

Agenda

Council of Governors (Meeting held in Public)

Wednesday 10 December 2025

Malton Rugby Club, YO17 7EY
at 10.00am



COUNCIL OF GOVERNORS MEETING

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

On: Wednesday 10 December 2025

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 – 13.00	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors Members of the Public
13.30 – 15.00	Private Council of Governors	Malton Rugby Club	Council of Governors Non-executive Directors



Council of Governors (Public) Agenda (10.12.25)

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	Introduction, apologies for absence and quorum To receive any apologies for absence	Chair	Verbal	-	10.00 – 10.05
2.	Declaration of Interests To receive any changes to the register of declarations of interest	Chair	Enclosed	6	
3.	Minutes of the meeting held on 10 September 2025 To receive and approve the minutes from the above meeting	Chair	Enclosed	11	
4.	Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	Enclosed	25	
5	Chief Executive's Update To receive a report from the Chief Executive.	Chief Executive	Enclosed	28	10.05 – 10.20
6	Chair's Report To receive a report from the Chair	Chair	Enclosed	32	10.20 – 10.30
7	Performance Report To receive the latest Performance Report	Chief Operating Officer	Enclosed	35	10.30 – 10.55

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	Winter Plan	Chief Operating Officer	Enclosed	60	10.55
	To receive and discuss the Winter Plan				– 11.15
BREAK 11.15 – 11.30					
9	Carers Charter	Patient EDI Lead	Verbal	-	11.30
	To receive and discuss the work being done by the Trust on supporting carers and families				– 11.45
10	EPR Update	Chief Nursing Information Officer & EPR Digital Clinical Lead	Verbal		11.45
	To receive an update on the EPR programme				– 12.00
11	Corporate Governance	Assoc. Director of Corporate Governance	Enclosed		12.00
	11.1 Corporate Governance Update			73	–
	11.2 Constituency Amends Proposal			75	12.20
12	Reports from Board Committee Chairs	Chairs of the Committees	Enclosed	82	12.20
	12.1 Quality Committee				–
	12.2 Resources Committee				12.40
	12.3 Audit Committee				
13	Governor Activities Report	Governors	Enclosed	95	12.40
	To receive a report from the governors on their activities				– 12.50
14	Items to Note	Chair			12.50
	14.1 CoG Attendance Register		Enclosed	98	–
	14.2 NED Attendance Register		Enclosed	101	12.55
15	Any Other Business	Chair	Verbal		12.55
					– 13.00

SUBJECT	LEAD	PAPER	PAGE	TIME
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15 Time and Date of Next Meeting

The next Council of Governors meeting will be held on Wednesday 11 March 2026

Visiting Presenters: Item 9: Emily Douse, Patient EDI Lead

Item 10: Nicola Coventry, Chief Nursing Information Officer
Vicci Anderson, EPR Digital Clinical Lead

Register of Governors' interests

December 2025



**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

Additions: Nick Bosanquet, Jean Flanagan, Sandra Fox, Ian Foxley, Peter Morley, Carol Popplestone, Elena Clerici

Deletions: Elaine McNicholl, Michael Reakes, Catherine Thompson, Franco Villani, Rukmal Abeysekera, Abbi Denyer, Graham Healey

Modifications: Graham Lake – delete Education Lead: RCN NY Branch, Member: Derwent PPG

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Register of Governors' interests

2025/26



**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.
Nick Bosanquet (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Rebecca Bradley (Staff: Community)	Nil	Nil	Nil	Nil	Nil	Nil	Temporary secondment alongside current post as Matron with NHS England
Bernard Chalk (Public: Scarborough & Bridlington)	TBA						
Mary Clark (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Elena Clerici (Staff: York)	TBA						

CIlr Liz Colling (Appointed: NYCC)	Nil	Nil	Nil	Councillor - NYCC	Councillor - NYCC	Councillor - NYCC	Trustee: CAB NY Governor & VC: Childhaven Nursery School Scarborough Chair: NY Constituency Ctte Scarborough & Whitby VC: NYCC Scrutiny of Health Committee Member: Scarborough Town Deal Board
Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Member: York Sight Loss Council
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	Nil
Ian Foxley (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Founder/CEO: Parrhesia Inc. (UK Charity Reg. No. 1193561)	Nil	Nil
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
Jill Quinn (Appointed: Dementia Forward)	CEO – Dementia Forward	Nil	Nil	CEO – Dementia Forward Trustee – The Place in Settle	CEO – Dementia Forward	Nil	As stated
Gerry Richardson (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Nil	Employee of University of York
Cllr Jason Rose (Appointed: CYC)	Nil	Nil	Nil	Councillor – NYC	Councillor – NYC	Councillor - NYC	Nil
Ros Shaw (Public: York)	Director of 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 of Finance, Policy & General- Purpose Committee (WTC) Chair of Human Resources Committee (WTC) Chair of Pannett Art Gallery Committee (WTC) Chair of Trustees Whitby Lobster Hatchery Trustee of United Charities, Board Member - Whitby Town Deal Board,
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Minutes

Public Council of Governors Meeting 10 September 2025

Chair: Martin Barkley

Public Governors: Rukmal Abeysekera, City of York; Ros Shaw, City of York; Michael Reakes, City of York; James Hayward, East Coast of Yorkshire; Paul Gibson, East Coast of Yorkshire; Bernard Chalk, East Coast of Yorkshire; Elaine McNicholl, East Coast of Yorkshire; Catherine Thompson, Public Governor Hambleton; Graham Lake, Ryedale & EY

Appointed Governors: Elizabeth McPherson, Carers Plus; Cllr Jason Rose, CYC; Cllr Liz Colling, NYCC; Cllr Tim Norman, ERYC

Staff Governors: Abbi Denyer, York; Julie Southwell, York; Gary Kitching, Staff Governor York; Rebecca Bradley, Staff Governor Community

Attendance: Simon Morritt, Chief Executive; Lucy Brown, Director of Communications; Julie Charge, NED; Lorraine Boyd, NED; Jane Hazelgrave, NED; Noel Scanlon, NED; Richard Reece, ANED; Madelaine Warburton, NHS Providers; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Presenters: Alastair Newell, Forvis Mazars (25/38 only)

Public: 6 members of the public attended

Apologies: Beth Dale, City of York; Linda Wild, East Coast of Yorkshire; Mary Clark, City of York; Wendy Loveday, Selby; Jill Quinn, Dementia Forward; Gerry Richardson, University of York; Adnan Faraj, Scarborough/Bridlington; Franco Villani, Scarborough/ Bridlington; Graham Healey, Staff Governor Scarborough/Bridlington; Helen Grantham, NED; Jenny McAleese, NED; Claire Hansen, Chief Operating Officer

25/32 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate. He extended a particular welcome to Councillor Tim Norman, stakeholder governor from East Riding Yorkshire Council, Alastair Newell, from Forvis Mazars, to discuss the external audit report, and Madelaine Warburton, from NHS Providers, to observe the meeting.

25/33 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest.

25/34 Minutes of the meeting held on the 11 June 2025

The minutes of the meeting held on the 11 June 2025 were agreed as a correct record.

25/35 Matters arising from the Minutes

Action Log

- **Implementation of Centralised Booking System:** Mr Barkley explained that a new centralised booking system has been partially implemented, allowing patients to directly contact high-volume specialties such as ENT and ophthalmology, which previously had separate booking teams. This change aims to streamline patient access and improve service quality. The percentage of calls handled increased from 35% to over 70% following the implementation of the new system, significantly reducing inconvenience for patients seeking appointments in these two high volume specialties. The new system is less expensive than the previous one and is planned to be extended to other specialties, with a focus on maintaining quality and convenience for patients.

A supplementary paper will be attached to the meeting minutes for further reference.

The Council acknowledged that all actions have been completed.

25/36 Chief Executive's Report

Mr Morritt gave an overview of his report which had previously been circulated with the agenda and added that there had been a few developments that were not in the report as follows.

- The NHS Acute Hospitals Quarterly League Table was published yesterday. The Trust is in segment 4 and ranked 118 out of 134. Hospitals are assessed on 28 metrics and the Trust will need to make sure that it is focused on those metrics in order to improve its ranking.
- The NHS planning framework for 2026 has recently been published and it is expected that the Trust will submit its plan by December.
- Establishing Community Diagnostic Centres is continuing and the Trust is working with its partners, York, North Yorkshire and East Riding, to develop plans for local community services.
- The Trust has formalised an anti-racism statement and established a committee to provide support for staff experiencing racism, whether from colleagues or patients. Reporting mechanisms and support networks are in place for staff experiencing discrimination, with data captured through incident reporting systems. A collaboration with local partners has also been established to address challenges both within and outside the workplace.

The Council:

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

25/37 Chair's Report

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

- In response to a question about having a constituency meeting online in January/February, Mr Barkley thought it was a good idea and will consider it.

No further questions were asked.

The Council:

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

Action: Mr Barkley to arrange an online constituency meeting in January/February.

25/38 Independent Auditors Report

Mr Newell presented the external audit outcomes for the financial year ending March 2025.

- **Audit Opinion and Process:** the external audit for the year ending March 2025 was completed ahead of the national deadline, resulting in an unqualified audit opinion. The audit found only immaterial amendments to the draft accounts and made two internal control recommendations.
- **Value for Money and Financial Weaknesses:** The audit identified that a previously reported significant weakness related to the 'journey to excellence' programme had been addressed. However, a new weakness was noted regarding the Trust's arrangements for delivering financially sustainable services, reflecting broader NHS funding challenges.
- **Efficiency Programme Monitoring:** Mr Newell explained that the audit team engages with the Trust throughout the year, attending audit committees and holding regular meetings with finance leads to monitor progress on efficiency schemes and ensure there are no surprises at year-end.
- **Materiality and Technical Explanations:** In response to questions, Mr Newell clarified the concept of materiality in audit terms, explaining it is based on expenditure and is set at a level significant to the organisation's service provision. He also addressed technical aspects of the Trust's electronic patient record system valuation.

Mr Morritt and Mrs Hazelgrave discussed the ongoing financial pressures, including the reliance on non-recurrent funding, the need for sustainable efficiency improvements, and the uncertainty around future funding allocations and payment for increased activity.

The Council:

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

25/39 Performance Report

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

- **Diagnostics –** This area remains a significant concern due to rising demand, which has resulted in extended waiting times and affected cancer and urgent care performance metrics. Contributing factors include equipment failures, workforce shortages, and increased demand for specific modalities such as CT and MRI. Mrs Hazelgrave described changes to the Resources Committee's approach, moving towards more in-depth reviews of diagnostics due to the complexity and variety of

issues across different modalities. Funding constraints remain an ongoing challenge. The Trust is working with the Integrated Care Board to analyse the impact of direct access and manage demand across the system.

- **Acute Flow** – the target is 70% in one week for patients waiting less than 4 hours to be seen and treated. Last week it slipped to 67%. There is still a long way to go, and again the 4 hours and the 12 hours are the other metrics that are leading us to be 118th in the league table.
- **Cancer** – see discussion above.
- **Referral to Treatment (RTT)** - Recent increases in waiting list numbers were attributed to improved data quality and the implementation of a new electronic patient record system, rather than a true rise in patient numbers.
- **Children's Scorecard** – no comments made.
- **Workforce** – Recruitment challenges remain in key specialties with variation in vacancy rates across locations. Retention initiatives such as stay interviews and career conversations have been implemented. The Trust recognises the essential contribution of its diverse workforce, with one in six staff being non-white, and is considering ways to more proactively communicate the value of such staff and are putting in place anti-racism initiatives to support staff in addressing challenges they may face both within and outside of the workplace. The Trust collects data on incidents of racism and supports staff through both formal reporting and informal conversations, aiming to ensure all colleagues feel safe and supported.

The Council:

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

Action: Mr Barkley to share detailed diagnostic performance data, including MRI, CT, and ultrasound volumes with the governors.

25/40 Chief Nurse Update

CQC Update

Mrs Parkes provided an update on the outcomes of the recent CQC inspection, detailing identified breaches, ongoing action plans, and progress in areas such as maternity and mental health, with regular reporting to the CQC and internal governance meetings.

- **Inspection Findings and Action Plans:** The CQC inspection identified six breaches against regulatory requirements, primarily in urgent and emergency care and medical services. The Trust has developed action plans to address these, with regular monthly reporting to the CQC and internal oversight.
- **Section 31 notices:** These remain in place for maternity and mental health services. The Trust has funded additional posts to address safe staffing in maternity and is monitoring compliance with mental health risk assessments in the Emergency Department.

- **Environmental and Facility Improvements:** The CQC raised concerns about the maternity environment, particularly regarding facilities such as toilets and bathrooms. The Trust is conducting visits and planning improvements to address these issues.

The Trust values regular engagement with the CQC, including both announced and unannounced visits, to share information and demonstrate progress on action plans.

IPC Annual Report

Mrs Parkes discussed improvements in infection control and the use of data to drive action. She commented that the Trust has seen improvements in C. difficile infection rates, attributed to a focus on basic care, timely isolation, and the introduction of additional side rooms. Ongoing challenges include MSSA rates and line care. A multifaceted approach to staff training includes e-learning, in-person sessions, and a competence framework for registered nurses. Quality assurance frameworks and ward accreditation schemes are used to monitor and incentivise good practice.

Complaints Report (half-yearly)

Mrs Parkes advised that the volume of complaints has increased, with a shift in themes from basic ward care to outpatient access and communication. The Trust is focusing on learning from complaints and implementing improvements, with a rapid improvement event planned for the Patient Advice and Liaison Service (PALS). The Complaints data is reported at a high level for board purposes, but can be broken down by site or service area as needed. The Council asked for this analysis to be shared with the governors. The Trust is working to present complaints as a percentage of patient contacts for more meaningful analysis.

The Council:

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

Action: Mrs Parkes to provide governors with complaints data broken down into site and service areas.

25/41 NHSE 10 Year Plan

There was discussion about the NHS 10-year plan's proposal to make Council of Governors optional, with Mr Barkley suggesting the issue be revisited only if legislative changes progress. He believes there is value in having a Council of Governors.

25/42 Reports from Board Committee Chairs

Quality Committee

Mrs Boyd discussed the positive updates including progress on several ongoing issues and addressing failures, with improvements noted over the past three months. Clarification was sought regarding transport service hours, specifically whether the service operates overnight (10:00 PM to 7:00 AM).

A complex issue was raised about maternity funding: staffing is increasing to 16 FTE, but this remains below the recommended 30 MTE. Reports from June and July highlighted ongoing vacancies and negative trends. The current staffing gap is due to maternity leave, sickness, and vacancies, with 26 posts affected out of 44. Recruitment efforts include 25 full-time posts and 14 student midwives expected to start by October or January, which

should help address the gap. The committee is working towards achieving a stable staffing position and continues to pursue recruitment opportunities.

Additional discussion covered patient alerts, triangulation of data, and refurbishment of the maternity estate. Concerns were raised about accessing antibiotics in the Emergency Department if sepsis is suspected, and the effectiveness of internal screening processes.

A question was raised about cardiology follow-up and service efficiency, with acknowledgment that further transformation is needed to address ongoing issues.

Resources Committee

Mrs Hazelgrave discussed that the committee reviewed a range of performance issues, highlighting the importance of benchmarking and national rankings to understand the Trust's position relative to other organisations and to identify areas for improvement.

The Committee Chair, Helen Grantham, has consulted with executive directors and committee members to review how the committee functions, given its broad remit and current performance challenges. As a result, the agenda of meetings will have less items to allow for deeper discussion and scrutiny on key topics. Standing agenda items, such as financial risks, will remain due to their significance. The committee aims to be more effective by distinguishing between items requiring in-depth analysis and those presented for information only.

Financial planning remains a significant challenge, particularly regarding the efficiency programme and the retention of deficit funding. The committee also discussed the need for more sustainable, medium-term financial planning in response to the NHS 10-year plan. Planning for 2026/27 has commenced, with a meeting scheduled next week involving various specialties and board members. While a one-year financial allocation is expected this year, the goal is to move towards longer-term allocations to enable more strategic planning.

The Council:

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

25/43 Governors Activities Report

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

- A great start to finalising the Trust's anti-racism statement, and now would like to see an action plan and prioritise the key areas that need improving.
- A big thank you to Michael Reakes and Catherine Thompson, who have been with the Trust for a total of 9 years as public governors. They have been a valuable asset to the Council and will be greatly missed.

Mr Reakes explained that the Constitution Review Group are currently reviewing constituency boundaries and the number of governors per area, aiming to better reflect service usage. The Council asked for an update at the next CoG meeting with a view to ratifying the changes.

Mr Reakes also explained that the Membership Engagement Group has been pro-active in attracting membership to increase diversity and participation. Despite having surveys, radio adverts, postcards, and online advertising, membership has continued to decline. The action plan will be revisited at a later date.

Mrs McPherson explained that the OHC Group name will be replaced by the Community and Neighbourhood Network, in keeping with the Trusts plans to deliver more care in the community away from hospital sites. The Network will support the Trust in delivering care across all community settings. She asked for more governors to become members to represent their constituencies. Cllr Colling and Cllr Norman have agreed to become members. Further representation will be sought.

No questions were asked.

The Council:

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

25/44 Items to Note

The Council noted the following items:

- CoG Attendance Register
- NED Attendance Register

25/45 Time and Date of the next meeting

The next meeting is on Wednesday 10 December 2025 at Malton Rugby Club

Outpatient Services Call Handling Solution

York and Scarborough Digital introduced a new call handling solution for Outpatient Services in February 2025. This presentation will demonstrate the impact this has had on call volumes presented and handled by the main Outpatient Services Contact Centre

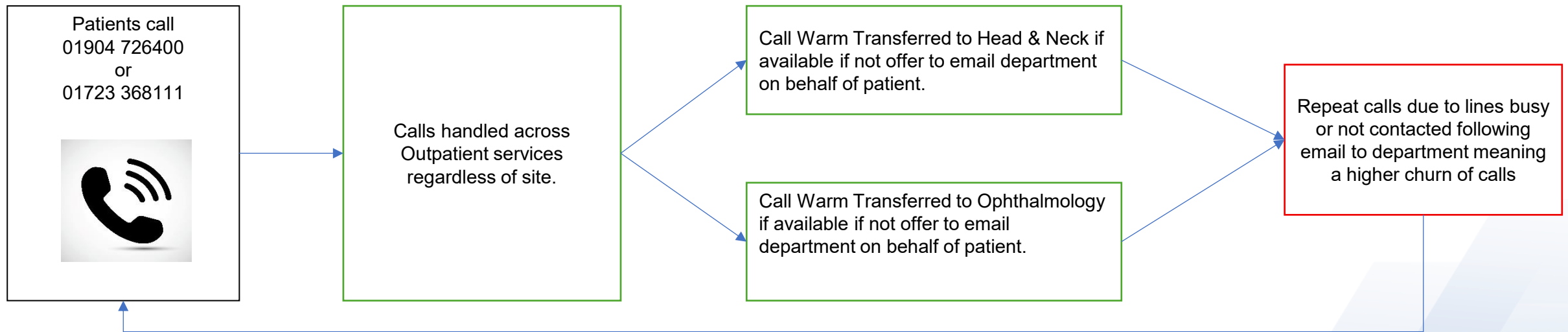


Solution

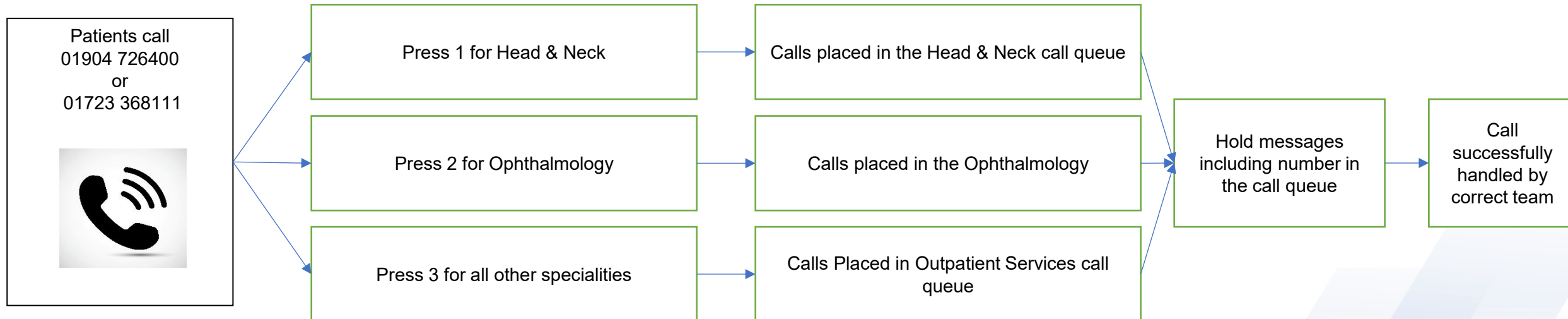
- The Y&S Digital and Outpatient teams worked together to audit incoming calls after noticing that some calls were being incorrectly directed to the Outpatient Services line. This happened because several outpatient services have dedicated administrative teams that handle their own patient bookings. To resolve this, a call menu was set up so patients can be routed directly to the right department without waiting in the main queue.
- The department has begun transitioning from the old phone system to Cisco Jabber, a platform that offers greater flexibility, enables call handling from any location, and is significantly more cost-effective than the existing equipment. Adopting this new solution leads to considerable savings. Analysis indicates that replacing damaged equipment with identical models would cost approximately £3,500 (£72 for each Sennheiser headset and £120 for each desk phone). In contrast, implementing Cisco Jabber as a softphone requires only £18 per USB headset, resulting in an estimated savings of about £3,000.



Previous Flow



New Flow

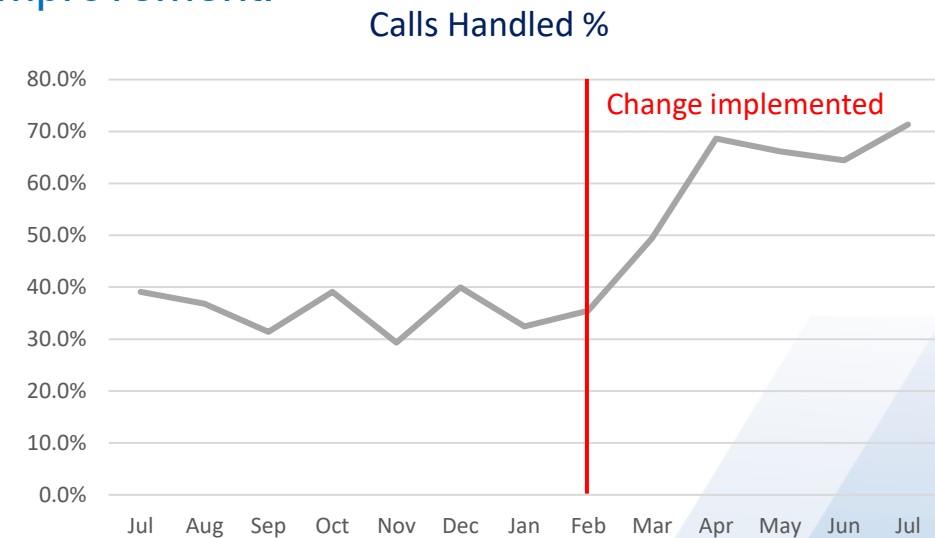


Month On Month Figures

Options were introduced on the call queue in February, allowing callers to select queues for ophthalmology and head & neck departments. Starting from February, the percentage of calls successfully handled showed month-on-month improvement.

NB: Staffing adjustments have also contributed to this improvement.

Month	Calls Presented	Calls Handled	Calls Handled %
Jul	15430	6031	39.1%
Aug	13602	5008	36.8%
Sep	16221	5094	31.4%
Oct	15865	6204	39.1%
Nov	18077	5302	29.3%
Dec	12897	5154	40.0%
Jan	20480	6642	32.4%
Feb	16031	5686	35.5%
Mar	12140	6004	49.5%
Apr	10147	6966	68.7%
May	10550	6978	66.1%
Jun	11490	7402	64.4%
Jul	11795	8415	71.3%



Future Vision

Omnichannel Communication

Supports voice, email, chat, SMS, and social media channels for seamless patient interactions.

- Live Chat for non-urgent queries
- WhatsApp Integration for sending maps etc
- Live in queue Call back management

AI Virtual Agents & Routing

AI-powered virtual agents offer 24/7 self-service; intelligent routing optimises call distribution.

- AI Agent for simple queries such as appt cancellations
- AI to route calls meaning right team first time
- AI routing to alternatives such as live chat etc

Agent & Supervisor Tools

Intuitive agent desktops and supervisor controls enable monitoring, coaching, and quality assurance.

- Improved user interface
- Improved supervisor controls on call queues and flow
- Call recording and quality assurance

Security, Integration & Analytics

Robust security standards, integrations with major CRM platforms, and detailed reporting enhance operations.

- Improved stability
- Easier integration with existing systems
- More detailed live and historical reporting which can be interrogated via AI



Approach

Overview

- The current system will be transferred to the cloud through a like-for-like approach, ensuring minimal disruption to existing workflows.

Deployment Strategy

- A linear rollout will be implemented across different departments. This approach allows each department to test and optimise new features before full-scale adoption.

Departmental Autonomy

- Each department will have the capability to independently manage their own call queues, promoting flexibility and responsiveness.

Continuous Improvement

- Regular reviews will be conducted with patients and staff to support ongoing improvements to the system.

Staff Training

- It is essential to deliver appropriate training to all staff who will be using the system, ensuring effective adoption and utilisation.

System Management

- A telephony manager will be appointed to oversee the system and act as the main point of responsibility across the trust.



Action Log

BRAG ratings:		= Action is Complete
		= Action is not on Track
		= Action in jeopardy of missing due date
		= Action is on Target

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
Public CoG	25/25	11.06.25	Ms Hansen will look into the Urgent Referral process around telephone calls/letters to patients.	Ms Hansen	Sept'25	<p>In terms of the telephony, we have agreed to trial a proof of concept for the main outpatients telephone number. This currently has a call queue, which allows patients to wait in a queue, and it will be rebuilt on a newer platform which will give us the potential for enhanced functionality as we move forward. This is currently in procurement with the network team and we are hoping to deploy this in Autumn. If this is successful it will give us the opportunity to bring in other call queues, and importantly, other patient facing numbers into a queuing function so that patients have a better experience. Currently not all patient facing teams have a call queue and this has been difficult to provide due to the expertise and time it takes to build them in the old system, however, this cloud based platform should make this easier.</p> <p>We completed a re-build of the call queue for outpatient services earlier this year, to direct patients directly to Head & neck or ophthalmology, rather than sitting in our queue. This in addition with being flexible with staffing</p>

Council of Governors

Action Log

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
						staffing at peak periods has helped us to improve our call handling from a low of 24% in December 2024 to a high of 75% in July. We know that there is more to do, and we are continuing to focus on call handling.
Private CoG	25/28	10.09.25	To acquire confirmation from the Chief Operating Officer that the Palliative Care Bed Pilot scheme at Bridlington is active before the East Coast Constituency meeting tomorrow evening.	Martin Barkley	11.09.25	Completed. Action closed.
Private CoG	25/30	10.09.25	To provide an update on the Constituency amendments at the December meeting.	Mike Taylor	Dec CoG	On Public CoG agenda. Action closed.
Private CoG	25/30	10.09.25	To report the results of the Council Evaluation Process at the December meeting.	Mike Taylor	Dec CoG	On Private CoG agenda. Action closed.
Public CoG	25/37	10.09.25	To arrange an online constituency meeting in January/February.	Martin Barkley	Jan/Feb	Pending
Public CoG	25/39	10.09.25	To share detailed diagnostic performance data, including MRI, CT, and ultrasound volumes with the governors.	Martin Barkley	Dec CoG	Will be part of the Performance Report in Public CoG meeting. Action closed.

Council of Governors

Action Log

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
Public CoG	25/40	10.09.25	To provide governors with complaints data broken down into site and service areas.	Dawn Parkes	Dec CoG	<p>We can report by service but not site as the information is not collected that way. The Trust is working to present complaints as a percentage of patient contacts; this is something we cannot do from the datix system where our complaints data is stored but we are exploring options with the BIU if there is possibility of it being added when the reporting moves to the information team but the specification for that to happen is still being finalised.</p> <p>Some services delivered out of Malton aren't under our remit. To address this, we have submitted a Freedom of Information request on behalf of the interested Governor and are currently awaiting responses.</p> <p>For your information, Harrogate and District NHS Foundation Trust reported zero complaints for 2024/2025. Unofficially, TEWV also reported zero complaints.</p> <p>We are currently reviewing the way we are reporting complaints data and making changes to pull them in to SPC charts – we are hoping that this will be able to be drilled down to care group and speciality area. This work is underway and we have done the initial test report at care group level but are working with BIU to have this at speciality level.</p>

Report to:	Council of Governors
Date of Meeting:	10 December 2025
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.

<p>Board Assurance Framework</p> <p><input type="checkbox"/> Effective Clinical Pathways</p> <p><input type="checkbox"/> Trust Culture</p> <p><input type="checkbox"/> Partnerships</p> <p><input type="checkbox"/> Transformative Services</p> <p><input type="checkbox"/> Sustainability Green Plan</p> <p><input type="checkbox"/> Financial Balance</p> <p><input type="checkbox"/> Effective Governance</p>	<p>Implications for Equality, Diversity and Inclusion (EDI) (please document in report)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Applicable</p>
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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: Care Quality Commission update, update on progress with the latest planning round, Resident Doctors' industrial action, Improving the Working Lives of Doctors (10 Point Plan) and the Trust's annual Celebration of Achievement Awards.

Recommendation:

For the Council of Governors to note the report.

Chief Executive's Report

1. Introduction

I want to start my first report to the Council of Governors with a sincere thank you for the wonderful welcome I have enjoyed so far.

I have made a commitment to all colleagues that I will spend the majority of my first three months getting out and about listening to our teams across the organisation, learning as much as I can about all of the services we provide and hearing how they want to improve the care and experience of our patients.

At the time of writing I am only in week two, but I can already see the enthusiasm and sense of pride our colleagues have for our services, and that they have a clear idea of what they want to do to make improvements for our patients, which is fantastic. I went to Corporate Induction today and the people who were on my table, who had all come from other Trusts, said that they had a strong feeling that 'people matter here', and that is my overwhelming sense too.

One of my commitments is to create the right environment to engender an improvement ethos across the organisation, so that colleagues feel able and supported to make the changes they want to see. What is so encouraging from the conversations I have had so far is that we absolutely have the people and values to do this.

The role of Chief Executive is a privilege, and not something I take lightly. I look forward to working with the Council of Governors to collectively improve the experience and outcomes for the communities we serve.

2. Care Quality Commission (CQC) update

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

I have visited our maternity services on both sites and was able to hear first-hand about the improvement journey we are on with our maternity and neonatal care, and I am confident that we continue to move in the right direction.

As Governors will be aware, a small team of CQC inspectors carried out an unannounced inspection at Scarborough Hospital from 7-9 October. They spent three days on site and were looking at medical care services and urgent and emergency care pathways, with a view to re-rating both services.

We received some high-level verbal feedback at the end of the inspection, and a number of issues were raised which we were able to respond to immediately. As is usual with such inspections, the CQC has also asked for a significant amount of supporting information and documentation, all of which has now been submitted and is being considered alongside the findings of the in-person inspection visits.

A formal report will be published detailing their findings and recommendations, however, we do not yet have a publication date. In the meantime we must thank all colleagues involved in the inspection, who were described by the CQC in their feedback as welcoming, helpful and engaged in the inspection process.

3. Planning update

NHS England's *Medium-term Planning Framework: delivering change together 2026/27 to 2028/29* has now been published and our teams are continuing to work through our activity, finance, performance and workforce plans in order to submit a first draft for review to the Integrated Care Board (ICB) on 12 December. The intention is to review the first formal submission at our Board Development session in December before it goes to NHS England on 17 December. As of yet we do not have a definitive date for the final submission, however we expect this to be in January or February 2026, allowing us to review it as a Board in January.

4. Resident Doctors' Industrial Action

Resident Doctors participated in a period of industrial action from 14 to 19 November, their first since the summer, as part of the ongoing national dispute over pay and conditions.

Consultants, SAS doctors, and other clinical colleagues provided cover so that resident doctors could take part in the action if they chose to, and to enable us to sustain as many of our services as possible to avoid disruption and delay for patients. Non-clinical colleagues from all parts of the organisation also provided further support to reduce the impact as far as possible. Thank you for everyone's collective efforts and for continuing to prioritise patient care.

A further round of action is currently planned to take place from 17 to 22 December. The BMA's legal mandate for strike action runs out at the end of January 2026, however we understand that they are balloting their members again to ascertain whether there is a mandate for further action.

5. Improving the Working Lives of Doctors

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

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

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

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

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

You can [read the Ten Point Plan on NHS England's website](#).

6. Celebration of Achievement Awards

I was delighted to be able to attend the annual Celebration of Achievement Awards in Scarborough just before I officially started in post. It was a great opportunity to meet colleagues informally, and to get a sense of the spirit of what we are all about as a Trust.

It was a real pleasure to hear all of the inspiring stories about colleagues who are living our values every day, from all different parts of our organisation.

Well done to all of those who picked up an award on the night, and to everyone who received a nomination this year. Whilst we know that we are in challenging times, we should never lose sight of recognising and celebrating colleagues' efforts and achievements.

Date: 10 December 2025

Report to:	Council of Governors
Date of Meeting:	10 December 2025
Subject:	Chair's Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

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

Trust Objectives

- ☐ Timely, responsive, accessible care
- ☐ Great place to work, learn and thrive
- ☐ Work together with partners
- ☐ Research, innovation and transformation
- ☐ Deliver healthcare today without compromising the health of future generations
- ☐ Effective governance and sound finance

Board Framework

Assurance

- ☐ Quality Standards
- ☐ Workforce
- ☐ Safety Standards
- ☐ Financial
- ☐ Performance Targets
- ☐ DIS Service Standards
- ☐ Integrated Care System
- ☐ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

The council of Governors is asked to note the report.

Chair's Report to December 2025 Council of Governors meeting.

Since the previous meeting of the Council of Governors I wish to update the Council of Governors about the following:

1. I am delighted to welcome our new Chief Executive to her first Council of Governors meeting, our new Lead Governor – Linda Wild, our 7 new Governors and our new NED who will be very well known to most Governors, Rukmal Abeysekera our former lead governor.
2. The recruitment process has started to recruit a new NED to succeed Jenny McAleese whose term of office ends on 28th February. She has given 9 years of outstanding service to the Trust and this will be her last CoG meeting. I am sure that Governors will want to take this opportunity to thank Jenny for her very conscientious service and one of the hardest working NEDs I have known in my 30 years of working with NEDs.
3. I have received a letter from NHS England advising that the updated “league table” of the 134 acute Trusts based on performance as at 30th September will be published in early December and that we have slipped further down the league table.
4. I have continued to visit a variety of wards, teams and services including spending time visiting more of our community teams. Our community services and discussions with “partner” organisations are of particular importance as the plans to implement Neighbourhood Health Teams start to be developed in accordance with the NHS 10 Year Plan.
5. With Andy Bertram who was our Chief Executive for the two months between Simon and Clare, I attended the mid-year review with Fiona Edwards, Regional Director NHS England, and members of her team. We were understandably closely questioned about our plans and hunger to improve the performance of the Trust and to achieve financial sustainability. We responded honestly and fully to all questions. Last week we received a letter confirming the key points of the meeting where the importance of improving our financial performance along with cancer standard and no 65 week waiters as at the end of December was emphasised. The importance of finance was also emphasised at a recent conference I attended by both the Secretary of State and the Chief Executive of NHSE. Given our concerning financial position, this will be the subject of a detailed briefing by Andy Bertram at our CoG meeting.
6. On 23rd October I attended a meeting of the Bridlington Health Forum at the Bridlington Spa. It was attended by more than 100 people. Along with four other people I was on the stage for more than 2 hours during which each of us gave a brief presentation and took questions from the audience. The key message for the Trust was to increase the range of outpatient clinics and diagnostic procedures to obviate the need for so many local citizens to travel to other distant hospitals which many people who do not have cars find extremely difficult and expensive. Whilst this is already part of our plans progress over the past year has been slower than we would have wished mainly due to so many

competing pressures not least of which progress towards achieving NHS Constitutional standards.

7. The Executive Team have been doing a lot of detailed work on our Plan for next year in details and the following two years in outline. The Board received a draft in November and an updated version on 17th December the day for sending to NHSE and the ICB. The final version is required by NHSE early February. A briefing will be given to the March meeting of Council of Governors.

Martin Barkley
Trust Chair

Report to:	Council of Governors
Date of Meeting:	10 December 2025
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 ☐

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input type="checkbox"/> Great place to work, learn and thrive <input type="checkbox"/> Work together with partners <input type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System <input type="checkbox"/> Sustainability
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Recommendation:

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

Performance Report key metrics

December 2025 Council of Governors meeting

Diagnostic 6 week standard October

- In October achieved 71.2% against a standard of 83% compared to 76.4% in same month last year.
- 14 types of diagnostic work are in the statistics with levels of attainment ranging from 57% re MRI scans to 96% for Dexa scans. Details are shown as annex 1.

Acute Flow October

- Number of 12+ hour trolley waits in October was 628 compared to 785 in same month last year.
- Proportion of ambulance handovers waiting more than 45 minutes which was 3.6% and compares to in excess of 29.6% in same month last year – when the metric was 60minutes not 45 minutes.
- Proportion of patients seen and treated in ED waiting less than 4 hours was 68.7% and compares to 62.5% for same month last year.
- Lost bed days for patients with no criteria to reside was 1,412 compared to 1,118 in same month last year.

Cancer

- Proportion of patients who had their first treatment within 62 days was 66.8% in September and compares to 66.2% for same month last year. Year end target 75%
- Cancer faster diagnosis 28 day standard was 60.6% in September and compares to 67.2% in same month last year and against a year end standard of 80.1%.

Referral to Treatment (RTT) October

- Number of people waiting is 58,731, which is 15,000 more than trajectory. This is mainly due to transferring patients from the Non-RTT list to the RTT list following a data quality check. However there is recent evidence of an increasing number of GP referrals. The number people waiting in same month last year was 44,347
- 46 patients waiting more than 65 weeks, against a target of zero and compared to 26 for same month last year.
- 1,809 waiting more than 52 weeks, an increase of 270 since June and compares to 1,158 in same month last year, and a year end target of 389.
- The mean waiting time for incomplete pathways is 18.2 weeks, compared to 18.5 weeks for same month last year.

Children scorecard October

- 56 children waiting over 52 week and compares to 33 for the same month last year and against a target of zero.
- Proportion seen within 18 weeks in June was 58.6% compared to 62.7% for same month last year.
- On the non RTT list the number of children waiting more than 52 weeks is 558 compared to 800 for same month last year.

Workforce October

- Staff sick leave rate was 5.2% compared to same month last year with a year to date rate of 4.8%.
- Rolling 12 month staff turnover rate is 7.9% which compares to 8.3% same month last year, better than plan of 10%.
- Overall vacancy rate of 6.1% compared to 7.5% same month last year.
- 9.6% HCSW vacancy rate in adult in-patient wards compared to 6.9% same month last year.
- RN vacancy rate 4% compared to 6.1% same month last year.
- Midwifery recruitment: aim to get to national recommended staffing (Birth Rate Plus) levels within two years subject to recruitment & retention with a backstop of 3 years
- Medical & Dental vacancies 3.7% compared to 1.8% same month last year.

Patient experience : Complaints

- The number of complaints received in October was 134 compared to 105 same month last year.

Highlights

Income and Expenditure Position

- Month 7 – Actual deficit of £4m against a planned deficit of £0.8m, so we are £3.2m adversely adrift of plan.
- £0.4m of the adverse variance is in relation to industrial action – at present, there is no national funding to cover this cost or for the loss of elective income (both of which have been covered in the past)
- Efficiency delivery is £9.1m behind plan
- ERF income is running ahead of our expected plan - we have done elective work above the proportionate element of the annual capped ERF value. At month 5 we were running £4.5m ahead of plan and assumed this income in the position in order to balance. To not show a further significant deterioration at month 7 we have continued to assume this additional income in the position.
- Q3 deficit support funding was confirmed at month 5 but is at risk due to the deteriorating system position.

Efficiency Programme

- At month 7 we have delivered year to date savings totaling £14.7m against a planned savings trajectory of £23.8m. We are currently falling £9.1m short of the year-to-date target requirement. The full year effect of the savings delivered to date is £21.2m.

Cash Position

- The cash balance at the end of October is £28.7m against a plan of £29.9m, which is £1.2m adverse. This is a significant improvement on the variance reported at the end of September and returns cash balances closer to planned levels. The debtors position has moved from an adverse variance of £2.5m in September to a favourable variance of £2m, mainly due to the receipt of outstanding Sexual Health contract payments from Local Authorities. In addition, the Trust are now receiving payment relating to the SHYPS contract on an agreed scheduled basis.

Concerns / Risks

- A significant element of the additional ERF £4.5m income relates to improved clinical coding made part way through 2024/25. The capped value does not take all these improvements into account so we are introducing a risk into our position here where we may well exceed the ERF cap and not receive payment. This position has to be considered alongside our actual elective (and cancer) performance.
- There remains a risk in relation to 24/25 elective activity and payment under PbR. Our reported income position for 24/25 included £5.1m of additional work done for which payment was reasonably expected. NHSE have not yet confirmed the arrangements for reimbursement of this work. Should there be any retrospective cap application then this would result in a corresponding negative impact to the current year's position.
- The current reported position assumes the sparsity payment of £10.3m (in full year terms) is met by the ICB. As yet the ICB has not identified a source of funding but remains committed to working with the Trust on a solution. This is transparently recognised and agreed by all parties in our plan but securing funding remains a key concern area.
- There is significant risk emerging with the efficiency programme as scheme delivery is slipping. Significant focus is required on delivery in the second half of the financial year, and a clear and documented recovery plan is required.

Future / Next Steps

Income and Expenditure Position

- Based on the Month 7 run rate, the Trust is forecasting a £25.8m deficit before further efficiencies. Expected efficiency delivery of around £20m in H2 would reduce this to £5.1m. There remains further risk of up to £22.9m linked to assumed income streams and delivery of the high-cost drugs risk share, which could increase the forecast deficit to £28m. A Recovery Action Plan is now being developed to address the forecast deficit, mitigate efficiency delivery risks, and manage the wider financial pressures.
- The winter requirements are included in this forecast position. It is critical to our financial position that winter spend is minimised and that additional savings are identified to offset the costs.

Summary Dashboard and Income & Expenditure

Finance (1)

- The Trust Submitted its Operational Financial Plan to NHSE on 30th April 2025. The plan presented a balanced income and expenditure (I&E) position as per the table opposite.
- The Trust's balanced position forms part of a wider HNY ICB balanced I&E plan.
- The Trust has a planned operational I&E surplus of £1.4m, but for the purposes of assessing financial performance NHSE remove certain technical adjustments to arrive at the underlying financial performance.
- It should be noted that the Trust's projected balanced position is after the planned delivery of a significant efficiency programme of £55.3m.
- The plan is designed to assist the Trust meet all the required performance targets in 2025/26
- The plan includes £16.5m of deficit support funding. This is not guaranteed and can be withdrawn if the Trust and ICB are not meeting their financial obligations.

OPERATIONAL FINANCIAL PLAN 2025/26 SUMMARY INCOME & EXPENDITURE POSITION

	£'000
INCOME	
Operating Income from Patient Care Activities	
NHS England	85,178
Integrated Care Boards	693,623
Other including Local Authorities, PPI etc..	8,780
	787,581
Other Operating Income	
R&D, Education & Training, SHYPS etc..	93,320
Total Income	880,901
EXPENDITURE	
Gross Operating Expenditure	-922,635
Less: CIP	55,290
Total Expenditure	-867,345
OPERATING SURPLUS / (DEFICIT)	13,556
Finance Costs (Interest Receivable / Payable / PDC Dividend)	-12,196
SURPLUS / (DEFICIT) FOR THE YEAR	1,360
ADJUSTED FINANCIAL PERFORMANCE	
Net Surplus / (Deficit)	1,360
Add Back	
I&E Impairments	5,000
Remove capital donations / grants I&E impact	-6,360
ADJUSTED FINANCIAL SURPLUS / (DEFICIT)	0

Summary Dashboard and Income & Expenditure

Finance (2)

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	£0.7m	£3.2m	↓	Deteriorating
Corporate CIP Delivery Variance to Plan (£29.8m target)	£9.7m	£12.5m	↓	Deteriorating
Core CIP Delivery Variance to Plan (£25.5m Target)	£3.6m	£3.5m	↓	Deteriorating
Variance to Agency Cap	£0.5m	£1.0m	↑	Improving
Month End Cash Position	£23.4m	£28.7m	↑	Improving
Capital Programme Variance to Plan	£5.8m	£11.5m	↓	Deteriorating

	Plan	Plan YTD	Actual YTD	Variance
	£000	£000	£000	£000
Clinical Income	795,645	464,126	472,806	8,680
Other Income	95,802	55,900	57,019	1,119
Total Income	891,447	520,027	529,826	9,799
Pay Expenditure	-600,258	-347,093	-350,851	-3,758
Drugs	-71,973	-42,866	-46,644	-3,777
Supplies & Services	-97,424	-56,800	-54,396	2,404
Other Expenditure	-142,328	-72,306	-74,131	-1,825
Outstanding CIP	34,092	9,051	0	-9,051
Total Expenditure	-877,891	-510,014	-526,021	-16,007
Operating Surplus/(Deficit)	13,556	10,013	3,804	-6,208
Other Finance Costs	-12,196	-7,114	-6,148	966
Surplus/(Deficit)	1,360	2,898	-2,344	-5,242
NHSE Normalisation Adj	-1360	-3710	-1703	2007
Adjusted Surplus/(Deficit)	0	-812	-4,047	-3,235

The I&E table confirms an actual adjusted deficit of £4.0m against a planned deficit of £0.8m, leaving the Trust with an adverse variance to plan of £3.2m.

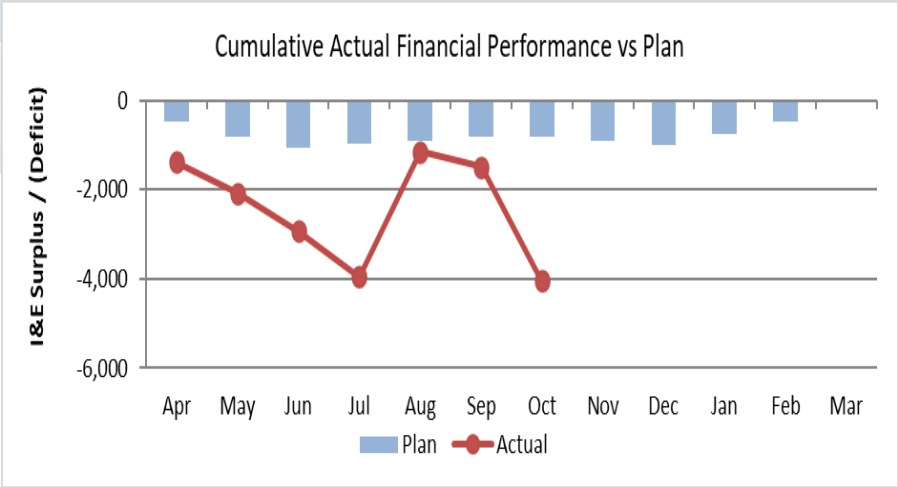
Deficit support funding (DSF), has been secured for Q1 to Q3. Achievement of DSF is based on 4 metrics across the system 1) Balance to plan; 2) CIP delivery; 3) Pay variance to plan; 4) Net risk position. Whilst Q3 DSF has been received, the deterioration in system financial performance in September and October puts both retaining Q3 and the securing of quarter 4 DSF at significant risk. Financial recovery plans are being developed to support the Trust in delivering to plan.

Key Subjective Variances: Trust

Finance (3)

Variance	Favourable / (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	(£20,584)	NHSE under trade linked to services which have been delegated to ICBs to commission. There is a corresponding over trade on the ICB line below. The reduction in NHSE income is partially offset by increased income relating to pass through drugs and devices	Confirm contracting arrangements and ensure plans and actual income reporting align.
ICB Income	£29,000	ICB over trade linked to services which have been delegated from NHSE to ICBS to commission. The position also includes £4.5m linked to ERF activity ahead of plan. Although this income is covered by the block contract, £4.5m has been brought forward into the M7 position to recognise activity delivered to date. This action has been agreed by HNY ICB.	Confirm contracting arrangements and ensure plans and actual income reporting align
Employee Expenses	(£3,758)	Agency, bank and WLI spending is ahead of plan to cover medical vacancies.	To continue to control agency spending within the cap. Work being led by HR Team to apply NHSE agency best practice controls, continued recruitment programmes (including overseas recruitment). Vacancy control measures in place.
Drugs	(£3,777)	A risk share arrangement was agreed in the 2025/26 plan to reduce expenditure on drugs commissioned by ICBs that were previously contracted for on a pass-through basis. Savings have not been delivered at the required rate.	Identify opportunities to expedite reduction in cost growth including switching to biosimilar products. Work led by Chief Pharmacist to review cost effective use of first line treatment options.
CIP	(£9,051)	The Corporate Programme is £12.5m behind plan, the Core Programme is £3.5m ahead of plan.	Continued focus on delivery of the CIP overseen by the Efficiency Delivery Group. CIP Time Out session, lead by CEO, held in October.
Other Costs	£578	Favourable variance on clinical supplies (£2.4m) and services offset by adverse variance on other non pay expenditure (£1.8m).	Identify drivers for increased costs and take corrective action as appropriate.

Cumulative Actual Financial Performance vs Plan & Forecast
 Finance (4)



The income and expenditure plan profile shows an expected cumulative deficit throughout the year with a balanced position achieved in March 2026. The improvement in quarter 4 is due to an expected acceleration in delivery of the efficiency programme.

The actual I&E performance at the end of October 2025 is a deficit of £4.0m compared to a planned deficit of £0.8m. This represents an adverse variance to plan of £3.2m.

Forecast			
	Adjusted Surplus/(deficit)		
Scenario	Plan £'000	Forecast £'000	Variance £'000
Likely Case	0	-5,100	-5,100
Best Case	0	0	0
Worst Case	0	-28,071	-28,071

Forecast Scenarios

Best Case

The best-case forecast meets the balanced plan. This assumes that the risks within the position are mitigated through work with HNY ICB in respect of £10m Sparsity funding, delivering an additional £6m savings on high-cost drugs, delivering the efficiency programme in full, receipt of £5.1m 24/25 ERF overtrade income, delivery of activity covered by ERF arrangements to plan in 2025/26 and delivery in full of an £18.6m expenditure cessation programme.

Most Likely Case

The most likely case contains the same assumptions identified in the best case above but assumes a shortfall in the delivery of run rate savings of £5.1m

Worst Case

The worst case assumes that none of the mitigations identified in the best case are secured.

Care Group Forecast Finance (5)

Year to Date 2025/26 Care Group Financial Position							Key Drivers of YTD Adjusted Variance
Care Group	Annual Adjusted Budget	YTD Budget	YTD Actual	YTD Variance	YTD Adjusted Budget	YTD Adjusted Variance	
	£000	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	240,298	140,167	138,519	1,649	141,599	3,080	Improved position, due to continued reduction in drug spend, £1.8m underspend on CDC's due to delay at Scarborough, not expected to continue once all sites operational and £0.5m underspend on Lung Health Check, spend will increase as activity increases throughout remainder of year, growing Cell Path demand also causing £0.3m outsourcing cost pressure.
Family Health Care Group	89,507	52,251	53,018	-767	52,469	-549	£559k relates to the premium cost of covering medical vacancies, £616k Community Nursing overspend, £541k Midwifery overspend, £417k Sexual Health underspend, £676k overachieved CIP.
Medicine	192,757	113,216	118,496	-5,280	113,325	-5,171	£2.6m relates to medical cost pressures in ED and Acute; £1.2m drugs overspend, primarily Gastro and Respiratory; £1.4m YTD pressure of the unachieved CIP target.
Surgery	166,364	96,758	100,069	-3,312	97,096	-2,973	£2.5m overspend driven by Resident Doctor costs. Additional overspends across non-pay - £203K drugs, £324K on other non-pay consumables in Theatres and Head & Neck
TOTAL	688,926	402,392	410,102	-7,711	404,490	-5,613	

Full Year 2025/26 Care Group Forecast Financial Position						Key Drivers of Forecast Variance
Care Group	Annual Adjusted Budget	Forecast Prior to Mitigating Actions	Mitigating Actions	Forecast Post Mitigating Actions	Forecast Variance	
	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	240,298	240,147	0	240,147	151	Forecast deterioration due to profiling of drug expenditure, £1m NHSE clawback expected regarding reduced Lung Health Check activity numbers (mitigations currently being put in place) expenditure for winter diagnostics and opening of all CDC sites by end of financial year. As well as Endoscopy, MRI and CT Insourcing to improve performance.
Family Health Care Group	89,507	91,943	0	91,943	-2,436	£886k relates to the premium cost of covering medical vacancies, £951k Community Nursing overspend, £927k Midwifery overspend, £429k Sexual Health underspend, £22k CIP shortfall.
Medicine	192,757	202,692	-94	202,598	-9,841	£4.5m relates to medical staffing cost pressures, £2.0m drug overspend and £3.2m shortfall in CIP delivery
Surgery	166,364	171,557	0	171,557	-5,193	£4.3m relates to staffing cost pressures primarily across Resident Doctors, £350K drugs overspend, £550K other non-pay overspends across Theatres and Head & Neck.
TOTAL	688,926	706,339	-94	706,245	-17,319	

Forecast Outturn & Recovery Action Plans

Finance (6)

Forecast outturn	£'000
Likely Forecast Outturn (per M7 Forecast position)	(25,825)
Required H2 Efficiency Delivery	20,725
Forecast Deficit	(5,100)

Risk	£'000
Forecast Deficit	(5,100)
Sparsity*	(10,379)
24/25 ERF Overtrade	(5,083)
Drug share not achieved	(6,127)
No IA Funding	(382)
Lung Health Check Income	(1,000)
Risk Adjusted Forecast outturn	(28,071)

Forecast outturn

Based on the Month 7 run rate position, the likely forecast outturn is £25.8m deficit, this however assumes no further efficiency delivery. The current estimation of H2 delivery of the efficiency programme is c.£20m which results in a forecast deficit position of £5.1m.

Risk

There is further risk associated with the forecast position, as the £5.1m deficit assumes the Trust will receive income in relation to sparsity and 24/25 ERF overtrade, IA Funding and there will be no claw back of Lung Health Check Income, further to this, the Trust need to deliver the risk share saving associated with High Cost Drugs, should these not materialise, the forecast outturn deficit increases to £28m

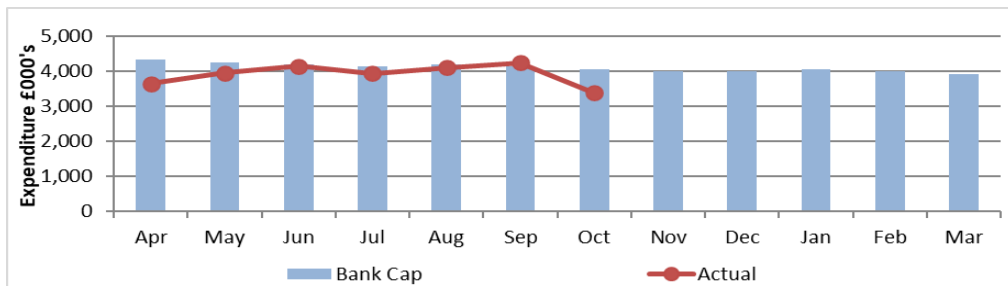
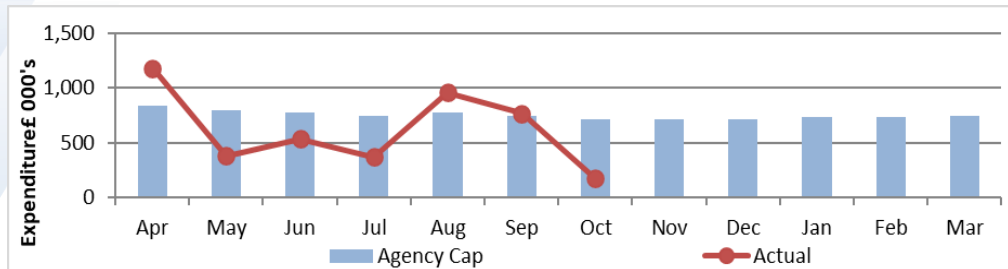
Due to the significant risk of under delivery against the efficiency programme and in relation to assumed income and risk share, the Trust are now at significant financial risk.

Recovery Action Plan

A recovery action plan is therefore now being developed to bridge the current forecast deficit of £5.1m, risk to efficiency delivery and the wider financial risks. The immediate in year actions being considered through the recovery plan are:

- CIP Acceleration.
- Care group recovery action plans
- Agency and Vacancy Controls – Freeze on non-clinical recruitment (Band 8a and above unless safety-critical); cease overtime payments; cease enhanced care; remove bank premiums
- Corporate Expenditure Cessation Programme - Non-Pay and Discretionary Spend – Cease all non-essential consultancy, training, and discretionary projects;
- Operational – closure of Bridlington Care Unit; do not open winter capacity ; suspend all future elective recovery fund claims (superseded by requirement to convert funds to support delivery of cancer performance); convert follow up clinics to new patient clinics

* Work is ongoing with the ICB re sparsity and current indications are that the net risk is £8.5m, to be confirmed for M8.



	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,633.02	2,558.17	74.85	88,589	89,463	-874
Scientific, Therapeutic and Technical	1,331.76	1,280.41	51.35	43,926	43,910	16
Support To Clinical Staff	1,937.29	1,391.95	545.34	36,150	35,093	1,058
Medical and Dental	1,122.40	1,078.52	43.88	92,983	100,868	-7,885
Non-Medical - Non-Clinical	3,217.70	3,107.15	110.55	81,882	80,118	1,764
Reserves				2,278	0	2,278
Other				1,285	1,400	-116
TOTAL	10,242.17	9,416.20	825.97	347,093	350,851	-3,758

Agency Controls

The Trust has an agency staffing spend reduction target of 40% based on 2024/25 outturn. The expenditure on agency staff at the end of October is £4.354m compared to a plan of £5.357m, representing a favourable variance of £1.003m.

Bank Controls

The Trust has a bank staffing spend reduction target of 10% based on 2024/25 outturn. The expenditure on bank staff at the end of October is £27.372m compared to a plan of £29.244m, representing an adverse variance of £1.872m.

Workforce

This table presents a breakdown by staff group of the planned and actual workforce establishment in whole time equivalents (WTE) and spend for the year. The table illustrates that the key driver for the operational pay overspend position is premium rate spend against Medical and Dental staff.

Trust Performance Summary vs Commissioner ERF weighted Values in Contract.

		Value ERF scope Indicative	ERF	Activity to	Variance -
Commissioner	25-26 Target % vs 19/20	Weighted Values at 25/26 prices	Month 07 Phase (Av %)	Month 07 Actual	(Clawback Risk) M06
Humber and North Yorks	104.00%	£171,355,927	£99,990,564	£106,195,320	£6,204,756
West Yorkshire	103.00%	£1,570,160	£916,229	£997,491	£81,263
Cumbria and North East	115.00%	£223,602	£130,478	£172,188	£41,710
South Yorkshire	121.00%	£182,919	£106,738	£103,822	-£2,916
Other ICBs - LVA / NCA	-				£0
All ICBs	104.02%	£173,332,608	£101,144,008	£107,468,821	£6,324,814
NHSE Specialist					
Commissioning	113.38%	£4,784,314	£2,791,769	£2,274,736	-£517,034
Other NHSE	104.13%	£305,100	£178,034	£199,205	£21,172
All Commissioners Total	104.31%	£178,422,022	£104,113,811	£109,942,762	£5,828,952

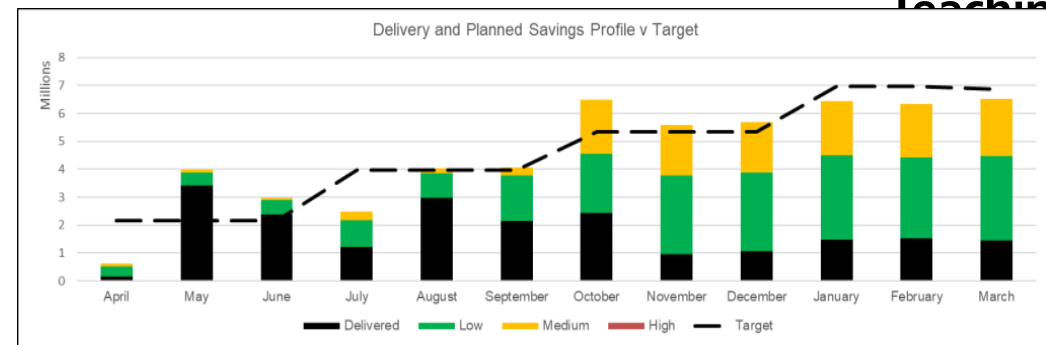
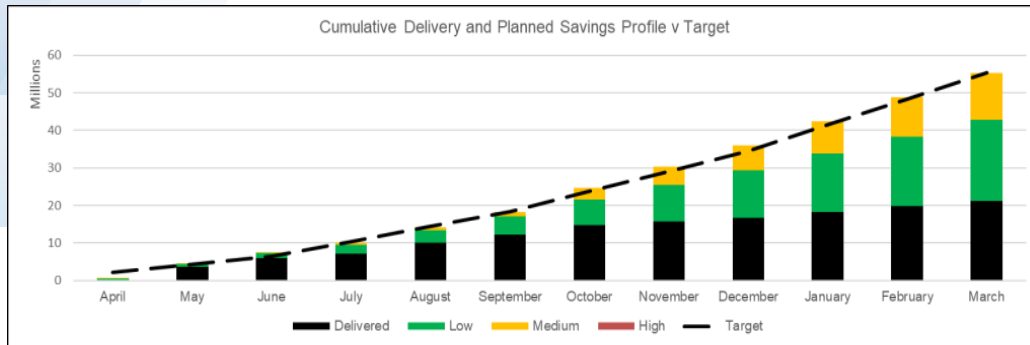
Elective Recovery Fund

We continue to report on Elective Recovery Performance on an early 'heads-up' approach using partially coded actual elective activity data and extrapolating this for the year to date before applying average tariff income to the activity.

Given the financial limits on Elective Recovery Funding in 2025/26, it is important to closely monitor the position to ensure that the weighted activity undertaken, where it incurs additional costs, does not exceed the planned levels without ICB Commissioner authorisation. Additional system ERF funding may become available in year, where other system providers, including the Independent Sector, are under their agreed activity plan and Elective resource can be redirected into York & Scarborough FT.

At Month 7, the ERF weighted activity is valued at £5.8m over the funded level of ERF activity within our Commissioner contracts. The majority of this variance relates to Outpatient Ophthalmology attendances where additional scans and tests prior to the main eye procedure are now recorded. However, we are expecting the overall overtrade to reduce over the remaining 5 months of the year.

Cost Improvement Programme Finance (9)



	Full Year CIP Target	October Position			Full Year Position		Planning Position		Planning Status		
		Target	Delivery	Variance	Delivery	Variance	Total Plans	Planning Gap	Fully Developed	Plan in Progress	Opportunity
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Corporate Programme	29,789	12,809	229	12,580	392	29,396	13,974	15,815	4,874	9,099	0
Medicine	6,089	2,596	1,225	1,371	1,809	4,229	3,686	2,353	1,038	1,648	0
Surgery	4,524	1,945	1,949	-3	2,813	1,712	4,531	-7	4,428	108	0
CSCS	7,044	3,029	3,134	-105	5,967	1,077	8,361	-1,317	7,721	639	0
Family Health	2,306	991	1,667	-676	1,973	333	2,283	23	1,180	1	0
CEO	45	19	350	-331	601	-556	601	-556	601	0	0
Chief Nurses Team	893	384	195	189	350	543	584	308	584	0	0
Finance	733	315	462	-147	791	-58	856	-123	856	0	0
Medical Governance	62	27	5	21	9	53	54	7	54	0	0
Ops Management	532	229	176	52	299	234	316	216	316	0	0
DIS	601	258	172	87	296	304	647	-47	377	270	0
Workforce & OD	763	328	360	-32	608	154	608	154	608	0	0
YTHFM LLP	1,962	844	1,176	-332	1,701	261	2,179	-217	1,979	200	0
Central	0	0	3,622	-3,622	3,590	-3,590	16,610	-16,610	16,003	608	0
	25,502	10,965	14,494	-3,528	20,806	4,695	41,317	-15,815	37,847	3,470	0
Total Programme	55,290	23,774	14,722	9,052	21,199	34,092	55,290	0	42,721	12,570	0

Efficiency Programme

The total trust efficiency target is £55.3m; £21.2m has been achieved in full year terms and the year-to-date position is £9.1m behind plan. The programme is fully planned.

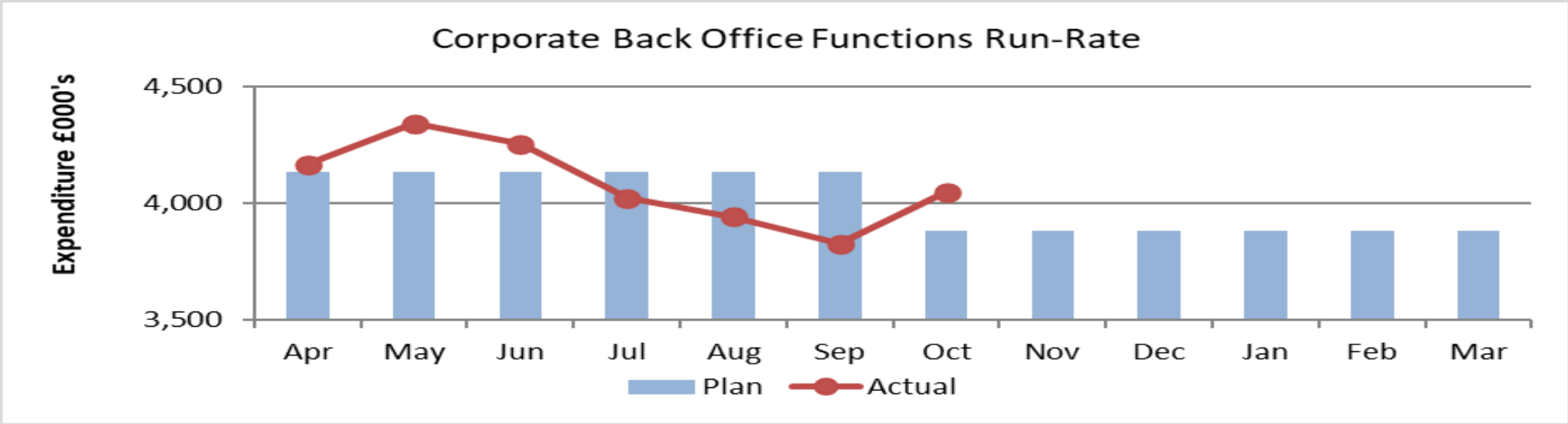
Corporate Efficiency Programme

The Corporate efficiency programme has a target of £29.8m and £0.4m has been delivered in full year terms. At the end of October, the year-to-date delivery is £12.6m behind plan. Identified plans total £14m, leaving a gap of £15.8m.

Core Efficiency Programme

The Core efficiency programme target is £25.5m and £20.8m has been delivered in full year terms. At the end of October, the year-to-date delivery is £3.5m over plan. There are identified plans totaling £41.3m which is £15.8m over the target.

Cost Improvement Programme
Finance (10)



The graph above demonstrates the Trust’s progress towards achieving the target to reduce the growth in back-office function costs between 2018/19 and 2023/24, by 50%, effective from October 2025. The Trust’s indicative full year target is a £5.4m cost reduction which the Trust has committed to deliver and schemes have been included in Corporate Directorate’s CIP Programmes phased between 2025/26 and 2026/27.

The return provided to NHSE on 31 May 2025 identified £2.4m of ‘exceptions’ that reduced the expected run rate savings in back-office functions to £3m. Run rate savings of £1.5m are expected to be delivered between October 2025 and March 2026 with the full £3m delivered in 2026/27.

The back-office function return is a detailed and complex analysis that is completed annually. NHSE have asked providers to calculate a proxy back-office cost each month and to demonstrate a downward trend in expenditure. The graph above demonstrates the calculated corporate back-office function monthly cost in April 2025 at £4.2m and the plan shows that this is expected to reduce by £250k per month from October (£1.5m by March 2026).

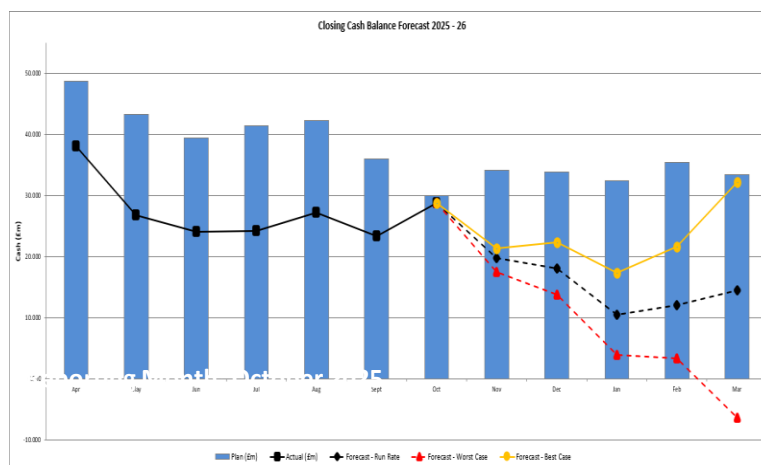
The calculated back-office costs shown in the graph above, demonstrate that good progress is being made to reduce the back-office function run rate. The actual spend calculated in October is £4.048m. This is below the baseline expenditure figure of £4.2m but does not deliver the required run rate reduction.

Current Cash Position and Better Payment Practice Code (BPPC)

Finance (11)

The Group's cash plan for 2025/26 is for the cash balance to reduce through the year resulting in a closing balance of £33.4m at the end of March 2026. The table below summarises the planned and actual month end cash balances.

Month 2	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	48,728	43,285	39,402	41,443	42,294	35,924	29,962	34,122	33,845	32,386	35,435	33,442
Actual	38,105	26,832	24,135	24,178	27,143	23,374	28,710					



Closing cash was £28.7m against a plan of £29.9m, which is £1.2m adverse. This is a significant improvement on the variance reported at M6 and returns cash balances closer to planned levels.

The significant factors contributing to the variance are:

- £5.2m – Adverse variance in I&E surplus / (deficit).
- £2m – Favourable variance mainly linked to debtor invoice and accrued income position below plan.
- £1.6m – Favourable variance due to cash impact of the capital program running behind plan.

The forecast contains 3 scenarios:

Run rate – Based on continuation of cash receipts & payment run rates in line with April to October levels and any known adjustments. Payment run rates have remained high impacting this projection. This highlights the importance of reducing expenditure and increasing efficiency delivery to mitigate the pressure.

Best case – Based on the Trust recovering to deliver the financial plan.

Worst case – Based on the Trust failing to deliver the financial plan.

Better Payment Practice Code

The BPPC is a nationally prescribed target focussed on ensuring the timely payment by NHS organisations to the suppliers of services and products to the NHS. The target threshold is that 95% of suppliers should be paid within 30 days of the receipt of an invoice.

The graph illustrates that in October the Trust managed to pay 92% of its suppliers within 30 days.

Delivery of the financial plan & the efficiency program are crucial. Any slippage impacts cash reserves, creating a cash pressure.



Current and Forecast Capital Position

Finance (12)

The board approved capital plan for 2025/26 is £88m. After adjustments for donated & grant funded schemes and the planned disposal of Clarence Street, net CDEL for the year is £80.7m. The main schemes within the plan are:

- £28m - Scarborough RAAC
- £8m – York VIU / PACU / Hybrid Theatre
- £8.4m – Electronic Patient Record
- £4.8m - Scarborough Hospital PSDS4 Decarbonisation Project (Salix Grant)
- £3.5m – Backlog Maintenance
- £1.5m – DIS Investment Programme
- £5m – Capital Prioritisation Process
- £7.8m – Leasing programme Equipment, Vehicles, Buildings

2025/26 Capital Position	Annual Plan £000s	YTD Plan £000s	N 7 Actual £000s	Variance to Plan £000s
PDC Funded Schemes	56,525	18,776	9,369	(9,407)
IFRS 16 Lease Funded Schemes	7,838	2,638	926	(1,712)
Depreciation Funded Schemes	16,626	7,237	6,888	(349)
Charitable & Grant Funded Schemes	7,213	4,123	1,051	(3,072)
Total Capital	88,202	32,774	18,234	(14,540)
Less Charitable & Grant Funded Schemes	(7,213)	(4,123)	(1,051)	3,072
Less Sale of Clarence Street	(325)	-	-	-
Total Capital (Net CDEL)	80,664	28,651	17,183	(11,468)

The M7 position is £11.5m behind the plan.

This is mainly due to several schemes running behind the plan profiles including SGH RAAC £5m, SGH maternity roof replacement phase 1 £2m, the Electronic Patient Record £1.5m, backlog maintenance £0.7m. £1.7m is also due to IFRS 16 leasing behind plan with a large value of leases currently in procurement.

The RAAC scheme allocation has been reprofiled between financial years from £28m in the original plan to £14m for 25/26 expenditure.

The capital program is not without risk; however, work is underway to review and confirm if schemes will utilise the full CDEL allocation this financial year so that any plans for any slippage can be developed to avoid underspending the CDEL allocation.

Annex 1 – 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	2025-10			71.2%	76.3%	82.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2025-10			57.6%	86%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2025-10			88.8%	68%	78%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound	2025-10			74%	69%	75%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	2025-10			81.3%	85.9%	90.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	2025-10			95.9%	62.9%	67.9%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2025-10			71%	87.6%	94.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2025-10			82.8%	95.8%	95.8%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2025-10			93.3%	94.2%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2025-10			91.5%	89.7%	94.6%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2025-10			63.2%	81.3%	95.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2025-10			65.8%	80.6%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2025-10			66.7%	81%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2025-10			78.4%	88.6%	94.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2025-10			71.9%	84.6%	90%

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Diagnostics - Proportion of patients waiting <6 weeks from referral	2024-10			76.4%	76.7%	89.4%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2024-10			84.6%	73.6%	85%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2024-10			73.6%	76.9%	85%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound	2024-10			78.7%	87.9%	95%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	2024-10			86.3%	85.2%	95.4%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	2024-10			59.2%	77.1%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2024-10			62.3%	89.5%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2024-10			85.2%	52%	95.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2024-10			80.4%	95.7%	95.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2024-10			87.6%	95.2%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2024-10			45.5%	50%	70.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2024-10			79.6%	62.2%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2024-10			76.2%	46.2%	52.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2024-10			66%	85.4%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2024-10			78.1%	79.1%	84.8%

Reporting Month: Oct 2024

Report to:	Council of Governors
Date of Meeting:	10 th December 2025
Subject:	Winter Plan
Director Sponsor:	Claire Hansen – Chief Operating Officer
Author:	Ab Abdi – Deputy Chief Operating Officer

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

Approve ☐ Discuss ☐ Assurance ☒ Information ☒ Regulatory Requirement ☐

Trust Objectives

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

Board Assurance Framework

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

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

- ☐ Yes
- ☒ No
- ☐ Not Applicable

Executive Summary:

This paper gives an overview of the approach to winter planning.

Recommendation:

The Council is asked to note the report and any follow up questions will be answered at the meeting.

Report History

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

Executive Committee 03/09/25
Resources Committee 16/09/25
Board of Directors 24/09/25

Winter Plan 2025/26 Council of Governors Briefing 10th December 2025

Purpose



Ensure timely, safe, and effective care during winter pressures



Collaborate with partners to improve community health



Maintain elective and emergency services



Optimise patient flow and uphold quality standards

Winter Planning Methodology

Winter Planning 2025-2026

Review 24/25 Data

- Harm
- Infection
- Frailty
- Performance
- Flu / COVID / RSV
- Sickness

TRG 3 – TRG agree data

Initiative List

- Long list already developed from feed back
- Requires CG to confirm their Initiatives

TRG 1 & 2 - List initiatives derived from feedback sessions and describe methodology to TRG
TRG 3 – CGs confirm to TRG what initiatives are included on their list

Cost

- CG Finance Manager cost incentives as directed by RW

TRG 3 – TRG agrees methodology for costing of initiatives confirmed by CGs
TRG 4 – Progress report on costings
TRG 5 – TRG approve costings of initiatives or request further detail.

Benchmark Incentive List v

- Bed days avoided
- Admission avoided
- Quality
- LOS reduction
- Cost

TRG 4 – TRG discuss and approve the Appraisal Tool
TRG 6 – Incentive list for benchmarking agreed and bed modelling data agreed
TRG 7 – Incentive Benchmark Panel

Exec Committee

A – Paper to describe and approve methodology.
B – Paper to describe results of Incentive Benchmark Panel and agree funding
C – Paper to endorse Operational Winter Plan

Winter Plan

- Operational Plan includes agreed incentives
- OPEL framework
- Flu plan
- SOPs / Checklists
- Comms plan

TRG 4 – Flu Plan discussion – feedback from IPT
TRG 6 – TRG discuss and agree the scope of the “Flu Plan” in terms of locations, staffing and probable timelines.
TRG 9 – TRG review progress on Flu Plan and finalise requirement for SOPs to support the incentives
TRG 10 – Check In (Summer Holidays)
TRG 11 – Check In (Summer Holidays)
TRG 12 – Back brief from Exec Comm
TRG 13 to 15 – Comms to Staff

Develop Appraisal Tool to Allow Benchmark – TRG 4

Basic Bed Modelling to Determine Requirement – TRG 6

2025	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
	31-Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
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May				1	2	3	4	5	6	7		Init		10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
				Final				BH				3							Back				Back			Back	4			BH							
Jun							1	2	3	4		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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Jul		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
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Sep	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30							
			Exec Mtg C	12								13				14									15												

Development of Winter Initiatives

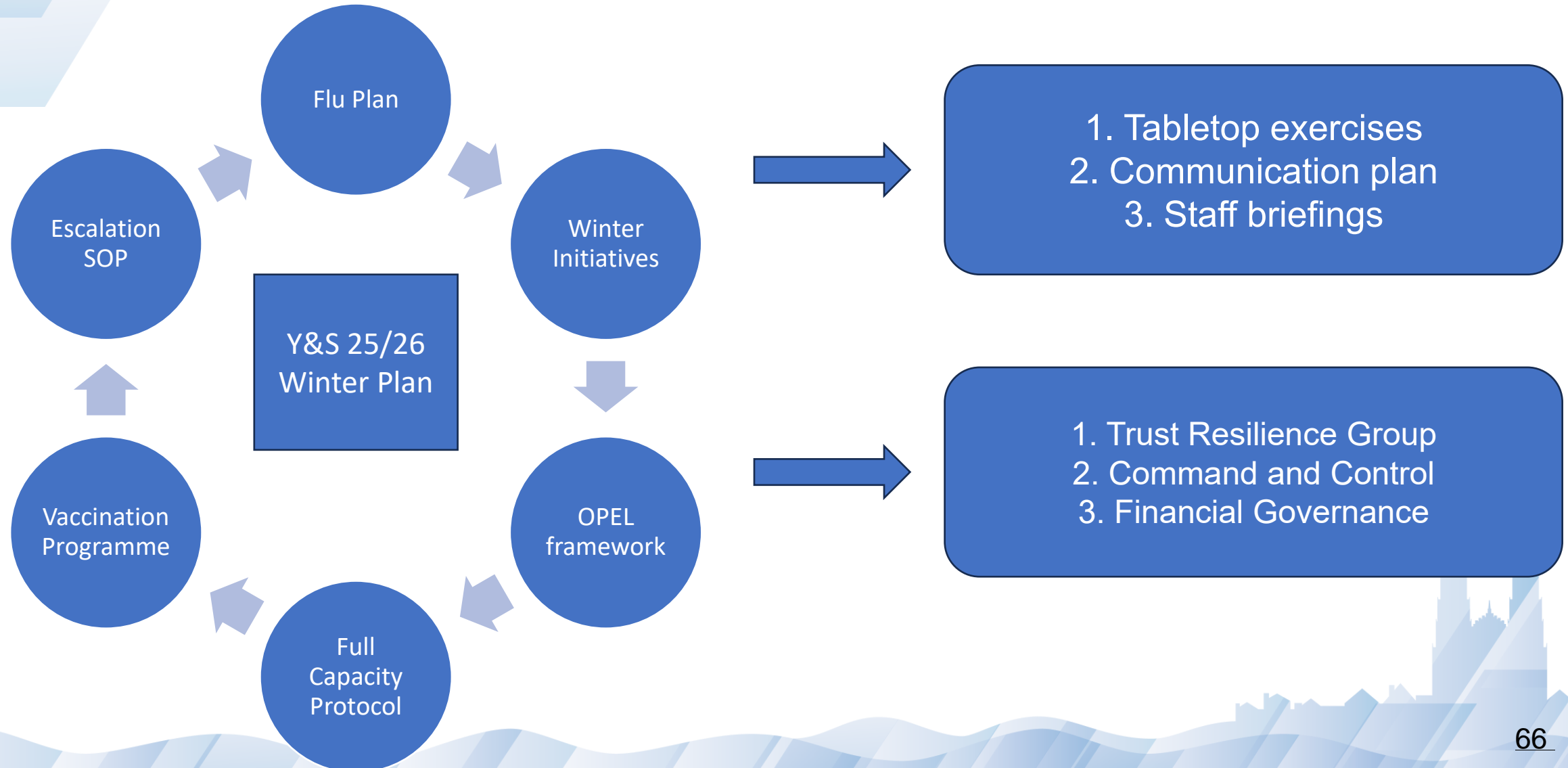


Engagement through listening events and Trust Resilience Group

These initiatives include:

- Additional escalation capacity with workforce
- Co-horting and ED capacity
- HPV and UV cleaning
- Super Discharge teams
- Acute theatre lists
- Medical cover
- Clinical information campaign
- Staffing redeployment plan
- Bridlington elective operating
- Flu ward designation
- PPE plan
- Additional D2A beds
- Vaccination programme

2025/26 Winter Plan



MDT Super Discharge Team

- An MDT super discharge team is led by a senior clinician.
- The team go through the UEC pathway and support the flow across the patient journey.
- Review the patients in the ED as appropriate.
- Support the effectiveness of the board rounds and clinical management plans.
- Undertake a LLoS review with a view to improve the discharges journey.
- Convert pathway 1 to pathway zero where possible and as appropriate.
- Review not-medically optimised super stranded to understand the themes.
- Understand the difference between NCTR vs medically optimised.

Escalation capacity

- Early effective board rounds (business as usual)
- Continuous Flow (CF)
- Discharges (inc community capacity, complex, clinical review)
- Escalation Space – Green and Amber
- Temporary Escalation Space (TES) beds – Red
- Winter Escalation Capacity:

York Site

Ward 25 – 29 beds

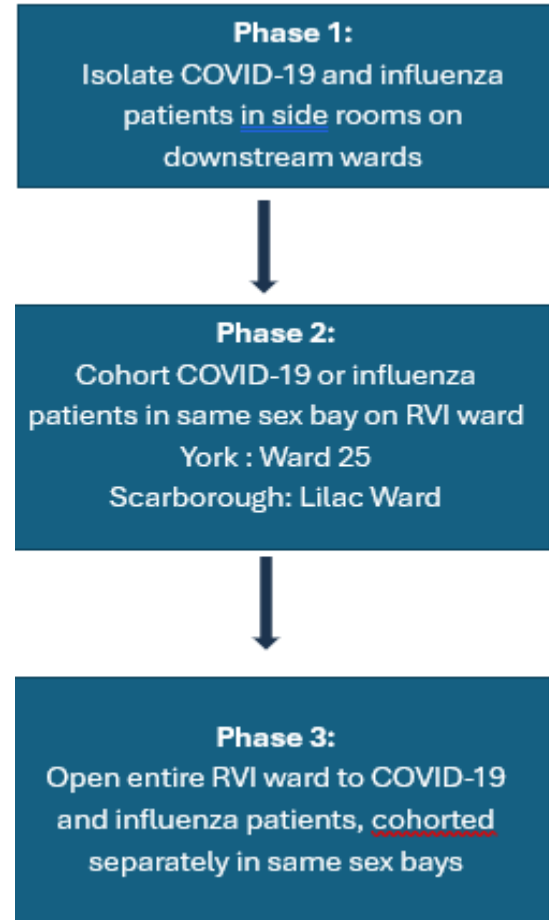
Scarborough Site

Old CCU – 15 beds

Winter Respiratory Virus Infection (RVI) Plan

- Plan focuses on testing for RVI & patient placement.
- 3 phases
 - Preparation
 - Active – usually late November/early December and overseen by RVG
 - De-escalation – unpredictable, dictated by number of RVI in-patients

Active phase



Notes:

1. Do not admit immunosuppressed patients to the cohort ward – use specialty side room.
2. COVID-19 and influenza positive patients who require specialty care can be admitted to a side room on the specialty area (with consultant approval).
3. Isolation/cohorting of COVID-19 patients can end when COVID LFT x1 negative (from day 5 after symptom onset/positive test).
4. Isolation/cohorting of influenza patients can end 24hr after resolution of fever and respiratory symptoms or 7 days, whichever is longer.
5. Patients with other respiratory viruses, e.g. RSV, parainfluenza, only require isolation on wards 31, 33, 34, ITU, ECU and SCBU. It is recognized this may not be possible for patients requiring NIV on ECU or ward 34. Patients with other RVI should also be isolated on paediatrics, but priority should be given to isolating vulnerable children (see appendix C).
6. Bordetella pertussis and Mycoplasma pneumoniae must be isolated (discuss with IPC).

Flu & Covid must not be mixed in bays. Pts with both must be in single room

Full Capacity Protocol

- This policy details the triggers used to set the escalation status of the Trust at any point in time and the responsibilities and actions for key staff, Care Groups, and departments at each of the Operational Pressure and Escalation Levels (OPEL) to prevent further escalation and reduce pressure in the hospital overall.
- To ensure transparency of operational performance the national escalation thresholds from the Operational Pressures Escalation Levels (OPEL) Framework (2025-2026- NHS England) will be utilised.
- At times of severe pressure, OPEL 3/4, with potential or real overcrowding in the ED, the Trust Full Capacity Protocol (FCP) can be considered. The FCP is at Appendix A. This will be activated by the Chief Operating Officer in consultation with the Chief Medical Officer and Chief Nurse or by the Gold On- Call out of hours.
- The Full Capacity Protocol is an end state escalation when there is failure to deliver patient flow through daily business as usual (OPEL 1) or that the actions at OPEL 2, 3 and 4 have failed to support ED to recover.

Command and Control

Site meetings

- 3 x daily meetings Mon-Fri

Handover meetings

- Held a 16:00hrs Mon-Fri

On call meetings

- 2 x daily Sat / Sun / BH

Trust Resilience Group

- Can be stood up as required at the request for SILVER / Gold
- TRG winter planning meetings

System and ICB meetings

- At noon and can be stood down if not required
- 1st line, 2nd line and 3rd line escalation of complex discharges.

Winter 2025/26 additional measures

- York Hospital winter escalation capacity with capacity of 30 beds opened as planned early November.
- Daily IPC outbreak meetings to ensure alignment and optimisation in line with the flu plan.
- Super discharge team as appropriate to undertake addition MDT ward rounds.
- 3rd November: increased rigour around implementing Continuous Flow and TES SOPs – including new 8am call to agree prioritisation of movement
- 10th November: Matrons on wards from 8am – midday to support discharges
- 19th November: increased use of escalation processes
- Trial of golden round at SGH and York by bed managers daily at 2:30pm

Report to:	Council of Governors
Date of Meeting:	10 December 2025
Subject:	Corporate Governance Update
Director Sponsor:	Martin Barkley
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.

<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Effective Clinical Pathways</p> <p><input checked="" type="checkbox"/> Trust Culture</p> <p><input checked="" type="checkbox"/> Partnerships</p> <p><input checked="" type="checkbox"/> Transformative Services</p> <p><input checked="" type="checkbox"/> Sustainability Green Plan</p> <p><input checked="" type="checkbox"/> Financial Balance</p> <p><input checked="" type="checkbox"/> Effective Governance</p>	<p>Implications for Equality, Diversity and Inclusion (EDI) (please document in report)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Not Applicable</p>
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Executive Summary:

The report provides the results of the elections to the Council of Governors and the appointments to the Council of Governor groups.

Recommendation:

The Council of Governors is asked to note the report.

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

Corporate Governance Update

1. Introduction and Background

The report provides an update on the Council of Governors Elections and the Governor appointments for the Council of Governors groups.

2. Governor Election Results

The September election welcomed the following Governors to the Council of Governors (including those re-elected):

Public / Staff	Constituency	Name of Governor
Public	Ryedale & EY	Ian Foxley
Public	Ryedale & EY	Sandra Fox
Public	Selby	Peter Morley
Public	Selby	Wendy Loveday (Re-elected)
Public	East Coast	Jean Flanagan
Public	East Coast	Linda Wild (Re-elected)
Public	York	Nick Bosanquet
Public	York	Mary Clark (Re-elected)
Staff	York	Elena Clerici
Staff	Scarborough & Brid	Carol Popplestone

Thank you to Abi Denyer and Franco Vilani, Staff Governors for their service on the Council of Governors.

Graham Healey has resigned as a Scarborough and Bridlington Staff Governor. The next elections will be held in Summer 2026.

3. Governor Appointments

The Governor nominations to assist the Council to carry out its duties were concluded in October as follows:

Governor	Governance Group
Sandra Fox	Chair of Constitution Review Group
Peter Morley	Chair of Membership Engagement Group
Nick Bosanquet	Member of Patient Experience Sub-Committee
Jean Flanagan	Nominations and Remuneration Committee member
Sandra Fox, Nick Bosanquet, Peter Morley	Community and Neighbourhood Network member

Lind Wild is appointed as Lead Governor of the Council of Governors.

Report to:	Council of Governors
Date of Meeting:	10 December 2025
Subject:	Constituency Amends Proposal
Director Sponsor:	Martin Barkley, Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

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

Approve ☒ Discuss ☐ Assurance ☐ Information ☐ Regulatory Requirement ☐

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Board Assurance Framework	Implications for Equality, Diversity and Inclusion (EDI) (please document in report)
<input checked="" type="checkbox"/> Effective Clinical Pathways	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> Trust Culture	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Partnerships	<input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Transformative Services	
<input checked="" type="checkbox"/> Sustainability Green Plan	
<input checked="" type="checkbox"/> Financial Balance	
<input checked="" type="checkbox"/> Effective Governance	

Executive Summary:

The report provides a proposal to revise the Trust constituencies based on the option the Council of Governors agreed at its March meeting to be investigated further: to provide separate constituencies for Ryedale and East Yorkshire respectively and investigate Middle layer Super Output Areas (MSOAs).

The changes are based on the principle of governors representing each constituency's population proportionately, based on the Trust membership and members of the public using the Trust's services.

The Ryedale and East Yorkshire constituencies are proposed to be separated into individual constituencies to be represented by 2 Governors each and the East Coast constituency to be represented by 3 Governors from October 2027.		
Recommendation: The Council of Governors is asked to approve the proposal for the Ryedale and East Yorkshire constituency to be separated into individual constituencies to be represented by 2 governors each and the East Coast constituency to be represented by 3 Governors from October 2027.		
Report History (Where the paper has previously been reported to date, if applicable)		
Meeting/Engagement	Date	Outcome/Recommendation
Council of Governors	March 2025	Noted
Constitution Review Group	April 2025	Noted

Constituency Amends Proposed

1. Introduction

The constituencies of the Trust membership that form the basis of elected members representatives on the Council of Governors have not been reviewed for some time, to ensure they are a true representation of the membership and public that use Trust services.

This was discussed lastly at the March Council of Governors where it was agreed to pull together a further proposal to consider at the 9 April Constitution Review Group (CRG). Subsequently, the summer elections prevented any further work being continued.

The paper provides a proposal for the Council of Governors to now consider.

2. Existing Trust Constituencies

A public constituency is currently defined by reference to the local authority electoral wards by which Civica on behalf of the Trust conduct public governor elections.

In reviewing the constituencies there could potentially be the following different issues to consider in any proposed changes:

- Some of the ward areas population may be more likely to use neighbouring Trust's services e.g. Hambleton's population using South Tees NHS Foundation Trust (James Cook and Northallerton Hospitals) or Harrogate and District Foundation Trust's services.
- Membership numbers are very low in some ward areas which are respective of the issues above.
- Constituencies representing the area of population served as closely as possible.
- Governor available seats in each area are reflective of population areas covered and that seats are nominated for and contested on a regular basis.

The Trust currently has 17 public governors allocated across all its constituencies.

3. Review Process Undertaken

The Trust public constituencies are documented in the constitution taken from the 2021 national census and the subsequent Trust membership numbers as at 31 March 2025 as laid before parliament in the Annual Report and Accounts.

Following discussion at the CRG in April, it was agreed for the Associate Director of Corporate Governance to approach Civica to understand if the Trust's constituencies could be modelled in a different way from council wards to for example Middle layer Super Output Areas (MSOAs). This could potentially provide a better method of the Trust membership reflecting the public that reside in these areas.

This was confirmed and Civica advised that a review of the Trust constituencies take place to this methodology aligned to other Foundation Trusts in the country.

The map at appendix one provides the separate MSOAs outlined in the Trust's area (in blue) with the membership represented by the black dots.

4. Development of MSOAs

The public governors are currently represented in the following areas:

Table 1

Constituency	Populations	Governor Numbers
York	210,909	5
Selby	94,297	2
Hambleton	200,317	1
Ryedale & East Yorkshire	93,054	3
East Coast of Yorkshire	186,553	5
Out of Area	National	1 (not currently provided)
Total	785,130	17

At the March meeting the Council of Governors agreed that the following option should be explored further:

Table 2

Constituency	Proposed
York	Constituency to remain as is
Selby	Constituency to remain as is
East Coast of Yorkshire	Constituency to remain as is
East Yorkshire	To be separated from Ryedale
Ryedale	To be separated from East Yorkshire
Hambleton	Constituency to remain as is
Out of Area	To no longer be a constituency

All MSOA populations of these areas would be analysed to provide a more accurate representation of users of the Trust services from which governors would subsequently represent.

5. Final Proposal

By applying the key principle of having the Trust constituencies identified by MSOAs and applying the population that use the Trust services, it is proposed that the Trust constituencies are represented as follows with representative governor numbers:

Table 3

Public Constituency	Current Populations	MSOA Proposed Revised Populations	% of Population	Proposed Governor Numbers
York	210,909	204,551	36%	6
Selby	94,297	93,565	17%	3
Hambleton	200,317	25,583	4%	1
Ryedale	93,054	55,272	10%	2
East Yorkshire		81,290	14%	2

East Coast of Yorkshire	186,553	108,907	19%	3
Out of Area (No longer provided)	National	N/a	N/a	N/a
Total	785,130	569,168	100%	17

A further breakdown of the MSOA areas is shown at appendix two.

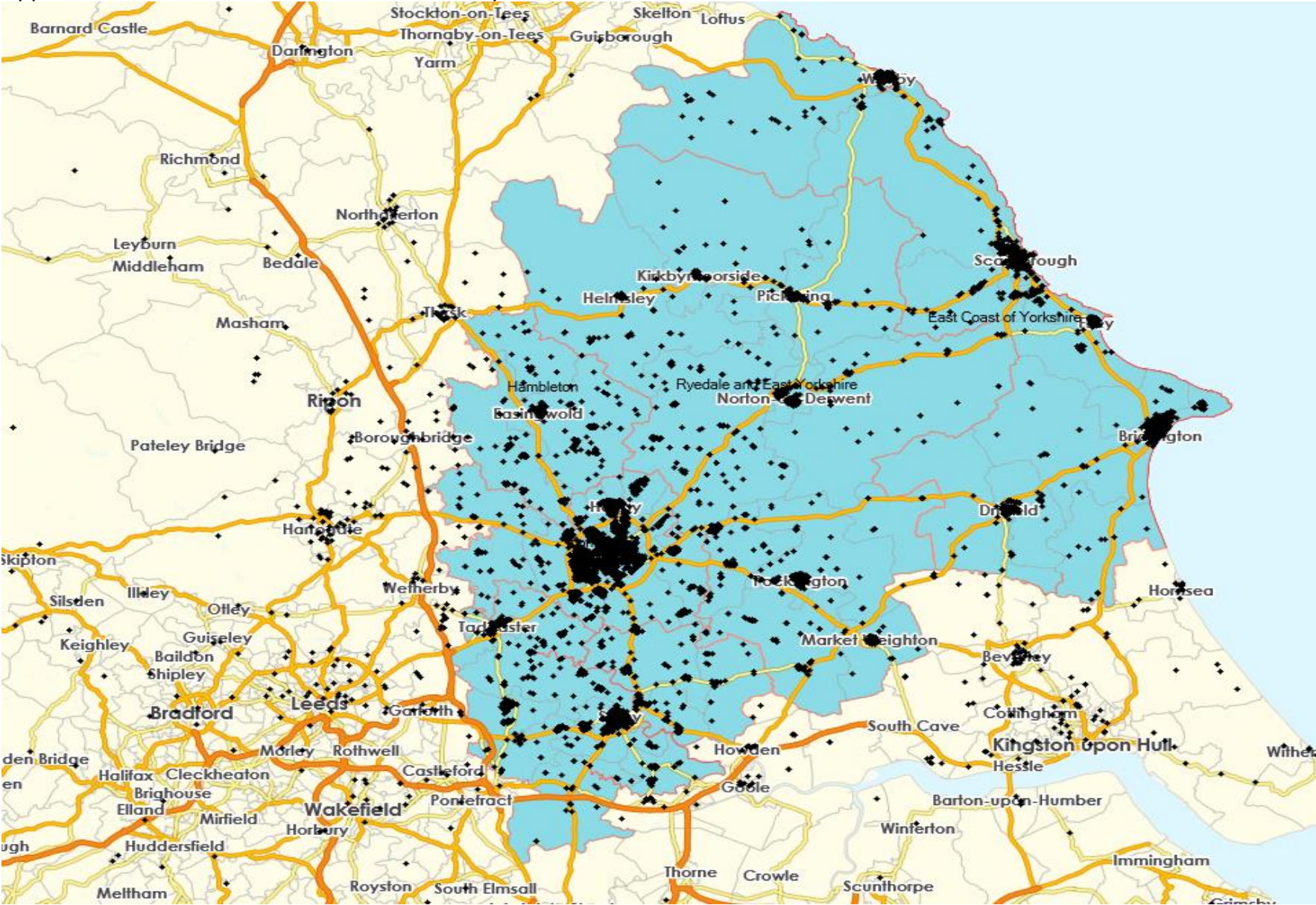
This proposal provides the fairest representation for each constituency's population, Trust membership and members of the public using the Trust's services by the number of Public Governors elected.

As this proposes to amend the public current Governor numbers in Ryedale and East Yorkshire to two each (from the current three in Ryedale and East Yorkshire) and reduce East Coast Governors to three (from currently five), the proposal is not required to be operational until 1 October 2027 following the existing election and governor timetable.

6. Next Steps

On discussion and Council of Governors approval of the revised constituency proposals, amends will be made to the Trust's constitution via the Constitution Review Group by Summer 2027.

Appendix 1 – Trust MSOAs and its membership



Appendix 2

York					Selby					
E02002772	York 001	York 001	Strensall	6,935	E02005809	Selby 001	Selby 001	Tadcaster	7,419	
E02002773	York 002	York 002	Haxby	5,588	E02005810	Selby 002	Selby 002	Church Fenton, Appleton & Wistow	9,613	
E02002774	York 003	York 003	Wigginton	6,111	E02005811	Selby 003	Selby 003	Barlby & Riccall	9,956	
E02002775	York 004	York 004	New Earswick	5,730	E02005812	Selby 004	Selby 004	Sherburn in Elmet & South Milford	11,840	
E02002776	York 005	York 005	Huntington	6,624	E02005813	Selby 005	Selby 005	Selby Town	13,316	
E02002777	York 006	York 006	Clifton Without & Skelton	9,182	E02005814	Selby 006	Selby 006	Selby West	7,133	
E02002778	York 007	York 007	Rawcliffe & Clifton South	7,945	E02005815	Selby 007	Selby 007	Selby South, Brayton & Barlow	8,826	
E02002779	York 008	York 008	Heworth North & Stockton	9,703	E02005816	Selby 008	Selby 008	Carlton, Hemingbrough & Osgodby	8,852	
E02002780	York 009	York 009	Clifton North	8,142	E02005817	Selby 009	Selby 009	Hambleton, Monk Fryston & Byram	7,614	
E02002781	York 010	York 010	Heworth South & The Groves	10,185	E02005818	Selby 010	Selby 010	Eggborough, Kellington & Smeaton	8,996	
E02002782	York 011	York 011	Poppleton, Rufforth & Askham	6,518						93,565
E02002783	York 012	York 012	Acomb	10,480	Hambleton					
E02002784	York 013	York 013	York City Centre	11,478	E02005758	Hambleton 009	Hambleton 009	Thirsk South & Coxwold	9,790	
E02002785	York 014	York 014	Osbaldwick	8,088	E02005759	Hambleton 010	Hambleton 010	Easingwold & Stillington	9,563	
E02002786	York 015	York 015	Tang Hall	10,306	E02005760	Hambleton 011	Hambleton 011	Linton, Tollerton & Raskelf	6,230	
E02002787	York 016	York 016	Holgate West	8,985						25,583
E02002788	York 017	York 017	Holgate East	8,312	Scarborough (East Coast - other East Coast Areas covered by East Riding of Yorkshire)					
E02002789	York 018	York 018	Westfield, Chapelfields & Foxwood	9,299	E02005795	Scarborough 001	Scarborough 001	Whitby West	6,944	
E02002790	York 019	York 019	Fulford Road & Clementhorpe	11,975	E02005796	Scarborough 002	Scarborough 002	Esk Valley & Runswick Coast	6,431	
E02002791	York 020	York 020	Dunnington, Elvington & Wheldrake	6,647	E02005797	Scarborough 003	Scarborough 003	Whitby South & East	6,111	
E02002792	York 021	York 021	South Bank & Dringhouses	7,762	E02005798	Scarborough 004	Scarborough 004	Burniston, Sleights & Fylingdales	8,160	
E02002793	York 022	York 022	Woodthorpe & Acomb Park	9,371	E02005799	Scarborough 005	Scarborough 005	Newby & Scalby	9,379	
E02002794	York 023	York 023	Fulford, Heslington & University	10,940	E02005800	Scarborough 006	Scarborough 006	Scarborough Town & North Bay	7,436	
E02002795	York 024	York 024	Bishopthorpe & Copmanthorpe	8,245	E02005801	Scarborough 007	Scarborough 007	Barrowcliff & Northstead	5,593	
				204,551	E02005802	Scarborough 008	Scarborough 008	Scarborough Central	7,858	
					E02005803	Scarborough 009	Scarborough 009	Falsgrave	9,251	
					E02005804	Scarborough 010	Scarborough 010	Ramshill & South Cliff	7,742	
					E02005805	Scarborough 011	Scarborough 011	Wheatcroft & Cayton	7,791	
					E02005806	Scarborough 012	Scarborough 012	Eastfield, Crossgates & Seamer	8,268	
					E02005807	Scarborough 013	Scarborough 013	Ayton & Snainton	6,510	
					E02005808	Scarborough 014	Scarborough 014	Filey & Hunmanby	11,433	
										108,907
					Total					569,168
East Riding of Yorkshire										
E02002684	East Riding of	East Riding of York	Bridlington North & Bempton	10,254						
E02002685	East Riding of	East Riding of York	Bridlington East & Flamborough	7,896						
E02002686	East Riding of	East Riding of York	Bridlington West	7,799						
E02002687	East Riding of	East Riding of York	Bridlington Central	5,858						
E02002688	East Riding of	East Riding of York	Bridlington Hilderthorpe	5,366						
E02002689	East Riding of	East Riding of York	Burton Agnes, Rudston & Langtoft	5,734						
E02002691	East Riding of	East Riding of York	Driffield West & Huggate	8,336						
E02002692	East Riding of	East Riding of York	Stamford Bridge & Sutton Upon Derwent	9,625						
E02002693	East Riding of	East Riding of York	Skipsea, Beeford & Brandesburton	7,145						
E02002694	East Riding of	East Riding of York	Pocklington	13,277						
				81,290						

Report to:	Council of Governors
Date of Meeting:	10 December 2025
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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- ☒ Great place to work, learn and thrive
- ☒ Work together with partners
- ☒ Research, innovation and transformation
- ☒ Deliver healthcare today without compromising the health of future generations
- ☒ Effective governance and sound finance

Board Assurance Framework

- ☒ Quality Standards
- ☒ Workforce
- ☒ Safety Standards
- ☒ Financial
- ☒ Performance Targets
- ☒ DIS Service Standards
- ☒ Integrated Care System
- ☒ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

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.

Reports from Board Sub-Committees

Quality Committee Reports

Date of meeting:	November 2025
Chair:	Lorraine Boyd

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

ALERT
<p>* MIS Safety Action 5, which relates to safe midwifery staffing, was discussed and we were advised that clarification requested has now been received from NHSR. To meet compliance we are required to have reflected Birthrate plus recommended staffing levels in the budgeted establishment and have an aligned recruitment plan in place. Non-compliance will be declared when the evidence is submitted at the end of this month and will likely remain the case over the following year on our current trajectory, with full compliance expected by 2027.</p> <p>*</p>
ASSURE
<p>* Maternity Section 31 notice has been removed indicating the CQC are satisfied that the improvements made since the inspection in 2022 in response to their concerns have been embedded and sustained.</p> <p>* PPH rate rise, particularly on the Scarborough site, has been identified through data analysis and triggered an appropriate thematic review and further review of risk assessment processes. Maternity Assurance Group will continue to closely monitor.</p> <p>* IPC Q2 Report highlighted the positive position with regard to Clostridium difficile infection, which has been sustained. Meeting the aspirations for MSSA, MRSA, E.Coli, Pseudomonas & Klebsiella bacteraemias is proving more challenging, with some progress demonstrated for MSSA. Evidence was shared to demonstrate care group ownership of IPC issues and the multi-disciplinary approach to investigation and learning from instances of infection.</p> <p>* Safeguarding Q2 Report identified no new safeguarding concerns. Update on ongoing concerns & risks outlining planned action and mitigations was shared, alongside progress against 2025/26 planned objectives.</p> <p>* Child Protection Information Service compliance has improved as demonstrated through monthly audits, enabling targeted support.</p> <p>* Statutory compliance and clarity of governance structures relating to safeguarding were identified as an assurance gap with an agreement to provide more insight in future reports, remaining mindful of finding a balance between high level assurance and operational detail.</p>

ADVISE

- * **Surgery Care Group** attended and shared their new and ongoing risks& mitigations, along with their progress and successes.
- * **Speciality InReach to ED** has been a focus for Surgery Care Group, following a coroner's request and Care Group evidence based review. As part of this, a new pathway is being developed, with cross Care Group collaboration and strong clinical engagement at its heart, to improve the management of small bowel obstruction. It is currently being finalised and implementation is anticipated within a month.
- * **Time to Theatre for Hip Fractures** remains a significant safety concern with very limited improvement. A business case for necessary increased Theatre capacity at Scarborough is under review. A plan to address other elements of the pathway is being developed and Quality Committee has requested further information on the plan with trajectories and regular updates.
- * **Medical Outliers on Surgical Wards** remains an issue of concern and is being addressed in collaboration with Medicine Care Group. The winter plan includes an aim to improve support for this group with longer term plans for bed reconfiguration.
- * **Patients waiting >12 hours in ED** was discussed, noting the potential impacts on patient outcomes and experience, and the improvement work to improve flow was shared, particularly the recent increased focus on the role of matrons to drive improved and more timely discharge processes, with early indications of impact. In addition, work is ongoing to influence 'front end' activity by transferring some acute resource to boost CRT response and discussions continue with ICB, YAS and Primary Care to address conveyance rates and alternative community responses.
- * **CQC Update report** advised of the unannounced inspection of both Urgent and Emergency and Medical Care Services at Scarborough Hospital on 7th October 2026. No immediate serious concerns were raised and all supporting evidence requested has been forwarded. A final report and any re-rating of these services will be received in due course.
- * **Concerns & Complaints** have been an ongoing concern, with persistent backlogs and associated risk to timely learning. Rapid improvement work was shared and the recovery period for concerns is anticipated to be 6-8 weeks, with a 3 month timeline for complaints to achieve a zero tolerance of non-compliance.
- * **CPE and water safety risks** were discussed and some assurance provided that recent outbreaks were well contained. Visibility of the potential risk and mitigations in place were demonstrated. A comprehensive review and plan with Estates is underway. A summary of the CPE outbreak was requested and will be provided in a future IPC report.
- * **Patients waiting >12 hours in ED** were discussed, noting the potential impacts on patient outcomes and experience, and the improvement work to support flow was shared, particularly the recent increased focus on the role of matrons to drive improved and more timely discharge processes, with early indications of impact. In addition, work is ongoing to influence 'front end' activity by transferring some acute resource to boost CRT response and discussions continue with ICB, YAS and Primary Care to address conveyance rates and alternative community responses.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- * **Risk 50 Maternity Section 31 risk** has been removed from the CRR.
- * **Planned updates to CRR** to reflect effect to patient experience as a result of ED pressure and the effect of backlog maintenance on patient care were noted.
- * **Risk 54 Prescribing Practice** was discussed in the context of an increase in prescribing errors in ICU identified by the Care Group governance processes, resulting in a cluster review, action plan and reduction in incidents.
- * **CPE and water safety risk**, under consideration for inclusion on the CRR, was discussed and identified as an issue of concern and assurance gap.
- * **BAF risks 1,3 & 4** assigned to Quality Committee, were discussed with a view to establishing a schedule of focussed reviews, led by the Risk Owner, starting with the risk with the highest risk and out of appetite. PR3 was discussed and agreed Quality Committee appropriate to oversee in view of significant impact on effective patient care and patient experience.

Date of meeting:	October 2025
Chair:	Lorraine Boyd

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

ALERT
<ul style="list-style-type: none"> * Integrated Community Model of Care: Neighbourhood Approach shared a high level vision for Community Services as the Neighbourhood model emerges. Multiple cross cutting challenges have been identified and the strategic importance to the Trust of the programme of work acknowledged. Executive level support is in place but the governance to support the strategic case as well as the operational delivery programme may need strengthening. * Responding to complaints was identified as a cause for concern and in particular prolonged delays in initial responses by PALS team, under pressure from staffing and capacity challenges. This presents a risk of failing to identify and respond to serious safety risks at an early stage. A Rapid Improvement Workshop has been undertaken and the Chief Nurse Team will support further review and improvement work, which is being undertaken at pace. The issues with the PALs service has been added to the CRR. * Withdrawal of YAS overnight patient transport continues to impact on clinical risk and UEC performance. Escalation processes to the highest level have been fully implemented and it is hoped that an interim solution can be found to avoid the impacts being compounded by increased winter activity levels. Risk on CRR. * Mental Health Act legal responsibilities of the Board were discussed and greater visibility of the activity levels and fulfilment of the Act requirements is needed. It is suggested that this information should be presented through the Reportable Issues Log to Private Board. The content of the report will be defined through the Complex Needs Improvement Workstream.

ASSURE

- * **Sustained improvement in Gynaecology access times** was reported, including first appointment for cancer referrals , Fast Diagnostic Standard and elimination of 65week waits.
- * **Community Services Transformation Programme Plan (CSTPP) 2025-2026** was shared in response to a safety risk previously raised by the Committee related to Urgent Community Response (UCR) performance and Community capacity. The CSTPP provided assurance that work is underway to fully understand current resources and consider how they might be utilised more effectively and be aligned to emerging Neighbourhood plans. A gap in assurance remains around fully understanding the quality and patient experience impacts of current and planned delivery.
- * **Maternity & Neonatal Quality & Safety Update** highlighted that The Single Improvement Plan continues to make steady progress with current focus on quality & safety and patient facing initiatives.
- * **CQC Maternity Services Survey 2024** has led to a coproduced action plan aligned to the Maternity Single Improvement Plan. The MNVP lead has worked with the maternity transformation lead to ensure the service user voice has guided the responses. Oversight and scrutiny will come from the Maternity Safety Champions Group, Patient Experience Subcommittee and externally from the LMNS Choice & Personalisation Group.
- * **Avoiding Term Admissions into Neonatal Units (ATAIN)/ Transitional Care Report** was received and discussed in line with MIS Safety Action 3 requirements. The process to ensure identification and learning to support service development was outline and evidence provided to show that the Trust admission rate is below the national target. In 41% of those, admissions could have been avoided if Transitional Care had been available and developing this service across the Trust forms part of the Maternity Single Improvement Plan with a target completion date of Spring 2026.
- * **Quality Impact of Nurse Staffing & Fundamentals of Care Update** highlighted the ongoing development of the Quality Assurance Framework and its supporting data sources, incorporating all the recommendations from the recent internal audit review and key elements from the AHP Framework. This comprehensive document provides the template for high quality floor to Board assurance. Leadership development continues and monthly peer audit is now extending to District Nursing Teams. A new Person Centred Quality Professional Standards Group has been established to define Trust wide core standards and to develop supporting systems.
- * **Complex Needs Improvement Plan** continues to evolve and presents a comprehensive and wide ranging suite of actions covering Adult & Learning Disability Liaison, Mental Capacity Act, Dementia & Mental Health Care. It is a dynamic plan that will respond to identified learning and changes in guidance and good practice.
- * **NICHE Update Report** outlined progress against the improvement plan in Q1 and next steps for Q2. Future updates will be incorporated into the Complex Needs Quarterly and Annual Reports to Patient Experience Committee and Quality Committee. An internal audit of Mental Health assessments in both EDs has been commissioned. CQC have received a progress report and this was well received with no further CQC action expected.

ADVISE

- * **Family Health Care Group** attended and shared their new and ongoing risks& mitigations, along with their progress and successes.
- * **Dietetic Administrative Support** (shared with Medicine Care Group) is limited and impacting on time to triage, with resultant loss of robust clinical prioritisation of risk and direct clinical contact time,as clinicians step in to bridge the gaps. The need for a full transformational service review has been identified and a multi stakeholder working group will be convened and report to Patient Safety & Clinical Effectiveness subcommittee with progress updates for assurance to Quality Committee.
- * **Alignment of Paediatric ED Services within the governance and leadership structures of Adult ED under Medicine Care Group** was discussed and confirmed to be on track for full transfer of operational and financial responsibility by October 2025. The supporting comprehensive workforce plan has been delivered. Quality and Safety will be strengthened across the Trust footprint through joint SOP review to ensure consistency of paediatric care.
- * **Maternity CQC section 31 submission** was reviewed at Maternity Assurance Group and no additional observations were made.
- * **Audit of Continence Care** across the Trust has identified a number of areas of concern compromising quality of care, patient safety and experience. Continence care has also drawn the attention of the CQC. Some initial rapid improvement work has begun and a more comprehensive programme of improvement with clear accountabilities is being developed. Quality Committee will be updated on progress.
- * **Patient Experience Q1 Update** shared progress in the objectives aligned to the Patient Experience Improvement Plan, highlighting good progress against accessibility and communication priorities. Responding to complaints was identified as a cause for concern and in particular prolonged delays in initial responses by PALS team, under pressure from staffing and capacity challenges. This presents a risk of failing to identify and respond to serious safety risks at an early stage. A Rapid Improvement Workshop has been undertaken and the Chief Nurse Team will support further review and improvement work.
- * **Patient, Carers and Families Experience and Engagement Framework 2025 - 2028** was reviewed and discussed
- * **National Inpatient Survey 2024 Report** drew comparisons with the 2023 report and identified a number of areas of improvement as well as some persistent areas of concern. Improvement work is already underway and delivery will be monitored through the established governance framework, with accountability for improvement held by Care Groups.
- * **Clinical Policies Update** confirmed the ongoing programme of policy rationalisation, review and update with evidence of improved delivery and oversight.
- * **Clinical Effectiveness Update** outlined the current position in relation to the mandated national clinical audits and the Trust responses. The process to ensure new NICE guidance and updates are reviewed and actioned as necessary has been strengthened.
- * **Urgent & Emergency Care Board Update** was shared. The performance challenges were noted to be disappointing and the associated risks to patient safety and experience acknowledged and of particular concern as winter pressures begin to impact. The actions being taken to support best possible care in this context were discussed.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- * Risk 208 IP Paediatric Respiratory Provision, relating to tracheal suction was discussed and progress towards a multidisciplinary solution shared.
- * Risk 54 Prescribing Practice was highlighted through PSII19471 relating to anticoagulant administration and through the IP survey, identifying the Trust as one of the lowest performers nationally on 'Medication information at discharge'
- * Risk 52 failure to follow IPC policies and guidance remains on the risk register following review by IPSAG
- * Risk 65 relating to Paediatric Speech and Language Therapy (SLT) assessment and interventions was reviewed.
- * PALs / complaints backlogs will be added to the Risk Register

Date of meeting:	September 2025
Chair:	Lorraine Boyd

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

ALERT

- * **Dermatology service** continues to be significantly impacted by the loss of dermoscopic triage, used to maximise safe care and efficient use of resources. In spite of all current mitigations and escalations this is a growing concern and the Care Group anticipate demand and waiting times will keep rising whilst the issue remains unresolved, with increased risk of patient harms.
- * **Cold store refurbishment delays**, and associated risk of failure with safety and financial impacts, in spite of repeated escalation, was shared. Wider discussion raised questions around the efficacy of processes to escalate safety concerns requiring estates solutions and a need for better assurance around responses and timely and dynamic prioritisation of requests.
- * **Digital interface systems** emerged as a theme, exemplified by issues around the feasibility of integrating EPMA with the current pharmacy ordering system, and by risks that have resulted from the need for dual entry of clinical information on to Medisight & CPD. The Trust clinical teams utilise a number of bolt on clinical platforms, not all of which will be superseded by Nervecentre. We would like to be assured that the full clinical & safety cost of suboptimal interfaces are considered, particularly in the value engineering decision making processes of business cases.
- * **Out of Hours Patient Transport** issue remains unresolved. Discussions continue and impact data is being collected

ASSURE

- * **Complex Needs Q1 Report** was received and included an outline of the leadership and governance arrangements that are becoming strengthened and embedded, as well as the progress against the planned objectives and NICHE report improvement plan, residual risks and mitigations. It was highlighted that the Trust achieved 87% compliance with Oliver McGowan mandatory training and was nominated as a training hub.
- * **Quality & Safety Internal Audits** for 2024/25 have been completed and all received significant assurance. The programme of internal audits for 2025/26 and actions from previous IAs are currently on track.

- * **Learning from Deaths (LfD) Report** was received and there are no escalations to make. The LfD Group continues to meet monthly to review findings and support shared learning. Internal Audit issued a significant assurance report on LfD governance processes.
- * **Pressure Ulcer Reduction** initiatives have led to a 15% reduction in newly developed category 2 pressure ulcers in June, with ongoing actions to sustain the improvement. This is a True North Priority Metric.

ADVISE

- * **CSCS Care Group** attended and shared their new and ongoing risks& mitigations, along with their progress and successes.
- * **LIMS(Laboratory Information & Management System)** successfully went live across the organisation on 1st September.
- * **MIS Year 7 Update Report** received. Year 7 position and action plan has been submitted in line with required timescales. Currently on track to comply with 6 of 10 Safety Actions. Work ongoing on remainder and MIS funding to support with delivery of these confirmed. Progress report on MIS action plan will be shared
- * **The Maternity Single Improvement Plan** delivery has been slowed down and will focus on business as usual and safety priorities, following a decision by the SLT in response to capacity constraints. Full improvement work will recommence from 1st November.
- * **Section 31 Report** was received. Moderate harm incidents were discussed as well as an update on the evolving plan to bridge the maternity workforce gap.
- * **The National Maternity Review** TOR have been published. The Trust is not directly involved but plan to review services through the same lens to proactively ensure our Single Improvement Plan aligns with potential recommendations from the review.
- * **CQC Update** informed the Committee that the improvement actions in response to the CQC Inspection Report of the visits to York Urgent & Emergency Care and Medical Services have been accepted and quarterly CQC updates will be required. Quality Committee continue to monitor progress through CQC Compliance / Journey to Excellence quarterly report.
- * **Q1 Sepsis Report** highlighted the work undertaken to bring greater clarity and understanding of the sepsis pathways, in the context of long standing performance challenges. Some improvements have been seen as a result of the increased scrutiny and focus, but significant challenges remain, particularly in areas outside of ED resuscitation. There is a need to ensure that sufficient resources are allocated to support this work, which is a key contributing mitigation to CRR 48 Response to the Deteriorating Patient.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- * CRR 48 'Response to the Deteriorating Patient', via Sepsis Report
- * CRR 50 s31 notice for maternity.
- * CRR 601 'antenatal scanning' - evidence shared to support risk score reduction to 8. Removal supported.
- * CRR 51 'impact of built environment on IPC etc' - the rationale for removing this risk from the CRR was shared by the Chief Nurse
- * CRR 52 'failure to observe IPC policies & guidance' - the recommendation to remove this risk from the CRR needs further discussion and review by IPSAG in September.
- * CRR 54 'prescribing practice' was discussed in context of cold store failure risk and EPMA/ Nervecentre interface.
- * CRR 58 'ageing infrastructure and backlog maintenance leading to failure of critical systems or accommodation' was discussed in the context of the cold store failure risk and ventilation failures resulting in compromised endoscopy service in Bridlington, highlighted by CSCS Care Group.

Resources Committee Reports

Date of meeting:	November 2025
Chair:	Helen Grantham

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

ALERT	
<ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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) <ul style="list-style-type: none"> ○ 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.

Date of meeting:	October 2025
Chair:	Helen Grantham

None for this month.

Date of meeting:	September 2025
Chair:	Helen Grantham

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

ALERT
<ul style="list-style-type: none"> ○ Diagnostics – having shown an improving picture in late 24 DM01 performance was deteriorating: <ul style="list-style-type: none"> ○ 61.7% against trajectory of 72.7% - ranked 134th out of 157 nationally ○ Equipment breakdowns (MRI/CT), colleague resource challenges and infrastructure challenges (e.g. Scarborough CDC). These were discussed in detail and the benefits of good capital planning and sequencing of equipment replacement highlighted. ○ The main areas of concern are MRI, CT, NOUS, colonoscopy and gastroscopy – improvements expected due to endoscopy insourcing, cardiac CT outsourcing and go live of Scarborough CDC, although this will take time to work through the numbers ○ Discussions held with other trusts about assistance, but no capacity available <p>See also section under ASSURE below.</p> ○ Cancer – not meeting trajectory for Faster Diagnosis Standard (FDS) and 62 day waits for first treatment (latter continuing to show a deteriorating position) <ul style="list-style-type: none"> ○ FDS – 69.8% (behind trajectory of 71.4%) - ranked 130th out of 137 nationally (a declining position) ○ 62 day waits for first treatment – remained at 62.2% against trajectory of 72.9% ranked 110th out of 145 nationally (a deteriorating position) ○ impact of diagnostics – see above and ASSURE section ○ the level of GP referrals for potential cancer remains high and a meeting to be held with the ICS regarding GPs ceasing certain diagnostic activity e.g. dermoscopy. - RTT – total waiting list (TWL) continues to increase due in part to ongoing review of all waiting lists and movement of some patients to RTT list – this work has largely completed <ul style="list-style-type: none"> ○ 56,815 against trajectory of 45,033 (and ahead of NHSE submission as part of 25/26 planning submission) ○ 46th highest out of 152 nationally for proportion of waiting over 52 weeks ○ 95th out of 152 nationally for waits under 18 weeks (a slightly improving position) ○ Rapid Access Chest Pain clinic performance has improved slightly but remains significantly below target. ○ Acute <ul style="list-style-type: none"> ○ ECS for August was below trajectory (91 out of 121 providers nationally) ○ Type 1 12+ hour trolley waits were behind trajectory and had shown a slight uptick after several months of positive improvement ○ actions were being taken in a number of areas to improve paediatric ECS performance. ○ Finance ○ £0.2m adverse variance to plan – discussions on: <ul style="list-style-type: none"> ○ FY risk, cost improvement plan, sparsity and ERF payments ○ NHSE approach to deficit funding and associated risk ○ The most likely case year-end forecast – actions to return to a balanced plan were being identified and shared with NHSE and would be presented to the Board
ASSURE

<ul style="list-style-type: none"> ○ Diagnostics – detailed sessions with the CSCS and Medicine Care Groups to update on performance, challenges, where performance was off track plans to reduce waits to no more than 13 weeks and the oversight and governance in place to keep focus on this area and to monitor delivery. Despite current performance against trajectory, management were confident year end DM01 performance target would be achieved if no further equipment, estate or workforce issues were encountered, although targets for some individual tests were at risk - see ALERT for more information on key risk areas. The expected impact of the individual planned improvement schemes on DM01 performance and 13+ week waiter reduction was provided. Various opportunities for partnership working were being progressed and discussed. Additional information was requested. ○ Cancer – compliant trajectories had been submitted to NHSE to achieve the national ambition of 80% for FDS and 75% for 62 day waits for first treatment ○ A review of progress against Q1 25/26 Annual Operating Plan actions showed close to 75% had been completed, areas with delays included reduction in NCTR, ECS, workforce and culture and financial plan. Delays mainly relating to operational dependencies, engagement requirements and infrastructure challenges and there was no indication that these delays would compromise delivery of the overall plan. ○ On 1 September 2025, the new Scarborough, Hull, and York Pathology Service (SHYPS) Laboratory Information Management System (LIMS) went live across the Scarborough, York and Hull Hospitals without any significant disruption. Good planning and testing had been key to successful roll out which was important to deliver efficiency and consistency across pathology services ○ The Nursing Workforce Report on five priority areas (workforce efficiency, discontinuing agency work, reducing reliance on bank staff, reviewing nursing establishments, addressing NHSE's employment directive for pre-registered staff and monitoring CHPPD and fill rates as of July 2025) showed positive progress and performance against plans with the vacancy rate for registered nurses at 2.7%(4.2% in Oct 24) and a commitment to cease all agency spend (with limited exceptions) by 3 Nov 2025, with the risks to this timetable and associated mitigations noted. ○ The Winter Plan was presented and discussed – it being noted that the plan was much improved from 2024 with more detail and scrutiny during production. Financial impact was anticipated to be £3.1m (with an aim to reduce this spend if this was not necessary to provide a safe level of care). The paper was approved for presentation to the Board in September. ○ A report was shared on the progress with eRostering implementations and eRostering improvement work. Progress was good and the Trust's targets had been achieved. Next steps were to conclude roll out for all clinical roles to be following by admin/clerical and estates and ancillary roles with the entire workforce to be covered by summer 2026. ○ The UEC Update provided positive assurance relating to NCTR, super stranded ratio and stranded ratio and a broadly steady average ambulance handover time showing much improvement for the trust over the last year and ahead of trajectory (but still some work to do to achieve peer standards). Some areas falling short of trajectory (see ALERT above). ○ YTHFM Business Assurance Report and Q1 Sustainability Report were provided and discussed. On the whole performance was good, although underperforming on colleague sickness absence and visible cleanliness. The results of the YTHFM six-facet survey were expected shortly and would be reported to the committee, following which there would be a review of capital maintenance plans and potential need to reprioritise. The sustainability report was positive with some further successes in funding bids and no major risks highlighted. The Head of Sustainability was engaging with care groups to support more sustainable clinical practices.
ADVISE
<ul style="list-style-type: none"> - This was the first meeting following the revised agenda format for the Committee. The majority of time was spent on two deep dives into diagnostics – covering the CSCS and Medicine care groups
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<ul style="list-style-type: none"> - The risks to meeting trajectory for some of the key diagnostic areas and the potential impact on meeting the faster diagnosis targets for cancer (see comments under ALERT and ASSURE above) - Risks to delivery of financial plan and the cost improvement programme – recent engagement with the ICB on commitment to meet a balanced while highlighting associated risks to delivery - an update would be provided to September Board.

Group Audit Committee Report

Date of meeting:	September 2025
Chair:	Jane Hazelgrave

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

ALERT
<ul style="list-style-type: none"> There have been delays in the progress of Internal Audit Plan work due to staffing and sickness issues. It is expected the work will be caught up throughout the year. Three changes have been agreed to the audit plan: (i) combination of 2 planned pieces into one (Separate audits of Elective Operational Toolkit and Non RTT), (ii) Removal of Scarborough UECC Project Post Implementation Review as Deputy COO is undertaking this work already (iii) Staff Change forms – move from Q2 to Q4 External Audit - not yet been able to issue the usual audit certificate confirming that we have completed all work necessary under the Code of Audit Practice. It is expected that the audit certificate will be issued once confirmation has been received from the National Audit Office that no further work is required on the Whole of Government Accounts. This is a national issue for all external auditors. One IA report issued with the lowest rating: PKB rating (Low) One IA report has been issued with a limited assurance rating Pharmacy Stock Process GRNI
ASSURE
<ul style="list-style-type: none"> External audit planning has commenced for 2025/26. YTfM IA : 6 recommendations were closed with satisfactory evidence to support closure. Trust IA : 45 out of 45 actions closed with satisfactory evidence Two other reports have been issued Quality Assurance Framework : Significant Data Security and Protection Toolkit: Very High/Medium Overdue actions fallen from 21 in July to 9 in September. No overdue actions were classed as major. In light of the upcoming implementation of the Failure to Prevent Fraud offence under the Economic Crime and Corporate Transparency Act 2023, the LCFS is currently undertaking a proactive review to assess organisational preparedness across the organisation. A presentation was made on the annual FTSU report that will also go to board. The BAF and risk register were discussed with nothing to escalate to the board Losses and special payments were reviewed A treasury management policy was approved.
ADVISE
<ul style="list-style-type: none"> Governance, Risk Management and Audit – 26 November 9-12.30pm via MS Teams This, virtual, half day event will cover a range of topics particularly pertinent to Board and Audit Committee members responsible for overseeing governance and risk management arrangements within their organisations.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<ul style="list-style-type: none"> Role of audit committee in review of BAF and Risk register and how these fit in with wider governance structures at the Trust. The remit of the audit committee and workplan need to be reviewed in light of the clarification of the role of the committee. Cyber Risks were discussed in light of a recent benchmarking report conducted by Audit Yorkshire The report will go to the digital committee and then to audit committee.

Report to:	Council of Governors
Date of Meeting:	10 December 2025
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 ☐

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input type="checkbox"/> Timely, responsive, accessible care <input type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input type="checkbox"/> Research, innovation and transformation <input type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System <input type="checkbox"/> Sustainability
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Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

This paper provides an overview of Governor Activities. Reports are provided on the following: Lead Governor and the Community and Neighbourhood Network.

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

I commenced the role of Lead Governor on the 1 November 2025. Please see below some of the activities I have undertaken:

New Governor Introductions

I would like to give a warm welcome to the new Governors who joined the Council of Governors in October following the annual elections:

- Nick Bosanquet (York - public)
- Jean Flanagan (East Coast - public)
- Sandra Fox (Ryedale & EY - public)
- Ian Foxley (Ryedale & EY - public)
- Peter Morley (Selby – public)
- Elena Clerici (York – staff)
- Carol Popplestone (Scarborough & Bridlington – staff)

The formal induction for the new Governors took place in October. In addition, I met with a number of the new Governors informally to discuss the Governor role and our duties.

Forum meeting

At the Governor Forum meeting held on 12th November 2025, three Change Makers (Gail Dunning, Veronica Abu, and Bethel Omeife) from the Trust attended. They provided a very informative update to the Governors on where the Trust is currently with the 'Our Voice Our Future' change programme and each gave an update on their area of responsibility. The discussion between the Governors and the Change Makers was very constructive, it was agreed that we invite them to attend a future CoG meeting.

One-to-One Meetings with the Chair

Monthly meetings have been arranged with Martin Barkley where we will discuss the CoG agenda, Governor concerns, Trust progress and governance matters. I had my first meeting on 13th November 2025 to discuss the CoG agenda for the upcoming December meeting.

In the coming months, I hope to become involved in further activities and would like to thank Martin and all the NEDs for their continued efforts to work with the CoG to improve patient care. I would also like to thank Tracy Astley for her support over the past few months.

Linda Wild
Lead Governor

2. Community and Neighbourhood Network (CaNN) (19.11.25)

At the CaNN meeting in November members received presentations from Tilly Poole, Head of Strategy & Planning, Lisa Pope, Deputy Place Director (NHS Humber & NY ICB), and Gemma O'Neil, Deputy Director of Neighbourhood Working (NHS Humber & NY ICB).

Lisa and Gemma provided a comprehensive update on the Neighbourhood Health Programme, outlining the strategic direction, implementation of integrated health and care hubs, and the role of Local Care Partnerships.

Tilly provided a presentation on the Secondary Care Integration with Neighbourhood Model and how York and Scarborough Hospitals are aligning secondary care services with the neighbourhood health agenda, discussing the cultural and operational changes required for effective integration.

Both presentations were very informative and it was agreed to invite Lisa, Gemma and Tilly to a future meeting to give updates.

It was also agreed to revise the terms of reference to reflect the name change and increased membership, and send out the updated version to the group before the next meeting.

The network is now gaining traction and we will continue to encourage membership from both governors and stakeholders who can make a positive contribution to the group.

Elizabeth McPherson
CaNN Chair

CoG Attendance Record

ITEM 14.1

Name	14.03.24 CoG	12.06.24 CoG	11.09.24 CoG	02.12.24 CoG	11.12.24 CoG	13.03.25 CoG	02.05.25 XCoG	11.06.25 CoG	06.08.25 XCoG	10.09.25 CoG	10.12.25 CoG	11.03.26 CoG
Martin Barkley (Chair)	√	√	√	√	√	√	√	√	√	√		
Rukmal Abeysekera (Public Governor – York)	√	√	√	√	√	√	√	√	√	√		
Cllr Jonathan Bibb Stakeholder Governor - East Riding CC			√	Ap	√	Ap	Ap					
Rebecca Bradley (Staff Governor - Community)	Ap	√	Ap	Ap	√	Ap	Ap	√	√	√		
John Brian (Public Governor - Ryedale & EY)	Ap	Ap	Ap									
Bernard Chalk (Public Governor - East Coast)								√	√	√		
Mary Clark (Public Governor - York)	√	√	Ap	Ap	√	√	Ap	√	√	Ap		
Cllr Liz Colling (Stakeholder Governor - NYC)	√	Ap	Ap	Ap	√	√	Ap	√	√	√		
Beth Dale (Public Governor - York)	√	√	√	√	Ap	√	√	Ap	√	Ap		
Abbi Denyer (Staff Governor - York)	√	√	√	Ap	√	√	Ap	√	√	√		
Adnan Faraj (Staff Governor - SGH/Brid)	Ap	√	√	Ap	Ap	√	Ap	√	√	Ap		
Paul Gibson (Public Governor - East Coast)				Ap	√	√	Ap	Ap	√	√		
James Hayward (Public Governor - East Coast)				Ap	Ap	√	√	√	√	√		

CoG Attendance Record

Name	14.03.24 CoG	12.06.24 CoG	11.09.24 CoG	02.12.24 CoG	11.12.24 CoG	13.03.25 CoG	02.05.25 XCoG	11.06.25 CoG	06.08.25 XCoG	10.09.25 CoG	10.12.25 CoG	11.03.26 CoG
Graham Healey (Staff Governor - Scarborough/Bridlington)				Ap	Ap	Ap	Ap	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		
Elaine McNichol Public Governor - East Coast)								√	√	√		
Elizabeth McPherson (Stakeholder Governor - Social Care)	√	√	Ap	√	√	√	Ap	√	√	√		
(Stakeholder Governor - Dementia Forward)	Ap	Ap	Ap	Ap	Ap	Ap	Ap	Ap	Ap	Ap		
Michael Reakes (Public Governor – York)	√	Ap	√	√	√	√	√	√	√	√		
Gerry Richardson (Stakeholder Governor – York University)	√	√	√	Ap	√	√	Ap	√	√	Ap		
Cllr Jason Rose (Stakeholder Governor - CYC)	√	√	√	Ap	√	√	Ap	√	√	√		
Ros Shaw (Public Governor - York)				√	√	√	√	√	√	√		
Julie Southwell (Staff Governor - York)	√	√	√	√	√	√	√	√	√	√		
Catherine Thompson (Public Governor- Hambleton)	√	Ap	√	√	Ap	Ap	√	√	√	√		

CoG Attendance Record

Name	14.03.24 CoG	12.06.24 CoG	11.09.24 CoG	02.12.24 CoG	11.12.24 CoG	13.03.25 CoG	02.05.25 XCoG	11.06.25 CoG	06.08.25 XCoG	10.09.25 CoG	10.12.25 CoG	11.03.26 CoG
Franco Villani (Staff Governor - SGH/Brid)	√	√	√	√	√	√	Ap	√	√	Ap		
Linda Wild (Public Governor - East Coast of Yorkshire)	Ap	√	Ap	√	Ap	√	√	√	√	Ap		

NED Attendance Record

ITEM 14.2

Name	14.03.24 CoG	12.06.24 CoG	11.09.24 CoG	11.12.24 CoG	13.03.25 CoG	11.06.25 CoG	10.09.25 CoG	10.12.25 CoG	11.03.26 CoG
Martin Barkley (Chair)	√	√	√	√	√	√	√		
Jenny McAleese	√	√	√	Ap	Ap	√	Ap		
Lynne Mellor	√	√	√	√					
Lorraine Boyd	Ap	√	√	√	Ap	√	√		
Jim Dillon	Ap	√	√	√	√	√			
Steven Holmberg	Ap	Ap	Ap	Ap	Ap	Ap			
Matt Morgan	Ap	Ap	Ap	Ap	Ap	Ap			
Julie Charge	Ap	√	√	√	Ap	√	√		
Helen Grantham	Ap	√	√	√	√	√	Ap		
Jane Hazelgrave						√	√		
Noel Scanlon						√	√		
Richard Reece							√		
Rukmal Abeysekera									