York and Scarborough Teaching Hospitals
NHS Foundation Trust

Agenda

Council of Governors Meeting held in public

Wednesday 9 September 2026

Malton Rugby Club, YO17 7EY
at 10.00am

COUNCIL OF GOVERNORS MEETINGS

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

On: Wednesday 9 September 2026

Venue: Malton Rugby Club, YO17 7EY

TIME	MEETING	LOCATION	ATTENDEES
09.15 – 10.00	Governors meet General Public	Malton Rugby Club	Council of Governors Members of the Public
10.00 – 12.45	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors Members of the Public
12.45 – 13.00	Private Council of Governors	Malton Rugby Club	Council of Governors Non-executive Directors
LUNCH 13.00 – 13.45			
13.45 – 16.00	Joint Council of Governors & Trust Board	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Council of Governors (Public) Agenda (09.09.26)

Item	Subject	Lead	Report/ Verbal	Page No	Time
1.	**Introduction, apologies for absence and quorum** To receive any apologies for absence	Chair	Verbal	-	10.00
2.	**Declaration of Interests** To receive any changes to the register of declarations of interest	Chair	Report	6	
3.	**Minutes of the meeting held on 11 March 2026** To approve the minutes from the above meeting	Chair	Report	11	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes or action log	Chair	Report	26	
5	**Chief Executive's Update** To receive the report	Chief Executive	Report	27	10.05
6	**Chair's Report** To receive the report	Chair	Report	204	10.20
7	**Trust Annual Report & Independent Auditors Report** To receive the report	Alastair Newell Mazars	Report	207	10.25

Item	Subject	Lead	Report/ Verbal	Page No	Time
8	**Performance Report** To review the report	Chair / Chief Operating Officer / Chief Nurse	Report	213	10.45
	BREAK 11.15				
9	**Concerns & Complaints Annual Report** To receive the report	Chief Nurse	Report	227	11.15
10	**Maternity Update** To receive report and presentation	Chief Nurse / Director of Midwifery	Report	245	11.45
11	**NED Assurance Questions** To receive an update from the NEDs	NEDs	Report	257	12.10
12	**Reports from Board Committee Chairs** 12.1 Quality Committee 12.2 Resources Committee 12.3 Audit Committee	Chairs of the Committees	Report	263	12.20
13	**NomRem Committee Update** To receive the report	Chair	Verbal	-	12.35
14	**Governor Activities Report** To receive the report	Governors	Report	285	12.40
15	**Items to Note**	Chair			12.45
	15.1 Directors Fit & Proper Person Test		Report	298	
	15.2 EDI Annual Report		Report	301	
	15.3 CoG Attendance Register		Report	305	
	15.4 NED Attendance Register		Report	307	

Item	Subject	Lead	Report/ Verbal	Page No	Time
16	**Time and Date of Next Meeting**				
	The next Council of Governors meeting held in public will be on Wednesday 9 December 2026 at 10.00am at Malton Rugby Club				
17	**Close**				**12.45**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Additions:

ITEM 2

Deletions:

Modifications:

Register of Governors' interests 2026/27

York and Scarborough Teaching Hospitals NHS Foundation Trust

Governors	Relevant and material interests						Other
	Directorships including non -executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to,	Any connection with other organisations.
Rebecca Bradley (Staff: Community)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Jim Cannon (Stakeholder: YOPA)	Nil	Nil	Nil	**Chair**: York Neighbours	Nil	Nil	**Member:** Labour Party; **Member:** Fabian Society; **Member:** Co-operative Party; **Chair:** Citizens Group Age Friendly York; **Member:** National Trust; **Member:** English Heritage; **Member:** Explore York; **Member:** Y&S Hospital Trust

Mary Clark (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Elena Clerici (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Liz Colling (Appointed: NYCC)	Nil	Nil	Nil	**Councillor:** NYCC	**Councillor:** NYCC	**Councillor:** NYCC	**Governor & VC:** Childhaven Nursery School Scarborough **Chair:** NY Constituency Ctte Scarborough & Whitby **VC:** NYCC Scrutiny of Health Committee **Member:** Scarborough Town Deal Board
Adnan Faraj (Staff: SGH & Brid)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Jean Flanagan (Public: East Coast)	Nil	Nil	Nil	**Trustee:** Spectrum Futures, wholly owned subsidiary of Voluntary Action Rotherham.	**Volunteer:** Great North Air Ambulance	Nil	Nil
Sandra Fox (Public: Ryedale & EY**)**	Nil	Nil	Nil	Nil	Nil	Nil	**Member:** Derwent Practice PPG
Paul Gibson (Public: East Coast)	Nil	Nil	Nil	**Chair:** Humber Primary Care PPG	Nil	Nil	**Member**: Bridlington Health Forum
James Hayward (Public: East Coast)	**NED:** Government Facilities Services Ltd Engineering	James D Hayward Building Services	Yes	Nil	Nil	Nil	Nil
Gary Kitching (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Graham Lake (Public: Ryedale & EY)	Nil	Nil	Nil	**Member:** TEWV NHS	Nil	Nil	**Member:** European Lung Fd PAG
Wendy Loveday (Public: Selby)	Nil	**Shareholder**: Fleetways Taxis which is on the Trust's procurement system.	Nil	Nil	Nil	Nil	Nil
Elizabeth McPherson (Appointed: CarersPlus)	**CEO:** CarersPlus	Nil	Nil	**CEO:** CarersPlus	**CEO:** CarersPlus	Nil	Nil
Peter Morley (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Tim Norman (Appointed: ERYC)	**Director:** Coast Holidays Ltd & Quilt Sandwich Ltd	Nil	Nil	Nil	**Trustee & Treasurer:** Bridlington Health Forum **Councillor:** ERYC	Nil	Nil
Carol Popplestone (Staff: SGH & Brid)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Gerry Richardson (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Nil	**Employee:** University of York
Cllr Jason Rose (Appointed: CYC)	Nil	Nil	Nil	**Councillor:** NYC	**Councillor:** NYC	**Councillor:** NYC	Nil
Ros Shaw (Public: York)	**Director**: Conbrio Ltd	Nil	Nil	Nil	Nil	Nil	Nil
Julie Southwell (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Linda Wild (Public: East Coast)	Nil	Nil	Nil	Nil	Nil	Nil	**Councillor**: Whitby Town. **Chair:** Pannett Art Gallery Cttee (WTC) **Chair:** Trustee Whitby Lobster Hatchery **Trustee:** United Charities Board **Member:** Whitby Town Deal Board **Member**: Esk Valley PPG **Volunteer:** RNLI

ITEM 3

Minutes
Public Council of Governors Meeting
10 June 2026

Chair: Martin Barkley

Public Governors: Linda Wild, East Coast of Yorkshire; Jean Flanagan, East Coast of Yorkshire; Peter Morley, Selby; Ros Shaw, City of York; Graham Lake, Ryedale & EY; Sandra Fox, Ryedale & EY; Paul Gibson, East Coast of Yorkshire

Appointed Governors: Cllr Jason Rose, CYC; Gerry Richardson, University of York; James Cannon, YOPA; Cllr Liz Colling, NYC; Cllr Tim Norman, ERYC

Staff Governors: Elena Clerici, York; Gary Kitching, York; Julie Southwell, York; Carol Popplestone, Scarborough/Bridlington;

Attendance: Andrew Bertram, Finance Director; Claire Hansen, Chief Operating Officer; Joseph Hague, Chief Nurse; Lydia Larcum, Interim Director of Workforce & Organisational Development; Lucy Brown, Director of Communications; Julie Charge, NED; Lorraine Boyd, NED; Rukmal Abeysekera, NED; Helen Grantham, NED; Jane Hazelgrave, NED; Matthew Taylor, NED; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Public: 4 members of the public

Apologies: Adnan Faraj, Scarborough/Bridlington; Mary Clark, City of York; James Hayward, East Coast of Yorkshire; Wendy Loveday, Selby; Rebecca Bradley, Community; Elizabeth McPherson, Carers Plus; Clare Smith, CEO; Chris Norman, MD YTHFM; Richard Reece, NED

26/16 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate. He introduced Joe Hague (chief nurse), Matthew Taylor (non-executive director), and Jim Cannon (voluntary sector stakeholder governor), with all three providing brief introductions.

26/17 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest.

26/18 Minutes of the meeting held on the 11 March 2026

The minutes of the meeting held on the 11 March 2026 were agreed as a correct record.

26/19 Matters arising from the Minutes

Action Log

- 26/10 Cancer update – on agenda later in the meeting.

26/20 Chief Executive's Report

On behalf of Miss Smith, Mr Bertram gave an overview of the report which had previously been circulated with the agenda and highlighted the following.

- **My First 100 Days in the Organisation:** Miss Smith reported that, during her first 100 days, she had met with colleagues, MPs, local councillors and patient advocacy groups to better understand the views of the communities served by the Trust. This engagement is helping to inform the development of the Trust's clinical strategy and shape key priorities, including reducing corridor care, strengthening culture and leadership, improving the timeliness of care through community service development, and achieving financial sustainability through a clear clinical strategy and continuous quality improvement. She emphasised that this is not intended to be a final or top-down plan, but the beginning of an ongoing conversation about the future direction of the Trust, in which Governors will continue to play an important role.

- **Financial Plan:** Mr Bertram reported that the Trust's financial plan has not yet been approved by NHS England, as the current position does not achieve a balanced outcome. Although the Trust has a £62 million savings requirement, it is still forecasting an operating deficit of £22 million. A medium-term financial plan has been developed to return the Trust to financial sustainability over three years, but NHS England has indicated that this timeframe is too long and expects faster progress.

  He further advised that he, the Chair and the Chief Executive met with the national NHS England team the previous week to discuss the plan and respond to questions. Further queries were received, with responses requested by early July. Discussions with the regional NHS England team are continuing.

- **Electronic Patient Record (EPR):** The first phase of the rollout was a great success and EPR Nervecentre is now live in York, Scarborough, Bridlington and our community sites.

- **Bridlington Care Unit:** Mr Barkley stated that, although colleagues had acted with the best of intentions, the correct process had not been followed in relation to the proposed move from inpatient care to community care units and community-based services. He reported that the Trust had listened to the concerns raised. Following consideration of information presented at the emergency Overview and Scrutiny Committee on 11 May, the Board agreed at its most recent meeting to review the planned closure while further work is undertaken in response to the specific questions raised by the Committee.

- **Bridlington Surgical Hub Optimisation Week:** A recent elective surgical optimisation week at Bridlington was a great success and nearly doubled surgical activity, achieved through additional resources and extended use of facilities. The sustainability and learnings from this initiative are being evaluated for future planning.

- **CQC:** In April the CQC carried out an unannounced assessment of the trust's maternity services at York and Scarborough. This was a follow-up to the 2023 inspection, which rated services as inadequate. The inspection team spent two days

in York and two days in Scarborough. The trust received some high-level verbal feedback at the end of the visit. They found no significant areas of concern, although they did flag a small number of issues which were immediately addressed. A big thank you to all those staff involved. The draft report from the CQC is yet to be received.

- **Draft Clinical Strategy:** A draft clinical strategy has been circulated among staff for feedback, with further discussions planned at the July board meeting. The strategy emphasises the development of community-based services and neighbourhood health centres, with discussion of local authority bids for facilities and the need to maximise use of existing trust assets. The Council agreed to hold a joint meeting with the Board on the afternoon of the September Board meeting to discuss the strategy further.

The Council:

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

Action: Send out invite to joint board meeting (CoG/Board) in September (Mike)

26/21 Chair's Report

Mr Barkley gave an overview of his report which had previously been circulated with the agenda and highlighted the following.

- **Governor changes:** The first is the untimely passing of Prof Nick Bosanquet who was taken ill a few days after the April Board meeting (which he attended as an observer). Jill Quinn and Bernard Chalk have stepped down due to on-going health problems, and Ian Foxley has also stepped down due mainly to family commitments. We welcome a new Stakeholder Governor from the voluntary sector succeeding Jill Quinn, Jim Cannon who has a long significant association with York Older Peoples Assembly.

- **Senior Management changes:** Since the last meeting in March, the trust has welcomed three new members of the Trust Board: Matthew Taylor as a NED succeeding Jenny McAleese, Ian Floyd as an additional Associate NED, and Joe Hague our new Chief Nurse who succeeds Dawn Parkes. A huge thank you to Tara who stepped in and filled just a little gap between Dawn leaving and Jo starting. Polly, the previous director of workforce and OD, has left the trust, with Lydia Larcum acting as interim director and a recruitment process is underway for a permanent replacement.

- **Well-Led Review Findings:** The NHS Providers independent Developmental well-led review was conducted two years after a previous CQC rating of 'inadequate' in the Well-Led domain. The board accepted the findings and recommendations, committing to transparency and implementation of the action plan which has been circulated with the agenda.. Mr. Barkley emphasised the importance of the findings, recommendations made and subsequent action plan given the fundamental role of Governors holding the Board to account through its Chair and NEDs. The progress report as at 30th June will be on the September CoG agenda.

- **Clinical Strategy:** A temporary Director of Strategy, Sarah Coltman-Lovell, has been seconded from the ICB to address capacity issues, with plans to appoint a permanent director in the next financial year. The focus is on strengthening external relationships

and engagement with neighbourhood teams. The Chief Executive, Clare, will lead a trust-wide conversation on organisational values, reviewing and updating the behaviour and accountability frameworks, with engagement activities planned for late June and mid-July.

The Council:

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

26/22 Performance Report

Mr Barkley and Ms Hansen gave a summary of the report which had previously been circulated with the agenda and highlighted the following:

- **Acute Flow:** The trust has implemented changes to emergency care models, including new assessment units and revised definitions of corridor care. There was discussion about the need for clear communication to staff and the public regarding what constitutes corridor care and 12-hour waits, with a commitment to provide a briefing and improve terminology.
- **Cancer:** There has been year-on-year improvement in cancer treatment waiting times, but delays persist due to shortages of consultant histopathologists and delays in histology reporting. Actions include requesting more detailed reporting to the Quality Committee and improving communication with patients.
- **Diagnostics:** The trust faces challenges in recruiting radiographers and histopathologists, impacting diagnostic capacity, particularly with CT scans and Ultrasound scans. There are ongoing discussions with local universities to address training and recruitment, and the trust is insourcing private companies where possible.
- **Referral to Treatment:** The total waiting list increased significantly as part of data cleansing undertaken in preparation for the transfer to Nervecentre. This process identified and transferred a large number of previously unallocated referrals, resulting in an overnight increase of around 15,000 patients on the waiting list. As a result, the Trust was approximately 16,000–17,000 patients behind its year-end target.
- **Workforce:** The Council discussed workforce issues, including the recruitment of additional midwives to meet national standards, sickness absence rates, and the transition of key staff roles within the trust. The Council were informed that the trust is increasing its funded establishment of midwives, aiming to recruit 13 more each year for the next two years to meet national standards.
- **Financial Performance Metrics:** The Council heard that, without an agreed plan or deficit support funding, the Trust is likely to face cash difficulties by September or October. Work is therefore under way with NHS England to prepare an emergency cash application, which would involve a formal approval process, tighter financial controls and short-term repayable support.
- **National Operational Framework Rank Oversight**: Latest figures show that the trust is ranked 129 out of 134 and sits in segment 4. The trust has improved scores on 10 of the metrics, 9 scores have got worse, and 4 have stayed the same. Despite improvements progress has been slow, hence only moving up 2 places.

The Council asked how the significant reduction in 12+ hour trolley waits had been achieved. Mr Barkley explained that this had resulted from a range of measures, including changes to the emergency department model of care, which have improved senior clinical decision-making, changes to the availability of trolleys and beds within that model, and a strong focus on escalation and discharge processes to improve patient flow. He noted that further work

is still required and confirmed that reducing corridor care remains one of the Chief Executive's key priorities.

The Council expressed concern that the addition of equipment to a trolley appeared to result in the patient no longer being classified as receiving corridor care, despite no apparent change in the care being provided, and questioned whether this represented manipulation of the statistics. Mr Barkley explained that the Trust is applying new national guidance on the organisation of emergency departments. Under this model, patients may be moved to designated clinical areas, such as SDEC or EAU, to receive appropriate treatment. Although they may still remain on a trolley, they are not recorded as 12-hour waits because they are receiving care in a clinical setting rather than waiting for admission to a bed.

Mr Hague added that any patient being cared for in an inappropriate area, in line with the agreed definition, is still recorded as receiving corridor care, and reiterated that the intention is to eliminate this practice. He further explained that changes to emergency care pathways mean some patients may remain on a trolley beyond 12 hours while receiving specialist care in a more appropriate clinical environment, with privacy and dignity maintained. In such cases, they are not classified as either 12-hour trolley waits or corridor care. He confirmed that he would ensure staff are clear on how patient care is classified.

The Council discussed delays in histopathology reporting and the impact this is having on delivery of first treatment within 62 days. It was noted that some specimens are being sent to an external provider, with results in some cases taking up to six weeks to be returned, which in turn delays confirmation of diagnosis and the start of treatment. Members heard that the Trust has only around half of the consultant histopathologist capacity it requires, reflecting both a significant national workforce shortage and wider pressures across diagnostic services. Additional local factors were also noted, including accommodation constraints that may affect recruitment.

The Council questioned the reporting of performance metrics with annual comparisons rather than comparing more up to date trends. A change in metrics was requested including:

- Add the number of patients on corridor care in Acute Flow
- Change the metric name to number of 12+ waits and delete trolley in Acute Flow
- Change the number of cancer patients to a figure instead of a percentage

Mr Barkley informed that more detailed information is available in the Trust's Performance Report that is published with the Public Board papers each month.

The Council:

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

26/23 Cancer Update

Ms Hansen gave a summary of the report which had previously been circulated with the agenda and highlighted the following:

- **Diagnosis Rate and Patient Impact:** The cancer diagnosis rate was the highest ever recorded, but only 77% of patients received a definitive diagnosis, leaving 30% uncertain about their condition. The team is working to address this gap, linking efforts to pathology prioritisation and result management.

- **Treatment Timeliness:** The thirty-one day standard for treatment post-diagnosis has remained above 96%, ensuring most patients receive timely care once diagnosed.
- **Referral Growth and Pathway Inefficiencies:** An 11% year-on-year increase in cancer referrals was noted, with Ms Hansen explaining that this growth is influenced by population changes, new pathways, and primary care referral patterns. Pathway inefficiencies and referral quality issues are being addressed in collaboration with GPs to improve information and streamline processes.
- **Improvement Plans and Tumour Site Focus:** Improvement efforts are concentrated on five main tumour sites—dermatology, colorectal, gynaecology, urology, and lung cancer—through pathway redesign and straight-to-test rapid diagnostic pathways, aiming to speed up diagnosis and focus resources on patients most likely to have cancer.
- **Primary Care Collaboration and Referral Guidance:** Mrs Hansen discussed ongoing work with primary care colleagues to develop guidance and improve access to diagnostics, aiming to reduce unnecessary referrals and ensure those with genuine cancer risk are prioritised.

A question was raised about how the Trust's 10-year plan to move towards a more community-based model would align with rising cancer referrals and could it realistically be managed outside the hospital setting. Ms Hansen explained that this is part of the wider pathway redesign work. One of the key frustrations for primary care colleagues is the difficulty of securing timely access for patients once they are referred. As a result, where there is any concern that symptoms may indicate cancer, GPs may feel they have little option but to use the cancer referral pathway.

The discussion highlighted the need for a more effective interface between primary and secondary care, including quicker access to specialist advice and guidance, alongside improved diagnostic support. This would help clinicians rule out cancer earlier where appropriate and reduce the number of patients entering the cancer pathway unnecessarily, allowing services to focus on those who most need urgent treatment.

A question was raised about what lies behind the reported 11% year-on-year increase in cancer referrals. It was explained that referral volumes fluctuate over the course of the year and are influenced by a range of factors, including awareness campaigns, changes in primary care, the introduction of new pathways and improved access to diagnostics. The increase does not necessarily mean that more people have cancer. Similar patterns are being seen nationally, with referral spikes often linked to public awareness activity and earlier investigation of symptoms.

A further question explored whether the current year-on-year increase in referrals could be brought down in future, and whether the recent 11% growth is likely to continue. Ms Hansen replied that referral numbers are unlikely to fall significantly in the short term until neighbourhood-based services and the interface between primary and secondary care are working more effectively. In the meantime, improved access to diagnostics means that more patients are being referred earlier, when treatment may still be possible, rather than later when options may be more limited.

It was noted that national policy is rightly encouraging earlier referral, because one of the reasons cancer outcomes in this country remain poorer than they should be is that too many patients are diagnosed at a late stage. Earlier diagnosis at stages 1 and 2 depends on referring patients even when only small suspicions are present. The overall aim is not simply

to reduce referral numbers, but to ensure that the right patients are referred through the right pathway at the right time.

The Council:

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

26/24 Patient Experience Quarterly Report

Mr Hague reported that there has been positive progress in a number of areas since quarter four. Some actions linked to the delayed EPR rollout and related digital solutions have slipped, but these are now being reprioritised for quarter one. He highlighted the following:

- **Training and Complaints Progress:** There has been good uptake of training in health coaching, person-centred care and complaints handling, although it was acknowledged that further work is still needed. Progress has also been made in reducing the complaints backlog, which has fallen from around 250 cases to approximately 50. Response rates are improving, and care groups are engaged in continuing that progress, although further improvement is still required.

- **Translation Services and Tendering Challenges:** Ongoing legal challenges have delayed updates to translation service tendering, but mitigations are in place and processes continue to support patient needs.

- **Patient Experience Metrics and Communication:** It was noted that patient feedback continues to highlight concerns about communication and delays across care pathways. In response, work has begun to reshape patient experience metrics so that they provide a more meaningful and triangulated view of improvement. The intention is to move beyond monitoring complaint numbers and response rates alone, and instead measure whether actions are leading to tangible improvements in the underlying issues raised by patients.

The Council raised concern relating to non-compliance with parts of the NHS Accessible Information Standard, and sought clarification on which elements the Trust is currently unable to meet. Mr Hague responded that further work is needed to ensure full compliance with the Accessible Information Standard, particularly in relation to identifying required adjustments, staff awareness and training, and the effective use of EPR to flag and share information. A fuller response will be provided once the details have been reviewed.

The Council:

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

26/25 Staff Survey Report

Ms Larcum gave a summary of the report which had previously been circulated with the agenda and led a discussion on staff survey feedback, noting increased participation and improvements in key metrics, but ongoing challenges with culture, bullying, discrimination, and basic resources, with a new corporate action plan focusing on values, safety, decision-making, and essentials, and demographic analysis of inclusion scores. She highlighted the following:

- **Survey Participation and Key Metrics:** Staff survey completion rates improved significantly, with nine key metrics showing progress, though only one met national averages, indicating substantial work remains to enhance staff experience.

- **Corporate and Local Action Plans:** A new approach was adopted, focusing on four high-level areas: values, culture and behaviours, safety, influence in decision-making, and ensuring basic resources, with responsible officers and timescales outlined for each.

- **Culture, Bullying, and Discrimination:** Concerns about culture, bullying, and discrimination were discussed, with Lydia emphasising the need to eliminate these issues and the Chief Executive set to lead major conversations to address them.

- **Inclusion Scores and Demographic Analysis:** Inclusion scores are broken down by demographic, staff group, and area, with ongoing analysis to ensure equitable experiences across all groups.

- **Basic Resources and Equipment:** Only 51.6% of staff felt they had the equipment needed to do their work, prompting prioritisation of resource provision and process improvements through the Advance Change initiative.

It was reported that the Trust's response to colleague feedback has two strands: a corporate action plan and bespoke local improvement plans for each care group and corporate area, based on their specific survey feedback. The corporate action plan takes a more focused approach than in previous years, concentrating on four priority areas intended to deliver the greatest improvement in colleague experience:

- values, culture and behaviours
- patient safety, care and dignity
- ability to influence decision-making and drive improvement
- the basics

The local improvement plans set out the key actions, timescales and responsible officers for each priority area.

In response to a question about whether the survey questions are set nationally and whether the Trust can include its own bespoke questions, Ms Larcum explained that there is flexibility to add local questions. However, this is not usually done because the survey is already very long. There is the opportunity to add verbatim comments which are reviewed as they give a little more depth to the scores.

A question was raised about the reported inclusion scores, which appeared positive when compared with the target. Clarification was sought on whether the data had been broken down by demographic group, to ensure that positive overall scores were not masking poorer experiences among particular groups.

It was confirmed that the survey data is analysed in detail by demographic, staff group and service area. The information presented in the report was described as a high-level summary, with more detailed analysis being undertaken to understand the experience of different groups across the organisation.

A question was raised about the reported inclusion scores, which appeared positive when compared with the target. Clarification was sought on whether the data had been broken down by demographic group, to ensure that positive overall scores were not masking poorer experiences among particular groups. Ms Larcum confirmed that the survey data is analysed in detail by demographic, staff group and service area. The information presented

in the report was described as a high-level summary, with more detailed analysis being undertaken to understand the experience of different groups across the organisation.

A further question was asked about how reports of bullying and harassment in the survey should be interpreted, specifically whether these responses reflected formally investigated cases or individuals' personal perceptions.

It was explained that the survey responses reflect how colleagues feel and how they have chosen to respond to the survey. This means that reported experiences of bullying or harassment may not necessarily have been raised through formal reporting routes, but are nonetheless captured through the annual staff survey.

A question was raised about the staff survey finding that only 51.6% of respondents felt they had adequate materials, supplies and equipment to do their job. It was observed that this suggested around half of the workforce did not feel their basic needs at work were being met, and clarification was sought on where the Trust was starting in addressing this issue. Ms Larcum explained that this issue is reflected in the basics priority within the delivery plan, as it relates to the wider concern that fewer than half of colleagues would currently recommend the organisation as a place to work. This area of work focuses on ensuring that colleagues have the fundamental support they need, including:

- access to appropriate rest areas
- access to adequate equipment and supplies
- clear and straightforward processes for obtaining what they need to do their job effectively

It was reported that some of this work had already begun through the Our Voice Our Future programme and the change-makers initiative. This will continue, with a focus on simplifying processes, removing practical barriers, and helping colleagues understand how to access the support and resources already available. It was noted that feedback from staff discussions and focus groups suggests that, in some cases, support is available but colleagues do not always know how to access it. This work will therefore align with the wider conversations on values and behaviours, and will form part of the broader programme to improve colleague experience.

The Council:

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

26/26 NED Assurance Questions

Mr Barkley explained that the questions had been circulated prior to the meeting and will be answered at the meeting. Responses were given below:

Q1: Are the NEDs assured that there will be sufficient public participation in the formulation of the Trusts Clinical Strategy? Can you explain to the Governors how you came/ how you will come to this assessment.

A1: The Non-Executive Directors were not yet able to give assurance on the extent of public participation in the development of the Trust's Clinical Strategy, as the Board had only considered an early draft informed mainly by internal and partner discussions. It was noted that governors would be involved through the proposed joint meeting in September.

It was further noted that public engagement, beginning in July in Bridlington and later in other localities, would focus on implementation of the strategy in different areas. The planned constituency meeting on the East Coast in September may provide an opportunity either to present emerging findings or to support further engagement, depending on progress.

Q2: Are the NEDS assured that in services where there are long waits for a first appointment (48 weeks for an Ophthalmology Appointment provides an example) there is equity of access to the service across the different hospital sites of the Trust? What data could they provide to demonstrate this assurance to the Governors.

A2: Attached (appendix 1) are the latest non-urgent waiting times by specialty and location.

The Non-Executive Directors clarified that they review performance primarily at Trust level, rather than routinely by individual hospital site. Assurance is therefore based on overall RTT performance and the principle that patients are treated in clinical priority and chronological order. It was acknowledged, however, that the Trust is not assured in relation to meeting the 18-week standard, as waiting times for non-urgent patients remain significantly above this level. While more than half of patients are still seen within 18 weeks, many continue to wait between 18 and 52 weeks.

It was confirmed that there are differences between sites and specialties, with some services showing notably longer waits in Scarborough than in York. The NEDs explained that these differences are influenced by several factors, including:

- variation in available equipment and facilities
- historic commissioning arrangements
- challenges in recruiting and retaining staff, particularly on the east coast

It was noted that the Trust's clinical strategy aims, where possible, to reduce these differences and improve equity of access across sites.

Q3: Are the NEDs assured that we have a grip on the Appearance and Workwear Policy when so many members of staff arrive and leave the hospital in scrubs?

A3: The NEDs do not yet have full assurance that appearance and workwear standards are being applied consistently. The relevant policy is being reviewed to ensure it aligns with infection prevention and control requirements. Further work will also be needed to embed the policy effectively and support a culture in which the expected standards are consistently understood and followed across the workforce.

Q4: As Governors of the Trust, it is of course incumbent on us to always act in the best interest of the Trust, however, the potential removal of the Bridlington Care Unit (BCU) strikes at the heart of the people of Bridlington, Driffield and the environs. The majority of the 'patients' in the unit have been from this locality and many have been readmitted back to Scarborough Hospital following a period in the BCU. So, please can the following questions be asked:-

1. It is understood that funding for the BCU was split between the ICB and YST on a ratio of approximately 70 - 30. Which organisation forced the issue by withdrawing their funding first?

A: The Bridlington Care Unit was fully commissioned by the Integrated Care Board (ICB). The Unit required trust funding because the cost of operating it exceeded the funding received, creating an overspend that the trust had to manage. This funding is no longer available and needs to come from elsewhere.

2. it has been publicly announced that the funding for the BCU has been diverted elsewhere however, there has been no further information provided around the destination of the funds. Please can the destination of the diverted funding be disclosed.

   A: This would need to be answered by the ICB.

3. It has been rumoured that additional beds have been provided since the soft closure of the BCU in Scarborough to provide capacity for those patients who would ordinarily have been moved to the BCU. Please provide an update on the bed situation in Scarborough where potential overcrowding has been implemented into certain wards.

   A: There are no additional beds being created at Scarborough Hospital.

4. How was the decision made to commence the closure of the BCU without proper 'public engagement' (especially within the guidance in B1762 Working in Partnership with People and Communities). Has it been established that the Care in the Community is robust and mature enough to cope with the closure of the BCU?

   A: It is acknowledged that issues arose because the Trust's communications policy and procedure had not been followed by a number of individuals. The Trust acknowledged that its handling of communications in this matter had been unacceptable and not in line with policy, and an apology was given for those failings.

5. Please can the Directors update the Governors on the progress of the recommendations from the Health Overview & Scrutiny Committee (HOSC) meeting at East Riding of Yorkshire Council on 11 May.

   A: The Board has submitted a detailed response to the HOSC, addressing the recommendations made. Work to implement those actions is now being taken forward by relevant colleagues.

Q5: Please can the Trust update Governors on the progress of the Palliative Care Pilot at Bridlington Hospital.

A5: The proposed palliative care pilot did not proceed and has since been discontinued. The pilot involved four beds funded by the ICB for palliative care, and work had been undertaken to assess how this could be mobilised. However, it proved difficult to deliver a clinically and financially viable model of medical cover for only four beds within the funding available. Discussions continue as part of the wider strategy work and that this issue will also form part of the public engagement planned over the summer. This will include consideration of what future palliative care provision may be needed locally and the importance of earlier recognition of palliative care needs. There is no hospice provision in Bridlington and any local palliative care service would need to be formally commissioned in order to be delivered.

With regard to Q2, a concern was raised that some patients believed cancelled appointments may have reset their waiting time. It was confirmed that cancelling an appointment does not reset the RTT clock.

It was noted that the Board receives information and assurance about the actions being taken to improve waiting times, but that this does not equate to assurance that standards are currently being met. The Trust's three-year plan includes actions to increase the proportion of patients seen within 18 weeks, although it was acknowledged that progress is constrained by the financial savings required and the limited ability to invest in additional capacity.

It was further noted that balancing these competing pressures is a fundamental challenge for the Trust Board and that there are no simple short-term solutions.

A question was raised about whether longer waits for elective review can lead to deterioration in patients' conditions and increased emergency admissions. It was confirmed that national evidence suggests this can occur, although no local analysis had been undertaken. It was suggested that this should be considered further as part of work on service planning, workforce and estates.

With regard to public engagement, the Council asked when the engagement sessions will be publicised. Mr Barkley replied that an engagement plan is being finalised and would be shared with the HOSC in response to one of its recommendations. Engagement activity is expected to take place during July, with event dates currently being confirmed. The engagement would not be limited to public events alone, as the Trust intends to present a fuller programme of activity. It is anticipated that the complete plan would be available within the following week and, in addition to the HOSC, will be shared with governors, the Health Forum and other stakeholders.

Action: Share engagement plan with the governors (Martin)

26/27 Reports from Board Committee Chairs

Quality Committee

Mrs Boyd noted that the summary of the previous four meetings provided a broad overview of the range of issues considered by the committee.

Two recurring themes were highlighted:

- **Patient experience** - particularly complaints, complaint responses, and the level of assurance available from this information.

- **Safety of care in the Emergency Department** - including increasing scrutiny of care delivered in ED and in other areas not designed or recognised as ward spaces.

It was noted that these issues had already been discussed earlier in the meeting, and no further specific points were highlighted.

Resources Committee

Mrs Grantham reported that the committee has considered a wide range of issues and continues to oversee a substantial and challenging agenda.

- **Finance and performance:** The Committee has focused in particular on the Trust's financial position, noting that performance in the first month was behind plan and savings delivery was below target. It was emphasised that, while the external financial context remains challenging, the Committee's role is to hold the Executive to account for delivery and to scrutinise the actions required to bring performance back on track.

- **People, culture and leadership:** The Committee has also considered workforce matters, including the colleague survey. It was noted that, while there are early signs of improvement and the previous downward trajectory has been halted, the Trust remains some way from where it needs to be in relation to colleague experience. Culture and leadership were highlighted as critical issues, both in terms of staff experience and the delivery of safe, high-quality patient care.

- **Operational performance:** The Committee has received regular updates on performance improvement. It was noted that there has been some improvement in urgent and emergency care, while significant challenges remain in diagnostics. Cancer performance was described as showing some positive results, although not yet at the required level.

Group Audit Committee

Mrs Hazelgrave reported that, in addition to the meeting summary provided, the Committee had also met in May.

- **Final accounts and external audit:** The Trust is now approaching completion of the final accounts, with an extraordinary Board meeting scheduled for the following week to review them. It was noted that no issues had been raised by the external auditors and that sign-off of the accounts was expected. A further detailed review of the accounts was due to take place with the finance team.

- **Internal audit:** It was noted that a number of internal audit reviews had received limited assurance opinions. However, these related to areas deliberately included in the audit plan because known risks or weaknesses had already been identified, with the intention of supporting improvement in systems and processes.

The Council was advised that the year-end overarching internal audit opinion was expected to be significant assurance, which was considered a positive position.

It was further reported that the number of outstanding audit recommendations had reduced significantly compared with the previous year, although further work remains to ensure that overdue actions are completed on time.

To strengthen governance, a revised process is being introduced whereby the Audit Committee will approve any requests to extend action deadlines. This is intended to ensure that actions are progressed in a timely way and not repeatedly deferred.

It was noted that the annual counter-fraud assessment remained rated green, indicating compliance with the relevant standards.

The Council:

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

26/28 Governance Update

Mr Taylor gave a summary of the report which had previously been circulated with the agenda and highlighted the following:

Constituency Changes

The proposed constitutional changes, which are minor and non-controversial, were discussed at a recent Constitution Review Group chaired by public governor, Sandra Fox. Due to quorum issues at the meeting the Council is asked to ratify the changes proposed.

The Council:

- **Ratified the proposed constitutional changes.**
- **Received the report and noted its contents.**

26/29 Items to Note

The Council noted the following items:

- CoG Attendance Register
- NED Attendance Register

26/30 Any Other Business

No further business was discussed.

26/31 Time and Date of the next meeting

The next meeting is on Wednesday 9 September 2026 at Malton Rugby Club

Appendix 1

Indicative Max Wait Times -

	Upper Routine Wait Time (Weeks)				
TFC	Bridlington	Malton	Scarborough	Selby	York
Audiology	15	18	16	16	13
Cardiology	52	52	46		52
Colorectal	42	37	30		44
Dermatology		42		52	52
Diabetes	25	29	38	14	18
Endocrinology	36	37	36	50	52
Ear, Nose and Throat	52	49		50	50
Gastroenterology			29		47
General Surgery	46	52	49	34	37
Gynaecology	52	52	52	42	43
Hepatology			48	40	38
Neurology					44
Ophthalmology	38	44	45		32
Oral Surgery	52		52		42
Paediatrics	38	37	41	40	40
Pain Management	52				
Respiratory	34	40	37		52
Rheumatology	26	14	25		20
Upper GI	52	30	51	36	41
Urology		51			
Vascular	51		52	52	47

Indicative maximum wait for general services for these specialties. Exclude specialist services.
Specialties listed on RAS.

Council of Governors
Action Log

ITEM 4

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
Public	26/20	10/06/2026	Send out invite to joint CoG/Board meeting after Sept CoG to discuss Clinical Strategy.	Martin	June	Invites sent to Board/CoG 18/06/26 **Action closed.**
Public	26/26	10/06/2026	Share public engagement plan with the governors regarding BCU closure.	Martin	June	Email sent 15/07/26 re Share your feedback: Bridlington survey and events. **Action closed.**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 5

Report to:	Council of Governors
Date of Meeting:	9 September 2026
Subject:	Chief Executive's Report
Director Sponsor:	Clare Smith, Chief Executive
Author:	Clare Smith, Chief Executive

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 report provides an update from the Chief Executive to the Council of Governors in relation to the Trust's priorities. Topics covered include: Our Big Conversation, Coming off Corridors, Continuous Quality Improvement, EPR Tranche 2 rollout, update on the Bridlington Care Unit, Care Quality Commission maternity report and appointment of our new Chief Culture and People Officer.

Recommendation:

For the Council of Governors to note the report.

Report History

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

Meeting/Engagement	**Date**	**Outcome/Recommendation**

Chief Executive's Report

1. Our Big Conversation

When I shared my priorities shaped by what colleagues told me during my first 100 days in the Trust, I committed to having a Big Conversation about our values: what they mean now, how we live them every day, and how together we create psychologically safe environments where everyone feels welcome, respected and able to speak up.

I made that commitment because colleagues described very different experiences of working here, and because we know we can do more to make our shared values feel real and consistent for everyone.

Our values of Kindness, Openness and Excellence were co-created more than six years ago. Since then, almost half of our workforce are new to the Trust, and many colleagues tell us they do not always experience those values in day-to-day working life.

The Big Conversation is our opportunity to reconnect with our values, reflect on the behaviours and standards we want to see, and agree what they require of us now. Most importantly, it is a chance to shape together how we treat each other, how it feels to work here, and how that can help us provide even better care for our patients.

Our values shouldn't simply be words on a poster or something we talk about when things are going well. They should shape how we treat each other when things are difficult, how decisions are made, how leaders behave, what we expect of one another and, importantly, what happens when those expectations aren't met.

At the time of writing, we have just completed the first stage of our Big Conversation, where all colleagues were invited to take part and share their thoughts. I read many of the contributions and there is real honesty in the conversation, including about the things that are difficult and where we need to do better. Many colleagues have shared over ten thousand contributions, which are now being analysed.

Every contribution will help us build a clearer picture of the culture we want and the standards we should expect from one another. We will share what you have told us, what we are going to do as a result and how this will influence the way our Trust leads, behaves and improves.

I will continue to keep Governors updated on this important work as it progresses.

2. Coming off Corridors

One of the other priorities that I shared in my 100-day report is ending the use of corridors and unplanned spaces for patient care. In every conversation I had, this came through as the single biggest frustration, concern and risk to the quality of care we provide.

We should be caring for patients in a space which supports safe and dignified care, however, over time, corridor care has become part of our everyday reality, and in some cases, something we have begun to normalise.

If we do the right thing for every patient, every day, patients will be safer and have a better experience, colleagues will have a better experience delivering care, and we can rebuild a shared sense of pride in what we do.

I recognise this is a big organisation-wide undertaking and for us to be successful we need to ensure colleagues have access to the tools and support they need to turn their ideas into reality. It is also important that it is clinically-led, with ideas coming from our frontline teams.

An oversight team led by Joe Hague, our Chief Nurse, has been created to support colleagues and oversee our progress across the organisation to improve patient and colleague experiences and eliminate corridor care permanently.

Throughout July and August 2026, the oversight team has been engaging with colleagues to explore change ideas which will support our aim of removing corridor care permanently.

During the month of September, we are building on this engagement work and having a trust-wide focus on removing corridor care as our priority. Senior clinicians and operational staff are being supporting in freeing up more time to be on the wards and in our Emergency Departments to provide that senior decision-making support. They are using this time as an opportunity to listen, help tackle care delays as well as supporting the implementation of our internal professional standards.

Clinical and operational teams are being empowered to make changes and understand what we need to focus on longer-term to sustain improvement and remove corridor care permanently.

From September onwards, the work does not stop, and we will continue to build on the strong progress I know we can all achieve during a month of dedicated focus. We are committed to supporting our organisation to eradicate corridor care.

3. Continuous Quality Improvement

I have talked previously about how important it is for us to create an environment where all colleagues are empowered to make change happen, and I made a commitment in my First 100 Days report that we would be entering into a partnership with experts in this field to help us embed a Continuous Quality Improvement approach.

I am really pleased to say that we have chosen Catalysis, supported by Royal Berkshire NHS Foundation Trust and KPMG, to support us on our improvement journey. They have done this work with over 20 other NHS trusts and will bring a lot of experience and valuable learning to us.

We have begun the initial period of education and mobilisation, with a lot of work taking place in the background to ensure that we're in the best possible place to start to involve colleagues in the trust in how we roll this out in a systematic way.

This is really exciting for us, and I believe it will be truly transformational in how we improve. I know, from the many conversations I have had, that this is something our colleagues want to see happen too.

4. Electronic Patient Record (EPR) rollout Tranche 2

Following the successful implementation of Tranche 1 of our Nervecentre Electronic Patient Record programme, we have now completed the rollout of Tranche 2.

Tranche 2 introduced pathology and radiology requesting through Nervecentre for urgent and emergency care and inpatient services, representing another important step in our digital transformation programme.

The experience of implementing Tranche 1 provided valuable learning, which has informed our planning and approach to this next phase.

The rollout began at York Hospital, followed by Scarborough and Bridlington Hospitals then our in-patient units and Malton and Selby urgent treatment centres following the week after.

Planning is now beginning in earnest to prepare for delivery of Tranche 3, the final phase, which is scheduled for implementation in June 2027.

5. Update on the Bridlington Care Unit

At an extraordinary meeting on 19 August the Board of Directors accepted the recommendation to close Bridlington Care Unit.

The Board reached this decision after careful consideration of the recommendations made by the Sub-Committee in May 2026, the work undertaken during the subsequent three-month pause, the findings of the structured engagement programme, the options appraisal, operational evidence and the assurance provided by NHS Humber and North Yorkshire Integrated Care Board (ICB).

Bridlington Care Unit was established during the COVID-19 pandemic as a temporary facility for patients who had completed acute treatment and no longer required specialist hospital care but were facing delays in accessing the support they needed to return home. It made an important contribution during a period of exceptional system pressure.

However, the national and local model of care has since developed towards prevention, proactive care, Home First, discharge-to-assess, community rehabilitation and closer integration of acute, community and social care services, and other such units in the region have already closed.

I know there are strong feelings about this decision. The majority of people who responded to our survey opposed the closure and raised concerns about alternative provision, and it is important we acknowledge that openly.

Through the engagement programme, and in many conversations I have had with local people since joining the organisation, I have heard very clearly how much the hospital matters to local people and the strength of feeling that we need a clearer and more ambitious plan for its future. We need to listen to these concerns.

We are already working to increase the services available in Bridlington, particularly planned surgery and outpatients, and what people told us through the recent engagement will help shape our wider Clinical Strategy and future service planning. Thank you to those

governors who supported the engagement events and helped to encourage people to participate.

We are now finalising the transition plan with colleagues based on the wards and the clinical teams responsible for the patients' care to agree an appropriate date from which to cease admissions. Individual plans will be made for each patient in the unit to move them to the next phase in their care.

We will continue the conversation with colleagues, residents and our partners about the future of health and care in Bridlington.

A report detailing the outcome of the engagement work undertaken in Bridlington is attached in **appendix 1,** for information.

6. Care Quality Commission (CQC) report in maternity

In April the CQC carried out an unannounced assessment of our maternity services at York and Scarborough. This was a follow-up to the 2023 inspection, which rated services as inadequate. The inspection team spent two days in York and two days in Scarborough.

At the time of writing, the report is still embargoed from public release, but I may be able to provide an update verbally in the meeting.

Thank you to everyone involved for the warm welcome the inspectors received. They noted how passionate and proud teams are of their services, and the clear focus on improvement, describing it as a "pleasure to return" to inspect the service.

It is really encouraging to hear the areas of strength identified by the inspection team. These included our strong multidisciplinary team working and strengthened governance arrangements. Inspectors also highlighted high levels of staff engagement to support change, effective partnership working, and the compassionate care being delivered to patients, alongside respectful relationships between colleagues. In addition, they recognised the breadth of specialist midwifery roles, good continuity of care models, and a robust preceptorship programme supporting newly qualified colleagues.

We look forward to receiving and sharing the final reports and continuing to make progress on our improvement journey.

7. Chief Culture and People Office Appointed

I am pleased to share that we have appointed Dr Sarah Dexter-Smith as our Chief Culture and People Officer.

Sarah is currently the Executive Director for People and Culture at Tees, Esk and Wear Valleys NHS Foundation Trust. Previously she was also a consultant clinical psychologist who has worked in the NHS for over 25 years alongside roles in social care and education.

I am delighted that Sarah is joining us in this role, which is central to the culture we are committed to building. Sarah brings significant experience in this field and will offer strong leadership in strengthening how we listen, how we support colleagues to speak up safely, and how we build a workplace where everyone feels able to contribute and succeed. I

know Sarah is really excited about joining us and getting to know the organisation, and I am sure you will join me in making her feel welcome.

Sarah will join us in October, in the meantime, Deputy Director of Workforce Lydia Larcum will continue to cover the Executive Director role. I must thank Lydia for the fantastic job she has done since taking on the interim role in April.

Date: 9 September 2026

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report title:	Bridlington Engagement Report
Date of Report:	14 August 2026 (V1)
Author:	Lucy Brown, Director of Communications

1. Background

The Bridlington Care Unit at Bridlington Hospital was established in 2021 as part of the system's response to the COVID-19 pandemic, providing step-down capacity for patients who were medically fit for discharge but unable to return home due to delays in care arrangements. The model was designed as a temporary intervention to support flow within the acute hospital system, particularly at Scarborough Hospital.

In May 2026 the trust began a consultation with staff on the BCU with a view to closing the Unit. Although neither the Trust or the Humber and North Yorkshire Integrated Care Board (ICB) regard the closure as a substantial variation in service, there is still an expectation that engagement takes place with key stakeholders including East Riding Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee, the local MP, and other interested parties.

Despite best intentions of colleagues, the correct sequence of events for this engagement was not followed as colleagues were advised of the change before stakeholders had been briefed, resulting in them learning of the plans before being formally notified and before discussions could take place.

On 11 May 2026 the East Riding of Yorkshire Health and Wellbeing Scrutiny Sub-committee (OSC) convened an extraordinary meeting following concerns raised about the ICB and the Trust's plans to close the BCU.

At the meeting the OSC made three recommendations, one of which was that the Trust and ICB undertake a structured public engagement exercise to provide clarity to residents that the proposal related solely to the Bridlington Care Unit and not to wider services at Bridlington Hospital, and to communicate the longer-term strategic vision for the hospital site, including expansion of elective, diagnostic and outpatient services.

York and Scarborough Teaching Hospitals NHS Foundation Trust's Board of Directors discussed the OSC's recommendations and wider feedback from stakeholders and the Bridlington community at its private meeting on 27 May 2026. The Board accepted the recommendations and agreed a three month pause to the closure plans, with the engagement to be planned and completed during this time.

This report describes the engagement work undertaken and key findings, along with recommendations and next steps.

Feedback related to the BCU will be considered in the development of plans for the future of the Unit.

2. Engagement objectives

The purpose of the engagement is to:

- Inform residents as to the future of Bridlington Hospital and provide clarity to residents that the previous closure proposal related solely to the Bridlington Care Unit and not to wider services at Bridlington Hospital.
- Provide opportunities for patients, staff, local residents and stakeholders to be involved in the planning of the provision of relevant services and in the development of the proposals for changes to the way services may be provided.
- Communicate the longer-term strategic vision for the Bridlington Hospital site.
- Showcase the positive health and social care work happening in Bridlington.

The engagement was designed to enable feedback to be gathered on the Trust's emerging clinical strategy, alongside broader health and care services provided for the Bridlington population and, specifically, the BCU. This feedback will be considered and will help to inform the proposals for changes to the Bridlington Care Unit, as well as other developments in Bridlington.

Feedback was gathered from multiple sources during the engagement period. These include:

- Survey (available in hard copy and online)
- Engagement events in Bridlington
- Written feedback, letters and submissions
- Reviewing existing patient experience data

3. Accessibility

It was important to ensure that as many people as possible were able to participate and give their views. A number of steps were taken to make the engagement

accessible and encourage participation from a wide a range of people as possible. This included:

- Survey translated into different languages (top most-translated versions produced).
- Large print and easy-read versions of the survey.
- Accessible online survey platform offering translation, audio, large font, colour contrast.
- Hard-copy surveys with freepost address for returns.
- Phone number given for people who wanted to provide feedback into the engagement through a conversation or if they needed help with the questionnaire.
- Advertised widely through local media, the trust's website and social media channels.
- Posters sent to GP practices, libraries and Bridlington Hospital.
- Events held in an accessible venue with a quiet breakout space at different times of the day to help more people attend at a convenient time for them.
- Events and survey shared with multiple community groups both to invite them to participate and also to ask for helping with promotion. The list of groups and stakeholders is at **appendix i**.
- Email to York and Scarborough Foundation Trust members and communication to trust staff.

4. Survey findings

In addition to the engagement events a survey was created to provided further opportunity for people to share their views and to enable a level of quantitative data to be captured in addition to the qualitative data gathered at the events. Paper copies of the survey were also available for completion at the events.

Questions were designed to gather views on the Bridlington Care Unit, the provision of alternative services, and the future strategy for Bridlington Hospital and any future developments.

They key findings are summarised below. A copy of the survey is at **appendix ii**, and a full data set is at **appendix iii**.

The survey was open from 6 July to 9 August. 463 surveys were returned. It was not compulsory to complete all of the questions, therefore the analysis included fully completed and partially completed surveys.

The sample population for the survey were self-selected as the survey was part of an open public engagement exercise. It cannot be interpreted as statistically significant in representing the Bridlington population as a whole. The findings should be considered alongside clinical, operational, workforce and financial evidence when making an assessment on future service developments.

4.1. Questions related to Bridlington Care Unit

Awareness of the BCU was high amongst respondents (90% were aware), half of the respondents had either been patients on the unit themselves (15%) or had a friend or family member who had used the unit (35%). There was also high awareness of the proposal to close the unit (91%).

There was strong opposition to the closure of the unit: 91% of respondents said they do not support at all or mostly do not support the proposal. There was a good level of understanding that the proposals only related to the closure of BCU rather than Bridlington Hospital as a whole (64% vs 7%).

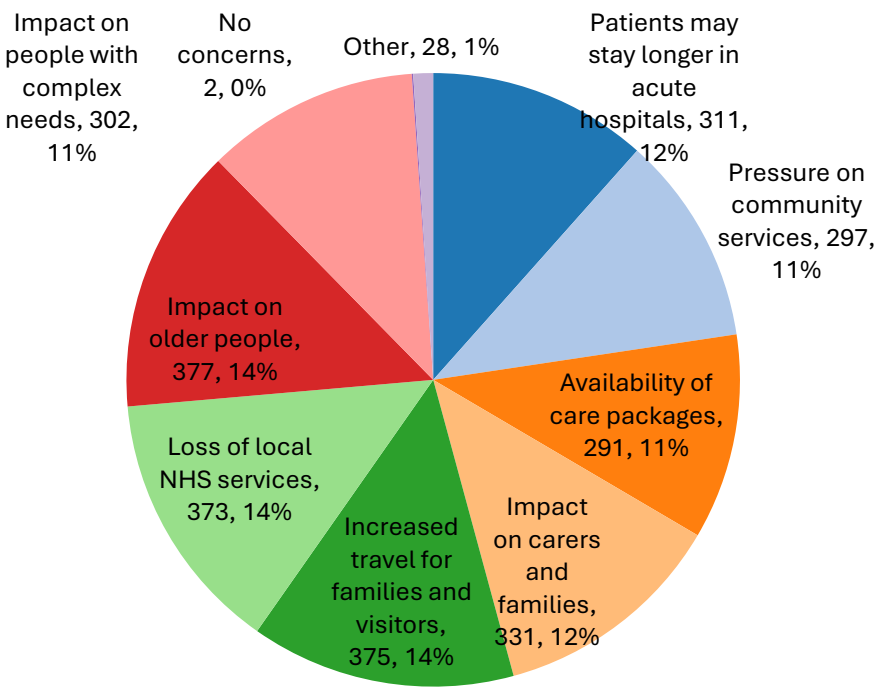
Respondents were invited to provide further information to explain why they did or did not support the closure of the BCU. These comments can be grouped into eight themes:

1. Local access, distance and transport
2. Family, carers and visiting burden
3. Older, vulnerable and complex patients
4. Population growth and local underinvestment
5. Community capacity and safe discharge
6. Acute hospital pressures and patient flow
7. Rehabilitation, step-down and end of life care
8. Trust, rationale and transparency of decision making

Some of the themes listed above, and the specific comments under these themes, demonstrate there is still misunderstanding about the role and function of the BCU. There is more work to do to explain to people that some of the patients they are concerned about, for example, those requiring ongoing medical care, those still recovering post-surgery, those with dementia requiring specialist care home support, would not have been admitted to BCU and will continue to receive the care they need in the appropriate clinical setting.

When asked to say what their concerns were about the closure, picking from a list, the responses were relatively evenly split amongst all options, indicating respondents had concerns in all of the suggested areas. **This is illustrated in chart 1 below:**

Chart 1: Which of the following concerns, if any, do you have? (Select all that apply)



When asked 'to what extent do you agree that people should be supported to return home as soon as it is safe to do so, rather than remaining in hospital longer than necessary?' 89% tended to agree or strongly agreed. This suggests that there is support for a 'home first' approach, but responses to other questions suggests that this is dependent on having confidence that the decision to discharge is safe and that the services and support required to be at home are in place.

The top three things that people most wanted to be assured about before BCU could close were:

1. Community services having enough staff
2. Social care packages being available quickly
3. People being able to return home safely

34 narrative comments were shared to support people's responses to this question, the majority of which were expressing opposition to the closure.

At the end of the survey participants were invited to share any comments, feedback or views on the BCU and the proposed changes.

There were 172 comments and these can be grouped into the following ten themes, in order of prevalence:

1. Local access, distance and transport
2. Acute beds and wider system pressure

3. Community/social care readiness and safe discharge
4. Explicit reference to retention of the unit and/or opposition to closure
5. Investment and greater use of the hospital
6. Population growth, aging and demand
7. Health inequalities and vulnerable groups
8. Criticism of management and financial motives
9. A lack of trust amongst respondents and a call for further engagement
10. Praise for staff and current services

4.2. Questions relating to out of hospital services and how care is provided for people once they are ready for discharge from hospital

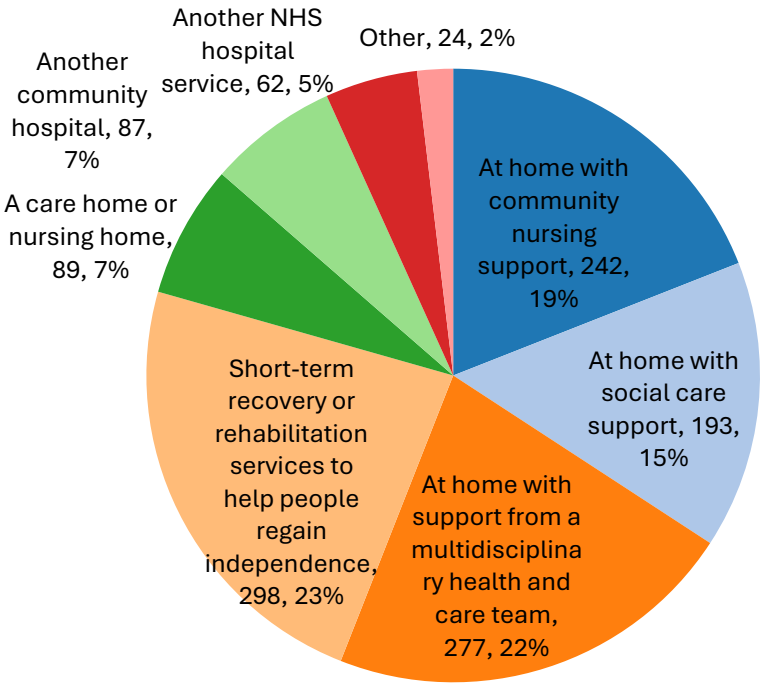
In terms of home-based/out of hospital care, people were asked which of the following statements was closest to their view:

- People should be supported to recover at home whenever it is safe to do so (26.5%)
- People should usually remain in a hospital setting until they no longer need any ongoing care (15.3%)
- It depends on the individual circumstances (58%)
- Don't know (0.2%)

This support the feedback through other responses that people require a level of confidence in decision making regarding discharge from hospital and the provision of services in the community before being able to fully support the idea of people being cared for at home.

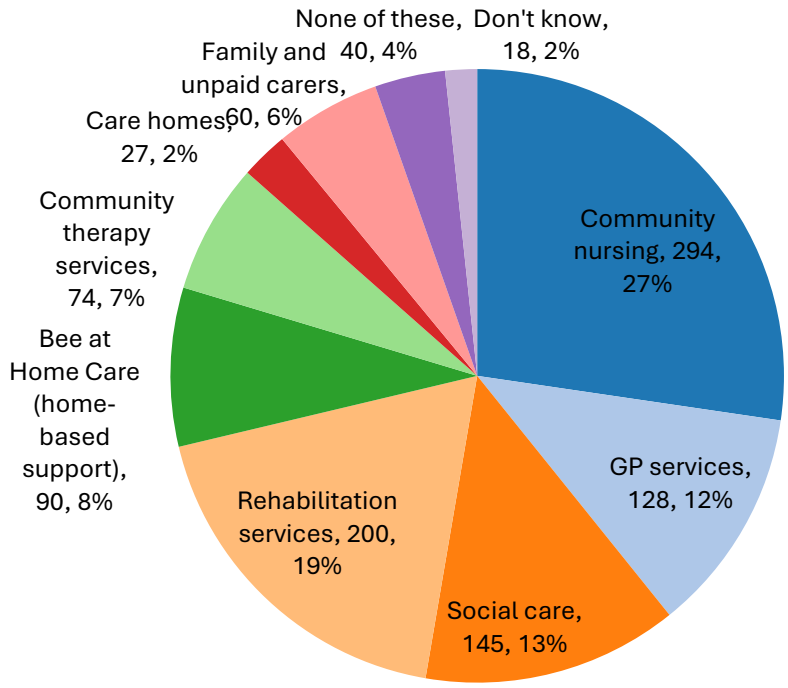
When asked to say how care and support would best be provided for people who are ready to be discharged from acute hospital services, the most selected options were for home-based support. A community hospital or other NHS hospital service was 12% of the choices, with support from a home-based community nursing, social care or a multidisciplinary team collectively making up 56%. For those selecting 'other', nine people commented that the Bridlington Care Unit would be the place to receive this care. **See chart 2 below**.

Chart 2: Thinking about people who are medically ready to leave hospital but still need some ongoing care or support, where do you think that care should happen? (Select all that apply)



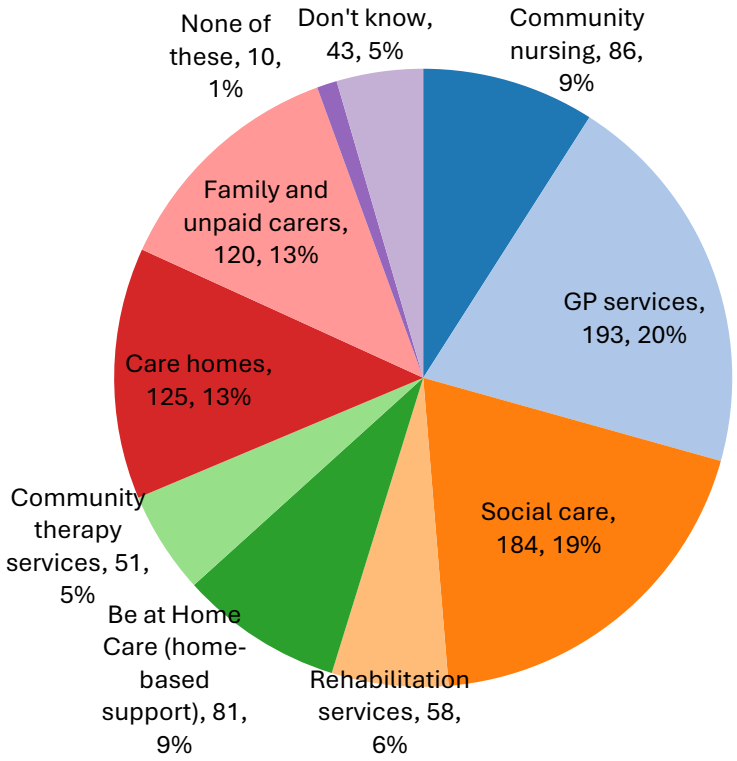
There was low confidence amongst respondents that people could be safely supported at home or in the community rather than in the BCU, with 72% of respondents saying they were not very confident or not at all confident. **See chart 3 below.**

Chart 3: Which services would give you the greatest confidence that people could safely return home? (Select up to three)



When asked to select up to three options, the services that gave people the most confidence were community nursing, rehabilitation services, social care and GP services, however GP services and social are were also reported as giving the least confidence. **See chart 4 below**.

Chart 4: Which services give you the least confidence? (Select up to three)



When asked to choose the most important factors for planning services for people when they are ready to leave hospital, the most frequently chosen options were well coordinated care and care closer to home, totalling 50% of overall choices.

When asked what was 'most important if more people receive care at home or in community settings', the responses were:

1. Patients receive enough support to remain safely at home (29.5%)
2. Care packages are put in place quickly (19.2%)
3. Healthcare professionals communicate well with families and carers (18.2%)
4. Family and carers receive practical support (11.7%)
5. Community services work together (11.1%)
6. Patients can access rehabilitation quickly (10.4%)

When asked 'which areas of community care are most important, selecting up to five', the top five were:

1. Community nursing (14.7%)
2. Social care packages (12.3%)
3. GP services (12.2%)
4. Rehabilitation services (10.2%)
5. End of life care (8.4%)

When asked to 'select one area that would make the biggest difference for people needing care or support after leaving hospital', the responses were ranked as follows:

Ranking	Area
1	Community nursing
=2	Social care packages
=2	Be at Home Care (home-based support)
4	Rehabilitation services
5	GP services
6	Hospital Outpatient Services
=7	Support for unpaid carers
=7	End of life care
9	Community therapy services
10	Mental health support
11	Frailty Services
12	Care home capacity
=13	Diagnostic services
=13	Planned surgery

For the question ‘when planning services for people leaving hospital which of the following is most important’, the top four selected were:

- Receiving safe care (20%)
- Well-coordinated support (19.7%)
- Receiving rehabilitation support (12.6%)
- Being close to family and carers (12.3%)

4.3. Questions on wider services and future plans

As well gathering feedback on the BCU and how people are cared for when they are ready to leave hospital, we wanted to understand people’s views on the Trust’s future plans and to gather views on what matters to local people to help with the development of the trust’s clinical strategy. We asked them to consider which of the four broad areas of the trust’s clinical strategy they would most like to see developments in for Bridlington, picking up to two of the four.

The responses were:

- Cancer and planned care (such as planned operations, diagnostics, and outpatient appointments): 33%
- Acute illness (assessment and treatment for people who become suddenly unwell): 29.9%
- Frailty and end of life care (support for older people, people living with frailty and end of life care): 18.6%
- Best start and women's health (for example maternity, gynaecology and services for children and families): 13.8%

53 people selected ‘other’ and wrote a comment.

The comments support broad areas rather than pointing to a single additional service, and many comments call for the development or provision of services within the four broad areas listed, rather than being ‘other’, as in additional suggestions.

The strongest message is a call for a more consistently-used local hospital, often including urgent assessment and 24-hour emergency or minor-injury provision.

Key themes from these comments were:

- Comprehensive provision and greater use of the hospital
- Urgent and emergency care and acute assessment
- Diagnostics, outpatients, surgery and follow-up
- Local access and reducing travel
- Frailty, rehabilitation, dementia and palliative care
- Population growth, capacity and system pressures
- Specific services not listed
- Women's health, maternity and children's services

5. Public engagement events

Two public engagement events were held at the Spa in Bridlington on 27 July, 16:00-19:00 and 28 July, 10:00-13:00. A total of 250 people attended across both days.

Approximately 30 colleagues from health, social care and voluntary and community organisations attended each day to facilitate the events and support the conversations. The following organisations were represented: York and Scarborough Teaching Hospitals NHS Foundation Trust, NHS Humber and North Yorkshire Integrated Care Board, CHCP, East Riding of Yorkshire Council, Healthwatch East Riding, Carers Plus Yorkshire and Surecare.

Facilitators supported 12 display stands with information on a range of topics such as diagnostics, planned surgery and the surgical hub, outpatients and planned care, palliative care, frailty, rehabilitation and the BCU, along with travel and transport and services provided by health and care partner organisations.

The events were three hours each and were drop-ins, enabling people to arrive when convenient and stay as long as they wanted.

Colleagues captured feedback on forms which have been analysed for themes.

35 comment forms were submitted, each containing a varying number of comments and notes. These have been recorded and a thematic analysis undertaken.

Theme 1: Care closer to home and the future role of Bridlington Hospital

Participants repeatedly called for Bridlington Hospital to be retained, better used and developed as a centre for local care. Particular requests included additional outpatient clinics, urology, rheumatology, pathology, rehabilitation, frailty, palliative care, diagnostics, minor injuries provision and post-operative follow-up.

It was generally accepted that specialist surgery and complex treatment may need to take place elsewhere. However, it was questioned why pre-operative assessment, post-operative review, routine follow-up, blood tests, diagnostics and some consultant appointments could not be offered more consistently in Bridlington.

Several people described being sent to York, Scarborough, Malton, Hull or Selby, only to learn that the same or a similar appointment could have been provided locally. Others said Bridlington appointments were available only after they had actively challenged the original booking.

This has contributed to a perception that Bridlington is a “forgotten hospital” and that local services are not being offered proactively. Participants were particularly concerned by the hospital appearing quiet or underused, while patients were simultaneously travelling significant distances and joining waiting lists elsewhere.

Theme 2: Transport as a barrier to access, attendance and family support

Transport was the most pervasive theme in the feedback. Participants described early morning appointments that could not be reached by public transport, lengthy journeys involving several connections, high taxi fares, difficulties with hospital parking and limited support after discharge during the night.

Examples included a five-hour return journey for a ten-minute consultation, and expensive taxi costs. Participants also reported cancelling appointments because public transport could not get them to another hospital in time.

Families and carers were sometimes unable to visit relatives because of cost, distance or mobility difficulties.

Feedback on local bus services included infrequent routes, a lack of shelters or suitable seating, inaccessible stopping arrangements, poor communication about timetable changes and concerns about personal safety when waiting in isolated locations. Residents called for better joint planning between the NHS, local authority, community transport providers and commercial bus operators.

Transport was also the key theme in the feedback provided by Healthwatch East Riding of Yorkshire based on their conversations during the events.

Theme 3: Communication, information and navigation

Residents repeatedly stated that they did not know which services were available at Bridlington Hospital, how frequently they operated or how they could be accessed. Participants asked for a regularly updated list of local services, including referral routes, opening times and service availability.

There was frustration that primary care, booking teams and patients appeared to receive inconsistent information. Examples included general practices not knowing how to refer into services, appointments being allocated outside Bridlington when

local capacity may have existed, and patients receiving conflicting advice about whether services were available locally.

The feedback suggests that communication problems are affecting both public confidence and service utilisation.

Theme 4: Fragmented pathways and organisational boundaries

Participants described care as fragmented between York and Scarborough Teaching Hospitals, Hull University Teaching Hospitals, Humber and North Yorkshire Health and Care Partnership services, general practice, community services and social care.

Particular concerns included the sharing of diagnostic images and results, communication between consultants and GPs, inconsistent referral routes and patients being passed between general practice, urgent care, pharmacy and hospital services without a clear understanding of responsibility.

Residents whose care crossed organisational boundaries felt that the system did not consistently operate as a single pathway. They reported repeated journeys for blood tests, scans and outpatient consultations that could potentially have been coordinated into fewer visits.

This fragmentation was especially apparent at discharge. Some participants described excellent community nursing support, while others reported little or no follow-up, insufficient home care and uncertainty about who to contact when problems arose.

Theme 5: Frailty, rehabilitation, palliative care and discharge support

There was strong concern about the future of beds and services supporting older people, rehabilitation, end-of-life care and recovery after an acute hospital stay.

Participants placed considerable value on the BCU and the ability for family members to visit locally. However, there was confusion about the unit's role and concern that changes were being understood as a closure of rehabilitation or inpatient provision.

Palliative care generated particularly emotive feedback. Residents referred to earlier discussions or commitments that they believed had not been delivered and expressed a strong preference for people to receive end-of-life care near their families and communities. They also recognised that many people would prefer to die at home, but questioned whether community and family support was sufficiently reliable to make this a realistic choice.

Feedback also highlighted gaps in rehabilitation, medical review, home care and equipment provision following discharge. The absence of coordinated support was seen as increasing pressure on families and creating a risk of deterioration or readmission.

Theme 6: Public trust, engagement and accountability

Although participants welcomed the opportunity to engage, some were disappointed that the event did not provide a panel or a ‘town hall’ style Q&A and presentation. Others felt that previous proposals, including palliative care and diagnostic developments, had not been followed by visible delivery or adequate explanation.

The result is a degree of mistrust, heightened by fears that Bridlington Hospital could gradually lose services or close. In some cases, uncertainty appears to be filling the space left by a lack of clear and timely information.

Nevertheless, residents expressed a desire to work collaboratively with the NHS. Participants wanted positive news to be shared alongside areas of challenge and asked for an ongoing relationship with the Trust and integrated care system rather than engagement only at points of service change.

6. Wider feedback

The Trust received feedback from a number of other sources. These are summarised as follows:

- Charlie Dewhirst, the MP for Bridlington and the Wolds presented a petition to the Trust with 5,784 signatures calling for the BCU to remain open. The petition was formally received by the Board of Directors at its May 2026 meeting. In response the trust acknowledged the depth of feeling in the local community represented by the petition, and reaffirmed its commitment to carry out an engagement exercise.
- The Bridlington Health Forum wrote to the Trust on a number of occasions raising concerns about the closure of the BCU. The Trust’s executive team met with Health Forum members at Bridlington Hospital to discuss these concerns.
- The Trust received letters from three East Riding of Yorkshire Councillors raising concerns about the closure of the BCU.
- Three letters were received from MPs outside of the Bridlington area raising constituent concerns about the closure of BCU, as part of a coordinated campaign.

7. Summary

We thank the people of Bridlington for their openness and willingness to share their stories as part of this process.

The engagement has provided a clear and consistent account of the issues that matter most to Bridlington residents, patients, staff and stakeholders. There is strong local support for Bridlington Hospital, a clear desire to see the site better used and developed, and a strong expectation that routine, follow-up, diagnostic, outpatient,

rehabilitation, frailty and palliative care should be provided locally wherever this is clinically safe, sustainable and operationally possible.

The feedback also demonstrates the strength of feeling about the proposed closure of the Bridlington Care Unit. Survey responses show high awareness of the proposal and strong opposition to closure, while also showing that most respondents understood that the proposal related to the BCU and not to Bridlington Hospital as a whole. This suggests the engagement has helped provide clarity on the scope of the proposal, while also underlining the need for further communication about the future role of the hospital site.

Although opposition to the BCU proposal is significant, the findings suggest that many people support the principle of helping people return home as soon as it is safe to do so. Their concerns are focused less on the principle of care at home, and more on whether community services, social care packages, rehabilitation, communication with families and discharge arrangements are sufficiently robust to make this safe and reliable in practice.

The engagement has helped to improve understanding of the scope of the proposals for the BCU, although some misunderstanding remains as to the function of the Unit and further communication is required, particularly to help to clarify that the BCU is for people who have already been assessed by hospital clinical teams as medically ready to leave acute hospital care, and that any future model must include clear safeguards so people are supported in the right setting, with the right care, at the right time.

Across all engagement channels, the most consistent concerns related to access, transport, communication, confidence in community capacity, the coordination of care across organisational boundaries, and the need for a clearer long-term vision for Bridlington Hospital. These issues go beyond the BCU proposal and should inform the Trust's developing clinical strategy and wider system planning for Bridlington.

The engagement has also highlighted a need to rebuild trust. Residents want greater transparency about decisions, clearer evidence about the options considered, and an ongoing relationship with the Trust and system partners rather than engagement only at the point of potential service change.

8. Key findings and proposed responses/actions

The engagement process has provided a clear account of the issues that matter most to Bridlington residents, patients, staff and stakeholders. We are grateful to the people of Bridlington for their openness and willingness to share their experiences, concerns and ambitions for local services.

1. Strong support for Bridlington Hospital and a clearer future role

What people told us: There is strong local support for Bridlington Hospital, a clear desire to see the site better used and developed, and an expectation that routine, follow-up, diagnostic, outpatient, rehabilitation, frailty and palliative care should be provided locally wherever this is clinically safe, sustainable and operationally possible.

Proposed response/action: The Trust should use these findings to inform the developing clinical strategy and the future role of Bridlington Hospital, setting out which services can be developed locally, which need to remain on larger hospital sites, and how Bridlington Hospital will contribute to the wider clinical strategy. This should be supported by clear communication and further engagement with local people and partners.

2. Significant concern about the proposed closure of the Bridlington Care Unit

What people told us: Feedback demonstrates the strength of feeling about the proposed closure of the Bridlington Care Unit. Survey responses show high awareness of the proposal and strong opposition to closure, while also indicating that most respondents understood that the proposal related to the BCU and not to Bridlington Hospital as a whole.

Proposed response/action: The engagement findings should be considered as part of the decision-making process for the future of the BCU, with a clear explanation of how feedback has influenced the proposed model and subsequent decision. The report should also be shared with the East Riding of Yorkshire Health and Wellbeing Scrutiny Sub-committee as part of the Trust and ICB response to the OSC's recommendations, and published on the Trust's website.

3. Support for care closer to home, but concern about whether services are sufficiently robust

What people told us: Although opposition to the BCU proposal is significant, many people support the principle of helping people return home as soon as it is safe to do so. Their concerns are focused less on the principle of care at home, and more on whether community services, social care packages, rehabilitation, communication with families and discharge arrangements are sufficiently robust to make this safe and reliable in practice.

Proposed response/action: The Trust and system partners should provide practical assurance on safe discharge and community capacity, including the community nursing, rehabilitation, social care and escalation arrangements that will support people to return home safely. Any future model should include clear safeguards so people are supported in the right setting, with the right care, at the right time.

4. Ongoing need to clarify the role and function of the BCU

What people told us: The engagement has improved understanding of the scope of the BCU proposals, but some misunderstanding remains about the function of the Unit, particularly that it is for people who have already been assessed by hospital clinical teams as medically ready to leave acute hospital care.

Proposed response/action: Further communication should explain the role of the BCU, the distinction between acute hospital care and step-down or onward care, and the safeguards that would need to be in place in any future model. This should form part of wider communication about the future role of Bridlington Hospital.

5. Access, transport and coordination remain central concerns

What people told us: Across all engagement channels, the most consistent concerns related to access, transport, communication, confidence in community capacity, the coordination of care across organisational boundaries, and the impact of appointment location, timing, discharge arrangements, visiting, carer travel and public transport availability on Bridlington residents.

Proposed response/action: The Trust should continue to review how service location and travel arrangements affect Bridlington residents, and work with local authority, community transport and voluntary sector partners to identify practical improvements. This should include consideration of appointment scheduling, discharge planning, visiting arrangements and access to information for carers and families.

6. Need for clearer information about local services and continued engagement

What people told us: Residents, staff and stakeholders want clearer, more reliable information about what services are available at Bridlington Hospital, how to access them, and how decisions about services are made. The engagement has also highlighted a need to rebuild trust through greater transparency, clearer evidence about the options considered, and an ongoing relationship with the Trust and system partners rather than engagement only at the point of potential service change.

Proposed response/action: The Trust should develop and maintain a single, reliable source of information about services available at Bridlington Hospital, including referral routes, opening times, appointment availability and points of contact. This should include contributions from other providers of services at Bridlington Hospital. Working with local patient groups and other stakeholders, the Trust should also establish a regular programme of communication and engagement, including opportunities to report back on progress, share positive developments, explain constraints and involve local people in the continued development of services.

Appendix A: Survey and event information and suggest content for sharing in communications sent to the following:

Healthwatch East Riding
Bridlington Pride
East Riding Carers Support Service
Emmanuel Church
Christ Church Bridlington
HEY Smile Foundation
Bridlington collective
HEY Volunteering
Active Humber
Bridlington Cricket Club
Bridlington tennis club
Bridlington Diabetes Support Group
Dementia support in Bridlington
Right Minds
Age UK Hull and East Yorkshire
Hull and East Yorkshire MIND
Community VISION CIO
Carers Plus
Bridlington & District Stroke Group
Bridlington Bay Bowling Club
Fuse youth organisation
The Hinge
Bridlington Butts Close Best Start Family Hub
East Riding Place VCSE Collaborative
Bridlington Central Library (King Street)
North Bridlington Library (Martongate)
Bridlington Leisure Centre
Bridlington U3A
Bridlington business network
Bridlington Men in Sheds
Bridlington Priory Choir & Junior Choir
Bridlington RUFC
Bridlington Health Forum
Inclusion North (co-facilitate the East Riding LD partnership Board)
Drs Reddy and Nunn (GP practices)
Bridlington CYP

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Residents invited to help shape the future of health and care in Bridlington

The closing date for this survey is midnight Sunday 9 August 2026. York and Scarborough Teaching Hospitals NHS Foundation Trust, together with NHS Humber and North Yorkshire Integrated Care Board and other health and care partners, is encouraging patients, local residents, staff and community organisations to share their experiences, ideas and priorities as work continues to develop a long-term vision for health services in Bridlington. The feedback gathered through this engagement will help inform: ● The future of services currently provided through the Bridlington Care Unit ● Development of the Trust's emerging clinical strategy ● Future health and care services in Bridlington ● The longer-term vision for Bridlington Hospital Find out more about Bridlington Hospital here: https://www.yorkhospitals.nhs.uk/news-and-media/a-bright-future-for-health-and-care-in-bridlington/

Introduction

All responses are anonymous, and we will not ask for your name or contact details. If you need this survey in large print, another language or another format, or if you need help to complete it, please contact: Email: yhs-tr.communications.team@nhs.net Telephone: 01904 721855

Before today, were you aware of Bridlington Care Unit?

- ☐ Yes
- ☐ No

Have you or someone close to you ever used Bridlington Care Unit?

- ☐ Yes – I have
- ☐ Yes – a family member or friend has
- ☐ No
- ☐ Unsure

Before completing this survey, were you aware of the proposal to close Bridlington Care Unit?

- ☐ Yes
- ☐ No

Which statement best describes your understanding of the proposal?

- ☐ Bridlington Hospital is proposed to close
- ☐ Only Bridlington Care Unit is proposed to close while other hospital services continue
- ☐ Some services at Bridlington Hospital are proposed to close
- ☐ I am not sure

Overall, to what extent do you support the proposed closure of Bridlington Care Unit?

- ☐ Fully support
- ☐ Mostly support
- ☐ Neither support nor oppose
- ☐ Mostly do not support
- ☐ Do not support at all
- ☐ I don't know enough to say

What are the main reasons for your answer?

Which of the following concerns, if any, do you have? (Select all that apply)

- ☐ Patients may stay longer in acute hospitals
- ☐ Pressure on community services
- ☐ Availability of care packages
- ☐ Impact on carers and families
- ☐ Increased travel for families and visitors
- ☐ Loss of local NHS services
- ☐ Impact on older people
- ☐ Impact on people with complex needs
- ☐ No concerns
- ☐ Other

If you selected Other, please provide details below

Which statement comes closest to your view?

- ☐ People should be supported to recover at home whenever it is safe to do so.
- ☐ People should usually remain in a hospital setting until they no longer need any ongoing care.
- ☐ It depends on the individual circumstances.
- ☐ Don't know.

To what extent do you agree that people should be supported to return home as soon as it is safe to do so, rather than remaining in hospital longer than necessary?

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Thinking about people who are medically ready to leave hospital but still need some ongoing care or support, where do you think that care should happen? (Select all that apply)

- ☐ At home with community nursing support
- ☐ At home with social care support
- ☐ At home with support from a multidisciplinary health and care team
- ☐ Short-term recovery or rehabilitation services to help people regain independence
- ☐ A care home or nursing home
- ☐ Another community hospital
- ☐ Another NHS hospital service
- ☐ Other

If you selected Other, please provide details below

How confident are you that people could be safely supported at home or in the community instead of at Bridlington Care Unit?

- ☐ Very confident
- ☐ Fairly confident
- ☐ Neither
- ☐ Not very confident
- ☐ Not at all confident
- ☐ Don't know

Which services would give you the greatest confidence that people could safely return home? (Select up to three)

- ☐ Community nursing
- ☐ GP services
- ☐ Social care
- ☐ Rehabilitation services
- ☐ Bee at Home Care (home-based support)
- ☐ Community therapy services
- ☐ Care homes
- ☐ Family and unpaid carers
- ☐ None of these
- ☐ Don't know

Which services give you the least confidence? (Select up to three)

- ☐ Community nursing
- ☐ GP services
- ☐ Social care
- ☐ Rehabilitation services
- ☐ Be at Home Care (home-based support)
- ☐ Community therapy services
- ☐ Care homes
- ☐ Family and unpaid carers
- ☐ None of these
- ☐ Don't know

Which three factors are most important when planning services for people who are ready to leave hospital? (Select three options)

- ☐ Receiving care close to home
- ☐ Returning home as soon as possible
- ☐ Having support from family nearby
- ☐ Receiving specialist rehabilitation
- ☐ Well-coordinated support
- ☐ Avoiding unnecessary hospital stays
- ☐ Choice of location where care is provided
- ☐ Other

If you selected Other, please provide details below

Before Bridlington Care Unit could close, what would you most want to be assured about? (Select up to three)

- ☐ Community services have enough staff
- ☐ Social care packages are available quickly
- ☐ People can return home safely
- ☐ Unpaid carers receive enough support
- ☐ Enough district nursing support
- ☐ Rehabilitation services are available
- ☐ Care home places are available
- ☐ Patients won't stay longer in acute hospitals
- ☐ Readmissions won't increase
- ☐ Patients will receive the same quality of care
- ☐ Other

If you selected Other, please provide details below

If more people receive care at home or in community settings, which of the following are most important?

- ☐ Patients receive enough support to remain safely at home
- ☐ Family and carers receive practical support
- ☐ Healthcare professionals communicate well with families and carers
- ☐ Patients can access rehabilitation quickly
- ☐ Care packages are put in place quickly
- ☐ Community services work together

Which areas of community care are most important? (Select up to five)

- ☐ Community nursing
- ☐ Be at Home Care (home- based support)
- ☐ Social care packages
- ☐ Rehabilitation services
- ☐ Frailty services
- ☐ Community therapy services
- ☐ Mental health support
- ☐ GP services
- ☐ Care home capacity
- ☐ Support for unpaid carers
- ☐ Hospital outpatient services
- ☐ Diagnostic services
- ☐ End of life care
- ☐ Planned surgery

Which one area should be developed that would make the biggest difference for people who need care or support after leaving hospital?

- ☐ Community nursing
- ☐ Be at Home Care (home- based support)
- ☐ Social care packages
- ☐ Rehabilitation services
- ☐ Frailty services
- ☐ Community therapy services
- ☐ Mental health support
- ☐ GP services
- ☐ Care home capacity
- ☐ Support for unpaid carers
- ☐ Hospital outpatient services
- ☐ Diagnostic services
- ☐ End of life care
- ☐ Planned surgery

When planning services for people leaving hospital, which of the following do you feel are most important (select up to 4 from the below)

- ☐ Receiving safe care
- ☐ Returning home as quickly and safely as possible
- ☐ Being close to family and carers
- ☐ Receiving rehabilitation support
- ☐ Well-coordinated support
- ☐ Avoiding longer stays in hospital than needed
- ☐ Independence
- ☐ Access to specialist staff

Bridlington Hospital will continue to provide a range of hospital services and there are plans to further develop the site in the future. Looking ahead, which services would you most like to see developed at Bridlington Hospital? (Select up to two)

- ☐ Best start and women's health (for example maternity, gynaecology and services for children and families)
- ☐ Cancer and planned care (such as planned operations, diagnostics, and outpatient appointments)
- ☐ Acute illness (assessment and treatment for people who become suddenly unwell)
- ☐ Frailty and end of life care (support for older people, people living with frailty and end of life care)
- ☐ Other

If you selected Other, please provide details below

What are the main reasons for your answer?

Is there anything else you would like to share about your views on Bridlington Care Unit or the proposed changes?

About You

The following questions help us understand whether we are hearing from a wide range of people. It will also help us understand if different groups have different experiences of healthcare services. All questions are optional and responses remain anonymous. We would like to know a bit more about you to help us to better understand the answers you have given during this survey, and the health and care needs of our local communities. We know that people of different ages, ethnicities, sexualities, and other protected characteristics, have different health needs, access healthcare services in different ways, and sometimes have different experiences of care. By answering some short questions, you can support our work aiming to reduce health inequalities in Humber and North Yorkshire, giving everyone the opportunity to receive care in a way which is most appropriate to them, and improving outcomes for patients. In line with data protection law, your information will remain anonymous and will only be used to support this survey etc. To find out how we use your information, please visit https://www.yorkhospitals.nhs.uk/about-us/information-governance/privacy-notices/development-of-services-at-bridlington-hospital-public-engagement-survey-privacy-notice/ You do not need to answer these questions if you do not want to.

Which best describes you? (Select all that apply)

- ☐ Community and voluntary sector representatives
- ☐ Elected representatives
- ☐ Health and care professionals
- ☐ Local residents
- ☐ Trust staff and volunteers
- ☐ Patients, families and carers
- ☐ Prefer not to say
- ☐ Other (please specify)

If you've selected other, please provide details below.

What is the first half of your postcode e.g. YO16? (Please do not provide a full postcode)

What is your age?

- ☐ 0-19
- ☐ 20-24
- ☐ 25-34
- ☐ 35-49
- ☐ 50-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and over
- ☐ Prefer not to say

Which of the following best describes your ethnic background?

- ☐ Asian / Asian British
- ☐ Black / African / Caribbean / Black British
- ☐ Chinese
- ☐ Mixed / Multiple ethnic group
- ☐ Prefer not to say
- ☐ White
- ☐ Not on the list (please specify):

Gender

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Other (please specify):

Is your gender the same as assigned sex at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your sexuality?

- ☐ Bisexual
- ☐ Heterosexual (Straight)
- ☐ Lesbian or gay woman
- ☐ Gay man
- ☐ Asexual
- ☐ Prefer not to say
- ☐ Other (please state)

Do you consider yourself to have a disability or long-term medical condition that limits your daily activities?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your religion or belief? (Please select one option)

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (including all denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Another religion or belief (please specify)
- ☐ Prefer not to say

Thank you for taking the time to complete this survey.

Your views will help shape future health and care services in Bridlington. We will publish a

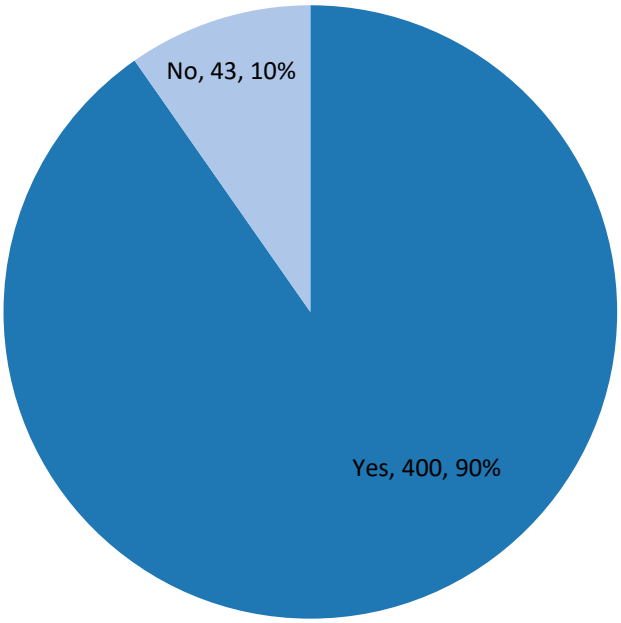
summary of the feedback received, together with information about how the feedback has influenced future plans, on the Trust website following consideration by the Trust Board. For updates, please visit: www.yorkhospitals.nhs.uk/bridlington-bright-future/

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Bridlington Hospital Survey Report

1st July to 9th August 2026

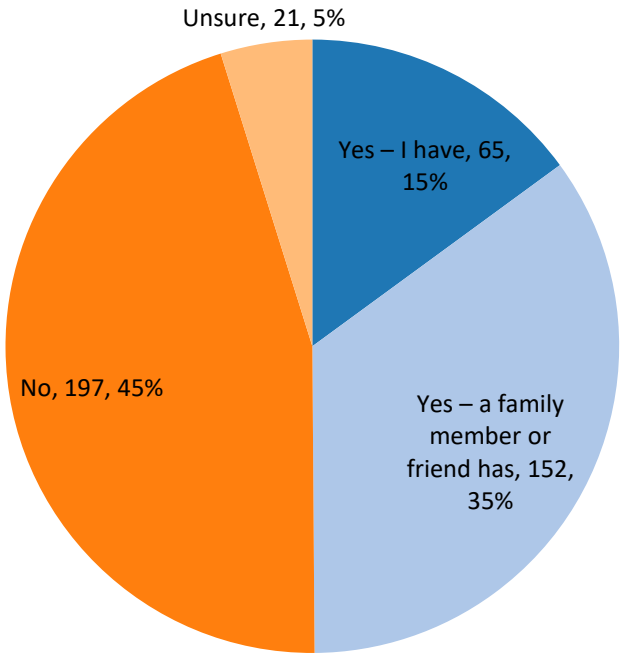
Before today, were you aware of Bridlington Care Unit?



Answer	Total	Percent
Yes	400	90.3
No	43	9.7

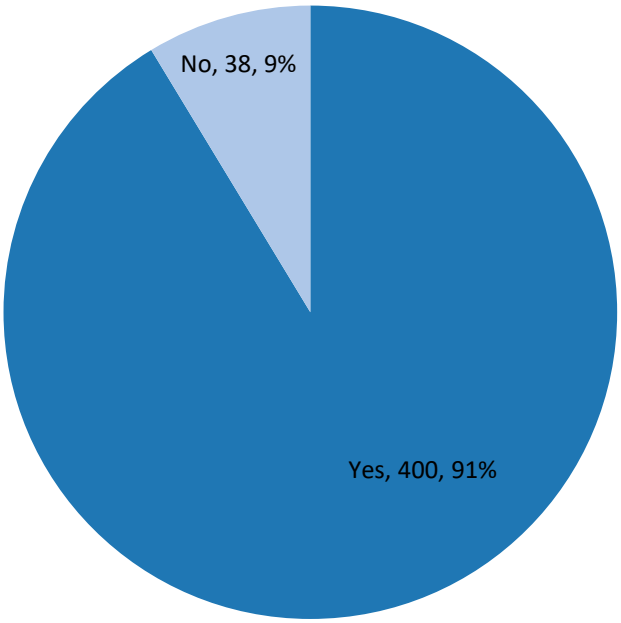
Total responses	443	

Have you or someone close to you ever used Bridlington Care Unit?



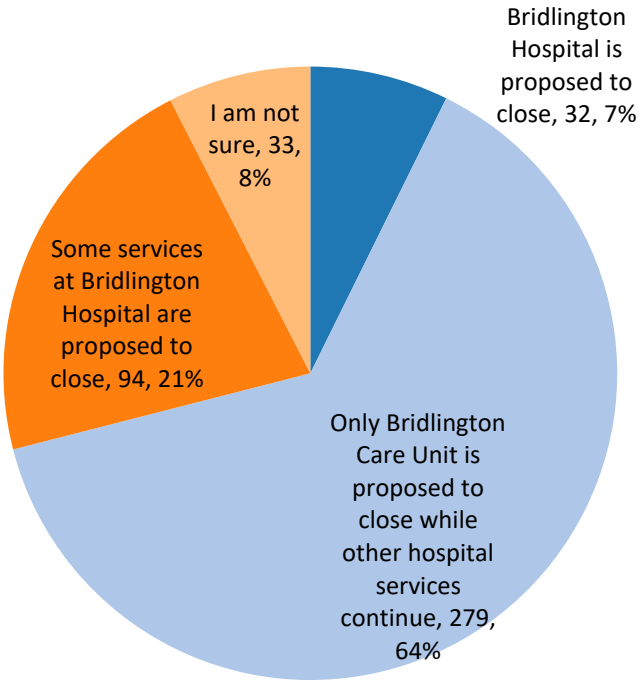
Answer	Total	Percent
Yes – I have	65	14.9
Yes – a family member or friend has	152	34.9
No	197	45.3
Unsure	21	4.8
Total responses	435	

Before completing this survey, were you aware of the proposal to close Bridlington Care Unit?



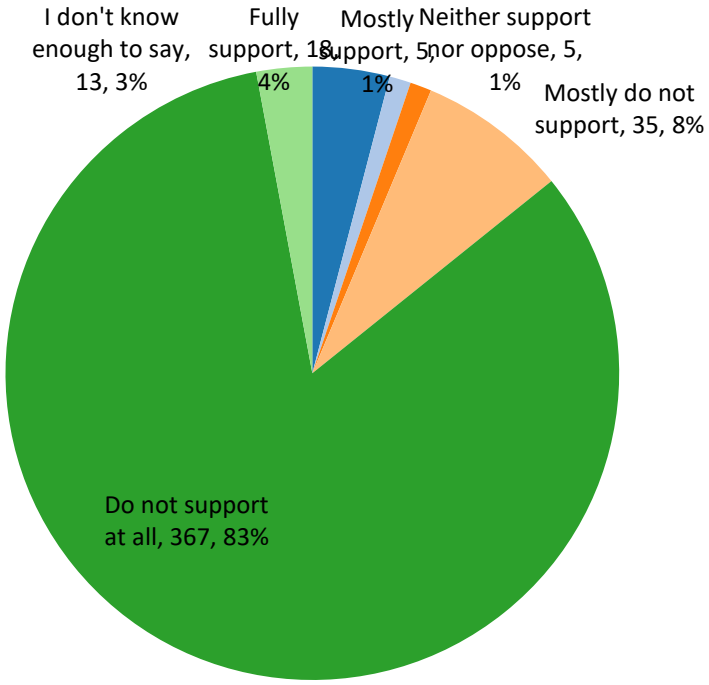
Answer	Total	Percent
Yes	400	91.3
No	38	8.7
Total responses	438	

Which statement best describes your understanding of the proposal?



Answer	Total	Percent
Bridlington Hospital is proposed to close	32	7.3
Only Bridlington Care Unit is proposed to close while other hospital services continue	279	63.7
Some services at Bridlington Hospital are proposed to close	94	21.5
I am not sure	33	7.5
Total responses	438	

Overall, to what extent do you support the proposed closure of Bridlington Care Unit?



Answer	Total	Percent
Fully support	18	4.1
Mostly support	5	1.1
Neither support nor oppose	5	1.1
Mostly do not support	35	7.9
Do not support at all	367	82.8
I don't know enough to say	13	2.9
Total responses	443	

What are the main reasons for your answer?

Service	Comment
Bridlington Survey	We are a growing town and travel is difficult. Noone should have to travel more than 20 car driver minutes for health care.
Bridlington Survey	Bridlington is the largest town in East Yorkshire and and has not acute medical services for the county, it has no palliative care beds, there are no community nursing beds. The community beds have also disappeared from Driffield, Withernsea and Hornsea. The community ward at East Riding Community Hospital is now a community stroke ward. The pressure on acute hospitals must be immense with there now being no community beds in the county. Private home care providers are struggling to get staff and I note in your questions below mention the Bee AT Home Service they are a domiciliary care provider the same as social care providers, not sure my you highlight this service separately. Bridlington hospital wards could be used as a step down from acute services for patients in the East Riding and support with patients from Hull, York and Scarborough hospitals and freeing up beds for the acute hospitals and providing nursing/medical care to patients nearer to their own home. A recent example a neighbour of mine (lives in Bridlington) was admitted to SGH following a fall and after surgery was Transferred to Holy Name Rehab Unit in Hull for rehabilitation - miles away from home and if you do not drive Holy Name is very difficult to get to. Another example of where Bridlington Hospital could be used was for the Community Diagnostic Centre, but this was placed in Eastfield in Scarborough which already has a large General Hospital and again if you do not have a car it is difficult to access and if you live outside Scarborough it can require catching a number of buses to get there. Bridlington and East Yorkshire need the Bridlington Care Unit, they also need a palliative care unit, and they the hospital could also support with wider rehab/step down for patients who require short term rehab following operations, stroke, frailty admissions.
Bridlington Survey	Bridlington is the largest town in East Yorkshire and and has not acute medical services for the county, it has no palliative care beds, there are no community nursing beds. The community beds have also disappeared from Driffield, Withernsea and Hornsea. The community ward at East Riding Community Hospital is now a community stroke ward. The pressure on acute hospitals must be immense with there now being no community beds in the county. Private home care providers are struggling to get staff and I note in your questions below mention the Bee AT Home Service they are a domiciliary care provider the same as social care providers, not sure my you highlight this service separately. Bridlington hospital wards could be used as a step down from acute services for patients in the East Riding and support with patients from Hull, York and Scarborough hospitals and freeing up beds for the acute hospitals and providing nursing/medical care to patients nearer to

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Bridlington Survey	We need to keep inpatients and relatives close to each other in the same community
Bridlington Survey	This community hospital is vastly underused . The town population keeps growing with new builds . No additional infrastructure . This hospital just needs staffing to get it up and operational . Beverley has a community hospital up and running with a ward for older rehab patients. With a much lower population . My mother was there for three months in 2024 and it was invaluable to have her close at hand . She recovered very well and is 89 and going well . The pressures on the Scarborough / York hospitals is clear . Let's get the funding to have our own functioning hospital serving the community and the influx of tourists
Bridlington Survey	This is a badly needy ward.
Bridlington Survey	You closed the palative care unit and I feel it is so wrong to close this. Patients family should not have to travel miles to see loved ones it's unfair. The staff on the ward deserve better too.
Bridlington Survey	We need the service in Bridlington
Bridlington Survey	Nit everyone is able to travel for hospital appointments or visit relatives when in scarb or further afield
Bridlington Survey	I might need it one day
Bridlington Survey	I was a patient in BCU in January 2026. I was younger than the other patients so my experience maybe different to others but | am going to say anyway. The Staff were hit and miss with care and definitely over worked. The physio staff just walked around the wards and didn't enteract much with the patients at all. The toilets were disgusting! I know people with mind issues don't know what they are doing but isn't that where the staff come in to help? The ward itself is dated and needs a good overhaul. However, putting that aside, I feel strongly that the services are needed. If closed it will just put

	extra unnecessary pressure on Scarborough and other hospitals, especially with the new builds being erected.
Bridlington Survey	It's a vital local service for the area and all of us residents never know when it is going to be needed. It gives peace of mind knowing there is a facility to hand when needed without the extra hassle/cost/worry of getting to somewhere further afield. This is especially important for older people and people who cannot drive.
Bridlington Survey	The unit provides much needed support for patients who cannot always obtain it immediately elsewhere
Bridlington Survey	Nearest hospital to Bridlington is Scarborough which is overwhelmed transferring patients to BCU @ Bridlington elevates some if the pressure on Scarborough hospital. Also travelling time from Bridlington to Scarborough hospital can be up to 1 hour at peak/holiday time & that's in a car if a train (then bus) or a bus has to be taken can take longer. This makes it difficult to visit loved ones.
Bridlington Survey	The impact on families having to travel to visit the patients elsewhere or there may not be anywhere else they can be cared for safely. If a patient is normally resident in Bridlington then the unit should be available at Bridlington Hospital for them.
Bridlington Survey	There is a need for interm care
Bridlington Survey	Bridlington care unit is in use by myself and my family. I dont have the means of getting myself anywhere else other than to call an ambulance which, should the unit be closed, we would have to do regularly to ensure medical care can be received. The plan to remove the bridlington care unit should be considered a safeguarding concern for the residents of bridlington. Also from a visitors perspective. It is NOT person centered care to remove the possibility of visitors to patients due to lack of transport.
Bridlington Survey	Short sighted reaction to financial pressures at the Trust. Closing the BCU will impact pressure, waiting times and patient care at ED. Patients will either stay longer in beds on acute site or be discharged too soon without proper discharge planning leading to increased levels of readmissions, poor patient experience and increased risk of patient safety. There needs to be a full system review so that all elements of a Patients journey during and after an acute or elective hospital stay. The remit or criteria could be reviewed in order to provide additional overflow capacity ensuring that elective capacity is minimised during periods of high acuity through ED.
Bridlington Survey	We need a hospital that is local
Bridlington	Older people need this facility - otherwise they will be forced to stay in hospital or as is more likely sent home on their own too early or sent miles

Survey	away somewhere else. A lot of older people's relatives no longer drive and so it is hard for them to visit their loved ones. I am also sick of NHS facilities being removed from this town - this is a town with a big elderly population - coastal regions are already underfunded and lack NHS services so to deliberately close one is neglect.
Bridlington Survey	BCU is an essential part of Bridlington Hospital, it has been successful in providing care for the last 5 years for patients who are not acutely unwell and do not require an acute beds , but cannot leave the hospital yet as they need support ie Package of Care at home or Nursing/Residential placement which in turn can take a week or 2 to source . This unit helps the steady flow of patients come through the Scarborough/York and even Hull hospital . Bridlington is growing in population and is an important asset to have in Bridlington! It makes no sense at all to close the unit . They are wanting to have more care in the community but the community is struggling with the work load as it is !
Bridlington Survey	Bridlington needs to have a service like that as there are a lot of elderly people living here
Bridlington Survey	I think that the BCU is still needed as I've just had a friend die in Scarborough Hospital, which were looking for care in Bridlington. Plus I think it is connected to the Palliative Care proposal of two years ago that has not happened for undisclosed reasons.
Bridlington Survey	It is a disgrace that local people cannot be treat in their own town. Family and friends should be able to see terminally ill patients in Bridlington without having to travel to Scarborough, Hull or York. Some people cannot drive / own a car or are unable to afford taxi fares.
Bridlington Survey	Bridlington hospital needs to be utilised to provide more health facilities for locals rather than reducing them.
Bridlington Survey	The unit provides a safe space for families , a more comfortable and friendly environment once they have left a medicall setting
Bridlington Survey	The care beds are needed for people to recover, be local to families to aid recovery and free up beds in Scarborough.
Bridlington Survey	There's no evidence that care in the community can take up the slack and no credible plan for those who cannot be discharge to Home.
Bridlington Survey	Bridlington hospital is a vital part of Bridlington and surrounding areas Everyone that lives works and comes here are desperate for all services to be expanded and all Nursing and Dr roles full I worked as a Fully qualified Nurse at Bridlington in the 1990s and until 2002 when I moved to Scarborough for Promotion and then on to working for the Care Quality Commission I was a paitent in January 2026 Mr [ ] Surgeon removed some titanium plates and screws from my ankle which Mr [ ] had put in 2 years earlier because we believed I was allergic to them as Ive a huge rash on my leg where they were

	I was looked after perfectly and extremely well I would encourage anyone who needs replacement parts to opt for Bridlington hospital I believe the Fracture Clinic that was there a short while ago also needs taking back there The hospital is run very well Its extremely clean and the staff are all very well trained and extremely helpful making patients feel comfortable and at ease
Bridlington Survey	This unit is absolutely fundamental to local residents/patients and their families
Bridlington Survey	This ward is essential in the community, it allows patients to be closer to home and relatives while they wait for their care plan to be put in place. It also frees up beds needed on wards at near by hospitals for patients who need medical treatments and assessments.
Bridlington Survey	Local care is critical, when you need immediate medical expertise travelling to Hull or Scarborough don't cut it.
Bridlington Survey	Bridlington requires in patient facilities to provide simple care close to home
Bridlington Survey	Bridlington is building many more houses but without the health care needed
Bridlington Survey	Is Care in the Community ready to cope with demand?
Bridlington Survey	We have a perfect unit in our lovely hospital and we shynit been made to travel to another hospital
Bridlington Survey	The care unit provides a mid point between hospital care and return to home. All hospitals have a problem with “bed blocking” and to remove a facility which reduces this is a retrograde step in patient care
Bridlington Survey	Bridlington is a growing aged community it needs all the health facilities available.
Bridlington Survey	It gives people chance to get sorted before going home to make sure there is help if they need it. Stops clogging up other hospital beds.
Bridlington Survey	I feel that services should be offered locally to the residents of Bridlington and surrounding areas . It makes good use of the purpose built hospital and all the facilities are there to make use of . Bridlington is growing with lots of new estates so there will be an increasing need for facilities locally. Many people especially elderly residents find it so distressing travelling to Scarborough or York hospitals as patients or visitors . It makes sense keeping local facilities with the increase need for ambulances whilst they are backed up with patients Scarborough or York espiecally during winter months when they are needed for emergencies locally .
Bridlington	Why should we have to travel to other hospitals when we have a perfectly good hospital unit in Bridlington. The care unit needs to stay open for the

Survey	people who need it
Bridlington Survey	It's a vital service which allows patients to remain close to relatives & friends.
Bridlington Survey	Population is growing in Bridlington. Scarborough cannot cope with demand. Local residents should have access locally to a variety of services
Bridlington Survey	We actually need more facilities in Bridlington, not less
Bridlington Survey	Needed for rehabilitation between hospital and home. Mum was due to go there but went to the equivalent ward at Beverley which enabled her to go back to get own home
Bridlington Survey	The area is now getting bigger with more housing and generated holiday area and needs full emergency cover
Bridlington Survey	The hospital is important in a town with an aged demographic. Scarborough or York whilst not great distance in miles, are not close in travelling time. It is important that following care in the main hospitals that people are able to continue recovery closer to home. Loss of any service is a slippery slope for Bridlington. More services should be coming here not less. The hospital is seriously underused for what it was built for. We appreciate that there are insufficient resources to man all hospitals fully and so "centres of excellence" are created. However, Bridlington is a large and widespread town, arguably as big as Scarborough but we suffer from a lack of services.
Bridlington Survey	We need this facility
Bridlington Survey	We need the ward open to help Scarborough hospital by taking patients that are not ready to go home but are ready to be discharged from a main hospital to free a bed up.
Bridlington Survey	Where else can people from the local area go. It provides a safe place for people to be coming from hospital and awaiting assessment for ongoing care
Bridlington Survey	From what I understand is that the BCU was only a short term plan through covid, but from what i'm aware of there's been no information available as to what services were actually funded for this unit or what the plan was. The announcement of its closure was sudden and unexpected. There's no mention of why it's closing or what the future plan is going to be for the ward. Is there a plan to use it for something else?
Bridlington Survey	Bridlington hospital should be a fully functioning hospital with people not having to travel to other hospitals.
Bridlington Survey	People need it, not everyone has a care package in place when they are able to be discharged from hospital

Bridlington Survey	I think this service is needed
Bridlington Survey	Bridlington is a big town and needs this facility locally - not having to travel a long way to Scarborough for vulnerable patients
Bridlington Survey	It is a valuable asset to the town
Bridlington Survey	If patients need care following hospital treatment I feel they would receive better monitoring in a care unit rather than being returned to a place they call home.
Bridlington Survey	Step down beds to aid rehabilitation and safe discharges are still needed, and without them the overcrowding of A+E and wards at Scarborough hospital will worsen. Bridlington also needs more employment - the hospital is underused but could provide more local jobs for a socioeconomically deprived area. Travel to hospitals further away is not always possible for those employed at the hospital.
Bridlington Survey	It is a valued site for the vulnerable to rehab while waiting for care packages that are hard to find and reliefs anxiety around going home
Bridlington Survey	Because Bridlington is majority an elderly community without transport, it is vital that they are able to access treatment & care in their town and not having to pay £50 one way for a taxi to SGH
Bridlington Survey	Because it is a good unit for the residents in Bridlington
Bridlington Survey	Lovely hospital could be used more for patients and operations with ecellent staff and care
Bridlington Survey	People in Bridlington need services on their doorstep. People do not always have the means to travel to Scarborough or further, the public transport is shocking. Patients recieving care closer to home are likely to get more visits from, friends and family and surely this is a vital contribution to their recovery. We have a big population and deserve easy to access services, to help level out the health inequality people in Bridlington suffer from
Bridlington Survey	We need local accessible health care fascilities
Bridlington Survey	Bridlington needs a fully functioning hospital including this care unit (and A&E)
Bridlington Survey	Personal experiences from the use by family members. The bridlington community is being neglected and I believe because of the number of elderly in the town the situation will only get worse as time goes by
Bridlington	Having to travel to other hospitals further away not good for patients or visiting

Survey	
Bridlington Survey	Bridlington lacks a good supply of healthcare. We need more open not closed!
Bridlington Survey	Local and serves a valuable purpose for those people in Bridlington and east yorkshire
Bridlington Survey	The local population need to have this facility. It's unfair to expect Bridlington residents to travel for this type of care
Bridlington Survey	Ward is essential to relieve pressure in the acute hospital while patients wait for support to be put in place to facilitate a safe discharge in their own community
Bridlington Survey	Ward is essential to relieve pressure in the acute hospital while patients wait for support to be put in place to facilitate a safe discharge in their own community
Bridlington Survey	We need to keep this unit open as Bridlington is a growing community and also have a aging population
Bridlington Survey	This unit helps patients recover nearer to home as well as providing access for families to visit in the town where they live. This cuts down travel and enables visitors for loved ones whereas if out of town may and often does not happen. In the long run if patients have families visiting on a regular basis then this promotes wellness and a want to get better and get home quicker. The hospital should be used and staffed for this service to be provided.
Bridlington Survey	We need a local bridging service between staying at outlying hospitals and Bridlington that enables relatives to visit more easily. Efficient use of an excellent local resource.
Bridlington Survey	With an aging population, many who cannot drive to other hospitals for care
Bridlington Survey	The closure would make it difficult for family and friends to visit loved ones making them isolated even more then already having to be in hospital.
Bridlington Survey	Bridlington needs this care unit!
Bridlington Survey	It is the only place open when the GP is closed. Many people may not drive and it's the closest in the area. Scarborough hospital is quite hard to get to for people that don't drive and costs quite a bit of money to get there.
Bridlington Survey	Care unit is essential to give patients time to recover from procedures and to gain confidence to cope with everyday life. It is not just being able to make a cup of tea. It's confidence to deal with everyday life.
Bridlington	I believe there could be a need for this as a stepping stone and possible extra excercise/body strengthening therapy before returning home. A kind of

Survey	convalesant ward.
Bridlington Survey	Bridlington needs this facility not only for the locals but also for the many visitors that come to Bridlington
Bridlington Survey	It can be utilised to support with further rehabilitation services onsite and relieve pressure from Waters Ward and the acute sites
Bridlington Survey	Bridlington Hospital is a resource that should be built up not torn down piece by piece
Bridlington Survey	Community care deserved by locals
Bridlington Survey	We need a hospital
Bridlington Survey	A local care unit is many times better than a distant one for patients and visitors. Patients need a period of recovery before being sent home. However good home care is, it cannot be as useful and safe as hospital rehabilitation with 24 hour access to care. Patients sent home too soon are likely to be readmitted. Is there evidence that there would be enough home care available anyway?
Bridlington Survey	We need MORE services at Brid Hospital, not less! Scarborough is too far for people who don't drive, the elderly and the chronically ill. Use Brid Hospital to it's fullest extent!
Bridlington Survey	I think it should stay open as what are the elderly going to do while waiting for care packages
Bridlington Survey	Bridlington needs its own hospital. The town is growing massively, with large developments in Hilderthorpe, Scarborough Road, Pinfold Lane and Bempton Lane. The nearest A&E unit is more than 20 miles away. The nearest centre for acute inpatient treatment is more than 20 miles away. Transport to this centre - Scarborough Hospital - is seriously problematic unless one has a car, and the road from Bridlington to Scarborough is single lane, narrow and winding. This is absolutely unsustainable. Bridlington needs its own hospital, and we actually have a purpose built hospital that has been woefully underused for years and years because of insane policy decisions bearing no relation whatsoever to the needs of Bridlington residents. My mother was hospitalised three times in 2023 and 2024 at Scarborough Hospital, dying there in early January 2024, on a night where - having driven the 20-odd miles there late morning and having been there all day and driven the 20-odd miles back to Bridlington at 1am, I drove back that 20-odd miles through blizzard conditions at three a.m. Imagine what that might have been like if I had had to drive two miles from her home to Bridlington Hospital. After her second hospitalisation she had been transferred to Bridlington Hospital to recuperate for a few days. It was SO much easier to visit her there.

	Bridlington needs its own hospital.
Bridlington Survey	Bridlington has very few hospital services as it is and it had an aging population that requires a variety of care needs in a variety of settings. Resident in Bridlington have to travel to York , Hull or Scarborough for hospital treatment and this distance to travel can sometimes mean that their loved ones struggling to visit and at high personal cost. the patient themselves struggle to get to hospital or they can get there only at huge personal cost . I am aware that their us and alternative of care from local services but these services too are under pressure, so until this alternative is costed and properly funded, there are new staff recruited a d trained the care unit should not be closed and even then I feel that the unit should be kept open for the most vulnerable of patients. Finally Bridlington in terms of health inequalities is the poor neighbour and there should be more services offered closer to home than less
Bridlington Survey	It's difficult enough trying to obtain a GP appointment but at least there's always the choice of visiting the care unit. Because this is a seaside town with lots of visitors on holiday and resident elderly people there needs to be easy availability of health care and advise. Closing this last bastion of readily available care could be fatal.
Bridlington Survey	It is a well used and needed unit for the residents of Bridlington and surrounding area!
Bridlington Survey	Because the infrastructure is not there to arrange care or provide car for people at home.
Bridlington Survey	Its helps a lot of people who cant get to scarborough hospital
Bridlington Survey	Lack if service for local communities
Bridlington Survey	The area needs as many care facilities as possible given the increase in housing in the area.
Bridlington Survey	We have lots of old people here. We are fed up of having to travel further away when we have an underused hospital on our doorstep
Bridlington Survey	Bridlington is the most convenient hospital for our family to attend. We are rural and this saves prolonged journeys to Scarborough / Hull / York. As a family we use the hospital at least 5/6 times a year currently, however usage is due to increase due to ongoing health complications. Having vital services removed would force us to go further afield and cause a significant unnecessary impact on our family. Familiarity is necessary with SEN individuals, those with complex disabilities and needs and change can become catastrophic.
Bridlington	It is a very needed ward, for pt that are awaiting care package or a placement,

Survey	sometimes they are waiting for over a week to be seen by social worker and then again to sort carers at home or fine a place
Bridlington Survey	Closing the unit will make bed pressures worse amd result in people not getting the proper care they deserve. Closing the unit will alao meqn people being discharged home when not fully suitable and will bounce back into the hospital more regulary especially the older generation
Bridlington Survey	It is an invaluable patient resource. It supports patients discharge, and means that can be cared for closer to home.
Bridlington Survey	It has worked well and there is not enough community provision in place to support the close
Bridlington Survey	There is a need for this service
Bridlington Survey	Losing valuable beds for Bridlington residents. Families of patient will have to travel further
Bridlington Survey	Losing valuable beds for Bridlington residents. Families of patient will have to travel further
Bridlington Survey	It was always temporary and not always full
Bridlington Survey	The trust has so many med fit patients in the acute bed base and is closing more acute beds with Oak ward moving. The medical consultants have been stopped going into ED. which has meant more admissions. the trust lied about palliative care beds. Patients want to be closer to home, so med fit patients who are elderly, and need their loved ones to visit who can't get to Scarborough or pay £40 each way for a taxi will be disadvantaged.
Bridlington Survey	I do not have any current information on this.
Bridlington Survey	A lot of empty beds and wards at Bridlington, theatres could be used more
Bridlington Survey	Losing valuable beds for Bridlington residents. Families of patient will have to travel further
Bridlington Survey	Family friend (widowed and had no children) was on Bridlington Community Unit over Christmas and he was very well looked after. As a Bridlington resident, he understood he was IN Bridlington (he had previously had bad experiences at Scarborough Hospital) Additionally we were able to visit more often with also living in Bridlington (especially over the winter months) which was so important to him, with having no direct family in the town - which believe aided his recovery greatly.
Bridlington	Unfunded

Survey	
Bridlington Survey	The trust has so many med fit patients in the acute bed base and is closing more acute beds with Oak ward moving. The medical consultants have been stopped going into ED. which has meant more admissions. the trust lied about palliative care beds. Patients want to be closer to home, so med fit patients who are elderly, and need their loved ones to visit who can't get to Scarborough or pay £40 each way for a taxi will be disadvantaged.
Bridlington Survey	I work with a lot of residents in the east riding who really struggle to access other hospitals outside of Bridlington.
Bridlington Survey	This was meant to be funded by the icb as a stop gap for medically fit patients as community provision was not available it was a community unit. York also had one and as funding for this stopped this was closed.
Bridlington Survey	Social care in the community needs investment and improving - these patients should not be in a hospital setting.
Bridlington Survey	Medically fit patients will backlog onto wards in Scarborough instead - causing reduced flow through the Scarborough wards.
Bridlington Survey	Brid is a fantastic hospital with so much potential and people who live there should have the opportunity to use it rather than travel elsewhere
Bridlington Survey	I believe services in Bridlington need to be invested in rather than reduced. The size of Bridlington is growing with three new build estates and an elderly population. With this in mind, more services are needed in this area. Some families don't have the opportunity of transport to travel to other hospitals 40-45 minute drive away and family can be important in a patients recovery journey. Not having access to family as often can have a detrimental impact to a patients mental health.
Bridlington Survey	I believe services in Bridlington need to be invested in rather than reduced. The size of Bridlington is growing with three new build estates and an elderly population. With this in mind, more services are needed in this area. Some families don't have the opportunity of transport to travel to other hospitals 40-45 minute drive away and family can be important in a patients recovery journey. Not having access to family as often can have a detrimental impact to a patients mental health.
Bridlington Survey	If the money will be spent on care in the community then it could be a good thing although come winter time we will need the bed space as waters ward cannot take all the extra patients. Some patients seem to stay on waters for months without any community care packages available to them.
Bridlington Survey	This unit is necessary for local people who cannot travel or who’s family can’t travel and all facilities are here on site it makes sense to keep a place running instead of forcing people to have to use centres scattered around the region
Bridlington	Bridlington is always being stripped of healthcare services and unfortunately

Survey	us residents are made to feel that we aren't valued as the town isn't 'big enough' to support the running of a hospital or care unit. I think my concerns with closing the care unit would be the impact on the local community, both those who work there and those who receive care there. Bridlington has an ageing population and therefore is in greater need or wards and care units for the elder population. If these are closed in Bridlington, then these people are going to have to move to either Scarborough or other east riding trust buildings. Not only does this move them further away from their own home, but further away from their families. A great thing about Bridlington hospital is that it is very easily accessible through public transport. Therefore, for those who don't drive and the elderly who often cant they can still see their loved ones regularly. If this unit was to close these people would have to commute further, which for a lot of individuals would be very challenging. Being a resident of Bridlington I always wish more care could be offered at Bridlington hospital, it has a great community feel and the staff and services are always brilliant, you are seen quickly, by caring individuals. Unfortunately people who aren't local to Bridlington often don't see this due to how much of the hospital is unused. We need to stop putting money into supporting other projects that perhaps impact the local community into a negative way, and start listening to what residents actually feel matters.
Bridlington Survey	Much needed for patients waiting for safe discharge into the community. Otherwise patients would stay in the acute hospitals taking valuable bed space while their safe discharge was arranged whether it be packages of care or placement to facilities which can meet patients often complex needs. Additionally, patients are able to be closer to family and friends which contributes to their wellness while waiting for safe discharge. Without this valuable service patients would be cared for in Scarborough or York which prevents regular visits. This has great impact on patients and families mental wellbeing not to mention the cost impact on travelling and the time involved. Often patients families do not have the luxury of their own transport and have to rely on public transport which is very expensive.
Bridlington Survey	It’s vital to the community
Bridlington Survey	I think this is where a friend was able to be moved from Scarborough after 6 weeks with a complicated leg break (she has MS) and was able to continue with physiotherapy and receive visitors at most times. I think it was boring for her, but at least she was bored close to home! And still receiving whatever care needed. And I could visit immediately I found out about her move (I’ve got MS too). And so many people in Brid are older and maybe don’t drive (like me!).
Bridlington Survey	The BCU provides an option to move patients from other beds within Scarborough hospital to the BCU to free up beds until social care can be arranged.
Bridlington	I'm sure there's a lot of detail Joe Blogs isn't aware of when it comes to

Survey	decisions such as this. I'd want to know more about the expected impact on beds in SGH + financial implication of staying open vs closing. What will become of the space and equipment?
Bridlington Survey	It helps with flow between the acute site and those awaiting community support.
Bridlington Survey	Bridlington needs more services for residents and holiday makers not less
Bridlington Survey	There are a lot of people within Bridlington who do not have family to go home to, so if this service can help them to get something in place it should continue
Bridlington Survey	Bridlington need more not less Services
Bridlington Survey	Need to understand if the BCU is doing the job it is designed to do and if the money spent on the unit could be better spent elsewhere within the hospital
Bridlington Survey	As bed blocking is a key restraint, and there is always an issue over whether NHS or LA funds care in the community this facility is needed to provide that care close to the family / support network (if any) . The support at home is chaotic at best even if you can get the right amount of carers and support!!.
Bridlington Survey	Bridlington have a very big group of older aged community along with families, that are less well off. Even living in Scarborough, when I have to go through to York for an appointment it is a very expensive and many people don't drive. Closing bridlington hospital would mean many older people would go without care and a huge increase in ambulances been used for less urgent care than life threatening.
Bridlington Survey	The care unit removes strain on Scarborough Hospital. It allows easier access for local residents to visit their loved ones. Travelling to Scarborough Hospital would is a 2.5 hour round trip with traffic. As well as increased traffic pollution and fuel costs / use.
Bridlington Survey	Hugely useful for many people
Bridlington Survey	We have many vulnerable and aged people in Bridlington who do not have transport to travel
Bridlington Survey	Alternative is Scarborough hull york or malton which buses do not go to so expensive and difficult to get to i have to go to York for parkinsons clinic which is taxi. Train and taxi
Bridlington Survey	Many older people retire to Bridlington every year possibly more than any other area on the East coast. This valuable service needs to continue to meet their needs and everyone else living in Bridlington and the surrounding area
Bridlington	Closing this unit will mean that Bridlington residents will in future have to

Survey	travel 20-30 miles at a minimum to access NHS services. The walk in centre provides that link between the larger hospitals ensuring that patients do not have to face journeys of an hour or more for blood tests and other tests. It also provides a service for tourists meaning that they can be seen and treated locally. Not everyone has a car, long days travelling for a ten minute appointment is not acceptable. Bridlington deserves better!
Bridlington Survey	I consider that it offers a valuable service to a growing population.
Bridlington Survey	Bridlington and its surrounding areas need this service many cannot travel the miles to another care unit enough people here in Bridlington and surrounding areas to warrant keeping it open .
Bridlington Survey	Nearest hospital if it closes is scarborough and the public transport is in adequate from bridlington to Scarborough meaning only alternative is ambulance or taxi. As taxi to or from Scarborough can cost in excess of £50 depending on time of day etc this is making free nhs treatment unaffordable
Bridlington Survey	Too few hospital services locally. The town has a large aging population which often require hospital services.
Bridlington Survey	It is needed by local residents
Bridlington Survey	The population is growing with lots of new homes and a lot of elderly people. It is ridiculous residents are expected to travel out of the area for treatment when we have a perfectly good hospital which is not used to its full potential
Bridlington Survey	Too far to travel to other hospitals & leaves Bridlington without any hospital beds whatsoever.
Bridlington Survey	Not able to access treatment and care locally without transportation
Bridlington Survey	Having seen the shocking level of patient care - especially the elderly in hospitals awaiting onward care, a dedicated unit bridges that much needed gap
Bridlington Survey	The unit should remain open Bridlington has a ageing community with limited care facilities to close the unit would mean for patient's to remain in overcrowded wards limited recouses and family members travel would be a very serious issue for many. Scarborough hospital without transport is difficult to access justice to few issue's around the subject of saving not only the ward but Bridlington hospital. Bridlington is expandinrapidly with new housing with younger peeople moving into Bridlington and area's.
Bridlington Survey	Scarborough health and our local GPs don't want to be there for caring elderly people around our area. They want people who needs care long term or care at home need to look at these new builds care homes. I also have concerns for people who need assistance to have dressings or injections the

	community nurses ask if there is someone who can do it for you. Bridlington hospital was full fully functioning hospital when all the local hospitals in our area was moved under one roof. It was a great place to work and care for people. That is what nursing is about and give care properly at homes when reasonable treatment. No all you get it go to A&E at Scarborough.
Bridlington Survey	It's the only one close for residents in Bridlington and surrounding areas
Bridlington Survey	We need Bridlington hospital to carry on&thrive as Scarborough is getting overloaded&we are getting more&more folks coming to live here in Bridlington so it makes sense to keep the hospital fully open
Bridlington Survey	I believe their needs to be a radical overhaul in the funding and provision of services to support people at home. However, even if this was in place, units like Bridlington would still be needed in specific circumstances.
Bridlington Survey	The Bridlington unit is an essential local service for a generally aging population in the area of bridlington and surrouding villages
Bridlington Survey	As it is a struggle to identify and access reliable, consistent and good quality home care. I speak from experience.
Bridlington Survey	People of Bridlington. Need and should have care in their home town. Travelling to SGH or York is not easy without a car. Alot of these people and their relatives are elderly
Bridlington Survey	Having being diagnosed with the progressive disease I need regular blood, ultrasound and endoscopy services. As an older patient Bridlington Hospital affords me with the opportunity to access services without the anxiety of travelling.
Bridlington Survey	The whole area needs and used this service at the valuable hospital
Bridlington Survey	Bridlington used to have 3 hospitals until the new one was built. This hospital now has limited services for local residents who have to travel to get treatment. As the area has expanded over the years I feel it is unfair to local residents not to have a fully functional hospital in the town.
Bridlington Survey	We need more care/hospital facilities around not less
Bridlington Survey	Bridlington hospital should be available to everyone, in all departments. Not just the care units. No one should have to be forced elsewhere for treatments. Bridlington population is expanding but we do not have the necessary infrastructure in our hospital or dental practices to cope with the increase
Bridlington Survey	It's the start of a slippery slope, lots of services have been stripped from our hospital already...we need more services not less. We have an aging population who need local services not having to go to Scarborough Hull or

	York for treatment. Also hundreds of new homes are being built which means a bigger population. We have an underused hospital, no NHS dentists and one doctors surgery...its absolutely crazy!!
Bridlington Survey	Bridlington has an elderly population many of whom do not drive and find it difficult to reach other care facilities. Plus they are the people that have paid NI and taxes all there working lives
Bridlington Survey	Postpones discharge. Exposes patients to infection.Deteriration, and further transfers between the hospital sites
Bridlington Survey	Very long distance to other facilities
Bridlington Survey	People need to stay closer to home so relatives and friends have easier travel arrangements and more often
Bridlington Survey	We are elderly, it is too much for elderly people to have to travel to Scarborough, York or Hull for help or appointments when we have our own hospital.
Bridlington Survey	Elderly population. More is needed not less
Bridlington Survey	My husband and I have only lived in Bridlington for 19 months and we were extremely disappointed that Bridlington Hospital does not offer more services especially as I do not drive. In the snow it took me over 3 hours to reach Scarborough Hospital by having to walk to the railway station, catch the train, and then walk again to the hospital. Pressure was on as the last train back to Bridlington goes just after 9 o'clock and then I faced a further 40 minute walk in icy conditions. As a 77 year old I should not be in the position of walking in such extreme conditions to access medical care. If my husband is taken ill, closing the unit would mean me trying to visit him in Scarborough Hospital or York Hospital which takes 2 hours to reach by train and then you have to walk to the hospital, as do you in Scarborough. As pensioners we cannot afford to take taxis! Bridlington is expanding rapidly so it is ridiculous to start reducing facilities rather than increasing and utilising the hospital fully.
Bridlington Survey	I think this care unit provides a vital link between hospital stays and being sent home into the community.
Bridlington Survey	Do not know enough information yetDo not know enough information yet
Bridlington Survey	Bridlington needs a hospital. The distance us residents have to travel for treatment is unacceptable
Bridlington Survey	Bridlington needs a hospital. The distance us residents have to travel for treatment is unacceptable

Bridlington Survey	It helps prevent bed blocking
Bridlington Survey	Bridlington needs decent health care. Scarborough or York is too far to go when a patient or the family of one. Local transport is not the best.
Bridlington Survey	I think as many services as possible should stay local. Especially for the elderly and infirm, if hospital step down is required this removes them from the acute hospital and prevents bed blocking there m whilst providing the care still required before they are ready to return home. Also enabling visits from family and friends without the stress of a long journey
Bridlington Survey	It is definitely needed by the elderly of Bridlington. It is easier to be sent back to Bridlington from Scarborough hospital to wait for care packages or to get back on your feet before going home. It saves bed blocking in Scarborough hospital, so freeing up medical beds for others waiting to be admitted from A & E. Sometime an elderly patient can be deemed medically fit, but that does not mean they are strong enough to be sent straight home. If you close the Bridlington ward, the elderly will be sent home too quick from Scarborough and just end up being re admitted. My mum at 96 has used this facility a good few times so I have a lot of experience on how well it works, and it has been far better to help her recovery than sending her straight home too quickly from Scarborough. It takes the pressure of the elderly wards in Scarborough, which are at full capacity most of the time. So if they close Bridlington, Scarborough hospital will be under greater pressure to send elderly home far too quickly, and it will be the elderly people that suffer in the long run. The unit in Bridlington is ideal as a safety net, making sure the person is actually fit enough to go home, which many times Scarborough say they are, when this is not the case. It helps them get back on there feet after been bed bound having treatment in Scarborough.
Bridlington Survey	Bridlington is growing, new houses being built, more tourists, we need decent and local health care facilities. The population is quite elderly and they / we need reassurance that we can get medical help quickly if needed.
Bridlington Survey	We have a high number of elderly people in Bridlington - we need better services for them
Bridlington Survey	The care I receive here was the best hospital care ever. I understand about appropriate use of resources and it was quiet when I was there. However travel for care on east coast is difficult for patients and visitors so what services are offered should be looked at carefully. I have been a patient at Scarborough too and they seemed very stretched.
Bridlington Survey	The alternative if closure is enforced is Scarborough. This is too far for people to travel, many of whom may not have transport and would need expensive taxis. Bridlington deserves better and services should be expanded not shrunk as the town and surrounding areas are constantly growing in population.

Bridlington Survey	There is a high percentage of people over 75 who need care in Bridlington Driffield and villages and need to be close to home. Transport links to Scarborough are poor so families struggle to visit and patients feel isolated. The facility is already there and runs very well so why remove it. Baby and bathwater syndrome?
Bridlington Survey	The unit serves more than just Bridlington. Would be users would have to travel about 25 miles at least if it were to close. Bad enough if you have a car but pretty impossible by public transport
Bridlington Survey	Closure of local services will adversely affect the local community - which includes areas of high deprivation - there are financial barriers to folk travelling further afield for medical care
Bridlington Survey	We do not have enough care already in Bridlington. Removing this unit is will make our services worse than they already are. I can't remember the last time I had an appointment with an actual dr ant my GP practice. With a long term health condition and for a town full of older people, it seems ludicrous to reduce an already struggling town. We need more, not less.
Bridlington Survey	Bridlington has an aging population. There are many single people with no immediate family who could benefit from this service. Without this service they could be forced to occupy a much needed bed in the hospital.
Bridlington Survey	It has been suggested that people recover better when they are able to have visitors, taking this care unit away would make this extremely difficult for an aging population to visit loved ones further especially if using public transport (not to mention the cost involved) therefore denying the patient holistic recovery. Furthermore, putting these patients into Scarborough will further cause bed-blocking there when beds are scarce, especially over flu season.
Bridlington Survey	The hospital seems to be shrinking as Bridlinngton seems to be growing.
Bridlington Survey	It's incredibly important due to other hospitals are far away and the majority of people are 50 and over. It is a great hospital for stroke people whe need to try and recover...operations for people to recover to leave space in main hospitals
Bridlington Survey	We need a safe option for people who are bed blockers elsewhere to be cared for until everything is in place for them to go home!
Bridlington Survey	Beds for rehab are desperately needed within Bridlington
Bridlington Survey	I live in Bridlington and would want my care to be in Bridlington
Bridlington Survey	Services at Bridlington hospital should be extended to relieve the pressure on Scarborough and york, not closing. You have empty wards and rooms just sitting there, why?, when you could utilise the space , freeing but beds in the

	other 2 sites. If the trust paid out more money on Services opposed to ridiculous amounts on wages for office staff and roles such as DEI then residents and visitors to Bridlington would benefit. Services should be based on getting the most qualified person for the role to benefit those in need, not on tick boxes, to pander to the woke narrative. Health and providing quality services should be at the forefront of the trusts agenda. Any proposed closers or reduced Services at Bridlington hospital puts residents and patients at risk. If more money where invested into extended Services such as a 24 hr A and E department and discharge wards patients and residents would benefit.
Bridlington Survey	The start of loss of services and care in Bridlington
Bridlington Survey	Travel to Scarborough hospital too far
Bridlington Survey	Yet another local service taken away when population of town is growing
Bridlington Survey	The BCU enables earlier release from overcrowded hospital wards & is closer to family & friends to enable visiting more regularly which helps speed up getting home.
Bridlington Survey	Following a recent stay in a&e (40hours). I was unable to be moved to a ward due to lack of bed space. Having to spend 40 hours on a variety of reclining chairs whilst I received rehydration treatment, with a long term condition of rheumatoid arthritis was not pleasant. Places like Bridlington Care Unit would help to relieve the strain on the wards a Scarborough to allow a better flow through the hospital. It would also allow people who need continued care in a hospital setting who are from Bridlington to be cared for in Bridlington where families can visit them. Which is important both for the families and for patients to aid recovery.
Bridlington Survey	We need this hospital fully working as it is a long way to scarbrough and york bridlington has a largest urban population in east yorkshire second only to Hull yet we have no fully functioing hospital our population doubles in summer with vistors ..
Bridlington Survey	Scarborough, York or Hull are far to far away to travel, particularly if you don't have own transport.
Bridlington Survey	Until adult social care is acceptable in the area then this unit must remain open. The aftercare isn’t there and it’s detrimental to patients being pushed from pillar to post and sent to care homes until social services get their acts together.
Bridlington Survey	I believe that it is a key factor of health within Bridlington. I myself have used it on a few occasions and my grandparents certainly have too.

Bridlington Survey	Because it's the only one in the area
Bridlington Survey	We need more services not less
Bridlington Survey	Health services need to be expanded to be available to all the community and be accessible to all not closed
Bridlington Survey	It offers a service that is badly needed
Bridlington Survey	Scarborough is too far for visitors to see their family.
Bridlington Survey	It concerns me greatly that Driffield's hospital and Bridlington's hospitals could be used for so much more than they are. It's a trip to hull Or Scarborough, sometimes for simple things and it isn't always easy to get there! Thank you
Bridlington Survey	Elderly population in Bridlington area is growing, once one thing closes it continues to another area and then another- Bridlington Hospital has amazing facilities and staff. I have had operation there and my husband attends the Parkinson's consultant and nurse clinic who are both amazing- please don't close - utilise it's facilities
Bridlington Survey	The ward is a 28 bed buffer ward for patients that are not acute, but need to have care plans and special needs prepared after leaving the wards. This can take time and would block up beds on acute wards while arrangements are made for patients to be discharged home with a care package or supported by various providers or even moved into another home that suits their condition needs. It is clear that these types of patients would block up acute beds while care plans and service arrangements for them had to be organised. This takes time from a few days to 6 months or even a year in the worst case. It is therefore necessary to provide a buffer ward in the system to keep acute beds free. By closing the care unit acute beds will not be freed up and patients who are not acute would be stuck on acute wards. There would be a saving on the accounts sheet by closing the ward, but overall the saving would be Negligible.
Bridlington Survey	It's important to have local services like this to support people and their family and friends. Lack of access to local healthcare and having to travel or be far away from family and friends during difficult times is not right. Removing and downgrading local services like this is detrimental to health and wellbeing of all local residents - especially those who cannot travel to appointments or visiting loved ones . More local services are needed not less.
Bridlington Survey	It is an amazing ward that provides the stop gap for patients waiting a package of care or placement in care home this can often take weeks/months to get sorted it is a vital service that is needed and it is a good use of the hospital rather the. It just going to waste as I am sure there is t many wards at

	Bridlington
Bridlington Survey	It is so necessary for people in Brid to have this facility. My friend has no family and was in Scarb.hosp. he was moved to Brid for a care package to be put in place. Once in Brid his friends were able to visit him as they could not get to Scarb. It also released beds in Scarborough for other people. He was so much happier once in Brid with people who could visit
Bridlington Survey	We residents should not have to travel to York/Scarborough for this essential service
Bridlington Survey	Very worried about the ever increasing population in Bridlington and the surrounding areas and the ever decreasing care facilities in our local healthcare system.
Bridlington Survey	I live in Skipsea, and any hospital appointments get referred to Hull or Scarborough, both of which are very difficult to get to. Having any facility that is easier to get to by car, bus, or taxi is badly needed.
Bridlington Survey	We need local hospital wards because of travelling distance to other hospitals, some people can't travel. I had to ask for move from scarborough to bridlington, so my husband could visit me when I was in hospital, he'd had a stroke so couldn't drive anymore. A neighbour drove him to scarborough to give me items I needed and carried them for him. It was hard times because I was in york, scarborough, bridlington, then york and back to bridlington, so We didn't see each other for a lot of the time and relied on phone calls. So I know how important it is to have wards in bridlington hospital, partners need to be nearby to visit .
Bridlington Survey	The local area is getting bigger and services are disappearing
Bridlington Survey	We need a care and hospital in bridlington has scarbough to far away and people will die has a result
Bridlington Survey	Need local care
Bridlington Survey	It’s needed until care packages are in place, these are not quickly available
Bridlington Survey	Not sure it actually makes the care system situation worse or not
Bridlington Survey	The town needs the ward
Bridlington Survey	Government policy is housebuilding and more and more houses are being built in Bridlington. All healthcare provision needs to grow in Bridlington because of this, not be reduced. Scarborough and York hospitals are becoming over burdened because they are being expected to cover too large

	an area. Simply accessing the carpark at York is causing huge traffic problems on Wiggington road because of the overburden and that's before you even get into the hospital.
Bridlington Survey	Hospital should stay open to serve the community of Bridlington as it is too long to travel to Scarborough and costly especially if you need to go to hospital in the evening.
Bridlington Survey	Local services are vital to the local areas. Whilst Scarborough and Hull are within an hour or so, living in the countryside and rural locations depend highly on the services offered. Public transport to the bigger hospitals is not easy, takes time, costs money (don't get me started on having to pay for hospital parking - that's just wrong on a national level) I would prefer an increase in services and with the ever increasing housing stock and increase in population even more reason to retain and grow what is available.
Bridlington Survey	We have an massive population of elderly people living in Bridlington. We should be cared for in our local area Many of the older generation do not have families living locally. Therefore if someone needs the social care unit it is easier for living spouses to visit which helps recovery!!! Rather than having to travel to Scarborough when it may not be possible financially or physically. Everyone needs someone close to them when unwell
Bridlington Survey	It is very useful for the person who needs it at the time
Bridlington Survey	This area needs all the medical and health resources possible.
Bridlington Survey	We need a local Care unit we have an elderly population that require somewhere close to be able to get there easily by bus a lot of people don't own a csr
Bridlington Survey	We need hospital for emergency's
Bridlington Survey	Needed
Bridlington Survey	We have no a&e for such a vastly populated area it's dangerous as it is and to close our other only source of urgent treatment seems absurd you are putting the people of the town in great danger
Bridlington Survey	This care unit essentially frees up vital services at the NHS trust hospitals.
Bridlington Survey	Because Bridlington has a big enough population to warrant a unit of this type. It provides convenience for carers/family and reduces stress for the patients.
Bridlington	Only providing it with care in the community is inconsistent and often does not

Survey	provide adequate support. Acute hospitals and currently overwhelmed and will have to cover this gap in provision.
Bridlington Survey	With the elderly population we need somewhere near, easily accessible, and familiar to the community to help with their recovery, family can visit especially spouses. If you are in an environment you are familiar with you are relaxed and that aids mental health, we have to learn to look at the holistic approach to the person centred care not what is convenient to the specialist, doctors, district nurses.
Bridlington Survey	Closing sectors of the hospital that are currently in need will only cause problems in a sector already crying out for more help is a desicion borderlining severly counterproductive
Bridlington Survey	Bridlingtons population is rapidly expanding with many new houses. facilities are stretched already. travel to scarborough is difficult already
Bridlington Survey	My husband was transferred to BCU following a fractured hip repair in Scarborough. It was excellent Peter to regain his independence. Also we are older residents and driving is getting to be more difficult.
Bridlington Survey	Concern for people staying in hospital longer than necessary..... 'bed blocking'
Bridlington Survey	We need this facility
Bridlington Survey	I am concerned that services are not available to meet the needs of patients from the care unit who would require home care should it close
Bridlington Survey	The cost of travel and time to Scarborough on the bus or a taxi is phenomenal. It would take nearly a full day to visit a care patient in Scarborough from Bridlington. Just paid £75 for a taxi to York Emergency Eye Unit and £45 back on the train.
Bridlington Survey	An essential service for a town that has a high elderly population.
Bridlington Survey	Ageing population. new homes being built in the area.
Bridlington Survey	Patients discharged from acute setting who are deemed 'medically' fit to leave often need support to continue their recovery in a round the clock setting - essential for preventing readmission to an acute ward. Resulting in stretched services of ambulance service and A&E staff. Higher demand (on already fully stretched) for community nursing staff and LA social care services. Demographics - Bridlington has highest population of over 60s in the area. Lots of elderly people without unpaid carers do not understand the process and all the changes in health reorganisaton.

Bridlington Survey	Care will worsen in area; Scarborough and Hull will be overrun.
Bridlington Survey	Most of the patients are bridlington based. This means that relatives are also useually bridlington based and are able to visit the patient. the fact that relatives are able to visit easily greatly enhances the recovery rate of the patient. If relatives were having a 35 mile round trip to visit the patient they might only be able to visit once or twice a week instead of every day. the lack of familiar contact could be detrimental to the patient. Bridlington care unit should not close as this will only add to the health inequalities already suffered here.
Bridlington Survey	Needed in Bridlington
Bridlington Survey	Bridlington needs more services, not less!
Bridlington Survey	It's an essential aspect of service in a town the size of Bridlington
Bridlington Survey	The care unit is vital in this community. this is not the staff available at/in any of the home care systems that are available to be used. short term or long term. the staff are underpaid and overworked as it is. some of them not given adaquate training. given the increasing number of residents in bridlington this ward is vital in the ongoing care that is required by any person on being discharged from hospital.
Bridlington Survey	This is very important for people who have not sort any support at home.
Bridlington Survey	No proper stepdown care pathway with community care
Bridlington Survey	I do not think the care unit should be closed
Bridlington Survey	More older people in Bridlington and outer areas who need this one.
Bridlington Survey	Full care without exceptions are essential in a growing community.
Bridlington Survey	Because after someone has been hospitalised say in Scarborough they should be able to be discharged to a care facility closer the there home if they need is appropriate before eventually returning home
Bridlington Survey	Bridlington has a high proportion of elderly people who have many different medical needs. They should have access to care close to home rather than having to travel miles - often by expensive transport - and suffer the

	associated anxieties.
Bridlington Survey	Valuable resource for patients and families after patients discharged from acute care hospitals
Bridlington Survey	Was only opened to help with the over flow of cocid patients. Not staffed to be a functioning ward
Bridlington Survey	The town needs a fully functioning hospital with a&e not a reduction in services
Bridlington Survey	Too far to travel to other hospitals, especially for people who don't drive
Bridlington Survey	Lots of older people who need to be near where they live
Bridlington Survey	Plain and simple - because we need it. In a town the size of Bridlington it’s absurd not to have a Care Unit.
Bridlington Survey	Accessibility for Bridlington residents if are admitted to hospital / are closer to home and the relatives able to visit more regularly (especially if they do not drive) Hospitals can be a very lonely place (especially for the elderly) so believe visits are extremely important in their recovery.
Bridlington Survey	People will not receive adequate care at home due to lack of services. Those who do not have the support of family will end up back in acute care hospital. Until proper community care can be guaranteed the unit must stay.
Bridlington Survey	We have hospital and staff yet the health trust want us all to travel to Scarborough which for some people is not doable
Bridlington Survey	We, as Bridlington residents, need a local care unit.
Bridlington Survey	We need all resources at this Hospital
Bridlington Survey	If funding can be used better to improve the hospital overall for every patient I would see that as positive, although unblocking beds is easier said than done as social care from start to finish is in dire need of an overhaul not only for patient care but for the staff who work and continue to work in the sector
Bridlington Survey	We need more care services in Bridlington not less
Bridlington Survey	It is not acceptable that so many residents in need of hospital care,especially in the rural areas of East Riding of Yorkshire, have to travel much further to Scarborough, Hull or York with ever rising costs of fuel etc'.
Bridlington	People don't want to travel further afield for hospital treatment especially the

Survey	elderly.
Bridlington Survey	The growing number of new housing in Bridlington
Bridlington Survey	If i needed a server op I'd like to know i could stay closer to home. Rather then at scarbough where I have bad memories there.
Bridlington Survey	While I agree there should be no need for this service, people should be able to go home for care, there aren't enough carers in Brid. But having had two parents in Scarborough hospital this year, both of whom have had appalling care, falls, lack of respect, I wouldn't wish Scarborough hospital on anyone. So keep the unit open but work with social care to get things moving and remove the need the for this unit before closing it. Patients shouldn't be there for any longer than two weeks however. I do know some patients deteriorate quickly in the unit if they wait too long for a care package
Bridlington Survey	We need local services for local residents
Bridlington Survey	Having to travel long distances to receive care.
Bridlington Survey	Local people need local care
Bridlington Survey	No valid justification for its closure, will support bed blocking at Scarborough , hull, York etc.
Bridlington Survey	Bridget is the largest twon in East Riding. We need our hospital fully working. No ghost wards please
Bridlington Survey	Bridlingtin is a populous and growing area, needing more medical and supporting services rather than fewer. While I appreciate the reasoning behind the proposed closure, I feel this is a backwards step and will place more onus on neighbouring hospitals, with 'bed-blocking' by patients who could have been transferred to Bridlington.
Bridlington Survey	It is nice for Bridlington to have this ongoing care unit. But why don't other areas have the same services? East Riding is a very large area, if the NHS can provide this ongoing care facility why can't other towns in East Riding have the same services?
Bridlington Survey	Worry that it will cause bed-blocking in Scarborough and Hull. People "recover better in a non-hospital setting" but only with properly funded and co-ordinated community nursing support.
Bridlington Survey	It’s just another care unit to close when we as a town are crying out for this unit and need it
Bridlington	Life and the improvement of services

Survey	
Bridlington Survey	There are no enough care facilities across Bridlington and Holderness area already. Waiting times are too long, friends anre left ant home before they anre anble anns then the home care is insufficient and there is no need to put extra pressure on the hospitals. Closing this will cause residents to have to travel further to hull Driffield or Scarborough. It will expose vulnerable people to long queues and waits. Public transport to either is limited and costly.
Bridlington Survey	If there is no clinical/safety need then it's right that resources should be routed elsewhere. However if the need is there it's right to retain.
Bridlington Survey	Thin end of the wedge going forward I can see more services being cut at our hospital We are a seaside town where our population trebles but already no a&e service our ageing population has to travel to Scarborough or Hull for most hospital services Have you tried parking at these sites or even travelling to these in the hight of summer We the increased building programme in Bridlington our hospital needs to be fully functional Helping our elderly residents re get help out of hospital before going home is essential Just common sense
Bridlington Survey	We need to keep services like this as local as possible so that people are not having to travel long distances to get the same services.
Bridlington Survey	It's a necessity for this town
Bridlington Survey	My husband and i are getting older and so easy to get to, rather than somebody having to take us to York etc.
Bridlington Survey	When one unit closes it is just a matter of time before another then another then the whole hospital will close!
Bridlington Survey	Very worrying that in a time of need there was no local care unit
Bridlington Survey	My husband and I are pensioners and are very fit at the moment,, we have always in our lifetime felt we could rely on the National Health Service if we ever needed it , we have always worked and paid into the system,for over 50 years,never been unemployed,I was aNHS staff nurse for 35 years, my husband was a baker and confectioners . I feel if we needed a doctors appointment we are a burden to the system so we keep ourselves as fit as possible.The feeling of having to travel out of our town to another hospital many miles away is frightening, we don't have transport , which means the travel would inevitably cost us more money via a taxi because of the distance. I think reassurance is a state of mind and being worried about getting ill would make a visit to see a Doctor (if we could get appt) more likely.
Bridlington Survey	Hospitals need to move "bed blockers" to somewhere to free up space in Hospital. Frail people who are sent home "too early" bounce straight back into

	hospital. Brid is half way between scarbs and hull so ideally placed. Home support sounds good but fails in practice due to time constraints.
Bridlington Survey	It is an invaluable support system for people being discharged from hospital and for when hospital admission is not suitable
Bridlington Survey	Why would the trust take yet another service away from Bridlington hospital. After spending a significant amount of time over the last few years at Scarborough hospital with family members. I have seen first hand the strain and pressure that hospital is under, how far too many beds are taken up with people who do not need acute medical care but need a place where rest, recovery and rehabilitation is provided. The Bridlington BCU provides exactly that. In my opinion this type of unit needs increasing not removing. My mother spent over 6 weeks in Scarborough hospital last summer after a fall resulting in a broken hip. A stay that should have been a week maximum but due to the over stretched situation at Scarborough key medical care which should have been monitored was missed and resulted in a prolonged stay. When she was well enough to move to BCU there were no beds available so her bed was moved into corridor next to the nurses station with a screen around her in Scarborough. Absolutely disgusting and totally unacceptable) luckily after 2 days a bed did became available at Bridlington BCU where she spent another two weeks. So how many more vulnerable people will this be the case for if they shut the very much needed BCU
Bridlington Survey	I Believe the unit will be repurposed. but after care is needed if there is a lack of home/Community support
Bridlington Survey	There is more new builds being built in bridlington high preposition of elderly
Bridlington Survey	Worsened access to Diagnostic tests
Bridlington Survey	Lack of Local Fascilities we live nearer to Bridlington thanScarborough whichbis a night mare to get to.
Bridlington Survey	I think the care unit at Bridlington hospital is an asset: relieving the pressure of delayed discharges from acute hospitals and so freeing up hospital beds, providing care close to home for people whose care packages haven't yet been put in place, enabling loved ones to visit without long travel times. Without care units such as Bridlington's the likelihood of there being overhasty discharges from acute hospitals will increase. I don't believe what I was told at the consultation at Bridlington Spa that there is not a demand for it. I think it's shocking that the 28 bed unit has been quietly reduced to 15 beds and only currently holds 8 people. This is particularly shocking when we know that acute hospitals such as Scarborough have a poor record when it comes to delayed discharges. The 60 bed care unit that Scarborough hospital is planning to build won't be there for years but the fact that the hospital is even planning to build one shows how much it is needed. I can only repeat

	that I think the Bridlington care unit is an asset which has been shockingly ignored by the powers that be.
Bridlington Survey	It provides a much needed local facility for patients who need to be cared for in a clinical setting before going home. This frees up acute hospital beds, ensures that all the required ingredients for home care are in place for the individual concerned and enables their family to visit them more easily and at lower cost than travelling to a hospital like Scarborough or Hull. It worries me that the gradual closure of BCU has been going on "under the radar" in a situation where Scarborough hospital is under great pressure to discharge patients asap and I'm not sure that the services to enable adequate home care for each individual's needs are in place. I believe that other community hospitals that are in a similar situation to Bridlington are keeping their care units rather than taking the drastic step of closure and see this as the best outcome particularly for elderly and vulnerable people.
Bridlington Survey	It would mean having to travel out of town when there is a purpose built facility already in Bridlington
Bridlington Survey	The town is growing, lots of new developments attracting new residents and income to the town. Bridlington needs to care for its citizens
Bridlington Survey	I think it is important for people from Bridlington to be able to come to BCU so that they can easily be visited by family and friends as they prepare for discharge into the community. Many people in Bridlington are not able to drive, which makes access to Scarborough or York hospitals very busy. Also, having capacity at BCU can allow beds to be freed up in Scarborough Hospital to avoid corridor care, which is a Trust priority.
Bridlington Survey	Provision is already low. Closure will surely increase the problem.
Bridlington Survey	We need to keep people close to their homew for travelling and much needed visiting purposes.
Bridlington Survey	To have local people in their own town so that they can be visited whilst convalescing is far better for their overall recovery. It is far easier for relations & friends to keep in close contact with the patient. During a winter it is easier due to adverse weather conditions to travel locally, then in a summer when there are more travel problems due to tourists (which are much needed for local economy) it is a saving of at least 90 minutes travel time on top of a visit.
Bridlington Survey	Bridlington has a large number of elderly, we need wards adding not removing! Not everyone has access to transport nor the funds to travel. Our community deserves better
Bridlington Survey	Best in care hospital
Bridlington	Beds lacking at Scarborough Hospital

Survey	
Bridlington Survey	I will use it in the near future
Bridlington Survey	This was a covid funded initiative. I understand that people in the unit are discharged and return after. High number of readmissions. Better models of care, home care.
Bridlington Survey	Size of town, elderly population, i should imagine it would be busy
Bridlington Survey	The population increases greatly in Summer. This obviously also includes Scarborough where facilities also come into more pressure. Bridlington saved care for its own.
Bridlington Survey	Local need for a largely elderly and increasing populous
Bridlington Survey	Needs to stay local
Bridlington Survey	It needs to be local for residents to attend. Scarborough or York is too far to travel, especially if you don't have transport. Care should be closer to home
Bridlington Survey	Bridlington Hospital is one of our prized health care facility. I was there at the opening. Far more organised than Scarborough
Bridlington Survey	It is needed
Bridlington Survey	Think they will close care unit then it will be another unit until they close all the hospital
Bridlington Survey	Lack of care facilities or in your own home
Bridlington Survey	My 96 year old mother was cared for here and i cannot fault the care she received up to her death
Bridlington Survey	Future use and ease of availability
Bridlington Survey	The care unit provides important local services. Travel is a nightmare if you are unwell
Bridlington Survey	Mental illness patients i.e. dementia, Alzheimers, BPD etc need regular contact with familiar people to encourage eating and healing - stop deteriorating, non contact mental stimulation. Patients family / friends many do not have access to suitable or affordable transport (as need door to door as cars offer) to visit as regularly as they and the patients need. Patients with no family or neighbour / friends will to help (or finances to pay for) need this

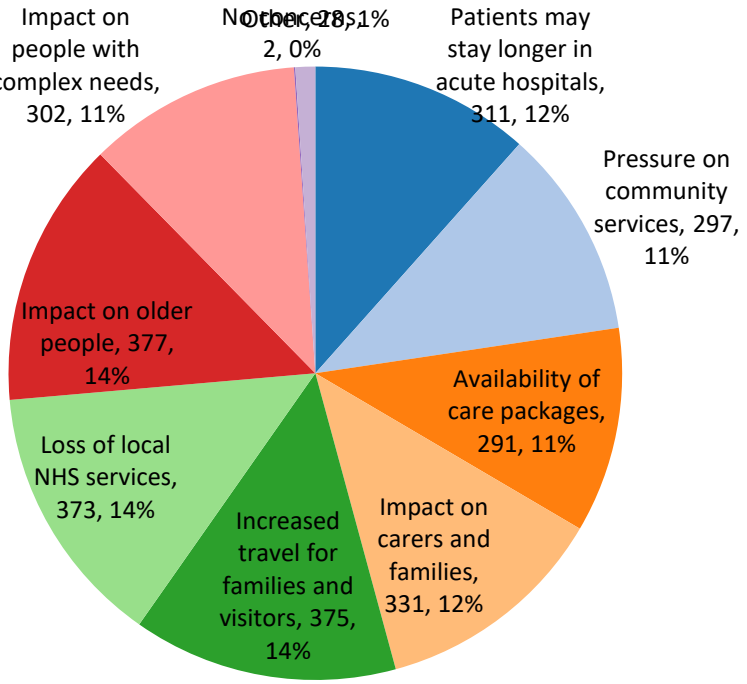
	ward to stay in as the mid step between hospital and being alone a home.
Bridlington Survey	Great need for step down support before discharge for older people. Would lessen readministration to acute facilities.
Bridlington Survey	We need care for Bridlington and surrounding villages. Especially as we are a tourist area.
Bridlington Survey	We need a care unit for relatives to visit easily for the wellbeing of the patient. Also patients fair better when they are close to home.
Bridlington Survey	Without further care units in Bridlington, this is vital for families who would have no transport to travel further afield.
Bridlington Survey	We need services in Bridlington Hospital.
Bridlington Survey	Because it is needed to help stop bed blocking. As the town expanded the services at Bridlington Purpose built hospital all have contracted.
Bridlington Survey	Lots of older people live here. Could be in the care unit until care package is sorted instead of taking up a hospital bed then released home quicker.
Bridlington Survey	Bridlington Hospital is one of the best in York/area Check patient satisfaction surveys.
Bridlington Survey	Keep it local, less travel issues.
Bridlington Survey	If the unit closes there will be more travelling for friends and relatives, many of them elderly and stressed with worry about their loved ones.
Bridlington Survey	We need the bridlington care unit
Bridlington Survey	Impact on the elderly
Bridlington Survey	I do not support it at all. We need as much support it's too far to Scarborough and we need a hospital fully working in Bridlington.
Bridlington Survey	Living in Bridlington now for 38 years plus, from the hospital's original opening and offering so many beneficial services to the local community. I have with great sadness seen many of the original premises close. I am now getting to an age where I may need my local hospital facilities more, hence my interest in this forum.
Bridlington Survey	Vulnerable people need reassurance and positivity knowing these services are available. Most aide recover and prevent re-admittance to hospital
Bridlington Survey	Although it was a temporary measure to assist during covid it has continued to provide a step down measure to enable patients to be cared for in their

	'preferred place' eg hom
Bridlington Survey	Bridlington Care Unit provides an intermediate stage between a large hospital and going home, like the old convalescent homes or cottage hospitals. We need the unit to get patients out of hospital to make way for others (to save bed blocking)!
Bridlington Survey	It is an important asset
Bridlington Survey	The NHS no longer service the people. Bridlington, that includes the doctors practice, neither staff or patients know what to do
Bridlington Survey	I believe that care facilities should be available as close to a person's home as possible. All the reasons in answer (7 apply.
Bridlington Survey	This facility is much needed. Care should be as close as possible to home to ease problems with travelling.
Bridlington Survey	We need more services in Bridlington hospital. Bridlington is a town with a very large elderly population which needs a good local service. Not in York or Scarborough or Malton. In Bridlington
Bridlington Survey	My husband was cared for in the care unit
Bridlington Survey	We need patients closer to home. It's a 40 mile round trip to Scarborough from Bridlington. I recently had cause to visit someone in Scarborough Hospital. When you are elderly as I am it's such a trek. I was visiting 3 times a week and there was never spaces in the car park you had to queue until one became available. Then it cost over £5 each time. The thing is when people are in hospital they need to be near home so their loved ones can easily visit. A lot of elderly people don't drive.
Bridlington Survey	We need care for people in Bridlington closer to their homes and relatives.
Bridlington Survey	Care should be kept local. The general population needing this facility are elderly and travel is difficult
Bridlington Survey	Patients are being discharged and returned to their homes when they are not ready - no support!
Bridlington Survey	We need a local hospital. Not everyone can get to Hull, Scarborough or York Hospitals
Bridlington Survey	We need care in Bridlington
Bridlington Survey	The care unit offers excellent short term provision for patients from hospital but needing care at home or in a care home (two friends of mine) that was

	vital
Bridlington Survey	Not everyone's care can be safely delivered at home
Bridlington Survey	Local people need local services. It is almost impossible to get to other hospitals by public transport. Malton from Bridlington is totally unreasonable.
Bridlington Survey	Bridlington's population is growing exponentially with a population of 48,000 including the surrounding area. And with a large retired population we need all the help we can get.
Bridlington Survey	Patients need to be closer to home. it is so important for family and friends to be able to visit. this aids recovery with both physical and mental health.
Bridlington Survey	It is needed in Bridlington. Bridlington has an ageing population.
Bridlington Survey	Bridlington is growing right across the board. Therefore even more care is needed.
Bridlington Survey	Scarborough and York hospitals are too far away from Bridlington for any emergencies. Also why isn't there a maternity unit in Bridlington Hospital?
Bridlington Survey	32% of the bridlington population are over the age of 65
Bridlington Survey	The town is getting larger. We need facilities covering as many services as possible.
Bridlington Survey	Bridlington is becoming more populated, mainly with older people. Travelling to hospitals further afield, is not the way forward. It can be expensive and difficult to get to these venues if you don't have transport.
Bridlington Survey	A growing and expanding town requires relevant services and not diminishing services.
Bridlington Survey	Lack of community care provision at home Lack of step down beds and care provision in Bridlington
Bridlington Survey	Easier access for Bridlington residents at al times
Bridlington Survey	Because of the needs of the hospital which should be to serve the population and the added number of visitors - we want to increase facilities availablen nor decrease them!
Bridlington Survey	Needed to release beds in main hospital to keep waiting lists down
Bridlington Survey	Important to have a hospital in such a big town and not have to travel miles

Bridlington Survey	Bridlington has an ageing community and anyone needing end of life care should be close to family and friends who can pop in to visit every day and the patient is not worried about their loved ones having to travel for an hour or more to visit plus the cost whether in a car or public transport
Bridlington Survey	As the town expands it seems insane to reduce healthcare facilities not only for the patients but or families of patients who may not have a private means of transport to travel to Scarborough, York or Malton
Bridlington Survey	I am one of many elderly who need a hospital which I can get there easily . Currently I se local taxis!
Bridlington Survey	Complete lack of social care by other local authority or private providers in the community. No fast track service for end of life - for people who want to die at home (preferred. place of care) Currently average length of stay at the care unit is 27 day because of the above!! No community provision!

Which of the following concerns, if any, do you have? (Select all that apply)



Answer	Total	Percent
Patients may stay longer in acute hospitals	311	11.6
Pressure on community services	297	11.1
Availability of care packages	291	10.8
Impact on carers and families	331	12.3
Increased travel for families and visitors	375	14
Loss of local NHS services	373	13.9
Impact on older people	377	14
Impact on people with complex needs	302	11.2
No concerns	2	0.1
Other	28	1
Total responses	2687	

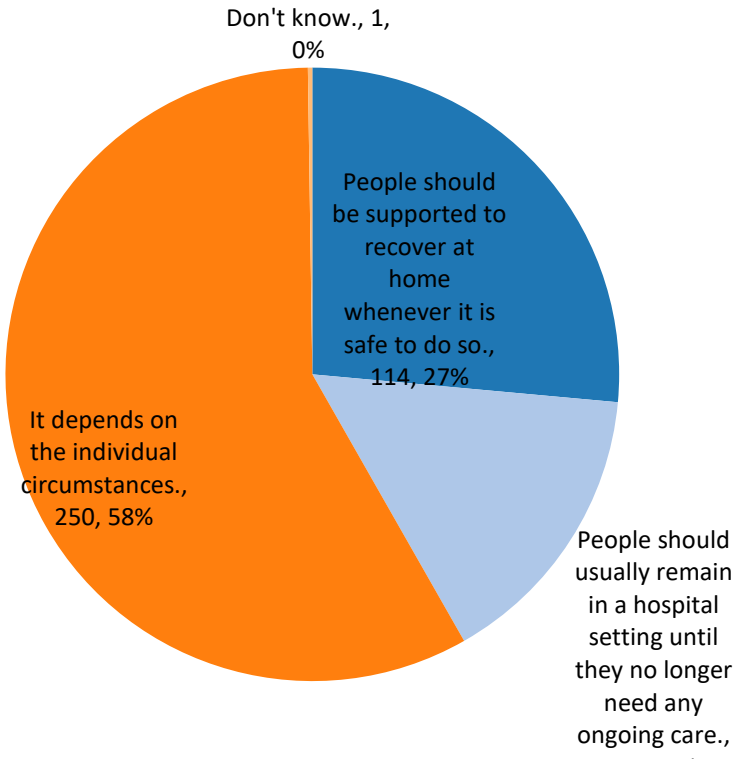
If you selected Other, please provide details below

Service	Comment
Bridlington Survey	Impact on patient safety, readmissions and elective capacity due to bed base being full
Bridlington Survey	Access is a major problem especially for Bridlington Residents. For example, approximately half of Urology appointments were missed that were to happen in Malton. The senate report of 2020 was totally ignored…that asked for a reversal of using Malton…and a move to services being in Scarborough- access to that would be easier than Malton. Similar concerns about Dermatology and Opthalmology. ACCESS is a my primary concern.
Bridlington Survey	I feel that if Bridlington hospital looses the Care Unit that would be the start of the hospital closing down It would mean families and patients travelling further afield when we have a fabulous well run and equipped hospital here hospital here If the correct packages are offered to clocal nurses they would go back and work in the hospital Ratger than travelling to
Bridlington Survey	Needs a A&E depth for the community
Bridlington Survey	Increased congestion of wards at Scarborough Hospital and a knock on problem with admitting patients from A+E.
Bridlington Survey	Convalescence wards historically enabled patients to regain their confidence. Their value should not be disregarded.
Bridlington Survey	More readmissions to acute hospitals. Longer recovery time meaning even more staff needed.
Bridlington Survey	With the number of homes being built the population is increasing by at least a quarter of present population
Bridlington Survey	Impact on valued Bridlington hospital staff
Bridlington Survey	Palliative care beds not being provided as promised. The question below is misleading, we all want to be at home, but it's not always possible and people may have to wait for care packages etc..
Bridlington Survey	I have many friends who live in Bridlington and they are very upset that Bridlington Hospital has been a bit of a "white elephant". They feel sad that such a good hospital is not fully utilised and wish that the same care could be offered there as well as at Scarborough and York. They feel that the local resident who bequeathed the hospital to the local

	community would be mortified if they realised how little this was actually use.
Bridlington Survey	Palliative care beds not being provided as promised. The question below is misleading, we all want to be at home, but it's not always possible and people may have to wait for care packages etc..
Bridlington Survey	Finances. Loss of jobs.
Bridlington Survey	N/a
Bridlington Survey	Patients may be sent home before they are ready.
Bridlington Survey	Any closure or reduction of services at Bridlington hospital will have a negative affect on all the above aspects. I cannot understand why the trust cannot not see this. How many of the trust members have actually spent 24 hrs in a a and e department? How many of the trust members have experienced or seen patients being left in corridors because of lack of beds? It seems ridiculous when you have empty wards at Bridlington
Bridlington Survey	We had a fully function hosptial untill we were hived off to north yorkshire health authirty when they was in finaciale difficulty and every think was taken form bridlington hospital we had to travel to get any services
Bridlington Survey	Surely Bridlington as a thriving town needs one?
Bridlington Survey	People can due with a hospital not being near
Bridlington Survey	The travel to scarbough hospital is a total night mare especially for the elderly and those that don't drive . Bridlington had at least 3 hospitals when I was a young mum Brid was also much smaller it's madness having to travel to York,ect
Bridlington Survey	They are important
Bridlington Survey	Lack of emergency care
Bridlington Survey	A town the size of Bridlington needs a complete service provided by a fully functioning hospital. Full economic costing might even show that in many cases it would be more cose effective than having ambulances travelling to and from scarborough/hull/ york etc
Bridlington Survey	Increased worry to elderly patients that their loved ones (family & friends) are so far away, and have to travel further to see them when in admission

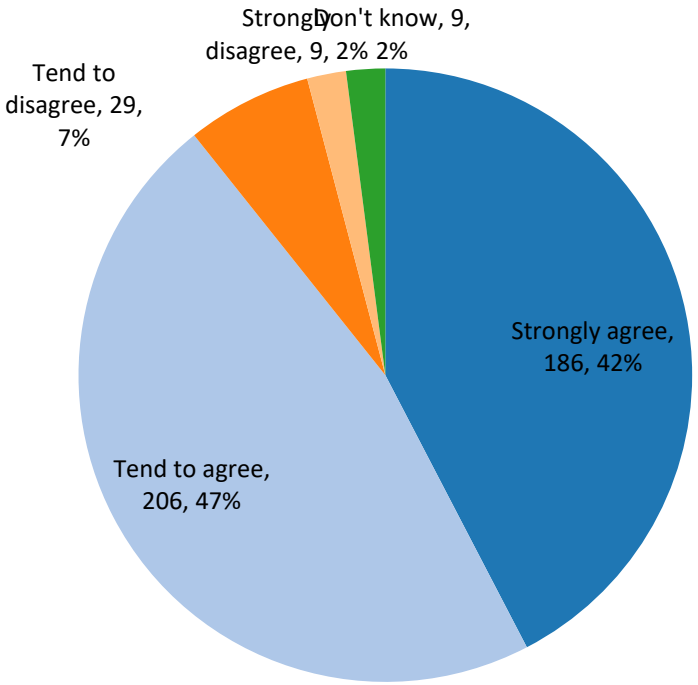
	on hospital
Bridlington Survey	Bridlington hospital has been unde threat of services closing for many years and now York Trust seem to be burying parts of the hospital closing Yet you gave money to build new facilities in a new building out of Bridlington Uss that money and make Bridlington hospital better like it used to be when I worked there in the 1990s and before that
Bridlington Survey	The way all of this is presented
Bridlington Survey	Impact on disabled people with limited accessibility. Impact on dementia and Parkinson’s sufferers who will refuse care from unfamiliar environments
Bridlington Survey	As above
Bridlington Survey	New models of care needed eg elderly care practitioner
Bridlington Survey	A neighbour's husband unexpectedly had a risk to life deterioration whilst in Brid Care Ward. His life was saved because he was in the right place for Defib / CPR as staff became aware of symptoms and pulled equipment immediately to him.
Bridlington Survey	Poor experience elsewhere.
Bridlington Survey	Palliative Care Unit - not just for end of life but frailty patients too. Some access to community beds cared for by skilled multi-disciplinary teams.
Bridlington Survey	People in hospital long term become known as bed blockers. they lose their self esteem and ability to care for themselves.

Which statement comes closest to your view?



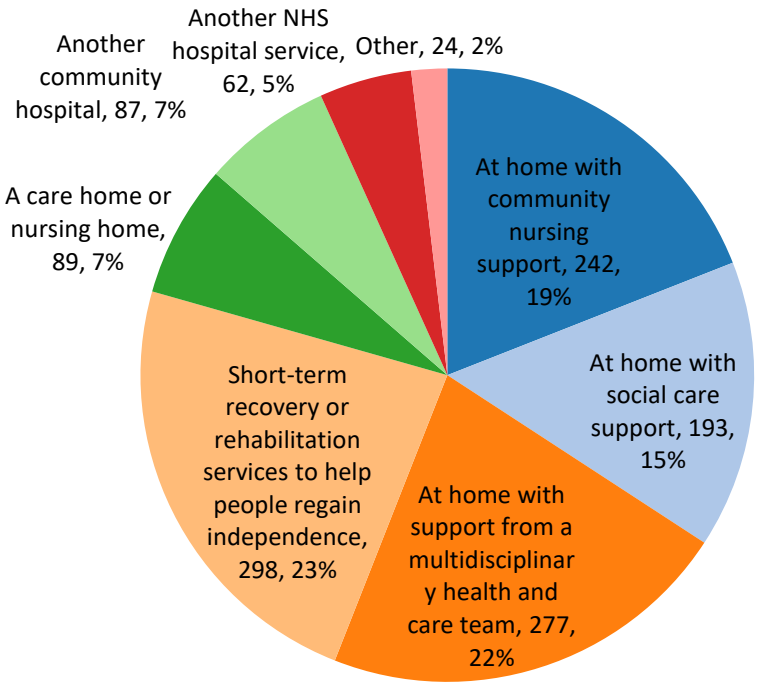
Answer	Total	Percent
People should be supported to recover at home whenever it is safe to do so.	114	26.5
People should usually remain in a hospital setting until they no longer need any ongoing care.	66	15.3
It depends on the individual circumstances.	250	58
Don't know.	1	0.2
Total responses	431	

To what extent do you agree that people should be supported to return home as soon as it is safe to do so, rather than remaining in hospital longer than necessary?



Answer	Total	Percent
Strongly agree	186	42.4
Tend to agree	206	46.9
Tend to disagree	29	6.6
Strongly disagree	9	2.1
Don't know	9	2.1
Total responses	439	

Thinking about people who are medically ready to leave hospital but still need some ongoing care or support, where do you think that care should happen? (Select all that apply)



Answer	Total	Percent
At home with community nursing support	242	19
At home with social care support	193	15.2
At home with support from a multidisciplinary health and care team	277	21.8
Short-term recovery or rehabilitation services to help people regain independence	298	23.4
A care home or nursing home	89	7
Another community hospital	87	6.8
Another NHS hospital service	62	4.9
Other	24	1.9

Total responses	1272	

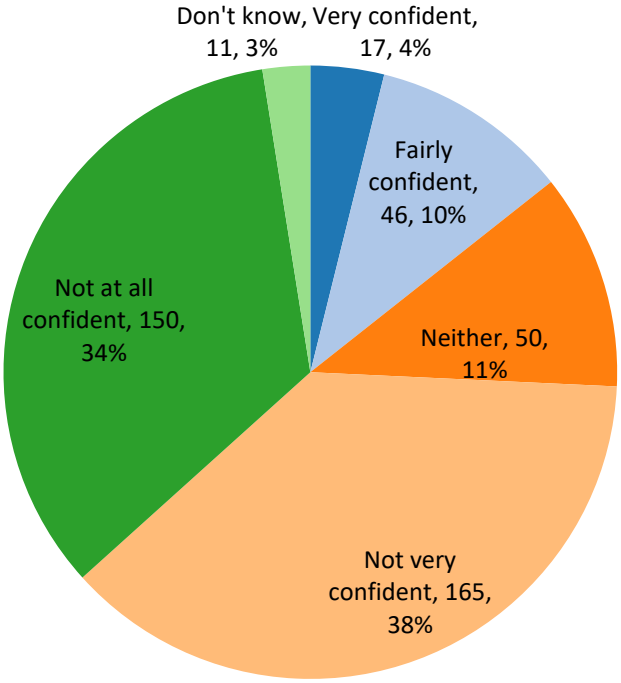
If you selected Other, please provide details below

Service	Comment
Bridlington Survey	Stop making patients go home before they are ready and ensure social services act promptly because at the moment they lack in every aspect.
Bridlington Survey	Depends on their needs
Bridlington Survey	Ongoing care and support should be provided LOCALLY in Bridlington Hospital until community nursing support/care plans are mature, capable and in place.
Bridlington Survey	Keep the Bridlington care unit open and increase number of beds available
Bridlington Survey	This is a broad question as there are many different scenarios which would require a multitude of different outcomes. Not all of which are listed or covered above. A tick list is appallingly discriminating because it doesn't allow for all situation just a basic overview, which causes unease for complex individuals.
Bridlington Survey	BCU
Bridlington Survey	BCU
Bridlington Survey	All of thabove may apply depending on the needs of each individual patient. Suprt in bridlington care unit should remain a local option
Bridlington Survey	N/a
Bridlington Survey	A place like the BCU unit is the ideal place till they have built up the strength and are definitely safe to return home
Bridlington Survey	All depends on circumstances. If CORRECT and READILY AVAILABLE, care in the community would be ideal. This is generally not available. Hence the need for continuing care in a hospital care facility.
Bridlington Survey	I think this needs to be assessed on the patients needs, they should have options as to what suits their needs and requirements
Bridlington Survey	Home care services are appalling,
Bridlington	In an ideal world home support would be good, far from the truth with

Survey	current services overstretched and under funded.
Bridlington Survey	People are discharged to early from Scarborough hospital ,soon as they are responding they are sent home a total nightmare when the person at home carer ,wife ,husband is just suppose to deal with the new health diagnosis
Bridlington Survey	All options should be explored and the best fit be available for that individual depending on their circumstances.
Bridlington Survey	Bridlington hospital
Bridlington Survey	Each person needs are different
Bridlington Survey	Depends on individual care needs not everyone fits one box. short term care is hard to come by both costwise and availability
Bridlington Survey	I think it is a complex situation and would be very different for many different situations and patients
Bridlington Survey	It all depends on what the individual's needs are (so I've answered yes to all of the above)
Bridlington Survey	The specific place and nature of care provided depends on individual circumstances for example (a) the operation they have had (b) where they live e.g. rural and inaccessible and (c) who they live with.
Bridlington Survey	This is an individual question. Depends on the level of care needed
Bridlington Survey	First short-term recovery or rehab services in hospital based space and staff. Then either at home (if have one) with support from multidisciplinary etc or community hospital which HAS care home replacement wards. I know care homes, they are 90% of them rubbish. Uncare homes they should be honestly called.
Bridlington Survey	Depending on the level of care needed. Hos our local NHS got the staff to cover patient's needs. Private companies charge unbelievable rates with many under qualified people working for them. They have limited time with paying patients, so I have little faith in many local companies as I regularly see and hear of local issues which concern me.
Bridlington Survey	Working with charity organisation to enhance quality of life experiences
Bridlington Survey	It absolutely depends on a person's situation
Bridlington	Most people want to be at home but need support in some way. Not

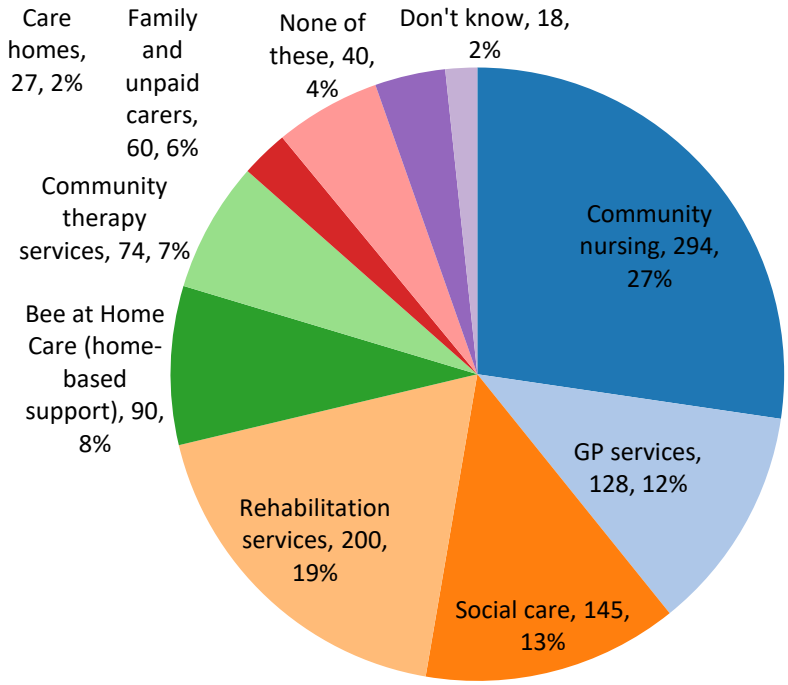
Survey	everyone has family.
Bridlington Survey	Care/nursing home should be a last resort. too expensive, long waiting lists and people are often placed too far away from family and friends.
Bridlington Survey	We need a community care unit in addition to the above
Bridlington Survey	If you are a person living on their own, staying in a hospital setting is better, until able to return home.
Bridlington Survey	There is a need for care for patients between medical/surgical procedures and home care.
Bridlington Survey	I believe the reasoning is sounds but its the lack of community at home provision that means it is very concerning to shut BCU

How confident are you that people could be safely supported at home or in the community instead of at Bridlington Care Unit?



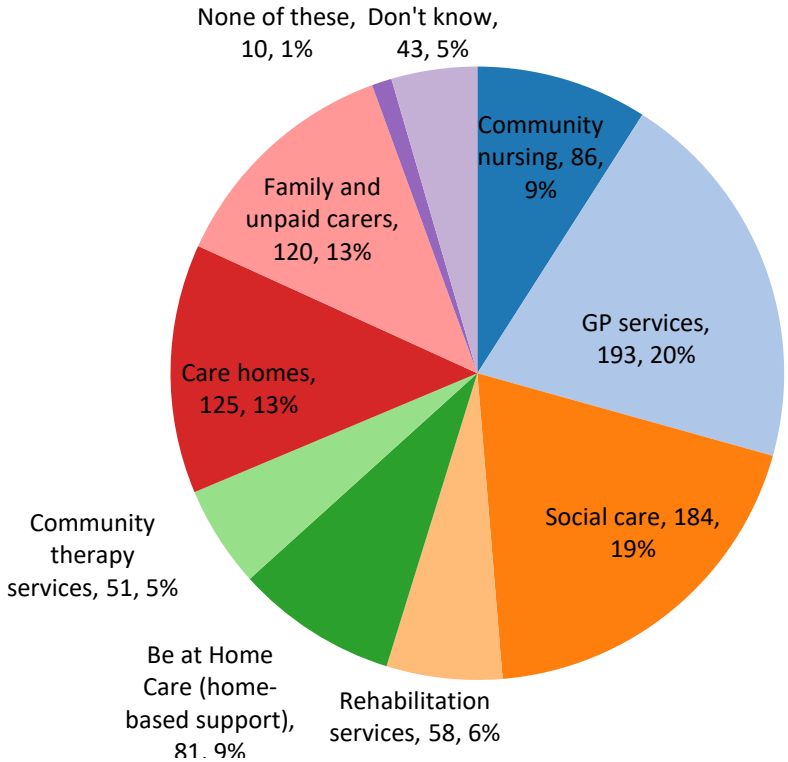
Answer	Total	Percent
Very confident	17	3.9
Fairly confident	46	10.5
Neither	50	11.4
Not very confident	165	37.6
Not at all confident	150	34.2
Don't know	11	2.5
Total responses	439	

Which services would give you the greatest confidence that people could safely return home? (Select up to three)



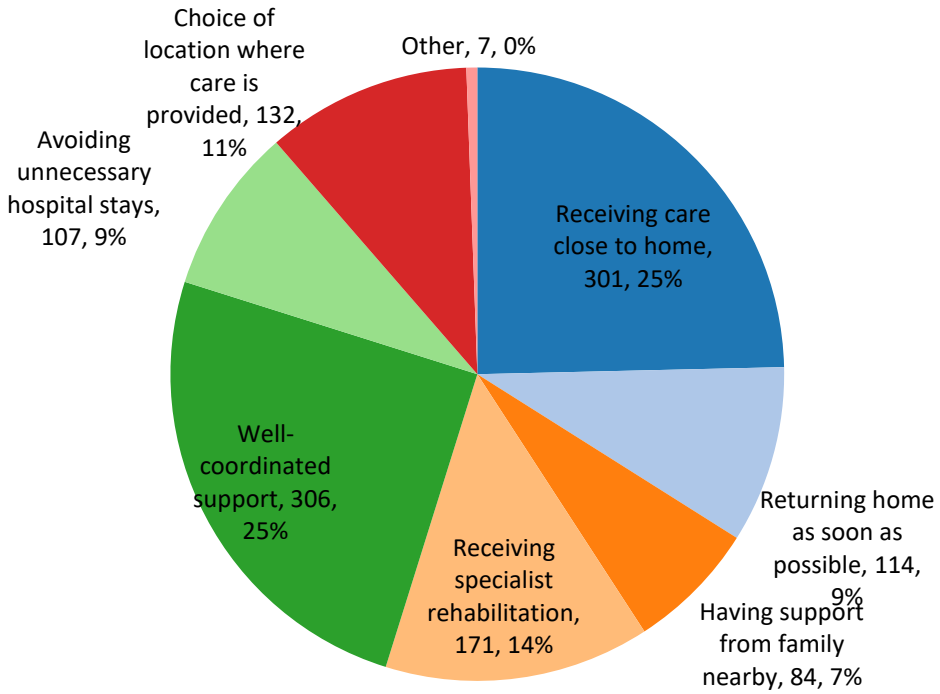
Answer	Total	Percent
Community nursing	294	27.3
GP services	128	11.9
Social care	145	13.5
Rehabilitation services	200	18.6
Bee at Home Care (home-based support)	90	8.4
Community therapy services	74	6.9
Care homes	27	2.5
Family and unpaid carers	60	5.6
None of these	40	3.7
Don't know	18	1.7
Total responses	1076	

Which services give you the least confidence? (Select up to three)



Answer	Total	Percent
Community nursing	86	9
GP services	193	20.3
Social care	184	19.3
Rehabilitation services	58	6.1
Be at Home Care (home-based support)	81	8.5
Community therapy services	51	5.4
Care homes	125	13.1
Family and unpaid carers	120	12.6
None of these	10	1.1
Don't know	43	4.5
Total responses	951	

Which three factors are most important when planning services for people who are ready to leave hospital? (Select three options)



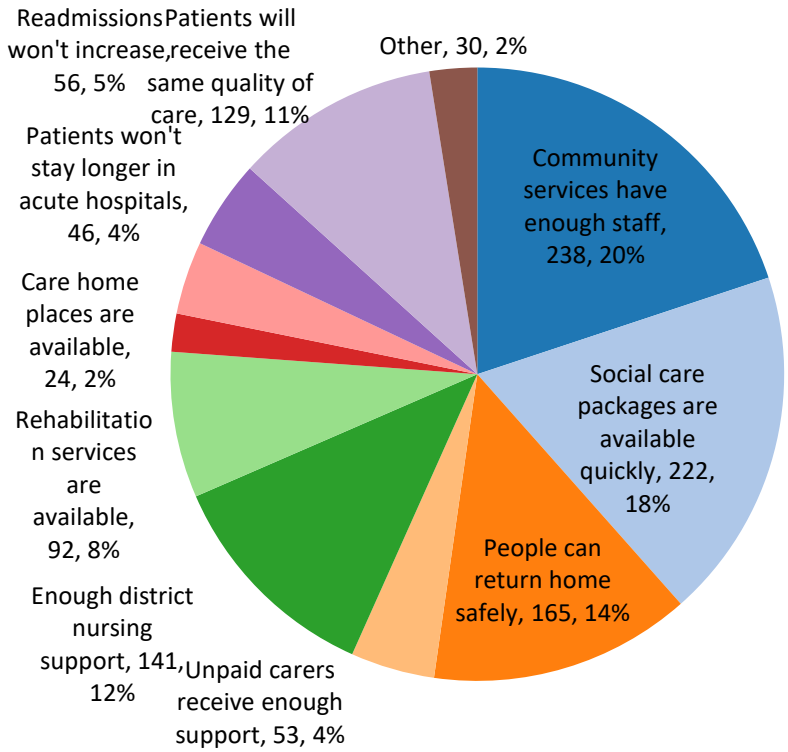
Answer	Total	Percent
Receiving care close to home	301	24.6
Returning home as soon as possible	114	9.3
Having support from family nearby	84	6.9
Receiving specialist rehabilitation	171	14
Well-coordinated support	306	25
Avoiding unnecessary hospital stays	107	8.8
Choice of location where care is provided	132	10.8
Other	7	0.6
Total responses	1222	

If you selected Other, please provide details below

Theme	Total
Neutral	8
Positive	1

Service	Comment
Bridlington Survey	Patient safety and well being
Bridlington Survey	Social worker allocation
Bridlington Survey	N/a
Bridlington Survey	I feel that if your getting help from specialist & family that can check on you recovery should be quicker
Bridlington Survey	When needed they are released from main hospital into appropriate suported care asap
Bridlington Survey	Having consistant ongoing and specialised/personally suited treatment at home with the correct support from the correct healthcare staff, whether that is community, gp or specailist help.
Bridlington Survey	Don't close the care unit, increase services in Bridlington Hospital.
Bridlington Survey	All important. All essential
Bridlington Survey	You can't choose three. all are important! best option - dont close this unit!!

Before Bridlington Care Unit could close, what would you most want to be assured about? (Select up to three)



Answer	Total	Percent
Community services have enough staff	238	19.9
Social care packages are available quickly	222	18.6
People can return home safely	165	13.8
Unpaid carers receive enough support	53	4.4
Enough district nursing support	141	11.8
Rehabilitation services are available	92	7.7
Care home places are available	24	2
Patients won't stay longer in acute hospitals	46	3.8
Readmissions won't increase	56	4.7
Patients will receive the same quality of care	129	10.8
Other	30	2.5

Total responses	1196	

If you selected Other, please provide details below

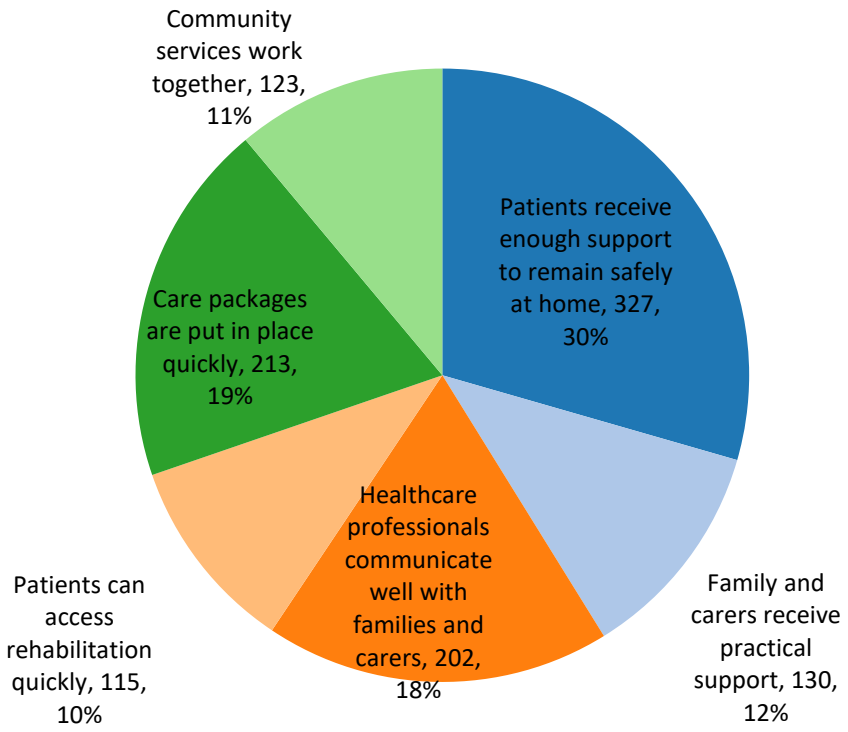
Theme	Total
Negative	15
Neutral	14
Positive	4
Both	1

Service	Comment
Bridlington Survey	The Care Unit should not close - nothing will make me think otherwise
Bridlington Survey	I do not think Bridlington Care Unit should close because from being in nursing for the past 35 years I believe everytime a hospital based provision is closed no provision is made by the people closing the unit make any difference in the Community Having seen many wards closed and "Provision in the Community being organised this does not actually materialise after the event People often wish to return home but are put into care homes where they would never have chosen to go Yet go because they feel a burden
Bridlington Survey	I don't want it to close.
Bridlington Survey	The Bridlington care unit SHOULD NOT close.
Bridlington Survey	I don't support Bridlington Care Unit being closed under any circumstances whatsoever.
Bridlington Survey	I don’t think it should! It is a long way to any hospitals and the visitors cannot afford the fares to get there as we have a large aging population on pension from government! So no extra money for it!
Bridlington Survey	More options should be available for selection, this doesn’t give anyone the ability to fully answer the question, this just forces answers, again in a closed tick box exercise! Which is not appropriate for the information required to support our community.
Bridlington Survey	All of the above of course!!!!!
Bridlington Survey	All of the above of course!!!!!
Bridlington	Emergency and Acute Care access could be improved in Bridlington should

Survey	readmission arise (Addition of A&E in Bridlington and a hospital run UTC with expansion rather than through CHCP).
Bridlington Survey	Emergency and Acute Care access could be improved in Bridlington should readmission arise (Addition of A&E in Bridlington and a hospital run UTC with expansion rather than through CHCP).
Bridlington Survey	N/a
Bridlington Survey	That they can guarantee that they are making more ward beds available in surrounding hospitals like Scarborough. Because if not the staff will feel even more pressure to send people home before they are ready. Last time mum was in a ward, there were beds in the middle of the room because they were running out of normal bed space. They then have to send patients to d2a beds in care homes to free ward beds up. Bridlington at least eases some of the pressure on Scarborough. All the nurses I spoke to thought it was idiotic to be closing BCU, but they dare not say anything for fear of there jobs.
Bridlington Survey	NHS is just looking to pass the responsibility I do not believe the services will be available
Bridlington Survey	Faith in all of these services are at an all time low - all underfunded, inadequate and patient care is compromised.
Bridlington Survey	It will all help if these things are set up
Bridlington Survey	Three choices are not enough
Bridlington Survey	It should not close
Bridlington Survey	Had a need for recent paid care support from independent companies on recommended contract list, but on too many occasions carers failed to turn up due to their cars breaking down in accessing a rural location, or staff leaving and unable to replace. It is vitally important to have the same carers wherever possible, as this is always a reassurance to the patient recovery.
Bridlington Survey	I do not think Bridlington Care Unit should close This is York Trust trying to waste money building a not needed hospital when we have a verh good hospital already Whise been taking back handers ?
Bridlington Survey	Please don't close Brid Care Unit
Bridlington Survey	Social care care assistants need more training before anything

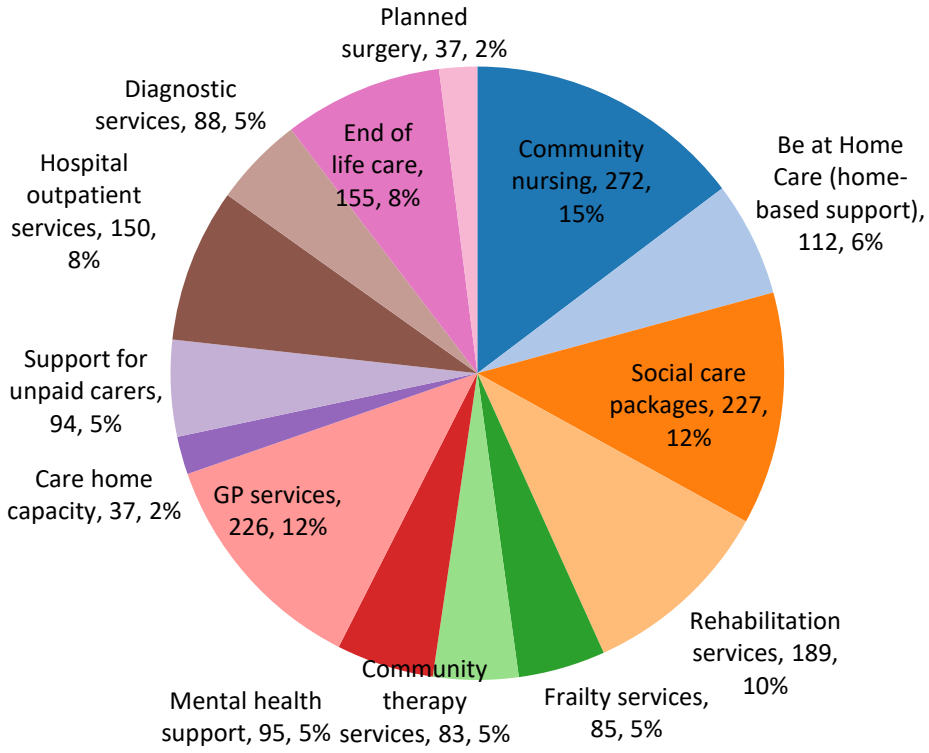
Bridlington Survey	Why do we have to choose only 3, all of them are very important. Especially important: patients need a phone number they can call 24/7 and have a trained, English speaking person for any changes after discharge to be triaged and relevant care put in place with necessary depts and staff, patient transport and informed appointment details.
Bridlington Survey	We do not want it to close we need as much services as possible here.
Bridlington Survey	It is a disgrace that closing in this vital care unit is even being considered.
Bridlington Survey	Care is holistic, provided by multidisciplinary teams. A flexible workforce providing safe care at home or on a unit close to home (not a care home)
Bridlington Survey	It should not close, end of!
Bridlington Survey	The hospital should remain open! Specialist care in one place, especially with an expanding population.
Bridlington Survey	I don't want it to close.
Bridlington Survey	Care is as close to home as possible but if 24-hour care is needed then this is available rather than carers visiting three or four times a day.
Bridlington Survey	All of these are important
Bridlington Survey	That the Bridlington Care Unit stays open
Bridlington Survey	Care unit should not close. It is there already just need manning
Bridlington Survey	That it didn't close

If more people receive care at home or in community settings, which of the following are most important?



Answer	Total	Percent
Patients receive enough support to remain safely at home	327	29.5
Family and carers receive practical support	130	11.7
Healthcare professionals communicate well with families and carers	202	18.2
Patients can access rehabilitation quickly	115	10.4
Care packages are put in place quickly	213	19.2
Community services work together	123	11.1
Total responses	1110	

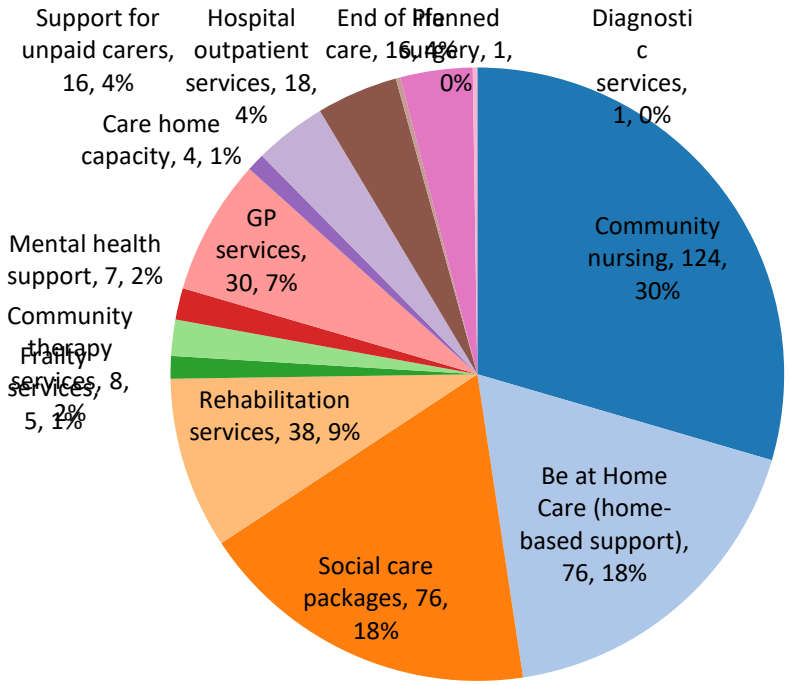
Which areas of community care are most important? (Select up to five)



Answer	Total	Percent
Community nursing	272	14.7
Be at Home Care (home- based support)	112	6.1
Social care packages	227	12.3
Rehabilitation services	189	10.2
Frailty services	85	4.6
Community therapy services	83	4.5
Mental health support	95	5.1
GP services	226	12.2
Care home capacity	37	2
Support for unpaid carers	94	5.1
Hospital outpatient services	150	8.1
Diagnostic services	88	4.8

End of life care	155	8.4
Planned surgery	37	2
Total responses	1850	

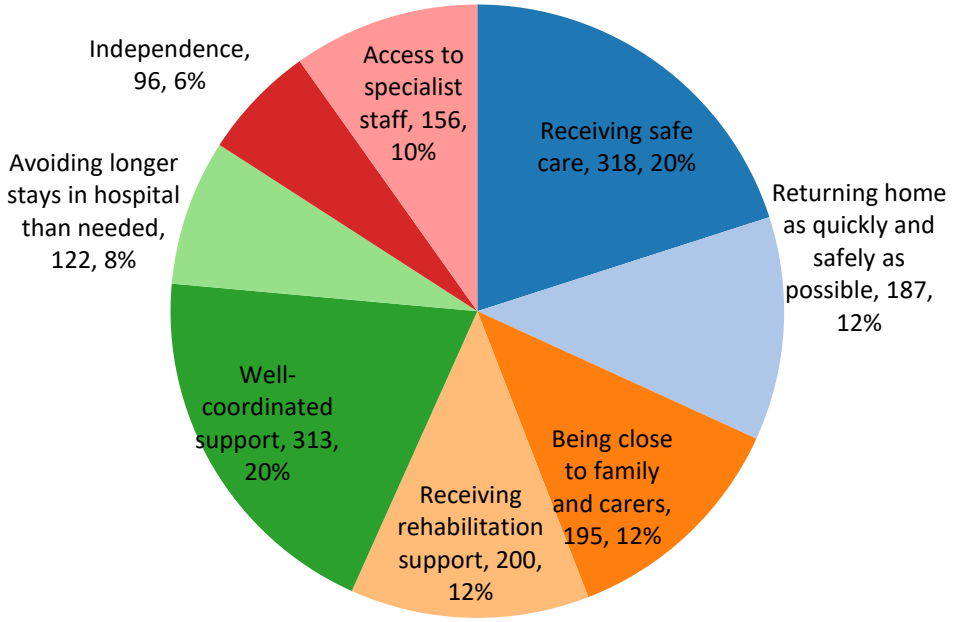
Which one area should be developed that would make the biggest difference for people who need care or support after leaving hospital?



Answer	Total	Percent
Community nursing	124	29.5
Be at Home Care (home- based support)	76	18.1
Social care packages	76	18.1
Rehabilitation services	38	9
Frailty services	5	1.2
Community therapy services	8	1.9
Mental health support	7	1.7
GP services	30	7.1
Care home capacity	4	1
Support for unpaid carers	16	3.8
Hospital outpatient services	18	4.3

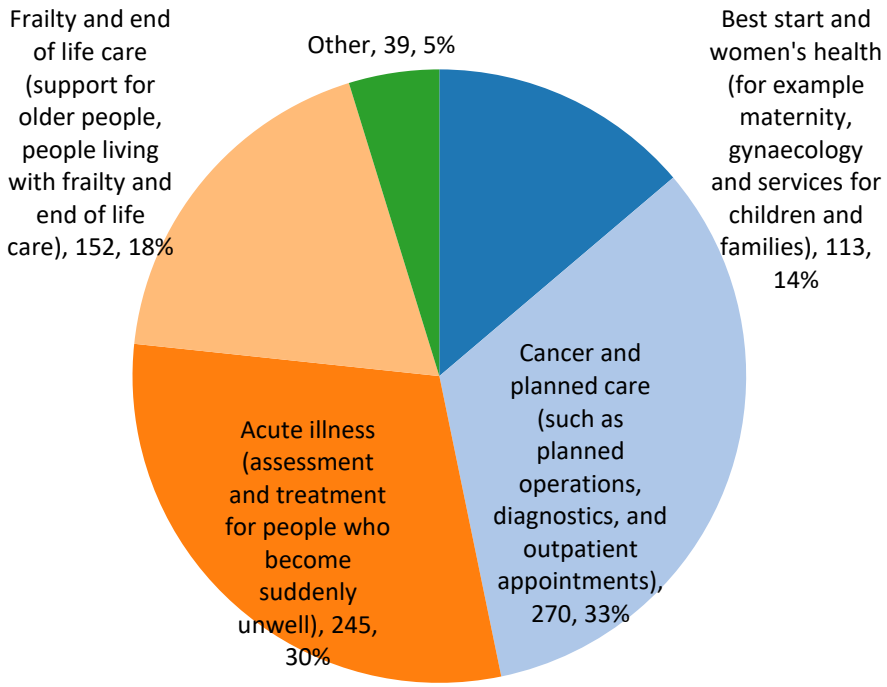
Diagnostic services	1	0.2
End of life care	16	3.8
Planned surgery	1	0.2
Total responses	420	

When planning services for people leaving hospital, which of the following do you feel are most important (select up to 4 from the below)



Answer	Total	Percent
Receiving safe care	318	20
Returning home as quickly and safely as possible	187	11.8
Being close to family and carers	195	12.3
Receiving rehabilitation support	200	12.6
Well-coordinated support	313	19.7
Avoiding longer stays in hospital than needed	122	7.7
Independence	96	6
Access to specialist staff	156	9.8
Total responses	1587	

Bridlington Hospital will continue to provide a range of hospital services and there are plans to further develop the site in the future. Looking ahead, which services would you most like to see developed at Bridlington Hospital? (Select up to two)



Answer	Total	Percent
Best start and women's health (for example maternity, gynaecology and services for children and families)	113	13.8
Cancer and planned care (such as planned operations, diagnostics, and outpatient appointments)	270	33
Acute illness (assessment and treatment for people who become suddenly unwell)	245	29.9
Frailty and end of life care (support for older people, people living with frailty and end of life care)	152	18.6

Other	39	4.8
Total responses	819	

If you selected Other, please provide details below

Service	Comment
Bridlington Survey	Cancer because many people suffer with cancer and surely being helped nearer home must be better for patients Acute care because Bridlington hospital many years ago did take people with Acute health issues and this worked very well and kept numbers down in other local hospitals like Scarborough and Hull
Bridlington Survey	Bridlington hospital should be a full functioning hospital
Bridlington Survey	Return to Bridlington Hospital of 1. Outpatient Services 2. Safe local Surgery 3. Diagnostics including on-site CT and MRI Scans 4. Appropriate Urgent Care with strengthened links with Scarborough A + E 5. In hospital Palliative Care for those in greater need than care at home (including for their carers)
Bridlington Survey	Care at certain times of life & with certain diseases should be provided & available close to home
Bridlington Survey	Stoma care has more availablity then one day a week clinic
Bridlington Survey	Things that urgent and unplanned need to be initially looked at locally I e within travelling distance of peoples homes. Also frail older people need to receive service near to friends and family, for both the patient and the extended family/carers
Bridlington Survey	Feel a hospital should cover all basic necessities not just a couple
Bridlington Survey	Again this question and the options are absolutely appalling. Where is the option to select “ALL OF THE ABOVE”, every option is vital to every member of our community locally and wider. Selecting 2 options is far from appropriate!
Bridlington Survey	All of the above, by restricting answers it feels like this survey is rigged.
Bridlington Survey	All of the above, by restricting answers it feels like this survey is rigged.
Bridlington Survey	Understanding what the population actually require that is the key in what needs development devices that meet the demand of the local population
Bridlington Survey	More therapy services i.e rehabilitation space

Bridlington Survey	A 24 hour emergency a&e or out of hours run by York Hospitals Trust but all the option are very important
Bridlington Survey	Mental health
Bridlington Survey	I would like to see a fully operational a and e dept including scans,X-rays etc 24 hour service
Bridlington Survey	Maternity and cancer support
Bridlington Survey	I would like to see properly funded hospice and home based end of life care. I would not want to see end of life care being primarily hospital based.
Bridlington Survey	More houaws are being built, more people are moving here. We need bridlington to become a bigger hospital to accomodate more clinics so that people are not having to travel further.
Bridlington Survey	I worked at BDH for a number of years. We can't go back to the good old days for a variety of reasons. This needs to be cleito the general public. Stop waisting time and money on schemes that will not work long term. Decide once and for all what it can provide and stick to it. Not constantly increasing expectations. If it's rehab then provide the best team around to ensure quality care with good outcomes and timely discharge. I am heartly sick of the units providing a poor service. I acknowledge that for some patients and relatives they have no complaints.
Bridlington Survey	N/a
Bridlington Survey	Also more appointments in the areas already covered instead of expecting people to travel to places like Malton, which is very hard to get to. One dr travelling to see 50 patients in a clinic is better than expecting 50 people travelling far afield to have check up appointments. Not very green! I was offered appointments to have a wound dressed in Driffield after major surgery, because Bridlington didn't have capacity. But everytime you went to Bridlington there was hardly anybody there. We are under using facility's we have due to lack of staff I guess.
Bridlington Survey	We shouldn't have to choose - as a hospital in a large town with an ever growing population we should provide all services
Bridlington Survey	More variety of disciplines with outpatient activity Palliative care Step-down at BCU Increased options for minor surgery
Bridlington Survey	A 24 hr A and E department is essential to reduce the wait times at Scarborough and York. For serious illness patients could be then transferred to Scarborough or York for specialist care

Bridlington Survey	Brid hospital must be opened up to all services it previously had and was intended for. More houses built and less services make no sense.
Bridlington Survey	A and E
Bridlington Survey	In all these loaded question where I'm supposed to choose a limited number of answers or areas, all areas need to be available, improved and running with patients as a priority.
Bridlington Survey	We have as a family suffered. My answers involve those who need care asap. people with cancer, serious illness where time is of the essence or people at the end of their lives can wait, they are vulnerable, often terrified, as are their loved ones. Communication between teams is dire. Travelling, waiting lists, medical professionals who do not have the time to care. Scarborough hospital can be truly shockingly bad, we need OUR hospital where we have at least a fighting chance of keeping an eye on our loved ones as much as possible. So many elderly patients with elderly other halves who cannot easily visit due to travelling difficulties. We must use our hospital as it was meant to be. Unfortunately it's only through personal experience that u truly learn how bad things are. When you've felt the fear, helplessness, despair etc
Bridlington Survey	I would like to see Bridlington hospital being utilised as much as possible for a whole range of services. It may not be able to offer surgery but could be made far more use of than it is, bringing Bridlington patients back to Bridlington as soon as safe to do so.
Bridlington Survey	The distance to Scarborough or Hull Royal is absolutely ridiculous for the patient & their family
Bridlington Survey	Families children need a Comunity hospital not far from home
Bridlington Survey	Diagnostics
Bridlington Survey	Impossible to choose two. Bridlington Hospital used to have much wider services when the population was far less then it is now i.e wards for surgical, mental health, elderly maternity, community services including MacMillan Wolds Unit (palliative care). These included: Alderson, Kent, Holtby, Johnston, Lloyd, Avenue, Thornton, Waters and Buckrose.
Bridlington Survey	Decent emergency provision without having to travel
Bridlington Survey	Quicker access.
Bridlington	All of these

Survey	
Bridlington Survey	Dementia
Bridlington Survey	Keep as it is
Bridlington Survey	Services such as Fracture clinic need to be at Bridlington Hospital Things like Acute health and well being For all ages
Bridlington Survey	It seems dangerous that a town the size of Bridlington with new large developments and an increasing population should lack A&E provision
Bridlington Survey	Longer opening hours for urgent treatment centre to relieve pressure on scarbs NHS
Bridlington Survey	A&E
Bridlington Survey	24 hour minor injuries unit
Bridlington Survey	Cardiac as per A&E. Be for assessment and immediate treatment required.
Bridlington Survey	I want to know what all the services available.
Bridlington Survey	Utilise and expand the day surgery unit. Post-op/illness consultation in Bridlington, even if treatment is elsewhere.
Bridlington Survey	Outpatient clinics at Bridlington, and on time. I am supposed to be seen on a 12 monthly basis, but get lost in the system and wasn't seen for 4.5 years, when I phoned in and queried it. But after that I have now been waiting 2 years and 3 months with no sign of an appointment. There is a reason why you should be seen at a certain time and it's disconcerting when you're not. I have lost all faith in the care from Scarborough Hospital, I feel that patients in Bridlington are not treated as they should be, we are like the poor relations.
Bridlington Survey	All of these services are required at bridlington hospital.
Bridlington Survey	Dementia services and diabetes services
Bridlington Survey	There were 9 wards on 2 floors: 220 beds it's disgraceful that the majority of these have been closed.
Bridlington	Maternity and optometry

Survey	
Bridlington Survey	I am 86 and health seems to be proving to be a bit on the up at the moment, mobility no problems are a concern. Sight is worse
Bridlington Survey	Services that are needed is like cateracts joints knees hips shoulders. Not having to travel to get some sort of transport to get to hospital appointments. A lovely hospital just going to waste. Facilities needed nearer home

What are the main reasons for your answer?

Service	Comment
Bridlington Survey	Keeping families children and relatives all close together cutting down traveling time.
Bridlington Survey	I was a nurse,people need community nurses , GPs and a well coordinated discharge. As a town we need emergency care / X-rays/ scans to relieve larger hospitals and long waiting times. EOL care should also be a priority
Bridlington Survey	Instead of creating posts such as discharge nurse confusing everyone adult social care in particular needs an overhaul and new management as they fail.
Bridlington Survey	Travelling from Bridlington to another hospital- Scarborough Hull York etc for cancer care is detrimental for recovery and end of life care needs to be available where family can visit easily and where patients feel comfortable
Bridlington Survey	It's a long way to travel in an emergency from Bridlington- that is scary
Bridlington Survey	The services to Bridlington and surrounding areas are poor when it comes to emergency treatment. Plus if you are very unwell it is a very long journey to a main hospital and not everyone has the transport to get there. The Patient Ambulance services and madie the criterier to use them much stricter. Even if you did use transport it is still a long journey to these places when unwell.
Bridlington Survey	Worry about ageing and good palliative care close to home
Bridlington Survey	I live here and don't want to travel to Scarborough or hull
Bridlington Survey	These are needed in Bridlington
Bridlington Survey	We have to travel too far to access care at other hospitals when we are at our most vulnerable
Bridlington Survey	There is much space at Bridlington Hospital to increase access to several things. There is widespread need in Bridlington…and it needs to be widely developed, with Scarborough rather than Malton. The need is greater in Bridlington
Bridlington Survey	I believe the hospital should be developed to provide facilities that would benefit the majority of the local population.
Bridlington	We have an aged population in this area. The previous McMillan unit was

Survey	well used and attended and alot of people miss the support and treatment in which they received there, now having to travel many miles to receive this care whilst unwell causing more exhaustion and symptoms associated with their illness
Bridlington Survey	BDH needs repatriation of consultant led outpatient clinics with development of Frailty and Palliative services
Bridlington Survey	The building can be used as a fully functional hospital, it did this before and our town needs it for locals and for visitors
Bridlington Survey	Improved UTC provision. Full use of inpatient ward facilitied
Bridlington Survey	When unwell with cancer it's a lot of travelling and long days for treatment making it very hard some days.
Bridlington Survey	I feel we have a large elderly population in Bridlington and surrounding areas that find it extremely difficult to travel or be away from their local area . I feel if you need immediate attention at any age for an acute illness it's much better to have local facilities then to have to wait lengthy times for firstly an ambulance then to travel at least 18 miles to Scarborough only to wait again lengthy periods to be seen . Can be the difference between life or death .
Bridlington Survey	Bridlington needs a hospital that is fit for the community it supports
Bridlington Survey	Both would ease stress & pressure.
Bridlington Survey	Access to services close to home for life threatening and distressing illnesses has to be better than having to incur travel time and costs at the worst time. Being close to family is important when coping with severe health issues
Bridlington Survey	The options open to the people of Bridlington and the surrounding areas are miles away. Difficult for the elderly to get to and the stress of having to travel to an A&E miles away is unfair. Being ill is bad enough but to add transport, family care & visits doesn’t lend to a healthy recovery.
Bridlington Survey	I feel there should be local services for woman and children's health. Also local diagnostic services and treatment available locally for people with cancer. They should develop more wards for surgery to happen locally rather than Scarborough or York
Bridlington Survey	Bridlington had a vast ageing community
Bridlington	Bridlington needs an A&E so patients do not have to travel to Scarborough in a time critical emergency. It also needs to look after it's most vulnerable

Survey	patients closer to their home and support network.
Bridlington Survey	Many residents are elderly. We need local palliative care for those who cannot go home. We need local out patient and diagnostic appointments. Please note we also need local children's and family services but only 2 answers were permitted.
Bridlington Survey	Majority of the Bridlington population are elderly
Bridlington Survey	We have an ageing population and the need for relatives to see their loved ones without having to travel
Bridlington Survey	The population of Bridlington has expanded MASSIVELY in recent years due to new house building it needs a fully functioning hospital of its own with A&E and maternity services. Travelling to hospitals miles away in Scarborough, Hull or York is environmentally unfriendly, stressful for the patient and practically impossible for those reliant on public transport or expensive taxis - most in that latter group simply give up !
Bridlington Survey	Services at Bridlington have been eroded to inaccessible Hospitals at Malton, York, Eastfield CDC and Scarborough
Bridlington Survey	Being passed around when illness starts from Brid hospital to scarboriugh hospital and then to York hospital is a discrace and I am confident people have suffered harm because of this.
Bridlington Survey	Safe and timely discharges for Patients
Bridlington Survey	Home first would be best practice. However patient's should be able to access services in their local community or have care and support until they can return to their community
Bridlington Survey	Home first would be best practice. However patient's should be able to access services in their local community or have care and support until they can return to their community
Bridlington Survey	Safe and timely discharges for Patients
Bridlington Survey	I feel that these are the most important services and would improve the patient's mental health, stress & worry if they were on the doorstep and you didn't have to travel up to one hour to access these services when you are unwell.
Bridlington Survey	These are important to me.
Bridlington Survey	Recently had an ileostomy with complications and had to travel to and from Scarborough hospital to be cared for which caused excruciating pain

	during travelling
Bridlington Survey	Beginning and end of life care hopefully provides everyone with a good chance of a healthy life and a dignified end when the time comes
Bridlington Survey	Work within the NHS and see the impact of not having these services
Bridlington Survey	Bridlington has an ageing population including myself so these services vital moving forward
Bridlington Survey	We need more services not less
Bridlington Survey	Bridlington has an elderly population so local services are essential. More than two answers should have been allowed for this question.
Bridlington Survey	As above
Bridlington Survey	Hospitals are a necessity not a luxury
Bridlington Survey	Bridlington has an elderly population and a older demographic. Having personal experience of traveling to York and Scarborough for consultant appointments, tests and scans whilst the care received is very good the travelling is soul destroying. Cancer treatment, early detection etc is a must have locally given they the statistics of 1 in 2 people will have cancer .
Bridlington Survey	I believe Bridlington hospital should be fully opened up, and many more services offered, including an A&E department.
Bridlington Survey	My mother in law never got the help she needed when came out of hospital and died in Scar hosp last Jan due to there been no care plan or anything in place
Bridlington Survey	Cancer is everywhere. We are all getting older and more scared of how our lives will end
Bridlington Survey	NOT ENOUGH CARE
Bridlington Survey	Because more people need local services and not everyone has online access or continual online access, there are many people unable to communicate their views and again this is appalling, every single household should have received a survey. Towns are expanding and the NHS is just removing our vital services from our communities and this is not acceptable. The lack and level of care given currently is way below that of compassionate care available 20 years ago.

Bridlington Survey	Patients deserve safe care
Bridlington Survey	All areas need to be developed to provide localsied care as traveling can be expensive.
Bridlington Survey	Acute illness for the need for quick access if suddenly unwell (and for all the holidaymakers who come to the town) Frailty due to the aging population of Bridlington (many move to retire to the town)
Bridlington Survey	All areas need to be developed to provide localsied care as traveling can be expensive.
Bridlington Survey	The elderly population in Bridlington needs acute care .
Bridlington Survey	As Bridlington and east coast is used as a political chip
Bridlington Survey	Local people need local care without having to travel unnecessarily for it
Bridlington Survey	Acute Illness is a gap in Bridlington and due to the ambulance waits which I have experienced myself I would not want my relatives waiting that long for an Ambulance to then be driven 40-45 miles away for resuscitation and stablisation if this was required. I worry about this a lot in my family with my grandparents getting older. My daughter also has medical conditions and we can get anxious and would like peace of mind that there is a local A&E department to bring her to if required to be seen rather than travelling. I think this would help and assist ease patient flow at Scarborough hospital with the growing population of Bridlington. I think the Frailty element is addressed by Warters Ward to an extent but having an Acute Frailty unit rather than a Community unit would assist with this. This would allow patients to access a local service rather than having to travel. This would in turn reduce health inequalities in Bridlington. Since moving back here I think it has opened my eyes to how much Bridlington struggles with Acute and Emergency Care in the area.
Bridlington Survey	Acute Illness is a gap in Bridlington and due to the ambulance waits which I have experienced myself I would not want my relatives waiting that long for an Ambulance to then be driven 40-45 miles away for resuscitation and stablisation if this was required. I worry about this a lot in my family with my grandparents getting older. My daughter also has medical conditions and we can get anxious and would like peace of mind that there is a local A&E department to bring her to if required to be seen rather than travelling. I think this would help and assist ease patient flow at Scarborough hospital with the growing population of Bridlington. I think the Frailty element is addressed by Waters Ward to an extent but having an Acute Frailty unit rather than a Community unit would assist with this. This would allow patients to access a local service rather than having to travel. This would in

	turn reduce health inequalities in Bridlington. Since moving back here I think it has opened my eyes to how much Bridlington struggles with Acute and Emergency Care in the area.
Bridlington Survey	I'm 72 and live on my own. Have MS but fortunately not cancer. - but so many get it and if I did, better for me to be somewhere easy to access for my age group. And though convinced I will grow older taking care of myself, there is no guarantee of course!
Bridlington Survey	Bridlington Hospital is vastly under utilised. Developing the space to cater for these services should result in less pressure on other sites and services within the catchment area.
Bridlington Survey	Demographics, socio-economics and public transport - people can't afford taxi's, public transport is unreliable. Unhealthy habits & lots of old retirees means demand for care is high.
Bridlington Survey	Work in therapy and see a lot of patients bounce back into the hospital as community services are not available or not got enough support at brid they can be assessed properly and recover off the acute site
Bridlington Survey	Having two elderly parents it is heart breaking to drive them all the way to Scarborough in a very serious, life threatening situation. I have already had to do this. Also having family here including a young baby, trying to get care in the middle of the night is also very important without having to travel for ages or ringing an ambulance
Bridlington Survey	Bridlington population is growing and more housebuilding is planned which needs more facilities. All the areas you state need to be provided and are important. I suspect the demographics of Bridlington and it's catchment area will have a higher proportion of older people than othe East Riding areas.
Bridlington Survey	Should have been able to select all 4. Bridlington Hospital needs all services. The population explosion in the Summer along with the hundreds of new build houses equates to a well run Hospital with all needs met by increased Hospital services
Bridlington Survey	Ageing area so more help is needed
Bridlington Survey	It's a long journey if not available and all the new houses being built there should be as many services as possible locally
Bridlington Survey	Being a retired nurse and soon to be pensioner I have often seen older people becoming seen as a burden on society and having to put up with inadequate care in order for them to continue to live fulfilling lives. It's not ok to be expected to wait in hospital corridors because they are ill. It's not acceptable not to get help at home without having to pay for it as they've been sensible, worked hard and been careful with their finances. People

	shouldn’t have to travel for hours to see a consultant for a 10 minute appointment. People shouldn’t have to travel 20+ miles in an emergency to A&E.
Bridlington Survey	Not enough done for mental health
Bridlington Survey	Aged population that is increasing as people retire to bridlington
Bridlington Survey	There are a lot of elderly people needing care
Bridlington Survey	At the moment lack of ongoing support and communication. Delays in receiving help from Occupational health
Bridlington Survey	It's so difficult, actually impossible, to get any information from GP's these days particularly if you are diagnosed without having seen a GP and say a referral has gone through by being left no other choice than arranging a private consultation. It would be nice to have local services where you could at least ask questions about the surgery you have been told you need.
Bridlington Survey	Waiting time and distance of travel to Scarborough hull royal etc
Bridlington Survey	We care very much about Bridlington hospital and to hear wards ,departments are closing each time the trust or the decision makers look to saving money .Bridlington hospital needs to be used as it was intended for the people of Bridlington and are. Hopefully the [ ]can deliver for the future of Bridlington hospital and the necessary departments mentioned.
Bridlington Survey	I know what it is like to care for family members at home to the point when they need medical help.
Bridlington Survey	Thats how i feel&there are heck of a lot of elderly folk here in Bridlington who deserve the best care possible
Bridlington Survey	We don't have good maternity services. Cancer support to detect cancers early.
Bridlington Survey	Close Proximity for local people - not having yo travel to york hull or scarboroughfor treatment
Bridlington Survey	People and their families should receive local care, as accessibility to care in other towns can be difficult and stressful
Bridlington Survey	Additional services are required to support all generations of residents. The GP surgery is over subscribed
Bridlington	Having this in place locally will mean people not having to travel to get the

Survey	care they need particularly in later life
Bridlington Survey	Access to immediate care fir stroke and heart attack victims
Bridlington Survey	Exper
Bridlington Survey	N/a
Bridlington Survey	Local is always best, being elderly and travelling is too much.
Bridlington Survey	Elderly population and the right treatment/service for sudden illness locally
Bridlington Survey	I think the Health Trust might be missing an opportunity to bridge the gap between acute care in hospital and ongoing care in the home. This doesn't just apply to the Care Unit which is excellent but also other areas of health care too. Bridlington hospital is a clean efficient hospital but on the occasions I've been there as a patient for outpatient clinics, it's been bereft of patients. It seems like a waste of a valuable resource, particularly as Bridlington & Driffield are much larger towns now with a lot more people.
Bridlington Survey	Avoiding travel for patients and their families
Bridlington Survey	I worked in social care. I know from experience of caring for a large number of people with different physical needs and backgrounds the issues that will make them fail quicker. I also saw the whole care disintegrate between the 80s and 90s and its gone more down hill since. I myself am getting older and I fear for what that may look like
Bridlington Survey	Hospital already built Growing population Already deprived areas need more support
Bridlington Survey	For those on end of life care, being closer to home means that family and friends are more able to visit because of reduced time and cost implications. There is substantial research on the benefits of ongoing social interaction in palliative care, especially when approaching things holistically. Cancer and planned care are areas which can largely be operated on an outreach basis from larger hospitals, as is seen in other parts of the country (especially rural areas) which means that access to a wider variety of specialities can be made a available at a local level.
Bridlington Survey	As a growing town, we need more services available to support the local people that live here. As the town grows more families arrive and we are all struggling with access to health care. Personally I would have liked to have chosen all the answers above, but you only have the option of 2. These are the ones that are most important to me and my family. It’s

	difficult to go to Scarborough for urgent care, epically if you don't have transport, it's expensive and last time I went with my husband we have a 15 hour wait before he was seen. It's outrageous!!
Bridlington Survey	Bridlington Hospital has the potential to be used for the benefit of the entire community thus taking the strain off Scarborough Hospital & York Hospital. Having to travel for treatment puts a great strain on families. A well staffed & operational hospital will be of benefit to all sections of a growing population.
Bridlington Survey	Bridlington is a growing town with an ageing population. Many areas are classed as deprived, and as a coastal area is nationally recognised as in need of extra support. Travel elsewhere for patients and visitors is difficult and expensive for the vast majority.
Bridlington Survey	Bridlington Hospital needs to be fully utilised, there are many empty or partly-used wards which could be used to provide many much needed services. The population of Bridlington continues to grow, so it is vital that there are necessary departments within the hospital, - such as: A&E, maternity, cancer treatment, increased diagnostics, palliative care, etc. I work at the hospital and wish there were more services present, as our patients report that they have difficulty travelling to other sites for procedures and consultations that used to be available at Bridlington. The whole point of building the hospital was to ensure the local residents and holiday makers had adequate healthcare provision. Many services have been moved away, for no good reason, with many lives permanently altered or lost as a result.
Bridlington Survey	Bridlington needs a better a and e
Bridlington Survey	Bridlington is a town of ageing population and both of these would be of use for the population meaning that travel for cancer services could be reduced and end of life care could be local helping families at a time of need
Bridlington Survey	There is a perfectly good hospital not running as it should. WHY????
Bridlington Survey	I just think these are something Brid needs.
Bridlington Survey	Time it takes waiting for an ambulance then time it takes to get seen at Scarborough A and E
Bridlington Survey	Most important
Bridlington Survey	Because i feel we are loosing far too much locally! We used to have a brilliant system at Driffield but it was all taken away

Bridlington Survey	There is no maternity ward currently at Bridlington to say its covers a large area people have to travel to Scarborough or hull to give birth which is not ideal.also with people living longer I feel there is not enough eol care available
Bridlington Survey	If you are pregnant you should be able to receive expert care close to home in a hospital where it was provided before If you have cancer you should also receive expert care at the hospital close to home whenever possible Both of the above shouldn't have to travel to receive care Not everyone has transport or can afford travel costs or the extra time it would take.
Bridlington Survey	Patients who are unwell or need operations and their families should not have to travel miles to access suitable healthcare. In some cases travelling to several different hospitals over months/years has a detrimental effect on both health and mental wellbeing as well as the cost to families at the worst times.
Bridlington Survey	Hull and Scarborough are too far and too difficult to get to for local villages.
Bridlington Survey	Need quick assessment and treatment when ill at nearby centre and women need a lot more support.
Bridlington Survey	My family have recently been through losing a loved one. He was months on and off in Scarborough hospital. Different staff all the time, phones not answered, waiting to be seen, teams not communicating, notes not made or if they were , not read, staff taking bloods etc not even speaking to the patients , falls and injuries while there, discharge letters not done, family not informed of meds changes, district nurses not in place when sent home, elderly relatives unable to always travel to visit, the list goes on.
Bridlington Survey	The
Bridlington Survey	Have alot off family and older people in bridlington
Bridlington Survey	The situation gets more and more ridiculous. Live in Bridlington but expected to trail to Hull, Scarborough, York, Malton for appointments. For non drivers this is a real problem as public transport is inadequate and takes a huge amount of time if available at all.
Bridlington Survey	Scarborough hospital can't cope and the journey is too far and costly. Plus keeping services local helps not only the families but the environment. We are a very large town now with many new houses and holiday makers yet we have no infrastructure.
Bridlington Survey	I feel the older people deserve more care as they have paid into the NHS longer

Bridlington Survey	Travel is important not being able to get to hospital
Bridlington Survey	Less travelling for patients & visitors
Bridlington Survey	My husband is a stroke survivor. He was 3 miles from our local acute hospital when it happened. Currently, if it happens again, he will have to either go to Scarborough or Hull. Given that the first 72 hours are critical, his chances of survival may be reduced in the absence of acute care locally.
Bridlington Survey	Gp's and hospitals still treat the same symptoms on a man different to those on a female. Women's health is complicated and changes continuously, this needs to be given the correct support. Women need to be listened to, taken seriously, and you must remember pain is real to everyone in different degrees. In bridlington specifically, the population majority elderly with influxes throughout the year, especially in summer. As our population lives longer, we need to listen to the wise words of our retired community.
Bridlington Survey	Womens health has been and will always be one of the sectors treated the worse along side mental health services. With more research put into male baldness than endometriosis the NHS continues to show favourtism to those in the "default setting". On the surface there are so called campaigns that are supposed to help level the playing field but when looked at closer are lagging behind. Women's health and mental health are so fair behind it makes it hard to believe we are in 2026 not the 1970's.
Bridlington Survey	I think Bridlington hospital is ideal to recieve financial support to become a centre of excellence
Bridlington Survey	We are getting older, there are more problems with health. More difficulty in getting to hospitals further afield as driving is limited. Treatment can be somewhat invasive and travelling not easy following treatment.
Bridlington Survey	In the early stages of an illness it must be better to get a diagnosis and treatment plan then get the nearest hospital where you can receive most appropriate care
Bridlington Survey	Hospital services are inadequate to the number of people in need. The hospital is a great facility which is massively underutilised. the aging population in bridlington and surrounding areas have a huge need which is not being met.
Bridlington Survey	Many different ages, unfortunately can be diagnosed with cancer. I feel that this lacks the support in Bridlington. I believe that this service gives the patient, family and friends the dignity that is needed for end of life. Where has the compassion gone?

Bridlington Survey	A general service for each of the services in (20) should be offered - obviously they would not cater for highly specialised level of care.
Bridlington Survey	Answer to Q20: we have a maternity ward, just no births. I would wish to see births included in Bridlington. With cancer increasing year on year, I would like to see as many cancer services as possible at Bridlington.
Bridlington Survey	Bridlington has been let down (in the past). Everything taken away from both the town and the hospital. We, the residents, have not been given enough of a say in what happens next. It is a long way to travel to access these services we need them locally!
Bridlington Survey	Patient may need accident and emergency treatment but not have the ability to travel
Bridlington Survey	Planned care needed locally. Not 2 buses, 2 trains away. then feeling anxious or in pain two of the worst journeys there could be. The tightening up of hospital transport means more people cannot afford to go to appointments. Again having travel when unwell or frail possibly alone heightens the fear of whats going to happen to me and where. a good % of the people who attend the walk in at Bridlington hospital, are told cant deal with this here go to A&E scar/hull. People go home instead and deal with it best they can themselves.
Bridlington Survey	Bridlington is a town of quite a lot of elderly people and needs the best hospital facilities possible.
Bridlington Survey	Bridlington and outer areas need more help for elderly in ALL AREAS.
Bridlington Survey	With the increase in housing development in Brdilington there should be more services available in our local hospital not fewer.
Bridlington Survey	We don't want the hospital to shut. We want the hospital to grown in services. We want to feel safe in Bridlington.
Bridlington Survey	When you are getting older you need to know that everything which is possible to be in place for you to access the care that you need to to be able to carry on with your life without having to worry
Bridlington Survey	The hospital is a local asset and should be used efficiently. Those approaching end of life should be cared for in their own community so family can stay close.
Bridlington Survey	Professional support rather than families and carers is vital when ill or at end of life
Bridlington Survey	An amazing facility with friendly competent staff. Not used enough for local people and much better than having to travel further afield
Bridlington	If the other services selected we have no facilities in bridlington hospital to

Survey	deal with any complications and would be dangerous
Bridlington Survey	Common sense
Bridlington Survey	Not enough support for dementia patients and their carers
Bridlington Survey	People need the care unit
Bridlington Survey	Have aging parents and the population of Bridlington being an older generation, would benefit being looked after nearer to their home, without the stress (and cost) of travelling back and forth to Scarborough Hospital
Bridlington Survey	Ability to access treatment locally less impact on individual and family wellbeing socially, economically, and emotionally.
Bridlington Survey	Because as it is is fine.
Bridlington Survey	My answers are based on my working life in the NHS at Bridlington Scarborough Beverley and Hull plus my last two years working for the Care Quality Commission which I was a Senior Assessment Officer for Hospital services Bridling Hospital can work well again If Managers stop moving funds to other not required services
Bridlington Survey	People have more time to recover and get well in a hospital setting without taking up much needed beds for acute patients.
Bridlington Survey	I need care for my parents. They have both been discharged from Scarborough hospital with absolutely no help or equipment. I have no support. They are not receiving support as they would have to self fund and noone assists with this. We are on our own. I worry immensely about readmission to Scarborough as the care is so poor. Bridlington hospital is underused. Scarborough is dangerous. Social care is none existent.
Bridlington Survey	I am worried that patients will be discharged from hospital too soon with no care packages in place, not enough support and no follow up plan, for example ,visits from healthcare professionals or a GP. .
Bridlington Survey	Travelling long distances and the expense. It cost me £210 in taxi fares for my wife and I to attend York hospital on a Sunday… no other transport was available for us,
Bridlington Survey	I think Bridlington Hospital is not fully functional. Bring back more services.
Bridlington Survey	If no A&E is possible, then an acute illness unit which stays open as long as possible through the week is a must, given Bridlington's growing residential population and the seasonal influx of visitors. Improved cancer

	and planned care is also a must, for the above reasons.
Bridlington Survey	Concern that underfunding is placing people at risk
Bridlington Survey	You never know when you need this help and having a fairly new hospital on your doorstep and we carnt use to its full capacity is a disgrace
Bridlington Survey	I see the hurt in the community without the above
Bridlington Survey	I feel it's important not to need to travel out of the local area for people who are frail or seriously unwell.
Bridlington Survey	Bridlington has an ageing population and needs more support for the elderly who can't travel out of the are for care and rely on ageing family who may not be able to access transport to visit should care be out of the area.
Bridlington Survey	I do not wish any part of bridlington hospital to close. all are vital to the community.
Bridlington Survey	Reassurance that we have a hospital when we need it
Bridlington Survey	My friend had kidney and bladder cancer and broke both her shoulders in a fall when asked the 'care home team' if they could rub ibprofen gel over the counter medication, responded 'didnt have the cirtificate or training to do'. who will be monitoring the standards of private companies.
Bridlington Survey	I think all four services above have merit. I've selected acute illness because that would apply to anyone of any age and would reduce pressure on A&E at acute hospitals. Best start and womens health would apply to a large section of the community.
Bridlington Survey	The examples given for "best start and women's health" and the assessment and treatment of people who suddenly become unwell embody the most important inputs that I think a hospital can provide to its community.
Bridlington Survey	So there are services in the town for its citizens
Bridlington Survey	I think eol care close to home where family are able to visit easily is very important. Bridlington is a deprived area where many do not drive and it can be very difficult for family and friends to visit their loved ones who are dying. This is health discrimination. Women’s services should be accessible to women, many of whom are working and struggle to get time off work for appointments.
Bridlington	The services most relevant to me and my family

Survey	
Bridlington Survey	It would be far easier & aid their wellbeing for people who are already ill to have ongoing appointments & treatment locally. Also to treat children and families locally instead of a 90minute round trip with all the problems that entails. Not all people have their own transport and it means more than one bus, or a train & bus to get to hospital, which lengthens travel time immensely. Not everyone can afford taxis.
Bridlington Survey	There are a large number of new properties being built bringing in new families, there is no real infrastructure in place for children and families, I feel womens health comes secondary and more should be provided, the role women have in society demands strength to support children and homes, illness takes a back seat. The other is people should not have to travel miles for lifesaving cancer treatments when they are already feeling awful and fighting
Bridlington Survey	Longer of life
Bridlington Survey	I have had 3 experiences of scarborough a&e. I waited 6.5 hours for an ambulance that never came (I was repeatedly passing out while vomiting poo!). Eventually a friend took me. All the ambulances were in the car park with patients that there wasn't room for. 2. By ambulance after chest pain. Was on a trolley in a holding bay for 48 hours. No beds! No meals from hospital kitchen. No jug of water. 3. By ambulance after chest pain. Corridor after corridor lined with people on trolleys or in wheelchairs. Having a hospital in Bridlington that has never been fully utilised makes no sense when Scarborough clearly can't cope.
Bridlington Survey	I will be soon in the care of the hospital
Bridlington Survey	1. Too many people dying in hospital which is not their preferred place of death. 2. Cancer rates increasing too far to specialist cancer centre
Bridlington Survey	Distance travel for elderly patients can be traumatic due to distances involved from family/careworkers or friends
Bridlington Survey	I would like to see care closer to home with the hospital to offer a wider range of services. The population of Bridlington are elderly and need support where they do not have to travel. More support for cancer care in Bridlington and a walk in service when A&E is not the right place to go.
Bridlington Survey	Nowhere do you address patients having no family near. People who are totally on their own
Bridlington Survey	You don't want to travel far if you're suddenly taken ill
Bridlington	Having given care to both parents with cancer / end of life care at their

Survey	home and having to travel to York for treatment I fully see the need for these services to be provided locally.
Bridlington Survey	It is essential to keep this unit open. The home care is non-existent or rubbish. NHS do not have capacity for home care. This unit treats everyone as an individual not just a number and MUST BE KEPT OPEN
Bridlington Survey	My answers are based on end of life. Brid & villages are inbetween At Cath's and St Martins. Both financial worry. Brid hospital had a great Cardiac department and an A&E. Frailty - high proportion of elderly and infirm is Brid's population. Not looked after they become a larger health and social problem. My fiance had concerns one night. Couldn't get a GP appointment. Went to A&E walk in, waited but had to leave, long drive home and shift worker - sat in hospital, no pay. Went home, work. Week later no GP appointment available, he was with me had catastrophic heart attack. I trapped under him. Now I'm a mess and he is dead.
Bridlington Survey	Local support and treatment. Access to specialist staff for rehabilitation, and appropriate and sensitive re; frailty and end of life care. Use local facilities effectively.
Bridlington Survey	Do not want the hospital to just be an extension of a care home. It needs to be used as a hospital to help people get treatment quicker and without travel.
Bridlington Survey	To serve a wide section of the community not an extension of care facilities when this should be addressed through other means. Quick and close service.
Bridlington Survey	It's important to have services near to your home and not worrying about how to get either appointments or visit loved ones.
Bridlington Survey	Personal experience
Bridlington Survey	We residents of Bridlington feel that we don't matter. Most feel that this is a waste of time coming to meetings as everything is already planned. We keep being promised but do but not much happens. We do understand that equipment is very expensive but this hospital should be working 100% and not 35%.
Bridlington Survey	The hospital was designed and built to cater for all these needs. The town has almost doubled in size. There is large retired population. Cater for all the needs of the community, not sending them all over Yorkshire.
Bridlington Survey	A lack of concern about the population of Bridlington. Overcrowding of patients in York and Scarborough. In the last eight months I have visited relatives in Scarborough on three occasions. In six bedded ward there were seven and even eight beds. These extra patients had no access to oxygen, electric power points or even curtains. Privacy. What a joke. A

	lack of insight of [ ]. Patient service across the Trust always shows Bridlington as the highest scoring. The largest population in the East Riding.
Bridlington Survey	The use of the local Bridlington Hospital for as many users as possible
Bridlington Survey	Both options would reduce the amount of travelling currently experienced.
Bridlington Survey	This is a town with lots of older people like myself who live on their own and have no one to get them to Scarborough, Hull or York. This hospital is big enough to open most of it up. It's disgraceful how we have been let down by every Government that has got in. No one cares about the older people that live in Bridlington and the younger ones having babies as well. They have to trail to Scarborough and having experience of the baby delivery, no thank you it's crap. We had a baby delivery we need it back. Medibus is good but having to be ready 2 hours before and god knows what time you are getting back is no good.
Bridlington Survey	So much time is taken up by local patients having to travel miles to be seen when a building within a 5 mile radius is not being used to its full advantage. Many elderly people have no family or very limited resources which when they are poorly just adds considerable stress to them. Also this town's footfall increases doubly on a daily basis during holiday seasons and it is predominantly by older people.
Bridlington Survey	Travel and distance are the problem. Urgency is paramount with sudden illness. Pushing to other areas will only mean delays and overworked medical centres increasing stress for staff and over used utilities.
Bridlington Survey	If you become acutely ill you need to be seen very quickly. Bridlington Hospital is the closest place for the local area so an assessment or treatment there would be much better than having to go to Scarborough, York or Hull (which is the case at present). Time is of the essence. Services for children and families in our area are very important so women of all ages could do with this service in Bridlington. There is nothing like this any more in Driffield or Hornsea).
Bridlington Survey	We need an A&E in Bridlington. We need longer opening hours for the urgent treatment centre. There needs to be adjustment for the population difference in summer and winter due to tourists. The long term expansion of villages has to be taken into account. A run to Scarborough, York or Hull at night is not a good option. Your questions here are pointed and require more information for an informed answer but you may already know that. A network needs to be set up to ease current problems. You claim cost is the issue but what is the cost of community care and how good is community care. What is the training for community care? A lot of the questions are age related and are not look at the younger age group who most likely

	won't attend this event as they may not be worried due to their youth.
Bridlington Survey	Patients need care locally
Bridlington Survey	Some of the options offered we have, and they are failing. Most older people want independence so maybe home helps and wardens could take the pressure off NHS, and the 10 mins allowed each patient would have some back up from the council. The Council run home helps and wardens, people pay towards this service.
Bridlington Survey	Although an A&E would be a welcome addition to Bridlington again, it would probably not be viable at the moment. But with expanding estates and villages, I feel this has to be looked at in the future. At present, a 24 hour extended opening times at the urgent care centre would be an alternative. On call services for x-rays etc could be used to facilitate this.
Bridlington Survey	I believe that people should have quick access for cancer and other acute illness. No time should be lost in diagnostics and treatment. It should be local and readily available.
Bridlington Survey	The increase in people diagnosed with cancer is continuing to rise and therefore access to these services needs to increase and also be local so that treatment and after care does not involve great travelling distances. If people become suddenly unwell they need an assessment facility close to where they live so that treatment can be given ASAP.
Bridlington Survey	My husband was in the care unit which helped him so much
Bridlington Survey	I used to attend Bridlington Hospital for my 12 monthly clinic visits. After I was lost in the system for 4.5 years I received a telephone appointment. The doctor I spoke to didn't seem to know where Bridlington was. So I don't even know where I will have to go until I eventually get an appointment. We are kept very much in the dark. To be honest I am almost 90 years of age and never in my life have I felt less looked after by the NHS as I do now.
Bridlington Survey	The ages of the population, new housing brings young families and children. The residents are of an older generation in general and need to be near friends for support and travel is difficult and expensive.
Bridlington Survey	You restrict us to 2 answers. we need them all but priority must be given to our children and quick diagnosis and treatment in emergencies.
Bridlington Survey	The are all important but I believe those 2 are most needed. My 3rd choice would have been cancer etc
Bridlington Survey	Acute illness requires longer hours than the minor injuries centre currently open. An A&E department is needed - more new estates built, influx of tourists and visitors in summer, cancer and planned care, permanent

	scanners for CTs, more diagnostic facilities, outpatient follow-up etc. From a personal viewpoint, follow-up colonoscopies, long travelling time for three tests - very stressful!
Bridlington Survey	Bridlington has the largest population in the east riding. the hospital is needed for other areas around Bridlington. New homes being built mean more families. So womens health, maternity etc is required. Also end of life care for people living in the area. Bridlingtons population are fed up having to travel, sometimes to York and Leeds, for care that can be given here!
Bridlington Survey	My husband has Alzheimer's and I have diabetes
Bridlington Survey	Services closer to Bridlington to be provided in modern easily accessible hospital which is currently under utlised
Bridlington Survey	Services that are needed is like cateracts. Not having to travel asap. Not having to travel Not having to travel or get some sort of transport. A lovely hospital going to wast4e, Facilities needed nearer home

Is there anything else you would like to share about your views on Bridlington Care Unit or the proposed changes?

Service	Comment
Bridlington Survey	Keep it open and get the rest of our hospital up & running. Bridlington is now a huge town and we deserve better.
Bridlington Survey	Don't keep making Bridlington Hospital the poor relation, we deserve a fully funded and operational NHS Hospital not the odd clinic or ward. Get rid of the top heavy management and employ actual health and support staff - there's too many chiefs and not enough Indians.
Bridlington Survey	Do the right thing for people not for money.
Bridlington Survey	I feel strongly that BCU should continue to stay open but maybe a commitee of health staff, admin, and local residents could make this up, so that BCU can improve and lessen the restaints on other hospitals where they are already stretched to the limits.
Bridlington Survey	We need clear communication if intent and reasoning behind decisions. Many hospitals are overcrowded but we have Bridlington which is under utilised, why?
Bridlington Survey	Pushing patients out of town or out of hospital wether it be into understaffed care homes or overwhelmed family who care for them is adding to the systematic neglect of the towns residents
Bridlington Survey	The buildings and site could be used more effectively with little capital investment required
Bridlington Survey	It should not happen - it provides a much needed service in Bridlington which is one of the most underfunded areas in the country for NHS services
Bridlington Survey	Leave the care unit as it is
Bridlington Survey	It stated that it was only temporary but after nearly 5 years you count that as permanent. I feel for the hard working staff on the unit
Bridlington Survey	Is there any evidence that care in the community services are ready for the closure of BCU?
Bridlington	I do not feel closing the Care Unit in a town where the population and people in surrounding villages are predominantly elderly is helpful Largely

Survey	because bed numbers run high at Scarborough and local people can be taken good care of in our local hospital Care unit which has surely always focused on keeping local residents local to their families and friwnds
Bridlington Survey	It provides a good service helping people get the help they need before leaving hospital rather then getting home then being readmittid for not having the right care.
Bridlington Survey	I do believe all this is due to funding and employment . Bring back time and motion especially for managers and above to make sure they are accountable for their paygrade.
Bridlington Survey	Was treated by very qualified staff when post op wound got infected look at quickly and most professionally
Bridlington Survey	The hospital is a good resource which is seriously underused but sitting in the heart of a community that begs to use it. People have good things to say about the care they receive in Bridlington and personally I can agree. People are worried that losing services will mean we lose the facility completely.
Bridlington Survey	What are the plans for the ward if BCU closes?
Bridlington Survey	The care unit is needed in Bridlington
Bridlington Survey	Closing this unit is an outrage. More services for Bridlington's vulnerable patients being closed and siphoned off to Scarborough, where it puts strain on family and friends visiting their loved ones.
Bridlington Survey	It was a huge mistake announcing the closure without community engagement as this has increased distrust in our healthcare commissioners and providers. The historic attitude of telling the community what is best for them is no longer acceptable. Health and social care planning must be collaborative, as should be the design of surveys.
Bridlington Survey	No
Bridlington Survey	Why change what has worked and upset the community hospital when Managers dont know the ground work and only work on figures
Bridlington Survey	We need as much local health care as possible. Having to travel toHull or Scarborough is very difficult for some people and for their visitors. Bridlington is a growing community and we must not lose any services
Bridlington Survey	I have seen at close hand the beneficial effects this unit had for a friend’s husband in the last stages of life it would be absolutely criminal to close it in my opinion!

Bridlington Survey	Bridlington Care Unit should remain open until it can be demonstrated that people can safely return home
Bridlington Survey	They should not close the unit. My mother used this service and was very grateful for the service and staff treatment there.
Bridlington Survey	We were promised palliative beds a couple of years ago. This has not happened. Why do Bridlington residents at end of life need to go to Scarborough Hull or York? This is not fair on families especially considering the local demographics
Bridlington Survey	A loss of so many beds if Bridlington Community Unit were to close would have a massive impact on the Bridlington and wider area community
Bridlington Survey	A loss of so many beds if Bridlington Community Unit were to close would have a massive impact on the Bridlington and wider area community
Bridlington Survey	The hospital must provide a full range of emergency and care services to deal with this growing population. It's no good relying on Scarborough Malton Cottingham and Hull Patients can be dead before they reach those services! Accept that Bridlington needs full service emergency and care provision, fully staffed. Better than the GP services that are currently redirecting patients to A&E!!
Bridlington Survey	Senior nursing staff on site is vital
Bridlington Survey	Would love to see services at Bridlington Hospital expanded including more capacity for emergency care
Bridlington Survey	This is a VERY useful unit for Bridlington and nearby villages and should remain open.
Bridlington Survey	It's a real shame that more services are not delivered to the local community from the hospital. I can remember it being built with loads of promises when the old hospitals closed.
Bridlington Survey	We moved here because it has the hospital
Bridlington Survey	Only as previously said Bridlington has very few facilities closed to home and it is treat like the poor relative against Scarborough and York. Over the next 20 years the population will increase dramatically if you look on ERYC planning website you will see the number of houses that will be built . You need to start planning now for this. Not just with hospital care but dentistry etc
Bridlington Survey	It should stay open and it should have its own trust and not be run by york and scar trust as they are taking all the money which is now affecting our hospital which needs to stay open to help the elderly and to help people who dont drive and people who are carers for young children with disability

	needs
Bridlington Survey	The people in this need more support not less
Bridlington Survey	EXTEND AND UP-GRADE
Bridlington Survey	No changes should be made to remove the care unit, however more training a resources should be given to the care unit, Bridlington has a large population of Elderly residents and residents that don't have extended support available to them. Taking this unit away is forcing those people into unnecessary life changing situations.
Bridlington Survey	Lovely team, very professional and caring staff, couldn't do more for patients and relatives Provides fantastic end of life care for patients and support for families
Bridlington Survey	No
Bridlington Survey	I think the hospital is wasted at the moment, there could be many services that could run from there which would suit the communities of the trust. It would be such a shame to looses services.
Bridlington Survey	Do not close Bridlington Community Unit. Cannot understand the reasoning of the idea, when there is a permanently good ward that would be left empty if closed - yet Scarborough Hospital is full and overflowing. Additionally geographically the older residents of Bridlington would be penalised if the Unit closed as if unwell would have to go into Scarborough Hospital and family / friends would have to travel to visit which is not as easy or elderly may not drive at all. I believe visiting is so important (especially for the elderly) as helps their recovery.
Bridlington Survey	The uncertainty is making the few staff left anxious. And staff on other wards. People need to know what is happening and when, including the public.
Bridlington Survey	About 30 years ago I had surgery for a non - malignant tumour when I had 4 yr old twins at home. Everything went fine though I wish there had been some food in house when I got home. And I've heard far worse scary stories (elsewhere in country) of isolated people being taken home to empty fridges and cold rooms, from a warm friendly hospital (however busy).
Bridlington Survey	We need to focus on public health campaigns to prevent such a high burden on local health and social care.
Bridlington Survey	It is an underutilised hospital which could have more service for the area and be a good mixture of day cases, outpatient hub, community services

	and rehab with the existing wards.
Bridlington Survey	No
Bridlington Survey	There will always be some folks who need to stay somewhere while homes are adapted and support put in place. This is all about who funds the care not about patients and your questionnaire is designed to give you the "right answer". While there should be a discussion with Social services about how this is funded it is cheaper for the NHS not to have bed blicking and it is cheaper and more efficient for Social Services to provide care in a short term residential setting than it is peripetically.
Bridlington Survey	The very least a hospital can provide is a safe environment patients can recover in as families are not always available.
Bridlington Survey	Only to reiterate the large amount of older people living in the Bridlington area that require this kind of service/support
Bridlington Survey	Don’t close it Bridlington needs itc
Bridlington Survey	Much larger use of the hospital site for out and in patient services. Not everyone has transport for appointments away from Bridlington.
Bridlington Survey	No
Bridlington Survey	Get the hospital working again and get doctors and consultant's to travel a few miles to see patients who are very complexed health needx
Bridlington Survey	Keep it open ridiculous wanting people to go scarborough
Bridlington Survey	I hope to see positive changes to allow relief to Scarborough and Hull hospital
Bridlington Survey	Any changes should be made open to the public.....this is what the NHS is supposed to provide
Bridlington Survey	With the increase in people in Bridlington I feel there is a genuine need for the town to have access to all aspects of hospital care as we have in the past. Being born and raised in Bridlington i feel we are missing out on too many aspects of health care.
Bridlington Survey	Yes provide us with a hospital that we can be proud of instead of Bridlington been a forgotten area. No one should have to travel miles to get emergency care or treatments.
Bridlington Survey	I think patients are rushed out of hospital before they are fully recovered because of lack of beds and because of this they end up back in hospital, which ends up costing the NHS more money in the long run. The care unit

	would help to make sure patients are not going to be readmitted because they have had the chance to fully recover before discharge.
Bridlington Survey	Experience and a constant noise by the community who use or have used the service
Bridlington Survey	N/a
Bridlington Survey	I feel elderly people are being written off and its unfair.
Bridlington Survey	We need more services not less
Bridlington Survey	A friend of mine was in the Care Unit after leaving Scarborough hospital and every aspect of her care was excellent. This gave her the time and space to realise that she wouldn't be able to go home after all. Until then she was adamant she would be. Returning home, even with a care package, would have been disastrous for her. She left the Unit and went into a care home.
Bridlington Survey	No
Bridlington Survey	The most important thing for all life stages and situations, is the ‘locality’ of services. Ill people need to be able to have local services
Bridlington Survey	Put people first. The people who work in the service and the service users. Life is important. Quality of life should be the priority
Bridlington Survey	We have a hospital. Use it !!
Bridlington Survey	I believe it is vital for the Bridlington area. It enables frail elderly a chance to recover closer to home, which is better for their mental health.They are able to get back on there feet and move around the ward, visiting the day room and just get used to been back on their feet. Where in Scarborough they go from being in bed to home straight away. Who ever suggested closing this unit has no appreciation of how good it is, and it’s just a cost saving plan by people that have no idea on the good that it does.
Bridlington Survey	I feel that the care unit has bridged the gap and filled the holes within the social care system . Massive funding required to be able to offer good services to all from conception to grave !
Bridlington Survey	The community deserves this unit to remain open.
Bridlington Survey	Use the hospital to its full extent which was what it was built for - to take the place of several hospitals in Bridlington and others in the area.

	Scarborough, York, Hull and Castle Hill are very difficult to get to for many people for relatively minor problems or outpatient appointments.
Bridlington Survey	Whatever happens next, clear and transparent communication with the local community will be key.thsi will need to be made available in a variety of formats.
Bridlington Survey	Please consider keeping it
Bridlington Survey	Services need to be returned to Bridlington Hospital, before more people are negatively affected by not being able to easily access services they need or wait for too long for a diagnosis or treatment.
Bridlington Survey	Changes should be made to benefit residents of Bridlington, not make life harder. I understand funding is a factor however I firmly believe that if the trust put patients wellbeing over pandering to woke ideologies, box ticking and pure greed, patients would benefit. Millions of hard working tax payers pay money into the system that gets spent on ridiculous salaries for roles like [ ] which is ludicrous. Roles should be given to those most qualified not because of colour, creed or religion. This wasted money could go towards recruitment of more front line dr and nurses. Services such as home care could improve as its appalling you would treat an animal the way frail and vulnerable people are treated by some care providers. The care sector should never have been privatised it should have remained under government control so care was at the forefront not profit. We are human beings not a number on a spreadsheet
Bridlington Survey	Bridlington Community hospital beds to be used for the benefit of the community. People are struggling to travel to bigger hospitals for outpatient appointments or other services. The hospital needs to be used to its full potential and to serve the population of Bridlington, taking into consideration that both towns of Bridlington and Scarborough increase in population from March to October putting a strain on both hospitals in an acute capacity
Bridlington Survey	IT SOUGHT HAVE EVERY THINK THAT A HOSPITAL NEEDS NOT JUST HALF OF A HOSPITAL
Bridlington Survey	Nothing should close it all needs to open up. Minor ops are offered elsewhere but if you request Bridlington it can be done there! It’s all a ploy to close down. We deserve our hospital.
Bridlington Survey	The travelling adds extra stress to family, the size of Bridlington needs a full functional A&E
Bridlington Survey	We need this service locally for everyone. Scarborough too far.
Bridlington	It is outrageous that they are thinking of closing this much needed service

Survey	to the community without providing evidence that this ward is not needed ie making sure there is enough care providers to pick up the care needs of the patients
Bridlington Survey	Driffield area GPs need to know what facilities are available for their patients
Bridlington Survey	The hospital has a lot of capacity for diffetent uses and it should be used as the area is growing in population and housing developments.
Bridlington Survey	Just as a town, we are desperately in need of a fully functioning hospital HERE
Bridlington Survey	Bridlington hospital was built for the people of Bridlington but its not operating how it use to too many cut backs and too much spent on Scarborough hospital 14 hours my husband spent on a trolly in a corridor when he was very ill it's so wrong ,to get home from scarbough after my husband was sent there then sent home 10 hours later at 4 am the cost of a taxi was £54 :good job we had the money to be able to afford to even get back home
Bridlington Survey	Its a extra ward it helped Malton hospital out not that long ago and what's going in winter when Scarborough over welled
Bridlington Survey	We must stop this closure. It is not a business, it's a necessity.
Bridlington Survey	Bridlington Hospital should be developed as there is a definite need for improved services. Perhaps consideration of a care unit at another site where patients could be assessed to plan their future care which would reduce "bed blocking" in acute hospitals. Keep the current care unit until this is available.
Bridlington Survey	The NHS was set up to guve everybody equal acess to the relevant healthcare. We are in 2026 with our elderly being brushed off with visits from nurses rather than doctors, our women are being treated differently for the same symptoms as their male counterparts and more and more people who can afford it are going private, so those without the income are being left to suffer in pain, discomfort at home, alone, unheard and feeling forgotten.
Bridlington Survey	You are holding this on a monday and tuesday during working hours, therefore the majority of those in attendance are retired. The only reason this came to our attention was were given a leaflet (with sparse details) while in the waiting room of the GP surgery. Therefore, anyone who is not regularly in the gp surgery or who is employed full time cannot express their opinions. This excludes the majority of people from 18-65 who also need these services but now can have no say.
Bridlington	Bridlington Care Unit was excellent in helping patients recover better than

Survey	leaving acute wards and going straight home. The help we received was excellent.
Bridlington Survey	Is this only a financial decision or staffing?
Bridlington Survey	It should not be closed until people can sefely be sent home with adaquate care in place
Bridlington Survey	Open up surge capacity during summer months. Increased staffing at UTC to reduce queues, and introduce a 24 hour pharmacy service (even if only during summer months).
Bridlington Survey	Local services for local people. Bridlington care unit needs to remain open.
Bridlington Survey	It is needed locally in Bridlington. Not moved as in everything else that has been taken away from a growing community. Not always the elderly that requires this service.
Bridlington Survey	I understand having worked with frail vulnerable people (of all ages). There are peak months when the care unit is possibly inundated with patients. followed by possibly months when it's not required/full enough. Surely the powers to be have enough about them to work out a strategy that could work leaving the unit available when and as needed. winter or summer.
Bridlington Survey	Get 30 beds back in Bridlington
Bridlington Survey	A lot of people could be upset if the proposed closure of the care unit goes ahead Because following a time in hospital say in Scarborough and then you might be ok to leave hospital but you still might require some rehabilitation it would be good to transfer to the care unit which is better for love ones to attend without the travel to Scarborough and back and when the patient is well enough to return home the might need more help at home This must make sense if a patient can be discharged from hospital thus freeing up beds for other patients
Bridlington Survey	Bridlington needs a care unit and the hospital is a modern welcoming environment that can provide comfort and care. The people of Bridlington deserve to have a place close to home to rehabilitate. It is also a desperate waste not to use Bridlington hospital to support all the needs of the local people.
Bridlington Survey	The town needs a fully functionkng hospital with a&e/ maternity/heart & stroke unit etc etc
Bridlington Survey	Do not close it down.
Bridlington	Our elderly family friend was in BCU for several weeks over the Christmas

Survey	period and he was extremely well looked after. Knowing he was in Bridlington was a huge help too, to his emotional needs and also ease for us visiting daily (as he has no direct family) around our working hours, rather than the long drive to Scarborough after work. It was also easier to organise his Social Care on discharge at Bridlington (East Riding Council), rather than in Scarborough (which is North Yorkshire Council)
Bridlington Survey	We should be able to access health care/outpatient services without having to travel all over the county at vast expense and time. We have a hospital on our doorstep which is modern and far better than others yet it is not used to full service I would imagine because for outpatient services some Consultants do not want to travel here from York or Scarborough but we are expected to travel there
Bridlington Survey	I worked as a Nurse at Lloyd Hospital I am ashamed to see the lack of Heal provision in Bridlington
Bridlington Survey	Get social care sorted and hopefully everything else will fall into place!
Bridlington Survey	More GP's in Bridlington and better access to be able to see a GP. The return of home visits and get rid of this stupid triage system, I think you can access for your self whether or not you need to see a nurse or a doctor. You would be under a doctor in hospital so you should see a doctor when you come home at least one's a week for as long as necessary.
Bridlington Survey	As previously mentioned, it is wholly unjust and unfair to penalise rural and urban communities across the Wolds in expecting so many requiring hospital care to have to travel further to access services. I experienced this recently in having to travel to Scarborough, Hull and York. When central government are wasting substantial amounts of money 'hidden' behind things like substantial costs of aircraft flights, the unneccessary new No 10 North offices and accomodating ministers then having 2 offices in Westminster and Manchester. Having previously worked as a civil servant in local government I was only too aware of substantial 'hidden' budgets and hpw these funds could be better spent on supporting the people elected ministers are there to represent. If government operated like private companies do, they would go put of business. Everyone deserves to have better, local and more appropriate services. Should also ask Christian churches to pray 🙏 for Jesus to divinely and supernaturally move to heal sick people. Praying costs nothing but is guaranteed to bring about the right outcome. Honesty always the best policy, but sadly we are all only too aware of the lies, deceits and untruths from politicians.
Bridlington Survey	The care unit is there to support you not push you out the door like your trying it relives pressure of York and scabrough main hospitals.
Bridlington Survey	Bridlington Care Unit is very much needed Tge whole town at some time or another will need the services provided by the hospital I hope everyone

	can be given the Care from these services Stop running the services provided down
Bridlington Survey	All mentioned previously
Bridlington Survey	Don't close it
Bridlington Survey	I must admit I don’t know much about the care unit, maybe because I haven’t needed it yet but I’m sure I will. Elderly people shouldn’t have to travel long distances to receive medical treatment and help.
Bridlington Survey	How much money will be saved and who is responsible for the budget deficit, mangers need to be sacked and there pay reduced.
Bridlington Survey	Don't close ir, its needed in Bridlington
Bridlington Survey	We are both 70 and moved to Bridlington 3 months ago, from North Leeds where we were 10 mins drive from St James's Hospital and Leeds General Infirmary. It was a big step for us, and medical facilities were a consideration. We have both needed medical attention in the recent past, but the communications between and within departments at both teaching hospitals left a lot to be desired. Joined-up thinking and planning in a smaller set-up is achievable and desirable. This could happen in Bridlington and it could be a model for other areas to adopt.
Bridlington Survey	There is no further capacity in our community This will only cause harm
Bridlington Survey	I feel people have confidence knowing they've a local hospital that can address local health needs. Community health services are often viewed as being in danger of staff shortages and cuts
Bridlington Survey	To keep services at Bridlington care unit rather than having to travel out of the area.
Bridlington Survey	It needs to be continued for the sake of all people, both client and professional.
Bridlington Survey	To be Honest, I do not understand all the services mentioned, but checked what I felt the best answers. In many cases I fear all options were possibly right.
Bridlington Survey	Please ket Bridlington Hospital provide all services. Its axwonderfull hospital we faught for for many years with a great location for access unlike many hospyltals wel thought through.
Bridlington Survey	I think some of the questions are 'loaded' e.g. q 8 and q 9. Some questions list service names and it is almost impossible to answer questions on

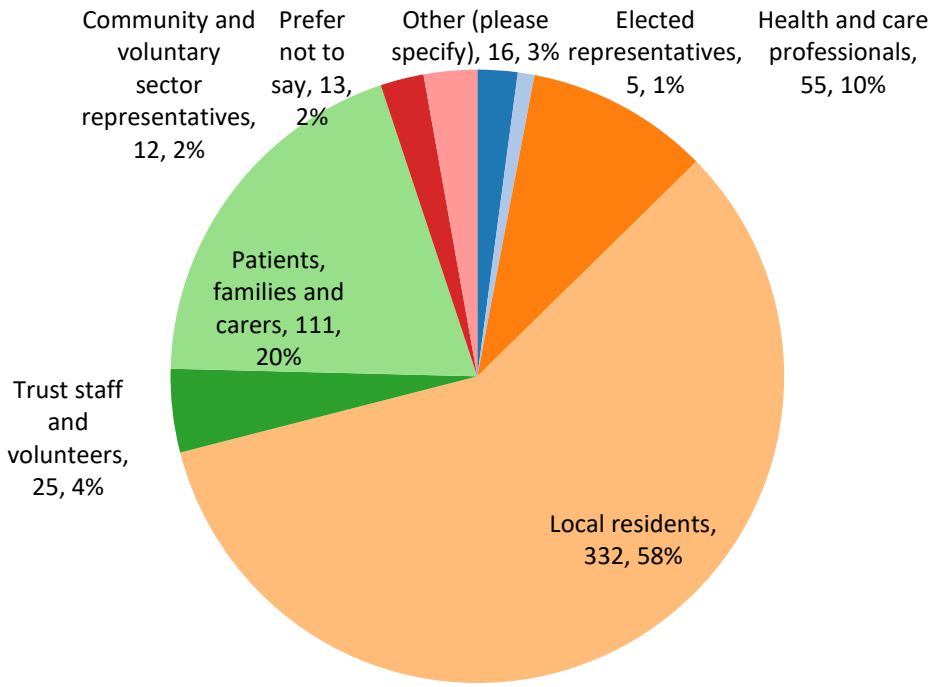
	priority because you would have to know how well they work. Bee at home care is mentioned regularly. As far as I can see this is a home care provider much like any other. They have good reviews in addition to some poor reviews. Often it's not the organisation which is being reviewed but a particular carer. That's no different to other home care providers.
Bridlington Survey	The idea of closing it is just so final yet if this is a mistake it will be very hard to rectify and I wonder how it is even possible to know with surety that the quality and quantity it provides will be replicated without it. Saving money from the NHS budget is being prioritised at the expense of putting extreme pressure on what remains particularly at Scarborough which will lose a safe and dedicated option to house people who don't need an acute ward bed but for one set of reasons or another are not ready to go back home in the Bridlington area. I found some of the questions in the survey contained options for me to consider that were like headings (i.e. generalised) without an explanation to describe what was really contained within them to enable me to completely grasp the range of services involved.
Bridlington Survey	Please bring Out Patient Clinics back to Brid!! Also Accident & Emergency
Bridlington Survey	I have visited people who have been on the Care Unit. It was so easy if they needed anything, I could slip out go to the supermarket or other shop get the items and return the same day to complete the visit. I couldn't do this if they were at another hospital miles away.
Bridlington Survey	Treatment of dementia. My wife sent to Scarborough Hospital when in hospital we saw the bottom of the chart. This patient not to be resusitated.
Bridlington Survey	The NHS is struggling. Everyone seems to want more out of the system but want to put less in. Unless we're prepared and pay more tax we can't realistically expect any better than we have. I would happily pay more tax!
Bridlington Survey	Great orthopaedic reputation for surgery and well organic set up for planned care except for transport for people who cannot drive
Bridlington Survey	Brid simple needs a care unit
Bridlington Survey	More access to diagnostic services
Bridlington Survey	Bridlington Care Unit is a necessity for the community. The elderly struggle to access York or Scarborough. We need care in our own area. We do not want the unit to close. This will be one less service Bridlington would be able to offer its residents.
Bridlington Survey	No buses to York for anyone having to go to other hospitals. Social services take on so many patients they seem to rush in and out of houses

Bridlington Survey	In the national news NHS heads and politicians are saying hospitals need respite wards as halfway houses to maintain discharge flow from acute beds, safely medically supported step before return to home or care home. Why are Humber & Yorkshire cancelling out the very service other regions and London are saying needs to be put in place elsewhere. You are ahead of the game, why undo a good scheme? I have heard say that this ward and Silver Bircher care home in Filey are being superseded by the Eastfield closed surgery geing revamped into care respite. If so need to get transport sorted as no buses or trains coming up from South Eastfield stop any nearer than a mile walk to that building or Eastfield centre.
Bridlington Survey	Don't close vital, local assets.
Bridlington Survey	What I have heard today about the proposed increased services being brought into Bridlington is very good; lets use the facilities that are there.
Bridlington Survey	The care unit needs to be kept open to provide a stepping down from hospital to home. It needs to be kept local for the patients to keep in contact with loved ones. The proposed services I've heard about today seem to be a good step in the right direction. Brid Hospital needs to be locally used.
Bridlington Survey	Out i=of hours access to medical triage
Bridlington Survey	Is it remaining open or looking at future plans to close? If so, no closure.
Bridlington Survey	Bring back more services we have a great hospital why do we have to go miles and miles away!! More local care.
Bridlington Survey	It is most important to have easy access to a local hospital for all people.
Bridlington Survey	With the large increase in the local population there should be more facilities provided and none reduced or removed all together
Bridlington Survey	Keep bridlington care unit its a must for local people
Bridlington Survey	Yes this should not be happening in this day and age, but it seems no one cares about Bridlington. We also need an A&E department. Urgent
Bridlington Survey	This proposed closure could have many more implications created by lack of these facilities. Some residents do not have families able to help and need a safe place to cater for nursing needs as / when they arrive. I truly believe a monetary budget is the behind the scenes problem. Which if the infrastructure is not correct will cost excessive funds.
Bridlington	Bridlington Care Unit is not necessary but also essential. Scarborough

Survey	hospital is under too much strain. Respite and rehabilitation is better near home with a friend and family network.
Bridlington Survey	The inequalities in our town need addressing. Prof C Whitty's Report: Where does the "duty of candour" lay. When will people of Bridlington be notified of the "Improvement plan" and services returning locally?
Bridlington Survey	I am pleased to have the opportunity to attend today. However, I think the notice about this even has been too short, so limited people in the area know about it. I expect a much higher attendance would be probable if more advance notice had been given. I only heard about it at church yesterday. Let more people have their say. Keep the care unit open!
Bridlington Survey	NHS is for all. The fact of where I live should not affect the service. A big population needs more service but a little population still needs a service.
Bridlington Survey	It is vital as so many elderly residents live here.
Bridlington Survey	This hospital need to function as a hospital, not an annexe. Bridlington is growing. That's more families, that means even less medical help, its on its knees already. The only Doctors practice has altered the running of the practice, so now neither patients or staff know what they are doing.
Bridlington Survey	NHS services should be maintained, not axed. Coastal towns and rural villages should not be personalised because of where they are. Everybody pays into the NHS and should, at least, feel confident they need is available when they need it.
Bridlington Survey	All care taking place should be as close as possible to where the person lives. It would allow visitors who are a lifeline to elderly people the opportunity to visit without the visit being an all day event. Being close to home will also benefit the patient. Hospitals should be about providing services, not about what services they can lose. It is a backward step - we need more services, not fewer.
Bridlington Survey	This facility is needed in Bridlington which is continually increasing in size. Care should be as close to home as possible.
Bridlington Survey	It seems the plans will provide less services at the hospital. Transport is a vital issue because we are getting fewer and fewer services in Bridlington
Bridlington Survey	I think that patients in Bridlington should have a care unit at our own local hospital.
Bridlington Survey	I think Bridlington Hospital needs more developments as soon as possible because there are more houses being built with more people needing hospital amenities in many different ways.
Bridlington	It's important that the local people know what services are available in Bridlington before agreeing to go elsewhere. Thereby supporting local

Survey	care.
Bridlington Survey	You are basically sending patients home to die as there is no support in place. It makes no sense as they frequently end up back in hospital
Bridlington Survey	In the care sector the dental department should be reopened
Bridlington Survey	Bridlington Care Unit is needed for patients in the short term. Of course the aim is to get people home as soon as possible when they are fit enough and the necessary care package organised. The care unit would also prevent bed blocking on the wards at York and Scarborough.
Bridlington Survey	I appreciate that staffing levels could pose a problem. However, in a care unit, qualified staff would be well supported with HCALS. A good care package for returning home is vital. with good coordination between services. this would ensure safe and quicker discharges back into the community.
Bridlington Survey	We need a general hospital with an outpatients department and an urgent treatment service that is open until 11pm.
Bridlington Survey	Frankly, it would be nothing short of a disaster if Bridlington Care Unit were to close.
Bridlington Survey	Do not close Bridlington Care Unit.
Bridlington Survey	We continue to hear about bed blocking in hospitals which adds to the shortage of beds in medical and surgical units. This is due to no care packages in place for people. An intermediate care unit is definitely required, particularly with an increasing aging population.
Bridlington Survey	The care unit is a vital part of the Bridlington community and therefore should not close. Patients recovering from surgical operations would benefit from a care until and cancer cervices and not having to travel to Castle Hill
Bridlington Survey	When I came 30 years ago the hospital was new! I think there had been public funding, perhaps residents could help????

Which best describes you? (Select all that apply)



Answer	Total	Percent
Community and voluntary sector representatives	12	2.1
Elected representatives	5	0.9
Health and care professionals	55	9.7
Local residents	332	58.3
Trust staff and volunteers	25	4.4
Patients, families and carers	111	19.5
Prefer not to say	13	2.3
Other (please specify)	16	2.8
Total responses	569	

What is the first half of your postcode e.g. YO16? (Please do not provide a full postcode)

Service	Comment
Bridlington Survey	Yo16
Bridlington Survey	YO16
Bridlington Survey	YO16
Bridlington Survey	Yo15
Bridlington Survey	YO15
Bridlington Survey	Yo15
Bridlington Survey	Yo16
Bridlington Survey	YO16
Bridlington Survey	YO16
Bridlington Survey	Yo15
Bridlington Survey	YO15
Bridlington Survey	YO15
Bridlington Survey	YO16
Bridlington Survey	YO16
Bridlington Survey	Yo16
Bridlington Survey	Yo16
Bridlington Survey	Yo15

Bridlington Survey	YO15
Bridlington Survey	Yo16
Bridlington Survey	YO16
Bridlington Survey	Yo16
Bridlington Survey	Yo15
Bridlington Survey	YO16
Bridlington Survey	YO16
Bridlington Survey	YO15
Bridlington Survey	YO14
Bridlington Survey	Yo16
Bridlington Survey	Yo16
Bridlington Survey	YO15
Bridlington Survey	YO16
Bridlington Survey	YO16
Bridlington Survey	Yo16
Bridlington Survey	Yo16
Bridlington Survey	Yo16
Bridlington	Yo15

Survey	
Bridlington Survey	YO15
Bridlington Survey	YO16
Bridlington Survey	YO16
Bridlington Survey	YO15
Bridlington Survey	Yo15
Bridlington Survey	YO15
Bridlington Survey	YO16
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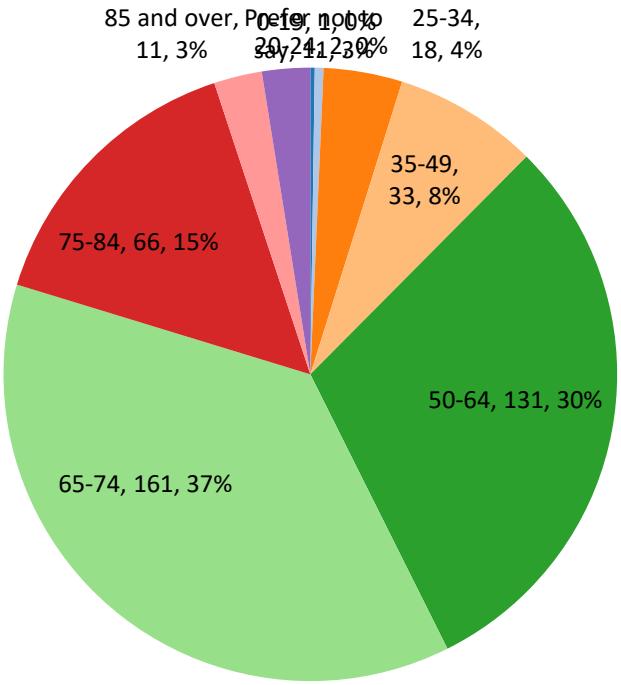
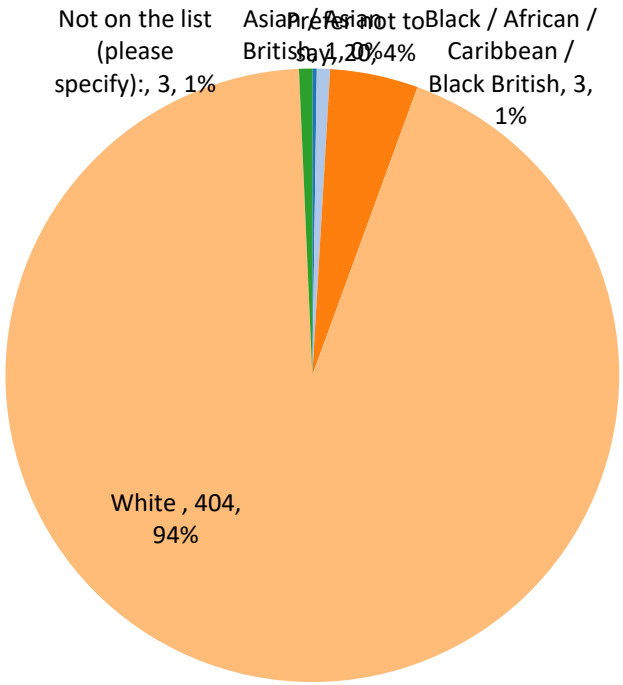
What is your age?



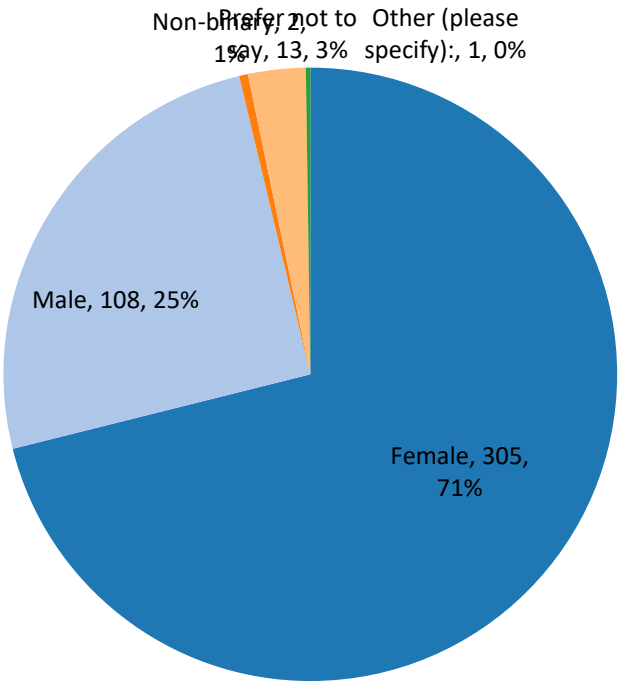
Answer	Total	Percent
0-19	1	0.2
20-24	2	0.5
25-34	18	4.1
35-49	33	7.6
50-64	131	30.2
65-74	161	37.1
75-84	66	15.2
85 and over	11	2.5
Prefer not to say	11	2.5
Total responses	434	

Which of the following best describes your ethnic background?



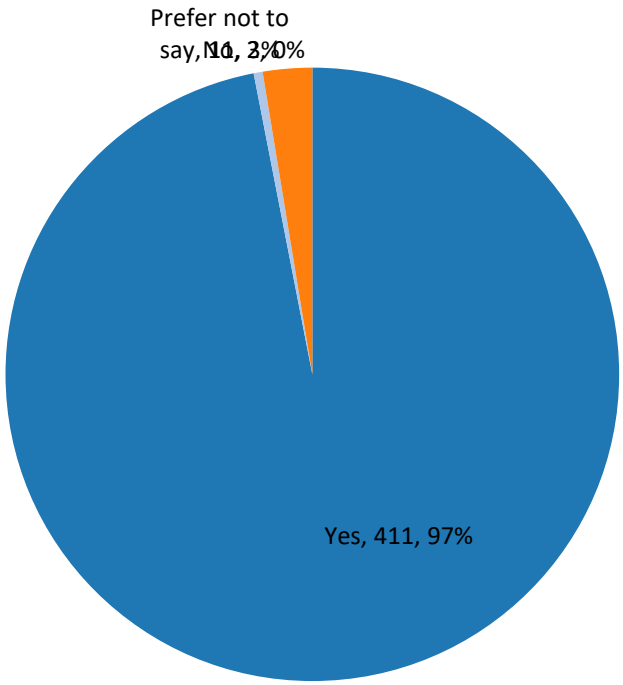
Answer	Total	Percent
Asian / Asian British	1	0.2
Black / African / Caribbean / Black British	3	0.7
Chinese	0	0
Mixed / Multiple ethnic group	0	0
Prefer not to say	20	4.6
White	404	93.7
Not on the list (please specify):	3	0.7
Total responses	431	

Gender



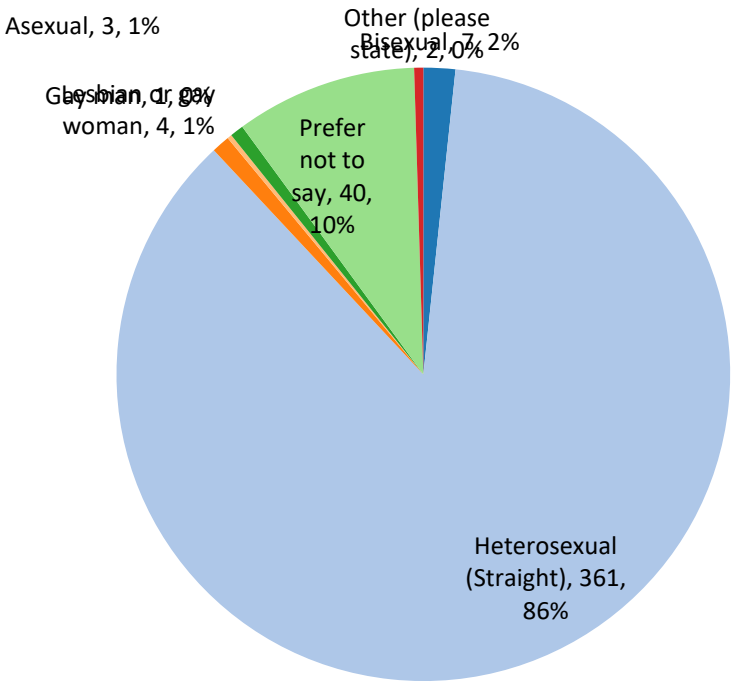
Answer	Total	Percent
Female	305	71.1
Male	108	25.2
Non-binary	2	0.5
Prefer not to say	13	3
Other (please specify):	1	0.2
Total responses	429	

Is your gender the same as assigned sex at birth?



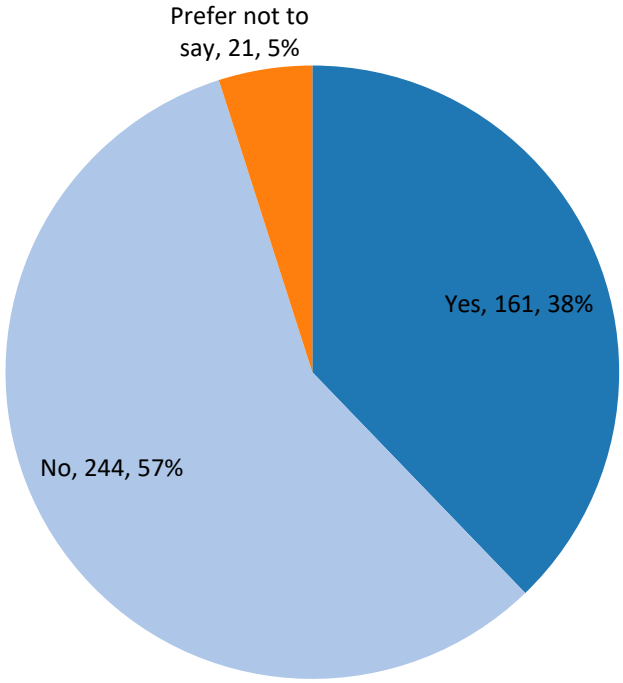
Answer	Total	Percent
Yes	411	96.9
No	2	0.5
Prefer not to say	11	2.6
Total responses	424	

What is your sexuality?



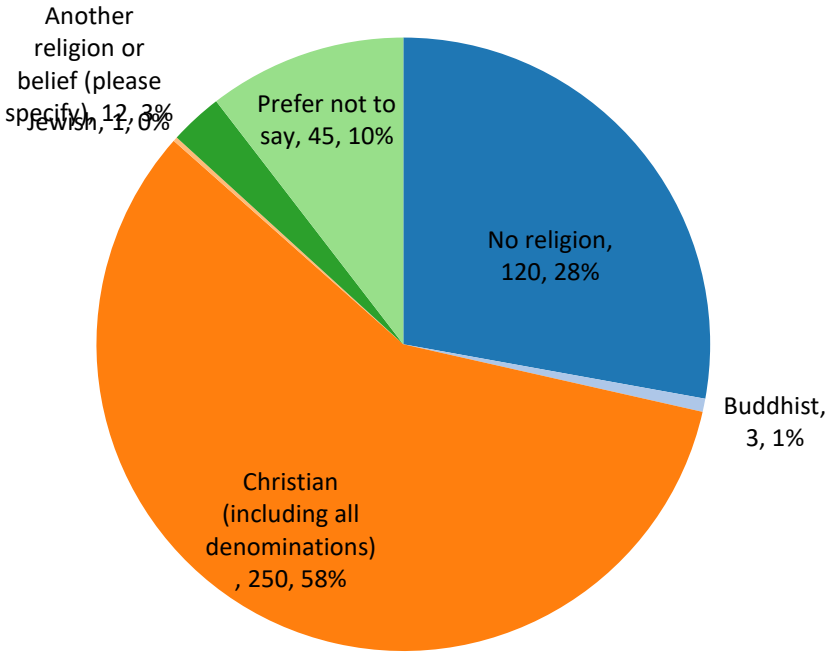
Answer	Total	Percent
Bisexual	7	1.7
Heterosexual (Straight)	361	86.4
Lesbian or gay woman	4	1
Gay man	1	0.2
Asexual	3	0.7
Prefer not to say	40	9.6
Other (please state)	2	0.5
Total responses	418	

Do you consider yourself to have a disability or long-term medical condition that limits your daily activities?



Answer	Total	Percent
Yes	161	37.8
No	244	57.3
Prefer not to say	21	4.9
Total responses	426	

What is your religion or belief? (Please select one option)



Answer	Total	Percent
No religion	120	27.8
Buddhist	3	0.7
Christian (including all denominations)	250	58
Hindu	0	0
Jewish	1	0.2
Muslim	0	0
Sikh	0	0
Another religion or belief (please specify)	12	2.8
Prefer not to say	45	10.4
Total responses	431	

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 6

Report to:	Council of Governors
Date of Meeting:	9 September 2026
Subject:	Chair's Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

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

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

Equality Impact Assessment Concluded *(please document in report)*

☐ Yes

☐ No

☒ Not Applicable

Recommendation:
The council of Governors is asked to note the report.

Chair's Report to September 2026 Council of Governors meeting

1. **Trust Board Changes:** I am sad to report that Helen Grantham has recently announced that she will stepdown from her NED position on 30th November 2026. I will convene a meeting of the Council's Nomination Committee to agree next steps. At a recent meeting of that Committee, it was agreed to commence the recruitment process for a NED with a clinical background to succeed Mr Scanlon with interviews taking place in October. I am delighted to report that our new Chief Culture and People Officer will commence her position on 12th October. Her name is Dr Sarah Dexter-Smith.

2. **Financial Plan:** Since my last report to the Council, I am pleased and relieved to report that NHSE have accepted our revised financial plan for this current year, which requires the Trust to reduce its costs by £66 million and end the year with a deficit of no more than £18.5 million. The letter was received at the beginning of August.

3. **Bridlington Care Unit:** An extraordinary public meeting of the Trust Board was held on 19th August. It had just one agenda item, which was to make a decision on the future of the Bridlington Care Unit at Bridlington Hospital. Over that past several weeks a number of public engagements events and other processes took place in accordance with the recommendations made by the East Riding Health and Care Overview & Scrutiny Committee. There was a significant public response, 90% of which opposed the closure whilst agreeing that supporting people in their own homes was preferable to staying in hospital. Based on the available evidence and the facts, the Board agreed to close the Unit. But what was also very clear is the need for the Trust to continue to engage with the citizens of Bridlington and surrounding area about our plans for Bridlington Hospital and the very strong desire for the Trust to provide a greater range of out-patient and diagnostic services provision at the hospital.

4. **Well Led Review:** The Trust Board at its meeting in July received a further progress report of what had been achieved in implementing the recommendations as at 30th June, i.e. the end of Q1. The Board were assured about the positive progress. The detailed report is in the July Trust Board agenda papers on our website.

5. **Performance:** The financial position and our position against some important NHS Constitution standards re waiting times (none more so than the overcrowding and delays in both Emergency Depts.) remain very concerning despite the valiant efforts of the executive and other colleagues.

6. **Constituency meetings:** Three Constituency meetings have been held to date and the remaining one to be held this year is that of the East Coast which is being held on 17th September at Scarborough Hospital Post Graduate Medical Education Centre.

7. **Springwood Unit Malton Hospital:** The Springwood Unit which burnt down several weeks ago has stated to be demolished. The unit was run and owned by Tees, Esk & Wear Valleys NHS FT.

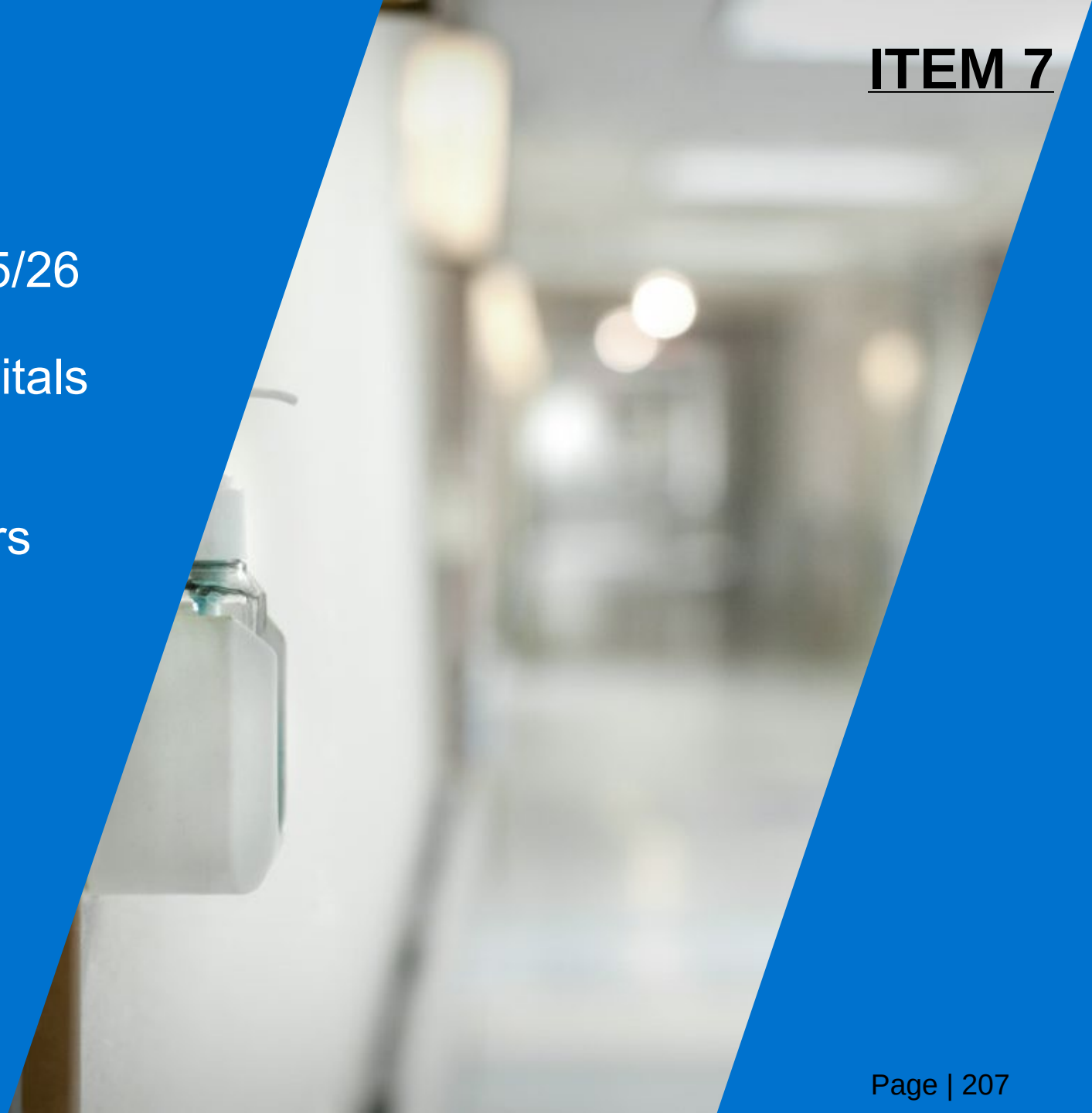
Martin Barkley
21st August 2026

Forvis Mazars – External audit 2025/26

York & Scarborough Teaching Hospitals NHS Foundation Trust

Presentation to Council of Governors

9 September 2026



Our responsibilities

Our responsibilities are defined by the Local Audit and Accountability Act 2014, and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO').

What our external audit covers

- **Financial statements**
  - We give an opinion on the Trust's financial statements
- **Value for Money arrangements**
  - We are required to be satisfied the Trust has proper arrangements in place to deliver value for money in its use of resources
- **Wider reporting responsibilities**
  - We have specific powers and responsibilities as set out in the NHS Act 2006

Who we report to

Meeting	Communication
Group Audit Committee	We attend all Group Audit Committee meetings We present our annual Audit Plan, and report progress against that plan during the audit We present our audit findings to the Group Audit Committee at the completion of the audit
Trust Board	The Audit Committee uses our work to provide assurance to the Board Occasionally, we may report directly to the Board, but have not needed to do that this year
Council of Governors	Annually we issue a summary to the Governors

The scope of our work

Opinion on the financial statements

We carry out our audit in accordance with the requirements of the NAO's Code of Audit Practice and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error.

The output from our audit work is the Audit Report containing our audit opinion, this is published alongside the Trust's financial statements in its Annual Report.

Value for money arrangements

We are required to consider whether the Trust has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We consider arrangements and report against the following criteria:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Trust ensures it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it delivers services

We report any significant weaknesses in arrangements and provide a commentary from our VFM work in our Auditor's Annual Report.

Wider reporting

The NHS Act 2006 provides auditors with specific powers where matters come to our attention that, in our judgement, require specific reporting action to be taken. We have the power to:

- issue a report in the public interest; and
- make a referral to the regulator.

We are also required to report if the Annual Governance Statement does not comply with relevant guidance or is inconsistent with our knowledge and understanding of the Trust.

The outcome of our work in 2025/26

Opinion on the financial statements

Work complete ✓

Unqualified audit opinion

- The external audit progressed well and we completed our audit a week ahead of the 26 June NHS deadline for submission of audited accounts.
- We issued our audit report on 19 June 2026 giving an unqualified opinion on the Trust financial statements for the year ended 31 March 2026.
- The Trust produced good quality draft accounts and supported the audit process well, fully assisting us to complete the audit in advance of the NHS submission deadline.
- We identified and reported three non-material misstatements in the draft accounts. Management accepted the misstatements but chose not to amend the draft accounts as the misstatements were immaterial cumulatively.
  - One related to incorrect accounting treatment of an income item.
  - One related to recognising assets which had been paid for but were not delivered by the year end.
  - One related to expenditure which was misclassified as capital rather than revenue.
- We raised five recommendations to improve the control framework for financial accounting and reporting. These were accepted by management with actions agreed to address the weaknesses. We followed up our prior year recommendations and reported that management action had addressed both recommendations.
- We continue to have a positive and professional relationship with the Trust leadership team, the finance team, and the Group Audit Committee. The Trust engage proactively with external audit and are focused on continuously improving the closedown process.
- We met privately with the Group Audit Committee before each Committee meeting in 2025/26. This is good practice and provides us the appropriate access to non-executives.

The outcome of our work in 2025/26

Work on the Trust's Value for Money arrangements

Work complete ✓

- We issued our Auditor's Annual Report on 19 June 2026 incorporating our commentary on the Trust's VFM arrangements. The work progressed well and we had the support and assistance of Trust management in completing the work.
- In the prior year we reported a significant weakness in the Trust's arrangements for financial sustainability. Our work this year confirmed the weakness remains for 2025/26.

Financial sustainability

- The Trust delivered a £32m deficit of income and expenditure in 2025/26.
- Significant reductions in income compared to the Trust's submitted break-even plan, and a significant under-delivery of the Cost Improvement Programme were the main factors. The Cost Improvement target was £55m with £41m delivered. The majority of the improvements delivered were non-recurrent.
- The Trust has a 3-year plan to return to annual break-even and the Waste Reduction and Productivity programme is key to achieving the plan.
- The submitted plan for 2026/27 is a £22m deficit assuming delivery of £61m of efficiencies. This is a significant challenge and requires the Trust to go further and faster in delivering recurrent efficiencies to achieve its plan.
- We will follow up progress on all three recommendations in our 2026/27 audit.

The weakness reported in 2024/25 is still extant in 2025/26

Wider reporting

Work complete ✓

- We have not exercised our additional reporting powers during 2024/25.

No reporting required

- We reported no issues over the form and content of the Trust's Annual Governance Statement.

Contact

Forvis Mazars

Alastair Newall

Audit Director

One St Peter's Square
Manchester
M2 3DE

alastair.newall@mazars.co.uk

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 8

Report to:	Council of Governors
Date of Meeting:	9 September 2026
Subject:	Performance Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

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

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	**Equality Impact Assessment Concluded** *(please document in report)*
☒ Effective Clinical Pathways ☒ Trust Culture ☒ Partnerships ☒ Transformative Services ☒ Sustainability Green Plan ☒ Financial Balance ☒ Effective Governance	☐ Yes ☐ No ☒ Not Applicable

Recommendation:
The Council of Governors is asked to note the current positions.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Performance Report key metrics

September 2026 Council of Governors meeting

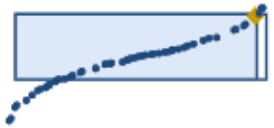
National Operational Framework

Rank Oversight

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Description	Latest Reporting Date	Previous Score	Latest Score	Score Difference	Rank
Percentage of patients waiting over 52 weeks for elective treatment	Mar-26	3.12	3.07	-0.05	102
Percentage of patients waiting over 52 weeks for community services	Mar-26	3.79	3.72	-0.07	70
Percentage of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	Q4 2025/26	3.92	3.51	-0.41	101
Percentage of patients treated for cancer within 62 days of referral	Q4 2025/26	3.38	2.61	-0.77	61
Percentage of emergency department attendances admitted, transferred or discharged within four hours	Q4 2025/26	3.18	3.41	0.23	97
Percentage of emergency department attendances spending over 12 hours in the department	Q4 2025/26	2.87	2.74	-0.13	71
Number of MRSA bacteraemia cases (12 months)	Mar-26	3.60	3.51	-0.09	
Percentage of cases where a patient is waiting 18 weeks or less for elective treatment	Mar-26	3.61	3.88	0.27	125
Average number of days from discharge ready date to actual discharge date (including zero days)	Mar-26	1.98	1.76	-0.22	33
Summary Hospital-level Mortality Indicator	Jan 24 - Dec 25	2.00	2.00	0.00	
Proportion of E. coli bacteraemia	Mar-26	2.26	2.32	0.06	
Urgent Community Response 2-hour performance	Q4 2025/26	4.00	2.95	-1.05	48
NHS Staff survey - raising concerns sub-score	2025	3.95	3.68	-0.27	120
CQC inpatient survey satisfaction rate	2024	2.00	2.00	0.00	
Planned surplus/deficit	2025/26 plan	3.00	3.00	0.00	76
Combined finance	Q4 2025/26	4.00	4.00	0.00	
Variance year-to-date to financial plan	Month 12 2025/26	4.00	4.00	0.00	120
Sickness absence rate	Q3 2025/26	2.16	2.53	0.37	81
NHS staff survey engagement theme sub-score	2025	3.98	3.35	-0.63	105
Implied productivity level	Q3 2025/26 vs Q3 2024/25	2.85	3.62	0.77	117
Proportion of C. difficile infections	Mar-26	1.00	1.00	0.00	
Difference between planned and actual 18 week performance	Mar-26	3.17	3.33	0.16	115
Access to services domain score	Q4 2025/26	3.38	3.28	-0.10	126
Patient safety domain score	Q4 2025/26	3.12	2.98	-0.14	107
Finance and productivity domain score	Q4 2025/26	3.42	3.81	0.39	129
People and workforce domain score	Q4 2025/26	3.07	2.94	-0.13	99
Effectiveness and experience domain score	Q4 2025/26	2.49	2.18	-0.31	65

129 out of 134
Latest Rank



Latest Average Metric Score

Latest Average Segment Score

Latest Adjusted Segment Score

Reporting Month: June 2026

Acute Flow

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	June 2025	June 2026	Year End Target
Total Emergency Care Attendances	18,780	19,124	
Proportion of patients seen and treated in ED waiting < 4 hours	69.4%	65.2%	82%
Number of 12+ hour waits	377	288	0
Proportion of ambulance handovers waiting > 45 mins	5.8%	4.3%	0
Lost bed days for patients with no criteria to reside	1174	1855	

Reporting Month: June 2026

Cancer

Metric Name	June 2025	June 2026	Year End Target
Total Cancer Patient Tracking List (PTL) size	2288	2290	
First treatment within 62 days	66.3%	67.8%	80%
Faster diagnosis 28-day standard	67.9%	75.2%	84.3%

Reporting Month: June 2026

Referral to Treatment (RTT)

Metric Name	June 2025	June 2026	Year End Target
Total waiting list	53,307	56,537	49,360
Waits over 65 weeks	15	0	0
Waits over 52 weeks	1593	1115	389
Mean waiting time (wks)	17.6	17.3	

Reporting Month: June 2026

Diagnostic 6-week standard

Metric Name	June 2025	June 2026	Year End Target
Patients waiting <6 weeks from referral	64%	79.4%	80.6%

14 types of diagnostic work are in the statistics with levels of attainment ranging from 32% re Echocardiography to 95.5% for Barium Enema. Details are shown as annex 1.

Reporting Month: June 2026

Children & Young Persons

Metric Name	June 2025	June 2026	Year End Target
RTT Total Waiting List	4463	4340	
RTT waits over 52 weeks	81	9	0

Reporting Month: June 2026

Workforce

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	June 2025	June 2026	Year End Target
Monthly Sickness Absence	4.8%	5.3%	4.7%
Rolling 12-month staff turnover rate	8.3%	7.2%	8.5%
Overall Vacancy Rate	6.5%	7.8%	7.7%
HCSW Vacancy Rate	9.4%	11.4%	8%
RN Vacancy Rate	6.6%	3.4%	5%
Midwifery Vacancy Rate	0.1%	5.5%	0%
Medical & Dental Vacancy Rate	7.4%	3.9%	6%
AHP Vacancy Rate	10.2%	7.2%	7%

Reporting Month: June 2026

Patient Experience: Complaints

Metric Name	June 2025	June 2026	Year End Target
No. of Complaints	91	147	

Reporting Month: June 2026

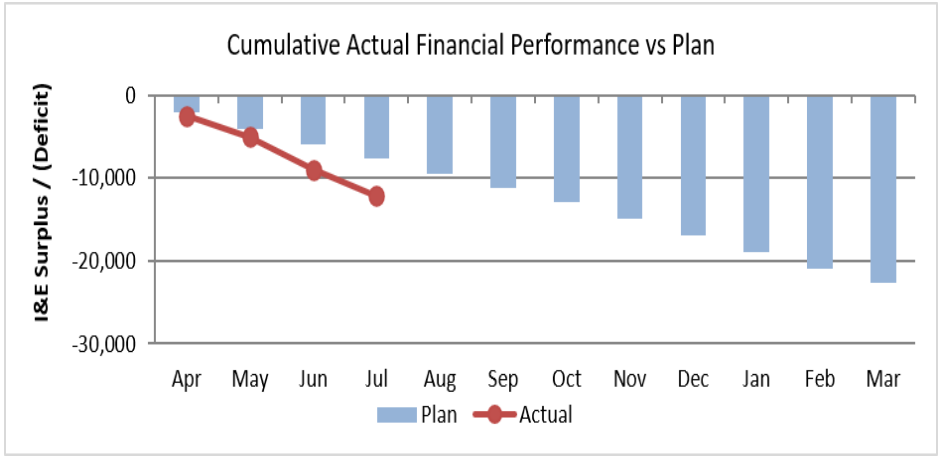
Finance

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Summary Dashboard and Income & Expenditure

	Plan	In Month Plan	In Month Actual	In Month Variance	Plan YTD	Actual YTD	Variance
	£000	£000	£000	£000	£000	£000	£000
Clinical Income	807,568	67,297	69,161	1,864	269,189	276,425	7,236
Other Income	83,431	6,950	7,420	469	27,813	31,041	3,228
Total Income	890,999	74,248	76,581	2,333	297,003	307,466	10,464
Pay Expenditure	-620,295	-49,976	-51,684	-1,708	-201,847	-207,003	-5,157
Drugs	-67,532	-5,577	-6,424	-847	-22,531	-26,974	-4,442
Supplies & Services	-98,339	-8,169	-8,854	-685	-32,465	-33,052	-588
Other Expenditure	-156,694	-11,059	-10,828	231	-46,193	-46,116	77
Outstanding WRAP	33,547	127	0	-127	3,662	0	-3,662
Total Expenditure	-909,313	-74,654	-77,790	-3,136	-299,374	-313,146	-13,772
Operating Surplus/(Deficit)	-18,315	-407	-1,210	-803	-2,371	-5,680	-3,308
Other Finance Costs	-12,677	-1,056	-1,105	-49	-4,226	-4,170	56
Surplus/(Deficit)	-30,992	-1,463	-2,315	-852	-6,597	-9,849	-3,252
NHSE Normalisation Adj	8,346	-272	-869	-597	-1,088	-2,313	-1,225
Adjusted Surplus/(Deficit)	-22,646	-1,735	-3,184	-1,449	-7,685	-12,163	-4,478

The I&E table confirms an actual adjusted year to date deficit of £12.2m against a planned deficit of £7.7m, leaving the Trust with an adverse variance to plan of £4.5m. The in-month position for July is an adverse variance of £1.4m.



The income and expenditure plan profile shows an expected cumulative deficit throughout the year with an outturn deficit of £22.6m at the end of March 2027. The plan is yet to be formally adjusted following the NHSE £18.5m DSF agreement.

The actual I&E performance at the end of July 2026 is an adverse variance to plan of £4.5m.

Reporting Month: July 2026

Key Subjective Variances: Trust

Finance

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHSE income	-£13.0m	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.	Confirm contracting arrangements and ensure plans and actual income reporting align in 2026/27.
ICB Income	£20.3m	ICB over trade linked to services which have been delegated from NHSE to ICBs to commission. The position also includes additional income to fund the increased agenda for change and medical staffing pay awards and overtrade on high-cost drugs and variable activity.	Confirm contracting arrangements and ensure plans and actual income reporting align in 2026/27. Contract Management Board engagement re overtrade.
Other Income	£3.1m	£2.1 income brought forward (£2.7m at m3) to partially compensate shortfall in delivery of WRAP. This approach has been discussed with NHSE. Research and Development and Education and Training income also ahead of plan.	Shortfall in WRAP delivery needs to be recovered, this may be delivered through delay / avoidance of investments included in plan.
Employee Expenses	-£5.2m	Pay awards have been agreed and paid at a higher rate than originally funded in the plan/contract. This is currently contributing £2.5m to the pay overspend but is fully offset by a corresponding income adjustment. Income has been accrued to cover the pay increase, but income and expenditure plans have not yet been uplifted because contract variations have not been confirmed by commissioners. In addition, the position includes medical bank and extra contractual costs relating to April's industrial action (£0.6m)	NHSE have confirmed there is no funding to cover the cost of industrial action. The Trust will continue to apply NHSE best practice controls to manage agency expenditure and continue to recruit to posts being covered through bank, agency and other premium costs. Vacancy control measures remain in place. Overall income and expenditure budgets will be uplifted when contract variations are confirmed.
Drugs and Devices	-£4.4m *Net of income: -£3.3m*	Drugs expenditure is £4.4m above plan. £1.1m relates to drugs funded through pass-through arrangements and is reflected within the income position. The remaining variance reflects costs incurred which are not offset by income recovery, resulting in a net in-year pressure. The run rate for drugs has not reduced despite significant WRAP savings being delivered. There are increased drugs costs offsetting the savings and the reasons for this are under investigation. High-cost devices are £0.1m above plan. These are commissioned on a pass-through basis and full reimbursement is assumed within the income position.	Review of WRAP scheme drugs savings to validate cost reductions are delivering in line with expectations. Overtrade on high-cost drugs has been shared with the ICB and income assumed in the position. The ICB are in the process of establishing a contract management board which will review all overtrades against the agreed plan.
WRAP	-£3.7m	Year to date savings of £15.9m have been delivered compared to a target of £19.5m. This is a shortfall of £3.6m. In full year terms, £28.0m has been delivered against the target of £61.6m.	Continued focus on delivery of the WRAP overseen through the Finance Improvement Boards. The shortfall has been managed to date through the deferral of planned investments.
Other Non Pay	-£0.5m	Purchases of clinical supplies and services are £0.6m ahead of plan, mainly in Surgery.	Continue to monitor

ANNEX 1: DIAGNOSTICS – National Target: 95%

Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Diagnostics - Proportion of patients waiting <6 weeks from referral	2026-06	H	F	79.4%	77%	80.6%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2026-06	H	F	94.8%	84.9%	90.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2026-06	H	F	87.9%	87.7%	91.9%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound	2026-06	common	?	69.8%	76.5%	77.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	2026-06	H	F	95.5%	85%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	2026-06	H	?	92.5%	86.2%	86.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2026-06	H	F	84.2%	76%	80%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2026-06	L	?	31.9%	73.2%	79.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2026-06	L	?	74.9%	95.5%	95.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2026-06	common	?	87.4%	94.7%	94.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2026-06	H	F	70.7%	72%	84.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2026-06	H	F	90.5%	80.9%	86%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2026-06	common	?	81.1%	82.7%	85.9%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2026-06	common	?	85.4%	65.5%	69.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2026-06	H	?	89.1%	83.6%	86%

DIAGNOSTICS – National Target 95%

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Diagnostics - Proportion of patients waiting <6 weeks from referral	2025-06		F	64%	70.5%	82.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2025-06	L	F	56.1%	69%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2025-06		?	68.1%	68%	78%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound	2025-06		?	68.5%	66%	75%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	2025-06	L	?	57.1%	82.1%	90.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	2025-06	H	?	88.1%	53.1%	67.9%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2025-06	L	F	51.5%	80%	94.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2025-06	H	F	87.3%	95.8%	95.8%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2025-06	H	?	97.2%	92.9%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2025-06		?	58.8%	87.9%	94.6%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2025-06	H	F	51%	64.7%	95.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2025-06		F	51.1%	80.6%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2025-06	H	F	62.8%	81%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2025-06		?	81.7%	85%	94.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2025-06		F	69.9%	81.2%	90%

Report to:	Council of Governors
Date of Meeting:	9 September 2026
Subject:	Complaints Annual Report FY 2025-26
Director Sponsor:	Joe Hague, Chief Nurse
Author:	Justine Harle, Complaints and Concerns Lead

Status of the Report (please click on the appropriate box)
Approve ☐ Discuss ☒ Assurance ☒ Information ☐ Regulatory Requirement ☒

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

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

Implications for Equality, Diversity and Inclusion (EDI) *(please document in report)*
☒ Yes
☐ No
☐ Not Applicable

Executive Summary:

This report provides an overview of complaints received by the Trust between 1 April 2025 and 31 March 2026. It sets out complaint activity, performance in responding, involvement of the Parliamentary and Health Service Ombudsman (PHSO), and the actions taken in response to the concerns raised.

The Trust continues to meet its statutory duties for complaints handling, supported by clear governance, executive oversight and formal sign-off of all final responses.

A total of 1,455 complaints were received in 2025/26, reflecting increased demand, with improved performance against response times compared to the previous year.

There is strong alignment between complaints data, PHSO findings, national survey and Healthwatch feedback. Key themes remain delays, communication, discharge, and staff behaviours, all of which are being addressed through targeted Care Group improvement plans.

Focused improvement work is in place across Care Groups, alongside training, a zero-tolerance approach to response times, and a stronger emphasis on early resolution. Together, this supports a more responsive, patient-centred complaints process and demonstrates a clear commitment to continuous improvement in patient experience.

Recommendation:
The Council of Governors is asked to note the contents of the report and continue to support the work being undertaken to improve patient and carer experience.

Report Exempt from Public Disclosure
No ☒ Yes ☐
(If yes, please detail the specific grounds for exemption)

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

Meeting/Engagement	Date	Outcome/Recommendation
Patient Experience Subcommittee	10 June 2026	Supported the paper to be shared at Executive Committee
Quality Committee	21 July 2026	
Board of Directors	29 July 2026	Noted

Annual Complaints Report 2025-26

1. Introduction

York and Scarborough Teaching Hospitals NHS Foundation Trust provides acute and community services to a population of around 800,000 people across York, North Yorkshire, North East Yorkshire and Ryedale. Delivering safe, effective and compassionate care remains central to the Trust's strategy, and the effective management of complaints and concerns is a key part of this approach.

This Annual Complaints Report covers the period 1 April 2025 to 31 March 2026. It supports transparency and accountability by outlining the number of complaints received, key themes, performance against response times, and the outcomes of Parliamentary and Health Service Ombudsman (PHSO) investigations. It also demonstrates how feedback from patients, families and carers is used to drive learning and improve the quality and safety of care.

Complaints are managed within a statutory framework, primarily the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including Regulation 16: Receiving and Acting on Complaints. The Trust's approach is further guided by the PHSO's principles of good complaints handling, which emphasise openness, clear communication, responsiveness and a focus on learning.

Within the Trust, complaints and concerns are embedded within the clinical governance framework. Performance, themes and learning are reported through Care Group management teams, the Patient Experience Subcommittee and the Quality and Safety Committee, ensuring appropriate oversight and action in response to feedback. Complaint handling is also monitored through Care Group Performance, Risk and Improvement Meetings (PRIM), with a strengthened focus on improving timeliness and overall performance.

The Board retains corporate responsibility for the management and oversight of complaints, with day-to-day responsibility delegated by the Chief Executive to the Chief Nurse. Monthly and quarterly reporting arrangements support ongoing monitoring, accountability and continuous improvement.

2. The number of complaints which the body responsible received and the number of complaints which the body responsible decided were well-founded

2.1 New complaints

In 2025/26, the Trust received 1,455 formal complaints, compared with 1,221 in 2024/25. This is an increase of 234 complaints (19%), equating to an average of 121 complaints per month.

Of the total received in 2025/26, 1,178 were recorded as standard complaints and 277 as complex complaints. This was the first full financial year in which complex complaints were formally reported.

New Complaints 2025/26	Q1	Q2	Q3	Q4	Total
York Hospital	186	204	205	237	**832**
Scarborough Hospital	73	92	84	75	**324**
Bridlington Hospital	3	4	8	7	**22**
Total	**262**	**300**	**297**	**319**	**1178**

New Complaints by Care Group	Q1	Q2	Q3	Q4	Total
Medicine	113	127	122	111	**473**
Surgery	73	85	84	96	**338**
Family Health	34	46	47	46	**173**
CSCS	35	33	31	53	**152**
Corporate Services	7	9	13	13	**42**
Total	**262**	**300**	**297**	**319**	**1178**

New Complex Complaints 2024/25	Q1	Q2	Q3	Q4	Total
York Hospital	23	35	73	72	**203**
Scarborough Hospital	12	19	12	29	**72**
Bridlington Hospital	0	2	0	0	**2**
Total	**35**	**56**	**85**	**101**	**277**

New Complex Complaints by Care Group	Q1	Q2	Q3	Q4	Total
Medicine	20	34	35	65	**154**
Surgery	8	9	25	19	**61**
CSCS	0	8	9	8	**25**
Family Health	7	4	15	6	**32**
Corporate Service	0	1	1	3	**5**
Total	**35**	**56**	**85**	**81**	**277**

2.2 Reopened Complaints

The Trust is committed to being open and honest when care falls short. We apologise where things have not gone as they should and apply duty of candour principles throughout the complaints process. Each final response is carefully reviewed through a robust approval process and is formally signed by the Chief Nurse on behalf of the Executive.

In 2025/26 1215 complaint investigations were concluded, of which 6% (72) were reopened at the request of the complainant and further investigations undertaken. These figures are comparable to previous years. Complainants are encouraged to contact us if they have any further questions and almost half of complainants took the opportunity to raise additional questions.

2.3 Outcome data

The Trust is required, under complaints legislation, to record whether the issues were found to be substantiated following investigation.

A complaint is recorded as upheld where the investigation finds that the concerns raised are fully justified. This means that failings in care, communication, or process have been identified and accepted by the Trust.

A complaint is recorded as partly upheld where some elements of the concerns raised are upheld, while others are not supported by the evidence. This outcome recognises that aspects of the complainant's experience were valid, even if not all concerns could be substantiated.

Of the 1397 complaints closed this financial year 1382 had an outcome code provided by the investigating officer.

Of the complaint cases, 19% were upheld, 43% were partially upheld and 38% were not upheld. These figures are broadly consistent with previous years.

Complaint Outcomes 2025-26	Not upheld	Partially Upheld	Upheld	Total
CSCS	56	60	34	**150**
Corporate Services	0	1	1	**2**
Family Health	42	87	44	**173**
Medicine	161	229	76	**466**
Surgery	169	116	63	**348**
Total	**428**	**493**	**218**	**1139**

Of the complex complaint cases, 11% were upheld, 64% were partially upheld and 25% were not upheld.

Complex Complaint Outcomes 2025-26	Not upheld	Partially Upheld	Upheld	Total
CSCS	5	14	2	**21**
Corporate Services	4	10	17	**31**
Family Health	9	16	3	**28**
Medicine	30	78	3	**111**
Surgery	13	38	1	**52**
Total	**61**	**156**	**26**	**243**

2.4 Parliamentary and Health Service Ombudsman (PHSO)

While the Trust aims to resolve complaints at a local level wherever possible, we recognise this is not always achievable. Patients retain the right to request an independent review by the PHSO.

During 2025/26, the PHSO completed initial assessments of 17 complaints relating to the Trust. Eleven were closed with no further investigation required. A further six cases progressed to a full investigation during the year. Two of these have now been concluded, and we await outcomes for the remaining four cases.

Of the two cases concluded in 2025/26, both were partially upheld. In addition, the PHSO concluded one case opened in 2024/25 and one from 2022/23, both were also partially upheld.

Case 22849: The PHSO investigation found that the IBD team did not adequately assess the patient during two key contacts in March and April 2022. While this may have delayed his diagnosis of bowel cancer, it would not have changed the eventual outcome. Additionally, there was a delay in monitoring the patient's condition in September 2022, which, although

not medically harmful, understandably caused distress to the patient and his family. To prevent similar issues in future, the Medicine Care Group has strengthened monitoring procedures in line with NEWS2 guidance, delivered targeted staff training to improve clinical assessment and documentation, and reviewed IBD assessment protocols to ensure symptoms like unexplained weight loss are promptly recognised and acted upon.

Case 20654: The PHSO identified missed opportunities in investigating the patient's condition including a failure to carry out a pre- or post-operative CT scan during the patient's hysterectomy. While the report concludes her death was likely due to an undetectable, aggressive cancer, the Trust recognised the painful uncertainty this has left her family. An action plan has been implemented by the Family Health Care Group to enhance investigative processes and care quality. Updated guidance now mandates contrast-enhanced CT scans of the chest, abdomen, and pelvis for patients with suspected ovarian cancer or borderline disease, based on ultrasound, MRI, or histopathological findings. Additionally, a working group led by the Gynaecology Cancer Unit Lead is exploring improved imaging selection tools, including the IOTA-ADNEX model, to better assess adnexal masses and guide diagnostic decisions.

Case: 23976: The PHSO found the Trust did not provide timely follow-up after complications following rectal prolapse surgery, as the patient's appointment was not brought forward despite concerns from both GP and hospital teams. Although this delay did not affect the clinical outcome, it caused avoidable distress due to a lack of timely reassurance and support. Key learning included strengthening escalation processes, improving timely access to care, and ensuring compassionate, patient-centred communication. The Trust accepted the findings in full, issued an unreserved apology, and offered £250 in recognition of the distress caused in accordance with the PHSO recommendations. The case was reviewed through the Surgery Care group internal governance processes, including the Surgery Quality and Safety Meeting where the need for timely advice, appropriate escalation, and earlier clinical review when a patient's condition changes has been reinforced. It was also acknowledged that outpatient capacity pressures may contribute to delays and this has been escalated to the Senior Leadership Team.

Case 463: The Trust accepted lapses in care in the Emergency Department and the distress caused. The PHSO recognised that the Trust's internal investigation had already identified what went wrong and that appropriate learning had been taken. Additional actions were required to reinforce this learning. In response, the Trust issued a full apology and implemented further improvements. Learning from the case has been shared directly with the clinician involved, with a clear focus on ensuring examinations take place in an appropriate clinical setting. Wider actions include improvements to the Emergency Department environment through a new building design and better access to take-home medications to support timely and safe discharge. The Trust paid £1,200 to acknowledge the avoidable distress experienced and confirmed our ongoing commitment to improving patient safety, clinical standards and communication with families.

The findings from these PHSO investigations are consistent with the Trust's own complaint analysis, with no new or unexpected themes identified. Issues relating to delays in assessment, diagnosis and follow-up, alongside gaps in communication, reassurance and escalation, mirror the Trust's most frequent complaint themes. This alignment provides assurance that the Trust is accurately identifying the key drivers of poor patient experience, particularly at known pressure points such as access to care and periods of uncertainty. The PHSO cases further reinforce that avoidable distress is often linked to how care is communicated and coordinated, even where clinical outcomes are unchanged.

The challenge for the Trust is to ensure consistent delivery of improvement actions to address these known themes and demonstrate measurable impact.

3. The subject matter of complaints that the body responsible received

In 2025/26, the most common complaint themes were delays or failures in treatment or procedures, communication with patients, and concerns about the attitude of both medical and nursing or midwifery staff. Delays or failures in diagnosis also featured prominently.

For complex complaints, the profile differed slightly. While delays or failures in treatment and diagnosis remained the most frequent issues, there was a greater focus on higher-risk concerns, including medication issues and unsafe discharges. Communication concerns in these cases were more often related to relatives and carers rather than patients themselves.

Healthwatch provides monthly reports summarising anonymous patient feedback relating to the Trust. The themes identified through this feedback closely align with those seen in formal complaints data, reinforcing the consistency of patient experience issues across multiple channels. Recurring concerns highlighted included: Communication challenges between staff and patients, delays in care and waiting times, discharge planning and coordination, staffing pressures and gaps in basic care and accessibility and equality issues (including repeated concerns relating to BSL interpretation, support for patients with disabilities, and dementia care).

Alongside these concerns, it should be noted that the Healthwatch feedback also contains consistent praise for the compassion, professionalism, and dedication of individual staff, specialist services (including oncology, cardiology, and audiology) and the overall quality of clinical treatment and outcomes.

Complaint Top 5 Themes	25/26 Q1	25/26 Q2	25/26 Q3	25/26 Q4	Total
Delay or failure in treatment or procedure	22	30	28	32	112
Communication with Patient	13	15	28	22	78
Attitude of medical staff	15	13	6	25	59
Attitude of nursing staff/midwives	13	16	19	9	57
Delay or failure to diagnose	13	16	9	17	55

Complex Complaint Top 5 Themes	25/26 Q1	25/26 Q2	25/26 Q3	25/26 Q4	Total
Delay or failure in treatment or procedure	7	4	11	8	30
Delay or failure to diagnose	2	4	7	6	19
Medication Issues	2	3	5	4	14
Discharge – Unsafe discharge	0	2	2	8	12
Communication with relatives/carers	2	2	3	5	12

NB: There are often multiple subjects within a single complaint, reflecting the complexity of many complaints.

3.1 Main Themes

Delays in clinical treatment, tests or diagnosis

Delays in clinical care are a consistent and prominent theme across complaints. Patients frequently described delays in diagnosis, missed or late investigations, and delays in treatment or procedures. This includes concerns about missed fractures, delayed identification of serious conditions (such as infections, neurological issues, or cardiac problems), and delays in follow-up action or specialist input.

In emergency and acute settings, people often reported long waits to be assessed or reviewed, sometimes alongside prolonged waits in ambulances or waiting areas. Delays were also evident in outpatient pathways, including long waits for surgery, diagnostics (e.g. MRI scans), and follow-up appointments.

The National Inpatient Survey 2024 identified ongoing concerns in pathway and flow (including waits and delays featuring strongly in negative free-text feedback), alongside some improvement in perceived waits for admission.

Why does this matter: long waits and lack of information leave people feeling anxious and forgotten and lead to a loss of confidence. Where they are unavoidable, the experience depends heavily on expectation setting and regular communication.

Communication (patients and families)

Communication issues remain a central theme across complaints. Patients and families described inconsistent, unclear, or conflicting information, particularly around diagnosis, treatment plans, and discharge arrangements. A recurring theme is fragmentation of care where multiple teams are involved. Patients described a lack of joined-up working, with poor handovers and unclear ownership of care.

There were repeated examples of patients not being told about key clinical events, deterioration, or results, families struggling to get updates or speak to clinicians, conflicting explanations from different staff members and lack of explanation about treatment decisions or delays.

Poor communication at key moments, such as breaking bad news, explaining diagnoses, or outlining plans, was particularly distressing. There were also concerns about communication between clinical teams, leading to fragmented care and inconsistent messaging. The National Inpatient Survey 2024 also highlighted communication gaps as a recurring negative theme, including people not being kept informed and needing clearer explanations.

Why does this matter: communication shapes how safe and cared for people feel. Even when care is clinically appropriate, poor communication can undermine confidence and escalate concerns into formal complaints. Integrated care is essential, particularly for complex patients. When coordination is weak, patients experience confusion and delays, and this is often perceived as unsafe. Consistency, clarity, and timely updates remain critical.

Staff values and behaviours

Feedback about staff behaviour featured strongly in many complaints. While some patients recognised the pressures staff are under, others described interactions as dismissive, abrupt, or lacking compassion. Patients reported feeling unheard, not taken seriously, or treated in a transactional way.

Concerns included perceived rudeness or lack of empathy, patients being labelled or dismissed (e.g. symptoms attributed to anxiety), poor handling of sensitive situations, including end-of-life care and staff not listening to patient concerns or family input.

However, complainants also gave positive feedback, particularly where individual staff showed kindness, sensitivity, or took time to support patients and families.

This theme was also reflected in the National Adult Inpatient Survey 2024, where “staff” was the most frequently commented theme. Positive comments focused on compassion and

professionalism, while negative feedback described interactions that felt hurried, transactional, or lacking empathy, often linked to pressures on staffing and workload.

Ward audits have provided additional context, highlighting the impact of challenging patient behaviours, including violence and aggression, that staff are required to manage alongside routine care. This further illustrates the difficult operating environment on some wards and the cumulative pressure placed on staff. These challenges, when combined with high acuity, staffing pressures and workload demands, may contribute to strain on behaviours, communication, and patient experience if not appropriately supported.

Why does this matter: behaviour and tone remain key drivers of patient experience. Small interactions have a large impact, especially when people are anxious or vulnerable. In pressured environments, values-based leadership and support for staff are essential to maintain compassionate care.

Problems with discharge, transfers, and coordination of care

Discharge and patient flow issues were widely reported. Many patients and families described discharge as poorly coordinated, rushed, or unsafe. Concerns included lack of care plans, missing or incorrect medication, and inadequate communication with patients, families, or community services.

There were also frequent issues with: transfers between wards or services without clear communication, multiple ward moves leading to loss of continuity, poor coordination between teams and external services and inadequate follow-up or support after discharge. In some cases, patients deteriorated shortly after discharge, contributing to distress and loss of confidence.

Why does this matter: discharge is a high-risk point in the patient pathway. Failures in coordination or communication can undermine otherwise good care and lead to avoidable harm or readmission. Clear planning, accurate documentation, and partnership with patients and families are essential.

Appointments, access, and administrative processes

Administrative issues were a consistent source of frustration. Patients described cancellations at short notice, long waits for appointments, and difficulty contacting services by telephone. There were also concerns about access to booking systems, responsiveness of administrative teams and confusion around waiting lists or referral processes.

In some cases, administrative failures such as lack of follow-up after appointments or tests, directly delayed clinical care. In the National Inpatient Survey 2024, pathway of care feedback also included negatives around waits and process issues in the patient journey.

Why does this matter: reliable administrative processes underpin patient confidence. When systems are difficult to access or unreliable, people turn to PALS or complaints processes. Improving access and responsiveness can reduce escalation and improve overall patient experience.

Patient care and basic needs

A significant number of complaints relate to fundamental aspects of care. Patients described issues with hygiene, nutrition, hydration, continence care, and timely assistance. Some reported being left in discomfort or distress, including delayed responses to call bells or not receiving help when needed. There were also concerns about medication management,

including delays, missed doses, or errors, as well as monitoring and escalation of deteriorating patients.

Why does this matter: basic care needs strongly influence how people experience services. When these are not met, it quickly erodes trust and can make care feel unsafe or neglectful. Strengthening oversight of fundamental care remains essential.

3.2 Thematic summary by Care Group

Medicine Care Group
Concerns largely relate to delays in diagnosis and treatment, communication with families, and basic care needs. Emergency care pathways feature prominently, including long waits, delayed assessments, and concerns about safety netting. Patients want timely clinical decisions, clear communication, and consistent care.

Surgery Care Group
Themes include delays in procedures and diagnostics, post-operative care concerns, and communication issues. Patients often described uncertainty about plans and delays in treatment pathways. Experience is strongly influenced by how well care is coordinated and explained.

Family Health Care Group
Complaints frequently relate to maternity and paediatric care, particularly around communication, consent, and decision-making. Patients often described feeling vulnerable and reliant on staff to explain what was happening clearly and sensitively.

Cancer, Specialist and Clinical Support Services (CSCS)
Key issues include delays in diagnostics and results, communication gaps, and difficulties accessing services. Patients highlighted frustration with waiting times and unclear pathways, particularly where conditions are serious or ongoing.

Corporate Services
Concerns focus on administrative processes, communication, and facilities. Patients described difficulties in accessing services, booking appointments, and interacting with non-clinical staff. These issues often act as triggers for wider dissatisfaction.

3.3 Communication: Accessible Information Standard

All NHS organisations are legally required to comply with the Accessible Information Standard. The Standard sets out a clear and consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

In 2025/26 three complaints related to the Accessible Information Standard.

Case 3633: The complaint highlighted that the Contact Centre relied too heavily on phone access, with no suitable alternatives for patients with communication needs. This created delays, reliance on PALS, and potential inequity. The investigation confirmed these gaps. In response, the Trust introduced a direct email contact for appointment queries, acknowledged the shortfall, and committed to improving accessible communication options going forward.

Case 3925: A parent raised concerns that no quiet waiting area or alternative provision was available for her child with ADHD. She reported that no reasonable adjustments were offered

to support her child's needs, which impacted their experience within the department. Contact was made with the Equality and Diversity Lead to seek advice on potential improvements to both the environment and wider patient experience. This case highlighted an opportunity to strengthen the consistency of reasonable adjustments for neurodiverse children, particularly in relation to the availability of quiet spaces and staff awareness of individual needs.

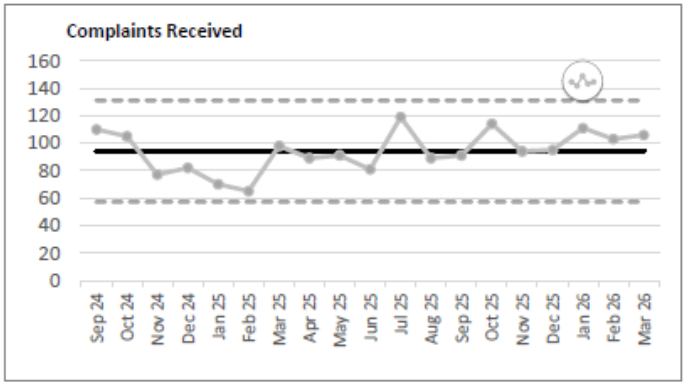
Case 3653: This complaint highlighted how reliance on certain communication methods can create barriers for patients with specific needs. An 87-year-old patient was unable to use email and experienced significant difficulty accessing the Audiology service due to long telephone waits and lack of queue information. The case reflects wider digital exclusion issues, particularly for older patients, and reinforces the requirement to provide accessible, appropriate communication routes. While service pressures (staffing shortages and backlog) contributed to delays, the experience highlighted the importance of offering alternative, non-digital access options. Actions taken included arranging the required appointment, providing a direct contact route for future queries, and feeding back suggestions to improve telephone accessibility (including clearer wait information and increased staffing cover).

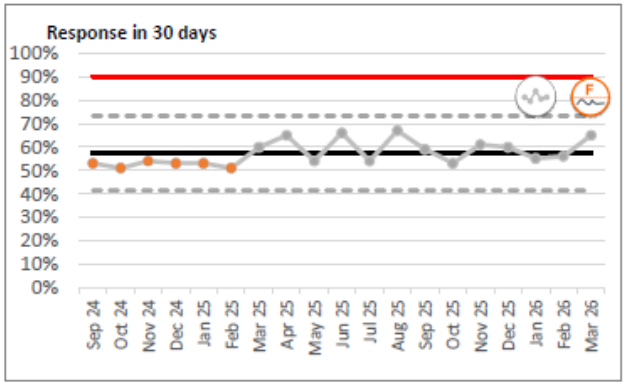
4. Any matters of general importance arising out of those complaints, or the way in which the complaints were handled

National guidance supports a proportionate approach to complaint handling. In practice, this means providing a clear and honest response as quickly as possible, while taking account of the complexity of the issues, the level of investigation required, and whether more than one service or organisation is involved. This helps ensure straightforward concerns are resolved without delay, while more complex cases receive the time and coordination they need.

Under the Trust's current approach, complaints are expected to be responded to within 30 working days. Where a complaint is identified as complex, a response timeframe of 45 working days is applied. This approach aims to set realistic and achievable timescales while maintaining a focus on timely, patient-centred resolution.

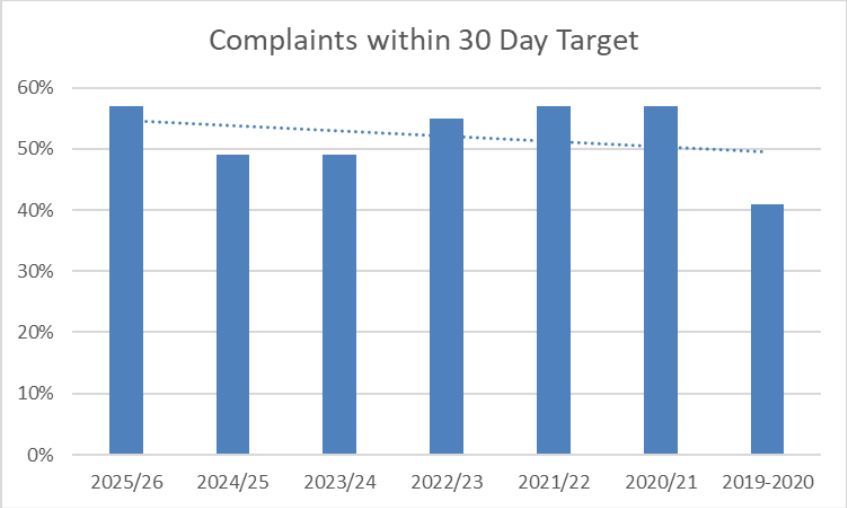
Complaint Performance 2025/26





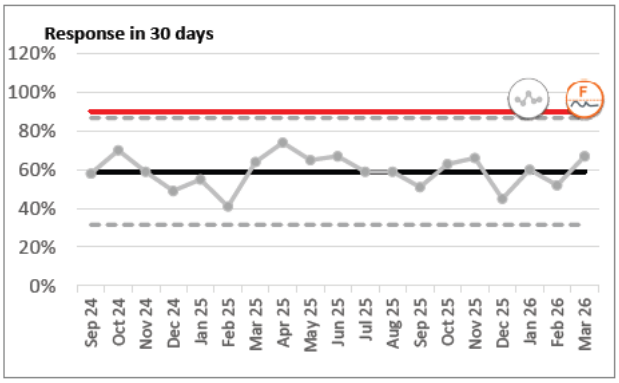
On average, 57% of closed complaints met the Trust's 30-day response target, representing a 16% improvement on the previous year.

2025/26	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
57%	49%	49%	55%	57%	57%	41%

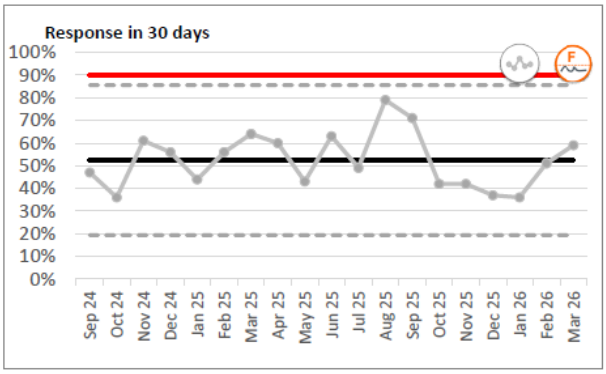


Care Group percentage performance per month (working days)

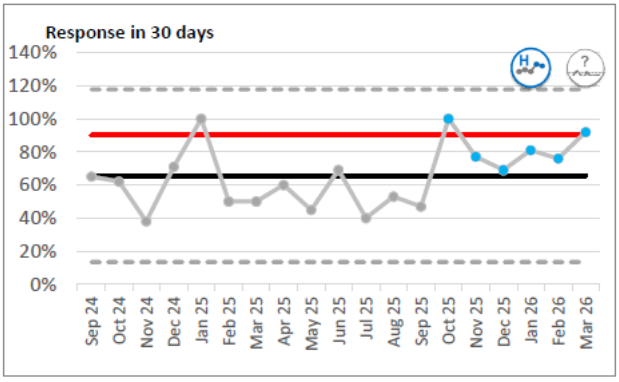
Medicine



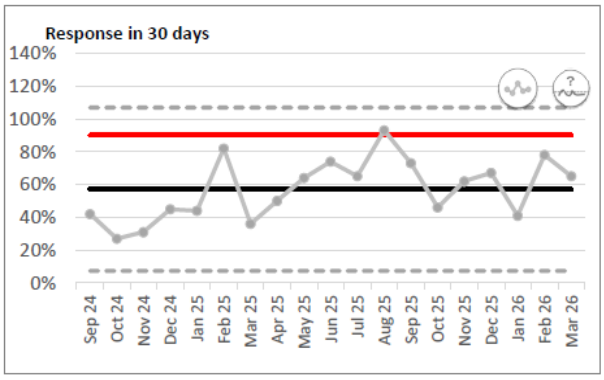
Surgery



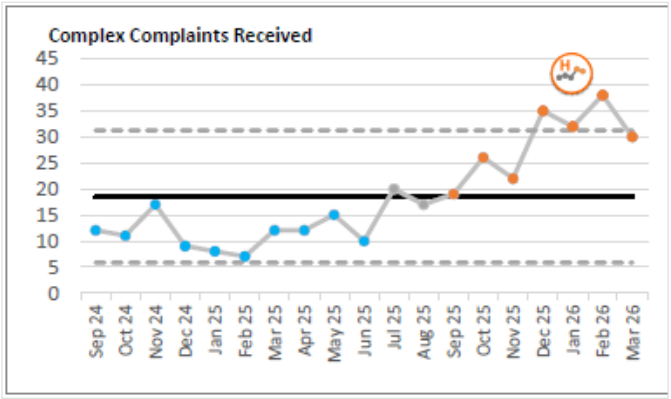
CSCS

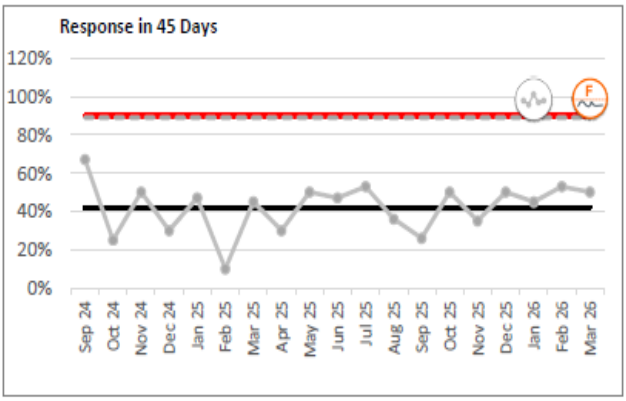


Family Health



Complex Complaint Performance 2025/26

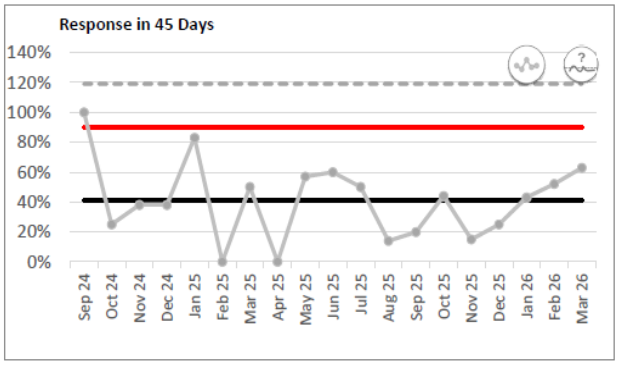




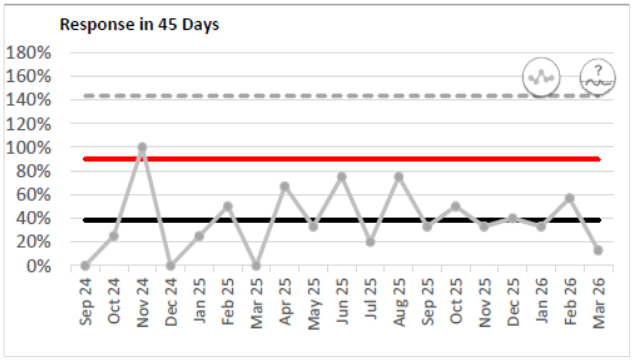
On average, 44% of closed complex complaints met the Trust's 45-day response target.

Care Group percentage performance per month (working days)

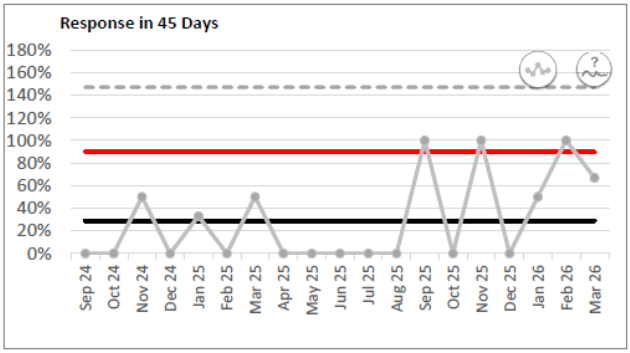
Medicine



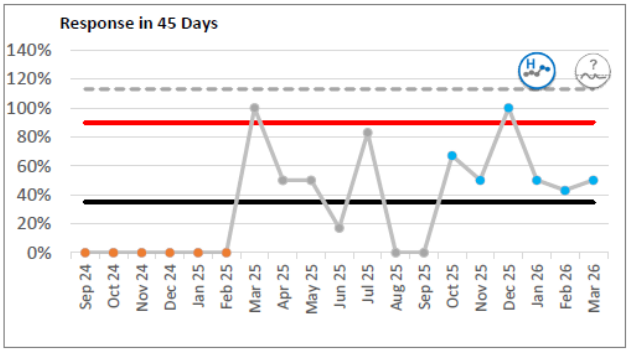
Surgery



CSCS



Family Health



5. Care Group Actions to improve performance

Care groups are expected to improve complaint handling by responding earlier and closer to the point of care, making prompt contact with patients, and improving overall timeliness. This includes stronger oversight of cases, regular review of themes and learning, and ensuring staff have the skills and support to manage complaints effectively.

The introduction of a zero-tolerance approach reinforces these expectations by making clear that missed response timescales are no longer acceptable. Care groups are now expected to meet agreed deadlines consistently, with increased accountability where this is not achieved, supported by strengthened processes and leadership oversight.

Online training for investigators as well as writing skills training has been delivered. The training seeks to embed effective and engaged investigations, empathetic responses, and appropriate and effective learning within the Trust's handling of complaints.

Assurance is provided through strengthened governance arrangements, including regular care group review of complaints, enhanced oversight by senior leaders, and reporting through the Patient Experience Subcommittee and Trust Board. There is also a clear emphasis on using complaints data to identify themes, implement learning, and evidence service improvement.

6. Examples of actions that have been taken to improve services as a result of complaints

Care groups will be responsible for ensuring that complaint and concerns key themes, learning and actions are clearly captured within their care group improvement plans. This learning should be routinely triangulated with other sources of patient feedback, incidents, and patient safety data. This approach will support a more comprehensive understanding of risk, help identify recurring and systemic issues, and ensure that improvement activity is evidence-based, aligned, measurable and focused on preventing repeat harm and improving patient experience.

Medicine Care Group

The Medicine Quality Improvement and Patient Experience Group (QIPEG) has been established to provide clear oversight and delivery of improvement actions arising from complaints, concerns, patient feedback, PSIIs, AARs, and audits. The improvement plan focuses on strengthening communication, improving care processes, building staff capability, and providing assurance that learning leads to measurable change for patients.

QIPEG is fully operational, with agreed Terms of Reference approved at Care Group Board, a dedicated Teams channel, and a standard agenda in place. This provides a consistent structure for reviewing themes, monitoring progress, and escalating risks.

The plan prioritises improving communication and staff behaviours across the patient journey, with work underway to develop a standard covering admission, inpatient stay, discharge, and post-discharge. Early activity has focused on improving admission conversations, involving unpaid carers, using care plans effectively, and supporting early, verbal resolution of concerns at ward level.

Actions to improve patient care include staff training in patient experience and communication, reducing deconditioning, improving discharge processes, better use of digital tools such as Nervecentre, and clearer communication of waiting times and appointments. Clinical actions address discharge reliability, nutrition and hydration, clinic utilisation, and use of clinical criteria for discharge.

Governance and assurance have been strengthened through weekly complaints assurance meetings, rapid improvement complaint days, specialty quality meetings, and triangulation of learning from multiple sources. While some workforce challenges remain following management restructuring, mitigation and recruitment plans are in place.

Overall, the majority of actions are on track or complete and demonstrate a coordinated approach to improving patient experience and care within Medicine.

Surgery Care Group

A monthly nursing-led Quality Improvement (QI) meeting has been introduced, chaired by matrons and the Head of Nursing, to address recurring complaint themes. Priority areas align directly with complaints and include communication (including staff attitude), discharge planning, care of patients in side rooms, pain relief, and out-of-hours mobility support. Small multidisciplinary working groups have been set up for each theme. They provide monthly updates, with actions escalated through Care Group Patient Quality Group and Governance meetings to support wider learning and consistency across services.

Communication: Bedside handovers are being rolled out across all surgical wards to improve information sharing and patient involvement.

Daily Ward Manager (or Nurse in Charge) rounds ensure patients and families understand care plans and allow issues to be addressed promptly.

The Surgical “Communication Promise” remains in place at the bedside, including clear routes to escalate concerns to matrons.

Complaints relating to communication in side rooms are being used to target improvements. Further work is planned to review complaints in more detail to identify specialty-specific or medical communication issues, including ward round communication.

Discharge: A relaunch of the Trust Discharge Checklist is underway, supported by Matron assurance through daily rounds. Barriers to completion have been reviewed with ward managers. Compliance and impact are monitored through the QI forum. Communication improvements are expected to further strengthen discharge planning.

Workforce and care delivery: Development of the HCA workforce to undertake mobility assessments out of hours is underway to improve patient flow and experience.
Leadership development sessions (“Time Out” events) for Ward Managers and Band 6 staff are planned to reinforce expectations and improvement priorities.
Objectives for Bands 7/6/5/2 are being reviewed to explicitly include complaint themes, improvement activity, and training, supporting accountability through appraisal.

Urology: Matron leadership has been reinstated within Urology Outpatients, supported by a focused working group. Work is ongoing to improve clinic efficiency, staffing models, and to expand care delivery outside the hospital setting in partnership with community and independent providers.

Family Health Care Group

Family Health services are taking a targeted and coordinated approach to address themes arising from patient experience feedback, complaints, and concerns, particularly in relation to access, communication, and pathway clarity.

Gynaecology: Ongoing liaison is taking place with clinical and operational teams to review complaint waiting times within Gynaecology and identify issues within referral and treatment pathways. Patient experience feedback is being actively used to highlight the impact of delays on patients and to inform prioritisation, risk discussions, and service planning. Communication with patients has been strengthened to provide clearer information and reassurance while actions are progressed, including signposting to appropriate services for advice, such as Hysteroscopy and Colposcopy Registered Nurses.

Concerns relating to referral rejections are managed on an individual, case-by-case basis. Each case is reviewed with clinical teams to ensure referral decisions are appropriate, with feedback provided to General Practitioners where required. Patients receive clearer explanations of outcomes and next steps, including signposting back to primary care when appropriate. Learning from individual cases is systematically fed back to services to reduce repeat concerns and improve consistency in decision-making and communication. Work is underway to improve the clarity and consistency of patient-facing correspondence, including a review of letters and responses. Key communication themes and learning are shared with both clinical and administrative teams to support a more standardised approach. Ongoing patient experience feedback is being used to refine, embed, and monitor improvements.

Children’s and neonatal services: Feedback mechanisms have been reviewed and confirmed. The Parent and Carer Survey is completed by adults about their child’s experience. The Children and Young People (CYP) Survey is completed directly by children

or young people using age appropriate, accessible language. Entry routes via QR code and SMS will begin with a clear choice: “I am a parent or carer completing this about my child.” “I am a child or young person completing this myself.” A single link will be used for both routes, with the Gather system presenting the appropriate survey version automatically. Implementation is pending rollout.

CSCS Care Group

CSCS is taking a structured and coordinated approach to improving patient experience, with a clear focus on acting on themes from complaints and patient feedback, particularly in relation to access, delays, communication, and diagnostic pathways.

Weekly complaints meetings to monitor timescales and provide support to investigating officers are established within the Care Group alongside monthly Care Group Patient Experience Group meetings to review themes from complaints alongside Gather Friends and Family Test feedback. This provides a consistent forum for identifying priority issues, understanding the patient perspective, and agreeing targeted actions.

Specialty-led improvement: Specialties are responsible for developing and delivering improvement projects in response to identified themes. These projects focus on reducing delays, improving communication with patients, strengthening appointment reliability, and ensuring patients are clear about what to expect from their care. Progress is regularly presented and discussed at the Patient Experience Subcommittee, supporting shared learning and collective oversight.

Ophthalmology: Accounts for one third of complaints and concerns and is reflective of the size of the service. Improvement work is in progress with the Equality, Diversity & Inclusion (EDI) Lead regarding access to interpreters. An improvement plan is in place to address repeated cancellations and the introduction of a failsafe guardian to reduce the risk of delays in treatment and follow-up.

Radiology: Accounts for one third of complaints and concerns and is also reflective of the size of the service. A candour panel is in place in accordance with national guidance for missed radiological diagnosis. Work is planned to understand the communication issues between teams and clinical audits will be utilised to share learning regarding the impact of positive communication on a patient’s journey.

Communication & Staff Attitudes: Multiple specialties across the care group are engaging with the Organisation Development Team. Bespoke work is being undertaken on communication between staff, patients and relatives.

Monitoring and escalation: Actions are clearly tracked and routinely reviewed by the Patient Experience Subcommittee. Where progress is limited or risks are identified, these are escalated through Care Group governance processes to ensure timely resolution.

Governance and assurance: Patient experience themes, actions and progress are reported through the Care Group Board, with key risks and escalated issues presented to the Patient Experience Subcommittee. This ensures appropriate oversight and provides assurance that patient feedback is driving measurable improvement.

7. Looking Ahead: Quality Priorities 2026/27

The Trust is shifting towards a more proactive and preventative approach to complaints and concerns, with a stronger emphasis on early communication and resolution to avoid escalation. Over the next year, four corporate priorities will underpin this work, aimed at

improving responsiveness, strengthening care group accountability, and embedding a culture of early intervention, learning, and continuous improvement:

Education: Expanding What Matters to You? training, customer care and communication skills, and complaints management training for Investigating Officers. This will build staff confidence and capability to have effective, compassionate conversations and address concerns promptly.

Culture and communication: Promoting a Trust-wide culture that encourages staff to address issues in the moment, listen carefully to patient concerns, and resolve problems early to improve overall patient experience.

Triangulation and prevention: Using intelligence from complaints, PALS, incidents, feedback, and equality data to identify themes, inform patient-centred improvement, reduce avoidable harm, and address health inequalities.

Timely resolution: Ensuring that any concerns or complaints that cannot be resolved immediately are managed within Trust policy timescales, with clear oversight, accountability, and escalation where required.

8. Alignment with the CQC Framework

Safe: Learning from complaints and PHSO cases is used to strengthen clinical processes, escalation, and monitoring. This provides assurance that safety issues are identified, investigated and addressed.

Effective: Complaints are managed within statutory requirements and national guidance, with structured investigation processes and outcome recording. Learning is translated into Care Group improvement plans and tracked through governance, supporting evidence-based improvements in care delivery.

Caring: Training, early resolution approaches, and a focus on compassionate communication demonstrate a commitment to improving how patients and families are treated.

Responsive: There is a strong emphasis on timely, patient-centred responses, with defined response standards and improved performance. Themes such as access, delays, and communication are being actively addressed, alongside a shift towards earlier resolution and improved accessibility.

Well-led: Complaints are overseen through clear structures, including Care Groups, the Patient Experience Subcommittee, and Board reporting. There is robust executive oversight, triangulation of data, and a clear link between feedback, learning, and service improvement.

This report demonstrates alignment across all CQC domains, with clear governance, executive oversight, and a structured approach to learning from complaints. Feedback is triangulated, acted on, and driving measurable improvements in safety, responsiveness, and patient experience.

9. Conclusion and request for the Council

Feedback from patients, families and carers offers important insight into how care is delivered in practice. It highlights both what is working well and where improvement is needed.

This report shows that there are a number of recurring patient experience issues: communication, delays and waiting, discharge quality and medicines information, appointments/access, and values and behaviours.

These themes are strongly consistent with the Trust's National Adult Inpatient Survey 2024 findings and PHSO findings and provide a clear and reliable picture of where experience deteriorates most for patients and families: at points of uncertainty (waiting), at transitions (discharge), and where communication is inconsistent.

The priority is to ensure Care Groups can evidence practical improvement actions, monitor impact over time, and demonstrate learning through governance reporting, so that patient feedback results in visible, sustained change.

The Council is asked to note the contents of the report and continue to support the work being undertaken to improve patient experience.

10. Our Data

The findings in this report are derived from data provided by the Quality and Safety Datix Team.

Date: 29 May 2026

Item 10

Report to:	Council of Governors
Date of Meeting:	9th September 2026
Subject:	Maternity Update
Director Sponsor:	Joseph Hague, Chief Nurse
Author:	Jo Hadley, Deputy Director of Midwifery

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☒ Regulatory Requirement ☐

Trust Objectives

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

Board Assurance Framework

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

Equality Impact Assessment Concluded
(please document in report)

☐ Yes
☐ No
☐ Not Applicable

Executive Summary:

The report is to provide the Council an update on the trust's maternity services.

Recommendation:

The Council is asked to note the progress made and future plans.

Maternity & Neonatal Services
York & Scarborough

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Council of Governers – Maternity Update

Q&S Data: June 2026

Workforce and Operational delivery data July 2026

Regulatory and NHSE Update

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Key Achievements

- Section 31 conditions were successfully lifted on 27 October 2025, marking a significant milestone in the service's improvement journey.
- In May 2026, maternity and neonatal services stepped down from NHS England Intensive Support to Targeted Support, reflecting sustained progress and increased confidence in local improvement arrangements.
- Following an NHS England review in June 2026, services transitioned from the National Maternity Support Programme to regional oversight, recognising improvements in governance, quality and safety.
- Completion of the CQC follow-up inspection in April 2026, providing assurance on improvements implemented across maternity and neonatal services. Final report awaited.
- The Regional Heatmap reflect these improvements with a significant reduction in the Trust score.

Regional Maternity Heatmap

Data refreshed: 24/07/2026 09:31:06

Provider Scoring Summary

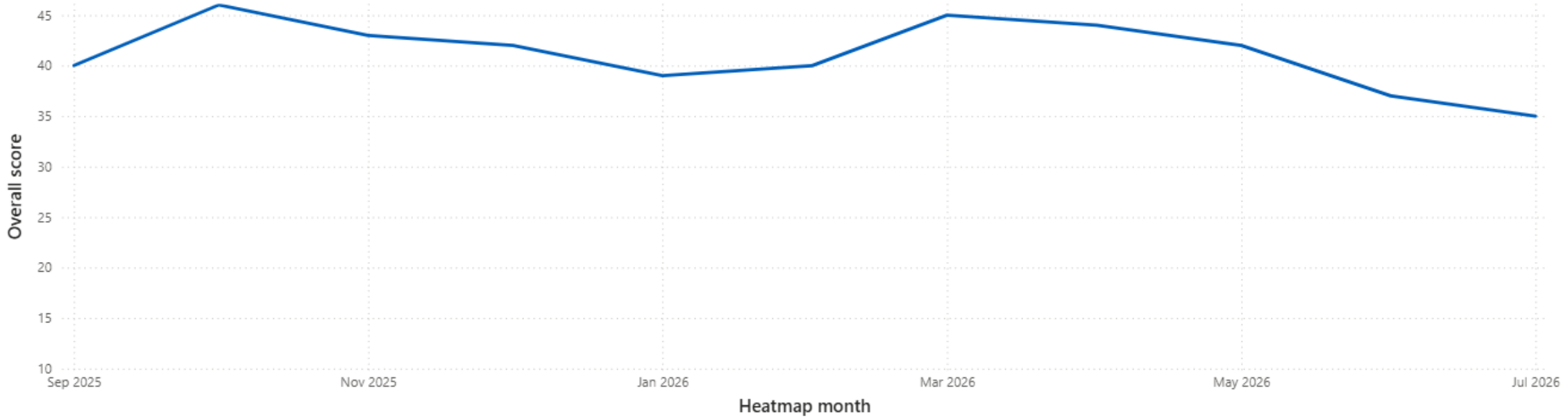
Region: North East and Yorkshire

NHS England

Select a trust

YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATI...

Overall heatmap score by month



Heatmap month	Overall score	CQC Mat overall rating	Stake holder concerns	CQC S29a	CQC s31	Ext. ind. review	Coroner reg 28	Mat Oversight	MIS	CNST repayment	Eth. DQ	CQC Mat Survey	SBL	Midwives vac.	MSW vac.	Obs vac.	Unfilled roles	Snr L'ship not in post	Safety champs	Birthrate + (last 3 yrs)	Neonatal death rate	Perinatal death rate	Stillbirth rate	MOSS
July 2026	35.0	5.0	3	0	0	0	0	3	3	0	0	3	5	1	2		1	0	0	0	3	3	3	0
June 2026	37.0	5.0	3	0	0	0	0	3	3	0	0	3	5	1	4		1	0	0	0	3	3	3	0
May 2026	42.0	5.0	3	0	0	0	0	3	3	0	0	3	5	0	5		1	5	0	0	3	3	3	0
April 2026	44.0	5.0	3	0	0	0	0	5	3	0	0	3	5	0	5		1	5	0	0	3	3	3	0
March 2026	45.0	5.0	3	0	0	0	0	5	4	0	0	3	5	0	5		1	5	0	0	3	3	3	0
February 2026	40.0	5.0	2	0	0	0	0	5	4	0	0	3	4	0	4		1	5	0	0	1	3	3	0
January 2026	39.0	5.0	1	0	0	0	0	5	4	0	0	3	4	0	4		1	5	0	0	1	3	3	0
December 2025	42.0	5.0	2	0	0	0	0	5	4	0	0	3	4	0	4		3	5	0	0	1	3	3	0
November 2025	43.0	5.0	1	0	0	0	0	5	4	0	0	3	5	1	4		3	5	0	0	1	3	3	0
October 2025	46.0	5.0	0	0	5	0	0	5	4	0	0	3	5	0	4		3	5	0	0	1	3	3	0

Maternity and Neonatal Service User Feedback Findings

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Demographics (n=6)

- 67% York births, 33% Scarborough births
- 50% planned caesarean births
- 33% spontaneous vaginal births
- Age range represented: 18–45 years
- 100% White ethnicity among respondents who answered
- Responses received from York and East Coast postcode areas

What women and birthing people want us to improve:

- Communication and information: conflicting advice - induction information, appointments, test results and Badger Notes
- Postnatal care variation: discharge delays, inconsistent ward experiences and communication issues
- Community postnatal support: limited home visits, travel requirements and reduced continuity

High level positive feedback

- Predominantly positive feedback across the maternity pathway
- Women valued continuity of care, feeling listened to, compassionate care, safety during labour and involvement in decisions
- Key strengths: antenatal care, labour and birth experience, decision making, feeding choice support and staff compassion

Next steps

- Continue to promote survey via MNVP and community midwives
- Review survey results each month
- QI work around consistency of communication, postnatal care both in hospital and in community is in the single improvement plan and will be reviewed to ensure this continues to reflect feedback from the survey.

June 2026 Maternity Experience – MNVP

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Key Message: Families reported highly personalised, compassionate and well-coordinated care, with several opportunities identified to improve consistency of communication and postnatal experience.

What is working well

- Women felt more listened to, informed and respected
- Strong community midwife relationships and continuity
- Calm, reassuring labour and emergency birth care
- High-quality specialist, antenatal and monitoring support
- Respect for informed choice and personalised care
- Positive, postnatal and home birth experiences

Opportunities for improvement

- Notes not consistently reviewed; repetition of history
- Conflicting advice between professionals
- Gaps in breastfeeding and infant feeding support
- Gestational diabetes pathway delays and confusion
- Inconsistent postnatal communication and pain management
- Greater recognition of neonatal parent needs
- Improve home birth information

YORK & SCARBOROUGH
Maternity & Neonatal Voices
Working in partnership to improve maternity & neonatal services

June 2026 Neonatal Experience – MNVP

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Overall feedback was overwhelmingly positive, with families highlighting communication, involvement in care, compassionate staff support and respect for individual choices.

- Clear communication and shared decision-making
- Highly valued neonatal and Ward 12 support
- Parents actively involved in care (FICare approach)
- Feeding choices supported and respected
- Calm, coordinated and responsive clinical teams
- Practical support reduced family stress

YORK & SCARBOROUGH
Maternity & Neonatal Voices
Working in partnership to improve maternity & neonatal services

Maternity & Neonatal Improvement Programme

York and Scarborough Teaching Hospitals NHS Foundation Trust

Decision

- In July 2026, Trust Board agreed to pause the overarching Maternity and Neonatal Single Improvement Plan until December 2026. This decision to pause allows Maternity and Neonatal services to focus delivery on the four national priorities below.

Delivery focus through August - December

- 10 Point Plan following the AMOS and Nottingham reports
- Saving Babies' Lives Care Bundle Version 3.2
- Maternal Care Bundle requirements
- Maternity Incentive Scheme (MIS) Year 8

Progress reporting

- July: Saving Babies' Lives and Maternal Care Bundle papers reported progress to Maternity Directorate and Maternity Neonatal Assurance Group, with agreement of quarterly progress updates.
- August: Progress highlight reports for MIS and the 10-point plan have commenced.

Next Steps

- A full review of the Single Improvement Plan will commence following publication of the anticipated national action plan in December 2026.

Maternity & Neonatal Highlight Report

AMOS 10 Point Plan

Workstream Leads:
Director of Midwifery and Deputy Director of Midwifery

York and Scarborough Teaching Hospitals NHS Foundation Trust

OVERALL STATUS	Scope	Resources	Issues	Quality	Risks	Progress

Summary of Current Status and RAG Explanation

Progress:
In response to the 10-point plan, a locally developed action plan has been produced and will be rolled into the Single Improvement Plan and will be monitored on a bespoke reporting dashboard which is in development.

Pending Escalations and Decisions:

Summary of activity

Key Activities this month (July 2026)	Activity planned for next month (August 2026)
• Reviewed System letter and developed initial response • Facilitated drop-in sessions for all staff groups across family care group following publication of the Amos and Nottingham reports • Interviews held for the cross-site Clinical Standards and Culture Lead Midwife role • Undertook a Maternal Care Bundle benchmarking exercise • Progressed with BR+ recommended recruitment outlined in the business case agreed by Trust board in July 2025 • Commenced implementation of phased recruitment in line with increase in budgeted establishment from April 2026 • Co-developed birth choices guidelines with MNVP • Completed a bereavement service review against the National Bereavement Care Pathway • Completed a gap analysis of current trauma informed service provision across the Trust • Benchmarked the maternity triage service against the RCOG Good Principles for Triage Guidance • Benchmarked maternity triage service provision against the National Maternity Triage Specification • Cancer Specailst and Clinical Services provided a written report to Trust Board in response to Human Tissue Act requirements	• Director of midwifery to meet with critical care team to discuss capacity to support roll out of Martha's rule in maternity services • Ratify co-produced Birth Choices Guidelines • Continue Duty of Candor quarterly audits • Undertake assessment using national Maternity Triage Diagnostic Tool (expected release date August)

Maternity & Neonatal Highlight Report

Maternity Incentive Scheme Year 8

Workstream Leads:
Sarah Gallagher – Quality and Governance Lead

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Maternity incentive scheme (MIS) – Year 8 quarterly progress

Please provide a high-level quarterly overview of progress against the six MIS Year 8 core safety actions

MIS Year 8 core safety action	RAG status (this quarter)	Key progress / improvements	Risks, gaps or mitigations	Board oversight
A. Workforce & capacity	🟠	Compliance for MIS Y7 and expected for Y8	Further investment of £1.5m planned for 27/28.	✓ Received & June 2026
B. Training	🟢	Compliant for MIS Y7 and anticipated for Y8		✓ Received & June 2026
c. Learning from reviews and investigations	🟠	Partially complaint for MIS Y7, full compliance anticipated for Y8	Improved process for PMRT and recruitment of dedicated Midwife in Q2	✓ Received & June 2026
D. Service-user voice & equity	🟠	Service user voice embedded throughout quality improvement work and governance	Improvement work regarding accessible information and interpretation/ translation services embedded in improvement plan. Implementation by April 2027	✓ Received & June 2026
E. Care bundles (SBLCB / MCB)	🟠	Non-compliant with SBL care bundle – 78% implemented Q4 25/26 Benchmarking in progress for MCB	Improvement work and timelines agreed to ensure full compliance with SBL care bundle by March 2027	✓ Received & June 2026
F. Board oversight, governance & culture	🟢	Compliant for MIS Y7 and anticipated for Y8		✓ Received & June 2026

Overview of progress on MIS year 8 safety action requirements

NHS Resolution

Safety Action	Not started	Compliance risk	In progress & on track	Meets compliance	Fully embedded	Total sub-actions
A	1	0	6	0	0	7
B	0	2	3	0	0	5
C	0	0	5	1	0	6
D	0	1	1	0	0	2
E	1	0	2	0	0	2
F	0	0	4	0	0	4
Local work	0	0	0	0	0	0
National	0	0	0	0	0	0
Total	2	3	21	1	0	

Summary of activity

Key Activities this month (July 2026)	Activity planned for next month (August 2026)
• All safety actions (A-F) have been allocated a senior lead • Benchmarking for Year 8 against current position and Year 7 started	• Benchmarking to be completed • Lead to meet with each safety action senior lead to agree actions

Maternity & Neonatal Highlight Report

Transitional care

Workstream Leads:
Mollie Smith – Transitional Care Lead Cross-site

York and Scarborough Teaching Hospitals NHS Foundation Trust

OVERALL STATUS	Scope	Resources	Issues	Quality	Risks	Progress

Summary of Current Status and RAG Explanation:

The Trust was non-compliant with the Maternity Incentive Scheme (MIS) Safety Action 3 for Transitional Care (TC) in 2025/26. The requirement for TC has been removed from MIS Y8 however the Trust continues to actively work towards implementation cross-site. £272,000 awarded from the Maternity Incentive Scheme Y5. £261,000 received from the MIS Y6 to support Safety Action 3 requirements.

The project is currently off track and has interdependent risks associated with the decant of SCBU at York and proposed decant of SCBU at SGH to support roof renovations. Ability to operationalise TC is dependent on approval of the Front-line Neonatal Staffing Establishment Business Case currently in development.

Pending Escalations and Decisions:

Fixed term Transitional Care Lead post ends April 2027.
Transitional Care Lead commences maternity leave in November 2026.

Summary of activity

Key Activities completed May - July 2026	Next Steps
• ATAIN QI kick off group meeting completed and date in diary for working group (28/07/26). Focusing on antenatal parental education, staff education on the transitioning infant and flow chart for managing the transitioning infant. • All NTC equipment has now been delivered. • Boston Reclining chairs have been distributed across Maternity services at SGH to support pilot of QI project for partners • NTC Guideline signed off across Maternity and Child Health • Staff training across maternity/neonates on bilicocoon devices earmarked for September • MNVP poster for parents staying cot side distributed in SGH • SIP timeline updated to accommodate LNU decant; 1 year delay. • Meeting on 22/07/26 with SLT and finance to discuss commissioning of neonatal outreach. Agreement that we need to present information to spec com before business case submission. Next meeting in diary to present info to SLT/MDT 19/08/26. • ODN meeting at SGH on 02/07/26 - drive to start TC at SGH soon, need to discuss reduction in SCBU cots/staffing options	• York TC earmarked completion: December 2026 (pending renovation completion deadlines being met). • Neonatal staff establishment to be agreed by Senior Leadership Team and signed off by Family Health Care Group Board and Trust Board/ODN. • Submit business case for Neonatal Frontline, Transitional Care Workforce and Neonatal Outreach following SLT approval. • Identify resources for training for TC/data quality. • Gain clarity on commissioning of Neonatal Outreach services at York. • Review and approve job descriptions and agree recruitment plans. • Agree with ODN the cot capacity levels.

Midwifery Workforce Position at 31/07/2026

York and Scarborough Teaching Hospitals NHS Foundation Trust

	Band 5/6	Band 3/4
Establishment budget	174.61 WTE	42.96 WTE
Staff in post	162.28 WTE (of which 25.33 WTE are band 5)	41.13WTE
Substantive Vacancy	12.33 WTE	1.83 WTE
Maternity Leave	8.08 WTE (4.67 WTE York & 3.32 WTE Scarborough)	2.59 WTE (1.59 WTE York & 1.00 WTE Scarborough)
Recruitment vacancy	20.41	4.42
Supernumerary	4.89 WTE	
Sickness	8.17 WTE	
Roster vacancy	33.47 WTE	

The table above reflects the Maternity Workforce position as at the end of July and does not include any new recruits who have yet to commence in post. Additional 4% headroom to be added in August.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 11

Report to:	Council of Governors
Date of Meeting:	9 September 2026
Subject:	NED Assurance Questions from Governors
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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

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

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.
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Board Assurance Framework

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

Equality Impact Assessment Concluded
(please document in report)

☐ Yes

☐ No

☒ Not Applicable

Recommendation:
This paper provides the questions collated from the Governors for the NEDs to answer at the meeting. The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

NED Assurance Questions from Governors

- **Questions from Public Governors**

TRAFFIC CONGESTION - YH
Q1: Wigginton Road - The Trust has failed to take any action to help alleviate traffic congestion on Wigginton Road when the York hospital car park is full. Has the hospital considered any of the ideas put forward by a member of the public in an email dated 21/06/26 addressed to the Chair? (appendix A) The Trust has reviewed the suggestions set out in Appendix A. Patient letters already have a URL on our letters directing patients to our website. Our ability to do anything more agile than that is limited due to the way our current CPD system configuration works. Thank you for your helpful suggestions for improving the information on our website. We are in the process of reviewing, but in the meantime we have added information about busy times and the alternative car parks at Clarence Street, Lord Mayors Walk and Bootham Row Car Park. The Bootham Park driveway and Scarborough terrace/Grosvenor terrace are not owned by the Trust. A rail link would mean losing space we have for car parking, and would be multi-million investment requirement across multi-agencies. With regard to utilisation of the multi-storey car park, we have increased car park charges to match those charged by the City Council. We do offer some concessions such as for disabled divers, relatives visiting palliative care patients. We are also in discussion with the local council about other alternatives. The Trust will continue to review the information provided to patients and visitors and to work with relevant partners on practical measures to improve access to the hospital and reduce avoidable congestion
PATIENT CARE
Q2: Specialty "Triage" Phone Numbers – these are given to patients in certain specialties (such as Maternity, Ophthalmic). The numbers are designed to allow recent patients who may not be recovering as expected to phone and get advice as to whether they need to be seen again urgently. Family and friends have reported that the phone system is often diverted to an appointment line or hangs up. This may be when the phone lines are in use or busy. Is there a periodic checking of these numbers to see what happens if multiple people are calling at once? Some family and friends with concerns have been forced to show up in person at the hospital. Thank you for highlighting this issue. We have reviewed one of the lines you mention, the triage line has space for 8 people in the queue. The line is staffed by two clinicians. At peak times when the queue is at maximum it will prevent additional callers joining which we appreciate is frustrating. We are currently in the process of implementing new call handling software which will enable call back so that patients do not have to hang on the line. This is currently being

rolled out to the existing call queues in the trust. This has focused on the highest use lines first, and this information has been shared with the Digital team for consideration regarding the roll out plan given these are clinical triage lines.
Q3: Urgent Care Centre – Is there a sign in the waiting area for possible walk-ins which indicates patients should phone 111 or go to A&E to get an Urgent Care referral? Information signs relating to 11 and Pharmacy First are on display at multiple sites. Additionally, the Emergency Department (ED) booking in process asks patients what brought them to ED. Many patients state they have been sent by 111; when this is not the case, the booking-in team will often ask patients whether they have tried 111 before attending. It is hoped this prompts the patients to try 111 in the future.

- **Questions from Staff Governors**

WORKFORCE
Q4: New Scarborough Diagnostic Centre: I would like to raise the question of man powering this centre and the shortfalls which may arise due to pulling staff from Scarborough Hospital to cover the centre. The Community Diagnostic Centre was funded through NHS England, with the funding covering both the capital development and the workforce required to operate the facility. For a number of clinical disciplines, staff are recruited into the wider Scarborough service and rotate between Scarborough Hospital and the Community Diagnostic Centre. Some administrative staff have been recruited specifically to work at the centre. This model is intended to support an integrated diagnostic workforce and provide staff with experience across both acute and planned diagnostic services.
Q5: Uniform Policy: Can Governors be assured that all measures are being taken to ensure that the uniform policy is complied with and people are clear that they cannot arrive at or leave work in theatre scrubs. I have had reports of people on buses, bikes, and in supermarkets in scrubs. The NEDs do not yet have full assurance that appearance and workwear standards are being applied consistently. The relevant policy is being reviewed to ensure it aligns with infection prevention and control requirements. Further work will also be needed to embed the policy effectively and support a culture in which the expected standards are consistently understood and followed across the workforce.
PATIENT CARE
Q6: Bridlington: Are there timetable plans for the better utilizations of Bridlington hospital following the approval of the surgical hub. The Trust is actively considering how activity at Bridlington Hospital can be expanded following the award of Surgical Hub status. The two theatres currently operate between 8.00 am and 6.00 pm, Monday to Friday. The reported theatre utilisation figure is 96% within the currently staffed hours, excluding bank holidays and designated clinical governance sessions. Subject to validation of the

data, this indicates that opportunities for further growth within the current operating hours are limited.
A business case has been developed to extend theatre operating hours to 9.00 pm on weekdays and to introduce Saturday operating. This remains subject to the Trust's approval process, including consideration of workforce, finance, clinical support services and operational deliverability. If approved, additional recruitment would be required before the extended model could be implemented.
Following the award of Surgical Hub status, paediatric operating lists have commenced at Bridlington. A further pilot is planned during September 2026 to assess whether selected patients with more complex needs can safely receive their surgery at Bridlington rather than travelling to York or Scarborough.
Wider planning for the Bridlington site is considering opportunities to expand appropriate elective, diagnostic and outpatient activity closer to patients' homes. The timetable will depend on completion of service planning, workforce and affordability assessments, relevant approvals and engagement with system partners.

Q7: Bridlington: Is there a timeline for East Coast patients being seen in Bridlington instead of being sent by their GPs to the independent centres.

We work hard to ensure that primary care colleagues in Bridlington know that there are local surgical services in Bridlington available for patients. Patients do have a right to choose so they can elect to be treated at one of the independent sector hospitals if they wish to. We will continue to liaise with colleagues in primary care and the ICB to ensure patients are well-informed about the local services on offer in Bridlington.

Q8: Scarborough: Has the new ED addressed patients waiting on trolleys.

The new Scarborough Urgent and Emergency Care Centre has provided a much-improved environment and supports more joined-up pathways, including streaming, Same Day Emergency Care and ambulatory care. Earlier performance demonstrated improvements in four-hour performance, ambulance handovers and 12-hour trolley waits. However, it would not be accurate to say that trolley or corridor waits have been eliminated, particularly during periods of high demand, workforce pressure and constrained downstream bed capacity.
This is now being addressed through the Trust-wide Coming off Corridors Improvement Programme. For Scarborough, this is not a stand-alone ED initiative. It is aligned with work to improve front-door assessment and decision-making, maximise Same Day Emergency Care and frailty pathways, reduce avoidable admissions and length of stay, strengthen discharge performance, reduce unnecessary patient moves and improve the use of specialty beds.
The new building is therefore an important enabler, but sustained improvement depends on these wider operational and clinical changes across the whole urgent and emergency care pathway.

- **Questions from Stakeholder Governors**

Appendix A

Suggestions to alleviate congestion on Wigginton Road –

1. Put more information about getting to the hospital in all York Hospital appointment letters: after the text "if you fail to attend your appointment without letting us know, we will discharge you back to the care of your GP", add a QR code, link or search term to access: https://www.yorkhospitals.nhs.uk/coming-into-hospital/getting-here/"

2. Expedite improvements to https://www.yorkhospitals.nhs.uk/coming-into-hospital/getting-here/ such as:
   a. List all the bus routes which pass near the hospital: e.g. 1, 5, 6, CS (info from Google Maps, which indicates the walk time from the nearest bus stop). Reference pedestrian access through Bootham Park from the Number 2 Park & Ride bus.
   b. Note that the hospital car park may be full at busy periods and that there are alternative public car parks within walking distance at Clarence Street, Lord Mayor's Walk, Bootham Row Car Park.

3. Arrange a signposted walking route from Bootham for drop off and pickup of patients close to York Hospital. Setup a similar drop-off and pick-up at the pedestrian railway bridge at Scarborough Terrace. Ultimately, re-open the railway station "halt" at the Hospital to give easy access for those travelling from Scarborough.

4. Prioritize the Hospital Multi-Storey Car Park for those most deserving (A&E patients, Blue Badge Holders, patients with mobility difficulties, those with appointments, and selected staff). Implement prioritisation by significantly increasing the charges for those not in these categories. Implement parking validation and reduced charges for priority cases via a dedicated desk in hospital reception (upon showing suitable evidence of their priority e.g. appointment letter or stamped paper from A&E). Many hospitals implement a similar procedure.

5. Signpost other nearby car parks and reference that they are within X minutes walking distance of York Hospital. Provide pedestrian directions to the hospital from these car parks.

6. When the MSCP is full, have the hospital security staff temporarily staff place a sign (visible at the approach to Hospital Entrance 1) which states "Car Park Full - Enter for A&E and drop-off only. Others: use nearby car parks". Ideally there would be electronic signs northbound and southbound on Wiggington Road that automatically activate when the car park is full (with the same message) and divert traffic to other car parks - such technology is used at many other car parks.

7. Setup a frequent small shuttle bus to transfer people from the Lord Mayors Walk Car Park and other suitable car parks to the hospital entrance.

8. Setup a dedicated team containing both hospital and council representatives to review and trial the best way to remove traffic queuing for the hospital multi-store car park off Wiggington Road.

9. Use the on-road cycle lane as a queuing lane as there is already an off-road cycle lane.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 12

Report to:	Council of Governors
Date of Meeting:	9 September 2026
Subject:	Reports from Board Sub-Committees
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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

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

Trust Objectives

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Board Assurance Framework

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☒ Transformative Services
☒ Sustainability Green Plan
☒ Financial Balance
☒ Effective Governance

Equality Impact Assessment Concluded *(please document in report)*

☐ Yes

☐ No

☒ Not Applicable

Recommendation:
This paper provides the escalation logs from each sub-Board committee. The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Quality Committee Reports

Date of meeting:	July 2026
Chair:	Lorraine Boyd

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

ALERT
* **Sepsis Q4 Update** provided evidence indicating awareness and timely identification of sepsis in ED is consistent and in line with expectations across both sites. However, delays across the treatment pathway remain a significant concern. Inconsistency persists and performance is significantly above the national 1-hour standard. There is limited assurance of progress with evidence of a deterioration in time to antibiotic administration in Scarborough ED. This represents a risk to our ability to deliver safe and timely care and continues to be a focus of QI work with high levels of scrutiny and oversight through PRIM and PSCE. Data extraction from Nervecentre is currently limited with reliance on manual audits as an interim measure. Dashboard development is an active workstream, but progress is limited by competing priorities for the IT development teams. This will not change before full Nervecentre implementation and development of sepsis functionality. A gap in assurance remains in relation to sepsis identification and management in In Patient areas. * **National Hip Fracture Database (NHFD) Q3 update** was shared with the Committee by Surgery Care Group, in response to previously raised concerns. A mixed picture across the sites was presented. Overall, there is poor performance against Best Practice Tariff. 35% of 115 York hip fracture patients and 17% of 58 Scarborough patients met all national care standards indicating significant pathway and capacity constraints. Timely surgery is the principal operational risk (and consequently quality and safety risk) with theatre capacity identified as the main cause of delays. Nonetheless assurance data provided evidence that clinical outcomes and surgical performance remain strong. Areas for further improvement include access to ring fenced specialist beds and consistent access to physiotherapy support. * **Chaplaincy Annual Report** - data presented confirmed that 2025/26 key objectives of increasing referrals, improving inclusion and support of patients at the end of life were largely met. Patient and carer feedback demonstrated positive outcomes across all CQC domains. Increasing demand and staffing levels below the national recommendations are mitigated by the contributions from honorary chaplains and volunteers. Recording data on patient faith/ belief is an area for improvement and currently limits assurance on equitable access for minority groups. * **Reasonable Adjustments Regulatory Requirement** is not expected to be met by the September deadline, pending the necessary Nervecentre functionality scheduled for Tranche 3. Other systems, including System1 and Badgernet, are being updated to support compliance. * **Board Assurance Framework** improvements in line with the Well Led Review recommendations were discussed and the strengthened oversight and reporting should be in place by the September Board meeting.
ASSURE
* **Cancer Harm Review completion** is improving in Surgery Care Group, however a significant number remain outstanding so assurance, whilst improving, is still limited.

* **Surgical Invasive Procedure Group** was reported to have poor attendance and clinical engagement, representing a safety risk and assurance gap. Future attendance will be monitored closely via PRIM.
* **Maternity and Neonatal Voices Partnership (MNVP) feedback survey** outcomes were shared, indicating a high level of satisfaction with maternity services, particularly valuing continuity of care. Areas requiring further improvement were identified, which included consistency of communication, variation in post-natal care and issues with delivery of community post-natal support. Quality Improvement work to address these areas is embedded in the Maternity and Neonatal Improvement Plan, with coproduction supported by MNVP in line with recent Ockendon recommendations.
* **Maternity Regional Heatmap** overall score has continued to fall and has now dropped from red rated to amber. Further improvement is anticipated in the coming months.
* **Post Partum Haemorrhage (PPH) rates** remain broadly stable and comparable with other Trusts nationally
* **Stillbirth and Neonatal Death Data (May)** raises no cause for concern. All instances are reviewed using the Perinatal Mortality Review Tool (PMRT) and presented at a monthly Perinatal Mortality Meeting with quarterly detailed PMRT report and action plan reported to private Board.
* **Biannual Maternity and Neonatal Workforce Report** highlighted that Neonatal Nurse Staffing levels in York and Scarborough are not British Association of Paediatric Medicine (BAPM) compliant. A business case is in train to address this gap in assurance. Additionally, Tier 1 and Tier 2 medical staffing at York is not BAPM compliant, with plans to address the gap through changes to consultant on call rota arrangements. Staffing constraints is also contributing to non-compliance with Neonatal Resuscitation training in line with Resuscitation Council expectations and the supporting mitigations
* **Midwifery Staffing Levels** were noted to be over establishment at the end of Q3. However, when roster unavailability (sickness and supernumerary status) and the funding gap are accounted for there remains an adverse variance from Birthrate Plus standards
* **Prescribing Incidents Update** was presented, addressing progress and challenges relating to CRR54. Processes put in place to reduce the incident rate since the last report to Quality Committee in January 2026 were shared. During the reporting period the risk reduced from 16 to 12. Examples of improvements contributing to this included reduced number of reported incidents and of incidents causing harm over 6 consecutive months and specifically reduction in insulin related incidents following focused QI work. Anticoagulation incidents remain an opportunity for improvement and is an active QI workstream currently.
* **Yellow Card Reporting** increased by 97% from the previous year placing the Trust as 6th highest reporter in the Northern and Yorkshire regions, suggesting good assurance on engagement with medicines safety.
* **Nursing Workforce and Quality Paper** provided triangulated data demonstrating that quality and safety are being maintained despite workforce pressures. Triangulating workforce and quality to provide greater insights and assurance on patient safety and experience and the potential impacts of workforce challenges is an evolving assurance workstream. Nursing Risk assessment data is currently unavailable following Nervecentre implementation, with workarounds leading to inconsistencies. Organisational thresholds are yet to be agreed introducing further inconsistency. Assurance, therefore, is limited but improving.
* **Clinical Effectiveness Update** was presented, outlining the current position and responses to the mandated clinical audit programme. Visibility and assurance relating to clinical outcomes is becoming increasingly robust. The Trust responses to the Non Elective Laparotomy (NEL) outlier alert was set out, strengthening assurance. The current position with regard to NICE updates was also shared, indicating 17% of clinical policies and 21% of clinical documents are overdue. Responsibility for completion is delegated to Care Groups, reporting to Patient Safety and Clinical Effectiveness Sub committee of Quality Committee.
* **Concerns and Complaints Annual Report 2025/26** outlined the performance and improvement activity in the handling of concerns and complaints throughout a year of intense focus by the care groups, supported by the corporate nursing team. Evidence of robust governance and oversight, improving response times and resulting service improvements

provides moderate assurance. External Ombudsman reviews of complaints align with Trust identified themes. Whilst response times are improving, they remain well below ambition. Volume of complaints is rising, recurrent themes persist and evidence of measurable impact is scant providing limited assurance on consistent, sustained improvement and outcomes.

* **Quality and Safety Internal Audit Actions Update** outlined the governance process to monitor Internal Audit Actions and the progress to delivery of these. Current progress was discussed. Estates related ventilation governance remains a concern, with several overdue actions, and ongoing discussion to resolve and strengthen assurance.

ADVISE

* **AMOS and Ockendon Reports** were discussed and initial Trust response shared with actions mapped to the Maternity and Neonatal Single Improvement Plan as appropriate. 5 new high level actions have been added as a result. Board update session is scheduled for 22.07.2026
* **Maternity Community PROMPT Training** is recognised as an exemplar and is being showcased by NHS Resolution.
* **CQC update report** highlighted that the Trust is awaiting final reports following a number of recent CQC inspection visits to Easingwold Renal Unit, York and Scarborough Maternity Services and York Hospital Ionising Radiation (Medical Exposure) Regulations (IRMER): Breast Screening Programme
* **Paediatric Surgical List** took place for the first time at Bridlington Hospital in June and further lists are planned to take place every 8 weeks, supporting patient experience and care closer to home.
* **Prescribing in Nervecentre** and the important, labour intensive task of transcribing across was acknowledged. Risks that emerged had been largely anticipated ahead of go live. Unanticipated risks have been a rich source of learning and will guide future development of the Medicines Management and Prescribing modules.
* **TPR** was reviewed through a Quality and Safety lens.
* IPC was identified as an area of increased concern. An IPC time out is planned to support a focused review and strengthening of action plans.
* Service demand and increasing referral rates was highlighted as a growing safety as well as operational risk, particularly in dermatology, pain management and paediatric speech and language services. Demand is outstripping capacity to deliver but concerningly, in the face of high numbers of suspected cancer referrals (without commensurate increase in incidence), the ability to triage and safely prioritise those at highest risk is challenging.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

CRR Risks assigned to Quality Committee remain unchanged with mitigating actions continuing. Of those risks not under the direct remit of Quality Committee but with a potential to impact quality and safety, the cyber security risk was noted to have risen and assurance was requested on mitigations to minimise any potential impact on safe care.
MNVP funding remains a risk as previously outlined, with ongoing endeavours to close the risk.
CRR54 Medicine Management was reviewed through the Prescribing Incidents Update
Increasing referral numbers in some specialities, compromising the ability to identify and prioritise those at highest risk of cancer or other adverse outcomes, is an emerging safety risk
Reasonable Adjustments Regulatory Compliance
Risks contributing to PR1 discussed included
Non-compliant BAPM Neonatal staffing levels
Suboptimal compliance with Neonatal Resuscitation training (with mitigations to ensure safety maintained)
Time to medical review and administration of antibiotics in sepsis
Performance against national care standards in management of fractured neck of femur
Surgical Invasive Procedure Group efficacy
Surgery cancer harm reviews
Clinical Effectiveness
IPC

ASSURANCE GAINED
• Concerns and Complaints Annual Report 2025/26 - limited but improving assurance • Chaplaincy Annual Report - good assurance • Nursing Workforce and Quality - limited but improving assurance • Sepsis Pathways - limited assurance • Medicines Management - good assurance • Fractured neck of femur pathways - limited assurance • Maternity outcomes - good assurance • Internal Audit Action oversight - moderate assurance • Clinical Effectiveness - moderate assurance

Date of meeting:	June 2026
Chair:	Lorraine Boyd

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

ALERT
* **Saving Babies Lives 3.2** assurance meetings will no longer be provided by the LMNS, which will be fully disbanded at the end of July. Responsibility for assurance sign off will now rest entirely with the Trust Board without preceding external scrutiny. The Implementation Tool will be completed and update to Board provided quarterly. Most recent compliance rate is 78% with full compliance anticipated in 2026/27. * **Palliative and End of Life Annual Report 2026/27** demonstrated demand for services rising significantly with increasing complexity of patient need. Further 25% growth in demand is predicted over the next 5 years. Current staffing and delivery models are unable to consistently meet this demand at present, resulting in inconsistent and inequitable performance and quality of care. * **A Spina Bifida MDT clinic** has been established in Scarborough, through collaboration of paediatricians, paediatric urology, physiotherapy and Shine charity (Spina.Bifida.Hydrocephalus.Information.Networking.Equality https://www.shinecharity.org.uk/). For the first time these very complex children, often from low socioeconomic families, have local access to the expert support they need. Early feedback on the service is very positive.
ASSURE
* **Pressure Ulcer Year End Report** provided an in-depth update to support understanding of the progress against this True North metric ,the continued challenges to full compliance, gaps in assurance and associated risk. The Trust Pressure Ulcer Improvement Plan has evolved throughout the year in response to data and strengthened governance. A 15% reduction in Category 2 pressure ulcers was noted, but there was limited evidence that this had led to the anticipated drop in Category 3 and 4 pressure ulcers. The current strategy of focusing on Category 2 will be reviewed in the light of this data. Variation in performance throughout the year and across clinical areas was evident, undermining the assurance. A further stretch target of 20% reduction is proposed for 2026/27. Risks to delivery are identified as workforce pressures, operational demands and equipment factors e.g. seating and mattresses. * **Family Health Care Group** attended, presenting an overview of their challenges and risks. Ongoing challenges with community nurse capacity exceeding demand was outlined with assurance that no associated increase in patient harms has been identified. However this is leading to increased staff absence and there is a risk that maintaining patient safety will not be

sustainable. A programme of transformation is ongoing which includes neighbourhood team initiatives and district nurse workforce remodelling.

* **Gynaecology Referrals and Waiting Lists** were highlighted as a particular challenge and a collaborative project with primary care colleagues to consider how this can be addressed was outlined.
* **Regional Maternity Map** score continues on a downward trajectory and is expected to be a continuing trend as a result of recruitment of Deputy Director of Maternity, who is now in post, among other things
* **NEY Integrated Care Board Maternity Equity Dashboard** (July to December 2025 data) was shared and demonstrated strong performance by York and Scarborough compared with national average in proportion of booking appointments within the first 10 weeks of pregnancy, proportion of babies born pre term (below 37 weeks) gestation and proportion of women having post partum haemorrhage of 1500ml or more. A lower proportion of women having an unassisted vaginally birth than the national average was also noted. This provided good assurance on the standard of care being provided from an external data source. The dashboard also provided a breakdown of key outcome measures
* **Workforce and Quality Paper** provided an integrated and triangulated view of nurse staffing levels and how this interacts with quality of care. Data helps identify wards performing well and those which are more challenged, enabling shared learning and targeted review and support where required, as well as a means to monitor the impact of interventions. In the last month there has been a small overall improvement in staffing levels, but with significant variability across the Trust footprint. As yet there is limited assurance that the quality of care is improving and this remains an area of concern, requiring continued focus.
* **Safeguarding Annual Report 2025/26** confirmed a significant increase in safeguarding activity and complexity across all domains. There is strong assurance on core statutory and PREVENT training with 90% level 1 and 2 compliance. There is, however, some inconsistency across staff groups and in particular more limited assurance on compliance with higher level competency, presenting a risk that staff with the highest levels of safeguarding responsibility may not be consistently trained to the required level. Review of training methods, in particular recognising experiential learning, is being undertaken to mitigate this risk. Variable application of The Mental Capacity Act and variable recognition of non accidental injury across all areas further contributed to the theme of inconsistency.
* **Complex Needs Annual Report 2025/26** was presented and demonstrated rising demand and complexity over all activity areas : learning disabilities, mental health issues in ED, dementia and autism services. Over the course of the year the activity patterns have shifted from fluctuating demand to more consistent increased complexity. Enhanced Therapeutic Observation of Care (ETOC) remains an area of concern and risk. Governance processes in place identify the risks and monitor improvement activity, however variation in delivery at operational level with limited clarity in some areas around accountability, expectations and escalation processed represents a gap in assurance. A structured improvement plan overseen by the Complex Needs Assurances Group head been developed to address this.
* **Infection Prevention & Control (IPC) Annual Report 2025/26** demonstrated clear progress in Clostridium difficile (CDI) and Methicillin Sensitive Staphylococcus Aureus (MSSA) infection, supported by strengthened governance, confirmed by a significant assurance internal audit report on Care Group IPC governance. However significant challenges remain, particularly with gram negative and Multi Resistant Staphylococcus Aureus (MRSA) infections. Variation across wards and departments persists and the Trust is not yet consistently meeting national expectations. Continued focus is required.
* **Q4 Mortality and Learning from Deaths Report** confirmed that SMHI (Summary Hospital Mortality Index) continues to trend downwards across both sites. Differential SMHI across common diagnostic groups has not identified any areas of specific concern. A recent alert has been received from the National Emergency Laparotomy Audit (NELA) having identified a higher mortality rate than the national average. Further investigation is being undertaken as a priority. Investigation is aligned with work already underway as a consequence of a rise in Datix incidents relating to management of bowel obstruction providing additional assurance on the efficacy of processes to identify potential clinical harms.

ADVISE

* **The NEY ICB Maternity Equity Dashboard** also provided a breakdown of key clinical outcome measures of preterm birth and PPH by deprivation quintile and ethnicity which will support ongoing monitoring for health inequalities.
* **Maternity Care Bundle**, a new element of Maternity Incentive Scheme Year 8, was published in January 2026 and implementation targeted for March 2027. An interim review has been undertaken providing a baseline through early assessment of local readiness and identification of priority gaps to support preparatory work ahead of access to the implementation tool.
* **Friends and Test Uptake** has exceeded expectations impacting on the cost of the service. SMS messaging has been temporarily suspended, pending the outcome of a cost benefit analysis of the range of communication options available.
* **The Quality Account for 2025/26** was shared and it was agreed to be a good and recognisable account of the year. The significant work involved in is porosity was recognised. It was approved by the Committee and approval by the Board is recommended
* **Quality Committee Terms of Reference** were reviewed and the proposed amendment of adding ' a function to gain assurances around the implementation of actions arising from clinical audits ' was agreed.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

New risk ' insufficient stroke consultant staffing to provide consistent safe care ' will be added to the CRR and had been assigned to Quality Committee by the Risk Committee for oversight.
CRR 866 'failure to meet the contractual requirements of the nationally and locally set objectives for Trust Acquired Bacteraemia including MSSA,MRSA and gram- negative bacteraemia' was reviewed and discussed via the IPC Annual Report.
Risks contributing to PR1 discussed included
Enhanced Therapeutic Observation of Care
Community Capacity
Palliative and End of Life Care
Pressure Ulcer Care
Nurse Staffing
Safeguarding training compliance

ASSURANCE GAINED

Nurse Staffing and Quality
Good assurance that we have a system in place to identify risks to safe, high quality care in line with the Trust ambition to provide excellent care every time. Limited assurance that staffing levels are consistently commensurate with this, contributing to Principal Risk 1.
Safeguarding
The Trust maintains established safeguarding arrangements in line with the Safeguarding Assurance and Accountability Framework, encompassing governance embedded through the Board and Committee structures, with policy, training, supervision and multi agency working arrangements in place.
Complex Needs
2025/26 brought significant focus on the Complex Needs portfolio leading to strengthen governance, including dashboard development to support reporting, visibility and oversight through a Complex Needs Assurances Committee, escalating to Quality Committee via Patient Safety and Clinical Effectiveness Group. Good assurance is evident that statutory requirements are met and there is clear visibility of performance, risks and emerging themes. Assurance on sustainable balance of capacity and demand is more limited and similarly limited on consistent delivery of Enhanced Therapeutic Observation of Care. Plan and priorities for 2026/27 were shared.
NICHE Report Recommendations

9 of the 11 recommendations have been completed and the remaining 2 relate to mental health workforce development and training programme development, both of which are linked to recruitment and implementation of the Mental Health Lead Professional role commencing Autumn 2026.

Palliative and End of Life Care

Quality Committee have low assurance that the Trust can consistently provide sustainable and equitable high quality Palliative and End of Life Care in line with internal and national ambitions. It is anticipated that this gap will be addressed through the emerging Clinical Strategy.

Infection Prevention and Control

Good assurance that governance has been strengthened and Internal Audit delivered a significant assurance report following review of the governance and effectiveness of Care Group IPC meetings. Delivery challenges persist and, whilst improvement plans and stewardship priorities are in place, risk remains and ongoing focus required to reduce avoidable harm and meet national expectations.

Patient Experience

NHSE Patient Experience of Care Assessment Framework self assessment has been completed and has led to a ranking of 'improving', with some evidence of good practice, but limited evidence in other areas. This assurance gap is being addressed and a Patient Experience KPI dashboard to support governance and oversight is emerging.

Date of meeting:	May 2026
Chair:	Martin Barkley

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

ALERT

- Delays in the opening of Scarborough Community Diagnostic Centre (CDC) until June 2026 resulting in diagnostic delays for patients and delays in construction work to accommodate a new CT scanner and 3rd MRI scanner both at York Hospital.
- Significant radiology workforce shortages and vacancy rates impacting diagnostic capacity. Interim mitigation via insourcing and international recruitment; long-term workforce solutions in development. Capital delay (3rd CT scanner) compounding capacity constraints.
- 1400 Datix incident report closures are overdue across the Trust, and the Committee is requesting this backlog of Datix report completion from all Care Groups and Directorates is addressed and progress monitored by the Quality Committee each month.

ASSURE

- A month-on-month reduction in overdue complaints by CSCS. March 92% and April 96% achievement in closing complaints within 30 days.
- The Maternity Incentive Scheme (MIS) training compliance is to be reported to Board in September following the last reporting of compliance in November (two reference points are required to be reported each year).
- Nursing Workforce and Impact on Quality of Care discussion on triangulation of workforce and quality, data anomalies, skill mix and limitations of staffing metrics.

ADVISE

- Histopathology performance times as an indicator of quality of patient care is to be considered by the Committee to be included in future reports from CSCS Care Group.
- Multi-agency input is required and ongoing to update the Baby Abduction Policy to ensure further strengthening, which will be concluded by September 2026.

- There is an opportunity for NHS Resolution to provide a Board workshop session on Year 8 of the Maternity Incentive Scheme (MIS) that is to be investigated further.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Several Corporate Risk Register (CRR) risks are requiring updating beyond their review date ahead of the next reports to the Assurance Committees of the Board. Material data quality issues identified within risk register (including missing target scores and inaccurate dates) and some updates not appearing on the register.
- SSNAP performance concerns identified with requirement for escalation via Patient Safety & Clinical Effectiveness Sub-Committee and potential escalation to Board by the Quality Committee.

ASSURANCE GAINED

- The new format of the Nursing Workforce and Impact on Quality of Care report was well received by the Committee in the insight it provided, and similarly the Maternity Dashboard.

Resources Committee Reports

Date of meeting:	July 2026
Chair:	Helen Grantham

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

ALERT

- **2026/27 WRAP delivery**
  - As at M3 WRAP delivery was £3.5m YTD (£*2.75m for M2)* behind target - £10.9m delivered with £23.9m (*M2 £20.6m*) full year impact - £17.2m (£*15.8m for M2*) recurrent). While this was a strong performance against prior years it was continuing the trend of monthly underperformance against plan. 61% (*M2 53%)* of plans are fully developed
  - A report was considered covering SLT engagement on potential new opportunities to fill the delivery gap - significant work remained to obtain clarity on the achievability and likely level of savings.
  - *see ASSURANCE GAINED and RISK section below for additional information*
- **2026/27 plan**
  - 2026/27 plan has not yet been agreed by NHSE – the trust continues to work to the plan approved by the Board.
  - The Trust is reporting a year-to-date deficit of £9m against a planned deficit of £6m, therefore has a £3m adverse variance to plan. The planned investments of £11.7m have been reduced to £3.4m to reflect the plan adjustment, shortfall of the WRAP and committed investment to date. Information would continue to be provided in reports to enable good transparency on reporting and adjustments being made.
  - The need for a clear action and mitigation plan was noted and this matter would be referred to the Board for further discussion including mitigation plans and the interaction between short-term delivery of plan and actions which would improve trust performance in the medium to longer-term.
  - An update was provided on the NHS challenged provider scheme – the joint appointment of some temporary turnaround and financial improvement resource was noted together with their NHS experience and areas of focus.
  - The Trust's cash position was noted as was the NHS process to apply for additional cash. A discussion took place on the actions NHSE expected the Trust to take to manage cash effectively. It was noted that a paper would be presented to the Board.
  - *see ASSURANCE GAINED and RISK section below for additional information*
- **Cancer specialties – focussed review**
  - While overall Trust performance has improved it remains below trajectory level for FDS and 62-day constitutional standards and there are significant challenges in some tumour sites and diagnostics which need targeted action to recover and then sustain performance
  - Lung and skin cancer services remained areas of significant risk due to increasing demand and capacity challenges requiring redesign of approach and ongoing recruitment, with colorectal, gynaecology, CT, endoscopy and histopathology experiencing capacity and diagnostic constraints
  - *see ASSURANCE GAINED and RISK below*

- **Workforce – focussed review:**
    - Absence rate saw a slight uptick in May and continued to be higher than planned.
    - Medical workforce and temporary staffing - reliance on temporary medical and dental workforce, including high-cost bank and agency use, continues - a discussion took place on what action could be taken to improve management of this area and provide key leadership messages
    - *see ASSURANCE GAINED and RISK section below for additional information*
- **Guardian of Safe Working Hours:** The Medical Workforce/Guardian of Safe Working Hours discussion highlighted significantly more exception reports in the quarter than for prior periods - further information was requested in future reports on the themes, drivers, grade-specific pressures and action to address.
- **Diagnostics – progress report**
    - A diagnostic update report was provided:
        - overall performance has increased to above trajectory level
        - significant challenges in some modalities remained
        - multiple modalities were relying on WLIs, insourcing and mobiles to fill gaps in substantive establishment and equipment
        - imaging modalities account for more than 75% of the trust waiting list with associate risk if there is significant deterioration in performance
    - see ADVISE, ASSURANCE GAINED and RISK below
- **Urgent and emergency care**
    - the significantly improved performance following introduction of new pathways earlier in the year, had not sustained, however had not deteriorated to previous levels. Drivers were around embedding Nervecentre ways of working and change in roles within the team. Workshops were being held to identify actions to improve performance.

ASSURE

- **Cancer – a focussed review was presented covering:**
    - performance against constitutional standards overall and by cancer speciality
    - demand/capacity
    - governance framework and
    - risks/action areas
    - *see ASSURANCE GAINED below*
- **2026/27 WRAP and plan delivery** – the Committee undertook its regular focussed review in these areas with:
    - reporting and discussion including the process to identify potential additional opportunities for the 2026/27 WRAP programme
    - an update provided on additional resource which was being put in place to give greater support for delivery
    - the need to look at strategic and transformational change was, again, noted.
    - *see ASSURANCE GAINED below*
- **Workforce** – focussed review was presented covering:
    - Key performance statistics for workforce
    - An update on plans to support colleagues back to work following sickness and to enhance wellbeing – sickness absence did however see a slight uptick in May
    - An update on the “Big Conversation” (which would focus on embedding Trust values, standards and behaviours)

- The whole-time equivalent workforce, which was slightly under the planned trajectory, with healthcare support worker vacancy rates positively reducing following a good recruitment month.

- **Diagnostics improvement** – a progress report was provided covering:
  - Overall performance and performance by modality
  - The factors impacting performance
  - Action plans and expected impact
- **Risk management and BAF assurance development:** The Committee received the risk management report and noted the development of a revised Board Assurance Framework approach, including a formal quarterly assurance opinion using substantial, moderate, limited or no assurance criteria to support more consistent upward reporting to the Board.

ASSURANCE GAINED

- **WRAP 26/27 and plan 2026/27**
  - The Committee gained assurance that the financial position is understood and partial assurance that recovery actions are in place to meet the WRAP targets and plan – governance was being strengthened with the development of PIDs, Gant charts, value profiles and delivery reporting and any additional WRAP plans being developed being added to the overall WRAP tracker – information on the tracker was being shared with the committee on a regular basis
- **Cancer specialties – focussed review**
  - The Committee gained assurance that governance structures, tumour-site action plans and performance oversight arrangements are in place and had recently been strengthened
  - Performance has sustained for FDS at over 70% for 5 months – the longest trend at this position
  - Delivery assurance remains partial, as delivery is underway but not yet consistently embedded across all services and is dependent on workforce recruitment, diagnostic turnaround, capital delivery, digital enablement and sustained operational grip
  - Delivery of trajectory, remained achievable but high risk

- **Diagnostics:** The Committee gained assurance from the improved DM01 position and reduction in long waits, while recognising that sustainability remains a key risk due to imaging capacity, workforce and cost pressures.
- **Workforce:**
  - The Committee gained assurance that workforce trajectory, healthcare support worker recruitment, and actions to reduce agency reliance are being actively monitored
  - Challenges remained in medical recruitment, exception reporting and temporary staffing costs, particularly in medical/dental.
  - Clear plans were in place relating to actions to support colleagues during sickness and provide appropriate wellbeing support, although these remained to be implemented in full.
  - External support was now in place to support the Big Conversation and mobilisation activity had commenced – sustained leadership commitment and coordination was needed to maximise participation and translate insights into action.

- **Capital:** The Committee gained some assurance around the current status of key capital projects, recognising that key schemes are actively managed, but that the format of reporting requires improvement to provide a more focussed status report including project cost, forecast cost, any potential overspend, current status and RAG risk rating, with a particular focus on the major projects and any off track
- **Risk management:** The Committee gained assurance that the BAF reporting process is being strengthened through formal assurance opinions and closer alignment between committee oversight and Board-level strategic risk reporting.

ADVISE

- **Cancer specialties focussed review**
  - Strong delivery supported by effective models was noted in breast and NSS tumour sites
- **Diagnostics**
  - the recent significant improvement in performance was noted and the team commended for their work to achieve this
- **Financial planning**
  - The Committee requested more developed multi-year financial planning beyond the current summary
- **Digital transformation:** Nerve Centre tranche 3 would be a key driver of transformation within the Trust, although the benefits will not be realised until after implementation in 2027.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- **2026/27 WRAP/plan:** the risk that the Trust may not deliver the full efficiency requirement and overspend elsewhere may continue, necessitating further action planning and escalation and potentially not meeting the Trust plan.
- **Cash:** The expected cash shortfall and distressed cash application process and expectations were discussed as matters requiring Board-level visibility and approval.
- **Cancer performance risk:** Ongoing underperformance against cancer trajectories and risks linked to referral growth, diagnostic constraints, administrative delays, pathway variation and workforce challenges.
- **RTT and cancer prioritisation risk:** Some cancer mitigations could adversely affect RTT and other patient cohorts, requiring explicit governance, equality impact assessment and potentially Board-level choices.
- **Diagnostic sustainability:** Despite positive DM01 performance, sustainability concerns were noted, particularly imaging, where CT, non-obstetric ultrasound and echocardiography were identified as areas of concern.
- **Capital delivery:** risks associated within the capital programme, including hybrid theatres, MRI capacity, the Scarborough roof programme
- **AI:** the additional risks posed due to AI and mitigations were discussed including in cyber and the impact on recruitment processes of their use in the application process
- **Cultural and behavioural risk:** the need for the Big Conversation, values, expectations and accountability framework to translate into sustained behavioural change across all staff groups, including consistent expectations around leadership, standards and conduct

Date of meeting:	June 2026
Chair:	Helen Grantham

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

ALERT

- **2026/27 WRAP delivery**
  - As at M2 WRAP delivery was £2.75m YTD behind target (£6.9m delivered with a £20.6m full year impact - £15.8m recurrent) continuing the trend from M1. The current planning gap is £3.1m and 53% of plans are fully developed – *see ASSURE below for additional information*
  - SLT engagement had taken place on key opportunities to get back on plan. Further information would be provided to the Committee, noting the need to move at speed as 3 months of the year had elapsed. Additional resource was being identified to facilitate focus on delivery and transformation.
- **2026/27 plan**
  - 2026/27 plan has not yet been agreed by NHSE – the trust is working to it
  - M2 is £1m behind plan, having reflected £3m adjustment. The planned investments of £11.7m have been reduced to £4.37m to reflect the plan adjustment and shortfall of the WRAP. Careful consideration was being given to requests for additional investment. No investments which would feed through to WRAP savings were being held back. Information would continue to be provided in reports to enable good transparency on reporting and adjustments being made.
  - A detailed discussion took place on the continued underperformance against plan. Performance will continue to be monitored and the Executive would consider corrective action to get back on track.
  - The implications of the change in tariff for 26/27 (25/26 being used in plan development) was discussed.
  - The cash position was also noted and work is ongoing to ensure appropriate cash levels were available to the Trust.
- **RTT – progress report**
  - RTT TWL was expected to be 56,381 at the end of May, behind March 2026 (54,965) and the May trajectory (54,868).
  - The RTT52 waiters is also above trajectory. Provisionally at 1,104 against trajectory of 899 for May and a deterioration from March 2026 (986).
  - The most significant impact on TWL is an above expected increase in GP referrals of 3% YTD compared to 2025/26 (750 additional referrals).
  - There is focus on the key specialties of pain, colorectal, respiratory, upper GI and oral surgery
  - See ASSURE below
- **Digital Transformation**
  - See ASSURE below
  - The Committee recommended a discussion at a Board seminar on options for digital schemes to support transformation balancing the short and medium-term priorities for the Trust and the constrained investment and wider resource landscape.
- **Urgent and emergency care performance**
  - the TPR shows a deterioration in the UEC performance (attributed to embedding of Nervecentre). Performance was expected to improve.
- **YTHFM Assurance Report**
  - Sustainability Report Q1
    - See ASSURE below
    - Current target for reduction in CO2 emissions remains technically achievable but is at risk, although a reduction in emissions is expected

ASSURE

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- **2026/27 WRAP/financial plan**
  - a detailed discussion took place on the 2026/27 WRAP programme and budget shortfall
  - the financial reporting continued to be enhanced to reflect information requested by the Committee
  - The need to look at strategic and transformational change was, again, noted.
  - ***See also Risk section below***
- **RTT**
  - There has been material improvement April and May against the RTT 18% target with performance provisionally reaching 58.1% at the end of May (56.6% at the end of March 2026 and May trajectory of 56.9%).
  - Noting the increase in GP referrals, work underway with the ICB was highlighted to understand referral practices, improve the quality and appropriateness of referrals and manage financial implications of increased referrals and speciality level reviews and targeted interventions in challenged areas were also ongoing to identify risks and targeted sprint activities
- **Digital Transformation – focussed review**
  - The paper presented to, and discussion at, the Committee showed the Trust's ambition for digital transformation is clear, building on the core EPR via Nervecentre, however this is constrained by the resource and investment available. See ALERT above
- **YTHFM Assurance Report**
  - A report was considered covering the Quarter 4 performance position of YTHFM and the Committee received assurance regarding financial performance and KPI delivery and the management of risks within the Capital Programme.
    - Q4 showed strong financial performance
    - Performance against KPIs is broadly positive with the majority rated green. Sickness absence and statutory and mandatory training trends remained areas of focus but were improving – significant work was being undertaken to upskill line managers. Visible cleanliness KPIs also remained in amber
  - Sustainability Report Q1
    - A detailed report was provided – some good progress, partnership working and colleague engagement
  - Capital Project Update and Report
    - More detailed information was being provided on progress with capital projects and any associated risks
    - Scarborough CDC was now live and accepting its first patients

ASSURANCE GAINED

- **2026/27 WRAP and 2026/27 financial plan**
  - While delivery was currently off track, the Committee has continued to receive more detailed information on WRAP and financial performance
- **RTT**
  - The Executive gave assurance that the Trust has a clearly defined and understood set of drivers for RTT underperformance, with targeted specialty level recovery actions on the 2026/27 Service Delivery Plan and established governance arrangements in place.
  - While there are material risks relating to demand, delivery of activity, and delivery of enabling capital schemes, there is a credible expectation to return to trajectory to deliver the RTT metric targets at the end of 2026/27
- **YTHFM Assurance Report**

- See ASSURE above

ADVISE

- **Committee papers**
  - Financial reporting – new financial reporting format was developing
  - Workforce reporting - Work was ongoing to improve reporting on workforce metrics in line with previous comments from the Committee and discussion between the CPO and Committee Chair
- **Diagnostics –** some improvement was being made in diagnostics performance aided by some insourcing, some outsourcing and the opening of the Scarborough CDC. Detailed delivery plans are in place to address ongoing challenges in meeting the faster diagnosis standards
- **Post-investment reviews –** a discussion took place on when PIRs were undertaken and where these should be presented (the governance body which had approved the investment).

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- **WRAP and financial plan –** the risk of meeting the 26/27 plan and delivering the planned savings was discussed – see ALERT and ASSURE above
- **Liquidity –** see ALERT above
- **Corporate risk register –** the current draft of the corporate risk register had been provided.
- **RTT –** risks from the increase in GP referrals and the potential impact on 18 week trajectory
- **Digital –** the level and focus of investment in digital technology

Date of meeting:	May 2026
Chair:	Helen Grantham

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

ALERT

- **2026/27 WRAP delivery**
  - Month 1 WRAP delivery was £1.9m behind target (£2.9m delivered with a £17.1m full year impact - £14.7m recurrent). The current planning gap is £3.9m and 46% of plans are fully developed – *see ASSURE below for additional information.*
- **2026/27 plan**
  - 2026/27 plan has not yet been agreed by NHS England – the Trust is working to it
  - Month 1 is £0.4m behind plan, having reflected £1.5m as income (deferral of planned investments) in line with NHS England discussions. Decisions on deferral of investment and impact on broader plan to be discussed by the Trust Board.
- **Diagnostics – progress report**
  - DM01 has declined at the start of 2026/27 - April performance at 73% (below March 2026 position of 77% and the April trajectory of 74.8%).
  - The most significant impact on performance is within CT - sustained capacity and workforce pressures and equipment shortfalls. Actions are in place to sustain the current position (no further deterioration), although it is unlikely Q1 trajectory will be met, due to delay in CDC opening and CT3 replacement.
  - See ASSURE below.
- **Workforce**
  - while sickness absence has reduced due to the time of year, the annual sickness rate remains higher than previous year and the national benchmark. Vacancy

pressures persist, particularly for Health Care Support Workers, with some good progress to reduce medical/dental vacancies.

ASSURE

- **2026/27 WRAP – focussed review**
  - a focussed review was undertaken on the 2026/27 WRAP programme
  - a written report (showing progress against budget) was provided along with details of the high delivery risk schemes and risk mitigation
  - Where delivery was off track the Committee was provided with information on the amount of slippage, the reasons for it and details of the recovery action plan – further information was requested on recovery action plans to ensure an appropriate level of assurance could be provided to the Committee. The importance of recovering early slippage in the year, to maximise full-year impact, was discussed.
  - The need to look at transformational change and the importance of involving and empowering colleagues to make change happen, as well as ensuring good leadership and communication, was, again, noted.
  - A discussion took place on adopting a coaching mindset and to support colleagues to achieve success, as well as ensuring individuals had access to appropriate wellbeing support
  - *See also Risk section below.*
- **Strategic partnerships – focussed review**
  - a focussed review was undertaken on strategic partnerships
  - the various networks and committees in place were highlighted including:
    - a Trust Strategy and Partnership Sub-committee – overseeing partner engagement
    - the North Yorkshire Directors Meeting, which is chaired by the Trust COO
    - the progress being made with operational partnership work e.g. YAS
    - the Trust clinical strategy would be shared with partners as it developed
    - the engagement with partners relating to the Bridlington Care Unit
  - the Committee requested a partnership map with key areas of engagement, Trust relationship lead etc.
- **Workforce – colleague survey improvement plan and TPR**
  - a focussed review was undertaken on the colleague survey improvement plan
  - the key themes from the free text comments were highlighted
    - broadly similar to those in 2024
    - focus on workforce pressure, burnout, patient safety, behaviours, leadership visibility and quality of appraisals with pride in teams, colleagues and professional purpose also coming through
    - the free text comments have been triangulated with the Chief Executive's 100 Day report, and feedback from stakeholder groups and the messaging was broadly consistent
  - the Trust has improved its ranking out of the 121 peer Trusts in all 9 key metrics, by between 21 and 50 places, although significant improvements are still required
  - a high-level plan was shared covering 26/27 priorities focussing on:
    - values, culture and behaviours; including leadership capability, accountability for all and psychological safety
    - patient safety, care and dignity
    - ability to influence decision making and drive improvements
    - ensuring the workforce has access to the fundamentals to support them at work
  - each Care Group, corporate directorate and YTHFM would also be working with their teams on their own improvement plans

- questions were taken from the Committee on the TPR people metrics.

- **Diagnostics – progress report**
  - There has been material improvement during 2025/26, with performance reaching 77% by year end, the second highest level since February 2020.
  - Long waits have reduced significantly:
    - 13-week waits reduced from 15% to 5% of the waiting list during 2025/26.
    - Sustained reduction in breaches compared to the previous year.
  - Modality-level recovery plans are in place across all key services, supported by:
    - Weekly and daily operational oversight of capacity utilisation
    - Fortnightly care group review meetings
    - A formal Diagnostics Delivery Board for escalation and governance

ADVISE

- **Digital**
  - Nervecentre Tranche 1 had been successfully deployed across the Trust.
  - The team were congratulated on the smooth roll out with zero-downtime and the commitment of all colleagues was noted.
  - The need for ongoing and optimisation amongst individuals was discussed with the need for ongoing support.
- **Committee papers**
  - Financial reporting – new financial reporting had been introduced for the Committee. The Committee were positive on the revised format and shared initial feedback with additional feedback to be provided after the meeting.
  - Capital project reporting – a revised format for reporting on major capital projects was discussed and would be introduced going forward
  - Corridor care data – it was requested that data on corridor care would be included within the TPR
  - TPR and True North report – these reports were being reviewed.
- **2026/27 plan – drug costs**
  - A discussion took place on “in tariff” and “pass through” arrangements relating to drug costs and how this fed through to financial performance. Additional commentary to be provided in future reports.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- **WRAP and financial plan** – the risk of meeting the 26/27 plan and delivering the planned savings was discussed – see ALERT and ASSURE above
- **Corporate risk register –** the current draft of the corporate risk register had been provided.
- **Diagnostics –** the risk to meeting Q1 trajectory including capacity constraints driven by workforce gaps, particularly in CT, Echocardiography and Urodynamics; delays to capital schemes and equipment replacement; and data limitations in certain diagnostic pathways (e.g. outpatient-based diagnostics).

ASSURANCE GAINED

- **2026/27 WRAP and 2026/27 financial plan**
  - While delivery was currently off track, the Committee did receive more detailed information on performance, the drivers for the underperformance, developed/to be developed areas for the WRAP and where performance was off track more detail on actions planned to correct
  - The Committee had some feedback on the reporting which was being shared with the Trust Finance Director.

- **Diagnostics**
  - While there are material risks relating to workforce, capacity and capital delivery, there is a credible plan to return to trajectory by end of Q12026/27.
- **Urgent and Emergency Care performance**
  - the TPR shows a continuation of the improvement in UEC performance (including 12 hour waits) following the introduction of new UEC pathways and in ambulance handover.
- **Emergency preparedness, resilience and response core standards annual assurance**

  The EPRR assurance report was last considered by the Board in January 2026 when performance was at 82% of the standards being fully compliant and an organisational grading of PARTIAL. The compliance rating has since increased to 86% with the expectation of SUBSTANTIAL compliance by September 2026.

Group Audit Committee Report

Date of meeting:	May 2026
Chair:	Jane Hazelgrave

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

ALERT

Six internal audit reports have been issued to the Group since the last meeting. Two with significant assurance and four with a limited assurance rating (see below).

ASSURE

External Audit

- The external audit was progressing well, facilitated by timely responses and engagement from the Finance team.
- Following receipt of the draft financial statements, the materiality calculation has been updated from £18.4m to £19m. There were no changes in terms of significant risks.
- The Trust's self-assessment had been received to inform the Value for Money work. The significant weakness relating to financial sustainability identified in 2024/25 was likely to continue into 2025/26 but would include reference in the commentary to recovery actions, the Waste Reduction and Productivity Scheme and other mitigating actions which had been introduced.

Internal Audit

- **YTHFM**
  Seven recommendations were overdue; 25 recommendations have been completed.
  One report has been issued since the last meeting relating to backlog maintenance which received a significant assurance opinion. It should be noted this report relates to the system for BLM not the value of BLM which is high.

- **Trust**
  Nine recommendations were overdue.
  Four reports issued to the Trust since the last meeting.
  One report received significant assurance: IPC Improvement in Care Groups
  Four reports were issued with a limited assurance rating: People Management Information (Trust-wide and YTHFM), Mental Health Training Paediatric Nurses, Matrons Handbook, Performance Appraisal Process of Managers

A new approach to outcomes from internal audits, whereby recommendations would be replaced by management actions, which would be prioritised by a target date rather than a grading was discussed. These would be agreed by management, as would the evidence required for closure. The focus would be on closing recommendations by the target date. Concerns about the proposed process was discussed. It was agreed Audit Yorkshire need to do some further work with clients before this is implemented.

Fraud

It was reported that online training, previously known as Masterclasses, had been rebranded as Fraud Awareness and Prevention Training, with the aim of increasing attendance. A new training session had been introduced: *Imposter Workers and ID Checking*.

A report was presented about concluded investigations, including a phishing email to the Y&S Hospitals Charity where a fraud was averted due to management action. Other clients have been advised about the incident.

The risk of "reference farms," which were fake companies used to supply employment references, was on the increase and action would be taken to ensure that Trust staff were aware of this type of fraud and given support to identify it.

Other items

The Chief Digital & Information Officer attended the meeting and provided the following assurances.

- **Internal Audit Actions Update:** All four overdue IA actions are DSPT-related. Evidence for closure is being prepared and will be submitted to IA. There are no issues to report.

- **Cyber Risk Context:** increased cyber risks are being experienced across the NHS due to global instability and recent supply chain attacks. The Trust continues to manage the rapid evolution of AI-driven threats, such as automated phishing and vulnerability exploitation.

- **DSPT Submission Timeline:** evidence for the next DSPT submission is being finalised, with the annual deadline at the end of June. The audit committee will be updated on risks and progress, and the submission will reflect current cyber concerns.

- **National and Local Cyber Governance:** the 'defend as one' national cyber strategy, and the role of the National CSOC was discussed. The Trust is working to secure funding for improved management of cyber risks.

- A report on tender waivers was produced for YTHFM and the Trust. A new process is being adopted across the procurement consortia which will improve data capture and reporting.

- A draft annual report, annual governance statement and change to accounting policies was brought to the meeting. Further drafting changes are in progress with the final reports expected in line with the national requirements.

- **BAF and Risk register:** the Quarter 4 Board Assurance Framework and the Corporate Risk Register was presented. A new approach to these documents which was now set out in the Committee's revised terms of reference. It was confirmed the lessons learned from the recent internal audit on the Board Assurance Framework and Risk Management Benchmarking report would also feed into the process.

ADVISE
External Audit advised that the significant weakness relating to financial sustainability identified in 2024/25 was likely to continue into 2025/26 but would include reference in the commentary to recovery actions, the Waste Reduction and Productivity Scheme and other mitigating actions which had been introduced. A new process for the changing of IA action dates was discussed. It was agreed that second changes to completion dates should require audit committee approval.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
There are no new risk to escalate to the board.
ASSURANCE GAINED
The four overdue actions for the Chief Digital & Information Officer were on track to be closed shortly with no risks to highlight. Detailed updates were provided for each action. A draft overall ‘significant assurance’ was provided for the Head of Internal Audit Opinion which will be reported in the annual report. The draft annual fraud standards submission is ‘Green.’

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 14

Report to:	Council of Governors
Date of Meeting:	9 September 2026
Subject:	Governors Activities Report
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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

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

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

Equality Impact Assessment Concluded
(please document in report)

☐ Yes

☐ No

☒ Not Applicable

Recommendation:
This paper provides an overview of Governor Activities. Reports are provided by the Lead Governor, Chair of the Committees and the governors on their activities.

The Council of Governors is asked to note the report, and the authors will respond to any questions or comments, as appropriate.

Governors Activities Report

1. Lead Governor Report

Hello Governors

This report will be a different to the last one! I covered a lot of ground in the previous period. I have spent time trying to understand the decisions and actions around the future plan by the Govt to abolish Council of Governors.

I have attended:

1. NomRem Committee Meetings
2. Public Board meetings via Teams
3. Y&S Live weekly update from CEO
4. Monthly 1to1 Meetings with the Chair
5. Attended Patient Participation group meeting at Egton and Danby Surgeries

Also, as reported I attended meetings in March: An update on the Council of Governors webinar; A meeting in April: NLGA National Event on Future Role of Governors; Then following meeting held on 17 August - What Follows Council of Governors, hosted by The NHS Alliance. See Appendix A.

I took away from the meeting that the decision was made to disband Council of Governors. In fact, it was announced by the facilitator at the start of the meeting. As a result of this, it was questioned by other Governors present whereby the NHS England representative stated that this will be discussed on the 9th September.

Having previously written to my MP Alison Hume, ref abolition of Governors and had not received a reply, I met and spoke to her in person about this and also told her I had written to the Secretary of State for Health and had received no reply. She told me she had written in support of retaining Governors.

I would like to finish the report with a Summary written by Graham Lake - I could not have summed this up any better - thank you Graham.

SUMMARY PAPER: FUTURE OF FOUNDATION TRUST GOVERNANCE

1. CONTEXT

The Government's 2025 10-Year Health Plan and the Health Bill currently proceeding through Parliament propose removing the statutory requirement for NHS Foundation Trusts to have Councils of Governors. In their place, FTs would be expected to introduce "more dynamic arrangements to take account of public, patient, staff and stakeholder insight". The change is dependent on Parliamentary approval. Royal Assent is likely in Spring 2027.

2. SECTOR ENGAGEMENT

To inform the transition, the NHS Alliance held online roundtables with policy and governance leads, FT Chairs, Non-Executive Directors, governance leads, current governors and other interested parties. Key areas discussed:

- Where governors add value and what has worked well locally.
- How geography and demographics affect effective and inclusive engagement.
- What the public, patients, staff, communities and FTs will need from any new arrangements.

3. OUTPUTS AND TIMELINE

The NHS Alliance will test these ideas further with trusts and other experts. In Autumn 2026 it will publish findings setting out examples of effective practice and proposed principles to guide future engagement models. This is intended to serve as advice for trusts and local stakeholders as they develop new approaches ahead of any legislative change.

4. IMPLICATIONS FOR TRUSTS

Ahead of Spring 2027, trusts should consider: Which governor functions are essential to retain for accountability. How to design engagement that is more representative and accessible. Opportunities to pilot new models now, using guidance expected from the NHS Alliance in Autumn 2026.

5. CONCLUSION

While the statutory duty for Councils of Governors may be removed, the requirement for strong local engagement will remain. Early preparation will allow trusts to develop models that are both accountable and more dynamic.

Further, I attended an Extraordinary Public Board Meeting on 19 August where the future of the Bridlington Care Unit (BCU) was discussed. The Board voted to approve the closure. Further information can be found in the minutes that will be published on the trust website in due course.

In conclusion, again, I would like to thank the Chair and the NEDs for their continued efforts to work with the CoG to improve patient care. I would also like to thank Mike, Deputy Director of Corporate Governance, and Tracy, Governor & Membership Manager, for their ongoing support to the Council of Governors.

Linda Wild
Lead Governor

Appendix A

Reflections on recent meetings about the abolition of Council of Governors.

- **Background and context**

In Autumn 2024 the Secretary of State announced an ambition to reinvigorate the Foundation Trust (FT) model, using it to support delivery of the 10Year Health Plan (10YHP), including the removal of the statutory requirement for FTs to have Councils of Governors, replacing them with more 'dynamic' engagement models.

- **What do these developments mean for governor functions?**

It means that all governor statutory duties will be dissolved and likely to be folded into regional or national teams, subject to legislation, including holding the NEDs to account for the performance of the Board, and Chair/NED appointments, etc.

- **What might these 'dynamic arrangements' look like?**

To replace the statutory governance role the Govt is encouraging trusts to develop what best represents, and meets the needs of, their local populations. Such ideas include:

- Proactive - Anticipate need and look for issues before they emerge
- Representation – Reflect the diversity of local population and address inequalities
- Dynamic - Move in a timely fashion and is seen to make a difference
- Proportionate - Uses public voice in areas with greatest relevance
- Tangible - Evidence that local voice informs service improvement, left-shift and digital transformation

While it is recognised that the NHS has evolved significantly since the introduction of Foundation Trusts and elected governors in 2004, Governors have played a distinctive and valuable role in strengthening accountability and ensuring meaningful engagement between providers, patients, staff, members and local communities. They provide an independent community voice within NHS organisations and help maintain a direct link between decision-makers and the populations they serve.

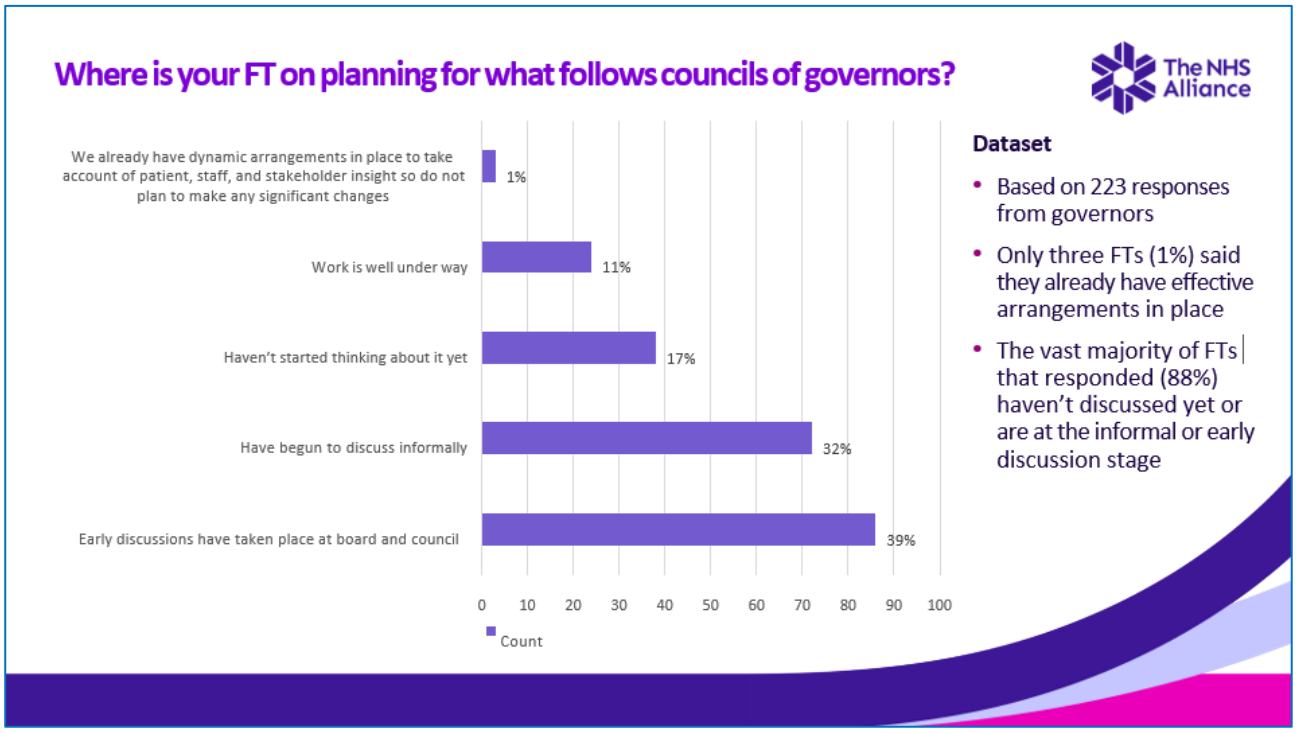
The abolition of the governor role risks weakening democratic accountability, reducing opportunities for public and staff influence, and diluting the patient and community perspective within provider governance arrangements. Although newer structures supporting collaborative partnership models have enhanced system-wide engagement and oversight, none replicate the unique statutory function of governors in holding Non-Executive Directors to account and representing the interests of members and local communities at provider level.

Any move to remove the governor role could reduce public confidence, weaken organisational transparency, and the potential loss of a well-established mechanism for community engagement.

Consideration should be given to alternative arrangements that preserve the strengths of the governor model while reflecting the modern NHS landscape, ensuring that local accountability and public voice remain integral components of NHS governance. This

positions governors as complementary to, rather than duplicated by, the newer NHS structures.

The following is a set of slides I received during a meeting from NHS Alliance giving their overview of feedback received.



Do you have examples of effective mechanisms you can share?

The NHS Alliance

Governor and board engagement	Lived experience and community voice	Service change and improvement
• Governors linking communities and Boards • Governor involvement in NED/Chair appointments • Governor networks, focus groups and member events • Regular challenge and dialogue with NEDs and Boards	• Youth forums shaping services • Experts by Experience and peer support • Healthwatch influencing Trust decisions • Patient Participation Groups, Voluntary, Community & Social Enterprise sector groups • "Minority" community representation	• Public involvement in hospital redevelopment • Engagement supporting neighbourhood care redesign • Feedback driving service improvements and audits • Volunteers, PALS and site visits gathering insight

A high-performing public/staff/stakeholder insight, engagement and accountability arrangement would...

The NHS Alliance

Key observable characteristics

- Be clearly focused on public, patient, staff and stakeholder insight, engagement and accountability, with a shared understanding of what meaningful engagement is trying to achieve and how it differs from communication alone.
- Maintain strong local accountability, both at Trust level and at wider system level, ensuring local voices, lived experience and community knowledge are not lost through organisational clustering, reconfiguration or system working.
- Be outcomes-focused, while allowing flexibility for organisations to design arrangements that reflect local circumstances, demographics and geographies rather than imposing a single national model.
- Create formal and visible routes for public, patient and staff voices to influence decision-making, with engagement embedded within governance and Board structures, including independent lay challenge and clear mechanisms for demonstrating how feedback has shaped decisions.
- Bring together a broad coalition of voices, including patients, carers, staff, voluntary and community sector organisations, local authorities, Healthwatch, town and parish councils, experts by experience and other local partners.
- Build on existing strengths of governors and patient representatives, including:
    - community networks and local knowledge;
    - insight visits and patient experience activity;
    - constituency engagement;
    - quality improvement and assurance work;
    - experience of representing diverse and underrepresented communities;
    - lived experience and local credibility.

A high-performing public/staff/stakeholder insight, engagement and accountability arrangement would...

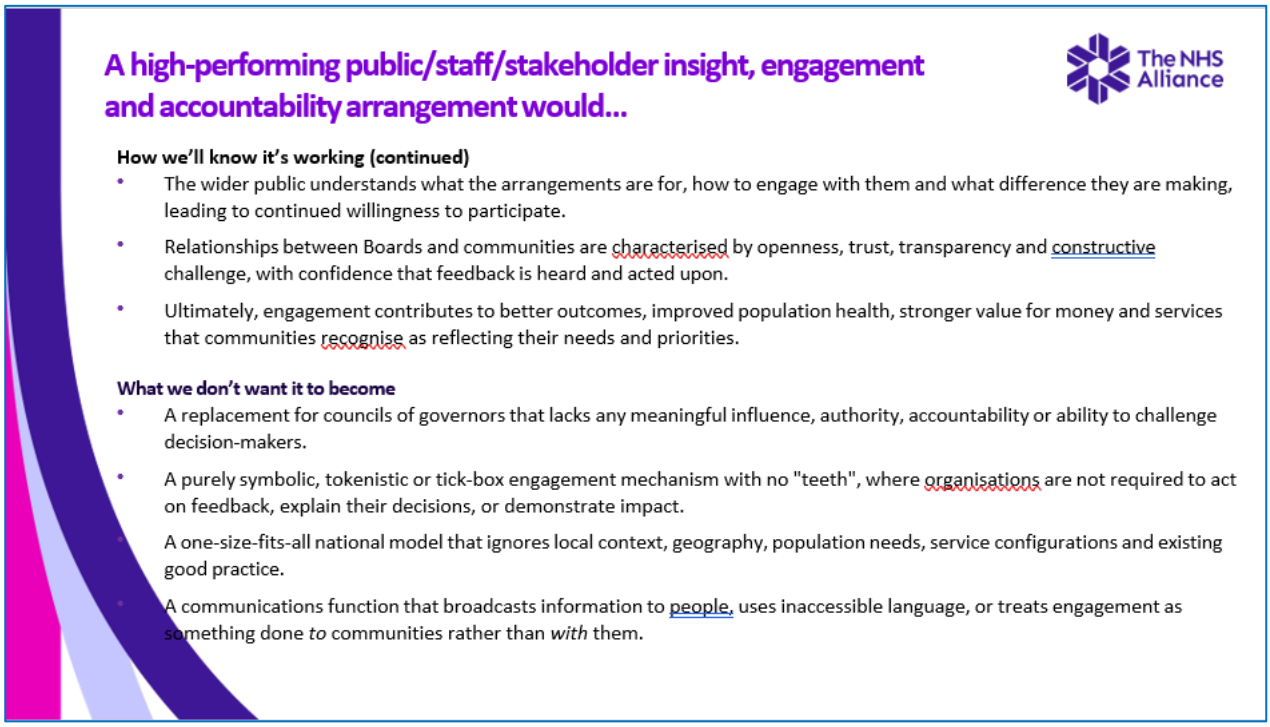
Key observable characteristics (continued)

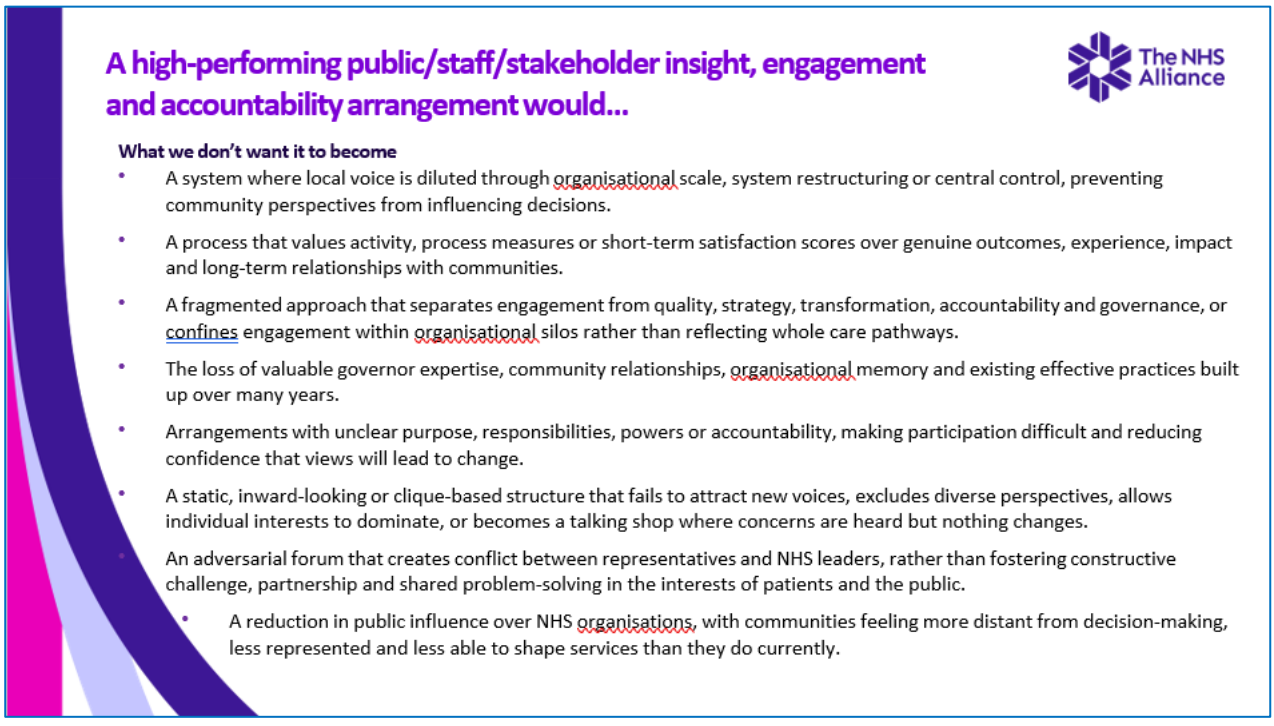
- Be proactive, not passive, in seeking out diverse and underrepresented voices, ensuring continual renewal of participation and avoiding tokenistic engagement.
- Distinguish clearly between communication and engagement, ensuring people are listened to, involved in shaping decisions, and informed about the impact of their contribution through transparent feedback loops.
- Support joined-up engagement across organisational boundaries, recognising that patients experience care across pathways, places and systems rather than within individual organisational silos, and taking account of providers with regional or national catchments.
- Provide formal structures, such as a Patient Engagement Board or Public Voice Engagement Group, with a clear purpose, mandate and accountability framework, helping coordinate engagement activity, oversee strategy and provide challenge where required.
- Ensure engagement evidence is systematically gathered, triangulated and connected to strategy, transformation, quality, operational decision-making and performance oversight, with engagement treated as core business rather than an optional add-on.
- Balance local flexibility with a level of national expectation or assurance, recognising the risk that engagement may be deprioritised in organisations facing significant operational or financial pressures.
- Retain and utilise the experience, knowledge and credibility of existing governors and other community representatives, preserving effective elements of the current model while creating stronger and more visible accountability arrangements.

A high-performing public/staff/stakeholder insight, engagement and accountability arrangement would...

How we'll know it's working

- Patients, carers, staff and communities can clearly see how their feedback has influenced decisions, priorities and service changes, supported by visible "you said, we did" feedback loops and real-world case studies.
- Boards routinely consider, respond to and act on intelligence gathered directly from communities, patients and staff, with local concerns and themes regularly escalated through governance structures.
- Engagement activity demonstrably influences strategy, transformation programmes and service redesign rather than taking place after decisions have already been made.
- Diverse communities, including underrepresented and marginalised groups, feel represented, empowered and able to identify clear routes to influence decision-making and hold organisations to account.
- There are robust mechanisms for gathering, tracking and evaluating engagement activity and its impact, with measurable outcomes that go beyond counting meetings, members or participants.
- Public and patient experience data is used meaningfully to assess whether services are improving people's experience, safety, health and outcomes, while supporting local and national accountability.
- Regulators, partners and external stakeholders can see clear evidence that public, patient and staff insight is informing governance, accountability and organisational performance.





Linda Wild
Lead Governor

2. Community and Neighbourhood Network (CaNN) (05.08.26)

At the CaNN meeting in August members received presentations from Rachel Davidson, Consultant Geriatrician, and Tilly Poole, Head of Strategy & Planning.

Hospital at Home: Rachel Davidson provided a comprehensive update on the Hospital at Home service, explaining its evolution from the virtual ward model, its clinical scope, operational structure, patient criteria, and the impact on patient care.

- **Service Model and Rationale:** She described the transition from the 'virtual ward' terminology to 'hospital at home', emphasising that the new name better reflects the consultant-led, hospital-level care delivered in patients' homes. The service aims to reduce hospital-associated harm, facilitate early discharge, and provide holistic care, aligning with the NHS 10-year plan to decentralise care and improve patient experience.
- **Clinical Scope and Operations:** The Hospital at Home team, based at Whitecross Court, consists of a multidisciplinary group including a consultant geriatrician, ward manager, GP, nurses, doctors, pharmacy, occupational therapy, and support workers. The service covers York and Easingwold, with ambitions to expand to Selby and Ryedale, and manages a caseload of up to 12-13 patients, balancing acuity and staff capacity.
- **Patient Criteria and Referral Process:** Referrals to the service must come from healthcare professionals for patients over 65 with a frailty score above 4, who are housebound or in crisis. The team manages conditions such as falls, heart failure, complex Parkinson's disease, infections, delirium, and kidney failure, and provides hospital-level investigations and treatments including blood tests, imaging, ECGs, IV fluids, and antibiotics.
- **Impact and Patient Outcomes:** Rachel shared patient stories illustrating the benefits of the service, such as maintaining independence, avoiding hospital admissions, and providing end-of-life care at home. Feedback from patients highlighted professionalism and improved quality of life, with the service managing 900 admissions since its inception, though some patients have had multiple episodes.
- **Expansion Challenges and Collaboration:** Questions from the group focused on expanding the service to Selby and Ryedale, with Rachel noting staffing and funding constraints, and the need for collaboration with community response teams and other agencies. She explained ongoing efforts to network and develop business cases for expansion.

Strategies & Plans: Tilly Poole presented an update on the emerging clinical service strategy, outlining its design principles, engagement process, and alignment with broader NHS goals.

- **Strategy Principles and Direction:** She explained that the clinical service strategy is a draft document intended to guide service redesign over the next five years, focusing on organising care around people, places, and pathways rather than individual organisations or buildings. The strategy emphasises integrated multidisciplinary working, digital innovation, prevention, and care closer to home.
- **Engagement and Development Process:** The strategy has been developed through engagement with clinicians and partners, with further refinement planned following board review in September. Lorraine confirmed that the Council of Governors will have the opportunity to comment and influence the strategy during the upcoming September CoG meeting.

- **Financial and Workforce Challenges:** Tilly and Lorraine discussed the financial pressures facing the trust, noting that sustainable change requires reconfiguring existing resources rather than layering new services. The strategy aims to address workforce constraints and rising demand by leveraging partnerships and quality improvement systems at a local level.
- **System Collaboration and Funding Initiatives:** Tilly highlighted ongoing bids and initiatives, such as the neighbourhood health centre plan, community diagnostic centres, and a social finance trailblazer focused on frailty. These efforts aim to decentralise activity, move resources across the system, and support integrated care delivery.
- **Change Management and Staff Engagement:** Elizabeth raised concerns about resistance to change among staff, with Tilly emphasising the need for honest conversations, inclusive redesign, and leadership support to overcome challenges. Lorraine reinforced the importance of maintaining focus on long-term goals despite financial constraints.

Other discussions:

- **Upcoming Presentations and Topics: T**he next meeting will feature presentations from Emily Douse on the Carers Charter and Krishna De on Patient Experience. Elizabeth will provide a future presentation on the work of Carers Plus Yorkshire.
- **Attendance at Meeting:** Members agreed that there needed to be improved attendance from governors and Tracy will write to all governors asking for expressions of interest to join the group. Feedback from a governor who attended the meeting was:

"I just wanted to say how excellent I thought today's meeting was. I attended not feeling enthused but was so heartened by the presentation and the second speaker that I felt at the end of it that all is not lost!!! So, thank you for organising it."

Elizabeth McPherson
CaNN Chair

3. Membership Engagement Group (MEG) (20.08.26)

Below are the meeting notes from the meeting. Thank you to the two governors who attended.

Agenda	Subject	Responsible Officer
Item: 2	**MEG Action Notes from 14 04 26**	
Action 1:	To consider and approve the action notes from the meeting held on 14.04.26	
Outcome:	Action notes approved. **Completed.**	
Item: 4.1	**Membership Numbers**	
Discussion:		

Discussion:	The group reviewed the adopted Membership Action Plan's targets and noted that instead of a projected 2% increase in membership, there was a 2.5% decrease by the end of 2025, with a further small decline in 2026. Tracy explained that members leave by notifying directly, moving out of the area, losing interest, or being reported deceased by Civica, which provides monthly updates.
Item: 4.2	**Ideas to Increase Membership**
Discussion:	The group discussed the decline in membership numbers, methods for measuring departures, and strategies to increase engagement, including the use of local forums, email collection, and cross-promotion with the hospital charity. ○ **Email Collection and Engagement:** The group discussed the challenge of engaging members without email addresses, as only about two-thirds of members are reachable by email. Lucy and Jason recalled previous efforts to collect emails, which sometimes resulted in members opting out entirely. Tracy mentioned that requests for email addresses are included during governor elections. ○ **Balancing Communication Frequency:** The group debated the optimal frequency of communication, noting that too many messages can annoy members, while too few may lead to disengagement. The group agreed that the newsletter strikes a reasonable balance, but questioned the overall purpose and value of membership, especially with impending changes to the governance structure. ○ **Use of Local Forums for Promotion:** Lucy reported on the use of local forums for advertising membership and constituency meetings, specifically referencing the 'In Your Neighbourhood' platform, which Peter recommended due to its high local engagement. She agreed to continue using such forums for outreach. ○ **Cross-Promotion with Hospital Charity:** Peter suggested leveraging the hospital charity's communications by including membership information in their newsletters. Lucy agreed to take this action forward, noting that the charity's database is large and could help reach interested individuals without breaching data protection rules. The group reviewed current promotional tactics such as banners in hospital entrances, discussed their visibility and movement, and considered resource limitations for expanding these efforts. ○ **Banner Placement and Visibility:** Peter inquired about the location of promotional banners in hospital entrances, with Tracy confirming their presence in York and Scarborough. Lucy explained that banners are often moved due to competing priorities among departments, affecting their visibility.

	○ **Exploring New Membership Models and Engagement Approaches:** Jason proposed creating different categories of members, such as associate members who receive updates and surveys, and voting members who participate more actively. Lucy supported the idea of redefining the value proposition for members, suggesting that future engagement could be more tailored and mutually beneficial. ○ **Integration with Public Engagement:** Lucy emphasised the need to transition from a statutory membership model to a broader public engagement network, focusing on meaningful involvement in strategy development and organisational planning.	
Action 4.2a:	Discuss with Hospital Charity about adding a note about membership to the bottom of its email newsletter to reach potential new members.	**Lucy**
Outcome:		
Action 4.2b:	Have a conversation with the patient experience team to explore including a membership invitation or link in the Friends and Family Test follow-up communications.	**Lucy**
Outcome:		
Item: 6	**MEG Attendance Log**	
Discussion	The group noted the poor attendance at the meeting despite Peter's efforts to email all governors inviting them to attend.	
Item: 7	**Any Other Business**	
Discussion	**Future of NHS Governors and Governance Changes:** The group discussed the NHS ten-year plan's proposal to remove the requirement for foundation trusts to have councils of governors, the rationale behind this change, and its implications for local accountability and member engagement. Concerns were raised that removing elected governors could diminish local accountability and transparency, with decisions potentially becoming less responsive to community needs. They agreed that the future role of governors, or their replacement, should focus on maintaining effective links with the community. It was noted that the upcoming Council of Governors (COG) September meeting will include a detailed session on these changes.	

Date of Next Meeting:
3 December 2026, 10.00am – 11.00am, via Teams.
All Governors Welcome

Peter Morley
MEG Chair

4. Governor Activities

Jean Flanagan – Public Governor East Coast of Yorkshire

My Governors Report is:

1. Attended the full session of day two of the Public Engagement Event of the Trust regarding Bridlington NHS site held at Bridlington Spa. I spoke:

    - to staff and heard about the Planned Care in the surgical unit and their aspirations to further develop their services

    - to the ICB representative 'manning the Palliative Care stall ' and enquired of them of their future commissioning arrangements for Palliative Care

    - to local Health Watch Bridlington and heard about their whole systems contribution to health in Bridlington

    - to staff presenting on a stall presenting options for transport to ensure access to services provided by the Trust in Bridlington

2. Attended an extraordinary meeting of the Nomination and Renumeration Committee regarding plans for NED recruitment/ vacancy management

3. Met as a member of Save Scarborough Hospital Group with CEO Claire Smith and Magnus Harrison (Trust Lead for Strategy Implementation) in Scarborough Town Hall. The meeting was concerned with Scarborough and Yorks emerging Clinical Strategy and future Engagement Events in the Scarborough locality.

4. I participated in a Teams National online meeting regarding the strategic issue of 'What Follows the Council of Governors?'

Jim Cannon – Stakeholder Governor YOPA

I attended the York constituency review in July when Martin reported back on progress to a very interested group. There was a lot of participation and comments with respect for the way the Trust is approaching the challenges.

I offered to set up an interim meeting to give updates and offer people the chance to raise issues. Ros Shaw was supportive and we will look at the October timescale for the first session.

Item 15.1

Report to:	Council of Governors
Date of Meeting:	9 September 2026
Subject:	Fit and Proper Persons Test (FPPT) Annual Report
Director Sponsor:	Clare Smith, Chief Executive
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

☒ 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 report is to provide annual assurance to the Council of Governors regarding compliance with the NHS England Fit and Proper Person Test Framework and the Trust's Fit and Proper Persons Test Policy.

The annual review of all Board members, comprising Executive Directors and Non-Executive Directors, has now been completed for the 2025/26 reporting period. The assessment process included the completion of annual self-attestations and verification checks in accordance with the NHS England Fit and Proper Person Test Framework and the Trust's local policy.

The outcome of the review confirms that all serving Board members satisfied the requirements of the Fit and Proper Person Test. No breaches, concerns, restrictions, disqualifications, adverse findings or other matters were identified that would affect any Board member's eligibility to hold office. This includes compliance with relevant employment, professional registration, conduct, insolvency, director disqualification and declaration requirements.

The Trust's annual FPPT return was completed and submitted to NHS England by the required deadline of 30 June 2026. All supporting documentation and evidence have been retained in accordance with NHS England requirements and the Trust's policy framework.

Recommendation:

The Council of Governors is asked to:

1. Note the outcome of the 2025/26 annual Fit and Proper Persons Test review.
2. Receive assurance that all Executive and Non-Executive Directors have met the requirements of the NHS England Fit and Proper Person Test Framework.
3. Note that no breaches or compliance concerns were identified.
4. Note that the Trust's annual FPPT return was submitted to NHS England by the required deadline of 30 June 2026.

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

Meeting/Engagement	Date	Outcome/Recommendation
Board of Directors	29/07/26	Noted.

Fit and Proper Persons Test (FPPT)

1. Background

Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, NHS organisations are required to ensure that all Board Directors satisfy the Fit and Proper Persons Test. The NHS England Fit and Proper Person Test Framework further strengthens these requirements by providing a consistent national approach to assessing Board member suitability.

The Framework applies to all Trust Board members, irrespective of voting rights or contractual arrangements.

2. Annual Assurance 2025/26

The annual assessment process has been completed for all Executive and Non-Executive Directors.

The review confirmed that:

- Annual FPPT self-declarations were completed.
- Required verification checks were undertaken and evidenced.
- Professional registrations (where applicable) were verified.
- Director disqualification checks were completed.
- Insolvency and bankruptcy checks were completed.
- Relevant public domain searches were undertaken.
- No matters were identified that would call into question an individual's fitness and propriety to hold office.

Outcome:
All Board members have successfully met the requirements of the Fit and Proper Persons Test for 2025/26.

Breaches Identified:
None.

Regulatory Return:
The Trust's annual FPPT submission was completed and submitted to NHS England by the mandated deadline of 30 June 2026.

3. Conclusion

The Council of Governors can be assured that robust arrangements are in place to assess compliance with the Fit and Proper Person Test Framework and that all current Executive and Non-Executive Directors have met the necessary requirements during the 2025/26 annual review process.

No issues requiring escalation, regulatory notification, remedial action or further investigation have been identified.

Item 15.2

Report to:	Council of Governors
Date of Meeting:	9 September 2026
Subject:	EDI Annual Report 2026
Director Sponsor:	Lydia Larcum, Interim 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 ☒

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☐ Sustainability Green Plan
☐ Financial Balance
☐ Effective Governance

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

☒ Yes

☐ No

☐ Not Applicable

Executive Summary:

This report is being presented to the Council of Governors for assurance, as it is a legal requirement to comply with the Public Sector Equality Duty (PSED.) The Trust has an obligation to produce an annual report stating the work that has been conducted to meet its Equality Objectives, which are produced every four years. The Trust's objectives run from 2024-2028.

The Trust has made clear progress in year two of its Equality Objectives, with strengthened governance, improved compliance with national standards, and early

evidence of impact across services, workforce, compliance and the inclusive built environment. While progress is evident, delivery is not yet consistent and further work is required to improve data quality, embed inclusive practices and accelerate outcomes.

To achieve the 2024–2028 ambitions, the Trust must now focus on embedding delivery, improving data quality and strengthening accountability across all directorates.

The full report is available to view here.

Recommendation:

To note the work that has been undertaken to meet the Equality Objectives and compliance with the Public Sector Equality Duty (PSED).

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

Meeting/Engagement	Date	Outcome/Recommendation
Corporate Directors	15 June 2026	
Resources Committee	23 June 2026	
Board of Directors	29 July 2026	

1. Introduction and Background

This report is being presented to the Council of Governors for assurance, as it is a legal requirement to comply with the Public Sector Equality Duty (PSED.) The Trust has an obligation to produce an annual report stating the work that has been conducted to meet its Equality Objectives, which are produced every four years. The Trust's objectives run from 2024-2028.

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions, these are to:

a. Eliminate discrimination, harassment, and victimisation
b. Advance equality of opportunity between people who share a protected characteristic and people who do not
c. Foster good relations between people who share a protected characteristic and those who do not

The Public Sector Equality Duty places additional specific duties on public authorities, including NHS Trusts, this is to 'Publish sufficient information to demonstrate compliance with the general duty by 31 January 2012 and thereafter annually'.

These are published in the report.

2. Current Position/Issues

The Trust has made clear progress in year two of its Equality Objectives, with strengthened governance, improved compliance with national standards, and early evidence of impact across services, workforce and the inclusive built environment. While progress is evident, delivery is not yet consistent and further work is required to improve data quality, embed inclusive practices and accelerate outcomes.

To achieve the 2024–2028 ambitions, the Trust must now focus on embedding delivery, improving data quality and strengthening accountability across all directorates.

The full report can be viewed here.

Summary of Equality Objectives Progress:

Inclusive Built Environment - Progress to Date

- Access audits have been completed across multiple sites, supported by an active Access Plan.
- Continuous implementation of Disability awareness training.
- The Inclusive Built Environment Strategy has been updated.

Compliance-Progress to Date

- Strengthened health inequalities and patient access work.
- Embedded and progressed EDI frameworks and governance.
- Improved data insight and early signs of positive workforce trends

Services - Progress to Date

- Quality monitoring within patient surveys has improved.
- The use of patient feedback has improved.

- Communication tools have been enhanced.

Workforce - Progress to Date

- The neurodiversity toolkit was implemented; the Trust has an Anti-racism Statement on its website and anti-racism training has commenced.
- Workforce governance has improved, providing greater visibility of inclusion issues and clearer accountability for progression.
- The Trust's approach is increasingly aligned with national NHS priorities, supporting a more consistent and strategic focus on equality, inclusion and workforce experience.

3. Summary

The Trust has established a credible foundation for delivering its Equality Objectives, with clear progress across governance, compliance, services, workforce inclusion and the inclusive built environment. This provides assurance that key structures and initiatives are in place. However, momentum must be maintained across the two remaining years of the current Equality Objectives, and beyond, to ensure meaningful and sustained changed is seen.

Sustained leadership focus will be critical to translating this progress into measurable and lasting change, enabling the Trust to deliver meaningful improvements in equality, diversity and inclusion by 2028.

Name	02.05.25 XCoG	11.06.25 CoG	06.08.25 XCoG	10.09.25 CoG	10.12.25 CoG	16.01.26 XCoG	11.03.26 CoG	10.06.26 CoG	09.09.26 CoG	09.12.26 CoG	10.03.27 CoG
Rebecca Bradley (Staff Governor - Community)	Ap	√	√	√	√	Ap	Ap	Ap			
Mary Clark (Public Governor - York)	Ap	√	√	Ap	√	Ap	√	Ap			
Elena Clerici (Staff Governor - York)					√	Ap	√	√			
Cllr Liz Colling (Stakeholder Governor - NYC)	Ap	√	√	√	√	Ap	Ap	√			
Adrian Faraj (Staff Governor - Scarborough/Bridlington)	Ap	√	√	Ap	Ap	Ap	Ap	Ap			
Jean Flanagan (Public Governor - East Coast)					√	√	√	√			
Sandra Fox (Public Governor - Ryedale & EY)					√	√	√	√			
Paul Gibson (Public Governor - East Coast)	Ap	Ap	√	√	Ap	Ap	Ap	√			
James Hayward (Public Governor - East Coast)	√	√	√	√	√	Ap	Ap	Ap			
Gary Kitching (Staff Governor - York)	√	√	√	√	√	Ap	√	√			
Graham Lake (Public Governor - Ryedale & EY)		Ap	√	√	√	√	√	√			
Wendy Loveday (Public Governor - Selby)	Ap	Ap	√	Ap	√	Ap	Ap	Ap			
Elizabeth McPherson (Stakeholder Governor - Social Care)	Ap	√	√	√	√	√	√	Ap			
Peter Morley (Public Governor - Selby					√	Ap	√	√			

Name	02.05.25 XCoG	11.06.25 CoG	06.08.25 XCoG	10.09.25 CoG	10.12.25 CoG	16.01.26 XCoG	11.03.26 CoG		10.06.26 CoG	09.09.26 CoG	09.12.26 CoG	10.03.27 CoG
Cllr Tim Norman Councillor - ERYC)				√	√	Ap	Ap		√			
Carol Popplestone Staff Governor - SGH & Brid)					√	Ap	√		√			
Gerry Richardson (Stakeholder Governor – York University)	Ap	√	√	Ap	Ap	√	√		√			
Cllr Jason Rose (Stakeholder Governor - CYC)	Ap	√	√	√	√	√	√		√			
Ros Shaw (Public Governor - York	√	√	√	√	√	√	√		√			
Julie Southwell (Staff Governor - York)	√	√	√	√	√	√	√		√			
Linda Wild (Public Governor - East Coast of Yorkshire)	√	√	√	Ap	√	√	√		√			

Name	11.06.25 CoG	10.09.25 CoG	10.12.25 CoG	11.03.26 CoG	10.06.26 CoG	09.09.26 CoG	09.12.26 CoG	10.03.27 CoG
Martin Barkley (Chair)	√	√	√	√	√			
Lorraine Boyd	√	√	√	√	√			
Julie Charge	√	√	√	√	√			
Helen Grantham	√	Ap	√	√	√			
Jane Hazelgrave	√	√	Ap	√	√			
Richard Reece		√	Ap	√	Ap			
Rukmal Abeysekera			√	√	√			
Matthew Taylor					√			
Ian Floyd					Ap			