York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 10

Committee Report

Report from:	Resources Committee
Date of meeting:	18 November 2025
Chair:	Helen Grantham

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

ALERT

- **Diagnostics** – a committee focussed review was undertaken on diagnostics (supported by a detailed paper covering the different modalities, performance and plans). While performance had shown a 5.1% improvement month on month, challenges continue with meeting trajectory. The current view is that DM01 year-end target will not now be met, particularly impacted by MRI performance, and that this should be raised at Board level:
    - Improvement to 71.2% against trajectory of 76.3% - ranked 104th out of 117 nationally
    - While performance recovery actions were beginning to deliver significant improvements, equipment breakdowns (MRI/CT), colleague resource challenges and infrastructure challenges (e.g. Scarborough CDC) remain. Nuffield has recently also served notice to cease its outsource MRI service reducing capacity further
    - MRI was a particular area of concern with service down to circa 40% against establishment and forecasting 60% performance at year end against trajectory of 90%. Recovery actions were identified, although these were not likely to impact significantly on performance until 2026/27
    - Improvements in CT and NOUS (forecasting to meet year end trajectory). Challenges remain in reaching year end trajectory for Audiology, Echocardiography, colonoscopy and gastroscopy, although all were expecting to see improvements over current performance
    - Senior review of diagnostic requests and vetting scans by radiology were being undertaken to ensure appropriate use of resource and reduce inappropriate referrals
    - The Committee noted the discussions which had taken place for mutual support, opportunities for outsourcing, use of York St John's MRI scanner, potential for scanner hours to be extended (with expected impact on equipment breakdowns and resource issues) and the focus on meeting key targets for cancer patients. A focused deep dive with NHSE is planned. The committee would receive an update on all options considered and ruled out for improving MRI capacity with reasons for exclusion and impact assessment

- **Cancer** – not meeting trajectory for faster diagnosis standard (FDS) and 62 day waits for first treatment
    - FDS – 64.7% (behind trajectory of 73.9%) - ranked 108th out of 118 nationally
    - 62 day waits for first treatment – remained at 64.5% against trajectory of 70.1% ranked 95th of 118 nationally
    - impact of diagnostics – see above
    - a meeting has been held with the ICS regarding GPs ceasing certain diagnostic activity e.g. dermoscopy – no solution yet, but with ICS to propose – the trust would continue to push the ICS for resolution
    - Equality impact assessments relating to four action areas to improve cancer performance had been undertaken and the planned approach on the potential action areas were noted along with potential risks and trade-offs. Some additional risk assessments were needed before actioning one of the action areas

- **RTT** – total waiting list (TWL) continues to increase (review of all waiting lists and movement of some patients to RTT list has completed)
    - 58731 against trajectory of 43689
    - 90th highest out of 118 nationally for proportion of waiting under 18 weeks
    - 92nd out of 118 nationally for waits over 52 weeks
    - Rapid access chest clinic performance has improved significantly to 70.7%, progressing towards year-end target of 99%
- **Acute**
    - EC attendance overall and type 1 continued to rise (up 10% on 2024) and ECS for October was below trajectory at 68.7% (87 out of 118 providers nationally)
    - Type 1 12+ hour trolley waits were behind trajectory and had shown a slight uptick
    - Average handover times (22 mins) continued to be significantly ahead of trajectory (29 mins 51 secs)

- **Finance**
    - £3.2m adverse variance to plan
    - A briefing paper was presented cover a financial recovery plan (FRP) in response to the forecast outturn deficit. The following areas were discussed:
        - The FRP was required to be produced following NHSE's mid-year financial review (assessment representative of the NHSE finance team attended the meeting).
        - The deteriorating forecast position of £25m deficit, and the reasons for this – recurrent cost pressures, non-delivery of planned efficiencies, capped income and capacity and demand pressures. The risk potentially rises to £48.4m due to the ongoing risks around sparsity, 24/25 ERF etc..
        - The status of the cost improvement plan - actions needed to be finalised
        - The continued engagement with NHSE and HNY ICB
        - The importance of receiving the sparsity payment relating to Scarborough in full – discussions ongoing with HNY ICB
        - The current approach to funding which did not take account of increased demand
        - Within elective recovery, that the priority focus was on cancer performance improvement
        - How transformation was expected to be funded and the ambitions in the 10-year plan
        - That updates would be provided to each committee meeting on delivery against the FRP and forecast
        - Planned communication re financial recovery briefing to care groups and senior management teams and budget holders
- **Workforce**
    - Rising sickness absence is an area of concern driven by stress/anxiety/depression and seasonal illnesses
    - 30 consultation exercises underway

ASSURE

- The regular **Nursing Workforce Report** was presented which was overall showing positive improvement, noting increased sickness and healthcare support vacancies. The reasons, risks and mitigations on "red" areas to ensure safe staffing levels were considered.
- **YTHFM Update** were provided and discussed. On the whole performance was good with the LLP financially stable, although underperforming on colleague sickness absence and visible cleanliness. Further cost control measures being implemented, e rostering being rolled out and work ongoing relating to culture. The results of the YTHFM six-facet survey had been received by the team but queries remained and an update to the committee would be provided at a future meeting.

- **Resident doctors 10-point plan -** an update was provided on actions to improve resident doctors' working lives in line with DHSC initiative. Results of recent survey were considered and outstanding actions noted.
- **Workforce**
    - good progress continues decreasing agency and bank usage
    - The devolved vacancy control/recruitment process has been reviewed
    - Colleague survey engagement is higher than 2024, with time remaining
- **Pay gap reporting –** reports on gender and ethnicity pay gaps were considered ahead of presentation to the Board – the slight deterioration in this area was noted along with planned actions for improvement.
- **EPR –** a verbal update was provided – the Nervecentre build is slightly behind schedule, but overall confidence in tranche 1 go-live date. The trust was taking learnings from other NHS sites who were at a more advanced stage of Nervecentre implementation and building into plans for training and operational impact.

ADVISE

- **Innovation –** update was provided on national initiatives around AI and ambient voice technology. A recommendation that additional time is needed at either the Board and/or committee to engage in strategic technology planning and consider its ability to improve efficiency and support transformation. Consideration being given to efficient use of time.
- **Resident doctors –** it was recommended that engagement with a group of resident doctors was added to the Board colleague visits to improve engagement and receive direct feedback.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- The risks to meeting trajectory for some of the key **diagnostic areas,** the potential impact on meeting the **faster diagnosis targets for cancer, total waiting list** and the deterioration in **emergency care** performance (see comments under ALERT above)
- Risks to delivery of **financial plan** and the **cost improvement programme** – see ALERT above
- Risks of rising colleague sickness levels