NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Annual Report and Accounts 2024/25

York and Scarborough Teaching Hospitals NHS Foundation Trust

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This Annual Report and Accounts have been prepared on a Group basis and include references to York Teaching Hospital Facilities Management Limited Liability Partnership which is a subsidiary of the Trust.

Statement from Trust Chair

It is my pleasure and privilege to introduce our Annual Report which reflects the activities of the Trust during my first full year as Chair of the Trust, having started in November 2023.

In June 2023 the Trust received a poor and concerning CQC report. I am delighted that the Trust has completed all of the "Must Do" requirements and almost all of the "Should Do's". In January 2025 the CQC carried out an unannounced inspection of our Urgent and Emergency care services including medical admission wards, which also included Inspectors observing our Board meeting that took place in March 2025. At the time of writing this introduction, the Trust is waiting to receive a draft report of the inspection for factual accuracy checking following which the CQC will publish the final version of the report.

The Trust's underlying financial challenges have continued to be a focus of attention. The Trust achieved its biggest ever financial improvement of some £40million, but despite that the Trust needed financial support from Humber and North Yorkshire Integrated Care Board to end the year in financial balance. In my introduction to last year's Annual Report, I wrote "the scale of the financial challenge in 2024/25 is the most severe I have known in my 50th year of serving the NHS". I am now in my 51st year and the financial challenge for the Trust in 2025/26 year is even greater!!!

Last year I also commented on the seriously concerning annual staff survey results, but despite the various initiatives, the 2024 results had deteriorated further, especially on the crucial metric of "staff engagement". As Chair of the Board of Directors, I can only apologise to colleagues for the further deterioration. I have spent time reflecting on what I can do differently as Chair and the Board can do differently to improve what it feels like to work in the Trust. The Board fully acknowledge the gravity of how colleagues are feeling and the need for an effective action/improvement plan. Through our actions and behaviours, we have to ensure that 2024 was the last year of decline.

The urgent and emergency care needs of our population have continued to grow, challenging the capacity the Trust has to provide a smooth, speedy service. Too often patients experience long delays in being admitted to a ward due to an insufficient number of available beds at any one time. This causes overcrowding in our Emergency Departments. Despite this there have been recent improvements in reducing delays in ambulance crews being able to handover patients to ED staff. A significant root cause in the delay many patients experience in receiving social care when they no longer need hospital-based treatment. This includes care homes, support for people returning to their own home and accessing nursing homes. The Trust continues to work very closely with the local authorities in our area and other partners in the Integrated Care System to reduce delays.

The long awaited opening of the fantastic new £50million Urgent and Emergency Care Centre at Scarborough Hospital will take place in the first week of May 2025 following many trials and tribulations which caused delays to the original opening scheduled several months previously. I am very confident that this new facility will have a very positive transformational impact for patients and colleagues who work there.

Good progress has continued to be made with reducing waiting times for diagnostic tests, out-patient appointments, elective surgery and treating patients with cancer diagnosis within 62 days. The Trust

will continue to strive to make further improvements to reduce waiting times for all services edging closer to achieve NHS Constitutional Standards.

I am conscious that most of my introduction has focussed on the challenges the Trust continues to face. But this belies the fact that our colleagues work incredibly hard to provide the best service and quality of care they can, whether working directly with patients or in support roles behind the scenes. Healthcare is all about teamwork, every one of our 10,000 colleagues has a valuable role. In this annual report there are very good examples of terrific work carried out each and every day. I pay tribute to our colleagues for their commitment, skill and resilience in often difficult circumstances. I want to also pay tribute to the Trust's Council of Governors for their help, support and advice, and the important support provided by our 200 plus volunteers.

The support and help of the various voluntary sector organisations with which the Trust works and of course our local authority partners, primary care partners, and Humber and North Yorkshire Integrated Care Board has and will continue to be invaluable for the Trust to make year on year improvements.

Martin Barkley

Chair, York and Scarborough Teaching Hospitals NHS Foundation Trust
June 2025

Part 1
Performance Report

2024/2025

Statement from Trust Chief Executive

Welcome to our annual report and accounts for 2024/25.

As anticipated, this year has been an incredibly challenging one, both operationally and financially, as we work to deliver national performance and quality standards and continue on our journey to recover from the impact of the pandemic.

In relation to planned care, we are making progress in reducing waiting times for appointments, surgery and diagnostics although some specialties remain challenged. We're also improving against the national cancer standards.

On urgent and emergency care, we continue to see increasingly complex patients requiring our services and the four-hour emergency care standard continues to challenge us. However, we saw improvements in the final quarter of the year with ambulance handover times and time to assessment, despite a month-on-month increase in ambulance arrivals.

As stated in my report last year, the financial environment we have been operating in has been the most pressured we have faced. It is therefore an incredible achievement to end the financial year with a small surplus of £9,000, after taking into account the support funding that has come in during the year. Nonetheless, this level of savings requirement is set to continue into the coming year, which will continue to test us in terms of how we best use our resources.

With these performance and resourcing challenges in mind, improving the safety and quality of our services remains a key priority. In June 2023 the Care Quality Commission (CQC) published its report into Emergency and Urgent Care, Medicine and Maternity in both York and Scarborough hospitals, and looked at the 'well-led' key question for the Trust overall, giving an overall rating of Requires Improvement.

In January 2025 the CQC returned to the Trust to carry out an unannounced reinspection of Urgent Care Services at York Hospital. At the time of writing, we are still to receive the report however feedback given immediately following the visit did not highlight any major concerns and we have continued to make good progress with our actions plans in response to the CQC's recommendations from the 2023 report.

I am sorry to report that our 2024 NHS Staff Survey results are concerning and have not shown an overall improvement on the previous year. Whilst in many ways the feedback in the report mirrors the hugely challenging environment we are working in, the message from our colleagues is loud and clear that we have a long way to go.

We have seen a decline in our overall engagement score, and the extent to which colleagues would recommend our Trust as a place to work and to receive treatment. The responses also suggest that people are not confident that they can influence improvement or drive change.

Last year we launched our culture and leadership programme, Our Voice, Our Future to drive long-term improvement and more effective staff engagement. This is an evidence-based programme for

continuous improvement to develop compassionate leadership and an inclusive culture, supported by a team of Change Makers from all grades and areas of the trust.

The work is now in the design phase, where the Change Makers are working with colleagues in the Trust to develop plans based on their findings from their initial staff engagement work. The plans fall under three pillars, communications and engagement, well-led leadership and management, and quality improvement and learning.

This is a long-term programme running alongside other key actions, including an improved programme of training and support for line managers and leaders across the trust.

Regarding the national context, the change of Government in the summer of 2024 has led to a number of changes to how the NHS will operate at a system level, amounting to the most significant reforms in over a decade, which we will need to respond to in the coming months and years.

NHS England (NHSE), the organisation that oversees the NHS in England, is to be abolished and integrated into the Department of Health and Social Care. There will also be changes to Integrated Care Boards (ICBs), who will be required to cut their running costs by 50% by Quarter 3 of 2025/26. NHS trusts will also be required to reduce their running costs to meet the financial challenge facing the NHS.

The Secretary of State for Health and Care has said that the aim of these reforms is to remove bureaucracy and duplication and better hold to account providers for reducing waiting times and managing finances responsibly.

There will be renewed focus on stabilising NHS finances, embedding a more transparent and collaborative leadership culture, and preparing for long-term service reform.

There has also been wide consultation with the NHS and the public to help inform the Ten-Year Plan for the NHS, which we anticipate will be published early in the 2025/26 year.

As a Trust we will clearly need to ensure we are in the best position to respond to these changes and navigate the next few years ahead.

The Board committed to refreshing the Trust's strategy throughout 2024, and developed proposals for a new purpose, ambition, and strategic objectives.

A collaborative approach was taken throughout the strategy's development and there was widespread engagement with staff to shape the purpose, ambition and strategic objectives for the Trust for the next five years. The strategy was approved by the board in January 2025.

Our strategic framework is as follows:

Our Purpose:

- To deliver excellent healthcare every day

Our Ambition:

- To provide an excellent patient experience every time

Our Strategic Objectives:

- To provide timely, responsive, safe, accessible and effective services at all times
- To create a great place for our people to work, learn and thrive

- To work together with partners to improve the health and wellbeing of the communities we serve
- To challenge the ways of today to develop a better tomorrow through research, innovation and transformation
- To use resources to deliver healthcare today without compromising the health of future generations
- To be well-led with effective governance and sound finance

Our focus must now be on building a shared purpose and vision, developing compassionate leadership behaviours, and embedding improvement into our everyday processes. Moving forward in this way, supported by our ongoing leadership development work, provides the best way for us to see a positive shift in how it feels to work for our Trust.

This means listening to our colleagues when they tell us how we can reduce waste, work differently, or be more productive, and make sure our managers and the governance structures we work within enable and encourage this, rather than being a barrier to improvement.

Our strategy gives us the framework to deliver our ambition to provide an excellent patient experience every time. This will help us to achieve a positive shift in how it feels to work for our Trust. There have been many positive developments during 2024/25 as we delivered our largest and most ambitious capital programme to date. This trend is already set to continue in 2025/26.

On the York Hospital site, we have the new two-storey MRI and hybrid theatre complex scheme, due for completion by the end of 2025. The new complex will consist of an MRI unit on the ground floor and a new hybrid theatre on first floor, along with some additional office space and staff areas.
In addition to the hybrid theatre the Post-anaesthetic Care Unit (PACU) is being upgraded to create a much-improved 18-bay PACU complex. Construction is underway, with phase one due for completion in the summer of 2025.

Work has also begun on a new Vascular Imaging Unit (VIU) which will house two cardiac labs and two vascular labs. Work is due to be completed in the autumn with a further phase of works planned to follow.

To support with improved access to diagnostics, The Trust has opened two Community Diagnostic Centres (CDCs) at Selby Hospital and Askham Bar in York. These offer a range of services including phlebotomy, ultrasound, cardiorespiratory tests, mobile CT and MRI.

On the East Coast, the Scarborough CDC is due for completion in 2025. Once fully operational the centre will be the Trust's main CDC Hub, providing additional diagnostic capacity across a range of diagnostic tests, including:

- Pathology/physiology (blood taking, blood pressure monitoring, and 'Point of Care Testing')
- Cardio-respiratory (echocardiograms, electrocardiograms (ECG), FeNO testing (for asthma), Holter fitting/monitoring (for heart activity), lung function testing)
- Imaging (CT scans, DEXA scans (for bone density), MRI scans, and non-obstetric ultrasound scans)

The 'jewel in the crown' of our capital programme is Scarborough Hospital's new Urgent and Emergency Care Centre, with handover of the building from the contractors to the trust taking place in March 2024. This has been a tremendous effort from so many colleagues over a number of years and will make a real difference to how we can provide urgent and emergency care for our most critical ill patients on the East Coast. It is a testament to the collective ambition of our trust and

symbol of what can be achieved. All involved in this project should be proud of this new facility and what it will offer for our East Coast communities.

My final comments must go to all of our colleagues, who continue to live our values of kindness, openness and excellence every day. Together I am confident we will deliver our ambition to provide an excellent patient experience every time.

Simon Morritt

Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust
June 2025

Overview

The purpose of the overview is to provide a short summary of the organisation, its purpose, key risks and how it has performed during the year.

Statement of purpose

The principal purpose of the Trust is the provision of healthcare.

The Trust is registered with the CQC to provide safe care that is responsive and effective.

We are an NHS Foundation Trust. Foundation Trusts operate independently of the Department of Health but remain part of the NHS. This gives us greater freedom and more formal links with patients and staff, who we are accountable to through an elected and appointed Council of Governors.

The Trust covers one of the biggest geographical areas in the country. We are a large integrated acute and community Trust that provides a comprehensive range of clinical services to a catchment population of approximately 800,000 people living in York, North and East Yorkshire and Ryedale, an area covering 3,400 square miles. This includes the City of York but also covers a large rural geography with a dispersed population.

Services are provided from two main acute hospital sites in York and Scarborough but also from a range of other facilities, including community hospitals and community units in York, Selby, Malton, Easingwold and Bridlington. The Trust also provides community nursing, midwifery and therapy services to the population of York, Selby and surrounding areas.

Both York and Scarborough hospitals have Accident and Emergency and critical care units and are admitting sites for emergencies and complex elective care. They both provide inpatient maternity and neonatal services, as well as children's inpatient services, along with a wide range of outpatient services.

The Trust provides specialist services from other sites, including renal dialysis in Easingwold and Harrogate. The Trust also works collaboratively in certain specialties through clinical alliances with Harrogate and District NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust to strengthen the delivery of services.

We are part of the Humber and North Yorkshire Integrated Care Partnership which brings together health and social care partners across York, North Yorkshire, East Riding, Hull, North Lincolnshire and North East Lincolnshire. Together we have a shared ambition for the people living in these communities to Start Well, Live Well and Age Well.

About us

Our history

York Hospital opened on its current site on Wigginton Road in 1976. When it first opened the Hospital had 600 beds and replaced numerous smaller sites, including Acomb Hospital, City Hospital, York County Hospital, Deighton Grove Hospital, Fulford Hospital, Military Hospital and Yearsley Bridge Hospital.

York Health Authority became a single district Trust in April 1992, known as York Health Services NHS Trust and became York Hospitals NHS Foundation Trust on 1 April 2007. The Trust then decided to adopt 'Teaching' into its name, which was approved by NHS Improvement (formerly Monitor) and came into effect from 1 August 2010.

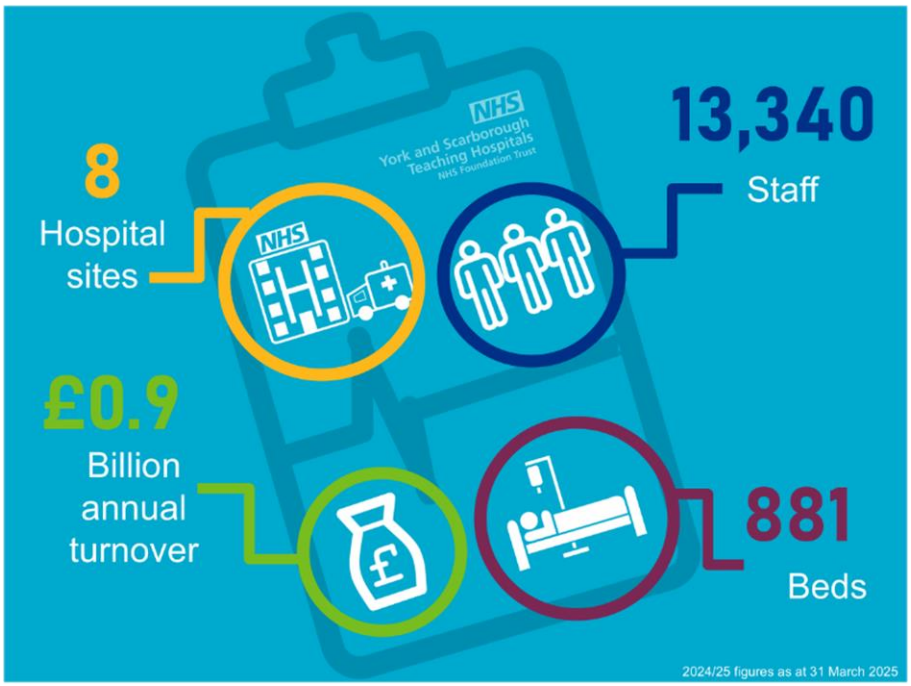
In April 2011, the Trust took over the management of community-based services in Selby, York, Scarborough, Whitby and Ryedale, and in July 2012 acquired Scarborough and North East Yorkshire Healthcare NHS Trust, bringing Scarborough and Bridlington hospitals into the organisation.

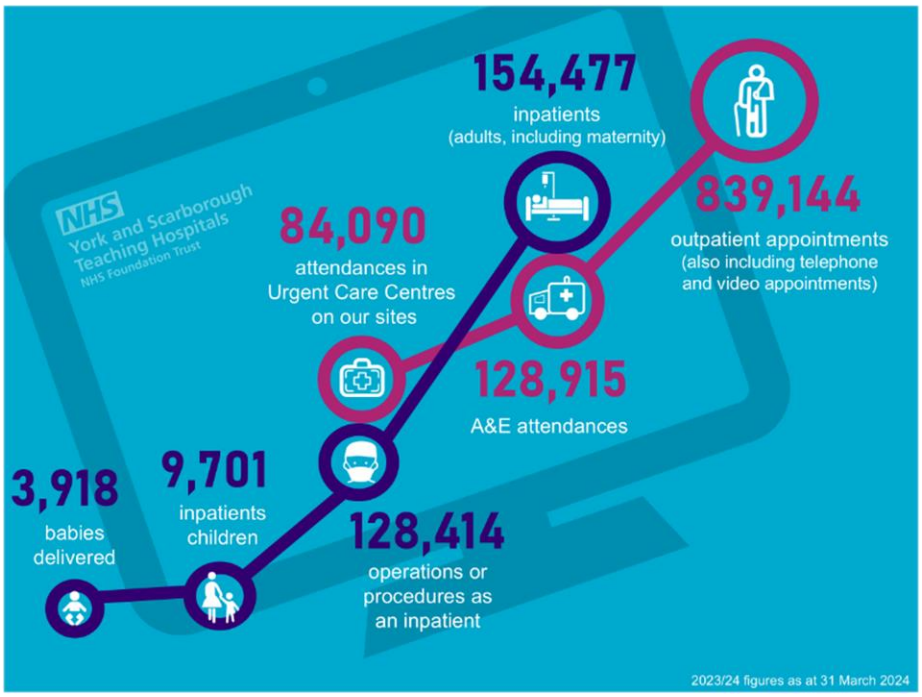
Geography and demographics

Our Trust provides a comprehensive range of acute hospital 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. Our sites include:

- York Hospital
- Scarborough Hospital
- Bridlington Hospital
- Malton Hospital
- The New Selby War Memorial Hospital
- St Monica's Hospital Easingwold
- White Cross Rehabilitation Hospital
- Nelsons Court Inpatients Unit

Snapshot of Trust 2024/25 overview





York Teaching Hospital Facilities Management Limited Liability Partnership

York Teaching Hospital Facilities Management Limited Liability Partnership (YTHFM LLP), established in 2018, operates as a subsidiary of York & Scarborough Teaching Hospitals NHS Foundation Trust.

It provides a comprehensive range of Estates and Facilities Management services. The organisation is jointly owned by two members: York & Scarborough Teaching Hospitals NHS Foundation Trust (holding a 95% share) and Northumbria Healthcare Facilities Management Limited (NHFML), which owns the remaining 5%.

YTHFM functions under the leadership of an independent Management Group, which includes designated Member Representatives, a Chair, a Managing Director, and a senior leadership team. NHFML participates in governance through one of its appointed Directors.
As of 31st March 2025, YTHFM employs 1,097 staff (excluding bank employees), and this workforce is expected to grow in the coming years.

The organisation's primary role is to deliver Estates and Facilities Management services to York & Scarborough Teaching Hospitals NHS Foundation Trust, supporting the Trust's strategic direction Towards Excellence and its commitment to consistently delivering an outstanding patient experience.

For the reporting period, YTHFM operated with an annual budget exceeding £95 million and implemented a capital investment programme of approximately £71 million. Additionally, it is one of the leading contributors to the local economy, with a growing emphasis on partnering with local contractors where feasible.

Over the past year, YTHFM has aligned its approach with the Trust's *Towards Excellence* priorities *Our People, Quality & Safety, Elective Recovery,* and *Acute Flow* resulting in several key accomplishments:

- Achieved an operating surplus of £3 million, despite an underlying deficit of £473,000 due to interest payments to the Trust.
- Successfully delivered a Cost Improvement Programme valued at £2.288 million.
- Additional income generated through the introduction of a Barista Bar and reinvested into clinical services.

- Improved contract management for waste services and improved waste separation behaviour at source.

These achievements demonstrate YTHFM's ongoing commitment to financial sustainability and strategic alignment with the Trust's objectives.

Our People

- The *New Start* Transformational Change Programme, YTHFM's dedicated people initiative, has been successfully completed
- YTHFM engaged in the Trust's Change Makers programme to support the development of a positive organisational culture
- Skills audit completed and Succession Plan developed
- 2024/2025 training plan implemented
- The Aspire and Inspire Leadership & Management training programme was launched, successfully training 40 managers
- A staff experience strategy, along with tailored local action plans, was formulated to respond to insights from the staff survey
- Healthcare Cash Plan continues to support staff wellbeing
- Twelve Mental Health First Aiders successfully trained, with Andy's Man Club delivering insightful talks
- Strengthening stakeholder engagement with external partners.

Quality and Safety

In collaboration with the Trust's Compliance Team, YTHFM's service delivery is monitored monthly across various areas, including cleanliness, food waste, training, sickness absence, environment, and equipment. In the 2024/25 period, YTHFM streamlined the number of reported KPIs to enhance data accuracy, consistency, and reliability in alignment with the Trust's requirements.
During this period, Green KPI compliance was achieved for 26 Key Performance Indicators (KPIs). However, direct comparison with the 52 KPIs reported in 2023/24 is not possible due to the revised reporting structure, which now includes a total of 50 KPIs. Despite facing operational and financial challenges, 52% of KPIs measured were in green (26 KPIs), 6% in amber (3), 8% in red (4), while 34% were either not applicable or unreported (17).

Beyond standard service delivery, YTHFM also provided additional support, such as ad hoc deep cleaning and assistance with rolling out Trust initiatives like *Reset*. In consultation with YTHFM Heads of Service and the Managing Director, and with agreement from the Trust, the number of reported KPIs will be further reduced in 2025/26, with a maximum of 45 KPIs to be reported monthly.

This approach offers strong assurance to the YTHFM Management Group and the Trust Board of Directors, ensuring that services are delivered professionally and to the highest standards.

Capital Projects

The YTHFM Capital Projects Department has had a very productive year in 2024/25, managing a diverse portfolio of capital investment projects for the Trust. Below is an overview of the department's key activities and achievements over the past financial year.

Major Projects

Scarborough Hospital Urgent, Emergency, and Critical Care Facilities

One of the primary projects has been the construction and commissioning of new urgent, emergency, and critical care facilities at Scarborough Hospital. With a budget exceeding £50 million,

this project aims to transform the hospital's urgent and emergency care services. The new building will increase patient capacity and improve flow through specialised clinical areas. It features direct access to advanced diagnostic facilities (CT and X-ray scanning), GP assessment, elderly support, and overnight assessment services. The state-of-the-art critical care unit also consolidates all critical care patients into a single unit, including accommodation and support facilities for relatives, all designed to the latest NHS guidelines. The new facilities became operational during the week commencing 28 April 2025.

Community Diagnostics Centre in Scarborough

Simultaneously in 2024/25, the department oversaw the ongoing construction of a Community Diagnostics Centre in Scarborough, set to be completed 2025. This £12.5 million externally funded project is delivering a new building in the outskirts of Scarborough that will offer CT, MRI, ultrasound, and X-ray diagnostic services, along with phlebotomy and physiological testing. These facilities will provide essential out-of-hospital diagnostic services for the local population.

York Hospital Cardiology and Vascular Interventional Imaging Services

At York Hospital, a significant project is underway to expand and enhance the cardiology and vascular interventional imaging services. Construction began in Autumn 2024 and is expected to conclude by the end of 2025. This project will deliver new post-surgical recovery facilities, minor surgical procedure facilities (some of which will be created at Bridlington Hospital) and a large extension building to be built to accommodate a new hybrid theatre and an additional MRI Unit. The total forecasted cost for these improvements to the Trust's estate is approximately £23.6 million.

External Funding Success

The Capital Projects Department supported the Trust's successful bid for Additional Capacity Targeted Investment Fund (ACTIF) funding, securing £6 million for upgrading clinical accommodation at York Hospital. This funding will enhance acute patient assessment and streamline patient flow, significantly improving the efficiency and quality of care provided. At the same time, the Capital Projects Department prepared the business cases that were approved by NHS England for critical RAAC (Reinforced Autoclaved Aerated Concrete) eradication work to be planned, designed and undertaken at Scarborough Hospital. Unlike the ACTIF Project, the RAAC Eradication Project is a multi-year project that is forecast to be completed in 2027. The project will involve re-roofing various sensitive areas of Scarborough Hospital, including above the Operating Theatre Department, as well as constructing a brand-new building into which the Pathology Services at the hospital will relocate. The total forecast value of work is approximately £45m.

Additional Projects

Diagnostic Facilities and Equipment Upgrades

In 2024/25, the department completed several diagnostic-related projects, including the expansion and upgrade of facilities for new SPECT-CT scanning equipment at York Hospital. Additionally, the department upgraded the environment for two replacement X-ray machines serving the Emergency Department at York Hospital.

Charity-Funded Improvements

Various projects aimed at enhancing staff welfare were also delivered by the Capital Projects Department and funded by the Trust's charity. These include the upgrade and modernisation of the

welfare and rest facilities in the Radiology Department at York Hospital. A project is in development to provide general staff wellbeing facilities across York, Scarborough, and Bridlington hospitals, which is being funded by external charitable sources. All these projects that the department has either completed or is working on are clearly aimed at supporting one of the Trust's main Board priorities, namely staff wellbeing.

In addition to the wellbeing-related work, the Capital Projects Department is also undertaking charitably funded work to upgrade areas of the Oncology facilities at York Hospital to make them more modern and more supportive for patients, improve the patient experience of renal patients in Easingwold and York and modernise the Bereavement Service accommodation at York Hospital. Many of these charitably funded projects that we deliver for the Trust provide benefits to patients and staff that far exceed their relatively small budgets.

Backlog Maintenance and Minor Projects

In collaboration with the Estates Department, the Capital Projects Department delivered a backlog maintenance and minor projects program totalling over £4 million in 2024/25. This program included building fabric upgrades, engineering infrastructure replacements, and whole ward refurbishments at York and Scarborough hospitals. Examples of the vital projects delivered or progressed in the last financial year include replacing heating systems at Malton Hospital, replacement of the building management systems across the estate (multi-year project), upgrading the Maternity Operating Theatre at York Hospital, the complete refurbishment of Ward 23 at York Hospital and significant electrical infrastructure upgrade work at Scarborough Hospital. This work is a key part of the Capital Projects and Estates Departments annual workload and is always aimed, primarily, at ensuring patient and staff safety is maintained in the Trust's facilities.

Future Projects

The Capital Projects Department is actively developing numerous projects for delivery in 2025/26 and beyond. Notable future projects include a collaboration with the Macmillan cancer charity that is providing in the region of £2m of funding for a complete refurbishment and remodelling of the cancer support facilities for patients and relatives at York Hospital. The selection of a main contractor to undertake the refurbishment work is currently underway and the aim is for this project to be completed in 2025/26. The department is also working on projects to upgrade and modernise the Special Care Baby Unit ('SCBU') as well as the CT diagnostic facilities at the hospital. Both projects are highly likely to be financed by external Public Dividend Capital that the department has supported the Trust with bidding for and securing

At Scarborough Hospital, the Capital Projects Department is preparing to initiate a project to replace the mortuary and bereavement facilities at Scarborough Hospital in tandem with work to consolidate the outpatient's accommodation at this site. The department is also preparing work to relocate some cardiac-related services to an upgraded and refurbished facility in the main Radiology Unit at the hospital. The department is likewise project managing a major Public Sector Decarbonisation Scheme-funded project at the hospital, which will have a significant positive impact on reducing carbon emissions from the site and reducing operating costs (funding awarded in the region of £9.8m). Elsewhere in the Trust's estate, the Capital Projects Department is developing an options appraisal for the Trust's Renal Service in the community setting, as well as working on providing increased surgical and treatment facilities at Bridlington Hospital.

Financial Overview

For a small department, the total expenditure in 2024/25 delivered through projects managed by the department is significant. The Trust's plan at the start of the last financial year was to spend £42.7m on projects, the lion's share of which would be delivered by the Capital Projects Department. The budget was increased due, in part, to the successes with external funding bids such as the ACTIF funding and the RAAC funding detailed above, and the total targeted expenditure became £63.3m. Although this was clearly an incredibly challenging target indeed, the actual expenditure achieved by the end of March 2025 was £63.2m and this is a fantastic result and one that the Capital Projects Department has been primarily instrumental in achieving for the Trust. For every pound spent by the Capital Projects Department from this total, we have been making giant amounts of improvements to the quality, safety, and function of the existing healthcare facilities for patients, staff and visitors. We have also been creating amazing and much-needed new healthcare facilities for the local population, which will be in service for years to come and helping people in all sorts of ways when they need it most.

Summary

In the 2024/25 financial year, the YTHFM Capital Projects Department successfully managed and delivered a range of significant projects aimed at enhancing healthcare facilities and services across the Trust. Major undertakings included the construction of new urgent, emergency, and critical care facilities at Scarborough Hospital, the development of a Community Diagnostics Centre, and the expansion of cardiology and vascular interventional imaging services at York Hospital. Additionally, the department completed various diagnostic facility upgrades, secured substantial external funding, and implemented projects to improve staff welfare. The department also collaborated with the Estates Department to address backlog maintenance and carry out minor projects, ensuring the continued safety and functionality of hospital infrastructure. Looking ahead, the department is preparing to embark on several new projects to further support the Trust's priorities and improve patient care. The Capital Projects Department remains committed to supporting the Trust's priorities and ensuring the safety and wellbeing of patients and staff through its ongoing and future projects.

Sustainability update

Since the last annual report, two key policy documents have been agreed and published: the *Green Plan 2024/2027* and the *Staff Travel Plan*. Significant effort has been dedicated to embedding the *Green Plan* as a central policy, requiring all policies and business cases to reference and align with it as a mandatory consideration. Numerous initiatives are being developed in support of this directive, including the relaunch of the *Green Champions* network, which has already attracted over 90 participants.

Additionally, the team has been actively securing external funding to assist the Trust's estate in meeting its legal net zero targets. Successful funding applications have supported various projects, such as LED lighting enhancements, Building Management System upgrades, and EV charging infrastructure. One major initiative involves the decommissioning of its aging single steam pipe, which provides all heating. Over £10 million has been awarded to the Trust through NHS Energy Efficiency Fund (NEEF) funding bids and, more recently, the Public Sector Decarbonisation Scheme (PSDS4) grant scheme.

From a governance perspective, the Terms of Reference (ToR) have been reviewed, revised, and formally agreed upon. Under these updated ToRs, the first *Sustainable Development Group* meeting took place on 21st March, bringing together various members and leads under themed workstreams outlined in the *Green Plan*. While progress has been made, it has been slower than

anticipated. Executive Sustainability Lead Andrew Bertram has acknowledged this and written to all members to encourage further momentum.

Furthermore, efforts to improve data collection and analysis continue. However, it is evident that there may be additional data and information across the Trust that could enhance the current carbon footprint data and broader sustainability outcomes. In collaboration with the Corporate Resources and Improvement Teams, the *Green Champions* network currently expanding will assist in data-gathering efforts. A key request, which remains under discussion with the Corporate Resources team, is the integration of sustainability metrics into the CIP process to capture not only cost savings but also CO2 reductions and broader environmental benefits.

The Trust now has more comprehensive data for 2024, including carbon footprint assessments and areas where influence is possible but direct control is limited. This data is currently being refined and analysed by the *Data Carbon Analyst*, ensuring a more complete picture of sustainability impacts

Examples of work currently underway or planned:

- Successful NEEF funding applications covering Light Emitting Diode (LED), BMS increases and battery storage for Bridlington.
- PSDS4 funding to de-steam Scarborough.
- The Green Plan workstream setting up is going ok but still some are outstanding that are the key groups to deliver the Green Plan under their themes.
- Green Champion network launched.
- 2 learning modules added to the Trust Learning Hub – Building a Net Zero NHS and Environmental Sustainability in Quality Improvement.
- Working with all nursing teams to take forward a glove off initiative around reducing, reusing and recycling and moving clinicians away from a mindset of ‘just in case’ to ‘just in time’ to help with tackling a Trust-wide issue of over ordering and over stocking.
- Review the current PTS (Patient Transport Service) with the Integrated Care Board (ICB) for the region due to the current contracts expiring with Yorkshire Ambulance Service (YAS) to help develop better uniformity in the provision of this service, which impacts on Green Plan items.
- Sustainability is now further embedded in the Trust’s strategy, policy and business case templates.
- Working with the Trust Research and Development team on a research project linked to the National Institute for Health and Care Research (NIHR) decarbonisation fund, focusing on access to care for patients who live in a rural and coastal setting.
- Have been approach by the NHS Health and Innovation team to also partner with them for another NIHR decarbonisation scheme project looking at digitally supported discharge and follow-up to reduce carbon emissions in relation to F2F visits/appointments.
- Working with York Council and the Director of Public health to apply for projects through a new North York Combined Authority fund, focusing on food waste and inhaler recycling.
- New bus stop for Selby Hospital (with a £10k contribution from North Yorkshire Council).
- New staff cycle store at Bridlington Hospital (with a £10k contribution from East Riding Council).
- Maintaining and continuing the discounted staff bus offers in both York and Scarborough with local authorities and regional bus operators.
- Th Trust’s Travel and Partnerships Manager chairing Greener NHS / NHS England Northern Travel and Transport group and securing presenters for the session.
- Chairing Trust Travel and Transport Group / editing and approving minutes / drafting Terms of Reference for the group.

- Writing a statement of support for City of York Council for the proposed Haxby rail station project.
- Starting new Travel Plan actions including scoping locations for shower and changing rooms and planning site audits.
- Working with the Surgical Clinical Care Group director, a registrar and the new Sterile Services decontamination manager to review current practices in theatres with a view to reducing waste and procurement of more sustainable/reusable items, such as packaged trays of instruments, incorporating lean methodology and working with chief nurses around cannula packs

Key Issues and Risks

Financial Sustainability

For the 2024/25 financial year, NHS England outlined three key financial tasks to ensure the delivery of high-quality services within a constrained budget:

1. **Achieve a Balanced Net System Financial Position**: Integrated Care Systems (ICSs) and NHS providers are required to deliver a balanced financial position, aligning their spending with allocated budgets. This objective emphasizes financial discipline and accountability across the system.

2. **Deliver a Minimum 2.2% Efficiency Saving Across Systems**: All systems must implement efficiency measures to achieve at least a 2.2% saving. This includes optimising resources, reducing waste, and improving operational processes to enhance productivity without compromising patient care.

3. **Reduce Agency Spending to a Maximum of 3.2% of the Total Pay Bill**: To control costs, NHS organisations are tasked with reducing agency staffing expenditures to no more than 3.2% of their total pay bill. This involves improving workforce planning, increasing the use of permanent staff, and adhering to national frameworks for temporary staffing. These financial objectives are designed to promote sustainability, efficiency, and value in the NHS, ensuring that resources are utilised effectively to meet patient needs.

The creation of Integrated Care Boards (ICBs) in 2022 allows NHSE to set financial allocations and other financial objectives at a system level. There is a statutory duty for all NHS bodies to meet the system financial objectives and deliver the agreed financial plan. NHS providers within the ICS retain their current structures, governance, and organisational financial statutory duties but there is a new duty to compel providers to have regard to the system financial objectives and work collaboratively. In 2024/25, this collaborative approach becomes more critical as ICBs are expected to drive system-wide efficiencies, focusing on financial sustainability and improving care quality. ICBs will be responsible for ensuring that financial targets, such as efficiency savings and spending reductions are met across all system partners, while also maintaining service delivery standards.

Moreover, ICBs will have enhanced governance responsibilities, overseeing the financial performance of all partners within their Integrated Care System (ICS) and ensuring alignment with national and regional financial priorities. The governance framework for 2024/25 emphasizes transparency, shared decision-making, and accountability among all partners. This includes close monitoring of financial risks and ensuring that resources are directed to priority areas, such as mental health, urgent and emergency care, and elective surgery recovery. ICBs are also tasked with ensuring that providers collaborate on long-term financial planning, helping to achieve not only short-term efficiency goals but also longer-term sustainability in the NHS system.

The contract payment mechanism for 2024/25 closely followed that established during 2023/24. An ‘Aligned Payment and Incentive’ (API) system once again formed the main contractual payment arrangement between the Group and its main commissioners incorporating both a variable and fixed payment element. This is made up of a mixture of cost and volume activity aimed at incentivising improved levels of elective activity and productivity to clear patient back logs and fixed elements of funding to help manage financial risk across the system.

Group Going Concern Assessment

The going concern concept is fundamental to the way in which the assets and liabilities are recorded in the Group accounts and assumes that the Group will be able to realise its assets and liabilities in the normal course of business and that it will continue in business for the foreseeable future. The future should be at least, but not limited to, a period of twelve months from the end of the reporting period. For Foundation Trusts there is no automatic presumption that they will always be a going concern, particularly where difficult economic conditions and/or financial difficulties prevail.

Updated public sector Guidance on the Going Concern assessment

For 2020/21-year end onwards NHS England and Improvement (NHSE/I) provided an update to guidance for NHS accounts for assessing going concern. This guidance has been approved by the Financial Reporting Council (FRC) and updated in both the DHSC Group Accounting Manual (GAM) and HM Treasury's Financial Reporting Manual (FReM).

The updated guidance states *'while management in the NHS bodies will still need to document their basis for adopting the going concern basis, this assessment should solely be based on the anticipated future provision of the services in the public sector. This means that it is highly unlikely that NHS organisations would have any material uncertainties over going concern to disclose'.*

Management have completed a full going concern assessment and it is recommended that the Board of Directors prepare the Group 2024/25 annual accounts based on the going concern principle.

Trust financial position 2024/25

The Trust has a deficit of £38m in 2024/25. However, after consideration of NHSE technical normalisation adjustments (such as fixed asset impairments), this results in a £9k income and expenditure surplus. This position is subject to external audit.
The Group has a year-end cash balance of £57.7m.

Planning and Budgets for 2025/26

The Integrated Care System (ICS) has successfully submitted a balanced plan for 2025/26. All providers and the Integrated Care Board (ICB) have managed to balance their individual plans. However, this is accompanied by a significant efficiency challenge.
To maintain the balanced position, there is an efficiency requirement of £294m across the system, which presents a significant challenge. This substantial figure underscores the immense effort needed to streamline operations and improve efficiencies within the healthcare framework.

The final Board-agreed plan will be used to set the Group operational budgets.

Working Capital and Liquidity

The Group started the year with a cash position of £47.5m and continued to operate an enhanced cash management regime with monthly operational cash meetings and monthly debtor meetings with all Care Group finance teams. The cash position is regularly reviewed at a senior level within the finance team and is reported to the Board of Directors monthly.

The Group is expecting to have a very tight cash position in 2025/26; ultimately this will be driven by the financial plan and the successful delivery of the corporate efficiency target.

Sustainable Resource Deployment

In 2024/25, the NHS focused on sustainable resource deployment through initiatives like: -

- The Getting It Right First Time (GIRFT) Programme: The Group has continued to fully engage and has worked very closely with the national Getting It Right First Time (GIRFT) team in 2024/25, as we seek to drive clinical recovery and using all the opportunities this gives us to drive quality, safety, and efficiency

- Partnership working: Integrated Care Systems (ICSs) played a pivotal role in sustainable resource deployment. Collaborations within ICSs facilitated shared resources, and coordinated care pathways, leading to more efficient use of resources and improved patient outcomes. The Group continues to be a key partner within the HNY system, and indeed is at the forefront of the Integrated Care System (ICS) as the system develops and matures

- Sustainable Procurement: The NHS emphasized sustainable procurement practices. The Group is part of the Humber & North Yorkshire (HNY) procurement collaborative, which has been set up to provide procurement and supply chain services to 8 hospitals across the ICS. The partner Trusts, including the Group have set an objective of creating a single procurement function which will help support the sustainable provision of clinical and non-clinical services.

In 2024/25 the efficiency target was split into a Core Efficiency programme of £19.9m and a further Corporate Efficiency programme of £33.3m, giving a total programme of £53.2m. The Corporate target was made up of various schemes to reduce bed occupancy, review reliance of bank and agency staff and remove remaining covid spend reductions.

The Group overachieved its core efficiency target of £19.9m in 2024/25 by £4.1m; the corporate target however has proved much more difficult to achieve in full, with a shortfall of £22.8m, resulting in a total delivery in year of £34.5m. This is the highest level of efficiencies that the Trust has ever delivered and is a very significant achievement, but the overarching requirement proved too great a stretch in a single year.

In 2025/26 the Group core savings requirement is set at £55.2m (6%).

Financial and Operational Risk Management

The NHS Operational Standards for 2025/26, as outlined in NHS England's priorities and operational planning guidance, focus on improving patient access, reducing waiting times, enhancing service integration, and driving digital transformation. The following is an overview of the key priorities and success measures:

- Accident and Emergency (A&E) 4-hr performance – 78% by March 2026
- Cancer 28 day waits (faster diagnosis standard) – 80% by March 2026
- Cancer Referral (62-day standard) – 75% by March 2026
- Referral to Treatment (RTT) waiting list – waiting <18 weeks – 60.5% by March 2026
- RTT waiting list – waiting <52+ weeks - <1% of RTT waiting list
- Patients waiting for first attendance <18 weeks – 67% by March 2026

The first of the Trust's strategic objectives is Quality of Care, to provide timely, responsive, safe, accessible and effective services at all times. This aligns with the above operational standards, and for 2025/26 the Trust's ambition is as follows:

- Emergency Care Standard – Improvement in the % of patients who attend A&E who are admitted, transferred, or discharged within 4 hours of arrival: ambition – 12.9% improvement
- Improve % of patients waiting <18 weeks for treatment: ambition – 5.3% improvement
- Faster Diagnosis Standard (FDS) by March 2026 - Improve the number of patients getting a cancer diagnosis, or having cancer ruled out within 28 days of being referred by GP for suspected cancer, being referred because of breast symptoms or having been picked up through cancer screening: ambition – 7.9% improvement

- Reduction in the number of Type 1 patients waiting over 12-Hours in department: ambition – 6.7% improvement
- Reduction in cat 2 hospital acquired pressure ulcers – per 1000 bed days: ambition – 15% reduction
- Reduction in hospital acquired Meticillin Sensitive Staphylococcus Aureus (MSSA): ambition – 5% reduction
- Staff recommend as place to receive care: ambition – 5% improvement
- Reduction in patients with no criteria to reside occupying inpatient beds - reduction in occupied bed days

Approach to Corporate Governance

The Board of Directors provides leadership on the overall governance agenda, including risk management. It is supported by Committees that scrutinise and review assurance on internal control.

These include:

- Group Audit Committee - independent assurance on the effectiveness of the system of internal control and overall governance arrangements.
- Quality Committee – assurance on the effectiveness of the systems for ensuring clinical quality and patient safety.
- Resources Committee – assurances of operational and strategic plans and activities for Finance, Performance and People aspects of the Trust, and Estates, Facilities and Sustainability for YTHFM.
- Executive Committee - implementing the agreed strategy as directed by the Board of Directors and providing oversight on Trust-wide governance, risk, operations, performance, quality, workforce and finance.

The Board Assurance Framework (BAF) provides the organisation with an understanding of the principal risks to the achievement of its strategic objectives and provides robust assurances over the controls in place or the action being taken to mitigate risks to an acceptable level within the Trust's risk appetite. The Board of Directors and its committees all have oversight of the BAF.
To support the above, the Trust has a well-developed performance management framework with all Care Groups attending a monthly Performance Review and Improvement Meeting (PRIM), this process is supplemented by the Care Groups own governance processes.

Workforce Sustainability

Workforce sustainability forms part of the Staff Report which can be found on page 93.

Performance Analysis

How the Trust measures performance

The Trust provides services within hospitals and to the community and uses a variety of measures to track operational performance. These measures cover areas including emergency care, cancer care, waits for elective treatment, diagnostics and quality outcome metrics.

On a monthly basis the Board considers performance against these measures using the Trust Priorities Report (TPR), which follows the NHSE 'making data count' methodology and statistical process control (SPC) charts. Statistical process control (SPC) is an analytical technique, underpinned by science and statistics, that plots data over time. It helps us understand variation by examining the trend and in so doing guides us to take the most appropriate action.

The review of the TPR with further detailed discussions takes place in the Trust Board's Sub Committees, Quality Committee and Resources Committee, which meet monthly. Details of the Trust's performance during the year can be seen in the table overpage. Care Group performance is monitored via the Monthly Performance Review and Improvement Meetings (PRIMS), which report through to the Executive Committee. Trust performance regularly reports to NHS England through established routes.

The 2024/25 NHS Priorities and Operational Planning Guidance set the key priorities as:

- Maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach.

- Improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24

- Reduce elective long waits and improve performance against the core cancer and diagnostic standards.

- Make it easier for people to access community and primary care services, particularly general practice and dentistry.

- Improve access to mental health services so that more people of all ages receive the treatment they need.

- Improve staff experience, retention and attendance

The headline ambitions for the recovery were:

1. Improve ambulance response and Accident and Emergency waiting times (with a revised 73% Emergency Care target).
2. Reduce elective long waits (eliminate 65 weeks by end March 2024) and cancer backlogs (continue to reduce the number of patients over 62 days on cancer pathways) and improve performance against the core diagnostic standards.

3. Make it easier for people to access primary care services, particularly GP services.
4. Continue to implement the Three-year delivery plan for maternity and neonatal services.

Elective Recovery

Elective recovery remained one of the Board priorities for 2024/25 and the Trust has reduced the number of patients waiting over 65 weeks to 40 by March 2025 and over 52 weeks to 1,057 March 2025.

The Trust was removed from Tier 1: National Oversight of the Elective recovery support programme for elective care.

The 2024/25 Elective Programme was developed with the key aim to:

To ensure everyone has access to safe, timely and patient focused elective care.

There are three primary drivers within this programme:

- Referral to Treatment: reduce waiting times.
- Cancer: Diagnose patients within 28 days of suspected cancer referral and treat patients within 62 days of a suspected cancer referral.
- Diagnostics: Complete a routine diagnostic procedure within 6 weeks and for suspected cancer / Urgent within 14 days.

These were delivered through defined workstreams:

- Theatre Improvement
- Outpatient improvement
- Community Diagnostic Centre
- Health inequalities
- Children and Young People

The Department for Health and Social Care have published the Reforming Elective Care Plan to ultimately achieve the constitutional standard that 92% of patients should wait no longer than 18 weeks from referral to treatment. The Plan focuses on the four following areas:

- Empowering patients
- Reforming Delivery
- Care in the right place
- Alignment of funding, performance oversight and delivery standards

The Trust has joined the GIRFT National Outpatient Transformation Programme – Going Further, Going Faster, across 18 specialties. Our Trust joined in cohort two in 2024, along with 26 other providers. The Programme links into system outpatient transformation and informs the established clinical networks going forward.

In January 2025 the Trust was the second most improved Trust out of the 10 Acute Hospital Trusts involved in the Further Faster Programme, with a 70.6% improvement in the number of adults waiting over 52 weeks since the baseline position in July 2023. The Trust was the most improved Trust out of cohort 1,2 and 3 with an 86.9% improvement in the number of children waiting over 52 weeks since the baseline position in July 2023.

The Trust has also made improvement in theatre utilisation and was the second-best Trust out of all cohorts on theatre utilisation at above 80%.

Cancer

The Trust was moved from Tier 1 to Tier 2: National Oversight of the Elective recovery support programme to Tier 2 for Cancer and diagnostics in April 2024.

In line with the 2023/24 NHSE operational planning guidance there was a focus on improving the number of patients treated within 62 days and being diagnosed within 28 days (faster diagnosis standard).

The 2024/25 cancer priorities were developed and are aligned to the national priorities, cancer alliance plan and funding allocations.

Additional national Cancer performance funding was allocated in 2024 with York receiving funding for schemes to improve performance and support schemes in urology and gynaecology.

A review of the 2020/25 Cancer Strategy was undertaken in December 2024. The review was undertaken against the ambitions in the strategy and some the review notes some significant achievements including positron emission tomography computed tomography scan (PET CT) at Scarborough, roll out of Faecal Immunochemical Test (FIT), implementation of the Rapid Diagnostic Centre (RDC) pathway, roll out of pathway navigator roles, investments for diagnostic equipment, redevelopment of the cancer care center at York and establishing breast pain clinics.

Significant work has been undertaken to prepare the Trust for the launch in June 2025 of the new Lung Cancer Screening service in the new financial year, which aims to detect lung cancer and other serious disease earlier, allowing treatment options. This includes the recruitment of staff, purchasing of new CT equipment and working with key partners in primary care and the wider system. Over the course of the next couple of years, 94,000 patients are estimated to be eligible.

Diagnostics

Diagnostic performance (DM01) is monitored monthly and is reported through the diagnostics delivery group to the elective recovery board. The focus of the diagnostics programme has been the delivery of community diagnostic centres (CDC), achievement of JAG for endoscopy and increased capacity to reduce endoscopy backlog.

The Trust went live with two CDC sites in 2024 one at Selby Hospital and the Askham Bar site. These CDC's deliver a range of diagnostics services including phlebotomy, ultrasound, cardiorespiratory tests, mobile CT and MRI on a mobile pad.

The CDC at Scarborough started construction in 2024 and will go live in 2025, which will bring additional diagnostics capacity to the Scarborough and East Coast population.

The Trust also introduced a SPECT (Single-Photon Emission Computed Tomography Scan) CT on the York Hospital site improving specialist diagnostic capacity to patients.

The Trust's endoscopy service received accreditation from the Royal College of Physicians' Joint Advisory Group (JAG) on gastrointestinal endoscopy, following a rigorous assessment. This is the first time the Trust's service, which performs more than 20,000 diagnostic and complex therapeutic procedures per year, has been assessed jointly. The announcement has been heralded as a landmark achievement, as Trust sites in Bridlington, Scarborough, and York were assessed.

Urgent and Emergency Care

Over the course of 2024/25, York and Scarborough Teaching Hospitals NHS Foundation Trust (YSFT), similar to other acute sector providers in the country, experienced some of the most

challenging periods in health care with high rates of infectious illnesses, high acuity and demand, workforce challenges, and capacity constraints due to challenges in discharging patients requiring further support in the community. This impacted patient flow within the Trust's two acute hospitals resulting in a delay across the Urgent and Emergency Care (UEC) pathway, and at times, cancellations for patients waiting for planned care.

Winter 2024/25

It is recognised that the pressure and challenge in winter 2024/25 has been unprecedented due to the aforementioned factors. During the challenged winter period our Emergency Care Standard (ECS) performance deteriorated and the staff survey results indicated that our teams were feeling the impact of the pressure.

Unscheduled Care Improvement Programme (UCIP)

Underpinned by objectives of quality care, patient safety and experience as well as staff experience, in April 2024 the Trust launched the 'UEC Strategy 2024/26 and Beyond' to define the transformation vision, as part of which the Unscheduled Care Improvement Programmes (UCIP) was established as a vehicle to provide roadmap for an initial period of two years, with a focus on:

- Effective front-door streaming, including the creation of an additional stream within the Emergency Departments for patients.
- Effective flow to an Integrated Assessment Unit.
- Embedding the national Discharge Policy, working with system partners including community services and local authorities.
- Supporting pre-hospital initiatives, often led by external partners, that could support a reduction in attendances at our Emergency Departments.

Short term recovery action

As part of the UEC Tiering governance, YSFT has been working toward a variety of immediate recovery transformational and transacted programmes of change. This includes ambulance handover nurse at both acute hospitals, effective launch of Pitstop and W45 that is releasing ambulances at maximum of 45 minutes. There have also been supportive visits from the national team as well as GIRFT Urgent and Emergency Care to support the Trust in its journey to provide excellent patient care.

Integrated Urgent Care

In April 2024 the Trust became the prime provider for integrated urgent care services, taking responsibility for the Urgent Treatment Centres (UTCs) at York, Scarborough, Malton and Selby. Partnership working with local GP federation Nimbuscare has made this possible through a service level agreement with them for the provision of some GP staff and a sub-contract to them for the out-of-hours service elements.

Since April 2024 the UTCs have had increasing stability of opening hours and performance.

Urgent and Emergency Care Centre – Scarborough

Throughout 2024/2025 building work has been ongoing to deliver a new Urgent and Emergency Care Centre (UECC) at Scarborough. The opening of the UECC has been delayed to April 2025 at which point the team will operate with a new model of care to best support patients to reach the right clinician as soon as possible.

Outcomes

The partnership working on discharge improvement work has had a positive impact, with a reduction in the proportion of patients in our care who no longer meet the criteria to reside (patients who are fit for discharge to a less acute setting).

Towards the end of the financial year, we have also seen significant improvements with ambulance handover times and the proportion of patients spending over 12 hours in our Emergency Departments.

Our community teams have worked with other provider partners to develop both the York Frailty Crisis Hub and the Integrated Care Coordination (ICC) which have supported attendance avoidance during this year.

Performance against key health care targets 2024/25

Indicator	Target 2024-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Emergency Care Standard (ED 4 hour target)*	78%	66.8%	68.1%	67.3%	65.6%	65.8%	64.4%	62.1%	62.4%	61.0%	63.1%	66.2%	65.1%
*The Trust is monitored on the combined performance; Emergency Departments (Type 1) and Minor Injury Units (Type 3).													
Ambulance average handover time (MM:SS)	50:00	57:26	57:50	50:38	47:08	39:50	51:18	56:08	45:00	58:20	44:14	35:36	38:03
Percentage of adult G&A beds occupied by patients not meeting the criteria to reside	15.1%	22.1%	20.4%	20.1%	22.9%	21.2%	18.3%	20.5%	15.4%	16.4%	17.4%	17.9%	16.8%
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	53.2%	54.4%	55.4%	56.0%	55.9%	55.4%	55.4%	55.5%	54.3%	53.9%	53.6%	55.2%
RTT 78+ Week waits at month end	0	0	0	0	0	0	0	0	0	0	0	0	0
RTT 65+ Week waits at month end	0	167	162	132	89	53	18	26	28	38	40	50	40
Cancer 28 day Faster Diagnosis Standard	77%	68.6%	70.5%	67.9%	71.3%	71.9%	67.2%	71.6%	70.0%	72.3%	62.2%	72.1%	
Cancer Referral/Upgrade to First Treatment Standard (62-day standard)	70%	66.8%	71.8%	72.2%	72.0%	76.0%	66.2%	70.3%	71.7%	66.4%	70.6%	66.8%	
Diagnostics 6 week wait from referral to test	95%	62.0%	59.4%	64.0%	70.1%	69.1%	72.9%	76.4%	75.4%	72.6%	69.1%	73.5%	68.4%

Health Inequalities

The Trust is on a journey to expand its role and impact in improving population health and addressing health inequalities in the communities we serve. Health inequalities are defined as unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. We have a responsibility to ensure that access to and experience of our services is equitable, and that our decision-making and service delivery considers impact on population health and inequalities and identifies opportunities to promote population health and reduce inequalities.

Addressing health inequalities is a complex issue which requires a multi-pronged approach and sustained action and progress over a long period of time. As such, it will be necessary to set long-term priorities and establish the incremental actions which will work towards achieving them.

The Core20PLUS 5 is a national NHS England approach to support reduction of health inequalities at both a national and system level. The approach defines a target population cohort – the Core20PLUS – and identified 5 focus clinical areas requiring accelerated improvement. Based on this the Trust's health inequalities strategy is in development which will be an enabler to the Trust strategy our priorities for improving population health and addressing inequalities include:

1. To harness our role as an anchor institution and connect with our communities and partners to promote health and equity in the local population.
2. To reduce inequalities in access to care and ensure prioritisation promotes equitable access and outcomes.
3. To ensure all patients experience high-quality, compassionate, and holistic care to improve outcomes and reduce inequalities.
4. To promote a diverse and inclusive workforce which reflects the populations we serve and where everyone feels valued.

The health inequalities steering group is refocusing their priorities based on the Core20PLUS 5 and we are developing health inequalities strategy which will be an enabler to the Trust strategy.

What we have achieved in 2024/25

The Elective Care Working Group aims to create a systematic approach to reducing health inequalities and addressing unwarranted variation in elective care and to develop operational capability across the organisation. Over the last year key activities have been focussed on:

- The reduction in Did Not Attend (DNA) rates from areas of highest deprivation – key actions include the review of the DNA data set and deprivation index.
- The development and implementation of an 8-week surgical learning disabilities pathway – key actions include the drafting and piloting of a Standard Operating Procedure for the surgical learning disabilities pathway.
- Reduction in the Children and Young People's waiting list through waiting list initiatives.

Health promotion & prevention - tobacco and alcohol dependency programmes.

- The development and ratification of the Policy for Smokefree Environments which is now available on Trusts intranet (Staff Room) (applicable for Trust staff and contractors).
- The development of an automated referrals process for patient support is now live following the implementation of the smoking status capture which is also live on Nucleus (the nursing platform). The team are exploring with the Business Intelligence team how to report the capture of completion rate for smoking status with the intention of reporting this on a regular basis.
- Direct Supply Pilot for smoking cessation information and improving pharmacy pathways on the respiratory ward at York Hospital has been reviewed and amended to ensure that support out of hours and weekends is available when the tobacco dependency advisors are not on site.
- A review of education sessions has been undertaken, with a new series of delivery commencing in June in maternity services as part of the saving babies lives programme around monitoring and making sure that all midwives are trained and can make every contact count.

Key activities for the alcohol dependency programme have focussed on the development of the scope for the programme of work and include:

- The offer of support for all patients, optimising every opportunity to intervene and support people regardless of the post code.
- Clinical shadowing and looking at identifying a clinical lead for this work has already started. Meeting with Royal College of Psychiatrists re future actions has taken place.

There have been positive discussions with the local authorities to support the development of the reporting metrics and outcomes to include more defined measurables and these are reported into the Steering Group.

It has been identified there is a gap in services at the East Coast and the team are exploring how to potentially utilise existing resources differently to provide support; this will include linking into some of the primary care networks where social prescribers are already doing brief interventions around smoking and alcohol, as well as exploring some Health Inequalities funding opportunities.

Maternity Services

Maternity Services have met with the public health team to discuss the population health needs and will further refine their actions according to the data. They have completed a baseline review of their current patient information (language and easy read formatting) in partnership with Maternity & Neonatal Voices Partnership (who represent women and their families). They are also co-designing and producing with service users a process to ensure that all information sources are produced in the top ten languages for the area and in easy read formats.

The trust is involved with the with the development of the regional maternity Health Inequalities Dashboard to include deprivation data and are exploring the best method to collect qualitative data on user experiences, (particularly from asylum-seeking women and neurodiverse individuals, women in prison, asylum seekers) via clinics and community partnerships and through the Maternity Voices Partnership.

Following queries from Healthwatch, the maternity task and finish group have developed a bespoke clinic for asylum seeking women during pregnancy. The maternity team are also looking to develop a new maternity guideline to support staff, as well as encouraging staff to raise an incident to log if there are any issues with accessing information in different languages.

Emergency Planning – Emergency Preparedness, Resilience and Response Certificate

Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2024/25

In 2023 the Trust was assessed as “Non-Compliant” against the 62 core standards with 14 graded as fully compliant (23%). In 2024 the Trust reported “Non-Compliant” against the 62 core standards with 35 graded as fully compliant (56%).

Significant work has been completed by the Emergency Preparedness, Resilience and Response Team to achieve this improvement against the core standards that now require a greater burden of

proof to evidence compliance in an assurance framework seeking proactive planning and tried and tested plans.

The Emergency Preparedness, Resilience and Response (EPRR) Team have continued to update current plans and to develop plans where capability gaps exist. Post COVID-19 a refocussing on individual and collective training has continued and 2024 saw the successful rolling out of Personal Development Portfolios for all our On Call Health Commanders. These portfolios, when completed by staff, will provide evidence of training to achieve competency against the national occupational standards mandated for our On Call staff to undertake Health Commander duties during a critical or major incident. The individual training programme was launched in 2024 comprising of 24 opportunities for staff to be trained in the required competencies in addition to revision and practice sessions.

A comprehensive action plan to address non and partially compliant EPRR Core Standards has been endorsed by the Board of Directors and quarterly progress reports will be submitted to the Resources Committee. It is assessed that the Trust will achieve an overall grading of "Partial Compliance" by the end of 2025.

Statement of Compliance

North East & Yorkshire Emergency Preparedness, Resilience and Response (EPRR) assurance 2024-25

York and Scarborough Teaching Hospitals NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool V2.

Where areas require further action, York and Scarborough Teaching Hospitals NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Non-compliant (from the four options in the table below) against the core standards.

Organisational rating	Criteria
Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board/governing body along with the enclosed action plan.

Signed by the organisation's Accountable Emergency Officer:

Date signed: 05 February 2025

Date of Board/Governing Body meeting: 25 Feb 25	Date to be presented at public Board: 25 Feb 25	Date published in Annual Report: In board report 2025

New and Significantly Revised Services during 2024/25

Through 2024/25 there were several key developments and pathway initiatives, improving services for patients and staff, across the Trust:

- A York team of interventional radiologists have studied a new alternative for pain management for women undergoing image guided fibroid treatment. The new technique is used during uterine fibroid embolisation and could pave the way nationally for improving the experience and recovery of women who undergo this treatment for fibroids with troubling symptoms of heavy periods, pain, and pressure.
- A team from the Trust's Cancer Support services secured the first European and UK recruit for a new breast cancer trial. This study is looking at a novel treatment combination for patients with advanced breast cancer and the Trust hopes research of this kind can make a difference for patients with this condition in the future.
- The Trust was named as not only the first site to be approved in the UK, but the first site to recruit a patient onto a Europe-wide study looking at real world experience of a new medication for eczema. The study, under the leadership of Dr Orlagh Mulholland, a Consultant Dermatologist, will investigate the effectiveness and durability of a drug given by injection into the thigh, and if it could help sufferers with severe eczema long-term.
- A prestigious national accreditation has been gained by the Audiology Department which looks after patients experiencing hearing loss. The department received recognition for its work in adult audiology assessment and rehabilitation and is now one of the handful in the country to receive the accolade from United Kingdom Accreditation Service (UKAS). The service cares for patients across North Yorkshire.
- Staff teamed up with University of York scientists to understand deoxyribonucleic acid (DNA) mutations linked to a group of chronic blood cancers. The researchers, from the newly formed Centre for Blood Research, are recruiting patients with a group of blood cancers characterised by the overproduction of red blood cells and/or platelets. By furthering understanding these blood cancers, the third largest cause of cancer death in the UK, the researchers hope to pave the way for kinder and more effective treatments.
- A dedicated room for patients nearing the end of life opened at Selby War Memorial Hospital. The Autumn Leaves Palliative Care Suite, which will provide privacy and dignity for patients, has been opened with funding provided by Friends of Selby Hospital. The room provides a

tranquil space for families and visitors to take a break away from the busy ward environment to rest

- A small, dedicated team at York Hospital secured critical funding for a pilot project aimed at giving patients receiving a specific type of chemotherapy the opportunity to self-administer their treatment at home. Staff from the Trust's Pharmacy team, along with nurses and medical staff from the cancer day units at York and Scarborough, will lead the initiative, which has received recognition through the Humber and North Yorkshire Cancer Alliance's Cancer Innovation Grants programme. The project focuses on providing at home chemotherapy treatment, via a subcutaneous injection, for patients receiving treatment with a drug called Bortezomib.
- The new breast screening facility opened in York Hospital. The improvements were made possible thanks to generous contributions of over £70,000. The modern state of the art facility replaces the unit previously housed on Clarence Street.
- The Ophthalmology service recently migrated to mediSIGHT, the nation's leading electronic medical record software, which has been installed for staff to use working at York, Scarborough, Bridlington, and Malton Hospitals. This supports information recording which ultimately improve patient care.
- Patients who undergo knee surgery now have the option to receive a personalised video from their consultant via the Patients Know Best digital platform. The 90-second video provides tailored instructions, advice, and clearly defined contact points for further support, helping patients manage their recovery at home more effectively. The video marks a significant shift in how the Trust engages with patients following surgery, which in turn frees up valuable time for clinical and administrative staff.
- MySight York, a registered charity who already operates a clinic at York Hospital and services in the city centre, opened a new room at the stadium for patients learning to live with sight loss. The service operates within the existing Ophthalmology Department.
- Our Department of Psychological Medicine introduced a new weekly radio broadcast called Radio Reps. Aired weekly on York Hospital Radio, the recordings offer practical self-help suggestions for colleagues, and for patients.
- A new advanced imaging SPECT-CT scanner opened in 2024. This provides an opportunity to scan patients more accurately than ever before and uses an imaging technique that combines two types of scans to create highly detailed images of the body.
- The emergency department X-ray was refurbished during 2023 and was opened in December 2024. This included the installation of two new state-of-the-art X-ray machines, which use the latest digital technology and will allow for faster imaging.
- Scarborough Hospital, in partnership with the University of Birmingham and the University of York, secured £1.2 million from the National Institute for Health and Care Research (NIHR) to improve urgent and emergency care in rural coastal areas. Coastal emergency departments often struggle with increased demand, particularly during the summer months. The research will explore ways to enhance NHS services to better meet patient and community needs.
- A Diagnostic Artificial Intelligence System for Robot Assisted Accident and Emergency Triage (DAISY) was introduced for a 6month trial, in Scarborough Hospital's Emergency Department. DAISY uses artificial intelligence to interact with patients, check vital signs, and collect early diagnostic data. This helps staff decide on the next steps while freeing up time for clinical care.

- We opened two protected bays for elective orthopaedic patients with 5 beds per bay on Ward 26 in conjunction with Breast Surgery in October 2024. This has increased the numbers of arthroplasty cases that we can do on a weekly basis to 10-12 cases – resulting in our waiting times reducing to 65 weeks in a short period of time.
- The North Yorkshire Diabetic Eye Screening Programme (NYDESP) team have setup clinics at York Hospital to support patients attending for their routine diabetic eye screening appointment on the same day that they attend for an appointment with another service on the hospital site. This reduces travel time for our patients and ensures they are being monitored safely.

Review of Financial Performances

The table below provides a high-level summary of the Trust's financial results for 2024/25.

Table 1 - Summary financial performance 2024/25

	Plan £million	Actual £million	Variance £million
Clinical income	744.151	813.719	69.568
Non-clinical income	76.547	80.857	4.31
Total income	**820.698**	**894.576**	**73.878**
Pay expenditure	552.296	586.593	(34.297)
Non-pay expenditure	273.419	337.242	(63.823)
Total expenditure before dividend, and interest	**825.715**	**923.835**	**(98.120)**
Operating surplus (loss) before exceptional items	(5.017)	(29.259)	(24.242)
Dividend, finance costs, interest and other	12.152	8.746	3.406
Net profit/ (loss)	**(17.169)**	**(38.005)**	**(27.648)**
Regulator Adjusted Net Profit/(loss)	**0.000**	**0.009**	**0.009**

Statement of Comprehensive Income 2024/25

Clinical income totalled £813.7m, and arose mainly from contracts with NHS Commissioners, including Humber and North Yorkshire ICB, NHSE and Local Authorities (£811.6m), with the balance of (£2.1m) from other patient-related services, including private patients, overseas visitors, and personal injury cases. The major areas of variance in clinical income substantially relate to income received for additional Elective activity undertaken in year (£32.1m) The Group also received income following the transfer of Integrated Urgent Care Services (£8.2m) previously undertaken by Vocare LTD, along with some adjustments relating to drugs and devices over performance (£5.8m). The remaining variance related to additional income from the agenda for change pay award above the planned 2%.

Other income totalled £80.8m and comprised funding for education and training, research, and development, and for the provision of various non-clinical services to other organisations and individuals.

The Trust re-values all its property fixed assets, including land, buildings, and dwellings, at the end of each year, to reflect the true value of land and buildings, considering in year changes in building costs, and the initial valuation of new material assets. In 2024/25, there was a site wide full revaluation with an overall decrease in valuation (impairment charge) of the Trust's assets of £38.069m, of which £28.5m can be attributed to the newly completed Urgent emergency and critical care centre (UECC)

At the end of the financial year, the Trust reported an income and expenditure deficit of (£38.005m); after consideration of NHSE technical normalisation adjustments, the largest of which is the removal of the impairment charge of £38.069m, the final regulator assessed position of the Group is a £9k income and expenditure surplus.

Accounting policies

The Trust has adopted international financial reporting standards (IFRS), to the extent that they are applicable under the Department of Health Group Accounting Manual (DH GAM).

Cash

The Trust's cash balance at the end of the year totalled £57.8m.

Capital investment

During 2024/25, the Trust invested £75.5 in capital projects across the estate, including IFRS16 lease schemes. The major projects on site during this period included:

- Scarborough – Urgent & Emergency Care Centre - Total multiyear spend £49m
- New Vascular Imaging Unit, Theatre Post Anaesthetic Care Unit (PACU) & Hybrid Theatre - £12m
- Scarborough and York – Significant programme of back log maintenance & Medical equipment replacement - £8.0m
- Digital Information Services (DIS) investment – All sites - £2.75m
- DIS investment – Multiyear scheme for installation of the new Electronic Patient record (EPR) - £8.8m
- Scarborough Community Diagnostic Centre - £4.9m
- Installation of a 3rd Magnetic resonance imaging (MRI) scanner at York - £2.4m
- Removal of RAAC on the Scarborough site - £4.9m
- New and replacement leases for property, vehicles and medical equipment totalling £10.3m
- Additional Capacity Targeted Investment Fund (ACTIF) Programme - various schemes across the sites to improve capacity £5.4m

Planned capital investment

The Trust has a major Capital investment plan for 2025/26 of £88.2m: The largest elements of this are:

- DIS investment in EPR system £8.4m plus £1.5m routine investment
- Scarborough and York – Significant programme of back log maintenance & Medical equipment replacement - £16.0m

- Removal of RAAC on the Scarborough site - £28m
- New and replacement leases for property, vehicles and medical equipment totalling £7.8m
- Completion of the New Vascular Imaging Unit, Theatre Post Anaesthetic Care Unit (PACU) and Hybrid Theatre - £9m in year spend of a multi-year scheme.

A key Trust focus remains on reducing backlog maintenance and investing in our IT infrastructure across all Trust sites, although capital funding has been extremely tight and there has been a requirement to prioritise the work within the capital programme. The Trust has been successful at securing additional external funding from NHS England to fund various schemes listed above, many of which would not be possible without access to this additional funding.

Land interests

There are no significant differences between the carrying amount and the market value of the Trust's land holdings.

Investments

There are no significant differences between the carrying amount and the market value of the Trust's investment holdings.

Value for money

As public-sector organisations, NHS Trusts and NHS Foundation Trusts are expected to demonstrate to their patients, communities, and taxpayers that they are delivering value for money, evidencing both efficiency and effectiveness. This is even more important in times of fiscal constraint.

The creation of ICBs in 2022 allows NHS England to set financial allocations and other financial objectives at a system level. There is a statutory duty for all NHS bodies to meet the system financial objectives and deliver the agreed financial plan. 2024/25 was a challenging year and the Trust managed to slightly exceed its financial plan by £9k. The actual capital position was delivered to plan.

The Group has a year-end cash balance of £57.8m.

In 2024/25 the efficiency target was split into a core efficiency target of £19.9m and a further corporate efficiency target of £33.3m, giving a total programme of £53.2m. The Corporate target was made up of various schemes to reduce bed occupancy, review reliance of bank and agency staff and remove remaining covid spend reductions.

The Group overachieved its core efficiency target of £19.9m in 2024/25 by £4.1m; the corporate target however has proved much more difficult to achieve in full, resulting in a shortfall of £22.8m, the total delivery in year was £34.5m. This is the highest level of efficiencies that the Trust has ever delivered and is a very significant achievement, but the overarching requirement proved too great a stretch in a single year.

Good resource management provides clarity of focus and is usually linked to improved patient care, when backed by a rigorous quality impact assessment (QIA) process. The work involves linking across the Trust to identify and promote efficient practices.

The Group has continued to fully engage and has worked very closely with the national Getting It Right First Time (GIRFT) team in 2024/25.

The Group continues to be a key partner within the Humber & North Yorkshire (HNY) system.

Better payment practice

The Better Payment Practice Code requires the Trust to aim to pay 95% of undisputed invoices by the due date, or within 30 days of receipt of goods or receipt of a valid invoice, whichever is later. The Trust's in year performance is detailed in table 2 below:

Table 2

BPP Performance	Number	Value
		(£'000)
Total Non-NHS trade invoices paid in year	116,839	544,007
Total Non-NHS trade invoices paid within target	104,307	503,559
2024/25 Percentage of Non-NHS trade invoices paid within target	89.3%	92.6%
Total NHS trade invoices paid in year	3,567	81,074
Total NHS trade invoices paid within target	2,640	65,601
2024/25 Percentage of NHS trade invoices paid within target	74.0%	80.9%
2024/25 Overall Percentage of bills paid within target	**88.8%**	**91.1%**
2023/24 Overall Percentage of bills paid within target	84.8%	89.1%

The Trust has fallen slightly below the national target in this area but has continued its improvement journey, with improved performance compared to 2023/24.

The total amount of any liability to pay interest which accrued by virtue of failing to pay invoices within the 30-day period was £2k.

The Trust has complied with the cost allocation and charging requirements set out in the HM Treasury and Office of Public Sector Information guidance.

Income disclosure

Section 43 (2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of the goods and services for the purpose of the health service in England must be greater than its income for the provision of goods and for any other purposes. The Trust can confirm it has met these requirements.

Insurance Cover

The Trust has purchased Officer and Liability Insurance that covers all officers of the Trust against any legal action, as long as the officer was not acting outside their legal capacity.

Political and charitable donations

No political or charitable donations were made during the year.

Accounting policies for pensions and other retirement benefits

Past and present employees are covered by the provisions of the NHS pension scheme. The scheme is accounted for as a defined contribution scheme. Further details are included in the accounting policies notes to the Trust's annual accounts.

Overseas operations

The Trust has no overseas operational activity and has received no commercial income from overseas activity during the year.

Statement as to disclosure to auditors

Each Director at the time of approving this report has confirmed that, as far as the Director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware. The Director has taken all the necessary steps to be aware of the relevant audit information and to establish that the Trust's auditor is aware of that information.

Counter Fraud Policies and Procedures

The Foundation Trust's counter fraud arrangements follow the NHS Standards for Providers: fraud, bribery, and corruption. These arrangements are underpinned by the appointment of accredited Local Counter Fraud Specialists and a Trust-wide countering fraud and corruption policy. Annual counter fraud plans identifying actions to be undertaken to create an anti-fraud culture, deter, prevent, detect and, where not prevented, investigate suspicions of fraud, is produced, and approved by the Trust's Audit Committee.

Other Voluntary declarations

Sustainability, Climate Change and Net Zero Carbon Commitments

Sustainability is about meeting the needs of our population without compromising the ability of future generations to meet theirs. This has three aspects – economic, environmental and social. These are often known as the three pillars of sustainability.

Sustainability also has to be considered in the context of the overall challenges facing the NHS. With an ageing population, obesity rates among the highest in Europe and an increasing proportion of patients with multiple chronic conditions, the backdrop is challenging.

York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT, also known as "The Trust") attaches great importance to sustainability and corporate social responsibility (CSR).

Legislation

The healthcare system has several key legislative drivers that relate to climate change and decarbonisation, including the following:

- Health and Care Act 2022.
- Climate Change Act 2008 (as amended in 2019) setting a net zero target by 2050.
- Public Services (Social Value) Act 2012.
- Civil Contingencies Act 2004.
- The NHS Standard Contract Service Condition 18

Trust Green Plan and Governance

Since the appointment of the new Head of Sustainability post towards the end of April last year, work has moved on at pace to build upon and continue the momentum of this increased drive to

recruit at this level, that was further supported by the Trust Board approving the 2024/27 Green Plan in June 2024. This plan is embedded across the Trust and is a mandatory item of consultation in all new policies and business cases, while addressing what needs to be done around sustainability, carbon reduction and climate change and following sustainable methodologies such as circular economy and triple bottom line.

The Sustainable Development Group (chaired by the Head of Sustainability) is where the various senior managers/Head of Departments work together on the Trust's Green Plan.

Progress assurance reports are provided to the Resources Committee, and then to the Trust Board of Directors on a quarterly basis and NHSE receive quarterly reports on the Trust progress. The Deputy Chief Executive/Finance Director is the Board-level Lead for Sustainability and Net Zero and meets with the Head of Sustainability about once a month along with the Director of Resources. Actions linked to the Trust's Green Plan are reviewed annually but also on a quarterly basis through the SDG where the workstreams (as seen the in the Green Plan) come together to advise on their progress and raise issues for discussion and escalation.

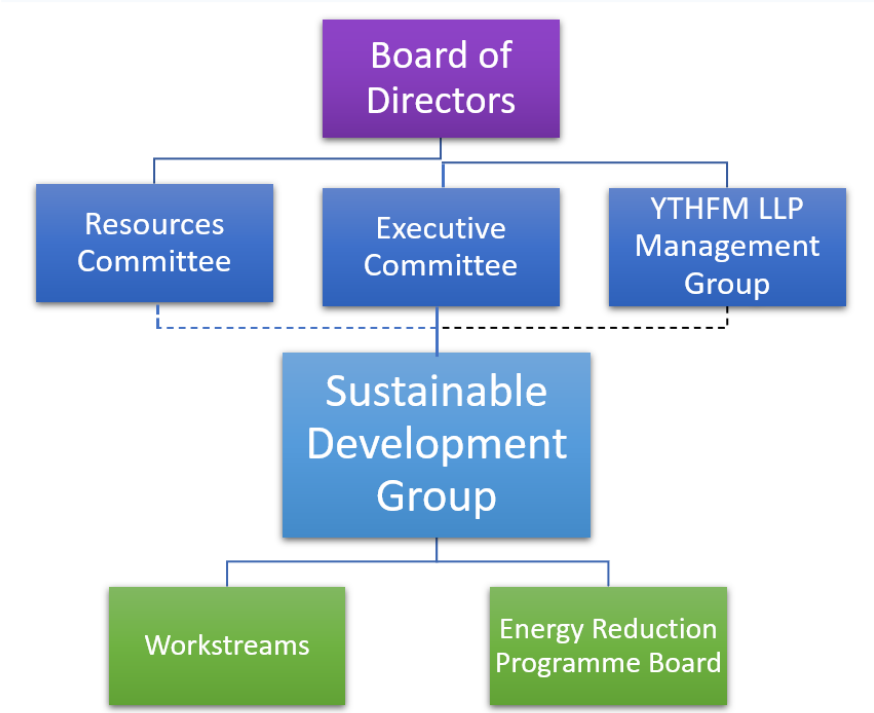
Some of the workstreams have yet to be set up by their leads but the sustainability team is supporting them where possible, however it needs to be stated that the Sustainability team are here to *support* the Trust efforts to meet its net zero legal targets and sustainable outcomes where it is down to the Trust collective to ensure these are met.

The Trust's Green Plan was first published in 2021/22 and was revised in June 2024 after reaching the decision not to wait for the NHSE Green Plan Guidance, which was delayed by several months and was only released in February 2025. However, as the Head of Sustainability has stated, he is keen to update the Green Plan towards the end of 2025 to allow the workstreams to review and update their themes and capture this is this second revision. This review will also capture anything of use in the NHSE Green Plan guidance that hasn't already been picked up on.

Governance

The recently adopted Terms of Reference for the Sustainable Development Group (SDG) has updated the governance arrangements and can be made available upon request.

The diagram below shows the Trust's sustainability governance structure. Risks identified through the Sustainability team and Workstreams are co-ordinated and reviewed by the Sustainable Development Group. Depending on the scope and severity of the risk, risks are escalated up to the relevant committee above the SDG then on to the Trust Board.



Task Force on Climate-related Financial Disclosure (TCFD)

TCFD is about how a company should disclose climate-related risks in their annual reports. There are four themes covering the key elements of a company's operation: governance, strategy, risk management, and metrics & targets. Guidance from HM Treasury is that public sector bodies should incorporate the TCFD recommendations in a three phased approach between 2023/24 and 2025/26. This year is Phase 2.

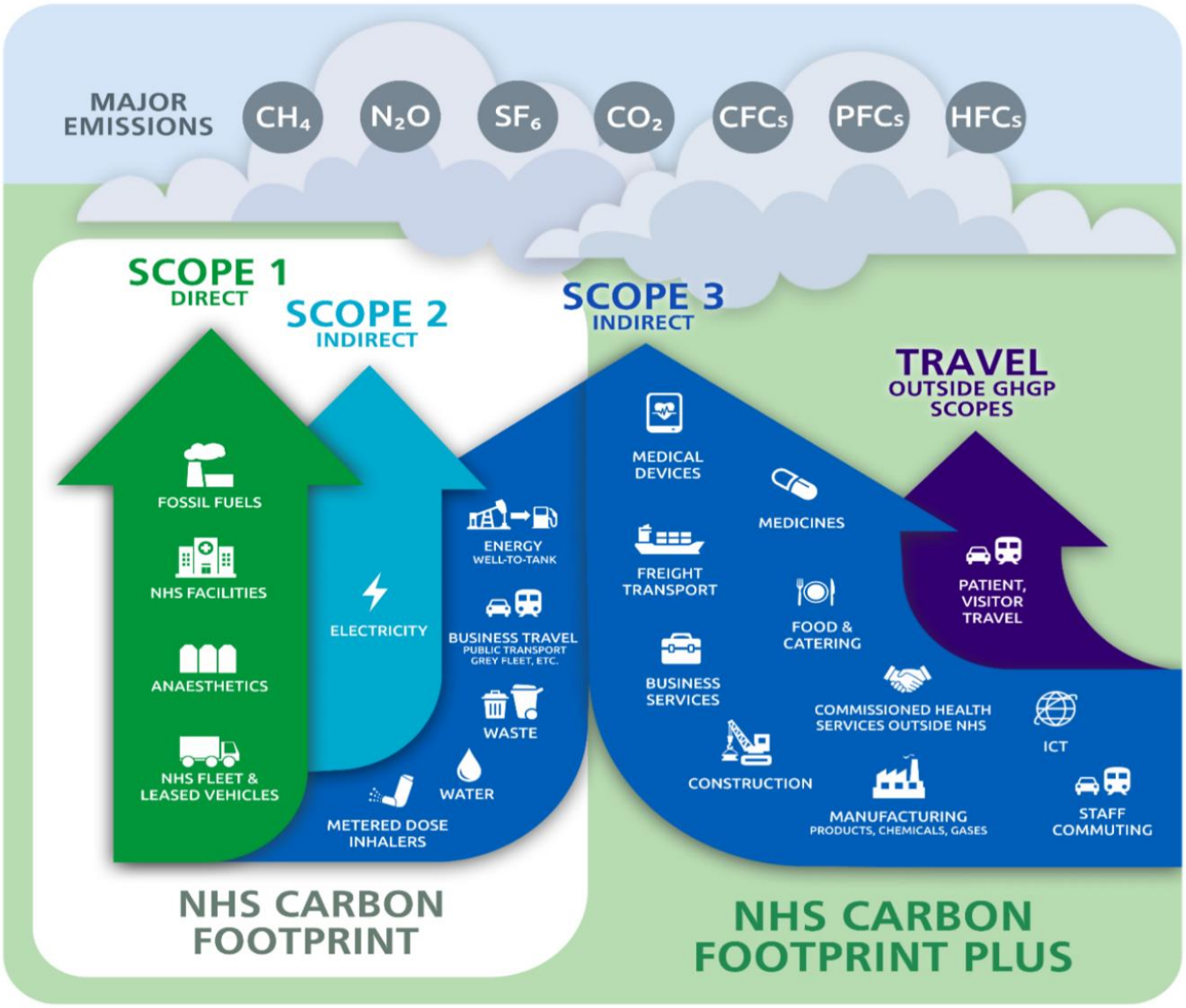
Risks around climate change are co-ordinated and reviewed by the Sustainable Development Group. Depending on the scope and severity of the risk, risks are escalated up to the Executive Committee, and then on to the Trust's Board of Directors. There is an SDG Adaptation workstream with people from Estates, Capital Projects and Emergency Preparedness, Resilience and Response (EPRR) looking at, and managing, the risks of climate change.

Phase 2 of TCFD adds the requirement that we disclose the metrics and targets used to assess and manage climate-related risks. These will be displayed throughout the rest of this annual sustainability report.

Note - the data presented here is from 2023/24 as it has not been possible to acquire all the 2024/25 data, especially Scope 3, in time for the 2024/25 Annual Report. This is in line with previous Annual Reports where the reporting year carbon footprint data has not been available.

Carbon Footprint

In the "Delivering a Net Zero National Health Service" report, published in October 2020, the following diagram illustrates the **NHS Carbon Footprint** and **NHS Carbon Footprint Plus**.



Scopes are defined by the international Greenhouse Gas Protocol (GHGP). Scope 1 are emissions that are under the direct control of the organisation. Scope 2 are emissions from the electricity imported from the national grid. Scope 3 are areas where the organisation has indirect control or influence.

The NHS Carbon Footprint include all activities where NHS organisations are directly responsible for producing, or have a strong control over, including Scope 3 emissions.

The NHS Carbon Footprint Plus is a much larger carbon footprint covering all the equipment, products and services purchased by the organisation. It also includes construction work, staff commuting and travel by patients and visitors to NHS premises which is outside the scopes as defined by the GHGP.

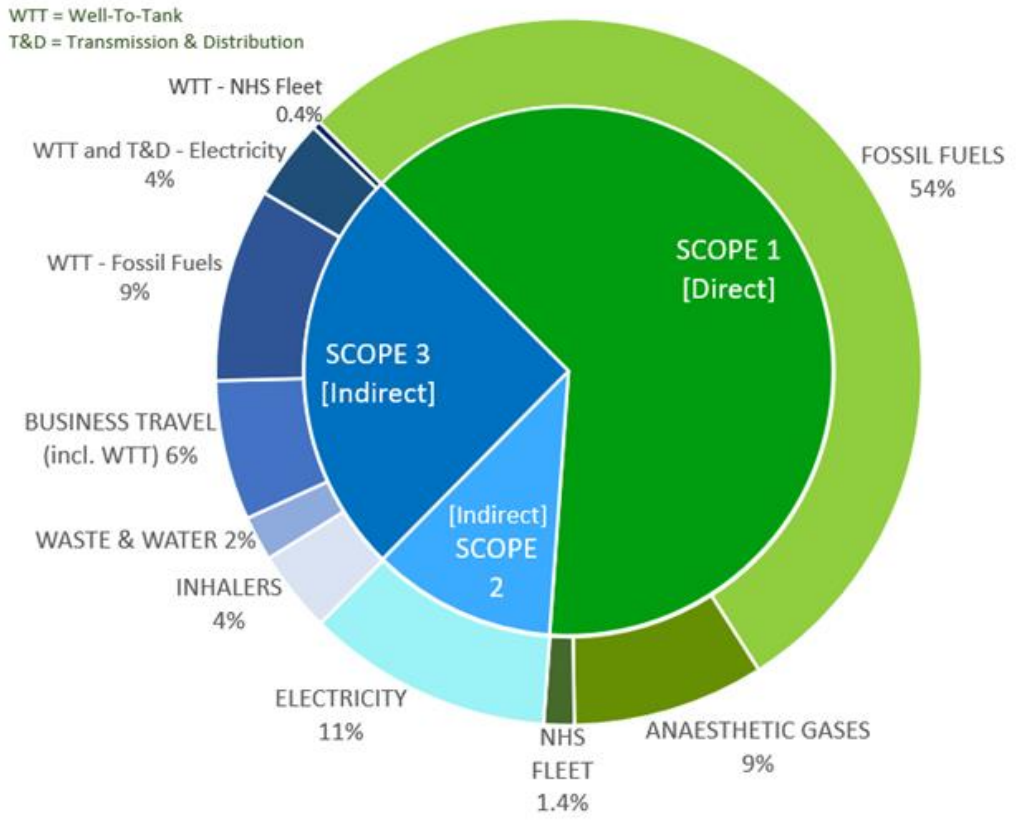
The Trust has calculated its carbon footprint in line with guidance from Greener NHS (part of NHS England) and the GHGP framework. Where new and more accurate data was sourced, the Trust carbon footprint was recalculated from 2019/20 baseline.

NHS Carbon Footprint is calculated using activity-based data and is more accurate than the calculations for the NHS Carbon Footprint Plus which is based on spend.

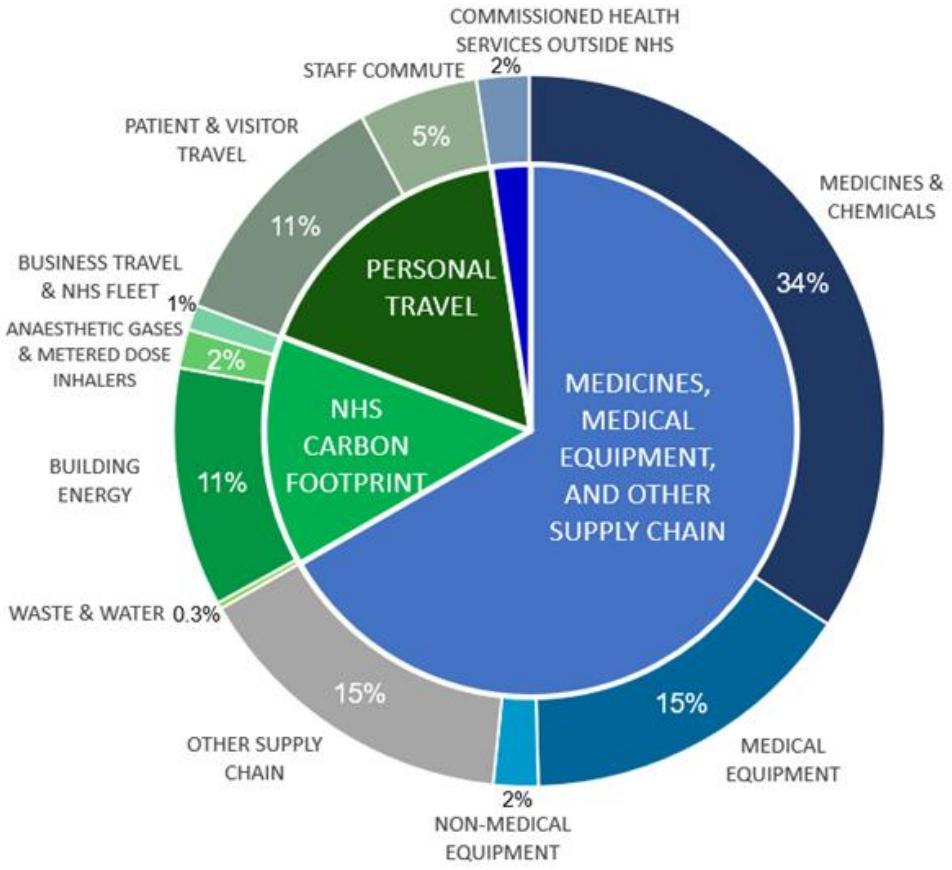
Category	Sub-category	2019-20	2020-21	2021-22	2022-23	2023-24
NHS CARBON FOOTPRINT	**SCOPE 1** [1]					
	Building Energy - Fossil Fuels	12,949	13,487	13,648	12,764	11,526
	Anaesthetic Gases	1,828	1,818	2,124	2,072	1,892
	Trust Fleet [2]	288	130	268	297	300
	SCOPE 2					
	Building Energy – Electricity [3]	2,167	1,754	1,500	1,695	2,427
	SCOPE 3					
	Waste	383	412	439	401	369
	Water	330	288	102 [4]	95	73
	Metered Dose Inhalers	849	576	859	805	809
	Business Travel (incl. WTT)	1,272	927	1,245	1,452	1,379
	Energy & Fleet – Well-To-Tank	2,290	2,200	2,969	2,853	2,781
	YSTHFT NHS Carbon Footprint Total (tCO_2e)	**22,356**	**21,592**	**23,154**	**22,433**	**21,555**
MEDICINES, MEDICAL EQUIPMENT, AND OTHER SUPPLY CHAIN	**SCOPE 3**					
	Medicines & Chemicals	36,932	45,170	49,686	51,102	52,326
	Medical Equipment	22,570	22,843	26,684	25,571	23,688
	Non-medical Equipment	1,395	2,306	3,085	1,922	3,119
	Other Supply Chain	11,299	14,349	17,050	27,831 [5]	23,081 [5]
	Supply Chain Total (tCO_2e) [6]	**72,195**	**84,668**	**96,506**	**106,425**	**102,215**
PERSONAL TRAVEL	**SCOPE 3**					
	Staff Commuting	7,323	7,272	7,854	8,109	8,306
	OUTSIDE OF GHGP SCOPES					
	Patient & Visitor Travel	14,482	13,036	14,975	16,749	17,560
	Personal Travel Total (tCO2e) [7]	**21,805**	**20,308**	**22,829**	**24,858**	**25,866**
HEALTHCARE OUTSIDE **NHS**	**SCOPE 3**					
	Commissioned Health Services Outside NHS [6]	864	817	1,060	1,778	3,645
	YSTHFT NHS Carbon Footprint Plus Total (tCO_2e) [6,7]	**117,219**	**127,385**	**143,549**	**155,496**	**153,281**
		Note there may be slight discrepancies due to rounding				
Number of Patient Contacts (inpatients & outpatients)		1,163,737	1,099,139	1,235,437	1,386,957	1,491,818
Carbon intensity per patient contact (tCO_2e)	Carbon Footprint	0.019	0.020	0.019	0.016	0.014
	Carbon Footprint Plus	0.101	0.116	0.116	0.112	0.103

1 GHGP also includes refrigerant gases (F-Gases) in Scope 1, but these are not currently included in the NHS Carbon Footprint.
2 NHS fleet emissions recalculated using fuel consumption which is more accurate than using mileages.
3 From 2020, all electricity is purchased on a green energy tariff with renewable energy guarantees of origin (REGO) certificates.
4 The drop to a lower figure is mainly due to a change in the carbon conversion factor supplied by the UK Government.
5 This includes the large amount of construction work done at Scarborough Hospital.
6 NHS Carbon Footprint CO2e calculations are mainly based on spend. This has a limitation as it does not reflect carbon savings through use of different products and/or suppliers. Also, a spend-based calculation will only show zero carbon if there's zero spend.
7 Travel emissions are based on survey data done before 2019, so the figures are very approximate.

The Trust's NHS Carbon Footprint for 2023/24 is broken down as follows:



By far the biggest contributor to our NHS Carbon Footprint is our energy use (77%).
The Trust's NHS Carbon Footprint Plus incorporates our supply chain and travel to our sites.



Note that the NHS Carbon Footprint is just 14% of the much larger NHS Carbon Footprint Plus.

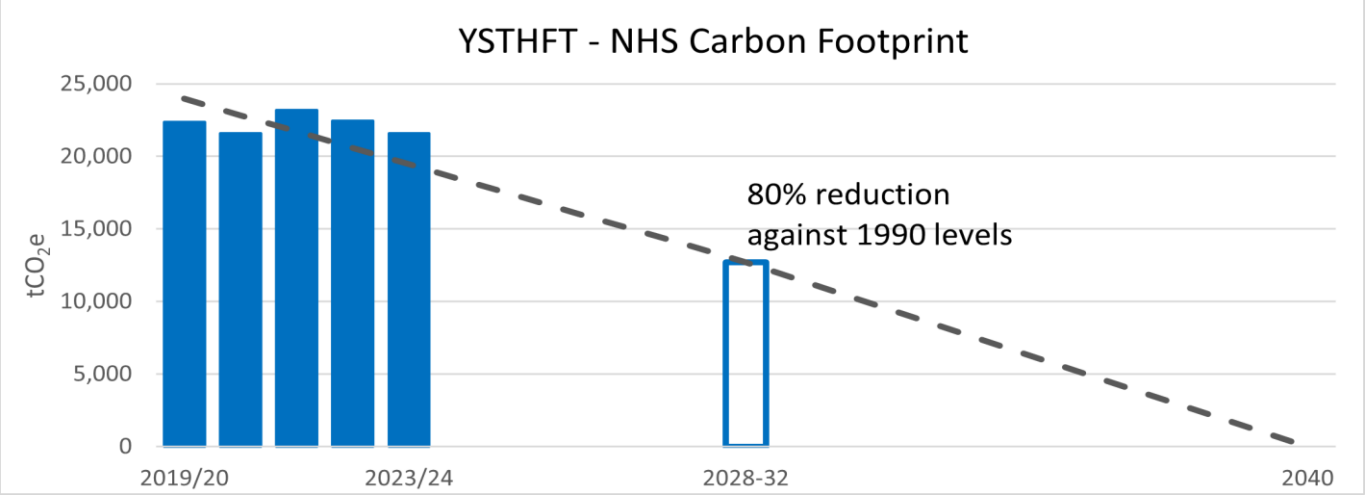
Progress against NHS Net Zero Targets

The real cost of carbon emissions is the long-term impact of irreversible climate change, harming the health of our population. The "Delivering a Net Zero National Health Service" report declared the aim to be the world's first net zero national health service. The Health and Care Act 2022 laid upon NHS Trusts in England a duty to achieve net zero carbon targets, air quality targets and to adapt to any current or predicted impacts of climate change. Two net zero targets were set:

- For the emissions we control directly (the **NHS Carbon Footprint**), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032 against 1990 levels.
- For emissions we can influence (our **NHS Carbon Footprint Plus**), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039 against 1990 levels.

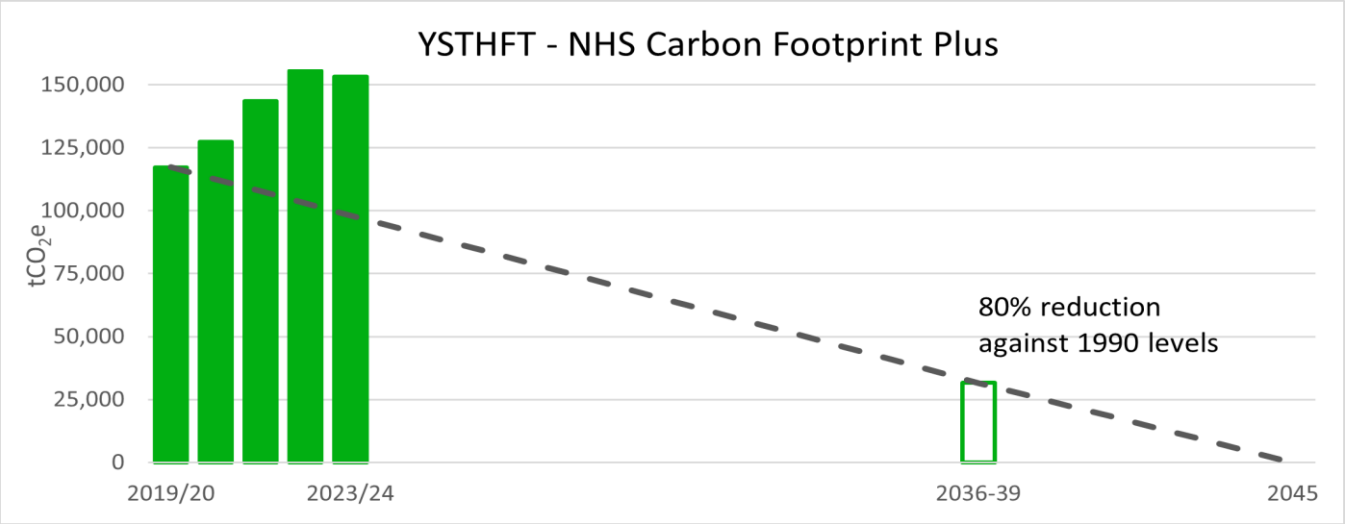
Under these overarching net zero targets, the Memorandum of Understanding (MOU) from NHS England, the NHS Long Term Plan and yearly NHS Standard Contract sets out the various targets and deliverables for NHS organisations to meet along the way, so that the NHS can achieve its ambitious goals.

In 2019 it was calculated that the NHS had reduced its carbon footprint by 26% against 1990 levels. Using 2019/20 as a new baseline, to reach the 80% reduction targets, emissions from the NHS Carbon Footprint need to reduce by 47% and the NHS Carbon Footprint Plus needs to be reduced by 73%. Using this 2019/20 baseline to measure the Trust's progress:



The Trust NHS Carbon Footprint dropped by 4% in 2023/24:

- The biggest contributor to this reduction was burning less gas which more than offset the increase in electricity consumption.
- We also saw a 11% reduction in emissions from waste and water, along with a 9% reduction in anaesthetic gases.
- There was a 4% reduction in emissions from our fleet and business travel.
- The Trust is treating more patients than ever. And the carbon emissions intensity per patient contact has dropped from 0.020 tCO_2e to 0.014 tCO_2e in just three years.
- However, to hit the 80% reduction target, we need to see emissions drop by around 7% per year on average.



This year saw the first drop, albeit small, in the Trust's NHS Carbon Footprint Plus since 2019/20.

- Around 50% of emissions is from medicines, chemicals and medical equipment.
- Travel by patients and visitors to our sites, along with staff commutes, is the next biggest source of emissions at 16%.
- The Trust's largest ever capital project, the new Urgent and Emergency Care Centre (UECC) at Scarborough, continued through 2023/24 and contributed approximately 8% to the carbon footprint.
- The number of patients the Trust treats is increasing, but the weight of emissions per patient contact has dropped from 0.112 tCO2e last year to 0.103 tCO2e this year, proving that the Trust has become more carbon efficient.

However, please note that the NHS Carbon Footprint Plus figures are not as accurate as the NHS Carbon Footprint figures. Around 70% comes from using spend based calculations. The limitation of this method is that to record zero carbon requires zero expenditure. It does not reflect carbon savings through the switching of products and/or suppliers. Also calculating emissions from personal travel is based on information taken from old surveys. Work is ongoing in finding more accurate ways of measuring the NHS Carbon Footprint Plus.

The next section of this sustainability report looks in more detail at the progress the Trust is making against the Net Zero and other sustainability targets in the Green Plan.

Workforce, System Leadership and Partnership Working

The Trust is a member of the Humber and North Yorkshire Health and Care Partnership, with whom we work collaboratively to meet the health and care needs of our population. We work with partners across our integrated care system, with a shared vision of reaching Net Zero by at least 2050 in line with the Climate Change Act.

As we strive to achieve a more sustainable future, this focus area encourages us to work with our people; Engaging the workforce within the sustainability agenda is key in achieving our net zero targets. By utilising various internal communication channels and hosting engagement events, we

are promoting the green agenda and increasing staff knowledge so that they understand the benefits of, and how to reduce their carbon footprint. We encourage staff to get involved, through sharing ideas and empowering changes. Our changemakers have been particularly key in representing our workforce, by contributing to our action planning.

To further help staff to increase their awareness of the sustainability agenda, The Head of Sustainability has worked with the Trust Learning Hub team to implement two learning modules on the Trust Learning Hub: -

- Building a Net Zero NHS
- Environmental Sustainability in Healthcare

In addition, there is work to with the Corporate Improvement Team to review the current QI training to better incorporate sustainability items including methodologies such as the triple bottom line and Circular Economy.

Working with the Medical Education team to deliver some lectures on sustainability in healthcare and broader work with the Generalist School.

As we move forward with our agenda, we will:

- Encourage all staff to complete the eLearning module 'Building a Net Zero NHS', available via the Learning Hub.
- Create a network of 'Green champions' so that all staff have an opportunity to drive greener changes across the organisation.
- Work with our staff, patients and partners to co-produce changes and to get them involved with our sustainability agenda.
- Role model environmentally friendly behaviours and actions.
- Head of Sustainability is developing a regional secondary care sustainability leaders group made up of our and neighbouring Trusts under our ICB as well as with the ICB, specifically the Assistant Director of Estates, Infrastructure and Sustainability, Director of Strategy for the ICB and the Greener NHSE lead for Humber and North Yorkshire.
- Use our leadership development programmes to grow future healthcare leaders who care and champion sustainability.

Sustainability is not just looking after the environment, but also looking after people. Elsewhere in this Annual Report, the Trust describes the many things it does to look after its staff.

Sustainable Models of Care

The Trust works with partners in the healthcare system to find ways of reducing the environmental impact of medical care. This is done through prevention work, patient self-care, effective patient pathways and using low carbon alternatives.

The NHS Standard Contract has identified inhalers and anaesthetic gases as two key areas where low carbon alternatives exist. The use of inhalers has been part of this Trust's work with the ICS to ensure that green options are an integral part of the care pathways. For details of the Trust's progress in these two areas, see the section on **Medicines** below.

The Trust has one of the largest catchment areas in England and the use of telephone and video for patient consultations where appropriate saves patient travel time as well as reducing carbon

emissions from travel. Virtual consultations have quadrupled from pre-pandemic levels: 51,400 in 2019/20 to 206,995 in 2022/23.

The Trust also has a mobile chemotherapy unit where patients can receive certain chemotherapy regimes in Scarborough, Bridlington, Malton, and Selby, instead of travelling all the way to York. The Trust is in the process of creating community diagnostic facilities in Scarborough, Selby and York to enable improved access to diagnostic tests and procedures outside of the acute hospital environment.

Digital Transformation

The Trust is part of the NHS ambitious digital transformation agenda, harnessing technology to streamline service delivery, support staff and improve the use of resources. Digital systems will be an important tool in achieving the NHS Net Zero targets.

A robust and up to date IT infrastructure is of key importance. Older model data centre servers have been replaced with lower energy consuming equipment and the next phase of the Trust Data Centre Strategy will see a continued move from on-site hosted servers \ services to cloud providers. This strategy is building on the move from locally hosted email to NHSmail and the use of the NHS cloud hosted central tenant for service such as Microsoft 365 and Teams. In addition to the move to cloud the Trust is aiming to reduce the number of data centres on site.

IT investment has enabled the massive growth in teleconferencing and virtual appointments. Existing IT equipment is refurbished where possible and over 3000 devices have been disposed of securely for re-use as part of the move to Windows 11.

The Trust is continuing to expand its use of digital solutions to capture patients' notes, replacing paper forms and reducing paper consumption as well as scanning and digitising existing paper notes, thus reducing the amount of space needed to store theme. Data management and reporting systems are used to monitor service delivery outcomes. The use of Teams avoids unnecessary travel for staff between sites and enables agile working for staff who can do their work from home.

A key priority for the Trust this year is the move to a new EPR – Nervecentre. The adoption of Nervecentre will enable an increased mobile first approach to digital health and further reduce the need for paper forms.

Travel and Transport

The new Trust Travel Plan was published in January 2025 is an important part of the Trust's sustainability agenda. It aims to support and encourage healthy and active travel, reduce travel related pollution and traffic congestion, and ensure that there is fair, consistent and adequate provision of transport and travel choices for all staff, patients and visitors. The Travel Plan includes actions to address shower and changing room provision, explore car share options, working with new starters to influence modal shift, and review operational aspects to reduce travel where possible.

The Chief Medical Officer has estimated that between 26,000 and 38,000 people die prematurely as a result of air pollution in England, and in addition many thousands more suffer from chronic ill health due to poor air quality. The Trust can contribute to an improvement in local air quality and improve the health of its community by promoting active travel - to our staff, and to the patients and visitors that use our services. The Trust participates in National Clean Air Day promotions with the City of York Council on an annual basis, with a focus on encouraging modal shift towards more

sustainable transport options and reducing idling of stationary vehicles on site. The Trust operates a cycle to work scheme and participates in the BetterPoints promotion under the City of York Council licence.

Work has continued to promote healthy and active travel through a range of on-site and online promotions to staff at our York, Scarborough and Bridlington hospital sites (in conjunction with City of York Council, North Yorkshire County Council, East Riding Council and various regional transport providers). Active travel events will take place throughout 2025 on all sites.

Modal shift to public transport is promoted to staff. Since 2023 there have been subsidised bus offers to staff at York and Scarborough. The offers have changed periodically due to fare cap adjustments and available funding. Currently, staff can pay £1.50 to travel for work purposes on the York bus network (offering multi-operator options), an arrangement subsidised by the Trust and City of York Council via BSIP funds. In Scarborough, staff can pay £1 per journey on the East Yorkshire Buses services 9, 9A and 10 which all connect with Scarborough Hospital, providing a bus connection every 15 minutes. One of the actions of the new travel plan will be to sustain the subsidy, work with the new Combined Authority and explore options to expand the subsidised offers to other Trust areas with the aim of reducing local pollution and congestion. A new staff cycle store is scheduled to be installed at Bridlington Hospital in Spring 2025, partly funded by a donation from East Riding Council.

A new bus stop is planned to be installed at Selby Hospital in Spring 2025, partly funded by a donation from North Yorkshire Council. This will offer significant benefits to staff and patients / visitors.

Fleet replacement to Electric Vehicles will be a priority in the next year, aligning with NHS net zero targets and phased delivery points. This work will focus on the Trust delivery fleet and pool cars, with charging infrastructure being the biggest challenge.

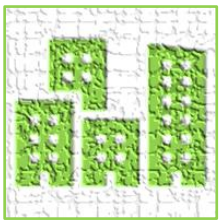
The table below outlines the mileages and carbon emission totals for Trust transport fleets for 2022 – 2024, measured in tCO2e stands for tonnes (t) of carbon dioxide (CO2) equivalent (e):

Transport Category	Units	2022/23	2023/24
Fleet Vehicles – Petrol & Diesel	miles	765,212	995,000*
Fleet Vehicles – Electric	miles	75,361	91,990
NHS Pool Cars	miles	517,352	705,202
NHS Fleet (incl. WTT[1])	**tCO_2e**	**445**	**575**
Business Travel - Grey Fleet	miles	2,820,842	2,771,764
	tCO_2e	979	938
Public Transport – Train, Bus, Coach & Taxi	miles	465,242	486,520
	tCO_2e	35	35
Business Air Travel	miles	1,273,411	851,263
	tCO_2e	438	403
Business Travel (incl. WTT)	**tCO_2e**	**1,452**	**1,376**

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

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

NB: Carbon accounting rules require the Trust pool cars we lease from Enterprise, to be counted as part of our fleet.



Facilities

The Trust produces a variety of waste streams, including high temperature incineration (HTI) which generates by far the highest amount of carbon emissions per tonne. The NHS England clinical waste strategy aims to improve waste management practices in every NHS Trust to make them more efficient, and sustainable in order to save on cost, improve hospital function, and reduce the impact upon the environment in line with the NHS England net zero carbon commitments.
In response to the national strategy the Trust Waste Team has developed and implemented a Waste Management Strategic Action Plan (WMSAP) that details and monitors key activities specific to progressing each of the priorities described within the NHS England strategy.

The total tonnage of waste has increased each year, but in 2022/23 the carbon emissions dropped due to improved waste segregation. No waste has been sent to landfill since 2021 and the amount sent for recycling has increased. The Trust also uses a re-use portal called Warp It which allows staff to redistribute unwanted furniture and equipment within the Trust. It is estimated that this has saved the Trust £14,177, stopped 2,225kg of waste and avoided 7.8 tCO_2e of carbon emissions.

Since the Trust signed the NHS Plastics Pledge in 2020, it has drastically reduced the number of single use plastics used in the Trust. Plastic straws are no longer used except for patients who a require a flexible necked straw. Single-use plastic takeaway food containers have been replaced with compostable alternatives, alongside the sale of re-useable cups to encourage staff to take drinks away in reusable containers.

Waste

To date significant progress has been achieved towards the NHSE main priority of 20% High Temperature Incineration (HTI), 20% Alternative Treatment (AT) and 60% Offensive (OFF) clinical waste segregation commonly known as the 20/20/60 target. The Trust's current position relative to this important target is 22% HTI, 23% AT and 55% OFF.

It should be noted that the total tonnage of waste has increased each year in line with the increase in patient demand. However, in 2022/23 the carbon emissions dropped due to improved waste segregation at the point of origin.

YTHFM are on the lookout for any opportunities to lead on waste trials and new innovation. A potential trial is extracting the plastic material currently disposed of within some of our clinical waste streams. The extraction of the plastics would reduce the volumes of waste going through low temperature incineration (EfW) and increase our recycling rates. This will further align the Trust to meet with the NHS net zero targets.

Waste Type	Unit	2019/20	2020/21	2021/22	2022/23	2023/24
High Temperature Incineration	tonne	295.9	223.4	255.0	227.2	241.5
	tCO_2e	267	201	230	205	218
Alternative Treatment[1]	tonne	186.8	462.7	469.3	422.8	293.7
	tCO_2e	67	166	169	152	106
Waste (EfW[2])	tonne	1,268.5	1,135.7	1,183.4	1,305.0	1439.5
	tCO_2e	27	24	25	28	31
Landfill	tonne	14.4	4.0	nil	nil	nil
	tCO_2e	8	2	0	0	0
Recycling	tonne	576.9	635.2	707.5	759.1	687.9
	tCO_2e	12	14	15	16	15
Food	tonne	34.6	26.9	20.3	23.5	38.4
	tCO_2e	0.4	0.3	0.2	0.2	0.3
Total Weight in tonnes		**2,377**	**2,488**	**2,636**	**2,738**	**2,701**
Total tCO_2e		**382**	**407**	**439**	**401**	**369**

1 Alternative Treatment is when waste is treated or sterilised before going into the EfW waste stream.
2 EfW = Energy from Waste. Waste is incinerated at a low temperature and energy is recovered.

Estates and Capital Facilities

Set against the complexity of retrofitting a mixed-age estate, the Sustainable Building Design Guide was introduced in 2018 and since reviewed in 2024, with the objective to achieve Building Research Establishment Environmental Assessment Method (BREEAM) 'Excellent'/'Very Good'. This ensures that all the aspects of sustainability - such as carbon reduction, innovative technology, future-proofing, and green spaces - is addressed throughout the whole capital projects build process. The Scarborough Urgent and Emergency Care (UECC) capital project – which began construction in 2022/23 and due for opening later this Spring - achieved BREEAM 'Excellent' at the pre-construction stage of the project, and the Trust is striving to achieve the same accreditation at project completion.

Further work is being done to update this guide in line with the NHS Net Zero (NZ) Building Standard, which was published in February 2023 by NHS England. The NZ Building Standard provides technical guidance to support the development of sustainable, resilient, and energy efficient buildings that meet the needs of patients now and in the future. It will apply to all investments in new buildings, and upgrades to existing facilities, which are subject to the HM Treasury approval process and are at pre-strategic outline business case approval stage from 1st October 2023 onwards. The Capital Projects Department is, however, committed to applying the NZ Building Standard's principles and processes to as many of the Trust's projects as reasonably practicable.

The Trust exercises its corporate social responsibility by working with contractors to deliver social value outcomes as well as initiatives to benefit local charities. Procurement for minor works was awarded to contractors that would benefit the local economy (e.g. engagement of local small businesses, employ local labour, certified considerate construction, and local skills development). These principles are also embedded into the design specification for the proposed Vascular Imaging Unit.

The Trust has previously made cost and carbon savings by retrofitting Combined Heat and Power systems (CHPs) at York, Bridlington and Scarborough. However, the grid has rapidly decarbonised over recent years and the electricity they produce is no longer less carbon intensive than national grid imports, though the CHPs still provide financial savings. The Trust is now developing and installing lower carbon options to heat and power its sites, alongside other energy efficiency improvement schemes.

The carbon reduction projects which commenced in March 2022 at York and Bridlington Hospitals are almost complete. They were largely paid for by Public Sector Decarbonisation Scheme (PSDS) Phase 3a grants - £4.735m for Bridlington Hospital and £4.338m for York Hospital. PSDS is funded by the UK Government and managed by Salix Finance. It supports projects that transition from fossil fuels to renewable technologies.

Bridlington Hospital has been used by Salix Finance as a best practice case study. It is seen as a shining example of sustainability by reducing the site's carbon emissions by a predicted 53%. The project achieves this by replacing a twenty-year-old boiler with air source heat pump system, the installation of a solar farm on the land area surrounding the hospital, more solar panels installed on the roofs, insulation added to pipework and fitting high efficiency motors. The Bridlington Combined Heat and Power (CHP) plant has now been switched off and the solar panels supply the majority of the site's annual electrical demand, and they are also connected to the electricity distribution network which will allow some export to the grid during the summer months.

York Hospital has also seen extensive energy efficiency improvements to the main ward block with new external wall insulation and new windows, together with heat pumps and pipework insulation. It is predicted to reduce carbon by 321 tonnes per annum.

Whilst the Sustainability Team were unsuccessful in securing additional PSDS 3c grant funding for a scheme to de-steam Scarborough Hospital, the team have very recently been informed they have been successful in securing this same funding for Scarborough through the PSDS 4 grant scheme.

There was recent success in securing alternative grant funding from the NHS National Energy Efficiency Fund (NEEF) Phase 2 - Rounds 1 and 2 for new low energy LED lights at York Hospital multi-storey car park, Bridlington, Scarborough, Malton and White Cross Court sites. With a grant of £2,037,443, it is estimated that this scheme will achieve total savings of 382 tonnes of carbon per annum.

Energy

Energy Source	Unit	2019/20	2020/21	2021/22	2022/23	2023/24
Gas	kWh	69,294,965	73,341,924	73,925,487	69,472,009	61,766,914
	tCO_2e [1]	14,397	15,239	15,858 [2]	14,842	13,165
Oil	kWh	814,028	6,200	403,631	309,100	378,290
	tCO_2e [1]	257	2	132	101	124
Electricity	kWh	8,478,245	7,523,317	7,063,109	8,763,398	11,613,618
	tCO_2e [3]	2,679	2,166	2,057	2,292	3,192
Total kWh		**78,587,238**	**80,871,441**	**81,392,227**	**78,544,507**	**73,758,822**
Total tCO_2e		**17,333**	**17,407**	**18,047**	**17,235**	**16,481**
Internal Floor Area (m^2)		163,329	174,214	176,420	178,282	181,444
Energy Intensity (kWh/m^2)		481.2	464.2	461.4	440.6	406.5
Carbon Intensity (tCO_2e/m^2)		0.106	0.100	0.102	0.097	0.091

1 Includes Well-To-Tank (WTT) emissions
2 Conversion factor for gas WTT increased from 0.02391 to 0.03135 (+31%) due to changes in gas supply following Ukraine invasion
3 Includes emissions from Well-To-Tank (WTT) and Transmission and Distribution (T&D)

Energy for our buildings and facilities is by far the largest component of our NHS Carbon Footprint (77%). Compared to 2019/20 there has been an overall reduction in carbon, even though the Trust's floor area has increased by 14,953m^2 (approximately size of two football pitches) which requires heating, cooling, and lighting. Energy efficiency in this period has improved as the energy use index dropped from 481.2 kWh/m^2 to 406.5 kWh/m^2. The recently installed low carbon heating systems, solar panels, new insulation, double glazing, lighting retrofit, and more efficient motors will lead to further carbon reductions.

Oil is used mainly for backup generators and when there are concerns about security of the power supply. Only one small site, used for medical records storage, uses oil for minimal heating needs in winter.

Water

	Unit	2019/20	2020/21	2021/22	2022/23	2023/24
Water	m^3	358,419	313,820	276,519	255,408	215,180
	tCO_2e	123	108	41 [2]	38	38 [2]
Wastewater[1]	m^3	291,341	254,896	225,102	208,136	175,095
	tCO_2e	206	180	61 [3]	57	35 [3]
Total tCO_2e		**330**	**288**	**102**	**95**	**73**

1 Wastewater is not metered, so a standard calculation of 80% of incoming water for York, Scarborough & Bridlington hospitals is used, and 95% for all other Trust sites.
2 The carbon conversion factor changed from 0.344 to 0.149
3 The carbon conversion factor changed from 0.708 to 0.272
4 The carbon conversion factor changed from 0.149 to 0.177
5 The carbon conversion factor changed from 0.272 to 0.201

The Trust has reduced its water consumption by 40% from 358,419m^3 in 2019/20 to 215,180m^3 in 2023/24. And its carbon footprint for water and sewerage has dropped by 78%, though this is also due to a new reduced carbon conversion factor calculated by the UK Government from 2021/22 onwards.

Green Space and Biodiversity

Access to green space has benefits for mental and physical wellbeing. It can also lead to improved air quality, noise reduction, and supports the local biodiversity, to combat some of the impacts of our changing climate.

The Trust's Sustainable Design Guidance highlights the importance of green space and supporting biodiversity, such as through the BREEAM standards mentioned earlier.

These additions have biodiversity benefits and improve the appearance of Trust sites. Furthermore, these kinds of features reduce the impact of surface water flooding and surface water drainage, provide insulation and can also protect underlying building materials from increasing rainfall intensity. Any new building schemes under development will now follow this guidance.

Building upon the five new wellbeing garden spaces created across Trust sites funded by York and Scarborough Hospitals Charity, they have been created to offer staff and patient outdoor areas for seating, interaction, and reflection with numerous areas of planting.

Going forward the Sustainability team have engaged with Humber and White Rose Forest organisations who are a public funded body to increase tree planting and biodiversity across the regions our Trust covers. Working with Estates grounds leads, they will help the Trust develop a strategy and plans to review and building upon the green spaces we have. These will have a number of potential benefits including: -

- Increased tree plant to help absorb CO2 each site produces and support biodiversity.
- Provide improve green spaces for staff, patients and visitors.
- Help support the increase in or local biodiversity.
- Finding funding and resource to implement these plans.

Medicines

Medicines (including medical gases and chemicals) form the largest portion of the Trust's NHS Carbon Footprint Plus at 36%. The NHS Standard Contract obligates the Trust to reduce using gases such as nitrous oxide and fluorinated gases which are used as anaesthetic agents and as propellants in inhalers, due to their environmentally damaging impact. Using a measure called Global Warming Potential (GWP) where 1 unit of CO_2 = 1; then desflurane has a GWP of 2540, isoflurane has a GWP of 510, nitrous oxide has a GWP of 310, and sevoflurane has a GWP of 130. Sevoflurane is a viable alternative to desflurane in many clinical situations and the NHS Standard Contract for 2023/24 has specified that usage of desflurane in surgery to be 2% or less as a whole, with the aim of eliminating desflurane altogether by 31st March 2024.

The Trust stopped using desflurane in November 2022 through the use of the preferential alternative, sevoflurane over desflurane by colleagues working in anaesthesia. Work is now being done to reduce the use of nitrous oxide and moving to portable systems leading to the eventually decommissioning of valves. This work is being done by a nitrous oxide decommissioning group lead by Pharmacy.

While there has been a lot of work and successes achieved some are the fostering of better communications between waste and clinical departments and implementation of destruction of POD CDs on wards and pharmacy stock requisition audits and other items include the Pharmacy Improvement Group.

Items to promote and celebrate include zero waste of Azacitadine due to pre-appointment phone calls, and zero waste of ready to administer chemotherapy in August and September due to the implementation of Notion Pro- temperature monitoring system in the Chemo Unit.

Following the work done last year this group will continue to: -

- Minimise the use of metered dose inhalers via replacement with dry powder inhalers – ICS wide group looking at the management of inhalers. Inhaler pathways include environmentally friendly options. Salamol brand of Salbutamol inhalers is in use in the Trust which has a lower propellent. Respiratory teams use environmentally friendly options where this is appropriate for patients.

- Investigate alternative to single use products – review to be completed of single use products via procurement processes and the Pharmacy Improvement Group.

- Reduce nitrous oxide manifolds across the Trust – being addressed via the Trust Medical Gas Committee- the anaesthetists have agreed to move away from nitrous oxide manifolds. Information regarding nitrous oxide cylinder requirements is currently being ascertained.

- Increase sustainability educational outputs specific to clinicians – further clarity required on what this relates to.

Supply Chain and Procurement

67% of this year's Trust's NHS Carbon Footprint Plus comes from the supply chain. These carbon emissions come from the manufacturing process in making the products, equipment and goods purchased by the Trust; in freight transportation, from building works and to a lesser extent in business services provided by suppliers.

Working with our supply chain is vital if the NHS is to reach its net zero targets. In September 2021 Greener NHS published the Net Zero Supplier Roadmap outlining how suppliers will align with our goals. There is now a requirement that all NHS procurements have a minimum 10% net zero and social value weighting. From 2023, suppliers were asked to publish their own Carbon Reduction Plans for new contracts worth over £5 million. This will be proportionately extended up over the next few years, so that by 2027 all suppliers for new contracts will need to have their own Carbon Reduction Plans. We routinely monitor supplier progress. To help suppliers, an online tool called Evergreen Sustainable Supplier Assessment has been created. It builds on the existing Policy Procurement Notes PPN 02/20 (Social Value), PPN 06/21 (Carbon Reduction Plans) and PPN 02/23 (Modern Slavery).

As a spender of public funds, the Trust must consider the economic, social and environmental impact of its procurement, working in a way that benefits the communities it serves, ensuring smart and efficient use of resources. The Trust has a turnover of approximately £820 million and is focussing on the way it procures and delivers services to increase efficiency and minimise waste. When developing a business case, a Sustainability Impact Assessment is done, which leads on to a procurement process incorporating the necessary specification and evaluation criteria to assess tenders before awarding a contract.

The Trust have partnered with Hull University Teaching Hospitals NHS Trust (the Host Organisation) and Northern Lincolnshire and Google NHS Foundation Trust to create the Humber and North Yorkshire Procurement Collaborative, a new organisation created to support the sustainable provision of clinical and non-clinical services and be a centre of procurement and commercial excellence: https://www.hull.nhs.uk/procurement/

Recent examples of sustainable procurement are recycled fabrics for chairs, using cotton sourced through the Better Cotton Initiative for uniforms, and investigating sustainable alternatives to single use disposable items, such as single patient reusable underwear. Also, the Trust is supporting the transition to reusable med tech products by utilising remanufactured surgical devices.

Food and Nutrition

YTHFM Catering has continued to review its impact in many areas to improve sustainability, such as: environment, food production, customer service, food waste, supply chain management and energy consumption taking into account feedback from patients, visitors and staff.

The Trust operates a centralised production system at York which in itself provides carbon savings and staff are trained to monitor and evaluate the efficiency of the food production systems, to provide improved reduction of wastage and also energy consumption through staggered production schedules across both York and Scarborough. Overall, our catering teams have delivered over 1.5m meals to patients annually.

York finishing kitchens have been refitted with electric catering equipment as an upgrade from gas, which is part of the electrification drive to reduce carbon in our production system. Our ambition this model across all of our catering areas.

The NHSE food waste initiatives have been implemented and wastage within the Trust is averaging c. 4% which is below the Trust target of 5% and there continues to be service improvements to further reduce our current rates.

Work continues to peer review catering departments across the ICB, and we have been working closely with other trusts to embrace multi temp distribution projects; the outcome of this project has decreased deliveries from multiple suppliers.

Vegware compostable food containers and cups have been introduced in all restaurants to replace all polystyrene and all Trust sites all fully compliant with the single plastic use ban. Trials will commence soon to have “No Cup Days” which will remove the requirement for disposable cups and replace it with reusable cups.

Plant-based menu choices are available daily across all Trust ward areas and restaurants. With the introduction of a Food Services Dietician the catering departments will have greater agility to change menus and benefit from more sustainable products.

The Trust plans to digitise the ordering system through the Great Food, Great Health Programme. Digital menus will offer patients the ability to order meals at the bedside, closer to point of service and include or exclude elements of the dish that they do not desire (e.g. rice) with support from dieticians. This model will ensure food waste and patient-centred care can be monitored effectively.

All kitchen food waste from York is sent for composting and further investigations are taking place to assess feasibility to orchestrate this methodology across other Trust sites. Food waste stream management solutions are being studied with a view to processing all food waste internally, but work continues to review over-ordering of food with the ultimate outcome of seeing food waste reduced even further.

There is commitment to continuously strive for improvements that will aid patients in their recovery and to ensure their experiences whilst in our care are positive.

Adaptation to Climate Change

Climate change brings new challenges to our business, both in direct effects to the healthcare estates, but also to patient health. Examples in recent years include the effects of heatwaves, extreme temperatures and prolonged periods of cold, floods, droughts etc. Our Board approved Green Plan describes the plans that address the potential need to adapt the delivery of the organisation's activities and infrastructure due to climate change and adverse weather events.

Formal emergency planning procedures are in place to deal with any adverse weather circumstances, which include current and future climate change risks. Events such as heatwaves, cold snaps and flooding are expected to increase as due to climate change. To ensure that our services continue to meet the needs of our local population during such events, the Trust has developed and implemented a number of policies and protocols in partnership with other local agencies. Flood defences have been installed at Tadcaster Health Centre.

The Trust's Emergency Planning Steering Group (EPSG) maintains a risk register, including the risks of severe weather such as flooding, heatwave etc. Issues arising from these risks can include risk to life, damage and disruption to properties, utilities and infrastructure, short-term homelessness of the local population and increased admissions and hospital attendances. The EPSG also tests, reviews, and monitors related plans and policies such as the Incidence Response Plan that incorporates the Adverse Weather Plan.

The Adverse Weather Plan provides temporary mitigation measures to respond to the effects of short-notice and short-term climatic events and is not responsible for long-term, permanent solution projects such as upgrading infrastructure environmental control and heating systems. The plan does, however, provide data collection opportunities to inform longer-term capital planning, risk identification and mitigation. Data collected during the implementation of the Adverse Weather Plan is now included in the annual report submitted by the Emergency Planning Manager to the Executive Committee and is also shared with the Head of Sustainability. This information can now be used to provide historical data sets to inform future capital projects, estates and maintenance planning.

One recommendation from the Emergency Planning Manager's report was to introduce automated temperature monitoring. So, in 2023, automated temperature monitoring was introduced to the inpatient areas of York and Scarborough hospitals. This gives detailed reporting of ward temperatures and allows the Trust to better understand its temperature control capability and how heatwaves impact our buildings' interiors. This will deliver better patient care.

For a more detailed look at what the Trust is doing around sustainability, please refer to the Trust Green Plan which can be found on the Trust Website under the 'About Us' tab and by clicking on 'Publications'.

In the News – Looking Back on 2024/25

April 2024

NHS leaders of the future

In April, the Trust launched its first leadership course tailored for our Black, Asian and Ethnic Minority colleagues. All the 35 students are embarking on their journey towards leadership and are learning the skills to become the NHS leaders of the future, as well as helping to make our Trust a

more inclusive and supportive workplace. They came from across the Trust and included staff nurses, clinical managers, and consultants.

Our Equality, Diversity and Inclusion Team was instrumental in developing the course, and it was funded by the York and Scarborough Hospitals Charity.

May 2024

40 years of the York Hospital Maternity Unit

Celebrations were held at York's maternity unit in May, as colleagues marked 40 years of delivering babies in the city.

An anniversary party with a birthday cake was held, with colleagues past and present sharing memories and photographs of their time in the unit. Deputy Head of Midwifery Bev Waterhouse said: "In the last 40 years, we have seen many changes, but one fact remains the same, and that is how proud we are to be midwives."

Also in this month, the Trust's Audiology Department received national recognition for its work in adult audiology assessment and rehabilitation and is now one of a handful of trusts in the country to receive the accolade from UKAS (United Kingdom Accreditation Service).

A new Community Diagnostic Centre also opened its doors in York, to help speed up the detection of many serious illnesses - meaning patients can start their treatment and recovery much sooner.

June 2024

Facilities colleagues in the spotlight

The Trust came together on National Healthcare Estates and Facilities Day to celebrate the vital contribution made by York Teaching Hospitals Facilities Management (YTHFM) colleagues. York, Scarborough, and Bridlington hospitals hosted stands which showcased the full range of areas where YTHFM makes a huge difference: from catering and domestic services to medical engineering and estate management.

Then YTHFM Managing Director Steven Bannister said: "The day helps us highlight the vital role we play for the Trust: such as providing patients with a clean environment, nutritious meals and a safe place in which to be cared for."

July 2024

Scarborough Urgent and Emergency Care Centre welcomes visitors and wins awards

Once fully operational, Scarborough Urgent and Emergency Care Centre (UECC) will transform life-saving healthcare in and around Scarborough.

During July, the UECC team hosted almost 400 public tours and 339 staff tours, giving those who will eventually work there the chance to see the facilities firsthand.

The UECC has garnered a handful of accolades, including success at the Constructing Excellence Awards and the prestigious Considerate Construction Awards.

In July, we also launched our strengthened Green Plan to take us up to 2027 and put sustainability at the centre of all that we do, ensuring our services are fit for the future. The plan is a practical strategy that all staff can use to guide their everyday practice and sets out how we can all play our part - however small - in incorporating sustainability into our working lives.

August 2024

‘No Excuse for Abuse’ campaign launched

We will never tolerate abuse, violence, or aggression towards any member of staff: that’s the message as we launched a new campaign in August, called ‘No Excuse for Abuse’.

The campaign sees posters and banners displayed across all patient-facing areas, including in our emergency departments, outpatient areas, and wards, reminding everyone that no form of abuse will be tolerated.

Colleagues who face abuse have the right to refuse treatment to a patient and will receive the full support of Trust leaders if they decide to make this decision. For those who are abusive to staff, there can be serious consequences, including prosecution. The same zero-tolerance approach is being taken towards staff members who abuse their colleagues. It will not be tolerated, whatever the circumstances.

September 2024

Cultural Awareness Day 2024: celebrating the diversity of NHS staff

In September, staff from our Trust embraced the Olympic spirit by hosting a vibrant Cultural Awareness Day at Scarborough’s North Bay Beach, to celebrate the Trust’s diverse international workforce. Now in its third year, this eagerly anticipated event was packed with a wide range of activities, from sports competitions to family-friendly entertainment. It was a day designed not only for fun but also for learning, as staff, volunteers, visitors, and children of all ages engaged with and learned from each other’s cultures.

October 2024

Endoscopy service commended in JAG Accreditation

In this month, the Trust’s endoscopy service received a prestigious accreditation from the Royal College of Physicians’ Joint Advisory Group (JAG) on gastrointestinal endoscopy, following a rigorous assessment.

This is the first time the Trust’s service, which performs more than 20,000 diagnostic and complex therapeutic procedures per year, has been assessed jointly. The announcement has been heralded as a landmark achievement, as Trust sites in Bridlington, Scarborough, and York were assessed.

Achieving JAG accreditation signifies the Trust meets the highest standards of best practice in endoscopy. The assessment team praised the service for demonstrating "high-quality clinical leadership and strong team collaboration."
The assessors also commended the leadership and governance of the service and were particularly impressed by the Trust's commitment to international recruitment, acknowledging the valuable contributions our diverse workforce makes to both the team and patient care.

November 2024

Celebrating a decade of Bridlington's Eye Clinic

In November, staff and patients from Bridlington Hospital's Eye Clinic celebrated 10 years of treating patients across the East Coast.

The clinic, which is the main intravitreal injection site on the East Coast, first opened after outgrowing its then base at Scarborough Hospital and initially started as a weekly Saturday clinic with just 30 patients.

Today, the clinic is operational for injections three days a week, seeing 80 patients a day and runs from five consulting rooms at Bridlington Hospital. It treats patients who suffer loss of central vision due to macular oedema secondary to macular degeneration, retinal vein occlusions, and diabetes. The drugs are injected into the eye to slow or stop the growth of abnormal blood vessels. They can also improve vision in some patients and help keep patients living independently for longer.

December 2024

Celebrating disability at work

To mark this year's Disability History Month in December, the ENABLE staff network hosted an online presentation by disability educator and advocate, Gem Turner.

The theme was livelihood and employment, and Gem kindly shared her experiences in the workplace as a person with a disability. "It's important to acknowledge the barriers at work that people with disabilities face, but I believe that we want empathy, not sympathy. Inclusion benefits everyone in an organisation, so it is worth investing in. I would encourage managers not to ask, 'What support do you need?', but 'What do you want to achieve?' Then you can work together on a positive way forward."

This is the first event of its kind that the network has hosted since it relaunched in 2023.

January 2025

York Hospital officially welcomes imaging scanner upgrade

In January, York Hospital's Nuclear Medicine Department introduced a cutting-edge scanner, offering patients in the region improved access to diagnostic services.

The new state-of-the-art SPECT-CT scanner delivers faster results for the most common scans. It also allows for more accurate patient scans, as it uses an imaging technique that combines two types of scans to create highly detailed, improved images of the body, enabling earlier and more precise diagnoses.

Primarily used for oncology imaging and functional brain assessments, the scanner provides detailed images with speed and accuracy, offering clinical staff valuable information about both anatomy and function.

This investment is expected to increase the department's patient capacity by up to a third compared to previous levels.

Previously, patients had to travel to hospitals in Leeds for this service.

The installation of the SPECT-CT scanner marks the culmination of years of planning and collaboration among staff across the hospital and was officially inaugurated in the department by Tom Welton, President of the Society and College of Radiographers.

February 2025

National funding of £1.2 million provides boost for rural and coastal healthcare research

In February, Scarborough Hospital, in collaboration with academics from the University of Birmingham and York, was awarded national funding from the National Institute for Health and Care Research (NIHR).

The research will establish how urgent and emergency care could be improved for patients living in rural coastal areas. In the past, the way health and care services have been designed was based on guidance that was developed for the whole country. Demand on health and care services is often worse in rural and coastal areas. For example, coastal emergency departments can face overcrowding in summer periods due to high numbers of visiting holidaymakers.

People living in rural coastal areas have poorer health and a lower life expectancy than those living in urban areas. This new study will determine how the NHS can best deliver emergency care in rural and coastal areas.

March 2025

Say hello to DAISY, the robot-assisted triage system

Staff at Scarborough Hospital's Emergency Department welcomed a new colleague in March - a research robot called DAISY.

DAISY, which stands for Diagnostic Artificial Intelligence System, is a pilot prototype humanoid device, designed to assist with the initial clinical triage assessments routinely carried out when patients attend the emergency department. The aim is to explore whether DAISY's advanced digital technology can enhance these processes.

The system provides instructions to patients on how to use medical equipment to measure their own vital signs.

DAISY will ask patients a series of health-related questions, gathering important data such as symptoms, body temperature, and pulse rate. All this information is then analysed and compiled into a clinical report, which is intended to support staff in their assessment of the patient.

DAISY does not replace any routine care. At this stage, the research pilot is designed to simply assess DAISY's functionality and compare its assessment to that of a clinician. There is no change to patient care, and patients enrolled in the pilot will only be treated based on the clinician's diagnosis.

Part 2
Accountability Report

2024/2025

Composition of the Board of Directors

The Board membership during the year was as follows:

Executive Directors

Name	Role	From	To
Simon Morritt	Chief Executive	August 2019	Present
Andrew Bertram	Finance Director Deputy Chief Executive	January 2009 May 2018	Present
Karen Stone	Medical Director	November 2022	Present
Claire Hansen	Chief Operating Officer	July 2023	Present
Dawn Parkes	Chief Nurse	September 2024	Present
Polly McMeekin	Director of Workforce and Organisational Development	February 2019	Present
James Hawkins	Chief Digital and Information Officer	August 2022	Present

Non-executive Directors

Name	Role	From	To
Martin Barkley	Chair	November 2023	Present
Jenny McAleese	Non-executive Director Vice Chair Senior Independent Director	March 2017 October 2020 May 2019	Present Present Feb 2020
Lorraine Boyd	Non-executive Director Senior Independent Director	April 2018 June 2022	Present Present
Lynne Mellor	Non-executive Director	April 2018	Dec 2024
Stephen Holmberg	Non-executive Director Senior Independent Director	July 2019 March 2020	Present May 2022
Jim Dillon	Non-executive Director	July 2019	Present

Matt Morgan	Hull York Medical School Stakeholder Non-executive Director	June 2020	Present
Julie Charge	Non-executive Director YTHFM Chair	June 2024	Present
Jane Hazelgrave	Non-executive Director	February 2025	Present
Helen Grantham	Assoc. Non-executive Director	May 2024	Present

All Non-executive Directors are considered to be independent, meeting the criteria for independence as laid out in NHS England's Code of Governance other than where stated in this report.

The Board of Directors has included additional non-voting Directors in the membership of the Board:

Non-voting Directors			
Name	**Role**	**From**	**To**
Lucy Brown	Director of Communications	February 2020	Present
Steven Bannister	Interim Managing Director to York Teaching Hospital Facilities Management	March 2023	September 2024

There were further changes occurring in the Board membership during the year.

The gender balance and age profile of the Board at 31 March 2025 was:

Gender		
	Female	**Male**
Non-executive Directors including Chair	5	4
Executive Directors	4	3
Corporate Directors	1	0

Age	
Range	**No. of Directors**
18 - 39	0
40 - 49	2
50 - 59	8
60 - 69	6
70+	1

Directors Biographies

Under section 17 and 19 of Schedule 7 of the National Health Service Act 2006, the Chair, Chief Executive, Executive and Non-executive Directors were appointed to the Board of Directors as follows:

Chair – Martin Barkley

Appointed November 2023

Martin was appointed Interim Chair of the Trust in November 2023. Martin started his career in the NHS as a trainee hospital administrator. In 1983, he commissioned and opened East Surrey Hospital and, in 1986, moved into general management with responsibility for the East Surrey Learning Disability and the mental health services, transforming the services from being institutional-based to community-based, leading the unit to become an NHS Trust in 1994, when he became its Chief Executive. He subsequently went on to serve four more Trusts (Nottingham Healthcare NHS Trust, Hampshire Partnership NHS Trust, Tees, Esk & Wear Valleys NHS Foundation Trust, and Mid Yorkshire Hospitals NHS Trust) as Chief Executive, up to his retirement in 2021. His career is characterised by leading service modernisation, quality improvement, and organisational development.

Chief Executive – Simon Morritt

Appointed August 2019

Simon joined the Trust from Chesterfield Royal Hospital NHS Foundation Trust, where he had been Chief Executive since 2016. He has more than 25 years' experience in the NHS, which he joined in September 1989 as a General Management Trainee in Greater Manchester. After roles across Yorkshire he went on to be successful in number of senior positions. His first Chief Executive post was for the Doncaster Central Primary Care Trust in October 2000 and he was appointed Chief Executive of the former Bradford and Airedale Teaching Primary Care Trust (now NHS Bradford and Airedale) in October 2006. Following his time in commissioning organisations, he became Chief Executive of Sheffield Children's Hospital.

Executive Finance Director – Andrew Bertram

Appointed January 2009
Deputy Chief Executive - appointed May 2018

Andrew has previously held a number of roles at the Trust, first joining in 1991 as a Finance Trainee as part of the NHS Graduate Management Training Scheme. On qualifying as an accountant, he undertook a number of finance manager roles supporting many of the Trust's clinical teams. He then moved away from finance to take a general management role as Directorate Manager for Medicine. Andrew then joined the senior finance team, firstly at York, subsequently at Harrogate and District NHS Foundation Trust, as their Deputy Finance Director, and then returning to York to become the Executive Finance Director. He has since been appointed Deputy Chief Executive in May 2018.

Executive Medical Director – Karen Stone

Appointed November 2022

Karen graduated from Birmingham University with a medical degree in 1990. She then worked in posts in paediatrics in Birmingham, London and Yorkshire. She was appointed to a consultant paediatric post with an interest in emergency paediatrics at Pontefract General Infirmary in 2001 after obtaining her Certificate of Completion of Specialist Training. Her career at Pontefract, which became part of the Mid Yorkshire Hospitals Trust, saw her develop into an accomplished medical leader. In 2014 Karen became the Medical Director, a post that she has left to join YSTHFT.

Executive Chief Nurse – Dawn Parkes

Appointed September 2024

Dawn is the former Director of Nursing and Quality at Mid Yorkshire Teaching Trust and has held this board position since June 2022. She has previously been the Deputy Director of Nursing and Quality a role which she held between 2015 and 2022, and several other senior leadership roles across West Yorkshire.
An experienced nurse and service leader, she started her career as a registered adult nurse at Leeds Teaching Hospitals Trust before moving into clinical strategic leadership and transformational work.

Executive Chief Operating Officer – Claire Hansen

Appointed July 2023

As Chief Operating Officer, Claire is responsible for the leadership and delivery of the Trust's operational services and is the lead executive director for Strategic Planning. Claire began her career in the Strategic Health Authority undertaking statistical analysis before moving to Clinical Audit in secondary care. Her career was in Northern Lincolnshire & Goole NHS Foundation Trust where she worked for over 20 years across many of the specialities spanning hospital and community services, culminating as Deputy Chief Operating Officer.

Executive Director of Workforce and Organisational Development – Polly McMeekin

Appointed February 2019

After graduating from Durham University in 2000, Polly began her career in Financial Services. In 2002 she joined the NHS working for Great Ormond Street Hospital, where she trained in Human Resource Management. Polly joined Harrogate and District NHS Foundation Trust 2009 and progressed to Deputy Director of Workforce and Organisational Development before she left in 2015. She joined the Trust in September 2015 as Deputy Director of Workforce reporting into the Chief Executive. She was subsequently appointed to the position of Director of Workforce and Organisational Development in February 2019. Her portfolio includes Human Resources, Organisational Development, Corporate Learning and Equality and Diversity.

Executive Chief Digital and Information Officer – James Hawkins

Appointed August 2022

James joined the Trust from NHS Digital where he had several different roles on the executive team and was central to the delivery of many of the national NHS IT systems and services and commercial frameworks, such as the NHS App, NHS.UK, NHS 111, NHS Summary Care Records and the GP IT Commercial Framework to name a few.

Non-executive Director - Jenny McAleese

Appointed March 2017
Senior Independent Director from May 2019 – February 2020
Vice Chair from September 2020

After graduating from Jesus College, Oxford in French and German, Jenny joined Grant Thornton and qualified as a chartered accountant. She remained with the firm for ten years, becoming an Audit Manager and then a Senior Healthcare Financial Consultant advising NHS Trusts. For 18 months she was seconded to the NHS Management Executive as a Business Analyst. In 1996, Jenny joined The Retreat Psychiatric Hospital in York as Director of Finance and a year later became Chief Executive until retiring in October 2016.

Non-executive Director – Lynne Mellor

Associate Non-executive Director from April to June 2018
Appointed July 2018 – End of term December 2024

Lynne brought over 26 years of experience in the public and private sector, having held a wide range of leadership positions with a particular focus in the network and IT sector.

Non-executive Director – Lorraine Boyd

Associate Non-executive Director from April to June 2018
Appointed July 2018
Senior Independent Director from June 2022

Lorraine is a GP and brings 30 years of experience of direct patient care. In recent years Lorraine has been involved as GP representative within NHS Vale of York Clinical Commissioning Group and The Humber, Coast and Vale Sustainability and Transformation Partnership. She is the founder Directory of City and Vale GP Alliance and she has supported the development of collaborative working between the Trust and primary care.

Non-executive Director – Jim Dillon

Appointed July 2019

Jim was Chief Executive at Scarborough Borough Council from April 2006 until his recent retirement. Before that he was a Director at Ipswich Borough Council. Jim has a strong passion for the Scarborough area and wishes to continue contributing to improving the quality of life of the community through being a Director of the Trust and having been involved at a strategic level of health and wellbeing agenda at both local and regional levels for many years.

Non-executive Director – Stephen Holmberg

Appointed July 2019
Senior Independent Director from March 2020 - May 2022

Stephen has been a Consultant Cardiologist in the NHS with more than 25 years' experience in direct patient care. He brings extensive experience as a previous Trust Board Executive and also held senior roles in other NHS organisations and the charitable sector. Steve has a strong interest in education in health care and in the development of safety and quality in patient care.

Non-executive Director (Hull/York Medical School Stakeholder) – Matt Morgan

Appointed June 2020

Matt is Deputy Dean and Professor of Renal Medicine and Medical Education at Hull York Medical School. As Deputy Dean he supports the Dean in the strategic development and delivery of the Medical School. Matt has wide experience in both undergraduate and postgraduate medical and allied health profession education and is a Fellow of both the Higher Education Academy and the Royal College of Physicians. He has also been active in promoting diversity and inclusion in healthcare and healthcare education. He continues to practice as a consultant in renal medicine in the NHS.

Non-executive Director – Julie Charge

Appointed June 2024

Julie has worked at the University of Salford since 2014, originally as the Executive Director of Finance, but has most recently taken up the role of Deputy Chief Executive and Chief Financial Officer. Julie oversees the professional services of the University, including Finance, Strategy, Estates, Digital IT, Student services and Marketing. Julie qualified as an accountant in 1995, completing her Master's in Business Administration in 2009. she has over 30 years of experience working in Finance. She's worked in a variety of Public and Private sectors including Health, Manufacturing and Higher Education.

Non-executive Director – Jane Hazelgrave

Appointed February 2025

Jane has worked in the NHS for over 30 years, including the last 14 years as an executive Director of Finance on a number of NHS boards including Humber and North Yorkshire ICB and Mid Yorkshire Teaching NHS Trust. She has spent most of her NHs career working in acute trusts but has also worked in commissioning and a strategic Health Authority. Before working in the NHS Jane worked in the private sector in a number of senior financial roles mostly in the brewing sector. Jane is a qualified Chartered Management accountant and holds a degree in Accounting and Finance.

Associate Non-executive Director – Helen Grantham

Appointed May 2024

Helen is a solicitor and spent her executive career in the private sector as General Counsel and Group Secretary of large, complex listed companies and latterly at the Co-op Group. The majority of her career was spent in consumer-facing organisations going through periods of significant change and having executive responsibility for legal, compliance, governance, risk, audit and corporate affairs functions. Her roles also involved

extensive stakeholder engagement. Helen is a Council member at the University of Leeds, where she chairs their remuneration committee. She also chairs the Yorkshire and North-East Advisory Board at the Canal and River Trust which provides green and blue spaces in communities across the region and is a Lay Member of Council at the Health and Care Professions Council.

The following other Directors have provided additional support to the Board:

Director of Communications – Lucy Brown

Appointed February 2020

Lucy joined the Trust in July 2008 as Communications Service Manager, bringing a wealth of knowledge with her. She established the Trust's first in-house communications function and was later appointed Head of Communications in 2011, reporting to the Chief Executive. Her portfolio includes media relations and PR, internal communications, stakeholder engagement and charity fundraising. She was appointed Acting Director of Communications in June 2018 and was appointed to the substantive role in February 2020.

Interim Managing Director to York Teaching Hospital Facilities Management – Steven Bannister

Appointed March 2023 – End of appointment December 2024

Previously working as Executive Director of Estates and Facilities for Northumbria Healthcare Facilities Management Limited and King's College Hospital NHS Foundation Trust. Steven has worked within the NHS for over 20 years and has extensive Estates and Facilities experience, leading on initiatives such as the NHSE Nightingale Programme and NHS Improvement – National Land Sales Programme.

The Board of Directors

The Board of Directors met nine times during the year. Attendance and membership is as follows:

	24/04/24	22/05/24	26/06/24	31/07/24	25/09/24	23/10/24	27/11/24	29/01/25	26/02/25	26/03/25
Martin Barkley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon Morritt	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
Andrew Bertram	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
Karen Stone	✓	✓	✓	✓	✓	✓	✓	✓	✓	x
Dawn Parkes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Claire Hansen	✓	✓	✓	✓	✓	✓	x	✓	✓	✓
Polly McMeekin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Hawkins	✓	✓	✓	x	✓	✓	✓	✓	✓	✓

Jenny McAleese	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lynne Mellor	x	✓	✓	✓	✓	✓	✓	-	-	-
Lorraine Boyd	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jim Dillon	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
Stephen Holmberg	✓	✓	✓	x	✓	✓	✓	x	✓	✓
Matt Morgan	✓	✓	✓	✓	✓	✓	x	✓	✓	✓
Julie Charge	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Helen Grantham	-	✓	✓	✓	x	✓	✓	✓	✓	✓
Jane Hazelgrave	-	-	-	-	-	-	-	-	✓	✓
Lucy Brown	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steven Bannister	✓	✓	✓	-	-	-	-	-	-	-

Register of Directors' Interests

Declarations of interest by members of the Trust Board are sought at each meeting of the Board and its committees and recorded in the minutes of the relevant meetings. The Register of Interests of Board Members is published each year on the Trust website, and includes those interests recorded during the preceding 12 months for Directors whose appointments have terminated in-year.

Guidance to the codes defines 'relevant and material' interests as follows:

a) Directorships, including Non-executive Directorships held in private companies or PLCs (with the exception of those for dormant companies)

b) Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS

c) Majority or controlling shareholding in organisations likely or possibly seeking to do business with the NHS

d) A position of authority in a charity or voluntary organisation in the field of health and social care

e) Any connection with a voluntary or other organisation contracting for NHS services

f) Research funding / grants that may be received by an individual or department

g) Interests in pooled funds that are under separate management.

The public can access the register on the website, or by making a request in writing to:

The Associate Director of Corporate Governance
York and Scarborough Hospitals NHS Foundation Trust
Wigginton Road
York YO31 8HE

Or by emailing yhs-tr.trustsecretary@nhs.net

Board Committees

During 2024/25 the Trust had four Board Committees: the Quality Committee, the Resources Committee, the Group Audit Committee and the Remuneration Committee.

All the Committees are chaired by a Non-executive Director and its membership is drawn from the Non-executive Directors and Executive Directors. Each Committee is supported by managers and senior leadership of the Trust. An Executive Committee is chaired by the Chief Executive and is the senior operational Committee of the Trust.

Remuneration Committee

Details of the Remuneration Committee can be found on page 83.

The Group Audit Committee

The Group Audit Committee met five times during the year. Attendance and membership of the Committee is as follows:

	13/05/24	17/06/24	10/09/24	10/12/24	04/03/25
Jenny McAleese (Chair)	✓	✓	✓	✓	✓
Lynne Mellor	x	✓	✓	✓	-
Stephen Holmberg	✓	✓	✓	x	✓
Helen Grantham	✓	x	✓	✓	✓
Jane Hazelgrave	-	-	-	-	x

A number of officers and advisors attended the meetings to provide assurance to the Committee, including:

- Andrew Bertram, Finance Director/Deputy Chief Executive
- Steve Kitching, Deputy Finance Director
- Alastair Newall, Engagement Lead, Mazars
- Helen Higgs, Head of Internal Audit
- Sandra Glaister, Internal Audit Manager
- Marie Dennis, Counter Fraud Officer
- Steven Bannister, Managing Director, YTHFM
- Penny Gilyard, Director of Resources, YTHFM
- Mike Taylor, Associate Director of Corporate Governance

The Committee receives reports from internal and external auditors and undertakes reviews of financial, value for money and clinical reports on behalf of the Board of Directors. The Committee considers matters for both the Trust and YTHFM.

The Trust has an independent internal audit function provided by Audit Yorkshire. The internal audit service also provides audit services to a number of other Foundation Trusts and other NHS organisations in the region. To coordinate the governance and working arrangements of the service, all Trusts that obtain services from the internal audit service are members of the Board of Audit Yorkshire.

The internal audit service agrees a work programme at the beginning of the financial year with the Trust. The service reports to each Group Audit Committee meeting on the progress of the work programme and provides detailed reports on the internal audits that have been completed during the previous quarter.

The list of activities below shows some of the work the Committee has undertaken during the year:

- Considered internal audit reports and reviewed the recommendations associated with the reports.
- Reviewed the progress against the work programme for internal and external audit and the Counter Fraud Service.
- Considered the annual accounts and associated documents and provided assurance to the Board of Directors.
- Considered, provided challenge and approved various ad hoc reports about the governance of the Trust.
- Considered the external audit report, including interim and annual reports to those charged with governance and external assurance review of the Quality Report.
- Reviewed and monitored the clinical audit process, triangulating information with the Quality and Resources Committees to ensure there is also assurance around effectiveness of the processes in place.
- Considered the effectiveness of the Committee and internal audit.
- Provided a focus on risk management, the Corporate Risk Register and Board Assurance Framework processes in order to challenge and evolve the documents.

The Audit Committee has considered no significant issues relating to the financial statements during 2024/25.

Role of Internal Audit

The Group's internal audit and anti-crime services are provided by Audit Yorkshire. Audit Yorkshire provides independent assurance to the Board of Directors via the Group Audit Committee. Internal Audit fully conform with the Global Internal Audit Standards (GIAS) and public sector requirements, as verified by our latest External Quality Assessment undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in September 2024.

The Managing Director and Head of Internal Audit is supported by one Deputy Director and a management team, all of whom are professionally qualified. The team of auditors are either qualified or working towards an externally validated professional qualification to ensure the organisation has the correct skill set to deliver a wide range of assurance reviews while demonstrating proficiency and due professional care.

At the start of the financial year, or on commencement of employment with Audit Yorkshire, all internal auditors complete a declaration and certify that they have no Conflicts of Interest which might compromise their independence whilst working for Audit Yorkshire.

Audit Yorkshire have extensive experience of delivering high quality and cost-effective Internal Audit services to our members. The approach and methodology are to:

- Provide an independent and objective annual opinion on risk management, governance and internal control that is compliant with the Global Internal Audit Standards and public sector requirements.
- Provide professional, high quality audit coverage of key areas of risk and operational issues.

- Collate the opinions drawn from our audit coverage to provide a meaningful Head of Internal Audit Opinion to support the Annual Governance Statement.
- Offer value-added work to assist the Group in making business improvements and achieving its corporate objectives.

Audit Yorkshire also provides general advice on governance, anti-crime and systems/process issues and undertakes consultancy/advisory work as required.

Role of External Audit

External Auditors are invited to attend every Group Audit Committee meeting. The appointed External Auditors have right of access to the Chair of the Group Audit Committee at any time. The Trust's current External Auditors are Forvis Mazars who were appointed at the beginning of August 2020 to provide this service for the Trust. This contract had been extended in March 2025 for a further three years approved by the Trust's Council of Governors following a procurement process and an assessment of their performance.

The objectives of the External Auditors fall under two broad headings. To review and report on:

- The audited body's financial statements.
- Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

In each case, the Group Audit Committee sees the resulting conclusions.

External Audit also prepares an annual audit plan, which is received by the Group Audit Committee. This annual plan sets out details of the work to be carried out, providing sufficient detail for the Group Audit Committee and other recipients to understand the purpose and scope of the defined work and the level of priority. The Group Audit Committee discusses with the External Auditors the main issues and parameters for audit planning in the meeting before the annual audit plan is presented. This allows the Committee members time and space to:

- Discuss the organisation's audit risks.
- Reflect on the previous years' experience.
- Be updated on likely changes and new issues.
- Ensure coordination with other bodies.

In reviewing the draft plan presented to the Committee, members concentrate on the outputs from the plan and what they will receive from the external auditors, balanced against an understanding of the auditors' statutory functions. Review of the audit fee is an important role, but the focus should be on consistency with NHSE's guidelines and appropriateness, in the context of the organisation's needs, and the statutory functions of the external auditors.

The annual audit plan is kept under review to identify any amendments needed to reflect emerging audit risks. The Group Audit Committee receives material changes to the annual audit plan.

Resources Committee

The purpose of the Resources Committee is to provide assurance to the Board of Directors the reviewing and seeking of assurance regarding the operational and strategic plans and activities for Finance, Performance and People aspects of the Trust. This includes areas such as York Teaching Hospitals Facilities Management (YTHFM) estates and facilities, and sustainability.

The Resources Committee met monthly during the year. Attendance and membership of the Committee is as follows:

	16/04/24	21/05/24	18/06/24	16/07/24	20/08/24	17/09/24	15/10/24	19/11/24	17/12/24	21/01/25	18/02/25	18/03/25
Lynne Mellor (Chair until Dec)	✓	✓	✓	x	✓	✓	✓	✓	✓	-	-	-
Jim Dillon (Chair from Jan)	✓	✓	x	✓	✓	✓	✓	✓	x	✓	✓	✓
Matt Morgan	✓	✓	x	-	-	-	-	-	-	-	-	-
Helen Grantham	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jane Hazelgrave	-	-	-	-	-	-	-	-	-	-	-	✓
Andrew Bertram	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Claire Hansen	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
James Hawkins	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	x	✓
Karen Stone	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x
Polly McMeekin	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
Dawn Parkes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steven Bannister	x	✓	x	✓	✓	-	-	-	-	-	-	-

A number of officers attended the meetings to provide assurance to the Committee:

- Melanie Liley, Interim Chief Operating Officer/Chief Allied Health Professional
- Penny Gilyard, Director of Resources, YTHFM
- Mike Taylor, Associate Director of Corporate Governance

The list of activities below shows some of the reports the Committee has overseen during the year:

- Trust Priorities Report (TPR) reporting on:
  - Finance - Income and expenditure, efficiency programme update and cash and capital
  - Operational Performance - Performance to national standards and recovery plans
  - People Update – Workforce and Organisational Development update
- YTHFM Assurance Quarterly Reporting: Operational Performance, Estates and Facilities Management, Sustainability Reporting
- Nursing Workforce Reporting
- Medical Workforce Reporting
- Annual Reporting of Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Staff Survey Results, Freedom to Speak Up, Equality Delivery System (EDS) and Health and Wellbeing Reporting
- Risk Management Reporting

Quality Committee

The purpose of the Quality Committee is to provide assurance to the Board of Directors around patient safety and putting the interests of patients first in relation to the Trust's performance on

quality and safety and transformational quality improvement and drawing any issues or matters of concern to the attention of the Board of Directors.

The Committee met monthly during the year. Attendance and membership of the Committee is as follows:

	16/04/24	20/05/24	18/06/24	16/07/24	20/08/24	17/09/24	15/10/24	19/11/24	17/12/24	21/01/25	18/02/25	18/03/25
Steven Holmberg (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jenny McAleese	✓	x	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
Lorraine Boyd	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
Karen Stone	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
Dawn Parkes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Claire Hansen	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓

Key officers attended the meeting to provide assurance to the Committee, including:

- Nicola Topping, Deputy Medical Director
- Tara Filby, Deputy Chief Nurse
- Emma George, Assistant Chief Nurse
- Donald Richardson, Chief Clinical Information Officer
- Sascha Wells-Munro, Director of Midwifery
- Adele Coulthard, Director of Quality, Improvement and Patient Safety
- Stuart Parkes, Chief Pharmacist
- Mike Taylor, Associate Director of Corporate Governance
- Senior rolling representation from each Care Group

The list of activities below shows some of the reports the Committee has overseen during the year:

- Care Group Deep Dive assurance presentations from each Care Groups leadership: Medicine, Surgery, Cancer, Specialist and Clinical Support Services (CSCS) and Family Health.
- Sub-Committee escalation reporting from:
  - Patient Experience Sub-Committee
  - Patient Safety and Clinical Effectiveness Sub-Committee
- Maternity and Neonatal Reports including the Maternity Section 31 submission
- CCQ Compliance Update Reporting
- Overall Quality Strategy progress
- Nurse Staffing Reporting
- Infection Prevention and Control Reporting
- Patient Experience Reporting
- Risk Management Reporting

Executive Committee

The Executive Committee is the key operational group of the Trust and is chaired by the Chief Executive. Its membership comprises the senior leadership of the Trust. The Executive Committee

discusses the formulation and implementation of strategy as well as key operational decisions. The formed strategy proposals are discussed with the Board of Directors and at their Committee meetings.

NHSE's Well Led Framework

NHSE states that it is good practice for organisations to conduct 'in-depth, regular and externally facilitated developmental reviews of leadership and governance' every three to five years. These reviews should then be used to facilitate development of the Board. The Key Lines of Enquiry which were developed also underpin the CQC's regular regulatory well led assessments.

The Trust has assured itself that it's well-led across its governance framework as detailed in the review of economy, efficiency and effectiveness of the use of resources section in the Annual Governance Statement and via the Board's Committees in their activities across the year as detailed in the Director's report. The Trust's internal control framework as a key part of its self-assessment provides assurance in the Board Assurance Framework for management of strategic risks and their assurance and operationally via the Corporate Risk Register. The Risk Management Strategy was reviewed during the reporting period and improvements made to provide further assurance on the management of risks, issues and performance. The performance report also provides areas in which the Trust has sought to improve its services both regarding patient care and stakeholder relations.

The Trust last carried out a well-led review in 2022/23 with NHSE which identified a series of actions to continually improve across its governance structure to improve efficiency and effectiveness of reporting and actions are progressing across the Trust. A further external well-led review is planned for the summer of 2025. The Trust was inspected by the CQC between October 2022 and March 2023. The inspection looked at Emergency and Urgent Care, Medical Care and Maternity Services. The CQC also inspected the well led key question for the Trust as a whole with a report published in June 2023 and returned to review Emergency and Urgent Care in January 2025.

The Trust is an active partner in the multiagency Heath and Care alliance boards in York, North Yorkshire and the East Riding. These are the vehicles for developing system strategic plans and for the delivery of collaborative projects working across the localities.

Patient Experience 2024/25

Complaints and Concerns

The Trust welcomes all feedback from patients, their families and carers about their experience of our services and views this information as invaluable in enabling us to learn and improve our patients experience, as well as determining whether changes can be made to the services we provide.

1124 formal complaints were received during 2024/25 compared to 816 in 2023/24, an increase of 38%. This increase is in line with the national trend and equates to a weekly average of 22 complaints. Failings were not identified in 37% complaint investigations concluded in 2024/25.

Key themes

- Communication with patient: one of the most frequent sources of patient complaints is poor communication. Patients may feel that they are not informed enough about their diagnosis, treatment options or expectations. They may also feel that they are not listened to or respected by the staff.

- Delays in diagnosis and treatment: Concerns about the quality of care received, including delayed or incorrect diagnoses, prolonged wait times for appointments, poor treatment outcomes, and lack of appropriate pain management, are a frequent source of frustration.

- Attitude of staff nursing and medical staff: patients may encounter rude, unprofessional, or indifferent staff members, who may make them feel unwelcome, uncomfortable, or unsafe. They may also perceive a lack of empathy, respect, or courtesy from the staff.

- Administration issues: difficulties getting through to wards and departments on the phone, letters arriving after appointments, not being kept updated about waiting times for treatment and chasing test results, are all commonplace issues having an impact on our patients.

Emerging trends or themes are monitored regularly as complaints are received, and any areas of concern are highlighted to the Care Group management teams.

Performance

Overall performance in responding to complaints was 49%, the same as in 2023/24 and the focus for 2025/26 will be to improve the quality of our complaint process, investigations, and responses. Our Patient Experience Team will be working in collaboration with care groups and Trust staff to understand and support breaking barriers to complaint closure through a quality improvement project.

Patient Engagement and involvement

During this year we co-created a new “Patient, Carers and Families Experience and Engagement Framework” to support us in embedding our vison of excellent patient experience.

We want to ensure that when someone comes into York and Scarborough Teaching Hospitals NHS Foundation Trust they are treated with dignity and respect and that the care and treatment is planned in partnership.

This framework will enable us to embed patient experience into our improvement programmes. The five aims of the framework are as follows:

- **Listen -** We will listen to patients and people with lived experience, to understand the needs of those accessing our services.
- **Learn -** We will listen to suggestions on how to improve what we do, act upon what we hear and use your ideas to improve services**.**
- **Involve -** We will ensure that a diverse range of patients and people with lived experience, are involved in co-production and leading the direction and delivery of our work programmes.
- **Improve -** We will develop responsive services, making changes which support us to improve the quality of care we deliver.
- **Feedback -** We will show that we value your engagement by providing meaningful feedback and sharing outcomes from where we have worked together to improve patient experience.

This framework will be embedded in our work throughout the Trust and will lay the foundations for us to further build on improving the experience for patients and carers.

In the summer of 2024 as part of the public engagement sessions for the new Urgent and Emergency Care facility at Scarborough hospital, we facilitated several patient and carer engagement workshops to access feedback about new environment. The feedback was then incorporated into the programme plan.

During the second part of the year, we commenced work to develop our carers improvement plan. We have undertaken surveys and focus groups to understand what carers want and need when they visit the hospital to support patients and will be using these insights to shape our improvement work.

The Patient Experience Subcommittee has now been hosted for a year, and we took the opportunity to survey participants to access feedback on any areas for improvement. We have also established Care Group Patient Experience Groups to provide oversight and gain assurance that there are systems, processes, and controls in place to deliver and monitor the achievement of consistently high-quality care.

We have continued to collaborate with Humber Teaching NHS Foundation Trust to support the Scarborough and Ryedale Patient and Carer Experience (PACE) Forum. This brings together staff, governors, Healthwatch, patients, carers, and the public from across the Scarborough, Bridlington and Ryedale region. The forum is coproduced with its members and strives to maintain an informative and relevant agenda. Some of the topics we have covered include patient transport, support for carers and tobacco dependency.

The Trust would like to thank all those patients, carers and members of the public who have contributed by sharing their lived experiences, discussing service improvements, and being involved in a range of engagement activities over the last year.

Volunteer Service

Volunteers make a significant contribution to improving the experience of patients, carers and staff, supporting several areas across the Trust including the medical wards, surgical wards, receptions, and outpatient areas and our emergency department in York hospital.

Our Volunteers have supported strategic priorities of the Trust, most predominantly with food, nutrition and hydration priorities.

We have continued to develop new roles in response to the demands of the Trust, including recruiting Volunteers to support the new Urgent and Emergency Care facility at Scarborough hospital.

The Volunteering Services Team responds to the shifting needs of the Trust, often at short notice. Our Volunteers have responded to support the Trust at particularly challenging times including being available to provide additional support to our A&E departments in January 2025 with volunteers responding to the request within 24 hours.

Surveys:

National Patient Surveys

During the last financial year, the Trust participated in three national patient experience surveys: the Adult Inpatient Survey 2023, the Urgent and Emergency Care Survey 2024, and the Maternity Survey 2024. These surveys, covering care received in late 2023 and early 2024, have yielded essential insights that continue to shape quality improvement activity across our sites.

Results of the surveys have been reviewed by Care Groups to ensure that the areas that require improvement are embedded in improvement plans.

Adult Inpatient Survey 2023

Results published in August 2024 reflect a consistent overall experience score of 7.8/10, unchanged from previous years. While high levels of respect (9.0), kindness (8.9), and trust in clinical staff

(Doctors: 8.6, Nurses: 8.2) were reported, patients raised ongoing concerns in areas such as communication, noise levels, and discharge planning.

Performance in cleanliness (8.7), room comfort (9.1), and privacy during examinations (9.3) remained strong. The lowest scoring area remained medicines information at discharge (4.1).

Urgent and Emergency Care Survey 2024

The Trust submitted data for both Type 1 (A&E) and Type 3 (UTC) services. Results, published by the CQC in November 2024, reveal contrasting experiences:

- Type 1 A&E services (York and Scarborough) received an overall experience score of 7.2/10. Key strengths included privacy during treatment (8.6), listening by staff (8.3), and post-discharge information (7.9). However, serious concerns were raised about communication during waiting (updates: 3.5, information: 2.5), pain management (5.8), and medication support (6.3)

- Type 3 UTC services performed significantly better, with an overall score of 9.0/10. Standout results were recorded in respect and dignity (9.6), communication clarity (9.3), and privacy during treatment (9.7). While waiting time communication (updates: 4.4) and access to food and drink (6.3) showed room for improvement, the service was broadly rated as delivering excellent patient experience.

Maternity Survey 2024

This year's results showed that the Trust continued to perform well across several domains. High satisfaction was reported in mental health discussions (9.0), staff working together (9.0), and pain management during labour (8.3). Nevertheless, the following areas saw statistically significant decline compared to 2023, notably:

- Partner involvement post-birth (3.4).
- Support with feeding at night/weekends (5.0).
- Information on physical recovery (6.2).
- Postnatal communication on the ward (6.8).

Action plans have been embedded into the Maternity and Neonatal Single Improvement Plan, and key interventions are underway, including extending partner visiting hours and reviewing infant feeding support pathways.

Survey Provider Transition

The Trust's contract with the national survey provider concluded on 30 April 2025. A full tender process was completed during the year, involving multiple assurance layers. Following evaluation, IQVIA was awarded the new contract and will oversee delivery of our national patient surveys.

Friends and Family Test

The Friends and Family Test (FFT) is a national patient feedback tool, offering a straightforward way for people to comment on their experience of care. At York and Scarborough Teaching Hospitals NHS Foundation Trust, FFT is available via paper forms, SMS, and QR codes, with responses collated monthly and reported by ward, department, and service. The feedback is used both to celebrate good care and identify areas needing improvement.

Between April 2024 and January 2025, the Trust received a total of 51,265 FFT responses across five core services. These results represent ten months of data, with year-end figures to be published in the full annual report.

FFT Response Rates (April 2024 – January 2025):

	Maternity	Community Hospitals	Inpatient Services	Emergency Department	Outpatients	Trust Total
FFT Responses	287	303	17,308	5,120	28,247	51,265
Eligible Patients	3,279	36,492	88,585	72,544	587,292	788,192
% Response Rates	8.8%	0.8%	19.5%	7.1%	4.8%	6.5%

Key Observations

- **Inpatient services** achieved the highest response rate of **19.5%**, reflecting consistent engagement and established collection practices at ward level.
- **Maternity services** returned a rate of **8.8%**, with a steady but slightly reduced level of response compared to the previous year.
- **Community services** continue to present challenges, with a low response rate of **0.8%**, primarily due to the complexity of eligibility definitions and the nature of service delivery.
- **Emergency departments** yielded 5,120 responses at **7.1%**, similar to previous years, despite the fast-paced and pressured environment.
- **Outpatient services** generated the highest volume of responses (28,247) but continue to have a relatively low response rate (**4.8%**) due to varying access points and inconsistent eligibility capture.

Actions were taken during the year to promote FFT through additional signage and posters and Care Groups reported on their results through their local meetings and at Patient Experience Subcommittee.

Our contract with the current service provider comes to an end in April 2025. We have ensured that we have stakeholder input into the selection of the new provider who will be onboarded in the next financial year. The incoming provider will deliver a digital-first FFT model, primarily via text message, with the flexibility to support paper-based feedback where required. This change is intended to enable teams to more easily and quickly access insights enabling them to both celebrate success and identify areas for improvement.

Patient Equality Diversity and Inclusion

Over the last year we have developed and published policies to support the patient EDI agenda including:

- Accessible Information Standards policy
- Co production, publication and communication of the Animals of Trust Property Policy
- Gender and Diverse Communities Policy.

We have continued embed the Accessible Information Standard (AIS) and are engaging with the development team to ensure that patient requirements can be recorded when we transition to the new electronic patient record.

Our translation and interpreting services has continued to be enhanced with the provision of guidance and training to staff on how to access the service. Our contract with the current service

provider comes to an end in Summer 2025. We are collaborating with other Trusts in the Humber and North Yorkshire Procurement Collaborative to ensure that the solution going forward offers value for money alongside a good service for patients and carers.

We have commenced work on a number of programmes of work that will improve patient and carer experience including the publication of British Sign Language (BSL) videos and Easy Read versions of the top 5 most accessed patient information leaflets and the co-production of a video for patients and carers with sensory needs to support them when visiting York hospital emergency care.

Chaplaincy and Spiritual Care

We recognise that time spent in hospital can be stressful to both the patient, their family and carers. Our Chaplaincy team offers spiritual and pastoral support to patients, visitors, and staff of all faiths, beliefs, or none, to find strength and meaning in their experience of illness, anxiety, or bereavement. This year we have seen an increase in referrals to the service of 50% primarily because of our new electronic referral system.

The Chaplaincy team has recruited new Chaplains and Honorary Chaplains to the team and are working to establish connections with faith groups to ensure that we are able to meet the needs of all patients and carers. In the year ahead we will continue to explore how the service can support patients and staff of underrepresented faith/belief groups including those with none.

Partnerships and Alliances

Partnership working remains a key strategic ambition for the Trust, supporting the delivery of effective healthcare to our communities. Collaborative working is a key contributing factor in the delivery of effective and patient centred clinical pathways.

As an anchor institution we work with partners to maximise local economic growth, supporting employability schemes and improve our community's health and wellbeing.

The Trust continues to be part of a number of clinical alliances with both Hull University Teaching Hospitals NHS Trust and Harrogate and District NHS Foundation Trust, which support the delivery of hospital services across the Humber and North Yorkshire Health and Care Partnership geographic area as part of an Integrated Care System (ICS).

The Trust is working in partnership with our local authority partners to align budgets under section 75, a route through which the Better Care Fund (BCF), to facilitate more joined-up care that wraps around the patients' individual needs.

The Trust works in partnership with Yorkshire Ambulance Service (YAS) recognising the risk of long ambulance handover delays has in the community. YAS supported the development of a handover nurse in the emergency departments at York and Scarborough Hospital. The Trust and YAS colleagues co-designed the improvement programme to deliver no ambulance waiting longer than 45 minutes to handover (W45 plan) which commenced in March 2025.

Within the framework of the Humber and North Yorkshire (HNY) Health and Care Partnership ICS, enhanced collaborative service arrangements are established with NHS Humber Health Partnership and Harrogate and District NHS Foundation Trust as part of a Collaborative of Acute Providers (CAP). The Trust is fully involved in these clinical networks which seek to drive continuous quality improvements across whole system pathways and share and implement evidence based best practice.

Through the HNY elective tactical group the Trust has received and supported requests for elective mutual aid to support treatment patients who have waited over 65 weeks for their treatment across several clinical specialties across the HNY footprint.

Trust clinicians and managers are also key members of the Humber and North Yorkshire Cancer Alliance (H&NYCA) which shares best practice and drives service improvement and improvements in performance across cancer pathways. In 2024/25 the Trust received £1.4million in cancer system development monies via the cancer alliance to support cancer pathway improvements and clinical leadership positions. These have enabled Trust clinicians to work across the ICS, shaping clinical services and reducing variation and inequality.

The Trust has continued to develop partnerships with primary care to support improved pathways for patients. Partnership working with local GP federation Nimbuscare has made this possible through a service level agreement with them for the provision of GP staff to deliver out-of-hours service elements and minor injuries as part of the integrated urgent care model. The Trust continues to work in partnership with primary care in the delivery of community diagnostic capacity and the development of integrated diagnostic pathways to support earlier diagnosis for patients.

Pivotal to the improvement ambitions for our local communities is the development of local 'place' based planning arrangements across the Humber and North Yorkshire Health and Care Partnership geographic area covering the Trust catchment population.

The Trust is an active partner in the multiagency Heath and Care alliance boards in York, North Yorkshire and the East Riding. These are the vehicles for developing system strategic plans and for the delivery of collaborative projects working across the localities, including neighbourhood teams' development.

The Trust continues to be an active Partner with the City of York Council as a tenant in the York Community Stadium. The Trust utilises space to deliver staff education and training and outpatient services.

The Digital and Information Service (DIS) within the Trust has continued to lead the way with Digital Partnerships and Alliances with partners across the Humber and North Yorkshire Health and Care Partnership Integrated Care System. The team have worked closely with Harrogate and District Foundation Trust to procure a new Electronic Patient Record system, and mobilisation has now commenced.

Simon Morritt

Chief Executive
June 2025

Remuneration Report – Statement from the Chair

The remuneration report summarises our remuneration policy and, particularly, its application in connection with the Executive Directors.

The report also describes how the Trust applies the principles of good corporate governance in relation to Directors' remuneration as defined in the NHS Code of Governance, in sections 420 to 422 of the Companies Act 2006 and the Directors' Remuneration Report Regulation 11 and Parts 3 and 5 of Schedule 8 of the Large and Medium sized Companies and Groups (Accounts and Reports) Regulations 2008 (SI 2008/410) ('the Regulations') as interpreted for the context of NHS Foundation Trusts, Parts 2 and 4 Schedule 8 of the Regulations and elements of the Foundation Trust Code of Governance.

The Remuneration Committee considers and acts with delegated authority from the Board of Directors on all matters concerning the remuneration, allowances and other terms of service of the Executive Directors. The Committee comprises the Trust Chair and all Non-executive Directors. The Committee is attended by the Chief Executive and others at the request of the Chair in an advisory capacity where appropriate.

Non-executive Directors' remuneration and terms and conditions of service are developed and reviewed periodically by the Council of Governors Nominations and Remuneration Committee and ratified by the Council of Governors.

All Directors of the Trust are subject to individual performance review. This involves the setting and agreeing of objectives for a 12-month period running from 1 April to 31 March. The very senior managers at the Trust received a 5% uplift during 2024/25 to reflect the cost of living in-line with the recommendations of the national Senior Salaries Review Body (SSRB) accepted by the government.

The full remuneration report of salary, allowances and benefits of senior managers are set out in the Salaries and Pension Entitlements of Senior Managers section of the Annual Report on Remuneration.

Remuneration for Non-executive Directors is also set out within that section and within the Full Statutory Accounts. No additional fees are payable in the role of Non-executive Director.

Martin Barkley

Chair, York and Scarborough Teaching Hospitals NHS Foundation Trust
June 2025

Remuneration Policy

Future Policy Table					
Item	**Salary/Fees**	**Taxable Benefits**	**Annual Performance Related Bonus**	**Long Term Related Bonus**	**Pension Related Bonus**
How this supports for the short and long term objectives of the Foundation Trust	Ensure the recruitment and retention of Directors of sufficient calibre to deliver the Trust's objectives	None disclosed	None Paid	None Paid	Ensure the recruitment and retention of Directors of sufficient calibre to deliver the Trust's objectives
How the component operates	Determined by the Remuneration Committee using a range of data and criteria as set out in the Remuneration Committee section. Paid in even twelfths	Senior Managers in the Trust are entitled to lease cars	None Paid	None Paid	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme, in line with national regulations
Maximum payment	As set out in the accounts	None disclosed	None Paid	None Paid	Contributions are made in accordance with the NHS Pension Scheme
Framework used to assess performance	The Trust's Values Based Appraisal and objective setting process is used for all staff including Executive Directors, together with specific measures agreed for the Executive Team by the Remuneration Committee.	None disclosed	None Paid	None Paid	Not applicable
Performance period	Tailored to individual posts	None disclosed	None Paid	None Paid	Not applicable
Amount paid for minimum level of performance and any further level of performance	Salaries are agreed on appointment and set out in the contract of employment	None disclosed	None Paid	None Paid	Not applicable
Explanation of whether there are any provisions for recovery of sums paid to Directors or provisions for withholding payments	Any sums paid in error may be recovered.	None disclosed	None Paid	None Paid	Any sums paid in error may be recovered.

Service contract obligations

All Executive Directors are required to provide six months' notice; however, in appropriate circumstances this could be varied by mutual agreement. Terms of each of the Non-executive Directors are given in the details of the Board members below.

Policy on payment for loss of office

Payment for loss of office is covered within contractual notice periods and standard employment policies and legislation. The Trust has made no provision for compensation for early termination and no payment for loss of office for senior managers.

Statement of consideration of employment conditions elsewhere in the Foundation Trust

Other members of staff who are not Board members are employed on agenda for change terms and conditions and any percentage pay increases are applied in accordance with national agreements. The Remuneration Committee agrees very senior managers' pay and conditions following consideration of benchmarking information on comparable roles.

The Non-executive Director fees are considered by the Council of Governors Nominations and Remuneration Committee and a recommendation is approved by the Council of Governors. The recommendation is prepared following a discussion and the receipt of benchmarking data. The Nominations and Remuneration Committee includes a Staff Governor as part of its membership. The Council of Governors includes five Staff Governors as part of its membership.

Service contracts

All Executive Directors are employed on a permanent basis.

As stated in the Service Contract Obligations above, all Executive Directors are subject to six months' notice period and the Non-executive Directors are subject to a month's notice period. The table below shows their start and finish dates, where applicable, or if their role is current:

Executive Director	Title	Date of appointment	Contract date to
Simon Morritt	Chief Executive	August 2019	Current
Andrew Bertram	Finance Director	January 2009	Current
	Deputy Chief Executive	May 2018	Current
Karen Stone	Medical Director	November 2022	Current
Dawn Parkes	Chief Nurse	September 2024	Current
Claire Hansen	Chief Operating Officer	July 2024	Current

Polly McMeekin	Director of Workforce and Organisational Development	February 2019	Current
James Hawkins	Chief Digital and Information Officer	August 2022	Current
Lucy Brown	Director of Communications	February 2020	Current

Non-executive Director	Title	Date of Appointment	Contract date to
Martin Barkley	Trust Chair	01.11.23 (1st term)	31.10.26
Jenny McAleese	Non-executive Director	01.03.24 (3rd term)	28.02.26
Lorraine Boyd	Non-executive Director	01.07.21 (2nd term)	30.06.26
Jim Dillon	Non-executive Director	01.07.22 (2nd term)	30.06.25
Steven Holmberg	Non-executive Director	01.07.22 (2nd term)	30.06.25
Matt Morgan	Non-executive Director	01.06.23 (2nd term)	30.05.26
Julie Charge	Non-executive Director	03.06.24 (1st term)	02.06.27
Jane Hazelgrave	Non-executive Director	26.02.25 (1st term)	25.02.28
Helen Grantham	Associate Non-executive Director	01.05.24	30.04.26

Remuneration Committees

The Trust has two Remuneration Committees: The Board of Directors Remuneration Committee and the Council of Governors Nominations and Remuneration Committee.

Board Remuneration Committee

The Board's Remuneration Committee is composed of all Non-executive Directors and is responsible for determining and agreeing, on behalf of the Board, policies for the remuneration and terms and conditions of service for all VSMs (Executive Directors and other managers on VSM contracts). It is responsible for considering the performance and annual objectives of the Chief Executive and Executive Directors and for termination arrangements that involve severance payment.

The Committee is responsible for:

- Reviewing of the structure, size and composition of the Board of Directors.

- Developing succession plans for the Chief Executive and other Executive Directors, taking into account the challenges and opportunities facing the Trust.
- Appointing candidates to fill vacancies amongst the Executive Directors.
- Reviewing remuneration and terms of conditions for Executive Directors and very senior managers (those managers not on NHS agenda for change pay scales).
- Recommending to the Board of Directors the award of discretionary points for consultants and specialist and associate specialist and staff grade doctors.

The Trust Chair is the Chair of the Remuneration Committee and its members are the remaining Non-executive Directors. The Chief Executive attends for any decisions relating to the appointment or removal of the Executive Directors. The Committee is also advised by the Chief Executive on performance aspects, by the Director of Finance on the financial implications of remuneration or other proposals, and by the Director of Workforce and OD on personnel and remuneration policy.

The Committee reviews national pay awards for staff within the Trust alongside information on remuneration for Executive Directors at other Trusts of a similar size and nature, taking account of overall and individual performance and relativities, with the aim of ensuring that remuneration of Executive Directors is fair and appropriate. Through this process any salary above the threshold of £150,000 used by the Civil Service is considered and approved by the Committee with a view to attracting and retaining individuals to support the Trust in delivering its vision and meeting its objectives.

The Committee also reviews the balance of skills, knowledge and experience on the Board of Directors when considering the appointment of an Executive Director or when a vacancy arises for a Non-executive Director. The diversity and inclusion of the Board is considered in relation to the Trust's WRES and WEDS standards and their action plans reported to the Board of Directors in reflection of the Trust's workforce and communities served.

The table below sets out the members of the committee during 2024/25 and the number of meetings at which each Director was present.

	17/07/24	04/10/24
Martin Barkley	✓	✓
Jenny McAleese	✓	x
Lynne Mellor	x	✓
Lorraine Boyd	✓	✓
Steven Holmberg	✓	✓
Jim Dillon	✓	✓
Matt Morgan	x	✓
Julie Charge	✓	x
Helen Grantham	✓	✓

Key officers who attended the meeting to provide assurance to the Committee, included:

- Simon Morritt, Chief Executive
- Polly McMeekin, Director of Workforce and Organisational Development

Governor Nominations and Remuneration Committee

The Council of Governors Nomination and Remuneration Committee is responsible for making recommendations to the Council of Governors on the following:

- Appointment and remuneration of the Chair and Non-executive Directors.
- Appraisal of the Chair.
- Approval of appointment of the Chief Executive.
- Succession Planning for posts of Chair and Non-executive Directors.

The Council of Governors approved the recommendation to re-appoint Jenny McAleese for a further one-year term as Non-executive Director, to appoint and the remuneration for Jayne Hazelgrave and Julie Charge as Non-executive Director and Helen Grantham as an Associate Non-executive Director during 2024/25.

Non-executive Directors are appointed on fixed term contracts, normally three years in length, and they do not gain access to the Pension Scheme because of this engagement. No additional fees are payable in the role of Non-executive Director.

The Council of Governors Nominations and Remuneration Committee and its membership comprise the Chair, the Lead Governor and eight Governors.

There were six meetings of the committee during this financial period. The extraordinary meetings related to Non-executive Director recruitment. The members' attendance is set out below:

	15.05.24	07.08.24*	26.09.24*	25.10.24*	02.12.24	21.02.25
Martin Barkley, Chair	✓	✓	✓	✓	✓	✓
Rukmal Abeysekera	✓	✓	✓	✓	✓	✓
Gerry Richardson	x	✓	x	✓	x	x
Catherine Thompson	✓	✓	✓		✓	
Sally Light	✓	✓				
Alastair Falconer	✓	✓				
Beth Dale			✓	✓	✓	✓
Sue Smith	✓	✓				

Linda Wild	✓	✓	✓	✓	✓	✓
Julie Southwell	✓	✓	✓	✓	✓	✓
Ros Shaw					✓	✓

* These were extraordinary meetings related to Non-executive Director recruitment.

The Associate Director of Corporate Governance services and provides advice to the Committee.

Remuneration and pension entitlements of senior managers (subject to audit)

a) Salary

Name and Title	2024-25					
	Salary and Fees	Taxable benefits	Annual Performance Related Bonus	Long Term Performance Related Bonus	Pension Related Benefits	Total
	£000's Bands of £5,000	£s Nearest £100	£000's Bands of £5,000	£000's Bands of £5,000	£000's Bands of £2,500	£000's Bands of £5,000
Executive Directors						
Mr S Morritt Chief Executive	235-240	4,900	-	-	32.5-35	270-275
Mr A Bertram Finance Director & Deputy Chief Executive	170-175	3,900	-	-	17.5-20	190-195
Dr K Stone Medical Director	210-215	1,700	-	30-35	60-62.5	295-300
Mrs C Hansen Chief Operating Officer	160-165	1,500	-	-	95-97.5	260-265
Ms P McMeekin Director of Workforce & Organisational Development	145-150	-	-	-	25-27.5	175-180
Mrs D Parkes Chief Nurse	160-165	2,500	-	-	145-147.5	305-310
Mr T Hawkins Chief Digital Information Officer	160-165	-	-	-	22.5-25	185-190
Non-Voting Directors						
Mrs L Brown Director of Communications	125-130	-	-	-	37.5-40	165-170
Ms M Liley Chief Allied Health Professional	135-140	-	-	-	-	135-140
Non-executive Directors						
Mr M Barkley Chairman	55-60	-	-	-	-	55-60
Mrs J McAleese	15-20	-	-	-	-	15-20

Non-Executive Director						
Dr L Boyd Non-Executive Director	15-20	-	-	-	-	15-20
Ms L Mellor Non-Executive Director	10-15	-	-	-	-	10-15
Mr S Holmberg Non-Executive Director	15-20	-	-	-	-	15-20
Mr J Dillon Non-Executive Director	15-20	-	-	-	-	15-20
Mr M Morgan Non-Executive Director	5-10	-	-	-	-	5-10
Ms H Grantham Associate Non-Executive Director	10-15	-	-	-	-	10-15
Ms J Charge Non-Executive Director	10-15	-	-	-	-	10-15
Ms J Hazelgrave Non-Executive Director	0-5					0-5

* Amounts shown above in brackets are negative figures.

Taxable benefits listed above relate to those executive directors who are in receipt of a Trust business lease cars.

Directors pay is made up of basic pay plus enhancements. The Trust does not award bonuses or performance related payments.

Mrs D Parkes is a seconded Interim Chief Nurse from Mid Yorkshire Teaching NHS Trust from 1st April 2024 to 4th September 2024 and was appointed Chief Nurse 5th September 2024
Ms Melanie Liley stepped down from Chief Allied Health Professional 31st October 2024 and was in receipt of a mutually agreed resignation scheme (MARS) payment included in the salary and fees figures

Those directors salaries above which include elements for clinical roles are:

Mrs K Stone salary for clinical role £268k
Mrs K Stone also receives a Clinical Excellence Award which is presented in the Long-Term Performance related bonus section above.

Of the 20 directors (incl 10 non-executive directors), 10 submitted expense claims totaling £10,900. (2023-24 Of the 21 directors (incl 11 non-executive directors), 9 submitted expense claims totaling £9,800)

Name and Title	**2023-24**					
	Salary and Fees	Taxable benefits	Annual Performance Related Bonus	Long Term Performance Related Bonus	Pension Related Benefits	Total
	£000's Bands of £5,000	£s Nearest £100	£000's Bands of £5,000	£000's Bands of £5,000	£000's Bands of £2,500	£000's Bands of £5,000
Executive Directors						
Mr S Morritt	220-225	3,700	-	-	-	225-230

Chief Executive						
Mr A Bertram Finance Director & Deputy Chief Executive	160-165	3,900	-	-	-	165-170
Dr K Stone Medical Director	190-195	4,100	-	30-35	-	230-235
Mrs C Hansen Chief Operating Officer	100-105	1,100	-	-	100-102.5	205-210
Ms P McMeekin Director of Workforce & Organisational Development	140-145	-	-	-	-	140-145
Mrs H McNair Chief Nurse	30-35	1,700	-	-	-	35-40
Mrs D Parkes Interim Chief Nurse	115-120	-	-	-	185-187.5	300-305
Mr T Hawkins Chief Digital Information Officer	155-160	-	-	-	-	155-160
Non-Voting Directors						
Mrs L Brown Director of Communications	115-120	-	-	-	27.5-30	145-150
Ms M Liley Chief Allied Health Professional	125-130	-	-	-	15-17.5	145-150
Non-executive Directors						
Mr A Downey Chairman	15-20	-	-	-	-	15-20
Mr M Chamberlain Interim Chair	25-30	-	-	-	-	25-30
Mr M Barkley Chairman	20-25	-	-	-	-	20-25
Mrs J McAleese Non-Executive Director	15-20	-	-	-	-	15-20
Dr L Boyd Non-Executive Director	15-20	-	-	-	-	15-20
Ms L Mellor Non-Executive Director	15-20	-	-	-	-	15-20
Mr S Holmberg Non-Executive Director	15-20	-	-	-	-	15-20
Mr J Dillon Non-Executive Director	15-20	-	-	-	-	15-20
Mr M Morgan Non-Executive Director	5-10	-	-	-	-	5-10
Ms Denise McConnell Non-Executive Director	10-15	-	-	-	-	10-15
Mr A Clay Associate Non-Executive Director	0-5	-	-	-	-	0-5

Taxable benefits listed above relate to those executive directors who are in receipt of a Trust business lease cars.

Directors pay is made up of basic pay plus enhancements. The Trust does not award bonuses or performance related payments.

Ms C Hansen was appointed Chief Operating Officer 17th July 2023
Mrs D Parkes is a seconded Interim Chief Nurse from Mid Yorkshire Teaching NHS Trust from 5th June 2023
Mrs H McNair stepped down from Chief Nurse 25th June 2023

Those directors salaries above which include elements for clinical roles are:

Mrs K Stone salary for clinical role £194k
Mrs K Stone also receives a Clinical Excellence Award which is presented in the Long-Term Performance related bonus section above.

Of the 21 directors (incl 11 non-executive directors), 9 submitted expense claims totaling £9,800. (2022-23 Of the 19 directors 8 claimed expenses totaling £500)

b) Pensions

	(a) Real increase in pension at pension age	(b) Real increase in pension lump sum at pension age	(c) Total accrued pension at pension age at 31 March 2025	(d) Total Lump Sum at pension age related to accrued pension at 31 March 2024	(e) Cash Equivalent Transfer Value at 1 April 2024	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2025	(h) Employer's contribution to stakeholder pension
Name	**Bands of £2500**	**Bands of £2500**	**Bands of £5000**	**Bands of £5000**	**£000**	**£000**	**£000**	**£000**
Mr S Morritt Chief Executive	2.5-5	0	90-95	245-250	2,107	51	2,327	0
Mr A Bertram Finance Director & Deputy Chief Executive	0-2.5	0	70-75	190-195	1,551	29	1,706	0
Dr K Stone Medical Director	2.5-5	0-2.5	90-95	235-240	1,988	83	2,227	0
Ms M Liley Chief Operating Officer	0-2.5	0	55-60	155-160	1,332	0	104	0
Ms P McMeekin Director of Workforce & Organisational Development	0-2.5	0	35-40	80-85	615	17	692	0
Mrs L Brown Acting Director of Communications	2.5-5	0-2.5	35-40	90-95	626	31	715	0
Mr T Hawkins Chief Digital Information Officer	0-2.5	0	40-45	95-100	841	23	941	0
Mrs C Hansen	5-7.5	7.5-10	50-55	125-130	906	94	1,079	0

Chief Operating Officer								
Mrs D Parkes Interim Chief Nurse	7.5-10	12.5-15	50-55	135-140	980	152	1,217	0

The following directors are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

- Mr A Bertram
- Mrs L Brown
- Ms C Hansen
- Mr T Hawkins
- Ms P McMeekin
- Mr S Morritt
- Mrs D Parkes
- Dr K Stone

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2025. HM Treasury published updated guidance on 17 March 2025; this guidance will be used in the calculation of 2024/25 CETV figures.

All directors are included in the pension scheme for 2024-25.

As Non-executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-executive Directors.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases

due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table (below) provides further information on the pension benefits accruing to the individual.

Fair Pay disclosures (Subject to Audit)

NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

	2024/25	**2023/24**
Highest paid Director	**Bands of £5k £000's**	**Bands of £5k £000's**
Salary	210-215	195-200
Clinical Excellence Award	30-35	30-35
Total Remuneration	240-245	230-235

The banded remuneration for the highest-paid director in the organisation in the financial year 2024-25 was £212.50 (2023-24 was £197.50). This is a change between years of 8% (2023-24 12%). The percentage change in clinical excellence award was 0% (2023-24 160%).

Total remuneration includes salary, non-consolidated performance related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of Pensions.

For employees of the Trust as a whole the range of remuneration in 2024-25 was from £16,819 to £288,864 (2023-24 was £16,370 to £307,876).

The percentage change in average employee remuneration excluding the highest paid director (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 7% (2023-24 the change was 2%), this increase is due to the pay awards.

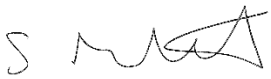
8 employees received remuneration in excess of the highest-paid director in 2024-25 (6 employees in 2023-24).

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2024-25	**25th Percentile**	**Median**	**75th Percentile**
Total Pay and benefits excluding pension benefits	£27,248	£36,577	£48,354

which is equal to Salary component of pay			
Pay and Benefits excluding pension: Pay ratio for highest paid director	8.9:1	6.7:1	5:1
2023-24	**25th Percentile**	**Median**	**75th Percentile**
Total Pay and benefits excluding pension benefits	£25,532	£34,362	£45,369
Pay and Benefits excluding pension: Pay ratio for highest paid director	9.1:1	6.7:1	5.1:1

The increase in the ratio's is due to annual pay award for Agenda for Change Staff. Director's pay is set by the Remuneration committee and are not subject to Agenda for Change terms and conditions.



Simon Morritt
Chief Executive
June 2025

Staff Report

Workforce Profile

The tables below provide a summary of the staff employed by the organisation during 2024/2025, broken down by age, ethnicity, gender, and recorded disabilities.

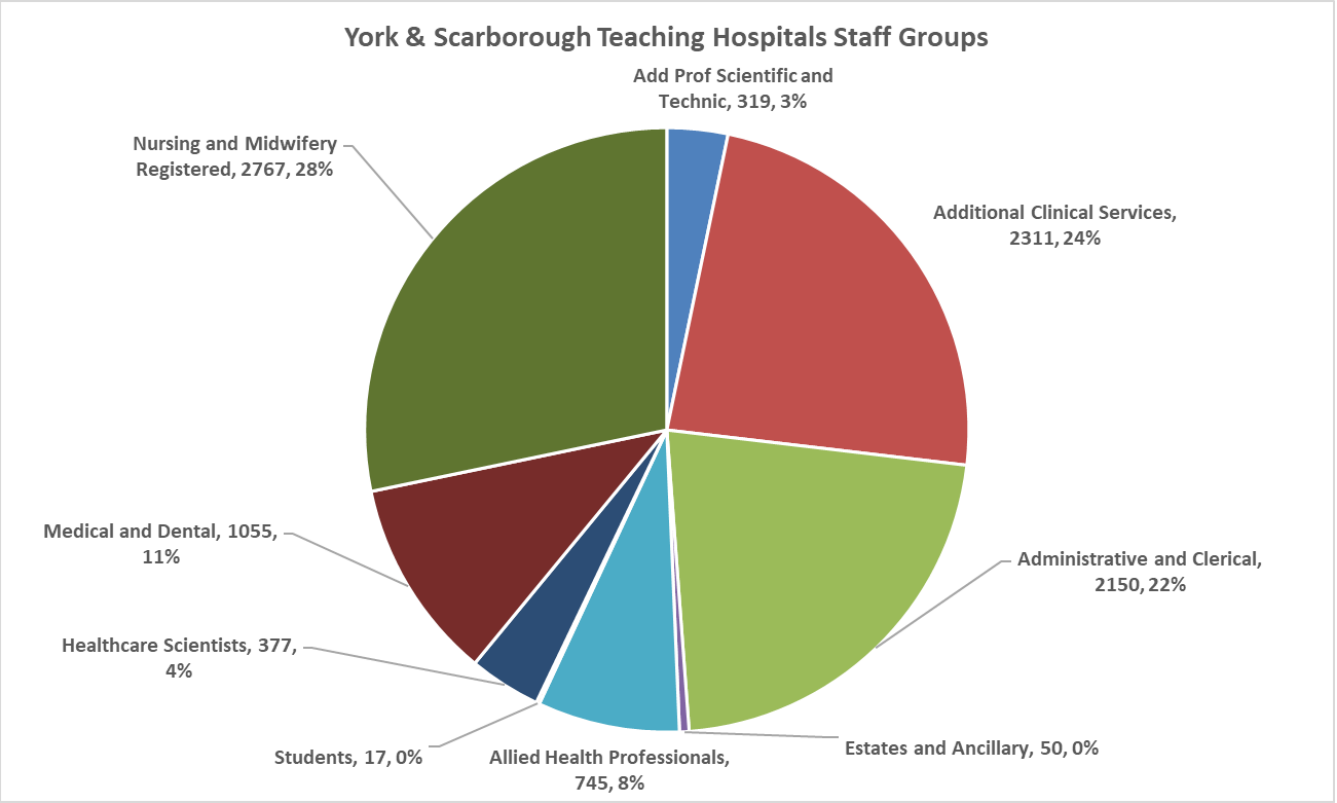
York and Scarborough Teaching Hospitals NHS Foundation Trust has 8,916 permanent employees and 875 staff holding fixed term contracts. Staff workforce data including turnover, is published monthly through NHS England – Digital: [NHS workforce statistics - NHS England Digital]

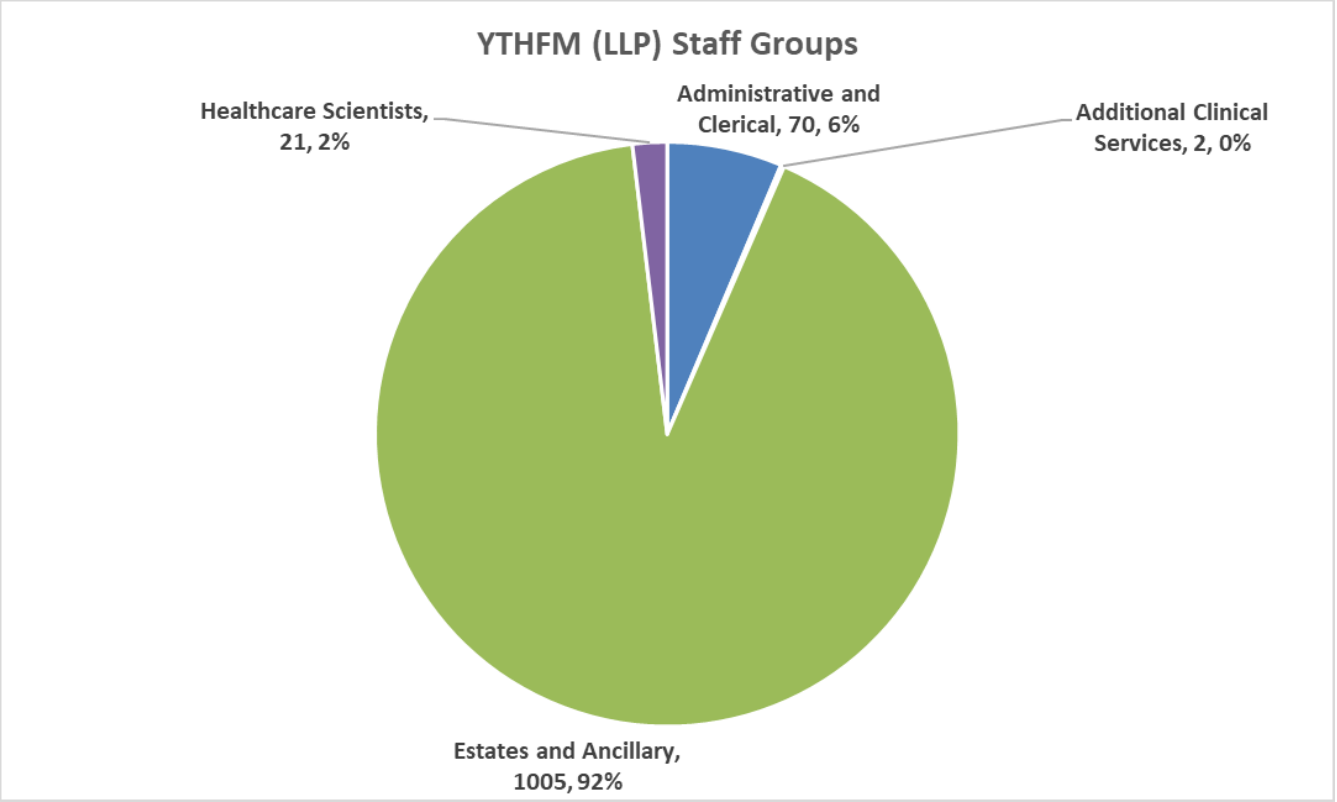
York Teaching Facilities Management (YTHFM LLP) has 1,068 permanent employees and 30 staff holding fixed term contracts.

	Staff 24-25	%	York & Scarborough Teaching Hospitals		YTHFM (LLP)	
			Staff 24-25	%	Staff 24-25	%
Age						
<=20 Years	106	0.97%	89	0.91%	17	1.55%
21-25	739	6.79%	697	7.12%	42	3.83%
26-30	1296	11.90%	1223	12.49%	73	6.65%
31-35	1493	13.71%	1397	14.27%	96	8.74%
36-40	1405	12.90%	1290	13.18%	115	10.47%
41-45	1277	11.73%	1146	11.70%	131	11.93%
46-50	1137	10.44%	1036	10.58%	101	9.20%
51-55	1280	11.75%	1134	11.58%	146	13.30%
56-60	1173	10.77%	987	10.08%	186	16.94%
61-65	790	7.26%	644	6.58%	146	13.30%
66-70	149	1.37%	113	1.15%	36	3.28%
>=71 Years	44	0.40%	35	0.36%	9	0.82%
Gender						
Female	8308	76.30%	7724	78.89%	584	53.19%
Male	2581	23.70%	2067	21.11%	514	46.81%
Disability						
Yes	574	5.27%	515	5.26%	59	5.37%
No	9046	83.07%	8047	82.19%	999	90.98%
Prefer not to answer	36	0.33%	33	0.34%	3	0.27%
Not Declared	477	4.38%	440	4.49%	37	3.37%
Unspecified	756	6.94%	756	7.72%	0	0.00%
Ethnicity						
Any Other Ethnic Group	145	1.33%	131	1.34%	14	1.28%

Asian British	8	0.07%	8	0.08%	0	0.00%
Asian Mixed	2	0.02%	2	0.02%	0	0.00%
Asian or Asian British - Any other Asian background	217	1.99%	202	2.06%	15	1.37%
Asian or Asian British - Bangladeshi	22	0.20%	21	0.21%	1	0.09%
Asian or Asian British - Indian	493	4.53%	483	4.93%	10	0.91%
Asian or Asian British - Pakistani	76	0.70%	76	0.78%	0	0.00%
Asian Punjabi	1	0.01%	1	0.01%	0	0.00%
Asian Sinhalese	2	0.02%	2	0.02%	0	0.00%
Asian Sri Lankan	2	0.02%	2	0.02%	0	0.00%
Asian Unspecified	6	0.06%	6	0.06%	0	0.00%
Black British	2	0.02%	2	0.02%	0	0.00%
Black Nigerian	28	0.26%	27	0.28%	1	0.09%
Black or Black British - African	531	4.88%	506	5.17%	25	2.28%
Black or Black British - Any other Black background	19	0.17%	19	0.19%	0	0.00%
Black or Black British - Caribbean	27	0.25%	25	0.26%	2	0.18%
Black Unspecified	1	0.01%	1	0.01%	0	0.00%
Chinese	47	0.43%	43	0.44%	4	0.36%
Filipino	61	0.56%	60	0.61%	1	0.09%
Malaysian	2	0.02%	2	0.02%	0	0.00%
Mixed - Any other mixed background	32	0.29%	30	0.31%	2	0.18%
Mixed - Asian & Chinese	2	0.02%	2	0.02%	0	0.00%
Mixed - Black & Asian	1	0.01%	1	0.01%	0	0.00%
Mixed - Black & Chinese	1	0.01%	0	0.00%	1	0.09%
Mixed - Black & White	1	0.01%	1	0.01%	0	0.00%
Mixed - Other/Unspecified	13	0.12%	12	0.12%	1	0.09%
Mixed - White & Asian	41	0.38%	37	0.38%	4	0.36%
Mixed - White & Black African	41	0.38%	38	0.39%	3	0.27%
Mixed - White & Black Caribbean	17	0.16%	17	0.17%	0	0.00%
Not Stated	440	4.04%	392	4.00%	48	4.37%
Other Specified	3	0.03%	3	0.03%	0	0.00%
Vietnamese	1	0.01%	1	0.01%	0	0.00%
White - Any other White background	350	3.21%	274	2.80%	76	6.92%
White - British	7613	69.91%	6836	69.82%	777	70.77%
White - Irish	59	0.54%	56	0.57%	3	0.27%
White Cypriot (non specific)	1	0.01%	1	0.01%	0	0.00%
White English	308	2.83%	271	2.77%	37	3.37%
White Greek	5	0.05%	5	0.05%	0	0.00%
White Italian	3	0.03%	3	0.03%	0	0.00%
White Mixed	1	0.01%	1	0.01%	0	0.00%
White Northern Irish	8	0.07%	8	0.08%	0	0.00%
White Other European	58	0.53%	48	0.49%	10	0.91%
White Other Ex-Yugoslav	1	0.01%	1	0.01%	0	0.00%
White Polish	55	0.51%	23	0.23%	32	2.91%
White Scottish	12	0.11%	10	0.10%	2	0.18%

White Serbian	1	0.01%	1	0.01%	0	0.00%
White Turkish	2	0.02%	2	0.02%	0	0.00%
White Unspecified	124	1.14%	95	0.97%	29	2.64%
White Welsh	3	0.03%	3	0.03%	0	0.00%





Gender Profile

The breakdown below includes information about female and male staff at the end of the year. The data is split by Directors, senior managers and the remainder of the workforce.

York & SGH TH	Female		Male		Total
Board Directors	9	0.09%	7	0.07%	16
Managers – Bands 8a, 8b, 8c, 8d, 9, personal salary (non-board members), M&D Consultants & SAS Doctors	588	6.01%	494	5.05%	1082
All other staff – Bands 7 and under, and all other M&D	7127	72.79%	1566	15.99%	8693

YTHFM (LLP)	Female		Male		Total
Board Directors	1	0.09%	0	0.00%	1
Managers – Bands 8a, 8b, 8c, 8d, 9	3	0.27%	10	0.91%	14
All other staff – Bands 7 and under	580	52.82%	504	45.90%	1069

Since April 2017, all employers with more than 250 staff are required to publish information about their gender pay gap. We are required to publish the following:

- Gender pay gap (mean and median averages)
- Gender bonus gap (mean and median averages)
- Proportion of men and women receiving bonuses
- Proportion of men and women in each quartile of the organisation's pay structure

In the Trust the only bonuses that are awarded are to medical and dental staff through the Clinical Excellence Awards.

The Trust's gender pay information is reported on the government website - Gender pay gap reports for York Teaching Hospital Nhs Foundation Trust - Gender pay gap service (gender-pay-gap.service.gov.uk)

Staff Costs, Staff Numbers and Exit Packages (subject to audit)

In line with the HM Treasury requirements, some previous accounts disclosures relating to staff costs are now required to be included in the staff report section of the annual report instead.

Staff costs

	Group			
			2024/25	2023/24
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	377,029	66,346	**443,375**	403,598
Social security costs	39,920	7,025	**46,945**	43,778
Apprenticeship levy	1,881	331	**2,212**	2,080
Employer's contributions to NHS pension scheme	71,343	12,554	**83,897**	65,851
Pension cost - other	105	18	**123**	173

Termination benefits	418	-	**418**	2
Temporary staff	-	14,759	**14,759**	23,831
Total staff costs	**490,696**	**101,033**	**591,729**	**539,313**
Of which				
Costs capitalised as part of assets	5,153	-	**5,153**	2,568

Average number of employees (WTE basis)

	Group			
			2024/25	**2023/24**
	Permanent	**Other**	**Total**	**Total**
	Number	**Number**	**Number**	**Number**
Medical and dental	473	668	**1,141**	1,148
Administration and estates	1,900	107	**2,007**	1,974
Healthcare assistants and other support staff	1,960	261	**2,221**	2,189
Nursing, midwifery and health visiting staff	2,539	402	**2,941**	2,848
Scientific, therapeutic and technical staff	1,187	59	**1,246**	1,115
Healthcare science staff	656	37	**693**	658
Total average numbers	**8,715**	**1,534**	**10,249**	**9,932**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	**-**	44

Reporting of compensation schemes - exit packages 2024/25

	Number of compulsory redundancies	**Number of other departures agreed**	**Total number of exit packages**
	Number	**Number**	**Number**
Exit package cost band (including any special payment element)			
<£10,000	-	3	**1**
£10,000 - £25,000	-	2	**2**
£25,001 - 50,000	-	6	**6**
£50,001 - £100,000	-	2	**2**
Total number of exit packages by type	**-**	**13**	**13**
Total cost (£)	£0	418,000	**418,000**

Reporting of compensation schemes - exit packages 2023/24

	Number of compulsory redundancies	**Number of other departures agreed**	**Total number of exit packages**
	Number	**Number**	**Number**
Exit package cost band (including any special payment element)			
<£10,000	-	1	**1**
Total number of exit packages by type	**-**	**1**	**1**

Total resource cost (£)	£0	£2,000	**£2,000**

Exit packages: other (non-compulsory) departure payments

	2024/25		2023/24	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Mutually agreed resignations (MARS) contractual costs	13	418	-	-
Exit payments following Employment Tribunals or court orders	-	-	1	2
Total	**13**	**418**	**1**	**2**

The Trust's consultancy expenditure over the reporting period was £126,936 excluding VAT.

The Trust had no off-payroll engagements over the reporting period.

Sickness Absence Rates

The Department of Health and Social Care Group Accounting Manual requires the sickness absence data for NHS bodies to be reported in the annual report on a calendar year basis.

Table 5A Staff sickness absence			A09CY16	A09PY16
		Expected sign	2024/25	2023/24
			No.	No.
Total days lost	*i*	+	100,440	97,911
Total staff years	*i*	+	9,113	8,711
Average working days lost (per WTE)		+	**11**	**11**

The most current data for the Trust for the calendar year 2024 can be found at NHS Sickness Absence Rates - NHS Digital

Being attractive to and welcoming new staff

To increase recruitment to entry level roles, we continue to engage with the Jobcentre Employer and Partnership team who have previously supported with Job Fairs. They also run a SWAP (sector-based work academy programme), completely free to the Trust, where entry levels roles are matched with entry level training, and then provided to candidates already signed up with the DWP. It has proven successful across other organisations. The Jobcentre Employer and Partnership team work closely with the Disability Employment Advisory team who can support the Trust with greater reach into under-represented groups and provide free support to candidates around applications and requesting adjustments.

The new generic job description template was launched at the end of 2024. The new template is designed to attract applicants with clear role descriptors and expectations with less of a focus on determining pay grade. The purpose of the review was to improve our attractiveness by ensuring job descriptions are clear, fit for purpose and align with our Trust Values. They have been developed in conjunction with our Trust's Head of ED&I to improve our wording in relation to inclusivity, supporting the Trust overall Equality, Diversity and Inclusion strategy.

We are working to streamline employment processes to ultimately reduce time to hire and improve the candidate experience. Benchmark data is now helpfully shared across the NHS to support this objective. This data indicates we are in a more favourable position than many of our peers although we continue to strive to shorten the process further.

Whilst international nurse recruitment has reduced over the past year, the Trust helped to develop and launch a bridging course working alongside three nursing colleges in Kerala, India. The bridging course prepares student nurses for their Objective Structed Clinical Examination (OSCE) examinations, which internationally educated nurses must complete to obtain a full Nursing and Midwifery Council (NMC) registration to be able to practice in the UK. Through this route, the Trust has successfully recruited nine nurses into the organisation this year. The Trust plans to utilise the bridging course as its future pipeline for international nursing recruits.

Outside of planned cohorts of international recruitment, the Trust continues to support ad hoc international recruitment to various roles across the organisation, with 174 roles across different staff groups recruited during the last year, highlighting the continued reliance on overseas candidates to fill vacant roles across the Trust.

The onboarding process is underpinned by the corporate induction programme. 2024-25 has been the first full year in which the programme has operated in a workshop format. During the year, 624 staff attended sessions in York, Scarborough and virtually to make their formal introduction to the organisation. In addition, 228 staff attended a bespoke programme with the Health Care Support Worker Academy and there were 385 attendances at tailored sessions for medical and dental staff.

This year, the Trust is launching a multi-disciplinary induction which endeavours to provide all those recruited from overseas, a comprehensive and welcoming introduction to their role. It is being held across two days and will run on a bi-monthly basis to ensure that all new starters are enrolled and are able to access the induction. It will include topics such as locality, housing, schooling, banking on day 1, and then a further day to describe the model of the NHS, patient flow, raising concerns, and so on. The first induction was ran in March 2025. In addition, the organisation has secured funding as part of the #StayAndThrive programme for a third year running. This year the focus will be on encouraging internal progression and support for with careers within our Trust via a Career Conference that will be held late summer.

Schools and Work Experience Programme

The Trust's schools and work experience programme supports local students with aspirations of a career in health by broadening horizons, raising awareness of the full range of roles available in the NHS and supporting students on the path to their career of choice.

The Trust has fostered a strong network of staff to respond to demand for off-site activities from schools and students. Since September 2024 the Trust has engaged with 33 of the 51 local secondary schools, sixth forms and colleges in our community, meeting over 10,000 students and 200 parents at 39 careers events.

This academic year we are focusing on streamlining our offer to local students and their institutions. We are providing more opportunities for 'first look' activities, such as shadowing, site tours and taster sessions: so far, we have received over 400 applications for these programmes. We are also focusing on delivering training to classroom teachers and careers leaders, enabling them to offer accurate advice and support to our pipeline talent. This project is being supported by the York and North Yorkshire Combined Authority Careers Hub and the Careers and Enterprise Company. So far, 40 teachers have attended sessions covering a wide range of topics, such as Engineering, Dentistry and Radiography.

Graduate Management Programme

The Trust continues to support the National Graduate Management Trainee programme, hosting trainees in Operations, Finance, and Policy and Strategy. An application has been made to host five trainees in 2025/26, an increase of two from the current year.

eRostering

In 2024, the Trust invested in new roles within the eRostering Team to allow the organisation to move forward with its eRostering Improvement Plan and implementations across the Trust. The ongoing development of eRostering across all staffing groups has been a key focus in improving the organisation's ability to manage staffing requirements more efficiently. This year, we achieved a major milestone with 100% of nursing and midwifery rosters and 100% of AHP rosters now live on the electronic rostering system. Overall, 68% of the entire workforce is now utilising the electronic rostering system, significantly enhancing scheduling efficiency and accuracy across the Trust. Another significant milestone saw the Trust reaching Level 4 of the Levels of Attainment Standards for in-patient Nursing & Midwifery units in December 2024.

Working in partnership with the Chief Nurse team has been instrumental in driving efficiencies within eRostering and temporary staffing through the eRostering Assurance group. Monthly meetings have been established to review rostering and temporary staffing data as key performance measures for the effectiveness of rosters. These meetings have yielded outstanding results, including a reduction in NET hours, improved roster publication dates, and a decrease in both bank and agency staffing requirements. These outcomes are directly linked to the organisation's adherence to the recently created Rostering Management Policy, which has guided these improvements.

Temporary Staffing

Temporary staffing continues to be a significant challenge for the organisation, with approximately 15,000 shift requests for bank and agency staff being processed each month. Despite the high demand, the organisation has made notable strides in addressing this issue, achieving key milestones that contribute to our ongoing efforts in improving workforce management and reducing reliance on temporary staffing.

In a step to enhance control over staffing processes and rates, and to provide greater flexibility in responding to fluctuating demands the Trust has made the decision to transition both the Medical and Dental and Allied Health Professionals master vendor services back to in-house management. The contractual change for Medical and Dental will come into effect from the end of April 2025 and will save the Trust a significant amount of money annually on service provider costs.

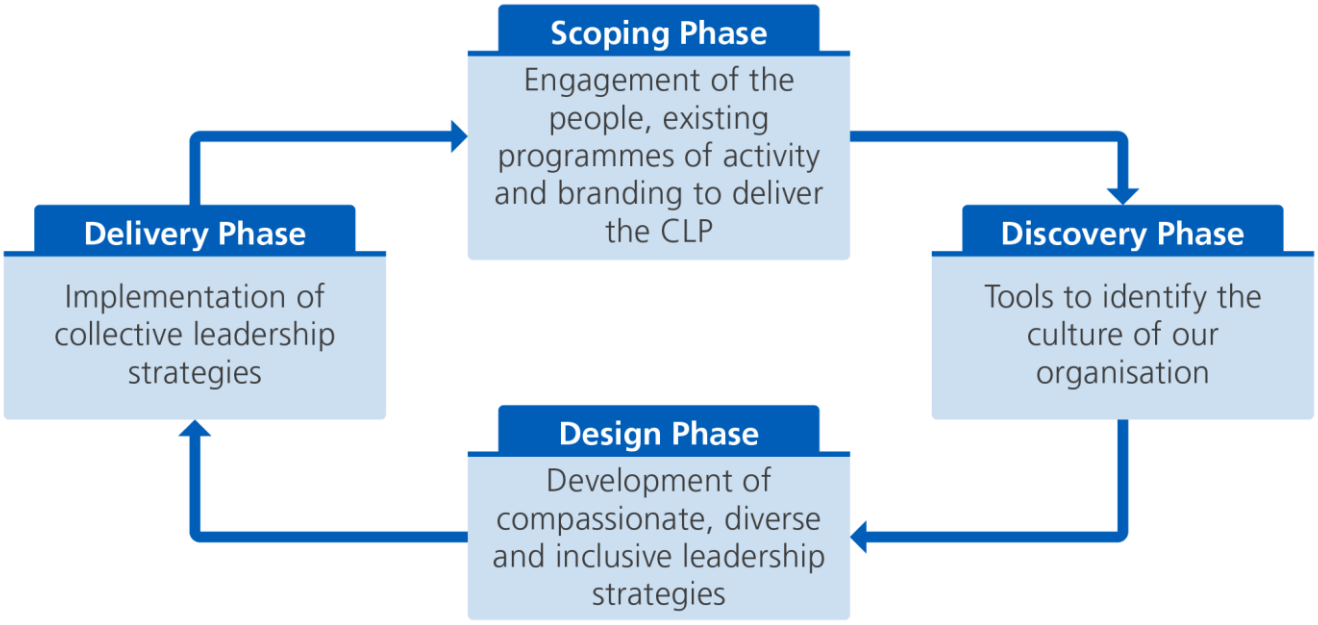
Reducing reliance on agency remains a core priority for the organisation and significant progress has already been made. Notably, an impressive 85% of our nursing agency shifts are now within the NHSE price caps, a major achievement in both cost control and compliance with national guidelines. For 2025/26, the focus will be on a reduction in Medical and Dental agency. To support this work, the Medical Temporary Staffing Review Group was formed; to review medical agency use and drive down agency spend across the organisation.

Collaboration continues to play a central role in our staffing strategy. The Trust has been working closely with system partners through ICB led programs. The collaborative staff bank for nursing and midwifery is set to go live at the end of March 2025, allowing a cohesive approach to staffing across the region. Additionally, conversations have already commenced regarding expanding this collaboration to other staffing groups, with plans to implement for medical and dental roles next.

Culture & Engagement (Values & Behaviours)

The Trust is running a two-year cultural change programme, Our Voice Our Future, following the NHSE Culture and Leadership Programme, to develop a compassionate and inclusive culture within

the Organisation. The Programme provides a framework and tools which are being adapted to fit the needs of the organisation.



In the Discovery Phase, which commenced December 2023 the Trust recruited fifty Change Makers. These are individuals already employed within the Organisation, who were given two days per month to step away from their substantive roles to help discover what it is like to work here. Following the Discovery Phase the Change Makers wrote a report to the Trust Board, in summer 2024, summarising their findings and setting out what they would take forward to the Design Phase of the programme.

The Change Makers identified that the Trust needed to prioritise improvements in three areas:

- Values led leadership and management
- Communications and engagement
- Quality improvement and learning

The design phase is ran until April 2025, following which the plans for the Delivery Phase are planned to be submitted to the Trust Board.

Staff Survey 2024

The 2024 national NHS Staff Survey was open between 7 October and 29 November. It measures how engaged staff are and provides insight into how colleague experiences and ultimately retention can be improved. Evidence shows that more engaged staff result in better patient experiences and outcomes.

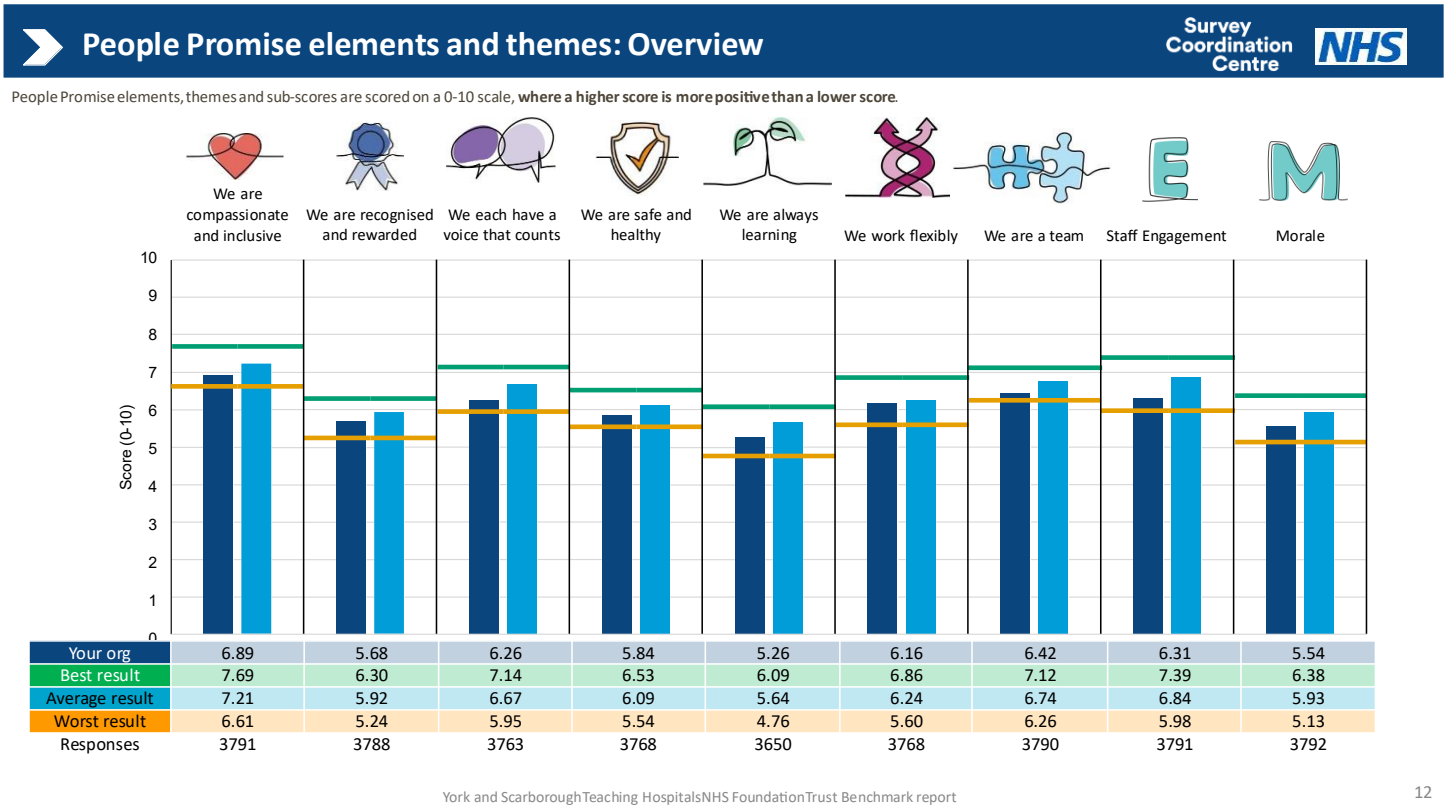
The Trust results (including YTHFM) are benchmarked against our national peer group of all Acute/Acute & Community Trusts (122 including this Trust).

Our response rate deteriorated further in 2024 and is 13% under the peer group average:

	2024	2023	2022	2021
Trust overall #	36%	39%	43%	40%
National peer average	49%	45%	45%	46%

includes YTHFM staff

The results have been categorised into nine themes, seven of these are based on elements of the People Promise plus the two recurring themes of ‘Staff Engagement’ and ‘Morale’:



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	6.89	5.68	6.26	5.84	5.26	6.16	6.42	6.31	5.54
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	3791	3788	3763	3768	3650	3768	3790	3791	3792

[scores are out of 10]

There are 102 mandated questions in the survey, we did not ask any additional local questions in 2024.

Free Text Comments

Staff are invited to answer two ‘free text’ nationally set questions at the end of the survey:

On what grounds have you experienced discrimination? (118 contributors, a similar level of response to 2023). The key themes were:

- Personal Characteristics (accent, nationality, ethnicity, gender, tattoos, hair colour and physical appearance).
- Career Progression & Promotion Bias.
- Health & Disability Discrimination.
- Bullying, Victimisation & Managerial Bias.

Any other comment to make about working for the Trust? (1015 contributors, a 10% increase from 2023). 4.5% of the comments were positive (compared to 8.3% in 2023).

The themes are broadly unchanged from 2023, except for an increase in negative comments relating to perceived discrimination / positive action relating to activities aimed at improving equality and inclusion within the Trust.

Themes:

- Management & Leadership
- Working Environment

- Resources
- Bullying & Workplace Behaviours
- Equality, Diversity & Inclusion
- Workplace Safety

Of the 46 responses that were positive, the following factors were key:

- Feeling a strong sense of job satisfaction, being valued and supported.
- Appreciation for teamwork, supportive colleagues, and professional development opportunities.
- Feeling that patient care is a top priority and proud of their contributions.
- Flexible working arrangements and leadership improvements seen as positive changes.

Compared to 2023, the Trust has improved in one element (We are recognised & rewarded); it has maintained in seven areas; and it has deteriorated in one theme (Staff Engagement).

Nationally the scores for all Acute/Acute & Community Trusts have remained similar for eight of the nine elements/themes and have deteriorated slightly for one (Staff Engagement).

The Trust is below our peer group average for every element and theme in 2024 except 'We work flexibly' where we are average (when scores are rounded up/down).

The biggest gaps in performance compared to our peers are for the element 'We each have a voice that counts' (0.41) and the theme 'Staff Engagement' (0.53). This is almost identical to 2023.

Within 'Staff Engagement' the sub-score of 'Advocacy' has the biggest gap (1.04 below our peers – this gap is wider than in 2023).

The Advocacy sub-score has three questions:	Trust 2024	Peer Average 2024
Care of patients is my organisation's top priority	58.86%	74.42%
I would recommend my organisation as a place to work	44.79%	60.90%
If a friend or relative needed treatment I would be happy with the standard of care provided	43.09%	61.54%

Questions not linked to a People Promise Element / Theme

The Trust scores lower than the peer average for all questions relating to discrimination based on a protected characteristic, except for ethnic background and religion.

In relation to questions about errors/near misses / incidents the Trust performs worse than the peer average for the number observed, feeling that staff involved will be treated fairly, and that the organisation takes action to ensure they are not repeated.

On a positive note, for the third year running the Trust is better than the peer average at making reasonable adjustments where required.

Workforce Race Equality Standard & Workforce Disability Equality Standard

The questions relating to the WRES standards continue to show that staff from all other ethnic groups have a worse experience than their white colleagues, and worse than the peer average.

The questions relating to the WDES standards continue to show that staff with a disability / long term health condition have a worse experience than their colleagues; when compared to the peer average the Trust is better for some questions but worse for others.

Improvement planning

Care Groups, Corporate Directorates, and YTHFM were asked to share their results with staff and co-create improvement plans to address feedback that in previous years action has come too slowly after the survey has closed.

A corporate Trust improvement plan including contributions from Trade Union representatives, Professional Leads and Change Makers will be finalised for the Trust.

Areas to celebrate:

- The investment in enhanced conflict management training appears to be having a positive impact (with experiences of physical violence in 2024 being lower than the peak in 2022). 'Hot spot' areas need support to release more staff to attend this training. Long term funding to support this work still needs to be identified.
- The Staff Health and Wellbeing Team and FTSU Guardian are currently collaborating on wellbeing ward visits. The visits involve both services being more visible to staff on wards and in departments that rarely get time to attend an event or workshop; and was started as a direct result of feedback from staff.

Health Care Academy

The Health Care Academy continues to be successful in support of retention of HCSW roles. It has been developed to provide a robust method of educating newly recruited Health Care Support Workers, with a focus on ensuring the Trust delivers the fundamentals of patient care every time. Through the programme, the Trust provides theoretical and practical training across diverse modules including personal development, infection prevention, privacy and dignity, nutrition and hydration, safeguarding, mental health, and handling patient information. Training takes place in Holgate Park, York.

Since March 2024, 208 Health Care Support Workers have commenced with the Health Care Academy. The Academy currently provides up to 45 places per month for an expanded number of roles including Patient Services Assistant, Nursing Associate and Staff Nurse. There is an appetite to enroll all existing Health Care Support Workers onto the programme, delegates will be added as and when spaces are available.

Medical Education

The delivery of undergraduate medical education is constantly developing to embrace new technology and innovative ways to deliver training and education, while responding to pressure on clinical resources. This year has seen the Clinical Skills teams design and implement clinical scenarios into Escape Room sessions for the students, putting them into real life immersive scenarios to work as a team to solve. The team have also been developing the role of link worker for all clinical areas to enable students to have points of contact on the wards. This role also enables clinical staff to be involved in teaching and working alongside our students, creating multi-professional learning for our students from the start of their placement in our Trust.

Postgraduate Medical Education has reached the end of their three-year Foundation Programme expansion, which has resulted in our Trusts Foundation Programme expanding by 30 posts over the last 3 years, across York and Scarborough sites. This expansion is vital to the future Medical and Dental workforce and forms part of the Long-Term Workforce Plan (LTWP).

Work is continuously undertaken to engage with our faculty of educators through accreditation, appraisal and support. To help our educators stay up to date with their learning a series of Masterclass workshops have been developed looking at neurodivergent learners, the Education Contract and Supporting learners to name a few. Over the last 12 months we have seen over 50 internal educators attend these workshops.

The Medical Education Team has expanded to include the roles of Locally Employed Doctor Tutor and International Medical Graduate (IMG) Lead. These roles reflect the changing shape of the workforce and the importance of education and development tailored to different roles.

Apprenticeships

Apprenticeships are a key part of the NHS's ambitions to fulfil its Long Term Workforce Plan. During 2024-25, the LTWP was being reviewed, with a new version due to be published in Spring 2025. This is also expected to coincide with a number of reforms to apprenticeships nationally, impacting funding arrangements with an anticipated shift towards more flexible apprenticeships that will bridge the gap between employment and both secondary and further education.

The uncertainty created by the review, together with the challenge of funding salaries during the period of each apprenticeship has made it difficult to plan for expansion. Nevertheless, there were 100 new enrolments on programmes from Level 2 (GCSE equivalent) to Level 7 (Master's degree) during the year, taking the number of Trust staff on an apprenticeship to 257 at the end of Quarter 3. Across the year, £1.6 million of Apprenticeship Levy funds was spent on 31 programmes provided by 23 education partners. The highest number of enrolments was on the Level 5 Nursing Associate course, which 28 Health Care Support Workers joined during the year.

Funding for Continuous Professional Development

In 2024-25, the Trust once again received Continuous Professional Development (CPD) funding from NHS England to support the professional growth of Registered Nurses, Midwives, Allied Health Professionals, and Nursing Associates. A refined process has been established to identify, prioritise, and facilitate investment of these funds. It has been used to enhance leadership development for Matrons and Band 7 Nurses, provide top-up BSc degrees for additional cohorts of nurses, support Clinical Educators to obtain formal education qualifications, and deliver a variety of in-house courses in Mental Health, Domestic Abuse, the Mental Capacity Act, Leadership, and Equality, Diversity, and Inclusion (EDI).

In addition to the CPD funds, the Trust has provided an Education Bursary through the Y&S Hospitals Charity. A total of 43 employees applied, with £11,704 allocated to fund or partially fund their development activities.

Personal, team and leadership development

The Trust recognises the vital role that good leadership plays in improving services and patient experience. 'Our Leadership Framework' sets out the standards the Trust expects from its leaders and managers. The framework is underpinned by the Trust Values of 'Kindness,' 'Openness' and 'Excellence' and the 'Values Behavioural Framework.' The framework describes the leadership behaviours the Trust requires its managers to role model. It is supported by a reflective tool which can be used by individuals to explore their behaviours and competency against the principles of the framework, reflecting on their strengths and areas for growth. The tool can also be used to gather feedback from others to support their development. Key components of our leadership framework are compassionate and inclusive leadership. This year the Trust welcomed Professor Michael West, a world-renowned expert in this area into our organisation to advise us on further embedding this approach.

The development of its workforce is a priority for our Trust; the support and development of people maximises talent within the organisation and creates opportunities for career progression.

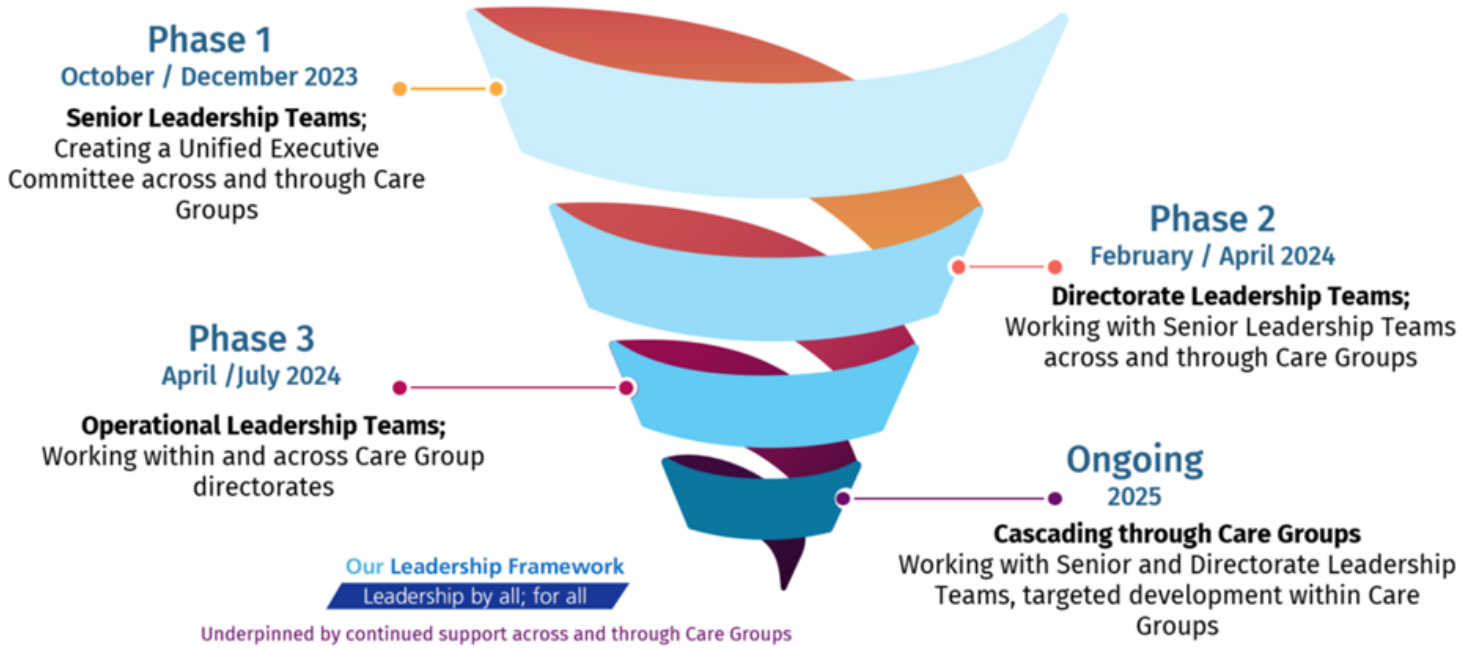
The Trust encourages access to a variety of internal and external personal and team development workshops and programmes in leadership and management, communication, coaching and mentoring, aligned to the principles of 'Our Leadership Framework' and the elements which sit within them. This modular and individually targeted approach to leadership and management development allows staff to access learning and development appropriate to their role, circumstance, and previous learning and the Trust actively encourages the practical application of learning in the workplace.

Development opportunities are offered to all staff regardless of background or level and to clinical and non-clinical staff, and by recognising and valuing diversity, our programmes support equal access for all.

All the Trust's internal development opportunities are reviewed regularly to ensure they are evidence based and to ensure that they meet the strategic and operational needs of the Trust. The Care Group Leadership Development programme outlined below, and the Line Manager Development programmes are examples of this focused approach to development.

Care Group Leadership Development Programme: Leading Our journey to Excellence - One Team

The Care Group structure continues to be supported by the Trust with the continuation of an internal Trust wide leadership development programme using a phased approach.



This programme's overarching aim is to provide a consistent leadership development approach within all care groups and support the concept of being 'One Team.'

The programme is aligned to the key organisational priorities and underpinned by the principles of 'Our Leadership Framework,' the Trust 'Values and Behaviours Framework,' quality improvement and applied theoretical models of leadership.

The programme consists of three development sessions:

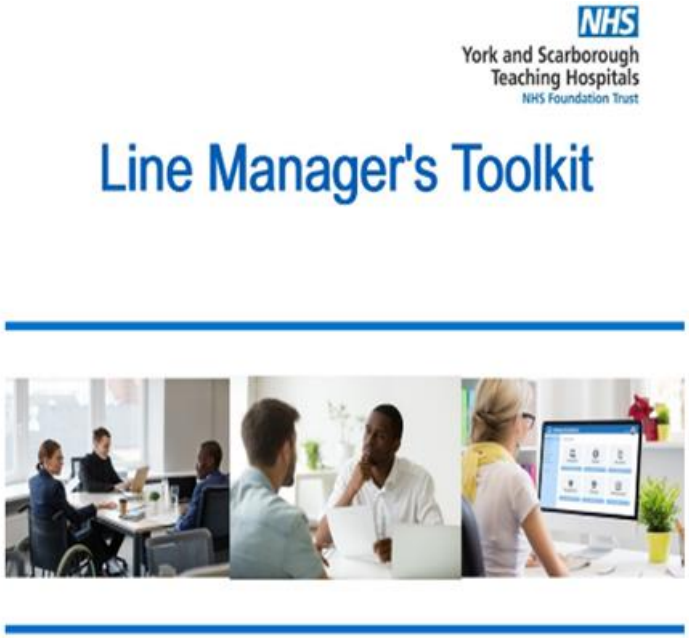
- Setting Direction
- Know Our Business

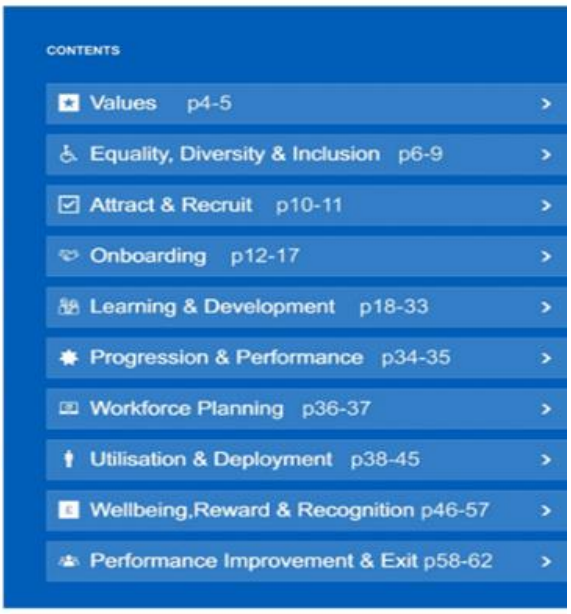
- ‘Leading Our Journey to Excellence,’ as care group teams.

Line Manager Development Programme

In August 2024, the Trust commenced a development programme for ‘all’ line managers. This programme supports the embedding of an interactive live Line Manager Toolkit which contains information that is essential to support line managers in managing people in a consistent manner. A key focus of the programme is around supporting the behaviours expected of all line managers in line with our values & behaviour framework (kindness, (openness and excellence) and our leadership framework (compassion, inclusivity, and collaboration).
To date, circa 1000-line mangers have attended this programme.

The line manager development programme supports the leadership and management journey on offer to all our staff:





Coaching and Mentoring

The Trust supports access to coaching and mentoring for all staff, targeting personal and team development, building resilience, and contributing to supporting staff wellbeing.

We use a blended approach to coaching, enabling staff to access both internal and external coaching opportunities by working closely with our Integrated Care Board, actively being part of their 'My Coaching Platform.'

We also offer a range of opportunities for staff to develop coaching skills ranging from Introduction to Coaching, a supportive approach to supervision, Coaching Skills for Line Mangers, through to Internal Coach Training, which mirrors formal ILM coaching qualifications. These coaching opportunities support the Trust's Leadership Framework, values and behavioural framework, and the pillars of compassionate leadership as described my Micheal West, 'listening/attending, understanding, empathising, supporting /helping.'

Reverse/Reciprocal Mentoring

In 2024, representatives of staff with a disability/long term health condition or who are neuro diverse partnered with directors and senior managers to share their lived experience as part of the continuing reverse/reciprocal mentoring programme. This year we will continue to focus on creating other learning opportunities through developing partnerships between line managers and staff from other underrepresented groups and currently have a cohort of mentoring for career development in progress.

Equality, Diversity and Inclusion

"An **Inclusive Culture** improves retention, supporting us to grow our workforce, deliver the improvements to services set out in our Long-Term Plan and reduce the costs of filling staffing gaps." NHS England EDI Improvement Plan.

Equality, Diversity and Inclusion (EDI) is integral to everything that we do and at York and Scarborough Teaching Hospitals we are striving to embed it into our everyday practices.

Here are some of our achievements so far:

Staff Networks	EDI Training/Listening Events
• Executive Director Sponsors assigned to the five Staff Networks • Protected Time for Staff Network Committee members • Re-launch of the See ME First initiative	• On-going implementation of specific EDI training • Listening events for Black History and Disability History Months
Induction Days	**Strategy, Policies and Guidance**
• EDI integrated into: • Medical staff's Induction • Internationally educated staff's induction • Corporate induction	• EDI Strategy • Reasonable (Workplace) Adjustment Guidance • Transgender and Gender Diverse Communities Policy • Draft Equality and Health Impact Assessment Policy • Accessible Information Policy
Organisational Support	**Compliance and Governance**

• Race Equity Alliance • Anti-Racism Steering Group • Racist and Islamophobia attacks – staff support sessions • EDI newsletters and noticeboards • Sharing your Personal Diversity Information • Stay and Thrive – internationally educated staff • Professional advisor to Human Resource panels	• NHS England's EDI Improvement Plan • Equality Delivery System • Equality Objectives 2024-2028 • EDI Annual Report 2024 • Gender Pay Gap • Workforce Race and Disability Equality Standards Action Plans • Inclusion Forum • EDI Workstream
Partnership Working	
• Inclusive Equal Rights UK • Humber and North Yorkshire Healthcare Partnership • North East Yorkshire Community of Practice • CQC Harrogate and District Hospitals	

Further information on the Trusts EDI work can be found here.

Looking after our Current Workforce and protecting their Health and Wellbeing

Health and wellbeing outcomes are grouped under headings which align to the best practice NHS Employers Health and Wellbeing Framework and Diagnostic Tool. The information below details actions and initiatives under these headings, which commenced and were delivered during 2024, as well as those ongoing into 2025. These initiatives are in addition to the previously detailed work above.

Personal Health and Wellbeing:

- An online distance learning course, "Step into Health" was offered via Loughborough College. This course ran in February 2024, April 2024, and October 2024.
- Online menopause workshops were promoted and delivered in collaboration with HNY Health Care Partnership. This continues into 2025.
- The Wellbeing Team have visited all trust sites for the monthly Wellbeing Roadshows throughout 2024 and will continue into 2025, aligned with the National Awareness Days.
- The on-site Bridlington Hospital Staff Gym was used on average 74 times per month in 2024 and has over 100 members.

Relationships:

- At the end of 2024 the WB team implemented individual ward visits, to areas that include staff who are not able to attend the wellbeing roadshows as easily, for example, staff working in theatres. These are done in collaboration with the Freedom to Speak-up Guardian (FTSU) and will continue throughout 2025.
- The Wellbeing Team supported Health information week, in collaboration with the Library Team (mental health and winter wellbeing) – York site.

Environment:

- Anti-violence trainers now in post, and training has started to roll out.
- The work on a wellbeing room at the Bridlington site commenced in mid-2024, with the intention to complete a space at York in 2025 and at Scarborough, once a suitable space is identified. The Bridlington space is due to open at the end of March, but there have been ongoing issues due to a lack of space at both York and Scarborough sites.

Management and Leadership:

- A new staff sickness absence policy has been developed and agreed with Trade Union colleagues.
- Please see previous section regarding Line Manager Development Programme and Line Manager Toolkit.

Professional Wellbeing Support:

- There are currently 120 Mental Health First Aiders (MHFA) in the Trust. They are supported by the Staff Health and Wellbeing Team with resources and signposting information. In addition to this quarterly MHFA webinars are held, supported by a Psychologist from the Staff Psychology Service.
- In June 2024 a face-to-face Mental Health First Aider Conference was held; this was attended by 34 staff members. The conference included guest speakers from two mental health charities: Andy's Man Club and Menfulness. The event was also supported by three external mental health charities, including My Black Dog, Women's Wellbeing Club and Mental Health Mates and was also supported by several of our internal teams: Staff Psychology Team, Staff Health and Wellbeing Team, Tobacco Dependency Team and FTSU.

Staff Psychology Service (SPS) :

- Completed pilots of post event pathway, adapting as required according to staff feedback. There were 8 sessions delivered in York, that 85 staff attended. There were also 6 sessions delivered in Scarborough, which 23 staff attended.
- A working group was established in September 2024 to create a more accessible and responsive policy for "support following the loss of a colleague, and post suicide support. This work is in liaison with colleagues across the trust. Bereavement pathway/resources poster near to completion, which will sit on the staff intranet for all staff to access.
- Completed the process of updating the Mental Health Toolkit – a guide for line managers to support the wellbeing needs of staff (e.g. mental health needs, support options following a bereavement). The toolkit now includes up to date links to resources and aligns with a trauma-informed approach to language pertaining to mental health. This has been shared with key stakeholders across the Trust and is available to staff via Staffroom.
- Development of a demographic form to capture demographic data relating to the staff accessing support via the Staff Psychology Service (SPS) – this will enable a clearer picture of areas with scope to increase engagement. The team have connected with staff networks and the trust EDI lead throughout the year, to think about the support needs of those who identify as having protected characteristics. The aim of this was to hear from those with lived experience which, in turn, will inform the strategy. A strategy is in progress, to ensure we work from a top-down and bottom-up approach. Examples include supporting the reverse mentoring programme led by OD, ensuring we conduct EIAs for trust-wide projects, plans to develop a diverse co-production steering group with staff who have accessed the service in some way, comparing SPS demographic data with Trust-wide data from HR to assess who we are/are not reaching.
- Musculoskeletal (MSK) restorative supervision training was delivered in York, as a pilot. 38 staff attended. There is another session planned for June 2025, and an additional training session will be planned for Advanced Practice Physiotherapists.
- Maternity support has been developed at all levels, from newly qualified to senior RPG. A maternity improvement programme for band 7 midwives was held in York, with 17 staff

attending. There were also 3 ward-based midwives RPG sessions across York and Scarborough, which 7 staff attended.

- There were 3 supervision sessions held for Bereavement midwives.
- Developed an evaluation process in line with the broad scope of work the SPS delivers (i.e. team-based interventions, psychoeducation and training sessions, individual therapy etc.), with the aim of embedding the service user experience into the way we operate as a service and develop our strategy at each quarterly review. Incorporating service user experience has been suggested to promote meaningful intervention, improvement, and empowers the voices of those who use the service (Mockford et al., 2012).
- A referral criterion was developed to ensure we maximize our reach to staff who meet criteria for support from our service. This criterion was written and shared with Occupational Health, using a RAG model.
- Attended York & Scarborough welcome events for new staff, and Staff Benefits fairs, to promote support available from the SPS.
- Completed walk arounds in particular areas, including maternity and ED, to deliver resources and connect with staff.
- Continued involvement with the induction process for preceptorship nurses/midwives. This included 2 Midwifery preceptorship sessions in York, and 3 Nurse preceptorships across York and Scarborough.

Trade Union Facility Time Disclosures

The Trust fulfils its obligations under the Trade Union (Facility Time Publication Requirements) Regulations. The information reported for financial year 2023-24 is as follows:

- Number of Trade Union representatives: 13
- The percentage of time spent on facility time:
  - 1 to 50% of working hours: 12 representatives
  - 51 to 99% of working hours: 1 representative
- The amount spent on facility time: £82,267.00
- Percentage of pay spent on facility time: 0.02%

Percentage of paid facility time spent on paid trade union activities: 45.15%

Code of Governance for NHS Provider Trusts Disclosures

York and Scarborough Teaching Hospitals NHS Foundation Trust has applied the principles of the NHS Provider Code of Governance on a 'comply or explain' basis. The NHS Provider Code of Governance, most recently revised in April 2023, is modelled on the 2018 version of the UK Corporate Governance Code. The Trust reviewed its governance arrangements in light of the code and makes the following statements.

Directors

The Trust is headed by a Board; it exercises its functions effectively, efficiently and economically. The Board is a unitary Board and at the end of March 2024 consisted of a Non-executive Chair, seven Non-executive Directors and seven Executive Directors. Full details of members of the Board and changes to the membership of the Board during 2024/25 can be found on page 60. The Board meets a minimum of 10 times a year so that it can regularly discharge its duties.

The Board provides active leadership within a framework of prudent and effective controls and to ensure it is compliant with the terms of its licence. Further reference is made to this in the Annual Governance Statement on page 144.

The Non-executive Directors hold Executive Directors accountable through scrutiny of performance outcomes, management of business process systems and quality controls, and satisfy themselves as to the integrity of financial, clinical and other information. Financial and clinical quality control systems of risk management are robust and defensible.

The Non-executive Directors, through the Board Remuneration Committee, fulfil their responsibility for determining appropriate levels of remuneration of Executive Directors. The Committee is provided with benchmark data to support decisions being made about the level of remuneration for the Executive Directors. More details about the Board Remuneration Committee can be found in the Board remuneration section.

The Board reviews the strategic aims and takes responsibility for the quality and safety of healthcare services, education, training and research. Day-to-day responsibility is devolved to the Executive Directors and their teams. The Board of Directors is committed to applying the principles and standards of clinical governance set out by NHSE, the Department of Health and the CQC. As part of the planning exercise, the Board of Directors reviews its membership and undertakes succession planning.

The Board of Directors has reviewed its values and standards to ensure they meet the obligations the Trust has to its patients, members, staff and other stakeholders as part of the work around the Five Year Strategy.

The appointment process for the Chair and Non-executive Directors is detailed on page 114 and forms part of the information included in the Standing Orders written for the Council of Governors. Each year the Chair and Non-executive Directors receive an appraisal which is reviewed by the Council of Governors. The Chair undertakes an appraisal of the Chief Executive and the Chief Executive undertakes the appraisal of the Executive Directors. Details of the approach to appraisals can be found on page 119 of this report.

Members of the Board of Directors regularly attend the Council of Governors and discuss issues with the Governors. The Non-executive Directors attend the private section of the Council of Governors and are involved in committees and groups where the Governors are members or attend the meetings. A Board to Council of Governors is held a minimum of once a year and the agenda for this meeting is determined by the Council of Governors.

The Chair

A clear statement outlining the division of responsibility between the Chair and the Chief Executive has previously been approved by the Board of Directors.

Board of Directors

The Annual Governance Statement at page 144 provides information in how the Board of Directors ensures its effectiveness, efficiency and economy, the quality of healthcare over the long-term and contribution to the objectives of the ICP and ICB, and place-based partnerships. This includes addressing opportunities to work with providers and manging opportunities and risks to future sustainability.

The assessing and monitoring of culture, the seeking of assurances of corrective action where not satisfied and the Board of Directors activities are described in the Chief Executive's Statement on page 4 and the Our Voice Our Future section and the Looking after our Current Workforce and protecting their Health and Wellbeing sections of the Staff Report on page 93.

Governors

Being an NHS Foundation Trust, the Trust has a Council of Governors that is responsible for representing the interests of the members of the Trust, partners, voluntary organisations within the local health economy and the general community served by the Trust. Governors and their constituencies are identified on page 124. The Council of Governors holds the Board of Directors to account for the performance of the Trust, including ensuring the Board of Directors acts within the terms of the Licence. Governors' feedback information about the Trust to Members and the local community through a monthly newsletter, information placed on the Trust's website and public Council of Governor meetings.

The Council of Governors consists of elected and appointed Governors. More than half of the Governors are Public Governors elected by members of the Trust. Elections take place at least once a year. The next elections will be held during summer 2025.

The Council of Governors has in place a process for the appointment of the Chair which includes understanding the other commitments a prospective candidate has. The Council of Governors appointed a new Chair during 2023/24 who took up office from 1 November 2023.

Information, development and evaluation

The information received by the Board of Directors and Council of Governors is timely, appropriate and in a form that is suitable for members of the Board and Council to discharge their duty.

Development is provided throughout the year for Governors and Non-executive Directors in several formats.

The Council of Governors has agreed the process for the evaluation of the Chair and Non-executive Directors and the process for appointment or re-appointment of the Non-executive Directors.

The Chair, having sought the views of the Non-executive Directors and Executive Director Board members, reviews the performance of the Chief Executive as part of the annual appraisal process.

The Chief Executive evaluates the performance of the Executive Directors on an annual basis and the outcome is reported to the Chair. The Chair and Non-executive Directors provide the Chief Executive with their view of the Executive Directors' performance in the Board meeting.

Performance evaluation of the Board and its committees

NHSE conducted a well-led review in October/November 2022 which overlapped with that conducted by the CQC on 22-24 November 2022. The NHSE review included interviews with key staff and observation of the Board and Committees. A further external well-led review is planned for summer 2025.

The Board's Committees produce an annual report and effectiveness review each year which is presented to the Board. The report sets out the work of the committees and their performance against their respective Terms of Reference.

Appointment of Members of the Board of Directors

The Council of Governors is responsible for the appointment and/or removal of the Chair and Non-executive Directors. The Governors have a standing Nominations and Remuneration Committee which takes responsibility for leading the process of appointment/removal on behalf of the Council of Governors. The Non-executive Directors are responsible for the appointment of the Executive Directors, including the Chief Executive. The Council of Governors is required to approve the appointment of the Chief Executive.

The Process for the Appointment of the Chair

During 2023 the Council of Governors and the Governors' Nomination/Remuneration Committee considered and agreed the process for the appointment of the Chair. It was agreed that an outside recruitment agency should manage the process, led by the Lead Governor, and supported by the Associate Director of Corporate Governance. The Council of Governors agreed that the Nomination and Remuneration Committee would agree the job description and criteria for the post, along with approving the advertisement and the appointment process.

A long list of applicants is reviewed for compliance with the requirements of the constitution and a short list of candidates is agreed by the Nominations and Remuneration Committee. The candidates are required to complete a Fit and Proper Person Declaration; an online search is undertaken and the Trust compiles evidence of the Fit and Proper Person test of the successful candidate.

The shortlisted candidates are asked to attend a one-to-one interview that tests pre-agreed requirements. This is followed by a number of group interviews which involve membership from Governors, Directors and members of staff and an unseen presentation. The candidates will then be asked to attend a final interview. The panel for the final interview comprises the Lead Governor and four other Governors, along with an invited external advisor. After the final interview the panel discusses the candidates and agrees what recommendation to put forward to the Council of Governors for approval. Following approval by the Council of Governors, the successful candidate is advised of their appointment.

Throughout the process both the Nominations and Remuneration Committee and the Council of Governors are updated on progress.

The Process for the Appointment of the Non-executive Directors

Once it has been established that there is a need to appoint a Non-executive Director, the Nomination and Remuneration Committee meets to agree the details. The post is advertised and a long list process is completed. The Nomination/Remuneration Committee reviews the applications to develop a shortlist. Governors from the Nomination/Remuneration Committee form the

appointment panel and the panel undertakes the interviews. The panel develops a recommendation for approval by the Council of Governors, following which the successful candidate is advised.

Non-executive Directors can serve a total of nine years but can choose to leave or have their service terminated by a recommendation of the Nomination and Remuneration Committee and a majority vote of the Council of Governors.

An outside recruitment agency has been appointed to manage any future recruitment of Non-executive Directors over the next three years with no other connection to the Trust or individual Directors.

Appointment of Executive Directors

In the event of needing to recruit to an Executive Director post in future, the Trust would place an advert in appropriate media and work with an outside recruitment agency (if required) whom have been appointed to manage the process for the next two years to invite applications. Each shortlisted candidate would then undertake a series of profiling exercises followed by a formal interview process including a presentation to the interview panel, which would include members of the Board of Directors.

Compliance with the Code of Governance

YSTHFT has applied the principles of the Code of Governance on a 'comply or explain' basis. The Code of Governance, most recently revised in April 2023, is modelled on the 2018 version of the UK Corporate Governance Code.

Summarised details on the disclosures required by the Code of Governance are set out in the following table:

Summary of requirement	Where the information is available
The Board of Directors assessment of effectiveness, efficiency and economy as well as quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnership.	Annual report – Performance Report and the Annual Governance Statement
Board of Directors assessment and monitoring of culture.	Annual Report – Performance and Accountability Reports, and the Annual Governance Statement
Board of Directors assessment of how it works with stakeholders, including system and place-based partners.	Annual Report – Performance Report and the Annual Governance Statement
The Board of Directors should identify in the annual report each Non-executive Director it considers to be independent. Circumstances that are likely to impair, or could appear to impair, a Non-executive Director's independence include, but are not limited to, whether a director: • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner,	A Non-executive Director had a material business relationship with the Trust in being employed by the ICB in the last two years. The Non-executive Director retired from the ICB at the time of Trust appointment and has no formal employed relationship in the NHS with the Trust. A Non-executive Director has served on the Trust Board for more than six-years from the date of their first appointment until 28.02.26. The Non-executive Director has stepped down

material shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the Board of Directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	from Chairing the Group Audit Committee and Chairs no other Committees at the Trust.

The number of times the Board and its Committees met and individual Director attendance.	Annual Report – Accountability Report
Statement detailing the roles and responsibilities of the Council of Governors.	Annual Report – Accountability Report
External consultancy engagement and identification in the annual report of any other connection it has with the Trust or individual Directors.	Annual Report – Accountability Report
Council of Governors approach by the Council of Governors to appoint the Chair and Non-executive Directors.	Annual Report – Accountability Report
Board of Directors description of each Directors' skills, expertise and experience.	Annual Report – Accountability Report
All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-Led framework every three-five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the Trust or individual Directors.	Annual Report – Accountability Report
Description of the work of the Nomination(s) Committee.	Annual Report - Accountability Report
Governors work to canvass opinion of the Trust's members and the public.	Annual Report - Accountability Report
Significant issues relating to financial statements that the Audit Committee considered, assessment of independence and effectiveness of the external audit process and tender information.	Annual Report - Accountability Report
Directors' responsibility for preparing the annual report and accounts.	Annual Report - Accountability Report
Trust's emerging and principal risks.	Annual Report – Performance Report and Annual Governance Statement
Trust's risk management and internal control systems.	Annual Report – Annual Governance Statement
The Board of Directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them.	Annual Report – Performance Report and Notes to the Accounts
Where a Trust releases an Executive Director e.g. to serve as a Non-executive Director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the Director will retain such earnings.	N/a
Members of the Council of Governors and information on their membership.	Annual Report - Accountability Report

Board of Directors should ensure that the NHS Foundation Trust provides effective mechanisms for communication between governors and members from its constituencies.	Annual Report – Accountability Report and Trust Website
The Directors should state in the annual report the steps that have taken to ensure that the members of the Board, and in particular the Non-executive Directors, develop an understanding of the views of governors and members about the NHS Foundation Trust e.g. through attendance at meetings of the Council of Governors, direct face to face contact, surveys of members' opinions and consultations.	Annual Report - Accountability Report
If during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. *Power to require one or more of the Directors to attend governors' meeting for the purpose of obtaining information about the Foundation Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Foundation Trust's or Directors' performance). **As inserted by section 151 (6) of the Health and Social Care Act 2012)	N/a

The Board of Directors is committed to high standards of corporate governance, understanding the importance of transparency and accountability and the impact of Board effectiveness on organisational performance.

Responsibility for Preparing the Annual Report and Accounts

The Directors of the Trust are responsible for the preparation of the Annual Report and Accounts. The Directors approve the Annual Report and Accounts prior to their publication. The Directors are of the opinion that the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

Resolution of Disputes between the Council of Governors and the Board of Directors

The Code of Governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved.

The Board of Directors promotes effective communications between the Council of Governors and the Board. The Board, through the Chief Executive and the Chair, provides regular updates to the Council of Governors on developments being undertaken in the Trust. The Board encourages Governors to raise questions and concerns during the year and to ask for further discussions at their public meetings where they feel further detail is required. The Chief Executive and any invited Director, or Non-executive Director, will ensure that the Council of Governors is provided with any information when, for example, the Trust has materially changed the financial standing of the Trust, or the performance of its business has changed, or where there is an expectation as to performance, which, if made public, would be likely to lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the Trust.

The Chair of the Trust also acts as Chair of the Council of Governors. The Chair's position is unique and allows him to have an understanding of a particular issue expressed by the Council of Governors. Where a dispute between the Council of Governors and the Board occurs, in the first instance, the Chair of the Trust would endeavour to resolve the dispute.

Should the Chair not be willing or able to resolve the dispute, the Senior Independent Director and the Lead Governor of the Council of Governors would jointly attempt to resolve the dispute. In the event of the Senior Independent Director and the Lead Governor being unable to resolve the dispute, the Board of Directors, pursuant to section 15(2) of Schedule 7 of the National Health Service Act 2006, will decide the disputed matter.

The Board makes decisions about the functioning of the Trust contained in the Trust's Standing Orders (available on request from the Associate Director of Corporate Governance), and where appropriate, consults with the Council of Governors prior to making a decision. Any major new development in the sphere of activity of the Trust which is not public knowledge is reported to the Council of Governors in a private session, and to NHSE.

The Council of Governors is responsible for the decisions around the appointment of Non-executive Directors, the appointment of the External Auditors in conjunction with the Group Audit Committee, the approval of the appointment of the Chief Executive and the appointment of the Chair. The Council of Governors sets the remuneration of the Non-executive Directors and the Chair. The Council of Governors is encouraged to discuss decisions made by the Trust and highlight any concerns it has. The Council of Governors also has in place a statement that identifies at what level the Board of Directors will seek approval from the Council of Governors when there is a proposed significant transaction.

Board Balance, Completeness and Appropriateness

As at 31 March 2025, the Board of Directors for YSTHFT comprised seven Executive Directors, seven Independent Non-executive Directors and an Independent Non-executive Chair. One Corporate Director (non-voting) and an Associate non-executive Director also attends the Board.

Changes to the Board composition during the financial year 2024/25 are set out on page 60.

Appraisal of Board Members

The Chair has conducted a thorough review of each Non-executive Director to assess their independence and contribution to the Board of Directors and confirmed that they are all effective, independent Non-executive Directors.

The appraisals are used as an opportunity to provide a basis for both individual and collective development programmes. A programme of appraisals has been run during 2023/24 and all Non-executive Directors have undergone an annual appraisal as part of the review.

The appraisal of the Chief Executive is undertaken on an annual basis by the Chair. The Chair has put in place a robust system where he discusses the outcome of his enquiries with the Chief Executive and draws up a set of objectives.

The Board of Directors maintains a register of interests as required by the constitution and Schedule 7 section 20 (1) of the National Health Service Act 2006.

The Board of Directors requires all Non-executive Directors to be independent in their judgement. The structure of the Board and integrity of the individual Directors ensure that no one individual or group dominates the decision-making process.

Each member of the Board of Directors upholds the standards in public life and displays selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

All Board members have confirmed that they are fit and proper persons to hold the office of Director in the Trust and have no declarations to make that would be contrary to the requirements. All Board members have confirmed that they do not hold any additional interests that are not declared in the Trust's Declaration of Interests.

The appointment of Executive Directors is discussed at the Remuneration Committee.

Biographies for the Board of Directors can be found on page 62 of this report.

Internal Audit Function

The Trust has an internal audit function in place that provides support to the management of the organisation. Details of the internal audit function can be found on page 69.

Attendance of Non-executive Directors at the Council of Governors

All Non-executive Directors have an open invitation to attend the Council of Governors meetings, which they attend on a regular basis. The Board of Directors and the Governors meet at the Board to Council of Governor meetings, which are held twice a year. Each meeting has focused on areas that the Governors would like more information or understanding of.

Members of the Council of Governors and Non-executive Directors work together on other occasions through various groups and committees and meet on a one-to-one basis during the year.

Executive/Corporate Directors' Remuneration

The Board Remuneration Committee meets on a regular basis, as a minimum once a year, to review the remuneration of the Executive/Corporate Directors. Details of the work of the Remuneration Committee can be found on page 83.

The Council of Governors has a Nominations/Remuneration Committee which meets a minimum of four times a year. Part of the role of the Nominations/Remuneration Committee is to review the remuneration of the Non-executive Directors. Details of the Governor Nominations Remuneration Committee can be found on page 85.

Accountability and Audit

The Board of Directors has an established Group Audit Committee that meets on a quarterly basis, as a minimum. A detailed report on the activities of the Group Audit Committee is on page 68.

Relations and Stakeholders

The Board of Directors has ensured that there is satisfactory dialogue with its stakeholders during the year. Some examples of the Trust working with stakeholders can be found on pages 110, 112, 115, 118, 149 and 153

Council of Governors Annual Report

Annual statement from the Lead Governor

It has been a privilege to serve once again as Lead Governor over the past 12 months, with the valued support of the Council of Governors.

Working with the Chair, Martin Barkley, the Senior Independent Director, Lorraine Boyd and the Council of Governors: I continue to meet monthly with Martin and Lorraine to review current Trust and Governor activities, address any issues, and explore ways to improve the Council of Governors processes, communications, and assurances. Additionally, I hold one-to-one meetings with individual Governors as needed and chair the quarterly Governor Forum meetings. Communication and assurances between Martin, the Non-Executive Directors (NEDs), the Board, and the Council of Governors have significantly improved. The Council of Governors also meets monthly with Martin and the Trust's Chief Executive, Simon Morritt, following Trust Board meetings. Governors have further opportunities to raise questions with the Non-executive Directors both during the quarterly Council of Governors meetings and on an ad hoc basis.

The Trust Strategy. The Council of Governors contributed to the development of the Trust Strategy 2025–2030 – *Towards Excellence* – through a series of consultation discussions with Executive Board members.

The Membership Development Strategy. Members are a valued part of our Trust community. The Membership Development Group, led by the Governor Michael Reakes, is currently reviewing and updating the Membership Strategy. Alongside this, we are developing a Membership Engagement Action Plan to strengthen how we connect with and involve our members.

An example of our Governor engagement activities with members and the public:

Michael Reakes (York Public Governor):

Member - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory)
Member - Patient and Public Involvement at the University of York, researching Health Inequality
Lay Member - Trust's Research & Development Panel
Chair – Council of Governors, Constitutional Review Group
Chair – Council of Governors, Membership Development Group
Volunteer - with Patient Experience team to put up QR codes for Friends & Family Test feedback
Patient panel member - Priory Medical Group GP Practice

Constituency meetings: Following Martin's introduction of member meetings in key Trust constituencies, several events were held to share updates on Trust activities, each followed by a question-and-answer session. Feedback from attendees was positive, with each meeting fostering greater engagement and constructive dialogue.

- Selby – 7th June 2024
- York – 24th September 2024
- Hambleton – 23rd January 2025
- Scarborough – 6th March 2025

Constitution Review Group: The Constitution Review Group, chaired by the Public Governor Michael Reakes, reviewed and introduced further updates to the Trust Constitution to enhance clarity and reflect recent developments.

Appointments of Non-executive Director and Chair of the Audit Committee: The Council of Governors played an integral role in the recruitment process and unanimously approved the appointment of Jane Hazelgrave as a Non-Executive Director to the Board in December 2024.

Looking forward: As we look to the future and the waves of changes to the NHS, the Council of Governors remains fully committed to collaborating with our members, Non-Executive Directors, and Executive Directors to provide enhanced support for the Trust staff and amplify the Trust's impact, while consistently striving to uphold the highest standards of excellence in patient care.

I would like to personally thank all the Governors for their hard work and steadfast commitment to driving continuous service improvement at our Trust, guided by our core values of kindness, openness, and excellence. I also wish to express my gratitude to Martin Barkley for his invaluable guidance and support, and his unwavering commitment to working collaboratively with the Council of Governors. I would like to extend my thanks to Lorraine Boyd for her dedication to driving quality improvements at the Trust. Additionally, I am grateful to Mike Taylor, Associate Director of Corporate Governance, and Tracy Astley, Governor and Membership Manager, for their ongoing support of the Council.

Rukmal Abeysekera
Lead Governor
June 2025

Role of the Council of Governors

All NHS Foundation Trusts are required to have a body of elected and nominated Governors. York and Scarborough Teaching Hospitals NHS Foundation Trust has a Council of Governors which is responsible for representing the interests of the public in their local areas, Trust members, staff members and partner organisations in the local health economy.

As a public benefit corporation, the Trust is accountable to the local community, staff who have registered for membership and to those elected or appointed to seats on the Council of Governors.

The Council of Governors' roles and responsibilities are outlined in legislation and detailed in the Trust's constitution. The primary function of the Council of Governors is:

- To hold the Non-executive Directors, individually and collectively, to account for the performance of the Board of Directors; and,
- To represent the interests of the members of the Trust as a whole and the interests of the public.

The Council of Governors has a right to be consulted on the Trust's strategies and plans, and on any matter of significance affecting the services it provides. All Governors, both elected and appointed, are required to act in the best interest of the NHS Foundation Trust and to adhere to the values and code of conduct of the Trust.

Other duties and responsibilities of governors are laid out in Monitor's publication "Your statutory duties, A reference guide for NHS foundation trust governors" August 2013, and subsequent addendum published in October 2022.

The Council of Governors and the Board of Directors continue to work together to develop an appropriate and effective working relationship. They are regularly updated on the performance of the Trust from the Board of Directors and receive both the agenda and minutes of each public Board of Directors meeting. They are invited to attend these meetings and have a follow up meeting with the Chair and Chief Executive after each one.

The Council of Governors at York and Scarborough Teaching Hospitals NHS Foundation Trust currently has 30 Governor seats in the constitution, as follows:

Public Governors	16 elected seats
Staff Governors	7 elected seats
Stakeholder Governors: • Local Authorities • Voluntary/Healthcare Organisations • Local Universities	7 appointed comprising: • 3 seats • 3 seats • 1 seat

Governor Elections

The Trust holds elections each summer. Where there are vacancies in constituencies the members will be informed and invited to nominate themselves for the seats. Members who have joined prior to the closing date for nominations are eligible to vote. The elections process begins in June and the election results are announced at the end of September each year.

The Governors

Listed below are the members, elected or appointed, who have served on the Council of Governors during the year 2024/25.

Name	Initial Appt Year	Date Appointed	Term of Office	End of Term Date
ELECTED GOVERNORS – PUBLIC				
Hambleton Constituency (1 seat)				
Catherine Thompson	2016	01.10.22	3 Years	30.09.25
East Coast of Yorkshire (5 seats)				
Paul Gibson	2024	01.10.24	3 Years	30.09.27
James Hayward	2024	01.10.24	3 Years	30.09.27
Linda Wild	2022	01.10.22	3 Years	30.09.25
Bernard Chalk	2021	01.10.21	3 Years	30.09.24 (resigned 13.05.24)
Keith Dobbie	2021	01.10.21	3 Years	30.09.24
Selby Constituency (2 seats)				
Vacant				
Wendy Loveday	2022	01.10.22	3 Years	30.09.25
Ryedale and East Yorkshire Constituency (3 seats)				
Sue Smith	2021	01.10.21	3 Years	30.09.24
Alastair Falconer	2021	01.10.21	3 Years	30.09.24
John Brian	2023	01.10.23	3 Years	30.09.26 (resigned 18.11.24)
York Constituency (5 seats)				
Sally Light	2018	01.10.21	3 Years	30.09.24
Michael Reakes	2016	01.10.22	3 Years	30.09.25
Rukmal Abeysekera	2020	01.10.23	3 Years	31.10.26
Beth Dale	2021	01.10.24	3 Years	30.09.27
Mary Clark	2022	01.10.22	3 Years	30.09.25
Ros Shaw	2024	01.10.24	3 Years	30.09.27
APPOINTED GOVERNORS				
North Yorkshire County Council (1 seat)				
Cllr Liz Colling	2022	01.09.22	3 Years	31.08.25
City of York Council (1 seat)				
Cllr Jason Rose	2023	01.06.23	3 Years	31.05.26
East Riding Council (1 seat)				
Cllr Jonathan Bibb	2024	01.08.24	3 Years	30.07.27
University of York (1 seat)				
Gerry Richardson	2017	01.05.23	3 Years	30.04.26
Voluntary/Healthcare Organisations (3 seat)				
Elizabeth McPherson CEO Carers Plus	2023	01.05.23	3 Years	30.04.26
Jill Quinn CEO Dementia Forward	2024	09.01.24	3 Years	31.12.27
Vacant				

ELECTED GOVERNORS - STAFF				
Community (1 seat)				
Rebecca Bradley	2023	01.10.23	3 Years	30.09.26
Scarborough and Bridlington (3 seats)				
Adnan Faraj	2023	01.10.23	3 Years	30.09.26
Franco Villani	2022	01.10.22	3 Years	30.09.25
Graham Healey	2024	01.10.24	3 Years	30.09.27
York (3 seats)				
Gary Kitching	2024	01.10.24	3 Years	30.09.27
Julie Southwell	2022	01.10.22	3 Years	30.09.25
Abbi Denyer	2022	01.10.22	3 Years	30.09.25

The appointment to the Council of Governors is for a maximum term length of three years or until the Governor ends their term, whichever is sooner. A Governor can serve a maximum of nine years.

The following changes occurred in the Council of Governors membership during the year:

Incoming

- Paul Gibson was appointed as Public Governor for East Coast of Yorkshire constituency on 1 October 2024
- James Hayward was appointed as Public Governor for East Coast of Yorkshire constituency on 1 October 2024
- Ros Shaw was appointed as Public Governor for York Constituency on 1 October 2024
- Beth Dale was reappointed as Public Governor for York Constituency on 1 October 2024
- Gary Kitching was appointed as Staff Governor York constituency on 1 October 2024
- Graham Healey was appointed as Staff Governor Scarborough & Bridlington constituency on 1 October 2024
- Cllr Jonathan Bibb was appointed as Stakeholder Governor representing East Riding Council on 1 August 2024.

Outgoing

- Bernard Chalk resigned on 13 May 2024
- John Brian resigned on 18 November 2024
- Keith Dobbie tenure ended September 2024
- Sue Smith tenure ended September 2024
- Alastair Falconer tenure ended September 2024
- Sally Light tenure ended September 2024.

Council of Governors Meetings

The Trust Chair also acts as Chair of the Council of Governors. Meetings of the Council of Governors took place on eight occasions. The table below shows the attendance of Governors at the formal Council of Governors meetings.

Attendees	12.06.24	11.09.24	02.12.24 *	11.12.24	13.03.25
Martin Barkley	✓	✓	✓	✓	✓
Rukmal Abeysekera	✓	✓	✓	✓	✓
Cllr Jonathan Bibb		✓	x	✓	x
Rebecca Bradley	✓	x	x	✓	x
John Brian	x	x			
Mary Clark	✓	x	x	✓	✓
Cllr Liz Colling	x	x	x	✓	✓
Beth Dale	✓	✓	✓	x	✓
Abbi Denyer	✓	✓	x	✓	✓
Adnan Faraj	✓	✓	x	x	✓
Paul Gibson			x	✓	x
James Hayward			x	x	✓
Graham Healey			x	x	x
Gary Kitching			✓	✓	x
Wendy Loveday	✓	x	x	✓	✓
Elizabeth McPherson	✓	x	✓	✓	✓
Jill Quinn	x	x	x	x	x
Michael Reakes	x	✓	✓	✓	✓
Gerry Richardson	✓	✓	x	✓	✓
Cllr Jason Rose	✓	✓	x	✓	✓
Ros Shaw			✓	✓	✓
Julie Southwell	✓	✓	✓	✓	✓
Catherine Thompson	x	✓	✓	x	x
Linda Wild	✓	x	✓	x	✓

* This was extraordinary Council of Governor meeting to ratify the appointment of a new Non-executive Director.

The Chief Executive, Deputy Chief Executive and Non-executive Directors and Trust staff regularly attend meetings of the Council of Governors and its subgroups to present appropriate reports and provide information on the Trust's performance at the Council's request. The table below shows the attendance of the Board at the formal Council of Governors meetings.

Attendees	12.06.24	11.09.24	11.12.24	13.03.25

Simon Morritt	✓	✓	✓	✓
Andrew Bertram	✓	✓	✓	✓
Karen Stone				
Dawn Parkes	✓	✓	x	✓
Claire Hansen	X	✓	✓	x
Polly McMeekin				
James Hawkins		✓	✓	
Lucy Brown	x	✓	✓	✓
Jenny McAleese	✓	✓	x	x
Lynne Mellor	✓	✓	✓	
Lorraine Boyd	x	✓	✓	x
Jim Dillon	x	✓	✓	✓
Steven Holmberg	x	x	x	x
Matt Morgan	x	x	x	x
Denise McConnell	✓	✓		
Julie Charge	x	✓	✓	x
Helen Grantham	x	✓	✓	✓

During 2024/25 the Council of Governors received updates and considered reports on a number of issues including:

- Trust priorities
- Operational pressures and recovery
- Care Quality Commission progress reports
- Board appointments
- NED appraisals
- Draft Trust Strategy
- Ockenden Progress
- Governor Elections
- NED Succession Planning
- Elective recovery
- Discharge pathways
- Board development
- Digital, Performance & Finance updates
- Quality & Safety Committee updates
- Resources Committee updates
- Industrial Action updates
- Workforce Disability Equality Standard (WDES) Annual Report
- Workforce Race Equality Standard (WRES) Annual Report
- Trust's Green Plan
- Trust's Travel Plan
- Staff Survey Improvement Plan
- External Auditors Appointment
- Council of Governors Effectiveness Survey and Results

Governors have also been involved in or attended the following meetings/events:

- Virtual Annual General Meeting/Annual Members' Meeting 2024
- Governors' informal meetings
- Monthly Public Board of Directors meetings
- Quarterly Public Council of Governors meetings
- Monthly Board/Council of Governors meetings
- Trust Strategy meetings
- PLACE Assessments
- Site Accessibility Assessments
- Patient Experience projects

Attendance at Meetings

In addition to the Council of Governors meetings, the Governors also met on a number of other occasions during the year to receive informal updates, training and information.

These covered a number of subjects, including the following:

- Governor Workshops
- Draft Strategy
- Operational Pressures and Recovery
- Progress on CQC actions
- Ockenden Progress
- Digital Progress.

Governors have also been involved in or attended the following meetings/events:

- Virtual Annual General Meeting/Annual Members' Meeting 2024
- Governors' informal meetings
- Public Board of Directors meetings
- Council of Governors/Board of Directors meetings
- Local community events
- PLACE Assessments
- Site Accessibility Assessments.

Training for Governors

To ensure the Governors are equipped with the skills they need to undertake their role, the Trust continues to ensure that Governors receive the information and understanding they require to perform the role. An Induction session is provided to new Governors and the agendas from the Council and Board of Directors meetings are provided to all governors for their information. The governors are encouraged to enroll on the courses provided by Governwell through NHS Providers, including:

- Governor Focus Conference
- NED Recruitment Training
- Membership & Public Engagement
- Accountability and Holding to Account
- Core Skills
- NHS Finance & Business Skills
- Effective Questioning & Challenge

Governor expenses

Governors are not remunerated but are entitled to claim expenses for costs incurred whilst undertaking duties for the Trust as a Governor (i.e., travel expenses to attend the Council of Governors meetings). The total amount of expenses claimed during the year from 1 April 2024 to 31 March 2025 by Governors was £574.76.

Related Party Transactions

Under International Accounting Standard 24 “Related Party Transactions”, the Trust is required to disclose in the annual accounts any material transactions between the NHS Foundation Trust and members of the Council of Governors or parties related to them.

There were no such transactions for the period 1 April 2024 to 31 March 2025.

Appointment of the Lead Governor

The process for the appointment of Lead Governor requires Governors to put their name forward and provide a statement. These names and statements are put forward to the full Council of Governors which holds an election. The Council of Governors followed this process and reappointed Rukmal Abeysekera as Lead Governor from 1 October 2023.

Membership of the committees and groups

The Council of Governors has delegated authority to a number of Committees and Groups to address specific responsibilities of the Council of Governors. During the year the Council of Governors welcomed some new members following the elections. This has meant that during the early part of 2025 the Governors have reviewed the Groups and Committees memberships and replacements have been confirmed.

The Council of Governors was supported by the following Sub-Groups and Committees.

Nomination/Remuneration Committee

The Committee has met on numerous occasions throughout the year. Issues discussed included:

- NED succession planning
- NED recruitment
- NED annual appraisals
- Lead Governor recruitment
- Terms of Reference
- Work Programme

The Committee continues to reflect on the process for appointment of new Non-executive Directors and will take any learning forward to help shape the future Non-executive Director appointment processes.

Items discussed at the Nominations and Remuneration Committee are highlighted at the full Council of Governors meetings and the Chair offers time for discussion.

Out of Hospital Care Group

The Out of Hospital Care Group is a quarterly meeting of Governors and others who represent the localities served by the Trust. Members include Public and Staff Governors, a Non-executive Director, and senior managers from the Trust. The Group is chaired by a governor. The Group has a wide remit, looking at any services provided out of hospital by the Trust and reporting back to the Council of Governors. The Group serves three key purposes:

- To provide a forum for Governors (on behalf of the members and local communities) to raise any issues regarding community services.
- To provide a reference group for development in community services to gain insight from a public perspective.
- To keep Governors updated on the developments in community services.

The Governors are involved in exploring options for improving the links between public Governors and the communities they represent.

Constitution Review Group

The Constitution Review Group has met during the year and discussed several topics, including:

- Constitution amendments
- Public Constituency/Governor number changes
- Governors Code of Conduct
- Terms of Reference

Membership Development Group

The Membership Development Group has met during the year and discussed several topics, including:

- The Membership Development Strategy
- Increase/decline of membership numbers
- Development of the action plan
- Use of social media/press releases/articles to promote membership

The meetings are open to all Governors to explore all opportunities and ideas to engage with members of the public. The Group is focused on how to maintain membership of the Trust and how to recruit members across the Trust's constituencies using various initiatives including:

- Increasing the number of locations in which the membership poster can be placed around the hospital sites and in the wider community
- Using various methods of communication, including the membership newsletter, email and social media to encourage membership
- Using mobile membership banners which rotate around the Trust's sites.

Code of Conduct

All Governors have read and signed the Trust's Code of Conduct, which includes a commitment to actively support the NHS Foundation Trust's vision and values.

Register of Governor's interests

The Trust holds a register listing any interests declared by members of the Council of Governors. Governors must disclose details of company Directorships or other positions held, particularly if they involve companies or organisations likely to do business, or possibly seeking to do business with the Foundation Trust.

The register forms part of the papers at every public Council of Governors meeting and can be accessed by visiting: https://www.yorkhospitals.nhs.uk/about-us/council-of-governors/papers-and-minutes/. The register is also available in the publications section on the Trust website. The public can also make a request in writing to:

Address: Associate Director of Corporate Governance
York and Scarborough Teaching Hospitals NHS Foundation Trust

Wigginton Road
YORK
YO31 8HE

Telephone: 01904 725076

Email: yhs-tr.governors@nhs.net

Foundation Trust Membership

Membership Strategy

The Trust continues to focus on recruitment and retaining membership using a variety of methods. Members of the public can sign up for Trust membership via the following link: https://www.yorkhospitals.nhs.uk/get-involved/ or complete a paper application found in the main reception area at any of the Trust's hospitals.

The Trust continues its aim to build a representative membership base to support public accountability and local engagement. It is recognised that a well-informed, motivated, and engaged membership helps organisations to be more responsive, with an improved understanding of the needs of its patients and local communities. Therefore, it is vital to create a membership that matches the demographic mix of our catchment area and to create a vibrant membership programme to support successful long-term engagement with members.

The vision is based around three key areas:

Objective 1	Increase the overall size of the membership of the Trust.
Objective 2	Increase the diversity of our membership
Objective 3	Improve engagement and communication

Objective 1 - While the value of membership lies in the quality of engagement, not solely in the numbers, we welcome a large and active membership community and recognise that the membership of the Trust needs to be large enough to be representative. We will strive to increase the public membership each year.

Objective 2 - We analyse our membership at least once a year. We take steps to ensure, as far as possible, it is representative of the people we serve. Where some groups are less well represented, we will try new ways of engaging with them.

We will develop wider membership that is more representative of all parts of the Trust's geographical area, and the demographics of the communities that use our services.

We will strive to improve any under-representation in membership each year. Increase the diversity of the membership to make it more representative of the Trust's patients and staff.

Objective 3 - Foundation Trusts are based on the principle of local accountability, and an active and engaged membership helps to anchor the Trust in its local community. The value of membership is not solely in the numbers of people who have joined, but in the degree of quality of our engagement with members. We recognise that it is beneficial to build a more engaged and active membership rather than a large but passive one. Enhancing the quality of our engagement with our members is therefore at the heart of this strategy and will be the overriding focus of our efforts.

We want to create powerful two-way engagement between the Trust and its members and provide meaningful opportunities for members to engage in issues affecting the future of the Trust, for example any service changes, strategy development, quality improvement, and the activities of the new Integrated Care Board.

We want members to feel engaged and involved in the organisation and be supported to add value to the Trust. This engagement will help support Governors to represent the interests of members and the public. We want to develop a partnership culture between members, Governors, and the Trust Board to facilitate effective working relationships.

Besides our Annual General Meeting, a local Constituency meeting is held in each constituency each year to enable Members to meet their elected Governors and the Trust Chair to raise any questions and concerns that Members have as well as to receive a briefing about the work of the Trust and current issues the Trust is grappling with.

We will monitor and assess the quantity and quality of engagement and strive for an increase in engagement each year to improve the quantity and quality of engagement and communication with members.

In order to maintain our membership level and recruit new public members, the Trust has continued a number of initiatives during 2024/25, including:

- Membership information displayed in main reception of each hospital.
- Continued use of the Trust's social media platforms to engage and inform members and the wider public of developments and events at the Trust.
- Dedicated Governor & Membership Manager who acts as link between the members and the Trust.
- Updating the membership section on the Trust's website to include the benefits of being a member, easier access to signing up, and contact information.
- Membership posters being displayed in GP surgeries, libraries, and other public areas.
- Membership postcards being handed out at local events.

The strategy seeks to support the Council of Governors with specific goals to increase membership and maintain support for the Trust.

Retention of Members

The Trust recognises the importance and value of a representative membership and has continued to focus on opportunities to engage with and retain existing Members. Over the past year various events have been arranged and we continue to keep Members up to date through a dedicated electronic membership newsletter. Initiatives include:

- Inviting all Members to the Public Council of Governors meetings throughout the year. There is a half hour allocated prior to the meetings to give the public/members the opportunity to talk to their Governors
- Inviting all members to the virtual Annual Members' Meeting which took place in October 2023.

Over the next 12 months we will continue to look at new ways to promote the benefits of membership in order to maintain and increase our membership. The Membership Strategy is currently being revised.

The Trust's Current Catchment Area

The map shows the five community areas the Trust serves and each one forms a public constituency for our membership.

Constituencies

The Trust has defined its public constituency boundaries to fit as far as possible with clearly defined local authority boundaries and "natural" communities. Each of the five constituencies contains at least one hospital facility which is either run by or has services provided by the Trust. These are places that the local population clearly identify with and care much about; it is the Trust's experience that is a key issue for membership.

Constituency	Wards
York	All council wards and the wards of Ouseburn and Marston Moor of Harrogate Borough Council. Hospital facilities include York General Hospital, Nelsons Court Inpatient Unit, White Cross Court Rehabilitation Hospital.

Selby	All council wards and the parishes of Bubwith, Ellerton, Foggathorpe and Wressle. Hospital facilities include the Selby War Memorial Community Hospital.
Hambleton	All council wards and the areas of Northallerton, Bromfield, Northallerton Central, Romanby, Sowerby, Thirsk, Throntons, Topcliffe, Whitestone Cliff, Bishop Monkton, Boroughbridge, Carlo, Hookstone, Knaresborough East, Knaresborough King James, Knaresborough Scriven park, Newby, Pannal, Ribston, Ripon Minster, Ripon Mooreside, Ripon Spa, Spofforth with Lower Wharfdale, Starbeck, Wetherby. Hospital facilities include St Monica's Community Hospital.
Ryedale and East Yorkshire	All 20 Ryedale wards and the East Riding wards of Pocklington Provincial, Wolds Weighton and the parish of Holme upon Spalding Moor. Hospital facilities include Malton, Norton and District Community Hospital.
East Coast of Yorkshire	Whitby council wards. Hospital facilities include Whitby Community Hospital. Scarborough council wards. Hospital facilities include Scarborough and District General Hospital. All 3 wards of Bridlington Town Council and 2 wards of East Riding Council, Driffield and Rural and East Wolds and Coastal. Hospital facilities include Bridlington and District General Hospital.

Membership of the Trust is free and is open to anyone aged 16 years of age and over. No special skills or experience is required to be a member. Our public membership consists of patients, volunteers and members of the public who wish to become involved.

Out of Area Public Members

The Trust will continue to offer membership to the public who live outside of these constituencies.

Public Membership Profile

Membership of the Trust as at 31 March 2025 was as follows:

Constituency	Members
East Coast of Yorkshire	1173
Hambleton	405
Ryedale and East Yorkshire	1094
Selby	1318
York	4185
Out of Trust Area	756
Total	**8931**

Age	Public
0-16	0
17-21	8
22+	8529
Not Stated	393

Gender	Public
Unspecified	138
Female	5396
Male	3396

Ethnicity	Public
White - English, Welsh, Scottish, Northern Irish, British	3774
White - Irish	20
White - Gypsy or Irish Traveller	0
White - Other	57
Mixed - White and Black Caribbean	6
Mixed - White and Black African	4
Mixed - White and Asian	6
Mixed - Other Mixed	4
Asian or Asian British - Indian	23
Asian or Asian British - Pakistani	7
Asian or Asian British - Bangladeshi	2
Asian or Asian British - Chinese	4
Asian or Asian British - Other Asian	15
Black or Black British - African	16
Black or Black British - Caribbean	4
Black or Black British - Other Black	1
Other Ethnic Group - Arab	1
Other Ethnic Group - Any Other Ethnic Group	6
Not stated	4981

Staff Membership

The staff constituency comprises:

- Permanent, directly employed members of staff.
- Temporary members of staff who have been employed in any capacity on a series of short-term contracts for 12 months or more.

For staff, membership runs on an opt-out basis, i.e., all qualifying staff are automatically members unless they seek to opt out. The staff membership is broken down into three constituencies: -

York	All staff whose designated base hospital is York Hospital, White Cross Court Rehabilitation Hospital, Nelsons Court Inpatient Unit, Archways Hospital and any other staff not included in either of the staff groups described below.

Scarborough and Bridlington	All staff whose designated base hospital is Scarborough General Hospital or Bridlington and District Hospital.
Community	All staff whose designated base hospital is Malton Community Hospital, Whitby Community Hospital, New Selby Community Hospital (also known as the New Selby War Memorial Hospital), St Monica's Hospital, Easingwold and any other staff who are designated as "Community" staff and therefore do not have a designated base hospital as they work mainly with patients in a non-acute setting, including those members of staff who are engaged in support functions in connection with such services.

Any member of staff employed by the Trust on a permanent contract or a fixed term contract of 12 months or longer can become a Member. Staff employed through service partners, including the YTHFM, are also eligible to become Members.

Further Information on Membership

Contact can be made through the Associate Director of Corporate Governance. The contact details are:

Associate Director of Corporate Governance
York and Scarborough Teaching Hospitals NHS Foundation Trust
Wigginton Road
York
YO31 8HE

or by e-mailing yhs-tr.membership@nhs.net

Regulatory Ratings

Care Quality Commission

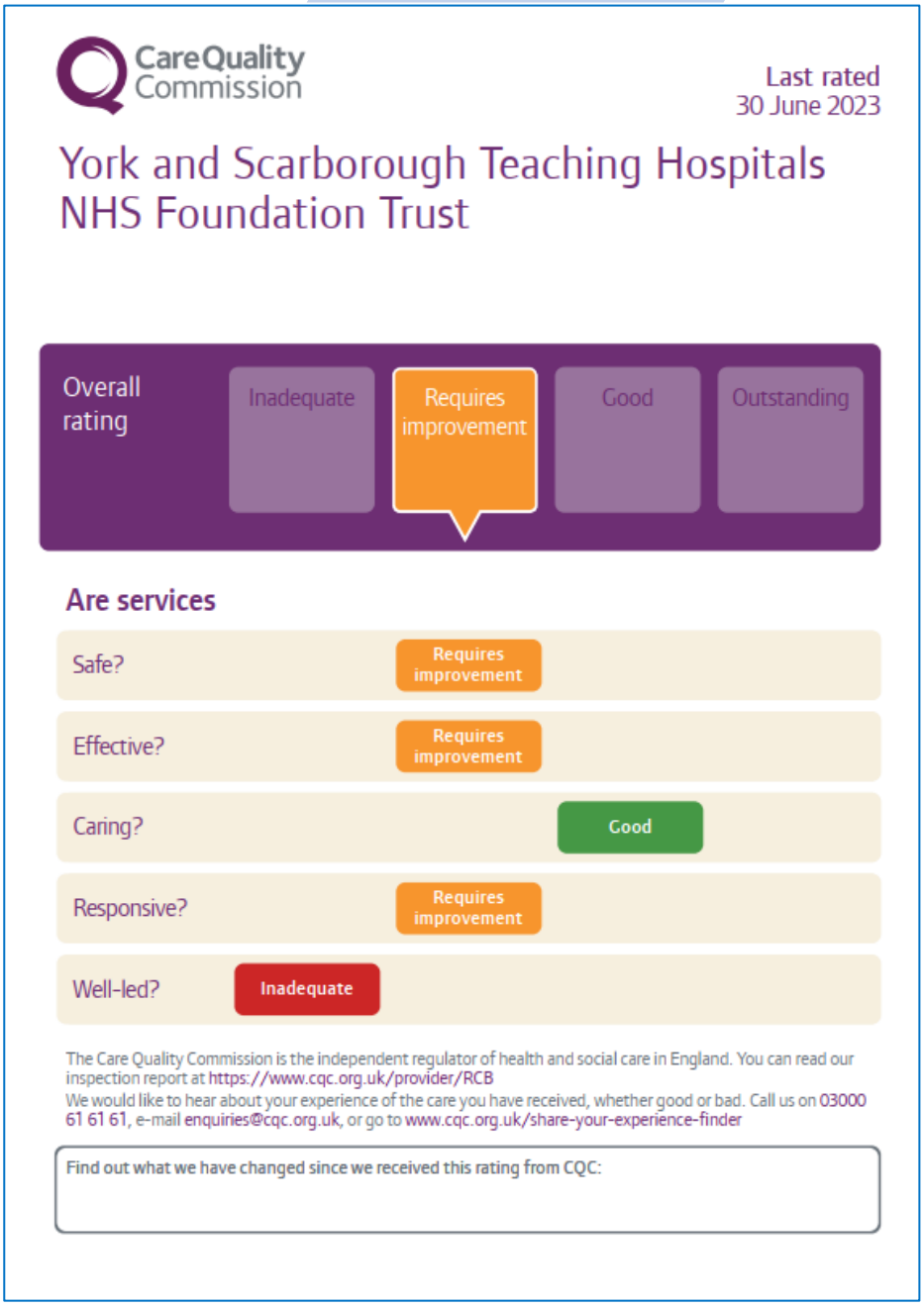
York and Scarborough Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Registered with Conditions'

Since January 2020, the Trust has been working under a Section 31 notice to improve the provision of an effective mental health risk assessment across emergency care. In response to this, a paper proforma document for mental health risk assessment was introduced and monthly compliance with this was reported to the CQC. To strengthen compliance and to improve patient outcomes, the Urgent and Emergency Care risk assessment screening tool was introduced that incorporates falls, skin and a mental health risk assessment. The mental health risk assessment element of the screening tool went live in April 2024.

The Trust is focussing on delivering further training and support for staff and introducing a more therapeutic approach to enhanced observation. This work is being led through the Trust Mental Health Improvement Group. The Trust has developed a good working relationship with colleagues from Tees, Esk and Wear Valleys NHS Foundation Trust who support our training provision.

The Trust was further inspected by the CQC between October 2022 and March 2023. The inspection looked at Emergency and Urgent Care, Medical Care and Maternity Services. The CQC also inspected the well led key question for the Trust as a whole.

The Trust was sent a letter of intent to take urgent enforcement action because of concerns found in maternity services under Section 31 of the Health and Social Care Act 2008. The Trust submits a monthly report to CQC on progress made against the specific concerns outlined in the Section 31 notification.



Following findings from the CQC Inspection in 2022/23, in August 2023, the Trust formally established Journey to Excellence: A Focused Improvement Group as a subgroup of Executive Committee. This was built upon previous improvement work the Trust was undertaking in response to known improvement requirements and early responses to CQC visits.

The membership of the Journey to Excellence Group includes all Executive and Corporate Directors. The aim of the group was to provide the Board with oversight of the key workstreams required to deliver improvement throughout 2024/25. Sixty-seven actions from the CQC inspection from 2022/23 have now been closed, with six remaining. The six remaining actions are scheduled for approval to close in meetings of the group in April and May 2025.

The Trust's last on-site inspection was at the York Hospital site on the 14 and 15 January 2025. At the time of writing, the inspection report and ratings have yet to be published. The overall Trust rating remains at Requires Improvement.

The role of the Journey to Excellence Group is under review and going forwards will incorporate ongoing assurance on themes from previous CQC inspection activity, oversight of any improvements resulting from the January 2025 inspection and progress with meeting the segmentation criteria set by NHS England.

NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities).

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

As at 31 March 2024 York and Scarborough Teaching Hospitals Foundation Trust has been allocated into segment 3.

Finance and Use of Resources

The finance and use of resources is one of five themes feeding into the NHS Oversight Framework for Trusts. As part of the oversight of ICBs and Trusts, NHS England monitors and gathers insights about performance across each of the themes of the framework. The information collected and reviewed includes both quantitative data, including, but not limited to, the published Oversight Framework metrics, and qualitative information derived from oversight, quality, improvement and performance conversations with ICBs and their formal reporting documents, as well as other routine

information including that from relevant third parties. A key outcome of the implementation of the framework is the early identification of any emerging issues and concerns, so that they can be addressed before they have a material impact or performance deteriorates further. To provide an overview of the level and nature of support required across systems, inform oversight arrangements and target support capacity as effectively as possible, NHSE regional teams allocate all ICBs and trusts into one of four 'segments'. The Trust has been allocated in segment three, which indicates that there are significant support needs against one or more of the five national oversight themes. The scale and nature of support the Trust receives includes bespoke mandated support, potentially through a regional improvement hub, drawing on system and national expertise as required.

Simon Morritt, Chief Executive
June 2025

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's Responsibilities as the Accounting Officer of York and Scarborough Teaching Hospitals NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHSE has given Accounts Directions which require York and Scarborough Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of York and Scarborough Teaching Hospitals NHS Foundation Trust and of its income and expenditure, other items of comprehensive income, and cash flows for the financial year.

In preparing the accounts, and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Simon Morritt, Chief Executive
June 2025

Part 3

Annual Governance Statement

2024/2025

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT), to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in YSTHFT for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

This Annual Governance Statement has been prepared on a Group basis and includes York Teaching Hospital Facilities Management (YTHFM) which is a subsidiary limited liability partnership. References therefore throughout this Annual Governance Statement to 'Trust' are in relation to the Group.

Capacity to handle risk

As Accounting Officer, I have overall responsibility for ensuring there are effective risk management systems and internal controls in place within the Trust and for meeting all statutory requirements and adhering to guidance issued by NHS England (NHSE) in respect of governance and risk management. I have delegated overall duty to ensure risk management is discharged appropriately to the Associate Director of Corporate Governance, who has been responsible for the implementation of the Risk Management Strategy.

The Board of Directors provides leadership on the overall governance agenda, including risk management. It is supported by a number of Committees that scrutinise and review assurance on internal control. These include:

- Group Audit Committee.
- Quality Committee.
- Resources Committee.
- Executive Committee.

Independent assurance on the effectiveness of the system of internal control and overall governance arrangements is provided by the Group Audit Committee. Additional assurance on the effectiveness of the systems for ensuring clinical quality is given by the Quality Committee. The Board of Directors routinely receives escalation reports from these Committees alongside the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) to review the effectiveness of the Trust's system of internal controls.

The Executive Committee receives and reviews updates from all Care Groups and corporate areas relating to risk management, as well as the Trust's BAF and CRR. Each Board Committee and its sub-groups have a collective responsibility to ensure effective risk management and good governance as they discharge their duties, and this is reflected in their respective Terms of Reference. Through their work plans they contribute towards reducing the organisation's exposure to risk. Risks identified by Committees and reporting groups are communicated and recorded on the appropriate Directorate/Care Group risk registers and subject to overview, monitoring and intervention by internal governance arrangements, as well as providing assurance to the Audit Committee, Board of Directors and relevant Board Assurance Committees.

The Trust has a Risk Management Strategy and Policy in place to ensure that risks are identified, assessed and properly managed. This was reviewed and updated considering best practice risk management approaches, approved by the Board of Directors in February 2025.

2024/25 has been the first full-year of a four care group governance structure (reduced from six during 2023/24) - Medicine, Surgery, Family Health and Cancer, Specialist and Clinical Sciences with the objective of strengthening and improving governance and performance management. The Trust has subsequently embedded a monthly Performance, Review and Improvement Meeting (PRIM) to monitor and oversee the performance of each of the Trust's Care Groups across the domains of Quality and Safety, Operations, Finance and Workforce to support the delivery of the Trust's goals. The Care Groups also report into the Quality Committee on a quarterly basis to provide assurance.

Ultimate responsibility for the management of the risks facing the organisation sits with the Board of Directors. The Board of Directors considers the strategic and high-level Trust-wide operational risks facing the organisation as part of its routine business in order to satisfy itself collectively that risks are being effectively managed.

The Chief Executive has overall responsibility for the management of risk. Other members of the Executive Team exercise lead responsibility for the specific types of risk as follows:

- The Medical Director and Chief Nurse are jointly responsible for clinical governance, risk management and patient safety, and, whilst each has been allocated specific duties and responsibilities, there are clear lines of accountability.
- The Chief Nurse is also responsible for infection prevention and control and safeguarding children and adults.
- The Chief Operating Officer is responsible for overall risks to operational performance.
- The Finance Director provides the strategic lead for financial risk and the effective co-ordination of financial controls throughout the Trust.
- The Director of Workforce and Organisational Development is responsible for workforce planning, staffing issues, education and training and organisational development.
- The Chief Digital and Information Officer is responsible for the overall risks associated with information technology and is also the Senior Information Risk Owner (SIRO) and has responsibility for information governance.
- The Associate Director of Corporate Governance/Foundation Trust Secretary is responsible for the management of the BAF and CRR and ensuring that strategic risks and high priority operational risks are identified and reported to the Board of Directors.

All Executive Directors, Associate Chief Operating Officers, Care Group Clinical Leads and Managers are responsible for identifying, communicating and managing the risks associated with their portfolios in accordance with the Trust's Risk Management Strategy and Policy. They are responsible for understanding the approach towards risk management of all key clients, contractors, suppliers and partners and mitigate where necessary, where gaps are found. They are responsible

for identifying risks that should be escalated to and from the CRR. The Risk Management Strategy and Policy is available to all staff electronically via the Trust's intranet. Roles and responsibilities in terms of risk management are incorporated into the Trust's Risk Management Strategy and Policy. The Executive Committee via the Risk Committee brings together those responsible to ensure effective mitigation of the strategic and operational risks of the Trust.

The Trust recognises the importance of supporting staff. The risk management team acts as a support and mentor to staff who are undertaking risk assessments, incident reporting, incident investigation and managing risk as part of their role. In addition, the Board of Directors has set out the minimum requirements for staff training required to control key risks. A training needs analysis informs the Trust's mandatory training requirements and has been kept under review; this sets out the training requirements of all staff and includes the frequency of training in each case. The Associate Director of Corporate Governance through continuous professional development reviews good practice and incorporates into the Risk Management Strategy and Policy.

Incidents, complaints and patient feedback are routinely analysed to identify learning opportunities and improve control. Lessons for learning are disseminated to staff using a variety of methods, including regular safety briefings and through Care Group governance groups.

The Trust has in place counter fraud arrangements through Audit Yorkshire from the NHS Counter Fraud Authority and has a named Local Counter Fraud Specialist. In order to ensure that counter fraud resources are effective there is a Counter Fraud Plan and Annual Counter Fraud Report which outline the proactive, reactive and strategic counter fraud work undertaken for the Trust in 2024/25.

I have ensured that all significant risks of which I have become aware are reported through to the Board of Directors at each formal meeting. All new significant risks are escalated to me as Chief Executive and subject to validation by the Executive Team at the Risk Committee. The residual risk score determines the escalation of risk.

The Risk and Control Framework

The Trust has a Risk Management Strategy and Policy, which is reviewed and endorsed by the Board of Directors. The Strategy provides a framework for all staff across the organisation to manage risks, including quality, performance, financial and workforce with specialist advice sought to manage and control specific areas of concern e.g. data security. The Strategy provides a clear, systematic embedded approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation. The Strategy including the Trust's risk appetite categories were reviewed and formally approved by the Board of Directors in February 2025 including the following categories of risk:

- Quality of Care
- People
- Financial
- Technology
- Operational Performance
- Sustainability

The Strategy sets out the role of the Board and its Sub-committees, together with individual responsibilities of the Chief Executive, Executive Directors, other senior managers and all staff managing risk to ensure that risks which cannot be managed locally are escalated through the organisation. All risks are evaluated against the risk assessment process to ensure that all risks are considered alike. The control measures, designed to mitigate and minimise identified risks, are recorded within the CRR and BAF.

The BAF sets out:

- The strategic objectives (what the organisation aims to deliver).
- Strategic risks (those factors that could prevent the objectives being achieved).
- Controls (processes in place to manage the risks).
- Assurance (evidence that appropriate controls are in place and operating effectively)
- Risk rating (pre and post mitigation and target rating)
- Actions (to provide further control once completed to achieve the target rating).

The BAF provides assurance to the Board that the risks are being adequately controlled and informs the preparation of the Annual Governance Statement. The BAF was reviewed regularly at the Board of Directors meetings, the meetings of the Board's Sub-committees and the Executive Team at the Trust's Risk Committee during 2023/24; it did not identify any significant gaps in control/assurance.

The Trust has a range of key strategic risks, which it has identified and is proactively managing; for example, through action plans and named leads. Progress is monitored by the relevant Assurance Committee and the Group Audit Committee. The Board considers the Board Assurance Framework at its Board meetings in public, and the final BAF of 2024/25 identified the Trust's strategic risks as at 31 March 2025 as follows:

- Failure to deliver financial balance to deliver the 2025/26 annual plan of the Trust's Strategy 2025-30
- Inability to provide consistently effective clinical pathways leading to poor outcomes, experience and possible harm.
- Inability to nurture a Trust culture that facilitates good staff engagement and development leading to poor staff morale, recruitment and retention issues and ultimately poor patient outcomes.
- Failure to maintain and transform services to deliver the Trust's green plan and sustainability agenda.
- Working ineffectively with the Trust's partners to contribute to effective patient care, good patient experience and system sustainability.
- Failure to demonstrate effective governance to achieve the Trust's strategy.
- Trust service, pathways and support functions are not designed, and improved in a sufficiently transformative way across the Trust for the benefit of patients.

All these BAF risks are proposed to be carried over into 2025/26, their outcomes monitored, and further risk assessed during the forthcoming year.

The high rated risks on the CRR as at 31 March 2025 relate to the following areas:

- Failure to deliver our Annual Financial Plan.
- Sustained significant pressure in ED
- Cyber Security
- CQC Section 31 Notice Served on The Trust - For Maternity
- Failure to observe IPC policies and guidance
- Impact of backlog maintenance on patient care
- Deterioration of reinforced autoclaved aerated concrete (RAAC) Pathology Roof Scarborough
- Antenatal scanning capacity
- Roof at Scarborough Hospital covering Maternity, Oak Ward and associated corridors
- More than 10% of General G&A beds have Patients With No Criteria to Reside resulting in risk to 1. Patient Flow 2. Poorer outcomes and deconditioning of patients awaiting discharge.

- Response to the Deteriorating Patient
- Prescribing Practice
- Failure to deliver the Operational Planning Guidance 24/25
- Medical Device Outcome Registry (MDOR) non-compliance
- Deteriorating paediatric patients
- Impact on Renal patients at Tanpit Lodge and Audiology patients at Springhill House due to inadequate estate provision
- Impact of built environment on infection prevention and control & not providing 2021 cleaning standards
- Major IT Failure
- Steam Main at Scarborough Hospital
- Risk of routine patients referred to Paediatric SLT having delayed assessment and intervention
- Delay to Ambulance Handover within Emergency Departments

A series of mitigation actions and their outcomes for the management of these risks are assessed at each Risk Committee, the membership of which are the Executive risk owners with assurance provided to the Sub-Committees of the Board of Directors.

Care Quality Commission (CQC) Registration requirements

The Trust is required to register with the CQC and its current registration status is 'Registered with conditions'. The Trust's last on-site inspection was at the York Hospital site on the 14 and 15 January 2025. At the time of writing the inspection report and ratings have yet to be published. The overall Trust rating remains at Requires Improvement.

The CQC have imposed the following conditions on the Trust's registration:

- The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York and Scarborough Hospitals who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.

In response to this, a paper proforma document for mental health risk assessment was introduced and monthly compliance with this was reported to the CQC. To strengthen compliance and to improve patient outcomes, the Urgent and Emergency Care risk assessment screening tool was introduced that incorporates falls, skin and a mental health risk assessment. The mental health risk assessment element of the screening tool went live in April 2024.

The Trust is focussing on delivering further training and support for staff and introducing a more therapeutic approach to enhanced observation. This work is being led through the Trust Mental Health Improvement Group. The Trust has developed a good working relationship with colleagues from Tees, Esk and Wear Valleys NHS Foundation Trust who support our training.

Maternity and Midwifery Service

- The registered provider must implement an effective system for managing and responding to patient risk to ensure all mothers and babies who attend the York Hospital are cared for in a safe and effective manner and in line with national guidance.

- The registered provider must operate an effective clinical escalation system to ensure every woman attending the hospital is triaged, assessed and streamlined by appropriately skilled and qualified staff.

- The registered provider must implement an effective risk and governance system which ensures that:
    a) There is oversight at service, division and board level in the management of the maternity services.
    b) There are effective quality assurance systems in place to support the delivery of safe and quality care.
    c) Risk and occurrence of incidents are properly identified and managed, to include an effective system of recording actions taken and ensuring learning from any incidents.
    d) Serious incidents are reflected and reported correctly in line with national guidance and adequately investigated.
    e) Ensuring learning is shared from the investigation.
    f) Incident grading is reviewed to ensure it is accurate and in line with national guidance.

The Trust reports a monthly position to the CQC on the conditions relating to maternity services. The Trust is in the process of applying for the removal of these conditions.

Learning from Incidents

Over the course of 2024/25, the Trust continued the development and review of the Patient Safety Incident Response Framework (PSIRF) to embed as our normal way of working.

The identified local priorities remain as agreed following the thematic analysis of incidents, complaints and claims during 23/24:

- Inpatient Falls
- Medication
- Responding to the deteriorating patient
- Pressure related skin damage
- Discharge and onwards referral
- Nutrition and hydration
- Post Partum Haemorrhage (PPH)

A current review of the PSIRF priorities is underway collating and analysing quantitative and qualitative data to determine new priorities. This process will maintain a focus on thematic analysis and data triangulation, whilst also incorporating corporate oversight through engagement with key stakeholders.

Training has continued to be a focus within the patient safety team to ensure staff are able to conduct meaningful learning responses and pull-out relevant learning from incidents. The team has streamlined booking processes and enhanced historical record-keeping for PSIRF Learning responses, including training sessions such as After-Action reviews. Staff completion rates for Level 1 Essentials in Patient Safety e-learning are above the planned trajectory. Additionally, the Patient Safety Team has introduced a new course aimed at developing patient safety champions across the trust, with over 35 participants already trained. Feedback from the course has been overwhelmingly positive, highlighting its valuable content, engaging exercises, and its ability to boost confidence in PSIRF.

Following the substantial external training programme of PSIRF completed in 23/24 where over 100 were trained, we are hoping to review our capacity and capability to deliver this in-house and are awaiting further guidance following the NHSE focus groups.

Incidents continue to be reported via Datix, to improve performance and these are reviewed daily by Care Groups and the Patient Safety Team. Incidents of concern (moderate and above) are

reviewed via a Patient Safety Incident Review report and presented by clinicians to the weekly Quality and Safety (Q&S) Group which has Executive and Senior Care Group representation. Learning is shared across all Care Groups and certain issues require assurance back to the Q&S that actions and learning have been embedded. The Care Groups will bring incidents of concern to Q&S with a suggested PSIRF response, the timing of the response will be discussed and confirmation that the requested response is the most appropriate.

There have been over 100 Great-ix submissions since its launch in September 2024, highlighting staff and teams excelling in patient safety and colleague wellbeing. We hope that this will encourage a more positive patient safety culture and aid learning from good practice and embodiment of our Trust values.

The patient safety team produces a daily incidents update of the most significant incidents in the last 24 hours in the organisation. This is sent to all senior leaders with an expectation that Care Groups take immediate action in reviewing these incidents.

The Serious Incident (SI) Group has now transitioned to the Patient Safety Incident (PSI) group following the completion of our remaining SI's. This group oversees the approval of Patient Safety Incident Investigation (PSII) reports and associated improvement / action plans. Following approval, the Care Groups share the reports which are accompanied with a learning summary. This ensures that learning and improvements identified in reports are easily accessible to the front-line staff. The group will also start auditing the sustainability of previous SI and PSII actions.

Each improvement group within our organisation is required to commission two PSIIs per year informing future improvement work. We have seen the nutrition and hydration and medications management group provide valuable learning from their themed analysis of their incidents.

The patient safety team plays a key role in fostering shared learning and timely communication across the organisation. Their weekly updates to all staff highlight organisational safety concerns and have been highly valued as an efficient tool for sharing and addressing issues promptly. In addition, a bi-monthly safety spotlight newsletter is developed to further disseminate important learning. Safety briefings are also created and distributed to tackle urgent concerns identified at Q&S meetings and supports the dissemination of immediate learning. Together, these initiatives enhance collaboration and promote a culture of continuous improvement.

NHS Provider Licence – Section 4 (governance)

The effectiveness of the governance structure has been assessed by the Associate Director of Corporate Governance who, working with the newly appointed Chair during 2023/24, has implemented an improved corporate governance structure in compliance with our licence which is continually reviewed to ensure the Trust is meeting its responsibilities and managing its risks effectively.

Throughout 2024/25 the Trust had a consistent corporate governance structure and conducted effectiveness reviews of the Board of Directors and its Committees with accurate, complete and timely Trust Priorities Report (TPR) reporting of risk and performance across the governance structure by each individual Director's area of defined responsibility.

This has strengthened the reporting lines and accountabilities between the Board of Directors, its Sub-Committees via focussed escalation reports, and the Executive Team to improve the overall effectiveness of the Trust's governance structure with the Board of Directors having mechanisms for effective oversight of the Trust's performance.

NHS Oversight Framework

The Trust is in segment 3 in the NHS Oversight Framework based on the level of support required across the themes of leadership capacity and capability, quality of care, financial management and/or operational performance.

Performance

The Board reviews performance data each month against NHSE and CQC standards and outcomes via its TPR, focussing on key performance indicators; quality, safety, patient experience and clinical outcomes; people and organisational development; and finance. This was reported against the Trust's 4 priorities; People, Quality and Safety, Elective Recovery and Acute Flow and from January 2025 against the Trust's new Strategy 2025-2030: Towards Excellence with further oversight at the Board's Sub-Committees.

Continuous improvement of the Trust's key performance indicators is reviewed to identify key actions to improve Trust performance and its assurance. This further enhances the rigour and scrutiny necessary to assure the Board that recovery plans are on trajectory or mitigating actions are put in place where performance is off-track.

The Trust is a key member of the Humber and North Yorkshire Health and Care Partnership (HNYHCP), with a number of Trust Directors and Senior Managers leading on and participating in work to re-design and configure pathways, and to optimise and expand service capacity where feasible.

Financial Performance

The NHS financial objectives for 2024/25, as outlined in NHS England's planning guidance, focus on stabilising finances while recovering core services and enhancing productivity. With a real-terms funding increase of just 0.2%, Integrated Care Boards (ICBs) and providers are expected to deliver a balanced net system financial position. Key financial targets include achieving a minimum 2.2% efficiency saving across systems and reducing agency spending to a maximum of 3.2% of the total pay bill. This approach aims to maximise resources for frontline services by reducing administrative costs and optimising procurement and energy contracts.

The creation of Integrated Care Boards (ICBs) in 2022 allows NHSE to set financial allocations and other financial objectives at a system level. There is a statutory duty for all NHS bodies to meet the system financial objectives and deliver the agreed financial plan. NHS providers within the ICS retain their current structures, governance, and organisational financial statutory duties but there is a new duty to compel providers to have regard to the system financial objectives and work collaboratively. In 2024/25, this collaborative approach became more critical as ICBs are expected to drive system-wide efficiencies, focusing on financial sustainability and improving care quality. ICBs are responsible for ensuring that financial targets, such as efficiency savings and spending reductions, are met across all system partners, while also maintaining service delivery standards.

Moreover, ICBs have enhanced governance responsibilities, overseeing the financial performance of all partners within their Integrated Care System (ICS) and ensuring alignment with national and regional financial priorities. The governance framework for 2024/25 emphasizes transparency, shared decision-making, and accountability among all partners. This includes close monitoring of financial risks and ensuring that resources are directed to priority areas, such as mental health, urgent and emergency care, and elective surgery recovery. ICBs are also tasked with ensuring that providers collaborate on long-term financial planning, helping to achieve not only short-term efficiency goals but also longer-term sustainability in the NHS system.

The Trust submitted a deficit plan of £17.169m for 2024/25, but after removing a series of NHS England's technical adjustments, the regulator assessed position was a balanced income and expenditure position. At the end of the financial year, the Trust reported an income and

expenditure deficit of £38m. Again, once NHSE's technical normalisation adjustments are applied, the final regulator-assessed position of the Group is a £9k surplus. The Group has a year-end cash balance of £57.7m

The contract payment mechanism for 2024/25 closely followed that established during 2023/24. An 'Aligned Payment and Incentive' (API) system once again formed the main contractual payment arrangement between the Group and its main commissioners incorporating both a variable and fixed payment element. This is made up of a mixture of cost and volume activity aimed at incentivising improved levels of elective activity and productivity to clear patient back logs and fixed elements of funding to help manage financial risk across the system.

The NHS is in the second year of the revenue allocations which were announced in The Autumn Statement 2022 to respond to the significant pressures the NHS is facing. At national level, total ICB allocations including Elective Recovery Funding (ERF) are flat in real terms with additional funding available to expand capacity.

Core ICB capital allocations for 2022/23 to 2024/25 have already been published.

The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first outpatient appointments) is to pay unit prices for activity delivered. System and provider activity targets were agreed through planning as part of allocating ERF on a fair shares basis to systems.

NHSE covered additional costs where systems exceeded agreed activity levels. ICBs and NHS primary and secondary care providers were expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners.

The Integrated Care System (ICS) has successfully submitted a balanced plan for 2025/26. All providers and the Integrated Care Board (ICB) have managed to balance their individual plans. However, this is accompanied by a significant efficiency challenge. To maintain the balanced position, there is an efficiency requirement of £294m across the system, which presents a significant challenge. This substantial figure underscores the immense effort needed to streamline operations and improve efficiencies within the healthcare network.

Achievement of economy, efficiency and effectiveness is underpinned by the Trust's Governance Framework and supported by internal and external audit reviews, which are monitored through the Audit Committee. The Trust also has a contract for counter fraud services for the proactive prevention, detection, and reactive investigation of fraud.

Cost Improvement Programme (CIP)

When the government published the NHS Long Term Plan, it made it clear that the plan needed to ensure that "every penny is well spent." The then prime minister, Theresa May, emphasized that the plan must tackle waste, reduce bureaucracy, and eliminate unacceptable variation, with all efficiency savings reinvested back into patient care. In essence, she was advocating for a plan that delivered value – getting the best outcomes for the least cost. For 2024/25, these principles remained central to NHS strategy, as the focus on financial sustainability and value for money continued to drive performance and service delivery.

The focus on productivity and efficiency in the NHS has intensified, with high expectations around the efficiencies that can be achieved through transforming working practices. Revitalising Cost Improvement Plans (CIPs) and embracing value-based care were crucial to ensuring resources were used effectively and that financial objectives were met.

As NHS bodies are now tasked with not only achieving individual financial targets but also collaborating at system level, this move to greater system working through Integrated Care Systems (ICSs) is pivotal in ensuring the NHS delivers population health improvements in a financially sustainable manner.

In 2024/25, value and efficiency were increasingly being considered at a system level, where collaboration across organisations and partners was essential to achieving shared financial goals. The Trust is actively engaging with ICS partners and, in many instances, taking a leadership role in driving system-wide opportunities that align with these objectives.

In 2024/25 the efficiency target was split into a Core Efficiency programme of £19.9m and a further Corporate Efficiency programme of £33.3m, giving a total programme of £53.2m. The Corporate target was made up of various schemes to reduce bed occupancy, review reliance of bank and agency staff and remove remaining covid spend reductions. The Group overachieved its core efficiency target of £19.9m CIP target in 2024/25 by £4.1m; the corporate target however has proved much more difficult to achieve in full and had a shortfall of £22.8m, resulting in the total delivery in year of £34.5m. This is the highest level of efficiencies that the Trust has ever delivered which is a very significant achievement, but the overarching requirement proved too great a stretch in a single year. In 2025/26 the Group core savings requirement is set at £55.2m (6%).

Where CIP schemes have been developed by the Care Groups, they undergo a quality impact assessment (QIA) which is in three stages:

- Stage 1- Approval by Care Group Director, Care Group Associate Chief nurse, Associate Chief Operating Officer and Associate Chief AHP. Where a potentially negative risk score is identified and is greater than (>) 9 this indicates that a more detailed assessment is required in this area and moves to Stage 2.
- Stage 2 - The detailed assessment must be approved by all the above plus Executive Committee for approval by the Medical Director and Chief Nurse.
- Stage 3 - Those high-risk schemes with a risk score of 10 and above will be escalated to the Quality Committee and to the Integrated Quality Improvement Group.

Stakeholders

Public stakeholders are involved in the management of risks which impact on them through public meetings of the Board, and our attendance at Health Overview and Scrutiny meetings. Governors are involved in discussions about risks which impact on patients and Members through regular meetings including the Council of Governors and Governor Sub-Groups. They are involved in the development of the Trust's strategy and operational plans.

Our engagement with our stakeholders produces an additional layer of scrutiny and challenge from broad representative areas of our population groups and therefore enables the Trust to remain grounded and responsive to the communities we serve.

The Trust is engaged with partner organisations in the local health and care system in discussing quality and risk issues impacting on patients, in particular through the work of the Humber and North Yorkshire ICS.

Further information regarding patient and public engagement in the Trust is included in the Annual Report.

Workforce Strategies

The Trust's workforce and organisational development strategic aims and objectives 2019-2024 comprises the fundamental elements of the national 'People Plan' which sets out how the NHS

strives to be an employer of choice in a candidate-driven market. This has been reviewed and updated during 2025 to a Trust People Strategy 2025-2030 approved by the Board in April 2025.

Assurance on all aspects relating to the workforce is provided to the Resources Committee as a Sub-Committee of the Board. In the context of a challenged environment, particular focus is given to efficient resourcing, leadership and line management capability and cultural change to improve retention.

Register of Gifts and Hospitality

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. The register can be found at Declarations (mydeclarations.co.uk).

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Regular reports are received by the Board of Directors to provide assurance of compliance.

Equality Impact Assessments are developed in review of organisation policy to ensure no one is disadvantaged from changes to the Trust's core business.

Climate Change

The Foundation Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

During the year the Board of Directors has received regular reports informing of the economy, efficiency and effectiveness of the use of resources. The reports provide detail on the financial and clinical performance of the Trust during the previous period and highlight any areas where there are concerns. As a partner of the Humber and North Yorkshire Integrated Care Partnership (HNYICP) these reports have contributed towards the partnership objectives including that of the ICB and the place-based partnerships of the communities that the Trust serves. The Trust continues in a formal partnership with the other acute providers in the HMYICP during 2024/25 in the Collaboration of Acute Providers attending a regular committee-in-common to ensure opportunities and risks for future sustainability are managed effectively in delivery the Trust's and contribution to NHYICP strategies.

The Trust uses a number of ways to review assurance mechanisms, including the Board Committee Structure, internal audit and other reviews, including whether services are well-led under the Care Quality Commission and NHS England well-led framework.

The Trust operates within a governance framework of Standing Orders, Standing Financial Instructions and other processes. The framework includes explicit arrangements for:

- Setting and monitoring financial budgets
- Delegation of authority
- Performance management, and
- Achieving value for money in procurement

The governance framework is subject to scrutiny by the Trust's Audit Committee and internal and external audit. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

Information Governance

The Trust had in post during 2024/25 a Board-level, Chief Digital Information Officer as well as a Data Protection Officer and Head of Information Governance. These roles have a responsibility for providing professional leadership on information management, related legislation and professional standards for the Trust and partners. Trust mitigations of cyber risks for example have been a particular focus and area of improvement during 2024/25.

Staff have continued to engage in information governance and security training as part of the mandatory training programme across the Trust.

The Trust measures its performance against the Data Security and Protection Toolkit, which is a set of standards set by the National Data Guardian (NDG) and the Department of Health and Social Care (DHSC). The Toolkit has been changed for 2024/25 to reflect the Cyber Assurance Framework. Despite these updates, the Trust has faced challenges in meeting the new expectations. Of the 47 assessed outcomes, the Trust met the required NHS England level on 36 (77%), while on 11 (23%) we fell short of the required level. The revised standards have introduced more stringent requirements, highlighting areas where the Trust needs to improve its data security and protection measures. This has prompted a thorough review of current practices and the implementation of corrective actions to align with the updated Toolkit, ensuring that the Trust can achieve compliance and enhance its overall data security posture.The full submission is in progress and due in June 2025. The Digital Sub-committee continues to monitor this and reports to the Chief Executive via the Chief Digital Information Officer.

The Trust manages information security incidents in a transparent manner using the Information Commissioner and Data Security and Protection Toolkits, recommending criteria to determine whether they should be reported or not. All the incidents below were felt to meet this threshold with no further action required from the Information Commissioner's Office:

- A data breach concerning a cyber incident an external supplier experienced – the Trust were subsequently found not to be affected.
- Three data breaches concerning staff members inappropriately accessing records.

Data Quality and Governance

The Trust has arrangements in place to ensure it processes data that is accurate, reliable, timely, complete and sufficient.

Data quality, monitoring, validation and system controls are embedded within the organisation, and reporting processes to assure the quality and accuracy of elective waiting time data for example are in place. The level of assurance has been enhanced during the year through continued

development and refining of the collection and use of data, together with the strengthening of the assurance received by the Quality Committee with escalations to the Board of Directors.

The responsibility for patient quality is split between the Chief Nurse and Medical Director, both of whom sit on the Quality Committee. The Quality Committee reports directly into the Board and the Chair of the Committee also is a member of the Group Audit Committee.

The Trust has a number of underpinning strategies in place, including the Patient Safety Strategy and Quality Improvement Strategy which is currently incorporated into the Quality Strategy. These are supported by the Risk Management Framework and policies relating to health and safety, incident reporting, complaints, claims and safeguarding.

Over the course of 2024/25 the governance processes have continued to be strengthened to improve Ward to Board governance. Any areas of concern are escalated to the Board via the Committee Structure, which includes the Group Audit Committee. Thematic analysis of patient safety incident investigation themes has been undertaken, and a number of quality improvement projects have been developed to address themes.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and its Assurance Committees and a plan to address weaknesses and ensure continuous improvement of the systems is in place.

The BAF itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its strategic objectives has been reviewed.

The Trust Board seeks assurance from the Trust's internal auditors, by way of reports that are published in response to reviews initiated following the agreement of an annual audit plan.

These reports are undertaken in accordance with the requirements of the Public Sector Internal Audit Standards and provide specific levels of assurance and include suggested actions to improve controls where this is considered necessary.

Apart from the Group Audit Committee, other Sub-committees include, Quality Committee, Resources Committee and the Charitable Funds Committee, details of which are set out in the Accountability Report section of this Annual Report. The Group Audit Committee provides the Trust Board with a means of independent and objective review of:

- Internal control
- Financial systems
- The financial information used by the Trust
- Controls assurance systems
- Risk management systems
- Compliance with law, guidance and codes of conduct

The Group Audit Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's

activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

Internal Audit

The overall opinion for the period 1 April 2024 to 31 March 2025 provides significant assurance that that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The 2024/25 Internal Audit Plan has been delivered, subject to approved changes. This position has been reported within the progress reports across the financial year and any changes to the audit programme have been reviewed and approved by the Audit Committee.

During the year, myself and/or the Finance Director & Deputy Chief Executive and Audit Sponsor have met with the Internal Audit Manager to discuss 'Limited' and 'Low' Assurance reports. Outcomes of the meetings are documented and reported to the Audit Committee, which takes assurance that action plans have been agreed and are being progressed to address areas of weakness identified.

External Audit

External audit provides independent assurance on the accounts, annual report, and Annual Governance Statement. External Audit provide reports to the Group Audit Committee through the year. No matters have been reported by External Audit for 2024/25 that indicate any internal control matters not already identified by the Trust.

Conclusion

The system of internal control has been in place at the Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts. In summary I am assured that the NHS Foundation Trust has an overall sound system of internal controls in place, which are designed to manage the key organisational objectives and minimise the NHS Foundation Trust's exposure to risk. My review therefore confirms no significant internal control issues have been identified for the year ending 31 March 2025.

Signed:

Simon Morritt
Chief Executive
June 2025

Part 4
Annual Accounts

2024/2025

Independent auditor's report to the Council of Governors of York and Scarborough Teaching Hospitals NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of York and Scarborough Teaching Hospitals NHS Foundation Trust ('the Trust') and its subsidiaries ('the Group') for the year ended 31 March 2025 which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Taxpayers' Equity and the Statement of Changes in Taxpayers' Equity, the Statements of Cash Flows and notes to the financial statements, including material accounting policy information.

The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2024/25 as contained in the Department of Health and Social Care Group Accounting Manual 2024/25, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust and Group as at 31 March 2025 and of the Trust's and the Group's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the "Auditor's responsibilities for the audit of the financial statements" section of our report. We are independent of the Trust and Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's or the Group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial

statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2024/25 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust and Group to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the Trust and Group, we considered that non-compliance with the following laws and regulations might have a material effect on the financial statements: Health and Safety Act, General Data Protection Regulation and Care Quality Commission (CQC) registration regulations.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Group Audit Committee, as to whether the Trust and the Group is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and

- considering the risk of acts by the Trust and the Group which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

In addition, we evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, in particular in relation to the valuation of land and buildings, revenue recognition (which we pinpointed to the existence, valuation and cut-off assertions, expenditure recognition (which we pinpointed to the completeness, valuation and cut-off assertions) and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management, Head of Internal Audit and Group Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risks of fraud through management override of controls by performing journal entry testing, testing of accounting estimates, and consideration of any significant transactions outside the normal course of business;
- testing income and expenditure transactions around the year end;
- testing year end expenditure accruals and receivables; and
- reviewing intra-NHS reconciliations provided by the Department of Health and Social Care.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and Group Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2024) and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at **www.frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2024, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2025:

Significant weakness in arrangements	Recommendation
The Trust reported a £9k surplus in 2024/25 after receiving £34.6m in deficit support funding and delivered efficiency savings of £34.6m against a target of £53.3m. The Trust's financial planning arrangements were not sufficiently robust to deliver the required efficiencies to achieve its financial position without deficit support funding. In our view, this is evidence of a significant weakness in the Trust's financial sustainability arrangements.	The Trust should develop sustainable financial plans to ensure services can be provided within available resources, and efficiency targets are delivered.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2024/25; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Council of Governors of York and Scarborough Teaching Hospitals NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been

undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have received confirmation from the NAO that the group audit of the Department of Health and Social Care has been completed and that no further work is required to be completed by us.

Alastair Newall, Key Audit Partner
For and on behalf of Forvis Mazars LLP (Local Auditor)

One St Peter's Square
Manchester
M2 3DE

24 June 2025

York and Scarborough Teaching Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2025

Foreword to the accounts

York and Scarborough Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2025, have been prepared by York and Scarborough Teaching Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed  .....

Name **Simon Morritt**
Job title **Chief Executive**
Date **20 June 2025**

Consolidated Statement of Comprehensive Income

		Group	
		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	2	813,719	741,067
Other operating income	3	80,857	73,695
Operating expenses	6	(923,835)	(821,501)
Operating surplus/(deficit) from continuing operations		**(29,259)**	**(6,739)**
Finance income	10	2,730	2,042
Finance expenses	11	(1,295)	(1,121)
PDC dividends payable		(10,259)	(9,691)
Net finance costs		**(8,824)**	**(8,770)**
Other gains / (losses)		78	(217)
Surplus / (deficit) for the year from continuing operations		**(38,005)**	**(15,726)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(5,377)	1,528
Revaluations	15	2,467	2,167
Other reserve movements		(25)	(25)
Total comprehensive income / (expense) for the period		**(40,940)**	**(12,056)**

Statements of Financial Position

		Group		Trust	
		31 March 2025	31 March 2024	31 March 2025	31 March 2024
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	14	15,152	13,524	15,152	13,524
Property, plant and equipment	15	381,741	378,332	327,338	298,081
Right of use assets	20	33,315	30,656	33,315	30,656
Receivables	23	1,689	2,124	1,689	2,124
Receivables relating to subsidiary	23	-	-	158,549	128,875
Total non-current assets		**431,897**	**424,636**	**536,043**	**473,260**
Current assets					
Inventories	22	14,129	13,251	13,345	12,447
Receivables	23	43,998	37,044	36,643	32,977
Receivables relating to subsidiary	23	-	-	9,375	7,211
Cash and cash equivalents	24	57,777	47,475	56,307	46,127
Total current assets		**115,904**	**97,770**	**115,670**	**98,762**
Current liabilities					
Trade and other payables	25	(96,460)	(80,062)	(60,595)	(56,945)
Borrowings	27	(11,181)	(9,695)	(4,827)	(5,317)
Trade and other payables relating to subsidiary	25	-	-	(9,951)	(10,237)
Provisions	28	(329)	(305)	(329)	(305)
Other liabilities	26	(3,592)	(3,381)	(1,076)	(866)
Borrowings relating to subsidiary	27	-	-	(13,578)	(12,415)
Total current liabilities		**(111,562)**	**(93,443)**	**(90,356)**	**(86,085)**
Total assets less current liabilities		**436,239**	**428,963**	**561,357**	**485,937**
Non-current liabilities					
Trade and other payables	25	(72)	(72)	(55)	(55)
Borrowings	27	(49,587)	(43,178)	(30,027)	(25,163)
Borrowings relating to subsidiary	27	-	-	(140,426)	(71,235)
Provisions	28	(1,237)	(1,241)	(1,237)	(1,241)
Total non-current liabilities		**(50,896)**	**(44,491)**	**(171,745)**	**(97,694)**
Total assets employed		**385,343**	**384,472**	**389,612**	**388,243**
Financed by					
Public dividend capital		301,268	259,457	301,268	259,457
Revaluation reserve		89,739	92,649	89,739	92,649
Income and expenditure reserve		(5,664)	32,366	(1,395)	36,137
Total taxpayers' equity		**385,343**	**384,472**	**389,612**	**388,243**

The note numbers 1 to 34 form part of these accounts.

Signed  .....

Name Simon Morritt
Position Chief Executive
Date **20 June 2025**

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**259,457**	**92,649**	**32,366**	**384,472**
Surplus/(deficit) for the year	-	-	(38,005)	**(38,005)**
Impairments	-	(5,377)	-	**(5,377)**
Revaluations	-	2,467	-	**2,467**
Public dividend capital received	41,811	-	-	**41,811**
Other reserve movements	-	-	(25)	**(25)**
Taxpayers' and others' equity at 31 March 2025	**301,268**	**89,739**	**(5,664)**	**385,343**

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**215,650**	**89,001**	**48,070**	**352,721**
Surplus/(deficit) for the year	-	-	(15,726)	**(15,726)**
Impairments	-	1,528	-	**1,528**
Revaluations	-	2,167	-	**2,167**
Transfer to retained earnings on disposal of assets	-	(47)	47	**-**
Public dividend capital received	43,807	-	-	**43,807**
Other reserve movements	-	-	(25)	**(25)**
Taxpayers' and others' equity at 31 March 2024	**259,457**	**92,649**	**32,366**	**384,472**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**259,457**	**92,649**	**36,137**	**388,243**
Surplus/(deficit) for the year	-	-	(37,532)	**(37,532)**
Impairments	-	(5,377)	-	**(5,377)**
Revaluations	-	2,467	-	**2,467**
Public dividend capital received	41,811	-	-	**41,811**
Taxpayers' and others' equity at 31 March 2025	**301,268**	**89,739**	**(1,395)**	**389,612**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**215,650**	**89,001**	**46,082**	**350,733**
Surplus/(deficit) for the year	-	-	(11,955)	**(11,955)**
Impairments	-	1,528	-	**1,528**
Revaluations	-	2,167	-	**2,167**
Transfer to retained earnings on disposal of assets	-	(47)	47	**-**
Public dividend capital received	43,807	-	-	**43,807**
Subsidiary Profit Distribution	-	-	1,963	**1,963**
Taxpayers' and others' equity at 31 March 2024	**259,457**	**92,649**	**36,137**	**388,243**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statements of Cash Flows

	Note	Group 2024/25 £000	Group 2023/24 £000	Trust 2024/25 £000	Trust 2023/24 £000
Cash flows from operating activities					
Operating surplus / (deficit)		(29,259)	(6,739)	(31,985)	(5,518)
Non-cash income and expense:					
Depreciation and amortisation	6	26,026	22,753	26,026	22,753
Net impairments	7	38,069	15,105	38,069	15,105
Income recognised in respect of capital donations	3	(978)	(341)	(978)	(341)
(Increase) / decrease in receivables relating to subsidiary		-	-	2	14
(Increase) / decrease in receivables and other assets		(5,927)	8,115	(2,639)	4,572
(Increase) / decrease in inventories		(878)	(1,297)	(898)	(1,381)
Increase / (decrease) in payables and other liabilities		4,916	(14,511)	2,351	(9,594)
Increase / (decrease) in provisions		8	(291)	20	(281)
Increase / (decrease) in payables relating to subsidiary		-	-	(291)	888
Net cash flows from / (used in) operating activities		**31,977**	**22,794**	**29,677**	**26,217**
Cash flows from investing activities					
Interest received		2,730	2,042	2,472	1,784
Interest received from subsidiary		-	-	6,002	4,756
Purchase of intangible assets		(11,035)	(4,782)	(11,035)	(4,782)
Purchase of PPE and investment property		(41,572)	(49,621)	(77,599)	(46,904)
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(627)	(583)	(38)	(78)
Receipt of cash donations to purchase assets		978	341	978	341
Net cash flows from / (used in) investing activities		**(49,526)**	**(52,603)**	**(79,220)**	**(44,883)**
Cash flows from financing activities					
Public dividend capital received		41,811	43,807	41,811	43,807
Movement on loans from DHSC		5,411	168	5,411	168
Movement on other loans (to) and from subsidiary		-	-	29,284	(12,647)
Capital element of lease liability repayments		(7,224)	(6,174)	(2,187)	(2,063)
Interest on loans to subsidiary		-	-	(3,313)	(2,549)
Interest on loans		(335)	(360)	(335)	(360)
Other interest		(1)	(2)	-	-
Interest paid on lease liability repayments		(936)	(765)	(149)	(105)
PDC dividend (paid) / refunded		(10,851)	(9,711)	(10,851)	(9,711)
Cash flows from (used in) other financing activities		(24)	(26)	52	1,990
Net cash flows from / (used in) financing activities		**27,851**	**26,937**	**59,723**	**18,530**
Increase / (decrease) in cash and cash equivalents		**10,302**	**(2,872)**	**10,180**	**(136)**
Cash and cash equivalents at 1 April - brought forward		**47,475**	**50,347**	**46,127**	**46,263**
Cash and cash equivalents at 31 March	24	**57,777**	**47,475**	**56,307**	**46,127**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Group & Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Group & Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Consolidation

The Trust, along with Northumbria Healthcare Facilities Management Ltd, incorporated a subsidiary York Teaching Hospital Facilities Management (YTHFM LLP) registered number OC421341 in March 2018 as a limited liability partnership. YTHFM LLP became operational on 1 October 2018. The primary purpose of the subsidiary is the provision of a fully managed healthcare facility for the Trust's existing infrastructure, including the design, project management and operation of the Trust's capital programme. The income, expenses, assets, liabilities, equity and reserves for the subsidiary are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the Group & Trust's. The amounts consolidated for the year ending 31 March 2025 are drawn from the 2024/25 financial statements of YTHFM LLP which operates under the same financial accounting year as the Trust. YTHFM LLP prepares financial statements in accordance with FRS 101 Reduced Disclosure Framework. Northumbria Healthcare Facilities Management Ltd minority interest is not material to the Group's financial statements.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Group accrues income relating to performance obligations satisfied in that year. Where the Group's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Group is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Group’s NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts (API) form the main payment mechanism under the NHSPS. In 2024/25 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with ‘fixed’ in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as ‘other clinical income’ in these accounts.

Elective recovery funding (ERF) provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust’s commissioners.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Group’s interim performance does not create an asset with alternative use for the Group, and the Group has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Group recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Group receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Group recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants are used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Group's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Alternative pension scheme

York & Scarborough Teaching Hospitals NHS Foundation Trust and its subsidiary offers an alternative pension scheme to all employees who are either not eligible; or choose not, to be members of the NHS Pension Scheme at the Trust. This includes employees who are members of the NHS Pension Scheme through another role outside of the Group and those that are not eligible to join the NHS Pension Scheme.

The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are a combined minimum of 8% (with a minimum 3% being contributed by the Group).

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, have broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust’s Master Service Agreement (MSA) where the construction is completed by a special purpose vehicle, YTHFM LLP, and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenditure, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	20	60
Dwellings	15	45
Plant & machinery	5	15
Transport equipment	3	7
Information technology	3	10
Furniture & fittings	5	10

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Group. They are capable of being sold separately from the rest of the Group's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Group and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Internally generated assets are held at depreciated replacement cost. Software licences are held at depreciated historical cost as a proxy to depreciated replacement cost. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	5	10
Software licences	2	10

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using both the first in, first out (FIFO) method and the weighted average cost method.

Between 2020/21 and 2023/24 the Group received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Group has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Group's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Group is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Group's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs for financial assets and financial liabilities not measured at fair value through profit and loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition

Financial liabilities are recognised when the Group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Group recognises an allowance for expected credit losses.

The Group adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Group has transferred substantially all the risks and rewards of ownership.
Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Group determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Group is reasonably certain to exercise.

The Group as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Group recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Group's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% is applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Group does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Group employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Group subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Group as a lessor

The Group assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Group is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

The Group does not hold any finance leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Group recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Group. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the group is disclosed at Note 28.1 but is not recognised in the Group’s accounts.

Non-clinical risk pooling

The Group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the group pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the group, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the group during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Corporation tax

The Group & Trust Board has reviewed the commercial activites of the Group and consideration has been given to the implications of corporation tax. At this stage the Group Board is satisfied that there are no corporation tax liabilities resulting from non-core activities. The Group will continue to review commercial services in light of any potential changes in the scope of corporation tax.

York and Scarborough Teaching Hospitals NHS Foundation Trust is a Health Service Body within the meaning of s519A ICTA 1998 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is the power from the Treasury to disapply the exemption in relation to the specified activities of a Foundation Trust (s519A) (3) to (8) ICTA 1988. Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000 per annum.

Tax to be paid on profits arising from the Trust's subsidiary LLP are a Member's tax liability. Trust income from the LLP has been considered as part of the Group Board's review of commercial services.

Note 1.18 Third party assets

Assets belonging to third parties in which the Group has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 14 Regulatory Deferral Accounts - The Standard is effective for accounting periods beginning on or after 1 January 2016. The Standard is not UK-endorsed and not adopted by the FReM, therefore not applicable to DHSC group bodies.
IFRS 17 Insurance Contracts - The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS17 will be adopted by the FReM in 2025/26: with limited options for early adoption.
The impact of the standard is still being assessed.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK-endorsed and not yet adopted by the FReM: early adoption is not therefore permitted.

The impact of the standard is still being assessed.

IFRS 19 Subsidiaries without Public Accountability : Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK-endorsed and not yet adopted by the FReM: early adoption is not therefore permitted.

The impact of the standard is still being assessed.

Note 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the course of preparing the annual accounts, the Directors have to make use of estimated figures in certain cases, and routinely exercise judgement in assessing the amounts to be included. The Directors have formed the judgement that the Group has recognised the appropriate level of income due under the terms of the signed contract, and anticipate recovery of outstanding debts.

Valuation of Land & Buildings - Note 1.8 and Note 17.

For specialised properties (i.e those for which no active market exists), depreciated replacement cost is considered to be a satisfactory approximation of current value in existing use. Within that methodology, the MEA concept (Modern equivalent asset) is applied: the 'replacement cost' is based on the cost of a modern replacement asset that has the same productive capacity as the property being valued. The Group in assessing the MEA concept has made a judgement that an alternative site basis is more appropriate as it is clear that the alternative site would offer advantages in serving the target population. The Group has used an alternative site for both York and Scarborough hospitals for the purposes of the MEA valuation. All other hospital sites have a MEA valuation based on their existing site.

The Group relies on the professional services of the Valuation Office for the accuracy of such valuations.

Segmental Reporting

The Group has one material segment, being the provision of healthcare. Service divisions within the Group all have similar economic characteristics; all of the healthcare activity is undertaken in relation to NHS patient with a minimal amount of private patients.

Lease and lease back

The substance of a lease involves the transfer of the risks and rewards of ownership. It is the judgment of the Group that where it acts as both lessor and lessee for underlying assets to which it holds legal title, that, in substance, there has been no transfer of risks and rewards. In such situations the Group will offset assets and liabilities, as well as income and costs, arising from the contract agreements where the Group is satisfied that it has a legally enforceable right of offset and intends to settles the assets and liabilities simultaneously.

This judgement has been applied to the lease and lease back agreements entered into by the Trust and its subsidiary entity, YTHFM LLP, in regards to the sites; York Hospital, Scarborough Hospital, Bridlington Hospital and various other Trust infrastructure. The Trust has leased the infrastructure to YTHFM LLP for a period of 25 years commencing on 1 October 2018, with the permitted use as a hospital or any ancillary use (including educational purposes) as required by the Tenant for the proper performance of its obligations and exercise of its rights under the Master Services Agreement or such other use required for income generation with the prior consent of the Landlord. Such consent should not to be unreasonably withheld or delayed. The leases also contain a provision that prohibits or restricts any disposition.
YTHFM LLP provides infrastructure back to the Trust via its fully managed facilities contract. The linked transactions do not involve a transfer of the risks and rewards of ownership and hence, in the judgement of the Trust, there is, in substance, no lease.
The Trust invoiced the YTHFM LLP for lease charges of £18.723m during the course of the year, the LLP charged the Trust a similar amount as part of its fully managed facilities billing.

Note 1.23 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year: Although the Group makes estimates within these financial statements such as accrued income, and provisions e.g early retirements, the amounts involved would not cause a material adjustment to the carrying amount of assets and liabilities within the next financial year.

Valuation of Land & Buildings - Note 1.8 and Note 17.
The Group has conducted a review of land and buildings, using independent qualified valuers (District Valuers - Valuation Office Agency) by a senior surveyor RICS registered valuer as of 31 March 2025 and 31 March 2024. These property valuations and useful lives are based on the Royal Institute of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury and the Department of Health and Social Care. Depreciation of buildings is calculated using the useful lives provided by the independent qualified valuer.

The valuations have been undertaken in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the HMT Treasury FReM compliant Department of Health Group Manual for Accounts (DoH GAM) on a Modern equivalent asset basis (MEA). Inherent within valuations are significant judgements relating to MEA valuations in that the York and Scarborough sites are based at alternative locations.
The Valuer uses the Building Costs Information Service (BCIS) (all price) Tender Price index and location factors in deriving the valuation. As such, a degree of uncertainty exists, and a relatively small variation could have a material impact on the accounts. For every 5% change, the valuation assessment could change by £13.7m.

Note 2 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 2.1 Income from patient care activities (by nature) (Group)	2024/25 £000	2023/24 £000
Acute services		
Income from commissioners under API contracts - variable element*	177,665	139,091
Income from commissioners under API contracts - fixed element*	501,280	483,539
High cost drugs income from commissioners	68,496	65,223
Other NHS clinical income	3,499	2,740
Community services		
Income from commissioners under API contracts*	22,616	23,647
Income from other sources (e.g. local authorities)	4,852	4,806
All services		
Private patient income	845	950
National pay award central funding***	1,349	322
Additional pension contribution central funding**	31,830	19,068
Other clinical income	1,287	1,681
Total income from activities	**813,719**	**741,067**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.
https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 2.2 Income from patient care activities (by source) (Group)

Income from patient care activities received from:	2024/25 £000	2023/24 £000
NHS England	116,214	97,444
Integrated care boards	690,170	635,880
NHS other	351	306
Local authorities	4,852	4,806
Non-NHS: private patients	845	950
Non-NHS: overseas patients (chargeable to patient)	553	310
Injury cost recovery scheme	675	975
Non NHS: other	59	396
Total income from activities	**813,719**	**741,067**
Of which:		
Related to continuing operations	813,719	741,067

Note 2.3 Overseas visitors (relating to patients charged directly by the provider) (Group)

	2024/25 £000	2023/24 £000
Income recognised this year	553	310
Cash payments received in-year	254	231
Amounts written off in-year	-	33

Note 3 Other operating income (Group)

	2024/25 Contract income £000	2024/25 Non-contract income £000	2024/25 Total £000
Research and development	3,355	-	**3,355**
Education and training	24,626	1,679	**26,305**
Non-patient care services to other bodies	38,779	-	**38,779**
Income in respect of employee benefits accounted on a gross basis	2,486	-	**2,486**
Receipt of capital grants and donations and peppercorn leases	-	978	**978**
Charitable and other contributions to expenditure	-	336	**336**
Revenue from operating leases	-	419	**419**
Other income	8,106	93	**8,199**
Total other operating income	**77,352**	**3,505**	**80,857**
Of which:			
Related to continuing operations			80,857

	2023/24 Contract income £000	2023/24 Non-contract income £000	2023/24 Total £000
Research and development	4,118	-	**4,118**
Education and training	22,517	1,087	**23,604**
Non-patient care services to other bodies	32,449	-	**32,449**
Income in respect of employee benefits accounted on a gross basis	3,024	-	**3,024**
Receipt of capital grants and donations and peppercorn leases		341	**341**
Charitable and other contributions to expenditure	-	423	**423**
Revenue from operating leases	-	414	**414**
Other income	9,302	20	**9,322**
Total other operating income	**71,410**	**2,285**	**73,695**
Of which:			
Related to continuing operations			73,695

Note 4 Additional information on contract revenue (IFRS 15) recognised in the period (Group)

	2024/25 £000	2023/24 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	134	2,176

Note 4.1 Income from activities arising from commissioner requested services (Group)

The Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2024/25 £000	2023/24 £000
Income from services designated as commissioner requested services	750,940	690,602
Income from services not designated as commissioner requested services	62,779	50,465
Total	**813,719**	**741,067**

Note 5 Operating leases - York and Scarborough Teaching Hospitals NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where the Trust is the lessor.

The Trust leases out several demised spaces to other NHS organisations, retail outlets and a small number of external entities on fixed term contracts which are reviewed as per the agreements.

Note 5.1 Operating leases income (Group)

	2024/25	2023/24
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	419	414
Total in-year operating lease income	**419**	**414**

Note 5.2 Future lease receipts (Group)

	31 March 2025	31 March 2024
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	276	251
- later than one year and not later than two years	276	251
- later than two years and not later than three years	241	251
- later than three years and not later than four years	182	231
- later than four years and not later than five years	143	172
Total	**1,118**	**1,156**

Note 6 Operating expenses (Group)

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	827	747
Purchase of healthcare from non-NHS and non-DHSC bodies	22,026	14,563
Staff and executive directors costs	579,588	530,514
Remuneration of non-executive directors	186	188
Supplies and services - clinical (excluding drugs costs)	93,037	82,020
Supplies and services - general	10,723	10,153
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	77,231	72,893
Consultancy costs	127	108
Establishment	5,867	5,531
Premises	28,280	28,692
Transport (including patient travel)	3,683	3,409
Depreciation on property, plant and equipment	23,210	20,763
Amortisation on intangible assets	2,816	1,990
Net impairments	38,069	15,105
Movement in credit loss allowance: contract receivables / contract assets	10	(114)
Increase/(decrease) in other provisions	114	30
Change in provisions discount rate(s)	(9)	(17)
Fees payable to the external auditor		
audit services- statutory audit (inc VAT) for the Trust	150	114
audit services- statutory audit (Excl VAT) for the subsidiary	45	39
Internal audit costs	315	262
Clinical negligence	19,936	19,633
Legal fees	333	160
Insurance	996	791
Research and development	2,972	3,051
Education and training	7,257	5,959
Expenditure on low value leases	1,009	461
Car parking & security	1,579	1,487
Losses, ex gratia & special payments	600	98
Other	2,858	2,871
Total	**923,835**	**821,501**
Of which:		
Related to continuing operations	923,835	821,501

No fees were incurred from the external auditor for other services in 2024/25 or 2023/24.

Note 6.1 Limitation on auditor's liability (Group)

There is no limitation on auditor's liability for external audit work carried out for the financial years 2024/25 or 2023/24.

Note 7 Impairment of assets (Group)

	2024/25	2023/24
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	3,063	15,105
Other	35,006	-
Total net impairments charged to operating surplus / deficit	**38,069**	**15,105**
Impairments charged to the revaluation reserve	5,377	(1,528)
Total net impairments	**43,446**	**13,577**

£28.5m of other impairments are attributable to the completion of the new Scarborough Urgent & Emergency Care Centre. £6.5m of the other impairment relates to intangible assets, of which £5.3m is attributable to the development of the Electronic Patient Record (EPR) system.
During the year, Scarborough Urgent & Emergency Care Centre transferred from assets under construction (where it was held at cost) to buildings. At year end the asset was included in the revaluation and measured at depreciated replacement cost.

Note 8 Employee benefits (Group)

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	443,375	403,598
Social security costs	46,945	43,778
Apprenticeship levy	2,212	2,080
Employer's contributions to NHS pensions	83,897	65,851
Pension cost - other	123	173
Termination benefits	418	2
Temporary staff (including agency)	14,759	23,831
Total staff costs	**591,729**	**539,313**
Of which		
Costs capitalised as part of assets	5,153	2,568

Note 8.1 Retirements due to ill-health (Group)

During 2024/25 there were 2 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £68k (£103k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs (Group)

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the scheme Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

NHS Pensions forecast pensions contributions for 2025/26 are £58.2m.

c) Alternative pension scheme

York and Scarborough Teaching Hospitals NHS Foundation Trust offers an alternative pension scheme to all employees who are either not eligible or choose not to be members of the NHS Pension Scheme at the Trust. This includes employees who are members of the NHS Pension Scheme through another role outside of the Trust and those that are not eligible to join the NHS Pension Scheme.

The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are a combined minimum of 8% (with a minimum 3% being contributed by the Trust).

YTHFM LLP

A number of the YTHFM LLP employees remain within the NHS Pension Scheme, however YTHFM LLP also operates a NEST pension scheme for those employees not eligible to join the NHS Pension Scheme. Employee and Employer contributions mirror that of the NHS Pension Scheme as closely as possible, in that employer contributions are capped at 14%, the maximum amount that can be paid into the NEST scheme.

Please see Note 9 Employee Benefits - Pension costs - other for the in year cost to the Group.

Note 10 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	2,730	2,042
Total finance income	**2,730**	**2,042**

Note 11 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	345	344
Interest on lease obligations	936	765
Interest on late payment of commercial debt	2	2
Total interest expense	**1,283**	**1,111**
Unwinding of discount on provisions	12	10
Total finance costs	**1,295**	**1,121**

Note 11.1 The late payment of commercial debts (interest) Act 1998 (Group)

	2024/25	2023/24
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	2	2

Note 12 Other gains / (losses) (Group)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	352	189
Losses on disposal of assets	(274)	(406)
Total gains / (losses) on disposal of assets	**78**	**(217)**

Note 13 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the Trust can omit the Individual profit and loss account for the parent organisation where group accounts are prepared and the organisation's individual balance sheet shows the organisation's surplus/ deficit for the financial year and where the SOCI is approved in accordance with section 414 (1) (approval by directors). This exemption applies and the Trust's surplus/(deficit) and total comprehensive income/(expense) for the period is as per the table below:-

	2024/25	2023/24
	£000	£000
Total Trust Comprehensive Income	885,024	804,698
Total Trust Comprehensive Expense	(917,009)	(810,216)
Operating surplus/(deficit) from continuing operations	**(31,985)**	**(5,518)**
Net Finance Costs	(5,307)	(6,158)
Other gains/losses	(240)	(279)
Surplus / (deficit) for the year from continuing operations	**(37,532)**	**(11,955)**

In addition the Group's subsidiary company - York Teaching Hospital Facilities Management LLP SOCI is included below:-

York Teaching Hospital Facilities Management LLP (YTHFM LLP)	2024/25	2023/24
	£000	£000
Total YTHFM LLP Comprehensive Income	161,352	113,057
Total YTHFM LLP Comprehensive Expense	(158,626)	(114,280)
Operating surplus/(deficit) from continuing operations	**2,726**	**(1,223)**
Net Finance Costs	(3,517)	(2,611)
Other gains/losses	318	63
Surplus / (deficit) for the year from continuing operations	**(473)**	**(3,771)**
Consolidated Group Surplus / (deficit) for the year from continuing operations	**(38,005)**	**(15,726)**

Note 14 Intangible assets - 2024/25

Group	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2024 - brought forward	**19,964**	**792**	**1,797**	**22,553**
Additions	305	3,797	6,933	**11,035**
Impairments	-	(6,591)	-	**(6,591)**
Reclassifications	2,004	2,794	(4,798)	**-**
Disposals / derecognition	(229)	-	-	**(229)**
Valuation / gross cost at 31 March 2025	**22,044**	**792**	**3,932**	**26,768**
Amortisation at 1 April 2024 - brought forward	**8,575**	**454**	**-**	**9,029**
Provided during the year	2,737	79	-	**2,816**
Disposals / derecognition	(229)	-	-	**(229)**
Amortisation at 31 March 2025	**11,083**	**533**	**-**	**11,616**
Net book value at 31 March 2025	**10,961**	**259**	**3,932**	**15,152**
Net book value at 1 April 2024	**11,389**	**338**	**1,797**	**13,524**

Note 14.1 Intangible assets - 2023/24

Group	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2023	**17,976**	**792**	**-**	**18,768**
Additions	2,985	-	1,797	**4,782**
Disposals / derecognition	(997)	-	-	**(997)**
Valuation / gross cost at 31 March 2024	**19,964**	**792**	**1,797**	**22,553**
Amortisation at 1 April 2023	**7,652**	**375**	**-**	**8,027**
Provided during the year	1,911	79	-	**1,990**
Disposals / derecognition	(988)	-	-	**(988)**
Amortisation at 31 March 2024	**8,575**	**454**	**-**	**9,029**
Net book value at 31 March 2024	**11,389**	**338**	**1,797**	**13,524**
Net book value at 1 April 2023	**10,324**	**417**	**-**	**10,741**

Intangible assets are only held in the Trust accounts, therefore both Group & Trust figures are the same.

Note 15 Property, plant and equipment - 2024/25

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	**14,681**	**235,275**	**2,042**	**87,075**	**44,562**	**827**	**33,756**	**942**	**419,160**
Additions	-	1,413	-	50,204	165	-	1,476	7	**53,265**
Impairments	-	(7,935)	-	-	-	-	-	-	**(7,935)**
Reversals of impairments	295	2,131	132	-	-	-	-	-	**2,558**
Revaluations	-	(37,501)	49	-	-	-	-	-	**(37,452)**
Reclassifications	-	66,355	-	(78,314)	7,425	-	4,487	47	**-**
Disposals / derecognition	-	-	-	-	(3,753)	(25)	(417)	-	**(4,195)**
Valuation/gross cost at 31 March 2025	**14,976**	**259,738**	**2,223**	**58,965**	**48,399**	**802**	**39,302**	**996**	**425,401**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**2,540**	**-**	**-**	**25,704**	**686**	**11,787**	**111**	**40,828**
Provided during the year	-	8,398	107	-	3,253	65	3,484	94	**15,401**
Impairments	-	32,697	-	-	-	-	-	-	**32,697**
Reversals of impairments	-	(1,219)	-	-	-	-	-	-	**(1,219)**
Revaluations	-	(39,812)	(107)	-	-	-	-	-	**(39,919)**
Disposals / derecognition	-	-	-	-	(3,687)	(25)	(416)	-	**(4,128)**
Accumulated depreciation at 31 March 2025	**-**	**2,604**	**-**	**-**	**25,270**	**726**	**14,855**	**205**	**43,660**
Net book value at 31 March 2025	**14,976**	**257,134**	**2,223**	**58,965**	**23,129**	**76**	**24,447**	**791**	**381,741**
Net book value at 1 April 2024	**14,681**	**232,735**	**2,042**	**87,075**	**18,858**	**141**	**21,969**	**831**	**378,332**

Disclosed within buildings excluding dwellings are capital improvements made to leased assets. At 31st March 2025, these improvements had a net book value of £0.9m (£0.5m 31st March 2024).

Note 15.1 Property, plant and equipment - 2023/24

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**14,114**	**223,956**	**1,781**	**86,616**	**41,827**	**832**	**29,515**	**828**	**399,469**
Additions	-	242	-	46,151	143	-	-	1	**46,537**
Impairments	-	(3,069)	-	-	-	-	-	-	**(3,069)**
Reversals of impairments	474	3,911	212	-	-	-	-	-	**4,597**
Revaluations	93	(21,429)	43	-	-	-	-	-	**(21,293)**
Reclassifications	-	31,664	6	(45,692)	3,353	-	10,556	113	**-**
Disposals / derecognition	-	-	-	-	(761)	(5)	(6,315)	-	**(7,081)**
Valuation/gross cost at 31 March 2024	**14,681**	**235,275**	**2,042**	**87,075**	**44,562**	**827**	**33,756**	**942**	**419,160**
Accumulated depreciation at 1 April 2023 - as previously stated	**-**	**2,511**	**-**	**-**	**23,575**	**583**	**15,818**	**27**	**42,514**
Provided during the year	-	8,292	92	-	2,826	108	2,237	84	**13,639**
Impairments	-	15,780	-	-	-	-	-	-	**15,780**
Reversals of impairments	-	(675)	-	-	-	-	-	-	**(675)**
Revaluations	-	(23,368)	(92)	-	-	-	-	-	**(23,460)**
Disposals / derecognition	-	-	-	-	(697)	(5)	(6,268)	-	**(6,970)**
Accumulated depreciation at 31 March 2024	**-**	**2,540**	**-**	**-**	**25,704**	**686**	**11,787**	**111**	**40,828**
Net book value at 31 March 2024	**14,681**	**232,735**	**2,042**	**87,075**	**18,858**	**141**	**21,969**	**831**	**378,332**
Net book value at 1 April 2023	**14,114**	**221,445**	**1,781**	**86,616**	**18,252**	**249**	**13,697**	**801**	**356,955**

Note 15.2 Property, plant and equipment financing - 31 March 2025

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	14,976	244,347	2,223	58,965	21,356	76	24,447	790	**367,180**
Owned - donated/granted	-	12,787	-	-	1,773	-	-	1	**14,561**
NBV total at 31 March 2025	**14,976**	**257,134**	**2,223**	**58,965**	**23,129**	**76**	**24,447**	**791**	**381,741**

Note 15.3 Property, plant and equipment financing - 31 March 2024

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	14,681	219,250	2,042	87,075	16,917	100	21,969	830	**362,864**
Owned - donated/granted	-	13,485	-	-	1,941	41	-	1	**15,468**
NBV total at 31 March 2024	**14,681**	**232,735**	**2,042**	**87,075**	**18,858**	**141**	**21,969**	**831**	**378,332**

Note 15.4 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Not subject to an operating lease	14,976	257,134	2,223	58,965	23,129	76	24,447	791	**381,741**
NBV total at 31 March 2025	**14,976**	**257,134**	**2,223**	**58,965**	**23,129**	**76**	**24,447**	**791**	**381,741**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Not subject to an operating lease	14,681	232,735	2,042	87,075	18,858	141	21,969	831	**378,332**
NBV total at 31 March 2024	**14,681**	**232,735**	**2,042**	**87,075**	**18,858**	**141**	**21,969**	**831**	**378,332**

Note 16 Property, plant and equipment - 2024/25

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	**14,681**	**235,282**	**2,036**	**6,827**	**44,561**	**827**	**33,755**	**940**	**338,909**
Additions	-	66,318	-	3,248	7,491	-	2,003	53	**79,113**
Impairments	-	(7,935)	-	-	-	-	-	-	**(7,935)**
Reversals of impairments	295	2,131	132	-	-	-	-	-	**2,558**
Revaluations	-	(37,501)	49	-	-	-	-	-	**(37,452)**
Reclassifications	-	1,449	-	(5,508)	99	-	3,960	-	**-**
Disposals / derecognition	-	-	-	-	(3,753)	(25)	(417)	-	**(4,195)**
Valuation/gross cost at 31 March 2025	**14,976**	**259,744**	**2,217**	**4,567**	**48,398**	**802**	**39,301**	**993**	**370,998**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**2,541**	**-**	**-**	**25,704**	**686**	**11,786**	**111**	**40,828**
Provided during the year	-	8,398	107	-	3,253	65	3,484	94	**15,401**
Impairments	-	32,697	-	-	-	-	-	-	**32,697**
Reversals of impairments	-	(1,219)	-	-	-	-	-	-	**(1,219)**
Revaluations	-	(39,812)	(107)	-	-	-	-	-	**(39,919)**
Disposals / derecognition	-	-	-	-	(3,687)	(25)	(416)	-	**(4,128)**
Accumulated depreciation at 31 March 2025	**-**	**2,605**	**-**	**-**	**25,270**	**726**	**14,854**	**205**	**43,660**
Net book value at 31 March 2025	**14,976**	**257,139**	**2,217**	**4,567**	**23,128**	**76**	**24,447**	**788**	**327,338**
Net book value at 1 April 2024	**14,681**	**232,741**	**2,036**	**6,827**	**18,857**	**141**	**21,969**	**829**	**298,081**

Disclosed within buildings excluding dwellings are capital improvements made to leased assets. At 31st March 2025, these improvements had a net book value of £0.9m (£0.5m 31st March 2024).

Note 16.1 Property, plant and equipment - 2023/24

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**14,114**	**223,955**	**1,781**	**14,949**	**41,827**	**832**	**29,514**	**827**	**327,799**
Additions	-	30,845	-	3,586	3,350	-	62	113	**37,956**
Impairments	-	(3,069)	-	-	-	-	-	-	**(3,069)**
Reversals of impairments	474	3,911	212	-	-	-	-	-	**4,597**
Revaluations	93	(21,429)	43	-	-	-	-	-	**(21,293)**
Reclassifications	-	1,069	-	(11,708)	145	-	10,494	-	**-**
Disposals / derecognition	-	-	-	-	(761)	(5)	(6,315)	-	**(7,081)**
Valuation/gross cost at 31 March 2024	**14,681**	**235,282**	**2,036**	**6,827**	**44,561**	**827**	**33,755**	**940**	**338,909**
Accumulated depreciation at 1 April 2023 - as previously stated	**-**	**2,512**	**-**	**-**	**23,575**	**583**	**15,817**	**27**	**42,514**
Provided during the year	-	8,292	92	-	2,826	108	2,237	84	**13,639**
Impairments	-	15,780	-	-	-	-	-	-	**15,780**
Reversals of impairments	-	(675)	-	-	-	-	-	-	**(675)**
Revaluations	-	(23,368)	(92)	-	-	-	-	-	**(23,460)**
Disposals / derecognition	-	-	-	-	(697)	(5)	(6,268)	-	**(6,970)**
Accumulated depreciation at 31 March 2024	**-**	**2,541**	**-**	**-**	**25,704**	**686**	**11,786**	**111**	**40,828**
Net book value at 31 March 2024	**14,681**	**232,741**	**2,036**	**6,827**	**18,857**	**141**	**21,969**	**829**	**298,081**
Net book value at 1 April 2023	**14,114**	**221,443**	**1,781**	**14,949**	**18,252**	**249**	**13,697**	**800**	**285,285**

Note 16.2 Property, plant and equipment financing - 31 March 2025

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	14,976	244,352	2,217	4,567	21,355	76	24,447	787	**312,777**
Owned - donated / granted	-	12,787	-	-	1,773	-	-	1	**14,561**
Total net book value at 31 March 2025	**14,976**	**257,139**	**2,217**	**4,567**	**23,128**	**76**	**24,447**	**788**	**327,338**

Note 16.3 Property, plant and equipment financing - 31 March 2024

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	14,681	219,256	2,036	6,827	16,916	100	21,969	828	**282,613**
Owned - donated / granted	-	13,485	-	-	1,941	41	-	1	**15,468**
Total net book value at 31 March 2024	**14,681**	**232,741**	**2,036**	**6,827**	**18,857**	**141**	**21,969**	**829**	**298,081**

Note 16.4 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	-	-	-	-	-	-	-	**-**
Not subject to an operating lease	14,976	257,139	2,217	4,567	23,128	76	24,447	788	**327,338**
Total net book value at 31 March 2025	**14,976**	**257,139**	**2,217**	**4,567**	**23,128**	**76**	**24,447**	**788**	**327,338**

Note 16.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	-	-	-	-	-	-	-	**-**
Not subject to an operating lease	14,681	232,741	2,036	6,827	18,857	141	21,969	829	**298,081**
Total net book value at 31 March 2024	**14,681**	**232,741**	**2,036**	**6,827**	**18,857**	**141**	**21,969**	**829**	**298,081**

Note 17 Donations of property, plant and equipment

The Trust received £1m of donated assets in 2024/25. This consisted of cash donations to purchase medical equipment and fund minor capital schemes.
In 2023/24 the Trust received £0.3m of donated assets.

Note 18 Revaluations of property, plant and equipment

In 2024/25 the Trust's Estate was revalued by a RICS registered surveyor via the District Valuers Office as of 31 March 2025. The valuation was in line with the Trust's accounting policy note 1.8.

Note 19 Leases - York and Scarborough Teaching Hospitals NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust operates as both a lessor and lessee :-

The Trust provides various land and buildings as a lessor to other NHS organisations for the provision of services outside the scope of services the Trust provides. Various space is leased to retail organisations mainly to provide services to our patients and staff.

As a lessor the Trust provides accommodation for HYMS students plus various building including parts of the Community Stadium and medical equipment for the provision of healthcare services.

The Group's transport department leases various vans and transport vehicles and the Trust's fleet of pool cars are also provided through a lease contract.

Note 20 Right of use assets - 2024/25

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**22,155**	**16,330**	**776**	**2,261**	**41,522**	**6,995**
Additions	1,753	7,315	381	-	**9,449**	498
Remeasurements of the lease liability	1,501	211	60	-	**1,772**	327
Disposals / derecognition	(1,283)	(1,537)	(113)	-	**(2,933)**	(567)
Valuation/gross cost at 31 March 2025	**24,126**	**22,319**	**1,104**	**2,261**	**49,810**	**7,253**
Accumulated depreciation at 1 April 2024 - brought forward	**4,681**	**5,203**	**304**	**678**	**10,866**	**1,557**
Provided during the year	3,084	3,930	343	452	**7,809**	870
Disposals / derecognition	(537)	(1,535)	(108)	-	**(2,180)**	(255)
Accumulated depreciation at 31 March 2025	**7,228**	**7,598**	**539**	**1,130**	**16,495**	**2,172**
Net book value at 31 March 2025	**16,898**	**14,721**	**565**	**1,131**	**33,315**	**5,081**
Net book value at 1 April 2024	**17,474**	**11,127**	**472**	**1,583**	**30,656**	**5,438**

Net book value of right of use assets leased from other NHS providers	2,017
Net book value of right of use assets leased from other DHSC group bodies	3,064

Note 20.1 Right of use assets - 2023/24

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**21,221**	**11,721**	**435**	**2,261**	**35,638**	**6,994**
Additions	1,101	5,710	518	-	**7,329**	52
Remeasurements of the lease liability	514	(3)	2	-	**513**	226
Disposals / derecognition	(681)	(1,098)	(179)	-	**(1,958)**	(277)
Valuation/gross cost at 31 March 2024	**22,155**	**16,330**	**776**	**2,261**	**41,522**	**6,995**
Accumulated depreciation at 1 April 2023 - brought forward	**2,301**	**2,720**	**168**	**226**	**5,415**	**814**
Provided during the year	2,802	3,563	307	452	**7,124**	807
Disposals / derecognition	(422)	(1,080)	(171)	-	**(1,673)**	(64)
2024	**4,681**	**5,203**	**304**	**678**	**10,866**	**1,557**
Net book value at 31 March 2024	**17,474**	**11,127**	**472**	**1,583**	**30,656**	**5,438**
Net book value at 1 April 2023	**18,920**	**9,001**	**267**	**2,035**	**30,223**	**6,180**

Net book value of right of use assets leased from other NHS providers	1,897
Net book value of right of use assets leased from other DHSC group bodies	3,541

Assets categorised as Right of Use assets are only held in the Trust accounts, therefore both Group & Trust figures are the same. The Trust's corresponding lease liability is disclosed within Note 28 Loans from subsidiary and lease liabilities.

Note 20.2 Revaluations of right of use assets (Group)

In accordance with the GAM, the Group has employed the cost model rather than a revaluation model for right of use assets.
The Group has determined that the cost model provides an appropriate proxy to the current value in use or fair value, due to;
- Material leases relating to property , contain regular rent reviews to reflect market conditions
- The risk that fair value of equipment and vehicle leases fluctuating is deemed to be low.

Note 21 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 2.

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Carrying value at 1 April	**30,966**	**30,070**	**8,573**	**10,238**
Lease additions	8,822	6,746	155	240
Lease liability remeasurements	1,772	513	1,583	284
Interest charge arising in year	936	765	149	105
Early terminations- Lease novated to Subsidiary	(896)	(189)	(598)	(126)
Lease payments (cash outflows)	(8,160)	(6,939)	(2,336)	(2,168)
Carrying value at 31 March	**33,440**	**30,966**	**7,526**	**8,573**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 21.1 Maturity analysis of future lease payments at 31 March 2025

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	8,550	919	2,196	523
- later than one year and not later than five years;	19,470	3,151	4,489	1,825
- later than five years.	10,192	1,727	1,066	868
Total gross future lease payments	**38,212**	**5,797**	**7,751**	**3,216**
Finance charges allocated to future periods	(4,772)	(600)	(225)	(105)
Net lease liabilities at 31 March 2025	**33,440**	**5,197**	**7,526**	**3,111**
Of which:				
Leased from other NHS providers		2,086		-
Leased from other DHSC group bodies		3,111		3,111

Note 21.2 Maturity analysis of future lease payments at 31 March 2024

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	7,256	856	2,286	636
- later than one year and not later than five years;	16,559	3,015	4,702	2,133
- later than five years.	11,454	2,278	1,802	1,293
Total gross future lease payments	**35,269**	**6,149**	**8,790**	**4,062**
Finance charges allocated to future periods	(4,303)	(636)	(218)	(142)
Net finance lease liabilities at 31 March 2024	**30,966**	**5,513**	**8,572**	**3,920**
Of which:				
Leased from other NHS providers		1,936		343
Leased from other DHSC group bodies		3,577		3,577

Note 22 Inventories

	Group		Trust	
	2025	2024	2025	2024
	£000	£000	£000	£000
Drugs	5,475	4,375	5,475	4,375
Consumables	8,531	8,742	7,870	8,072
Energy	123	134	-	-
Total inventories	**14,129**	**13,251**	**13,345**	**12,447**
of which:				
Held at fair value less costs to sell	-	-	-	-

Inventories recognised in expenses for the year were £121,089k (2023/24: £107,779k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 23 Receivables

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Contract receivables	24,764	28,686	23,547	27,991
Allowance for impaired contract receivables / assets	(365)	(354)	(365)	(354)
Prepayments (non-PFI)	7,181	4,681	4,870	2,216
PDC dividend receivable	741	149	741	149
VAT receivable	7,875	1,304	4,101	486
Clinicians pensions tax reimbursement funding from NHSE	34	27	34	27
Other receivables	3,768	2,551	3,715	2,462
Receivables relating to the subsidiary	-	-	9,375	7,211
Total current receivables	**43,998**	**37,044**	**46,018**	**40,188**
Non-current				
Contract receivables	695	908	695	909
Allowance for impaired contract receivables / assets	(43)	(50)	(43)	(50)
Receivables relating to subsidiary	-	-	158,549	128,875
VAT receivable	241	463	241	462
Clinicians pensions tax reimbursement funding from NHSE	796	803	796	803
Total non-current receivables	**1,689**	**2,124**	**160,238**	**130,999**
Of which receivable from NHS and DHSC group bodies:				
Current	16,197	20,515		
Non-current	796	803		

Note 23.1 Allowances for credit losses - 2024/25

	Group	Trust
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 Apr 2024 - brought forward	**404**	**405**
New allowances arising	125	124
Changes in existing allowances	25	25
Reversals of allowances	(140)	(140)
Utilisation of allowances (write offs)	(6)	(6)
Allowances as at 31 Mar 2025	**408**	**408**

Note 23.2 Allowances for credit losses - 2023/24

	Group	Trust
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 Apr 2023 - as previously stated	**556**	**557**
New allowances arising	56	56
Changes in existing allowances	(157)	(157)
Reversals of allowances	(13)	(13)
Utilisation of allowances (write offs)	(38)	(38)
Allowances as at 31 Mar 2024	**404**	**405**

Note 24 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
At 1 April	**47,475**	**50,347**	**46,127**	**46,263**
Net change in year	10,302	(2,872)	10,180	(136)
At 31 March	**57,777**	**47,475**	**56,307**	**46,127**
Broken down into:				
Cash at commercial banks and in hand	153	61	145	44
Cash with the Government Banking Service	57,624	47,414	56,162	46,083
Total cash and cash equivalents as in SoFP	**57,777**	**47,475**	**56,307**	**46,127**
Total cash and cash equivalents as in SoCF	**57,777**	**47,475**	**56,307**	**46,127**

Note 24.1 Third party assets held by the trust

York and Scarborough Teaching Hospitals NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2025	31 March 2024
	£000	£000
Bank balances	9	8
Total third party assets	**9**	**8**

Note 25 Trade and other payables

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Trade payables	18,322	13,552	11,303	9,217
Capital payables	26,663	14,970	2,602	1,088
Accruals	24,439	28,072	20,976	24,595
Receipts in advance and payments on account	-	156	-	152
Payables relating to subsidiary	-	-	9,951	10,237
Social security costs	11,347	10,304	10,863	9,854
Other taxes payable	180	170	169	160
Pension contributions payable	7,139	6,564	6,718	6,172
Other payables	8,370	6,274	7,964	5,707
Total current trade and other payables	**96,460**	**80,062**	**70,546**	**67,182**
Non-current				
Trade payables	72	72	55	55
Total non-current trade and other payables	**72**	**72**	**55**	**55**
Of which payables from NHS and DHSC group bodies:				
Current	7,695	5,364		
Non-current	-	-		

Note 26 Other liabilities

	Group		Trust	
	2025	2024	2025	2024
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	3,592	3,381	1,076	866
Total other current liabilities	**3,592**	**3,381**	**1,076**	**866**

Note 27 Borrowings

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Loans from DHSC	2,631	3,104	2,631	3,104
Loans from subsidiary	-	-	13,578	12,415
Lease liabilities	8,550	6,591	2,196	2,213
Total current borrowings	**11,181**	**9,695**	**18,405**	**17,732**
Non-current				
Loans from DHSC	24,697	18,803	24,697	18,803
Loans from subsidiary	-	-	140,426	71,235
Lease liabilities	24,890	24,375	5,330	6,360
Total non-current borrowings	**49,587**	**43,178**	**170,453**	**96,398**

Note 27.1 Reconciliation of liabilities arising from financing activities

Group - 2024/25	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2024	**21,907**	**30,966**	**52,873**
Cash movements:			
Financing cash flows - payments and receipts of principal	5,411	(7,224)	**(1,813)**
Financing cash flows - payments of interest	(335)	(936)	**(1,271)**
Non-cash movements:			
Additions	-	8,822	**8,822**
Lease liability remeasurements	-	1,772	**1,772**
Application of effective interest rate	345	936	**1,281**
Early terminations	-	(896)	**(896)**
Carrying value at 31 March 2025	**27,328**	**33,440**	**60,768**

Group - 2023/24	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	**21,755**	**30,070**	**51,825**
Prior period adjustment	-	-	**-**
Carrying value at 1 April 2023 - restated	**21,755**	**30,070**	**51,825**
Cash movements:			
Financing cash flows - payments and receipts of principal	168	(6,174)	**(6,006)**
Financing cash flows - payments of interest	(360)	(765)	**(1,125)**
Non-cash movements:			
Additions	-	6,746	**6,746**
Lease liability remeasurements	-	513	**513**
Application of effective interest rate	344	765	**1,109**
Early terminations	-	(189)	**(189)**
Other changes	-	-	**-**
Carrying value at 31 March 2024	**21,907**	**30,966**	**52,873**

Note 27.2 Reconciliation of liabilities arising from financing activities

Trust - 2024/25	Loans from DHSC £000	Other loans £000	Lease liabilities £000	Total £000
Carrying value at 1 April 2024	**21,907**	**83,650**	**8,573**	**114,130**
Cash movements:				
Financing cash flows - payments and receipts of principal	5,411	(7,700)	(2,187)	**(4,476)**
Financing cash flows - payments of interest	(335)	(3,313)	(149)	**(3,797)**
Non-cash movements:				
Additions	-	78,054	155	**78,209**
Lease liability remeasurements	-	-	1,583	**1,583**
Application of effective interest rate	345	3,313	149	**3,807**
Early terminations	-	-	(598)	**(598)**
Carrying value at 31 March 2025	**27,328**	**154,004**	**7,526**	**188,858**

Trust - 2023/24	Loans from DHSC £000	Other loans £000	Lease liabilities £000	Total £000
Carrying value at 1 April 2023	**21,755**	**57,234**	**10,238**	**89,227**
Cash movements:				
Financing cash flows - payments and receipts of principal	168	(12,573)	(2,063)	**(14,468)**
Financing cash flows - payments of interest	(360)	(2,392)	(105)	**(2,857)**
Non-cash movements:				
Additions	-	38,989	240	**39,229**
Lease liability remeasurements	-	-	284	**284**
Application of effective interest rate	344	2,392	105	**2,841**
Early terminations	-	-	(126)	**(126)**
Carrying value at 31 March 2024	**21,907**	**83,650**	**8,573**	**114,130**

Note 28 Provisions for liabilities and charges analysis (Group & Trust)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	**345**	**171**	**200**	**830**	**1,546**
Change in the discount rate	(9)	0	-	(8)	**(17)**
Arising during the year	105	18	-	5	**128**
Utilised during the year	(75)	(22)	-	(37)	**(134)**
Reversed unused	(9)	-	-	-	**(9)**
Unwinding of discount	8	4	-	40	**52**
At 31 March 2025	**365**	**171**	**200**	**830**	**1,566**
Expected timing of cash flows:					
- not later than one year;	73	22	200	34	**329**
- later than one year and not later than five years;	228	82	-	93	**403**
- later than five years.	64	67	-	703	**834**
Total	**365**	**171**	**200**	**830**	**1,566**

The amounts detailed in the category 'Other' above are Clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in 2019/20 tax year, potentially face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold. NHS England and the Government have committed to fund the payments to clinicians as and when they arise.

This statement provides NHS England's updated calculation for provision liabilities arising from the 2019/20 clinicians' pensions compensation scheme for the Trust. These figures use the latest available information on actual uptake of the scheme. They are derived from combining information on applications to join the 2019/20 scheme under the policy, together with information in the scheme pays election form where present, and with averages assumed where these forms are absent or clearly an estimate (values less than £100). Future liabilities based on individual member data and scheme rules are then discounted to give totals for the Trust.

Legal claims relate to outstanding claims that are being handled by NHS Resolution where they have advised that it is likely that the Trust will have to pay the excess relevant for the claim.

Please note both the Group and Trust provisions are the same.

Note 28.1 Clinical negligence liabilities (Group & Trust)

At 31 March 2025, £183,387k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of York and Scarborough Teaching Hospitals NHS Foundation Trust (31 March 2024: £192,115k).

Note 29 Contingent assets and liabilities (Group & Trust)

On 31 March 2025, the Group held no contingent assets or liabilities. There were no contingent assets or liabilities in the prior year .

Note 30 Contractual capital commitments

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Property, plant and equipment	16,002	9,313	16,002	9,313
Intangible assets	5,203	-	5,203	-
Total	**21,205**	**9,313**	**21,205**	**9,313**

Within PPE commitments, £13m relates to the York Hospital Cardiology and Vascular Interventional Imaging Services project (£1.7m 2024). Within intangible commitments, £5m relates to the Electronic Patient Record project (£0.3m 2024).

Note 31 Financial instruments

Note 31.1 Financial risk management

IFRS 7 regarding Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Due to the continuing service provider relationship that the Trust has with the Integrated Care Board and the way those ICBs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IAS 32, 39 and IFRS 7 mainly apply.

Liquidity Risk

The Trust's operating costs are incurred under contracts with NHS commissioning organisations, which are financed from resources voted annualy by Parliament.

Treasury and NHS England have a process in place by which Trusts which find themselves with liquidity risk can make an application for (a) deficit cash support and (b) working capital cash support.

During 2024/25, the Trust did not require any cash support.
After reviewing all factors, the Trust does not consider itself at risk of liquidity issues.

Interest Rate Risk

The Trust's financial assets and financial liabilities carry nil or fixed rates of interest. Therefore, the Trust is not exposed to significant interest-rate risk.

Credit Risk

The risk that one party will cause a financial loss for the other party by failing to discharge an obligation.
The Trust receives the majority of its income from Integrated Care Board and Statutory bodies and so the credit risk is negligible. The Trust's treasury management policy minimises the risk of loss of cash invested by limiting its investments to:-
- the government banking service and the National Loans Fund
- Banks registered directly regulated by the PRA (Prudential Regulation Authority)

Note 31.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	29,649	**29,649**
Cash and cash equivalents	57,777	**57,777**
Total at 31 March 2025	**87,426**	**87,426**

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	32,571	**32,571**
Cash and cash equivalents	47,475	**47,475**
Total at 31 March 2024	**80,046**	**80,046**

Note 31.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	28,379	**28,379**
Receivables relating to subsidiary	167,924	**167,924**
Cash and cash equivalents	56,307	**56,307**
Total at 31 March 2025	**252,610**	**252,610**

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	31,788	**31,788**
Receivables relating to subsidiary	136,086	**136,086**
Cash and cash equivalents	46,127	**46,127**
Total at 31 March 2024	**214,001**	**214,001**

Note 31.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	27,328	**27,328**
Obligations under leases	33,440	**33,440**
Trade and other payables excluding non financial liabilities	77,866	**77,866**
Total at 31 March 2025	**138,634**	**138,634**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	21,907	**21,907**
Obligations under leases	30,966	**30,966**
Trade and other payables excluding non financial liabilities	64,608	**64,608**
Total at 31 March 2024	**117,481**	**117,481**

Note 31.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	27,328	**27,328**
Obligations under leases	7,526	**7,526**
Trade and other payables relating to subsidiary	163,955	**163,955**
Trade and other payables excluding non financial liabilities	42,901	**42,901**
Total at 31 March 2025	**241,710**	**241,710**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	21,907	**21,907**
Obligations under leases	8,573	**8,573**
Trade and other payables relating to subsidiary	93,887	**93,887**
Trade and other payables excluding non financial liabilities	42,246	**42,246**
Total at 31 March 2024	**166,613**	**166,613**

Note 31.6 Fair values of financial assets and liabilities

The Trust has carried all financial assets and financial liabilities at amortised cost for the years 2024/25 and 2023/24. Due to the nature of the assets and liabilities management consider that the carrying value is a reasonable approximation of the fair value.

Note 31.7 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
In one year or less	89,239	75,091	68,565	73,743
In more than one year but not more than five years	26,456	22,495	65,418	54,755
In more than five years	30,926	26,626	165,108	107,768
Total	**146,621**	**124,212**	**299,091**	**236,266**

Note 32 Losses and special payments

	2024/25		2023/24	
Group and trust	**Total number of cases**	**Total value of cases**	**Total number of cases**	**Total value of cases**
	Number	**£000**	**Number**	**£000**
Losses				
Cash losses	55	8	30	-
Bad debts and claims abandoned	22	7	100	36
Stores losses and damage to property	2	18	-	-
Total losses	**79**	**33**	**130**	**36**
Special payments				
Compensation under court order or legally binding arbitration award	2	17	-	-
Ex-gratia payments	65	565	76	107
Total special payments	**67**	**582**	**76**	**107**
Total losses and special payments	**146**	**615**	**206**	**143**

Note 33 Related parties (Group)

York and Scarborough Teaching Hospitals NHS Foundation Trust is a corporate body established by order of the Secretary of State for Health.
During the year none of the Board Members, members of the Council of Governors or members of the key management staff or parties related to them has undertaken any material transactions with York and Scarborough Teaching Hospitals NHS Foundation Trust. (2023/24 also nil).

The Department of Health and Social Care is regarded as a related party. During the year York and Scarborough Teaching Hospitals NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

Entities where significant transactions have occurred during the year are listed below.

Department of Health and Social Care
HM Revenue & Customs
Hull University Teaching Hospitals NHS FT
NHS England
NHS Humber and North Yorkshire ICB
NHS Pension Scheme
NHS Resolution

During the year, the Trust had a number of transactions with the subsidiary, YTHFM LLP. The Trust received income totalling £6.5m (2023/24 £5.3m) and incurred expenditure totalling £154.3m (2023/24 £106.5m).
At the year-end there was a receivable balance in the Trust of £168m (2023/24 £136m) due from YTHFM LLP and a creditor balance of £164m (2023/24 £94m) due to YTHFM LLP.
All of these transactions and balances have been eliminated from the consolidated group position.

The Trust has also received total contributions of £1.3m (£0.3m towards revenue expenditure and £1m towards capital expenditure) (2023/24 £0.6m) from the York & Scarborough Hospitals Charity, the Corporate Trustee for which is York and Scarborough Teaching Hospitals NHS Foundation Trust. At the year-end there was a receivable balance in the Trust of £0.2m (2023/24 £0.2m) due from the York and Scarborough Hospitals Charity. The Charity's accounts are not consolidiated into the Group on the basis of immateriality.

Note 34 Events after the reporting date (Group)

There are no events after the reporting date.

These financial statements were authorised for issue on 20 June 2025 by Simon Morritt Chief Executive.