing a hospital wristband, indicative of being an inpatient. Upon further investigation, the chap was an inpatient who had been involved in a road traffic accident but also suffered with dementia. He had gone wandering from the ward whilst a staff member was on break, looking for his wife who was sadly hospitalised elsewhere outside of the Trust. Keeley was able to calm the patient down, liaise with the nurses in the OPD to ensure the chap wasn't left unattended, find out where he should be and ensured his safe return to the ward he had wandered from. If it wasn't for Keeley's observance and quick thinking, this chap could have potentially left the site, unaware of his surroundings. I'm proud of how Keeley reacted in this situation, putting the patient first and using her knowledge whilst showing such compassion for the gentleman and his situation.</p>		
Stacey Benzon, Quality and Patient Safety Midwife	York	Nominated by Sarah Gallagher, colleague
<p>Stacey is a brilliant midwife and team member who demonstrates our values in everything she does. Despite the challenges we have had in maternity Stacey always has time to support and listen to her colleagues of all grades and is the person most people seek out for a kind word and a listening ear when they are having a bad day. She continually strives for excellence and openness for the women and babies who use our services and always puts their care and experience at the centre of all she does, she is not afraid to challenge others to ensure this but does so in a respectful way. This has a real impact on the everyday care we provide.</p>		



Katherine Denning, Breast Prosthesis Specialist	York	Nominated by Ellie O’Neill, colleague
<p>Kathy offers an exceptional service to our breast patients, always going over and above to meet the patient needs. There was an unfortunate issue where a patient was given a direct line for Kathy rather than the central contact number and a patient was unable to reach Kathy or in fact, unable to speak to anyone in the team. This left her feeling very sad and frustrated as she was unable to get her breast prosthesis. When this was brought to Kathy's attention, Kathy made sure that the prosthesis was ordered immediately and came in on her day off, on a Saturday to make sure that the prosthesis had arrived and was available for the patient to collect when she was next attending the hospital. This meant that the patient didn't have a wasted trip. Coming in over the weekend was an amazing service offered by Kathy to ensure that everything ran smoothly for the patient.</p>		
Colonoscopy Team	York	Nominated by Joan Parkinson, a patient
<p>This is not only for the small team that were present for my colonoscopy but the whole team beginning with the friendly receptionists at the main desk. Everything and everybody so organised. They made me feel so at ease I decided on just the entonox which probably accounted for the laughter during the procedure. Even the discharge department felt more like a coffee bar than part of a hospital. The number three discharge room was positioned so well that when the nice lady opened the door I was back in the main corridor, previously I had thought I would never find my way out but no, I was on my way home. I wish to give them all an award and hopefully Mr Pissas will not mind sharing. York hospital is quite daunting when you arrive, but there are one or two I have been in that could learn a lot from it. Thank you all.</p>		



Children's Therapies Admin Team	York	Nominated by Philippa Hutton, colleague
<p>Our admin team works tirelessly to keep four different paediatric therapy teams functioning at their most efficient; cancellations are noted and further appointments booked to keep the patient flow moving and parents' queries responded to and directed to appropriate personnel. They have an excellent overview of patients waiting, priority of need, clinic template availability.</p> <p>There are many changes and transformations in process which means constant changes and new ways of working for our admin team to address. They're 'on it' in no time at all. I'm part of the SLT feeding team and aware that urgent new referrals are flagged up with the team and booked in a timely manner. I have worked for the Trust for a very long time (probably too long!) and can see that we have so much to credit our admin team for. Thank you.</p>		
Jo Swain, Cleaning and Catering Operative	Bridlington	Nominated by Cat Hirst and Graham Healey, colleagues
<p>Jo has helped the team out by doing extra at very short notice and has gone above and beyond while going through some challenging circumstances herself. She always puts everyone first and cares about where she works, this has made real difference to the team. She takes pride in her work and always has a smile on her face.</p>		



<p>Beth Steele, Radiographer</p>	<p>York</p>	<p>Nominated by Jo Hopkins, colleague.</p>
<p>Beth looked after a patient who attended for a bone scan. He was brought by hospital transport and had to wait in the nuclear medicine department for the three hours between his injection and scan as he was frail and, in a wheelchair, so unable to get around. He has no family and lives in a care home and mentioned to Beth that his birthday was yesterday and nobody sent him a card as he has no family and his close friends have passed away. He hadn't told anyone in the care home that it was his birthday. Beth was so emotional at the idea of him having nobody on his birthday that she got him a birthday card and some chocolates out of her own pocket to make him feel a bit loved. I'm so proud of my team in nuclear medicine and this is just a small example of the kindness and care that happens regularly within the department. I hope Beth knows how appreciated she is in our team so I thought I would nominate her for a star award.</p>		
<p>Ashley Roffe, Healthcare Assistant</p>	<p>York</p>	<p>Nominated by a patient</p>
<p>I was in hospital for an attempt in my life and he went above and beyond (well from my experience). When I was on the ward, I wasn't feeling good but he would check up on me and also I could have a laugh with him. I was moved back down to majors after something happened and he came to the bay I was in even though he had finished to see how I was and when I asked what happened he told me. I felt calm and relaxed around him and he genuinely did care.</p>		
<p>Hayley Garbutt, Healthcare Assistant</p>	<p>Bridlington</p>	<p>Nominated by Helen Pinder, colleague</p>
<p>Hayley works on the bank but does shifts on BCU, she is hard working and reliable. Nice and polite to patients and always has a smile on her face.</p>		



Heather Leech, Palliative Physiotherapist	York	Nominated by a colleague
<p>Heather is an outstanding individual. As a physiotherapist in the community palliative therapy team, she makes the biggest impact on patients and their family members at the most difficult times of their lives. Recently Heather has gone above and beyond for two patients and their family members. She is too modest to want recognition for the feedback she has received but she deserves to be celebrated for the difference she has made. One family member fed back "Heather made such a difference, having struggled to access appropriate services Heather made everything better, she really demonstrates the values of the NHS". She is talked of so fondly by all of her patients and a real asset to the team.</p>		
Name	Site	Nominated by
Name	Site	Nominated by
Name	Site	Nominated by
Name	Site	Nominated by
Name	Site	Nominated by
Name	Site	Nominated by
Name	Site	Nominated by
Name	Site	Nominated by
Name	Site	Nominated by
Name	Site	Nominated by



Name	Site	Nominated by

TPR: Icon Summary Matrix - Elective Recovery (i)

Filters:

METRIC ▼

All ▼

METRIC GROUP ▼

All ▼

VariationIcon				Total
Improvement	2	3		5
	1	1		2
	1	2		3
Common Cause	10	3		13
	10	3		13
Concern		5		5
		5		5
Neither				
Empty				
Total	12	11		23

MetricName	Date	Variation	Assurance	Target	Latest Value
% of patients waiting 63 or more days after referral from cancer PTL	2023-06			12.0	9.0
Cancer - 62 Day 85th centile waits	2023-05			62.0	106.0
Cancer - 62 Day waits for first treatment (from urgent GP referral)	2023-05			85.0	49.9
Cancer - Faster Diagnosis Standard	2023-05			74.0	63.1
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2023-06			179.0	241.0
Cancer 2 week wait (all cancers)	2023-05			93.0	67.9
Cancer 2 week wait (breast symptoms)	2023-05			93.0	89.5
Cancer 31 day wait for second or subsequent treatment - drug treatments	2023-05			94.0	100.0
Cancer 31 day wait for second or subsequent treatment - surgery	2023-05			94.0	87.5
Cancer 31 day wait from diagnosis to first treatment	2023-05			96.0	97.1
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	2023-05			90.0	78.7
Cancer treatment volumes (Total number of patients receiving first definitive treatment for cancer)	2023-05			146.0	174.5
Diagnostics - Proportion of patients waiting <6 weeks from referral	2023-06			95.0	62.7
Diagnostics: 99th centile all (not split by modality)	2023-06			6.0	54.0
Diagnostics: 99th centile, split by: Cardiology û echocardiography	2023-06			6.0	49.0
Diagnostics: 99th centile, split by: Colonoscopy	2023-06			6.0	65.0
Diagnostics: 99th centile, split by: Computed tomography	2023-06			6.0	18.0
Diagnostics: 99th centile, split by: Flexi sigmoidoscopy	2023-06			6.0	56.0
Diagnostics: 99th centile, split by: Gastroscopy	2023-06			6.0	33.0
Diagnostics: 99th centile, split by: Magnetic resonance imaging	2023-06			6.0	46.0
Diagnostics: 99th centile, split by: Non-obstetric ultrasound	2023-06			6.0	17.0
Number of people referred onto a non-specific symptoms pathway	2023-05			40.0	44.0
Total Endoscopy Surveillance Backlog (Red)	2023-06			659.0	811.0

TPR: Icon Summary Matrix - Elective Recovery (ii)

Filters:

METRIC ▼

All ▼

METRIC GROUP ▼

All ▼

VariationIcon				Total
Improvement	1	1	2	4
	1		1	2
		1	1	2
Common Cause	1	13	2	16
	1	13	2	16
Concern		1	2	3
			1	1
		1	1	2
Neither				
Empty				
Total	2	15	6	23

MetricName	Date	Variation	Assurance	Target	Latest Value
% of SLA	2023-06			90.0	83.1
AHP Outpatients: DNA rates	2023-06			8.0	8.2
AHP Outpatients: 1st Attendances	2023-06			2299.0	2691.0
AHP Outpatients: 1st to FU Ratio	2023-06			2.0	2.1
AHP Outpatients: Follow Up Attendances	2023-06			5073.0	5570.0
AHP PIFU %	2023-06			3.0	10.5
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non...	2023-03			0.0	11.0
Day Cases (based on Activity v Plan)	2023-06			6069.0	6926.0
Electives (based on Activity v Plan)	2023-06			721.0	552.0
No urgent operation should be cancelled for a second time*	2023-06			0.0	0.0
Outpatients - DNA rates	2023-06			5.0	5.6
Outpatients - Proportion of appointments delivered virtually (S017a)	2023-06			25.0	20.8
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2023-06			3.0	3.2
Outpatients: 1st Attendances	2023-06			15856.0	12684.0
Outpatients: All Referral Types	2023-06			20369.0	20661.0
Outpatients: Consultant to Consultant Referrals	2023-06			1972.0	1726.0
Outpatients: Follow Up Attendances	2023-06			39184.0	34605.0
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)	2023-06			0.0	24176.0
Outpatients: GP Referrals	2023-06			9948.0	10851.0
Outpatients: Other Referrals	2023-06			8450.0	8084.0
Specialist Advice (including A&G) activity levels (S016a)- Placeholder	2023-06			4062.0	3087.0
Theatres: Touch Time Utilisation	2023-06			85.0	79.0
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2023-06			99.0	37.8

TPR: Icon Summary Matrix - Elective Recovery (iii)

Filters:

METRIC ▼

All ▼

METRIC GROUP ▼

All ▼

VariationIcon				Total
Improvement	1	2		3
	1			1
		2		2
Common Cause	1	1		2
	1	1		2
Concern	3	1	4	8
	3		2	5
		1	2	3
Neither				
Empty				
Total	3	3	7	13

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*	2023-06			860.0	989.0
Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of m...	2023-06			75.0	59.0
Proportion of BAME pathways on RTT PTL (S056a)	2023-06			2.0	1.8
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2023-06			12.0	11.9
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2023-06			69.0	68.1
RTT - 92nd centile RTT weeks wait	2023-06			18.0	52.0
RTT - Mean Week Waiting Time - Incomplete Pathways	2023-06			9.0	22.0
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2023-06			92.0	49.7
RTT - Total Waiting List	2023-06			48634.0	51638.0
RTT - Waits over 104 weeks for incomplete pathways	2023-06			0.0	0.0
RTT - Waits over 52 weeks for Incomplete Pathways	2023-06			3825.0	4149.0
RTT - Waits over 65 weeks for Incomplete Pathways	2023-06			1085.0	957.0
RTT - Waits over 78 weeks for incomplete pathways	2023-06			0.0	75.0

TPR: Icon Summary Matrix - Acute Flow

Filters:

METRIC ▼

All ▼

METRIC GROUP ▼

All ▼

VariationIcon					Total
Improvement	3	2			5
	1				1
	2	2			4
Common Cause	1	4	8		13
	1	4	8		13
Concern			1		1
			1		1
Neither					
Empty				1	1
				1	1
Total	1	7	11	1	20

MetricName	Date	Variation	Assurance	Target	Latest Value
% ED attendances streamed to SDEC	2023-06			18.0	16.3
% of SDEC admissions transferred to downstream acute wards	2023-06			22.0	18.8
Daily discharges as % of patients who no longer meet the criteria to reside in hospital (S005a) (Trust total)	2023-06			32.0	37.3
ED - 12 hour trolley waits	2023-06			0.0	495.0
ED - Emergency Care Attendances	2023-06			18673.0	19625.0
ED - Emergency Care Standard (Trust level)	2023-06			81.0	69.2
ED - Emergency Care Standard (Type 1 level)	2023-06			95.0	44.5
ED - Median Time to Initial Assessment (Minutes)	2023-06			18.0	17.0
ED - Proportion of all attendances having an initial assessment within 15 mins	2023-06			66.0	43.2
ED - Proportion of all attendances seen by a Doctor within 60 mins	2023-06			55.0	25.5
ED - Proportion of Ambulance handovers waiting > 30 mins	2023-06			5.0	29.6
ED - Proportion of Ambulance handovers waiting > 60 mins	2023-06			10.0	12.9
ED - Proportion of Ambulance handovers within 15 mins	2023-06			65.0	44.5
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2023-06			150.0	1335.0
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2023-06			8.0	13.7
Inpatients - Proportion of patients discharged before 5pm	2023-06			70.0	63.1
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2023-06			124.0	109.0
Lost bed days for patients with no criteria to reside (monthly count) (>=7 LOS for Acute sites only)	2023-06				1680.0
Non Elective Admissions (excl Paediatrics & Maternity) - based on date of admission	2023-06			5376.0	4890.0
Non Elective Admissions (Paediatrics) - based on date of admission	2023-06			971.0	619.0

TPR: Icon Summary Matrix - Community and Children and Young persons

Filters:

METRIC ▼

All ▼

METRIC GROUP ▼

All ▼

VariationIcon					Total
Improvement					
Common Cause	7	1	1		9
	7	1	1		9
Concern	1	2	2		5
	1	1			2
		1	2		3
Neither					
Empty				3	3
				3	3
Total	1	9	3	4	17

MetricName	Date	Variation	Assurance	Target	Latest Value
% Community Therapy Team Patients Seen within 6 weeks of Referral	2023-06			71.0	56.6
% of End of Life Patients Dying in Preferred Place of Death	2023-06			81.0	61.9
2-hour Urgent Community Response (UCR) care Referrals	2023-06				74.0
2-hour Urgent Community Response (UCR) Compliancy %	2023-06			70.0	83.8
Children & Young Persons: Cancer 2 week wait (all cancers)	2023-05			93.0	100.0
Children & Young Persons: Diagnostics - Proportion of patients waiting <6 weeks from referral	2023-06			99.0	43.0
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2023-06			95.0	85.1
Children & Young Persons: ED - Patients waiting over 12 hours in department	2023-06			0.0	4.0
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2023-06			92.0	56.9
Children & Young Persons: RTT - Total Waiting List	2023-06			4271.0	4854.0
Children & Young Persons: RTT Waits over 65 weeks for incomplete pathways	2023-06				83.0
Community Inpatient Units Average Length of Stay (Days)	2023-06			25.0	24.0
Number of Adults (18+ years) on community waiting lists per system	2023-06				844.0
Number of District Nursing Contacts	2023-06			21063.0	21291.0
Number of Selby CRT Contacts	2023-06			2053.0	2264.0
Number of York CRT Contacts	2023-06			4669.0	4948.0
Referrals to District Nursing Team	2023-06			2080.0	2235.0