



**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

Board of Directors – Public

Wednesday 29th January

Time: 9:30am – 12:30pm

Venue: Boardroom, 2nd Floor, York Hospital



Board of Directors Public Agenda

Item	Subject	Lead	Report/ Verbal	Page No	Time
1.	Welcome and Introductions	Chair	Verbal	-	9:30
2.	Apologies for Absence To receive any apologies for absence.	Chair	Verbal	-	
3.	Declarations of Interest To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda.	Chair	Verbal	-	
4.	Minutes of the meeting held on 27 November 2024 To be agreed as an accurate record.	Chair	Report	6	
5.	Matters Arising / Action Log To discuss any matters or actions arising from the minutes or action log.	Chair	Report	15	
6.	Chair's Report To receive the report.	Chair	Report	16	9:35
7.	Chief Executive's Report To receive the report.	Chief Executive	Report	19	9:45
8.	Trust Strategy 2025-2030 'Towards Excellence' To approve the Trust strategy.	Chief Executive	Report	71	10:00

Item	Subject	Lead	Report/ Verbal	Page No	Time
9.	Quality Committee Report To receive the January meeting summary report.	Chair of the Quality Committee	Report	98	10:05
10.	Resources Committee Report To receive the January meeting summary report.	Chair of the Resources Committee	Report	100	10:15
11.	Group Audit Committee Report To receive the December meeting summary report.	Chair of the Group Audit Committee	Report	102	10:25
12.	Trust Priorities Report (TPR) December 2024 Trust Priorities Report Performance Summary: <ul style="list-style-type: none"> Operational Activity and Performance Quality & Safety Workforce Digital and Information Services Finance 	Chief Operating Officer Medical Director & Chief Nurse Director of Workforce & OD Chief Digital Information Officer Finance Director	Report	104 107 147 166 177 183	10:35
Break 11:15					
13.	Equality Delivery System (EDS) Report To consider the report.	Director of Workforce & OD	Report	196	11:30
14.	Maternity and Neonatal Reports (including CQC Section 31 Update) To consider the report and approve the section 31 update.	Chief Nurse - Executive Maternity Safety Champion	Report	202	11:40

Item	Subject	Lead	Report/ Verbal	Page No	Time
15.	<p>CQC Inspection</p> <ul style="list-style-type: none"> CQC inspection of York Hospital Emergency Department <p>To consider the report.</p>	Chief Nurse	Report	219	11:50
16.	<p>Mid-Year Complaints Report</p> <p>To consider the report.</p>	Chief Nurse	Report	230	12:05
Governance					
17.	<p>CT Mobile Scanner to Support Lung Screening Rollout Business Case</p> <p>To approve the business case.</p>	Chief Operating Officer	Report	237	12:10
18.	<p>Q3 2024/25 Updated Board Assurance Framework</p> <p>To consider and approve the report with the new strategic objectives.</p>	Associate Director of Corporate Governance	Report	263	12:20
19.	<p>Corporate Governance Framework</p> <p>To approve amendments to:</p> <ul style="list-style-type: none"> Trust Constitution Scheme of Reservation and Delegation Standing Financial Instructions 	Associate Director of Corporate Governance	Report	281	12:25
20.	<p>Questions from the public received in advance of the meeting</p>	Chair	Verbal	-	-
21.	<p>Time and Date of next meeting</p> <p>The next meeting held in public will be on 26 February 2025 at 10am at Scarborough Hospital.</p>				

Item	Subject	Lead	Report/ Verbal	Page No	Time
22.	<p>Exclusion of the Press and Public 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.</p>				
23.	<p>Close</p>				12:30

Minutes

Board of Directors Meeting (Public)

27 November 2024

Minutes of the Public Board of Directors meeting held on Wednesday 27 November 2024 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 10.00am and concluded at 12.20pm.

Members present:

Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (& Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon (*Via Teams*)
- Dr Stephen Holmberg
- Mrs Lynne Mellor
- Ms Helen Grantham, Associate Non-Executive Director

Executive Directors

- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Finance Director
- Dr Karen Stone, Medical Director
- Mrs Dawn Parkes, Chief Nurse & Maternity Safety Champion
- Miss Polly McMeekin, Director of Workforce and Organisational Development
- Mr James Hawkins, Chief Digital and Information Officer

Corporate Directors

- Mrs Lucy Brown, Director of Communications
- Mr Mike Taylor, Associate Director of Corporate Governance

In Attendance:

- Ms Sascha Wells-Munro, Director of Midwifery (For Item 11)
- Ms Kim Hinton, Deputy Chief Operating Officer *deputising for* Ms Claire Hansen, Chief Operating Officer
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:

- Dr Gary Kitching, Staff Governor (*Via Teams*)
- Ms Abbi Denver, Staff Governor (*Via Teams*)
- Linda Wild, (*Via Teams*)
- One member of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

Apologies for absence were received from:

- Mrs Jenny McAleese, Non-Executive Director
- Prof Matt Morgan, Non-Executive Director
- Ms Claire Hansen, Chief Operating Officer

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 23 October 2024

The Board approved the minutes of the meeting held on 23 October 2024 as an accurate record of the meeting.

5 Matters arising/Action Log

The Board noted the outstanding actions which were on track or in progress. The following updates were provided:

BoD Pub 23 (23/24) Share relevant connections with established clinical activities to support portfolio research delivery.

Dr Stone advised that this had been covered in the research strategy presented to the Board at the last meeting. The action was therefore closed.

BoD Pub 17 *Add SPC charts for emergency care attendance and Type 1 attendances to the TPR.*

BoD Pub 18 *Statistical Process Control (SPC) chart to be added to the TPR for non-elective admissions data.*

Mr Hawkins advised that these additions had been made to the TPR. The actions were closed.

BoD Pub 22 *Review use of the terms “baseline” and “target” in the TPR.*

Mr Hawkins reported that the Executive team had met to discuss and review the TPR in depth. The term “baseline” had been removed and had been replaced with a monthly trajectory. The action was closed.

BoD Pub 26 *Include in the TPR unvalidated data on operations cancelled on or after the day of admission.*

Mr Hawkins advised that his team were working with Care Group colleagues to determine a method to represent this data in the TPR. The due date was deferred to January.

BoD Pub 27 *Ensure sub-divided data on attendances in ED is added to TPR.*

Ms Hinton advised that this data would be included in next version of TPR; Mr Hawkins reminded the Board that it had been circulated as an extra paper for the last meeting.

BoD Pub 28 *Provide further information to the Board on the categorisation of patients arriving at ED by ambulance.*

It was agreed that Ms Hinton would provide this information by email after the meeting.

BoD Pub 37 *Ensure that the narrative in the TPR section on complaints to the Trust is updated for the next meeting.*

Mrs Parkes advised that the narrative had been updated. The action was closed.

BoD Pub 39 *Add Medical Education Annual Report to the Board workplan.*

This action had been completed.

6 Chair's Report

The Board received the report.

7 Chief Executive's Report

The Board received the report.

Mr Morritt began by reporting that unfortunately there had been a delay to the opening of the new Urgent and Emergency Care Centre in Scarborough Hospital. On a more positive note, he highlighted the launch of the *Our Voice Our Future* Design phase and the accreditation of Bridlington Hospital as a National Joint Registry (NJR) Quality Data Provider after successfully completing a national data quality audit programme. Congratulations to the orthopaedic surgery team were recorded.

Mr Morritt noted that no details had been released regarding the allocation of funding promised in the Autumn Budget announcement. Mr Barkley advised that he had taken part in an informal meeting held between the Chair of the ICB and Chairs of its provider organisations. The delay in the release of funding details was noted and the Chair of the ICB had been asked to seek further information on behalf of providers.

Mr Morritt referred to the letter received from NHS England outlining how the NHS operating model was evolving and plans for the updated NHS Oversight and Assessment Framework and a new NHS Performance, Improvement and Regulation Framework. This provided clarity on the role of the ICB; performance of providers would be the responsibility of NHS regional teams.

Mr Morritt reported that Dr Ed Smith had been appointed as Medicine Care Group director and highlighted the Star Award nominations. A number of examples were shared for particular note.

There was brief discussion on how volunteer flu vaccinators would be thanked for their work. Mrs Parkes assumed responsibility for this.

8 Quality Committee Report

Dr Holmberg highlighted the key discussion points from the meeting of the Quality Committee on 19 November. The Committee had received a presentation from the Surgery Care Group which included an update on medical outliers on surgical wards. There were still issues around escalation as protocols had not been effectively disseminated and workload of clinicians was also a contributing factor. The Committee would continue to monitor the issue. The Day Care ward at Scarborough Hospital was being used extensively out of hours and there had been discussion on the issues arising from this. There had also been discussion on the backlog of minor works and the apparent lack of a logical prioritisation. Ms Charge noted that backlog maintenance had been discussed by the YTHFM Management Group; she advised that there was a prioritisation process, but the Estates team were often side-tracked from the planned list of works to attend to issues arising on a day-by-day basis. The cost of resources had also contributed

to the backlog. Ms Charge observed that a clearer understanding of maintenance issues across the organisation was needed.

Dr Holmberg advised that Surgery Care Group leaders had escalated issues associated with therapy equipment storage. Ms Hinton explained that the Allied Health Professional (AHP) team had been tasked with rationalising equipment. Identifying suitable accommodation for the equipment was the responsibility of the Clinical Estates Team which was working with AHP leads.

Dr Holmberg reported that complaints were focus of the Surgery Care Group; the main themes were communication and waiting times. Mrs Parkes commented that the team managing complaints were being supported to increase efficiency and matrons were being asked to consider how they could communicate better with patients and families to prevent complaints arising.

Dr Holmberg reported that an Unscheduled Care Assurance Group had been established. The Committee had approved the Terms of Reference and would receive regular updates from the Group's meetings. The Committee had also been asked to consider the potential for patient safety risks arising from the Patient Tracking List. It was agreed that there were unlikely to be any large-scale risks. Mr Barkley noted that an internal audit was due to be undertaken on the adequacy of controls over this waiting list.

Mrs Parkes reported that the Deputy Director of Infection Prevention and Control had presented a paper to the Committee detailing the actions in place to reduce the level of Health Care Acquired Infections. Mr Barkley noted that the infection data in the TPR report was still concerning.

9 Resources Committee Report

Mrs Mellor briefed the Board on the key discussion points from the meeting of the Resources Committee on 19 November. The Committee had raised concerns around Urgent and Emergency Care performance. The new Optimal Care Service was also being underutilised. The Committee noted that external support was in place to help drive improvement plans and it was hoped that these would begin to evidence impact.

Mrs Mellor advised that industrial relations with staff at the Scarborough, Hull, York Pathology Service (SHYPS) continue to be challenging.

Committee members had expressed concern at the disappointing response to the Staff Survey: the Trust was currently tracking 10% behind the peer average. The value of staff engaging with the survey had been emphasised. Flu vaccination rates were also of concern.

More positively, Mrs Mellor reported that £6m of national funding had been secured for capital works on the York site which would be directed towards improving patient flow. Overall financial pressures remained but the Cost Improvement Programme had delivered £26.5m at Month 7, which was a record level of savings for the Trust.

Mrs Mellor reported that the Chief Pharmacist had presented to the Committee on the subject of high-cost drugs. A deep dive had been requested from YTHFM on backlog maintenance.

Mr Barkley questioned how decisions would be made on the allocation of the £6m funding. Ms Hinton responded that the projects had already been scoped as part of the bid. These would then be prioritised by a programme group and would be discussed with staff working in the Emergency Department and the Integrated Assessment teams. Mr Bertram reported that a Memorandum of Understanding had been signed and that the funding must be spent by the end of the financial year. Ms Hinton explained that the impact of the work would be to increase clinical capacity.

10 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

The further deterioration in the numbers of 12 hour trolley waits was noted.

Ms Hinton referred to the percentage of Type 1 Emergency Department attendances which resulted in admission to hospital and explained that the figure included patients moved to assessment areas, in addition to those transferred to inpatient wards. Further work was ongoing on the data to show this distinction.

Dr Boyd highlighted the positive performance of the Optimal Care Services at both York and Scarborough Hospitals against the Emergency Care Standard. Ms Hinton agreed and confirmed that performance should be sustained at York even as the number of patients increased but the resourcing of the Service in Scarborough would need to be considered.

Mrs Mellor observed that the number of Type 4 patients attending Emergency Departments as walk-ins might increase as a result of GP industrial action. Ms Hinton confirmed that the number had increased. An analysis of the reasons for the attendances was being undertaken. Ms Hinton updated the Board on recent GP contract negotiations and advised that the number of GP practices refusing to undertake non-contracted work was variable and therefore the impact on the Trust from day to day was difficult to predict.

Ms Charge queried the figure for ambulance handover times over 240 minutes, which was a low but consistent figure. Mrs Parkes explained that the figure correlated directly with overcrowding in Emergency Departments and rates of discharge at peak periods. Mr Barkley asked why the percentage of Emergency Department attendances streamed to Same Day Emergency Care within 60 minutes was low. Ms Hinton responded that there were delays between triage and streaming which needed to be addressed by ensuring that appropriate staffing was in place. There was a brief discussion on the relaunching of the “no call before convey” strategy. Ms Hinton advised that consideration would be given as to how to record the impact.

Ms Hinton provided further information about the new OPTICA software and its potential impact on discharge management. She reported that a one-week Multi-Agency Discharge Event was in progress and had made a positive impact, particularly on the Scarborough site.

Referring to the Cancer scorecard, Ms Hinton explained that performance had dipped in September as there had been less operational activity in August. The team were working to manage activity such that these dips were avoided.

Referring to the Referral to Treatment scorecard, Ms Hinton advised that the increase in waiting times over 65 weeks was due to patients waiting for Neurology treatment. Action

plans had put in place, but delays had occurred due to an unplanned sickness absence. Further resources were being allocated where possible.

Ms Charge asked if the waiting times for the Rapid Access Chest Pain clinic were improving. Ms Hinton responded that they had improved by 10% and should improve further by the end of the year. In response to a question, Ms Hinton advised that some delays to the treatment of children and young people was due to patient choice, for example where day care surgery was scheduled during the school term.

A query was raised about the Community Response Team referrals and what proportion of these were urgent. Ms Hinton agreed to investigate and report back.

Action: Ms Hinton

Mr Barkley challenged that Virtual Ward beds should be full, given the operational pressures on the Trust's inpatient wards. Ms Hinton advised that there was work ongoing to prioritise virtual ward beds.

Quality and Safety

Mrs Parkes highlighted ongoing efforts to reduce the level of Health Care Acquired Infections.

A query was raised about the figure for the fracture neck of femur patients treated within the gold standard timeframe. Mr Hawkins would investigate and report back via email.

Action: Mr Hawkins

Workforce

Digital and Information Services

There were no questions or comments.

Finance

Mr Bertram advised that the financial position was £1.2m adrift of plan at Month 7, with a £3.6m deficit forecast. This adverse variance was entirely due to the impact of the recent pay award which had not been fully funded. As this was a result of the algorithm which had been used by NHS England, discussion continued at ICB level as to how this might be addressed.

Mr Bertram referred to the assumptions made in forecasting income and expenditure. The summary in the report had been shared with NHS England and the ICB and demonstrated the key indicators of pressure on the budget and the opportunities to generate income through better coding of activity. Mr Bertram reminded the Board that there was a provisional agreement with the ICB for a further £5.65m to be released to the Trust, based on forecast ICB underspends. This had not yet been transacted and therefore represented a risk to the budget.

Mr Bertram drew attention to the best, likely and worst case scenarios detailed in the report. These had been shared with the ICB and system-wide discussions were taking place on how best to manage developing scenarios.

Mr Bertram reported a consistent reduction in the agency budget, resulting in the Trust having been below the NHS England cap of 3.2% averaged over the current financial year. This was a significant achievement and had been driven by the work undertaken to reduce nursing agency and bank shifts. Work was underway to reduce reliance on high cost medical locums.

Mr Bertram highlighted the progress of the Cost Improvement Programme: £23.5m of mostly recurrent savings had been delivered by Month 7. The target of £53.3m remained challenging, not least as a number of plans were considered at high risk of non-delivery. Finally, Mr Bertram noted that, based on the forecast position, the Trust was expected to require cash support by March, unless further cost savings and the ICB input of £5.65m were realised.

Mrs Parkes noted that the lower reliance on agency nurses would result in improved patient care and staff experience.

Mr Bertram clarified that the likely case scenario assumed that the Trust would be compensated for the shortfall arising from the staff pay award.

The Board thanked Mr Hawkins and his team for the clearer format and content of the TPR.

11 Maternity and Neonatal Report (including CQC Section 31 Update)

Ms Wells-Munro presented the report and highlighted:

- a reduction in the percentage of Post-Partum Haemorrhages over 1500mls to 3.8%; work continued to improve clinical care to reduce the rate further;
- there had sadly been one stillbirth case in August which would be reviewed using the National Perinatal Mortality Review tool;
- progress against the Single Improvement Plan was slowing and there were more milestones off track;
- a report for the Maternity Incentive Scheme would be brought to the Board in January 2025 before the full submission in March 2025; Ms Wells-Munro cautioned that the Trust would not be compliant with the Continuity of Carer element due to resource issues.

Ms Wells-Munro referred to the list of key achievements in October 2024, noting that funding had been secured from the ICB to appoint two midwives to improve health inequalities.

In response to a question from Mr Barkley, Mrs Parkes outlined the structure of governance oversight for Maternity Services: this was through the Maternity Assurance Group and Quality Committee.

There was some discussion on the Continuity of Carer element of the Maternity Incentive Scheme which would not be achieved. Ms Wells-Munro assured Board members that this was not a safety issue, but research showed that clinical outcomes were better with continuity of carer and more positive for women with health inequalities.

Mr Barkley noted that there had been issues with the Badgernet software used by the Service. Ms Wells-Munro advised that the Badgernet Digital steering group had been reinstated as there had been challenges with the system. It had also been determined that the functionality was different from that available in other Trusts. Ms Wells-Munro would provide a progress report at the next meeting.

Mr Barkley also asked about the security arrangements for the Scarborough Maternity Unit. Ms Wells-Munro explained that the implementation of the electronic baby tagging system had been delayed whilst issues with the estate were addressed.

The Board approved the CQC Section 31 Update, subject to the correction of a minor typographical error.

12 CQC Compliance and Journey to Excellence Update Report

Mrs Parkes presented the report, noting that there were now only eight actions remaining open which would be moved to business as usual. A meeting with the CQC was scheduled for 28 November, at which discussions to close the Mental Health Risk Assessment Section 31 Notice would be progressed.

13 Premises Assurance Model (PAM)

Ms Charge presented the report, noting that the Premises Assurance Model for 2023/34 had been submitted to NHS England in September. She highlighted the deterioration in fire safety, particularly with regard to fire doors. A Business Case was being progressed and a Fire Safety officer appointed. The Fire Safety Policy was currently being reviewed through the appropriate governance routes.

Mrs Mellor referred to the migration of the Estates Team's Computer Aided Facilities Management (CAFM) systems and noted that this had been ongoing for a lengthy period. It would be useful to have a post implementation review. Ms Charge agreed to progress this with the Director of Resources.

Action: Ms Gilyard

There was discussion on the cost of compliance with waste and recycling management. It was noted that clinical waste needed to be segregated from non-clinical waste. Ms Charge was asked to ensure that more details were provided to the Board by the Director of Resources.

Action: Ms Gilyard

Mr Barkley queried the cost associated with cleaning compliance as the Trust's cleaning costs were slightly above the average in model hospital. Ms Charge responded that a review of cleaning services would be a priority for the newly appointed Managing Director.

It was noted that the reporting line for YTHFM was through its Management Group, the Executive Performance Assurance Meeting and the Resources Committee.

14 Group Health and Safety Policy

Mrs Parkes presented the policy which had been updated and transferred to the new Trust template.

The Board approved the Group Health and Safety Policy.

15 Questions from the public received in advance of the meeting

There had been no questions submitted by members of the public.

16 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 29 January 2025 at 9.30am at York Hospital.

As this was Mrs Mellor’s last meeting, the Board recorded its thanks to her for her much valued contribution as a Non-Executive Director.

DRAFT

Action Ref.	Date of Meeting	Item Number Reference	Title (Section under which the item was discussed)	Action (from Minute)	Executive Lead/Owner	Notes / comments	Due Date	Status
BoD Pub 26	25-Sep-24	5	Matters arising/action log	Include in the TPR unvalidated data on operations cancelled on or after the day of admission.	Chief Digital and Information Officer	Update 23.10.24: This would be included in the next version of the TPR to be presented to the Board in November. Update 27.11.24: Mr Hawkins advised that his team were working with Care Group colleagues to determine a method to represent this data in the TPR. The due date was deferred to January.	Jan 25 from Oct 24	Amber
BoD Pub 27	25-Sep-24	11	Trust Priorities Report	Ensure sub-divided data on attendances in ED is added to TPR.	Chief Operating Officer	Update 23.10.24: the data would be included in the TPR presented to the Board in November.	Jan 25 from Oct 24	Amber
BoD Pub 28	25-Sep-24	11	Trust Priorities Report	Provide further information to the Board on the categorisation of patients arriving at ED by ambulance	Chief Operating Officer	Update 23.10.24: the data would be included in the TPR presented to the Board in November. Update 27.11.24: It was agreed that Ms Hinton would provide this information by email after the meeting.	Jan 25 from Oct 24	Amber
BoD Pub 36	23-Oct-24	10	Trust Priorities Report (TPR)	Report back to the Board on waiting times for the Rapid Access Chest Pain Clinic	Chief Operating Officer		Jan-25	Green
BoD Pub 38	23-Oct-24	10	Trust Priorities (TPR)	Provide the Quality Committee with more detailed information about complaints.	Chief Nurse		Dec-24	Green
BoD Pub 40	27-Nov-24	10	Trust Priorities Report (TPR)	Investigate and report back on Community Response Team referrals and what proportion of these are urgent	Deputy Chief Operating Officer		Jan-25	Green
BoD Pub 41	27-Nov-24	10	Trust Priorities Report (TPR)	Investigate and report back via email on the figure for the fracture neck of femur patients treated within the gold standard timeframe	Chief Digital and Information Officer		Jan-25	Green
BoD Pub 42	27-Nov-24	10	Trust Priorities Report (TPR)	Provide a further update on Neck of Femur pathways to the Quality Committee	Medical Director		Dec-24	Green
BoD Pub 43	27-Nov-24	13	Premises Assurance Model	Provide an update on the migration of the Estates Team's Computer Aided Facilities Management (CAFM) systems, including progress towards a post implementation review.	Director of Resources, YTHFM		Jan-25	Green
BoD Pub 44	27-Nov-24	13	Premises Assurance Model	Ensure that more details are provided to the Board on the cost of compliance with waste management requirements.	Director of Resources, YTHFM		Jan-25	Green

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	Chair's Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input checked="" type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <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
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Equality, Diversity and Inclusion requirements
 This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability
 This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:
 For the Board of Directors to note the report.

Report Exempt from Public Disclosure
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
(If yes, please detail the specific grounds for exemption)

Report History		
Board of Directors only		
Meeting	Date	Outcome/Recommendation
Board of Directors	29 January 2025	

Chair’s Report to the Board – January 2025

- Two days after our last formal Board meeting in November I chaired the appointment panel to select a new Non-Executive Director to fill the vacancy left by Lynne Mellor. The Council of Governors approved our recommendation to appoint Jane Hazelgrave who will formally join the Board from 26th February but is attending Board meetings in the meantime until she finishes working for the Humber & North Yorkshire ICB. Jim Dillon has kindly agreed to Chair the Resources Committee. Jane will Chair the Group Audit Committee from April and be a member of the Resources Committee from March. The Council of Governors approved a final year continuation of Jenny McAleese as a NED. After Jenny steps down from Chair of Group Audit Committee at the end of March she will continue to be a member of the Quality Committee.
- At the last Council of Governors meeting held in December, Governors voted that all Council of Governors meetings in 2025 will be held at the Rugby Club in Malton. The experiment of rotating venues in 2024 made no difference to Members attending to observe and listen to the discussions at the meetings. Therefore, it was agreed to meet in the most practical central location, which is Malton.
- I have continued with visiting various teams, services and locations including Easingwold renal dialysis unit, St Monica’s Hospital, Nelsons Court, Archways (Physiotherapy and Orthotic services), Beech ward SH, Estates team SH, Dales Urology Unit SH, Maple Ward/Surgical Assessment Unit SH, Respiratory Nurses SH, SDEC and Acute Medical Assessment ward both at YH and Renal dialysis unit at York Hospital. It is now 20 years since the renal service was established in the Trust. Through conversations with colleagues during these visits I pick up valuable insight and issues which I share with relevant Executive Directors as appropriate.
- With the Chief Executive we have met informally with each of the Leadership Teams of the Care Groups. They were very helpful and constructive, and will continue on a quarterly basis.
- I met the new Labour MP for Scarborough, Alison Hume, for the first time since her election in July. Dr Phil Dickinson gave us an excellent guided tour of the new UEC centre at Scarborough Hospital.
- The Annual Planning development day takes place in just two days after writing this report. I believe this is a very important day which will be attended by not only the Board of Directors but crucially Clinical Directors, Care Group leadership teams and other senior clinicians. There will be a concise presentation from each. This will help the Board as well as clinical colleagues have an understanding of the issues they

are grappling with and their ambitions/priorities for next year and beyond. Improved understanding and knowledge will help the Board make better decisions about priorities, align initiatives, and allocation of scarce resources. These will be reflected in our Annual Plan for 2025/26 year and beyond, whilst recognising that it is going to be another year of a very tight financial settlement (at the time of writing this report precise details of the financial settlement for the Trust is awaited). In these very challenging times, it is vital that the Board knows from our clinical leaders the ambitions for their services and in turn some of the constraints the Trust is experiencing. The key priority is to improve what we can within the resources available which is why alignment of effort and decision making is so important – supporting each other in our different roles – we all want the same things – providing an excellent service to patients at the same time as being a great place to work.

Martin Barkley
Trust Chair

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	Chief Executive's Report
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Simon Morritt, Chief Executive

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input checked="" type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <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
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This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:
 For the Board of Directors to note the report.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No Yes

(If yes, please detail the specific grounds for exemption)

Report History

Board of Directors only

Meeting	Date	Outcome/Recommendation

Chief Executive's Report

1. Operational pressures

This is my first report of 2025, and we are now well into the winter period and all of the challenge it brings for the NHS.

It is impossible to ignore the increased activity coming through the doors of our emergency departments, and the usual increase in flu cases and other seasonal viruses arrived earlier than last year, adding to the pressures.

Monthly activity and performance figures released by NHS England confirmed that 2024 was the busiest year ever for emergency departments and ambulance services in England, with December 2024 recording the highest number of ambulance incidents ever in one month.

Covid, RSV and norovirus cases caused an impact across the country, as they did in our hospitals. Nationally, the number of patients in hospital with norovirus cases was up by 50% when compared with the same period last year, and the number of children in hospital with RSV was up 47% from last year.

To help manage and maintain flow on our sites during this intensely busy time, we have been focussing on discharge and ensuring discharge planning starts as early as possible following an admission. We are also supporting teams to optimise alternative pathways such as the virtual wards, the UTC, and the assessment areas to make sure that we only admit patients if we absolutely must. In addition we are continuing to encourage staff to have their flu and Covid vaccinations.

Needless to say, it has been incredibly tough during this period, and I know everyone is working tremendously hard to provide safe care. Thank you to every one of our colleagues for all you are doing to get us through these challenges.

2. Planning guidance and future reform

At the time of writing we are still to receive the planning guidance for 2025/6. However, earlier this month the Government announced plans for reforming elective care and recovering the 18-week referral to treatment standard by March 2029.

Every trust will need to deliver a minimum improvement of 5 % by March 2026, and reach 92% in 2029. There is also a commitment to improve performance against the cancer waiting time standards.

Further details will be set out in a dedicated national cancer plan and the annual operational planning guidance.

Under this plan, elective care will be increasingly personalised and digital, with a focus on improving experience and convenience, and empowering people with choice and control over when and where they will be treated.

You can read the guidance [here](#).

Also announced at the start of January was a package of investment and reforms to improve adult social care and support the workforce.

Alongside this, an independent commission into adult social care will be launched. This will inform the work needed to deliver long-term reform to overhaul social care and address the challenges, including the creation of a national care service underpinned by national standards, delivering consistency of care across the country. The Commission will be chaired by The Baroness Casey of Blackstock.

4. Care Quality Commission visit

A small team of inspectors from The Care Quality Commission (CQC) were on the York Hospital site last week for an unannounced visit. There were two elements to the visit. One was to carry out an inspection of our urgent and emergency care pathways to review the rating we received following their last inspection in 2022, and to look at the progress we have made in response to their recommendations. The other was to look at our pathways as part of a review of the wider York system, alongside other providers of health and care services in the city.

I want to say a huge thank you to everyone involved in supporting these visits. The lead inspectors also asked us to pass on their thanks and appreciation for the way they were welcomed by wards and departments, and for the openness and honesty of those they spoke to. They were highly complimentary and wanted this to be shared with staff.

No immediate regulatory issues or risks were escalated during the visit. We received some high-level verbal feedback at the end of the inspection, with a number of issues and observations raised, and we are already addressing these with the teams. The CQC have also asked for a significant amount of supporting information and documentation, which we are gathering for submission over the coming days. In terms of further formal feedback, they will be producing a report, however, we do not have a timescale for when this will be published.

8. New Managing Director for York Teaching Hospital Facilities Management

I am really pleased to be able to share that Chris Norman has been appointed as the new Managing Director of YTHFM, following a competitive process.

Chris is currently the Estates Director at Sheffield Teaching Hospitals NHS Foundation Trust and has a proven history of delivering high quality estates and facilities services, and major infrastructure projects, in large acute teaching hospitals.

A Chartered Civil Engineer by background, in his current role Chris has responsibility for operational estates management, capital delivery, property asset management, and estates net zero delivery. Chris has also worked at Hull University Teaching Hospitals NHS Trust where he was Deputy Director of Estates, Facilities and Development for several years, leaving him well placed and experienced to take on the role as managing director with us.

Chris officially joins us on 1 April 2025, and I know he is already looking to building strong relationships and collaborating with the teams within YTHFM.

9. Star Award nominations

Our monthly Star Awards are an opportunity for patients or colleagues to recognise individuals or teams who have made a difference by demonstrating our values of kindness, openness, and excellence through their actions. It is fantastic to see the nominations coming in every month in such high numbers, and I know that staff are always appreciative when someone takes the time to nominate them. December and January's nominations are in **Appendix 1**.

Date: 29 January 2025



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

STAR

A W A R D

December 2024





Jamie Kitching, Porter, and Scarborough Nominated by colleague
Iain Luke, Facilities
Operative

During a recent incident, a patient needed to be moved across the site, with no formal transport available. Two porters and three security personnel stepped forward and made the task possible.

An outside organisation had arrived with a patient, who was outside the hospital but needed transporting into the hospital. The normal process for this would be via ambulance, but this was not possible at the time. The team from this external organisation had been onsite a while and needed to get back on the road as they are a vital service. There was no easy direct route to transport the patient due to building works. It was suggested that a trolley was used to bring the patient, but this was not a standard process and not fully assessed.

Iain and Jamie, understanding the need for this task to be undertaken urgently, used their knowledge and experience to help develop a plan, in which the patient could be moved in a timely, dignified, and safe manner. To ensure that this was done safely, Terry, Tim, and Andy from Security, ensured that the route needed would be safe. They closed sections of the car park and road as needed, escorted the porters and patient, and lit the way where needed. They worked together as a team, in a difficult and unrehearsed situation, ensuring that the needs of the patient were met. They did this with care, dedication, professionalism, and respect for the patient. By going outside their comfort zone, they were able to free up an emergency service asset and do what was best and most dignified for the patient.

Andrew Ireland, Security Scarborough Nominated by colleague
Supervisor, Tim Smith,
Security Officer, and Terry
Williams, Security Officer

During a recent incident, a patient needed to be moved across the site, with no formal transport available. Two porters and three security personnel stepped forward and made the task possible.

An outside organisation had arrived with a patient, who was outside the hospital but needed transporting into the hospital. The normal process for this would be via ambulance, but this was not possible at the time. The team from this external organisation had been onsite a while and needed to get back on the road as they are a vital service.

A plan was made to transport the patient and, to make sure that this was done safely, Terry, Tim, and Andy from Security, ensured that the route needed would be safe. They closed sections of the car park and road as needed, escorted the porters and patient, and lit the way where needed. They worked together as a team, in a difficult and unrehearsed situation, ensuring that the needs of the patient were met. They did this with care, dedication, professionalism, and respect for the patient. By going outside their comfort zone, they were able to free up an emergency service asset and do what was best and most dignified for the patient.

Jess Simpson, Healthcare Nelsons Court Nominated by colleague
Assistant

Jess is a caring Healthcare Assistant and is popular with everyone. Upon hearing that a patient without much family would be having their birthday while in our care, she paid for presents out of her own money. The rest of the team have offered to help, but she took it upon herself and bought them. She is truly a lovely person.



Kerry Rawding, Community Nurse **Community**

Nominated by patient

I am nominating Kerry for a Star Award because of her holistic approach to nursing and the patient. Nothing is a problem for Kerry. She is well organised and after she has been, I feel motivated and put my trust in her abilities. Kerry does what she says she is going to do and is highly respected by other team members. I have been on bed rest for about a year and one day recently I had arranged to go out, but my dressing was leaking. Kerry visited in the morning and encouraged me saying that there was still time to go out, we went out and enjoyed ourselves in the sun. If it had not been for Kerry's encouragement, I would not have ventured out.

Gemma Barlow, Surgical Care Practitioner **York**

Nominated by patient

After having breast surgery, I became unwell with an infection. I was admitted into hospital under the breast care team and was then discharged with follow up appointments with the breast care team. The entire team lovely but, during on one of my appointments with Gemma, I needed medical intervention. Gemma who was professional and caring and made me feel calmer. She went above and beyond to ensure I felt comfortable. Gemma is a great asset to the team and needs rewarding.

Eva D'Souza, Administrator **York**

Nominated by colleague

Eva is one of the most hard-working and conscientious members of our team. Her attention to detail and knowledge about our department's roles is second to none, and she is always eager to help any of us at any time, making her a great trainer for new staff. She is dependable and professional in every task she undertakes. She puts patients' care first, ensuring their needs are met and she greets everyone with a smile. I know that the entire York Outpatient Services Team will join me in thanking Eva for all she does and for being a great friend to the team and a huge asset to the NHS. Thank you, Eva!

Sam Carter, Receptionist **York**

Nominated by colleague

A homeless patient presented in the ED with their dog and required admission. The patient was an out of area patient and had no local connections. Despite efforts to find a temporary solution to support the dog with local services, there was no one able to accommodate the dog until the patient's dad was able to drive from a distant location in two days' times to collect the dog. Sam selflessly volunteered to take the dog home, with the patients consent, and care for and feed him at his own expense until the dog could be collected.

Sam went the extra mile and showed kindness and compassion. The patient was anxious about the outcome for his beloved pet, and we did not want to surrender it as a stray to the dog warden. We all extend a huge thanks to this member of staff. It is vital to recognise how every employee in the hospital contributes in a meaningful way to patient care and I think this is a wonderful opportunity to recognise this individual for the part they play in that.



Rainbow Ward

Scarborough

Nominated by relative

My son was rushed to Scarborough Hospital while we were on holiday in the area. The care and support I received while on the ward was unbelievable. One nurse (I believe she was called Abi) was an angel in nurse's uniform. She comforted me more than she could imagine when my son was being put on an oxygen machine and feeding tube. I was on my own and very scared, but nothing was too much for her. She is a credit to the ward and to any family needing to be there. A student nurse called Megan also cared for my son and did everything possible to reassure me that things were OK.

The full Rainbow Ward team were amazing. Myself, my partner, and my son were shown so much care and love over the week we spent on the ward. We appreciate you all so very much. You helped me at the scariest time of my life, and I will forever be grateful to all of you. Thank you so much, you all deserve so much recognition.

**Cait'lin Passmore,
Consultant in Emergency
Medicine**

York

Nominated by relative

Cait'lin recently treated my uncle at the Emergency Department. My uncle has learning difficulties and mental health issues, and these issues impact on his communication skills, making it difficult to fully understand him, especially at times of stress. He does not like attending hospital and finds the environment stressful. Cait'lin provided reassurance, communicating with him at a level he could understand, taking the time to listen to his problems, and checking there were no issues or safeguarding concerns relating to his care home.

Some may say this is just an expectation that comes with the role, and it is hard to put into words why this was special to witness, but it was reassuring to know vulnerable patients are given the time to be listened to, especially when demands on time are so high. I have visited my uncle several times since his discharge and every time he has mentioned 'the nice lady doctor', referring to Cait'lin.

Maxillofacial Team

York

Nominated by patient

My GP sent me on an urgent pathway to have my tongue assessed. I was concerned it was serious and explained this to the team when I was taken in for examination by the student doctor. He was so thorough and sought support from his colleague, Dr Ferris, who could not have been more kind and reassuring. I did not feel silly for searching my symptoms online and worrying about what I had found. I had a biopsy done by another member of staff to rule anything out.

The team were so kind. I was treated like a friend by a group of professionals I had not met before. It was as if I was the only patient they saw that day because they spent time making sure I felt comfortable with what they had found and the next steps. I never felt rushed or like a nuisance and was included in my own plan. I went away feeling totally relieved but not at all silly for reporting something that turned out to be quite normal. It was such a great experience with the team, and I feel very grateful for their time.



Carol Hanson, Midwife

York

Nominated by patient

From my initial appointment, Carol really showed how caring she was going to be throughout my journey, which was reassuring to me after my previous miscarriage. Carol was always quick to respond to any questions or concerns I had, either by text or during my appointments. After having quite a rough journey throughout, Carol really showed empathy and care and truly listened to my concerns and anxieties.

I truly cannot thank Carol enough for everything she did throughout my pregnancy and afterwards. She made me feel sane even when the world made me feel otherwise. She is truly amazing at what she does, and she is a credit to the midwifery team!

**Emily Christie, Consultant
Anaesthetist**

York

Nominated by colleague

Emily assisted me when caring for a critically unwell patient out of her own working hours. As a junior member of staff, I needed assistance, and she helped me twice on shift. This was when her own shift had already finished and yet she still delivered excellent patient care and compassion.

**Charles Milson, Consultant
Hepatologist**

Scarborough

Nominated by colleague

I have known and worked for Dr Milson for over 11 years as his secretary at Scarborough Hospital. In that time, he has devoted his passion, energy, and time to building up the liver clinical service. He is now semi-retired but continues to go the extra mile for his patients, who all appreciate all his hard work. He still puts many extra hours in to provide the best care for liver patients and nothing is too much trouble for him. He regularly overbooks his clinics, includes extra acute patients on his endoscopy/ERCP lists, and works well after the normal working hours.

Dr Milson is kind, honest, and open with the patients and staff who work alongside him. The liver clinical service across York and Scarborough would not be what they are today without his input. Dr Milson deserves a Star Award for consistently going above and beyond for patients' care.

Jo Sellers, Office Manager

Scarborough

Nominated by colleague

Jo is hard working, diligent, and deeply committed to her job and goes above and beyond. Jo consistently turns up every day with a smile on her face despite the pressures of being short staffed. She is always there to help everyone and rarely says no. Jo deserves to be recognised for her hard work and dedication; she is amazing. Thank you for all your hard work, Jo!

Marta Marmaj, Staff Nurse

York

Nominated by colleague

Our patient is deaf and can lip read polish. The interpreter we had ordered cancelled with little time to spare. After asking in the eye clinic if anyone was able to translate a few questions so we could rebook the appointment, we were introduced to Marta. She was at the end of her shift and volunteered to translate for our patient. Marta kindly and without hesitation said she would translate the appointment too. Marta went above and beyond for the patient and displayed the Trust values.



**Carl Burkinshaw, Head
Biomedical Scientist**

York

Nominated by colleague

I am nominating Carl for a Star Award in recognition of their exceptional support and guidance. Carl has been instrumental in my professional growth and has consistently gone above and beyond to help me overcome challenges and achieve my goals. Carl fosters a supportive and encouraging environment, where I feel empowered to ask questions, share ideas, and learn from any mistakes without fear. They demonstrate a genuine commitment to my success and are always willing to make time to help, even during their busiest days. I truly believe that Carl exemplifies what it means to be a supportive leader and deserves recognition for their unwavering dedication to their team.

**Heart Failure Specialist
Nursing Team**

Community

Nominated by colleague

This team have been working flexibly together to improve the service. Over the last few months, a new team leader has been appointed and two teams have co-located. They have also implemented a virtual HF ward, reduced their waiting list to zero, embraced new challenging clinic models which have been challenging, and supported a new team member to achieve their non-medical prescribing qualification, with another committed to start next year. They work tirelessly to improve service provision, and it would be a travesty to not acknowledge their dedication. I am so proud of your achievements. Congratulations!

**Julien Pitchell, Student
Operating Department
Practitioner**

York

**Nominated by colleague (1) and
colleague (2)**

- (1) Julien was on shift during a particularly difficult and challenging case in maternity theatres. He was calm, focused, and a fantastic asset to have as part of the theatre team. His kindness and compassion, along with his unwavering support for his colleagues, shines through and he deserves to be appreciated for all his efforts. Well done, Julien!
- (2) During a particularly challenging case, Julien proved to be an invaluable asset to our team. He clearly understood his role within the dynamic environment and maintained composure, even as the situation heightened. His ability to remain calm allowed him to think critically and respond effectively to the needs of both the team and the patients involved. For instance, when a complication arose, Julien quickly assessed the situation, providing essential support to the lead anaesthetist while simultaneously communicating with other team members to ensure everyone was aligned in their actions.

Julien's knowledgeable approach not only alleviated some of the pressure, but also inspired confidence within the team. Furthermore, the skills he demonstrated during this case, such as critical thinking, effective communication, and teamwork, are exactly what we look for in a student ODP. As he continues his journey, I have no doubt that Julien will carry these vital attributes into his future practice, making him an exceptional Operating Department Practitioner.



Daisy Andrews, Midwife

York

Nominated by colleague

Daisy arrived on shift to a particularly difficult day with a rapidly deteriorating patient. Daisy was extremely proactive, recognising how unwell the patient was and understanding the magnitude of the care that she needed to deliver. Throughout the case, Daisy remained calm and focused. With unwavering compassion and support for her colleagues, she supported the team to provide the best patient care possible, while remaining mindful of the wider impact of the patient's needs.

Daisy was given many tasks while in theatre, an area she does not often work in, and completed them with ease and without hesitation. Her dedication to the profession and her outstanding care to all women she encounters shines through and is truly appreciated. Daisy is a fantastic asset to have at York and I am grateful for her help in our department.

Gillian Little, Medical Secretary

York

Nominated by relative

I spoke to Gillian to cancel my father-in-law's appointment as he is in White Cross Court after having a major stroke. I explained that he was having a few issues with his eye and that it was sore. Gill spoke to the consultant my father-in-law was due to see and they wanted to see him urgently. Gill rang me back to explain this. She then spoke to White Cross Court and arranged it with them, including arranging for them to take him to his appointment. Gill then rang me back to say she had arranged it all with White Cross Court. Gill went above and beyond arranging everything and contacting the other departments.

Tammy Hodgson, Deputy Sister

Scarborough

Nominated by patient

I would like to extend my heartfelt thanks to Tammy for going above and beyond in her nursing role over the past six weeks when I have been receiving IV antibiotics daily. Her dedication, compassion, and willingness to accommodate my needs, especially as I navigated both challenges and the joy of celebrating my 50th birthday, have made an incredible difference. Tammy's efforts to make things easier and more manageable truly stand out and are deeply appreciated. She is a credit to Scarborough Hospital.

Samraiz Nafees, CT1-CT2 Acute Medicine, Chan Khin, ST3-ST8 Elderly Medicine, and Nadeer Kottavadakkeel, ST3-ST8 Gastroenterology

Scarborough

Nominated by colleague

This team of resident doctors have had a particularly challenging time due to issues beyond their control. They are always happy to help and will switch shifts if needed to ensure that the ward is adequately staffed. They are also trying to fit their training in around this. It does not go unnoticed.



Jawahr Badsha, Domestic Assistant

Scarborough

Nominated by relative

Jay is always willing to help and go the extra mile for anyone who asks. He has a lovely manner with the patients and nurses alike and works long, unsociable hours without complaint. He has been on shift most days for most of my relative's hospital stay and has been polite, respectful, and pleasant to chat to, along with his colleagues. Recognition well deserved.

Matilda Hobson, Staff Nurse

York

Nominated by colleague

Matilda is always friendly, helpful, and professional. She is great with patients, families, and colleagues. Even when she is very busy, she is always approachable and helps when she can.

Paul Greendale, Painter

Selby

Nominated by colleague

Paul has been coming Selby Hospital to give it a fresh lick of paint from top to bottom. In addition to him doing an excellent job cosmetically, he has moved quietly and efficiently throughout the whole hospital, causing minimum disruption and has been kind and courteous to everyone he has encountered.

On two separate occasions, Paul has arrived on site early in the morning to a major leak, with the last one resulting in evacuation of the ward and clinics being cancelled. Paul was extremely helpful in contacting the right teams from the off and getting them on site as soon as possible whilst helping the porters with the clean-up operation. On both these occasions, Paul has shown the Trust values of kindness and excellence. On behalf of myself and the rest of the porter team, we would like to show our appreciation. Well done, Paul.

Richard Bond, Surgical Care Practitioner

Scarborough

Nominated by patient

I am nominating Richard Bond for his wonderful care, compassion, and communication. He kept me fully up to date of my treatment plan and explained things so I could understand, putting me at ease. Richard also had a great sense of humour which kept things light-hearted. Thank you, again.

Coral Ritchie, Emergency Planning Manager

York

Nominated by colleague

Coral is a key part of the EPRR team and provides a high level of support to all teams supporting the business continuity planning and supporting EPRR planning. There was an incident at Selby Hospital which required a significant business continuity response. There were many colleagues involved in responding to the incident who all worked incredibly hard together to ensure patient safety.

Coral came in from home, making childcare arrangements and changing her plans, to provide support. Coral worked late so all the actions could be completed before handing over to the on-call team. Coral linked with multiple colleagues throughout the day and maintained a professional manner, responding to multiple urgent requests as well as undertaking the role of recording decisions and actions. These roles often sit in the background, but they are key to an incident response, and I want to acknowledge that Coral went above and beyond to support colleagues.



**Jacqueline Tang,
Consultant in Obstetrics
and Gynaecology**

York

Nominated by patient

In my previous pregnancy, my baby had hydrops. Both my baby and I became very unwell, and my daughter died just after birth. Miss Tang was outstanding back then, giving me such good care and being so understanding. Since then, we have always spoken highly of her as she was so good to us in such a difficult time.

I became pregnant again and was classed as high risk because of my previous pregnancy, so I requested Miss Tang to be my consultant. She has provided the very best care for me and our baby. She understood my anxieties around pregnancy and remembered all about our previous pregnancy which meant so much to us. She gave me clear plans of what was going to be done in this pregnancy to support us, saw me regularly to help keep my anxiety under control, and did scans every two weeks to check everything was going well. The rainbow clinic she set up was such a big help too, providing more reassurance to us. Even when she was busy, it did not affect the care she gave to me.

I cannot even put into words how grateful I am for everything Miss Tang has done for us and for making all the right decisions and doing all the right tests and scans to get our baby here safely. Nothing I could do could ever thank this lady enough, she is a true credit to the NHS and York Hospital. I hope if I am lucky enough to have another pregnancy that I will be under Miss Tang again.



**Ashleigh Bowers, Staff
Nurse**

York

Nominated by colleague

I am a third-year nursing student, and I had a placement in the Emergency Department. I arrived for a night shift and asked if I could go into Resus where I had the pleasure of working with Ashleigh Bowers. To get the experience, she let me take my own patient, but, as the night went on, we became aware that the patient's condition was beginning to deteriorate. As soon as we started to observe, Ashleigh and I appropriately escalated the situation. Ashleigh was extraordinarily professional and composed the entire time. She would ask me to do things she knew I was comfortable with. The patient passed away and Ashleigh gave me a thorough explanation of everything. I informed Ashleigh that this was my first time seeing death as we left the room, and she made sure I was all right, even though she was still processing it and had work to do. She looked at me immediately and asked if I needed five minutes to myself or if I wanted to discuss anything related to the situation. I explained to Ashleigh that I was okay and did not feel I needed five minutes yet. She told me I could sit and drink while the situation calmed down.

In this case, I could not have asked for a better nurse. Ashleigh never stopped asking how I was doing and checking in on me. I asked her questions concerning the matter, and she responded. She permitted me to go at my speed and to take short breaks from tasks. She was outstanding with the patient as well as with me. The patient seemed more at ease because she held their hand the entire time and reassured them frequently. Ashleigh remained by their side until the very end because they did not have family nearby. She remained professional, and I felt that it was incredibly kind of her to do.

While writing or doing anything else, Ashleigh provided thorough explanations, allowed me to ask any questions, and pleasantly responded with such detailed explanations that I understood everything. She proceeded through the final offices and maintained her composure, professionalism, and empathy. Ashleigh was respectful and always remained dignified. She explained what we were doing and spoke with respect. She ensured everything was completed correctly, while checking on me to ensure I was still okay. We conducted a debriefing when everything was over. We discussed the topic at length, and Ashleigh reassured me that it was acceptable to experience the feelings I was experiencing and to be sad and upset about it. She reassured me several times and let me speak. I would not have handled it as well without Ashleigh.

Ashleigh has such a lovely personality and heart. She showed me kindness throughout my time on my placement, not just that night, but throughout my whole time in the Emergency Department. She made everything more manageable for me to handle and ensured I understood everything. She regularly checked up on me without fail. This made me feel important and gave me a sympathetic nurse during a difficult time. Even the next night, she allowed me to speak with her and have another debrief. I told her I had cried a little about the situation, and she understood. It was acceptable to cry and let it out, she assured me. I asked her questions, and she said she would happily answer them if I thought of any when I got home.

I still want to be a nurse because of Ashleigh. When I encounter nurses with such a lovely demeanour, not only with their patients but also with everyone they work with, it reminds me why I first chose to become a nurse. When her patients need anything, she constantly goes above and beyond. She was kind to me and delighted to have a student. I did not feel ignored or like my feelings were not necessary; instead, I felt heard and listened to by her. Without the support of a nurse like Ashleigh, I could not have completed it.



**David Sellers, Catering
Operative**

York

Nominated by colleague

Dave is a ball of joy (except when we are messing with the menus!). He always has a kind word for everyone and knows every staff member by name. Patients adore him as he stands at the bays' doors, saying "Hi" to them. He also has a few jokes in his pocket to make their days a bit happier. Dave makes sure the food that leaves his kitchen is presentable and that every patient receives a nutritional meal, even if this means that he must go out of his way. Ward 25 enjoys working alongside Dave and he belongs to our team. He is a true representation of the Trust values.

**Angela Hoole, Healthcare
Assistant**

York

Nominated by patient

I came in for a colposcopy and Angie was memorable for the right reasons. She was so lovely and calming. She put me at ease instantly. You can tell she has a pure soul. She is a credit to the NHS, and I hope she is recognised.

**Thomas Antonyraj, Clinical
Support Worker**

York

Nominated by colleague

Thomas was so helpful and kind. He helped me learn so much while spending time with him and allowed me to feel more confident with my clinical skills. He made coming into hospital on a Sunday as a student worth it. He also had a lovely manner, not only with patients, but also with other staff members, and took the time out to say hello and ask how everyone was, which was nice to see.

Thomas was incredibly skilled at his job and deserves to be recognised for what he does as a clinical support worker. His kindness towards myself, other staff members, and the patients was so touching to witness. He was an incredibly warm and competent member of the team, who has inspired me to be better and helped me be better by developing my skills.

**Amanda Archer, Ward
Clerk, and Faye Allman,
Ward Clerk**

York

Nominated by colleague

Our ward clerks are brilliant and do a vital job, keeping the ward running smoothly. Simple things like checking all patient files are ordered, getting stickers printed, and putting continuation sheets in the notes ready for everyone to start their day on the right foot makes a huge difference. Managing patients, families, and staff communication and expectations is also a difficult job, which they take in their stride. No task is too much and if they do not know the answer (which rare), they know who will know. Thanks to all the wonderful ward clerks, but a special thank you to the amazing Amanda and Faye.

**Laura Thompson, Urology
Support Nurse**

Scarborough

Nominated by relative

Laura was kind, compassionate, and knowledgeable. She gave invaluable advice which has helped my husband deal with his difficulties and helped us overall. We have gone from feeling abandoned to feeling as though we have an arm around us. Laura is outstanding and approachable.



**Eleanor King, Senior
Operational Manager, and
Maggie Higginbotham,
Renal Specialist Nurse
Team Leader**

York

Nominated by colleague

I am nominating Eleanor and Maggie for their work organising the annual Renal Memorial Service. This service is held every year in the Chapel at York Hospital to remember those patients who have passed away while under the care of the Renal Service. Both Eleanor and Maggie dedicate a lot of time to organise this, and the impact this has on the bereaved families is evident from their thanks, appreciation, and attendance on the day. A big thank you also goes to all our staff who volunteer their time to help run the service.

**Amy Ellerby, Assistant
Practitioner**

York

Nominated by colleague

Amy is a fantastic member of the Breast CNS Team who works proactively to support all the patients we care for. Recently she has undertaken training to enable her to offer nipple areola micropigmentation to patients who have had breast reconstruction as part of their treatment for breast cancer. This has involved a lot of extra study and practical learning, and Amy has excelled at this. Patients are delighted with her work, and this is a new role for assistant practitioners in this Trust. We are delighted that Amy has upskilled in this area as it enables us to offer micropigmentation to more patients, ensuring there is no waiting list. Many thanks Amy, we really appreciate you.

**Marie Lawrence, Healthcare
Assistant**

York

Nominated by colleague

Marie is always a fountain of knowledge for everyone. She helps, explains things, and is an absolute pro.



David Baker, Electrical Services Manager, Joe Brockway, Building Services Manager, Phil Smith, BMS Technician, Stephen Hayward, Electrical Services Technician, Nigel Ridsdale, Maintenance Technician Gas, and Steven Barsby, Maintenance Assistant

York/Selby

Nominated by colleague

On Friday, the team received a call informing them that there was no water at Selby Hospital, having a major impact on clinical services. The Estates Team at York, along with engineers at Selby, swiftly mobilised to quickly attend site to resolve the issues. Due to a failure of plant equipment, the team had to jump between their own engineering roles trying to resolve the issues, which were highly complex and across several estates' disciplines. They did this while also feeding back technical updates to senior EPRR and business continuity leads across the organisation to enable clear and concise decision-making around patient care.

Due to the team working late into the night and the following day out-of-hours on the Saturday, patients that had been relocated to other hospitals were able to be repatriated back to Selby on Monday morning, minimising disruption to their care. Without the specialist skills of the team and dedication of working additional hours outside of their own working times, Selby Hospital would not have been brought back into operation. A real display of Trust values by the team, well done and a big thank you to all involved!

Microbiology Team

York

Nominated by colleagues

Microbiology management were alerted to the fact that a member of our own MLA team was stuck in the pathology lift. This unfortunate incident resulted in the staff member being stuck for a significant amount of time before being rescued. The whole incident was dealt with in an appropriate manner from start to finish by staff of all grades. The team ensured that the alert was raised, and facilities were contacted. The staff member who was stuck was comforted and reassured throughout while the rest of the team continued to work in a professional manner, helping if needed.

The whole incident was incredibly distressing for the individual who is now recovering and sent the following message to the whole team: "I would like to express my heartfelt gratitude for all the support, kindness, and understanding you have shown me following the recent work accident. Your messages, help, and encouragement have meant a lot to me, and it has truly made a difference. I am grateful to be part of such a caring and supportive team."

Although this Star Award nomination is for the Microbiology Team there were several other SHYPS staff involved in the incident who helped throughout, and we thank you also.



**Anne-Marie Gates, Staff
Nurse**

Scarborough

Nominated by relative

My son sustained a fracture injury and was frightened and in a lot of pain. Anne-Marie attended to him very promptly and immediately offered him analgesia and organised for the medical team to assess and request an x-ray without delay. The ED was full of patients and very busy, but Anne-Marie remained calm and compassionate, which really helped give him reassurance at such a distressing time. Anne-Marie's kindness and comforting manner helped to reassure him, and he was able to leave the department with a plan for outpatient follow-up. She set out a great example of how excellent clinical care can be delivered in a kind and prompt manner, thank you!

Amy Batchelor, Midwife

York

Nominated by patient

I came into York Hospital during the evening after my waters broke at home. I was induced that night and every midwife I met was lovely! As my waters broke unexpectedly and I was booked into be induced on a later date, I knew my birthing partner was probably not going to make the birth which left me feeling anxious and alone. Once the contractions started, I felt like I could not do it as I was so scared and in pain. Amy came onto shift early morning, along with Phoebe King and Lois Briggs, all of whom helped bring my little girl safely into world and supported me throughout the labour. There was talk of a vacuum delivery and forceps, however, I am so thankful that instead I was given the opportunity to do it successfully without these interventions.

Amy delivered my daughter and kept me at ease throughout explaining everything that was happening. I felt supported through the birth, and she helped me believe that I could do it. I had to have an episiotomy, but she explained what this meant and why it was needed, and she stitched me up after while checking that I was not in pain or uncomfortable. There are not enough words to express how grateful I am for Amy helping me get through the birth and showing me that I can do it. Anyone that has any of the midwives mentioned are very lucky and they are a credit to York Hospital!

**Victory Ubanego,
Healthcare Assistant**

York

Nominated by colleague

I am nominating Victory for their exceptional dedication and commitment to ensuring that patients receive the highest standard of care within our Trust. Despite working in a fast-paced and often busy department, Victory consistently goes above and beyond to make sure that patients are well taken care of during their appointments.

One notable example of this is their attentiveness to ensuring that patients are properly hydrated and nourished, taking the time to ensure that they have something to drink or eat when needed. This level of care reflects not only Victory's strong sense of responsibility, but also their genuine compassion for the wellbeing of others, even when the demands of the department are high. Their unwavering focus on patient care is truly commendable and makes a significant difference to the experience of our patients.



**Poppy Short, Healthcare
Assistant**

York

Nominated by relative

I am nominating Poppy for her outstanding care and compassion towards my mother when she was brought to ED. I also work at York Hospital and understand the pressures the staff are up against. Poppy remained calm under pressure and unflappable. She showed great care and compassion towards my mum. Her genuine care for my mum was heartwarming to see and we felt mum could be left in safe hands. Thank you, Poppy, for your care; you are a credit to the NHS, keep doing what you are doing.

Rainbow Clinic

York

Nominated by patient

I cannot put into words what a difference the care of the Rainbow Clinic has made to me and my husband during our recent pregnancy. Our first daughter was stillborn at 36 weeks gestation in 2021. I was very anxious about being pregnant again after such a late loss. When we became pregnant again, I was referred to the Rainbow Clinic at the hospital and received fantastic care which made all the difference to me.

Being under the fantastic care of Dr Hughes, Dr Tang, and Ruth Rodgers meant we always saw the same doctors and midwives who knew every detail of our history. This saved us explaining the painful loss of our daughter again and again. The lovely staff of the Rainbow Clinic went above and beyond to make me feel less anxious, from booking additional appointments, helping us make a detailed birth plan, and coming to check in on us after my daughter was born. We cannot thank the team of the Rainbow Clinic enough; their excellent care has meant the world to us.

**Mary Wellings, Discharge
Liaison Specialist Nurse**

York

Nominated by relative

Mary has been an absolute star in supporting my family and I to help move our father into a care home. My father is receiving palliative care and needed to move from Ward 16 to a care home. I live in Somerset, so it is quite a struggle and my sister, who lived with our father, has learning disabilities. Mary took our situation on board and our requirement for the home to be easy for my sister to reach. Her care, support, and understanding were exemplary, and highlights how important that onward service is, especially at end of life.

**Maureen Welsh, Domestic
Assistant**

York

Nominated by colleague

Maureen and one of her colleagues kindly helped to clean an area in Ellerby's that needed some cleaning so we could have a student drop-in. She was delightful and has spoken to her manager to offer to take on cleaning this area in future. Maureen demonstrates the Trust values of kindness and excellence. Thank you, Maureen.



**Jill McEnaney, Directorate York
Pharmacist**

**Nominated by Children's
Community Nursing Team,
colleagues**

Jill is being nominated for her never ending support, advice, and willingness to help. She always answers the phone if she can and always offers a solution or goes find one if she does not know the answer. She is friendly, professional, and helpful. She listens and tries her best, carrying out the Trust values every day. She is also smiley and happy, even if the situation is stressful and hard. She especially helps the team when it comes to discharging paediatric patients home with complicated medication that the team administer in the home. We feel safe with her overseeing the care.

Johanna Stones, Midwife York

Nominated by patient

Jo is a prime example of an excellent Midwife and compassionate woman. I entered pregnancy with mental health concerns that impacted my ability to rationalise the clinical and emotional impact of pregnancy and childbirth. From our first meeting, Jo became a beacon of positivity and rationality during my pregnancy and remained the most positive influence on my mental health, supporting me to enjoy my baby. Jo kept in regular contact with me through WhatsApp and was always on hand to assuage my anxieties.

Jo is the most human and compassionate individual I have come across in the NHS; she understood me as an individual and shaped her approach and care towards me based solely on my needs. For example, she understood my anxieties around wound care post c-section and supported me to stay well by making time to undertake physical examinations that would put my mind at ease. Jo has a unique ability to gauge what is required for her patients on a very personal level, and she was able to engage the positive thoughts in my mind, which are often difficult to reach. Jo deserves recognition for attaining excellence on every level as a Midwife.

**Shaun Bryan, Medical York
Engineering Team Leader**

Nominated by colleague

I understand that many staff members have gone above and beyond to ensure the UECC project transitions safely. However, it would be remiss of me not to single out Shaun's exceptional efforts, even among such an outstanding group. In addition to managing his regular demanding workload, Shaun has been deeply involved in the project from start to finish, dedicating significant time and effort to ensure that every aspect of the medical device provision was meticulously planned and executed. His unwavering commitment to achieving the best possible outcome has been both inspiring and uplifting for me, the medical engineering team, and likely many others.

It is all too common for individuals to miss out on recognition when they consistently set a high standard, but Shaun has truly excelled, even by those elevated standards on this project. His proactive approach, attention to detail, and determination to deliver an outstanding result have been a key element in the project's success. I wholeheartedly believe Shaun's contributions deserve formal acknowledgment through the Star Award, as they reflect the very best of our team's values and dedication.



Iwona Kozak, Housekeeper York

Nominated by colleague

Iwona is new to the job and has settled in well. She is a hardworking, strong member of the team and goes above and beyond for everyone. We cannot thank her enough for everything that she does. She makes a huge positive difference to the maternity unit.

Lisa Pallister, Associate Learning Facilitator York

Nominated by colleague (1) and colleague (2)

- (1) On 23 November, it was Healthcare Support Workers Day and Lisa wanted to celebrate the role. She has been fundamental in sorting out hampers and goody bags for each support worker in the organisation. While Lisa is part of a team and all helped, Lisa was instrumental in supporting this day and organising the delivery of goody bags, liaising with teams, getting companies to provide the hampers, and accessing charitable funds.

Since the Healthcare Academy opened in October 2023, Lisa has been a huge support to our new HCSWs. Lisa is a role model to them, trains them, and consistently displays the Trust values. She is pivotal in ensuring that our HCSWs are trained in delivering compassionate care and know the fundamental basics of care. In the last year, 350 HCSWs have been through the Academy and Lisa plays a big role in this. Thanks to Lisa the HCSW day was a success and, even when faced with a few challenges, she remained calm and solution-focussed to ensure all were celebrated.

- (2) I am nominating Lisa for a Star Award for her hard work and the tangible difference she makes to the Healthcare Academy and projects the team undertakes. Lisa continually goes above and beyond in her role and all projects she is involved in, embracing the Trust values. Lisa started in the Work-Based Learning Team a year ago, having previously worked in ED, and has applied herself fully to her role as an Associate Clinical Educator, bringing a wealth of experience and knowledge with her. Lisa is instrumental in providing support to healthcare support workers and delivering teaching in the Healthcare Academy programs. She puts patients and colleagues at the centre of all her interactions and has a passion for healthcare support workers' education that is infectious.

Lisa is pivotal in training our new healthcare support workers to provide care for our patients and her high standards and experiences are shared, ensuring new staff have a gold standard learning experience. Recently Lisa was instrumental in planning and delivering a Trust-wide celebration of our support workers on Healthcare Support Workers Day. Lisa managed the sourcing of gift bags, hampers, stalls, and communications to celebrate the day, ensuring all our nursing and AHP support workers receive recognition for the amazing work that they do helping our patients and communities. Lisa showed professionalism, resourcefulness, strong leadership, and planning ability which was impressive and demonstrated excellence. Lisa recognises the importance of ensuring that this staff group is invested in and supported as they are so close to patients and key to ensuring safety and quality care is delivered.

Genevieve Collier, Midwife York

Nominated by colleague

Gen was outstanding while looking after a complex patient on the Labour Ward. She remained calm, kind, and compassionate throughout, even when the situation became stressful. She is a real asset to the team. Thank you, Gen, for all that you do.



**Rachel Coverdale,
Healthcare Assistant**

Scarborough

Nominated by colleague

I was escorting a patient back to Maple Ward after a procedure and as we were coming out of the lift, the patient had an explosive bowel movement. I went to the nearest ward, which was Beech and explained what had happened to a lovely HCA called Rachel. I asked if she could show me where to get wipes, pads sheets, etc. I collected them up and immediately the HCA said she would come and help me. I said I was ok and could manage with my colleague who was with me, but she said insisted on coming, saying “many hands make light work”. This was such a kind gesture as she really did not have to come and help. We went back to the lift and got on with it, cleaning the patient up behind a screen. Rachel was a star, and she deserves the recognition. There was also another HCA who kept popping over to us with supplies, but I did not get her name. They showed true teamwork.

Ward 14

York

Nominated by colleague

During an exceptionally busy night in ED, Ward 14 (a surgical ward) worked exceptionally hard to admit and care for medical patients from ED. They understood our patients had been waiting a long time to be admitted and made sure the process was smooth and safe. The whole team are a pleasure to work with, especially Sister Wendy and staff nurses Becca and Jade who are always professional and calm and advocate for their patients. Thank you for your continuous hard work.

**Shaun Dunwell, Healthcare
Assistant**

Scarborough

Nominated by relative

My brother, who has learning disabilities and other health conditions, was admitted to ED. Shaun was so lovely, bubbly, and attentive towards his needs. He ensured to call him by his preferred name, which helps massively with getting him to co-operate, and treated him like any other person, making sure to talk to him and let him answer, rather than turning to us straight away for the answers. He had trouble trying to take blood but tried to keep my brother calm, talking to him the entire time, saying what he was doing and taking everything at his pace.

When my brother was getting distressed, Shaun knew not to push and go over his boundaries and to not distress him any further, as he was already getting upset about being in the hospital. Shaun even asked myself and my family if we were okay and if we would like a drink and offered my brother some food, giving him time to choose what he would like. We always worry about going into any healthcare setting with my brother due to his autism but can happily say that Shaun did everything he could to look after him and went the extra mile. I wish for more people like Shaun and want to say thank you for everything you did.

**David Johnson, Medical
Education Receptionist**

York

Nominated by colleague

Finding a classroom or training room that is available is sometimes quite difficult, especially as I need to plan my courses well in advance to give staff time to arrange time off to attend. However, for the last six months or so, I have been dealing with David in the Medical Education Centre and he is one of the most helpful people I know. He always tries his very best to accommodate you when trying to book classrooms and, while I understand that this is part of his responsibilities, he always goes the extra mile to help ensure that anyone who has booked a classroom in the MEC has everything they need and that everything is working so they can concentrate on providing their training. I believe he demonstrates the Trust values every day and deserves a Star Award.



**Cameron Addison,
Mechanical Services
Manager, and Stu Cole,
Mechanical Services
Supervisor**

Scarborough

Nominated by colleague

Working collaboratively with our One Team approach over the past few weeks, Cameron and Stu have both gone above and beyond in their role as ventilation Authorised Persons (APs) to assist the Capital Team and Integrated Health Projects (IHP) deliver a commissioned ventilation system for the new UECC. They have willingly given up their time to work evenings and weekends to ensure tight deadlines have been met and provided valuable expertise and a solution focus to issues that have arisen as part of the commissioning process.

For example, they procured and organised the delivery of new fans for one of the Air Handling Units within one week of the issue being discussed. This meant that the programme was not too adversely affected and could be managed within set deadline parameters. This included them working long days to install and fit the fans themselves. IHP have praised their One Team approach to the ventilation commissioning process which has been, and continues to be, extremely challenging. They have remained committed, positive, focused, and engaged throughout; a credit to the Estates Team and a role model for showing how working collaboratively as a team towards a single goal can deliver closer alliances and improved services for our patients.

**Marawan Zaki, Trust Grade
Doctor**

York

Nominated by colleague

Marawan is a good team player, has good communication skills, and is compassionate.

Megan Lewis, CT3

York

Nominated by colleague

Megan is a great team player and hardworking and gives compassionate care.

**Laura Cole, Healthcare
Assistant**

York

Nominated by colleague

I am nominating Laura as she has been at the forefront of supporting York theatre and ophthalmology theatre healthcare workers to achieve the band 3 status. Laura has worked with the departments and unions to fight for the uplift from band 2 HCAs to band 3. She has kept all HCAs regularly updated by email or at staff meetings, even giving up her own time to attend meetings. Laura has done a lot of research into the role of band 2 and band 3 HCAs and, despite leaving her role as a HCA to progress her career as an apprentice ODP, she continues to help and support the HCAs while there is still work to be done regarding their role.



**Joseph Foster, Locum
Doctor**

York

Nominated by colleague

A patient that Joe had been quite familiar with but was not overseeing that day became critically unwell, quickly turning into a harrowing situation. Joe recognised the seriousness of the situation and took over the care of the patient while in my care. This included ordering urgent blood, scans, and further treatment, taking the lead in the overall management of the patient in a serious situation. Joe liaised with me on what to do for the patient as a nurse, as well as with ICU, Critical Care Outreach, the consultant, and theatres so this patient could get the care they needed.

I was extremely impressed with Joe's demeanour, professionalism, and, most importantly, his bedside manner with both the patient and their wife in a distressing situation. Sometimes we do not see eye-to-eye, but Joe and I communicated extremely well in the situation to get the best outcome, and I believe he encompassed what the Trust values are supposed to be about in this situation. I think the patient was fortunate Joe was on shift that day, and I think that goes for a lot of patients on our ward.

**Catherine Todd, Dietetic
Assistant Practitioner**

York

Nominated by colleague

I am nominating Catherine for a Star Award for making a real difference to her patient's lives. I asked her to help me with a complex patient who was really struggling with his nutritional intake. She has since offered regular face-to-face input to the patient and their family, provided dietary support and reassurance, and has shown kindness and compassion to the patient. The positive impact she has had on the patient is incredible, and the patient is in a much better place because of Catherine's help and support.

**Vanessa Philp, Bed and
Duty Manager**

York

Nominated by colleague

Vanessa went above and beyond to get a patient home from the Discharge Lounge after their transport was unallocated and the Patient Transport Service could not get another crew allocated before the Discharge Lounge closed and there was no bed available in the hospital for them.

Mulberry Ward

Scarborough

Nominated by colleague

Mulberry Ward was looking after a patient at the end of their life, who had unfortunately become too unwell to be discharged. The family had said that Christmas was the patient's favourite time of year, so they were transferred into a side room which the staff had decorated for Christmas. They had sent a message to staff asking if they could bring decorations in from home and, by the next day, the room was full of Christmas decorations and the sound of Christmas music. The patient died later that evening in an environment that will have brought them comfort. The family were extremely grateful for what the staff had done for them and their family.

Thalia Wareing, Staff Nurse **York**

Nominated by relative

Thalia looked after my father after he had a heart attack. She was like a modern Florence Nightingale. She gave him the utmost care and respect and always tried her best, not dropping the ball once. We encountered several excellent nurses whilst my father was in ICU, but Thalia stood out like a shining star, and I will be eternally grateful.



Elizabeth Reddock, Staff Nurse

York

Nominated by patient

Lizzie is an amazing nurse who went above and beyond to explain everything in detail and for who nothing was too much trouble. She showed such care and compassion and made me feel calm and relaxed while facing the prospect of life-changing surgery. She is an amazing nurse, and Ward 36 and the NHS are very lucky to have her. She will help so many patients in the future with her kindness and care.

Anna Robinson, Labour Ward Co-ordinator

Scarborough

Nominated by colleague

Anna is always caring to women and their families. She has recently become a co-ordinator and is constantly providing support to all members of staff on shift, going above and beyond to help. She supports us during difficult times and reaches out to check we are OK. Anna also thanks us all at the end of every shift and makes us feel valued and appreciated. She never makes you feel like you are asking a silly question and always has time for staff and patients. She is also always doing things to boost staff moral especially after difficult shifts. She is truly amazing! Anna, you are amazing, please keep being yourself.

Katie Conduit, Palliative Care Nurse

Scarborough

Nominated by colleagues

Katie demonstrated extraordinary compassion and dedication when caring for a patient facing the end of life. This patient, who had undergone extensive medical and surgical interventions at Scarborough, was transitioned to best supportive care after all other options were deemed futile. During her assessment, Katie learned about the patient's love for Scarborough's seafront and their cherished memories of their beachside chalet. The patient expressed a heartfelt wish to see the sea one final time before moving to our local hospice for end-of-life care.

Katie went above and beyond to make this wish a reality. Collaborating with the ambulance crew, she arranged for the patient to visit the seafront. She personally accompanied the patient in the ambulance and spent meaningful time with them as they gazed at the sea one last time, creating a moment of profound comfort and peace. Katie's actions embody the very essence of patient-centred care. Her unwavering kindness, empathy, and determination to honour this patient's final wish are truly inspiring and exemplify the values we hold dear within our Trust. She is a shining example of the extraordinary difference one person can make in the lives of others at the end of their lives. We are very lucky to have her in our Trust.

Jeanette Prime, Healthcare Assistant

York

Nominated by relative

Jeannette has been brilliant. She shows so much care and attention to all her patients and has looked after my husband with the utmost care. Thank you, Jeannette, for looking after me as well. You deserve a million stars.



Sumeya Abdi, Audiologist York

Nominated by colleague

During my placement in audiology, Sumeya was incredibly helpful in supporting my learning. Their guidance and expertise made a significant difference to my understanding of the field. I really appreciate their patience, willingness to answer my questions, and the valuable insights they shared. It was an excellent learning experience thanks to their support.

Acute Medical Unit York

Nominated by relative

My child was transferred to AMU during a stressful and worrying acute admission and I want to nominate the whole team for their kindness and care of my child during their stay. There were exemplary examples of care and professionalism during the four-night stay on the ward. They particularly felt safe being cared for by nurses Holly and Josephine, but all staff were kind and attentive (I cannot remember everyone's names). One nurse who came and cannulated her was especially proud of his ability to cannulate people who are known to be tricky to bleed. And rightly so - his cannula remained in for the remainder of her stay.

There was also an incredible support worker on that shift too. She did not work with my child, but we witnessed her working with another vulnerable patient in the bay. Her patience and kindness were everything you would want from someone caring for a vulnerable loved one. When an elderly patient fell, the whole team responded fast and with great care for their wellbeing. They worked incredibly hard to maintain their dignity and autonomy, while also trying to prevent falls. Basic needs of elderly and vulnerable patients were met with regular checks. A team of people made sure drinks and food were regularly offered to patients, so their hydration needs were met. I want to thank them all to say their care did not go unnoticed and they deserve recognition for the practice we witnessed.

Kiran Muhammad Abbas York
Ali, Staff Nurse

Nominated by colleague

Kiran has carried out outpatient BCG vaccine clinics for children, which is not a part of their usual role. This has allowed the BCG vaccine service to be effectively continued at York Hospital for children who require this vital treatment. Kiran has run full day clinics as extra shifts so that children were able to be vaccinated efficiently. Thank you, Kiran, for your hard work that has allowed this service to continue.

Endocrine Nurse Specialist York
Team

Nominated by patient

Following a sudden life-threatening endocrine diagnosis, the Endocrine Nurse Specialist Team have been a great support to me and my family. In addition to being on the end of the phone for emergencies and to discuss any fears we have; they have set up a Steroid Education Day for patients and families which has been an excellent source of information. I brought my daughter to the information day, and they were able to discuss and give practical advice on how to treat my condition. We thoroughly enjoyed the day. We were also able to meet other patients with the same condition which was very helpful. The nurses are so approachable and kind and nothing is too much trouble. They deserve to be recognised for their outstanding dedication.



**Easingwold District Nurse
Team**

Community

Nominated by relative

The Easingwold District Nurse Team always go above and beyond providing care for my brother. They are a busy team but always make time for him. We would like to thank everybody for the care he is given and give a big shout out especially to Senior Healthcare Assistant Donna Thomas.

**Sharn Ogden, Cleaning
Operative**

York

Nominated by colleague

Sharn went above and beyond to help a patient's husband. She had overheard a conversation down in main reception. A patient had attended for day surgery but now needed to remain in hospital overnight. The patient had travelled with their husband in a taxi from a town over an hour's drive away and were expecting to travel back again that evening at considerable cost to themselves. The husband wanted to stay in York overnight and accompany his wife back home the next day. Sharn overheard the man worrying about how he might be able to arrange a Bed and Breakfast for the night and stepped in to arrange this for him. She managed to book him into a B&B a short walk from the hospital, and even took the time at the end of her shift to take him there herself. She showed great compassion and care, and our team and I were impressed with her efforts. Well done, Sharn, you are a shining example of what the Trust values stand for.

**Shelley Cooper, Admiral
Nurse**

Scarborough

Nominated by relative

We feel, as a family, that we were lucky to have come across Shelley and the Dementia Admiral Nurse role. This was only by chance when we received service review phone call from the hospital asking about quality of service. They listened to some of the difficulties we were having and referred us into Shelley. Shelley linked to us on the same day, listened to our concerns and my mum's struggles in coping with some of things that those of us without dementia take for granted with admission and time in hospital.

Shelley is approachable and friendly and was diplomatic throughout our contacts. When concerns and worries are heightened, families can often feel helpless, and she has been an amazing advocate for my mum and our family. She gave my mum time to talk, found out her worries and difficulties, and actioned things to help her stay in hospital be truly supported. We only wish there were more roles and awareness of this support as it has been amazing. I am nominating Shelley as, even though she is humble, she deserves recognition for her hard work and her dedication to her role.



Diane Benson, Volunteer Services Manager, and Alison White, Volunteer Services Advisor

York

Nominated by visitor

Diane and Alison work tirelessly to recruit and support hospital volunteers across all Trust sites. They see the individual volunteer as a treasured asset to the Trust and are always open to their new ideas. I often witness them putting their own workload on hold to spend time supporting volunteers who come into their office for a chat. They are kind but also have high standards which promote excellence in whichever area the volunteers are working in.

Diane and Alison are a mini-HR team of two, managing a large and diverse team of volunteers. They foster an environment that makes us all feel valued and keeps us motivated to continue. Without them, the Trust would be bereft of volunteers as there would, at times, be little incentive to continue. Their hard work managing with minimal manpower deserves recognition. They certainly go way above and beyond their role titles to make sure volunteers have a secure base from which they improve the care environment for patients.

Craig Lloyd and Jenny Pyatt, Interventional Radiology Co-ordinators

York

Nominated by colleague

We received an email with some feedback about Craig which I believe warrants a Star Award nomination:

I want to provide some feedback on the difference that Jenny and Craig have made to the service that we provide for patients who are referred for renal biopsy. They have revolutionised the booking service and arrangements for this procedure. More importantly, they take a supportive and proactive approach to make sure that patients know exactly what to do and when and to make sure that we, as clinicians, get the processes right. Their input and resourcefulness are great and really appreciated.

Samantha Kurylo, Patient Services Officer

York

Nominated by colleague

Samantha always does her job professionally and goes above and beyond to help patients. She cares for others in the same role as her and makes sure other staff are happy and caring for patients correctly, keeping a routine, and making sure patients have everything they need. She will go out of her way to get what patients need. She is an amazing and selfless person who deserves recognition.

Endoscopy Team

Scarborough

Nominated by patient

All members of the team, from the nursing staff when I was admitted, to those who did my procedure, including the doctors, were caring and professional. They put me at ease throughout the procedure and I thank all of them. They deserve recognition for their dedication.



York and Scarborough
Teaching Hospitals
NHS Foundation Trust



STAR
A W A R D

January 2025



**Tonisha Drew, Stoma Care York
Nurse**

Nominated by colleague

I am a Community Nurse, working on the Frailty Virtual Ward. I had a complex and tricky case last week and I felt out of my depth. I reached out to the Stoma Nurse Team and a nurse called Tonisha called me back. She was, quite frankly, wonderful. She talked me through her role and what she could help me with to help this patient who had been through a traumatic experience. She took on the case, called the patient, reassured them, and went above and beyond. Tonisha was kind, calm, professional, and completely patient focused. I was so impressed and really hope she is awarded a Star Award for this.

**Maddie Brazier,
Healthcare Assistant**

Scarborough

Nominated by relative

Maddie is an exceptionally kind and caring individual who took time to treat my grandmother with humanity and dignity during her time in ED. She truly cares about reassuring and nurturing patients at a time when they are at their most vulnerable. She took time to engage an elderly lady in conversation, showing empathy and interest in her interactions. My grandmother was frightened but Maddie knew just how to put her at ease and make her feel valued. She will never know how grateful we are for her help.

**Tracy Deighton,
Healthcare Assistant**

Scarborough

Nominated by colleague

A patient on Chestnut Ward had to attend an OPA at HRI. Tracy volunteered to escort them there. The patient requested that Tracey be acknowledged for her supportive attitude and pleasant manner during the appointment and the journey to and from HRI. They felt Tracy demonstrated Trust values of kindness, openness, and excellence throughout the day and was a credit to the ward.

**Emily Poppleton, Deputy
Sister**

Scarborough

Nominated by colleague

A patient had been brought to ED in a distressed state and disclosed that they were the victim of domestic abuse. Emily supported this patient throughout her night shift, ensuring the police were contacted, all appropriate referrals made, and a plan was made for ongoing support. The patient was frightened and found it difficult to talk about what they had experienced, but Emily sat with them, and gave them space to talk. This enabled the patient to begin to talk about their experience, how they were feeling, and their hopes and fears. The police made further contact with our team, and Emily arranged to meet with them before her shift to provide them with the information they required for their enquiries. This is an example of Emily's kindness, empathy, and dedication to her patients. Without her approach this patient may not have felt safe to share all that they did, and Emily's work was imperative in ensuring a plan for the patient's safety could be made.



Neil Norman, Senior Operating Department Practitioner, James Gilbert, Consultant in Anaesthetics, Kathleen Merrick, Consultant in Obstetrics and Gynaecology, and Lorraine Dodd, Midwife

York

Nominated by patient

When I was previously pregnant, I was ill with HELLP syndrome and had a traumatic birth and extended stay in hospital. When I fell pregnant again, I was anxious about the pregnancy, my unborn baby, and the birth. I had the same Consultant (Ms Merrick) again and she referred me to (Lorraine Dodd) the mental health Midwife who suggested I consider an elective c-section. Their support was invaluable. I opted for the elective c-section but was incredibly nervous about going into hospital again and having the surgery.

The ODP (Neil Norman) and anaesthetist (Dr Gilbert) were amazing, they took a hand each and held my hand throughout the surgery and chatted me. They knew I was nervous, and, as soon as we entered the surgery, they were chatty and friendly. They also took lots of photos which we will treasure forever. They really did help me. The staff in the maternity ward were amazing with my aftercare as well. Having a more positive experience helped give me some closure after my previous traumatic experience. Ms Merrick saw me after the surgery, and I have continued to stay in touch with Lorraine and both their support was invaluable.

Angela Wilford, End User Compute Engineer

York

Nominated by colleague

Angela has been nominated for a Star Award in recognition of her exceptional dedication and unwavering commitment to the End User Compute (EUC) team within Digital Information Services (DIS). She exemplifies the core values of our NHS Trust through her courage, integrity, and unwavering focus on fairness and respect. Angela has consistently demonstrated the ability to speak out with dignity and respect, fostering open communication and a positive, collaborative culture within the EUC team.

Overcoming various work-based challenges this year, Angela has embraced a new role within the Trust with remarkable success, delivering outstanding results with professionalism and grace. As a key member of the EUC team, her work is instrumental in supporting the delivery of critical technical capabilities that empower staff and enhance patient care. Her ability to adapt and excel in the face of change reflects her resilience and determination to contribute meaningfully to the Trust's mission.

Angela is deeply committed to excellence, continually striving to create an environment where innovation thrives, and new ideas are embraced under a banner of continuous service improvement. Her leadership and vision drive progress within the EUC team, ensuring that the Trust remains responsive and effective in delivering for both staff and patients. A woman of integrity, Angela inspires those around her by embodying the principles and values that underpin the success of our Trust. Her contributions, dedication, and positive impact deserve to be celebrated, and this Star Award nomination is a fitting acknowledgment of her invaluable role.



**Tim Barton, Desktop
Support Engineer**

Scarborough

Nominated by colleague

Tim has been nominated for a Star Award in recognition of his exceptional dedication to the End User Compute (EUC) team within Digital Information Services (DIS) and his steadfast support for the Urgent and Emergency Care (UEC) project in Scarborough.

Tim exemplifies the highest standards of professionalism in every aspect of his work, consistently demonstrating a "can do" attitude that has earned the respect and admiration of numerous senior stakeholders. Tim's willingness to go above and beyond during this challenging period has been truly remarkable.

As a key member of the EUC team, he has displayed an extraordinary commitment to delivering essential technical capabilities that enable the Trust to function efficiently, ensuring that even the most demanding tasks are met with determination and excellence. His efforts not only highlight his personal dedication but also reflect the core values of our Trust. Through intense collaboration and a focus on inclusivity, Tim has fostered a culture of understanding and cooperation, bridging gaps between services and connecting teams to achieve shared goals for the benefit of staff, patients, and the wider community. His ability to bring people together and ensure alignment underscores his role as a true team player.

Tim's outstanding contributions, particularly within the EUC team, and his impact on the success of the UEC project deserve to be celebrated. This Star Award nomination is a fitting acknowledgment of his unwavering dedication, leadership, and the positive difference he makes every day.

**Sarah East, End User
Compute (EUC) Engineer**

York

Nominated by colleague

Sarah has been nominated for a Star Award in recognition of her unwavering dedication to the End User Compute (EUC) team within Digital Information Services (DIS).

Her work is instrumental in enabling the smooth functioning of our Trust's technology infrastructure, and she exemplifies our core values through her commitment and exceptional performance. Although Sarah's demeanour is quiet and unassuming, her actions speak volumes. She is known for consistently going above and beyond to ensure that tasks are not only completed but delivered with the highest level of quality. Her positive attitude inspires her colleagues and reflects her deep passion for her role.

Sarah takes immense pride in her work, particularly in supporting the delivery of technical capabilities that empower our staff and enhance patient care. Her contributions within the EUC team are critical to ensuring that our digital tools and systems operate seamlessly, making a tangible difference to both staff and patients alike.

Highly regarded by her colleagues, Sarah is an integral part of the DIS team's success. Her dedication and impact deserve to be celebrated, and this Star Award nomination is a fitting acknowledgment of her outstanding efforts.



Johne Celis, Staff Nurse York

Nominated by patient (1) and patient (2)

Nomination 1

Having previously been diagnosed with inoperable pancreatic cancer in October, I was admitted to the emergency department at York Hospital in early December after having severe rigors at home and feeling very unwell with a temperature of 39.5.

Throughout my stay long wait in a chair in the department Johne was exceptional; he kept trying to find a bed for me and checked not only me often but also asked how my husband was coping with no sleep as well. He is a very kind, compassionate, professional nurse and epitomises exactly what a good nurse should be. He more than deserves to be recognised with being awarded a Star Award for going the extra mile for both me and my husband.

Nomination 2

I brought my father, who has complex medical issues, to ED in excruciating pain due to a blocked catheter. While other staff were content for him simply to wait his turn, Johne spotted in waiting area how much pain he was clearly in and kept checking on him. He was able to get authority after a couple of hours to change the catheter which provided immediate relief and dad was able to go home. Johne could not have been more caring, attentive or reassuring, proactively looking out for dad between assessing other patients and clearly trusting his good nursing instincts that things were far more serious than other staff thought. My dad and I could not be more grateful. We feel ourselves very fortunate that he was on duty at the right time for us.

**Bethany Watchman, York
Paediatric Physiotherapist**

Nominated by colleague

I have received unprompted positive feedback about Bethany from several families in clinic, who tell me that she is kind, approachable and knowledgeable. Families feel that she really listens to and addressed their concerns, and they feel heard. Families have commented that Bethany has a great relationship with the children under her care, and she is able to establish a rapport even with children who usually have difficulty with social interaction. Parents have reported that they have seen significant improvement in their child's progress since Bethany's involvement in their care and feel that she works hard to ensure children enjoy their physiotherapy experience.

I have received updates via email from Bethany about patients under my care in the Child Development Clinic and have found this to be very helpful before I review them in clinic. Bethany's patient-centred approach and excellent communication skills are so important within the multidisciplinary team, and she is a great asset to the team.

**Tracey Brooksmith, Community
Urology Pathway
Navigator**

Nominated by colleague

Tracey almost single-handedly organised Malton Urology Unit's Elf Day tombola and cake stall to raise hundreds of pounds for the Y&S Hospitals Charity fund. She worked hard to gather prizes for the stall and baked cakes and savoury snacks. With other members of the Elf team to assist the day was a great success!



**Dianne Atwal and
Catherine Thompson,
community midwives**

York

Nominated by patient

In 2018 my daughter died just after birth; this year I have had a second pregnancy which was very stressful and because of what happened with my daughter my anxiety levels were very high.

Di looked after me so well before the birth of my son this year. She made sure I saw her at each appointment, so I was seeing the same person. She gave me as many appointments as I needed to keep my anxiety under control, and I always knew I could contact her if I needed to. Catherine took over looking after me after my son was born and again was so good with me. My son lost a lot of weight in such a short space of time which put a lot of stress on me when my anxiety was already high. Catherine saw me very regularly and was so understanding - again like Di she kept booking me in with her so I could see the same person to help keep my anxiety levels down.

Both Di and Catherine are a credit to the NHS. Both of them knew exactly how to deal with me and knew the right things to say to help me get through very stressful times. The most important thing out of everything is that both of them spoke about my daughter who had died and always took my feelings about this into account and this to a bereaved parent means the world. Both would be so deserving of this award, and I hope they know how much I appreciate all their help.

Sam Eiles, Sister

York

Nominated by colleague

Sam deserves to be recognised for her hard work and dedication to her job role. She continuously goes above and beyond for not just patients and relatives but also her staff. She supports the whole team and during difficult times she is always there with a helping hand. She always makes sure the ward is staffed and safe to work in. Sam will also help anyone in need without hesitation and she plays a big part in team morale when on shift. I would also like to personally thank her for taking great care of my mum and keeping her calm when she was admitted into hospital.

**Chloe Slater, Healthcare
Support Worker**

York

Nominated by colleague

I wanted to start a collection of items for some of our refugee women who are moved at very short notice with nothing for themselves and their babies.

We decided to start a Christmas collection, as we rely on a charity for these women frequently and it seemed a good opportunity to take some of the pressure off them; they also close over Christmas. I knew we could help. As soon as I had mentioned this, Chloe was on board to help. She created posters, arranged drop off points around York and the wider area for items, followed up with further posters for further items. She came into work in her own time to organise and sort the amazing response we have had to this collection. I know this has already made a massive difference to the families in our care and will continue to do so for some time. We have a plan for a follow up in the New Year when everyone is getting rid of items in a New Year sort out and I know that Chloe will be amazing at helping to do this.

She has been a whirlwind of activity, and it is down to her hard work that has meant that we have been able to help so many families in need. She has been inspirational in the care, time and energy she has given to this collection and an unsung hero of a collection that we honestly did not know how it was going to go.



**Ashley Appleyard,
Community Midwife**

York

Nominated by patient

We have seen Ashley a couple of times in the community setting after a stressful time with our first born. She has been kind, compassionate, caring and very supportive. She explains the advice that she is giving and the reason behind it, but also allows us to choose the correct pathway. She also went above and beyond by putting herself down to visit us again, so continuation of care occurred.

I cannot express how thankful I am to her and her positive attitude - it makes all the difference in the first few days of having a newborn.

Selby Domestics

Community

Nominated by colleague

I would like to thank the staff for all their dedication and help during a difficult staffing period over the past few months. They have gone above and beyond working as a team, covering each other's shifts. All their hard work has not gone unnoticed, and it is very much appreciated.

**Bridget Bainbridge,
Healthcare Assistant**

York

**Nominated by patient (1) and
relative (2)**

Nomination 1

Full of fun smiles per mile and goes above and beyond.

Nomination 2

She went out of her way to allow me to see my husband when he was in Ward 22.

**Dawn Meek, Catering
Operative Retail**

York

Nominated by visitor

This individual has been such an amazing help when I've used the café; always so kind and accommodating on everything I ask. She is a star.

**Dave Mason, Deputy
Charge Nurse**

York

Nominated by colleague

Dave is a huge asset to the ophthalmology team. He is not only reliable, dependable, and consistent, but goes above and beyond to support the service and its staff. He regularly fills gaps in the workforce without hesitation, and always gives 100% to his work.

Dave is flexible, and always puts the patients and his colleagues first. Thanks Dave, keep up the great work!



Paul Szymik, Minor Works Supervisor York

Nominated by colleague

Paul has worked really hard since he came into post to get my team moved out of our tiny office and into a larger office. He has always kept me informed of when he plans to do the move and on the day of the move he stayed late and completed all the works plus additional requests from us without any quibble and always with a smile.

Nothing was too much trouble, and he made a stressful move, much less stressful for us.

Elizabeth Reddock, Staff Nurse York

Nominated by patient

Spoke to me and listened to me when I discussed my mental health whilst also looking after my physical needs to. A caring considerate and ideal nurse! Thanks for all your help. You made me feel worthwhile.

Laura Thompson, Urology Support Nurse Scarborough

Nominated by relative

My dad was nervous about attending the hospital to have his catheter removed. He has had to attend twice now and both times Laura has really looked after him. He said nothing is too much trouble. Laura is very respectful and helpful. My dad said she is a credit to her profession.

Anthony Ebube, Administrative Coordinator York

Nominated by colleague

Anthony is a kind and considerate member of the team, who always brings a much-needed calm energy into the office. His customer service skills are exceptional, and he goes the extra mile for our patients and the staff. He listens to the issues we are encountering as a team and is the first to voice his ideas about how we can work through and overcome them.

Ward 17 York

Nominated by relative

We took our daughter Grace into the emergency department bronchiolitis as she was struggling to breathe, and we were soon admitted onto Ward 17. The whole team were kind and helpful and did everything they could to give the best care possible to Grace. We are really thankful to Emily Wells who looked after Grace the most and did her best to get Grace fit and healthy in time for Christmas. Grace was finally discharged on Christmas Eve allowing us to spend Christmas together as a family.

We are so grateful to Emily and the Team on Ward 17 for the excellent care they provided.



**Thomas Powell, Locum
Specialty Doctor**

York

Nominated by patient

I had to be admitted a couple of times to hospital with severe pain – and I can honestly say I have never felt in this much pain in my life. Dr Powell discovered that it was my nerves that were causing the issue. He prescribed me a certain drug and after just two weeks it totally cleared my pain up. Dr Powell listened to my concerns and addressed it with care and compassion. I would like to pass my sentiments on to Dr Powell to thank him for the amazing job he does.

Ward 22

York

Nominated by patient

I was brought in with a very badly compressed fracture to my ankle. I would like to thank all of staff from really looking after me. I have never felt so cared for and looked after in my life. Everybody on the world deserves a star. I am very proud love you guys - a big thank you.

**Andy Jones Ngong
Laigha, Staff Nurse**

York

Nominated by patient

Andy went above and beyond during my stay; he helped me when I was feeling down and made sure everyone was okay even when the ward got really stressful. He is an asset to Ward 26.

Hazel Foster, Staff Nurse

Scarborough

Nominated by colleague

Hazel is constantly thinking of others - she is always making sure the patients and the staff are okay. She ensures all tasks are carried out every shift, and that the tasks are shared out equally between all staff by doing a jobs lottery every night. She is very good at encouraging and supporting new staff by explaining and assisting without judgement. She has such a wonderful manner.

She brings sweets in every Monday. At Christmas and days like bonfire night, she brings extras in and makes sure that those that are not sweetie fans have savoury snacks. She does not have to do, but it really boosts moral during hard shifts. She is a constant support, always happy, smiley and willing to help in any situation. She is an absolute star and makes every shift lovely and really deserves a Star Award.

**Melissa Yates, Assistant
Practitioner Nursing**

York

Nominated by colleague

I worked for the first time in a long time on Ward 28 today and Mel was a breath of fresh air. We were onboarding a new patient together who has dementia, and her sincere care and compassion shone through. She upheld all of the Trust's standard during the provision of their care and spent the time to make the patient feel welcome and valued - also giving the family appropriate time and explanation of the patient's plan, while still involving the patient themselves in every stage of the conversation. During the work, she took the time to explain her own experiences of being a patient to myself a colleague and passed on such valuable knowledge and insights from the other side.

Mel is a credit to Ward 28, and they should be extremely proud of having her. It would be a pleasure to work with her again and I know that the patients in her care are in the best of hands.



**Madalina Grigore,
Community Staff Nurse**

Community

Nominated by a patient

I am nominating Maddy (Madalina) for a Star Award. When she has visited to do my dressing, she is jolly and encouraging - even on days when things have been difficult. My pico dressing was something she had not done before, so she followed the instructions on my care plan which said ask Helen [my partner] how to do the dressing, which she did. With Helen's guidance we had confidence she would make a good job.

Her approach is holistic; she fits in well with the team and does not like letting her colleagues down. Maddy is a real asset to the nursing profession and the NHS.

**Aishat Usman, Healthcare
Support Worker**

York

Nominated by colleague

When a patient was in complete agony and in unbearable pain, Aishat stayed after the end of her shift to rush the patient to a needed CT scan. Aishat took the time to make sure that the patient was as comfortable as possible and returned her to the ward after the scan with great care. The next morning, the surgical team sent their compliments via the ward doctor to thank the team for a job well done, and for the expedient care as they were able to identify the problem before it became too severe.

**Outpatients staff nurses
and healthcare assistants**

Scarborough

Nominated by colleague

I have been welcomed with open arms to the department after recently qualifying, and I have received great support and advice during my first six months. They have made the transition from student nurse to nurse much smoother, and I am very grateful for all they have done so far during my preceptorship year.

The team is always friendly, and always willing to brighten the day with a laugh and a joke. Their dedication to patients and the clinics that they support is inspiring and a lot of their work goes unnoticed. The extra-mile is always given in the department, and the effort that they go to, to include staff and make the working day easier is appreciated.



Denise Davis, Deputy Sister, Helen Dale, Ophthalmic Imaging Technician, Amy Green, Optometrist, and Richard Hanson, Consultant

Community

Nominated by colleague

During a busy retinal treatment clinic at the York Community stadium, one of the ophthalmology imaging technicians, Anne, became acutely unwell. She described a sense of acute anxiety, palpitations, and problems breathing. Her imaging technician colleague, Helen Dale, and one of the senior nurses, Denise Davis, were alerted and immediately took control of the situation. They organised a set of observations to be taken. It was apparent that Anne had an extremely high heart rate (160-170) and low blood pressure and so they called me (ophthalmology consultant in clinic).

Anne was extremely distressed in being unable to catch her breath, but Helen and Denise did a remarkable job in keeping her relaxed and positive. Anne had a few momentary episodes of loss of consciousness and so we immediately attached the ECG leads from the portable defibrillator unit which we have in the clinic and an ambulance was called. This heightened the levels of anxiety since we have never had to use it on any of our stadium patients and never dreamt of having to use it on a colleague and friend.

Denise and Helen were superb in managing Anne's anxiety and provided positive and comforting chat as we waited to see if there was a shockable rhythm. One of the optometrists, Amy Green, happened to own a personal ECG monitor which linked to her mobile phone. This provided diagnostic information and suggested that Anne was in fast AF. The wait for the ambulance seemed a very long time and all three team members, Helen, Denise, and Amy were superb in supporting their colleague and friend whilst we waited for the ambulance. There was no hint of panic and they remained in control of their own anxiety whilst comforting Anne.

Amy also wanted Richard Hanson to be included in the nomination. He was the consultant in charge and was fantastic at liaising with ambulance while helping with keeping the clinic going and caring for Anne. This especially impressive as the treatments administered in that clinic are time sensitive, so juggling the treatments with assisting with Anne would have been tricky.

Later that day, Anne was diagnosed with new onset fast AF and has received successful treatment for her condition. She is now back at work.

Cheryl Robson, Outpatient Services Administrator York

Nominated by colleague

On Christmas Eve, as Cheryl was leaving work, she came across a patient outside who was asking for assistance.

Cheryl stopped and made conversation with the patient. She discovered the patient was going to be in hospital for Christmas and has no family around him. Cheryl went home and picked up some treats for the patient and came back to give them to him, feeling no-one should feel alone at Christmas.

A fantastic example of going above and beyond for our patients, especially at Christmas time.



Nicola Costello, Podiatrist York

Nominated by patient

Nicola recognised I had sepsis symptoms on my visit to podiatry and within an hour I was admitted and had seen a vascular surgeon. I strongly believe Nicola's quick thinking and actions saved my life. I also want to nominate her for her after care and her ongoing care. She does not just do her job she goes above and beyond to make sure her patients are looked after and always has a smile on her face.

Selby District Nursing team

Community

Nominated by colleague

The team of Selby District nurses, with Natalie Wadsworth, Julie Mckenzie, and Jayne Goddard, provided exceptional care in a very difficult situation.

A palliative patient and family were afraid and angry, so the district nurses spent a lot of time reassuring the whole family and gained trust with them all. Each step was carefully explained with compassion and empathy, making the whole family feel supported. They delivered excellent care and went above and beyond to provide mutual understanding and allowed the patient to have all wishes met for end-of-life care.

They all deserve recognition for meeting all the Trust values and delivering care in a holistic manner. They visited the family after the patient dies, and the family once again felt supported during the most difficult time of their lives.

Laura Scott, Scrub Nurse York

Nominated by colleague

Laura is a scrub nurse with extensive knowledge in her field: assertive, with a very good eye to detail. She is a fast thinker, a person that one can rely on when things go under pressure. Her critical fast thinking made the team achieve an over expectations standard of care, even when the situations seemed to be on the edge. I believe that Laura is a very good asset for this Trust - a one of a kind person that needs to be recognised and cherished for her dedication, knowledge and leadership.

**Melanie Bootland, Matron, York
Julie Plaxton, Angela
Molero, Lucy Powers and
Vanessa Philp, bed and
duty managers**

Nominated by colleague

Mel, Julie, Angela, Lucy and Vanessa supported throughout a very challenging weekend.

All hospitals within the region were experiencing significant operational pressures, including the York site. Throughout the day and overnight the team remained calm, and solution focused. This included opening escalation areas, supporting staffing decisions, moving patients and speaking with relatives of patients, and ensuring clear communications between on-site teams, on call teams and ambulance partners. They demonstrated trust values and were kind and practical under significant pressure and throughout difficult decisions and situations.

Thank you.



Day Case Unit

York

Nominated by colleague (1), patient (2), and relative (3)

Nomination 1:

I had my surgery for gallbladder removal in November.

From the pre-op clerking to discharge I was met with an abundance of friendly staff members, who were quick to ease my anxieties and support me throughout the surgery and recovery. I was warmly welcomed by the lovely ward clerk on the morning of the surgery, then shown to my bed space, which was immaculately clean and prepped for the surgery by a wonderful team of experienced HCAs and nurses, no question was left unanswered.

Whilst managing all the patients they each showed kindness and compassion to each one of us, reassuring me along the way.

I had my pre-op consent form discussed at great length by a lovely kind and compassionate doctor called Fatima, she was very detailed and was able to answer all my questions with a high level of knowledge and showed fantastic bedside manner.

I was taken down to theatre by a lovely staff member called Darren, he was very cheerful and chatty and was able to take my mind off of the impending surgery - I was very thankful to meet yet another friendly face. He was very kind and warm, I remember him filling the journey to theatres with lots of chit chat and found him very patient centred.

Whilst awaiting transfer to theatre I was waiting in recovery and met the lovely nurses; Chris and Linda who said they would be looking after me post operatively. It was lovely to meet the staff before going into theatre. Both Chris and Linda had big cheerful smiles and continuously reassured me.

Once I was transferred to theatre the team were brilliant, big smiles and a calming energy. I was swiftly cannulated and then put to sleep - I felt safe and well looked after. After waking in recovery - I was met by the kind face of Linda, she was able to care for me and provide me with analgesia promptly, she was so kind and caring and ensured I was comfortable prior to transferring back to day unit. Darren transferred me back to the ward; I was so pleased to see him again.

Once back on Day Unit, new staff had taken over from the morning team - all were so polite and lovely. The team were quick to provide refreshments including a delicious cup of tea and slices of toast, buttered and cut up so I could feed myself. I am so thankful such a simple task of already buttered toast was provided to me.

Staff on the day unit went above and beyond to ensure I was comfortable, providing me with analgesia and aiding mobilise up out of bed and to the bathroom. They were so helpful. I especially want to thank the nurse Jo who organised a prompt discharge once I felt ready to go home. She was caring for the ward, and it ran like a well-oiled machine. Ensuring everyone was comfortable, fed, hydrated and safe. I felt safe thanks to the wonderful cares of every single staff member.

Prior to leaving the ward, Fatima came to see me and discuss the surgery and that it all went well. I was very touched by her bedside manner and her kindness to wish me well. It was very sincere of her. I cannot extend my thanks enough to the team, everyone was so kind and polite. Thank you.



Nomination 2:

I have previously had bad experiences in hospitals, and I struggle with my mental health. This team are amazing. They talked me through everything and treated me like a person. I felt calm and the ward is clean. Dr Amaran Krishnan and his team are also a fantastic surgery team. I felt relaxed and would be happy to go there again for any future surgeries.

It is the best ward in the hospital, and I would appreciate if you would honour them with a Star Award because they deserve it. They treated me amazingly, let me be in control, and did not judge me. They talked and laughed with me. They deserve recognition for being a great team.

Nomination 3:

My daughter had surgery in January and her experience on the Day Unit was amazing. She was relaxed and the staff spoke to her and explained everything that would be happening to her. They are an amazing team; I could never thank them enough.

I would also like to thank Dr Amaran Krishnan and his team. They were fantastic and really looked after my daughter. This ward is the best ward at York Hospital. They deserve this award so much.



Sophie Ireland Maternity Scarborough Nominated by patient
Support Worker

Sophie went above and beyond with supporting myself and my partner with bringing my son into the world. Sophie always explained what was happening. She gave us boosts of encouragement as well as keeping upbeat and positive when we needed it most. Sophie deeply cares for the wellbeing of everyone who enters the department. She kept calm and professional during a tough labour. She really is an amazing person with a heart of gold. Thank you.

Katie Van-Velzen, York Nominated by colleague
Phlebotomist

Katie is the kindest and most caring person. She always puts the patient first and the patients, relatives, and staff all love her and miss her after she left Ward 24. She goes above and beyond to help anyone. Katie is there if patients, relatives, or staff need a friendly ear to talk to. Katie is the best healthcare assistant you could ask for. She always has a smile on her face and can uplift the mood of the whole ward.

Ultrasound Team Scarborough Nominated by colleague

Over the festive period the ultrasound team provided additional shifts to ensure the urgent ultrasound scans needed for pregnant patients across the two sites to ensure the wellbeing of fetuses were not delayed. USS are vital in planning and managing pregnancies. Their dedication to facilitate these extra shifts ensured that we had no escalations and that all patients who required urgent care received this within the appropriate time frames. They are amazing.

Noel Shaju, Healthcare Scarborough Nominated by colleague
Assistant

I am delighted to nominate Noel for recognition of his exceptional teamwork, compassion, and professionalism. Noel consistently demonstrates a deep understanding of the needs of both colleagues and patients. He is a true team player who always puts himself in others' shoes, showing remarkable empathy and kindness in every situation. His dedication is evident in his willingness to assist others without hesitation, even during the busiest and most challenging days.

Noel maintains the highest standards in his work, ensuring that every task is completed with care and professionalism. His ability to adapt to situations and respond proactively reflects his commitment to excellence. Whether it is supporting his colleagues or providing compassionate care to patients, Noel approaches everything with a positive attitude and an unwavering commitment to the team's success.

Noel deserves to be recognized for his outstanding contributions to our ward. His qualities not only inspire the colleagues but also enhance the overall quality of care we provide.



Eye Clinic

York

Nominated by relative

My child, who is awaiting diagnosis of ADHD, has mild hearing loss in one ear and speech delay. Taking them to appointments can cause my own anxiety disorder to increase. At York eye clinic, they put me at ease. From the reception staff to the orthoptist and everyone you see along the way; they all make a difference by providing this service and providing reassurance that they understand and do not judge. They might just be doing their job, but they do it with care and compassion. I appreciate all the staff at York eye clinic, the great job they do, and how their attitude makes a difference to me and my child.

**Daniel Robinson,
Administrative Assistant**

York

Nominated by colleague

Dan showed me much needed kindness and helped me sort out a situation I was stressed and worried about. He communicated with me and reassured me straight away. It made me feel heard and understood. He works efficiently and sensibly. He also tried to offer other solutions to help me out in future. Thank you so much Dan!

**Post Anaesthetic Care
Unit**

Scarborough

Nominated by colleague

This team look after their patients beyond their recovery time post operatively and have been discharging most day patients from PACU for almost a week as the day surgical ward had been used for inpatient care during bed shortages. The area is not set up for this, but the team went above and beyond to ensure their patients received an excellent standard of care in an unexpected environment.

**Poppy Sharp, Healthcare
Support Worker**

York

Nominated by colleague

Our team helped on Ward 32 as they were short staffed and had many patients needing support with washing. Poppy told us where to go and who to support and was super kind and organised. She made us feel welcome on the ward. Well done, Poppy, you are indeed a star!

**Prince Ngwenya,
Healthcare Assistant**

York

Nominated by patient

Prince has gone out of his way to make sure that I am OK. Even knowing that there is not much that can be done to help me at the moment, he has tried to keep my spirit up.



Jessica Savage, Midwife Scarborough Nominated by patient

This amazing lady not only cares a great deal about her work, but she knows it inside and out, making any time you spend with her feel safe, informative, and beneficial to your and your baby's wellbeing. She is passionate, kind, dedicated, supportive, and all round fantastic! I have never met a healthcare professional who I could praise higher than this woman, she is an asset to the team both professionally and, I would imagine, given her nature, personally too.

One of Jess's greatest qualities is her ability to empathise with others, to listen and ask the right probing questions without feeling invasive. She talks to you on a level that is comfortable for both of you, and makes you feel at ease talking about things that are not always comfortable to talk about. She provides information in a way that is accessible and ensures you understand what has been said before progressing.

Jess has made my second birthing experience more positive than I could have ever hoped it would be, by going above and beyond in her role and by being the personable individual she is. She deserves to be recognised for the amazing work she does. She has a kind heart and a readiness to give that is so often underappreciated in modern society. I will be continually grateful that I met her at the point I did in this second journey into motherhood. I am confident that it is down to Jess's support that I will be able to look back on this experience far more fondly and happily than I did that of having my firstborn child.

I do not know how many more ways I can tell you how brilliant this lady truly is! I just would like her to be recognised for the outstanding work she does and for others and for herself to know what a difference she truly makes to the lives of those she works with. My partner, my baby, and I will be forever grateful to her, and I would like her to know that.



Ward 16

York

Nominated by patient

To the incredible team of healthcare professionals of Ward 16, I want to express my deepest gratitude for the outstanding care I received during my time in the hospital. Every one of you demonstrated unwavering dedication, compassion, and professionalism, making a challenging time so much easier to bear. While every carer supporting the ward was truly exceptional, I want to take a moment to individually mention two who made the greatest impact on me. Their kindness, attentiveness, and tireless efforts went above and beyond, leaving a lasting impression on my heart. Your team embodies the very essence of what healthcare should be, and I feel so fortunate to have been in your care. Thank you all for everything you do.

Tamayha, your patience and dedication are truly remarkable. Watching you gently and clearly explain meal options to patients, especially those showing symptoms of dementia, was nothing short of inspiring. You handled every interaction with such kindness and understanding, ensuring that even the most hesitant or confused patients took some nourishment to aid in their recovery. Even when faced with verbal abuse, you remained calm, professional, and compassionate, focusing solely on achieving the best outcome for the patient. Your unwavering commitment to their wellbeing, combined with your ability to stay composed and caring under pressure, is a testament to the extraordinary person and carer you are.

Giss, your caring nature, gentle approach, professionalism, and incredible knowledge are nothing short of outstanding. You embody everything a perfect nurse should be, with a warmth and compassion that sets you apart. Your cheeky sense of humour and comforting, radiant smile are like a balm to the soul, making even the hardest moments easier to bear. Words truly cannot express how deeply impressed I am by the care you provided - not only to me but to everyone around you. People like you are rare, a true gift to the world, and I hope others come to see and appreciate just how extraordinary you are. You are second to none.

Once again, I want to thank the entire team of Ward 16 for the exceptional care and support you provided during my stay. Your dedication and compassion have not gone unnoticed, and I am truly grateful for everything you did to make my experience as comfortable as possible. I also want to sincerely apologise to those I had the privilege of interacting with but, unfortunately, did not get your names. Please know that your kindness and professionalism made a lasting impression, and I deeply appreciate each and every one of you. Thank you all from the bottom of my heart.

Denise Pooley, Healthcare Assistant York

Nominated by colleagues

Denise is such a joy to work with and brings lots of positivity to the team. We believe Denise does not realise what an impact she has on the team. She always has a listening ear for both staff and patients. Denise is a motherly figure to everyone and never complains about anything that gets in the way. After a tough end to the year, Denise deserves all the recognition she gets, and we hope she realises how appreciative we are.



**Kajakulan Raveendran, York
Locum Specialty Doctor,
and Fay Marshall, Deputy
Sister**

Nominated by colleague

I am nominating Dr Kaj and Fay for a Star Award as they both demonstrated extraordinary commitment and went above and beyond in providing exceptional care to a patient in need. On one of our acute wards, a patient presented with sudden left-side weakness. Although Dr Kaj is not regularly assigned to this unit, one of the RNs sought his help. Without hesitation, Dr Kaj conducted a swift assessment, recognised the urgency, and promptly requested and vetted the necessary scans. His quick actions allowed the patient to receive the CT scan within minutes, facilitating timely treatment. Additionally, Dr Kaj communicated effectively with the Stroke Specialist Nurse, coordinating the next steps for the patient's care.

I would also like to highlight the vital role played by Fay, the Stroke Nurse, who was instrumental in ensuring the patient received continuous care throughout the process. Fay was approached for assistance and immediately responded with professionalism and positivity. She was incredibly helpful in facilitating the patient's transport to the CT scan department, ensuring the patient was safely and promptly moved. Furthermore, she played a key role in organizing the transfer of the patient to the appropriate ward after the scan, ensuring continuity of care and making sure the transition was seamless. Fay's calm demeanour and efficiency made a significant impact on the smooth flow of the entire process, demonstrating outstanding teamwork.

Both Dr Kaj and Fay exemplified exceptional initiative, collaboration, and dedication in a critical situation. They truly went above and beyond to ensure the best care for the patient, and I believe they both wholeheartedly deserve a Star Award for their outstanding contributions.

Surgical Assessment Unit York

Nominated by patient

Unfortunately, this was my third visit to York Hospital since December. I also suffer with PTSD. This team, especially Bethany (the dentist), Poppy, Hailey, Bhrenna, and the lovely lady reception, were kind and empathic, with great listening and communication skills. Even though they were under pressure as SAU was bursting at the seams, they were calm, and I did not feel rushed. The doctor/dentist took time to listen to how my healing journey was going.



**Ellen Womersley,
Advanced Practitioner
Sonographer**

Malton

Nominated by colleague

Ellie aligns with the Trust values in every aspect of her work. She is kind, open, and genuine to anyone who comes into contact with her. She is brilliant with patients putting them at ease and making their whole appointment a more pleasant experience, regardless of who they are or what they have an appointment for. If a patient requires anything, she will go out of her way to arrange it and make sure the patient has what they need.

Ellen works hard to make sure that everything she does is done to the absolute best of her ability. Even staying late or arriving early to make certain things are completed. She is conscientious and supportive with her colleagues and will help them in whatever way she can, always happy to listen regardless of what struggles she is experiencing herself out of work.

Ellie has several patients come back to see her to say thank you. I remember one who emotionally thanked her for saving their life. The patient needed urgent care, but this was not available at Malton, so she calmly and clearly made sure the patient was aware what they needed to do and liaised with York for their arrival. Ellie is a genuinely wonderful person all round, but very modest and she does not realise or receive the recognition she truly deserves.

Ward 15

York

Nominated by relative

My grandad was moved to Ward 15 as an outlier but became very unwell shortly after arriving with them. Nothing was too much trouble, their communication was amazing, and they treated him with such dignity and as a person. My grandad has sleep apnoea and has a CPAP machine and they made sure he had it on and helped him with it.

Dr Melrose, Peter, Beccie, Chris, and Shell were all kind and spent time with us as a family explaining what was going on and keeping us updated throughout his time on Ward 15. Madge and John, the PSAs, and the therapy team were amazing too. Even though grandad was not meant to stay on Ward 15, we are glad he did as the care was second to none! Thank you ward 15, you made a difficult time much easier.

**Georgia Potter, Service
Manager**

York

Nominated by colleagues

Georgia has gone over and above in her role during a difficult time in the medical oncology department. At a time of staff shortages and reduced capacity, she has worked hard to ensure patients are seen in a timely manner.

Georgia has been proactive in trying to find solutions to the situation and worked closely with the gynae cancer team. She has been supportive of the gynae team and gone out of her way to help us and ultimately ensure that the service has continued to run as smoothly as possible.



Medical Examiner Service York

Nominated by colleague

The Trust hosts the Medical Examiner (ME) Service for the population across York and Scarborough. This service reviews the cause of deaths as part of death certification processes.

From the 9 September, new legislation was introduced, which means all deaths, in community settings and hospital, now must be reviewed by the ME (or the coroner). This represents a huge increase in demands on the service; in the first three months of the legislation there was a 30% increase in the number of cases to be reviewed by the team. In addition to this, this time of year is one where the death rate is higher, so as our hospitals become busier during the winter months, the same workload comes onto the ME service. Despite these challenges, and short staffing within the team, the ME team have continued to work tirelessly to get through this extra workload.

The ME Officers and MEs display a dedication to putting patients and families first, absorbing more work and working collaboratively with teams inside and outside of the Trust who are involved in death administration. The team speak to all families who have had a bereavement and, in these difficult circumstances, do so with care and professionalism.

During winter, people are working hard in difficult circumstances. There are lots of elements to this and everyone across the organisation is going the extra mile, more often than not in unseen ways. The Medical Examiner service (and their colleagues in bereavement) are one of these 'hidden' but crucially important services for our patients and families and they deserve some recognition.

Claire Barker, Ward Clerk Bridlington

Nominated by colleague

Claire is exceptionally busy as she regularly supports both Waters Ward and our sister ward, Bridlington Community Unit. I emailed Claire to ask if she would organise a new filing draw labelling system for me. This was no small task as there was at least 40 plus labels required. Claire sorted this in a matter of days and attached labels in place. Everyone should have a Claire!

**Pouya Alaghband, York
Consultant
Ophthalmologist**

Nominated by colleagues

I am nominating Mr Alaghband to highlight him for his exceptional dedication and professionalism in the workplace, alongside always maintaining an air of positivity which works to boost morale.

We were facing an unexpected challenge when a surgery list was cancelled at short notice. Mr Alaghband stepped in without hesitation, demonstrating a remarkable commitment to the Trust values, and ensured urgent and long waiting patients were not delayed in their treatment. Mr Alaghband's ability to quickly adapt to the situation and ensure that all necessary tasks were covered was truly impressive. He not only managed the additional workload with grace but also maintained a positive attitude throughout the process and spared the waiting list team the unenviable task of cancelling the patients at short notice.



Julie Blowman, Staff Nurse, and Susan Burrows, Healthcare Assistant

Bridlington

Nominated by patient

I had a blood test done Monday morning. Later that day I had appointment at Bridlington Outpatients. While at the appointment I had a phone call about the blood tests from a doctor. They said they were sending an ambulance for me as I had high potassium levels and I needed to go to Scarborough Hospital.

While I waited for the ambulance, Julie and Sue made me a drink and regularly checked in on me. I was still waiting for the ambulance when outpatients closed. Julie and Sue continued to wait with me until the ambulance arrived, even though they were supposed to finish work when outpatients closed. They went above and beyond to look after me and I could not ask for more. Thank you.

Julie Stephenson, Generic Therapy Assistant

Selby

Nominated by colleague

Due to long term sickness in our community teams, Julie has kindly been supporting the management of our Selby Equipment P-store since the beginning of October. She has been carrying out the regular audits to maintain stock levels and reordering stock. She has worked tirelessly to maintain the smooth running of the store to allow safe discharges and the supporting of people at home, preventing hospital admissions. This is always done with a smile on her face, even when having to wear a woolly hat, gloves, and a coat to organise deliveries due to the store being an outbuilding.

Thank you, Julie, from all the teams you are supporting, you have been amazing.

Carmen De Casso Moxo, Locum Consultant

York

Nominated by patient

Carmen was exceedingly considerate towards me and my fears and feelings about surgery. She went the extra mile by arranging a separate area to enable my wife to stay with me for as long as possible before my surgery. She helped allay my fears concerning the surgery and took the time to talk this through with me. She oversaw an excellent team, all of whom, including the anaesthetist whose name I cannot remember, helped to relax me.

Stephanie Sumpton, Healthcare Assistant

Scarborough

Nominated by colleague

Steph was working a night shift in ED and two of her patients were complex. She ensured her and the nurse she was working with were up to date with plans for her complex patients. She was particularly kind and understanding with a patient who had dementia and had broken their wrist. She was attentive and helped keep this patient settled and reassured.



Labour Ward

Scarborough

Nominated by colleague

During an emergency within maternity theatre, this team were noted as being outstanding. The Consultant was aware that this was a high-risk case, so remained onsite for his overnight on-call he would be available immediately if he was required. The whole team showed excellent teamworking and communication throughout the emergency. Management of the emergency was outstanding with excellent documentation throughout and following. The team came together to debrief following the event. Additionally, two consultant obstetricians were contacted during the night to attend and support, and both were willing to attend despite not being on-call. Well done to the whole team.

**Gaynor Church,
Outpatients Administrator**

York

Nominated by patient

Gaynor called advise me that an upcoming appointment I had planned, that I had been waiting for since October, was cancelled due to sickness. She showed so much kindness and empathy with an understanding of how disappointing a cancelled appointment can be. She was so helpful and kind. I am nominating Gaynor because although having the appointment cancelled is disappointing, I cannot imagine how bad she felt that morning having to ring people up to tell them the information and having to do it numerous times. I have been in that department a few times now and Gaynor always has a lovely and friendly attitude and is so helpful. She should be thanked for everything she does.

**Joanna Nurse, Internal
Communications Officer**

York

Nominated by colleague

Jo has been a firm supporter and friend of the ENABLE Network and our success in growing our network was down to Jo's support. Jo is a fantastic disabled ally, and she truly cares about making sure all voices are represented in comms and social media posts.

We initially reached out to Jo asking for support with promoting Disability History Month in 2024. From this conversation, Jo had so many amazing ideas and ways to help promote both the event and the network itself, we were overcome with ideas! Since then, Jo has been an integral part of our network. We had an increase in membership, an article about our Disability History Month Event speaker, Gem Turner, a follow up article, and promotion of disabled staff members from the network on social media.

Jo truly highlights our values of kindness, honesty, and openness, and deserves celebration for her fantastic work. I know, as a committee member, we would not have been anywhere near as successful as the ENABLE Network has been in 2024 without her, and we know Jo is always a member of staff we can rely on for support both in her job role, and in the disability space. Thank you so much Jo, you are a true credit to the Trust.

**Gabrielle Lawson,
Advanced Nurse
Practitioner**

York

Nominated by patient

I have been to ED several times with family and Gabrielle has always been kind, courteous, and helpful. She continues to smile, even amid the stress of busy department, and today was no exception. She is a credit to the NHS.

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	Towards Excellence: Trust Strategy 2025-2030
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Tilly Poole, Head of Strategy and Planning, James Hawkins, Chief Digital and Information Officer and Lucy Brown, Director of Communications

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input checked="" type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <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
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Equality, Diversity and Inclusion requirements
 This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability
 This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust’s Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

It is recommended that the Board approves the final draft of the Trust Strategy, "Towards Excellence 2025-2030," and supports the subsequent steps in the development and implementation of the Strategic Scorecard.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No Yes

(If yes, please detail the specific grounds for exemption)

Report History

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

Meeting	Date	Outcome/Recommendation

Towards Excellence: Trust Strategy 2025-2030

1. Introduction and Background

The York and Scarborough Teaching Hospitals NHS Foundation Trust strategy has been developed by the Board of Directors in collaboration with staff, governors, and key stakeholders over the past year.

The final draft of the strategy (Appendix 1) is presented to Trust Board members for approval. This supporting paper outlines the key engagement milestones in the development of the strategy and the main changes since the last draft presented to Board, based on the feedback received through the engagement and consultation. It also describes plans for the development of a strategic scorecard and the process for delivering the objectives outlined in the strategy.

The Board is asked to approve the final draft strategy.

2. Strategy development

Towards the end of 2023 the Board committed to refreshing the Trust's strategy, and developed proposals for a new purpose, ambition, and strategic objectives.

A collaborative approach was taken throughout the strategy's development. The initial proposals developed by the Board were shared at a timeout day for Board members, senior leaders, and representatives from partner organisations. At this session, the Trust's previous purpose, ambition, and strategic objectives were reviewed, and the new proposals were discussed and further developed. This collaborative approach continued throughout the development of the strategy, with proposals developed through workshops with a range of staff groups which were then shared for further feedback. This iterative process resulted in a final draft which was shared with all staff throughout November 2024 for comment. This final draft was also shared with leaders from system partner organisations who were invited to give feedback.

The following table shows the timeline for the key engagement steps and opportunities throughout the development of the strategy:

Stakeholder/s	How was feedback sought?	When
Board of Directors, senior leaders and representatives from partner organisations	Review of current strategy and development of proposed purpose, ambition and strategic objectives	October 2023
Board of Directors	Feedback from strategy development day, discussion on strategy development plan and next steps	November 2023
Board of Directors	Board development day – proposed purpose,	December 2023

	ambition, and strategic objectives	
Council of Governors	Paper outlining work to date and development plan	December 2023
Our Voice, Our Future Changemakers	Presentation to the changemakers	December 2023
All staff	Feedback through changemakers	Jan – Feb 2024
Executive Committee	Presentation and discussion on draft to date and further feedback	February 2024
Senior Medical Staff Committee	Workshop on strategic objectives and ‘we will’ statements	February 2024
Council of Governors	Workshop on ‘we will’ statements and feedback on draft to date	March 2024
Care Group senior leaders	Workshop with delegates on the Care Group leadership development programme	March 2024
Senior Leadership Forum	Workshop with senior leaders to seek feedback on the purpose and ambition and to develop the ‘we will’ statements	July 2024
Board of Directors	Board development session presentation and discussion on the strategy to date	14 August 2024
Board of Directors	Full draft of the strategy shared for discussion and comment before final engagement with staff and stakeholders	September 2024
Senior Leadership Forum	Workshop with senior leaders to share latest version based on previous engagement workshop and to consider the measures that could be used	September 2024
All Staff	Staff Brief: update on progress to date and feedback invited	September 2024
All Staff	Consultation with all staff on latest draft and feedback questionnaire	Throughout November 2024
Council of Governors	Final draft for comment	December 2024
Partner Organisations	Final draft shared and feedback invited	December 2024 – January 2025

3. Changes to the document

A number of changes have been made since the Board of Directors last considered a draft of the strategy in September 2024. These changes reflect comments received during the engagement and final review stages.

The table below summarises the material changes since the version received by the Board in September 2024:

Original	Revised	Page reference in final draft
To provide timely, responsive, safe, accessible effective care at all times.	To provide timely, responsive, safe, accessible and effective services at all times.	Page 14
Ensure timely and accessible services for all.	Ensure timely and accessible services for all and meet NHS constitutional standards.	Page 14
Appropriately prioritise people who experience health inequalities.	Ensure equity of access to our services.	Page 14
Nurture professional growth through education and learning to maximise staff potential.	Nurture professional growth and development through education and training of our workforce.	Page 14
Drive quality improvement through empowering our staff and engaging our patients.	Establish and embed a systemic approach to continuous improvement which will empower our staff and engage our patients to improve the quality and value of what and how we do things.	Page 15
Embrace digital technologies to innovate and transform our patient and staff experience.	Embrace digital technologies to innovate and improve our patient and staff experience and increase productivity.	Page 15
Be a continuously improving and learning organisation by adopting and embedding a systematic approach to quality improvement.	Text deleted.	-
Be active in research and innovation.	Aim to increase the amount of funded	Page 15

	research and encourage and support innovative ideas and proposals.	
New text added.	Have effective governance arrangements that meet or exceed 'best practice' guidelines.	Page 16
New text added.	Comply with standards outlined by the Care Quality Commission.	Page 16

4. Monitoring Process

Progress on delivery of the strategy will be supported by a strategic scorecard. This will provide a structured framework for monitoring progress towards achieving the Trust's strategic objectives. This scorecard will align metrics and trajectory targets with the long-term goals outlined in the strategy, offering a clear and visual method for the Board and leadership teams to track if we are meeting our strategic objectives.

The scorecard will include metrics and trajectories that incorporate both national (e.g. constitutional targets) and local indicators. Upon approval of the strategy, these metrics will be developed, and trajectory targets established as part of the annual planning process.

It is proposed that the strategic scorecard be presented to the Board on a quarterly basis. Strategic objectives often require extended timeframes to demonstrate meaningful progress, and quarterly reporting minimises short-term fluctuations, ensuring updates provide clarity on substantial developments aligned with the Trust's long-term goals.

5. Refreshing the Strategy

It is proposed that the Trust strategy remains a living document, serving as a foundation for the Trust's direction while remaining adaptable to the evolving operating environment. Healthcare systems function in a rapidly changing landscape, shaped by advancements in service provision, shifts in population health needs, and policy changes.

The strategy will therefore be reviewed on an annual basis.

6. Next Steps and strategy deployment.

Strategy deployment refers to the structured process of aligning an organisation's long-term vision and strategic objectives with daily operations and activities (planning). It ensures that everyone in the organisation works towards common goals, focusing efforts on what matters most. It bridges the gap between high-level goals and day-to-day activities ensuring that all staff understand their role in achieving organisational objectives.

The development of the strategic scorecard, including the selection of relevant metrics and the establishment of trajectory targets, will be undertaken over the next two months. The finalised scorecard, alongside baseline performance data, will be presented to the Board in March for approval. Additionally, the enabling strategies will be developed and will be submitted for the Board's consideration.

The Trust is currently considering different strategy delivery approaches, including an improved quality management system, to enhance quality, operational and financial performance whilst embedding a culture of continuous improvement.

Appendix 1: Towards Excellence: Trust Strategy 2025 – 30

Date: 29 January 2025



**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

TRUST STRATEGY 2025-2030

Towards Excellence





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By working collaboratively, we aim to ensure the priorities of our organisation are consistent and contribute to the broader local Places and Integrated Care System (ICS), especially the ICS ambition of 'ensuring that everyone in our community lives longer, healthier lives



Foreword



Simon Morrill

I am delighted to introduce Towards Excellence: Our Strategy for 2025-30. This Strategy sets out our role in the local, regional and national health and social care systems as well as our strategic objectives to achieve our ambition 'to provide an excellent patient experience every time'.

The health and care landscape continues to rapidly evolve, and we must adapt to meet changing patient needs, increasing demands, and advances in treatments and technology, whilst ensuring what we do is sustainable, both financially and environmentally.

At the heart of our strategy is a focus on putting patients first, and delivering safe and compassionate care every time, at the same time as striving to be an excellent place to work where our people are supported and enabled to enjoy their work.

It is crucial that both within the Trust and through our partnerships, our collective endeavours are aligned. We must work together with external health and social care organisations to improve the health and wellbeing of the population, and delivering excellent healthcare within the available funding.

Thank you for your continued support as we embark on this journey to deliver our ambition.

Simon Morrill
Chief Executive

Our Trust

We are an acute and community services provider delivering a comprehensive range of acute hospital and specialist healthcare services for more than 500,000 people living in York, North Yorkshire, East Yorkshire and Ryedale - an area covering 3,400 square miles.

Our sites include:

- **York Hospital**
- **Scarborough Hospital**
- **Bridlington Hospital**
- **Malton Hospital**
- **The New Selby War Memorial Hospital**
- **St Monica's Hospital Easingwold**
- **White Cross Rehabilitation Hospital**
- **Nelsons Court Inpatients Unit**
- **Community team bases in the Vale of York**

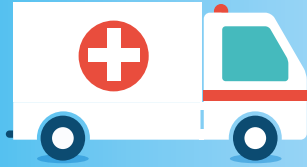
The Trust manages community-based services in Selby and District, and the City of York. This includes community nursing and specialist services for both adults and children.

We value being the provider of the community services. This enhances our ability to provide continuity of care, streamlined patient pathways, and improves outcomes by offering us the ability to deliver seamless coordination between hospital and community-based services. This means we can work to reduce unnecessary hospital admissions, facilitate early intervention, and support holistic, patient-centred care for both adults and children. The benefits of being an integrated acute and community mean we can promote efficient use of resources, better communication, and collaboration across teams, while addressing public health needs through prevention and population health initiatives.

We have an annual turnover in excess of £800m and a workforce of over 10,000 people, making us one of the largest employers in the locality.

We created York Teaching Hospital Facilities Management Limited Liability Partnership (YTHFM) as a subsidiary of our Trust. It has a workforce of over 1,000 people providing a range of estates and support services, such as catering, cleaning, portering and security.

In 2023/24, we saw the following activity:



115,414
A&E attendances

100,613

attendances in Urgent Care
Centres on our sites



160,808

inpatients (adults, including maternity)

779,908

outpatient attendances (also including
telephone and video appointments)

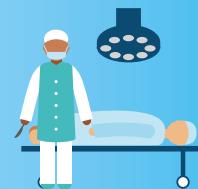


9,921

inpatients (children)

121,700

operations or procedures as an inpatient



3,916

babies delivered

The Communities We Serve

The Trust is located in a region of rich and diverse geography, encompassing scenic coastal areas, rural countryside, bustling market towns, and vibrant urban communities. This varied landscape, combined with the area's appeal as a tourist destination, presents both challenges and opportunities. Serving these dispersed communities requires innovative approaches to healthcare delivery, ensuring accessibility across different locations while meeting the diverse and unique needs of residents and visitors alike. This diversity also presents challenges in ensuring equitable access to services, particularly for our ageing and transient populations, and in addressing health inequalities in our more deprived communities. A stark example of this disparity is the life expectancy gap, with residents in the most affluent areas living up to 13 years longer than those in the most deprived areas. This also gives us challenges around access to services, particularly with ageing and transient populations and challenges in improving health outcomes for our populations in our more deprived communities.

Scarborough is the most deprived district within North Yorkshire and this community includes three quarters of the county's most deprived areas. The Trust serves There are ten electoral wards in which, currently, more than one-third of children live in poverty.

We know that providing a comprehensive, local service is important to our communities, especially given the distance between local health services. We believe in the principle of local services for local people.

Our Health and Care System

Our Trust is part of the Humber and North Yorkshire Health and Care Partnership. The partnership is led by the statutory health body the NHS Humber and North Yorkshire Integrated Care Board (ICB) which is accountable for spend and strategic commissioning across Humber and North Yorkshire. The partnership includes NHS providers and local councils together with voluntary, community and social enterprise (VCSE) organisations.

By working collaboratively, we aim to ensure the priorities of our organisation are consistent and contribute to the broader local Places and Integrated Care System (ICS), especially the ICS ambition of 'ensuring that everyone in our community lives longer, healthier lives'. This includes narrowing the gap in healthy life expectancy between the most and least advantaged communities by 2030 and increasing overall healthy life expectancy by five years by 2035.

Partnerships within the ICS include:

In our catchment area there are three 'Places'; York, North Yorkshire and East Riding. There is an ambition to develop Integrated Neighbourhood Teams of which the Trust will be part within the Places.

Provider collaboratives: bringing NHS providers together across one or more ICSs, working with clinical networks, alliances, and others, to benefit from working at scale.

We are a member of the Collaboration of Acute Providers (CAP), working with Harrogate District NHS Foundation Trust, Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust.



The Current Context of Our Trust

Recent years have been very challenging for our Trust, other health and care partners and our communities as we navigate a post-pandemic world.

We have worked hard to reduce the long waits for planned care and diagnostics for our patients, and have seen positive progress despite pressure on resources, a growth in demand, and the impact of a period of industrial action, the likes of which the NHS has never experienced.

We have made improvements with our performance against the key operational standards, exceeding our planned trajectories on both referral-to-treatment times and the 62-day cancer standard, and whilst we still have further to go, we are making good progress on the new faster diagnostic standard for cancer.

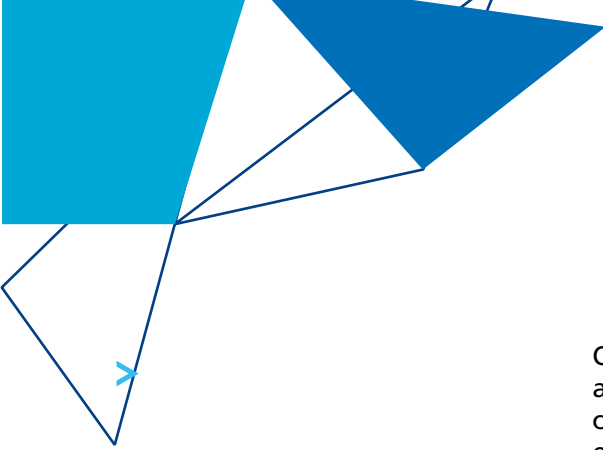
Waiting times for out-patients, surgery and diagnostics continue to reduce as well as the total number of people waiting. A testament to the commitment of our workforce to the people we serve.

Meeting standards for urgent and emergency care remains particularly challenging, highlighting broader issues such as patient flow, timely discharges, delays with ambulance handovers and waiting times for patients being admitted by our two emergency departments.

The NHS has faced significant financial pressure in recent years. An ageing population and increasing demand means health and care services continue to evolve and innovate to meet the needs of our communities. This is a challenge faced by all our partners in the wider health and care system, and one that we will need to work together to address.

The safety and quality of our services remain our core priority. We recognise we have further work to do to ensure we are achieving the highest standards, and this was reflected in our most recent inspection reports from our regulator the Care Quality Commission (CQC).

Top of our agenda is to create a workplace where staff feel valued, their voice is heard, they enjoy their work and are supported to give their best. We know that this is not the case for all our staff as evidenced successive Annual Staff Surveys. Through our culture and leadership programme Our Voice, Our Future, and our new Leadership Framework as well as other initiatives, we have committed to fostering a culture where all staff feel listened to, treated fairly, valued and respected and enjoy coming to work. ➤



Our largest hospitals, York and Scarborough, are ageing. All aspects of the estate, infrastructure and equipment need to be continually reviewed to ensure it is fit for purpose and safe to enable care to be delivered in the most effective and efficient way. In response, we have delivered the largest capital programme the Trust has ever seen, including the completion of the £19 million emergency department extension in York. 2025 will see the opening of the new £50 million Urgent and Emergency Care Centre in Scarborough, transforming the delivery of care for our most critically ill patients on the East Coast.

We are also seeing developments in the delivery of research. We have been awarded £3 million by the National Institute for Health and Care Research (NIHR) to lead national research into a new bowel imaging technology for patients, known as colon capsule endoscopy. The launch of the Scarborough Coastal Health and Care Research Collaborative (SHARC) will help to understand and reduce health inequalities affecting the population of Scarborough and the East Coast. This will inform future initiatives to improve health for future generations.

We receive patient experience feedback from a range of sources including Friends and Family Test (FFT), surveys, complaints, and Patient Advice and Liaison contacts (PALS). Whilst the majority of our patients have a positive experience of our services, with numerous examples of staff demonstrating kindness and support for patients and carers, we can see that the pressure we are facing is having a negative impact on our ability to consistently provide the high standard of care that we want, and that our patients expect. The Trust is receiving the highest number of complaints in its history, indicating there is much to do to provide 'an excellent patient experience every time'. The main reasons for our patients and their families complaining are waiting times and poor communication.



Our Strategic Framework

Our strategy is informed by what our patients, staff and stakeholders, including our regulators, tell us about the services that we currently provide.

We are clear about our purpose, ambition, strategic objectives and our values and behaviours. They are the cornerstone of this new five year strategy 'Towards Excellence'.

Our Purpose (why we exist) is:

- To deliver excellent healthcare every day

Our Ambition (where do we aspire to get to – our True North) is:

- To provide an excellent patient experience every time

Our Strategic Objectives (what we will do to achieve our ambition) are:

- To provide timely, responsive, safe, accessible and effective services at all times
- To create a great place for our people to work, learn and thrive
- To work together with partners to improve the health and wellbeing of the communities we serve
- To challenge the ways of today to develop a better tomorrow through research, innovation and transformation
- To use resources to deliver healthcare today without compromising the health of future generations
- To be well-led with effective governance and sound finance



To be successful, our workforce will have a clear understanding of the strategic objectives of the organisation and their role in contributing to their attainment. Our actions and choices, no matter one's role, should be aligned with the Trust's purpose, ambition, and strategic objectives. We believe that every colleague has an important contribution to make and are committed to ensuring they are enabled to provide the services our communities deserve.

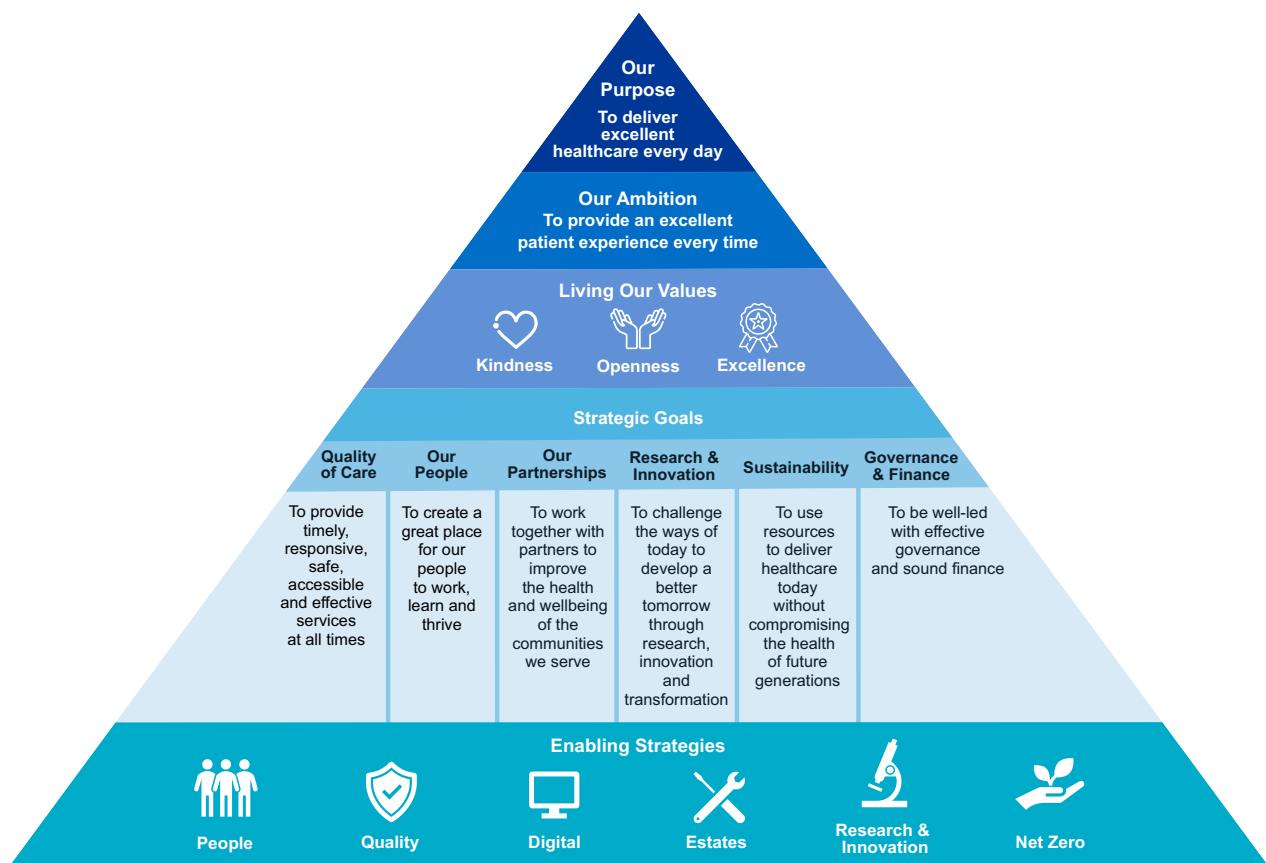
The way we do things is just as important as what we do. Our Values (how we behave and make decisions at work), developed with our staff, are:

- Kindness
- Openness
- Excellence

To support staff to live our values every day, we have a behaviour framework defining the standards we should all expect of ourselves and each other.

The relationship between our purpose, ambition, strategic objectives and values is shown below. This also incorporates the enabling strategies we require and key metrics to measure progress.

Our behavioural framework can be found in Annex 1 (page 19).



Our Six Strategic Objectives

To provide timely, responsive, safe, accessible and effective services at all times.

Quality of care is of paramount importance to us. We are committed to keeping our patients safe at all times.

We will:

- provide high quality, effective care.
- ensure timely and accessible services for all and meet NHS constitutional standards.
- involve patients and carers in decisions about their care to achieve their most appropriate outcome.
- ensure equity of access to our services.
- provide efficient pathways that support patients to return to their usual or new place of residence, minimising delays and patient harm.

To create a great place for our people to work, learn and thrive.

We value our people and aspire to be an excellent employer; which people choose to join, want to stay and where they can develop their careers.

We will:

- nurture professional growth and development through education and training of our workforce.
- recruit and retain people who live our values and behaviours.
- foster a safe, inclusive, diverse and supportive workplace.
- nurture a culture of feedback, appreciation and recognition.
- improve staff wellbeing.



To work together with partners to improve the health and wellbeing of the communities we serve.

We work collaboratively with other providers including primary care, local authority, voluntary organisations and social care providers to best meet the needs of the people we serve.

We will:

- work with our system partners to have innovative care pathways that treat people in the best place possible without delay.
- develop new pathways of care by working across organisational boundaries at a place-based or locality-based level.
- work with partners in our role as an Anchor Institution to maximise local economic growth and improve our community's health and wellbeing.
- work with Primary Care Networks and other neighbourhood partners to reduce health inequalities and increase positive health and wellbeing.
- develop joint initiatives with educational institutions to grow the workforce of the future and providing employment routes for local people.

To challenge the ways of today to develop a better tomorrow through research, innovation and transformation

As a learning organisation, with two acute hospitals and vibrant community services, we are perfectly positioned to be actively involved in research, improvement and innovation opportunities. Enhancing our involvement in these areas will strengthen our offering to our patients and staff.

We will:

- establish and embed a systemic approach to continuous improvement which will empower our staff and engage our patients to improve the quality and value of what and how we do things.
- embrace digital technologies to innovate and transform, improving our patient and staff experience and increase productivity.
- work with academic and commercial institutions to explore appropriate research partnerships.
- aim to increase the amount of funded research and encourage and support innovative ideas and proposals.

To use resources to deliver healthcare today without compromising the health of future generations.

Our long-term sustainability is tied to the wellbeing of the population we serve and as an Anchor Institution we strive to ensure our actions and decisions do not compromise our future.

We will:

- have effective governance arrangements that meet or exceed 'best practice' guidelines.
- comply with standards outlined by the Care Quality Commission.
- make effective and efficient use of our current and future estate.
- work with our partners to promote healthy lifestyle choices and ill health prevention.
- integrate sustainable practices into everything we do and reduce our carbon footprint.
- consider the environmental impact of all the decisions we make.
- invest in environmentally friendly technologies.

To be well-led with effective governance and sound finance.

We are a public sector NHS organisation with responsibility for providing best value for the use of the public's money and to conduct ourselves in accordance with public sector values and principles including openness and accountability.

Good governance is essential; whilst it alone does not guarantee a Trust's success, no Trust can succeed without it.

We will:

- create a culture of compassionate leadership and accountability.
- routinely use data and intelligence to inform decisions to provide best value and quality of service.
- ensure clear lines of communication and engagement.
- foster a culture of openness where staff feel safe to speak up.
- ensure sound financial governance providing services within the resources available.



Enabling Strategies

The Trust has six crucial enabling strategies which are in place to underpin and support the delivery of this strategy:

- Quality
- People
- Digital
- Estates
- Research and Innovation
- Green Plan

Delivering our Strategy and Measuring Success

The Trust will produce an Annual Plan describing the key objectives and work plan for the next year. In effect this is the tactical plan to take the Trust ever closer to realising its ambition of 'providing an excellent patient experience every time' through its strategic objectives. The Annual Plan will be updated every 12 months.

This strategy will be continually assessed against its progress as measured through the delivery of the Annual Plan and the Strategy Scorecard.

Quarterly progress reports on the attainment of the Annual Plan will be considered by the Trust Board, with a progress report every 12 months a on the key metrics on the Strategic Scorecard.

Our Towards Excellence Strategy for 2025-30 is built upon a clear understanding of the needs, challenges, and priorities of the people we serve and is based upon sound organisational knowledge, not least, feedback from our workforce. The development of specific strategic objectives means there is clear line of sight on how we intend to achieve our ambition: To achieve an excellent patient experience every time.

Our values and the behavioural framework

Organisational Values	Organisational Behaviours	Behaviours we LOVE	Behaviours we EXPECT	Behaviours we DON'T WANT
<p>KINDNESS</p>	<p>We are Respectful</p>	<ul style="list-style-type: none"> I understand and champion diversity in patients and colleagues. I support others to be themselves and respect and value them for who they are. 	<ul style="list-style-type: none"> I treat everyone as a valued individual and am aware that the things I say and do may upset others. I always protect people's dignity and feelings. 	<ul style="list-style-type: none"> I ignore people's feelings or pain. I make people feel bullied, belittled or judged.
	<p>We are Fair</p>	<ul style="list-style-type: none"> I understand how my actions and behaviour affect others and I always treat others fairly. I am impartial, unbiased and act without prejudice. 	<ul style="list-style-type: none"> I always treat others fairly. I have an awareness of how my actions and behaviours can affect others. 	<ul style="list-style-type: none"> I make others feel uncomfortable. I don't consider the opinions of others.
	<p>We are Helpful</p>	<ul style="list-style-type: none"> I am attentive and compassionate and think about what others need. I go the 'extra mile' for patients and colleagues. 	<ul style="list-style-type: none"> I help those who need it or I will find someone who can. I will never walk by. 	<ul style="list-style-type: none"> I make people feel that they are interrupting, are unimportant or a burden: "it's not my patient/job/problem."
<p>OPENNESS</p>	<p>We Listen</p>	<ul style="list-style-type: none"> I take time, even when busy, to truly understand the point of view of others. 	<ul style="list-style-type: none"> I listen attentively to others and respond. 	<ul style="list-style-type: none"> I appear disinterested, dismissive or talk over people.
	<p>We Collaborate</p>	<ul style="list-style-type: none"> I help others understand how services and teams connect to deliver the best possible outcomes. I create an environment where help is happily offered, asked for and provided. 	<ul style="list-style-type: none"> I work as part of a team, value the opinion of others and will communicate and cooperate. 	<ul style="list-style-type: none"> I focus on one department's needs to the detriment of other services. I exclude others and work in isolation.
	<p>We are Inclusive</p>	<ul style="list-style-type: none"> I empower everyone's voice to be heard and included in decision making. 	<ul style="list-style-type: none"> I treat people fairly and without favouritism or discrimination. 	<ul style="list-style-type: none"> I deliberately exclude some people and favour others.
<p>EXCELLENCE</p>	<p>We are Professional</p>	<ul style="list-style-type: none"> I lead by example demonstrating awareness of the impact of my behaviours and support others to do the same. I do what I say I am going to do. 	<ul style="list-style-type: none"> I am calm, patient and put people at ease. I provide constructive feedback. I take pride in my appearance, the environment in which I work and our organisation as a whole. 	<ul style="list-style-type: none"> I am critical. I pass on stress and negativity to others. I display an unprofessional appearance.
	<p>We demonstrate Integrity</p>	<ul style="list-style-type: none"> I have a positive attitude and take responsibility for my actions. I will speak up, and support others to speak up, if something isn't right. 	<ul style="list-style-type: none"> I always seek to do the right thing. 	<ul style="list-style-type: none"> I do not take responsibility. I blame or criticise others. I do not speak up when something isn't right.
	<p>We are Ambitious</p>	<ul style="list-style-type: none"> I create an environment where feedback is encouraged and new ideas are taken forward and celebrated. I empower individuals to do what they know is right for staff and patients. 	<ul style="list-style-type: none"> I always aim to achieve the best results. I suggest new ideas and find ways to take them forward. I report things that are not right. 	<ul style="list-style-type: none"> I accept average standards. I complain without searching for solutions.



The benefits of being an integrated acute and community mean we can promote efficient use of resources, better communication, and collaboration across teams, while addressing public health needs through prevention and population health initiatives.



York and Scarborough Teaching Hospitals

NHS Foundation Trust

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KINDNESS

OPENNESS

EXCELLENCE



Committee Report

Report from:	Quality Committee
Date of meeting:	21 st January 2025
Chair:	Steve Holmberg

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<p>CQC – Unscheduled visit to UEC and Medicine Key Points: Visit during exceptionally busy week. Staff performed particularly well No immediate safety concerns identified UEC was a re-rating visit Paediatric ED had concerns raised Mental health assessment identified as having challenges Escalation ward 12 had some staffing concerns identified Medicine visit was stated to be part of a system inspection but on-site team were advised that this was also a re-rating visit. Steps in hand to upgrade our response to visit as a result of this short notice change Discharge planning process identified as needing improvement Some concerns identified with digital vs paper documentation</p> <p>Maternity – Maternal death in reporting period. Currently undergoing full investigation Committee heard of concerns relating to perinatal mental health support. Team is under establishment and receiving increasing referrals for triage. Risk highlighted by recent identification of 2 cases of NAI in first 4 weeks of life</p>
ASSURE
<p>Sepsis – Report identified significant improvement in patient identification and some improvement in time to antibiotic administration although challenges remain. There have also been improvements in the identification of deteriorating patients with more effective failsafe mechanisms</p> <p>Complex Needs – Committee received paper with assurance that Trust was meeting statutory obligations</p>

ADVISE
<p>Maternity – Committee approved Section 31 submission. In-month metrics provide assurance that improvement trajectory is being maintained although evidence of service being under increasing pressure. Work progressing to try and identify opportunities to fund essential staff recruitment principally through reorganisation of education and theatre functions</p>
RISKS DISCUSSED AND NEW RISKS IDENTIFIED

CSCS CG – Radiology: 50 discrepancies noted from 400,000+ investigations (although discrepancies not actively sought). Well within ‘acceptable’ levels
 Pharmacy: Successful transfer from Lloyds to Rowlands. Assurance needed over pricing of OTC drugs
 Oncology/Haematology emergencies: New pathways being developed to avoid ED attendances for high-risk patients
 Histopathology: Reporting times improving but more action required with staff and accommodation to achieve optimal times and sustainability
 Ophthalmology: Benefits of failsafe role in preventing waiting list patients being ‘lost’ in system
 Dermatology: Concern about lengthy waits for urgent (not 2 week rule) patients. Currently running at 40 weeks with some cases of disease progression identified
 VIU: Progress with safety checks for patients undergoing procedures. Committee noted that cardiology patients were managed through Medicine CG
 Datix: Improvement in ‘closure’ times. Committee assured that there were no delays associated with moderate (or above) harms. Some Datix relating to radiological discrepancy or PSIRF investigations inevitably delayed closure but investigations were timely
 SHYPS: Industrial relations picture improved and no further action currently anticipated

Maternity – In-month data continues to show stable situation. Committee heard details of increasing evidence of ‘near misses’ due to staffing pressures particularly on the Scarborough site

Urgent Care Assurance Group – Some issues were flagged in discussions with Medicine CG. It was noted that a dedicated meeting relating to UEC was scheduled between NEDs and Executive Directors led by the Trust Chair and CEO



Committee Report

Report from:	Resources Committee
Date of meeting:	21/01/2025
Chair:	Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<p>Concerns over ED performance continue with:</p> <ul style="list-style-type: none"> ▪ Emergency Care Standard achieved in December of 61% against a target of 67.4% ▪ Ambulance Handover target of 55 minutes not achieved with actual for December 58 minutes and 20 seconds. <p>Performance has been hindered by:</p> <ul style="list-style-type: none"> ▪ Ambulance arrivals up 8% with categories 1 and 2 up 3% compared to December 23 figures ▪ 12 hour plus Trolley waits remain very high at 1057 with the end of year target of 0 appearing unrealistic ▪ Increased demand in ED departments significantly affected by ineffective Primary Care provision in some areas.
ASSURE
<ul style="list-style-type: none"> ▪ Positive signs of improvement in managing the challenges of reducing NCTR at both York and Scarborough through initiatives implemented by the Discharge Improvement Group ▪ Work in improving the quality of data relating to Waiting Lists progressing ▪ CIP delivery forecast to be short of the £53m target, however with the expect savings £40m this represents an outstanding outcome in relation to the scale of the challenge and past performance ▪ Attainment of level 4 in e-rosters represents an outstanding achievement from level 0 over the past year. ▪ Savings from e-rostering of £644,000 from January to November 2024.
ADVISE
<ul style="list-style-type: none"> ▪ Staff Absence rates remain high ▪ Appraisal window closed in December with an 88.4% completion rate.



- **Mandatory Training target of 87% met**
- **New start Induction completion target of 95% met.**
- **Elective Recovery Fund support from the centre expected to be capped nationally**
- **Planned and targeted recruitment of York and Scarborough Teaching Hospitals for 2025 pre-registered nurses indicate 109 due to qualify September 2025, 52 registered nurse degree apprentices due to qualify September 2025, and a commissioned pipeline of 30 internationally recruited nurses 2025 to 2026.**
- **Health Care Academy has produced 350 graduates since November 2024.**
- **Reforming Elective Care Plan introduced by Government aimed at Reforming Delivery, Empowering Patients, Providing Care in the right place and Alignment of Funding with Performance and Delivery.**

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

No new significant risks identified

Audit Committee: Items Escalated to the Board

The Audit Committee met on 10 December 2024.

The meeting was quorate. I am very grateful to Lynne Mellor, who chaired the meeting as I was only able to join it via a Teams link. In accordance with the plan for an Executive to attend each meeting by rotation, Claire Hansen attended in order to provide assurance in relation to limited assurance internal audit reports for which she is sponsor, BAF risks under her responsibility and any outstanding actions resulting from internal audits.

Prior to the formal meeting, the Non-Executive Director members of the Committee held a private meeting with Internal Audit. There was nothing new of concern they wished to draw to our attention and we spent most of our time together exploring how we could improve the organisation's performance in relation to outstanding recommendations! I had also had a Teams meeting with External Audit, who confirmed there was nothing they wished to raise.

The Committee wishes to draw the following matters to the attention of the Board.

Items for Assurance

Internal Audit

Internal Audit are on track with their plans and envisage being able to complete all their work by the year-end.

YTHFM LLP

Audit Committee covers the whole of the Group and we noted with concern that attendance by representatives of the LLP had fallen off over the past few meetings. We were pleased to welcome Penny Gilyard to the meeting and can now report that there will be LLP representation at all future meetings.

Corporate Documents

We reviewed the following documents: Reservation of Powers and Scheme of Delegation, Standing Financial Instructions and Standing Orders, Standards of Business Conduct Policy and Trust Constitution. We had no concerns about any of these and recommend to the Board that they all be approved.

Item for Consideration and Action by the Board

Risk Appetite and Risk Tolerance

As part of our regular review of the BAF, we had a useful discussion about the number of areas where we are operating beyond our risk appetite and where even our target is beyond our appetite. We acknowledged that these areas are discussed at Board but thought that it would be useful if we were to frame these discussions in the context of the BAF and our tolerance of risk.

Jenny McAleese
Chair of the Audit Committee
December 2024

TRUST PRIORITIES REPORT

January 2025

TPR Overview

- Executive Summary - Priority Metrics

Page Numbers

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- Cancer
- RTT
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- Quality and Safety

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Workforce

- Workforce

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Digital and Information Services

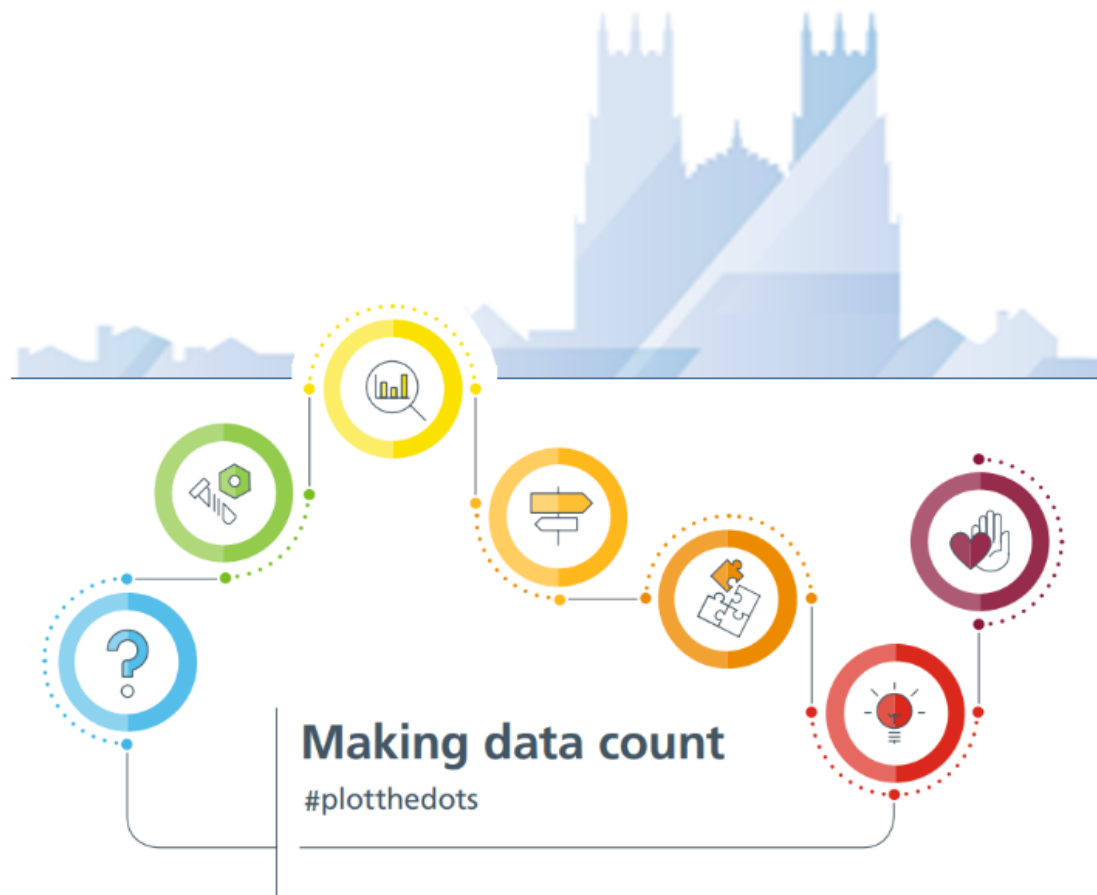
- Digital and Information Services

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Finance

- Finance

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Executive Summary

Priority Metrics

Metric Name	Month	Variation	Assurance	Current Month	Trajectory	Target
ED - Ambulance average handover time (number of minutes)	2024-12			58	50	50
ED - Proportion of Ambulance handovers waiting > 60 mins	2024-12			31%		10%
ED - Median Time to Initial Assessment (Minutes)	2024-12			5		18
ED - Emergency Care Standard (Trust level)	2024-12			61%	67.4%	78%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-12			23.4%		7.5%
ED - 12 hour trolley waits	2024-12			1057		0
Cancer - Faster Diagnosis Standard	2024-11			70%	70%	77%
Cancer - 62 Day First Definitive Treatment Standard	2024-11			71.7%	64.1%	70%
RTT - Total Waiting List	2024-12			43352	45187	44663
RTT - Waits over 65 weeks for Incomplete Pathways	2024-12			38	0	0

Executive Summary:

The December 2024 Emergency Care Standard (ECS) position was 61%, against the monthly target of 67.4%. For context Hull University Teaching Hospitals NHS Trust (HUTH) achieved 54%.

The Trust did not achieve the December 2024 average ambulance handover time target of 50 mins 00 seconds with performance of 58 mins 20 seconds. Average ambulance handover time is calculated by taking the total combined handover times divided by the number of ambulances that attended the Trust's Emergency Departments. For context HUTH and Northern Lincolnshire and Goole NHS Foundation Trust had average handover times of 58 mins 26 seconds and 65 mins 56 seconds, respectively.

Please note; in line with national reporting deadlines cancer reporting runs one month behind. The Cancer performance figures for November 2024 saw a reduction in the 28-day Faster Diagnosis standard (FDS) to 70% (compared to 71.6% in October 2024) although the monthly improvement trajectory (70%) was achieved.

62 Day waits for first treatment November 2024 performance was 71.7% an improvement on the 70.3% seen in October 2024 achieving the monthly improvement trajectory of 64.1%. The Trust has, as part of the 2024 Operational Planning, submitted trajectories to achieve the national ambition of 77% for FDS and 70% for 62 Day waits for first treatment by March 2025.

At the end of December 2024, the Trust had thirty-eight Referral To Treatment (RTT) patients waiting over sixty-five weeks. The Trust's RTT Waiting list position is ahead of the trajectory submitted to NHSE as part of the 2024/25 planning submission, 43,352 against the trajectory of 45,187, a reduction of 475 (-1%) on the end of November 2024 position (43,827).

OPERATIONAL ACTIVITY AND PERFORMANCE

January 2025

Headlines:

The December 2024 Emergency Care Standard (ECS) position was 61%, against the monthly target of 67.4%.

The Trust did not achieve the December 2024 average ambulance handover time target of 50 mins 00 seconds with performance of 58 minutes and 20 seconds.

Factors impacting performance:

- Ambulances arrivals at our Emergency Departments (ED) continue to rise (December 2024 average of 150 per day against the December 2023 average of 139, a rise of 8%). The acuity of ambulance arrivals has also continued to increase.
- The two most acute categories (1&2) once again saw a rise from a daily average of 119 in December 2023 to a daily average of 123 in December 2024 putting significant pressure on our EDs (3% increase). Increase seen in walk-in attendances at York ED from start of September 2024, potentially linked to GP Collective action. Across the York and Scarborough sites there were 10,558 ED Major, 1,665 ED Minor Injury, 205 ED Minor Illness and 1,443 GP Minor Illness attendances.
- 2hr Urgent Community Response (UCR) is facing challenges around capacity.

Regional context:

- Flu positivity in the DataMart study has risen sharply over recent weeks and may not have peaked, this short-lived RSV which has followed its usual pattern of a November peak.
- GP data shows a rise in consultations for Influenza like illness with a slight fall in the most recent week (likely to be related to the Christmas break). In contrast hospital admissions have continued to rise and are now in the High Mobile Epidemics Method (MEM) level. This is a far more significant flu wave than seen last year. It is likely to be more prolonged than that seen after the lockdowns and may continue through the whole of January.
- Attendances at ED with Influenza like illness continue to rise in North East & Yorkshire (NEY) and the North of England hospital admissions rate for Influenza is in the medium MEM level (slightly below that seen for all of England). We might expect this high level to continue for some weeks to come.
- In NEY, beds occupied or closed for flu are three times higher than the peak levels seen last winter and are likely to continue to rise (data available is up to 29th December).

Actions:

Please see following pages for details.

ECS Performance by Site and Type – December 2024

Site	Type	ECS Performance (Dec 2024)
Scarborough	Type 1	42.0%
	Type 2	100.0%
	Type 3	94.6%
	Overall	52.9%
York	Type 1	40.8%
	Type 2	100.0%
	Type 3	95.2%
	Overall	55.4%
Malton	Type 3	98.9%
Selby	Type 3	98.3%
Trust	All	61.0%

Summary MATRIX 1

Acute Flow: please note that any metric without a target will not appear in the matrix below

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS 	HIT or MISS 	FAIL 
--	---	--

VARIATION

SPECIAL CAUSE IMPROVEMENT



* ED - Median Time to Initial Assessment (Minutes)

* ED - Emergency Care Attendances
* ED - A&E Attendances - Types 2 & 3

* ED - Proportion of all attendances having an initial assessment within 15 mins

COMMON CAUSE / NATURAL VARIATION



* Proportion of SDEC admissions transferred to downstream acute wards

* ED - A&E attendances - Type 1
* ED - Proportion of Ambulance handovers waiting > 60 mins
* ED - Proportion of Ambulance handovers waiting > 240 mins
* ED - Ambulance average handover time (number of minutes)

* ED - Proportion of all attendances seen by a Doctor within 60 mins
* ED - Total waiting 12+ hours - Proportion of all Type 1 attendances
* ED - 12 hour trolley waits

SPECIAL CAUSE CONCERN



* ED - Emergency Care Standard (Trust level)
* ED - Emergency Care Standard (Type 1 level)
* ED - Proportion of Ambulance handovers within 15 mins
* ED - Proportion of Ambulance handovers waiting > 30 mins

Acute Flow (1)

Scorecard

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

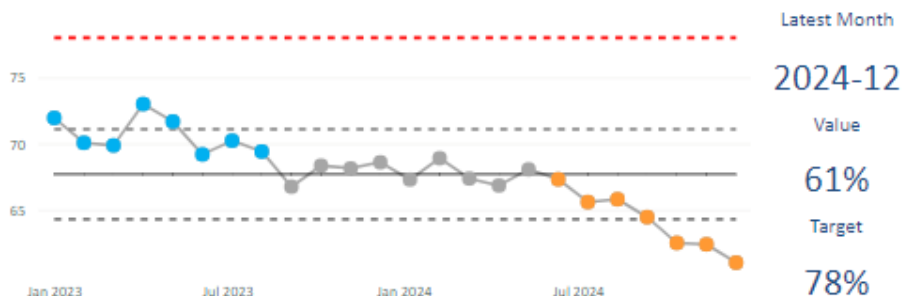
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
ED - Proportion of all attendances having an initial assessment within 15 mins	2024-12			63%		66%
ED - Proportion of all attendances seen by a Doctor within 60 mins	2024-12			24.2%		55%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2024-12			23.4%		7.5%
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2024-12			2521		
ED - 12 hour trolley waits	2024-12			1057		0
ED - Emergency Care Attendances	2024-12			16698	17807	17807
ED - Emergency Care Standard (Trust level)	2024-12			61%	67.4%	78%
ED - A&E attendances - Type 1	2024-12			10763	10425	10423
ED - Emergency Care Standard (Type 1 level)	2024-12			41.3%	47.8%	66%
ED - A&E Attendances - Types 2 & 3	2024-12			5935	7382	7384
ED - Median Time to Initial Assessment (Minutes)	2024-12			5		18
ED - Conversion Rate (Proportion of ED attendances that result in an admission to hospital) - Type 1 only	2024-12			44.6%		
Proportion of SDEC attendances transferred from ED	2024-12			65.3%		
Proportion of SDEC attendances transferred from GP	2024-12			22%		
Proportion of ED attendances streamed to SDEC Within 60 mins	2024-12			44.2%		
Proportion of SDEC admissions transferred to downstream acute wards	2024-12			15.2%		20%

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

ED - Emergency Care Standard (Trust level)

Variation Assurance

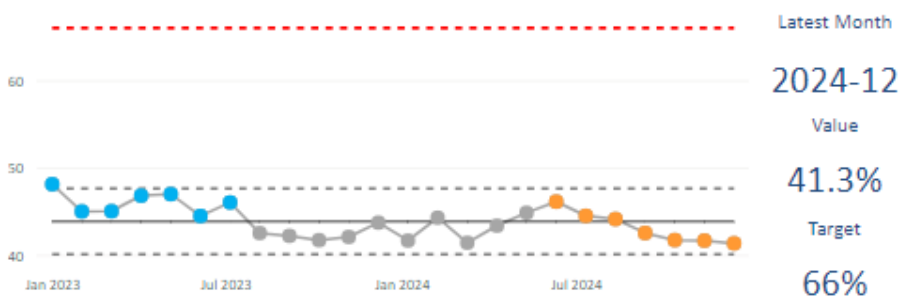


Latest Month
2024-12
Value
61%
Target
78%

The indicator is worse than the target for the latest month and is not within the control limits.
The latest months value has deteriorated from the previous month, with a difference of 1.4.

ED - Emergency Care Standard (Type 1 level)

Variation Assurance



Latest Month
2024-12
Value
41.3%
Target
66%

The indicator is worse than the target for the latest month and is within the control limits.
The latest months value has deteriorated from the previous month, with a difference of 0.3.

Rationale: To monitor waiting times in A&E and Urgent Care Centres.

Target: **SPC1:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2025. **SPC2:** Modelling showed that to achieve 78% as a Trust Type 1 performance needs to be at least 66%.

Actions:

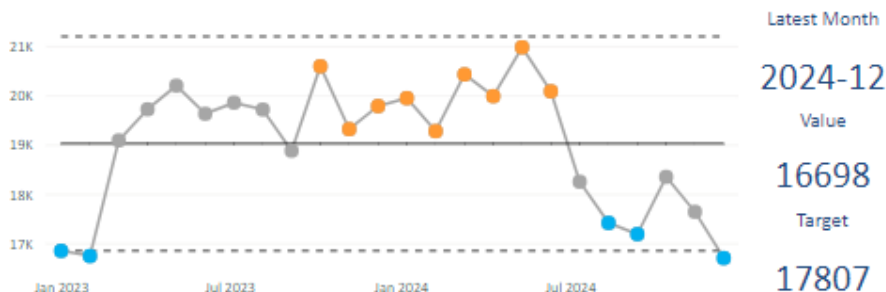
- The ECS performance for both Optimal Care Service (OCS) sites was above 93% in December 2024. The focus continues to be on maximising the number of patients seen appropriately on this pathway.
- Opportunities audits have started with support from an ED consultant, to create a stronger evidence base for boosting the Optimal Care Service by moving some resource from ED Majors to support non-Majors. Seeing more patients away from ED Majors will reduce pressure in the department and lead to more patients being seen quicker in a more appropriate environment.
- An Engagement Room is being set up at both sites, where the full Unscheduled Care Improvement Programmes (UCIP) will be displayed and explained through a series of drop-in sessions and online resources. This should help colleagues from across the organisation, particularly those working in our Emergency Departments, to understand all the work happening to support better flow through our system and hospitals. This is important to support staff morale and could help the programme team get new ideas for implementation.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

ED - Emergency Care Attendances

Variation Assurance

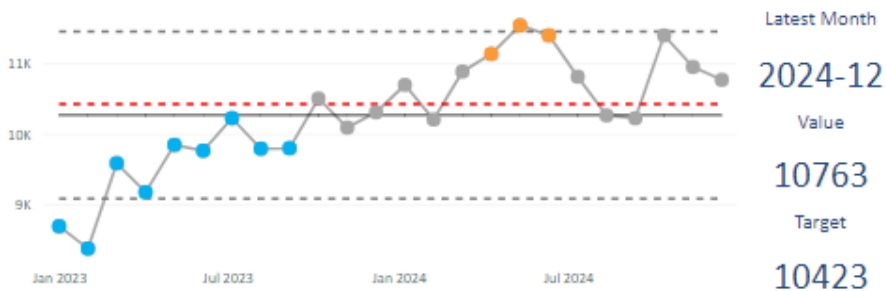
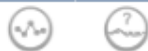


The indicator is **better than the target** for the latest month and is **not** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **938.0**.

ED - A&E attendances - Type 1

Variation Assurance



The indicator is **worse than the target** for the latest month and is **within** the control limits.

The latest months value has **improved** from the previous month, with a difference of **182.0**.

Rationale: SPC1: To monitor demand in A&E. SPC2:

Target: SPC1: Monthly activity plan as per chart. SPC2: Monthly activity plan as per chart.

Actions:

North Yorkshire and York Coordination Hub (Formerly known as Integrated Care Coordination)

- Work being led by YAS and went live on 18th November 2024.
- The Hub team takes calls from crews and gives information and advice about appropriate alternatives to conveying a patient to the Emergency Department.
- A multi-disciplinary team works from the same location and can verbally refer/discuss cases .
- There is agreement to train and place paramedics on alternative duties within the Hub.
- From 18th November to 16th December 2024 the Hub took 191 calls and had a 70% rate of conveyance avoided (134).
- A full evaluation will take place in February/March to decide on a longer-term model as the funding for the senior YAS clinician is in place up to the end of March 2025.

Internal actions

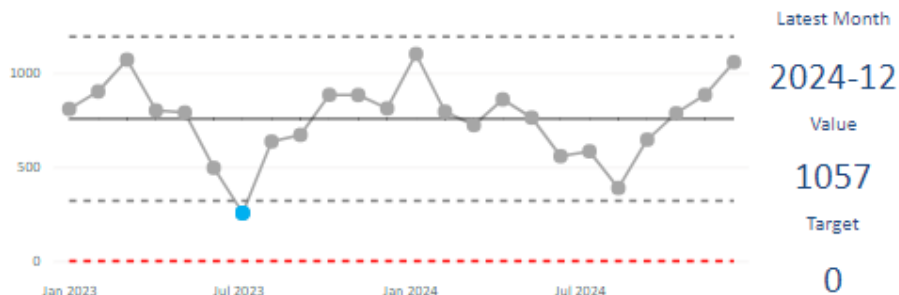
- Frailty Crisis Hub has been extended; the team expanded in December 2024 to include a therapist and dedicated social worker. Discussions ongoing with YAS to develop links between YAS and the Frailty Crisis Hub to optimise utilisation of Urgent Community Response (UCR) and other community response and voluntary sector pathways.
- The Continuous Flow model continues to run at both sites and close monitoring is taking place. Continuous Flow will help patients who need an inpatient bed to move out of the Emergency Department earlier in the day, hence should reduce the number of 12-hour trolley waits.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

ED - 12 hour trolley waits

Variation Assurance

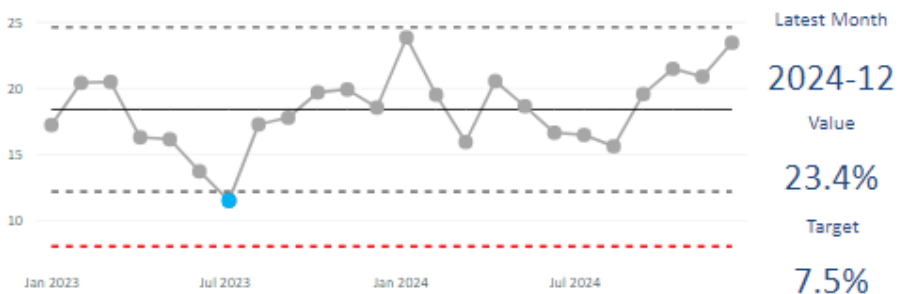
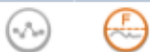


The indicator is worse than the target for the latest month and is within the control limits.

The latest months value has deteriorated from the previous month, with a difference of 174.0.

ED - Total waiting 12+ hours - Proportion of all Type 1 attendances

Variation Assurance



The indicator is worse than the target for the latest month and is within the control limits.

The latest months value has deteriorated from the previous month, with a difference of 2.5.

Rationale: To monitor long waits in A&E.

Target: **SPC1:** Zero patients to wait over 12 hours from decision to admit to being admitted. **SPC2:** Less than 7.5% of patients should wait more than 12 hours.

Actions:

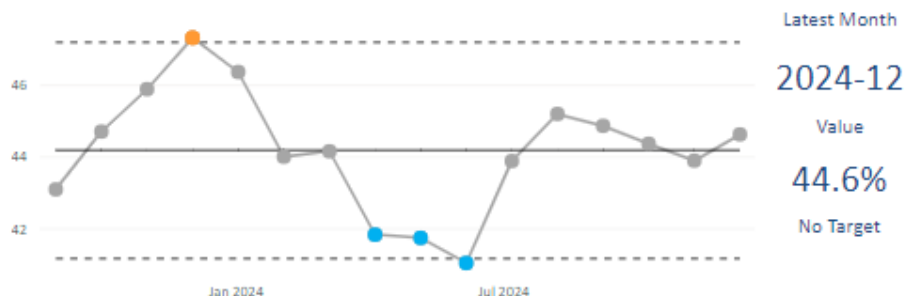
- The demand modelling for the Integrated Assessment Unit (IAU) at York has been recalculated with the Surgery Care Group. A session for the Medicine Care Group is planned in January 2025. This work is being done again due to feedback received from key stakeholders. Once the Project Delivery Group is comfortable with the data modelling and the expected numbers of patients who can benefit from an Integrated Assessment Unit at York, the group can calculate the required space, workforce and finances to run the Unit.
- Once the IAU is operational, medics in the Emergency Department will be able to move patients out for further assessment without the need for as many diagnostics to be carried out in the ED. This will free up medical time in the ED and should reduce the time to be seen.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

ED - Conversion Rate (Proportion of ED attendances that result in an admission to hospital) - Type 1 only

Variation Assurance

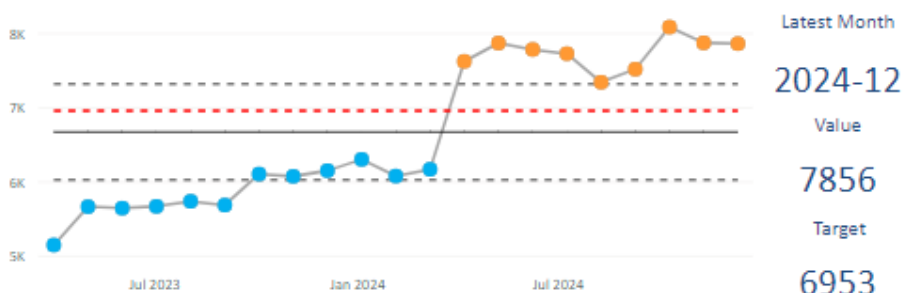
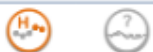


Latest Month
2024-12
Value
44.6%
No Target

The latest months value has **deteriorated** from the previous month, with a difference of **0.7**.

Number of non-elective admissions

Variation Assurance



Latest Month
2024-12
Value
7856
Target
6953

The indicator is **worse than the target** for the latest month and is **not** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **10.0**.

Rationale: **SPC1:** To understand the inpatient demand generated by Emergency Department patients. **SPC2 :** To monitor acute inpatient demand.
Target: **SPC1:** No Target. **SPC2:** Monthly activity plan as per chart.

Actions:

- The December 2024 conversion from attendance to admission outturn was 44.6%. This includes all admissions via ED into Same Day Emergency Care (SDEC), Assessment areas and Inpatient wards.
- The relevant Care Group Clinical Leads have met internally to discuss the criteria for admission. The York Team is considering the introduction of an Acute Physician In Charge (APIC) similar to that is in place at Scarborough. One of the challenges faced is workforce, particularly the required number of Acute Physicians across the UEC pathway. The service (York) is currently advertising for a Clinical Lead in the first instance as this role is vacant and being covered by a clinical director. Expressions of interest have been sought across both York and Scarborough Acute Physicians. Upon appointment of a clinical lead the service is going to look further at the feasibility of an APIC role. A staffing deep-dive is scheduled for April 2025 to look at longer-term workforce requirements.

Acute Flow (2)

Scorecard

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	
ED - Conversion Rate (Proportion of ED attendances that result in an admission to hospital) - Type 1 only	2024-12			44.6%		
Number of SDEC attendances	2024-12			2482		
Proportion of SDEC attendances transferred from ED	2024-12			65.3%		
Proportion of SDEC attendances transferred from GP	2024-12			22%		
Proportion of ED attendances streamed to SDEC Within 60 mins						
Proportion of SDEC admissions transferred to downstream acute wards						20%
Number of RAFA attendances (York Only)	2024-12			160		
Number of attendances at SAU (York & Scarborough)	2024-12			925		
ED - Proportion of Ambulance handovers within 15 mins	2024-12			22.4%		65%
ED - Proportion of Ambulance handovers waiting > 30 mins	2024-12			52%		5%
ED - Proportion of Ambulance handovers waiting > 60 mins	2024-12			31%		10%
ED - Proportion of Ambulance handovers waiting > 240 mins	2024-12			3.5%		0%
ED - Number of ambulance arrivals	2024-12			4580		
ED - Ambulance average handover time (number of minutes)	2024-12			58	50	50

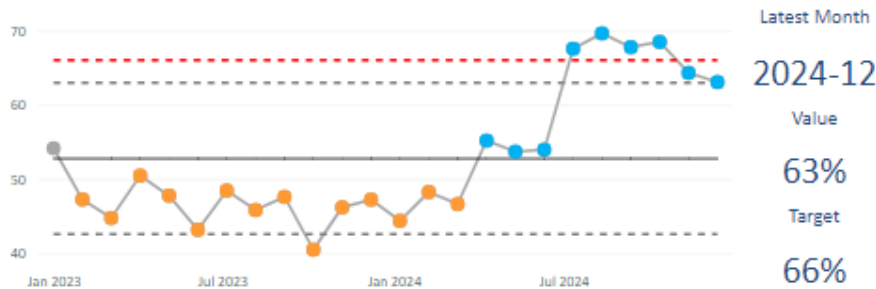
Metric Name Proportion of ED attendances streamed to SDEC Within 60 mins

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

ED - Proportion of all attendances having an initial assessment within 15 mins

Variation Assurance

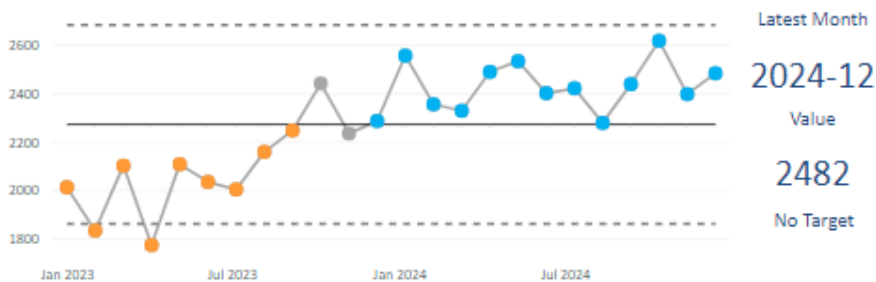


The indicator is worse than the target for the latest month and is not within the control limits.

The latest months value has deteriorated from the previous month, with a difference of 1.3.

Number of SDEC attendances

Variation Assurance



The latest months value has improved from the previous month, with a difference of 86.0.

Rationale: **SPC1:** To monitor waiting times in A&E. Patients should be assessed promptly by within 15 minutes of arrival based on chief complaint or suspected diagnosis and acuity. **SPC2:** SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. **Target:** **SPC1:** 66% assessed within 15 mins. **SPC2:** No target.

Actions:

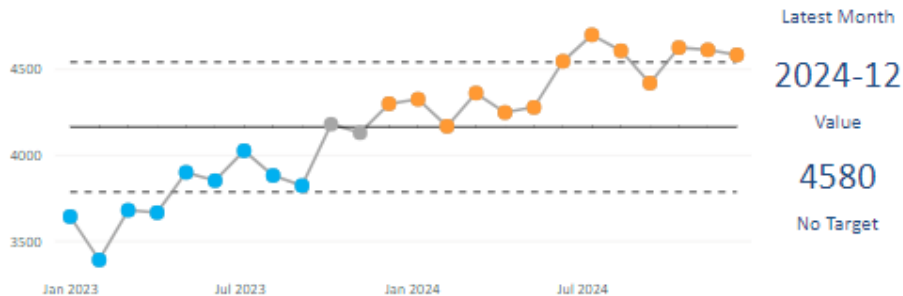
- The proportion of patients having an initial assessment within 15 mins has increased since the launch of the Clinical Navigator role and OCS Standard Policy (July 2024) with the mean time to assessment dropping significantly at the York site at the point of OCS implementation.
- It is imperative that operational business as usual (BAU) is achieved; to this end the operational rhythm is set at 07:30hrs. This is the first huddle of the day, followed by the cross-site operational meeting at 08:00hrs; further huddles take place at 11:00hrs; 14:00hrs, 15:30hrs and 22:00hrs. The huddles follow an MDT approach and include, EPiC (Emergency Physician in Charge) NiC (Nurse in Charge), DOM (Duty Operational Manager) and Site Management. The meetings follow a clearly defined agenda and outcomes are action based.
- For the patients streamed to SDEC from ED in December, 44% were done so within 60 minutes (up from 38.3% in November). This performance is impacted by two separate issues. Firstly, some patients such as those on the chest pain pathway require further investigations e.g., an Echocardiogram (ECG) before they can go to SDEC and therefore cannot be admitted within 60 mins. Secondly when SDEC reaches full capacity patients must be held in ED until capacity is available. SDEC capacity has been impacted by vacancies with Locums utilised where possible.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

ED - Number of ambulance arrivals

Variation Assurance



Latest Month

2024-12

Value

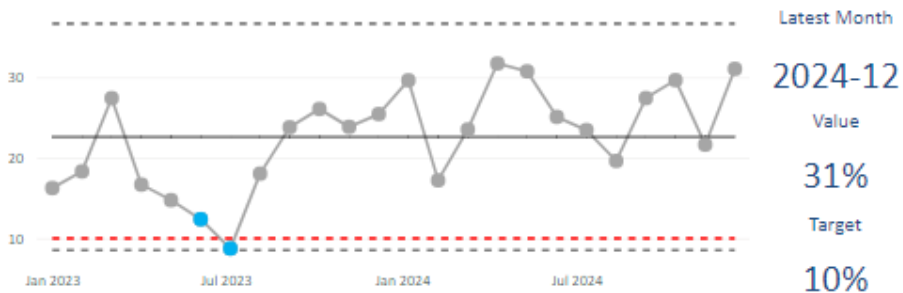
4580

No Target

The latest months value has improved from the previous month, with a difference of 29.0.

ED - Proportion of Ambulance handovers waiting > 60 mins

Variation Assurance



Latest Month

2024-12

Value

31%

Target

10%

The indicator is worse than the target for the latest month and is within the control limits.

The latest months value has deteriorated from the previous month, with a difference of 9.4.

Rationale: **SPC1:** To monitor Ambulance demand in A&E. **SPC2:** Proportion of ambulances which experience a delay in transferring the patient over to the care of ED staff.

Target: **SPC1:** No target. **SPC2:** Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival. Less than 10% should wait over 60 minutes to handover.

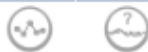
Actions:

- The Continuous Flow SOP aims to ensure proactive movement of patients out of our EDs resulting in decompression of the departments.
- **York:** December saw over 90% compliance with ambulance handover nurse in place from 10am – 10pm. Ambulance PIT STOP model is embedded (in one of the "cohort" rooms) to handover patients in a timely manner.
- **Scarborough:** December saw 90% compliance with ambulance handover nurse in place from 10am – 10pm.
- The work of the Community UEC Improvement Group (CIG), chaired by Deputy Chief Operating Officer, aims to reduce conveyances to our Emergency Departments where there is a more appropriate alternative pathway available for the patient. This should in time contribute to reduced ambulance arrivals and handover delays.

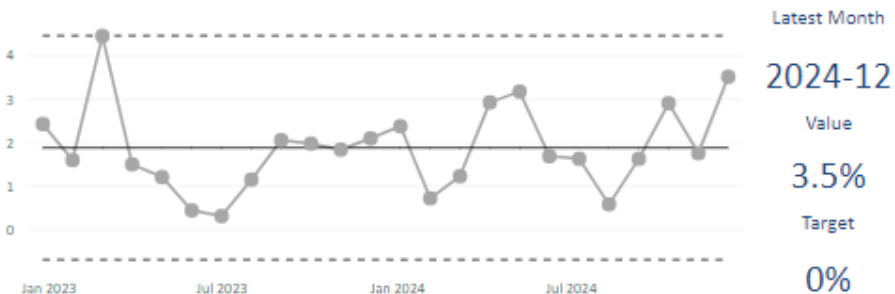
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Variation Assurance



ED - Proportion of Ambulance handovers waiting > 240 mins



Latest Month

2024-12

Value

3.5%

Target

0%

The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of 1.8.

Rationale: : Proportion of ambulances which experience a delay in transferring the patient over to the care of ED staff.

Target: Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival, 0% should wait over 240 minutes.

Actions:

- See previous slide.

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Summary MATRIX 2






Acute Flow: please note that any metric without a target will not appear in the matrix below

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

VARIATION

ASSURANCE

	PASS 	HIT or MISS 	FAIL 
SPECIAL CAUSE IMPROVEMENT 		<ul style="list-style-type: none"> * Number of zero day length of stay non-elective admitted patients 	<ul style="list-style-type: none"> * Inpatients - Proportion of patients discharged before 5pm
COMMON CAUSE / NATURAL VARIATION 		<ul style="list-style-type: none"> * Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside * Overnight general and acute beds open * Of those overnight general and acute beds open, proportion occupied * Community bed occupancy/availability 	<ul style="list-style-type: none"> * Patients receiving clinical Post Take within 14 hours of admission * Inpatients - Super Stranded Patients, 21+ LoS (Adult)
SPECIAL CAUSE CONCERN 		<ul style="list-style-type: none"> * Number of non-elective admissions 	

Acute Flow (3)

Scorecard

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

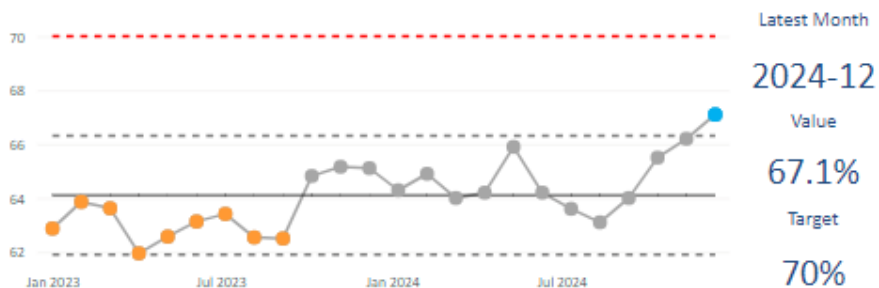
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Patients receiving clinical Post Take within 14 hours of admission	2024-12			80.2%		90%
Patients with Senior Review completed at 23:59	2024-12			45.6%		
Inpatients - Proportion of patients discharged before 5pm	2024-12			67.1%		70%
Inpatients - Lost bed days for patients with no criteria to reside	2024-12			1155		
Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside	2024-12			16.4%	19.4%	15.1%
Number of non-elective admissions	2024-12			7856	7087	6953
Number of zero day length of stay non-elective admitted patients	2024-12			2487	2077	2073
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2024-12			136	106	96
Overnight general and acute beds open	2024-12			874	838	838
Of those overnight general and acute beds open, proportion occupied	2024-12			93.5%		92%
Community bed occupancy/availability	2024-12			92.6%		92%

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Inpatients - Proportion of patients discharged before 5pm

Variation Assurance

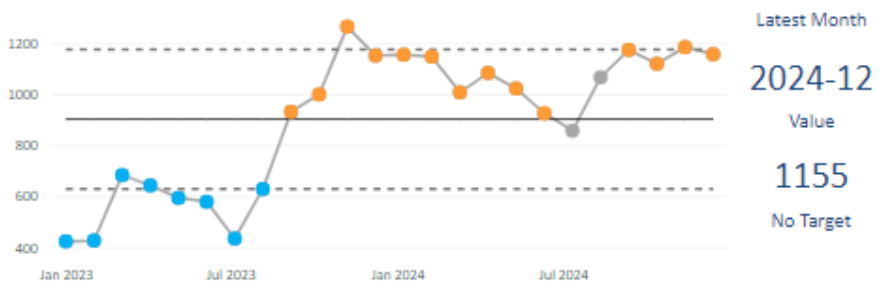


The indicator is worse than the target for the latest month and is not within the control limits.

The latest months value has improved from the previous month, with a difference of 0.9.

Inpatients - Lost bed days for patients with no criteria to reside

Variation Assurance



The latest months value has improved from the previous month, with a difference of 28.0.

Rationale: Understand flow in the acute bed base.

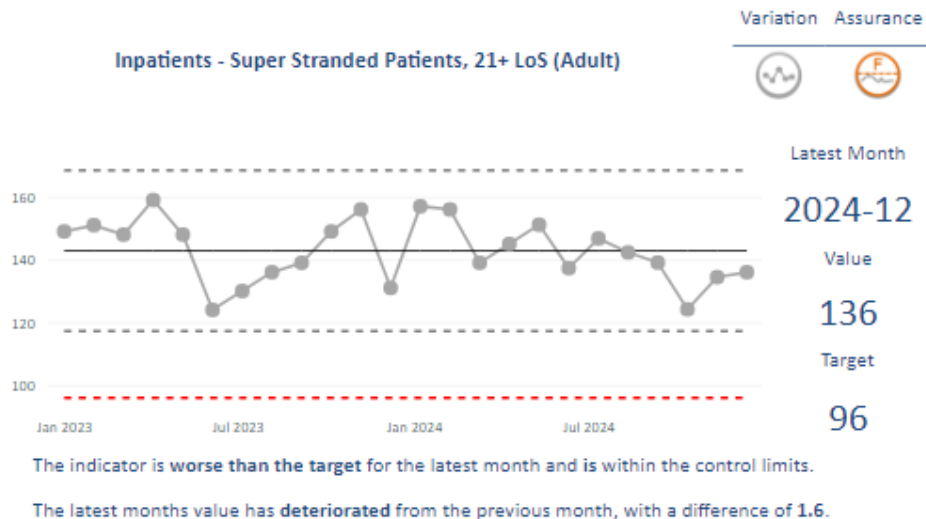
Target: SPC1: Internal target of 70%. SPC2: No target.

Actions:

- Timeliness of discharges is one of the key performance indicators for the work of the Discharge Improvement Group. A detailed report has recently been produced, showing timeliness of discharges at Ward level so that improvement work can be targeted where it is most needed, and to learn from areas of best practice.
- The improving trend is likely being supported by the implementation of the continuous flow policy, as well as the 'sprint' improvement work happening in the Medicine Care Group to support effective board rounds.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



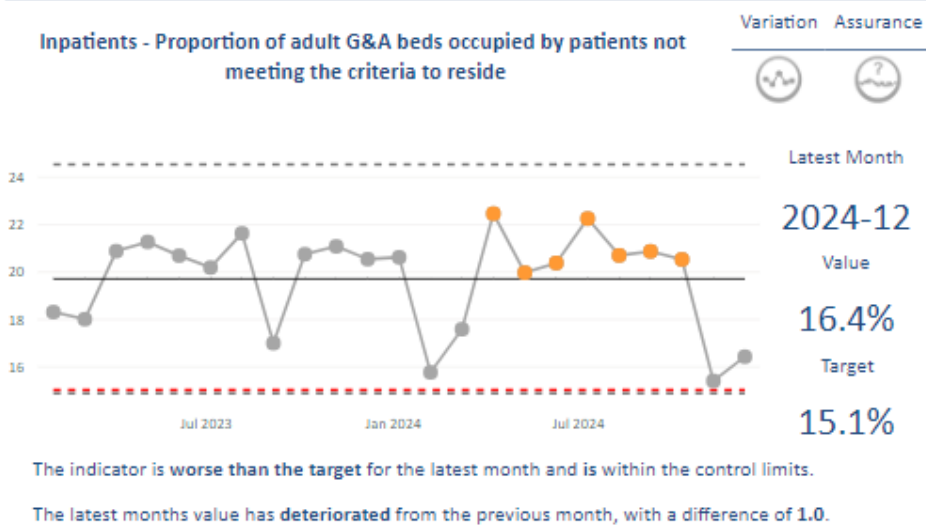
Rationale: Understand the numbers of beds which are not available for patients who do meet the criteria to reside and therefore which are unavailable due to discharge issues.

Target: SPC1: Less than 96 Super Stranded patients as per activity plan (March 2025).

SPC2: Less than 15% as per activity plan (March 2025).

Actions:

- The number and proportion of super-stranded patients had been falling in recent months until November and December. A project is underway to support the effectiveness of board rounds, including challenging ‘why not home/why not today?’ which is designed to improve discharge planning from the outset.
- The proportion of patients who no longer meet the criteria to reside improved significantly in November 2024 and was maintained in December. A new second line escalation process involving Directors of Social Services should support continued improvement in this area.
- Plans to establish a Discharge to Assess (D2A) model are progressing. This will eventually lead to ward staff notifying a multi-disciplinary and multi-organisation discharge hub team that a patient is ready to leave the acute environment, and for the patient’s full assessment of care needs being done in their usual or new place of residence. This should lead to more patients leaving the acute hospitals within 24 hours of being deemed ready for discharge, and therefore an improvement against this metric.



Headlines (please note; in line with national reporting deadlines cancer reporting runs one month behind):

The Cancer performance figures for November 2024 saw a reduction in the 28-day Faster Diagnosis standard (FDS) to 70% (compared to 71.6% in October 2024) although the monthly improvement trajectory (70%) was achieved.

62 Day waits for first treatment November 2024 performance was 71.7% an improvement on the 70.3% seen in October 2024 achieving the monthly improvement trajectory of 64.1%. The Trust has, as part of the 2024 Operational Planning, submitted trajectories to achieve the national ambition of 77% for FDS and 70% for 62 Day waits for first treatment by March 2025.

Factors impacting performance:

- November 2024 saw 2,739 total referrals across all cancer sites in the trust at an average of 91 per calendar day in line with the average seen this financial year.
- The following cancer sites exceeded 75% FDS in November 2024: Breast, None Site Specific and Other pathways. Colorectal, Lung and Gynaecology remain below FDS and internal trajectory, with recovery plans around additional WLI's and insourcing to recover the position. Urology has achieved above internal trajectory for FDS.
- The following cancer sites exceeded 70% 62-day performance in November: Breast and Haematology and Upper GI. In addition, Head and Neck, Lung and Urology achieved their internal trajectories.
- 31-day treatment standard was 96.0% overall. 277 treatments were delivered.
- At the end of November, the proportion of patients waiting over 104+ days equates to 2% of the PTL size at 202 patients. This is the lowest position since August 2024. Colorectal and Skin are areas with the highest volume of patients past 62 days with/without a decision to treat but are yet to be treated or removed from the PTL. The Urology position has improved, down from 12% to 8% of the PTL past 62 days.

Actions:

Please see following pages for details.








Summary MATRIX

CANCER: please note that any metric without a target will not appear in the matrix below

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

VARIATION

ASSURANCE			
	PASS 	HIT or MISS 	FAIL 
SPECIAL CAUSE IMPROVEMENT 		<ul style="list-style-type: none"> * Cancer - 62 Day First Definitive Treatment Standard * Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL 	<ul style="list-style-type: none"> * Cancer - Faster Diagnosis Standard
COMMON CAUSE / NATURAL VARIATION 		<ul style="list-style-type: none"> * Proportion of patients waiting 63 or more days after referral from cancer PTL * Cancer 31 day wait from diagnosis to first treatment * Proportion of Lower GI Suspected Cancer referrals with an accompanying FIT result 	
SPECIAL CAUSE CONCERN 			

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	
Cancer - Faster Diagnosis Standard	2024-11			70%	70%	77%
Cancer - 62 Day First Definitive Treatment Standard	2024-11			71.7%	64.1%	70%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2024-12			202	143	143
Proportion of patients waiting 63 or more days after referral from cancer PTL	2024-12			9.1%		12%
Cancer 31 day wait from diagnosis to first treatment						96%
Total Cancer PTL size	2024-12			2059		
Proportion of Lower GI Suspected Cancer referrals with an accompanying FIT result	2024-12			73.4%		80%

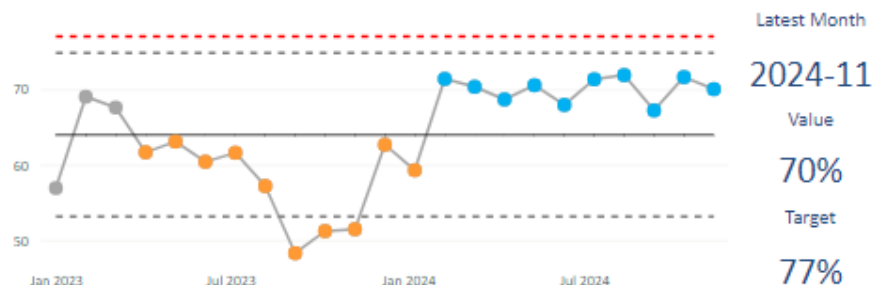
Metric Name Cancer 31 day wait from diagnosis to first treatment

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

Cancer - Faster Diagnosis Standard

Variation Assurance

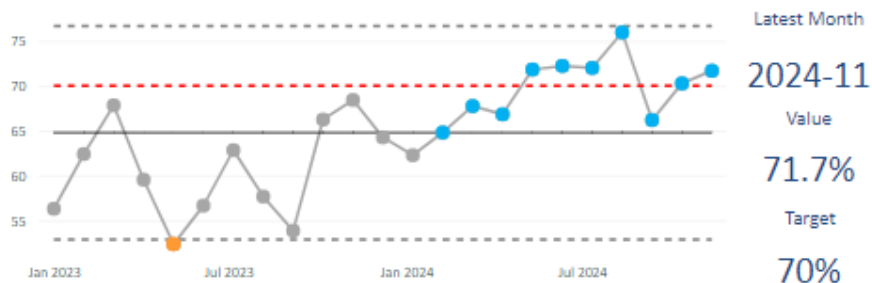


The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of 1.6.

Cancer - 62 Day First Definitive Treatment Standard

Variation Assurance



The indicator is **better than the target** for the latest month and is within the control limits.

The latest months value has **improved** from the previous month, with a difference of 1.4.

Rationale: **SPC1:** Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving. **SPC2:** National focus for 2024/25 is to improve performance against the headline 62-day standard.

Target: **SPC1:** 77% by March 2024. **SPC2:** 70% by March 2025.

Actions:

- As part of the Trust's Winter Plan cancer site operational teams had plans in place to maintain capacity.
- £204k out of £297k bids submitted for further NHSE cancer performance recovery funding were approved. All schemes have been implemented from the beginning of January. These include short term change in practice for radiology to increase reporting capacity and reduce turnaround times for most challenged pathways
- Colorectal improvement workshop took place in December 2024 with a short term (Q4 2024-25 delivery) and medium term (Q1 2025-26 delivery) improvement plan agreed. A follow up meeting is scheduled for the 24th of January. Gynaecology session with cancer alliance attendance planned for 27th of January.
- Imaging funding bids have been placed for prostate, colorectal and gynae pathways to support recovery. Funding approved to support a trial of outsourcing day time acute imaging to free up our specialist radiologists to report more in-house cancer imaging. Aim to improve turnaround of cancer diagnostic reporting for urology but there will be associated benefits for other pathways too. Trial starts at the beginning of January for 4 weeks. No change to duty or requesting processes for clinical teams.
- Working with Cancer Alliance and Primary Care Place leads to support ambition of 80% Lower GI referrals accompanied by FIT result. Data allows specific practices to be targeted, with cancer alliance system colleagues leading conversations.
- The Trust data completeness compliance against the cancer Outcomes and Services Data Set (COSD) KPI for Staging is 91.7% and 5th of all trusts in the country, a fantastic improvement.

Headlines:

There were zero RTT 78-week waiters at the end of December 2024.

At the end of December 2024, the Trust had thirty-eight RTT patients waiting over sixty-five weeks.

Factors impacting performance:

- The Trust's RTT Waiting list position is ahead of the trajectory submitted to NHSE as part of the 2024/25 planning submission, 43,352 against the trajectory of 45,187, a reduction of 475 (-1%) on the end of November 2024 position (43,827).
- The NHS Constitution established that patients "have the right to access certain services commissioned by NHS bodies within maximum waiting times". The RTT standard is a key performance standard indicating how trusts are delivering on a patient's right to receive treatment within 18 weeks of being referred to a consultant-led service. The proportion of the waiting list **waiting under 18 weeks** reduced last month with 54.3% at the end of December 2024 compared to 55.5% at the end of November 2024. The target for this metric is 92% which was last achieved nationally in February 2016. The national ambition as briefed in the Reforming Elective Care Plan published on the 7th of January 2025 states the NHS will meet the 18-week standard by March 2029. By March 2026, the intention is that the percentage of patients waiting less than 18 weeks for elective treatment will be 65% nationally.
- The Trust narrowly failed to deliver the trajectory for RTT52 weeks; 1,202 against the December 2024 trajectory of 1,195.
- Delivery of the 2024/25 elective recovery plan. Initial analysis shows that at the end of December 2024 the Trust is ahead of the 2024/25 activity plan with a provisional performance of 107% of the Weighted Value Trust Activity Plan submitted to NHSE. From a financial point of view this equates to a provisional performance of 113% against the submitted plan, this is linked to the monetary value of the case mix that has been seen year to date.

Actions:

Please see following pages for details.

Summary MATRIX

Referral to Treatment (RTT): *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS



HIT or MISS



FAIL



**SPECIAL CAUSE
IMPROVEMENT**



- * RTT - Total Waiting List
- * RTT - Waits over 78 weeks for incomplete pathways
- * RTT - Waits over 65 weeks for Incomplete Pathways
- * RTT - Waits over 52 weeks for Incomplete Pathways
- * RTT - Proportion of incomplete pathways waiting less than 18 weeks

**COMMON
CAUSE /
NATURAL
VARIATION**



**SPECIAL CAUSE
CONCERN**



VARIATION

Referral to Treatment (RTT)

Scorecard



Executive Owner: Claire Hansen

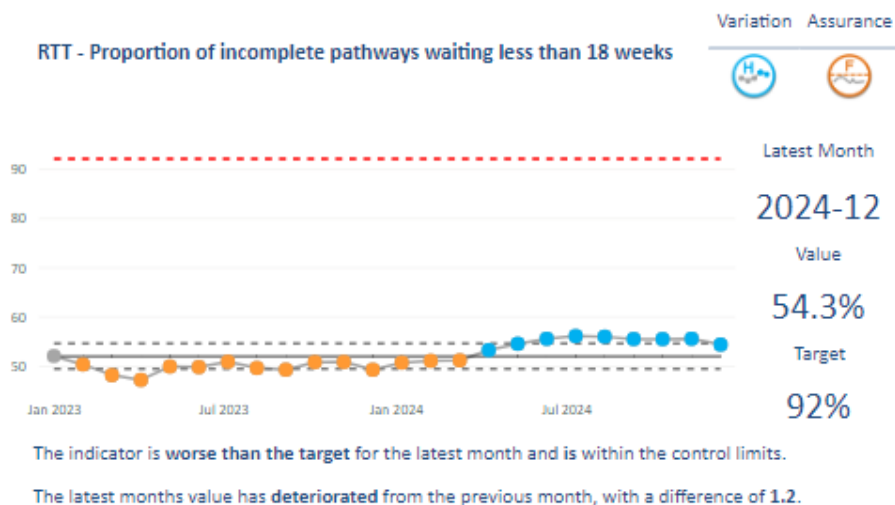
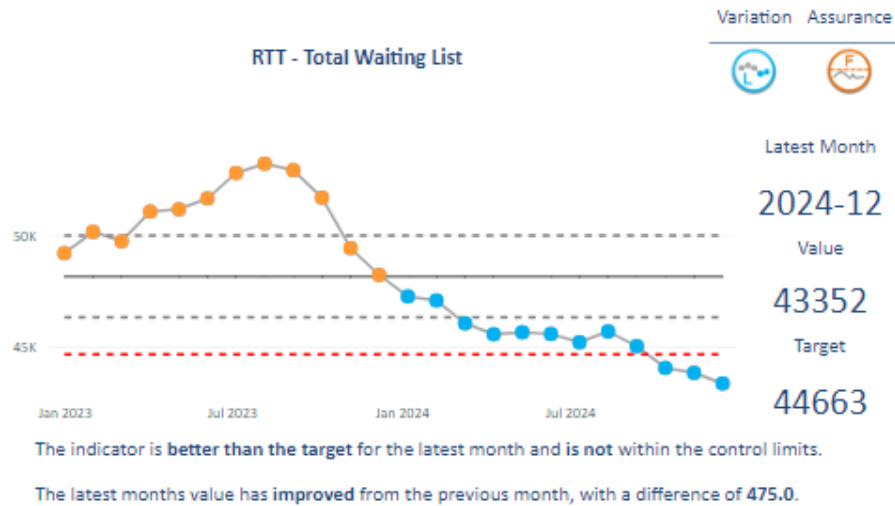
Operational Lead: Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	
RTT - Total Waiting List	2024-12			43352	45187	44663
RTT - Waits over 78 weeks for incomplete pathways	2024-12			0	0	0
RTT - Waits over 65 weeks for Incomplete Pathways	2024-12			38	0	0
RTT - Waits over 52 weeks for Incomplete Pathways	2024-12			1202	1195	923
RTT - Proportion of incomplete pathways waiting less than 18 weeks						92%
RTT - Mean Week Waiting Time - Incomplete Pathways						
Proportion of BAME pathways on RTT PTL (S056a)	2024-12			1.8%		
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2024-12			12.3%		
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2024-12			66%		

Metric Name RTT - Proportion of incomplete pathways waiting less than 18 weeks

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



Rationale: **SPC1:** To measure the size of the Referral to Treatment (RTT) incomplete pathways waiting list. **SPC2:** To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.

Target: **SPC1:** Aim to have less than 44,663 patients waiting by March 2025 as per activity plan. **SPC2:** National constitutional target of 92% of patients should be waiting less than 18 weeks.

Actions:

- The Trust’s RTT Waiting List continues to have a high data quality RTT Patient Tracking List Confidence Rating of 99.6% as awarded by the LUNA National data quality (DQ) RTT Benchmarking tool. The Trust is in the top 25 Trusts in the country for this metric which signals that our RTT waiting list is ‘clean’, accurate and the patients are legitimate waiters.
- The Trust is part of cohort 2 of the national Further Faster Programme, several specialties perform well against the key metrics including the did not attend (DNA) rate, pre-referral triage and advice and guidance. The project focus on further patient initiated follow up (PIFU) roll out, Rapid Expert Input (REI) roll out, clinic slot utilisation and new to follow up ratios.
- 2024/25 Elective Recovery plan continues with the following workstreams:
 - Outpatient improvement.
 - Theatre improvement.
 - Diagnostic improvement.
 - Cancer.
 - Children and Young People.
 - Productivity and Efficiency.
 - Health inequalities.

KPIs – Operational Activity and Performance

Referral to Treatment RTT (2)

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

RTT - Waits over 65 weeks for Incomplete Pathways

Variation Assurance



Latest Month

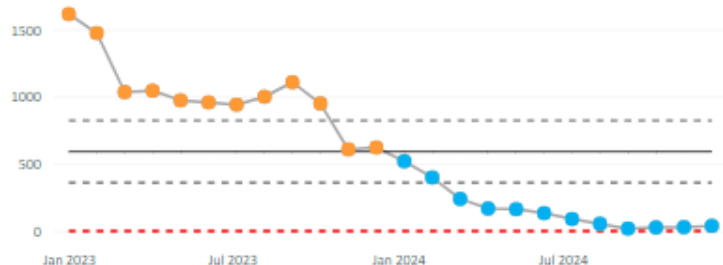
2024-12

Value

38

Target

0



The indicator is worse than the target for the latest month and is not within the control limits.

The latest months value has deteriorated from the previous month, with a difference of 10.0.

RTT - Waits over 52 weeks for Incomplete Pathways

Variation Assurance



Latest Month

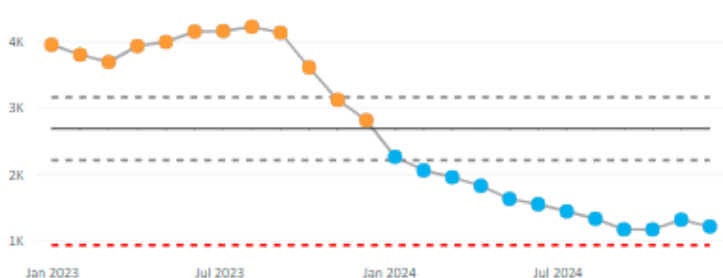
2024-12

Value

1202

Target

923



The indicator is worse than the target for the latest month and is not within the control limits.

The latest months value has improved from the previous month, with a difference of 103.0.

Rationale: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.

Target: SPC2: National ambition to have 0 patients waiting more than 65 weeks by September 2024. **SPC2:** Aim to have less than 923 patients waiting more than 52 weeks by March 2025 as per activity plan.

Actions:

- The Trust’s internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectory for RTT52 and RTT65 weeks.
- Chief Operating Officer led review meetings were in place for specialties with RTT65 ‘risks’ during December 2024 and will continue for the rest of the financial year.
- The Trust’s activity plan is aligned to our improvement trajectory to deliver an improvement to have no more than 923 RTT52 week waits by the end of March 2025, that was submitted to the national team on the 2nd of May 2024. At the end of December 2024, the Trust was 7 behind the trajectory (1,202 against 1,195).
- Exploring mutual aid and independent sector capacity for Neurology. The service expected commencement of arrangement to insource capacity was delayed due to capacity issues with the independent supplier but is expected to begin before the end of January 2025.

Executive Owner: Dawn Parkes

Operational Lead: Vicky Mulvana-Tuohy

RTT PTL by Indices of Multiple Deprivation (IMD) Quintile

At end of: December 2024



IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	19	5174	12.25%	8.88%
2	19	5956	14.10%	13.59%
3	19	8860	20.98%	20.94%
4	19	9418	22.30%	20.68%
5	19	12820	30.36%	35.90%
Unknown	17	1212		
Total	19	43440		

Highlights For Board To Note

- As per national planning mandate, RTT Waiting List data has, in order to identify any potential health inequalities, been split to view Ethnic Groups and IMD Quintile.

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation. IMD is a combined measure of deprivation based on a total of thirty seven separate indicators that are grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area.

IMD quintiles range from one to five, where one is the most deprived. Please note that IMD quintiles are not available where we have no record of a patient postcode, the postcode is not an English postcode or is an unmatched postcode.

Ethnic codes have been grouped as per the 2021 census. Any patient where Ethnic Group is either 'Unknown' or 'Not Stated' is excluded from the PTL proportions. Areas to take into consideration when interpreting the data include the lack of available site split for Trust Catchment, and the variation that Clinical Prioritisation can bring to weeks waiting.

The Trust has established a Health Inequalities and Population Health Steering Group; the primary aim is to develop a plan that encompasses the overall Trust Inequality Strategy to address and mitigate health disparities within the Trust's catchment area. This will align to the refreshed Trust Strategy 2024. A number of Task and Finish Groups will be established to facilitate focused and efficient implementation of specific aspects of the strategy. The overarching goal is to foster a healthcare environment that prioritises equity, inclusivity, and improved health outcomes for all individuals, considering socio-economic, demographic, or other determinants.

RTT PTL by Ethnic Group

At end of: December 2024

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	19	28376	98.24%	94.34%
Black, Black British, Caribbean or African	18	73	0.25%	0.94%
Mixed or multiple ethnic groups	17	134	0.46%	1.26%
Asian or Asian British	18	216	0.75%	2.97%
Other ethnic group	21	85	0.29%	0.49%
Unknown	19	11681		
Not Stated	19	2875		
Total	19	43440		

Data source for trust catchment area:
Public Health England NHS Acute
Catchment Areas.

*Proportion on waiting list excluding not
stated and unknown.








Summary MATRIX

Outpatients & Elective: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

VARIATION

ASSURANCE			
	PASS 	HIT or MISS 	FAIL 
SPECIAL CAUSE IMPROVEMENT 		* Outpatients - DNA rates 	* Outpatients: 1st Attendances (Activity vs Plan) * Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)
COMMON CAUSE / NATURAL VARIATION 	* Outpatient procedures * Proportion of elective admissions which are day case	* Day Cases (based on Activity v Plan) * Electives (based on Activity v Plan)	* Outpatients - Proportion of appointments delivered virtually (S017a)
SPECIAL CAUSE CONCERN 		* Outpatients: Follow Up Attendances (Activity vs Plan)	* Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks) * Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)

Outpatients & Elective Care Scorecard

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	
Outpatients - Proportion of appointments delivered virtually (S017a)	2024-12			21.3%		25%
Outpatients - DNA rates	2024-12			5%		5%
Outpatients: 1st Attendances (Activity vs Plan)	2024-12			16048	17527	19723
Outpatients: Follow Up Attendances (Activity vs Plan)	2024-12			38044	42711	45738
Outpatient procedures				12054	7364	7884
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)	2024-12			27998		0
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2024-12			3.4%	4.7%	5%
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2024-12			13.5%		99%
Day Cases (based on Activity v Plan)	2024-12			6739	6437	7037
Electives (based on Activity v Plan)	2024-12			636	555	576
Proportion of elective admissions which are day case	2024-12			91.4%		85%

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

Outpatients - DNA rates

Variation Assurance



Latest Month

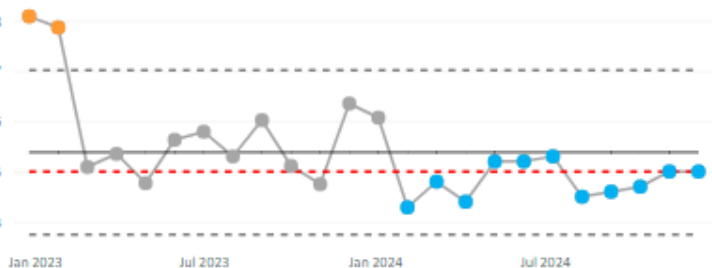
2024-12

Value

5%

Target

5%



The indicator is equal to the target for the latest month and is within the control limits.

The latest months value has remained the same from the previous month, with a difference of 0.0.

Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)

Variation Assurance



Latest Month

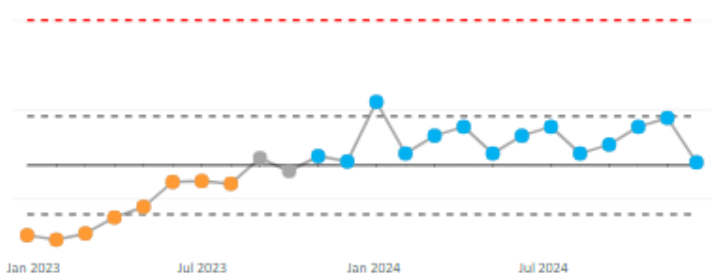
2024-12

Value

3.4%

Target

5%



The indicator is worse than the target for the latest month and is within the control limits.

The latest months value has deteriorated from the previous month, with a difference of 0.5.

Rationale: **SPC1:** Need to reduce instances where people miss their outpatient appointments ('did not attends' or 'DNAs') to improve patient experience, free up capacity to treat long-waiting patients and support the delivery of the NHS's plan for tackling the elective care backlog. **SPC2:** Helps empower patients to manage their own condition and plays a key role in enabling shared decision making and supported self-management in line with the personalised care agenda.

Target: **SPC1:** Internal target of less than 5%. **SPC2:** Above 5% by March 2025.

Factors impacting performance:

- Outpatient bi-directional text messaging continues to positively impact DNA rates.

Actions:

- Outpatient Procedure Code (OPCS) project is ongoing to improve outpatient procedure coding with Care Groups using reports to target specific areas where correct recording has not occurred. The Trust delivered the NHSE planning priority of 46% of first and outpatient procedures as a proportion of outpatient in December 2024 with performance of 50.3%. Year to date the Trust has achieved performance of 46.8%.
- The automatic referral upload from the e-Referral service into CPD commenced on the 27th of November. The automated process for uploading referrals has ensured that we are uploading referrals within 24 hours of the referral being available in e-RS. There has been a high volume of work which has been processed because of this change which has put additional pressure on clinical and admin teams. There has been feedback from clinicians that the way that the documents are presented in CPD is less user friendly and this is being worked on by the DIS team to understand what we can do locally. We have also requested some changes from NHSE so support the user interface.

Headlines:

The December 2024 Diagnostic target position for patients waiting less than six weeks at month end was 72.6%, against the trajectory of 81.6%. The Trust saw the following modalities achieve their trajectories at month end:

- MRI.
- Colonoscopy.
- Flexi-Sigmoidoscopy.
- Gastroscopy.
- Echocardiography.

Factors impacting performance:

- Development of non-consultant workforce. Workforce plan in progress for the next 3 years.
- Age extension of Bowel Screening programme to be rolled out which requires an additional 5 sessions per week to manage demand over York and Scarborough.
- One Gastro consultant at Scarborough on reduced duties has impacted on the ability to deliver planned lists. Locum has been recruited to cover acute and elective endoscopy. Where they are not in work the York team provide cross site cover.
- Increase in outsourced work leading to longer reporting times due to lack of in-house reporting capacity.
- Computed Tomography (CT) most challenged imaging diagnostic due to demand, workforce and equipment issues. Workforce challenges within Cardiology for healthcare scientists, mitigated with insourcing.
- Capital programme in place for replacement of aging equipment over the next 2/3 years, including MRI and CT. new MRI scanner in 2025 from NHSE funding. Capital plans being worked up. CT scanner competitive process under way. MRI scanner order placed, finalising location of scanner and build which is now due to go into the same footprint as the expansion to theatres.
- Non-Obstetric Ultrasound (NOUS) backlog due to specialist nature (MSK). There are circa 392 patients overdue by 6 weeks or more who aren't currently scheduled for an appointment in January (this has improved from the 680 waiting in this category at the beginning of November).
- Workforce challenges across most imaging modalities, this is a national problem, and consequence of higher banding for CDC mobile so seeing increased attrition of staff. Increase in outsourced work leading to longer reporting times due to lack of in-house reporting capacity.
- Urodynamics performance was impacted by cancellations of clinics due to annual leave, sickness and reductions in capacity due to training. The service has attempted to provide additional capacity, but these have not been taken up by staff. In the short-term additional lists will be offered to substantive staff in January 2025 with the long-term solution to recruit additional nurse support included in the approved Urology Business Case.
- Barium Enema performance impacted by capacity issues at Scarborough, service is looking to provide cover from York staff as well as additional capacity on the York site with the impact likely to be seen in January 2025.

Actions:

Please see page below.







Summary MATRIX

Diagnostics: please note that any metric without a target will not appear in the matrix below

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

VARIATION

		ASSURANCE		
		PASS 	HIT or MISS 	FAIL 
SPECIAL CAUSE IMPROVEMENT 			<ul style="list-style-type: none"> * Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy 	<ul style="list-style-type: none"> * Diagnostics - Proportion of patients waiting <6 weeks from referral * Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI * Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography * Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies * Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy
	COMMON CAUSE / NATURAL VARIATION 		<ul style="list-style-type: none"> * Diagnostics - Proportion of patients waiting <6 weeks from referral - CT * Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema * Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral * Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy 	<ul style="list-style-type: none"> * Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound * Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan * Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics * Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy
	SPECIAL CAUSE CONCERN 			

DIAGNOSTICS – National Target: 95%

Scorecard



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

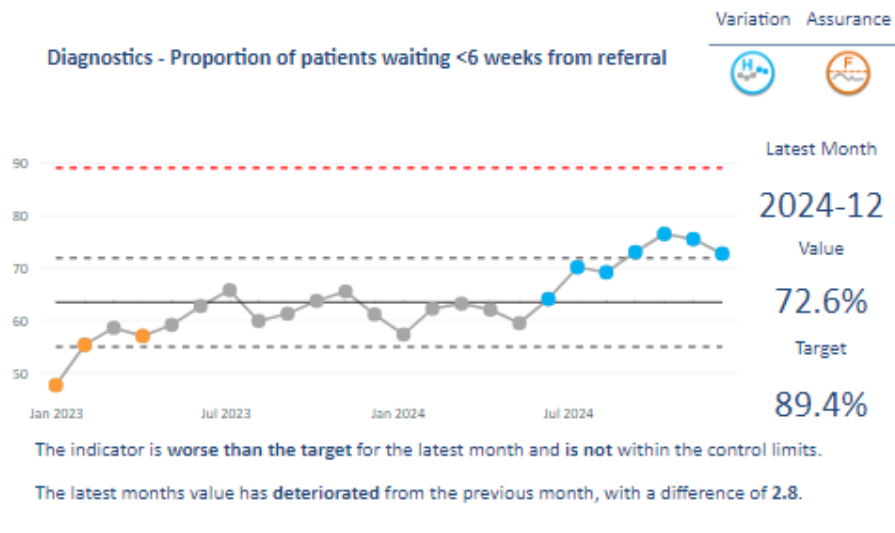
Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	
Diagnostics - Proportion of patients waiting <6 weeks from referral	2024-12			72.6%	81.6%	89.4%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2024-12			80.4%	78.1%	85%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2024-12			71.6%	80.1%	85%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound	2024-12			71.1%	90.6%	95%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema					88.9%	95.4%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan					83.4%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2024-12			40.9%	91.8%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2024-12			78.2%	71.8%	95.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2024-12			92.6%	95.7%	95.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2024-12			95.7%	95.2%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2024-12			22.9%	58.5%	70.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2024-12			81.6%	72.1%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2024-12			81%	49.6%	52.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2024-12			64%	89.6%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2024-12			85.1%	81.1%	84.8%

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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Rationale: Maximise diagnostic activity focused on patients of highest clinical priority.
Target: Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%.

Actions:

Endoscopy:

- Capacity and demand analysis shows significant gap. Review of points per lists to understand impact of surgical consult and scope model shows the potential for an additional circa 40 colonoscopies per week across all sites, if consultation removed. Surgery colleagues engaged in discussions to consider potential ways forward. Endoscopy insourcing has been heavily reduced and planned to cease in January 2025 across both sites.
- Core capacity increased in January 2025 as trainee clinical endoscopist signed off to work independently. Interviews took place in December for additional trainee clinical endoscopist and they will start training in late January/early February 2025.
- JAG accreditation was achieved for all three units in September 2024.

Imaging:

- CT recovery plan in progress including insourcing of Cardiac CT. This is currently going through procurement processes which due to being able to direct award is taking longer than expected. February go live anticipated.
- CT3 YH replacement; new MRI scanner in 2025 from NHSE funding. Capital plans being worked up. CT scanner competitive process under way. MRI scanner order place, finalising location of scanner and build which is now due to go into the same footprint as the expansion to PACU/theatres.
- Increase in DEXA activity in place, data transfer with Nuffield progressing and work has begun to clear the backlog of patients at York. The additional capacity will be used for a mix of DM01 and surveillance. MRI – 6> week backlog continuing to reduce but Nuffield reducing capacity being provided to the Trust due to their staffing issues.
- MSK USS – Locum advertisements submitted to medical staffing to try to get increased medical cover for MSK USS to clear the backlog. Longer term will have more MSK capacity from job plan changes. MSK sonographer training being fed into workforce strategy.
- Funding bids have been placed for prostate, colorectal and gynae pathways to support recovery. Funding approved to support a trial of outsourcing day time acute imaging to free up our specialist radiologists to report more in-house cancer imaging. Aim to improve turnaround of cancer diagnostic reporting for urology but there will be associated benefits for other pathways too. Trial starts at the beginning of January for 4 weeks. No change to duty or requesting processes for clinical teams.

Summary MATRIX

Children & Young Persons: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS 	HIT or MISS 	FAIL 
--	---	--

VARIATION

SPECIAL CAUSE IMPROVEMENT





* Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways

COMMON CAUSE / NATURAL VARIATION




* Children & Young Persons: ED - Patients waiting over 12 hours in department

* Children & Young Persons: ED - Emergency Care Standard (Type 1 only)

SPECIAL CAUSE CONCERN





* Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks

Children & Young Persons

Scorecard



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi (Acute)/Kim Hinton (Elective)

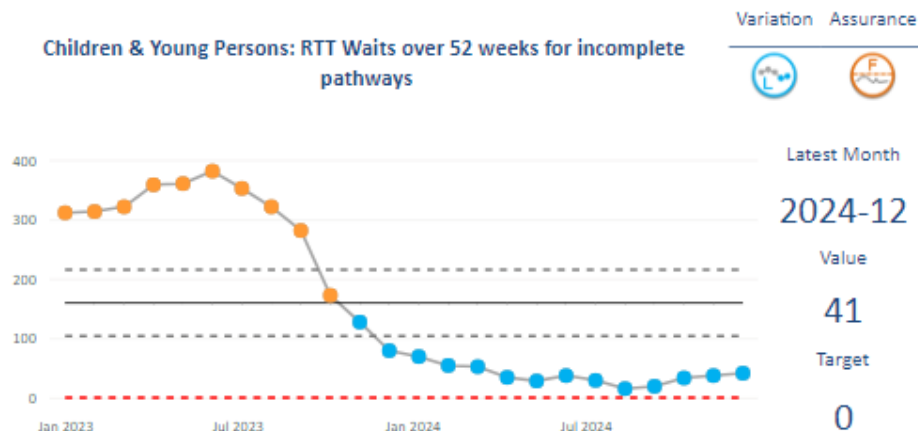
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	
Children & Young Persons: ED - Patients waiting over 12 hours in department	2024-12			7		0
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2024-12			77.6%	95%	95%
Children & Young Persons: RTT - Total Waiting List	2024-12			3719		
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2024-12			61.2%		92%
Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways						0

Metric Name Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton/Abolfazl Abdi

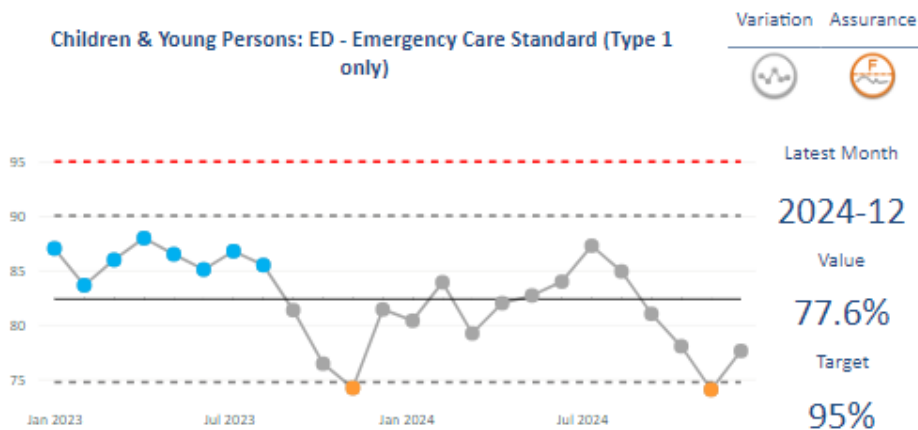
Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways



The indicator is worse than the target for the latest month and is not within the control limits.

The latest months value has deteriorated from the previous month, with a difference of 4.0.

Children & Young Persons: ED - Emergency Care Standard (Type 1 only)



The indicator is worse than the target for the latest month and is within the control limits.

The latest months value has improved from the previous month, with a difference of 3.6.

Rationale: **SPC1:** To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients. **SPC2:** To monitor waiting times in A&E and Urgent Care Centres.

Target: **SPC1:** Aim to have zero patients waiting more than 52 weeks (internal target). **SPC2:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2025

Factors impacting performance:

- **SPC1:** The Trust did not deliver the trajectory for RTT52 weeks wait for patients aged under eighteen with 41 against an internal trajectory of zero. The Trust is seeking to deliver zero CYP patients waiting over 52 weeks as soon as possible with plans to be developed to achieve by the end of March 2025.
- **SPC2:** ECS performance for CYP has improved to 77.6% from 74% (November 2024).

Actions:

- **SPC1:** The Trust's internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectory for RTT52 weeks wait for patients aged under eighteen.
- **SPC1:** Going further for children waiting times for surgery, Surgical Care Group is aiming to run additional CYP capacity in January 2025 as well as targeting the school half-term holiday during February 2025.
- **SPC2:** Actions planned:
 - Service is conducting review of the pathway for children aged 0-17 years requiring admission to ensure patient is ready for transfer in appropriate timescales and promptly transferred to the appropriate Children/Adult Ward as per the Continuous Flow Model.
 - Finalise the Standard Operating Procedures for operational management and escalation.
 - Refreshed clinical pathways approved and implemented.
 - Ensure monitoring and audit of nursing quality metrics of children within the ED Department to include the extended stay proforma, reporting into the Child Health Medicine Directorate Meeting's with escalations to Care Group Board for oversight and assurance to the Senior Leadership Team.

Summary MATRIX

Community: please note that any metric without a target will not appear in the matrix below


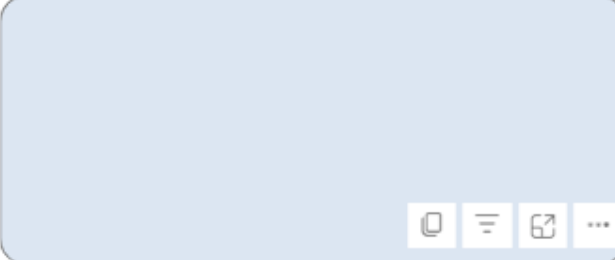


MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS 	HIT or MISS 	FAIL 
--	---	--

VARIATION

<p>SPECIAL CAUSE IMPROVEMENT</p> 	<p>* Number of people on waiting lists for CYP services per system who are waiting over 52 weeks</p>		<p>* Number of open Virtual Ward beds</p>
<p>COMMON CAUSE / NATURAL VARIATION</p> 	<p>* 2-hour Urgent Community Response (UCR) Compliancy %</p>	<p>* Proportion of Virtual Ward beds occupied</p>	
<p>SPECIAL CAUSE CONCERN</p> 			

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	
Number of open Virtual Ward beds	2024-12			33		33
Proportion of Virtual Ward beds occupied	2024-12			54.5%		80%
Community Response Team (CRT) Referrals	2024-12			544		
Total Urgent Community Response (UCR) referrals	2024-12			523		
2-hour Urgent Community Response (UCR) care Referrals						
2-hour Urgent Community Response (UCR) Compliancy %	2024-12			92.4%		70%
Number of Adults (18+ years) on community waiting lists per system	2024-12			819		
Number of CYP (0-17 years) on community waiting lists per system	2024-12			1853		
Number of District Nursing Contacts	2024-12			21283		
Number of Selby CRT Contacts	2024-12			2254		
Number of York CRT Contacts	2024-12			4409		
Referrals to District Nursing Team	2024-12			2046		
Number of people on waiting lists for CYP services per system who are waiting over 52 weeks	2024-12			728	1056	1056

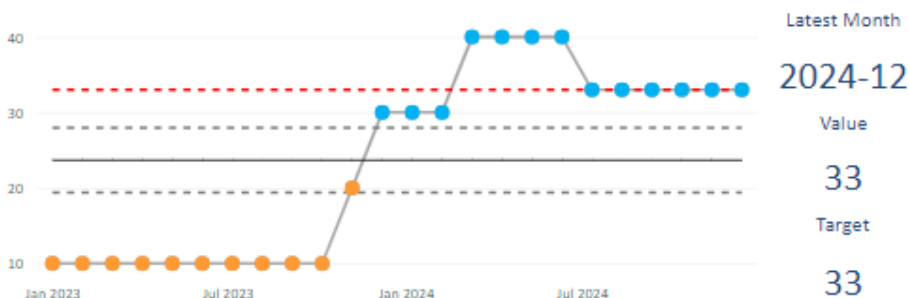
Metric Name 2-hour Urgent Community Response (UCR) care Referrals

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Number of open Virtual Ward beds

Variation Assurance



Latest Month
2024-12

Value

33

Target

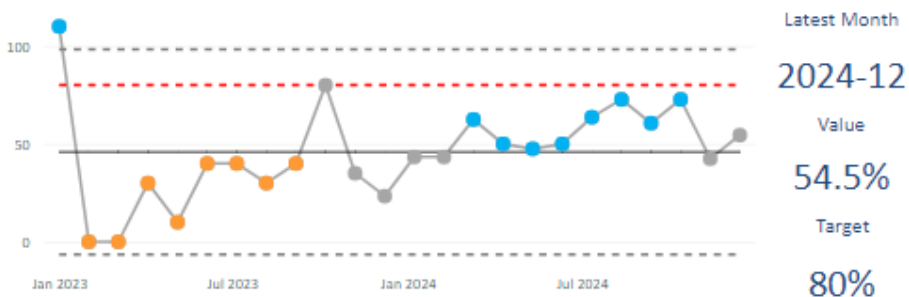
33

The indicator is equal to the target for the latest month and is not within the control limits.

The latest months value has remained the same from the previous month, with a difference of 0.0.

Proportion of Virtual Ward beds occupied

Variation Assurance



Latest Month
2024-12

Value

54.5%

Target

80%

The indicator is worse than the target for the latest month and is within the control limits.

The latest months value has improved from the previous month, with a difference of 12.1.

Rationale: To monitor demand on Community virtual wards.

Target: SPC1: Trust is commissioned to deliver 33 virtual ward beds. SPC2: Aim to achieve 80% virtual ward bed occupancy as per activity plan.

Factors impacting performance:

- The ambition for the virtual ward utilisation rate is 80%; the December 2024 snapshot occupancy was 54.5%.

	Occupancy	Capacity	%
Frailty Virtual Ward	6	12	50.0%
Vascular Virtual Ward	5	8	62.5%
Heart Failure Virtual Ward	5	10	50.0%
Cystic Fibrosis Virtual Ward	2	3	66.7%
Total	18	33	54.5%

- The data collection for virtual wards is an 8am snapshot once per fortnight, rather than an average or a cumulative count of total patients. The position above was taken on the 27th of December. At the time of this report (13th January) occupancy was 79%.

Actions:

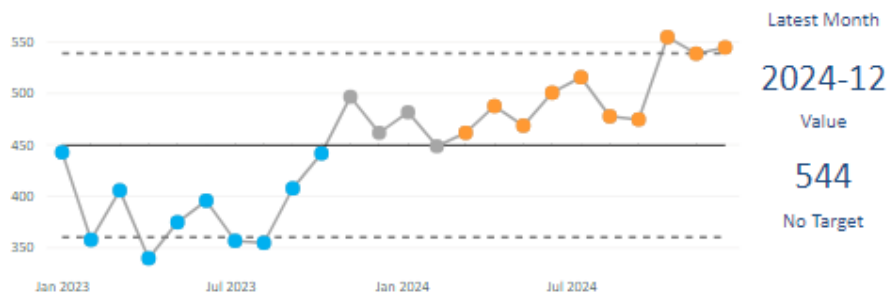
- Frailty (FVW)** remains on track to recruit a second trust grade medic; taking recruitment timelines into account they should start in March/April 2025. This will support more consistent utilisation and enable cross-cover of absences.
- A review is underway to assess whether the collaboration with the Community Response Team can be used to admit patients over a weekend (currently we support existing patients but cannot admit new ones). This would require the FVW core team to start working over a weekend.
- Two pathways in development are a step-up IV antibiotic pathway (drafted using City Health Care Partnership example) and an IV diuretics pathway which requires skills development with our nursing staff. Both will be discussed with GIRFT as part of our full review in January.
- Heart Failure (HFVW):** A test of an in-reach model at York ED was successful in proving that patients with known heart failure who are in crisis can be diverted to the HFVW to receive their care, thus preventing an acute admission. A charitable funds request has been submitted for 0.8WTE Band 7 nurse to expand the service as the next phase of this test of change. If the funding is approved, the model can start in April/May 2025.
- Vascular (VVW):** Capacity is available for patients who can benefit from waiting for onward treatment at home rather than in the hospital, but it is not expected to be routinely 'full' as it depends on the number of suitable patients. There is not 'spare' capacity, the model runs using pre-existing resource.
- Cystic Fibrosis (CFVW):** Some patients can benefit from staying at home during a period of being acutely unwell, and the system is set up to allow this model of care and oversight for up to three patients at a time. As with Vascular, there is not 'additional' capacity, the pre-existing team can work in a different way to support appropriate patients, and the numbers of admissions vary due to the very specific admission criteria.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Community Response Team (CRT) Referrals

Variation Assurance

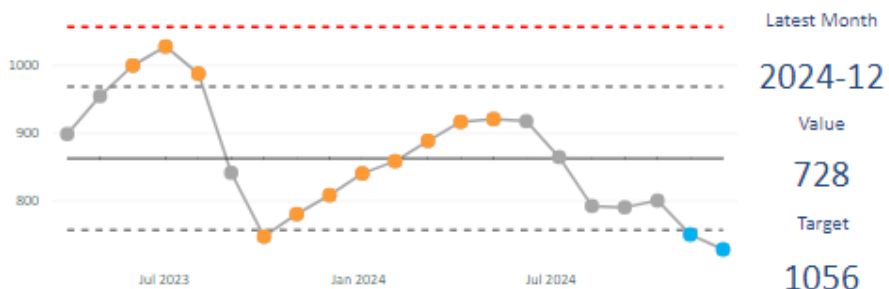


Latest Month
2024-12
Value
544
No Target

The latest months value has deteriorated from the previous month, with a difference of 6.0.

Number of people on waiting lists for CYP services per system who are waiting over 52 weeks

Variation Assurance



Latest Month
2024-12
Value
728
Target
1056

The indicator is better than the target for the latest month and is not within the control limits.

The latest months value has improved from the previous month, with a difference of 22.0.

Rationale: To monitor demand on Community services.

Target: SPC1: No target. SPC2: no more than 1,056 by end of March 2025 as per activity planning submission.

Factors impacting performance:

- **SPC1:** Referrals to Community Response Teams remain above the average control. The continued development of the Frailty Crisis Hub will likely have further impact on referrals with the YAS pathway developments.
- **SPC2:** The number of Children and Young People waiting over 52 weeks decreased from 750 at the end of November 2024 to 728 at the end of December 2024.

Actions:

- **SPC1:** There is ongoing conversations with the South Hambleton and Ryedale and Selby Primary Care Networks re the UCR model and creating better integration with primary care to ensure better equity of service.
- **SPC1:** Additional therapy resource has been funded by NYCC place to support step down beds and IPU flow in the Selby area only.
- **SPC2:** SLT are discussing an insourcing option with an Independent Sector supplier to provide support for the telephone triage system, a follow up meeting to progress this is in place for the 15th of January.
- **SPC2:** Plan for OT service in place to deliver improvement from January 2025.

QUALITY AND SAFETY

January 2025

Summary MATRIX 1

Quality and Safety: please note that any metric without a target will not appear in the matrix below

MATRIX KEY


HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS 	HIT or MISS 	FAIL 
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VARIATION

SPECIAL CAUSE IMPROVEMENT



Blue shaded cell

* Patient Falls per thousand Bed Days

Light blue shaded cell

COMMON CAUSE / NATURAL VARIATION



Blue shaded cell

- * Total Number of Trust Onset MSSA Bacteraemias
- * Total Number of Trust Onset MRSA Bacteraemias
- * Total Number of Trust Onset C. difficile Infections
- * Total Number of Trust Onset E. coli Bacteraemias
- * Total Number of Trust Onset Klebsiella Bacteraemias
- * Total Number of Never Events Reported
- * Monthly SHMI
- * Monthly HSMR

Light orange shaded cell

SPECIAL CAUSE CONCERN



Light orange shaded cell

* Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

Orange shaded cell

Executive Owner: Dawn Parkes

Operational Lead: Sue Peckitt

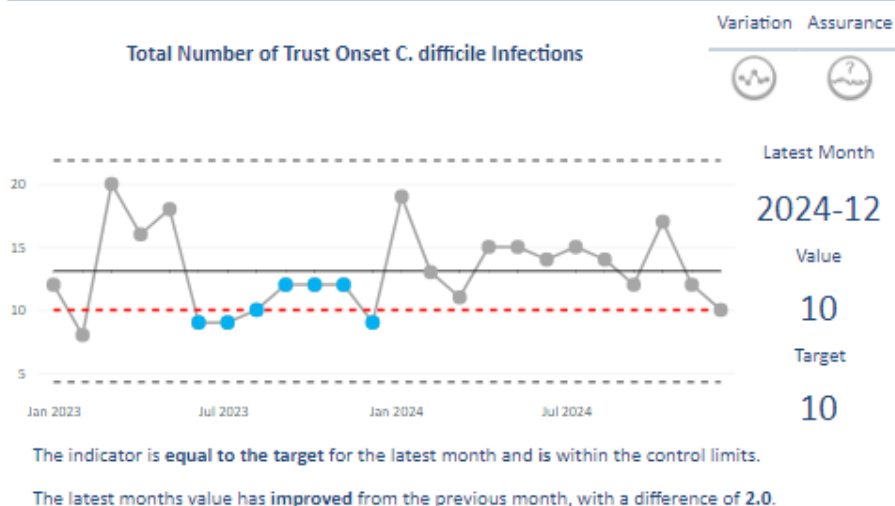
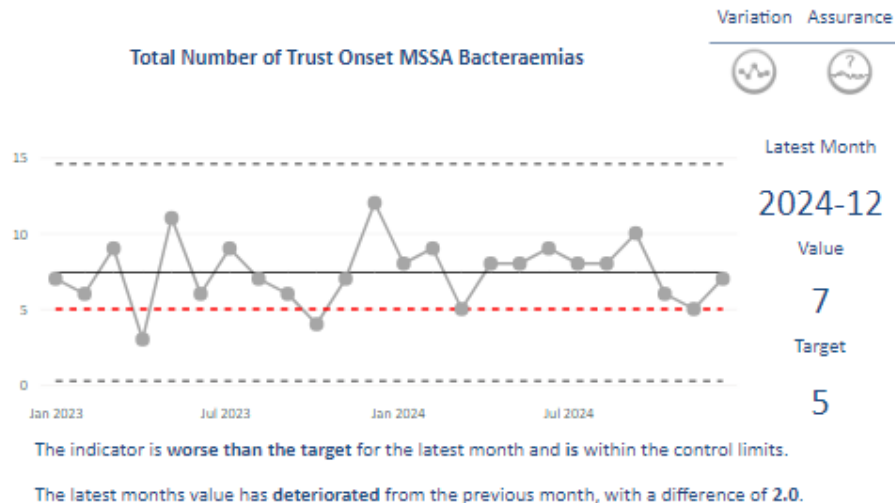


Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	
Total Number of Trust Onset MSSA Bacteraemias	2024-12			7	5	5
Total Number of Trust Onset MRSA Bacteraemias	2024-12			0		0
Total Number of Trust Onset C. difficile Infections	2024-12			10	10	10
Total Number of Trust Onset E. coli Bacteraemias	2024-12			15	13	13
Total Number of Trust Onset Klebsiella Bacteraemias					4	4
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	2024-12			5		2
Pressure Ulcers per thousand Bed Days	2024-12			4.4		
Patient Falls per thousand Bed Days	2024-12			7.7		8.7
Medication incidents per thousand bed days	2024-12			4.1		

Metric Name Total Number of Trust Onset Klebsiella Bacteraemias

Executive Owner: Dawn Parkes

Operational Lead: Sue Peckitt



Rationale: To drive reduction in avoidable health care associated infection, facilitate patient safety and improve patient outcomes

Target: National thresholds for 2024/25 are a 5% reduction on the 2023/24 year end position.

Factors impacting performance:

- MSSA bacteraemia - 7 cases recorded in December, 3 cases attributed to Medicine Care Group, 3 attributed to Surgery Care Group and 1 case attributed to CSCS. 14% of the cases are attributed to Scarborough Hospital and 86% of the cases are attributed to York Hospital. The Trust is 7 cases over the year- to date trajectory.
- The Trust has recorded 0 MRSA Bacteraemia cases in December but have recorded a total of 4 cases for 2024/25 against a zero target..
- 10 Trust attributed Clostridioides difficile cases recorded in December against a trajectory of 12. Of the 12 cases 45% were attributed to York Hospital, 35% attributed to Scarborough Hospital, 20% attributed to community hospital sites. The Trust is 16 cases over the year to date target.
- Ward 36 is seeing a period of increase incidence of infection since September with an increase in MSSA and MRSA bacteraemia and a confirmed Clostridioides difficile outbreak.

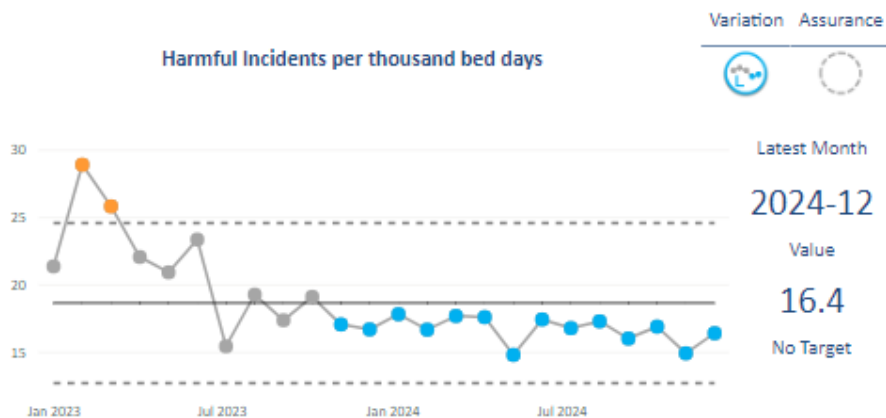
Actions:

- The care group IPC/AMS meetings have all now commenced and are reviewing and actioning improvement requirements.
- All MSSA bacteraemia undergo a review using a PSIRF approach, learning identified improvement needed with hand hygiene compliance, IV cannula documentation, ANTT compliance. The move towards care groups leading in these reviews has commenced.
- The MSSA /MRSA suppression treatments are being updated in line with changing guidelines
- Clostridioides difficile cases are reviewed using PSIRF approach, learning identified is being addressed via the Care Group IPC/AMS meetings.
- Ward 36 is having enhanced support and are in a clinical summit improvement process.

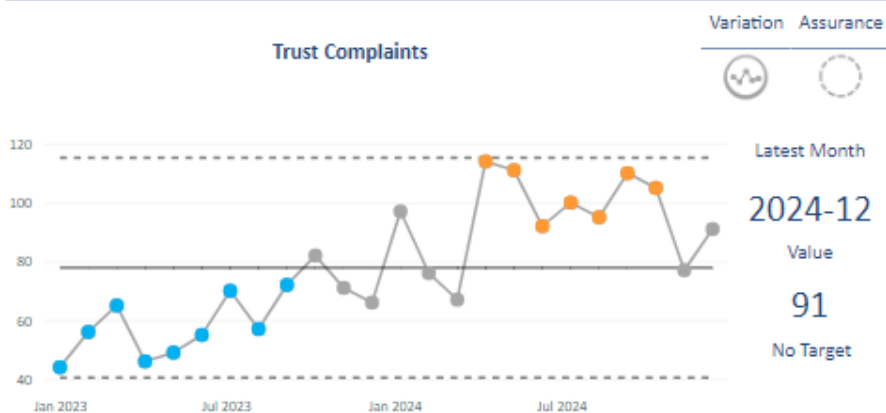
Executive Owner: Adele Coulthard/ Dawn Parkes **Operational Lead:** Dan Palmer/ Tara Filby/ Sacha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory
Patient Safety Incidents per thousand Bed Days	2024-12			51.2	
Harmful Incidents per thousand bed days	2024-12			16.4	
Total Number of Never Events Reported	2024-12			0	0
In-Hospital Deaths	2024-12			197	
Quarterly SHMI				96.7	100
Monthly SHMI	2024-08			94.4	100
Quarterly HSMR	2024-09			113	100
Monthly HSMR	2024-09			118.7	100
Trust Complaints	2024-12			91	
Antepartum Stillbirths	2024-11			1	
Intrapartum Stillbirths	2024-11			0	
Early neonatal deaths (0-7 days)	2024-11			0	
PPH > 1.5L as % of all women - York	2024-11			4.2%	
PPH > 1.5L as % of all women - Scarborough	2024-11			2%	
Proportion of fractured neck of femur patients treated within gold standard timeframe (a month in arrears)	2024-11			66.7%	

Executive Owner: Adele Coulthard/ Dawn Parkes/Karen Stone **Operational Lead:** Dan Palmer/ Tara Filby



The latest months value has **deteriorated** from the previous month, with a difference of 1.5.



The latest months value has **deteriorated** from the previous month, with a difference of 14.0.

Rationale: The Trust is committed to learning from incidents and complaints and improving the patient experience

Target: No target identified as the reporting of incidents/complaints is an indicator of an open reporting culture

Factors impacting performance:

Duty Of Candor:

Duty of Candor is monitored via datix dashboards. However, the process is overseen by each individual care group. It is the care groups responsibility to report on this information via other reporting avenues. The patient safety team are unable to influence if the care groups send letters when reasonably practical.

It should be noted that this data only shows two stages of duty of Candor. Which reflects the new policy however we still have the old stages of duty of Candor running concurrently until there is closure of all SI's in the old framework.

Moderate Harm:

The Bench marking target is based on last years out turn. The harms should be benched marked against providers of a similar size and service.

Having a base line target for the level of harm the organisation we tolerate can be detrimental. The level of harm is subjective decided by clinical staff. This decision making can differ between members of staff and is not an exact science.

The number of moderate harm incident can also be affected by the number of incidents that are yet to be investigated. Until the investigation is complete the level of harm may not be determined.

The patient safety team were commissioned to carry out closure of over due no and low harm incidents. 1400 Individual incidents have been themed and closed. Of the 350 remaining incidents overdue by 58 days all are awaiting investigation and were related to Information Governance, Medicines Safety or a PSIRF response which were exclude from the closure proposal.

Unfortunately, since the closure of incidents the overdue incidents have jumped back to 1400.

Factors impacting performance:

The number of new complaints remains high. The number has however reduced in the last month.

The area receiving the highest number of complaints continues to be the Emergency Department in York, with themes of staff attitude, ineffective communication and delays in being seen. This appears to correlate with ongoing operational pressures, with protracted waits for ambulance handover, wait to be seen by a doctor and wait to be transferred to an assessment space. These themes also continue to feature in the top 5 themes across all areas of the Trust.

Actions:

Work is underway to relieve the pressures in ED, to improve patient flow and therefore improve patient experience. A 'continuous flow' model has been commenced as a pilot on 4 wards in York (from 23rd October) and 2 wards at Scarborough (from 30th October). This has been further rolled out in November in York hospital and plans in place to roll out in Scarborough 11th December.

In Q2 the complaints feedback has been triangulated with other data sources. A 'patient, carer and families experience and engagement framework' has been codesigned with high level aims and objectives agreed. This has been circulated for consultation in Q3.

An improvement plan is under development, focusing on key themes of communication, accessible information and staff attitude. The plan will be developed in Q4 and presented to the Patient Experience Subcommittee. Customer care training to be scheduled for Jan-March.

To support improvements in patient experience, it has been agreed to re-set the Matron role, including being released from any meetings before 11.00am – this will increase the visibility of nursing leadership in clinical areas, aimed at promoting high quality care and effective communication with patients and families.

MATERNITY

January 2025

Summary MATRIX 1 of 3

Maternity Scarborough

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS



HIT or MISS



FAIL



**SPECIAL CAUSE
IMPROVEMENT**



- * Community midwife called in to unit - Scarborough

- * SCBU no of babies affected - Scarborough



**COMMON
CAUSE /
NATURAL
VARIATION**



- * Bookings - Scarborough

- * Bookings ≥ 13 weeks (exc transfers etc.) - Scarborough
- * Births - Scarborough
- * No. of women delivered - Scarborough
- * Women affected by suspension - Scarborough
- * Maternity Unit Closure - Scarborough
- * SCBU at capacity - Scarborough
- * SCBU at capacity of intensive care cots - Scarborough
- * 1 to 1 care in Labour - Scarborough
- * L/W Co-ordinator supernumerary % - Scarborough

- * Bookings <10 weeks - Scarborough
- * Planned homebirths - Scarborough
- * Homebirth service suspended - Scarborough
- * Anaesthetic cover on L/W - Scarborough

**SPECIAL CAUSE
CONCERN**



VARIATION

Maternity Scarborough

Scorecard (1)

Executive Owner: Dawn Parkes

Operational Lead: Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - Scarborough	2024-11			127		169	Target
Bookings <10 weeks - Scarborough	2024-11			70.1%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - Scarborough	2024-11			5.5%		10%	Target
Births - Scarborough	2024-11			101		113	Target
No. of women delivered - Scarborough	2024-11			99		112	Target
Planned homebirths - Scarborough	2024-11			0%		2.1%	Target
Homebirth service suspended - Scarborough	2024-11			24		3	Target
Women affected by suspension - Scarborough	2024-11			0		0	Target
Community midwife called in to unit - Scarborough	2024-11			0		3	Target
Maternity Unit Closure - Scarborough	2024-11			3		0	Target
SCBU at capacity - Scarborough	2024-11			1		0.5	Baseline
SCBU at capacity of intensive care cots - Scarborough	2024-11			5		3.8	Baseline
SCBU no of babies affected - Scarborough	2024-11			0		0	Target
1 to 1 care in Labour - Scarborough	2024-11			98.8%		100%	Target
L/W Co-ordinator supernumerary % - Scarborough	2024-11			93.5%		100%	Target
Anaesthetic cover on L/W - Scarborough	2024-11			5		10	Target

Summary MATRIX 2 of 3

Maternity Scarborough

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS



HIT or MISS



FAIL



SPECIAL CAUSE
IMPROVEMENT



COMMON
CAUSE /
NATURAL
VARIATION



SPECIAL CAUSE
CONCERN



- * Assisted Vaginal Births - Scarborough
- * Intrapartum Stillbirths - Scarborough

- * Normal Births - Scarborough
- * C/S Births - Scarborough
- * Elective caesarean - Scarborough
- * Induction of labour - Scarborough
- * HDU on L/W - Scarborough
- * BBA - Scarborough
- * Neonatal Death - Scarborough
- * Antepartum Stillbirth - Scarborough
- * Preterm birth rate <37 weeks - Scarborough
- * Preterm birth rate <34 weeks - Scarborough
- * Preterm birth rate <28 weeks - Scarborough

- * Emergency caesarean - Scarborough
- * HSIB cases - Scarborough
- * Cold babies - Scarborough

VARIATION

Maternity Scarborough

Scorecard (2)

Executive Owner: Dawn Parkes

Operational Lead: Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	
Normal Births - Scarborough	2024-11			45.5%		57%	Target
Assisted Vaginal Births - Scarborough	2024-11			10.9%		12.4%	Target
C/S Births - Scarborough	2024-11			43.6%		39.8%	Baseline
Elective caesarean - Scarborough	2024-11			11.9%		17.3%	Baseline
Emergency caesarean - Scarborough	2024-11			31.7%		22.5%	Baseline
Induction of labour - Scarborough	2024-11			47.7%		44.5%	Baseline
HDU on L/W - Scarborough	2024-11			6		5	Target
BBA - Scarborough	2024-11			1		2	Target
HSIB cases - Scarborough	2024-11			1		0	Target
Neonatal Death - Scarborough	2024-11			0		0	Target
Antepartum Stillbirth - Scarborough	2024-11			1		0	Target
Intrapartum Stillbirths - Scarborough	2024-11			0		0	Target
Cold babies - Scarborough	2024-11			4		1	Target
Preterm birth rate <37 weeks - Scarborough	2024-11			5.9%		6%	Target
Preterm birth rate <34 weeks - Scarborough	2024-11			0.9%		1%	Target
Preterm birth rate <28 weeks - Scarborough	2024-11			0.9%		0.5%	Target

Summary MATRIX 3 of 3

Maternity Scarborough

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS



HIT or MISS



FAIL



**SPECIAL CAUSE
IMPROVEMENT**



Empty cell for Special Cause Improvement under PASS.

- * Breastfeeding Initiation rate - Scarborough
- * Breastfeeding rate at discharge - Scarborough

- * Carbon monoxide monitoring at 36 weeks - Scarborough

**COMMON
CAUSE /
NATURAL
VARIATION**



- * 3rd/4th Degree Tear - normal births - Scarborough
- * 3rd/4th Degree Tear - assisted birth - Scarborough

- * Low birthweight rate at term (2.2kg) - Scarborough
- * Smoking at booking - Scarborough
- * Carbon monoxide monitoring at booking - Scarborough
- * PPH > 1.5L as % of all women - Scarborough
- * Informal Complaints - Scarborough
- * Formal Complaints - Scarborough

Empty cell for Common Cause / Natural Variation under FAIL.

**SPECIAL CAUSE
CONCERN**



Empty cell for Special Cause Concern under PASS.

- * Smoking at 36 weeks - Scarborough
- * Smoking at time of delivery - Scarborough
- * Shoulder Dystocia - Scarborough

Empty cell for Special Cause Concern under FAIL.

VARIATION

Maternity Scarborough

Scorecard (3)

Executive Owner: Dawn Parkes

Operational Lead: Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Low birthweight rate at term (2.2kg) - Scarborough	2024-11			0%		0%	Target
Breastfeeding Initiation rate - Scarborough	2024-11			78%		75%	Target
Breastfeeding rate at discharge - Scarborough	2024-11			66.7%		65%	Target
Smoking at booking - Scarborough	2024-11			11.8%		6%	Target
Smoking at 36 weeks - Scarborough	2024-11			39.2%		6%	Target
Smoking at time of delivery - Scarborough	2024-11			72.4%		6%	Target
Carbon monoxide monitoring at booking - Scarborough	2024-11			94.5%		95%	Target
Carbon monoxide monitoring at 36 weeks - Scarborough	2024-11			72.4%		95%	Target
SI's - Scarborough	2023-10			1		0	Target
PPH > 1.5L as % of all women - Scarborough	2024-11			2%		2.4%	Baseline
Shoulder Dystocia - Scarborough	2024-11			2		2	Target
3rd/4th Degree Tear - normal births - Scarborough	2024-11			0%		2.8%	Target
3rd/4th Degree Tear - assisted birth - Scarborough	2024-11			0%		6.1%	Target
Informal Complaints - Scarborough	2024-11			0		0	Target
Formal Complaints - Scarborough	2024-11			1		0	Target

Summary MATRIX 1 of 3

Maternity York

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS



HIT or MISS



FAIL



**SPECIAL CAUSE
IMPROVEMENT**



* Community midwife called in to unit - York



**COMMON
CAUSE /
NATURAL
VARIATION**



* Bookings \geq 13 weeks (exc transfers etc.) - York
* Anaesthetic cover on L/W - York

* Bookings - York
* Bookings <10 weeks - York
* Births - York
* No. of women delivered - York
* Planned homebirths - York
* Homebirth service suspended - York
* Women affected by suspension - York
* Maternity Unit Closure - York
* SCBU at capacity - York
* SCBU at capacity of intensive care cots - York
* SCBU no of babies affected - York
* 1 to 1 care in Labour - York
* L/W Co-ordinator supernumerary % - York

**SPECIAL CAUSE
CONCERN**



VARIATION

Executive Owner: Dawn Parkes

Operational Lead: Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - York	2024-11			276		295	Target
Bookings <10 weeks - York	2024-11			70.3%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - York	2024-11			3.6%		10%	Target
Births - York	2024-11			238		245	Target
No. of women delivered - York	2024-11			236		242	Target
Planned homebirths - York	2024-11			0.4%		2.1%	Target
Homebirth service suspended - York	2024-11			3		3	Target
Women affected by suspension - York	2024-11			2		0	Target
Community midwife called in to unit - York	2024-11			0		3	Target
Maternity Unit Closure - York	2024-11			0		0	Target
SCBU at capacity - York	2024-11			0		0.4	Baseline
SCBU at capacity of intensive care cots - York	2024-11			20		21	Baseline
SCBU no of babies affected - York	2024-11			1		0	Target
1 to 1 care in Labour - York	2024-11			99.5%		100%	Target
L/W Co-ordinator supernumerary % - York	2024-11			100%		100%	Target
Anaesthetic cover on L/W - York	2024-11			10		10	Target

Summary MATRIX 2 of 3

Maternity York

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS



HIT or MISS



FAIL



**SPECIAL CAUSE
IMPROVEMENT**



**COMMON
CAUSE /
NATURAL
VARIATION**



**SPECIAL CAUSE
CONCERN**



































* Intrapartum Stillbirths - York

- * Normal Births - York
- * Assisted Vaginal Births - York
- * C/S Births - York
- * Elective caesarean - York
- * Emergency caesarean - York
- * Induction of labour - York
- * BBA - York
- * HSIB cases - York
- * Neonatal Death - York
- * Antepartum Stillbirth - York
- * Cold babies - York
- * Preterm birth rate <37 weeks - York
- * Preterm birth rate <34 weeks - York
- * Preterm birth rate <28 weeks - York

VARIATION

Executive Owner: Dawn Parkes

Operational Lead: Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Normal Births - York	2024-11			51.7%		57%	Target
Assisted Vaginal Births - York	2024-11			11.8%		12.4%	Target
C/S Births - York	2024-11			36.6%		35.3%	Baseline
Elective caesarean - York	2024-11			13%		14.5%	Baseline
Emergency caesarean - York	2024-11			23.5%		20.8%	Baseline
Induction of labour - York	2024-11			43.2%		45.9%	Baseline
HDU on L/W - York	2023-10			8		5	Target
BBA - York	2024-11			1		2	Target
HSIB cases - York	2024-11			0		0	Target
Neonatal Death - York	2024-11			0		0	Target
Antepartum Stillbirth - York	2024-11			0		0	Target
Intrapartum Stillbirths - York	2024-11			0		0	Target
Cold babies - York	2024-10			0		1	Target
Preterm birth rate <37 weeks - York	2024-11			4.6%		6%	Target
Preterm birth rate <34 weeks - York	2024-11			1.3%		2%	Target
Preterm birth rate <28 weeks - York	2024-11			0%		0.5%	Target

Summary MATRIX 3 of 3

Maternity York

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS 	HIT or MISS 	FAIL 
--	---	--

VARIATION


SPECIAL CAUSE IMPROVEMENT



* Breastfeeding Initiation rate - York

* Carbon monoxide monitoring at 36 weeks - York

COMMON CAUSE / NATURAL VARIATION



* 3rd/4th Degree Tear - assisted birth - York

- * Low birthweight rate at term (2.2kg) - York
- * Breastfeeding rate at discharge - York
- * Smoking at booking - York
- * Smoking at 36 weeks - York
- * Smoking at time of delivery - York
- * Carbon monoxide monitoring at booking - York
- * PPH > 1.5L as % of all women - York
- * Shoulder Dystocia - York
- * 3rd/4th Degree Tear - normal births - York
- * Informal Complaints - York
- * Formal Complaints - York

SPECIAL CAUSE CONCERN



Executive Owner: Dawn Parkes

Operational Lead: Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	
Low birthweight rate at term (2.2kg) - York	2024-11			0.4%		0%	Target
Breastfeeding Initiation rate - York	2024-11			89.5%		75%	Target
Breastfeeding rate at discharge - York	2024-11			76.6%		65%	Target
Smoking at booking - York	2024-11			6.5%		6%	Target
Smoking at 36 weeks - York	2024-11			4.3%		6%	Target
Smoking at time of delivery - York	2024-11			4.2%		6%	Target
Carbon monoxide monitoring at booking - York	2024-11			90.9%		95%	Target
Carbon monoxide monitoring at 36 weeks - York	2024-11			82.2%		95%	Target
SI's - York	2023-10			2		0	Target
PPH > 1.5L as % of all women - York	2024-11			4.2%		4.7%	Baseline
Shoulder Dystocia - York	2024-11			3		2	Target
3rd/4th Degree Tear - normal births - York	2024-11			0.4%		2.8%	Target
3rd/4th Degree Tear - assisted birth - York	2024-11			1.3%		6.1%	Target
Informal Complaints - York	2024-11			0		0	Target
Formal Complaints - York	2024-11			3		0	Target

WORKFORCE

January 2025

Summary MATRIX

Workforce: please note that any metric without a target will not appear in the matrix below

MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

VARIATION

PASS



HIT or MISS



FAIL



SPECIAL CAUSE IMPROVEMENT



- * 12 month rolling turnover rate Trust (FTE)

- * Total Agency Whole Time Equivalent Filled
- * Overall stat/mand training compliance
- * Overall corporate induction compliance
- * A4C staff stat/mand training compliance
- * A4C staff corporate induction compliance

- * Annual absence rate
- * HCSW vacancy rate
- * Medical & dental staff corporate induction compliance
- * Appraisal Activity



COMMON CAUSE / NATURAL VARIATION



- * Monthly sickness absence
- * Midwifery vacancy rate
- * Medical and dental vacancy rate
- * Registered Nursing vacancy rate
- * AHP vacancy rate
- * Total Bank Whole Time Equivalent Filled

- * Medical & dental staff stat/mand training compliance

SPECIAL CAUSE CONCERN



- * Overall vacancy rate

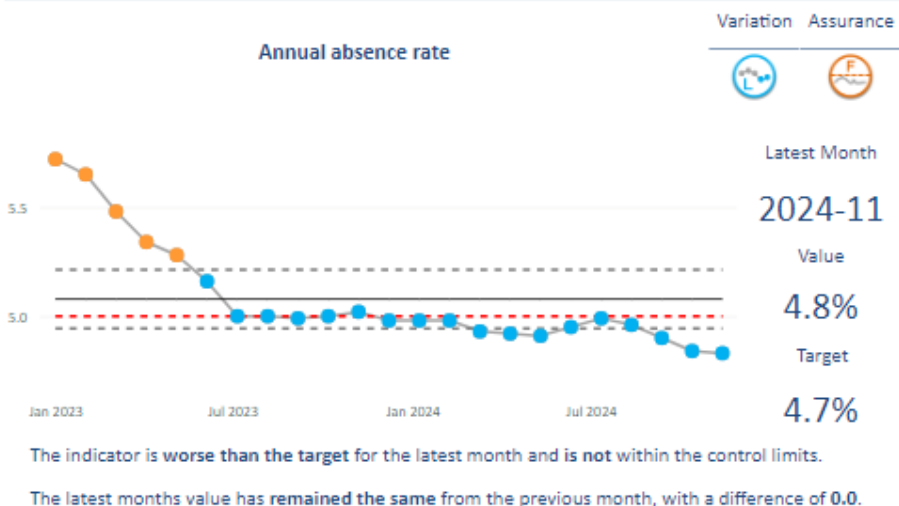
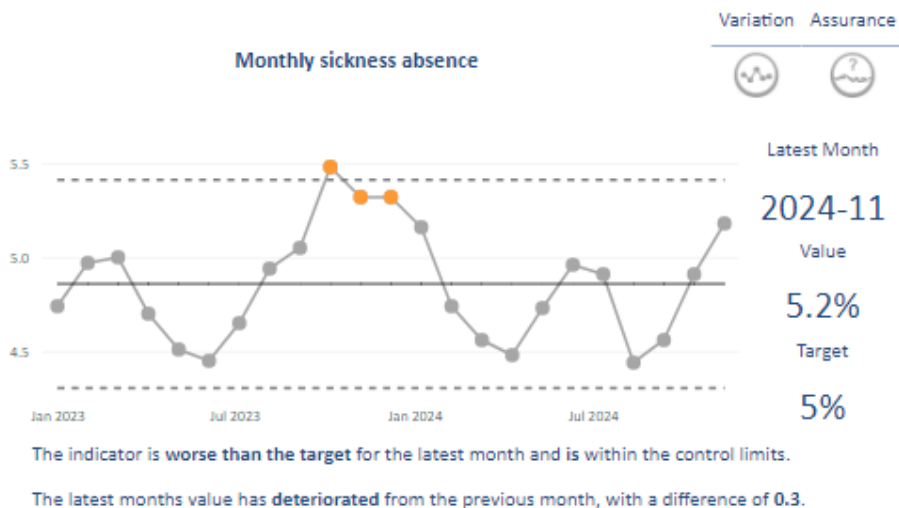
Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Monthly sickness absence	2024-11			5.2%		5%
Annual absence rate	2024-11			4.8%	4.7%	4.7%
12 month rolling turnover rate Trust (FTE)	2024-12			8.6%		10%
Overall vacancy rate	2024-12			9.3%		6%
HCSW vacancy rate	2024-12			8.7%		5%
Midwifery vacancy rate	2024-12			-0.7%		0%
Medical and dental vacancy rate	2024-12			7%		6%
Registered Nursing vacancy rate	2024-12			6.3%		5%
AHP vacancy rate	2024-12			6.6%	8.5%	8.5%
Total Agency Whole Time Equivalent Filled	2024-11			129.3		151
Total Bank Whole Time Equivalent Filled	2024-11			597.6		557
OVERALL: Percentage of rosters approved six weeks before start date	2024-11			16.2%		100%
NURSING & MIDWIFERY: Planned versus delivered hours (net hours) per Whole Time Equivalent	2024-11			279.5	0	0
NURSING & MIDWIFERY: Percentage of actual clinical unavailability versus percentage of budgeted clinical unavailability (headroom)	2024-11			28%	22%	22%

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum



Rationale: Reduce absence resulting in greater workforce availability.

Target: 4.7%

Factors impacting performance and actions:

Staff absence rates have been increasing sharply since August 2024. The latest report up to the end of November showed a 26 WTE increase in absences (477 WTE in November, compared with 451 WTE in October). Stress and anxiety remains the leading cause of absence and increased from 113 WTE in October to 122 WTE in November. High absence related to cold/flu was sustained in November, with 10% of absence days once again being attributable to this reason.

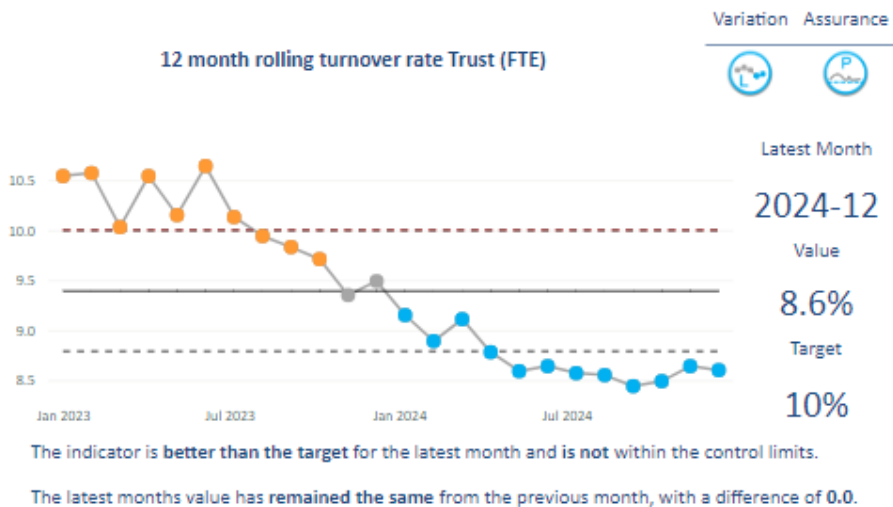
In view of the current prevalence of the virus, the Trust is continuing to make 'flu vaccination available to staff. Vaccinations are being delivered through the peer vaccination model, and via the Occupational Health service. 30% of staff took up the vaccination as part of the Trust's regular campaign between September and November, since which time a further 1% staff have been vaccinated.

The Staff Health and Wellbeing Room at Bridlington Hospital is due to open in the first quarter of 2025. Spaces have been identified for similar facilities at York and Scarborough hospitals but work on their development is unable to begin until the current occupants have been relocated. In Scarborough, the space will become vacant when services relocate into the new Urgency and Emergency Care Centre.

A recent Internal Audit of Freedom to Speak Up provided a Significant Assurance rating.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum



Rationale: Reduce turnover resulting in greater workforce availability.
Target: Turnover 10% Vacancy Rate 6%

Factors impacting performance and actions:

The 2024 Appraisal Window closed in December with a recorded 88.4% completion rate for non-medical staff. The appraisal data is now being analysed to create a talent map.

The Trust’s current turnover rate is continuing to exceed its target. Model Hospital previously conducted benchmarking of turnover rates in NHS providers in August 2024. At that time, the Trust ranked 32/119 providers and was placed in Quartile 2, with the provider in 31st place being placed in Quartile 1. More recent measurements from November 2024 show the Trust has the lowest rate of staff turnover out of the five providers in Humber and North Yorkshire ICB.

Although turnover is relatively low, recruitment activity remains high. In 2024, the Trust made more than 2,590 offers of employment for non-medical roles and booked more than 2,160 employment start dates. Time to hire, measured from the conditional offer to unconditional offer stages of the recruitment process, was 17.2 days. This is better than the Trust’s target for completion within 20 days.

Restrictions on recruitment remain in place through the enhanced vacancy control process. At the end of November 2024, the Trust was 1% (116 WTE) above its 2024-25 workforce plan, mainly due to above-plan increases in clinical staffing.

The Trust is preparing to welcome its first cohort of internationally recruited nurses via the bridging course with schools of nursing in Kerala, India. Nine nurses are due to arrive on 17th February.

The Trust has submitted a bid for £3,000 as part of the Stay and Thrive NHSE initiative to support a careers conference for internationally educated staff. The conference would include CV and application workshops, confidence building and interview techniques, and details of available career and leadership pathways.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum

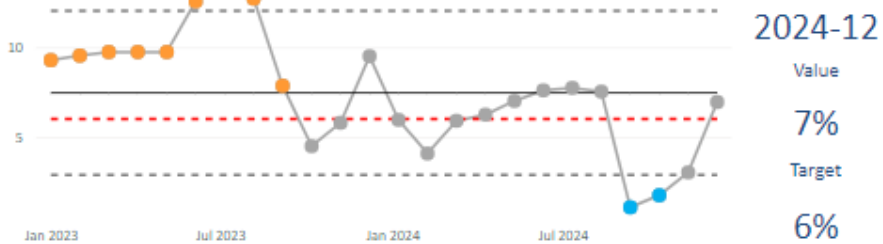
Medical and dental vacancy rate

Variation Assurance



Latest Month

2024-12



Value

7%

Target

6%

The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of 4.0.

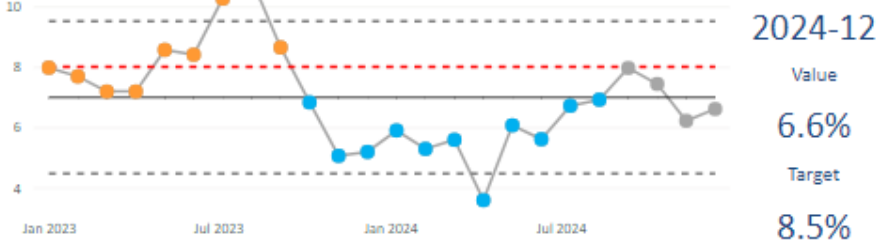
AHP vacancy rate

Variation Assurance



Latest Month

2024-12



Value

6.6%

Target

8.5%

The indicator is **better than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of 0.4.

Rationale: Reduce vacancy factor resulting in greater workforce availability.

Target: M&D vacancy rate 6%, AHP vacancy rate 8.5%

Factors impacting performance and actions:

The Trust welcomed five newly-recruited medical staff into posts during December, including three Consultants taking permanent posts within Emergency Medicine and Surgery.

In addition, 14 offers were made for medical posts across the Trust, including two Consultant positions in Medicine and Surgery.

Medical vacancy rates saw a rise between November and December owing to budget increases totalling 39 WTE. These increases came without a corresponding increase in staff joining the Trust's payroll. The budget increases included creation of a 13 WTE Hull Cellular Pathology Consultant budget for the Scarborough Hull York Pathology Services (the medical staff in this service are employed by Hull University Teaching Hospitals NHS Trust and therefore would not be recorded on the York and Scarborough Trust payroll), and a 15 WTE increase in budgets for Locally Employed Doctors working in Medicine at Scarborough Hospital.

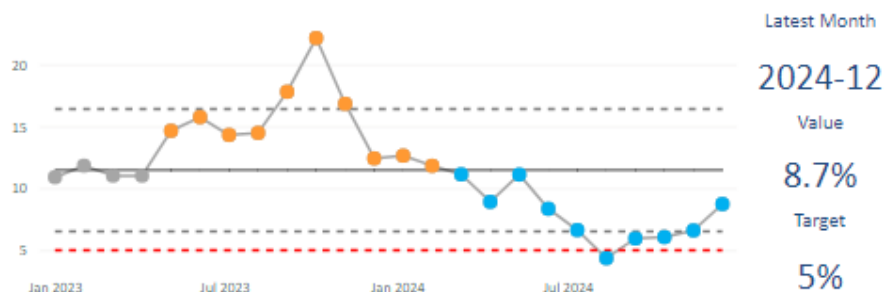
Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum

Variation Assurance



HCSW vacancy rate

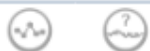


Latest Month
2024-12
Value
8.7%
Target
5%

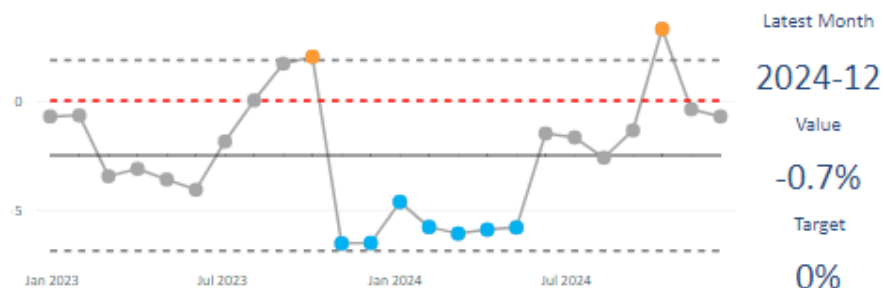
The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of 2.1.

Variation Assurance



Midwifery vacancy rate



Latest Month
2024-12
Value
-0.7%
Target
0%

The indicator is **better than the target** for the latest month and is within the control limits.

The latest months value has **improved** from the previous month, with a difference of 0.3.

Rationale: Reduce vacancy factor resulting in greater workforce availability.

Target: HCSW vacancy rate 5%, Midwifery vacancy rate 0%

Factors impacting performance and actions:

The number of whole time equivalent HCSWs in the Trust has fallen by 14 WTE from the previous month due to an above average number of leavers in December and a slower rate of recruitment than in months prior to November. On top of this, HCSW budgets increased by 11 WTE which added 0.8% to the vacancy rate.

There are currently 27 WTE HCSWs within the recruitment pipeline, with 20 WTE HCSWs currently undertaking pre-employment checks with the Trust. An additional 8 (7 WTE) HCSWs are booked onto upcoming HCSW Academy dates.

The Trust is continuing to use specialty group adverts to recruit to specific HCSW vacancies, with Care Groups finalising their 2025 recruitment plans. Medicine have an advert running in early January and a Theatres advert is being released shortly.

As part of the ongoing monitoring of Nursing Associates it was agreed to include the number of Nursing Associates employed by the Trust in the TPR. The numbers for nursing associates has shown a nominal decrease with the headcount reducing from 63 to 61 and the WTE reducing from 58 to 56. There are a further 45 Apprentice Nursing Associates in the Trust who are due to qualify between January 2025 and September 2026.

Workforce Table

Workforce (5)



Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum

	WTE Funded Establishment	WTE Vacancy	WTE Sickness	WTE Temporary Staffing Requested	WTE Variance between Requested and Vacancy & Sickness	WTE Filled by Bank	WTE Filled by Agency	WTE Variance between Total Filled and Vacancy & Sickness
Nursing								
Sep-24	2584.46	142.78	108.58	279.50	28.14	167.10	79.20	-5.06
Oct-24	2570.38	85.45	116.49	307.10	105.16	165.90	76.60	40.56
Nov-24	2571.33	95.11	124.86	311.60	91.63	170.40	79.90	30.33
HCA								
Sep-24	1265.82	65.39	55.46	259.90	139.05	216.60	0.00	95.75
Oct-24	1266.83	86.77	58.20	266.90	121.93	203.30	0.00	58.33
Nov-24	1265.84	83.39	61.25	261.40	116.76	208.00	0.00	63.36
M&D								
Sep-24	1053.52	11.59	44.56	99.41	43.26	39.50	44.81	28.16
Oct-24	1065.02	18.90	47.84	129.72	62.98	70.10	37.72	41.08
Nov-24	1066.55	32.46	50.88	170.56	87.22	74.10	76.31	67.07

Factors impacting performance and actions:

The Nursing eRostering Assurance Group continues to monitor KPIs and ensure temporary staffing use is being managed effectively. The group is driving efficiencies within temporary staffing usage, with key areas of focus including reducing day shifts for bank and agency, removing bank incentives and ensuring nights and weekends are rostered effectively, to reduce requirements for bank and agency at these peak times.

All ad hoc nursing agency shifts within the Trust are now within the NHSE agency price cap. This leaves several agency block bookings within Maternity and Theatres outside the agency price caps but the Trust has proactively worked with these suppliers to reduce the rates below the 50% price cap breach from December onwards. The Nursing eRostering Assurance Group will monitor block bookings and explore opportunities to reduce costs moving forward.

There has been a significant jump in medical agency use reported in November. Preparation for the opening of the Urgent and Emergency Care Centre (UECC) contributed to an increase in the number of agency bookings reported, but bookings have remained in place due to the number of vacancies and rota gaps within the Care Group, despite the delayed opening of UECC. Additionally, discrepancies identified in the method of reporting agency use by our managed service provider Medacs, means data reported reflects bookings made within that month, but does not accurately reflect work undertaken within the same period. The Trust is exploring alternative reporting mechanisms with Medacs to improve the quality of the data. In January, the Trust is set to end a high-cost medical agency booking, following a substantive appointment within Medicine, Scarborough.

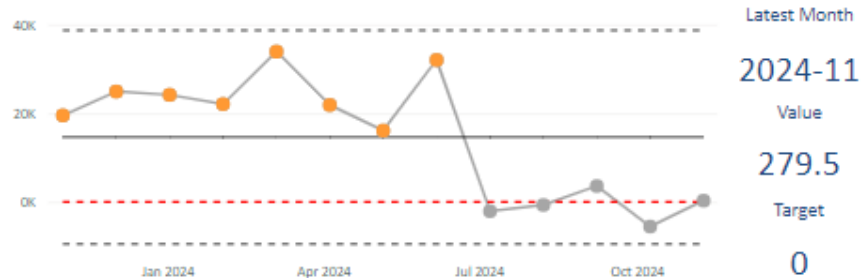
The Trust has been monitoring the number of administrative bank shifts undertaken each month. 787 shifts were worked in December which is a reduction from the previous month, when 949 shifts were worked. With further restrictions introduced around vacancy control, the organisation will continue to monitor this activity closely.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum

NURSING & MIDWIFERY: Planned versus delivered hours (net hours) per Whole Time Equivalent

Variation Assurance

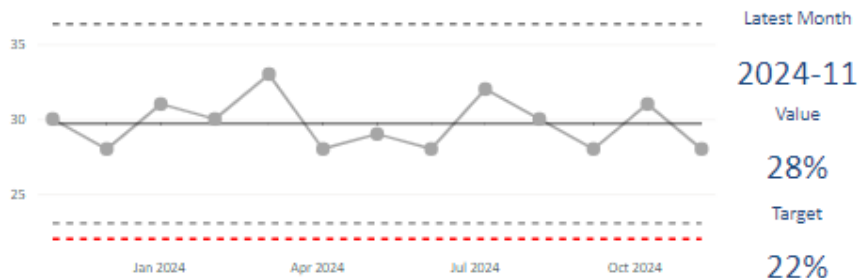


The indicator is worse than the target for the latest month and is within the control limits.

The latest months value has deteriorated from the previous month, with a difference of 5835.9.

NURSING & MIDWIFERY: Percentage of actual clinical unavailability versus percentage of budgeted clinical unavailability (headroom)

Variation Assurance



The indicator is worse than the target for the latest month and is within the control limits.

The latest months value has improved from the previous month, with a difference of 3.0.

Rationale: Ensure maximum availability of workforce through effective rostering, supporting reduction in temporary staffing reliance.

Target: Net hours fewer than 12.5 hours per person. Clinical Unavailability within budgeted headroom.

Factors impacting performance and actions:

The Trust has self-assessed at Level 4 (the highest level) of the NHS England Level of Attainment Standards for eRostering within nursing in-patient ward areas. Work is now underway to replicate this both within non-inpatient nursing units (non-IPU) which are currently at Level 2, and in the Allied Health Professional (AHP) group currently at Level 1.

Within nursing in-patient ward areas, the latest data shows 96% of rosters were published on time, compared to 61% for non-IPUs. The aim is to publish 100% of rosters with at least 6 weeks' notice.



















The utilisation of self-rostering or the auto-roster function is low at present. The Trust is exploring ways to increase take-up, to release efficiencies and support a better work life balance for staff.

	% of rosters self-rostered	Number of areas self-rostered	% of areas using auto-roster function	Number of areas using auto-roster function	% of rosters auto-rostered where function used
In-patient Wards	5%	3	17%	10	16.03%
Non-IPU's	0%	0	47.6%	51	17.1%

In the last month there has been an increase in the percentage of staff being managed on HealthRoster. 99% of AHPs are now on the system which is a positive development. The Trust is aiming to have 90% of the clinical workforce on eRostering by Summer 2025, and to complete the full implementation of eRostering by Spring 2026.

Staffing Group	% on Healthroster	Staffing Group	% on Healthroster
Nursing and Midwifery	99%	AHP	99%
Additional Clinical Services	86%	Healthcare Scientists	23%
Sci and Technical	48%	Medical and Dental	38%
Admin and Clerical	44%	Estates and Ancillary	4%

Executive Owner: Polly McMeekin **Operational Lead:** Will Thornton/ Lydia Larcum

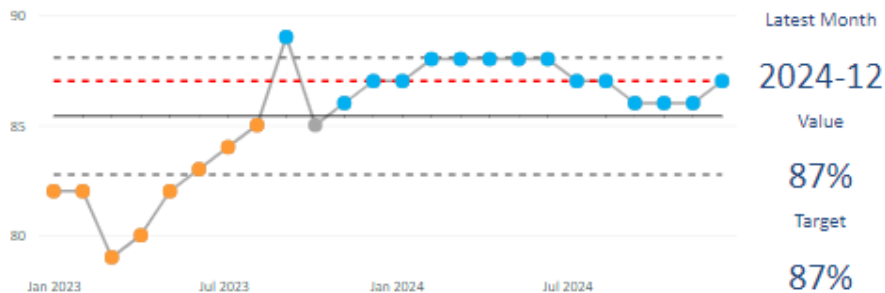
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Overall stat/mand training compliance	2024-12			87%		87%
Overall corporate induction compliance	2024-12			96%		95%
A4C staff stat/mand training compliance	2024-12			89%		87%
A4C staff corporate induction compliance	2024-12			96%		95%
Medical & dental staff stat/mand training compliance	2024-12			73%		87%
Medical & dental staff corporate induction compliance	2024-12			95%		95%
Appraisal Activity	2024-12			88.2%	92.3%	95%
Percentage recommending the Trust as a place to work (quarterly - data source is PULSE, Staff Survey data omitted for Q3)	2024-07			37.8%		
Percentage recommending the Trust as a place to receive treatment (quarterly - data taken from PULSE, Staff Survey data omitted for Q3)	2024-07			39.9%		

Executive Owner: Polly McMeekin

Operational Lead: Will Thornton & Gail Dunning

Overall stat/mand training compliance

Variation Assurance



Latest Month

2024-12

Value

87%

Target

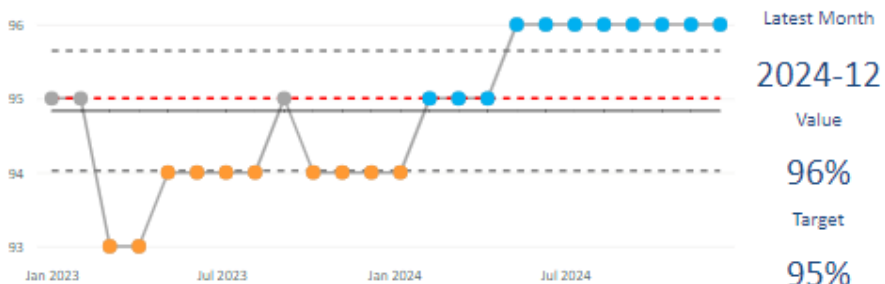
87%

The indicator is equal to the target for the latest month and is within the control limits.

The latest months value has improved from the previous month, with a difference of 1.0.

Overall corporate induction compliance

Variation Assurance



Latest Month

2024-12

Value

96%

Target

95%

Rationale: Trained workforce delivering consistently safe care
Target: Mandatory Training 87% and Corporate Induction 95%

Factors impacting performance and actions:

Compliance with mandatory training has returned to 87%, in line with the Trust’s target. Corporate induction attendance has maintained at 96%.

Subjects which are provided through eLearning continue to record a higher rate of completion. Classroom sessions are naturally limited by the capacity of each venue, but the Trust is consistently booking staff onto sessions over and above room capacities to make allowance for non-attendance and maximise efficiency.

The Trust is awaiting the detail of Government plans to reform the Apprenticeship Levy. In connection with a new ‘Growth and Skills’ title for the Levy, Skills England are expected to outline a new policy that will provide the Trust with a level of freedom to spend a proportion of its Levy funds on training outside of apprenticeship programmes. The new plans will be published in Spring 2025.

One of the focuses of the reforms is to shift use of apprenticeships towards development of young people at the start of their careers. To achieve this, there is a proposal to restrict the use of Levy funds for Level 7 (Masters level) apprenticeships. If this comes to pass, there is a risk of skill gaps developing in the Trust where, without the Levy, we are unable to sustain funding for staff to complete professional programmes at Masters level. Level 7 apprenticeships in use by the Trust include Advanced Clinical Practitioner, Senior Leader, Senior People Professional, Digital and Technology Solutions Specialist, Accountancy and Taxation Professional and Internal Audit Professional. Since 2018, the Levy has funded 38 of these qualifications at a cost of over £100,000 per year.

DIGITAL AND INFORMATION SERVICES

January 2025

Summary MATRIX

Digital: please note that any metric without a target will not appear in the matrix below




MATRIX KEY

HIGH IMPROVEMENT
IMPROVEMENT
NEUTRAL
CONCERN
HIGH CONCERN

ASSURANCE

PASS 	HIT or MISS 	FAIL 
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VARIATION

<p>SPECIAL CAUSE IMPROVEMENT</p> 		<p>* Percentage of FOIs and EIRs responded to within 20 working days (monthly)</p>	
<p>COMMON CAUSE / NATURAL VARIATION</p> 	<p>* Percentage of Patient Subject Access Requests (SARs) processed within one calendar month</p>	<p>* Number of P1 incidents*</p>	
<p>SPECIAL CAUSE CONCERN</p> 			

Executive Owner: James Hawkins **Operational Lead:** Steve Lawrie/Rebecca Bradley

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of P1 incidents*	2024-12			3		0
Total number of calls to Service Desk	2024-12			3919		
Total number of calls abandoned	2024-12			994		
Number of information security incidents reported and investigated	2024-12			24		
Number of Patient Subject Access Requests (SARs)	2024-12			341		
Percentage of Patient Subject Access Requests (SARs) processed within one calendar month	2024-12			100%		80%
Number of FOIs and EIRs received (monthly)	2024-12			42		
Number of FOIs and EIRs completed (monthly)	2024-12			57		
Percentage of FOIs and EIRs responded to within 20 working days (monthly)	2024-12			95%		80%

Executive Owner: James Hawkins

Operational Lead: Stuart Cassidy

Number of P1 incidents*

Variation Assurance



Latest Month

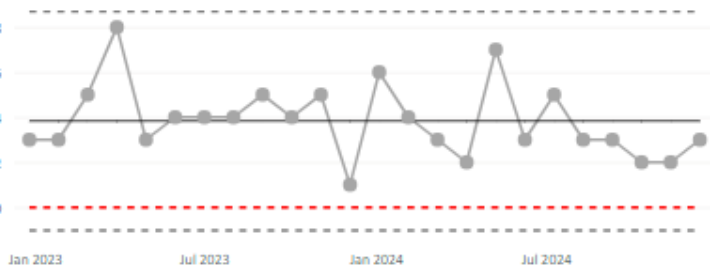
2024-12

Value

3

Target

0



The latest months value has **deteriorated** from the previous month, with a difference of 1.0.

Total number of calls to Service Desk

Variation Assurance



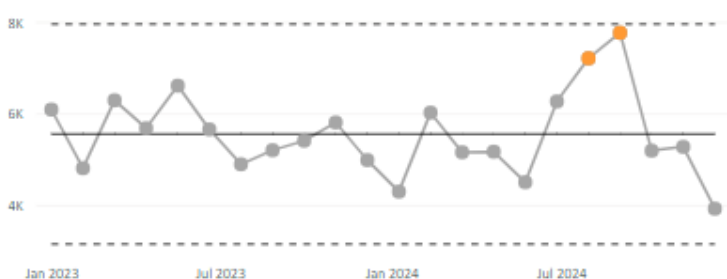
Latest Month

2024-12

Value

3919

No Target



The latest months value has **improved** from the previous month, with a difference of 1350.0.

Rationale: Reduction in P1 Incidents and Service Desk Calls are a proxy for better digital service

Target: 0 P1 Incidents

Factors impacting performance:

3x P1 incidents occurred.

- 6/12 CPD incident with users unable to view system generated letters such as EDNs, EDLs, and A&E Notifications. Incident duration from 08:17 to 14:00.
- 12/12 CPD incident with users unable to connect to the system. Issue related to planned maintenance having an unexpected impact on live services. Duration less than 30 minutes.
- 20/12 Learning Hub and IT Self Service unavailable. Logon issues commenced around 0700 and were resolved for IT Self Service by 0945. However, Learning Hub access was not resolved by 3rd party support until 14:30.

In July, we made changes to queue behaviours and introduced a secondary “escalation” queue to handle calls waiting longer than a set time. In September we identified an issue with the standard reports used to report number of calls to Service Desk and paused reporting.

December call volumes are usually low due to fewer working days and Bank Holidays.

Actions:

The ongoing IT Service Management (ITSM) review aims to identify operational inefficiencies, enhance service quality, and establish a robust framework for continuous improvement. This initiative is designed to ensure IT services are better aligned with the evolving needs of the organisation.

Key areas of focus include the management of digital certificates, where improvements are being explored to ensure better oversight and operational efficiency. Additionally, we are moving to prioritise enhancements to our change management processes to gain a more comprehensive understanding of the wider potential impacts of changes.

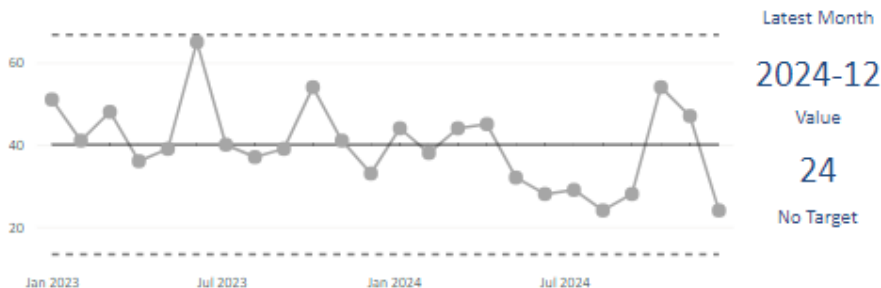
These improvements will support more informed decision-making, reduce risk, and enhance overall service stability.

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley

Number of information security incidents reported and investigated

Variation Assurance



Latest Month

2024-12

Value

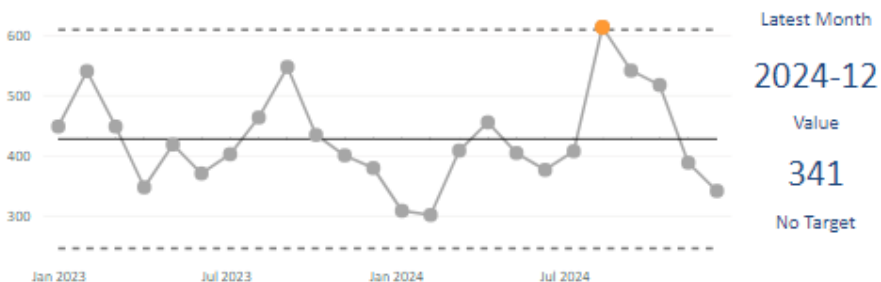
24

No Target

The latest months value has improved from the previous month, with a difference of 23.0.

Number of Patient Subject Access Requests (SARs)

Variation Assurance



Latest Month

2024-12

Value

341

No Target

The latest months value has improved from the previous month, with a difference of 47.0.

Rationale: Monitoring of information security incidents and ensuring these are investigated and actioned as appropriate.

Number of information security incidents reported and investigated

Factors impacting performance:

There has been a decrease in security incidents reported, this may have been caused by higher levels of staff leave during the Christmas period.

Actions: Trends will be communicated to staff and root cause analysis will be completed on all incident investigations.

Rationale: Monitoring of Subject Access Requests received to ensure the Trust is managing its statutory obligations under the UK GDPR.

Number of Subject Access Requests submitted by patients

Factors impacting performance:

SARs have decreased below average.

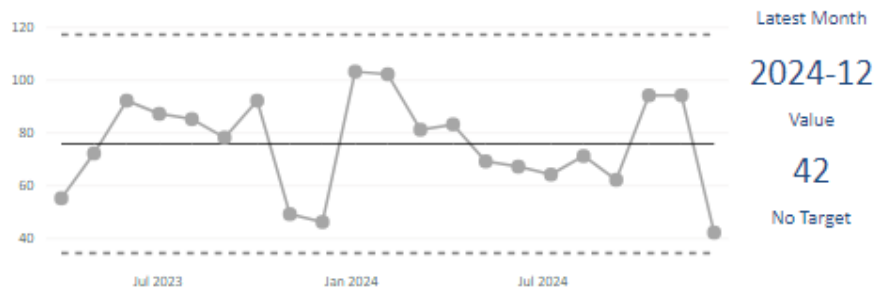
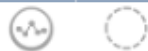
Actions: The team's processes are being reviewed by the IG manager; this may impact on timeliness of responses later in the calendar year.

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley

Number of FOIs and EIRs received (monthly)

Variation Assurance



Latest Month

2024-12

Value

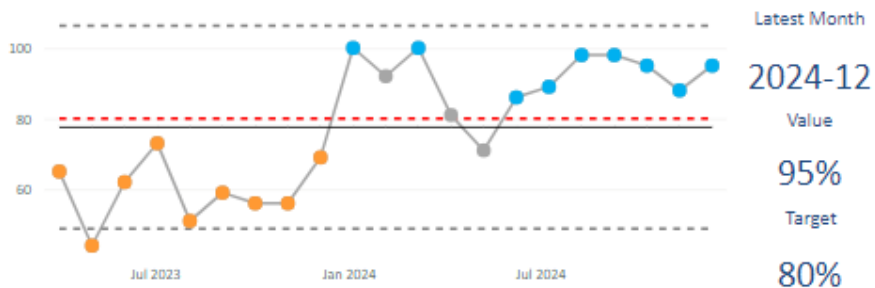
42

No Target

The latest months value has improved from the previous month, with a difference of 52.0.

Percentage of FOIs and EIRs responded to within 20 working days (monthly)

Variation Assurance



Latest Month

2024-12

Value

95%

Target

80%

The indicator is better than the target for the latest month and is within the control limits.

The latest months value has improved from the previous month, with a difference of 7.0.

Rationale: Ensuring the Trust responds to FOI in line with legislation

Target: 80% FOIs responded to within 20 days

Factors impacting performance:

Number of FOIs Received

There has been a significant decrease in the number of requests received in December. There are no apparent trends regarding the type of requesters or the subject matter of requests. Overall, 936 requests were received in 2024.

Actions: N/A

Percentage of FOIs responded to within 20 working days

Requests being sent out on time has increased. Overall, for 2024 89% of requests were responded to within the 20-working day statutory timeframe, with only one outstanding from 2024 to be sent to the requester.

FINANCE

January 2025

OPERATIONAL FINANCIAL PLAN 2024/25 SUMMARY INCOME & EXPENDITURE POSITION

- The Trust resubmitted its Operational Financial Plan to NHSE on 12 June 2024, which presented an adjusted I&E deficit of £16.6m. In September the Trust was advised that deficit funding support, to the value of our £16.6m deficit, will be released in October. This brings the financial plan to balance as per the table opposite.
- The Trust's plan forms part of a wider HNY ICB I&E balanced plan following receipt of £50.0m across the system.
- The Trust's actual operational I&E deficit is now £17.2m, but for the purposes of assessing financial performance NHSE allow certain technical adjustments to arrive at underlying financial performance. The most notable of these is the removal of impairments relating to the revaluation of capital assets.
- It should be noted that the Trust's projected deficit is after the planned delivery of a significant efficiency programme of £53.3m (6.4%), more of which is discussed under cost improvement programme below.
- The plan is designed to assist the Trust meet all the required performance targets in 2024/25.

	£000
<u>INCOME</u>	
Operating Income from Patient Care Activities	
NHS England	79,591
Integrated Care Boards	605,594
Other including Local Authorities, PPI etc.	7,142
	692,327
Other Operating Income	
R&D, Education & Training SHYPS etc..	76,547
	768,874
<u>EXPENDITURE</u>	
Gross Operating Expenditure	-827,157
Less: CIP	53,266
<u>Total Expenditure</u>	-773,891
<u>OPERATING SURPLUS/ (DEFICIT)</u>	
	-5,017
Finance Costs (Interest Receivable/Payable, PDC Dividend)	-12,152
<u>SURPLUS/ (DEFICIT) FOR THE YEAR</u>	-17,169
<u>ADJUSTED FINANCIAL PERFORMANCE</u>	
Net Surplus/ (Deficit)	-17,169
<u>Add Back</u>	
I&E Impairments	16,734
Remove capital donations/grants I&E impact	435
<u>ADJUSTED FINANCIAL SURPLUS/(DEFICIT)</u>	0

Summary Dashboard and Income & Expenditure

Finance (2)



Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
			Direction	Description
I&E Variance to Plan	£-4.9m	£-9.3m	↓	Deteriorating
Core CIP Delivery Variance to Plan (£20.0m Target)	£3.6m	£3.5m	↓	Deteriorating
Corporate CIP Delivery Variance to Plan (£33.3m Target)	£-7.5m	£-9.6m	↓	Deteriorating
Variance to Agency Cap	£0.3m Below	£1.0m Below	↑	Improving
Month End Cash Position	£4.7m adverse to plan	£4.7m adverse to plan	-	No Change
Capital Programme Variance to Plan	£0.2m ahead of plan	£0.08m behind plan	↓	Deteriorating

	Plan	Plan YTD	Actual YTD	Variance
	£000	£000	£000	£000
Clinical Income	745,622	560,028	577,362	17,334
Other Income	70,185	52,734	57,478	4,745
Total Income	815,807	612,761	634,840	22,079
Pay Expenditure	-523,286	-398,301	-415,413	-17,112
Drugs	-68,812	-51,726	-58,110	-6,385
Supplies & Services	-87,373	-65,249	-69,646	-4,397
Other Expenditure	-166,265	-99,580	-99,246	334
Outstanding CIP	24,984	6,318	0	-6,318
Total Expenditure	-820,752	-608,537	-642,415	-33,878
Operating Surplus/(Deficit)	-4,945	4,224	-7,575	-11,799
Other Finance Costs	-12,225	-9,315	-6,884	2,431
Surplus/(Deficit)	-17,169	-5,091	-14,459	-9,368
NHSE Normalisation Adj	17169	327	443	116
Adjusted Surplus/(Deficit)	0	-4,764	-14,016	-9,252

The I&E table takes into account the £16.6m deficit support funding and presents a balanced plan. From a YTD perspective, the table confirms an actual adjusted deficit of £14m against a planned deficit of £4.7m for December (Month 9). There is recognition across the ICB that the system is going to struggle to meet plan, with a current predicted deficit of £45m. Advanced discussions have been underway regarding the NHSE Forecast Change Protocol and a system recovery plan to significantly reduce this pressure, however this has not been invoked at M9 as anticipated and further assurance work is required over the next few weeks with the intention to invoke the protocol at M10.

As a Trust we have not hit balance in M9, we are £9.3m adverse to plan. There continues to be risk in the position linked to additional ERF income and stocking up evidence (smoothed spend). Of significant note, the provisional agreement that was reached with ICB and system in M7 to release uncommitted ICB provisions to support High-Cost Drug Pressure, continues to be included at M9

Analysis of significant year to date income & expenditure assumptions

	Adjustment M9 YTD (£'000)	Assumptions	Risk Rating
ICB Income	525	OPCS Coding – Potential opportunities to increase income re improved OPCS coding	● Medium
	1,275	Advice & Guidance – Income in position assumed to planned £6.7m, current allocation provided at £5m.	● High
	1,596	Ophthalmology – Improved coding, back dated to April – risk re backdating & clinic set up.	● High
	525	BCU – 24/25 East Riding Allocation £200k YTD (£300k FYE) + £300k re prior year allocation not received.	● Medium
	5,650	Provisional agreement reached with ICB and system to release uncommitted ICB provisions to support High-Cost Drug Pressure.	● High
Expenditure - Clinical Supplies & Services	731	Smoothing of expenditure in relation to stocking up of consumables during December, whilst ERF activity has slowed	● Medium
Pay – MARs	252	Initial expenditure and associated projected savings smoothed to neutralise any impact	● Low
Total	10,554		

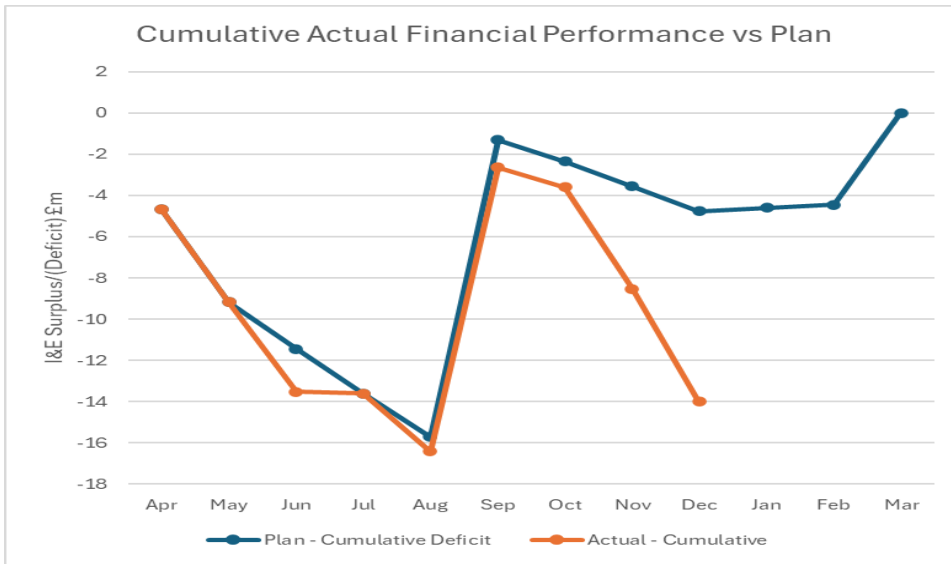
Key Subjective Variances: Trust

Finance (4)

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	2,631	ERF overperformance & pay award funding	No mitigation or action required.
ICB Income	14,871	ERF overperformance & pay award funding	No mitigation or action required.
Employee Expenses	(17,112)	Agency, bank and WLI spending is ahead of plan to cover medical vacancies and deliver increased elective activity. Pay award actioned in M9, offset by income although shortfall in funding of £1.2m YTD (£1.6m FYE)	To continue to control agency spending within the cap into 2024/25. Work being led by HR Team to apply NHSE agency best practice controls, continued recruitment programmes (including overseas recruitment). Vacancy control measures now in place.
Drug expenses	(6,385)	Relates primarily to an increase of in-tariff drug and device costs which were previously contracted on a pass-through basis but now included in the block contract, plus out of tariff drugs & devices costs covered by NHSE contracts for which additional income is earned.	Provisional agreement has been reached with ICB and system to release uncommitted ICB provisions to support.
Clinical Supplies & Services	(4,397)	Increased spending linked to increased elective activity for which additional ERF income is expected to compensate. Also includes overspending on pathology direct access and devices, which was previously covered by a variable tariff, but is now included in the block contract with the ICB.	No mitigation or action required – Provisional agreement has been reached with ICB and system to release uncommitted ICB provisions to support.
CIP	(6,318)	The Core Programme is £3.5m ahead of plan and the Corporate Programme £9.6m behind plan at M8	Continued focus on delivery of the CIP overseen by the Efficiency Delivery Group.

Cumulative Actual Financial Performance vs Plan

Finance (5)



On the 12th June the Trust resubmitted its plans which aligned M1 & M2 to actual expenditure and assumed, in M12, the £4.2m the Trust expects to receive as a proportion of the £24m identified to reduce the overall ICB deficit from £74m to £50m, thereby improving the planned cumulative deficit from £21m in February to £16.5m in March.

In September the Trust received £16.6m deficit support funding to improve our plan to a balanced position.

The YTD plan is an adjusted deficit of £4.7m at M9 with an actual deficit of £14m.

Forecast			
Scenario	Adjusted Surplus/(deficit)		
	Plan £'000	Forecast £'000	Variance £'000
Likely Case	0	-23,736	-23,736
Best Case	0	0	0
Worst Case	0	-44,634	-44,634

Likely Case

The likely case forecast is a deficit of £23.7m against a balanced plan. This forecast assumes the issue around High Cost Drugs (HCD) and Direct Access Pathology (DA Pathology) are partly resolved through the provisional agreement that has been reached with the ICB in respect of the £4.2m stretch target. It assumes the current £4.4m planning gap in the CIP programme is not resolved, and that high risk schemes (£7.5m) are not going to deliver the reduction in run rate required to meet the plan. It is not expected in this most likely forecast that funding will be received to support the £3.2m planned pressure in relation to HCSW B2/B3. A further pressure is included in respect of radiology acute reporting and Cellpath outsourcing (£3m).

Best Case

The system has not invoked the NHSE protocol to declare our most likely forecast position at M9. The best case forecast submission therefore continues to assume we will hit our balanced plan, This is not without significant risk and includes unplanned mitigations with regards to delivering our CIP programme in full to achieve.

Worst Case

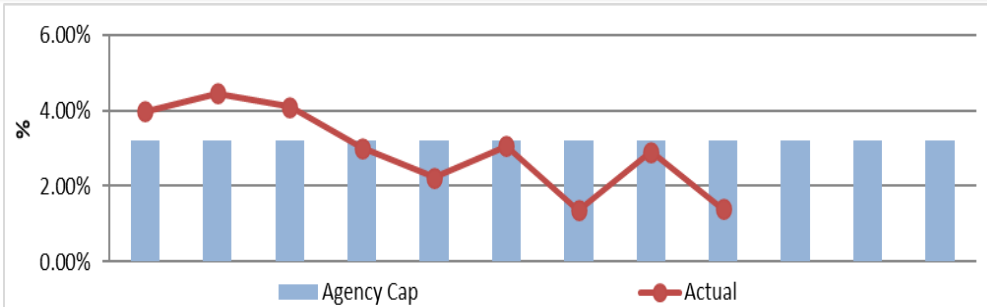
The worst case forecast is a deficit of £44.6m against the balanced plan. This forecast, in addition to the assumptions in the most likely case, assumes there will be a further deterioration of delivery of CIP (£7.4m) and a reduction in clinical income re ERF (£1.7m) and non ERF (£8.1m) in recognition of the high risk assumptions within the M9 position. Support for the short fall in pay award funding is also assumed not to be received in this worst case forecast.

Cumulative Actual Financial Performance vs Plan

Finance (6)

Year to Date 2024/25 Care Group Financial Position							
Care Group	Annual Adjusted Budget	YTD Budget	YTD Actual	YTD Variance	YTD Adjusted Budget	YTD Adjusted Variance	Key Drivers of YTD Adjusted Variance
	£000	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	216,837	159,461	161,842	-2,381	163,348	1,506	Underspend driven by CIP delivery ahead of plan and high vacancies, particularly CDC's, these are offsetting significant overspends on Outsourcing and Drugs now within the block contract.
Family Health Care Group	84,223	62,561	65,370	-2,810	63,475	-1,896	£1.3m relates to the premium cost of covering medical vacancies, £0.7m Community Nursing overspend, £0.7m Midwifery overspend, £0.4m non-pay underspend, £0.4m overachieved CIP.
Medicine	189,836	142,777	152,271	-9,494	143,320	-8,951	£6.2m relates to the premium cost of covering medical vacancies, £3.0m drug overspend.
Surgery	158,654	118,767	122,609	-3,843	119,659	-2,951	Overspend mainly relates to Resident Doctors pay costs over budget - £2.8m (driven by premium cost to cover vacancies as well as having rotas over substantive budgets). Other cost pressure relates to the theatre capacity gap reduced by non-recurrent vacancy savings.
TOTAL	649,550	483,565	502,093	-18,527	489,801	-12,292	

Full Year 2024/25 Care Group Forecast Financial Position						
Care Group	Annual Adjusted Budget	Forecast Prior to Mitigating Actions	Mitigating Actions	Forecast Post Mitigating Actions	Forecast Variance	Key Drivers of Forecast Variance
	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	216,837	216,862	-201	216,661	175	Forecast deterioration due to pressures from Winter Flu Testing, Outsourcing and Drug Expenditure. These are largely offset by CIP delivery and Vacancies.
Family Health Care Group	84,223	87,277	0	87,277	-3,053	£1.9m relates to the premium cost of covering medical vacancies, £0.9m Community Nursing overspend, £0.9m Midwifery overspend, £0.7m non-pay underspend.
Medicine	189,836	202,866	-107	202,759	-12,922	£8.2m relates to the premium cost of covering medical vacancies, £3.9m drug overspend and £1.1m CIP planning gap.
Surgery	158,654	164,529	-316	164,213	-5,559	£3.7m over-spend on Resident Doctors mainly related to premium cost of covering medical vacancies; £1.6m Theatre capacity gap; & £0.3m CSS over-spend due to non-elective activity over plan (8%)
TOTAL	649,550	671,533	-623	670,910	-21,360	



Agency Controls

The Trust's has an agency cap of 3.2% of its overall pay spend in its plan. YTD M9 agency spend is 2.9% of overall pay spend, £12m against a plan of £13m.

	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,587.36	2,453.21	134.15	107,022	106,255	767
Scientific, Therapeutic and Technical	1,298.18	1,233.91	64.27	53,129	52,171	959
Support To Clinical Staff	1,926.96	1,708.61	218.35	48,247	49,093	-846
Medical and Dental	1,105.74	1,030.02	75.72	109,982	121,144	-11,162
Non-Medical - Non-Clinical	3,250.60	2,823.76	426.84	88,017	85,045	2,972
Reserves				-9,705	0	-9,705
Other				1,608	1,706	-98
TOTAL	10,168.84	9,249.51	919.33	398,301	415,413	-17,112

Workforce

This table presents a breakdown by staff group of the planned and actual workforce establishment in whole time equivalents (WTE) and spend for the year. The reserves relate to agreed but at this point undrawn activity and cost pressures, and nursing investments.

The table illustrates that a key driver for the pay position (other than reserves) is spend against Medical and Dental staff.

Trust Performance Summary vs ERF Target Performance

	24-25 Target % vs 19/20	ERF Confirmed Targets Weighted Value at 24/25 PA prices	ERF Month 9 Phase (Av %)	Activity to Month 9 Actual	Variance - (Clawback Risk)	% Compliance Vs 19/20
Commissioner						
Humber and North Yorks	104.00%	£132,127,127	£99,002,470	£116,345,493	£17,343,023	122.2%
West Yorkshire	103.00%	£1,389,900	£1,041,448	£1,080,637	£39,189	106.9%
Cumbria and North East	115.00%	£175,391	£131,420	£187,131	£55,711	163.8%
South Yorkshire	121.00%	£154,746	£115,951	£126,356	£10,404	131.9%
Other ICBs - LVA / NCA	-	-	-	-	£0	-
All ICBs	104.02%	£133,847,164	£100,291,289	£117,739,616	£17,448,328	122.1%
NHSE Specialist Commissioning	113.38%	£4,652,252	£3,485,919	£2,755,749	-£730,170	89.6%
Other NHSE	104.13%	£296,661	£222,287	£196,676	-£25,611	92.1%
All Commissioners Total	104.31%	£138,796,077	£103,999,495	£120,692,042	£16,692,547	121.1%

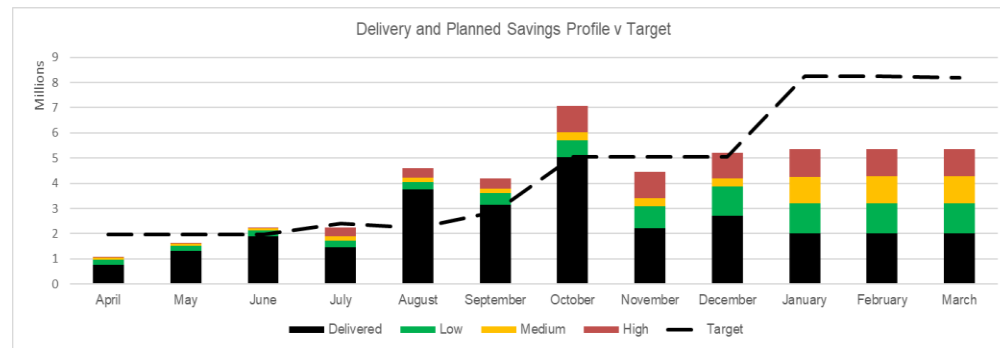
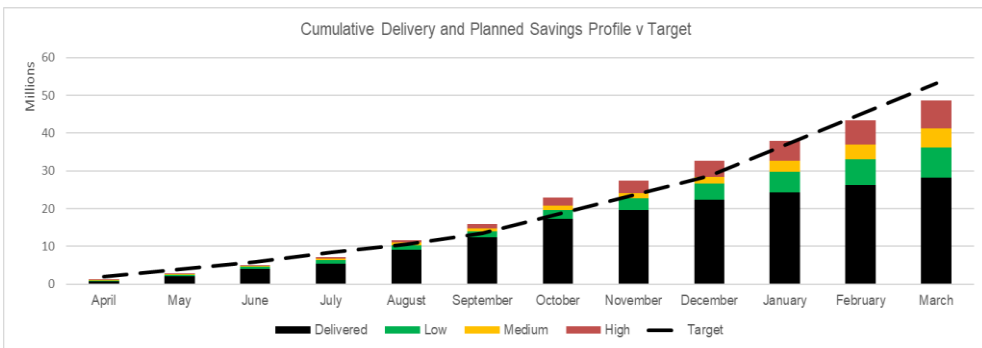
Elective Recovery Fund

To give an early indication of ERF performance, we have developed an early 'heads-up' approach using partially coded actual elective activity data and extrapolating this for the year to date before applying average tariff income to the activity. Whilst acknowledging the limitations of using partially coded activity and estimates, activity remains significantly up against the ERF Baseline target and potentially presents a £16.69m surplus for the period up to Month 9.

ICB commissioned activity remains above plan with NHSE Specialist Commissioned services behind on plan.

Cost Improvement Programme

Finance (8)



2024/25 Cost Improvement Programme - December Position

	Full Year CIP Target	December Position			Full Year Position		Planning Position		Planning Risk		
		Target	Delivery	Variance	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Corporate Programme	33,326	17,889	8,030	9,858	10,541	22,784	23,530	9,796	12,391	4,171	6,967
	33,326	17,889	8,030	9,858	10,541	22,784	23,530	9,796	12,391	4,171	6,967
Core Programme											
Medicine	4,152	2,229	1,986	243	2,487	1,664	3,094	1,058	3,044	0	50
Surgery	4,120	2,212	2,549	-337	3,354	766	4,154	-34	3,879	275	0
CSCS	6,290	3,376	6,349	-2,973	7,562	-1,272	8,568	-2,279	8,266	215	87
Family Health	1,797	965	1,394	-430	1,714	83	2,001	-204	1,991	10	0
CEO	104	56	31	25	41	63	41	63	41	0	0
Chief Nurses Team	207	111	21	90	28	179	28	179	28	0	0
Finance	382	205	216	-11	231	151	231	151	231	0	0
Medical Governance	23	12	16	-4	22	1	67	-45	67	0	0
Ops Management	233	125	183	-58	227	6	232	1	232	0	0
DIS	427	229	310	-81	413	13	465	-39	465	0	0
Workforce & OD	361	194	196	-2	251	110	490	-128	296	194	0
YTHFM LLP	1,840	988	991	-3	1,411	429	1,993	-153	1,487	82	424
Central	0	0	0	0	0	0	3,833	-3,833	3,815	18	0
	19,936	10,701	14,242	-3,541	17,741	2,195	25,199	-5,262	23,845	793	561
Total Programme	53,262	28,590	22,272	6,318	28,282	24,980	48,728	4,534	36,236	4,964	7,528

Corporate Efficiency Programme

The Corporate efficiency programme currently consists of 24 schemes which, following an initial risk assessment, give planned savings of £23.5m towards the £33.3m target.

In December £10.5m of the target was delivered in full year terms, £7.4m of which are recurrent savings, The YTD position shows delivery of £8m against target of £17.9m, £9.6m behind plan.

Core Efficiency Programme

The core efficiency programme currently has plans totaling £25.2m towards the required £20m target.

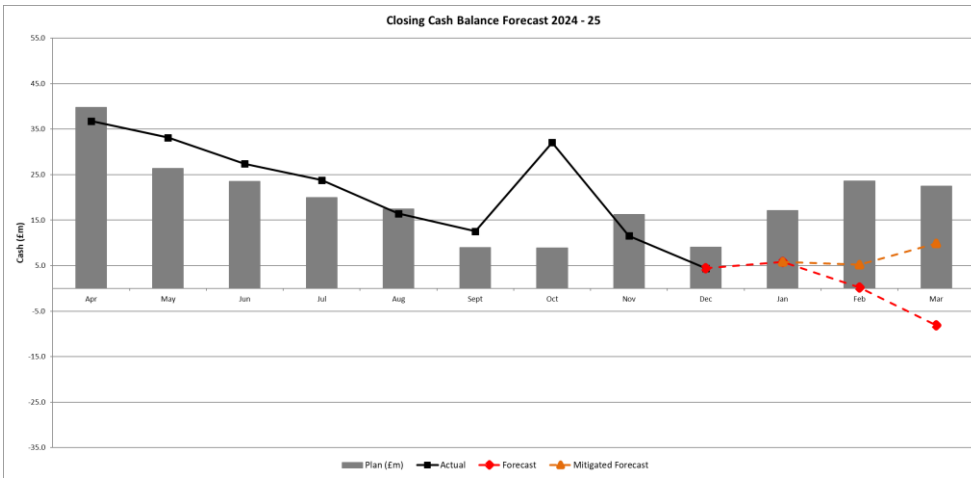
In December £17.7m of the target was delivered in full year terms £6.8m of which was recurrent. The YTD position shows delivery of £14.2m against target of £10.7m, £3.5m ahead plan.

Current Cash Position and Better Payment Practice Code (BPPC)

Finance (9)

The Group's cash plan for 2024/25 is for the cash balance to reduce from £47.5m at the end of March 2024 to £22.4m at the end of March 2025, with the planned I&E deficit being a key driver in the reduced balance. The cash balance for December was £4.7m adverse to plan. The table below summarises the planned and actual month end cash balances.

Month	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	39,790	26,407	23,541	19,964	17,437	9,006	8,886	16,306	9,059	17,101	23,624	22,454
Actual	36,793	33,128	27,407	23,821	16,460	12,559	32,078	11,572	4,422			



The cash forecast graph illustrates the cash position based on the actual cash balance at the end of December, at £4.4m against a plan balance of £9.1m.

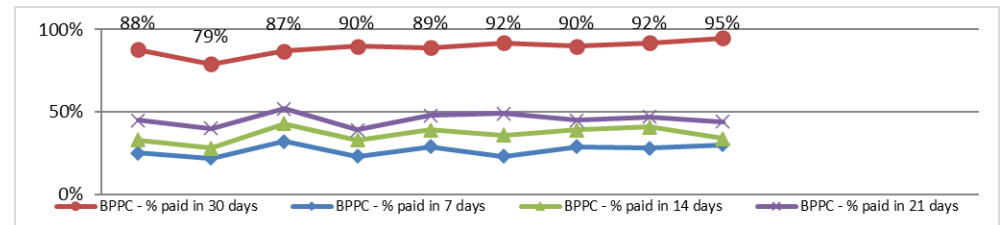
The red dotted line on the graph opposite illustrates the Trusts current forecast cash trajectory based on current cash run rates. The orange dotted line on the forecast represents the current cash forecast with mitigations in place to improve cash. Mitigations include ERF income due before year end forecasted in March estimated at £13m and the timing of capital receipts drawn in February and March for capital creditors not due until April 2025.

Based on the forecast cashflow with mitigations being achieved as planned, the Trust is forecasting that we will not need a cash support request this year.

Better Payment Practice Code

The BPPC is a nationally prescribed target focussed on ensuring the timely payment by NHS organisations to the suppliers of services and products to the NHS. The target threshold is that 95% of suppliers should be paid within 30 days of the receipt of an invoice.

The graph illustrates that in December the Trust managed to pay 95% of its suppliers within 30 days.



Current and Forecast Capital Position

Finance (10)



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

For 2024/25 the main schemes are the completion of SGH UECC and SGH CDC, the commencement of the construction phase of VIU / PACU and the start of the implementation of the EPR scheme.

M9 Plan £000s	M9 Actual £000s	Variance to Plan £000s
26,223	26,142	-81

The capital programme at month 9 is reporting a minimal variance to plan.

Backlog maintenance and DIS schemes are running ahead of the plan phasing, offset by several schemes running behind the plan phasing, notably the VIU/PACU project and the IFRS 16 leasing programme due to timing of completion of leases.

Forecast Outturn

The forecast remains unchanged from last month. After mitigations, the current total capital forecast is £65.4m. £0.8m is funded via the charity, therefore the net CDEL impact to the DH group is £64.6m, outlined in the capital forecast table.

As a reminder, the unfunded pressures table reported previously is below. There is no flexibility to overspend on capital. With no funding source, the expectation is that the Trust will manage the pressures using its own internal sources.

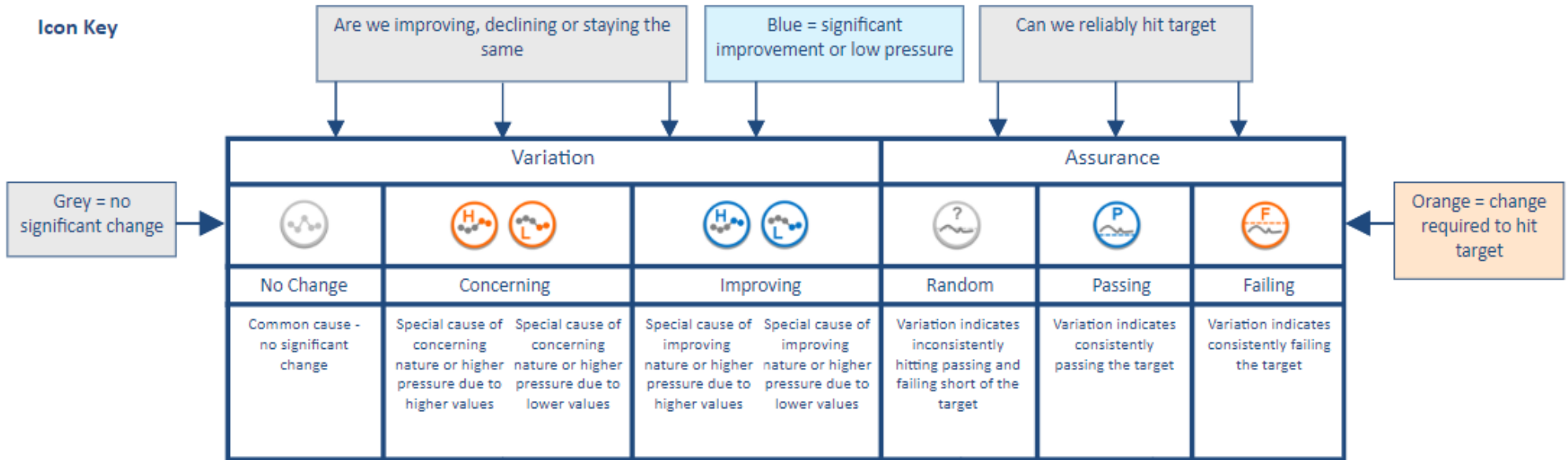
NHSE have recently confirmed additional capital from M10 to fund the £2.5m pressure on Scarborough site critical infrastructure, which will reduce the pressure from £5.2m to £2.7m. We are awaiting confirmation if this will include £2.5m of cash to support the additional CDEL funding.

2024/25 In Year Unfunded Pressures	£000s
Critical Infrastructure - Scarborough Site	2,500
Critical Infrastructure - Ward Refurbishment & Other Backlog	1,200
Scarborough CDC project	1,500
Total Additional Unfunded Pressures	5,200
Current Mitigations:	
Reprofile EPR to 2025/26	3,500
Reprofile ACTIF to 2025/26	900
Additional Ward Refurbishment funded via ACTIF	800
Total Mitigations	5,200

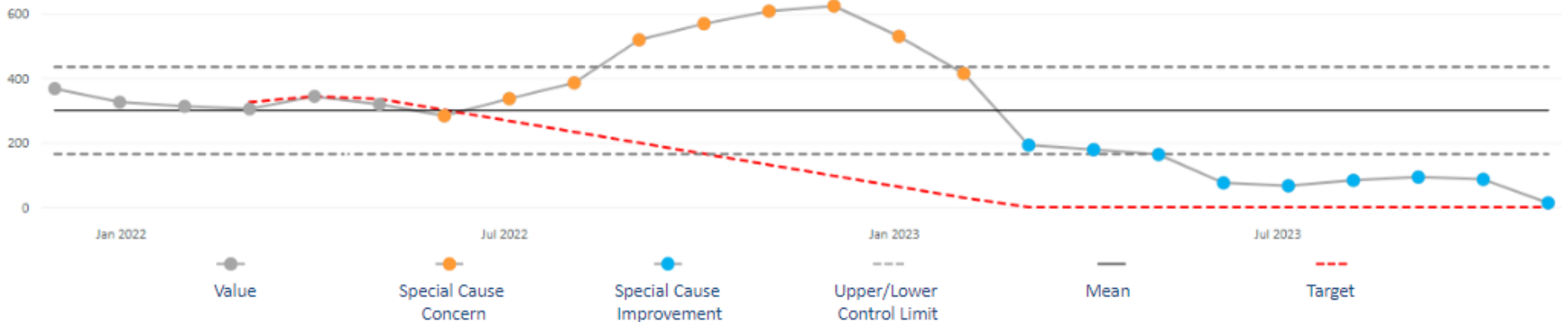
2024/25 Capital Forecast	£000s
PDC Funded Schemes	35,353
IFRS 16 Lease Funded Schemes	8,323
Depreciation / Loan Funded Schemes	20,996
Charitable Funded Schemes	800
Unfunded Pressures	5,200
Mitigations	(5,200)
Total Capital Forecast	65,472
Less Charitable Funded Schemes	(800)
Total Capital Forecast (Net CDEL)	64,672

As we approach year end, the timing of expenditure on schemes such as VIU/PACU, ACTIF & RAAC are key to obtaining a balanced capital position. We are working with capital colleagues to understand any implications and including these in a refresh of the existing pressure mitigations. This work will be ongoing up to 31st March as we work to mitigate any risk to obtaining balance in 24/25 whilst also limiting any impact on the 25/26 programme.







Icon Key



SPC Key



The orange and blue points indicate either increasing or decreasing trends. The colour will update if 7 points appear either above or below the mean or if 2 out of 3 are near the upper or lower control limit. The target can be either static or moving.

			
	Special cause of an improving nature where the measure is significantly HIGHER . This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly HIGHER . This process is not capable. It will FAIL the target without process redesign.
	Special cause of an improving nature where the measure is significantly LOWER . This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly LOWER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly LOWER . This process is not capable. It will FAIL the target without process redesign.
	Common cause variation, no significant change. This process is capable and will consistently PASS the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.
	Special cause of a concerning nature where the measure is significantly HIGHER . The process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly HIGHER . This process is not capable. It will FAIL the target without process redesign.
	Special cause of a concerning nature where the measure is significantly LOWER . This process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly LOWER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly LOWER . This process is not capable. It will FAIL the target without process redesign.

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	Equality Delivery System (EDS) 2022
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Diversity and Inclusion

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System <input type="checkbox"/> Sustainability
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Equality, Diversity and Inclusion requirements
 This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability
 This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust’s Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Management has provided this paper to provide the Board with assurance that the Trust is compliant with the Equality Delivery System (EDS) 2022. The EDS comprises of eleven outcomes spread across three Domains, which are:

Domain 1 Commissioned or provided services
 Domain 2 Workforce health and well-being
 Domain 3 Inclusive leadership

The standard requires the implementation of an action/improvement plan for each of the Domains and a progress summary provided on the NHS England’s standard reporting template for the following year.

Improvement Plan Leads

- Domains 1, Service Leads/Care Groups
- Domain 2, Head of Occupational Health and Well-being and Head of Employee Relations and Staff Engagement
- Domain 3, Senior Leadership Team, supported by the Head of EDI

Outcome

- The Domain Scores and Ratings can be found at Appendix 1
- The Organisational Score and Rating is 23 and Achieving
- The Trust has identified areas of improvement through internal and external engagement

Recommendation:

- Senior Leadership Team to communicate the outcome of the assessment through the Trust’s communication platforms. (Communication is evidenced and assessed through Domain 3.)
- All improvement plans implemented in 2025

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No Yes

(If yes, please detail the specific grounds for exemption)

Report History

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

Meeting	Date	Outcome/Recommendation
Resources Committee	21 January 2025	N/A

Equality Delivery System (EDS) 2022

1. Introduction and Background

Management has provided this paper to provide the Board with assurance that the Trust is compliant with the Equality Delivery System (EDS) 2022. The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight. The EDS comprises eleven outcomes spread across three Domains, which are:

Domain 1 Commissioned or provided services
Domain 2 Workforce health and well-being
Domain 3 Inclusive leadership

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives. All NHS providers are required to implement the EDS.

2. Considerations

NHS England provides a standard and defined process to follow in order to comply with the requirements of the EDS:

Engagement

- Includes: colleagues, patients/service users, external partners, Staff Networks, Trade Union Representatives and senior leaders

Assessment

- Domains 1 and 2, assessed through engagement events
- Domain 3, is peer reviewed by Harrogate and District NHS FT (HDFT)

Implementation of Improvement Plans

The standard requires the implementation of an action/improvement plan for each of the Domains and a progress summary provided on NHS England's standard reporting template for the following year

- Domains 1, Service Leads/Care Groups
- Domain 2, Head of Occupational Health and Well-being and Head of Employee Relations and Staff Engagement
- Domain 3, Senior Leadership Team, supported by the Head of EDI

3. Current Position/Issues

Domain 1

The requirement is to choose three services that are provided for patients for assessment in this Domain. Service number 1 should be a service where data indicates that it is doing well. Service number 2, where data indicates a service is not doing so well and service number 3 should be where its performance is unknown.

There are three Domain Outcomes, which are:

- 1A Patients (service users) have required levels of access to the service
- 1B Individual patients (service users) health needs are met
- 1C When patients (service users) use the service, they are free from harm

Services	Data Performance
Sexual Health and HIV Services	Unknown
Endoscopy Services	Isn't doing so well
Ophthalmology Services	Doing well

The Rating across the four Outcomes obtained through an engagement event for each service was:

Sexual Health and HIV Services	Achieving/Excelling
Endoscopy Services	Achieving/Excelling
Ophthalmology Services	Developing-Achieving

Domain 2

An engagement session was arranged to complete the assessment of Domain 2, the invite was extended to trade union representatives, for agenda for change and medical staff members, and members of all Trust staff networks. Participants in the session were from the Trade Unions (including a Health and Safety representative), Race Equality Network, Enable Network, management, Allied Health Professional colleagues and NMC registrants. It is envisaged that as engagement within the workforce continues to improve through culture change, in future years, there will be higher attendance numbers.

The results for Domain 2 continue to show significant room for improvement. The Rating ranged between Underdeveloped and Achieving. However work is still ongoing from 2023. A number of these areas are linked to the culture of the organisation, which takes considerable time to change.

Domain 3

Following the peer review meeting held on 5 December 2024 the Trust was rated and remained at Achieving Activity for all three Outcomes of Inclusive Leadership. The highest level is Excelling Activity. The recommended actions from HDFT are:

- Consider providing a sample of completed Equality Impact Assessments for policies and projects which are signed off at the appropriate level where required

- Consider how you evidence year on year improvements of WRES, WDES, Gender Pay Gap reporting and compliance to the Accessible Information Standard.

An improvement plan has been devised for 2025 which includes actions which continue to be implemented from the previous plan and the recommendations above

Assessment of all three Domains took place in between November and December 2024.

4. Summary

- The Domain Scores and Ratings can be found at Appendix 1
- The Organisational Score and Rating is 23 and Achieving
- The Trust has identified areas of improvement through internal and external engagement

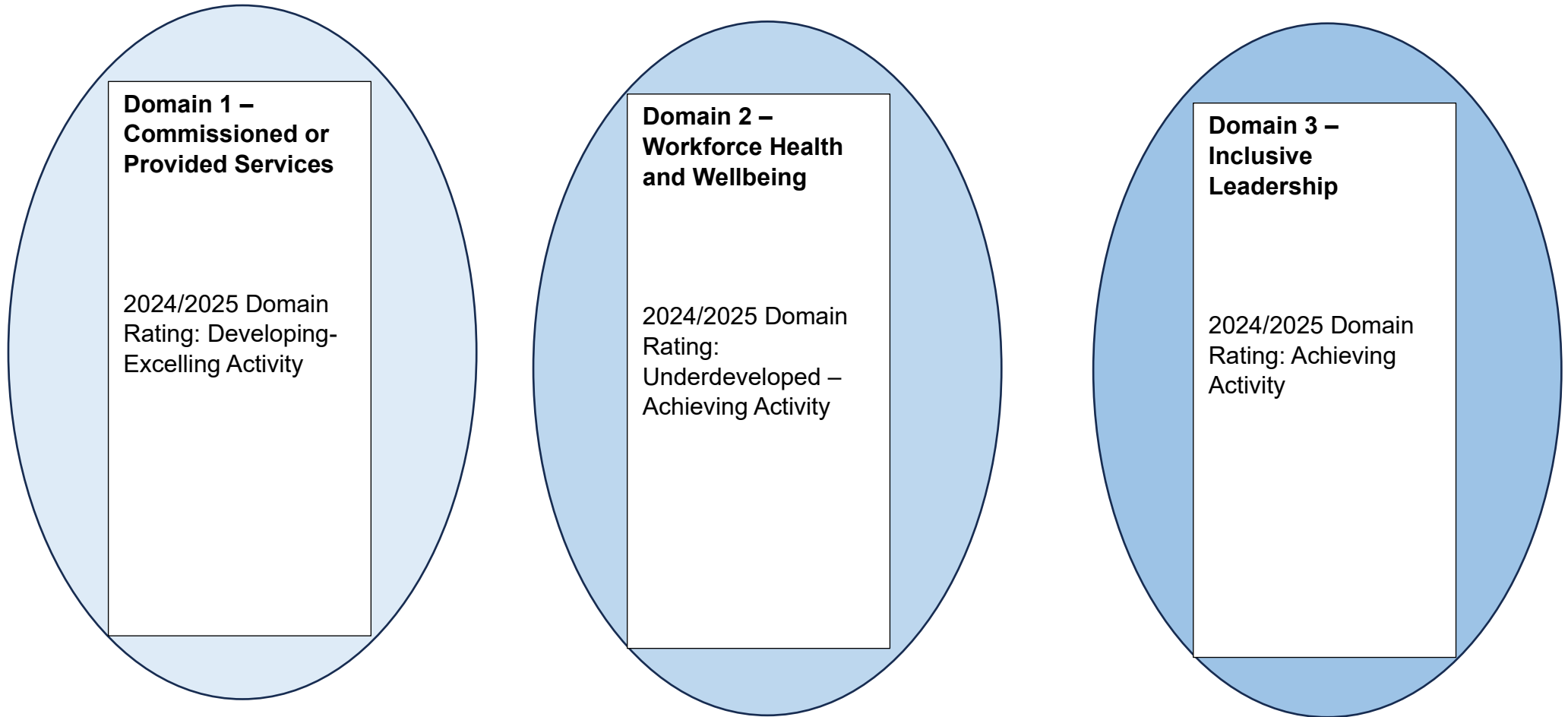
5. Next Steps

- The Senior Leadership Team to communicate the result of the assessment through relevant channels (communication is evidenced and assessed through Domain 3.)
- All improvement plans will be implemented in 2025
- Submission of NHS England's EDS 2022 Template to NHS England, 28 February 2025
- Publication of the template and Board report on the Trust's website, 28 February 2025

Date: December 2024

Appendix 1

NHS Equality Delivery System (EDS) 2022, 2024 -2025 Assessment Results



EDS Organisational Score and Rating:

2024-2025: 23, Achieving

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	Maternity and Neonatal Safety Report
Director Sponsor:	Dawn Parkes Executive Chief Nurse (Executive Maternity and Neonatal Safety Champion)
Author:	Sascha Wells-Munro OBE, Director of Midwifery and Strategic Clinical Lead for Family Health (Maternity Safety Champion)

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <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 type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System <input checked="" type="checkbox"/> Sustainability
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Equality, Diversity and Inclusion requirements
 This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability
 This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust’s Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Summary of Report and Key Points to highlight:
 This report provides an update on the progress of improvements in the maternity and neonatal service as well as provide monthly key quality and safety metrics for the services for the month of November 2024.

Recommendation:

The Board is asked to receive the updates from the maternity and neonatal service for August and approve the CQC section 31 report before submission to the CQC.

Report Exempt from Public Disclosure

No Yes

(If yes, please detail the specific grounds for exemption)

Report History

Meeting	Date	Outcome/Recommendation
Quality Committee	21/1/2025	1/ To note the progress with the safety actions and improvement work in maternity and neonatal services. 2/ To formally receive and approve the CQC Section 31 monthly report.

Introduction

This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSE document 'Implementing a revised perinatal quality surveillance model' (December 2020). The purpose of the report is to inform the Trust Board and the LMNS Board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity and neonatal services team.

The maternity and neonatal services continue to review and monitor improvements in key quality and safety metrics for the month of November 2024. Annex 1 provides the current delivery position for the service against the core national safety metrics.

Perinatal Quality Surveillance Model

In line with the perinatal quality surveillance model, we are required to report the information outlined in the data measures proforma monthly to the Trust Board. Data is primarily for November 2024, except for where exceptions are highlighted.

Perinatal Deaths

In November 2024 there was sadly one antenatal stillbirth. Following an immediate review there were no concerns highlighted with the care therefore this case will be reviewed using the National Perinatal Mortality Review Tool (PMRT). There were no neonatal deaths in the month of November.

Maternity and Newborn Safety Investigations (MNSI)

There was sadly a maternal death in November at the York site. The case has been referred to MNSI and an After Action Review was undertaken which has been presented at the Serious Incident Group. There is an action plan in place to address any learning. The postmortem results have not been received. The family have been supported by the Bereavement team. Duty of candour was undertaken by the Director of Midwifery and the Deputy Director of Midwifery continues to support the family. The staff involved have been offered and received support. In addition, there was an initial debrief undertaken and staff will be offered another debrief following the postmortem findings.

There was one baby transferred out for therapeutic cooling at the Scarborough site. The case has been referred to MNSI and a After Action Review was undertaken. Duty of candour has been undertaken by the Deputy Director of Midwifery and the case has been referred to the early notification scheme.

Moderate Harm Incidents and above

The postpartum haemorrhage (PPH) rate was 4.2% (12 cases). The local SPC charts demonstrate common cause variation. The national digital dashboard demonstrates a decline in the Trust PPH rate. All cases of PPH over 1500mls are reported via Datix and graded as moderate harm to ensure all are reviewed either as a single case or as a cluster review. Any new themes are actioned accordingly. There are clear actions in place to improve clinical care and early recognition and escalation to ensure timely response and appropriate care. A postpartum haemorrhage sprint audit will commence in January 2025. The monthly PPH sprint audit will be presented at the monthly labour ward forum and Maternity Directorate Group.

There were 6 neonatal admissions to the Special Care Baby Unit, which included a baby transferred out for cooling which has been referred to MNSI. There was 1 maternal death which has been referred to MNSI and 1 antepartum stillbirth which will have a PMRT. There was 1 maternal bowel injury and 1 cerebral venous sinus thrombosis.

There was one newly declared Patient Safety Incident Investigation (PSII), relating to a baby with a fractured skull following a manual rotation. There is a total of three ongoing PSII's.

Saving Babies Lives Care Bundle

The LMNS undertook a review of the Saving Babies Lives Care Bundle Version 3 evidence in December 2024. There was improved compliance seen in element 2. This has resulted in an overall improvement from 70% to 74%. There is an ongoing action plan to address the remaining areas of non-compliance and the quarterly LMNS quality discussions will continue into 2025.

CQC Maternity Survey 2024

The CQC Maternity Services 2024 Survey was published in December 2024. The Transformation Lead Midwife has met with the Maternity and Neonatal Voice Partnership Lead and developed a co-produced action plan. The five bottom scores related to postnatal care and triangulates with patient feedback received through the MNVP, complaints and concerns. The report will be presented at Maternity Directorate, Care Group Board and Quality Assurance Committee in February.

CQC Section 31 Progress Update

Annex 2 provides the November's 2024 monthly update to CQC on the service progress against the Section 31 concerns and key improvement workstreams in place in the maternity and neonatal improvement programme. The Trust Board are asked to approve this submission to CQC.

Perinatal Mental Health

There has been a significant reduction in the capacity of the Trust Midwifery Perinatal Mental Health Team due to sickness alongside an increase of referrals into the service with significant and ongoing further reductions of capacity with TEWV (Mental Health Provider). Following escalation to the LMNS the ICB are reviewing what has been commissioned and to try to look at additional support. The Director of Midwifery has been able to secure supervision for the Maternity Services perinatal mental health team.

GP prescribing

Ayton and Snainton Medical Practice has advised the Trust with immediate effect they will no longer be prescribing medications for the midwifery service. In addition, there are issues across York and Scarborough community with other GP's no longer prescribing medications for pregnant women. Patients under community midwives are not always under consultant obstetric care in the Trust and the midwives are not able to prescribe medications under their scope of practice. GPs have historically prescribed for maternity patients under community midwife care, and this is currently leaving patients without treatment. On discharge after birth the Trust should give a minimum of 14 days medicines and any courses of medicines in full. Some GP practices have refused to prescribe for these patients when discharged back to their care. The Chief Pharmacist has raised to the ICB Chief Pharmacist, and the Maternity Services are developing a pathway to mitigate in the interim to ensure women receive medications.

Scrub Nurses

The Director of Midwifery presented a review of number of scrub practitioners/nurses in maternity theatres to the Executive Committee in the 15th January 2025. The Committee was asked to consider reducing the use of two scrub nurse/practitioners to one per case which would release 12 WTE to be re-invested in midwifery staffing to ensure the Trusts financial resource is used effectively to manage the risk currently held within the Maternity

services driven by a significant staffing gap. The proposal was not approved with an additional ask for a Quality Impact Assessment.

Perinatal Cultural Survey

Work continues to develop the action plan in response to the Perinatal Culture Score Survey results that was conducted in March and April of last year across all professional groups and clinical settings working within Maternity and Neonatal Services. A further engagement day with all Multi-Disciplinary Team frontline staff is planned for the 20th March 2025 where the draft action plan will be shared for further comment and input to ensure the actions being taken fully address the needs of the teams across the services.

The Board Safety Champions have commenced meeting with the Perinatal leadership team on a monthly basis. The action plan developed from the score survey will be presented at the Maternity and Neonatal Safety Champion meeting and shared with the Quality Committee. Any support required from Trust Board will be raised by the Board Safety Champions.

LMNS Assurance Visit

There was an LMNS assurance visit arranged on the 6th January 2025 which was stood down and this has been rearranged for the 12th February 2025.

The Maternity and Neonatal Single Improvement Plan (MNSIP)

Progress to deliver against the plan as required continues.

- 76 out of the 217 milestone actions have been completed to date (8 completed in December 2024).
- 4 milestone actions are at risk of becoming off track with the end date prior to 31/01/2025.
- 92 milestone actions are off track as the delivery date has passed and the action has not been completed (24 in December).
- 11 milestone actions have mitigations in place for these to be completed during January 25 – March 25,
- 39 milestone actions require a timeline extension as the staffing gap continues to impact upon delivery. These milestone actions are informing the maternity strategy for 2025/26.
- 2 milestone actions are completed but evidence is required prior to signing it off.
- 23 milestone actions cannot progress due to funding constraints.
- 18 actions need timelines resetting to National, LMNS or Trust wide projects (awaiting confirmation of timelines to amend these).
- 24 milestone actions are not scheduled to start yet,

Key Achievements in December 2024

- Quality improvement pain relief workstreams established and a poster in development to provide feedback to staff
- Scanning business case approved and implementation of fifth scan room on triage is progressing with procurement and estates teams
- The caesarean section business case to support a fourth caesarean section list at the York site and a waiting list manager role for both sites has been approved and implementation progressing
- Successfully appointed Band 7 Transitional Care Lead; start date to follow following employment checks.
- Successfully appointed Triage Manager (to cover maternity leave); in post as of January 2025.

- Successfully appointed G2 Manager York (job share); in post as of January 2025.
- Appointed Labour Ward Manager Scarborough (job share); to commence in post in January 2025.
- Escalation Policy Quality Improvement project commenced led my Maternity Matron. Outputs of focus group is with the operational team for input before finalising initial draft and meeting with trust on call team for further input.
- Maternity and Neonatal Capital Prioritisation Capital Schemes/ Equipment return completed and submitted. Submission supports with Trust annual capital/business planning.
- Job description developed for the fixed term Band 6 Neonatal Educator Roles in line with ODN recommendation and submitted to Chief Nurse for approval.
- Implementation of digital blood pressure monitors has commenced in antenatal day services and community as per Saving Babies Lives Care Bundle Version 3.
- 2x consultant PA's have been identified to support the digital programme. This includes Nerve Centre (new electronic EPR) and to support with BadgerNet improvement work.
- Repairs to labour ward roof at Scarborough delayed due to the opening date of the Urgent and Emergency Treatment Centre being postponed until March 2025.

Risks

1. There is a clinical resource gap which is resulting in limited resource which can be released to support service improvement and progress the Maternity and Neonatal Single Improvement Plan actions in the planned timescales, this has led to a significant number of actions becoming off track and at risk.
2. The maternity service does not have a substantive audit midwife, this is recommended mandated post as referenced in the NHS England Maternity self-assessment toolkit. Maternity services have an audit plan in place, but compliance and completion are off track which is impacting on assurance of the Maternity Incentive Scheme, Section 31, Saving Babies Lives Care Bundle Version 3 and SI actions due to having no substantive resource.
3. GP's not prescribing medications to pregnant and postpartum patients as it is deemed the Midwife can prescribe medications.

Recommendations to Trust Board

To note the contents of this report and agree the CQC section 31 submission in annex 2

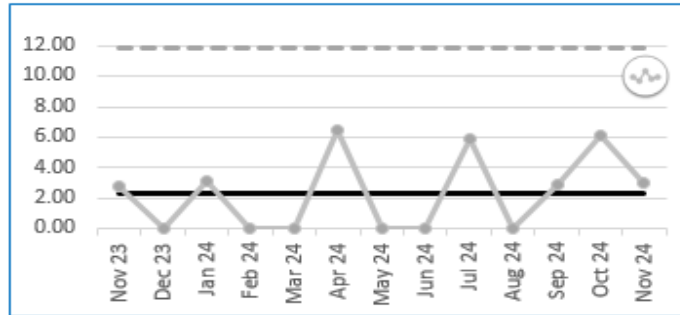
Date: 29th January 2025

Annex 1 Summary of Maternity & Neonatal Quality & Safety Metrics Delivery November 2024.

Dashboard

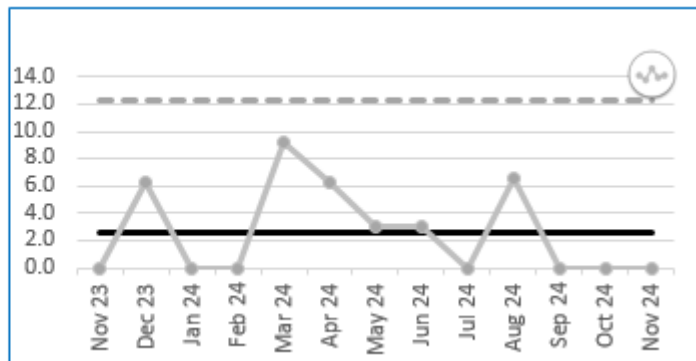
Latest month
Still birth rate/1000 **3.0**

No significant change



Latest month
Neonatal Death rate/1000 **0.0**

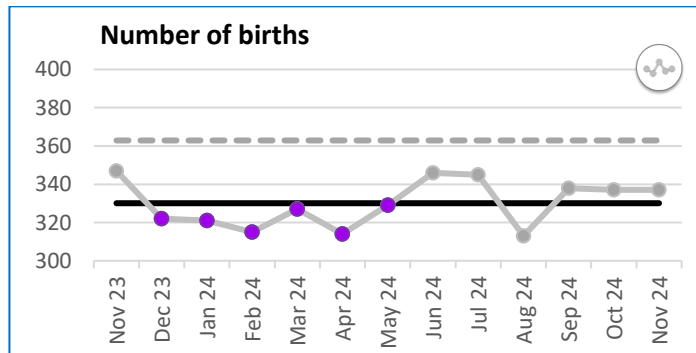
No significant change



Latest month
Number of births **337**

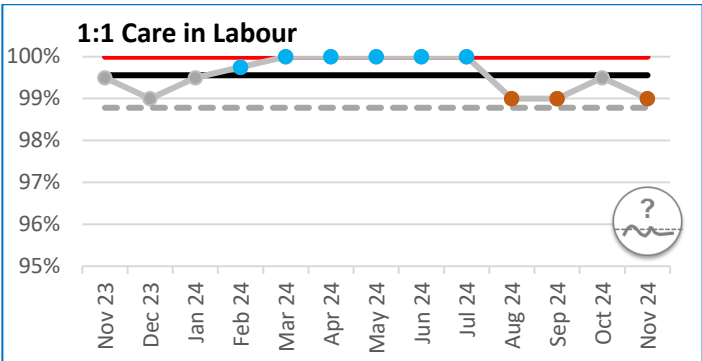
01/11/24

No significant change



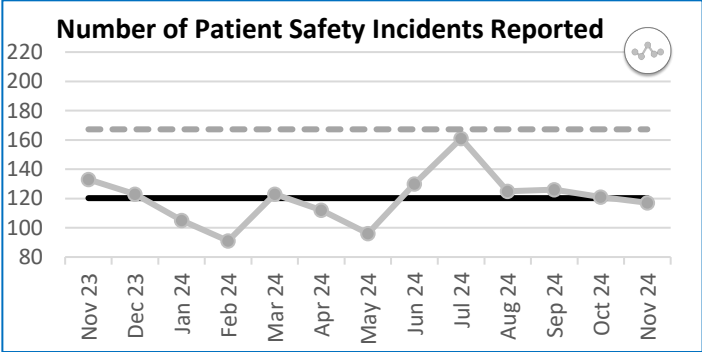
Latest month 01/11/24
1:1 Care in Labour **99%**

Special Cause for Concern



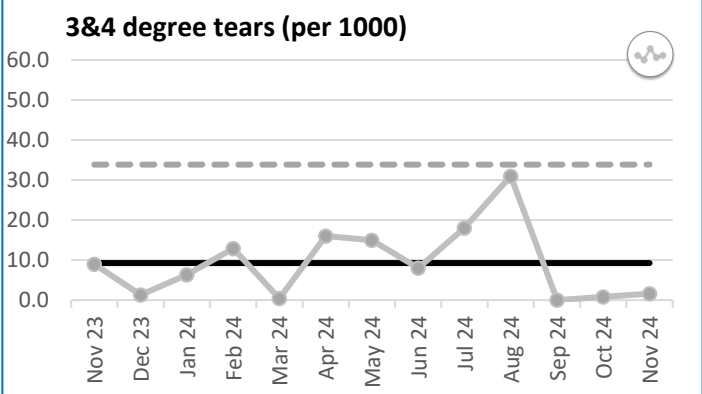
Latest month 01/11/24
Number of Patient Safety Incidents **117**

No significant change



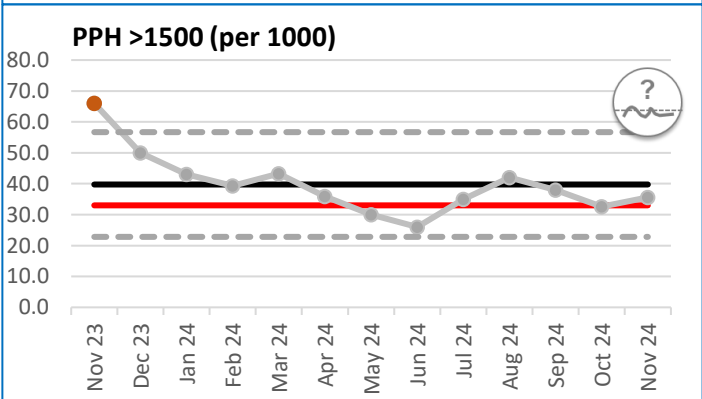
Latest month 11/01/24
3&4 degree tears (per 1000) **1.6**

No significant change



Latest month 01/11/24
PPH >1500 (per 1000) **35.6**

No significant change



Annex 2

Report to:	Quality Committee
Date of Meeting:	21 st January 2025
Subject:	Maternity CQC Section 31 Update
Director Sponsor:	Dawn Parkes - Chief Nurse
Author:	Sascha Wells-Munro, Director of Midwifery Donna Dennis, Deputy Director of Midwifery

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

On the 25 November 2022, the CQC, under Section 31 (S31) of the Health and Social Care Act 2008 imposed conditions on the Trust registration in respect of maternity and midwifery services. This Trust updates the CQC monthly on the 23rd of the month with progress against the S31 notice.

Recommendation:

- To approve the January 2025 monthly submission to the CQC which provides assurance on progress and impact on outcomes in November 2024.

Report History		
Meeting	Date	Outcome/Recommendation
Maternity Assurance Group	14 th January 2025	Report approved
Quality Committee	21 st January 2025	Report approved

CQC Section 31 Progress Update

Maternity Services at York and Scarborough NHS Teaching Hospitals Foundation Trust have embarked on a programme of service and quality improvements.

This report provides assurance on the progress to date in delivering against the improvement plan for the purpose of the monthly submission to CQC following the Section 31 Notice.

A.2 Fetal Monitoring

A.2.2 Fetal Monitoring Training

Current Fetal Monitoring compliance figures, by site, set against the target of 85% at the end of December 2024 are outlined below.

Staff Group	York	Scarborough
Midwives	95% (178/188)	95% (73/77)
Consultants	100% (18/18)	88% (7/8)
Obstetric medical staff	90% (9/10)	91% (11/12)

The resident doctor intake in September 2024 did impact on the obstetric training compliance. The trajectory developed has seen compliance increase in October, November, and December 2024. Compliance remains above the Trust target of 85% and will continue to be monitored at the Maternity Directorate, Quality Assurance Committee and Trust Board.

A.3 Risk Assessments and Care Plans

All antenatal risk assessments are recorded on BadgerNet. Table 1 highlights the antenatal risk assessment compliance.

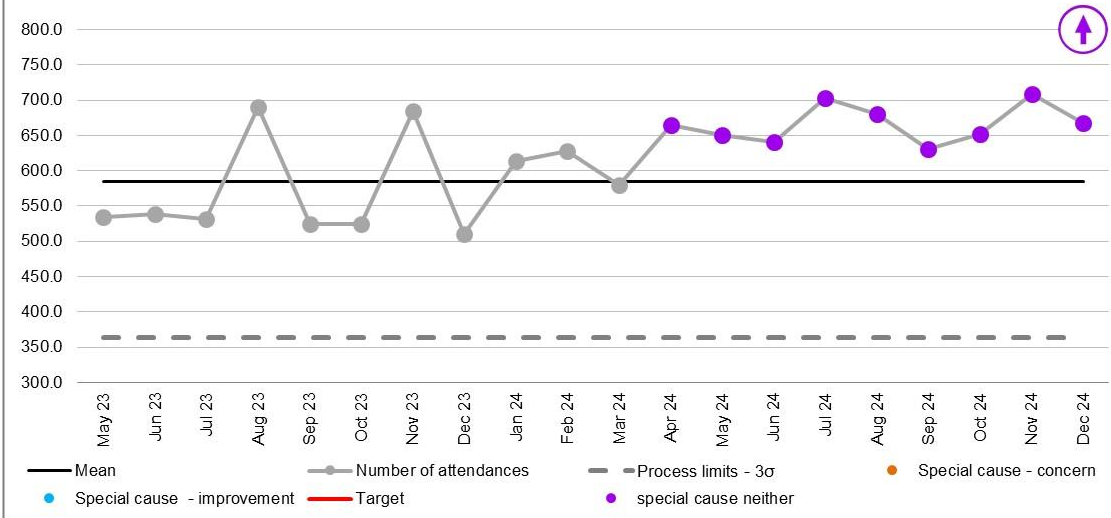
Month	Antenatal Risk Assessments
August 2024	98%
September 2024	98.5%
October 2024	98%
November 2024	98%

Quarter 3 audit for 2024/25 for intrapartum fetal monitoring highlighted:

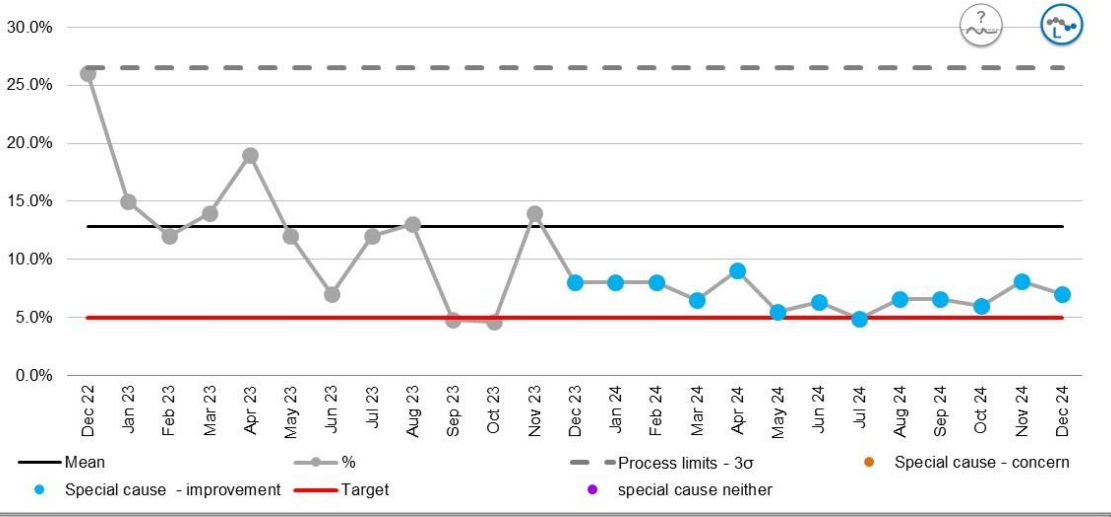
- 100% of intrapartum risk assessments were completed.

A.4 Assessment and Triage

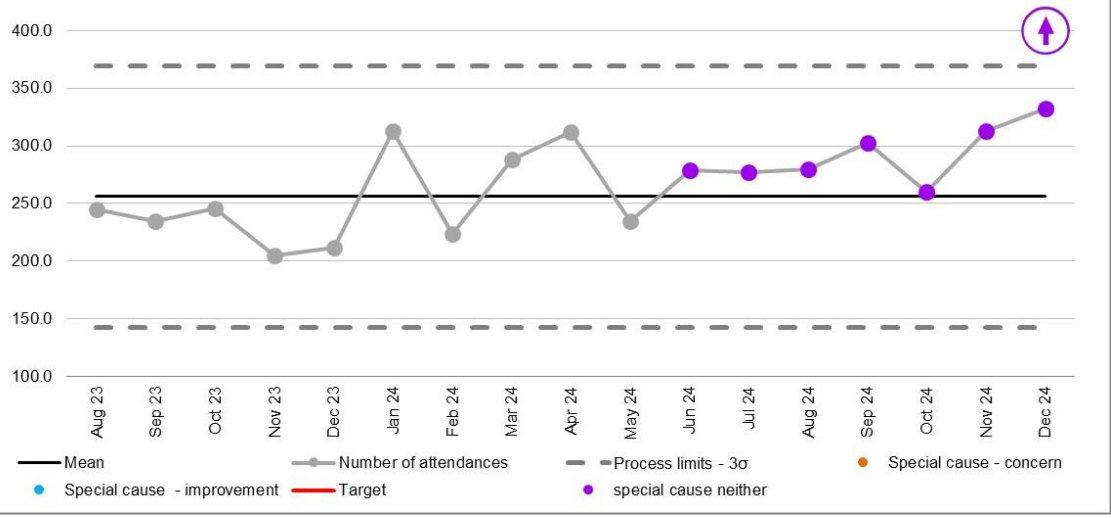
Triage attendances - York -York starting 01/05/23

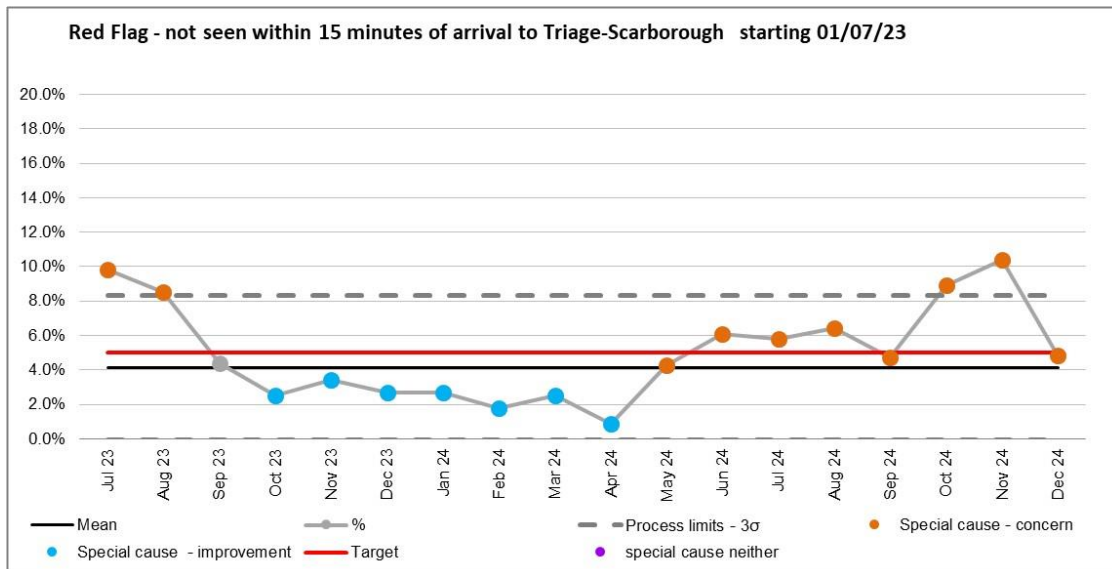


Red Flag - not seen within 15 mins of arrival to triage -York starting 01/12/22



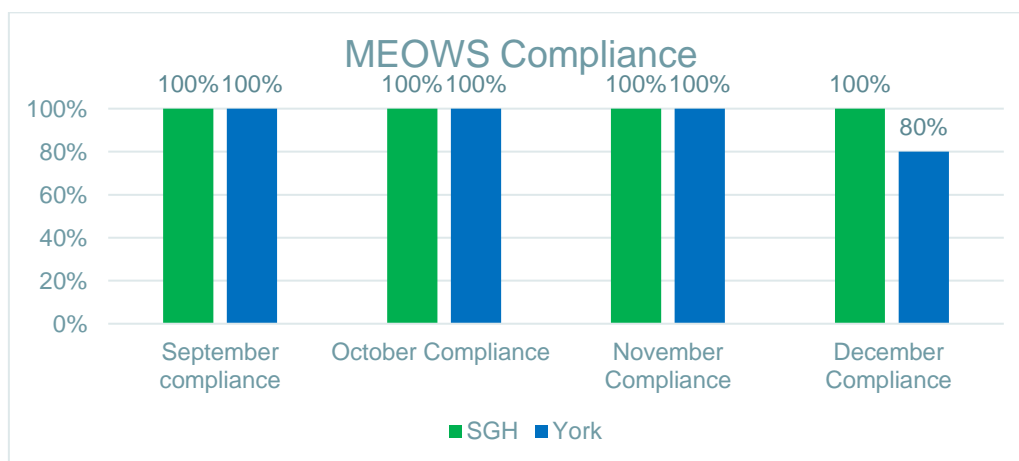
Triage attendances - SGH-Scarborough starting 01/08/23

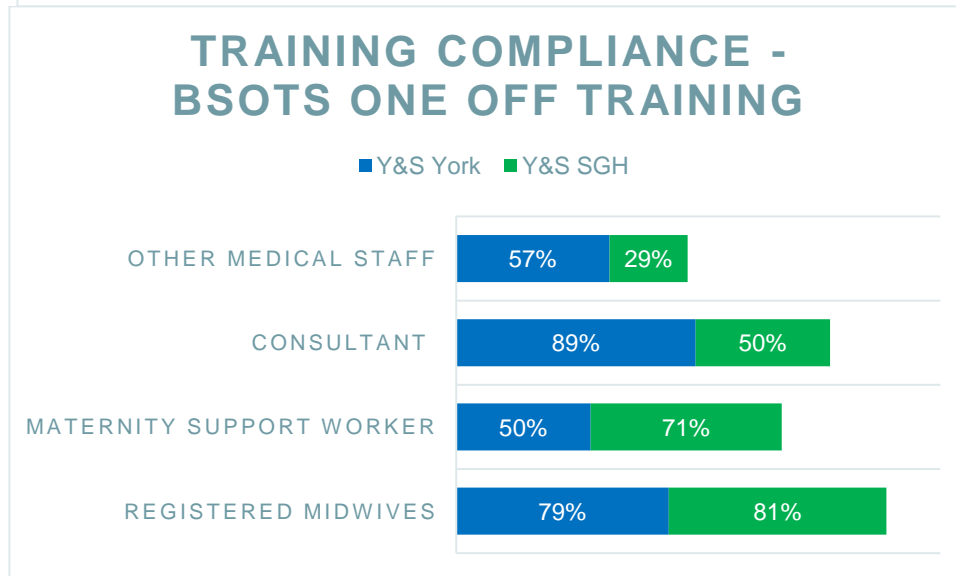
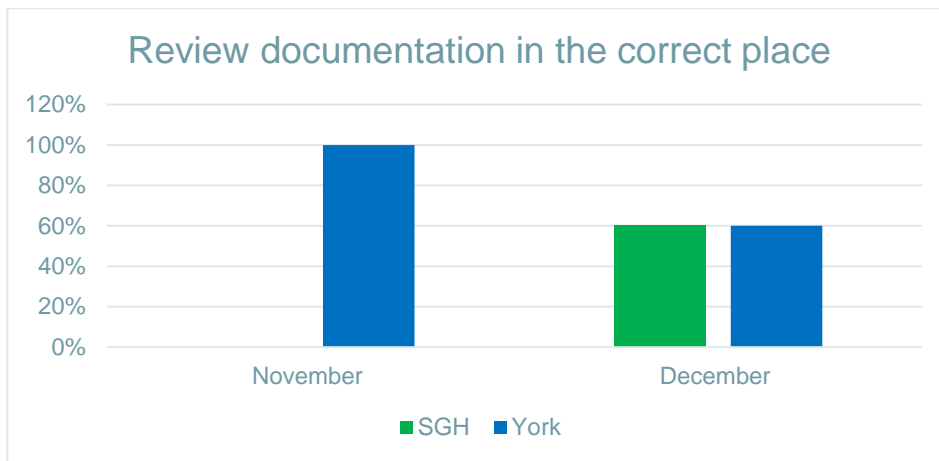




Staffing and skill mix remain a challenging across the Scarborough site which has resulted in Triage being undertaken on Labour Ward. Following discussion with the team with an agreement has been reached with Standard Nursing Agency for them to provide consistent staffing to maternity triage unit at Scarborough, allowing more stability in rostering and consistency of staffing in the triage area. There are now 5 agency midwives trained and dedicated for maternity triage. This will commence in January 2025.

The Yorkshire Audit into Maternity Triage showed limited compliance with training and varied documentation on BadgerNet. Compliance to date demonstrated below and reported through the Maternity Assurance Group. All actions from the Yorkshire Audit are now completed.





Training compliance is showing improvement month on month. There is a plan to address documentation in triage with the core staff to commence in January 2025.

B. Governance and Oversight of Maternity Services

B.1 Postpartum Haemorrhage (PPH)

PPH over 1.5 litres

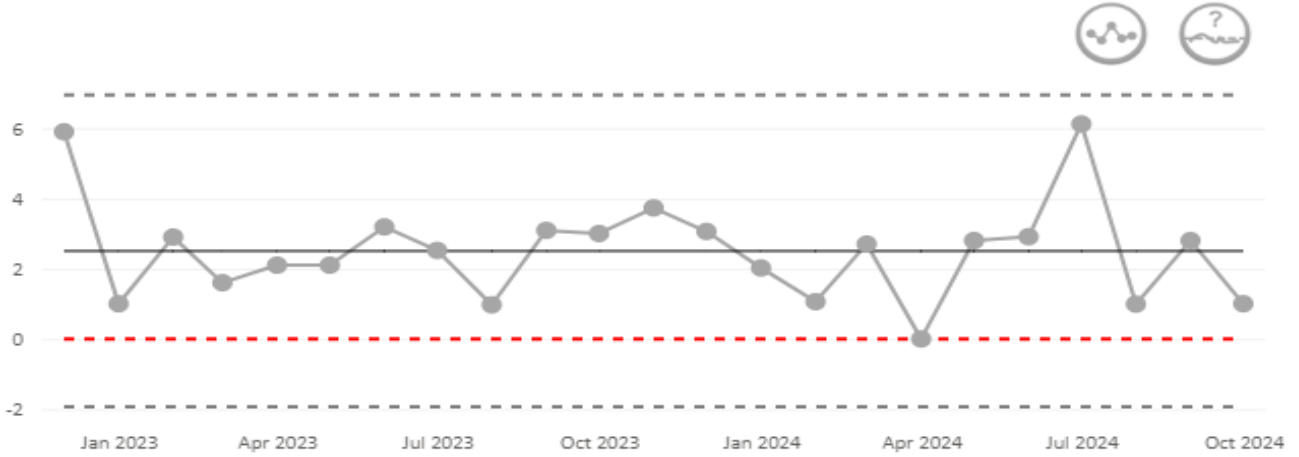
The reduction in the rate of postpartum haemorrhage (PPH) over 1500ml is a key priority for the maternity service. The PPH rate for November 2024 was 4.2% of all deliveries across both sites.

All PPHs are reviewed at the multidisciplinary Maternity Case Review meeting. The themes identified link to the ongoing improvement workstreams identified in the cluster review.

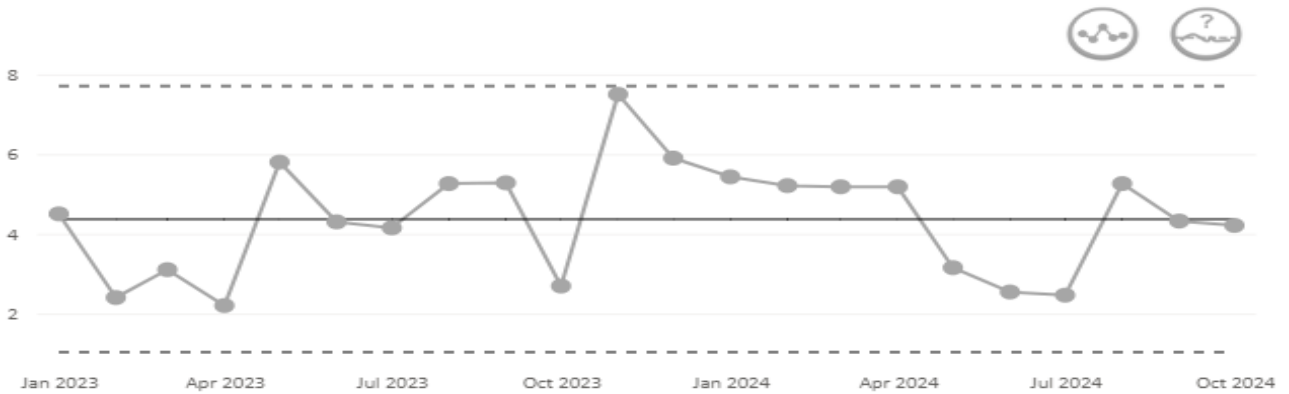
There was one maternal death in November 2024. The postmortem results have not been received and the cause of death is unknown. The woman was taken to theatre with a PPH at 900mls and had a cardiac arrest at 2 litres. The case has been referred to the Maternity and Neonatal Safety Investigations who will be undertaking the investigation. An initial After Action Review has been completed.

Blood Loss	Number in November 2024
1.5l – 1.9l	6
2l – 2.4l	5
> 2.5l	1

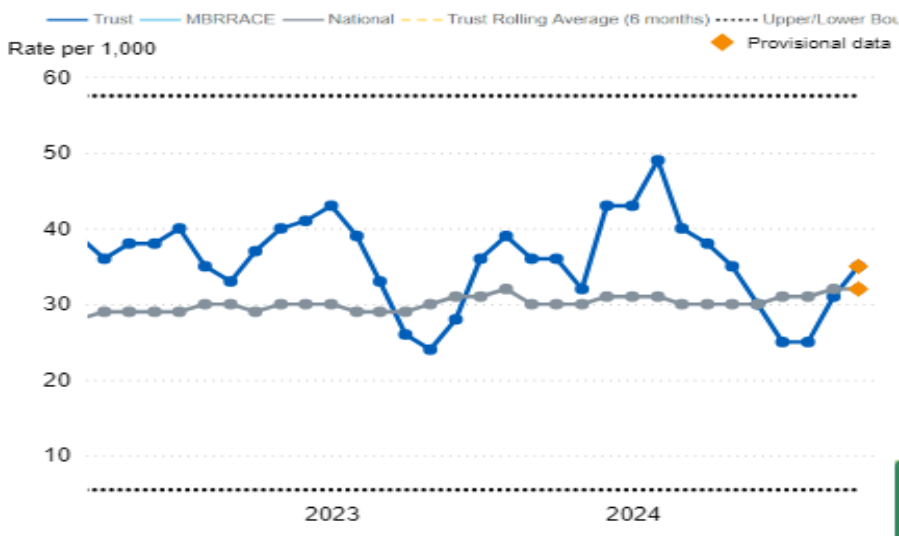
PPH > 1.5L as % of all women - Scarborough: TOTAL

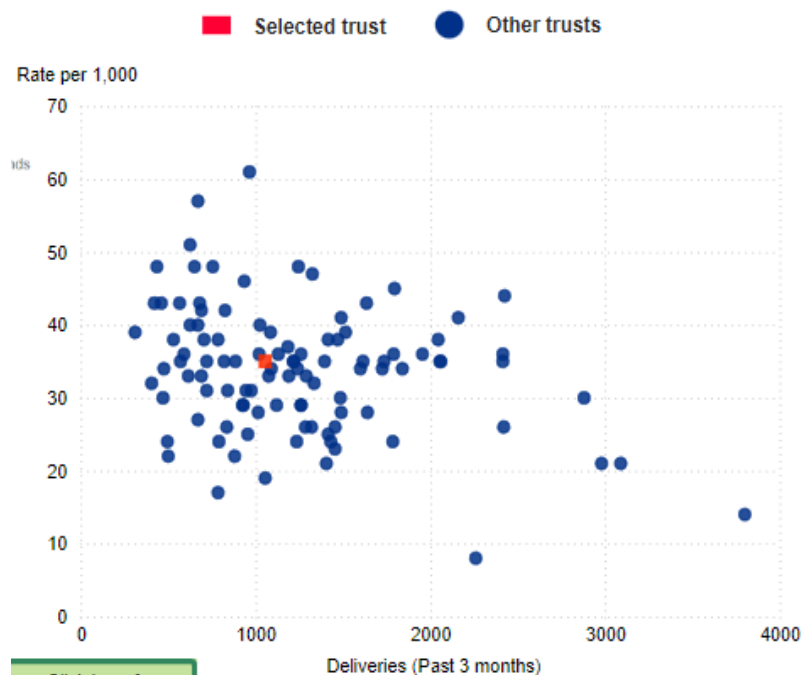


PPH > 1.5L as % of all women - York: TOTAL



National Maternity Digital Dashboard





The national digital dashboard demonstrates a decline in the Trusts PPH rate. The local SPC charts show common cause variation. The data demonstrates there has been a reduction in PPH ≥ 1500 mls. A monthly PPH sprint audit will commence in January 2025. The monthly PPH sprint audit will be presented at the monthly labour ward forum and Maternity Directorate Group

B.2 Incident Reporting

There were 19 moderate harm incidents reported in November 2024.

Datix ID	Incident Category	Outcome/Learning/Actions	Outcome
26051	Maternal death	Learning from the AAR has identified: <ul style="list-style-type: none"> • Process for urgent bookings • Review of the VTE risk assessment to make mandatory amendments • Management of recurrent thrush and Group G strep • Streamline antenatal and intrapartum PPH risk assessment • Block assets to be added to anaesthetic charts • Management of recording fluids in maternity theatres during a haemorrhage 	An AAR was conducted. Referral to MNSI. The action plan will be monitored monthly and reported to the Maternity Directorate meeting

		<ul style="list-style-type: none"> Follow up on non-urgent blood results 	
26943	Perineal Trauma	Ongoing audit of perineal trauma and the use of the OASI care bundle	To be reviewed by the Governance Lead Consultant and Patient Safety Lead Midwife
27006	CVST	No learning identified which would have changed outcome	AAR and MDT review undertaken
27275	Bowel injury during caesarean section	No immediate learning however following a review by the Obstetric Lead for Governance plan for a wider MDT review	AAR booked for week of the 6 th January 2025
27575	Antepartum Stillbirth	No immediate safety actions identified at MDT review	To be reviewed at PMRT
25881 25883 25922 25997 26065 26359 27292 27510	PPH \geq 1500mls	<p>Learning following the cluster review has resulted in;</p> <ul style="list-style-type: none"> Updated education programme in relation to measuring and weighing blood loss Promotion of best practice in the use of the PPH proforma and risk assessment Ongoing suturing training for midwives 	<p>The Trust have developed a dashboard for real time monitoring of PPH.</p> <p>The PPH rate continues to be monitored through the Maternity Assurance Group. The rate has reduced over 12 months.</p>
27509 26793 26974 26791 26623 25937	Unexpected Term Admission to SCBU	All admissions to SCBU were agreed as being appropriate. On review at MCR it was agreed to undertake AAR's for three of the cases	AAR's to be undertaken in January 2025. Continued focused work on the warm baby bundle which is being monitored through ATAIN

B.4 Management of Risks

B.4.1.1 Project Updates York

The maternity theatres at York have been refurbished and are operational.

B.4.1.2 Project Updates Scarborough

The use 24/7 security at Scarborough continues until a permanent solution to the baby tagging issue can be reached.

B.4.2 Scrub and Recovery Roles

There is collaboration across maternity and surgery to review the national requirements of having two scrub nurses for each list, the potential benefits, and risks in not meeting this standard that may release some staff funding back into maternity services to support recruitment of midwives as an alternative. The Director of Midwifery is presenting at paper at the Executive Committee on the 17th January 2025 which if approved will release 12 WTE Midwives from undertaking the theatre scrub duties.

Recruitment update:

Position from 1st December 2024:

Fully recruited too at the Scarborough site.

The vacancy rate on the York site is 1.0WTE. Active recruitment remains ongoing.

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	CQC initial feedback letters of 16 January 2025 and 20 January 2025
Director Sponsor:	Dawn Parkes, Chief Nurse
Author:	Adele Coulthard, Director of Quality, Improvement and Patient Safety

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input type="checkbox"/> Research, innovation and transformation <input type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System <input type="checkbox"/> Sustainability
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Equality, Diversity and Inclusion requirements
 This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability
 This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust’s Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:
 The Board is asked to receive the initial feedback letters from CQC colleagues following their unannounced inspection on 14th and 15th January 2025. Included with this paper is:

1. The letter received for the York site UEC element of the unannounced inspection dated 16th January 2025
2. The Trust response to the UEC letter submitted on 17th January 2025.
3. The letter received for the York site Medical Services element of the unannounced inspection dated 20th January 2025. As this report came in just as Board Papers were being finalised, a full response is being prepared and will have been sent prior to the Board Meeting but not available in time for paper circulation.

Board Members are asked to note the letters confirming the verbal feedback given at the time of the inspection. The formal inspection report will be made available to us in due course.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No Yes

(If yes, please detail the specific grounds for exemption)

Report History

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

Meeting	Date	Outcome/Recommendation

Sent by email

Chief Executive Simon Morritt
York Hospital
Wiggington Road
York
YO31 8HE

16th January 2025

CQC Reference Number: AP5078

Dear Simon

Re: CQC inspection of York Hospital Emergency Department

Following your feedback meeting with Cheryl Howarth and George Catford on 15/01/2025 I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues at the feedback meeting.

This letter does not replace the draft report we will send to you, but simply confirms what we fed-back on 15/01/2025 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report, this correspondence should be used to inform discussions with the board.

An overview of our feedback

The feedback to you was:

- We were grateful for the number of staff who took time out of their busy shift to talk with us, explain processes and welcome us into the department. We also noted how clean the environment was during the 2 days we were onsite.
- We had concerns around the Paediatric Emergency Department. In particular, nurse staffing, oversight of the waiting area and staff morale.

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

- We reviewed care records and found gaps where documentation was incomplete and actions were not documented as taken.
- The sluice in Majors had a broken door that was propped open for access. We found chemical substances in the sluice cupboard. These tubs of disinfectant are required to be locked according to COSHH (Control of Substances Hazardous to Health' and under the Control of Substances Hazardous to Health Regulations 2002) recommendations.
- We checked 3 resuscitation trolleys and 2 of these trolleys contained out of date pharmacy stock. Daily checks of the trolley contents and equipment were not always completed as per the trust checklists.
- Members of staff we spoke with told us that the triage notes for mental health on the nucleus system did not always provide sufficient detail to guide nursing staff. They told us that they would welcome more training on mental health and therapeutic observations.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Cheryl Howarth

CQC Inspector – Specialist and Secondary Care.



**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

Chief Executives Office
Trust Headquarters
2nd Floor Admin Block
York Hospital
Wigginton Road
York
YO31 8HE

17 January 2025

Dawn Parkes, Chief Nurse
Direct Line: 01904 721460
Email: dawn.parkes3@nhs.net

CQC Reference No. AP5078

Cheryl Howarth
CQC Inspector
Quality Care Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Dear Cheryl

Re: CQC inspection of York Hospital Urgent and Emergency Care Department

Many thanks for your letter of 16th January 2025 and your immediate feedback from the inspection undertaken 14-15 January 2025. We are pleased you were made to feel welcome, and that staff were open and honest with you.

In terms of the immediate issues you have raised, I can update you on the actions we either already have underway or actions we have immediately taken since Wednesday.

- 1. We had concerns around the Paediatric Emergency Department. In particular, nurse staffing, oversight of the waiting area and staff morale.*

This is a known issue with plans in place to address this. We understand the low staff morale and have been working with the clinical team to support them in identifying workable solutions within the context of paediatric activity through the department. The issues have also been escalated through the operational management route and through Care Group escalations to our Patient Safety and Clinical Effectiveness Sub-committee. A report on the options to improve this issue is due to be presented to the Executive

Committee in February 2025. To support this there has been a nursing establishment review that will feed into the options appraisal. The Care Group Senior Leadership team have also deployed Matrons and Clinical Educators to the department to add clinical support and nursing care hours. The Chief Nurse has observed the issues described and has spent time listening to staff concerns. The Patient Safety Team has been providing additional support since early December following themes identified via our incident review processes. They have supported a review of the current pathway to help identify mitigations that have been put in place until the more robust option appraisal has been approved. Additional clinical staff are being made available to the department when needed in line with clinical activity.

2. We reviewed care records and found gaps where documentation was incomplete and actions were not documented as taken.

The improvements required for the completion of nursing records is understood with work on going to make improvements. Nucleus is the clinical system for capturing adult UEC and inpatient nursing care documentation and activity although there are some specialist elements still on paper. The Nursing Quality Assurance Framework has been developed over the last 12 months and is still maturing, within the framework compliance risk assessments are monitored. This data is then reviewed and discussed with each Associate Chief Nurse at their monthly Excellence Review Meetings, chaired by the Deputy Chief Nurse. Where performance falls short, it is monitored through the Excellence Review Meeting with improvement outcomes agreed and monitored. The Trust uses Power BI for dashboards, there is a specific signal dashboard where compliance with key nursing risk assessments can be viewed. Some of the functionality and scheduling rules within the emergency department Nucleus workflows are under review as part of our iterative approach to systems development. The clinical digital team have been listening to feedback from emergency department staff. The Trust have a contract to replace Nucleus with Nervecentre and stakeholder engagement is in progress to ensure the design of the new system is clinically led and intuitive for staff to use.

3. The sluice in Majors had a broken door that was propped open for access. We found chemical substances in the sluice cupboard. These tubs of disinfectant are required to be locked according to COSHH (Control of Substances Hazardous to Health' and under the Control of Substances Hazardous to Health Regulations 2002) recommendations.

The sluice door is controlled via a keypad entry system. When staff are carrying human waste material, it is very difficult for them to open the door via the keypad when their hands are full, and it presents a cross infection, prevention and control (IPC) risk. The Emergency Department (ED) team have looked at a number of door lock options with pros and cons for all those reviewed but have agreed to keep the door open to allow ease of access at this point.

In respect of the chlorine tablets, the normal procedure in the ED is for these to be locked in a cupboard in the Ward Managers Office which is also a locked space. On the day of the inspection, it was found that a new member of staff had left the tablets in the wrong place. All staff are made aware of their Control of Substances Hazardous to Health (COSHH) responsibilities. The COSHH folders are available for staff to review both as part of their induction and to support any questions they have. Regular COSHH audits are

undertaken. The use and storage of chlorine tablets is also monitored as part of the ward and department environmental risk assessments. Immediately, all staff have been reminded of the correct storage of the chlorine tablets in ED and a reminder will be put in the sluice room. In addition, we will add this issue to the Health and Safety Brief in February to remind staff of their COSHH responsibilities generally and the storage of chlorine tablets specifically.

- 4. We checked 3 resuscitation trolleys and 2 of these trolleys contained out of date pharmacy stock. Daily checks of the trolley contents and equipment were not always completed as per the trust checklists.*

Immediately this was notified, the out-of-date pharmacy stock was removed and replaced. The staff in the Emergency Department have been reminded about their requirements to check the trolley contents in line with the trusts check list, and the ED Matron will complete regular check to ensure this is achieved. This message will form part of the next Patient Safety Brief to all staff.

- 5. Members of staff we spoke with told us that the triage notes for mental health on the nucleus system did not always provide sufficient detail to guide nursing staff. They told us that they would welcome more training on mental health and therapeutic observations.*

Conditions remain on the trust registration regarding the care of patients with mental health needs in our Emergency Departments. In response to this a paper proforma document for mental health risk assessment was introduced and a monthly compliance with this was reported to CQC. To strengthen compliance and to improve patient outcomes, the UEC risk assessment screening tool was introduced that incorporates falls, skin and mental health risk assessments. The mental health risk assessment element of this went live in April 2024 and is still embedding into the department.

We acknowledge that the staff miss the risk assessment matrix that was contained in the paper proforma to indicate level of risk, and that using a more individualised approach to risk assessment has proved challenging. We also acknowledge that more training is required for staff to feel confident in this more individualised approach to risk assessment and subsequently how they use a therapeutic approach to enhanced observation. This work is being led through our Mental Health Care Improvement Group and all the points raised above form part of this improvement work. We have a good working relationship with colleagues from Tees, Esk and Wear Valleys NHS Foundation Trust who support our training. We have a comprehensive training offer in place from them to support our management of patients detained under the Mental Health Act. We fully acknowledge that more training is required to support staff to better clinically interface with and manage mental health needs in our wider patient population and how to manage mental health risk as it presents.

Should you require any further assurances on any of the above we would be pleased to provide this.

Thank you for this feedback and we look forward to receiving the draft inspection report once you have completed your due processes.

Yours sincerely

A handwritten signature in black ink that reads "Dm Parkes". The signature is written in a cursive style with a large initial "D" and a small dot at the end.

Dawn Parkes
Chief Nurse



By email: s.morritt@nhs.net

Simon Morritt
Chief Executive
York and Scarborough Teaching Hospitals NHS
Foundation Trust
York Hospital
Wigginton Road
York
YO31 8HE

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Date: 21 January 2025

CQC Reference Number: RCB600

Dear Simon Morritt

Re: CQC inspection of Medical Services York Hospital

Following your feedback meeting with Jacqui Hornby, Hannah Gardner and Amy Harris on 15 January 2025, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to your colleagues Dawn Parkes, Claire Hansen, Adele Coulthard, Karen Stone and Emma Shippey at the feedback meeting.

This letter does not replace the draft report we will send to you, but simply confirms what we fed-back on 15 January 2025 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform myself and then I will liaise with our CQC Regional Communications Manager.

An overview of our feedback

The feedback to you was:

Medical Care Services

- Thank you to your staff for being open and honest and welcoming on the wards and areas we visited. It could be seen that staff were working very hard to deliver good care to patients.
- We could see that there were challenges around flow within medical services and seen a number of moves and transfers happening during the inspection. Some being observed very early in the morning before patients had breakfast and a drink and reports of overnight transfers and we have concerns whether this was optimal care for patients. Concerns had been raised to us by patients and relatives about the lack of communication regarding these moves.
- We saw staffing challenges on some of the wards and recognise that difficult decisions are needed but staff appeared tired and stressed especially around last minute resolutions to staffing levels on wards for the next shift.
- Ward 12, which is an escalation ward that has not long opened, caused us some concern regarding the overall responsibility in terms of senior leadership oversight as there were a large number of patients, who were being termed as medical outliers by staff, but the staffing was largely surgical staff with medical consultant input. We may need to understand more around the skill mix and competencies in that area to safely provide care for the patients.
- We could see that on Ward 12 the environment had its challenges but senior staff were aware of this, however, we feel better communication with other services may help as we observed a lot of footfall through the area, for example in the paediatric day unit which the ward had expanded into, paediatric surgical staff were seen coming into the area looking for children who were on their surgical list that day.
- On Ward 12 on the Wednesday, there were a lot of senior nursing staff who had been brought into the ward to support due to the number and acuity of patients, however, even with this number we observed 7 senior nursing staff walk past a bay which had the call bell system activated and it was only when an inspector alerted staff to this was the call bell responded to. Also observed was when a call bell in the paediatric day unit area was activated this was not always heard in the main ward area.
- Also on this ward we observed incidents regarding keys to locked medication trolley and CD cupboard, one of which was alerted to staff by an inspector. You kindly agreed to send through a copy of the incident forms and any initial learning.
- We acknowledge that there are new systems and processes currently being put in place including electronic care records but there are still some paper records in place and a cause for concern around duplication. For example, some staff are completing fluid balance records on paper for a patient and some are completing them on the electronic record for the same patient with the risk being an incomplete patient record being seen by staff.
- In the majority of cases we saw good infection control processes in place, especially as the trust had a high number of infections, for example Flu, across the hospital, however on a closed bay on AMU due to infection we observed staff entering not adhering to good PPE procedures and also leaving the door open. This was raised with staff on the ward immediately this was observed. We are also aware that a patient with an infectious disease had been moved onto the paediatric area of ward 12 with an infectious disease and this bay

area did not have any doors on the bay to close to help reduce the risk to other patients.

- There appeared to be a new cohesive senior leadership team with good oversight of the challenges and issues within the service and could tell us of their plans, but it was unclear at this stage of the actions and timeframes. They acknowledged that the communication with staff on these actions was not quite in place yet.
- Regarding of how patients felt about the services, for whom are central to why we are all here, in the majority of cases there was positive feedback about the care they received and that staff were caring and compassionate and we observed staff talking to patients in an empathetic and supportive way.

Thank you for the positive feedback about the inspection and the team and also acknowledge the discussion we had about the executive team being relatively new as well and the procedures and actions being put in place such as an urgent care improvement plan and discharge improvement as well as being in the middle of an inpatient staffing review.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely



Sarah Ivory-Donnelly

Deputy Director

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	Complaints Mid Year Report 2024-25
Director Sponsor:	Dawn Parkes, Chief Nurse
Author:	Justine Harle, Lead for Complaints and Concerns

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input type="checkbox"/> Timely, responsive, accessible care <input type="checkbox"/> Great place to work, learn and thrive <input type="checkbox"/> Work together with partners <input type="checkbox"/> Research, innovation and transformation <input type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System <input type="checkbox"/> Sustainability
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Equality, Diversity and Inclusion requirements
 This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability
 This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust’s Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Summary of Report and Key Points to highlight:
 The report contains details of complaint performance and actions taken in response to feedback.

Key points:

- 620 complaints were received in the first six months of 2024/25 compared to 453 in the last six months of 2023-24, an increase of 37%.
- The top five subjects related to delay or failure in treatment or procedure, communication with patient, attitude of nursing staff/midwives, communication with relatives/carers and attitude of medical staff.
- Overall performance in relation to responding to complaints within target was 56%.

Recommendation:

The Board is asked to note the contents of the report, and the work that is being undertaken to improve services as a result of feedback.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No Yes

(If yes, please detail the specific grounds for exemption)

Report History

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

Meeting	Date	Outcome/Recommendation
Patient Experience Sub Committee	8 January 2025	Approved and endorsed to be reviewed at the Quality Committee
Quality Committee	21 January 2025	Approved and endorsed to be reviewed by the Board

Mid Year Complaints Report 2024-25

1. Introduction

This is the mid-year complaints report for York and Scarborough Teaching Hospitals NHS Foundation Trust for the period 1 April to 30 September 2024.

The report includes details of numbers of complaints received during this period, performance in relation to responding to complaints, Parliamentary and Health Service Ombudsman (PHSO) investigations and examples of actions the Trust has taken in response to complaints.

2. The number of complaints which the responsible body received and the number of complaints which the responsible body decided were well-founded

2.1 New complaints

620 complaints were received in the first six months of 2024/25 compared to 453 in the last six months of 2023-24, an increase of 37%. This equates to a quarterly average of 310 (up from 160 pre pandemic). In the same period a total of 312 concerns were logged, as well as enquiries. Managing this increase in complaints consumes significant resource and time across the organisation, in addition to the emotional impact of these negative experiences on both patients and staff.

New complaints 2024/25	Q1	Q2	Total
York Hospital (including Community)	242	207	449
Scarborough Hospital	69	95	164
Bridlington Hospital	4	3	7
Total	315	305	620

New complaints by care group	Q1	Q2	Total
Cancer, Specialist and Clinical Support Services (CSCS)	39	46	85
Corporate Services	13	10	23
Family Health	46	42	88
Medicine	137	127	264
Surgery	80	80	160
Total	315	305	620

2.2 Outcome data

The Trust is required under the complaints legislation to record whether the issues were substantiated following investigation. To date 739 complaints have been closed with an outcome code provided by the investigating officer at the time of this report. Of these cases, 21% were upheld, 43% were partially upheld and 36% were not upheld. These figures are comparable to previous years.

Outcomes 2024-25	Not upheld	Partially Upheld	Upheld	Total
Cancer, Specialist & Clinical Support Services	29	30	38	97
Corporate Services	7	4	15	26
Family Health	26	47	21	94
Medicine	107	169	50	327
Surgery	93	68	34	195
Total	262	318	158	739

2.3 Parliamentary and Health Service Ombudsman (PHSO)

Complainants are advised of their right to apply to the PHSO for independent review if they are dissatisfied with the Trust's efforts to resolve their concerns. In the first six months of 2024-25 no new full investigations were registered.

One case registered in 2021/22 was concluded this year and was partially upheld. 19787 related to poor treatment and confusion about a referral. The PHSO did not uphold the element relating to care but found that the Trust caused confusion by discharging the patient prematurely due to an administrative error. The Trust made some immediate changes to the naming of Clinical Assessment Services to inform patients that they should not attend on this date as it is a date for their referral to be triaged. In addition, information was added to our website to make patients aware of the clinical assessment service and answer frequently asked questions. Information was also added to the service information on e-Referral Service so that patients who use the NHS App can see this information.

3. The subject matter of complaints that the responsible body received

The top five broad subjects related to delay or failure in treatment or procedure, communication with patient, attitude of nursing staff/midwives, communication with relatives/carers and attitude of medical staff.

All too often the people who come to PALS are unhappy because of the careless communication they have experienced. What patients described on numerous occasions as the "attitude" of staff tends to be at the heart of the majority of complaints about our Trust. Staff attitude and communication have been identified as priorities in the Trust Experience and Engagement Framework.

Top themes 2024-25	Q1	Q2	Total
Delay or failure in treatment or procedure	55	56	111
Communication with patient	57	59	116
Attitude of nursing staff/midwives	59	35	94
Communication with relatives/carers	45	38	83
Attitude of medical staff	37	19	56
Total	253	207	460

NB: There are often multiple subjects within a single complaint, reflecting the complexity of many complaints.

A deep dive of complaints received in September highlighted that there is a perceived lack of empathy and/or compassion when speaking to staff. Complainants described poor and dismissive attitudes; a feeling that appointments were being rushed; and that the care they receive wasn't person centred and that they were not listened to.

There were a number of complaints in which patients report overhearing unprofessional or unkind statements being made by clinical and nursing staff regarding patients. Patient reports about the absence of compassion have been more frequent in our Emergency Departments (both sites) and in our Maternity Departments.

Communication is a very broad theme and encompasses communication directly with patients, with their families and between teams within the organisation. Patients reported that discussions of a sensitive nature were conducted on wards with little or no comfort or privacy. There were issues arising from poor communication at handover between shifts or teams and a failure to fully explain complications at the time. A recurring theme is the lack

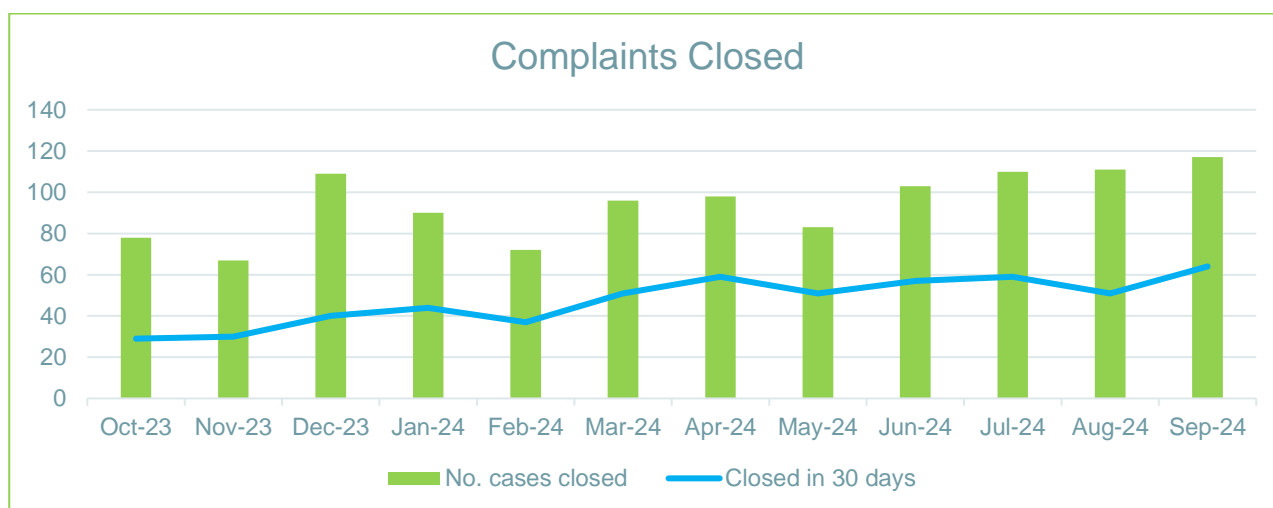
of clarity over who to contact if concerns arise once patients leave hospital. Patients are told to contact the ward but when they do, they are told ward staff can't help as patient has been discharged. The main communication issue during out-patient consultations was not having enough time during the consultation for a full detailed discussion or to cover all the items the patient wanted.

Multiple cancellations of elective admissions and outpatient attendances is an ongoing issue. This is compounded by the fact that patients could not get through on the phone lines to relevant departments such as the eye clinic, audiology, contact centre and specialist nursing teams, and that messages were often not returned. As a result, PALS has seen an increase in callers wanting to amend appointments and to discuss wait times

4. Any matters of general importance arising out of those complaints, or the way in which the complaints were handled.

On average 56% of closed cases met the Trust's 30-day response target in the first six months of 2024-25. A poor response to a complaint can add to the problems of someone who is unwell, struggling to take care of others or grieving. We need to get better at listening to patients and their families and responding to their concerns.

Responses within target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Number of cases closed	78	67	109	90	72	96	98	83	103	110	111	117
Closed within 30 days	29	30	40	44	37	51	59	51	57	59	51	64
Trust %	37%	45%	37%	49%	51%	53%	60%	61%	55%	54%	46%	55%
Quarterly average	40%			51%			59%			52%		



5. Care Group Actions to improve performance

As part of our draft Experience and Engagement Framework, we have identified key areas of concern and co-produced high-level objectives, which will then be turned into a Trust-wide improvement plan which will be developed in Q3/4. Communication and staff attitude are key elements:

Effective communication:

- We will communicate with respect, kindness and compassion.
- We will ensure staff introduce themselves at each contact and explain what they are doing.

- We will recognise when additional communication support is required and ensure reasonable adjustments are in place.
- We will involve patient representatives in codesigning initiatives to improve communication with patients, carers and families.

An Advanced Communication Skills course is now available to health care professionals at Band 6 and above. This course will provide staff with the skills, knowledge, and confidence to manage challenging conversations and situations that are sensitive and potentially distressing.

Staff attitude:

- We will involve patients and those with lived experience to be involved in the education of front-line staff.
- We will develop scenario-based training activities to help staff to understand their personal impact on patient experience.
- We will deliver leadership programmes that have a central focus on roles and responsibilities for core quality standards.
- We will hold individual staff members to account for behaviours that are not in line with professional standards or Trust values.

In addition, care groups have introduced improvements as a result of feedback.

Medicine Care Group

- Embedding a routine practice of all Ward Managers/shift leaders undertaking daily walk-arounds to ensure individual patient communication needs are met.
- Commenced trial of a communication log for patients on ward 37 and their families.

Surgery Care Group

- Developing a communication tool to pilot on several wards, displaying names and contact details of the ward manager and matron, encouraging patients and families to get in touch if they have any concerns.
- AHPs across the Care Group have completed Health Coaching training to support conversations with patients with the aim to reduce complaints/concerns relating to communication.
- Trust-wide roll out of Call 4 Concern (except paediatrics and ED) and accepted into the first 100 hospitals with NHSE Martha's Rule.
- The problems with the Head and Neck Service phone line have been known about for 18 months. A new line is being installed during December which should resolve the problem of people struggling to get through to ENT, Maxfax and Orthodontics/Restorative Dentistry.

Family Health Care Group

- Inaugural Complaints, Concerns and PSIRF Panel commenced in Maternity Services.
- Maternity Feedback Survey YSTHFT drafted with the MNVP.

CSCS Care Group

- As a result of several complaints, training was provided for breast screening nurses around technique and preparing patients.

6. Looking Ahead: Quality Priorities 2024/25

- Continue with support and training for investigating officers.

- Explore reinstating the complainants survey when Trust retenders for the third party survey services for Friends and Family Test and national patient surveys in Q3 of 2024/25
- Care groups to continue focus on improving response times.

7. Conclusion and request for the committee

The committee is asked to note the contents of the report and continue to support the work being undertaken to improve patient experience.

8. Our Data

The findings in this report are based on data produced by the Quality and Safety Datix team.

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	Purchase of CT Mobile Scanner to Support Lung Screening Rollout
Director Sponsor:	Dr Mark Quinn, Clinical Director, CSCS
Author:	Beth Eastwood, Head of Cancer/ Lisa Shelbourn, Radiology General Manager

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input type="checkbox"/> Great place to work, learn and thrive <input type="checkbox"/> Work together with partners <input type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input type="checkbox"/> Workforce <input type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System <input type="checkbox"/> Sustainability
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Equality, Diversity and Inclusion requirements
 This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability
 This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust’s Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Summary of Report and Key Points to highlight:

NHSE have made an offer of up to £1.8 million capital funds to support the purchasing of 'one mobile CT scanner and associated housing and support'. The conditions of the award state that the scanner is to be utilised primarily to deliver the lung screening programme and that capital expenditure must be utilised by end of 24/25.

Purchasing a mobile CT scanner would allow significant cost savings against the original Lung Cancer Screening Business Case (ref: 2024/05-14), as it would reduce the reliance on outsourcing of the equipment. It also provides the additional benefit of providing additional capacity for elective work if not fully utilised for lung screening, reducing reliance on outsourcing, and generating a potential further cost saving.

Given the award of funding by NHSE in January 2025 and the lead times from NHSE Supply chain for a CT scanner, work at pace is required to secure the funds and instruct the supplier, to provide a vesting certificate. Physical asset delivery in this financial year has been explored and is not feasible.

The business case outlines the capital costs for the scanner, in line with the Lung Screening Business Case.

At this point, the lung screening programme is anticipated to move to a nationally commissioned model. Eligibility criteria and activity trajectories are not known, however there is anticipated future activity on this asset alongside the elective work and potential CDC expansion that it has enormous potential to support.

Recommendation: Trust Board to approve the associated business case for the purchase of a CT Mobile Scanner and associated housing/ support, with NHSE capital funds.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No Yes

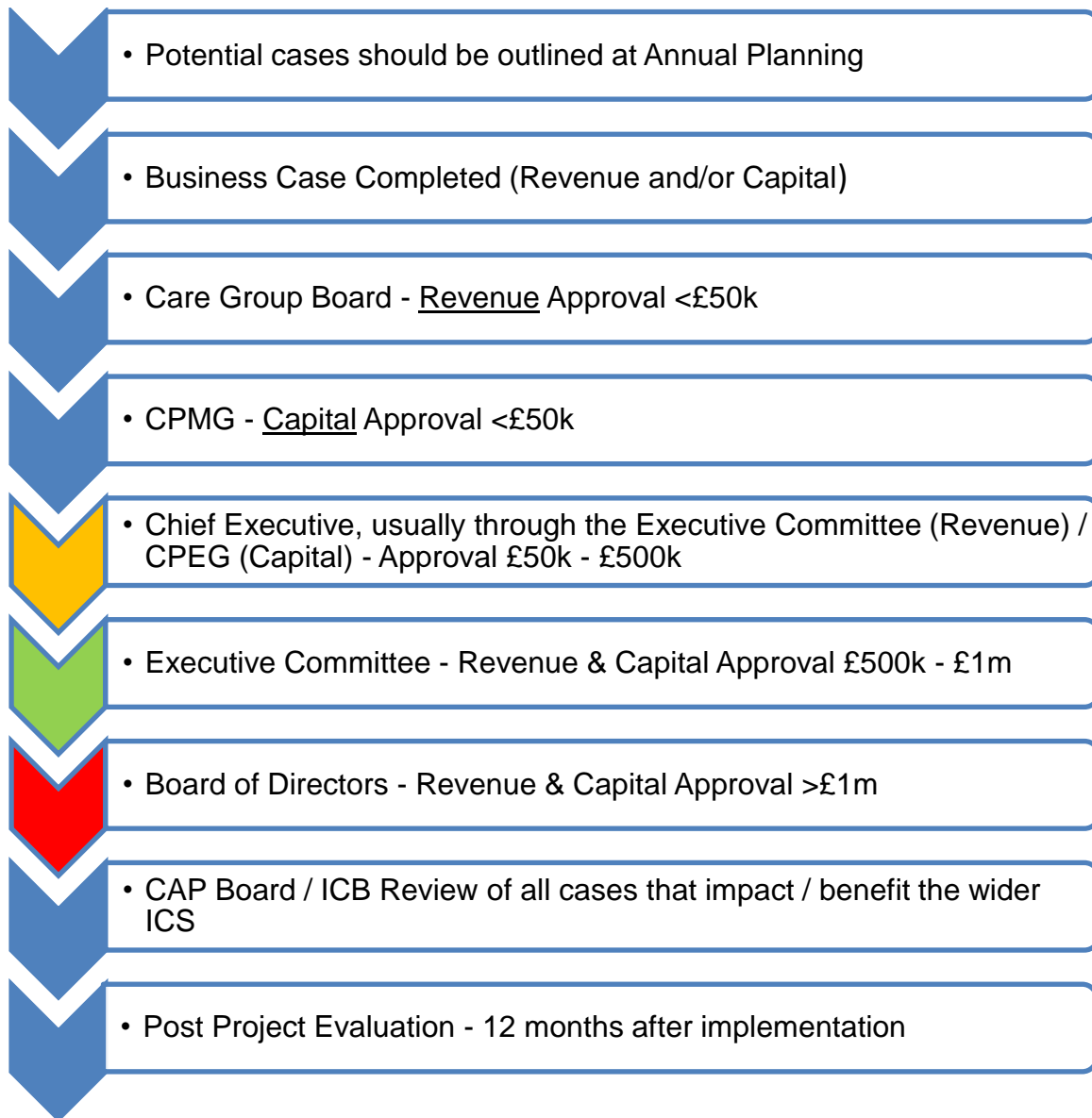
(If yes, please detail the specific grounds for exemption)

Report History

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

Meeting	Date	Outcome/Recommendation
Executive Committee	15 th January 2025	Approved
Lung Screening Implementation Group (virtual)	10 th January 2025	Supported
CSCS Care Group Governance and Management Board	8 th January 2025	Approved

Business Case Approvals



Stakeholder Considerations

YTHFM LLP

- Is accommodation required?
- Is cleaning / maintenance of accommodation required?
- Are porters / catering / laundry & linen required?
- Is maintenance of medical equipment required?

Digital Information Services (DIS)

- Does the change require a system change?
- Does the change require new digital functionality?
- Does the change require a new digital solution?
- Has the DIS Change Request Process been followed?

Care Groups

- Consider the impact of your business case on other Care Groups - have they been engaged where required?
- Mandatory consultation for stakeholder groups is included in section 8 of the business case summary

Sustainability

- Does the business case impact on the Trust's sustainability programme?

Commissioners

- Where additional funding is required this should be discussed with commissioners (i.e the ICB)

Other Providers within the ICS

- Does the business case have an impact or provide a benefit to other provider organisations within the ICS?



BUSINESS CASE SUMMARY

1. Business Case Number

2024/25-95

2. Business Case Title

Purchase of CT Mobile Scanner to Support Lung Screening Rollout

3. Sponsorship, Management Responsibilities & Key Contact Point

The Business Case 'Owner' should be the appropriate Care Group or Corporate Director, or where appropriate an alternative lead Clinician nominated by the respective Care Group Director. The 'Author' will be the named manager supporting the owner of the Business Case, who will have responsibility for the development and writing of the Business Case, and will be the key contact point for enquiries.

3.1 Sponsorship Confirmation (where neither are the Owner or Author of the Business Case)

Care Group/ Corporate Director	Name	Date of Agreement
	Dr Mark Quinn	23/12/2024

Care Group Manager	Name	Date of Agreement
	Karen Priestman	23/12/2024

3.2 Management Responsibilities & Key Contact Point

Business Case Owner:	Lisa Shelbourn, Radiology General Manager
Business Case Author:	Lisa Shelbourn, Radiology General Manager
Contact Number:	Ext 1281

STRATEGIC CASE

The purpose of the strategic section of the business case is to make the case for change and to demonstrate how it provides strategic fit.

4. Issue(s) to be addressed by the Business Case

Describe the background and relevant factors giving rise to the need for change.

The Trust approved a business case (2024/25-14) to support the development of a lung screening programme in our region. The service is anticipated to begin screening patients via CT scan in 2025/26 and is due to transition into a nation lung screening programme in 2028. There is insufficient current CT capacity to manage the demand this programme creates.

In the business case it was assumed that the Trust would utilise an extension to the existing CT mobile imaging contract held within radiology, to support the rollout of this screening programme. The costs for this were included in the approved business case (£3.5 million over four years to provide mobile CT and associated workforce). It was agreed that the ICB, Cancer Alliance and Trust would continue to explore options for expansion of CT capacity to support the forecasted increase in CT referrals longer term.

Since the approval of the lung screening programme business case, we were notified by the ICB that the Trust has been successful in being awarded funding from NHSE to procure a CT scanner and mobile trailer.

Awarded funding total is £1.83 million to cover the purchase of a CT scanner, mobile trailer and any works required to upgrade/install mobile pads. This funding is required to be spent by end of March 2025.

Due to the lead in time to procure and manufacture a CT scanner and bespoke trailer it has been agreed that the Trust would explore the use of vesting in order to support this procurement taking place before the end of the 2024/25 financial year.

The business case describes the plans for procurement of a mobile CT trailer along with the capital impact of this.

5. Capacity & Demand Analysis

Where a key issue raised concerns of the availability of sufficient capacity to meet anticipated demand on the service, it must be supported by a Capacity and Demand analysis to clearly demonstrate the gap in capacity, with the results presented below. Please refer to the Business Case guidance document for the guidance and access to the preferred capacity and demand model. If required, support in completing the model is available through the Corporate Operations team (contact Andrew Hurren on extension 5639).

Lung Screening Programme Forecasted Demand from 2025/26

In the first four years of the lung screening programme, around 93,000 patients in the trust footprint are eligible for the initial screening call, with cancer alliance modelling suggesting around a 25-30% conversion rate to first CT. A proportion of those patients are called back for 3,6 and 12 month scans

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to manage incidental findings. Patients who receive an initial CT scan under the lung screening programme with no findings are invited back on a 2-yearly basis. Based on cancer alliance modelling, to achieve total population coverage between April 2025-December 2028, 948 scanning days are required to deliver 37,214 initial and follow up scans.



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Activity modelling from the HNY cancer alliance:

Trajectory modelling - Bridlington - Drs Reddy and Nunn, Humber Primary Care

Use yellow cells to input your eligible population and ever smoking rates, or enter your eligible ever smoker population. The orange cells are also pulled through into other spreadsheet tabs, altering them here will change data in other tabs.

Stage	No.	%	Comment
Total 55-74 population	12,928	100.0%	Aged 55-74 & 364 days
Eligible ever-smoker population	7,498	58.0%	Of Total eligible population
Appointments booked	3,599	48.0%	Of Ever Smoked (uptake reduced from 50%)
Non attendees	288	8.0%	Of Appointments Booked
LHC's performed	3,311	92.0%	Of Appointments Booked
Positive LHC's	1,798	54.3%	Of LHC's analysed-local conv applied
Excluded from CT scan	54	3.0%	Of Positive LHC's
Non attendees (initial CT scans)	0	0.0%	Of Positive LHC's
Initial CT scans performed	1,744	97.0%	Of Positive LHC's
Indeterminate - require second scan	230	13.2%	Of Initial CT Scans performed
Negative CT Scan - 24 months follow-up	1,495	85.7%	Of Initial CT Scans performed
Negative CT Scan - 48 months follow-up	1,305	87.3%	Of 24 month scans
Findings	No.	%	Comment
Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	48	2.76%	Of Initial CT Scans performed (including patients requiring investigation after second scan)
Lung Cancers found	24	50.8%	Of Needing clinic investigation
24 months follow-up	1,495	85.7%	Of Initial CT Scans performed
Patient needing clinical investigation following 24 month scan	36	2.4%	Of 24 month scans
Lung Cancers found at 24 months follow-up	23	65.5%	Of Needing clinic investigation
Total cancers found	48	N/A	Including those found at initial, 3, 12 and 24 months scans
Treatments	No.	%	Comment
Surgery	24	51.0%	Of Cancers found
Stereotactic Body Radiation Therapy (SABR)	6	12.2%	Of Cancers found
Chemo-Radiation	4	9.1%	Of Cancers found
Radiation treatment (XRT)	4	9.1%	Of Cancers found
Surgery and Adj Chemo	4	7.7%	Of Cancers found
No Treatment	2	4.6%	Of Cancers found
Chemo	2	4.6%	Of Cancers found
Best Standard Care	1	1.5%	Of Cancers found

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Trajectory modelling - Vale of York Place plus Scarborough Practices and North Yorkshire			
Use yellow cells to input your eligible population and ever smoking rates, or enter your eligible ever smoker population. The orange cells are also pulled through into other spreadsheet tabs, altering them here will change data in other tabs.			
Stage	No.	%	Comment
Total 55-74 population	211,731	100.0%	Aged 55-74 & 364 days
Eligible ever-smoker population	86,810	41.0%	Of Total eligible population
Appointments booked	41,669	48.0%	Of Ever Smoked (uptake reduced from 50%)
Non attendees	3,333	8.0%	Of Appointments Booked
LHC's performed	38,335	92.0%	Of Appointments Booked
Positive LHC's	20,816	54.3%	Of LHC's analysed-local conv applied
Excluded from CT scan	624	3.0%	Of Positive LHC's
Non attendees (initial CT scans)	0	0.0%	Of Positive LHC's
Initial CT scans performed	20,192	97.0%	Of Positive LHC's
Indeterminate - require second scan	2,665	13.2%	Of Initial CT Scans performed
Negative CT Scan - 24 months follow-up	17,304	85.7%	Of Initial CT Scans performed
Negative CT Scan - 48 months follow-up	15,107	87.3%	Of 24 month scans
Findings	No.	%	Comment
Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	557	2.76%	Of Initial CT Scans performed (including patients requiring investigation after second scan)
Lung Cancers found	283	50.8%	Of Needing clinic investigation
24 months follow-up	17,304	85.7%	Of Initial CT Scans performed
Patient needing clinical investigation following 24 month scan	415	2.4%	Of 24 month scans
Lung Cancers found at 24 months follow-	272	65.5%	Of Needing clinic investigation
Total cancers found	555	N/A	Including those found at initial, 3, 12 and 24 months scans
Treatments	No.	%	Comment
Surgery	283	51.0%	Of Cancers found
Stereotactic Body Radiation Therapy (SA	68	12.2%	Of Cancers found
Chemo-Radiation	51	9.1%	Of Cancers found
Radiation treatment (XRT)	51	9.1%	Of Cancers found
Surgery and Adj Chemo	43	7.7%	Of Cancers found
No Treatment	26	4.6%	Of Cancers found
Chemo	26	4.6%	Of Cancers found
Best Standard Care	8	1.5%	Of Cancers found

6. Alignment with the Trust's Strategic priorities

The Trust has identified four strategic priorities that ensure there is a focus for its emerging priorities and objectives, and assists in the communication to staff, patients and other stakeholders.

Indicate using the table below, to what extent the preferred option is aligned with these strategic priorities. It is expected that the preferred option will align with at least one of the strategic priorities.

Strategic Priority	Describe how the case is aligned to the Strategic Theme
Priority 1 – Our People	Supports Trust CT radiographers being able to work in a non-acute setting. This gives variety and improves job satisfaction.
Priority 2 – Quality & Safety	The purchase of a Trust owned mobile scanner means we have control over governance processes instead of contracting with an independent sector mobile company. Providing a service for our patients which is currently delivered elsewhere, of which they are not able to access.

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Priority 3 – Elective Recovery	Scope to utilise mobile scanner when not using for lung screening means potentially more CT capacity available for imaging. Increased capacity for targeted diagnostics and meeting national cancer waiting time targets to diagnose and treat cancer at an earlier stage.
Priority 4 – Acute Flow	Takes elective work away from the acute site. Lung screening programme aims to reduce the emergency presentation and late stage diagnosis of lung cancer, and other complications as a result of the progression of disease, through A&E and requiring admission.

7. Business Case Objectives

Setting robust spending or investment objectives is essential in making a coherent case for change; the case should identify SMART (Specific, Measurable, Achievable, Relevant, Time bound) to address one or more of the following generic drivers, see page 23 of the guidance for full description of drivers. List the business case objectives and the metrics and measures below:

Description of objective	Metric	Quantity Before	Quantity After
Reduction in CT costs as part of running lung screening programme	Financial	Costs as per Lung Screening Programme BC (ref 2024/25-95) c. £3.5 million	Reduction in CT running costs (noting workforce may still be required to be insourced, revenue required for maintenance and lead time of scanner)
Increase in net contribution of lung screening programme	Financial	Costs as per Lung Screening Programme BC (ref 2024/25-95) c. £937,000 contribution over 4 years	c.2million contribution from lung screening programme (dependent on objective above)
Increase in lung cancer diagnosed at early stage (1&2) in comparison to diagnosis at stage 3&4	Cancer Staging Data (national)	Stage 1&2 : 30.2% Stage 3: 19%	See below for 3/6/12 month – this

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	COSD submission)	Stage 4: 41%	is national NHSE pilot and final stage shift in lung cancer has not yet been finalised.
<p><i>How will information be collected to demonstrate that the benefit has been achieved?</i></p> <p>Data available from Soliton RIS system in radiology to demonstrate scan activity.</p> <p>Financial savings as part of annual Cost Improvement Programme.</p> <p>Lung screening information is collected through various national mandatory data submissions (CWT/COSD), alongside mandatory programme specific uploads to NHSE (as described in Lung Screening/TLHC Business Case- ref 2024/25-95)</p>			

8. Stakeholder Consultation and Involvement:

Identify the key stakeholders (both internal and external to the Trust) essential to the successful implementation of the Business Case; the extent to which each support the proposal, and where appropriate, ownership for the delivery of the benefits identified above.

Where external stakeholder support is vital to the success of the Business Case (e.g. commitment to commission a service), append documentation (letter, e-mail, etc.) evidencing their commitment. If the Business Case spans more than one Care Group or Directorate the expected/required close collaboration in such circumstances must be evidenced.

Examples of stakeholders include lead clinicians, support services (e.g. Digital Information Services (DIS), Capital Planning re: accommodation, YTHFM LLP re Estates & Facilities support services), Commissioners (e.g. HCV ICB, NHSE, etc.), patients & public, etc.

See page 24 of the guidance for a checklist of potential questions that should be considered when assessing stakeholder involvement.

A 'Not-Applicable' (N/A) response is not acceptable in this section of the case unless accompanied by the name of the relevant stakeholder that has confirmed there is no applicable involvement in the case.

Stakeholder	Confirmation of Stakeholder Support
Mandatory Consultation	
Radiology	Business case owners
Laboratory Medicine (SHYPS)	No impact
Pharmacy	No impact
AHP & Psychological Medicine	No impact
Theatres, Anaesthetics and Critical Care	No impact
Community Services	No impact
Digital Information Systems (DIS)	

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Sustainability	
YTHFM LLP	
Clinical Coding Team	No impact

Note: As part of Lung Screening/TLHC Business Case- ref 2024/25-95 all above stakeholders involved in development.

ECONOMIC CASE

The purpose of the economic case is to identify the proposal that delivers the best value for money.

The economic case should identify the preferred option when measured against the issues identified in section 4 of the strategic case, how it closes the capacity gaps identified, how it meets the business case objectives outlined in section 7 and how it meets the Trust's strategic priorities.

9. Options Considered

List, and describe briefly below the alternative options considered to resolve the issue(s) presented in Section 4 above. This should just be a factual description of the option, without at this stage, any comments on the pros and cons of the option. The inclusion of alternative workforce and clinical models should be considered when generating the list of options. Option 1 should always be Business as Usual (BAU) as a comparison to the options considered

Description of Options Considered
Option 1 – Use NHSE funding to support purchase of a mobile CT scanner
Option 2 – Decline NHSE funding and plan to provide lung screening activity on an independent sector mobile.

10. Benefit and Cost Analysis

All identified options must be subject to a Benefit and Cost analysis, using the 'Investment Appraisal Scoring Sheet' (Appendix Aiii) and summarised below:

Summary Benefit Cost Analysis						
	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Objectives Score	0	0	0	0	0	0
	£000	£000	£000	£000	£000	£000
Net Income & Expenditure	0	0	0	0	0	0
Net Present Value	0	0	0	0	0	0
Net Present Value Per Objective Point Scored (£000)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Overall Ranking (manually enter)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

11. The Preferred Option

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Detail the preferred option together with the reasons for its selection over the other options. This must be supported with appropriate description and data in demonstrating how it will address the issue(s) described in Section 4 above.

The case for the preferred option should include how the option closes any capacity gaps identified in section 5, with the results of the closed gap after using the preferred capacity and demand model. This section should also confirm that the preferred option meets the business case objectives identified in section 7.

The preferred option should be cross referenced to key attributes identified in the Benefit and Cost Analysis in section 10.

Confirm the preferred option
Option 1 – Use NHSE funding to support purchase of a mobile CT scanner
Describe how the preferred option addresses any capacity gaps identified in section 5
Option 1 – As described based on cancer alliance modelling, to achieve total population coverage between April 2025-December 2028, 948 scanning days are required to deliver 37,214 initial and follow up scans. All activity is currently outsourced at the cost of c £3.5 million over the next four years.
Describe how the preferred option meets the Trust's strategic priorities in section 6
Option 1 meets the Trust strategic priorities in all 4 areas, as described above.
Describe how the preferred option meets the Business Case Objectives identified in section 7
Option 1 provides a substantial cost saving to the trust to initially deliver the national lung screening programme, and by consequence increase the contribution of the programme to the trust financial position, as described above.
Describe how the outcome of the IASS in section 10 supports the preferred option?

12. Consultant, and other Non-Training Grade Doctor Impact

(Only to be completed where the preferred option increases the level of Consultant / non-Training Grade input)

12.1 Impact on Consultant/ Non-Training Grade Doctor Workload:

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The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant/Non-Training Grade Doctor to a maximum of 11. This section should illustrate the impact that the additional Consultant/Non-Training Grade input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's/Non-Training Grade Doctor's actual annual working weeks against the 41 week requirement.

The information below must be accompanied by the Trust's Capacity Planning Tool, and the Job Plan, which should be appended to, and submitted with the Business Case.

	Before	After
Average number of PAs	n/a	n/a
On-call frequency (1 in)		

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	Working Weeks v 41 Week Requirement		PA Commitment	
	Before	After	Before	After
n/a	n/a	n/a	n/a	n/a

12.2 Job Plan Approval:

The Medical Director or Deputy, along with the Medical Workforce Manager must review all proposed Job Plans for new Consultant posts, as well as any Job Plans of existing Consultants where the proposed new post would have an impact on current working practices. The date that the Job Plans were approved must be provided below.

Date of Approval	
Comments by either the Medical Director or Deputy, or the Medical Workforce Manager	n/a – no impact on current consultant radiologist job plans if Option 1 supported

13. Accommodation

If the delivery of this Business Case is reliant on the Care Group or Directorate submitting the case being allocated additional space (e.g. to accommodate new staff or to expand its services) the availability of this additional space should be established prior to the submission of the Business Case for approval.

If assistance is required in assessing the space requirements / availability of space to support this Business Case then help is available from Tony Burns (01904) 721856 or tony.burns@york.nhs.uk).

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Does the implementation of the Business Case require additional space to be found and allocated?	Yes	No
		x
Has the space identified been confirmed available?	Yes	No
Have the costs associated with maintaining the space been included in the financial analysis?	Yes	No

Please tick

14. Benefits of the Preferred Option

The identification of the benefit(s) that are expected to arise from the Business Case is crucial to ensuring that a robust evaluation of the progress and delivery of the Business Case objectives is possible during any post implementation reviews.

*Clearly detail and **quantify** the expected benefits that will arise from implementing the preferred option below. The benefits identified must be aligned to the business case objectives in section 7 and be tangible and capable of being evidenced through some form of measurement. The timings of when the benefits will materialise should be realistic.*

It is acknowledged that some benefits may not materialise until at least 6m, dependent on the purpose of the Business Case and, as the Guidance Manual indicates, in a small number of instances there may be a need to consider adjusting the timings of the reviews, dependent on the forecast timeframe for benefit delivery.

(* from Estimated Implementation date)						
Description of Benefit	Metric	Quantity Before	Quantity After	At 3m*	At 6m*	At 12m*
Reduction in CT costs as part of running lung screening programme	Financial	Costs as per Lung Screening Programme BC (ref 2024/25-95) c £3.5 million	Reduction in CT running costs (noting workforce may still be required to be insourced,	None	None	Initial savings delivered, however dependent on delivery timescales and expected

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			revenue required for maintenance and lead time of scanner)			benefits through the course of the 4 year programme
Increase in net contribution of lung screening programme	Financial	Costs as per Lung Screening Programme BC (ref 2024/25-95) c. £937,000 contribution over 4 years	c. 2 million contribution from lung screening programme (dependent on objective above)	None	None	As above
Reduction in costs for outsourcing elective CT provision	Financial	Based on HUFT mobile CT contract (c. £600,000 p/a)	25% reduction in usage of outsourced CT provision (saving £150,000 p/a)	None	None	As above
Increase in lung cancer diagnosed at early stage (1&2) in comparison to diagnosis at stage 3&4	Cancer Staging Data (national COSD submission)	Stage 1&2 : 30.2% Stage 3: 19% Stage 4: 41%	This is national NHSE pilot and final stage shift in lung cancer has not yet been finalised	Earlier stage diagnosis runs years behind so expected benefit realised in 2-3 years	Earlier stage diagnosis runs years behind so expected benefit realised in 2-3 years	Earlier stage diagnosis runs years behind so expected benefit realised in 2-3 years
<p><i>How will information be collected to demonstrate that the benefits have been achieved?</i></p> <p>Soliton RIS data showing report activity & national mandated data submission to NHSE. Business case seeks to maintain the current service provision.</p> <p>Annual Cost Improvement Programme to demonstrate realisation of financial benefits.</p>						

15. Risk Analysis:

Identify the key risks to the Trust of proceeding with the preferred option, and what actions can be taken to mitigate them should they arise.

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In light of the difficulties being experienced both locally and nationally in successfully recruiting across a broad range of staff groups, the author should pay particular attention to the risks associated with fully recruiting to any new posts identified in the business case, supported by current market intelligence. Such risks need to be considered in the context of the likelihood (and timeframe) of the need to use agency or locum staff incurring premium costs for the Trust.

*The likelihood of any additional costs of risk **after** mitigation should be acknowledged in this section, and its impact recognised in the financial assessment of the case.*

Identified Risk	Proposed Mitigation	Value of Risk £'000
Risk to delay in procurement of scanner, resulting in loss of capital funding	Business case and MERG approval prioritised and vesting options	£1.8 million
Risk to delay in receiving scanner which reduces cost savings	Close contact with supplier to understand timeframes for delivery	See supporting commentary on run rate
Risk that national screening programme transition reduces need for lung cancer screening activity due to utilisation of (unknown) different model	Utilisation of CT scanner for elective activity or return of scanner to NHSE for lung screening model	None

COMMERCIAL CASE

The commercial case should demonstrate that the preferred option has considered additional approval routes required for the purchase of equipment or that a viable procurement route has been identified where required.

16. Is there a requirement to apply for funding via the Medical Equipment Resources Group (MERG), linked to this Business Case?

If 'yes', the completed and approved MERG form must feature as an attachment to the Business Case document.

Yes	x
No	

Please tick

If 'Yes' please state below what proportion of the overall Capital costs associated with the Business Case (see the Financial Pro-forma), relate specifically to equipment

Overall Capital Costs for the Business Case	
State the value of the Equipment within the above	Equipment has a value range of £xxx

17. Is there a requirement to involve or liaise with the Procurement Department with regard to any aspects associated with this Business Case?

Yes	x
No	

Please tick

If 'Yes' please provide a brief summary to evidence the involvement and the outcome.

Submission to MERG for procurement of CT scanner and mobile. Direct award and STA sought given timescales to spend funding.

FINANCE CASE

The finance case should demonstrate that the business case is affordable and the relevant source of funding is identified.

18. Financial Summary

18.1 Estimated Full Year Impact on Income & Expenditure:

Summarise the full year impact on income & expenditure for the Care Group or Directorate as a result of this Business Case. The figures should summarise the more detailed analysis on the accompanying 'Financial Pro Forma'.

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure (-ve)		-1,830	-1,830
Income (+ve)			0
Direct Operational Expenditure (-ve)			0
EBITDA	0	0	0
Other Expenditure (-ve)		-215	-215
I&E Surplus/ (Deficit)	0	-215	-215
Existing Provisions (+ve)	n/a		0
Net I&E Surplus/ (Deficit)	0	-215	-215
Contribution (%)	#DIV/0!	#DIV/0!	#DIV/0!
Non-recurring Expenditure (-ve)	n/a		0

Supporting Financial Commentary:

The associated Revenue costs for this BC are already approved within the approved BC 2024/25-14

This BC includes the capital purchase of the Mobile CT Scanner and the associated costs.

The revenue savings that are likely to materialise from this purchase linked to this are from BC2024/25-14 (Lung Health Check Pilot) and will be built into the long term screening plan for the Lung Health Check beyond the 4 year pilot. This BC will allow savings to be delivered in the 2025/26 CSCS CIP plan, these are currently being worked up and will be delivered once the CT Mobile is operational.

18.2 Estimated Impact on Run Rate

Summarise the impact on current monthly income and expenditure run rate as a result of this Business Case. The current run rate should reference the average monthly income and expenditure over the last six months. Demonstrate how the run rate will change as a

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result of this business case in full, and at 6 months and 12 months following approval of the case. Show income as positive figures and expenditure as negative.

	Current Run rate	Revised Run Rate	Change	Change at 6 months	Change at 12 months	Change in later years
	£000	£000	£000	£000	£000	£000
Income (+ve)						
Clinical Income			0			
Non Clinical Income			0			
Expenditure (-ve)						
Pay			0			
Non Pay			0			
Non Operational expenditure		-21	-21	-21	-21	-21
Total	0	-21	-21	-21	-21	-21

Run Rate Supporting Commentary:

The only run rate implications of this case are the capital costs of purchasing the CT scanner.

MANAGEMENT CASE

The management case should demonstrate that robust arrangements are in place for the delivery, monitoring and evaluation of the preferred option.

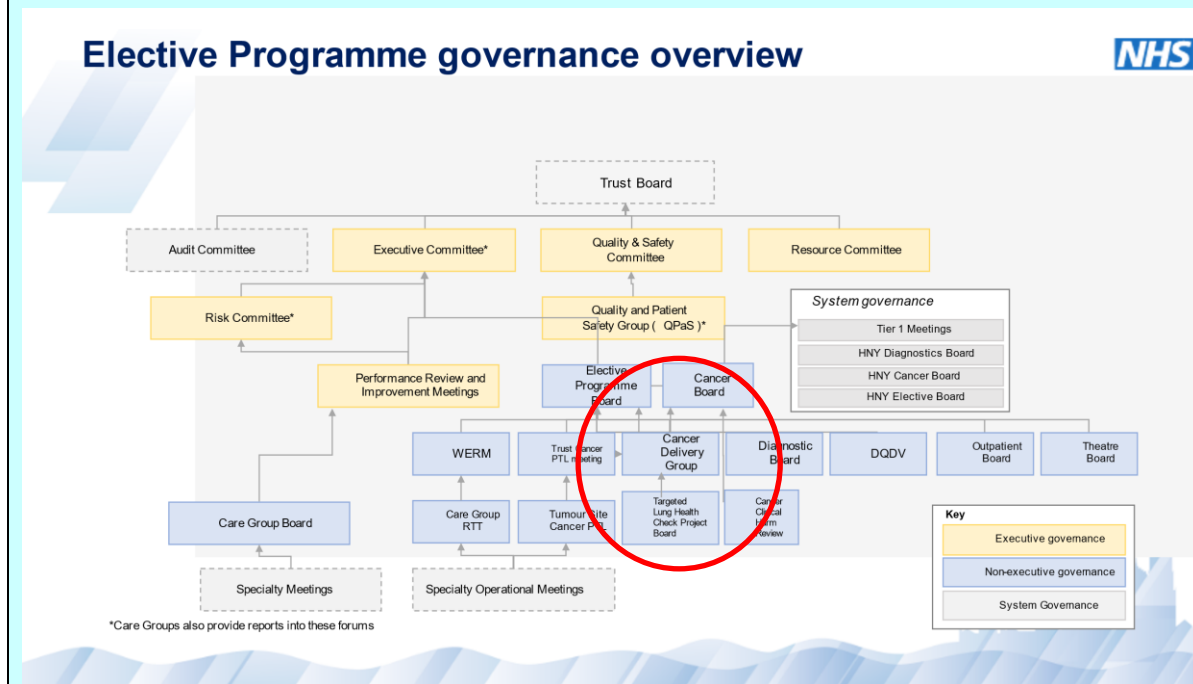
19. Delivery

Describe the process put in place for successful delivery of the preferred solution, this should include the management of any potential risks, delivery of benefits, recruitment timescales and budgetary changes.

- 1) MERG approval – Jan 2025
- 2) Business case approval – Jan 2025
- 3) Contract award to CT mobile company – Mar 2025
- 4) Contract award to insourcing company for radiographers – TBC
- 5) **Go live of mobile CT scanner - TBC**

Both the CSCS care group and Lung cancer screening programme have established governance routes to support this case. Whilst the lung screening programme is being established, it is supported by the governance as outlined below. Key roles are currently in the process of being recruited to, with February 2025 as interview dates.

It will then transition once live in April 2025 into the CSCS Care Group governance structure.



20. Post Implementation Review (PIR)

Provide a self-assessment of the risk score and summarise below to determine whether a PIR is required, this will be validated at the time of approval of the business case, by the approving authority, see section 20 of the business case guidance:

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Self-assessment score	Level of Risk	Outcome
4-6	Low	PIR not required

21. Estimated Implementation Date

State the estimated implementation date. This will be used as the start point of the review period where the Business Case is selected for Post Implementation Review (PIR).

Estimated Implementation Date	TBC- March 2025?
--------------------------------------	-------------------------

22. Date of Completion:

Note: This date should be kept current on each occasion that the documentation is refreshed/ updated.

The use of version control is recommended to aid the auditing and tracking of current documentation, particularly if the Case spans more than one Care Group or Directorate with multiple contributors. The 'Final' version must be clearly indicated as such.

Date	30/12/2024
Version No.	1

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	2024/25-95
TITLE:	Purchase of CT Mobile Scanner to Support Lung Screening Rollout
OWNER:	Lisa Shelbourn
AUTHOR:	Lisa Shelbourn

Capital

	Total £'000	Planned Profile of Change			
		2023/24 £'000	2024/25 £'000	2025/26 £'000	Later Years £'000
Capital Investment (-ve)	0				
Equipment (-ve)	-1,830		-1,830		
Property Transactions (Leases) (-ve)	0				

Capital Notes (including reference to the funding source):

The funding for the £1.83m capital in this BC has been awarded by NHSE. The costs are broken down as CT Scanner - £552k, Trailer POD - £448k, Support Trailer - £303k, Tractor Unit £120k, Medical Physics One off Costs - £20k Soloton -£20k IT connectivity and contingency - £367k

Revenue

		Total Change				Planned Profile of Change			
		Current £'000	Revised £'000	Change		2023/24 £'000	2024/25 £'000	2025/26 £'000	Later Years £'000
				£'000	WTE				
(a) Non-recurring set up costs	(-ve)								
(b) Recurring Income									
Income from Patient Care Activities:	(+ve)	0	0	0	0	0	0	0	0
Other Operating Income	(+ve)	0	0	0	0	0	0	0	0
Total Income		0	0	0	0	0	0	0	0
Operating Costs:									
Pay									
Medical	(-ve)								
Nursing	(-ve)			0					
<u>Other (please list):</u>									
Executive Board & Senior Managers	(-ve)			0					
Support Staff	(-ve)			0					
WLIs	(-ve)			0					
				0					
Total Pay Costs		0	0	0	0.00	0	0	0	0
Non-Pay									
Purchase of Healthcare from NHS Bodies	(-ve)			0					
Purchase of Healthcare from non NHS Bodies	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)			0					
Drugs	(-ve)			0					
Establishment	(-ve)			0					
Premises - (incl Business rates)	(-ve)			0					
Transport	(-ve)			0					
LLP Costs (Facilities Mgmt & Estates)	(-ve)			0					
<u>Other (please list):</u>									
	(-ve)			0					
	(-ve)			0					
Total Non Pay Costs		0	0	0	0	0	0	0	0
Total Operational Expenditure		0	0	0	0	0	0	0	0
Impact on EBITDA		0	0	0	0.00	0	0	0	0
Depreciation	(-ve)		-183	-183		0	-183	-183	
Rate of Return	(-ve)		-32	-32		0	-32	-32	
Lease Ammortisation	(-ve)			0					
Overall impact on I&E		0	-215	-215	0.00	0	0	-215	-215
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	n/a		0					
Net impact on I&E		0	-215	-215		0	0	-215	-215
									+ favourable (-) adverse

Revenue Notes (including reference to the funding source):

The revenue implications from this case are just the relevant capital charges.

--

	Owner	Finance Manager	Board of Directors Only Director of Finance
Signed	Lisa Shelbourn	Neil Barrett	
Dated	10.01.25	10.01.25	

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2023/24	2024/25	2025/26	Later Years
Fixed Contract Element							
Non-elective admissions			0				
Outpatient Follow Ups			0				
A&E			0				
High Cost Drugs			0				
<u>Other (please list):</u>			0				
Variable Contract Element							
Elective Inpatients			0				
Elective Day Cases			0				
Outpatient First Attendances			0				
Outpatient Procedures			0				
High Cost Drugs			0				

Income (+ve)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	Later Years £'000
Fixed Contract Element								
Non-elective admissions	(+ve)			0				
Outpatient Follow Ups	(+ve)			0				
A&E	(+ve)			0				
High Cost Drugs	(+ve)			0				
Community Services	(+ve)			0				
<u>Other (please list):</u>				0				
Variable								
Elective Inpatients	(+ve)			0				
Elective Day Cases	(+ve)			0				
Outpatient First Attendances	(+ve)			0				
Outpatient Procedures	(+ve)			0				
High Cost Drugs	(+ve)			0				
Other NHS Clinical Income								
	(+ve)			0				
	(+ve)			0				
Non NHS Clinical Income								
Private patient income	(+ve)			0				
Other non-protected clinical income	(+ve)			0				
Total Income from patient care activities		0	0	0	0	0	0	0
Other income								
Research and Development	(+ve)			0				
Education and Training	(+ve)			0				
<u>Other (please list):</u>								
	(+ve)			0				
	(+ve)			0				
Total other income		0	0	0	0	0	0	0



BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
Income from Patient Care Activities:	(+ve)			0			
Other Operating Income	(+ve)			0			
Total Income		0	0	0	0	0	0
Operating Costs:							
Pay							
Medical	(-ve)			0			
Nursing	(-ve)			0			
<u>Other (please list):</u>							
Executive Board & Senior Managers	(-ve)			0			
Support Staff	(-ve)			0			
WLIs	(-ve)			0			
				0			
Total Pay Costs		0	0	0	0	0	0
Non-Pay							
Purchase of Healthcare from NHS Bodies	(-ve)			0			
Purchase of Healthcare from non NHS Bodies	(-ve)			0			
Clinical Supplies & Services	(-ve)			0			
General Supplies & Services	(-ve)			0			
Drugs	(-ve)			0			
Establishment	(-ve)			0			
Premises - (incl Business rates)	(-ve)			0			
Transport	(-ve)			0			
LLP Costs (Facilities Mgmt & Estates)	(-ve)			0			
<u>Other (please list):</u>							
	(-ve)			0			
	(-ve)			0			
Total Non Pay Costs		0	0	0	0	0	0
Total Operational Expenditure		0	0	0	0	0	0
Impact on EBITDA		0	0	0	0	0	0
				0.00			
Depreciation	(-ve)		-15	-15	-15	-15	-15
Rate of Return	(-ve)		-3	-3	-3	-3	-3
Lease Ammortisation	(-ve)			0			
Overall impact on I&E		0	-18	-18	-18	-18	-18
Less: Existing Provisions	(+ve)	n/a		0			
Net impact on I&E		0	-18	-18	-18	-18	-18

Run rate notes:

The run rate implications of this case are linked to the costs of capital for the purchas eof the mobile CT scanner

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	Q3 2024/25 Updated Board Assurance Framework
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 Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input checked="" type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <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
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Equality, Diversity and Inclusion requirements
 This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability
 This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust’s Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:
 The Board of Directors following the November Board Development Seminar is requested to approve the updated Board Assurance Framework for Q3 2024/25 with the Trust’s new strategic objectives.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No Yes

(If yes, please detail the specific grounds for exemption)

Report History

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

Meeting	Date	Outcome/Recommendation
N/a		

Q3 – 2024/25 Board Assurance Framework (BAF)

January 2025

Q3 - 2024/25 Board Assurance Framework Dashboard

Rank/Move	High Level Risk Description	Risk Assessment					Risk Rating	Actions	Owner	Oversight
		Catastrophic	Major	Moderate	Minor	None				
1 N	PR6a – Failure to deliver financial balance to deliver the 2024/25 annual plan of the Trust’s Strategy 2025-30.						25		Director of Finance	Resources Committee
2 N	PR1 – Inability to provide consistently effective clinical pathways leading to poor outcomes, experience and possible harm.						16		Chief Nurse	Quality & Resources Committees
3= N	PR2 – Inability to nurture a Trust culture that facilitates good staff engagement and development leading to poor staff morale, recruitment and retention issues and ultimately poor patient outcomes.						12		Director of Workforce and OD	Resources Committee
3= N	PR5 – Failure to maintain and transform services to deliver the Trust’s green plan and sustainability agenda.						12		Director of Finance	Resources Committee
3= N	PR3 – Working ineffectively with the Trust’s partners to contribute to effective patient care, good patient experience and system sustainability.						12		Chief Operating Officer	Quality & Resources Committees
4 N	PR6b – Failure to demonstrate effective governance to achieve the Trust’s strategy.						9		Chief Executive	All Committees
5 N	PR4 – Trust service, pathways and support functions are not designed, and improved in a sufficiently transformative way across the Trust for the benefit of patients.						6		Medical Director	Quality Committee

Key



New Risk



Decrease in Rank



No movement in Rank



Inherent Risk - The measure of risk before controls are considered



Current Risk - The measure of risk after controls are considered

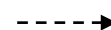


Target Risk - The measure of risk once actions have been completed

Reliance on controls

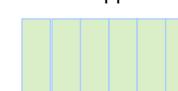


Planned mitigations



1 Action on track
1 Action delayed by 1-2mths
1 Action delayed by 3mths+

Risk Appetite



Minimal - 6
Cautious - 9
Open - 12
Hungry - 20

Summary of Risks by objective

Strategic Objective: Quality of Care – To provide timely, responsive, safe accessible, effective care at all times

REF	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Target Risk (After Actions)			Movement from Last Quarter
				I	L	Rating I x L	I	L	Rating I x L			I	L	Rating I x L	
PR1	Inability to provide consistently effective clinical pathways leading to poor patient outcomes, experience and possible harm.	Chief Nurse	Quality & Resources Committees	5	5	25	4	4	16	6 MINIMAL	OUT	4	3	12	NEW

Strategic Objective: Our People – To create a great place for our people to work, learn and thrive

REF	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Target Risk (After Actions)			Movement from Last Quarter
				I	L	Rating I x L	I	L	Rating I x L			I	L	Rating I x L	
PR2	Inability to nurture a Trust culture that facilitates good staff engagement and staff development leading to poor staff morale, recruitment and retention issues and ultimately poor patient outcomes.	Director of Workforce & OD	Resources Committee	4	4	16	4	3	12	12 OPEN	IN	3	3	9	NEW

Strategic Objective: Our Partnerships – To work together with partners to improve the health and wellbeing of the communities we serve

REF	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Target Risk (After Actions)			Movement from Last Quarter
				I	L	Rating I x L	I	L	Rating I x L			I	L	Rating I x L	
PR3	Working ineffectively with the Trust's partners to contribute to effective patient care, good patient experience and system sustainability.	Chief Operating Officer	Quality & Resources Committees	4	4	16	4	3	12	6 MINIMAL	OUT	3	2	6	NEW

Strategic Objective: Research, Innovation and Transformation – Through research, innovation and transformation to challenge the ways of today to develop a better tomorrow

REF	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Target Risk (After Actions)			Movement from Last Quarter
				I	L	Rating I x L	I	L	Rating I x L			I	L	Rating I x L	
PR4	Trust services, pathways and support functions are not designed, and improved in a sufficiently transformative way across the Trust for the benefit of patients.	Medical Director	Quality Committee	3	3	9	3	2	6	6 MINIMAL	IN	T B C	T B C	6	NEW

Summary of Risks by objective

Strategic Objective: Sustainability – To use the resources to deliver healthcare today without compromising the health of future generations

REF	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Target Risk (After Actions)			Movement from Last Quarter
				I	L	Rating I x L	I	L	Rating I x L			I	L	Rating I x L	
PR5	Failure to maintain and transform services to deliver the Trust's green plan and sustainability agenda.	Director of Finance	Resources Committee	4	4	16	4	3	12	9 CAUTIOUS	OUT	4	2	8	NEW

Strategic Objective: Governance and Finance – To be well led with effective governance and sound finance

REF	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Target Risk (After Actions)			Movement from Last Quarter
				I	L	Rating I x L	I	L	Rating I x L			I	L	Rating I x L	
PR6 a	Failure to deliver financial balance to deliver the 2024/25 annual plan of the Trust's Strategy 2025-2030	Director of Finance	Resources Committee	5	5	25	5	5	25	12 OPEN	OUT	4	4	16	NEW

REF	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Target Risk (After Actions)			Movement from Last Quarter
				I	L	Rating I x L	I	L	Rating I x L			I	L	Rating I x L	
PR6 b	Failure to demonstrate effective governance to achieve the Trust's strategy.	Chief Executive	All Committees	5	4	20	3	3	9	12 OPEN	IN	2	3	6	NEW

Ref PR1 Board Assurance Framework (BAF)

Ref: PR1	Strategic Objective: To provide timely, responsive, safe, accessible effective care at all times	PRINCIPAL RISK 1: <i>Inability to provide consistently effective clinical pathways leading to poor patient outcomes, experience and possible harm.</i>	Risk Score: 16
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Causes – What must happen for the risk to occur? - Failure of fragile clinical services - Lack of beds available at the time patients need to be admitted - Poor staff health and wellbeing	<ul style="list-style-type: none"> - Poor patient experience in Emergency Departments - Normalisation of poor patient experience - Failure of IT systems 	<ul style="list-style-type: none"> - Unacceptable fundamentals of care and IPC - Management of digital threat - Capability and demand of discharge pathways 	Consequences – If the risk occurs, what is its impact? - Failure to respond to deteriorating patients - Harm to patients in urgent care pathways	<ul style="list-style-type: none"> - Regulatory attention - Poor staff experience, health and wellbeing
---	---	--	---	---

Executive Risk Owner: Chief Nurse	Assurance Committee: Quality & Resources Committees	Date Added to 2024/25 BAF: January 2025
--	--	--

Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	N/A	N/A	16	TBD
5	5	25	4	4	16	MINIMAL (1-6)	OUT OF APPETITE	Risk Appetite	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)

i) Controls	i) Assurances (inc. Positive)	ii) Controls	ii) Assurances (inc. Positive)	iii) Controls	iii) Assurances (inc. Positive)
Performance Improvement Review Meetings (PRIM) monthly for all Care Groups	PRIM letter outcomes and next steps reported to Executive Committee Oct-Jan 2025 (Care Group escalation reports previously)	Infection Prevention Strategic Assurance Group (IPSAG)	- IPSAG monthly reporting - Apr 24-Jan 25 TPR reporting to Quality Committee and Board	Sustainable services reviews – internal and with the Collaboration of Acute Providers (CAP)	Internal sustainable services report and CAP reporting through CAP Committee in Common
Quality Committee, Patient Safety and Clinical Effectiveness, Patient Experience Sub-Committees, Resources Committee	- Apr 24-Jan 25 Quality and Safety reporting to sub-committees - Apr 24-Jan 25 escalation reports to Quality Committee - Apr 24-Jan 25 Quality Committee delivery of assurance work programme - Apr 24-Jan 25 Board escalations	Programme Management Office schedule of programmes	Specific programmes including: - Urgent and Emergency Care, Electronic Patient Record - Maternity - Culture and Leadership	Humber and North Yorkshire System oversight for diagnostics, cancer, urgent care, finance, workforce and place-based meetings	Collaboration meetings across Executive Portfolios: Chief Operating Officer, Chief Nurse, Medical Director, Director of Workforce and OD, Finance Director papers
Care Group Board sub-group oversees IPC, escalations made to IPSAC and Assurance Committees	Monthly reporting papers of IPC, Patient Experience and Patient Safety and Clinical Effectiveness	Integrated Quality Improvement Group (IQIG) NHSE oversight	Monthly reporting of Trust Improvement Dashboard, CQC Update, Maternity, risks	Continuous flow and escalation model 3x Op sit rep, pro active management of discharges, proactive communications management with staff and patients, psychological support for staff	Executive Committee reporting, Board escalations of outcomes and concerns, 3x daily operational sit rep. on-call arrangements in place, pro active management of discharges Gap – understanding impact on patient safety and experience
Operations meeting oversight: Elective Recovery Board, Unscheduled Care Board, Maternity Assurance Group	- Monthly reporting papers of Elective and Unscheduled Care Boards - Apr 2024-Jan 2025 Executive Committee - Tiering meetings with NHSE for performance	Corporate Quality Oversight: - Maternity Assurance Group (MAG) single improvement plan - Children’s Board - Gap – Mental Health single improvement plan - Gap – Falls and Pressure Ulcer joint working dev	- Monthly reporting papers Maternity Assurance Group - Single Improvement Plan progress report - Gap – Fundamentals of Care Accreditation	Gap – EPRR Core Standards limited compliance Gap – Clinical Estates Strategy	EPR July 2024 Resources Committee and Board reporting EPRR Commander training in delivery Draft clinical estates strategy in place
Trust performance report	- Monitored at Quality Committee and associated sub committees - Gap – CPD updates to clinical practice	- Regulation and Assurance visits.	Regulation and Assurance group in place HTA, HNY Trauma network, LMNS, H&S, stroke peer review, CQC	Gaps in Technical Infrastructure and Cyber Security: Limited monitoring of IG policy adherence, lack of access management policy (currently being reviewed), specialist Board cyber security training, wide variety of policies requiring review and update, member protocols, services and endpoint devices require investment, central 3rd party proc register	

Ref PR1 Board Assurance Framework (BAF) - continued

Ref: PR1	Strategic Objective: To provide timely, responsive, safe, accessible effective care at all times	PRINCIPAL RISK 1: <i>Inability to provide consistently effective clinical pathways leading to poor patient outcomes, experience and possible harm.</i>	Risk Score: 16
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Causes – What must happen for the risk to occur? - Failure of fragile clinical services - Lack of beds available at the time patients need to be admitted - Poor staff health and wellbeing	- Poor patient experience in Emergency Departments - Normalisation of poor patient experience - Failure of IT systems	- Unacceptable fundamentals of care and IPC - Management of digital threat - Capability and demand of discharge pathways	Consequences – If the risk occurs, what is its impact? - Failure to respond to deteriorating patients - Harm to patients in urgent care pathways	- Regulatory attention - Poor staff experience, health and wellbeing
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Executive Risk Owner: Chief Nurse	Assurance Committee: Quality & Resources Committees	Date Added to 2024/25 BAF: January 2025
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Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite
I	L	Rating I x L	I	L	Rating I x L		
5	5	25	4	4	16	MINIMAL (1-6)	OUT OF APPETITE

Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
Current Risk Rating	N/A	N/A	16	TBD
Risk Appetite	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)

Mitigating Actions To Address Gaps What actions will further mitigate the risk and its identified rating?	Progress Update What is the current progress to date in achieving the action identified?	Action Owner Who is the action owner?	Target Date When does the action take effect?
Moving individual themed meetings to use a continuous improvement methodology using in the moment data from patient feedback and patient safety incidents	Deputy chief nurse has scoped existing themed meetings and has developed a draft terms of reference for a new complex needs group to be focussed around continuous improvement	Tara Filby	April 2025
Review and refresh the complex needs improvement plan	All existing groups to be brought together under a complex needs development priority	Tara Filby	April 225
Further develop out quality assurance framework to include ward and department accreditation programmes	A draft QAF that undertakes local monitoring and review. This needs to develop to include external oversight	Tara Filby	June 2025
Development of the EPR programme will address short term inability to update CPD	EPR plan in place for delivery	Adele Coulthard/Tara Filby	April 2025 (review)

Target Risk (After Actions Implemented)		
I	L	Rating I x L
4	3	12
Next Review		
Q4 - Mar 2025		

Ref PR2 Board Assurance Framework (BAF)

Ref: PR2	Strategic Objective: To create a great place for our people to work, learn and thrive	PRINCIPAL RISK 4: <i>Inability to nurture a Trust culture that facilitates good staff engagement and staff development leading to poor staff morale, recruitment and retention issues and ultimately poor patient outcomes.</i>	Risk Score: 12
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Causes – What must happen for the risk to occur? - Failure of leadership to oversee a shift in culture and mindset - Inappropriate clinical workforce model	- Reduction in applications for training courses - Lack of resources to grow our own staff	Consequences – If the risk occurs, what is its impact? - Long term staffing shortages - Poor organisation culture	- Poor staff morale - Reduced patient outcomes
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Executive Risk Owner: Director of Workforce and OD	Assurance Committee: Resources Committee	Date Added to 2024/25 BAF: January 2025
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Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	N/A	N/A	12	TBD
4	4	16	4	3	12	OPEN (10-12)	INSIDE APPETITE	Risk Appetite	OPEN (10-12)	OPEN (10-12)	OPEN (10-12)	OPEN (10-12)

i) Controls	i) Assurances (inc. Positive)	ii) Controls	ii) Assurances (inc. Positive)	iii) Controls	iii) Assurances (inc. Positive)
Our Voice Our Future Programme	<ul style="list-style-type: none"> Discovery and Design phase – discovery complete and design phase underway Gap – OVOF delivery phase actions Q1-Q3 Board Seminar Development reports 	Enhanced Vacancy Control Process	<ul style="list-style-type: none"> Enhanced Vacancy Control Panel papers May 2024-Jan 2025 TPR workforce reporting April 2024 – January 2025 		
Delivery of Internal Leadership Programmes in line with Leadership Framework	<ul style="list-style-type: none"> Care Group Leadership Development Programme Cohorts phases 1-3 delivered List of programmes and training programmes on Learning Hub 	Implementation of People Strategy	<ul style="list-style-type: none"> TPR workforce reporting Apr 2024-Jan 2025 EDS 2022; WRES, WDES & Pay Gap reports FTSU Board report September 2024 		
Line Management Toolkit and Training	Toolkit rollout to all Line Managers and training implementation records	Senior Leadership Engagement	<ul style="list-style-type: none"> Quarterly Senior Leaders Forum Senior Clinical Leadership monthly meeting 		
Oversight of establishments and establishment reviews and job planning	<ul style="list-style-type: none"> TPR reporting Apr 2024-Jan 2025 Nursing workforce Resources Committee reporting Apr 2024-Jan 2025 Quarterly Medical Workforce Report – Resources Committee Sept 24 – Jan 2025 	Gap – Financial resources to recruit at the staffing establishments required	<ul style="list-style-type: none"> Annual financial planning Board sign-off April 2024 Staffing business cases Rostering data 		

Mitigating Actions To Address Gaps	Progress Update	Action Owner	Target Date	Target Risk (After Actions Implemented)		
What actions will further mitigate the risk and its identified rating?	What is the current progress to date in achieving the action identified?	Who is the action owner?	When does the action take effect?	I	L	Rating I x L
- Our Voice Our Future – Delivery Phase implementation of actions	- Our Voice Our Future Design Phase underway (for completion June 2025), Delivery phase to be launched (for completion June 2026)	Simon Morrirt	June 2026	3	3	9
- Staff Survey Improvement Plan and People Promise Programme	- Staff Survey Improvement Plans developed by March 25. People Promise Programme concludes May 25	Polly McMeekin	Sept 2025			
- Required Learning Review and band 5 (RN) competency Framework	- Nursing training and competency review complete with plans to consolidate mode of delivery.	Dawn Parkes	June 2025			

Ref PR3 Board Assurance Framework (BAF)

Ref: PR3	Strategic Objective: To work together with partners to improve the health and wellbeing of the communities we serve	PRINCIPAL RISK 3: Working ineffectively with the Trust's partners to contribute to effective patient care, good patient experience and system sustainability.	Risk Score: 12
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Causes – What must happen for the risk to occur? <ul style="list-style-type: none"> - Ineffective communication mechanisms between the Trust and its partners - Insufficient resources to support collaboration (e.g. funding, staffing, or time constraints) - System data not being used to drive change - Primary Care's inability to provide effective services at the sufficient volumes - Third parties not delivering services that prevents the Trust achieving its objectives 	<ul style="list-style-type: none"> - Resistance to change from internal staff or partners. - Policy or regulatory constraints hinder partnership activities - Lack of shared objectives or misaligned priorities between partner organisations 	Consequences – If the risk occurs, what is its impact? <ul style="list-style-type: none"> - Reduced quality of care due to fragmentation of services. - Delays in treatment or services, leading to poorer outcomes. - Confusion among patients due to lack of coordinated communication - Missed opportunities for innovation or service improvement. - The most effective patient outcomes not achieved - Strained relationships between the Trust and partners, reducing collaboration opportunities. 	<ul style="list-style-type: none"> - Loss of continuity in patient care - Lower levels of patient satisfaction. - Inefficient use of resources leading to increased costs - Loss of public trust and credibility in the health system - Inability to manage demand growth and overreliance on Trust services
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Executive Risk Owner: Chief Operating Officer	Assurance Committee: Quality & Resources Committees	Date Added to 2024/25 BAF: January 2025
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Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	N/A	N/A	12	TBD
4	4	16	4	3	12	MINIMAL (1-6)	OUT OF APPETITE	Risk Appetite	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)

i) Controls	ii) Assurances (inc. positive)	ii) Controls	ii) Assurances (inc. positive)	iii) Controls	iii) Assurances (inc. positive)
Strategic Alignment: Mechanisms in place to ensure alignment of priorities between partners. <ul style="list-style-type: none"> - Joint Committee in Common - Joint Operational planning meetings with Alliances, ICB and Place Colleagues throughout planning process. - Alignment of Cancer alliance objectives into Y&S Cancer Strategy - Recruitment of Head of Strategy to support partnership working 	Shared system performance metrics managed with the ICB and tiering meeting with regional colleagues. ICB performance oversight arrangements. CAP meetings: Elective and UEC – joint leadership arrangements Trust strategy shared with Stakeholders (dec 2024) <i>Cancer Strategy Workshop – Feb 2025</i> <i>Gap: Joint strategic planning sessions with place & partners (not a gap for cancer as this is done collaboratively)</i>	Training and Development: Increasing the understanding of key Trust leaders in system working and partnership opportunities.	<i>Gap: Opportunity for leadership development in system collaboration.</i>	Resources: Senior management representation at core ICB and Place-based forums and alliances. Employment of Head of Strategy as key lead for partnership development	Attendance records at partnership meetings. Recruitment of Head of Strategy to support partnership working. Funding into NHS Benchmarking
Communications: Joint committees or forums for collaboration and conflict resolution.	<ul style="list-style-type: none"> - Trust CEO Committee in Common with other Trust Providers. - Harrogate Board to Board - York Health & Care Collaborative & Joint Delivery Board. - CAP Alliance Representation & clinical leads - Multiple Boards in place where Trust is represented: CAP/ UEC and Place and SOAG. - ICB Board Quarterly meeting minutes - York Health & Care Collaborative & Joint Delivery Board meeting minutes - CAP Quarterly meeting minutes <i>Gap: Audit of effectiveness of forums for delivering quality partnership working ?</i>	Data that support partnership working <ul style="list-style-type: none"> - North Yorkshire Overarching Multi Agency Information Sharing Protocol (MAIS) - Humber sharing charter - Specific sharing agreement with TEVV for them to access our systems as required - Information sharing as part of the Collaborative of Acute Providers Information 	MAIS: this is managed by NYCC and is reviewed annually (partners include YAS, NY Police, CYC, Harrogate and District NHS Foundation Trust) <i>Humber sharing charter:</i> this is managed by North East Lincolnshire Council and is reviewed annually (partners include HUTH, East Riding council, Humberside Police) TEVV and other agreements managed in line with SLAs CAP: Sharing is managed through the joint working arrangement	<ul style="list-style-type: none"> - System working to deliver EPR convergence and supporting initiatives around Population Health Management - Partnership working on the Yorkshire and Humber Care Record 	<ul style="list-style-type: none"> - EPR Programme Management - Yorkshire and Humber Care Record Programme Management

Ref PR3 Board Assurance Framework (BAF) continued

Ref: PR3	Strategic Objective: To work together with partners to improve the health and wellbeing of the communities we serve	PRINCIPAL RISK 3: Working ineffectively with the Trust's partners to contribute to effective patient care, good patient experience and system sustainability.	Risk Score: 12
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Causes – What must happen for the risk to occur? - Ineffective communication mechanisms between the Trust and its partners - Insufficient resources to support collaboration (e.g. funding, staffing, or time constraints) - System data not being used to drive change - Primary Care's inability to provide effective services at the sufficient volumes - Third parties not delivering services that prevents the Trust achieving its objectives	- Resistance to change from internal staff or partners. - Policy or regulatory constraints hinder partnership activities - Lack of shared objectives or misaligned priorities between partner organisations	Consequences – If the risk occurs, what is its impact? - Reduced quality of care due to fragmentation of services. - Delays in treatment or services, leading to poorer outcomes. - Confusion among patients due to lack of coordinated communication - Missed opportunities for innovation or service improvement. - The most effective patient outcomes not achieved - Strained relationships between the Trust and partners, reducing collaboration opportunities.	- Loss of continuity in patient care - Lower levels of patient satisfaction. - Inefficient use of resources leading to increased costs - Loss of public trust and credibility in the health system - Inability to manage demand growth and overreliance on Trust services
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Executive Risk Owner: Chief Operating Officer	Assurance Committee: Quality & Resources Committees	Date Added to 2024/25 BAF: January 2025
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Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	N/A	N/A	12	TBD
4	4	16	4	3	12	MINIMAL (1-6)	OUT OF APPETITE	Risk Appetite	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)

Mitigating Actions To Address Gaps What actions will further mitigate the risk and its identified rating?	Progress Update What is the current progress to date in achieving the action identified?	Action Owner Who is the action owner?	Target Date When does the action take effect?
<i>Conduct joint strategic planning sessions to align objectives and priorities across key partners (at place most likely).</i>	TBC	TBC	TBC
<i>Gap: Audit of effectiveness of forums for delivering quality partnership working. Using partnership maturity matrix across providers / place and alliances</i>	TBC	TBC	TBC
<i>Gap – Governance arrangements to demonstrate delivery of primary care collaboration</i>	TBC	TBC	TBC
<i>Gap: Governance arrangements to demonstrate effectiveness of shared data for decision making?</i>	TBC	TBC	TBC

Target Risk (After Actions Implemented)		
I	L	Rating I x L
3	2	6
Next Review		
Q4 - Mar 2025		

Ref PR4 Board Assurance Framework (BAF)

Ref: PR4	Strategic Objective: Through research, innovation and transformation to challenge the ways of today to develop a better tomorrow	PRINCIPAL RISK 2: <i>Trust services, pathways and support functions are not designed, and improved in a sufficiently transformative way across the Trust for the benefit of patients.</i>	Risk Score: 6
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Causes – What must happen for the risk to occur? - Failure to transform services sufficiently to within the current resource limits - Capacity for the EPR programme delivery is not sufficient - Lack of standard implementation of QI methodology	- Insufficient funds to allow running of services, allowing headroom to affect transformation, plan for the long term and change at pace	Consequences – If the risk occurs, what is its impact? - The EPR programme is not sufficient to realise its full potential - QI benefits not consistently delivered to transform services
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Executive Risk Owner: Medical Director	Assurance Committee: Quality Committee	Date Added to 2024/25 BAF: April 2024
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Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	N/A	N/A	6	TBD
3	3	9	3	2	6	MINIMAL (1-6)	INSIDE APPETITE	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)	MINIMAL (1-6)	

i) Controls	i) Assurances (inc. positive)	ii) Controls	ii) Assurances (inc. positive)	iii) Controls	iii) Assurances (inc. positive)
Rollout of Quality Improvement Methodology (QSIR)	<ul style="list-style-type: none"> - Regular cohorts of QI training - QSIR tools available Trust wide - Governance Half-Days include improvement - Governance outputs reported through Care Group Governance 	Implementation of the Nervecentre EPR Programme	<ul style="list-style-type: none"> - Business case approval - Programme Board - Digital Sub-Committee - HNY EPR Board (ICB joint working) - Project team appointments - Training plan 	Building of commercial research team	<ul style="list-style-type: none"> - Establishment of commercial research team - Collaboration agreements with Contract Research Organisations (CROs)
Data for improvement	<ul style="list-style-type: none"> - Availability of data on Signal - Improvements to Trust Priorities Report 	Joint working with partners across ICB for system-wide transformation	<ul style="list-style-type: none"> - Cancer Board - Elective Recovery Board - Community Improvement Group 	Continuation and expansion of Research Delivery	<ul style="list-style-type: none"> - Partnerships with universities - Research leads and time assigned for Principal Investigators
Transformation programmes with programme governance and infrastructure	<ul style="list-style-type: none"> - Programmes established including: <ul style="list-style-type: none"> - <i>Maternity Assurance Group</i> - <i>Community Diagnostic Centres</i> - <i>Urgent Care Improvement Programme</i> - <i>Urgency and Emergency Care Centre</i> 	Annual Planning and Strategy Development	<ul style="list-style-type: none"> - Annual planning process to develop change and transformation priorities and initiatives in specialties - Joint meetings with ICB and Place during planning round to manage risks and ensure alignment of policy requirements. 	Growth of coastal research capacity to create research and implement findings related to inequalities	<ul style="list-style-type: none"> - Establishment of Scarborough Coastal Health and Care Research Healthcare Collaborative (SHARC) - Partnerships with VCSE organisations

Mitigating Actions To Address Gaps	Progress Update	Action Owner	Target Date	<table border="1"> <tr> <th colspan="3">Target Risk (After Actions Implemented)</th> </tr> <tr> <th>I</th> <th>L</th> <th>Rating I x L</th> </tr> <tr> <td>TBC</td> <td>TBC</td> <td>TBC</td> </tr> </table>	Target Risk (After Actions Implemented)			I	L	Rating I x L	TBC	TBC	TBC
Target Risk (After Actions Implemented)													
I	L	Rating I x L											
TBC	TBC	TBC											
NHS Impact Actions and establishment of continuous improvement culture	TBC	Adele Coulthard	TBC										
Resource and focus on innovation	Research and Innovation Strategy to be finalised	Lydia Harris/Adele Coulthard	TBC										
Creation and alignment of supporting strategies to Trust Strategy	Supporting Strategies in development. Following approval of the Trust supporting strategies will go through engagement and governance processes	Tilly Poole	TBC										
Full establishment of EPR Project Team	Clinical Lead roles advertised	James Hawkins	TBC										

Ref PR5 Board Assurance Framework (BAF)

Ref: PR5	Strategic Objective: To use resources to deliver healthcare today without compromising the health of future generations	PRINCIPAL RISK 5: Failure to maintain and transform services to deliver the Trust's green plan and sustainability agenda.	Risk Score: 12
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Causes – What must happen for the risk to occur? - Failure to transform sufficiently within the current resource limits - Availability of resources compromising the ability to deliver sustainably - Scarcity of specialist local services leading to more patient visits to main site and thereby challenging sustainability targets	Consequences – If the risk occurs, what is its impact? - Trust's green plan targets not achieved - Loss of reputation and regulator attention - Contribution to recruitment issues in securing new talent to join the Trust
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Executive Risk Owner: Director of Finance	Assurance Committee: Resources Committee	Date Added to 2024/25 BAF: January 2025
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Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	N/A	N/A	12	TBD
4	4	16	4	3	12	CAUTIOUS (8-9)	OUT OF APPETITE	Risk Appetite	CAUTIOUS (8-9)	CAUTIOUS (8-9)	CAUTIOUS (8-9)	CAUTIOUS (8-9)

i) Controls	i) Assurances (inc. Positive)	ii) Controls	ii) Assurances (inc. Positive)	iii) Controls	iii) Assurances (inc. Positive)
External grant and match funding opportunities to help improve capital and infrastructure to better sustainable and energy saving standards	- NHSE and ICB informing of grant opportunities, horizon scanning, for example:- <ul style="list-style-type: none"> PSDS NEEF Other opportunities including through our local/regional partnerships 	Sustainable Development Group as the lead meeting to support delivery of the Green Plan targets, aims and outcomes across the Trust, delivered through each workstream (as seen in the Green Plan).	- Senior Lead owner of each Green Plan workstream and theme - Monthly 1-2-1 with the Finance Director in his role as the Executive Sustainability lead <i>Gap – Development of these workstreams at pace remains a key risk until the Head of Sustainability is assured of these being setup and delivering.</i>	Sustainability Quarterly Assurance reports to Resources Committee, Executive Committee and YTHFM Management Group	- Resources and Executive Committee Reporting Sept, Dec 2024 - YTHFM Management Group reporting Sept, Dec 2024 <i>Gap – all workstreams are not currently in place.</i>
Sustainability Team delivering the green agenda across the Trust	- Green Plan approved at Board March 2024, progress reported quarterly to Resources Committee Sept, Dec 2024 Green Champions network - Travel Plan approved Executive Committee Dec 2024 - Developing external partnerships - Following external funding sources and support				
Sustainable Design Guide	- BREEM standards embedded in the Capital Team - Scarborough UEC delivery <i>Gap – the YTHFM Capital Projects' guidance is comprehensive so there needs to be greater understanding</i>	Delivery of the revised Trust Staff Travel Plan	The travel plan is to set forward a number of initiatives to promote sustainable travel across the Trust <i>Gap – Staff Travel Plan does not control patient travel but can only influence it. This impacts on our 2045 carbon footprint targets.</i>	Ongoing staff communications and promotion to keep staff informed and motivated to do what they can to embed sustainability into their work.	- Trust Communication on green plan interventions - York & Scarborough Hospitals Charity partnerships

Mitigating Actions To Address Gaps	Progress Update	Action Owner	Target Date	Target Risk (After Actions Implemented)		
What actions will further mitigate the risk and its identified rating?	What is the current progress to date in achieving the action identified?	Who is the action owner?	When does the action take effect?	I	L	Rating I x L
Staff Travel Plan Implementation	Working with the Referral Support Service regarding appointments, ICB to review the Patient Transport Service and working with Local Authorities and bus operators to continue with staff bus discount offer.	Daniel Braidley/Graham Titchener	Review March 2025	4	2	8
Review of YTHFM Capital Projects' Sustainability Design Guide against the NHSE Net Zero building Standard	Head of Capital projects supported by a new starter qualified in sustainability to incorporate the best guidance into future Capital Projects.	Andrew Bennett	Review June 2025			
Sustainability Quarterly Assurance Reports	Once the workstreams are in place these reports will better reflect the Trusts position in meeting the Green Plan ambitions and targets, further informed through the developing Green Champions network.	Graham Titchener	Review June 2025			

Ref PR6a Board Assurance Framework (BAF)

Ref: PR6a	Strategic Objective: To be well led with effective governance and sound finance	PRINCIPAL RISK 6: Failure to deliver financial balance to deliver the 2024/25 annual plan of the Trust's Strategy 2025-2030.	Risk Score: 25
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Causes – What must happen for the risk to occur? <ul style="list-style-type: none"> - Failure to achieve the annual financial plan through inadequate income allocations, poor income recovery, lack of expenditure control, non-delivery of the efficiency programme and unaffordable investment decisions. - Cashflow difficulties - Inadequate capital funding to meet all infrastructure backlog repair priorities and new investment requirements 	Consequences – If the risk occurs, what is its impact? <ul style="list-style-type: none"> - Trust entering SOF4 arrangements and special measures scrutiny - Not achieving the Trust's part of the ICB overall financial balance (system failure consequence) - Externally imposed financial recovery plan - Potential reduction in service quality and safety - Reputation impact on the Trust - Site infrastructure failure - Loss of autonomy and control
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Executive Risk Owner: Director of Finance	Assurance Committee: Resources Committee	Date Added to 2024/25 BAF: January 2025
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Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	N/A	N/A	25	TBD
5	5	25	5	5	25	OPEN (10-12)	OUTSIDE APPETITE	Risk Appetite	OPEN (10-12)	OPEN (10-12)	OPEN (10-12)	OPEN (10-12)

i) Controls	i) Assurances (inc. Positive)	ii) Controls	ii) Assurances (inc. Positive)	iii) Controls	iii) Assurances (inc. Positive)
Annual business planning process including Board plan sign-off, triangulation with ICB and ICS and ultimate NHSE approval.	- Business plan, Board progress updates - ICB plan working groups - Internal Audit Reports 2024-25	Expenditure control - business case process <i>Gap – Unplanned expenditure commitments outside of process</i>	- Business Case manual and register - Internal audit report - SFI Business Case approval hierarchy	Overspend monitoring against approved scheme sums	- Scheme sum variation process - Scheme expenditure CPEG reports
Monitoring and reporting of I&E plan	- TPR Board and Committee reporting 2024-25 - PFR monthly to NHSE - Care Group PRIMs and FRMs	Efficiency delivery – managed by Corporate Efficiency Team <i>Gap – insufficient scheme content</i>	- TPR Board, Committee and EDG reporting 2024-25 - PFR monthly to NHSE - Care Group PRIMs and FRMs	Management of national PDC schemes to required timelines (year-end cut-off deadlines)	- CPEG reporting 2024-25 - ICS/NHSE ad hoc reports
Income control - income contract variation process <i>Gap – unplanned income reduction</i>	- Income adjustment form register - TPR Board and Committee reporting	Cash flow monitoring. Cash working group. Monthly debtors and creditors review.	- Monthly debtor and creditor dashboard - Trend data and forecast data in TPR - Better Payment Practice in TPR	Backlog maintenance prioritisation <i>Gap – lack of understanding of full backlog requirements</i>	- Capital Investment needs schedules - Prioritisation scoring process - EC and Board sign off April 2024
Expenditure control - scheme of delegation, standing financial instructions, segregation of duties.	- SFIs Board approved - Written prime budget holders' approval - System enforcements and no PO no Pay	Capital planning process – preparation and sign off programme	- Capital Investment needs schedules - Prioritisation scoring process - EC and Board sign off April 2024		
Expenditure control - staff leaver process and Vacancy Control <i>Gaps – payroll untimely informed of leavers</i>	- Salary overpayment recovery policy - Staff Reports, REACH reporting - Enhanced Vacancy Control Panel 2024-25	Routine monitoring and reporting against capital programme	- TPR Board and Committee reporting 2024-25 - CPEG reporting - ICS/NHSE ad hoc reports		

Mitigating Actions To Address Gaps	Progress Update	Action Owner	Target Date	Target Risk (After Actions Implemented)		
What actions will further mitigate the risk and its identified rating?	What is the current progress to date in achieving the action identified?	Who is the action owner?	When does the action take effect?	I	L	Rating I x L
Unplanned income or spend change – CG and Corp Dir reminders	As part of the 25/26 budget sign off process a specific reminder will be issued requiring signature	Andrew Bertram	April 2025			
Payroll improvement project to tackle under & over payments - Deloitte	Improvement work commenced. National programme. Action plan coming to February 2025 Exec Com.	Andrew Bertram	February 2025	4	4	16
Insufficient efficiency programme – ICS work, Grant Thornton, NHSE.	Difficult decisions with consequences identified. QIA underway. ICB coordinated work.	Andrew Bertram	Ongoing for 24/25 and 25/26 plans	Next Review		
6 Facet Survey to be completed to identify full backlog maintenance reqs.	Market engagement started for a service provider. Funding identification work underway.	A Bertram/Penny Gilyard	Q4 2024/25 target start	Page 1276 Q4 - Mar 2025		

Ref PR6b Board Assurance Framework (BAF)

Ref: PR6b	Strategic Objective: To be well led with effective governance and sound finance	PRINCIPAL RISK 6: <i>Failure to demonstrate effective governance to achieve the Trust's Strategy.</i>	Risk Score: 9
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Causes – What must happen for the risk to occur? - Failure to achieve a satisfactory CQC well-led rating - Inadequate escalation governance processes - Trust Leadership and staff not held to account effectively	- Poorly structured and defined governance forums from ‘Ward to Board’ - Unclear accountabilities and responsibilities of Trust leadership and Staff - Insufficient grip on the governance of data	Consequences – If the risk occurs, what is its impact? - Regulatory well-led scrutiny on the Trust leadership, staff and governance processes - Trust resources not used effectively and efficiently in achieving the Trust’s strategy - Quality of patient care and experience is not at the level achieved	- Decision-making not consistent with achieving Trust goals - Risks and issues not managed effecting patient care - Poor staff morale
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Executive Risk Owner: Chief Executive	Assurance Committee: All Committees	Date Added to 2024/25 BAF: January 2025
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Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	N/A	N/A	9	TBD
5	4	20	3	3	9	OPEN (10-12)	INSIDE APPETITE	OPEN (10-12)	OPEN (10-12)	OPEN (10-12)	OPEN (10-12)	

i) Controls	i) Assurances (inc Positive)	ii) Controls	ii) Assurances (inc Positive)	iii) Controls	iii) Assurances (inc Positive)
Monthly Trust Board of Directors reporting	- Approved Standing Orders and work programme (Jan 2024) papers, minutes and action logs <i>Gap - Committee effectiveness reviews</i>	Patient Experience and Clinical Effectiveness Sub-Committees	- Approved terms of reference and work programmes (Jan 2024) - All Committee reporting papers, minutes, action logs Apr 2024-Jan 2025	Role job descriptions and annual appraisal processes	- 88% staff appraisals concluded for 2024
Trust constitution and governance framework: Scheme of Reservation and Delegation and Standing Financial Instructions	- Trust constitution and governance framework approved by Board of Directors, delivered through all Committees January 2024 to date	Performance Review and Improvement Meetings (PRIM) with Care Groups	- Monthly letters of meeting outcomes and actions to Care Groups for action - Escalation reporting to Executive Committee for lessons learnt	Line Management Development Programme	- Line managers undertaken the line management training programme as at Jan 2025
- Monthly Quality and Resources Committees - Bi-monthly Executive Committee - Quarterly Audit Committee	- Committees' terms of reference and work programmes (approved January 2024) - All Committee reporting papers, minutes and action logs Apr 2024-Jan 2025	Committee escalation processes and flow of information across governance forums	- Quality, Resources, and Audit Committee escalation reports to Board of Directors - Care Group reporting escalations to Executive Committee April 2024-Jan 2025	Business Intelligence data reporting processes	- Signal ‘real-time’ reporting - Trust Priorities Report (TPR) monthly reporting to Board, Quality, Resources and Executive Committees Apr 2024-to date
- Risk Management Strategy and Policy and Datix system - DSPT submission and cyber security management	- Board Approved January 2025 - BAF, Corporate Risk, Care Group and speciality risk registers Apr 2024-Jan 2025 - SIRO board report Sept 2024	Care Group governance forums (quality, performance, finance, workforce, risk)	<i>Gap - Approved consistent terms of reference and work programmes across all Care Groups</i> - Care Group reporting papers, minutes, action logs Apr 2024-Jan 2025	CQC ‘Journey To Excellence’ programme and relationship management meetings	- Journey to Excellence monthly meeting Apr 2024-Jan 2025 - Journey to Excellence action plan outcomes evidence submitted to CQC Apr 2024-Jan 25

Mitigating Actions To Address Gaps	Progress Update	Action Owner	Target Date	Target Risk (After Actions Implemented)		
What actions will further mitigate the risk and its identified rating?	What is the current progress to date in achieving the action identified?	Who is the action owner?	When does the action take effect?	I	L	Rating I x L
Committee Effectiveness Reviews next steps to implement	Committee Effectiveness Reviews self-assessments underway and full reviews to conclude Q4 2024/25	Mike Taylor	February 2025	2	3	6
Consistent Care Group governance terms of reference for Quality, Performance, Finance and Risk forums	Accountability framework being developed for Care Group engagement	Mike Taylor	April 2025			
Well-led external assessment next steps to implement	External well-led assessment currently being commissioned to commence May 2025	Mike Taylor	October 2025			

Severity/Impact Descriptors

Severity score (severity levels) and examples of descriptors - this is not an exhaustive list					
Domains	1 No Harm	2 Minor Harm	3 Moderate Harm	4 Severe Harm	5 Catastrophic Harm
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days. Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death(s) Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality / complaints / audit	Peripheral element of treatment or service suboptimal Informal complaint /inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources / organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff On-going unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an on-going basis

Severity/Impact Descriptors (cont'd)

Severity score (severity levels) and examples of descriptors - this is not an exhaustive list					
Domains	1 No Harm	2 Minor Harm	3 Moderate Harm	4 Severe Harm	5 Catastrophic Harm
Statutory duty / inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating, critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity / reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives / projects	Cost increase /schedule slippage <1% over project budget /plan	Cost increase /schedule slippage >1<5% over project budget /plan	Cost increase/schedule slippage >5<10 % over project budget /plan	Cost increase/schedule slippage >10<25 % over project budget /plan Key objectives not met	Cost increase /schedule slippage >25% over project budget /plan Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective /Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results , Claim(s) >£1 million
Service / business interruption Environmental impact	Loss or interruption of >1 hour Minimal or no impact on the environment	Loss or interruption of >4 hours Minor impact on environment	Loss or interruption of >1 day Moderate impact on environment	Loss or interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Likelihood Descriptors

	1	2	3	4	5
Descriptor	Extremely Unlikely	Unlikely	Possible	Somewhat Likely	Very Likely
Frequency (general) How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency (timeframe)	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability Will it happen or not	<5 per cent	6-25 per cent	26-50 per cent	51-75 per cent	76-100 per cent

Report to:	Board of Directors
Date of Meeting:	29 January 2025
Subject:	Corporate Governance Framework
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 Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input checked="" type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <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
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Equality, Diversity and Inclusion requirements
 This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability
 This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust’s Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:
 The Board of Directors is asked to approve the amendments to the Trust’s Constitution, Reservation of Powers and Scheme of Delegation and the Standing Financial Instructions (SFIs).

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	Date	Outcome/Recommendation
Trust Constitution		
Group Audit Committee	10 December 2024	Noted
Council of Governors	11 December 2024	Approved
Reservation of Powers and Scheme of Delegation and the SFIs		
Group Audit Committee	10 December 2024	Noted

Corporate Governance Framework

1. Introduction

The Trust constitution is reviewed annually for any amendments required regarding how the Trust is governed.

Any amendments to the constitution are required to be approved by both the Council of Governors and the Board of Directors.

This process is aligned to the review of the governance framework of the Trust:

- Reservation of Powers and Scheme of Delegation
- Standing Financial Instructions
- Standing Orders

2. Constitution Review

The below constitution amendments are requested to be made following discussion and recommendation at the Constitution Review Group and Council of Governors. These changes refer to the functions of the Trust in addition to the following:

4. FUNCTIONS

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

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

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

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

These specifically are:

Ref	Proposed Wording
Section 4 - Functions	Co-operation with Health Bodies - In exercising its functions, the Foundation Trust shall co-operate with all appropriate health and social care bodies and work in collaboration through the Integrated Care System.

New Section added - 4.5	
Section 4 – Functions	Openness - In conducting its affairs, the Foundation Trust shall have regard to the need to provide information to members and conduct its affairs in an open and accessible way and comply with the NHS Constitution.
New Section added - 4.6	

3. Reservation of Powers and Scheme of Delegation

The Trust's reservation of powers and scheme of delegation have been revised as follows (additions in bold):

Area	Section and Amendment
Page 10 – Summary of Delegated Authorities	<p>Virements</p> <p>Delegated to – Care Group or Directorate Finance Manager Heads of Finance</p> <p>Amount – Up to £50k £200k</p> <p>Delegated to – Finance Director – Over £50k £200k</p>
Page 11 – Summary of Delegated Authorities	<p>Non-pay expenditure for which no specific budget has been established and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above).</p>
Non-pay revenue expenditure within budgets	<p>Delegated to: Up to £200k Finance Director Heads of Finance Over £200k Finance Director</p>
Page 14/15 - Summary of Delegated Authorities	<p>Quotations Head Deputy Director of Procurement – Up to £75k</p>
Quotations, Tendering and Contracts	<p>Tenders <i>Obtaining a minimum of 3 written competitive tenders for goods/services over £75 (£25k for YTHFM)</i></p> <p>Delegated to – Scope of Delegation Deputy Head of Corporate Finance Director of Procurement – Over £50k Up to £213k</p> <p>Delegated to - Scope of Delegation CPEG – Up to £2.5m Trust Board – Over £2.5m</p> <p>Waiving of quotations and tenders subject to SFIs and SOs (including approval of single tenders)</p> <p>Delegated to - Scope of Delegation Not required – Under £75k</p>

	<p>Delegated to - Scope of Delegation Head Director of Procurement – Under 50K Up to £213k</p> <p>Delegated to - Scope of Delegation Chief Executive (or Finance Director for absence) – Over 50k Up to £3m</p> <p>Delegated to – Scope of Delegation Executive Committee – Up to £5m</p> <p>Delegated to - Scope of Delegation Trust Board – Over £5m</p> <p>Opening tenders – manual Associate Director of Corporate Governance – Any Value</p> <p>Opening electronic tenders Head Director of Procurement</p> <p>Acceptance of quotations / tenders and permission to consider late quotations</p> <p>Delegated to - Scope of Delegation Head Director of Procurement – under £500k</p> <p>Acceptance of tenders or permission to consider late tenders Delegated to - Scope of Delegation Chief Executive - over £500k</p> <p>Accepting contracts and signing relevant documentation Delegated to - Scope of Delegation Head Director of Procurement - Up to the published UK procurement threshold (£214,904)</p> <p>Delegated to - Scope of Delegation Chief Executive (or Finance Director if absent) Over £50k Above the published UK procurement threshold</p> <p>Delegated to - Scope of Delegation Trust Board >£5m</p>
<p>Page 18 - Summary of Delegated Authorities</p> <p>Provision of Services to other organisations</p>	<p>Signing agreement with other organisations and individuals Delegated to - Scope of Delegation Heads of Finance - Up to £500k</p> <p>Finance Director - Over £500k</p>
<p>Page 19 – Annual Report and Accounts</p>	<p>Implementation of internal and external audit recommendations Delegated to Finance Director Appropriate Executive Director</p>

Page 19 – Personnel and Pay	<p>Uplift of starting salary (medical staff) Lead Clinician Medical Director in conjunction with Medical Staffing</p> <p>Rent and House Purchases: Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)</p> <p>Finance Director Medical Director Deputy Director of Workforce</p> <p>Booking of bank and agency staff Delegated to - Scope of Delegation Matrons agency, off framework agency – Chief Nurse - Nursing</p> <p>Prime budget holder for bank, agency – Chief Executive - Clerical</p>
Page 25 - Engagement of Trust’s Solicitors	All Directors, Associate Director of Corporate Governance, Deputy Director of Healthcare Governance, Head Director of Procurement, Deputy Director of Workforce Head of Employee Relations and Engagement
Minor wording corrections	

4. Standing Financial Instructions

The Trust’s SFIs have been revised as follows (additions in bold):

Area	Section and Amendment
Page 4 – Annual Accounts and Reports	The Trust will publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with NHS England FT Annual Reporting Manual (FT ARM) and the DHSC Group Accounting Manual (GAM).
Page 31 – 9.5 Tenderin g Quotation and Contract Procedur e	<p>9.5.2 Formal tendering procedures may be waived by officers for whom powers have been delegated by the Chief Executive through the Scheme of Delegation where one or more of the following applies:</p> <p>(a) The estimated expenditure or income does not, or is not reasonably expected to, exceed £50,000 £75,000 (this figure is reviewed annually).</p> <p>(b) A contract which was sourced by competitive selection or via a framework either by the Trust or by agencies such as the Crown Commercial Service, NHS Supply Chain or another commercial procurement collaborative acting on behalf of an NHS organisation;</p> <p>(c) Where the supply of the proposed goods or service is under special arrangements by any Government Agency (e.g. Construction Works and Associated Services 2 (CWAS2) /</p>

	<p>ProCure 23 (P23)). Procure 22 as it applies to construction contracts</p> <p>(d) Where specifically excluded under Regulation 10 of the UK Public Contracts Regulations 2015 or an exempted contract as defined by the Procurement Act 2023.</p> <p>9.5.3 The negotiated procedure without the prior publication of a contract notice (a Single Tender Action waiver - STA) may be used in the following circumstances but should not be used to avoid competition or for administrative convenience:</p> <ul style="list-style-type: none"> a) Chief Executive Directive - The CEO understands the risk of non-compliance but issues directive to proceed due to organisational need. Requires CFO agreement also. b) Continuity of Service - Where services / works have commenced with one supplier, and it would be economically unviable to change suppliers / incompatibility or disproportionate technical difficulties. c) Legal Advice - Due to the nature of the legal advice required the Trust is unable to select through competition the legal firm spend occurs with. d) Nationally Funded Programme - National funding comes with a directive that a specific supplier is used. e) Only Supplier - It can be evidenced that there is only one supplier who is able to provide the goods, services or works such as maintenance undertaken by the Original Equipment Manufacturer (OEM) to maintain the warranty. f) Standardisation - When for Clinical/Operational reasons it is deemed appropriate to standardise on a particular product (but the absence of competition is not due to artificial narrowing of potential supply options). g) Urgent Requirement - Where timescales preclude a competitive process due to extreme urgency (but a failure to plan is not regarded as a justification). <p>Where a responsible officer decides that competitive tendering is not applicable and should be waived by virtue of the above, details should be recorded on the Single Tender Approval Form (available on the intranet) and submitted as directed.</p> <p>9.5.6 Where the formal tendering procedures are waived under 9.5.2 above (i.e. below £50,000 £75,000) but the value of the goods / services or works is greater than £30,000 (inc VAT) then at least 3 suppliers shall be invited to quote with the results of these quotes to be recorded. Ideally the quotation process used should be done using any 'quick quote' process and using an appropriate eProcurement tool. (e.g. Multiquote or Atamis).</p>
Annex 1 – UK Thresholds	These thresholds apply from 1 January 2024.

	Contract type	New threshold	
		Inclusive of VAT	
	Public works	£5,372,609 £5,336,937	
	Public service and supply awarded by central government authorities, and their design contests	£139,688 £138,760	
	Public service and supply awarded by sub-central contracting authorities, and their design contests	£214,904 £213,477	
Minor wording and referencing corrections			

There are no amendments to the Trust's Standing Orders.

5. Recommendation

The Board of Directors is asked to approve the amendments to the Trust's Constitution, Reservation of Powers and Scheme of Delegation and the Standing Financial Instructions (SFIs).