York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 25th June
Time: 9:30am – 12:15pm
Venue: PGME Discussion Room, Scarborough Hospital

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors Public Agenda

Item	Subject	Lead	Report/ Verbal	Page No	Time
1.	**Welcome and Introductions**	Chair	Verbal	-	9:30
2.	**Apologies for Absence** To receive any apologies for absence.	Chair	Verbal	-	
3.	**Declarations of Interest** To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda.	Chair	Verbal	-	
4.	**Minutes of the meeting held on 21 May 2025** To be agreed as an accurate record.	Chair	Report	**5**	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log. 5.1 Rapid Access Chest Pain Update To consider the update.	Chair Chief Operating Officer	Report Report	**18** **19**	
6.	**Chair's Report** To receive the report.	Chair	Report	**23**	9:35

Item	Subject	Lead	Report/ Verbal	Page No	Time
7.	**Chief Executive's Report** To receive the report. 7.1 True North report To receive the report.	Chief Executive	Report Report	25 93	9:40
8.	**Quality Committee Report** To receive the June meeting summary report.	Chair of the Quality Committee	Report	113	10:00
9.	**Resources Committee Report** To receive the May meeting summary report.	Chair of the Resources Committee	Report	116	10:10
10.	**Trust Priorities Report (TPR)** May 2025 Trust Priorities Report Performance Summary: • Operational Activity and Performance • Quality & Safety • Workforce • Digital and Information Services • Finance	 Chief Operating Officer Medical Director & Chief Nurse Director of Workforce & OD Chief Digital Information Officer Finance Director	Report	118 121 162 181 192 198	10:20
Break 11:10					
11.	**CQC Compliance Update Report** To consider the report.	Chief Nurse	Report	213	11:20

Item	Subject	Lead	Report/ Verbal	Page No	Time
12.	**Maternity and Neonatal Reports (including CQC Section 31 Update)** To consider the report and approve the Section 31 update.	Chief Nurse - Executive Maternity Safety Champion	Report	**218**	11:30
13.	**Infection Prevention and Control Annual Report** To consider the report.	Chief Nurse	Report	**242**	11:40
14.	**Mortality Review – Learning from Deaths Report** To consider the report.	Medical Director	Report	**271**	11:55
15.	**Public Sector Equality Duty (PSED) Report** To consider the report.	Director of Workforce & OD	Report	**290**	12:00
Governance					
16.	**YTHFM Health and Safety Policy** To approve the policy revisions.	Managing Director	Report	**327**	12:10
17.	**Questions from the public received in advance of the meeting**	Chair	Verbal	-	-
18.	**Time and Date of next meeting** The next meeting held in public will be on 30 July 2025 at 9:00am at York Hospital.				
19.	**Exclusion of the Press and Public** 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.				
20.	**Close**				12:15

Minutes
Board of Directors Meeting (Public)
21 May 2025

Minutes of the Public Board of Directors meeting held on Wednesday 21 May 2025 in the Trust HQ Boardroom, York Hospital. The meeting commenced at 9.00am and concluded at 12.55pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon
- Ms Jane Hazelgrave
- Dr Stephen Holmberg
- Mrs Jenny McAleese
- Prof Matt Morgan
- Ms Helen Grantham, Associate Non-Executive Director

Executive Directors
- Mr Simon Morritt, Chief Executive
- Dr Karen Stone, Medical Director
- Mrs Dawn Parkes, Chief Nurse & Executive Maternity Safety Champion
- Ms Claire Hansen, Chief Operating Officer
- Miss Polly McMeekin, Director of Workforce and Organisational Development
- Mr James Hawkins, Chief Digital and Information Officer
- Mr Chris Norman, Managing Director, YTHFM

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

In Attendance:
- Ms Sarah Barrow, Deputy Finance Director *deputising for* Mr Andrew Bertram, Finance Director
- Ms Sascha-Wells Munro, Director of Midwifery (For Item 13)
- Miss Oluwafumbi Olajide, Guardian of Safe Working Hours (For Item 15)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:
- Governors – Julie Southwell, Staff Governor
- One member of the public
- One member of staff

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting, with a particular welcome to Ms Barrow, who was deputising for Mr Bertram.

2 Apologies for absence

Apologies for absence were received from:
Mr Andrew Bertram, Finance Director

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 30 April 2025

The Board approved the minutes of the meeting held on 30 April 2025 as an accurate record of the meeting.

5 Matters arising/Action Log

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

BoD Pub 49 (24/25) *Keep the Resources Committee apprised of the progress of the EDS action plans.*
An update had been presented to the Resources Committee. The action was closed.

BoD Pub 52 (24/25) *Progress the use of a Board development seminar for a Board discussion on risk appetite.*
Mr Barkley advised that this discussion had been scheduled for the August Board development seminar. The action was closed.

BoD Pub 54 (24/25) *Explore options to provide more accurate ethnicity data for the Health Inequalities section of the TPR.*
This was still a work in progress and the due date for the action was deferred to July.

BoD Pub 57 (24/25) *Change TPR to show target for 3rd/4th degree tears in assisted births as less than one per cent.*
The year-end target/baseline in the TPR had been amended to zero. The action was closed.

BoD Pub 58 (24/25) *Seek support from the York and North Yorkshire Mayor with regards to the Trust becoming an Anchor Institution on the East Coast.*
It was agreed to close the action as this was being progressed.

BoD Pub 59 (24/25) *Update the Board on progress to address the serious concerns raised by the major trauma peer review report.*
Dr Holmberg reported that a paper was due to be presented to the Quality Committee in June. The due date for the action was therefore deferred to June.

BoD Pub 60 (24/25) *Present an options paper on improvements to Audiology waiting times to the Resources Committee*
Ms Hansen noted that this action and **BoD Pub 2** were both significant pieces of work and asked that the due dates be deferred to July.

BoD Pub 64 (24/25) *Present the 2025/26 Staff Survey action plan.*
The action plan was to be presented under Item 16. The action was closed.

BoD Pub 1 *Invite the Clinical Lead for Cancer and the Head of Cancer Services to present at a future Board meeting.*
The invitation had been extended, and these colleagues would present at the Private meeting of the Board. The action was closed.

BoD Pub 3 *Provide details at the next meeting about recently published changes to national maternity guidelines.*
Ms Wells-Munro had included this information in her report. The action was closed.

BoD Pub 4 *Ensure that the People Strategy is amended as discussed.*
Miss McMeekin confirmed that the People Strategy has been amended as discussed and was now being finalised for publication. The action was closed.

6 Chair's Report

The Board received the report.

7 Chief Executive's Report

The Board received the report.

Mr Morritt referred to the successful opening of the Scarborough Urgent and Emergency Care Centre and the positive feedback which was being received.

Mr Morritt reported that an interim Chair of NHS Humber and North Yorkshire Integrated Care Board (ICB) had been appointed on an initial six-month basis. A draft Model ICB Blueprint had been published which was being used to inform planning. Mr Morritt envisaged that strategic commissioning would be the key purpose of ICBs.

It was noted that there were no Star Award nominations included with the Chief Executive's report as the Board meeting was taking place a week earlier than usual.

7.1 Our Voice Our Future – End of Design Phase

Mr Morritt referenced the three key areas for improvement identified by Change Makers via the Discovery Phase of the Our Voice Our Future programme. These key areas, known as "pillars", had been assigned a director sponsor for the Design Phase of the programme, and a meeting had taken place on 1 May to determine the support required from sponsors for the next stage. Mr Morritt advised that the Trust's work with KPMG was focussed on developing a roadmap for continuous improvement and it was planned that the Change Makers' work would be integrated with this, to form a unified approach.

Mr Morritt noted the importance of the outcomes from the Design Phase and the need to recruit more volunteers to be Change Makers as the programme moved into the Delivery Phase. Miss McMeekin advised that there would be process shortly to recruit more Change Makers.

There was further discussion on the outcomes from the Design Phase which were detailed in the report and how they could be dovetailed with other improvement work in the organisation. The importance of allowing release time for Change Makers was underlined.

8 Quality Committee Report

Dr Holmberg highlighted the key escalations from the meeting of the Quality Committee on 20 May 2025:

- three never events had been reported in April; two of these had resulted in low or no harm, the third was more complex;
- the Committee continued to be reassured by the metrics for Post Partum Haemorrhages (PPH) over 1500 mls;
- the Trust was projected to be compliant with six out of ten safety actions of the Maternity Incentive Scheme which reflected the good progress made; compliance with a least one of the remaining actions was dependent on further investment in resources;
- improvement in the Fresh Eyes requirement for foetal monitoring was needed and an improvement plan was in place;
- the Committee was encouraged by the progress made against Urgent and Emergency Care (UEC) performance metrics; the staff team in UEC were positively engaged in the improvement process;
- the Committee had been updated on measures to reduce the time patients waited to see a doctor in the Emergency Department;
- the Cancer, Specialist and Clinical Support Services (CSCS) Care Group had presented to the Committee and had escalated the following:
    - the number of GP practices which had ceased to offer dermoscopy services: this was likely to increase waiting times for patients accessing Dermatology services;
    - equipment failure impacting Radiology services: investment in CT scanners was planned in the capital programme;
    - the cessation of the Deep Vein Thrombosis (DVT) daytime service at Bridlington Hospital: patients would now need to travel to Scarborough, as they currently needed to out of hours;
    - an innovation to address the number of missed diabetic eye screening appointments, which could be expanded to other services;
    - the Blood Bank at Scarborough Hospital had received the appropriate accreditation and the Trust had been re-accredited by the Joint Advisory Group (JAG) on GI Endoscopy.

Finally, Dr Holmberg reported that a recent independent review into a serious incident at Scarborough Hospital had provided an opportunity to consider how the Trust treated patients with mental health problems and complex needs. Mrs Parkes would chair a newly established Complex Needs Assurance Group.

Mr Barkley queried whether the ICB was involved in resolving the issue with GP dermoscopy services. Ms Hansen advised that a meeting had been held but there had been no resolution as yet.

In response to Mr Barkley's question, Ms Hansen explained that the DVT service at Bridlington Hospital had been withdrawn as there was no medical oversight for the nurse led service and there was not sufficient GP cover at the Bridlington Urgent Treatment Centre to mitigate for this. Mr Barkley highlighted that the cessation of the service was unsatisfactory in terms of serving the population of Bridlington, even if the demand was not

high. Dr Stone responded that options were being considered to avoid the need for patients to travel to Scarborough.

9 Resources Committee Report

Mr Dillon highlighted the key escalations from the meeting of the Resources Committee on 20 May 2025:

- in April, the Emergency Care Standard was 63.8% against a target of 68.7%;
- the average ambulance handover time continued to improve; the W45 ambulance handover project had clearly had an impact at York Hospital and was due to be rolled out imminently at Scarborough Hospital;
- the 28 day Faster Diagnosis Standard for Cancer was 70.6% in March against a monthly improvement trajectory of 77%;
- the figure for patients waiting less than 62 days for first Cancer treatment was 68% in March compared to 66.8% in February, and against a monthly improvement trajectory of 70%;
- the impact of high levels of Norovirus on acute flow pathways was noted;
- resident doctors were to be balloted on industrial action;
- the Committee discussed strategies to improve staff morale against the background of the requirement to reduce workforce numbers;
- in terms of the financial position, the Cost Improvement Programme (CIP) was behind plan in Month 1; the Committee had recommended that the Board set aside time to discuss medium term financial planning and allocation of CIP targets;
- diagnostic performance would be impacted by the delay to the completion of the new Community Diagnostic Centre in Scarborough;
- the Committee had discussed risk management and how the Corporate Risk Register should be reported;
- the Staff Survey Improvement Plan had also been discussed.

Mrs McAleese echoed concerns around the allocation of savings targets, particularly the level of savings allotted to Y&S Digital as digital services were key to improved efficiency. Ms Barrow explained that Executive Directors were meeting the following day to discuss the allocation of efficiency targets, and she expected these concerns to be allayed. There was further discussion on the need for medium term financial planning, which Ms Barrow explained would be undertaken in June and July, in order that the Cost Improvement Programme for 2026/27 could be implemented immediately in the new financial year. Ms Charge underlined the need for medium term financial planning in terms of capital projects and backlog maintenance.

Mr Hawkins explained how the Digital area savings had been calculated, and the potential impact should the full amount of efficiencies be delivered. Ms Barrow noted that there were different elements to the CIP plans; one element was reported to NHS England and another would be an internal plan of phased delivery based on the priorities of the organisation.

10 Group Audit Committee Report

Ms Hazelgrave reported that the focus of the meeting held on 13 May 2025 was on preparation for the Annual Report. In terms of escalations, she highlighted the limited assurance opinion given for internal audits on Backlog Maintenance which was associated mainly with the timing and implementation of the six-facet survey, on Organisational Development and Continuous Improvement, and on GDPR.

Ms Hazelgrave reported that the external audit was progressing well, and the Committee had reviewed the Annual Governance Statement and the draft Annual Report.

Ms Hazelgrave highlighted the risk around overdue internal audit actions which would inform the Head of Internal Audit's opinion if not addressed. She noted that there seemed to be some uncertainty around the accuracy of the audit system's recording which needed to be ironed out. As in the Resources Committee meeting, there had also been a discussion around the Corporate Risk Register and the role of the Committee in risk management. Mr Taylor would undertake a review of the risk reporting processes and would liaise with Executive Directors as part of this.

Action: Mr Taylor

11 Trust Priorities Report (TPR)

The Board considered the TPR.

Ms Hansen drew attention to the narrative summaries which had been added at the beginning of each section. She advised that the addition of regional and national benchmarking for the Trust's True North metrics was being considered. Mr Barkley suggested that bullet points of highlights and concerns would be useful alongside the benchmarking data, instead of the new narrative.

Action: Ms Hansen

Operational Activity and Performance

Mr Barkley observed that the impact of Norovirus on the performance data was evident. Ms Hansen agreed, noting that the number of beds closed had reached a peak in April which had negatively affected UEC flow.

Ms Hansen noted that, whilst the average ambulance handover time had significantly improved, it was still not under the national target of 15 minutes. She added that the UEC teams were aware of this and were working hard to achieve the target. She credited the UEC teams and the Yorkshire Ambulance Service crews for the progress made.

Ms Hansen highlighted a change in national terminology now used in the TPR: "discharge ready date" previously "estimated date of discharge". She noted that the average delay to discharge was 3.6 days so there was clearly an opportunity for improvement which would impact positively on UEC flow.

Mr Barkley asked how the new Emergency Department Ambulatory Care model would be resourced. Ms Hansen responded that no extra resource would be required as the number of patients would not increase; staff would be moved from other areas of the Emergency Department.

Referring to the Cancer section of the TPR, Ms Hansen reported that Cancer referrals were increasing. As a result, a triage process in collaboration with primary care was being considered. Ms Hansen confirmed that a Cancer Board chaired by the Associate Medical Director for Cancer was in operation. Mr Barkley expressed some concern that if the Cancer Board was not chaired by an Executive Director, the Trust Board may not have full assurance. Ms Hansen agreed to discuss with colleagues whether the Cancer Board and other similar governance meetings should be chaired by an Executive Director and whether a Non-Executive Director should be appointed as a sponsor for areas needing improvement. Directors discussed how further assurance on work in key areas might be gained. Suggestions included quarterly reports and deep dives. Mr Barkley reflected that this issue could be discussed at a Board development meeting.

Ms Hansen reported that the Trust's Referral To Treatment (RTT) waiting list had increased due to the validation work currently being undertaken. She expected that it would increase further through Quarters 1 and 2 and then would stabilise. ICB colleagues were sighted on this issue.

Dr Holmberg questioned whether the Trust had reached capacity in terms of more complex elective work. Ms Hansen explained that the number of patients waiting was increasing but the length of waits was not. She added that some specialties were challenged, particularly Neurology, Gastroenterology and Cardiology, as these had the largest number of patients.

Ms Hansen drew attention to the new internal process for distributing the Elective Recovery Fund (ERF) which was now centralised and provided more challenge to the Care Groups. A panel to allocate the fund met weekly. In response to a query, Ms Hansen explained that the aim was to ensure that Care Group processes were as efficient as possible, so the clinical risk was minimal. Ms Barrow added that the ERF schemes were quality assessed by Dr Stone and Mrs Parkes.

Mr Barkley asked about the call handling capacity which was impacting on patient initiated follow up appointments. Ms Hansen responded that this was being worked through with Mr Hawkin's team. Mr Hawkins explained that investment was needed in the infrastructure for a modern telephony system which would avoid patients waiting on calls; this expenditure was not currently in the budget. Discussion followed on the options which should be available for patients to contact the organisation and the differing approaches of specialties. Mr Hawkins advised that he was working with the relevant team to progress options.

Action: Mr Hawkins

Ms Hansen reported that an update on work to improve waiting times for the Rapid Access Chest Pain (RACP) clinic had been presented to the Quality Committee. Dr Holmberg noted that the Committee had not been assured by the paper. Ms Hansen responded that the RACP work was part of the overall plan to improve waiting times for the Cardiology Service as a whole. Board members agreed that a full review of Cardiology services was needed with a clear plan for improvement. Ms Hansen undertook to provide this to the Board in July.

Action: Ms Hansen

Mr Barkley noted that the 2-hour Urgent Community Response compliancy was at 79%. The national standard was confirmed to be 70%.

Quality and Safety

Mr Barkley highlighted the concerning performance in the prevention and control of Health Care Acquired Infections. Mrs Parkes agreed that it was disappointing and advised that it would be a quality focus for 2025/26. Dr Holmberg commented that the figures, and work to improve them, were discussed regularly at Quality Committee meetings.

Mr Barkley noted that the main theme of patient complaints about the Frailty Assessment Unit was staff attitude which was concerning. Mrs Parkes advised that all such incidences were reported to her, and she sought assurance that the staff members involved had been counselled appropriately.

Dr Boyd questioned whether incident reporting had remained stable throughout the busy winter period due to a reduction in reporting levels. Mrs Parkes agreed that there was a

risk of underreporting of low or no harm incidents when staff were busy, and the reporting levels would continue to be monitored.

Mrs Parkes highlighted a rapid process improvement workshop for concerns and complaints management.

Maternity

Dr Holmberg advised that the Committee still sought assurance regarding the high levels of Caesarean sections at Scarborough Hospital. Mrs Parkes remarked that the number of Caesarean Sections should be considered in the context of outcomes for women. She advised that Ms Wells-Munro would value an opportunity to give a presentation about Maternity Services at a Board development seminar. Mrs Parkes noted that the Maternity metrics would be reviewed for the next version of the TPR.

Action: Mr Barkley

Workforce

Mrs McAleese queried the percentage of rosters approved six weeks before the start date which was low at 18.6%. Mrs Parkes advised that roster approval for nursing staff on inpatient wards was usually around 80% so this figure included other areas. Miss McMeekin noted that the latest data showed a drop in timely publication of nursing rosters in inpatient areas to 50%.

In response to a question, Miss McMeekin advised that the data for sickness absence due to anxiety and stress could not be distinguished as to whether it was workplace or non-workplace related but she hoped that this would be a feature of the new electronic staff system.

In response to Mr Barkley's comment, Mrs Parkes confirmed that the Trust had not historically made full use of long day shifts on wards. The aim was to increase the number, but some percentage of traditional shifts would be maintained to provide flexibility for staff.

Mr Barkley highlighted that the number of temporary staff recorded in the workforce table was 100 Whole Time Equivalents (WTE) more than the number of vacancies. This included gaps from maternity leaves but not sickness absence. Mrs Parkes clarified that the current headroom for nursing did not allow the time needed for statutory and mandatory training, which affect the amount of temporary staffing needed. Work was ongoing to review the headroom.

Mr Barkley questioned why the self-rostering pilot on Ward 31 had stopped. Mrs Parkes suggested that it may have been paused to review the learning as the ambition was to roll self-rostering out to all areas.

Dr Holmberg drew attention to the disappointing rates for medical and dental staff in completion of statutory and mandatory training. Dr Stone confirmed that completion of statutory and mandatory training was a condition of appraisals being signed off, but the completion of training could be hampered if face to face training was required and was only offered at certain times. Miss McMeekin noted that Safeguarding Level 3 and Mental Capacity Act training had low levels of completion which was a concern. Professor Morgan queried why this training was delivered face to face rather then online. Miss McMeekin would investigate if this was an option.

Action: Miss McMeekin

Digital and Information Services

There were no comments or questions on this section.

Finance

Mr Barkley highlighted the substantial variance in staff costs in Month 1. Ms Barrow explained that there had been significant pressures in medical staffing for some months. Work to review rotas of medical staff in each Care Group was being undertaken. Ms Barrow noted that the overspend included the delivery against the Cost Improvement Programme. There was some discussion on the relationship between gaps on medical rosters and training numbers. Ms Barrow confirmed that the staff cost variances did not take account of the potential income from the Elective Recovery Fund (ERF) which would offset them to a certain extent. Ms Hansen advised that she and Dr Stone had been reviewing rosters as part of their specialty deep dives. It was agreed that it was unhelpful to report staffing expenditure without the accompanying ERF income factored into the total.

Mr Barkley expressed concern that Care Group medical staffing budgets were being discussed in May when the new financial year had already begun. Ms Barrow outlined some of the complications with forward budgeting, particularly the resident doctor rotations. Ms Hansen noted that this was a historical issue arising from a siloed way of working which was only now being addressed. Miss McMeekin added that the ledgers did not interact with the rostering system which was an added complication and a national issue. Work was ongoing to link the payroll system to rosters. Ms Hazelgrave observed that inefficient processes arising from custom and practice had caused issues. Dr Stone advised that issues with rosters were now being unpicked.

Ms Hazelgrave reported that the deficit at Month 1 had been discussed at length at the Resources Committee meeting. Dr Holmberg asked for assurance that plans were in place to achieve the efficiency target. Mr Morritt responded that there were not yet plans in place for the full efficiency target. Ms Grantham advised that the Resources Committee had requested more information on the phasing of savings. Ms Hazelgrave added that medium term efficiency plans needed to be strategic and would need discussion at Board level. A plan for the Cost Improvement Programme had been submitted to NHS England but more detailed plans could be shaped internally.

12 CQC Compliance Update Report

Mrs Parkes advised that the draft report of the CQC inspections in January had been received and was being checked for factual accuracy. She reported that the Terms of Reference for the Journey to Excellence meetings had been refreshed.

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

Ms Wells-Munro presented the report and highlighted the following:

- there had sadly been one stillbirth and one neonatal death from a multiple pregnancy in March 2025; no immediate safety concerns had been flagged but both deaths would be reported through the usual process;
- the MBRRACE-UK perinatal mortality report for births in 2023 had been published; Ms Wells-Munro referenced the details in her report;
- there were no new cases referred to the Maternity and Newborn Safety Investigations (MNSI) in March; of the three open cases, two final reports had been received and the safety recommendations were being addressed;
- the rate of Post Partum Haemorrhages over 1500mls was 2.8% in March;

- in terms of quality and safety, there were 238 incidents overdue; immediate work had been completed to address any safety actions; the outstanding cases to be reviewed at the avoiding term admissions group had been reduced to 10;
- there were no CQC information requests made in March;
- there remained challenges with Perinatal Mental Health team capacity and the Trust continued to work with the ICB to secure better support from Tees Esk and Wear Valley Trust (TEWV).

In response to a question, Ms Wells-Munro advised that the Trust's Perinatal Mental Health team was small, consisting of one Band 7 and 1.6 Band 6 midwives. Mrs Wells-Munro also advised that the named Safeguarding Midwife was part of the corporate safeguarding team. A recently appointed Band 7 Safeguarding Midwife was managed by the Band 8a Safeguarding Midwife. Ms Wells-Munro highlighted that in 2024/25, there had been 31 removals of babies at birth which was considerable and had stretched the capacity of the Service, in terms of time needed to facilitate the process.

Ms Wells-Munro drew attention to the key changes to the Saving Babies Lives Care Bundle Update and recent successes which were detailed in the report, particularly the two Community Midwives for Equitable Health who had begun in post. The report also contained details of progress against the Single Improvement Plan; there were no new risks to raise.

Dr Stone highlighted the high rate of vaccinations against Respiratory Syncytial Virus (RSV) and the reduction in admissions with bronchiolitis to the Paediatrics Intensive Care Unit (PICU). Ms Wells-Munro agreed that this was a significant success as the national uptake of the vaccine was 49%, against the Trust's rate of 69%.

Ms Wells-Munro confirmed that women booking for a birth at Scarborough Hospital were given information about the new entrance to the Maternity Unit.

The Board approved the CQC Section 31 Update.

14 Quality Strategy

Mrs Parkes presented the strategy and confirmed that a scorecard would be developed, based on metrics derived from the quality goals.

The Board of Directors approved the Quality Strategy.

15 Guardian of Safe Working Hours Annual Report

Dr Stone introduced Miss Olajide, the new Guardian for Safe Working Hours, to the Board.

Miss Olajide presented the report, noting that the data was gathered from an online reporting tool which was available to all resident doctors. She advised that there had been an increase in exception reporting which reflected better engagement. Staffing shortages remained a key theme across the year and were impacting on doctors' wellbeing and quality of care. Exception reports were predominantly submitted for late finishes.

Miss Olajide drew attention to the recommendations for consideration: promotion of exception reporting, workforce planning and deployment, and addressing resident doctors' wellbeing.

Miss Olajide referred to the previous discussion on medical staffing spend, and she provided some context to this: more resident doctors were choosing to train on a part-time basis and, as they rotated every year, Care Groups would not know until July who would be allocated to them. Any gaps caused by part-time working were covered by locums.

Mr Barkley asked about the non-hospital placements referred to in the report. Miss Olajide explained that placements could be with GPs or in the Psychiatry Department but doctors would still be on call in the hospitals on a supernumerary basis.

Dr Stone noted that most of the exception reporting related to hours worked rather than missed educational opportunities which was important for a teaching Trust. Dr Stone also flagged a national change to the way in which the Guardian of Safe Working Hours operated, to be implemented by September: the role of the educational supervisor was to be removed from the process. This should improve reporting levels.

Directors thanked Miss Olajide for her report, and she left the meeting.

16 2025/26 Staff Survey Action Plan

Miss McMeekin advised that the Plan had been presented to the Resources Committee meeting the previous day. The Plan incorporated feedback from a number of stakeholder groups who were referenced in the report, along with the key themes of the Plan. Miss McMeekin noted that the Plan itself was relatively brief, with more detailed actions underpinning it, and she summarised the focus of the actions.

Mr Dillon reported that the discussion at the Resources Committee meeting had centred on the lack of detail on how the actions in the Plan would be achieved. He was concerned that there were no new initiatives.

Board members shared reflections on the Plan. Ms Brown outlined how the actions would be communicated to staff. Mrs Parkes advised that the CQC did not require a Staff Survey action plan but would expect to see evidence that Trust was working to improve the experience of staff at work.

Mr Barkley reported that he had analysed the Survey's free text comments which had been divided into themes. He proposed that the response to these themes should be communicated to staff in a "You said, we will" format. Mr Morritt noted that the Plan itself would not be shared in this format with staff but would be used to drive communication.

It was noted that the sentence: *Agreement from Executive Directors that all staff can spend up to 10% of their working time on activities to support wider priorities within the Trust e.g. staff networks* referred to staff with specific roles, such as Trade Union representatives.

It was agreed that the Plan should be re-formatted with greater clarity on what new initiatives were being taken as a consequence of the concerning feedback elicited from respondents to the staff survey.

Action: Ms McMeekin

17 Equality and Diversity Annual Report

Miss McMeekin presented the Equality and Diversity Annual Report which evidenced the Trust's compliance with the Public Sector Equality Duty over the current four-year

objective period 2024-28. She noted that it was divided into domains: commissioned or provided services, workforce health and wellbeing, and inclusive leadership, and that there was still much work to be done to effectively capture equality information to inform action in the workforce domain. She highlighted the positive achievements, which included a new Reasonable Adjustment Policy and a new Disability Toolkit.

Board members shared thoughts on the format and content of the document and, given that it would be made available on the Trust website, requested that it be fundamentally reviewed and presented again at the next meeting.

Action: Miss McMeekin

18 Emergency Preparedness Resilience and Response (EPRR) Action Plan Update

Ms Hansen presented the paper which described progress towards the 62 standards of the Emergency Preparedness, Resilience and Response (EPRR) Core Standards.

19 LIMS and Digital Cell Path Implementation Business Case

Ms Hansen presented the Business Case and recommended it for approval. The Business Case was to accept capital and revenue funding via the Digital Diagnostic Capability Program to support the implementation of the new Laboratory Information Management System (LIMS), and the implementation and associated training for digital cell path. Ms Hansen noted that this would improve the service for patients.

Mr Barkley questioned whether there would be extra costs for storage capacity and for new cabling. Mr Hawkins responded that investment had already been made in these areas but as the original Business Case for digital pathology had been presented some years ago, he would ensure that the profile was refreshed, and any unintended consequences identified. Mr Morritt suggested that these queries were raised with NHS England before the Memorandum of Understanding was signed.

Action: Mr Hawkins

The Board of Directors approved the LIMS and Digital Cell Path Implementation Business Case.

20 YTHFM Reservation of Powers and Scheme of Delegation and Standing Financial Instructions Revisions

It was noted that these documents had been recommended for approval by the Group Audit Committee.

The Board of Directors approved the YTHFM Reservation of Powers and Scheme of Delegation and Standing Financial Instructions Revisions.

Mr Barkley raised an item of Any Other Business. He recommended that the Board approve the agreement of the lease for the York Against Cancer Shop, situated in the main reception area of York Hospital.

The Board of Directors approved in principle the lease agreement with the York Against Cancer shop, subject to the clarification of leaseholds.

Mr Barkley advised that this was Dr Holmberg's last meeting as his term of office would be ending. Directors recorded their thanks to Dr Holmberg for his much valued contribution to the work of the Trust Board and wished him well for the future.

21 Questions from the public received in advance of the meeting

There were no questions from members of the public.

22 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 25 June 2025 at 9.30am at Scarborough Hospital.

Action Ref.	Date of Meeting	Item Number Reference	Title (Section under which the item was discussed)	Action (from Minute)	Executive Lead/Owner	Notes / comments	Due Date	
BoD Pub 47 (24/25)	29-Jan-25	12	Trust Priorities Report	Circulate the action plan for improvement in waiting times for the Rapid Access Chest Pain clinic	Chief Operating Officer	Update 26.02.25: Ms Hansen advised that the action plan needed to be reviewed with the Care Group before it was shared with the Board. The action was deferred to March. Update 26.03.25: Ms Hansen advised that the action plan was being progressed by the Medicine Care Group and once finalised would be reported to the Quality Committee in April and the Board in June.	Jun 25 from Feb 25	Delayed
BoD Pub 54 (24/25)	26-Feb-25	10	Trust Priorities Report	Explore options to provide more accurate ethnicity data for the Health Inequalities section of the TPR	Chief Operating Officer/Chief Nurse	Update 26.03.25: Ms Hansen and Mrs Parkes would progress work on the collection of ethnicity data and which metrics to report in the Health Inequalities section of the TPR, and refer to Mr Hawkins with any system changes as appropriate. Update 21.05.25: This was still a work in progress and the due date for the action was deferred to July.	Jul 25 from Mar 25	Delayed
BoD Pub 59 (24/25)	26-Mar-25	8	Quality Committee report	Update the Board on progress to address the serious concerns raised by the major trauma peer review report	Chair of the Quality Committee	Update 21.05.25: Dr Holmberg reported that a paper was due to be presented to the Quality Committee in June. The due date for the action was therefore deferred to June.	Jun 25 from May 25	Delayed
BoD Pub 60 (24/25)	26-Mar-25	11	Trust Priorities Report	Present an options paper on improvements to Audiology waiting times to the Resources Committee	Chief Operating Officer		Jul-25	On Track
BoD Pub 2	30-Apr-25	10	Trust Priorities Report	Present further details of plans to address: • The shortage of healthcare scientists within Cardiology; • Endoscopy nurse staffing at York Hospital which was challenged due to a mix of vacancies and sickness absence; • The surveillance backlog causing a sharp decrease in Colonoscopy performance.	Chief Operating Officer		Jul-25	On Track
BoD Pub 5	30-Apr-25	15	Digital Strategy	Ensure that the Digital Strategy is amended as discussed and that an accompanying scorecard is developed	Chief Digital and Information Officer		Jun-25	On Track
BoD Pub 6	21-May-25	10	Group Audit Committee Report	Undertake a review of the risk reporting processes and would liaise with Executive Directors as part of this.	Associate Director of Corporate Governance		Jun-25	On Track
BoD Pub 7	21-May-25	11	Trust Priorities Report	Amend narrative summaries to show bullet points of highlights and concerns instead.	Chief Operating Officer		Jul-25	On Track
BoD Pub 8	21-May-25	11	Trust Priorities Report	Report back on progress for options for a new telephony system.	Chief Digital and Information Officer		Jun-25	On Track
BoD Pub 9	21-May-25	11	Trust Priorities Report	Report to the Board on a full review of Cardiology Services.	Chief Operating Officer		Jul-25	On Track
BoD Pub 10	21-May-25	11	Trust Priorities Report	Identify a suitable Board Development Seminar for a presentation from the Director of Midwifery	Chair of the Board		Jun-25	On Track
BoD Pub 11	21-May-25	11	Trust Priorities Report	Investigate options for statutory and mandatory online training delivery for eg. Safeguarding Level 3 and Mental Capacity Act.	Director of Workforce and OD		Jul-25	On Track
BoD Pub 12	21-May-25	16	2025/26 Staff Survey Action Plan	Re-format the Staff Survey Action plan with greater clarity on what new initiatives are being taken as a consequence of the concerning feedback elicited from respondents to the staff survey.	Director of Workforce and OD		Jun-25	On Track
BoD Pub 13	21-May-25	17	Equality and Diversity Annual Report	Review the report taking into account the comments made at the meeting and re-present in June.	Director of Workforce and OD		Jun-25	On Track
BoD Pub 14	21-May-25	19	LIMS and Digital Cell Path Implementation Business Case	Provide assurance to the Board that any unintended consequences of the implementation of the LIMS and Digital Cell Path Implementation Business Case have been identified.	Chief Digital and Information Officer		Jun-25	On Track

Report to:	Trust Board
Date of Meeting:	25 June 2025
Subject:	Rapid Access Chest Pain
Director Sponsor:	Claire Hansen, Chief Operating Officer
Author:	Kim Hinton, Deputy Chief Operating Officer

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

Approve ☐ Discuss ☒ Assurance ☒ Information ☐ A Regulatory Requirement ☐

Trust Objectives	**Board Assurance Framework**
☒ Timely, responsive, accessible care	☒ Quality Standards
☐ Great place to work, learn and thrive	☐ Workforce
☐ Work together with partners	☒ Safety Standards
☐ Research, innovation and transformation	☐ Financial
☐ Deliver healthcare today without compromising the health of future generations	☒ Performance Targets
☒ Effective governance and sound finance	☐ DIS Service Standards
	☐ Integrated Care System
	☐ Sustainability

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:

To note the improvement plan that the medicine care group has developed to deliver the required improvements to achieve the RACP 14day performance standard. Work is underway to develop a performance improvement timeline / trajectory.

A review of the information has also commenced to ensure the numerator and denominator being used are the most appropriate data sources, whilst this is unlikely to change the performance it will ensure accurate reporting. This is being completed with the BI&I, corporate performance team and the medicine care group.

In addition to the improvement actions being completed in the care group, a weekly meeting with the corporate performance and planning team has been scheduled with medicine care group to track the delivery of actions and report into the chief operating officer on a weekly basis.

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

No ☐ Yes ☐

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

Report History

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

Meeting	Date	Outcome/Recommendation

Rapid Access Chest Pain Operational Update June 2025 (Reviewed on 04/06/2025)
Site - York

Summary Position (reviewed on 04/06/2025)

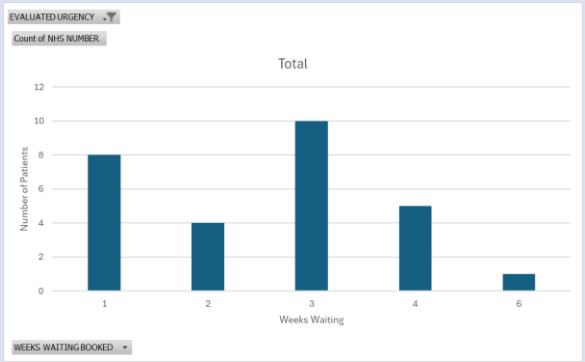
- Super Clinic Week took place in May and showed considerable improvement in the position with 9 patients on the waiting list and waits no longer than 3 weeks.
- Position has deteriorated slightly due to staff annual leave and a bank holiday (as a result of little headroom for cancelled clinics – this will be improved on appointment of RACP Clinic Coordinator). Additional clinics in June are being explored.
- Longest waiting patient is currently 6 weeks due to patient unavailability. All new patients are now able to be booked in within 3 weeks (this will improve to 2 weeks by end of June)
- RACP data continues to be inaccurate and a meeting with the data team is scheduled. RACP nurses carrying out validation of the lists to ensure accuracy and address long waiters.

Current Position – 04/06/2025

Average wait time – 2.56 weeks
Longest waiting patient booked – 6 weeks (*patient booked for 23/06*) then drops to 4
Total number of patients – 25 (*Down from 33 on May report*)
Number of patients on waiting list 0-2 weeks – 11
Number of patients > 2 weeks - 14

Operational KPIs as of 04/06/25

- Total waiting list has decreased as per the predicted trajectory and is now at 25 RACP patients.
- Median wait is now 3 week, average wait is 2.56 weeks.
- All RACP patients > 1 week have appointments booked.



Initiatives	Lead	RAG	Latest Update
Review clinic templates at York	Nick Salisbury	In Progress	Clinic templates have been changed to split RACP and Nurse CP patients. Outpatients team are still booking Nurse CP patients into RACP slots. To liaise with Outpatients Team.
Make changes to clinic template to reflect the outcome of the review. Split the clinics into two separate entities – chest pain and rapid access chest pain.	Nick Salisbury	Complete	Changes to the clinic templates were made in June 2024. Changes show a marked improvement in the number of RACP waiting to be seen (June – 83 patients, October – 31 patients). There was an increase towards the end of October due to a cancelled clinic. We project numbers to reduce again by mid November. A consequence of doubling the clinic capacity has increased the admin burden on the specialist nurses. There is currently no admin support to the service and we need to urgently allocate admin support.
Inaccurate data on signal giving incorrect RTT %	Nick Salisbury	In Progress	Meeting with information team to address inaccuracies on signal.
Improve Consultant support to delivery of nurse led RACP service at York	Simon Megarry	Complete	Simon Megarry is supporting the Chests Pain nurses every Tuesday following Monday's clinics. Dr Toba Obafemi is the named Consultant following Thursday's clinics. A Consultant of the week rota is also in place for the Chest Pain Clinic to provide ad-hoc support.
Identify admin support for the Chest Pian Nurses	Nick Salisbury	In Progress	Admin tasks have been provided by the team. Working with clinical lead to explore possibility of existing Cardiology admin team to pick up the work. UPDATE – Vacancy approved, will go to advert June 2025

Assure

- Work underway to focus on longest waiting patients.
- Improved Consultant Support to Chest Pain Nurses.
- Continued improvement in waiting list size and time.
- RACP Co-Ordinator vacancy is approved and recruitment will take place in June 2025

Advise

- Consultant long term sickness is being covered by temporary staffing arrangements to ensure consistent cover.
- Super Clinic Week saw a vast improvement in position – has deteriorated slightly due to annual leave and bank holiday. Additional recovery clinics planned in June 2025.

Escalate

- Reported RACP data is very inaccurate. The data contains a large cohort of patients who were originally referred to the service but triaged as not being RACP. These patients seem to still be sitting under the RACP service.
- Patient booking seems to be sporadic and patients are booked in in batches, this results in peaks and troughs of the waiting list and patient bookings needs to be made regularly and consistently.

Rapid Access Chest Pain Operational Update May 25 (reviewed on 5/5/25)
Site - Scarborough

Summary Position

Significant increase in demand along with resource issues have impacted the ability to deliver an effective Rapid Access Chest Pain clinic service on the East Coast.

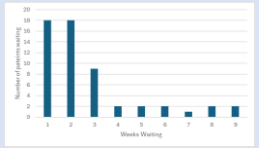
Current Position –5 May 2025

Average wait time – 4 weeks
Longest waiting patient – 9 weeks (Pt DNA'd original appt)
Total number of patients – 58
Number of patients >2 weeks: 38 (reduced from 46 @ 8/5)
Number of Patients < 2 weeks: 20

Initiatives	Lead	RAG	Latest Update
Review clinic templates at SGH	Heather Rafferty	Completed	Capacity increased from 7 to 8 patients per clinic.
Looking to introduce RACP ED referral form from York	Heather Rafferty	In Progress – July 25	Consultant agreement reached. Referral form amended prior to introduction & awaiting final approval from clinical team & links in with triage pilot
Appoint into newly created Consultant post	Paul Rafferty	In Progress	VC authorized – Interviews were scheduled for April. No suitable candidates, advertisement to be re-issued
Provision of additional capacity through waiting list initiatives	Heather Rafferty	Ongoing	Additional capacity continues ad hoc.
Referral Management: Pilot of Consultant led triage to be undertaken for a four week period	Paul Rafferty / Tim Houghton	July 25	
Secure Agency Locum Consultant whilst we appoint a substantive consultant	Paul Rafferty	Completed	Agency locum Consultant now in post who will be delivering 2 RACP per week to bring capacity up to required level.
Business case to be generated to address the overall shortfall in outpatient capacity within the Cardiology service	Paul Rafferty	TBC	Work to commence following the 25/26 planning round

Operational KPIs

Total waiting list on East Coast varies around the average of 58 patients due to annual leave and the ad hoc nature of the additional sessions



Continue to monitor long waiters – currently 38 patients over 14 days

Assure

- Capacity to meet demand and reduce backlog will commence from 12th May.
- Trajectory for the full recovery of RACP service is mid-August 25

Advise

- Continued increase in demand has led to an overall shortfall in outpatient capacity has impacting on the ability to deliver the RACP service to the required access standards
- Unable to use routine outpatient capacity due to the deterioration of the RTT position.

Escalate

- The replacement of a locum Consultant Cardiologist with a substantive member of staff has reduced outpatient capacity, adversely impacting on the RACP and resulting in an increase in extra contractual payments to offset the capacity reduction. A new Consultant post has been created via the job planning process and rationalisation of existing budgets with a full-time locum consultant now in place whilst we recruit to post.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 June 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 ☒ Regulatory Requirement ☐

Trust Objectives

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

Board Assurance Framework

☒ Effective Clinical Pathways
☒ Trust Culture
☒ Partnerships
☒ Transformative Services
☒ Sustainability Green Plan
☒ Financial Balance
☒ Effective Governance

Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*

☐ Yes

☐ No

☒ Not Applicable

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

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

No ☒ Yes ☐

Report History
Board of Directors only

Chair's Report to the Board – June 2025

1. I have continued to visit various wards and services at York, Easingwold and Scarborough Hospitals, as well as undertaking several 121s. Through conversations with colleagues during these visits, I pick up valuable insight and issues which I share with relevant Executive Directors as appropriate.

2. I chaired my first meeting of the Digital Sub-Committee at the end of May. I am doing this for two reasons, firstly my own development as using IT / AI is my biggest known weakness, and secondly because the implementation of a new Electronic Patient Record is the most significant change programme the Trust is doing since the merger with Scarborough & North East Yorkshire NHS Trust in 2012. I want to understand the change programme and contribute, if possible, given that the new EPR systems have been implemented in three of the five Trusts that I have served as their Chief Executive albeit none on the scale and complexity of our programme.

3. Recently I chaired a meeting of our Council of Governors, which was well attended with plenty of interesting discussion and debate. On the evening a few hours after the meeting had concluded, the Members' Selby Constituency meeting took place. There was a 50% increase in attendance from the previous year albeit only 3 Members were in attendance. There was a very lively Q&A session resulting in the meeting having a duration of two hours. The dates are agreed for the next three constituency meetings in July, August and September for York, Ryedale/East Riding and East Coast Constituencies respectively.

4. Since the previous meeting of the Trust Board, the issue that has dominated my thoughts the most has been the necessity to recruit an effective and worthy successor to Simon Morritt, Chief Executive, following his decision to retire in September. By the time the Board meets the Job Description, Person Specification, advert will have been finalised by the Remuneration Committee along with a provisional timetable and recruitment process. I fully acknowledge the crucial importance of appointing the right individual for this Trust knowing that this will probably be the most consequential decision that ultimately, I have ever have to make, albeit made easier by the support of the interview panel and members of three stakeholder groups that shortlisted candidates will meet prior to the formal interview.

Martin Barkley
Trust Chair
17.06.2025

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 June 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 ☒ Regulatory Requirement ☐

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Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*

☐ Yes

☐ No

☒ Not Applicable

Executive Summary:

The report provides an update from the Chief Executive to the Board of Directors in relation to the Trust's priorities. Topics covered this month include: a summary of the latest Government Spending Review, the launch of our Lung Cancer Screening Programme, an update on our annual long service events, the retirement of the Integrated Care Board's Chief Executive and the star award nominations received in May and June.

Recommendation:

For the Board of Directors to note the report.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting) No ☒ Yes ☐
(If yes, please detail the specific grounds for exemption)

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting/Engagement	**Date**	**Outcome/Recommendation**

Chief Executive's Report

1. Spending Review – implications for health and care

The Chancellor Rachel Reeves presented the Spending Review to Parliament on 11 June. The Spending Review (SR) is the process the government uses to set all departments' budgets for future years.

The Review as a whole outlines the government's plans to invest in health, security, and the economy, setting departmental budgets until 2028-29 for day-to-day spending, and to 2029-30 for capital investment.

A core focus is on building an NHS fit for the future, with substantial funding increases paired with an ambitious reform agenda, centred around the previously-announced 'three shifts' of analogue to digital, treatment to prevention, and hospital to community care. The Review also mandates significant productivity improvements and efficiency savings across public services, including the NHS.

Key announcements for Health and Care include:

Day-to-Day Spending:
An annual real terms increase of £29 billion, equating to a £53 billion cash increase, in NHS day-to-day spending from 2023-24 to 2028-29. This will bring total NHS spending to £226 billion by 2028-29, representing an average annual real terms growth rate of 3.0% over the Spending Review period.

Capital Investment:
The Department of Health and Social Care DHSC annual capital budget will see a £2.3 billion increase (£4 billion cash increase) from 2023-24 to 2029-30, designated for new technology, hospitals, and primary care.

Patient Care and Waiting Times:
The investment supports the 'Plan for Change' commitment to cut waiting times, aiming for 92% of patients to begin consultant-led treatment for non-urgent conditions within 18 weeks of referral by the end of the Parliament. Currently, fewer than 60% of patients meet this target, with a waiting list of 7.4 million.

Digital Transformation and Technology:
Up to £10 billion will be invested in NHS technology and digital transformation by 2028-29, supporting the shift from 'analogue to digital'.

Key initiatives include:

- Developing the NHS App as a 'digital front door' for managing medicines, prescriptions, secure communications, and direct access to medical services.
- Implementing a single patient NHS record to provide a unified view of medical history and enable active patient management.

Focus on Prevention and Community Care:
The SR aims to shift care from 'treatment to prevention' and 'hospital to community. This includes:

- Additional funding to support the training of thousands more GPs, to significantly increase the number of appointments.

- Provision of 700,000 additional urgent NHS dental appointments per year over the SR period.
- Expansion of mental health support, including employing 8,500 additional mental health staff by the end of the Parliament and extending mental health support teams to 100% of schools by 2029-30.
- At least £80 million annually will be invested in tobacco cessation programmes and enforcement.

Infrastructure and Estates:

- Continued delivery of 25 new hospitals under the New Hospitals Programme, including replacing the seven hospitals built entirely from Reinforced Autoclaved Aerated Concrete (RAAC).
- £30 billion over the next five years for day-to-day maintenance and repair of the NHS estate, with over £5 billion specifically for critical building repairs.
- Commitment to reduce RAAC hospitals by half and eradicate RAAC entirely from the NHS estate by 2035.

Adult Social Care:

- The SR allows for an increase of over £4 billion in funding available for adult social care in 2028-29 compared to 2025-26.
- This includes an increase to the NHS's minimum contribution to adult social care via the Better Care Fund.
- Baroness Louise Casey continues to lead an independent commission with the first phase reporting in 2026, focusing on optimising existing resources within the system.

Life Sciences Investment:

- Up to £600 million will be invested from 2026-27 to 2029-30, in partnership with the Department for Science, Innovation and Technology (DSIT) and the Wellcome Trust, to launch the world's first Health Data Research Service. This aims to accelerate the discovery of life-saving drugs.
- Up to an additional £520 million will be invested in life sciences manufacturing funding is allocated from 2025-26 to 2029-30 to enhance resilience for future health emergencies.

Whilst the NHS has one of the most generous settlements in comparison to other government departments, the funding comes with high expectations.

The government notes that public sector productivity, particularly in healthcare, is below pre-pandemic levels, with healthcare 9.6% lower. The NHS is expected to achieve 2% productivity growth annually, unlocking £17 billion in savings over three years, which will be reinvested into patient care.

The SR states that the Department of Health and Social Care has committed to delivering at least 5% savings and efficiencies over Phase 2 of the SR period, through a zero-based review and technical efficiency targets. This includes reducing the need for temporary staff by setting limits on agency spend and eliminating agency usage for entry-level roles.

There is a clear requirement for us to go further, faster to improve productivity and deliver best value for money by reducing our operating costs.

2. Lung Cancer Screening launches in Bridlington

The first of our patients in the Bridlington area have now received their appointment invitations as part of the Lung Cancer Screening Programme, aiming to save lives through earlier diagnosis of lung cancer and other conditions.

We are delivering the programme as part of NHS England's National Cancer Programme, beginning in Bridlington and rolling out across the Trust's footprint focussing on areas with high deprivation, high rates of smoking, and higher incidence of late-stage cancer diagnoses. More than 7,000 people living in Bridlington who are eligible for screening have been invited for an appointment.

Those eligible will receive a letter inviting them to book a telephone assessment with a specially trained respiratory nurse. Following the telephone assessment, participants may be invited for a low-dose CT scan onboard a high-tech mobile unit.

Early detection is a key priority for our cancer teams, and programmes such as this are a vital step in improving outcomes and saving lives in our community, particularly in areas where we see the more significant impacts of health inequalities.

3. Long service events for 2025

This month we recognised some of our longest-serving colleagues at our annual long service celebration events.

These events are a reminder of the commitment of so many of our colleagues, with over 200 people being recognised this year for 25 or 40 years' service, not just to this Trust, but to the NHS and the people we serve. Choosing to stay in a role for such a length of time speaks volumes about the values and dedication of our colleagues.

The awards are a chance for people to celebrate with colleagues, friends and family, and to reflect on the difference they have made to patients over the years, in whatever roles they may have held.

Thank you to everyone who came along, they are always special events and a fantastic opportunity to celebrate our staff.

4. NHS Humber and North Yorkshire ICB Chief Executive retires

Stephen Eames, the Chief Executive of NHS Humber and North Yorkshire Integrated Care Board (ICB), has announced his intention to retire at the end of June. Stephen has led NHS Humber and North Yorkshire ICB since its inception, following a lengthy career in NHS leadership. We wish Stephen a long and happy retirement.

5. Star Award nominations

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

Date: 25 June 2025

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

STAR AWARD

May 2025

Ward 16 **York** **Nominated by relative**

This award is for every member of staff on Ward 16. My partner's nana was rushed into hospital and had to have a long stay on Ward 16. When we came to see her, she commented on how amazing every member of staff had been with her, from the Sister to "the guy that changes the bins". I would like to say thank you from the bottom of my heart to every one of you.

Endoscopy Team **York** **Nominated by patient**

Thank you, all, for your exceptional care on the afternoon of Saturday 22 March during my colonoscopy. Every member of the team demonstrated professionalism, expertise, warmth, and compassion. The nurse (Catherine I think?) explained everything in detail and helped to alleviate any anxieties both before and after the procedure. I was made to feel comfortable in the theatre and barely felt the removal of a surprise polyp!

Thank you again for your skill, dedication, and commitment to patient wellbeing.

MSK Physiotherapy Administration Team **York** **Nominated by colleague**

The team have been amazing, completing a range of tasks in an under-staffed and pressured environment. The team have several people on long-term sick, but still go above and beyond to make the patient experience as great as can be. They often work unpaid overtime to manage the workload. One of our team also helped a patient to fill in a self-referral form out of hours.

I am so proud of our team and how they have stuck together in less-than-ideal circumstances for a minimum wage. I also want to give a special mention to Jayne Sargent, who has led the team and is always available to help.

Acute Stroke Unit **York** **Nominated by relative**

My dad spent over four months in hospital on a variety of wards but was mainly on the Acute Stroke Unit (ASU/Ward 23). The staff on Ward 23 were brilliant. The nurses (special shout out to Katie), physios, occupational therapists, and volunteers were great and made the ward a welcoming and friendly place.

My mum spent most days on the ward visiting my dad and was always made welcome and offered cups of tea (a necessity for her!). All staff were communicative and kept us up to date as much as possible with my dad's care and treatment. He was particularly touched when several of the ward staff came to the discharge lounge to see him off (even though he was on another ward by then).

In short, the four months plus was hard work for my mum and dad, but the helpfulness and friendliness of the staff made it manageable for them. Thank you so much.

Ward 26 **York** **Nominated by colleague**

I am the Physiotherapist covering Ward 26. It is not my standard clinical ward, but I frequently cover this area.

On walking onto the ward, it was instantly notable that there was a relaxed and positive environment. It was lovely to hear patients talking to each other and laughing. By 9.30am, all patients (where appropriate) were sat up, out of bed, and in chairs. Many were dressed in their own clothes and had drinks on their tables. By 10am, I had already observed one patient being discharged home. The plans for all patients were clear and being actioned.

As a therapist it is so positive to see a ward being so proactive with daily cares and preventing deconditioning by sitting patients out of bed and mobilising them. The patients were all in good spirits. It is a delight to work in this environment.

Joshua Thompson and Jessie Young, Administration Assistants **Scarborough** **Nominated by colleague**

The Scarborough ID and Car Parking team work hard to provide the best service for visitors and staff. Recently, due to unforeseen circumstances, support has been needed over at the York site, more so than usual.

Josh and Jessie have supported as much as possible over the last few weeks, ensuring they are completing any tasks they can from Scarborough and keeping good communication between teams. They have had a positive mindset for upcoming changes and continue to keep the Trust values within their daily work. They deserve a special thank you and well done.

Peter Simmons, Operating Department Orderly **York** **Nominated by colleague**

Pete goes above and beyond to help patients and his colleagues. He puts in a lot of effort, and it is inspiring to see how Pete is receptive to learn new skills and always offers to help others where needed. He is a team player and makes a difference to the team. Thank you for being a solid teammate!

Maxillofacial Clinic **York** **Nominated by patient**

I came in for an examination last week, and everything was organised well. I never waited too long, including being able to get two separate x-rays. Each time I walked across departments all my details were available, so I did not have any confusing communications.

Everyone was friendly and clear. It was just the type of care I hope for, and I was able to get a clear diagnosis within a few hours.

Tracey Wall, Healthcare Assistant **York** **Nominated by colleague**

I arrived for my shift on Ward 36 shift, and they had just started to serve the dinner to patients on the ward. Tracey noticed that patients' meals were not matching up to what they ordered, so she took over handing out the meals. She eventually found the right meals for the patients in the oven.

Without Tracey the taking care of the patients' meals, there could have been in crisis. Well done, Tracey, you are a lifeline on Ward 36.

Tina Leake, Sister, and Melanie Bootland, Matron **York** **Nominated by colleague**

Tina and Melanie exemplify the true meaning of being a Sister and a Matron. They showed compassion during my darkest hours.

Due to a fall, I sustained a serious injury at home and phoned my ward to let them know I could not come to work due to my injuries. I then sent a photo of my injuries to my manager, Tina. She immediately asked me to go to the hospital, but I did not want to. She then asked me if she could come to see me with Melanie, our Matron, which I agreed to. Upon seeing my wound, they insisted on taking me to hospital, packed my bag, and drove me to ED. They stayed with me for an hour. I was checked over and found to have low blood sugar and low blood pressure. I received treatment for my wound and then spent three nights in hospital to bring my blood sugar and blood pressure back to a normal level.

My heart overflows with gratitude for Tina and Melanie's selfless actions. They both gave me another chance of life and I know that I am not alone. I am eternally grateful for what you both did. I cannot express how much I appreciate your courage and bravery; your quick thinking saved my life. I will forever be indebted to you both. You saved me and I will always be grateful. Thank you.

Ward 29 **York** **Nominated by relative**

My Dad was an inpatient on Ward 29 for 10 days earlier this this year and died there in February. Throughout his stay, the care he received from every member of staff on the ward was outstanding. He was treated with genuine kindness, compassion, dignity, and respect, as were all his visiting friends and family, both during his illness and in the immediate aftermath of his death.

He felt safe and comfortable there, all his care needs were met promptly and efficiently, and he really appreciated the staff taking time to talk to him. It was a comfort to all his family when he died that he had been so well cared for in his last few days.

Mollie Devonport, Healthcare Assistant | **Selby** | **Nominated by colleague**

Mollie is one of the kindest, most considerate, and hardest working individuals I have the pleasure of working with. She is always happy to jump in wherever needed and is patient and understanding to every inpatient's needs.

I needed to pat slide a patient onto a trolley for a last-minute x-ray slot and had to be down for a certain time slot. I asked Mollie for help and, although she was dealing with getting a patient ready for home, she delegated with the ambulance crew to quickly help me out before she continued.

She did all this with a smile on her face and the utmost professionalism. Mollie is an asset to Selby Hospital, and I am proud to call her a colleague. Well done, Mollie, keep being you!

Francesca Firmani, Cardiac Rehab Nurse Specialist | **Community** | **Nominated by colleague (on behalf of a patient)**

We received the following feedback from a patient:

"I had a heart attack late last year and received amazing treatment in hospital. I was then put into the care of Francesca, a Cardiac Rehab Nurse Specialist. From the first moment, Francesca made me feel as if I was the most important patient she had. Her attention to detail, professionalism, empathy, and kindness were unbelievable. My partner was with me and on our way out they said what a wonderful person Francesca was.

"I mentioned to her on a catch-up call that I did not think my GP surgery understood what I needed, and within the hour she had phoned the surgery on my behalf and a GP called me straight back.

"I cannot thank all the NHS staff enough for keeping me alive, and I cannot thank the wonderful Francesca enough for her dedication and amazing all-round treatment of me. She is an amazing asset to your team and the most wonderful person I have ever met, both inside and outside of hospital."

Giss Thomas, Staff Nurse | **York** | **Nominated by patient**

All the team were excellent, but Giss stood out. She came on duty smiling and worked tirelessly throughout her shift. She dimmed the lights and reduced the noise during the night and got patients I had never seen sleeping to sleep, which is a precious thing when you are ill. If I got up to use the toilet in the night, when I was done, she appeared with a torch to help me back to bed and make me comfortable without disturbing the other patients.

Sarah Gregory, Midwife **Scarborough** **Nominated by patient**

Sarah has been my midwife throughout my pregnancy. She put me at ease with questions and worries I had, and appointments with her felt more like talking to a friend or family member which made it easier for me and I looked forward to seeing her. She showed a genuine interest in our IVF journey and was able to provide additional information where she could.

Most importantly for me, she included my girlfriend in the conversations and recognised her as my partner and did not exclude her from conversations or make her feel awkward as a lot of the questions are tailored towards the 'dad/sperm donor' and do not consider same sex couples.

It was refreshing to speak to someone who genuinely shows an interest in their patients, remembers details about them, can be relatable and understanding, and enjoys the banter! Sarah is a credit to the NHS, and I hope if I ever have IVF again that she would be my midwife. Thank you, Sarah, for being you.

Maxillofacial Clinic **Bridlington** **Nominated by patient**

I was admitted for a maxillofacial surgery. Being unfamiliar with going into hospital, I was apprehensive. However, from the moment I arrived through to the surgical procedure and aftercare, I was treated with the utmost respect, dignity, and kindness by the whole team. They made me relaxed and assured for which I am extremely grateful.

Claire Scaife, Cancer Pathway Coordinator **York** **Nominated by colleague**

Claire always goes above and beyond and helps her teammates in any way she can. She is a credit to the team!

Jo Sanderson, Assessment Nurse **York** **Nominated by colleague**

I have been asked by a grateful patient to nominate Jo for a Star Award. The patient attended with a nasty leg wound following a fall. They were impressed with the kindness shown to them by Jo and the time she took redressing their leg following this nasty injury.

As we followed the patient up in Orthopaedic Department, I would also like to commend Jo for her excellent wound care. The patient will be left with a scar, but because of Jo’s attention to the wound, it will be significantly smaller.

Children's Community and Special School Nursing Team **Scarborough** **Nominated by colleague**

The Scarborough CCN and Special School Nursing Team are always flexible in their approach to work. They are happy to help whenever they can to help the complex paediatric patients they work with. The team endeavours to work with families in stressful and difficult situations to meet needs. They will work together, devising ways to help and often undertaking tasks that may not be what they planned to do that day, but always doing it cheerfully. If asked, they will try hard to work out how they can help.

Leighton Walker, Consultant in Obstetrics and Gynaecology **York** **Nominated by patient**

I am nominating Dr Leighton Walker for a Star Award for his professionalism, empathy, exceptional patient care, and compassion, to name just a few reasons.

As a bit of background, after my son's birth in 2023, I had retained products of conception but was sent home from hospital numerous times, as the initial scan did not show a significant amount of retained tissue. Two weeks later, after experiencing continuous heavy bleeding and passing large clots and membranes (to the extent that I was unable to leave the house) I was told I would undergo an operation "for my reassurance". I expressed concern at this reasoning and was sent for another scan. It was during this scan that it was confirmed I required surgery quickly due to a larger amount of retained tissue being detected. This experience was deeply distressing and has made future gynaecological issues particularly difficult and triggering for me. This leads me to why I am nominating Dr Walker and why I am so grateful for his care.

At the beginning of this year, I experienced an ectopic pregnancy, my second in a short period of time, which was very difficult. Dr Leighton Walker was the consultant on duty that day and came to speak with me about the possible options. He delivered the news to my husband and me calmly and clearly, answered all our questions with patience, and made me feel truly heard and understood. Following the operation, he contacted me to offer reassurance and to explain what had happened during surgery, as the opposite tube to the one originally suspected based on the scan had been removed. Once again, Dr Walker took his time, explained things clearly and in the detail I requested. A week or so after the operation, I asked for a follow-up call to ask some further questions. Dr Walker called me back that same day and once again provided clear information, allowed me to ask everything I needed without feeling rushed, empathised with my situation, and made me feel that my case genuinely mattered.

Unfortunately, the pregnancy did not end after the operation, and my Beta HCG levels had increased. This led to regular blood tests, several further scans, and an extended period of physical and emotional difficulty for both me and my husband. I experienced symptoms such as nausea, low blood pressure, bleeding, and fainted one day, resulting in a black eye. The emotional and mental impact was significant. During this period, Dr Walker called me again, having reviewed my case, and once again showed empathy. He gave me the opportunity to ask questions and helped clarify what we were waiting for and the next steps. His support made me feel cared for and reassured that my case was being taken seriously. It also helped me avoid spiralling into anxiety through endless internet searches, trying to make sense of things on my own.

My HCG levels lowered slowly, and I received different opinions along the way. Eventually, my levels dropped to 10, and Dr Walker called me with an explanation of what he believed had happened. Unfortunately, it is now suspected that I had a tubal ectopic pregnancy in my right tube (my only remaining tube) and that there were other issues with the left. This suggests I may have experienced two right-sided ectopic pregnancies in a short space of time. We are now waiting a couple of months before I undergo a HSG and a follow-up with Dr Walker to discuss the results.

I truly feel that Dr Walker went above and beyond in my case: regularly checking my progress, keeping me informed, requesting full histology of the removed tube after the initial sample showed no signs of pregnancy, and spending significant time answering all my questions. Throughout all possible explanations offered, Dr Walker provided professional insight, was honest about the unknowns, applied critical analysis to what was likely and unlikely, and clearly explained the

rationale behind every action taken.

Following my previous experiences, where I honestly sometimes felt like a hypochondriac, not taken seriously, and as if I were wasting people's time despite having severe symptoms, I cannot thank Dr Walker enough. For the time he offered, the detailed explanations he provided (I am someone who needs a lot of detail to fully process information), and for the proactive actions he took - I am truly grateful, and I feel extremely lucky he was working in Scarborough that day. Despite the difficult journey me and my husband are still on to have a second child, I feel relieved that I have someone I trust involved in my care. Thank you, Dr Walker!

Kate Kingston, Consultant Radiologist **York** **Nominated by colleague**

Dr Kingston attended to run the first consultant-led ultrasound list at Askham Bar CDC. When she arrived, she found the room, which had never been used before, was not ready for use and everything was in disarray. The examination couch was still wrapped in plastic and cardboard, the equipment was not unpacked and set up, and the cables from machines and couches were not long enough to reach the plugs. The room was not fit for purpose.

Patients, predominantly children with their parents, had travelled from across the region, including from as far as Scarborough, for their paediatric ultrasound examinations and were waiting. They had already had their examinations rescheduled. Rather than cancel the list and wait to have the room properly set up, she unpacked everything, including the couch, worked out how to arrange the room such that it could be used, and managed to perform the full list without having to send any patients away. The patients were all grateful. Dr Kingston went above and beyond to demonstrate the real spirit of the Trust values.

Jeanette Judd, Staff Nurse **York** **Nominated by colleague**

Jeanette is outstanding. She leads the team like clockwork. She always attentive to both staff and patients and never likes to let a patient down. She is the most dedicated and committed team member and her vast knowledge of the other areas of the hospital is a plus for everyone who knows her.

Victoria Beattie, Staff Nurse **York** **Nominated by patient**

My husband and I attended York Hospital for medical management of a missed miscarriage. This was our third miscarriage, so was a very difficult time. Vicki was brilliant. She was kind, acknowledging what we had been through without being overbearing. She talked about the next steps and gave us some useful advice, including answering questions that we had not been able to get answered previously. She went above and beyond in giving me some pads and other supplies to help get through the process.

It was a horrible and traumatic situation to be in, but Vicki gave us a little bit of hope and happiness, and we are incredibly grateful for her care and her approach. Thank you, Vicki.

Gemma Morris, Staff Nurse **Scarborough** **Nominated by colleague**

Gemma has been nominated by her colleagues for her hard work and dedication and for going above and beyond for her patients, families, and colleagues. She is kind and caring and displays compassion to all.

Gemma also should receive recognition for the wonderful work she does for her patients every day. She is always approachable and considerate and shows patience for all patients equally. Her personal demeanour is unwaveringly calm, patient, and fun to be around, which should not go unseen! She dedicates her time to all patients, individualising her approach to all in her care.

Gemma is a role model for the team and advocates our Trust values continuously.

Evie Simpson, Staff Nurse **Scarborough** **Nominated by colleague**

Evie is a true advocate for her patients and the Critical Care service. She has overcome so much over the past year, developing as a wonderful nurse and role model to others. She is always motivated to help her team, ensuring that her colleagues are cared for throughout the day, especially on those hard days when the team needs motivation and resilience. Not only does she focus on the wellbeing of her team, but lifts patients' spirits, especially during times that are difficult for patients within Critical Care.

Evie touches all she cares for and treats everyone equally and with dignity. Evie provides not only provides compassionate care but also shows beautiful humanity to all. Evie is well respected, and everyone is grateful for care. She should be recognised for all her approach to the Critical Care service. Her nursing approach is an inspiration!

Chandani Shrestha, Staff Nurse **Scarborough** **Nominated by colleague**

Chandani is a true advocate for the Trust. She has a soft approach to all which makes her approachable to all. Her kindness and compassion to help is noticed, as is her hard-working ethic, no matter where she works. Chandani is always seeking ways to help her patients, advocating for their values and beliefs. She works exceptionally well with MDTs and is collaborative in her approach.

Chandani seeks new ways to develop herself with finding new ways to help her patients. For example, she is dedicated to service developments and is always keen to learn more to develop her practices and gold standard approaches. Chandani is a role model to all! We are so lucky she is part of our team.

Karimot Adiat, Staff Nurse **Scarborough** **Nominated by colleague**

Karimot is a hardworking, kind, and caring nurse. She is dedicated to helping others, which is noticeable in her practice. Karimot is keen to become a PNA, with a goal of helping her colleagues within critical care.

During shift, I have seen Karimot take a wonderful approach with patients and families. The support she provides to those she cares for is inspiring to watch. Her smile reassures all and her patience allows people feel listened to and acknowledged. Karimot always goes the extra mile to ensure patients and relatives feel safe, supporting their values, beliefs, and needs.

Karimot is an asset to the Critical Care team at Scarborough. We are so lucky to have her caring for us all.

Iwona Blaszkowska, Deputy Sister **Scarborough** **Nominated by colleague**

Iwona is a compassionate leader and a true advocate for her team. She demonstrates high standards in the care she gives and provides reassurance when managing a shift. She guides, supports, and cares for all patients, relatives, and colleagues. She is approachable and helpful and ensures all within critical care are safe.

Iwona dedicates her time into supporting others, by teaching and advocating resilience in the team and supporting the health and wellbeing of her team. As a result, she is respected as a leader, ensuring patients feel safe and families are reassured about the care of their loved ones. Iwona is a true advocate for the Trust! We are lucky to have her as a part of critical care.

Laura Bottomley, Staff Nurse **Scarborough** **Nominated by colleague**

Laura is a kind and wonderful person. This is evident in her day-to-day interactions and her approach to all. She is a true advocate for her patients, and she puts 100% effort in all she does. Laura constantly receives wonderful feedback from patients and colleagues, highlighting her caring nature and supportive approach. Laura works incredibly hard every shift and inspires others to do the same. She always fills each shift with joy, which helps her colleagues during difficult times at work.

Laura is respected and admired by the MDT and her work with patients and dedication to others never goes unnoticed. She always goes above and beyond for everyone, and this should be recognised. Laura is a wonderful person, nurse, and colleague within critical care. She inspires happiness within the team and shows compassion in her nursing practices.

Michiko Ilagan, Deputy Sister **Scarborough** **Nominated by colleague**

Michiko is always dedicated to her work. Not only is she an exceptional nurse, but she is also a supportive leader. Michiko is approachable and dedicated to listening to all her team, providing reassurance and a nurturing environment for all. She supports giving all a fair opportunity to all and is dedicated to continuously supporting the critical care.

Michiko has worked exceptionally hard on a QI project to enhance the experience for student nurses. She is dedicated to ensuring they have a great experience, supporting both their learning and mentor support. This not only helps encourage new nurses into our service, but also strengthens the development of current staff.

Michiko’s work demonstrates excellence within our department. She is an asset to our team and an inspiring colleague!

Melanie Grimshaw, Staff Nurse **Community** **Nominated by patient**

Melanie has a holistic approach to nursing, always asking how we are and commenting on how the wound is healing if she has not seen it for a while.

We have found out from other staff members that she organises who students are paired with on their placements. During a visit by Mel and a student in their last year of studying, the student asked Mel if they could do the dressing. It was agreed with Mel that they could do so under Mel's supervision. It was nice to see that Mel had the confidence in herself and that of the student.

All the students have commented that Mel is calm and approachable when they are with her. I hope that Mel continues to progress in her nursing career.

Benjamin Lowery, Specialty Registrar **York** **Nominated by patient**

When I was a patient in ED, Dr Lowery was transparent with me about my care and advocated for me when a referral to another specialty could not be accepted. Dr Lowery escalated this to a senior colleague, who got in touch with my usual consultant and listened to my preferences around treatment. They then came up with a plan, which ultimately ended up with me being admitted and put on the treatment that I needed.

Dr Lowery communicated well and kept me up to date with what was going on during the many hours I was in ED, making the experience of being in hospital a bit more bearable. He explained things to me in detail when I asked, explained the possible options, and let me feel involved in decisions about my care and treatment. Dr Lowery advocated for my care and ensured I received the treatment I needed to make me feel more well in myself and allow me to return to work and day-to-day life sooner.

Security Team **Scarborough** **Nominated by colleague**

Security officers had escorted a visitor off site for threatening a patient. The visitor then returned and tried to gain access to the hospital again. Security officers intercepted them, but while ensuring the safety of everyone on site, the visitor threatened officers with a knife. The police were called and requested security follow the visitor from a distance until the police could arrive.

Officers secured all road and path entry points to the site and kept a visual on the visitor, until they threatened an elderly member of the public walking up Woodlands Drive. The security officers acted in the interest of public safety and, with complete disregard for their own safety, moved in and restrained the female until the police arrived. Through their training, trust, and communication, the security officers ensured the safety of not only those within hospital grounds, but of the wider public as well.

Danuta Smith, Staff Nurse **Bridlington** **Nominated by colleague**

Danuta has shown excellence in training method, demonstrating the Trust values of kindness, openness, and excellence. She has been outstanding at coaching and training a new colleague. Additionally, her training methods exhibited the benchmarks of practice.

Jodi Townsend, Clerical Officer **York** **Nominated by colleague**

I contacted Jodi to enquire about translating an urgent letter for a client's second stage screening appointment. The client was not aware of the appointment, so it was crucial that it was translated as soon as possible to allow time for the letter to get to the client. As the Easter bank holidays fell during this period, this made it difficult and meant that the usual turnaround of seven to 10 working days would be too late.

Jodi was helpful and contacted Dals to request this be completed urgently. She also chased it up for us, resulting in the letter being translated quickly, allowing plenty of time for the letter to get to the client. This ensured that the client had all the information in an accessible format. Without this, the letter may not have reached the client in time and their appointment may have been missed.

Lucy Ward, Staff Nurse **York** **Nominated by colleague**

I have worked with Lucy on multiple occasions on the ward. Lucy is an incredibly helpful and attentive presence in the workplace, consistently going above and beyond for both patients and colleagues. Whether it is taking extra time to reassure a worried patient or stepping in to assist a colleague without being asked. Her willingness to lend a hand and her consistent positivity set a standard of care and teamwork that uplifts the whole team. I have never heard her complain and she always starts and ends her shift with a smile!

Lucy’s compassionate nature and calm demeanour make me feel at ease every shift. She is an amazing supervisor, and nothing is ever too much to ask. She always takes her time to talk me through everything to gain new knowledge and ensures I can obtain new learning opportunities every shift. She is what I aspire to be when I qualify. (She also makes amazing rocky road!)

Sue Dawson, Resuscitation Officer **Scarborough** **Nominated by visitor**

I attended Scarborough Hospital for work experience shadowing with Sue for a day. Approaching this date, I was so excited to spend time in the hospital and with Sue as I had been told how amazing she is.

Once I arrived, Sue showed me around the hospital and every person we came across knew and wanted to speak with her. She is a ray of sunshine, and she really went out of her way to give me the best experience possible. She allowed me to join her ILS training and spend time with highly trained consultants and anaesthetists. She made me feel valued and safe in these situations.

Sue also went out of her way to allow me to see some small procedures, such as an endoscopy. Then she invited me for a second day so that I could experience more, and I could have some more time in the hospital, which really helped with my hours for my course.

Sue is genuinely one of the most amazing women I have ever met, handling situations with so much professionalism and kindness. I am honoured to have spent two days with her. As someone who will be part of the next generation of medical professionals, I hope to take what I learnt with Sue with me. She deserves so much recognition after what she did for me.

Chloe Craggs, Healthcare Assistant | **Scarborough** | **Nominated by relative**

I came to Scarborough ED on 22 April with my Grandad. Chloe was brilliant with her outstanding care. I got upset because of what I had heard, and Chloe advised I go outside for some air while she made a drink to bring outside for me. She then took time outside with me to make sure I was OK. Her care of my Grandad was top notch. She is a credit to the NHS and Scarborough Hospital.

Joanne Horrocks, Highly Specialist Clinical Physiologist, and Hannah Qureshi, Trainee Healthcare Scientist | **York** | **Nominated by patient**

I am nominating Jo and Hannah as shining examples of members of staff for the Trust. As a staff member myself, their kindness and compassion shone through during my appointments, putting me at ease both times. They are a real asset to the Neurology team!

Lily Turney, Midwife, and Molly Ballam, Student Midwife | **Scarborough** | **Nominated by patient**

I am nominating Lily and Molly as they provided outstanding care over two night shifts. They both empowered me in my lowest moments, especially when my labour ended in an emergency c-section, and I truly could not have done it without them.

Lily provided outstanding care throughout my labour, and I could not have wished for a better midwife to care for myself and my baby, even when things took a turn and did not turn out the way I had planned.

Molly is going to be an incredible midwife when she qualifies. I really cannot thank her enough for providing such amazing care for us through the entire process, especially sitting by my side with my partner and talking to me about anything and everything in theatre when I was distressed.

You both deserve a Star Award as you are an absolute credit to the maternity team. Once again, thank you to the both of you!

Duncan Cook, Operating Department Orderly **York** **Nominated by colleague**

In 2021, I was admitted with a ruptured, haemorrhagic ovarian torsion. Due to issues, I was not operated on as quickly as I should have been. I was very scared, vulnerable, and felt like I was going to die. It was during lockdown in the height of the COVID pandemic, with all restrictions in place, including no visitors.

When I eventually went to theatre, I was relieved but also terrified. I remember meeting Duncan in the anaesthetic room, and he made me feel safe and in good hands. I asked him if I was going to die, so he reassured me and he explained who was working within the team. He held my hand while the anaesthetist cannulated me and explained the anaesthesia.

I cannot explain how grateful I am for Duncan's kind words and amazing bed side manner. I am sure he was having an incredibly busy shift with the added stress of COVID restrictions, but he took the time to relieve my anxieties and make me feel safe in a scary situation, away from my daughter and husband and in agony. He is a true representation of the NHS and how we all need to be. I am a nurse of 18 years, and I have met a lot of professionals within my role and have been a patient within this hospital. Duncan restored my faith in humanity and the NHS that night.

I have been looking for Duncan since 2021, hoping to find him and thank him for his unbelievable kindness in probably the scariest time of my life so far (and in a situation where I felt unheard). I tried to nominate him for a Star Award at the time, but I did not know his surname. Finally, I found him. Poor Duncan did not know what was happening when I approached him while he was eating his dinner in Ellerby's. He was so gracious, and let me explain who I was, thank him for the care he gave me that night, and give him a hug.

This is why I believe Duncan deserves a Star Award and appreciation for his kindness and amazing bedside manner in my time of need.

Fiona Wheatley, Staff Nurse **York** **Nominated by colleague**

Fiona managed a patient in respiratory arrest in community setting until paramedics arrived. The patient survived due to her management and skilled care.

Eve Bennett, Midwife **York** **Nominated by patient**

I am nominating Eve for a Star Award in recognition of the outstanding care, compassion, and professionalism she showed during the birth of our baby.

Eve supported me through an incredibly difficult labour and delivery. From the moment her shift began, she was a calm and reassuring presence, never leaving our side and always making sure we felt safe, seen, and heard. Even as serious complications arose towards the end of delivery, Eve remained composed and decisive. She quickly brought in the additional help we needed, all the while explaining what was happening in a way that kept both me and my husband informed and reassured during a frightening time.

What truly stood out was Eve's dedication beyond the delivery room. The following day, she came to the ward to check on me and even went out of her way to visit SCBU to check on our baby. That level of care, empathy, and follow-through meant the world to us.

Eve, and the entire maternity team that day, were truly incredible. We can never thank you enough. Your kindness and compassion will stay with us forever.

Katharine Jardine-Ross, Staff Nurse, and Richard Dixon, Healthcare Assistant **Scarborough** **Nominated by patient**

I am nominating Richard, who could not do enough to maintain my comfort after my accident. He was kind and polite, was a good communicator, and respected my dignity. I am also nominating Katie, the Staff Nurse assigned to me. She kept me well informed and was kind and considerate. Nothing seemed to be too much for them when caring for me. All the doctors who were involved with my care and treatment were polite and kept me well informed of any procedures of treatment.

I cannot fault the care I received that night. They are all a credit to the Trust, as are all the other medical staff in ED.

Katie Lacey, Bank Healthcare Assistant **Scarborough** **Nominated by colleague**

Katie was on her break outside, when a relative was struggling getting a patient into ED as they were clearly unwell. Katie gave up her break to assist this relative in getting the help they needed. Nothing was too much trouble.

Katie also goes above and beyond when working on wards, making sure patients get food when they cannot manage and helping with extra care needs, which I know patients appreciate.

Anna Ward, Ward Clerk **York** **Nominated by colleague**

While there was a hospital-wide restriction on visiting, Anna went to great efforts to help the nursing staff keep in touch with the loved ones of our patients. Each day she contacted each family to explain whether they would be able to visit that day.

As a nursing team we really appreciate Anna's efforts, and so do the families of our patients. Many of these patients are unable to call or message their loved ones themselves so having Anna there to take their calls and to reassure them means a lot to them. Anna making these calls also means that the nursing staff can focus on providing vital patient care for our critically ill patients.

Vicky Robins, Renal Consultant **York** **Nominated by patient**

Vicky was my kidney consultant for several years while I was on dialysis. She has such a great manner with her patients and fights to get them the best possible care and outcome, even chasing treatments with other departments.

When I had problems with my mobility and had received no help elsewhere, as soon as Vicky saw me, she said let us get this sorted. I was sent to York the same day, had all my tests straight away, and was followed up quickly. I can list many examples of things she has done for me and fellow patients and getting me to my goal of a transplant was always her goal, even if at times I felt it was not possible. Thank you is sometimes just not enough, and she deserves recognition for everything she has done.

Deborah Goldfield, Specialty Doctor **York** **Nominated by patient**

Dr Goldfield and her team attended to me while I was at York ED with severe pain from my knee and abdomen. All of Dr Goldfield’s team provided compassion and excellent care to me during my stay there. Dr Goldfield was excellent in communicating the diagnosis, my care plan, and the way forward to deal with my issues.

CT Scanning Team **York** **Nominated by patient**

The team were helpful and supportive before, during, and after my CT scan. Roman was particularly caring and gentle and made sure I felt better before I left the hospital. I appreciate that wait times can be long, but I was seen quickly and had a positive experience (despite having a slight reaction to the contrast dye!)

Rachel Coverdale, Healthcare Assistant | **Scarborough** | **Nominated by colleague**

I am nominating Rachel for a Star Award for her outstanding demonstration of kindness, openness, and excellence. Rachel supported a patient with Parkinson's who was becoming increasingly agitated due to their medication. Throughout this challenging situation, Rachel remained calm, professional, and exceptionally empathetic. Her ability to act, without judgment, helped to de-escalate their distress and ensured they felt seen and respected.

Rachel's kindness was evident in every interaction, offering reassurance and comfort at a time when it was most needed. She exemplified excellence by managing the situation with great skill, ensuring that the patient received the best possible care while maintaining their dignity. Her compassionate and expert response turned what could have been a difficult experience into a moment of genuine human connection. Rachel's actions reflect the very best of our values, and I believe she is truly deserving of this recognition.

Donna Williams, Senior Operational Manager | **York** | **Nominated by colleague**

Donna has gone above and beyond in the preparation of a business case for the SCBU unit refurbishment. She has been supportive of the team and proactive and driven. This was a big project with a short deadline which Donna work hard to deliver on. The build will improve the environment and the safety of babies and their families on the unit. Thank you for your hard work, Donna.

Hannah Howe, Medical Secretary | **York** | **Nominated by patient**

I had treatment for a kidney stone late last year and have been waiting months for removal of a urinary stent. I received a letter assuring me that things were in hand but there was a backlog. I reached the point in April where I was becoming concerned as the longer the stent remained in situ the greater the chance of complications.

The letter I received was anonymously issued, so I contacted Hannah by email on 22 April. She acknowledged my correspondence immediately and assured me that she would investigate it. I received a call on 25 April and the stent was removed the next day.

Often stars of the NHS can be found behind the scenes, and Hannah epitomises everything that is good, not only about the NHS, but also consumer relations. At all times she has been friendly, courteous, and 100% helpful. I cannot praise her highly enough because she treats people as she would like to be treated, which is priceless to any organisation. Look after her, she is a proper asset.

Pat Lilley, Bank Healthcare Assistant | **Scarborough** | **Nominated by colleague**

Pat goes beyond the call of duty with staff and patients. She brings in breakfast for the whole team when she is on duty and if the doctors are busy, she makes them crumpets and a cup of tea and tells them the importance of having a break. She is brilliant in the waiting room with the patients and the relatives, especially when there are long waiting times, chatting to them all and making cups of tea. She is always helpful and has a very sunny disposition.

Emma Stanley, Cleaning and Catering Operative **Scarborough** **Nominated by colleague**

I am nominating Emma for supporting the new build and taking shifts above and beyond to get it ready.

Lilly Reeder, Cleaning and Catering Operative **Scarborough** **Nominated by colleague**

I am nominating Lilly for all her hard work at the new Scarborough UECC and for always volunteering.

Charlie Bryce, Clinical Nurse Specialist Palliative Medicine **Nelsons Court** **Nominated by colleague**

The Community Palliative Care Team was supporting a young adult patient with metastatic cancer who had expressed a strong wish to die at home. Unfortunately, they developed uncontrollable symptoms, including what is known as terminal agitation, an uncommon palliative care emergency. Despite discussions with the patient and her family about the possibility of hospice admission, they remained adamant about being managed at home.

Charlie, who was working over the bank holiday weekend, discussed the case with the on-call palliative care doctors. Following their advice, he managed to source the necessary medication from the hospital pharmacy, as it was not available in the community pharmacy. Charlie made multiple trips between the patient's home and the hospice to collect prescriptions and deliver the medication.

Thanks to Charlie's dedication, the patient achieved better symptom control and was able to remain at home, ultimately having a peaceful death as per their wishes. The family were deeply grateful for the care provided by our team.

Srinivas Chintapatla, Consultant Surgeon **York** **Nominated by patient**

In February, my wife and I were in despair as nobody could help with a giant incisional hernia with a large open wound which had not healed for 16 months. The hernia had begun to bleed, and the bowel could be seen in the wound. Our quality of life was poor, with my wife spending two hours a day dressing the wound and the stress of disaster was ever-present. We were waiting for the end: infection or a rupture. Then we were referred to Mr Chintapatla.

Mr Chintapatla saw us at 5.30pm on a Saturday afternoon and spent two hours in examination and planning. His positivity was astonishing. He took me into his ward two days later and got me as fit as possible for a complex operation which was carried out a week later. His meticulous planning, his wonderful enthusiasm and humour, his communication skills and, of course, his expertise as a surgeon, have brought me back to life. His vision and leadership in building this special unit clearly inspire a wonderful team who all supported us while in hospital.

I now walk a mile a day, manage my own stoma (which was impossible because of the proximity of the open wound), and lead a full and independent life. My wife has also been able to go back to work instead of being my carer. Mr Chintapatla took such an interest in me and visited me on the ward all the time to tell me what he was planning, and to see how I was, always talking to me while we walked up and down the corridor to improve my level of fitness, that his energy, commitment, and warmth became a motivator for me.

Consultants can sometimes be distant figures; they achieve great things but remain unconnected to their patients. Mr Chintapatla clearly has brilliant expertise in his field, but what makes him such a special person, are his human qualities of warmth and connection. He is truly a star and deserving of your award.

Charley McDonagh, Senior Medical Deployment Officer **Scarborough** **Nominated by colleague**

The last 12 months have been a challenging time with new rotas and the UECC opening. Charley has worked incredibly hard with the Medicine Care Group to organise new rotas, with delays to the new rotas increasing an already busy workload. She has thrived from the challenge and worked under extreme pressures when changes have happened last minute, especially over the last couple of weeks. She is a credit to our team.

Ayslene McGeown, Medical Deployment Officer **Scarborough** **Nominated by colleague**

Over the last eight weeks, it has been challenging managing the medicine rotas for residents. There have been last minute changes and extreme pressures due to sickness and additional demand from bank holidays and the UECC opening. Ayslene has not only done her job, but she has also kept a smile on her face and provided support to other members of the team.

Christina Devine, Domestic Assistant **Scarborough** **Nominated by colleague**

On behalf of myself and my colleagues in the Diabetes Unit, we are nominating Christina for a Star Award in recognition of her outstanding contributions as our Domestic Assistant.

Although Tina has been with us for only a short time, her impact on the cleanliness and overall presentation of our department has been remarkable. She is highly organised and methodical in her approach, ensuring that every area is maintained to the highest standard. Her dedication to her role is evident each morning, as she is already at work before our day begins. Her warm and welcoming presence is greatly appreciated, and her diligence in preparing clean and ready offices creates a positive and professional environment for both staff and patients.

Given that our department serves as a gateway to the hospital for patients that may be admitted to a ward, first impressions are essential. The impeccable standards Tina maintains play a crucial role in reinforcing the hospital's commitment to cleanliness and patient care. While we fully acknowledge the contributions of previous staff members, Tina's early start time allows her to manage the department in a way that ensures seamless operations before the staff arrive.

Tina may modestly insist that she is simply fulfilling her role, but it is clear to all of us that she consistently exceeds expectations, demonstrating a level of dedication and excellence that truly deserves recognition. For these reasons, we wholeheartedly put forward her nomination for this well-deserved Star Award.

Stacey Maughan, Advanced Practice Physiotherapist, and Sally Hobson, Orthopaedic Consultant **York** **Nominated by colleagues**

Stacey is our point of call when we have any orthopaedic referrals and is always quick to respond and supportive. She went above and beyond her role as a physiotherapist to coordinate an opportunity for us (two Scarborough Hospital-based sonographers) to visit Miss Hobson's Paediatric Orthopaedic clinic at York Hospital.

We have a particular interest in neonatal hip ultrasound and the referral pathway for babies with hip dysplasia. With Stacey's help we were able to attend York Hospital and observe Miss Hobson's paediatric clinic. Miss Hobson was welcoming and accommodating. Her clinic is specialist and busy and we were in awe of her knowledge and patient care. We felt humbled that she took the time to teach us, answer our questions, and review some past patient cases.

We would like to thank Stacey and Miss Hobson for going above and beyond, we think they are both stars!

Arron Cunliffe, Senior Respiratory Pharmacist **York** **Nominated by colleague**

Arron has consistently gone above and beyond for both patients and staff on the respiratory ward. His deep clinical knowledge is matched only by his compassion and generosity with his time. He always willing to explain, support, and encourage those around him, no matter how busy the ward is. He exemplifies kindness in the way he reassures patients and lifts the spirits of colleagues, openness in his willingness to teach and share knowledge, and excellence through the standard of care he delivers every single day.

As a trainee pharmacist with over nine years of community experience abroad, I can say that working alongside Arron has been transformative; his mentorship has reshaped my career goals and shown me what it truly means to be a hospital pharmacist. He has made a tangible difference not just to my development, but to the confidence and wellbeing of the entire ward team. The impact he has on patient care, staff morale, and team learning cannot be overstated.

Macmillan Lung Cancer Clinical Nurse Specialist Team **York** **Nominated by colleague**

Despite staff shortages and pre-approved study leave, the team have worked tirelessly to ensure patient experience is not compromised. During this period, they have continued to support all new, suspected, and previously diagnosed lung cancer diagnoses.

In addition to the daily demands of the service, the team have continued to work on service development projects such as CTDNA, RMS, and LWBC. Despite low staffing numbers the team have still welcomed the lung cancer screening nurses to support their period of induction.

An example of the exceptional work the team have achieved is the support they have offered a patient who was extremely symptomatic from their brain metastasis on the ward. Ellie Jobson advised the treating team the best course of treatment to manage their symptoms and supported the referral to the hospice. The patient, despite their palliative diagnosis is doing well at the hospice and enjoying quality time with their family.

Poppy Short, Healthcare Assistant **York** **Nominated by relative**

Poppy was on duty when my dad was brought into ED via ambulance. Having met her earlier this year when my mum was in ED, I knew my dad would be well looked after. She went above and beyond for my dad and my mum later in the day.

Sadly, my dad was given an upsetting diagnosis and Poppy supported me when I became distressed. She stayed with me when I had to contact one of my siblings with the news and showed me to a quiet area to process the news. I did not want to leave my dad alone, so Poppy said she would sit with him until I returned, regardless of other duties that she needed to do. I also observed Poppy with other patients, and her professionalism, empathy, and care were outstanding.

In the early evening, my mum and sister returned to be with Dad, and Poppy recognised my mum, and she was greeted with a hug. Dad was later moved to a ward and Poppy took him on the bed with my mum and sister. She then mentioned to the Ward Sister that we had only recently received the news, so they were aware of this as they got my dad settled on the ward. Poppy walked with my mum and sister to the main entrance, even though her shift had finished, and waited until their lift arrived. As they were leaving Poppy gave my mum a hug and wished her the best.

Poppy is a true credit the NHS and ED. My dad, who has not been in hospital since the 1960s, was truly thankful for the care he received by Poppy. Thank you, Poppy, for your kindness, care, and compassion, you are a true Star. Thank you from all my family.

Sarah Kew, Estates Project Manager, and Jon Hunter, Mobile Device Lead **York** **Nominated by colleague**

I am delighted to nominate Jon Hunter and Sarah Kew for a Star Award in recognition of the incredible work they have done together in creating the Y&S Digital Hub: a welcoming and innovative space where staff can get help with IT issues face-to-face and where we can raise the profile of digital within the organisation and provide updates on new programmes of work, including the move to Nervecentre.

Their vision, teamwork, and dedication have truly transformed the way digital support is delivered within our hospital. They have brought digital right into the heart of the organisation, raising its profile and making it more accessible to everyone. The plan is to re-create this space on the Scarborough site for our colleagues there.

Why they deserve this award:

- They have created a brilliant space – The Digital Hub was not just a project; it was a full transformation. The area they worked on needed a complete refresh, and they worked incredibly hard to turn it into something that is not only functional, but also inviting and modern. It has become a go-to place for staff needing digital support.
- Going above and beyond – Jon and Sarah have put in an extraordinary amount of time and effort to make sure the space meets staff needs. They did not just tick boxes, they genuinely cared about getting it right and have gone the extra mile every step of the way.
- Positive feedback from staff – Colleagues have shared fantastic feedback, especially appreciating the chance to speak with someone face-to-face. In a world where so much support is online or over the phone, having a real person to talk to makes all the difference.
- Collaboration and innovation – Jon has shown fantastic leadership and vision throughout the project, while Sarah has been a driving force behind the day-to-day delivery. Together, they brought new ideas, worked across teams, and kept everything moving, even when challenges came up.

Jon and Sarah have delivered something truly valuable to our organisation. They have made digital support more human, more visible, and more effective. They have worked together creating positive connections between two different teams. Their hard work, dedication, and passion for improving the staff experience make them both truly deserving of this Star Award.

Steven Rice, Storekeeper **York** **Nominated by colleagues**

Steve, better known throughout the hospital as Arthur, deserves recognition for his outstanding knowledge of Stores and distribution around York Hospital. He has recently gone above and beyond for us in Theatres which helped us immensely and was much appreciated.

Steve is also a popular guy around the hospital, and everyone has positive things to say about him and his dedication to his work. Steve is an asset and hopefully he goes on to reach his goals, which, again, would benefit the Trust.

Rhiannon Watson, Senior Healthcare Assistant **York** **Nominated by colleague**

I am nominating Rhiannon for the excellent care she gave a patient this week. The patient was a young adult with terminal cancer who was, understandably, emotional and scared of the procedure, the hospital environment, and their current situation. Rhiannon attended their every need, developed an amazing professional relationship with them and their family, and put them at ease. She also came up with creative ideas to maintain the patient's dignity while their wound was leaking.

Rhiannon was patient with them and held back when she felt the patient needed space. The patient and family were grateful for the care given, especially by Rhiannon, and I think this should be celebrated.

Russell Lawrence, Cleaning Operative, and Jordan Castle, Domestic Assistant (Higher Level) **York** **Nominated by colleague**

Over the past few weeks, these two gentlemen have managed to open almost every ward that was affected by the spread of infection. It was a hard and demanding few weeks, but they have gone above and beyond to help this hospital. If they did not do what they did, the hospital would not be open now. They did all this with a smile on their faces.

Mellony Pinkney, Staff Nurse **Community** **Nominated by colleague**

Mellony has worked so hard for the palliative patients within the Haxby caseload. She is compassionate, empathic, and a great advocate for the patients. She has been given so much praise and positive feedback from both staff and patients families for her kind words and caring manner with end-of-life patients. It is a pleasure working with her and feeling her positivity and drive to seek out the best possible care she can give to her patients.

Well done, Mell, for you to be recognised for your hard work and dedication to the team and your patients and their families and carers is well-deserved.

Medical Engineering Team **Scarborough** **Nominated by colleague**

On behalf of the UECC Ground Floor Team, I am nominating the Medical Engineering Team for their outstanding support and dedication during our recent move into the new UECC facility.

From the outset, the Medical Engineering Team demonstrated exceptional professionalism, problem-solving, and collaboration. They played a crucial role in ensuring that all essential medical equipment was installed, tested, and fully operational in time for the unit to open. Their meticulous attention to detail, responsiveness to last-minute changes, and willingness to go above and beyond made a challenging transition significantly smoother for all of us on the ground floor. Whether it was troubleshooting equipment in real time, liaising with manufacturers, or working alongside clinical and operational teams to meet tight deadlines, their calm and capable presence was consistently appreciated.

The move could not have been successful without their expert input and unwavering support. We are sincerely grateful for their hard work and are proud to put them forward for this recognition.

Estates Team **Scarborough** **Nominated by colleague**

We, the UECC Ground Floor Team, are nominating the Estates Team in recognition of their exceptional support throughout the relocation into the new UECC facility. The Estates Team were instrumental in making the move a success.

Their hard work behind the scenes ensured that the building was ready for operational use; from timely completion of infrastructure works to rapid response to on-the-spot issues. They showed remarkable flexibility, dedication, and attention to detail, often going above and beyond to accommodate last-minute requests and ensure everything was safe, functional, and up to standard. Their approachable manner, practical problem-solving, and willingness to work collaboratively with both clinical and non-clinical teams did not go unnoticed.

Thanks to their efforts, we were able to settle into a well-prepared and functional environment, making a huge difference to both staff and patient experience from day one. We are extremely grateful for their contributions and proud to nominate them for this recognition.

Y&S digital **Scarborough** **Nominated by colleague**

The UECC Ground Floor Team are nominating Tim Barton, Gary Adamson, Dean Allen, and the wider Y&S digital team for their outstanding support during our move into the new UECC facility. Their involvement was crucial in ensuring a seamless transition.

From the early planning stages to go-live, their expertise and commitment were evident throughout. Tim, Gary, and Dean were consistently approachable, responsive, and solutions-focused, going above and beyond to ensure our systems, hardware, and communications were all fully functional and ready to support patient care from day one. Whether it was resolving connectivity issues, setting up devices, or troubleshooting system glitches under pressure, nothing was ever too much trouble. Their calm and professional approach helped reduce stress during what could have been a very challenging time.

We are incredibly grateful for their hard work, dedication, and the collaborative spirit they brought to the project. We are proud to put them forward for this recognition and thank them sincerely for their contribution to a successful move.

Jaydene Louth, Healthcare Assistant, and Tracey Mellor, Housekeeper | **Scarborough** | **Nominated by colleague**

The UECC Ground Floor Team are nominating Jaydene Louth and Tracey Mellor in recognition of their exceptional efforts in preparing the new department for a safe, efficient, and fully functional opening.

Jaydene and Tracey worked tirelessly behind the scenes to ensure that every area of the department was fully stocked, clearly labelled, and operational from day one. Their attention to detail, organisational skills, and in-depth understanding of what the team needed made a significant difference to the smooth running of the transition. From equipment checks and stock ordering, to ensuring clinical areas were logically set up and ready for use, they both went above and beyond.

Their efforts meant that staff could immediately focus on patient care in a well-prepared environment, without the delays and disruptions that often come with a move of this scale. We are incredibly grateful for their hard work, calm presence, and proactive approach, and are proud to nominate them for this well-earned recognition.

UECC Ground Floor Team | **Scarborough** | **Nominated by colleague**

From within and on behalf of the UECC Ground Floor Team, in recognition of the whole team effort, we are nominating the UECC Ground Floor Team for their outstanding patience, professionalism, and dedication during the move from the old Emergency Department to the new UECC facility.

Relocating such a critical service is no small task, and the team faced this transition with calm determination, flexibility, and a shared commitment to maintaining the highest standards of patient care throughout. Despite the inevitable challenges and disruptions that come with a move of this scale, the team consistently demonstrated resilience, teamwork, and an unwavering focus on patient safety. Every member of the team adapted quickly to new surroundings, systems, and processes while continuing to provide compassionate, high-quality care in a demanding and fast-paced environment.

Their ability to support one another and remain positive through the change is a true testament to their professionalism and strength as a team. We are incredibly proud of what was achieved and believe the team deserves recognition for their exceptional contribution during this pivotal moment for our service.

Melissa Jenkinson, Sister, Zoe Jennings, Matron, and Chloe Mason, Senior Sister | **Scarborough** | **Nominated by colleague**

The UECC Ground Floor Team are nominating Melissa Jenkinson, Zoe Jennings, and Chloe Mason in recognition of their exceptional behind-the-scenes work over the past few years in preparing for the move into the new UECC facility.

This transition has been years in the making, and much of the planning, coordination, and groundwork that enabled the smooth move was made possible thanks to the tireless efforts of Melissa, Zoe, and Chloe. Their long-term commitment, attention to detail, and ability to navigate the complex logistics of such a large-scale relocation have been invaluable. From planning workflows and designing spaces to ensuring clinical functionality and engaging the wider team in readiness activities, their input has touched every part of the move. Often working quietly in the background, they brought clarity, structure, and strong leadership to a complex process, always with the goal of ensuring the new department would meet the needs of both staff and patients.

We are incredibly grateful for their vision, persistence, and steady guidance. Their contribution laid the foundation for a successful transition, and we are proud to nominate them for this well-deserved recognition.

Carla Maginnis, Domestic Team Leader | **York** | **Nominated by colleague**

I have complex health issues and often struggle but Carla has been supportive throughout and always is there for a pep talk. Nothing is too much trouble for her, especially sharing a kind word with me.

Ed Smith, ED Consultant, Deputy Medical Director, and Care Group Director Medicine | **Scarborough** | **Nominated by colleague**

The UECC Ground Floor Team are nominating Dr Ed Smith for his outstanding leadership and support throughout the planning and delivery of the move into the new UECC facility. Although much of his work took place behind the scenes, Ed's role in guiding the clinical strategy, supporting operational decisions, and advocating for the needs of the medical workforce was instrumental in the success of this transition.

Ed’s thoughtful input, calm leadership, and commitment to ensuring the new department would function safely and effectively from a medical perspective were felt throughout every phase of the move. He provided a steady hand in complex discussions, championed clinical safety, and helped shape a service that reflects the needs of both patients and staff.

Ed’s presence, even when not always visible on the front line, made a significant impact and brought reassurance and clarity to the process. We are sincerely grateful for his ongoing support and vision, and we are proud to nominate him for this recognition.

Orthopaedics Clinic **York** **Nominated by patient**

After breaking my foot and damaging the ligaments a year ago, I have had appointments both at the hospital and, more recently, over the phone. Every interaction with all members of staff, including reception, nursing, and doctors, has been fabulous. They are a kind, supportive, and caring team of professionals and nothing is too much trouble. To know that I am also still able to contact the team over the next six months, should I need to, is reassuring. I want to extend my thanks to the team for all the support over the past year.

Louise Sherwood, Maternity Support Worker **York** **Nominated by colleague**

Louise always goes above and beyond when supporting the community midwives in the South West team. She recently took the lead in updating and improving the homebirth boxes, a vital part of the equipment and resources we require at a homebirth. She demonstrated ingenuity and insight well above the expectations of her role. She is a real asset to our team and this service improvement will lead to safer outcomes to the birthing families on our homebirth list.

Louise has shown an interest in undertaking a midwifery apprenticeship and I hope she is successful in her application as she will be an exemplary midwife, although she will be missed by our team!

Alice Marson, Staff Nurse **Scarborough** **Nominated by colleague (1) and patient (2)**

Nomination 1:

While caring for a patient who had attended due to domestic violence, Alice engaged in conversation with a bystander who had accompanied them. It emerged that this individual had travelled to the area with the intention of ending his life but had instead intervened after witnessing the incident.

During further discussion, Alice learned that he had a history of serious suicide attempts and was considered high risk in his local area. She contacted his local CRISIS team, who provided crucial insight into his triggers and risks.

With the police already in attendance for the original incident, Alice shared her concerns. Following discreet investigations, the police arranged for the individual to be assessed and supported at a local mental health unit.

Alice’s compassionate and proactive approach uncovered a complex and high-risk situation. Her actions may well have saved a life.

Nomination 2:

I was sent to ED by my GP as I had suspected appendicitis. Alice was the best. She was calm and professional with me. She kept me up to date with relevant information and was lovely. I hope this reaches Alice and she receives the praise and recognition she deserves. Thank you, Alice.

Jemini Mistry, Audiologist	**York**	**Nominated by relative (1) and patient (2)**

Nomination 1:

It was the last appointment on a Friday afternoon before a bank holiday weekend, but Jemini was still smiling and welcoming, despite clinics overrunning. I have brought my daughter to her audiology appointments for many years, and I have to say how well Jemini approached the appointment with an older teenager.

Jemini listened to any concerns that my daughter was experiencing, addressed them in turn, and came up with possible solutions to help. My daughter and I left the appointment feeling very positive about how the adjustments and recommendations will help going forward. I wanted to say thank you for being so friendly and personable and that you are doing brilliantly in your role!

Nomination 2:

Jem was incredibly supportive throughout my entire appointment. We discussed all aspects of my life, and she helped me understand the links between those and my hearing issues. When I did not get the answers I was expecting or hoping for, she validated my response and comforted me.

Thanks to Jem I felt listened to, understood, and cared for. It was not just the personal support she gave, but also the way she provided care and did her job. Jem took the time needed to thoroughly do every test to determine my hearing issue as accurately as possible and helped me to understand what was happening and what the results meant.

I now know what exactly I struggle with and can therefore move on with accessing the right support for me, and I feel like a huge pressure has been taken off my shoulders. I was able to express other problems as well, and Jem lent a friendly ear and gave me all the support I needed to hear. Not only was she a great audiologist, but she was also an exceptional caregiver in general and I could not be more grateful.

Robert Ackroyd, Decontamination Operative	**York**	**Nominated by colleague**

Bob took it upon himself to help a distressed pigeon that had become stuck in the waste area near x-ray. While taking precautions and maintaining great health and safety guidelines, he carefully took the pigeon to a safe place and made sure it had a chance to recover. This act of kindness and compassion made me smile and demonstrated the Trust values. Well done, Bob.

Rachael Myers, Recruitment Advisor | **York** | **Nominated by colleague**

I started my current role a few months ago and, as part of the admin tasks, I do recruitment checks for volunteers for the Trust. My experience with some of the functionalities of TRAC system which is used to conduct ID checks is limited, therefore I approached Rachael in the Recruitment team as she has a wealth of knowledge and experience in this area.

Rachael has been understanding and supportive and is always happy to help, no matter how small the question is. She has provided invaluable guidance to me, embodying the Trust values of kindness, openness, and excellence. Rachael deserves recognition for her exceptional kindness and dedication. Despite managing her own busy workload, she always goes above and beyond to help others. Her kindness, helpfulness, and dedication to her work and colleagues make her truly deserving of this recognition.

Rachael Bealey, Diabetes Specialist Nurse Team Leader | **York** | **Nominated by patient**

Rachael has been amazing ever since my first appointment with her. She is caring and good at making you feel heard. She always does everything she can to help, and it makes a world of difference when you have a chronic disability to have someone listen to and work with you to find something that works. I cannot speak highly enough about her; she is one of the best in the NHS.

Kent Ward | **Bridlington** | **Nominated by patient**

I had surgery at Bridlington Hospital, and I have to say how amazing, caring, and lovely all the staff were. I am always nervous, but they made me feel at ease. All the members of staff, including the nurses, anaesthetists, and the ward doctor (I forgive him for saying over 50-years-old is old!) Thank you.

Lisa Larmour, Deputy Sister | **York** | **Nominated by colleague**

As part of my Nursing Associate course, I had my first placement on Ward 39 and Lisa was my practice assessor. Lisa was a great mentor, encouraging me to learn new clinical skills that were sometimes out of my comfort zone and providing me with confidence and knowledge to take back to my base placement. Lisa made me feel relaxed and comfortable to ask any questions. She also regularly checked I was doing okay and that I knew what I needed to do during my shift.

Lisa is the type of nurse I aspire to be when I qualify: efficient, supportive, compassionate, and caring with patients, family members, and other staff on the ward, in addition to having broad knowledge and professionalism.

Rainbow Ward **Scarborough** **Nominated by relative**

After a traumatic experience with my 11-week-old son, we were admitted onto Rainbow Ward. Dr Hadeel went above and beyond to make us feel comfortable and consistently updated us with the plan of care for my son.

Every time we had any questions, or if we were unsure on the plan, Dr Hadeel would be happy to explain and answer any of our worries. When there was a lot of information, and I did not understand, she was more than happy to come back and explain it again. She treated us with dignity and kindness, and she was always open and honest, with a warm, approachable demeanour. Nothing was too much to ask and we were always greeted with a smile.

All the staff on Rainbow Ward went above and beyond for us. They treated my son with care and compassion and looked after us too. The sisters would check in on us when we were upset after receiving news that we were not expecting, and I cannot thank them all enough for such an enjoyable experience in such a horrible situation. All the staff are a massive credit to the Trust, and I will not be as anxious if my son ever needs to be admitted in the future.

Lucy Eggleston, Specialist Physiotherapist **York** **Nominated by relative**

Lucy went above and beyond to support my daughter who was struggling with physical recovery and anxiety following a double knee operation. Through her compassionate and sensitive approach, Lucy has not only helped my daughter regain confidence in her body, but also recognised the emotional toll of her ongoing health challenges. She advocated for her, securing a much-needed referral for mental health support.

Lucy’s calm, kind, and knowledgeable presence has helped instil in my daughter a belief in her own strength. Her commitment to truly holistic care has made a lasting impact during an incredibly difficult time. She is a true asset to the children’s department, and we are truly thankful for her exceptional care and dedication.

Susie Kinsella, Matron **Scarborough** **Nominated by relative**

Susie is a member of staff that you want around every day. She is supportive, bubbly, and always makes staff feel like it is going to be a good day. She lifts morale and is a sunny presence in person or on Teams. I want this to be recognised.

Freya Doherty, Generic Therapy Assistant | **Community** | **Nominated by colleague**

Freya has worked in the Trust for just over a year now as part of the Community Therapy Team. She adapted into her new role well and became an integral part of the team in a short period.

Freya has kindly supported the Community IPU at Nelsons Court at short notice due to low staffing levels, while also continuing her role in the CTT. She has demonstrated her ability to quickly adapt to new challenges with a positive attitude and always does what she can to be helpful. She has made a big difference within our IPU, putting patients' needs first and supporting a challenging time on the IPU when staffing levels have been reduced due to sickness.

Despite not previously working in a ward environment before or working on Nucleus, Freya has put patient rehab and staff wellbeing first and gone out of her way to resolve challenges, while also managing her own current caseload and waiting list in CTT.

Claire McCluskey, Healthcare Assistant | **Selby** | **Nominated by relative**

My mum has been cared for by Claire, and she tells me that Claire is cheerful and always has a smile for everyone. Nothing is too much trouble for her. She has so much patience and does not make my mum feel like she is a nuisance. My mum always pleased to see her as she makes her smile and feel better. Claire is prepared to stand and have a quick chat even though she is busy. She should be praised for what she does and be recognised for the excellent service she provides every day.

Sarah Hillery, Advanced Surgical Practitioner | **York** | **Nominated by patient**

Sarah is a credit to her profession. She makes what can be an anxious and worrying procedure as calm and relaxing as possible. She always makes time for her patients, explaining the procedure and making it as comfortable as possible. Her theatre team are always happy which helps with the worry. Sarah is amazing, thank you for putting me at ease!

Emma Williams, Staff Nurse | **York** | **Nominated by colleague**

Emma is an outstanding nurse who is kind and caring to all her patients. I am nominating her because she went over and above what is expected of her to ensure a patient got vital medication prescribed and delivered in time. Without this, the patient's operation would have been cancelled. She goes the extra mile and is an absolute pleasure to work with. A total star!

Richard Taylor, Consultant in Oral Maxillofacial Surgery | **York** | **Nominated by patient**

Mr Taylor has gone over and above in his role, showing great care to people under his care. He puts them at ease with excellent service and nothing is too much trouble for him.

York West Locality Adult Community Nursing Team | **Community** | **Nominated by patient**

This team embody the term ‘patient understanding’ in every sense of the phrase. They are always quick to respond, polite, and kind. I do not know what our community has done to deserve such an efficient, professional, and helpful team. If there was a subscription levied to maintain this service, I would be more than happy to pay.

Pippa Calvert, Vascular Deputy Team Leader | **York** | **Nominated by colleague**

Pippa exemplifies the Trust values through her dedication and leadership. As the Deputy Team Leader of Vascular Theatres, she consistently prioritises patient safety and wellbeing. When faced with long surgical lists, she proactively arranges for multiple theatres to ensure timely treatment.

Pippa liaises effectively with consultant anaesthetists, vascular surgeons, theatre teams, and ward staff to maintain a smooth and efficient theatre flow. She is a strong advocate for teamwork, encouraging open communication and supporting every team member. Her patient-centred approach and commitment to excellence make her a true asset to the Trust.

Stuart Compton, Patient Services Operative | **Selby** | **Nominated by relative**

My mum has been cared for by Stuart, and she tells me that Stuart is full of life and makes her laugh. Nothing is too much trouble for him, and he ensures that she has everything she needs. She wants him to be recognised for his work as he is always the same, whatever the time of day. He also makes a nice cup of tea.

Poppy McCarthy, Staff Nurse | **York** | **Nominated by colleague**

A patient had come to York to attend their grandchild’s wedding but was sadly admitted into hospital. The patient was upset at missing their grandchild’s wedding, so Poppy liaised with the venue and facilitated setting up facetime with someone at the wedding. This meant they were able to watch the wedding. After the wedding, their grandchild found out they had been watching, which helped make their day more special.

Poppy went out of her way to help this patient when they were not well enough to have day leave to attend. She went above and beyond to assist and showed her kindness. We appreciate her in our team, as her caring attitude makes her a fantastic nurse and person.

Pharmacy Stores Team **Scarborough** **Nominated by colleague**

Katie Allen and the Pharmacy Stores Team co-ordinated the movement and supply of medicines during the opening of the UECC. At times, medication was required in both locations, so the team facilitated the transfer of stock as one area opened and the other closed to limit the stock required, therefore reducing costs. They were always on hand to deal with any queries or issues.

Katie worked as part of the project group to plan the moves which happened seamlessly without impacting on the team's business as usual. This team supports all ward moves, and their efforts go unnoticed due to their responsive, can-do attitudes.

Radiology Radiation Protection Supervisors **York** **Nominated by colleague**

The Radiology Radiation Protection Supervisors are a team spread across all sites of the Trust. This is a role that radiographers volunteer to undertake on top of their normal role to ensure that Radiology is compliant with the Ionising Radiation Regulations and Ionising Radiation (Medical Exposure) Regulations.

Without the additional time and support the RPS team put in we would not be compliant with these legislations which are mandatory. It is a role that is rarely acknowledged, and I would like to show my appreciation for all their hard work. Radiology is tightly governed by these legislations, and I could not do my role without their support.

Joni Webster, Discharge Liaison Nurse **Scarborough** **Nominated by colleague**

Joni was on her way home on the bus when another passenger boarded the bus and collapsed. Joni quickly established that they required CPR. She enlisted the help of a doctor, who was also on the bus, and then began and led the CPR on the passenger. The patient survived and was taken to HRI, a rare event in an out of hospital arrest.

Joni should be so proud of herself; we, as a team, are proud of her.

Alice Marson, Staff Nurse, and Harriet Gibson, Nursing Associate | **Scarborough** | **Nominated by colleague**

A patient was brought into ED in the early hours of the morning following an extensive episode of domestic abuse. Alice was the first nurse to look after her. She showed understanding and kindness when first treating the patient, giving her time to disclose the extensive abuse, which must have been incredibly difficult for the patient, showing how approachable and caring Alice is. Alice called me at the end of her shift to express her concerns for the patient, so I came to see her as a priority.

Hattie took over from Alice and continued to show compassion and understanding to the patient, ensuring that she felt safe. She ensured that she had access to a shower, found clean clothes for her, and continued being the patient's advocate. While I was trying to find a safe placement for the patient, Hattie was always accessible, never complained about my endless calls, and made sure the patient was kept up to date.

I cannot find the words to say enough about the brilliant care these two showed this patient. Both Alice and Hattie have looked after a few domestic abuse victims, and they both always show incredible understanding and compassion, while ensuring that important documentation and referrals are of high standard. I am nominating them for a Star Award because they show exactly the kind of understanding and compassionate care a victim needs when they are at their most vulnerable and are shining examples of kind, caring nurses.

Ailsa Atkinson, Hysteroscopy Nurse Specialist | **York** | **Nominated by patient**

I cannot thank Ailsa enough for her kindness, openness, and excellence at my hysteroscopy appointment. I needed to have one a few years ago under a general aesthetic and was keen to try anything so it could be done without GA this time. Ailsa listened to my concerns and clearly explained the options and how she would do her best to complete the procedure on the unit with Penthrox pain relief.

Ailsa's knowledge of the procedure and related medical options was excellent, and I felt empowered to make decisions that I felt were right for me. Her clinical skills were brilliant, and she completed everything that needed to be done in a professional manner. I was so grateful as this meant I did not need to have the worry, time, or NHS resources for a GA.

Ailsa demonstrated excellent clinical skills and brilliant communication skills. Thank you so much.

Sharon Dawson, Cleaning and Catering Operative | **Nelsons Court** | **Nominated by colleague**

Sharon has been recognised by the wider facilities team for her hard work and dedication in Nelsons Court kitchen. She is organised and takes responsibility for completing the ordering and ensuring efficient stock management. She is passionate about her job role and always works to the best of her ability.

Vicky Hastie, Medical Secretary **Scarborough** **Nominated by patient**

I'm under the care of Mr Freites and have undergone surgery, which meant I had lots of contact with his secretary Vicky. This lady is an asset to her team. Her telephone manner is the best and you can tell she really cares about you and your situation. She went above and beyond in my hours of need in a calm and reassuring manner, and even checked in on me when she did not have to. I will always be grateful for this.

This lady is a credit to the NHS. She delivers the best person-centred care and more than the Trust values.

Gynaecology Doctors **York** **Nominated by patient**

What a team the Genecology team are. I have been under not only Mr Freites, but also Mr Adekanmi, Miss Dean, and Miss Edwards over the last few years, as well as some of the registrars. What a well-established team they are, delivering the best person-centred care. I believe they have something everyone could learn from, and I feel recognition is well deserved.

Thank you for the care I have received and am still receiving from you. You have gone above and beyond on every level, and I feel I have received the best available in the NHS. You have shown real care and compassion throughout and given me all the information I needed, being honest and sharing your extensive knowledge so I could decide about what was best suited to my situation. For this, I am grateful. You have gone above and beyond, checking in on me in recovery, on the ward, and via follow up calls home. This is appreciated and I will always be grateful to you.

You have given me a better quality of life, while supporting and lessening the impact on my mental health throughout. Thank you from the bottom of my heart.

Andrea Milana, Service Desk Analyst **York** **Nominated by colleague**

Andrea is nothing but a star. He is amazing at what he does and is an amazing friend and colleague. He is always on hand to help the parking team when we need IT support or tips.

Digital Hub Team **York** **Nominated by colleague**

I had a fantastic service when I visited the Digital Hub in Ellerby's. It is easy to access and great to meet the team and have my computer fixed. It is much more effective than calling or having to go to Park House. Thank you so much.

Craig Jones, Staff Nurse **York** **Nominated by patient**

I suffered a traumatic head wound and was admitted to ED. When I regained consciousness, it was apparent that Craig oversaw my recovery. Craig was skilled, kind, and compassionate throughout. I will be forever grateful.

Special Care Baby Unit, Hawthorn Ward and Women's Unit **Scarborough** **Nominated by patient**

During my pregnancy I have received fantastic care from the Woman's Unit and the lovely friendly receptionists, support workers, midwives, and consultants who work there. Everyone was kind, friendly, and reassuring during the appointments. At 30 weeks it was discovered on a scan that I had a high pulsatility index and that the baby's growth was tailing and slowing. I required weekly scans and monitoring on the triage unit, which is also a fantastic service for mums-to-be and we are so lucky to have this.

At just over 36 weeks, I was admitted onto Hawthorn Ward, and during monitoring it was noticed that my baby's heart rate had some episodes of dipping. The midwives, health care assistants, and doctors were fantastic and reassuring during what such a stressful and worrying time. They kept a close on eye on me and my baby and I felt reassured that they were doing everything for us to ensure that we had a safe delivery.

At 37 weeks, I had a c-section due to the previously mentioned issues, and thank you to everyone, from the anaesthetist, surgeon, and the theatre staff to the paediatrician who attended and Isobel, the lovely and reassuring midwife who kept me and my partner calm and up to date with what was happening with our baby throughout the whole process.

My baby was taken to the Special Baby Care Unit, where he received fantastic care for over 48 hours as he needed help with oxygen and his low blood sugars levels. The care, love, and support my baby received in that time was truly amazing. Everyone on SCBU was so kind and reassuring, just what we needed at that time.

We will never forget how amazing everyone was from the beginning of my pregnancy to Ezra's arrival. We would like to thank each person for their love, kindness, and care. We will never forget it. You are all heroes.

Abeeb Alabi, Consultant **Scarborough** **Nominated by colleague**

Abeeb was helpful, friendly, and cooperative when discussing the best care for a breast patient from Hull with the breast team in York.

Ward 16 Deputy Sisters/Charge Nurses **York** **Nominated by colleague**

From being a student to a newly qualified nurse, this small team of professionals have enabled me to grow as a nurse and develop and gain skills and knowledge. Recently they have taken on extra responsibilities while continuing to ensure the ward is run safely and effectively. I am proud to be part of the team, and as I endeavour to provide the best patient care, I could not think of a better team to be working with.

Each individual shows their passion, strengths, and commitment to the ward and I hope, as I progress in my new career, that I continue working closely with them. It is a pleasure to work alongside them

Maylyn Segovia, Deputy Sister **York** **Nominated by colleague**

I am nominating my colleague Maylyn for a Star Award for the difference she has made to staff wellbeing and morale. Maylyn has recently developed a staff wellbeing board which has gone down well with staff throughout the ward. This wonderful initiative features an Appreciation Corner where colleagues can leave messages of thanks and appreciation for one another, a low-key but effective area for kindness and connection.

Maylyn never fails to go the extra mile for staff and patients, exemplifying the Trusts values of kindness, openness, and excellence in her work daily. She is never reluctant to volunteer herself for new and imaginative projects or teamwork and has an innate ability to bring people together. What is so special about Maylyn is her commitment to promoting inclusivity and diversity among staff, something that does not just shine through in the design and words of the wellbeing board, but also in her dialogue with students, families, consultants, and whoever crosses her path. Her vitality and warm heart make a lasting impact on those around her.

Maylyn's creativity, generous spirit, and ability to lift others make her an invaluable member of our team, and I strongly believe she well deserves this recognition in the form of this award.

Security Team **York** **Nominated by colleague**

An unexpected and urgent situation unfolded when a patient went into labour in the hospital car park. Without hesitation, the security team jumped into action, alerting the necessary medical personnel, creating a clear and safe perimeter around the area, and offering calm and supportive assistance to the patient and their family.

The security officers remained composed under pressure, communicated effectively, and demonstrated genuine care and professionalism throughout. Thanks to their swift and coordinated response, the patient received timely care, the situation remained under control, and both patient and baby were safely transported into the hospital for continued treatment. Their efforts not only exemplified exceptional teamwork but also showed true compassion beyond the call of duty.

Catherine Shepherd, Bank Staff Nurse **Scarborough** **Nominated by patient**

Catherine is an experienced and highly knowledgeable nurse with exceptional people skills and nursing skills. She stands out with her attitude and work ethic and shows empathy to all her patients and their families.

If any of your loved ones were hospitalised, you would hope that she was the professional responsible for their care. A credit to both the hospital and nursing.

York South Locality Adult Community Nursing Team and York North Locality Adult Community Nursing Team | **Community** | **Nominated by patient**

I have had several major life-changing events over the last few years. Lately, my health has declined, and I needed time off for tests, investigations, and procedures. I cannot thank the community staff enough for their support, kind words, and doing everything they can to help. They went above and beyond in terms of the Trust values of kindness and excellence.

Matt Coulson, Buyer | **York** | **Nominated by colleague**

Part of my role is to order items for the department, pay invoices, and book members of staff onto study days/conferences. This is not always a smooth process and there are often hiccups along the way. Matt works within the Purchasing team and will always go above and beyond to help. He is efficient and reliable, and I know that if I contact him that he will do all he can to help and get the issue resolved.

I want to say thank you for all your help Matt, it does not go unnoticed, and you deserve to be recognised.

Lisa Rankin, Healthcare Support Worker | **Scarborough** | **Nominated by colleague**

Lisa consistently exemplifies professionalism, courtesy, and supportiveness in her role on the ward. She maintains a warm and welcoming presence, fostering a positive environment through her interactions with patients, visitors, and colleagues. Her approachable demeanour, always accompanied by a smile, enhances the ward's atmosphere and contributes to a sense of reassurance and comfort.

As a dependable Buddy for new healthcare support workers (HCSWs), Lisa ensures that the knowledge gained in the Academy is applied effectively and precisely, enabling new starters to integrate smoothly into their roles. Her guidance plays a pivotal role in their development and confidence. Additionally, Lisa is a trusted point of contact for any pastoral concerns among HCSWs. She approaches such matters with discretion and professionalism, referring them diplomatically and confidently to me when appropriate, ensuring the highest standard of support and care within the team.

Bethany Wainwright, Healthcare Support Worker | **York** | **Nominated by colleague**

Bethany does not have a bad bone in her body. No matter what is going on, she always has a smile on her face and can brighten the dullest days. No matter what sort of shift you are working, she always can bring a smile to your face with her bubbly and kind personality. Bethany is a hard worker and will stay behind after her shift finishes to ensure everything is done. She goes the extra mile for patients and ensures they are happy and have everything they need.

Holly Mead, Foundation Year 1 **Scarborough** **Nominated by colleague**

A distressed patient was brought into ED after disclosing domestic abuse. Holly took time with the patient, taking a good history. This showed how much time she spent with the patient and how patiently she listened to her. Just from the documentation it is evident that Holly was incredibly kind and compassionate with the patient.

Holly then referred her to me so I could make attempts to find a refuge place. She was happy to follow steps to get all the information I needed and was the patient's advocate. Holly has done amazing job for this patient, and it is evident that she was treated by a compassionate doctor.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

STAR AWARD

June 2025

Paul Szymik, Minor Works Supervisor | **York** | **Nominated by colleague (1) and colleague (2)**

Nomination 1:

Paul has worked closely with the maternity team for many months and consistently goes above and beyond to help the team. We have not always made life easy for him with our numerous requests, but he always does what he can to support us. We are incredibly fortunate to work with Paul and would like him to be recognised for his hard work.

Nomination 2:

Paul has been integral in supporting the maternity team to enhance and develop our working environments. As we all know, working space is limited within our units and staff can be placed within areas that are not fit for purpose. This impacts staff morale and safety. After recruiting further specialist midwives, our working spaces needed to be reorganised to accommodate workstations for the new teams. Paul assisted in the planning and implementation of these spaces.

We have been quite indecisive and frequently changed and updated the plans. Paul never lost patience and always supported us, coming up with new ideas and how they could be implemented. He came up with revised costings and ideas when funds were short and did a lot of the work himself. We have never felt like we are an inconvenience or just another job to do in a pile of what I can imagine is quite a lot of jobs.

Paul has displayed exceptional multi-disciplinary working, often getting other professionals in to support our ever-changing plans. He has enabled us to have a safe and functioning workspace in which we can support our women and families. He is an asset to the Trust.

Grace Denham, Clinical Governance Coordinator | **York** | **Nominated by colleague**

Grace started in post in April this year and has already made a significant positive contribution to the team. She has demonstrated a wide range of skills and has been proactive in her approach. She has shown willingness and to take on any jobs and has consistently over-delivered! We love working with Grace and she is already an essential member of our team. Thank you, Grace!

Rowena Coleman, Frailty Practitioner | **York** | **Nominated by colleague**

Rowena pulled together a frailty networking event for us learn about others' services and network. It brought together several different agencies from across the frail patients journey within primary and secondary care. It was amazing to hear about everything that is going on and look at how we can pull together for our frailer patients. She has also set up a programme going forwards which will be invaluable.

Laura Bardy, Payroll Officer **York** **Nominated by colleague**

Laura went above and beyond to reassure me when I was stressed and had rung her up. I needed a work reference to buy a house, and it had not been done. I rang up in a panic as the deadline date was here, but she reassured me, was so kind and calm with me over the phone and sorted it out within the hour.

Laura took time out of her busy schedule and did the reference for me. I am grateful I got through to Laura on the phone as she was a great help and is a massive asset to the payroll team. She is a helpful, lovely, and kind person and nothing was any trouble. Thank you, Laura.

Emily Maurice, Antenatal Day Services Coordinator **York** **Nominated by colleague**

Emily lives the Trust values of kindness, excellence, and openness. She is kind, caring, and genuinely concerned about staff wellbeing. Her door is always open, and she listens to any concerns and then acts in response to them. She gives encouragement, praise, thanks, honest opinions, hugs, and cake freely.

The same applies in Emily's approach to service users. She actively listens to their concerns and complaints and has been active in implementing changes to antenatal day services to enhance their experience. She goes above and beyond in her role. The Trust needs more Emily's!

Teresa Dunwell, Staff Nurse, Kerry Clayton, Staff Nurse, and Rebecca Muggeson, Healthcare Assistant **Scarborough** **Nominated by relative**

Teresa, Kerry and Rebecca cared for my daughter pre- and post-op. They were supportive and knowledgeable and made an extra effort to ensure that she had the information she needed to go home reassured and confident. This was her fifth surgery and the care from this team was outstanding. Thank you, ladies, you are truly the best.

Jessica Savage, Midwife - Specialist Practitioner **York** **Nominated by colleague**

Every day, Jess makes a difference at work for patients and her colleagues. She always goes the extra mile without any question. I am about to do her appraisal and the amount of feedback I have received for Jess from her colleagues clearly demonstrates how much she means to people.

I cannot specify any one episode that stands out because this is just Jess every day. I want her to be recognised for this in our Trust. She is selfless, kind, and a brilliant midwife and I could not do without her in my team. Jess also gives the best hugs! These are a few snippets of the comments I have received, I think they speak for themselves:

- "You are dedicated to the service users in your care and clearly have their interests foremost. It is a pleasure working with you. You are always thinking about how we do things, whether it is right for the patients, and appropriately questioning when required."
- "Jess always goes above and beyond in her role as Amethyst midwife and also as a PMA. Knowing that Jess has such a wealth of knowledge around neurodiversity and ASD is an amazing asset for our team. We love you, Jess!"
- "Jess has provided incredible support to me and the women when I have had complex mental health cases on G2, along with other women to care for."
- "Your dedication is remarkable and your practical and psychological help makes a massive difference; the beneficial ripple effect of this is immeasurable. Thank you for making the world a better place."

Charlotte Kershaw, Nursing Associate **Scarborough** **Nominated by patient**

Charlotte put me at ease when I arrived on the ward and continued to do so during my stay. She is pleasant, knowledgeable, and able to make us all laugh. She is a credit to her profession.

Jason Angus, Healthcare Assistant **York** **Nominated by relative**

We cannot thank Jason enough for everything he did for our son on his visit to ED with a fractured collarbone. Our son fears medical settings and staff, and he became distraught on our visit. Jason appeared with a big smile, and immediately put our son at ease, when even we, his parents, had not been able to. He knew exactly how to put a smile on his face and even got him giggling as we were preparing for his x-ray, when previously he had been in floods of tears.

Jason's trick of making our son squeak fascinated him, though he was a bit disappointed to find that he could not make himself squeak when we got home! Thank you so much, Jason, for making this a much better experience than it could have been.

Kimberley Johnson, Healthcare Assistant **Scarborough** **Nominated by colleague**

On Nurses' Day, Kim made an effort to make the day special for nurses and the whole team of Cherry Ward. She made cakes and cupcakes for all staff. She took initiative to make the day special and Cherry Ward won the Bake-Off runner-up prize. I want to express my gratitude to Kim on behalf of Cherry Ward for her hard work and dedication.

Emergency Department **York** **Nominated by colleague**

ED provided outstanding reasonable adjustments for an autistic patient who was finding the environment of ED overwhelming. The patient and family were impressed by the ED staff and have sent accolades to the Matron. They said reasonable adjustments were above and beyond anything they had received in the past and that it helped.

The nurse looking after them had recently attended the Oliver McGowen Training on Learning Disability and Autism (I do not have the name of the nurse who used their learning in such an effective manner). Thank you to the ED staff and the ED training facilitators who have supported delivery of the training.

Nicky Gulliver and Karen Lazenby, Cleaning and Catering Operatives **Scarborough** **Nominated by colleague**

Despite initial reservations and a couple of hiccups, Nikki and Karen have embraced the use of handheld technology. Both Karen and Nikki are what you would call technophobes; even having Trust email accounts prior to the trial. But they both agreed to trial a new system, using the Zetasafe module of the Micad CAFM system. The new system uses web-based app technology to electronically capture the flushing data in the area they are working. This meant that they would both have to learn a new way of working whilst working with a member of the CAFM team to learn the new electronic system.

Both Nikki and Karen smashed it and developed new ways of working to allow them to collect the data and support the Trust in being compliant in what is a statutory requirement. They did all of this whilst moving into the new UECC and working in unfamiliar surroundings. They are now domestic trailblazers that have proven that embracing change and new technology can support the department, YTHFM, and the Trust to move forward.

I am sure that Nikki and Karen will become ambassadors of the new system, spreading positivity among the other domestics that may also feeling apprehensive in accepting change and using technology.

Kelly Stone, Clinical Endoscopist **York** **Nominated by colleague**

Kelly is the associate PI at York Hospital for the ColoCap study. This week she recruited her first patient. The ColoCap study is a large national study, sponsored by York and Scarborough Teaching Hospitals NHS Foundation Trust, and Kelly has worked tirelessly to ensure that we could go live in supporting our own research. It always takes a lot of time, effort, and commitment to make something like this happen, and without her we would not have been able to start recruiting.

In addition, Kelly is providing ongoing expert advice to the ColoCap study team in Research and Innovation and is supporting other sites in set up. She embodies kindness, openness, and excellence in all that she has achieved. This single undertaking reflects the dedication she brings to her entire practice. The Endoscopy Unit at York is very lucky to have her.

Benjamin Huggon, Specialty Registrar | **Scarborough** | **Nominated by colleague**

Dr Huggon always demonstrates Trust values and is an excellent registrar. On this particular night shift, he went above and beyond. I was working a night shift in Critical Care and early in our shift we took an admission from ED of a patient who was (due to illness) agitated, thrashing around the bed, and posing a danger to themself, staff, and other patients, as nurses often had to leave them to attend to this man. It was a difficult shift.

Dr Huggon who could have left the unit to rest but did not. Instead, he stayed close by all night and helped hands on with the nurses to keep this patient safe. He went way above what was required and which allowed us to have time to attend to our other patients as needed.

If Dr Huggon had not stayed and supported the nursing team, then it could have been an unsafe situation. He was calm and kind during this shift and I want to nominate him for his help that night.

Alan Carr, Patient Services Operative | **York** | **Nominated by colleague (1), colleague (2) and colleague (3)**

Nomination 1:

Alan comes onto every shift with the best intentions to cater for the needs of patients, relatives and friends, and staff on the ward. Nothing is too much trouble for Alan and the positive patient experience he creates is second to none. Alan also bakes every weekend for colleagues and not only is this a much-welcomed sweet treat, but it also helps build morale too.

Nomination 2:

Alan is supporting and caring to patients, staff, and relatives. He regularly bakes for the ward and always makes sure everyone is all right.

Nomination 3:

Alan consistently goes above and beyond when ensuring patients, relatives, and staff wellbeing is a priority. He takes the time to listen to patients and relatives, always providing that welcome cup of tea. We are so lucky to have Alan in our team as, in his own time, he ensures the nursing team is well supplied with fresh home baked cakes that taste amazing.

It has been massively appreciated these last few days as these have been significantly challenging in terms of dependency and acuity in the clinical area, making it difficult to take adequate rest breaks. It has been valued that Alan has made our drinks (he knows how we take it) to ensure nursing staff are hydrated on challenging shifts. Nothing shows care towards staff members than finding that cup of warm tea waiting for you! Thank you, Alan, you are appreciated.

Abigail Healey, Healthcare Assistant | **Scarborough** | **Nominated by relative**

Abigail was amazing from start to finish. Her attention to detail and genuine caring nature shone through. My partner was in for a sensitive operation, and she kept us informed throughout, going out of her way to help with my own nerves too. After her procedure she stayed with my partner, giving reassurance and much needed continuity. Thank you, Abigail.

Haldane Ward **Scarborough** **Nominated by patient**

I had surgery on 27 May, and everyone was wonderful. Thank you especially to Abi who looked out for me all day, JP who kept my spirits up while he took me to theatre, and Chris who gave me the anaesthetic, and the two ladies with Chris who I did not catch the names of. Also thank you to Gen, the nurse in recovery, who was so empathic and warm towards me during an emotional experience. I felt well looked after and safe.

Reporting Team **York** **Nominated by colleague**

In February 2025, the Reporting Team were asked to submit additional activity to the Secondary Uses Service (SUS) as part of the Elective Recovery Funding (ERF), backdated to April 2024. From an Executive team perspective, there was huge support and encouragement for the BI team to deliver what had been identified, due to the financial benefits that would be realised through the ERF. Estimations showed that the extra income would mean the Trust could negotiate a further cash injection from NHSE.

This put an incredible amount of pressure on the Reporting Team, but they rose to the challenge with grace and good humour. Many hours were spent on incredibly difficult data extraction and manipulation processes, often with shifting requirements and tight timelines. Other members of the team took on additional workload to accommodate those working on the project, again with tremendous team spirit and recognition of the larger picture.

I would like to formally recognise the team for stepping up and picking up this extra work and for their positive 'can-do' attitude throughout. Not only did the team help maximise the Trust's income, but they continue to demonstrate their resourcefulness and commitment in driving performance and informing decision making. They are an exceptional team.

Jacqueline Tang, Consultant in Obstetrics and Gynaecology **York** **Nominated by patient**

I found out I was having twins last summer and, throughout my pregnancy, Dr Tang was my consultant. She was fantastic the entire way through. She saw me every two weeks and, if she had any concerns from what she was seeing on the ultrasound, she would get me in sooner. She was thorough and put me and my partner at ease. She saw me in ward G2 before my c-section and went out of her way to come visit me and the babies in the baby unit once they were here. My twins are nearly four months old now and I am still grateful for the care she gave throughout my pregnancy. Thank you!

Arran Carney, Emergency Nurse Practitioner **York** **Nominated by relative**

I brought my 1-year-old son to ED after he fell in the paddling pool and could not walk or bear any weight on his leg. We were sent to Urgent Care where Arran looked after him. He was patient with and attentive to him. They could not determine what was wrong with my son's leg as the x-ray was clear. Arran gave us lots of advice and told us to come back within 48 hours if my son still was not walking, or sooner if his symptoms worsened.

The next day we went back to ED as his symptoms had worsened. A lovely doctor called Joshua Nash referred my son to an orthopaedic consultant as he suspected a hairline fracture. We were then sent home to await the appointment. The next day, I received a call from Arran to check in on my son as it had been playing on his mind that we had no solution to the problem. He was genuinely concerned and wanted to help him. This was a sincere act of kindness to our baby, and we are extremely grateful to Arran. He told us to come in so he could put a cast on my son's leg as it made sense to do so with the symptoms he was still experiencing.

It was amazing to experience someone going out of their way to call and check in. It was kind of Arran, and we will not forget it. He is amazing at his job and deserves the recognition. Thank you so much Arran, you are amazing!

Ultrasound **York** **Nominated by colleagues**

We are nominating the Ultrasound department for a Star Award in recognition for accommodating our acutely unwell oncology patients. Even when they are on full capacity, they do their best to fit them in. This allows our Acute Oncology Unit to fit its purpose and run smoothly, managing to diagnose patients on the same day and being able to turn them around, avoiding admissions.

The team are always approachable and treat us with kindness, even when they are under pressure. Our patients are always amazed at their excellent service and appreciate how helpful they are to accommodate them, resulting in the patients getting the correct treatment and care they need. We would like to give them a huge thank you, without their team then our service would not be as efficient.

Elzabeth Roy, Staff Nurse **York** **Nominated by colleague**

I want to take a moment to acknowledge the incredible journey you have had since joining the team. I know it was not always easy in the beginning and there were moments that felt overwhelming, but, through it all, you have shown remarkable resilience and unwavering commitment to your work and to the patients who rely on you.

Your dedication to learning, improving, and pushing through difficult times has not gone unnoticed. Your ability to remain positive and stay focused, even when faced with obstacles, speaks volumes about your character. Thank you for all that you do, for your dedication and for never giving up, even when things got tough. You are truly appreciated!

Ward 14 **York** **Nominated by patient**

Everyone on Ward 14 has shown kindness. They are caring and nothing is too much for them

Laura Walker, Staff Nurse | **York** | **Nominated by patient**

Laura is a lovely lady; nothing is too much for her. She takes the time to explain everything.

Paddy Barry, Marta Cieslak, and Cedrick Balseng, Staff Nurses, and John Yehdego, Radiographer | **York/Scarborough** | **Nominated by colleague**

In Scarborough Hospital x-ray department, there was an unwell patient who required a procedure, but the theatre list had ended. This meant that the elderly patient would have needed to be transferred to York to have their procedure done urgently via the on-call team.

The nursing team and radiographer liaised with the doctor and ward staff and stayed late after the list so the procedure could be completed in Scarborough. This meant that the patient had their procedure within an effective timeframe, reducing the risk of deterioration and wait and pain. It also saved the Trust money as the patient did not need to be transferred to York via ambulance and the on-call team did not have to be called in to undertake the procedure.

This is a typical example of how the team thinks of the patient first every day. I am proud they are a part of my team.

Harith Jayasinghe, Healthcare Assistant | **Scarborough** | **Nominated by patient**

Harry was kind, considerate and helpful when I was admitted to the ward. Nothing was too much trouble.

Lottie Gilham, Pre-registered Nurse | **Scarborough** | **Nominated by patient**

Lottie was professional, knowledgeable and understanding. She always found time, even though she was busy, to ease my concerns as I was on holiday when admitted.

Lucy Dixon, Library Assistant | **York** | **Nominated by colleague**

The Patient EDI team are creating a video to show neurodivergent people what to expect when visiting our Emergency Department. This involved having volunteer actors appearing in the video, some as staff and some playing patients. When I asked Lucy for help, there was less than 24 hours until the filming began due to someone having to drop out last minute.

Lucy (and her brilliant manager) was happy to help, and she stayed until 7.30pm on the day of filming, long past her usual finish time! The team are grateful to Lucy for giving her time to the video and for the amazing performance she gave.

Katie Graver, Advanced Clinical Specialist in Physiotherapy **York** **Nominated by colleague**

The Patient EDI team are creating a video to show neurodivergent people what to expect when visiting our Emergency Department. This involved having volunteer actors appearing in the video, some as staff and some playing patients.

I reached out to Katie as I knew her and her daughter from my previous role. Both mum and daughter were amazing in the video. They took direction well and were great sports to give up their time to come and be in the video. The team are immensely grateful for their time, and we now know where to go if we ever need actors again!

Karen Heaton, Physio Assistant **York** **Nominated by colleague**

The Patient EDI team are creating a video to show neurodivergent people what to expect when visiting our Emergency Department. This involved having volunteer actors appearing in the video, some as staff and some playing patients.

Karen and her son were recommended to me by another colleague, and they agreed to be part of the video. Mum and son were brilliant in the video; I would have thought them professionals if I had not have known they were not. Karen also used a day of annual leave to take part in the video with her son, which the team are immensely grateful for. Thank you, both, so much, we enjoyed having you involved.

Jemma Cropley, Matron **York** **Nominated by colleague**

When the Patient EDI team approached Jemma about shooting a video in the active ED waiting room, she thought we were ambitious, to say the least. However, she worked and communicated with the team, and we were able to use some nurses in our video too.

A huge thank you to Jemma and the staff on shift on 28 May in ED for being accommodating of our team's project and for being supportive and understanding how useful the video will be to show those with neurodivergent needs what to expect when visiting the ED.

Kyle McLeay, Imaging Support Assistant **York** **Nominated by colleague**

Kyle saw a young patient struggling to walk down the corridor limping from Urgent Care to ED x-ray. They were clearly in pain, so Kyle kindly got them a wheelchair and took them down to the x-ray waiting area. He ensured they were checked in and got a support worker to return them in a chair for comfort after their x-ray.

Kamila Kostrzewa, Imaging Support Assistant **York** **Nominated by patient**

I had to have an MRI, and I suffer with anxiety PTSD triggered by small spaces. I also rely on my glasses and hearing aid to see and hear but cannot wear them in the MRI. Kamila took time with me and had recognised I had started to panic. She was calm and understood how disoriented I was getting as I could not see or hear. Her calming hand and voice explaining everything, and she suggested removing pillows to allow more space. This helped me to calm down. Kamila deserves to be recognised as upholding the Trust values.

Ward 15 **York** **Nominated by colleague**

It had been a long time since I had worked on Ward 15, and I was blown away by the exceptional work and professionalism shown by my colleagues that day. There were several issues during the day, from positive tests for infections complicating admissions, bed management, and discharges, to patients with complex pathologies in need of transfer and specialist intervention involving multiple members of staff. The team never let these issues slow their stride and they always had smiles on their faces.

One patient was telling me about the fantastic work of Becky Nisbet and Stacey Anderson, and how fantastic the care that they provided was day-to-day. It is rare that I feel both so welcomed and humbled by the efforts of the staff that I work with, but the staff of Ward 15 are perfect examples of the Trust values of kindness, openness, and excellence in their everyday practice.

Ward 15 clearly prides themselves on their work and I can see that a lot of effort has been put into facilitating a kind, caring, and compassionate atmosphere for their patients. I look forward to working with them again on a future shift.

Nathan Baldwin, Medical Laboratory Assistant **York** **Nominated by colleague**

Nathan has been an amazing colleague since day one. He is kind, caring, and always going above and beyond to help. Recently, he volunteered to help with stock and deliveries during another colleague's time off work, making sure the department is well stocked and therefore running smoothly.

Tarik Caliskan, Patient Services Assistant **York** **Nominated by colleague**

Tarik previously worked in the catering department but left us last year to become a PSA. Our loss was their gain! Recently, the catering department had a serious staff shortage, but Tarik helped his old colleagues with an excellent demonstration of multi-tasking, teamwork, and friendship by helping us out in our time of need. He has saved the day on several occasions, for which we are grateful. He is the epitome of the Trust values. Thank you, Tarik.

Gillian Reed, Receptionist **Selby** **Nominated by colleague**

Gill always goes above and beyond for all the patients she deals with. She is calm, caring and understanding and thinks logically to solve patients' problems in any way she can. An example of this is when a patient travelled a long distance by train and bus for an appointment at the MRI scanner and was four hours early. Gill contacted the staff in unit and advised that the patient was early and sitting in the cafe. The staff came for the patient within 10 minutes and took them in for their appointment. Her actions saved the patient waiting for hours in the hospital after their journey for the appointment.

Gill also sorted out a 24-hour urine vessel and instructions for a patient that could not make sense of the paperwork. She spoke to the Outpatients team about what the patient needed to do and then explained it to the patient in a way they could understand.

Nikita Daffern, Assistant Medical Secretary **York** **Nominated by colleague**

Nikita is the Trust values in human form. She is consistently accessible to patients and colleagues needing support; she is kind to all, whether that be a patient suffering with pain on the phone or a colleague struggling with their workload, and she completes every piece of work which comes her way with complete excellence. No matter what, patient care is at the centre of everything Nikita does. Every patient who crosses paths with Nikita feels reassured and heard, which, in times of long waiting lists causing distress to many, is commendable.

Nikita is an outstanding member of the Cardiology team and regularly goes above and beyond for both the patients who come through the Cardiology department as well as her colleagues. Throughout challenging times for the secretarial team, suffering from short staffing, Nikita has been a rock to many including, but not limited to, cardiologists, care group managers, and her colleagues. Nikita is the type of person who automatically offers to help her colleagues, point patients in the right direction when seeming lost, and listen to a patient's unrelated worries purely to make someone else's day that bit better.

Going above and beyond is instinct to Nikita. Sometimes it is the little things, which can go unnoticed, which truly makes a patient feel like their time in York Hospital has been caring and patient centred. We, as a Trust, are extremely lucky to have members of staff like Nikita.

One of our Consultants commented on Nikita, saying, “Nikita is, without question, one of the most helpful, efficient, and dependable individuals I have had the pleasure of working with. Her professionalism is matched only by her kindness and willingness to go above and beyond in every aspect of her role. Whether it is navigating complex IT systems, solving logistical challenges, or simply ensuring that everything runs smoothly behind the scenes, Nikita carries it all out with quiet competence and remarkable grace. Her proficiency with IT is particularly impressive and has repeatedly saved time and stress for colleagues and patients alike.

“What stands out the most is her attitude; she is consistently calm, courteous, and solution-focused, even under pressure. She is the sort of person who quietly makes everyone else's job easier, and in doing so, upholds the best of what our department strives to represent. We are fortunate to have Nikita on our team.”

Acute Medical Unit **York** **Nominated by colleague**

A patient with complex needs and a learning disability was admitted to AMU. This was a challenging admission for the patient, their family, and the AMU staff. The patient is still on AMU over four weeks later and the staff on AMU have supported them and their family, going above and beyond in challenging circumstances.

The team have adapted their care, using basic Makaton signing to enable them to communicate with patient and providing person-centred care for both the patient and their family members. They have epitomised the Trust values. DLO Mandy Marshall and all the healthcare assistants have displayed exceptional patience and adaptability when working with the patient and their family.

Lotty Barks, Specialist Radiographer **Scarborough** **Nominated by colleague**

While taking an x-ray, Lotty's patient suffered from a stroke during the examination. The patient was poorly and needed emergency assistance. Lotty immediately took control. She got hold of the ED consultant straight away and they came round to x-ray with other doctors and nurses. They got the patient on a bed and straight to CT for a head scan, potentially saving this patient's life. This whole situation was shocking and had to be dealt with fast. Lotty took this in her stride and acted appropriately, quickly and professionally.

Kim Whitaker, Porter **Scarborough** **Nominated by colleague**

Kim has shown all the Trust values while keeping her composure in difficult situations. Her focus is the patients. Nothing is too much for Kim; her sheer determination, focus, and professionalism is to be admired.

Chris Miles, Porter **Scarborough** **Nominated by colleague**

Daily, Chris displays exceptional levels of professionalism, prioritising patients, and a fantastic work ethic. From the moment he steps onto hospital grounds, he is focused and determined to provide the best for his patients, advocating for them while in his care. Chris always shows he follows all the Trust values and goes above and beyond.

Jeannette Judd, Staff Nurse, and Cathy Booth, Orthopaedic Practitioner **York** **Nominated by relative**

What an incredible team! From booking into an x-ray and taking the pot off to looking at results for my son, these ladies are incredible. Everything was quick and organised. As well as my son receiving his sling and splint, my autistic daughter received one as her special focus is the fracture clinic. I cannot thank these ladies enough for looking after us and believe they should be given a Star Award!

Victoria Scott, Deputy Sister **York** **Nominated by colleague**

After recent emergency surgery, Vicki was the night shift nurse for both nights of my admission. Vicki showed care and compassion, and no problem was too big or too small. Vicki kindly organised for my bloods to be taken early in the morning, so they were ready for the surgeons to review on ward round. Vicki provided excellent patient-centred care, thank you, Vicki!

Iain Luke, Porter **Scarborough** **Nominated by colleague**

In his day-to-day tasks, Ian shows that the Trust values are at the forefront of his mind. Ian is always looking out for patients and his colleagues, and he advocates for every patient in his care. He is always smiling and making the hospital a brighter place to be.

Zoe Dunning, Medical Secretary **York** **Nominated by colleague**

Zoe has been a great help and mentor to me since I started in Ophthalmology as an admin officer. This is my first time in an admin team and Zoe has been so patient in helping me with my training even though that is not her job. I truly appreciate all the help and guidance she has given me since August.

Megan Emmott, Medical Secretary **York** **Nominated by colleague**

Meg has been a great help and mentor to me since I started in Ophthalmology as an admin officer. This is my first time in an admin team and Meg has been so patient in helping me with my training even though that is not her job. I truly appreciate all the help and guidance she has given me since August.

Anitta Rajeev, Staff Nurse **York** **Nominated by patient**

During my admission, Anitta was a ray of sunshine during a bleak time. Anitta made me feel supported, seen, and valued. She was friendly, spent time with me even though I know she was incredibly busy, and she never made me feel rushed. She was exceptionally kind, supportive, and respectful. When I was down, she was gentle and caring. When I was having a bit of a joke, she smiled and matched my energy. She adapted her approach to different patients in my bay, depending on how they needed.

Anitta was incredibly efficient, working quickly and with care, but never rushing. She was familiar and would take interest in me, as well as making conversation on the ward with everyone. She was instrumental in making my experience a lot more positive. If she could not do something straight away, she would explain and give me a realistic timeframe, so I was not waiting and wondering. She was the best nurse I have ever met in terms of knowledge, care, and efficiency. The care I received overall on the ward was incredible, but Anitta especially was a star.

Cystic Fibrosis Team **York** **Nominated by patient**

During a decline in my health, I was admitted to ICU and the Cystic Fibrosis team went above and beyond, as usual, to ensure I got the best possible care. The physios helped remove mucus from my chest when I was unable to breath and at my weakest, helping me to regain lung function. They made sure my nutritional needs were met by going for extra food at all hours of the day and worked with the ICU staff to make sure I was getting plenty of undisturbed rest at vital times and the right medication.

The specialist nurses would make sure I was clean and on the right treatment. Julie figured out early on what was causing me to be unwell, and I will be forever grateful to her. They all went above and beyond to get me well again. Without them and their quick action, I would not be here today. Not only did they support me in my hour of need, but they also supported my wife and daughter and communicated regular with my family outside of visiting hours.

This is not the first time, and I am sure it will not be the last. They are always on hand to support me, even when I am in a more stable condition, and they go out of their way on numerous occasions. A specific heartfelt thanks to Jamie, Nicola, and Kath for not giving up me and helping me get through at my weakest.

Hannah Al-Mutar, Occupational Therapist, and Heather Leech, Physiotherapist **Nelsons Court** **Nominated by colleague**

Hannah and Heather recently demonstrated excellent holistic care during a challenging situation. They displayed excellent care, compassion and personal resilience. They recognised the seriousness of a situation they were unexpectedly faced with, escalating appropriately and timely so that the MDT could support the patient promptly and their relative was able to be with their loved one as soon as possible. They both demonstrated kindness by making the patient comfortable, providing reassurance, and being a calm and reliable presence for the relative.

Helen Mir, Advanced Clinical Practitioner **York** **Nominated by patient**

I visited ED, and from the start Helen was helpful. She kept us fully informed and when her shift ended, she visited us to say that she was going off but had handed over fully to her colleague and explained what the treatment plan was going forward. She is a competent and empathetic member of staff and deserves this nomination.

Toluwalope Ajibade, Healthcare Assistant **York** **Nominated by patient**

When I visited ED, Toluwalope (Winnie) had to take my bloods. As I am difficult to get bloods from, she was unsuccessful, but she made sure that another person did take them. She then kept myself and my wife informed about whether bloods had come back or not. Once they did come back, she told us was happening next. We were in ED for several hours and she was excellent that whole time. Many thanks, Winnie, you are a star and made our stay so much easier with your information and bright personality.

David Johnson, Medical Education Receptionist **York** **Nominated by colleague**

I was given a last-minute task to find a room with an access adjustment for a meeting. A colleague took me to see David to see if they had any spaces, but, unfortunately, they did not. David then offered to call an alternative room possibility for me to see if there was any space, booking the room for me via telephone, all in the space of five minutes.

Many people would have said they had no room, and then offered me an email of an alternative, but David went above and beyond by helping me make the room booking, relieving a lot of stress in the process. Thank you so much, David, I truly appreciate your kindness.

Michelle Large, Midwife **Malton** **Nominated by patient**

I simply do not know what I would have done if Michelle had not been my midwife. I found my pregnancy difficult, and Michelle was the biggest support from day one. From offering additional appointments to answering questions by text, I felt constantly held in mind and looked after. The care I received was faultless and I tell everyone about how incredible my midwife is.

The continuity of care that I received can be rare nowadays, but it was imperative to my mental health and successful outcome of my pregnancy. Now that I have my daughter, Michelle has been a huge support to us both during these early weeks. I will truly miss seeing her when we are discharged. Anyone looked after by Michelle is lucky, she is an asset to her profession.

Laura Nicolle, Senior Occupational Therapist **York** **Nominated by colleague**

I am nominating Laura for her exceptional compassion and professionalism during an incredibly difficult situation. Following the sudden death of a patient, Laura demonstrated remarkable compassion and kindness. She offered calm, thoughtful support to the patient's wife, taking time to sit with her, listen, and respond with genuine care. She brought her something to eat (cutting up a banana and some toast) and thoughtfully helped arrange a safe journey home using a taxi company the wife was familiar with. Small but deeply meaningful actions.

Laura's calm presence and kindness not only brought comfort to the patient's wife but also supported me as we navigated the difficult situation together. In a moment of uncertainty and very high emotions, her thoughtful guidance and steady presence provided much-needed clarity and reassurance. Laura consistently delivers care with a high level of dignity, empathy, and grace.

Vicky Rowan, Medical Laboratory Assistant **York** **Nominated by colleague**

Vicky has been managing the workload at the Pathology Office since December 2024. Since then, the Pathology Office has undergone staff changes, experienced absences, and trained new staff.

Every day, Vicky provides blood results, handles phone calls from the York and Scarborough patients, surgeries, consultants, and clinics, and sorts out the Scarborough Pathology blood results. Battles with the printers and chasing the IT team to fix the problem make Vicky busy every day. However, she handles all the obstructions at work without a single complaint. Thank you so much, Vicky, for keeping all the results sent on time to the correct places. You are star.

Renal Unit Sisters **York** **Nominated by colleague**

I would like to commend all those in the leadership team of the Renal Unit. We are managing to stay afloat and keep our patients and staff members safe, even under pressure of not having our manager. I appreciate your kindness during my difficult times as well with my pregnancy journey.

Eileen Spence, Volunteer **Selby** **Nominated by colleague**

Eileen has been coming to our office on a regular basis. She does the scanning, speaks to patients to obtain feedback for the team, and has been a fantastic support to us. She does a brilliant job and has shown amazing commitment to us. She has no idea how grateful we all are to her, so I think a Star Award would appropriate.

Early Pregnancy Assessment Unit **York** **Nominated by colleague**

The Early Pregnancy Assessment Unit (EPAU) have supported us through a time of sadness three times, and every time, they are caring and compassionate. They go above and beyond and are always there to support you with any further concerns. We have laughed with them and cried with them, and each time they have remembered who we are. They have always provided privacy and respect in a sad time.

A team of nurses that should be recognised for the support, care, compassion, and kindness that they have given to patients.

Hannah Upson, Healthcare Assistant **Scarborough** **Nominated by relative**

My friend, Margaret, fell down the ascending escalator at the Brunswick Centre in Scarborough Town Centre, causing her to suffer a major injury to her head.

Hannah Upson was on the scene in seconds. She immediately assessed the situation and took control in a calm and confident manner. There were very few first aid resources available, but she coped admirably with what there was. She was speaking to Margaret the whole time, reassuring her and comforting her. She went through cognitive tests in an empathetic way, all the while checking on the injury and changing the blood-soaked dressings. Blood spurted from the wound as soon as applied pressure was removed.

There was a wait for the ambulance, but Hannah maintained her position on the floor with Margaret, talking to the 999 operator and explaining the gravity of the situation. When the paramedics arrived, she stayed to assist them with getting the boards under Margaret, as she was still mainly laid between the barriers of the escalator, and access quite restricted. She did not leave the scene until Margaret was safely secured on the trolley, ready for moving to the ambulance.

It was only when she was leaving, she told me she had left her 4-year-old daughter, with a crayoning book, in the charge of a shop assistant to come help Margaret. I cannot praise and thank this young woman enough, for what she did. She was truly amazing.

Haseeb Rehman, FY2 Doctor **York** **Nominated by colleague**

Haseeb was helpful when he saw a patient in ED when we were busy. He did a great job for the patient as well.

Andy Dundas, Staff Nurse **York** **Nominated by colleague**

Andy is kind and wise with junior members of staff. He advocates for patients and staff alike and always checks in with us to ensure we are OK when it is busy. He is an excellent nurse and one of the best we work with.

Claire Place, Ward Sister **York** **Nominated by colleague**

Claire is not only a commendable nurse, but also a wonderful human being. What truly distinguishes Claire from others is her genuine compassion and empathy towards both patients and staff. She takes the time to listen, support, and empower team members, fostering a respectful and inclusive environment.

Claire's approachable nature encourages open communication and her attentiveness to the wellbeing of others has had a tangible impact on staff morale and teamwork. I cannot thank her or praise her enough for her exceptional leadership and unwavering dedication to her staff. She brings a light to everything she does.

Emer O'Brien, Deputy Sister **York** **Nominated by colleague**

Emer is an exceptional nurse, driven by a genuine passion for helping others. She continually demonstrates this through her dedication to advancing her clinical knowledge, consistently staying current with latest clinical guidelines and protocols and undertaking further education to enhance her skills. She is highly skilled and competent across a wide range of procedures, performing confidently and with composure even under intense pressure.

Emer's ability to rapidly assess situations and make informed decisions ensures safe and effective care. She generously shares this expertise with fellow nurses, contributing to the overall improvement of patient care. I have seen first-hand her kindness when educating others and how this has shaped their practice, making them more knowledgeable and thus more confident in themselves. Anyone who learns from her example is sure to become a better nurse.

Suzi Ord, Domestic Abuse Liaison Practitioner | **Scarborough** | **Nominated by colleague**

Suzi has recently taken on a roll that existed at York Hospital, but not Scarborough. She has shown immense commitment to both her patients and staff. She has facilitated multiple training sessions for staff across the hospital to help them feel confident in supporting those experiencing domestic abuse.

I believe that by providing this training and support, Suzi is making a significant difference to these patients, who prior to this, may have gone under the radar. She is always on hand to offer support and happy to come speak to patients who require her support, going above and beyond what I would expect of a staff member who is new to such a specialist role. She is a credit to the Trust, and I hope she continues to thrive within the role.

Aleksandra Parol, Healthcare Assistant | **York** | **Nominated by patient**

Aleksandra (Ola) always brings positive energy to the ward. She goes above and beyond for her patients and works in a patient-focused way. I feel better knowing Ola is on shift and she treats me like a human being who has common interests. She goes above and beyond and works hard. This needs to be recognised.

Audrey Kayombo, Staff Nurse | **York** | **Nominated by patient**

Audrey is always considerate and through and works in patient-centred way. I feel well cared for when Audrey is on shift. She goes above the extra mile to learn about the patients and is supportive and understanding in difficult situations. She always completes tasks which reduce patient anxiety and brings a lovely warmth to the ward.

Sally Dawson, Medical Secretary | **York** | **Nominated by colleague**

I came to work in the Haematology Department as an Assistant Medical Secretary a year ago and Sally was my mentor. We still sit next to each other so can see daily that she exhibits our values in every possible way. She is continually patient and upbeat. Nothing is ever too much trouble, and she will break off from her own important work to help anyone who needs her. She is kind, thoughtful, honest and empathetic with everyone, both internal and external customers.

I have worked in many companies and roles over my lengthy career, and I note that it is a rare thing to find someone so consistently willing, able and patient. Sally is such an asset to our team. She is warm, caring and efficient towards the patients who telephone, going the extra mile every day to ensure they feel comforted, safe and responded to, and is equally good to our team.

I would love it if Sally could be appreciated by our Trust as much as we appreciate her. She is our star, and we would be lost without her. Kindness, openness and excellence are not just values, they describe Sally perfectly. How lucky the NHS is to have an employee like her, and how lucky I am to have her as a colleague.

Medical Illustrations **York** **Nominated by colleague**

I am nominating Medical Illustrations for a Star Award in recognition of their outstanding creativity, dedication, and kindness. Time and again, they have gone above and beyond to support us, always with open hearts, a positive attitude, and an incredible level of professionalism. They always create beautifully designed posters and leaflets for us that are not only visually stunning but also demonstrate the team's remarkable attention to detail and creative flair.

What truly stands out is their approachability and warmth. No matter the request, Angela and Robyn respond with genuine care and a willingness to help, making every interaction a pleasure. Their support makes a real difference to our work, and we are so grateful for their continued dedication and brilliance. Angela and Robyn embody the very essence of the Star Award: they shine through their excellence, creativity, and kindness in everything they do.

Labour Ward **York** **Nominated by relative**

My daughter attended the Labour Ward on Sunday 1 June for a planned induction and was discharged home with her son a few days later. I want to express my sincere thanks to all staff involved with her journey. I, along with my son-in-law, witnessed how kind, caring and professional the staff were, from the midwives and healthcare assistants to the anaesthetists and admin staff. They were attentive and could not do enough for us all.

I am sure the Labour Ward can be stressful and unpredictable at times; however, the staff remained calm under pressure and made our visit to the unit comfortable, offering phenomenal support. The team also demonstrated the Trust's values. Well done York Labour Ward and Maternity Unit.

Sarah Ridsdel and Katherin Brennan, MES Clinic Coordinators **Nelsons Court** **Nominated by colleague**

Sarah and Katherin have been MES Clinic Co-ordinators since February 2025, which is a new role in the Medical Elective Suite (MES). They have built a greater understanding of their role and responsibilities, building relationships and actively engaging with the MES team and patients. They are constantly learning and adapting to the new role and have demonstrated excellent initiative, taking ownership of the MES booking and referral service. I want them to know how proud I am of them and what a wonderful addition to the team they both are.

Jane Walker, Occupational Therapist **White Cross Court** **Nominated by colleague**

One of the stroke consultants approached me recently with some feedback from a patient he had seen in clinic. Jane had been working with this patient in the community. The consultant reported that when he had first met the patient, they were experiencing lots of difficulties and real problems in day-to-day engagement in life. During their clinic appointment, the patient told the consultant that Jane had given them many routes to recovery and had "changed their life" and been "truly fantastic". According to the consultant, the patient was effusive about Jane.

Jane's input has made a real difference to this patient's life. Having worked with Jane previously I know her to be a kind, reliable and modest person who has a positive impact on workplace culture and patient experience. I would love her contribution to be recognised with a Star Award!

Lindsey O'Donovan, Assistant Domestic Services Manager | **York** | **Nominated by colleague (1) and colleague (2)**

Nomination 1:

Lindsey went above and beyond for me when I had some personal issues. While she is my manager, she felt more like a friend these past few months. I will be forever grateful for her.

Nomination 2:

Lindsey has been a supportive manager though a stressful time in my life. She has gone above and beyond to support me and be accommodating.

Colposcopy Clinic | **Scarborough** | **Nominated by patient**

I have attended the Colposcopy Clinic on several occasions and, each time, I have been treated with the utmost respect and professionalism. What could be a difficult and embarrassing procedure has been eased by the care and kindness shown by all the clinic staff who go above and beyond to ensure patients feel supported and comforted. They are a credit to the Trust.

Rainbow Ward | **Scarborough** | **Nominated by relative**

My son was admitted with acute Bronchitis and was initially quite unwell after a fast deterioration at home. From the start of the admission to finish, the entire staff on Rainbow Ward were amazing, from the doctors, nurses and healthcare assistants to the domestics and play coordinators. The doctors, nurses and healthcare assistants provided amazing care to Zach, particularly Karen who noticed his breathing was laboured and escalated this to the doctors who started high flow oxygen quickly.

My son was difficult to cannulate and so there were many attempts at this, however, the staff went above and beyond to reassure us and keep the atmosphere light, despite the situation. They took their time to explain things and answer any questions we had, offered us cups of tea and coffee, and always asked if we had everything we needed. The care was exceptional, and the entire ward deserve a medal. It is clear they work hard, day in, day out, and that they care about the work they do. Thank you so much!

Miroslawa Bakalarska, Domestic Assistant | **York** | **Nominated by colleagues**

Miroslawa (Mira) has been going the extra mile by helping deep clean main theatres. She has gone above and beyond to achieve better KPI scores. Mira is a top worker, and we appreciate all her hard work; it does not go unmissed.

Livy Gamble, Cleaning Operative | **York** | **Nominated by colleagues**

Livy has helped deep clean G1. She has worked hard to ensure the ward was ready for opening.

Lisa Williams, Domestic Assistant **York** **Nominated by colleagues**

Lisa has helped deep clean G1. She has worked hard to ensure the ward was ready for opening.

Ivaylo Todorov, Cleaning Operative **York** **Nominated by colleagues**

We have had a lot of feedback from other staff and noticed ourselves that Ivaylo cleans to a high standard, especially on the main stairs and corridor. He does a smashing job.

Tony Pemberton, Senior Healthcare Assistant **Community** **Nominated by colleague**

Tony demonstrated professionalism and empathy when caring for a patient. He communicated effectively with all parties involved and delivered high quality care.

Rachel Barrell, Staff Nurse **Community** **Nominated by colleague**

Rachel demonstrated professionalism and empathy when caring for a patient. He communicated effectively with all parties involved and delivered high quality care.

Mandy Webb, Staff Nurse **Community** **Nominated by colleague**

Mandy demonstrated professionalism and empathy when caring for a patient. He communicated effectively with all parties involved and delivered high quality care.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 June 2025
Subject:	True North Report
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Andrew Hurren, Head of Operational Planning and Performance Tilly Poole, Head of Strategy and Planning

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

Approve ☐ Discuss ☐ Assurance ☒ Information ☒ Regulatory Requirement ☐

Trust Objectives

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

Board Assurance Framework

☒ Effective Clinical Pathways
☒ Trust Culture
☒ Partnerships
☒ Transformative Services
☒ Sustainability Green Plan
☒ Financial Balance
☐ Effective Governance

Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*

☐ Yes

☒ No

☐ Not Applicable

Executive Summary:

This paper introduces the Trust's True North Report. This is the single point of reference to measure progress against the ten metrics chosen by the Board of Directors for monitoring throughout 2025/26.

The main purpose of the True North approach is to provide the Trust with measurement of improvement. It is not a RAG rated performance report – performance against targets will still be available in the Trust Performance Report which will continue to be provided.

A summary of the report is below:

- 4 metrics have improved since the last reporting period:
    1. Improve Emergency Care Standard (ECS) – however not meeting trajectory
    2. Reduce 12 Hour Waits in ED – achieving planned trajectory
    3. Improve RTT – achieving planned trajectory
    4. Reduce the number of Trust Onset MSSA Bacteraemias – achieving planned trajectory

- 4 metrics have deteriorated since the last reporting period:
    1. Bed days lost to NCTR – position worsened. This has no monthly trajectory to date the process of reporting the metric is being reviewed and updated in line with national guidance and will be available in July's report.
    2. Cancer: Improve the Faster Diagnosis Standard – position worsened and is not achieving trajectory.
    3. Reduce Category 2 Pressure Ulcers – position worsened and is not achieving trajectory.
    4. Achieve financial balance – the position has worsened

- 2 metrics remain static – please note that the two static metrics are reported quarterly.
    1. Staff Survey: recommend as a place to receive care
    2. Staff Survey: recommend as a place to work

The report also contains update reports from three priority programmes of work including:

1. Implementation of the Electronic Patient Record – Nervecentre
2. Journey to Continuous Improvement
3. Trust-wide Productivity and Efficiency Group Update

Recommendation:
Members are asked to receive and note the True North Report.

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

No ☒ Yes ☐

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

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

Meeting/Engagement	Date	Outcome/Recommendation

York and Scarborough Teaching Hospitals
NHS Foundation Trust

True North Report

May 2025

True North – Introduction

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Everything we do at YSTHFT should contribute to achieving our ambition of providing an ‘excellent patient experience every time’.

This is the single point of reference to measure our progress.

The main purpose of the True North approach is to provide the Trust with measurement of improvement. It is not a RAG rated performance report – performance against targets will still be available in the Trust Performance Report which will continue to be provided.

The True North Report is a monthly report on the 10 key metrics for 25/26.

User Guide – True North Report

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Understanding the Thermometer Reading:

NB: The thermometer indicates the direction of travel **NOT** target achievement. A target may not be achieving the target but is improving. It is representation of our journey towards our True North.

1 measure has deteriorated

5 measures have remained static

4 measures have improved

Objective Status (top right of indicator page):

The symbol illustrates if the trajectory (where monthly) (or target) is being met for the indictor.

The Trust is achieving the monthly trajectory/target for this indicator for the MOST recent period (last data point)

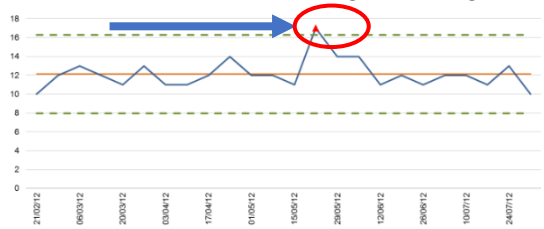
The Trust is NOT achieving the monthly trajectory/target for this indicator for the MOST recent period (last data point)

Upper and Lower Control Limits:

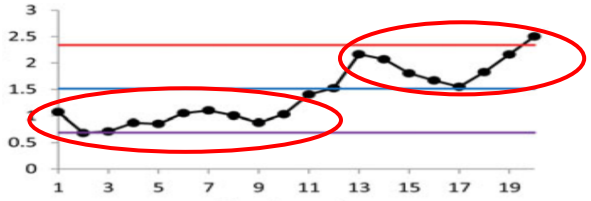
These lines (limits) help to understand the variability of the data and are ser to 3 sigma. In normal circumstances you would expect to see 99% of the data points within these two lines. The section below provides examples of when there has been some variation that isn't recognised as natural variation.

Types of Special Cause Variation:

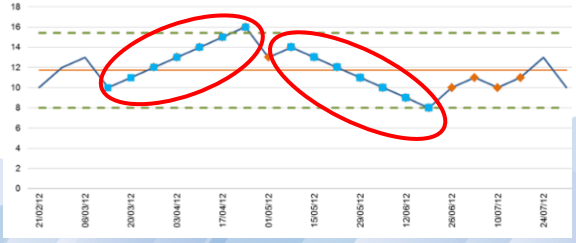
Outlier: Counts the number of occasions a single point goes outside the control limits.



Shift: Counts the number of occasions there is a run of 7 consecutive points above OR below the mean.



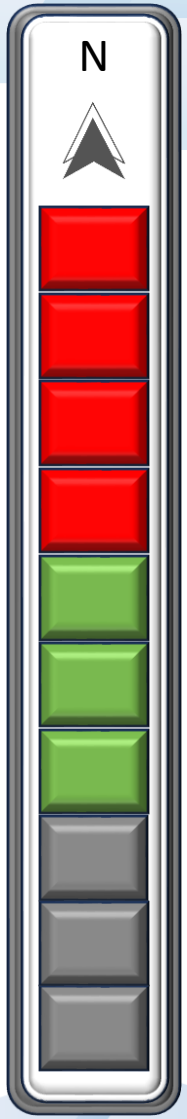
Trend: Counts the number of occasions there is a run of 7 consecutive points going in the same direction



True North Report – May 2025

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Performance Improvement Overview



There are 10 True North objectives set for 25/26 to move us closer to our ambition of achieving excellent patient experience every time. These 10 True North objectives are supported by True North Projects, for which monthly update reports are included in this report.

Key:
- Achieving Monthly Trajectory / Target
- NOT Achieving Monthly Trajectory / Target
- Improving position
- Deteriorating position
- Performance is static / not applicable
- Data not available for reporting period / no target set

Staff Survey: Recommend Care
Increase the % of staff who would recommend the Trust as a place to receive care by 5% (≥ 48.9%)

Staff Survey: Recommend Work
Increase the % of staff who would recommend the Trust as a place to work by 5% (≥ 49.7%)

Reduce bed days lost to NCTR
Reduce the number of beds days between the time a person is assessed and fit for discharge when a person can return to the place they call home.

Improve Emergency Care Standard (ECS)
Increase the % of people waiting less than 4 hours in our emergency departments by 12.9% (≥ 78%)

Reduce 12 Hour Waits in ED
Reduce the number of people who wait in our EDs for longer than 12 hours by 6.7% (≤ 8.9%)

Cancer: Improve the Faster Diagnosis Standard
Increase the number of people who receive diagnosis of cancer, or the all clear, within 28 days of referral by 9.1% (≥ 80%)

Improve RTT
Increase the number of people are seen within 18 weeks of referral by 5.3% (≥ 60.5%)

Reduce Category 2 Pressure Ulcers
Reduce the number of acquired category 2 pressure ulcers to by 15% (≤ 60pcm)

Reduce the number of Trust Onset MSSA Bacteraemias
Reduce the number of MSSA infections ≤ 7 per month

Achieve Financial Balance
Meet our obligation to deliver the financial plan for 25/26

True North Report

Objective Status

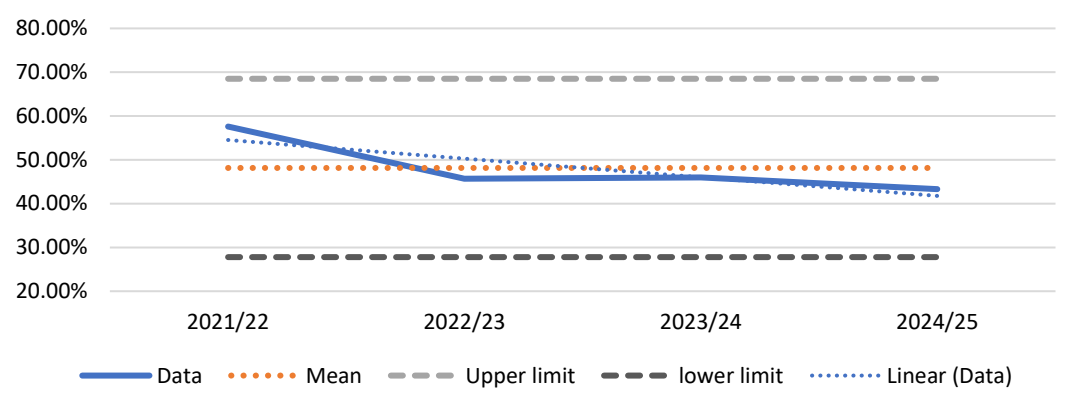
Staff Survey : Recommend Care

Increase the % of staff who would recommend the Trust as a place to receive care by 5% (≥ 48.9%)

Lead Director: **Dawn Parkes and Karen Stone**

Operational Lead:

Committee: **Resources**



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

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Shift: 7 points in a row, above or below the Mean?

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Trend: 7 points in a row, either ascending or descending?

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	Target		2021	2022	2023	2024
Staff Survey: If friend/relative needed treatment would be happy with standard of care provided by organisation	≥ 48.9%	Peer average % 61.6% YSTHFT %	57.6%	45.7%	46.0%	61.6% 43.3%

What are the organisational risks?

- Poor job satisfaction leading to compromised patient care
- Failure to raise concerns
- Increased reliance on temporary staff
- Regulatory intervention

How are we managing them?

Colleague engagement and responding to feedback
Acting on Freedom to Speak Up themes
Management and leadership development
QI and learning from incidents

What are the current challenges?

- Staff vacancies.
- Staff sickness rates.
- Poor morale
- Lack of empowerment

What are we doing about them?

Strengthen management and leadership capability.
Recruit to values
Proactively address unwanted behaviours
Implement EDS22 and PSED recommendations
Implement colleague engagement improvements
Embed Quality Improvement
Implement Speak Up gap analysis recommendations

True North Report

Objective Status

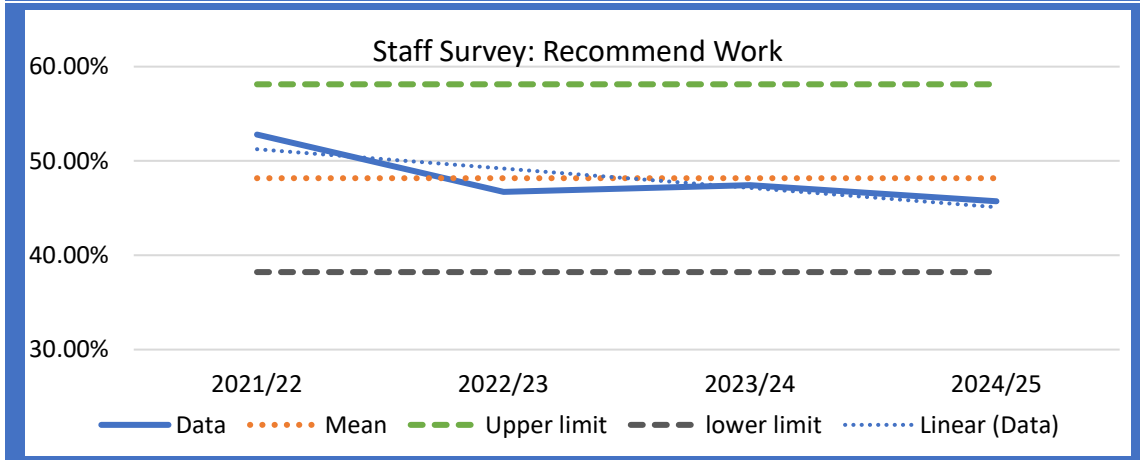
Staff Survey : Recommend Work

Increase the % of staff who would recommend the Trust as a place to receive care by 5% (≥ 48.9%)

Lead Director: **Polly McMeekin**

Operational Lead: **Lydia Larcum**

Committee: **Resources**



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Trend: 7 points in a row, either ascending or descending?

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Indicator	Target		2021	2022	2023	2024
Staff Survey: Would recommend organisation as place to work	≥ 49.8%	Peer average				59.1%
		YSTHFT %	52.8%	46.7%	47.4%	45.7%

What are the organisational risks?

- Increased staff turnover.
- Ability to recruit staff.
- Potential of increased temporary staffing costs.
- Increased sickness rates.
- Negative impact on patient experience.

How are we managing them?

- Review equality data – including WRES, WDES, Pay Gap
- Staff Networks, Inclusion Forum, Race Equality Alliance meetings
- Partnership working with our trade unions
- Staff Survey
- Our Voice, Our Future Programme
- Monthly workforce data

What are the current challenges?

- Health and wellbeing of the workforce.
- Increased staff absence.
- Staffing levels/vacancies.
- Colleague morale

What are we doing about them?

- Strengthen management and leadership capability.
- Recruit to values
- Proactively address unwanted behaviours
- Implement EDS22 and PSED recommendations
- Implement colleague engagement improvements
- Embed Quality Improvement
- Implement Speak Up gap analysis recommendations

True North Report

Objective Status

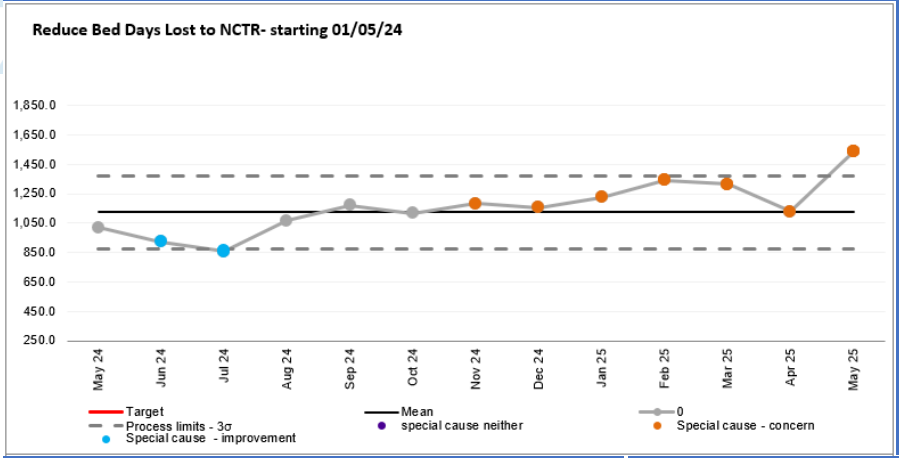
Inpatient: Reduce Bed Days Lost to NCTR

Reduce the number of beds days between the time a person is assessed and fit for discharge when a person can return to the place they call home.

Lead Director: **Claire Hansen**

Operational Lead: **Ab Abdi**

Committee: **Resources & Quality**



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Trend: 7 points in a row, either ascending or descending?

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Performance (rolling 13 months)

Indicator	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Reduce the number of beds days between the time a person is assessed and fit for discharge when a person can return to the place they call home.	tbc	1021	924	856	1065	1172	1118	1183	1155	1225	1343	1315	1130	1537

What are the organisational risks?

- If the Trust does not meet the NCTR improvement, there is a risk of patient deconditioning, increased length of stay (LoS), poor flow through our hospitals and a negative impact on the Emergency Care Standard.

How are we managing them?

- The Trust's Discharge Improvement Group oversees improvement actions across the system.
- First and second line escalation meetings continue to happen with increased focus

What are the current challenges?

- Limited capacity for community health and social care.
- Workforce challenges, in particular therapists.
- Funding challenges.

What are we doing about them?

- Additional step-down community provision for nine patients has been identified in City of York; the contract should be finalised in June 2025.
- Developing Discharge to Assess model with partners, including designing the necessary workforce model.

True North Report

Objective Status

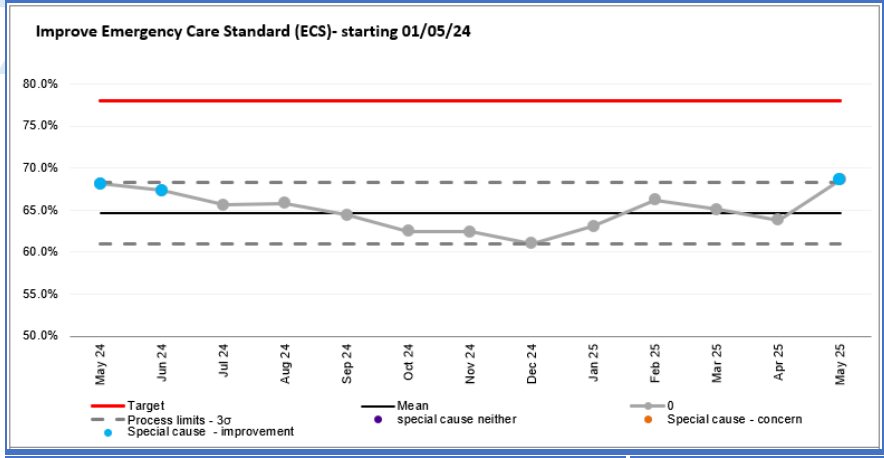
Urgent Emergency Care : Improve Emergency Care Standard (ECS)

Decrease the % of people waiting 4 hours or more in our emergency departments by 12.9% to achieve ≤ 78% by March 2026.

Lead Director: **Claire Hansen**

Operational Lead: **Ab Abdi**

Committee: **Resources & Quality**



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1 found

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Trend: 7 points in a row, either ascending or descending?

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Performance (rolling 13 months)

Indicator	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Decrease the % of people waiting 4 hours or more in our emergency departments by 12.9%	≥78%	68.1%	67.3%	65.6%	65.8%	64.4%	62.5%	62.4%	61.0%	63.1%	66.2%	65.1%	63.8%	68.6%
Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	68.7%	69.4%

What are the organisational risks?

- If the Trust does not meet the ECS improvement the national ambition to achieve 78% by March 2026 will not be achieved.

How are we managing them?

- Established a series of Front Door and In-Hospital Task and Finish Groups, reporting to the Urgent and Emergency Care Board.
- Launched Emergency Department Ambulatory Care (EDAC).
- Additional GP rostered to end of July.
- Additional streaming direct to UTC.
- GP letters streamed straight to SDEC/specialty.

What are the current challenges?

There is limited capacity to implement and improve at the required pace due to workforce challenges and operational pressures.

What are we doing about them?

- Gathering data on effectiveness of changes to support evaluation and understanding of where to focus efforts to have the biggest impact.
- High levels of engagement with frontline teams, ensuring positive impact is celebrated and concerns are listened to.
- Designing future workforce model for ED team.

True North Report

Objective Status

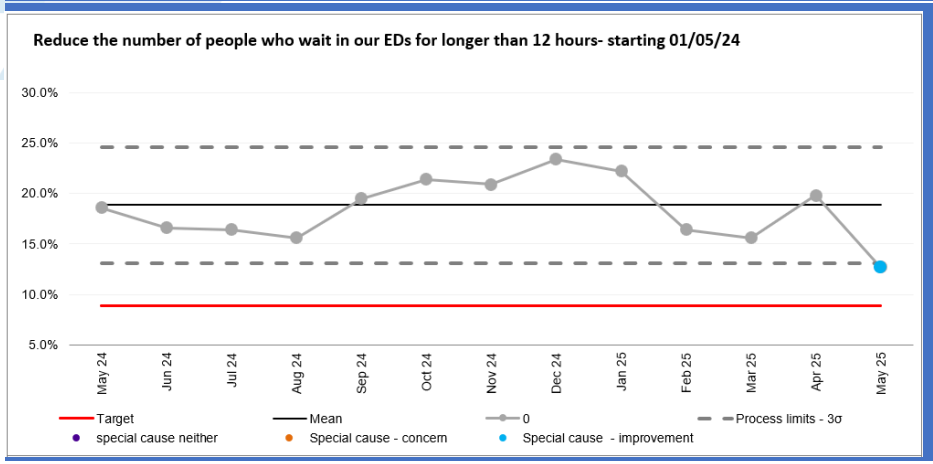
Urgent Emergency Care: Reduce 12 Hour Waits in ED

Reduce the number of people who wait in our EDs for longer than 12 hours by 6.7% to achieve ≤ 8.9% of all type 1 attendances by March 2026.

Lead Director: **Claire Hansen**

Operational Lead: **Ab Abdi**

Committee: **Resources & Quality**



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Trend: 7 points in a row, either ascending or descending?

0 found

		Performance (rolling 13 months)												
Indicator	**Target (Mar 26)**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**	**Apr-25**	**May-25**
Reduce the number of people who wait in our EDs for longer than 12 hours by 6.7% (≤ 8.9%)	≤8.9%	18.6%	16.6%	16.4%	15.6%	19.5%	21.4%	20.9%	23.4%	22.2%	16.4%	15.6%	19.8%	12.7%
Trajectory		-	-	-	-	-	-	-	-	-	-	-	17.1%	16%

What are the organisational risks?

- Long waits at Emergency Departments have been linked to significant patient harm.

How are we managing them?

- Established Task and Finish Groups, reporting to the Urgent and Emergency Care Board.
- Utilising and embedding Continuous Flow policy.
- GP letters streamed straight to SDEC/specialty.
- Developing Quality Standards to ensure patients always move forward on their care journey.

What are the current challenges?

There is limited capacity to improve at the required pace due to workforce challenges and operational pressures.

Quality Standards need wide engagement and may be met with some resistance

What are we doing about them?

- Gathering data on effectiveness of changes to support evaluation and understanding of where to focus efforts to have the biggest impact.
- High levels of engagement with frontline teams, ensuring positive impact is celebrated and concerns are listened to.
- Designing future workforce model for ED team.

True North Report

Objective Status

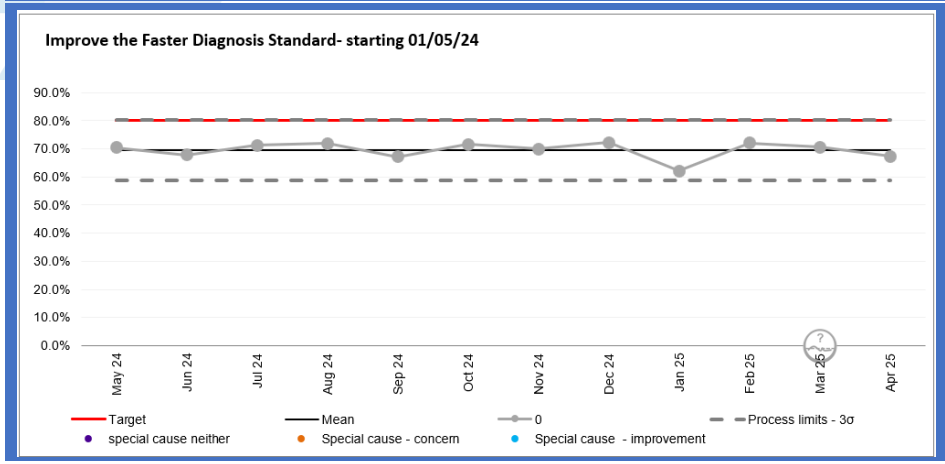
Elective: Cancer: Improve the Faster Diagnosis Standard

Increase the number of people who receive diagnosis of cancer, or the all clear, within 28 days of referral by 9.1% to achieve ≥ 80% by March 2026.

Lead Director: **Claire Hansen**

Operational Lead: **Kim Hinton**

Committee: **Resources**



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0 found

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Trend: 7 points in a row, either ascending or descending?

0 found

Indicator	Target	Performance (rolling 13 months) May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Increase the number of people who receive diagnosis of cancer, or the all clear, within 28 days of referral by 9.1% (≥ 80%)	≥ 80%	70.5%	67.9%	71.3%	71.9%	67.2%	71.6%	70.0%	72.3%	62.2%	72.1%	70.6%	67.4%	N/A
Trajectory		-	-	-	-	-	-	-	-	-	-	-	70.7%	71.4%

What are the organisational risks?

- Delay in patient with cancer receiving treatment resulting in poorer outcomes.
- Reduced patient experience for patients not being informed of cancer and non cancer diagnosis.
- Reputation risk if improvement trajectory not met.

How are we managing them?

- Weekly Trust cancer PTL meeting with a focus on patients breaching FDS.
- Monthly cancer delivery group to oversee focused pathway improvement plans for gynaecology, colorectal and urology.
- Clinical harm reviewed for patients who breach 104days to identify level of harm and learning.

What are the current challenges?

- Urology, gynaecology and colorectal pathway delays.
- Skin referrals not accompanied with picture impacting ability to triage patients effectively as a result of GP action.
- Diagnostic delays in CT (4wks), MRI (4wks) and endoscopy (4wks).

What are we doing about them?

- Best Practice Timed Pathway Implementation: Urology, Gynaecology, Colorectal & Lung. Impact expected in Q4 2025/26.
- Development and implementation of Cancer Power BI PTL. To track pathways and referrals/
- Demand and capacity work for first appointment for all tumour sites being completed.
- Diagnostic improvement plans for CT, MRI and endoscopy including insourcing for endoscopy.
- Discussions with ICB regarding dermoscopy service and scoping service opportunities.

True North Report

Objective Status

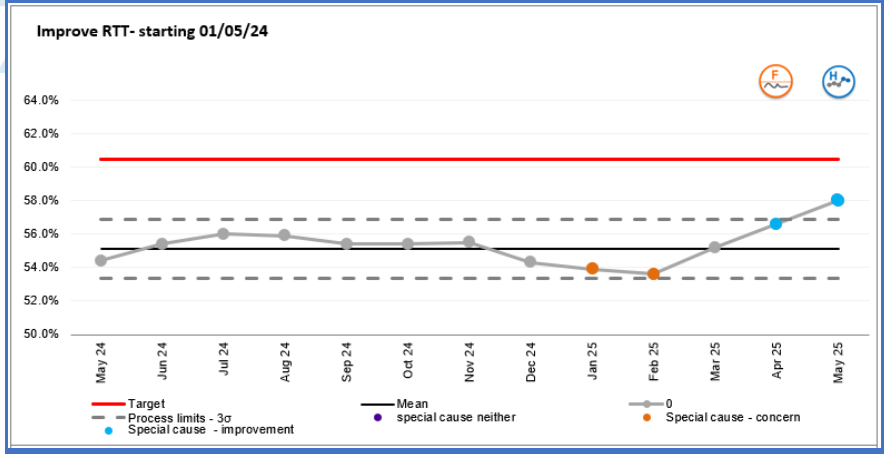
Elective: Improve RTT

Increase the proportion of incomplete pathways waiting less than 18 weeks by 5.3% to achieve ≥ 60.5% by March 2026.

Lead Director: **Claire Hansen**

Operational Lead: **Kim Hinton**

Committee: **Resources**



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- **1 found**

Shift: 7 points in a row, above or below the Mean?

- **0 found**

Trend: 7 points in a row, either ascending or descending?

- **0 found**

Performance (rolling 13 months)

Indicator	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
RTT - Proportion of incomplete pathways waiting less than 18 weeks	≥ 60.5%	54.4%	55.4%	56.0%	55.9%	55.4%	55.4%	55.5%	54.3%	53.9%	53.6%	55.2%	56.6%	58.0%
Trajectory		-	-	-	-	-	-	-	-	-	-	-	53.6%	55.0%

What are the organisational risks?

- Lengthening waits could lead to increase in clinical harm and litigation.
- Impact on patient experience resulting in an increase in patient complaints.
- Reputational risk of not meeting improvement trajectories.

How are we managing them?

- Weekly elective recovery meetings with all specialities to review progress.
- Individual speciality meetings for most challenged specialities.
- Use of the Power BI RTT tool to track all end of month beaches at patient level.
- HNY tactical meeting to identify opportunities for mutual aid.

What are the current challenges?

- Validation of non RTT waiting lists resulting in increase patients with RTT clock.
- Diagnostics delays across radiology, physiology and endoscopy.
- Underlying demand and capacity mis match in specialties.

What are we doing about them?

- The 2025/26 plan has been developed with a greater focus on productivity and efficiency, progress against the ambitions are managed through the Elective Recovery Board.
- NHSE PIFU as standard programme. The PIFU pathways the Trust are developing as part of this programme are Gynaecology, Gastroenterology, Cardiology and ENT. The regional launch of the programme is on the 10th of June 2025.
- National RTT validation sprint during Q1 2025/26.
- Diagnostic improvement plans and additional CDC capacity from October 2025.

True North Report

Objective Status

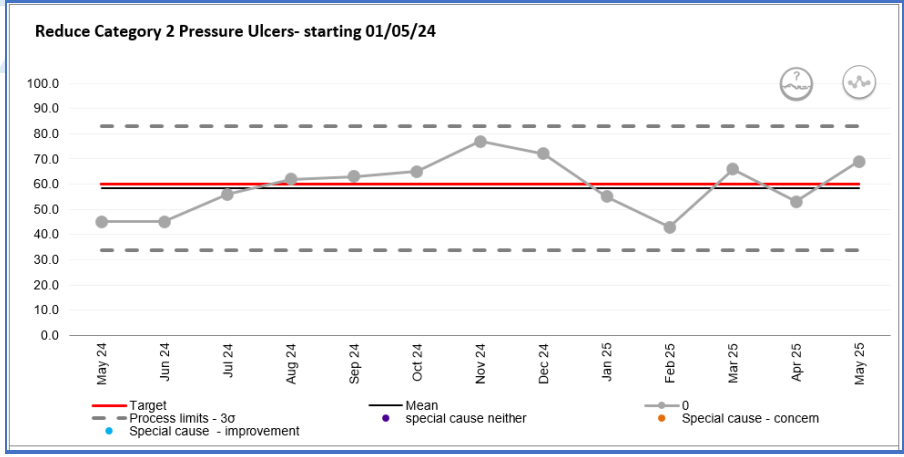
Q&S: Reduce Category 2 Pressure Ulcers

Reduce the number of acquired category 2 pressure ulcers by 15% (≤ 60pcm)

Lead Director: **Dawn Parkes**

Operational Lead: **Emma Hawtin**

Committee: **Quality**



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0 found

Trend: 7 points in a row, either ascending or descending?

0 found

Performance (rolling 13 months)

Indicator	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Reduce the number of acquired category 2 pressure ulcers to by 15% (≤ 60pcm)	≤60	45	45	56	62	63	65	77	72	55	43	66	53	69
Trajectory		-	-	-	-	-	-	-	-	-	-	-	60	60

What are the organisational risks?

- Reduced patient experience for patients those developing a category 2 pressure ulcer within our care
- The potential to deteriorate further resulting in poorer outcomes.
- Potential longer length of stay due to increase care needs.
- Impact on patient experience resulting in an increase in patient complaints

How are we managing them?

- Bi-monthly meeting currently sits and reviews the data and monitors progress against established objectives.
- Development of the person Centred and professional standards group whereby reduction in Cat 2 ulcers is a key objective within the Action delivery Group.
- Use of monthly data pack provided by the intelligence team.

What are the current challenges?

- Ongoing issues with inaccurate validation and categorisation of Pressure ulcers within clinical areas
- Validation of reporting processes to ensure accurate data entry and prevent double counting of the same pressure ulcer within DATIX.
- Appropriate Seating equipment to support patients

What are we doing about them?

- A trust wide seating audit is currently underway
- Care group cluster reviews currently in progress within care groups
- Collaborative work with the DATIX team and insight and intelligence to identify opportunities for improving data quality
- Standardising and formulating an agreed process for validation
- Development of an electronic ASSKIN bundle within the new EPR with integrated photography capabilities.

True North Report

Objective Status

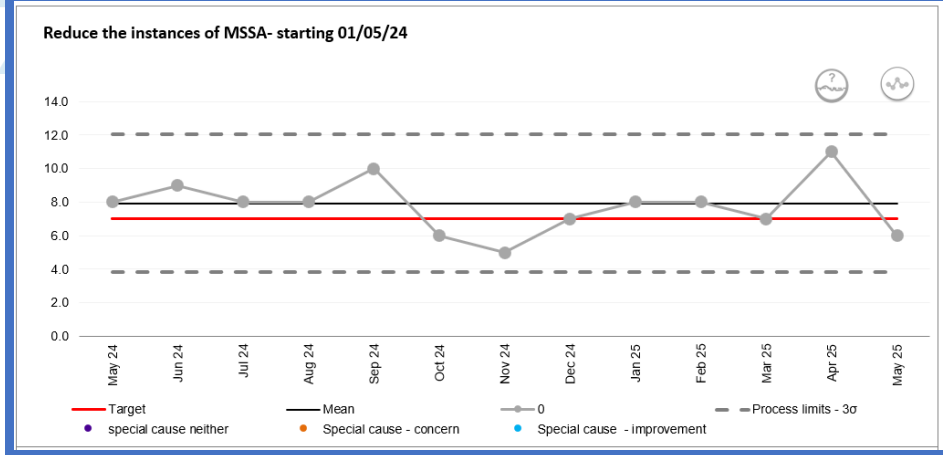
Q&S: Reduce the number of Trust Onset MSSA Bacteraemias

Reduce the number of MSSA infections ≤ 7 per month

Lead Director: **Dawn Parkes**

Operational Lead: **Susan Peckitt**

Committee: **Quality**



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

0 found

Shift: 7 points in a row, above or below the Mean?

0 found

Trend: 7 points in a row, either ascending or descending?

0 found

Performance (rolling 13 months)

Indicator	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-34	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Reduce the number of Trust Onset MSSA Bacteraemias ≤ 7 per month	≤7	8	9	8	8	10	6	5	7	8	8	7	11	6
Trajectory		-	-	-	-	-	-	-	-	-	-	-	7	7

What are the organisational risks?

- Potential poor outcome for the patient
- Potential longer lengths of stay and increased use of antibiotics to manage the blood stream infection
- Failure to achieve 5% reduction in incidence
- Impact on patient experience which may result in complaints.

How are we managing them?

- Cases are managed locally with or without Consultant Microbiology involvement.
- IPC team have had limited involvement

What are the current challenges?

- Cases are not consistently reviewed
- Learning not shared widely across the organisation, limiting overall improvement
- Ownership of the lessons

What are we doing about them?

- MSSA 5% reduction is an objective in the Trust Annual Operating Plan
- SOP for reviewing cases has been agreed through IPSAG with Care Groups taking a lead
- Scoping a Trust wide QI project for reduction of all bacteraemia.
- MSSA bacteraemia improvement plan developed and monitored via IPSAG

True North Report

Objective Status

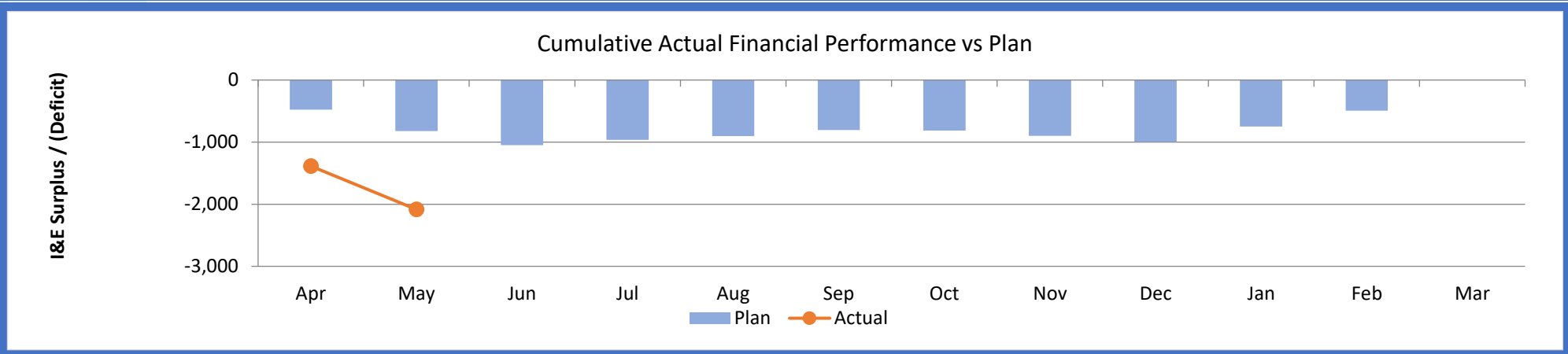
Finance: Achieve Financial Balance

Meet our obligation to deliver the financial plan for 25/26

Lead Director: **Andrew Bertram**

Operational Lead: **Sarah Barrow**

Committee: **Resources**



Indicator	Target £'000	May 25 £'000	Jun 25 £'000	Jul 25 £'000	Aug 25 £'000	Sep 25 £'000	Oct 25 £'000	Nov 25 £'000	Dec 25 £'000	Jan 26 £'000	Feb 26 £'000	Mar 26 £'000	Apr 26 £'000
Meet our obligation to deliver the financial plan for 25/26	0	-820	-1,050	-962	-904	-807	-812	-900	-994	-747	-491	0	N/A

What are the organisational risks?

- **Failure to Deliver Financial Balance** - The most critical financial risk is the Trust's potential failure to deliver financial balance in line with the 2025/26 annual plan.
- **Efficiency Programme Delivery Risks** – Failure to deliver the required reduction in costs to meet our financial plan

How are we managing them?

- There are a number of operational controls in place – financial review meetings, PRIM, each budget holder is responsible for living within their agreed budget.
- System collaboration re transformation, difficult decisions, risk & gain share approaches, decommissioning strategies
- Increase oversight of efficiency programme

What are the current challenges?

- Securing deficit support funding on a quarterly basis – to maintain our financial position
- Meeting NHSE expectations in respect of efficiency governance:
  - corporate reduction plans by end of May
  - no unidentified CIP in plans by end of May
  - and no high-risk schemes by end of June

What are we doing about them?

- The Trust is working closely with the ICB and NHSE to secure deficit support funding for Q2 (Q1 received)
- End of May ask has been met
- The Corporate Efficiency Team are supporting all care groups / directorates to de risk schemes by the end of June.

1. EPR Update: Nervecentre Report

York and Scarborough Teaching Hospitals
NHS Foundation Trust

- The EPR Programme Team is working with Nervecentre to combine the scope of "Tranche 1" (Urgent & Emergency Care, Patient Safety Bundle, Inpatient paperless, Bed Management, Read-only results) with "Tranche 2a" (Electronic Prescribing & Medicine Administration). This change is expected to simplify the integration required between the current system, CPD, and Nervecentre during the first transition state of the implementation and reduce the amount of implementation steps required. Once this has been agreed, the plan will be re-baselined
- Design work for the first tranche is continuing at pace, with involvement from clinical and operational staff representing departments across the Trust
- Nervecentre have built tailored versions of their "blueprint" builds for Tranche 1 modules, which the Trust will now expand and build upon
- EPR events have taken place at both York and Scarborough sites within the first half of June, starting a programme of wider engagement, and calling for staff to get involved in project activities

2. Continuous Improvement Update Report

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Following approval at Trust Board, KPMG were commissioned to conduct a readiness assessment. The KPMG Readiness Assessment for Continuous Improvement is designed to evaluate the Trust's preparedness to implement or enhance continuous improvement (CI) practices. This includes assessing current capabilities, identifying improvement opportunities, and aligning strategic direction with CI principles.

The readiness assessment evaluated the Trust's existing process maturity, operational capability, and cultural alignment with the continuous improvement framework, assessing 10 capability domains including: Strategy, Performance Goals and Operational Planning, Transformational and Step Change Improvement, Operational and Performance Management, Escalation Management, Communications and Engagement, current Improvement Team, HR, Finance, BI and Corporate Functions, Values, Behaviours and Leadership, Daily Management and Continuous Improvement.

The readiness assessment collected information through stakeholder interviews and focus groups gaining insights on current state. A review of elements currently contributing to or supporting delivering the strategy, included:

- Annual Plan and Strategy Scorecard
- Culture work
- Alignment to NHS IMPACT, inc. NHS IMPACT self assessment
- Improvement and Transformation delivery mechanisms and enablers

The outcomes of the readiness assessment were presented to Executives and others on the 16th June with follow-up sessions to develop a road-map against 7 domains on the 24th June. These include Values, Behaviours & Leadership, Strategy Deployment, Management System, Transformation Projects, Centre of Excellence, BI & Analytics, Comms & Engagement. Exec and lead roles were assigned for each of these domains.

3. Productivity and Efficiency Group Update

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Operational Productivity Workstreams

The Trust operational productivity group has identified 8 priority workstreams for 2025/26 to improve operational productivity.

1. Outpatient procedure coding

Surgery and CSCS have made significant improvements in 2024/25. The focus in 2025/26 is medicine and family health care group. Each care group have presented at the elective recovery board to identify shared learning opportunities.

2. Service Reviews

Productivity service reviews scheduled for neurology, cardiology and paediatrics in Q1. A data pack is being developed for each speciality with a focus on key productivity metrics and this this is then presented and discussed in an MDT workshop to identify opportunities and agree improvement actions.

3. Medical Staffing Rotas

Meetings with each speciality have been undertaken with the chief operating officer and medical director to review medical staffing rotas and job planning. The 2025/26 planning approach has a stronger link with team job planning to understand core capacity.

4. Hot clinics

Opportunities for moving activity from assessment areas such as Same day Emergency Care into outpatient capacity. Opportunities to be identified across specialities as part of the assessment/UCIP workstreams.

5. Clinic utilisation

Clinical utilisation improvement from baseline of 72.6% to 90% by March 2025. Removing clinics on CPD that are not actively used, focus on booking principles and review clinic template standardisation in line with GIRFT review.

6. Administrative processes

Draft project brief developed outlining scope. Focus on patient access, medical secretaries and general administration with a focus on standardisation, centralisation (where appropriate) and digitisation. Scope and approach to be approved at Executive Committee in June 2025.

7. Clinical Estate Utilisation

Clinical Estates lead auditing all outpatient and outpatient procedure capacity to understand utilisation of estates and make recommendations for approach to room booking and principles for use of clinical estate.

8. PIFU pathways

Involvement in NHSE PIFU as standard project, internal improvement plan developed with focus on cardiology, ENT and gynaecology and deep dive into Scarborough pathways.

4. Efficiency Update

York and Scarborough Teaching Hospitals
NHS Foundation Trust

2025/26 Cost Improvement Programme - May Position											
	Full Year CIP Target	May Position			Full Year Position		Planning Position		Planning Risk		
		Target	Delivery	Variance	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Total Programme	55,290	4,328	3,628	700	5,378	49,913	55,290	0	13,779	32,550	8,962

Efficiency Delivery

The total trust efficiency target is £55.3m, £5.4m has been achieved in full year terms and the year-to-date position is £700k behind plan. The programme is fully planned.

Governance

The Trust is following the recently introduced NHSE enhanced governance expectations for efficiency programs, to provide sound governance and a clear project plan for delivery of each of the efficiency schemes. As at the end of May, governance arrangements are on track, these arrangements are:

- Corporate reduction plans by end of May - Achieved
- No unidentified CIP in plans by end of May – Achieved

The next stage is to de risk all plans by the end of June.

- There is currently £8.9m in high-risk schemes, the Corporate Efficiency Team are working with Care Groups and Directorates to ensure all high risk schemes have a completed EQIA and a PiD initiated as a minimum.

Efficiency Delivery Group

The Efficiency Delivery Group (EDG) continues to play a central role in overseeing and assuring the delivery of the Corporate Efficiency and Waste Reduction Program. Future agendas are currently being refined to foster greater engagement in the delivery of efficiency schemes.

Committee Report

Report from:	Quality Committee
Date of meeting:	17th June 2025
Chair:	Lorraine Boyd

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

ALERT

* **Sepsis Report Emergency Departments** highlighted a gap in assurance on our ability to deliver safe and effective care. There are delays in time to see a doctor and poor performance against the target to administer first antibiotics within an hour of suspected sepsis. There is variation within and between the sites. Audit of the sepsis pathways is ongoing and measures to sustain improvements are being undertaken. Triangulation with other influencing factors eg operational pressures, staffing constraints is taken into consideration. Undertaking the necessary audit to support improvement work on the Sepsis Pathway in in patient areas is proving particularly challenging and this is a significant assurance gap.

* **Maternity Safe Staffing updates** indicate that increased current vacancies, due to a combination of promotions, maternity leave and leavers, alongside the establishment gap identified by Birthrate plus assessment, are testing the resilience of the already challenging mitigations in place to support safe staffing, particularly on the York site. Discussions on a number of potential resource releasing solutions within Maternity, across the organisation and within the ICB are ongoing and may provide a partial relief if realised. This safe staffing risk is on the both the Trust and ICB Risk Registers. Allied to this, the short term solutions to the immediate issues, using released resource, may result in an inability to secure the services of our newly qualified midwives in September, presenting a risk to future workforce planning.

* **Gynaecological Cancer performance has deteriorated and a significant cause for concern,** presenting an increased risk of patient harm. Plans for immediate improvements were shared and are expected to impact positively in the next few months. Changes in disease patterns and the longer term implications for demand upon the services are recognised. Collaborative work with primary care to optimise patient pathways is ongoing.

ASSURE

*** 1 quarterly and 3 annual assurance reports were received and discussed, as well as a number of update reports.**

*** Family Health Care Group provided an assurance update, highlighting their current risks and plans to mitigate and address.**

*** Maternity Quality & Safety Metrics Report was received and discussed.** A rise in number of open incidents was noted and a plan to reduce was in place, focussing on oldest incidents first and overseen by the Medical Director.

* **Learning from Deaths Quarterly Report received.** Gap in assurance was identified by LfD group, relating to perinatal and paediatric deaths, which are subject to bespoke processes within

the Care Group. This data is now also centralised into the Datix Mortality module to facilitate discussions at LfD group.

* **Infection Prevention & Control Annual report** was received. Meeting IPC expectations has been a significant challenge over the past year and is recognised to require improvement. There has been and continues to be a strengthening of governance processes to underpin improvements and in particular a focus on Care Groups taking ownership and accountability for delivery of the agenda. Wards or departments flagging to be of particular concern through audit or other triangulated data are proactively supported in improvement by the IPC team and / or Anti Microbial Stewardship Team.

* **Safeguarding Annual Report**, providing an overview of the safeguarding work undertaken during the year and assurance that our practices in the Trust are compliant with national statutory and mandatory requirements, was received and approved. Gaps in compliance with Safeguarding Adults Assurance Framework in areas of Leadership & Governance and Workforce were noted with plans in place to address. The introduction of Domestic Abuse Practitioners has had a demonstrated significant positive impact on identification and referral of individuals at risk.

*** Palliative and End of Life Care Annual Report outlined the increase year on year of the number of patients requiring specialised services.** This trend is expected to continue. The work to improve delivery and optimise resources to meet this rising demand was shared along with a recognition of a need to support the education of all staff groups in Palliative & End of Life care on the basis that 'good EOL care is everyone's business'

ADVISE

* **Family Health Care Group** shared that the Paediatric Consultants in Scarborough had been recognised by HYMNS excellence award nomination and the innovation work Speech & Language Therapy Team to address paediatric long waits for their services featured on the Future NHS platform for wider sharing.

* **Community Therapy & Response Teams** are a key, but limited, resource that can impact positively on the flow into and out of the acute sites. Fully understanding and quantifying the impacts of the interventions would provide assurance that the resource is being used to best effect and highlight gaps to address. A report to that effect will come to the Committee in a couple of months

* **Maternity Incentive Scheme Year 7** compliance is an improving picture with clear plans in place to deliver and areas of particular challenge understood. Action plans have produced within NHSR timescales. Transitional care services and workforce planning (SAs 3,4 &5) represent the highest risk to achievement and are on the care group risk register. Progress will be monitored quarterly by Quality Committee.

* **Maternity Section 31** monthly submission was discussed and Board approval recommended

* **British Association of Paediatric Medicine (BAPM) standards** for safe neonatal nurse and medical staffing are currently not being fully met. Mitigations are in place to support patient safety and plans to reach compliance are in train. The issue is on the Trust Risk Register.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED
***IP Paediatric Respiratory Provision** remains a significant risk. Plans are in place to upskill paediatric nursing staff and support adult in-reach physiotherapists to maintain their competencies,reducing the risk through multidisciplinary collaboration ***Palliative & EOL Care Annual Report** highlights that there is no 7 day service on the York sites and ongoing staffing challenges affecting the sustainability of 7 day service in Scarborough and York Community. The Trust does not meet the National Audit of Care of the Dying recommended staffing levels, with resultant risk to patient experience, staff well being and training programmes.

Committee Report

Report from:	**Resources Committee**
Date of meeting:	**17/6/2025**
Chair:	**Jim Dillon**

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

ALERT
▪ **April Emergency Care Standard was 68.6% against a target of 69.4%. The Trust is ranked 21st out of 22 providers in the North East and Yorkshire Region and 103rd out of 121 nationally.** ▪ **Cancer 28 day faster diagnosis was 67.3% against a trajectory of 70.5%. The trust is ranked 134 out of 140 nationally** ▪ **Maintaining operational performance over weekends a challenge due to staffing issues** ▪ **Proportion of patients discharged on their discharge ready date was 85.5% against a trajectory of 88.7%** ▪ **The number of patients with NCTR continues to cause concern with 17.1% against trajectory of 14.7%.** ▪ **Committee concerned that the continued deterioration of CT scanning equipment is significantly impacting diagnostics. This issue requires immediate addressing.** ▪ **Cancer diagnosis hindered by primary care not agreeing to pre screen patients in some area of the trust.**
ASSURE
▪ **Average Ambulance handover times continue to improve ahead of trajectory at 23 minutes and 24 seconds against a trajectory of 40 minutes and 32 seconds** ▪ **12.7% of type 1 admissions spent over 12 hours in ED ahead of a 16% trajectory**

ADVISE
▪ Discussion took place on the need to align workforce planning with operational planning, efficiency programmes and financial plans. ▪ Work ongoing on the validation of the outpatient tracking list ▪ A revised Colleague Experience Improvement Plan in response to the staff survey presented as a framework for the Trust to move forward. The Committee stressed the need to produce a related plan for staff consumption based on a "you said, we will do" format.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
No new significant risks identified

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 10

TRUST PRIORITIES REPORT

June 2025

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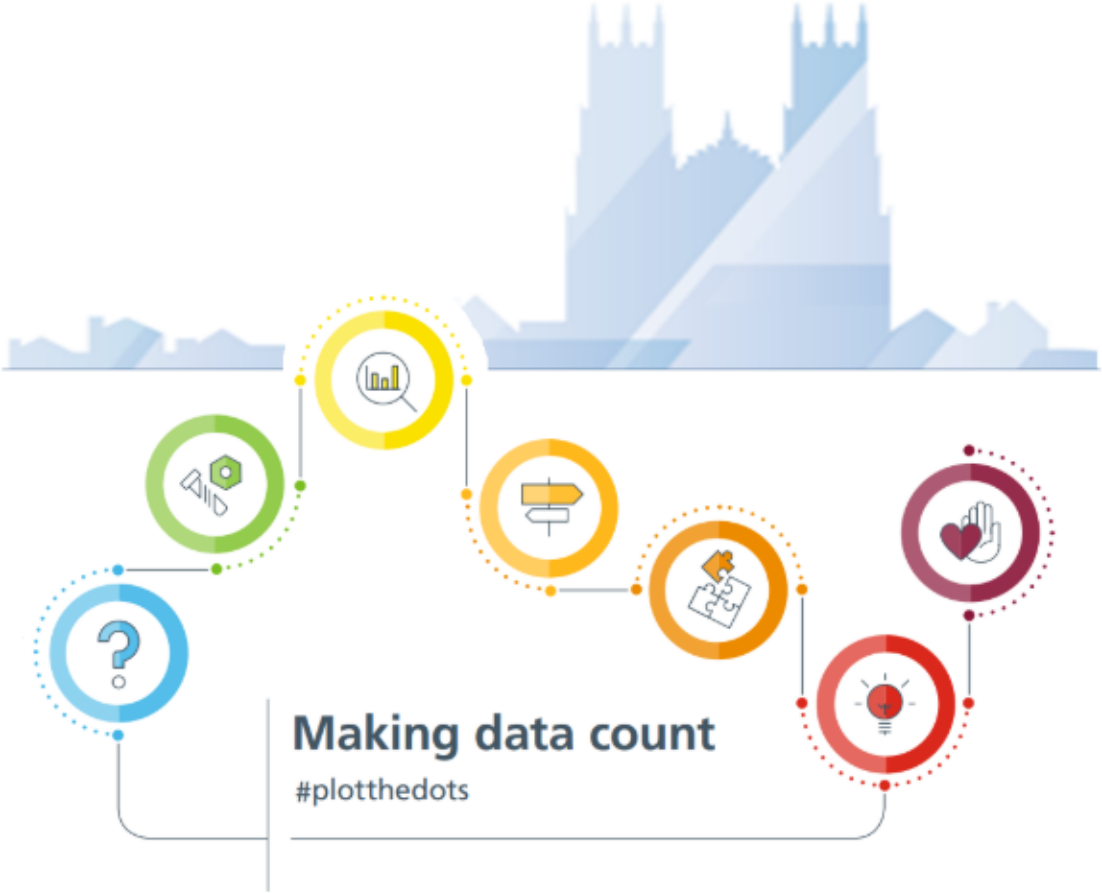

Executive Summary

True North Priority Metrics

NHS
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NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Percentage recommending the Trust as a place to receive treatment (quarterly - data taken from PULSE, Staff Survey data omitted for Q3)	2025-04			37.3%		
Percentage recommending the Trust as a place to work (quarterly - data source is PULSE, Staff Survey data omitted for Q3)	2025-04			39.6%		
Inpatients - Lost bed days for patients with no criteria to reside	2025-05	H		1537		
ED - Emergency Care Standard (Trust level)	2025-05		F	68.6%	69.4%	78%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2025-05		F	12.7%	16%	8.9%
Cancer - Faster Diagnosis Standard	2025-04		F	67.4%	70.7%	80.1%
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2025-05	H	F	58%	55%	60.5%
Inpatient Acquired Pressure Ulcers - Category 2	2025-05		?	96	60	60
Total Number of Trust Onset MSSA Bacteraemias	2025-05		?	6	7	7

Executive Summary:

Following approval at Board, the Trust commissioned KPMG to conduct a readiness assessment. The KPMG Readiness Assessment for Continuous Improvement is designed to evaluate the Trust's preparedness to implement or enhance continuous improvement (CI) practices. This included assessing current capabilities, identifying improvement opportunities, and aligning strategic direction with CI principles.

The outcomes of the readiness assessment will be presented to Executives and others on the 16th June with follow-up sessions to develop a road-map against seven domains on the 24th June. These include Values, Behaviours & Leadership, Strategy Deployment, Management System, Transformation Projects, Centre of Excellence, Business Intelligence & Analytics, Comms & Engagement. Exec and lead roles were assigned for each of these domains.

Ten True North metrics have been identified as part of the development of the Trusts strategy. True North metrics are those core measures that have highest priority for the Trusts determined direction of travel. Nine are displayed here with the tenth: *Achieve Financial Balance* referenced in the Finance section of this report. In May 2025 four True North metrics improved and four deteriorated. Two were static.

TPR metric performance to note for May 2025:

Special Cause Improvement – Pass (defined by NHSE Make Data Count methodology as "improving nature where the measure is significantly higher. The process is capable and will consistently pass the target):

- Operational Performance - Overnight general and acute beds open
- Maternity - Community Midwife called into unit – Scarborough
- Workforce - Twelve month rolling turnover rate Trust (FTE)

Special Cause Concern – Concern (defined by NHSE Make Data Count methodology as "concerning nature where the measure is significantly lower. The process is not capable and will fail the target without process design):

- Operational Performance - RTT – Total Waiting List
- Operational Performance - Trust waiting time for Rapid Access Chest Pain Clinic seen within 14 days of referral received.
- Operational Performance - Diagnostics – Proportion of patients waiting <6 weeks from referral – MRI.
- Operational Performance - Children & Young Persons: RTT – Total Waiting List.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

OPERATIONAL ACTIVITY AND PERFORMANCE

June 2025

Operational Activity and Performance

Acute Narrative

York and Scarborough Teaching Hospitals NHS Foundation Trust

Headlines:

- The May 2025 Emergency Care Standard (ECS) position was 68.6%, against the monthly target of 69.4%. This is the highest monthly performance for 15 months (since February 2024. In the latest available national data (April 2025) ranked 21st out of the 22 providers in the North East and Yorkshire region and 103rd out of 121 providers nationally. **This is a True North metric.**
- Average ambulance handover time in May 2025 was significantly ahead of trajectory at 23 minutes 24 seconds against trajectory of 40 minutes 32 seconds.
- 12.7% of type 1 patients spent over 12 hours in our Emergency Departments during May 2025, ahead of the monthly improvement trajectory of 16%. **This is a True North Metric.**
- In May 2025, the proportion of patients in our care who no longer meet the criteria to reside was 17.1% against the trajectory of 14.7%.

Factors impacting performance:

- Tests of Change continue at our Front Doors, including maximising the use of our Urgent Treatment Centres and sending patients with a GP letter directly to their required specialty. These changes correspond with the timings of notable improvements in ECS performance, time to initial assessment, time to be seen by a clinician and length of stay in the department.
- Maintaining performance over weekends is a challenge due to staffing. The operational and clinical teams are working to strengthen rotas to directly improve weekend performance in June and beyond.
- The W45 initiative, which aims to ensure a maximum of 45 minutes for ambulance handovers, went live at Scarborough on 21st May 2025, having already gone live in York previously. This has positively impacted performance.
- The average non-elective Length of Stay (LoS) for patients staying at least one night in hospital was 7.2 days during May 2025. This was above the trajectory to have an average LoS for this cohort of less than 6.9 days submitted as part of the 2025/26 annual planning process.
- The proportion of patients discharged on their 'Discharge Ready Date' (DRD) was 85.5%, behind the trajectory of 88.7% submitted as part of the 2025/26 annual planning process. The average delay (number of days after the DRD that a patient was subsequently discharged) was 4.2 days, behind the submitted trajectory of 3.5 days.
- The number of non-elective admissions continues to be a challenge, above the upper control limit for the second time in three months.

Actions:

- The primary focus in June 2025 is to continue to embed the Tests of Change at our Front Doors, while continuously investigating and learning from what is going well and any further improvements required. More detail is presented in the following slides.

Summary MATRIX 1

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

ASSURANCE

VARIATION

	PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT			* ED - Emergency Care Attendances * ED - Emergency Care Standard (Type 1 level) * ED - A&E Attendances - Types 2 & 3 * ED - Proportion of Ambulance handovers waiting > 45 mins
COMMON CAUSE / NATURAL VARIATION		* ED - A&E attendances - Type 1 * ED - Proportion of Ambulance handovers waiting > 240 mins * ED - Ambulance average handover time (number of minutes)	* ED - Total waiting 12+ hours - Proportion of all Type 1 attendances * ED - 12 hour trolley waits * ED - Emergency Care Standard (Trust level)
SPECIAL CAUSE CONCERN			

Acute Flow (1)
Scorecard

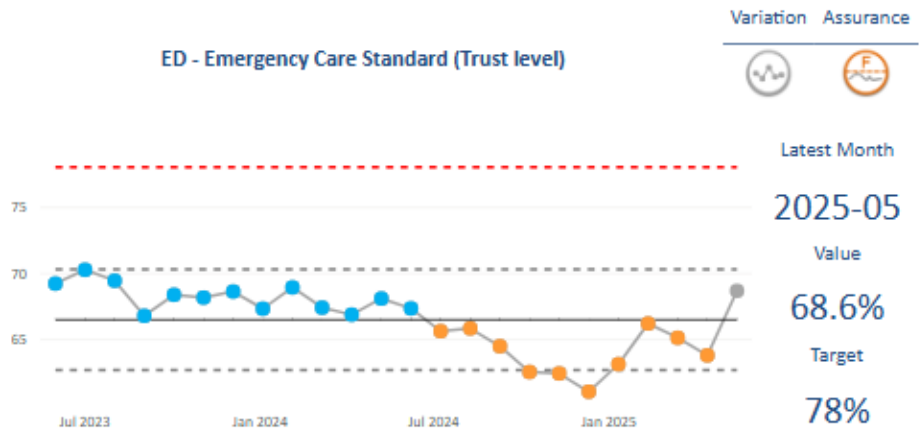
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
ED - Proportion of all attendances having an initial assessment within 15 mins	2025-05	H		76.9%		
ED - Proportion of all attendances seen by a Doctor within 60 mins	2025-05	H		32%		
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2025-05		F	12.7%	16%	8.9%
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2025-05			1373		
ED - 12 hour trolley waits	2025-05		F	445		0
ED - Emergency Care Attendances	2025-05	L	F	18718	16776	16377
ED - Emergency Care Standard (Trust level)	2025-05		F	68.6%	69.4%	78%
ED - A&E attendances - Type 1	2025-05		?	10790	11268	10999
ED - Emergency Care Standard (Type 1 level)	2025-05	H	F	48.4%	56%	69.2%
ED - A&E Attendances - Types 2 & 3	2025-05	L	F	7928	5508	5378
ED - Median Time to Initial Assessment (Minutes)	2025-05	L		4		
ED - Conversion Rate (Proportion of ED attendances that result in an admission to hospital) - Type 1 only	2025-05			46.3%		
Proportion of SDEC attendances transferred from ED	2025-05			67.7%		
Proportion of SDEC attendances transferred from GP	2025-05			24.9%		
Proportion of ED attendances streamed to SDEC Within 60 mins	2025-05	H		64.1%		
Proportion of SDEC admissions transferred to downstream acute wards	2025-05			16.7%		

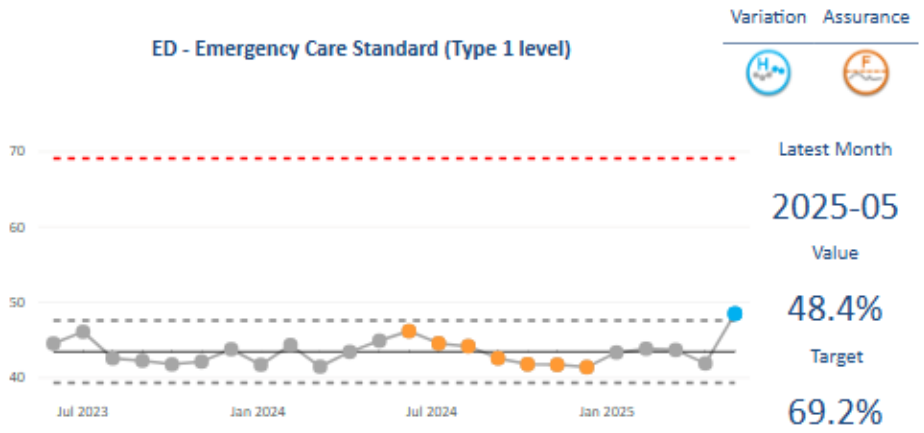
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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

The latest months value has **improved** from the previous month, with a difference of **4.8**.



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

The latest months value has **improved** from the previous month, with a difference of **6.6**.

Rationale: To monitor waiting times in Emergency Departments and Urgent Treatment Centres. **Target: SPC1:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2026. **This is a True North Metric. SPC2:** Modelling showed that to achieve 78% as a Trust Type 1 performance needs to be at least 69%.

What actions are planned?

The primary focus for June 2025 is to continue to embed the tests of change which have had a positive impact on ECS throughout May 2025 – increasing performance by 5 percentage points in one month and resulting in the best performance in over a year. These are:

- Stream more patients away from ED to alternative pathways
- Maximise the capacity and use of Urgent Treatment Centres
- Use the new pathway: Emergency Department Ambulatory Care (EDAC)
- Send patients with a GP letter directly to the right specialty

Audits have identified that strengthening our rosters on Fridays and Saturdays will contribute to further improvements. Operational Managers are reviewing weekend cover throughout June and July, while the longer-term medical workforce model is being finalised.

Additionally, at both sites there is going to be a focus on having a consistent approach to huddles and board rounds in the Emergency Departments.

What is the expected impact?

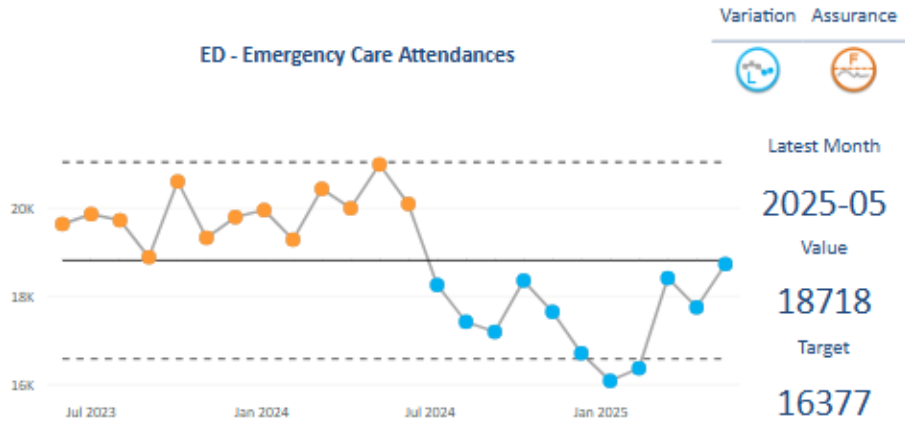
In May 2025 we had 11 days with ECS performance over 70%. Throughout June the team will focus on consistency to ensure we achieve the June trajectory (70%).

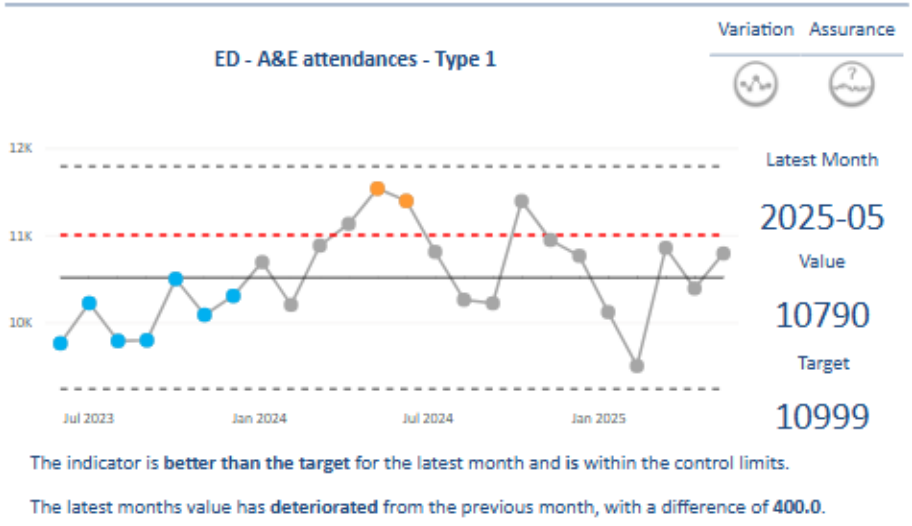
Potential risks to improvement?

There is a risk that too many changes could cause teams to disengage or become burnt out. The mitigation in place is high levels of communication and engagement through Task and Finish groups and onward cascade.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





Rationale: SPC1: To monitor demand in A&E. **SPC2:**
Target: SPC1: Monthly activity plan as per chart. **SPC2:** Monthly activity plan as per chart.

What actions are planned?

Our system partners, including Yorkshire Ambulance Service and Nimbuscare, continue to report to the Community Improvement Group about initiatives taking place to support a reduction in unnecessary attendances at our EDs.

The Frailty Crisis Hub advice and guidance team supports UCR paramedics covering York, Selby, South Hambleton, Scarborough, Whitby and Ryedale with experienced admission avoidance decision making. Nimbus are working with YAS to increase the number of calls from YAS colleagues, using the phrase “Call Before Convey”; currently they average two calls per day from YAS and avoid conveyance of 84% of those patients.

We continue to support clinical teams at the Front Doors to safely stream more patients to our co-located Urgent Treatment Centres. To support this at York there has been short-term transfer of resource to enable additional GP capacity.

What is the expected impact?

Further utilisation of UTCs could reduce the *proportion* of Type 1 activity however the total number could rise in-line with overall demand. The impact of increased proportion of Type 3 activity should correlate to an increase in ECS performance since we achieve a significantly higher performance in Type 3 than Type 1.

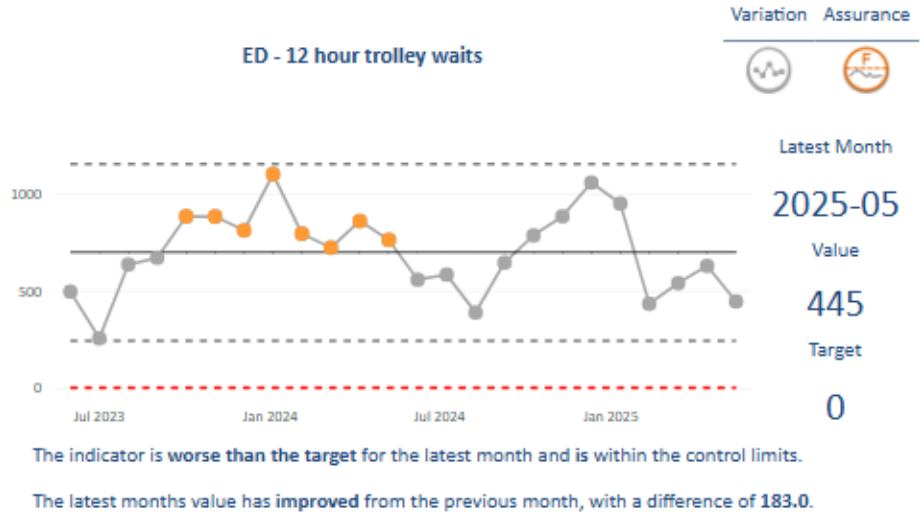
Further use of ‘Call Before Convey’ could safely reduce conveyances to hospital.

Potential risks to improvement?

There is a risk associated with the onward funding of the Frailty Crisis Hub service, which the Nimbuscare team is discussing with the ICB.
There is a risk of insufficient community capacity to manage more patients at home after their conveyance has been avoided. Capacity and demand planning is underway and will be complete in Q2.

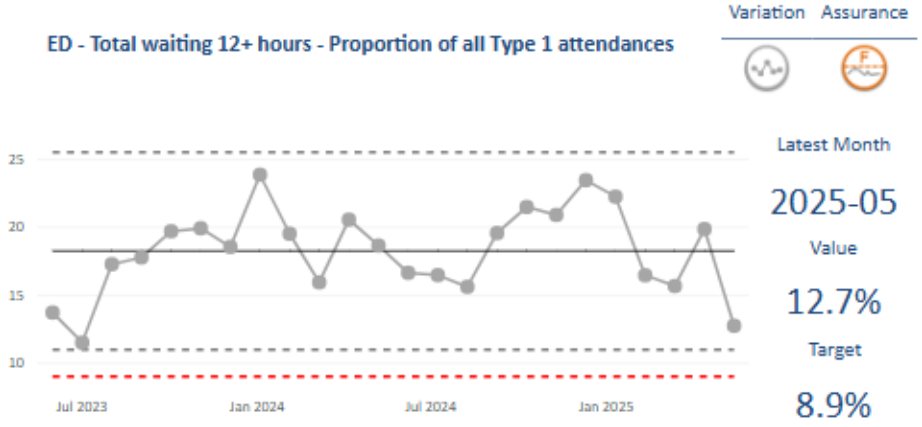
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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

The latest months value has **improved** from the previous month, with a difference of **183.0**.



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

The latest months value has **improved** from the previous month, with a difference of **7.1**.

Rationale: To monitor long waits in A&E.
Target: SPC1: Zero patients to wait over 12 hours from decision to admit to being admitted. **SPC2:** Less than 8.9% of patients should wait more than 12 hours by end of March 2026. **This is a True North Metric.**

What actions are planned?

The Front Door Tests of Change are already having a significant impact on waits in the Emergency Department for non-admitted patients, which is reflected in the total 12-hour waits in ED. Continuing to embed these will support ongoing improvement.

12-hour trolley waits relate to patients waiting for an admission bed. Work to support more timely discharges will support improved flow and a reduction in 12-hour trolley waits. Some of these actions are linked to in-hospital process actions and effective clinical management planning. Work to improve the effectiveness of board rounds and ensure we are proactively managing our longest stay patients is ongoing.

The Quality Standards, which have been drafted with input from frontline representatives, are continuing to be progressed with further engagement through the Care Group senior teams. These Standards outline professional principles which must be upheld (and escalated when not) to keep patients moving forward in their healthcare journey.

We are reviewing our own community beds which presents an opportunity to review our rehabilitation provision. This work is underway and will be completed in Q2.

What is the expected impact?

Having consistency and rigour around Quality Standards will improve flow through our hospitals. Along with the continued application of the Continuous Flow policy, a reduction in long waits for admission should be seen.

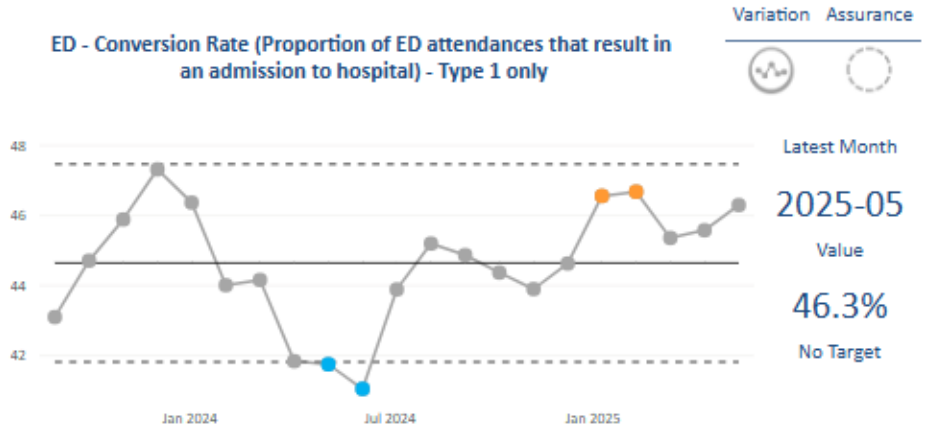
Potential risks to improvement?

There is a risk associated with the time it could take to fully engage colleagues on the Quality Standards and use their feedback. This is being mitigated through strong leadership and support from the Executive Team.

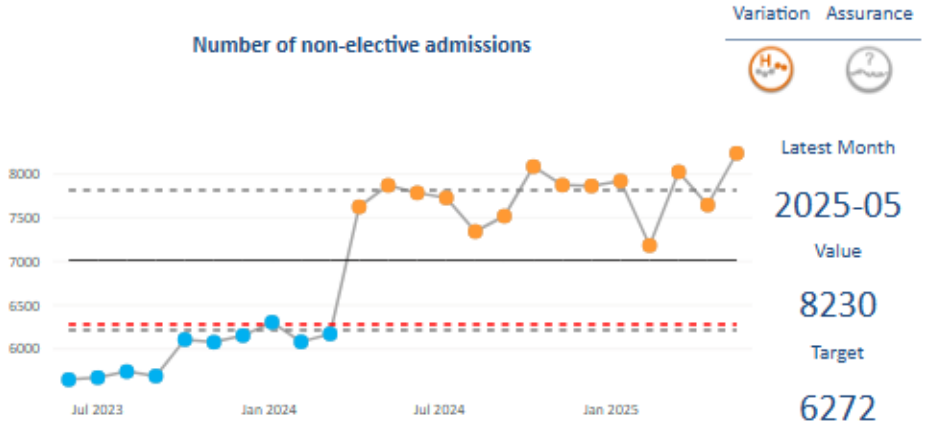
We are limited to some extent by capacity and provision in the community for medically fit patients. Partnership working continues to ensure we safely maximise all available capacity and highlight any gaps in provision.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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



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

The latest months value has **deteriorated** from the previous month, with a difference of **592.0**.

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

Note: The data includes admissions to all Same Day Emergency Care (SDEC) units. Work is underway to ensure more appropriate patients are admitted to SDEC from our EDs, therefore increases are not necessarily indicative of an issue.

What actions are planned?

The Emergency Department Ambulatory Care (EDAC) function within each ED is live and designed to support a reduction in admission rates. Senior expertise is front-loaded when rosters allow, which supports a safe and appropriate risk management approach that evidence suggests should lead to a reduction in diagnostics and admissions. York EDAC has seen an average of 38 patients per day with average ECS performance of 80%. Audits suggest there are sufficient patients still in ED Majors to move more resource and patients to EDAC. The main reason for breaches is the time the patient is picked up; two thirds are sent to EDAC after they have been in ED for 2 hours. One third have already breached 4 hours.

What is the expected impact?

Maximising the use of EDAC should safely reduce diagnostics and admissions.

Potential risks to improvement?

The functions of Resus and Paediatrics take precedent over EDAC and when staffing levels do not allow for all functions to safely operate, EDAC ‘closes’.

A Task and Finish Group is considering future ED workforce model options. The model and recommendations will be based on data from our Trust, benchmarking data from other Trusts, national guidance, and the changes recently made to functions and processes within the EDs. The model will consider the skill mix and seniority required in the departments at all times of day and night to run all functions safely.

Acute Flow (2)
Scorecard

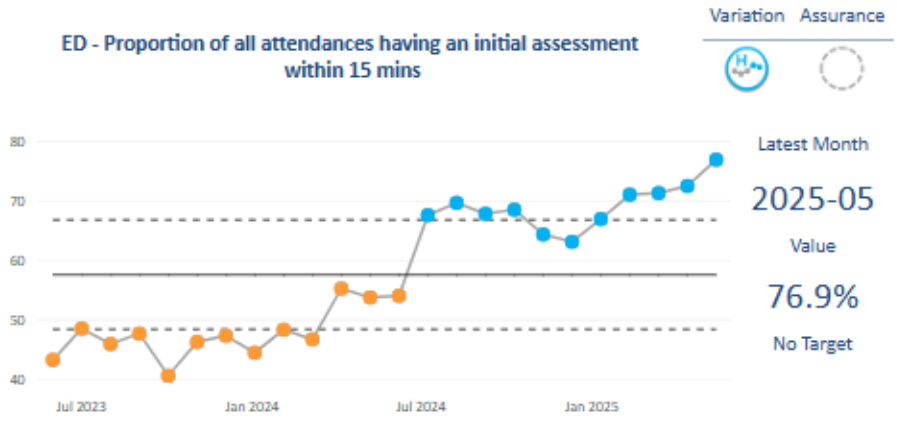
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
ED - Conversion Rate (Proportion of ED attendances that result in an admission to hospital) - Type 1 only	2025-05			46.3%		
Number of SDEC attendances	2025-05			2706		
Proportion of SDEC attendances transferred from ED	2025-05			67.7%		
Proportion of SDEC attendances transferred from GP	2025-05			24.9%		
Proportion of ED attendances streamed to SDEC Within 60 mins	2025-05	H		64.1%		
Proportion of SDEC admissions transferred to downstream acute wards	2025-05			16.7%		
Number of RAFA attendances (York Only)	2025-05			115		
Number of attendances at SAU (York & Scarborough)	2025-05			980		
ED - Proportion of Ambulance handovers within 15 mins	2025-05			38.6%		
ED - Proportion of Ambulance handovers waiting > 30 mins	2025-05	L		23.7%		
ED - Proportion of Ambulance handovers waiting > 45 mins	2025-05	L	F	7.5%		0%
ED - Proportion of Ambulance handovers waiting > 240 mins	2025-05		?	0%		0%
ED - Number of ambulance arrivals	2025-05	H		4712		
ED - Ambulance average handover time (number of minutes)	2025-05		?	23	40	29

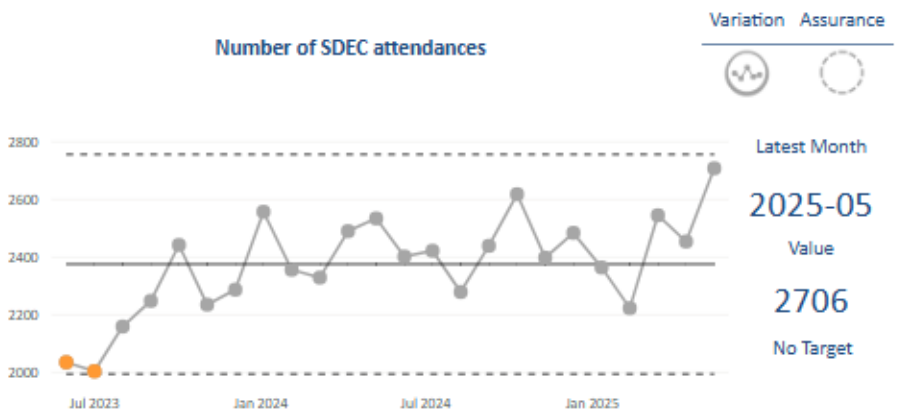
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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

The latest months value has **improved** from the previous month, with a difference of **4.5**.



The latest months value has **improved** from the previous month, with a difference of **254.0**.

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

What actions are planned?

We continue to sustain improvement in the proportion of patients having an initial assessment within 15 minutes of arrival to ED. Work is underway to ensure decisions made at assessment are maximising the use of alternative pathways.

The focus for the SDEC task and finish group is linked to *appropriate* use of SDEC units and providing high quality SDEC functions. Removing elective activity from SDECs to create space for non-elective activity may not increase overall numbers but will support the ambition of patients reaching the best place for their care quickly.

A Test of Change is underway, whereby stable patients arriving to York ED with a GP letter advising an SDEC attendance are sent directly to SDEC without an ED triage. An average of 12 patients per weekday have been sent directly to SDECs.

To increase the number of SDEC attendances, length of stay in SDECs needs to reduce. Some patients remain in Medial SDEC for multiple days due to the lack of an available specialty bed. The Quality Standards will support more appropriate use of beds by outlining how it is the responsibility of specialty teams to make clinical decisions to accommodate their patients. Escalation routes will be established, and senior teams should be deployed to create solutions to resolve capacity issues if they arise.

What is the expected impact?

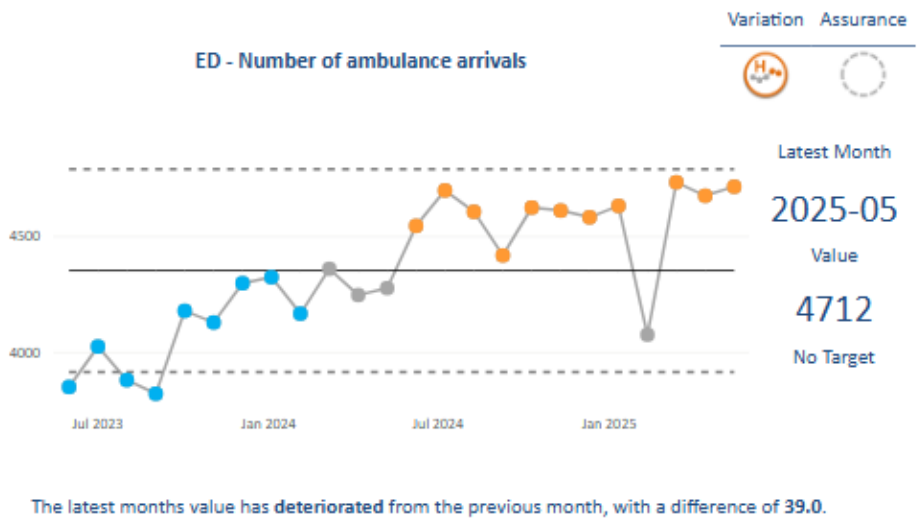
More direct SDEC admissions, quicker movement of patients out of ED, reduced time in ED, and improved patient experiences.

Potential risks to improvement?

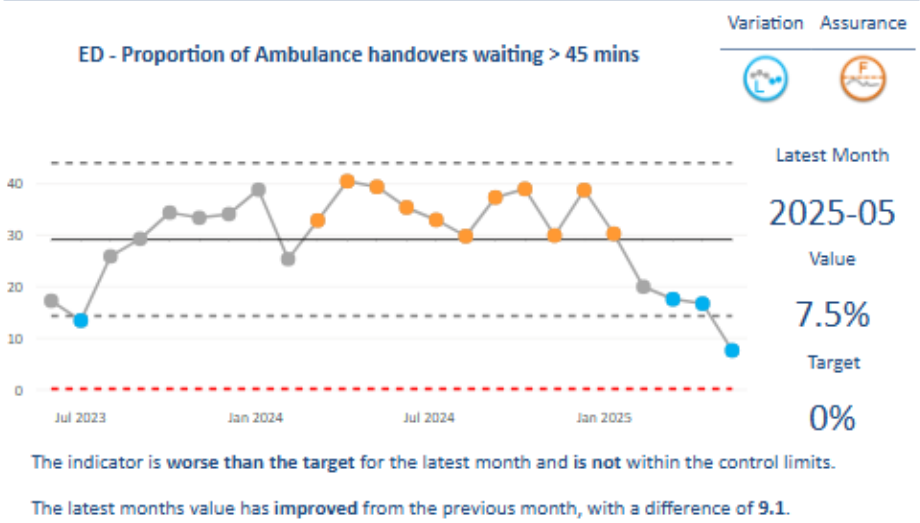
There is a risk that specialty teams will be unable to find appropriate and safe solutions for seeing their elective patients outside of SDEC.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



The latest months value has **deteriorated** from the previous month, with a difference of **39.0**.



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

The latest months value has **improved** from the previous month, with a difference of **9.1**.

Rationale: SPC1: To monitor Ambulance demand in A&E. **SPC2:** Proportion of ambulances which experience a delay in transferring the patient over to the care of ED staff.
Target: SPC1: No target. **SPC2:** Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival. 0% should wait over 45 minutes from arrival to handover.

What actions are planned?

The proportion of ambulance handovers waiting over 45 minutes fell again in May, following the implementation of the W45 initiative at Scarborough Hospital on 21st May 2025. At York the initiative, which aims to eradicate handover delays over 45 minutes, was implemented in April 2025.

The aim throughout June is to consistently maintain efficient ambulance handovers.

What is the expected impact?

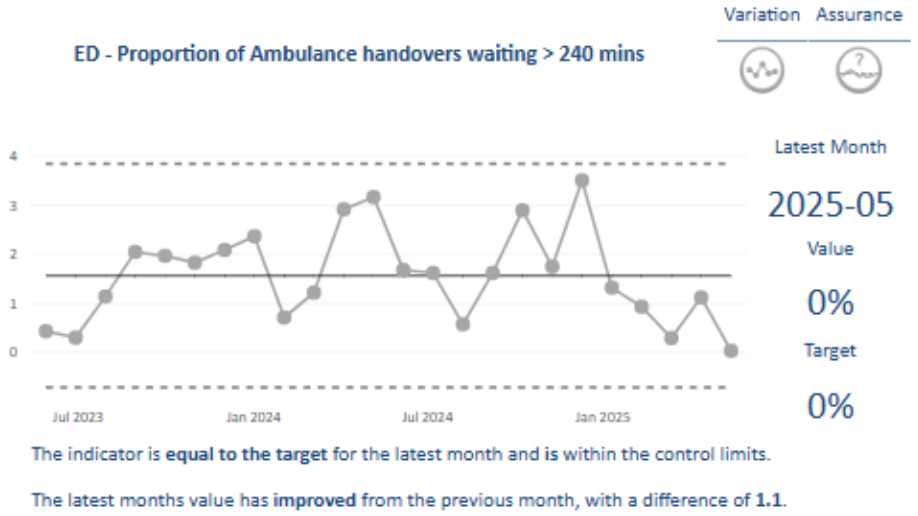
The positive impact of releasing ambulances earlier from our acute sites will be felt by patients in the community needing emergency support.

Potential risks to improvement?

There is a risk that ambulance arrivals continue to increase, making safe management of handovers more challenging.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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

The latest months value has **improved** from the previous month, with a difference of **1.1**.

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

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

As per previous page

Summary MATRIX 2

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* Overnight general and acute beds open	* Number of zero day length of stay non-elective admitted patients	* Patients receiving clinical Post Take within 14 hours of admission * Inpatients - Proportion of patients discharged before 5pm * Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside
COMMON CAUSE / NATURAL VARIATION		* Of those overnight general and acute beds open, proportion occupied * Community bed occupancy/availability	
SPECIAL CAUSE CONCERN		* Number of non-elective admissions	

Acute Flow (3)
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

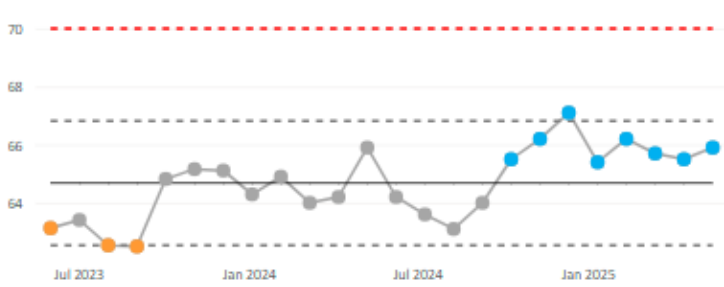
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Patients receiving clinical Post Take within 14 hours of admission	2025-05			79.5%		90%
Patients with Senior Review completed at 23:59	2025-05			47.4%		
Inpatients - Proportion of patients discharged before 5pm	2025-05			65.9%		70%
Inpatients - Lost bed days for patients with no criteria to reside	2025-05			1537		
Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside	2025-05			17.1%	14.7%	12.5%
Number of non-elective admissions	2025-05			8230	6265	6272
Number of zero day length of stay non-elective admitted patients	2025-05			2608	2463	2464
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2025-05			141		
Overnight general and acute beds open	2025-05			876	832	832
Of those overnight general and acute beds open, proportion occupied	2025-05			91.9%		92%
Community bed occupancy/availability	2025-05			91%		92%

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Variation Assurance

Inpatients - Proportion of patients discharged before 5pm



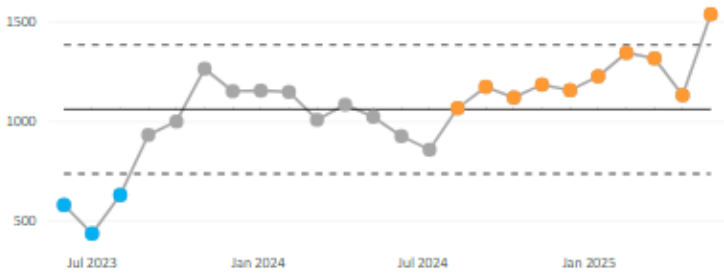
Latest Month
2025-05
Value
65.9%
Target
70%

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

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

Variation Assurance

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



Latest Month
2025-05
Value
1537
No Target

The latest months value has **deteriorated** from the previous month, with a difference of **407.0**.

Rationale: Understand flow in the acute bed base.
Target: SPC1: Internal target of 70%. **SPC2:** No target. **This is a True North Metric.**

What actions are planned?
Following the Discharge Sprint work in February-March 2025, a plan has been developed to provide additional intensive support to board rounds on six wards; three at each main site. There will be a focus on helping teams to capture actions that could expedite safe discharges and holding each other to account on completing those actions.

Bed days lost has increased whilst the proportion of patients with no criteria to reside falling. One reason is that bed days lost includes data from Bridlington Care Unit ward, where an increase in bed days lost on a discharge code has been observed. While the number of discharges from the Bridlington site has fallen slightly, the average length of stay has increased, indicating that patients are staying longer than usual.

The Trust is considering using a new national lost bed days indicator with nationally clear methodology as of July 2025 onwards which will bring consistency and clarity to our reporting.

Escalation meetings with system partners continue. Additional step-down community provision has been identified in City of York; the contract should be finalised in June 2025 and the additional capacity for nine patients should be available immediately.

What is the expected impact?
Being able to support an additional nine step-down patients will have a positive impact on our no criteria to reside position and bed days lost.

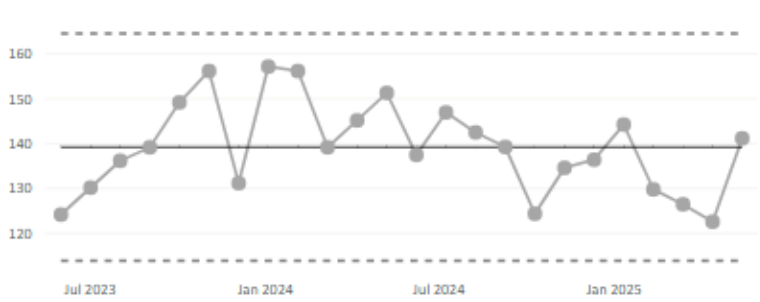
Potential risks to improvement?
The contract for step-down capacity is currently still within a cooling-off period so there is a small risk that it does not become available.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Inpatients - Super Stranded Patients, 21+ LoS (Adult)

Variation Assurance



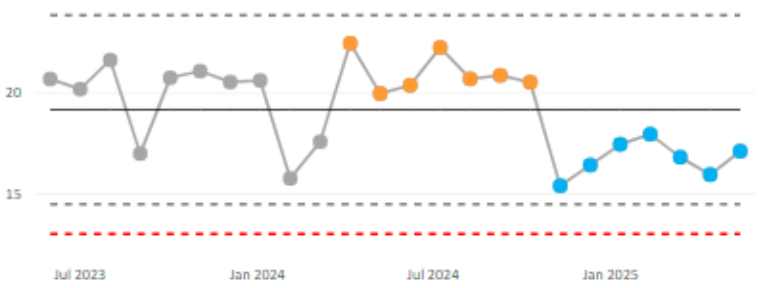
Latest Month
2025-05
Value
141
No Target

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

The latest months value has **deteriorated** from the previous month, with a difference of **18.6**.

Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside

Variation Assurance



Latest Month
2025-05
Value
17.1%
Target
12.5%

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

The latest months value has **deteriorated** from the previous month, with a difference of **1.2**.

Rationale: Understand the numbers of beds which are not available for patients who do meet the criteria to reside and therefore which are unavailable due to discharge issues.
Target: SPC1: No Target. **SPC2:** Internal aim to achieve less than 12.5% by March 2026.

What actions are planned?

Long Length of Stay (LLoS) reviews for medical patients re-started in May 2025, with ward teams dialing in at 10-minute intervals to discuss patients who are not medically optimised and have been in our care for 21+ days.

The meetings take place on a Thursday afternoon and discussions include the risk of not discharging on the Thursday or Friday. Teams are prompted to consider using tools such as criteria-led discharge to avoid unnecessary weekend delays. Alternative pathways, for example virtual wards and OPAT, are also discussed though these have often already been fully considered.

What is the expected impact?

We should continue to see improvement in the number and proportion of super-stranded patients in our care. This in turn will support improved flow through our hospitals and a reduction in pressure at our front doors.

Potential risks to improvement?

Medical presence at the meetings has been very low, which limits the available outputs and progress. However, the meetings will continue to show consistency of approach and to capture themes from the other professions.

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

- The Cancer performance figures for April 2025 saw performance against the 28-day Faster Diagnosis standard (FDS) of 67.3%, this failed to achieve the monthly improvement trajectory of 70.7%. In the latest available national data (March 2024) the Trust was one of six providers in Northeast and Yorkshire (twenty-two providers) not to achieve 77% FDS and the Trust ranked 134th out of 140 providers nationally. **This is a True North Metric.**

- 62 Day waits for first treatment April 2025 performance was 67.6% a relatively static position since February, and the monthly trajectory of 70.5% was not achieved. In the latest available national data (March 2024) the Trust ranked 108th out of 145 providers. The HNY cancer alliance footprint was the lowest performing in the country for 62 days.

- Performance against both targets was above the monthly average for the last two years however there was no statistical change as performance was within the expected variance.

- The Trust has, as part of the 2025 Operational Planning, submitted compliant trajectories to achieve the national ambition of 80% for FDS and 75% for 62 Day waits for first treatment by March 2026.

Factors impacting performance:

- April 2025 saw 2,804 total referrals across all cancer sites in the trust, averaging 93 referrals per calendar day. Colorectal (508 referrals), Breast (453 referrals) and Head and Neck (401 referrals) had the highest number of referrals per cancer site.
- The following cancer sites exceeded 77% FDS in April 2025: Breast, Lung, None Site Specific, Skin and Upper GI pathways.
- The following cancer sites exceeded 70% 62-day performance in April: Breast, Skin and Upper GI. Haematology, Head and Neck and Lung, and Urology achieved above their internal trajectories. The Easter bank holidays are a contributing factor to 62-day performance in April.
- 31-day treatment standard was 98.1% overall. 317 1st treatments were delivered in April, with 6 patients breaching. This is the second highest treatment volume month in 12 months Urology had the highest volume of treatments delivered (86) and achieved 98.8%. Breast delivered 40 treatments and achieved 100%. Colorectal and Head and Neck both had the largest number of breaches (2 each).
- At the end of April, the proportion of patients waiting over 104+ days equates to 1.2% of the PTL size, the lowest percentage this calendar year, a decrease on March position with 26 patients. Colorectal and Urology are areas with the highest volume of patients past 62 days with/without a decision to treat but are yet to be treated or removed from the PTL.

Actions:

- Please see following pages for details.

Summary MATRIX

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Cancer - 62 Day First Definitive Treatment Standard * Cancer 31 day wait from diagnosis to first treatment	* Cancer - Faster Diagnosis Standard * Proportion of Lower GI Suspected Cancer referrals with an accompanying FIT result
SPECIAL CAUSE CONCERN			

CANCER
Scorecard

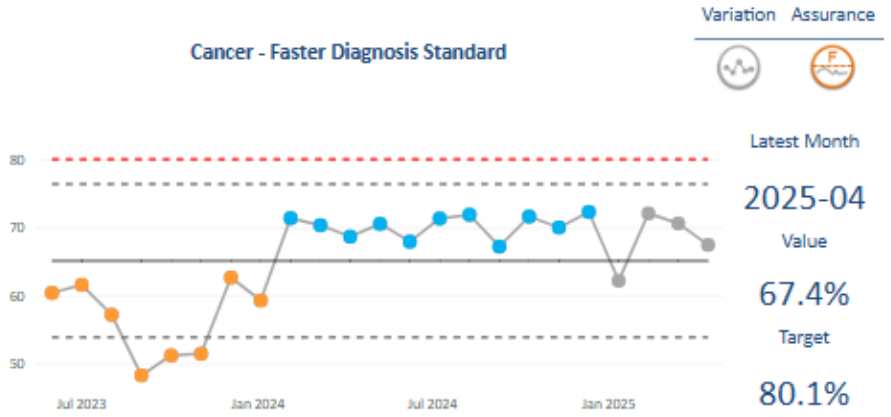
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Cancer - Faster Diagnosis Standard	2025-04		F	67.4%	70.7%	80.1%
Cancer - 62 Day First Definitive Treatment Standard	2025-04		?	66.9%	70.4%	75%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2025-05	L		181		
Proportion of patients waiting 63 or more days after referral from cancer PTL	2025-05			7.9%		
Cancer 31 day wait from diagnosis to first treatment	2025-04		?	98.1%		96.1%
Total Cancer PTL size	2025-05	L		2302		
Proportion of Lower GI Suspected Cancer referrals with an accompanying FIT result	2025-05		F	74.1%	80.2%	80.2%

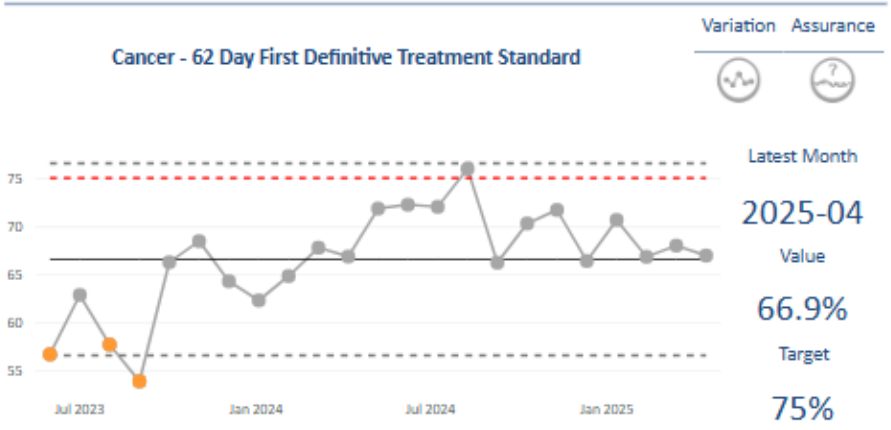
Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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

The latest months value has **deteriorated** from the previous month, with a difference of **3.2**.



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

The latest months value has **deteriorated** from the previous month, with a difference of **1.1**.

Rationale: SPC1: Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving. **This is a True North Metric. SPC2:** National focus for 2025/25 is to improve performance against the headline 62-day standard**.**
Target: SPC1: 80% by March 2026. **SPC2:** 75% by March 2026.

What actions are planned?

- Received cancer alliance service development funding SLA to confirm £1.3 million of cancer transformation funding. Targeted funding at most challenged pathways: Colorectal, Urology & Gynae.
- Lung screening programme launched end of May, first 1,000 invites sent. CT scanning to commence end of June 2025.

Colorectal Plan

Frailty pathway discussions in progress. Refresh of Rapid Diagnostic Centre (RDC) redirect pathway for colorectal patients who are suitable. Ongoing discussions with clinical lead around widening Straight to Test (STT) criteria. Plans to recover colonoscopy capacity linked to endoscopy actions detailed in diagnostic recovery plan. Additional weekend theatre lists expected to start end of June 2025 to increase surgical treatment capacity.

Urology Plan

STT CT model in haematuria pathway being taken through departmental governance structures (could account for up to 40% Urology referrals). Recruitment of additional Surgical Care Practitioners completed and commenced in role, to be trained on biopsies over coming months.

Gynaecology Plan

Discussions taken place with operational and clinical team, capacity and demand tool completed. Locum consultant to provide additional sessions to recover position. Awaiting ICB sign off for PMB pathways to be implemented & awaiting outcome of bid for Pipelle clinics in Community Diagnostic Centre .

What is the expected impact?

Expected impact articulated in waterfall diagrams presented at Trust Board in May 2025. Each cancer site has own trajectory for FDS and 62 day, to achieve month and year end position against national targets.

Potential risks to improvement?

- **Emerging Risk: Skin Pathways-** Interim funding from the ICB via a Local Enhanced Service (LES) to ceased on 1st April 2025 for referrals from primary care accompanied by dermoscopy images. Compared to April/ May 2024, 15% year on year increase in referrals. May was the highest number of referrals received in a month ever.
- Care groups working through action plans for improvement for all cancer site, and high-level cancer demand and capacity for 1st outpatient activity underway by corporate operations team and to be presented at Trust Cancer Board in July 2025. Review of all TCI dates and breach reasons undertaken at tumour site level and care groups undertaking actions to increase capacity to bring patients forward where clinically appropriate. Ongoing risk around sufficient 1st outpatient capacity.
- Working through impact and any required changes in processes to ensure the Trust aligns with national changes to Cancer Waiting Times (CWT) standards, due to be implemented 1st July 2025. High level gap analysis suggests minimal process change required,

Headlines:

- At the end of May 2025, the Trust had thirty-six Referral To Treatment (RTT) patients waiting over sixty-five weeks a reduction of two from April 2025.

- The Trust's RTT Waiting list position ended May 2025 behind the trajectory submitted to NHSE as part of the 2025/26 planning submission: 51,404 against the trajectory of 47,050.

- The Trust is ahead of the trajectory for the proportion of the RTT waiting list waiting under 18 weeks: 58% against 55%. In the latest available national data (March 2024) the Trust ranked 120th out of 152 providers. By March 2026, the intention is that the percentage of patients waiting less than 18 weeks for elective treatment will be 65% nationally. **This is a True North Metric.**

- The Trust is behind the RTT52 week trajectories submitted within the 2025/26 planning submission; 1,424 waiters and 2.8% of the total RTT Total Waiting list against the trajectories of 1,176 and 2.5%, respectively. In the latest available national data (March 2024) the Trust is 65th in terms of the highest number of RTT52 week waiters and is ranked 90th out of 152 providers for the proportion of the TWL waiting over 52 weeks. Nationally at the end of March 2025 there were 176,738 RTT patients waiting over 52 weeks. By March 2026, the intention is that the percentage of patients waiting longer than 18 weeks for elective treatment will be less than 1% nationally.

- NHSE has introduced a new metric target for 2025/26 with the ambition set for the Trust to have over 67.1% of patients waiting no longer than 18 weeks for a first appointment by March 2026. The Trust is ahead of the trajectory submitted to NHSE as part of the 2025/26 planning submission with performance of 61.4% against the end of May 2025 ambition to be above 55.5%. There is currently no nationally available comparative data available for this metric.

Factors impacting performance:

- RTT Total Waiting List metric impacted by ongoing validation work on the Outpatient Patient Tracking List (PTL), resulting in circa 2,000 additional RTT clocks being opened in May 2025. There has not been any RTT65 week performance risks identified in this work to date.

- Delivery of the 2025/26 elective recovery plan; initial analysis shows that at the end of May 2026 the Trust was ahead of the 2025/26 plan with a provisional performance of 101% against the funded plan.

Actions:

- Please see following pages for details.

Summary MATRIX

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			* RTT - Waits over 65 weeks for Incomplete Pathways * RTT - Waits over 52 weeks for Incomplete Pathways * RTT - Proportion of incomplete pathways waiting less than 18 weeks * RTT - Proportion of the incomplete RTT pathways waiting > 52 weeks
COMMON CAUSE / NATURAL VARIATION			
SPECIAL CAUSE CONCERN			* RTT - Total Waiting List

Referral to Treatment (RTT)
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
RTT - Total Waiting List	2025-05	H	F	51404	47050	38992
RTT - Waits over 65 weeks for Incomplete Pathways	2025-05	L	F	36	0	0
RTT - Waits over 52 weeks for Incomplete Pathways	2025-05	L	F	1424	1176	389
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2025-05	H	F	58%	55%	60.5%
RTT - Mean Week Waiting Time - Incomplete Pathways	2025-05	L		18		
RTT - Proportion of the incomplete RTT pathways waiting > 52 weeks	2025-05	L	F	2.8%	2.5%	1%
RTT - Proportion of patients waiting for first attendance who are waiting under 18 weeks	2025-05			61.4%	55.5%	67.1%
Proportion of BAME pathways on RTT PTL (S056a)	2025-05			1.7%		
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2025-05			11.9%		
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2025-05	L		66.4%		

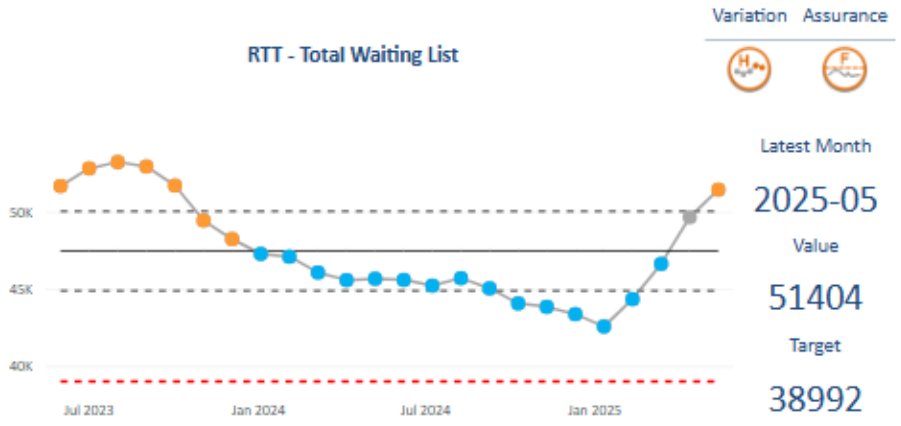
KPIs – Operational Activity and Performance

Referral to Treatment RTT (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

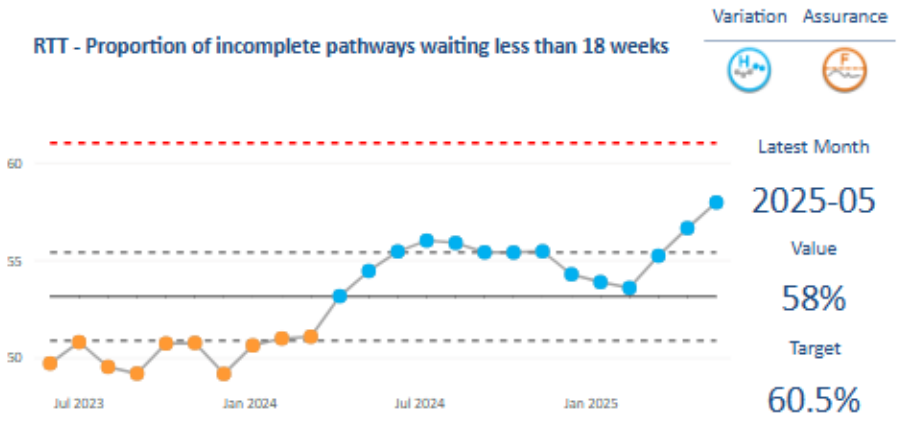
Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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

The latest months value has **deteriorated** from the previous month, with a difference of **1783.0**.



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

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

Rationale: SPC1: To measure the size of the Referral to Treatment (RTT) incomplete pathways waiting list. **SPC2:** To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: SPC1: Aim to have less than 38,992 patients waiting by March 2026 as per activity plan. **SPC2:** National constitutional target of 92% of patients should be waiting less than 18 weeks. Target for March 2026 is to be above 60.5%. **This is a True North Metric.**

What actions are planned?

- NHS England has made funding available to support providers to increase the validation of patients within the sprint period by undertaking either one of or a combination of technical, admin and clinical validation as required within the identified timescales. The baseline provided by NHSE sets the Trust a minimum of 31,543 during Q1. After eight weeks of the sprint, the Trust is 9% ahead of the baseline expectation in terms of clock stops.

- The 2025/26 plan has been developed with a greater focus on productivity and efficiency and was presented to Board in April 2025. The programme and progress against the ambitions are managed through the Operational productivity group.

What is the expected impact?

- Reduction in the TWL or offsetting impact of the ongoing data quality validation.

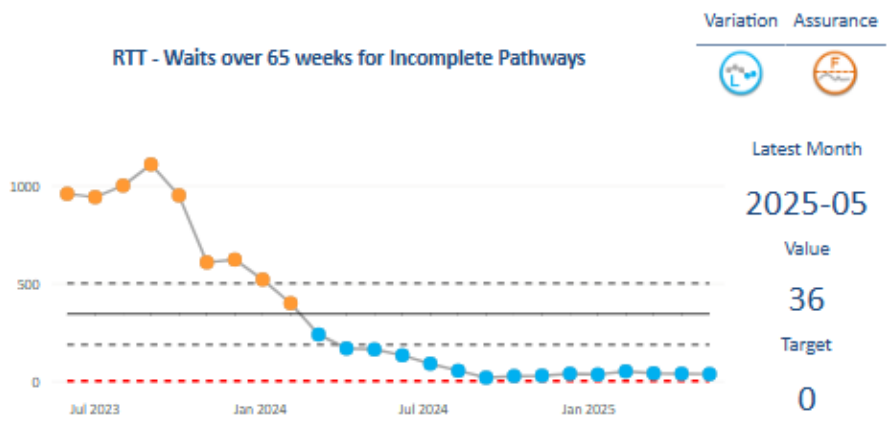
- The Trust is part of cohort 2 of the national Further Faster (FF) Programme, several specialties perform well against the key metrics including the did not attend (DNA) rate, pre-referral triage and advice and guidance. The Trust has reduced the number of RTT patients waiting 52 weeks by 70%, against the average in cohort 2 of a 50% reduction. The Trust continues to do very well on missed appointments, pre referral triage and high level of Advice and Guidance. All these metrics are meeting national standards and more.

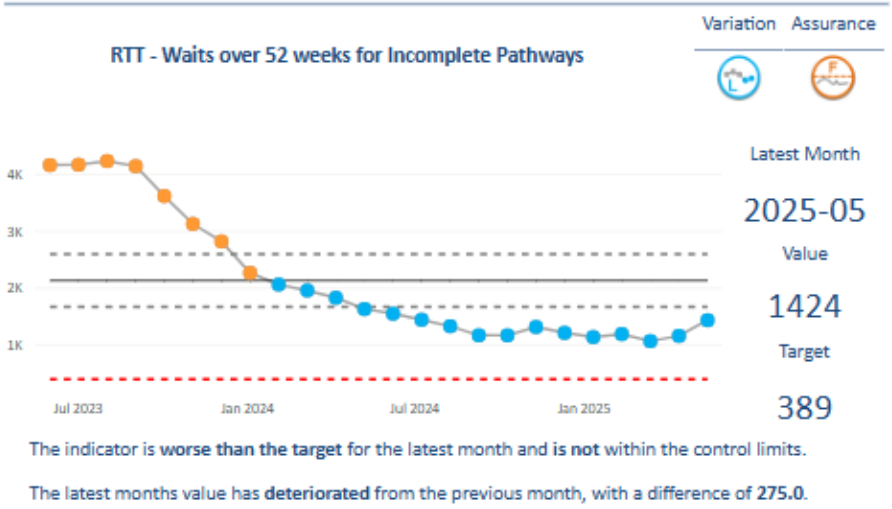
Potential risks to improvement?

- Despite the sprint, ongoing data quality validation may result in further rises to the RTT TWL, the number of records requiring data quality validation are known and there is an expectation that the RTT TWL will stabilise in Q2 of 2025/26. This has been communicated to NHSE.

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton





Rationale: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: SPC2: National ambition to have 0 patients waiting more than 65 weeks **SPC2:** Aim to have less than 389 patients waiting more than 52 weeks by March 2026 as per activity plan.

What actions are planned?

- The Trust's internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectories for RTT52 and RTT65 weeks.
- Internal Elective Recovery Fund (ERF) Process in place with weekly meetings. The Trust's approach has been recognised at ICB level as good practice who are planning to embed within other providers within the HNY ICB.
- Delivery of key workstreams in the 2025/26 elective recovery plan including theatre utilisation, patient initiated follow up (PIFU), new to follow up ratios, prioritization of children and young people.

What is the expected impact?

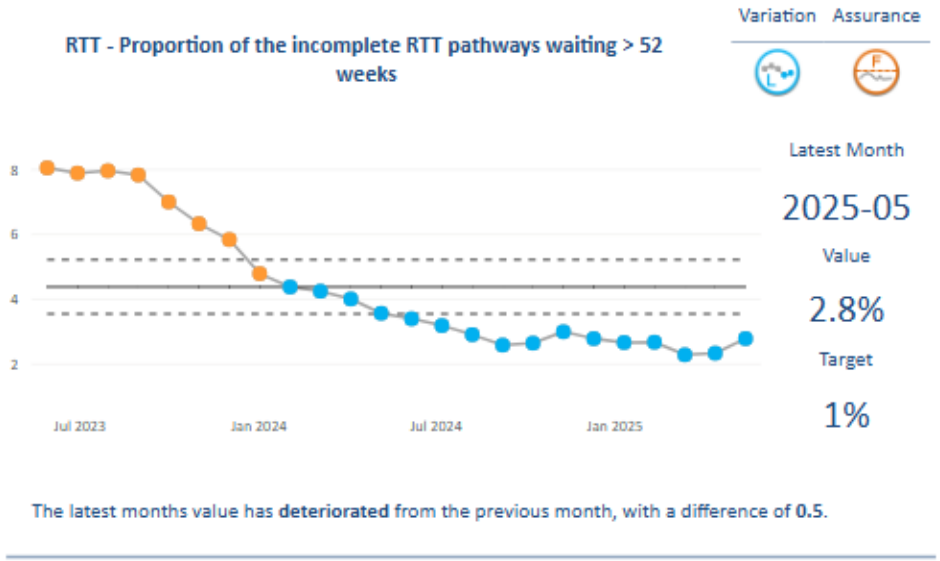
- Reduced RTT long waiters to meet 2025/26 planning trajectories.
- ERF money targeted at specialties most in need.
- The Trust has seen continued capped theatre utilisation improvement and is the highest performing Trust with utilisation above 85% in March 2025 within the 'Further Faster 2' cohort, Improving theatre throughput and utilisation.

Potential risks to improvement?

- Patient choice can lead to end of month breaches.
- Diagnostic performance.

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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Rationale: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: SPC1: National ambition to have no more than 1% of a Trust's RTT TWL waiting over 52 weeks by the end of March 2026.

Please see previous page.

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Headlines:

- For the month of May 2025, the Patient Initiated Follow Up (PIFU) was ahead of the improvement trajectory of 4.1% at 4.3%, this is statistically significant as the performance was a special cause improvement against the monthly variance seen over the last two years. Y&S has 3 specialties in the upper quartile of Trusts within the NE&Y region (Clinical Haematology, Physiotherapy and Rheumatology).
- Rapid Access Chest Pain (RACP) seen within 14 days was at 17.1% which remains significantly below the target of 99%.
- The number of patients overdue follow up partial booking remains a special cause concern.

Factors impacting performance:

- Delays in roll out of PIFU pathways across specialities due to issues with call handling capacity. Alternative patient contact methods being investigated by Y&S digital team with completion expected during Q2 2025/26.
- The outpatient delivery group has been refreshed in May 2025 as part of the 2025/26 elective recovery plan to put greater focus on PIFU and referral for expert input, which is aligned to the national demand management priority.
- RACP improvement plan has been developed by the Medicine Care Group with scrutiny of the impact of the actions undertaken through the Performance Review and Improvement Meetings (PRIM).

Actions:

- Please see following pages for details.

Summary MATRIX

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Outpatients: 1st Attendances (Activity vs Plan)	* Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)
COMMON CAUSE / NATURAL VARIATION	* Proportion of elective admissions which are day case	* Outpatients - DNA rates * Outpatients: Follow Up Attendances (Activity vs Plan) * All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days* * Day Cases (based on Activity v Plan)	* Outpatients - Proportion of appointments delivered virtually (S017a) * Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks) * Electives (based on Activity v Plan)
SPECIAL CAUSE CONCERN			* Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)

Outpatients & Elective Care
Scorecard

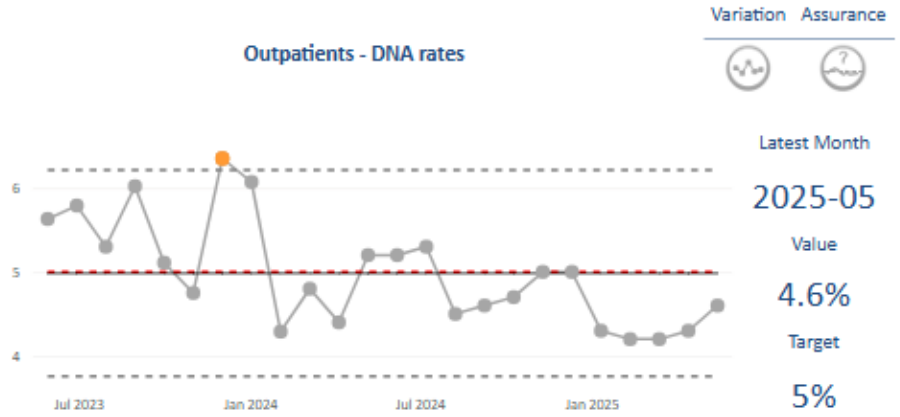
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Outpatients - Proportion of appointments delivered virtually (S017a)	2025-05		F	20.4%		25%
Outpatients - DNA rates	2025-05		?	4.6%		5%
Outpatients: 1st Attendances (Activity vs Plan)	2025-05	H	?	19559	17455	17494
Outpatients: Follow Up Attendances (Activity vs Plan)	2025-05		?	43822	38243	38846
Outpatient procedures	2025-05			15438		
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)	2025-05		F	26602		0
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2025-05	H	F	4.3%	4.1%	5%
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2025-05	L	F	17.1%		99%
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days*	2025-05		?	10		0
Day Cases (based on Activity v Plan)	2025-05		?	7601	7966	8144
Electives (based on Activity v Plan)	2025-05		F	673	770	816
Proportion of elective admissions which are day case	2025-05		P	91.9%		85%

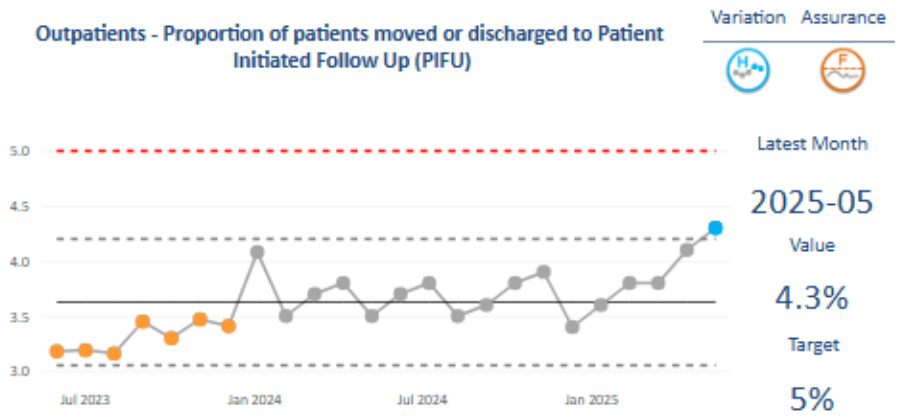
Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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

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



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

The latest months value has **improved** from the previous month, with a difference of **0.2**.

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

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

What actions are planned?

- Outpatient Procedure Code (OPCS) project is ongoing to improve outpatient procedure coding with Care Groups using reports to target specific areas where correct recording has not occurred. Significant improvements have been seen in the Surgery and Cancer, Specialist and Clinical support Services Care Group. Further work continues for the Medicine and Family Health Care Groups.
- The Trust is one of 6 Trusts in the North East and Yorkshire region who have agreed to participate in the NHSE 'PIFU as standard' programme. The PIFU pathways the Trust are developing as part of this programme are Gynaecology, Cardiology and ENT. The regional launch is on the 10th of June 2025. Y&S Digital to implement solution to CPD discharge instruction and PIFU is a key workstream and standard agenda item at outpatient delivery group. Deep dive in existing PIFU pathways commenced in Scarborough.
- RACP improvement plan has been developed by the Medicine Care Group with scrutiny of impact of actions undertaken through the Performance Review and Improvement Meetings (PRIM). Work ongoing with Business Intelligence Team to understand data quality.

What is the expected impact?

- **PIFU:** Y&S should see a continued improvement in PIFU through 2025/26. Y&S has one specialty in the lowest quartile of Trusts within the NE&Y region (Gynaecology), involvement in PIFU as standard should result in an improvement in this specialty.
- **RACP:** Improved performance and improved patient experience.

Potential risks to improvement?

- There are two challenges to resolve to support PIFU roll out; patient communication mechanism and discharge instruction not carried forward onto pending appointment record on COD, so FU is booked. Both items are being investigated by Y&S digital.
- PIFU at Scarborough is significantly lower than York (1.8% at SGH / 5.2% at York).

Headlines:

- May 2025 position for patients waiting less than six weeks at month end was 65.3% against trajectory of 69.4% within the monthly variance seen over the last two years
- In the latest available national data (March 2024) the Trust ranked 133rd out of 156 NHS providers.

Factors impacting performance:

- Continued intermittent breakdowns of CT1 and 2 at York impact delivery of activity. CT performance being largely driven by cardiac CT backlog. Acute CT demand continues to impact on capacity for elective work. MRI continues to underperform due to increased fast track and RTT >52 week wait escalations, staffing gaps, and a permanent reduction in Nuffield capacity. A review of acute demand is planned with medical and surgical care groups.
- MSK backlog continues to be the main driver of NOUS performance. This is a long-term issue, and a Consultant Radiologist has handed their notice in which will compound the issue from June 2025. Reporting demand continues to outstrip capacity. Reliance on in-house radiologist insourcing and outsourcing to external providers.
- Barium Enema performance is significantly below trajectory due to workforce issues at Scarborough, this is an ongoing issue, and recovery may not be seen for a few weeks until activity is restored.
- Lack of consultant cover at Scarborough since January 2025 impacted on the ability to deliver planned Endoscopy lists; though workforce is now recovered we continue to see the impact in performance data while activity is restored. Nurse staffing remains an issue, particularly at York. Use of endoscopy capacity to do scope and consult which reduces the number of points per list.
- Workforce challenges continue at Scarborough within Cardiology and Cardio-Respiratory, with a lack of qualified candidates. Due to issues with our outsourced provider, a cohort of echocardiography patients at Scarborough were identified that required re-scanning, this was carried out in April 2025 with the remaining capacity focused on delivering cancer and acute work which impacted on elective performance, and this continues to be visible in the May data.
- Nurse vacancy in Urodynamics continues to impact on capacity to deliver elective activity.
- Sickness in paediatric audiology team affecting capacity with limited locum availability for paediatric audiologist. Data Quality issues with audiology data leading to potential inaccuracies in the DM01 return, new logic has been built and is currently in testing, but it is likely to be Q2 before any impact on performance may be evident. Audiology booth capacity impacts the ability to deliver activity.

Actions:

Performance recovery actions are beginning to deliver improvements; we anticipate further improvement by the end of Q1 as actions continue to be embedded.

- Please see page below for detail.

Summary MATRIX

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan * Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral * Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	* Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography * Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy
COMMON CAUSE / NATURAL VARIATION		* Diagnostics - Proportion of patients waiting <6 weeks from referral - CT * Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound * Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	* Diagnostics - Proportion of patients waiting <6 weeks from referral * Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology * Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics * Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy * Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy
SPECIAL CAUSE CONCERN		* Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	* Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI

DIAGNOSTICS – National Target: 95%

Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Diagnostics - Proportion of patients waiting <6 weeks from referral	2025-05		F	65.3%	69.4%	82.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2025-05	L	F	58.6%	67%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2025-05		?	68.9%	68%	78%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound	2025-05		?	70%	65%	75%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	2025-05	L	?	53.8%	80.6%	90.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	2025-05	H	?	87.5%	52%	67.9%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2025-05		F	51.1%	79%	94.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2025-05	H	F	84.6%	94.4%	95.8%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2025-05	H	?	97.4%	91.3%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2025-05	H	?	85.5%	86.2%	94.6%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2025-05		F	30.1%	60.1%	95.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2025-05		F	52.4%	80.6%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2025-05	H	F	61.3%	81%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2025-05		?	73.1%	84.1%	94.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2025-05		F	69.4%	80.6%	90%

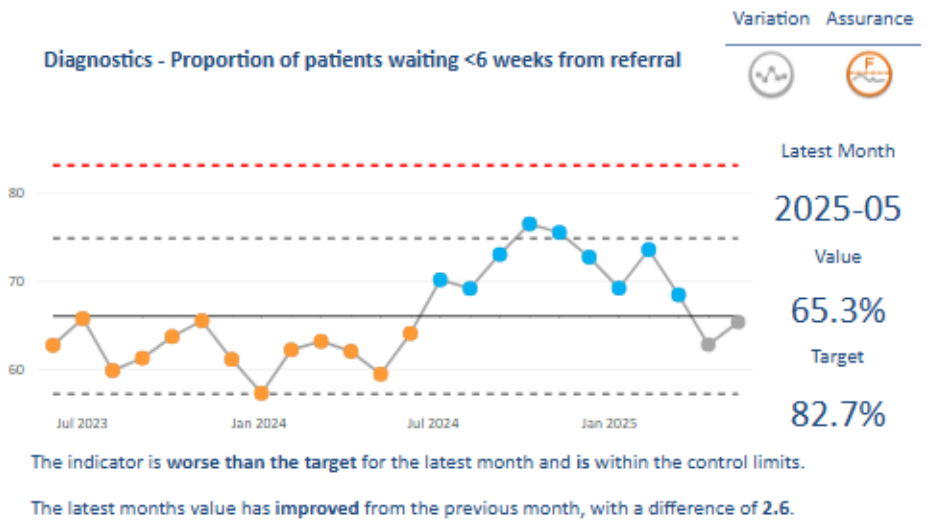
KPIs – Operational Activity and Performance

Diagnostics (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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Rationale: Maximise diagnostic activity focused on patients of highest clinical priority.
Target: Increase the percentage of patients that receive a diagnostic test within 6 weeks to above 82.7% by end of March 2026.

What actions are planned?

- **Endoscopy:** Recent recruitment drive has brought in enough staff that we will be staffing 6 rooms Monday to Friday in December 2025. . By June 2026 we will be running 7 rooms 2-3 days a week with 7 rooms 5 days a week being achieved December 2026.
- Review of point allocation for STT colonoscopy ongoing, this is a potential avenue to generate capacity if we can change the current model of consulting in the endoscopy room.
- Registrar post for cystoscopy has been recruited to so will be fully staffed from June
- **Imaging:** Contract awarded to deliver cardiac CT to get through backlog. Scarborough UEC CT is now up and running. Permanent CT is in place at Bridlington for acceleration activity until Scarborough CDC is opened. This CT will also support lung health check activity from mid-June.
- York St John MRI went live on 2nd June. Apps training going ahead for the first week then service will run 2 days per week going forward. Mobilisation of accelerated MRI for CDC Scarborough will go live June 2025 due to the delay in opening the main site.
- DEXA recovery is underway, with focus on issues with reporting, list utilisation and communication with ICB around GP referrals (planned for July).
- MSK sonographer training being supported to take on soft tissue ultrasound from MSK backlog – this will go live in June. Increase in MSK USS lists began on the CDC Askham Bar site in April.

Physiological:

- **Echocardiography:** A new echocardiographer started in Scarborough in mid-April, and a second began mid-May. Recovery plan is in place to fully recover position by the end of the financial year.
- **Urodynamics: S**ervice has timetabled an additional twelve lists during June and July 2025 that will see 100 patients. This will along with the core capacity clear the backlog of 6+ week waiters and deliver the 95% target by the end of Q2 2025/26.
- **Audiology:** Locum audiologist starting in Bridlington w/c 09th June, will likely take 4 weeks to sign off their competencies and then they will be able to support with audiology cover at the coast. 2 x pop-up booths approved on capital plan to deliver additional audiology capacity. Implement pathway change to introduce audiology on arrival pathway (October 25)

What is the expected impact?

- Increased capacity leading to increase in activity, reduction in backlogs and improvement to DM01 to trajectory levels.

Potential risks to improvement?

- Ongoing issues with equipment breakdown and recruitment challenges.

Summary MATRIX

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			* Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways
COMMON CAUSE / NATURAL VARIATION		* Children & Young Persons: ED - Patients waiting over 12 hours in department	* Children & Young Persons: ED - Emergency Care Standard (Type 1 only) * Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks
SPECIAL CAUSE CONCERN			* Children & Young Persons: RTT - Total Waiting List

Children & Young Persons
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Children & Young Persons: ED - Patients waiting over 12 hours in department	2025-05			9		0
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2025-05			81.6%		95%
Children & Young Persons: RTT - Total Waiting List	2025-05			4363	3868	3206
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2025-05			63.4%		92%
Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways	2025-05			74	41	0

KPIs – Operational Activity and Performance

Children & Young Persons

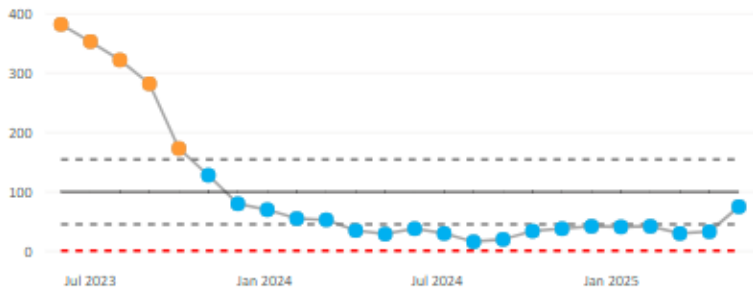
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton/Abolfazl Abdi

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

Variation Assurance



Latest Month

2025-05

Value

74

Target

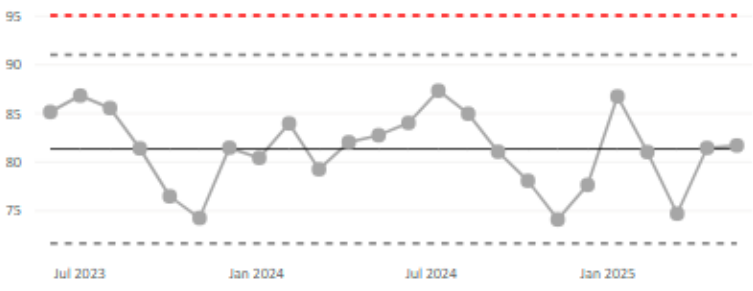
0

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

The latest months value has **deteriorated** from the previous month, with a difference of **42.0**.

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

Variation Assurance



Latest Month

2025-05

Value

81.6%

Target

95%

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

The latest months value has **improved** from the previous month, with a difference of **0.2**.

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

Target: SPC1: Aim to have zero patients waiting more than 52 weeks by end of September 2025. **SPC2:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2026.

What actions are planned?

SPC1:

- The Trust's internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectory for RTT52 weeks wait for patients aged under eighteen.
- Surgical Care Group are in process of validating and ensuring a robust action plan for each patient across Head & Neck areas. Once clear pathways are identified paediatric super weekends will be timetabled. Expectation that this work will be completed prior to the end of June 2025.

SPC2:

- Work to be completed to review if opportunity to maximise use of Children's Assessment Unit (CAU) for other specialties who need to assess children outside of ED

- Work continues with ED and Children's Wards so we can support flow for those requiring admission and for timely assessment in the ED to ensure decision to admit is made in timely manner.

What is the expected impact?

- Improved ECS for CYP patients.
- Return to RTT52 trajectory and delivery of zero waiters by the end of September 2025.

Potential risks to improvement?

- Impact of treating RTT65 week waits has taken priority in recent months.
- School holidays and exam periods impact delivery of CYP elective care.

Summary MATRIX

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			* Number of open Virtual Ward beds * Total Urgent Community Response (UCR) referrals * Number of people on waiting lists for CYP services per system who are waiting over 52 weeks
COMMON CAUSE / NATURAL VARIATION		* Proportion of Virtual Ward beds occupied	
SPECIAL CAUSE CONCERN			

COMMUNITY
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

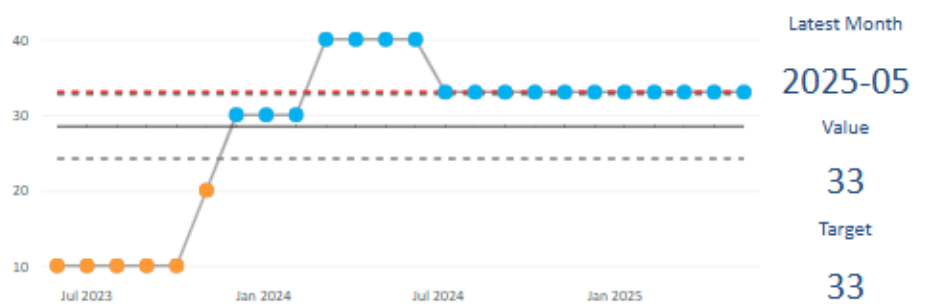
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of open Virtual Ward beds	2025-05	H	F	33	33	33
Proportion of Virtual Ward beds occupied	2025-05		?	66.7%	79%	79%
Community Response Team (CRT) Referrals	2025-05	H		527		
Total Urgent Community Response (UCR) referrals	2025-05	H	F	499	575	566
2-hour Urgent Community Response (UCR) care Referrals	2025-05	H		116		
2-hour Urgent Community Response (UCR) Compliancy %	2025-05	L		79.3%		
Number of Adults (18+ years) on community waiting lists per system	2025-05			735		
Number of CYP (0-17 years) on community waiting lists per system	2025-05	L		1868		
Number of District Nursing Contacts	2025-05			21673		
Number of Selby CRT Contacts	2025-05			2230		
Number of York CRT Contacts	2025-05			4212		
Referrals to District Nursing Team	2025-05			2173		
Number of people on waiting lists for CYP services per system who are waiting over 52 weeks	2025-05	L	F	692	696	0

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Rationale: To monitor demand on Community virtual wards.
Target: SPC1: Trust is commissioned to deliver 33 virtual ward beds. **SPC2:** Aim to achieve 79% virtual ward bed occupancy as per activity plan.

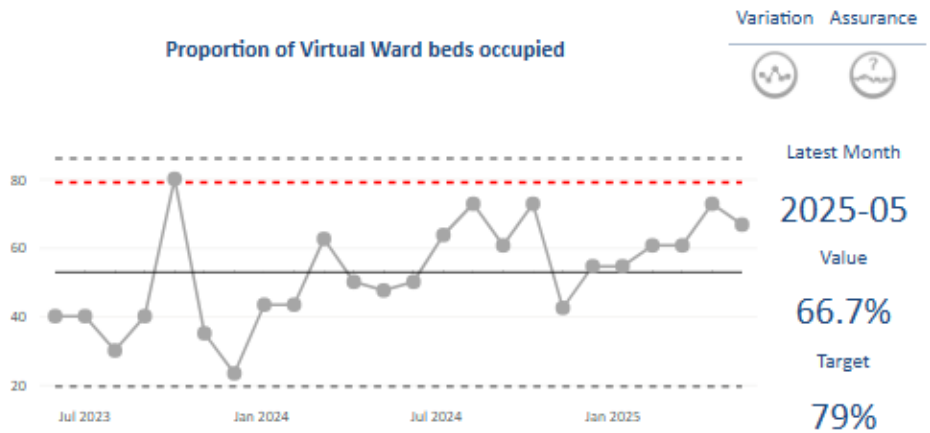
Number of open Virtual Ward beds



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

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

Proportion of Virtual Ward beds occupied



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

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

What actions are planned?

Frailty Virtual Ward - capacity 12 A second Trust grade medic joined the team in May 2025 to support increased stability, with ability now to cover leave periods and weekends. The development of a step-up IV antibiotic pathway in patients' homes is delayed, with more conversations with microbiology planned in June 2025.

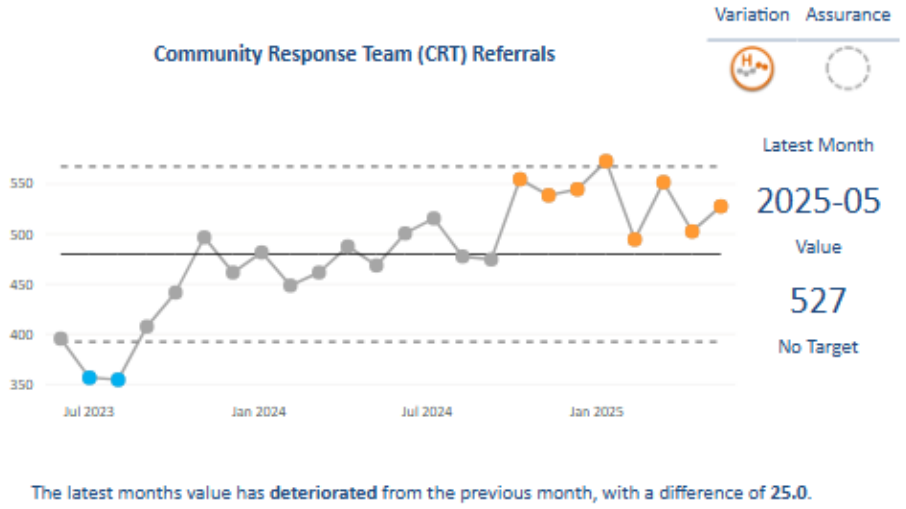
Heart Failure - capacity 10 The final report from Getting It Right First Time (GIRFT) has been received. Although they praise the service and the positive impact on patients, they do not believe the pathway meets the requirements of a true virtual ward. Options are being considered, including continuing the service (but not reporting as a Virtual Ward) and carrying out a feasibility study as to whether sufficient medical input can be funded.

Vascular – capacity 8 Capacity is available for patients to wait at home for onward diagnostics or treatment, but it is not expected to be routinely 'full' as it depends on the number of suitable patients. There is not 'spare' capacity, the model uses pre-existing resource.

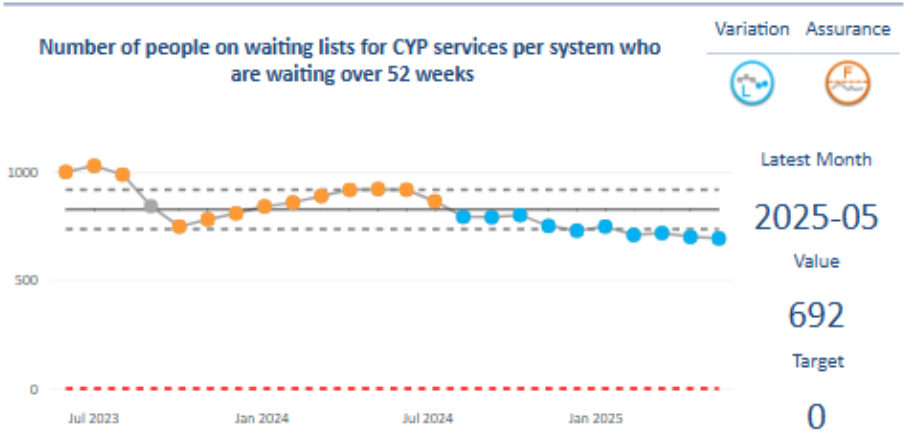
Cystic Fibrosis – capacity 3 The system allows a virtual model of care for up to three patients however this is not 'spare' capacity, the team works differently to support appropriate patients and numbers will always be low.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



The latest months value has **deteriorated** from the previous month, with a difference of **25.0**.



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

The latest months value has **improved** from the previous month, with a difference of **7.0**.

Rationale: To monitor demand on Community services.
Target: SPC1: No target. **SPC2:** zero waiting over 52 weeks by end of March 2026 as per activity planning submission.

SPC1: Referrals to Community Response Teams remain above the monthly average seen over the last two years. The continued development of the Frailty Crisis Hub will likely have further impact on referrals with the YAS pathway developments. Community Teams delivered 38,459 care contacts during April 2025, ahead of the trajectory of 37,580 submitted as part of 2025/26 annual planning. There is insufficient community capacity to continue to increase the number of patients whose needs we can meet at home.

What actions are planned?
SPC1: Aligned to the national drive to manage more patients at or close to their home, capacity and demand planning is underway to understand the size and scale of the gap, and options for reducing it. This work will be complete in Q2 and will be reported through both the Family Care Group Board and the Urgent and Emergency Care Board.

SPC2: SLT Leap Into Language initiative has commenced and will run through to the end of August 2025 consisting of:
Following an initial assessment children will go down 1 of 2 pathways (depending on age):
- Option 1 = PCI pathway with 3 x home visits (primarily SLTAs)
- Option 2 = block of 6 sessions in clinic with a therapist (band 5, 6, and 7)

At the end of summer/first week of the school term there will be a protected slot built in, to follow up with school as appropriate (e.g. admin time to write a report to send, OR to arrange a visit).

What is the expected impact?
Currently circa 40% of the total SLT waiting list are children with 'Language Difficulties' with 60% of those waiting over 1 year. A similar project entitled 'Summer of Speech' which ran June to September 204 saw 25% of patients discharged.

Potential risks to improvement?
- Demand exceeds capacity.
- National shortage of SLT therapists.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

QUALITY AND SAFETY

June 2025

Summary MATRIX 1

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Total Number of Trust Onset MSSA Bacteraemias * Total Number of Trust Onset MRSA Bacteraemias * Total Number of Trust Onset C. difficile Infections * Total Number of Trust Onset E. coli Bacteraemias * Total Number of Trust Onset Klebsiella Bacteraemias * Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias * Pressure Ulcers per thousand Bed Days * Patient Falls per thousand Bed Days * Medication incidents per thousand bed days * Patient Safety Incidents per thousand Bed Days * Harmful Incidents per thousand bed days * Total Number of Never Events Reported * Monthly SHMI * Monthly HSMR	
SPECIAL CAUSE CONCERN			

Quality & Safety
Scorecard (1)

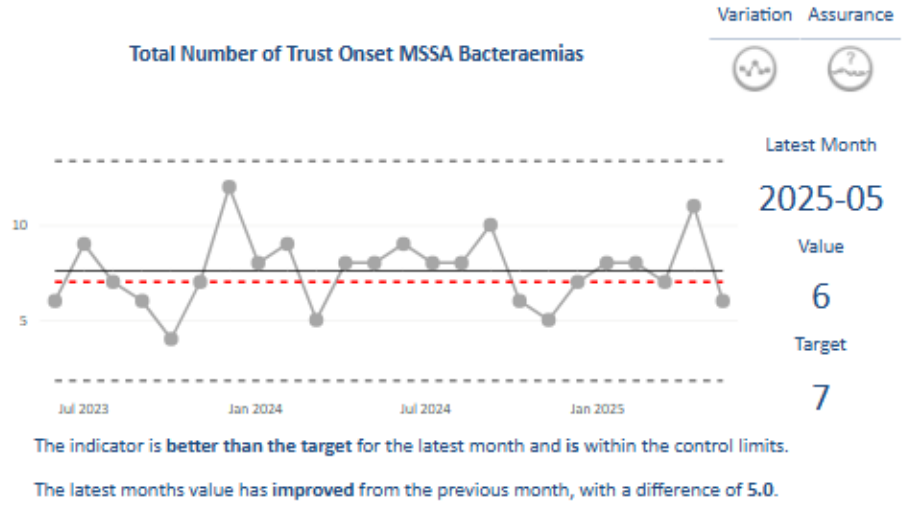
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

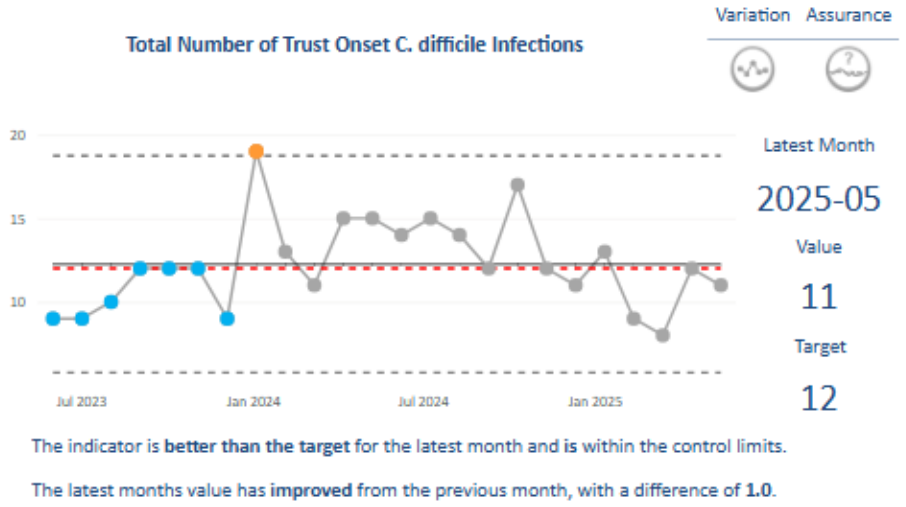
Executive Owner: Dawn Parkes **Operational Lead:** Sue Peckitt

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Total Number of Trust Onset MSSA Bacteraemias	2025-05			6	7	7
Total Number of Trust Onset MRSA Bacteraemias	2025-05			1		0
Total Number of Trust Onset C. difficile Infections	2025-05			11	12	12
Total Number of Trust Onset E. coli Bacteraemias	2025-05			12	14	14
Total Number of Trust Onset Klebsiella Bacteraemias	2025-05			7	5	6
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	2025-05			1	2	2
Pressure Ulcers per thousand Bed Days	2025-05			5		4
Patient Falls per thousand Bed Days	2025-05			6.8		8.7
Medication incidents per thousand bed days	2025-05			5.2		5

Executive Owner: Dawn Parkes

Operational Lead: Sue Peckitt





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

Target: National thresholds for 2025/26 have not yet been released but we are assuming this will be a 5% reduction on the 2024/25 year-end position. **MSSA is a True North Metric.**

Factors impacting performance:

- MSSA bacteraemia - 6 cases recorded in May, improvement on April's performance. 5 cases attributed to Medicine Care Group, 1 case attributed to the CSCS group. 25% of the cases are attributed to Scarborough Hospital, 83% of the cases are attributed to Scarborough Hospital and 17% attributed to the York Hospital. The Trust is 3 cases over the year-to-date objective.
- The Trust has recorded 1 MRSA Bacteraemia cases in April and 1 case in May against a zero objective. A post infection review meeting has been held for both cases to determine learning and improvement actions.
- 11 Trust attributed Clostridioides difficile cases recorded in May against a trajectory of 12. Of the 11 cases 73% were attributed to York Hospital, 27% were attributed to Scarborough Hospital.

Actions:

- The care group IPC/AMS meetings are all now established, and they are taking ownership of improvement requirements.
- Clostridioides difficile cases are reviewed using PSIRF approach, learning identified is being addressed via the Care Group IPC/AMS meetings.
- All MSSA/MRSA bacteraemia undergo a review using a PSIRF approach, learning identified improvement needed with hand hygiene compliance, IV cannula documentation, ANTT compliance. The move towards care groups leading in these reviews has commenced, with the SOP being agreed at IPSAG in May 2025.
- The focus for 2025/26 will be on prevention of avoidable bacteraemia's. An MSSA bacteraemia improvement plan in in development and a drive to improve VIP scoring and documentation has commenced.
- A QI project is being scoped regarding the reduction of Gram Negative Blood Stream Infections (GNBSI's) following the Trust attendance at the HNY ICB workshop on GNBSI's in May 2025

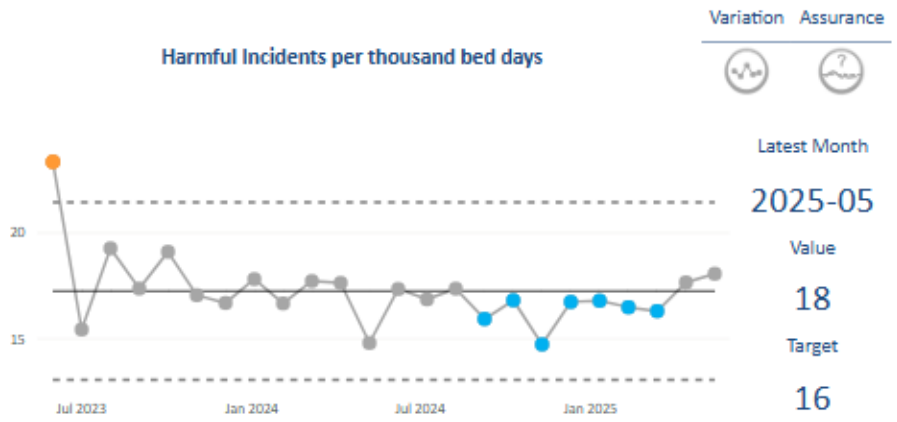
Quality & Safety
Scorecard (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

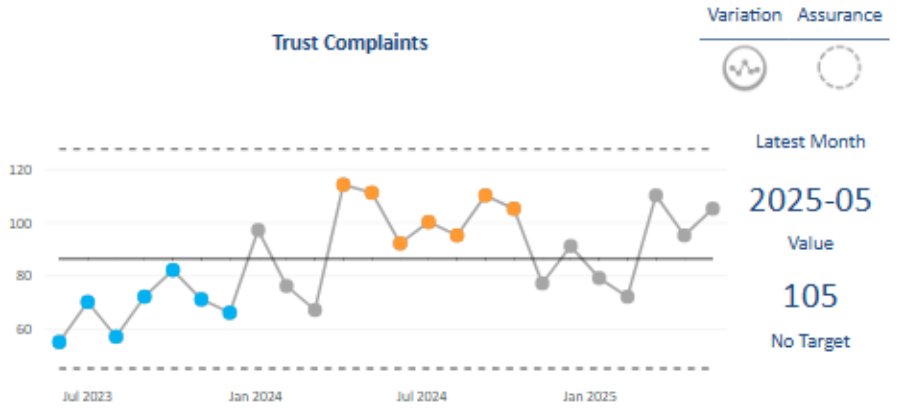
Executive Owner: Adele Coulthard/ Dawn Parkes **Operational Lead:** Dan Palmer/ Tara Filby/ Sacha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Patient Safety Incidents per thousand Bed Days	2025-05			53.6		53
Harmful Incidents per thousand bed days	2025-05			18		16
Total Number of Never Events Reported	2025-05			0		0
In-Hospital Deaths	2025-05			183		
Quarterly SHMI	2024-12			95.1		100
Monthly SHMI	2025-01			89		100
Quarterly HSMR	2024-12			110.7		100
Monthly HSMR	2025-02			101.4		100
Trust Complaints	2025-05			105		
Antepartum Stillbirths	2025-04			0		
Intrapartum Stillbirths	2025-04			0		
Early neonatal deaths (0-7 days)	2025-04			0		
PPH > 1.5L as % of all women - York	2025-04			4%		
PPH > 1.5L as % of all women - Scarborough	2025-04			2.1%		
Proportion of fractured neck of femur patients treated within gold standard timeframe (a month in arrears)	2025-04			50%		

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



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



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

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

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

Factors impacting performance:

Harmful Incidents per 1000 bed days:

The SPD chart demonstrates that there is no special cause reported. The number of incidents has remained below the mean for 12 months.

On this basis we now need to recalculate the control limits to understand where further standardisation and improvement needs to be made.

Throughout the winter period acuity and dependency increased however the number of reported incidents (All incidents) has remained stable. We have not seen an increase in the level of harmful incidents as a proportion of all incidents.

Factors impacting performance:

The number of new complaints has remained static with 95 new complaints recorded (versus 95 in April 2025), with 15 being complex complaints:
- ED York (9) - main themes of pain management (3) attitude of nursing staff (2) arranging/undertaking diagnostics (2)
- General Medicine Medical Team Scarborough (6) - main theme arranging/undertaking diagnostics (2)
- Emergency Medicine Medical Team Scarborough (5) - main theme arranging/undertaking diagnostics (2)
- Acute Medicine Medical Team Scarborough (4) - main theme delay or failure to diagnose (2)

Factors impacting performance:

34% fewer patients spent over 12 hours in our Emergency Departments this month (2051 in April and 1362 in May)
The W45 initiative, which aims to ensure a maximum of 45 minutes for ambulance handovers, went live at Scarborough on 21st May 2025; in the last week in May 2025 the average handover time for the Trust was just below 20 minutes.

- The embedding of the tests of change has had a positive impact through:
- - Streaming more patients away from ED to alternative pathways
- - Maximising the capacity and use of Urgent Treatment Centres
- - Using the new pathway: Emergency Department Ambulatory Care (EDAC)
- - Sending patients with a GP letter directly to the right specialty

Actions:

Communications and complaints writing workshops are being scheduled for delivery in Q1 and Q2.

The Datix team have been providing regular training to improve reporting and the quality of incident reporting and investigating.

A rapid process improvement workshop for concerns and complaints management is being planned to be delivered in Q1 2025/26.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

MATERNITY

June 2025

Summary MATRIX 1 of 3

Maternity Scarborough

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* Community midwife called in to unit - Scarborough	* Women affected by suspension - Scarborough * L/W Co-ordinator supernumerary % - Scarborough	
COMMON CAUSE / NATURAL VARIATION	* Bookings - Scarborough	* Bookings ≥13 weeks (exc transfers etc.) - Scarborough * Births - Scarborough * No. of women delivered - Scarborough * Maternity Unit Closure - Scarborough * SCBU at capacity - Scarborough * 1 to 1 care in Labour - Scarborough	* Bookings <10 weeks - Scarborough * Planned homebirths - Scarborough * Homebirth service suspended - Scarborough * Anaesthetic cover on L/W - Scarborough
SPECIAL CAUSE CONCERN		* SCBU at capacity of intensive care cots - Scarborough * SCBU no of babies affected - Scarborough	

Summary MATRIX 2 of 3

Maternity Scarborough

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION	* Intrapartum Stillbirths - Scarborough	* Normal Births - Scarborough * Assisted Vaginal Births - Scarborough * C/S Births - Scarborough * Elective caesarean - Scarborough * Emergency caesarean - Scarborough * Induction of labour - Scarborough * HDU on L/W - Scarborough * BBA - Scarborough * HSIB cases - Scarborough * Neonatal Death - Scarborough * Antepartum Stillbirth - Scarborough * Cold babies - Scarborough * Preterm birth rate <37 weeks - Scarborough * Preterm birth rate <34 weeks - Scarborough * Preterm birth rate <28 weeks - Scarborough	
SPECIAL CAUSE CONCERN			

Maternity Scarborough
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Normal Births - Scarborough	2025-04			52.7%		57%	Target
Assisted Vaginal Births - Scarborough	2025-04			6.5%		12.4%	Target
C/S Births - Scarborough	2025-04			40.9%		43.6%	Baseline
Elective caesarean - Scarborough	2025-04			14%		17.8%	Baseline
Emergency caesarean - Scarborough	2025-04			26%		25.8%	Baseline
Induction of labour - Scarborough	2025-04			45.1%		44.1%	Baseline
HDU on L/W - Scarborough	2025-04			2		5	Target
BBA - Scarborough	2025-04			1		2	Target
HSIB cases - Scarborough	2025-04			0		0	Target
Neonatal Death - Scarborough	2025-04			0		0	Target
Antepartum Stillbirth - Scarborough	2025-04			0		0	Target
Intrapartum Stillbirths - Scarborough	2025-04		P	0		0	Target
Cold babies - Scarborough	2025-04			0		1	Target
Preterm birth rate <37 weeks - Scarborough	2025-04			10.7%		6%	Target
Preterm birth rate <34 weeks - Scarborough	2025-04			2.1%		1%	Target
Preterm birth rate <28 weeks - Scarborough	2025-04			0%		0.5%	Target

Summary MATRIX 3 of 3

Maternity Scarborough

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Carbon monoxide monitoring at booking - Scarborough	
COMMON CAUSE / NATURAL VARIATION		* Low birthweight rate at term (2.2kg) - Scarborough * Breastfeeding Initiation rate - Scarborough * Breastfeeding rate at discharge - Scarborough * Smoking at booking - Scarborough * Smoking at 36 weeks - Scarborough * Smoking at time of delivery - Scarborough * Carbon monoxide monitoring at 36 weeks - Scarborough * PPH > 1.5L as % of all women - Scarborough * 3rd/4th Degree Tear - normal births - Scarborough * 3rd/4th Degree Tear - assisted birth - Scarborough * Informal Complaints - Scarborough * Formal Complaints - Scarborough	
SPECIAL CAUSE CONCERN		* Shoulder Dystocia - Scarborough	

Maternity Scarborough
Scorecard (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Low birthweight rate at term (2.2kg) - Scarborough	2025-04			1.1%		0%	Target
Breastfeeding Initiation rate - Scarborough	2025-04			75.3%		75%	Target
Breastfeeding rate at discharge - Scarborough	2025-04			47.3%		65%	Target
Smoking at booking - Scarborough	2025-04			8.9%		6%	Target
Smoking at 36 weeks - Scarborough	2025-04			5.1%		6%	Target
Smoking at time of delivery - Scarborough	2025-04			8.8%		6%	Target
Carbon monoxide monitoring at booking - Scarborough	2025-04	H		94.4%		95%	Target
Carbon monoxide monitoring at 36 weeks - Scarborough	2025-04			79.3%		95%	Target
SI's - Scarborough	2025-04			0		0	Target
PPH > 1.5L as % of all women - Scarborough	2025-04			2.1%		2%	Baseline
Shoulder Dystocia - Scarborough	2025-04	H		3		2	Target
3rd/4th Degree Tear - normal births - Scarborough	2025-04			1.1%		0%	Target
3rd/4th Degree Tear - assisted birth - Scarborough	2025-04			0%		0%	Target
Informal Complaints - Scarborough	2025-04			0		0	Target
Formal Complaints - Scarborough	2025-04			0		0	Target

Maternity Scarborough
Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - Scarborough	2025-04		P	85		169	Target
Bookings <10 weeks - Scarborough	2025-04		F	72.9%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - Scarborough	2025-04		?	4.7%		10%	Target
Births - Scarborough	2025-04		?	93		113	Target
No. of women delivered - Scarborough	2025-04		?	91		112	Target
Planned homebirths - Scarborough	2025-04		F	1.1%		2.1%	Target
Homebirth service suspended - Scarborough	2025-01		F	24		3	Target
Women affected by suspension - Scarborough	2025-04	L	?	0		0	Target
Community midwife called in to unit - Scarborough	2025-03	L	P	0		3	Target
Maternity Unit Closure - Scarborough	2025-03		?	0		0	Target
SCBU at capacity - Scarborough	2025-03		?	4		1.3	Baseline
SCBU at capacity of intensive care cots - Scarborough	2025-03	H	?	11		5.3	Baseline
SCBU no of babies affected - Scarborough	2025-03	H	?	1		0	Target
1 to 1 care in Labour - Scarborough	2025-04		?	100%		100%	Target
L/W Co-ordinator supernumerary % - Scarborough	2025-03	H	?	100%		100%	Target
Anaesthetic cover on L/W - Scarborough	2025-01		F	5		10	Target

Summary MATRIX 1 of 3

Maternity York

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Homebirth service suspended - York * SCBU at capacity - York * L/W Co-ordinator supernumerary % - York	
COMMON CAUSE / NATURAL VARIATION	* Bookings ≥13 weeks (exc transfers etc.) - York * Community midwife called in to unit - York * Anaesthetic cover on L/W - York	* Bookings - York * Births - York * No. of women delivered - York * Planned homebirths - York * Women affected by suspension - York * Maternity Unit Closure - York * SCBU at capacity of intensive care cots - York * SCBU no of babies affected - York * 1 to 1 care in Labour - York	* Bookings <10 weeks - York
SPECIAL CAUSE CONCERN			

Maternity York
Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - York	2025-04			290		295	Target
Bookings <10 weeks - York	2025-04		F	81.7%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - York	2025-04		P	3.4%		10%	Target
Births - York	2025-04			224		245	Target
No. of women delivered - York	2025-04			223		242	Target
Planned homebirths - York	2025-04			0.4%		2.1%	Target
Homebirth service suspended - York	2025-04	L		2		3	Target
Women affected by suspension - York	2025-04			0		0	Target
Community midwife called in to unit - York	2025-04		P	0		3	Target
Maternity Unit Closure - York	2025-04			0		0	Target
SCBU at capacity - York	2025-04	L		0		0.2	Baseline
SCBU at capacity of intensive care cots - York	2025-03			29		22.1	Baseline
SCBU no of babies affected - York	2025-03			3		0	Target
1 to 1 care in Labour - York	2025-04			100%		100%	Target
L/W Co-ordinator supernumerary % - York	2025-04	H		100%		100%	Target
Anaesthetic cover on L/W - York	2025-04		P	10		10	Target

Summary MATRIX 2 of 3

Maternity York

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* HSIB cases - York	
COMMON CAUSE / NATURAL VARIATION	* Intrapartum Stillbirths - York	* Normal Births - York * Assisted Vaginal Births - York * C/S Births - York * Emergency caesarean - York * Induction of labour - York * BBA - York * Neonatal Death - York * Antepartum Stillbirth - York * Cold babies - York * Preterm birth rate <37 weeks - York * Preterm birth rate <34 weeks - York * Preterm birth rate <28 weeks - York	
SPECIAL CAUSE CONCERN		* Elective caesarean - York	

Maternity York
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Normal Births - York	2025-04			49.6%		57%	Target
Assisted Vaginal Births - York	2025-04			14.7%		12.4%	Target
C/S Births - York	2025-04			35.7%		36.1%	Baseline
Elective caesarean - York	2025-04	H		19.2%		14.9%	Baseline
Emergency caesarean - York	2025-04			16.5%		21.1%	Baseline
Induction of labour - York	2025-04			41.5%		44.1%	Baseline
HDU on L/W - York	2025-04			9		5	Target
BBA - York	2025-04			1		2	Target
HSIB cases - York	2025-04	L		0		0	Target
Neonatal Death - York	2025-04			0		0	Target
Antepartum Stillbirth - York	2025-04			0		0	Target
Intrapartum Stillbirths - York	2025-04		P	0		0	Target
Cold babies - York	2025-04			0		1	Target
Preterm birth rate <37 weeks - York	2025-04			3.1%		6%	Target
Preterm birth rate <34 weeks - York	2025-04			0.3%		2%	Target
Preterm birth rate <28 weeks - York	2025-04			0%		0.5%	Target

Summary MATRIX 3 of 3

Maternity York

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Formal Complaints - York	
COMMON CAUSE / NATURAL VARIATION		* Low birthweight rate at term (2.2kg) - York * Breastfeeding Initiation rate - York * Breastfeeding rate at discharge - York * Smoking at booking - York * Smoking at 36 weeks - York * Smoking at time of delivery - York * Carbon monoxide monitoring at booking - York * PPH > 1.5L as % of all women - York * Shoulder Dystocia - York * 3rd/4th Degree Tear - normal births - York * 3rd/4th Degree Tear - assisted birth - York * Informal Complaints - York	* Carbon monoxide monitoring at 36 weeks - York
SPECIAL CAUSE CONCERN			

Maternity York
Scorecard (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Low birthweight rate at term (2.2kg) - York	2025-04			0%		0%	Target
Breastfeeding Initiation rate - York	2025-04			87.9%		75%	Target
Breastfeeding rate at discharge - York	2025-04			76.9%		65%	Target
Smoking at booking - York	2025-04			5.1%		6%	Target
Smoking at 36 weeks - York	2025-04			3.8%		6%	Target
Smoking at time of delivery - York	2025-04			5.4%		6%	Target
Carbon monoxide monitoring at booking - York	2025-04			91%		95%	Target
Carbon monoxide monitoring at 36 weeks - York	2025-04		F	68.2%		95%	Target
SI's - York	2025-04			0		0	Target
PPH > 1.5L as % of all women - York	2025-04			4%		3.9%	Baseline
Shoulder Dystocia - York	2025-04			4		2	Target
3rd/4th Degree Tear - normal births - York	2025-04			1.3%		0%	Target
3rd/4th Degree Tear - assisted birth - York	2025-04			0.4%		0%	Target
Informal Complaints - York	2025-04			2		0	Target
Formal Complaints - York	2025-04	L		0		0	Target

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

WORKFORCE

June 2025

Summary MATRIX

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* 12 month rolling turnover rate Trust (FTE)	* Total Agency Whole Time Equivalent Filled * Overall corporate induction compliance * A4C staff corporate induction compliance	* HCSW vacancy rate * Medical & dental staff corporate induction compliance * Appraisal Activity
COMMON CAUSE / NATURAL VARIATION		* Overall vacancy rate * Medical and dental vacancy rate * Registered Nursing vacancy rate * AHP vacancy rate * Total Bank Whole Time Equivalent Filled	* Monthly sickness absence * Annual absence rate * Overall stat/mand training compliance * A4C staff stat/mand training compliance * Medical & dental staff stat/mand training compliance
SPECIAL CAUSE CONCERN		* Midwifery vacancy rate	

Workforce
Scorecard (1)

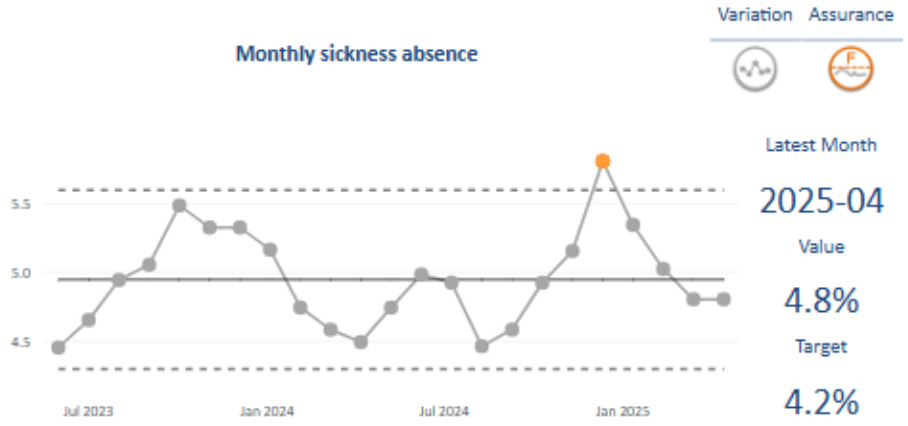
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

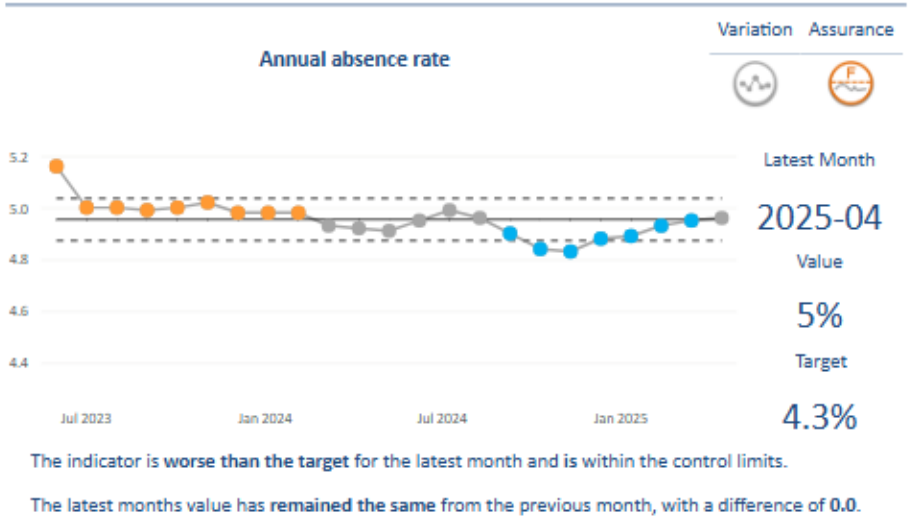
Executive Owner: Polly McMeekin **Operational Lead:** Lydia Larcum

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Monthly sickness absence	2025-04		F	4.8%	4.2%	4.2%
Annual absence rate	2025-04		F	5%		4.3%
12 month rolling turnover rate Trust (FTE)	2025-05	L	P	8.3%		10%
Overall vacancy rate	2025-05		?	6.7%		6%
HCSW vacancy rate	2025-05	L	F	10.3%		5%
Midwifery vacancy rate	2025-05	H	?	0.4%		0%
Medical and dental vacancy rate	2025-05		?	7.8%		6%
Registered Nursing vacancy rate	2025-05		?	6.5%		5%
AHP vacancy rate	2025-05		?	9.1%		8.5%
Total Agency Whole Time Equivalent Filled	2025-03	L	?	108		151
Total Bank Whole Time Equivalent Filled	2025-03		?	686.5		557
OVERALL: Percentage of rosters approved six weeks before start date	2025-04		F	31%		100%
NURSING & MIDWIFERY: Planned versus delivered hours (net hours) per Whole Time Equivalent	2025-04	L	?	7979.8		7938.1
NURSING & MIDWIFERY: Percentage of actual clinical unavailability versus percentage of budgeted clinical unavailability (headroom)	2025-04		F	27%		22%

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum





Rationale: Reduce absence resulting in greater workforce availability.
Target: 4.7%

Factors impacting performance and actions:

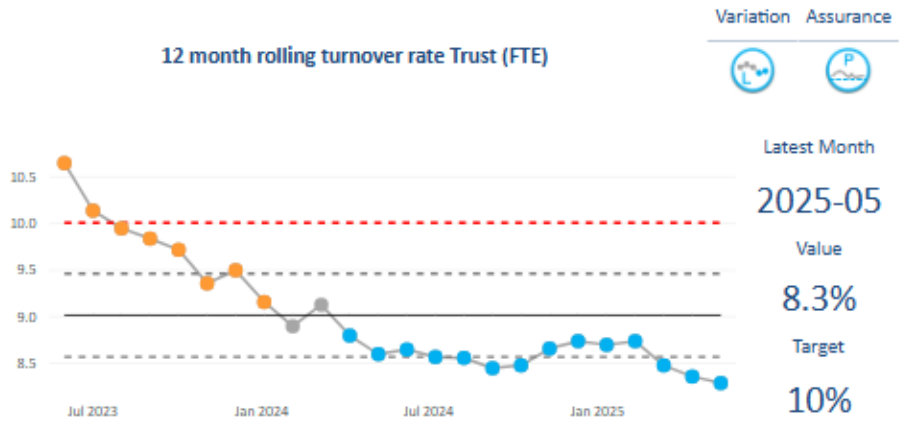
The rate of monthly sickness absence was consistent between March and April with 4.8% recorded in both months. Anxiety and stress-related illness continued to be the highest contributor to absence in April and, at 117 WTE, accounted for just over a quarter of all sickness. Absence related to gastrointestinal problems increased nominally from 10.1% to 10.2% (45 WTE to 46 WTE). As we moved from winter to spring, cold/'flu saw a reduction from 10% to 7.9% of absences.

Panel training for senior managers who support the Trust's Disciplinary and Civility, Respect and Resolution procedures was delivered by Hempsons Solicitors at the end of May. The initiative supports the Trust's commitment to ensuring individuals chairing panels are fully equipped with the necessary knowledge and understanding of their responsibilities. A total of 72 staff members attended the live session, which was led by Andrew Davidson, National Head of Employment at Hempsons. A recording has subsequently been made available on the Learning Hub for all relevant staff.

Text reminders are now sent to all staff booked in for an Occupational Health vaccination, or a manager referral appointment. When comparing May 2024 to May 2025, there has been a 75% reduction in DNAs (32 DNAs in May 2024, compared to 8 in May 2025). Reminders will be implemented for Manual Handling training dates within the coming months.

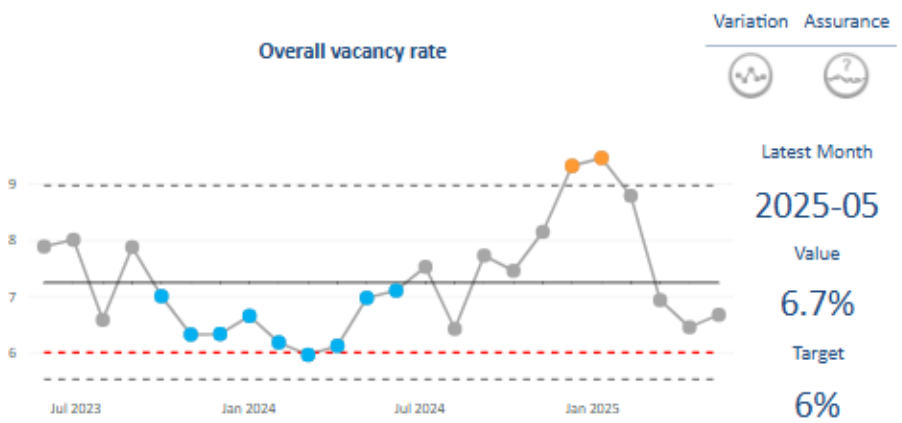
Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum



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

The latest months value has **improved** from the previous month, with a difference of **0.1**.



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

The latest months value has **deteriorated** from the previous month, with a difference of **0.2**.

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

Factors impacting performance and actions:

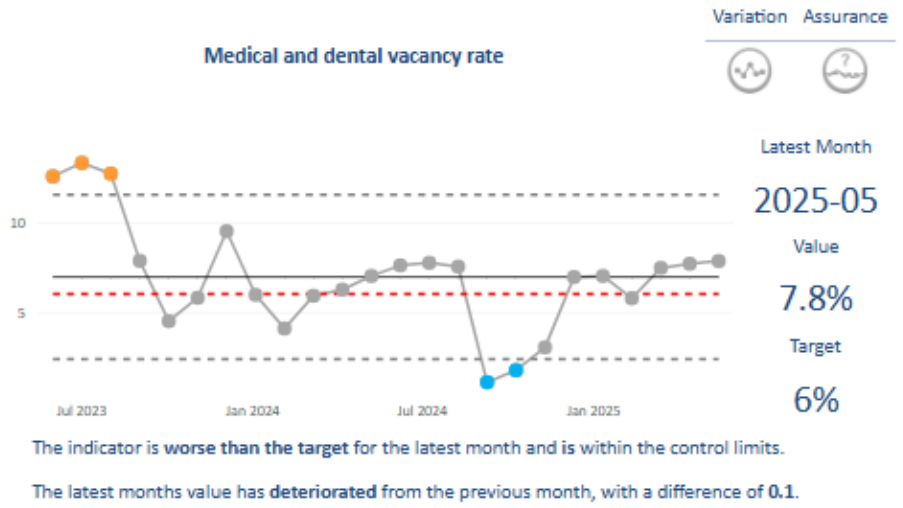
In May there was a small increase in the number of substantive colleagues in post in the Group (increase of 17 WTE to 9,139 WTE), compared with the previous month. At the same time, the overall budgeted establishment increased by 39 WTE from the position in April, resulting in a slight uptick in vacancy rate. The budget changes were mainly in nursing and included an increased allocation for Band 5 registered nurses in the York Emergency Assessment Unit.

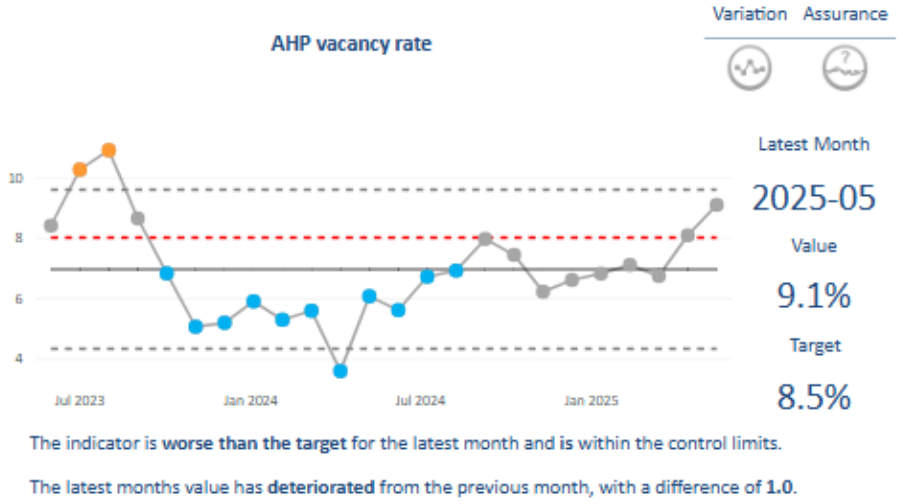
The Government recently published the Immigration White Paper, which sets out plans to reduce overall net migration. The changes, which include revised entry thresholds in terms of skills levels and colleague salaries has the effect of limiting ability to recruit from overseas, including in Band 2-4 Healthcare Support Worker roles. Furthermore, rule changes governing dependent visas are likely to make it more difficult to retain colleagues who were recruited from overseas.

At present, no timescales have been set for the implementation of these changes; however, it is anticipated that some will take effect during the summer.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum





Rationale: Reduce vacancy factor resulting in greater workforce availability.
Target: M&D vacancy rate 6%, AHP vacancy rate 8.5%

Factors impacting performance and actions:

In May, the Trust welcomed three new medical colleagues including a locum Consultant in Acute Medicine.

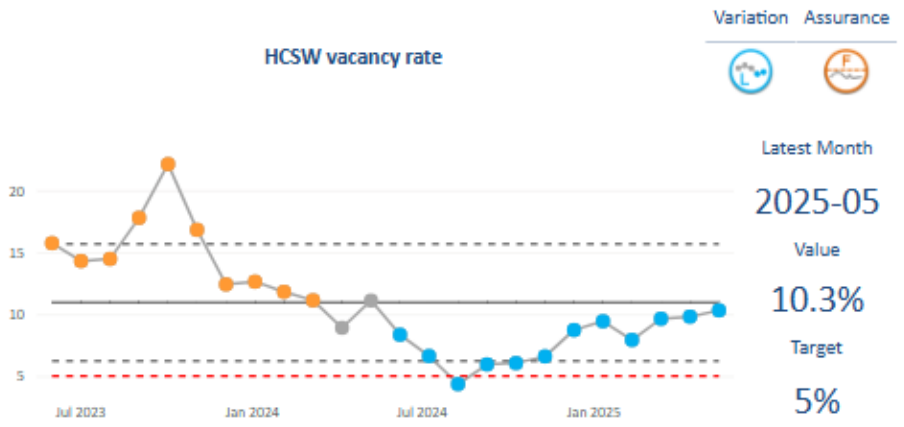
In addition, it made 10 offers of employment in medical posts, including two Consultant posts, with one being a permanent position in Respiratory Medicine.

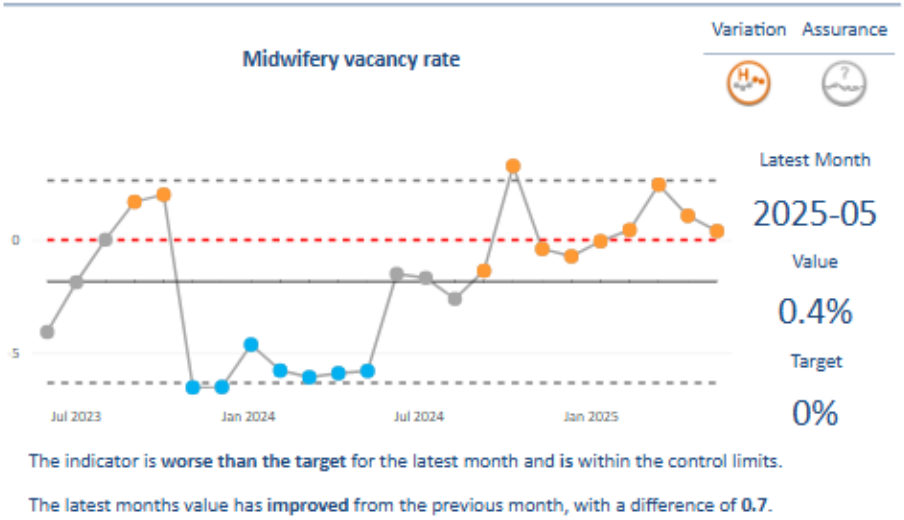
The Trust has begun work to prepare for the arrival of 213 new colleagues in August as part of resident doctors' changeover. This figure is expected to increase as the organisation appoints into Trust Grade roles to cover vacancies left following the resident doctor allocation.

16 Pre-Registered AHPs have been offered positions with the Trust starting over the next few months. Their start dates will be dependent on the AHP degree course they are undertaking, with some courses due to finish in June and others in September.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum





Rationale: Reduce vacancy factor resulting in greater workforce availability.
Target: HCSW vacancy rate 5%, Midwifery vacancy rate 0%

Factors impacting performance and actions:

There are currently 25 WTE HCSWs undertaking pre-employment checks with the Trust. A further 30 WTE HCSWs are booked onto upcoming Academy programmes. Although the current vacancy rate is 10.3%, from July 41 WTE vacancies will be removed from budgeted establishments to account for use of Long Day shifts. If this change were to be applied to the current position, the vacancy rate would reset to 7.3%.

The Trust is preparing to onboard 110 pre-registered nurses in the Autumn. 85 have already been offered roles with the Trust, with another 25 still to be processed. Advertising for Band 5 Registered Nurses has been paused until all pre-registered nurses have been allocated a position.

Nursing Associate WTE increased by 1 from April to May (to 61). Interviews for Nursing Associate apprenticeships have recently completed and the Trust is now in the process of formalising offers for these positions.

24 Pre-registered Midwives have been invited to career conversations with the Trust in June. Despite the current low vacancy rate, the Trust expects to be able to offer 18 WTE positions.

Please note, Maternity budgets increased by 15 WTE in June 2024, resulting in the increase in vacancy rate shown in the chart.

Workforce Table

Workforce (5)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Polly McMeekin **Operational Lead:** Lydia Larcum

	WTE Funded Establishment	WTE Vacancy	WTE Sickness	WTE Temporary Staffing Requested	WTE Variance between Requested and Vacancy & Sickness	WTE Filled by Bank	WTE Filled by Agency	WTE Variance between Total Filled and Vacancy & Sickness
Nursing								
Feb-25	2589.30	126.35	122.54	288.80	39.91	180.90	54.90	-13.09
Mar-25	2599.22	125.62	117.04	314.20	71.54	212.90	54.90	25.14
Apr-25	2564.22	151.93	115.79	244.00	-23.72	166.90	43.90	-56.92
HCA								
Feb-25	1264.72	100.18	59.15	277.30	117.97	216.10	0.00	56.77
Mar-25	1278.48	123.17	56.03	292.20	113.00	243.00	0.00	63.80
Apr-25	1274.47	124.96	55.18	233.20	53.06	207.60	0.00	27.46
M&D								
Feb-25	1103.85	63.71	49.49	147.13	33.93	78.70	49.31	14.81
Mar-25	1105.25	82.47	47.49	153.00	23.04	93.90	51.60	15.54
Apr-25	1107.34	85.18	47.36	164.70	32.16	96.00	35.60	-0.94

Factors impacting performance and actions:

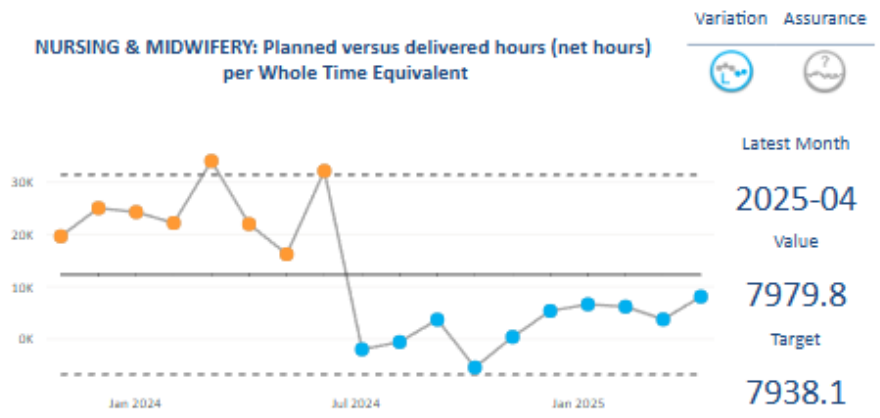
The Nursing eRostering Assurance Group and Medical Temporary Staffing Review Group continue to monitor KPIs to ensure temporary staffing use is being managed effectively and to explore opportunities for improvement.

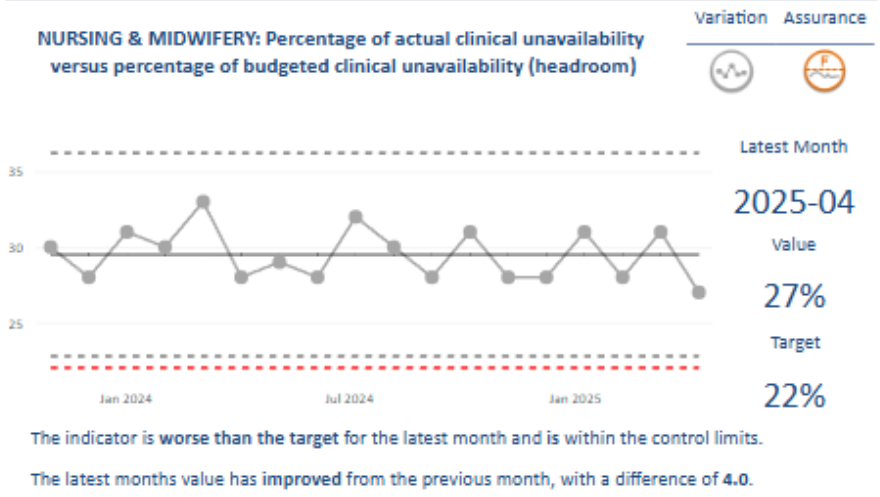
The Department of Health and NHS England have written to NHS organisations to reiterate that trusts must reduce their spend on agency staffing by at least 30% in the next financial year. The letter emphasises the important role of staff banks in reducing agency reliance, but it also notes that organisations should be evaluating their bank rates against the local agency market, to ensure the rates being offered are not more than the average equivalent agency rate. The Trust will monitor and report this data monthly moving forward.

The Collaborative Bank is live, enabling nursing staff to book shifts across partnering organisations in the region. The Trust is yet to receive any bookings but continues to work with system partners around the development of the Collaborative Bank and increasing colleague membership. To date, Trust workers have booked 2 shifts in Hull. This position will be monitored to ensure the distribution of shifts is balanced and does not disadvantage the Trust. The next step of the collaborative is to explore expanding the service to cover medical roles.

The Trust has been monitoring the number of administrative bank shifts undertaken each month. 737 shifts were worked in May which is a notable increase from the previous month, when 642 shifts were worked. Increases were recorded within Medicine (162 [April] v 235 [May]), Surgery (36 [April] v 72 [May]), CSCS (19 [April] v 26 [May]), DIS (188 [April] v 220 [May]) and WOD (4 [April] v 14 [May]). Work is underway to investigate the increases in bank use within each area. With restrictions in place around vacancy control, the organisation will continue to monitor this activity closely.

Executive Owner: Polly McMeekin **Operational Lead:** Lydia Larcum





Rationale: Ensure maximum availability of workforce through effective rostering, supporting reduction in temporary staffing reliance.
Target: Net hours fewer than 12.5 hours per person.
Clinical Unavailability within budgeted headroom.

Factors impacting performance and actions:
The Trust has self-assessed at Level 4 of the NHS England Level of Attainment Standards for eRostering within nursing in-patient ward areas and Level 2 for AHPs.
An aim is to publish 100% of rosters with at least 6 weeks' notice. The scorecard shows the Trust is at 31% overall, but this figure includes all areas on HealthRoster. Performance within staffing groups undertaking roster improvement work is notably better. Nursing in-patient ward areas achieved 98% and non-IPUs 48% (up from 41%). AHPs have started to monitor this KPI, achieving 40% (up from 32%). As more areas engage with roster improvement work, the overall rating will increase.

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

	% of rosters self-rostered	Number of areas self-rostered	% of areas using auto-roster function	Number of areas using auto-roster function	% of rosters auto-rostered where function used
In-patient Wards	3.7%	2	11%	6	34.02%
Non-IPU's	0%	0	43%	37	34.26%
AHPs	0%	0	94%	50	33%

76% of the workforce are now on HealthRoster. The Trust is aiming to have 90% of the clinical workforce on eRostering within Summer 2025. There are just two staffing groups remaining to achieve this.

Staffing Group	% on Healthroster	Staffing Group	% on Healthroster
Nursing and Midwifery	99%	AHP	98%
Additional Clinical Services	97%	Healthcare Scientists	86%
Sci and Technical	95%	Medical and Dental	56%
Admin and Clerical	57%	Estates and Ancillary	4%

Workforce
Scorecard (2)

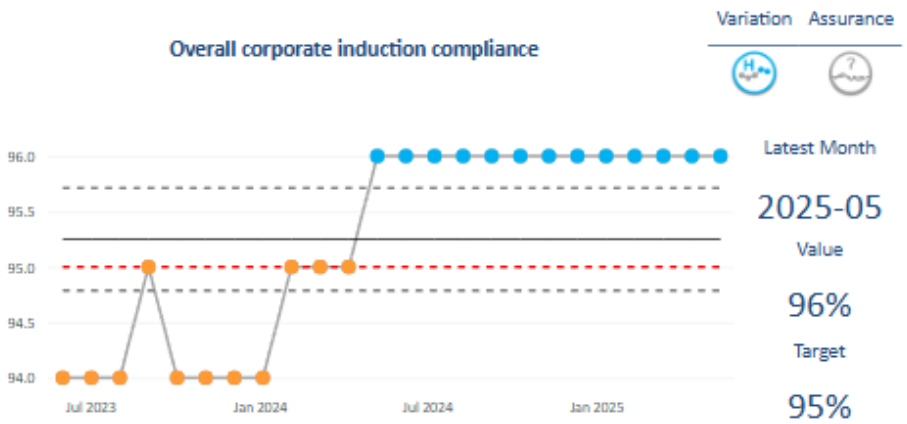
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Overall stat/mand training compliance	2025-05		F	87%		90%
Overall corporate induction compliance	2025-05	H	?	96%		95%
A4C staff stat/mand training compliance	2025-05		F	89%		90%
A4C staff corporate induction compliance	2025-05	H	?	97%		95%
Medical & dental staff stat/mand training compliance	2025-05		F	76%		90%
Medical & dental staff corporate induction compliance	2025-05	H	F	95%		95%
Appraisal Activity	2025-05		?	2.5%		95%
Percentage recommending the Trust as a place to work (quarterly - data source is PULSE, Staff Survey data omitted for Q3)	2025-04			39.6%		
Percentage recommending the Trust as a place to receive treatment (quarterly - data taken from PULSE, Staff Survey data omitted for Q3)	2025-04			37.3%		

Executive Owner: Polly McMeekin

Operational Lead: Will Thornton & Gail Dunning



Rationale: Trained workforce delivering consistently safe care
Target: Mandatory Training 90% and Corporate Induction 95%

Factors impacting performance and actions:

From April, the Trust adopted a new target for statutory and mandatory training compliance. The 90% target strives for a 3% increase in the level of completion from the current position. There are some key groups that form the focus of improvement plans, including YTHFM, medical and dental, and bank colleagues. It is anticipated the recent national agreement for portability of mandatory training for staff moving between NHS organisations could benefit compliance in the medium-term, though this may also be impaired by the recent announcement from NHS England that the Digital Staff Passport has been de-prioritised.

The Government has announced that from January 2026, Level 7 (Masters equivalent) apprenticeships can no longer be funded from an employer's Apprenticeship Levy for colleagues aged over 21. In the absence of alternative funding, this will prevent new enrolments on apprenticeship programmes such as Advanced Clinical Practitioner, Accountancy and Taxation Professional, Digital and Technology Solutions Specialist, Internal Audit Professional, Senior Leader Master's Degree and Senior People Professional. Consequently, the Trust must seek a different way of spending a proportion of its Levy funds while adjusting its talent management strategy for several senior roles.

An announcement on the conversion of the Apprenticeship Levy to a 'Growth and Skills Levy' is not expected before 2026. The change is proposed to utilise the Levy to fund programmes of learning other than apprenticeships on a limited basis.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Y&S Digital

June 2025

Summary MATRIX

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

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Number of P1 incidents* * Percentage of FOIs and EIRs responded to within 20 working days (monthly)	
SPECIAL CAUSE CONCERN	* Percentage of patient Subject Access Requests (SAR) processed within 1 calendar month (monthly)		

Digital & Information Services (DIS)
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: James Hawkins **Operational Lead:** Steve Lawrie/Rebecca Bradley

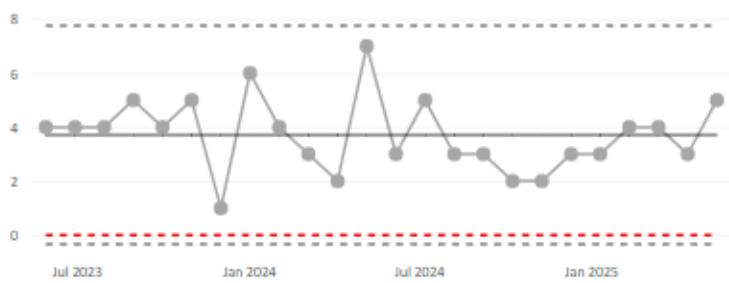
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of P1 incidents*	2025-05			5		0
Total number of calls to Service Desk	2025-05			3946		
Total number of calls abandoned	2025-05			894		
Number of information security incidents reported and investigated	2025-05			42		
Number of patient Subject Access Requests (SAR) received (monthly)	2025-05			293		
Number of patient Subject Access Requests (SAR) completed (monthly)	2025-05			288		
Percentage of patient Subject Access Requests (SAR) processed within 1 calendar month (monthly)	2025-05			80%		80%
Number of FOIs and EIRs received (monthly)	2025-05			71		
Number of FOIs and EIRs completed (monthly)	2025-05			89		
Percentage of FOIs and EIRs responded to within 20 working days (monthly)	2025-05			81%		80%

Executive Owner: James Hawkins

Operational Lead: Stuart Cassidy

Variation Assurance

Number of P1 incidents*

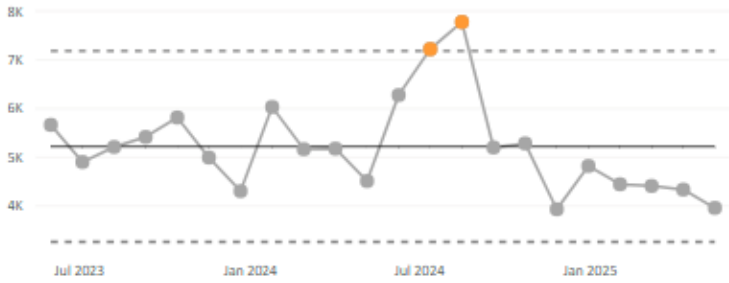


Latest Month
2025-05
Value
5
Target
0

The latest months value has **deteriorated** from the previous month, with a difference of **2.0**.

Variation Assurance

Total number of calls to Service Desk



Latest Month
2025-05
Value
3946
No Target

The latest months value has **improved** from the previous month, with a difference of **376.0**.

Rationale: Reduction in P1 Incidents and Service Desk Calls are a proxy for better digital service

Target: 0 P1 Incidents

Factors impacting performance:

5x P1 incidents occurred.

1. 6/5 Staffroom was inaccessible for approx. 3 hours – authentication issues with external host
2. 14/5 network offline for computers/phones between 02:52 and 03:59. Faulty UPS power unit, bypassed and escalated to Estates team.
3. 19/5 CPD uploading attachments/scanning unavailable from 21:30 to 02:00 on 20/5. Signal reports affected until 13:00 20/5
4. 20/5 CPD Database backup delays affecting contingency failover copy. Not user impacting, but contingency copy was out of sync for 20 minutes duration
5. 30/5 G2 dictations not launching from CPD following planned system maintenance overnight. Duration 23mins.

Actions:

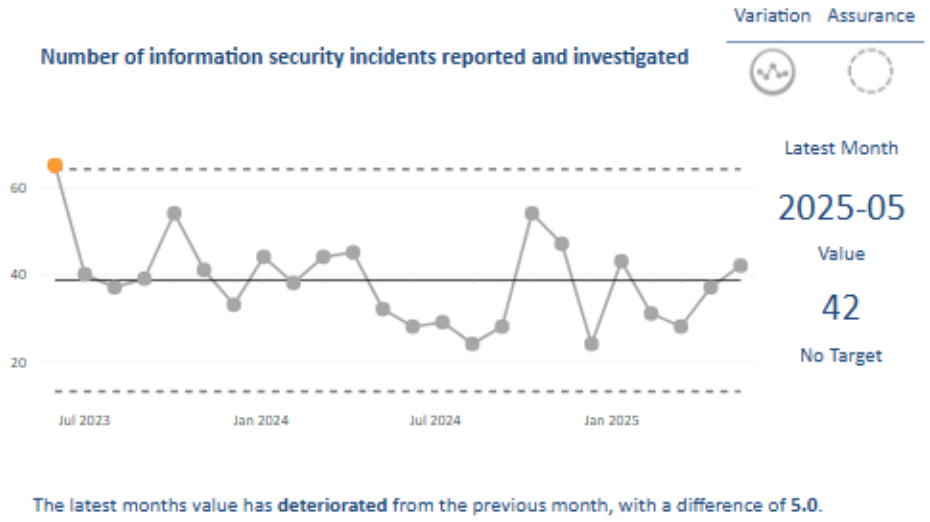
Telephone call performance has stabilised following disruption to staffing levels after internal promotions.

We will continue to promote the use of IT Self Service as a route to support for non-urgent faults and service requests. This can provide access 24/7 to knowledge articles and request forms that help capture all the relevant details to enable IT support services to be delivered efficiently and effectively.

We aim to mitigate any increased support demand related to planned project work by clear communications and directing users to online support routes. E.g. e-mail archives are being migrated from P:\ to the Online Archive, which may result in some support queries.

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley



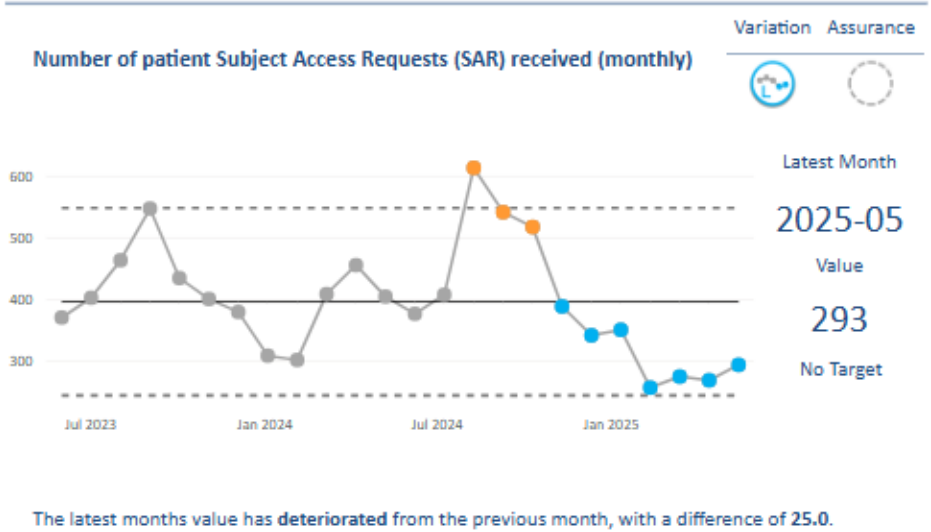
Rationale: Monitoring of information security incidents and ensuring these are investigated and actioned as appropriate.

Number of information security incidents reported and investigated

Factors impacting performance:

There has been a small increase in incidents during May compared to the previous month and this is also slightly higher than the same period in the previous year. Wrong patient ID and disclosed in error account for nearly 60% of these incidents.

Actions: Trends will be communicated to staff and root cause analysis will be completed on all incident investigations.



Rationale: Monitoring of Subject Access Requests received to ensure the Trust is managing its statutory obligations under the UK GDPR.

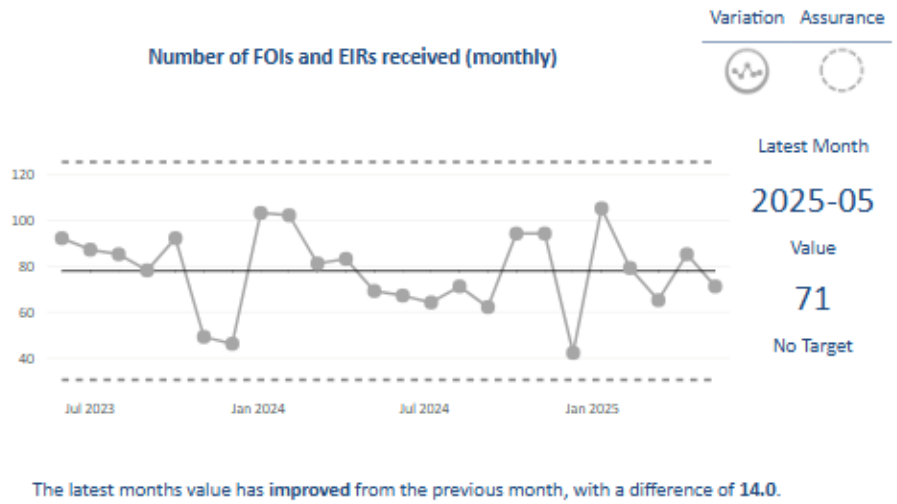
Number of Subject Access Requests (SAR) submitted by patients

Factors impacting performance:
The reporting for SARs has changed to only include patient access requests. Previous reports have also included police requests, access to health records (deceased patients) and ad hoc external requests which are no longer included in this count.

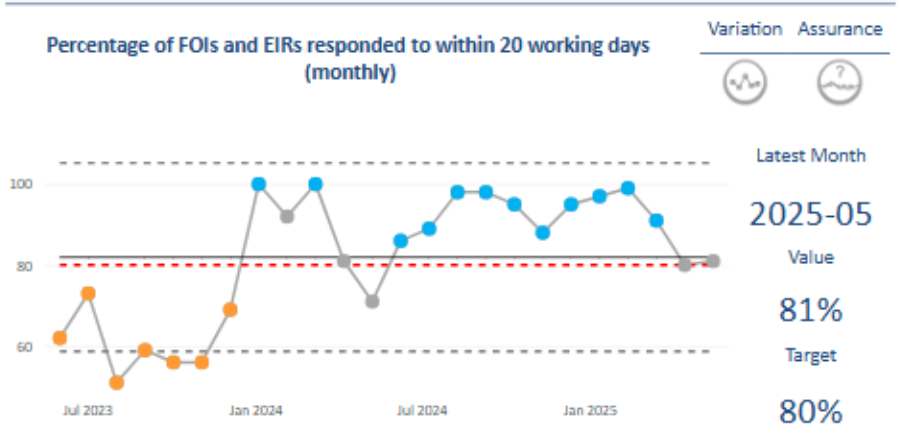
Volumes received have increased by 9% compared to last month and timeliness of responses has improved from 68% last month to 80% in May, which is now achieving target.

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley



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



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

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

Rationale: Ensuring the Trust responds to % Freedom of Information (FoI) request and Environmental Information Regulation (EIR) requests in line with legislation
Target: 80% Freedom of Information (FoI) request and Environmental Information Regulation (EIR) requests responded to within 20 days

Factors impacting performance:.

Number of FOIs Received

The number of FoIs the Trust received in May has slightly decreased and this trend is inline with the previous year.

Actions: N/A

Percentage of FOIs responded to within 20 working days

Requests being sent out on time has marginally increased (+1%) and is above the target of 80%. This has improved by 10% compared to the previous year.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

FINANCE

June 2025

Summary Dashboard and Income & Expenditure

Finance (1)

- The Trust Submitted its Operational Financial Plan to NHSE on 30th April 2025. The plan presented a balanced income and expenditure (I&E) position as per the table opposite.
- The Trust's balanced position forms part of a wider HNY ICB balanced I&E plan.
- The Trust has a planned operational I&E surplus of £1.3m, but for the purposes of assessing financial performance NHSE remove certain technical adjustments to arrive at the underlying financial performance.
- It should be noted that the Trust's projected balanced position is after the planned delivery of a significant efficiency programme of £55.3m.
- The plan is designed to assist the Trust meet all the required performance targets in 2025/26

OPERATIONAL FINANCIAL PLAN 2025/26
SUMMARY INCOME & EXPENDITURE POSITION

	£'000
INCOME	
Operating Income from Patient Care Activities	
NHS England	85,178
Integrated Care Boards	693,623
Other including Local Authorities, PPI etc..	8,780
	787,581
Other Operating Income	
R&D, Education & Training, SHYPS etc..	93,320
Total Income	**880,901**
EXPENDITURE	
Gross Operating Expenditure	-922,635
Less: CIP	55,290
Total Expenditure	**-867,345**
OPERATING SURPLUS / (DEFICIT)	**13,556**
Finance Costs (Interest Receivable / Payable / PDC Dividend)	-12,196
SURPLUS / (DEFICIT) FOR THE YEAR	**1,360**
ADJUSTED FINANCIAL PERFORMANCE	
Net Surplus / (Deficit)	1,360
Add Back	
I&E Impairments	5,000
Remove capital donations / grants I&E impact	-6,360
ADJUSTED FINANCIAL SURPLUS / (DEFICIT)	**0**

Summary Dashboard and Income & Expenditure

Finance (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	-£0.9m	-£1.3m	↓	Deteriorating
Corporate CIP Delivery Variance to Plan (£26.6m target)	-£1.0m	-£2.1m	↓	Deteriorating
Core CIP Delivery Variance to Plan (£27.3m Target)	-£0.9m	£1.5m	↑	Improving
Business Case CIP Delivery Variance to plan (£1.4m target)	-£0.1m	-£0.1m	-	No change
Variance to Agency Cap	-£0.3m	-£0.3m	-	No change
Month End Cash Position	£38.1m	£26.8m	↓	Deteriorating
Capital Programme Variance to Plan	-£0.4m	-£0.3m	↑	Improving

	Plan	Plan YTD	Actual YTD	Variance	Forecast
	£000	£000	£000	£000	£000
Clinical Income	789,814	131,635	132,357	722	789,814
Other Income	91,165	15,199	14,906	-292	91,165
Total Income	880,979	146,833	147,263	430	880,979
Pay Expenditure	-578,630	-95,896	-98,601	-2,704	-578,630
Drugs	-73,852	-12,309	-12,841	-532	-73,852
Supplies & Services	-93,870	-15,637	-15,344	293	-93,870
Other Expenditure	-171,004	-21,419	-20,678	741	-171,004
Outstanding CIP	49,933	700	0	-700	49,933
Total Expenditure	-867,423	-144,561	-147,463	-2,903	-867,423
Operating Surplus/(Deficit)	13,555	2,273	-200	-2,473	13,555
Other Finance Costs	-12,195	-2,033	-1,642	390	-12,195
Surplus/(Deficit)	1,360	240	-1,842	-2,083	1,360
NHSE Normalisation Adj	-1360	-1060	-241	819	-1360
Adjusted Surplus/(Deficit)	0	-820	-2,084	-1,264	0

The I&E table confirms an actual adjusted deficit of £2.1m against a planned deficit of £0.8m, leaving the Trust with an adverse variance to plan of £1.3m.

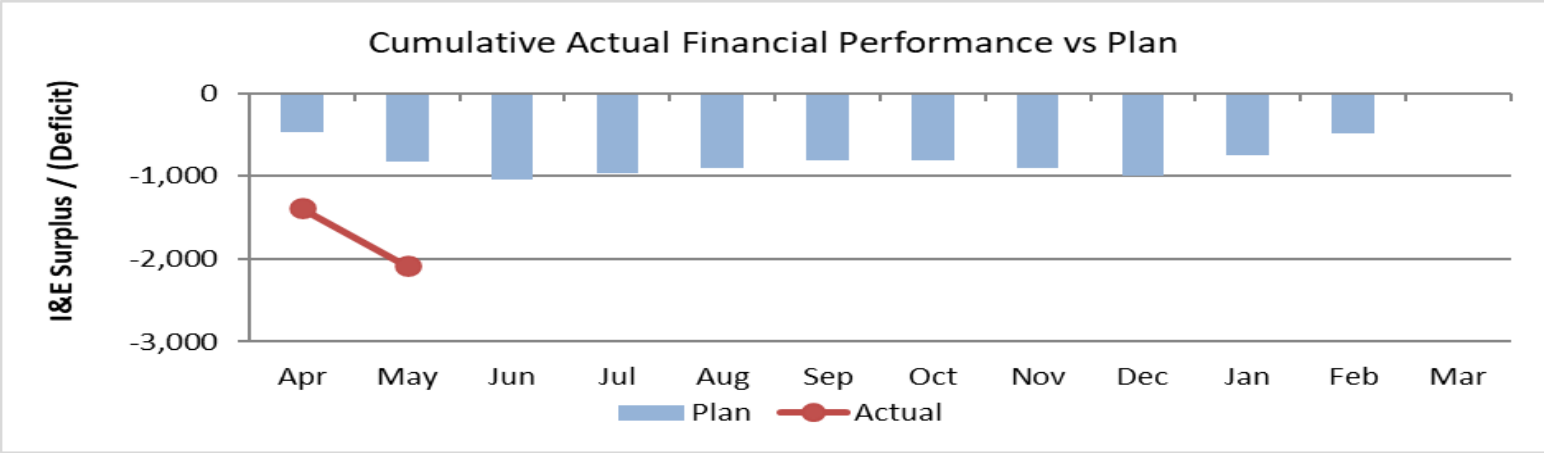
In respect of deficit support funding, Q1 has been received for the system based on a fully planned efficiency program across all providers and the ICB. Q2 funding is predicated on the M2 position delivering to plan as a system, and showing progress against de risking our efficiency plans, although the criteria is not clearly defined. Whilst the Trust are showing a £1.3m adverse variance, as a system we are delivering to plan.

At this early stage of the financial year the forecast is that the Trust will take mitigating actions that will successfully deliver a balanced position. This will be kept under review as the year progresses.

Key Subjective Variances: Trust
Finance (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Variance	Favourable / (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	(£5,728)	NHSE under trade linked to services which have been delegated to ICBs to commission. There is a corresponding over trade on ICB line below.	Confirm contracting arrangements and ensure plans and actual income reporting align.
ICB Income	£6,218	See above	See above
Employee Expenses	(£2,704)	Agency, bank and WLI spending is ahead of plan to cover medical vacancies.	To continue to control agency spending within the cap. Work being led by HR Team to apply NHSE agency best practice controls, continued recruitment programmes (including overseas recruitment). Vacancy control measures in place.
Drugs	(£532)	Relates to drugs commissioned by ICBs that were previously contracted for on a pass-through basis but are now included in the block payment. A risk share arrangement was agreed in the 2025/26 plan to manage cost growth in this group of drugs. At the end of May expenditure is running ahead of plan.	Identify opportunities to expedite reduction in cost growth including switching to biosimilar products. Work led by Chief Pharmacist to review cost effective use of first line treatment options.
CIP	(£700)	The Corporate Programme is £2.1m behind plan, the Core Programme is £1.5m ahead of plan and the Business Case Programme is £0.1m behind plan.	Continued focus on delivery of the CIP overseen by the Efficiency Delivery Group.
Other Costs	£741	Linked to reserve balances and is largely the result of delays to planned initiatives.	To continue to monitor



The income and expenditure plan profile shows an expected cumulative deficit throughout the year with a balanced position achieved in March 2026. The improvement in quarter 4 is due to an expected acceleration of delivery of the efficiency programme.

The actual I&E performance at the end of May 2025 is a deficit of £2.1m compared to a planned deficit of £0.8m. This represents an adverse variance to plan of £1.3m.

This is a True North Metric.

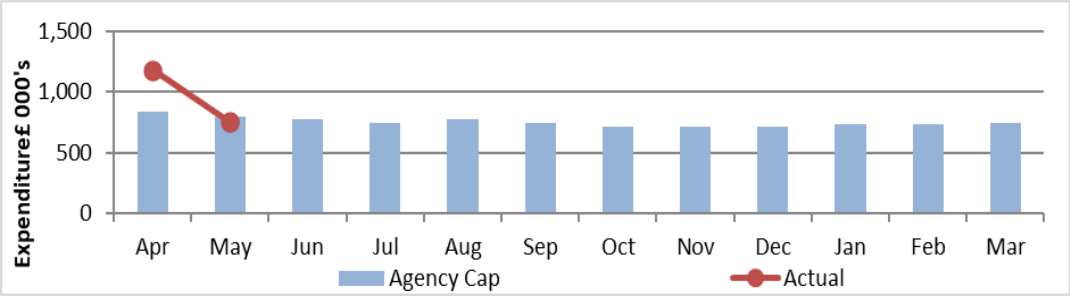
Care Group Forecast
Finance (5)

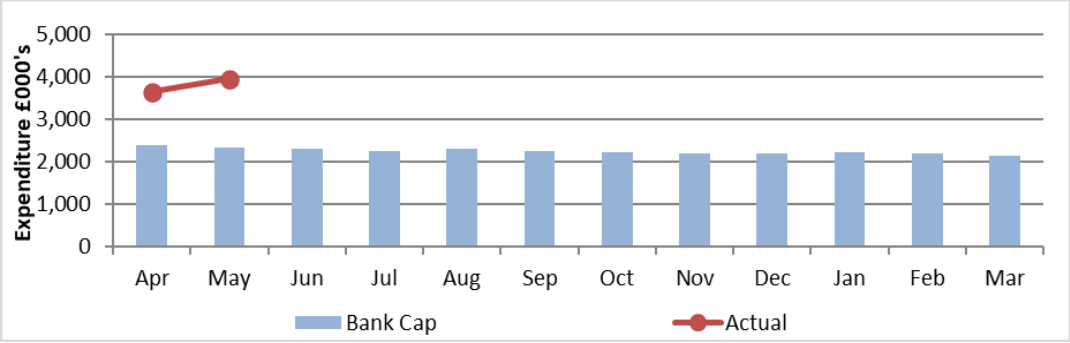
York and Scarborough Teaching Hospitals NHS Foundation Trust

Year to Date 2025/26 Care Group Financial Position							
Care Group	Annual Adjusted Budget	YTD Budget	YTD Actual	YTD Variance	YTD Adjusted Budget	YTD Adjusted Variance	Key Drivers of YTD Adjusted Variance
	£000	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	229,422	38,367	38,020	347	38,893	873	Underspend driven by Scarborough CDC delay and vacancies in other areas. These are partially offset by large increase in May (£901k) of drug expenditure.
Family Health Care Group	85,563	14,356	14,557	-201	14,559	2	£89k relates to the premium cost of covering medical vacancies, £59k Community Nursing overspend, £155k Midwifery overspend, £288k other pay underspend, £35k unachieved CIP.
Medicine	184,476	31,332	32,894	-1,562	31,550	-1,345	£696k relates to medical cost pressures in ED and Acute; £695k drugs overspend, primarily Gastro and Respiratory.
Surgery	160,758	26,424	27,660	-1,235	27,007	-652	Overspend mainly relates to Resident Doctors pay costs over budget - £0.4m, theatre capacity gap/overtime payments £0.2m and Ward 25 pay costs over budget £0.1m (due to increase in beds)
TOTAL	660,219	110,479	113,131	-2,652	112,009	-1,122	

Full Year 2025/26 Care Group Forecast Financial Position						
Care Group	Annual Adjusted Budget	Forecast Prior to Mitigating Actions	Mitigating Actions	Forecast Post Mitigating Actions	Forecast Variance	Key Drivers of Forecast Variance
	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	229,422	229,298	0	229,298	124	Forecast deterioration largely due to expected increase in diagnostic costs (Pathology, Radiology and Endoscopy) based on previous 6 month run rate and, offset largely by ongoing vacancy expectation. CIP forecast to overdeliver by £144k.
Family Health Care Group	85,563	86,248	0	86,248	-685	£535k relates to the premium cost of covering medical vacancies, £354k Community Nursing overspend, £932k Midwifery overspend, £1.3m other pay underspend.
Medicine	184,476	197,047	-159	196,888	-12,412	£4.2m relates to medical staffing cost pressures, £4.2m drug overspend and £3.8m shortfall in CIP delivery
Surgery	160,758	165,740	-819	164,921	-4,163	£2.5m over-spend on Resident Doctors mainly relates to premium cost of covering medical vacancies; £1m Theatre capacity gap/overtime payments; £0.3m Ward 25 pay costs over budget & £0.4m bank & agency backfill for 11 apprentice posts (mainly in TACC)
TOTAL	660,219	678,333	-978	677,355	-17,136	

Agency, Bank and Workforce
Finance (6)





	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,588.60	2,474.72	113.88	26,575	26,831	-256
Scientific, Therapeutic and Technical	1,309.79	1,239.71	70.08	12,263	11,991	272
Support To Clinical Staff	1,947.54	1,711.50	236.04	11,529	10,925	603
Medical and Dental	1,114.81	1026.4	88.41	25,082	27,342	-2,260
Non-Medical - Non-Clinical	3,220.42	2,894.28	326.14	21,079	21,136	-56
Reserves				-1,006	0	-1,006
Other				373	375	-2
TOTAL	10,181.16	9,346.61	834.55	95,896	98,601	-2,704

Agency Controls

The Trust has an agency staffing spend reduction target of 40% based on 2024/25 outturn. The expenditure on agency staff at the end of May is £1.926m compared to a plan of £1.630m, representing an adverse variance of £0.296m.

Bank Controls

The Trust has a bank staffing spend reduction target of 10% based on 2024/25 outturn. The expenditure on bank staff at the end of May is £7.588m compared to a plan of £4.713m, representing an adverse variance of £2.875m.

Workforce

This table presents a breakdown by staff group of the planned and actual workforce establishment in whole time equivalents (WTE) and spend for the year. The table illustrates that the key driver for the operational pay overspend position is premium rate spend against Medical and Dental staff.

Trust Performance Summary vs Commissioner ERF weighted Values in Contract.

Commissioner	25-26 Target % vs 19/20	Variable Contract Value ERF scope Indicative Weighted Values at 25/26 prices	ERF Month 02 Phase (Av %)	Activity to Month 02 Actual	Variance - (Clawback Risk) M02
Humber and North Yorks	104.00%	£171,150,759	£27,877,136	£29,028,671	£1,151,536
West Yorkshire	103.00%	£1,394,671	£227,165	£230,796	£3,631
Cumbria and North East	115.00%	£175,707	£28,619	£45,953	£17,334
South Yorkshire	121.00%	£153,050	£24,929	£22,326	-£2,603
Other ICBs - LVA / NCA	-				*£0*
All ICBs	***104.02%***	***£172,874,186***	***£28,157,849***	***£29,327,746***	***£1,169,898***
NHSE Specialist Commissioning	113.38%	£4,752,000	£774,009	£11,488	-£762,520
Other NHSE	104.13%	£303,039	£49,359	£42,450	-£6,909
All Commissioners Total	**104.31%**	**£177,929,226**	**£28,981,216**	**£29,381,684**	**£400,468**

Elective Recovery Fund

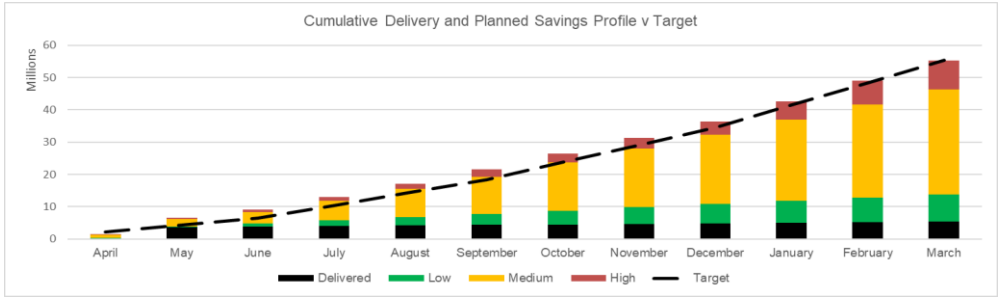
We continue to report on Elective Recovery Performance on an early ‘heads-up’ approach using partially coded actual elective activity data and extrapolating this for the year to date before applying average tariff income to the activity.

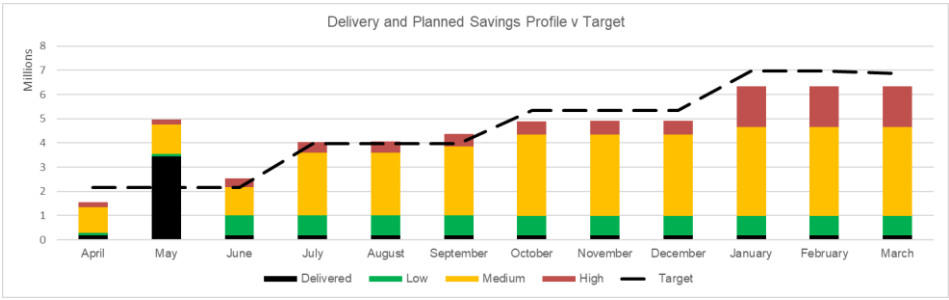
Given the potential limits on Elective Recovery Funding in 2025/26, it is important to closely monitor the position to ensure that the weighted activity undertaken, where it incurs additional costs, does not exceed the planned levels without Commissioner discussion and authorisation. Additional system funding may become available in year if other system providers, including the Independent sector, are under their agreed plan and elective resource can be redirected.

At Month 2, ERF weighted activity is £400k over the funded level of ERF activity within the Commissioner contracts.

Cost Improvement Programme
Finance (8)

York and Scarborough Teaching Hospitals NHS Foundation Trust





	Full Year CIP Target	May Position			Full Year Position		Planning Position		Planning Risk		
		Target	Delivery	Variance	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Corporate Programme	26,582	2,081	0	2,081	0	26,582	11,923	14,659	652	7,255	4,016
	26,582	**2,081**	**0**	**2,081**	**0**	**26,582**	**11,923**	**14,659**	**652**	**7,255**	**4,016**
Core Programme											
Medicine	6,039	473	85	388	341	5,698	6,005	34	341	5,552	112
Surgery	4,524	354	89	265	536	3,989	4,504	20	576	3,929	0
CSCS	7,044	551	595	-44	898	6,146	7,178	-134	1,000	3,498	2,679
Family Health	2,306	180	145	36	386	1,919	2,202	104	386	453	1,362
CEO	91	7	0	7	0	91	62	29	0	62	0
Chief Nurses Team	653	51	16	35	95	557	888	-235	95	792	0
Finance	750	59	5	54	27	723	701	49	27	674	0
Medical Governance	55	4	0	4	0	55	46	9	0	46	0
Ops Management	308	24	21	3	32	276	520	-212	32	488	0
DIS	2,219	174	0	174	0	2,219	542	1,677	0	542	0
Workforce & OD	1,377	108	31	77	185	1,193	1,988	-610	185	1,803	0
YTHFM LLP	1,962	154	47	106	284	1,678	1,950	12	284	973	692
Central	0	0	2,594	-2,594	2,594	-2,594	15,423	-15,423	10,201	5,122	100
	27,327	**2,139**	**3,628**	**-1,489**	**5,378**	**21,949**	**42,007**	**-14,681**	**13,127**	**23,935**	**4,946**
Business Cases											
EPR BC	1,382	108	0	108	0	1,382	1,360	22	0	1,360	0
	1,382	**108**	**0**	**108**	**0**	**1,382**	**1,360**	**22**	**0**	**1,360**	**0**
Total Programme	**55,290**	**4,328**	**3,628**	**700**	**5,378**	**49,913**	**55,290**	**0**	**13,779**	**32,550**	**8,962**

Efficiency Programme

The total trust efficiency target is £55.3m, £5.4m has been achieved in full year terms and the year-to-date position is £700k behind plan. The programme is fully planned.

Corporate Efficiency Programme

The Corporate efficiency programme has a target of £26.6m. No schemes have delivered to date. This element of the programme is £2.1m behind plan at the end of May. Identified plans total £11.9m, leaving a gap of £14.7m.

Core Efficiency Programme

The Core efficiency programme target is £27.3m and £5.4m has been delivered in full year terms. At the end of May the year-to-date delivery is £1.5m over plan. There are identified plans totaling £42m which is £14.7m over the target level.

Business Cases

The Business case efficiencies target is £1.4m. No savings have been delivered in April or May, and the year-to-date delivery is £0.1m behind plan. Plans are in place to deliver £1.4m in full.

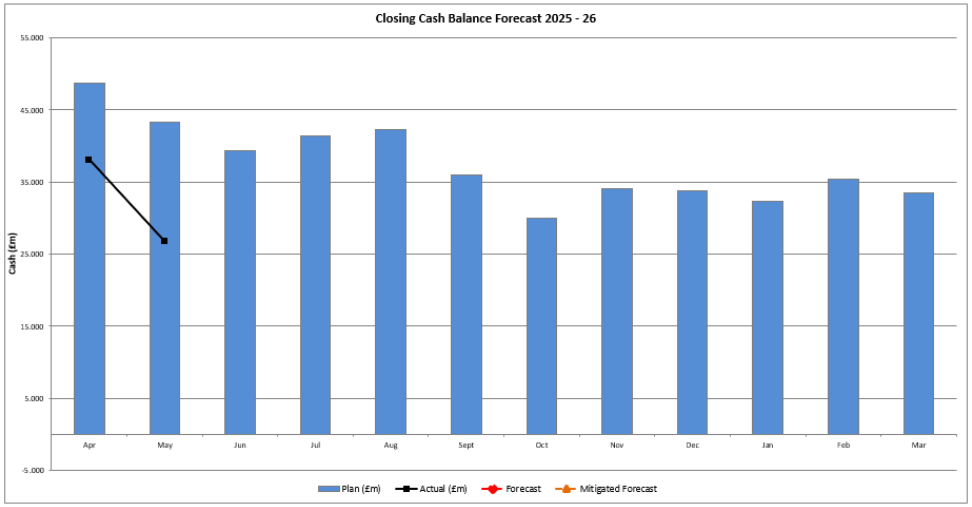
Current Cash Position and Better Payment Practice Code (BPPC)

Finance (9)

York and Scarborough Teaching Hospitals NHS Foundation Trust

The Group's cash plan for 2025/26 is for the cash balance to reduce through the year resulting in a closing balance of £33.4m at the end of March 2026. The table below summarises the planned and actual month end cash balances.

Month	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	48,728	43,285	39,402	41,443	42,294	35,924	29,962	34,122	33,845	32,386	35,435	33,442
Actual	38,105	26,832										



The cash graph illustrates the cash balance at the end of May; £26.8m against a plan of £43.3m, which is £16.4m adverse due to:

£2.5m – Adverse variance in I&E operating surplus / (deficit).

£6m – Adverse variance in receivables higher than plan, mainly due to timing of reclaimable VAT, receipt expected in June.

£6m – Adverse variance in creditors due to timing of payments made higher than planned levels; £3m relates to capital creditor and £3m relates to supplier creditors.

£1.5m – Adverse variance due to stock purchases higher than plan but expected to return to planned levels in future months.

At this stage, forecasts do not suggest a requirement for cash support in 2025/26, however this will be closely monitored alongside the delivery of the Trust's I&E plan and the efficiency program as any slippage will impact cash reserves, creating a cash pressure.

<u>Better Payment Practice Code</u>

The BPPC is a nationally prescribed target focussed on ensuring the timely payment by NHS organisations to the suppliers of services and products to the NHS. The target threshold is that 95% of suppliers should be paid within 30 days of the receipt of an invoice.

The graph illustrates that in May the Trust managed to pay 92% of its suppliers within 30 days.

Current and Forecast Capital Position

Finance (10)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

The board approved capital plan for 2025/26 is £88m. After adjustments for donated & grant funded schemes and the planned disposal of Clarence Street, net CDEL for the year is £80.7m. The main schemes within the plan are:

- £28m - Scarborough RAAC
- £8m – York VIU / PACU / Hybrid Theatre
- £8.4m – Electronic Patient Record
- £4.8m - Scarborough Hospital PSDS4 Decarbonisation Project (Salix Grant)
- £3.5m – Backlog Maintenance
- £1.5m – DIS Investment Programme
- £5m – Capital Prioritisation Process
- £7.8m – Leasing programme Equipment, Vehicles, Buildings

2025/26 Capital Position	Annual Plan £000s	YTD Plan £000s	M2 Actual £000s	Variance to Plan £000s
PDC Funded Schemes	56,525	1,316	496	(820)
IFRS 16 Lease Funded Schemes	7,838	30	60	30
Depreciation Funded Schemes	16,626	665	1,186	521
Charitable & Grant Funded Schemes	7,213	136	8	(128)
Total Capital	**88,202**	**2,147**	**1,750**	**(397)**
Less Charitable & Grant Funded Schemes	(7,213)	(136)	(8)	128
Less Sale of Clarence Street	(325)	-	-	-
Total Capital (Net CDEL)	**80,664**	**2,011**	**1,742**	**(269)**

The M2 position is £269k behind plan.

The is due to the timing of expenditure on several schemes against the plan profile.

There are no significant issues to report at M2.

System Summary – NHSE Efficiency Governance Arrangements 2025/26

Finance (11)

NHSE shared a draft letter regarding 2024/25 closedown and 2025/26 arrangements, focusing on the efficiency programme:

Key deadlines include:

- corporate reduction plans by **end of May** ✓
- no unidentified CIP in plans by **end of May** ✓
- and no high-risk schemes by **end of June**.

Weekly reporting on CIP position and monthly oversight meetings will be required.

Plans are categorised by risk:

- high (opportunities)
- medium (plans in progress)
- low (fully developed plans).

Q1 Deficit support funding achieved based on meeting the top 2 criteria above. Q2 is now dependent on the current month position (M2) and progress towards de risking schemes, plus progress in run rate reductions.

System Summary – Note: M1 System position

Finance (12)

Limited reporting requirements at M1 – Key Data for Providers and off ledger for ICB

- ICB breakeven
- Providers £5.9m deficit including deficit support funding of £6.6m at M1 mainly due to slippage on efficiency programme
- Deficit support funding will be released quarterly based on system

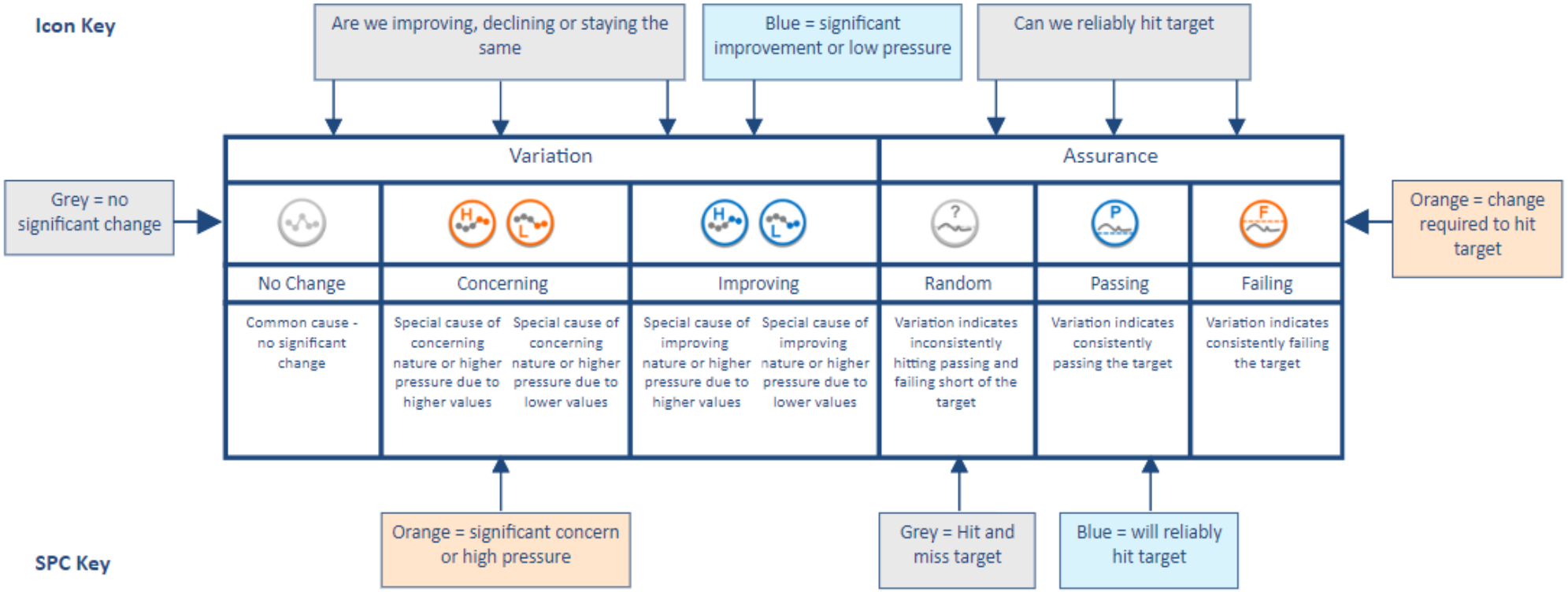
System Surplus/(Deficit) including Non-Recurrent Deficit Funding	Expected Sign	SR_PLANYTD1_1 Surplus / (Deficit) Plan 27th March Plan 30/04/2025 YTD £'000	SR_PLANYTD2_1 Surplus / (Deficit) Plan 30th April Plan 30/04/2025 YTD £'000	SR_ACTYTD_1 Surplus / (Deficit) Actual 30/04/2025 YTD £'000	SR_VARYTD_1 Surplus / (Deficit) Variance 30/04/2025 YTD £'000	SR_PLANFOT1_1 Surplus / (Deficit) Plan 27th March Plan 31/03/2026 Year Ending £'000	SR_PLANFOT2_1 Surplus / (Deficit) Plan 30th April Plan 31/03/2026 Year Ending £'000
Humber And North Yorkshire ICB	+/-	0	0	0	0	0	0
Harrogate And District NHS Foundation Trust	+/-	(274)	(274)	(1,719)	(1,445)	0	0
Hull University Teaching Hospitals NHS Trust	+/-	(1,046)	(1,046)	(1,049)	(3)	0	0
Humber Teaching NHS Foundation Trust	+/-	(308)	(312)	(312)	0	0	0
Northern Lincolnshire And Goole NHS Foundation Trust	+/-	(1,393)	(1,393)	(1,432)	(39)	0	0
York And Scarborough Teaching Hospitals NHS Foundation Trust	+/-	(476)	(476)	(1,386)	(910)	0	0
System Total	+/-	**(3,497)**	**(3,501)**	**(5,398)**	**(2,397)**	**0**	**0**

System Surplus/(Deficit) excluding Non-Recurrent Deficit Funding	Expected Sign	SR_PLANYTD1_3 Surplus / (Deficit) Plan 27th March Plan 30/04/2025 YTD £'000	SR_PLANYTD2_3 Surplus / (Deficit) Plan 30th April Plan 30/04/2025 YTD £'000	SR_ACTYTD_3 Surplus / (Deficit) Actual 30/04/2025 YTD £'000	SR_VARYTD_3 Surplus / (Deficit) Variance 30/04/2025 YTD £'000	SR_PLANFOT1_3 Surplus / (Deficit) Plan 27th March Plan 31/03/2026 Year Ending £'000	SR_PLANFOT2_3 Surplus / (Deficit) Plan 30th April Plan 31/03/2026 Year Ending £'000
Humber And North Yorkshire ICB	+/-	(2,359)	(2,359)	(2,359)	0	(28,304)	(28,304)
Harrogate And District NHS Foundation Trust	+/-	(715)	(715)	(2,160)	(1,445)	(5,297)	(5,297)
Hull University Teaching Hospitals NHS Trust	+/-	(2,154)	(2,154)	(2,157)	(3)	(13,300)	(13,300)
Humber Teaching NHS Foundation Trust	+/-	(385)	(389)	(389)	0	(933)	(933)
Northern Lincolnshire And Goole NHS Foundation Trust	+/-	(2,630)	(2,630)	(2,669)	(39)	(14,856)	(14,856)
York And Scarborough Teaching Hospitals NHS Foundation Trust	+/-	(1,855)	(1,855)	(2,765)	(910)	(16,551)	(16,551)
System Total	+/-	**(10,098)**	**(10,102)**	**(12,499)**	**(2,397)**	**(79,241)**	**(79,241)**

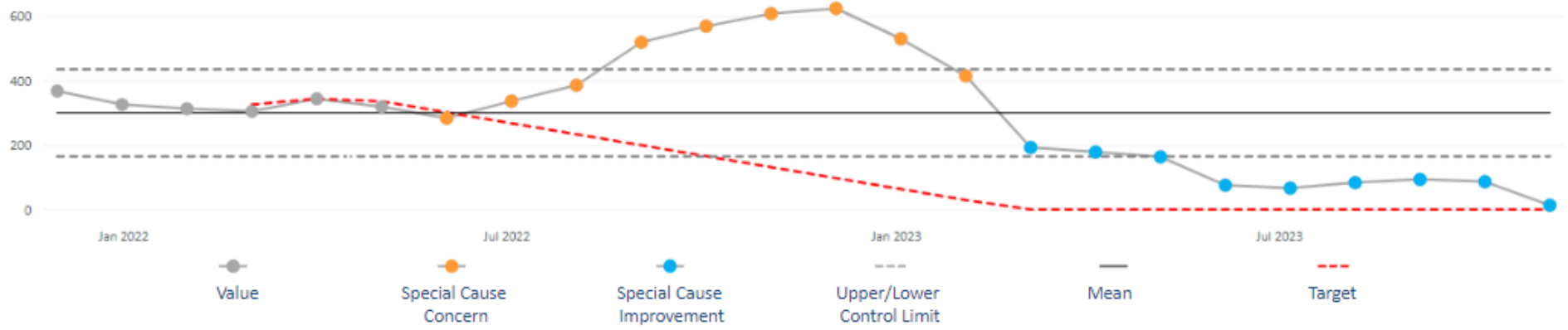
Keys

York and Scarborough Teaching Hospitals NHS Foundation Trust

Icon Key



SPC Key



The orange and blue points indicate either increasing or decreasing trends. The colour will update if 7 points appear either above or below the mean or if 2 out of 3 are near the upper or lower control limit. The target can be either static or moving.

Icon Descriptions

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

			
	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.
	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.
	Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.
	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.

Report to:	Board of Directors
Date of Meeting:	25 June 2025
Subject:	CQC 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 ☐ Regulatory Requirement ☐

Trust Objectives

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

Board Assurance Framework

☐ Effective Clinical Pathways
☐ Trust Culture
☐ Partnerships
☐ Transformative Services
☐ Sustainability Green Plan
☐ Financial Balance
☒ Effective Governance

Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*

☐ Yes

☒ No

☐ Not Applicable

Executive Summary:

The Trust received the draft CQC inspection report for York Hospital Urgent and Emergency Care and Medical Care services on Wednesday 14 May. The report has been reviewed for factual accuracy and the submission was returned on Friday 30 May. At the time of writing this report (10 June 2025), feedback on the Trust submission had not been received.

The CQC inspection report is expected to be published by 30 June 2025.

There are 10 open CQC cases.

Recommendation:

- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC cases

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

Meeting/Engagement	Date	Outcome/Recommendation
Quality Committee	17 June 2025	Not presented at the time of submitting this paper.

CQC Update

1. CQC Activity

The Trust received the draft CQC inspection report for York Hospital Urgent and Emergency Care and Medical Care services on Wednesday 14 May. The report has been reviewed for factual accuracy and the submission was returned on Friday 30 May. At the time of writing this report (10 June 2025), feedback on the Trust submission had not been received.

The CQC inspection report is expected to be published by 30 June 2025.

The next engagement meeting between the Trust and the CQC is scheduled for June 2025.

Additionally, we have invited our CQC colleagues to visit the Scarborough Hospital site to tour the new Urgent and Emergency Care Centre and Maternity Services. While the visit date is still being arranged, it is anticipated to take place in July 2025.

2. Journey to Excellence Group

The Terms of Reference for the Group have been updated with meetings held monthly. The last meeting was on 9 June 2025. The Director of Quality, Improvement and Patient Safety presented a position statement on the final three open improvement actions from the 2022/23 inspection. All three actions were approved for closure by members of the Journey to Excellence Group, these were:

- **Action 23**: The trust must ensure that in Maternity and Medical Care, all staff are aware of and consistently follow the trust policy to safely store medicines including controlled drugs and controlled substances hazardous to health (COSHH). The trust must also ensure adequate action is taken following audits which identify medication storage issues.
- **Action 30**: The trust must ensure that effective systems are in place In Medical Care and Urgent and Emergency Services to ensure staff adhered to the Mental Capacity Act, including the completion of Mental Capacity Act and DoLS training.
- **Action 55:** The trust should ensure that in Medical Care at York, patients have venous thromboembolism (VTE) checks and risk assessments are completed and documented within the current trust protocol within 14 hours.

The next meeting of the Journey to Excellence Group is scheduled for 14 July 2025. The Quality Governance Team has begun collating key themes from the CQC draft inspection report, with the associated improvement actions set to be the focus of the discussion.

3. CQC Cases / Enquiries

The CQC receive information from a variety of sources in relation to the quality of care provided at the Trust. This information can be related to known events, for example patient safety incidents (PSI's), formal complaints and Datix incidents, or unknown events, such as concerns submitted directly to the CQC from either patients, staff, members of the public, or other organisations. Following receipt of such information, the CQC share the concerns with the Trust for review,

investigation, and response. The CQC monitor themes and trends of enquiries received, and these can inform inspection and other regulatory activity.

At the time of writing, the Trust had ten open cases / enquiries. The enquiry dashboard can be viewed in **Appendix A**.

4. CQC Updates

4.1 Chief Inspector Updates

Dr Arun Chopra has been appointed as CQC's first ever Chief Inspector of Mental Health. To read Dr Arun's blog click here.

Professor Bola Owolabi (MRCGP, MFPH Hon, FRSPH) has been appointed as the new Chief Inspector of Primary and Community Services. Professor Owolabi will be joining CQC from NHS England where she is currently Director of the National Healthcare Inequalities Improvement Programme. As Chief Inspector of Primary and Community Services, Professor Owolabi will lead on CQC's regulation of some of the most frequently used parts of the health and care system – including general practice and dentistry. For more information click here.

Dr Toli Onon has been appointed as Chief Inspector of Hospitals. Dr Onon is currently Joint Chief Medical Officer and Responsible Officer at Manchester University NHS Foundation Trust (MFT). She is a Consultant Obstetrician and Gynaecologist and combines her medical leadership responsibilities with frontline clinical work at Saint Mary's Hospital in Manchester. Further information can be found here.

4.2 Health and social care support for people with dementia

The CQC has published a report on the experiences of individuals with dementia interacting with health and social care services in England, and how these services are responding. CQC have found that the number of people being diagnosed with dementia is increasing. In February 2025, nearly half a million people in England had a dementia diagnosis. The likelihood of developing dementia, becoming an informal carer or both in a lifetime in the UK is 55% (around 1 in 2). Click here to read the report

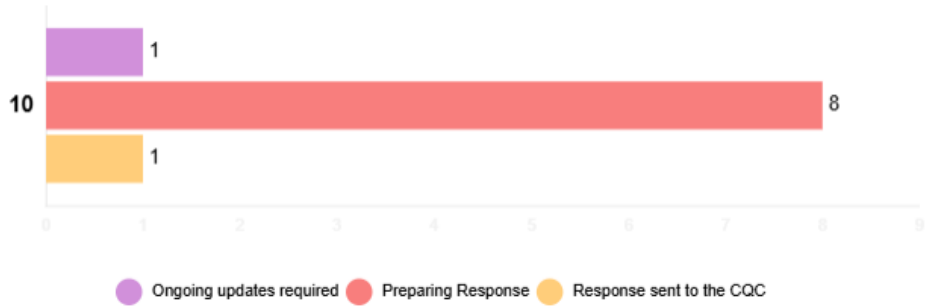
Date: 10 June 2025

Appendix A

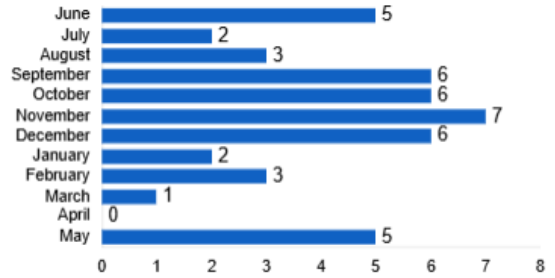
CQC Enquiries over the last 12 months

York and Scarborough Teaching Hospitals NHS Foundation Trust

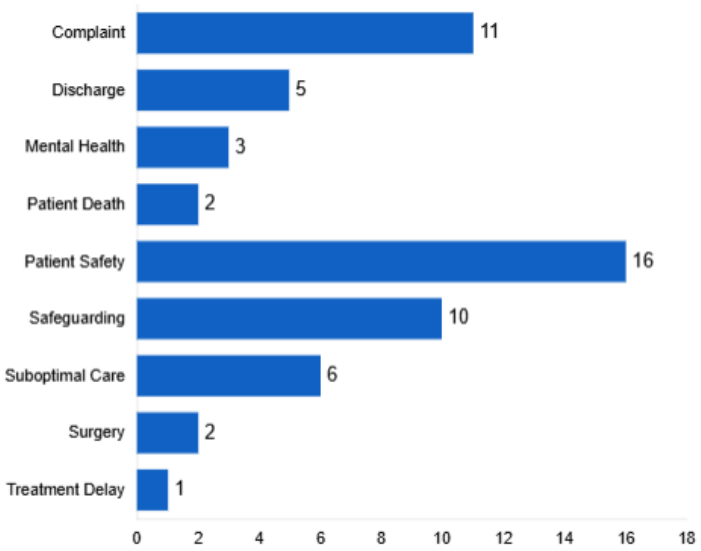
Number of Open CQC Enquiries / Cases



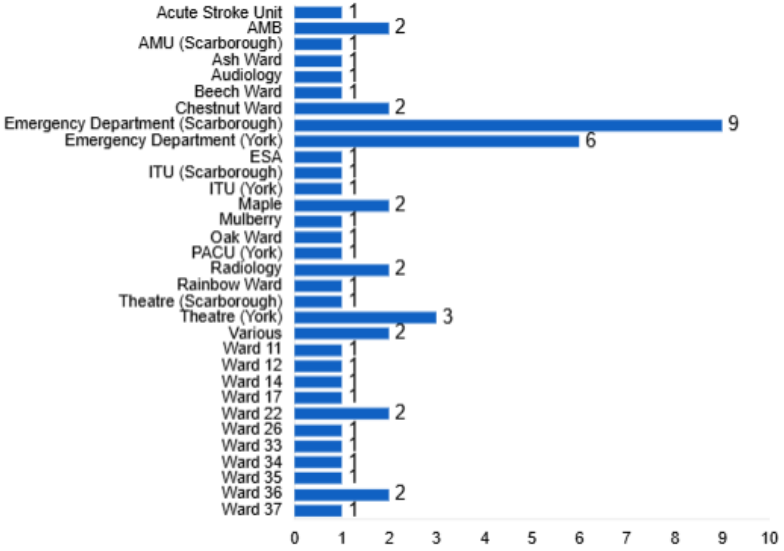
Number of Enquiries Received



Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



Report to:	Board of Directors
Date of Meeting:	25 June 2025
Subject:	Maternity and Neonatal Safety Report
Director Sponsor:	Dawn Parkes, Chief Nurse and Executive Maternity and Neonatal Safety Champion
Author:	Sascha Wells-Munro OBE, Director of Midwifery and Strategic Clinical Lead for Family Health (Maternity Safety Champion)

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

Approve ☐ Discuss ☒ Assurance ☒ Information ☒ Regulatory Requirement ☐

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☒ Sustainability Green Plan
☒ Financial Balance
☒ Effective Governance

Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*

☐ Yes

☐ No

☐ Not Applicable

Executive Summary:

This report provides an update on the progress of improvements in the maternity and neonatal service as well as provide monthly key quality and safety metrics for the services for the month of April 2025.

Recommendation:
The Board is asked to receive the updates from the maternity and neonatal service and approve the CQC section 31 report before submission to the CQC.

Report Exempt from Public Disclosure

No ☒ Yes ☐

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

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

Meeting/Engagement	Date	Outcome/Recommendation
Quality Committee	17/06/2025	1/ To note the progress with the safety actions and improvement work in maternity and neonatal services. 2/ To formally receive and approve the CQC Section 31 monthly report.

Introduction

This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSE document 'Implementing a revised perinatal quality surveillance model' (December 2020). The purpose of the report is to inform the Trust Board and the LMNS Board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity and neonatal services team.

The maternity and neonatal services continue to review and monitor improvements in key quality and safety metrics and this paper provides the Trust Board with the performance metrics for the month of April 2025.

Annex 1 provides the current delivery position for the service against the core national safety metrics.

Perinatal Quality Surveillance Model

In line with the perinatal quality surveillance model, we are required to report the information outlined in the data measures monthly to the Trust Board. Data is for the month of April 2025.

Perinatal Deaths

In April 2025 there were no perinatal deaths.

MBRRACE-UK perinatal mortality report for births in 2023 has published. The report concerns stillbirths and neonatal deaths among the 3,910 babies born within the Trust in 2023.
Trust stillbirth rate – 2.88/1000 births, this is within 5% mortality rate when compared with the group average.

- Trust neonatal mortality rate – 0.91/1000 births, this is 5% to 15% lower mortality rate when compared with the group average.
- Trust perinatal mortality rate – 3.78/1000 births, this is within 5% mortality rate when compared with the group average.

Maternity and Newborn Safety Investigations (MNSI)

In the month of April there were no new cases that met the criteria for referral to MNSI for investigation. A final report has been received for two of the cases and action plans will be developed. A draft report has been received for the maternal death for factual accuracy. The factual accuracy was returned with a letter on behalf of the Director of Midwifery, Clinical Director for Obstetrics, Anaesthetic Lead for Obstetrics and the Family Health Care Group Medical Director on the 17th June 2025.

Patient Safety Incident Investigations (PSII)

In the month of April there were no new PSIIs declared. There remain four ongoing cases. There are four overdue PSIIs. Three draft PSIIs has been shared with the family, one PSII has been submitted for sign off and one is awaiting approval from the medical director.

Moderate Harm Incidents and above

The postpartum haemorrhage (PPH) rate was 2.6% (12 cases) in April 2025. The data demonstrates there has been a reduction in the Trust rolling average over 12 months for PPH ≥1500mls from the national digital dashboard. All cases of PPH over 1500mls have been reviewed at the multidisciplinary Maternity Case Review meeting. A postpartum hemorrhage sprint audit commenced in January 2025 to measure against key quality PPH indicators, and this is the third consecutive month of the audit. The monthly PPH sprint

audit is presented at the monthly Labour Ward Forum, Maternity Directorate Group and to the Family Health Care Group Board. A PPH task finish group has been re-established and a business case for Carbetocin will be developed. Carbetocin is recommended to be given to women who have a caesarean section in the prevention of postpartum haemorrhage.

Quality and Safety

There are a total of 164 open incidents, the oldest dates back to January 2024. There has been a reduction by 74 since April 2025. There were 2 completed after action reviews in April. After Action Reviews (AAR) should be finally approved within 28 days (20 working days). Pathway reviews should be final approval within 70 days (50 working days). There are 6 pathway reviews and 13 AAR's to be completed. There are 5 PSIRF learning responses to be signed off in at the Patient Safety Learning Response meeting in June. Capacity of the Quality and Governance Lead due to absence within the Family Health Care Group Governance team and a deficit of substantive posts required within the Maternity quality and safety framework is having an impact on timely review of incident and patient safety learning responses.

CQC Section 31 Progress Update

Annex 2 provides the April 2025 monthly update to CQC on the service progress against the Section 31 concerns and key improvement workstreams in place in the maternity and neonatal improvement programme. The Trust Board are asked to approve this submission to CQC.

There were no CQC information requests made in April 2025.

Perinatal Mental Health

There continues to be capacity issues within the Amethyst Midwifery Perinatal Mental Health Team, although significant work is being undertaken to address this internally and clinical supervision continue to be provided by the Trusts Clinical Psychology team, which is proving hugely beneficial to the team in the absence of the support from Tees Esk and Wear Valley Trust (TEWV). The Local Maternity and Neonatal System along with the Integrated Care Board have undertaken a full review of the TEWV service looking at four key areas: referrals and acceptance rates/thresholds, workforce including. staff capacity and skills, serious clinical incidents, and support to Midwives. Interim measures have been put in place, but unfortunately not with specific perinatal expertise. There remains a delay of greater than 12 weeks from referral for women to be assessed by the team, urgent referrals are being seen in and around 6 -8 weeks. There continues to be capacity issues in the team due to high levels of sickness and maternity leave. This means there is a delay in women receiving expert support from TEWV and adding to additional pressure on the Amethyst Perinatal Mental Midwives. This risk is on the risk register with a score of 16. The Director of Midwifery has asked the LMNS to assess if neighbouring Trusts Perinatal Health teams can help support.

Special Care Baby Unit Refurbishment on York Site

The Trust has been awarded 2.1 million for the refurbishment of the Special Care Baby Unit on the York site. There is an options appraise being developed to review the most suitable arrangement for the decant options. The Director of Midwifery has included the Operational Delivery Network within the meetings who have advised if the Neonatal service is considering reducing cot capacity during the decant, a reduction from the current capacity of 15 down to 10 would not have an impact in the system. However, anything below a cot capacity of 11 would put additional pressure on Maternity and Neonatal services in the region.

Maternity Incentive Scheme

The Maternity Incentive Scheme report and action plan was presented at the Trust Board in January 2025, confirmation is awaited from NHS Resolution as to the funding the Trust will receive to deliver the action plan which is expected in June. All funds received have been approved by Board and are directly linked to delivering safety actions to ensure delivery of each MIS standard is achievable, with exception of the risk to the funding workforce gap being achieved. Year 7 of the Maternity Incentive scheme was launched on the 28th April 2025.

Safety Action 1: PMRT quarterly report has been submitted to Trust Board in November 2024, February and May 2025. Currently on track for compliance for Year 7.
Safety Action: 2: Currently on track for compliance for Year 7.
Safety Action 3: Business case required for Transitional Care staffing model. Quality improvement project identified for ATAIN.
Safety Action 4 Temporary Staffing team implemented the RCOG guidance on engagement of long-term locums. Monthly audit of consultant attendance for clinical situations commenced in February 2025. Audit demonstrates full compliance. Recruit to the vacant Tier 2 Registrar position at York to achieve BAPM standards. Active recruitment underway. Complete a neonatal medical workforce establishment review as per the Maternity and Neonatal Single Improvement Plan timeframes. Develop business case to support findings in the Neonatal Frontline Staffing Establishment paper.

Anaesthetic staffing is not compliant with the Safety Action 4 at Scarborough.
A Duty Anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising Anaesthetic Consultant at all times. Where the Duty Anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)

Out of hours Anaethetists cover Maternity and Acute Services. This means there are occasions the Anaesthetist cannot attend Maternity immediately.
Clarification has been sought from NHS Resolutions.

Safety Action 5: This Safety Action will remain non-complaint for the foreseeable future until the required investment outlined in the midwifery business case is received.
Safety Action: 6: Currently on track for compliance for Year 7.
Safety Action 7: A review of the meeting requirements the Maternity and Neonatal Voice Partnership Chair attends is being undertaken due to the additional MIS requirements.
Safety Action 8: Training will be monitored monthly with oversight in the Perinatal Quality Surveillance model.
Safety Action 9: Maternity and Neonatal Safety Champions meetings and walk rounds have been set up for 2025. First meeting took place in February 2025. The Maternity Claims Scorecard was presented at the Maternity Directorate and Quality Committee in February 2025.
Safety Action 10: Currently on track for compliance for Year 7.

On the 13th May NHS Resolutions published all Trusts results for Year 6. Following a validation process York and Scarborough Trust are 4 out of 10 with the Safety Actions.

Maternity Services Dataset (MSDS)

NHS England have highlighted to the Trust due to an incorrect code submitted MSDS this means some data will be submitted twice for cases where a mother/ baby has received care at other Trusts. The data is code ‘RCC25’ is from when the parent Trust was

Scarborough and North East Yorkshire Healthcare NHS Trust however the code should be RCBC. This means some birth outcomes will be included for mothers and babies on the national maternity dashboard for births which did not occur at the Trust however the mother/ baby had some care at the Trust. NHS England have advised this is a national problem and the numbers will be small. The Chief Nursing Information Officer is working to address the codes.

Midwifery Workforce

Over the last few months, the vacancy factor has risen at the York site (-13.9WTE) which is a shift from the Scarborough site (-5.26WTE) due to leavers, maternity leave and career progression into other essential posts. The increasing vacancy rate alongside the staffing gap identified by Birthrate plus (an additional investment of 44WTE clinical midwives was required to meet minimum safe staffing levels) has led to Managers/ Matrons and Specialist Midwives undertaking clinical shifts to mitigate. The Director of Midwifery has appraised the Executive and Non-Executive Safety Champion of the position and has submitted a detailed Workforce report to the Board highlighting the next steps.

Improvement and Transformation

The York and Scarborough respiratory syncytial virus (RSV) offer, and uptake is 69%. There have been no admissions to Paediatrics Intensive Care Unit (PICU) with Bronchiolitis in the last 12 months and a reduction in admission to paediatrics overall (previously >4 admissions to PICU per year).

The Transitional Care Nurse has commenced the task finish group for the implementation of transitional care.

The Director of Midwifery and Deputy Director of Midwifery are supporting with the proposed plans with the Special Care Baby Unit decant.

Two birthing pools have reopened on the York site following the water testing not passing. A standard operating procedure has been drafted and is already in affect regarding the flushing. There remains one pool requiring further action from estates and infection prevention control.

A forward plan to ensure Obstetricians are booked on mandatory training has been developed with an escalation process to the Obstetric Clinical Director. A meeting is to take place to implement the same for Anesthetics.

The Learning Needs Analysis has been submitted to the Cooperate Learning Services for Continued Professional Development funding.

A focus group has been established to lead on a pathway for care outside of guidance. This is being led by the Transformational Lead Consultant and Deputy Director of Midwifery.

15 steps took place at York with the MNVP. Initial feedback has been discussed and the final report has not been received to date.

A quality improvement project has commenced to review the Maternity services Trust website. This is being led by the Transformation Lead Midwife and the Trust Communication team and the MNVP.

The first active birth workshop for already qualified midwives across the LMNS was held in May 2025.

Weekly infant feeding clinic commenced in Scarborough to support infant feeding and tongue tie divisions.

The Maternity and Neonatal Single Improvement Plan (MNSIP)

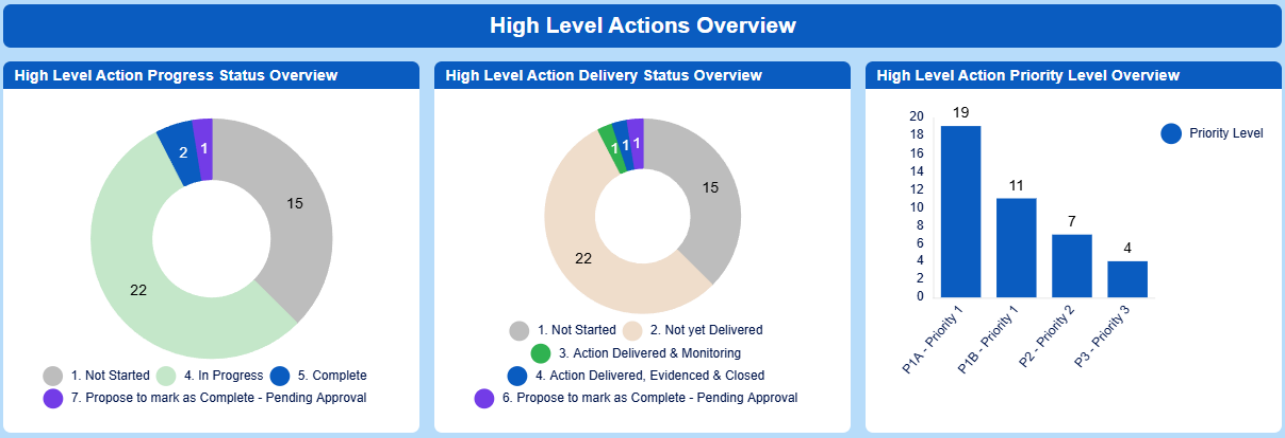
The overview dashboard displays all 41 high level actions and 244 milestone actions. It captures all completed actions to date and priority levels of actions across the entire plan. Timelines for actions yet to be completed have been aligned to the revised delivery dates as per the clinical strategy submission to provide teams with a refreshed picture of the overall health of the delivery of the Maternity & Neonatal Single Improvement Plan.

Priority 1 actions have been prioritised for 2025/26 as per Clinical Strategy Submission

- 26 High Level actions
- 128 Milestones actions

Current position:

- 4 Milestone actions are at risk
- 1 Milestone action has been marked as off track.



Key Risks to Delivery of the Single Improvement Plan

1. A midwifery staffing gap has been identified following the midwifery workforce review and BirthRate+ findings in 2024. There is a risk that staff will not have capacity to continue to support developing and implementing the Maternity and Neonatal Single Improvement Plan. This will result in high-level and milestone actions going off track and will also result in non-compliance with national reporting requirements (MIS/SBLCBV3). 2025/26 prioritisation and delivery dates have been aligned to focus resource on delivery of the priority 1 actions. However, delivery dates were agreed as part of the speciality clinical strategy and annual planning process with the anticipation that investment would be received in 2025/26 to support increasing the midwifery staffing establishment in line with BirthRate+ report (2024). Therefore, the likelihood of actions going off track despite the revised delivery dates remains high.
2. There is a risk that the additional workforce reviews underway will result in gaps being identified in the other staffing establishments (Obstetrics, Neonatal, Operational, Anaesthetics and Admin establishments). If additional workforce gaps are identified, it may result in non-compliance with national staffing standards such as BAPM. Workforce reviews and recommendations are being conducted in line with national best practice standards and initial findings will be shared with the

Senior Responsible Owners to escalate to the Trust Senior Leadership Team and agree appropriate action if applicable. A review of the frontline neonatal nursing workforce at York and Scarborough has identified a shortfall of £1,500,000 recurrently to align the services to national safe staffing requirements. Further reviews are scheduled. Obstetric reviews and operational reviews are scheduled to conclude in 2025/26, and findings will be presented to the Maternity Directorate.

3. There is a risk that the Quality and Patient Safety Framework cannot be fully embedded due to gaps identified in the Midwifery and Quality and Governance establishments**.** The staffing requirements to support full implementation were outlined within the Midwifery Business Case submitted to Board of Directors in 2024; a decision regarding the outcome of the business case has not yet been reached. Therefore, ability to fulfil the national Quality Agenda remains challenged and has an ongoing impact to patient safety.
4. There is a risk that the recent estates structural issues at Scarborough's Maternity Unit may result in delays to the overall progress of the Single Improvement Plan. To ensure standardisation across the service and reduce clinical variation, improvement changes must be applied to both site. The process of where services will be provided during the repairs are still in development and not finalised though will involve staff and service users before any final decisions are made. It is anticipated there will be a reduction in ability to support continued delivery of the improvement plan should the service require decanting.
5. There is a risk the equipment requirements outlined in the Capital Priotisation return 25/26 for maternity and neonates may not be approved during the financial review and therefore planned improvements dependent on funding may not be progressed. The return was submitted in December 24 for financial review. The Trusts Head of Capital Planning has produced a paper that will be shared in Februarys Executive Committee for consideration. The risk will be further understood once the position is shared with operational teams.
6. The programme team have been assigned to take on the oversight and delivery of an additional programme of work within the organisation. This reduces their capacity to support the delivery of the Maternity & Neonatal Single Improvement Plan. As a result, there is a risk that this may impact the programme team's ability to support maternity and neonatal teams to deliver the improvement work in line with the 2025/26 delivery dates. The programme team are monitoring the impact of the additional programme of work and will escalate any issues accordingly.

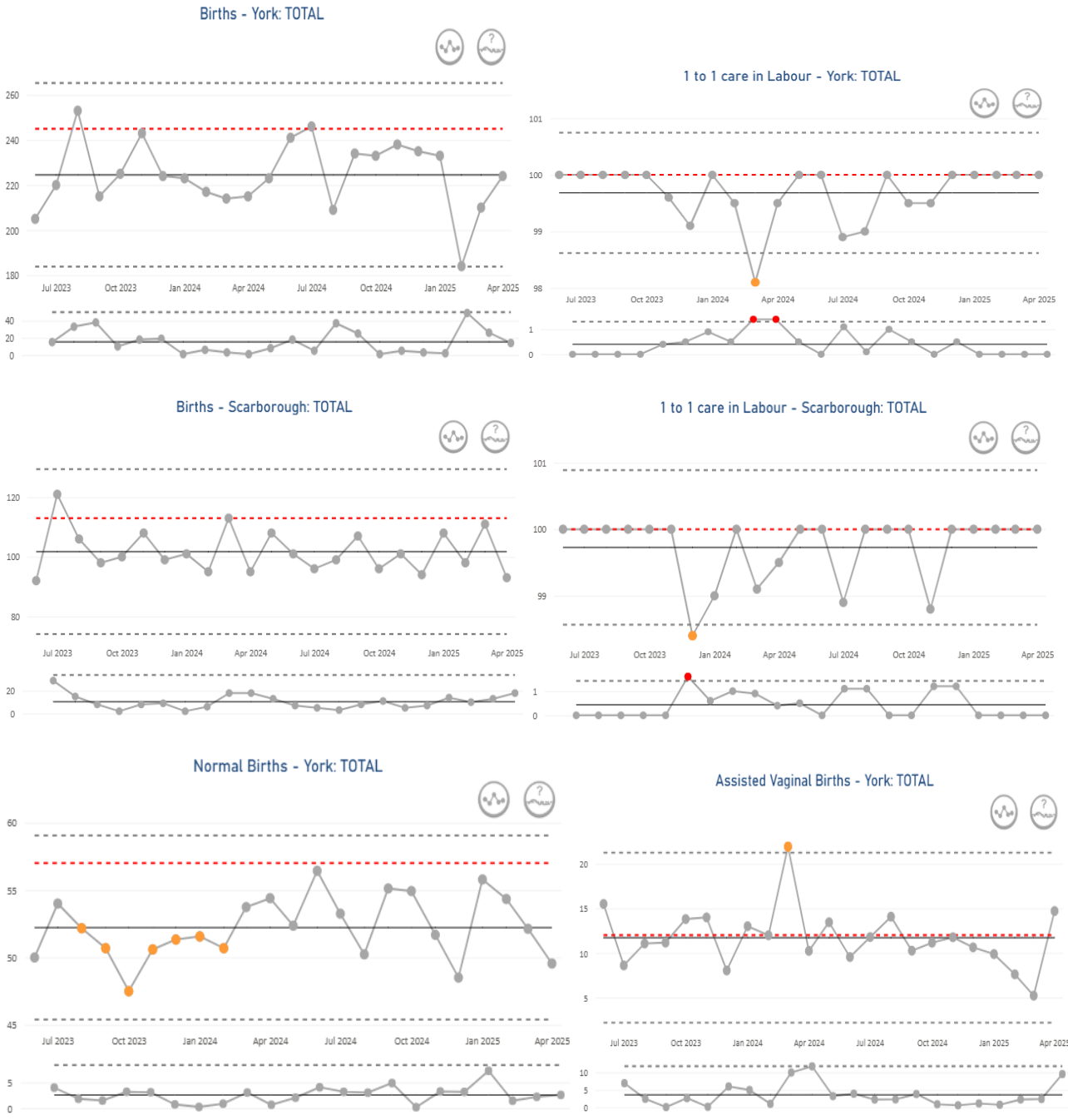
Recommendations to Trust Board

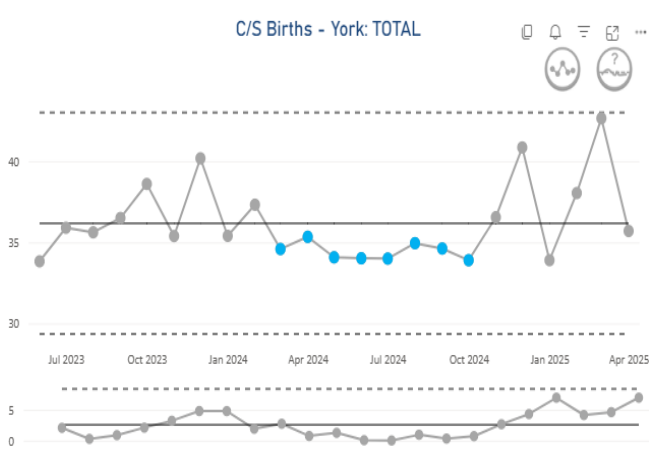
To note the contents of this report and agree the CQC section 31 submission in Annex 2

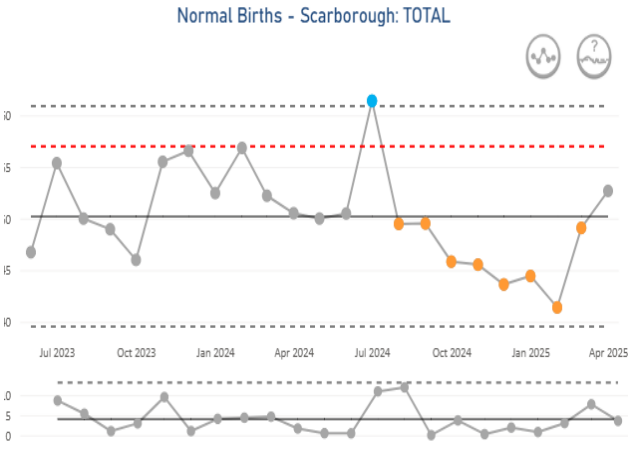
Date: 18th June 2025

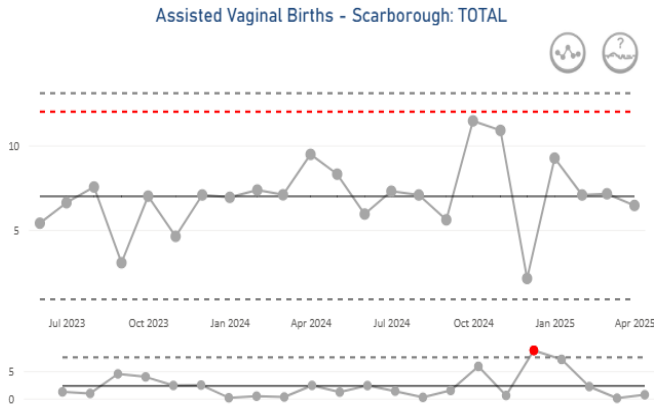
Annex 1 Summary of Maternity & Neonatal Quality & Safety Metrics Delivery March 2025

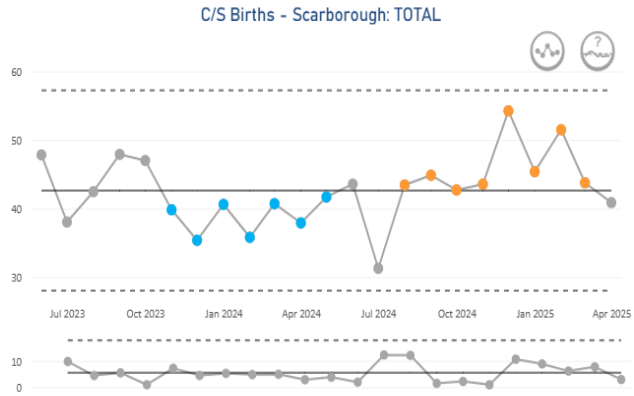
Dashboard




C/S Births - York: TOTAL
40
35
30
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
5
0


Normal Births - Scarborough: TOTAL
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025


Assisted Vaginal Births - Scarborough: TOTAL
10
5
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
5
0


C/S Births - Scarborough: TOTAL
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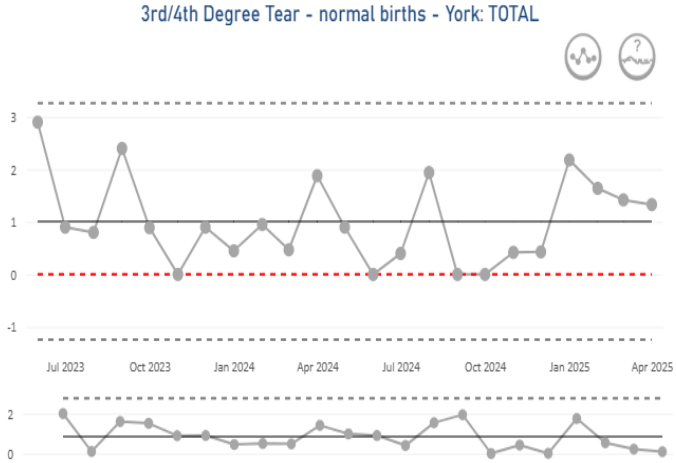
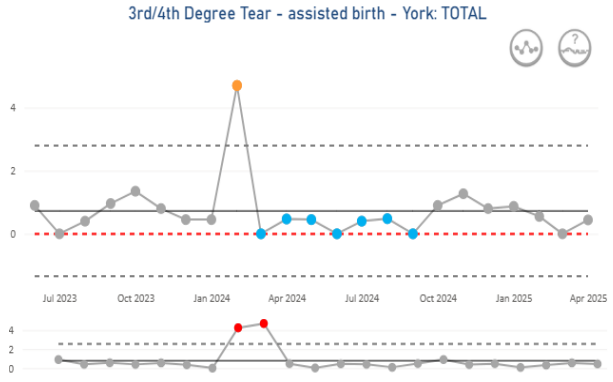
50
40
30
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
10
0


3rd/4th Degree Tear - normal births - York: TOTAL
3
2
1
0
-1
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
2
0


3rd/4th Degree Tear - assisted birth - York: TOTAL
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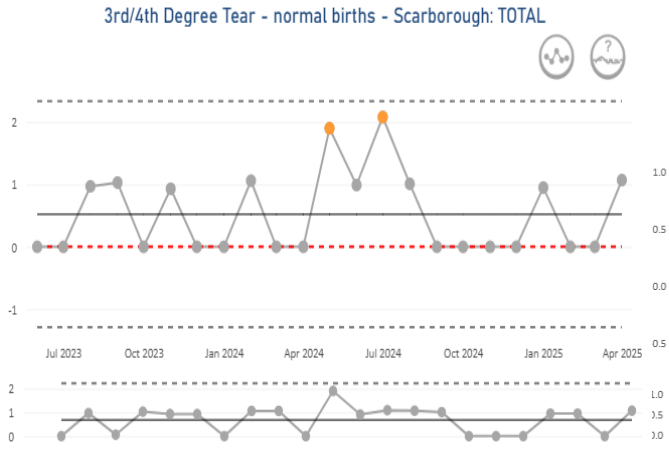
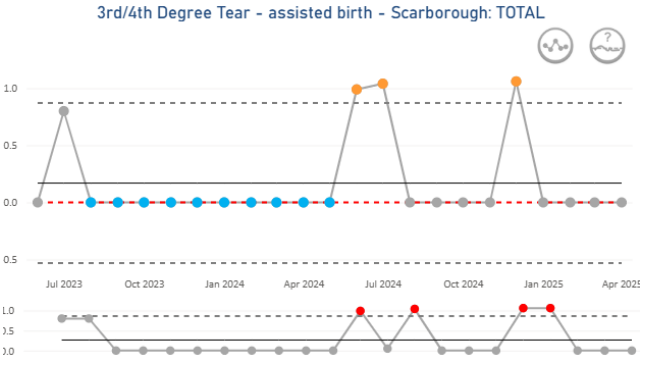
2
0
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
4
2
0


3rd/4th Degree Tear - normal births - Scarborough: TOTAL
2
1
0
-1
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
2
1
0


3rd/4th Degree Tear - assisted birth - Scarborough: TOTAL
1.0
0.5
0.0
Jul 2023
Oct 2023
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025

Report to:	Quality Committee
Date of Meeting:	17 June 2025
Subject:	Maternity CQC Section 31 Update
Director Sponsor:	Dawn Parkes, Chief Nurse and Executive Maternity Safety Champion
Author:	Sascha Wells-Munro, Director of Midwifery Donna Dennis, Deputy Director of Midwifery

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

Approve ☒ Discuss ☒ Assurance ☒ Information ☐ Regulatory Requirement ☒

Trust Objectives

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

Board Assurance Framework

☒ Effective Clinical Pathways
☒ Trust Culture
☒ Partnerships
☒ Transformative Services
☐ Sustainability Green Plan
☒ Financial Balance
☒ Effective Governance

Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*

☐ Yes

☐ No

☒ Not Applicable

Executive Summary:

On the 25 November 2022, the CQC, under Section 31 (S31) of the Health and Social Care Act 2008 imposed conditions on the Trust registration in respect of maternity and midwifery services. This Trust updates the CQC monthly on the 23rd of the month with progress against the S31 notice.

Recommendation:

- To approve the June 2025 monthly submission to the CQC which provides assurance on progress and impact on outcomes in April 2025.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting/Engagement	**Date**	**Outcome/Recommendation**
Maternity Assurance Group	12 June 2025	Approved

CQC Section 31 Progress Update

Maternity Services at York and Scarborough NHS Teaching Hospitals Foundation Trust have embarked on a programme of service and quality improvements.

This report provides assurance on the progress to date in delivering against the improvement plan for the purpose of the monthly submission to CQC following the Section 31 Notice.

A1. Managing and responding to risk

In April 2025 there was a woman who had an arterial line inserted in theatre during her caesarean section. She was cared for on the labour ward by a Midwife who was trained to care for women with arterial lines. The decision was made by a Consultant Anaesthetist for the woman not to be transferred to the High Dependency Unit and the woman was cared for by the Midwife, ODP and Anaesthetist. The arterial line was removed within 12 hours.

A.2 Fetal Monitoring

A.2.2 Fetal Monitoring Training

Current Fetal Monitoring compliance figures, by site, set against the target of 85% at the end of April 2025 are outlined below.

Staff Group	York	Scarborough
Midwives	92% (165/180)	96% (80/83)
Consultants	100% (17/17)	78% (7/9)
Obstetric medical staff	100% (10/10)	71% (5/7)

The were two Obstetric Consultants who were not complaint in March, and this has been escalated to the Clinical Director for Obstetrics and Gynaecology. One Consultant is booked on training in June and the second in July 2025. A training plan has been developed for the Obstetric team to ensure training is undertaken within 12 months which will be monitored by the Clinical Director of Obstetrics. Compliance will continue to be monitored at the Maternity Directorate, Quality Assurance Committee and Trust Board.

A.2.3 Fresh Eyes

During the November CQC inspection, a review of eleven patient records was undertaken and evidence to support the completion of hourly fresh eyes was found in only one record. It was also noted that staff were not interpreting, classifying, or escalating CTG appropriately. The documentation recorded on CTG's was poor and not in line with NICE guidelines.

Since the inspection, the Maternity services has reviewed the fetal monitoring documentation and aligned this with NICE guideline NG229 (Fetal Monitoring in Labour). The guidance is embedded in BadgerNet, and system changes have been made to support the pathway. Saving Babies Lives V3 states that "At the onset of every labour, there is a structured risk assessment undertaken which informs the clinicians recommendation of the most appropriate fetal monitoring method at the start of labour.

Table 1 Intrapartum Risk Assessments

Month	York	Scarborough
January 2025	100%	100%
February 2025	100%	100%
March 2025	100%	100%
April 2025	100%	100%

Table 2 Compliance with Fresh Eyes

	Compliance with Fresh Eyes for Continuous Fetal Monitoring
Quarter 2 2023/ 24	27%
Quarter 3 2023/24	25%
Quarter 4 2023/24	28%
Quarter 1 2024/25	40%
Quarter 2 2024/25	44%
Quarter 3 2024/25	44%
Quarter 4 2024/25	44%

Table 2 demonstrates slight improvement from the CQC inspection with fresh eyes for continuous fetal monitoring. One alternative way to look at Fresh Eyes compliance is to look at the average case compliance. This method is being used by other Trusts across the country including Lewisham and Greenwich and Milton Keynes as well as Sheffield and Barnsley. To calculate compliance this way, we have looked at each case individual compliance rate (if a case has had 10 opportunities for fresh eyes and 10 have been completed on time the case is 100% compliant whereas if only 6 were completed it would be 60% compliant) and then calculated the average across the 75 cases audited. In each quarter 75 cases were audited.

Table 3 Compliance with the average of Fresh Eyes for Continuous Fetal Monitoring

	Compliance with the average of Fresh Eyes for Continuous Fetal Monitoring
Quarter 2 2023/ 24	76%
Quarter 3 2023/24	73%
Quarter 4 2023/24	71%
Quarter 1 2024/25	77%
Quarter 2 2024/25	81%
Quarter 3 2024/25	81%
Quarter 4 2024/25	84%

Although these figures show a better embedded process, they are still below the 100% compliance for all cases against the local and national standard. The Fetal Monitoring Lead Midwife and Transformation Lead Midwife continue to work on improvements to address areas for improvement. The Transformation Lead Midwife and Fetal Monitoring Lead Midwife has developed an action plan in April 2025 with the Fetal Monitoring Lead Midwife to address improvements. This will be monitored at the Maternity Directorate for oversight. The fresh eyes compliance has been monitored as part of the LMNS quality assurance discussions as part of the Saving Babies Lives Care Bundle Version 3 discussions for Safety Action 6 for the Maternity Incentive Scheme Year 6. The monitoring of compliance has been removed for Year 7 of the Maternity Incentive Scheme.

A.3 Risk Assessments and Care Plans

All antenatal risk assessments are recorded on BadgerNet. Table 2 highlights the antenatal risk assessment compliance.

Table 4
Antenatal Risk Assessments

Month	York	Scarborough
January 2025	98%	99%
February 2025	98%	99%
March 2025	98%	98%
April 2025	99%	99%

BadgerNet has the facility to pull other risk assessment reports. Table 4-9 demonstrates compliance from January to April 2025.

Table 5
Antenatal Booking Risk Assessments

Month	York	Scarborough
January 2025	100%	100%
February 2025	100%	100%
March 2025	100%	100%
April 2025	100%	100%

Table 6
Risk Assessment for Growth and Pre-eclampsia

Month	York	Scarborough
January 2025	100%	99.1%
February 2025	100%	99.8%
March 2025	100%	100%
April 2025	100%	100%

Table 7
Venous Thromboembolism Risk Assessment at Booking

Month	York	Scarborough
January 2025	100%	100%
February 2025	100%	100%
March 2025	100%	100%
April 2025	100%	100%

Table 8
Venous Thromboembolism Risk Assessment on Admission (within 14 hours)

Month	York	Scarborough
January 2025	72%	84%
February 2025	73%	88%
March 2025	76%	86%
April 2025	52%	76%

Table 9
Venous Thromboembolism Risk Assessment Following Birth

Month	York	Scarborough
January 2025	100%	100%

February 2025	100%	100%
March 2025	100%	100%
April 2025	100%	100%

The Deputy Director of Midwifery will review the ward process for ensuring antenatal VTE compliance is completed. VTE compliance will be monitored through the Maternity Directorate going forwards.

A.4 Assessment and Triage

There has been a special cause for improvement in the red flags seen on the York site (Chart 1). There is common cause seen for red flags at the Scarborough site (Chart 2).

Chart 1

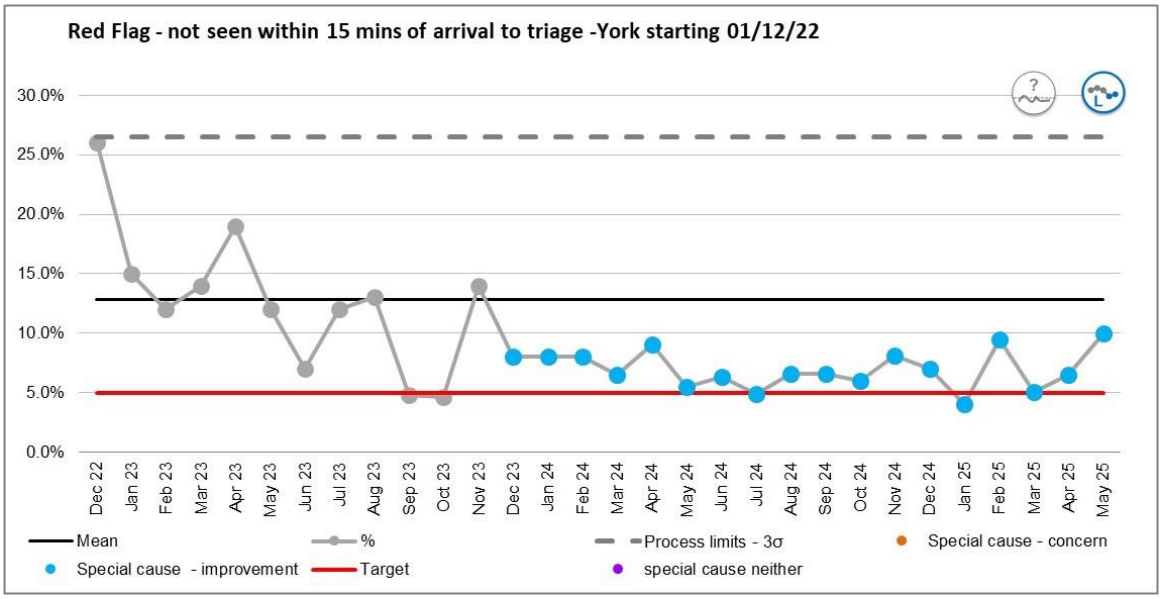


Chart 2

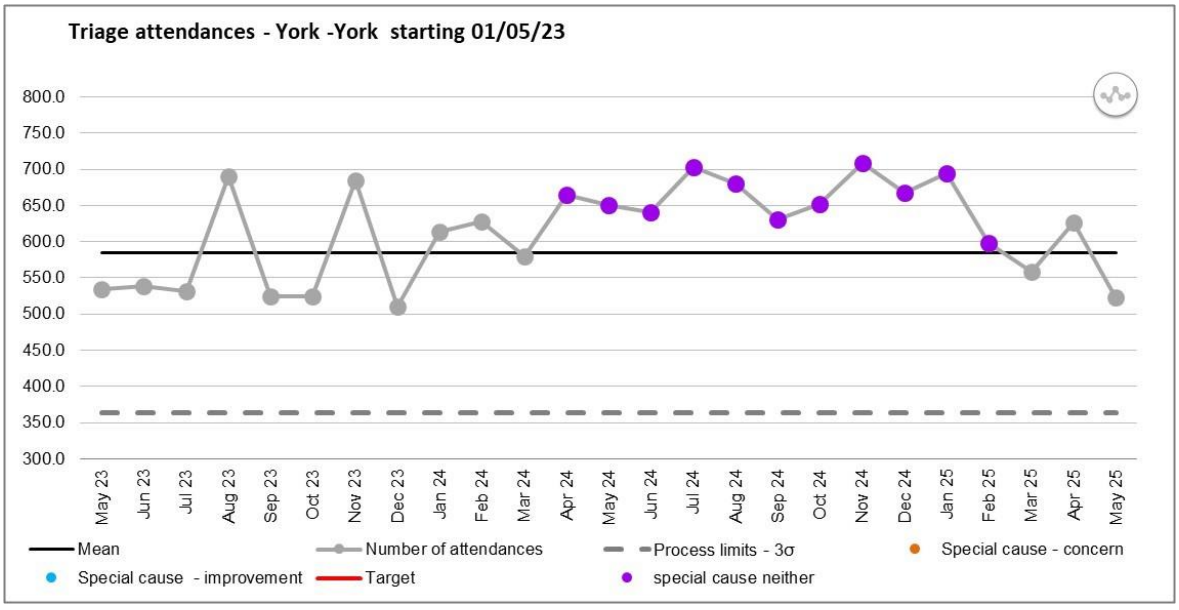


Chart 3

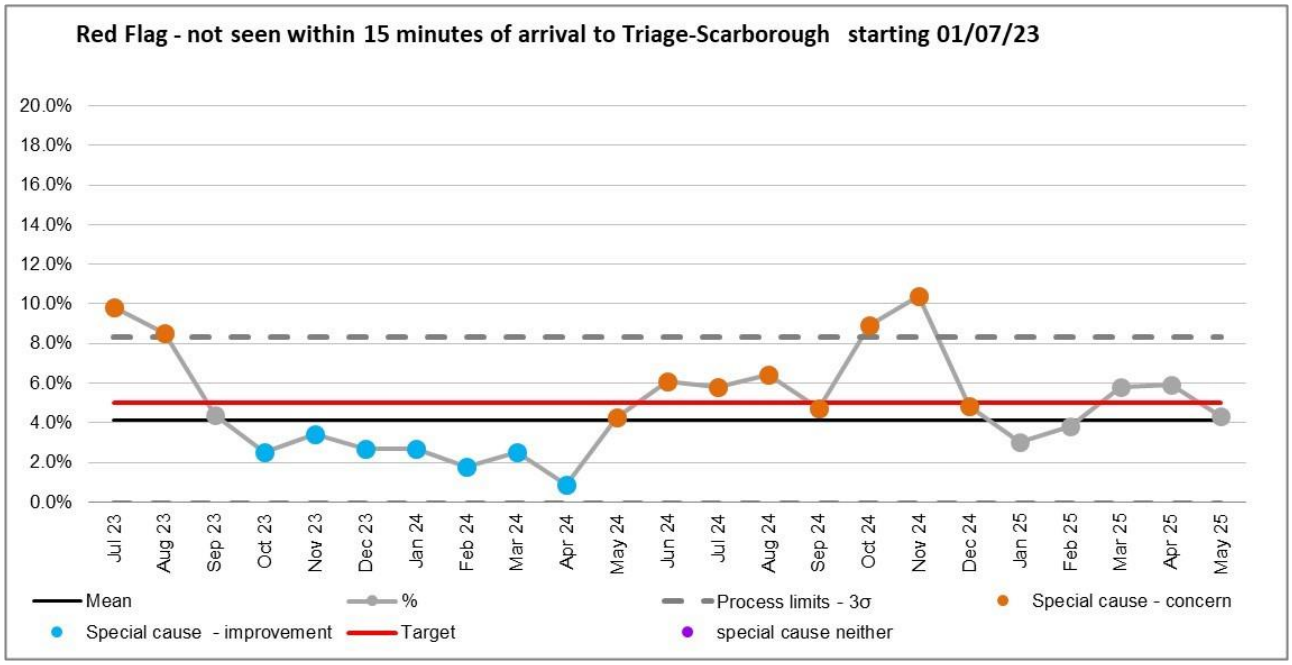


Chart 4

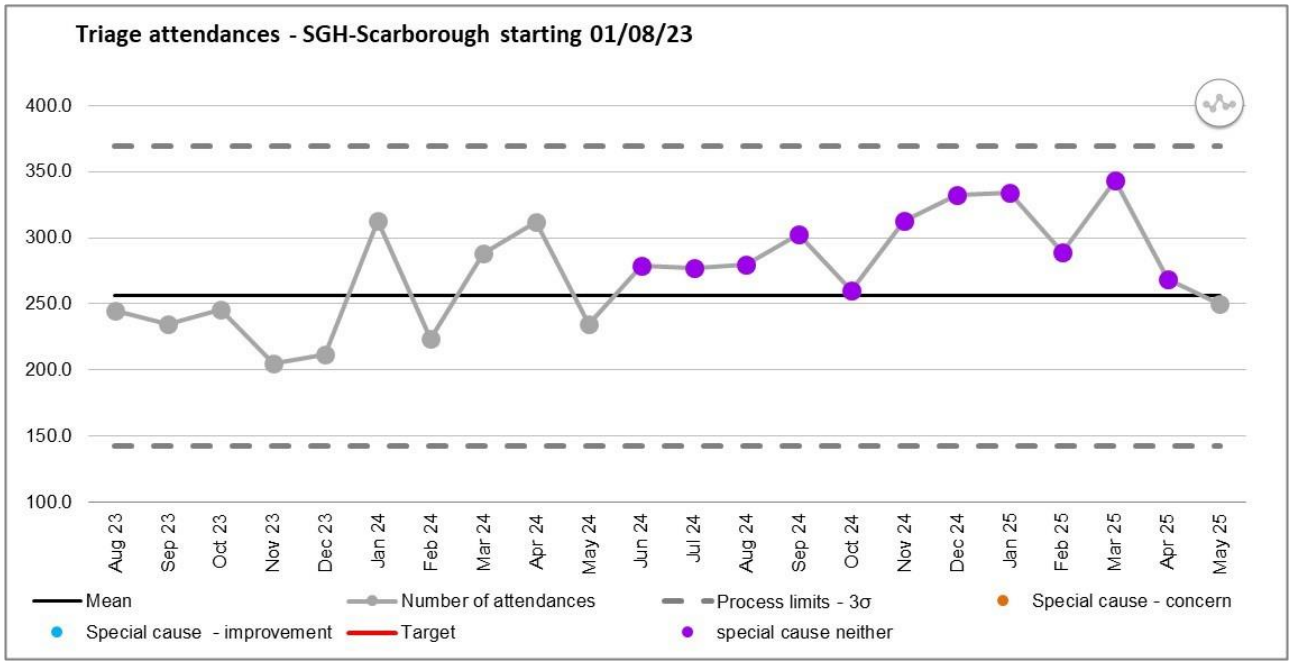


Chart 5 demonstrates an improvement noted in the fill rate on the Scarborough site following recruitment of the dedicated Midwife role for triage. York site compliance dropped due to short term absence and vacancy rate of 2.64WTE registered midwives. Recruitment is ongoing, with 0.8WTE due to start in Triage in August 2025.

Chart 5

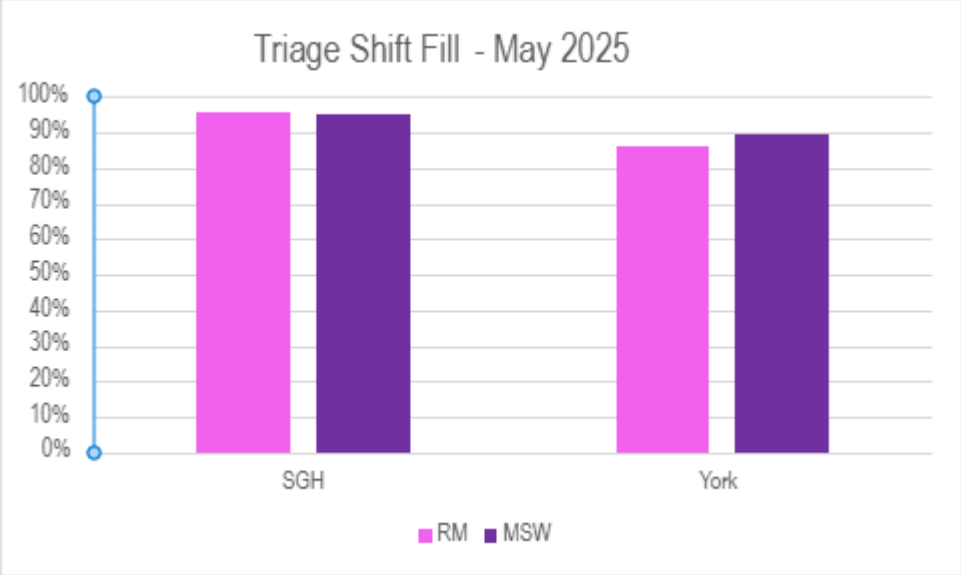
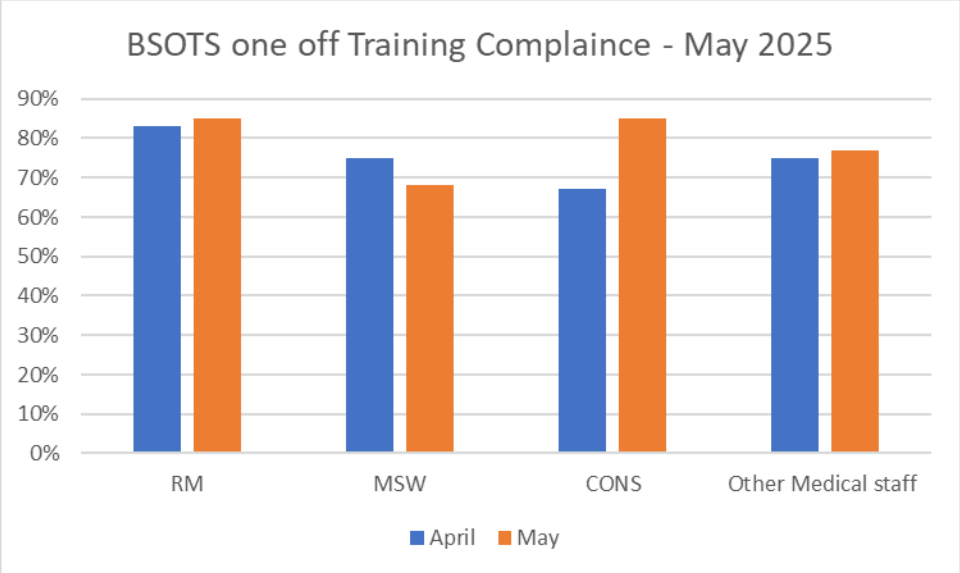


Chart 6



Training compliance is increasing month on month. BSOTS training is mandatory before shifts can be undertaken by Bank or Agency. Maternity Support Worker (MSW) is slightly lower than last month due to new starters joining the team.

B. Governance and Oversight of Maternity Services

B.1 There is oversight at service, division and board level in the management of the maternity services

A schedule of business has been developed for Quality Committee and Trust Board reports for Maternity Services to meet the national reporting requirements for the Maternity Incentive Scheme and the Ockenden recommendations. There have been three quarterly reports for the Perinatal Mortality Review Tool (PMRT) presented at Board and the Maternity claims scorecard has been presented at Quality Committee.

The Maternity and Neonatal Safety Champions meetings were re-established in January 2025.

There has been a refresh of the Maternity Directorate meeting, Labour Ward Forum and Senior Midwifery Professional Leads Forum. A Maternity Digital Authority Group was constituted under the authority of the Maternity Directorate in February 2025. The Quality and Safety Framework Policy for Maternity is in development which will replace the Maternity Risk Management Policy.

B.2 Postpartum Haemorrhage (PPH)

PPH over 1.5 litres

The reduction in the rate of postpartum haemorrhage (PPH) over 1500mls is a key priority for the maternity service. The PPH rate for April 2025 was 2.6% of all deliveries across both sites.

All PPHs are reviewed at the multidisciplinary Maternity Case Review meeting. The themes identified link to the ongoing improvement workstreams identified in the cluster review.

Blood Loss	Number in April 2025
1.5l – 1.9l	6
2l – 2.4l	5
> 2.5l	0

Chart 7

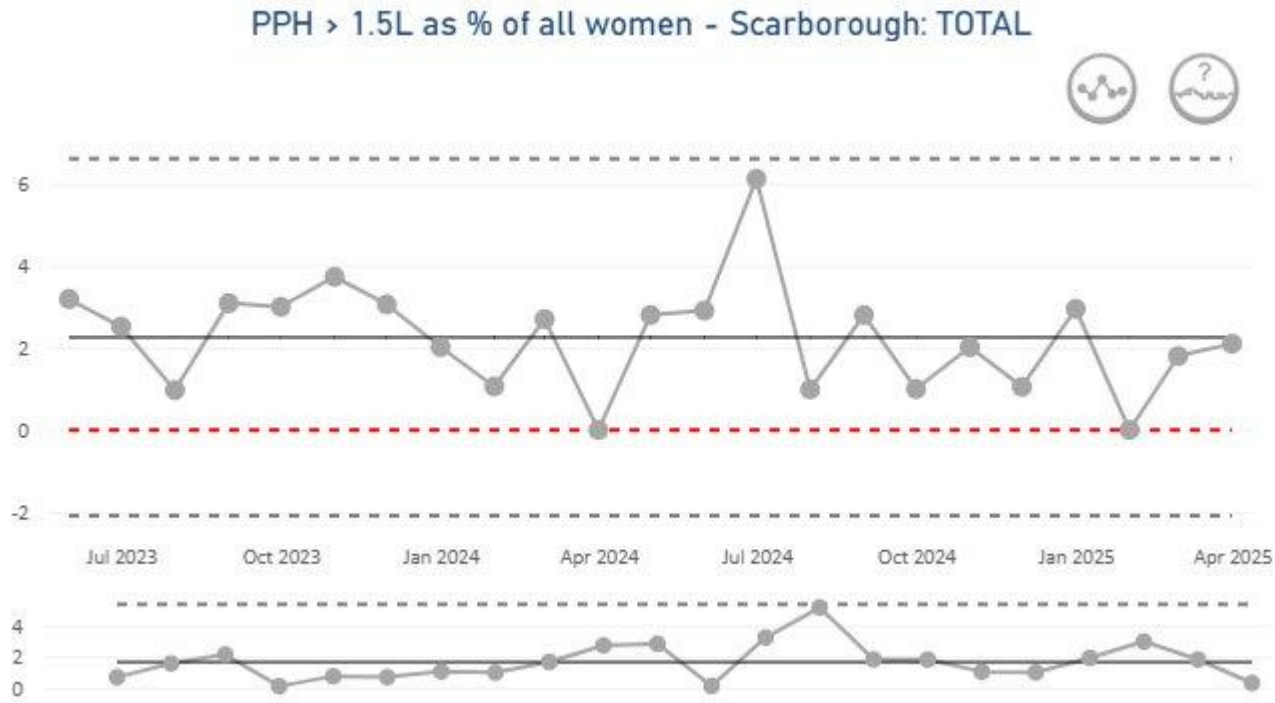
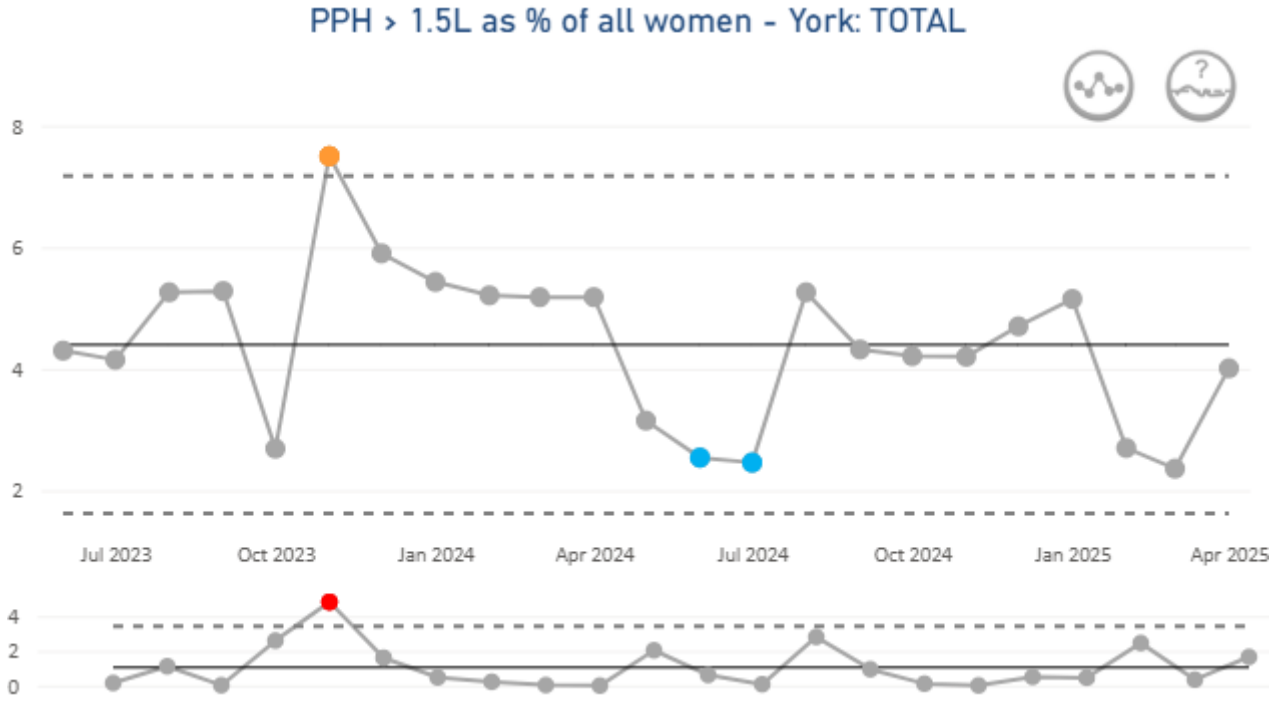
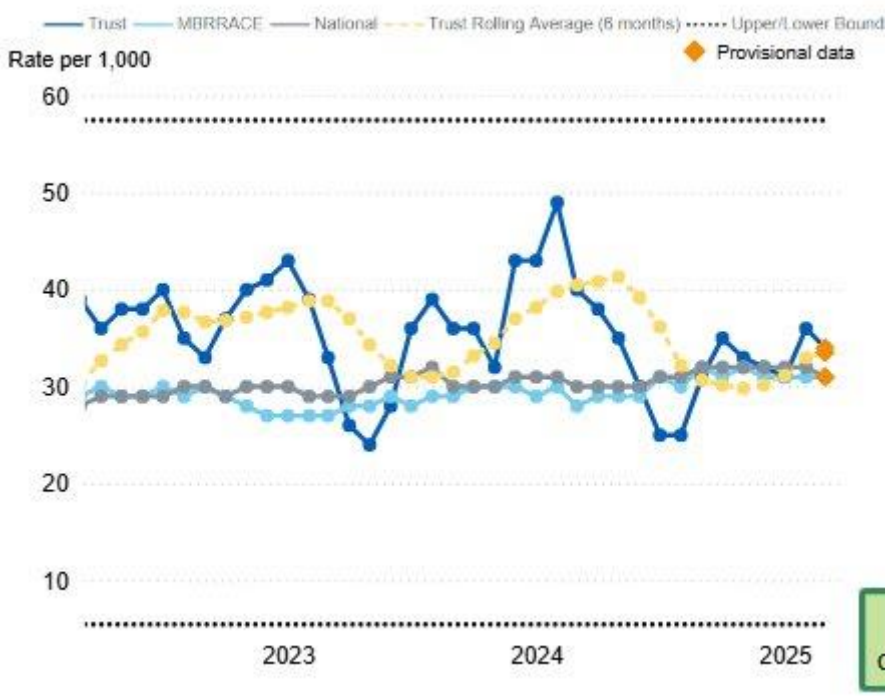
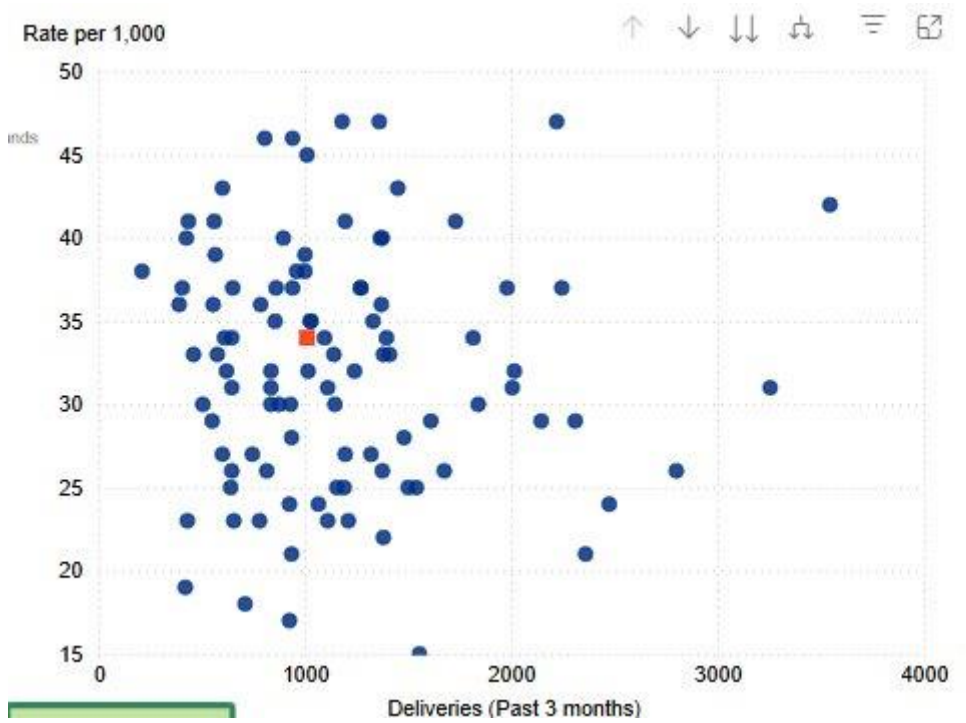


Chart 8



National Maternity Digital Dashboard





The national digital dashboard demonstrates an overall decline in the Trusts PPH rate over a 12-month period. The local SPC charts show common cause variation for Scarborough and York (chart 7 & 8). All the April cases have been reviewed at the Maternity Case Review and no concerns regarding management was highlighted which would have resulted in a different outcome. The data demonstrates there has been an overall reduction in PPH ≥1500mls when reviewing the Trust rolling average for the 12 months on the national digital dashboard. The national digital chart demonstrates the Trust is not an outlier compared to all Trusts in England. A monthly PPH sprint audit commenced in January 2025. The monthly PPH sprint audit will be presented at the monthly labour ward forum and Maternity Directorate Group.

Overview of the Monthly Sprint April Audit (12 cases)

Standard	Results	Comments
FBC taken at 28 weeks	100% (11/11)	One case excluded as birthed at 24 weeks
Was Haemoglobin managed in accordance with guidance	100% (12/12)	
36-week PPH risk assessment completed	63% (7/11)	One woman had given birth prior to 36 weeks
PPH risk assessment completed on admission for birth	92% (11/12)	
Management of third stage of labour	100% Active management	

In Caesarean section consider prophylactic use of 1g Tranexamic acid IV after delivery of the baby if moderate to high risk of bleeding	100% (3/3)	
Postnatal oxytocin infusion should be used when there is moderate or high risk of postpartum haemorrhage	100% (12/12)	
PPH proforma fully completed	66% (7/12)	

8 out of the 12 women had multiple risk factors for PPH. Actions are in place to address areas of partial compliance.

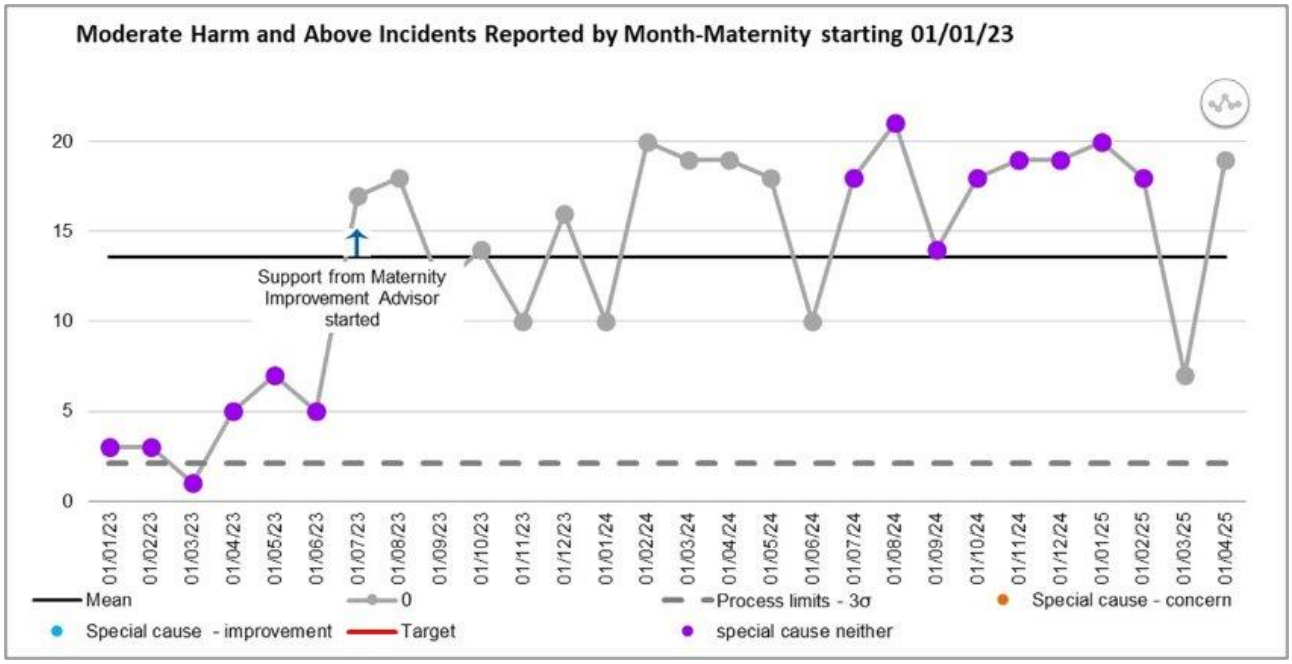
B.3 Incident Reporting

There were 19 moderate harm incidents reported in April 2025.

Datix ID	Incident Category	Outcome/Learning/Actions	Outcome
34116 34120 34226 34594 34893 35243 35262 35568 35588	PPH ≥1500mls	PPH sprint audit started in January 2025	The PPH rate continues to be monitored through the Maternity Assurance Group. The Trust rolling average rate has reduced over 12 months.
34529 35138 35286	Term admission	Review at ATAIN	Learning included as part of ATAIN action plan
34123	Stillbirth	Initial review at Maternity Case Review. No immediate safety actions identified	PMRT to be undertaken
34205	Information Governance Breach	Initial scoping identified there was an information governance breach. There has been shared learning with the staff and Trust regarding staff accessing colleagues, friends and family's information	HR investigation
34253	Undiagnosed congenital abnormality	Delay in identifying and investigating craniosynostosis	Review to be undertaken at the Maternity Case Review
34947	Test results and reports	Feeding back a postmortem report to a family whose baby died in April 2024	Review being undertaken regarding the

			feeding back of results and Consultants sessional time
35315	Shoulder dystocia	Reviewed at the Maternity Case Review meeting	Following a review there were no concerns identified
35674	Inadequate level of staff to cope with increased level of work activity	Anaesthetist was unable to attend due to attending to an acute patient (non-obstetric)	Review of Anaesthetic cover at Scarborough is being undertaken in accordance with the Maternity Incentive Scheme
35488	3rd/ 4th degree tears	Reviewed at the Maternity Case Review	Following a review no concerns highlighted

Incident grading is reviewed at the Maternity Services daily triage Monday to Friday to ensure it is accurate and in line with national guidance.



B.4 Management of Risks

B.4.1.1 Project Updates York

The maternity theatres at York have been refurbished and is operational.

B.4.1.2 Project Updates Scarborough

The use 24/7 security at Scarborough continues until a permanent solution to the baby tagging issue can be reached.

B.4.2 Scrub and Recovery Roles

There is collaboration across maternity and surgery to review the national requirements of having two scrub nurses for each list, the potential benefits, and risks in not meeting this standard that may release some staff funding back into maternity services to support recruitment of midwives as an alternative. The Director of Midwifery will be presenting a paper at the Executive Committee in July 2025, which if approved will release the equivalent 12 WTE Midwives back into the establishment.

Recruitment update:

Position from 1st April 2025:
Scarborough:
Qualified nursing staff are fully recruited to. There is 1WTE vacancy for a Band 3.

York:
Qualified nursing staff are fully recruited to. There is 0.80WTE vacancy for a Band 3.

Report to:	Board of Directors
Date of Meeting:	25th June 2025
Subject:	Infection Prevention and Control Annual Report (1st April 2024 to 31st March 2025)
Director Sponsor:	Dawn Parkes, Chief Nurse/Director Infection Prevention and Control
Author:	Sue Peckitt, Deputy Director Infection Prevention and Control Damian Mawer, Consultant in Medical Microbiology/Infection Prevention and Control Doctor Heather Mackenzie, Principal Pharmacist, Antimicrobials & Surgery

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☐ Regulatory Requirement ☐

Trust Objectives

☒ To provide timely, responsive, safe, accessible, and effective care.
☐ To create a great place to work, learn and thrive.
☐ To work together with partners to improve the health and wellbeing of the communities we serve.
☐ Through research, innovation, and transformation to challenge the ways of today to develop a better tomorrow.
☐ To use resources to deliver healthcare today without compromising the health of future generations.
☐ To be well led with effective governance and sound finance.

Board Assurance Framework

☒ Effective Clinical Pathways
☐ Trust Culture
☐ Partnerships
☐ Transformative Services
☐ Sustainability Green Plan
☐ Financial Balance
☐ Effective Governance

Implications for Equality, Diversity, and Inclusion (EDI) *(please document in report)*

☐ Yes

☒ No

☐ Not Applicable

Executive Summary:

This annual report for 2024-25 highlights the Trust performance against the national Healthcare Associated Infection (HCAI) objectives and the high-level actions that are being taken to reduce incidence of avoidable infection.

The Trust has exceeded the annual objectives for all nationally set Healthcare Associated Infections (HCAI's), apart from Klebsiella Bacteraemia.

The governance of Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS) has been strengthened by the introduction of Care Group IPC/AMS monthly meetings, which are becoming established and developing improvement action plans.
Recommendation: The Board of Directors is asked to note the trust performance with regards to HCAIs and acknowledge the actions being taken to reduce the incidence of avoidable HCAI's.

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

Meeting/Engagement	Date	Outcome/Recommendation
Quality Committee	17/06/2025	Approved
Patient Safety and Clinical Effectiveness	11/06/2025	Approved
Infection Prevention Strategic Assurance Group	05/06/2025	Noted

Infection Prevention and Control Annual Report 2024-25

1. Introduction and Background

The Health and Social Care Act 2008: code of practice on the prevention and control of infections (Department of Health 2015) stipulates the importance of the Director of Infection Prevention and Control (DIPC) reporting regularly to the Board of Directors. This includes an annual written report summarising key Infection Prevention and Control (IPC) issues and progress against agreed improvements.

This annual report for 2024-25 highlights the Trust performance against the national Healthcare Associated Infection (HCAI) objectives and the high-level actions that are being taken to reduce incidence of avoidable infection. HCAI annual objectives run 1st April to 31st March and focus on reducing CDI and gram-negative blood stream infections. There is a requirement for the Trust to deliver a 5% reduction from the 2023/24 output. The document detailing the HCAI objectives can be accessed via this link. Whilst *Staphylococcus aureus* bacteraemia is not detailed with the NHS Contract document, the Trust have continued to focus on their reduction and monitor them against a 5% reducing target.

This report acknowledges the hard work and diligence of all grades of staff, clinical and non-clinical who play a vital role in improving patient safety and the quality of patient experience as well as striving to reduce the risk of infections.

2. The Infection Prevention and Control Team (IPC Team)

The IPC team have provided a dynamic service over 2024/25. Operational pressures over winter due to high levels of respiratory viruses and Norovirus with associated bed/ward closes required the IPC team to adjust their service provision. They provided additional weekend cover from December 2024 to March 2025 to review closed beds and support the site team to undertake risk assessments and risk mitigation of patient placement.

The Head of IPC post has been vacant since January 2024. There have been 3 unsuccessful recruitment attempts and discussions are on-going with the Chief Nurse regarding further recruitment.

There are no other vacancies within the team.

2.1 Infection Prevention and Control Governance

The Infection Prevention Strategic Assurance Group (IPSAG) meets monthly and reports to the Patient Safety and Clinical Effectiveness Sub-Committee (PSCE); the DIPC and Deputy DIPC are members of the PSCE.

Monthly Care Group IPC and Antimicrobial Stewardship (AMS) groups were commenced in quarter 2 . These are a formal sub-group of the Care Groups Governance and Management Boards. The focus has been to develop and deliver Care Group specific HCAI/AMS improvement plans.

The NHS England IPC Board Assurance Framework (BAF) was refreshed in October 2024, and we expect a new version of this to be issued by NHS England in Q1 2025/26 which will be completed, and progress overseen by IPSAG.

3. Current Position/Issues

3.1 Clostridioides Difficile Infection (CDI) Performance:

The Trust attributed annual objective for 2024/25 was set by NHS England at 144 cases. This includes community-onset healthcare-associated (COHA) and healthcare-onset healthcare-associated (HOHA) cases in patients aged over 2 years. Definition of a COHA case is the specimen is taken in community or by day two following admission, but patient has been discharged from the Trust within previous 28 days. These cases are attributed to the ward that the patient was previously discharged from.

The Trust ended the year with 155 Trust attributed cases; COHA=58; HOHA=97. The objective was exceeded by 11 cases. It is worth noting that the attribution criteria changed this year to include virtual wards and counting admission date from the decision to admit date in the Emergency Department, if we excluded the cases that met the new criteria, we would have ended the year 5 cases above trajectory but 1 case less than 2023/24.

Of the 155 Trust attributed cases this year, 84 (54%) are attributed to the York Hospital, 56 (36%) are attributed to Scarborough and Bridlington Hospitals, and 15 (10%) are attributed to Community In-patient Units.

In 2023/24 Scarborough and Bridlington Hospitals accounted for 59% of the CDI cases and the reduction of incidence in 2024-25 can be directly related to the improvement work on Cherry and Chestnut wards which commenced in November 2023 and has been sustained throughout this reporting period as demonstrated in Table 1.

Table 1: Clostridioides difficile rates per 100,000 bed days and cases 2023/24 vs 2024/25

CDI Toxin positive	April -October 2023 Rates per 100,000 bed days			Total Number cases 2023/24	April -September 2024 Rates per 100,000 bed days			Total number of cases 2024/25
Ward	Bed Days	Cases	Rate		Bed Days	Cases	Rate	
Cherry	5471	9	164.50	19	3209	2	62.32 ↓	6 ↓
Chestnut	5231	9	172.05	12	3022	2	66.18 ↓	5 ↓

High operational pressures have placed an additional strain on both the workforce and isolation capacity across the Trust which has implications on patient placement, timely and effective environmental decontamination and fundamental infection prevention and control (IPC) practice. Limited side room capacity results in delayed isolation of patients with diarrhoea thereby increasing the risk of environmental contamination. Competing priorities for side rooms during winter is made worse due to respiratory viruses that also require isolation. The Transmission Based Precautions guidance was updated within this reporting period and is available to all the staff on the Trust intranet to aid with prioritisation of side rooms. As part of the Trust resizing work additional side room capacity has been identified to move back to patient availability and the enabling work is currently on-going.

Within Appendix1, Figure 1 demonstrates the monthly Trust attributed case against trajectory. Figure 2 shows the annual CDI rates per 100,000 bed days for the trust versus the average of other Trusts. Figure 3 provides a comparison of annual cumulative CDI cases from the four years 2021/22 to 2024/25 which highlights that the CDI case rate has

been relatively static over the last four years. Figure 4 shows the Cumulative Trust attributed Clostridioides difficile by area from April 2024 with Ward 36 having the most cases (12), predominately in Q3 and no cases since February 2025, followed by Lilac ward at 8 cases.

All Trust attributed cases require a Patient Safety Incident Response Framework (PSIRF) review. Of the 155 cases, 140 (90%) have received a PSIRF review. The main learning points identified are hand hygiene compliance, antimicrobial prescribing (suitability/course length) and timeliness of stool sampling. Improvement actions are being re-iterated with all the care groups via the IPC/ IPC/AMS meetings.

Actions taken within 2024/25 to reduce the incidence of CDI have included:

- The IPC team have continued to undertake fundamental practice audits which currently include CDI control measures compliance, hand hygiene compliance, commode, and bedpan cleanliness. Where areas do not meet the compliance standards, face to face education is provided and follow up audits conducted. There is a process embedded for escalations should timely improvements not occur which includes the review of data within the care group IPC/AMS monthly meetings. The audit data can be seen in Section 5, table 2, further improvement work will be delivered in 2025/26.
- Face to face training in ward areas is delivered whenever gaps in audit compliance are identified. Compliance is monitored via the care group IPC/AMS meetings with escalation to IPSAG.
- Additional education and support have been provided to ward 36 during Q3 & Q4 in response to the increased number of CDI cases. The ward responded well and there have been no further cases since February 2025.
- Additional education regarding sampling and CDI management has been provided to Lilac Ward, which has the second highest number of cases in the Trust (8 since April 2024). This is an admissions ward, so the recognition of symptoms and collection of a sample at the earliest opportunity is important to identify cases that started in the community. A revised stool sampling and isolation flowchart poster has been produced and circulated.
- Cherry and Chestnut Ward continue to be supported by the IPC team to maintain their CDI control.
- The Trust did not achieve the proactive Hydrogen Peroxide Vapour (HPV) decontamination programme within this year for all inpatient areas due to the lack of decant facilities across both main sites, however we have whenever possible deployed deep cleaning/HPV during ward moves during refurbishments or capital builds. The requests for reactive deployments of HPV or Ultra-Violet (UV) following cases of infection have been monitored throughout the year and when operational pressures have meant one of these options was not able to be deployed, a risk assessment is undertaken by the IPC team and Site co-ordinators and a suitable alternative manual decontamination undertaken. These are recorded by the Domestic Services Team and HPV or UV deployed as soon as the bedspace becomes available.
- Clear the clutter days have been held on both sites during October 2024 to support ward and department cleanliness.

Methicillin sensitive Staphylococcus aureus (MSSA) & Methicillin resistant Staphylococcus aureus (MRSA) Bacteraemia:

There were 5 Trust attributed MRSA bacteraemia for 2024/25 against a zero-tolerance objective, a deterioration from the annual position of 2023/24 of 4 cases. The wards with a case of MRSA bacteraemia attributed to them are highlighted in Appendix 1, Figure 5. All 5 cases were attributed to the Medicine care group and have undergone a multidisciplinary clinical team post infection review (PIR).The lessons and actions identified in each case are being enacted via the care group and where appropriate wider Trust actions are being supported by the IPC team. These lessons and improvement actions include:

- Access to suppression treatment which has been resolved following revision of IPC guidelines.
- Community management of MRSA which has been escalated to the ICB IPC team.
- Lack of skin checks
- Cannula documentation which is being addressed via improvements to the Trust wide Visual Infusion Phlebitis scoring and documentation on Nucleus.

There has been a total of 92 Trust attributed cases of MSSA bacteraemia for 2024/25 against an agreed internal target of 82 cases. Of the 92 cases; COHA =34; HOHA = 58 with 66 cases (72%) attributed to York Hospital, 24 cases (26%) attributed to Scarborough hospital and 2 cases (2%) being attributed to the community sites, which is similar to the previous year.

The 2024/25 incidence shows slight deterioration from the previous years where 87 Trust attributed cases were recorded. Appendix 1 Figure 6 demonstrates the monthly Trust attributed cases against trajectory and Figure 7 shows the annual MSSA bacteraemia rates per 100,000 bed days for the Trust versus the average of other Trusts. Figure 8 provides a comparison of annual cumulative CDI cases from the four years 2021/22 to 2024/25 which highlights that the MSSA bacteraemia rate has been increasing over the last four years despite efforts to reduce the bacteraemia rates.

Appendix 1, figure 9 shows the cumulative rate per ward area, with ward 36 and Haematology/Oncology having the highest number of cases, 6 each since April 2024. The cases associated with Haematology/Oncology have been investigated by the care group using a PSIRF approach and an MSSA improvement action plan has been implemented. The cases associated with ward 36 learning themes have been included within the quality improvement work that has been undertaken on this ward in Q3 & Q4.

Actions taken within 2024/25 to reduce the incidence of MRSA/MSSA bacteraemia have included:

- An Internal Audit report regarding cannula management was published in March 2024. The report identified 1 major and 6 moderate recommendations. An action plan was developed and approved by IPSAG. Evidence for closure of all recommendations were submitted to the Internal Audit team and the action plan was closed in October 2024. We continue to monitor compliance with the required improvements.
- Visual infusion phlebitis (VIP) scores are now included within nucleus with a requirement for twice daily documentation. Compliance is being driven to improve by the care groups IPC/AMS meeting.
- All cases are now recorded on Datix, and the care groups are leading the investigation of these with IPC support.
- A standard operating procedure has been drafted for MSSA case reviews and details the governance route for these cases and is due to be presented to the care groups and IPSAG for approval and implementation.

Gram Negative Bacteraemia (GNBSI)

Escherichia coli (E. coli) bacteraemia:

There has been a total of 196 Trust attributed cases of E.coli bacteraemia for 2024/25 against an objective of 170 cases. Of the 196 cases; COHA =115; HOHA = 81 with 121 cases (62%) attributed to York Hospital, 65 cases (33%) attributed to Scarborough hospital and 10 cases (5%) being attributed to the community sites.

The 2024/25 incidence shows deterioration from the previous years where 174 Trust attributed cases were recorded. Appendix 1 Figure 10 demonstrates the monthly Trust attributed cases against trajectory and Figure 11 shows the annual E.coli bacteraemia rates per 100,000 bed days for the Trust versus the average of other Trusts. Figure 12 provides a comparison of annual cumulative E.coli cases from the four years 2021/22 to 2024/25 which highlights that the E.coli bacteraemia rate has been increasing over the last four years.

Ward 35 at York Hospital and Maple ward at Scarborough has the highest cumulative number of cases with 9 attributed to each of them, as demonstrated in Appendix 1, Figure 13.

Klebsiella bacteraemia:
There has been a total of 46 Trust attributed cases in 2024/25 against an objective of 65. The Trust is 19 cases **under** the annual objective. Of the 46 cases; COHA =31; HOHA = 15 with 31 cases (67%) attributed to York Hospital, 12 cases (26%) attributed to Scarborough hospital and 3 cases (7%) being attributed to the community sites.

Appendix 1, Figure 14 provides a comparison of annual cumulative Klebsiella cases from the four years 2021/22 to 2024/25 which highlights that the Klebsiella bacteraemia rate is the lowest it has been in the last four years.

Ward 14 at York Hospital has the highest cumulative number of cases with 4 attributed to them, as demonstrated in Appendix 1, Figure 15

Pseudomonas bacteraemia:
There has been a total of 26 Trust attributed cases in 2024/24 against an objective of 16 cases. Of the 26 cases; 16=COHA; 10=HOHA with 17 cases (65%) attributed to York Hospital, 8 cases (31%) attributed to Scarborough hospital and 1 case (4%) being attributed to the community sites.

Appendix 1, Figure 16 provides a comparison of annual cumulative Pseudomonas bacteraemia cases from the four years 2021/22 to 2024/25 which highlights that the Pseudomonas bacteraemia rate is the higher than 2023/4 but lower than 2021/22 and 2022/23.

Ward 28 at York Hospital has the highest cumulative number of cases with 3 attributed to them, as demonstrated in Appendix 1 Figure 17.

Actions taken within 2024/25 to reduce the incidence of GNBSI bacteraemia have included:

- The Deputy DIPC attended an NHS England North East and Yorkshire regional workshop on the reduction of Klebsiella bacteremia on the 5th of March 2025. Key learning points will be included within improvement plans for 2025/26.
- Humber and North Yorkshire ICB will be hosting a workshop on reducing GNBSI in May 2025 and the Trust will be actively participating in this with representatives from each care group, corporate nursing team and the IPC team attending.
- Dr Mawer, IPC Doctor, has reviewed a selection of the Pseudomonas bacteraemia cases and has not identified linked cases or common themes.

4. IPC Training

The IPC team continue to deliver IPC training with face-to-face training in classroom settings and clinical areas in both a reactive manner to observed practice during ward and department visits and proactively, such as the response to the high levels of respiratory viruses over the winter and preparedness to respond to emerging infections. The IPC team has continued the intensified clinical education on back to basics, including planned educational sessions for all staff groups throughout the year.

The team have provided new Healthcare Assistant training within the academy at Holgate York and are now supporting the registered staff training. This is an excellent opportunity to deliver scenario based training and practical application of fundamentals of IPC.

The mandatory IPC training Trust compliance has remained static over the year and is recorded as core level 1 at 90% and core level 2 at 83% (against a target of 95%), see appendix 1, Figure 18. Care Groups are aware of compliance rates via the IPC dashboards and are being asked to drive improvement.

A focus on Aseptic Non-Touch Technique (ANTT) training continues as a key element on reducing bacteraemia rates. Compliance has remained static with the ANTT theory recorded at 88% whilst the practical compliance has risen slightly to 81%, as shown in Appendix 1, Figure 18. Care Groups are aware of compliance rates via the IPC dashboards and are being asked to drive improvement via the IPC/AMS meetings. The IPC team are collaborating with the Clinical educators to promote ANTT, invasive device management, including VIP scoring, “scrub the hub” and removal when no longer required.

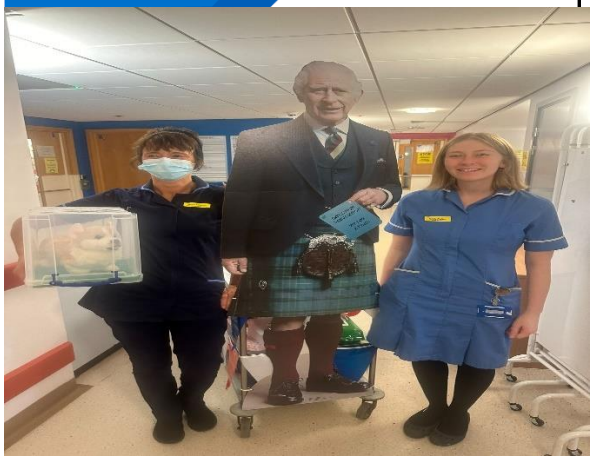
High Impact Actions

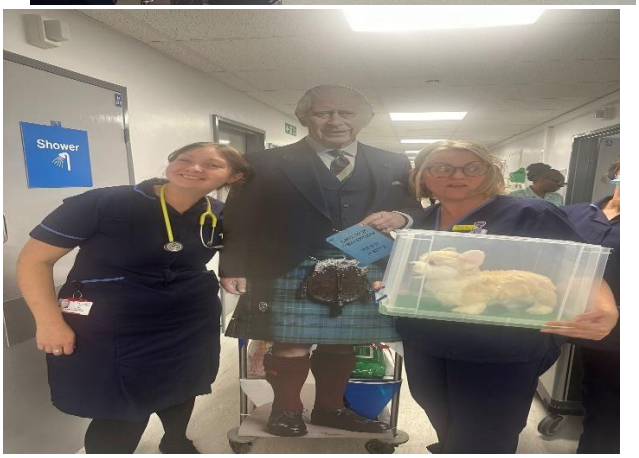
September and October 2024 have been the Chief Nurse Year of Quality months for IPC. The team have co-ordinated several events over the 2 months which have focused on the embedding of **high impact actions**:

1. Bare below the elbow and effective hand hygiene
2. Appropriate use of Personal Protective Equipment (PPE)

3. When to take stool samples
4. Decluttering the clinical areas, including linen management
5. Effective aseptic non-touch technique.

The team have used innovative approaches including ward walk rounds with visual aids, fun quizzes, conversation points, campaigns, awareness sessions, new information posters and prompt cards and de-clutter days.





Hand hygiene wordsearches were given to patients (who were able to participate) to raise their awareness of hand hygiene.

As part of the IPC months of quality 19 Healthcare Assistants have successfully undergone NHS England leadership in IPC education in this quarter. These staff are all IPC champions within the clinical areas and will be supporting the IPC team to drive improvements in practice.

Whilst the impact of this concentrated effort is slow, we have seen more engagement with the IPC team and positive feedback from clinical areas. Outcomes from available audit metrics are included in section 5, table 2.

5. IPC Audits

Audit information on Hand Hygiene, Symbiotix Cleaning Scores, bedpan and commode cleanliness and CDI practice compliance is available in the care group dashboards located via this link Care Group Dashboards. Key points of note are listed in table 2 which shows that compliance of 95% has not been reached for the CDI audit but there has been some improvement, hand hygiene compliance remains static, however improvements are being seen in commode and bedpan cleanliness compliance.

Hand hygiene audits were re-introduced onto Tendable in November 2024 but completion of these is not yet consistent, therefore the data included for information is the IPC team

compliance audits, reminders to complete weekly ward/department hand hygiene audits have been sent out to all areas.

Table 2 IPC Audit points of note – 95% or above is required for compliance, figures in brackets are 2023/24 % compliance					
Audit	Medicine Care Group Average compliance	Surgery Care group Average compliance	Family Health Care Group Average compliance	CSCS Average compliance	Trust Average
CDI, Saving lives bundle	91% (87%)	86% (87%)	85% (91%)	94% (88%)	89% (86%)
Hand Hygiene **	89% (87%)	89% (87%)	90% (91%)	96% (83%)	91% (87%)
Commode cleanliness	90% (75%)	90% (72%)	98% (84%)	100% (83%)	95% (77%)
Bedpan cleanliness	98% (95%)	99% (95%)	98% (958%)	100% (100%)	99% (95%)

**Hand hygiene audits using IPC audit data not ward/department data.

6. Orthopaedic Surgical Site Infections (SSI)

The Trust continues to work on reducing the incidence of orthopaedic SSI in the past year. Appendix 2 details the Trust incidence versus the national incidence rate. The Trust is above the infection rate for total knee replacement in York but below the national infection rate for the other interventions and sites.

Post infection review meetings have been taking place within the Care Group with support from the IPC team; with lessons learnt being acted upon by the care group.

7. Outbreaks: Respiratory Virus Infection (RVI) and Norovirus

The RVI guideline, RVI screening guideline, the management plan for RVI in winter and RVI risk assessment and decision log were approved and published in December 2024. These documents detail patient screening and placement within the organisation, including the escalation to opening RVI cohort areas and de-escalation process, alongside a risk assessment and decision log to inform decisions regarding patient movement during operational pressures.

The Trust saw significant numbers of patients with RVI requiring admission to hospital this winter. The RVI incidence has followed the national pattern which has been higher than recent years and has caused significant operational pressures. This led to the activation of phase 3 of the RVI management plan in winter with ward 29 at York and Lilac ward at Scarborough being used as RVI cohort wards.

The Trust has also been affected by Norovirus throughout 2024/25 which has resulted in bay and ward closures across the Trust. Most significantly were the outbreaks over December 2024 and January 2025 which included 5 wards at York Hospital and 3 wards at Scarborough Hospital. The outbreaks were all managed within the Trust guidelines and wards/beds were cleaned and re-opened as soon as safe to do so.

8. Antimicrobial Stewardship (AMS)

The AMS team continues to work to optimise the use of antimicrobials at the Trust, to improve patient outcomes, safety and reduce risk of antimicrobial resistance (AMR). Section 8.1b summarises the Trust position regarding outcome measures of the Trust's AMS strategy (2024/25) and human health targets of the UK AMR National Action Plan (NAP) 2024-29. These measures are discussed in sections 8.1c-f. More granular data is available and reported via newly established lines of communication with the Care Groups (refer 8.1a for details).

8.1a Care Group IPC/AMS Meetings

The IPC/AMS Care Group (CG) meetings were launched in 2024 Q2. Each CG has a nominated AMS pharmacist, AMS pharmacy technician and microbiologist. The pharmacy team provide a monthly AMS dashboard bespoke for the CG and facilitate both discussion and actions under the expert guidance of the microbiologists. The dashboards include:

- Safety data: Datix reports relating to antimicrobials for the CG on a rolling 3-monthly basis.
- Guideline assurance: status of antimicrobial guidelines for which the CG is responsible.
- Quality data: AMS ward round data including specific for the CG, recommendation type and uptake by ward.
- NAP 2024-29 measures: comparison of watch and reserve antimicrobial use across CGs and top 10 for the CG, with quarterly trends reported over a rolling 12-month period.

The CG meetings provide more robust lines of communication between the CGs, IPSAG and AMS Team meetings (AST) with the aim of delivering measurable improvements in practice and patient outcomes.

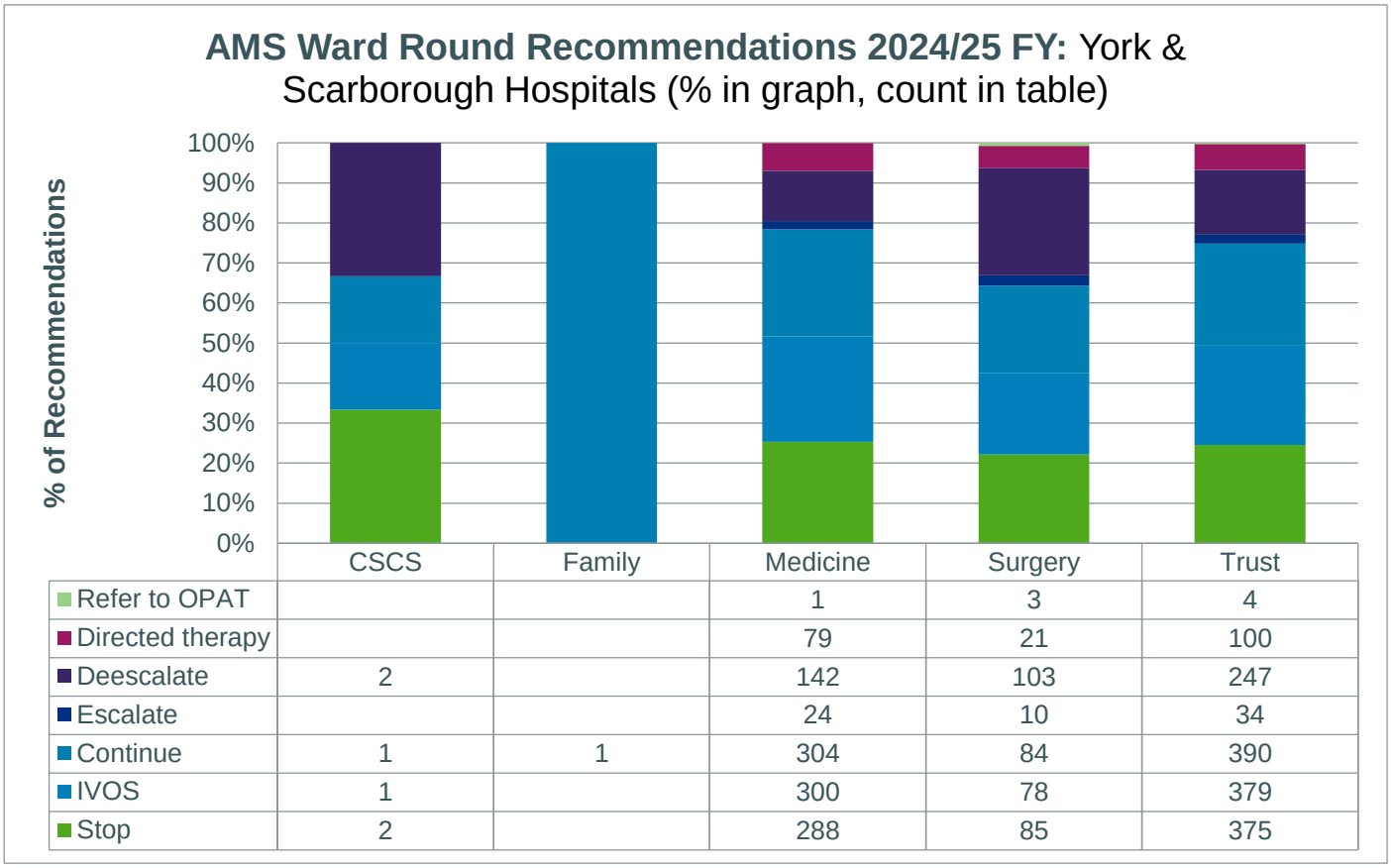
8.1b Trust Position 2024/25

Measure	Target	Y&H Region	Trust Baseline	Trust 2024/25	Medicine 2024/25	Surgery 2024/25	Family 2024/25	CSCS 2024/25
No. of AMS reviews 2024/25[1]	≥ 1202	No data	2023/24: 1202	1529 (↑)	1138	384	1	6
% of AMS reviews suggest IVOS[1,2]	< 15%	No data	26%	25% (↓)	26%	20%	<0.5%	17%
Uptake of AMS ward round recommendations < 24h	> 80%	No data	2023/24 Q3&4: 77%	80% (↑)	82%	74%	N/A	100%
% of antimicrobials are IV (DDDs)[3]	No data	22.2%	2023/24: 26.5%	24.5% (↓)	No data	No data	No data	No data
NAP 4a: Total antimicrobial consumption[3]	5% ↓ from 2019	6.9% growth	N/A	5.1% growth (↑)	No data	No data	No data	No data
NAP 4b: % of Abx are from Access category (DDDs)[3]	≥ 70%	55%	2023/24: 65%[4]	65% (-)	60%	70%	76%	66%
AMS Team meeting quoracy	100%	N/A	2023/24: 20%	14% (↓)	14%	43%	0%	0%

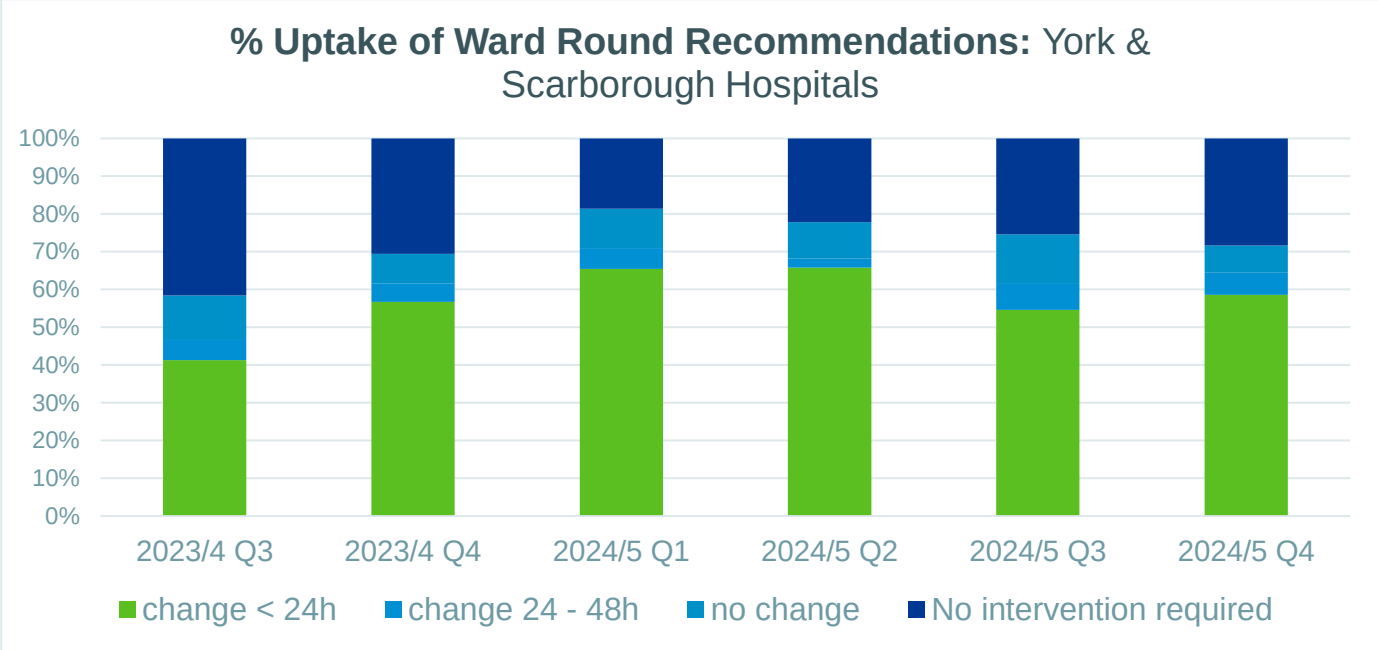
[1]Y&S AMS team data [2]IV to Oral Switch [3]Rxinfo data
[4]AWaRe categories were updated in 2025, baseline data relates to 2020 AWaRe categories, most significant change being cefalexin moving to access category.

8.1c Direct patient reviews (AMS ward rounds)

The AMS team conduct twice weekly ward rounds on both York and Scarborough sites, focusing on broad spectrum antimicrobials prescribed for greater than 48h. The number of reviews performed has continued to increase, though has plateaued due to competing factors on ward rounds and workforce capacity. The AMS team have adapted to support areas of variance, such as wards with high C. difficile rates, poor uptake of recommendations or a high proportion of reviews resulting in stop, IV to oral switch (IVOS) or de-escalate recommendations suggesting lack of appropriate review and rationalisation. The outcome of reviews is summarised below.

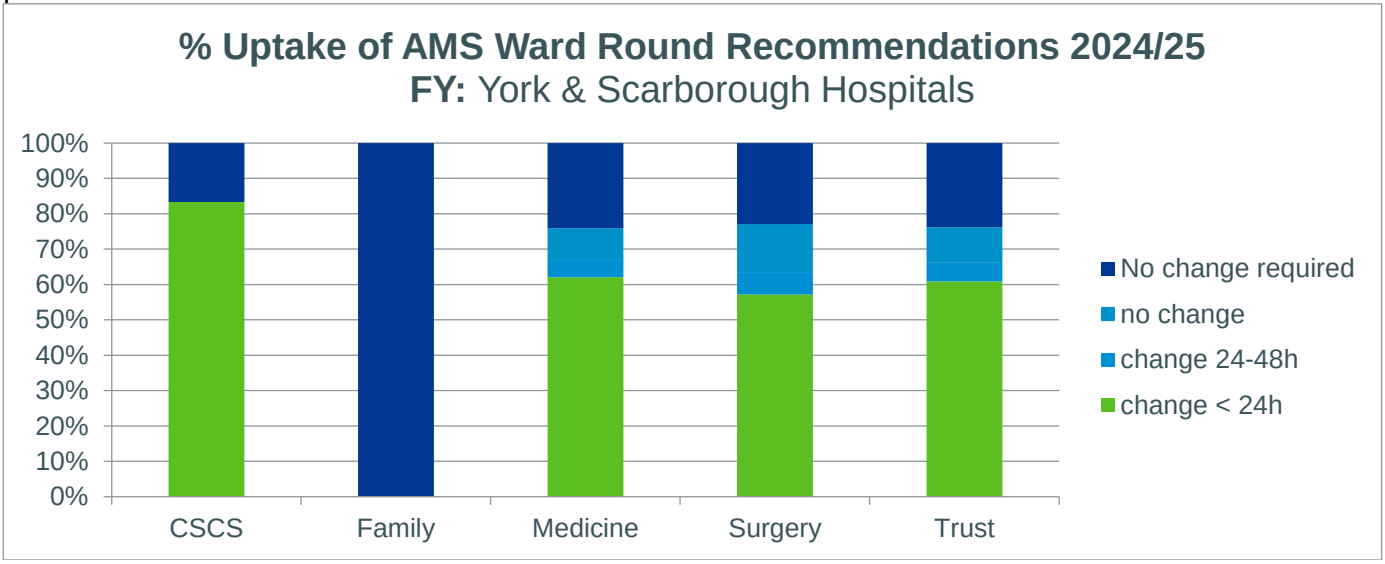


	CSCS	Family	Medicine	Surgery	Trust
Refer to OPAT			1	3	4
Directed therapy			79	21	100
Deescalate	2		142	103	247
Escalate			24	10	34
Continue	1	1	304	84	390
IVOS	1		300	78	379
Stop	2		288	85	375



Uptake of recommendations made within 24 hours increased over the first 3 quarters of the data collection period and has been sustained since, currently sitting at 80% across the Trust.

This improvement was supported by the IVOS work, increased focus on face-to-face communication, and ongoing ward pharmacist engagement. Over 2024/5 the proportion of reviews requiring intervention decreased, suggesting overall improvement of prescribing practice.

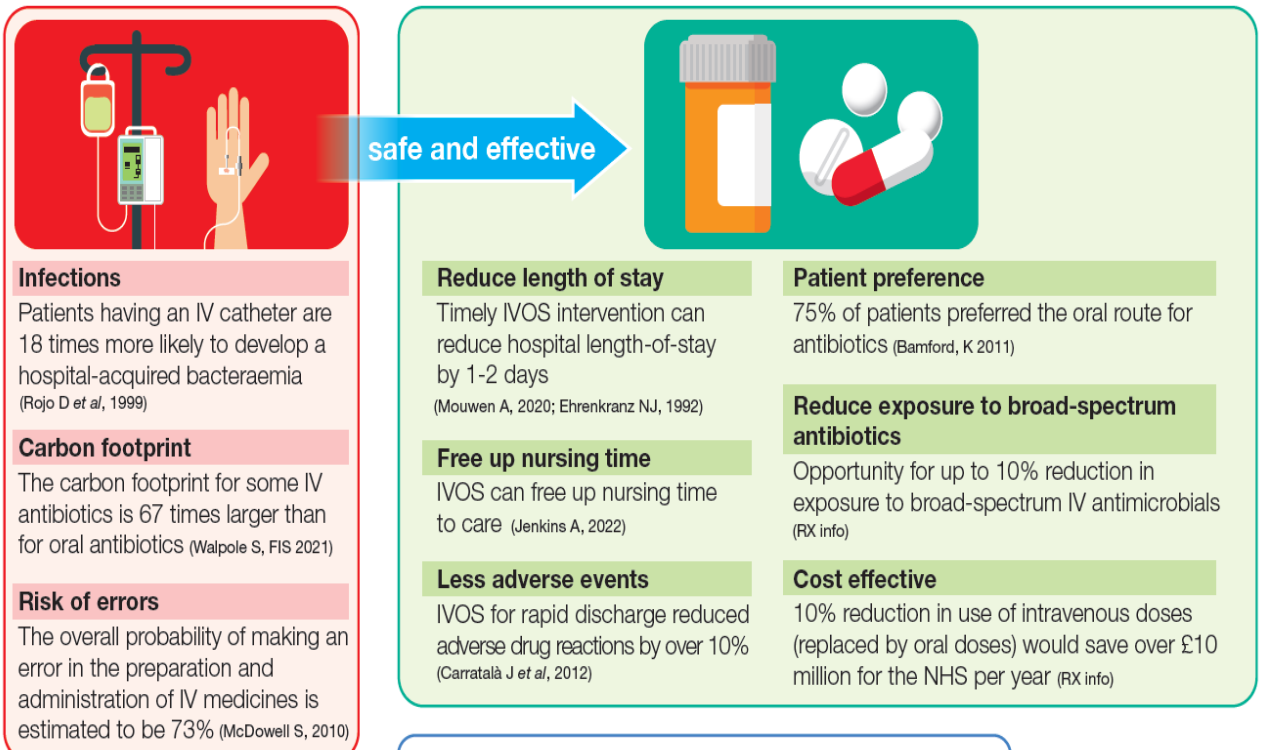


Subgroup analysis is performed, by CG, ward, and day of ward round. This is reviewed within AST and presented to the Care Groups for review. At the York site, uptake is less consistent on Fridays than Tuesdays, and as a Trust uptake is poorer across surgery. Stakeholder engagement work and further data collection is planned to better understand practice and support improvements.

8.1d IV to Oral Switch (IVOS) data

In 2023/24, the national IVOS target (< 40%) was achieved in all four quarters, with a reduction of patients on day 2 or more of IV treatment meeting criteria for oral switch from

33% to 17%. IVOS provides significant advantages to patient care, the Trust and staff capacity as illustrated below.

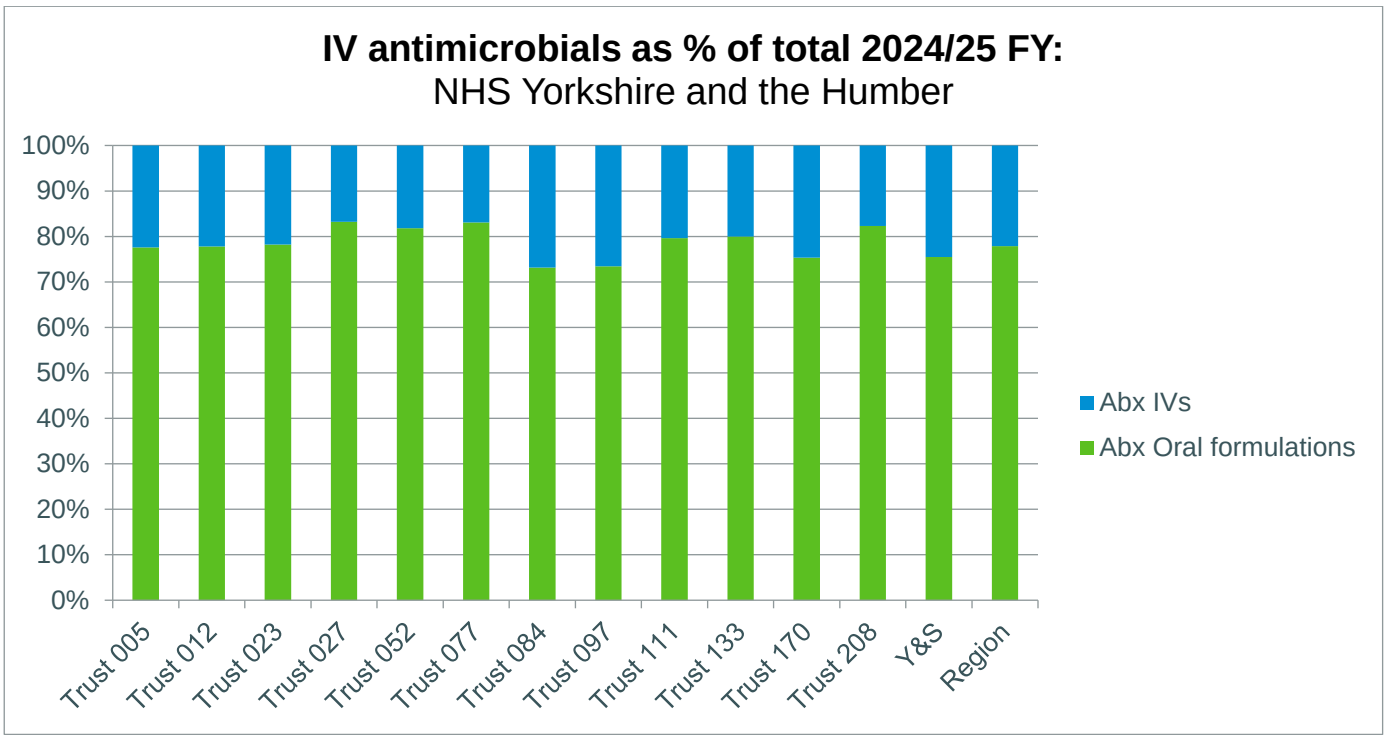


Source: UKHSA

Projected financial and nursing resource savings for the Trust based on 10% reduction in IV antimicrobials (source: Future.NHS.uk):

	Annual saving if IV antibiotics reduced by 10% (one dose from a 3.5 day course of 8-hourly dosing)	**Annual saving if IV antibiotic DDDs* reduced by 10% & were replaced by oral antibiotics**	**Total hours saved if IV DDDs reduced by 10% (40mins per DDD)**	**Value of total hours saved * mid-point AfC Band 6 (£18.19 per hour)**	**Total projected saving (New DDD cost + Nursing time)**
Typical 1000 bed hospital	£122,682	£111,909	11,035	£200,736	£311,245
Y&S Trust (est. 1128 beds)	**£194,185**	**£180,011**	**10,013**	**£182,145**	**£362,156**

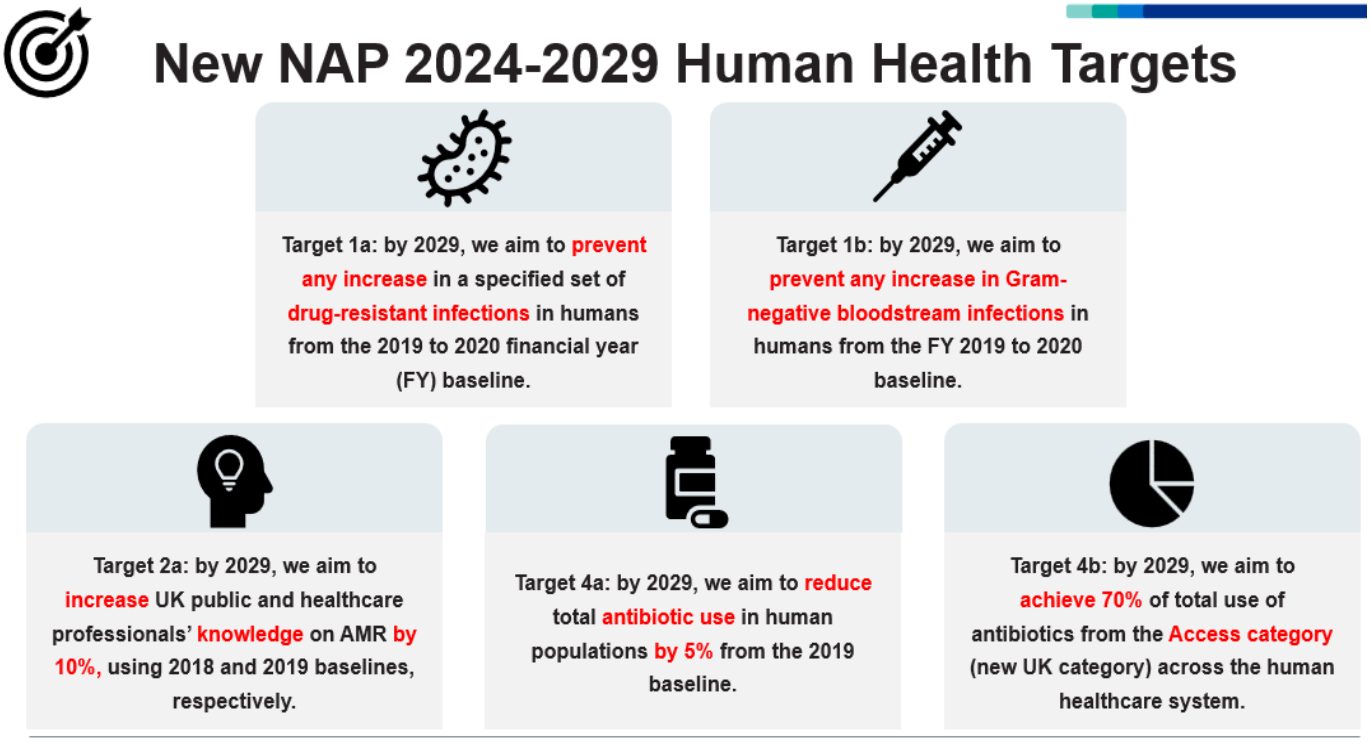
The IVOS CQUIN was no longer mandated in 2024/25, however there is an expectation that the Trust continues to collect this data, with the target reduced from < 40% to 15%. Quarterly data collection was previously undertaken almost entirely by the AMS pharmacy team. For further embedded and sustained improvements, it has been agreed that ongoing data collection be performed in collaboration with the CGs. This objective was not achieved in 2024/25.



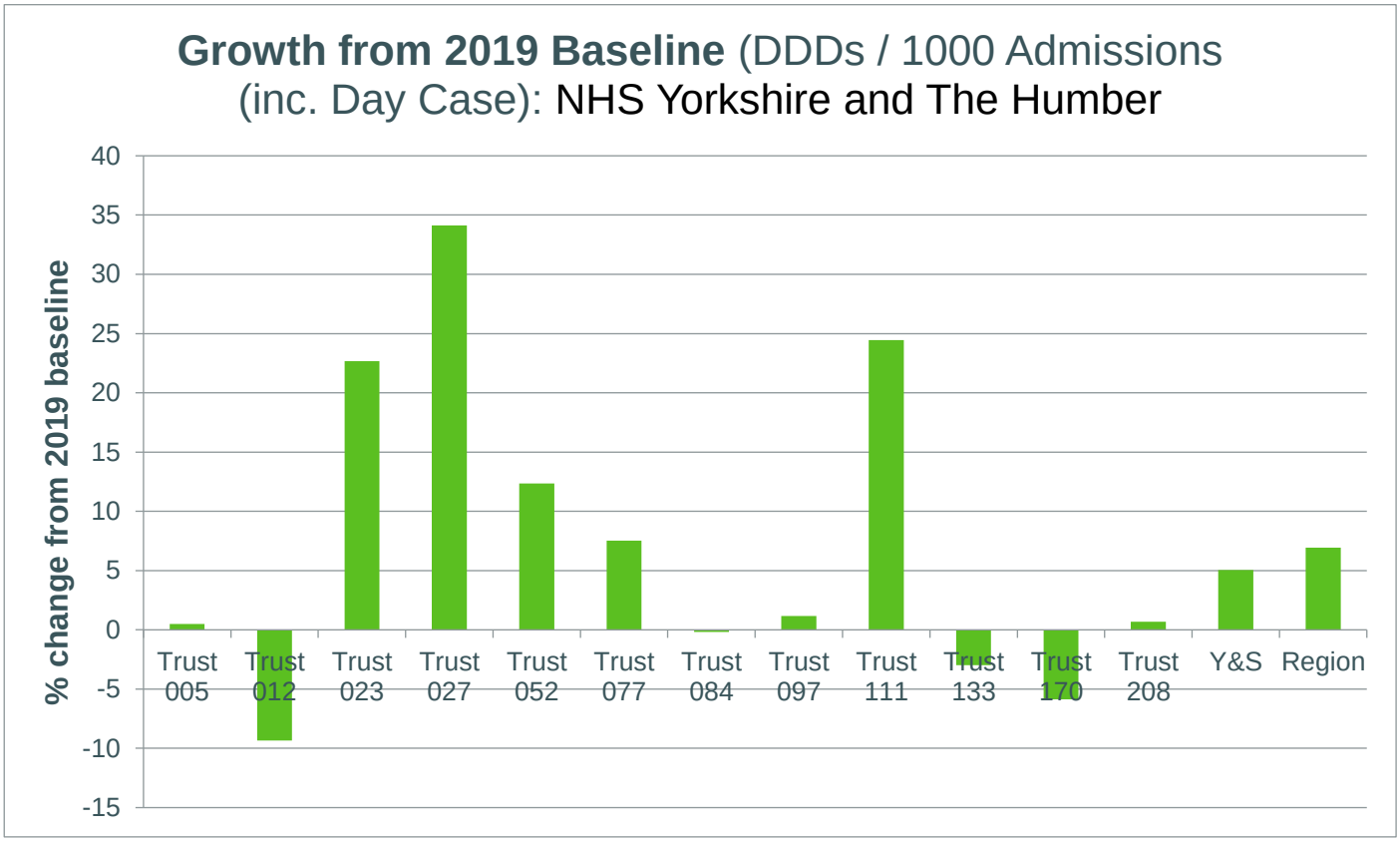
Whilst the Trust has had a modest improvement in % of antimicrobials being IV, it remains above regional average (24.5% vs 22.2% respectively). Further work is required in this space, including greater engagement with prescribers nursing staff, facilitated by the CG meetings. Initial meetings with the Nervecentre EPR team have identified opportunities to support review of patients on IV antimicrobials and the key stakeholders within AST continue to engage with the optimisation process to maximise potential.

8.1e UK 5-YEAR NATIONAL ACTION PLAN (NAP) 2024-2029

The UK Government released the new AMR 5 year national action plan, 'Confronting antimicrobial resistance 2024 to 2029', in May 2024. The human health targets are summarised below:



Target 4a: By 2029 reduce total antibiotic use in human populations by 5% from the 2019 baseline.



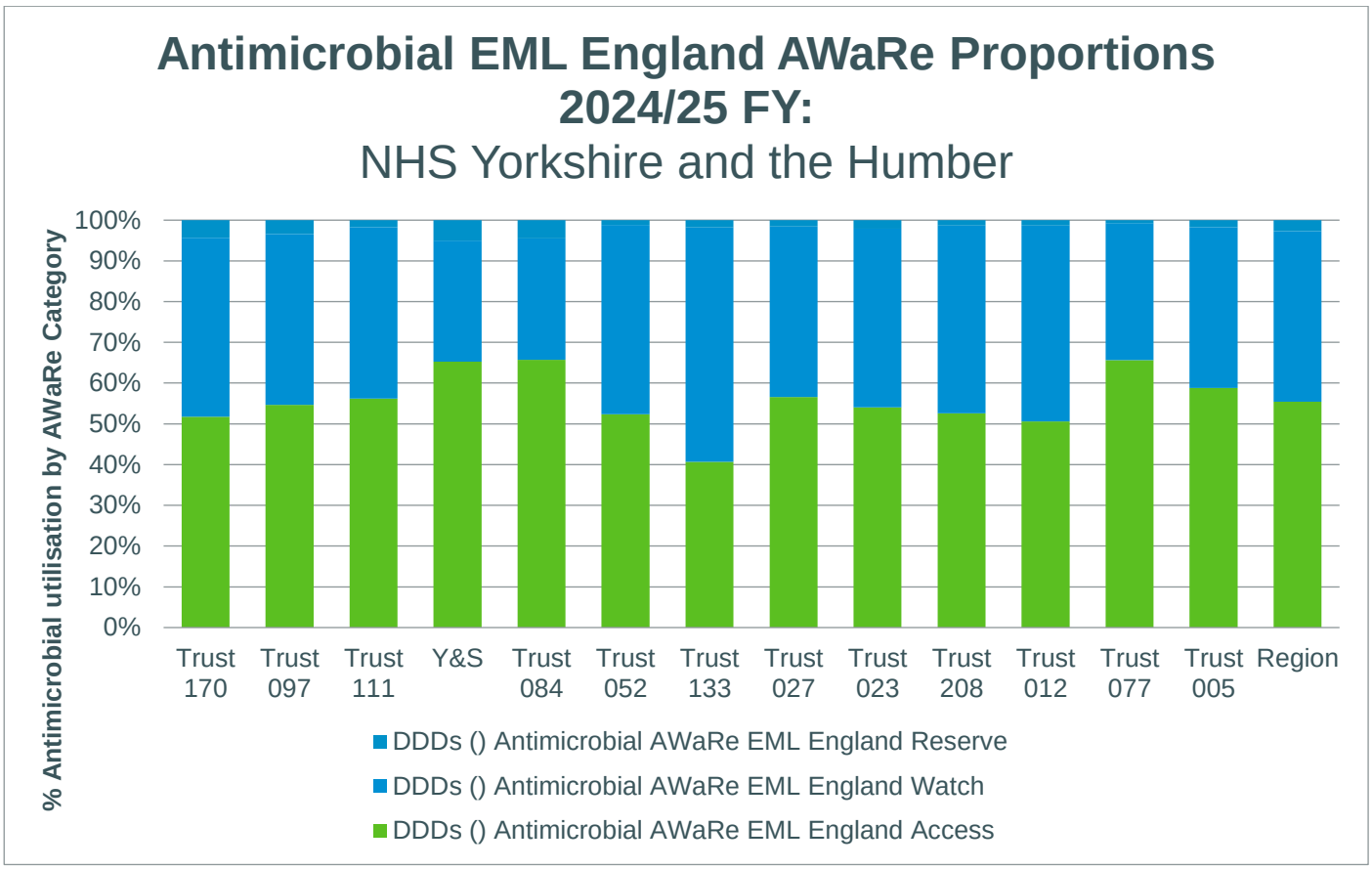
The Trust is not currently meeting Target 4a. Total consumption has increased by 5% rather than decreased. Improved, consistent and timely review of patients on antimicrobials would support a reduction in unnecessary antimicrobial use, for example when non-infective causes are identified.
The 'Antimicrobial Review Kit' (ARK) has demonstrated improvement in practice locally and nationally and the antimicrobial team remain committed to facilitate the relaunch of collaborative data collection incorporating ARK measures (CSCS delivered this in March 2025).
Further to this, the extended and emergency department antimicrobial guidelines are currently under review and look to incorporate shortened course lengths in line with NICE guideline updates release in the last 12 months.

Target 4b: by 2029 achieve 70% of total use of antibiotics from the Access category (new UK category) across the human healthcare system.

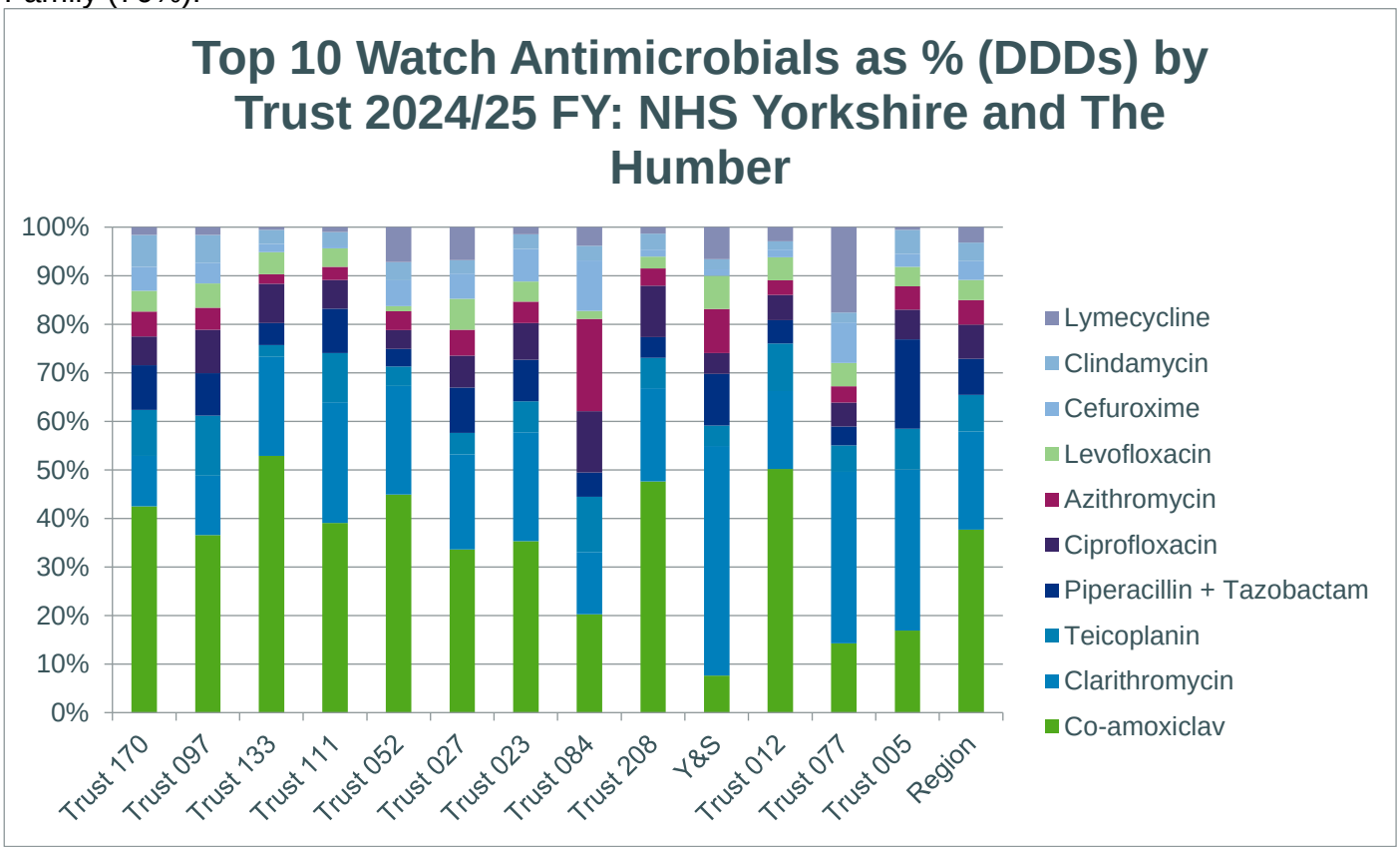
Antimicrobials are classified using the abbreviation **AW**a**R**e as follows:

1. **Access**: Antibiotics used to treat common and serious infections.
2. **Watch**: Antibiotics available at all times in the healthcare system.
3. **Reserve**: Antibiotics to be used sparingly or preserved and used only as a last resort.

The categories are defined by the WHO and adapted nationally. The UK AWaRe classification was updated in 2025 (i.e. new).



The Trust is not currently meeting target 4b. with 65% of antimicrobial utilisation being from the access category. The only Care Groups meeting this target are surgery (70%) and Family (76%).



The antimicrobial team present usage trends to the CG IPC/AMS meetings for scrutinisation, both as performance by Care Group and breakdown of the CG's top 10 watch and reserve antimicrobials by usage.
As a Trust use of clarithromycin continues to be the antimicrobial contributing highest to watch category %. The place in Trust guidelines for clarithromycin remains under review including course length, however this is done with the awareness of historical resistance to alternative antimicrobials.

8.1f Antimicrobial Team Quoracy
The AMS team meeting (AST) terms of reference have been reviewed, and whilst the CG meetings have provided an excellent means for CG engagement and improvement work, until they are fully established and delivering measurable improvement, it is felt that CG representation is still required in AST. This continues to be under review as the CG meetings mature, with the aim that AST maintains the overarching responsibility for the strategic focus and direction of the AMS program across the Trust.

8.1g Other improvement activities of note

AMS Pharmacy Technician-led Fluoroquinolone Patient Safety Initiative
In January 2024 the Medicines and Healthcare Products Regulatory Agency (MHRA) advised fluoroquinolones 'must now only be prescribed when other commonly recommended antibiotics are inappropriate'. Following this publication, the antimicrobial stewardship (AMS) team implemented a technician-led initiative designed support informed decision making and reduce risk of patient harm.
Over a 3-month data collection period (2024/25 Q3), the AMS technicians reviewed 200 patients, identifying co-morbidities of significant concern (history of neurological effect secondary to fluoroquinolone, seizures, aortic aneurisms, psychosis, and suicide ideation/attempt) in 13.5% of patients. Of these, retrospective follow-up found 42% of prescriptions were stopped or changed on the day of technician intervention and this rose to 50% within 48h hours, demonstrating the success of the initiative.

Vancomycin prescribing support and EPMA update.
Glycopeptides continue to be antimicrobials with a high number of medication incident reports, and prescribing remains complex due to having a narrow therapeutic index. The pharmacy antimicrobial team provided enhanced review of patients prescribed vancomycin during 2024/25 Q2 and identified improvement opportunities with the EPMA system. These have been implemented and the Trust guideline optimised to support safe and appropriate prescribing. Reaudit is due and will be reported via established pathways.

Outpatient prescribing review.
The pharmacy AMS team have initiated review of outpatient prescribing along with FP10 data, to understanding practice for non-admitted patients as part of the requirements of NG15. Areas of variance are discussed within AST and relevant information reviewed within CG meetings.

8.1h Plans for 2025/26
The key focus of the Trust AMS team is to continue with stakeholder engagement across the organisation, to embed the mantra that AMS is everybody's responsibility. The team with continue to work with the Care Groups to deliver this objective, including implementation of a robust program of quantitative and qualitative data collection performed in partnership with the Care Groups.

Review of the extended Trust guidelines and emergency department guidelines will support appropriateness of initial prescription, but a primary focus for the Trust is to improve the quality and timeliness of reviews of patients on antimicrobials.
The gap in the team of an AMS lead nurse has been identified, through both regional benchmarking and awareness of the lack of utilisation of such a critical group of healthcare professionals, with the aim of establishing the role to improve nursing education and engagement.
Lack of quoracy for AST has been primarily due to lack of CG representation. Gaps are to be taken to the CG meetings and review of the Terms of Reference will continue as the CG meetings become more established.
It is of note that the AMS pharmacy team has been running with a 25% pharmacist vacancy rate since September 2024, and 67% pharmacy technician vacancy rate since March 2025 which has impacted on development of key national objectives such as penicillin allergy de-labelling (PADL), optimisation of aminoglycoside assessment and genetic testing, collaborative (with care group nominated prescribers) qualitative data collection, and further enhancement of IV to oral switch (IVOS) initiatives. The vacancies have now been filled, and once on-boarding has been completed the aim is to progress with these initiatives.

9. Standards for Healthcare Cleanliness

Within 2024/25 the Trust and York Teaching Hospitals Facilities Management (YTHFM) have completed and implemented the revised Cleaning Standards Policy which reflects the National Standards for Healthcare Cleanliness, 2021 with agreed derogations. The cleanliness standards compliance for the environment, clinical equipment and estates elements continues to be reviewed within the Cleaning Standards Committee, IPSAG and YHTFM meetings.

An internal audit for cleaning was published in March 2023. An improvement plan was developed and overseen by IPSAG. The action plan was completed and evidence for closure submitted in October 2024. We continue to refine the cleaning efficacy audits and escalation responses.

10. Other IPC Activity

- The IPC are represented on the Water Safety Committee and provide input into the Water Safety Plan regarding Legionella and Pseudomonas water monitoring, improvement actions and remedial work as required.
- Several capital schemes have been progressing with IPC involvement this year including the Scarborough new build for Urgent and Emergency Care. The team are working closely with the Capital Projects team and Estates teams regarding development of a clear standard Operating Procedure for commissioning and sign off for new builds and refurbishments.
- IPC policies, Guidelines and Patient Information Leaflets have undergone review and have been updated to reflect the National IPC manual over 2024/25. There are 7 documents that will go out of date in Q1 2025/26 and there is a plan to have these completed and approved via IPSAG by the end of the quarter.
- The Trust Purchasing team have worked with the IPC team on a Trust wide soap and hand sanitiser replacement programme following the existing supplier going into administration. The installation commenced in October 2024.

11. Summary

The overall HCAI performance for the organisation requires improvement. The IPC team are committed to change their working practice and improve the delivery of the IPC service. The governance, ownership and accountability for IPC is now strengthening within the care groups and by introducing care group IPC meetings this will continue to improve. The monitoring metrics are currently being reviewed to increase the assurance that the IPC team can provide to the organisation.

12. Next Steps

- Stabilise the IPC Team
- Complete the 2025/26 IPC Board Assurance Framework.
- Develop and deliver a focussed improvement plan for at least a 5% reduction of avoidable MRSA/MSSA bacteraemia and GNBSI in 2025/26.
- Strengthen IPC Governance by working with Care Groups to develop and embed local IPC/AMS improvement plans.
- Deliver against the NHS England HCAI objectives.
- Refresh the HCAI PSIRF review process to make improvements for 2025/26 in relation to timeliness, ownership of improvement actions by the care groups and wider Trust feedback.

Appendix 1 HCAI performance data to end March 2025

Figure 1: Cumulative Trust attributed Clostridioides difficile against trajectory

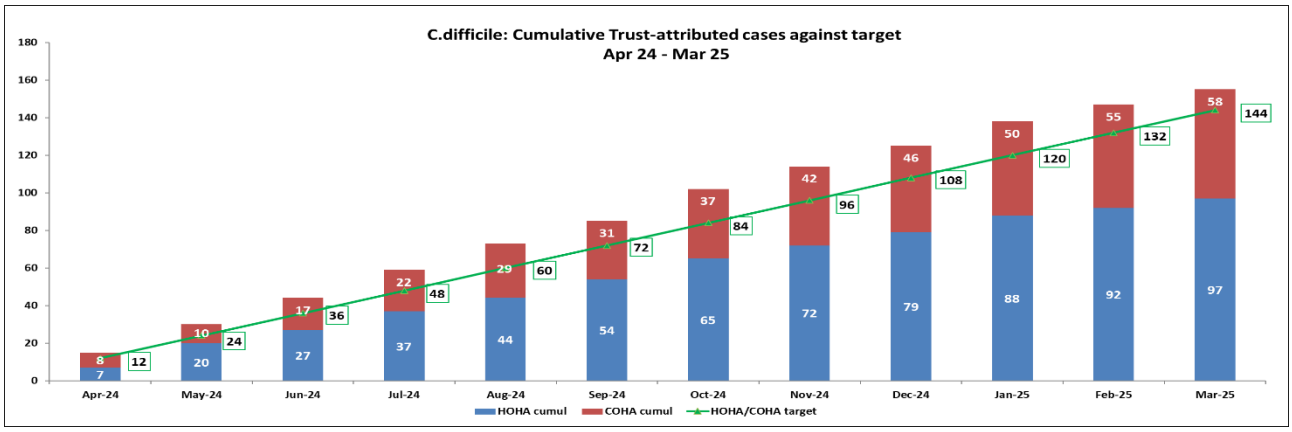


Figure 2: Clostridioides difficile national comparative rates per 100,000 bed days & day admissions monthly rate

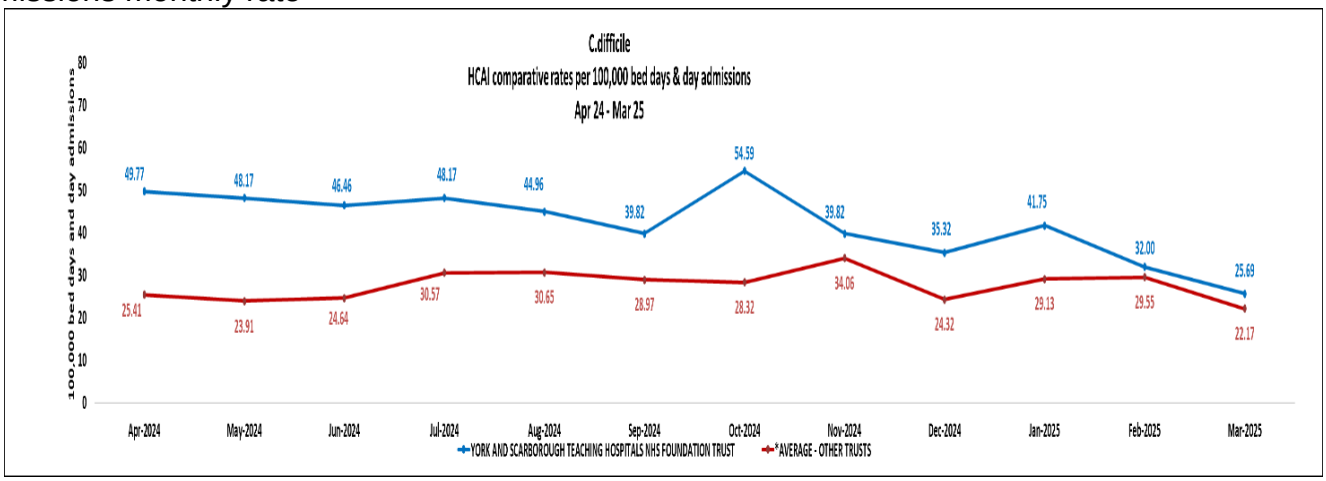


Figure 3: Cumulative Trust attributed Clostridioides difficile April 2021-March 2025

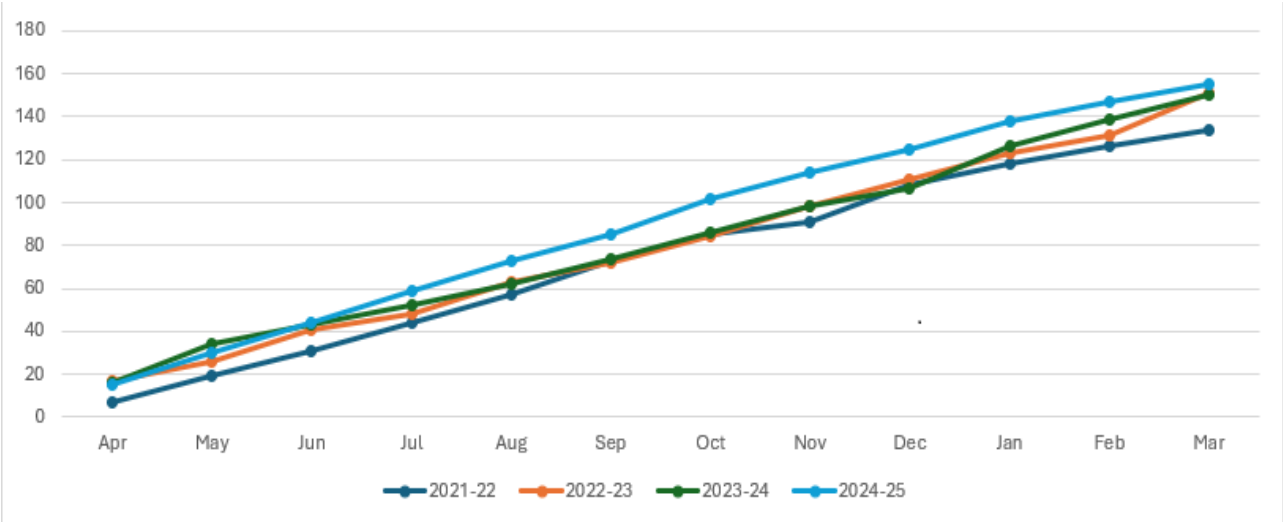


Figure 4: Cumulative Trust attributed Clostridioides difficile by area from April 2024

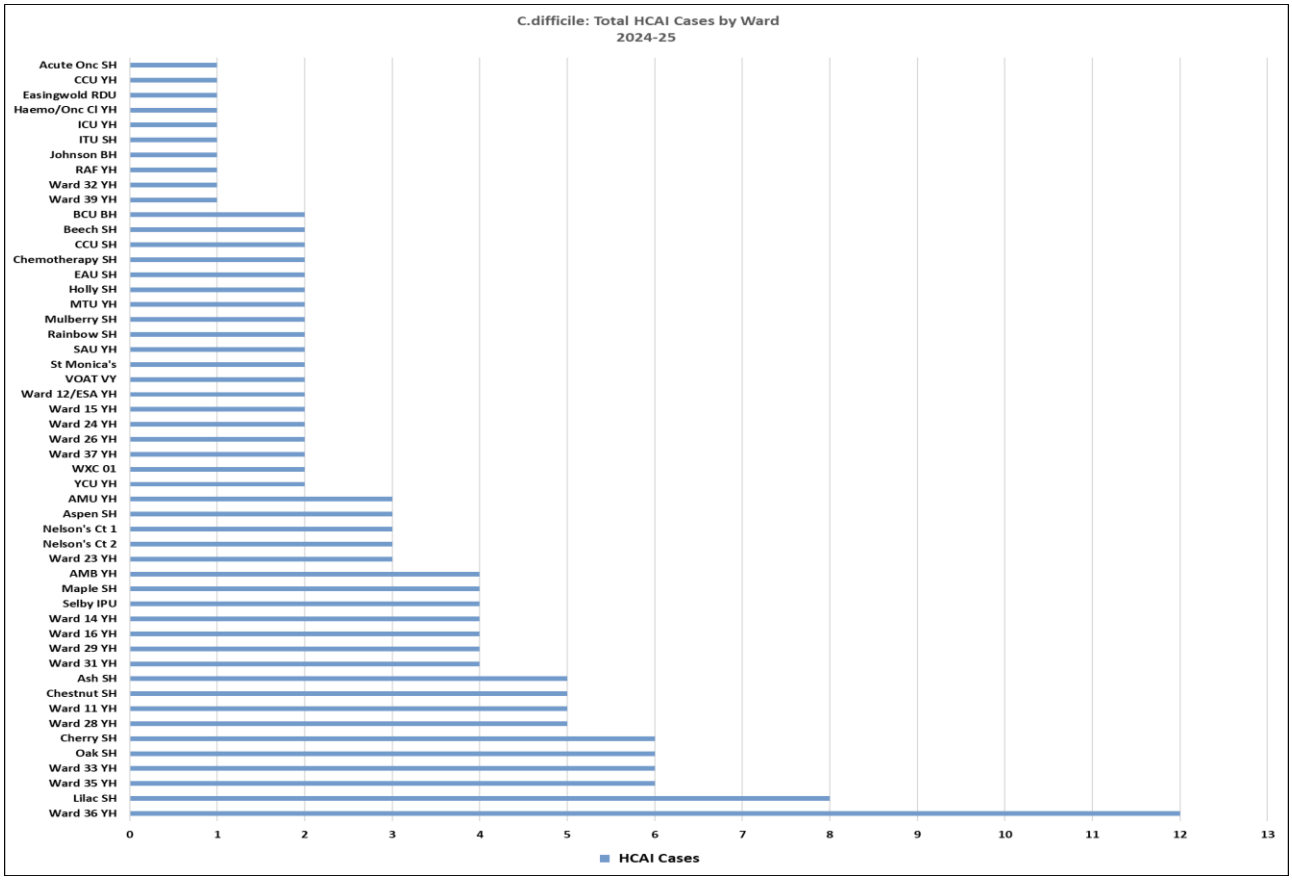


Figure 5: Cumulative Trust attributed MRSA by area from April 2024

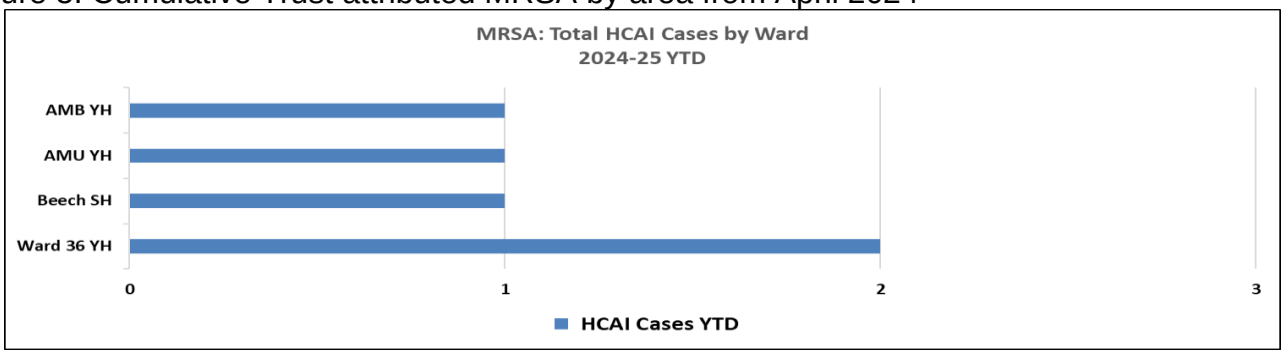


Figure 6: Cumulative Trust attributed MSSA Bacteremia against trajectory

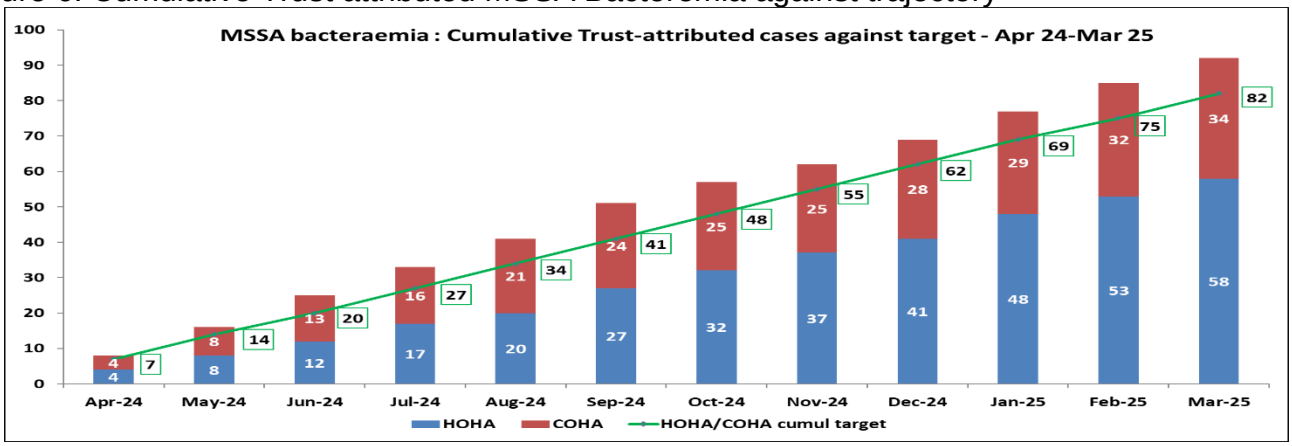


Figure 7: MSSA national comparative rates per 100,000 bed days & day admissions monthly rate

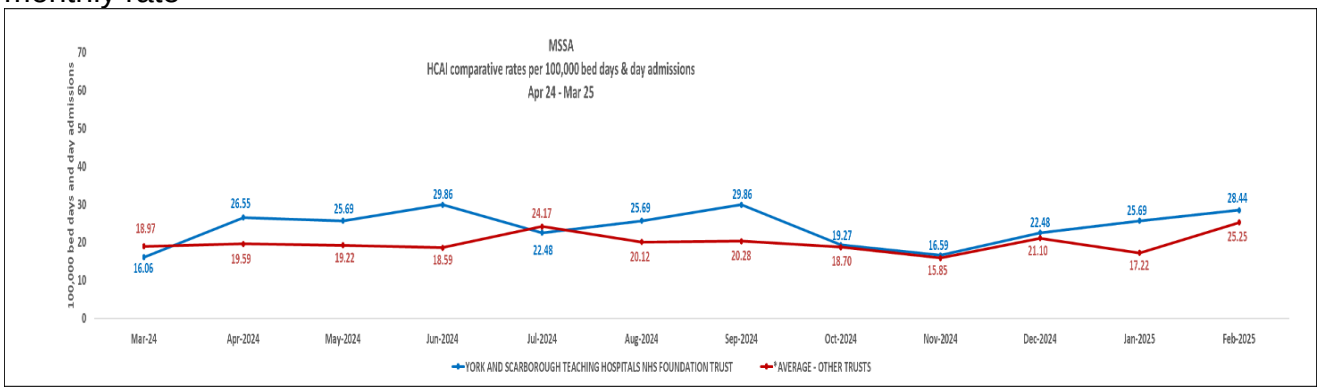


Figure 8 : Cumulative Trust attributed MSSA bacteremia April 2021-March 2025

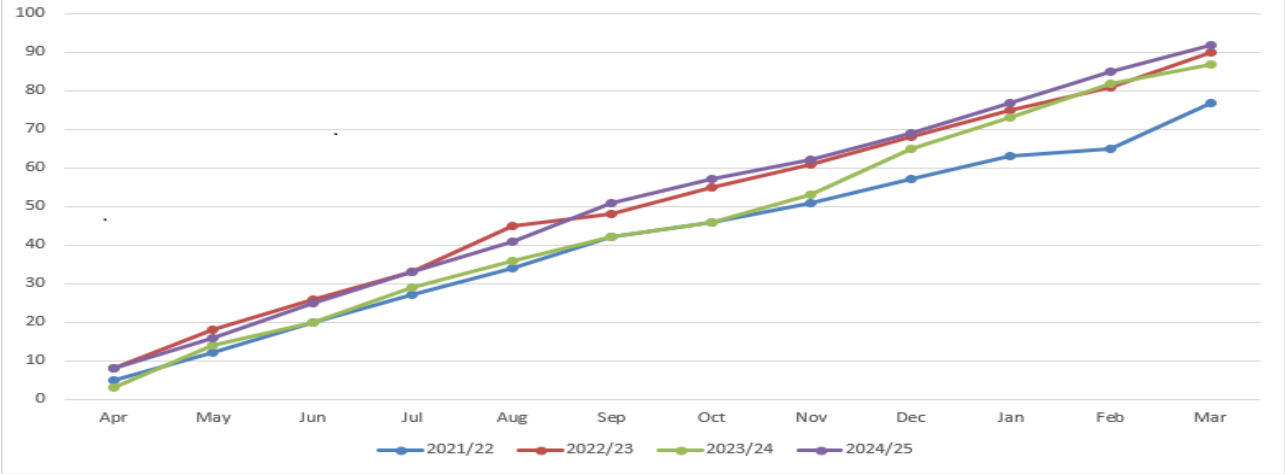


Figure 9: Cumulative Trust attributed MSSA Bacteremia cases by area from April 2024

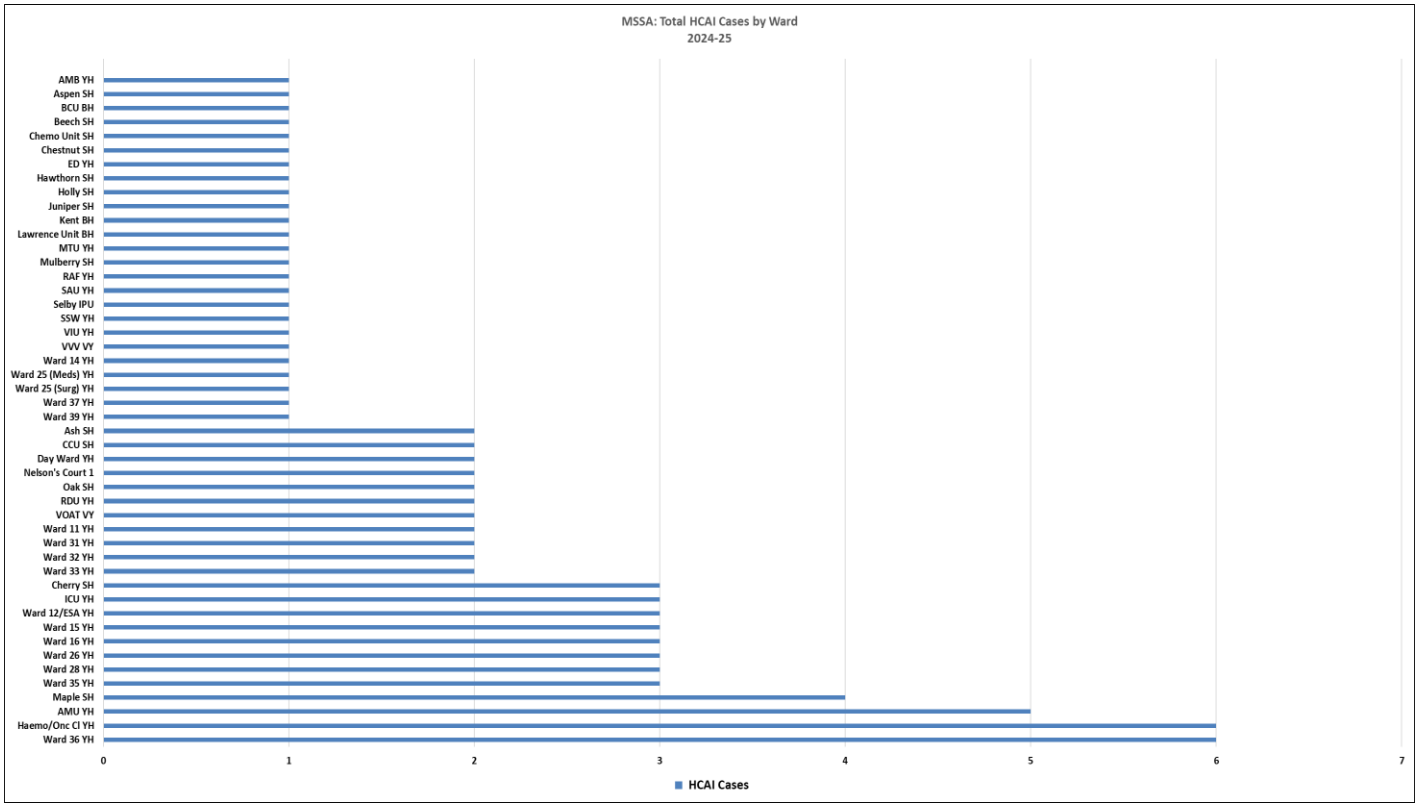


Figure 10: Cumulative Trust attributed E.coli Bacteremia against trajectory

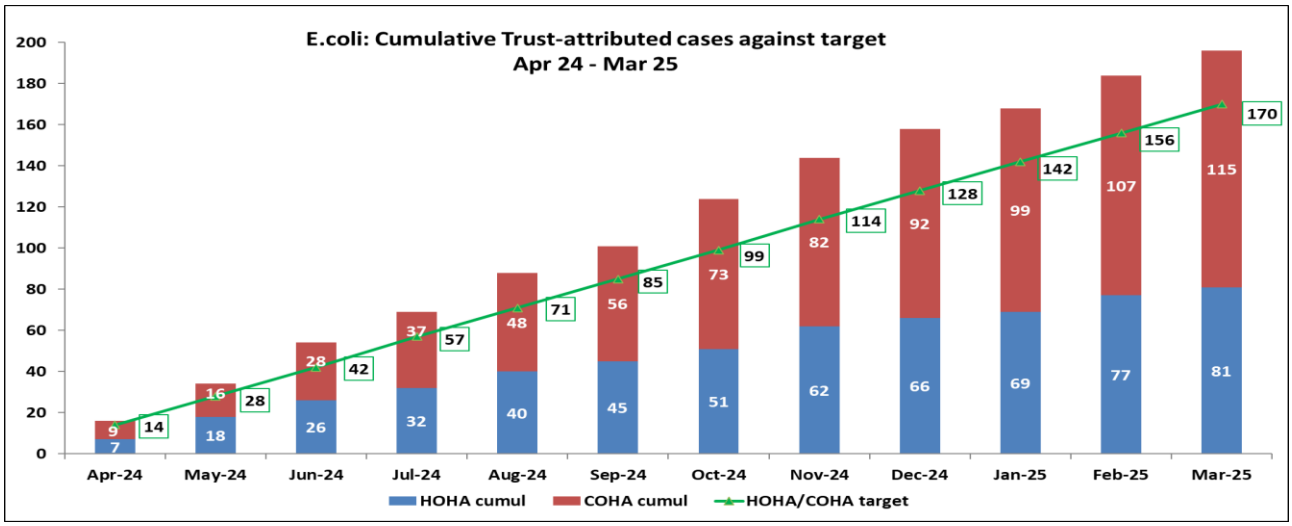


Figure 11: E. coli national comparative rates per 100,000 bed days & day admissions monthly rate

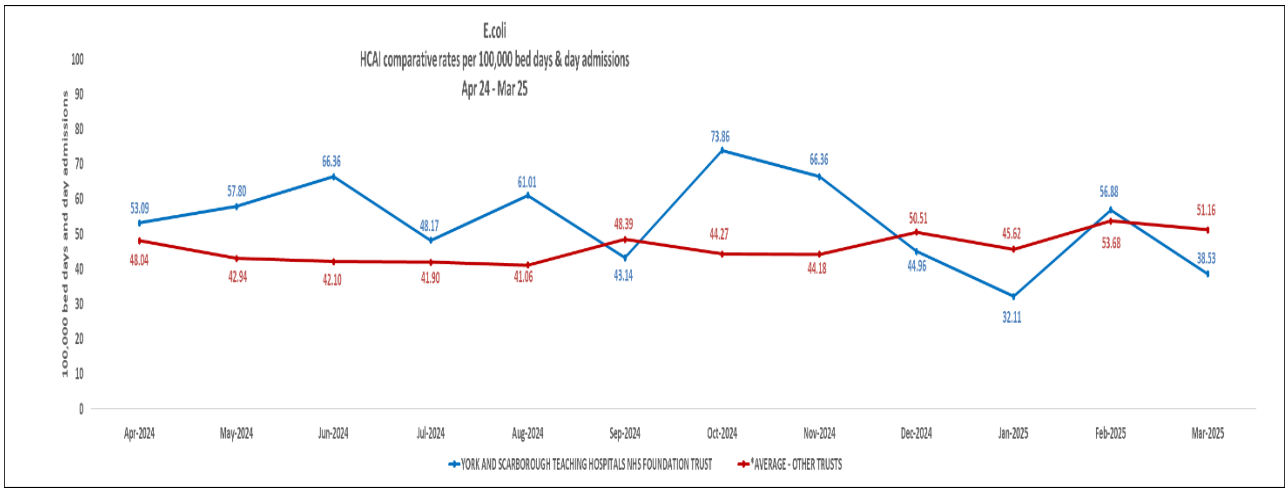


Figure 12: Cumulative Trust attributed E.coli April 2021-March 2025

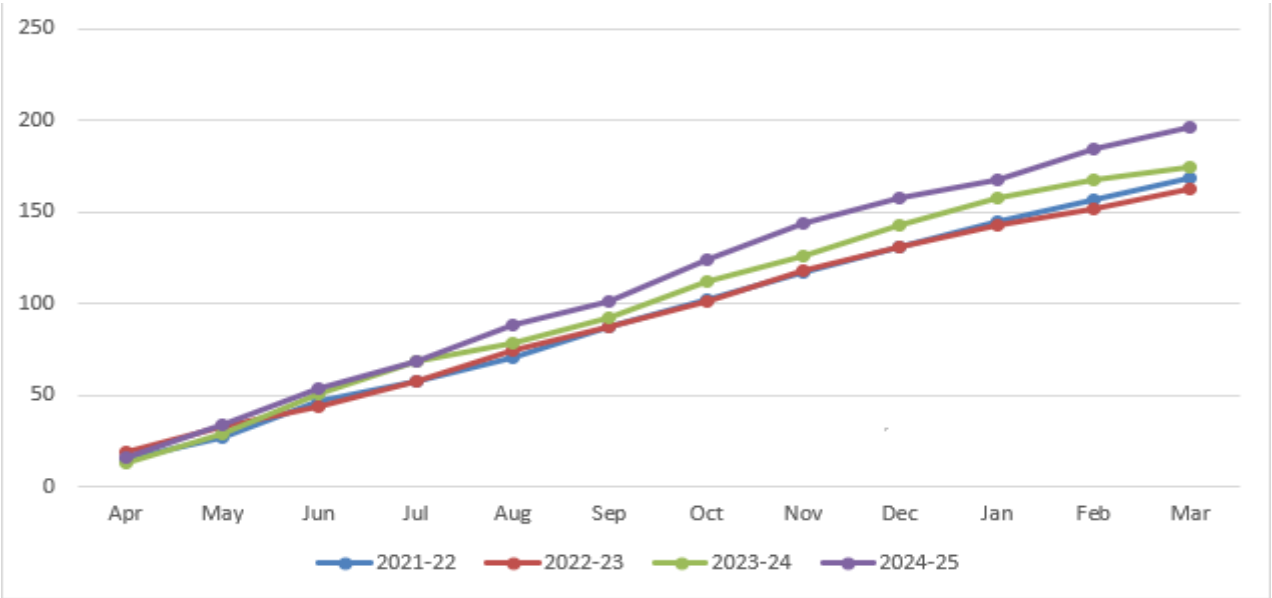


Figure 13: Cumulative Trust attributed E.coli Bacteremia cases by area from April

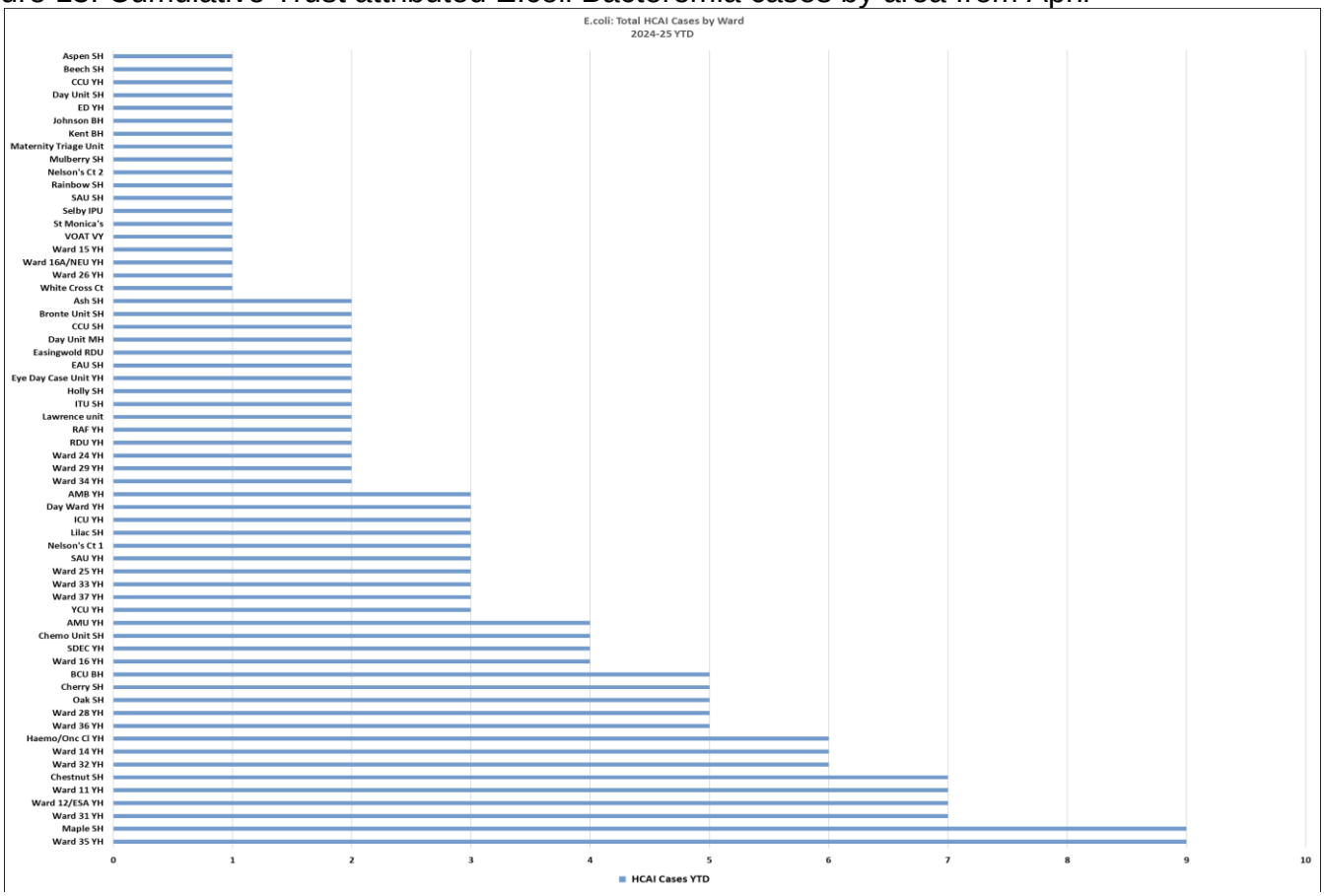


Figure 14: Cumulative Trust attributed Klebsiella bacteremia April 2021-March 2025

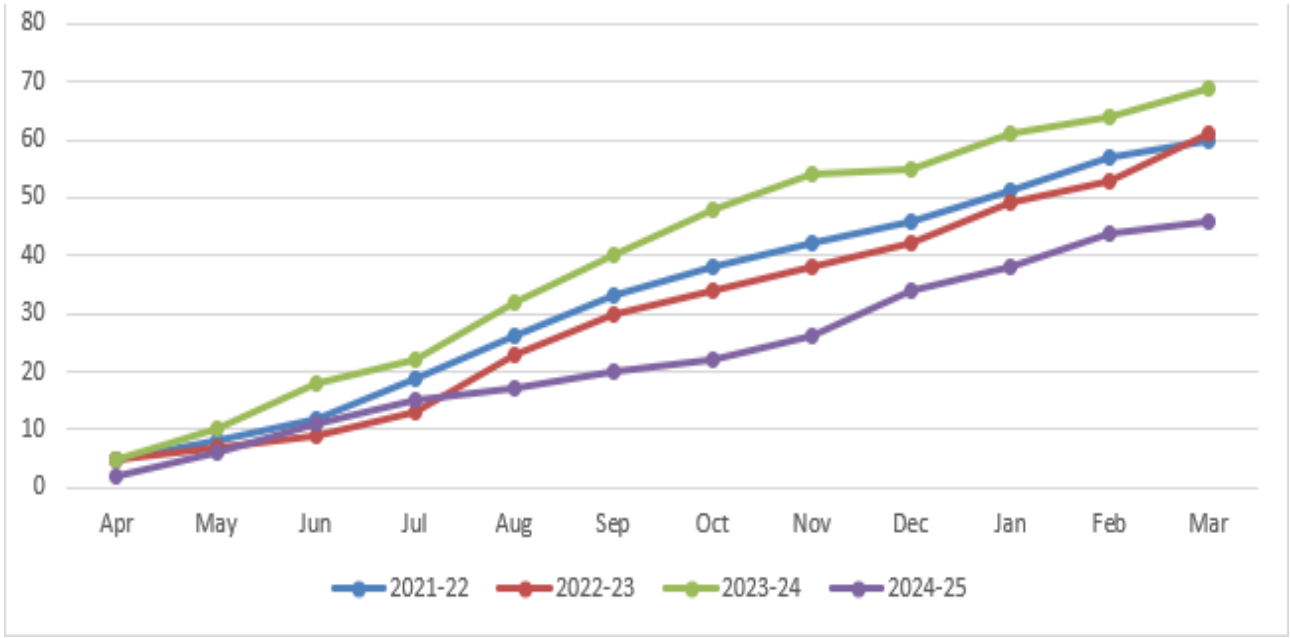


Figure 15: Cumulative Trust attributed Klebsiella Bacteremia cases by area from April

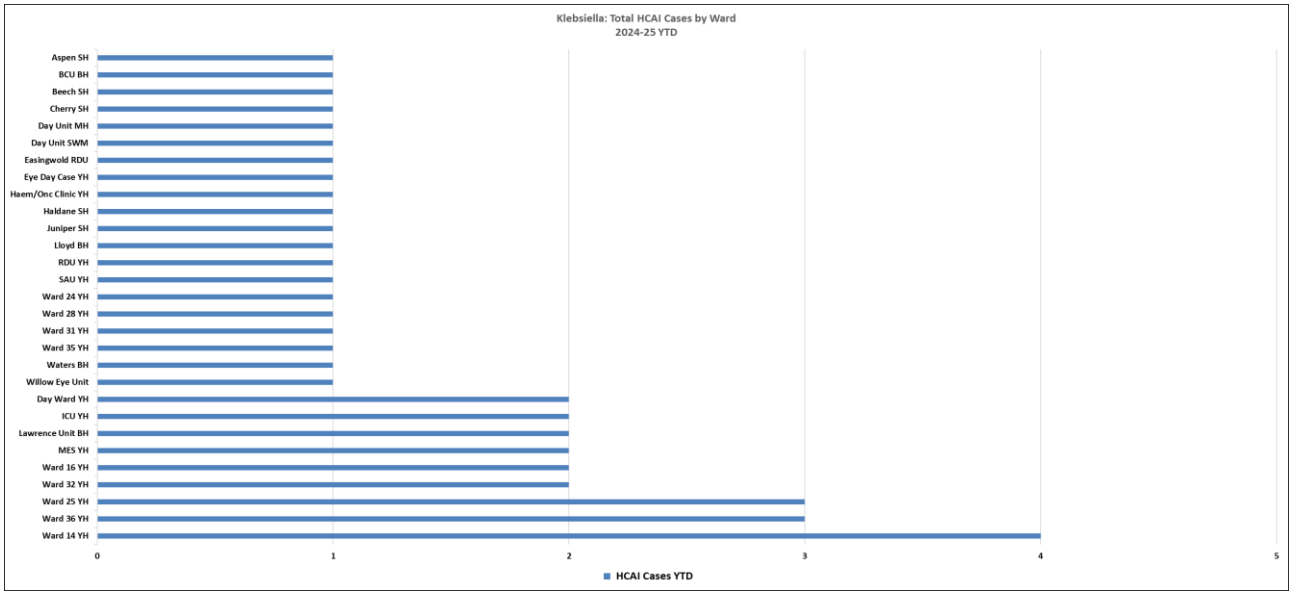


Figure 16: Cumulative Trust attributed Pseudomonas Bacteraemia April 2021-March 2025

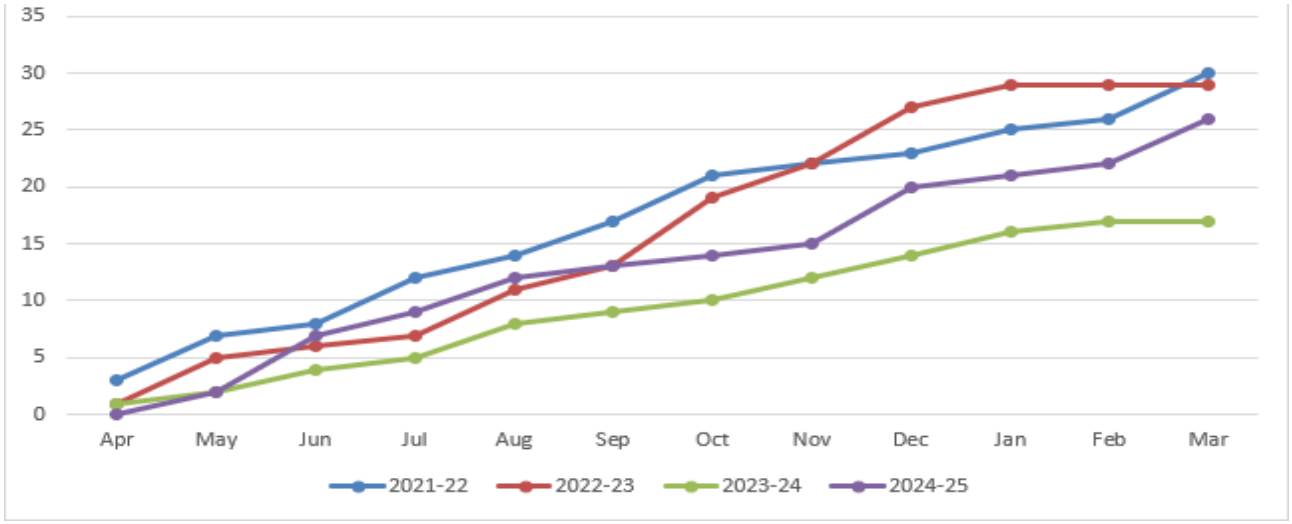


Figure 17: Cumulative Trust attributed Pseudomonas Bacteremia cases by area from April

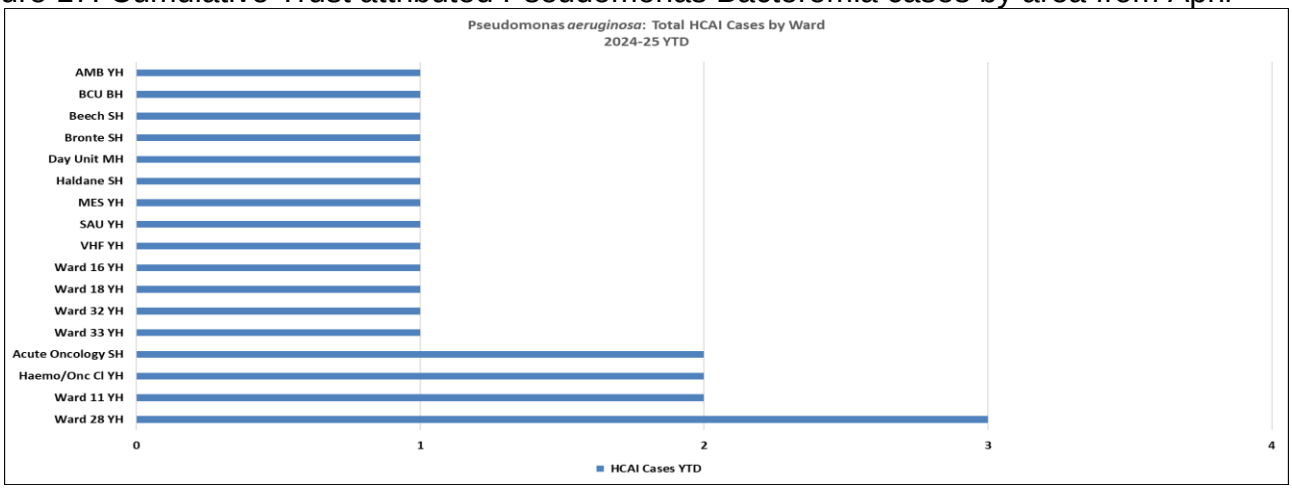
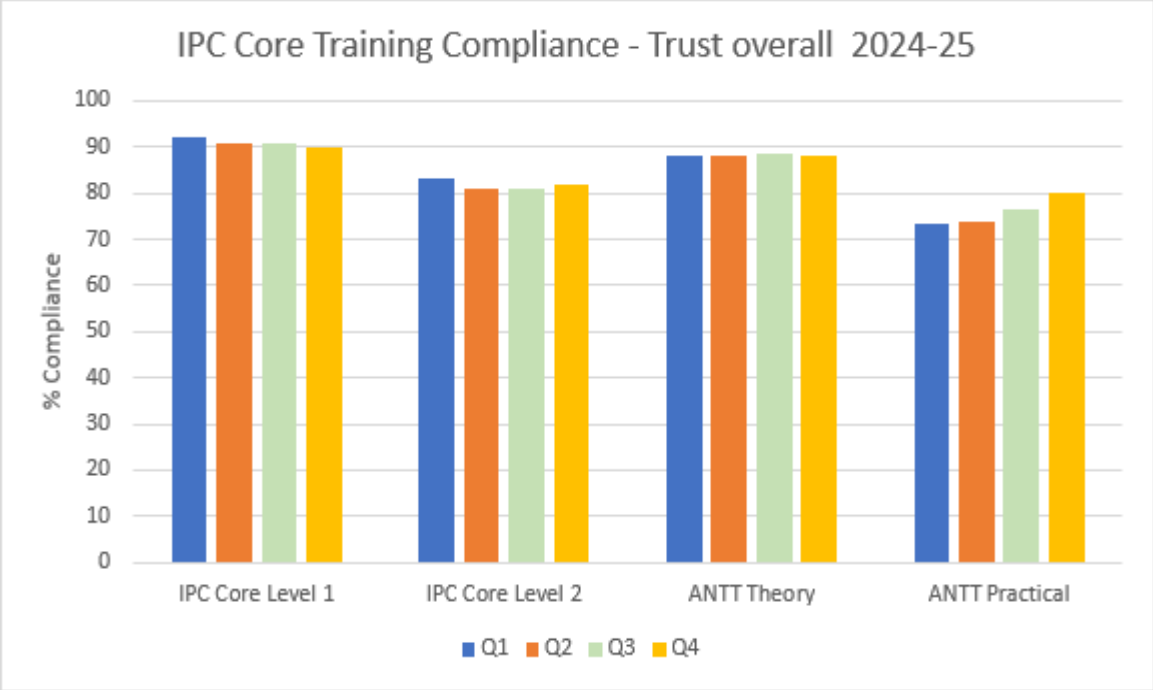


Figure 18: IPC Core training compliance 01st April 2024-31st March 2025



Appendix 2 Orthopaedic Surgical Site Infection

Orthopaedic surgical site infection surveillance report

York and Scarborough Teaching Hospitals NHS Foundation Trust

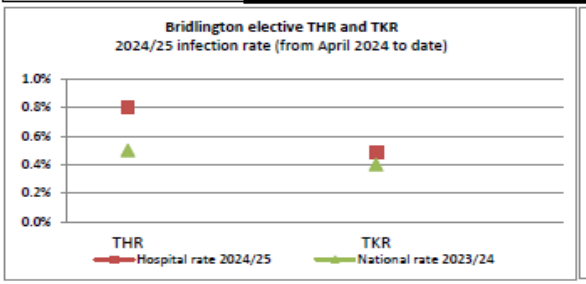
Report to the end of Mar-25

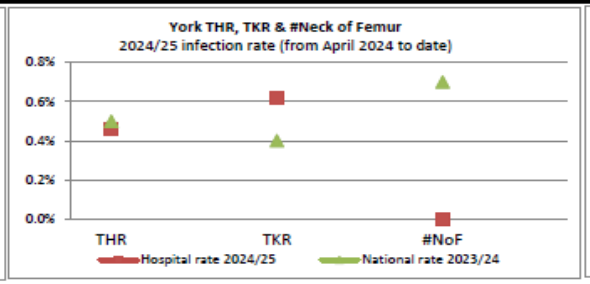
Actual number of infections - cases reported in month of inital surgery

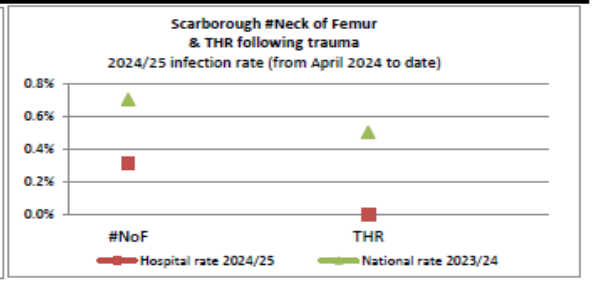
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	YTD
Bridlington (Hips)	0	0	0	0	1	0	0	1	0	1	0	0	3
Number of operations	25	33	32	38	29	32	28	29	21	39	31	37	374
Bridlington (Knees)	0	0	0	1	0	0	0	0	0	1	0	0	2
Number of operations	23	39	27	45	33	27	35	33	30	36	34	46	408
York (Hips)	0	0	0	0	0	0	0	1	0	0	0	0	1
Number of operations	14	15	12	17	19	21	20	17	20	14	23	26	218
York (Knees)	0	0	0	1	0	0	0	0	0	0	0	0	1
Number of operations	10	14	16	12	9	9	16	16	14	12	14	20	162
York (#NoF)	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of operations	35	36	42	34	46	34	36	30	31	38	34	44	440
Scarborough (#NoF)	0	0	0	0	0	0	0	0	1	0	0	0	1
Number of operations	25	29	30	23	35	34	20	25	25	25	16	33	320
Scarborough (THR)	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of operations	4	7	6	2	3	3	5	6	6	5	4	4	55

Infection rate to date (number of infections/number of operations)

	Bridlington		York			Scarborough	
	THR	TKR	THR	TKR	#NoF	#NoF	THR
Hospital rate 2024/25	**0.80%**	**0.49%**	**0.46%**	**0.62%**	**0.00%**	**0.31%**	**0.00%**
Hospital rate **2023/24**	0.33%	0.30%	0.62%	1.22%	0.69%	0.00%	0.00%
Hospital rate **2022/23**	2.07%	1.06%	1.42%	0.00%	0.47%	0.00%	3.85%
Hospital rate **2021/22**	0.0%	0.9%	0.0%	0.0%	0.7%	1.03%	x
National rate 2023/24	0.5%	0.4%	0.5%	0.4%	0.7%	0.7%	0.5%







Infections may not be identified within the reporting month therefore data may change. New infections will be added when identified.
Post Infection Review may determine that a case does not fit the reporting criteria and will be removed from the figures

Report to:	Board of Directors
Date of Meeting:	25 June 2025
Subject:	Quarter 4 Mortality and Learning from Deaths Report
Director Sponsor:	Karen Stone – Medical Director
Author:	Owen Bebb- Associate Medical Director for Patient Safety Alice Hunter- Patient Safety Specialist

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

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ Regulatory Requirement ☐

Trust Objectives

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

Board Assurance Framework

☐ Effective Clinical Pathways
☐ Trust Culture
☐ Partnerships
☐ Transformative Services
☐ Sustainability Green Plan
☐ Financial Balance
☐ Effective Governance

Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*

☐ Yes

☐ No

☐ Not Applicable

Summary of Report and Key Points to highlight:

This report encompasses the following areas:

- York and Scarborough Hospitals NHS Foundation Trust mortality rates:
  - Crude mortality
  - SHMI (Summary Hospital Mortality Index)
  - HSMR (Hospital Summary Mortality Indicator)
- Diagnostic groups most contributing to mortality rates
- Learning from deaths - data:
  - Nationally mandated data

- Locally mandated data
- Quality account data

- Learning from deaths – themes, actions and escalations
  - 10 dates released for SJCR training with 23 people booked
  - Prior to going to LFD, very poor care and poor care SJCRs are required to go to Q&S to discuss whether a PSII is needed.
  - Communication and Documentation was a recurrent theme at all three LFD meetings in Q4
  - Attendance in February's meeting was poor with 1 clinician present

Metric	Result
Crude mortality	Crude mortality is 2.34% (Nov 23 to Oct 24) and 3.30% (SHMI)
SHMI – HES HED[1]	SHMI for 12 months (October 2023 to September 2024) is 95.75
SHMI - NHS England[2]	SHMI for 12months (September 2023 to August 2024) is 96.16
HSMR[3]	HSMR for 12 months (November 23 to October 24) is 112.02

[1] SHMI HES HED - Summary Hospital Mortality Indicator 12month rolling, Hospital Episode Statistics and published by Healthcare Evaluation Data for UK Health Data Benchmarking
[2] SHMI NHS England - Summary Hospital Mortality Indicator 12month rolling, NHSE SHMI dataset
[3] HSMR – Hospital Standardised Mortality Ratio

Recommendation:
The Board of Directors Quality to note the report and receive the escalations.

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

No ☒ Yes ☐

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

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

Meeting/Engagement	Date	Outcome/Recommendation
Learning from Death Group	12/05/2025	
Patient Safety & Clinical Effectiveness Subcommittee	14/05/2025	
Quality Committee	17/06/2025	

1. Y&SH NHS FT mortality rates

The references in section 6 provide details about the methodologies for measuring mortality and their context.

1.1 Crude Mortality - unadjusted

Crude Mortality rate is the percentage of patients that have died. The crude rate includes all deaths up to 30 days post discharge. The crude mortality rate is the sum of the in-hospital deaths and the out-of-hospital deaths against all discharges. For quarter 4 only one month's data is available January 1.78%, the crude mortality (12-month rolling, Feb 24 to Jan 25) is 2.35% (National is 2.24%). The rolling 12month trend continues to progressively decrease.

The crude mortality of all non-elective admissions (12-month rolling, Feb 24 to Jan 25) stands at 4.40. Crude mortality of non-elective admissions was 5.12% during the previous fiscal year (Apr 23 to Mar 24).

Benchmarking of crude mortality against other Trusts is not recommended due to significant operational variations between Trusts. Instead, Trusts should monitor local trends comparing data from the same month or quarter each year. This takes account of seasonal variation seen locally and nationally.

1.2 Summary Hospital-level Mortality Indicator - adjusted mortality

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. It is the ratio between the actual number of patients who die following hospitalisation at the trust, including those receiving palliative care, and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated at the Trust. It covers patients who died either while in hospital or within 30 days of discharge.

A standard approach is taken to 'adjust' the figures so that the England average is always reported as '100'. Values below 100 represent a better outcome, i.e. lower mortality, and vice versa.

Further information regarding the methodology can be found in the references towards the end of the report.

Two risk-adjusted mortality rates are presented:

- NHS Digital-SHMI: uses HES data and is available 6 months in arrears.
- HED HES-SHMI: This is provided by Healthcare Evaluation Data for UK Health Data Benchmarking (HED). It uses Trust hospital episode statistics (HES) to generate the outcomes. Data is available 3 months in arrears.

The latest **NHS-Digital Summary Hospital Mortality Index (SHMI)** to April 2025 (covering Dec 23 to Nov 24) shows the SHMI was **96.38** The SHMI in comparison to other Trusts is displayed below (Figure 1). Compared to Dec 23 we have seen a decrease in the SHMI (rolling 12month values) from 98.75 to 96.38.

The **SHMI HES data** reports the SHMI (12 month rolling, Jan 24 to Dec 24) at **95.69**, (Expected deaths 3259, observed deaths 3118).
For in-hospital deaths the numbers were as follows; observed 2145, expected 2264. For out of hospital deaths observed deaths were 973, expected deaths 994. These all fall 'within expected range.' (Figure 2)

Figure 3 shows the SHMI trend by month over the last 12 months. Figure 4 shows the rolling 12 month SHMI for the individual sites, York has a lower SHMI than Scarborough.

Figure 1 SHMI benchmarked against all other Trusts (our Trust highlighted yellow)

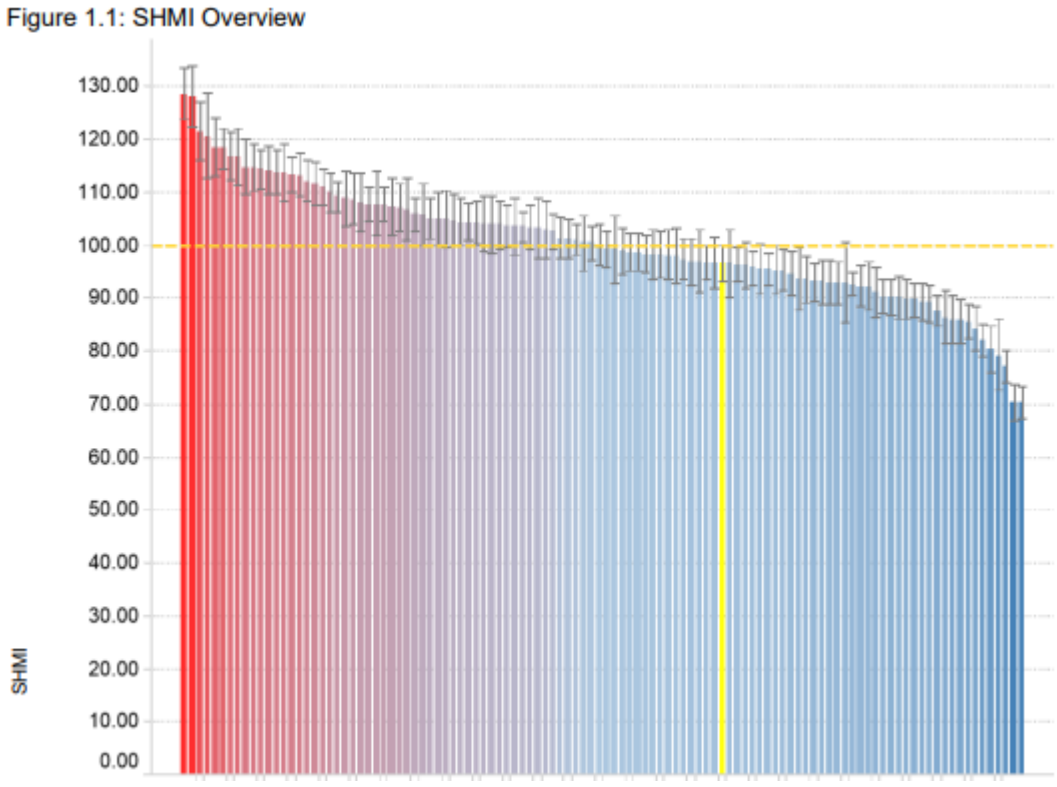


Figure 2 SHMI (HES/HED data) Funnel plots (in comparison with other Trusts)

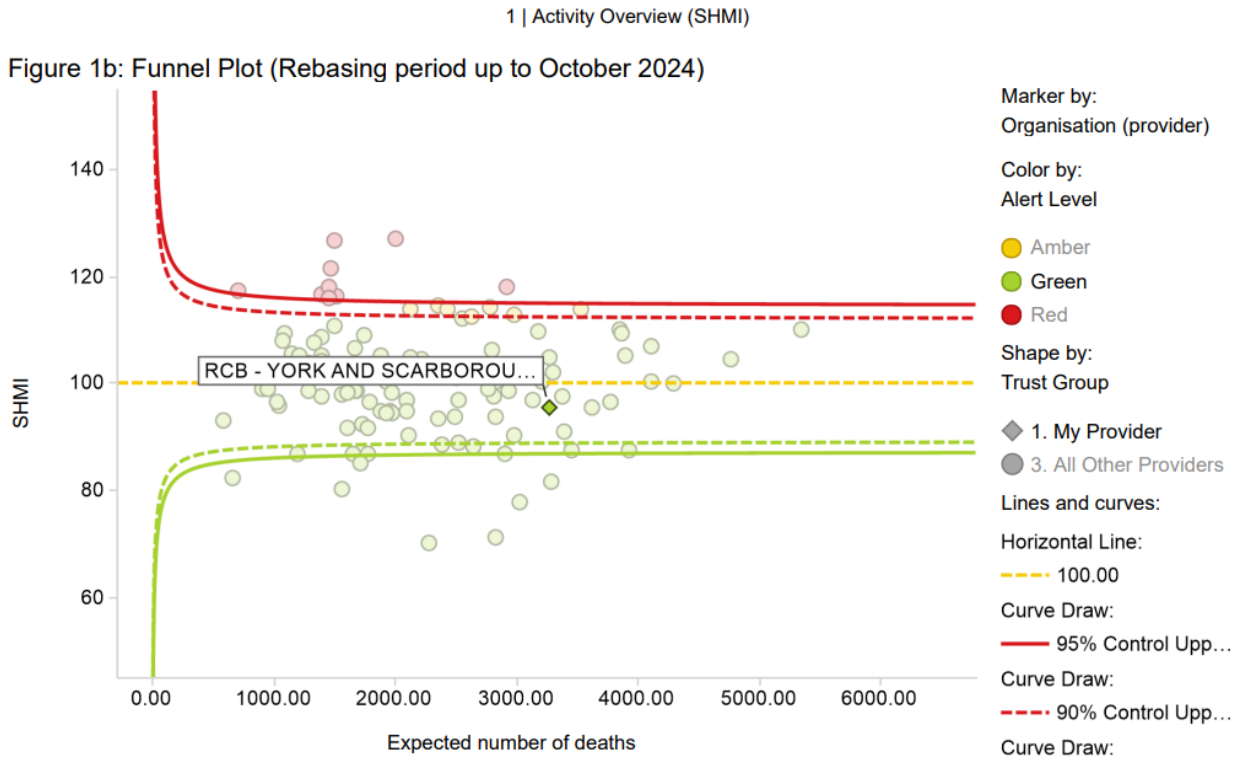


Figure 3: Time series data for SHMI (HES-HED data, to October 24) showing trend over time

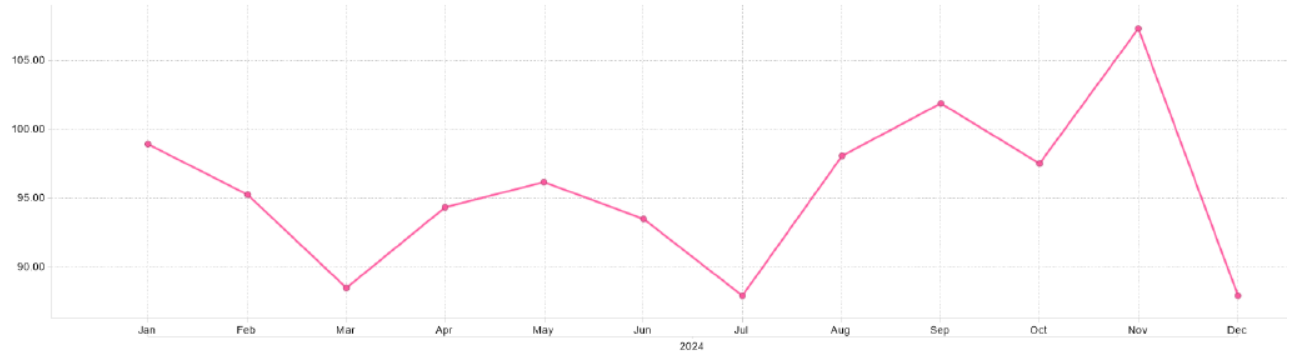
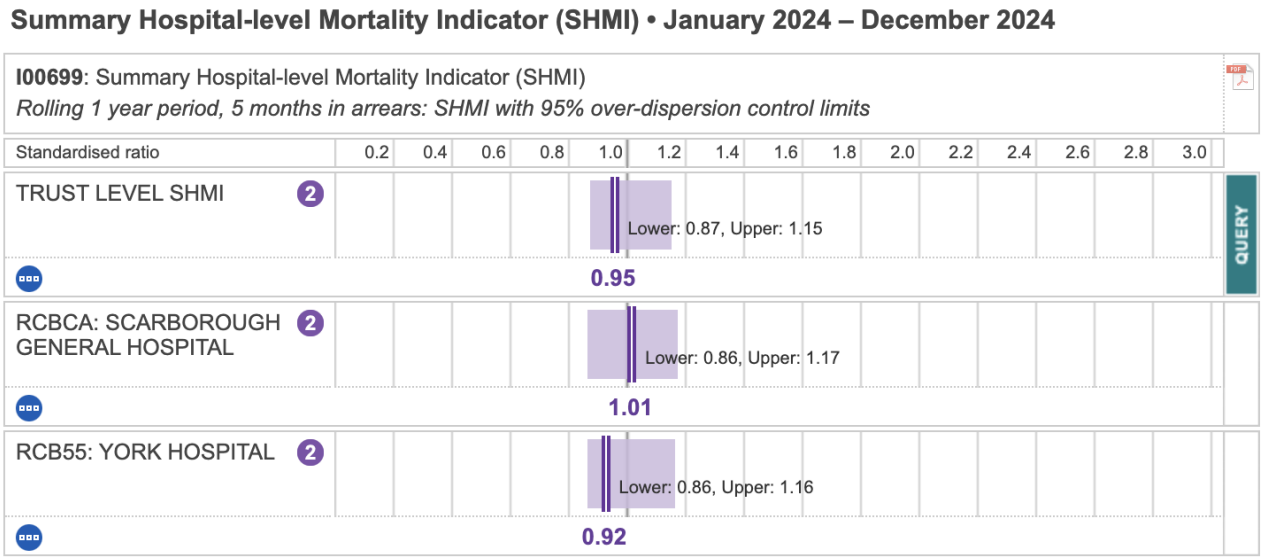


Figure 4 SHMI site comparison



1.3 Hospital Standardised Mortality Ratio (HSMR)

The HSMR measures the actual number of patients who die in hospital against the number that would be expected to die given certain characteristics e.g., demographics. It does not include as many diagnostic groups as the SHMI (only about 85% of total patient numbers) and this may affect applicability of the measure.

The most recent HSMR covers the period to January 2025 and is reported as follows:

Crude mortality rate 2.74%. (Observed deaths 1750, expected deaths 1612, number spells 63,852)

HSMR: 108.53

The HSMR remains higher than would be expected and it is unclear at present as to what might be contributing to this. We are continuing to look at the hospital mortality coding to understand potential influences on this rate, and to understand the variability of the reported rate over time. The rolling 12-month HSMR continues to trend downwards.

Figure 5 shows our position in relation to other trusts, figure 6 shows we remain outside expected limits however have moved closer to the upper limit. Figure 6 shows the HSMR on a month by month

basis. The overall trajectory is down, there was a marked decrease in December the reason for this is unclear.

Figure 5. HSMR (to October 2024) – in comparison with other Trusts – Y&S Trust :light blue bar

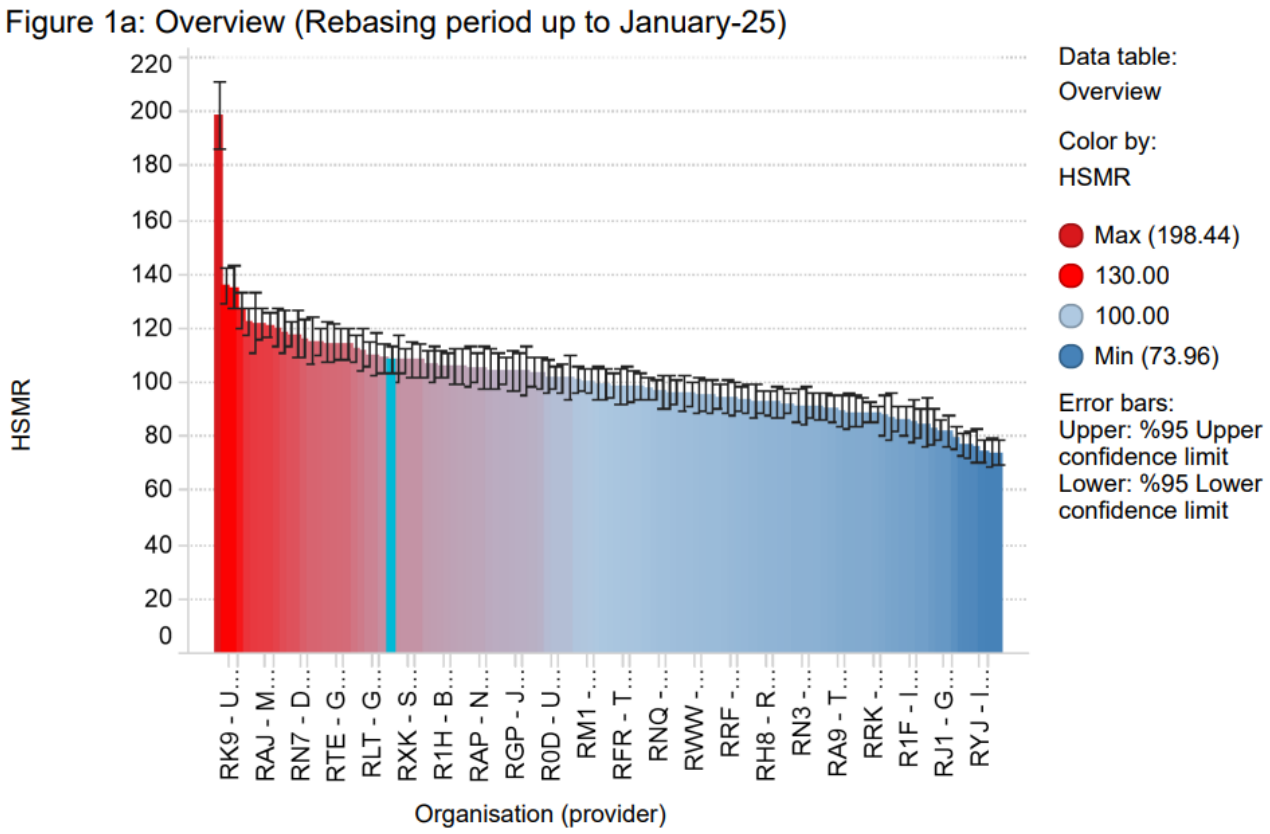


Figure 6 HSMR Funnel Plot (to October2024)

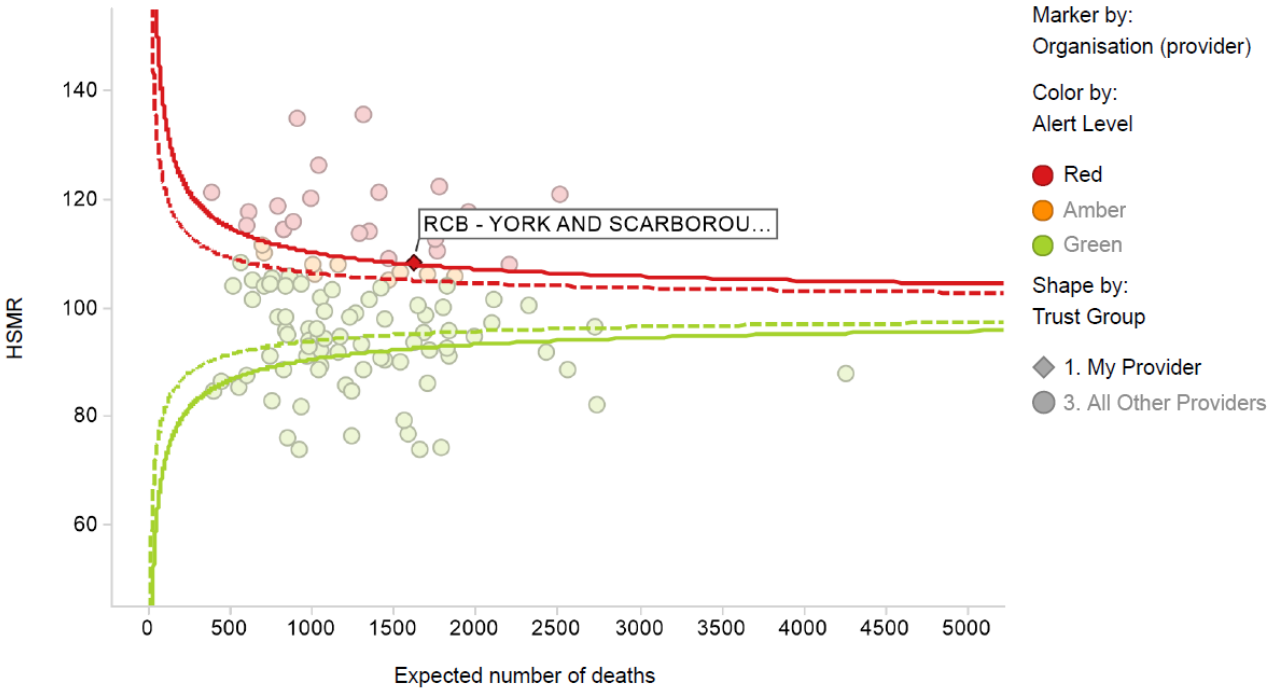
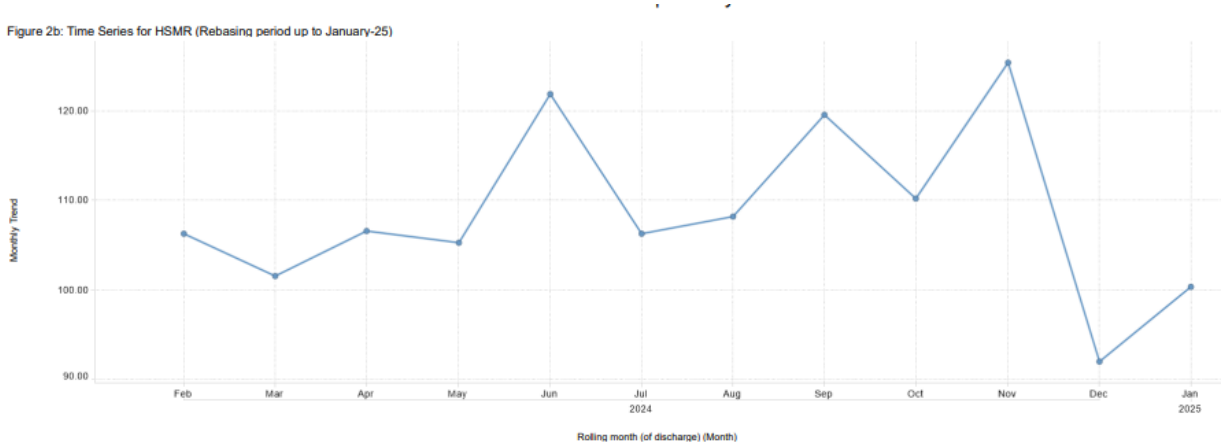


Figure 7 HSMR Time series data



2. Diagnostic groups most contributing to our mortality rates

There are 144 diagnostic groups that contribute to the NHS-Digital SHMI aggregate to give each Trust an overall SHMI value.

The way in which coding is applied to patients that die in the Trust can significantly affect mortality statistics. The “depth of coding” (coding of co-morbidities as well as primary diagnosis) is important as it allows for more accurate calculation of the expected number of deaths that should be seen during a specific time period. Coding of the primary diagnosis will also affect mortality statistics in particular diagnostic groups. We continue to work with the coding team to understand how better to managing this reporting and we are using the learning provided from Trust mortality reviews via the Learning from Deaths process to triangulate our current mortality outliers and ascertain if any further investigation is required.

The most recent breakdown of differential SHMI for common diagnostic groups is displayed in Figure 8 below. At present there remain no diagnostic groups causing concern, however this data does triangulate with other patient safety work that we are undertaking. Acute bronchitis continues to have more deaths than expected but will include lower respiratory tract infections within this code, whilst pneumonia has less deaths than expected so will likely cancel each other out.

3. Mortality and deprivation

The SHMI methodology does not allow adjustment for deprivation, as this could lead to the impression that a higher death rate for those who are more deprived is acceptable. The Index of Multiple Deprivation (IMD) is used to create quintiles (1-5 where 1 is the most deprived).
The percentages of deaths per quintile is presented below in Figure 9. The provider spells split by the same quintiles are presented in Figure 10. The IMD uses small areas to define areas, it is a relative measure so does not quantify the level of deprivation. These figures are therefore a guide, the highest percentage of deaths is in the least deprived group, this group also accounts for the largest proportion of provider spells. What this data doesn’t explore is whether there is a higher proportion of excess deaths in the lower deprivation quintiles.

Figure 8: SHMI associated with various diagnostic groups (from HES data)

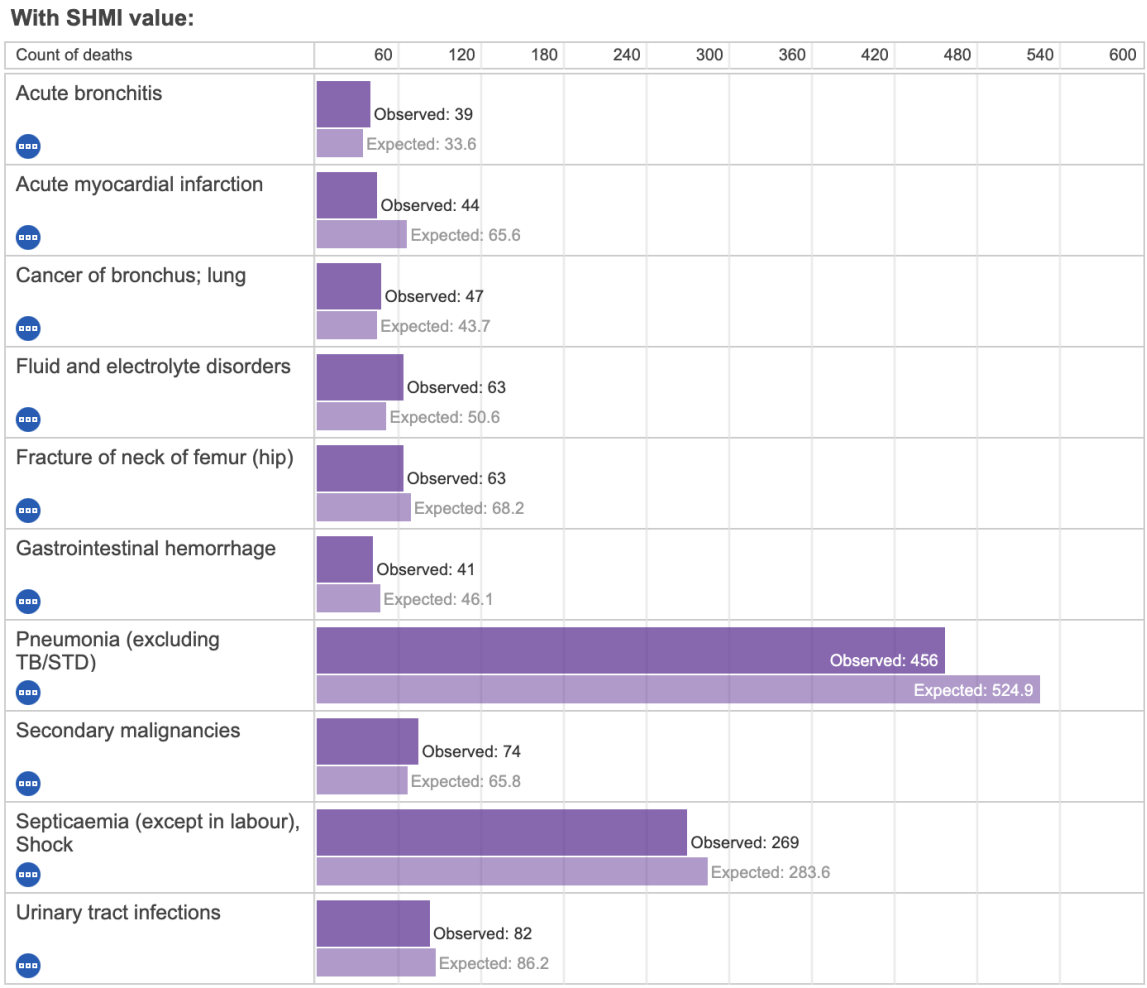


Figure 9: Deaths split by deprivation quintile (NHS SHMI dataset)

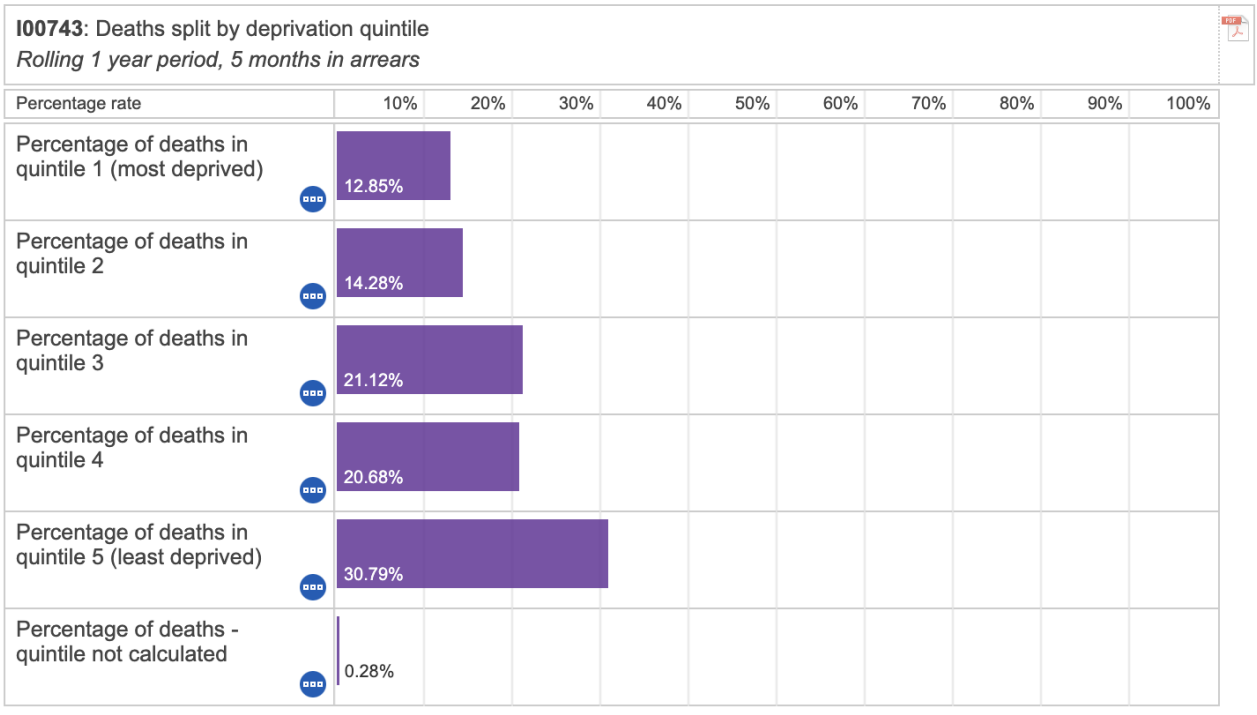
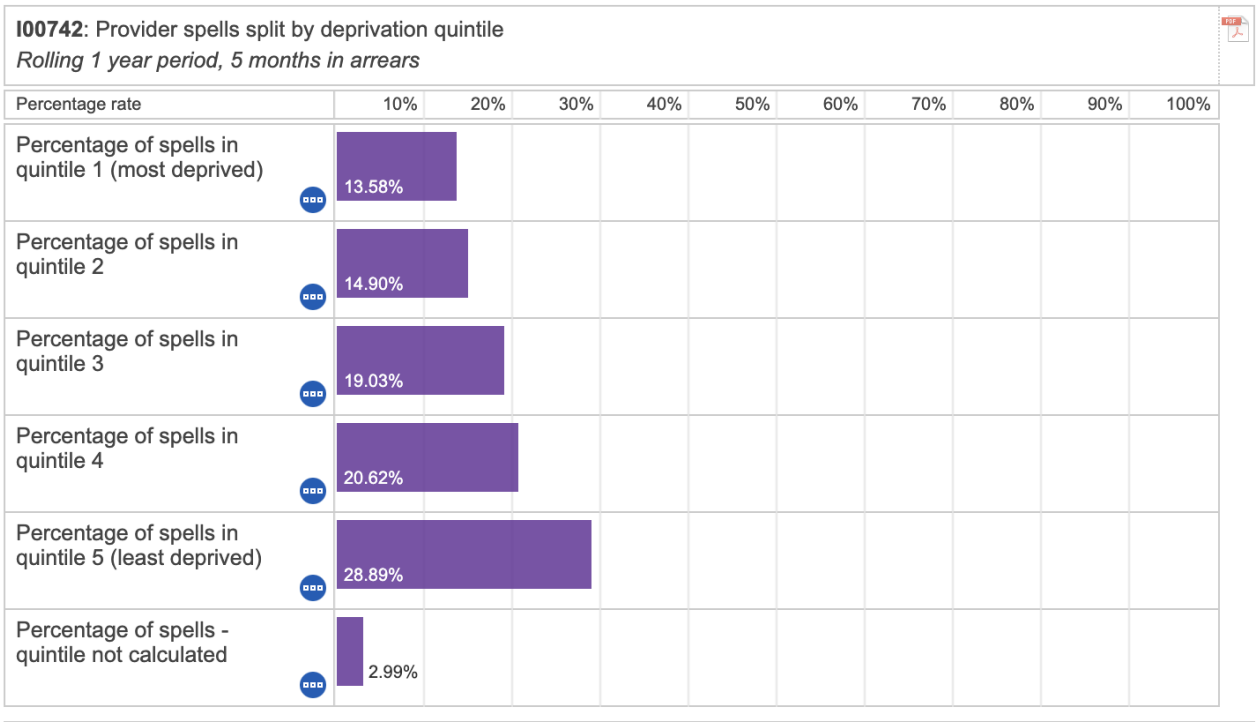


Figure 10: Provider spells split by deprivation quintile (NHS SHMI dataset)



3. Learning from Deaths

The national Learning from Deaths (LfD) Framework, 2017 sets expectations for Trusts to conduct reviews of the care and treatment of patients who died in their care, acting on the findings and reporting outcomes. The requirement to publish outcomes from LfD within Quality Accounts was mandated at the same time.

This section provides data and outcomes in line with the requirements of the:

- National Guidance on Learning from Deaths (National Quality Board, 2017)
- Trust's Learning from Deaths Policy
- Department of Health and Social Care NHS (Quality Accounts) Amendment Regulations 2017

Whilst the report focuses on quarter 3 data, some information is provided for quarter 1 and 2 for comparison.

3.1 Nationally mandated data and information

The data provided in the table below is mandated by the national LfD framework. A narrative on learning and actions is provided in section 4.

When reading the table, SJCRs are Structured Judgement Case-note Reviews; PSII are Patient Safety Incident Investigation. It should be noted that that PSIIs replaced SIs when the new PSIRF

Table 1 – National data summary

	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March
	Quarter 1 (24/25)			Quarter 2 (24/25)			Quarter 3 (24/25)			Quarter 4 (24/25)		
Total in-patient deaths (inc ED, exc community)	196	199	183	160	179	200	195	216	200	257	211	253

No. SJCRs commissioned for case record review[1]	7	4	8	7	2	4	2	7	11	6	4	7
No. PSII commissioned of deceased patients	0	0	1	1	0	0	2	0	0	0	2	1
No. deaths likely due to problems in care	See tables below			See tables below			See tables below			See tables below		

1 The SJCRs are those requested in month (adjusted to account for reassignments; and including deaths from 24/25).

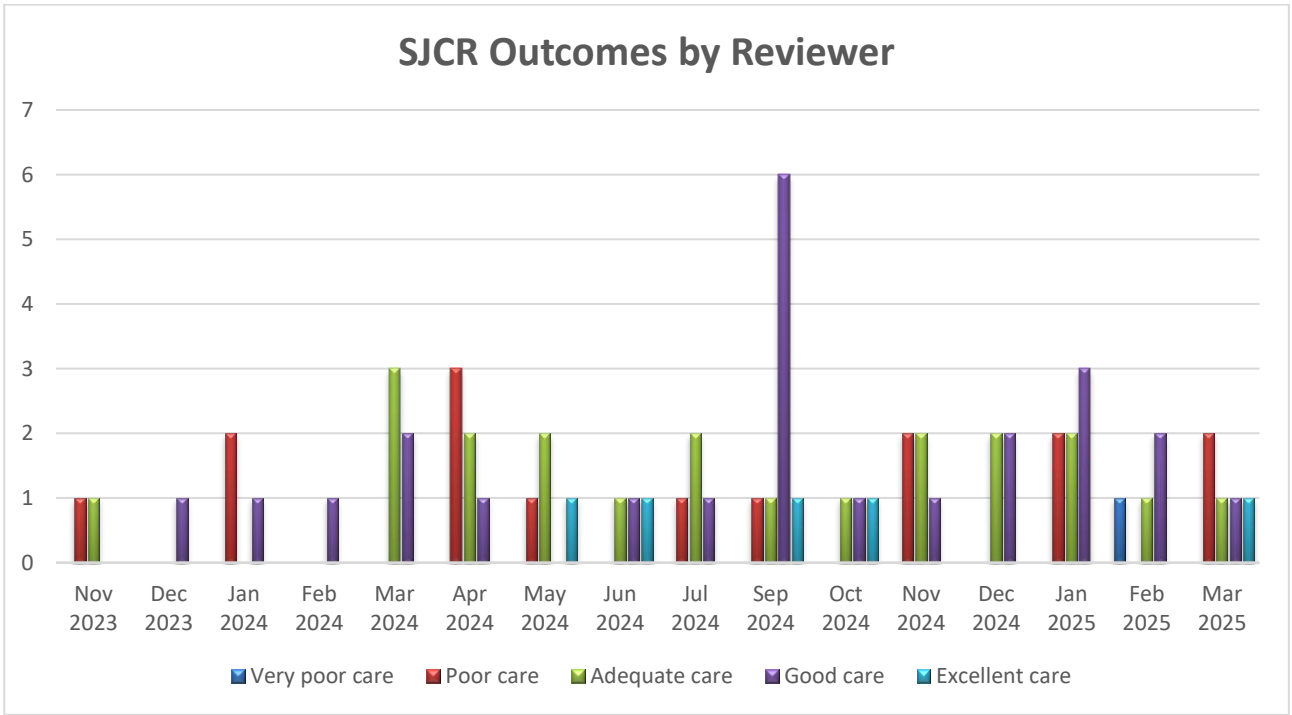
National guidance requires the publication of the number of deaths reviewed or investigated judged more likely than not to have been due to problems in care. Whilst avoidability of death is not measured at the Trust, a judgement of the overall standard of care, and the consideration of harm, forms part of the review process.

Figure 6 shows the outcomes of the SJCRs **completed and reviewed** during Q1, Q2, Q3 and Q4 in 24/25:

- Figure 6 - the 'overall score' provides the rating from the Reviewer based on their assessment of care during the last admission.
- Figure 7 - the 'degree of harm' agreed by the Learning from Death Group having considered the findings from the Reviewer, its context and consideration of any additional information**.**

During Q4 16 SJCRs were reviewed (21 in Q3):

Figure 6 – SJCR outcomes assigned by the Reviewer (overall score)



- The overall care score was given in 16 cases.

The Reviewer found there to be:

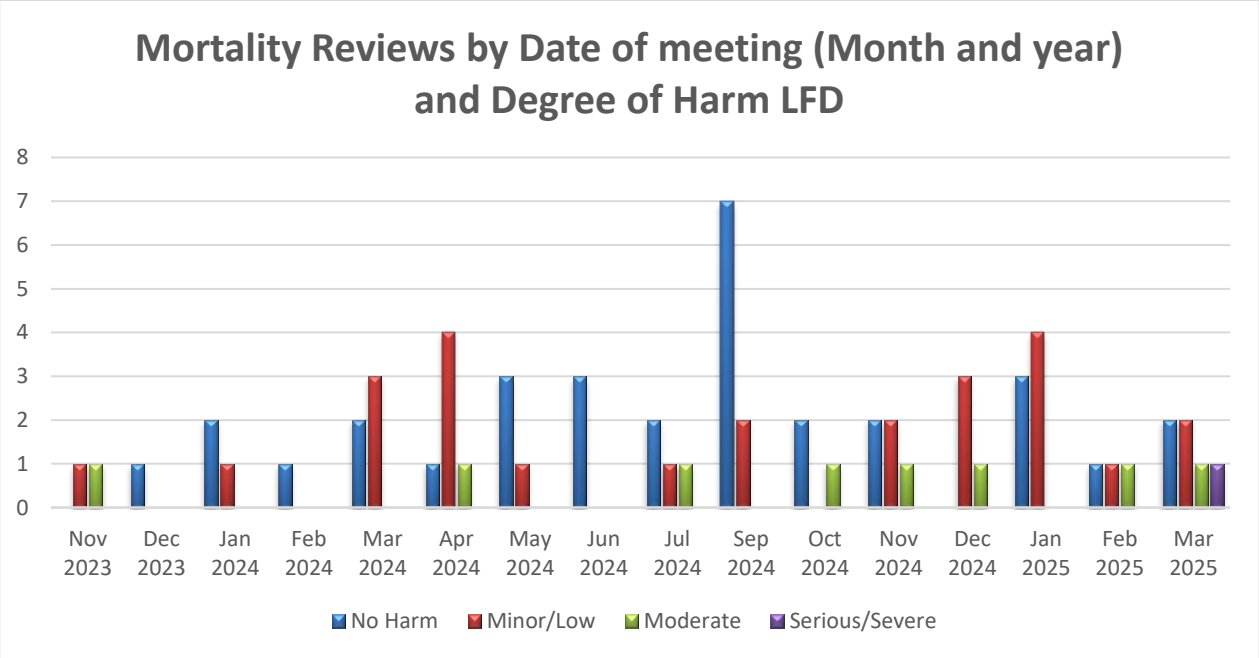
- Good care in 6/16 cases.
- Excellent care in 1/16 cases
- Adequate care in 4/16 cases
- Poor care in 4/16 cases
- Very poor care in 1/16 cases

SJCR 2581 was referred to the Quality and Safety (Q&S) meeting due to poor care. All poor and very poor care SJCR's should be referred to Q&S prior to coming to LFD. At Q&S there were discussions regarding why the ReSPECT form, DNAPR or treatment escalation plan was not completed, however it was agreed a Patient Safety Incident Investigation (PSII) was not required.

SJCR 1752 was originally recorded as adequate care and the group agreed this should be changed to poor care. Issues were raised around the transfer of care between specialities and delay in the line being removed. This was sent back to the author to confirm they agreed and referred to Q&S for further discussion. At Q&S a PSII was not initiated, however line training was discussed and actions taken to ensure staff feel supported.

The LfD group will decide on the level of harm for the SJCRs presented. The degree of harm levels are No harm, Minor, Moderate, Severe and Death.

Figure 7 – SJCR outcomes following review by LfD Group (degree of harm)



The Learning from Death Group agreed harm leading to death in 0 cases, severe in 1 case, moderate harm in 2 cases, low in 7 of the cases and no harm in 6 cases.

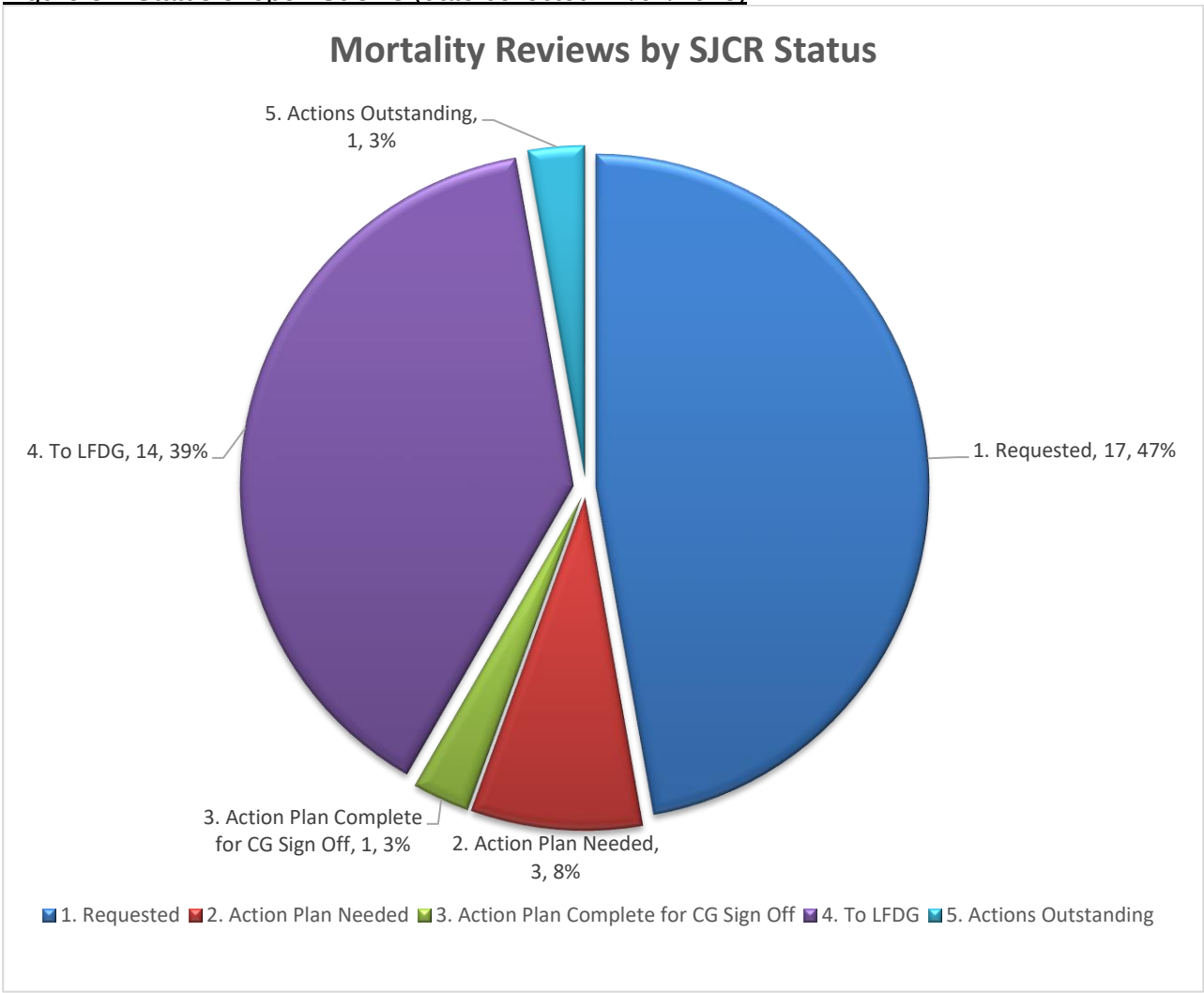
3.2 Locally mandated data

Trust policy requires that the national data is supplemented with locally mandated data to provide a richer picture of performance now Medical Examiners review all deaths; and the timely completion of structured judgement case-note reviews.

Data on progress of investigations at point of reporting (24/04/2025)

Overall no. of SJCRs open 36 (previously 50 as of 23/01/2025)

Figure 8 – Status of open SJCRs (date collected 24/04/2025)



	Q1 (24/25)	Q2 (24/25)	Q3 924/25)	Q4 (24/25)
Number under review	26	20	24	17
Awaiting action planning	2	4	4	3
Actions outstanding	4	3	3	1
More than 60 days overdue (exc. awaiting LfD Group & action implementation)	15	18	12	9

The status of requested SJCRs has decreased since Quarter 3. SJCR training is now provided, the first training was delivered in March ’25 and would not have been the contributing to factor to the decrease this month. If the training has the aimed impact we should see these figures continue to decline.

3.3 Quality account data

The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017. These added mandatory disclosure requirements relating to 'Learning from Deaths' to Quality Accounts from 2017/18 onwards. The data relates to regulation 27.

Table 2 – Quality Account Data

The data shown for sections 27.1-27.3 relate to the deaths that occurred in 2024/25. (please note that the numbering of these relate to the numbering dictated by the Quality Account Report which is why they differ from the rest of the report.

The data shown for sections 27.7-27.9 relate to the deaths that occurred in 2023/24 but were investigated during 2024/25 and hence not reported in the 2023/24 Quality Account.

	Requirement	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
27.1	Total number of in-hospital deaths	578	539	603	721
27.2	No. of deaths resulting in a case record review or SI/PSII investigation (requested reviews of patients who died in 23/24 and 24/25)	ME:536	ME:539	ME:603	ME:721
		SJCRS:21	SJCRS: 13	SJCRS: 20	SJCRS: 17
		PSII: 1	PSII: 1	PSII: 2	PSII: 3
27.3	No. of deaths more likely than not were due to problems in care[1] (completed investigations of patients who died in 24/25)	0	0	0	0
27.7	No. of death reviews completed in year that were related to deaths in the previous reporting period [2] but not previously reported	SJCR: 1	SJCR: 0	SJCR: 0	SJCR: 0
		PSII:0	PSII:0	PSII:0	PSII:0
27.8	No. of deaths in item 27.7 judged more likely than not were due to problems in care.	0	0	0	0
27.9	Revised no. of deaths stated in 27.3 of the previous reporting period, taking account of 27.8	0	0	0	0

[1] This is where the degree of harm after investigation / SJCR is agreed as death based on the opinion of the members of the SI Group and Learning from Deaths Group
[2] Reviews completed in 2024/25 after the 2023/24 Quality Account was published

Items 27.4-6 relate to learning from case record reviews and investigations; a description of actions taken and proposed; and an assessment of the impact of the actions. These items are covered in the next section. The numbering of these are based on the Quality Account

4. Learning from Deaths - themes and actions

There are certain categories of deaths where a full review is automatically expected:

a. Children
b. Patients with Learning Disabilities / Autism
c. Women where death is directly related to pregnancy or childbirth
d. Stillbirths or perinatal deaths

Local PSII investigations, where death has occurred, are considered by the LfD Group to identify themes that are also common to SJCRs.

The national LfD Framework requires SJCRs to be undertaken when the following criteria are met:

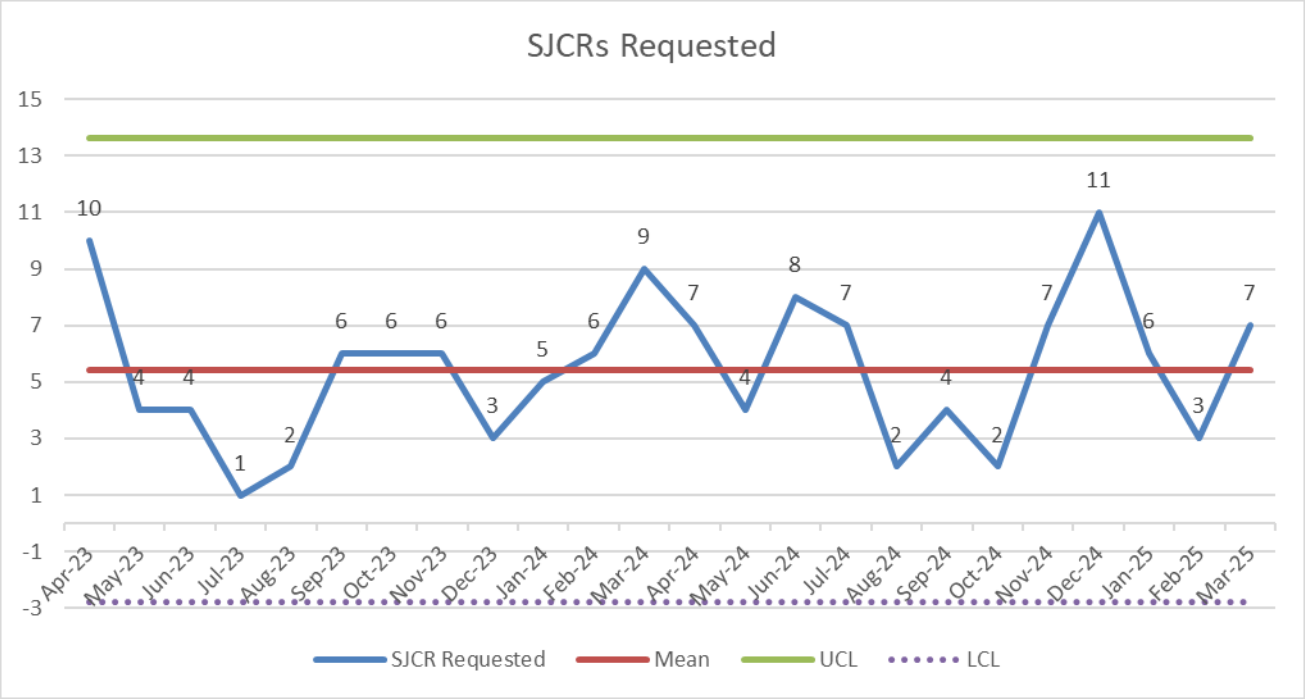
- Where bereaved families and carers, or staff, have raised a significant concern about the quality-of-care provision.
- Where a patient had a learning disability or severe mental illness.
- Where an 'alarm' has been raised e.g. via an elevated mortality alert, audit or regulator concerns.
- Where people are not expected to die, e.g. elective procedures.
- Where learning will inform the provider's existing or planned improvement work.
- A further random sample of other deaths so that providers can take an overview of where learning and improvement is needed most overall.

Table 3 below shows the source of SJCR requests for Q1, Q2, Q3 and Q4; it should be noted that there can be more than one source, however, to avoid duplication only the original inputted source is considered.

Table 3 – Source of request for SJCR

SJCR Request Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
1. Care Group	4	2	4	3	2	1	1	3	8	3	1	6
2. Learning Disabilities	3	1	4	4	0	1	1	1	1	0	0	0
3. Medical Examiner Review	0	1	0	0	0	1	0	3	2	2	1	0
4. NoK Concern/ Complaint	0	0	0	0	0	1	0	0	0	0	1	0
5. Initial Mortality Review	0	0	0	0	0	0	0	0	0	0	0	0
6. Elective Admission	0	0	0	0	0	0	0	0	0	0	0	1
7. Q & S	0	0	0	0	0	0	0	0	0	1	0	0

There were 19 requested SJCRs in Q1, 13 requested SJCR's in Q2, 20 in Q3 and 16 in Q4.



4.1 Themes from SJCRs considered by the LfD Group in Q4:

Case record review can identify problems with the quality of care so that common themes and trends can be seen, which can help focus organisations' quality improvement work.

The introduction of DCIQ and the mortality module has meant that themes and trends identification has had to be updated. During the creation of the mortality module, it was decided that themes would be based on the same ones as the other modules in DCIQ to allow cross comparison and triangulation of data when required.

The themes are identified within the Learning from Deaths meeting. These themes identified are shown in Table 4.

Table 4 – Themes identified

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-26
Acting on Results	1	0	0	0	0	0	0	0	0	0	0	0
Capacity/Demand	0	0	0	0	0	0	0	0	0	1	1	0
Clinical Assessment	0	0	0	0	0	0	0	0	0	0	0	2
Communication/Documentation	2	0	0	0	0	0	0	0	3	2	1	1
Delayed Diagnosis/Treatment	1	1	0	0	0	0	0	0	0	0	0	0
Escalation	0	0	0	0	0	0	0	0	0	0	0	1
Learning Disabilities	0	0	0	0	0	1	0	0	0	0	0	0
Nutrition and Hydration	1	0	0	0	0	0	0	0	1	0	1	0
Pathways/Process	1	0	0	0	0	0	0	0	1	2	0	0
No themes identified	0	1	2	0	0	7	0	1	0	3	0	2
Not listed	0	0	0	0	0	0	0	0	1	0	1*	2**
Team Factors	0	0	0	0	0	0	0	0	0	1	0	0

* Operational Pressures and IPC

**Capacity assessments, Sepsis and Deteriorating Patients

5.0 Escalations & Learning

5.1 Maternity update Q4

Quarter 4 (Jan - March 2025) includes babies which died at York and Scarborough Hospital.

Late fetal loss 1
Stillbirth 5
Neonatal death 3. There were 2 neonatal deaths from a multiple pregnancy and the babies were 21 weeks. There was one neonatal death at 26 weeks.

All the above cases will be reviewed at the Perinatal Mortality Review meeting.

5.2 Learning from deaths group overview

January 2025

ID2818 highlighted a concern regarding not centralising the maternity and paediatric death and the related multi-agency reviews. An SJCR was completed, however Care group medicine was not aware of the Child Death Overview Panel that was also ongoing. This has provided an opportunity to centralise the maternity and paediatric related multi-agency reviews into the Datix mortality module. These reviews include the Child Death Overview Panel and the Peri-natal Mortality Review Tool. To date, details of these deaths and their reviews have been maintained locally. Centralising onto the Datix mortality module will simplify how data is collected for LfD reports and better facilitate discussions at the LfD Group meetings. A series of meetings with representatives from the family health, bereavement and patient safety teams has informed the mortality module revisions and clarified responsibilities for populating the required fields. The process updates are also included within an accompanying Datix Mortality Module Standard Operating Procedure.

The escalation from this meeting was the difference between Scarborough and York services.

February 2025

The Datix mortality module Standard Operating Procedure will be updated to reflect the Bereavements teams responsibility to upload coroner referrals to the mortality module.

Actions have been readded to the LFD agenda bi-monthly to ensure there is oversight of any overdue actions. It was also agreed actions are the responsibility of the Care group to upload to the mortality module.

SJCR training was announced as live and a more detailed update in relation to this is given further in the report.

CDOP Cases

1. Non accidental injury as a baby, died on paediatric ward. There is a joint agency review meeting to be scheduled.
2. 28-day old baby admitted with a catastrophic head injury, suspected to be non-accidental. Patient transferred to Leeds but sadly died. There is to be a rapid review meeting.
3. 16 yr old in brought to ED in cardiac arrest following an appendicectomy 3 weeks previously. A PE has been confirmed at postmortem and a PSII has been started.

Escalation:
Attendance of the meeting

March 2025

There were two poor care SJCR's discussed at LFD both were discussed at Q&S and agreed not a PSII prior to coming to LFD. ID2807 is going to inquest and is now part of a thematic review for bowel obstructions.

SJCR training was discussed, and 10 dates now released with 23 people booked on so far.

6. Service developments

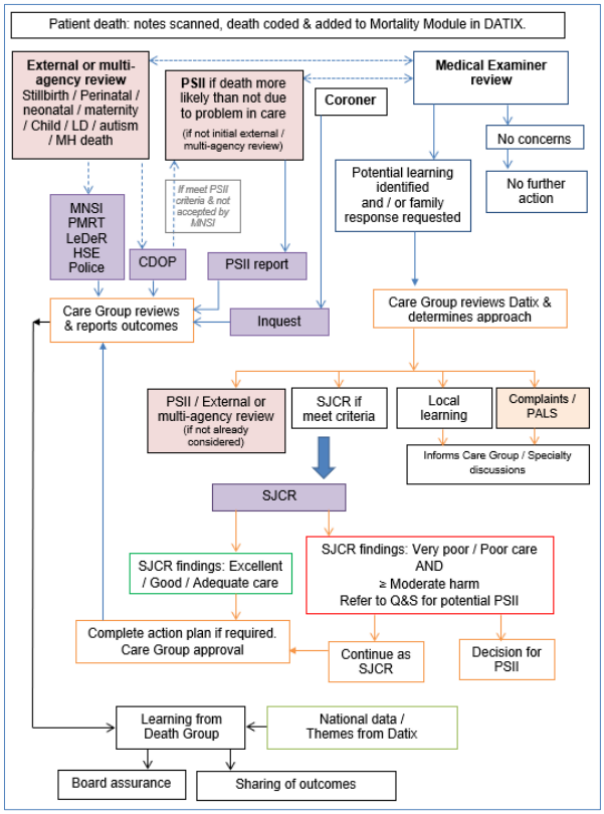
6.1 Review of deaths at Q&S

The weeks Medical Examiner and Coroner referrals are now discussed at the quality and safety meeting to ensure a review of these deaths takes place promptly, early identification of the necessary learning response is assigned where appropriate. This will ensure learning is identified where applicable and a timelier response to the coroner.

6.2 SJCR Training Update

SJCR training commenced in March 2025. These are three-hour in-person sessions and are in line with the Royal College of Pathologists and Improvement Academy methodology. The training also includes the patient safety incident review framework and the mortality module on Datix.
To date three of ten sessions have been held and eight reviewers have been trained. The sessions are held at both York and Scarborough sites.
Presently an assessment of the activity of the existing trained reviewers is underway. This will help to better understand the existing capacity for carrying out the reviews and to support inactive reviewers by offering, for example, short refresher training via Teams.
New consultants will also be required to undertake the training as part of their induction process from September 2025.

6.3 Learning from deaths pathway



7. References

1. Crude Mortality rate is the percentage of patients that died. The crude percentage includes all deaths up to 30 days post discharge. The crude mortality percentage is the sum of the in-hospital deaths and the out-of-hospital deaths.
2. NHS-Digital SHMI: SHMI is a hospital-level indicator which reports mortality at trust level across the NHS (acute care trusts only) in England. The methodology is transparent, reproducible and sensitivity analysis of SHMI model had been carried out independently. The indicator is produced and published monthly by NHS Digital. University Hospitals Birmingham (UHB) is actively involved in developing and constructing SHMI as a member of Technical Working Group. In comparison to Hospital Standardised Mortality Ratio (HSMR) produced by Dr Foster, there are a few of key advantages advocating the use of SHMI -
   a. SHMI methodology is completely open and transparent. It is reproducible by third parties and less confusion has been caused within NHS hospitals compared to HSMR.
   b. SHMI gives a complete picture of measuring hospital mortality by including deaths up to 30 days after discharge from hospital, whereas the HSMR only includes 80% of in hospital deaths.
   c. SHMI does not account for palliative care (published as a contextual indicator instead) in the model due to coding issues. It could largely reduce the chance of gaming by coding more palliative care to reduce mortality ratio.
   d. Death is only counted once in SHMI to the last discharging acute provider. HSMR will attribute one death to all the providers within a chain of spells which are linked together due to hospital transfer (i.e., superspell if existing).

However, due to the limitations of administrative datasets (lack of clinical information in SUS/HES), SHMI-type indicators **cannot** be used to quantify hospital care quality directly and count the number of avoidable deaths.

HED's SHMI (NHSD) Module is built on the *SHMI Dataset* which is created by NHS Digital on a monthly basis. The dataset only includes necessary data fields for the purpose of validating SHMI model.

3. HES-SHMI: The HED team replicate the SHMI methodology by using our subscribed Hospital Episode Statistics (HES) and HES-ONS Linked Mortality Dataset from NHS Digital.

HED SHMI (HES-based) module is designed to provide a national, regional and bespoke peer benchmarking of overall SHMI and contextual indicators (released by NHS Digital) within all NHS acute hospitals in a more timely and detailed manner. The module will be refreshed every month after we receive monthly subscribed HES and HES-ONS datasets.

SHMI (NHSD) vs. SHMI (HES-based)

1. SHMI (NHSD) is built on the data with the same time period as that for the monthly official SHMI release (by NHS Digital); The SHMI (HED-based) module is refreshed on a monthly basis using the latest data available to the HED team through subscriptions to HES and ONS extracts. Therefore, monthly SHMI scores after the modelling data period are provisional and will be updated after the next SHMI model rebasing period.
2. SHMI (HED - based) utilises the same model built for monthly SHMI to make predictions on new data. It enables the trust to see a timely update of (provisional) SHMI figures prior to national monthly release. It also enables the trust to 'drill down' to patient level detail to facilitate local audit.
3. There is a slight difference in the data used to build SHMI (NHSD) and SHMI (HES - based). Since SHMI (HES - based) allows access to patient level detail it is not permitted to include data relating to patients who have chosen to 'opt-out'. These patients are those who have exercised their right for their personal data to only be used for purposes related to their own healthcare. Nationally this usually equates to approximately 2% of patients. HED believes that

the benefit of being able to view patient level details outweighs the disadvantage of a slight mismatch with public SHMI figures. If an exact match to NHSD SHMI figures is required, then the SHMI (NHSD) module should be used.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25th June 2025
Subject:	Public Sector Equality Duty (PSED) Report 2025
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development and Dawn Parkes, Chief Nurse
Author:	Virginia Golding, Head of Equality, Diversity and Inclusion (EDI)

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☐ Regulatory Requirement ☒

Trust Objectives

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

Board Assurance Framework

☐ Effective Clinical Pathways
☒ Trust Culture
☐ Partnerships
☒ Transformative Services
☐ Sustainability Green Plan
☐ Financial Balance
☐ Effective Governance

Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*

☒ Yes

☐ No

☐ Not Applicable

Executive Summary:

This report provides the Board of Directors with assurance that the Trust is meeting its legal requirement to comply with the Public Sector Equality Duty (PSED) and gives an overview of the work to meet its Equality Objectives. It also includes the statutory reporting of workforce and patient metrics.

The electronic and interactive document, which will be used for publication on the Trusts website can be found :https://yorkhospitals.pagetiger.com/danbjuk/1

The attached paper provides the information in a more traditional report format.

Recommendation:
To note the work that has been undertaken to date to meet the Equality Objectives and compliance with the PSED.

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

No ☒ Yes ☐

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

Report History

Meeting/Engagement	Date	Outcome/Recommendation
Resources Committee	May 2025	Noted
Board of Directors	May 2025	Requested amendments
Resources Committee	June 2026	Amendments made to format

Equality, Diversity and Inclusion

Public Sector Equality Duty (PSED)

June 2025

Contents

Glossary of Terms

Accessible Information Standard	AIS
Black and Minority Ethnic	BME
Electronic Staff Record	ESR
Equality Delivery System	EDS 2022/EDS
Equality, Diversity and Inclusion	EDI
Gender Pay Gap	GPG
Integrated Care System	ICS
Lesbian, Gay, Bisexual, Transgender, Questioning and other identities	LGBTQ+
National Health Service	NHS
National Health Service England	NHSE
Public Sector Equality Duty	PSED
Race Equality Network	REN
Very Senior Manager	VSM
Workforce Disability Equality Standard	WDES
Workforce Race Equality Standard	WRES
York Teaching Hospital Facilities Management	YTHFM

Introduction

York and Scarborough Teaching Hospitals NHS Foundation Trust provides a comprehensive range of acute hospital, community and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.

Along with community we manage 8 hospital sites and have a workforce of over 12,000 staff, inclusive of bank, substantive and fixed-term staff, working across our hospitals within the community and York Teaching Hospitals Facilities Management (YTHFM.)

Our hospitals

- York Hospital
- Scarborough Hospital
- Bridlington Hospital
- Malton Hospital
- The New Selby War Memorial Hospital
- St Monica's Hospital Easingwold
- White Cross Rehabilitation Hospital
- Nelsons Court Inpatients Unit

York and Scarborough Teaching Hospitals NHS Foundation Trust is a diverse employer and provider of care. Our aim is to create a culture of inclusion where everyone feels valued and respected for who they are and what they bring to our organisation.

Our Equality Objectives cover the period 2024-2028. This Annual Report highlights the progress we have made over the first year of this period (April 2024 to March 2025) and looks forward across the remaining three years.

The Equality Act 2010 and the Public Sector Equality Duty (PSED)

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions.

These are to:

1. Eliminate discrimination, harassment, and victimisation.
2. Advance equality of opportunity between people who share a protected characteristic and people who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

We are required to do this by:

1. Removing or minimising disadvantages suffered by people due to their protected characteristic.
2. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
3. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
4. Taking the steps needed in meeting the needs of disabled persons that are different from the needs of persons who are not disabled; and include steps to take account of disabled person's disabilities.
5. Having due regard towards the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it, to tackle prejudice and promote understanding.

The Protected Characteristics covered by the Equality Act 2010 are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

The PSED places additional specific duties on public authorities, including NHS Trusts to publish sufficient information to demonstrate compliance with the general duty by 31 January 2012 and thereafter annually.

Our Commitment to Equality, Diversity and Inclusion (EDI)

York and Scarborough Teaching Hospitals NHS Foundation Trust is dedicated to encouraging a supportive and inclusive culture where all our patients can receive high quality, person-centred healthcare which meets their needs. It is within our best interest to promote diversity and eliminate discrimination amongst our workforce in the development of services and our hospital environments. We are working hard to engage and listen to our colleagues to ensure that we continuously support the development of an inclusive culture in line with our Trust Value.

We are committed to taking our responsibilities seriously in providing equity and fairness to all our staff, ensuring we provide no less favourable treatment on the grounds of the 9 protected characteristics.

The aim of this report is to not only meet the requirement of the Equality Act 2010 and Public Sector Equality Duty, but to also highlight areas of good practice and any gaps that the Trust needs to focus on. It is important for us to comply but also move beyond this by creating a culture of inclusion.

York and Scarborough Teaching Hospitals NHS Foundation Trust commits to:

- Being an organisation that is welcoming and accessible to all.
- Ensuring that there are no barriers to accessing jobs, training or promotion.
- Engaging with patients, communities and colleagues, whilst working collaboratively with our partners and stakeholders.
- Not tolerating any forms of discrimination and will challenge it safely wherever we see it, ensuring that Equality, Diversity and Inclusion (EDI) is everybody's business – continuing to embed our values and behavioural expectations; a 'Just Culture' and learning environments for all.
- Acting on staff feedback.
- Developing interventions which help our staff to understand and support one another for the benefit of each other and patients in our care.

The Trust has made good progress by providing dedicated focus on our EDI agenda. 2025 sees the Trust in a different position to where it was three years ago. We acknowledge that we are still on a journey but embedding inclusive practices is of great focus for us.

Simon Morritt
Chief Executive

Communication and Engagement

The Trust's Communications and Engagement approach has at its core, several communications principles which are rooted within the organisation's values and behaviours and aims to ensure that EDI influence our communications approach and activities. The Trust's communications team has continued to work with the Head of EDI to ensure internal and external communications continue to be inclusive of people with protected characteristics.

Celebration of Achievement Awards

The Trust's annual recognition awards took place in September 2024 and included for the second year running a category for Excellence in Diversity and Inclusion. Ten nominations were received for an individual or team who had demonstrated an outstanding commitment to valuing and promoting EDI for patients and/or staff in order to create a safe and inclusive culture that helps foster a positive experience for all.

Nominations were judged on the following criteria:

1. Examples of how they have shared knowledge and applied EDI in the workplace.
2. Demonstrated initiating, leading or supporting a service improvement of EDI in the workplace.
3. Evidence of the recognisable impact EDI changes have made.

The winner was Amanda Vipond, Consultant; "Amanda has made significant progress in improving EDI inclusion within the group. She is passionate about this work, and even though it's early days, her efforts will benefit all staff."

Equality, Diversity and Inclusion objectives April 2024 – March 2028

Our Equality Objectives for the period April 2024 - March 2028 are based on areas that we would like to continue to improve and those we know require some development.

The Trust's Inclusion Forum has oversight of the progress we are making with our objectives. The Resources and Patient Experience Committees also review progress with the Trust's Board of Directors providing final oversight. Inclusion is integral to our strategies, policies and procedures. Our Trust engages with our staff networks to improve employment practices, supported by their Executive Director Sponsors and the Head of EDI, and are involved in the Trust's decision-making process.

The EDI agenda is embedded into multiple teams' schemes of work and our EDI Workstream has operational responsibility for identifying local actions and solutions.

The Trust will continue to engage with our partners, stakeholders, communities and those in regions further afield to ensure that we listen, involve, learn and act on information, advice and best practice.

The Trust's Equality Objectives for April 2024 - March 2028 are split into four categories:

- Building Environment
- Compliance
- Services
- Workforce

The full document can be found here: Equality Objectives April 2024- March 2028

Building Environment
We said we would:

- Ensure the Trust's annual access audit schedule is undertaken in accordance with Appendix 1 of the Inclusive & Accessible Built Environment Strategy.
- Ensure the Trust's access plan is updated and distributed to stakeholders on a quarterly basis in accordance with the Inclusive & Accessible Built Environment Strategy.
- Ensure that the Access Adviser's Workplan is implemented.
- Ensure that Disability Awareness training is provided in line with the agreed KPI.
- Provide Web and app-based Trust Access Guides for use by disabled people and families are available and accurate.
- Ensure a current Inclusive & Accessible Built Environment Strategy is in place.

We have achieved:

- Access audits taking place at: Scarborough Hospital, Springhill House, Centurion House, Clementhorpe Health Centre, St Monica's Hospital, Easingwold, Acorn Court, Easingwold, Selby Hospital and Kettlestring Lane. The access audit at Malton Hospital was not completed and will be completed in September 2025.
- The Trust's Access Plan was in place and has been communicated widely across the organisation with formal distribution to stakeholders on: 29 July 2024 and 23 October December 2024.
- The Access Adviser workplan is in place and was agreed with their Line Manager.
- Thirty sessions of Disability Awareness training were planned and 24 delivered in 2024 at York, Scarborough, and Bridlington Hospital sites, 6 sessions were cancelled due to lack of attendance. 118 Staff and volunteers attended the 24 sessions that were delivered. Staff that attended were mostly from nursing, AHP, Healthcare assistant and patient facing administration roles.
- The web and app-based guides referenced above continue to be published at present, a register is in place of any changes that need to be made to Access Guides as and when we alter or extend our built environment.
- A current Inclusive & Accessible Built Environment Strategy is in place and due for review in July 2025.

Next steps:

- A further access audit of Malton Hospital will be completed in September 2025 in addition to the approved 2025-2026 access audit programme.
- The Health & Safety Committee/Equality & Diversity Team to consider making Disability Awareness training 'Required Learning' and set appropriate KPI.
- Review of the Inclusive & Accessible Built Environment Strategy to take place.

Compliance
We said we would:

- Ensure the Trust's systems can capture equality monitoring information in order to provide insight to improve access, experience and outcomes of our patients.
- Develop a plan that encompasses the overall Trust Inequality Strategy to address and mitigate health disparities within the Trust's catchment area. Implement the plan through Task and Finish groups.
- Ensure all areas of EDI compliance are met and action plans are implemented to improve experience. NHSE EDI Improvement Plan
- EDS 2022, Workforce Race and Disability Standards, Accessible Information Standard, Sexual Orientation Monitoring Standard, Gender Pay Gap.

We have achieved:

- Data is available and accessible to inform the patient EDI agenda.
- Staff guidance has been developed to inform and support future EDS service reviews.
- Reviews conducted for Sexual Health & HIV, Ophthalmology and Endoscopy between August - November 2024 and report published in February 2025.
- Elements of the EDS embedded within new Care Group Patient Experience Groups Terms of Reference.
- Accessible Information Standard (AIS) policy published and communicated to staff.
- Explored the use and provision of communication cards within wards and Urgent and Emergency care. This work will continue into Financial Year 2025/26.
- Co-production, publication and communication of Animals of Trust Property Policy, Transgender and Gender Diverse Communities Policy.
- AIS Baseline Assessment has been carried out, further enhanced with the development of the project plan and compliance review.
- A joint procurement process for interpreting/translation service is underway with North Lincolnshire and Goole and Hull.
- Supported the promotion of disability awareness training. 50 staff attended in person between January 2024 – January 2025.
- Delivered 7 EDI sessions for staff and newly qualified clinical staff (non-medical) as part of the preceptorship programme.
- The EDI, Human Resources and Organisational Development Teams are on track with implementing the NHSE EDI Improvement Plan and inform the Humber and North Yorkshire Health and Care Partnership who monitor this for the region and also update NHSE.
- EDS Domains 2 (Workforce Health and Wellbeing) and Domain 3 (Inclusive Leadership) were assessed, and peer reviewed in December 2024. Progress in Domain 2 still requires improvement in 3/4 Outcomes. Domain 3 remains at Achieving Activity and the Trust is working towards Excelling Activity. Improvement Plans continue to be implemented. The EDS full report can be found at: Equality Delivery System (EDS) 2022.
- Data analysis for the WRES, WDES and Pay Gaps took place in 2024 and will recommence this year. The full results will be reported on later this year and

in the 2026 EDI Annual Report. From a first glance, WRES Metric 5 has seen a slight deterioration, Metric 6 has seen a slight improvement and there has been no reduction in negative experiences for Metric 8.

- There is year-on-year improvement with the Gender Pay Gap and there is no Ethnicity Pay Gap in the entire workforce but there is within Medical and Dental. Plans are in place to address this. The Pay Gaps reports are accessed here: Pay Gaps reports 2025

Next steps:

- Continue to work on WRES and WDES action plans.
- Further work to improve EDI data held.
- Continue with actions identified via EDS assessment.
- Continued development of Inclusion Forum and Staff Networks.
- Roll out and implementation of Equality and Health Impact Assessment (EqHIA) Guidance.
- Accessible Information task and finish group to continue the work as outlined in the AIS action plan. AIS KPIs to be agreed.

Services
We said we would:

- Ensure all areas of EDI compliance are met and action plans are implemented to improve experience (inclusive of the NHSE EDI Improvement Plan, EDS 2022, Workforce Race and Disability Standards, Accessible Information Standard, Sexual Orientation Monitoring Standard, Gender Pay Gap).
- Develop a plan that encompasses the overall Trust Inequality Strategy to address and mitigate health disparities within the Trust's catchment area. Implement the plan through Task and Finish groups.
- Ensure the Trust's systems can capture equality monitoring information in order to provide insight to improve access, experience and outcomes of our patients.
- Develop a plan that encompasses the overall Trust Inequality Strategy to address and mitigate health disparities within the Trust's catchment area. Implement the plan through Task and Finish groups.

We have achieved:

- Engagement with the project team for the new electronic patient record system has taken place to ensure national flags can be implemented.
- Method of reporting on patient Biological Sex and Ethnicity data has been established.
- Standardised equality monitoring information questions have been developed and embedded within patient experience questionnaires.
- We are currently reviewing system flag and alert types to ascertain data capturing capabilities.
- FFT captures patient demographics which gives an understanding on the diversity of feedback.
- Engagement work has been undertaken to understand the needs of the local community when accessing the new Urgent and Emergency Care unit in Scarborough and insights embedded into the implementation plan.
- Reviewed concerns, compliments, comments and complaints which relate to EDI issues to understand the circumstances, identify improvements, and share best practice.
- Conducted an audit of the Trust's interpretation tablets to enhance communications and informing staff on how to access the tablets and interpretation service.
- Established an agreement with an alternative interpretation provider for difficult to source languages in order to meet specific service demands.
- We continue to participate in several internal and external groups to champion and better understand the needs of all patients.
- Provided EDI guidance or support to services, feeding into service improvement plans.
- Led on the engagement with patients and stakeholder groups in respect of patient EDI matters, creating and sustaining relationships with external stakeholders and their representative groups.
- Facilitated the co-production of a carer's engagement framework, action plan and contributed to City of York Council carers strategy.
- Contributed to the Trust Health Inequalities Steering group.

Next steps:

- Due to a change in direction with how the Trust approaches its health inequalities work, the Steering Group that had responsibility for this is changing its approach. Therefore, new objectives and measurable outcomes will be co-produced and reported on in the 2026 EDI Annual Report.
- We will publish guidance for public engagement to support services with engagement activities.
- The Accessible Information task and finish group will continue the work as outlined in the AIS action plan. AIS KPIs to be agreed.
- Confirm interpreting/translation contract and embed across the Trust, delivering information sessions and updating communication to staff and public.
- Publication of British Sign Language (BSL) videos and Easy Read of top 5 most accessed patient information leaflets.
- Review of national flags to be agreed so they can be implemented into CPD.
- Review of other patient record systems to be undertaken to ensure national flags are embedded.
- Equality monitoring metrics to be established.
- Establish how current patient record systems pull information from GP records.
- Explore capabilities of FFT to gather insights into the disparity of patient experience.
- Continue to review concerns, compliments, comments and complaints which relate to equality and diversity issues to understand the circumstances, identify improvements, and share best practice.
- Analyse the carers engagement survey results and support the development of a carers improvement plan.
- Support Chaplaincy team in their programme of work to develop a more inclusive service.
- Improve access to animal spending places across the Trust
- Support services with implementing the use of communication cards and menu cards

Workforce
We said we would:

- Implement an Anti-racism strategy, Workplace Adjustment policy and guidance on supporting neurodiverse staff.

We have achieved:

- The Trust has a Race Equity Group, which comprises the Chair and Vice Chair of the Race Equity Staff Network and Global Majority Senior Managers who act as critical friends to members of the Trust Board. Together they have formed a Race Equity Alliance.
- In February 2025 the Trust implemented an Anti-Racist Steering Group which is Chaired by the Chief Executive. The purpose of this group is to develop strategies which address, individual, cultural and structural racism across our organisation. The group will have responsibility for co-producing and implementing an Anti-racism strategy or framework. The EDI team have implemented Anti-Racism training, training on Bullying and Harassment and trained Human Resource colleagues on the 'Too Hot to Handle' Report.
- The Trust now has a Reasonable (Workplace) Adjustment Guidance for colleagues and managers to refer to for support. The entire Reasonable Adjustment process was reviewed and streamlined to be more effective, efficient and supportive. The guidance was co-produced through a Task and Finish Group that included the Enable Staff Network, Director of Finance (the network's Executive Director Sponsor), representatives of relevant teams and union representatives.
- A Neurodiversity Toolkit has been produced in collaboration with the Enable staff network.
- Pay Gaps reporting continued and can be accessed here: Pay Gaps reports 2025
- Work continued on the WRES and WDES action plans.

Next steps:

- Implement the Neurodiversity toolkit.
- Develop an Anti-racism statement for the Trust.
- Ensure members of the Trust's Anti-Racism Steering Group complete the Anti-Racism training.
- Review Human Resources and Freedom to Speak Up Cases which have a theme of Race.
- Continue to meet the compliance requirements for the Trust and ensure adequate interventions are in place to improve access, experience and outcomes.
- Continue to focus on the objectives stated above by ensuring they are integrated into current streams of work.

Workforce and Patient Equality Monitoring Information

Workforce

The Trust's Workforce Equality Monitoring data can be found at Appendix 1. The data shows the diversity of the staff it employs, which adds to the richness of how it operates and meets the needs of the communities it provides a service to.

We recognise that there is still work to do to encourage staff to share their personal diversity information so we have a more comprehensive picture of the internal demographics and how we can continue to support staff. This is currently being operationalised at a local level through the EDI Workstream.

Patient

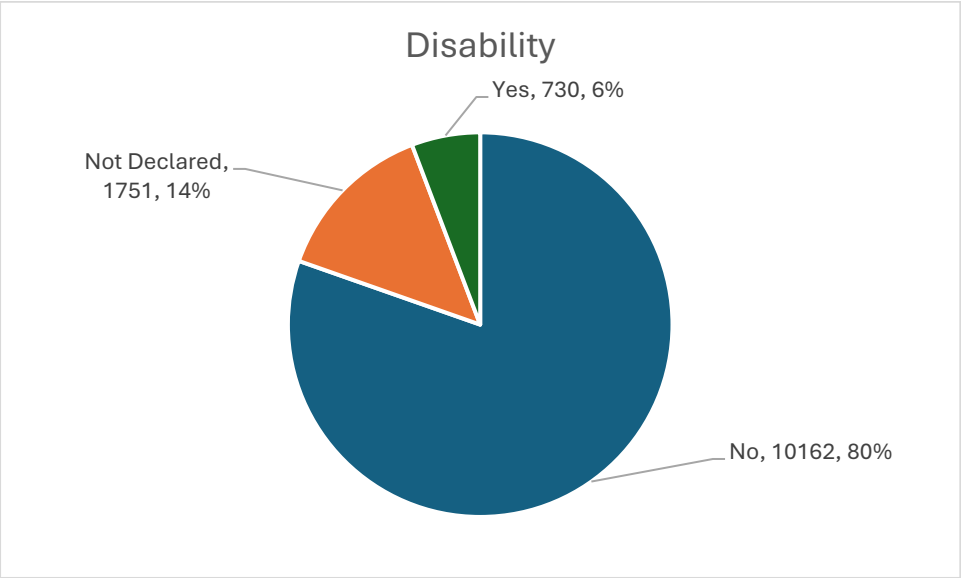
The Trust's Patient Equality Monitoring data can be found at Appendix 2. The Trust continues to work to improve data capturing to inform the patient EDI agenda. Patient equality monitoring information can be assessed against The Office For Health Improvement and Disparities data (Microsoft Power BI) to better understand the catchment population of the Trust. The Trust reports on patient Sex and Ethnicity data annually.

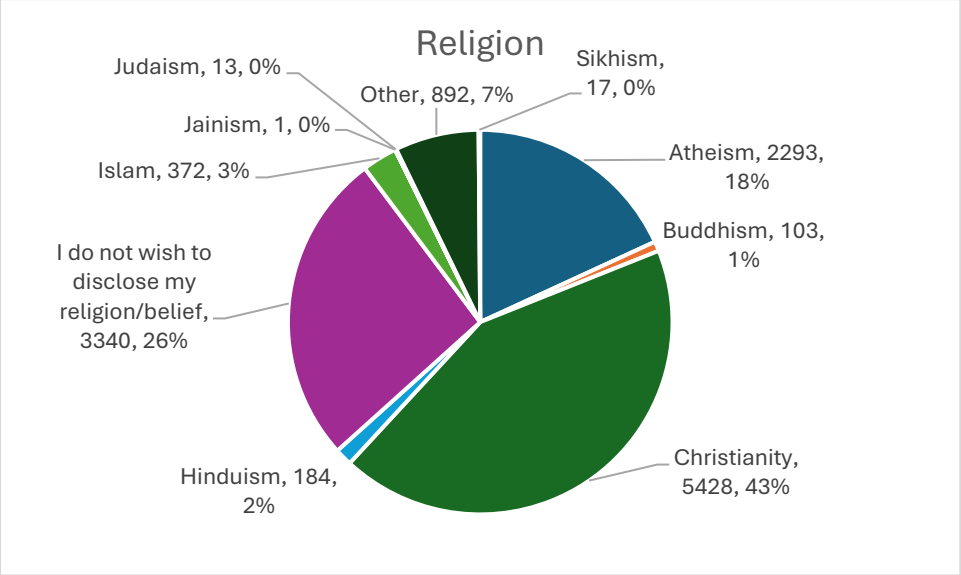
Appendix 1:

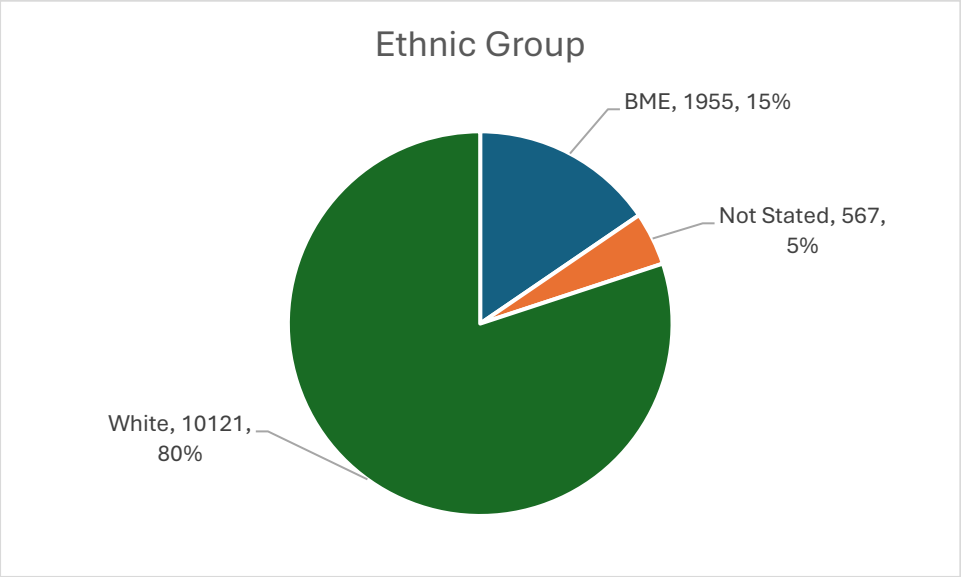
Workforce Equality Monitoring Information

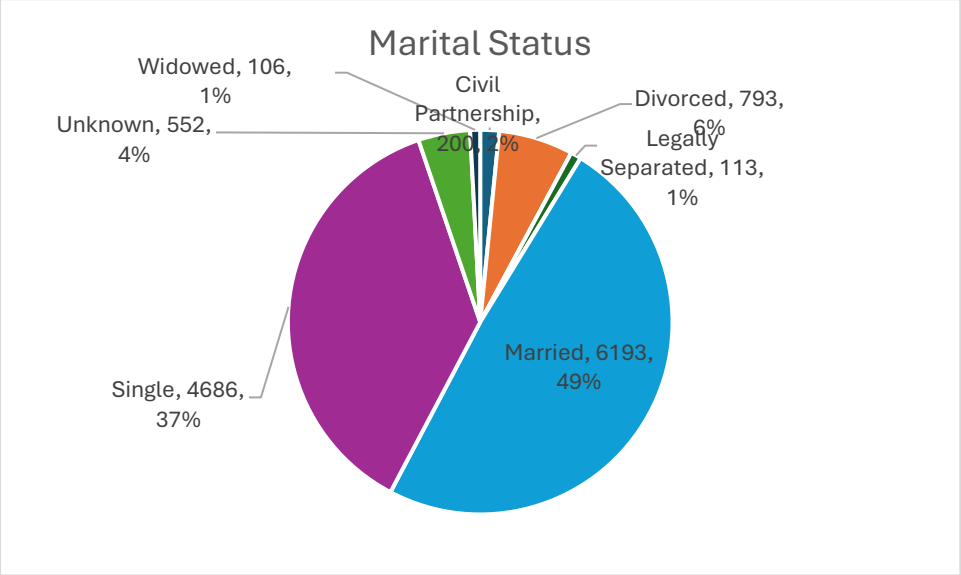
The below data covers York & Scarborough Teaching Hospitals, York Teaching Hospital Facilities Management (YTHFM) LLP and Bank workers.

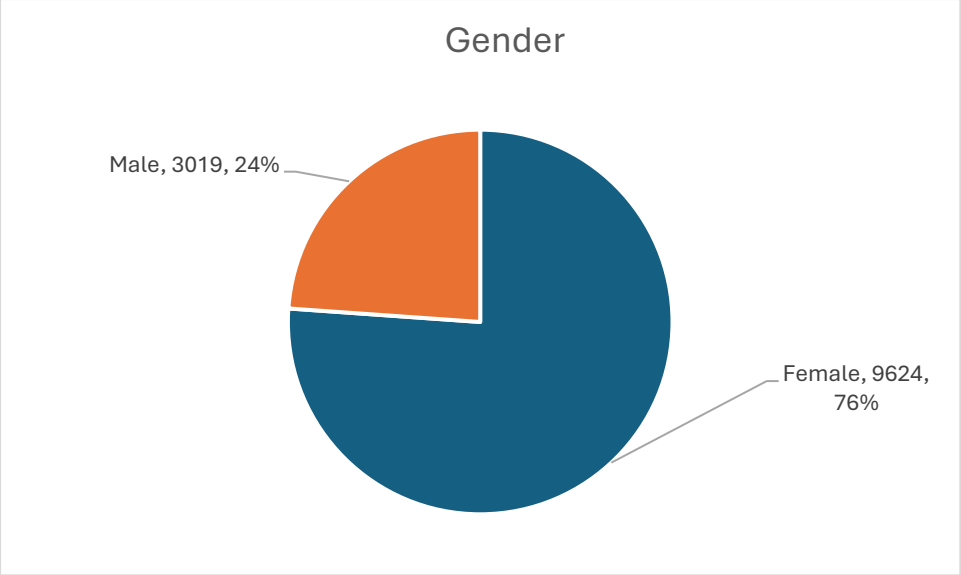
Staff in post headcount = 12,643

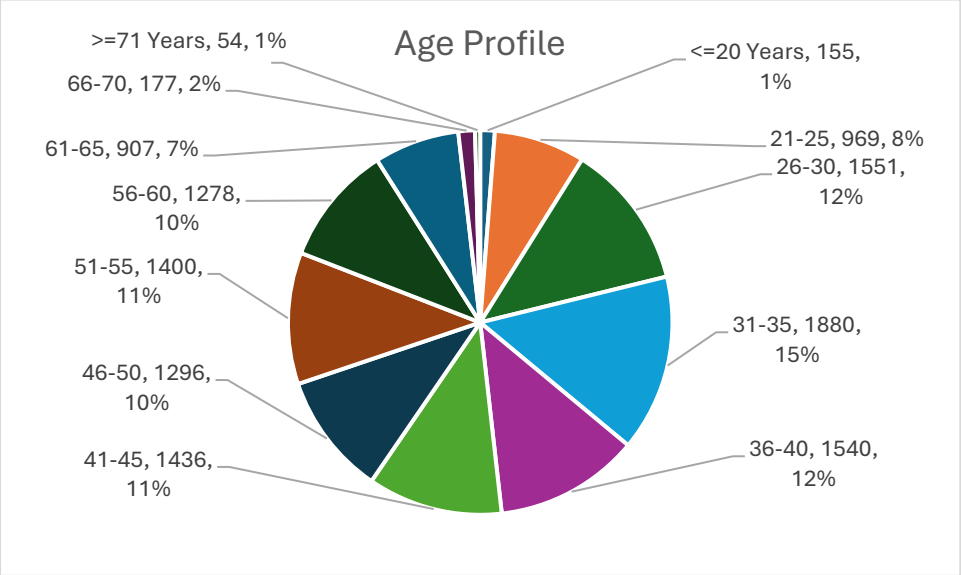


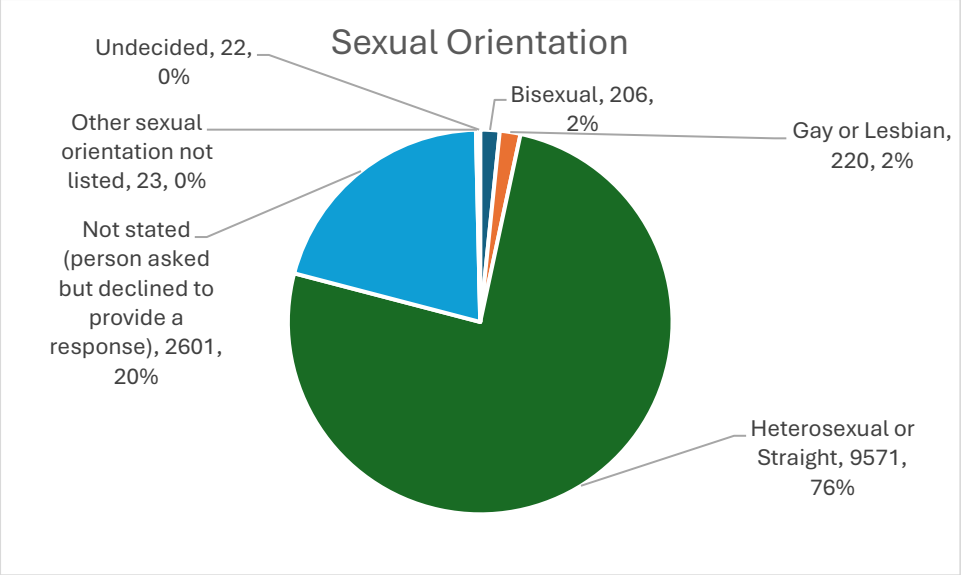



Ethnic Group
BME, 1955, 15%
Not Stated, 567, 5%
White, 10121, 80%


Marital Status
Widowed, 106, 1%
Civil Partnership, 200, 2%
Divorced, 793, 6%
Unknown, 552, 4%
Legally Separated, 113, 1%
Married, 6193, 49%
Single, 4686, 37%


Gender
Male, 3019, 24%
Female, 9624, 76%


Age Profile
>=71 Years, 54, 1%
66-70, 177, 2%
61-65, 907, 7%
56-60, 1278, 10%
51-55, 1400, 11%
46-50, 1296, 10%
41-45, 1436, 11%
<=20 Years, 155, 1%
21-25, 969, 8%
26-30, 1551, 12%
31-35, 1880, 15%
36-40, 1540, 12%



Ethnic Origin	Headcount	Origin vs Total
Any Other Ethnic Group	177	1.40%
Asian British	12	0.09%
Asian Mixed	3	0.02%
Asian or Asian British - Any other Asian background	272	2.15%
Asian or Asian British - Bangladeshi	21	0.17%
Asian or Asian British - Indian	472	3.73%
Asian or Asian British - Pakistani	68	0.54%
Asian Punjabi	1	0.01%
Asian Sinhalese	2	0.02%
Asian Sri Lankan	2	0.02%
Asian Unspecified	7	0.06%
Black British	4	0.03%
Black Mixed	1	0.01%
Black Nigerian	33	0.26%
Black or Black British - African	523	4.14%
Black or Black British - Any other Black background	20	0.16%
Black or Black British - Caribbean	30	0.24%
Black Unspecified	1	0.01%
Chinese	63	0.50%
Filipino	62	0.49%
Malaysian	3	0.02%
Mixed - Any other mixed background	23	0.18%
Mixed - Asian & Chinese	3	0.02%
Mixed - Black & White	1	0.01%
Mixed - Other/Unspecified	23	0.18%
Mixed - White & Asian	52	0.41%
Mixed - White & Black African	52	0.41%
Mixed - White & Black Caribbean	21	0.17%

Not Stated	567	4.48%
Other Specified	3	0.02%
White - Any other White background	374	2.96%
White - British	8979	71.02%
White - Irish	74	0.59%
White Cypriot (non specific)	1	0.01%
White English	361	2.86%
White Greek	5	0.04%
White Italian	3	0.02%
White Mixed	2	0.02%
White Northern Irish	9	0.07%
White Other European	75	0.59%
White Other Ex-Yugoslav	2	0.02%
White Polish	63	0.50%
White Scottish	16	0.13%
White Serbian	1	0.01%
White Turkish	3	0.02%
White Unspecified	149	1.18%
White Welsh	4	0.03%
Grand Total	**12643**	**100.00%**

Care Group vs Employee Gender	Gender Headcount	Gender %
419 CG Cancer Specialist & Clinical Support Services Group	**2303**	**18.22%**
Female	1785	14.12%
Male	518	4.10%
419 CG Chairman & Chief Executives Office	**47**	**0.37%**
Female	38	0.30%
Male	9	0.07%
419 CG Chief Nurse Team	**155**	**1.23%**
Female	117	0.93%
Male	38	0.30%
419 CG Digital Information Services	**260**	**2.06%**
Female	137	1.08%
Male	123	0.97%
419 CG Family Health Care Group	**1563**	**12.36%**
Female	1468	11.61%
Male	95	0.75%
419 CG Medical Governance	**143**	**1.13%**
Female	104	0.82%
Male	39	0.31%
419 CG Medicine	**2578**	**20.39%**
Female	2018	15.96%
Male	560	4.43%
419 CG Operational Finance	**214**	**1.69%**

Female	128	1.01%
Male	86	0.68%
419 CG Operations Management	**264**	**2.09%**
Female	235	1.86%
Male	29	0.23%
419 CG Surgery	**1954**	**15.46%**
Female	1472	11.64%
Male	482	3.81%
419 CG Trust Estates & Facilities	**6**	**0.05%**
Female	5	0.04%
Male	1	0.01%
419 CG Workforce and Organisational Development	**1846**	**14.60%**
Female	1378	10.90%
Male	468	3.70%
419 LLP CG Estates & Facilities	**1310**	**10.36%**
Female	739	5.85%
Male	571	4.52%
Grand Total	**12643**	**100.00%**

Care Group vs Religion	Religious Belief Headcount	Religious Belief %
419 CG Cancer Specialist & Clinical Support Services Group	**2303**	**18.22%**
Atheism	481	3.80%
Buddhism	15	0.12%
Christianity	946	7.48%
Hinduism	23	0.18%
I do not wish to disclose my religion/belief	609	4.82%
Islam	55	0.44%
Judaism	2	0.02%
Other	168	1.33%
Sikhism	4	0.03%
419 CG Chairman & Chief Executives Office	**47**	**0.37%**
Atheism	11	0.09%
Buddhism	1	0.01%
Christianity	22	0.17%
I do not wish to disclose my religion/belief	10	0.08%
Other	3	0.02%
419 CG Chief Nurse Team	**155**	**1.23%**
Atheism	28	0.22%
Buddhism	2	0.02%
Christianity	84	0.66%
I do not wish to disclose my religion/belief	32	0.25%
Islam	1	0.01%
Other	8	0.06%
419 CG Digital Information Services	**260**	**2.06%**

Atheism	60	0.47%
Buddhism	1	0.01%
Christianity	96	0.76%
Hinduism	1	0.01%
I do not wish to disclose my religion/belief	83	0.66%
Islam	1	0.01%
Judaism	1	0.01%
Other	17	0.13%
419 CG Family Health Care Group	**1563**	**12.36%**
Atheism	329	2.60%
Buddhism	8	0.06%
Christianity	709	5.61%
Hinduism	12	0.09%
I do not wish to disclose my religion/belief	352	2.78%
Islam	26	0.21%
Judaism	2	0.02%
Other	123	0.97%
Sikhism	2	0.02%
419 CG Medical Governance	**143**	**1.13%**
Atheism	36	0.28%
Buddhism	3	0.02%
Christianity	55	0.44%
Hinduism	2	0.02%
I do not wish to disclose my religion/belief	30	0.24%
Islam	2	0.02%
Judaism	1	0.01%
Other	14	0.11%
419 CG Medicine	**2578**	**20.39%**
Atheism	371	2.93%
Buddhism	40	0.32%
Christianity	1238	9.79%
Hinduism	70	0.55%
I do not wish to disclose my religion/belief	575	4.55%
Islam	106	0.84%
Judaism	3	0.02%
Other	173	1.37%
Sikhism	2	0.02%
419 CG Operational Finance	**214**	**1.69%**
Atheism	50	0.40%
Christianity	86	0.68%
I do not wish to disclose my religion/belief	55	0.44%
Islam	9	0.07%
Other	13	0.10%
Sikhism	1	0.01%
419 CG Operations Management	**264**	**2.09%**
Atheism	53	0.42%

Buddhism	1	0.01%
Christianity	122	0.96%
I do not wish to disclose my religion/belief	66	0.52%
Other	22	0.17%
419 CG Surgery	**1954**	**15.46%**
Atheism	350	2.77%
Buddhism	7	0.06%
Christianity	820	6.49%
Hinduism	45	0.36%
I do not wish to disclose my religion/belief	545	4.31%
Islam	67	0.53%
Judaism	1	0.01%
Other	117	0.93%
Sikhism	2	0.02%
419 CG Trust Estates & Facilities	**6**	**0.05%**
Atheism	1	0.01%
Christianity	2	0.02%
I do not wish to disclose my religion/belief	1	0.01%
Other	2	0.02%
419 CG Workforce and Organisational Development	**1846**	**14.60%**
Atheism	353	2.79%
Buddhism	21	0.17%
Christianity	690	5.46%
Hinduism	24	0.19%
I do not wish to disclose my religion/belief	527	4.17%
Islam	88	0.70%
Jainism	1	0.01%
Judaism	3	0.02%
Other	133	1.05%
Sikhism	6	0.05%
419 LLP CG Estates & Facilities	**1310**	**10.36%**
Atheism	170	1.34%
Buddhism	4	0.03%
Christianity	558	4.41%
Hinduism	7	0.06%
I do not wish to disclose my religion/belief	455	3.60%
Islam	17	0.13%
Other	99	0.78%
Grand Total	**12643**	**100.00%**

Care Group vs Age Profile	Age Profile Headcount	Age Profile %
419 CG Cancer Specialist & Clinical Support Services Group	**2303**	**18.22%**
<=20 Years	15	0.12%
21-25	144	1.14%

26-30	247	1.95%
31-35	298	2.36%
36-40	319	2.52%
41-45	308	2.44%
46-50	265	2.10%
51-55	272	2.15%
56-60	230	1.82%
61-65	171	1.35%
66-70	25	0.20%
>=71 Years	9	0.07%
419 CG Chairman & Chief Executives Office	**47**	**0.37%**
26-30	7	0.06%
31-35	3	0.02%
36-40	5	0.04%
41-45	9	0.07%
46-50	4	0.03%
51-55	5	0.04%
56-60	8	0.06%
61-65	4	0.03%
66-70	2	0.02%
419 CG Chief Nurse Team	**155**	**1.23%**
21-25	1	0.01%
26-30	6	0.05%
31-35	14	0.11%
36-40	14	0.11%
41-45	25	0.20%
46-50	24	0.19%
51-55	26	0.21%
56-60	31	0.25%
61-65	11	0.09%
66-70	1	0.01%
>=71 Years	2	0.02%
419 CG Digital Information Services	**260**	**2.06%**
21-25	9	0.07%
26-30	25	0.20%
31-35	34	0.27%
36-40	31	0.25%
41-45	33	0.26%
46-50	27	0.21%
51-55	42	0.33%
56-60	29	0.23%
61-65	27	0.21%
66-70	2	0.02%
>=71 Years	1	0.01%
419 CG Family Health Care Group	**1563**	**12.36%**
<=20 Years	3	0.02%

21-25	110	0.87%
26-30	169	1.34%
31-35	222	1.76%
36-40	214	1.69%
41-45	204	1.61%
46-50	170	1.34%
51-55	190	1.50%
56-60	161	1.27%
61-65	101	0.80%
66-70	14	0.11%
>=71 Years	5	0.04%
419 CG Medical Governance	**143**	**1.13%**
<=20 Years	1	0.01%
21-25	9	0.07%
26-30	25	0.20%
31-35	18	0.14%
36-40	21	0.17%
41-45	10	0.08%
46-50	16	0.13%
51-55	23	0.18%
56-60	14	0.11%
61-65	5	0.04%
66-70	1	0.01%
419 CG Medicine	**2578**	**20.39%**
<=20 Years	33	0.26%
21-25	248	1.96%
26-30	387	3.06%
31-35	453	3.58%
36-40	327	2.59%
41-45	262	2.07%
46-50	273	2.16%
51-55	249	1.97%
56-60	197	1.56%
61-65	115	0.91%
66-70	26	0.21%
>=71 Years	8	0.06%
419 CG Operational Finance	**214**	**1.69%**
<=20 Years	1	0.01%
21-25	9	0.07%
26-30	13	0.10%
31-35	33	0.26%
36-40	17	0.13%
41-45	27	0.21%
46-50	21	0.17%
51-55	40	0.32%
56-60	35	0.28%

61-65	17	0.13%
66-70	1	0.01%
419 CG Operations Management	**264**	**2.09%**
<=20 Years	1	0.01%
21-25	8	0.06%
26-30	23	0.18%
31-35	36	0.28%
36-40	29	0.23%
41-45	22	0.17%
46-50	27	0.21%
51-55	44	0.35%
56-60	45	0.36%
61-65	27	0.21%
66-70	1	0.01%
>=71 Years	1	0.01%
419 CG Surgery	**1954**	**15.46%**
<=20 Years	22	0.17%
21-25	161	1.27%
26-30	252	1.99%
31-35	294	2.33%
36-40	221	1.75%
41-45	224	1.77%
46-50	205	1.62%
51-55	220	1.74%
56-60	199	1.57%
61-65	131	1.04%
66-70	20	0.16%
>=71 Years	5	0.04%
419 CG Trust Estates & Facilities	**6**	**0.05%**
26-30	1	0.01%
31-35	2	0.02%
41-45	1	0.01%
46-50	2	0.02%
419 CG Workforce and Organisational Development	**1846**	**14.60%**
<=20 Years	51	0.40%
21-25	207	1.64%
26-30	303	2.40%
31-35	355	2.81%
36-40	197	1.56%
41-45	167	1.32%
46-50	136	1.08%
51-55	124	0.98%
56-60	125	0.99%
61-65	127	1.00%
66-70	42	0.33%
>=71 Years	12	0.09%

419 LLP CG Estates & Facilities	**1310**	**10.36%**
<=20 Years	28	0.22%
21-25	63	0.50%
26-30	93	0.74%
31-35	118	0.93%
36-40	145	1.15%
41-45	144	1.14%
46-50	126	1.00%
51-55	165	1.31%
56-60	204	1.61%
61-65	171	1.35%
66-70	42	0.33%
>=71 Years	11	0.09%
Grand Total	**12643**	**100.00%**

Care Group vs Sexual Orientation	Sexual Orientation Headcount	Sexual Orientation %
419 CG Cancer Specialist & Clinical Support Services Group	**2303**	**18.22%**
Bisexual	43	0.34%
Gay or Lesbian	49	0.39%
Heterosexual or Straight	1725	13.64%
Not stated (person asked but declined to provide a response)	468	3.70%
Other sexual orientation not listed	10	0.08%
Undecided	8	0.06%
419 CG Chairman & Chief Executives Office	**47**	**0.37%**
Bisexual	2	0.02%
Gay or Lesbian	1	0.01%
Heterosexual or Straight	41	0.32%
Not stated (person asked but declined to provide a response)	3	0.02%
419 CG Chief Nurse Team	**155**	**1.23%**
Bisexual	2	0.02%
Gay or Lesbian	5	0.04%
Heterosexual or Straight	127	1.00%
Not stated (person asked but declined to provide a response)	20	0.16%
Other sexual orientation not listed	1	0.01%
419 CG Digital Information Services	**260**	**2.06%**
Bisexual	8	0.06%
Gay or Lesbian	8	0.06%
Heterosexual or Straight	181	1.43%

Not stated (person asked but declined to provide a response)	63	0.50%
419 CG Family Health Care Group	**1563**	**12.36%**
Bisexual	29	0.23%
Gay or Lesbian	25	0.20%
Heterosexual or Straight	1239	9.80%
Not stated (person asked but declined to provide a response)	266	2.10%
Other sexual orientation not listed	3	0.02%
Undecided	1	0.01%
419 CG Medical Governance	**143**	**1.13%**
Bisexual	7	0.06%
Gay or Lesbian	6	0.05%
Heterosexual or Straight	111	0.88%
Not stated (person asked but declined to provide a response)	19	0.15%
419 CG Medicine	**2578**	**20.39%**
Bisexual	40	0.32%
Gay or Lesbian	40	0.32%
Heterosexual or Straight	2020	15.98%
Not stated (person asked but declined to provide a response)	475	3.76%
Other sexual orientation not listed	1	0.01%
Undecided	2	0.02%
419 CG Operational Finance	**214**	**1.69%**
Bisexual	3	0.02%
Gay or Lesbian	3	0.02%
Heterosexual or Straight	166	1.31%
Not stated (person asked but declined to provide a response)	40	0.32%
Other sexual orientation not listed	2	0.02%
419 CG Operations Management	**264**	**2.09%**
Bisexual	3	0.02%
Gay or Lesbian	3	0.02%
Heterosexual or Straight	213	1.68%
Not stated (person asked but declined to provide a response)	45	0.36%
419 CG Surgery	**1954**	**15.46%**
Bisexual	14	0.11%
Gay or Lesbian	23	0.18%
Heterosexual or Straight	1448	11.45%
Not stated (person asked but declined to provide a response)	464	3.67%
Other sexual orientation not listed	2	0.02%
Undecided	3	0.02%
419 CG Trust Estates & Facilities	**6**	**0.05%**

Heterosexual or Straight	5	0.04%
Not stated (person asked but declined to provide a response)	1	0.01%
419 CG Workforce and Organisational Development	**1846**	**14.60%**
Bisexual	44	0.35%
Gay or Lesbian	39	0.31%
Heterosexual or Straight	1338	10.58%
Not stated (person asked but declined to provide a response)	418	3.31%
Other sexual orientation not listed	3	0.02%
Undecided	4	0.03%
419 LLP CG Estates & Facilities	**1310**	**10.36%**
Bisexual	11	0.09%
Gay or Lesbian	18	0.14%
Heterosexual or Straight	957	7.57%
Not stated (person asked but declined to provide a response)	319	2.52%
Other sexual orientation not listed	1	0.01%
Undecided	4	0.03%
Grand Total	**12643**	**100.00%**

Care Group vs Disability	Disability Headcount	Disability %
419 CG Cancer Specialist & Clinical Support Services Group	**2303**	**18.22%**
No	1749	13.83%
Not Declared	404	3.20%
Yes	150	1.19%
419 CG Chairman & Chief Executives Office	**47**	**0.37%**
No	42	0.33%
Not Declared	3	0.02%
Yes	2	0.02%
419 CG Chief Nurse Team	**155**	**1.23%**
No	123	0.97%
Not Declared	19	0.15%
Yes	13	0.10%
419 CG Digital Information Services	**260**	**2.06%**
No	175	1.38%
Not Declared	60	0.47%
Yes	25	0.20%
419 CG Family Health Care Group	**1563**	**12.36%**
No	1277	10.10%
Not Declared	182	1.44%
Yes	104	0.82%

419 CG Medical Governance	**143**	**1.13%**
No	115	0.91%
Not Declared	20	0.16%
Yes	8	0.06%
419 CG Medicine	**2578**	**20.39%**
No	2095	16.57%
Not Declared	362	2.86%
Yes	121	0.96%
419 CG Operational Finance	**214**	**1.69%**
No	160	1.27%
Not Declared	37	0.29%
Yes	17	0.13%
419 CG Operations Management	**264**	**2.09%**
No	209	1.65%
Not Declared	40	0.32%
Yes	15	0.12%
419 CG Surgery	**1954**	**15.46%**
No	1538	12.16%
Not Declared	317	2.51%
Yes	99	0.78%
419 CG Trust Estates & Facilities	**6**	**0.05%**
No	5	0.04%
Not Declared	1	0.01%
419 CG Workforce and Organisational Development	**1846**	**14.60%**
No	1497	11.84%
Not Declared	241	1.91%
Yes	108	0.85%
419 LLP CG Estates & Facilities	**1310**	**10.36%**
No	1177	9.31%
Not Declared	65	0.51%
Yes	68	0.54%
Grand Total	**12643**	**100.00%**

Care Group vs Ethnic Group	Ethnicity Group Headcount	Ethnicity Group %
419 CG Cancer Specialist & Clinical Support Services Group	**2303**	**18.22%**
BME	259	2.05%
Not Stated	77	0.61%
White	1967	15.56%
419 CG Chairman & Chief Executives Office	**47**	**0.37%**

BME	1	0.01%
Not Stated	2	0.02%
White	44	0.35%
419 CG Chief Nurse Team	**155**	**1.23%**
BME	7	0.06%
Not Stated	3	0.02%
White	145	1.15%
419 CG Digital Information Services	**260**	**2.06%**
BME	16	0.13%
Not Stated	6	0.05%
White	238	1.88%
419 CG Family Health Care Group	**1563**	**12.36%**
BME	109	0.86%
Not Stated	35	0.28%
White	1419	11.22%
419 CG Medical Governance	**143**	**1.13%**
BME	11	0.09%
Not Stated	5	0.04%
White	127	1.00%
419 CG Medicine	**2578**	**20.39%**
BME	712	5.63%
Not Stated	112	0.89%
White	1754	13.87%
419 CG Operational Finance	**214**	**1.69%**
BME	15	0.12%
Not Stated	2	0.02%
White	197	1.56%
419 CG Operations Management	**264**	**2.09%**
BME	6	0.05%
Not Stated	6	0.05%
White	252	1.99%
419 CG Surgery	**1954**	**15.46%**
BME	385	3.05%
Not Stated	109	0.86%
White	1460	11.55%
419 CG Trust Estates & Facilities	**6**	**0.05%**
White	6	0.05%
419 CG Workforce and Organisational Development	**1846**	**14.60%**
BME	354	2.80%
Not Stated	146	1.15%
White	1346	10.65%
419 LLP CG Estates & Facilities	**1310**	**10.36%**
BME	80	0.63%
Not Stated	64	0.51%
White	1166	9.22%

Grand Total	12643	100.00%

Care Group vs Marital Status	Marital Status Headcount	Marital Status %
419 CG Cancer Specialist & Clinical Support Services Group	**2303**	**18.22%**
Civil Partnership	33	0.26%
Divorced	145	1.15%
Legally Separated	17	0.13%
Married	1173	9.28%
Single	823	6.51%
Unknown	92	0.73%
Widowed	20	0.16%
419 CG Chairman & Chief Executives Office	**47**	**0.37%**
Divorced	3	0.02%
Married	32	0.25%
Single	12	0.09%
419 CG Chief Nurse Team	**155**	**1.23%**
Civil Partnership	1	0.01%
Divorced	12	0.09%
Legally Separated	1	0.01%
Married	102	0.81%
Single	29	0.23%
Unknown	8	0.06%
Widowed	2	0.02%
419 CG Digital Information Services	**260**	**2.06%**
Civil Partnership	3	0.02%
Divorced	15	0.12%
Legally Separated	2	0.02%
Married	136	1.08%
Single	91	0.72%
Unknown	9	0.07%
Widowed	4	0.03%
419 CG Family Health Care Group	**1563**	**12.36%**
Civil Partnership	21	0.17%
Divorced	125	0.99%
Legally Separated	10	0.08%
Married	849	6.72%
Single	504	3.99%
Unknown	45	0.36%
Widowed	9	0.07%
419 CG Medical Governance	**143**	**1.13%**
Civil Partnership	2	0.02%
Divorced	14	0.11%

Legally Separated	1	0.01%
Married	64	0.51%
Single	55	0.44%
Unknown	7	0.06%
419 CG Medicine	**2578**	**20.39%**
Civil Partnership	38	0.30%
Divorced	133	1.05%
Legally Separated	22	0.17%
Married	1262	9.98%
Single	1001	7.92%
Unknown	100	0.79%
Widowed	22	0.17%
419 CG Operational Finance	**214**	**1.69%**
Divorced	18	0.14%
Legally Separated	1	0.01%
Married	116	0.92%
Single	68	0.54%
Unknown	7	0.06%
Widowed	4	0.03%
419 CG Operations Management	**264**	**2.09%**
Civil Partnership	5	0.04%
Divorced	27	0.21%
Legally Separated	2	0.02%
Married	135	1.07%
Single	82	0.65%
Unknown	11	0.09%
Widowed	2	0.02%
419 CG Surgery	**1954**	**15.46%**
Civil Partnership	22	0.17%
Divorced	100	0.79%
Legally Separated	18	0.14%
Married	1035	8.19%
Single	688	5.44%
Unknown	81	0.64%
Widowed	10	0.08%
419 CG Trust Estates & Facilities	**6**	**0.05%**
Divorced	1	0.01%
Married	1	0.01%
Single	4	0.03%
419 CG Workforce and Organisational Development	**1846**	**14.60%**
Civil Partnership	22	0.17%
Divorced	96	0.76%
Legally Separated	17	0.13%
Married	746	5.90%
Single	848	6.71%

Unknown	100	0.79%
Widowed	17	0.13%
419 LLP CG Estates & Facilities	**1310**	**10.36%**
Civil Partnership	53	0.42%
Divorced	104	0.82%
Legally Separated	22	0.17%
Married	542	4.29%
Single	481	3.80%
Unknown	92	0.73%
Widowed	16	0.13%
Grand Total	**12643**	**100.00%**

Appendix 2: Patient Equality Monitoring Information

Sex

Financial Year	2023-24

Row Labels	Sum of Patient Count
Female	58321
Male	52018
Not Known	3
Not Specified	5
Grand Total	**110347**

Ethnicity

Financial Year	2023-24

Row Labels	Sum of No of Patients
British	50325
Unknown	44828
Not stated	7282
Any other White background	6232
Any other ethnic group	350
Indian	233
Any other Asian background	171
African	165
Irish	164
White and Asian	148
Any other mixed background	144
Chinese	127
Bangladeshi	93
White and Black African	91
White and Black Caribbean	91
Pakistani	63
Any other Black background	39
Caribbean	14
Grand Total	**110560**

Report to:	Board of Directors
Date of Meeting:	25th June 2025
Subject:	YTHFM Health & Safety Policy
Director Sponsor:	Chris Norman, Managing Director
Author:	Norman Elliott, Deputy Safety Manager Penny Gilyard, Director of Resources

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

Approve ☒ Discuss ☐ Assurance ☐ Information ☐ Regulatory Requirement ☐

Trust Objectives

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

Board Assurance Framework

☐ Effective Clinical Pathways
☐ Trust Culture
☐ Partnerships
☐ Transformative Services
☐ Sustainability Green Plan
☐ Financial Balance
☒ Effective Governance

Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*

☐ Yes

☐ No

☒ Not Applicable

Executive Summary:

To present the revised YTHFM Health & Safety Policy to Board of Directors for approval which are a matter reserved for the Board of Directors in line with the Scheme of Delegations.

The Policy has recently been reviewed in line with governance arrangements and is now presented for approval. The Policy has been through its consultation route and has been approved by the YTHFM Management Group and Executive Committee.

The main changes are set out at page 2 of the Policy and in the main relate to having a new Chair and Managing Director. The Estates Compliance position is removed as

Daniel Emmott is now the Operational Head of the Estates which is covered under a different role section. In relation to section 4.11 responsibilities are improved in relation to Construction Design Management Regulations 2015 (CDM). The EIA is not changed.
Recommendation: The Board of Directors is asked to note and approve the YTHFM Health & Safety Policy which is a matter reserved for the Board of Directors in line with the Scheme of Delegations.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting) No ☐ Yes ☐
(If yes, please detail the specific grounds for exemption)

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

Meeting/Engagement	Date	Outcome/Recommendation
Management Group	April 2025	Approved
Executive Committee	June 2025	Approved

NHS
York Teaching Hospital
Facilities Management

Reference:

Health and Safety Policy

Version: 4.1

Summary	This policy sets out the health and safety responsibilities and arrangements for York Teaching Hospital Facilities Management LLP	
Keywords	Policy, Health & Safety	
Target audience	All YTHFM staff, contractors, sub-contractors, visitors, volunteers, and others employed in delivering a service to YTHFM. (This includes contractors/suppliers providing demonstrations and trials)	
Date issued	May 2025	
Approved & Ratified by	YTHFM Management Group Executive Committee Y&STHNHSFT Board of Directors	**Date of meeting:** **1st May 2025** **4th June 2025** **25th June 2025**
Next review date	April 2026	
Author	Norman Elliott (Health & Safety Manager and Training Lead) Penny Gilyard (Director of Resources)	
Executive Director	Dawn Parkes – Chief Nurse	

Version Control

Change Record

Date	Author	Version	Page	Reason for Change
1st Sep 2018	Brian Golding	1.0	All	Development and update of policy
1st Apr 2022	Penny Gilyard & Norman Elliott	1.4	All	Updated to current arrangements
10th Jan 2023	Norman Elliott & Penny Gilyard	2.0	All	Policy transferred to new policy format including new sections 10 & 13 along with some minor grammatical changes, a new acting chair, and an update to the responsibilities of the Director of Property and Asset Management.
2nd Jan 2024	Norman Elliott	3.0	All	Change in Executive Director and annual review 4.7 changed to Estates Compliance Manager
10th April 2025	Norman Elliott	4.0	All	Full review Managing Director changed. 4.7 removed as now covered under Heads of service
23rd April 2025	Norman Elliott	4.1	Sec 4.11	CDM Regulation responsibilities added

Reviewers/Contributors

Name	Position	Version Reviewed & Date
Brian Golding	Director of Estates	1.1 22nd Aug 2019
John Dickinson	Assistant Head of Estates Operations	1.2 17th Nov 2020
Penny Gilyard	Director of Resources	1.3 22nd Feb 2021
Penny Gilyard	Director of Resources	1.4 1st Apr 2022
Norman Elliott & Penny Gilyard	Health and Safety manager Director of Resources	2.0 10th Jan 2023
Norman Elliott	Deputy Head of safety	3 2nd Jan 2024
Norman Elliott	Deputy Head of safety	4 10th April 2025
Paul Johnson	Assistant Head of Estates	4.1 23rd April 2025

Contents

1. Policy Statement

1.1 York Teaching Hospital Facilities Management LLP[1] (YTHFM) recognises its responsibilities in ensuring the health, safety, and wellbeing of all our employees, customers[2], contractors, volunteers and visitors and is committed to ensuring the highest standards of health, safety and welfare in all aspects of the business.

1.2 YTHFM accepts responsibility as an employer, for the duties placed upon it by the Health and Safety at Work etc. Act 1974 and other related legislation. YTHFM recognises by doing so it provides, not just legal and financial assurance, but a moral obligation as the right thing to do which is viewed as critical to our continued success.

1.3 YTHFM operates a systematic approach to the identification of hazards and the management of risk within its operations, in line with York and Scarborough Teaching Hospitals NHS Foundation Trust Policy (Y&STHNHSFT), in supporting wider Trust and NHS overall strategy.

1.4 YTHFM will ensure statutory compliance is maintained as a minimum standard and strive for continual improvement by:

- Meeting all relevant legal requirements relevant to safety by ensuring health and safety management is integral to YTHFM activities.
- As reasonably practicable adoption of best practice in all aspects of safety at work.
- Adequately control health and safety risk arising from work activities.
- Consult with employees and their representatives on health and safety matters.
- Provide and safely maintain plant and equipment.
- Ensure the safe use, handling and storage of identified hazardous substances.
- Provide as appropriate, suitable information, instruction, training and supervision of employees, contractors, sub-contractors, (including those who carry out product/service/equipment demonstrations on site) and others who may be affected by work activities.
- Seek to prevent occurrences of work-related accidents or ill-health.
- Maintenance of safe and healthy working conditions.
- Cooperate with others involved in work activities to help ensure the health, safety and welfare of all concerned.
- Implement a 'No Blame Culture' to move forward positively.
- Follow appropriate procurement policies to ensure that only competent contractors and suppliers are engaged by YTHFM.
- Strive to continually improve health, safety and welfare performance, taking a proactive approach to health & safety and the provision of adequate resources to achieve this.
- Monitor, audit and review YTHFM safety policy and procedures at regular and prescribed intervals.

1.5 This policy statement will be reviewed annually as part of the management review process and communicated to all employees.

Chris Norman	**Julie Charge**
Managing Director York Teaching Hospital Facilities Management LLP	Chair- Management Group York Teaching Hospital Facilities Management LLP
Date:	Date:

[1] A Limited Liability Partnership and wholly owned subsidiary of York and Scarborough Teaching Hospitals NHS Foundation Trust.
[2] Customers include patients and service users in healthcare settings.

2. Introduction

2.1 YTHFM provides high quality Estates and Facilities Management (including but not limited to maintenance, Capital planning, engineering, security, cleaning, grounds, catering, and energy) services, primarily to Y&STHNHSFT and our clients in the UK. Our aim is to deliver a proactive, positive, and inclusive working environment to meet our vision of excellence in health, safety and welfare to our employees and others who may be affected by our work activities. We will ensure our responsibilities for health and safety are clearly understood and communicated and provide an environment that values and encourages the highest standards of safety performance and service.

3. Scope

3.1 This Health and Safety Policy applies to all employees of YTHFM, contractors, sub-contractors, visitors, volunteers, and others employed in delivering a service to YTHFM. This includes those who carry out product/service/equipment demonstrations and trials on site.

4. Accountabilities and Responsibilities

4.1 The Management Group (YTHFM)

The Management Group are responsible for setting the strategic direction, policies, and objectives for health & safety. The Management Group will ensure this is discharged through a delegated structure, ensuring the necessary support and resources are made available to allow for effective implementation of this policy.

4.2 Managing Director YTHFM

The Managing Director holds ultimate responsibility for the adherence to health and safety legislation within YTHFM and is accountable for the establishment and adherence of health and safety policies and procedures within the organisation. In the event of the Managing Director's absence, a Management Group nominated Director will take up these responsibilities.

4.3 Directors and Heads of Service YTHFM

Directors and Heads of Service are to have active involvement in the management of health and safety in their areas of control and collective responsibility for health, safety, and welfare in the organisation. They are responsible for the safety of their staff, the activities in their charge and provide leadership by example by proactively promoting a positive attitude and safety culture. The Head of Operational Estates has responsibility for ensuring the Control of Contractors Policy and Procedure and safe systems of work are in place and being adhered to within YTHFM in compliance with current legislation, regulations, and good practice.

4.4 Managers and Supervisors YTHFM

Managers and Supervisors are responsible for the impact of the overall health, safety and risk in their departments relating to staff, patients, contractors, and visitors. It is their responsibility to ensure health, safety and risk is effectively managed in their areas of control. They are expected to promote a high degree of health and safety awareness amongst all their teams and work in collaboration with, Heads of Service and Directors in the development of health & safety policies and procedures.

4.5 Head of Safety & Security (Y&STHNHSFT)

The Trust's Head of Safety and Security oversees the provision of competent advice as required to assist in developing, implementing, and maintaining measures to comply with relevant statute, YTHFM policy, Y&STHNHSFT and NHS policy and strategy. Y&STHNHSFT

will ensure that the appropriate support and resource is allocated to YTHFM for relevant health and safety management.

4.6 Y&STHNHSFT Health and Safety Manager

The Health and Safety Manager is appointed to provide competent advice and, as required, to assist in developing, implementing, and maintaining measures to comply with relevant statute, YTHFM and wider Y&STHNHSFT and NHS policy and strategy.

4.7 Specialist / Competent Advisors YTHFM

YTHFM has in place, appointed / responsible specific topic experts. This expertise will be supported by a Competency Training Matrix, which will assist those individuals with carrying out their fiduciary duty of YTHFM Health and Safety obligations in the roles. This will be continuously reviewed to consider legislation and industry best practice. These Specialist / Competent advisors will provide YTHFM with unbiased and balanced advice in their field of specialism, supported by the training they have undertaken.

4.8 Employee Safety Representatives

YTHFM promotes active involvement and encourages appointed Trade Union employee safety representatives to represent their members on health and safety issues. Employee safety representatives are to be involved in discussions regarding employee health, safety and welfare issues as required by statute.

4.9 All YTHFM Employees[3]

All employees, including work experience, agency, and temporary staff within YTHFM are required to accept responsibility for carrying out and adhering to the health and safety polices of the organisation. All employees are to comply with their duties set out in the Health and Safety at Work etc. Act 1974 by taking reasonable care for themselves and others who may be affected by their acts or omissions. Employees are accountable to their line managers and assist towards making YTHFM a safe and healthy organisation in which to work. In all cases, failure to comply with health and safety responsibilities could result in disciplinary action being taken as set out in the Disciplinary Policy and Procedure.

4.10 Employees are to inform YTHFM management of any potential shortcomings in employer's protection arrangements at the earliest opportunity using the appropriate medium to engage with YTHFM.

4.11 Contractors, Consultants and Visitors Responsibilities

Any person who is not directly employed by YTHFM but is undertaking work on its behalf, must not act in a manner that is prejudicial to the safety of others whilst conducting their work and to observe YTHFM Health and Safety Policy and procedures. No contractor (this includes product/service/equipment demonstrations and trials) is to work on the client's premises unless they follow the Control of Contractors Policy, and the correct type of method statement and/or risk assessment has been completed and agreed by the relevant manager as per the Control of Contractors Policy. If work to be undertaken is particularly hazardous, this must not commence until the appropriate permit to work is obtained from the appropriate relevant source/manager.

For work that falls under The Construction (Design Management) Regulations 2015 (CDM), the Principal Contractor will have primary responsibility for Health & Safety during the construction phase of a project within the construction area. The YTHFM, acting as the Client under the CDM regulations, will be responsible for monitoring the Health & Safety performance of the Principal Contractor and ensuring that the Construction Phase Plan is followed.

[3] As defined in the Health and Safety at Work etc. Act 74, section 7 and Management of Health and Safety at Work Regulations 99, regulation 14

5. Policy Arrangements

5.1 This policy will be delivered by:

- Ensuring as a minimum, the requirements defined in this policy are met, and as a wholly owned subsidiary of Y&STHNHSFT following and complying with wider corporate Trust policy, procedures, and arrangements in place to ensure work activities are carried out safely.
- Ensuring compliance with all service level agreements with the Trust and meeting agreed key performance indicators.
- YTHFM has in place robust governance arrangements and structures to effectively manage business process including safety.
- Ensuring competent advice on related estates and facilities topics, appropriate arrangements are developed as required and are in place to fulfil YTHFM and Trust statutory duties and associated NHS guidance.
- Where YTHFM is required to carry out work activity, for customers other than the Trust, YTHFM shall, in consultation and conjunction with the Trust, develop our own specific or additional policy, procedure or arrangements that will ensure customers are provided with assurance of YTHFM safety credentials and that these arrangements are not in conflict with Trust policy.

6. Policy Distribution

6.1 This policy will be implemented throughout YTHFM and will be available via:

- Group Intranet
- Toolbox talks
- Notice boards
- Forms part of the agreed YTHFM induction training programme.
- Staff Bulletin, news for YTHFM staff

7. Main Policy References

- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended)4 .
- The Construction (Design Management) Regulations 2015

8. Training

8.1 The contents of this policy form part of the mandatory health & safety training delivered at induction and in refresher courses.

9. Equality Impact Assessment

9.1 A copy of the Equality Impact Assessment for this policy is at Appendix A.

10. Definitions

Term	Definition
Y&STHNHSFT	York and Scarborough Teaching Hospitals NHS Foundation Trust
YTHFM (LLP)	York Teaching Hospital Facilities Management LLP
EPAM	Executive Performance Assurance Meeting

11. Consultation and Approval Process

11.1 The list below details the consultation, and approval process. The Y&STHNHSFT Board of Directors is to finally approve this Policy as a reserved matter.

Group	Consultation, information, or approval
Y&STHNHSFT Board of Directors	Approval
YTHFM Management Group	Approval
YTHFM Senior Leadership team	Consultation
YTHFM Operational Management Group	Consultation
YTHFM Staff Side Safety representatives	Consultation
Group Health & Safety Committee	Information
Group JNCC	Information

12. Document Control including Archiving

12.1 The register and archiving arrangements for policies will be managed by the YTHFM.

13. Monitoring Compliance

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Key performance Indicators	YTHFM Operational Management Meeting	In line with the Master Service Agreement	Monthly	Via reporting on compliance and safety performance

14. Document review

14.1 The date of review is given on the front coversheet of this policy and noted in the footer of each page (this document is not controlled once printed; please ensure any printed copy is checked against Staff Room).

14.2 The policy will be reviewed on an annual basis or earlier if subject to legislative changes.

Equality Impact Assessment Tool **Appendix A**

Name of Policy:	**YTHFM Health and Safety Policy**

1.	**What are the intended outcomes of this work?** The policy sets out the process for the YTHFM for effective health and safety management across all sites.	
2	**Who will be affected?** All YTHFM staff, temporary staff, contractors, including subcontractors and those carrying out demonstrations, visitors, patients and public etc. to the Trust and other customers.	
3	**What evidence have you considered?** Legislative compliance and OH&S guidance.	
a	**Disability -** The policy is inclusive	
b	**Sex -** The policy is inclusive	
c	**Race** - The policy is inclusive	
d	**Age.** - The policy is inclusive	
e	**Gender Reassignment** - The policy is inclusive	
f	**Sexual Orientation -** The policy is inclusive	
g	**Religion or Belief -** The policy is inclusive	
h	**Pregnancy and Maternity -** The policy is inclusive	
i	**Carers -** The policy is inclusive	
j	**Other Identified Groups** -The policy is inclusive	
4.	**Engagement and Involvement** The policy is inclusive	
a.	Was this work subject to consultation?	See below
b.	How have you engaged stakeholders in constructing the policy	See below
c.	If so, how have you engaged stakeholders in constructing the policy	See below
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs. Engagement and involvement of the development of the policy has included relevant YTHFM staff and relevant Trust Lead for health and safety.	
5.	**Consultation Outcome** The policy references and meets the requirements of the Policy for the Development and Management of Policies and relevant legislation. *Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups*	
a	Eliminate discrimination, harassment and victimisation	The policy is inclusive
b	Advance Equality of Opportunity	The policy is inclusive
c	Promote Good Relations Between Groups	The policy is inclusive
d	What is the overall impact?	The policy is inclusive
	Name of the Person who carried out this assessment: Penny Gilyard (Director Resources)	
	Date Assessment Completed 14th January 2024	
	Name of responsible Director (YTHFM) Penny Gilyard, Director of Resources.	

If you have identified a potential discriminatory impact of this procedural document, please advise the Director of Resources together with any suggestions as to the action required to avoid/reduce this impact.