

Agenda

Council of Governors (Meeting held in Public)

Thursday 13 March 2025

Malton Rugby Club, YO17 7EY

at 10.00am



COUNCIL OF GOVERNORS MEETING

The programme for the next meeting of the Council of Governors will take place:

On: Thursday 13 March 2025

Venue: Malton Rugby Club, YO17 7EY

TIME	MEETING	LOCATION	ATTENDEES
09.15 – 10.00	Governors meet General Public	Malton Rugby Club	Council of Governors Members of the Public
10.00 – 13.00	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors Members of the Public
13.30 – 15.00	Private Council of Governors	Malton Rugby Club	Council of Governors Non-executive Directors



Council of Governors (Public) Agenda (13.03.25)

SUBJECT	LEAD	PAPER	PAGE	TIME
1. Introduction, apologies for absence and quorum To receive any apologies for absence	Chair	Verbal	-	10.00 – 10.05
2. Declaration of Interests To receive any changes to the register of declarations of interest	Chair	Enclosed	6	
3. Minutes of the meeting held on 11 December 2024 To receive and approve the minutes from the above meeting	Chair	Enclosed	11	
4. Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	Enclosed	18	
5. Chief Executive's Update To receive a report from the Chief Executive	Chief Executive	Enclosed	19	10.05 – 10.25
6. Chair's Report To receive a report from the Chair	Chair	Enclosed	24	10.25 – 10.30
7. Questions received from the public To discuss and answer the questions received from the public	Chair	Enclosed	30	10.30 – 10.30

SUBJECT	LEAD	PAPER	PAGE	TIME
8 Trust Travel Plan <i>(CoG request)</i>	Environmental & Sustainability Officer/Head of Resources Support	Enclosed	32	10.30 – 10.45
To receive an update on the latest Trust Travel Plan				
9 Performance Report <i>(to inc F&F test info CoG request)</i>	Chief Operating Officer, Chief Nurse	Enclosed	144	10.45 – 11.15
To receive the latest Performance Report and Half Year Complaints Report				
BREAK 11.15 – 11.30				
10 CQC Visit <i>(CoG request)</i>	Chief Nurse	Enclosed	174	11.30 – 11.40
To receive an update on the recent CQC visit				
11 NED Assurance Questions	NEDs	Enclosed	193	11.40 – 11.55
To receive an update from the NEDs				
12 Reports from Board Committee Chairs	Chairs of the Committees	Enclosed	196	11.55 – 12.15
12.1 Quality Committee				
12.2 Resources Committee				
12.3 Audit Committee				
13 Elections for vacant Governor Positions	Asso. Dir. Of Corporate Governance	Enclosed	206	12.15 – 12.30
To receive a report on the upcoming governor elections				
14 Governors Activities Report	Governors	Enclosed	209	12.30 – 12.45
To receive a report from the governors on their activities including an update re Patient Experience Group				

	SUBJECT	LEAD	PAPER	PAGE	TIME
15	Public CoG Work Program To discuss and approve the Public CoG Work Program for 2025/26	Chair	Enclosed	213	12.45-12.55
16	Items to Note				12.55
	16.1 CoG Attendance Register		Enclosed	215	– 13.00
17	Time and Date of next meeting The next Council of Governors meeting will be held on Wednesday 11 June 2025				13.00

Speakers:

**Item 8 – Dan Braidley, Environmental & Sustainability Officer
Kevin Richardson, Head of Resources Support Services**

Additions:

Deletions:

Modifications:

Item 2

Register of Governors' interests

2024/25

Governors	Relevant and material interests						Other
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks.	Any connection with other organisations.
Rukmal Abeysekera (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Employee of University of York
Cllr Jonathan Bibb (Appointed: East Riding Council)	Nil	Nil	Nil	Councillor – East Riding	Councillor – East Riding	Councillor – East Riding	Member: Bridlington & Wolds Conservative Association. Member: Parker Home Trust. Member: Trevor Field Art Fund. Member: Police & Crime Panel
Rebecca Bradley (Staff: Community)	Nil	Nil	Nil	Nil	Nil	Nil	Temporary secondment alongside current post as Matron with NHS England
Mary Clark (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Cllr Liz Colling (Appointed: NYCC)	Nil	Nil	Nil	Councillor - NYCC	Councillor - NYCC	Councillor - NYCC	Trustee: CAB NY Governor & VC: Childhaven Nursery School Scarborough Chair: NY Constituency Ctte Scarborough & Whitby VC: NYCC Scrutiny of Health Committee Member: Scarborough Town Deal Board
Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Member of the York Sight Loss Council
Abbi Denyer (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Adnan Faraj (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Paul Gibson (Public: East Coast)	Nil	Nil	Nil	Chair for Humber Primary Care PPG	Nil	Nil	Member Bridlington Health Forum
James Hayward (Public: East Coast)	NED Government Facilities Services Ltd Engineering	James D Hayward Building Services	Yes	Nil	Nil	Nil	Nil
Graham Healey (Staff: Scarborough & Bridlington)							
Gary Kitching (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Wendy Loveday (Public: Selby)	Nil	Shareholder in Fleetways Taxis which is on the Trust's procurement system.	Nil	Nil	Nil	Nil	Nil

Elizabeth McPherson (Appointed: CarersPlus)	CEO - CarersPlus	Nil	Nil	CEO - CarersPlus	CEO - CarersPlus	Nil	Nil
Jill Quinn (Appointed: Dementia Forward)	CEO – Dementia Forward	Nil	Nil	CEO – Dementia Forward Trustee – The Place in Settle	CEO – Dementia Forward	Nil	As stated
Gerry Richardson (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Nil	Employee of University of York
Michael Reakes (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	Member - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory). Member - Patient and Public Involvement at the University of York, researching Health Inequality. Lay Member – Trust's Research & Development Panel
Cllr Jason Rose (Appointed: CYC)	Nil	Nil	Nil	Councillor – NYC	Councillor – NYC	Councillor - NYC	Nil
Ros Shaw (Public: York)	Director of Conbrio Ltd	Nil	Nil	Nil	Nil	Nil	Nil
Julie Southwell (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Catherine Thompson (Public: Hambleton)	Nil	Director of Catherine Thompson Consulting Ltd.	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership	Nil
Franco Villani (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

<p>Linda Wild (Public: East Coast of Yorkshire)</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Councillor: Whitby Town. Chair of Finance, Policy & General-Purpose Committee (WTC) Chair of Human Resources Committee (WTC) Chair of Pannett Art Gallery Committee (WTC) Chair of Trustees Whitby Lobster Hatchery Trustee of United Charities, Board Member - Whitby Town Deal Board, Member of Esk Valley Medical Practice Patient Participation Group RNL volunteer</p>
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Minutes

Public Council of Governors Meeting 11 December 2024

Chair: Martin Barkley

Public Governors:

Rukmal Abeysekera, City of York; Mary Clark, City of York; Ros Shaw, City of York; Michael Reakes, City of York; Paul Gibson, East Coast of Yorkshire; Wendy Loveday, Selby; Catherine Thompson, Hambleton

Appointed Governors: Gerry Richardson, University of York; Cllr Jonathan Bibb, ERYC; Cllr Jason Rose, CYC; Elizabeth McPherson, Carers Plus; Cllr Liz Colling, NYCC

Staff Governors: Abbi Denyer, York; Julie Southwell, York; Gary Kitching, York; Franco Villani, Scarborough/Bridlington; Rebecca Bradley, Community

Attendance: Simon Morritt, Chief Executive; Andrew Bertram, Finance Director; Claire Hansen, Chief Operating Officer; Lucy Brown, Director of Communications; Jim Dillon, NED; Lynne Mellor, NED; Lorraine Boyd, NED; Helen Grantham, NED; Julie Charge, NED; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Presenters: Graham Titchener (item 8)

Public: 4 members of the public attended

Apologies: Beth Dale, City of York; Linda Wild, East Coast of Yorkshire; James Hayward, East Coast of Yorkshire; Jill Quinn, Dementia Forward; Adnan Faraj, Scarborough/Bridlington; Graham Healey, Scarborough/Bridlington; Dawn Parkes, Chief Nurse; Jenny McAleese, NED; Steve Holmberg, NED; Matt Morgan, NED

24/46 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate.

24/47 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest.

24/48 Minutes of the meeting held on the 11 September 2024

The minutes of the meeting held on the 11 September 2024 were agreed as a correct record.

24/49 Matters arising from the Minutes

Action Log

- **Ref: 23/49:** The next Constituency meeting is at the Galtres Centre, Ryedale & EY, on 22 January 2025, followed by the East Coast Constituency meeting on 6 March 2025 in the Lecture Theatre, Scarborough Hospital. Action closed.
- **Ref: 24/05:** A meeting with the Change Makers has been arranged for 15 November 2024 and a follow up one will be arranged in the new year. Action closed.
- **Ref: 24/26:** Information on Maternity improvements over a longer period of time has been provided to the governors. Action closed.

24/50 Chief Executive's Report

Mr Morritt gave a summary of his report which had previously been circulated with the agenda and asked for any questions.

The Council raised the following points:

- Has the GPs action of working to their contract impacted our services? Mr Morritt replied that it has had some impact on our services, especially phlebotomy, and they are seeing more referrals.
- Is there a separate Paediatric waiting area in the new UECC at Scarborough. Mr Morritt confirmed that there is.
- How come the NHS do not standardise systems? Mr Morritt replied that we have alignment where we can, but it also allows some choice in the service.

The Council:

- **Received the report and noted its contents.**

24/51 Chair's Report

Mr Barkley gave an overview of his report which had previously been circulated with the agenda. The Council raised no further points.

The Council:

- **Received the report and noted its contents.**

24/52 Questions received from the Public

Mr Barkley stated that the questions received from the public have been answered in the agenda pack that was published on the Trust website. He added that:

- in relation to Question 3 about staff speak ups, the Board is holding a session on this to discuss it in depth.
- With regard to Haematology, a detailed briefing paper has been sent to all governors on the reasons for the changes to Haematology.
- In relation to travel and transport, these issues are mainly dealt with by the Travel & Transport Committee which feeds into the Sustainable Development Group. This group will then escalate any issues to the Executive Committee.

The Council:

- **Received the report and noted its contents.**

24/53 The Green Plan

A presentation was given by Mr Titchener around sustainability and Net Zero Goals. He spoke about the various initiatives they are working on, including LED lighting, electric vehicles, reducing clinical emissions, single-use items, carbon emissions and energy consumption. He spoke about the travel and transport initiatives, including Park and Ride, Cycle Parking and Public Transport subsidies for staff.

The Council raised the following points:

- In your data it states that Staff commute, patient and visitor travel accounts for 16% of our NHS Carbon Footprint Plus. Does that include all patients travelling to and from hospital? Mr Titchener replied that they do not control patient transport or patient numbers but can influence where patients are treated and encourage treatment closer to home. This will also reduce the number of patients who don't attend their appointments. This is still work in progress.
- Your data states that the largest component of our NHS Carbon Footprint Plus is medicines and chemicals at 34% which you want to reduce to 5-10%. How are you going to achieve this? Mr Titchener replied that an action plan has been produced showing different workstreams and the targets to aspire to. He is also looking for outside funding to initiate some of the plans. It is very much a work in progress.
- It was also highlighted the cost strain of public transport for patients and asked if anything was being done to alleviate this. Mr Titchener replied that there were initiatives in the pipeline, and they were seeking external funding in order to implement.
- In the document it asks a few times for governor involvement. How would you like the governors to support your strategy? Mr Titchener replied that the governors could discuss the green plan and email him with any suggestions to consider. Mrs Astley will provide the governors with the email address of Mr Titchener and Mr Braidley.

The Council:

- **Received the report and noted its contents.**

Action: Mrs Astley to provide the governors with the email address of Mr Titchener and Mr Braidley.

24/54 Performance Report

Mr Barkley gave a summary of his report which had previously been circulated with the agenda and highlighted issues with patient flow, diagnostics, waiting lists, and staff surveys, emphasizing the importance of addressing these concerns to improve overall service quality.

Mr Bertram reported on the trust's financial position, highlighting the challenges in delivering the efficiency program and the impact of the unfunded pay award. They are working on managing cash flow and exploring additional funding streams to address the financial pressures. He also discussed the high efficiency expected in procurement, noting that the

organization has achieved some of the highest efficiency levels in this area and highlighted the importance of maintaining these standards. He emphasized the importance of managing costs while maintaining high service standards. The organization has seen improvements in cost management over the past year and highlighted the various initiatives aimed at creating efficiencies across the organization. He mentioned that these efforts are part of a broader strategy to improve overall operational efficiency.

He also highlighted the significant improvements in workforce management, particularly in nursing, better management of vacancies, and the reduction in agency spend. He noted that teamwork across departments had led to these improvements.

The Council also discussed the increase in patient complaints and asked for a breakdown by site/department to discuss at the next meeting. Mr Barkley agreed that the team will analyse and share the data at the next meeting.

Ms Hansen gave an update on Children's Speech and Language Therapy and the challenges they are facing, noting the significant increase in referrals, and the shortage of Speech & Language Therapists, and the innovative pathway work being done to address the long waiting times. They are working on a strategy to support families and improve access to services.

The Council:

- **Received the reports and noted their contents.**

Action: Mr Barkley to ask the Patient Complaints Team to analyse and share the data with Mr Barkley who will add to the next CoG agenda meeting.

24/55 NED Assurance Questions

Mr Barkley referred to the report that had previously been circulated as part of the agenda pack.

The Council raised no further questions.

The Council:

- **Received the report and noted its contents.**

24/56 Reports from Board Committee Chairs

Quality Committee

Mrs Boyd gave a summary of the report that had previously been circulated as part of the agenda pack and stated that the issues were the same as previous, i.e. patient experience and maternity. Addressing the Board to Ward assurance and vice versa, she advised that there were Care Group teams who attended each of the Board Sub-Committees to feedback on issues and discussed. This month a team from Surgery and Family Health attended.

The Council noted that in the maternity narrative there was no negative comments about the service and commended the efforts of the teams on progress.

Resources Committee

Mrs Mellor gave a summary of the report that had previously been circulated as part of the agenda pack and highlighted areas of concern, including UECC, Diagnostics, Waiting Lists, Elective Care, and Staff Survey. Deep dives have been carried out in some areas and the results are being analysed. The Optimal Care Service continues to make a difference, but it is still early days.

With regards to efficiency, improvement continues on the Cost Improvement Programme, from procurement of utilities and drugs to the reduction in agency staff, it is all making a difference.

The Council discussed the low uptake of the flu vaccination among staff and considered whether the data collected was accurate as it did not take into account those staff who were vaccinated elsewhere. A discussion took place around effective engagement strategies to encourage staff to get vaccinated to ensure staff and patient safety. Mr Morritt confirmed that the Trust does not receive information on those staff that choose to be vaccinated elsewhere. The information collected is from those staff who are vaccinated in house.

Audit Committee

Mrs Mellor gave a summary of the report that had previously been circulated as part of the agenda pack and highlighted that the completion of the recommended actions from Internal Audit remain a concern. It is ongoing.

The Council:

- **Received the report and noted its contents.**

24/57 Governors Activities Report

Ms Abeysekera gave a summary of her report which had previously been circulated with the agenda. She highlighted the achievements of the past year, and the Volunteer Award she presented at the Trust's Annual Excellence Awards evening. She mentioned the success of the "Change Makers" program and the attendance of two Changemakers at the recent Governor Forum. She also mentioned the ongoing engagement with the Council of Governors to ensure continuous improvement and accountability.

Ms Abeysekera paid tribute to the outstanding contributions of outgoing governors, Sue Smith and Alastair Faulkner, highlighting their dedication and impact on the Council of Governors. She expressed gratitude for their service and wished them well in their future endeavours.

No further comments were made.

The Council:

- **Received the report and noted its contents.**

24/58 Draft Trust Strategy

Mr Barkley discussed the draft strategy which had previously been circulated with the agenda. He emphasized the need for continuous engagement and feedback from the Council of Governors and encouraged them to provide suggestions for improvement before the final approval in January. He discussed the importance of the strategic objectives and the annual plan and informed the Council that it is the responsibility of the senior leadership

team to produce the Annual Plan and will be an agenda item for the June meeting of the Council of Governors for information. The final version of the strategy will be approved at the Board meeting in January and will be set for the foreseeable future.

The Council asked the Board to consider reviewing the annual plan every six months instead of annually against the strategy. Mr Barkley replied that they are reviewing the progress of the Annual Plan every quarter and will clarify this in the document.

The Council highlighted that on the list of sites some units are missing. Mr Bertram replied that the list is based on beds and a lot of the units in the community do not have beds.

The Council emphasized the need for the strategy to be evidence based and to get it right first time then the strategy will only need small tweaks to continue to be relevant.

The Council:

- **Received the report and noted its contents.**

Action: Governors to email any suggestions for improvement on the strategy document to Mrs Astley or Mr Barkley before January Board.

24/59 Draft Membership Strategy

Mrs Brown presented the membership strategy, focusing on recruiting diverse members and strengthening engagement. She highlighted the collaborative efforts of the membership development group, especially Mr Reakes as chair, and sought support for the proposed objectives and action plan.

The Council agreed the strategy and action plan. It was asked that the action plan be reviewed at each meeting of the Membership Development Group meeting to ensure progress was being made.

The Council:

- **Received the report and noted its contents.**
- **Approved the Membership Strategy.**

24/60 Corporate Governance Update

Mr Taylor gave a summary of his report which had previously been circulated with the agenda.

- **Constitution Amendments:** he proposed amendments to the Constitution to ensure alignment with the NHS Constitution and address concerns raised by public members. He sought approval for the changes, including the addition of voluntary sector collaboration under co-operation with health bodies. The amends to the constitution will be reported to the Board for approval and then he can make the amends.
- **Out of Hospital Care (OHC) Group:** the Council were asked if the OHC Group should continue, or the information be reported within the Performance Report. The Council unanimously voted to keep the OHC Group going with the need for robust support for the Group and the importance of maintaining consistent meetings and work plans. Mr Taylor replied that he is working with a member of the Family Health Care Group to devise a work plan for the OHC Group. He also informed that Mrs

McPherson has agreed to chair the Group. It was also noted that more governors were needed from each of the constitutions.

The Council also discussed changing the name of the Group to something more understandable. It was agreed to take it the next Governor Forum for discussion.

Mrs Hansen reminded the Council that the Trust only looks after community services in Vale of York and the Group may want to hear from our partners, such as YAS and Humber Teaching NHS FT.

The Council:

- **Received the report and noted its contents.**
- **Ratified the Constitution subject to the approved changes to be made by Mr Taylor.**

Action: Mr Taylor will make the approved amendments to the Constitution.

Action: All governors to consider becoming part of the OHC Group and inform Mrs Astley.

Action: Mrs Astley will add OHC change of name to the next Governor Forum Agenda.

24/61 Items to Note

The Council noted the following items:

- CoG Attendance Register

24/62 Time and Date of the next meeting

The next meeting is on Thursday 13 March 2024, Malton Rugby Club

Council of Governors

Action Log

BRAG ratings:		= Action is Complete
		= Action is not on Track
		= Action in jeopardy of missing due date
		= Action is on Target

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
Public CoG	24/53	11.12.24	Provide Governors with the email address of Mr Titchener and Mr Braidley to feedback on the Green Plan and Travel Plan.	Tracy Astley	11.03.25	Email addresses emailed to all Governors 17/12/24. Action closed.
Public CoG	24/54	11.12.24	Ask the Patient Complaints Team to analyse and share the data with Mr Barkley who will feedback at the next CoG meeting.	Martin Barkley	11.03.25	On CoG agenda as part of the Performance Report Action Closed.
Public CoG	24/58	11.12.24	Email any suggestions for improvement on the Trust Strategy to Mrs Astley/Mr Barkley before January Board.	Governors	29.01.25	Completed. Action closed.
Public CoG	24/60	11.12.24	Make the approved amendments to the Constitution.	Mike Taylor	11.03.25	Amendments completed and revised Constitution added to Trust website. Action closed.
Public CoG	24/60	11.12.24	Consider becoming part of the OHC Group and inform Mrs Astley.	Governors	28.02.25	Added to Feb GF Agenda for discussion. Action closed.
Public CoG	24/60	11.12.24	Add the following to the next Governor Forum agenda: - OHC Change of Name	Tracy Astley	12.02.25	Added to Feb GF Agenda for discussion. Action closed.

Report to:	Council of Governors
Date of Meeting:	13 March 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 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 type="checkbox"/> Quality Standards <input 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.

Recommendation:
 For the Council of Governors to note the report.

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

Meeting	Date	Outcome/Recommendation

Chief Executive's Report

1. Trust Strategy: 'Towards Excellence'

Our new Trust strategy 'Towards Excellence' was approved by the Board at its January meeting.

During 2024 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 included a number of workshops and discussions with the Council of Governors. A final draft was shared with all staff throughout November 2024 for comment, and was also shared with leaders from system partner organisations who were invited to give feedback before the final strategy was ratified by the Board.

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 strategy is available on our [website](#). Thank you to the Governors for your input into the strategy's development.

2. Operational pressures over winter

Since my last report to the Council of Governors in December 2024 we have experienced the peak of acute winter pressures, and all of the challenge that brings for the NHS.

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.

The usual increase in seasonal viruses arrived earlier than the previous year, adding to the pressures. 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 during this intensely busy time, we have focussed on discharge and ensuring discharge planning starts as early as possible following an admission.

To accelerate the number of discharges, and the quality of these, we have introduced a Discharge Sprint Team consisting of seven senior AHPs, nursing and two named consultant (one for York and one for Scarborough) colleagues.

The team will be initially focusing on the Medical Care Group ward footprint. Key actions include:

- Targeted intensive support daily board rounds in Medicine Care Group supporting ward teams.
- Supporting wards to achieve the minimum number of discharges per ward per day.
- The embedding of clinical Internal Professional Standards (IPS) across all specialities.

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.

Needless to say, it has been incredibly tough during this period, and I must thank every one of our colleagues who are working tremendously hard to provide safe care.

3. Planning guidance 2025/26

NHS England's Operational Priorities and Planning Guidance for 2025/26 was published on 30 January.

The overall number of national priorities has reduced to:

- reducing the time people wait for elective care.
- improving A&E waiting times and ambulance response times.
- improving patients' experience and access to general practice and urgent dental care.
- improving patient flow through mental health crisis and acute pathways, and improving access to children and young people's mental health services.

The key priorities in the guidance are:

- Improving health outcomes for all patients: ensuring better health and wellbeing.
- Enhancing patient experience: making services more accessible and patient-centred.
- Sustainable services: ensuring that health services can meet the needs of the population both now and in the future is crucial.
- Collaborative approaches: collaboration between health and local authorities is essential to address social determinants and improve community health.

In delivering on these priorities, partners must work together to:

- Drive the reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future. ICBs and providers must focus on reducing demand

through the development of Neighbourhood Health Service Models, making full use of digital tools to drive the shift from analogue to digital and addressing inequalities with a shift towards secondary prevention.

- Live within the budget allocated, reducing waste and improving productivity.
- Maintain our collective focus on overall quality and safety, paying particular attention to challenged and fragile services including maternity and neonatal services, delivering the key actions of the 'three-year delivery plan', and continuing to address variation in access, experience and outcomes.

Specifically on elective care, cancer and urgent care, the requirements are:

- To reduce the wait for elective care, ensuring 65% of patients receive elective treatment within 18 weeks by March 2026, with each trust delivering a minimum 5% improvement.
- For cancer, systems should aim for 75% compliance with the 62-day diagnosis standard and 80% with the 28-day Faster Diagnosis Standard by March 2026.
- To improve A&E waiting times and ambulance response times compared to 2024/25.
- By March 2026, at least 78% of patients should be seen within four hours in A&E. Category 2 ambulance response times should average no more than 30 minutes throughout 2025/26.

For the first time there is explicit reference to the potential need for difficult decisions to be made in relation to reducing or stopping activity in order to live within our means as a system, and that local leaders will be supported by NHS England the Government in doing so. This is a reflection of the continuing pressures on NHS finances.

There is also a requirement to reduce unwarranted variation and maximise productivity and efficiency, and we are working with clinical and corporate teams to explore potential opportunities based on benchmark data.

Our teams have been working incredibly hard to develop our plan, balancing finance, workforce and operational activity and performance. Our draft plans have now been submitted to the ICB, and final plans are expected to be submitted in mid-March. Andrew Bertram, Finance Director, and I will present an overview as part of this agenda item.

The guidance and supporting documents have been published on [NHS England's website](#).

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

Inspectors from the CQC visited the York Hospital site on 14 and 15 January 2025. Two teams were onsite who undertook an unannounced inspection of the Urgent and Emergency care pathway to review the rating received following the last inspection in

2022, and an unannounced inspection of the Medical Care Services to again review the Trust rating. This was done as part of the new CQC Systems Pathway Pressures inspection process.

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 addressed these with the teams. We also subsequently received written feedback. A significant documentation and information request was also made following the visit.

In terms of further formal feedback, the CQC will be producing a report, however, we do not have a timescale for when this will be published.

5. Scarborough Urgent and Emergency Care Centre update

In my last report in December I shared the news that as we were in the final stages of planning and testing for the handover of our new UECC, these plans were abruptly halted when one of the four boilers sustained serious damage.

Our priority has always been to ensure that we do not move in until all issues have been resolved, and we are confident that the building is safe and functional for staff and patients. I am delighted to say that we have received assurance from our contractors, IHP, that this is now the case.

IHP is scheduled to hand over the building towards the end of March 2025, allowing for a planned and phased approach to final testing, intensive cleaning, and occupation. This also gives us ample time for clinical teams and other support services to arrange rotas.

We are now working towards starting the clinical moves in the last week of April, and being fully operational at the start of May.

6. Anti-racism steering group

An Anti-racism Steering Group has been established for our Trust, holding its inaugural meeting last month. It has membership from across the Trust including our Lead Governor.

This group, which I chair, has been established to prioritise anti-racism and give a focus to the Trust's work on eradicating racism in our workplace, whether that comes from colleagues or patients. If we are to deliver on our priority of creating a workplace where everyone feels safe and welcome, then it is absolutely critical that we take meaningful action to tackle racism and deal with concerns appropriately.

Date: 13 March 2025

Report to:	Council of Governors
Date of Meeting:	13 March 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 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 type="checkbox"/> Quality Standards <input 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.

Recommendation:

The council of Governors is asked to note the report.

Chair's Report to March 2025 meeting of Council of Governors

1. I am pleased to report that the Trust's new NED, Jane Hazelgrave commenced her term of office on 26th February, the day of our recent Board meeting. In January and early February, she attended three Board meetings/events as an observer.
2. I have continued to visit wards and services that I have not previously visited to meet with colleagues to understand the service they provide and learn about their concerns and challenges so that I can provide any relevant feedback to the appropriate Director/s.
3. With Simon Morritt, Chief Executive, I attended the HNY Collaboration of Acute Providers (CAP), and more recently the HNY Chairs and CEs meeting the main focus of which was on the forecast yearend financial position for the 24/25 year and the outlook for 25/26 in the context of the National Planning Guidance published in January along with the financial settlement for 25/26.
4. I met with several members of the Save Scarborough Hospital Group, and a further meeting is being arranged. I expect this will lead to regular liaison meetings perhaps every 3-4 months.
5. I introduced a brilliant all day event held in January, at which the Board listened to presentations from all Clinical Directors, Care Group Directors and some lead clinicians. This was an important day contributing to the development of our Annual Plan for 25/26 year but also beyond. Each presentation followed a standard format briefing, not only the Board, but all the senior colleagues in the room at the LNER stadium, about the current issues and challenges their service is experiencing along with their plans for the next 12 months and plans for developing and improving the service/s they lead beyond next year. We will repeat this event in January next year as an essential component of the Trust's planning and prioritisation process.
6. On 25th February the Chief Executive of NHS England, Amanda Pritchard, announced her decision to step down from her position on 31st March. It was also announced that Dr Penny Dash will be the new Chair of NHSE from 1st April and Sir Jim Mackie will be the interim Chief Executive from the same date. I believe Amanda has done a very good job in very difficult circumstances and I have every confidence Sir Jim will be terrific.

Martin Barkley
Trust Chair

Role of the Trust in relation to preventing inequalities and reducing existing ones.

1. Introduction

At the joint Trust Board/ Council of Governors workshop held on 16th October 2024, the Trust began to consider what the Trust can, and should be doing to help prevent inequalities from arising in the first place and tackling existing ones.

The Board of Directors were joined by the Directors of Public Health from City of York and North Yorkshire local authorities (the Director from East Riding was unable to attend).

2. Prevention

Given the evidence which led to Sir Michael Marmot to conclude that the most important policy priority to prevent inequalities is giving children the best possible start in life. His six policy recommendations were published in the seminal report 'Fair Society, Healthy Lives' published in 2010. The second policy objective is to enable all children, young people and adults to maximise their capabilities and have control over their lives.

2.1 Further evidence states that it is the **first 1000 days** which is so crucially important with day one starting at the time of conception. The role of the Trust therefore in preventing inequalities is:

- a) Brilliant antenatal care which includes identifying high risk families, not only due to excessive alcohol or drug consumption but inadequate housing and extreme poverty, for example, being unable to afford a cot. It is very important that such families, or women, are signposted to the appropriate relevant service or local authority so that issues to do with housing and poverty can be addressed.
- b) Further reducing smoking by pregnant women.
- c) Supporting women to breastfeed.
- d) To ensure the best possible maternity outcomes with regard to low birth weight babies, preventable disabilities etc.
- e) To ensure that there is an excellent birth experience for women as this will help bonding.

- f) Quality of community midwifery support for the first 10 days of the lives of babies prior to health visiting providing ongoing support.
- g) To ensure that all colleagues really understand the crucial importance of the first 1000 days and what their role is to contribute to that vital period in a baby's life.

2.2 With regard to children another important priority is **educational attainment**:

- a) To provide a responsive high quality Paediatric service in recognition of the very important role it has in minimising the impact of ill health on educational attainment.
- b) The paediatric service has a crucial responsibility of reporting safeguarding concerns and indeed colleagues who work in Emergency Departments and Urgent Treatment Centres. The Trust will ensure Safeguarding training is of a high standard and colleagues receive the level of training commensurate with their role.

2.3 Additional roles re prevention

- a) Providing accessible information to patients and the public in different languages and in ways that people who are hard of hearing or blind can access
- b) To consider what the role is of our specialists in reducing hypertension
- c) To ensure the Trust is a healthy and positive place to work where colleagues feel valued and supported to do a good job which will maximise the esteem staff feel by working for the NHS and in their local health service/hospital and enhance their well-being.
- d) To equip our patient facing colleagues to promote health by 'making every contact count'.
- e) To develop a staff narrative, for example, 'we want every child to thrive and minimise the impact of ill-health and disability'.

3. Reducing existing inequalities

The Trust is an '**anchor institution**' meaning that the Trust has a big role to play and can make a big contribution to reducing inequalities. We can do this in five ways:

- a) Our role as a provider of health services
- b) Contributing significantly to the leadership of the Health and Social Care systems in which the Trust is part of.
- c) Our role as an employer
- d) Our role as an owner of buildings and information assets

- e) Our role as significant purchaser of goods and services

3.1 Provider of health care

- a) To encourage our staff to identify, where for example, damp housing is a cause that patients, both adults and children presenting with ill health and then escalating that issue to the relevant local authority so that help can be provided to the individual/family.
- b) Reduce smoking – our clinicians have a unique position to be able to help with this and it is important given that smoking is the main cause of health inequalities.
- c) We intervene with family members of patients when they have been diagnosed with lung cancer, as statistically family members who are close to the diagnosed patient often smoke themselves, and at the time of their being a shocking and senior diagnosis it is a time when family members may be ready and willing to receive support to give up smoking.
- d) To ensure that the post discharge from hospital support to patients is good to help patients make a good recovery following their period in hospital.
- e) Providing information by ethnicity and post code which in turn can be mapped against the Index of Multiple Deprivation to help the Trust identify issues that need attention, for example maternity outcomes; utilisation of each of our services; non utilisation of our services; who is not turning up to appointments – DNAs, differences in waiting times for surgery and out-patient appointments etc.
- f) To consider what the benefits would be of the Trust employing its own consultant in Public Health, or on a shared basis with Local Authorities.
- g) Help patients to become experts in the management of their long term conditions.
- h) Help carers to know how best to help and support their loved ones who have a long term condition, for example COPD, diabetes etc.
- i) Provide elective, cancer and diagnostic services that meet NHS Constitutional standards as a maximum regarding waiting times.
- j) Provide out-patient and diagnostic services on a local basis where it is safe and practical to do so to improve ease of access and reduce travel emissions.

3.2 Employer

- a) Provide career pathways and support for young people and adults living in deprived areas.
- b) Our role as a supportive employer especially for members of our workforce who themselves live in deprived areas.

- c) Our role as a supportive employer as we have a very diverse workforce which is a great asset and can play a big part in their role as members of the communities in which they live.

3.3 As a partner organisation in local Health and Social Care Systems

- a) Contributing significantly to the leadership of the Health and Social Care systems in which the Trust is part of, being a consistent and reliable partner.
- b) To have a sustainability strategy which amongst many things must identify how the Trust can reduce air pollution caused by the Trust's activities
- c) Share training with local social care providers, voluntary organisations etc.
- d) Ensure the Trust provides the right membership at meetings with consistent attendance who positively contribute leading to positive outcomes.
- e) Support good governance and accountability

3.4 Owner of buildings and information assets

- a) We have physical assets/facilities that could be used by local communities in which those facilities are based to provide additional amenities to local people and improve the quality of our interface with local people leading to greater trust and confidence in the services that the Trust provides.
- b) Provide information that will help identify priorities for improving health and well-being
- c) Buildings to be well maintained, safe and welcoming
- d) Maximise use of the Trust's buildings to consolidate the estate to release funds for health gain.
- e) Reduce carbon footprint

3.5 Purchaser of goods and services

- a) Purchase of goods and services where possible from local suppliers and producers
- b) Explore working with other local institutions to have a better negotiating position with suppliers.
- c) To have a social value clause in procurements leading to local benefits
- d) For services and construction have a clause which stipulates importance of employing local people

Report to:	Council of Governors
Date of Meeting:	13 March 2025
Subject:	Questions from the Public
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership 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 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 type="checkbox"/> Quality Standards <input 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.

Recommendation:

The report details the questions received from the public and the answers given by the Governors and the Executives. Governors are asked to note the content of the report and give appropriate feedback.

Questions from the Public

Jonathan Fox (Trust Member)

Q1: What ideas/plans are there for reducing the incidence of people failing to attend pre booked appointments both at hospitals and GP services.

A1: We have seen our DNA (did not attend) rates come down significantly, and our current average percentage of missed outpatient appointments across our hospitals is 4.6%. Since early 2023 we have been rolling out text reminders, so for many of our services patients receive an appointment reminder by text message 7 days and 2 days before their appointment date. Not only do patients get reminded of their upcoming appointment, but it also offers them the opportunity to cancel or rearrange, if required, by simply replying. This will help us to see more patients, more quickly. It's also a quick and easy way for our patients to manage their appointments.

We monitor DNA rates by speciality to identify areas that have a higher DNA rate so that we consider if there is any other action we need to take to support patients in attending their appointments. We are not responsible for managing appointments for GP practices, so we are unable to provide any information on this.

Report to:	Council of Governors
Date of Meeting:	13/3/2024
Subject:	New Trust Travel Plan
Director Sponsor:	Graham Titchener
Author:	Dan Braidley

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 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 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 the Travel and Transport workstream found in the Green Plan. The Trust Head of Sustainability has had input to the production of this document and its aims and targets.

Recommendation:
Governors are asked to reflect on this report and the new Travel Plan document, accounting that it is a new update to the previous edition and should be seen as a fresh start on the workstream. The Travel Plan is a 'live' document and all aims and targets will be reviewed and updated every 12 months. The Travel Planning Coordinator will welcome any support, comments and queries on the document.

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

Meeting	Date	Outcome/Recommendation
YTHFM Management Group	26/11/2024	Approved

New Trust Travel Plan

1. Introduction and Background

The new Trust-wide Travel Plan is a review of various operational aspects associated with Travel & Transport, offering a package of options and improvements. The focus is primarily on modal shift where possible (switching from single occupancy car use to sustainable travel options) and increasing operational efficiency. The document is an update to the previous 2019 Travel Plan and should be seen as a 'fresh start' in comparison to that version, given changes that have happened in the interim.

Dan Braidley (Travel & Partnerships Manager, LLP), is the designated Travel Planning Coordinator for the Trust and is leading this work. The Travel Plan is linked to the new Trust Green Plan and is a key aspect of the Trust commitment to helping deliver a net zero NHS.

Please note: A 'standard' Travel Plan should address all stakeholder groups. Whilst this is straightforward for an organisation or business with a defined number of employees based at a single location, for an acute NHS Trust there are a number of factors that make this more challenging:

- The Trust is spread across multiple sites over a large rural geographical area, each with differing challenges and situations in regard to transport.
- Staff can be broken down in a number of ways by shift patterns, office based or WFH, community-based etc so is hard to define.
- Similarly, patients and visitors account for the general public, so it is difficult to define that stakeholder group in terms of movement and travel.

Please note: Following guidance from NHS England, the Travel Plan will focus mainly on operational and staff transport. One of the key drivers for this work are the NHS net zero scopes (see page 7 of the document), which dictate priorities for addressing the various net zero carbon aspects; patient and visitor travel sits outside of the scopes. However, many aspects of the new Travel Plan do relate to patient travel, and it is a key aspect of the ongoing partnership work with City of York Council to alleviate pressure on Wigginton Road (York Hospital site), so it will be accounted for where possible.

The Travel Plan should be seen as a 'live document'; many of the actions and projects within it are retrospective and ongoing, some build upon aspects of the previous edition and some are new:

- This is a new update from the previous 2019 Trust Travel Plan; Travel Plans are statutory documents in planning policies and guidance dictates that they should be renewed every three years. However the Trust Travel Plan is not a statutory document so these rules do not apply.
- New stakeholder surveys have been carried out in the last 12 months to inform some of the aims and act as a baseline going forward.
- New elements – EVs, shower and changing rooms, HR focus.
- Retrospective elements – Buses, pool cars, York and Bridlington projects.
- A key aspect to this work is partnership working, both internal (Car Parking, Estates, Finance etc) and external (local authorities, regional transport providers).

To date, this document has received comments from the Trust Travel & Transport group, Graham Titchener (Head of Sustainability), Penny Gilyard (Director of Resources, LLP) City of York Council, East Riding Council, North Yorkshire Council and NHS England Transport leads. It was approved by the LLP Management group on 26/11/2024.

2. Considerations

The key overarching aims for the Travel Plan are to:

- Aim One - Reduce the need to travel
- Aim Two - Support and encourage healthy and active travel
- Aim Three - Reduce travel related pollution and traffic congestion
- Aim Four - To reduce single occupancy car journeys
- Aim Five - To ensure that there is fair, consistent and adequate provision of transport and travel choices for all Trust staff and, whilst outside of the Trust's control, to influence, with partners, that there is fair, consistent and adequate provision of transport for all stakeholders, including patients, noting that many users travel outside the standard eight-hour normal working day and that each site has its own unique circumstances and challenges.
- Aim Six - To contribute to the Trust-wide net zero carbon emissions targets, the environmental sustainability agenda and the Trust Green Plan

The above aims link to the new Trust Green Plan and the Trust net zero commitments in the NHS Standard Contract. The aims are also informed by the NHS net zero roadmap targets and the NHS carbon footprint net zero scopes (pages 6 and 7 in the document).

The Travel Plan contains 14 targets, addressing the following aspects:

- Wider uptake of teleconferencing / reduce inter-site travel
- Increase cycling and walking
- Increase public transport use
- Work with HR to deliver a focussed offer to new starters (influence modal shift an early stage)
- Reduce air pollution from business travel
- Pool car fleet review and relaunch
- Decrease single occupancy car journeys
- Establish new staff car share scheme
- Maintain and further roll out the current £1 staff bus journey offers
- Review, cost up and plan installation of staff shower and changing facilities at all main sites
- Review, cost up and plan cycle parking provision at all main sites

- Review and establish an EV fleet conversion programme to align with 2027 / 2035 NHSE net zero targets
- Review, cost up and plan EV charging infrastructure where needed

Please note: Data monitoring will be reviewed as part of the above work, to ensure progress can be evidenced every 12 months.

3. Current Position/Issues

Whilst some aspects of this Travel Plan are new additions from the previous document, some elements are retrospective and are currently being worked on. These include:

- A 12-month staff engagement programme with East Riding Council, including free bike loans.
- A new staff cycle store at Bridlington (with a £10k contribution from East Riding Council).
- A new staff cycle store at Tribune House (Clifton Moor).
- A new bus stop at Selby (with a £10k contribution from North Yorkshire Council).
- Discussions with First York and East Riding Buses to ensure that the £1 staff bus travel offer can continue. The current deals will expire on 31/3/2025, but all parties concerned are committed to continue a discounted staff offer in some form. At time of writing, the bus companies are awaiting BSIP funding allocations which will determine what options are available.
- Discussions with City of York Council re. the new York Park & Ride contract in 2025 and options to improve Wigginton Road.
- Contributing towards a regional patient transport review with the Humber ICB, Trust colleagues and the CCG.
- Pool car scheme review with Trust colleagues.
- Staff shuttle bus project with Trust colleagues.
- Fleet EV replacement programme and charging infrastructure.

4. Summary

The new Travel Plan is a Trust-wide review of travel and Transport aspects, with a view to improve efficiencies and promote modal shift amongst staff towards more sustainable travel options where possible:

- The document contains a number of aims and targets, with projects addressing key aspects such as walking, cycling, reducing car use and single occupancy, EVs and infrastructure improvements.
- The Trust Travel Planning Coordinator has established a Trust-wide transport network, including Local Authority colleagues, transport providers and relevant internal colleagues.
- The Travel Plan is intended to be seen as a three-year project; reviews will be done annually along with stakeholder surveys to help monitor progress and update targets.
- The Travel Plan is linked to the new Trust Green Plan and the Trust's net zero commitments. Transport is a key feature in the Net zero 'scopes' and, following guidance from NHS England, the Travel Plan has prioritised the various transport aspects accordingly.

- Funding may be required to complete some of the projects, but these will be assessed and carried out on an individual basis.
- The Travel Plan is a 'live document' and can be adjusted if the need arises. At this stage Governors are asked to reflect on this report and should feel free to offer any suggestions to the Travel Planning Coordinator for consideration.

5. Next Steps

The Travel Plan was published in January 2025 and is now a public document. A shortened version has also been produced, focussing on the aims and targets. NHS England have expressed a desire to share the document as an exemplar with other trust across the UK.

New staff residence postcode maps will be produced to act as reference points, as well as a general review of the aims to identify data gathering aspects. Meetings will take place over the next few months with internal and external colleagues and transport leads to assess priority actions. Site audits will take place with relevant colleagues to establish the status of existing facilities and identify areas of need.

New staff and patient/visitor travel surveys will take place late 2025 and the Travel Plan projects will be amended accordingly, along with a progress sheet on the existing targets using data / evidence gathered over the previous 12 months.

Dan Braidley (Travel Planning Coordinator) is currently Chairing two operational transport groups; the internal Trust Travel & transport group (meeting quarterly) and, externally, a Travel & Transport Group for the North (with Greener NHS and NHS England) comprised of colleagues from NHS Trusts across the North of England. Both of these are vital to ensure stakeholder buy-in, wider engagement and project success.

Date: 20/2/2024

Trust Travel Plan 2025

Author: Dan Braidley, Travel & Partnerships
Manager, Resources, LLP



Contents

Section	Title	Page
1	Executive Summary	4
2	York and Scarborough Teaching Hospitals NHS Foundation Trust Context	8
3	Travel Plan Aims and Targets for 2024 - 2025 onwards	11
4	Priority Actions for 2024 - 2025	25
5	Travel Plan Coordinator role	26
6	Communications and Marketing	27
7	Appendices	28

Appendices

	Title	Page
Appendix A	York Hospital Site Specific Assessment Figure A1 – 500m 1km & 2km Walking Radius Plan Figure A2 – 5km Cycling Radius Plan Figure A3 – Bus Stop Location Plan	30
Appendix B	Scarborough General Hospital Site Specific Assessment Figure B1 –500m 1km & 2km Walking Radius Plan Figure B2 – 5km Cycling Radius Plan NYMNP cycle Map Figure B3 – Bus Stop Location Plan	41
Appendix C	Selby Hospital Site Specific Assessment Figure C1 –500m 1km & 2km Walking Radius Plan Figure C2 – 5km Cycling Radius Plan Figure C3 – Bus Stop Location Plan	50
Appendix D	Malton Community Hospital Site Specific Assessment Figure D1 –500m 1km & 2km Walking Radius Plan Figure D2 – 5km Cycling Radius Plan Figure D3 – Bus Stop Location Plan	58
Appendix E	Bridlington and District Hospital Site Specific Assessment Figure E1 – 500m 1km & 2km Walking Radius Plan Figure E2 – 5km Cycling Radius Plan Figure E3 – Bus Stop Location Plan	65
Appendix F	Glossary	73
Appendix G	Attendances	74
Appendix H	2024 Patient and Visitor survey results	75
Appendix I	2023 staff survey results	84

Executive Summary

This Travel Plan is a key part of York and Scarborough Teaching Hospital's NHS Foundation Trust (hereby the Trust) commitment to Sustainability, achieving a Net Zero National Health Service and its Board approved Green Plan.

More sustainable alternatives need to be considered as part of a wider strategy to reduce the dependence of staff and visitors on private car journeys. All Trust policies related to or impacting on staff travel will consider this Travel Plan and ensure there is adequate sustainable travel choices available, which considers where staff live and where their place(s) of work are located.

The NHS Standard Contract Service Condition 18 (for 2024/25) requires the Trust to take all reasonable steps to minimise its adverse impact on the environment, including:

- The Provider must have in place clear, detailed plans as to how it will contribute towards a 'Green NHS' regarding Delivering a 'Net Zero' National Health Service commitments in relation to:
 - Air pollution, and specifically how it will take action.
 - Reducing air pollution from fleet vehicles, to offer and promote more sustainable travel options for Service Users, Staff and visitors and to increase use of such options, in accordance with the NHS Net Zero Travel and Transport Strategy.

The NHS England publication 'Delivering a Net Zero National Health Service' (October 2020) recognises that the approach to travel and transport in the health service needs to undergo significant change to meet the net zero targets, by reducing the need for travel through video and teleconferencing services, encouraging active travel and use of more sustainable travel through public transport, car sharing and the provision of zero and ultra-low emission vehicles (ZEV and ULEV) i.e. electric vehicles as soon as reasonably practical.

As an organisation we are committed to embedding sustainability into all that we do to ensure that our services are fit for the needs of the future without compromising on the services we provide at present. Travel and Transport is one of the major aspects of this strategy.

Approximately 75% of NHS staff commuting journeys are made in single occupancy vehicles (National Travel Survey for NHS staff 2019 – 2021). The estimated annual health benefits of modal shift are £38.3m.

Two of the most important components of air pollution (oxides of nitrogen / NOx) and fine particulate matter (PM2.5) have been linked to health outcomes ranging from asthma to cardiovascular disease, to low birth weight, to dementia.

(from the NHS England Net Zero Travel & Transport Strategy, October 2023):

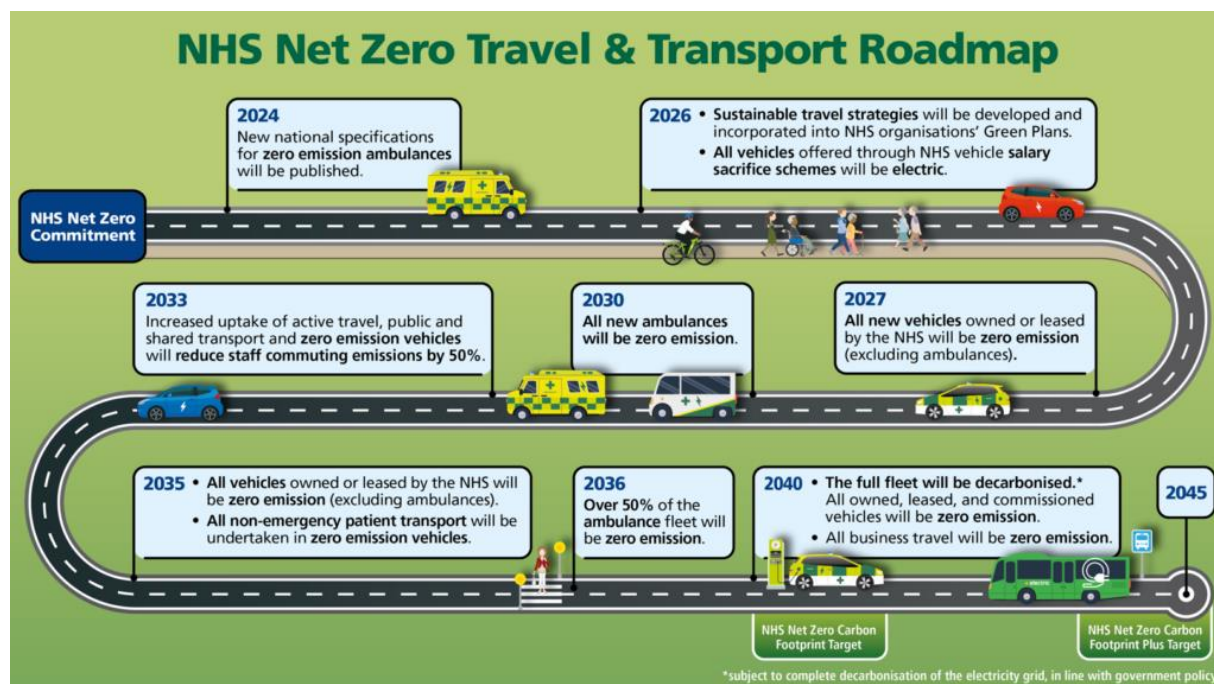


Figure 1 The major milestones to net zero travel and transport in the NHS, as part of meeting the NHS Carbon Footprint targets.

The roadmap shows the following milestones:

2024: New national specifications for zero emission ambulances will be published.

2026: Sustainable travel strategies will be developed and incorporated into NHS organisations' Green Plans.

All vehicles offered through NHS vehicles salary sacrifice schemes will be electric. *NB the Trust has asked NHSE to review this target with a view to considering hybrid and plug-in hybrid vehicles and not just electric, due to the limited national electric vehicle charging point infrastructure.*

2027: All new vehicles owned or leased by the NHS will be zero emission (excluding ambulances).

2030: All new ambulances will be zero emission.

2033: Increased uptake of active travel, public and shared transport and zero emission vehicles will reduce staff commuting emissions by 50%.

2035: All vehicles owned or leased by the NHS will be zero emission (excluding ambulances). All non-emergency patients transport will be undertaken in zero emissions vehicles.

2036: Over 50% of the ambulance fleet will be zero emission.

2040: NHS Net Zero Carbon Footprint target – the full fleet will be decarbonised (subject to the complete decarbonisation of the electricity grid, in line with Government policy).

All business travel will be zero emission.

2045: NHS Net Zero Carbon Footprint Plus target.

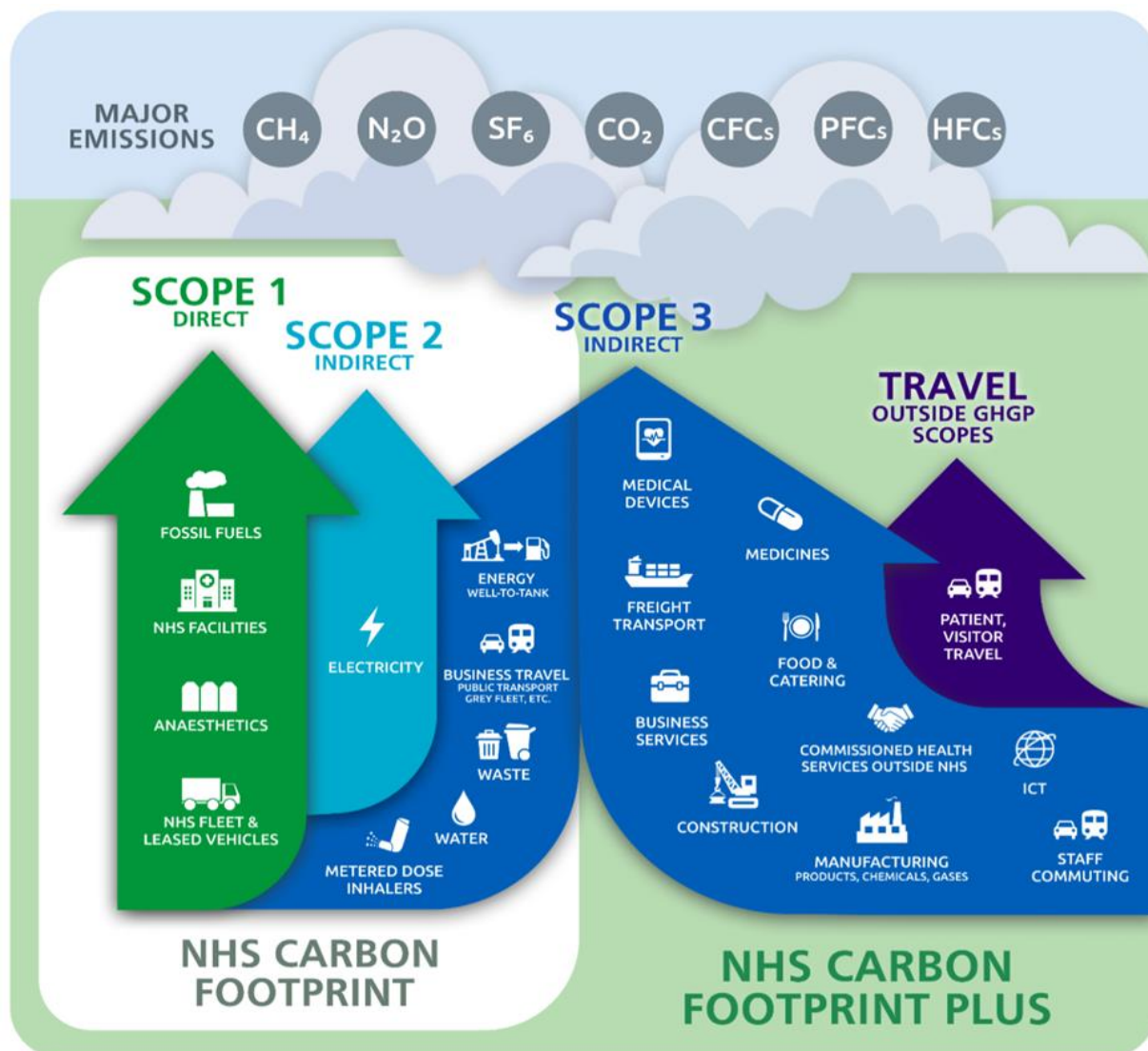


Figure 2 – The NHS carbon footprint net zero scopes

The Trust's Travel Plan is an integral part of the Trust's Board of Directors commitment to achieving net zero carbon emissions and sustainability, including the need to deliver a Trust-wide Green Plan. This Travel Plan addresses the transport related elements in the Trust Green Plan, according to the 'scopes' as outlined in Figure 2 above:

- The NHS committed to reach net zero carbon for the emissions it could **control** in scopes 1 and 2 (The NHS Carbon Footprint) by 2040.
- It also committed to reach net zero carbon for the emissions it could **influence** in scope 3 (NHS Carbon Footprint Plus) by 2045.
- The NHS now has a legal duty to meet these targets (Health & Care Act 2022).

It must be noted that whilst the aspiration of this Travel Plan is to achieve all the above across all Trust sites, with the resources available it is highly unlikely that all targets will be achieved for all stakeholder groups mainly due to some of these being outside of the Trust's control.

In sync with the NHS carbon footprint scopes above, the priority of actions is to address operational aspects as a priority (scopes 1, 2 and 3 - NHS fleet and leased vehicles, business travel and staff commuting).

As shown above, patient and visitor travel sit outside the scopes. Currently non-emergency patient transport sits financially and contractually with the NHS Vale of York / Humber and North Yorkshire ICB (Integrated Care Board). The Trust will liaise with the ICB and other regional partners / providers to explore what improvements can be made, and some aims and targets within this travel plan will relate to reducing patient travel where possible.

This Trust-wide Travel Plan is an ongoing, long-term initiative, which will start from late 2024 (whilst accounting for ongoing projects at time of writing). It will respond to policy changes and site changes as and when they occur.

The Trust will work with partners and appropriate stakeholders to ensure, where practical, resources are pooled and to engage in collaborative thinking to address issues jointly.

The Travel Plan Aims and Targets will be reviewed on an annual basis and updated for the following year, with priority actions renewed accordingly. It should be seen as a 'live' document and the Travel Planning Coordinator should be consulted as part of any major transport-related projects. The aspiration is that sustainable and active travel options are enhanced throughout all aspects of Trust operations, ensuring the Trust moves towards meeting its' net zero and Green Plan ambitions.

York and Scarborough Teaching Hospitals NHS Foundation Trust Context

Although the over-arching purpose of this Travel Plan is to promote sustainable travel on a Trust wide basis it is acknowledged that each Trust site has its own characteristics and set of circumstances under which it operates.

To ensure that these issues are identified and catered for there are, within the Appendices to this report, site specific analysis and supporting information for the five main Trust sites.

These are as follows:

Appendix A	York Hospital
Appendix B	Scarborough General Hospital
Appendix C	Selby Hospital
Appendix D	Malton Community Hospital
Appendix E	Bridlington and District Hospital

It should be noted that other (smaller) Trust owned or leased sites such as St Helens, White Cross Court, St Monica's, Tadcaster Health Centre and Tribune House will also be included as part of the site audits to identify required active travel improvements (see below):

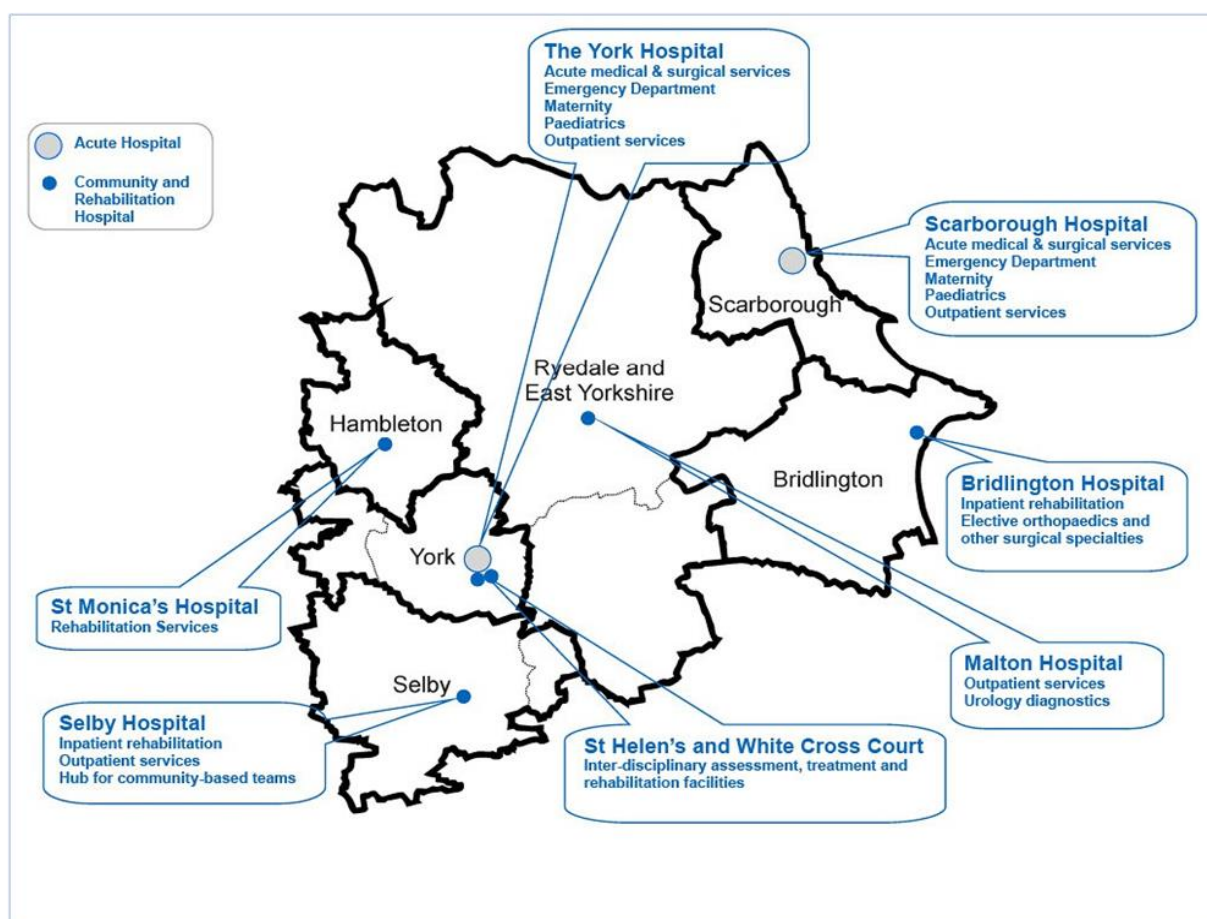


Figure 3 – The Trust geographical area

The Trust is a major employer in North Yorkshire and associated areas with approximately 10,852 full and part time employees. It provides health services to a resident population of around 800,000 living in and around York, North Yorkshire and the East Riding of Yorkshire.

The majority of its facilities generate a considerable amount of traffic on site and on nearby roads.

It should be noted that the pressure on the Trust increases significantly during the summer months as population levels grow due to the influx of visitors to the area.

The volume of traffic visiting the various sites operated by the Trust has continued to rise as increasing numbers of patients, staff and visitors are reliant on the car as a means of transport. However, the Trust recognises its responsibility to reduce its carbon emissions to zero and, working with partners including public transport providers, Combined Authorities and Local Authorities, promote more sustainable transport modes as part of the operation of its sites.

To gather information on current modes of travel used by staff and to inform the priorities for action and the next steps, the Trust undertook a staff travel survey in November 2023. The findings highlighted the fact that a high number of respondents felt that it would be difficult for them to change to another transport mode from single occupancy car use. This matter and other findings from the travel survey, together with the NHS Net Zero and related travel targets, have contributed to the aims and actions to achieve modal shift to more sustainable travel and transport choices.

Introduction and context

This Travel Plan sets out over-arching principles and objectives that are common to all sites but then goes on to provide a more detailed, site-specific assessment, identifying the characteristics of each site and its surroundings, in acknowledgement of the distinctiveness of the various sites operated by the Trust.

The changes in the way health care services are provided and the overall growth in population and in car ownership have created acute pressures on the Trust's parking facilities at peak times. Problems manifest themselves in several ways including problems finding a car parking space; illegal or inconsiderate parking both on the hospital sites and on the adjacent highway network and increased volume of traffic on approach roads, and a lack of appropriate alternatives such as accessible public transport.

Development of new car parks to resolve parking issues is environmentally damaging, expensive, and land within and adjacent to the Trust's current sites is scarce. Whilst such developments may improve traffic circulation, reduce congestion, and aid on-site operation, their construction is seen as not in keeping with achieving a net zero NHS and is a 'last resort'.

It should be noted that Local Authorities can be unwilling to approve new planning applications if they consider that the proposed developments will put further pressure on the local highway network, damaging to the local environment, not conforming to local plans and indeed local as well as national planning policy. Therefore checks with Local Authority Planning and Highways teams are undertaken.

Local Authority partners such as City of York Council, North Yorkshire Council and East Riding of Yorkshire Council are actively encouraging the Trust to deliver credible action through the implementation of its Travel Plan as a way of reducing congestion and demand for car parking and the Trust wishes to work with its partners in a proactive manner and spirit of cooperation. This will expand to include the York and North Yorkshire Mayoral Combined Authority and the East Riding and Hull Mayoral Combined Authority all of whom have net zero targets at their heart.

There is a need to introduce proactive dynamic sustainable policies and measures to accommodate active, less polluting, and accessible modes of transport and tackle the demand for parking for those who have no alternative but to travel by car. At the various Trust sites, the aim is to embrace stronger working relationships with local partners and stakeholders.

The Trust has in place a Travel and Transport Group that meets on a quarterly basis, that provides input into the development and implementation of the Travel Plan. This also provides staff representatives the opportunity to continue to input their views and opinions to improving the present and future transport and travel issues.

In addition, the Trust will continue to work towards strengthening relationships with NYC (North Yorkshire Council), City of York Council and ERYC (East Riding of Yorkshire Council), the ICB and NHSE regional and national teams and to secure input from the local population and other interested external parties such as Nestle, the York-based Universities and regional public transport service providers.

The Trust's Board commitment to sustainability includes the commitment to delivering a Net Zero carbon emissions which include:

- The need for a Board approved healthy / active travel plan, developed in coordination with staff, patients, users, clients, visitors and local communities.
- A business travel policy to support sustainable travel choices; activities and actions to reduce traffic and/or associated air quality impacts in our local area;
- The need to work closely with other local agencies such as our Local Authorities and large private sector organisations to contribute to the delivery of area wide carbon reduction strategies and plans;

The need to demonstrate that the Trust is reducing its carbon emissions from travel and transport in line with the achievement of local targets which are contributing to the requirements of achieving a net zero NHS i.e. achieving a 100% reduction in carbon emissions by 2040 from 1990 levels for staff business travel and fleet travel and by 2045 for patients, visitors and staff commuting. To note that these are national targets that all NHS organisations are contractually obliged to meet under the NHS Standard Contract. There is also National Institute for Health and Care Excellence (NICE) guideline NG70 (issued in 2017) which covers road-traffic-related air pollution and its links to ill health. The NICE guidance is issued to advise health and social care workers how to improve air quality and so prevent a range of health conditions and deaths. This guidance has been considered in the development of the key aims and actions of this Travel Plan.

The Travel Plan is in line with Health Care Technical Memorandum (HTM)07-03, NHS Car-Parking Management, Environment and Sustainability, which identifies best practice in car-park management and sustainable transport in order to improve the patient and visitor experience and support staff on their journeys to and from work.

Travel Plan Aims and Targets for 2024 – 2025 onwards

Overview

The following sub-sections provide details of the reviewed targets within this Travel Plan. The aims and targets connect to the net zero commitments and aspirations as outlined previously in this document. The modal shift targets are provided as Trust-wide targets.

The key overarching objectives for this plan are to:

- **Objective One** - Reduce the need to travel.
- **Objective Two** - Support and encourage healthy and active travel.
- **Objective Three** - Reduce travel related pollution and traffic congestion.
- **Objective Four** - To reduce single occupancy car journeys.
- **Objective Five** - To ensure that there is fair, consistent and adequate provision of transport and travel choices for all Trust staff and, whilst outside of the Trust's control, to influence (with partners), that there is fair, consistent and adequate provision of transport for all stakeholders, including patients, noting that many users travel outside the standard eight hour normal working day and that each site has its own unique circumstances and challenges.
- **Objective Six** - To contribute to the Trust wide net zero carbon emissions targets and environmental sustainability agenda and the Trust Green Plan.

The Trust is committed to achieving the above objectives and proposes the following must be considered as part of any actions:

- To contribute to the Trust wide net zero carbon targets, environmental sustainability agenda and the Trust Green Plan.
- To address the needs of all user groups (where possible).
- Work with relevant partners to try and alleviate congestion on Wigginton Road and improve access to York Hospital.
- To minimise the number of the vehicles using each site.
- To promote and encourage the use of public transport.
- To promote and encourage healthy and active travel, specifically cycling and walking.
- To promote efficient management and use of the Trust's vehicle fleet.
- To be consistent with local authority plans and initiatives and encourage partnership working.

- Work with local authorities / Public Transport operators across the Trust for the benefit of stakeholders.
- To consider new ways of working, for example flexible working and teleconferencing, reducing the need to travel and to take the strain off the car parks at key hours.
- To examine and influence available bus options with regional bus providers.
- To maintain the new staff car park, permit strategies introduced on main Trust sites in 2023.
- Improve monitoring and reporting of carbon emissions, particularly in relation to business and fleet mileage so we can demonstrate that the plans and policies are reducing carbon emissions and pollution.
- To achieve a continuous improvement approach towards sustainability and carbon reduction through the Trust's travel and transport policies and practices to ensure that they reflect changes, both on site and through legislative, national and local policy changes, as and when they occur, and take into account best practice in other areas.
- Stakeholder travel surveys (staff and patient / visitors) will take place at the end of 2025 and each year thereafter; they will be used to gauge progress, update the travel plan actions and develop a narrative.

Aims and Targets

Accounting for the above, the Travel Plan will contain a number of actions and projects relating the following:

- **Target One** - Promote and encourage the use of Teleconferencing and alternative technologies to reduce car journeys for both staff and patients.
- **Target Two** - Increase the percentage of staff reporting they travel to work by cycling or walking by at least 2% per annum (starting in 2023) from the 28.7% reported in the 2023 staff travel survey.
- **Target Three** - Increase the percentage of staff reporting they travel to work by public transport by at least 3% per annum (starting in January 2024) from the 13.5% reported in the 2023 survey.
- **Target Four** - Work with HR to target new starters to the organisation to influence modal shift at an early stage.
- **Target Five** - Reduce air pollution caused by business travel and cut business travel and transport carbon emissions by at least 1% per annum from 2024.
- **Target Six** - Reduce the carbon emissions of travel at work recorded in 2023 – 2024 through more effective use of the Enterprise pool cars fleet.
- **Target Seven** - Decrease the percentage of staff reporting they travel to work on their own in a car by at least 1% per annum (starting in 2024) from the 41.8% reported in the 2023 staff travel survey.

- **Target Eight** - Establish a new staff car share scheme at major Trust sites in 2025.
- **Target Nine** - Work with Local Authorities and providers to maintain the current £1 staff bus travel offer with an aim to further roll out to other services / Trust areas.
- **Target Ten** - Review the provision of staff shower and changing facilities at all major Trust sites to incentivise and encourage modal shift to active travel options. Where possible, cost up and plan installation of such facilities as required.
- **Target Eleven** - Review the provision of secure cycle parking at all major Trust sites to incentivise and encourage modal shift to cycling.
- **Target Twelve** - Work with the Trust transport team to establish an EV fleet conversion programme, (aligning with the 2027 and 2045 targets to convert fleet vehicles to ULEV).
- **Target Thirteen** - Work with the Trust estates teams to establish opportunities to install new / additional EV charging provision for operational use.
- **Target Fourteen** – Work with Enterprise and relevant colleagues to cost up plans to introduce electric vehicles into the Trust pool car fleet, plus necessary charging infrastructure (aligning with the 2027 and 2045 targets to convert fleet vehicles to ULEV).

This Trust-wide Travel Plan is an ongoing, long-term initiative, which will respond to policy changes and site changes as and when they occur. The Trust will work with partners and appropriate stakeholders to ensure, where practical, resources are pooled and to engage in collaborative thinking to address issues jointly.

The Travel Plan aims and Targets will be reviewed on an annual basis and updated for the following year.

Surveys

The targets have been informed by a Trust-wide staff travel survey in November 2023 (see Appendix I for full details and graphs), and a patient and visitor travel survey in February 2024 (see Appendix H for full details and graphs).

The staff survey had 771 responses, which is around 7.6% of the Trust-wide 10,141 staff body. The key findings were:

- As a percentage, the highest number of responders lived in the York and Scarborough regions.
- The majority of responders were based at York Hospital (64.1%), with further responders mostly at Scarborough (and further received Trust-wide).
- The majority of responses received were from full-time admin, clerical and AHP staff, working traditional hours i.e. 9-5.
- Many of the responders travelled to other Trust sites (mostly York to Scarborough), mostly using their own vehicle. Public transport was the second most preferred option, and pool cars third.

- 41.8% car (own vehicle, no passengers), 14.8% walk, 13.9% cycle, 6.1% car sharing were given as the most popular modes to travel to work. Car travel, walking and bus use were favoured if the normal mode of transport were not available.
- There was pretty much an even split response to the notion of modal shift to more environmentally friendly transport options. The most favoured to try were train, with walking, car sharing, cycling and bus equally preferred.
- There was an evenly split response to whether responders would try car sharing, with free parking and a designated car share journey database given as the main reasons responders would try it.
- As expected for a large number of staff distance to work and childcare offers a barrier to modal shift to active travel options. For those that would be willing to try, shower and changing rooms, better cycle paths and secure cycle parking facilities offered the most incentive.
- Reduced bus travel was given as the best incentive to use buses to travel to work. 35% stated they had used the free York and Scarborough bus offer in Summer 2023, of which 53% had not use the bus previously.

The targets have also been informed by a Patient and Visitor staff travel survey in February 2024 (see Appendix H). 425 responses were received. The key findings were:

Sites visited were broken down as: York Hospital 22.9%, Scarborough Hospital 31.75%, Bridlington Hospital 27.25%, Malton Hospital 8.53%, Selby Hospital 0.24%, Other 9.24%

Out of all the responders, 68.3% were outpatients, 3.33% inpatients, 7.62% visitors and 8.57 ED visits.

76.02% travelled to site by car (either as a driver, no passengers 28.27%, as a passenger 33.02% or as a driver with a passenger). Of the remaining 2.85% travelled by cycle and 0.24% walked.

32.46% of responders stated that the new ANPR equipment has given them a more positive experience when using Trust car park facilities (21.96% stated no, and 30.55% were non-applicable).

48.43% of the responders stated they could have travelled to their appointments via an alternative method: Walk 13.26%, Cycle 5.42%, Bus 29.75%

13.94% thought a journey could have been avoided and that their appointment could have been given via telephone / video consultation (86.06% did not think this was possible).

The 'any other comments' section raised issues such as more accessible bus routes needed, more car park spaces needed, more appointments needed on the East Coast to prevent travel to York, poor road surfaces present issues when travelling, more outpatient services needed at Bridlington and traffic on Wigginton Road is an issue preventing access to York Hospital.

The two travel surveys will become an annual occurrence, (with the next surveys scheduled for November 2025, which will then be used to gauge progress against the targets listed

below and update them for 2026). At the same time, an annual review will take place to gauge progress on all the targets below.

Travel Plan Actions

All actions / targets below have no specific timescale unless otherwise stated. All of these will be reviewed at the end of the 2025 calendar year, allowing for a 12-month period of activity, giving an opportunity to review and assess levels of modal shift, behaviour change and project status. At that point the targets will be reviewed and updated accordingly.

Objective One - Reduce the need to travel

- **Target One** - Promote and encourage the use of teleconferencing and alternative technologies to reduce car journeys for both staff and patients.

Actions to date / current situation: Pre Covid-19, the Trust had several projects that aimed to increase the uptake of teleconferencing, including aspects of the 2019/20 Trust carbon reduction project and a number of patient service trials for selected clinics. The wake of the Covid-19 response saw an increase in teleconferencing as working from home became the norm for many staff; the legacy from this has meant that such practices have been retained to a far greater extent than previously, with many staff now having split Work from Home and Office weekly schedules.

The Trust IT services can provide details on Teams use in six months / 180 days between October 2023 and April 2024:

Team Chat Message Count	3282
Calls	41525
Meetings	105980
Meetings organised	30924
Meetings attended	105980
Ad hoc meetings organised	2052
Ad hoc meetings attended	4526
Scheduled one time meetings organised	17084
Scheduled one time meetings attended	49303
Scheduled recurring meetings organised	11347
Scheduled recurring meetings attended	51059
Audio duration	4,492,976 minutes 74,882 hours
Video duration	4,191,395 minutes 69,856 hours
Screen share duration	2,320,734 minutes 38,678 hours

Using Signal, (the Trust data dashboard), the following numbers were recorded for Outpatient appointments / contacts, for all clinics, between 1st April 2023 and 31st March 2024:

Video calls: 2,706 (Anaesthetics, Audiology, Clinical Neurophysiology, Dermatology, Dietetics, Endocrinology, Gastroenterology appointments)

Actions to be addressed for Objective One include:

- Review current guidance on teleconferencing.

- Review current systems used and explore opportunities for further enhancements / new initiatives.
- Review current usage for teleconferencing for patient appointments and explore new opportunities.

Measurement / data collection: Gather usage data from IT and network colleagues; engage with relevant staff and service leads to help establish a baseline; assess current situation and explore opportunities. Review for end of 2025 calendar year.

Objective Two – Support and Encourage Healthy and Active Travel

- **Target Two** - Increase the percentage of staff reporting they travel to work by cycling or walking by at least 2% per annum (starting in 2023) from the 28.7% reported in the 2023 staff travel survey.
- **Target Three** - Increase the percentage of staff reporting they travel to work by public transport by at least 3% per annum (starting in January 2024) from the 13.5% reported in the 2023 survey.
- **Target Four** - Work with HR to target new starters to the organisation to influence modal shift at an early stage.

Actions to date / current situation: Walking can replace a large number of short car journeys which contribute to congestion, carbon emissions and pollution, and the demand for car parking. Use of public transport almost always involves more additional walking than travelling by car.

Like walking, cycling has an important part to play in reducing congestion, improving accessibility and reducing pollution. Cycling can also lead to increased general health and fitness which has personal benefits as well as economic benefits for the nation in terms of health service costs. Cycling may also allow people without cars to reach destinations that they may otherwise be unable to reach.

Currently the Travel Planning Coordinator works closely with iTravel York (City of York Council), East Riding Council, North Yorkshire County Council and regional transport providers to promote active travel options to staff at the York, Scarborough and Bridlington Hospitals via on-site events throughout the year.

Actions to be addressed for Objective Two include:

- Produce postcode maps showing staff home locations for each main Trust site, to identify those close to major bus services, safe cycle routes and other relevant travel aspects.
- Undertake comprehensive audits of all major Trust sites to identify any active travel related issues / needs.
- Working with relevant colleagues to improve the bus stop facility at Selby Hospital.
- The promotion of walking to highlight the available safe routes and the health benefits to be derived from walking.
- In conjunction staff champions and the staff cycle user group, as well as iTravel York (City of York Council), North Yorkshire Council, East Riding Council and other third-party providers, actively 'market' the health benefits of walking and cycling to work to staff and patients/visitors via on site events or signposting.

- Maintain a presence on regional bus forums such as the Enhanced Partnership Bus Forum (York) to maximise partnership opportunities and developments.
- Work with the Trust car parking and security team and City of York Council to consider partnership opportunities to address traffic build up around the York Hospital site.
- Integrate promotion of the staff cycle scheme (via staff benefits) and any other promotions/offers that local authority partners can provide.
- Evaluate the condition of existing cycle parking facilities at main Trust sites to ensure they are fit for purpose.
- Monitor take-up of cycle parking facilities by staff and patients / visitors and provide additional spaces / storage facilities as necessary (by doing cycle counts on a set schedule throughout the year).
- Promote the existing £1 travel offer throughout the year via available Trust communications channels.
- Monitor and record passenger levels on the First York services and EYMS Scarborough service 10.
- Work with HR to promote walking, cycling and bus use to new starters to the trust (to influence possible modal shift an early stage), including induction information, signposting etc.
- Review public transport offers (train and bus) with regional providers and work towards establishing new staff offers and further roll-out of the £1 staff offer in other Trust regions (see Target Nine).
- Patients and visitors to be encouraged to consider their travel arrangements responsibly by review of the Trust website information. The Travel Planning Coordinator will explore other opportunities to promote active travel options to patients (such as communications, patient letters, signposting etc) along side key partners including the contracted Patient Transport Service operated through YAS (Yorkshire Ambulance Service).
- With relevant colleagues explore what options are available to communicate transport options with patients and visitors.

Measurement / data collection: Travel survey data, bus weekly bus patronage figures, staff cycle scheme uptake, cycle store usage.

Objective Three - To reduce travel related pollution and traffic congestion

- **Target Five** - Reduce air pollution caused by business travel and cut business travel and transport carbon emissions by at least 1% per annum from 2024.
- **Target Six** - Reduce the carbon emissions of travel at work recorded in 2023 – 2024 through more effective use of the Enterprise pool cars fleet.

Actions to date / current situation: Currently there the following number of pool cars across the Trust:

- York Teaching Hospital (14 pool cars)
- Scarborough Hospital (17 pool cars)
- Bridlington Hospital (3 pool cars)
- Selby Hospital (2 pool cars)
- Malton Hospital (2 pool car)
- Tadcaster Health Centre (1 pool car)

Additionally, staff have access to a number of vehicles in York that are part of the wider public

pool car fleet, plus car club vehicles at Sherburn In Elmet (1 pool car), Acomb Health Centre, Oak Rise, Acomb (1 pool car) and Tang Hall Clinic, Fifth Ave, Tang Hall (1 pool car)

The pool car vehicles currently in use are:

- 7 1L hybrid and Ecoboost Ford Fiestas, ranging from CO2/km ratings of 94g to 122g
- 34 1.2L Vauxhall Corsa of various models, ranging for CO2/km ratings of 115g to 125g
- 1 Renault Clio with a CO2/km rating of 119g
- The above vehicles are a mixture of Band B, C and D under the current Government car tax banding classification

Between April 2023 and March 2024:

- 2108 members were registered for the Trust Enterprise pool car fleet by March 2024 (an increase of 241 from 1,867 in March 2023)
- 705,202 road miles were travelled (an increase of 187,850 compared to the 517,352 road miles travelled between April 2022 – March 2023).
- Additionally 211,339 miles were travelled using the Enterprise daily car hire scheme (a total of 3,777 bookings) and 2,447,780 miles were claimed via the staff business mileage reimbursement scheme (from 343,059 separate claims).

The table below outlines the mileages and carbon emission totals for Trust transport fleets for 2022 – 2024, measured in tCO₂e stands for tonnes (t) of carbon dioxide (CO₂) equivalent (e):

Transport Category	Units	2022/23	2023/24
Fleet Vehicles – Petrol & Diesel	miles	765,212	995,000*
Fleet Vehicles – Electric	miles	75,361	91,990
NHS Pool Cars	miles	517,352	705,202
NHS Fleet (incl. WTT¹)	tCO₂e	445	575
Business Travel - Grey Fleet	miles	2,820,842	2,771,764
	tCO ₂ e	979	938
Public Transport – Train, Bus, Coach & Taxi	miles	465,242	486,520
	tCO ₂ e	35	35
Business Air Travel	miles	1,273,411	851,263
	tCO ₂ e	438	403
Business Travel (incl. WTT)	tCO₂e	1,452	1,376

¹ Except for Well-To-Tank (WTT) for electricity used by electric vehicles (EVs) as this is counted as part of energy used at Trust sites

*Estimated total mileage – no mileage record for 25% of fleet vehicles

Note that carbon accounting rules require the Trust pool cars we lease from Enterprise as part of our fleet.

Actions to be addressed for Objective Three include:

- Work with relevant colleagues to do a quality improvement exercise to review efficiencies in the Trust pool car scheme, including elements such as overall system efficiency, location of vehicles, unsuccessful bookings and introducing a journey sharing element.

- Work with relevant colleagues on a 'relaunch' of the Trust pool car scheme and a subsequent communications programme throughout 2024 / 2025. Communicate and re-establish the 'hierarchy' for staff travel (active travel options > pool cars > daily hire > Trust lease).
- Review whether lower-emission vehicles can be used in the current pool car fleet; cost up the option of introducing EV into the fleet and options for charging on main Trust sites.
- Work with HR to promote use of pool cars to new starters to the trust and possibly prevent single-car journeys to site (to influence possible modal shift an early stage).
- Policy Review and Improvement of Monitoring – Review of Trust Business Travel and Transport Policies including the monitoring and collation of business mileage so that the Trust can demonstrate that this plan is reducing carbon emissions and pollution.
- Work closely with City of York Council and other relevant partners to address congestion issues on Wigginton Road outside York Hospital, including road layout, access to site, signage, bus connectivity and other aspects.

Measurement / data collection: Monthly and annual data collections from Enterprise (including mileage, membership numbers and system efficiencies), and annual carbon emission measurements, relevant policy updates and implementation.

Objective Four - To reduce single occupancy car journeys

- **Target Seven** - Decrease the percentage of staff reporting they travel to work on their own in a car by at least 1% per annum (starting in 2024) from the 41.8% reported in the 2023 staff travel survey.
- **Target Eight** - Establish a new staff car share scheme at major Trust sites by April 2025.

Actions to date / current situation: According to the 2023 Travel survey 41.8% travel to work in their own car without any passengers (question 14) and 46.4% travel between sites in their private car alone (question 10), noting that 73.5% of staff respondents said that their working pattern followed traditional office hours.

The Trust had previously operated staff car share scheme, incentivised by a free parking offer, which was suspended due to associated Covid-19 risks. The scheme remained inactive following the implementation of the new staff ANPR and staff permit systems in 2023, after which the decision was taken to investigate new car share options that will integrate with the new permit and ANPR management system.

Actions to be addressed for Objective Four include:

- Work with the car parking team to establish a new staff car-share offer in 2024 at all main Trust sites, that will include some form of incentive for scheme use, designated spaces and a connection with the existing ANPR car park system (where applicable).
- Undertake regular promotions through Trust communications channels.
- Investigate possibility of establishing a car-share element into the Trust pool car scheme to minimise duplicated journeys.
- Support the Trust Car Park management team in any further changes to the established permit criteria / parking charges.

Measurement / data collection: Survey data, car share scheme data (once established).

Objective Five - To ensure that there is fair, consistent and adequate provision of transport and travel choices for all Trust staff and, whilst outside of the Trust's control, to influence, with partners, that there is fair, consistent adequate and sustainable provision of transport for all stakeholders, including patients, noting that many users travel outside the standard eight hour normal working day and that each site has its own unique circumstances and challenges.

- **Target Nine** - Work with Local Authorities and providers to maintain the current £1 staff bus travel offer with an aim to further roll out to other services / Trust areas.
- **Target Ten** - Review the provision of staff shower and changing facilities at all major Trust sites to incentivise and encourage modal shift to active travel options. Where possible cost up and plan installation of such facilities as required.
- **Target Eleven** - Review the provision of secure cycle parking at all major Trust sites to incentivise and encourage modal shift to cycling.

Whilst all views will be listened to and taken into account, every request will be subject to the budget being available / identifiable. Nor, as per the data gathered in the 2023 staff travel survey, will all staff be able to switch from car use to an active travel option. The consistency and equity of services and functions, rather than uniformity, will recognise that some staff, services and sites have different needs and requirements.

Actions to date / current situation: From April 2019 the Trust had funded a First-operated bespoke P&R shuttle bus (HSB) between the Rawcliffe Bar P&R site and York Hospital. Whilst patronage levels were initially positive and rising over the first year, the subsequent Covid-19 impacts meant that passenger levels dropped and failed to recover, thus not making the service financially viable. The HSB service was discontinued on 1st April 2023.

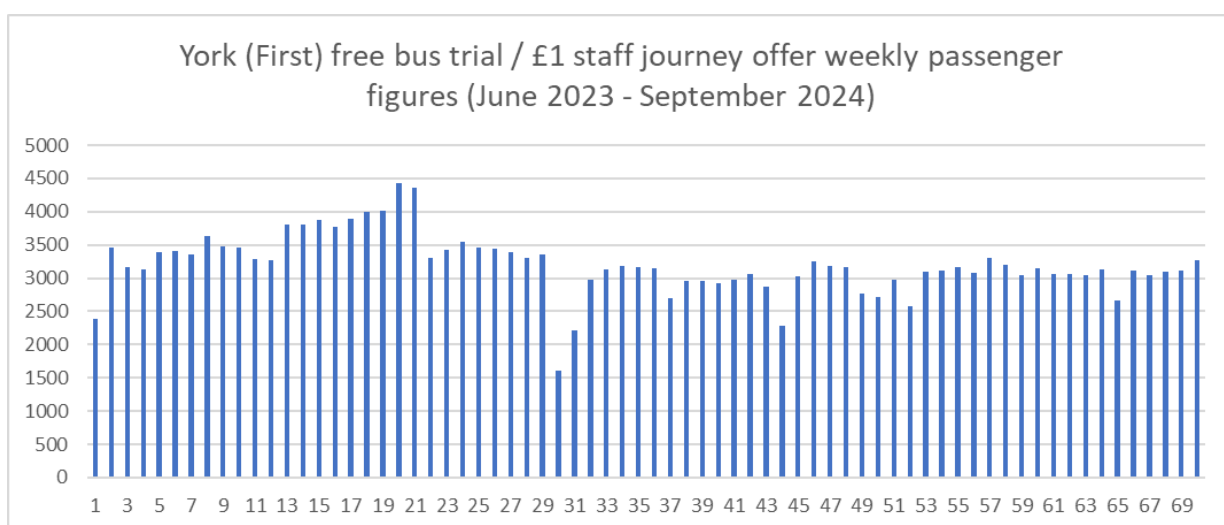
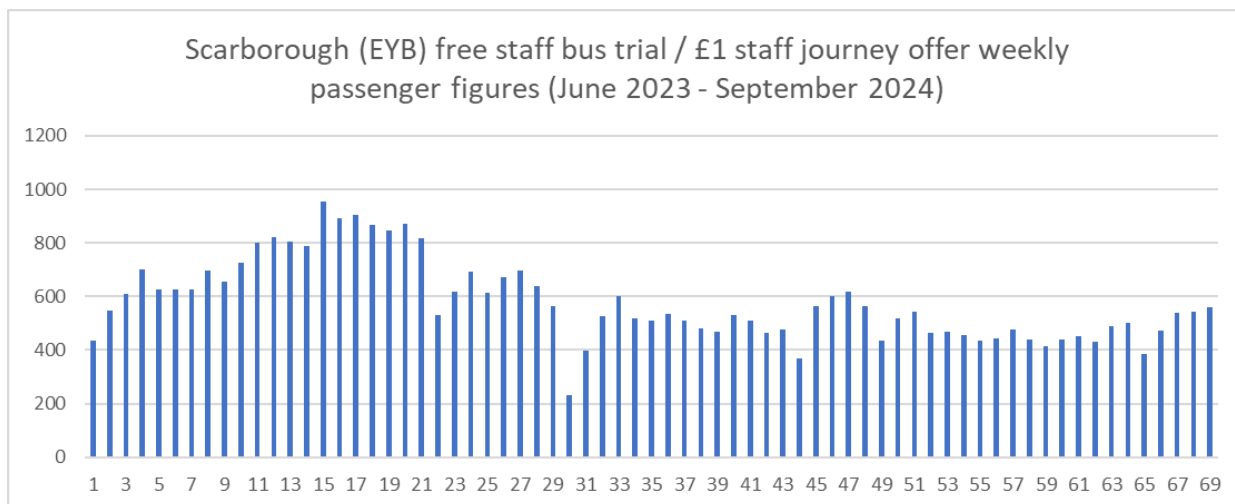
Following the end of the P&R service the Trust offered free staff bus journeys to staff between 1st June 2023 and Sunday 29th October 2023 on the following services:

- The First York network (including P&R services and excluding the University services)
- The East Yorkshire Motor Services Service 10 in Scarborough (connecting the hospital with the North and South of the town).

Uptake was high and peaked at 4,434 weekly journeys in York and 953 weekly journeys in Scarborough.

As of 30th October 2023, the Trust started offering a 7 day per week £1 per journey offer (a £1 / 50% discount on the standard £2 fare) on the same services as above. In May 2024 City of York Council funded expansion of the offer to all other York bus services (except Connexions services). All offers will run until 31st December 2024. To use the offer, staff have to show their valid Trust ID to the driver and state where they are travelling to for work purposes.

The tables below illustrate patronage levels for the two offers above from June 2023 to time of writing:



A short staff bus survey was conducted in September 2023 to gauge opinion on the bus offers outlined above. The survey received 413 responses and the key findings were:

- 90% of responders had used the free bus offer over Summer 2023.
- 51% used the bus before the free bus offer / 49% modal shift rate (started using the services when the offer became available).
- 13.27% used the bus one day per week to travel to work
16.33% used the bus two days per week
25% used the bus three days per week
19.13% used the bus four days per week
26.28% used the bus five days per week.
- 76.21% used the First York services / 19.18% used the Scarborough Service 10 / 4.61% used other available services (Arriva, Transdev, Reliance).
- 70.54% stated they would still use the bus services if a small fee was introduced / 29.46% stated they wouldn't.
- When asked if they would take advantage of an all-operator travel offer in York, 31.67% said yes, 29.33% said no and 39% said maybe.
- Preventative barriers that stopped staff using bus services to work included using bus services takes too long in comparison to car travel, service times do not work for late shifts, lack of available and / or direct services, unreliable services, expense (when not free), and services not being frequent enough.

Based on the positive patronage figures, conversations are ongoing with bus operators to help these become longer term offers beyond 2024. Cycle store maps have been produced for the York and Scarborough sites, highlighting both publicly accessible and secure staff cycle parking.

Accessible staff shower and changing facilities are installed at Bridlington Hospital; any other such facilities are limited to clinical departmental use only.

Actions to be addressed for Objective Five include:

- Review bus offers with regional providers and work towards establishing new staff offers and further roll-out of the £1 staff offer in other Trust regions (linked to Objective One).
- Ensure that Trust interests are taken into account when City of York Council negotiate new bus / Park and Ride contracts in 2025.
- Work with Local Authorities and bus operators to ensure Trust sites are considered during any network changes / new contracts.
- Work with Estates colleagues to review availability of accessible showers at the five main Trust sites and, where applicable, work with Capital planning colleagues on establishing costed plans for installation / conversion.
- Review staff travel reimbursement schemes (i.e. claiming cycle mileage)
- Review cycle parking provision at all main Trust sites and cost up improvements / upgrades where needed.
- Produce new maps for all main sites highlighting public and secure staff cycle storage, pool car locations and other relevant travel aspects.
- Establish active travel champions at all main Trust sites.
- Liaise with staff cycle user group.

Measurement / data collection: Weekly bus passenger data from participating providers, cycle storage counts on main Trust sites, survey data, costed plans for shower and changing facilities (where possible).

Objective Six – To Contribute to the Trust-wide environmental sustainability agenda

- **Target Twelve** - Work with the Trust transport team to establish an EV fleet conversion programme, (aligning with the 2027 and 2045 targets to convert fleet vehicles to ULEV).
- **Target Thirteen** - Work with the Trust estates teams to establish opportunities to install new / additional EV charging provision for operational use.
- **Target Fourteen** – Work with Enterprise and relevant colleagues to cost up plans to introduce electric vehicles into the Trust pool car fleet, plus necessary charging infrastructure (aligning with the 2027 and 2045 targets to convert fleet vehicles to ULEV).

The Trust will encourage any grey and other fleet upgrades/additions to be as environmentally friendly as possible. This will be factored into Trust Lease car policy, fleet vehicle replacements and the tender for new pool / hire car contracts when applicable.

Actions to date / current situation: Currently the Trust has 12 leased EV fleet vehicles which are used for either delivery or Estates purposes. Charging points are located at:

Selby War Memorial Hospital x1 solo wall charger (7kw), with 1 charge point

Total Charge Points on site = 1

Scarborough Hospital x1 twin floor mounted charger (7kw), with 2 charge points
Total Charge Points on site = 2

Bridlington Hospital x2 solo wall chargers (7kw), with 1 charge point
Total Charge Points on site = 2

Malton Hospital x2 solo wall chargers (7kw), with 1 charge point
Total Charge Points on site = 2

Transport Department x2 twin floor mounted chargers (7kw), with 2 charge points each
Total Charge Points on site = 4

York District Hospital (Estates) x2 twin floor mounted chargers (7kw), with 2 charge points each
Total Charge Points on site = 4

York District Hospital (Patient Multi Storey Car Park) x2 solo wall chargers (7kw), with 1 charge point
Total Charge Points on site = 2

Total EV charge points across all Trust sites = 17

The new Scarborough Hospital Emergency Department building will have a new EV charge point that will be designated for Trust operational transport purposes. This point is anticipated to become available late 2024.

Actions to be addressed for Objective Six include:

- Work with the Trust transport team to establish a vehicle replacement schedule, (to replace current petrol- and diesel-powered vans with EVs), to align with the NHS England targets of 2027 and 2045).
- Develop and update the Trust's electric vehicle charging infrastructure where possible / needed.
- In relation to Trust suppliers and contractors, all contacts to be encouraged to adopt environmentally friendly and sustainable practices in relation to transport. This could extend to tendering procedures.
- Via National Clean Air Day (June 2025 - specific date TBC), promote "anti-idling" policy to all relevant stakeholders including staff, patients and visitors and providers such as taxi companies.
- With Estates colleagues, review the provision of EV charging infrastructure at all main Trust sites and assess options and costs, in synch with the fleet replacement programme.
- Consider what can be done to support Yorkshire Ambulance Service (YAS) charging infrastructure ambitions, and if they can synch with the above.
- Work with relevant colleagues and Enterprise to determine options and costs for converting the staff pool car fleet to EV.
- Work with relevant colleagues to do a scoping exercise on the current pool car provision, recognise quality improvement objectives.
- Review and address what vehicles are available via the staff lease car schemes, with a view to ensure that only low and ULEV vehicles are available.

Measurement / data collection: Costed fleet vehicle replacement schedule / costed plans for other fleet vehicles, pool cars and charging infrastructure.

It must be noted that whilst these aims and targets link to the NHS net zero targets and aspirations, our Trust is made up of large rural areas. This presents different challenges to urban locations such as increased mileage demands and a lack provision of charging infrastructure.

Priority actions for 2024 / 2025:

The Travel Planning Coordinator will carry out the following actions as a priority from late 2024 onwards. All aspects listed below are either already in progress or will be started in conjunction with local authorities and transport providers:

- Work with City of York Council to explore options to improve traffic flow on Wigginton Road.
- Work with City of York Council and North Yorkshire Council to ensure that the Travel Plan synchs in with their respective policies and transport / place plans.
- Work with local authority services (such as iTravel York) to schedule a 12 month programme of active travel activities for staff.
- Work with regional partners to address patient transport issues across the Trust and explore collaborative solutions. This will / could include Trust colleagues, the ICB, CCGs, local authorities and transport providers.
- Create postcode maps for staff commutes to main Trust sites, to act as a baseline for active travel planning activities going forward.
- Contact Trust HR to start reviewing travel offers to new starters.
- Review and 'relaunch' the Trust staff pool car scheme, emphasising correct usage of the scheme and a hierarchy of travel for Trust staff to adhere to.
- Work with relevant partners to continue the current £1 staff bus offer into 2025 and explore options to expand the existing offers (dependent upon the status of the £2 fare cap beyond 31st December 2024).
- Work to install two new staff cycle stores at Bridlington Hospital and Tribune House (Clifton Moor) by May 2025.
- Work with internal colleagues to plan and install a new bus shelter at Selby hospital.
- Work with East Riding Council to continue the staff active travel programme into 2025.
- Work with relevant colleagues to plan installation for more EV charging points for operational use.
- Establish and strengthen relations between the new Combined Authority for York and North Yorkshire, North Yorkshire Council, City of York Council and other major regional transport leads. Ensure that Trust interests are considered as part of new transport projects and funding allocations e.g. BSIP.
- With relevant Trust colleagues, start developing a plan for a new staff car share scheme at main Trust sites.
- Review York Trust car parking charges in line with City of York Council to help support greater modal shift away from the single-use private car. Develop effective data capture system for all transport aspects (where possible).

Travel Plan Coordinator

It is essential for the success and efficiency of any Travel Plan that a Travel Plan Co-ordinator (TPC) be appointed to have the responsibility for the implementation of the Plan. Dan Braidley (Travel and Partnerships Manager, YTHFM LLP) is the designated Trust TPC. Dan can be contacted at **d.braidley@nhs.net**.

The responsibilities of the Travel plan Co-ordinator include:

- Chairing the quarterly operational Trust Travel & Transport Group
- Represent the Trust with regional NHS bodies including the ICB, Greener NHS and NHS England.
- Overseeing the development implementation and monitoring of the Travel Plan initiatives.
- Obtaining and maintaining commitment and support from senior managers, staff and union representatives etc.
- Designing and implementing effective marketing and awareness raising campaigns to promote the Travel Plan and the projects and initiatives to meet the Travel Plan aims.
- Co-ordinating and attending Steering Groups, Working Groups etc.
- Co-ordinating the necessary data collection exercise required to further develop the Travel Plan.
- Acting as a first point of contact for all staff requiring information.
- Liaising with different departments and external organisations.
- Co-ordinating the monitoring programme for the Travel Plan, including target setting.
- Presenting any business cases to secure a budget for Travel Plan development, and ensuring that any income generated is used only to promote the Plan and related environmental improvements and more sustainable travel related options.
- From time to time it may be necessary to involve other Trust Officers in assisting with this important role. The Local Authority and other interested parties will be informed of any such change, so that the initial point of contact remains clear at all times.
- The Travel Plan Co-ordinator will report to the Trust Transport and Travel Group, which will oversee the development of a Trust Wide healthy transport strategy and travel plan.
- Promotion of travel options available to staff to influence modal shift. This will cover all aspects of reduction in journeys, journey planning for the members of staff and will encourage staff to make better use of public transport or walk / cycle to work.
- This facility will also be used to promote the 'cycle2work' scheme and other travel plan incentives such as promoting Hire and Pool Car schemes and car- sharing options (when in operation).

Communications and Marketing

A critical factor to the success of the Travel Plan is to raise awareness through communications and marketing to sustain progress. The following means of communication and publicity will be considered for delivery by the TPC, the Staff Benefits team and via through the Trust's communications team:

- Share the completed TP document via the Trust intranet and public-facing website.
- Activities of the Travel and Transport Group.
- Articles on the Trust Intranet and in the staff newsletter (Staff Matters) or inserts with payslips.
- Ensure active travel measures are promoted to new starters via HR.
- Informal small scale "drop in" events to share the travel plan and obtain suggestions from staff, patients, and visitors.
- Leaflets / brochures - travel plan and bus services.
- Local media (newspapers, radio stations).
- Flyers / posters.
- Online signposting links to iTravel York, TIER and other external partners.
- Health promotion of benefits of walking / cycling (including possible input from Occupational Health).
- Work with other health service providers, the Transport Authority and Voluntary Community Services to determine opportunities for efficiencies from integrated Patient Transport, Social Services, local bus services, voluntary transport.
- Continue working with NYC (North Yorkshire Council) and ERYC (East Riding of Yorkshire Council).
- Continue to develop Transport Information Points on intranet (Staffroom) and Internet/Trust Website which are prominent areas for staff and visitors to access up to date information on all aspects of travel and transport.

Appendices

Trust Premises / Facilities analysis

Patient figures 2023 - 2024

2023 Staff Travel Survey

2024 Patient / visitor travel survey

Glossary

Trust Premises/Facilities

Although Appendices A - E of this report provide site specific assessments for the Trusts five key sites it is acknowledged that many Trust members of staff are based at several other premises outside of the confines of these main Trust facilities.

As such each of these satellite sites will be covered by the Trust Wide Travel Plan and its general initiatives. Through the Trust Travel and Transport Group members of staff based at these sites will always have an opportunity to air any concerns or indeed share suggested initiatives that they have.

Such input and cooperation will be encouraged by the Travel Plan Coordinator to ensure that all staff are fully aware of the principles of the Travel Plan and the Trusts aims and objectives in terms of increasingly the use of sustainable travel modes.

Whilst it is standard travel planning practise to list residential locations close to site(s), it must also be noted that any modal shift is done at an individual's discretion; the following radius distances are indicative when in regard to cycling, walking and travelling my local bus. Not all the locations highlighted will have adequate or safe cycle and pedestrian routes to their respective hospital sites and that will influence individual modal shift decision making.

APPENDIX A – York Hospital

Site Specific Assessment

Figure A1 – 500m 1km & 2km Walking Radius Plan

Figure A2 – 5km Cycling Radius Plan

Figure A3 – Bus Stop Location Plan

York Hospital – Site Specific Assessment

A1.1 Walking - Existing Situation

A1.1.1 The Institution of Highways and Transportation publication 'Providing for Journeys on Foot' contains a range of desirable, acceptable and preferred maximum walking distances for a variety of types of journeys. For commuting journeys the walking distances vary between 500, 1000 and 2000m. These distances, centred on the hospital site, are shown on the plan attached at Appendix A (Figure A2). It is noted that walking routes will not follow the simple radius of this plan and the plan is provided as an indication of where residential areas and local facilities are located and the general extent to which these and the site can be accessed on foot.

A1.1.2 Within the hospital site, a major zebra crossing point is a key location adjacent to the MSCP that links to the adjacent highway.

A1.1.3 Formal controlled crossing points are provided on Wigginton Road, adjacent to the main site frontage which provides access to the wider network, adjacent residential areas and convenient bus stops.

A1.2 Walking – Site Specific Initiatives

A1.2.1 The Trust will continue to monitor the suitability of existing pedestrian routes and crossing points. Any improvements required to meet changes in service availability or location with the site will be assessed.

A2.1 Cycling - Existing Situation

A2.1.1 In relation to the application site; cycling distances from local residential centres within 5km, along with the corresponding cycle time based on 12 km per hour are provided overleaf. The plan attached at Appendix A (Figure A3) details a 5km radius of possible destinations and as such shows the extent to which the site is accessible by cycle.

Origin/Destination	Distance	Time
York City Centre	1.0km	5 mins
York Rail Station	1.6km	8 mins
Heworth	1.8km	9 mins
Clifton Moor	2.2km	11 mins
Fishergate	2.5km	12 ½ mins
New Earswick	2.9km	14 ½ mins
Layerthorpe	3.0km	15 mins
Huntington	3.4km	17 mins
Fulford	3.8km	19 mins
Heslington	4.0km	20 mins
Badger Hill	4.2km	21 mins
Osbalwick	4.4km	22 mins
Acomb	4.7km	23 ½ mins
Haxby	5.0km	25 mins

It must be noted that safe cycle routes to the hospital site (i.e. off road) are not available from some of the rural areas listed above. Cycling as an alternative to driving will still be promoted to staff for consideration, but any modal shift will be at the discretion of the individual.

A2.1.2 There are numerous pockets of cycle parking for both staff and patients/visitors across the site. These consist of a mixture of facilities such as Sheffield Stands, covered shelters and secure cycle lockers, and can be broken down into the following numbers:

Secure staff cycle spaces available: 372 in secure gated staff-only enclosures
 Patient / visitor cycle storage locations as per figure A1 below. Please note: When the Magnolia Centre is upgraded in late 2024 / early 2025 some publicly accessible cycle parking will be relocated.

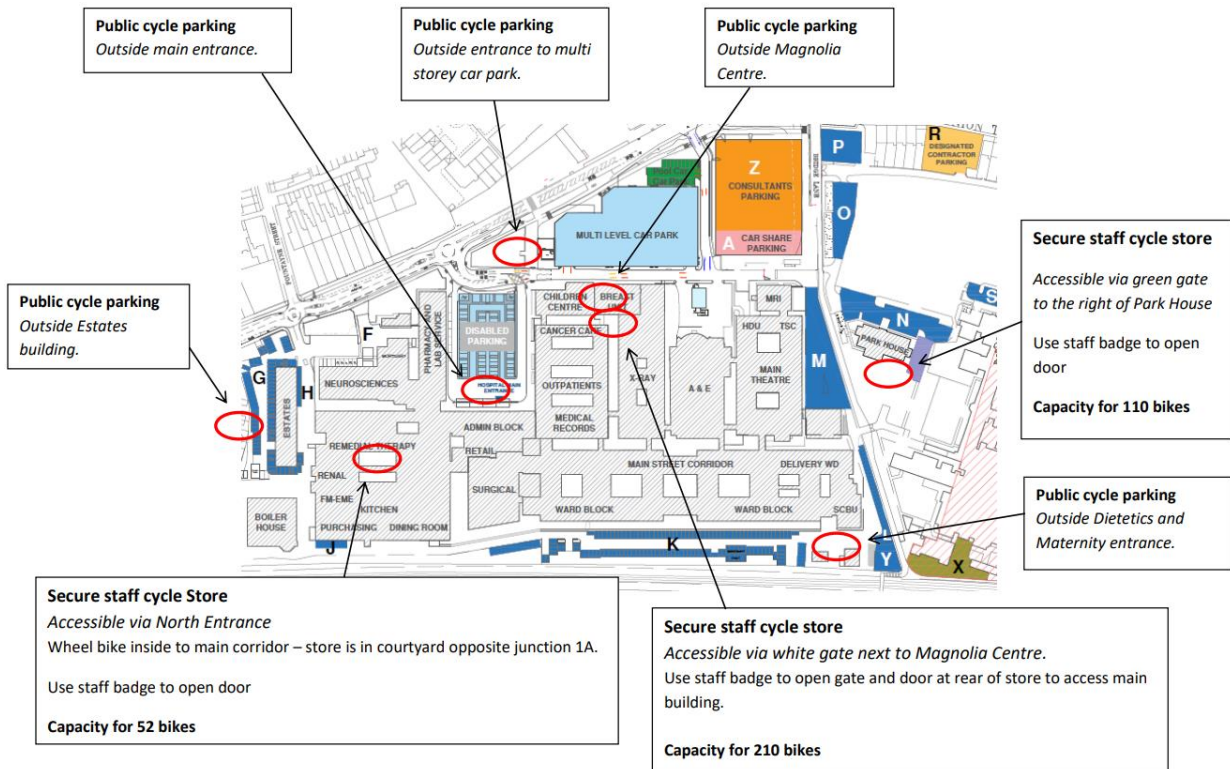


Figure A1 – Cycle parking provision at York Hospital

A2.1.3 The existing cycle facilities are well used and our observations noted that spaces were available with only a small number of cycles being left in un-designated areas.

A2.1.4 Cycle lanes are present on Wigginton Road which allow access to the site from the highway network, including the Sustrans-owned Foss Island Cycle path that adjoins large parts of the York cycle path network.

A2.2 Cycling – Site Specific Initiatives

A2.2.1 The TPC will work with City of York Council and access any free seasonal cycling promotions delivered as part of the iTravel sustainable transport programme.

A3.1 Public Transport - Existing Situation - Bus Accessibility

A3.1.1 Bus stops are located along Wigginton Road in the vicinity of the site. These stops are all located within 300m from the centre of the site with pedestrian crossings marked with tactile paving and a pedestrian refuge island available across Wigginton Road. An unused

bus stop is on site close to the main entrance (that was previously used for the Hospital Park & Ride service).

A3.1.2 The plan attached at Appendix A (Figure A4) shows the location of the stops in the vicinity of the site and details of the facilities provided at each of these stops along with the available services are provided below:-

Clifton, Feversham Crescent

Bus stop reference: 32900310
 Location: Wigginton Road
 Distance to stop: Within 300m from centre of site
 Direction of Travel: Buses travelling northbound
 Facilities: Pole, timetable, marked bus bay, raised kerbs
 Bus services: 6 & 40

Bus stop reference: 32900311
 Location: Wigginton Road
 Distance to stop: Within 300m from centre of site
 Direction of Travel: Buses travelling southbound
 Facilities: Pole, timetable, marked bus bay, raised kerbs
 Bus services: 6 & 40

Clifton, Haxby Road School

Bus stop reference: 32900318
 Location: Haxby Road, opposite the school
 Distance to stop: Within 800m from centre of site
 Direction of Travel: Buses travelling northbound
 Facilities: Pole, timetable, marked bus bay, raised kerbs
 Bus services: 1, 5 & 5A

Bus stop reference: 32900317
 Location: Haxby Road, outside the school
 Distance to stop: Within 800m from centre of site
 Direction of Travel: Buses travelling southbound
 Facilities: Pole, timetable, marked bus bay, raised kerbs
 Bus services: 1, 5 & 5A

Bus stop reference: 32900080 and 32900081
 Location: Clarence Street, York St John University
 Distance to stop: Within 600m from centre of site
 Direction of Travel: Buses travelling northbound / Southbound
 Facilities: Pole, timetable, shelters, marked bus bay, raised kerbs
 Bus services: 1, 5 & 5A

A3.1.3 A summary of the bus services which operate in the vicinity of the site are:

1 - Wigginton - Chapelfields – via City Centre

Monday – Saturday	15-20 minutes
Monday – Saturday Evening	30-35 minutes
Sunday	30-35 minutes

5/5A – Strensall – Foxwood – via Huntington – Haxby Road – City Centre

Monday – Saturday	18-20 minutes
Monday – Saturday Evening	30 - 60 minutes
Sunday	30-35 minutes

6 – Clifton Moor – Heslington East – via City Centre	
Monday – Friday	15 minutes
Saturday	20 minutes
Monday – Saturday Evening	30 minutes
Sunday	30-35 minutes

40 – Crayke – Easingwold – York – Askham Bryan College	
Monday – Saturday	60 minutes
Monday – Saturday Evening	No Service
Sunday	No Service

A3.1.4 As can be seen from the above there is a frequent level of service with many services on a weekday daytime.

A3.1.5 The York Hospital also provides a fully accessible, door to door minibus transport to the Hospital for people living in the Pocklington Area (03456 445959). York Wheels is a charity organisation based inside York Hospital, with 30 volunteer drivers who will transport clients to the hospital for a small charge. The service is aimed at those who are unable to use public transport. Bookings can be made via 01904 630080.

A.3.1.6 Travel advice is provided on Staffroom (Staff intranet) and the iTravel website hospital website which can be accessed via the links below

http://www.yorkhospitals.nhs.uk/our_hospitals/the_york_hospital/getting_here/York_Travel_Information_Public_Transport_Routes_&_Journey_Planner_-_iTravel_York

A3.2 Public Transport – Site Specific Initiatives – Bus Accessibility

A3.2.1 The Travel Plan Coordinator will work with City of York Council and local bus companies to ascertain the viability of any bus services and schemes.

A4.1 Public Transport - Existing Situation – Rail Accessibility

A4.1.1 The closest train station to the development site is York Railway Station located approximately 1.5km south-east of the site.

A4.1.2 York Railway Station is a mainline station that has sheltered seated waiting areas, waiting rooms, a customer help point, public Wi-Fi, refreshment facilities, toilets with baby change facilities, a café, a ticket counter, ticket machines, and an ATM. There are also lifts and ramps for those with impaired mobility; staff are also on hand to help. The station also has a 604-space car park with 6 accessible spaces available.

A4.1.3 This station is under the management of Virgin East Coast and provides services to Edinburgh, London Kings Cross, Liverpool, Leeds, Hull, Manchester, Huddersfield, Aberdeen, Scarborough, Blackpool North and many local areas within York.

A4.1.4 The station is well within cycling distance and there is cycle parking available around the station.

A4.1.5 In 2019 Scarborough Bridge was renovated to include better cycle accessibility, offering York Hospital staff a quicker and safer journey by bike from the station via the former Bootham Park driveway.

A4.2 Public Transport – Site Specific Initiatives – Rail Accessibility

A4.2.1 The Trust will liaise with LNER (York Station operators) via the City of York Council to ensure that that operational travel plans are linked in the most appropriate manner to achieve the most effective take up of rail connections.

A5.1 Car Sharing - Existing Situation

At present there is no staff car sharing offer.

A5.2 Car Sharing - Proposed Measures and Initiatives

A new staff car sharing offer will be looked at (see Objective 4, Target 8).

A6 York Hospital Car Parking situation:

A6.1.1 There are 1223 marked parking spaces on the site, 424 for visitors located within our Multi-story car park on the main entry road, and 714 spaces for staff parking around the external surface car park around the site.

A6 1.2 There are 85 accessibility bays that can be accessed by staff and visitors to the hospital. Users are required to display a valid blue badge permit within their vehicle, whilst also requiring to register their permit with our ID & Car Parking Team on the Automatic Plate Recognition System (ANPR).

A6 1.3 Hospital staff also have access to the York Pool Car Fleet which is located in the Enterprise car park to the rear of the MSCP, with access to these vehicles via the Enterprise App.

A6.1.4 Car parking charges apply for visitors within the MSCP between the hours of 8am – 8pm (7 days per week). Enforcement of these charges is through the ANPR technology with an automatic ticketless barrier system in place.

Service User & Visitor Charges	York
Up to an hour	£2.50
Up to 2 hours	£5.00
Up to 3 Hours	£7.50
Up to 4 Hours	£9.00
Up to 6 Hours	N/A
All day	£10.00

A6.1.5 Car parking charges apply for staff on the surface car parks around the York Hospital site, and across at the adjacent Park House and BPH sites between the hours of 8am – 6pm (Monday – Friday). Parking outside of these hours is not chargeable, however night shift workers are encourage to park within the MSCP on an evening through a night shift permit to save on congestion on the surface car parks in the mornings for day users. Enforcement for these car parks is through the ANPR technology.

£7.1.6 Staff charges are determined dependant on pay rate, to help support the lower banded staff members with the cost of living crisis. The pricing structure applies across the three main Trust sites at York, Scarborough and Bridlington.

Staff bands	daily	weekly	monthly
1, 2 & 3	FREE	FREE	FREE
4 & 5	£1.50	£6	£25
6 & 7	£2	£8	£34
8+ including consultants	£2.50	£10	£52

A6.1.6 ANPR is in operation at the hospital and enforcement notices are also given to cars parked improperly by the security team, for example on the pavement or not in a designated bay, or without payment. Penalty charges are £50, or £25 if paid within 14 days, and are administered and managed by the Trusts strategic partners GroupNexus.

A6.1.7 There are 20 minute drop off parking outside the Mian Entrance, Neuroscience and Emergency Department. These spaces are monitored and users should relocate into the multi-storey car park once drop off has been completed where standard visitor charges apply.

A6.1.8 Free parking is provided for patients attending the Renal Unit for treatment. Patients are required to use designated parking bays adjacent to the Renal Unit, however, if all allocated bays are in use, then the patients may use the Neurosciences or Multi-Storey Car Park (MSCP) free of charge.

A6.1.9 Parking concessions are available in line with government guidelines upon request from the ward or department, they will require your vehicle registration number (VRN) to apply. The concessions apply across the three main Trust sites at York, Scarborough and Bridlington.

Car Parking Concessions

Visitors and patients are required to pay for parking on the York Hospital site between the hours of 07.30 hrs and 20.00 hrs. Parking tariffs are displayed.

The following concessions are available.

Blue badge permits	Free of charge in designated blue badge parking areas or in the multi story car park
Visitor to patient's in the last days of life/ bereavement care.	Free parking in multi-storey car park for up to 3 days This period may be extended upon application
Visitor to patient in Critical Care (ITU/HDU/Coronary Care)	Free parking in multi-storey Car Park
Visitor Nominated by Long Term patient (long term means has been in hospital over 7 days)	Parking in multi-storey car park at a reduced rate
Parents staying with a patient on the Children's ward	Free parking in multi-storey Car Park
Parents whose babies are in neonatal intensive care.	Free parking in designated bays or multi-storey car park
Partner of Expectant mother whilst in labour	Reduced rate parking in designated bays or multi- storey car park
Patient who has to attend treatment for at least 3 hours per week and for a period of more than two weeks	Free Parking in designated bays or multi-storey car park
Emergency Department	Free for 20min in drop off bays then move to multi-storey car park and pay full amount up to 4 hours maximum charge.
Close relative of patient receiving care under the Mental Health Act	Reduced rate one permit per patient
Cancer patients on active systemic treatment	Free parking in multi-storey Car Park

Please speak to the Ward/Department that you are attending if you believe qualify for any of the concessions, they will then validate your car parking ticket. For further enquiries call 01904 72 1591.

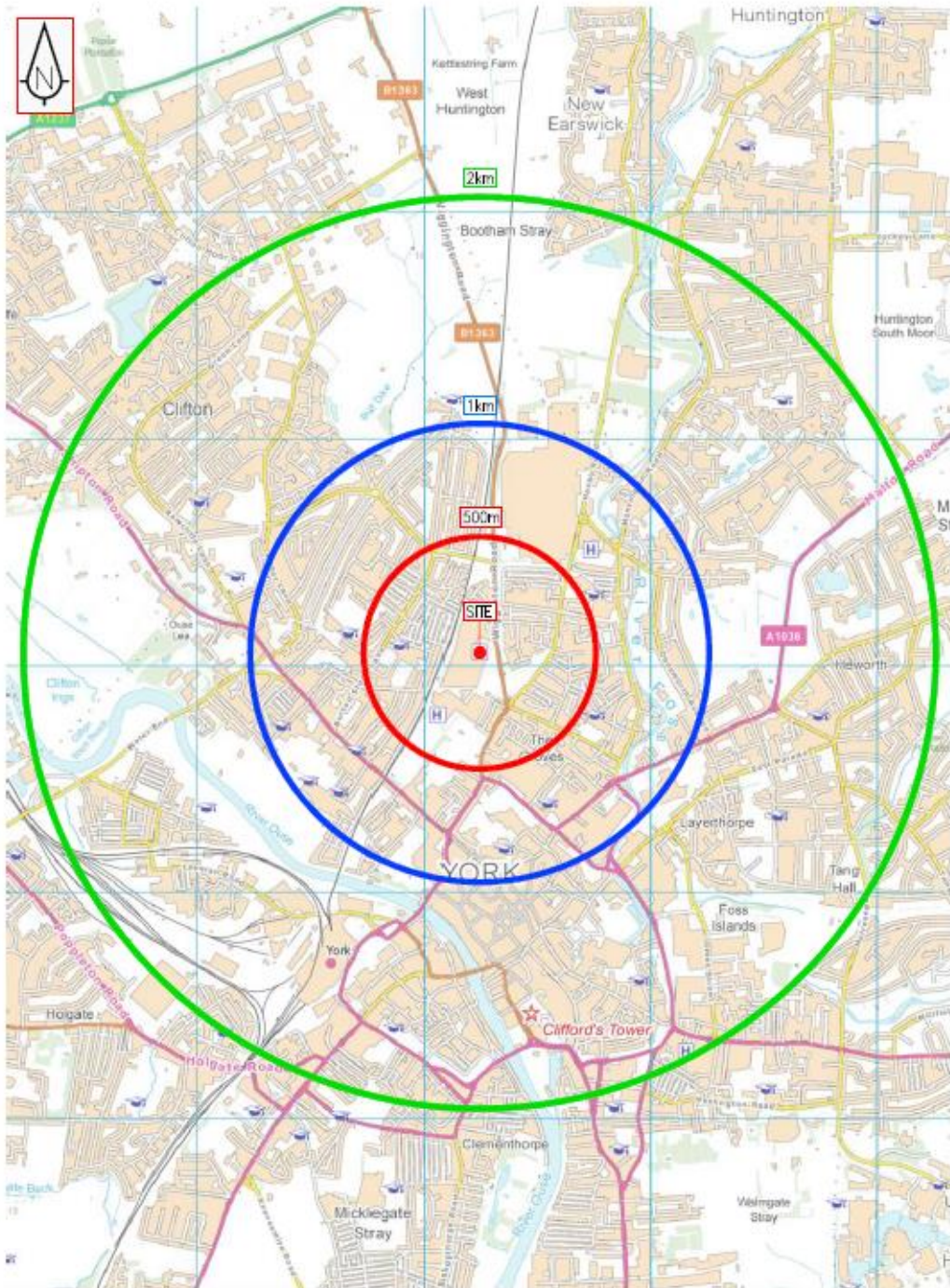


Figure A2
 500m, 1km and 2km indicative walking plan
 York Hospital, Wigginton Road, York

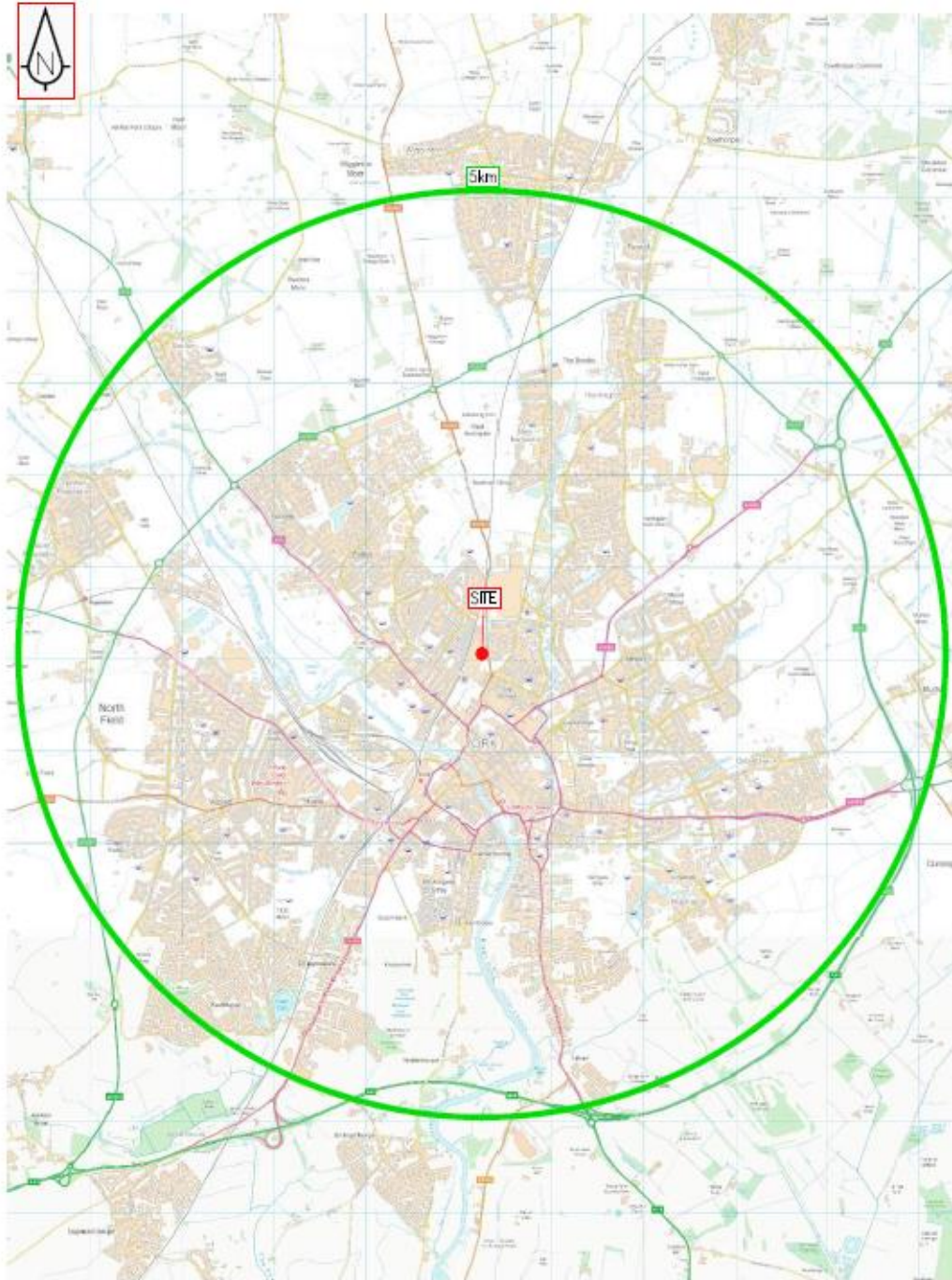


Figure A3
 5km indicative cycling distance
 York Hospital, Wigginton Road, York

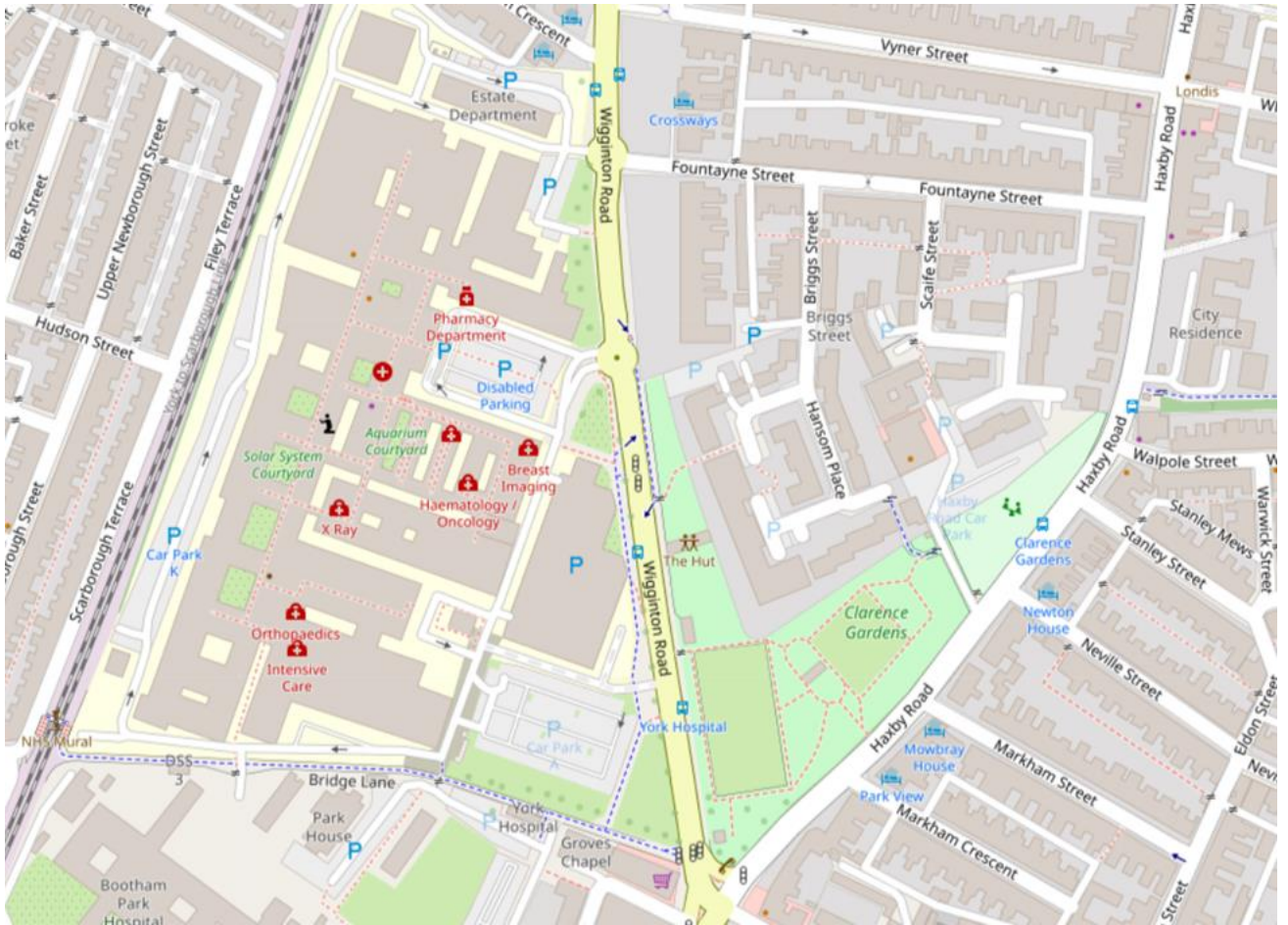


Figure A4
 Location of public transport access / key bus stops
 York Hospital, Wigginton Road, York

APPENDIX B – Scarborough General Hospital**Site Specific Assessment**

Figure B1 –500m 1km & 2km Walking Radius Plan

Figure B2 – 5km Cycling Radius Plan

NYMNP cycle Map

Figure B3 – Bus Stop Location Plan

Scarborough General Hospital – Site Specific Assessment

B1.1 Walking – Existing Situation

B1.1.1 The Institution of Highways and Transportation publication 'Providing for Journeys on Foot' contains a range of desirable, acceptable and preferred maximum walking distances for a variety of types of journeys. For commuting journeys the walking distances vary between 500, 1000 and 2000m. These distances, centred on the hospital site, are shown on the plan attached at Appendix B (Figure B1).

B1.1.2 It is noted that walking routes will not follow the simple radius of this plan and the plan is provided as an indication of where residential areas and local facilities are located and the general extent to which these and the site can be accessed on foot.

B1.1.3 The residential areas of Falsgrave and Barrowcliff are located within 1000m of the site and Scalby and the edge of Scarborough town centre are located 2km from the site.

B1.1.4 Controlled pedestrian crossings are present on Scalby (A174) to the front of the hospital site which provide safe access for pedestrians to the site from the bus stops which are present and also to the adjacent residential areas.

B1.2 Walking – Site Specific Initiatives

B1.2.1 The Trust will monitor all pedestrian access routes and liaise with the local authority to ensure that potential new access routes are factored into ongoing regional plans.

B2.1 Cycling - Existing Situation

B2.1.1 Like walking, cycling has an important part to play in reducing congestion, improving accessibility and reducing pollution. A further benefit of cycling is linked to increased general health and fitness which has personal benefits as well as economic benefits for the nation in terms of health service costs. The bicycle is generally more affordable than the car and hence there are social equity benefits to the promotion of cycling. Cycling may also allow people without cars to reach destinations that they may otherwise be unable to reach.

B2.1.2 In relation to the application site; cycling distances from local residential centres within 5km, along with the corresponding cycle time based on 12 km per hour are as follows. A 5km Isochrone of possible destinations can be found at Appendix B (Figure B2) which shows the extent to which the site is accessible by cycle.

Origin/Destination	Distance	Time
Falsgrave	0.7 km	1½ minutes
Barrowcliff	0.7 km	7½ minutes
Throxenby	1.3 km	7½ minutes
Scalby	1.9 km	9 minutes
Scarborough Railway Station	2.0 km	9½ minutes
Scarborough Town Centre	2.3 km	12 minutes
Crossgates	4.4 km	14½ minutes
Burniston	4.5 km	16½ minutes
Eastfield	4.9 km	16½ minutes
East and West Ayton	4.9 km	40 minutes

It must be noted that safe cycle routes to the hospital site (i.e. off road or roads with designated cycle lanes) are not available from many of the areas listed above. Cycling as an alternative

to driving will still be promoted to staff for consideration, but any modal shift will be at the discretion of the individual.

B2.1.3 Within the vicinity of the site there are on-road cycle lanes along Scalby Road. These cycle lanes are part of the North Yorkshire Moors to Sea cycle route which runs from Pickering to Scarborough.

B2.2 Cycling – Site Specific Initiatives

B2.2.1 In December 2018 a 36-bike capacity secure store was installed for staff by the main entrance. This will be a secure compound that staff will be able to access with their ID badges via an electronically-locked gate. This reduced the number of cycles fastened to buildings round the site on an ad hoc basis.

B2.2.2 Site constraints are such that it is not possible to provide each member of staff with a personal locker, however, the Trust will explore the possibility of creating a small number of communal shower/changing hubs within the hospital to enable cyclists to shower and change especially during periods of extreme weather.

B3.1 Public Transport - Existing Situation - Bus Accessibility

B3.1.1 Bus stops are located along Scalby Road in the vicinity of the site and there is also a stop within the hospital grounds. These stops are all located within 300m from the centre of the site as shown on the plan attached at Appendix C (Figure B3) with controlled pedestrian crossings available across Scalby Road (A174). Details of the facilities provided at each of the stops along with the available services are provided below:

Scarborough Hospital

Bus services:	10
Bus stop reference:	32001219
Location:	Scarborough Hospital Entrance
Distance to stop:	Within 300m from centre of site
Direction of Travel:	Buses travelling eastbound
Facilities:	Shelter with seating,
	timetable information and raised kerbs
Bus services:	10, X93, S115, Free Hospital Bus
Bus stop reference:	32090626
Location:	Scalby Road nr Woodlands Drive
Distance to stop:	Within 300m from centre of site
Direction of Travel:	Buses travelling northbound
Facilities:	Shelter with seating, timetable information
	and raised kerbs
Bus services:	8, 10, X93, S115
Bus stop reference:	32096708
Location:	Scalby Road nr Woodlands Drive
Distance to stop:	Within 300m from centre of site
Direction of Travel:	Buses travelling southbound
Facilities:	Shelter with timetable, seating and
	raised kerb

B3.1.2 A summary of the bus services which operates in the vicinity of the site are provided below.

10 – Scalby – Hospital - Town Centre – Eastfield - Cayton	
Monday – Saturday	30 minutes (Eastfield & Cayton hourly)
Monday – Saturday Evening	no service
Sunday	hourly
Sunday Evening	no service

8– Scarborough Town Centre – Falsgrave Road – Hospital – Briercliffe — Scarborough Town Centre	
Monday – Saturday	30 minutes
Monday – Saturday Evening	no service
Sunday	hourly
Sunday Evening	no service

S115 - Scarborough Town Centre – Hospital – Burniston – Cloughton - Ravenscar	
Monday – Saturday	Two journeys a day in each direction
Monday – Saturday Evening	no service
Sunday	no service
Sunday Evening	no service

X93 – Whitby – Barrowcliffe – Hospital – Scarborough Town Centre (Winter timetable increased in frequency for Summer)	
Monday – Saturday	hourly
Monday – Saturday Evening	no service
Sunday	hourly
Sunday Evening	no service

B3.1.4 Scarborough Dial a Ride provides fully accessible, door to door minibus transport to the Hospital for those who are either retired, have some form of disability or who have difficulty using other forms of transport (01723 354434).

B3.1.5 Details of all the above are available on the Trust’s web site which also advises that the Trust are developing a Travel Plan and associated initiatives and requests that patients and visitors consider their travel options and use sustainable modes wherever possible.

B3.2 Public Transport – Site Specific Initiatives – Bus Accessibility

B3.2.1 The Trust will continue to work with public transport providers and other stakeholders to ensure that services to the hospital are not only maintained but increased wherever possible.

B3.2.2 The Travel Plan Co-ordinator will review the start / finish times of services visiting the hospital to maximise the availability of services at shift start / finish times and to coincide with visiting times.

B4.1 Public Transport - Existing Situation - Rail Accessibility

B4.1.1 The closest train station to the development site is Scarborough Railway Station located approximately 2.0km east of the site.

B4.1.2 Scarborough Railway Station is a mainline station that has sheltered seating areas waiting areas, toilets, a café, vending machines, a ticket counter, ticket machines cycle parking, a taxi rank and an 84 space car park.

B4.1.3 This station is under the management of First TransPennine Express and provides services to Liverpool, York, Leeds, Hull, Manchester, Huddersfield, Malton, Seamer, Filey, Bridlington, Beverley, Cottingham and other local areas.

B4.1.4 This station is well within the cycling distance and 12 sheltered cycles rack are provided at the station. This makes it possible for residents and visitors to access the station by cycle.

B4.2 Public Transport – Site Specific Initiatives – Rail Accessibility

B4.2.1 The Trust will continue to liaise with public transport providers to maximise the availability of connections between the rail station and the hospital by bus. These services will be promoted by the Travel Plan Coordinator and would likely be of benefit to these members of staff travelling to other Trust facilities for example in York as well as patients / visitors.

B6.1 Car Parking - Existing Situation

B6.1.1 There are 806 marked parking spaces on the site, with 258 visitor spaces located adjacent the Urgent Emergency Care Centre (UECC) on the main entry road, and a further 498 spaces for staff parking on the surface car parks around site.

B6 1.2 There are 50 accessibility bays that can be accessed by staff and visitors to the hospital. Users are required to display a valid blue badge permit within their vehicle, whilst also register the permit with our ID & Car Parking Team on the Automatic Plate Recognition System (ANPR) who are located at the Main Entrance to the Hospital.

B6 1.3 Hospital staff have access to the Scarborough Pool Car Fleet which are located within the barriered visitor car park, with all vehicles registered on the ANPR systems for ease of egress.

B6.1.4 Car parking charges apply for visitors between the hours of 8am – 8pm (7 days per week). Enforcement of these charges is through the ANPR technology.

Service User & Visitor Charges	Scarborough
Up to an hour	£1.45
Up to 2 hours	£2.90
Up to 3 Hours	£4.35
Up to 4 Hours	£5.80
Up to 6 Hours	N/A
All day	£7.20

B6.1.5 ANPR is in operation at the hospital and enforcement notices are also given to cars parked improperly by the security team, for example on the pavement or not in a designated bay, or without payment. Penalty charges are £50, or £25 if paid within 14 days, and are administered and managed by the Trusts strategic partners GroupNexus.

B5.1 Car Sharing - Existing Situation

At present there is no staff car sharing offer.

B5.2 Car Sharing - Proposed Measures and Initiatives

A new staff car sharing offer will be looked at (see Objective 4, Target 8).

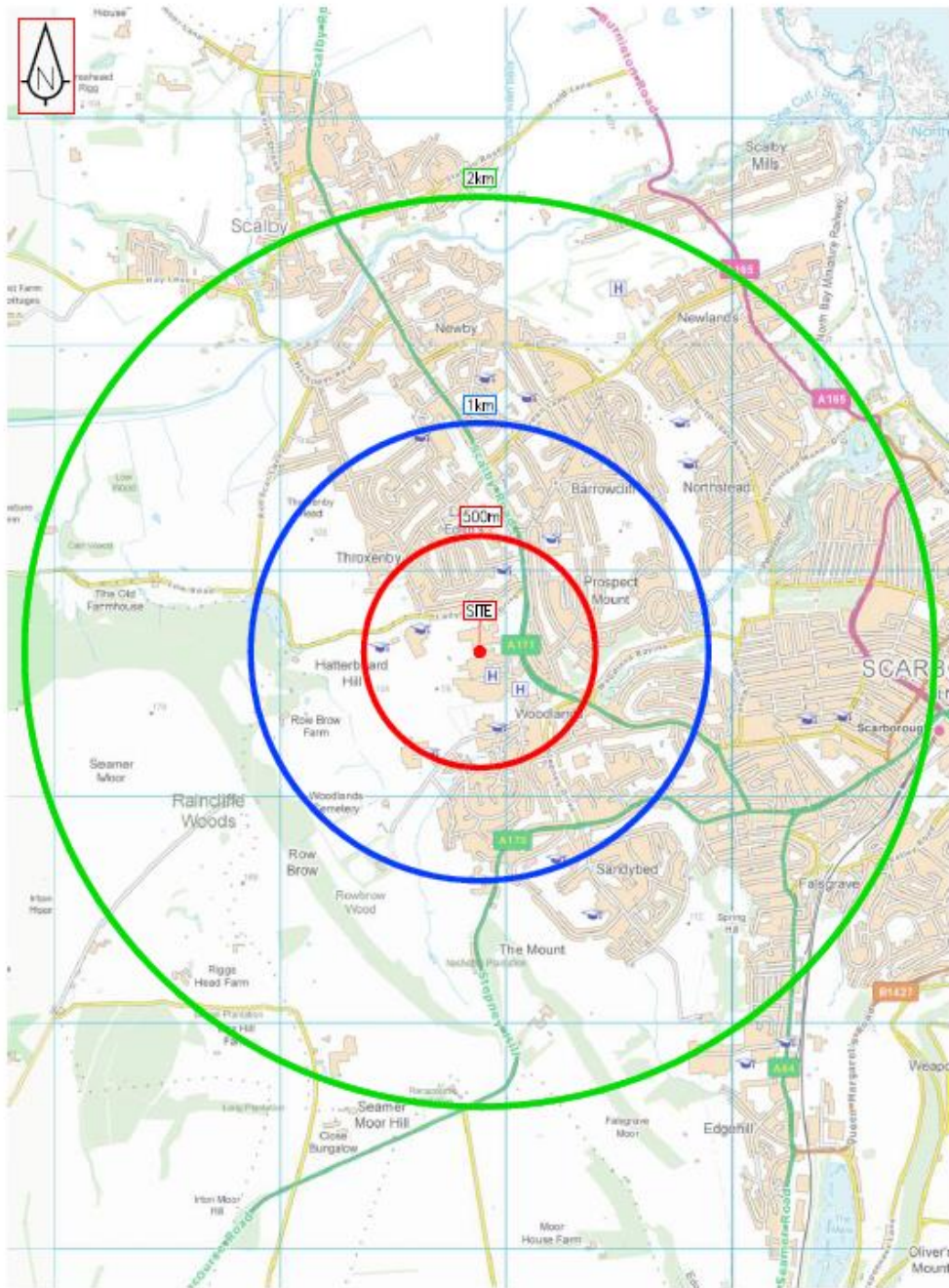


Figure B1
 500m, 1km and 2km indicative walking plan
 Scarborough Hospital, Woodlands Drive, Scarborough



Figure B2
5km indicative cycling distance
Scarborough General Hospital, Woodlands Drive, Scarborough

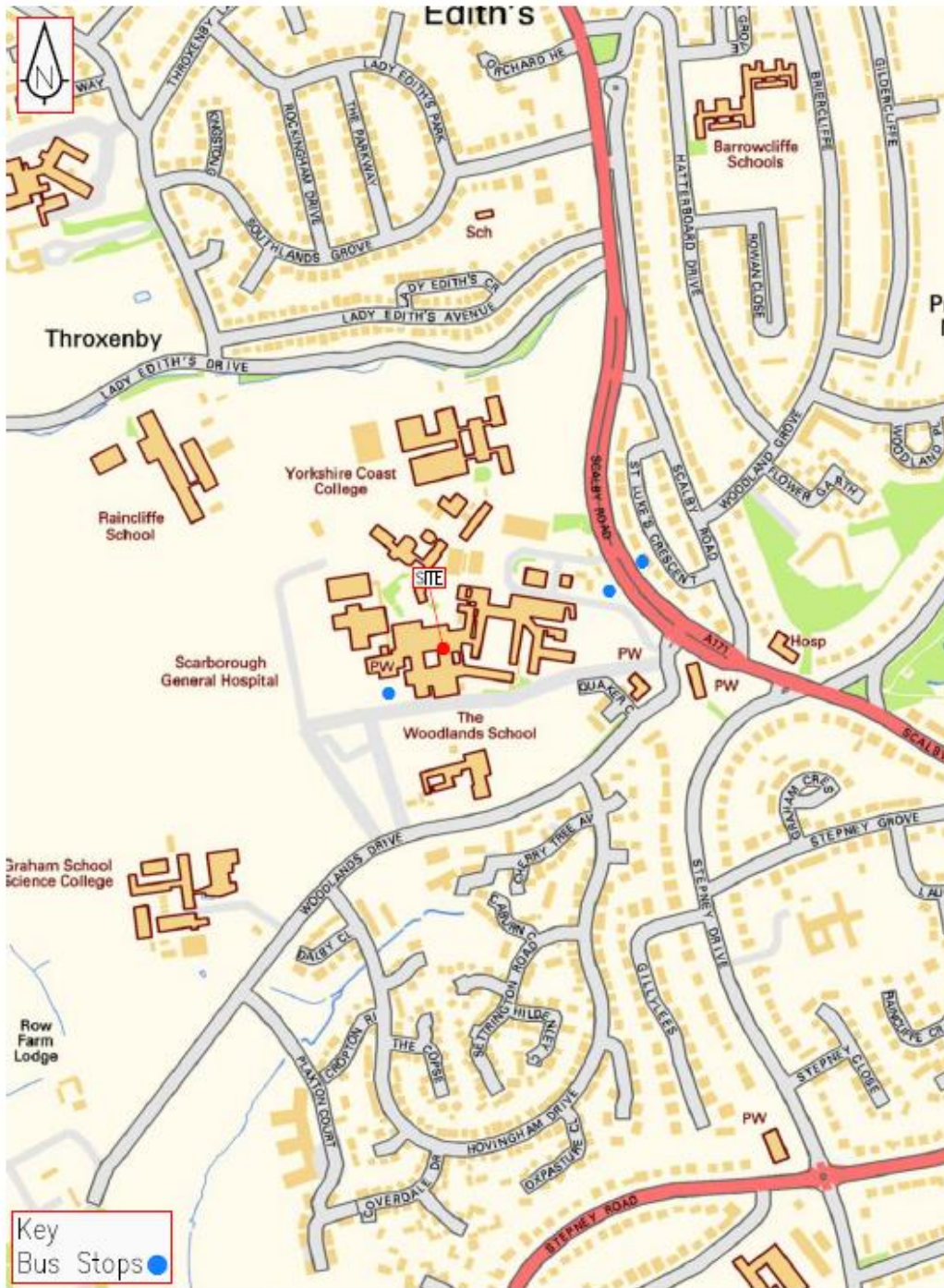


Figure B3
Location of public transport / key bus stops
Scarborough Hospital, Woodlands Drive, Scarborough

APPENDIX C – Selby Hospital

Site Specific Assessment

Figure C1 – 500m 1km & 2km Walking Radius Plan

Figure C2 – 5km Cycling Radius Plan

Figure C3 – Bus Stop Location Plan

Selby Hospital – Site Specific Assessment

C1.1 Walking - Existing Situation

C1.1.1 The Institution of Highways and Transportation publication ‘Providing for Journeys on Foot’ contains a range of desirable, acceptable and preferred maximum walking distances for a variety of types of journeys. For commuting journeys the walking distances vary between 500, 1000 and 2000m. These distances, centred on the hospital site, are shown on the plan attached at Appendix C (Figure C1). It is noted that walking routes will not follow the simple radius of this plan and the plan is provided as an indication of where residential areas and local facilities are located and the general extent to which these and the site can be accessed on foot.

C1.1.2 Within the hospital site, extensive pedestrian facilities exist with zebra crossing points at key locations which link to the adjacent highway.

C1.1.3 Formal crossing points are provided on Doncaster Road, adjacent to the main site frontage which provides access to the wider network, adjacent residential areas and convenient bus stops.

C1.2 Walking – Site Specific Initiatives

G1.2.1 At this stage no site-specific initiatives have been developed. However, the TPC is in the process of developing a “walking” package for staff, consisting of walk to work promotion, staff champions etc.

C2.1 Cycling - Existing Situation

C2.1.1 In relation to the application site; cycling distances from local residential centres within 5km, along with the corresponding cycle time based on 12 km per hour are provided overleaf. The plan attached at Appendix C (Figure C2) details a 5km radius of possible destinations and as such shows the extent to which the site is accessible by cycle.

Origin/Destination	Distance	Time
Selby Town Centre	1.3km	6 ½ mins
Brayton	1.3km	6 ½ mins
Selby Rail Station	1.7km	8 ½ mins
Burn	3.6km	18 mins
Thorpe Willoughby	4.0km	20 mins
Barlby	4.6km	23 mins
Osgodby	5.0km	25 mins
Wistow	5.0km	25 mins

It must be noted that safe cycle routes to the hospital site (i.e. off road) are not available from many of the rural areas listed above. Cycling as an alternative to driving will still be promoted to staff for consideration, but any modal shift will be at the discretion of the individual.

C2.1.2 Cycle parking for both staff and patients/visitors is available. These consist of a mixture of facilities such as Sheffield Stands, and covered shelters.

C2.2 Cycling – Site Specific Initiatives

C2.2.1 The location and usage of the existing cycle parking will be monitored by the Travel Plan Co-ordinator.

C2.2.2 The number of spaces will be increased if necessary and locations changed wherever possible to maximise the attractiveness to users.

C3.1 Public Transport - Existing Situation - Bus Accessibility

C3.1.1 Bus stops are located along Doncaster Road in the vicinity of the site. These stops are all located within 300m from the centre of the site with pedestrian crossings marked with tactile paving and a pedestrian refuge island available across Doncaster Road.

C3.1.2 The plan attached at Appendix C (Figure C3) shows the location of the stops in the vicinity of the site and details of the facilities provided at each of these stops along with the available services are provided below:

Selby Hospital

Location:	Opposite Hospital entrance
Distance to stop:	Within 70m from centre of site
Direction of Travel:	Buses travelling northbound & Southbound
Facilities:	Road marking
Bus services:	476

Doncaster Road/Green Lane

Bus stop reference:	32000292
Location:	Doncaster Road
Distance to stop:	Within 150m from centre of site
Direction of Travel:	Buses travelling northbound
Facilities:	Pole, timetable information and shelter
Bus services:	476, 486, 496,

Bus stop reference:	32000293
Location:	Doncaster Road
Distance to stop:	Within 150m from centre of site
Direction of Travel:	Buses travelling southbound
Facilities:	Unmarked
Bus services:	476, 486, 496,

Doncaster Road/Westfield Ave:

Bus stop reference:	32000291
Location:	Doncaster Road
Distance to stop:	Within 250m from centre of site
Direction of Travel:	Buses travelling northbound
Facilities:	Pole with flag
Bus services:	476, 486, 496,

Bus stop reference:	32000290
Location:	Doncaster Road
Distance to stop:	Within 250m from centre of site
Direction of Travel:	Buses travelling southbound
Facilities:	Pole with flag
Bus services:	476, 486, 496

C3.1.3 A summary of the bus services which operates in the vicinity of the site are provided below:

476 – Selby to Pontefract via Beal and Knottingley

Monday – Saturday to Beal and Pontefract	hourly to Selby town centre, 120 -180 minutes
Monday – Saturday Evening	No Service
Sunday	No Service

486 – Selby to Pollington Circular
Monday and Friday Only 1 return journey

496 – Selby to Fairburn
Mondays Only 1 return journey

C3.1.4 As can be seen from the above services are limited, there is an hourly service to Selby town centre with less frequency services to Beal and Kellington during the weekday daytime.

C3.1.5 Bus timetables are displayed in the hospital main entrance lobby and travel advice is provided on the hospital website which can be accessed via the link below. This link provides information on a bus service which access the site via the main entrance and can facilitate to pick-up and drop-off of patients:-

https://www.yorkhospitals.nhs.uk/our_hospitals/the_new_selby_war_memorial_hospital/getting_here/

C3.2 Public Transport – Site Specific Initiatives – Bus Accessibility

C3.2.1 The Travel Plan Coordinator will work with Selby District Council and local bus companies to ascertain the viability of park and ride schemes/staff minibus service, to the hospital.

C4.1 Public Transport - Existing Situation – Rail Accessibility

C4.1.1 The closest train station to the development site is Selby Train Station located approximately 1.3km north-east of the site.

C4.1.2 Selby Train Station is a mainline station that has sheltered seated waiting areas, waiting rooms, customer help points, public Wi-Fi, refreshment facilities, toilets with baby change facilities, a ticket office, ticket counter, ticket machines, pay phones and a post box. There are also ramps for those with impaired mobility and staff are also on hand to help. The station also has a 130 space car park with 3 accessible spaces available.

C4.1.3 This station is under the management of TransPennine Express and provides services to York, Huddersfield, Hull, London Kings Cross and Manchester Piccadilly.

C4.1.4 The station is well within cycling distance and the station has covered, CCTV monitored cycle stands with parking for 82 cycles.

C4.1.5 Selby Train Station is located adjacent to Selby Bus Station. All the bus services detailed in para G3.1.3 (with the exception of service 407) call at Selby bus station and link the train station to the hospital.

C4.2 Public Transport – Site Specific Initiatives – Rail Accessibility

C4.2.1 The Trust will continue to liaise with public transport providers to maximise the availability of connections between the rail station and the hospital by bus. These services will be promoted by the Travel Plan Coordinator and would likely be of benefit to these

members of staff travelling to other Trust facilities for example in York as well as patients / visitors.

C5.1 Car Sharing - Existing Situation

C5.1.1 Currently there is no staff car sharing offer.

C5.2 Car Sharing - Proposed Measures and Initiatives

C5.2.1 A new staff car share offer will be looked at (see Objective 4, Target 8).

C6.1 Car Parking – Existing Situation

C6.1.1 At present, there are 121 car parking spaces on the site, shared with the Civic Centre, plus 14 accessible parking spaces. Parking is free of charge and there is a drop off zone directly outside the hospital main entrance.

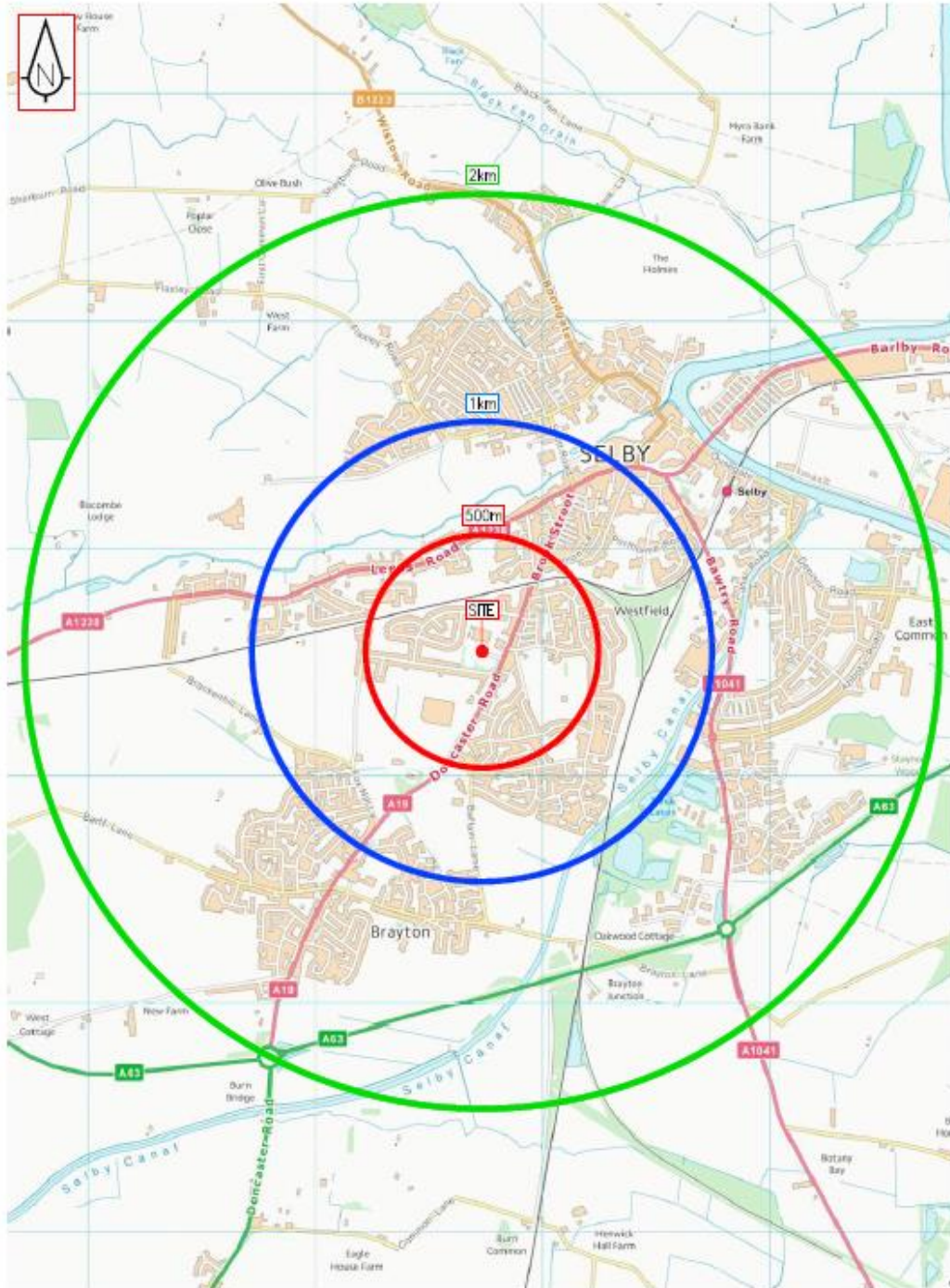


Figure C1
500m, 1km and 2km indicative walking plan
Selby Hospital, Doncaster Road, Selby

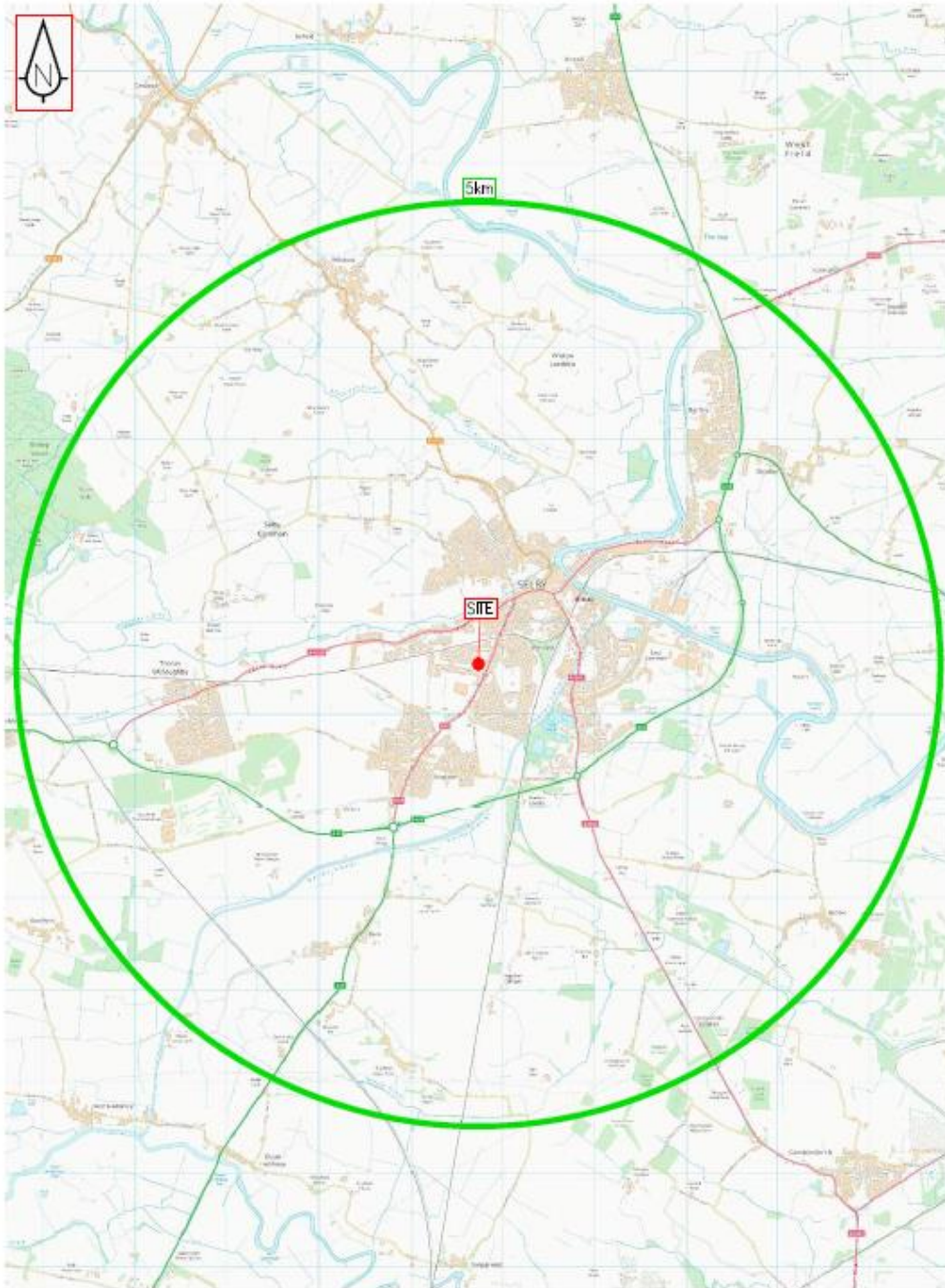


Figure C2
5km indicative cycling distance
Selby Hospital, Doncaster Road, Selby



Figure C3
Location of public transport / key bus stops
Selby Hospital, Doncaster Road, Selby

APPENDIX D – Malton Community Hospital

Site Specific Assessment

Figure D1 – 500m 1km & 2km Walking Radius Plan

Figure D2 – 5km Cycling Radius Plan

Figure D3 – Bus Stop Location Plan

Malton Community Hospital – Site Specific Assessment

D1.1 Walking - Existing Situation

D1.1.1 The Institution of Highways and Transportation publication 'Providing for Journeys on Foot' contains a range of desirable, acceptable and preferred maximum walking distances for a variety of types of journeys. For commuting journeys the walking distances vary between 500, 1000 and 2000m. These distances, centred on the hospital site, are shown on the plan attached at Appendix D (Figure D1). It is noted that walking routes will not follow the simple radius of this plan and the plan is provided as an indication of where residential areas and local facilities are located and the general extent to which these and the site can be accessed on foot.

D1.1.2 The roads within the immediate vicinity of the hospital are provided with footways and are street lit. Tactile paving and dropped kerbs are provided at appropriate locations.

D1.1.3 Within the hospital site, pedestrian routes are provided at key locations which link to the main access route from Middlecave Road / Hospital Road.

D1.2 Walking – Site Specific Initiatives

D1.2.1 At this stage no site specific initiatives have been developed. However, the TPC will look to develop a “walking” package for staff in conjunction with the local authority, consisting of walk to work promotion, staff champions etc.

D2.1 Cycling - Existing Situation

D2.1.1 In relation to the Malton site; cycling distances from local residential centres within 5km, along with the corresponding cycle time based on 12 km per hour are detailed overleaf. The plan attached at Appendix D (Figure D2) details a 5km radius of possible destinations and as such shows the extent to which the site is accessible by cycle.

Origin/Destination	Distance	Time
Malton	0.7km	3 ½ minutes
Norton	2.2km	11 minutes
Old Morton	2.4km	12 minutes
Broughton	2.5km	12 ½ minutes
Swinton	2.9km	14 ½ minutes
Amotherby	3.8km	19 minutes

It must be noted that safe cycle routes to the hospital site (i.e. off road) are not available from many of the areas listed above. Cycling as an alternative to driving will still be promoted to staff for consideration, but any modal shift will be at the discretion of the individual.

D2.1.2 There are 15 cycle parking spaces provided in two dedicated areas on the site which are available for both staff and patients/visitors. These consist of Sheffield Stands within covered shelters.

D2.1.3 The existing cycle facilities do not appear to be well used and our observations noted that 13 spaces were available with no cycles being left in un-designated areas during our visit to site. However, a motor-scooter was observed in one shelter which may indicate a lack of alternative facilities being available for this type of vehicles and this will be monitored.

D2.2 Cycling - Proposed Measures and Initiatives

D2.2.1 At this stage no site specific initiatives have been developed. However, the TPC is in the process of developing a “cycling” package for staff, consisting of cycle to work promotion, training programmes and staff champions etc., dependent on what is available via the local authority.

D3.1 Public Transport - Existing Situation – Bus Accessibility

D3.1.1 A bus stop is located on Hospital Road some 100 metres from the main entrance to the hospital. The plan attached at Appendix D (Figure D3) shows its location and details of the facilities provided at the stop along with the available services are provided below:

Hospital Road	
Reference:	32004668
Distance to stop from main entrance:	88 metres
Direction of travel:	Southbound
Facilities:	Pole and flag
Services:	193

D3.1.2 A summary of the bus services which operates in the vicinity of the site are provided below:

193 – Malton & Norton Town Circular
Monday – Saturday 09:17, 10:52, 12:22 & 13:47

D3.1.3 As can be seen from the above bus services are limited and appear to be primarily aimed at patient travel to the hospital.

D3.1.4 Travel advice is provided on the hospital website which can be accessed via: https://www.yorkhospitals.nhs.uk/our_hospitals/malton_community_hospital/getting_here/

D3.2 Public Transport – Site Specific Initiatives – Bus Accessibility

D3.2.1 The Trust will, via the Travel Plan Coordinator, liaise with North Yorkshire Council to establish the viability of increasing bus services to the hospital to cover staff start and finish times.

D4.1 Public Transport - Existing Situation – Rail Accessibility

D4.1.1 The closest train station to the development site is Malton, located approximately 1.2km south-east of the site.

D4.1.2 Malton station has sheltered seated waiting areas, a customer help point, refreshment facilities, ticket office, ticket counter, ticket machines, pay phones, public Wi-Fi, post box and a taxi rank. Staff are also available to provide assistance and ramps are available for mobility impaired travellers. The station also has a 39 space car park with 2 accessible spaces available.

D4.1.3 This station is under the management of TransPennine Express and provides services to Leeds, Manchester, Scarborough, Liverpool Lime Street, York and many local areas.

D4.1.4 The station is well within cycling distance and there are 19 cycle parking spaces available around the station which are secure with CCTV coverage provided.

D4.1.5 Travel advice for rail uses is provided on the hospital website which can be accessed via the link below:

https://www.yorkhospitals.nhs.uk/our_hospitals/malton_community_hospital/getting_here/

D4.2 Public Transport - Proposed Measures and Initiatives – Rail Accessibility

D4.2.1 To maximise awareness of public transport links between the rail station and the hospital, up to date information will be prominently displayed within communal staff and public areas. This will also be included in the general public transport information which will be sent out with appointment and other literature including staff pay slips.

D5.1 Car Sharing – Existing Situation

D5.1.1 At present there is no staff car share offer.

D5.2 Car Sharing - Proposed Measures and Initiatives

D5.2.1 A new staff car share offer will be looked at (see Objective 4, Target 8).

D6.1 Car Parking – Existing Situation

D6.1.1 At present, there are 101 marked parking spaces on the site, including 7 accessible spaces. Parking is free of charge and there is a drop off zone directly outside the hospital main entrance.

D6.2 Car Parking – Site Specific Initiatives

D6.2.1 The Trust recently undertook a full review of all car parking and sustainable travel options, in association with the hospital unions and key strategic partners within both Ryedale District Council and North Yorkshire Council.

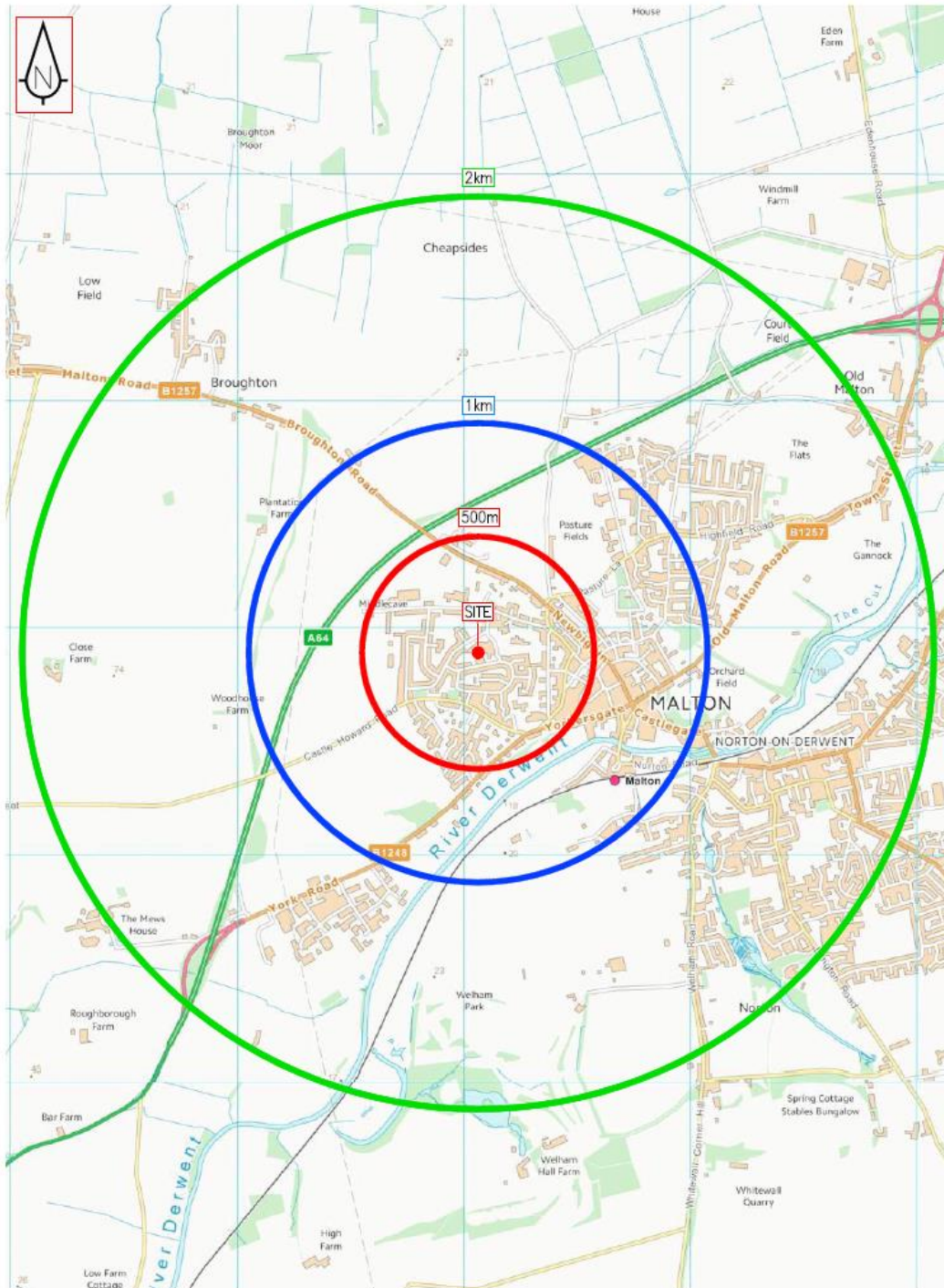


Figure D1
500m, 1km and 5km indicative walking plan
Malton Hospital, Hospital Road, Malton

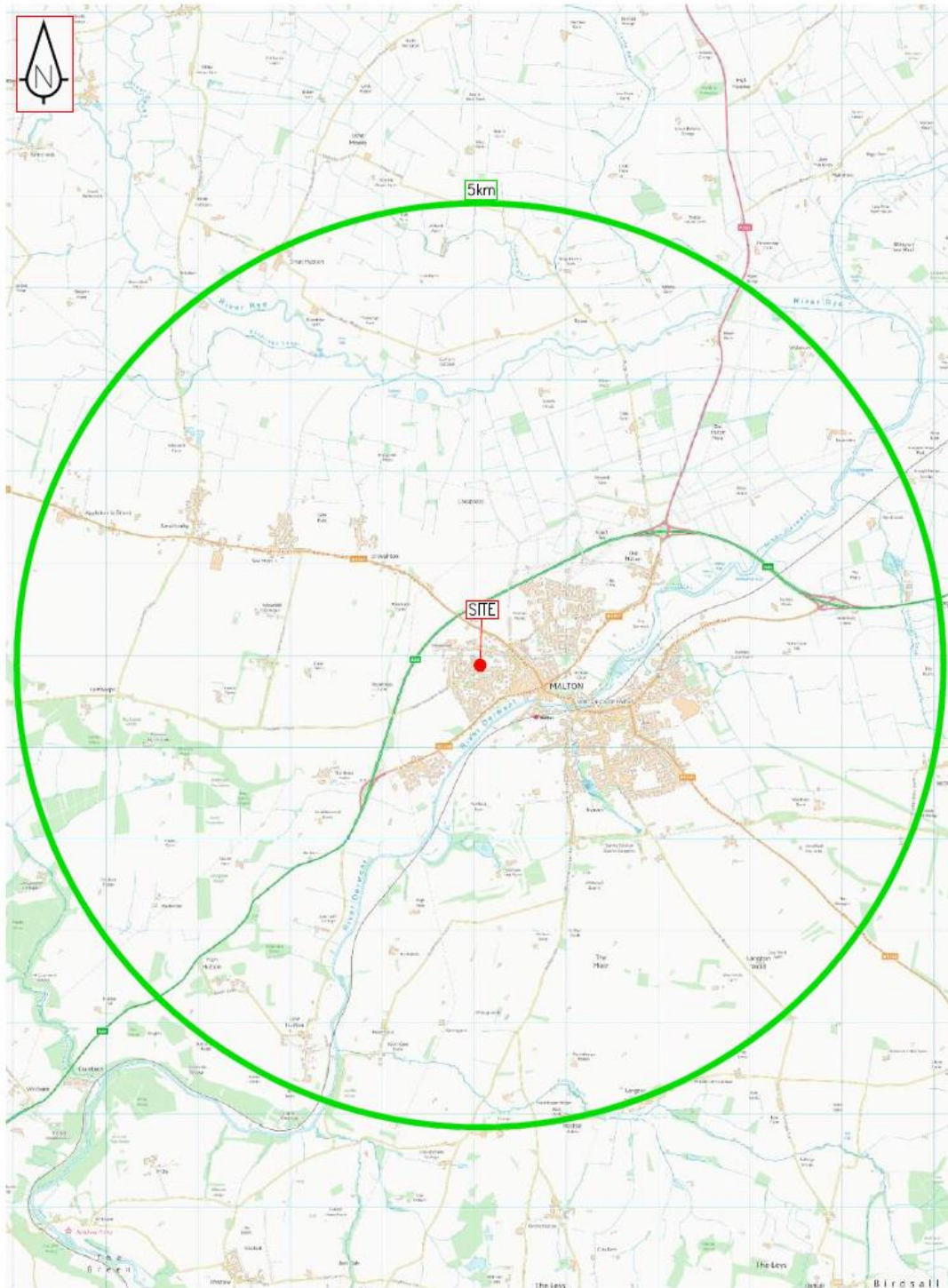


Figure D2
5km indicative cycling distance
Malton Hospital, Hospital Road, Malton



Figure D3
Location of public transport / key bus stops
Malton Hospital, Hospital Road, Malton

APPENDIX E - Bridlington and District Hospital

Site Specific Assessment

Figure E1 – 500m 1km & 2km Walking Radius Plan

Figure E2 – 5km Cycling Radius Plan

Figure E3 – Bus Stop Location Plan

Bridlington and District Hospital – Site Specific Assessment

E1.1 Walking - Existing Situation

E1.1.1 The Institution of Highways and Transportation publication ‘Providing for Journeys on Foot’ contains a range of desirable, acceptable and preferred maximum walking distances for a variety of types of journeys. For commuting journeys, the walking distances vary between 500, 1000 and 2000m. These distances, centred on the hospital site, are shown on the plan attached at Appendix E (Figure E1). It is noted that walking routes will not follow the simple radius of this plan and the plan is provided as an indication of where residential areas and local facilities are located and the general extent to which these and the site can be accessed on foot.

E1.1.2 Within the hospital site, pedestrian facilities exist with zebra crossing points at key locations which link to the car parking areas. There is also a pedestrian route from Bessingby Road (adjacent to the eastbound bus stop) which links direct to the main entrance of the hospital.

E1.1.3 Formal controlled crossing points are provided across Bessingby Road, at the junction with Thornton Road.

E1.2 Walking – Site Specific Initiatives

E1.2.1 At this stage no site specific initiatives have been developed. However, the TPC will look into developing a “walking” package for staff, dependent on what is available via the local authority sustainable transport initiative.

E2.1 Cycling - Existing Situation

E2.1.1 In relation to the Bridlington site; cycling distances from local residential centres within 5km, along with the corresponding cycle time based on 12 km per hour are provided overleaf. The plan attached at Appendix E (Figure E2) details a 5km radius of possible destinations and as such shows the extent to which the site is accessible by cycle.

Origin/Destination	Distance	Time
Bridlington Town Centre	1.8km	9 mins
Bridlington Train Station	1.9km	9 ½ mins
Bessingby	2.1km	10 ½ mins
Easton	2.3km	11 ½ mins
Carnaby	3.0km	15 mins
Boynton	4.6km	23 mins
Wilsthorpe	4.7km	23 ½ mins
Sewerby	5.0km	25 mins

It must be noted that safe cycle routes to the hospital site (i.e. off road or roads with designated cycle lanes) are not available from many of the rural areas listed above. Cycling as an alternative to driving will still be promoted to staff for consideration, but any modal shift will be at the discretion of the individual.

E2.1.2 There are several pockets of cycle parking for both staff and patients / visitors across the site. These consist primarily of covered shelters.

E2.1.3 The existing cycle facilities are relatively well used and our observations noted that spaces were available with no cycles being left in un-designated areas.

E2.1.4 Cycle lanes are present on Bessingby Road which allow access to the site from the highway network.

E2.2 Cycling – Site Specific Initiatives

E2.2.1 At this stage no site specific initiatives have been developed. However, the TPC is in the process of developing a “cycling” package for staff, consisting of cycle to work promotion, training programmes and staff champions etc., dependent on what is available via the local authority.

E3.1 Public Transport - Existing Situation - Bus Accessibility

E3.1.1 Bus services 505 and 506 run into the Bridlington Hospital site with additional stops being available on Bessingby Road which are located within 150m from the main entrance to the Hospital.

E3.1.2 The plan attached at Appendix E (Figure E3) shows the location of the stops in the vicinity of the site and details of the facilities provided at each of these stops along with the available services are provided below:

Bus stop reference:	2200426
Location:	Directly outside main entrance
Distance to stop:	Directly outside main entrance
Direction of Travel:	Circular
Facilities:	Pole, timetable information, bench
Bus services:	3

Bus stop reference:	22000425
Location:	Bessingby Road
Distance to stop:	Within 140m from main entrance
Direction of Travel:	Buses travelling eastbound
Facilities:	Shelter, timetable information, marked bus stop bay, seating and raised kerbs
Bus services:	3, 45, 45A, 121

Bus stop reference:	22000424
Location:	Bessingby Road
Distance to stop:	Within 160m from main entrance
Direction of Travel:	Buses travelling westbound
Facilities:	Shelter, timetable information, marked bus stop bay, seating and raised kerbs
Bus services:	45, 45A

E3.1.3 A summary of the bus services which operate in the vicinity of the site are provided below:

45 – York, Pocklington, Driffield, Bridlington	
Monday – Saturday	Hourly
Monday – Saturday Evening	No Service
Sunday	No service

121 – Bridlington, Driffield, Beverley, Hull	
Monday – Saturday	60 minutes
Monday – Saturday Evening	No Service
Sunday	Hourly

3 – Bridlington Town Centre – Health Centre – West Hill – Hospital – Bridlington Town Centre	
Monday – Saturday	60 minutes
Monday – Saturday Evening	No Service
Sunday	No service

E3.1.4 As can be seen from the above there is a frequent level service with a total of 3 buses per hour during the weekday daytime.

E3.1.5 Travel advice is provided on the hospital website which can be accessed via the link below:

https://www.yorkhospitals.nhs.uk/our_hospitals/bridlington_hospital/getting_here/

E3.2 Public Transport – Site Specific Initiatives – Bus Accessibility

E3.2.1 The Travel Plan Coordinator will work with the Local Authority and local bus companies to ascertain the viability of park and ride schemes / staff minibus service, to the hospital.

E4.1 Public Transport - Existing Situation – Rail Accessibility

E4.1.1 The closest train station to the development site is Bridlington Railway Station located approximately 1.24km east of the site.

E4.1.2 Bridlington Railway Station is operated by Northern Rail and has sheltered seated waiting areas, waiting rooms, refreshment facilities, toilets with baby change facilities, a ticket office and ticket machines, pay phones and a post box. There are also lifts and ramps for those with impaired mobility; staff are also on hand to help. The station also has a dedicated 43 space car park with accessible spaces available.

E4.1.3 This station provides services to Sheffield, Hull, Scarborough, Doncaster and many local stations along the route.

E4.1.4 The station is well within cycling distance and the station has covered CCTV monitored cycle stands with parking for 52 cycles.

E4.1.5 Travel advice for rail uses is provided on the hospital website which can be accessed via the link below:

https://www.yorkhospitals.nhs.uk/our_hospitals/bridlington_hospital/travel/

E4.2 Public Transport – Site Specific Initiatives – Rail Accessibility

E4.2.1 To maximise awareness of public transport links between the rail station and the hospital, up to date information will be prominently displayed within communal staff and public areas. This will also be included in the general public transport information which will be sent out with appointment and other literature including staff pay slips.

E5.1 Car Sharing - Existing Situation

E5.1.1 At present there is no staff car share offer

E5.2 Car Sharing - Proposed Measures and Initiatives

E5.2.1 A new staff car share offer will be looked at (see Aim 4)

E6.1 Car Parking – Existing Situation

E6.1.1 There are 222 marked parking spaces on the site, with staff and visitor car parking mixed and enforced by the ANPR technology system.

E6.1.2 There are 5 accessible bays that are available to both staff and visitors, with visitors required to add their blue badge permit to the ANPR system which can be done via the Main Entrance Reception Desk.

E6.1.3 Hospital staff have access to the Bridlington Pool Cars located outside the Estates building.

E6.1.4 Car parking charges apply for visitors between the hours of 8am – 8pm (7 days per week). Enforcement of these charges is through the ANPR technology.

Service User & Visitor Charges	Bridlington
Up to an hour	£1
Up to 2 hours	£2
Up to 3 Hours	£3
Up to 4 Hours	£4
Up to 6 Hours	N/A
All day	£5.40

E6.1.5 ANPR is in operation at the hospital and enforcement notices are also given to cars parked improperly by the security team, for example on the pavement or not in a designated bay, or without payment. Penalty charges are £50, or £25 if paid within 14 days, and are administered and managed by the Trusts strategic partners GroupNexus.

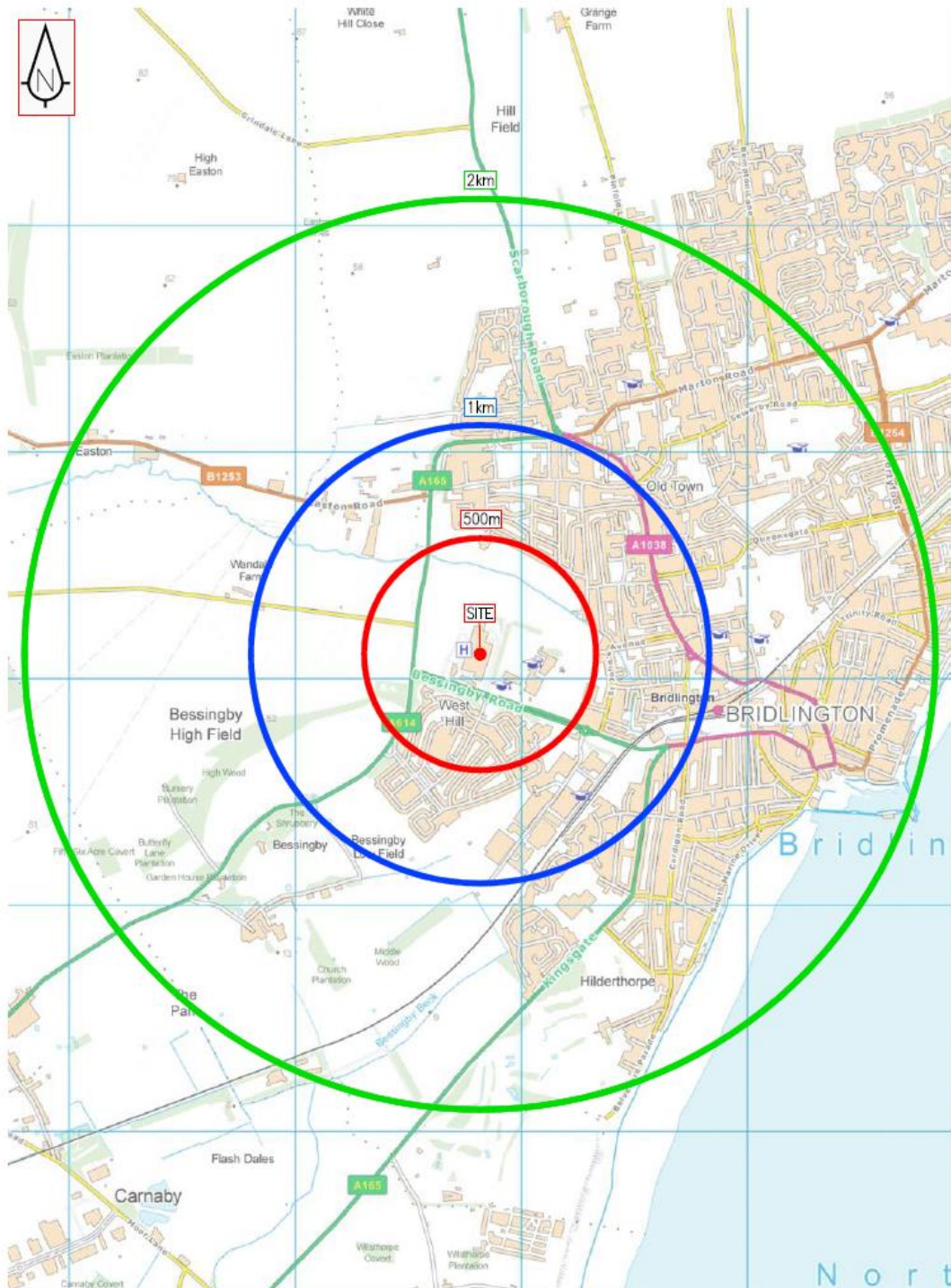


Figure E1
500m, 1km and 5km indicative walking plan
Bridlington Hospital, Bessingby Road, Bridlington

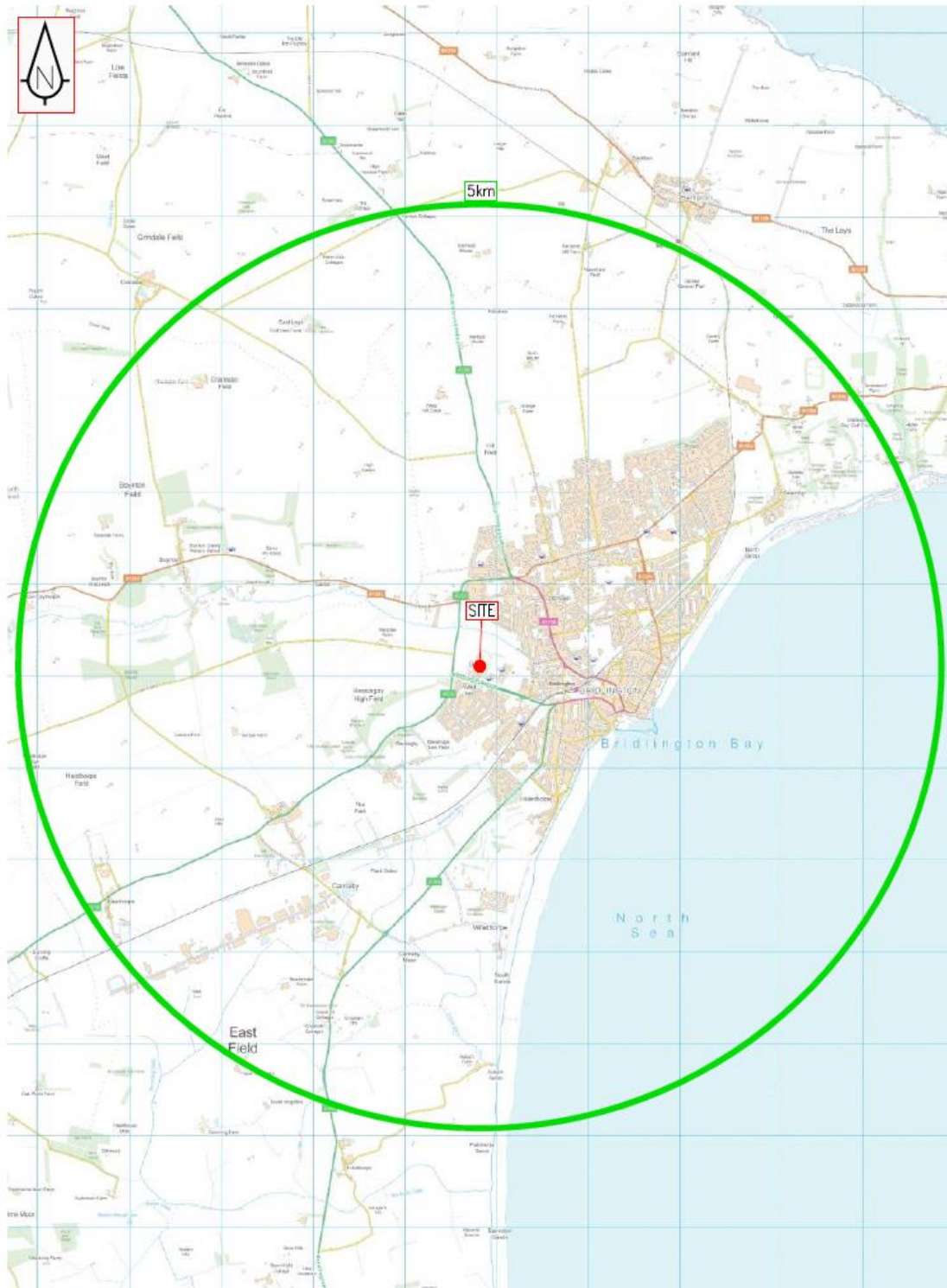


Figure E2
5km indicative cycling distance
Bridlington Hospital, Bessingby Road, Bridlington



Figure E3
 Location of public transport / key bus stops
 Bridlington Hospital, Bessingby Road, Bridlington

APPENDIX F – GLOSSARY

Key definitions relating to NHS Long Term Plan and NHS Standard Contract clause SC18:

Business mileage is travel completed by NHS staff in the course of business or work, other than the daily commuting between home and the workplace. This includes, but is not limited to, staff travelling to patients' homes, to attend meetings, on training courses and visiting other Trust premises. Business mileage may be undertaken in NHS fleet or by other means including public transport, taxi, hire cars and grey fleet.

Fleet is any vehicle owned or leased by the Trust for Trust business purposes (including patient conveyancing, medical transport/tri services, logistics, maintenance, driver training, patient support vehicles, pool vehicles, etc.) Hire vehicles that are hired for longer than five days and dedicated “car club” vehicles (i.e. where the Trust has secured preferential access to the vehicle) should be counted as NHS fleet.

Low emission vehicles (LEV) are vehicles that meet current 'Euro Standards'. Euro 3 for motorcycles, mopeds, motorised tricycles and quadricycles; Euro 4 for petrol cars, vans, minibuses and other specialist vehicles; Euro 6 for diesel cars, vans and minibuses and other specialist vehicles; Euro VI for lorries, buses and coaches and other specialist heavy vehicles

Ultra-low emission vehicles (ULEV) are vehicles that emit tailpipe emissions of less than 50g CO₂/km. Electric vehicles (including battery electric, plug-in hybrid electric or hydrogen fuel cell) all meet this criteria.

APPENDIX G

Attendances for Financial Year 2023 – 2024

	Trust	York	Scarborough	Bridlington	Malton	Selby
Emergency Department Attendances - total	237,293	111,525	70,631	19,276	11,071	24,790
Emergency Department Attendances - type 1	121,246	73,407	47,839	0	0	0
Emergency Department Attendances - type 2	4,454	3,887	567	0	0	0
Emergency Department Attendances - type 3	111,593	34,231	22,225	19,276	11,071	24,790
Outpatient Attendances - first	212,376	116,702	39,317	10,313	12,997	7,277
Outpatient Attendances - follow up	706,161	380,045	123,507	41,683	24,136	34,475
Inpatients - non elective	69,206	44,251	22,750	759	0	390
Inpatients - elective / ordinary	7,669	4,878	1,800	787	45	14
Inpatients - elective / day	82,952	56,468	20,983	4,036	544	524
Total per site	1,552,950	825,394	349,619	96,130	59,864	92,260

APPENDIX H – Summary of patient and visitor survey results

The patient and visitor travel survey was conducted between 19th February and 6th March 2024 via survey monkey. A link to the survey was sent to the following groups for distribution to members / patients:

- Healthwatch York
- Healthwatch North Yorkshire
- Healthwatch East Riding
- York Carers Centre
- Carers Plus Yorkshire
- York Older Peoples Assembly
- Community First Yorkshire
- Coast and Vale Community Action
- Bridlington Health Forum
- Dementia Forward
- York Disability Rights Forum
- York Racial Equality Network
- Survivors Network
- Age UK Scarborough
- Ageing Without Children York
- Refugee Council York
- Kyra Women’s Project
- York LGBT Forum
- My Sight York
- York Mind
- York Against Cancer
- Coast and Country MVP
- Wilberforce Trust
- Wilfward Trust
- Wolds Valley Warbler
- Next Steps Ryedale
- SWR Mind
- Scarborough Disability Action Group
- Whitby Disability Action Group
- Headway East Coast
- Revival North Yorkshire
- Up for Yorkshire
- Selby District Vision
- Yorkshire Coast Sight Support
- York Enhanced Bus Partnership
- CYC taxi operators network
- Posters displayed in prominent patient areas at Trust sites.

The survey received 425 responses. The next iteration will be in March 2025.

<p>Question One - Home postcodes</p>
<p>Question Two - Thinking about your most recent visit please tell us,</p> <p>Which site did you travel to: York Hospital 22.9%, Scarborough Hospital 31.75%, Bridlington Hospital 27.25%, Malton Hospital 8.53%, Selby Hospital 0.24%, Other (please specify) 9.24%</p> <p>Observation: 'Other' sites included Hull Royal, Castle Hill (Hull) and Archways Physio Unit.</p>
<p>Question Three - Did you visit as an Outpatient 68.3%, Inpatient 3.33%, Visitor 7.62%, Emergency department 8.57%, Volunteer 1.19%, Other (please specify) 10.95%</p> <p>Observation: Majority of 'Other' responses were Carer and Transporting friend / family member.</p>
<p>Question Four - On what date did you visit? (Open answer)</p>
<p>Question Five - Did you arrive on time at your appointment? Yes 80.09%, No 7.35%, N/A 12.56%</p> <p>If no, was this because of a transport or parking issue? Please tell us in the box below:</p> <p>Observation: Reasons given for missed appointments included Traffic delays, Heavy congestion on Wigginton Road stopping access to patient car park, unreasonable travel distances for early appointments, cancelled trains.</p>
<p>Question Six - How did you travel to Hospital? Walk 2.85%, Cycle 0.24%, Bus 4.51%, Car – as a driver (no passengers) 28.27% , Car – as a passenger 33.02%, Car driver with passenger 14.73%, Electric car (as driver or passenger) 0.95%, Taxi (as passenger) 5.23%, Motorbike 0 % E-scooter or E-bike 0%, Train 3.56%, Community transport provider 0.24%, York Wheels 0% Yorkshire Ambulance Service provision 1.43%, Other (please specify) 4.99%</p> <p>Observation: 'Other' responses included multi modal journeys i.e. bus and walk / train and walk.</p>
<p>Question Seven - How open would you be to trying alternative travel options (should they be suitable for your journey)?</p>

(Yes / No / Maybe for all)

Walk 13.26%, Cycle 5.42%, Bus 29.75%

If **no** please state why (open answer)

If you have answered **maybe** to any of the options above, please state what would persuade you to change

Observation: Reasons given for 'no' or maybe' included distance too far to travel by alternative methods, lack of public transport options, will only travel by car with children or elderly relatives, not physically able, wheelchair user, want a stress-free journey.

Question Eight - Thinking about the advice and information you were given in your appointment, do you think this could have been given to you by a telephone/video consultation at home instead?

Yes 13.94%, No 86.06%

Question Nine - The Trust now has Automatic Number Plate Recognition (ANPR) technology in hospital car parks at York and Scarborough hospitals.

If you have visited these sites and used the car park(s), has the ANPR technology improved your experience of using these car parks?

Yes 32.46%, No 21.96%, Not applicable 30.55%

Any other comments – please tell us more below 15.04%

Observation: Any other comments included ANPR equipment not working so worried about receiving a fine, refusal to pay on an app, paying machines are difficult to understand, car parking should be free, lack of blue badge spaces, parking too expensive.

Question Ten - This question is for Blue Badge holders. If you do not hold a Blue Badge for parking, please go to the next question.

Did you know that you can register your Blue Badge with our ID & Car Parking teams to give easier access to our car parks?

Yes 45.5%, No 33.06%

Any other comments – please tell us more below 21.49%

Observation: Disabled parking not adequate at Scarborough or Malton, staff at Bridlington reception very helpful, having a blue badge is very helpful

**Question Eleven - If you would like to tell us more about your experience of travel, transport and car parking at our hospital sites, please use the comment box below:
Main / recurring issues raised:**

Why can't services be the same Trust-wide?

Bridlington Hospital is being mismanaged / mistreated, meaning patients have to travel elsewhere for treatment. More Bridlington outpatient services are needed.

Travel is too expensive.

More car parking is needed at Malton.

Road surfaces are terrible to travel on.

Some journeys can take 2-3 hours if relying on buses.

The York hospital entrance is always blocked (on Wigginton Road).

Car parking at Scarborough is terrible.

Why can't Doctors travel to the coast instead of patients needing to travel?

Overall, good.

Older patients are not considered for when travel is needed for appointments.

Dropping off for route mobility limited passengers could be better signposted.

There aren't enough Disabled Parking Spaces at Scarborough or York. As a good percentage of Out-Patients are elderly more spaces are needed.

York hospital is terrible for parking especially for my appointment at 3pm, arrived a good 90 minutes before the parking to make sure I wasn't late.

Too expensive to pay for parking. Petrol costs are too expensive for such a long drive. It wastes nearly a full day to get there as you have to set off so early to account for traffic.

Bus non-access a challenge for so many patients.

No issues.
 More buses needed.
 Waits are expected, even with an appointment. The staff....from the receptionist, nurses, HCAs, doctors are all brilliant.
 Not enough car park spaces.
 Quite satisfied with the current arrangements.
 Difficult to park at Castle Hill.

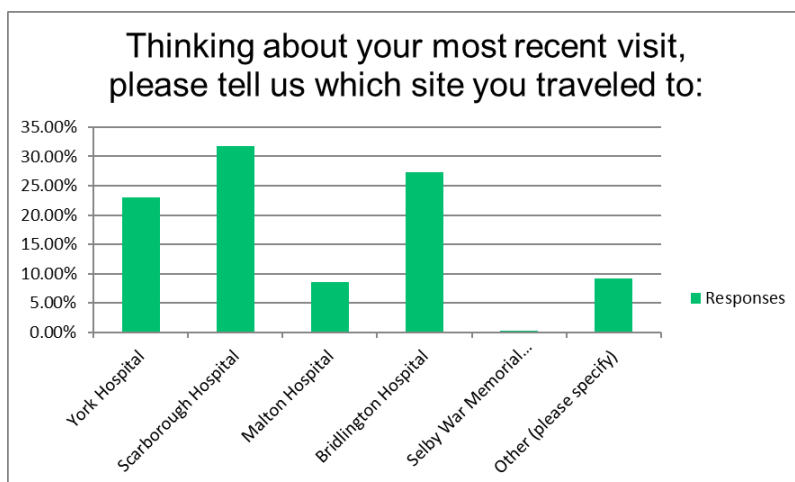
Q1

Home postcodes

Q2

Thinking about your most recent visit, please tell us which site you travelled to:

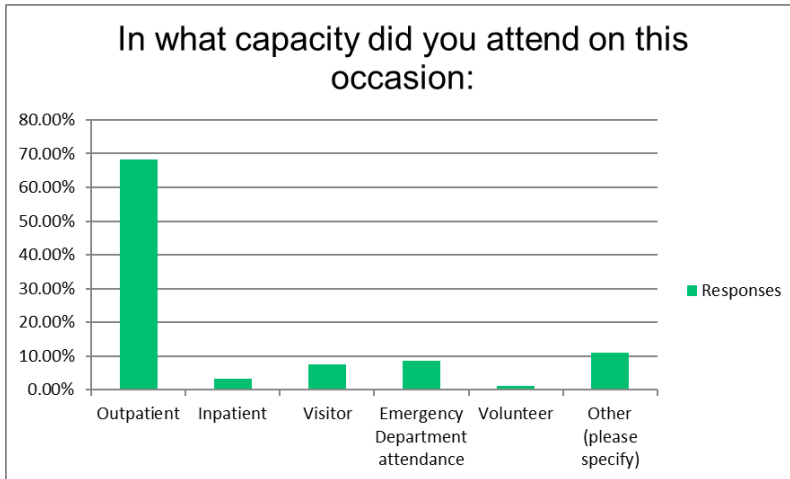
York Hospital	22.99%	97
Scarborough Hospital	31.75%	134
Malton Hospital	8.53%	36
Bridlington Hospital	27.25%	115
Selby War Memorial Hospital	0.24%	1
Other (please specify)	9.24%	39
	Answered	422
	Skipped	3



Q3

In what capacity did you attend on this occasion:

Outpatient	68.33%	287
Inpatient	3.33%	14
Visitor	7.62%	32
Emergency Department attendance	8.57%	36
Volunteer	1.19%	5
Other (please specify)	10.95%	46
	Answered	420
	Skipped	5



Q4

What date did you attend?

Q5

Did you arrive on time for your appointment / visit?

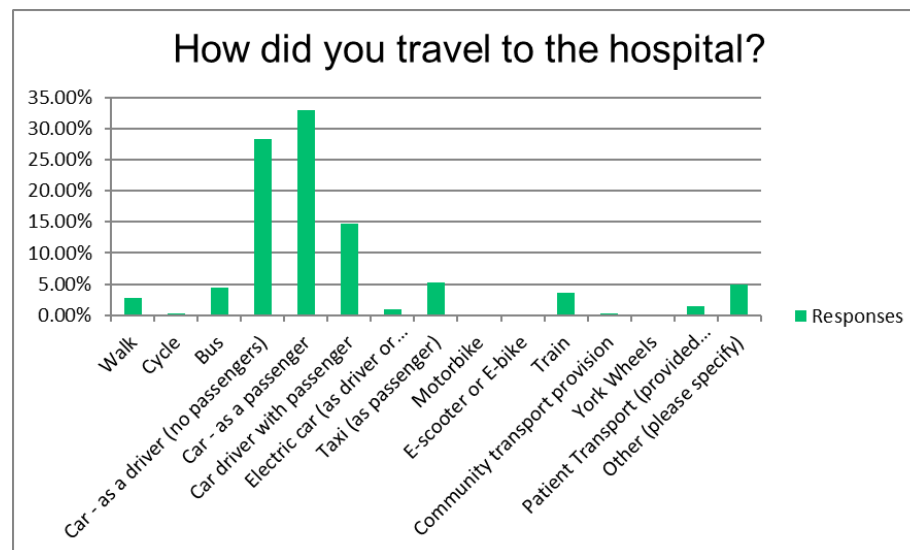
Yes	80.09%	338
No	0.00%	0
N/A	12.56%	53
If no, please tell us more about why you were delayed:	7.35%	31
	Answered	422
	Skipped	3



Q6

How did you travel to the hospital?

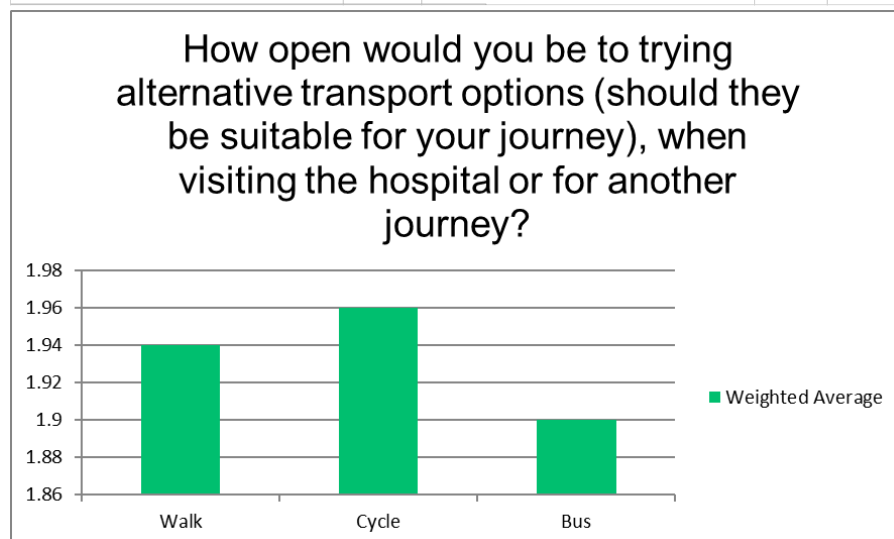
Walk	2.85%	12
Cycle	0.24%	1
Bus	4.51%	19
Car - as a driver (no passengers)	28.27%	119
Car - as a passenger	33.02%	139
Car driver with passenger	14.73%	62
Electric car (as driver or passenger)	0.95%	4
Taxi (as passenger)	5.23%	22
Motorbike	0.00%	0
E-scooter or E-bike	0.00%	0
Train	3.56%	15
Community transport provision	0.24%	1
York Wheels	0.00%	0
Patient Transport (provided by Yorkshire Ambulance Service)	1.43%	6
Other (please specify)	4.99%	21
	Answered	421
	Skipped	4



Q7

How open would you be to trying alternative transport options (should they be suitable for your journey), when visiting the hospital or for another journey?

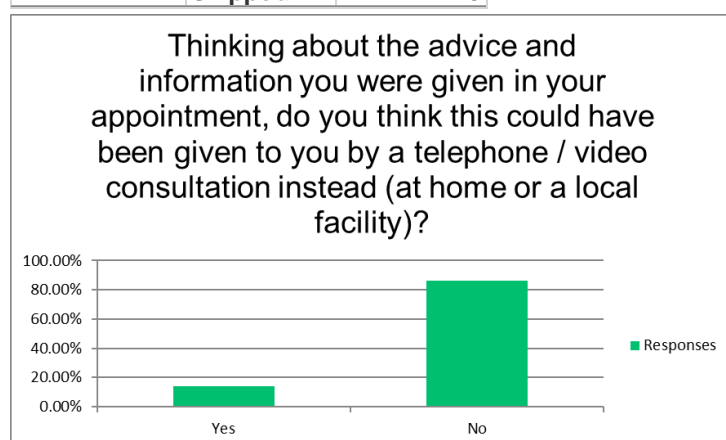
	Yes	No	Maybe	Total	Weighted Average
Walk	13.26%	46 79.54%	276 7.20%	25 347	1.94
Cycle	5.42%	18 92.77%	308 1.81%	6 332	1.96
Bus	29.75%	119 50.75%	203 19.50%	78 400	1.9
If you have answered 'no' or 'maybe', please state why:					305
					Answered 414
					Skipped 11



Q8

Thinking about the advice and information you were given in your appointment, do you think this could have been given to you by a telephone / video consultation instead (at home or a local facility)?

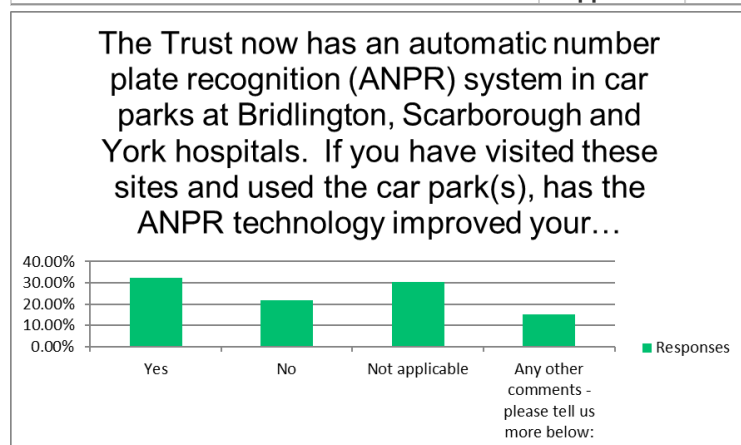
Yes	13.94%	58
No	86.06%	358
Answered		416
Skipped		9



Q9

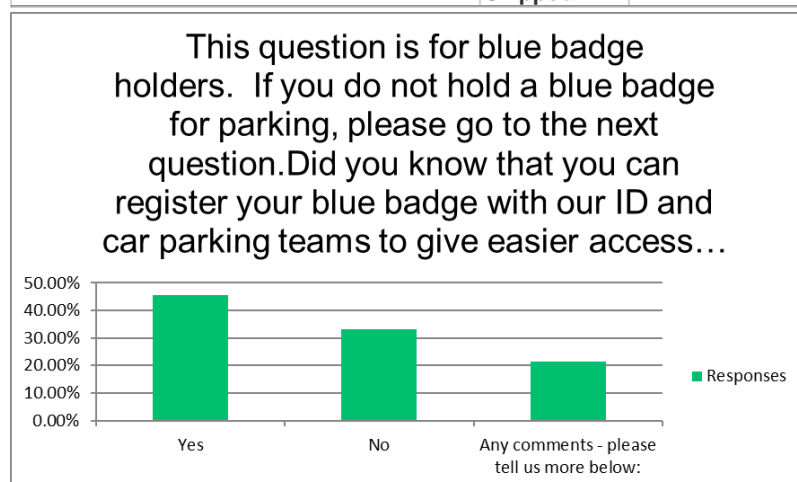
The Trust now has an automatic number plate recognition (ANPR) system in car parks at Bridlington, Scarborough and York hospitals. If you have visited these sites and used the car park(s), has the ANPR technology improved your experience of using these facilities?

Yes	32.46%	136
No	21.96%	92
Not applicable	30.55%	128
Any other comments - please tell us more below:	15.04%	63
	Answered	419
	Skipped	6

**Q10**

This question is for blue badge holders. If you do not hold a blue badge for parking, please go to the next question. Did you know that you can register your blue badge with our ID and car parking teams to give easier access to our car parks?

Yes	45.45%	55
No	33.06%	40
Any comments - please tell us more below:	21.49%	26
	Answered	121
	Skipped	304

**Q11**

Any other comments

APPENDIX I - Summary of staff travel survey results

Around 80% of staff are based at the key hospital sites York, Scarborough, Bridlington, Malton and Selby, (including those with flexible Working From Home patterns), with the remaining 20% being spread throughout the York and East and North Yorkshire areas.

The survey was conducted in November 2023 and had 771 responses, which is around 7.6% of the Trust-wide 10,141 staff body. The next iteration will be in March 2025.

The key findings were:

Observation: The majority of respondents were based at York (64.1%), with further respondents mostly at Scarborough (and further received Trust-wide).

Observation: Majority of responses received were from full-time admin, clerical and Allied Health Professionals (AHP) staff, working traditional hours i.e. 9-5

Observation: Many of the respondents travelled to other Trust sites (mostly York to Scarborough) using their own vehicle. Public transport was the second most preferred option, and pool cars third.

41.8% car (own vehicle, no passengers), 14.8% walk, 13.9% cycle, 6.1% car sharing were given as the most popular modes to travel to work. Car travel, walking and bus use were favoured if the normal mode of transport were not available.

Observation: Around 50% of responders stated that they would try more sustainable transport modes. The most favoured to try were train, with walking, car sharing, cycling and bus equally preferred.

Observation: There was an evenly split response to whether respondents would try car sharing, with free parking and a designated car share journey database given as the main reasons respondents would try it.

Observation: As expected for a large number of staff distance to work and childcare offers a barrier to modal shift to active travel options. For those that would be willing to try, shower and changing rooms, better cycle paths and secure cycle parking facilities offered the most incentive.

Question one - Email address
Question Two - Where are you based? 64.1% York, 18.3% Scarborough, 2.6% Bridlington, Malton Selby, 8.1% mixed site / WFH, 13.7 other Observation: The majority of respondents were based at York (64.1%), with further responders mostly at Scarborough (and further received Trust-wide).
Question Three – What is your job? Admin and clerical 41.4%, AHP 18.1%, Nurse 9.6%, 4.8% LLP Observation: Majority of responses received were from full-time admin, clerical and AHP staff, working traditional hours i.e. 9-5
Question Four – Is your job full time / part time? 71% full time, 7% part time, 22% other
Question Five – Please specify your working pattern 74% Traditional working hours / 9-5, 11% rotational shifts, 15% other
Question Six – Does your job require you to work at other Trust premises? 39.8% Yes, 60.1% No

<p>Question Seven – If yes to Q6, please state which site 39.4 Scarborough, 15.6 York, 37.5 Community, rotation based, multiple sites etc Observation: Many of the respondents travelled to other Trust sites (mostly York to Scarborough), mostly using their own vehicle. Public transport was the second most preferred option, and pool cars third.</p>
<p>Question Eight - What is the frequency of your inter-site travel? 8.71% Daily, 33.71% Frequently, 13.20% Fortnightly, 17.70% Monthly, 26.69% Less than once a month</p>
<p>Question Nine – Which site do you most often travel to from your home base? 57.7% York, 22.3% Scarborough</p>
<p>Question Ten – How do you travel between sites? 46.4% private car alone, 12.4% Trust pool car alone, 6.9% Trust pool car with colleague, 14.3% public transport</p>
<p>Question Eleven – Do you have any mobility issues that affect your travel choices? 7.5% Yes, 92.7 No</p>
<p>Question Twelve – Home postcodes See below</p>
<p>Question Thirteen – How long is your journey to work? 22.1% 1-2 miles, 18.6% 3-5 miles, 18.1% 2-3 miles, 12.2% 5-10 miles, 12.5% 20 miles plus Observation: The majority of responders lived under 5 miles from their place of work, with 40.2% living within 1-3 miles.</p>
<p>Question Fourteen - How do you normally travel to work? 41.8% car (own vehicle, no passengers), 14.8% walk, 13.9% cycle, 6.1% car sharing</p>
<p>Question Fifteen – How do you travel to work if your normal mode is not available? 26.1% car (own vehicle, no passengers), 22.3% walk, 21.1% bus, 10.8% car share</p>
<p>Question Sixteen – If your drive to/from work on your own, would you be willing to try more environmentally-friendly travel options? 55.4% yes, 44.5% no Observation: There was pretty much an even split response to the notion of modal shift to more environmentally friendly transport options. The most favoured to try were train, with walking, car sharing, cycling and bus equally preferred.</p>
<p>Question Seventeen – Which sustainable travel options would you be willing to try? (Weighted average answers) – 4.5% train, 3.9% walking, 3.7% car share, 3.7% cycle, 3.3% bus</p>
<p>Question Eighteen – Would you car share if the option was available? 45.5% yes, 54.5% No Observation: There was an evenly split response to whether responders would try car sharing, with free parking and a designated car share journey database given as the main reasons responders would try it.</p>

<p>Question Nineteen – What changes would encourage you to car share? 41% free parking, 35.2% a designated car share database, 23% other</p>
<p>Question Twenty – Are there any barriers that prevent you from using more environmentally friendly transport options? 28.4% location / distance to site, 15% access to public transport, 13.2% child care Observation: As expected for a large number of staff distance to work and childcare offers a barrier to modal shift to active travel options. For those that would be willing to try, shower and changing rooms, better cycle paths and secure cycle parking facilities offered the most incentive.</p>
<p>Question Twenty One – What would encourage you to walk or cycle to work? 40% nothing, 30% shower and changing rooms, 24.3% better cycle connectivity, 22.1% small incentives, 20.3% secure bike parking</p>
<p>Question Twenty Two – What would encourage you to use public transport to travel to work? 46.5% reduced cost pass, 44.1% Better times connections to fit with work patterns, 25% nothing, 24% additional bus routes Observation: Reduced bus travel was given as the best incentive to use buses to travel to work. 35% stated they had used the free York and Scarborough bus offer in Summer 2023, of which 53% had not use the bus previously</p>
<p>Question Twenty Three – Did you use the free bus offer in York or Scarborough over the last five months? 35.3% yes, 64% no Observation:</p>
<p>Question Twenty Four – If ‘yes’ to Q23, did you use the bus prior to the free travel offer? 46.3% yes, 53.6% no Observation:</p>
<p>Question Twenty Five – additional comments. Main / recurring issues raised:</p> <p>Free bus travel should be retained throughout the Trust. Childcare prevents using alternative / active options. Expand the discounted bus offer in more Trust regions. Better cycle provision, with paths, access and more storage needed. Free staff car parking needed. Improved footpaths needed at Trust sites. EV chargers needed for York. More staff car parking needed at York. More Scarborough buses needed in the £1 offer. Staff car share scheme needs to be reinstated. More bus services needed in York. Staff car park permit system needs to be improved. Staff shower and changing facilities needed at main Trust sites. Discounted bus offer is great. Re-instate the P&R shuttle bus to York Hospital. Bus provision needs to meet work shift patterns. Train discounts needed.</p>

More motorcycle parking needed at York.
 A York to Scarborough shuttle bus is needed.
 A Monks Cross to York Hospital bus link is needed.
 Rural home locations make modal shift difficult or impossible.
 Share booking details for Enterprise pool car bookings so journey sharing can be done.

Staff survey responder home postcodes:

Postcode district	Post town	Coverage	Number of staff postcodes (per 2023 staff travel survey responses)
YO32	YORK	Haxby, Huntington (North), Wigginton, New Earswick, Stockton-on-the-Forest, Strensall	64
YO12	SCARBOROUGH	Seamer	59
YO30	YORK	Bootham, Clifton, Skelton, Linton-on-Ouse	59
YO31	YORK	Heworth, Huntington (South), The Groves, Layerthorpe	52
YO24	YORK	Acomb, Dringhouses, Woodthorpe	44
YO26	YORK	Acomb, Leeman Road Area, Upper Poppleton, Nether Poppleton, Green Hammerton	43
YO23	YORK	South Bank, Bishopthorpe, Copmanthorpe, Rufforth	30
YO10	YORK	Fishergate, Fulford, Heslington, Osbaldwick, Tang Hall	21
YO11	SCARBOROUGH	Cayton	20
YO13	SCARBOROUGH	Scalby, Burniston, Cloughton	19
YO61	YORK	Easingwold	17
YO8	SELBY	Barlby, Brayton, Bubwith, Cawood, Camblesforth, Drax, Selby, Thorpe Willoughby	16
YO19	YORK	Dunnington, Escrick, Wheldrake, Murton, Riccall, Stillingfleet, Warthill	14
YO42	YORK	Pocklington, Barmby Moor, Melbourne, Seaton Ross	13
YO41	YORK	Elvington, Full Sutton, Stamford Bridge, Sutton upon Derwent, Wilberfoss	12

YO17	MALTON	Norton	10
YO25	DRIFFIELD	Driffield	10
HU5	HULL	Hull, The Avenues	9
YO18	PICKERING	Pickering, Thornton-le-Dale	8
YO1	YORK	City Centre	7
YO14	FILEY	Filey	7
LS22	WETHERBY	Collingham, Linton, Wetherby	6
LS24	TADCASTER	Saxton, Stutton, Ulleskelf, Church Fenton, Oxtun, Tadcaster, Toulston, Wighill, Ryther cum Ossendyke	6
HU15	BROUGH	Elloughton-cum-Brough, South Cave, Welton	5
HU16	COTTINGHAM	Hull, Cottingham, Eppleworth, Raywell, Skidby	5
YO7	THIRSK	Dalton, Hambleton, Thirsk, Topcliffe	5
DN14	GOOLE	Goole, Carlton, Eggborough, Hensall, Howden, Pincheon Green, Pollington, Rawcliffe, Snaith, Sykehouse, Whitley, Whitley Bridge	4
HU4	HULL	Hull, Anlaby Common, Anlaby Park, Gipsyville	4
YO15	BRIDLINGTON	Bridlington, Bempton, Buckton, Carnaby, Flamborough, Fraisthorpe, Sewerby, Wilsthorpe	4
YO16	BRIDLINGTON	Bridlington, Bempton, Bessingby, Boynton, Buckton, Carnaby, Grindale, Sewerby	4
YO22	WHITBY	Robin Hood's Bay	4
HU12	HULL	Hedon, Patrington, Preston	3
HU14	NORTH FERRIBY	North Ferriby, Melton, Swanland	3
HU3	HULL	Hull, Spring Bank, West of Centre, Saint Andrew's Quay, Hull Royal Infirmary	3
LS8	LEEDS	Fearnville, Gipton, Gledhow, Harehills, Oakwood, Roundhay, Moortown,	3
YO21	WHITBY	Whitby, Westerdale	3

HG4	RIPON	Ripon, North Stainley, High Grantley, Masham, West Tanfield, Thornton Watlass, Thornton Steward, Sawley, Eavestone, Littlethorpe, Skelton-on-Ure, Marton-le-Moor, North Stainley, Wath, Nunwick, Melmerby, Middleton Quernhow, Bridge Hewick, Sharow, Copt Hewick, Hutton Conyers, Aldfield, Kirkby Malzeard, Leighton, Colsterdale, Gollinglith Foot, Azerley, Galphay, Winksley, Sutton Grange, Grewelthorpe, Rookwith, Low Ellington, Thirn	2
HU10	HULL	Anlaby, Kirk Ella, West Ella, Willerby	2
HU6	HULL	Hull, Dunswell, Orchard Park, Greenwood	2
HU9	HULL	Hull, Drypool, Victoria Dock, Marfleet, Preston Road, Greatfield, Bilton Grange	2
LS17	LEEDS	Alwoodley, Bardsey, East Keswick, Eccup, Harewood, Moortown, Shadwell, S laid Hill, Weardley, Wike	2
LS7	LEEDS	Beck Hill, Buslingthorpe, Chapel Allerton, Chapeltown, Little London, Lovell Park, Meanwood, Miles Hill, Potternewton, Scott Hall, Sheepscar	2
S64	MEXBOROUGH	Adwick Upon Dearne, Kilnhurst, Mexborough, Swinton	2
WF8	PONTEFRACT	Badsworth, Fitzwilliam, Hemsworth, Kinsley, South Elmsall, South Kirkby, Upton, Wentbridge	2
YO60	YORK	Sheriff Hutton	2
YO62	YORK	Helmsley, Kirkbymoorside, Nawton	2
BD14	BRADFORD	Clayton	1
BD23	SKIPTON	Carleton-in-Craven, Embsay, Thornton in Craven, Gargrave, Grassington, Hebden, Hellifield, Horton, Kettlewell, Kirkby Malham, Skipton, Threshfield, Tosside	1
DE11	SWADLINCOTE	Swadlincote, Church Gresley, Woodville, Newhall, Hartshorne, Castle Gresley, Blackfordby, Albert Village	1
DL6	NORTHALLERTON	Northallerton (east), Ingleby Cross	1

HD5	HUDDERSFIELD	Almondbury, Dalton, Kirkheaton, Moldgreen, Rawthorpe, Waterloo.	1
HG1	HARROGATE	Central, Bilton, High Harrogate, Jennyfields, Duchy, New Park	1
HG2	HARROGATE	Oatlands, Woodlands, Hookstone, Rossett, Pannal Ash, Harlow Hill, Low Harrogate, Hornbeam Park	1
HG5	KNARESBOROUGH	Knaresborough, Scotton, Goldsborough, Arkendale, Allerton Mauleverer, Hopperton, Flaxby, Coneythorpe, Staveley, Ferrensby, Farnham, Calcutt, Plompton	1
HU13	HESSLE	Hull, Hessle	1
HU17	BEVERLEY	Beverley, Bishop Burton, Walkington	1
HU2	HULL	Hull, North of Centre, Wincolmllee	1
HU7	HULL	Hull, Bransholme, Kingswood, Sutton-on-Hull, Wawne	1
HU8	HULL	Hull, Garden Village, Ings, Longhill, Sutton-on-Hull	1
HX3	HALIFAX	Akroydon, Boothtown, Copley, Hipperholme, Lightcliffe, Northowram, Norwood Green, Ovenden, Shelf, Shibden, Skircoat Green, Southowram	1
LN7	MARKET RASEN	Nettleton, Caistor	1
LS14	LEEDS	Fearnville, Killingbeck, Seacroft, Scarcroft, Swarcliffe, Thorner, Whinmoor	1
LS28	PUDSEY	Bagley, Calverley, Farsley, Fulneck, Pudsey, Stanningley	1
LS4	LEEDS	Burley, Kirkstall	1
M68	MANCHESTER	Manchester	1
TS5	MIDDLESBROUGH	Middlesbrough's west: Acklam, Brookfield, Linthorpe, Whinney Banks	1
TS9	MIDDLESBROUGH	Great Ayton, Stokesley	1
WF10	CASTLEFORD	Airedale, Allerton Bywater, Castleford, Glasshoughton, Ledston, New Fryston	1
WF13	DEWSBURY	Dewsbury Moor, Ravensthorpe, Staincliffe	1

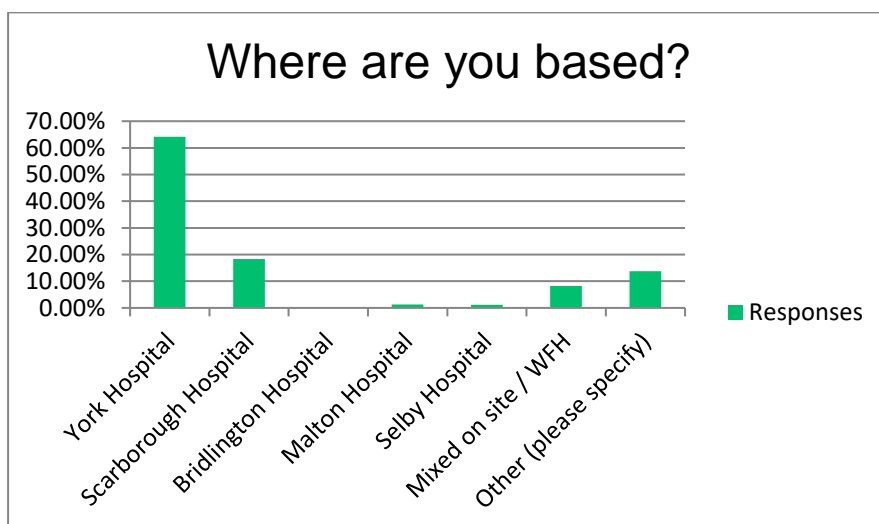
WF3	WAKEFIELD	Bottom Boat, Carlton, East Ardsley, Lofthouse, Lofthouse Gate, Robin Hood, Stanley, Thorpe, Tingley, West Ardsley	1
YO43	YORK	Market Weighton, Holme-on-Spalding-Moor	1
YO51	YORK	Boroughbridge	0

Q1 Email address

Q2

Where are you based?

Answer Choices	Responses	
York Hospital	64.16%	494
Scarborough Hospital	18.31%	141
Bridlington Hospital	0.26%	2
Malton Hospital	1.30%	10
Selby Hospital	1.17%	9
Mixed on site / WFH	8.18%	63
Other (please specify)	13.77%	106
Answered		770
Skipped		1

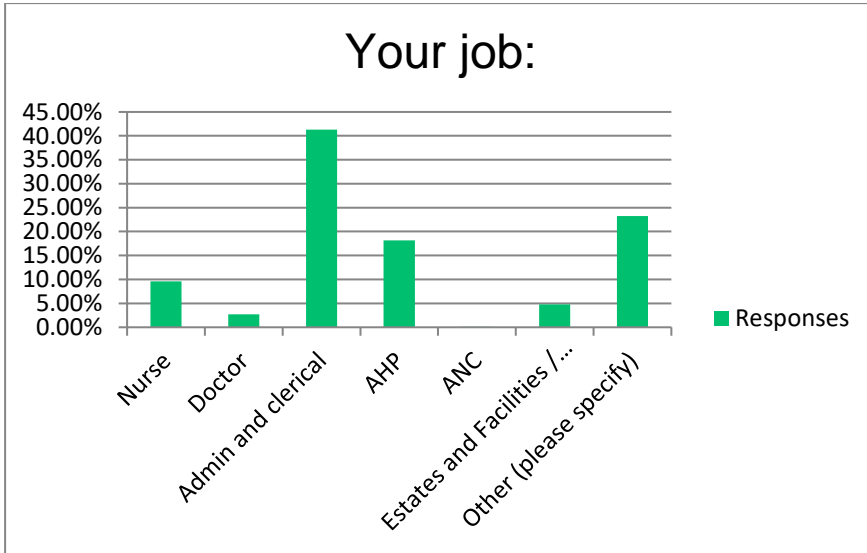


Q3

Your job:

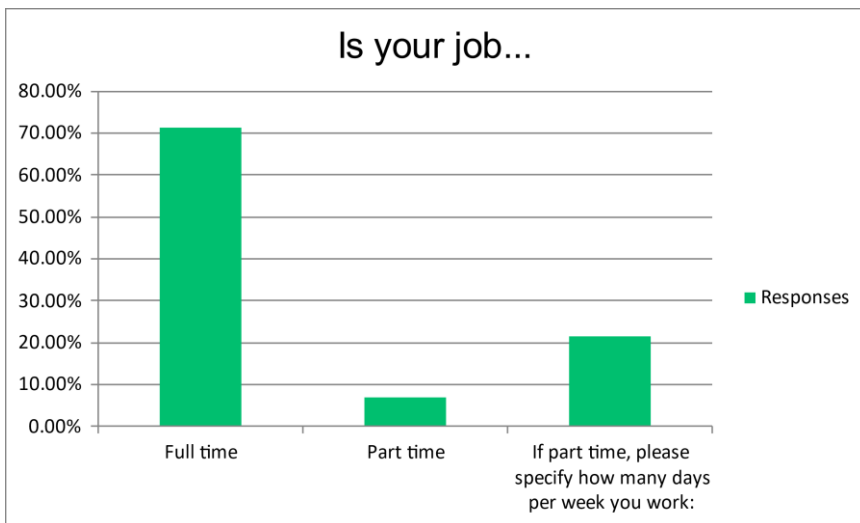
Answer Choices	Responses	
Nurse	9.61%	74
Doctor	2.73%	21
Admin and clerical	41.30%	318

AHP	18.18%	140
ANC	0.13%	1
Estates and Facilities / LLP	4.81%	37
Other (please specify)	23.25%	179
Answered		770
Skipped		1



Q4

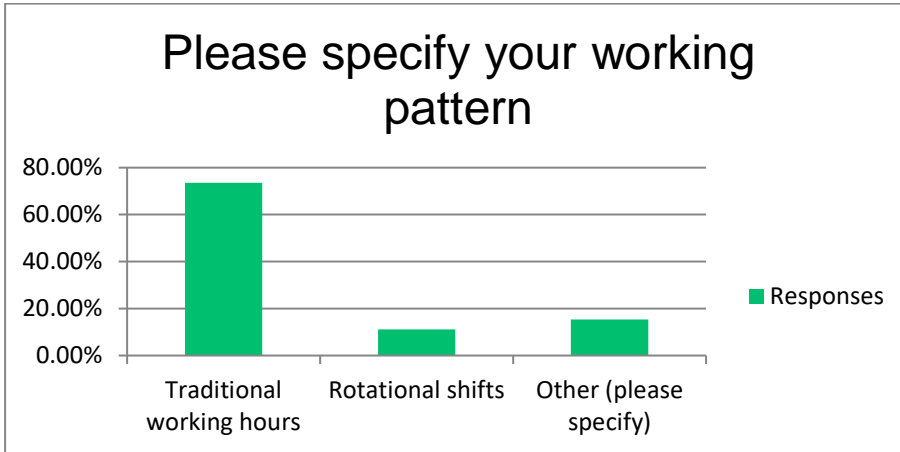
Is your job...	Answer Choices	Responses
Full time	71.35%	548
Part time	7.03%	54
If part time, please specify how many days per week you work:	21.61%	166
Answered		768
Skipped		3



Q5

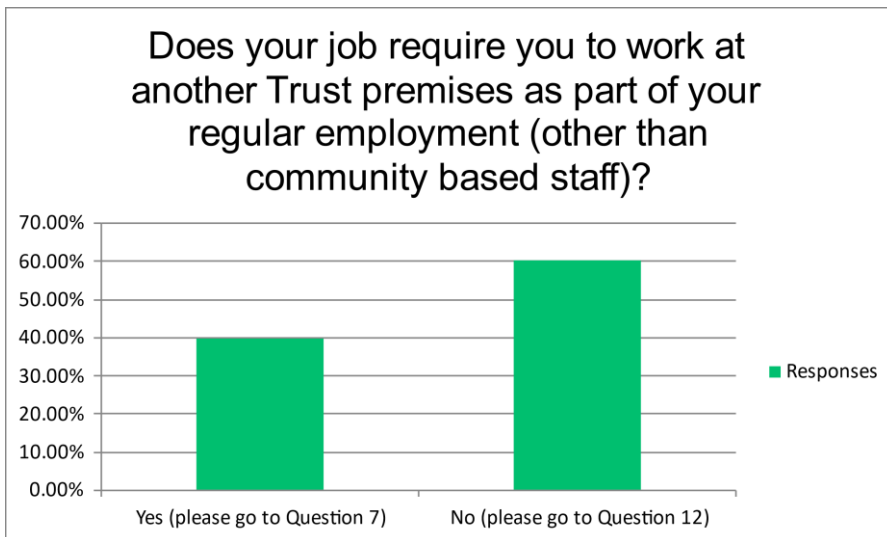
Please specify your working pattern

Answer Choices	Responses	
Traditional working hours	73.57%	565
Rotational shifts	11.07%	85
Other (please specify)	15.36%	118
	Answered	768
	Skipped	3



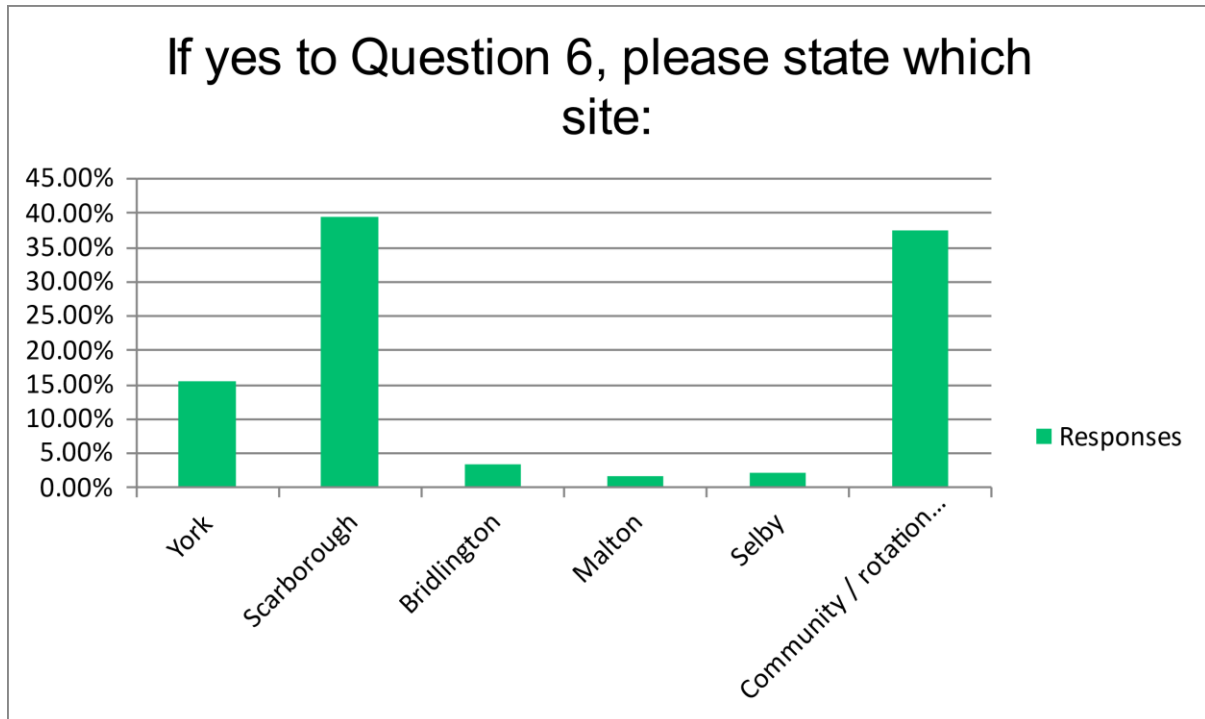
Q6

Does your job require you to work at another Trust premises as part of your regular employment (other than community based staff)?		
Answer Choices	Responses	
Yes (please go to Question 7)	39.90%	306
No (please go to Question 12)	60.10%	461
	Answered	767
	Skipped	4



Q7

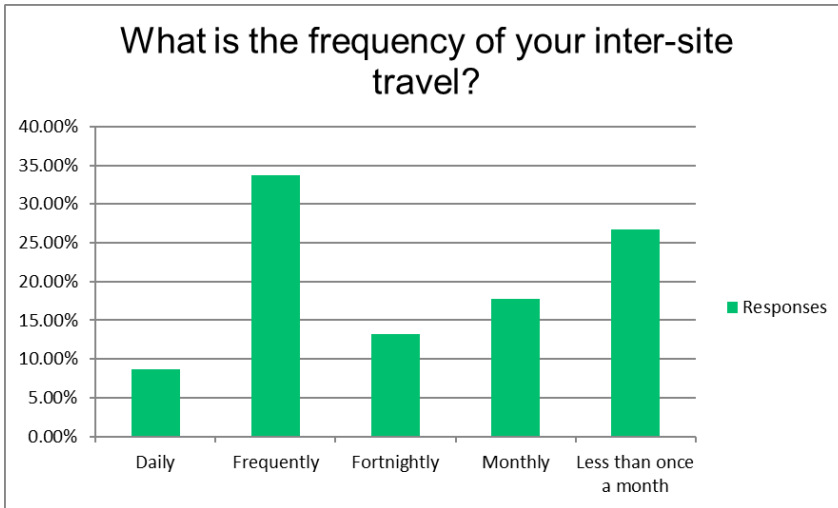
If yes to Question 6, please state which site:		
Answer Choices	Responses	
York	15.61%	49
Scarborough	39.49%	124
Bridlington	3.50%	11
Malton	1.59%	5
Selby	2.23%	7
Community / rotation based / other / multiple sites i.e. Trust wide (pl	37.58%	118
	Answered	314
	Skipped	459



Q8

What is the frequency of your inter-site travel?

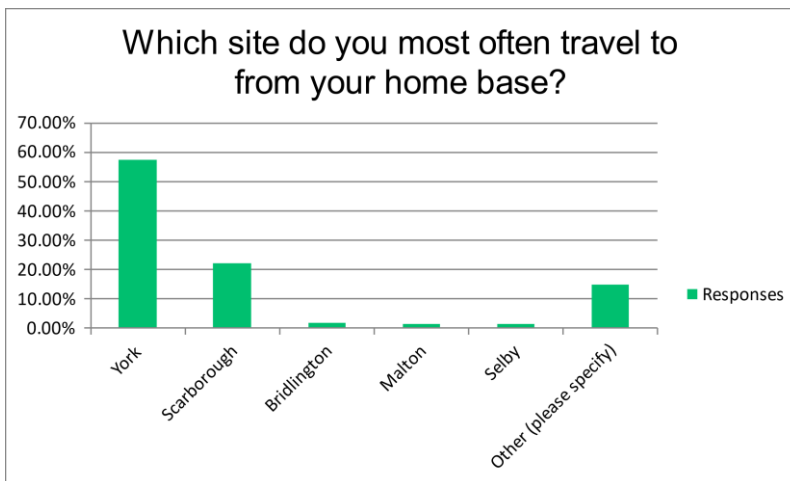
Answer Choices	Responses	
Daily	8.71%	31
Frequently	33.71%	120
Fortnightly	13.20%	47
Monthly	17.70%	63
Less than once a month	26.69%	95
	Answered	356
	Skipped	423



Q9

Which site do you most often travel to from your home base?

Answer Choices	Responses	
York	57.71%	217
Scarborough	22.34%	84
Bridlington	1.86%	7
Malton	1.60%	6
Selby	1.60%	6
Other (please specify)	14.89%	56
	Answered	376
	Skipped	395

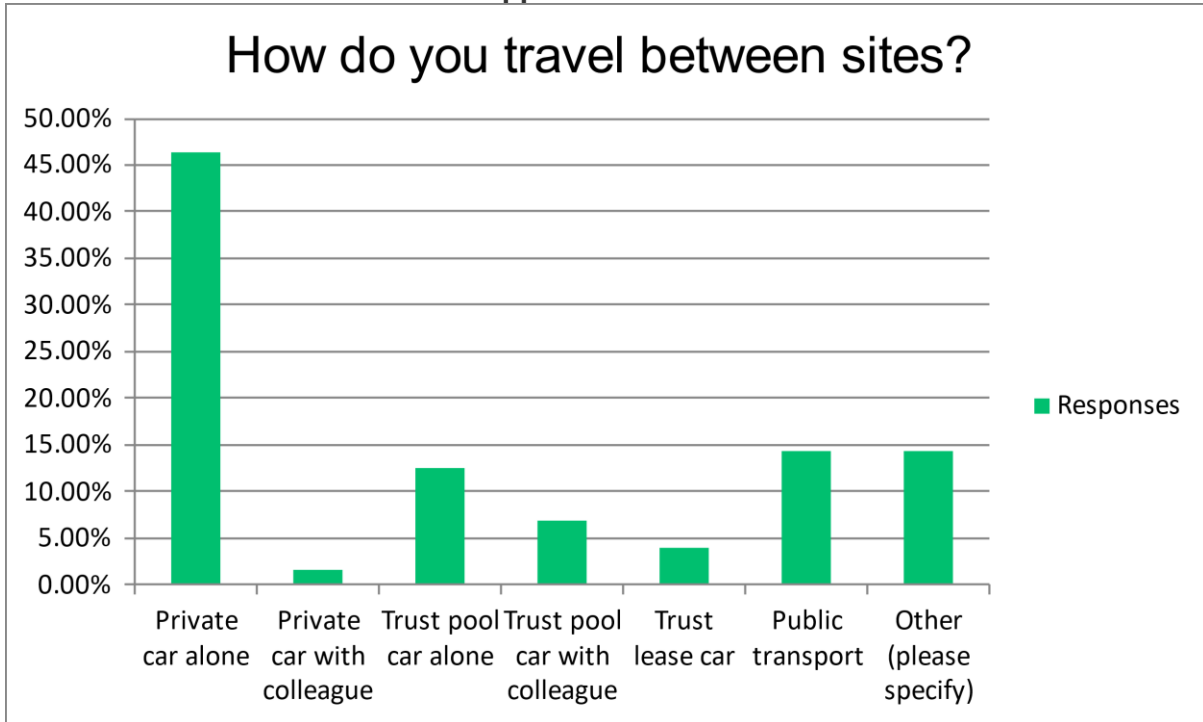


Q 10

How do you travel between sites?

Answer Choices	Responses	
Private car alone	46.41%	168

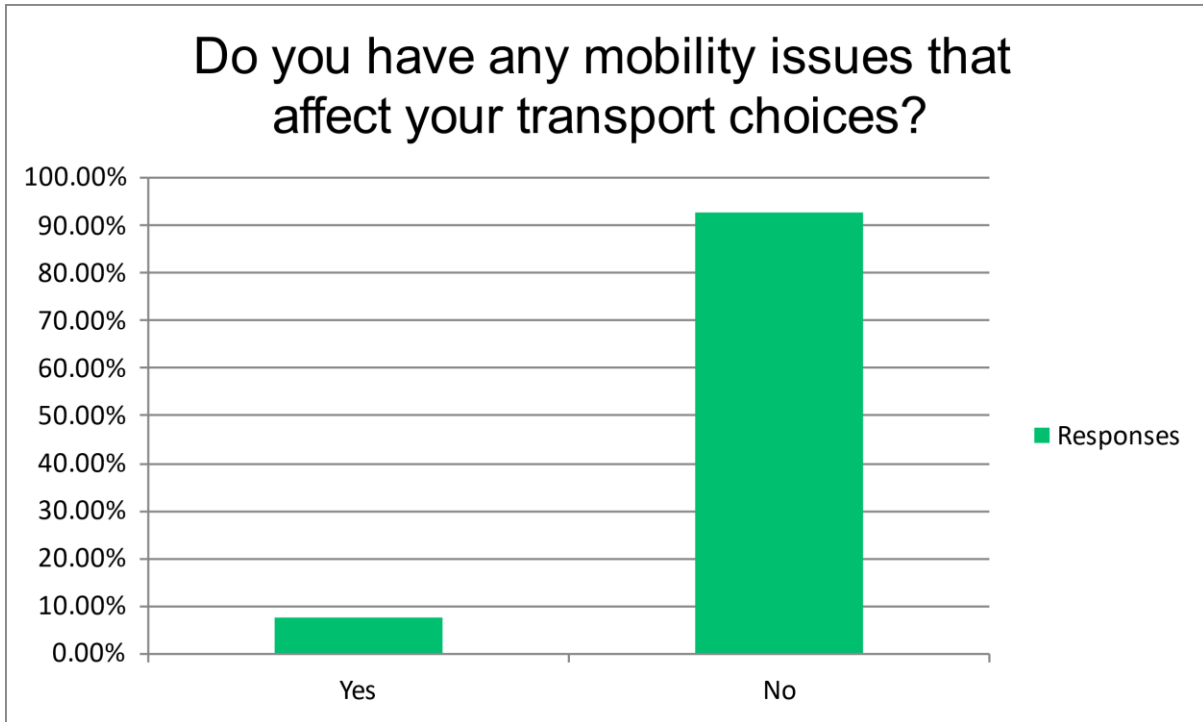
Private car with colleague	1.66%	6
Trust pool car alone	12.43%	45
Trust pool car with colleague	6.91%	25
Trust lease car	3.87%	14
Public transport	14.36%	52
Other (please specify)	14.36%	52
Answered		362
Skipped		411



Q11

Do you have any mobility issues that affect your transport choices?

Answer Choices	Responses
Yes	7.50% 33
No	92.73% 408
Answered	440
Skipped	333



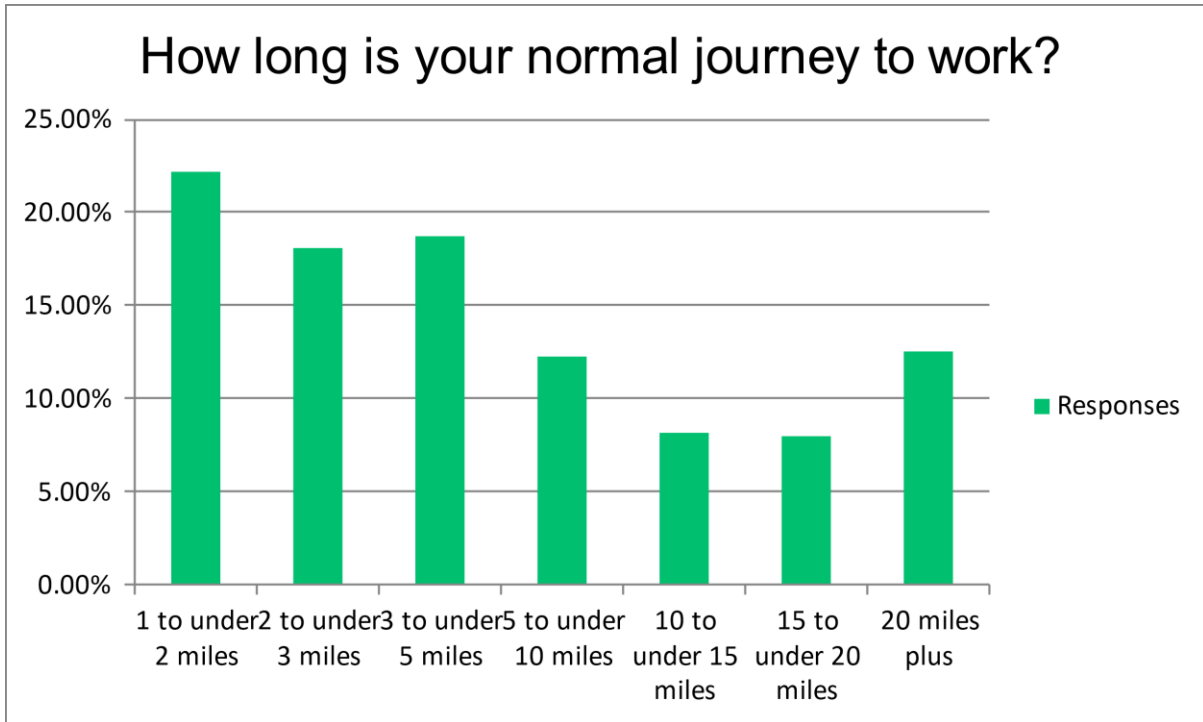
Q12

Home postcodes

Q13

How long is your normal journey to work?

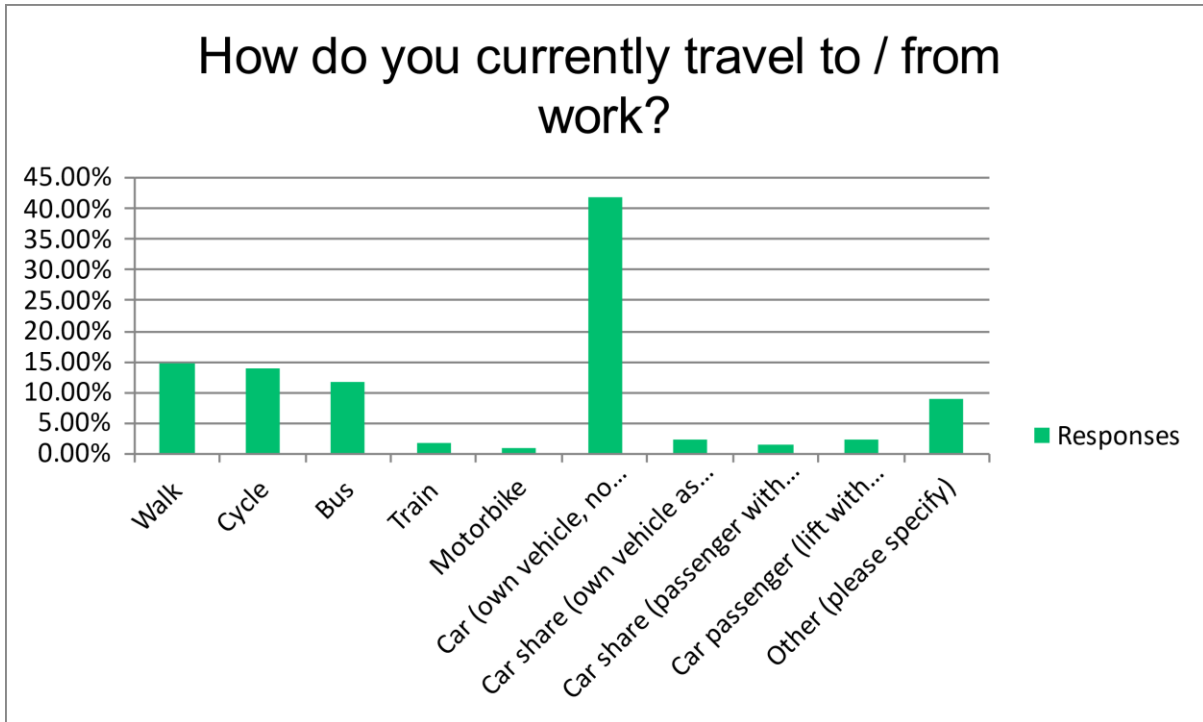
Answer Choices	Responses	
1 to under 2 miles	22.19%	152
2 to under 3 miles	18.10%	124
3 to under 5 miles	18.69%	128
5 to under 10 miles	12.26%	84
10 to under 15 miles	8.18%	56
15 to under 20 miles	8.03%	55
20 miles plus	12.55%	86
Answered	685	
Skipped	88	



Q14

How do you currently travel to / from work?

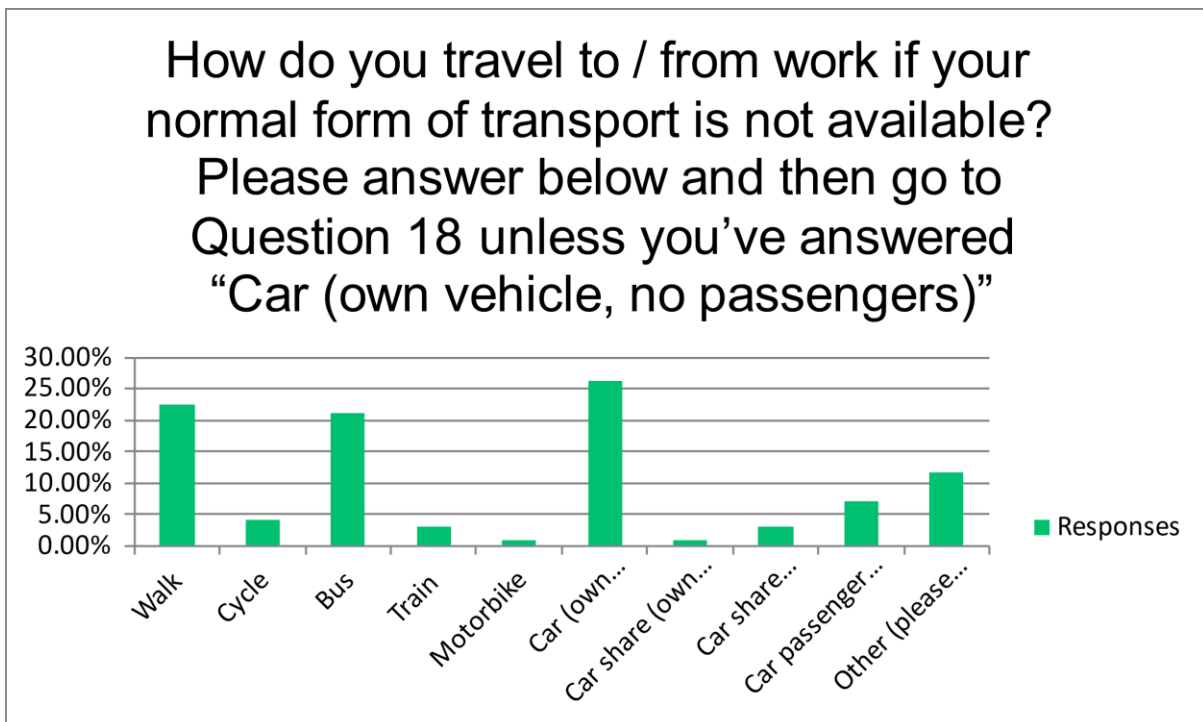
Answer Choices	Responses	
Walk	14.80%	102
Cycle	13.93%	96
Bus	11.61%	80
Train	1.89%	13
Motorbike	0.87%	6
Car (own vehicle, no passengers)	41.80%	288
Car share (own vehicle as driver with Trust colleague)	2.47%	17
Car share (passenger with Trust colleague)	1.45%	10
Car passenger (lift with someone who isn't a Trust colleague)	2.32%	16
Other (please specify)	8.85%	61
	Answered	689
	Skipped	84



Q15

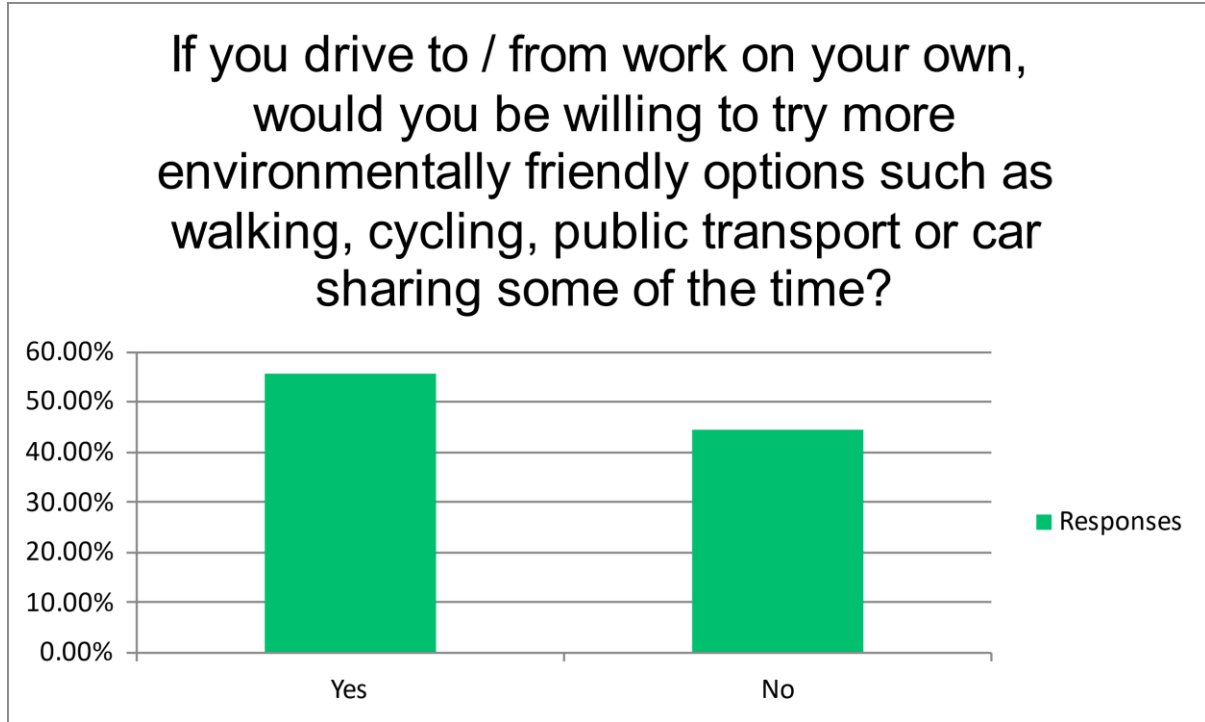
How do you travel to / from work if your normal form of transport is not available? Please answer below and then go to Question 18 unless you've answered "Car (own vehicle, no passengers)"

Answer Choices	Responses	Count
Walk	22.36%	146
Cycle	3.98%	26
Bus	21.13%	138
Train	2.91%	19
Motorbike	0.92%	6
Car (own vehicle, no passengers) Please go to Question 16	26.19%	171
Car share (own vehicle as driver with Trust colleague)	0.92%	6
Car share (passenger with Trust colleague)	2.91%	19
Car passenger (with someone who isn't a Trust colleague)	7.04%	46
Other (please specify)	11.64%	76
Answered		653
Skipped		120



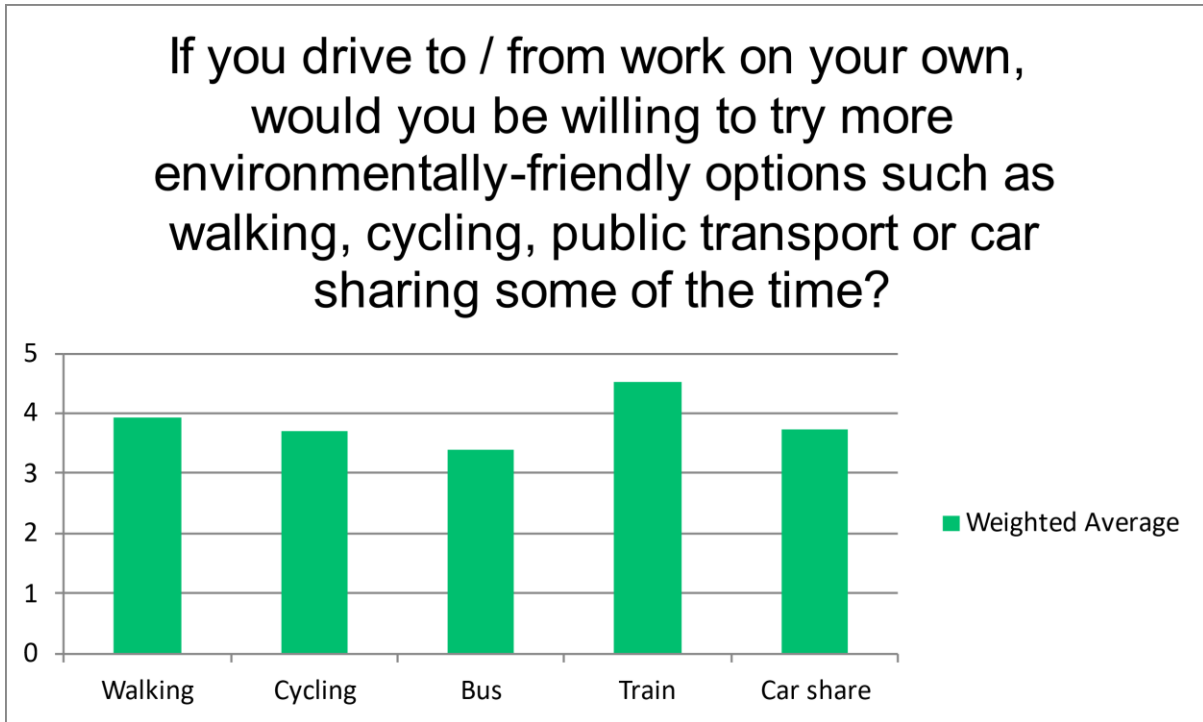
Q16

Answer Choices		Responses	
Yes	55.47%	228	
No	44.53%	183	
Answered		411	
Skipped		362	



Q17

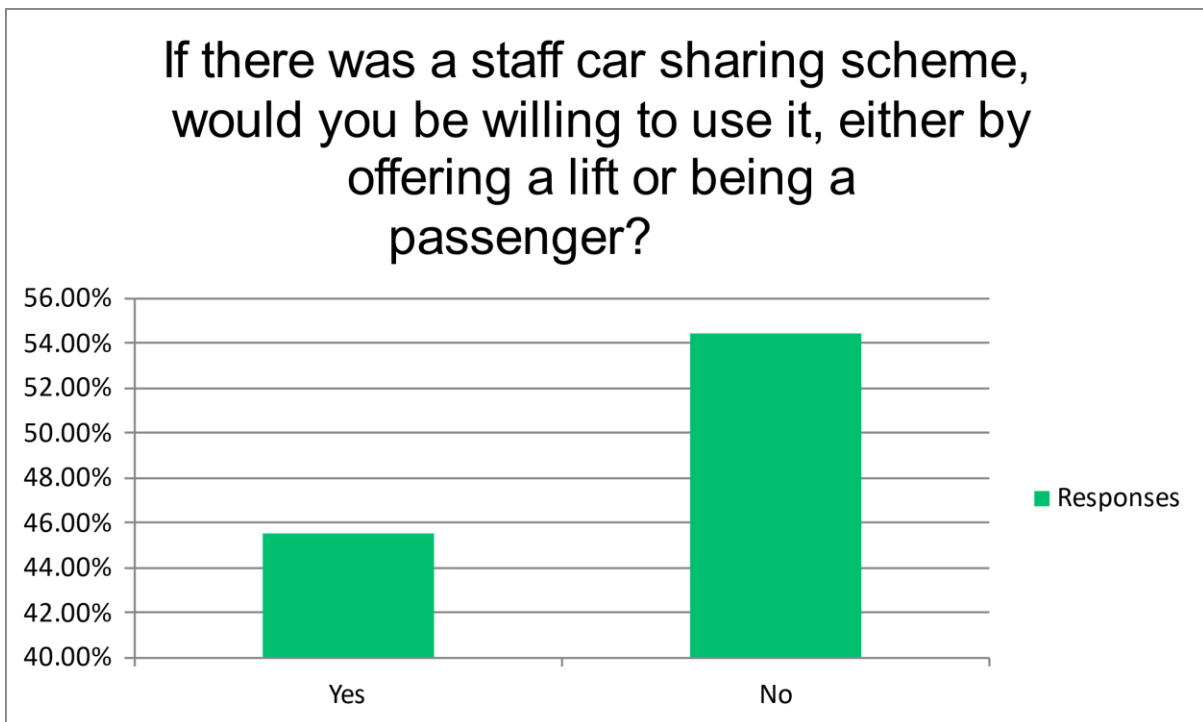
If you drive to / from work on your own, would you be willing to try more environmentally-friendly options such as walking, cycling, public transport or car sharing some of the time?												
	Very easy		Quite easy		Quite difficult		Very difficult		Not possible		Total	Weighted Average
Walking	9.38%	38	10.12%	41	10.37%	42	8.89%	36	61.23%	248	405	3.93
Cycling	11.08%	45	13.30%	54	9.36%	38	16.26%	66	50.00%	203	406	3.7
Bus	9.31%	38	16.67%	68	21.57%	88	21.32%	87	31.13%	127	408	3.39
Train	1.80%	7	3.61%	14	8.51%	33	10.05%	39	76.03%	295	388	4.53
Car share	3.33%	13	14.87%	58	22.56%	88	19.49%	76	39.74%	155	390	3.74
											Answered	420
											Skipped	353



Q18

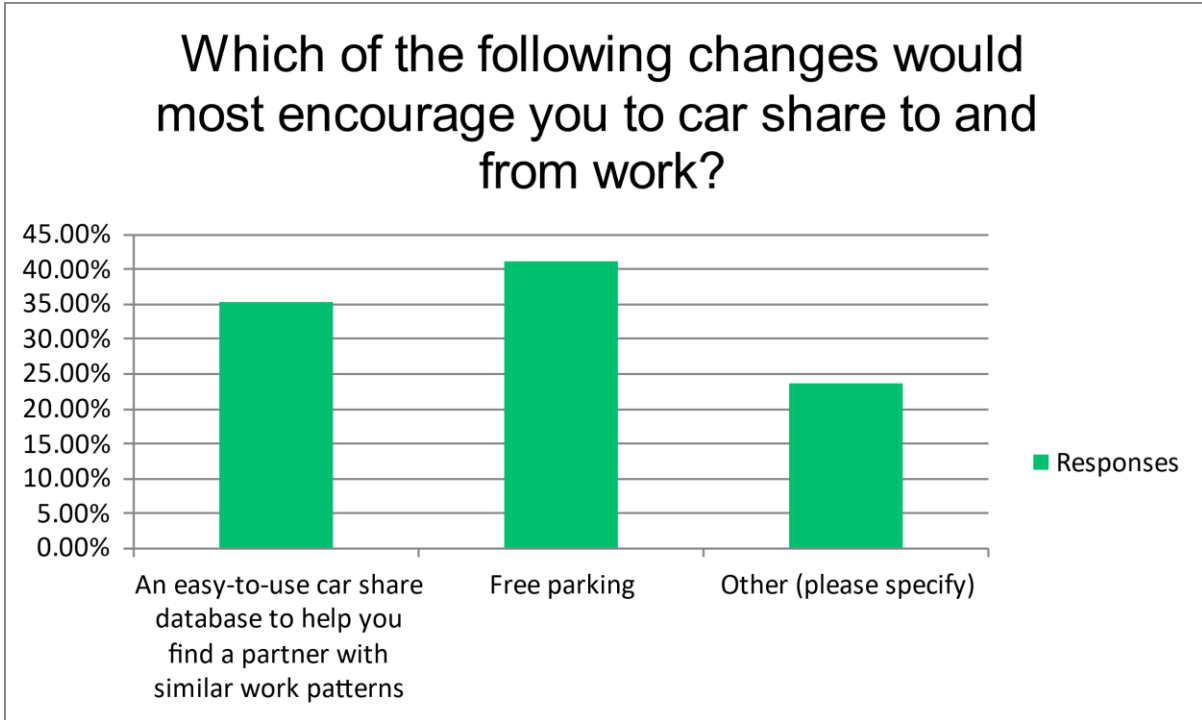
If there was a staff car sharing scheme, would you be willing to use it, either by offering a lift or being a passenger?

Answer Choices	Responses									
Yes	45.57%	288								
No	54.43%	344								
	Answered	632								
	Skipped	141								



Q19

Which of the following changes would most encourage you to car share to and from work?		
Answer Choices	Responses	
An easy-to-use car share database to help you find a partner with si	35.27%	200
Free parking	41.09%	233
Other (please specify)	23.63%	134
	Answered	567
	Skipped	206



Q20

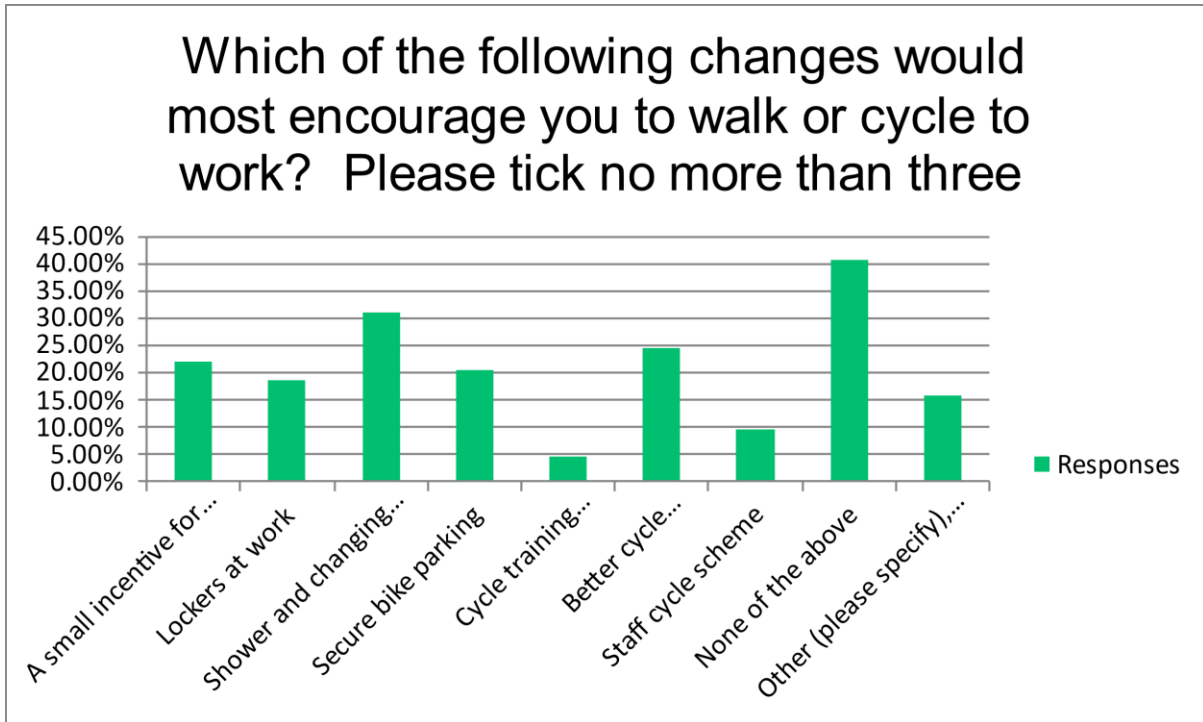
Are there any particular barriers which make it difficult for you to use more environmentally friendly options, such as walking, cycling, public transport, car sharing? If so, what are they?		
Answer Choices	Responses	
Child care	13.24%	72
Family commitments	8.27%	45
Health / mobility	7.17%	39
Availability / access to public transport	15.07%	82
Location / distance to site	28.49%	155
Other (please specify)	27.76%	151
	Answered	544
	Skipped	229

Are there any particular barriers which make it difficult for you to use more environmentally friendly options, such as walking, cycling, public transport, car sharing? If so, what are they?



Q21

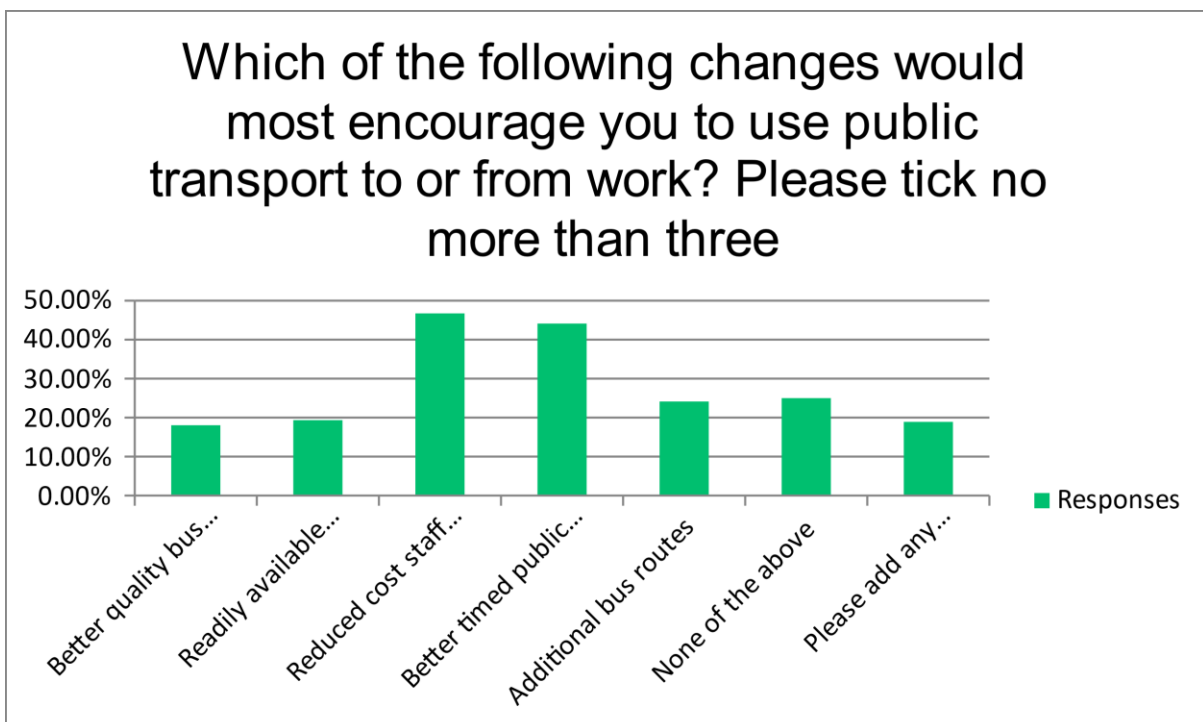
Which of the following changes would most encourage you to walk or cycle to work? Please tick no more than three		
Answer Choices	Responses	
A small incentive for every time you do not drive	22.12%	138
Lockers at work	18.75%	117
Shower and changing rooms	30.93%	193
Secure bike parking	20.35%	127
Cycle training opportunities and journey advice	4.65%	29
Better cycle connectivity / paths	24.36%	152
Staff cycle scheme	9.46%	59
None of the above	40.71%	254
Other (please specify), or please add any further information to your response	15.87%	99
	Answered	624
	Skipped	149



Q22

Which of the following changes would most encourage you to use public transport to or from work? Please tick no more than three

Answer Choices	Responses
Better quality bus waiting facilities	116
Readily available bus and train timetables	125
Reduced cost staff pass on public transport	296
Better timed public transport connections to fit your work patterns	281
Additional bus routes	154
None of the above	159
Please add any further information relevant to any of your answers :	120
Answered	636
Skipped	137



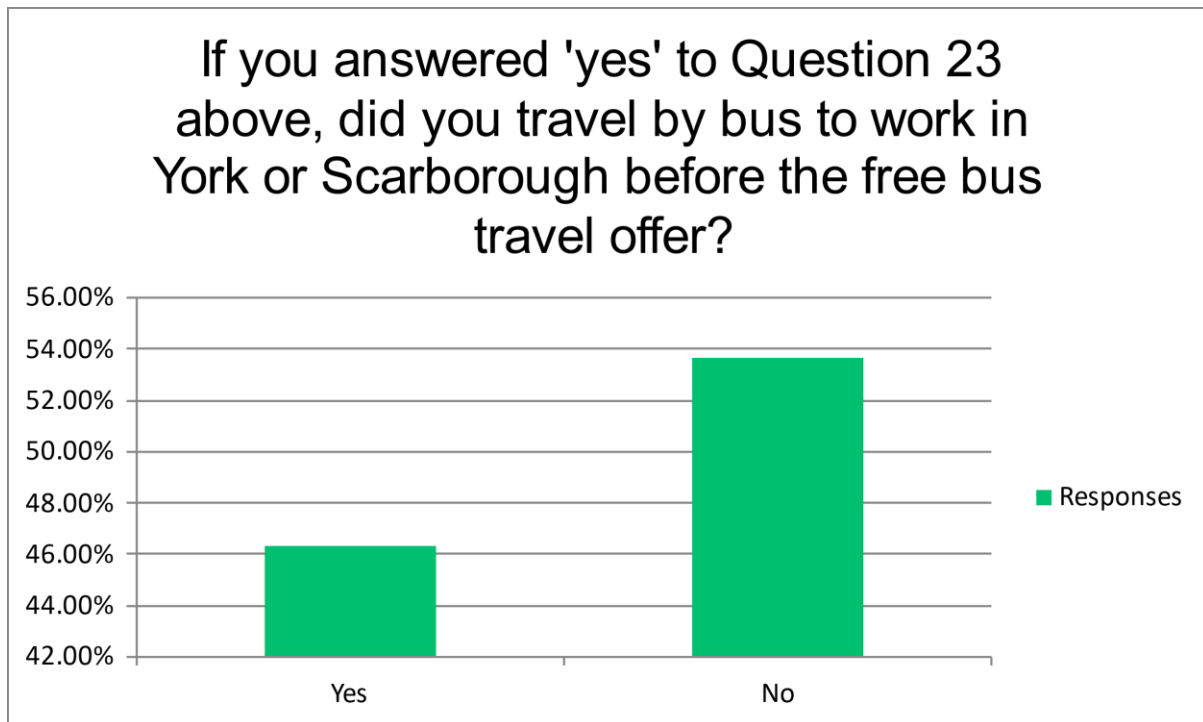
Q23

Have you used the free staff bus travel offer in York and Scarborough in the last five months?		
Answer Choices	Responses	
Yes	35.36%	238
No	64.64%	435
	Answered	673
	Skipped	100



Q24

If you answered 'yes' to Question 23 above, did you travel by bus to work in York or Scarborough before the free bus travel offer?		
Answer Choices	Responses	
Yes	46.32%	132
No	53.68%	153
	Answered	285
	Skipped	488



Q25 – additional comments:

Main / recurring issues raised:

- Free bus travel should be retained throughout the Trust.
- Childcare prevents using alternative / active options.
- Expand the discounted bus offer in more Trust regions.
- Better cycle provision, with paths, access and more storage needed.
- Free staff car parking needed.
- Improved footpaths needed at Trust sites.
- EV chargers needed for York.
- More staff car parking needed at York.
- More Scarborough buses needed in the £1 offer.
- Staff car share scheme needs to be reinstated.
- More bus services needed in York.
- Staff car park permit system needs to be improved.
- Staff shower and changing facilities needed at main Trust sites.
- Discounted bus offer is great.
- Re-instate the P&R shuttle bus to York Hospital.
- Bus provision needs to meet work shift patterns.
- Train discounts needed.
- More motorcycle parking needed at York.
- A York to Scarborough shuttle bus is needed.
- A Monks Cross to York Hospital bus link is needed.
- Rural home locations make modal shift difficult or impossible.
- Share booking details for Enterprise pool car bookings so journey sharing can be done.

Open comments summary (staff survey)

The following is a list of the issues raised in the open comments section of the staff travel survey (237 responses):

Instate free bus travel for staff to Selby Hospital and Malton Hospital.
 Childcare commitments make using alternative travel options very difficult.
 Better cycle provision (access to sites, paths, storage).
 Free staff car parking.
 Improved footpaths around Trust sites.
 EV charging points for staff at York.
 More staff car park spaces needed.
 More Scarborough buses need to be included in the current £1 offer.
 Staff car share scheme needed.
 More bus services should be provided to Trust sites.
 A better permit scheme is needed for staff car parks.
 Shower and changing facilities needed at Trust sites.
 Praise for the current discounted bus offer at York and Scarborough.
 There should be Park & Ride services to York Hospital.
 Car use is the only realistic option I have to get to work.
 Bus provision should meet work patterns.
 There should be staff train discounts.
 There needs to be more motorcycle parking at York Hospital.
 There needs to be a York to Scarborough bus service.
 There needs to be a Monks Cross to York Hospital bus connection to connect the services.
 Rural home locations make using alternative travel options difficult.
 Journey sharing option needed for the Enterprise pool cars.
 Have the current £1 bus offer on other York service providers (e.g. Arriva).

Report to:	Council of Governors
Date of Meeting:	13 March 2025
Subject:	Performance 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 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 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 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 report contains the (9a) Half Year Complaints Report as well as the (9b) Friends & Family Test information. The Council of Governors is asked to note the current positions.

Performance Report key metrics

March 2025 Council of Governors meeting

Diagnostic 6 week standard

- In January achieved 69% against a standard of 95% compared to 76% in October.
- 14 types of diagnostic work are in the statistics with levels of attainment ranging from 24% re Urodynamics, to 93% for neurophysiology.

Acute Flow

- Number of 12+ hour trolley waits in January was 949 compared to 785 in October and 100 less than in December.
- Proportion of ambulance handovers waiting more than 60 minutes was 21.3% compared to 29.6 % October.
- Proportion of patients seen and treated in ED waiting less than 4 hours was 63.1% compared to 62.5% in October.
- Lost bed days for patients with no criteria to reside was 1225 in January compared to 1118 in October. This is 12.4% of our general and acute beds.

Cancer

- Proportion of patients who had their first treatment within 62 days was 66.4% (compared to 66.2% last time) against a standard of 85% and a year end target of 70%.
- Cancer faster diagnosis standard was 72.3% compared to 67.2% in October, against a standard of 77%.

Referral to Treatment (RTT)

- Number of people waiting is 42,554 44,047 which is 1,493 less than in October
- 34 patients waiting more than 65 weeks mainly due to a key colleague being on sick leave in one speciality, against a target of zero.
- 1128 patients waiting more than 52 weeks which is 30 patients less than in October.
- The mean waiting time for incomplete pathways is 19 weeks, an increase of 0.5 weeks from previous report.

Children scorecard

- 40 children waiting over 52 weeks in January an increase of 7 compared to October.
- An update will be provided to the Council of Governors meeting on the plan to reduce waiting times for speech and language therapy.

Workforce

- In December staff sick leave rate had increased to 5.9% with a year to date rate of 4.9%
- Rolling 12 month staff turnover rate is 8.6%, better than plan of 10% but an increase of 0.3% from October rolling rate
- Overall vacancy rate of 9.5% an increase from 7.5%
- HCSW vacancy rate in adult in-patient wards 9.4% (6.9%)
- RN vacancy rate 6.5% (4.5%)
- Midwifery vacancies 3.3%
- Medical & Dental vacancies 7% (1.8%)

Patient experience

- The number of complaints received in January was 79 compared to 105 in October, a level last seen 12 months ago.

Summary Dashboard and Income & Expenditure – Jan 2025

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend			Plan	Plan YTD	Actual YTD	Variance
						£000	£000	£000	£000
I&E Variance to Plan	-£9.3m	-£11.2m	↓	Deteriorating	Clinical Income	745,780	621,154	640,190	19,036
					Other Income	70,595	58,926	64,207	5,282
Core CIP Delivery Variance to Plan (£20.0m Target)	£3.5m	£2.8m	↓	Deteriorating	Total Income	816,375	680,079	704,397	24,318
Corporate CIP Delivery Variance to Plan (£33.3m Target)	-£9.6m	-£14.2m	↓	Deteriorating	Pay Expenditure	-523,179	-439,833	-460,480	-20,648
					Drugs	-68,812	-57,421	-64,737	-7,316
Variance to Agency Cap	£1.0m Below	£1.9m Below	↑	Improving	Supplies & Services	-87,292	-72,551	-77,283	-4,732
					Other Expenditure	-165,774	-116,455	-110,189	6,266
Month End Cash Position	£4.7m adverse to plan	£11.2m adverse to plan	↓	Deteriorating	Outstanding CIP	23,737	11,414	0	-11,414
					Total Expenditure	-821,320	-674,845	-712,690	-37,845
Capital Programme Variance to Plan	£0.08m behind plan	£7.8m behind plan	↓	Deteriorating	Operating Surplus/(Deficit)	-4,945	5,234	-8,292	-13,527
					Other Finance Costs	-12,225	-10,198	-7,770	2,427
					Surplus/(Deficit)	-17,169	-4,964	-16,063	-11,099
					NHSE Normalisation Adj	17169	363	245	-118
					Adjusted Surplus/(Deficit)	0	-4,600	-15,818	-11,218

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 £16m against a planned deficit of £4.6m for January (Month 10).

There is recognition across the ICB that the system is going to struggle to meet plan. Discussions have continued regarding the NHSE Forecast Change Protocol and a system recovery plan to significantly reduce this pressure to a new system deficit total of £34m. At M10 the Trust is now formally forecasting an £18m deficit, 53% of the predicted system deficit. This position has been agreed with NHSE and from this month is now being reported to the ICB and NHSE.

There continues to be risk in the position linked to additional ERF. Of significant note is that some of this risk has reduced from high to low risk as we get closer to the M9 freeze submission deadline and we become clearer on the value of the additional work done. Also of note is that the ICB has now identified most of the resource necessary to support the system M7 release of uncommitted ICB provisions to support High-Cost Drug Pressures.

Forecast Capital Position – Jan 2025

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.

M10 Plan £000s	M10 Actual £000s	Variance to Plan £000s
35,409	27,675	(7,775)

The capital programme at month 10 is behind plan by £7.8m. This is due to the York VIU/PACU project and IFRS 16 leasing running behind the plan phasing. We are working closely with the York VIU/PACU project team to accelerate the project where possible. There are approx. £4.5m of leases on the cusp of completion and therefore we expect the leasing allocation to return to plan by year end.

Forecast Outturn

The forecast has increased by £3.6m from the M9 reported position. This is due to the announcement of national PDC funding for the Scarborough Critical Infrastructure (£2.5m) and LED Lighting/Building Management System scheme (£1.18m).

The £2.5m Scarborough Critical Infrastructure provides a funded source for the pressure highlighted in previous months. This has reduced the unfunded pressure of £5.2m reported previously to £2.7m. We continue to mitigate this pressure mainly through reprofiling expenditure on the EPR scheme to 25/26.

The current total capital forecast is £69.2m.

£0.95m is funded via the charity, therefore the net CDEL impact to the DH group is £68.2m, outlined in the capital forecast table.

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.

2024/25 Capital Forecast	£000s
PDC Funded Schemes	39,036
IFRS 16 Lease Funded Schemes	8,323
Depreciation / Loan Funded Schemes	20,996
Charitable Funded Schemes	800
Unfunded Pressures	2,700
Mitigations	(2,700)
Total Capital Forecast	69,155
Less Charitable Funded Schemes	(950)
Total Capital Forecast (Net CDEL)	68,205

Report to:	Council of Governors
Date of Meeting:	13 March 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 Council 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 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
Board of Directors	29 January 2025	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.

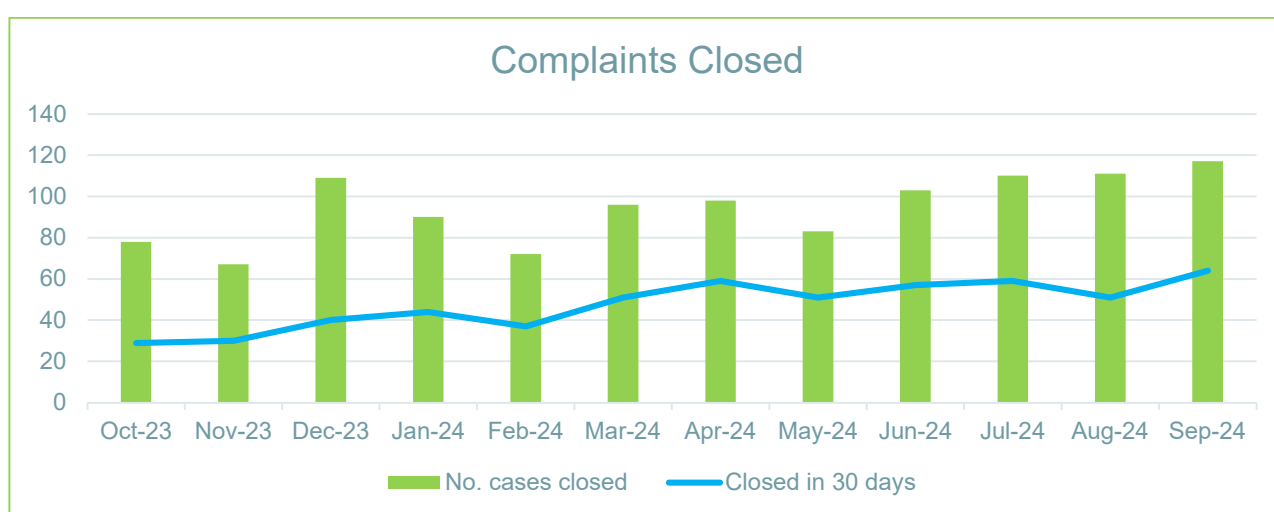
Communication is a very broad theme and encompasses communication directly with patients, with their families and between teams within the organisation. Patients reported that discussions of a sensitive nature were conducted on wards with little or no comfort or privacy. There were issues arising from 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.

Review of complaints received in September 2024

1. Introduction and Background

The Chairman raised concerns about the number of complaints received by York and Scarborough Teaching Hospitals NHS Foundation Trust and requested a detailed analysis of the complaints received for the period September 2024.

2. New Complaints

The Trust received 110 complaints in September 2024.

Care Group	Jul 2024	Aug 2024	Sep 2024	Total
Cancer, Specialist & Clinical Support Services	16	12	18	46
Corporate Services	5	1	4	10
Family Health	16	11	15	42
Medicine	40	44	43	127
Surgery	23	27	30	80
Total	100	95	110	305

3. Care Group Analysis

3.1 CSCS

Service	Issues raised	Outcome
Breast Screening Service (2)	Attitude of staff – both patients reported feeling humiliated and manhandled	Both upheld and training implemented.
Cancer Nurse Specialists (1)	Confusion over care	Not upheld
Dermatology (1)	Length of wait for treatment	Upheld
Ophthalmology (5)	Incorrect prescribing of medication	Upheld
	Injury sustained during eye procedure	Not upheld
	Malpractice	No outcome
	Poor communication & breach of confidentiality	No outcome
	Long waits and cancellations	Upheld
Pharmacy (1)	Attitude of staff - patient believes he was insulted	Partially upheld
Phlebotomy (2)	Attitude of nurse	Upheld
	Poor technique	<u>Upheld</u>
Radiology (6)	MRI scan should not have been cancelled	Upheld
	BSL interpreter not booked when patient attended MRI	Upheld
	Attitude of administrator	Partially upheld
	Attitude of mobile scanner staff	Not upheld
	Attitude of ultrasound scanner	Upheld
	Attitude of radiology staff member	Upheld

3.2 Corporate Services

Service	Issues raised	Outcome
Estates & Facilities (2)	Attitude of porter who would not help blind patient get to clinic	Upheld
	Physical assault by security team member	Not upheld
Outpatients & Patient Access (2)	PKB issues	Upheld and training delivered
	Unable to get through on contact centre phone line	No outcome

3.3 Family Health

Service	Issues raised	Outcome
Gynaecology (6)	Delay in referral being made for an ultrasound scan	Partially upheld
	Hysteroscopy - lack of communication, poor consultation and post procedure complications resulting in heavy blood loss and readmission	Partially upheld
	Attitude of gynaecologist - poor advice and follow up	No outcome
	Delays in treatment	No outcome
	Delays in fertility treatment	No outcome
	Dispute over treatment	No outcome
Maternity (5)	Attitude of staff on G2	Partially upheld
	Safeguarding concern on maternity unit	Not upheld
	Cannula not inserted correctly on Labour ward and poor attitude of staff	No outcome
	Attitude of consultant who would not listen to patient	Upheld
	Surgeons' glasses fell off into cavity during a c-section and patient is still experiencing pain and discomfort	No outcome
Paediatrics (3)	Child health medical team failed to diagnose viral appendicitis	Not upheld
	Poor care on Rainbow ward and family disagreed with clinical decisions	No outcome
	Consultants attitude towards patient and mother	Not upheld
SALT team (1)	Disagreement with therapists' assessment	Not upheld

3.4 Surgery

Service	Issues raised	Outcome
Urology (7)	Lack of communication (2)	No outcome
	Unsafe discharge and lack of appropriate care	No outcome
	Waiting time for appointment	Not upheld
	Lack of communication and general care on ward 14	Partially upheld
	Medical discharge from ward 12	Partially upheld
	Poor care on ward 12	
Colorectal (4)	Confusion and miscommunication about an appointment	No outcome
	Lack of wound care and general care on ward 16	No outcome

	Postoperative complications	Not upheld
	Postoperative complications	No outcome
ENT (4)	Incorrect details in letter to GP	No outcome
	Length of wait for an appointment (2)	Not upheld (2)
	Taken off waiting list	Not upheld
Max Fax (2)	Length of wait for an appointment	Not upheld
	Post op infection	No outcome
Pain Management (2)	Inadequate pain management and poor attitude of medics	No outcome
	Appointment delays and lack of contact from team	No outcome
T&O (5)	Delays and attitude of medic	No outcome
	Poor communication and treatment delays (4)	No outcome
Upper GI (4)	Lack of care and pain control	Not upheld
	Post operative complications and procedure went wrong	Partially upheld
	Poor communication and factual errors in letter	Not upheld
	Lack of care on Ward 16. Advised patient needed gallbladder removing but this wasn't performed during 4 week inpatient stay and the patient went onto deteriorate after discharge from YH, admitted to HRI and died. Family strongly believes that if more care had been given at YH patient would still be alive today.	No outcome
Physiotherapy (1)	Attitude of manager and appointment cancellation	Upheld
Orthodontics (1)	Poor communication and attitude of orthodontist	Not upheld

3.5 Medicine

Service	Issues raised	Outcome
Emergency Medicine (17)	Failure to diagnose cause of sever back pain and discharged from a dangerous and unsafe environment.	No outcome
	Failure to diagnose a ruptured tendon at Malton UCC leading to long term damage	No outcome
	Failure to diagnose neck fracture and lack of appropriate care	Partially upheld
	Treatment delays and turned away twice, confliction information and appalling communication	Partially upheld
	Injury sustained during treatment	No outcome
	Long wait (2)	No outcome
	Long wait and no pain relief	Partially upheld
	Delay in referral for scan	Partially upheld
	Issue with death certificate	Not upheld
	Lack of communication	No outcome
	Poor communication – nurse sent family home but patient died and they should have stayed.	Partially upheld
	Poor attitude of consultant	Upheld
	Poor attitude of nurse, long waits and no pain relief	No outcome
	Attitude of nurse (3) one patient felt humiliated and another made to feel she was hysterical	Partially upheld
Acute Medicine (1)	Poor communication AMU	Not upheld

Cardiology (3)	Appointment issues and unable to get through	Partially upheld
	Appointment issues	Upheld
	Lack of care	Not upheld
Respiratory (1)	Poor attitude of doctor	Not upheld
Elderly Medicine (2)	Attitude of doctor (Cherry ward) and poor discharge	Upheld
	Unsafe discharge	Partially upheld
Neurology (2)	Attitude of doctor	Partially Upheld
	Long waits for appointment	No outcome
Ward 25 (1)	Medication issues	No outcome
Ward 32 (2)	Lack of care	Partially upheld
	Poor discharge	Not upheld
Ward 33 (2)	Hospital Acquired pressure sore	No outcome
	Unsafe discharge	Not upheld
Ward 34 (3)	Poor discharge	No outcome
	Poor discharge	Partially upheld
	Fell on ward twice resulting in dependency which could have been avoided if staff had listened to family	No outcome
Ward 35 (1)	Poor care	Not upheld
Ward 37 (1)	Poor discharge	Not upheld
Ash ward (1)	Lack of care and pain management for patient on End-of-Life care	Partially upheld
Beech ward (2)	Unsafe discharge	Upheld
	Lack of care (patient died)	Upheld
Oak ward (2)	Lack of wound care	Not upheld
	Attitude of nurses	No outcome
Lilac ward (1)	Attitude of nurses	Upheld
Cherry ward (1)	Unsafe discharge	Upheld

4. Broad Themes

In September, many people contacting us were concerned about the attitudes of nursing and medical staff, the lack of communication, delays in receiving treatment or diagnoses and appointment availability. This is particularly reported as absence of compassion, more frequently noted in our Emergency Departments (both sites) and in our Maternity Departments.

There was a perceived lack of empathy and/or compassion when speaking with staff. The key themes that our patients and families have shared are:

- Poor and dismissive attitudes
- A feeling that appointments were being rushed
- The care they receive not being person centred
- They were not listened to
- Reports of overhearing unprofessional or unkind statements being made by clinical and nursing staff regarding patients.

We do recognise the link between moral injury to staff from high workload to the impact on compassionate care to patients.

In addition, patients reported:

- Discussions of a sensitive nature were conducted on wards with little or no comfort or privacy

- Issues arising from poor communication at handover between shifts or teams and a failure to fully explain complications at the time
- 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.
- Not enough time during outpatient consultations 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.

5. Actions and Learning

Actions we have taken to date include:

- Patient Experience Groups have been established in each Care Group to increase ownership of patient feedback and local response/improvement actions
- Coproduction of a draft Experience and Engagement Framework - identified key areas of concern and co-produced high-level objectives. Communication and staff attitude are key elements (see Appendix 1 for details of commitments codesigned)
- 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.
- Commenced trial of a communication log for patients on ward 37 (dementia care ward) and their families.
- AHPs across the Care Groups 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.
- Inaugural Complaints, Concerns and PSIRF Panel commenced in Maternity Services
- Piloted walk-around bedside handover on 2 wards in York to aid patient involvement and managing what matters most to them, with a view to roll out across all wards
- As a result of several complaints, training was provided for breast screening nurses around technique and preparing patients.
- The Change Makers have identified three pillars for improvement which they are working on:
 - 1 – Values led leadership and management
 - 2 – Communication and engagement
 - 3 – Quality improvement and learning

Next steps to be rolled out over the coming 6-12 months include:

- Care groups to develop their bespoke improvement plans in response to patient feedback – highlight reports will be provided quarterly to the Patient Experience Committee, with escalations to the Quality Committee as required
- Embed a routine practice of all Ward Managers/shift leaders undertaking daily walk-arounds to ensure individual patient communication needs are met.
- Implement walk-around bedside handover across all inpatient wards

- Introduce a communication tool, displaying names and contact details of the ward manager and matron, encouraging patients and families to get in touch if they have any concerns.
- Develop professional standards for communication, including the expected standard for answering the telephone and following through with actions agreed
- Target NHS Elect credits to the delivery of Customer Service training for areas with highest incidence of complaints in relation to communication
- Rotate staff into the HealthCare Academy where communication is a particular theme on a ward or department to receive additional training and support regarding fundamentals of care
- Changemakers are currently drafting an aim regarding improving compassionate and professional leadership - they will be launching a communication audit, with the comms team, in the new year.

A Trust-wide improvement plan will be developed in Q3/4 incorporating the above and will explore measures for success.

Appendix 1 – Commitments codesigned within the Patient Carer and Family Experience and Engagement Framework (in relation to communication and staff attitude)

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

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.

Report to:	Council of Governors
Date of Meeting:	13 March 2025
Subject:	Friends & Family Test Report
Director Sponsor:	Dawn Parkes, Chief Nurse
Author:	Krishna De, Head of Patient Experience and Involvement

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 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.

Recommendation:
 The Council is asked to note the contents of the report, and the work that is being undertaken to improve services as a result of feedback.

Background

The Friends and Family Test (FFT) is a key patient feedback tool used across the Trust to measure patient satisfaction and identify areas for improvement. It allows patients, carers, and service users to provide feedback on their experience, offering a quick and consistent way to gauge sentiment towards care and services.

The Trust currently manages FFT in collaboration with an external provider, who is responsible for administering the digital platform, aggregating responses, and producing reports. The contract for this provider comes to an end in Summer 2025 and we are currently planning for the procurement for the future provider. At the time of the original contract for the current provider was set up, there was an ambition that they would be able to support the organisation to embed ways of supporting greater adoption of FFT, through adding digital solutions for data capture alongside card submissions by patients and carers. This has not been delivered at the scale that we had anticipated, therefore a digital first solution is being sought in the procurement of a provider for the future contract.

At the ward and department level, the accountability for FFT lies with senior nursing staff and departmental leads, who are expected to encourage patient participation, review feedback regularly, and take necessary action based on the insights received.

Over the past year, significant steps have been taken to expand FFT participation, improve accessibility, and strengthen how insights are used to drive change. These efforts include the introduction of QR codes, yellow FFT cards, Equality, Diversity, and Inclusion (EDI) data collection, and improved reporting structures within Care Groups.

December 2024 FFT Performance Overview

To illustrate the Trust's engagement levels, the latest available December 2024 FFT data is presented below. This data provides a snapshot of current response rates, helping to highlight successes and areas requiring further attention.

- Total FFT Responses: 4,257 (7.79% response rate)
- Emergency Department: 562 responses (8.38%)
- Inpatients: 2,095 responses (17.83%)
- Maternity: 46 responses (3.23%)
- Community hospitals: 20 responses (0.39%)
- Outpatients: 1,534 responses (5.18%).

While response rates remain stable in some areas, challenges persist in maternity and community hospitals. Within maternity services the use of [Badger Notes](#) (an electronic system aimed at giving mothers more access to and control of their pregnancy records and care notes) is not congruent with the card format of the current FFT service. Representatives of the maternity services team have been

involved in the selection of the new FFT provider to ensure that it will meet the needs of their patients and carers. In the meantime, the service is planning to implement a patient survey to complement the National Maternity Survey with effect from the new financial year. We are also in conversation with the community services team to explore how we can increase participation in FFT.

Improvements to the FFT Service in Financial Year 2024/25

To enhance the effectiveness of FFT, several improvements have been introduced over the past year:

- The Trust has introduced new communication materials, including posters and stickers, designed to increase visibility and encourage patient participation. These materials were developed internally, incorporating NHS FFT branding elements to maintain consistency with national messaging. The posters and stickers have been rolled out across key patient areas, with a full implementation expected by the end of the financial year.
- Introduced QR codes and SMS returns in Urgent and Emergency Care to facilitate easier access to FFT surveys, reducing the reliance on paper forms.
- A comprehensive FFT FAQ resource has been developed to improve staff understanding of the Friends and Family Test, ensuring clarity on its purpose, process, and impact on service improvements. It is available on the shared drive, with plans to include it on the Intranet's Patient Involvement page as part of our engagement updates with the new provider.
- Launched yellow FFT cards making it easier for patients who may not engage with digital surveys to share their views. The yellow colour was chosen to improve accessibility for patients with sight impairments and neurodiverse conditions such as dyslexia, ensuring a more inclusive approach to feedback collection.
- Introduced Equality, Diversity, and Inclusion (EDI) data collection to better understand feedback trends across different demographic groups. This initiative helps identify variations in patient experience and ensures service improvements address the needs of diverse patient populations.
- Implemented weekly returns for FFT cards to the external service provider to improve FFT data reporting efficiency.

How FFT is Being Used by Care Groups

Integration with Patient Experience Structures

FFT data is now a component used by Care Groups' Patient Experience Groups and specialist groups e.g. the Food, Hydration and Nutrition steering group and the Pressure Ulcer improvement group, ensuring that feedback is reviewed in structured forums and linked to service improvement initiatives.

Reporting Mechanisms

- **Access to FFT Data:** Care Groups have direct access to their FFT data, including numerical trends and free-text comments, enabling them to analyse feedback independently and identify priority areas for improvement.
- **Support from Patient Experience Lead:** In addition to data access, the Patient Experience Lead supports Care Groups by attending forums such as the Food, Hydration, and Nutrition Group, providing in-depth analysis and insights. This tailored support helps link FFT findings to the organisation's improvement plans, ensuring that feedback translates into meaningful action.
- **Care Group Reports to Patient Experience Sub Committee:** FFT results are incorporated into Care Group reports to the committee. This process ensures oversight, accountability, and a clear line of sight between patient feedback and service improvements.

Plans for the Future

As part of the Trust's ongoing commitment to improving patient experience, we have identified the areas we want to ensure there is more effective reporting of FFT data so our procurement for the future provider is aimed to:

- Enable closer to real-time reporting, allowing for more timely interventions and improvements
- Provide better access for staff at the ward level, ensuring greater ownership and responsiveness to patient feedback
- Incorporate new features, such as the ability to translate FFT into different languages which makes it more accessible for our patients and carers
- Enable results to be translated into actionable insights and improvement plans, for example creating "You Said We Did" reporting (based on the actions taken as a result of feedback through FFT), and Word Clouds.

Our ambition is to have a system that is user-friendly, adaptable, and aligned with national best practices, supporting our overall patient engagement and service improvement strategy. The selection process for the future platform has included engagement from Trust members of staff who are actively involved in using FFT at an operational level alongside patient and carer representatives.

Over the forthcoming months we are:

- Finalising procurement options and engaging stakeholders in the selection process
- Developing a timeline for implementation, including staff training and transition planning
- Establishing metrics to measure the impact of the new FFT system.

Report to:	Council of Governors
Date of Meeting:	March 2025
Subject:	Care Quality Commission (CQC) Inspection Update
Director Sponsor:	Dawn Parkes, Chief Nurse Adele Coulthard, Director of Quality, Improvement and Patient Safety
Author:	Emma Shippey, Head of Compliance and Assurance

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 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 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 <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 Council of Governors are asked to note this update following the CQC unannounced inspection at York Hospital on the 14 and 15 January 2025.

Report History		
Meeting	Date	Outcome/Recommendation
N/A		

1. CQC Inspection

Inspectors from the CQC visited the York Hospital site on 14 and 15 January 2025. Two teams were onsite who undertook:

- An unannounced inspection of the Urgent and Emergency care pathway to review the rating received following the last inspection in 2022.
- An unannounced inspection of the Medical Care Services to again review the Trust rating. This was done as part of the new CQC Systems Pathway Pressures inspection process.

Following the conclusion of the visit on Wednesday 15 January, verbal feedback on both aspects of the inspection was provided. To support this, written feedback was received from the CQC for the Urgent and Emergency Care Service aspect of the inspection on 16 January 2025 ([Appendix A](#)). The Trust responded on 17 January 2024 ([Appendix B](#)).

Written feedback for the Medical Services review was received on 21 January 2025 ([Appendix C](#)) and the Trust responded on 24 January 2025 ([Appendix D](#)).

2. CQC Evidence Request

The CQC sent the Trust an initial request for 132 evidence categories to support the inspection on 14 January 2025. A further evidence request was received on 23 January 2025 which included 29 evidence categories. All requested evidence has now been submitted to the CQC.

A robust process for the collation, review and approval of all documentation prior to submission to the CQC has been established:

- An MS Teams channel, accessible to all evidence leads, has been used to oversee progress with the submission.
- A 9am daily MS Teams call, chaired by the Director of Quality, Improvement and Patient Safety, with all evidence leads has been held to review progress and resolve any queries with the submitted documentation.
- A summary sheet is completed for each evidence category. This lists the documentation submitted, provides a narrative description of what the documentation shows and how the process is managed within the organisation.
- All evidence and summary sheets are reviewed by the Director of Quality, Improvement and Patient Safety or the Head of Compliance and Assurance.
- All evidence categories were assigned an Executive Lead. Some evidence categories required approval through the Medicine Care Group Quadrumvirate prior to submission to the assigned Executive Director.
- Following review by the Executive Director, and any feedback has been addressed, the evidence is submitted through the CQC portal.

The use of the summary sheets to support the evidence submission has been welcomed by our CQC colleagues and they have reportedly found these very useful.

An update on the Trust position following the CQC inspection, and submission of the evidence requests was provided at the Integrated Quality Improvement Group (IQIG) on 13 February 2025. IQIG is part of the NHS England tiering and segmentation review process attended by regional colleagues and the Integrated Commissioning Board (ICB).

3. Next Steps

- In March 2025, a post inspection After Action Review will be completed. This will include (but will not be limited to) the immediate Trust response to the inspection, communication during the inspection, the Trust response to the CQC feedback and a reflection on the Trust evidence retention and collation process.
- The report from the inspection will be published on the CQC website. Since the introduction of the Single Assessment Framework, the revised format does not include must and should do actions. Therefore, the Trust will start to formulate an improvement plan to include any identified areas for improvement which are not already part of ongoing programmes of work.

4. Recommendations

The Council of Governors are asked to note this update following the CQC unannounced inspection on the 14 and 15 January 2025.

Appendix A - Feedback from the Urgent and Emergency Care Inspection



Sent by email

Chief Executive Simon Morritt
York Hospital
Wiggington Road
York
YO31 8HE

16th January 2025

CQC Reference Number: AP5078

Dear Simon

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

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.
- 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.

Appendix B - Trust Response to the Urgent and Emergency Care Feedback



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 a 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 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



Dawn Parkes
Chief Nurse

Appendix C - Feedback from the Medical Care Inspection



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: 20 January 2025

CQC Reference Number: RCB600

Dear Matthew Hopkins

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 your CQC Regional Communications Manager, who is copied into this letter.

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, for instance we saw 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 concern, for example 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 there were challenges with the environment, staffing establishment and skill mix, 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 so they could review them pre procedure.
- 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, when a call bell in the paediatric day unit area was activated this was not always heard in the main ward area.
- Additionally, on ward 12 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. 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.
- The majority of patients reported 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. I 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: 0300616161

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

Appendix D - Trust Response to the Medical Care Feedback



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

Chief Executives Office

Trust Headquarters 2nd Floor
Admin Block
York Hospital Wigginton Road
York YO31 8HE

24th January 2025

Dawn Parkes, Chief Nurse
Direct Line: 01904 721460
Email: dawn.parkes3@nhs.net

CQC Reference No. RCB600

Sarah Ivory-Donnelly
Deputy Director
Quality Care Commission Citygate
Gallowgate Newcastle
Upon Tyne NE1 4PA

Dear Sarah

Re: CQC inspection of Medical Services York Hospital

Many thanks for your letter of 20th January 2025 and the immediate feedback from the inspection undertaken 14-15 January 2025 from Jacqui Hornby, Hannah Gardner and Amy Harris. We are pleased that you found our staff welcoming, open and honest during their discussions with you. Your thanks to them has been passed on and positively received.

We are also pleased that the majority of patients reported positive feedback about the care they were receiving, and proud that staff were caring and compassionate. We are pleased that you observed staff talking to patients in an empathetic and supportive way.

In terms of the immediate issues you have raised, I can update you on the actions that we either already have underway or actions we have immediately taken since feedback was provided to the Trust on Wednesday 15 January.

- 1. We could see that there were challenges around flow within medical services, for instance we saw 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.

Within the acute care patient pathways, the flow of services will mean that patients will move through the different areas required to deliver their care, such as from ED to assessment areas then to specialty wards and potentially rehabilitation services etc.

We have shared with the Integrated Quality Assurance Group (IQIG) our patient flow work and have been supported by NHS England and our operational teams to take a proactive approach to managing our acute patient flow through the organisation. This is so we can balance patient risk across our community, ED and inpatient wards for patients requiring acute care. One of the core processes recently introduced is a continuous flow model, which facilitates three times a day moving of patients that require admission through the acute care pathways from ED to assessment areas and then patients from assessment areas to base specialist wards and patients from base wards to discharge lounge if they are able to. The first episode of this is completed by 9.30am, where an agreed number of patients are moved to ward areas based on the number of expected average discharges.

This was welcomed by the ward teams so that they could plan to accommodate patients coming to their area, rather than having to take a reactive approach. As part of this business-as-usual model, it is agreed that patients are supported to leave their wards as early as possible, but not before 8.00am, to free beds as soon as possible for acutely unwell patients. When patients are transferred to the Discharge Lounge early, their care needs including breakfast and drinks are delivered by the Discharge Lounge Team. With earlier moves to the discharge lounge, this results in fewer newly admitted patients having to wait on a corridor as they can move into the vacated bed space in a timely manner. We are in the process of revisiting our continuous flow procedure and guidelines and will re-emphasise the importance of effective communication with patients. Our continuous flow model is reviewed and discussed within our four times a day operational meeting to understand any concerns and put support actions in place.

Our expectation is that the patient and/or their family is fully communicated with in terms of all aspects of their care including any transfers to other wards and we are extremely sorry if this has not occurred, resulting in a poor patient experience. We have a process in place on all wards that the Ward Manager or Nurse in Charge will endeavour to update each patient and/or their family daily on their plan of care and next steps. Discharge arrangements form part of these discussions. We are also about to test the introduction of wallet size cards for patients and families, given on admission with the name and contact details of the Ward Manager, encouraging contact if they have any questions. We are also piloting bedside handover so that patients and their families can also engage in that discussion. Improving communication with patients and families is a key priority and we are trying multiple ways to improve this.

Regarding overnight transfers, we do move patients from assessment spaces into downstream treatment wards, if a bed is available overnight. The aim is to get the right patient to the right place so that they can receive ongoing treatment from the right clinical team. This is to expedite care and treatment and then recovery, promoting, where possible, earlier

discharge. We do have a standard operating procedure (SOP) in place that specifically addresses the needs of those individual patients with dementia, delirium, neurodegenerative disorder, cognitive impairment and learning disability. These patients will only be moved between wards if it supports their own clinical care and physical health care needs. The SOP directs staff what to do if a patient in this group is moved and how to report this via Datix so that we can assess for any potential adverse outcomes.

We recognise that we need to be generating Acute Medical Unit (AMU) capacity earlier in the day and bringing our discharge curve forward. This work is being led through our Discharge Improvement Programme led by our Deputy Chief Operating Officer.

2. *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.*

We are very conscious that staff are tired and there are several stressors that exacerbate this tiredness at present. However, the Chief Nurse has taken a visible, proactive and focused leadership approach in promoting the wellbeing of our nursing staff, this includes:

- Engagement with all senior nurses to ensure the correct support is in place to support staff wellbeing in clinical areas.
- Holding regular question and answer sessions with Band 7 staff and Matrons so that there is direct contact.
- Utilising the planned senior nurse Back to the Floor sessions, undertaken every Friday, to support staff in clinical areas and seek in the moment feedback on how they are feeling and ideas of how we can support in different ways.
- A daily check-in session/huddle chaired by the Assistant Chief Nurse.
- The Trust also has a number of other staff wellbeing offers available that are well promoted. Evidence of the available Trust wellbeing support on offer to staff will be provided as part of the information request to support the CQC on-site inspection.
- The nurse staffing capacity and allocations is support by a senior nurse every day for the Care Groups that holds an overview of the staffing requirements and manages how staff are deployed and to give individuals support.

In relation to last minute resolutions to staffing levels on wards for the next shift, the trust acknowledges that there have been last-minute roster gaps for registered and unregistered nursing staff which impact clinical areas, some of which can be unplanned last-minute gaps from sickness or requirements to support areas. In recent weeks the trust has experienced unprecedented demand for services with an increase of admissions. This has put our clinical teams under extreme pressure and the senior leadership teams are very aware of this. We have also experienced additional staff sickness over the last few weeks, causing last minute changes to rotas.

The trust has escalation and mitigation processes in place to support staff and safe care delivery as described below. We have a twice daily cross-site safer staffing meeting to support this. All staffing issues that cannot be locally resolved are escalated and mitigations identified. This considers skill mix, acuity and dependency of patients and staff deployment to cover staff sickness. Consideration is given to the skills, knowledge and experience of the staff who are moved to ensure that the right care can be provided to the patient group. There

is an Associate Chief Nurse, Head of Nursing and Matron of the day who mitigate staffing challenges but also offer support to clinical staff, and report into the four times a day operational meeting risks and mitigation plans.

In direct response to increased operational demand and registered nursing and unregistered nursing sickness, a supplementary staffing support hub was established in January 2025. The support hub facilitates the deployment of non-inpatient registered and non-registered staff to clinical areas to support clinical activity and staff wellbeing e.g. our clinical educators were utilised to support new starters and newly qualified staff freeing staff capacity to support direct patient care. Initial feedback from the receiving inpatient areas has been positive.

- 3. Ward 12, which is an escalation ward that has not long opened, caused us concern, for example 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.*

This has been responded to separately in a letter to Jacqui Hornby dated 21st January 2025.

- 4. We could see that on Ward 12 there were challenges with the environment, staffing establishment and skill mix, 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 so they could review them pre procedure.*

The Matron for the ward can recall this situation as she was present with the CQC inspectors at the time. By way of background, when the two paediatric bays were given over to medical patients, signage was put on the adjoining door to the Day Unit asking staff not to enter or use the area as a thoroughfare. On the day in question a community paediatric dental consultant arrived expecting to see his patients. He was quickly informed that the patients were currently on Ward 17 and left. This consultant only works alternate Wednesdays in the hospital therefore would not have been aware of the changes. On reflection, the signage should have advised staff of the relocation of the paediatric patients (this has now been rectified), and further communication with the Family Health Care Group would have helped in sharing this message. Of note we have not noticed any other inappropriate access to this area from the Day Unit. In addition, as this is usually a paediatric area, day to day access is extremely limited as a matter of course.

- 5. 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, when a call bell in the paediatric day unit area was activated this was not always heard in the main ward area.*

The Ward 12 space consists of three bays and a side room with an additional two bays on the adjoining Paediatric Day Unit area, over an L shape. The staffing model for Ward 12 had been set at 3 Registered Nurses (RN) and 2 Healthcare Assistants (HCA) per shift, with a maximum of 19 patients, this was to include at least one experienced substantive RN. On 14 January, a staffing plan was put in place to deploy a substantive Band 6 from Ward 16 to work as Nurse in Charge (NIC) and increase to 3 x HCAs due to the number of patients increasing beyond 19. This plan would ensure safe staffing numbers and skill mix, as well as having senior substantive staff presence with knowledge to enact trust policies and processes. Due to increasing operational pressures, on 15 January, staffing was increased to 3 RNs and 3 HCAs. This included two agency nurses and a junior substantive nurse. At 8.00am, the surgical matron visited the ward to check on staffing and skill mix, where it became apparent that a senior staff member was required to be NIC. Two substantive Senior Sisters and a Band 6 were asked to relinquish management days and they kindly redeployed to Ward 12 to support the junior staff nurse and the agency staff. These senior staff were identifiable by their navy-blue uniforms, also in a navy-blue uniform were the two agency Band 5 RNs.

The Matron was also on the ward at the time with the CQC inspectors. The Matron recalls the CQC inspector highlighting the concern that senior staff were not answering a call bell. On investigation the bell was ringing just as all the drafted staff arrived on the ward. As there was a flu bay and several unwell patients on the ward, the senior staff from the other wards took the decision to take a quick handover summary from the agency staff in order to orientate themselves and to be able to prioritise care safely and understand the Infection Prevention and Control (IPC) issues in relation to the bay isolated because of flu. This delayed a response to the call bell and the 3 remaining HCAs were delivering care to other patients at this time.

We do acknowledge that the chaotic nature of the ward that morning did result in a delay to responding to patients' needs until safer staffing was secured and robust leadership and direction was in place. The nursing model has since been changed to 4 RNs and 3 HCAs each shift for 30 patients. Each shift must have an experienced substantive RN as NIC and safe staffing is reviewed each day by Matron. The ward also has an experience band 6 Deputy Ward Manager seconded to be in charge of the area with support from the Day Unit Ward Manager to ensure consistency and leadership of the team.

- 6. Additionally, on ward 12 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.*

This has been responded to separately in a letter to Jacqui Hornby dated 21st January 2025.

- 7. 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.

The trust does not have an electronic fluid balance input/output chart, this is only on paper. The trust does use an electronic fluid assessment that would then indicate or guide the nurse to use a paper chart. There is no risk of duplication in this area.

The trust uses its in-house electronic patient record system CPD which includes Nucleus. The first Nucleus screens went live in August 2023. Within Nucleus, the nursing elements include both assessments and clinical notes. The clinical notes operate as a summary contemporaneous record so key information is kept visible on the care domains screen. Not all elements of nursing care are on the Nucleus system with the following still being recorded on paper:

- Catheter Care Plan
- Catheter insertion and removal record
- Wound assessment and care plan
- Fluid Balance Chart
- Food and Hydration Chart
- Some other specialist pathways will still be on paper

Where documentation is recorded on paper and the patient is transferred to another environment, all paper documentation should follow the patient as their clinical record. At the end of a clinical spell, all paper documentation is then scanned and uploaded to the electronic record. Improvements to the handover process and transfer of care is a priority for the trust as we are aware this is an area for improving practice. Monitoring of poor handover practice is being undertaken through Datix incidents. This is being addressed through a dedicated improvement focus in our Year of Quality during March and April 2025.

The trust has a clear ambition to implement its Digital Strategy and the key element of the Drazil recommendations of analogue to digital and has signed a 10-year contract with Nervecentre, This EPR system will replace CPD/Nucleus as our new electronic patient record. We are delighted by this next key step in our improvement journey as we understand the positive impact for both patients and staff. This is a key step in our improvement journey. The knowledge transfer and training has just started during the week beginning 20 January 2025. Nervecentre will be delivered in three tranches, the first tranche including risk assessments, care plans and UEC will go live October 2025 on the current plan.

- 8. 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. 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.*

Infection prevention and control improvement is a key objective for senior clinical leadership teams, and we are pleased you saw good practice in the majority of cases. To support the

teams where you observed breaches to best practice, the Deputy Director Infection Prevention and Control undertook a review of the environment and compliance with IPC standards on 17th January 2025 in AMU. At the time of this review, isolation notices were in place and doors of isolation rooms closed. It was re-iterated to staff that isolation room doors need to be closed. If there was any reason for isolation room doors not being closed, a documented risk assessment must be completed. Further visits to the area were undertaken on the 20th and 21st January to reiterate IPC standards and provided support to the ward area. As part of business as usual the ward will be assessed every week through the Ward Manager quality review and monthly by the matron peer review. This will be supplemented by the weekly Chief Nurse 'back to the floor' day, with daily visits from their Matron. The Ward Manager is passionate about high quality standards and will ensure their staff are supported to give appropriate care to patients.

In respect of the patient on Ward 12, a stool sample was taken from the patient on the 14th January 2025 at 14.11hrs following two episodes of type 6/7 stool and the laboratory reported on 15th January 2025 at 16.41hrs that the semi formed sample was Clostridioides Difficile (C.diff) positive, toxin negative (carrier).. They were already in the bay and were asymptomatic when transferred to Ward 12. Once the senior and IPC team received the results, the patient was moved to a side room as soon as possible, they were not moved into that bay post sample result.

The IPC nurse visited the ward on finding the results and spoke with the domestics at the same time and asked for a Chlorclean and a curtain change. The IPC nurse provided information and C.diff disposable equipment to the ward and stayed after her shift to visit the ward and ensure the patient was managed correctly. Whilst HPV is the "gold standard" of decontamination that we deploy in this trust, this could not be done in this instance due to their being no doors on the bay area. We do use chlorine decontamination if C.diff toxin is negative when operational pressures require a quicker turnaround.

The patient has been reviewed and is not being treated for C.diff infection. Please note the sample was toxin negative and therefore whilst C.diff was identified in the stool the patient is likely to have lower levels of colonisation and in this patient's case their loose stools stopped, and the medical review determined that they did not require treatment.

9. *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 communication with staff on these actions was not quite in place yet.*

The Medicine Care Group Quadrumvirate has been subject to a number of staff changes over the last 12 months and the recent appointments to substantive posts are just coming into post as we write. The Care Group Director has been in post since 1st November 2024, the Substantive Associate Chief Operating Officer came into post on 4th January 2025, the new Associate Chief Nurse starts on 3rd February. The Associate Chief Allied Health Professional is currently the longest serving member of the team. Improving communication with the staff in the Care Group is one of their key priorities.

Should you require any further assurances on any of the above we would be pleased to provide this.

To confirm, this letter will be discussed during our Public Board Meeting on Wednesday 29th January 2025 from 9.30am.

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 small dot at the end.

Dawn Parkes
Chief Nurse

Report to:	Council of Governors
Date of Meeting:	13 March 2025
Subject:	NED Assurance Questions from Governors
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership 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 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:
 This paper provides the questions collated from the Governors for the NEDs to answer at the meeting. The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

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

Meeting	Date	Outcome/Recommendation

NED Assurance Questions from Governors

WAITING LISTS
Q1: What assurance can the NEDs provide regarding how patients confirm if they are on a waiting list, and the estimated time before being seen?
Q2: What assurance can the NEDs provide about patient entitlement to switch to other NHS providers to reduce their waiting times? If and how can patients switch?
STAFF
<p>Q3: I have read that with regard to recruiting staff from other continents that fraudulent applicants are being employed in Britain. This being for example, people having successful remote interviews with employers in Britain but the person being interviewed is not the person who turns up for work, but instead someone who may be being trafficked against their will or even willingly coming to the UK to do a job they are not qualified to do, facilitated by an established gang set up to do this for large payment.</p> <p>Since the Trust does recruit from other continents, how sure are you that the successful applicant is the person that was interviewed? Also, when this person arrives to work at the Trust how do the people in the assigned work area know that this is the person who applied for the job?</p>
<p>Q4: ‘Ref the awaited outcome in July 2025 of the court case at Fife on the single sex access to changing spaces, involving a claim of unlawful harassment under the Equality Act 2010, and in light of the fact that that the verdict could potentially set precedence in other Trusts, does this Trust’s policy currently in place, cover what is being challenged in the Fife case? And in the event of the outcome being upheld on behalf of the complainant, will this Trust’s policy have any consequences requiring any changes? Also, boundaries around single sex toilets?’</p>
CAR PARKING – YORK SITE
<p>Q5: Several consultant colleagues raised concerns on an e-mail forum about damage to their cars whilst parked in the multistorey car park (over a few years, but many quite recently) in which they struggled to secure any CCTV footage to support any claims for damages. A response was posted on the forum from Kevin Richardson, the Head of Resources Support Services, but this was obviously limited in its distribution. It’s likely that Trust colleagues from non-medical backgrounds and members of the public have been / are being similarly affected.</p> <p>I would appreciate if this issue could be raised at the CoG meeting and assurances sought about how the issues will be addressed and how all staff members can be signposted to the help they may need in relation to any future car damage.</p>
SERVICES
<p>Q6: If a patient is admitted to a service and that service has been deemed ‘Inadequate’ by the CQC is the patient advised of this when being admitted to that service? If yes, and they are admitted if something happens and a claim is made against the Trust, will the claim be dismissed because the patient was advised that it had been deemed</p>

'inadequate' by the CQC upon admission? What is the risk to the Trust of a service deemed 'inadequate' in terms of claims from patients?

PATIENT CARE

Q7: Maintaining oversight of medical inpatients including outlier patients

Concerns were raised by a Renal Consultant colleague (note – the renal team deliver a 'consultant of the week model') in relation to trying to safely maintain oversight of all the patients under the renal team.

On this day, 11 outlier patients were under renal team, a further 5 on Ward 23 and 10 more around the hospital that needed renal expertise. The base renal ward (W 33) numbers had increased to between 33 and 35, meaning there were around 60 patients to be seen. This is quite common.

It's well recognised that the renal patients tend to have the most complex needs of all inpatients and that they can deteriorate rapidly in terms of their renal function resulting in potentially serious life-threatening electrolyte derangements.

A Coroners' inquest was recently held in relation to a patient who died due to very high potassium levels that had been missed that should have been spotted and managed more appropriately.

Another potential near miss has been attributed to the patient not being reviewed by senior renal clinicians due to the sheer volume of inpatient work they are currently trying to deliver.

In addition to the inpatient work, the renal team also need to deal with GP referrals, referrals from Harrogate and Scarborough and requests for reviews and advice from the dialysis units.

Internal discussions have failed to find sustainable solutions to addressing this workload despite attempts to secure efficiencies by cutting handovers down to essential staff and sharing oversight of outliers as efficiently as possible.

Further Datixes are being submitted in relation to the number and complexity of medical outlying patients with renal needs who remain at risk of succumbing to further suboptimal care outcomes, that may include preventable deaths.

I would like to raise this ongoing concern on behalf of my renal colleagues to discuss at the CoG to seek assurances about how these issues will be explored and what mitigations can be put in place pending a definitive solution being found.

Report to:	Council of Governors
Date of Meeting:	13 March 2025
Subject:	Reports from Board Sub-Committees
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership 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 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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Recommendation:
 This paper provides the escalation logs from each sub-Board committee. The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Reports from Board Sub-Committees

Quality Committee Reports

Date of meeting:	February 2025
Chair:	Steve Holmberg

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

ALERT
<p>Echocardiography – c300 examinations needing to be repeated due to competency concerns involving outsourced support. Risk identified promptly and risk held to be minor and mitigated</p>
ASSURE
<p>Committee Reporting – To improve assurance, the Committee will receive additional reports on: Follow-up on audit report actions in terms of quality improvement and safety mitigations Quality impact of performance metrics Quality improvement achievements that underpin overall quality performance metrics</p> <p>IPC – Headline rates of HAIs still running above trajectory but Committee noted successes in work to address fundamentals e.g. focus on ward leadership, matron visibility and increasing accountability within CGs for IPC performance</p> <p>Clinical Effectiveness – Committee noted improvements and assurance around handling of external reports and advice e.g. NICE, GIRFT etc.</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. Rates of PPH noted to be ‘in middle of pack’ nationally and work continues to reduce risk. Security at SGH remains a concern due to impending building works; mitigations in place. Continuing concerns relating to challenges in mental health support for new mothers. Maternity Safety Champion initiative moving forward and gaining traction</p> <p>Safeguarding – ED coding remains a concern but risk now being mitigated through attendance at ED team meetings. 2 Domestic abuse advisers appointed. Intention to move towards ‘perinatal’ safeguarding as opposed to current division between maternity and neonatal</p> <p>UEC – Committee advised that level of demand had fallen as peak of respiratory and noro virus infections had passed. Few escalation beds required. 12 hour trolley waits still high but Committee received assurance that for many patients (especially frail/elderly) this was a technical designation as care was being provided in a ‘ward-equivalent’ area with appropriate staffing levels and care arrangements e.g. electronic prescribing. Senior leadership presence in team meetings was having a positive impact with increased benefits seen with Continuous Flow and use of Discharge Lounge</p> <p>BAF Deep Dive – Committee discussed risks associated with working arrangements and partner organisations. Received assurance that active steps were being taken to enter into joint meetings and to find ways to become more proactive in driving agendas e.g. Place Directors. Committee accepted Risk Scores and acknowledged that some controls were outside the Trust’s direct ability to manage</p>

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Family Health CG – ED (CQC concern): Improvement work in progress to upskill ED staff to improve flexibility of team to care for children

Autism assessment: Committee discussed rapidly increasing demand and plans to mitigate risk that children might not complete assessment prior to transfer of care to CAHMS. Committee acknowledged that, even during lengthy waits for full assessment, children received significant input e.g. SaLT and that further mitigations were being explored

Paediatric Mental Health Nursing: Concern over withdrawal of funding for second post. CG reviewing possible solutions

Community Teams: Committee discussed challenges associated with significant increase in demand. Pathways being reviewed to ensure that the 'right person' attended for every visit and additional ways to optimise use of staff skills and time

Gynaecology: Committee advised that there had been a sustained improvement in waiting times for patients at York and that Scarborough was being supported by an external provider. Ovarian torsion pathway had been agreed between all relevant clinical teams. Colposcopy pathway experiencing new challenges due to loss of key staff members. CG actively investigating solutions

Date of meeting:	January 2025
Chair:	Steve Holmberg

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

ALERT

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

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

ASSURE

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

Complex Needs – Committee received paper with assurance that Trust was meeting statutory obligations

ADVISE

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

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

Date of meeting:	December 2024
Chair:	Steve Holmberg

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

ALERT

Respiratory Infections – Committee discussed the current situation with high levels of RSV, ‘Flu and Covid. The number of patients was putting increased pressure on unscheduled care services especially with the shortage of isolation facilities and the necessity to ‘close’ beds in some areas

ASSURE

Complaints – In-month number showed a significant drop and the lowest figure for more than 6 months. It remains to be seen whether this is a sustainable change based on improvement work with CGs or just a chance data point

CQC – Committee discussed positive meetings with regulator. Given progress and evidence that improvement work is now embedded as BAU that Committee can monitor via other routes, Committee agreed to reduce frequency of reporting

ADVISE

Maternity – Committee approved the CQC Section 31 submission

IPC – In-month data show MSSA infections were in target for month while other key HAIs continue to run ahead of trajectory. 4 MRSA infections YTD

Audit Reports – Committee discussed the report. Growing assurance that Audits are being co-designed between Execs and Audit to ensure that investigations are targeted to address key issues and that findings are resulting in meaningful improvements

Fractured NoF – Consequent on concern raised at Board relating to low numbers of patients meeting optimal time to theatre, Committee heard that this problem was largely focussed on the Scarborough site due to difficulties with theatre lists and theatre access. Improvement work was underway. Committee will continue to review

FFT – Low uptake was discussed and actions in place to drive this up

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Medicine CG – Outliers: CG agreed with position outlined by Surgery CG in previous month. Surgical resident doctors were providing effective ward care but escalation routes were highly complex and did not always support continuity in care. Committee discussed plan that moving forward already medically optimised patients would be streamed to outlying beds

UEC: Detailed discussion regarding present situation and on-going work to try and improve the situation

CG Report: Escalations to Committee were discussed including challenges to the 65w wait position especially in neurology and gastroenterology. Committee also discussed improvement work in relation to specific wards where safety concerns had been identified

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

Resources Committee Reports

Date of meeting:	February 2025
Chair:	Jim Dillon

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

ALERT
<ul style="list-style-type: none"> ▪ January Emergency Care Standard position was 63.1% against a target of 69.3% ▪ Ambulance handover target of 36 mins and 32 secs not achieved with actual at 44 mins and 14 secs however this is an improvement on last months performance of 58 mins and 20secs ▪ Ambulance arrivals continue to rise in ED with an average of 151 per day compared to 140 a year ago. ▪ Proportion of all attendances seen by a doctor within 60 minutes is 28.9% against a year end target of 55% ▪ CIP savings expected of £40m however only around half of this is predicted to be recurring ▪ Expected shortfall of £34.4m with £18m of which is accountable to the trust has been accepted for the ICB by the centre for this year. However this will increase the pressure on next year when this deficit with have to be recovered.
ASSURE
<ul style="list-style-type: none"> ▪ Use of Agency staff continues to decrease ▪ An “Engagement Room” established in York ED to help improve patient flow with a similar facility planned within the new facility at Scarborough ▪ Beds taken up by NCTR currently at 12.4% is high but better than previously however issues remain with occupants remaining longer ▪ Recruitment planning of nursing staff at all levels in a positive position with career opportunities and competency initiatives being put in place ▪ Initiatives supporting Compassionate Leadership being developed and delivered
ADVISE
<ul style="list-style-type: none"> ▪ Discussion on the need for a baseline assessment of Health and Wellbeing support for staff. ▪ Referral for treatment performance sees a 17% improvement with the Trust now the second most improved in its cohort ▪ Staff absence continues to be high at 5.9% ▪ Trust confirmed in Tier 2 for Cancer and Diagnostics with system in Tier 1
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<p>No new significant risks identified</p>

Date of meeting:	January 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

Date of meeting:	December 2024
Chair:	Lynne Mellor

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

ALERT

- Operations: The Committee discussed the Urgent and Emergency care position and its challenges including the breakdown of performance by site and type - overall ECS trajectory of 66.7% not met with a performance of 62.4%.
- Workforce: The Committee noted the Annual staff survey closed (29 November) we've seen a deterioration in the completion rate. The Committee discussed how this contributes to the wider leadership and cultural debate with a suggested deep dive session with Board on culture.
- The Committee also noted the plans to reinvigorate the Flu vaccination given uptake is only 30% which is lower than pre-pandemic levels. The Committee did discuss staff who get vaccinations elsewhere and these are not included in staff numbers to ensure there is no double counting from out of hospital vaccination clinics. The low vaccination rate is presenting an increased risk of staff falling sick, especially during the busy winter season.

ASSURE

- Workforce and Nursing: The Committee applauded the team effort in moving to a major milestone for the Trust (which has gathered the evidence and established a framework to be able to declare at the next self-assessment) that the organisation has achieved Level 4 of the NHS England Level of Attainment standards for rostering within nursing in-patient ward areas.
- Operations: The Committee discussed and noted the Elective and Clinical Harm paper.
- Ambulance handover over time improved in November with assurance given that more discussions are underway with Yorkshire Ambulance service to continue to make necessary improvements.
- The Committee welcomed the news that the number of super stranded patients continues to fall with the Trust ranked 8th out of 20 NEY providers. The Committee also welcomed the news that the proportion of patients with no criteria to reside and the proportion of super stranded patients are seeing improvements.
- Cancer saw an above trajectory position in October in the 28 day Faster Diagnostic standard (FDS) to 71.6% and an improvement at the end of November in the proportion of patients waiting 104+days. The Committee noted the Trust has submitted its trajectories to achieve the national ambition of 77% for FDS, and 70% for 62 day waits for first treatment by March 2025. The Committee welcomed the news that the Trust is ranked 7th in the country from the Cancer Outcomes and Services national dataset completion – the Trust has risen several quintiles since 2022-23.
- The Committee discussed the RTT waiting lists and noted the ambition to eradicate RTT65 week waits by 22 December 2024 – at end of November there were 28 patients waiting over 65 weeks.
- The Committee welcomed the change to the outpatient processes to improve the timeliness of referrals and communications to patients with the automatic referral upload from the e-Referral service into CPD. Diagnostics – the Committee noted ongoing improvements and challenges including challenges around sickness, leave and equipment.
- YTHFM: The Committee noted that the Planned Preventative Maintenance has continued to be a positive trajectory across all sites. It also noted the sustainability improvements and was assured that the LED project is now complete - with forecast savings to the Trust of £550k.
- Finance: The Committee welcomed the news of the improving cash position, supported by £15M in ERF to be paid in £5M monthly instalments from January to March 2025.

ADVISE

- Operations: The Committee welcomed the news that the Continuous Flow Standard Operation Procedure (SOP) has been rolled out to release capacity early morning to the front end of the UEC pathway.
- Nursing and Midwifery: The Committee discussed the nursing trajectory including work with universities and apprenticeship planning. The Committee welcomed the move to non-patient roster approval and the potential for continuous improvements.
- Finance: The Committee noted the actual adjusted deficit position of £8.5M, against a planned deficit of £3.6M. The Committee noted the plans to discuss the NHS protocol at Board in December and it noted the Capital position.
- YTHFM: The Committee discussed the quarterly update including the financial summary noting a current deficit of £2.8M against a deficit plan of £755k. The Committee discussed the CIP gap – noting that the past three years YTHFM has achieved its CIP. The Committee also discussed the very high-risk cleaning and asked for a deep dive to be brought to the EPAM committee so that it is clear operationally how each site is performing.
- The Committee noted the Backlog maintenance report and the achievements to date in managing the delivery of some large projects for the Trust. The committee was assured risks are being mitigated

around the introduction of new software for building management including integration with Trust systems.

- The Committee welcomed the planned sustainability improvements including the workstream rollout, and the introduction of 'green champions'. The Committee noted the EPAM report.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Risks were discussed and a request to update the report with clearer mitigations and actions. The Committee noted the ongoing improvements and suggested a trend report could be produced quarterly so that movement in risks are clearer over a 12-month period.

Group Audit Committee Report

Date of meeting:	December 2024
Chair:	Jenny McAleese

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

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.

Report to:	Council of Governors
Date of Meeting:	13 March 2025
Subject:	Elections for Vacant Governor Positions
Director Sponsor:	Martin Barkley, Trust Chair
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 Council of Governors is asked to note the election process for the current vacant governor positions.

Report History

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

Meeting	Date	Outcome/Recommendation

Elections for Vacant Governor Positions

1. Introduction

The Trust is required to undertake staff and public elections on at least an annual basis to provide members to the Council of Governors representative of the constituencies of the Trust.

Due to the level of current governor vacancies the Trust is to undertake a Spring 2025 governor election for 6 public vacant positions over the following constituencies:

- East Coast of Yorkshire – 2 Vacancies
- Ryedale and East Yorkshire – 3 Vacancies
- Selby – 1 Vacancy

Civica Election Services is working with the Trust on delivery of the required process.

2. Timetable

The timetable for running the election is as follows:

Election Stage	Date
Notice of Election / nomination open	Monday, 3 Mar 2025
Nominations deadline (5pm)	Tuesday, 18 Mar 2025
Voting opens	Monday, 7 Apr 2025
Close of election (5pm)	Tuesday, 29 Apr 2025
Declaration of results	Wednesday, 30 Apr 2025

Nominations are currently open to members in the above constituency areas with full details provided on the Trust website [York and Scarborough Teaching Hospitals NHS Foundation Trust - Governor Elections](#)

3. Election Results

Election results will be reported on the Trust website and communicated at the June Council of Governors.

Report to:	Council of Governors
Date of Meeting:	13 March 2025
Subject:	Governors Activities Report
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership 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 type="checkbox"/> Timely, responsive, accessible care <input 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 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 <input type="checkbox"/> Sustainability
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Recommendation:
 This paper provides an overview of Governor Activities. Reports are provided on the following: Lead Governor, Membership Development Group, Constitution Review Group, Constituency Activities.

The Council of Governors is asked to note the report, and the authors will respond to any questions or comments, as appropriate.

Governors Activities Report

1. Lead Governor Report

I have summarised below some of the activities I have undertaken since my last report to the CoG (Council of Governors) meeting on 11th December 2024 and any points to note.

- **Appointment of new Non-Executive Director and Chair of the Audit Committee**
I was delighted to be part of the recruitment process and the appointment of a new NED and Chair of the Audit Committee, Jane Hazelgrave, in December 2024.
- **Hambleton/Ryedale & East Yorkshire Constituency meeting – 23.01.25**
A meeting for the members of the Trust constituencies Hambleton and Ryedale & East Yorkshire was held in Easingwold by Martin Barkley on 25th January where productive discussions patient care were held.
- **Anti-racism Steering Group:**
I was delighted to become a member of the Trust's new Anti-Racism Steering Group chaired by Simon Morritt and reporting to the Board. It was heartening to see the level of engagement, commitment and enthusiasm from the Steering Group members. The Steering Group will work within the parameters of the Equality Act 2010 and Public Sector Equality Duty.
- **NIHR Funding for Scarborough and the East Coast:**
It is excellent news that Professor Joy Adamson from University of York, Dr Arabella Scantlebury from University of Birmingham and Scarborough hospital (York & Scarborough Teaching Hospitals NHS Foundation Trust) are jointly leading a £1.2M NIHR (National Institute for Health and Care Research) grant to undertake research to establish how urgent and emergency care could be improved for patients living in rural coastal areas. This new study will determine how the NHS can best deliver emergency care in rural and coastal areas. The findings of the study, due to be released in 2027, will inform national and international decision makers about how best to provide urgent and emergency care.
- **One-to-one meetings with the Chair and SID:** I hold monthly meetings with Martin Barkley and Lorraine Boyd, where Governor concerns, Trust progress and governance matters are discussed and actions agreed.

I would like to thank Martin Barkley and all the NEDs for their continued efforts to work with the CoG to improve patient care. I would also like to thank Tracy Astley for all her support over the last four months.

Rukmal Abeysekera
Lead Governor

2. Membership Development Group (05.12.24)

A public-facing Membership Engagement Strategy for 2025-2026 has been approved and has objectives to: (1) Increase the overall size of the membership; (2) Increase the diversity of our membership; and (3) Improve engagement and communication.

A draft "Action Plan" was discussed at the Membership Development Group on December 5 and will be reviewed as a standing item at each subsequent meeting. Actions include:

- (a) Playing adverts on York Hospital Radio - recordings have been produced, were played every hour for 6 days from February 2 and now form part of the hospital rotation service are being played on rotation.
- (b) A new Membership Survey and Public Survey has been developed and is pending implementation.
- (c) Membership Postcards have been given to Governors for posting and distribution.
- (d) Membership Postcards were placed in some hospital waiting areas, but a later audit showed no cards in audited locations; printing more cards is now on hold for the remainder of this financial year due to budget restrictions.
- (e) Face-to-face Constituency meetings have taken place in Selby, York, Easingwold, with others scheduled.
- (r) Updating the Trust's Membership Message on its website and social media. Other actions are listed in the Action Plan.

Michael Reakes
MDG Chair

3. Constitution Review Group (09.12.24)

At the last Public Council of Governors in 12/2024, two amendments were approved: 4.5 - Co-operation with Health Bodies - In exercising its functions, the Foundation Trust shall co-operate with all appropriate health and social care bodies, the voluntary section, and work in collaboration through the Integrated Care System. 4.6 - 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. This is in addition to previously approved changes. The latest online constitution can be found via <https://www.yorkhospitals.nhs.uk/seecmsfile/?id=8232>

There is ongoing review of Annex 1 of the Constitution which defines the Public Constituencies and the associated number of Public Governors for each Constituency.

Michael Reakes
CRG Chair

4. Constituency Activities

Dr Adnan Faraj – Staff Governor Scarborough & Bridlington

We have been part of the discussions with Mr. Cox from the ICB in regard to improving the community GP, dental and hospital provision of subspeciality and diagnostics provided on the East Coast. Unfortunately, despite a good time spent discussing action plans and clear strategy, we are still in a limbo.

I have been in contact with Care Group 3 managers in the trust about the potential increase in the theatre capacity to perform elective surgery in Bridlington and the development of the surgical Hub; there is a good progress.

Mrs Sarah Crossland (one of the directorate managers) is optimistic and had a meeting with our lead governor Rukmal. She will present the group's and the trust strategy in our June meeting, which is optimistic.

Beth Dale – Public Governor York

Things I am involved in: NomRem Committee, Patient Experience Steering group, Travel and Transport Group, Patient and Carer Experience NY and Humber PACE, Access audits, Place audits, Cancer Alliance, Good Experience Steering Committee - Humber and NY, McMillan Committees x2.

Council of Governors Public Meeting Work Plan 2025/26

Item	Lead	Jun	Sep	Dec	Mar
Standing Items					
Apologies	Chair	✓	✓	✓	✓
Declarations of Interest	Chair	✓	✓	✓	✓
Approval of previous meeting's minutes	Chair	✓	✓	✓	✓
Matters Arising & Action Log	Chair	✓	✓	✓	✓
Chair's Report	Chair	✓	✓	✓	✓
Chief Executive's Report	Chief Exec	✓	✓	✓	✓
Questions from the Public	Chair	✓	✓	✓	✓
Performance Report (To include TPR summary, CQC Compliance update, Financial update)	Each Exec Director	✓	✓	✓	✓
Summary Reports of Assurance Committees	Comm Chairs	✓	✓	✓	✓
Corporate Governance Update (<i>as and when</i>)	Asso. Dir of CG	✓	✓	✓	✓
Items to Note	Chair	✓	✓	✓	✓
Any Other Business	Chair	✓	✓	✓	✓
Time/Date of Next CoG Meeting	Chair	✓	✓	✓	✓
Additional Items					
Internal Elections	Chair			✓	
Governor Elections	Chair				✓
Journey to Excellence Report	Chief Nurse		✓		✓
Infection, Prevention and Control Annual Report	Chief Nurse		✓		
Freedom to Speak Up Report	FTSU Guardian			✓	
Safeguarding Annual Report	Chief Nurse			✓	
Complaints Report (half-yearly)	Chief Nurse		✓		✓
Staff Survey Report	Dir Work & OD	✓			
WRES & WDES inc Action Plan	Dir Work & OD	✓			
Equality, Diversity and Inclusion Annual Report	Dir Work & OD	✓			
Winter Plan	COO			✓	

Item	Lead	Jun	Sep	Dec	Mar
Governance Framework Review: - Constitution - Standing Orders - Scheme of Reservation and Delegation - Standing Financial Instructions	Asso Dir CG				✓
Research and Development Annual Report	Medical Director	✓			
Trust Annual Report & Accounts			✓		
Independent Auditors Report			✓		

CoG Attendance Record

Name	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG	14.03.24 CoG	12.06.24 CoG	11.09.24 CoG	11.12.24 CoG
Martin Barkley (Chair)							√	√	√	√	√
Rukmal Abeysekera (Public Governor – York)	√	√	√	√	√	√	√	√	√	√	√
Cllr Jonathan Bibb Stakeholder Governor - East Riding CC										√	√
Rebecca Bradley (Staff Governor - Community)							√	Ap	√	Ap	√
John Brian (Public Governor - Ryedale & EY)							√	Ap	Ap	Ap	
Mary Clark (Public Governor - York)	Ap	√	Ap	√	√	Ap	√	√	√	Ap	√
Cllr Liz Colling (Stakeholder Governor - NYCC)	Ap	√	Ap	√	√	√	√	√	Ap	Ap	√
Beth Dale (Public Governor - York)	Ap	√	√	√	√	√	Ap	√	√	√	Ap
Abbi Denyer (Staff Governor - York)	√	√	√	√	√	√	√	√	√	√	√
Adnan Faraj (Staff Governor - Scarborough/Bridlington)							√	Ap	√	√	Ap
Paul Gibson (Public Governor - East Coast)											√
James Hayward (Public Governor - East Coast)											Ap
Graham Healey (Staff Governor - Scarborough/Bridlington)											Ap

CoG Attendance Record

Name	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG	14.03.24 CoG	12.06.24 CoG	11.09.24 CoG	11.12.24 CoG
Gary Kitching (Staff Governor - York)											√
Wendy Loveday (Public Governor - Selby)	√	√	√	Ap	√	√	Ap	√	√	Ap	√
Elizabeth McPherson (Stakeholder Governor - Social Care)				√	√	√	√	√	√	Ap	√
Jill Quinn (Stakeholder Governor - Dementia Forward)								Ap	Ap	Ap	Ap
Michael Reakes (Public Governor – York)	√	√	Ap	√	√	√	√	√	Ap	√	√
Gerry Richardson (Stakeholder Governor – York University)	√	√	√	Ap	√	√	√	√	√	√	√
Cllr Jason Rose (Stakeholder Governor - NYCC)				√	√	√	√	√	√	√	√
Ros Shaw (Public Governor - York)											√
Julie Southwell (Staff Governor - York)	√	√	√	√	√	√	√	√	√	√	√
Catherine Thompson (Public Governor- Hambleton)	√	√	Ap	Ap	√	√	√	√	Ap	√	Ap
Linda Wild (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	√	√	Ap	√	Ap	Ap