York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 26th November
Time: 9:30am – 12:30pm
Venue: PGME Discussion Room, Scarborough Hospital

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors Public Agenda

Item	Subject	Lead	Report/ Verbal	Page No	Time
1.	**Welcome and Introductions**	Chair	Verbal	-	9:30
2.	**Apologies for Absence** To receive any apologies for absence.	Chair	Verbal	-	
3.	**Declarations of Interest** To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda.	Chair	Verbal	-	
4.	**Minutes of the meeting held on 22 October 2025** To be agreed as an accurate record.	Chair	Report	5	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Chair	Report	16	
6.	**True North Report** To consider the report.	Chief Executive	Report	17	9:35
7.	**Chair's Report** To receive the report.	Chair	Report	36	9:45
8.	**Chief Executive's Report** To receive the report.	Chief Executive	Report	38	9:50

Item	Subject	Lead	Report/ Verbal	Page No	Time
9.	**Quality Committee Report** To receive the November meeting summary report.	Chair of the Quality Committee	Report	104	10:05
10.	**Resources Committee Report** To receive the November meeting summary report.	Chair of the Resources Committee	Report	To follow	10:15
11.	**Trust Priorities Report (TPR)** October 2025 Trust Priorities Report Performance Summary: • Operational Activity and Performance • Quality & Safety • Workforce • Digital and Information Services • Finance	 Chief Operating Officer Medical Director & Chief Nurse Director of Workforce & OD Chief Digital Information Officer Finance Director	Report	107 110 156 176 187 195	10:25
12.	**Q2 Annual Operating Plan Progress Report** To consider the report.	Chief Executive	Report	213	11:15
Break 11:25					
13.	**CQC Compliance Update Report** To consider the report.	Chief Nurse	Report	226	11:40
14.	**Maternity and Neonatal Report** To consider the report.	Chief Nurse - Executive Maternity Safety Champion	Report	231	11:50

Item	Subject	Lead	Report/ Verbal	Page No	Time
15.	**Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Action Plans** To consider the reports.	Director of Workforce & OD	Report	248	12:00
16.	**Annual Pay Gap Report** To consider the report.	Director of Workforce & OD	Report	255	12:15
Governance					
17.	**Review of the Remuneration Committee Terms of Reference** To approve the Terms of Reference.	Associate Director of Corporate Governance	Report	265	12:25
18.	**Questions from the public received in advance of the meeting**	Chair	Verbal	-	-
19.	**Time and Date of next meeting** The next meeting held in public will be on 28 January 2026 at 9am at York Hospital.				
20.	**Exclusion of the Press and Public** 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.				
21.	**Close**				12:30

Minutes
Board of Directors Meeting (Public)
22 October 2025

Minutes of the Public Board of Directors meeting held on Wednesday 22 October 2025 in the Trust HQ Boardroom, York Hospital. The meeting commenced at 9.00am and concluded at 12.20pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Ms Jane Hazelgrave
- Mr Noel Scanlon
- Dr Richard Reece, Associate Non-Executive Director

Executive Directors
- Mr Andrew Bertram, Interim Chief Executive
- Dr Karen Stone, Medical Director
- Mrs Dawn Parkes, Chief Nurse
- Ms Claire Hansen, Chief Operating Officer
- Mr James Hawkins, Chief Digital and Information Officer
- Miss Polly McMeekin, Director of Workforce and Organisational Development
- Mr Chris Norman, Managing Director, YTHFM
- Ms Sarah Barrow, Acting Finance Director

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

In Attendance:
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 13)
- Ms Virginia Golding, Head of Equality, Diversity and Inclusion (For Item 15)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:
- Ms Clare Smith, Chief Executive designate
- Ms Rukmal Abeysekera, Lead Governor/Non-Executive Director designate
- Mr Graham Lake, Elected Governor – Public
- Mr Nick Bosanquet, Elected Governor – Public
- Mr Peter Morley, Elected Governor – Public
- Ms Elena Clerici, Elected Governor - Staff
- One member of staff

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1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

Apologies for absence were received from:
Ms Helen Grantham, Non-Executive Director
Mrs Jenny McAleese, Non-Executive Director

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 24 September 2025

The Board approved the minutes of the meeting held on 24 September 2025 as an accurate record of the meeting.

5 Matters arising/Action Log

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

BoD Pub 54 (24/25) *Explore options to provide more accurate ethnicity data for the Health Inequalities section of the TPR.*
Ms Hansen outlined the actions taking place to improve the progress in the collection of ethnicity data which involved working with the teams involved and changes to the patient database. She hoped to see an improvement by the end of the calendar year.

BoD Pub 7 *Amend narrative summaries to show bullet points of highlights and concerns instead.*
The narrative summaries in the Trust Priorities Report (TPR) had been amended as requested. The action was closed.
Mr Barkley complimented Executive Directors on the clarity of the information in the TPR.

BoD Pub 22 *Include the annual staff survey results in the relevant True North metric in Q3 each year.*
Miss McMeekin advised that this information was now included in the True North report. The action was closed.

BoD Pub 25 *Provide a briefing on service decant plans.*
Mr Norman explained that two options for the decant of Maternity Services in Scarborough Hospital were being finalised; whichever was approved by the Executive Committee would be fully aligned to the roof replacement project. A Programme Board had been established. Mr Norman confirmed that plans would be submitted to the Executive Committee at its first meeting in November. The roof replacement would begin in January. The action was closed.

BoD Pub 27 *Share NHSE reviews of the Nervecentre EPR implementation project with the Board for information.*
Mr Hawkins had shared the latest review by email. The action was closed.

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BoD Pub 28 *Provide the number of patients transferred to the Return To Treatment (RTT) waiting list as a result of the recent validation work.*
Mr Hawkins had emailed the Board with this information. The action was closed.

BoD Pub 29 *Prepare a paper for the Board to provide assurance on the actions being taken and setting out the Board's responsibilities in terms of the Failure to Prevent Fraud legislation.*
The paper was presented under Matters Arising. The action was closed.

BoD Pub 30 *Update the Board on discussions about the Yorkshire Ambulance Service's Out of Hours patient transport service.*
Ms Hansen reported that the ICB had agreed to extend the service by two hours to midnight each weekday. There was still no cover at weekends and inter site transfers were affected. Ms Hansen advised that the reduction in transport options would impact on discharges and increase pressure on the system. She would continue to escalate the issues to the ICB and agreed to prepare a briefing paper for Mr Barkley.

Action: Ms Hansen

The action was closed.

BoD Pub 31 *Provide an update on RTT patients waiting over 65 and 52 weeks.*
This would be covered under Item 11. The action was closed.

BoD Pub 32 *Provide a detailed timeline of the upgrade of the telephony system*.
Mr Hawkins advised that a detailed plan was in place for a like for like replacement which should provide increased resilience at a lower cost. An implementation date of 18 March was scheduled. Mr Hawkins would share the plan.

Failure to Prevent Fraud Legislation

Mr Bertram presented the paper and assured the Board that the Trust took all reasonable precautions to prevent fraud. He drew attention to the draft statement in the paper which would be uploaded to the Trust website if agreed by the Board. The actions arising from the statement would be monitored by the Group Audit Committee. Mr Bertram advised that regular Counter Fraud reports were received by the Committee, including an annual report. Ms Hazelgrave, as Chair of the Committee, would bring any escalations to the Board via the usual meeting report.

Mrs Parkes noted that the Trust was compliant with 35 of the 60 recommendations set out by the NHS Counter Fraud Authority to demonstrate that it had effective processes and measures in place to combat the potential of being prosecuted under the new Failure to Prevent Fraud legislation. She queried whether there was any risk for the Trust in the areas of non-compliance. Mr Bertram was not aware of any risk and explained that there was no expectation that Trusts would be fully compliant with all 60 recommendations. He would discuss with the Counter Fraud team and request that they prioritise the key recommendations for review by the Group Audit Committee.

Action: Mr Bertram

The Board of Directors approved the statement for upload to the Trust's website.

6 True North Report

The Board received the report.

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Mr Barkley referred to the metric *Inpatient: Reduce Bed Days Lost to No Criteria To Reside* and commented that, in visiting wards, he continued to observe a reluctance to escalate issues relating to patient choice. Ms Hansen acknowledged this and noted that there was still work to be done to encourage discussion at the point of admission and then around escalation.

Referring to the Continuous Improvement Update report, Mr Barkley advised that a Business Case would be considered in the Private Board for reasons of commercial confidentiality.

In terms of the Productivity and Efficiency Group update, Mr Barkley expressed concern at the number of overdue appointments and follow ups for the Cardiology Service. Ms Hansen advised that "confirm and challenge" meetings around the service strategy were taking place to address these concerns and further "confirm and challenge" meetings with executives which would inform the annual planning for next year. Ms Hansen confirmed that the recommendations referenced in the section on Administrative Processes had been approved by the Executive Committee.

Mr Scanlon asked that the EPR Update in future reports contain reference to training compliance, the trajectory for this, to the due diligence around processes which were being converted from paper to digital and to the needs of particular specialties such as paediatrics. Mr Hawkins reported that papers had been presented to the Executive Committee and an approach to the go-live of Tranche 1 and to staff training had been formally agreed. He could produce a summary paper for the next Board meeting if required.

Action: Mr Hawkins

A paper on paediatrics had been presented to the Clinical Operational and Design Authority. In terms of Mr Scanlon's specific concerns around processes for 16-17 year olds, Dr Stone advised that this was a wider issue which would be managed through the Children's Board, and a recommendation would be presented to the Executive Committee in due course.

7 Chair's Report

The Board received the report.

All directors who had attended the Trust's Celebration of Achievement Awards event agreed that it had been an excellent evening.

8 Chief Executive's Report

The Board received the report. Mr Bertram highlighted:

- the recent unannounced CQC inspection at Scarborough Hospital;
- the national planning guidance for next year had not yet been published but significant work was already underway in terms of planning for 2026/27, as an initial submission was due in December.

Mr Bertram also referenced the Celebration of Achievements Awards evening and thanked Mrs Brown and the Communications team for their efforts in organising the event which had been extremely successful. Mr Bertram noted that the whole cost of the event had funded by sponsors who were keen to be involved next year as well.

Finally, Mr Bertram reported that the response rate to the national Staff Survey had already improved from the same period last year. Miss McMeekin summarised the strategies used this year to encourage completion.

9 Quality Committee Report

Dr Boyd highlighted the following from the meeting of the Quality Committee on 21 October 2025:

- the Committee had received the Avoiding Term Admissions into Neonatal Units (ATAIN) Annual Report and the Maternity CQC Section 31 Update; no concerns were raised by either report;
- the Committee had received the NICHE update report: the CQC was satisfied with the Trust's response to the report's recommendations and would take no further action;
- there had been discussion on the Board's legal responsibilities in relation to the Mental Capacity Act; the Committee had proposed that relevant information should be included in the Reportable Issues log which was presented to the Private Board meeting;
- the Committee had received the Patient Experience report; there were concerns about the timeliness of responses to complaints which was exacerbated by capacity challenges in the Patient Advice and Liaison (PALS) team; a Rapid Process Improvement Workshop had been undertaken; Mrs Parkes advised that, whilst the complaints handling process had been improved, the time to respond was still a concern; extra capacity for the PALS team had been sourced and improvement in response times should be evident soon;
- the Committee had discussed the impact of the reduction in the Yorkshire Ambulance Service's out of hours patient transport service and had noted concerns about patient safety;
- the Committee had received a paper on the neighbourhood approach to community care which had provided some assurance on the service provided by the Community Rapid Response Team but little assurance on how the changes could improve patient experience of community services; Dr Boyd noted that the Board needed more clarity on the strategic intent of this programme of work; Ms Hansen advised that a Strategic Partnerships meeting had been established.

It was agreed that an item on the community model of care should be added to the Private Board agenda for November.

Action: Mr Taylor

Mr Scanlon reported that the Committee had discussed an emerging theme of complaints relating to the inappropriate use of continence products. Mrs Parkes explained that there was a plan to address this which would be monitored through the Quality Assurance Framework.

10 Resources Committee Report

Ms Hazelgrave advised that the meeting of the Resources Committee on 21 October 2025 had focused on deep dives into the performance of Cancer services and the cost reduction programme. The deep dive into Cancer services had included an analysis of performance by tumour site. The Committee had heard that performance had been impacted by a significant in increase in demand and a lack of diagnostics capacity. Senior leaders had provided detailed plans to address the deterioration, but the year-end trajectory was still at risk without further difficult decisions around demand management. Ms Hansen added that

four key actions had been presented to the Executive Committee; the Equality Impact Assessments were being prepared to inform the Committee's decision on which to progress. There was further discussion on how referrals to Cancer Services might be managed.

Ms Hazelgrave summarised the cost reduction programme deep dive and noted that the Committee had requested a deep dive into the overall financial position for the meeting in December. Mr Barkley observed that the under delivery of the Cost Improvement Programme was the most material factor in the budget.

Ms Hazelgrave reported that a total workforce table had been added to the Trust Priorities Report at the Committee's request, and further information on workforce trends would also be added. The Committee had received the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports which would be considered by the Board under Item 15.

11 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Referring to the Chief Operating Officer's report, Ms Hansen advised that the date of 17 October was an internal deadline for Care Groups to submit plans for 2026/27.

It was noted that figures relating to Length of Stay and to patients with No Criteria to Reside continued to reduce.

Mrs Parkes referred to the increase in patients waiting more than 12 hours in Emergency Departments (ED) and assured the Board that these patients received nursing care.

The deterioration in Cancer performance was a cause of concern for the Board. The increase in Referral To Treatment (RTT) patients waiting over 52 and over 65 weeks was queried. Ms Hansen explained that these long waits were in specific specialties: Cardiology in particular, but also Gastro and Respiratory. Ms Hansen met weekly with the teams involved, including clinical leads, to review plans for each individual patient. She assured the Board that patients were treated in order of clinical priority. Mr Barkley reiterated that the target was to have no patients waiting more than 65 weeks by Christmas, in order to achieve the year-end trajectory. Ms Hansen was confident that this would be achieved. She highlighted the growth in the RTT waiting list due to the validation work which had been taking place and added that colleagues from NHS England had requested a meeting to understand the reasons behind the growth in the Trust's waiting list.

It was agreed that the metrics used by NHS England to determine the Trust's position under the National Oversight Framework should be contained in one section of the TPR.

Action: Ms Hansen/Mr Hawkins

Mr Barkley was pleased to note improvements in the percentage of patients treated by the Rapid Access Chest Pain clinic within 14 days.

Mr Barkley queried the number of outpatient referrals which were not from GPs or consultant to consultant. Mr Hawkins undertook to provide an analysis.

Action: Mr Hawkins

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The Board noted the deterioration in diagnostic performance. Ms Hansen explained that plans were in place which would improve the position and the new Community Diagnostic Centre in Scarborough would also support this once it was operational early in 2026.

Mr Barkley queried why two children had waited more than 12 hours in ED in September. Mrs Parkes explained that this was often because the child was 16 or 17 years old and this brought added complexities with treatment pathways. Dr Stone added that complexities often arose when the individuals concerned had mental health issues.

The Board noted the reduction in the numbers of children and young people waiting more than 52 weeks for community services.

Quality and Safety

Mrs Parkes highlighted the reduction in C.Difficile infection rates and advised that the same strategies were being deployed being used to reduce MSSA bacteraemia infections.

Mr Barkley expressed concerned at the low proportion of fractured neck of femur patients treated within the gold standard timeframe. Ms Hansen responded that more clarity was needed over what the metric was reporting. Mr Hawkins explained that the metric recorded the percentage of patients who presented in ED with fractured neck of femur and then underwent surgery within 36 hours, which was the national standard based on NICE guidelines.

Maternity

Mr Barkley asked how many women were affected by the closure of the Maternity Unit at Scarborough Hospital on one occasion in August. Mrs Parkes would ask that Ms Wells-Munro included this information in the Maternity paper in future. She noted that the Maternity Units would close on occasions due to staffing capacity.

Action: Mrs Parkes

Workforce

Mr Scanlon asked what the ambition was for staff flu vaccinations. Miss McMeekin responded that a rate of 30% had been achieved last year and the expectation was to increase this by 5%. However, it was hoped that rates would exceed this.

In response to a query, Miss McMeekin explained that there was little appetite in the region amongst temporary staff to join a collaborative bank.

Digital and Information Services

There were no comments or questions on this section.

Finance

Ms Barrow highlighted a risk around the deficit support funding for Quarter 4 as the system's position had deteriorated from Month 5 to Month 6.

Mr Barkley queried the £2.5m adverse variance in debtors. Ms Barrow agreed to provide the details.

Action: Ms Barrow

Mr Bertram explained that the Trust dealt with a wide range of providers; debtors were monitored carefully and escalated to the Finance Director if appropriate.

Ms Hazelgrave drew attention to the £16.5m forecast adverse variance linked to Care Group budgets. She expressed concern about other significant risks to the financial

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position which would need to be reviewed by the Board in December as previously agreed. It was noted that this adverse variance did not take into account that some expenditure on activity may have been income generating, and that the report lacked information about other areas of the organisation, which might be reporting an underspend. A fuller report would be included in the paper to be presented in December.

Ms Hansen underlined the impact of the financial constraints on staffing levels and the corresponding impact on the Trust's capacity to manage increasing levels of demand.

Mr Scanlon referred to the capital programme being behind the plan at Month 6. Mr Norman advised that additional resource had been brought in to deliver the major projects which would mitigate the risks. Mr Bertram added that the capital programme was one of the largest the Trust had delivered and that work on projects would accelerate as the year progressed. The trajectory at Month 6 was fairly typical and Mr Bertram was confident that the programme would be delivered to time.

12 CQC Compliance and Journey to Excellence Update Report

Mrs Parkes recorded her thanks to the relevant teams at Scarborough Hospital who had responded so positively to the recent CQC inspection. She advised that the data requested after the inspection needed to be submitted to the CQC by Friday 24 October.

Mrs Parkes advised that the Trust awaited a response from the CQC regarding the removal of the Section 31 Notice on Maternity Services.

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

Ms Wells-Munro presented the report and highlighted:

- there had been an error in the Post-Partum Haemorrhage (PPH) over 1500mls audit data which had since been corrected;
- a workforce review was being undertaken which had already identified a deficit in the neonatal workforce in relation to recommended standards;
- there were risks around the Maternity estate at Scarborough Hospital which were already articulated in the Single Improvement Plan;
- work continued with the Estates Department on plans for the decant of Maternity Services at Scarborough Hospital: two options had been identified which needed further work;
- Maternity leaders were preparing options to improve the Maternity Unit environment at Scarborough Hospital;
- CTG tocos and transducer cables provided by an external supplier had proven faulty; new equipment was being provided;
- a successful recruitment exercise had taken place and the first cohort of newly recruited midwives began in post on 20 October with further cohorts beginning in January and February which would reduce the establishment gap to 40 Whole Time Equivalent midwives;
- the roles of Deputy Director of Midwifery and Deputy Head of Midwifery were currently vacant;
- new and extensive national reporting requirements for Maternity Services, mandated by NHS England, would commence in November; the Perinatal Early Notification Portal (SPEN) had already been launched; there was also an extensive list of actions for Maternity Services set out in a letter received on 13 October from the Secretary of State and the Chief Nursing Officer for NHS England.

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In response to a question, Ms Wells-Munro explained that the aim was to be fully compliant with the Maternity Incentive Scheme safety actions, and the Trust would be able to demonstrate that significant progress had been made since last year.

Ms Wells-Munro advised that a two year recruitment plan to fill the 44WTE midwifery staffing gap would be presented to the Executive Committee, and a timeline would be presented to the Board. Mrs Parkes explained that recruitment would be easier when student midwifery courses were ending. She confirmed that there would be sufficient capacity in the current workforce to manage the number of Band 5 preceptorships.

Ms Wells-Munro confirmed that PPH rates had stabilised, and the Trust was not an outlier compared with the national average. Continuing actions to reduce the risk could also be evidenced. She also confirmed that the results of the Maternity and Neonatal Voices Partnership (MNVP) audit on delays in administering epidurals would be presented to the Quality Committee.

Mr Barkley asked about the new Maternity Outcomes Safety Signal (MOSS). Ms Wells-Munro explained that the data was extracted from that which had already been submitted; it was still unclear what would trigger a safety referral.

The Board approved the CQC Section 31 Update.

Mrs Parkes agreed to consider which maternity metrics in the TPR could be removed from the report but to add the number of women affected when a unit was temporarily closed.

Action: Mrs Parkes

14 Medical Education Annual Report

Dr Stone presented the report and began by summarising the numbers of students and doctors supported by the Medical Education team. She advised that the Trust was continuing to increase the number of undergraduate students it supported. The partnership with the Hull York Medical School (HYMS) was successful and HYMS' ranking in national league tables was positive. Dr Stone highlighted the support for Ukrainian medical students over the summer months, the implementation of the new Medical Licencing Assessment, the professional development programme for consultants and the response to the National Student Survey.

A question was raised about whether Specialty and Specialist (SAS) doctors and Locally Employed doctors could be tracked to determine how many were HYMS graduates. Dr Stone confirmed that they could be tracked, and she would circulate this information.

Action: Dr Stone

There was some discussion on the increasing trend for doctors to work less than full-time. The Trust offered flexibility in this as part of its recruitment and retention strategy.

Mr Scanlon asked how training opportunities could be expanded in emergency specialties, as clinical opportunities may be limited. Dr Stone confirmed that classroom simulations were used but there were also opportunities to expand the kit which was used. There were challenges around the capacity of staff to support training, and this was a focus for 2026/27.

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15 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports

Ms Golding joined the meeting to present the reports. Board members focussed on the action plans.

Referring to the WRES action plan, Mrs Parkes questioned how reflective it was of staff experience given the number of responses; she asked how many members of staff had been involved in developing the actions. Ms Golding explained that an invitation had been sent to all staff for the engagement event held in August 2025, but attendance had been disappointing with only 30 members of staff. However, relevant information and staff feedback was also captured throughout the year. Mrs Parkes was of the view that there might have been opportunities to engage differently with staff to provide a better information for the actions. Miss McMeekin added that data was also extracted from the national Staff Survey and from the Electronic Staff Record but it was from last year and the time lag was unhelpful. It had been helpful to feed in the work of the Anti-Racism Steering Group and the anti-racism principles agreed by the group would provide a strategic framework for actions.

There was further discussion on the actions in the WRES plan. It was agreed that more could be done to manage violence and aggression experienced by colleagues from ethnic minority backgrounds from patients or their relatives, and that more could be done to encourage reporting of this and other negative experiences. Board members also agreed that the objectives in the plan should be more ambitious, such that the ambitions, in terms of the percentage of staff, should be increased to at least the peer average. Mr Barkley observed that bold, different steps needed to be taken to effect an improvement in the experience of colleagues from ethnic minority backgrounds. There needed to be evidence that the high impact changes published in 2023 were being implemented. He underlined the Board's accountability in tackling racism in the Trust.

Miss McMeekin and Ms Golding would develop a more far reaching action plan to be presented to the Board again at its meeting in November.

Action: Miss McMeekin/Ms Golding

<u>WDES Report</u>
Mr Barkley noted that this was a much more positive report. Miss McMeekin was of the view that the action plan, as for the WRES, should reflect more ambition. Other Board members agreed.

16 Premises Assurance Report (PAM)

Mr Norman presented the report, noting that the self-assessment had been submitted to NHS England on 30 September, having been reviewed through the YTHFM governance process. The assessment reflected a generally positive trajectory in Estates and Facilities performance. Mr Norman highlighted, however, that standards were not being met in "Soft FM" which represented cleaning standards. A costed action plan to achieve compliance had been appended to the report but decisions would need to be made on what standard to aim for given the financial constraints.

Mr Scanlon questioned the accuracy of the self-assessment in the safety domain given the quality of the estate and queried whether frontline staff had been involved in the meetings which informed the report. Mr Norman explained that the purpose of the self-assessment was to report on Estates and Facilities services alongside health and safety. The quality of

the environment was not one of the domains but would be covered under the Place assessment.

The Board agreed that the receipt of funding for the de-steaming of the Scarborough site was very good news.

17 Q2 2025/26 Board Assurance Framework (BAF) Report

Mr Taylor referred to the additions to the report in terms of further documentation of assurance, and encouraged Executive Directors to consider how actions could be completed to ensure that target risk scores could be achieved. He reported that the internal audit of the Board Assurance Framework had commenced. This would feed into the Annual Report at year-end.

18 2026/27 Board of Directors Meeting Dates

The Board of Directors approved the meeting dates for 2026/27.

19 Questions from the public received in advance of the meeting

There were no questions from members of the public.

20 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 26 November 2025 at 9.30am at Scarborough Hospital.

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Item 5

Action Ref.	Date of Meeting	Item Number Reference	Title (Section under which the item was discussed)	Action (from Minute)	Executive Lead/Owner	Notes / comments	Due Date	
BoD Pub 54 (24/25)	26-Feb-25	10	Trust Priorities Report	Explore options to provide more accurate ethnicity data for the Health Inequalities section of the TPR	Chief Operating Officer	Update 26.03.25: Ms Hansen and Mrs Parkes would progress work on the collection of ethnicity data and which metrics to report in the Health Inequalities section of the TPR, and refer to Mr Hawkins with any system changes as appropriate. Update 30.07.25: Mrs Parkes reported that a suite of health inequality metrics were being progressed by the Deputy Chief Operating Officer and the Chief of Allied Health Professionals, with clinical input. These would be presented to the Quality Committee and the Board in September. Update 22.10.25: Ms Hansen outlined the actions taking place to improve the progress in the collection of ethnicity data which involved working with the teams involved and changes to the patient database. She hoped to see an improvement by the end of the calendar year.	Jan 26 from Mar 25	Delayed
BoD Pub 26	24-Sep-25	5	Matters Arising/Action Log	Schedule a deep dive of Cancer performance for the Resources Committee	Chief Operating Officer/Chair of the Resources Committee		Nov-25	On Track
BoD Pub 32	24-Sep-25	12	Trust Priorities Report	Provide a detailed timeline of the upgrade of the telephony system	Chief Digital & Information Officer	Update 22.10.25: Mr Hawkins advised that a detailed plan was in place for a like for like replacement which should provide increased resilience at a lower cost. An implementation date of 18 March was scheduled. Mr Hawkins would share the plan.	Nov 25 from Oct 25	Delayed
BoD Pub 33	22-Oct-25	5	Matters Arising/Action Log	Prepare a briefing paper for Mr Barkley on the impact of the reduction in the out of hours patient transport service.	Chief Operating Officer		Nov-25	On Track
BoD Pub 34	22-Oct-25	5	Matters Arising/Action Log	Discuss with the Counter Fraud team which of the 60 recommendations to prioritise, in relation to the Failure to Prevent Fraud legislation, and report back to the Group Audit Committee.	Finance Director		Jan-26	On Track
BoD Pub 35	22-Oct-25	6	True North Report	Produce a summary paper for the Board on the approach to the EPR Tranche 1 go live date and to staff training.	Chief Digital & Information Officer		Nov-25	On Track
BoD Pub 36	22-Oct-25	9	Quality Committee report	Add an item on the community model of care to the Private Board agenda for November.	Associate Director of Corporate Governance		Nov-25	On Track
BoD Pub 37	22-Oct-25	11	Trust Priorities Report	Include the metrics used by NHS England to determine the Trust's position under the National Oversight Framework in one section of the TPR.	Chief Digital & Information Officer/Chief Operating Officer		Nov-25	On Track
BoD Pub 38	22-Oct-25	11	Trust Priorities Report	Provide an analysis of the number of outpatient referrals which are not from GPs or consultant to consultant	Chief Digital & Information Officer		Nov-25	On Track
BoD Pub 39	22-Oct-25	11	Trust Priorities Report	Ask the Director of Midwifery to include information about the number of women affected by closures of Maternity Units in her reports to the Board	Chief Nurse		Nov-25	On Track
BoD Pub 40	22-Oct-25	11	Trust Priorities Report	Provide further details of the adverse variance in debtors	Finance Director		Nov-25	On Track
BoD Pub 41	22-Oct-25	13	Maternity and Neonatal Reports (including CQC Section 31 Update)	Consider which maternity metrics in the TPR could be removed from the report and add details of the number of women affected when a Maternity unit is temporarily closed.	Chief Nurse		Nov-25	On Track
BoD Pub 42	22-Oct-25	14	Medical Education Annual Report	Circulate information on how many SAS and Locally Employed doctors are HYMS graduates	Medical Director		Nov-25	On Track
BoD Pub 43	22-Oct-25	15	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports	Work on the WRES action plan to be presented to the Board again at its meeting in November.	Director of Workforce and OD/Head of EDI		Nov-25	On Track

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

True North Report

November 2025

True North – Introduction

York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

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

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

The True North Report is a monthly report on the Trust's key transformational objectives measured by ten key metrics for 2025/26 that have been identified as YSTHFT critical priorities.

True North – User Guide

Understanding the Thermometer Reading (Examples Only):

→ 2 do not have a monthly trajectory

→ 5 are achieving monthly trajectory

→ 2 are not achieving monthly trajectory

→ Indicator has improved since previous month

→ Indicator has stayed the same since previous month or does not have a monthly trajectory

→ Indicator has deteriorated since previous month

Objective Status (top right of indicator page):

The symbol illustrates if the trajectory is being met for the indictor.

The Trust is achieving the monthly trajectory for this indicator for the MOST recent period (last data point)

The Trust is NOT achieving the monthly trajectory for this indicator for the MOST recent period (last data point)

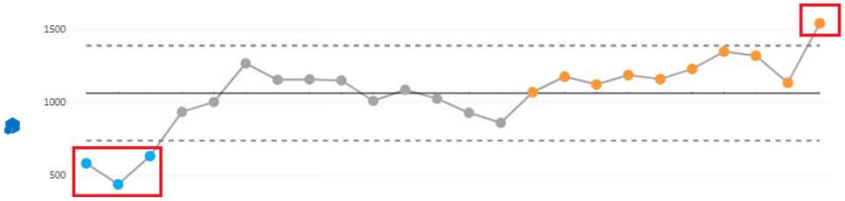
The indicator does not have a trajectory assigned

Upper and Lower Control Limits:

These lines (limits) help to understand the variability of the data and are ser to 3 sigma. In normal circumstances you would expect to see 99% of the data points within these two lines. The section below provides examples of when there has been some variation that isn't recognised as natural variation.

Types of Special Cause Variation:

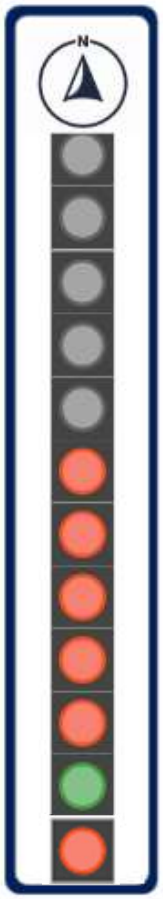
Outlier: Counts the number of occasions a single point goes outside the control limits.



Shift: Counts the number of occasions there is a run of 7 consecutive points above OR below the mean.

Trend: Counts the number of occasions there is a run of 7 consecutive points going in the same direction.

True North Report



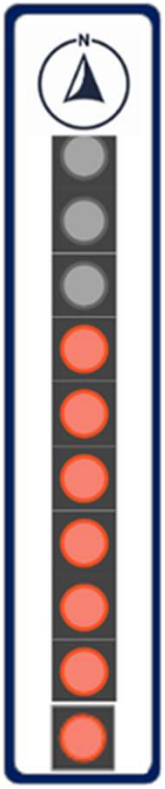
Performance Improvement Overview

There are 10 True North objectives set for 25/26 to move us closer to our ambition of achieving excellent patient experience every time. These 10 True North objectives are supported by True North Projects, for which monthly update reports are included in this report.

Staff Survey: Recommend Care		
Increase the percentage of staff who would recommend the Trust as a place to receive care to ≥ 48.9%		→
Staff Survey: Recommend Work		
Increase the percentage of staff who would recommend the Trust as a place to work to ≥ 48.9%		→
Staff Survey: Address Concerns		
Increase the percentage of staff who would say the organisation will address concerns to ≥ 40%		→
Staff Survey: Make Improvements Happen		
Increase the percentage of staff who would say they are able to make improvements happen to ≥ 53%		→
Inpatient: Reduce Bed Days Lost to NCTR		
Reduce the number of beds days between the time a patient is assessed and fit for discharge to when a patient returns to the place they call home		→
Urgent Emergency Care: Improve Emergency Care Standard (ECS)		
Decrease the percentage of people waiting 4 hours or more in our emergency departments to achieve ≥ 78% by March 2026		↑

Urgent Emergency Care: Reduce 12 Hour Waits in ED		
Reduce the number of people who wait in our EDs for longer than 12 hours to achieve ≤ 8.9% of all type 1 attendances by March 2026		↓
Elective: Cancer: Improve the Faster Diagnosis Standard		
Increase the percentage of people who receive diagnosis of cancer, or the all clear, within 28 days of referral to achieve ≥ 80% by March 2026		↓
Elective: Improve RTT		
Increase the percentage of incomplete pathways waiting less than 18 weeks to achieve ≥ 60.5% by March 2026		↓
Q&S: Reduce Category 2 Pressure Ulcers		
Reduce the number of acquired category 2 pressure ulcers to ≤ 60 per calendar month		↑
Q&S: Reduce the number of Trust Onset MSSA Bacteraemias		
Reduce the number of MSSA infections to ≤ 7 per calendar month		↑
Finance: Achieve Financial Balance		
Meet our obligation to deliver the financial plan for 2025/26		↓

True North Report



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Staff Survey: Recommend Work

Increase the percentage of staff who would recommend the Trust as a place to work to ≥ 48.9%

Inpatient: Reduce Bed Days Lost to NCTR

Reduce the number of beds days between the time a patient is assessed and fit for discharge to when a patient returns to the place they call home

Urgent Emergency Care: Improve Emergency Care Standard (ECS)

Decrease the percentage of people waiting 4 hours or more in our emergency departments to achieve ≥ 78% by March 2026

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Reduce the number of acquired category 2 pressure ulcers to ≤ 60 per calendar month

Q&S: Reduce the number of Trust Onset MSSA Bacteraemias

Reduce the number of MSSA infections to ≤ 7 per calendar month

Finance: Achieve Financial Balance

Meet our obligation to deliver the financial plan for 2025/26

True North Report

Objective Status No Trajectory

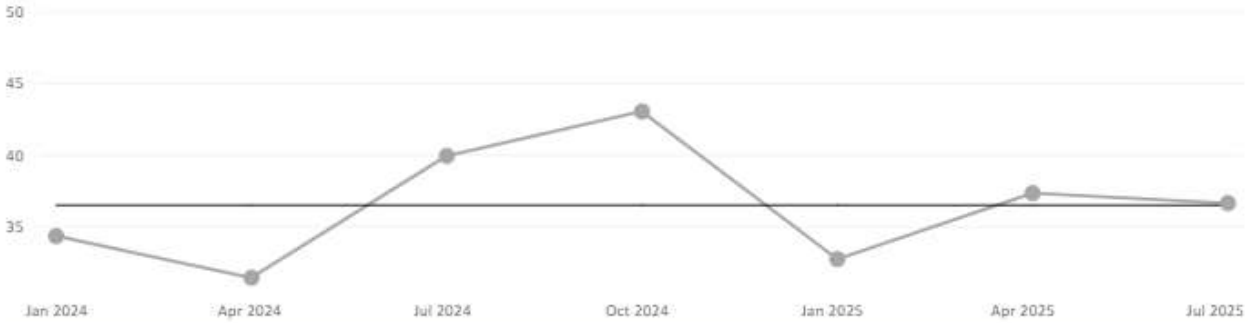
Staff Survey: Recommend Care

Increase the percentage of staff who would recommend the Trust as a place to receive care to ≥ 48.9%

Lead Director: Dawn Parkes & Karen Stone

Operational Lead:

Committee: Resources



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

Not enough data points to produce Control Limits

Shift: 7 points in a row, above or below the Mean?

Does Not Occur

Trend: 7 points in a row, either Ascending or Descending?

Does Not Occur

	Jan-24	Apr-24	Jul-24	Oct-24	Jan-25	Apr-25	Jul-25
Value	34.3%	31.4%	39.9%	43%	32.7%	37.3%	36.6%
Trajectory							

Target Mar 2026
49%

What are the organisational risks?

- Poor job satisfaction leading to compromised patient care
- Failure to raise concerns
- Increased reliance on temporary staff
- Regulatory intervention

How are we managing them?

- Colleague engagement and responding to feedback
- Acting on Freedom to Speak Up themes
- Management and leadership development
- QI and learning from incidents

What are the current challenges?

- Staff vacancies
- Staff sickness rates
- Poor morale
- Lack of empowerment

What are we doing about them?

- Strengthen management and leadership capability
- Recruit to values and proactively address unwanted behaviours
- Implement EDS22 and PSED recommendations
- Implement colleague engagement improvements
- Embed Quality Improvement
- Implement Speak Up gap analysis recommendations

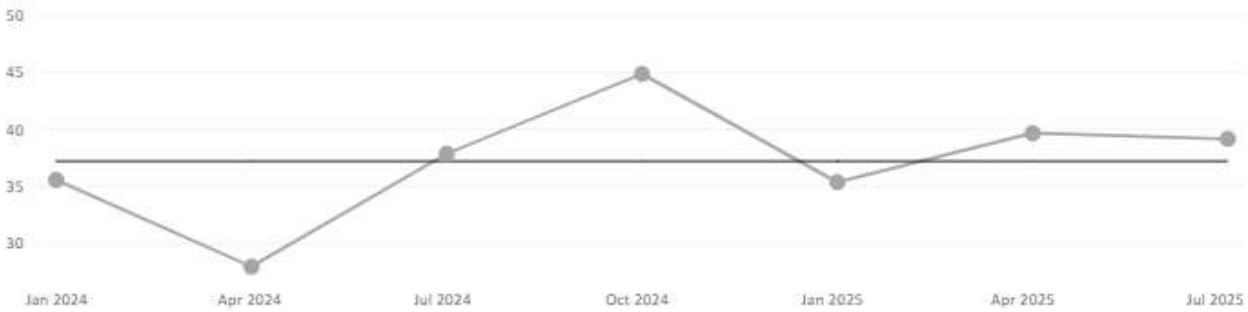
True North Report

Objective Status No Trajectory

Staff Survey: Recommend Work

Increase the percentage of staff who would recommend the Trust as a place to work to ≥ 48.9%

Lead Director: Polly McMeekin
Operational Lead: Lydia Larcum
Committee: Resources



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

Not enough data points to produce Control Limits

Shift: 7 points in a row, above or below the Mean?

Does Not Occur

Trend: 7 points in a row, either Ascending or Descending?

Does Not Occur

	Jan-24	Apr-24	Jul-24	Oct-24	Jan-25	Apr-25	Jul-25
Value	35.5%	27.9%	37.8%	44.8%	35.3%	39.6%	39.1%
Trajectory							

Target Mar 2026
50%

What are the organisational risks?

- Increased staff turnover
- Ability to recruit staff
- Potential of increased temporary staffing costs
- Increased sickness rates
- Negative impact on patient experience

How are we managing them?

- Review equality data – including WRES, WDES, Pay Gap
- Staff Networks, Inclusion Forum, Race Equality Alliance meetings
- Partnership working with our trade unions
- Staff Survey
- Our Voice, Our Future Programme
- Monthly workforce data

What are the current challenges?

- Health and wellbeing of the workforce
- Increased staff absence
- Staffing levels/vacancies
- Colleague morale

What are we doing about them?

- Strengthen management and leadership capability
- Recruit to values and proactively address unwanted behaviours
- Implement EDS22 and PSED recommendations
- Implement colleague engagement improvements
- Embed Quality Improvement
- Implement Speak Up gap analysis recommendations

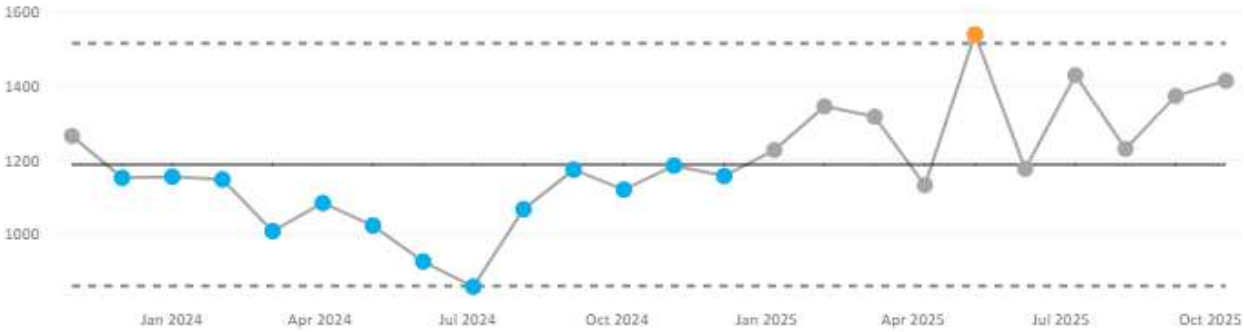
True North Report

Objective Status No Trajectory

Inpatient: Reduce Bed Days Lost to NCTR

Reduce the average number of beds days between the time a patient is assessed and fit for discharge to when a patient returns to the place they call home

Lead Director: Claire Hansen
Operational Lead: Ab Abdi
Committee: Resources & Quality



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

2 found

Shift: 7 points in a row, above or below the Mean?

Occurs

Trend: 7 points in a row, either Ascending or Descending?

Does Not Occur

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	1118	1183	1155	1225	1343	1315	1130	1537	1174	1427	1228	1371	1412
Trajectory													

Target Mar 2026

What are the organisational risks?

- Patient deconditioning (loss of mobility and independence) and or hospital acquired infections
- Poor flow through our hospitals resulting in mortality/morbidity risks
- A negative impact on Emergency Care Standard and potential overcrowding
- Emergency readmissions due to pressure resulting in rushed discharge planning
- Increased financial pressure
- Moral distress to staff

How are we managing them?

- The Discharge Improvement Group oversees improvement actions across the system
- First, second and third line escalation meetings continue with system partners. These ensure all partners are aware of delays and continuing to proactively seek onward packages of care.
- The newly established second line escalation meeting for community delays is having a positive impact, with the number of patients needing discussion reducing.

What are the current challenges?

Note: This graph includes all adult (non-elective) bed days including non-acute, rehabilitation and community. Applying National Oversight Framework criteria (acute bed days) we see the same trend but a significant reduction.

- Limited capacity for community health and social care
- Workforce challenges, in particular therapists
- Funding challenges

What are we doing about them?

- Discharge training sessions have been delivered as part of the D2A model. Tranche 2 training will be delivered through a train the trainer approach. Due to availably of the trainers this is being planned for January/February 2026. This helps provision of training locally.
- A weekly 2nd line home care transfer of care escalation meeting has been established to support releasing the CRT capacity. Additionally, one member of the acute therapy team 2 days a week, provides mutual support to the CRT team.

True North Report

Objective Status Up Is Good

Urgent Emergency Care: Improve Emergency Care Standard (ECS)

Decrease the percentage of people waiting 4 hours or more in our emergency departments to achieve ≥ 78% by March 2026

Lead Director: Claire Hansen
Operational Lead: Ab Abdi
Committee: Resources & Quality

Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

3 found

Shift: 7 points in a row, above or below the Mean?

Occurs

Trend: 7 points in a row, either Ascending or Descending?

Does Not Occur

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	62.5%	62.4%	61%	63.1%	66.2%	65.1%	63.8%	68.6%	69.4%	69.7%	68.9%	67.6%	68.7%
Trajectory	71.1%	66.7%	67.4%	69.3%	69.8%	78%	68.7%	69.4%	70%	71.1%	72%	73%	74%

Target Mar 2026
78%

What are the organisational risks?

- Increased mortality and morbidity
- Delayed care for critical patients
- Staff burnout and retention problems
- Indication of poor flow elsewhere in the hospital/system
- Financial risk
- Regulatory risk
- Reputational risk
- Risk of negative impact on national oversight framework segmentation as not on planned improvement trajectory

How are we managing them?

Improvements are made and monitored through a series of Task and Finish Groups, reporting to the Urgent and Emergency Care Board.
Work includes:

- Effective discharge planning and processes
- Maximising appropriate use of SDEC capacity
- Front door service redesign, eg EDAC pathway
- Recruitment and retention initiatives
- Ambulance handover protocols
- Use of community services including virtual wards
- Review of ED processes including handovers and huddles
- Clear escalation frameworks
- Post breach reviews

What are the current challenges?

- Attendances at both sites continue to be high, with October 2025 attendances 10% higher than October 2024.
- Workforce challenges at both EDs, and limited capacity to implement improvements at pace.
- Financial constraints will lead to a reduction in seniority of the workforce leading EDAC pathway at York in November 2025. This creates a risk to volume of patients seen and performance.

What are we doing about them?

- Continue to focus on streaming away from ED to alternatives including our UTCs and SDECs.
- Reducing elective patients seen in SDEC to ensure capacity is optimised for unplanned care.
- Developing future workforce plan for each ED.
- Working with YAS to ensure crew have direct access to frailty SDEC and Medical SDEC.
- Nimbuscare is progressing expansion of the Frailty Crisis A&G & paramedic UCR to 11pm 7 days a week that helps with admission avoidance.

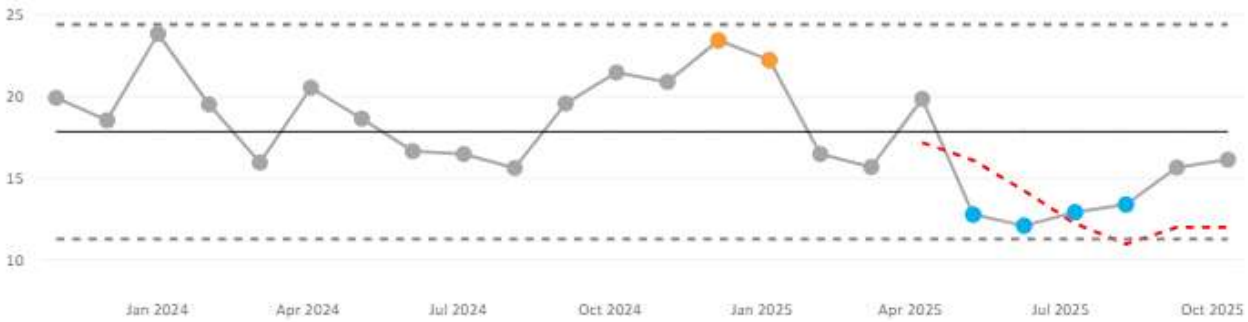
True North Report

Objective Status Down Is Good

Urgent Emergency Care: Reduce 12 Hour Waits in ED

Reduce the number of people who wait in our EDs for longer than 12 hours to achieve ≤ 8.9% of all type 1 attendances by March 2026

Lead Director: Claire Hansen
Operational Lead: Ab Abdi
Committee: Resources & Quality



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

0 found

Shift: 7 points in a row, above or below the Mean?

Does Not Occur

Trend: 7 points in a row, either Ascending or Descending?

Does Not Occur

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	21.4%	20.9%	23.4%	22.2%	16.4%	15.6%	19.8%	12.7%	12%	12.9%	13.3%	15.6%	16.1%
Trajectory							17.1%	16%	14.2%	12.2%	10.9%	11.9%	11.9%

Target Mar 2026
8.9%

What are the organisational risks?

- Long waits at Emergency Departments have been linked to significant patient harm
- Patients waiting increase the risk of overcrowding and associated hospital-acquired infections
- Persistent breaches of more than 10% of patients waiting over 12 hours can trigger regulatory action
- Reputational risk
- Recruitment and retention issues
- Financial pressures

How are we managing them?

- 12 hour breach reviews
- Enhanced observations
- Utilising and embedding Continuous Flow policy
- Developing Quality Standards to ensure patients always move forward on their care journey

What are the current challenges?

- Attendance levels remain high, with 41 more patients per day attending our two main sites in October 2025 compared to October 2024.
- Infection outbreaks – in 2025 the infection profile has arrive 2-3 weeks early.
- Workforce number and skill mix challenges.

What are we doing about them?

- Increasing rigour of use of the Continuous Flow policy, including a new daily morning call to identify which patients are moving first.
- Matrons to be on ward 8am-midday to support moving patients to discharge lounge early.
- At York hospital WC 10/11/25, we opened winter ward 25 that is 30 bedded ward in line with our winter plan.
- The Team have completed the ED workforce rota gap analysis for both York and SGH. Further work is ongoing to review skills mix.

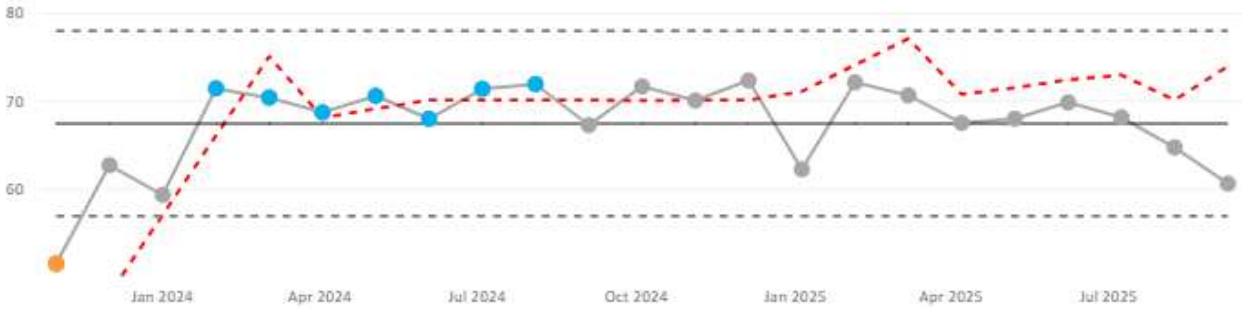
True North Report

Objective Status Up Is Good

Elective: Cancer: Improve the Faster Diagnosis Standard

Increase the percentage of people who receive diagnosis of cancer, or the all clear, within 28 days of referral to achieve ≥ 80% by March 2026

Lead Director: Claire Hansen
Operational Lead: Kim Hinton
Committee: Resources



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

1 found

Shift: 7 points in a row, above or below the Mean?

Occurs

Trend: 7 points in a row, either Ascending or Descending?

Does Not Occur

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Value	67.2%	71.6%	70%	72.3%	62.2%	72.1%	70.6%	67.4%	67.9%	69.8%	68.1%	64.7%	60.6%
Trajectory	70%	70%	70%	70%	71%	74%	77%	70.7%	71.4%	72.3%	72.9%	70%	73.9%

Target Mar 2026
80.1%

What are the organisational risks?

- Delay in patient with cancer receiving treatment resulting in poorer outcomes
- Reduced patient experience for patients not being informed of cancer and non-cancer diagnosis
- Increased risk of emergency presentations
- Regulatory and reputational implications
- Potential financial implications
- Reduced organisational credibility
- Retention and recruitment issues
- Risk of negative impact on national oversight framework segmentation as not on planned improvement trajectory

How are we managing them?

- Weekly Trust cancer PTL meeting with a focus on patients breaching FDS with clear escalation routes. New PTL Tool launched in Sept 25.
- Monthly cancer delivery group to oversee focused pathway improvement plans for gynaecology, colorectal and urology
- Clinical harm reviews for patients who breach 104 days to identify level of harm and learning
- Weekly diagnostic improvement meeting with modalities.
- Use of transformation funding to support pathways and capacity

What are the current challenges?

- Urology, gynaecology and colorectal pathway delays
- Skin referrals not accompanied with picture impacting ability to triage patients effectively because of GP action, resulting in increasing demand and deteriorating performance
- Diagnostic delays in CT (4wks), MRI (4wks) and endoscopy (3-4wks)
- Increase in suspected cancer referrals month on month from May 2025

What are we doing about them?

- Best Practice Timed Pathway Implementation: Urology, Gynaecology, Colorectal & Lung. Impact expected in Q4 2025/26
- Additional actions: conversion of routine outpatient capacity to fast track, strengthen adherence to NICE NG12 criteria, utilization of elective recovery fund for additional cancer capacity.
- Diagnostic improvement plans for CT, MRI and endoscopy.
- ICB implementation of dermoscopy local enhanced service (LES)

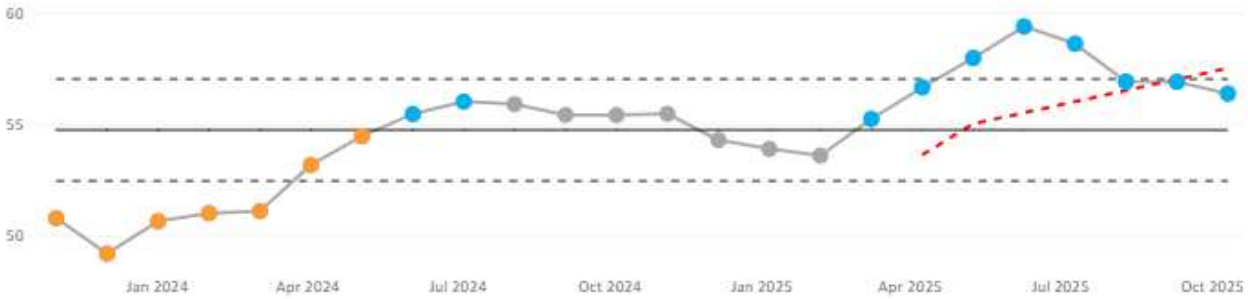
True North Report

Objective Status Up Is Good

Elective: Improve RTT

Increase the percentage of incomplete pathways waiting less than 18 weeks to achieve ≥ 60.5% by March 2026

Lead Director: Claire Hansen
Operational Lead: Kim Hinton
Committee: Resources



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

8 found

Shift: 7 points in a row, above or below the Mean?

Occurs

Trend: 7 points in a row, either Ascending or Descending?

Occurs

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	55.4%	55.5%	54.3%	53.9%	53.6%	55.2%	56.6%	58%	59.4%	58.6%	56.9%	56.9%	56.4%
Trajectory							53.6%	55%	55.5%	56%	56.5%	57%	57.5%

Target Mar 2026
60.5%

What are the organisational risks?

- Lengthening waits could lead to increase in clinical harm and litigation
- Impact on patient experience resulting in an increase in patient complaints
- Higher emergency care utilisation while waiting
- Reputational risk of not meeting improvement trajectories
- Risk of negative impact on national oversight framework segmentation as not on planned improvement trajectory

How are we managing them?

- Weekly elective recovery meetings with all specialities to review progress and use of Power BI tool to track all end of month breaches at patient level
- Individual speciality meetings for most challenged specialities
- Weekly diagnostic improvement meeting established
- HNY tactical meeting to identify opportunities for mutual aid
- Risk stratified scheduling and pathway validation
- Staff training
- Use of elective recovery fund monies to support additional activity

What are the current challenges?

- Validation of non RTT waiting lists resulting in an increase of patients with RTT clock
- Diagnostics delays across radiology, physiology and endoscopy
- Underlying demand and capacity mis match in specialties
- Increase in referrals seen in 25/26, 8% rise in GP referrals compared to 24/25.

What are we doing about them?

- The 2025/26 plan has been developed and progress against the ambitions are managed through the Elective Recovery Board and productivity group.
- NHSE PIFU as standard programme, focused on Gynaecology, Gastroenterology, Cardiology and ENT. Fortnight internal task and finish group in place expected impact from Q3.
- NHSE RTT validation sprint continued for Q3 25/26
- Analysis ongoing on increase in referrals and discussion with ICB on demand management.
- Outpatient elective recovery workshop scheduled 20 Nov 25.

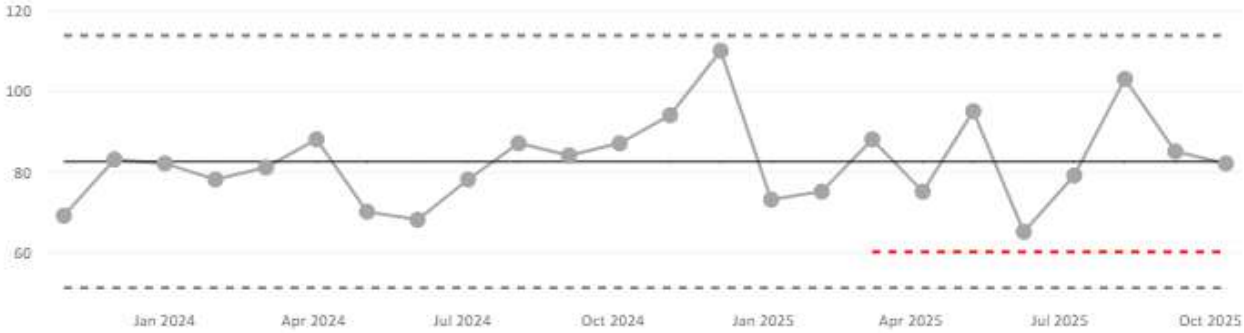
True North Report

Objective Status Down Is Good

Q&S: Reduce Category 2 Pressure Ulcers

Reduce the number of acquired category 2 pressure ulcers to ≤ 60 per calendar month

Lead Director: Dawn Parkes
Operational Lead: Emma Hawtin
Committee: Quality



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

0 found

Shift: 7 points in a row, above or below the Mean?

Does Not Occur

Trend: 7 points in a row, either Ascending or Descending?

Does Not Occur

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	87	94	110	73	75	88	75	95	65	79	103	85	82
Trajectory						60	60	60	60	60	60	60	60

Target Mar 2026
60

What are the organisational risks?

- Reduced patient experience for patients those developing a category 2 pressure ulcer within our care
- The potential to deteriorate further resulting in poorer outcomes
- Potential longer length of stay due to increase care needs
- Impact on patient experience resulting in an increase in patient complaints

How are we managing them?

- Sharing of monthly data at HARM meeting with Hons and completion of thematic cluster reviews to ensure appropriate action and change
- Virtual education sessions have been delivered by the TVN team over the last three months to improve recognition and accurate categorization of pressure ulcers.
- Request Insight and Intelligence to provide a monthly breakdown of pressure ulcers per ward, to be used alongside the cluster thematic review to guide key work priorities.

What are the current challenges?

- Ongoing issues with inaccurate validation and categorisation of Pressure ulcers within clinical areas
- Validation of reporting processes to ensure accurate data entry and prevent double counting of the same pressure ulcer within DATIX
- Appropriate Seating equipment to support patients

What are we doing about them?

- A trust wide seating audit has been completed and shows the need in Trust wide investment to provide adequate seating
- Care group cluster reviews completed within care groups and SMART actions to be discussed at PSII
- Collaborative work with the DATIX team and insight and intelligence to identify opportunities for improving data quality
- Monthly data sets shared with care groups exploring and ensuring validation at ward level is commencing
- Development of an electronic ASSKIN bundle within the new EPR with integrated photography capabilities
- Updating the current referral process to strengthen and support the service

True North Report

Objective Status Down Is Good

Q&S: Reduce the number of Trust Onset MSSA Bacteremia

Reduce the number of MSSA infections to ≤ 7 per calendar month

Lead Director: Dawn Parkes
Operational Lead: Susan Peckitt
Committee: Quality

Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

0 found

Shift: 7 points in a row, above or below the Mean?

Does Not Occur

Trend: 7 points in a row, either Ascending or Descending?

Does Not Occur

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	6	5	7	8	8	7	11	6	6	10	9	8	2
Trajectory	5	5	5	5	4	5	7	7	6	7	7	7	7

Target Mar 2026
7

What are the organisational risks?

- Potential poor outcome for the patient
- Potential longer lengths of stay and increased use of antibiotics to manage the blood stream infection
- Failure to achieve 5% reduction in incidence
- Impact on patient experience which may result in complaints.

How are we managing them?

- All cases are reported by the IPC team on Datix to the relevant Care Group Handler.
- Cases are managed locally however there is not a standard process
- The IPC team support the care groups to investigate/manage the patients appropriately.
- MSSA 5% reduction is an objective in the Trust Annual Operating Plan
- A Trust strategic reduction plan is in place.

What are the current challenges?

- Cases are not consistently reviewed
- Learning not shared widely across the organisation, limiting overall improvement

What are we doing about them?

- SOP for reviewing cases has been agreed through IPSAG with Care Groups taking a lead
- Care group reduction action plans in development which will be monitored via IPSAG.
- A standardised Care Group Dashboard and PSIRF/AAR process is being developed with the Care Groups
- Line management, VIP scoring and ANTT education has been refreshed and re-launched
- A peripheral cannula care audit is being undertaken in October
- ICB wide workshop for MSSA reduction is being arranged

True North Report

Objective Status

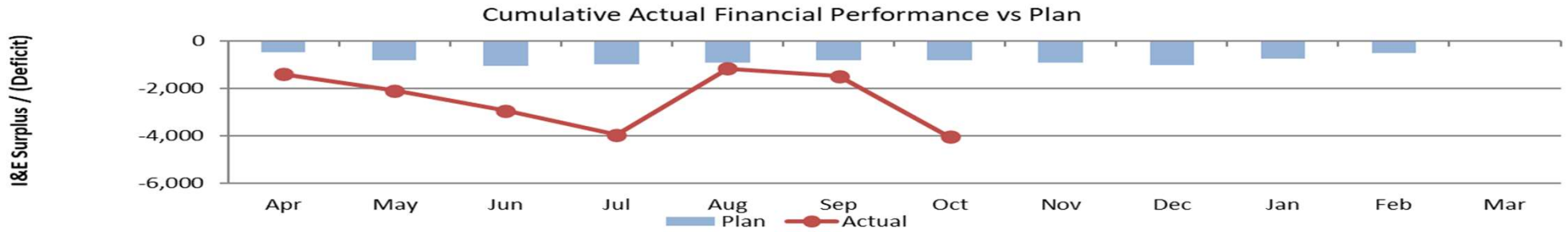
Finance: Achieve Financial Balance

Meet our obligation to deliver the financial plan for 2025/26

Lead Director: Sarah Barrow

Operational Lead: Richard Parker

Committee: Resources



Indicator	Target £'000	Apr 25 £'000	May 25 £'000	Jun 25 £'000	Jul 25 £'000	Aug 25 £'000	Sep 25 £'000	Oct 25 £'000	Nov 25 £'000	Dec 25 £'000	Jan 26 £'000	Feb 26 £'000	Mar 26 £'000
Meet our obligation to deliver the financial plan for 25/26	0	-476	-820	-1,050	-962	-904	-807	-812	-900	-994	-747	-491	0

What are the organisational risks?

- **Failure to Deliver Financial Balance** - The most critical financial risk is the Trust's potential failure to deliver financial balance in line with the 2025/26 annual plan
- **Efficiency Programme Delivery Risks** – Failure to deliver the required reduction in costs to meet our financial plan

How are we managing them?

- There are several operational controls in place – financial review meetings, PRIM, each budget holder is responsible for living within their agreed budget
- System collaboration re transformation, difficult decisions, risk & gain share approaches, decommissioning strategies
- Increase oversight of efficiency programme
- Recovery action plan in place

What are the current challenges?

- The financial position is close to plan for M7 £3.2m adverse position against a £0.8m deficit plan (£4.047m actual deficit YTD)
- Control of pay expenditure.
- Delivering the efficiency programme – the planned profile of efficiency delivery is weighted towards the end of the year, at M7 delivery is £9.1m behind plan
- Securing deficit support funding on a quarterly basis – Q1-Q3 received - Regional NHSE judgement required each quarter as of plan as a system.

What are we doing about them?

- The Trust continues to work closely with the ICB and NHSE to secure deficit support funding . Q1 - Q3 received.
- Financial Recovery Plan enacted.
- Ongoing increased focus on efficiency delivery
- Line by line budget review; focused look at Medical & Nursing spend; Tightening grip & control re authorised signatories; increased support to Care Groups
- Ongoing recovery plan discussions with ICB

1. EPR Update: Nervecentre Report

York and Scarborough Teaching Hospitals
NHS Foundation Trust

- Currently, overall progress is in line with plan and go-live of the first Tranche is expected to commence on 27 Feb 2026.
- The first Tranche includes observations, clinical documentation for inpatients, urgent & emergency care, electronic prescribing & medicine administration, bed management and read-only diagnostic results.
- Good progress is being made configuring the Nervecentre product to our needs and we are prioritising key workflows to enable the commencement of train EPR Digital Champions.
- EPR Digital Champions are continuing to be recruited to champion the EPR within their wards and specialities throughout the implementation.
- User acceptance testing has started and continues through to January 2026.
- Go-live planning continued and will progress over the next few weeks, with a focus on transition, hyper-care support and business continuity plans.
- The current plan includes a go-live of Tranche 2 on 30 Jun 2026 and Tranche 3 on 30 Oct 2026.

2. Continuous Improvement Update Report

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Following the completion of the readiness assessment, a business case has been produced to initiate the process to procure the support of a strategic partner to help the trust initiate its structured programme of work to systemically and systematically embed a continuous quality improvement method. This business case was discussed in detail at a trust Board Workshop on 5th October and approved at the formal Trust Board meeting on 22nd October.

This case is recommending a full support programme to be delivered over 3 years.

The next steps are to present this case to NHS England to seek their support and them to prepare the procurement documentation. The aim is to secure a start on site in April 2026.

3. Productivity and Efficiency Group Update

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Operational Productivity Workstreams

The Trust operational productivity group has identified 8 priority workstreams for 2025/26 to improve operational productivity. Updates and oversight is provided the Trust productivity group.

1. Outpatient procedure coding
2. Service Reviews
3. Medical Staffing Rotas
4. Hot clinics
5. Clinic utilisation
6. Administrative processes
7. Clinical Estate Utilisation
8. PIFU pathways

In addition to the above a recent GIRFT review has identified area for opportunity which have been discussed at the productivity group in November 2025:

- GIRFT Model Hospital Data Pack Opportunities to be presented by care groups in November PRIM's – focus on High Volume, Low Complexity Procedures, Virtual Appointment, % of first attendance and daycase rates.
- Clinic templates – review of variation to be presented at December meetings
- Primary and Secondary care interface focus – roll out of rapid expert input (REI) and outreach clinics
- Focus on emergency department high intensity users and top 10 care homes attendances / admissions.

4. Efficiency Update

York and Scarborough Teaching Hospitals
NHS Foundation Trust

2025/26 Cost Improvement Programme - October Position											
	Full Year CIP Target	October Position			Full Year Position		Planning Position		Planning Status		
		Target	Delivery	Variance	Delivery	Variance	Total Plans	Planning Gap	Fully Developed	Plan in Progress	Opportunity
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Total Programme	55,290	23,774	14,722	9,052	21,199	34,092	55,290	0	42,721	12,570	0

Efficiency Delivery

The Trust has set an efficiency target of £55.3m. So far, £21.2m has been achieved in full-year terms, but the year-to-date position is £9.1m behind plan. To speed up delivery in the second half of the year, key actions include a line-by-line budget review, a review of medicines stock on wards, a focused examination of medical expenditure, a further look at nursing expenditure, tighter control over authorised signatories, and increased support to Care Groups.

Governance

The Trust is following the recently introduced NHSE enhanced governance expectations for efficiency programs, to provide sound governance and a clear project plan for delivery of each of the efficiency schemes. As at the end of June, all governance requirements were met.

Efficiency Delivery Group

The Efficiency Delivery Group (EDG) continues to play a central role in overseeing and assuring the delivery of the Corporate Efficiency and Waste Reduction Program. Future agendas are currently being refined to foster greater engagement in the delivery of efficiency schemes.

Report to:	Board of Directors
Date of Meeting:	26 November 2025
Subject:	Chair's Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☒ Regulatory Requirement ☐

Trust Objectives

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

Board Assurance Framework	**Implications for Equality, Diversity and Inclusion (EDI)** *(please document in report)*
☒ Effective Clinical Pathways ☒ Trust Culture ☒ Partnerships ☒ Transformative Services ☒ Sustainability Green Plan ☒ Financial Balance ☒ Effective Governance	☐ Yes ☐ No ☒ Not Applicable

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

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

No ☒ Yes ☐

Report History
Board of Directors only

Chair's Report to the Board – November 2025

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

2. The recent elections of Governors have resulted in seven new Governors being elected and four re-elected for a further 3 years. I have had introductory meetings with the majority of new Governors. I am delighted that Linda Wilde has kindly volunteered to be our Lead Governor. I have had my first 121 with her in her new capacity and these will take place every month.

3. With Andy Bertram, I attended the mid-year review with Fiona Edwards, Regional Director NHS England, and members of her team. We were understandably closely questioned about our plans and hunger to improve the performance of the Trust and to achieve financial sustainability. We responded honestly and fully to all questions. At the time of writing this report we are awaiting a letter from NHSE responding to the mid-year review meeting.

4. Along with our Chief Operating Officer, I attended the NHS Providers annual conference (both on zero cost tickets). It was an interesting and worthwhile two days with some really good presentations and learning. The Secretary of State was the key note speaker on day 2, and I have to say he was in excellent form giving a very good speech and answering questions from the audience really well. Later that afternoon Sir Jim Mackie also gave a very good speech. They both are very much aware of the huge challenges Trusts are striving to address, but both emphasised the importance of achieving financial plans only surpassed by the need not to compromise patient safety.

5. On 23rd October I attended a meeting of the Bridlington Health Forum at the Bridlington Spa. It was attended by more than 100 people. Along with four other people I was on the stage for more than 2 hours during which each of us gave a brief presentation and took questions from the audience. The key message for the Trust was to increase the range of outpatient clinics and diagnostic procedures to obviate the need for so many local citizens to travel to other distant hospitals which many people who do not have cars find extremely difficult and expensive. Whilst this is already part of our plans, progress over the past year has been slower than we would have wished mainly due to so many competing pressures not least of which is progress towards achieving NHS Constitutional standards.

Martin Barkley
Trust Chair
18.11.2025

Item 8

Report to:	Board of Directors
Date of Meeting:	26 November 2025
Subject:	Chief Executive's Report
Director Sponsor:	Andrew Bertram, Interim Chief Executive
Author:	Andrew Bertram, Interim Chief Executive

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☒ Regulatory Requirement ☐

Trust Objectives

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☒ To use resources to deliver healthcare today without compromising the health of future generations.
☒ To be well led with effective governance and sound finance.

Board Assurance Framework	**Implications for Equality, Diversity and Inclusion (EDI)** *(please document in report)*
☒ Effective Clinical Pathways ☒ Trust Culture ☒ Partnerships ☒ Transformative Services ☒ Sustainability Green Plan ☒ Financial Balance ☒ Effective Governance	☐ Yes ☐ No ☒ Not Applicable

Executive Summary:

The report provides an update from the Chief Executive to the Board of Directors in relation to the Trust's priorities. Topics covered this month include: Welcome to our new Chief Executive, Care Quality Commission update, Improving the Working Lives of Doctors (10 Point Plan), updated Anti-racism statement, planning guidance published, Mid-year review meeting with NHS England, financial control measures, strategic commissioning framework published, local system updates, and star award nominations.

Recommendation:

For the Board of Directors to note the report, and to confirm its support for the revised anti-racism statement (item 4).

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

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

Chief Executive's Report

1. Welcoming our new Chief Executive

I would like to start my report this month by welcoming our new Chief Executive Clare Smith to the Trust, and to her first Board meeting with us. As this meeting falls right at the start of Clare's time with us I have prepared this month's report, however as Clare is now well and truly here I will be handing over the reins and returning to my substantive role as Finance Director. I wanted to take the opportunity to thank the Board and the wider organisation for your support to me in the interim Chief Executive role, and I know you will all offer Clare the same level of support now that she is here.

2. Care Quality Commission (CQC) update

I am delighted to share that our application for the removal of the Section 31 conditions on the Trust's registration for Maternity Services at the York Hospital site has been formally accepted by the CQC, and the conditions have been lifted. Thanks must go to colleagues in maternity and the wider team who have supported the delivery of our improvement plans to enable us to give this level of assurance to the CQC.

With regard to our most recent inspection at Scarborough Hospital last month, which looked at medical care services and urgent and emergency care pathways, all of the documentation and data requested as part of the inspection has now been submitted and is being considered alongside the findings of the in-person inspection visits.

We do not yet know the date for publication of the final report.

3. Improving the Working Lives of Doctors

Providing Resident Doctors with a good experience while working for our Trust is important to improve patient care and staff satisfaction. The recent industrial action by Resident Doctors highlights the importance of engagement with this group of colleagues and valuing their expertise and contributions.

In August, NHS England published a commitment and a 10 Point Plan to *Improve the Working Lives of Doctors.* The Plan includes actions and timescales assigned over 12 weeks until the end of November. The measures aim to address issues such as rota unpredictability, payroll errors, and inadequate rest facilities, which impact morale, retention, and staff experience for Resident Doctors.

A Trust action plan is in place and projects are progressing. Improvements on rota transparency, statutory and mandatory training and study leave expenses have been completed within the timescales set.

Dr Karen Stone, Medical Director, has been appointed as the Executive Lead and two Resident Doctors have been appointed as Peer Leads to support engagement with Resident Doctors and reporting to Trust Board.

Most initiatives will continue beyond the initial timescales of the 10 Point Plan, for example completing the implementation of Exception Reporting reform. A survey of resident doctors to understand their experiences of accessing rest and welfare facilities has been completed, and this will inform a series of improvement ideas alongside improvements from existing national training surveys and the NHS Staff Survey.

There will be opportunities for Board engagement with Resident Doctors over the next 12 months, facilitated by the Peer Leads.

You can read the Ten Point Plan on NHS England's website.

4. Updated Anti-racism Statement

If we are to deliver on our priority of creating a workplace where everyone feels safe and welcome, then it is absolutely critical that we take meaningful action to tackle racism and deal with concerns appropriately.

In the summer the Trust's newly-formed Anti-racism Steering Group developed and approved an anti-racism statement for the Trust which was shared with the Board in July 2025. The statement sets out our Trust's commitment to becoming an anti-racist organisation.

The group has updated the statement in response to a letter sent from NHS England in October to all NHS organisations requesting action on racism including antisemitism.

The steering group has agreed to take an in-depth look in turn at each of the NHS Race and Health Observatory's seven Anti-racism Principles to identify actions that can be taken to meaningfully combat racism in our organisation. The first of these principles is: To demonstrate leadership by naming racism, engaging seriously and continuously with the ways in which racism impacts the lives of patients and the public, and actively working to dismantle it.

It was agreed that the Board should be asked to support the revised anti-racism statement, in line with this principle. The revised statement is attached at **appendix 1**.

5. Planning guidance published

NHS England's *Medium-term Planning Framework: delivering change together 2026/27 to 2028/29* has now been published and our teams are continuing to work through our activity, finance, performance and workforce plans in order to submit a first draft for review to the ICB on 12 December. The intention is to review the first formal submission at our Board Development session in December before it goes to NHS England on 18 December. As of yet we do not have a definitive date for the final submission, however we expect this to be in January or February 2026, allowing us to review it as a Board in January.

6. Mid-year review meeting with NHS England

Last month leaders from Humber and North Yorkshire Integrated Care Board (ICB) spent a day with NHS England, supported by a one hour meeting with each of the acute trusts in the ICB. Trust Chair, Martin Barkley, and I attended on behalf of the Trust, and at the time of writing we are awaiting the formal feedback from the meeting. We discussed current risks and progress in relation to quality and safety, operational performance, finance and workforce, focussing predominantly on our plans for delivery of our performance and finance trajectories in the months ahead which will include what will no doubt be a challenging winter.

7. Financial control measures

The Trust's executive committee has approved a briefing for the wider organisation describing a range of expenditure control measures that are being introduced and/or extended across the Trust. These relate in the main to curtailing discretionary spend, as well as focussing on accelerating delivery of our efficiency programme in the final few months of the year. Once again this has been an extremely challenging year financially, and these steps are being taken alongside a range of other measures to enable us to focus our spend on core services and preserve cash. We will have the opportunity to discuss this in more detail later in this meeting's agenda.

8. Strategic Commissioning Framework

At the start of the month NHS England published its Strategic Commissioning Framework to support ICBs in adopting the role of strategic commissioners from April 2026 in line with the 2026/27 planning process.

The Framework follows on from the Model ICB Blueprint and aims to evolve ICBs into long-term, evidence-driven commissioners working in alignment with the three shifts that are at the core of the Ten Year Plan.

ICBs are being asked to carry out a baseline assessment against the Framework by March 2026, and a toolkit is being developed to support this. A Strategic Commissioning Development Programme will also be launched to support with this transition.

You can read the document in full on NHS England's website.

9. Local system updates

NHS Humber and North Yorkshire Integrated Care Board (ICB) is out to recruitment for a permanent Chief Executive, closing at the end of this month. Amanda Stanford has also been appointed as the ICB's Executive Direcor of Nursing and Quality on a fixed term basis until March 2026.

10. Star Award nominations

Our monthly Star Awards are an opportunity for patients and colleagues to recognise individuals or teams who have made a difference by demonstrating our values of kindness, openness, and excellence. It is fantastic to see the nominations coming in every month in such high numbers, and I know that staff are always appreciative when someone takes the time to nominate them. October and November's nominations are in **Appendix 2**.

Date: 26 November 2025

Anti-racism Statement

At York and Scarborough Teaching Hospitals NHS Foundation Trust we recognise that racism exists within society, and is experienced by our colleagues, our patients, and people living in the communities we serve.

We recognise our role and responsibility as an employer and a provider of healthcare to lead by example and demonstrate our Trust values, so it is not enough to be 'not racist'. To be an anti-racist organisation means actively working to understand racism and its impact, both individual and institutional, and for everyone to challenge racist actions and behaviours wherever they take place.

We all deserve to be treated with respect, dignity and to be acknowledged for our value as individuals. No one should be treated unfairly because of the colour of their skin or their ethnic background.

We are committed to creating workplaces and services where everyone feels safe, valued and supported, regardless of their background, faith or identity, and do not tolerate hatred, antisemitism, Islamophobia, racism or any form of discriminatory behaviour.

This is at the heart of our Trust values of kindness, openness and excellence, and the behaviour framework that supports us to live these values states that we are respectful, we are fair, we are helpful, we listen, we collaborate, we are inclusive, we are professional, we demonstrate integrity and we are ambitious.

But we know, because our colleagues and our data tell us, that racism exists in our organisation, and the values and behaviours we expect from all are not the lived experience for everyone we treat or work alongside.

To become an anti-racist organisation, we must actively work to challenge and tackle racist behaviours and continually review our policies and processes to ensure they are inclusive. This means we will:

- Provide visible commitment and leadership at Board level to being an anti-racist organisation, acting as role models and setting the standard for everyone.
- Analyse our data on an annual basis to understand performance and to inform areas for improvement.

- Review our race and ethnicity data recording processes and engage with local communities to improve data recording practices.
- Be open and transparent about our progress on anti-racism and hold ourselves to account for our progress.
- Demonstrate ‘zero tolerance’ to racism and continue to raise awareness of this position through our ‘No excuse for abuse’ campaign.
- Proactively seek out instances of racial discrimination and racism and take meaningful action where we find it.
- Champion our Race Equality Network and listen to their feedback.
- Be inclusive in our communication, including the images and language we use.
- Ensure equitable access to employment and career development within our Trust.
- Acknowledge the role racism plays in the inequality of experience of patients using our services.
- Ensure equitable access to the services we provide and listen to the experiences of our racially-minoritised communities.
- Use our position within our systems, networks and the region, to actively promote anti-racism with our partners.
- Provide training, development and awareness-raising.
- Celebrate our differences and the benefits of having a diverse workforce.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

STAR AWARD

October 2025

Kate Adamson, Ward Clerk **York** **Nominated by colleague**

I am nominating Kate for a Star Award as she goes above and beyond in her role and is always willing to support the team. Kate has changed her working days to help cover the ward when needed without complaint and without hesitation. She simply gets on with it, with a positive attitude and a strong work ethic. Her efforts never go unnoticed, and I can confidently say, on behalf of the entire Child Health Team, that Kate is an asset to our Care Group. Thank you, Kate! You are a STAR!

Rebecca Nisbet, Bank Healthcare Assistant **York** **Nominated by patient**

Rebecca has gone far beyond her job title! She has helped me with respect and has been discreet when needed. She has also continued to help me by making a plan for me when she finished her shift. She came in the next morning to run through the plan and made sure I understood.

Rebecca has made me feel safe and listened to. I rarely feel listened to or have my thoughts and opinions respected; however, Rebecca did this every single time she spoke to me. Due to my needs, Rebecca spoke to my parents and other members of staff and got the hospital to perform a test based on her new ideas. Her ideas are always well thought through and she will explain to me why she thinks the tests are necessary and what is involved.

I honestly can't thank her enough and will be so sad and lost when she finishes working on the ward and in the hospital. She has been my hero! I wish she was a permanent member of staff as she is an incredible caring person.

SJ Wilson, Radiographer **York** **Nominated by patient**

I recently had an appointment in the MRI unit. I was taken care of by a lovely lady called SJ. I struggled during the appointment due to my anxiety and fear of being in the MRI machine. SJ moved me to the bigger machine so there was more space for me. She then went above and beyond and stayed with me and held my hand through the whole process.

I have had an unsuccessful MRI in the past, so, I believe this added to my fear of this appointment. I would not have been able to get through it without SJ. She handled me with such care and dignity. I will never forget what she has done for me.

Jill Watson, Paediatric Dietitian **Scarborough** **Nominated by colleague**

Jill supports the Special School Nursing Service amazingly. She demonstrates the Trust values every day. She is knowledgeable and approachable by staff and the families she supports. She responds to requests and queries quickly to ensure the needs of the children are met. This is particularly helpful to our service as it supports the child to remain in school and to access their educational needs.

The requests are often last-minute and, despite her service not being an emergency service, she is always happy to help in any way she can. Thank you, Jill, for what you do.

Kerry Halliday, Play Specialist **York** **Nominated by relative**

Kerry made my little girl's experience of hospital so much better. Kerry is an asset to the hospital and her colleagues. She embodied the importance of play workers in hospitals and should be incredibly proud of what she does.

Kerry lit up the waiting room when she walked in, and made my three-year-old daughter forget where she was, and why she was there. Kerry could see that she was worried, and she took time to build a bond with her before the blood test.

Kerry's kind and friendly approach made sure that my daughter entered the room feeling safe and distracted from yet another blood test. She worked one step ahead the whole time and prepared my daughter with lots of toys and games, keeping her interested throughout and ensuring she felt listened to. When she told Kerry that she was scared, Kerry was reassuring and kind in her words and made sure that even such a little person felt listened to. She made the whole experience better for everyone in the room.

Kerry's excellence made sure that the doctor and nurse team worked quickly, and that the procedure went smoothly. Her openness and friendliness made sure my daughter felt safe, listened to, and valued. Kerry's professionalism and sensitivity also made sure that, as a parent, I could focus on my little girl, whilst being supported and reassured throughout.

Thank you Kerry for being such an important part of my daughter's journey and reassuring her at such a difficult time.

Bethany Alcock, Midwife **York** **Nominated by patient**

I was recovering from an elective C-section, and Beth took over my care on the morning I was discharged. Despite the ward being busy, Beth was attentive to everyone in her care, taking time to listen, clearly explaining each clinical option, and showing wonderful compassion in all her interactions.

When I expressed a concern about my baby girl having a tongue tie, Beth listened and took my concern seriously. She immediately referred us to the right person who was able to confirm the presence of the tongue tie and book an appointment to resolve it. It was wonderful to have my maternal intuition valued and taken into consideration. This has meant the tongue tie has been resolved and I have been able to continue breastfeeding.

This is just one example of the care and consideration that I saw Beth give to every one of her patients. She is a fantastic midwife and is such a credit to York Hospital. Thank you so much, Beth.

Martin Cook, PACS Support Officer **Scarborough** **Nominated by colleague**

Martin made us smile on a gloomy day with a light-hearted email. It made us all laugh in the office, and it is just nice that people still have a sense of humour. It also keeps staff morale up when not everything is going smoothly.

Tammy Hodgson, Deputy Sister | **Scarborough** | **Nominated by relative**

On 1 July, Graham, my other half was admitted to Scarborough Hospital with sepsis. On 26 July, we started on a long journey back to good health with help of the OPAT nurses who came to our home to administer IV antibiotics through my partner's midline.

One of the first nurses we met was Tammy Hodgson, and from the first meeting with Tammy, she showed professionalism, care, and understanding. She was sympathetic and empathetic, and her bedside manner was second to none.

Graham had been incredibly poorly, as not only did he have sepsis, but he is also a type 1 diabetic and has a chronic diabetic ulcer on his left ankle. I visited him in hospital every day for hours on end. Then he was transferred to York Hospital which made my journey even longer, but I didn't care, I just wanted my Graham better. I was absolutely broken without my Graham, he is my world.

Tammy would ring us with his blood results, explaining what they meant and what was likely to happen. She worked like an absolute angel behind the scenes helping us. I'd ring her to keep her in the loop as to how Graham was doing, and she would listen to me and let me off-load, often in floods of tears. This didn't phase Tammy; she listened to me, she gave me time, and I never felt rushed or that I was being a pain or taking up her time. She was just amazing. If she couldn't take my call straight away, she'd call me back just soon as she could. She is just how a nurse should be.

Then, on 17 September, we're told the midline could come out. We were thrilled, as you can imagine, but at the same time it was tinged with a touch of sadness as we had seen Tammy daily, then every two days, and then once a week over 54 days.

Please award Tammy a 24-carat diamond encrusted Star Award because this is exactly what she is! Thank you, Tammy, from the bottom of our hearts. You are an absolute credit to the OPAT team. Keep up the good work!

Sameer Khan, Locum Doctor | **York** | **Nominated by patient**

I spent five hours in EDAC yesterday. Throughout that time, the atmosphere generated by Dr Khan was one of warmth, consideration, and laughter. At one stage, all the patients gave a spontaneous round of applause to the staff for the way we were being looked after, despite the long waits and the pressure on the staff. Well done.

York SHaR Locality Adult Community Nursing | **Community** | **Nominated by patient**

Helpful, practical, and knowledgeable, and with good humour.

Ann Harland, Patient Services Operative | **Scarborough** | **Nominated by colleague**

Ann goes above and beyond for patients. She is caring and kind when attending to the needs of others. She works well as part of the team and is willing to do anything to help.

Ward 31 **York** **Nominated by patient**

I have recently been cared for by Ian and his team of experts on Ward 31, following some complications with my immunotherapy which resulted in my emergency admission to this ward to get my condition stabilised. This was a scary and disorientating experience, but the team were kind, compassionate, professional, and always patient with me when explaining the steps being taken when implementing my care pathway and treatment plan. This was particularly helpful when understanding which medications I would be given upon discharge home and how this could be managed effectively for me given that I am severely sight impaired.

The team were also flexible and supportive regarding family visits as my eldest son was about to set off to start a university course of study at LIPA just before I was admitted to hospital. I was keen to be able to see him before he went and the visiting hours arrangement was relaxed on this occasion to allow my son and family to come in and see me briefly on a Sunday morning, before he travelled over to his course. This was important to me and allowed me to give him a good send off and be re-assured that he was OK with his course start whilst I was being treated for my medical emergency.

I would like to give a big thank you to Hayley, Helen, and Ming on the night nursing staff team and to June, Sarah, and the day nursing staff team. You folks were amazing! In addition to this general thank you, special mention should be made to:

The Customer Care Support Team - Hollie, Eddie, and George who were amazing in providing additional reassurance and answers to questions which I had about my treatment programme and any anxieties I had regarding my medical situation, whilst providing me and my visitors with lovely cups of tea and biscuits.

The Critical Care Team - Kayana, Harry, and team who came and took my breathing measurements throughout each day and patiently explained the issues which I was having with my breathing and the improvements which I was making.

Cleaning Team on Ward 31 - I would like to also thank Debbie (I think that was her name) who was doing an amazing job keeping the ward environment clean and hygienic. This work is essential in keeping patients safe.

Dave Donaghy, Patient Services Operative **Scarborough** **Nominated by colleague**

The Speech and Language Therapy team want to nominate Dave for his enthusiasm and commitment to his role and the positive impact that he has on his patients and MDT colleagues.

Dave is proactive in MDT working to ensure the safety of his patients following a Speech Therapy Assessment, Dave goes above and beyond to ensure that the patient has the correct menu and liaises with catering colleagues to ensure any adaptations are communicated as soon as possible. Dave is a true asset to Oak Ward!

Acute Oncology Team **York** **Nominated by patient**

I would like to make this recommendation for a Star Award for the Acute Oncology Team based at York Hospital and led by Dr Omelia Belvedere. This team have made a tangible difference and gone the extra mile for me as their patient and for my family by demonstrating the Trust's values.

They have been kind when reassuring me and my family at every step of the process when testing and treating me for my T3 Oesophageal Cancer which has tried to spread to my clavicle lymph nodes. They have been open when explaining the process of chemotherapy and the options and risks involved in immunotherapy once I started my treatment from June to October 2024 and then continuing with immunotherapy maintenance infusions. A recent episode of immunotherapy toxicity has resulted in this treatment being paused for now.

Their professional excellence as demonstrated in their prompt behaviours and actions when working to resolve a recent suspected myasthenic crisis where my immunotherapy was going out of control, was amazing. They were calm, patient, and thorough when explaining what had happened and carefully monitoring my blood test and other results to work to resolve these complications as quickly as possible.

In addition to Dr Belvedere's calm and professional explanations and support over the last 16 months, could I also gave a special mention of thanks to the specialist oncologists involved in my previous and current care: Dr Baird, Dr Majeate, Dr Nelson, and Dr Lou, and, more recently, Catherine, Codi and Mohammed. I also want to thank the Specialist Oncology Nursing Team of Dawn and Michelle plus the team at the Magnolia Centre for helping me with my ongoing concerns and issues over the last 16 months.

All this amazing care, guidance, and support has helped make this difficult past 16 months bearable and, ultimately, this team's interventions have helped save my life, for which my family and I are forever grateful. Thank you. This team deserves a Star Award recognition.

Maureen Blohm, Phlebotomist **Community** **Nominated by patient**

This marvellous lady was welcoming and friendly and put my teenage daughter at ease straight away. She was kind and made us laugh. The experience was made much more pleasant, and we left with a smile on our faces. This lady should be reminded to keep up her good work and smiley happy attitude. Thank you.

Laura Taylor, Endoscopy Technician **Scarborough** **Nominated by colleague**

Daily, Laura shows kindness to all patients and staff. She never complains and will do any task asked of her. She never tires in her role and is an asset to both the Endoscopy Unit and the Trust. She values everyone's opinions and shows respect and dignity to all her patients. She is attentive, compassionate, and empathic to everyone she meets. She will always go out of her way to help anyone and never walk on by. If in doubt, Laura will always ask for advice and support.

She is a person I would want to look after one of my family or friends. Even though she has had some hard times, she never fails to show up to work with a smile, is always laughing, and has a great sense of humour.

Samantha Chittock, Staff Nurse **York** **Nominated by patient**

I was admitted to hospital via ambulance and taken straight to Resus with a swollen tongue and longstanding headache. The whole team were quick to respond to my symptoms, but Sam stood out to me. I was struggling to breathe due to the swelling and had a lot of pain. Understandably, I was scared, but Sam kept me calm and administered the prescribed medication promptly. With the support of the doctors, my tongue swelling reduced and I was able to be stepped down from Resus into Majors.

Sam is a credit to the hospital and, as a fellow nurse, I know it is important to give praise and thanks when it is due. Sam showed professionalism, empathy, and kindness in abundance. Thank you, Sam, you made a frightening time that little bit more bearable!

Katie Laskey, Staff Nurse **York** **Nominated by colleague (1) and colleague (2)**

Nomination 1

Katie went above and beyond for a patient who came onto the ward unwell and celebrated a special birthday on the ward. In between her long day shifts, she took time to make a homemade cake for the patient and their twin sister. This allowed their birthday to be celebrated as best as possible together as a family. This shows how kind and empathetic she is. She is always helpful and supportive even when she's busy.

Nomination 2

Katie has demonstrated kindness over the last couple of days. We had a sick patient who was celebrating a special birthday in hospital. Katie took it upon herself to bake the patient and their twin a birthday cake overnight in between two long day shifts. She also went out and bought two birthday cards for each child for everyone to sign. Katie went above and beyond to allow this family to celebrate both birthdays together. Katie often goes the extra mile for her patients.

Kirsty Cole, Healthcare Assistant **Scarborough** **Nominated by colleague**

Kirsty came in three hours early for her shift to assist with a patient who was poorly and agitated. The patient went downhill quickly, and Kirsty pulled the emergency buzzer. She handled the patient with compassion. She always treats patients with care and compassion and has the time for anybody who needs her.

Emma Edmond, Healthcare Assistant **Scarborough** **Nominated by colleague**

Emma always comes in with a smile on her face and is always willing to help anybody that needs assistance. A real asset to the ward.

Zoe Priestley, Community Staff Nurse	**Community**	**Nominated by patient**

In my opinion, Zoe deserves a Star Award. When Zoe started to visit to dress my pressure sore wound with a Pico dressing, she was a little unsure of herself as she had not done many of these before. As time has gone on, approximately six months, Zoe has grown in confidence.

Zoe has been concerned about the skin around the wound getting red and sore as she did not want the new skin to break down. Two weeks ago, she made the decision that it may be better to change the dressing every other day instead of every three days. She had a word with a District Nurse, Ellie, about the decision. They then visited me together, and Ellie agreed it would be beneficial to do it this way. After discussing this with me, we all agreed this was the way forward.

I am pleased to say it was the right decision. The wound appears to be healing faster, and the skin is not as red and sore. Zoe has the same holistic approach to her work as the rest of the team and is a well-respected team member. I always feel uplifted when she has visited.

Lynne Berry, Advanced Practitioner Ultrasound	**York**	**Nominated by patient**

Lynne was the most reassuring sonographer I have had for any NHS or private scans. Without me even telling her I was feeling anxious about the appointment; she made me feel at ease and immediately my anxiety left the room. She spoke so kindly to me and my baby during the scan and was patient with us both. Lynne was kind and she explained every step of what she was doing, what she was looking for, and what was on the screen, which has not always happened in the past. She made a nervous appointment so much easier, without me even mentioning how I was feeling going into it.

Resus and Lilac Ward	**Scarborough**	**Nominated by patient**

First, I would like to thank the team in Resus. When Dad was blue-lighted into the hospital, they picked up his care. When I arrived and started pestering members of staff with lots of questions, the staff were amazing, particularly Megan (I hope I've recalled her name correctly). It's one thing giving high quality care to a patient, but another thing entirely to extend that care out to family members who are fraught with worry and are seeking answers. Megan and others in the team (including the consultant on duty who was also terrific), have a wonderful manner, humour, and smiles. These might seem like little things, but they make such a huge difference.

Dad was subsequently moved on to Lilac Ward. He's there currently but due to be moved to a different ward. Again, the care Dad has received has been flawless. I would like to name check Hannah, who I believe is a Nursing Associate on the ward. From adjusting Dad's bed to filling up his water jug, nothing was ever too much trouble, even though she was busy looking after other patients too. My dad tells me other nursing staff on Lilac Ward have been equally amazing. They're special people.

Finally, I'd like to mention the unsung heroes who are out of sight but work tirelessly behind the scenes to create the conditions and environment for front-line staff to flourish and excellent care to be given. Patients will rarely know their names, or their job titles. They don't always get the recognition or credit they deserve, but without them I know the care my dad is receiving would not be as good as it is today.

Charles Bradbury, Facilities Supervisor	**Scarborough**	**Nominated by colleague**

This nomination for Charlie is for always being supportive and approachable as a supervisor. Charlie does everything he can to help staff with anything, and with such a kind and calm, professional attitude too. He always shows appreciation to all staff after every shift and will get stuck in with us to help outside of the office around the hospital.

Emmanuel Olajiga, Staff Nurse	**Scarborough**	**Nominated by colleague**

I would like to nominate Emmanuel for his outstanding contribution as a Staff Nurse for the Trust. He goes above and beyond to provide excellent care, showing warmth and kindness every time I have the pleasure of working with him. His friendly nature puts both staff and patients at ease and makes patients feel listened to and cared for.

As a colleague, he is supportive and approachable, always willing to help, and brings positivity to the busy, amazing team on Maple Ward. I feel it's important that his hard work and kindness are formally recognised.

Elizabeth Reddock, Staff Nurse	**York**	**Nominated by patient**

Lizzy was exceptionally thorough and attentive in her care. She made me feel comfortable and at ease, showing genuine compassion and concern for her patients. She consistently went above and beyond to ensure I had everything I needed, and she promptly escalated any concerns or questions to the doctors or senior staff.

Her dedication not only made my stay more manageable but also gave me confidence in the care I was receiving. Lizzy took the time to truly understand my health, which allowed her to treat me both thoughtfully and effectively.

Sam Swift, Senior Healthcare Assistant	**York**	**Nominated by patient**

Sam was kind and attentive during my hospital stay. Nothing was too much to ask, and she did everything with a smile! She took the time to get to know me as well as other patients on the ward. Thank you!

Vicky McGrath, Midwife **York** **Nominated by patient**

From the first time I was introduced to Vicky, she was amazing. She was compassionate but didn't walk on eggshells around me. She was there for everything. The second time around, she was the first name I'd hoped to hear as I needed a familiar face. The surgical team were still amazing the second time. After, when I'd asked about a memory box, Vicky heard the news and, having remembered, sent her love. I found her as soon as I was discharged and the first thing she did was give me a hug, it was the first hug I had received in hospital and since the surgery.

So, as much as I hope and pray no one ever must go through it, if they do, I'd hope they have someone like Vicky to guide them and hold their hand in a time of need. To treat them with compassion but still like a normal person and not a fragile shell. On those days, Vicky wasn't just another nurse, she was a friend, someone to talk to and catch up with and forget about the worst days of my life.

Emergency Department **Scarborough** **Nominated by patient**

On Monday 24 September, I suddenly began to feel dizzy and was sick. After about four hours of this, I felt it necessary to seek medical help and this led to an ambulance arriving and taking me to Scarborough Hospital. I arrived at the hospital at that evening and was grateful for all the necessary tests, treatment, assessment, and care administered by each member of staff in the process, so would like to show my appreciation by nominating everyone. Many thanks.

CT Team **Scarborough** **Nominated by patient**

My nearly two-year-old son needed a CT scan, which was to be done while he was asleep. I was anxious as he previously had an MRI attempted whilst asleep, but he woke up and was incredibly distressed.

Darren and his team were amazing. They instantly put me at ease and provided a darkened quiet space for my son while we got ready for the scan. Darren explained what they were going to do, and they took every care to make sure my son was comfortable and stayed asleep for the scan. The scan was over quickly, and my son isn't any the wiser that he's even had a CT scan. Thank you, Darren and team, from a relieved mum.

Claire Oxby and Jo Johnson, Consultants in Obstetrics and Gynaecology, and Joanne Ward, Medical Secretary **York** **Nominated by relative**

Miss Oxby was wonderful with my daughter, Evie, when she diagnosed an ovarian cyst. She was thoughtful, knowledgeable, and helpful, keeping us informed throughout the process. I made several calls for information, and a lady called Jo was always helpful and efficient with my questions. Furthermore, Miss Johnson who undertook the operation was great at explaining the procedure and putting us at ease. I would like to thank the whole team.

Rheumatology	**York and Scarborough**	**Nominated by patient**

This is a much overdue nomination. I wish to compliment these departments and specifically those named throughout the nomination. I have had an impactful auto-immune flare over the last four months and have needed a lot of help. I wish to thank staff who are going the extra mile to seek to understand and treat what is malfunctioning in my body. I am also thankful for the follow up and amount of contact I have had from those whom I am certain are part of a busy team.

I wish to highlight that one evening I received a call well into the evening from Glynis, Rheumatology Secretary, to offer an appointment to me for the next day with Dr Smrity. I was thankful and surprised how late Glynis was obviously working to make this happen. Wow. That is above and beyond what is expected but there she was, on the phone offering me an appointment Dr Smrity had asked her to offer.

I am also thankful for Dr Smrity's several contacts over the past four months, including two face-to-face appointments and phone calls to help me. I appreciate Dr Smrity's compassion, gentleness with my apprehension about medications, patience with my anxiety about the strange and numerous symptoms I would go on about, and her attempts to help educate me about my options, really listening to me. Dr Smrity also got in touch when I was poorly before a long-planned trip for my 25th anniversary to help me manage it. This level of care is excellent. Thank you.

Another acknowledgement should go to the Rheumatology Nurse, Nicola, who I rambled on with numerous symptoms from the start as I was alarmed about all my new symptoms. She had the skills (and patience) to sort through and figure out what to convey to Dr Smrity.

Finally, at that same next day appointment at York Rheumatology, I was well looked after by at least two staff that I believe were CNAs (I lost my note on which I recorded their names). They checked me in, gave direction, showed me where to provide a urine sample and leave it, and got me to the steroid injection nurse. They had a chat with me after the appointment when I was weary from making the journey, the appointment, and again anxious about potentially starting a medication. They then sent me off to phlebotomy. Maybe that is all in the normal job description, but their work is much needed, and I want to acknowledge that as well.

I hope this doesn't seem inadequate to convey how I have been cared for well. If it does, it is my lack of words. This has been a difficult several months and I have needed this help. Please acknowledge the team for me and my apologies to anyone I have forgotten.

Steph Taylor, Trainee Nursing Associate	**York**	**Nominated by patient**

Steph has been lovely. She recognised me from being in ED the previous week. I told her my hair hasn't felt clean from the shower caps, and she offered to take me to the shower and helped me clean my hair. She was amazing and helped so much!

Desmond Spencer, AHP Senior Support Worker	**York**	**Nominated by patient**

Desmond was always joking around and kept me calm whilst helping me learn how to hop around! He was always pushing me to do better and was lovely to be around.

Arts Team **York** **Nominated by colleague**

I would like to nominate the Arts Team for the impact their work has had in Eye Theatres. Our clinical areas have been transformed with vinyl installations showcasing artwork by local artists, Steve Robinson's amazing artwork of colleagues, and the colours and wording in our anaesthetic rooms. These changes have made our spaces far less clinical and much more welcoming for patients of all ages. The artwork provides a vital distraction, particularly for children, neurodiverse patients, those with disabilities, and people living with Alzheimer's or dementia.

We have received many positive comments from staff, patients, and families. In one memorable case, the artwork helped a patient with dementia recall a happy memory from their youth, something that brought comfort both to them and their family. That is an extraordinary impact, achieved simply through thoughtful design and creativity.

The Arts Team's contribution is not just aesthetic. It has a direct effect on patient wellbeing, reducing anxiety, improving cooperation, and enhancing the overall hospital experience. This is aligned with NHS priorities for dementia-friendly environments, patient experience, and staff morale. The Arts Team really are a fundamentally important part of our hospital ethos and their contribution to patient care is immeasurable and deeply appreciated; they are worth their weight in gold!

Thank you for all that you do.

Ellie Mosey, Ward Manager **York** **Nominated by colleague**

Ellie is currently in a secondment position as Ward Manager for the Children's Assessment Unit and Children's Clinics. Since commencing in the role, her attitude has been commendable. She has a 'can-do' demeaner and she is always ready for any challenge. She is keen to engage with the wider team and focused on making a positive mark on the role.

Ellie is well regarded by the team she manages and has soon become trusted and valued by them. She upholds the Trust values. She displays kindness, is keen to learn and improve, and is driven to deliver high standards. Well done, Ellie.

Nataliia Shevko, User Access Technician, Brad Davidson, Systems Engineer, and Karolina Basan, End User Platform Administrator **York** **Nominated by colleague**

Nataliia, Brad, and Karolina worked swiftly and efficiently to solve the mystery of a missing file that my team is reliant on. Great teamwork and communication.

Hannah Davis, Deputy Sister, and Gemma Morris, Staff Nurse	**Scarborough**	**Nominated by colleague (1) and colleague (2)**

Nomination 1:

Hannah and Gemma are link nurses for organ donation, and between them they have organised and facilitated the first ever memorial service to remember those patients who have proceeded as organ donors from Scarborough, with the support of their loved ones.

Hannah and Gemma invited families of donors who have donated within the last five years. The memorial service was held on the new ICU's roof terrace and the families had a warm welcome with a hot drink and cakes before a short memorial service was held and remembrance candles were given to the families that attended.

The service reminded us all that these patients that sadly died in the Trust who went on to do something truly amazing by becoming an organ donor, are not forgotten and are still in our thoughts. This also gave the families the support of knowing they aren't on their own and created a safe space to talk to other families who have been on the same situation, which was well received.

They are a true asset to the ICU in Scarborough and uphold the core values of the Trust.

Nomination 2:

Over the past few months, Hannah and Gemma have worked tirelessly to organise Scarborough's Organ Donation Gift of Life event. They personally invited families of organ donors from the past five years, arranged a thoughtful service, and even baked homemade treats to share.

The event, which marked the close of this year's Organ Donation Week, was a moving afternoon of celebration and reflection. Hannah and Gemma ensured that every detail was personal and meaningful, from the warm welcome for families to the beautiful candles inscribed with the names of their loved ones. Families spoke with pride and affection, sharing memories, laughter, and a few tears.

What made this event truly special is that it was entirely their creation, from the very first idea through to every final detail. Their compassion, creativity, and dedication transformed it into a deeply meaningful occasion for everyone who attended.

Hannah and Gemma's efforts are not only inspiring, but also a testament to the exceptional care and commitment they bring to their work every day. They are a shining example of the values we strive for in our organisation. I am immensely proud to call them my colleagues.

Anna Pettinger, Administrative Assistant | **Community** | **Nominated by colleague**

Anna is an Invaluable member of the team. It takes a special person to be so constantly cheerful, supportive, and proactive, especially while dealing with her own personal challenges. Her efforts in managing supplies and equipment and providing support at all levels, from clinical paperwork to making sure everyone has a cup of tea or coffee, makes a huge difference to the smooth running and morale of the entire staff.

She contributes for more than her job description requires, and we are grateful.

SDEC Team | **Scarborough** | **Nominated by patient**

I wanted to personally thank Kieran and the SDEC team and pass on my grateful appreciation of an extremely positive experience when I attended Scarborough ECC and the SDEC unit on 12-13 September. Having been referred urgently by my GP, the ED reception staff scanned in the referral letter, and within seconds of this being received in the SDEC, my daughter and I were greeted by Staff Nurse Kieran Duncan who was kind, compassionate, and put me at ease during the procedures that followed.

The doctor, Emily, was professional and again supportive when informing me of my kidney function results requiring me to stay in the unit until Saturday evening. Nurses Phillipa, Antonia, and Dawn, Dr Winnie, and others who cared for me over the next 36 hours are a credit to the hospital and for the local population who attend there and require their expert skills and knowledge.

This was my first experience of hospital as inpatient in 81 years, and I want to make sure the staff who looked after me all are recognised for their dedication, and kindness for putting me at ease throughout my stay. My experience in SDEC included several different procedures, and throughout all of them, the team kept me informed and showed kindness and professionalism.

The support staff, cleaners, the cook who makes excellent soups, and the cup of tea maker all made my stay that much more comfortable. I was only there for a short time but realise what they do is ongoing, day after day, for so many of the local population.

I didn't get all the names of the team who looked after me, but want to acknowledge how truly grateful I am, thank you.

Carol Fenwick, Clerical Officer **York** **Nominated by colleague**

I would like to nominate Carol Fenwick for a Star Award in recognition of her outstanding contribution to the Day Unit. Carol consistently goes above and beyond in her role as Clerical Officer and Receptionist. She is the first point of contact for patients, families, and staff, and she always greets everyone with warmth, professionalism, and compassion. Her calm and reassuring manner helps put patients at ease during what can often be an anxious time.

Her organisational skills are exceptional, ensuring that the Day Unit runs smoothly and efficiently. Carol manages multiple tasks with ease, balancing appointment scheduling, patient enquiries, and administrative duties, all while maintaining a welcoming and supportive environment. She is a true team player, always ready to step in to support colleagues and adapt to changing needs.

Carol's dedication and attention to detail make a real difference to both patients and staff. She embodies the values of care, respect, and professionalism, and is an invaluable member of the Day Unit Team.

Jessica Molyneux, Staff Nurse **York** **Nominated by colleague**

I'd like to nominate Jess for going above and beyond to make sure a patient could have their drainage procedure done as quickly and smoothly as possible. The patient was being transferred from Scarborough Hospital to York Hospital for an emergency, out-of-hours procedure, and Jess did everything she could to make sure there were no delays.

She contacted Scarborough ED ahead of time to ask them to take the necessary bloods before transfer, so things could move quickly once the patient arrived in York. Unfortunately, the bloods weren't done, but Jess didn't let that become a barrier. She went down to York ED to meet the patient as soon as they arrived, brought them round to our unit herself, took the bloods straight away, and got everything ready so the procedure could go ahead without delay.

Thanks to Jess's quick thinking and proactive approach, the patient was able to have their procedure done soon after arriving, and everything ran efficiently. Her actions made a big difference and showed dedication to patient care.

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

The staff on Haldane Ward went above and beyond for me, especially Ali. Thank you for your support and making me feel comfortable and welcome during my stay. It was very much appreciated, so thank you! Don’t change, the world could do with more ladies like you!

Tom Skidmore, Radiology PACS Manager | **York** | **Nominated by colleague**

Tom has facilitated the installation of a vital new piece of software, Agfa XERO, which allows instant sharing of radiology images and reports across our region. This will allow rapid decisions to be made about patient care with far shorter timescales. He worked tirelessly, networking between two different companies, to overcome numerous technical hurdles to make this possible. He is a vital staff member, whose work allows the ongoing smooth working of the radiology department.

Bronte Unit | **Scarborough** | **Nominated by patient**

A superb team led for me by Rachel. Everything was explained and done with care and compassion. The team truly represents all that is good with the NHS and Scarborough Hospital. Thank you.

Children's Day Unit | **York** | **Nominated by patient**

My 10-year-old daughter recently had surgery, and I am grateful that we had such wonderful staff looking after us. When first checking in, the Ward Clerk greeted us kindly and involved my daughter in the questions which helped ease her nerves. The staff nurses, Danny and Chris, communicated clearly the plan for the day, and we then promptly met the surgeon and anaesthetist who were friendly and had a lovely child-centred approach.

While waiting to go to theatre, Lynda, the Play Specialist, took time to see what interests my daughter and then came back with lovely craft kits to keep her busy, so much so that my daughter almost forgot what she was there for! Thank you, Day Unit, for your excellence. You made it a positive experience for us.

Jasmine Azurduy, Outpatient Services Administrator | **York** | **Nominated by colleague**

In late September, Jasmine was answering calls from patients in our department and received a call from an anxious family member of a patient awaiting a fast-track appointment. The caller was concerned about the wait times in our Trust. Jasmine was patient and empathetic with their situation and kindly explained that we have long wait times and advised them of their options.

This was quite a long call and Jasmine had to repeat herself several times, but she remained professional even when the caller caused her some distress. This call exemplified how the pressures on the Trust are felt by our team daily and how it affects us emotionally. Jasmine's kind and caring nature shone through.

Ash Ward **Scarborough** **Nominated by colleague**

I would like to nominate the team on Ash Ward, led by Sister Leah, for their outstanding care of a patient with a complicated past medical history and a highly complex palliative presentation. The patient experienced distressing symptoms as they died that required an exceptionally high level of specialist input, including the management of four concurrent syringe drivers in-situ. This is highly unusual, but they stepped up to meet their need.

The ward team demonstrated exemplary professionalism, compassion, and resilience throughout this challenging situation as the patient died. They worked closely with the Specialist Palliative Care Team, showing great skill in administering complex medication regimens while maintaining the patient's comfort and dignity.

Beyond the technical expertise required, the team also offered unwavering emotional support to the patient and their family, ensuring that communication was clear, compassionate, and consistent at this time of their life. Their ability to remain calm, responsive, and patient-focused under such demanding circumstances is a testament to their dedication and teamwork.

This case highlighted the best of collaborative care, and I believe the ward team's contribution deserves formal recognition. They went above and beyond in providing high-quality, person-centred palliative care in an exceptionally complex situation and demonstrated the Trust values throughout.

Olalla Tojo Souto, Senior Medical Deployment Officer **Scarborough** **Nominated by colleague**

Oli has gone above and beyond recently. Due to numerous vacancies within the team, we have had no one assigned to cover Medicine York Resident Doctors rotas. Oli offered to support the area on top of her usual busy workload. Oli has ensured that there has been adequate resident doctor cover across the Medicine/Elderly and Acute Wards. Oli has done all of this with a smile on her face and a fantastically positive attitude.

She has reprioritised her own workload to ensure that there is support for Medicine, which I know is hugely appreciated by the Ops Management Team. Oli has even offered to train new starters on the rotas after only having experience of two weeks on them herself, which is massively appreciated. I wanted to say a huge thank you and a massive well done.

Kenneth Low and Ushanjani Kante, Audiologists	**York**	**Nominated by patient**

Today, I had my first yearly review at Audiology and would like to recognise the care and concern shown to me by Kenneth and Ushanjani, as well as their patience in both solving the difficulties I experienced with my hearing aids and ensuring that I was able to operate them. They put me at ease and were friendly and polite. The procedure for obtaining batteries, replacement tubes, etc. was also clearly explained.

I requested a referral to Audiology at York Hospital from my GP due to many positive recommendations. As I live out of the area, I have a long journey to the hospital for appointments but do not regret this as the care and dedication I have received from all the staff has been exemplary. The hearing aids supplied have made a significant difference to my daily life and I am grateful to the hospital management for accepting me as an 'out of area' patient.

Keith Wu, Consultant in Dermatology	**York**	**Nominated by patient**

Dr Wu went out of his way to fully explain everything. I also had a holiday planned and he agreed to fit me in prior to my holiday.

His enthusiasm and keenness to offer the best service to his patient is outstanding. He creates a feeling of total confidence and expertise in what he does. The nursing team seem to share his enthusiasm and the service is excellent. I can’t thank him enough, especially since I now feel confident to go on holiday.

Paediatric Emergency Departments	**York and Scarborough**	**Nominated by colleagues**

In view of the extraordinary demand placed on our service during the summer months, we would like to acknowledge the dedication, hard work and professionalism regarding the safeguarding of the children that attended both York and Scarborough paediatric emergency departments.

This recent period has tested their skills and knowledge of safeguarding and each of team member has risen to the challenge with a dedicated commitment to the safety and wellbeing of children. We understand that there have been some particularly challenging situations this summer on both sites and feel the teams have all coped exceptionally well under these pressures. Please remember that by following the Trust core statutory safeguarding responsibilities, they will have made a difference in the lives of these children and families, and this has not gone unnoticed.

Julie and I would like to thank you all for the excellence you bring to your roles every day, emergency nursing is never easy but during this period you have gone above and beyond. Your skills, empathy and professionalism you each bring to every shift reflects the Trust values we all work towards.

Ellie Newland, Midwife **Scarborough** **Nominated by colleague**

Ellie has started a new role within maternity supporting vulnerable women to navigate their way through pregnancy, birth, and the postnatal period. Ellie has really embraced her new role, and the women and their families are receiving a high level of care. Ellie is kind and compassionate, and I want her to know how valued her role is.

Ellie supported a patient through her pregnancy and today has supported a young 18-year-old with learning difficulties and significant mental health concerns through her elective c-section. The woman was understandably anxious having experienced abuse, and Ellie did not leave her side and supported her throughout the day. Ellie stayed until she was settled, which is more than the role entails.

Ellie is a real asset to the team and is providing an amazing service to women and their families.

Jezz Kipling, Facilities Supervisor **Malton** **Nominated by colleague**

I want to nominate Jezz for a Star Award for his lovely manner and politeness when dealing with customers. He goes above and beyond to ensure we are happy, and his food is beautiful too!

Pelvic Health Team **Archways** **Nominated by colleague**

The Pelvic Health Team are a small team based at Archways with a huge patient demand which is rising. Emilie has worked tirelessly over the last year to advocate for the team and bring about consistency and equity in delivery for pelvic health. Without increases in resource the team have focused on quality improvement to improve what their service can do, including establishing pelvic health rehab group sessions for patients to allow more patients to access the service.

The team have fully embraced a different way of working. Previously this would have been 1:1 intervention, but they have explored a group option without compromising on quality. They are seeking opinions and support across the ICB (active peer support), and Harrogate are looking to learn from us on this model. They have previously done a pre-recorded group session which they feel was of much less quality. The group work also speaks to supporting a village and a shift away from acute care, exactly the ask of the 10-year plan. The team have several more ideas around group work which they are now also looking at taking forward.

We are all proud of what the team have achieved and their approach, which is underpinned by the Trust values. They are seeking excellence in their model of care and showing kindness to patients but also to colleagues in other organisations by sharing quality improvements.

Cleo Hawkins, Associate Audiologist **York** **Nominated by colleague**

Audiology has recently gone through SU2 (Surveillance Update) of UKAS (United Kingdom Accreditation Service) accreditation for adults. The whole team did incredibly well but Cleo's name was mentioned by the UKAS clinical assessor as a shining example of a young person enjoying her career and striving for best practice. Cleo was knowledgeable and gave assurance that high quality care is given.

Charlie Holmes, Associate Audiologist | **York** | **Nominated by colleague**

Audiology has recently gone through SU2 of UKAS accreditation for adults. The whole team did incredibly well but Charlie's name was mentioned by the UKAS Clinical assessor as a shining example of a young person enjoying her career and striving for best practice. Charlie was knowledgeable and gave assurance that high quality care is given.

Leah Swann, Sister | **Scarborough** | **Nominated by colleague**

I want to take a moment to express our sincere appreciation for Leah. She is always happy to help and goes above and beyond when we need support with interview panels. Whether she's assisting directly or doing her best to fill any gaps, Leah consistently demonstrates kindness and a helpful attitude.

Whenever the team interacts with her Leah's positive and supportive nature really shines through. We're all grateful for her dedication and willingness to support us. Thank you, Leah, from the entire Temporary Staffing team.

Magda Wawrzkiewicz, Cleaning and Catering Operative | **Scarborough** | **Nominated by colleague**

It is hard to put into words just what a difference Magda makes to the department. She is such a hard worker and always has time to have a kind word with the people she comes across during her shift. She is on the ball and keeps the place spotless. She always has a smile for everyone she passes.

Magda recently went above and beyond for a patient who really fancied a jelly in the middle of the night. No sooner had she overheard the patients request, than she appeared with three jellies sourced from another area. The patient was delighted and grateful and soon got stuck in. It is a pleasure to work alongside her, and I would love her to know just how much we appreciate her.

Amelia Brace, Electrical Apprentice | **Scarborough** | **Nominated by colleague**

Amelia has been a model employee from the day she started and has recently just finished the first year of her four-year mechatronics apprenticeship to become an electrical technician.

She has received constant praise from other staff on how polite and courteous she is and effectively she works. She recently received two awards from Derwent College, one for Apprentice of the Year 2024/2025 and the Howard Cooper Award which is awarded to the best apprentice overall within the college over four different cohorts.

Amelia is excelling daily and will be a talented engineer on completion of her training. She is a credit to the Trust and YTHFM.

Urodynamic Studies Specialist Nurses | **York** | **Nominated by colleague**

Urodynamics (UDS) is an important diagnostic study to direct the management of patients with bladder issues. Due to a mixture of staff vacancies and other pressures on the service, the waiting list for patients having this procedure had grown to many months in late 2024.

Due to the direct efforts of Janette, Jen, Rachel, and Lucy who perform the nurse-led UDS evaluations, patients are now only waiting five weeks maximum to have their UDS (below the Government-set target of six weeks). They have all come in during their own time to work many extra shifts, even after a full week's work, and make sure every patient feels safe and well-cared for during this intimate investigation. Their work also means we can now keep the waiting list low as much as possible.

Thank you for all your hard work. I know that Mr Kumar, the Urology consultants, and all our Ops team are equally grateful and impressed by your commitment to our patients.

Helen Howell, Tobacco Dependency Advisor | **Scarborough** | **Nominated by colleague**

As a Tobacco Dependency Advisor, Helen is visible and approachable, working tirelessly for patients, staff, and the service. The service is not a glamorous one, often met with patient resistance, but Helen never sees this as a negative, her approach will always be with professionalism, knowledge, and kindness.

To stop smoking is a personal journey and when a patient comes to hospital, they may not wish to start that journey, but they will be offered support and a referral to a Tobacco Dependency Advisor. Helen’s compassion, communication, and care when speaking with these patients will often get them thinking, and by offering brief and expert advice, she can support them while an inpatient and offer ongoing support in the community when discharged.

I cannot tell you how many patients she has supported during their inpatient journey with tobacco support, but I can recall a few who have been particularly challenging. She had one patient who had numerous admissions, had numerous referrals to Helen and who began to then ask for Helen by name when admitted. Helen with her unconditional patience, supported this patient over time to stop smoking.

I know there will be many patients and staff grateful to Helen for her support and advice, and I would personally like to thank Helen for all that she does for our respiratory patients.

Discharge Lounge **York** **Nominated by relative**

My mum had the pleasure of been discharged from the ward into this department. I got to experience the extremely hard work and high level of care that they provide for many patients at any one time.

During the time my mum was there, they ensured she was comfortable and catered for and ensured that she had all the correct medication and items on her discharge note. Her discharge note wasn't correct, but within a short period they took the time to ensure my mum had the correct items she was supposed to have been sent down with. Nothing but care and empathy was shown.

They also assisted my mum after discharge due to being concerned about the discharge process from ward to home by ensuring the relevant departments were contacted to investigate this further for us. Without my mum entering this discharge lounge, she would be in a different state at home.

I would like to show gratitude where it is most certainly due. This department is amazing and deserve to be recognised for the high level of care and wellbeing they show to all their patients entering their department.

Pain Management Admin Team **York** **Nominated by colleague**

I am nominating the Pain Management Admin Team for their outstanding commitment, resilience, and excellence during a particularly challenging period. Following the departure of several colleagues, the team faced increased workloads and unavoidable backlogs. Despite these extraordinary pressures, the team has consistently gone above and beyond to deliver the best possible service to our patients.

Even in the most difficult circumstances their professionalism and perseverance has not gone unnoticed and is greatly appreciated. It is with thanks and admiration that I nominate the team in recognition of their outstanding contribution to the Pain Management Service.

Carol Fenwick, Clerical Officer **York** **Nominated by colleague**

Carol is amazing! She's always friendly and welcoming at the reception desk, making everyone feel at ease from the moment they walk in. She handles a lot of different tasks with ease and keeps everything running smoothly behind the scenes as a clerical officer.

No matter how busy it gets, Carol stays calm and positive, which helps the whole team. The Day Unit wouldn't be the same without her.

Lewis Swain, 1st Line IM&T Technician **Scarborough** **Nominated by colleague**

I am nominating Lewis for his patience, excellence, and kindness while supporting myself and the Respiratory Nurse Team with their ongoing computer issues. I would love to explain why we have so many computer issues, but I don't think I have the computer language or expertise to do so, hence where Lewis steps in.

I cannot explain the relief we feel when Lewis comes to the office to offer face-to-face advice or when he phones to explain the digital team's progress with an ongoing issue. He is calm, kind, patient, and knowledgeable, and when he does not know the solution (very rare), he always finds a way through involving and asking other members of the Y&S digital team. Lewis, I would like to say a big thank you, you are a star.

Grishma K C, Staff Nurse **York** **Nominated by colleague**

For going above and beyond helping patients and giving her best to help no matter how tricky the situation is!

Alexandra Knox, Community Midwife **York** **Nominated by colleague**

I have the privilege of sharing a wonderful caseload with Alex within the Southwest Community Midwifery Team. She always goes above and beyond for our families, gives excellent care, and shows great compassion. Alex is an excellent team player and is a great support to have around. Her presence is welcoming, and she is an absolute joy to work alongside and a great asset to our team.

Dawn Keeley, Senior Clinical Support Worker **Scarborough** **Nominated by colleagues**

Dawn has had a hell of a year. She has supported her family through a difficult year, all whilst always showing up to work with a smile on her face. She has personally championed team wellbeing and inclusivity this year and gone above and beyond to support her colleagues both professionally and personally.

Dawn has also been a driving force, along with her colleague, Emma, to raise large funds for our department to purchase SEN equipment to make it more accessible and welcoming to our neurodivergent patients. This work extends to raising money to support colleges in charitable works, as well as planning team building activities for the whole year to make sure everyone in our team feels included and welcome always. This has included planning a PRIDE themed lunch, supporting colleague's heritage days, carrying out bake sales, and planning more events to raise money later this year.

Dawn has gone above and beyond to bring joy, warmth, and laughter to our team and our patients throughout the year when it would have been the easier option to do nothing. The fact that she is still standing is unfathomable, all while showing up every day, being her unapologetically direct self, and making each day a good one. Dawn is a key member of our team and well deserving of some recognition for her strength and unwavering resilience this year. Her actions are an example to us all and we are all proud to call her our colleague.

Kent Ward	**Scarborough**	**Nominated by patient (1) and patient (2)**

Nomination 1

During my overnight stay on the ward, I received outstanding care from the entire team. Every member of staff demonstrated professionalism whilst maintaining a warm and approachable manner. They were consistently attentive to my needs and went above and beyond to ensure my comfort. I particularly appreciated how they took the time to clearly explain each step of my care, which greatly helped to alleviate any anxiety I had. Their dedication truly made a difference to my experience.

Nomination 2:

I having been waiting for carpel tunnel treatment and today I received the surgery. From start to finish, the staff could not have been lovelier or more helpful and kind. Dr Chowdry was polite, explained everything, and had a healthy interest in cricket! I could not have had a smoother experience thanks the whole team. Much appreciated.

Sanjay Gupta, Consultant Cardiologist	**York**	**Nominated by patient**

As a patient of Dr Gupta's POTS clinic for the past two years, he has made a life-changing difference to my quality of life. Before attending his clinic, I was in the process of looking into medical retirement at the age of 48. As one of the few POTS specialists in the country who has the courage to treat patients using his knowledge and understanding of current medical research and science, he is a trailblazer in his field and a shining example of future thinking and wellness that's mirrors the NHS 10-year wellness plan.

As an indirect result of Dr Gupta's POTS clinic, I have been able to continue in my career as a Specialist Biomedical Scientist in the Microbiology Department at York Hospital. A service, like many in the NHS which has struggled to retain skilled staff.

Having the courage and desire to help people who are desperately ill and often lost hope with an illness that is misunderstood, misinformed, and complex to treat, in my opinion makes Dr Gupta not only a star, but one in a million.

Rachel Curran, Healthcare Assistant	**York**	**Nominated by relative**

My mum was admitted to ED. She has severe dementia and is easily confused. Rachel was amazing with mum, putting her at ease, settling her down, and showing a great deal of care and compassion. Rachel deserves a medal.

Shay Byrne, Healthcare Assistant	**York**	**Nominated by relative**

Shay was fantastic, helping and supporting my mum in ED. She has a wonderful demeanour, a natural presence, and a true knack of helping an old lady in distress. All these faces were clear to see, as well as multitasking several jobs at once. Thank you, Shay.

Frailty Virtual Ward | **White Cross Court** | **Nominated by relative**

My dad has had a few hospital admissions, with his last admission being in September. Whilst my dad was in hospital with a massive bleed and sepsis, I was taking care of my mum who has Alzheimer's, whilst also working as a district nurse.

I became fatigued and overwhelmed, so contacted Elaine, the Ward Manager of the Frailty Virtual Ward, to see if she could signpost me in the right direction to get some support for my mum. When I spoke to Elaine, I broke down and during that conversation, she showed me nothing but kindness and compassion. Elaine gave me some advice, and then five minutes after the call, she rang me to say she had spoken to the consultant on the team who said they would be happy to support mum, help with getting dad home from hospital, and then supporting my dad in his home environment.

The next day, the Deputy Sister, Eliza, came to do an assessment on my mum, again showing nothing but kindness and understanding. She took into consideration my mum's understanding and put in place a support visit for my mum each morning and lunchtime.

The following day, I received a call from one of the nurses on my dad's ward to say he would be coming home. I said I would be happy to come in and collect him later that day, but was told the Hospital@Home Team were on the ward with him. They had sorted out all his discharge medication and they were going to bring him home, which they did. My dad was then seen by Elaine, the consultant, and one of the therapists, with help and support from the generic support workers (GSWs) to coincide with my mum's care in the morning and at lunch.

I cannot begin to explain the stress this took off my shoulders. This team is amazing at what they do, and they work tirelessly to help their patients, to keep them safe, and, if possible, to keep them at home. In my role as a district nurse, I have become aware of the team, but it hasn't been until I have been involved with them on a more personal level that I've realised what an amazing job they do. Elaine and the consultant have kept me up to date with what is happening with my dad, with the therapists ensuring he can mobilise safely and the GSWs ensuring he has his medication, something to eat, and a wash.

I hope this team get a Star Award as this is a new service and I know firsthand just how valuable it is. I certainly would not be where I am now without their fantastic support.

SHYPS	**York, Scarborough and Hull**	**Nominated by colleague**

The SHYPS (Scarborough, Hull and York Pathology Service) staff and teams have implemented the biggest and most complex change to date in the history of the laboratory network with the introduction of a new Laboratory Information Management System (LIMS).

The system finally went live on 1 September 2025 after a lengthy period where there were multiple delays and challenges along the way. The staff within the SHYPS services have painstakingly spent hours working through development, testing, troubleshooting, and training to ensure that the roll out of the new LIMS had minimal impact on services, clinicians, and patients. It cannot be underestimated on the magnitude and scale of such a large project and the pressures this creates for all involved.

The roll out of the system was meticulously planned with support of digital colleagues, TRG meetings where all care groups were consulted, and primary care. It is never easy working with third party companies either, however all these challenges were overcome, and the launch of the new system went smoothly. The clinicians, patients, and primary care teams felt minimal impact despite there being several obstacles and challenges within the laboratories themselves for the teams to navigate and resolve.

The staff in the laboratories are not seen when they are beavering away to support our patients' pathways and care, but without them our clinical teams could not do their jobs to level they are required to. They are our unsung heroes, never wanting plaudits. They have faced a few issues alongside the LIMS system change, but they have pulled together across all services as teams.

We received the following feedback from the external team working with our SHYPS team, which showcases the above: "I want to thank you all, it has been a real pleasure working with you and the SHYPS teams! I cannot overstate the significant achievement of this go-live, all sites, all disciplines, concurrent go-live, and no serious issues - t is unheard of and worth celebrating the success and your superstars in the labs and IT! What a team! On a personal note, as an external, I have been made to feel integrated and welcomed, and the WPE (WinPath Enterprise) teams have consistently been meticulous, tenacious, and caring. These commendable character traits have not gone unnoticed."

Ash Roffe, Healthcare Assistant	**York**	**Nominated by patient**

I was in ED and Ash made the experience much less stressful. He was kind, sympathetic, and helpful, and he was this way with all the patients, not just me.

Jonny Thornton, Advanced Practitioner Radiographer	**York**	**Nominated by colleague**

Jonny has been instrumental in affecting change within Radiology. He has undertaken an audit on chest x-rays across sites that has helped devise a new more consistent approach regarding radiation exposure factors and image quality. Jonny is a well-respected member of our team and always goes out of his way to help colleagues and patients alike.

Y&S digital Network Team **York** **Nominated by colleague**

I would like to nominate the entire Network Team for a Star Award in recognition of their tireless and often unseen contributions across the Trust.

Since joining the Trust, I've been consistently impressed by the team's dedication, professionalism, and willingness to support others. They work relentlessly behind the scenes to keep our hospital infrastructure running smoothly, regardless of the time of year or the pressures at hand and rarely receive the recognition they truly deserve.

Each member of the team has made me feel welcome and supported from day one. They've taken the time to teach me, answer my questions (even the repetitive ones!), and respond promptly to every query with patience and clarity. Their collaborative spirit and technical expertise are what keep the hospitals ticking over, and their impact is felt in every department, even if it's not always visible.

This nomination is a small gesture to acknowledge the big difference they make every single day.

Nicky Wilson, Sister **York** **Nominated by patient**

Nicky has been with me since day one, from when I first came in for treatment, and has shown great professionalism, care, understanding, and a true dedication to her job. She has three nurses who also see to me at my appointments (Catherine, Jess, and Lisa (the pocket rocket)), and they are all a credit to her. I can talk to Nicky about anything as she is a great listener. She's an amazing woman and an absolute star, and the NHS is privileged to have her on board.

Debbie Clifford, Bank Healthcare Assistant **Bridlington** **Nominated by colleague**

I witnessed Debbie do an amazing thing at Bridlington Hospital. She was on her break and not for one second did she hesitate to help an elderly gentleman who fell badly to the ground in the hospital corridor. I saw this as I heard an elderly lady scream which it got my attention and led me to leave my office to see what had happened. What Debbie did was phenomenal, and she deserves the recognition for doing this, helping the elderly gentleman, and not leaving his side until help came.

Jude McShee, F1, and Jessica Cuthbertson, Vascular Specialist Nurse **York** **Nominated by colleague**

Early Friday morning, the vascular registrar was phoned by the F1 from Ward 34 to escalate a patient with acute limb ischaemia. This is a life-threatening emergency and is quite often managed badly. For an F1 to recognise, manage, and escalate it in such a timely manner is impressive. Especially as it was coming toward the end of his night shift and resulted in him staying late to handover.

I am also nominating Jess who rearranged her morning with little notice to support Ward 34 with setting up IV heparin. This is a restricted medicine due to its complexity and allowed this patient to be safely transferred to theatre.

Raie-Clare Underwood, Phlebotomist **York** **Nominated by relative**

My fiancé and I visited the outpatient phlebotomy walk-in services to have my fiancé's blood taken. My fiancé has severe anxiety around blood taking and had a hypoglycaemia episode prior to the blood taking, which Rae-Claire dealt with in a professional and calming manner. She took her time, never rushed us, and had an incredible manner that relaxed us both.

She distracted my fiancé effectively and gave them so much choice with things like if they wanted to be told when the needle went in and what position to be in, which made them feel valued and safe. Rae-Claire went the extra mile to be kind, open, and excellent, and my fiancé left knowing that not all experiences of blood taking are scary.

Rich Atkinson, Porter **Scarborough** **Nominated by visitor**

When I was 16 years old, I was admitted to Scarborough Hospital with abdominal pain. I was usually fit and healthy, so being in hospital made me quite nervous. It turned out that I needed surgery, and I spent around four weeks on Maple Ward, with a few subsequent admissions.

During my stay and at further admissions, I met Rich, who would take me to and from various departments for scans. He was always chatty, kind, and polite, and he made me feel at ease throughout what was a difficult and unfamiliar time, often cracking jokes to lighten my spirits. I even remember telling my mum how kind he was.

As the years went by, those memories faded a little, until today. I'm now 31 years old, and I was back at Scarborough Hospital with my pregnant wife and our two-year-old son in the Radiology Department. I happened to see Rich again, walking by, and it brought back all those positive memories.

What struck me most was that his attitude hasn't changed one bit. He spoke to every person he passed; patients, visitors, and staff alike and he took the time to chat with me and my son as well. He truly comes across as a genuinely kind and caring person.

I'm under no illusions that Rich will not remember me, but I, and I would suspect so many others, will remember Rich for his person-centred approach to hundreds of patients. It's people like Rich who make the NHS what it is; compassionate, human, and dedicated. He's a real unsung hero.

Whilst Rich may or may not be the recipient of a Star Award on the back of my feedback, I would really appreciate this being shared with him.

Magnolia Centre **York** **Nominated by patient**

What can I say, the team are amazing. I turned up at the Magnolia Centre to see if I could make an appointment as due to having breast cancer five years ago, I am still in the system and I was concerned about some pain. As I got upset, a lovely lady (sorry, I don't know her name) brought me tissues and some sweets. I did not expect to be seen that day or straight away, but I was. Gemma Barlow and Doly Baby were amazing, caring, and lovely. I was examined, talked to about my concerns, and told everything was OK and normal. The magnolia team are just amazing thank you thank you so much.

Kimberly Johnson, Healthcare Support Worker **Scarborough** **Nominated by colleagues**

Kim is always helpful with whatever you ask of her, she just does it and never moans. She is always looking for ways to make things better for patients and relatives. She has designed a lovely note for any relative that is going through sad times with a patient. If other colleagues are finding it hard, she is always willing to give them a helping hand. She is often baking cakes for everyone. It would be lovely for her to be recognised for all her help.

Alexander Swystun, Advanced Practitioner **York** **Nominated by colleagues**

Alex has worked alongside his clinical duties for several years to actively support Ophthalmology research at York Hospital. He has been a passionate champion for research within the Ophthalmology Department and across the wider Trust, representing the team at international conferences.

Alex has played a vital role supporting recruitment, conducting research visits, and ensuring studies are delivered to a high standard. He exemplifies dedication and professionalism, regularly going above and beyond to help meet key targets and achieve study outcomes in a kind and open manner.

His commitment, collaborative approach, and considerate manner make him a highly valued member of the team. Alex also has a great sense of humour which always brightens up our team's day.

Ellen Davies, Staff Nurse **York** **Nominated by colleague**

Ellen is one of the biggest assets to G1. Her work never goes unnoticed by her colleagues. I hope that she can gain more recognition for the level of efficiency she has and for her hard work ethic as well as her dedication to teamwork.

Unfortunately, I don't often work here with Ellen, but when I have seen her, she has always created a calming, happy, and positive atmosphere on the ward. She is willing to help you with anything you need, even if she is busy, she goes above and beyond to ensure she has time to help you. She never fails to put a smile on your face. What every work environment needs is somebody like Ellen. Often, I overhear people talking about what a brilliant nurse she is, and I hope she knows that everyone is proud of the work she does.

Emergency Department **York** **Nominated by relative**

All the medical team treated my daughter on 11 October, who is autistic and terrified of doctors, with care and kindness, especially the duty doctor (John) and the Healthcare Assistant (Patrick, I think). The staff found us a quiet room to sit in, which was a great help.

Thanks also to the Healthcare Assistant who kindly got me a cup of tea. I am grateful for their care when my daughter was feeling poorly and was in pain.

Surgical Assessment Unit **York** **Nominated by patient**

Absolutely amazing, speedy care! We must have been seen by seven experts and all were exemplary. Thank you so much.

Emma Shippey, Head of Compliance and Assurance **Scarborough** **Nominated by colleague**

I am nominating Emma for a Star Award in recognition of her exceptional leadership, dedication, and unwavering commitment to excellence during two major CQC inspections within just six months. Emma took full ownership of the preparation and oversight for both visits, working tirelessly, often late into the evenings, across weekends, and unpaid, to ensure every detail was meticulously collated and presented.

Her efforts went far beyond the call of duty. Emma's work directly contributed to a smooth and successful inspection process, which not only reflected positively on the Trust but also ensured that patients, visitors, and staff were represented with integrity and care. Her ability to remain calm under pressure, communicate openly with teams, and maintain a spirit of kindness throughout the process was nothing short of inspiring.

Emma embodies the Trust's values in everything she does.

- Kindness: She supported colleagues through stressful periods, always offering a listening ear and practical help
- Openness: She fostered transparent communication across departments, ensuring everyone felt informed and included
- Excellence: Her attention to detail, strategic oversight, and relentless pursuit of quality set a gold standard for CQC readiness

Emma's contribution has made a tangible difference to the Trust's reputation and to the morale of those around her. She truly went the extra mile and then some and deserves to be recognised for her outstanding commitment and impact across both the visits.

Charlie Gray, Operating Department Practitioner	**York**	**Nominated by colleague (on behalf of the Yorkshire Organ Donation Service Team)**

York Theatre Team recently supported a patient in becoming an organ donor and all the team were engaging and helpful throughout the donation process, especially a newly qualified Operating Department Practitioner (ODP), Charlie.

A new novel retrieval technology, ANRP (Abdominal Regional Reperfusion), was utilised during surgery to save more lives, which meant there were additional needs from the retrieval team. Charlie met these needs efficiently and quickly. He also stayed beyond the end of his shift as he had not participated in final cares of a patient before and was keen to do so. He only left theatres when the night team encouraged him to do so.

Charlie and the rest of the theatre team I worked with should be commended for their engagement, hard work, and professionalism throughout an emotive, stressful environment where so much is at stake and in which our donor family puts so much trust in us. It was a pleasure to work with them.

Monika Blajek, Generic Support Worker	**Selby**	**Nominated by relative**

Monika was great. She was able to give a direct patient-centred care as she was able to speak Polish to my mum, which put my mum and myself at ease. Her professionalism and experience put me at ease knowing my mum is in good hands. Nothing was too much to ask, and she always went extra mile to deliver best care to my mum. She explained and helped with anything we struggled to understand. She was kind and open and delivered excellent care. She guided me towards who to contact when I needed advice from other services. Mum was always looking forward to Monika's visiting. A super star.

Sam Coombs, Service Operations and Transition Manager	**York**	**Nominated by colleague**

Sam has taken on the Maternity Telephone Line project and embraced the challenge. He has been patient and worked tirelessly every day to ensure that we got this line launched and that it was successful.

Today, it has been launched, and it is in use and is running smoothly. This will improve the experience of both families calling and staff members answering the lines. Sam made it possible. Thank you, Sam. We are so grateful.

MRI Team **Scarborough** **Nominated by patient**

This nomination is for the team who cared for me on 2 September (Becky, Phil, David, and Jane). I was given thoughtful care from the start. The female assistant who helped check me in was kind and empathetic about my medical situation.

I hadn't had an MRI in a while, but my previous experience was in a scanner which was more of a donut shaped loop versus an elongated tube. Upon seeing the MRI Scanner I was anxious. Then as I was (understandably) strapped down at my head and arms and began to be slid into the tube. I could not conceive of how I would make it through the scan. With great patience the team brought me out and helped me get settled.

Between this reaction on my part and what they stated to me was an uncommon scan, which required some collaboration amongst themselves, it is possible that the team would have felt a bit behind schedule for most of the day. I recognise this may have impacted them and possible other patients through that day. Yet I was made to feel that I was no bother and given time to adjust to the situation and have the scan completed. I deeply appreciate their kindness, professionalism, and patience to care for me as an individual.

Reece Dodsworth, Deputy Charge Nurse **York** **Nominated by patient**

I visited ED in the early hours of Monday morning. I was visiting due to an instance of self-harm, where I had hit an artery, and could not stop the bleeding. Reece was so kind to me, a level of kindness I was not used to when visiting for self-harm reasons. He made me feel safer than any other clinician had in my visits for self-harm, of which I've had many. He went above and beyond to make sure my privacy was respected in such a vulnerable moment, even finding me a private place to sit, so that I wasn't subject to judgement in the waiting room. Thank you.

Helena Davis, Phlebotomist **York** **Nominated by patient**

Helena was friendly and welcoming. I was passed on to her after another phlebotomist couldn’t find a vein. I explained to her that I faint, and she was accommodating and kind. She ensured that I had food and friends to make sure I got home safely. She followed proper protocols and made sure that I was put at an angle and stayed there until my blood pressure was back up to normal. She stayed with me and made sure that I felt well before I left. She checked both arms to find the best vein, so she did not have to try multiple times.

I am training to be a paramedic, and we chatted about different techniques and her way of doing things. She made sure she was open with what she was doing, which is helpful to a control freak like me! Helena has made up for all the other bad experiences I have had in the past. I am so grateful.

Ella Heaney, Healthcare Support Worker **York** **Nominated by colleague**

Ella consistently demonstrates the Trust values of kindness, openness, and excellence within all aspects of her work. She remains calm and composed in challenging situations, providing reassurance to her colleagues during these times. Her willingness to step in and support other wards whenever help is needed and her dedication to the wider service doesn't go unnoticed.

Through her professionalism, compassion, and commitment, Ella sets a shining example for others and makes a meaningful difference every day. We are lucky to have such a wonderful team player who always brings a smile and laughter to work.

Daniel Robinson, Administrative Assistant **York** **Nominated by relative**

I arrived at York Hospital on with my daughter, Neve, who was suffering from chronic abdominal pains. Upon entering the car park, the first space I could find was on the 2nd floor. I parked and, with a struggle, got Neve out of the car. As we started to walk, she started to collapse and said she couldn't go any further. There was no one around to help, I manged to walk her back to the car and sit her back in then went to find a wheelchair. However, there were none to be seen at the entrance to the car park, so I went to the Car Parking and ID office. Dan came to the window, and I explained and asked for help. He sent a security guard to get a chair then accompanied me back to my car where he spoke with Neve calmly, reassuring her.

Having seen the pain and discomfort she was in; he ran back to the office and rang the ED, so they knew we were coming. He then came back to me with a chair, he helped get Neve in the chair, and then pushed her to the ED reception, distracting her from the pain and worry by chatting away to her. He stayed with her while I booked her in and then helped park her up in the waiting area, all the time comforting her and reassuring me.

Neve was admitted and later that evening had surgery to remove her appendix, so my car remained in the car park until late that night when my husband could come and collect it as I was staying on Ward 17 with my daughter. When he got to the car, Dan had left a lovely note, which was so thoughtful.

I think Dan encompasses all the Trust’s values. He was kind and caring throughout and, to be honest, I am not sure how I would have got Neve to the ED without him. I am sure there are plenty of people who arrive and park in the car park who need help and to have a person such as Dan to hand is reassuring. What an asset he is to our Trust.

Laura Twigge, Staff Nurse **York** **Nominated by colleague**

Laura is a fantastic nurse, from teaching students exactly the reasons behind why things are performed to her compassion and communication with patients, she is beyond exceptional. Laura goes above and beyond to explain to patients what will happen during their time on SDEC, putting them at easy and offering additional services from the get-go. She is still eager to learn and talks things through with doctors to fully understand why she is being asked to perform a task.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

STAR AWARD

November 2025

Jo Sanderson, Jim Ferguson, and Sally Jackson, Emergency Nurse Practitioners	**York**	**Nominated by relative**

Jo, Jim, and Sally diagnosed, medicated, and stabilised my husband's nasty arm fracture after his freak fall at a football match. They dealt with him swiftly, professionally, and with good humour. Their excellent practice and friendly care made my husband feel safe and relieved his pain as quickly as possible. You do an incredible job in one of the most challenging roles and you deserve every commendation. Thank you.

Josie Canete, Senior Support Worker	**Scarborough**	**Nominated by colleague**

Josie was seeing a patient who had come in following a fall and was concerned around dizziness. When completing observations, she noticed that their heart rate was variable and dropping to levels that caused concern. She was then able to feed this back to the medics and therapy team. This led to further investigation and the patient was then given a pacemaker within 48 hours of Josie's assessment. The patient has since left hospital and able to return home. Well done, Josie, for your vigilance and communication with the medics which led to this.

Rachel Hedges, Senior Sister	**York**	**Nominated by colleague**

Part of a manger's duty is to support, guide, and offer advice about sickness and return to work. Rachel, however, has supported me throughout one of the most difficult times in my life. With professionalism and support, I have been facilitated more than ever during a time of unwanted calamity and illness, and I am grateful for how Rachel has supported me. The return-to-work journey has been the best support I've ever had in my 21 years of working in the Trust. Thanks for providing sensible advice, guiding me throughout the process, and making the return to work go successfully. Thank you for your sense of humour and kindness, Sister!

Yvonne Stone, Senior Healthcare Assistant	**York**	**Nominated by colleague**

Colleagues don't have to take their work home with them, but my college Yvonne has supported me thorough a tough time. My colleague has been a listening ear, a guide, a mentor, and a confidant in what I can only describe as the worst time of my life. It's much appreciated that you have taken the time outside of work to contribute to getting me back to work. Thank you for supporting me by being available to chat, advise, and reassure and by being a great friend. Thank you for caring and going above and beyond! Thank you for supporting my return to work by checking in on me.

Print Shop **Scarborough** **Nominated by colleague**

I am nominating the Print Shop team for a Star Award in recognition of their outstanding support in the lead-up to this year's Celebration of Achievement event. In the busiest of times for my team, they pulled out all the stops to help us deliver everything we needed - from the programmes and table plans to hundreds of name cards. Their attention to detail, professionalism, and sheer willingness to go above and beyond made a huge difference.

A special mention goes to Gillian, who personally grouped and ordered all 270 name cards by table, entirely off her own initiative. It wasn't something we'd asked for, but it saved us an enormous amount of time and stress during the final stages of preparation. It's gestures like this that show true kindness and a commitment to excellence in everything they do.

Throughout every request, big or small, the team have been approachable, patient, and open in their communication - nothing is ever too much trouble. They consistently deliver high-quality work, often to tight deadlines, and do so with a genuine desire to help others succeed.

Raie-Clare Underwood, Phlebotomist **Community Stadium** **Nominated by patient**

I wish to compliment the Phlebotomist, Raie-Clare who took my blood this morning. She was friendly, professional, and an excellent blood taker. As a retired specialist nurse, it was wonderful to meet someone with a real love for her job. Thank you.

Laura Wendon, Research Occupational Therapist **York** **Nominated by colleague**

Laura has stepped into covering research studies in a brand-new set of specialities with incredible confidence and skill. In a matter of weeks, she has successfully supported patient visits across several trials, as well as taking the lead in setting up three more new studies. She has done this while also balancing it with her prior workload in the Medicine Research Team, and her own research project. This support has come at a point of severely low-staffing and stress within the CS&CSS Research Team and has been essential to the continuation of work in the team.

Dannii Roulstone, Staff Nurse **York** **Nominated by relative**

During my daughter's three-day hospital stay, we were incredibly fortunate to have such a wonderful team looking after her, especially Dannii. She was consistently kind, patient, and supportive, taking the time to make my six-year-old feel comfortable and safe in what could have been a stressful experience. Her warm manner and gentle approach brought real comfort, not only to my daughter, but also to myself.

Danni cared for my daughter on the Day Unit five days prior when she had her surgery, and even remembered the pyjamas my daughter was wearing that day, which made my daughter feel so special. She communicated clearly and compassionately, keeping us informed and reassured every step of the way. Thanks to her attentive and caring nature, what could have been a difficult few days turned into a much more positive, and even enjoyable, experience. We are deeply grateful for the genuine care she provided. I hope she gets the praise she deserves.

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

I injured my foot and couldn't weight bear. I arrived at York Hospital early evening on Friday 17 October with my husband. Once we made it to the Emergency Department, we found that it was busy but the check in was swift and efficient. There was a long wait to be seen, but, eventually, my name was called and Arran introduced himself and apologised for the wait. I immediately relaxed as he put me at ease. After examining my foot and assessing what the injury was most likely to be, an x-ray was swiftly taken of my foot, and we returned to the assessment/treatment cubicle area. Arran managed our expectations throughout the process.

When we returned, Arran was dealing with a patient with a dislocated shoulder and as he passed the cubicle, he kept us updated with how long he'd be. It was one of many small things Arran did that didn't take long to say but made a huge difference to me. Arran's assessment was 100% right. I had a fracture of the fifth metatarsal. He was so clear in articulating what I needed to do and the timescales for recovery. I was provided with a printed summary, and he took me through the key points and diagrams. His demonstrations of the brace and crutches were clear. Initially I wasn't sure if I needed crutches. Arran let me work out for myself that they helped me to walk. I was offered a chance to see the x-ray and I appreciated this too. Again, a small thing but this helped me.

Arran was like a breath of fresh air. Yes, we'd had a long wait but from the moment my name was called, it was a very positive and patient centred experience. Based on my experience, Arran exhibited the best standards of medical care combined with a kind and considerate approach.

Pathology Lab **Scarborough** **Nominated by colleague**

I would like to send a message of thanks and appreciation to all those involved in analysing blood samples. Whether I'm ringing the lab to add-on an unusual test, liaising with them to obtain results for a patient transferred from the hospital to the hospice, or dropping off urgent bloods, the team are always friendly and helpful. I also appreciate the magic they can work when running blood tests from tiny volumes of blood (some of our patients are unfortunately extremely difficult to bleed). Thank you for everything you do every day, I hope you know that you're appreciated!

Katrina Blackmore, Consultant Microbiologist **Scarborough** **Nominated by colleague**

Dr Blackmore provides pragmatic, patient-centred, thoughtful advice to clinicians. I am grateful to all the Microbiology Team for providing expert guidance on antibiotic regimes for medically complex patients. However, I am particularly grateful to Dr Blackmore for her help during some difficult situations recently.

A few months ago, she advised on a complex IV to oral switch that enabled a patient to be transferred to the hospice for symptom management whilst still receiving antimicrobial treatment. This enabled them to spend the last months of their life in an appropriate place for their complex pain. Dr Blackmore combines pragmatism with expertise and is always friendly and approachable over the telephone and face-to-face. Thank you!

Tammy Hodgson, Deputy Sister **York** **Nominated by patient**

Being on a certain antibiotic, I needed regular blood tests. The first one I went to the hospital and, after seeing how much I struggled, Tammy called at my house for the next one. She kept me informed with results and any follow up needed. After being in hospital again, she noticed that a referral for blood test had not been done, so she rang me and did the blood test.

There was a problem with my blood, so once again she called for blood and took it straight to Scarborough to the lab so there was no waiting around. She called with the results and was a go-between between me and the consultant. This has happened quite a few times over the last few months. I am so grateful to Tammy, I appreciate everything she has done for me. She is one in a million and I am so thankful to her.

Karen Morley, Deputy Sister **Scarborough** **Nominated by relative**

I really do not know where to start; Karen made our recent stay in Scarborough Hospital such a warm and positive experience that I felt that she needed to be recognised for her amazing attitude and approach. She was welcoming, compassionate, caring and patient alongside a wonderful personal bedside manner, which made my daughter, and I feel totally at ease. My daughter was delighted when she was assigned to look after her for the second consecutive night of our stay.

Karen was professional but approachable and was always one step ahead of the plan offering advice, support, guidance and reassurance to both me and my daughter. She solved problems before I even realised that there was one! Her friendly tone extended not just to parents and children on the ward but to other professionals and adults too! In such a busy department, she really is a gem.

She is an absolute credit to Scarborough Hospital and deserves to be celebrated for going that extra mile in everything that she did for us and the other patients. Please pass on our heartfelt thanks to her as she really did make a truly horrible experience of complex surgery much more of a positive experience for myself and my daughter.

Emergency Department and SDEC **York Hospital** **Nominated by patient**

In mid-October I attended the Emergency Department (ED) suffering from heart palpitations. I was quickly assessed and had an ECG. I was then handed over to SDEC who continued to evaluate my condition. I was kept in overnight and discharged the following morning having seen a cardiologist. A huge thank you and well done to all staff. Even though both departments were very busy I was treated with respect, kindness, and professional expertise. At a time when the NHS is constantly under the spotlight, I was impressed at the high standard of care that I received.

Jangchuk Lhamo, Healthcare Assistant **Scarborough** **Nominated by colleague**

Jang constantly demonstrates the Trust values; she has a smile on her face every shift and always helping the team. Jang makes the day-to-day running of the ward a lot smoother, and patients are a lot happier. Jang makes the ward a better place, and we are lucky to have her as a member of our team. Thank you, Jang, for all your hard work.

Georgia Young, Registered Nurse **Community** **Nominated by patient**

Georgia has been dressing my pressure sore wound for over two years; she came back from maternity leave within the two years. It was apparent to us when she returned, she is a lot more confident in her work. If there is a problem, like now, she has advised to have the dressing changed every day instead of every other and to have more bed rest as this will help. She also took a photo to send to her senior. Her approach is holistic, and she thinks outside the box how things affect you both mentally and physically. Another example of Georgia was that a senior member of staff rang to ask her to cover extra calls she willingly said yes. She is well thought of by other staff members for her forward thinking and for been well organised. Georgia is a credit to herself and the modern nursing profession.

Isabel Macdonald, Principal Radiographer **Scarborough** **Nominated by colleague**

Isabel recently attended a local business conference to represent and raise awareness for North Yorkshire Breast Screening. She spoke to many different members of the community (employers and employees) in this conference in small focus groups, explaining the benefits to breast screening and how to access this as well as educating local businesses on the importance of attending and allowing employees to attend their screening appointments.

Following this, Isabel received an email on behalf of an attendee who she spoke to. Since Isabel had spoken to her about Breast Screening, the client, who had been ‘putting off’ booking an appointment and was nervous about her screening, booked her first breast screening appointment. Consequently, the client was diagnosed with having breast cancer and is now undergoing treatment. Due to Isabel's discussion and education on breast screening, the client's cancer was found at an early stage, which may have gotten worse if it had been left.

Terri Dixon, Administrator **Scarborough** **Nominated by colleague**

Terri is an outstanding member of the Children’s Therapy Team and is truly deserving of a Star Award. Month after month, she receives compliment cards in our team meetings for her exceptional hard work, commitment, and dedication to her role as Administrator. Terri has a remarkable way of connecting with parents and families. She approaches every phone call with warmth, empathy, and professionalism - often putting anxious parents at ease and handling even the most difficult conversations with genuine care and compassion. She is, without doubt, the backbone of the Children’s Therapy Team.

Terri goes above and beyond every single day, supporting colleagues, solving problems, and ensuring everything runs smoothly - often without seeking recognition for her efforts. Her reliability, and commitment make her an invaluable part of the team. Terri's modest nature means she always says she is "just doing her job," but in reality, she is doing far more. We are incredibly lucky to have her as part of the team, and this Star Award would be a well-deserved recognition of everything she contributes behind the scenes.

David Haley, Imaging Support Worker **York** **Nominated by relative**

My mother visited in October for an out-patient CT scan. We checked in and were then met by David Haley, Imaging Support Worker. He was very calm; my mum was very worried about attending after a not so good experience as an in-patient. She has no mobility and although we had emailed ahead to say that she needed a bed to transfer onto, this hasn't always happened.

On this occasion it was ready, David knew where she needed to be, organised a PAT slide, said that a consultant radiographer would be along, when he brought an ultrasound machine, to assist with cannulation (which went very well too, so that you to Dr Niall Warnock too). David, checked that Gill was okay at every stage, made sure she was comfortable, told her in advance what was going to happen and roughly when. He chatted to her to put her at ease and with a smile! After he had taken her to the scanner, he came back to check I was okay and what address we needed to go back to so that he could ring patient transport quickly. He again came back and told me that he had rung.

He brought mum back from the scan and explained about when he could take the cannula out and that he would be back - he did come back when he said he would - checked periodically that mum had anything she needed whilst waiting for transport - He made a very anxious patient have a very pleasant experience and truly cared for the patient - thank you very much David!

Shelley Davies, Healthcare Assistant **Scarborough** **Nominated by colleague**

I have recently started doing shifts in the department and have consistently been blown away by the way in which Shelley can handle any situation thrown at her. I was initially very nervous, but she did everything she could to orientate and assist me to help me integrate into the team, even offering me a lift home after a busy shift. She shows kindness, integrity and respect to every individual she encounters and frequently goes above and beyond for her patients and colleagues. She is very knowledgeable and works tirelessly to assist with the smooth running of the department, and always with a smile on her face. I would love her to receive this award, to show her how admired and appreciated she is.

Alex Monk, Ward Clerk **York** **Nominated by colleague**

Alex will always go the extra mile to help where she can. This includes cross covering the acute wards, moving areas and working extra shifts to support where she can. She is an asset to our Ward Clerk Team.

Mo Bird, Ward Clerk **York** **Nominated by colleague**

Mo is amazing; she fully supports the CG1 Ward Clerk Team and provides support to all wards. Nothing is ever too much when you ask for assistance in covering other areas at short notice. She is a pleasure to work with and a credit to our team.

Gillian Locking, Cat Vollans, Nat Barker-Dunwell and Emily Maurice, midwives	**York**	**Nominated by colleague**

I'd like to nominate some of the Maternity midwives across both York and Scarborough sites for an Atar Award: Gill Locking, Cat Vollans, Nat Barker-Dunwell, Emily Maurice. We developed a new phone system in direct response to a CQC recommendation, which involved a complex operational and technical change to a key patient-facing emergency line. Although they were not technically experienced, all the supporting midwives were really involved with the technical aspects, actively contributing to the development and implementation. This included supporting the logical development but also running through detailed tests to ensure everything functioned as expected, recreating scenarios to test multiple layers of backups.

It was a pleasure to work with such a lively, sharp, and collaborative team. All change has some level of disruption, but thanks to their hard work and attention to detail, this significant change has already had a smooth rollout and continues to improve.

Rebekah Miles, Children's Community Nurse	**Scarborough**	**Nominated by colleague**

Becky has risen to the challenge of training at short notice her colleagues on Rainbow Ward in the area on BiPap and ventilation. Becky has been the embodiment of the Trust values in that she has done this with kindness and care for the patient in question and her colleagues who felt very vulnerable. She has been professional, cheerful and responsive. She has been open to helping and listening to others' concerns and worries. She has ensured her training was to a specific standard and liaised with her tertiary centre colleagues with a can-do attitude to get the best outcome for the patient.

Patricia Moorhouse, Audiologist and Tracy Devine, Chief Audiologist (Paediatric)	**York**	**Nominated by relative**

My son was born with Microtia, which has resulted in hearing loss. Over the years, we have received exceptional care and support from both Trish and Tracy. My son has faced several challenges throughout this journey, with his abutment surgery and hearing aids. On numerous occasions, both Trish and Tracy have gone above and beyond to ensure he is never without a hearing aid, often going out of their way to provide solutions quickly and with such kindness. They even managed to see him last minute within the same week to ensure my son wasn't without a working hearing aid. Their compassion, dedication, and understanding have made what could have been a very distressing experience so much easier to manage, especially during times when his surgeries were unsuccessful.

They are truly the most wonderful, caring people, and I am deeply grateful for the difference they have made to my son's life - and to ours as a family.

Jennifer Ramon, Staff Nurse **York** **Nominated by relative**

I am nominating Jen from Ward 24 for her exceptional care and compassion while looking after my mum, who was unwell with flu and pneumonia. My mum is deaf, which makes communication challenging at the best of times, and the use of masks made things even harder. Despite this, Jen showed incredible patience and understanding. She took the time to ensure my mum could understand what was happening and made her feel safe and cared for throughout her stay.

Her kindness and empathy made a difficult experience much easier, and I am so grateful for the thoughtful, person-centred care she provided. Thank you, Jen, for going above and beyond.

Helen Chiplin, Datix Manager **York** **Nominated by colleague**

At a moment when the Digital Team is operating at full stretch to design and build the Trust's new Nervecentre EPR, Helen stepped in - without fuss - to set us up a new Digital Risk Register in Datix. She personally input 30 comprehensive risk entries, ensuring that the descriptions, scores, owners, mitigations, and review dates were all accurately reflected in the data. This meticulous work must have taken the best part of a full day, and Helen completed it just after returning from annual leave.

The impact of this has been:

- Immediate assurance and visibility: Digital leaders and the Trust's Risk Committee can now see Digital risks clearly in one place, enabling timely decision making and escalation.
- Governance is strengthened: Complete and accurate entries support meaningful discussion at governance forums and reduce the chance of gaps or duplication.
- Operational efficiency: By taking on the 'heavy lift', Helen saved the Digital Team significant time when resources are at their tightest during EPR delivery.
- Patient safety benefits: Better managed digital risks reduce the likelihood of disruption to clinical systems and services.

Helen has exemplified professionalism, teamwork, and kindness. She noticed where the need was greatest, brought accuracy, and reliability to a core governance process, and did so quietly and diligently. Her actions demonstrate going the extra mile to support colleagues and keep patients safe. Behind the scenes, this kind of careful, accurate work is easy to overlook - yet it is fundamental to safe care and successful transformation. The Digital Team is incredibly grateful for Helen's support.

Helena Davis, Phlebotomist **York** **Nominated by relative**

My 6-year-old daughter had a blood test this morning and was quite nervous. The nurse, Helena, made an extra special effort to make her comfortable and was kind and thoughtful, rewarding her for her bravery. Her care and blood taking was excellent. Perhaps even more important, she made my daughter feel safe. Thank you, Helena!

Laura Gal, Porter **York** **Nominated by colleague**

When helping a patient order a taxi, she was patient and helpful to the lady. When she helped her get from the wheelchair into a chair and knew the patient had over an hour's wait for her taxi, she went off and came back with some magazines for the patient to read while she waited. She was generally just so kind, asking if there was anything else the patient needed before she left. It was lovely to see such natural kindness towards the patients.

Beth Atkinson, Community Staff Nurse **Community** **Nominated by colleague**

As Nurse in Charge on a shift, I received a call from Lynn Briggs, Specialist Palliative Care Nurse, relaying a message from patient's wife. They said Beth was wonderful and that she helped them manage a stressful situation, which without her they would not have managed. She stayed late to make sure patient was settled and that everything was in place for his management overnight.

They wanted to pass on their thanks for her support and care. This patient deteriorated rapidly and required numerous medications to manage his symptoms. Beth went above and beyond to help this family, not only giving the medications, but visiting OOH's GP to get meds prescribed for a syringe driver and returning to see family again and supporting them.

Natalie Massheder, Registered Nurse **York** **Nominated by colleague**

Natalie has started as a NQN on the ward over recent weeks and has been very supportive to the other NQNs and staff. Natalie arranged a meal for the new NQNs to help everyone get to know each other. She is a thoughtful colleague, often checking in with other staff after challenging shifts and has brought a positive energy no matter the shift, making that transition for the NQNs all that bit easier.

Gaynor Hall, Emergency Nurse Practitioner **York** **Nominated by relative**

I wanted to express my sincere gratitude for the exceptional care provided by Gaynor, when our teenage son was treated after sustaining several deep lacerations to his fingers during a school practical lesson. From the moment we arrived, Gaynor showed not only outstanding clinical skill but also immense kindness and compassion - both to our son and to me, as his mum. She expertly sutured one of his more serious wounds, managed his pain with great care, and made sure he was comfortable throughout. She also correctly identified the need for further intervention and referred us promptly to a specialist.

Today, we saw the plastics team for follow-up surgery, and the specialist specifically praised the quality of Gaynor's suturing, commenting that it was of specialist-level standard. As a fellow nurse, I know how meaningful it is to receive recognition from both patients and professional peers, and I wanted to make sure her excellence didn't go unnoticed.

Please pass on our heartfelt thanks to Gaynor and the wider team. We are incredibly grateful for the diligent and compassionate care given to our son.

Maple Ward	**Scarborough**	**Nominated by patient**

Absolutely brilliant and lovely staff; they all gave 110%. Many thanks to you all for looking after me - much appreciated.

Danielle Phillips, Healthcare Assistant	**Scarborough**	**Nominated by colleague**

I am nominating Danielle for a Star Award as she always walks onto any ward for any shift with a positive happy attitude and instantly makes staff and patients smile. She treats all staff and patients with unmeasurable kindness and is willing to always help others without a second thought. Always going above and beyond to deliver the best care and support to everyone on the ward and no job is too big. Danielle really deserves a Star Award as she deserves recognition for the admirable efforts and aura she delivers to the shift.

Megan Irving, Registered Nurse	**Scarborough**	**Nominated by colleague**

Megan is an exceptional newly qualified registered nurse who consistently goes above and beyond for her patients. Her bedside manner is second to none very compassionate, calm, and reassuring, ensuring every patient feels truly cared for and respected. Megan's dedication doesn't stop there. As a colleague, she is incredibly supportive and encouraging. During my training in bloods and cannulas, she has taken the time to guide me with patience and confidence, helping me feel capable and valued every step of the way.

Her professionalism, kindness, and commitment to both her patients and her team make her a true asset to our ward. Megan embodies the very best of nursing - empathy, excellence, and teamwork and she truly deserves this Star Award.

Stephen Cook, Senior Network Specialist	**York**	**Nominated by colleague**

Stephen has been instrumental in enabling the Trust Parking App to work on the hospital Wi-Fi. Although the App was introduced in June 2023, it has only now become accessible to all users. Stephen worked closely with the App developers and their IT support team to make this possible. I would like to nominate Stephen for his dedication and perseverance. Without his support, it is unclear when the App would have become available - or how much longer the process would have taken.

Thank you to everyone involved. This is a significant milestone for the Trust.

Tracey Ellis, Healthcare Assistant	**Scarborough**	**Nominated by colleague**

Tracey is the kind of colleague everyone wishes they had - dedicated, compassionate, and endlessly supportive. She consistently goes above and beyond, making life easier for everyone around her while bringing positivity and warmth to every situation. Always eager to learn and engage with patients, Tracey brings a bubbly and uplifting energy to the workplace. She regularly puts the needs of others before her own - even dropping her personal plans and coming off annual leave to support the team when needed. Despite facing personal challenges, including the recent bereavement of her beloved dog, Tracey continues to show remarkable strength and selflessness. She turns up to work with a smile, checks in on her colleagues, and makes sure everyone feels valued and cared for.

Tracey truly embodies the spirit of teamwork, compassion, and dedication. She is an inspiration to her peers and a shining example of what it means to go the extra mile.

Sam Armour, Community Staff Nurse	**Community**	**Nominated by colleague**

Sam visited a patient who had recently been discharged from an out-of-area service, where the discharge had been handled poorly. Sam acted as an advocate for the patient and their family, liaising with multiple parties to ensure the best possible outcome.

Maisie Luckhurst, Outpatient Services Administrator	**York**	**Nominated by colleague**

Maisie offered insightful guidance and effective support that enabled me to resolve a technical issue, resulting in a clear ‘light bulb’ moment of understanding.

Tracy Devine, Senior Specialist Paediatric Audiologist	**York**	**Nominated by colleague**

I wanted to nominate Tracy as she is honestly one of the pillars of the Audiology department. This year has been a very challenging year trying to manage unexpected long term staff sickness, and Tracy has managed so much of the extra paediatric workload across multiple sites. She always has a smile on her face and is ready to help anyone at moment’s notice.

Even when it feels like the department is under, Tracy regularly keeps us afloat, and we are always grateful to her. She never asks for anything in return except for a good cup of tea.

Abigail McCulloch, Senior Healthcare Assistant **Scarborough** **Nominated by colleague**

I bring to your attention a remarkable act of dedication and care that aligns beautifully with our hospital values. I would like to nominate Abbie for an award for their outstanding effort. Recently, Abbie looked after an entire bay all by themselves without a single complaint, while I, the nurse in charge at the time, was occupied with some other patients who were in critical condition. Abbie's ability to manage the situation so effectively, ensuring that each patient received the care and attention they needed, is truly commendable. Her actions not only demonstrate a high level of professional competency but also embody the values of teamwork, commitment, and excellence that we strive for at Scarborough Hospital.

It's moments like these that remind us of the incredible dedication and hard work the team puts in every day. I believe this individual deserves to be recognised for their contribution and dedication to patient care.

Nicoleta Clarke, Healthcare Assistant **York** **Nominated by patient**

Been a patient with a physical disability and autism, this member of staff went above her duty to ensure I had the care I needed whilst feeling at ease with being in hospital. She found me sone jigsaws and games to ensure I had something to take my mind off things. She made sure she was around when different people kept coming in to assess me, she provided a comfort and a familiar face. She was there to reassure me when I got overwhelmed by the situation. She provided great personal care and assistance without making it seem awkward. She made my hospital stay a positive experience.

MRI Team **Scarborough** **Nominated by patient**

The Team was friendly, relaxed, and caring; they inspired confidence, and they were efficient and professional.

Emergency Department **Scarborough** **Nominated by patient**

I would like to formally recognise and thank the nursing team who cared for my family and following a road traffic accident. We arrived at Scarborough Hospital between 10:00 pm and 11:15 pm and were treated in the Emergency Department. Although we were very shaken, we were fortunate not to have sustained serious injuries. Throughout our time in the department, the nursing staff were exceptionally attentive, reassuring, and professional.

I would like to mention two male nurses, one of whom was named Richard, and a paediatric nurse (sorry we did not get his name) who cared for our son. Their calm manner, kindness, and compassion made a stressful and frightening night much easier to manage. They went above and beyond to make sure we were comfortable, informed, and supported at every stage. Their empathy and professionalism were deeply appreciated and are a credit to both the hospital and the NHS.

Please pass on our sincere thanks and appreciation to the individuals involved and the wider team working that evening.

Daniel Brown, Materials Management Officer **Scarborough** **Nominated by colleague**

Dan has supported both Enhanced Care and Critical Care with their stores and consumables since moving into the new area in April 2025 which was a completely new area to him and critical care a new team to him.

Dan has ensured all storerooms across the floor have been organised in a systematic way, all drawers are labelled to ensure staff can find required consumables quickly and all stock has been rotated to reduce waste and save money. There was a large amount of stock to organise both pre move and post move as two units were combined, it was no easy task.

Dan has also ensured that stock and consumables required for the new paediatric stabilisation service in critical care have been ordered in a timely manner and have been stored away safely. Dan has gone above and beyond to assist me in finding and ordering paediatric stock or alternative products for this new service and quickly.

When I am unsure of ordering processes, Dan takes the time to explain them to me and ensures I follow the correct procedure. Dan is always helpful, thorough in his work and hardworking, he deserves some recognition for all his hard work since we moved into our new clinical areas.

Beech Ward **Scarborough** **Nominated by colleague**

Since the new build, Beech Ward has lost a lot of experienced staff, and they have also taken on new staff. They have done this with humour and dedication to patient care. They have made me and others so welcome, taking us into their team and making us feel very welcome. They are kind throughout, making new staff feel valued and wanted in the team, and despite a new way of working and new specialties, they have continued to provide quality care for our patients. They never stop.

They are open to new specialties and have been honest about the areas they are still getting to know, such as general medicine and cardiology. They bring openness to the Trust, work hard to understand, and are completely open to learning and advancing care.

The management, through difficult times this year, has had to be resilient. Becky has had to stand up and be counted and has shown real leadership in hard times. Ann Marie has worked miracles to help us gel with confidence, humour, and knowledge. Despite losing one of our own, the team has carried on and given superb care to our patients.

This is why I am so proud that this team has gone above and beyond with what they have coped with since April, all while keeping standards high. This is what the public expects, and I'm so very proud of the team on Beech Ward for welcoming me, helping me, and most of all, working with the multi-disciplinary team to give great holistic care to our patients. I would be grateful if you would recognise them for their team effort.

Eleanor Katsarelis, Recruitment Advisor **York** **Nominated by colleague**

Eleanor is always approachable, friendly and nothing is ever too much trouble. Eleanor is always on hand to help, which is greatly appreciated.

Karen Priestman, Associate Chief Operating Officer **York** **Nominated by colleague**

I would like to nominate Karen for a Star Award for her unwavering commitment, dedication and support to her staff. I was facing a personal challenge, and although - this was not work related - Karen stepped in with empathy and kindness when I really needed it. She offered encouragement, and a listening ear. Her support made a huge difference to me personally and reflects on her character. She is an incredible person, and a brilliant Leader within the Trust. Karen embodies what it means to go above and beyond - not only in her professional contributions but in her care for those around her. I hope that she understands the true impact she has made on me, and how grateful that I have been for her support.

Ellen Davies, Registered Nurse **York** **Nominated by colleague**

I am a new colleague of Ellen's and want to nominate her for Star Award due to her commitment to patient care. Ellen is kind and caring to all her patients and is willing to go that extra mile to help them. She is also a great support to other members of staff, and I appreciate her hard work and commitment. Ellen is a true team player and willing to help her colleagues. My nomination is for her care, compassion and consistency in which she delivers the trusts values.

Simon Murray, PACS Support Officer **York** **Nominated by colleague**

Simon is incredibly efficient, actioning my requests within minutes of me sending them through. Simon gives me updates on any requests I have; he recently even went to the effort to speak with Leeds regarding an error they had made on their end and had this resolved swiftly. He is a credit to the PACS team and an asset to medical professionals and those who work for medical professionals that require medical imaging to be sent to various trusts. His warmth and kindness in interactions are very much recognised. Simon demonstrates the Trust values and is an essential part to the work we do. He works behind the scenes, but I think it would be great for his hard work to be recognised.

Kieren Mears, Workforce Intelligence Analyst **York** **Nominated by colleague**

In my role of managing Freedom of Information (FOI) requests for the Trust, I frequently receive enquiries relating to our staff. Kieren’s contribution to this process is truly invaluable. He consistently demonstrates a proactive and supportive approach, providing accurate data well within agreed timescales. This reliability enables the Trust to uphold its strong reputation for timely and transparent responses to FOI requests. It is important to note that the information Kieren supplies for FOI purposes is delivered in addition to his regular workload, reflecting a commendable level of commitment.

Recently, a colleague within my team required specific data, and I recommended reaching out to Kieren. As expected, he responded promptly and helpfully, providing the necessary information in a way that significantly reduced the time and effort required to gather it manually. Kieren’s assistance plays a crucial role in ensuring that the Trust remains open and accountable in relation to the information we hold. Their professionalism and willingness to support others exemplify the values we strive to maintain across the organisation.

Liam Smith, Staff Nurse **York** **Nominated by patient**

Liam was there when I woke up after surgery; I was in a lot of pain and sick. He was an absolutely legend. Human to the core and so genuine, just like Becky and Isobel who worked alongside him - amazing team, thank you!

Jen Harford, Nursing Associate **Scarborough** **Nominated by relative**

My son is autistic, nonverbal and has a learning disability. We were in an unfortunate position of my son having to be a patient in the emergency department (ED).

Hospital is an extremely challenging environment for him - he has previously been discharged from an ED setting without treatment because he became so distressed as it was the safest option. Jen was very sensitive to his needs. I felt that she really listened to me as a parent and trusted that I knew my child best and adapted the clinical response and requirements to his needs. He was treated effectively and discharged with the absolute minimum of fuss making this the most successful hospital visit we have ever experienced.

I want to thank Jen and the consultant who were both instrumental in making sure that my sone was safe and well, and that he received appropriate treatment without become distressed at all. It may not seem like much but for my son this was enormous progress and as a parent I am extremely grateful to both.

Anaesthetics Admin Team **Scarborough** **Nominated by colleague**

The team have been fantastic at making sure the service runs smoothly while experiencing unexpected staffing shortages. They have taken on extra workload and still made sure all tasks were completed on time and to the highest level. I cannot thank you all enough.

Ophthalmology and Imaging Team **Bridlington** **Nominated by colleague**

Very challenging weeks with short staffing and demanding busy clinics. Staff pulled together carryout various clinical duties and developed new skills. Positive team moral even on the most demanding days with great sense of unity and support for each other. maintaining patient safety throughout the challenging times. Positive feedback from patients and their carers/relatives. Trust values shown throughout every day working even in these challenging situations.

Well done to all the team.

Charlotte Swan, Communications Assistant **York** **Nominated by colleague**

Charlotte is the quiet backbone of our Communications Team - dependable, thoughtful, and consistently excellent in all she does.

Her calm professionalism and meticulous attention to detail were central to the success of this year's Celebration Awards. From booking venues, coaches, and accommodation, to sending invitations, managing hundreds of replies, and accommodating special requests, Charlotte ensured everything ran seamlessly. Much of this work happens behind the scenes, unseen by most, but it's the essential foundation on which such large-scale events rest.

While the event's success is a true team effort - and huge thanks go to the whole Communications Team for their creativity, collaboration, and commitment - Charlotte's contribution has been exceptional. She approached every challenge with patience, good humour, and an openness to learning from previous years. Her ability to anticipate needs, solve problems quietly, and make others' jobs easier exemplifies our values in action. All of this was achieved while she continued to manage the ever-busy communications and events inbox - processing around 100 Star Award nominations herself!

Charlotte's excellence shines not through grand gestures but through quiet dedication and consistency. It's only right that this time, the nomination is for her.

Chris Hayes, Lead Chaplin **Scarborough** **Nominated by colleague**

On two separate occasions recently, I have referred patients to the chaplaincy service and spoken directly with Chris. Chris has a kind and caring approach and is always happy to help.

On both occasions the patients were dealing with difficult events in their life and needed comfort and support well above what was possible by the ward team. Both times Chris attended straight away to help with the patients emotional and spiritual needs. For one of the patients, he was able to help arrange remote access to an event and support the patient with this. Not only did he deal with the patients instantly on the day, but he also then arranged follow up later in the day, and the next day to ensure the patients were fully supported. While on the ward, I also noted him checking on the staff that were also supporting these patients, to ensure they were okay and supported as well.

Colonoscopy Team **Scarborough** **Nominated by patient**

I had to go for a colonoscopy for the third time in a few years. I never ceased to be amazed by the staff; they are caring, informative professional, hardworking and funny at appropriate moments. Every single person I encountered was a star in this department and I cannot praise them enough. The unit itself is spotless and just has a nice vibe to it, - it was an enjoyable afternoon.

I would like to nominate all the staff for their excellent care and attitude.

Dr Natalya Denti, Locum Consultant Dermatology **York** **Nominated by colleague**

I have nominated my colleague for her compassionate and determined approach to all her patients. She works extra hours to ensure those who don't do the typical 9-5 can be seen and she's more than happy to see/review patients who are not her own. Her dedication, compassion, empathy and professionalism have influenced my own practice, and I feel she needs to be recognised for everything she has done.

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

Jason was working on the children's Emergency Department when I arrived early morning with my little boy.

I first noticed him walking out, helping encourage a child to walk by blowing some bubbles. He then went round all the other children in the waiting room. He was so friendly and kind to the children and the parents, and it really lifted everyone's spirits. Later in the afternoon we were in a bay, and he came to check how we were doing and made me a hot drink. Only after he had checked on the comfort of everyone did I overhear him confirm he would go for his own lunch.

That evening when we had been moved to a ward, he was bringing other patients up and noticed us. He recognised us and checked in and came to talk to us before returning to work. These are all such little details, which made me feel like we were people not just patients. He was not even 'on' my child's care but still made us feel seen and cared for. He seemed to genuinely care and take an interest. This energy did not change from the start of his shift to the end.

Theatres Team **York** **Nominated by colleague**

During the week of 27-31 October, the acute operating demand was overwhelming at the York site. At one point, 20 patients were waiting for an operation, which is one of the highest level of patients waiting that has ever been experienced.

I am nominating the Theatres Team to recognise the difference that their efforts made this week in making sure that patients were not waiting in distress and pain for their operation any longer than was necessary. Three acute theatres were opened on Wednesday and many members of the team stayed longer than the expected end of their shift to ensure as many patients as possible could have their much-needed procedures. This helped to ensure that patients had the best possible experience and that beds were available as soon as possible.

The team worked brilliantly together across the MDT to prioritise the sickest patients and ensure that the theatres were used as efficiently as possible. They acted with the upmost professionalism and their efforts really made a difference to the patients waiting for theatre. I am proud of the team and think they deserve this Star Award to recognise their efforts.

Samantha Kurylo, Patient Services Assistant **York** **Nominated by patient**

Samantha goes above and beyond. Her personality lights up the room and she takes the time to talk to you and put a smile on your face even when you do not feel like smiling. Her thoughtfulness to ensure simple things, such as enjoying a cup of tea that is made to your liking. Samantha has perfect people skills and should be recognised for it. When you are feeling at your most vulnerable, having someone like Samantha with her kindness and care is valuable. I would like Samantha to be acknowledged for all her hard work. It does make a difference.

Alina Denisova, Medical Secretary **York** **Nominated by colleagues**

We are nominating Alina for a Star Award in recognition of her outstanding support during a period of staff sickness. When our team was short-staffed, she stepped in without hesitation to take on additional typing and administrative tasks to ensure that work continued smoothly. Alina demonstrated exceptional teamwork, reliability, and a positive attitude under pressure.

Her willingness to go above and beyond made a real difference to both colleagues and service delivery. This dedication and flexibility truly embody the spirit of the Star Award. Thank you, Alina, for your continued hard work and for supporting the team when it was needed most.

Marie Robertson, Medical Secretary **Scarborough** **Nominated by colleagues**

We are nominating Marie for a Star Award in recognition of her outstanding support during a current period of staff sickness. When our team was short-staffed, she stepped in without hesitation to take on additional typing and administrative tasks to ensure that work continued smoothly. Marie demonstrated exceptional teamwork, reliability, and a positive attitude under pressure.

Her willingness to go above and beyond made a real difference to both colleagues and service delivery. This dedication and flexibility truly embody the spirit of the Star Award. Thank you, Marie, for your continued hard work and for supporting the team when it was needed most.

Jonathan Cole, Healthcare Assistant **York** **Nominated by patient**

The world needs more Jonathans! I was admitted for knee surgery and Jonathan welcomed me to the Day Unit. He went through my paperwork with me meticulously, explained everything, checked I understood, and chatted with me to ease my nerves. The surgery was longer than expected and I was quite poorly afterwards, but once I was back on the ward, Jonathan was there to look after me. He really does go the extra mile.

There had been a change in my surgery, and I needed to see the physio before I could be released, but, as it was later in the evening, all the physios had gone home. He said I could go home at my own risk, but he'd feel happier if I agreed to being admitted just for the night. I cried, but he calmed me, and he came with me to do the handover and was kind to me.

I told him he was an angel and should think about becoming a nurse! He said that was the next thing on his plan. He had only been with you six to seven months, but what an asset you have there. Do not let him slip through your fingers. Jonathan you are an angel; I will never forget your kindness.

Day Unit **York** **Nominated by patient**

I have nominated Johnathan Cole for an individual award as he deserves to be recognised individually. However, I also feel the whole team need nominating. The NHS can get such bad press, but I can honestly say my care was exceptional and all the staff on this ward are angels. Nothing was too much trouble; they were kind and considerate and made my experience a positive one.

Ward 15 **York** **Nominated by patient**

I am nominating all the staff who worked the night shift on Friday 31 October and the day shift of Saturday 1 November. I was admitted after what should have been day surgery. I was emotional and they were the kindest people ever. They made sure I was comfortable, had my pain medication on time, and that I was ok. I've never stayed in hospital overnight and they were so wonderful and put me at ease. I will be forever grateful to them, they deserve recognition. This includes the wonderful lady that makes the best cups of tea and helped me with my food order, she's an angel!

Emma Falconer, Specialty Doctor **York** **Nominated by patient**

After over 10 years of " heavy periods", lots of pain, and asking for help over and over again and getting nowhere, I was sent to see a gynaecologist I had not seen before. I first saw Dr Emma Falconer four to five years ago, and for the first time during my journey I felt heard and listened to. She listed me for surgery to explore why I was having these issues. I was found to have widespread endometriosis, which she treated the best she could. I have got on with life over the years and dealt with the pain but over the last year it has gotten worse, so I was referred to Dr Falconer again, who again listened and made me feel heard and ordered an MRI scan to see what was going on.

I had contacted Dr Falconer's secretary shortly after my MRI scan to try and get an appointment scheduled in ready for when they had the results, as the week before I had struggled to walk due to the pain. I didn't expect to hear anything back for a little while, but then I get a call two working days after my MRI scan from Dr Falconer who told me she could see some new endometriosis and talked through some treatment options. She said that she would send me information to let me have a think and that I should contact her secretary when I had decided on what I would like to do.

I fought for such a long time to get my diagnosis of endometriosis and when I first walked in Dr Falconer's room those years ago, she understood and cared. She is a lovely doctor, and I feel fortunate that I have landed on her caseload twice. I don't know what treatment option I will decide on, but I know I will be in good hands whatever I decide. I want to say thank you so much for listening to me when so many others failed me for many years. also thank you to her secretary for letting Dr Falconer know I was struggling with pain and for being so kind and understanding. Women with endometriosis often fight for a diagnosis for many years and I only wish I had gotten to see Dr Falconer earlier on in my journey.

Antenatal Day Services Maternity Support Workers **York** **Nominated by colleague**

I am nominating the Maternity Support Workers (MSWs) within the ANDS team for their exceptional resilience, and commitment to the service during a period of significant staffing vacancies. They have, despite being a team of only three, taken on extra shifts to ensure the service has at least one MSW on a day, and his is significant as there is a requirement for three staff members per day. They have been versatile and adaptive, helping where needed.

Despite these challenges, they have consistently demonstrated flexibility and teamwork, taking on additional responsibilities and working beyond their usual remit to maintain service continuity. Their willingness to go the extra mile has ensured that patients receive safe, high-quality care and that colleagues feel supported during a demanding time. Without their dedication, the service would have faced severe disruption. Their actions exemplify the Trust’s core values of compassion, respect, and teamwork, and their contribution has had a direct and positive impact on both patient experience and staff wellbeing.

They have maintained essential services despite significant vacancies, supported colleagues by covering extra shifts and duties, and ensured continuity of care for patients during a critical period. The MSWs in the Antenatal Day Services have shown outstanding commitment and truly deserve recognition with a Star Award.

Sonia Crawford, Sister **Community** **Nominated by colleague**

Sonia is always going above and beyond for our dialysis patients, but over the last few weeks she has gone out of her way to support one of our patients towards the end of his life. We had become close to the patient who has been attending our unit for dialysis for years. The patient unfortunately became unwell and had to go into hospital. Due to his autism and recent vision loss, he found dialysis hard to tolerate in a hospital setting.

Sonia went to visit the patient in hospital in her own time, talking through his concerns with him. She then followed this up with the team in York, putting in place things to support him. When these things didn't work, she organised a dialysis session for him on a Sunday where she went in to the hospital with a colleague, again on her day off, in order to give him the chance to get some successful treatment with nurses that he knew well, in the hope that he could get home and back to the satellite unit he loved.

Unfortunately, he decided he could no longer tolerate dialysis, so she supported him in end-of-life discussions, talking through the next steps and his options. She shows true care and kindness, and I know she would do the same for any one of our patients.

Community Palliative Care Team **Community** **Nominated by relative**

My dear wife, Jannette, sadly passed into heaven with my son and myself holding her hands. Charlie Bryce called Jannette a special lady who always listened to him and took his advice when she was in pain. We have blessed Charlie again and again for the care and understanding he had for Jannette. Charlie, you are one of these guardian angels who protect people before they transition to the other side. When they are suffering you make them have wonderful dreams, as Jannette said to you.

I would like also to mention the wonderful nurses in the Community Palliative Care Team who helped Jannette, like Georgia and her colleagues. We will always be grateful to them and Charlie.

Anna Holmes-Ellerker, Operational Support Manager **York** **Nominated by colleagues**

The Gynaecology Department are about to start a new PMB (post-menopausal bleeding) pathway, which Anna was left to organise. Anna is on a six-month secondment within Gynae, and this was a huge task for someone to come in and organise when they are not familiar with the department.

Anna listened to colleagues' concerns, organised meetings so she could answer those concerns face-to-face, and was able to get the answers to any concerns that she couldn't answer herself. Aside from this, she always checks in on staff and is a real team player. She has been a joy to have around, and we'd like to show our appreciation.

Breast Imaging Unit Video Team **York** **Nominated by colleague**

A huge thank you to Elly, Suzie, Debbie, Alison, Kate, Claire, Beth, and Julie for taking time out of their work to be filmed for educational breast screening videos that will be shared with the public. These videos will make a real difference for our clients, and everyone involved in the filming did a fantastic job of highlighting what happens during an appointment. The whole team was enthusiastic and gave the project 100%, despite last minute changes and staff shortages. Well done everyone!

Sonia Crawford, Sister, and Sophie Brown, Deputy Sister **Community** **Nominated by relative**

For the special and loving care that they have given me for over five years. Also, for helping me beyond the call of duty, especially on days when they were not officially due to be present.

Gynaecology Theatre Team **York** **Nominated by colleague**

I think the team today deserve recognition for their hard work and patience whilst doing two extremely complex Gynaecology theatres. The team was made up of Laura Scott, Darianne Atkin, Subashni Vasudevan, Rob Purse, Opuzi Hilda, Tilly Purvis, Natasha Kirby, and Dr Syed Raza. The team worked excellently as a unit and staggered breaks when it became apparent that the list was overrunning, to get as many of the planned procedures done as possible. They showed excellent teamwork and dedication to the job during what was a stressful time, and I am extremely proud as to how they handled it.

Adam Wood, Joiner **York** **Nominated by colleague**

Adam was kind and went out of his way to assist me with a broken desk drawer that I couldn't lock. It was important the lock was fixed as soon as possible due to confidential information being stored in the drawers. I asked if Adam knew who I had to contact to get the lock fixed, he mentioned he had nearly finished with the job he was completing and then he would have a look for me. Adam was able to change the lock straight away for me.

Adam demonstrated the Trust values with his kindness, and it was greatly appreciated.

Kate Warne, Radiographer Specialist **York** **Nominated by colleague**

Whilst I was working with Kate on a screening van, she went into the main building to use the toilet. As she came out a gentleman collapsed after having his lunch with his daughter. She performed CPR with a member of staff from the auction house we were working at. She carried on until the emergency services arrived, which was around half an hour. Unfortunately, it was not possible to revive the gentleman. Kate stayed with him until it was agreed that it had been unsuccessful. Kate did everything she could.

Reece Dodswoth, Charge Nurse **York** **Nominated by colleague**

Observing Reece in his role as a charge nurse within the emergency department, I have noticed his calm professional approach to the patients in his care. Also, his kind attitude to the colleagues he manages, checking in with them during the shift. The demands of all staff are immense in these difficult times for the NHS, but his cheerful disposition shows a strength and depth in his character. I feel he deserves this recognition.

Vivian Anoliefo, Radiographer Specialist, and Connor Timms, MRI Imaging Support Assistant **York** **Nominated by patient**

I was extremely nervous prior to the procedure and both Vivian and Connor were extremely diligent and helpful and kind. Their professionalism and kindness really took the stress out of the situation for me.

Megan Clark, Sonographer **York** **Nominated by patient**

Megan is an incredible sonographer. We have received amazing and informative care from Megan each time I have been for my scans. The pictures of our baby are always spectacular and clear. She had mentioned she is a newly qualified and trained in her role, but my partner and I would never have been able to tell if she hadn’t mentioned it. She’s an incredible member on the antenatal team. All the best to her and her future as a sonographer!

Richard Lillie, Materials Management Officer **York** **Nominated by colleague**

Richard joined the team here on Critical Care a few months ago after our previous Stores Officer retired. Our stores have not had a dedicated staff member and were, to be honest, in a bit of a state. The equipment and consumables we use in Critical Care differ quite significantly in some areas of our care delivery to the rest of the Trust and often substitutes for unavailable items are not suitable for us to use here.

Richard has been a breath of fresh air, not only has he absolutely smashed our supply and demand for consumables, but he has also completely reorganised all our stores across three different areas and made the stores "work for us". We never run out of anything now and our team can work more efficiently with the new system he has put in place.

We wouldn't be able to do our jobs so well if you weren't part of our team doing your job so well. Thank you for being such a great asset to us in Critical Care, Richard, we truly appreciate your contribution to our team and feel you should be recognised for it.

Samantha Dudley, Healthcare Support Worker **York** **Nominated by patient**

I was a patient on Ward 14 and there was an elderly lady in the same bay as me. Sam showed her unprecedented kindness and compassion, taking time to listen to her and then working with her to achieve an intervention. The patient was grateful to Sam and wanted to express her thanks and gratitude to her for everything she did for her. Sam encompassed the Trust values and is an extremely valuable member of staff. Thank you, Sam, on behalf of the patient who wanted to thank you.

Eliza Kirk, Staff Nurse **York** **Nominated by colleague**

Eliza has been amazing while I have been here for the last four weeks. She has helped me with any queries, she informed me of what's wrong with me (I had also caught type A flu and was in isolation for 10 days), and she made sure I got my medications on time. She is an amazing nurse and Ward 36 are lucky to have someone so passionate of their job.

Alison Goodall, Staff Nurse **York** **Nominated by patient**

I would like to express my heartfelt appreciation for the exceptional care and understanding Ali showed during my recent appointment. Despite my late arrival due to traffic, she greeted me with warmth and reassurance, immediately putting me at ease. Throughout what was a particularly difficult consultation, she demonstrated remarkable empathy, patience, and professionalism.

When I became overwhelmed, her calm and professional approach provided the reassurance and support I needed to manage my emotions and continue the appointment with confidence. She took the time to listen attentively as I spoke about my personal circumstances, offering genuine compassion and emotional support. She also stayed with me afterwards to ensure I was comfortable and felt supported, an act of kindness that truly went above and beyond.

Ali’s conduct perfectly reflects the Trust’s core values of kindness, openness, and excellence, shown clearly through both her behaviours and actions. Her professionalism, humanity, and dedication made a meaningful difference to my experience and left a lasting impression.

Please accept my sincere gratitude for the outstanding care you provided the world truly needs more people like you. I really appreciate everything that day, thank you so much Ali.

Beverley Shipley, Patient Services Assistant **York** **Nominated by patient**

Bev deserves this award as she works so hard, makes you feel welcome, and is great to talk to. She will take patients out for fresh air even when she is so busy and having problems with her back. Bev is caring and attentive to myself and others. I hope she gets this award as she truly deserves it. I will be sad to say goodbye when I get discharged.

Hayley Potts, Cleaning Operative **York** **Nominated by colleague**

I only sparingly get to see Hayley around the hospital, but she always brings such a bright smile and productive attitude. The other week, Hayley saw me looking a bit down in the corridor and took the time to talk with me about what was wrong. She was kind and compassionate, listened to me, and gave so much of her time to make me feel more at ease during a difficult day. She is an amazing credit to the Domestic Services.

This nomination should go to show that all of us can be great colleagues, no matter our department or area of work. I value Hayley just as much as my immediate colleagues, even if I only see her rarely, and I hope that she'll be able to know that she's valued by the rest of the hospital too.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 9

Committee Report

Report from:	Quality Committee
Date of meeting:	18th November 2025
Chair:	Lorraine Boyd

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

ALERT
* **MIS Safety Action 5,** which relates to safe midwifery staffing, was discussed and we were advised that clarification requested has now been received from NHSR. To meet compliance we are required to have reflected Birthrate plus recommended staffing levels in the budgeted establishment and have an aligned recruitment plan in place. Non-compliance will be declared when the evidence is submitted at the end of this month and will likely remain the case over the following year on our current trajectory, with full compliance expected by 2027.
ASSURE
* **Maternity Section 31 notice** has been removed indicating the CQC are satisfied that the improvements made since the inspection in 2022 in response to their concerns have been embedded and sustained. * **PPH rate rise,** particularly on the Scarborough site, has been identified through data analysis and triggered an appropriate thematic review and further review of risk assessment processes. Maternity Assurance Group will continue to closely monitor. * **IPC Q2 Report** highlighted the positive position with regard to Clostridium difficile infection, which has been sustained. Meeting the aspirations for MSSA, MRSA, E.Coli, Pseudomonas & Klebsiella bacteraemias is proving more challenging, with some progress demonstrated for MSSA. Evidence was shared to demonstrate care group ownership of IPC issues and the multi-disciplinary approach to investigation and learning from instances of infection. * **Safeguarding Q2 Report** identified no new safeguarding concerns. Update on ongoing concerns & risks outlining planned action and mitigations was shared, alongside progress against 2025/26 planned objectives. * **Child Protection Information Service** compliance has improved as demonstrated through monthly audits, enabling targeted support. * **Statutory compliance and clarity of governance structures relating to safeguarding** were identified as an assurance gap with an agreement to provide more insight in future reports, remaining mindful of finding a balance between high level assurance and operational detail.

ADVISE
* **Surgery Care Group** attended and shared their new and ongoing risks& mitigations, along with their progress and successes. * **Speciality InReach to ED** has been a focus for Surgery Care Group, following a coroner's request and Care Group evidence based review. As part of this, a new pathway is being developed, with cross Care Group collaboration and strong clinical engagement at its heart, to improve the management of small bowel obstruction. It is currently being finalised and implementation is anticipated within a month. * **Time to Theatre for Hip Fractures** remains a significant safety concern with very limited improvement. A business case for necessary increased Theatre capacity at Scarborough is under review. A plan to address other elements of the pathway is being developed and Quality Committee has requested further information on the plan with trajectories and regular updates. * **Medical Outliers on Surgical Wards** remains an issue of concern and is being addressed in collaboration with Medicine Care Group. The winter plan includes an aim to improve support for this group with longer term plans for bed reconfiguration. * **Patients waiting >12 hours in ED** was discussed, noting the potential impacts on patient outcomes and experience, and the improvement work to improve flow was shared, particularly the recent increased focus on the role of matrons to drive improved and more timely discharge processes, with early indications of impact. In addition, work is ongoing to influence 'front end' activity by transferring some acute resource to boost CRT response and discussions continue with ICB, YAS and Primary Care to address conveyance rates and alternative community responses. * **CQC Update report** advised of the unannounced inspection of both Urgent and Emergency and Medical Care Services at Scarborough Hospital on 7th October 2026. No immediate serious concerns were raised and all supporting evidence requested has been forwarded. A final report and any re-rating of these services will be received in due course. * **Concerns & Complaints** have been an ongoing concern, with persistent backlogs and associated risk to timely learning. Rapid improvement work was shared and the recovery period for concerns is anticipated to be 6-8 weeks, with a 3 month timeline for complaints to achieve a zero tolerance of non-compliance. * **CPE and water safety risks** were discussed and some assurance provided that recent outbreaks were well contained. Visibility of the potential risk and mitigations in place were demonstrated. A comprehensive review and plan with Estates is underway. A summary of the CPE outbreak was requested and will be provided in a future IPC report. * **Patients waiting >12 hours in ED** were discussed, noting the potential impacts on patient outcomes and experience, and the improvement work to support flow was shared, particularly the recent increased focus on the role of matrons to drive improved and more timely discharge processes, with early indications of impact. In addition, work is ongoing to influence 'front end' activity by transferring some acute resource to boost CRT response and discussions continue with ICB, YAS and Primary Care to address conveyance rates and alternative community responses.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED

* **Risk 50 Maternity Section 31 risk** has been removed from the CRR.
* **Planned updates to CRR** to reflect effect to patient experience as a result of ED pressure and the effect of backlog maintenance on patient care were noted.
* **Risk 54 Prescribing Practice** was discussed in the context of an increase in prescribing errors in ICU identified by the Care Group governance processes, resulting in a cluster review, action plan and reduction in incidents.
* **CPE and water safety risk,** under consideration for inclusion on the CRR, was discussed and identified as an issue of concern and assurance gap.
* **BAF risks 1,3 & 4** assigned to Quality Committee, were discussed with a view to establishing a schedule of focussed reviews, led by the Risk Owner, starting with the risk with the highest risk and out of appetite. PR3 was discussed and agreed Quality Committee appropriate to oversee in view of significant impact on effective patient care and patient experience.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 11

TRUST PRIORITIES REPORT

November 2025

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Executive Summary

True North Priority Metrics

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Percentage recommending the Trust as a place to receive treatment (quarterly - data taken from PULSE, Staff Survey data included for Q3)	2025-07			36.6%		49%
Percentage recommending the Trust as a place to work (quarterly - data source is PULSE, Staff Survey data included for Q3)	2025-07			39.1%		50%
Percentage reporting the organisation will address their concern (quarterly - data source is PULSE, Staff Survey data included for Q3)	2025-07			27%		40%
Percentage being able to make improvements happen in their area of work (quarterly - data taken from PULSE, Staff Survey data included for Q3)	2025-07			50%		53%
Inpatients - Lost bed days for patients with no criteria to reside	2025-10			1412		
ED - Emergency Care Standard (Trust level)	2025-10		F	68.7%	74%	78%
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2025-10		F	16.1%	11.9%	8.9%
Cancer - Faster Diagnosis Standard	2025-09		F	60.6%	73.9%	80.1%
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2025-10	H	F	56.4%	57.5%	60.5%
Inpatient Acquired Pressure Ulcers - Category 2	2025-10		?	82	60	60
Total Number of Trust Onset MSSA Bacteraemias	2025-10		?	2	7	7

Executive Summary:

Everything we do at YSTHFT should contribute to achieving our ambition of providing an 'excellent patient experience every time'. This is the single point of reference to measure our progress.

TPR metric performance to note:

Special Cause Improvement – Pass (defined by NHSE Make Data Count methodology as "improving nature where the measure is significantly higher. The process is capable and will consistently pass the target"):

- Maternity - Community Midwife called into unit – Scarborough.
- Maternity - Community Midwife called into unit – York.
- Workforce - Twelve month rolling turnover rate Trust (FTE).
- Workforce - Overall Corporate Induction Compliance.
- Workforce - A4C Staff Corporate Induction Compliance.

Special Cause Concern – Fail (defined by NHSE Make Data Count methodology as "concerning nature where the measure is significantly lower. The process is not capable and will fail the target without process design"):

- Operational Performance - RTT – Total Waiting List.
- Operational Performance – Children & Young Persons: RTT – Total Waiting List.
- Operational Performance - Children & Young Persons: RTT – Proportion of the incomplete RTT pathways waiting less than 18 weeks.
- Operational Performance - Diagnostics – Proportion of patients waiting <6 weeks from referral – MRI.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

OPERATIONAL ACTIVITY AND PERFORMANCE

November 2025

Executive Owner: Claire Hansen

Operational performance remains mixed. We continue to see sustained urgent and emergency demand, diagnostic capacity constraints, and high elective/cancer referrals, which together are suppressing ECS, cancer FDS/62 day, RTT and DM01 performance against trajectory. Some flow and LoS measures improved and ambulance handover remains better than plan. Without system demand management and additional recovery funding, year end targets remain at risk.

Domains:

Domain	Metric (October unless stated)	Position	Key mitigations in place	Recovery confidence
Urgent & Emergency Care (Type 1)	ECS 68.7% vs 74%; 12-hr waits 16.1% vs 11.9% The Trust ranked 87th out of 118 nationally for ECS (September 2025 data).	Off-track due to 10% YoY attendances, flow/beds, workforce gaps	Ward 25 (30 beds) York opening in Nov; strengthened streaming & clinical review; SDEC direct pathways (YAS & primary care); Flow Coordinator (York); morning escalation huddles; Matrons on wards 8–12 daily; capacity/demand workforce modelling	Gradual improvement through Q3 as Ward 25 and flow actions bed in; risk that demand outstrips escalation capacity; continued variability expected.
Cancer (Sept data)	FDS 64.7% vs 73.9%; 62-day 64.5% vs 70.1%	Off-track; high referrals (esp. skin, colorectal) and diagnostic delays	STT expansion (colorectal, urology); Pipelle clinics (CDC); skin mutual aid & insourcing; ERF-funded extra activity; site-specific recovery plans	Progress through Q3/Q4 as pathway + capacity actions land; Trust remains committed to 80% FDS / 75% 62-day by Mar-26; pace depends on diagnostics and referral volumes.
RTT	TWL 58,731 vs 43,689 plan; <18w 56.4% vs 57.5%; ≥52w 1,809 vs 655; ≥65w 46 (↓)	Off-track (size and long waits) amid +8% GP referrals YTD and CPD clock logic changes	Validation sprints (Q3 sprint live); weekly Elective Recovery; theatre utilisation; PIFU; CYP prioritisation; ERF governance	Stabilisation then improvement depends on continued clock-stop activity + demand mgmt; targeted reductions in ≥52w by end Q3; overall RTT position to improve incrementally in Q4, but TWL remains pressure if referrals stay high.
Diagnostics (DM01)	71.2% vs 76.3% plan; backlogs (6+/13+ weeks) reducing.	Off-track but improving; MRI staffing/equipment; CT replacement; endoscopy nursing; echo/audiology/sleep capacity	MRI: mobile capacity + radiographer insourcing; CT: lung health van; Endoscopy: ERF-funded insourcing (1,500 cases) + recruitment; Echo: insourced staff (7-day); Sleep/Audiology: locums; UDS WLIs	Late Q3 / early Q4 step-up as actions fully mobilise; ongoing risk from equipment failure and recruitment.
Outpatients	PIFU 4.2% vs 4.7%; RACP 70.7% vs 99%.	Off-track on PIFU/RACP, but DNA 4.7% remains strong	'PIFU as standard' programme (Gynae, Cardio, Gastro, ENT); OPCS coding project; refreshed Outpatient Delivery Group; RACP admin uplift	PIFU forecast ≈5% by end Q3; RACP improving, trajectory to be monitored via PRIM.
Children & Young People	RTT long waits - 56 over 52 weeks & ED waits - 84.1% ECS	Off-track in H&N RTT; ED waits variable	Weekly ED paeds ops meetings; standalone paeds rota (York); fast-track paeds pathways	Zero RTT ≥40w (except H&N) targeted by end Dec-25; ED metrics improve with rota/flow changes.
Community	Virtual Ward occupancy; CYP SLT 52-week waits	Capacity broadly stable; CYP SLT 52-week waits still above trajectory but falling.	New antibiotic pathway (Frailty VH@H); Selby UCR/HaH expansion; SLT 'Leap into Language' model	Continued incremental improvement through Q3; dependency on regional workforce & pathway redesign.

Top 5 Concerns/Risks

1. Sustained High UEC Demand

Risk: Attendances at Emergency Departments (EDs) up 10% year-on-year, putting significant pressure on acute services, leading to longer waits and increased risk of breaching national targets.

Mitigations: Ongoing capacity and demand planning for each ED, with additional workforce requirements identified.

Opening of Ward 25 (30 beds) at York to increase capacity.

Strengthening streaming and clinical review models to manage patient flow.

Enhanced use of Same Day Emergency Care (SDEC) pathways and direct referrals from primary care to reduce unnecessary ED attendances.

Weekly monitoring and escalation processes to respond to surges in demand.

2. Workforce Challenges

Risk: Recruitment and retention difficulties, particularly at Selby UTC, in diagnostic services (MRI, audiology, endoscopy), and for key ED roles, threaten service delivery and performance improvement.

Executive Owner: Claire Hansen

Concerns/Risks – Top 5 – Continued:

Mitigations: In-house development programme for ED staff to support retention and progression.
Recruitment campaigns for nurse and radiographer vacancies; use of insourcing and locum staff to fill gaps.
Implementation of new workforce models (e.g., paediatric doctor rota, Flow Coordinator roles).
Flexible staffing solutions, including agency and bank staff, to maintain service levels during recruitment gaps.
Ongoing review of workforce models to ensure sustainability within financial constraints.

3. Cancer and RTT Backlogs
Risk: High and rising referral volumes, especially for cancer (notably skin and colorectal), and RTT waiting lists remain above trajectory. This increases the risk of failing national standards and impacts patient outcomes.
Mitigations: Validation sprints and elective recovery workshops to reduce RTT backlogs.
Use of Elective Recovery Fund (ERF) for additional activity and insourcing.
Pathway improvements in cancer (e.g., Straight to Test models, Pipelle clinics, mutual aid for skin cancer).
Weekly Elective Recovery Meetings to monitor and challenge performance.
Focus on prioritising children and young people and high-risk specialties.

4. Diagnostic Capacity
Risk: Equipment failures, staff shortages, and increased elective demand are limiting the ability to clear diagnostic backlogs, risking delays in patient pathways and performance against DM01 targets.
Mitigations: Recruitment to fill nurse, radiographer, and specialist vacancies.
Extension of insourcing contracts and use of mobile scanners to clear MRI and endoscopy backlogs.
ERF funding to support additional capacity (e.g., lung health van, locum support for echo, sleep studies, audiology).
Ongoing equipment replacement programmes and contingency use of private sector capacity.
Prioritisation of high-risk and long-wait patients for diagnostic slots.

5. Flow and Discharge
Risk: Rising demand may outpace available beds and escalation spaces. Complex discharge cases, especially those requiring community or social care, continue to delay patient flow and risk ED overcrowding.
Mitigations: Matrons present on wards 8am–midday to support early discharge and movement to discharge lounge.
Daily morning meetings to prioritise patients for Continuous Flow.
Extension of “Golden Round” and escalation huddles to facilitate morning discharges.
Action plans for complex discharge delays, including collaboration with local authorities and care homes.
Routine data collection and review to identify and address discharge barriers.

Executive Owner: Claire Hansen

Actions for Next 3 Months

ED and Acute Flow:

Implement in-house development programme for ED staff retention and progression.
Matrons to be present on wards 8am–midday to support discharges.
New morning calls to prioritise patients for Continuous Flow.
Open Ward 25 (30 beds) at York to address flow and capacity.
Strengthen streaming and clinical review models in EDs.
Onboard Flow Coordinator at York and monitor new paediatric doctor rota.

Cancer:

Roll out colorectal, urology, and gynaecology pathway improvements (e.g., STT models, Pipelle clinics).
Increase capacity via insourcing and mutual aid, especially for skin cancer.
Continue to use Elective Recovery Fund for additional activity.

RTT and Elective Recovery:

Continue validation sprints and elective recovery workshop scheduled for late November to review current position for RTT, Cancer and Diagnostics and additional actions required to improve performance in Q4 2025/26.
Focus on theatre utilisation, PIFU, and prioritisation of children and young people.
Weekly Elective Recovery Meetings to monitor long-waiters and challenge care groups.

Diagnostics:

Recruit to fill nurse and radiographer vacancies.
Extend insourcing contracts and use mobile scanners to clear MRI and endoscopy backlogs.
Implement additional locum and insourcing support for echo, sleep studies, and audiology.

Community and Outpatients:

Launch new antibiotic pathway for Virtual Frailty Ward.
Work with ICB on demand management and referral pathways.

Future:

Although mitigations are in place, if demand continues to rise in the same way across all areas, it is likely without some system demand management and additional funding to support recovery, the end of year performance targets are at risk.

Headlines:

- The October 2025 Emergency Care Standard (ECS) position was 68.7%, against the monthly planned improvement trajectory of 74%. In the latest available national data (September 2025) the Trust ranked 87th out of 118 providers nationally (August 2025: 90th). **ECS performance is a True North metric.**
- Average ambulance handover time in October 2025 was significantly ahead of trajectory at 22 minutes 00 seconds against trajectory of 29 minutes 51 seconds.
- 16.1% of Type 1 patients spent over 12 hours in our Emergency Departments during October 2025, behind the monthly improvement trajectory of 11.9%. **This is a True North Metric.**
- In October 2025, the proportion of patients in our care who no longer meet the criteria to reside was 12.7% ahead of the internal trajectory of 13.6%.
- The average non-elective Length of Stay (LoS) for patients staying at least one night in hospital was 6.1 days during October 2025 (3,980 spells of care covering 24,228 bed days). This was ahead of the trajectory to have an average LoS for this cohort of less than 6.9 days submitted as part of the 2025/26 annual planning process.
- The proportion of patients discharged on their 'Discharge Ready Date' (DRD) was 88% (3,513 patients out of 3,992), narrowly behind the trajectory of 88.1% submitted as part of the 2025/26 annual planning process. The average delay (number of days after the DRD that a patient was subsequently discharged) was 3.6 days, ahead of the submitted trajectory of 3.7 days.

Factors impacting performance:

- Attendances continue to be high, with around 10% more patients at each site in October 2025 compared to 2024.
- Workforce challenges at Selby UTC led to a temporary drop in performance at that site, which impacted overall Trust ECS performance by approx. 1%. This has now resolved with performance in November (to 12th) at 99%.
- Flow out of both EDs has been a challenge, leading to a higher proportion of patients spending over 12 hours in the department.

Actions planned in November 2025:

- Medic recruitment at Scarborough Emergency Department is underway but to date has proved unsuccessful. The team is now planning to develop an in-house development programme to support internal retention and progression.
- Several actions are planned for immediate start in November 2025, to address 12 hour performance in EDs. These include Matrons being present on wards from 8am-midday to help with discharges and movement to discharge lounge, and a new morning call to establish which patients will be prioritised for Continuous Flow and prepare for that movement.

Summary MATRIX 1

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION \ ASSURANCE	PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT		* ED - Proportion of Ambulance handovers waiting > 240 mins * ED - Ambulance average handover time (number of minutes)	* ED - 12 hour trolley waits * ED - Emergency Care Standard (Type 1 level) * ED - Proportion of Ambulance handovers waiting > 45 mins
COMMON CAUSE / NATURAL VARIATION		* ED - A&E attendances - Type 1	* ED - Total waiting 12+ hours - Proportion of all Type 1 attendances * ED - Emergency Care Attendances * ED - Emergency Care Standard (Trust level) * ED - A&E Attendances - Types 2 & 3
SPECIAL CAUSE CONCERN			

Acute Flow (1)

Scorecard

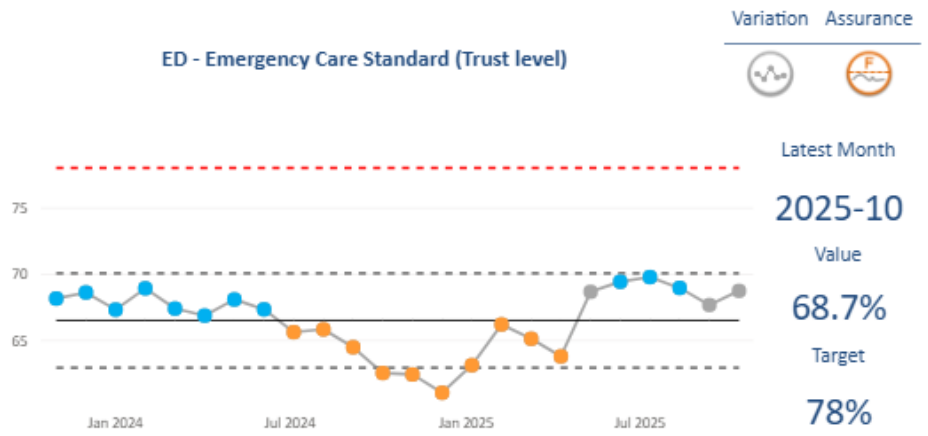
York and Scarborough Teaching Hospitals NHS Foundation Trust

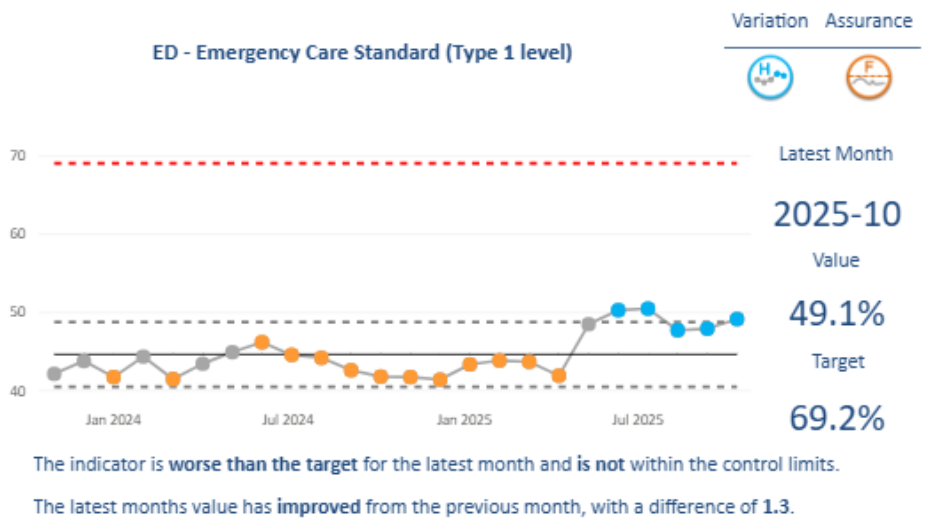
Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
ED - Proportion of all attendances having an initial assessment within 15 mins	2025-10	H		73.8%		
ED - Proportion of all attendances seen by a Doctor within 60 mins	2025-10	H		31.8%		
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2025-10		F	16.1%	11.9%	8.9%
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2025-10			1827		
ED - 12 hour trolley waits	2025-10	L	F	628		0
ED - Emergency Care Attendances	2025-10		F	19632	17276	16377
ED - Emergency Care Standard (Trust level)	2025-10		F	68.7%	74%	78%
ED - A&E attendances - Type 1	2025-10		?	11343	11604	10999
ED - Emergency Care Standard (Type 1 level)	2025-10	H	F	49.1%	63%	69.2%
ED - A&E Attendances - Types 2 & 3	2025-10		F	8289	5672	5378
ED - Median Time to Initial Assessment (Minutes)	2025-10	L		4		
ED - Conversion Rate (Proportion of ED attendances that result in an admission to hospital) - Type 1 only	2025-10			43.9%		

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





Rationale: To monitor waiting times in Emergency Departments and Urgent Treatment Centres. **Target: SPC1:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2026. **This is a True North Metric. SPC2:** Modelling showed that to achieve 78% as a Trust Type 1 performance needs to be at least 69%.

What actions are planned?

Areas of focus in November are:

- Monitoring the impact of changing the workforce model in York Emergency Department Ambulatory Care (EDAC) from Senior Registrars to a mix of Resident Doctors and Advanced Clinical Practitioners (ACPs) due to financial constraints.
- Strengthening streaming model with the support of clinical reviews
- Implementing a standalone paediatric doctor rota at York, using current ED workforce.
- Onboarding a Flow Coordinator in York to support efficiencies in daily processes and escalations.

What is the expected impact?

The impact of successfully achieving the above will be improvements in 4hr performance, including paediatric specific performance.

Potential risks to improvement?

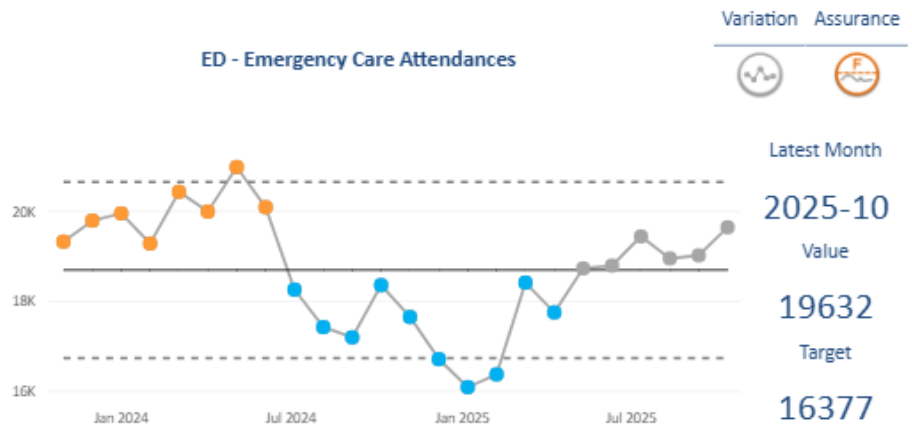
Reducing seniority of the EDAC workforce at York may decrease usage and performance.

Only one of two Flow Coordinator positions was filled, reducing the expected impact.

4hr performance remains inconsistent which makes proactive planning more challenging.

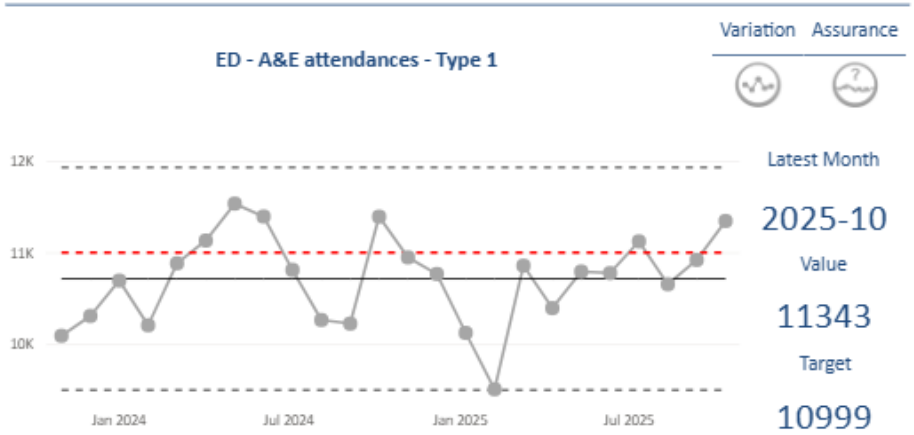
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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

The latest months value has **deteriorated** from the previous month, with a difference of **624.0**.



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

The latest months value has **deteriorated** from the previous month, with a difference of **426.0**.

Rationale: SPC1: To monitor demand in A&E. **SPC2:**
Target: SPC1: Monthly activity plan as per chart. **SPC2:** Monthly activity plan as per chart.

What actions are planned?

Yorkshire Ambulance Service have new direct pathways for Medical and Frailty SDECs at Scarborough; usage will be monitored.

Communications to primary care colleagues have been issued, to reiterate the opportunity to send patients directly to SDEC rather than attend ED.

Multiple Whitby GPs are keen to understand which of their patients frequently attend Scarborough ED, with a view to considering alternative pathways for frail patients. A data sharing agreement is being established to progress this in November.

The Frailty Crisis Hub continues to link with Care Homes in the York area to support avoiding admissions.

Capacity and demand planning for each ED is complete. The number of additional whole time equivalent medics required to meet demand has been established. Clinical Leads are now to recommend the level of seniority required in those positions, to deliver improvements.

What is the expected impact?

Increasing utilisation of direct pathways may reduce or slow the increase of conveyances to acute sites.

Increasing medical staffing at each ED would reduce 'time to be seen' and overall time in the department for the majority of patients.

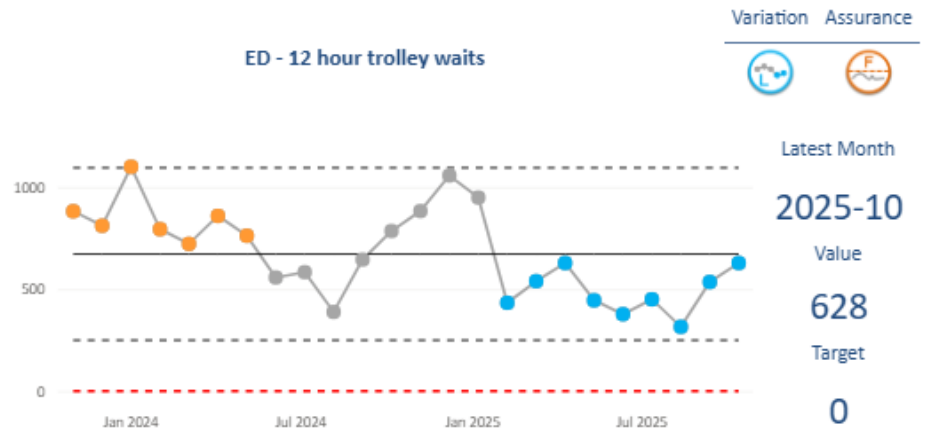
Potential risks to improvement?

Direct pathway utilisation will not be sufficient to mitigate against the increase in demand.

Financial constraints may render the workforce model not possible to implement.

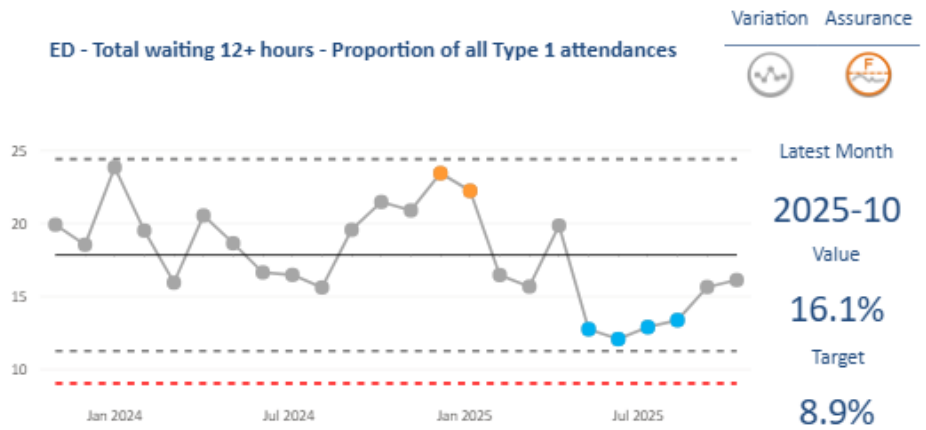
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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

The latest months value has **deteriorated** from the previous month, with a difference of **93.0**.



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

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

Rationale: To monitor long waits in A&E.
Target: SPC1: Zero patients to wait over 12 hours from decision to admit to being admitted. **SPC2:** Less than 8.9% of patients should wait more than 12 hours by end of March 2026. **This is a True North Metric.**

What actions are planned?

Scarborough typically has a lower proportion of 12hr waits and therefore the focus is targeted at in-ED processes.

York has a greater challenge with flow and bed capacity. The most significant upcoming action is to open Ward 25 (30 beds) in November.

At both sites there is increased rigour around implementing the Continuous Flow and TES SOPs and using escalation process tools to support flow.

Super Discharge Teams will be stepped up when resources allow.

The new 2nd line escalation meetings for community patients requiring discharge to local authority care has been successful and will continue.

A daily morning meeting for senior nurse colleagues is being stepped up, to agree which patients are moving with Continuous Flow policy.

The Chief Nurse has requested that matrons are present on wards every day 8am-midday to practically help prepare patients for Discharge Lounge.

What is the expected impact?

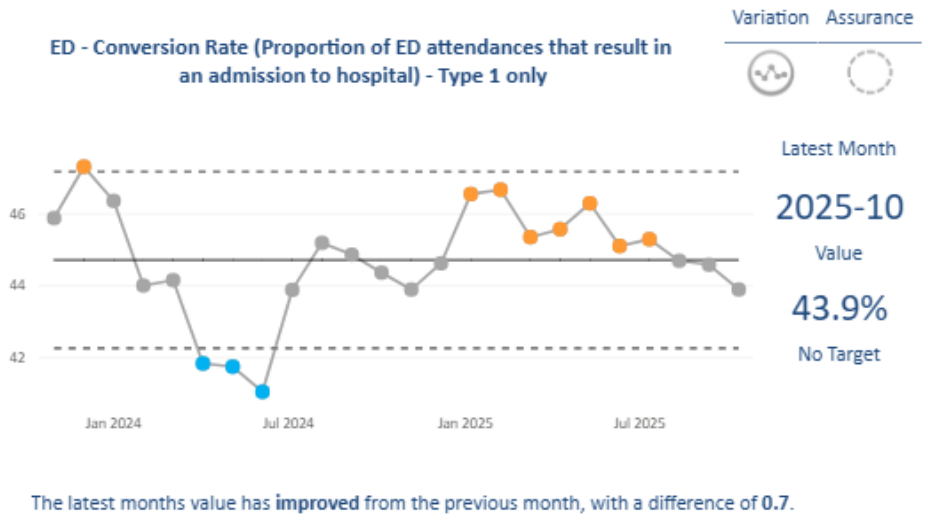
A reduction in 12-hour waits in both EDs.

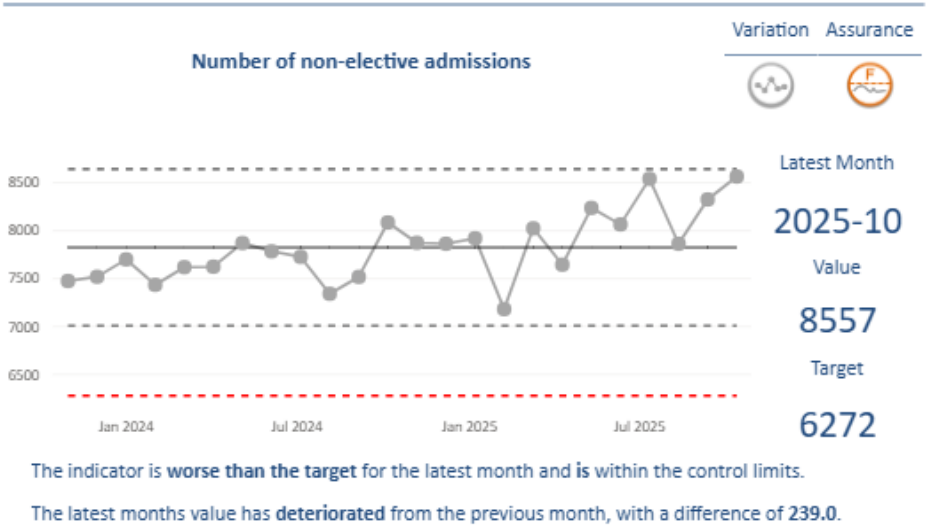
Potential risks to improvement?

There is a risk that if demand continues to rise, the number of required beds is higher than escalation spaces and the additional ward can support.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





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

Note: The data includes admissions to all Same Day Emergency Care (SDEC) units. Work is underway to ensure more appropriate patients are admitted to SDEC from our EDs - therefore increases are not necessarily indicative of an issue.

What actions are planned?

The Medicine Care Group is giving consideration to whether senior sign-off for referrals and/or admissions is a feasible option for safely reducing admissions.

What is the expected impact?

A reduction in admissions would support improved flow and reduce the number of patients spending a long time in the Emergency Department wating for a bed.

Potential risks to improvement?

There is an issue that a sign-off process will take considerable time for the senior clinical team, reducing capacity within the department.

Acute Flow (2)

Scorecard

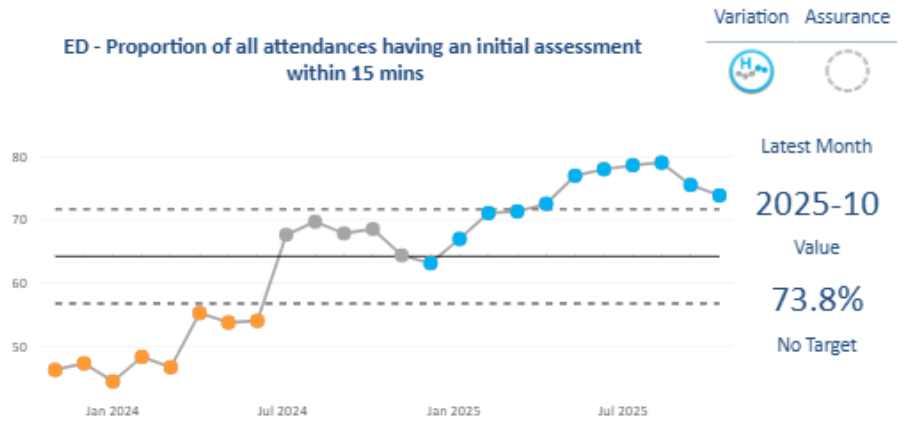
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
ED - Conversion Rate (Proportion of ED attendances that result in an admission to hospital) - Type 1 only	2025-10			43.9%		
Number of SDEC attendances	2025-10			2878		
Proportion of SDEC attendances transferred from ED	2025-10			68.6%		
Proportion of SDEC attendances transferred from GP	2025-10			24.7%		
Proportion of ED attendances streamed to SDEC Within 60 mins	2025-10	H		61.9%		
Proportion of SDEC admissions transferred to downstream acute wards	2025-10			14.6%		
Number of RAFA attendances (York Only)	2025-10			180		
Number of attendances at SAU (York & Scarborough)	2025-10			1027		
ED - Proportion of Ambulance handovers within 15 mins	2025-10	H		34.9%		
ED - Proportion of Ambulance handovers waiting > 30 mins	2025-10	L		21.9%		
ED - Proportion of Ambulance handovers waiting > 45 mins	2025-10	L	F	3.6%		0%
ED - Proportion of Ambulance handovers waiting > 240 mins	2025-10	L	?	0%		0%
ED - Number of ambulance arrivals	2025-10	H		4888		
ED - Ambulance average handover time (number of minutes)	2025-10	L	?	22	29	29

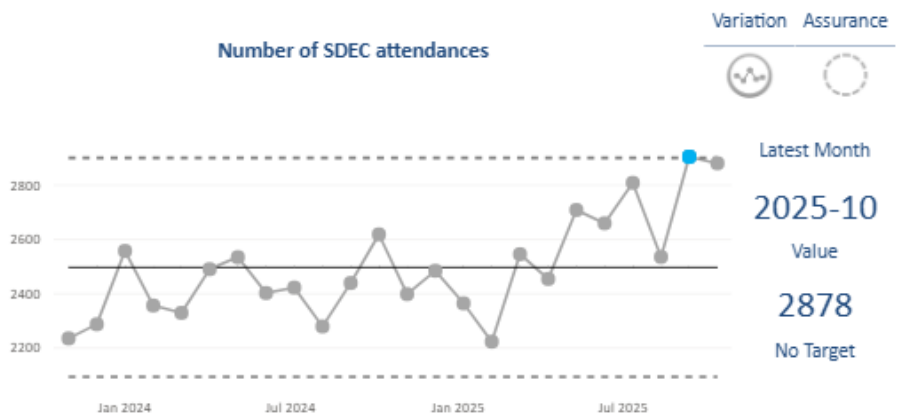
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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

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



The latest months value has **deteriorated** from the previous month, with a difference of **24.0**.

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

What actions are planned?

Paediatric initial assessment time is an area of focus, with an ambition to improve average triage time at York in particular, since Scarborough performance in this area is better. This will be achieved through ensuring there are appropriate staffing levels at peak times and carrying out shadowing and learning opportunities.

Fast-track paediatric pathways are going to be put in place and monitored, with new prioritisation rules to reduce congestion in triage. The proposed policy is due to progress through internal governance routes in November.

Work continues to stream more appropriate patients to our SDEC services, both directly from community partners and from our Emergency Departments.

What is the expected impact?

Improvement in proportion of patients having initial assessment within the target of 15 minutes.

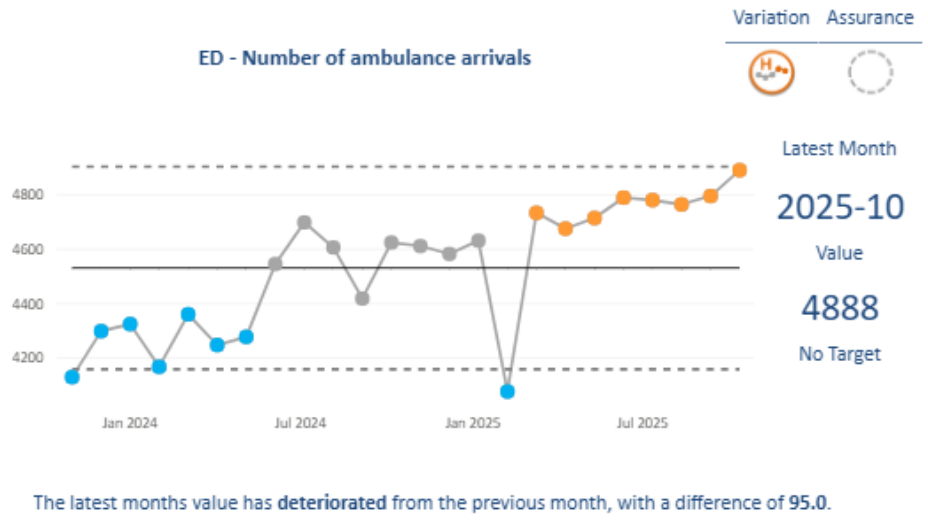
Continued increase in patients treated in an SDEC environment.

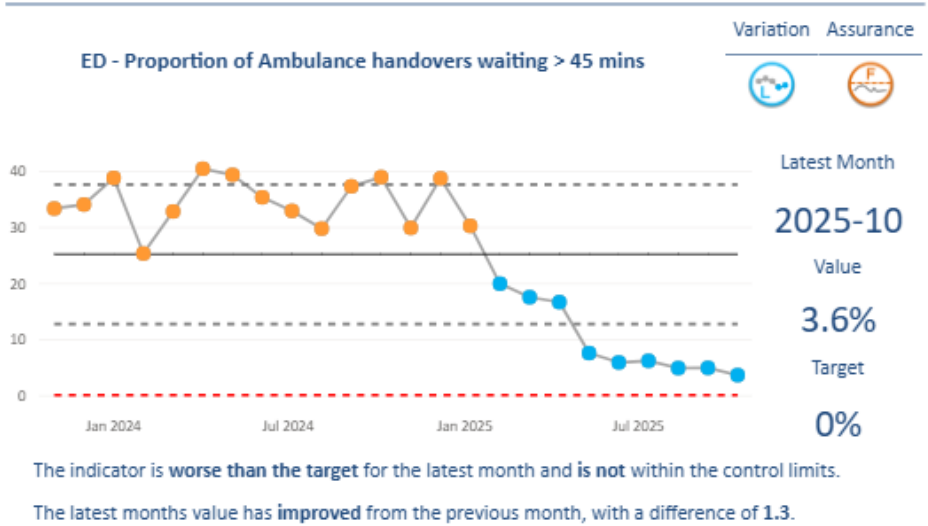
Potential risks to improvement?

The number of patients appropriate for our 'Test of Change' SDEC pathways is lower than expected which is limiting the impact felt in our EDs.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





Rationale: SPC1: To monitor Ambulance demand in A&E. **SPC2:** Proportion of ambulances which experience a delay in transferring the patient over to the care of ED staff.
Target: SPC1: No target. **SPC2:** Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival. 0% should wait over 45 minutes from arrival to handover.

What actions are planned?

Meetings with Yorkshire Ambulance Service and colleagues from the ICB to discuss discrepancies identified through audit between handover timestamps. The issue has been escalated to the regional urgent care team as part of our oversight meetings.

What is the expected impact?

Higher quality data which better reflects ambulance handover times, and a reduction in the number of handovers over 45 minutes.

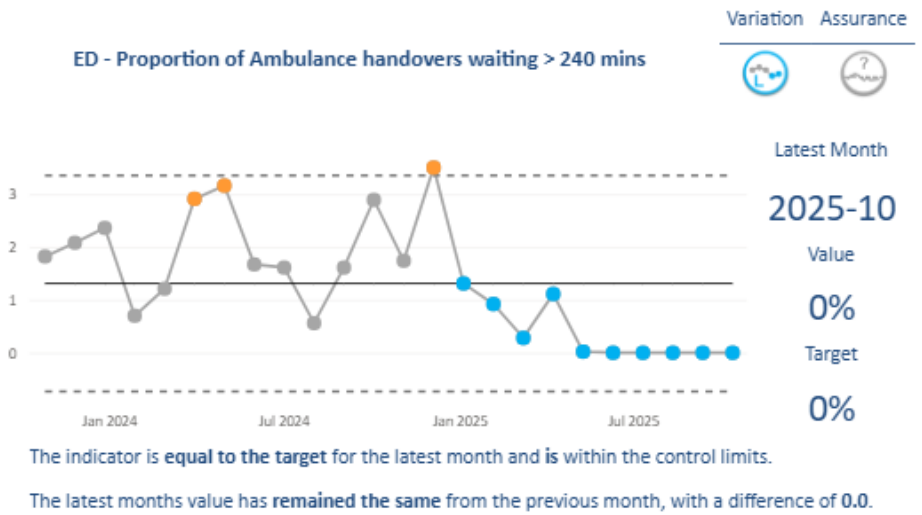
Potential risks to improvement?

There is a risk that we cannot influence ambulance crew behaviours which lead to delays in recording handovers.

There is an issue that we cannot check and challenge YAS data until after the data has been submitted, meaning even if we agree that recording was incorrect, we cannot change it. Discussions are ongoing with YAS colleagues to put in place a process to rectify this.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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Rationale: : Proportion of ambulances which experience a delay in transferring the patient over to the care of ED staff.
Target: Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival, 0% should wait over 240 minutes.

As per previous page

Summary MATRIX 2

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Number of zero day length of stay non-elective admitted patients	* Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside
COMMON CAUSE / NATURAL VARIATION	* Overnight general and acute beds open	* Inpatients - Average number of bed days spent in hospital after a patients discharge ready date (DRD) * Of those overnight general and acute beds open, proportion occupied * Community bed occupancy/availability	* Patients receiving clinical Post Take within 14 hours of admission * Inpatients - Proportion of patients discharged before 5pm * Number of non-elective admissions
SPECIAL CAUSE CONCERN			

Acute Flow (3)

Scorecard

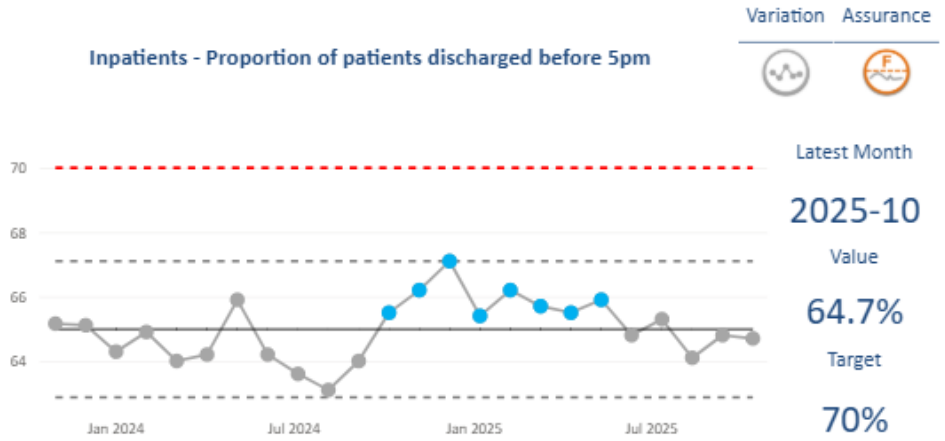
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

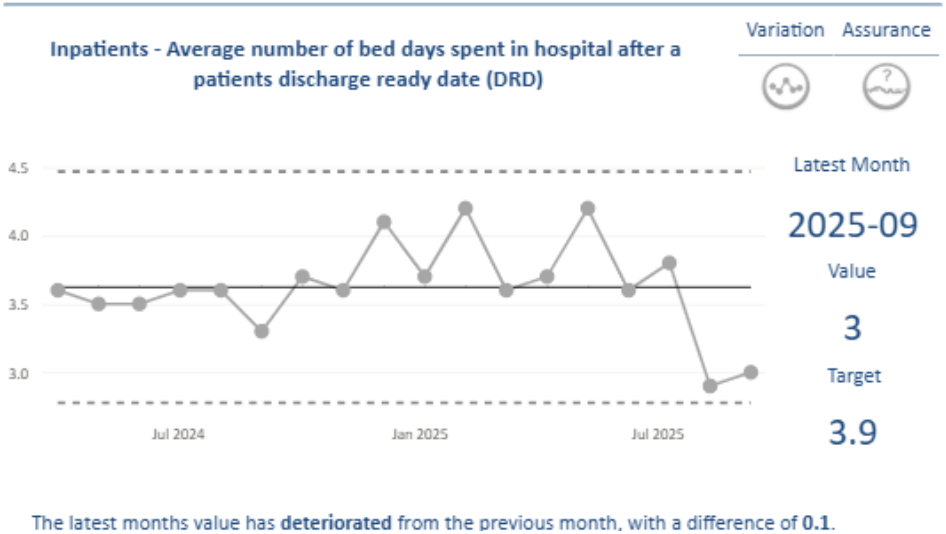
Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Patients receiving clinical Post Take within 14 hours of admission	2025-10		F	80.4%		90%
Patients with Senior Review completed at 23:59	2025-10			46.2%		
Inpatients - Proportion of patients discharged before 5pm	2025-10		F	64.7%		70%
Inpatients - Lost bed days for patients with no criteria to reside	2025-10			1412		
Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside	2025-10	L	F	12.7%	13.6%	12.5%
Inpatients - Average number of bed days spent in hospital after a patients discharge ready date (DRD)	2025-09		?	3	3.3	3.9
Number of non-elective admissions	2025-10		F	8557	6596	6272
Number of zero day length of stay non-elective admitted patients	2025-10	H	?	2905	2592	2464
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2025-10			122		
Overnight general and acute beds open	2025-10		P	869	832	832
Of those overnight general and acute beds open, proportion occupied	2025-10		?	92.4%		92%
Community bed occupancy/availability	2025-10		?	90.5%		92%

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





Rationale: Understand flow in the acute bed base.
Target: SPC1: Internal target of 70%. **SPC2:** To reduce the average number of beds days between the time a patient is assessed and fit for discharge to when a patient returns to the place they call home to less than 3.9 days.

What actions are planned?

Phase 2 of the Describe not Prescribe training is planned for February 2026, as part of a long-term ambition to develop a 'train the trainer' approach. This date has been set due to training team availability.

Wards have completed self-assessments relating to the consistency and quality of daily ward processes. These will be used to create focussed improvement plans to be monitored through Discharge Task and Finish group from December.

Following a trial, the "Golden Round" by Bed Managers is being extended into November to facilitate more morning discharges through the lounges.

The trial of morning escalation huddles between Matrons and Operational Managers proved successful and will now become business as usual.

The Chief Nurse has instructed that Matrons are present on wards 8am-midday, identifying and preparing patients for discharge lounge as well as checking Estimated Dates of Discharge are set. A new daily 8am meeting with Associate Chief Nurses and AHPs will take place with ward staff and site management to identify patients for continuous flow spaces.

What is the expected impact?

- Improved efficiency and operational grip linked to discharges.
- More discharges through the discharge lounge, earlier in the morning.
- Better use of existing capacity to support flow

Potential risks to improvement?

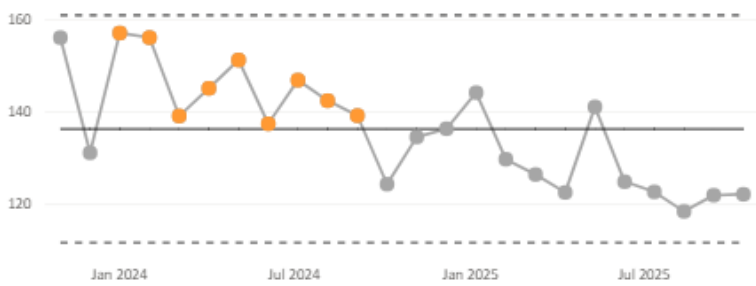
- Reliance on behavioral changes which are difficult to implement.
- Risk of low attendance at training since it is not mandated.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Variation Assurance

Inpatients - Super Stranded Patients, 21+ LoS (Adult)



Latest Month

2025-10

Value

122

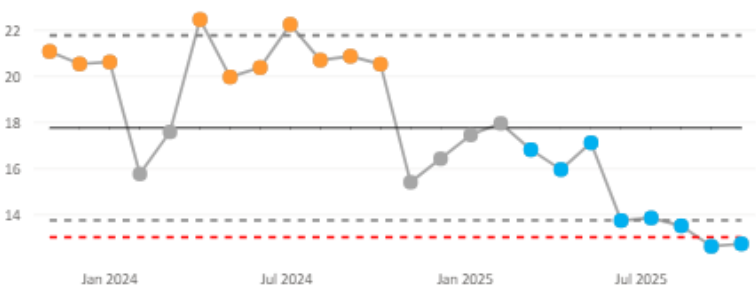
No Target

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

The latest months value has **deteriorated** from the previous month, with a difference of **0.2**.

Variation Assurance

Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside



Latest Month

2025-10

Value

12.7%

Target

12.5%

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

The latest months value has **deteriorated** from the previous month, with a difference of **0.1**.

Rationale: Understand the numbers of beds which are not available for patients who do meet the criteria to reside and therefore which are unavailable due to discharge issues.
Target: SPC1: No Target. **SPC2:** Internal aim to achieve less than 12.5% by March 2026.

What actions are planned?

A new and more rigorous data collection process has been established in Long Length of Stay reviews, which will improve capability to identify the impact of discussions and further opportunities for improvement. This started in October 2025 and at 3 months the findings will be reviewed and shared.

Bronze First Line Escalation focus meetings are now conducted quarterly, which act as an opportunity for system partners to 'deep dive' into common themes being brought up in the escalation meetings. Themes for complex discharge delays have been identified and an action plan developed to support improvements. Themes include quality of TAF; mental health/learning disability care provision and care home contractual responsiveness.

What is the expected impact?

Continued reduction in the number and proportion of patients who do not meet the criteria to reside.

Potential risks to improvement?

There is an issue that some delays to discharges are due to patients needing complex packages of care which cannot easily be sourced; this is escalated appropriately.

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

- The Cancer performance figures for September 2025 saw performance against the 28-day Faster Diagnosis standard (FDS) of 64.7%, failing to achieve the monthly improvement trajectory of 73.9%. In the latest available national data (August 2025) the Trust ranked 106 out of 118 providers nationally. **This is a True North Metric.**

- 62 Day waits for first treatment September 2025 performance was 64.5%, with the monthly trajectory of 70.1% not achieved. In the latest available national data (August 2025) the Trust ranked 95 out of 118 providers nationally. The HNY cancer alliance footprint remains one of the lowest performing in the country for 62 days.

- Performance against both targets showed no statistical change as performance was within the expected variance. The Trust has, as part of the 2025 Operational Planning, submitted compliant trajectories to achieve the national ambition of 80% for FDS and 75% for 62 Day waits for first treatment by March 2026.

- Executive and resource committee sighted on cancer performance and recovery actions.

Factors impacting performance:

- May - July was the highest referrals received month for urgent suspected cancer referrals in Trust history (over 3,000 per month). This increase in referrals is impacting on number of patients on patient tracking list and 28-day faster diagnosis. This appears to be a regional trend.
- The continued deterioration in skin performance due to the cessation of dermoscopy in some GP practices resulting in a 35% increase in dermatology referrals requiring appointments,
- The following cancer sites exceeded 80% FDS in September 2025: Breast, Haematology & Non-Site specific
  - Lung and Upper GI achieved above their internal trajectories.
- The following cancer sites exceeded 75% 62-day performance in July 2025: Breast, Haematology & Head and Neck
  - Lung, Head & Neck above their internal trajectory.
- 31-day treatment standard was 97.6% overall, achieving the national target of 96%.
- At the end of September, the proportion of patients waiting over 104+ days equates to 1.7% of the PTL size with 43 patients. Colorectal, Skin and Urology are areas with the highest volume of patients past 62 days with/without a decision to treat but are yet to be treated or removed from the PTL.
- Diagnostic performance, in particular endoscopy and imaging is impacting faster diagnosis performance due to delays in diagnostic pathways.

Actions:

- Please see following pages for details.

Summary MATRIX

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Cancer - 62 Day First Definitive Treatment Standard * Cancer 31 day wait from diagnosis to first treatment	* Cancer - Faster Diagnosis Standard
SPECIAL CAUSE CONCERN			* Proportion of Lower GI Suspected Cancer referrals with an accompanying FIT result

CANCER
Scorecard

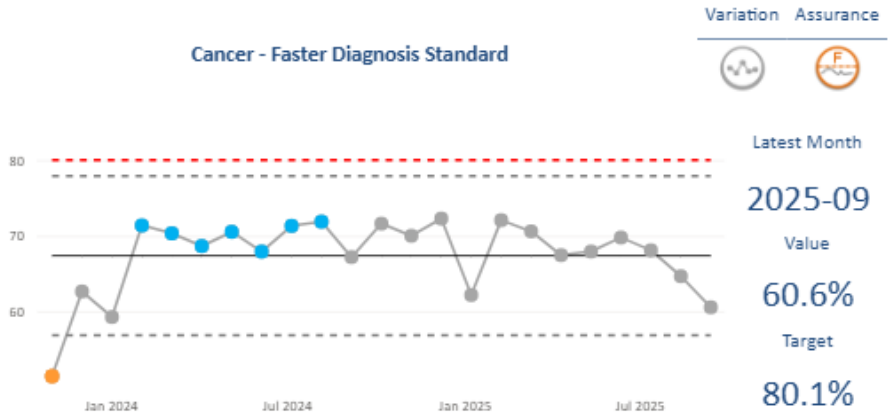
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

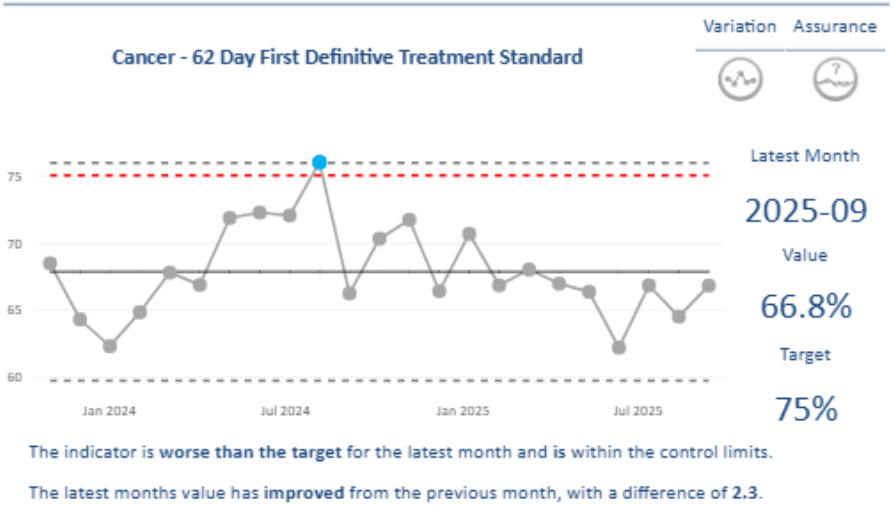
Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Cancer - Faster Diagnosis Standard	2025-09		F	60.6%	73.9%	80.1%
Cancer - 62 Day First Definitive Treatment Standard	2025-09		?	66.8%	70.1%	75%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2025-10	H		252		
Proportion of patients waiting 63 or more days after referral from cancer PTL	2025-10			9.5%		
Cancer 31 day wait from diagnosis to first treatment	2025-09		?	98.4%		96.1%
Total Cancer PTL size	2025-10	H		2664		
Proportion of Lower GI Suspected Cancer referrals with an accompanying FIT result	2025-10	L	F	68.1%	80.1%	80.2%

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton





Rationale: SPC1: Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving. **This is a True North Metric. SPC2:** National focus for 2025/25 is to improve performance against the headline 62-day standard**.**
Target: SPC1: 80% by March 2026. **SPC2:** 75% by March 2026.

What actions are planned?

Colorectal Plan

Frailty pathway agreed and implementation commenced. Constructive discussion with cancer alliance primary care lead around referral appropriateness and next steps agreed. Proposal to strengthen adherence to NICE NG12 criteria for urgent suspected cancer referrals has been approved at executive committee. Ongoing secondary care interventions to widening Straight to Test (STT) criteria. Continued work with Rapid Diagnostic Centre (RDC) redirect pathway for colorectal patients who are suitable.

Urology Plan

STT CT model in haematuria pathway approved for Q4 implementation. Recruitment of additional Surgical Care Practitioners completed and commenced in role, to be trained on biopsies over coming months.

Initial conversations taken place for scoping potential one stop prostate CDC models.

Gynaecology Plan

Locum consultant providing additional sessions to recover position. Implementation for PMB pathways is November. Working through implementation of Pipelle clinics in Community Diagnostic Centre.

Skin

Increase of primary care referrals is causing unprecedented strain on service (35% increase H1 25 compared with H1 24 and 19% referral increase Sept 25 compared to Sept 24 volumes). Performance deteriorated from 12-month average (August – August 76.9% FDS) Funding to insource additional capacity requested and mutual aid with Harrogate implemented.

Additional cancer actions approved at executive committee:

- Utilisation of internal resource: Conversion of routine outpatient capacity to fast track
- Utilisation of internal resource: Utilisation of remaining Elective Recovery Fund (ERF) for additional cancer activity

What is the expected impact?

Expected impact articulated in waterfall diagrams presented at Trust Board in May 2025. Each cancer site has own trajectory for FDS and 62 day, to achieve month and year end position against national targets.

Potential risks to improvement?

- Volume of referrals significantly above planned activity, particularly primary care referrals
- Cancer performance dependent upon diagnostic capacity and recovery plans
- Colorectal and Skin patient volumes have dt impact on trust cumulative FDS position and both sites significantly off trajectory.

Headlines:

- At the end of October 2025, the Trust had forty-six **Referral To Treatment (RTT) patients waiting over sixty-five weeks**, a decrease on the forty-seven at the end of September 2025.
- The Trust's **RTT Total Waiting list position** ended October 2025 behind the trajectory submitted to NHSE as part of the 2025/26 planning submission: 58,731 against the trajectory of 43,689.
- The Trust is behind the trajectory for the proportion of the **RTT waiting list waiting under 18 weeks**: 56.4% against 57.5%. In the latest available national data (August 2025) the Trust ranked 90th out of 118 providers (July 2025: 100th). By March 2026, the intention is that the percentage of patients waiting less than 18 weeks for elective treatment will be 65% nationally. **This is a True North Metric.**
- The Trust is behind the **RTT52 week** trajectories submitted within the 2025/26 planning submission; 1,809 waiters and 3.1% of the total RTT Total Waiting list against the trajectories of 655 and 1.5%, respectively. In the latest available national data (August 2025) the Trust is ranked 92nd worst out of 118 providers for the proportion of the TWL waiting over 52 weeks. Nationally at the end of August 2025 there were 187,433 RTT patients waiting over 52 weeks. By March 2026, the national ambition is that the percentage of patients waiting longer than 18 weeks for elective treatment will be less than 1% nationally, at the end of August 2025 the national position stood at 2.7%.
- NHSE has introduced a new metric target for 2025/26 with the ambition set for the Trust to have over 67.1% of **patients waiting no longer than 18 weeks for a first appointment** by March 2026. The Trust is behind the trajectory submitted to NHSE as part of the 2025/26 planning submission with performance of 59.4% against the end of October 2025 ambition to be above 62.8%. There is currently no nationally available comparative data for this metric.

Factors impacting performance:

- RTT Total Waiting List metric impacted by an increase in referrals in Quarters 1 and 2 of 2025/26 and the update to CPD logic which has resulted in additional RTT clocks being opened since April 2025. The increase in referrals from primary care is now the main driver in the RTT TWL increase, YTD there has been an 8% rise (circa 6,500 referrals) with October 2025 seeing the second highest number of GP referrals received in the last three years. Direct Cancer GP referrals (not including upgrades, incidental findings etc.) are up 11% YTD with five of the seven months in 2025/26 higher than the Trust has ever received during a month, this impacts the ability to see routine RTT patients.
- Delivery of the 2025/26 elective recovery plan; initial analysis shows that at the end of October 2025 the Trust was ahead of the 2025/26 plan with a provisional performance of 107% against the funded ERF (excludes OP follow ups without procedure) plan.
- The ethnicity recording recording project has commenced. Barrier to recording is additional 'other' categories on CPD that require completion. Review ongoing to understand feasibility of removal of this.

Actions:

- Please see following pages for details.

Summary MATRIX

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* RTT - Waits over 78 weeks for incomplete pathways	* RTT - Waits over 65 weeks for Incomplete Pathways * RTT - Proportion of incomplete pathways waiting less than 18 weeks * RTT - Proportion of patients waiting for first attendance who are waiting under 18 weeks
COMMON CAUSE / NATURAL VARIATION			* RTT - Waits over 52 weeks for Incomplete Pathways * RTT - Proportion of the incomplete RTT pathways waiting > 52 weeks
SPECIAL CAUSE CONCERN			* RTT - Total Waiting List

Referral to Treatment (RTT)

Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
RTT - Total Waiting List	2025-10	H	F	58731	43689	38992
RTT - Waits over 78 weeks for incomplete pathways	2025-10	L	?	0		0
RTT - Waits over 65 weeks for Incomplete Pathways	2025-10	L	F	46	0	0
RTT - Waits over 52 weeks for Incomplete Pathways	2025-10		F	1809	655	389
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2025-10	H	F	56.4%	57.5%	60.5%
RTT - Mean Week Waiting Time - Incomplete Pathways	2025-10	L		18.2		
RTT - Proportion of the incomplete RTT pathways waiting > 52 weeks	2025-10		F	3.1%	1.5%	1%
RTT - Proportion of patients waiting for first attendance who are waiting under 18 weeks	2025-10	H	F	59.4%	62.8%	67.1%
Proportion of BAME pathways on RTT PTL (S056a)	2025-10			1.8%		
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2025-10	L		12%		
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2025-10			66.6%		

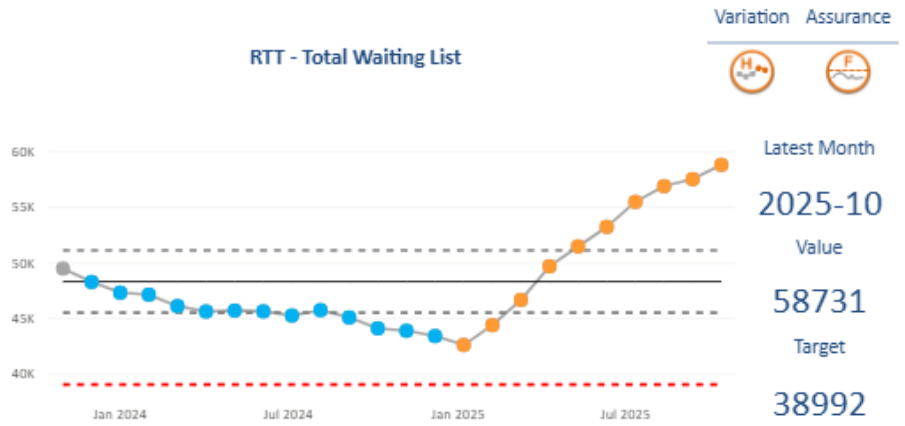
KPIs – Operational Activity and Performance

Referral to Treatment RTT (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

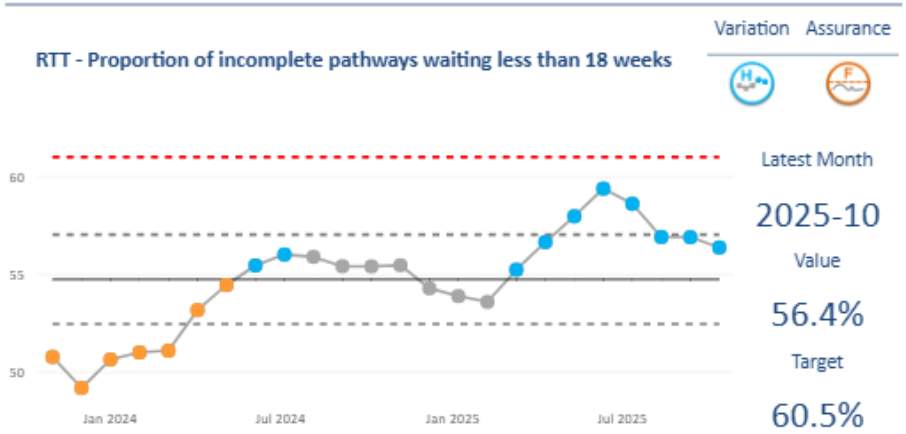
Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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

The latest months value has **deteriorated** from the previous month, with a difference of **1281.0**.



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

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

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

Target: SPC1: Aim to have less than 38,992 patients waiting by March 2026 as per activity plan. **SPC2:** National constitutional target of 92% of patients should be waiting less than 18 weeks. Target for March 2026 is to be above 60.5%. **This is a True North Metric.**

What actions are planned?

- NHS England has made funding available to support providers to increase the validation of patients within the sprint period by undertaking either one of or a combination of technical, admin and clinical validation as required within the identified timescales. The Q2 sprint commenced on the 7th of July with NHSE setting the Trust a target of 29,975 RTT clock stops. At the end of the sprint, the Trust was 22% ahead of the baseline (circa 6,600 additional RTT clock stops). A Q3 sprint commenced in November running for seven weeks.
- Delivery of key workstreams in the 2025/26 elective recovery plan including theatre utilisation, patient initiated follow up (PIFU), new to follow up ratios, prioritisation of children and young people.
- Elective recovery workshop scheduled for November 2025 to identify any additional high impact actions with a focus on 1st outpatient waits.

What is the expected impact?

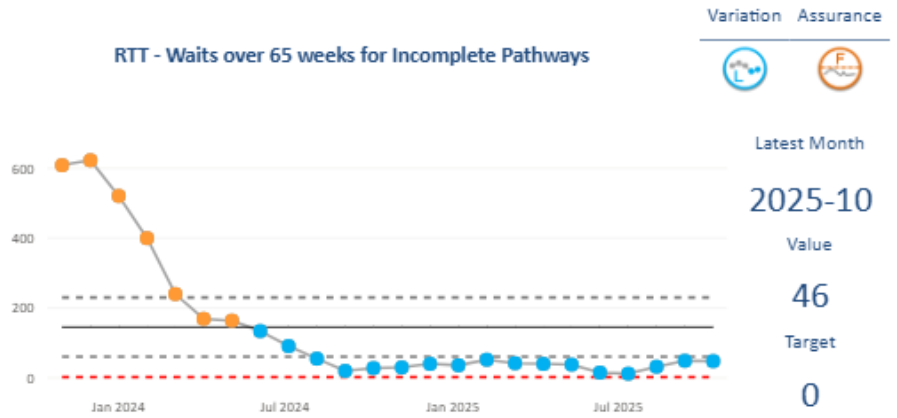
- Reduction in the TWL or offsetting impact of the ongoing increase in referrals.
- The Trust continues to do very well on missed appointments, pre referral triage and high level of Advice and Guidance in Further faster cohort 2 and above the national provider median.

Potential risks to improvement?

- Despite the sprint, ongoing referral increase may result in further rises to the RTT TWL. To stabilise the waiting list, we need to focus on increasing clock stop activity and validation. This has been communicated to NHSE.
- Increase in GP referrals to date in 2025/26 compared to same period in 2024/25 (up 8%). Discussions with ICB ongoing to identify causes of referral increases.

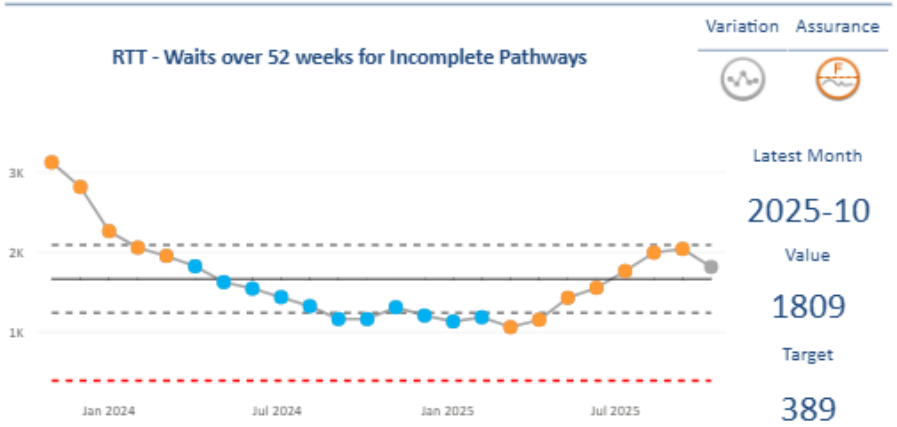
Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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

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



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

The latest months value has **improved** from the previous month, with a difference of **225.0**.

Rationale: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: SPC2: National ambition to have 0 patients waiting more than 65 weeks **SPC2:** Aim to have less than 389 patients waiting more than 52 weeks by March 2026 as per activity plan.

What actions are planned?

- The Trust's internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectories for RTT52 and RTT65 weeks. Care Groups challenged to make significant RTT52 improvements by the end of Q3.
- Internal Elective Recovery Fund (ERF) Process in place with weekly meetings. The Trust's approach has been recognised at ICB level as good practice who are planning to embed within other providers within the HNY ICB. Review of spend to date and highest risk specialties completed.
- Delivery of key workstreams in the 2025/26 elective recovery plan including theatre utilisation, patient initiated follow up (PIFU), new to follow up ratios, prioritisation of children and young people.
- Elective recovery workshop scheduled for November 2025 to identify any additional high impact actions.

What is the expected impact?

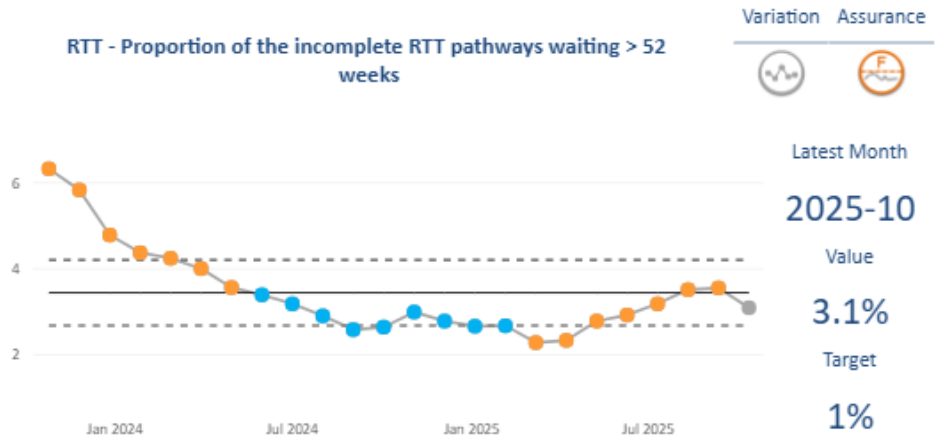
- Reduced RTT long waiters.
- ERF money targeted at specialties most in need.

Potential risks to improvement?

- Patient choice can lead to end of month breaches.
- Diagnostic performance.
- Capital programme (RAAC replacement, CT replacement, Rood replacement)) which could impact on Diagnostic and theatre capacity at Scarborough and York through construction phases.

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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

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Rationale: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: SPC1: National ambition to have no more than 1% of a Trust's RTT TWL waiting over 52 weeks by the end of March 2026.

Please see previous page.

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Headlines:

- For the month of October 2025, the Patient Initiated Follow Up (PIFU) the Trust was behind the improvement trajectory of 4.7% with performance of 4.2%. Y&S has three specialties in the upper quartile of Trusts within the NE&Y region (Clinical Haematology, Physiotherapy and Rheumatology). Audiology and ENT have launched pathways in October 2025 with expected impact expected in November 2025.

- Rapid Access Chest Pain (RACP) seen within 14 days was at 70.7% (August: 50.5%) which whilst a significant improvement remains below the target of 99%.

- The Trust's DNA rate was at 4.7% for the third consecutive month. The Trust has one of the lowest DNA rates in the country, the national average is 5.6% (NHSE).

Factors impacting performance:

- In the latest North East & Yorkshire provided Outpatient data the Trust is above the national provider median for Pre-Referral Specialist Advice Utilisation and Diversion Rate, DNA rate, proportion of appointments delivered remotely and PIFU rate (July and August 2025 data).

- RACP improvement plan has been developed by the Medicine Care Group with scrutiny of impact of actions undertaken through the Performance Review and Improvement Meetings (PRIM). Improvements seen in September and October 2025 because of administration staff commencing at York to free up clinical time.

- The outpatient delivery group has been refreshed in May 2025 as part of the 2025/26 elective recovery plan. It has identified four key areas of priority:
  - Increase of Referral for Expert Input. Agreed to review feasibility of cardiology, gynaecology and ENT roll out to be completed in Q3.
  - Roll out digital clinical letters on plan for Q3.
  - PAS readiness validation of non RTT waiting lists and embedding the operational toolkit.

Actions:

- Please see following pages for details.

Summary MATRIX

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* Proportion of elective admissions which are day case	* Outpatients: 1st Attendances (Activity vs Plan)	* Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU) * Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)
COMMON CAUSE / NATURAL VARIATION		* Outpatients - DNA rates * Outpatients: Follow Up Attendances (Activity vs Plan) * All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days* * Day Cases (based on Activity v Plan) * Electives (based on Activity v Plan)	* Outpatients - Proportion of appointments delivered virtually (S017a) * Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)
SPECIAL CAUSE CONCERN			

Outpatients & Elective Care
Scorecard

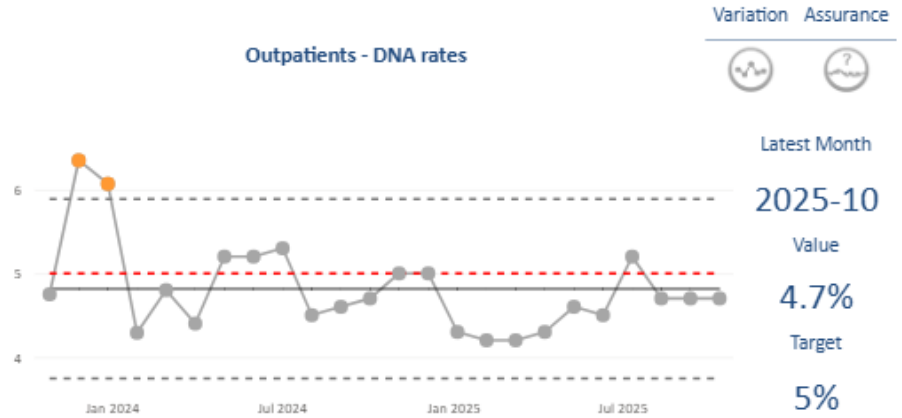
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Outpatients - Proportion of appointments delivered virtually (S017a)	2025-10		F	22.2%		25%
Outpatients - DNA rates	2025-10		?	4.7%		5%
Outpatients: 1st Attendances (Activity vs Plan)	2025-10	H	?	21875	18215	17494
Outpatients: Follow Up Attendances (Activity vs Plan)	2025-10		?	47839	39517	38846
Outpatient procedures	2025-10			16072		
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)	2025-10		F	27617		0
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2025-10	H	F	4.2%	4.7%	5%
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2025-10	H	F	70.7%		99%
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days*	2025-10		?	4		0
Day Cases (based on Activity v Plan)	2025-10		?	8355	8073	8144
Electives (based on Activity v Plan)	2025-10		?	748	761	816
Proportion of elective admissions which are day case	2025-10	H	P	91.8%		85%
Outpatients: All Referral Types	2025-10			25583		
Outpatients: Consultant to Consultant Referrals	2025-10			2619		
Outpatients: GP Referrals	2025-10			11365		

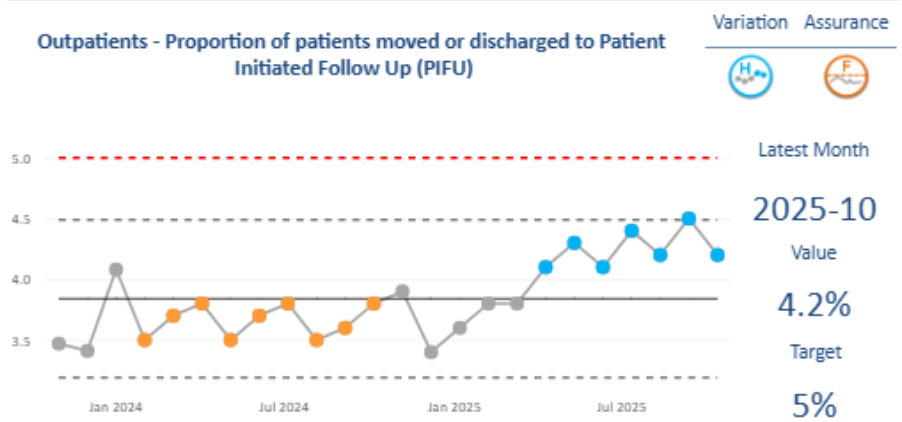
Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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

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



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

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

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

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

What actions are planned?

- Outpatient Procedure Code (OPCS) project is ongoing to improve outpatient procedure coding with Care Groups using reports to target specific areas where correct recording has not occurred. Significant improvements have been seen in the Surgery and Cancer, Specialist and Clinical support Services Care Group. Further work continues for the Medicine and Family Health Care Groups.
- The Trust is one of 6 Trusts in the North East and Yorkshire region who have agreed to participate in the NHSE 'PIFU as standard' programme. The PIFU pathways the Trust are developing as part of this programme are Gynaecology, Cardiology, Gastroenterology and ENT. Fortnightly task and finish groups set up, further faster guidance being reviewed.

What is the expected impact?

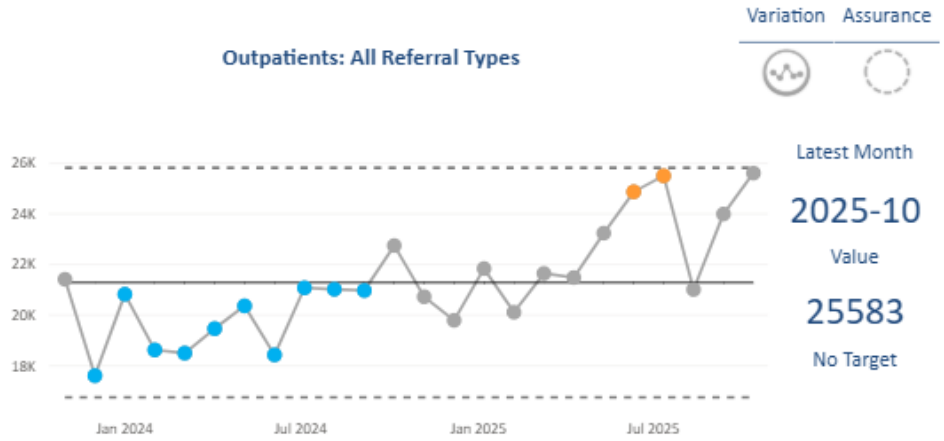
- **PIFU:** Y&S should see a continued improvement in PIFU through 2025/26. Y&S has one specialty in the lowest quartile of Trusts within the NE&Y region (Gynaecology), involvement in PIFU as standard should result in an improvement in this specialty. Forecast to deliver 5% by end of Q3.
- **RACP:** Improved performance and improved patient experience.

Potential risks to improvement?

- **PIFU** at Scarborough is significantly lower than York (1.8% at SGH / 5.2% at York).

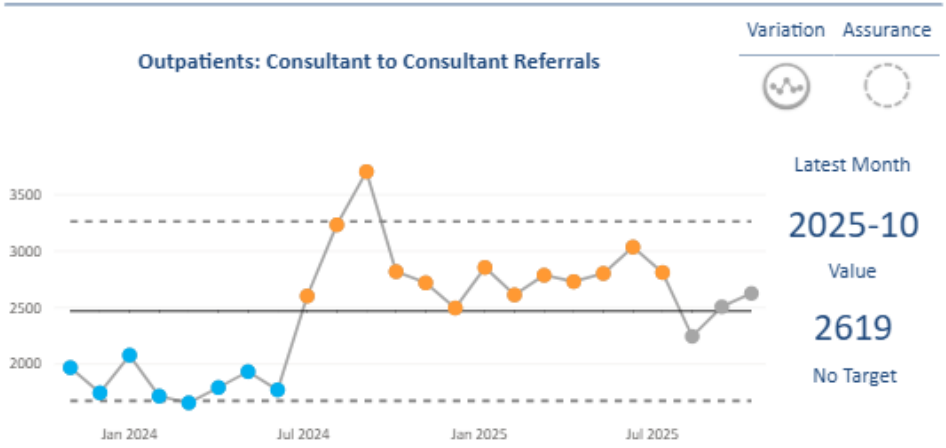
Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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

The latest months value has **deteriorated** from the previous month, with a difference of **1617.0**.



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

The latest months value has **deteriorated** from the previous month, with a difference of **118.0**.

Rationale: Number of outpatient referrals received from General Practice, Consultant to Consultant and from other sources.
SPC1: No internal target.
Rationale: Number of outpatient referrals generated internally from Consultant-to-Consultant referral..
SPC1: No internal target.

What actions are planned?

- Working with the ICB on demand management reviewing referrals by speciality and GP practices to understand reasons for increase and required interventions/pathway changes.
- Deep dive into consultant-to-consultant referrals presented at elective recovery board in October 2025. Increase was a result of change in process, this has been amended in July 2025 and reduction seen. Residual increase is because of electronic referrals within the same speciality.
- BI insights work completed in October 2025 on suspected cancer referrals and impact on conversion rates to understand impact of referrals on cancer diagnosis. Shared with Care Groups.

What is the expected impact?

- Stabilisation of GP referrals to reduce impact increase of referrals on RTT total waiting list.

Potential risks to improvement?

- Organisational barriers in delivering primary/secondary care pathways.
- Workforce challenges across primary/secondary care.

KPIs – Operational Activity and Performance

Outpatients (1)

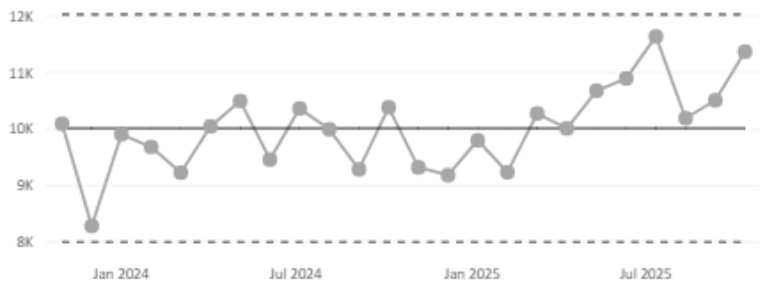
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

Variation Assurance

Outpatients: GP Referrals



Latest Month

2025-10

Value

11365

No Target

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

The latest months value has **deteriorated** from the previous month, with a difference of **865.0**.

Rationale: Number of outpatient referrals received from General Practice.
SPC1: No internal target.

Please see previous page

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Headlines:

- October performance stands at 71.2%. This is the highest Trust performance against the DM01 target this financial year and puts us 5.1% below the monthly trajectory of 76.3%.
- The number of actual breaches waiting 6+ weeks continued to reduce for the third consecutive month, and number of 13+ week breaches reduced for the second consecutive month. This is a positive step for all aspects of the DM01 target this month and reflects the impact of improvement actions underway.
- In the latest available national data (August 2025) the Trust ranked 104^{h} out of 117 providers.

Factors impacting performance:

- Significant increase in elective demand for MRI and CT to support RTT position.
- Staffing issues with resignations at York taking the MRI service down to circa 40% against establishment, and ongoing equipment issues with intermittent breakdowns. Nuffield have withdrawn from contract to deliver 16hrs pw MRI capacity, due to their own staffing issues.
- MRI Paeds GA scans account for a cohort of the longest waiters. Sought mutual aid from Leeds, Hull and Sheffield but no uptake.
- The outsourcing of cardiac CT backlog in September and October has had significant positive impact on performance and backlog is completely cleared.
- CT3 was removed in October 2025 as part of the capital replacement scheme.
- NOUS performance continues to be driven by MSK backlog. 2 NOUS consultant vacancies. Out to recruitment but lack of candidates nationally so it is challenging to recruit.
- Impact of increase in elective demand to support long wait RTT patients in ENT, Respiratory and Cardiology (impacts Audiology, Sleep studies & Echo).
- Audiology vacancies impact on capacity to accommodate increase in demand. Compounded by staff sickness and maternity leave this leads to challenges regarding skill mix and ability to deliver activity in challenged services such as tinnitus and paediatric audiology assessment. Lack of appropriate clinical space to deliver audiology activity due to increased demand for services which require specialist rooms e.g., soundproofing, observation room for Paediatrics.
- On the East Coast, Echo technician/support staff vacancies have impacted the ability to deliver lists with safe staffing levels. In York, room availability is an issue and limits capacity to deliver activity in normal working hours. There is minimal interest in additional evening and weekend WLIs. Lack of CTCA capacity has led to an increased volume of stress echo referrals as an alternative. Although insourcing has significantly reduced the CTCA backlog in Q3, this has had limited impact on the east coast where there is no CTCA provision.
- B6 nurse vacancy at York and 2 respiratory physiologist vacancies at the east coast are impacting on ability to deliver diagnostic sleep study activity.
- Equipment failure in October led to an accumulation of UDS backlog as multiple lists had to be cancelled. A further list was stood down in November due to clinical need to cover main theatre.
- Increase in elective demand to support long wait RTT patients in Gastroenterology, Colorectal and UGI.
- Nurse staffing vacancies have impacted ability to deliver activity. Impact is being mitigated with insourcing. York site can reliably staff 6 rooms M-F with substantive posts. Additionally, we are insourcing with YMS, using agency nurses to staff the 7th Endoscopy Room at York.
- Vacancies in medical team at the east coast, with only 1 gastroenterology consultant delivering endoscopy.
- Cystoscopy has two different service models, some tests can be delivered as outpatients at Malton, and performance is close to 90% on this pathway. Remaining pathways are inpatient tests due to clinical or anaesthetic requirements, so these require booking in day unit. Theatre capacity impacts on ability to deliver additional activity.

Actions:

- Performance recovery actions expected to deliver continued improvement by the end of Q3 as actions continue to be embedded.
- Please see page below for detail.

Summary MATRIX

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Diagnostics - Proportion of patients waiting <6 weeks from referral - CT * Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema * Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan * Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	* Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography * Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics
COMMON CAUSE / NATURAL VARIATION		* Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound * Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies * Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	* Diagnostics - Proportion of patients waiting <6 weeks from referral * Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology * Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy * Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy * Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy
SPECIAL CAUSE CONCERN			* Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI

DIAGNOSTICS – National Target: 95%

Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Diagnostics - Proportion of patients waiting <6 weeks from referral	2025-10		F	71.2%	76.3%	82.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2025-10	L	F	57.6%	86%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2025-10	H	?	88.8%	68%	78%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound	2025-10		?	74%	69%	75%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	2025-10	H	?	81.3%	85.9%	90.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	2025-10	H	?	95.9%	62.9%	67.9%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2025-10		F	71%	87.6%	94.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2025-10	H	F	82.8%	95.8%	95.8%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2025-10	H	?	93.3%	94.2%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2025-10		?	91.5%	89.7%	94.6%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2025-10	H	F	63.2%	81.3%	95.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2025-10		F	65.8%	80.6%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2025-10		F	66.7%	81%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2025-10		?	78.4%	88.6%	94.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2025-10		F	71.9%	84.6%	90%

KPIs – Operational Activity and Performance

Diagnostics (1)

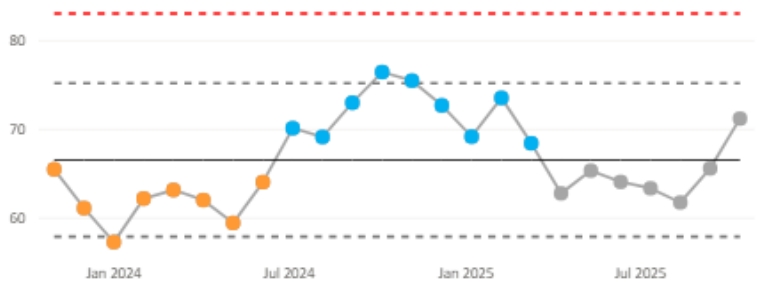
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

Variation Assurance

Diagnostics - Proportion of patients waiting <6 weeks from referral



Latest Month

2025-10

Value

71.2%

Target

82.7%

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

The latest months value has **improved** from the previous month, with a difference of **5.7**.

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Rationale: Maximise diagnostic activity focused on patients of highest clinical priority.
Target: Increase the percentage of patients that receive a diagnostic test within 6 weeks to above 82.7% by end of March 2026.

What actions are planned?

Endoscopy: Nurse vacancies out to advert to recruit substantive staff and remove the need for insourcing. Funding secured through ERF to extend insourcing contract with YMS until backlog is cleared, providing additional 1,500 procedures. Work ongoing with recruitment to agree a long-term insourcing provider as a backstop for future issues.

Imaging: MRI radiographer insourcing in place to mitigate vacancies at York while recruitment is ongoing. Mobile scanner to be extended to clear the backlog of long MRI waits at the east coast, delivering additional 2,500 scans. ERF funding approved for unstaffed scanner from end October 2025 until January 2026, in place now. At end November we will begin using the lung health van at York to cover activity lost from CT3. In the meantime, we are utilising private sector capacity to bridge the gap. Options being explored to clear MSK backlog. Approval received for registrar on bank to deliver some lists and also reviewing CVs for locum.

Physiological:

Echocardiography: ERF approved for Scarborough full time echocardiographer via insourcing to support 7 day working, aiming to go live in mid November, fixed term until end of financial year. Second insourced echocardiographer at the East Coast approved, would cover Mon – Fri 9-5. This will deliver additional1,000 procedures.

Sleep studies: ERF funding approved to provide additional locum respiratory physiologist starting early November until end financial year, delivering additional 497 procedures.

Audiology: A locum audiologist has been appointed on the east coast which will support performance recovery. Looking for ongoing locum support to support both sites. This includes staff qualified to deliver Paediatrics and tinnitus to address challenged services.

UDS: Exploring WLI options to clear UDS backlog. Gynaecology to prioritise UDS to ensure lists are not stood down to cover main. Extra patient per list to be added to attempt to clear backlog.

What is the expected impact?

Increased capacity leading to increase in activity, reduction in backlogs and improvement to DM01 to trajectory levels. Most recovery plans are in place to roll out through Q3 so it is anticipated that it will be late Q3/early Q4 before significant performance improvement is seen.

Potential risks to improvement?

Ongoing issues with equipment breakdown and recruitment challenges.

Summary MATRIX

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION \ ASSURANCE	PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT			* Children & Young Persons: ED - Emergency Care Standard (Type 1 only)
COMMON CAUSE / NATURAL VARIATION		* Children & Young Persons: ED - Patients waiting over 12 hours in department	* Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways
SPECIAL CAUSE CONCERN			* Children & Young Persons: RTT - Total Waiting List * Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks

Children & Young Persons
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Children & Young Persons: ED - Patients waiting over 12 hours in department	2025-10			5		0
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2025-10	H	F	84.1%		95%
Children & Young Persons: RTT - Total Waiting List	2025-10	H	F	4544	3592	3206
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2025-10	L	F	58.6%		92%
Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways	2025-10		F	56	0	0

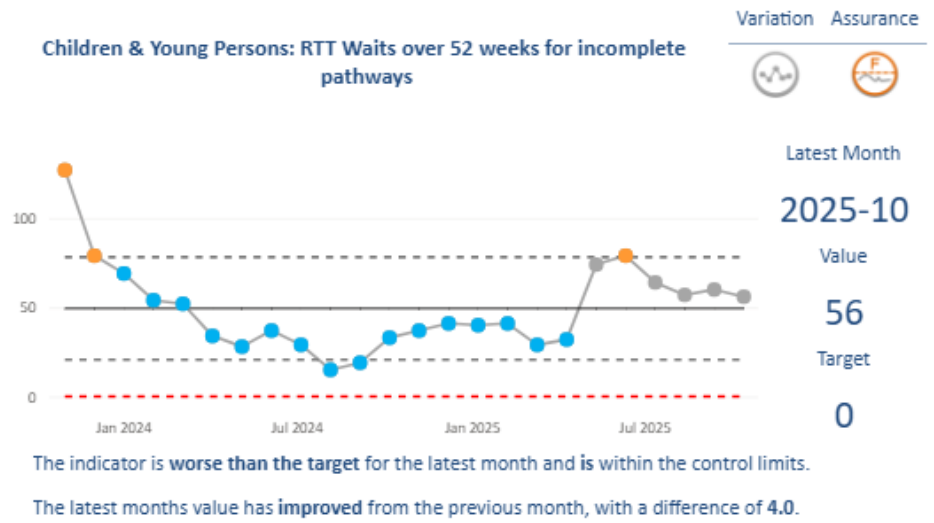
KPIs – Operational Activity and Performance

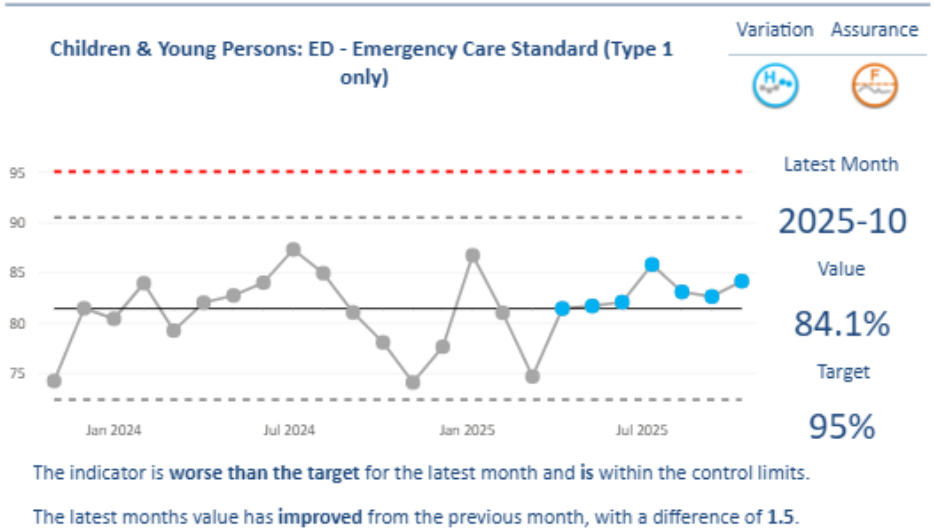
Children & Young Persons

York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton/Abolfazl Abdi





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

Target: SPC1: Aim to have zero patients waiting more than 52 weeks by end of September 2025. **SPC2:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2026.

What actions are planned?

SPC1:

- The Trust's internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectory for RTT52 weeks wait for patients aged under eighteen. Care Groups have, except for Head and Neck (due to the volume of long waiters), been challenged to deliver zero RTT paediatric patients waiting over forty weeks by the end of Q3 2025/26.

SPC2:

- A new weekly meeting is in place with ED Peadiatrics nursing and operational managers to better understand capacity and demand
- Paediatrics Consultant is providing clinical input into implementing a standalone paediatric doctor rota using the current ED workforce.

What is the expected impact?

- Improved ECS for CYP patients.
- Delivery of zero paediatric RTT40 week waiters (except for Head and Neck) by end of December 2025.]
- Improved 'wait to be seen by a doctor' for children.
- More robust and consistent approach to the paediatrics service

Potential risks to improvement?

- Impact of treating RTT65 week waits continues to take priority particularly in Head and Neck.

Summary MATRIX

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION \ ASSURANCE	PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT		* Total Urgent Community Response (UCR) referrals	* Number of people on waiting lists for CYP services per system who are waiting over 52 weeks
COMMON CAUSE / NATURAL VARIATION		* Proportion of Virtual Ward beds occupied	
SPECIAL CAUSE CONCERN		* Number of open Virtual Ward beds	

COMMUNITY
Scorecard

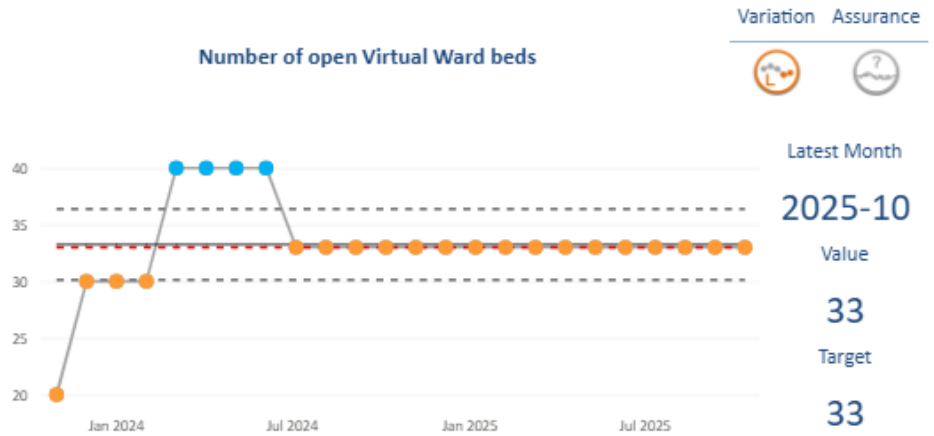
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of open Virtual Ward beds	2025-10	L	?	33	33	33
Proportion of Virtual Ward beds occupied	2025-10		?	84.9%	79%	79%
Community Response Team (CRT) Referrals	2025-10			595		
Total Urgent Community Response (UCR) referrals	2025-10	H	?	579	536	566
2-hour Urgent Community Response (UCR) care Referrals	2025-10	H		177		
2-hour Urgent Community Response (UCR) Compliancy %	2025-10			83.6%		
Number of Adults (18+ years) on community waiting lists per system	2025-10	L		609		
Number of CYP (0-17 years) on community waiting lists per system	2025-10	L		1513		
Number of District Nursing Contacts	2025-10			22045		
Number of Selby CRT Contacts	2025-10	L		2339		
Number of York CRT Contacts	2025-10			3261		
Referrals to District Nursing Team	2025-10			2335		
Number of people on waiting lists for CYP services per system who are waiting over 52 weeks	2025-10	L	F	558	382	0

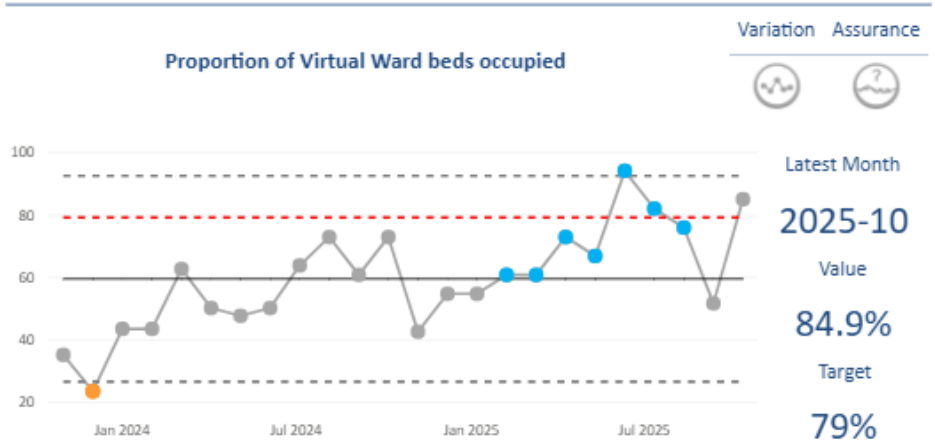
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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

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



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

The latest months value has **improved** from the previous month, with a difference of **33.4**.

Rationale: To monitor demand on Community virtual wards.
Target: SPC1: Trust is commissioned to deliver 33 virtual ward beds. **SPC2:** Aim to achieve 79% virtual ward bed occupancy as per activity plan.

What actions are planned?

Frailty Virtual Ward - capacity 12, occupancy (snapshot) 12

A new antibiotic pathway for patients on the Virtual Frailty Ward (Hospital at Home) is launching in November 2025.

As a result of additional monies from North Yorkshire ICB we have placed an extra resident doctor in Selby. This increases capacity to Selby Urgent Community Response and has enabled testing the Hospital at Home model in Selby. Results are successful to date. A number of patients have been stepped up into Selby Inpatient Unit (IPU) which is effective use of these beds and fits with the IPU strategy.

Heart Failure - capacity 10, occupancy (snapshot) 6

The Heart Failure specialist nurse team continues to support patients at their place of home to avoid admission to hospital, with appropriate medical supervision.

Vascular – capacity 8, occupancy (snapshot) 7

The model uses pre-existing resource and often operates at capacity; no improvement actions planned.

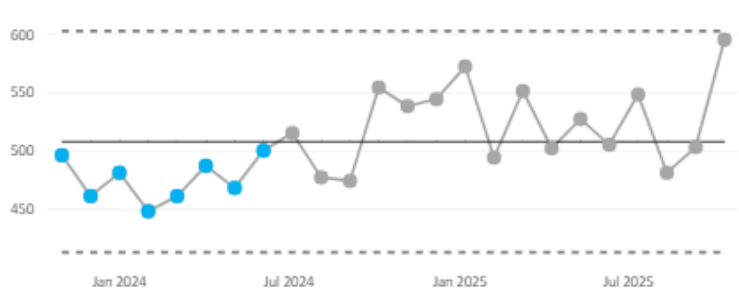
Cystic Fibrosis – capacity 3, occupancy (snapshot) 3

The model uses pre-existing resource and often operates at capacity; no improvement actions planned

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi/Kim Hinton

Variation Assurance

Community Response Team (CRT) Referrals

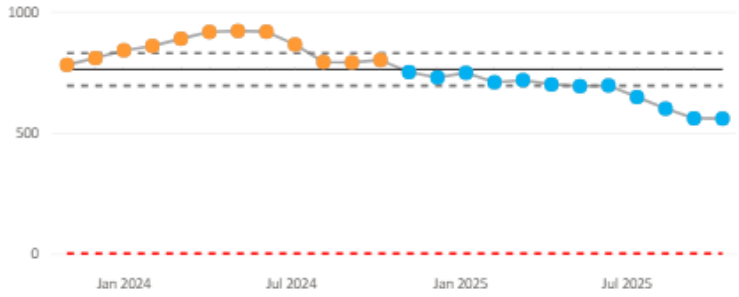


Latest Month
2025-10
Value
595
No Target

The latest months value has **deteriorated** from the previous month, with a difference of **92.0**.

Variation Assurance

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



Latest Month
2025-10
Value
558
Target
0

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

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

Rationale: To monitor demand on Community services.
Target: SPC1: No target. **SPC2:** zero waiting over 52 weeks by end of March 2026 as per activity planning submission.

What actions are planned?
SPC1: The Care Group is looking for efficiencies that could support increasing capacity. Planning for 2026/27 is underway with draft plans to go through Trust's Confirm and Challenge process in November.

SPC2: SLT Leap Into Language initiative ran through to the end of August 2025 consisting of:
Following an initial assessment children will go down 1 of 2 pathways (depending on age):
- Option 1 = PCI pathway with 3 x home visits (primarily SLTAs)
- Option 2 = block of 6 sessions in clinic with a therapist (band 5, 6, and 7)

At the end of summer/first week of the school term there was a protected slot built in, to follow up with school as appropriate (e.g., admin time to write a report to send, OR to arrange a visit). The impact of this initiative was evaluated throughout September and October. The working hypothesis is two-fold:
1. Projects targeting a homogeneous patient cohort yield efficiency gains.
2.The increased intensity of intervention more closely approximates the frequency recommended by professional bodies.
The service is exploring a strategic rebalancing of resources, reducing routine appointment capacity to sustain a continuous programme of such projects, thereby embedding a more agile and responsive model of service delivery.

Speech and Language Therapy: the Trust is involved in regional and national work. A national toolkit is in development with the Trust involved in workshops to support.

What is the expected impact?
The service is exploring all options to reduce the long waiting patients. The Request for Help phone line and resources available through the Trust's website have been well received by patients and their families.

Potential risks to improvement?
- Prioritising the Discharge to Assess pathway could reduce capacity in the Community Therapy Team (which supports planned therapy care) if efficiencies cannot be made.
- National shortage of SLT therapists.

York and Scarborough Teaching Hospitals NHS Foundation Trust

QUALITY AND SAFETY

November 2025

Executive Owner: Karen Stone and Dawn Parkes

Highlights:

- **Clostridioides Difficile Infection (CDI**) - The Trust is **under** the year-to-date objective by 13 cases.
- **MSSA Bacteraemia –** Significant improvement with only 2 cases reported in October. The Trust is 3 cases over the YTD objective.
- The Trust Respiratory Virus Infection (RVI) Winter Plan and RVI management guidelines have been approved and published on staff room, ahead of the winter RVI season

Concerns / Risks :

- **E.coli Bacteraemia** - The Trust is **over** the year-to-date objective by 7 cases to end of October.
- **MRSA -** The Trust is over objective by 4 cases against an objective of 0.

Next Steps:

Trust wide Vascular Canula management audit being undertaken in December

Highlights:

CQC Inspection October 2025:

CQC undertook an unannounced inspection of Urgent and Emergency Care and Medical Care at Scarborough Hospital on 7-9th October.

Concerns / Risks :

The CQC recognised the need for the Trust to balance risk of overcrowded Emergency Departments and the opportunity to use Temporary Escalation Spaces (TES) within our agreed standard operating plan (SOP).

Next Steps:

A rapid improvement kaizen session was held on 4th November to start an early morning 'pull' process from ED's to wards to reduce 12hr breaches. The first day of this test was on 10th November 2025.

All data was submitted to CQC in response to their data request and in line with the request timescales.

Highlights:

NICHE Action Plan:

All actions for delivery, except one are on track

Concerns/Risks

The one action off track is in relation to safer room doors. Work is being done to expedite installation across 4 side rooms.

Next Steps:

Discussions with TEWV to progress delivery of 'Dealing with Distress' training with a pilot of this on our acute admission units.

Summary MATRIX 1

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Total Number of Trust Onset MSSA Bacteraemias * Total Number of Trust Onset MRSA Bacteraemias * Total Number of Trust Onset C. difficile Infections * Total Number of Trust Onset E. coli Bacteraemias * Total Number of Trust Onset Klebsiella Bacteraemias * Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias * Pressure Ulcers per thousand Bed Days * Patient Falls per thousand Bed Days * Medication incidents per thousand bed days * Patient Safety Incidents per thousand Bed Days * Harmful Incidents per thousand bed days * Total Number of Never Events Reported * Monthly SHMI * Monthly HSMR	
SPECIAL CAUSE CONCERN			

Quality & Safety
Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

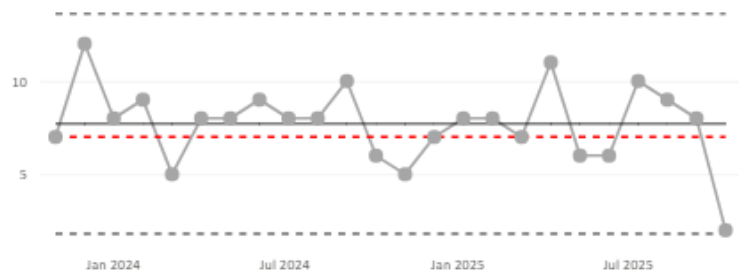
Executive Owner: Dawn Parkes **Operational Lead:** Sue Peckitt

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Total Number of Trust Onset MSSA Bacteraemias	2025-10			2	7	7
Total Number of Trust Onset MRSA Bacteraemias	2025-10			0		0
Total Number of Trust Onset C. difficile Infections	2025-10			11	12	12
Total Number of Trust Onset E. coli Bacteraemias	2025-10			13	14	14
Total Number of Trust Onset Klebsiella Bacteraemias	2025-10			8	5	6
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	2025-10			3	1	2
Pressure Ulcers per thousand Bed Days	2025-10			4.1		4
Patient Falls per thousand Bed Days	2025-10			6.6		8.7
Medication incidents per thousand bed days	2025-10			5.8		5

Executive Owner: Dawn Parkes

Variation Assurance

Total Number of Trust Onset MSSA Bacteraemias



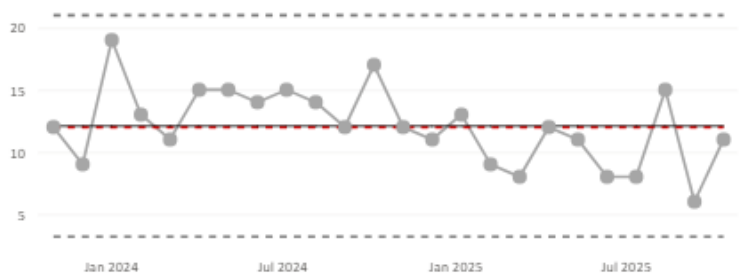
Latest Month
2025-10
Value
2
Target
7

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

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

Variation Assurance

Total Number of Trust Onset C. difficile Infections



Latest Month
2025-10
Value
11
Target
12

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

The latest months value has **deteriorated** from the previous month, with a difference of **5.0**.

Operational Lead: Sue Peckitt

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

Target: National thresholds for 2025/26 have remain the same as the previous year except Klebsiella bacteraemia which has reduced by 25 cases. MSSA bacteraemia has an internal 5% reduction on the 2024/25 year-end position. **MSSA is a True North Metric.**

Key Risks:

- MRSA bacteraemia objective breached with 4 cases in 2025/26 against a zero tolerance
- MSSA bacteraemia – The Trust is 3 cases over the YTD objective, however in October only 2 Trust attributed cases recorded which is a significant improvement
- E.coli bacteraemia - The Trust is 7 cases over the YTD objective
- Klebsiella bacteraemia - The Trust is 13 cases over the YTD objective
- Pseudomonas bacteraemia - The Trust is 13 cases over the YTD objective

Key assurances/brilliances:

- CDI - The Trust is 13 cases **under** the YTD objective.
- All cases are subject to after action review and the process for these reviews is being changed to ensure care groups own the reviews and actions.
- The focus for 2025/26 is prevention of avoidable bacteraemia's. A Trust IPC improvement plan has been developed and agreed at IPSAG on 30th October 2025.
- A Trust wide Urinary Catheter management audit has been undertaken by Bard in October, results awaited.
- The IPC team delivered an internal study day in October which was attended by 75 delegates. The evaluation of the study day was excellent.
- September and October were the Chief Nurse Months of Quality for IPC /Sustainability with awareness events, IPC fun activities and increased visibility of the IPC team supporting improvement projects.
- The Trust Respiratory Virus Infection (RVI) Winter Plan and RVI management guidelines have been approved and published on staff room, ahead of the winter RVI season

- **Next Key Improvements**:
- Trust wide Vascular Cannula management audits being undertaken by BD in December

Quality & Safety
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Patient Safety Incidents per thousand Bed Days	2025-10			54.9		54
Harmful Incidents per thousand bed days	2025-10			17.7		16
Total Number of Never Events Reported	2025-10			0		0
In-Hospital Deaths	2025-10	L		180		
Quarterly SHMI	2025-03			93.1		100
Monthly SHMI	2025-07			83.9		100
Quarterly HSMR	2025-06			107.6		100
Monthly HSMR	2025-08			93.5		100
Trust Complaints	2025-10			134		
Antepartum Stillbirths	2025-09			0		
Intrapartum Stillbirths	2025-09			0		
Early neonatal deaths (0-7 days)	2025-09			0		
PPH > 1.5L as % of all women - York	2025-09			3%		
PPH > 1.5L as % of all women - Scarborough	2025-09	H		8.6%		
Proportion of fractured neck of femur patients treated within gold standard timeframe (a month in arrears)	2025-09			42.9%		

KPIs – Quality & Safety

Q&S (2)

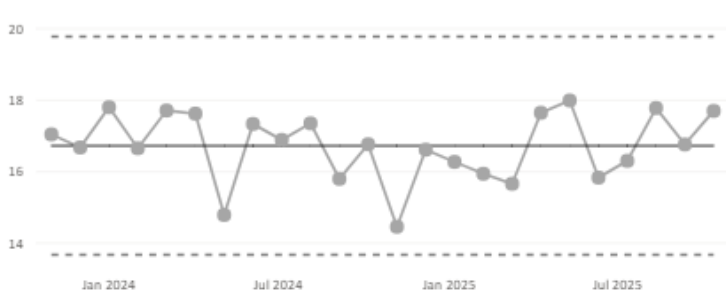
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Adele Coulthard/ Dawn Parkes/Karen Stone

Operational Lead: Dan Palmer/Alice Hunter/Vicky Mulvana- Tuohy

Variation Assurance

Harmful Incidents per thousand bed days



Latest Month

2025-10

Value

17.7

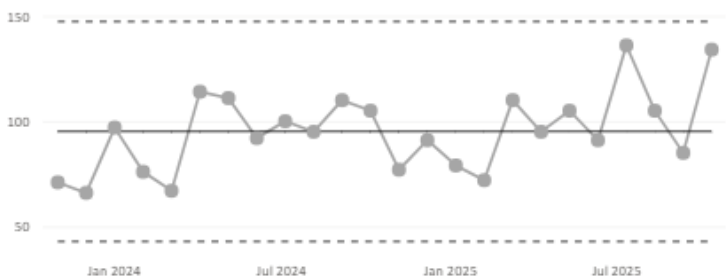
Target

16

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

Variation Assurance

Trust Complaints



Latest Month

2025-10

Value

134

No Target

The latest months value has **deteriorated** from the previous month, with a difference of **49.0**.

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

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

Factors impacting performance:

Harmful Incidents per 1000 bed days:

The SPC chart continues to show common cause variation in relation to the number of harmful incidents per 1000 bed days.

A total of 9,937 patient safety incidents were reported between April and September 2025. Harm categorisation is as follows:

- **68%** resulted in *no harm*
- **28%** were classified as *low harm*
- **4%** involved *moderate harm or greater*

Further analysis of the overall harm associated with all reported incidents demonstrates consistency with previous reporting periods, showing stable trends on a month-by-month basis. These findings are in alignment with the SPC chart, which continues to reflect common cause variation in the rate of harmful incidents per 1,000 bed days.

Factors impacting performance:

The number of new complaints has decreased with 85 new complaints recorded (versus 136 in July 2025 and 105 in August).

Key risks and emerging risks

- Continued high number of complaints and concerns, including issues that are not addressed in the moment e.g. at ward level
- Reduced access to PALS via telephone(impacted due to long term sickness absence)

Key assurances

- the RPIW actions being implemented through the 90 days post workshop are making an impact on the time to process complaints
- Quality of complaint responses is improving following focused training and support
- ward initiatives to improve patient and carer communication continue – initiatives captured on the Trust-wide patient experience improvement plan, presented to Patient Experience Subcommittee September 2025
- Recruitment process underway to secure a 4-month secondment to the role of Concerns and Complaints Officer to provide resource to support the PALS team staffing challenges
- one of the members of the PALS team has returned to work following long term sickness (phased return) – phone lines to re-open 9-12 with the situation being closely monitored by the Head of Patient Experience and Involvement

Next key improvement steps

- RPIW action plan being implemented to further improve the efficiency and effectiveness of complaint management)
- following the implementation of RPIW actions, we will review and make recommendations to ensure we have the appropriate capacity and capabilities within the PALS team

York and Scarborough Teaching Hospitals
NHS Foundation Trust

MATERNITY

November 2025

Summary MATRIX 1 of 3

Maternity Scarborough

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* Community midwife called in to unit - Scarborough	* L/W Co-ordinator supernumerary % - Scarborough	* Anaesthetic cover on L/W - Scarborough
COMMON CAUSE / NATURAL VARIATION	* Bookings - Scarborough	* Bookings ≥13 weeks (exc transfers etc.) - Scarborough * Births - Scarborough * No. of women delivered - Scarborough * Planned homebirths - Scarborough * Women affected by suspension - Scarborough * Maternity Unit Closure - Scarborough * 1 to 1 care in Labour - Scarborough	* Bookings <10 weeks - Scarborough * Homebirth service suspended - Scarborough
SPECIAL CAUSE CONCERN		* SCBU at capacity - Scarborough * SCBU at capacity of intensive care cots - Scarborough * SCBU no of babies affected - Scarborough	

Summary MATRIX 2 of 3

Maternity Scarborough

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* HSIB cases - Scarborough	
COMMON CAUSE / NATURAL VARIATION	* Intrapartum Stillbirths - Scarborough	* Normal Births - Scarborough * Assisted Vaginal Births - Scarborough * C/S Births - Scarborough * Elective caesarean - Scarborough * Emergency caesarean - Scarborough * Induction of labour - Scarborough * HDU on L/W - Scarborough * BBA - Scarborough * Neonatal Death - Scarborough * Antepartum Stillbirth - Scarborough * Cold babies - Scarborough * Preterm birth rate <37 weeks - Scarborough * Preterm birth rate <34 weeks - Scarborough * Preterm birth rate <28 weeks - Scarborough	
SPECIAL CAUSE CONCERN			

Maternity Scarborough
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Normal Births - Scarborough	2025-09			45.5%		57%	Target
Assisted Vaginal Births - Scarborough	2025-09			11.1%		12.4%	Target
C/S Births - Scarborough	2025-09			43.3%		44.6%	Baseline
Elective caesarean - Scarborough	2025-09			17.7%		15.6%	Baseline
Emergency caesarean - Scarborough	2025-09			25.6%		29%	Baseline
Induction of labour - Scarborough	2025-09			52.2%		44.8%	Baseline
HDU on L/W - Scarborough	2025-08			1		5	Target
BBA - Scarborough	2025-09			2		2	Target
HSIB cases - Scarborough	2025-09	L		0		0	Target
Neonatal Death - Scarborough	2025-09			0		0	Target
Antepartum Stillbirth - Scarborough	2025-09			0		0	Target
Intrapartum Stillbirths - Scarborough	2025-09		P	0		0	Target
Cold babies - Scarborough	2025-04			0		1	Target
Preterm birth rate <37 weeks - Scarborough	2025-09			2.2%		6%	Target
Preterm birth rate <34 weeks - Scarborough	2025-09			1.1%		1%	Target
Preterm birth rate <28 weeks - Scarborough	2025-09			1.1%		0.5%	Target

Summary MATRIX 3 of 3

Maternity Scarborough

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Carbon monoxide monitoring at booking - Scarborough * 3rd/4th Degree Tear - assisted birth - Scarborough	
COMMON CAUSE / NATURAL VARIATION		* Low birthweight rate at term (2.2kg) - Scarborough * Breastfeeding Initiation rate - Scarborough * Breastfeeding rate at discharge - Scarborough * Smoking at booking - Scarborough * Smoking at 36 weeks - Scarborough * Smoking at time of delivery - Scarborough * Carbon monoxide monitoring at 36 weeks - Scarborough * 3rd/4th Degree Tear - normal births - Scarborough * Informal Complaints - Scarborough * Formal Complaints - Scarborough	
SPECIAL CAUSE CONCERN		* PPH > 1.5L as % of all women - Scarborough * Shoulder Dystocia - Scarborough	

Maternity Scarborough
Scorecard (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Low birthweight rate at term (2.2kg) - Scarborough	2025-09			0%		0%	Target
Breastfeeding Initiation rate - Scarborough	2025-09			73.3%		75%	Target
Breastfeeding rate at discharge - Scarborough	2025-09			55.8%		65%	Target
Smoking at booking - Scarborough	2025-09			3.6%		6%	Target
Smoking at 36 weeks - Scarborough	2025-09			8.3%		6%	Target
Smoking at time of delivery - Scarborough	2025-09			4.3%		6%	Target
Carbon monoxide monitoring at booking - Scarborough	2025-09	H		98.2%		95%	Target
Carbon monoxide monitoring at 36 weeks - Scarborough	2025-09			84.7%		95%	Target
SI's - Scarborough	2025-09			0		0	Target
PPH > 1.5L as % of all women - Scarborough	2025-09	H		8.6%		1.5%	Baseline
Shoulder Dystocia - Scarborough	2025-09	H		5		2	Target
3rd/4th Degree Tear - normal births - Scarborough	2025-09			1.1%		0%	Target
3rd/4th Degree Tear - assisted birth - Scarborough	2025-09	L		0%		0%	Target
Informal Complaints - Scarborough	2025-09			0		0	Target
Formal Complaints - Scarborough	2025-09			1		0	Target

Maternity Scarborough
Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - Scarborough	2025-09		P	112		169	Target
Bookings <10 weeks - Scarborough	2025-09		F	69.6%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - Scarborough	2025-09		?	0%		10%	Target
Births - Scarborough	2025-09		?	93		113	Target
No. of women delivered - Scarborough	2025-09		?	93		112	Target
Planned homebirths - Scarborough	2025-09		?	1.1%		2.1%	Target
Homebirth service suspended - Scarborough	2025-07		F	19		3	Target
Women affected by suspension - Scarborough	2025-07		?	0		0	Target
Community midwife called in to unit - Scarborough	2025-08	L	P	0		3	Target
Maternity Unit Closure - Scarborough	2025-08		?	1		0	Target
SCBU at capacity - Scarborough	2025-03	H	?	4		1.2	Baseline
SCBU at capacity of intensive care cots - Scarborough	2025-03	H	?	11		4.1	Baseline
SCBU no of babies affected - Scarborough	2025-03	H	?	1		0	Target
1 to 1 care in Labour - Scarborough	2025-09		?	100%		100%	Target
L/W Co-ordinator supernumerary % - Scarborough	2025-09	H	?	100%		100%	Target
Anaesthetic cover on L/W - Scarborough	2025-09	H	F	5		10	Target

Summary MATRIX 1 of 3

Maternity York

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* Community midwife called in to unit - York	* SCBU at capacity - York * 1 to 1 care in Labour - York * L/W Co-ordinator supernumerary % - York	
COMMON CAUSE / NATURAL VARIATION	* Bookings ≥13 weeks (exc transfers etc.) - York * Anaesthetic cover on L/W - York	* Bookings - York * Births - York * No. of women delivered - York * Planned homebirths - York * Homebirth service suspended - York * Women affected by suspension - York * Maternity Unit Closure - York * SCBU at capacity of intensive care cots - York * SCBU no of babies affected - York	* Bookings <10 weeks - York
SPECIAL CAUSE CONCERN			

Maternity York
Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - York	2025-09		?	284		295	Target
Bookings <10 weeks - York	2025-09		F	79.5%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - York	2025-09		P	3.9%		10%	Target
Births - York	2025-09		?	232		245	Target
No. of women delivered - York	2025-09		?	231		242	Target
Planned homebirths - York	2025-09		?	2.1%		2.1%	Target
Homebirth service suspended - York	2025-08		?	20		3	Target
Women affected by suspension - York	2025-08		?	3		0	Target
Community midwife called in to unit - York	2025-08	L	P	0		3	Target
Maternity Unit Closure - York	2025-09		?	3		0	Target
SCBU at capacity - York	2025-04	L	?	0		0	Baseline
SCBU at capacity of intensive care cots - York	2025-03		?	29		12.3	Baseline
SCBU no of babies affected - York	2025-03		?	3		0	Target
1 to 1 care in Labour - York	2025-09	H	?	100%		100%	Target
L/W Co-ordinator supernumerary % - York	2025-09	H	?	100%		100%	Target
Anaesthetic cover on L/W - York	2025-09		P	10		10	Target

Summary MATRIX 2 of 3

Maternity York

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION	* Intrapartum Stillbirths - York	* Normal Births - York * Assisted Vaginal Births - York * C/S Births - York * Elective caesarean - York * Emergency caesarean - York * Induction of labour - York * BBA - York * HSIB cases - York * Neonatal Death - York * Antepartum Stillbirth - York * Cold babies - York * Preterm birth rate <37 weeks - York * Preterm birth rate <34 weeks - York * Preterm birth rate <28 weeks - York	
SPECIAL CAUSE CONCERN			

Maternity York
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Normal Births - York	2025-09			54%		57%	Target
Assisted Vaginal Births - York	2025-09			9.1%		12.4%	Target
C/S Births - York	2025-09			37%		37.6%	Baseline
Elective caesarean - York	2025-09			13.9%		15.9%	Baseline
Emergency caesarean - York	2025-09			23%		21.5%	Baseline
Induction of labour - York	2025-09			44.1%		41.7%	Baseline
HDU on L/W - York	2025-08			10		5	Target
BBA - York	2025-09			3		2	Target
HSIB cases - York	2025-09			0		0	Target
Neonatal Death - York	2025-09			0		0	Target
Antepartum Stillbirth - York	2025-09			0		0	Target
Intrapartum Stillbirths - York	2025-09		P	0		0	Target
Cold babies - York	2025-08			0		1	Target
Preterm birth rate <37 weeks - York	2025-09			3.5%		6%	Target
Preterm birth rate <34 weeks - York	2025-09			2.2%		2%	Target
Preterm birth rate <28 weeks - York	2025-09			0.4%		0.5%	Target

Summary MATRIX 3 of 3

Maternity York

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT		* Smoking at booking - York * Carbon monoxide monitoring at booking - York	
COMMON CAUSE / NATURAL VARIATION		* Low birthweight rate at term (2.2kg) - York * Breastfeeding Initiation rate - York * Breastfeeding rate at discharge - York * Smoking at 36 weeks - York * Smoking at time of delivery - York * PPH > 1.5L as % of all women - York * Shoulder Dystocia - York * 3rd/4th Degree Tear - normal births - York * 3rd/4th Degree Tear - assisted birth - York * Informal Complaints - York * Formal Complaints - York	* Carbon monoxide monitoring at 36 weeks - York
SPECIAL CAUSE CONCERN			

Maternity York
Scorecard (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Low birthweight rate at term (2.2kg) - York	2025-09			1.3%		0%	Target
Breastfeeding Initiation rate - York	2025-09			88.3%		75%	Target
Breastfeeding rate at discharge - York	2025-09			79.5%		65%	Target
Smoking at booking - York	2025-09	L		4.2%		6%	Target
Smoking at 36 weeks - York	2025-09			3.6%		6%	Target
Smoking at time of delivery - York	2025-09			3.9%		6%	Target
Carbon monoxide monitoring at booking - York	2025-09	H		93.7%		95%	Target
Carbon monoxide monitoring at 36 weeks - York	2025-09		F	75.8%		95%	Target
SI's - York	2025-09			0		0	Target
PPH > 1.5L as % of all women - York	2025-09			3%		3.9%	Baseline
Shoulder Dystocia - York	2025-09			3		2	Target
3rd/4th Degree Tear - normal births - York	2025-09			0.9%		0%	Target
3rd/4th Degree Tear - assisted birth - York	2025-09			0%		0%	Target
Informal Complaints - York	2025-09			2		0	Target
Formal Complaints - York	2025-09			1		0	Target

York and Scarborough Teaching Hospitals NHS Foundation Trust

WORKFORCE

November 2025

Executive Owner: Polly McMeekin

1. Highlights

- Trust Staff Survey Response Rate: 44% completion after five weeks, significantly ahead of last year's final rate (36%) and with three weeks remaining.
- Workforce Stability: Substantive staff proportion of the total workforce has risen to over 93%, with agency reliance reduced to below 1%, reflecting sustained progress over two-years reducing temporary staffing across the Group.
- eRostering Implementation: Full clinical workforce coverage was completed at the end of October, providing a platform for improved workforce deployment.

2. Concerns

- Immigration Policy Changes: An increased English language standard will form part of the requirements for sponsorship of migrant workers from January 2026, affecting workforce supply from overseas. There is also a 32% rise in Immigration Skills Charge from December 2025, creating an estimated additional cost of £232,690 next year.
- Sickness Absence: September sickness rate rose by 0.3% (484 WTE absent – 5.2%), with anxiety/stress-related illness remaining the leading cause. This is significantly above the Trust's sickness target of 4.2%.
- Industrial Action: Planned strike by Resident Doctors from 14–19 November, requiring operational contingency planning for delivery of services.

3. Future

- Management & Leadership Framework: Launch in November 2025, with self-assessment tools and modular resources to follow in early 2026, aligning local development with national standards.
- Recruitment Pipeline: Continued onboarding of international nurses and HCSWs, plus upcoming apprentice nursing associate cohort in March 2026.
- Corporate Services Review and organisational change: Planned to commence from this month and will result in a series of changes to structures and roles in the new calendar year.

Summary MATRIX

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* 12 month rolling turnover rate Trust (FTE) * Overall corporate induction compliance * A4C staff corporate induction compliance	* Overall vacancy rate * Total Agency Whole Time Equivalent Filled * Medical & dental staff corporate induction compliance	* Overall stat/mand training compliance * A4C staff stat/mand training compliance
COMMON CAUSE / NATURAL VARIATION		* HCSW vacancy rate * Midwifery vacancy rate * Medical and dental vacancy rate * Registered Nursing vacancy rate * AHP vacancy rate * Total Bank Whole Time Equivalent Filled * Appraisal Activity	* Monthly sickness absence * Medical & dental staff stat/mand training compliance
SPECIAL CAUSE CONCERN			* Annual absence rate

Workforce
Scorecard (1)

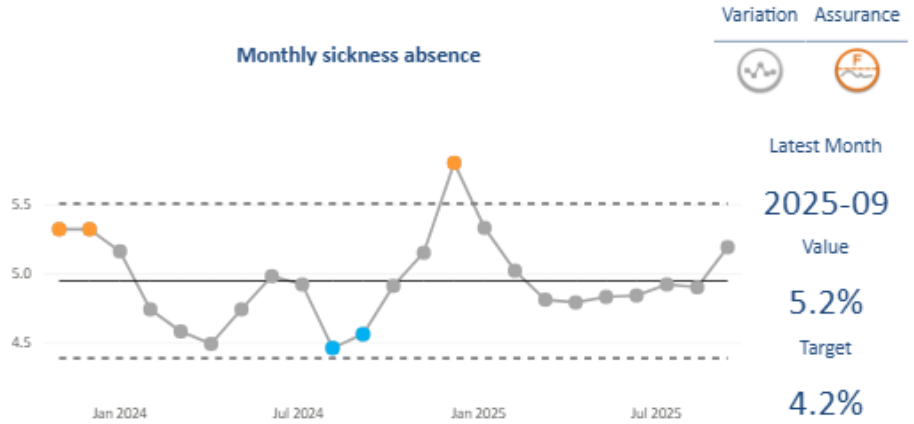
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Polly McMeekin **Operational Lead:** Lydia Larcum

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Monthly sickness absence	2025-09		F	5.2%	4.2%	4.2%
Annual absence rate	2025-09	H	F	5%		4.3%
Total Agency Whole Time Equivalent Filled	2025-09	L	?	73.8		151
Total Bank Whole Time Equivalent Filled	2025-09		?	573.8		557
12 month rolling turnover rate Trust (FTE)	2025-10	L	P	7.9%		10%
Overall vacancy rate	2025-10	L	?	6.1%		6%
HCSW vacancy rate	2025-10		?	9.6%		5%
Midwifery vacancy rate	2025-10		?	-3.5%		0%
Medical and dental vacancy rate	2025-10		?	3.7%		6%
Registered Nursing vacancy rate	2025-10		?	4%		5%
AHP vacancy rate	2025-10		?	6.3%		8.5%

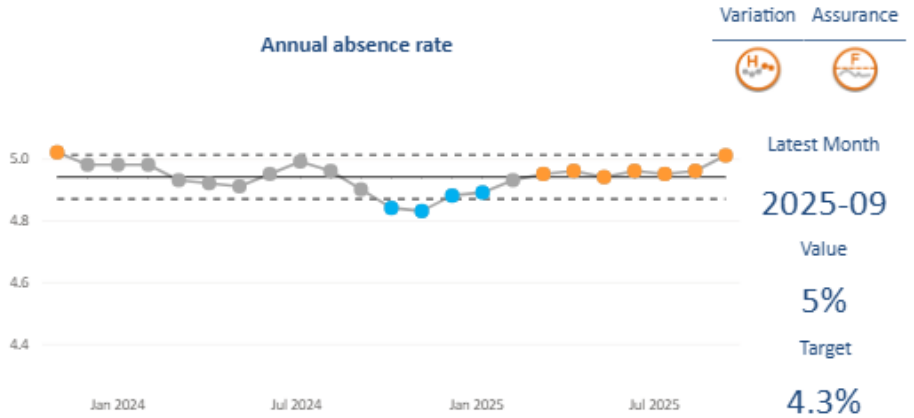
Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum



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

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



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

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

Rationale: Reduce absence resulting in greater workforce availability.
Target: 4.3%

Factors impacting performance and actions:

September's sickness rate increased by 0.3% from August, with 484 WTE colleagues unavailable due to absence. The reasons for absences in September remain consistent with the previous month, with anxiety and stress-related illness (26% of all absences), musculoskeletal problems (10%) and cold/cough/influenza (10%) presenting as the top-three issues.

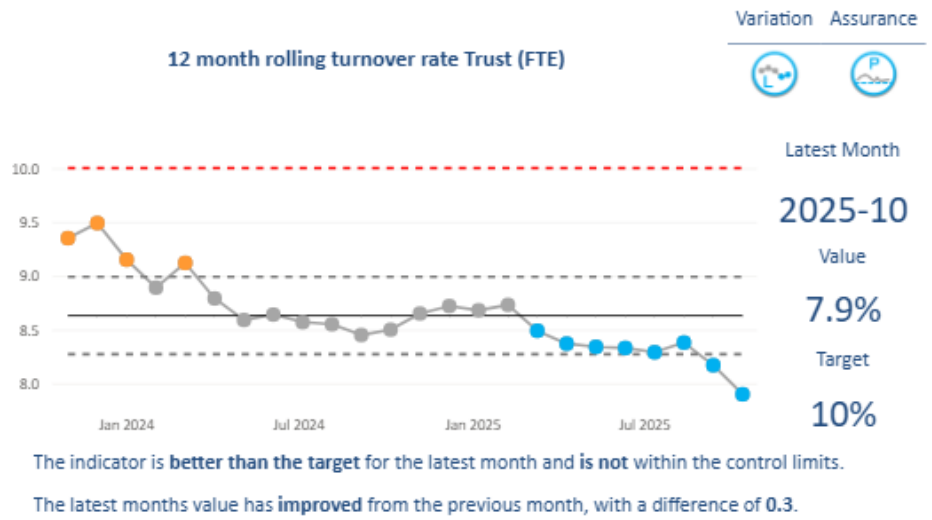
The 'flu vaccination campaign began in early October. As at 11th November, NHS England report that vaccination uptake by frontline colleagues in the Trust stands at 39% against a target of 45% (the target in based on a 5% improvement on the vaccination rate from 2024). It should be noted that these are higher figures than held by the Trust and we are seeking clarification from NHS England. In the meantime, peer vaccinator visits and drop-in clinics continue throughout November as we aim to increase the number of colleagues who are vaccinated.

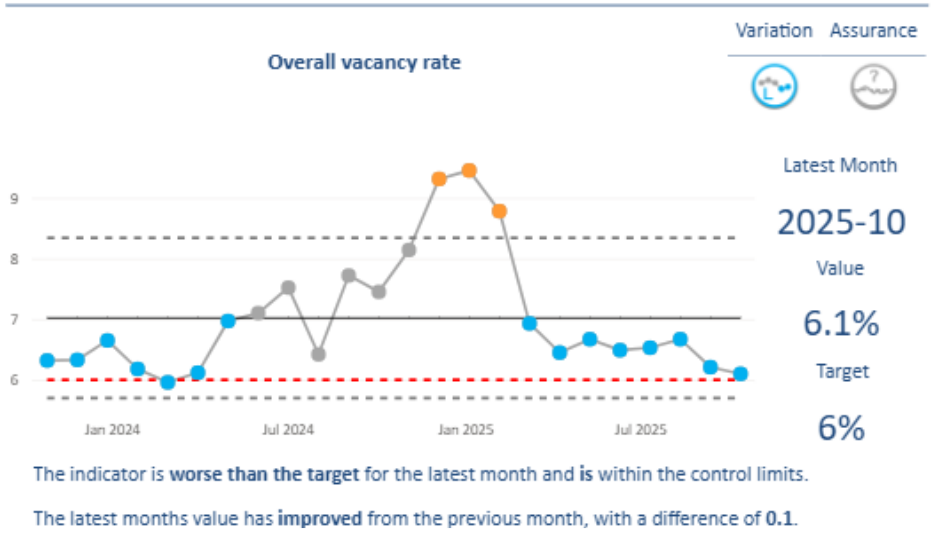
The 2025 NHS Staff Survey opened to responses at the beginning of October. At the end of week five (6th November), 44.4% of colleagues had completed the Survey, compared with 28.5% by this point in 2024. With three-weeks remaining for further responses, the current response rate also represents an improvement from the final response rate (36%) received last year.

The British Medical Association have provided notice of their intention for Resident Doctors in England to take strike action from 07.00 on 14th November to 07.00 on 19th November. The latest action relates to the unresolved dispute between the BMA and Government over pay restoration and shortages in specialty training places. The Trust is following its incident planning process to manage its operational response.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum





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

Factors impacting performance and actions:

At the end of September, the Group recorded a total workforce position (i.e. substantive, bank and agency combined) that was 33 WTE lower than forecasted: 10,004 WTE actual against a plan for 10,037 WTE. This also represents a decrease of 32 WTE from the actual workforce size recorded in August.

The budgeted WTE establishment for September was 10,205 WTE. At staff group level, the total size of the medical and dental and registered nursing and midwifery groups exceeded establishment levels between July and September. This was influenced in part by higher than planned sickness levels.

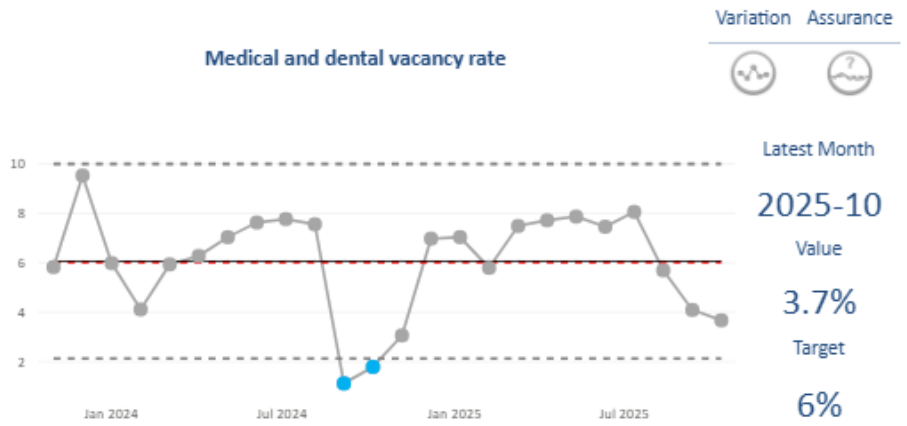
The Trust continues to succeed at reducing agency WTE usage to below the level originally envisaged in its plan for 2025/26. At present, agency usage is tracking below the Trust's end of year target.

Analysis of a two-year period from October 2023 to September 2025 shows that the proportion of substantive staff has steadily increased from around 91% in late 2023 to over 93% currently, reflective of improved workforce stability. Over the same period, bank usage has gradually declined, moving from peaks of 8.2% early in 2024 to around 5.7% by September 2025, while agency reliance has fallen sharply, from 2.5% to below 1%, demonstrating successful efforts to reduce dependency on temporary staffing.

The total workforce size forecasted for March 2026 continues to assume that changes related to the corporate services review are completed by the end of the financial year.

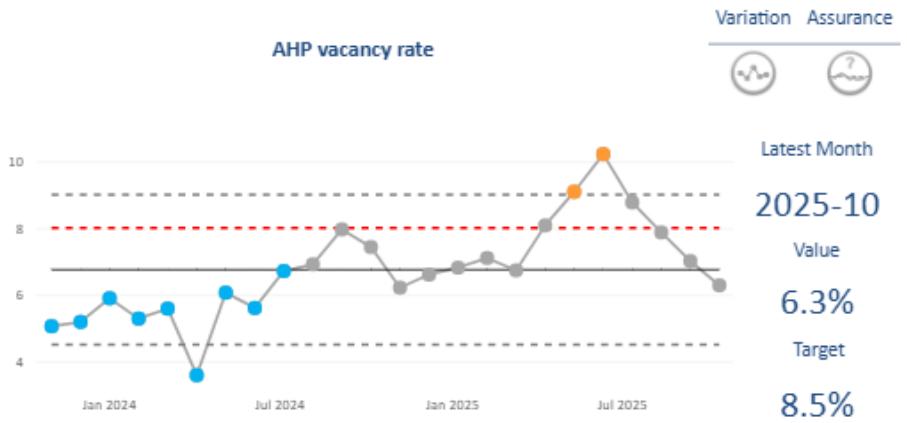
Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum



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

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



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

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

Rationale: Reduce vacancy factor resulting in greater workforce availability.
Target: M&D vacancy rate 6%, AHP vacancy rate 8.5%

Factors impacting performance and actions:

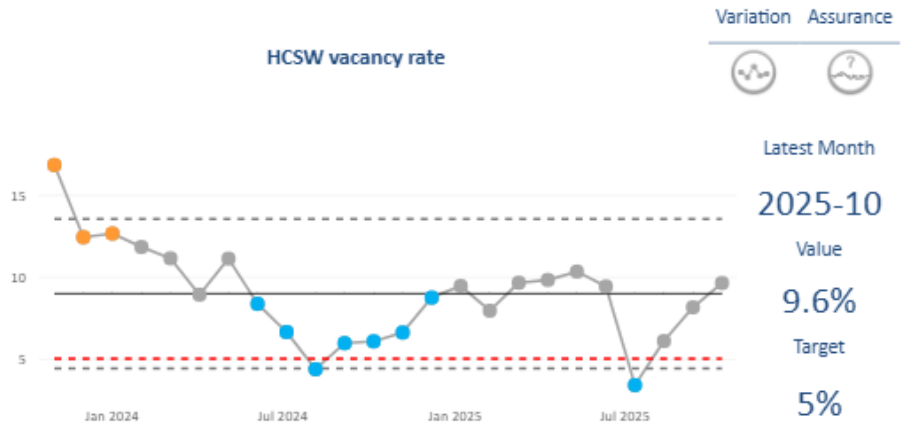
Recent changes to UK immigration policy will raise the English language standard require by sponsored migrant workers from 8th January 2026, impacting recruitment for roles without professional registration. The Trust is mitigating immediate risk by ensuring two international nurse cohorts who are pre-registration secure their visas before the new rule applies. Additionally, the Graduate Visa duration will reduce from two-years to 18-months from January 2027. Financially, the Immigration Skills Charge will increase by 32% from December 2025, creating potential for an estimated additional cost to the Group of £232,690 next year. This is based on anticipated visa extensions and new sponsorships.

In October, the Trust welcomed 12 new medical colleagues (outside the changeover process) including five permanent Consultants working within Cardiology, Care of the Elderly, Respiratory and ENT. In addition, 16 offers of employment for medical posts were made, including six permanent Consultant posts in Gastroenterology, Histopathology and Anaesthetics.

Altogether, the number of substantive medical and dental colleagues in post has increased by nearly 50 WTE since July, driven predominantly by an increase in resident doctors.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum



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

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

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

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

Rationale: Reduce vacancy factor resulting in greater workforce availability.
Target: HCSW vacancy rate 5%, Midwifery vacancy rate 0%

Factors impacting performance and actions:

The HCSW vacancy rate has been impacted by seasonal changes associated with the start of a new academic year, including graduations from Nursing Associate and Registered Nurse Degree apprenticeship programmes. In addition, several wards are reviewing skills-mixes following the re-banding of HCSW roles which has slowed recruitment.

The HCSW recruitment pipeline includes 14 WTE HCSWs undertaking pre-employment checks, and 20 WTE who are booked onto the next Academy in December.

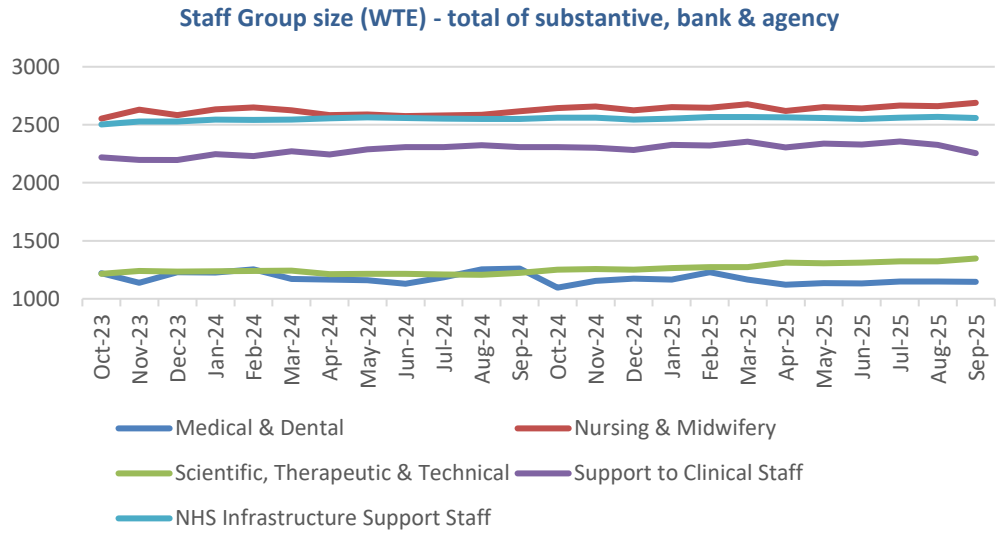
The current registered nursing vacancy rate is 4%. As the process of onboarding pre-registered nurses is continuing and arrival dates for new cohorts of international nurses are being finalised, the Trust has placed a temporary pause on registered nurse recruitment.

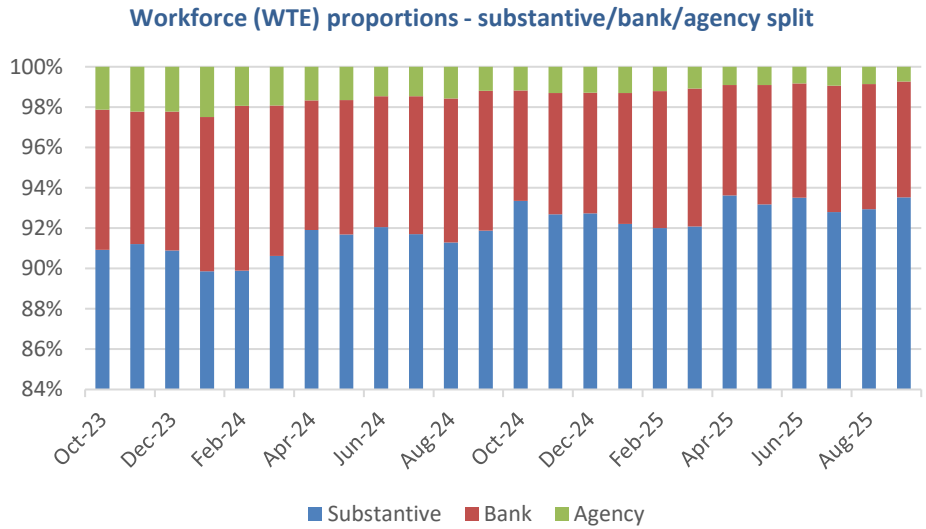
October saw the nursing associate headcount reduce to 48 with 13 nursing associates graduating to become Band 5 registered nurses.

Interviews are due to be held in November for 16 apprentice nursing associate positions on the East Coast. The cohort commencement is planned for March 2026.

The Trust currently has a live recruitment campaign for Band 5 and 6 Midwives as part of its plans to increase its maternity workforce in line with the most recent Birth Rate Plus review.

Executive Owner: Polly McMeekin **Operational Lead:** Lydia Larcum





Factors impacting performance and actions:

Following the introduction of new medical bank rates and an updated escalation approval process in August, the number of escalated shifts has fallen significantly. 432 shifts had rates escalated in the week prior to the change. In September, the average number of escalations was 85 shifts per week, and this has remained steady in October at an average of 83 shifts a week. While a seasonal reduction in medical bank requests is typical post-changeover, the impact of these changes will be closely monitored.

Negotiations with agency providers continue, focusing on long-term and high-cost usage. One medical and four Agenda for Change agency block bookings ended in October and one medical and two AfC agency workers have converted their block bookings to bank contracts.

Administrative bank activity increased in October to 866 shifts, compared to 785 in September. 36 shifts (just under half of the increase) is attributed to administrative support for the flu vaccine campaign. With vacancy controls in place, this will continue to be monitored, and monthly reports are shared with Care Groups to support reduction opportunities.

The Trust has met its target to implement eRostering for the whole clinical workforce by 31 October 2025. This provides greater visibility to ensure workforce is deployed effectively, supporting reduced reliance on temporary staffing. Check and challenge meetings are being established across all staffing groups to support effective workforce utilisation.

Workforce
Scorecard (2)

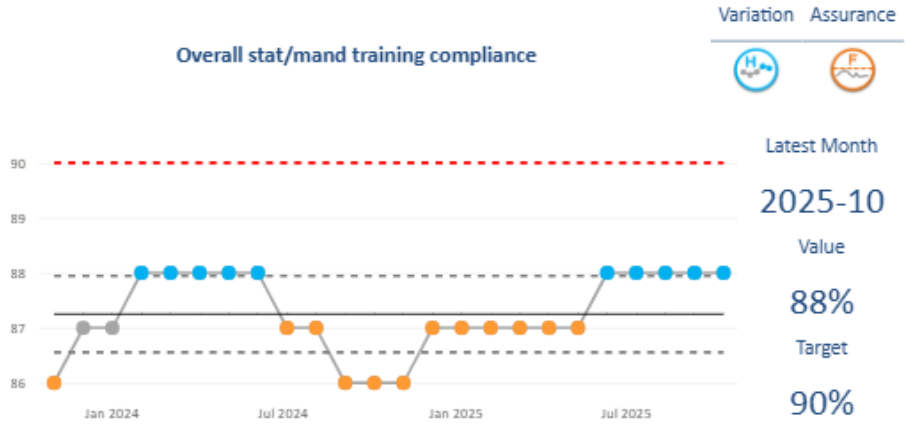
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Overall stat/mand training compliance	2025-10	H	F	88%		90%
Overall corporate induction compliance	2025-10	H	P	97%		95%
A4C staff stat/mand training compliance	2025-10	H	F	90%		90%
A4C staff corporate induction compliance	2025-10	H	P	97%		95%
Medical & dental staff stat/mand training compliance	2025-10		F	75%		90%
Medical & dental staff corporate induction compliance	2025-10	H	?	95%		95%
Appraisal Activity	2025-10		?	84.5%	53.8%	95%

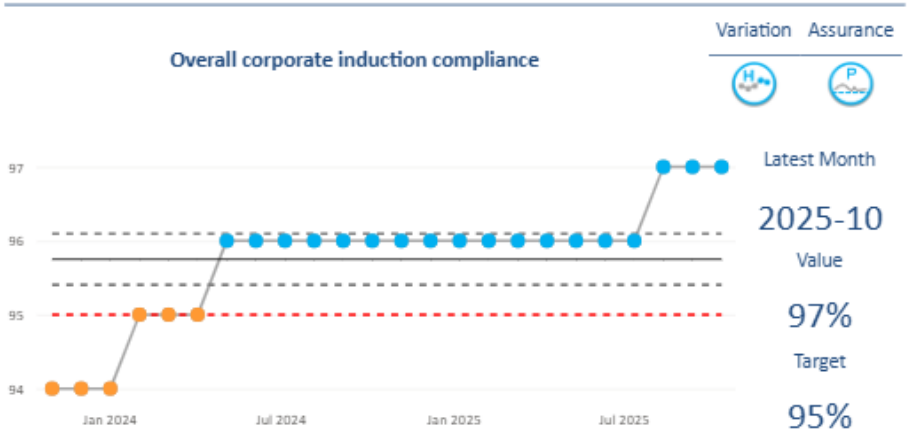
Executive Owner: Polly McMeekin

Operational Lead: Will Thornton & Gail Dunning



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

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



Rationale: Trained workforce delivering consistently safe care
Target: Mandatory Training 90% and Corporate Induction 95%

Factors impacting performance and actions:

From April, the Group adopted a new target for statutory and mandatory training compliance. The 90% target strives for a 3% increase in the level of completions compared with our previous aim for 87% compliance. Mandatory training compliance has maintained at 88% in October.

The NHS Management & Leadership Framework will be launched in November 2025 giving online access for managers and leaders to explore the code, standards and competencies. The Group's existing management and leadership development offers, and current internal Leadership Framework have been aligned to and complement the National Framework.

Self-assessment tools and modular development resources will follow in early 2026 and all colleagues in a management and/or leadership role will be encouraged to voluntarily complete the self-assessment prior to their 2026 appraisal to inform development. Additional online resources to support the Management and Leadership Framework, code and competencies are expected later in 2026.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Y&S digital

November 2025

Executive Owner: James Hawkins

Highlights

EPR implementation:

- Currently, overall progress is in line with plan and go-live of the first Tranche is expected to commence on 27 Feb 2026.
- The first Tranche includes observations, clinical documentation for inpatients, urgent & emergency care, electronic prescribing & medicine administration, bed management and read-only diagnostic results.
- Good progress is being made configuring the Nervecentre product to enable the commencement of training Digital Champions.
- User acceptance testing has started and continues through to January 2026.
- The current plan includes a go-live of Tranche 2 on 30 Jun 2026 and Tranche 3 on 30 Oct 2026.

Wider Digital Portfolio delivery continues with key focus on:

- Multi-year programme of paper records scanning and storage consolidation continues.
- Supporting AI trials in both diagnostics and wider trials of Microsoft Co-pilot across the organisation with focus on efficiency opportunities.
- The Neonatal Badgernet implementation successfully went live.
- Microsoft Sharepoint adoption continues to build and AI knowledge base for the organisation.

Concerns / Risks

- Ability of the Trust to continue to engage in design, build and test activities across all the EPR tranches and provide appropriate resources and input to ensure we maximise the opportunity to transform the way we work.
- Ability to manage Y&S Digital business as usual work, whilst delivering the new EPR.
- Data Security and Protection Toolkit 2025 audit has highlighted known gaps that require multi-year investment and remediation.
- Risk of staff availability for training to achieve the EPR Tranche 1 go live impacting our ability to go live as per the plan.

Executive Owner: James Hawkins

Future / Next Steps

EPR implementation:

- Complete software build for Tranche 1.
- Finalise Tranche 1 cutover planning and initiate Trust Resilience Group to focus on EPR Readiness activities.
- Develop detailed cutover plans, including transcribing plans, and how we will undertake the safe go-live of this first Tranche.
- Continue EPR Design and readiness work on Tranches 2 and 3.
- EPR Tranche 2 (which contains full order comms) is due to complete design by the end of December 2025.

Wider Digital Portfolio:

- Overall cyber security posture: Track progress against independent Data Security and Protection Toolkit audit actions.
- Review of Digital revenue and capital position for future years.
- Develop business case for upgrading our data warehousing solution.
- Develop plan for greater alignment of departmental IT systems with Y&S digital.
- Consideration of patient portal strategy, including options appraisal.
- Supporting rollout of electronic ordering for image diagnostics in primary care.
- Support replacement of Point of Care Testing machines.

Summary MATRIX

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

MATRIX KEY
- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION \ ASSURANCE	PASS	HIT or MISS	FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Number of P1 incidents* * Percentage of FOIs and EIRs responded to within 20 working days (monthly)	
SPECIAL CAUSE CONCERN		* Percentage of patient Subject Access Requests (SAR) processed within 1 calendar month (monthly)	

Y&S digital
Scorecard

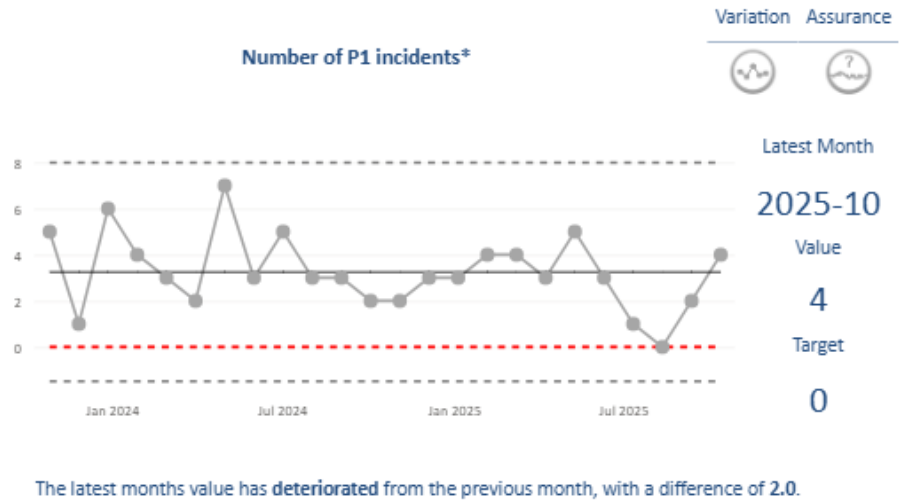
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

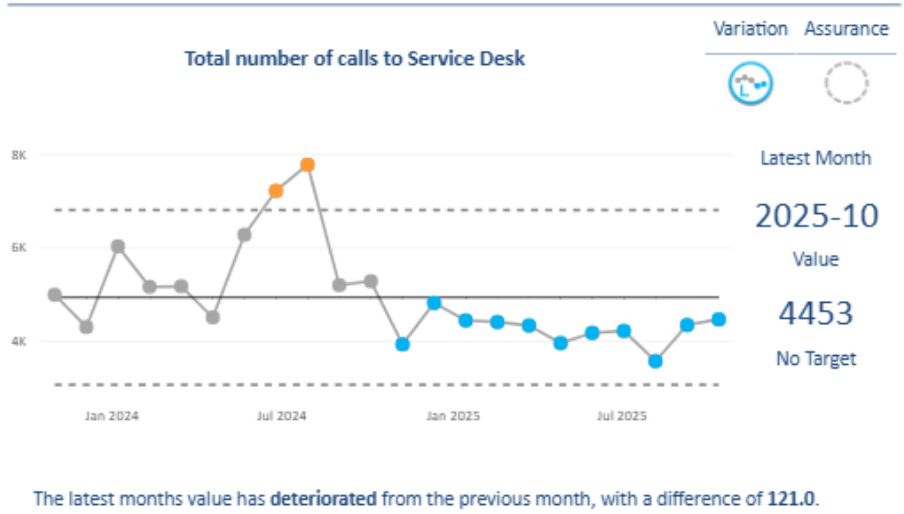
Executive Owner: James Hawkins

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of P1 incidents*	2025-10			4		0
Total number of calls to Service Desk	2025-10			4453		
Total number of calls abandoned	2025-10			721		
Number of information security incidents reported and investigated	2025-10			42		
Number of patient Subject Access Requests (SAR) received (monthly)	2025-10			304		
Number of patient Subject Access Requests (SAR) completed (monthly)	2025-10			271		
Percentage of patient Subject Access Requests (SAR) processed within 1 calendar month (monthly)	2025-10			72%		80%
Number of FOIs and EIRs received (monthly)	2025-10			72		
Number of FOIs and EIRs completed (monthly)	2025-10			58		
Percentage of FOIs and EIRs responded to within 20 working days (monthly)	2025-10			98%		80%

Executive Owner: James Hawkins

Operational Lead: Stuart Cassidy





Rationale: Reduction in P1 Incidents and Service Desk Calls are a proxy for better digital service

Target: 0 P1 Incidents

Factors impacting performance:

4x P1 incidents occurred.

1. 8/10 EPMA and Nucleus briefly unavailable – resolved at 0844
2. 21/10 CPD unavailable between 1157 and 1225 for new connections
3. 26/10 PACS York issues between 0327 and 0435
4. 26/10 Recurrence of PACS York issues between 1930 and workaround at 2358 (resolved at 0057 27/10)

Actions:

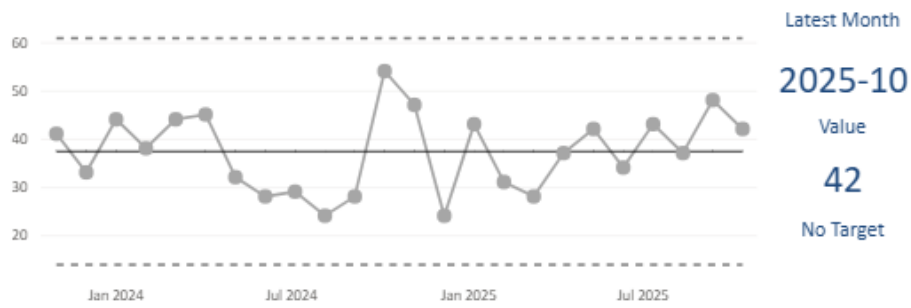
Demand during October was impacted by

- A P1 incident affecting CPD availability
- Changes by NHS England to remove Teams meeting recording rights that users had been granted unintentionally. A number of staff then required access to be provisioned, and problems with management of permissions meant this required several attempts or escalation to national service desk teams.
- Planned decommissioning of old Terminal Server remote access solutions, which then required support for internal and external users not already transitioned to the new VDI remote access solution

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley

Number of information security incidents reported and investigated



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

Rationale: Monitoring of information security incidents and ensuring these are investigated and actioned as appropriate.

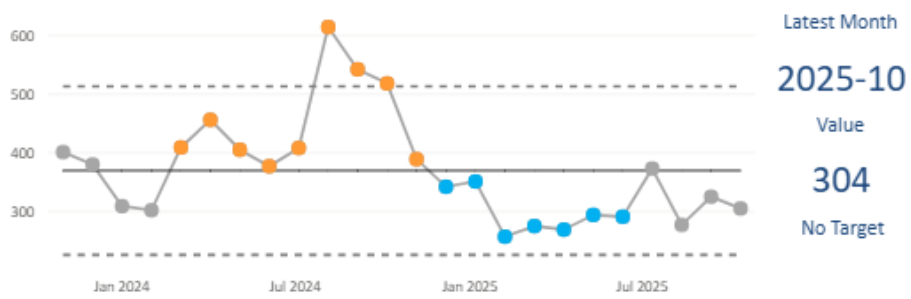
Number of information security incidents reported and investigated

Factors impacting performance:

There has been a slight decrease in incidents during October compared to the previous month.

Actions: Trends will be communicated to staff and root cause analysis will be completed on all incident investigations.

Number of patient Subject Access Requests (SAR) received (monthly)



The latest months value has **improved** from the previous month, with a difference of **20.0**.

Rationale: Monitoring of Subject Access Requests received to ensure the Trust is managing its statutory obligations under the UK GDPR.

Number of Subject Access Requests (SAR) submitted by patients

Factors impacting performance:
The reporting for SARs has changed to only include patient access requests. Previous reports have also included police requests, access to health records (deceased patients) and ad hoc external requests which are no longer included in this count.

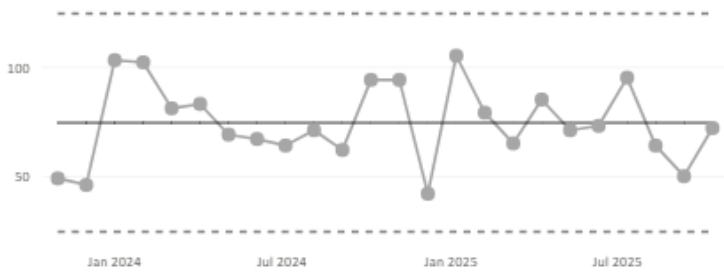
Volumes received have remained similar this month and timeliness of responses has improved, which is achieving target.

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley

Variation Assurance

Number of FOIs and EIRs received (monthly)



Latest Month

2025-10

Value

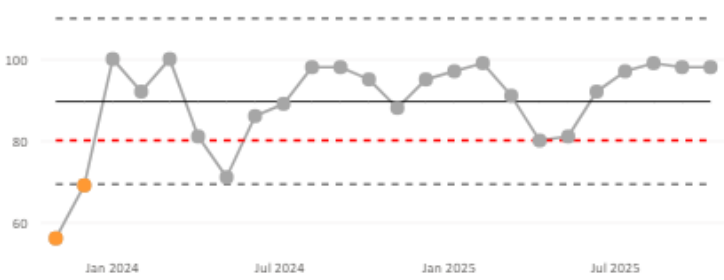
72

No Target

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

Variation Assurance

Percentage of FOIs and EIRs responded to within 20 working days (monthly)



Latest Month

2025-10

Value

98%

Target

80%

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

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

Rationale: Ensuring the Trust responds to % Freedom of Information (FoI) request and Environmental Information Regulation (EIR) requests in line with legislation

Target: 80% Freedom of Information (FoI) request and Environmental Information Regulation (EIR) requests responded to within 20 days

Factors impacting performance:.

Number of FOIs Received

The number of FoIs the Trust received in October has decreased.

Actions: N/A

Percentage of FOIs responded to within 20 working days

Requests being sent out on time has decreased slightly, but is above the target of 80%.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

FINANCE

November 2025

Executive Owner: Sarah Barrow

Highlights

Income and Expenditure Position

- Month 7 – Actual deficit of £4m against a planned deficit of £0.8m, so we are £3.2m adversely adrift of plan.
- £0.4m of the adverse variance is in relation to industrial action – at present, there is no national funding to cover this cost or for the loss of elective income (both of which have been covered in the past)
- Efficiency delivery is £9.1m behind plan
- ERF income is running ahead of our expected plan - we have done elective work above the proportionate element of the annual capped ERF value. At month 5 we were running £4.5m ahead of plan and assumed this income in the position in order to balance. To not show a further significant deterioration at month 7 we have continued to assume this additional income in the position.
- Q3 deficit support funding was confirmed at month 5 but is at risk due to the deteriorating system position.

Efficiency Programme

- At month 7 we have delivered year to date savings totaling £14.7m against a planned savings trajectory of £23.8m. We are currently falling £9.1m short of the year-to-date target requirement. The full year effect of the savings delivered to date is £21.2m.

Cash Position

- The cash balance at the end of October is £28.7m against a plan of £29.9m, which is £1.2m adverse. This is a significant improvement on the variance reported at the end of September and returns cash balances closer to planned levels. The debtors position has moved from an adverse variance of £2.5m in September to a favourable variance of £2m, mainly due to the receipt of outstanding Sexual Health contract payments from Local Authorities. In addition, the Trust are now receiving payment relating to the SHYPS contract on an agreed scheduled basis.

Concerns / Risks

- A significant element of the additional ERF £4.5m income relates to improved clinical coding made part way through 2024/25. The capped value does not take all these improvements into account so we are introducing a risk into our position here where we may well exceed the ERF cap and not receive payment. This position has to be considered alongside our actual elective (and cancer) performance.
- There remains a risk in relation to 24/25 elective activity and payment under PbR. Our reported income position for 24/25 included £5.1m of additional work done for which payment was reasonably expected. NHSE have not yet confirmed the arrangements for reimbursement of this work. Should there be any retrospective cap application then this would result in a corresponding negative impact to the current year's position.

Executive Owner: Sarah Barrow

Concerns / Risks continued

- The current reported position assumes the sparsity payment of £10.3m (in full year terms) is met by the ICB. As yet the ICB has not identified a source of funding but remains committed to working with the Trust on a solution. This is transparently recognised and agreed by all parties in our plan but securing funding remains a key concern area.
- There is significant risk emerging with the efficiency programme as scheme delivery is slipping. Significant focus is required on delivery in the second half of the financial year, and a clear and documented recovery plan is required.

Future / Next Steps

Income and Expenditure Position

- Based on the Month 7 run rate, the Trust is forecasting a £25.8m deficit before further efficiencies. Expected efficiency delivery of around £20m in H2 would reduce this to £5.1m. There remains further risk of up to £22.9m linked to assumed income streams and delivery of the high-cost drugs risk share, which could increase the forecast deficit to £28m. A Recovery Action Plan is now being developed to address the forecast deficit, mitigate efficiency delivery risks, and manage the wider financial pressures.
- The winter requirements are included in this forecast position. It is critical to our financial position that winter spend is minimised and that additional savings are identified to offset the costs.

Summary Dashboard and Income & Expenditure

Finance (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

- The Trust Submitted its Operational Financial Plan to NHSE on 30th April 2025. The plan presented a balanced income and expenditure (I&E) position as per the table opposite.
- The Trust's balanced position forms part of a wider HNY ICB balanced I&E plan.
- The Trust has a planned operational I&E surplus of £1.4m, but for the purposes of assessing financial performance NHSE remove certain technical adjustments to arrive at the underlying financial performance.
- It should be noted that the Trust's projected balanced position is after the planned delivery of a significant efficiency programme of £55.3m.
- The plan is designed to assist the Trust meet all the required performance targets in 2025/26
- The plan includes £16.5m of deficit support funding. This is not guaranteed and can be withdrawn if the Trust and ICB are not meeting their financial obligations.

OPERATIONAL FINANCIAL PLAN 2025/26
SUMMARY INCOME & EXPENDITURE POSITION

	£'000
INCOME	
Operating Income from Patient Care Activities	
NHS England	85,178
Integrated Care Boards	693,623
Other including Local Authorities, PPI etc..	8,780
	787,581
Other Operating Income	
R&D, Education & Training, SHYPS etc..	93,320
Total Income	**880,901**
EXPENDITURE	
Gross Operating Expenditure	-922,635
Less: CIP	55,290
Total Expenditure	**-867,345**
OPERATING SURPLUS / (DEFICIT)	**13,556**
Finance Costs (Interest Receivable / Payable / PDC Dividend)	-12,196
SURPLUS / (DEFICIT) FOR THE YEAR	**1,360**
ADJUSTED FINANCIAL PERFORMANCE	
Net Surplus / (Deficit)	1,360
Add Back	
I&E Impairments	5,000
Remove capital donations / grants I&E impact	-6,360
ADJUSTED FINANCIAL SURPLUS / (DEFICIT)	**0**

Summary Dashboard and Income & Expenditure

Finance (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	-£0.7m	-£3.2m	↓	Deteriorating
Corporate CIP Delivery Variance to Plan (£29.8m target)	-£9.7m	-£12.5m	↓	Deteriorating
Core CIP Delivery Variance to Plan (£25.5m Target)	£3.6m	£3.5m	↓	Deteriorating
Variance to Agency Cap	£0.5m	£1.0m	↑	Improving
Month End Cash Position	£23.4m	£28.7m	↑	Improving
Capital Programme Variance to Plan	-£5.8m	-£11.5m	↓	Deteriorating

	Plan	Plan YTD	Actual YTD	Variance
	£000	£000	£000	£000
Clinical Income	795,645	464,126	472,806	8,680
Other Income	95,802	55,900	57,019	1,119
Total Income	891,447	520,027	529,826	9,799
Pay Expenditure	-600,258	-347,093	-350,851	-3,758
Drugs	-71,973	-42,866	-46,644	-3,777
Supplies & Services	-97,424	-56,800	-54,396	2,404
Other Expenditure	-142,328	-72,306	-74,131	-1,825
Outstanding CIP	34,092	9,051	0	-9,051
Total Expenditure	-877,891	-510,014	-526,021	-16,007
Operating Surplus/(Deficit)	13,556	10,013	3,804	-6,208
Other Finance Costs	-12,196	-7,114	-6,148	966
Surplus/(Deficit)	1,360	2,898	-2,344	-5,242
NHSE Normalisation Adj	-1360	-3710	-1703	2007
Adjusted Surplus/(Deficit)	0	-812	-4,047	-3,235

The I&E table confirms an actual adjusted deficit of £4.0m against a planned deficit of £0.8m, leaving the Trust with an adverse variance to plan of £3.2m.

Deficit support funding (DSF), has been secured for Q1 to Q3. Achievement of DSF is based on 4 metrics across the system 1) Balance to plan; 2) CIP delivery; 3) Pay variance to plan; 4) Net risk position. Whilst Q3 DSF has been received, the deterioration in system financial performance in September and October puts both retaining Q3 and the securing of quarter 4 DSF at significant risk. Financial recovery plans are being developed to support the Trust in delivering to plan.

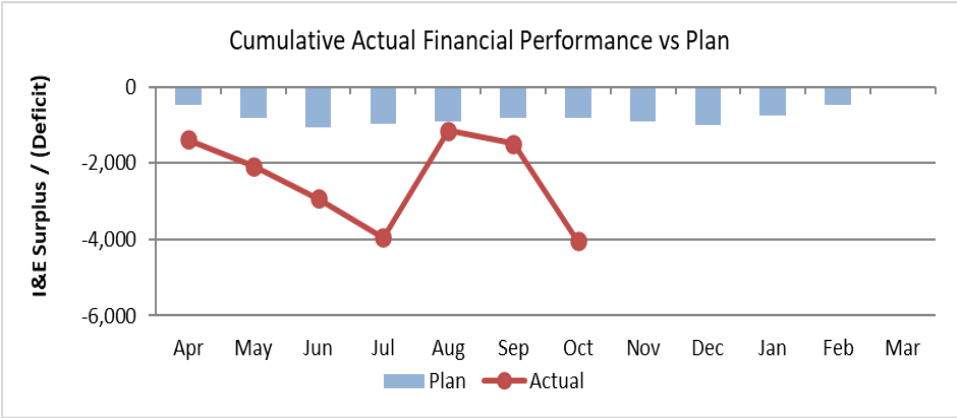
Key Subjective Variances: Trust

Finance (3)

Variance	Favourable / (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	(£20,584)	NHSE under trade linked to services which have been delegated to ICBs to commission. There is a corresponding over trade on the ICB line below. The reduction in NHSE income is partially offset by increased income relating to pass through drugs and devices	Confirm contracting arrangements and ensure plans and actual income reporting align.
ICB Income	£29,000	ICB over trade linked to services which have been delegated from NHSE to ICBS to commission. The position also includes £4.5m linked to ERF activity ahead of plan. Although this income is covered by the block contract, £4.5m has been brought forward into the M7 position to recognise activity delivered to date. This action has been agreed by HNY ICB.	Confirm contracting arrangements and ensure plans and actual income reporting align
Employee Expenses	(£3,758)	Agency, bank and WLI spending is ahead of plan to cover medical vacancies.	To continue to control agency spending within the cap. Work being led by HR Team to apply NHSE agency best practice controls, continued recruitment programmes (including overseas recruitment). Vacancy control measures in place.
Drugs	(£3,777)	A risk share arrangement was agreed in the 2025/26 plan to reduce expenditure on drugs commissioned by ICBs that were previously contracted for on a pass-through basis. Savings have not been delivered at the required rate.	Identify opportunities to expedite reduction in cost growth including switching to biosimilar products. Work led by Chief Pharmacist to review cost effective use of first line treatment options.
CIP	(£9,051)	The Corporate Programme is £12.5m behind plan, the Core Programme is £3.5m ahead of plan.	Continued focus on delivery of the CIP overseen by the Efficiency Delivery Group. CIP Time Out session, lead by CEO, held in October.
Other Costs	£578	Favourable variance on clinical supplies (£2.4m) and services offset by adverse variance on other non pay expenditure (£1.8m).	Identify drivers for increased costs and take corrective action as appropriate.

Cumulative Actual Financial Performance vs Plan & Forecast

Finance (4)



The income and expenditure plan profile shows an expected cumulative deficit throughout the year with a balanced position achieved in March 2026. The improvement in quarter 4 is due to an expected acceleration in delivery of the efficiency programme.

The actual I&E performance at the end of October 2025 is a deficit of £4.0m compared to a planned deficit of £0.8m. This represents an adverse variance to plan of £3.2m.

Forecast			
	Adjusted Surplus/(deficit)		
Scenario	Plan £'000	Forecast £'000	Variance £'000
Likely Case	0	-5,100	-5,100
Best Case	0	0	0
Worst Case	0	-28,071	-28,071

Forecast Scenarios

Best Case

The best-case forecast meets the balanced plan. This assumes that the risks within the position are mitigated through work with HNY ICB in respect of £10m Sparsity funding, delivering an additional £6m savings on high-cost drugs, delivering the efficiency programme in full, receipt of £5.1m 24/25 ERF overtrade income, delivery of activity covered by ERF arrangements to plan in 2025/26 and delivery in full of an £18.6m expenditure cessation programme.

Most Likely Case

The most likely case contains the same assumptions identified in the best case above but assumes a shortfall in the delivery of run rate savings of £5.1m

Worst Case

The worst case assumes that none of the mitigations identified in the best case are secured.

Care Group Forecast
Finance (5)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Year to Date 2025/26 Care Group Financial Position							
Care Group	Annual Adjusted Budget	YTD Budget	YTD Actual	YTD Variance	YTD Adjusted Budget	YTD Adjusted Variance	Key Drivers of YTD Adjusted Variance
	£000	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	240,298	140,167	138,519	1,649	141,599	3,080	Improved position, due to continued reduction in drug spend, £1.8m underspend on CDC's due to delay at Scarborough, not expected to continue once all sites operational and £0.5m underspend on Lung Health Check, spend will increase as activity increases throughout remainder of year, growing Cell Path demand also causing £0.3m outsourcing cost pressure.
Family Health Care Group	89,507	52,251	53,018	-767	52,469	-549	£559k relates to the premium cost of covering medical vacancies, £616k Community Nursing overspend, £541k Midwifery overspend, £417k Sexual Health underspend, £676k overachieved CIP.
Medicine	192,757	113,216	118,496	-5,280	113,325	-5,171	£2.6m relates to medical cost pressures in ED and Acute; £1.2m drugs overspend, primarily Gastro and Respiratory; £1.4m YTD pressure of the unachieved CIP target.
Surgery	166,364	96,758	100,069	-3,312	97,096	-2,973	£2.5m overspend driven by Resident Doctor costs. Additional overspends across non-pay - £203K drugs, £324K on other non-pay consumables in Theatres and Head & Neck
TOTAL	688,926	402,392	410,102	-7,711	404,490	-5,613	

Full Year 2025/26 Care Group Forecast Financial Position						
Care Group	Annual Adjusted Budget	Forecast Prior to Mitigating Actions	Mitigating Actions	Forecast Post Mitigating Actions	Forecast Variance	Key Drivers of Forecast Variance
	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	240,298	240,147	0	240,147	151	Forecast deterioration due to profiling of drug expenditure, £1m NHSE clawback expected regarding reduced Lung Health Check activity numbers (mitigations currently being put in place) expenditure for winter diagnostics and opening of all CDC sites by end of financial year. As well as Endoscopy, MRI and CT Insourcing to improve performance.
Family Health Care Group	89,507	91,943	0	91,943	-2,436	£886k relates to the premium cost of covering medical vacancies, £951k Community Nursing overspend, £927k Midwifery overspend, £429k Sexual Health underspend, £22k CIP shortfall.
Medicine	192,757	202,692	-94	202,598	-9,841	£4.5m relates to medical staffing cost pressures, £2.0m drug overspend and £3.2m shortfall in CIP delivery
Surgery	166,364	171,557	0	171,557	-5,193	£4.3m relates to staffing cost pressures primarily across Resident Doctors, £350K drugs overspend, £550K other non-pay overspends across Theatres and Head & Neck.
TOTAL	688,926	706,339	-94	706,245	-17,319	

Forecast Outturn & Recovery Action Plans

Finance (6)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Forecast outturn	£'000
Likely Forecast Outturn (per M7 Forecast position)	(25,825)
Required H2 Efficiency Delivery	20,725
Forecast Deficit	**(5,100)**

Risk	£'000
Forecast Deficit	**(5,100)**
Sparsity*	(10,379)
24/25 ERF Overtrade	(5,083)
Drug share not achieved	(6,127)
No IA Funding	(382)
Lung Health Check Income	(1,000
Risk Adjusted Forecast outturn	**(28,071)**

* Work is ongoing with the ICB re sparsity and current indications are that the net risk is £8.5m, to be confirmed for M8.

Forecast outturn

Based on the Month 7 run rate position, the likely forecast outturn is £25.8m deficit, this however assumes no further efficiency delivery. The current estimation of H2 delivery of the efficiency programme is c.£20m which results in a forecast deficit position of £5.1m.

Risk

There is further risk associated with the forecast position, as the £5.1m deficit assumes the Trust will receive income in relation to sparsity and 24/25 ERF overtrade, IA Funding and there will be no claw back of Lung Health Check Income, further to this, the Trust need to deliver the risk share saving associated with High Cost Drugs, should these not materialise, the forecast outturn deficit increases to £28m

Due to the significant risk of under delivery against the efficiency programme and in relation to assumed income and risk share, the Trust are now at significant financial risk.

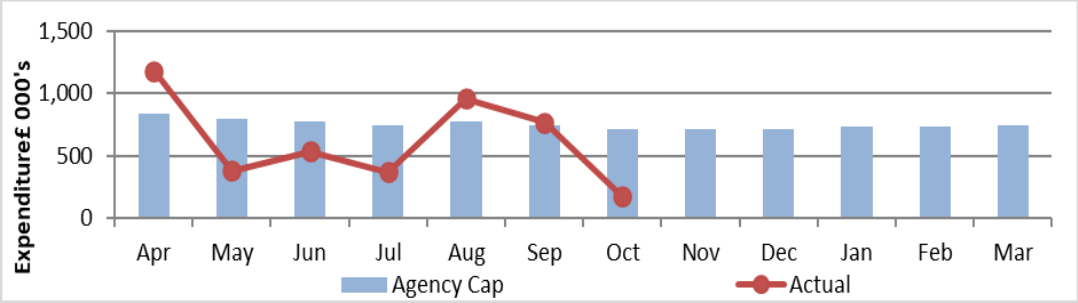
Recovery Action Plan

A recovery action plan is therefore now being developed to bridge the current forecast deficit of £5.1m, risk to efficiency delivery and the wider financial risks. The immediate in year actions being considered through the recovery plan are:

- CIP Acceleration.
- Care group recovery action plans
- Agency and Vacancy Controls – Freeze on non-clinical recruitment (Band 8a and above unless safety-critical); cease overtime payments; cease enhanced care; remove bank premiums
- Corporate Expenditure Cessation Programme - Non-Pay and Discretionary Spend – Cease all non-essential consultancy, training, and discretionary projects;
- Operational – closure of Bridlington Care Unit; do not open winter capacity ; suspend all future elective recovery fund claims (superseded by requirement to convert funds to support delivery of cancer performance); convert follow up clinics to new patient clinics

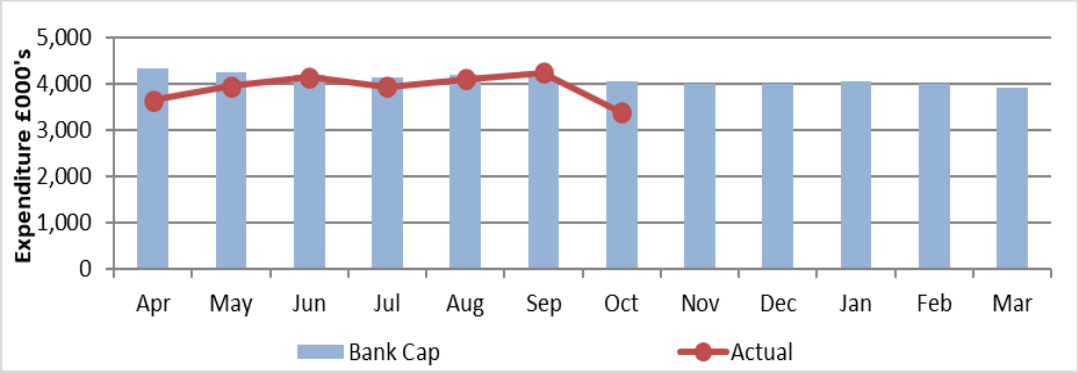
Agency, Bank and Workforce

Finance (7)



Agency Controls

The Trust has an agency staffing spend reduction target of 40% based on 2024/25 outturn. The expenditure on agency staff at the end of October is £4.354m compared to a plan of £5.357m, representing a favourable variance of £1.003m.



Bank Controls

The Trust has a bank staffing spend reduction target of 10% based on 2024/25 outturn. The expenditure on bank staff at the end of October is £27.372m compared to a plan of £29.244m, representing an adverse variance of £1.872m.

	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,633.02	2,558.17	74.85	88,589	89,463	-874
Scientific, Therapeutic and Technical	1,331.76	1,280.41	51.35	43,926	43,910	16
Support To Clinical Staff	1,937.29	1,391.95	545.34	36,150	35,093	1,058
Medical and Dental	1,122.40	1078.52	43.88	92,983	100,868	-7,885
Non-Medical - Non-Clinical	3,217.70	3,107.15	110.55	81,882	80,118	1,764
Reserves				2,278	0	2,278
Other				1,285	1,400	-116
TOTAL	10,242.17	9,416.20	825.97	347,093	350,851	-3,758

Workforce

This table presents a breakdown by staff group of the planned and actual workforce establishment in whole time equivalents (WTE) and spend for the year. The table illustrates that the key driver for the operational pay overspend position is premium rate spend against Medical and Dental staff.

Trust Performance Summary vs Commissioner ERF weighted Values in Contract.

Commissioner	25-26 Target % vs 19/20	Value ERF scope Indicative Weighted Values at 25/26 prices	ERF Month 07 Phase (Av %)	Activity to Month 07 Actual	Variance - (Clawback Risk) M06
Humber and North Yorks	104.00%	£171,355,927	£99,990,564	£106,195,320	£6,204,756
West Yorkshire	103.00%	£1,570,160	£916,229	£997,491	£81,263
Cumbria and North East	115.00%	£223,602	£130,478	£172,188	£41,710
South Yorkshire	121.00%	£182,919	£106,738	£103,822	-£2,916
Other ICBs - LVA / NCA	-				*£0*
All ICBs	***104.02%***	***£173,332,608***	***£101,144,008***	***£107,468,821***	***£6,324,814***
NHSE Specialist Commissioning	113.38%	£4,784,314	£2,791,769	£2,274,736	-£517,034
Other NHSE	104.13%	£305,100	£178,034	£199,205	£21,172
All Commissioners Total	**104.31%**	**£178,422,022**	**£104,113,811**	**£109,942,762**	**£5,828,952**

Elective Recovery Fund

We continue to report on Elective Recovery Performance on an early 'heads-up' approach using partially coded actual elective activity data and extrapolating this for the year to date before applying average tariff income to the activity.

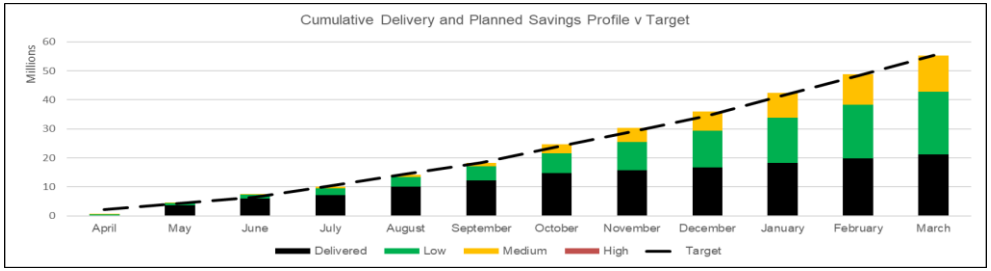
Given the financial limits on Elective Recovery Funding in 2025/26, it is important to closely monitor the position to ensure that the weighted activity undertaken, where it incurs additional costs, does not exceed the planned levels without ICB Commissioner authorisation. Additional system ERF funding may become available in year, where other system providers, including the Independent Sector, are under their agreed activity plan and Elective resource can be redirected into York & Scarborough FT.

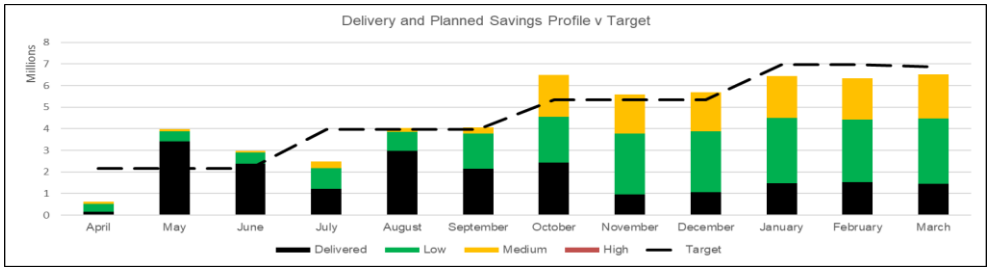
At Month 7, the ERF weighted activity is valued at £5.8m over the funded level of ERF activity within our Commissioner contracts. The majority of this variance relates to Outpatient Ophthalmology attendances where additional scans and tests prior to the main eye procedure are now recorded. However, we are expecting the overall overtrade to reduce over the remaining 5 months of the year.

Cost Improvement Programme

Finance (9)

York and Scarborough Teaching Hospitals NHS Foundation Trust





	Full Year CIP Target	October Position			Full Year Position		Planning Position		Planning Status		
		Target	Delivery	Variance	Delivery	Variance	Total Plans	Planning Gap	Fully Developed	Plan in Progress	Opportunity
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Corporate Programme	29,789	12,809	229	12,580	392	29,396	13,974	15,815	4,874	9,099	0
	29,789	12,809	229	12,580	392	29,396	13,974	15,815	4,874	9,099	0
Core Programme											
Medicine	6,039	2,596	1,225	1,371	1,809	4,229	3,686	2,353	2,038	1,648	0
Surgery	4,524	1,945	1,949	-3	2,813	1,712	4,531	-7	4,428	103	0
CSCS	7,044	3,029	3,134	-105	5,967	1,077	8,361	-1,317	7,722	639	0
Family Health	2,306	991	1,667	-676	1,973	333	2,283	23	2,280	3	0
CEO	45	19	350	-331	601	-556	601	-556	601	0	0
Chief Nurses Team	893	384	195	189	350	543	584	308	584	0	0
Finance	733	315	462	-147	791	-58	856	-123	856	0	0
Medical Governance	62	27	5	21	9	53	54	7	54	0	0
Ops Management	532	229	176	52	299	234	316	216	316	0	0
DIS	601	258	172	87	296	304	647	-47	377	270	0
Workforce & OD	763	328	360	-32	608	154	608	154	608	0	0
YTHFM LLP	1,962	844	1,176	-332	1,701	261	2,179	-217	1,979	200	0
Central	0	0	3,622	-3,622	3,590	-3,590	16,610	-16,610	16,003	608	0
	25,502	10,965	14,494	-3,528	20,806	4,695	41,317	-15,815	37,847	3,470	0
Total Programme	55,290	23,774	14,722	9,052	21,199	34,092	55,290	0	42,721	12,570	0

Efficiency Programme

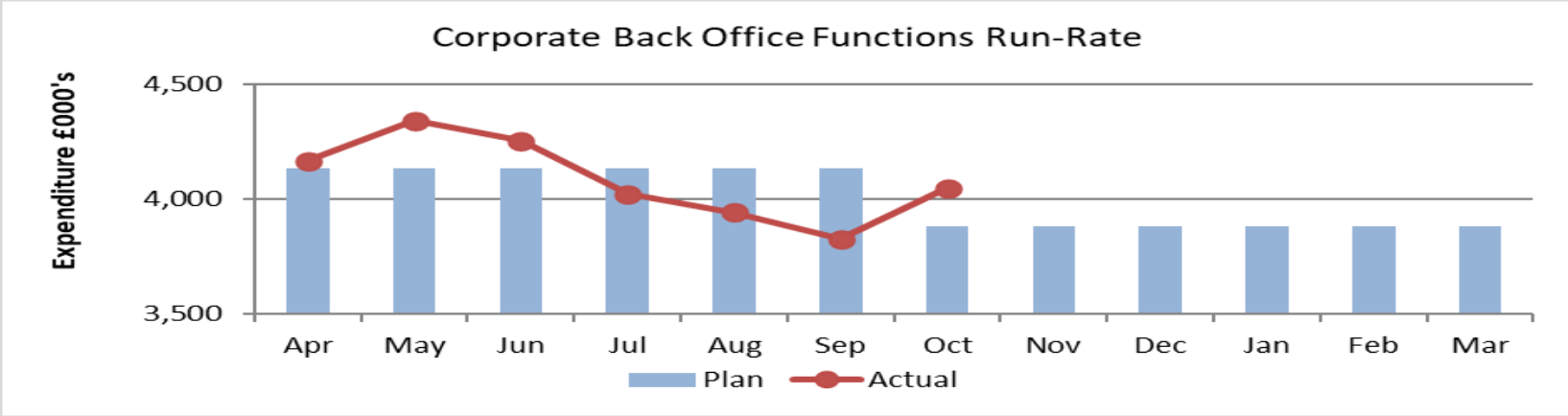
The total trust efficiency target is £55.3m; £21.2m has been achieved in full year terms and the year-to-date position is £9.1m behind plan. The programme is fully planned.

Corporate Efficiency Programme

The Corporate efficiency programme has a target of £29.8m and £0.4m has been delivered in full year terms. At the end of October, the year-to-date delivery is £12.6m behind plan. Identified plans total £14m, leaving a gap of £15.8m.

Core Efficiency Programme

The Core efficiency programme target is £25.5m and £20.8m has been delivered in full year terms. At the end of October, the year-to-date delivery is £3.5m over plan. There are identified plans totaling £41.3m which is £15.8m over the target.



The graph above demonstrates the Trust's progress towards achieving the target to reduce the growth in back-office function costs between 2018/19 and 2023/24, by 50%, effective from October 2025. The Trust's indicative full year target is a £5.4m cost reduction which the Trust has committed to deliver and schemes have been included in Corporate Directorate's CIP Programmes phased between 2025/26 and 2026/27.

The return provided to NHSE on 31 May 2025 identified £2.4m of 'exceptions' that reduced the expected run rate savings in back-office functions to £3m. Run rate savings of £1.5m are expected to be delivered between October 2025 and March 2026 with the full £3m delivered in 2026/27.

The back-office function return is a detailed and complex analysis that is completed annually. NHSE have asked providers to calculate a proxy back-office cost each month and to demonstrate a downward trend in expenditure. The graph above demonstrates the calculated corporate back-office function monthly cost in April 2025 at £4.2m and the plan shows that this is expected to reduce by £250k per month from October (£1.5m by March 2026).

The calculated back-office costs shown in the graph above, demonstrate that good progress is being made to reduce the back-office function run rate. The actual spend calculated in October is £4.048m. This is below the baseline expenditure figure of £4.2m but does not deliver the required run rate reduction.

Current Cash Position and Better Payment Practice Code (BPPC)

Finance (11)

York and Scarborough Teaching Hospitals NHS Foundation Trust

The Group's cash plan for 2025/26 is for the cash balance to reduce through the year resulting in a closing balance of £33.4m at the end of March 2026. The table below summarises the planned and actual month end cash balances.

Month 2	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	48,728	43,285	39,402	41,443	42,294	35,924	29,962	34,122	33,845	32,386	35,435	33,442
Actual	38,105	26,832	24,135	24,178	27,143	23,374	28,710					

Closing cash was £28.7m against a plan of £29.9m, which is £1.2m adverse. This is a significant improvement on the variance reported at M6 and returns cash balances closer to planned levels.

The significant factors contributing to the variance are:

- £5.2m – Adverse variance in I&E surplus / (deficit).
- £2m – Favourable variance mainly linked to debtor invoice and accrued income position below plan.
- £1.6m – Favourable variance due to cash impact of the capital program running behind plan.

The forecast contains 3 scenarios:

Run rate – Based on continuation of cash receipts & payment run rates in line with April to October levels and any known adjustments. Payment run rates have remained high impacting this projection. This highlights the importance of reducing expenditure and increasing efficiency delivery to mitigate the pressure.

Best case – Based on the Trust recovering to deliver the financial plan.

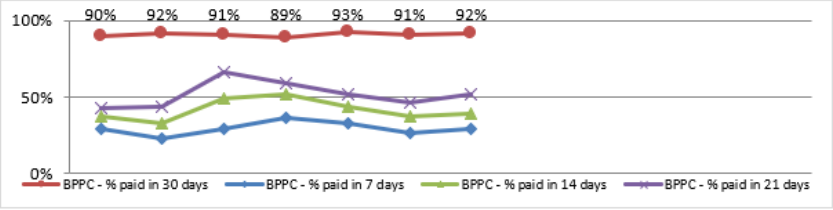
Worst case – Based on the Trust failing to deliver the financial plan.

Better Payment Practice Code

The BPPC is a nationally prescribed target focussed on ensuring the timely payment by NHS organisations to the suppliers of services and products to the NHS. The target threshold is that 95% of suppliers should be paid within 30 days of the receipt of an invoice.

The graph illustrates that in October the Trust managed to pay 92% of its suppliers within 30 days.

Delivery of the financial plan & the efficiency program are crucial. Any slippage impacts cash reserves, creating a cash pressure.



Current and Forecast Capital Position

Finance (12)

The board approved capital plan for 2025/26 is £88m. After adjustments for donated & grant funded schemes and the planned disposal of Clarence Street, net CDEL for the year is £80.7m. The main schemes within the plan are:

- £28m - Scarborough RAAC
- £8m – York VIU / PACU / Hybrid Theatre
- £8.4m – Electronic Patient Record
- £4.8m - Scarborough Hospital PSDS4 Decarbonisation Project (Salix Grant)
- £3.5m – Backlog Maintenance
- £1.5m – DIS Investment Programme
- £5m – Capital Prioritisation Process
- £7.8m – Leasing programme Equipment, Vehicles, Buildings

2025/26 Capital Position	Annual Plan £000s	YTD Plan £000s	M7 Actual £000s	Variance to Plan £000s
PDC Funded Schemes	56,525	18,776	9,369	(9,407)
IFRS 16 Lease Funded Schemes	7,838	2,638	926	(1,712)
Depreciation Funded Schemes	16,626	7,237	6,888	(349)
Charitable & Grant Funded Schemes	7,213	4,123	1,051	(3,072)
Total Capital	**88,202**	**32,774**	**18,234**	**(14,540)**
Less Charitable & Grant Funded Schemes	(7,213)	(4,123)	(1,051)	3,072
Less Sale of Clarence Street	(325)	-	-	-
Total Capital (Net CDEL)	**80,664**	**28,651**	**17,183**	**(11,468)**

The M7 position is £11.5m behind the plan.

This is mainly due to several schemes running behind the plan profiles including SGH RAAC £5m, SGH maternity roof replacement phase 1 £2m, the Electronic Patient Record £1.5m, backlog maintenance £0.7m. £1.7m is also due to IFRS 16 leasing behind plan with a large value of leases currently in procurement.

The RAAC scheme allocation has been reprofiled between financial years from £28m in the original plan to £14m for 25/26 expenditure.

The capital program is not without risk; however, work is underway to review and confirm if schemes will utilise the full CDEL allocation this financial year so that any plans for any slippage can be developed to avoid underspending the CDEL allocation.

System Summary – Month 6

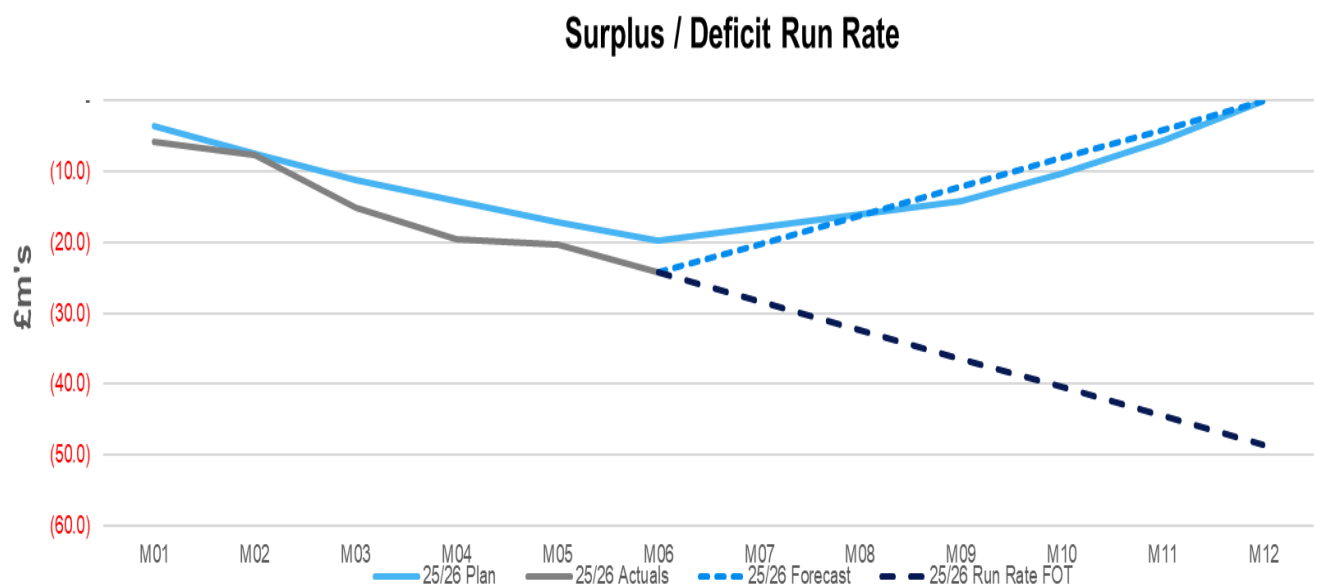
Finance (13)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

M6 Position

- ICB £41k overspend YTD, FOT breakeven.
- Providers £4.4m overspend YTD, FOT breakeven.
- Straight line extrapolation of run rate is circa £49m deficit.
- YTD variance is mainly due to slippage against efficiency schemes, medical staffing, drugs and devices costs partially offset by non recurrent mitigations.

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan YTD £000	Actual YTD £000	Variance YTD £000	Variance YTD %	Plan Year Ending £000	Forecast Year Ending £000	Variance Year Ending £000	Variance Year Ending %
Humber And North Yorkshire ICB	-	(41)	(41)	(0.0%)	-	-	-	0.0%
Harrogate And District NHS Foundation Trust	(5,630)	(9,118)	(3,488)	(1.8%)	-	-	-	0.0%
Hull University Teaching Hospitals NHS Trust	(5,609)	(8,643)	(3,034)	(0.6%)	-	-	-	0.0%
Humber Teaching NHS Foundation Trust	(708)	2,292	3,000	2.2%	-	-	-	0.0%
Northern Lincolnshire And Goole NHS Foundation Trust	(7,084)	(7,326)	(242)	(0.1%)	-	-	-	0.0%
York And Scarborough Teaching Hospitals NHS Foundation Trust	(807)	(1,485)	(678)	(0.2%)	-	-	-	0.0%
ICS Total	(19,838)	(24,321)	(4,483)	(0.2%)	-	-	-	0.0%



Keys

York and Scarborough Teaching Hospitals NHS Foundation Trust

Icon Key

Are we improving, declining or staying the same

Blue = significant improvement or low pressure

Can we reliably hit target

Grey = no significant change

Orange = change required to hit target

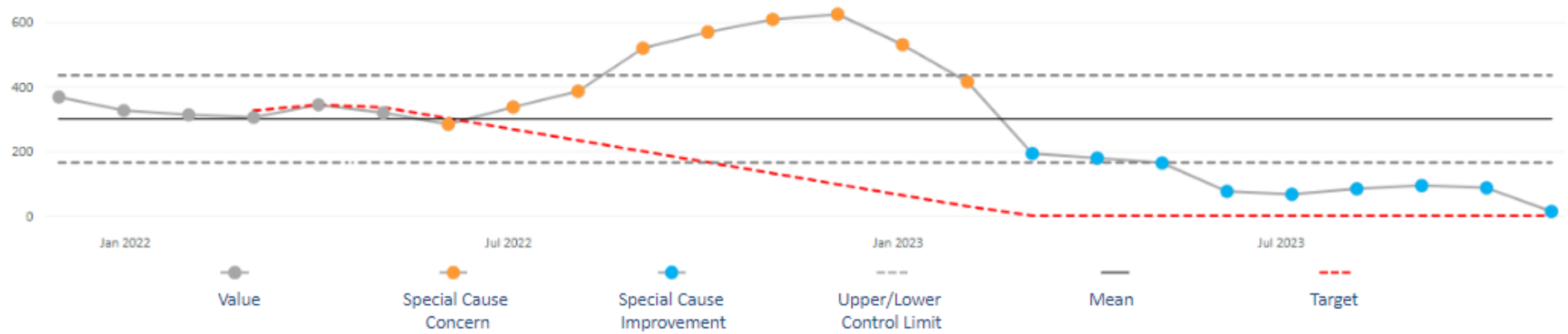
Variation					Assurance		
No Change	Concerning		Improving		Random	Passing	Failing
Common cause - no significant change	Special cause of concerning nature or higher pressure due to higher values	Special cause of concerning nature or higher pressure due to lower values	Special cause of improving nature or higher pressure due to higher values	Special cause of improving nature or higher pressure due to lower values	Variation indicates inconsistently hitting passing and failing short of the target	Variation indicates consistently passing the target	Variation indicates consistently failing the target

Orange = significant concern or high pressure

Grey = Hit and miss target

Blue = will reliably hit target

SPC Key



The orange and blue points indicate either increasing or decreasing trends. The colour will update if 7 points appear either above or below the mean or if 2 out of 3 are near the upper or lower control limit. The target can be either static or moving.

Icon Descriptions

NHS
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	P	?	F
H	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.
L	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently **HIT OR MISS** the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.
H	Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.
L	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 12

Report to:	Board of Directors
Date of Meeting:	26 November 2025
Subject:	Annual Operating Plan Quarter 2 Update
Director Sponsor:	Claire Hansen, Chief Operating Officer
Author:	Tilly Poole, Head of Strategy and Planning

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

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ Regulatory Requirement ☐

Trust Objectives

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

Board Assurance Framework

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

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

☐ Yes

☒ No

☐ Not Applicable

Executive Summary:

The purpose of this paper is to inform the Board of the progress in relation to the 2025/26 Annual Operating Plan actions. The Board are asked to note the update.

The Annual Operating plan for 25/26 consists of 272 actions in total. These included operational actions to address 25/26 priorities.

During October 2025, teams were asked to provide an update on the status of any action highlighted for completion in quarter 2 of which there are 61 actions – including the three Q1 actions moved from Q1 to Q2 last quarter:

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- 33 (54%) actions were completed and 11 (18%) in-part,
- 17 (28%) were not completed during Q2.
- 16 (57%) of incomplete actions were still relevant and delivery quarter has been updated to be Q3 and 12 (43%) have been updated to be completed during Q4.

Between Q1 and Q2, the Trust has demonstrated improvement across several key performance metrics, though progress remains below planned trajectories. Notable improvements include a reduction in MSSA infections (with October recording the lowest figure in 12 months), achievement of the March 2026 target for the NHS Green Support Tool ahead of schedule (currently 69% compliance), and modest gains in ECS performance (from 67.2% to 68.7%), 12-hour ED waits (from 14.8% to 13.9%), and diagnostic test performance (from 63% to 63.5%, with a significant improvement to 71.3% in October 2025). These trends indicate that ongoing actions are having a positive but gradual impact.

Areas of deterioration include RTT performance (58% to 56.6%), the Faster Diagnosis Standard (68.3% to 64.5%), increased Category 2 pressure ulcers (78 to 89 average per month), and underperformance of the financial efficiency programme. Remedial actions have been approved for cancer and financial targets, with oversight by the Executive Committee.

Overall, 70% of actions due in Q1 and Q2 within the Annual Operating Plan have been completed, demonstrating steady delivery against organisational objectives for 2025/26.

Note percentages above are quarterly averages.

Key Themes and Performance

- **Overall progress:** The majority of actions were completed. Where actions were delayed the main themes are:
    - **Capacity and Workforce Issues**
        - Several actions were delayed due to staffing gaps, locum reliance, or limited capacity across sites (e.g., ED, Cancer services).
        - Business cases or workforce reviews were still in progress to address shortages.
    - **Ongoing Reviews and Approvals**
        - A number of items were awaiting approval or review by governance bodies (e.g., IPSAG).
        - Business cases and plans had been submitted or were under review, delaying implementation.
    - **Process or Planning Dependencies**
        - Some actions depended on linked improvement plans, audits, or data validation (e.g., dashboard or audit work not yet finalised).
        - External coordination between departments or with Trust-wide initiatives caused hold-ups.
    - **Partial Progress / Implementation in Stages**
        - Many actions were partially completed — groundwork done, but final rollout still pending.
    - **Timing and Scheduling Constraints**

- Several delays mentioned target months (e.g., October), implying timing within the quarter affected completion.
- Competing priorities and operational pressures likely contributed to deferrals.

Areas with Delays

- **Emergency Care Standard:**
  - 4 actions; 2 incomplete – ED continues to experience capacity and workforce challenges.
- **Diagnostic (DM01):**
  - 11 actions; 1 action incomplete – delay relates to completion of physiological diagnostic dashboard (imaging and endoscopy dashboards are complete).
- **Pressure Ulcers:**
  - 5 actions; 1 incomplete - Work ongoing to reduce duplicate reporting; audit and long-term plan under development.
- **MSSA:**
  - 10 actions; 7 incomplete - Delays relate to ongoing infection control improvement work and the IPSAG review.
- **Green Plan Support Tool:**
  - 3 actions; 3 incomplete – delays relate to staff changes and role coverage issues following personnel movement; limited capacity delaying progress.
- **Financial Plan:**
  - 3 actions; 2 incomplete - **33% (17/55)** of schemes have completed PIDs for in-progress CIP plans; EDG requested EQIAs for remaining schemes by October. For fully developed plans, **87% (83/95)** of PIDs are complete — outstanding ones in progress toward NHSE Close-down alignment.

Since the start of 2025-2026, 70% of all the actions due have been completed.

Next Steps

- Complete deferred actions in Q3/4.
- Provide full Q3 update to Board in February 2026

Recommendation:

Trust Board members are asked to note the content of the report.

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

No ☒ Yes ☐

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

Report History

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

Meeting/Engagement	Date	Outcome/Recommendation
Executive Committee	19 November 2025	

Annual Operating Plan – Quarter One Update

1. Introduction and Background

The Annual Operating Plan (AOP) describes the Trust's plans to respond to both national and local planning requirements and supports the delivery of the Trust's Strategy 'Towards Excellence'.

The AOP is supported by detailed action plans, developed by local teams in response to the Trust's strategic objectives within the Trust's Strategy and the planning priorities for 2025-2026. The action plans contain quarterly delivery milestones, key actions and action owners.

2. Purpose

During April 2025, teams across the organisation developed action plans to address the six strategic objectives within the Trust's Strategy in line with the 25/26 trajectory set by Trust Board.

Six Strategic Objectives:

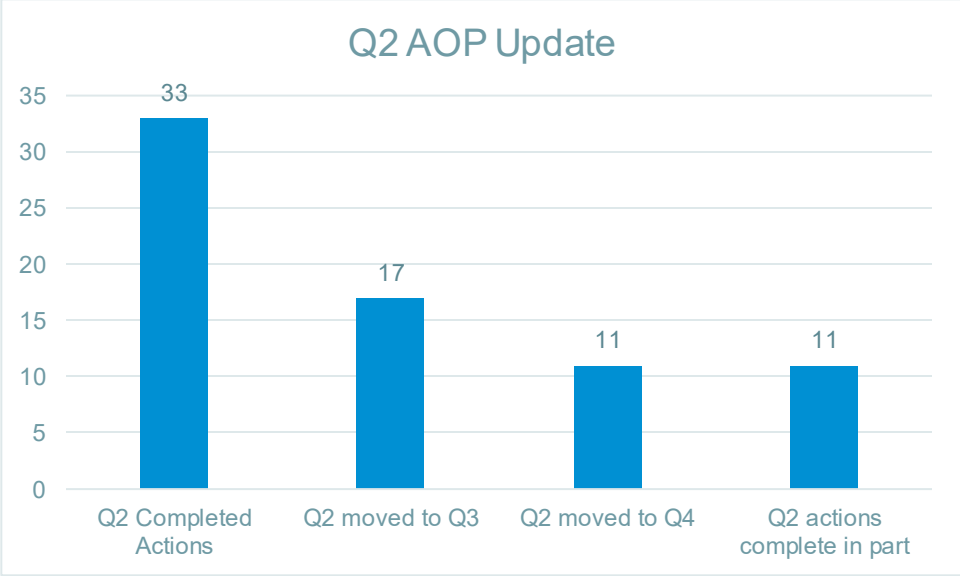
- To provide timely, responsive, safe, accessible and effective services at all times
- To create a great place for our people to work, learn and thrive
- To work together with partners to improve the health and wellbeing of the communities we serve
- To challenge the ways of today to develop a better 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

During October updates were provided against the actions marked for completion in Q2. This report provides an update on those actions including narrative on the status of those incomplete.

3. Current Position

The summary status of the 61 Q2 actions is:

- 33 (54%) actions were completed and 11 in-part,
- 17 (30%) were not completed during Q2.
- 17 (57%) of actions reported as incomplete or delivered 'in-part' (total of 28) were referenced still relevant and delivery quarter has been updated to be Q3 and 11 (43%) have been updated to be completed during Q4.



Incomplete actions spread across a number of objectives this quarter. Reduction in MSSA with the most incomplete actions against the annual operating plan action plan. All actions relating to increasing the Trusts compliance with the Green Plan Support Tool were moved for Q3 completion.

4. Supporting Narrative

It is important to note at the end of Q2:

The Trust's performance between Q1 and Q2 in the below metrics have improved, albeit not to the trajectory of improvement within its plan:

- There has been a month-on-month reduction in the number of MSSA infections within the Trust, October being the lowest for over 12 months at 2. The Quality and Nursing teams have been enacting actions plans to support the reduction.
- The Trust has achieved its end of March 2026 target in relation to The NHS Green Support tool. In March 2025 our result was 45% compliance, our aim was to improve that to 60%, currently the Trust is achieving 69%.
- ECS average performance in Q1 was 67.2% improved to 68.7% in Q2
- Those waiting in ED for over 12 hours has also improved from Q1 to Q2 by 1.1%, from 14.8% average in Q1 to 13.9% in Q2
- The number of patients receiving their diagnostic test within 6 weeks has seen an 0.5% improvement, with the average in Q1 being 63% to 63.5% in Q2. Worth noting is that this performance has significantly improved in the first month of Q3 (to 71.3%).

This indicates that actions being taken to address these areas are having a positive impact but not to reach the levels of expected improvement.

The Trust's performance between Q1 and Q2 in the below metrics have seen a deterioration in performance:

- Despite all actions being complete the proportion of patients receiving first definitive treatment within 18 weeks of referral (RTT) has declined from an average of 58% during Q1 to 56.6% in Q2. This is largely due to changes to the total waiting list during Q1 and continues to be a challenge compounded by significant rises in demand from general practice.
- The faster diagnosis standard (FDS) performance has deteriorated from 68.3% average in Q1 to 64.5% average in Q2. The remedial actions to address this decline have been approved by the Executive Committee on the 5th November 2025.
- The Trust has seen a rise in Category 2 pressure ulcers from an average of 78 per month in Q1 to an average of 89 during Q2. The Nursing and Quality team are implementing local action plans to address the rise.
- The financial efficiency programme is significantly off track with schemes off track – this is reported to Board directly and will not be rehearsed in this paper. This indicates that actions being taken to address these areas are having a positive impact but not to levels of expected improvement.

The Annual Operating Plan and associated action plans provide information that describes how the organisation will meet its objectives for 25/26. Since the start of the year 70% of the actions due in Q1 and Q2 have been completed.

This summary update provides an overview of the current achievement against those actions and if actions have been completed, delayed or mitigated.

28 actions that were not delivered in Q2 (including those completed in-part) will be completed during Q3 and Q4.

All incomplete actions and narrative have been included in appendix 1.

5. Next Steps

The quarter 3 report will be issued to Board in February 2025.

Date: 07/11/2025

Improvement in the Emergency Care Standard

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative	Revised Delivery Quarter	Update provided by (add name)
Review workforce plan for ED and put forward business case for change: Skill mix modelling	Q2	Haaris Mian	Claire Hansen	No	Capacity gaps, ie the number of additional whole time equivalent medics required at each site have been shared with Clinical Leads. They will make recommendations about the seniority and skill mix required at each site to enable high quality services and successful compliance with performance targets.	Q3	Haaris Mian
Review workforce plan for ED and put forward business case for change: Present business case	Q2	Haaris Mian	Claire Hansen	No	If a business case (or options appraisal) is advised through appropriate governance routes, considerable work with workforce and finance teams is required and it is unlikely to be presented before Q4.	Q4	Haaris Mian

Improvement in the number of patients waiting 6 weeks or less for diagnostic tests

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative	Revised Delivery Quarter	Update provided by (add name)
Develop draft dashboard for imaging 4. Expand to include all diagnostics	Q2	Karen Priestman / BI&I	James Hawkins	No	Dashboards for imaging and endoscopy now completed. Dashboard for physiological diagnostics not yet developed	Q4	Kim Hinton

Reduction of Pressure Ulcers

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative	Revised Delivery Quarter	Update provided by (add name)
Development of a long-term plan to ensure a cost approved plan going forward	Q2	Helen Williams	Dawn Parkes	No	Chair audit has been completed, and a report/paper has been prepared for submission to the Executive Team, as a business case will be required. The Chief Nurse has agreed with the proposal for moving forward.	Q3	Emma Hawtin

Reduction of MSSA

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative	Revised Delivery Quarter	Update provided by (add name)
Improve and sustain Hand Hygiene compliance, drive ownership and completion of Tendable audits	Q2	Anne Tateson	Dawn Parkes	No	Despite on-going drives to improve hand hygiene compliance this is not sustained . Tendable Hand Hygiene audits are slowly improving, The Trust IPC improvement plan was agreed at IPSAG In October and this is an improvement action which will be monitored and driven within the care groups	Q4	Sue Peckitt
Implement amended guidelines for cleaning and decontamination of clinical equipment	Q2	Vicky Christie Keane	Dawn Parkes	No	See above	Q3	Sue Peckitt
Review the guideline for cleaning and decontamination of the environment	Q2	Jo Dea	Dawn Parkes	No	National Cleaning Standards have been revised so Trust Policy is being amended. Draft was reviewed by Cleaning Standards Group in October, further work required. The Trust IPC Improvement plan has a section on cleaning	Q4	Sue Peckitt

					standards which incorporates this element		
Surveillance and monitoring Conduct surveillance of VIP score compliance	Q2			No	This is being addressed via the Trust IPC improvement plan agreed at IPSAG in November	Q3	Sue Peckitt
Standardise the educational content provided at the Health Care Academy, Preceptorship, and for Globally Educated Nurses to ensure consistency in best practices. Refresh the training material for ANTT	Q2	Anna Milburn/Victoria Angel Sue Peckitt	Dawn Parkes	No	Work has commenced and is being reviewed as part of the Trust IPC improvement plan agreed at IPSAG in October 2025	Q4	Sue Peckitt
Standardise the educational content provided at the Health Care Academy, Preceptorship, and for Globally Educated Nurses to ensure consistency in best practices. Review the guidelines for insertion, maintenance and removal of peripheral cannulas	Q2	TBC	Dawn Parkes	No	Work has commenced and is being reviewed as part of the Trust IPC improvement plan agreed at IPSAG in October 2025	Q4	Sue Peckitt
Antimicrobial Stewardship Refresh and promote standardisation of the MSSA/MRSA skin decolonisation guidance	Q2	TBC	Dawn Parkes	No	Work has commenced and is being reviewed as part of the Trust IPC improvement plan agreed at IPSAG in October 2025	Q4	Sue Peckitt

Improvement in staff survey in workforce recommend Trust as a place to work

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative	Revised Delivery Quarter	Update provided by (add name)
Recruitment drop-in sessions	Q2	Amy Messenger	Polly McMeekin	No	Sessions due to be scheduled in after launch of Recruitment Toolkit which has just commenced beginning of November.	Q3	Amy Messenger

Improvement in Green Plan Support Tool

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative	Revised Delivery Quarter	Update provided by (add name)
Workforce and System Leadership workstream development	Q2	Anna Goode/Jenny Flinton	Polly McMeekin	No	Jenny Flinton is struggling to identify staff to take this forward following Anna Goode moving back into her substantial post. Action with Jenny.	Q3	Graham Titchener
Facilities Management workstream development	Q2	Jo Dea/Hugh Stelmach	Andy Bertram	No	This is assigned to Jo Dea, who will also cover the Food and Nutrition workstream.	Q3	Graham Titchener

Capital & Estates workstream development	Q2	Andrew Bennett with Daniel Emmott	Andy Bertram	No	This is with Andrew Bennett to develop with the Capital and Estates workstream	Q3	Graham Titchener

Live within our financial means – meet 25/26 financial plan

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative	Revised Delivery Quarter	Update provided by (add name)
100% CIP plans in progress to have Project Initiation Documentation (PID) initiated in line with NHSE Closedown letter	Q2	Sarah Barrow	Andrew Bertram	No	17 out of 55 schemes (33%) have PIDs completed to Plan in Progress status. EDG ask to complete EQIAs for outstanding schemes in October.	Q3	Sarah Barrow
All CIP fully developed plans to have completed PID in line with NHSE Closedown letter	Q2	Sarah Barrow	Andrew Bertram	No	83 out of 95 schemes have fully completed PIDS (87%)	Q3	Sarah Barrow

Report to:	Board of Directors
Date of Meeting:	26 November 2025
Subject:	Care Quality Commission (CQC) Update
Director Sponsor:	Dawn Parkes, Chief Nurse Adele Coulthard, Director of Quality, Improvement and Patient Safety
Author:	Emma Shippey, Head of Compliance and Assurance

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

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ Regulatory Requirement ☐

Trust Objectives

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☐ Through research, innovation and transformation to challenge the ways of today to develop a better tomorrow.
☐ To use resources to deliver healthcare today without compromising the health of future generations.
☒ To be well led with effective governance and sound finance.

Board Assurance Framework

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

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

☐ Yes

☒ No

☐ Not Applicable

Executive Summary:

This report outlines key developments in the Trust's engagement with the CQC, including inspection follow-ups, regulatory updates, and ongoing quality assurance activities.

There was an unannounced CQC inspection of Urgent and Emergency Care and Medical Care Services at Scarborough Hospital between 7 and 9 October 2025.

An application for the removal of the Section 31 conditions on the Trust registration for Maternity Services at the York Hospital site was submitted to the CQC on 3 October 2025. The CQC confirmed on 27 October 2025 that the conditions on the Trust registration had been removed. In October, the Trust received five new CQC cases, with 17 currently open.
Recommendation: • Note the current position regarding the recent CQC inspection activity. • Note the current position of the open CQC cases

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

Meeting/Engagement	Date	Outcome/Recommendation
Patient Safety and Clinical Effectiveness Sub-Committee	12 November 2025	Presented and accepted
Quality Committee	18 November 2025	Presented and accepted

CQC Update

1. CQC Activity

1.1 Scarborough Hospital Inspection (October 2025)

On Tuesday 7 October, 13 inspectors from the Care Quality Commission (CQC) arrived at Scarborough Hospital to conduct an unannounced inspection of Urgent and Emergency Care (UEC) and Medical Care Services.

- Urgent and Emergency Care

The UEC inspection team left the Scarborough Hospital site on 8 October 2025. A data request was received on the 9 October 2025 for additional assurance on the triage system within the UEC.

The Trust submitted a response on 14 October 2025 (due 15 October 2025). The CQC confirmed on the 15 October 2025 that *'..we are satisfied with the response from the trust and will pick up anything further as needed upon completion of the final report.'*

- Medical Care

The Medical Care inspection team left the Scarborough Hospital site on 9 October 2025. High level verbal feedback was provided on Wednesday 8 October, this was confirmed in writing and received on 10 October 2025. The Trust submitted a response to this feedback on 17 October 2025.

The CQC submitted an evidence request to support the inspection. All evidence was submitted by 19 October 2025.

- Ratings

The CQC confirmed they reviewed all Quality Statements (formerly known as Key Lines of Enquiry) as part of its inspection of both the UEC and Medical Care services. This enables the CQC to rate or re-rate these services as appropriate.

Any new ratings will apply only to the Scarborough Hospital site. Changes to these ratings will not affect the Trust's overall rating of 'Requires Improvement', which will remain in place until a Well-Led inspection is completed.

1.2 York Inspection (January 2025)

In response to the CQC inspection report published on 2 July 2025, the CQC have asked for quarterly updates on progress with actions to be provided, the first of which is due by 7 November 2025.

1.3 Section 31 Maternity Services

An application for the removal of the Section 31 conditions on the Trust registration for Maternity Services at the York Hospital site was submitted to the CQC on 3 October 2025.

The CQC confirmed on 27 October 2025 that the conditions on the Trust registration had been removed.

2. CQC Cases / Enquiries

The CQC receive information from a variety of sources in relation to the quality of care provided at the Trust. This information can be related to known events, for example patient safety incidents (PSI's), formal complaints and Datix incidents, or unknown events, such as concerns submitted directly to the CQC from either patients, staff, members of the public, or other organisations. Following receipt of such information, the CQC share the concerns with the Trust for review, investigation, and response. The CQC monitor themes and trends of enquiries received, and these can inform inspection and other regulatory activity.

The Trust received five cases in October 2025. At the time of writing, the Trust had seventeen open cases / enquiries. The enquiry dashboard can be viewed in **Appendix A**.

3. CQC Updates

4.1 State of Care Report

The Care Quality Commission (CQC) has published its annual report of the state of health care and adult social care in England, the report highlights trends, shares examples of good and outstanding care, and identifies areas in need of improvement.

A review of this report will be undertaken and shared in the next iteration of this paper however **Click here** to access the report.

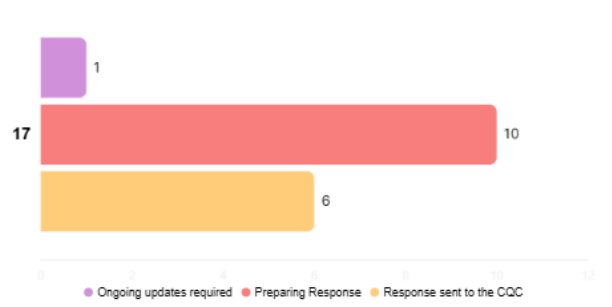
4.2 Update: Sir Julian Hartley steps down as Chief Executive of CQC

Sir Julian Hartley has stepped down as Chief Executive of CQC, with Dr Arun Chopra, Chief Inspector of Mental Health taking the role of Interim Chief Executive until a permanent successor is appointed. **Click here for the full update**

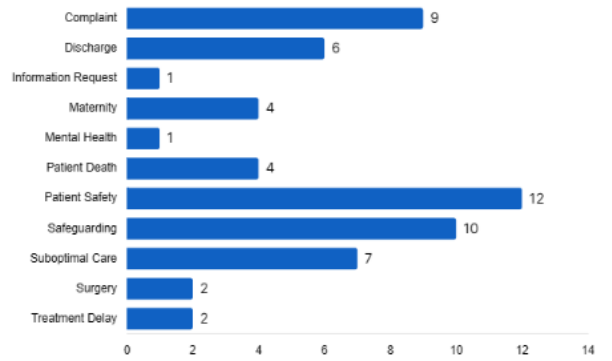
Date: 4 November 2025

Appendix A

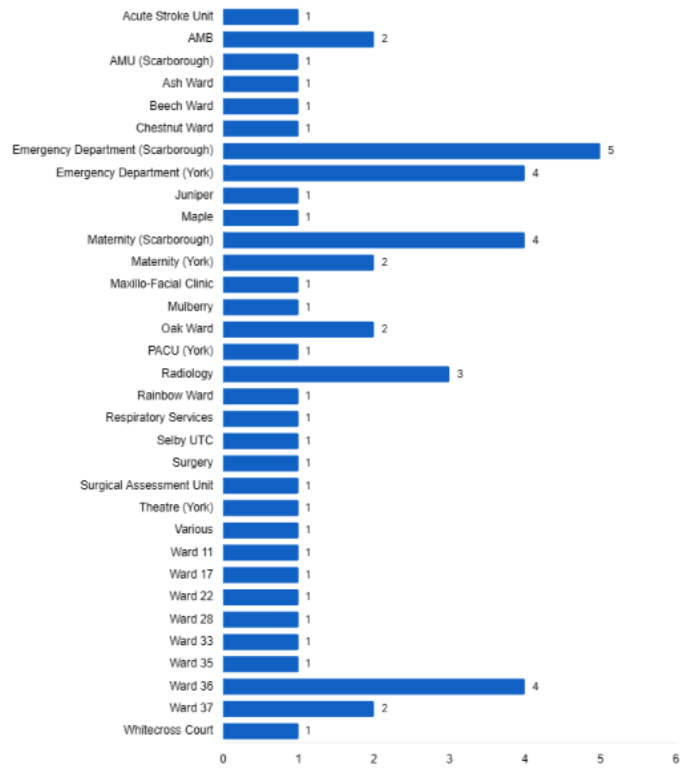
Number of Open CQC Enquiries / Cases



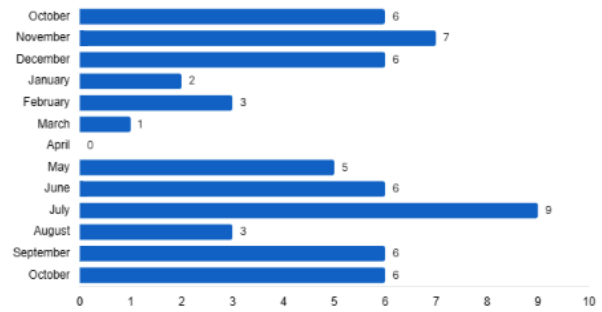
Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



Number of Enquiries Received



Report to:	Trust Board of Directors
Date of Meeting:	26th November 2025
Subject:	Maternity and Neonatal Safety Report
Director Sponsor:	Dawn Parkes, Chief Nurse (Executive Maternity and Neonatal Safety Champion)
Author:	Sascha Wells-Munro OBE, Director of Midwifery and Strategic Clinical Lead for Family Health (Maternity Safety Champion)

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

Approve ☒ Discuss ☒ Assurance ☒ Information ☒ Regulatory Requirement ☐

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☒ Transformative Services
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☐ Financial Balance
☐ Effective Governance

Implications for Equality, Diversity and Inclusion (EDI)

☐ Yes

☒ No

☐ Not Applicable

Executive Summary:

The purpose of the report is to inform the Trust Board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity and neonatal services team. The data shared is for the month of September

Key Assurance

- The Trust perinatal mortality rate is 3.78/1000 births, this is around average for similar Trusts and remains within 5% mortality rate when compared with the group average.
- The Maternity Services continue to be on track for 7 out of 10 safety actions for Year 7 of the Maternity Incentive Scheme
- The postpartum haemorrhage (PPH over 1500 mls) rate was 4.6% (15 cases) in September 2025. Eight of the cases were in Scarborough and all were managed in accordance with clinical guidance, a consultant was in attendance for all cases and major obstetric haemorrhage was called appropriately. A thematic review has been undertaken and focus on accurate scoring in the risk assessment has been identified as related to all clinical information not being readily available to score accurately. This however did not directly cause the PPH or the appropriate clinical action once it had occurred
- Further recruitment for Midwives is underway with a total of 18 applicants shortlisted for interview in the coming weeks.
- The swipe in and out access as well as Baby X-tag is now installed at Scarborough maternity and special care baby unit. The security guards are no longer in use.

Key Risks

- There is a risk that the additional workforce reviews underway will result in gaps being identified in the other staffing establishments (Obstetrics, Neonatal, Operational and Admin establishments). If additional workforce gaps are identified, it may result in non-compliance with national staffing standards such as BAPM.
- There is a risk that the estates structural issues at Scarborough's Maternity Unit may result in reduction of service provision if there is further significant water ingress over the coming winter months. An emergency response plan is in place and all staff are aware as well as the wider site teams if this needed to be enacted.
- It has been highlighted that the CTG tocos and transducer cables provided by Huntleigh are made from material that leaves them prone to damage and cracking. New equipment has been purchased but there is a risk that the same will happen again. Huntleigh have identified this as an issue for all services using this equipment and are trialling a new product with no indication of when this would be available to other services. A further meeting is to be arranged with the company, and other CTG machine options are being explored.

Key Concerns

- There is a concern regarding the impact of the tragic case of a homebirth in Manchester and the coroner's issue of Prevention of Future deaths letter to multiple organisations across England. This could impact on women's ability to access homebirths. The service is currently reviewing provision and how changes can be made to support safer delivery of the service based on the coroners' recommendations.
- There is a concern relating to the upcoming implementation of a daily sitrep for maternity and neonatal services by 11.30 am 7 days a week and the how the service will be able to meet this requirement. A webinar is expected in the first week of December when services will find out further details ahead of the planned launch date of the 8th December.
- The Director of Midwifery is currently working with no Deputy Director of Midwifery or Deputy Head of Midwifery..

Recommendation:
The Board is asked to receive the updates from the maternity and neonatal service.

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

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

Meeting/Engagement	Date	Outcome/Recommendation
Quality Committee	17th November 2025	**1. To note the progress with recruitment of Midwifery staff versus the current roster Gap and the maternity and neonatal quality and safety metrics.** **2. To note the progress with the Maternity and neonatal single improvement plan (MNSIP)** **3. To note the ongoing risks for delivery of operational services and the MNSIP**

Introduction

This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSE document 'Implementing a revised perinatal quality surveillance model' (December 2020). The purpose of the report is to inform the Trust Board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity and neonatal services team.

The maternity and neonatal services continue to review and monitor improvements in key quality and safety metrics, and this paper provides the Trust Board with the performance metrics for the month of September 2025.

Annex 1 provides the current delivery position for the service against the core national safety metrics.

Perinatal Quality Surveillance Model

In line with the perinatal quality surveillance model, the service is required to report the information outlined in the data measures monthly to the Trust Board. Data is for the month of September 2025.

Perinatal Deaths

There were no stillbirths or neonatal deaths in the month of September

Maternity and Newborn Safety Investigations (MNSI)

In the month of September one case met the reporting criteria for referral to MNSI, no completed reports were received.

Patient Safety Incident Investigations (PSII)

In the month of September there were no PSII's declared. There was one PSII report presented to the Trust PSI Group, learning identified about Learning disability and mental capacity assessment decision making was not always understood by healthcare professionals specifically in relation to maternity care delivery.

Moderate Harm Incidents and above

There were 20 moderate harm incidents reported in September, all were appropriately graded, and the increase is directly related in the increase in Post partum haemorrhage over 1500mls

Core Competency Training

Fetal monitoring training compliance remains above 90% for all staff groups. Training compliance for PROMPT continues to improve in all staff groups and is on trajectory for 90% for all staff groups to meet the Maternity Incentive Scheme deadline of the 30th November. There is a plan in place to support Obstetric and Anaesthetic staff groups to maintain >90% with training requirements to be monitored by the Consultant Leads. Neonatal Basic Life Support training for all key staff groups is <90 % in the month of September 2025.

Service User Feedback

There has been positive feedback received about the bereavement services specifically the Snowdrop suite at Scarborough and the memory boxes that are provided to families. The perinatal mental health team have received very positive feedback form several service users who have been provided care by them and the support they have received though their maternity care pathway, particularly the support in labour and birth.

CQC Section 31 Progress Update

In late October the Care Quality Commission have formally removed the section 31 conditions on maternity services at York.

Special Care Baby Unit Refurbishment on York Site

Work continues across the multi-disciplinary teams and neonatal and maternity services to plan safely for the decant of current services to their temporary location. A date for the move is yet to be confirmed.

Maternity Incentive Scheme

The service remains on track to achieve full compliance in 7/10 safety actions. NHS resolution has confirmed in writing that the for safety action 5 (Midwifery staffing in line with birthrate plus requirements) the service would not be compliant until such time as the staffing gap investment is applied to the midwifery budgeted establishments. Therefore, the service will not be able to declare full compliance with this safety action.

Midwifery Workforce

Total budgeted establishment vacancy 12.26WTE (York 1.58WTE, Scarborough 2.86WTE, 7.79WTE increased establishment from additional Board and NHSE funding)
Absences within Staff in Post (SIP) 15.78WTE (York 9.25WTE, Scarborough 6.53WTE)
Total roster vacancy **28.04WTE** (York 10.83WTE, Scarborough 9.42WTE)
Absence in September comprised of maternity leave (9.8WTE), sickness (3.95WTE) and supernumerary (2.03WTE)

The above figures do not include the below recruitment figures, these will be included in October data.

The Autumn recruitment drive resulted in the recruitment of **24.6WTE** Band 5 and 6 midwives, across York and Scarborough. The first cohort of 14 Band 5s (12.9WTE total, 3.6WTE in Scarborough and 9.3WTE in York)) commenced their preceptorship on 20th October, have now completed their induction weeks and are on their first rotation. A second cohort of 7.5WTE Band 5s will commence their preceptorship in Feb (2.5WTE in Scarborough and 5WTE in York). There are also an additional 5 Band 6 midwives (4.2WTE) who will commence in post at York in the coming months. An advert is currently out recruiting further for Band 5 and 6 Midwives.

Unregistered workforce (B2&3)
Total budgeted establishment vacancy 9.47WTE (York 9.79WTE, Scarborough - 0.32WTE)
Absences within Staff in Post (SIP) 3.41WTE (York 1.6WTE, Scarborough 2.41WTE)
Total roster vacancy **12.88WTE** (York 11.79WTE, Scarborough 2.09WTE)

Recruitment continues with shortlisting of Band 5/6 midwife posts as well as for Band 3 and 4 Maternity Assistants and Maternity Support workers. There has been a high level

of applications for all job roles and those shortlisted will be interviewed in the coming weeks.

Improvement and Transformation in October

- Telephone triage has gone live on 14th October 2025
- Staff training on Neonatal BadgerNet is complete supporting Neonatal BadgerNet going live on 4th November 2025
- Maternity specific fire warden training has taken place during October 2025
- York Neonatal Unit decant planning has commenced to support refurbishment of the Neonatal Unit
- Neonatal transitional care project brief approved, and multi-year action plan added to the Maternity and Neonatal Single Improvement Plan
- 12 WTE new midwives have started on 22nd October 2025
  - Supported with refreshed induction package
- We have received formal notification of Section 31 being lifted on the York site
- Additional funding from LMNS has been received to support PMA sessions for students and newly qualified midwives
- Quality improvement work has commenced on the birth reflections service
- The Antenatal Education room has been refurbished and is back in use following maternity services supporting the decant for the GAU refurbishment
- The 15 steps report from Scarborough has been received from the MNVP
- We have commenced the short-, medium- and long-term clinical estates plan on the Scarborough site. Aligned with the output of the national estates survey
- The Maternity and Neonatal Single Improvement Plan (MNSIP) has been reviewed against the National maternity and neonatal services investigation Terms of Reference. The majority of elements are covered in the MNSIP, however we recognised more was needed to include actions around addressing racism and discrimination.
- A senior midwifery team time out took place in October. The main output for the day was clearly defined roles, responsibilities and accountability for midwifery senior leaders, a communications poster is in development to articulate these to the wider workforce.
- Our refreshed weekly briefing SNAaK has gone live. The briefing now covers Safety, News, Actions and Knowledge and was co-developed with frontline staff.

The Maternity and Neonatal Single Improvement Plan (MNSIP)

October 2025 position:

3 new high level actions and 57 new milestone actions have been added to the single improvement plan in October 2025.
The new actions relate to a multi-year implementation plan for neonatal transitional care, culture score survey actions and new actions identified following a review at the Maternity and Neonatal Single Improvement Plan scrutiny session held on 28th October 2025 where the single improvement plan was reviewed against the National maternity and neonatal investigation terms of references.

134 out of the 324 milestone actions have been completed to date (21 actions completed in October)

56 milestone actions are in progress
12 milestone actions have been marked as at risk of delivery in the anticipated time frame
21 milestone actions are off track as the delivery date has passed, and the action has not been completed

- 9 milestone actions require review following the maternity and neonatal improvement plan scrutiny session held on 28th October. Proposals will be developed during November 2025 and discussed at the Maternity and Neonatal Oversight Group in December 2025.
- 1 milestone action needs aligning to trust wide project timelines
- 11 milestone actions are off track but are due to deliver before January 2026.

100 milestone actions are not scheduled to start yet

Key Risks to Delivery of the Single Improvement Plan

The risks to delivery of the MNSIP remain the same from last month's report.

1. A midwifery staffing gap has been identified following the midwifery workforce review and BirthRate+ findings in 2024. There is a risk that staff will not have capacity to continue to support developing and implementing the Maternity and Neonatal Single Improvement Plan. This will result in high-level and milestone actions going off track and will also result in non-compliance with national reporting requirements (MIS/SBLV3). 2025/26 prioritisation and delivery dates have been aligned to focus resource on delivery of the priority 1 actions. However, delivery dates were agreed as part of the speciality clinical strategy and annual planning process with the anticipation that investment would be received in April 2025/26 to support increasing the midwifery staffing establishment in line with BirthRate+ report (2024). At the July 2025 Public Trust Board, it was agreed to fund the midwifery staffing gap in a phased approach over the next three years with this year being year one. However, the likelihood of actions going off track remains high due to the timeline gap/lag in planned vs actual investment.
2. There is a risk that the additional workforce reviews underway will result in gaps being identified in the other staffing establishments (Obstetrics, Neonatal, Operational and Admin establishments). If additional workforce gaps are identified, it may result in non-compliance with national staffing standards such as BAPM. Workforce reviews and recommendations are being conducted in line with national best practice standards and initial findings will be shared with the Senior Responsible Owners to escalate to the Trust Senior Leadership Team and agree appropriate action if applicable. A review of the frontline neonatal nursing workforce at York and Scarborough has identified a shortfall of £1,500,000 recurrently to align the services to national safe staffing requirements. Further reviews are scheduled. Obstetric reviews and operational reviews are scheduled to conclude in 2025/26, and findings will be presented to the Maternity Directorate.
3. There is a risk that the Quality and Patient Safety Framework cannot be fully embedded due to gaps identified in the Maternity Quality and Safety Governance Team establishment. The staffing requirements to support full implementation are outlined within the Midwifery Business Case submitted to Board of Directors in 2024; The Maternity Incentive Scheme 2025/26 non-recurrent funding will be used to support creation of some critical roles in 2025/26 (Audit Midwife, Lead PMA and ATTAIN and PMRT Midwife) these will then be funded recurrently from 2026/27 onwards. Remaining roles to support embedding the quality and patient safety agenda will be recruited in 2026/27 onwards. The timescales to support the national Quality Agenda remains challenged and has an ongoing impact to patient safety.

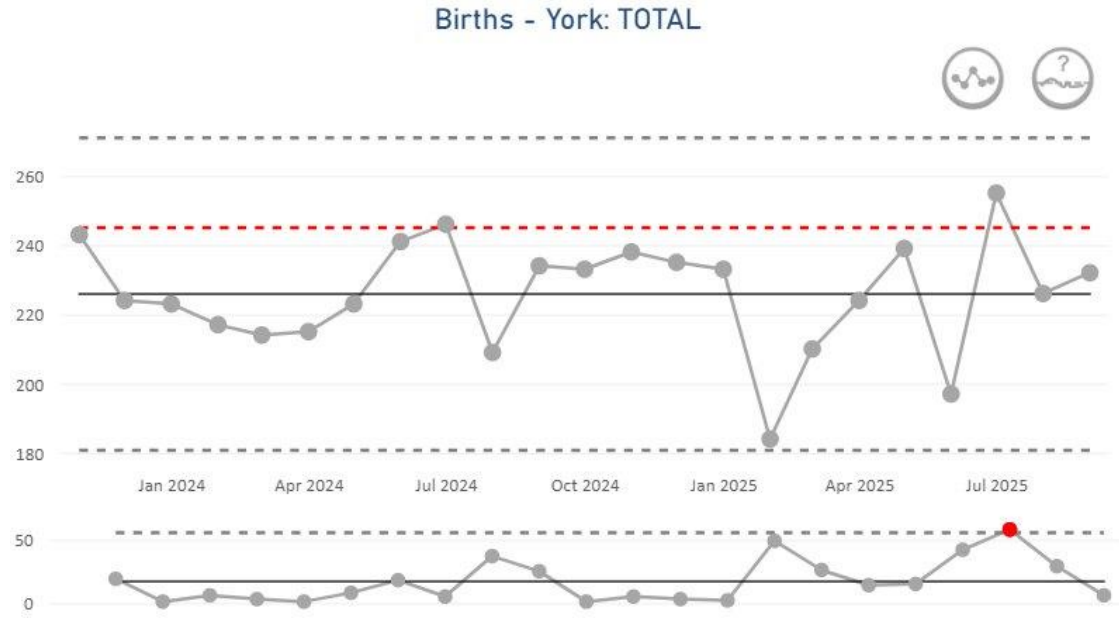
4. There is a risk that the estates structural issues at Scarborough's Maternity Unit may result in delays to the overall progress of the Single Improvement Plan. To ensure standardisation across the service and reduce clinical variation, improvement changes must be applied to both sites. The process of where services will be provided during the repairs are still in development and not finalised though will involve staff and service users before any final decisions are made. It is anticipated there will be a reduction in ability to support continued delivery of the improvement plan should the service require decanting.
5. There is a risk the equipment requirements outlined in the 2025/26 Capital Prioritisation plan for maternity and neonates may not be progressed. Funding for equipment and minor works has been allocated to the Family Health Care Group. The General Manager and Transformation Lead Midwife are overseeing the completion of the required MERGs. Once equipment is in place, risk can be reduced.
6. The programme team have been assigned to take on the oversight and delivery of an additional programme of work within the organisation from May 2025. There is a risk that this may impact the programme team's ability to support maternity and neonatal teams to deliver the improvement action plans in line with the 2025/26 delivery dates. The programme team are monitoring the impact of the additional programme of work and will escalate any issues accordingly.

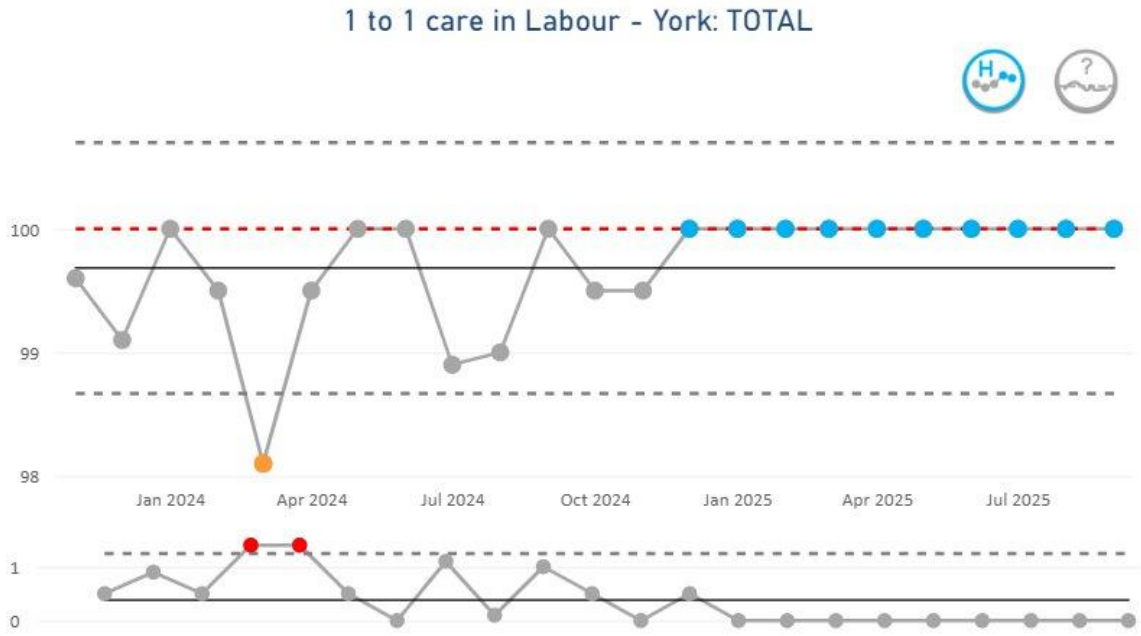
Recommendations to Trust Board

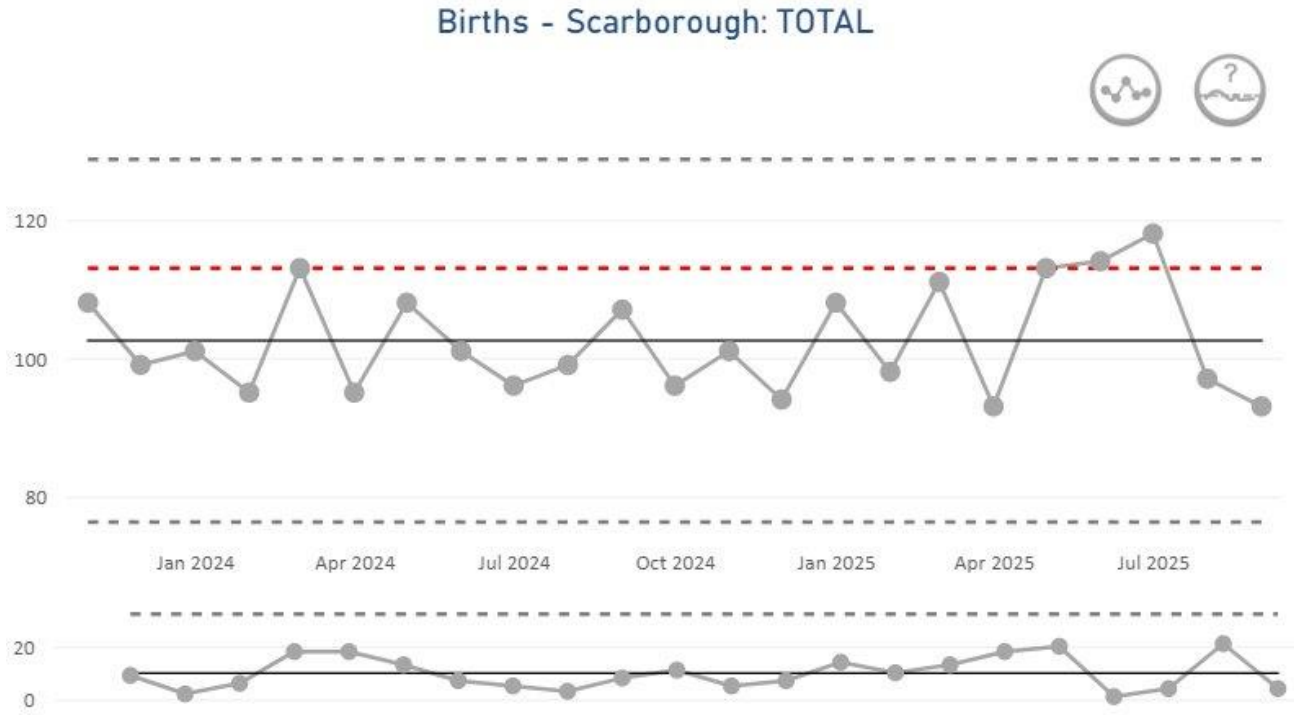
To note the contents of this report

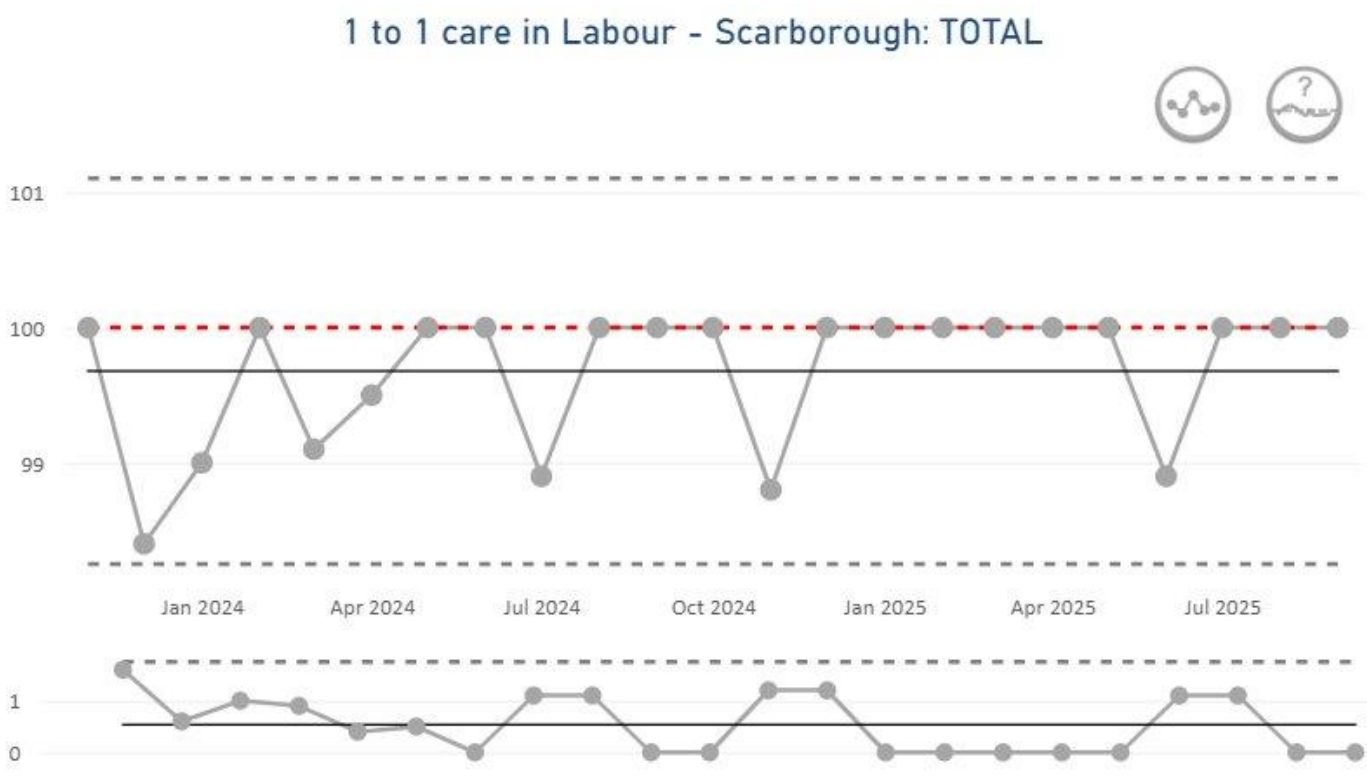
Date: 26 November 2025

Annex 1 Summary of Maternity & Neonatal Quality & Safety Metrics Delivery September 2025

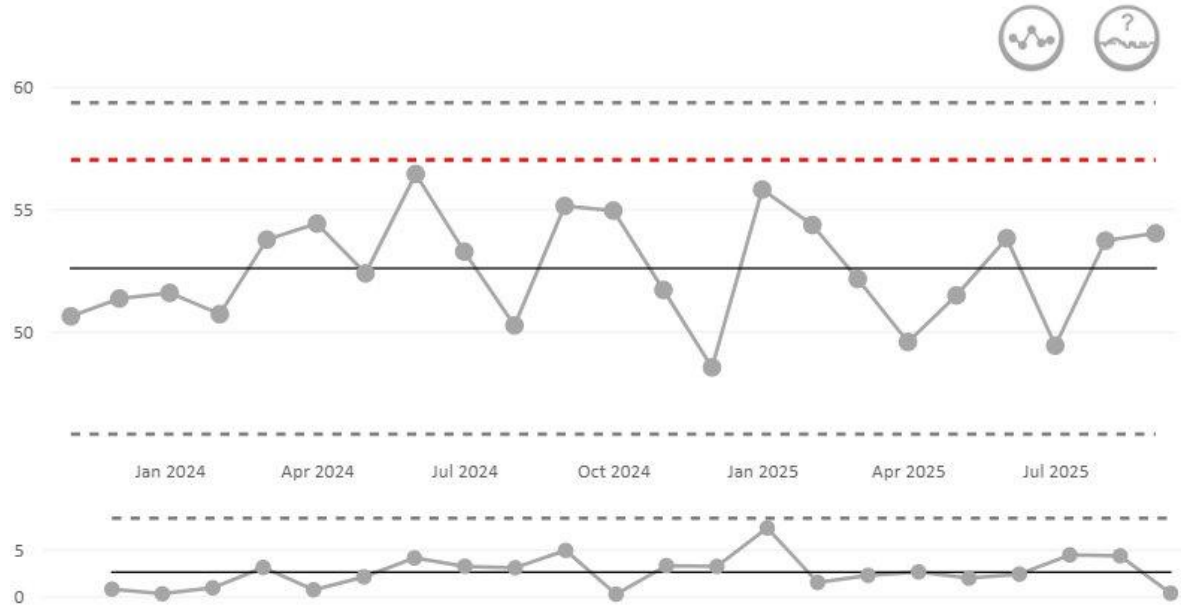




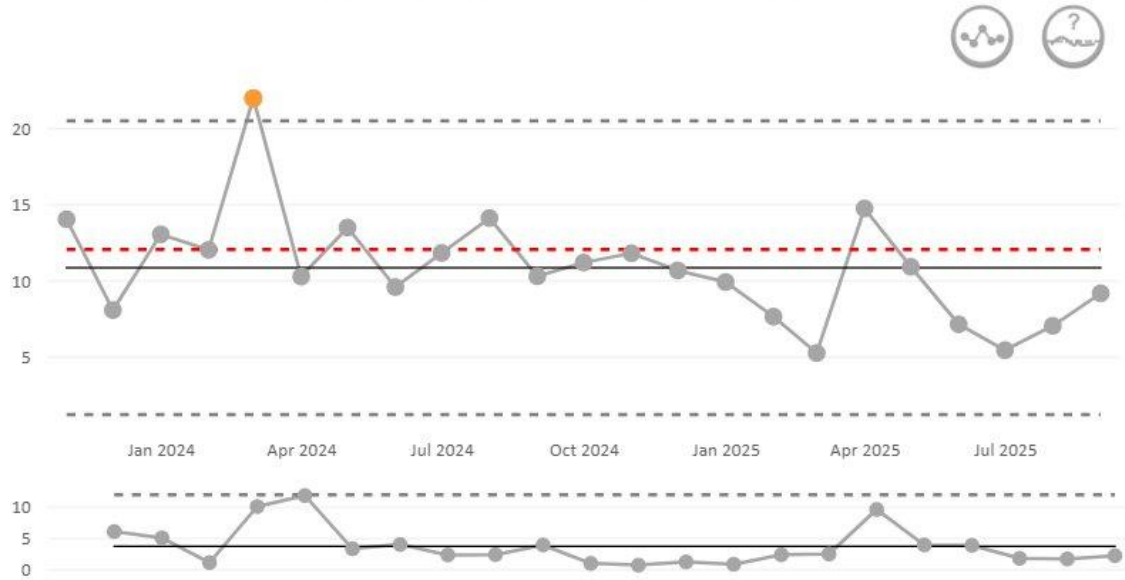

Births - Scarborough: TOTAL
120
100
80
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
20
0


1 to 1 care in Labour - Scarborough: TOTAL
101
100
99
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
1
0

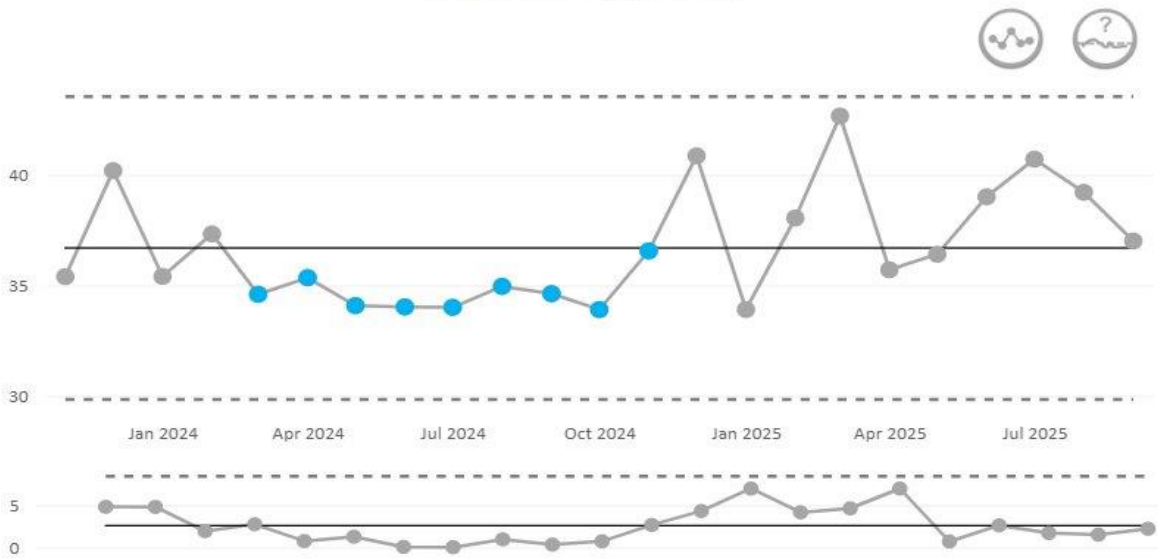
Normal Births - York: TOTAL

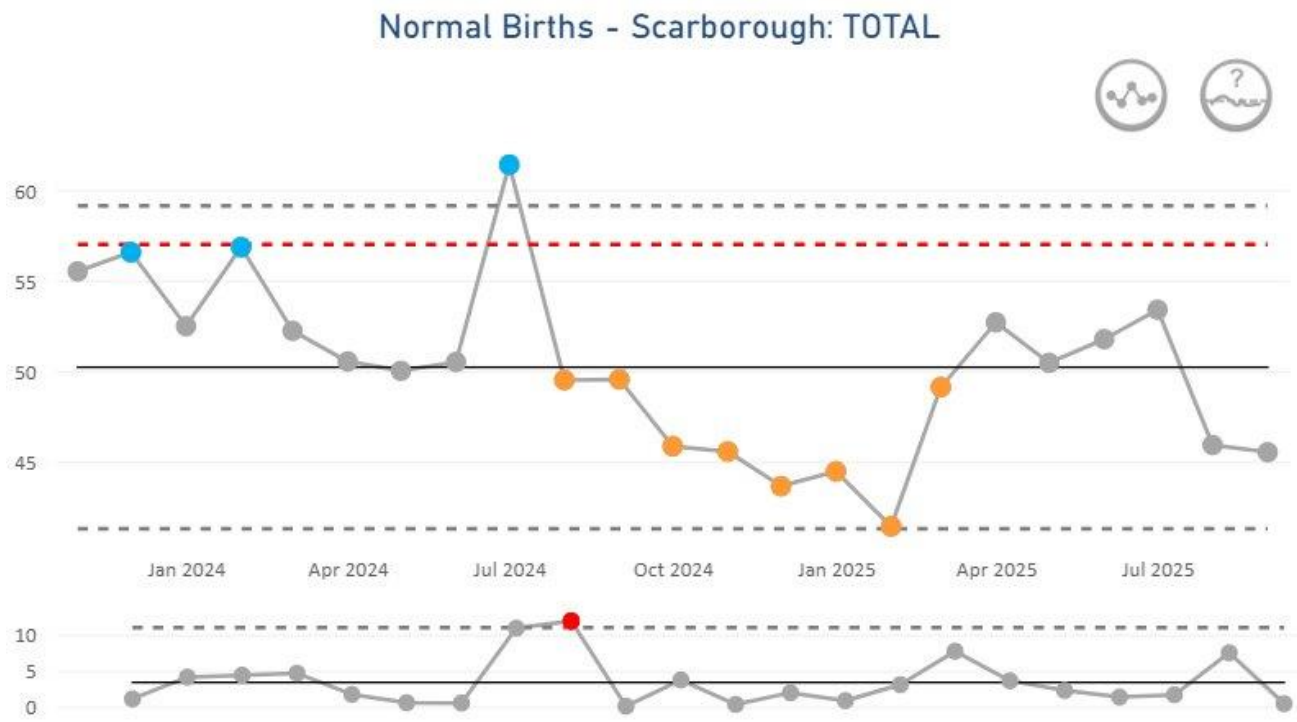


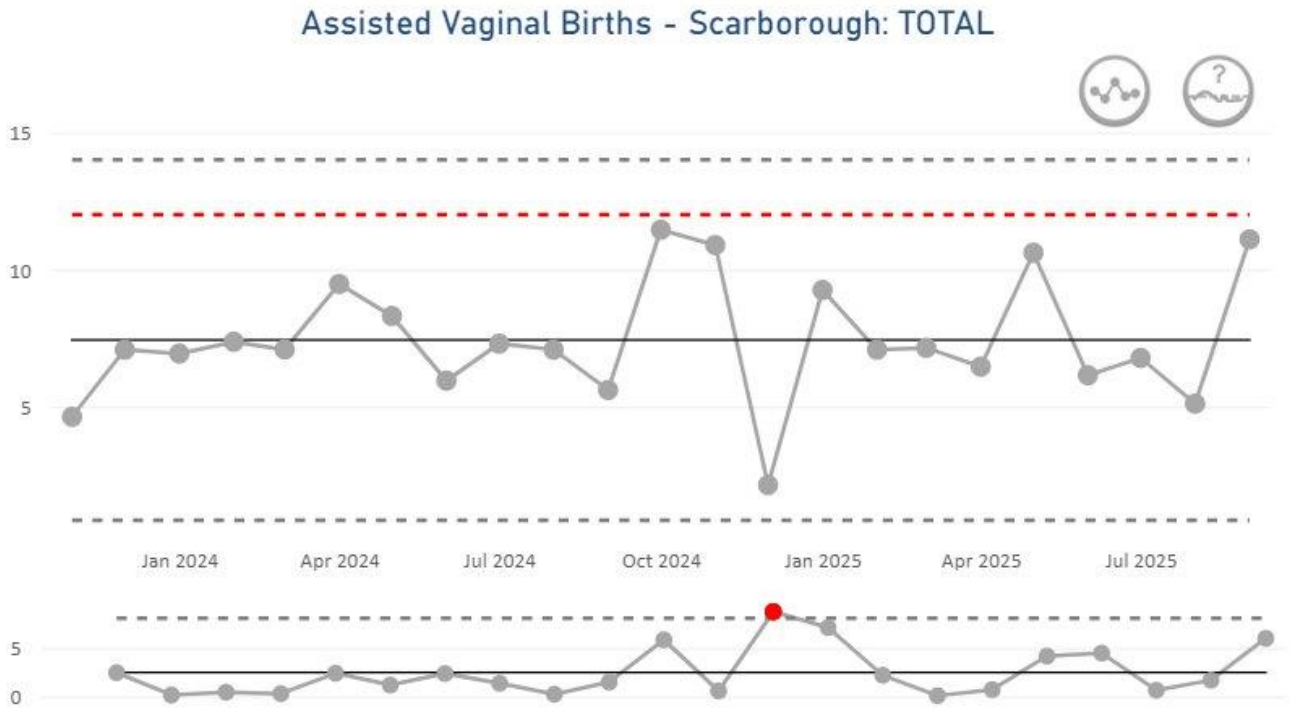
Assisted Vaginal Births - York: TOTAL



C/S Births - York: TOTAL




Normal Births - Scarborough: TOTAL
60
55
50
45
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
10
5
0


Assisted Vaginal Births - Scarborough: TOTAL
15
10
5
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
5
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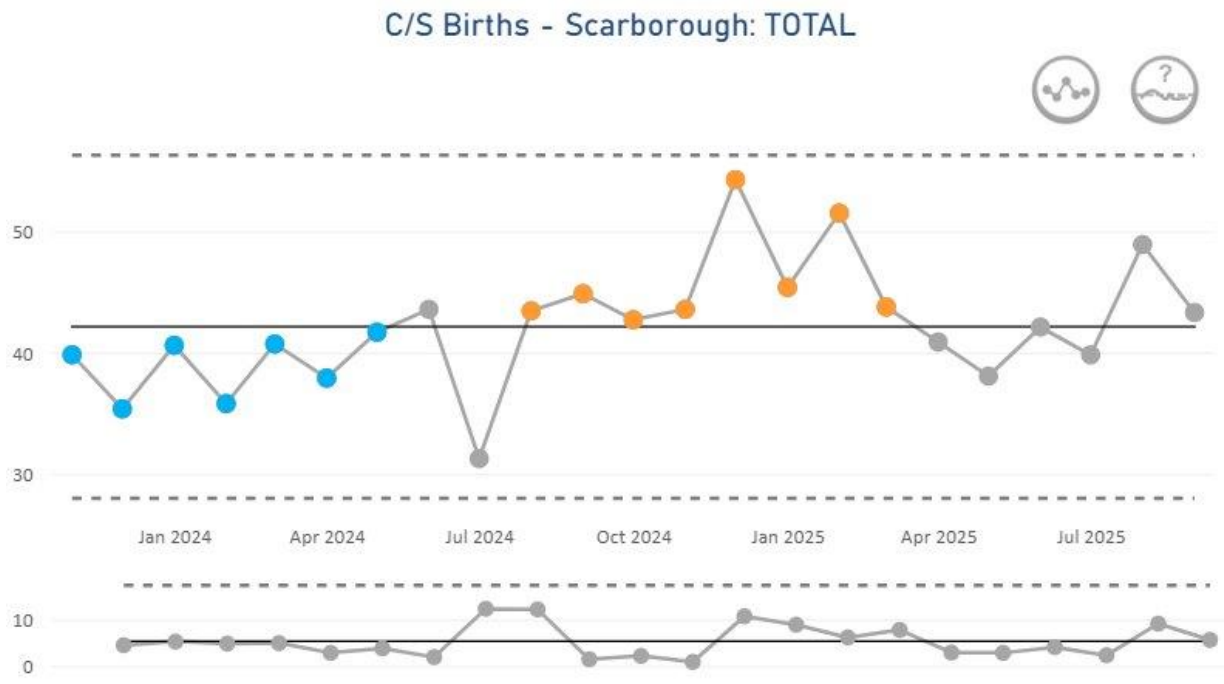
C/S Births - Scarborough: TOTAL
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40
30
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
10
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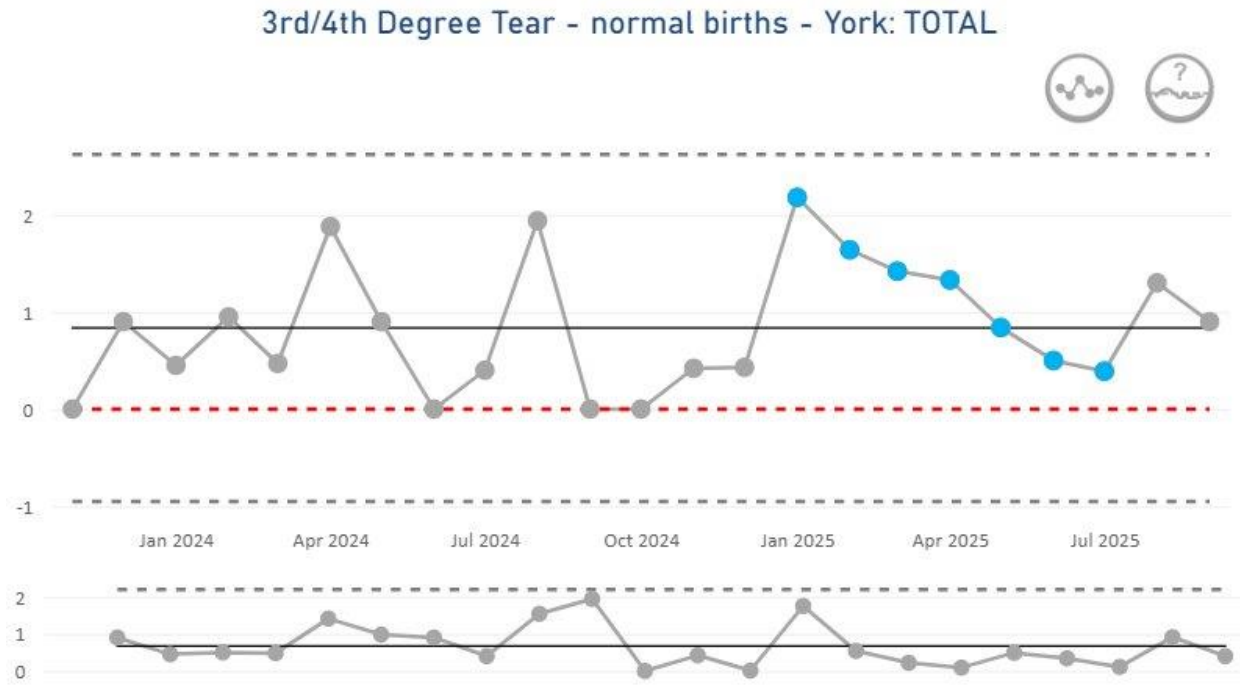
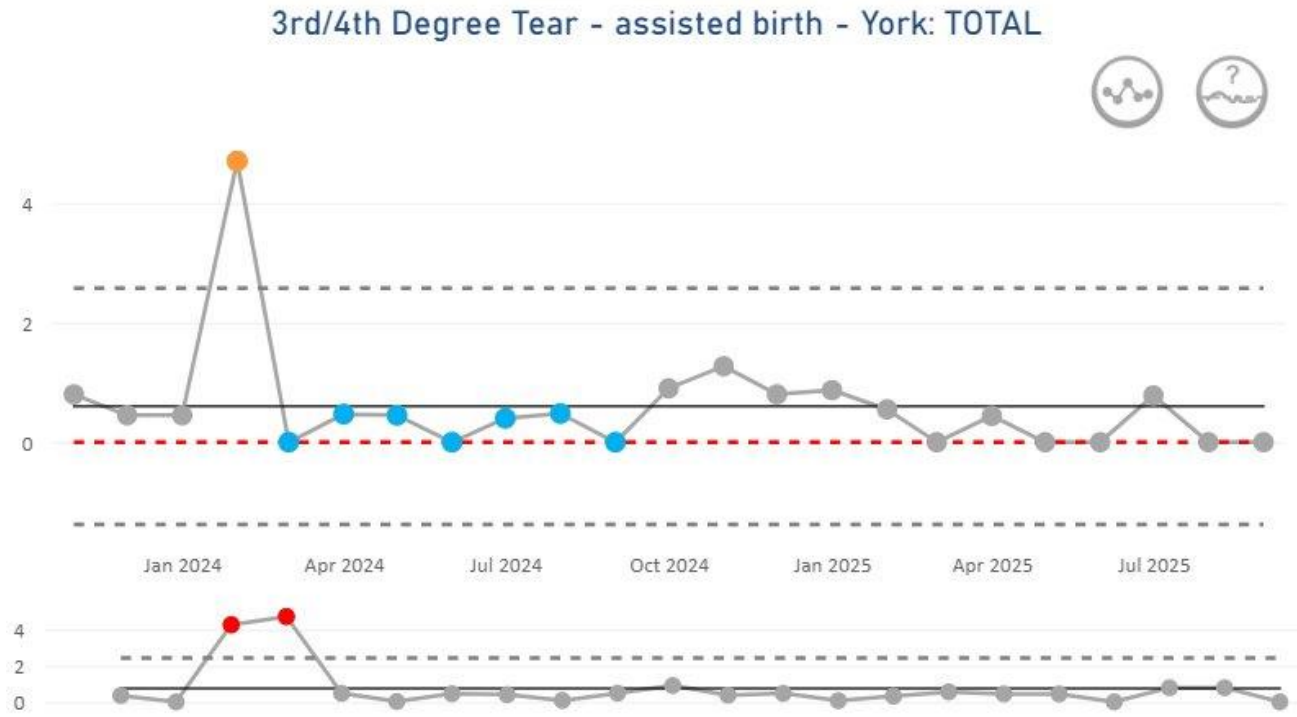
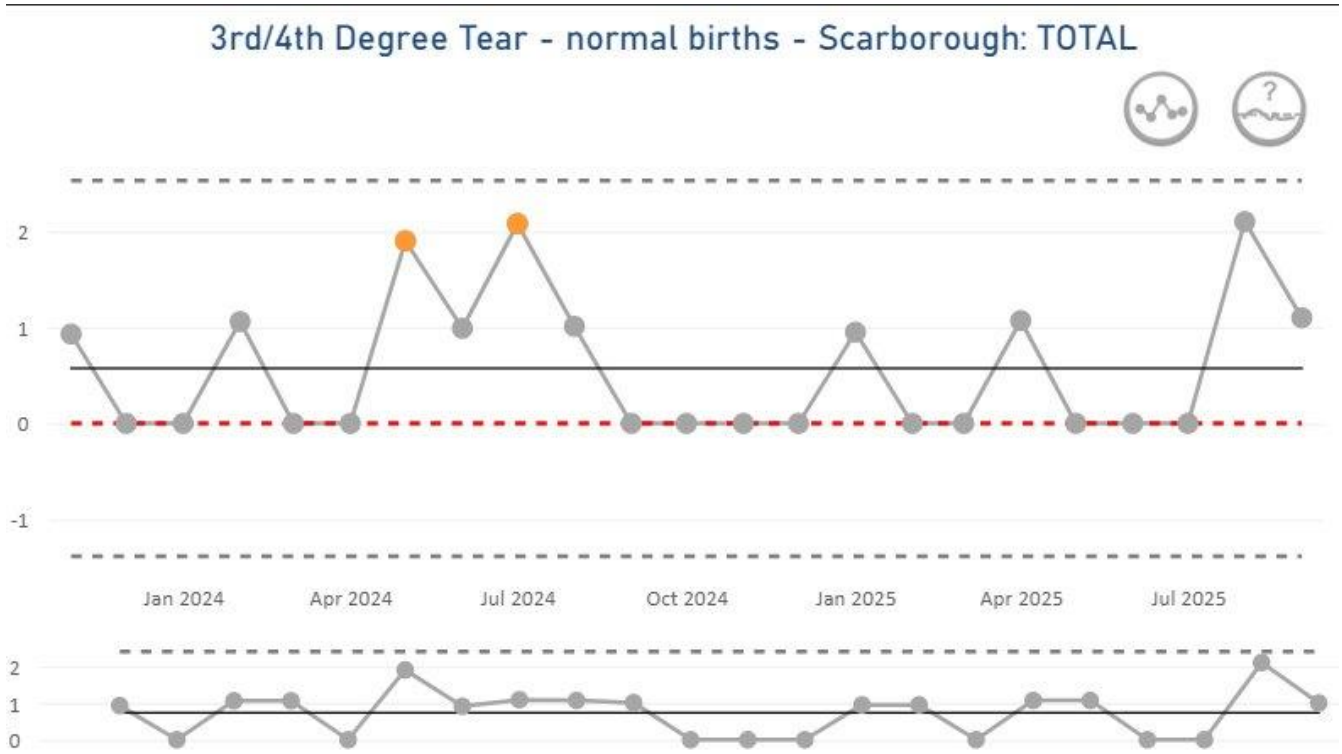
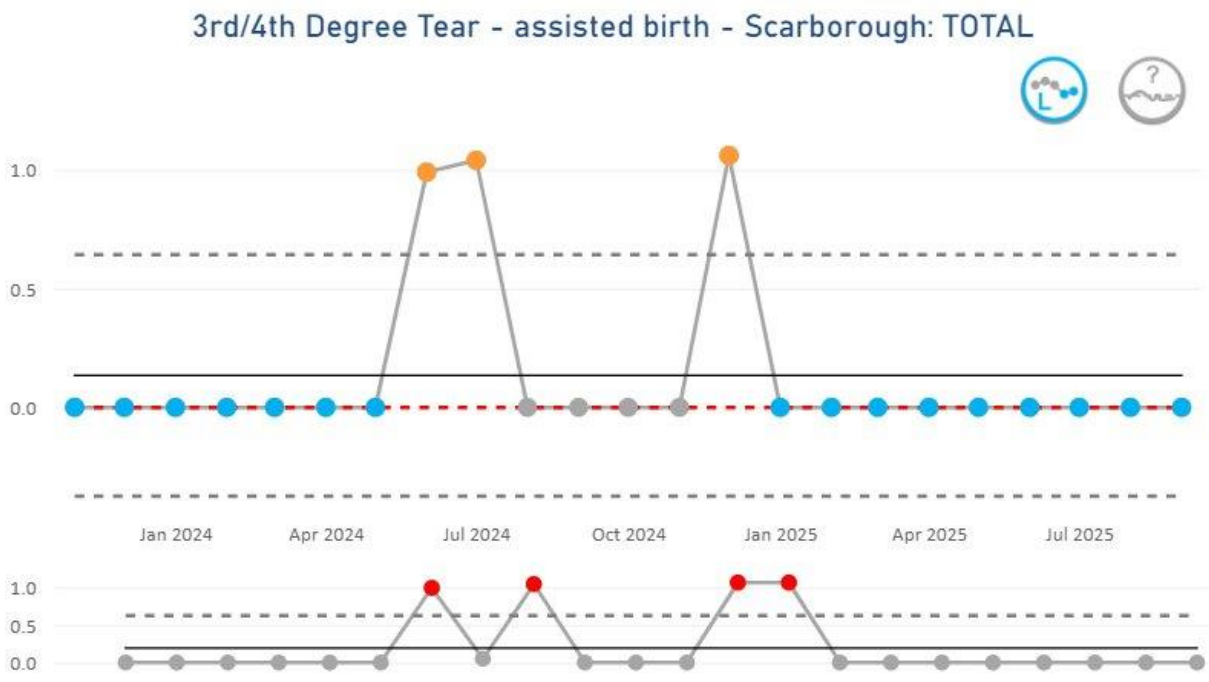

3rd/4th Degree Tear - normal births - York: TOTAL
2
1
0
-1
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
2
1
0


3rd/4th Degree Tear - assisted birth - York: TOTAL
4
2
0
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
4
2
0


3rd/4th Degree Tear - normal births - Scarborough: TOTAL
2
1
0
-1
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
2
1
0


3rd/4th Degree Tear - assisted birth - Scarborough: TOTAL
1.0
0.5
0.0
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
1.0
0.5
0.0

Perinatal Quality Surveillance Model

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

CQC Maternity Rating 2023	Overall	Safe	Effective	Caring	Well-Led	Responsive
York 2023	Inadequate	Inadequate	Requires Improvement	Good	Inadequate	Requires Improvement
Scarborough	Inadequate	Inadequate	Requires Improvement	Good	Inadequate	Requires Improvement

Maternity Safety Support Programme	Yes- Improvement phase

	April	May	June	July	August	September
Findings of review of all perinatal deaths using the real time data monitoring tool	1 late intrauterine death at 23+6 weeks. Case graded as B. 1 neonatal death at 38 weeks. Baby had known abnormalities. Graded as B	1 stillbirth at 35 weeks. Graded as A. 1 stillbirth at 27 weeks. Baby had a known abnormality. Graded as B. 1 stillbirth at 27 weeks. Graded as B.	1 early neonatal death at 38 weeks. Graded as a D. This was an MNSI case	1 stillbirth at 35 weeks. Graded as B.	1 stillbirth at 24+4 weeks, graded as B 1 Stillbirth at 31 weeks born at Leeds, antenatal care graded as A	1 neonatal death at 26+1 weeks. Graded as B 1 stillbirth at 25+5 weeks. Graded as B
Ethnicity/ Language	3 White and first language English	3 White and first language English	1 White and first language English	1 White and first language English	2 white and first language English	1 White 1 Asian
Findings of the review of all cases eligible for referral to MNSI	0 cases referred. 3 ongoing cases	0 cases referred. 2 reports received and 1 report ongoing. Safety recommendation for the care pathway of gestational diabetes, women who chose care outside of guidance and fetal monitoring during the induction of labour process	0 cases referred. 1 investigation ongoing	2 cases referred. 1 baby transfered out for cooling (rejected due to no consent). 1 stillbirth from a placental abruption	0 cases referred and 0 report received	1 cases referred (re-referal from July) and 0 reports recieved
Ethnicity/ Language	2 White and first language English. 1 Bangladeshi and spoke fluent English	N/A	N/A	2 White and first language English	n/a	n/a
The number of incidents logged graded as moderate or above	16	18	14	11	13	20
Ethnicity/ Language	British - 9 White Other - 6 Mixed Other - 1	British - 9 White Other - 5 Asian - 2 Not Known - 2	British - 9 White Other - 3 Black African - 1 Not Known -2	British 7 White Other 2 Black Africian 1	British - 10 Asian - 1	British - 19 African - 1
Red flag incidences as per NICE NG4 1.3.5 (see Box 3)	4	7	2	8	13	30
Training compliance for all staff groups in maternity						
SBLCB E Learning	Midwives 71% Consultant Obstetricians 65% All other Obstetricians 65%	Midwives 72% Consultant Obstetricians 73% All other Obstetricians 67%	Midwives 78% Consultant Obstetricians 81% All other Obstetricians 57%	Midwives 82% Consultant Obstetricians 92% All other Obstetricians 73%	Midwives 85% Consultant Obstetricians 92% All other Obstetricians 88%	Midwives 85% Consultant Obstetricians 88% All other Obstetricians 54%
Fetal Surveillance in Labour	Midwives 93% Consultants 92% All other Obstetricians 88%	Midwives 92% Consultants 88% All other Obstetricians 89%	Midwives 93% Consultants 94% All other Obstetricians 100%	Midwives 93% Consultant Obstetricians 96% All other Obstetricians 100%	Midwives 94% Consultant Obstetricians 96% All other Obstetricians 94%	Midwives 90% Consultant Obstetricians 96% All other Obstetricians 86%
Maternity Emergencies and Multiprofessional training (PROMPT)	Midwives 94% MSW 95% Consultants 92% All other Obstetricians 68% Consultant Anaesthetists 82% All other Anaesthetists 73%	Midwives 94% MSW 90% Consultants 88% All other Obstetricians 88% Consultant Anaesthetists 82% All other Anaesthetists 80%	Midwives 92% MSW 89% Consultants Obstetricians 92% All other Obstetricians 91% Consultant Anaesthetists 88% All other Anaesthetists 85%	Midwives 95% MSW 88% Consultant Obstetricians 92% All other Obstetricians 100% Consultant Anaethetists 88% All other Anaesthetists 82%	Midwives 98% MSW 95% Consultant Obstetricians 96% All other Obstetricians 69% Consultant Anaethetists 94% All other Anaesthetists 85%	Midwives 95% MSW 95 Consultant Obstetricians 96% All other Obstetricians 74% Consultant Anaethatists 88% All other Anaethatists 69%
Newborn Life Support	Midwives 94% Neonatal Nurses 85%	Midwives 91% Neonatal Nurses 85%	Midwives 93% Neonatal Nurses 83%	Midwives 92% Neonatal Nurses 82% Paediatric Consultants 80% Paediatric Doctors 93%	Midwives 95% Neonatal Nurses 82% Paediatric Consultants 91% Paediatric Doctors 100%	Midwives 91% Neonatal Nurses 79% Paediatric Consultants 100% Paediatric Doctors 100%
Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas	100%	100%	100%	100%	100%	100%
Birth to Midwife Ratio	01:24	01:27	01:24	01:30	01:30	
Midwifery Staff average fill rate	74%	78.0%	79.0%	79.00%	86.8% (clinical only)	77.60%
Midwifery bank usage (in hours)	2017	2366	2332	3817.41	3814.92	4225.75
Midwifery agency usage	1201	1593	1643	2390.75	2182.75	21.69
Neonatal Unit Staffing fill rate	SGH SCBU 100% YH SCBU 77.7%	SGH SCBU 102% YH SCBU 79.5%	SGH SCBU 99.4% YH SCBU 78.8%	SGH 102.7% YH 81.6%	SGH 87.4% YH 65.1%	SGH 96.3% YH 77.9%
Neonatal bank usage (in hours)	SGH SCBU 384hr YH SCBU 349hr	SGH SCBU 287hr YH SCBU 494hr	SGH SCBU 165hr YH SCBU 202hr	SGH 241hr YH 265.5hr	SGH 284.25% YH 284.5	SGH 236hrs YH 249hrs
Service User Voice Feedback	Review of the diabetes pathway following concerns raised. Review of women who chose to birth outside of guidance to support safe and personalised care plans. Review of the bereavement pathway of second trimester loss. Review of neonatal access for parents of babies on the SCBU	Birthing pools out of use on the York site. Homebirth provision. Bereavement pathway.	Not feeling listened to with requests for pain relief. Availability of antenatal education	Not feeling listened to with requests for pain relief. Delays in induction of labour	Staff are kind and caring Positive feedback about communication however areas for improvement have been highlighted Positive feedback about the midwifery bereveament team	Care plans not being read Positive feedback about the Snowdrop suite Positive feedback about the memory boxes

Staff feedback from frontline champions and walk abouts	Midwifery and MSW staffing concerns	Midwifery and MSW staffing concerns. No on midwifery on call facility and lack of senior leadership visibility. Community midwives raised concerns about lone working policy	Midwifery and MSW staffing. High use of agency at SGH site. Concerns with estates and storage of equipment for community midwives.	Midwifery and MSW staffing. High use of agency at York site.	All areas were looking forward to the arrival of the new midwives, recognising it will be hard work supporting them initially, but be of huge benefit going forward.	
MNSI/ NHSR/ CQC or other organisation with a concern or request for action made directly with Trust	No	No	No	No	No	No
Coroner Regulation 28 made directly Trust	No	No	No	No	No	No
Progress in Achievement of CNST	On track 6/10	On track 6/10	On track for 6/10	On track for 7/10	On track 7/10	On track 7/10
Situations in which a Consultant MUST ATTEND	100% compliance. 3 out 3 cases had a consultant present.	100 % compliance. 5 out of 5 cases had a consultant present.	87.5% compliance. 7 out of 8 cases had a consultant present.	100 % compliance. 5 out of 5 cases had a consultant present.	100 % compliance. 5 out of 5 cases had a consultant present.	100% compliance, 9 out of 9 cases had consultant present
Unless the most senior doctor present has documented evidence as being signed off as competent	100% compliance. 26/26 had consultant or signed of doctor present	97.8% 34 out of 35 cases were compliant. Non-compliant was precipitate breech delivery where baby delivered within 20 minutes of arrival.	100% compliance. 26 out of 26 cases had consultant or senior doctor present.	100% compliance 45 out of 45 cases had a consultant or senior doctor	100% compliance 41 out of 41 cases had a consultant or senior doctor	
Unit closures/Service Suspensions	No YGH closures. No SGH closures	2 closures at YGH. 3 closures at SGH	3 closures at SGH. 0 closures at YGH	5 closures for York. 3 closures for SGH	No closures for York, I closure for Scarborough	No closures for York, one divert for Scarborough
Home birth suspended	2 at YGH. 19 occasions for SGH	3 times in YGH . 16 occasions in SGH	19 occasions for SGH. 9 occasions for YGH	York- service stood down on 19 occasions, 2 women affected	York- service stood down on 19 occasions, 2 women affected	Scarborough service stood down 15 times, 1 woman affected York service stood down 14 times, 1 woman affected
Proportion of Midwives responding with 'Agree or Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment	Trust 33.9% LMNS 47% National 65.3%					
Proportion of specialty trainees in Obstetrics and Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (National 79.3%, 2019)	Trust 100% LMNS 94.6% National 77.5%					
Latest available annual figures used (UPDATED)	**York and Scarborough Trust**	**Comparison to the average for similar Trusts and Health Boards**				
Stillbirth Rate	0/91 per 1000 births	Group comparator 0.99 per 1000 births				
Neonatal Death Rate	2.88 per 1000 births	Group comparator 3.90 per 1000 births				
Extended Perinatal Mortality Rate	3.78 per 1000 births	Group comparator 2.91 per 1000 births				
***MBRRACE Perinatal Mortality Report (2024) uses Birth data from 2022**						
Stillbirths after 24 weeks gestation and excluding termination of pregnancy						
Neonatal deaths after 24 weeks gestation						

Report to:	Board of Directors
Date of Meeting:	26 November 2025
Subject:	Workforce Race Equality Standard and Workforce Disability Equality Standard Action Plans 2025-2027
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Diversity and Inclusion (EDI)

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

Approve ☒ Discuss ☐ Assurance ☒ Information ☐ Regulatory Requirement ☒

Trust Objectives

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

Board Assurance Framework

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

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

☒ Yes

☐ No

☐ Not Applicable

Executive Summary:

This Workforce Race Equality Standard (WRES) Annual Report and the Workforce Disability Equality Standard Annual Report were presented to the Resources Committee & Board in October 2025. Further work was required to ensure the action plans were ambitious enough. The attached action plans have been updated from the October discussions.

Recommendation:
The Board of Directors to note the latest action plans and support the actions proposed to improve the experiences of BME and Disabled colleagues.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting/Engagement	**Date**	**Outcome/Recommendation**
Resources Committee Board of Directors	21 October 2025 22 October 2025	Improved actions and targets

Workforce Race Equality Standard Action Plan 2025-2027

APPENDIX 2

York and Scarborough Teaching Hospitals NHS Foundation Trust

Red	Not yet begun
Amber	Begun but not complete
Green	Complete
Blue	New

Objective	Analysis	WRES Action	Executive Director Lead	Operational Lead	Commence Date	High Impact Actions*	RAG Rating
Metric 2 Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts							
Improve the relative likelihood of being appointed from shortlisting from 2.5, to a ratio of 1.	There is a trend of year on year deterioration from 2.33 likelihood in 2024 to 2.54 in 2025.	Breakdown metric data to identify areas where colleague are less likely to be appointed from shortlisting to identify areas of opportunity for improvement. Work with recruiting managers to review shortlisting and interview practice, promoting best practice and explore ways to increase diversity of recruitment panels across the organisation. **(amended from last action plan)**	Director of Workforce and Organisational Development	Deputy Head of Resourcing	Q3 2025-2026	2	
		Implement a process for BME representation on recruitment panels at band 7, expanding to band 8a and upwards in the future.	Director of Workforce and Organisational Development	Deputy Head of Resourcing	Q1 2026-2027	2	
Metric 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months							
Reduce colleagues experiencing harassment, bullying or abuse from patients, relatives and the public to be better than the benchmark average of 28.27%.	The percentage of colleagues receiving unwanted behaviour has increased from 29.4% in 2024 to 30.98% in 2025.	Develop a campaign promoting No Excuse for Abuse internally, within external organisation and communities. E.g. Sending campaign posters to GP surgeries etc, Healthwatch, community groups to raise awareness.	Director of Communications	Communications Team	Q3 2025-2026	6	
		Raise awareness of the Managing Violence and Aggression policy including Exclusion section.	Chief Nurse Director of Patient Safety	Darren Miller	Q4 2025-2026	6	
		Engage with internal stakeholders re colleagues uptake onto enhanced conflict management training.	Chief Nurse Director of Patient Safety	Darren Miller	Q4 2025-2026	6	
		Review Statutory and Mandatory training Conflict Resolution Training against enhanced conflict management model to ensure receive the essential training they need in this field.	Chief Nurse Director of Patient Safety	Darren Miller	Q4 2025-2026	6	
Metric 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months							
Reduce the percentage of people experiencing, harassment, bullying or abuse to better than the benchmark average of 24.78%.	2025 has seen less than 1% decrease in unwanted behaviour since 2024. The current percentage is 29.75%, which is above the benchmark average of 24.78%.	Proactive and timely communication about the Trust values and support available when there is societal unrest and riots.	Director of Communications	Communications Team	Q3 2025-2026	6	

		Management fundamentals training to be delivered to line managers via HR Business partners.	Director of Workforce and Organisational Development	Operational HR Team	Q3 2025-2026	6	
Metric 7 Percentage believing that the Trust provides equal opportunities for career progression or promotion							
Demonstrate equal opportunities for all through promoting career opportunities and promotion. To exceed the benchmark average of 49.70%.	The percentage of colleagues that believe the Trust is an equal opportunity employer has continued to deteriorate year on year. 2025, 40.56% 2024, 42.26% 2023, 43.25%	Develop a Staff Network development book to promote to members about career progression opportunities from NHS Elect, OD courses and Learning Hub.	Director of Workforce and Organisational Development	Race Equality Network	Q4 2025-2026	2	
		Feature BME colleagues (along with other colleagues with protected characteristics) in the new EDI section of Staff Matters, raising awareness promoting good practice and role models, shadowing, acting up, what's it like being in a senior role.	Director of Communications	Communications Team	Q3 2025-2026	2	
		Explore career pathways through BAPIO as a means to increase opportunities for BME colleagues.	Director of Workforce and Organisational Development	Lead for Workforce Planning and Development and Head of Resourcing	Q4 2025-2026	2	
		Provide support to colleagues wishing to further their career within the Trust with information about, and access to, appropriate learning and development opportunities to better prepare individuals for their next steps. Building relationships with the Race Equality Network, targeting marketing through this link.	Director of Workforce and Organisational Development	OD Team	Q3 2025-2026	2	
Metric 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months and Metric 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague							
		Workforce Leads to work with those responsible for local Staff Survey Action plans in triangulating data from Freedom to Speak Up and Anonymous Reporting Tool reporting HBA and discrimination to target interventions at a local level, e.g. awareness training and support.	Director of Workforce and Organisational Development	Workforce Leads Care Group Quad HR Business partners Freedom to Speak Up Guardian	Q4 2025-2026	6	
Metric 8. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague.							
Reduce the percentage of people experiencing, discrimination to be better than the benchmark average of 15.72%.	There has been an increase from 22.08% in 2024 to 22.57% 2025.	Staff Survey action plans to include standing action on reducing discrimination in the workplace.	Director of Workforce and Organisational Development	Workforce Leads Care Group Quad	Q4 2025-2026	6	
		Blogs/videos/story telling about the impact of discrimination on colleagues and patient care.	Director of Workforce and Organisational Development	EDI Team	Q4 2025-2026	6	
		Promote best practice in the line manager training, which is aligned with the NHS Management & Leadership Framework & Curriculum (launch November 2025)	Director of Workforce and Organisational Development	OD Team Operational HR	Q3 2025-2026	6	

		Continue promotion of the anonymous reporting tool through the No Excuse For Abuse Campaign, to increase awareness of the tool and appropriate reporting of incidents.	Director of Communications	Head of Employee Relations Communications Team	Q3 2025-2026	6	
		Civility and Respect policy to be reviewed and republished.	Director of Workforce and Organisational Development	Head of Employee Rela	Q3 2025-2026	6	
		EDI is a feature of, and best practices embedded into, all Trust internal management and leadership programmes and aligned with the NHS Management & Leadership Framework & Curriculum (launch November 2025)	Director of Workforce and Organisational Development	OD team	Q3 2025-2026	6	
Metric 9 BME Board members – Percentage difference between the organisation's Board voting membership and its overall workforce							
Increase the number of ethnically diverse Board members to be more reflective of the organisation.	The % difference in 2025 is -18%. (There are no BME Board members).	Applications for Non-Executive Director appointments encouraged from a visibly diverse background. (Carried forward from last action plan).	Associate Director of Corporate Governance	Associate Director of Corporate Governance	Q3 2025-2026	2	
All Metrics							
To improve the employment experiences of our BME colleagues. (A Trust Equality Objective)	The majority of the metrics show a deterioration in the workplace experiences and career progression of BME colleagues.	Implement the Race and Health Observatory's 7 Anti-Racism Principles as a strategic framework: 1. Demonstrate leadership by naming racism 2.Understand and acknowledge 3. Meaningfully involve racially minoritised individuals and communities 4. Collect and publish data 5. Identify racial bias 6. Apply a race critical lens 7. Evaluate and reflect.	Chief Executive	Anti-Racism Steering Group	Q3 2025-2026	1-6	
		Update the Trust's Anti-Racism Statement to cover Anti-Semitism.	Director of Communications	Anti-Racism Steering Group	Q3 2025-2026	6	

*** High Impact Actions**

1, Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

2, Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

3, Develop and implement an improvement plan to eliminate pay gaps

4, Develop and implement an improvement plan to address health inequalities within the workforce.

5, Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

6, Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Author: Head of Equality, Diversity and Inclusion
Senior Responsible Officer: Director of Workforce and Organisation Development
Publish and Submission Date: 31st November 2025
Note: BME staff were engaged with via a staff network meeting. These actions are designed to address the Workforce Race Equality Standard.
Where an action has been given a Green RAG rating to indicate complete, the action, where necessary, will be continuously implemented.

Workforce Disability Equality Standard Action Plan 2025-2027

APPENDIX 2

York and Scarborough Teaching Hospitals NHS Foundation Trust

Red	Not yet begun
Amber	Begun but not complete
Green	Complete
Blue	New

Objective	Analysis	WDES Action	Executive Lead	Operational Lead	Commence Date	High Impact Actions*	RAG Rating
Metric 1 Staff in AfC pay bands or medical and dental subgroups and very senior managers (Including Executive Board members) compared with the % of staff in the overall workforce							
Encourage colleagues to update their equality monitoring information to help determine who is in the workforce. Continue to increase declaration rates above the regional average of 5.9%.	The number of disabled colleagues in the Trust has increased from 4.86% in 2024 to 5.08% in 2025. Representation across the Trust is equitable, this action is to reduce the % of those 'not stated', which is 11.45%.	The Enable Staff Network will implement actions to encourage members and colleagues within the Trust to share their equality monitoring information.	Executive Sponsor of Enable Staff Network	Enable Staff Network	Q4 2025-2026		
Metric 3 Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure							
Ensure there is equity in the application of the Capability Procedure. Reduce to a likelihood of 1.	The likelihood has increased since 2024 and now shows inequality. 1.13 in 2024 to 2.05 in 2025.	Roll out Management Fundamentals training for all line managers. **(Training offer will be ongoing.)**	Director of Workforce and Organisational Development	Head of Operational HR	Q3 2025-2026		
		Review number of colleagues who receive support through the Performance Improvement Policy to establish whether there is a higher number of colleagues with a disability. If a higher number is established review processes for consistency and equity.	Director of Workforce and Organisational Development	Head of Operational HR	Q4 2025-2026		
Metric 4a Percentage of staff experiencing harassment, bullying or abuse from patient/service users, their relatives or other members of the public in the last 12 months							
Reduce the percentage of colleagues experiencing harassment, bullying and abuse (HRA) from patients, relatives and the public by 3%.	HBA has deteriorated for 2025, 27.93% up from 25.13% in 2024.	Develop a campaign promoting No Excuse for Abuse internally, within external organisation and communities. E.g. Sending campaign posters to G.P. surgeries etc, healthwatch, community groups to raise awareness.	Director of Communications	Communications Team	Q3 2025-2026	6	
		Raise awareness of the Managing Violence and Aggression policy including the Exclusion section.	Chief Nurse Director of Communications	Darren Miller Communications Team	Q4 2025-2026	6	
		Triangulate information captured through the Staff Survey with information on Datix to determine the level of reporting.	Chief Nurse Director of Patient Safety	Darren Miller Patient Safety Team	Q4 2025-2026	6	
Metric 4b Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months							

Reduce the percentage of colleagues experiencing Harassment, Bullying and Abuse from managers to be better than the benchmark average (currently 15.10%.)	This has deteriorated from 15.40% in 2024 to 16.28% in 2025.	Workforce Leads to work with those responsible for local Staff Survey Action plans in triangulating data from Freedom to Speak Up and Anonymous Reporting Tool reporting HBA and discrimination. To then target interventions at a local level, e.g. awareness training and support.	Director of Workforce and Organisational Development	Workforce Leads Care Group Director Associate Chief Operating Officers Head of Operational HR Freedom to Speak Up Guardian	Q2 2026-2027	6	
Metric 4d Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months							
Increase the percentage of disabled colleagues and colleagues reporting Harassment, Bullying and Abuse to better than the benchmark average (currently 51.82%)	There has been a deterioration since 2024, 54.99% to 48.90% in 2025.	Continue promotion of the anonymous reporting tool through the No Excuse For Abuse Campaign, to increase awareness of the tool and appropriate reporting of incidents.	Director of Communications	Head of Operational HR Communications Team	Q3 2025-2026	6	
		Civility and Respect policy to be reviewed.	Director of Workforce and Organisational Development	Head of Operational HR	Q3 2025-2026	6	
Metric 5 Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion							
Promote disabled colleagues as role models within the organisation to inspire other colleagues.	This metric continues to see a year on year deterioration. In 2024 it was 50.15% compared to 2025, 48.10%.	Feature Disabled colleagues (along with other colleagues with protected characteristics) in the new EDI section of Staff Matters, raising awareness promoting good practice and role models, shadowing, acting up, what's it like being in a senior role.	Director of Communications	Communications Team	Q3 2025-2026	2	
		Promote development opportunities to support career progression.	Director of Workforce and Organisational Development	OD Team	Q3 2025-2026	2	

*** High Impact Actions**

1, Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

2, Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

3, Develop and implement an improvement plan to eliminate pay gaps

4, Develop and implement an improvement plan to address health inequalities within the workforce.

5, Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

6, Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Author: Head of Equality, Diversity and Inclusion
Senior Responsible Officer: Director of Workforce and Organisation Development
Publish and Submission Date: 30th November 2025
Note: BME staff were engaged with via a staff network meeting. These actions are designed to address the Workforce Race Equality Standard.
Where an action has been given a Green RAG rating to indicate complete, the action, where necessary, will be continuously implemented.

Report to:	Board of Directors
Date of Meeting:	26 November 2025
Subject:	Pay Gaps Report
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Diversity and Inclusion (EDI)

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

Approve ☒ Discuss ☐ Assurance ☒ Information ☐ Regulatory Requirement ☒

Trust Objectives

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

Board Assurance Framework	**Implications for Equality, Diversity and Inclusion (EDI)** *(please document in report)*
☐ Effective Clinical Pathways ☒ Trust Culture ☐ Partnerships ☐ Transformative Services ☐ Sustainability Green Plan ☐ Financial Balance ☐ Effective Governance	☒ Yes ☐ No ☐ Not Applicable

Executive Summary:

This Pay Gaps paper is the result of data analysis for York and Scarborough Teaching Hospitals, including York and Scarborough Facilities Management colleagues, and is presented to the Trust's Board of Directors for approval and assurance. Gender Pay Gap (GPG) analysis is required by legislation and is reported to the Trust's Board of Directors in advance of the March 2026 deadline. The data snapshot date for both pay gaps was 31 March 2025.

The NHS EDI Improvement Plan, High Impact Action 3, requires Trusts to:

- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This is tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.

A decision has been made to postpone reporting on the Trust's Disability Pay Gap until advice is received from the Humber and North Yorkshire region regarding the anomaly identified on the Electronic Staff Record (ESR) interface.

Gender Pay Gap – (Appendix 1)

The mean and median Gender Pay Gap (GPG) data has deteriorated for the first time since reporting for the entire workforce (in favour of men). In 2024 the mean was 21.91%, median 7.28% and in 2025 the mean is 23.89% and median 17.85%.

The mean bonus payment (Clinical Excellence Award) GPG has deteriorated from 24.9% last year to 27.0%.

The Gender Pay Gap is a direct result of the Medical and Dental workforce. There is no Pay Gap across the other areas of the workforce.

Ethnicity Pay Gap – (Appendix 1)

Across the entire workforce, white colleagues are paid less than non-white colleagues thus creating an ethnicity pay gap. However, for the purposes of reporting in the NHS, there is no EPG for the entire workforce.

When staff groups are analysed there remains a gap within the medical and dental workforce. In 2024 the mean was 22.02% and the median was 47.50%. In 2025 the mean is 23.01% and the median is 44.64%. The mean bonus EPG has deteriorated this year, 5.59% in 2024 and 13.99% in 2025.

Appendix 1 – visual representation of the data for 2025.
Appendix 2 – Medical Pay Gaps Action Plan

Summary:

The NHS EDI Improvement Plan's success metric for the Pay Gaps High Impact Action is to see a year-on-year improvement in reporting. There has been a deterioration of the GPG, for the entire workforce and in Consultant bonus payments. The EPG for medical and dental staff and Consultant bonus payments have also seen a deterioration.

Next Steps:

- Share the results with the Trust's Staff Networks
- Publish the report and submit the GPG information

Recommendations:

Whilst there has been a deterioration with the GPG and EPG in 2025, we seek to see a year-on-year reduction in pay gaps and will continue with the following to drive further understanding and reductions.

- The Women's network continues to support the work in decreasing the GPG.
- The Human Resources team to continue to review and implement practices to support equality.
- Continue to implement the Medical Pay Gap action plan. (Appendix 2).

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

Meeting/Engagement	Date	Outcome/Recommendation
Resources Committee	25 November 2025	

1. Introduction and Background

This report provides a summary of the data analysis of pay for York and Scarborough Teaching Hospitals, including York and Scarborough Facilities Management colleagues. Gender Pay Gap (GPG) analysis is required by legislation and is presented in advance of the March 2026 deadline. The data snapshot date for both Gender and Ethnicity pay gaps was 31 March 2025.

The NHS EDI Improvement Plan, High Impact Action 3, requires Trusts to:

- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This is tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.

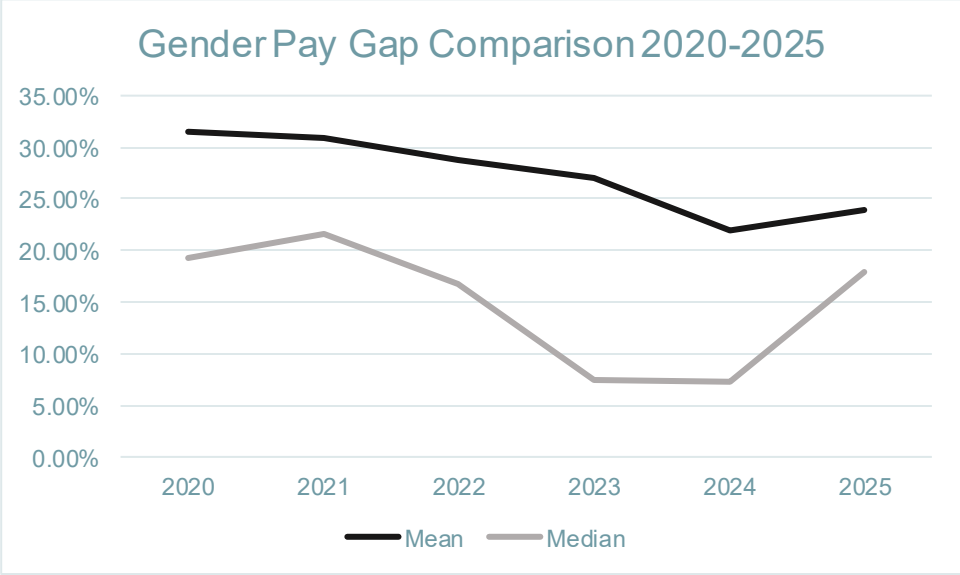
A decision has been made to postpone reporting on the Trust's Disability Pay Gap until advice is received from the Humber and North Yorkshire region regarding the anomaly identified on the Electronic Staff Record (ESR) interface.

Whilst pay gaps are measured with both a mean and median average. Typically the mean average is regarded as the most reliable statistic of the two

2. Gender Pay Gap

The data for 2025 shows an increase in the mean and median gap between men and women for the entire workforce. Mean increased from 21.91% to 23.89% and median from 7.28% to 17.85%.

Below is a year-on year comparison depicting the Trust's progress with the Gender Pay Gap:



The infographic at Appendix 1 provides a visual representation of 2025's data.

When Medical and Dental Staff are removed there is no pay gap across the remainder of the workforce. The Medical and Dental pay gap is the result of the organisation employing more men in senior Medical roles and more women in the more junior roles.

Mend the Gap

Mend the Gap describes the actions the NHS should take to address the Gender Pay Gap in medicine, such as promoting flexible working for all. Appendix 2 details the actions the organisation is undertaking to meet this.

Clinical Excellence Awards (Bonus Payments)

The legislation requires Trusts to report on 'bonus' payments. Clinical Excellence Awards for medical staff technically fall into the definition of a bonus payment for the purpose of this report.

The GPG bonus payments data for 2025 is mean 27.04%, median 50%, (in favour of men). Although the Clinical Excellence Awards are split equally between men and women, the percentage of female Consultants in receipt of them was 30.60% and 69.40% male Consultants.

3. Ethnicity Pay Gap

Across the entire workforce, white colleagues are paid less than non-white colleagues thus creating an ethnicity pay gap. The gap is 8.54% mean and 21.73% median. However, for the purposes of reporting within the NHS, a pay differential is only considered a gap when the minority group is paid less. Therefore, the Trust is required to report it has no ethnicity pay gap.

However, more detailed analysis shows there is only an ethnicity pay gap among the medical and dental staff group. The mean pay gap among this staff group has increased marginally since last year from 22.02% to 23.01%. The median has reduced from 47.50% to 44.64%. The mean average is considered the more reliable statistic.

Bonus payments have seen a deterioration from 5.59% to 13.99% (mean) this year. In 2025 the payments were split equally between ethnic groups, but 22.14% were awarded to minority ethnic groups and 77.86% to white colleagues.

4. Recommendations:

- The Women's network should continue to support the work in decreasing the GPG.
- The Human Resources team should continue to review and implement practices to support equality.
- Continue to implement the Medical Pay Gap action plan. (Appendix 2).
- Share the results with the Trust's Staff Networks
- Publish the report and submit the GPG information

Date: November 2025

Gender Pay Gap 2024 & 2025

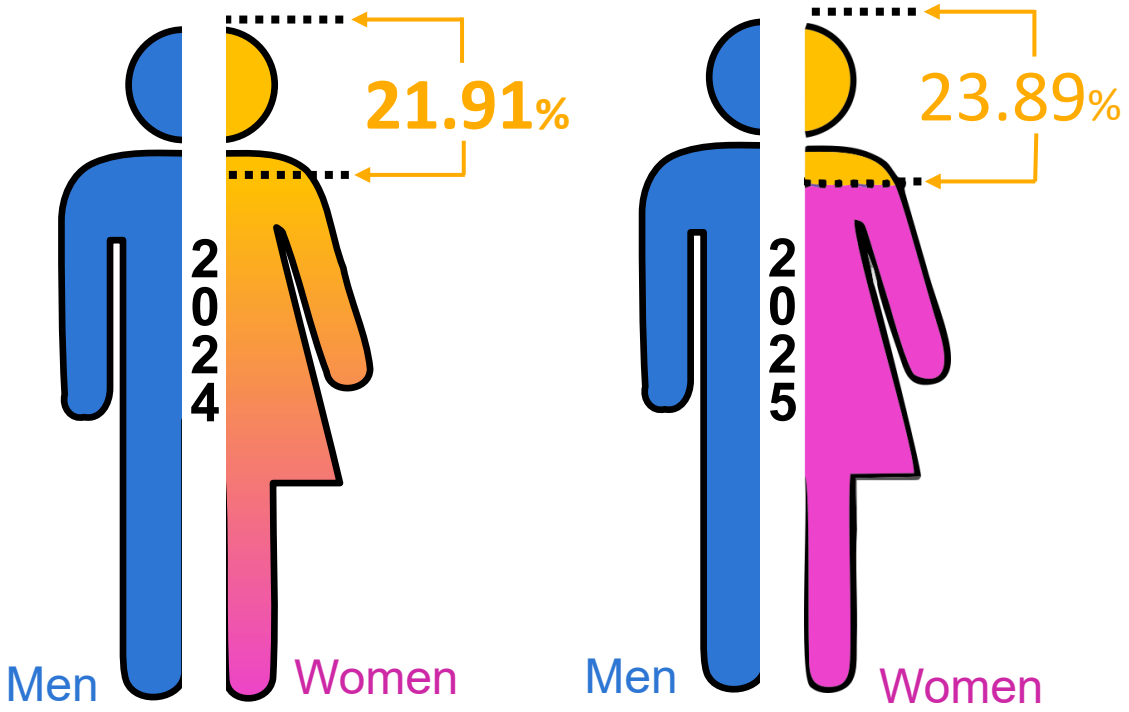
Entire Workforce

The gender pay gap describes the difference between the average earnings of all the women in an organisation compared to the average earnings of all the men in that organisation. This is not the same as equal pay, which is about ensuring men and women doing the same or comparable jobs are paid the same.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

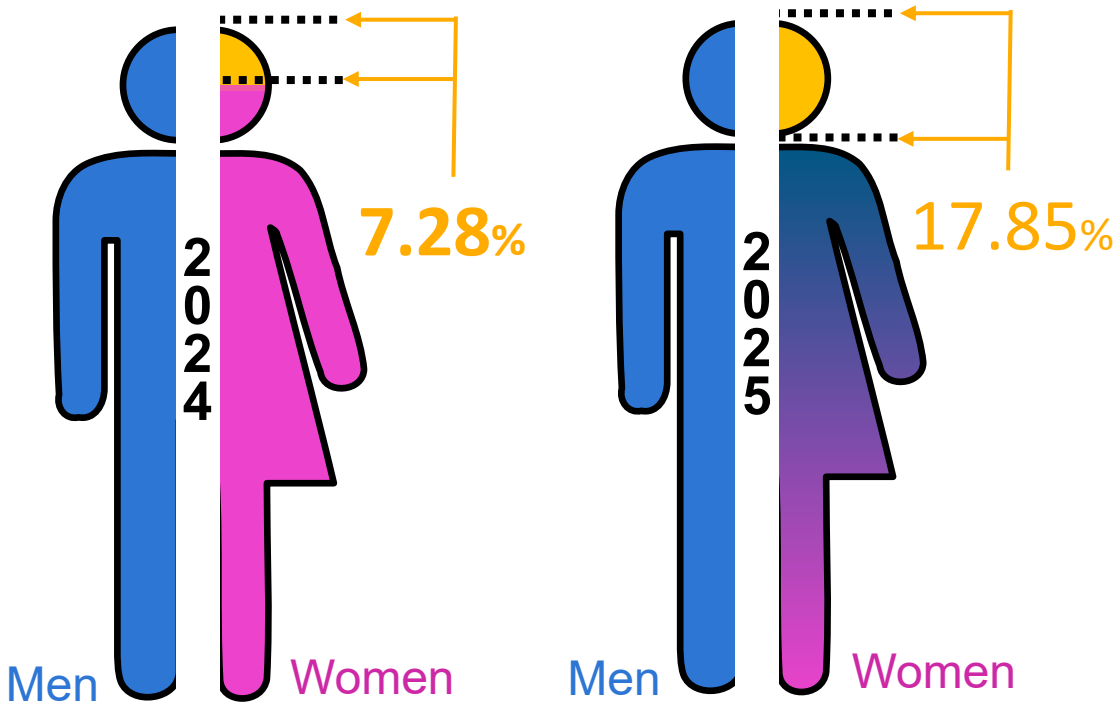
Appendix 1

Mean gender pay gap



Mean is the average of all of the numbers

Median gender pay gap



Median is the middle value (or midpoint) when the data is ordered from least to greatest

Ethnicity Pay Gap 2024 & 2025

York and Scarborough Teaching Hospitals NHS Foundation Trust

Entire Workforce

2024	2025	2024	2025
Mean ethnicity pay gap	Mean ethnicity pay gap	Median ethnicity pay gap	Median ethnicity pay gap
-14.51%	-8.54%	-7.86%	-21.73%

Medical Pay Gap Action Plan - April 2025

Appendix 2

FOR REPORTING: Reporting template (RAG Ratings)

Action	Sub-Actions	Responsible	Target date	Narrative	Progress
3 Improvement plan to eliminate pay gaps	3.1 Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024)			Mend the Gap Review recommendations as outlined https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944246/Gender_pay_gap_in_medicine_review.pdf where Trusts are responsible for implementation (where achievable)	
	3.2 Further analysis of the EPG for the Trust's Medical and Dental workforce by the Medical Workforce team.			Model recruitment process as described by https://nhsproviders.org/race-equality-what-works-resource/10-steps-a-model-recruitment-process	
Mend the Gap recommendations					
Make senior jobs more accessible to women	3.1.1 Employers should promote a flexible working culture when advertising jobs. They should make clear that reduced hours, flexible working and job-share opportunities are available (unless strong, justifiable reasons exist and are documented for not offering them). They should publish details of their flexible working and job-share policies on their website for all potential employees to access	Recruitment team	Jul-25	To better understand the impact of this action, the current percentage of women in senior medical roles will be obtained and measured against the following years data. Flexible working options published alongside every medical advert where possible.	Complete
	3.1.2 Promote flexible working to appeal more to men to increase the percentage of men that work LTFT, encouraging more equal sharing of caring responsibilities, reducing the stigma for men and, reducing the number of women obliged to choose LTFT working to accommodate caring responsibilities, particularly in primary care	Recruitment team and Management teams	Feb-26	To better understand the impact of this action, information will be gathered to understand those already undertaking a flexible working arrangement across the various grades. This will then be measured during the next pay gap reporting round to identify whether a positive increase is identified.	On-going. Between Aug 24- Aug 25, of the 430 trainees recruited, 117 joined LTFT. The percentage breakdown is 32% males and 68% females. This includes Trust grade posts.
Introduce increased transparency on gender pay gaps	3.1.3 Increase the use of national pay contracts in place of local pay arrangements for hospital doctors	Employment team/Recruitment/Rob Newton/SAS Advocates/Sarah Crossland (Ops rep)	Feb-26	On-going work to move away from Associate Specialist contract as this is frequently used when recruiting from overseas. Career pathway discussions are on-going to enable progression from Specialty Doctor to Specialist.	On-going. Transition guidance shared with LNC. Data gathering exercise to be undertaken to understand current picture of the AS workforce

	3.1.4 As far as possible to use standard rates for additional paid activity that are consistent and transparent (for example, waiting list initiatives, locum work)	Deployment team and Management teams. Lydia Larcum	Feb-26	Agreement for harmonisation of medical pay paper approved at Exec Committee. In relation to bank rates, the escalation process has been strengthened to remove autonomy from Care Groups. Escalations are now approved only by Exec Directors. This provides consistency in determining pay arrangements for temporary cover.	On hold whilst national negotiations regarding pay take place, given the mandate for industrial action the BMA currently have.
Mandate change to policy on gender pay gaps	3.1.5 All candidates who meet the job description requirements will, wherever practicable, be shortlisted for senior medical jobs, clinical academic jobs and GP	Recruitment team and Management teams	Jul-25	This is currently happening as standard practice within the organisation	Complete
Ethnicity Pay Gap recommendations					
Job descriptions and advertising	3.1.6 Ensuring there is a statement on reasonable adjustments and EDI priorities.	Recruitment team	May-25	EDI statement included on new job description template	Complete
	3.1.7 Input should be sought from employee networks for both inclusive recruitment policy and monitoring inclusive recruitment practice.	Recruitment team	Sep-25	Policy reviewed with Head of EDI and ratified. Bespoke training sessions developed to be delivered to senior management to reinforce the message on inclusive recruitment	Complete
	3.1.7 Ensure that a flexible working policy is included in the description to encourage diverse candidates.	Operational HR team/Employment team	Jul-25	New candidate pack includes details on flexible working and networks. This is published alongside every advert Trust wide.	Complete
	3.1.8 Include organisational structure and reporting lines in the description and provide candidates with the opportunity to speak to recruiting managers before applying.	Recruitment team	Jul-25	Included as part of new job description and person spec template	Complete
Interview and Selection	3.1.9 Panel members should evidence training and or awareness of inclusive recruitment and interviewing techniques.	Management teams	Sep-25	This is listed on the vacancy planning form to highlight those who need training. New training developed. Sessions need to be scheduled.	On-going
Steps to a Model Recruitment Process for Race Equality					
	3.2.1 The job description and advert should be analysed for gendered and non-inclusive language before the advert goes live and inappropriate language removed. A gender decoder tool can be used for this.	Recruitment team/Management teams	Jul-25	Carried out as part of the work to move old job packs onto the Trust template	Complete
	3.2.2 A structured interview with a full set of questions for the interview and a marking framework to be provided and each candidate asked the same questions and scored based on their answers to those questions only.	Recruitment team/Medical Director	Nov-25	Suggested questions have been developed and are supplied to the panel prior to conducting the interview. The questions need to be shared with REN and Enable networks to ensure the questions are inclusive	On-going

	3.2.3 The panel to be asked to score each candidate independently without conferring with the other panellists and then submit their scores to the inclusion lead. Only then can the scores be discussed with other panellists. Panel members to be reminded of the risk of bias and to stick tightly to the structured scoring system which sets out marking criteria.	Management teams	Jul-25	This happens as part of the standard practice	Complete
	3.2.4 Scoring to be done for each candidate's answer on a scale of 1-4 based on the extent to which the candidate's answer demonstrates the desired criteria, using the marking framework provided, not against the previous candidate's answers. The importance of scoring candidate's answers against the specified criteria, not against the previous candidate's answers is stressed.	Management teams	Jul-25	This happens as part of the standard practice	Complete
	3.2.5 Each candidate will be provided with feedback on their cumulative scores for each answer as well as qualitative feedback where possible.	Management teams	Jul-25	This happens as part of the standard practice	Complete

Report to:	Board of Directors
Date of Meeting:	26 November 2025
Subject:	Remuneration Committee Terms of Reference
Director Sponsor:	Martin Barkley, Trust Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

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

Approve ☒ Discuss ☐ Assurance ☐ Information ☐ Regulatory Requirement ☒

Trust Objectives

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Board Assurance Framework

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

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

☐ Yes

☐ No

☒ Not Applicable

Executive Summary:
The paper provides a review of the Remuneration Committee terms of reference. No changes are provided for Board of Directors consideration.

Recommendation:
The Board of Directors is asked to approve the Remuneration Committee terms of reference.

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

Meeting/Engagement	Date	Outcome/Recommendation
Remuneration Committee	19 November 2025	Noted

Terms of Reference for: **Remuneration Committee**	NHS York and Scarborough Teaching Hospitals NHS Foundation Trust
Author's Name: Mike Taylor, Associate Director of Corporate Governance	
Contact Name: Mike Taylor, Associate Director of Corporate Governance	
Scope: Board of Directors Remuneration Committee	**Trust Priorities: N/A**
Keywords: Remuneration	**Replaces: V1.0**
To be read in conjunction with the following documents: **Trust Constitution**	

Unique Identifier: RC	**Review Date: November 2027**	
Issue Status: Final	**Issue No: v1.1**	**Issue Date: November 2025**
To be Authorised by: Board of Directors	**Authorisation Date: 26 November 2025**	
Document for Public Display: N/A		
After this document is withdrawn from use it must be kept in an archive for 6 *years.*		
Archive:	**Date added to Archive:**	
Officer responsible for archive: Associate Director of Corporate Governance		

REMUNERATION COMMITTEE

Terms of Reference

1	**Status**
1.1	The Remuneration Committee is a committee of the Board of Directors.
2	**Purpose of the Committee**
2.1	The Remuneration Committee will ensure the Chief Executive, Executive Directors and Directors including the Managing Director of YTHFM LLP are fairly remunerated for their contribution to the Trust and LLP. The Committee will also oversee the general remuneration policy for the Trust.
2.2	The remuneration of the Non-Executive Board members is determined by a committee of the Council of Governors and is therefore outside the scope of the Remuneration Committee
3	**Authority**
3.1	The Remuneration Committee is a formal committee of the Board of Directors with full power and authority to settle the terms of employment and to approve any revision of terms of employment that the Committee may consider it is desirable to make.
4	**Role and duties**
4.1	To determine and agree the remuneration, allowances and terms of office of the Chief Executive, the Executive Directors and Directors including the Managing Director of the YTHFM LLP to ensure they are fairly rewarded for their contribution to the organisation – having proper regard to the Group's circumstances and the provisions of any national pay guidance and arrangements as appropriate. It should be noted that the Remuneration Committee is only responsible for the Management Responsibility Payment element of the Medical Director's remuneration and not any pay related to his / her consultant contract.
4.2	To advise on and oversee the contracts of employment for such staff.
4.3	To receive and consider the reports on the outcome of the annual performance review of the Chief Executive (by the Chair), the Executive Directors and the Directors (by the Chief Executive), as per 4.1 above; and to receive and consider the annual objectives for those individuals.
4.4	To consider any payment relating to the termination of employment of any Executive Director/Director including the YTHFM Managing Director that involves a severance payment, including the proper calculation and scrutiny of such termination payment taking account of national guidance as is appropriate.
4.5	To agree additional payments to the Chief Executive, Executive Directors and Directors including the Managing Director of the YTHFM LLP for leading on particular tasks.

4.6	To agree any proposed changes to the Director Team that are proposed by the Chief Executive, such as changes to the number of Directors or the roles of Directors.
4.7	In conjunction with the Chief Executive undertake an annual succession planning review of the senior management team and potential senior managers.
4.8	Receive benchmarking information to support the committee from HR.
4.9	To escalate any areas of concern identified to the Board of Directors for further discussion and resolution only if the item would benefit from a discussion by the full Board.
4.10	If any employee, covered by these arrangements, has concerns regarding their personal remuneration or a recommendation of the Chief Executive, he/she would be expected to discuss this with the Chief Executive in the first instance. If the employee remains dissatisfied then he/she may discuss their concerns with the Chair. The Chief Executive would discuss any issue personal to him/herself with the Chair.
5	**Membership**
5.1	The membership of the Remuneration Committee will comprise:- • Chair of the Board (Chair) • All Non-executive Directors
5.2	The Chief Executive and other officer members cannot be members of the Committee but may be invited to attend, as appropriate.
5.3	Nominated deputies as advisors will attend when required.
5.4	All Directors and Deputy Officers will withdraw when matters concerning their own remuneration and performance appraisal are being discussed. Any decisions affecting their remuneration package will be communicated to the Executive Directors and Directors by the Chair within 48 hours of the meeting.
6	**Quoracy**
6.1	The Committee will be quorate with four members including the Chair attending. The Vice-Chair of the Board will Chair the meeting if the Chair is unavailable, or has a conflict of interest.
7	**Meeting arrangements**
7.1	The Remuneration Committee shall agree and publish an annual timetable of meetings together with a work plan. Additional ad hoc meetings will be convened as necessary. The Remuneration Committee will meet at a minimum of 2 times per year. All supporting papers will be circulated 7 days in advance of the meeting. Copies of all agendas and supplementary papers will be retained by the Associate Director of Corporate Governance/Foundation Trust Secretary in accordance with the Trust's requirements for the retention of documents. The Associate Director of Corporate Governance/Foundation Trust Secretary will supply the Secretariat service to the meeting.
7.2	The Chair of the Board has the right to convene additional meetings should the need arise and in the event of a request being received from at least 2 members of the group.
7.3	Where members of the Remuneration Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group.
8	**Monitoring Effectiveness and Compliance with Terms of Reference**
8.1	The Remuneration Committee will maintain a register of attendance at the meeting. Attendance of less than 50% will be brought to the attention of the Chair to consider

	the appropriate action to be taken. The attendance record will be reported as part of the annual report.
9	**Review of Terms of Reference**
9.1	The terms of reference of the Committee shall be reviewed at least every two years by the Committee and approved by the Board of Directors.

Author	**Associate Director of Corporate Governance**
Owner	**Associate Director of Corporate Governance**
Date of Issue	**November 2025**
Version #	**V1.1**
Approved by	**Board of Directors**
Review date	**November 2027**