York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 25th February 2026
Time: 9:30am – 12:30pm
Venue: PGME Discussion Room, Scarborough Hospital

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors Public Agenda

Item	Subject	Lead	Report/ Verbal	Page No	Time
1.	**Welcome and Introductions**	Chair	Verbal	-	9:30
2.	**Apologies for Absence** To receive any apologies for absence.	Chair	Verbal	-	
3.	**Declarations of Interest** To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda.	Chair	Verbal	-	
4.	**Minutes of the meeting held on 28 January 2026** To be agreed as an accurate record.	Chair	Report	5	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Chair	Report	19	
6.	**Patient's Story** To consider.	Chief Nurse	Verbal	-	9:35
7.	**True North Report** To review the report.	Chief Executive	Report	20	9:45
8.	**Chair's Report** To receive the report.	Chair	Report	38	9:55

Item	Subject	Lead	Report/ Verbal	Page No	Time
9.	**Chief Executive's Report** To receive the report.	Chief Executive	Report	41	10:00
10.	**Quality Committee Report** To receive the February meeting summary report.	Chair of the Quality Committee	Report	74	10:15
11.	**Resources Committee Report** To receive the February meeting summary report.	Chair of the Resources Committee	Report	To follow	10:25
12.	**Trust Priorities Report (TPR)** December 2025 Trust Priorities Report Performance Summary: • Operational Activity and Performance • Quality & Safety • Workforce • Digital and Information Services • Finance	 Chief Operating Officer Medical Director & Chief Nurse Director of Workforce & OD Chief Digital Information Officer Finance Director	Report	77 81 127 148 159 167	10:35
13.	**Q3 Annual Reporting Plan Progress Report** To consider the report.	Chief Executive	Report	186	11:25
Break 11:35					
14.	**CQC Compliance Update** To consider the report.	Chief Nurse	Report	197	11:45

Item	Subject	Lead	Report/ Verbal	Page No	Time
15.	**Maternity and Neonatal Report** To consider the report.	Chief Nurse - Executive Maternity Safety Champion	Report	202	11:50
16.	**Complaints Report (half-yearly)** To consider the report.	Chief Nurse	Report	217	12:05
Governance					
17.	**Questions from the public received in advance of the meeting**	Chair	Verbal	-	12:25
18.	**Time and Date of next meeting** The next meeting held in public will be on 25 March 2026 at 9.00am at York Hospital.				
19.	**Exclusion of the Press and Public** 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.				
20.	**Close**				12:30

Minutes
Board of Directors Meeting (Public)
28 January 2026

Minutes of the Public Board of Directors meeting held on Wednesday 28 January 2026 in the Boardroom, Trust HQ, York Hospital. The meeting commenced at 9.00am and concluded at 12.30pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Ms Rukmal Abeysekera
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Helen Grantham *(Via Teams)*
- Ms Jane Hazelgrave
- Mrs Jenny McAleese
- Dr Richard Reece, Associate Non-Executive Director *(Via Teams)*

Executive Directors
- Miss Clare Smith, Chief Executive
- Mr Andrew Bertram, Finance Director and Deputy Chief Executive
- Dr Karen Stone, Medical Director
- Mrs Dawn Parkes, Chief Nurse and Executive Maternity and Neonatal Safety Champion
- Ms Claire Hansen, Chief Operating Officer
- Mr James Hawkins, Chief Digital and Information Officer
- Miss Polly McMeekin, Director of Workforce and Organisational Development
- Mr Chris Norman, Managing Director, YTHFM

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

In Attendance:
- Ms Tara Filby, Director of Nursing and Deputy Chief Nurse (shadowing Mrs Parkes, Chief Nurse)
- Ms Caroline Brown, Specialist Physiotherapist (For Item 6)
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 15)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:
- Mr Graham Lake, Elected Governor - Public
- Mr Nick Bosanquet, Elected Governor - Public
- Mr Peter Morley, Elected Governor - Public
- One member of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

Apologies for absence were received from:
Ms Julie Charge, Non-Executive Director
Mr Noel Scanlon, Non-Executive Director

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 26 November 2025

The Board approved the minutes of the meeting held on 26 November 2025 as an accurate record of the meeting.

5 Matters arising/Action log

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

BoD Pub 54 (24/25) *Explore options to provide more accurate ethnicity data for the Health Inequalities section of the TPR.*
Ms Hansen advised that the collection of ethnicity data was improving and now stood at just over 80%. A project was underway which included training and audits and Ms Hansen expected further improvement. The action was closed.

BoD Pub 34 *Discuss with the Counter Fraud team which of the 60 recommendations to prioritise, in relation to the Failure to Prevent Fraud legislation, and report back to the Group Audit Committee.*
Mr Bertram reported that a report had been presented to the Group Audit Committee. The action was closed.

BoD Pub 37 *Include the metrics used by NHS England to determine the Trust's position under the National Oversight Framework in one section of the TPR.*
The metrics had been added to the TPR. The action was closed.

BoD Pub 38 *Provide an analysis of the number of outpatient referrals which are not from GPs or consultant to consultant***.**
Mr Hawkins advised that the analysis of referrals was still in progress; the majority of those which were not from GPs or consultant to consultant were from other health professionals. Mr Barkley was interested in a breakdown of consultant to consultant referrals. Miss Smith explained that a better understanding of referrals was part of a broader piece of work which should be presented to the Resources Committee. On this basis, the Board action was closed.

Action Miss Smith

BoD Pub 44 *Ensure that an EPR progress report is on each Board agenda, beginning in 2026.*

The item had been added to the agenda for the Private Board meeting. The action was closed.

BoD Pub 45 *Inform the Board of the planned date of submission of the Continuous Improvement Business Case to NHS England.*
The Business Case had been submitted to NHS England on 23 December 2025. The action was closed.

BoD Pub 46 *Include a narrative in the TPR on waiting times over 52 weeks for Children and Young People.*
The narrative had been added to the TPR. The action was closed.

BoD Pub 47 *Investigate the apparent inconsistency in Infection Prevention and Control data between the TPR and the National Oversight Framework.*
This was deferred to the next meeting.

BoD Pub 48 *Circulate a report showing the cumulative volume of activity as at month 6 this year compared to the same period in 2024 (using the same categories as were used for the 6 year comparative position).*
The report had been circulated and the action was closed. Mr Hawkins would respond to Mr Barkley's specific query.

6 Patient's Story

Caroline Brown, Specialist Physiotherapist and Leadership Fellow, joined the meeting to present on the Trust's approach to person-centred care. She described why person-centred care was important: it resulted in better patient outcomes and experience, and a reduction in Health Inequalities. Feedback from patients and themes from complaints demonstrated that patients wanted to be believed, to be treated as equals, to be given a voice, to be actively listened to and to be treated with genuine care and trust. Ms Brown shared the main themes of complaints to the Trust of which communication was prominent. She summarised the actions underway to promote person-centred ways of working across the Trust. A training package, developed in 2021, had been delivered to around 700 members of staff, including Allied Health Professionals and Nurses. The impact of the training had been evidenced in qualitative feedback. In 2025, a project to support learning for all staff on three wards had been initiated. Staff were encouraged to ask patients, "what matters to you"? Ms Brown provided examples of how asking this question provided benefits for both the patient and the Trust. Ms Brown emphasised that a person-centred approach dovetailed with the NHS 10-year plan, and with Trust values and strategies. Work would continue to embed the approach in Trust culture.

Ms Brown was thanked for her presentation and she left the meeting.

Miss Smith noted that this type of presentation was aimed at increasing the Board's understanding of patient experience, with a view to promoting discussion on how to address the issues raised.

7 True North Report

Miss Smith presented the report and drew attention to the following metrics:

- Staff Survey: a full review of the Staff Survey outcomes would be undertaken; the completion rate this year was higher;

- Reduce Bed Days Lost to No Criteria To Reside: a number of actions were in progress but reducing length of stay would be a key focus for 2026/27;
- Urgent and Emergency Care: the metrics were behind trajectory; there had been a significant increase in attendances at Emergency Departments and improvement work would need to be linked to the overall clinical strategy for 2026/27;
- Cancer Faster Diagnosis Standard: a number of actions had been implemented which were beginning to have some impact**;** this metric would require further focus in 2026/27, particularly around diagnostic capacity;
- Improve RTT: the strategy would need to be re-evaluated as there was unlikely to be additional finance available in 2026/27; the NHS England RTT validation sprint would continue in Quarter 4;
- Reduce Category 2 pressure ulcers: the number had reduced below the trajectory; Mrs Parkes noted that performance had been supported by the new supervisory status of ward managers;
- Reduce the number of Trust onset MSSA bacteraemia: significant work in infection prevention and control had reduced the number below trajectory;
- Achieve financial balance: the Trust was in a challenged position; this would be discussed under Item 13 *Trust Priorities Report.*

Referring to the Electronic Patient Record (EPR) update, Miss Smith highlighted that there were now 29 days to the first roll out. The focus was on training, risk management and staff engagement. In terms of continuous improvement, the Trust had submitted a business case to NHS England and a response was awaited. This support would be key to improving the Trust's position in 2026/27.

Mr Barkley highlighted that the Cancer Diagnosis Standard had deteriorated to 60% which was very concerning, although the reduction in Category 2 pressure ulcers and MSSA infections was positive. Ms Hansen provided further explanation of the service reviews and clinic utilisation referenced in the Productivity and Efficiency Group update.

8 Chair's Report

The Board received the report. Mr Barkley drew attention to the appointments of new Non-Executive Directors. He reported that the Trust's Annual Business Planning Day, which had taken place after the report was written, had been successful and he was looking forward to reading the facilitators' notes from the group discussions.

9 Chief Executive's Report

Miss Smith began by noting that she was now halfway through her first 100 days as Chief Executive. Much of her time had been taken up in visiting the Trust's sites and in meeting colleagues. She led a weekly online question and answer session, Y&S Live, with executive colleagues and had hosted her first Senior Leadership forum on 18 December. Miss Smith was optimistic about the opportunities for improvement, whilst not underestimating the challenges faced by the Trust, not least the forecast year-end deficit of £33m which had been submitted to NHS England.

Miss Smith also referenced the following:

- the recent resident doctors' industrial action; Trust leaders expressed their gratitude to colleagues who had stepped in to support services during this period;
- the implementation of the new Electronic Patient Record which was possibly the most significant change programme that the Trust had undertaken;

- the retention of Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation for Endoscopy across the Trust, following the annual review, which was very good news;
- following Mrs Parkes' decision to retire, a new Chief Nurse had been appointed with a start date of 5 May; Ms Filby had agreed to fulfil the role of Chief Nurse in the interim period;
- the appointment of a Chief Executive of NHS Humber and North Yorkshire Integrated Care Board (ICB); Miss Smith acknowledged the challenges facing ICB colleagues involved in significant changes to the structure of the NHS.

The Board recorded its appreciation of all those colleagues nominated for Star Awards in December.

10 Quality Committee Report

Dr Boyd highlighted the key discussion points from the meeting of the Quality Committee on 20 January 2026. The Committee had discussed the potential for known and unknown clinical and safety risks during the implementation of the new EPR go-live. The Committee had also undertaken a focussed review on the Board Assurance Framework Principal Risk 3 *Working ineffectively with the Trust's partners to contribute to effective patient care, good patient experience and system sustainability*. Ms Hansen, as the risk owner, had highlighted the complex landscape of partnership working, resulting from multiple organisations with different governance structures. This was a resource intensive area and there was a risk that this resource was not being used effectively and efficiently. Dr Boyd commented that the risk would benefit from greater Board visibility and oversight and a clear understanding of the links to its strategic priorities

Responding to the risks around the EPR implementation, Mr Hawkins explained that there were five clinical safety cases being finalised through the appropriate governance processes and these would be discussed at the next meeting of the Executive Committee. Miss Smith added that EPR associated risks was a standing agenda item for the Risk Sub-Committee. She underlined that the risks associated with the go-live of the new EPR were a collective responsibility of the Executive and the frequency of meetings had been increased as the go-live date approached.

Mr Barkley asked about progress towards a stakeholder engagement plan. Mrs Brown reported that the Head of Strategy and Planning was progressing this, and a Strategy and Partnerships Sub-Committee had been established. Miss Smith added that a broader discussion on stakeholder engagement was needed, which would be informed by the Well Led review report. At the end of her first 100 days, she would make a recommendation to the Board as to how this should be progressed.

11 Resources Committee Report

Ms Hazelgrave highlighted the key escalations from the meeting of the Resources Committee on 20 January 2026:

- the Committee had undertaken a focussed review of Diagnostic performance: whilst there had been some improvement between September and November 2025, there had been a seasonally driven deterioration in December; plans were in place to achieve a year-end target of 75.6% of patients referred for diagnostic tests being treated within six weeks; a Diagnostic deep dive with NHS England was planned which it was hoped would prove valuable; some modalities would achieve the 95% national standard by March 2026;

- the Committee had discussed investment in Digital and had sought assurance that that this was to be included in the business planning process;
- attendances in Emergency Departments (EDs) had decreased over November and December but were still above 2024 levels; however, the number of ambulance attendances had increased substantially;
- the number of 12 hour trolley waits in EDs had increased due to the complexity; the average ambulance handover time was, however, ahead of trajectory;
- the Committee had discussed the latest financial position, including the cash position;
- the Medical and Dental Workforce paper had been received; the Committee had sought assurance that the reduction in bank and agency usage would not compromise patient safety; the improved revalidation and appraisal rate was noted;
- the Safer Nursing Staffing paper had been received; the completion of nurse staffing establishment reviews was noted.

Ms Hazelgrave highlighted the risk that the impact of additional NHS England funding to meet Referral To Treatment waiting times could further increase the demand for diagnostics which would impact on diagnostic performance; in addition, there continued to be a risk associated with equipment breakdown. She alerted the Board also to the rising levels of staff sickness absence.

Dr Boyd observed that the increase in 12 hour trolley waits in EDs was a concern. It was noted that the wait time clock was begun at the point that the decision to admit the patient was made.

Concerns were raised by Mrs McAleese about the high levels of sickness absence and the impact on patient care, staff morale and the financial position. Miss McMeekin advised that the main reasons for absence were stress, anxiety and depression and coughs, colds and flu. Her team continued to analyse the reasons in depth and to revise strategies for reducing absence. Miss McMeekin welcomed further discussion on and suggestions for reducing sickness absence. She noted that the rise was despite an increase in the flu vaccination uptake. Miss McMeekin would present a paper to the Resources Committee in March on reducing sickness absence.

Action: Miss McMeekin

12 Group Audit Committee Report

Ms Hazelgrave highlighted the key points from the meeting of the Group Audit Committee on 13 January 2026:

- nine internal audit reports were brought to the Committee, of which six had limited assurance;
- the external auditor reported that the delayed audit certificate for the 2024/25 accounts had now been issued, audits had now been completed for YTHFM and the Trust charity (November) with no issues to report and work on the 2025/26 external audit had begun;
- there were no outstanding audit recommendations for YTHFM which was very positive;
- a report on Single Tender Waivers had been presented which had provoked discussion because of the number and that they had not been reported to each Group Audit Committee for quite some time;
- of the 60 recommendations relating to new anti-fraud legislation, there were three rated amber and one rated red which would remain, and it was likely that this would prove acceptable to the NHS Counter Fraud Authority;

- the Committee had discussed its remit in relation to the Board Assurance Framework and the Corporate Risk Register, noting that its role was to gain assurance about the process of risk management, not to discuss risks in detail;
- the Committee had recommended that a standard process for changing audit recommendation due dates be adopted;
- the Committee had escalated the internal audit report on the Safe Storage of Medicines to the Quality Committee.

It was agreed that the due date of high priority recommendations could only be changed once, and of lower priority recommendations twice. Only the Executive sponsor had authority to approve changes in due dates but the challenge and confirm process should be more robust. Audit recommendations actions were monitored by the Risk Sub-Committee.

Dr Boyd advised that the internal audit update presented to the Quality Committee was being revised to provide better assurance on the actions taken and the impact, in triangulation with other sources of information.

13 Trust Priorities Report (TPR)

The Board received the TPR.

Mr Barkley highlighted that, under the National Oversight Framework, the Trust was ranked first in terms of the lowest proportion of C.Difficile infections.

Operational Activity and Performance

Ms Hansen provided a summary:

- December had seen sustained operational pressures: ambulance conveyances to EDs continued to increase although there was evidence that some could be diverted to more appropriate settings or patients could have been treated at home; discussions with the Yorkshire Ambulance Service were ongoing;
- Emergency Care Standard, 12 hour trolley waits and Cancer performance were all below the trajectory;
- RTT recovery was mixed: there had been a reduction in the number of patients waiting more than 65 weeks but waiting lists continued to grow;
- diagnostic performance had deteriorated in December;
- community services remained under pressure and backlogs remained in paediatric Speech and Language Therapy despite the implementation of a treatment model which had been recognised nationally; discussions with the ICB around demand management continued;
- assessment times for paediatric patients in Emergency Departments had improved significantly;
- transfers to Same Day Emergency Care (SDEC) within 60 minutes were increasing, supporting better flow through ED;
- quality standards and the acute model of care were being finalised which would be key to reducing waiting times in ED and supporting staff safety and morale;
- improved ambulance handover triage and waiting times to see a doctor had been sustained;
- the Trust was the best in the region for discharges before 5pm and third best for minimising the time from discharge ready date to actual discharge;
- a “fit to sit” model was being implemented to move patients more efficiently from ED to SDEC or the assessment unit;

- a Multi-Agency Discharge Event was planned for February which would support with the transition to the new EPR;
- the voluntary sector was being engaged to support with discharges and also possibly in ED;
- discussions were taking place with the care sector to reduce the number of patients coming from care homes to ED;
- paediatric capacity in ED was being expanded;
- a targeted sprint was underway to reduce length of stay, focussing on Oak Ward in Scarborough;
- the capacity of the Endoscopy service was being increased to improve cancer and diagnostic performance;
- support had been secured from another local Trust to address the backlog in skin cancer referrals which had built up when GPs had ceased their dermoscopy imaging services; this backlog had impacted on cancer performance metrics, along with an overall increase in cancer referrals;
- work had been undertaken to help improve Colorectal performance and reduce the number of inappropriate referrals.

Ms Hansen briefly described actions in other specialties which would improve Cancer performance and reduce waiting times for RTT. In response to a question, she confirmed that there was sufficient support from external partners for the Multi-Agency Discharge Event and agreed that the event needed to be repeated as effective discharge processes were not embedded.

Ms Hazelgrave raised a concern about the increased length of stay metric. Ms Hansen responded that the figures had risen over the Christmas period as external partners reduced staffing, and thereby their response rate, by up to 50%.

Dr Boyd asked about the comment in the TPR which read: *Resources cannot support tests of change, for example having senior decision makers from specialties (Acute / Frailty) in the EDs.* Ms Hansen explained that the tests of change implemented by the Medicine Care Group had been effective in reducing waiting times in EDs but were not sustainable due to the costs. Senior leaders were considering other options.

Mr Barkley referred to the total waiting list numbers and asked that Ms Hansen report at the next meeting on the shape of the curve for RTT numbers and how this would influence forecasting. It was agreed that this would be presented first to the Resources Committee.

Action: Ms Hansen

In response to Mr Barkley's question, Ms Hansen explained that patients were often being seen in SDEC, when they should be referred to outpatient clinics. Work was underway to appropriately stream these patients to hot clinics. The capacity in outpatient clinics to treat these patients should be increased as the use of Patient Initiated Follow Ups and telephone catch ups increased.

Mr Barkley noted that the Urgent Community Response metric was poor and the Trust had a comparatively high number of patients waiting for treatment in the community. Miss Smith responded that improvement work in Community Services was linked to a broader strategy which needed to be underpinned by a clearer vision. She would bring a recommendation to a future meeting.

Action: Miss Smith

Mr Barkley asked that the metric recording the number of adults waiting more than 52 weeks for community services should be added to the TPR.

Action: Mr Hawkins

Quality and Safety

Mrs Parkes highlighted some risks around the level of Health Care Acquired Infections (HCAIs), particularly MRSA, E.Coli and Pseudomonas infections, although levels of C.Difficile and MSSA infections had been successfully reduced, and the same methodology would be used to continue to reduce the level of all HCAIs. Focused work was taking place on improving hand hygiene and reducing the number of gloves used.

In terms of the number of complaints to the Trust, Mrs Parkes noted that the number had remained within the limits of normal variation and work continued to reduce the number by improving patient experience. The bedside handover strategy had received good feedback from patients.

Mrs Parkes emphasised that clear improvement trajectories were in place, both for complaints and HCAIs. She was confident that improvements in infection prevention and control would be sustained as the Care Groups had taken ownership and the improvement methodology was proven. Miss Smith asked if there was sufficient focus on the root causes of complaints to the Trust. Mrs Parkes responded that the number of complaints from inpatients had reduced due to the strategies for better communication now in place. Themes of complaints were now primarily linked to waiting times and communication with outpatients. This would be addressed through Care Group Patient Experience improvement meetings. Mrs Parkes reported that complaints linked to staff attitude had also reduced.

Dr Stone highlighted the challenge presented by winter respiratory viruses on infection prevention and control and the positive impact this year of the winter plan on bed availability.

Workforce

Miss McMeekin flagged the level of sickness absence which had risen sharply in November, and the increase in the vacancy rate to 6.5%. The latter metric had been impacted by the triple lock protocol and the number of vacancies ringfenced for employees who might need to be redeployed as part of the organisational change processes. The Health Care Support Worker vacancy rate now stood at 11.4%, mainly due to vacancies within the Medicine Care Group arising from an establishment review in the autumn when recruitment had been suspended. Senior leaders were working on plans to close this gap. Mr Barkley queried the decision to devolve recruitment of Health Care Support Workers to Care Groups, given that the vacancy rate would likely result in the use of bank or agency staff. Miss McMeekin responded that overall, the delegation worked better. Mrs Parkes added that she had asked Medicine Care Group leaders for a recovery plan.

With relation to the organisational change processes, Miss McMeekin reported that 45 day consultations had taken place during which the Trust had worked closely with unions and a number of restructures were now progressing to implementation, although the Care Group restructures were still not agreed in full and implementation would be deferred until agreement by all four Care Groups was reached. A review of the organisational change process had been commissioned.

Miss McMeekin was pleased to report that Whole Time Equivalent use of agency staff was at its lowest rate in the past eight years.

Digital and Information Services

Mr Hawkins reminded the Board that there were only 29 days until the first tranche of the new Electronic Patient Record (EPR) go-live on 27 February 2026. He provided an update on the current position and highlighted the current focus on training.

Mr Hawkins reported that delivery of the wider digital portfolio continued with a focus on the scanning of paper records, and support for Artificial Intelligence trials in both diagnostics and in Alternative Voice Technology (AVT). The latter was a key focus also for NHS England. Mr Hawkins noted that that there had been good staff engagement with Microsoft Co-pilot. The main risks in his area included capacity to manage the full range of digital activities and the known gaps in the Trust's compliance with the Data Security and Protection Toolkit (DSPT). In terms of next steps, Mr Hawkins advised that there needed to be consideration of the Trust's patient portal strategy. His team would be supporting the rollout of electronic ordering for image diagnostics in primary care, alongside support for the Trust's capital programmes, including the new Community Diagnostic Centre at Scarborough.

There was some discussion on the AVT options available to the Trust.

Finance

Mr Bertram reported that at Month 9, there was a deficit of £10m against a planned deficit of £1m, so the Trust was £9m adrift of plan. This reflected the trajectory and Mr Bertram was encouraged that the deficit had not worsened during December. There had been a significant increase in the delivery of the Cost Improvement Plan in December, and the Trust remained on track for a full year delivery of £35m of efficiencies. This however was significantly below the target of £55m.

Mr Bertram reported an adverse cash variance of £20.6m variance although he did not anticipate any difficulties with the cash position in Quarter 4. There was a lack of clarity around allocations which was making it difficult to plan for 2026/27.

Mr Bertram advised that a forecast outturn position of £33m deficit had been submitted to NHS England and a response was awaited. With recent developments, the deficit had improved to £24m. These included the receipt of £2m to cover the costs of the resident doctors' industrial action and sparsity funding of £2m from the ICB. The forecast outturn also included £5m of Elective Recovery Fund (ERF) income in relation to 2024/25 overtrade activity, for which a strong case for payment had been made.

Mr Bertram noted that the non-delivery of the Cost Improvement Programme was the main driver of the deficit. Recently implemented cost recovery actions had added £5m of savings which were included in the forecast total delivery of £35m. Mr Bertram referenced the financial controls now in place which included the full triple lock on expenditure. The regional productivity lead had offered support to the Trust, and a financial improvement partner had been commissioned.

In response to Ms Hazelgrave's question, Mr Bertram set out the steps he had taken to secure the 2024/25 ERF income and advised that he was awaiting a response from the ICB and would update the Board next month.

Action: Mr Bertram

Mr Barkley queried the overspend of £900k in Community services. Mr Bertram explained that this had been driven by additional staffing needed to cover high levels of sickness.

In response to Mr Barkley's question, Mr Bertram explained that the adverse variance in the capital position of £19.7m was driven by a number of factors. Everything possible was being done to avoid losing capital monies and his team had liaised with YTFHM to map out the spend of Capital Departmental Expenditure Limit funds over year-end. A programme was in place to ensure that no funding would be lost. Ms Hansen added that a new governance process for capital programmes had been established.

14 CQC Compliance Update Report

The Board received the report. Mrs Parkes reported that officers from the CQC were onsite at York Hospital that day to inspect Nuclear Medicine.

15 Maternity Reporting

Ms Wells-Munro joined the meeting to present the reports

15.1 Maternity and Neonatal Report

Ms Wells-Munro noted that the data in the report related to October and November 2025.

With relation to the Maternity Incentive Scheme, Ms Wells-Munro reported that the Trust would declare compliance with six out of ten of the Safety Actions. Mitigations to ensure compliance with Safety Action 1 were being prepared which she hoped would secure compliance with this Safety Action. Year 8 of the Maternity Incentive Scheme would be launched soon.

Ms Wells-Munro highlighted the following:

- the rate of Post-Partum Haemorrhage (PPH) over 1500mls continued to show that the improvement had been sustained;
- there was now a very clear decant plan for the Scarborough Hospital maternity unit, which would be moved for the roof to be replaced;
- a new Maternal Care Bundle had been launched by NHS England, with all five elements needing to be implemented by the end of March; Ms Wells-Munro cautioned that there would be significant gaps and she would report back to the Board on these and any funding available to address them;
- one safety alert had been triggered under the Maternity Outcomes Signal System and a return had been submitted by the deadline; Ms Wells-Munro advised that issues with the system had been resolved;
- there had been five applicants for the Deputy Director of Midwifery post.

In response to Mr Barkley's query, Ms Wells-Munro confirmed that the ICB had proposed ceasing the Local Maternity and Neonatal System and replacing it with a senior midwife reporting to the Director of Nursing. Ms Wells-Munro expressed concern at the possible impact on the allocation of funding. Mr Barkley undertook to raise this with the Chair of the ICB.

Action: Mr Barkley

Ms Wells-Munro clarified that a neonatal outreach service existed in York but was needed in Scarborough. She confirmed that the issues with capital prioritisation flagged in the report had moved forward since it was written.

15.2 Maternity Safety Champion Report

Ms Wells-Munro advised that the report summarised the work undertaken by the Maternity Safety Champions since April 2025. The walkabouts had been particularly valuable.

The Board noted the improvement in the tone of staff feedback.

15.3 Workforce: Midwifery, Neonatal, Nursing, Neonatal Medical and Obstetric, Anaesthetic reports

Ms Wells-Munro explained that the report provided an overview of the key professions supporting Maternity Services in Quarters 1 and 2, using nationally recognised workforce metrics.

Ms Wells-Munro remarked that the Board was well sighted on the midwifery staffing gap but the Trust was also not meeting British Association of Perinatal Medicine (BAPM) standards for neonatal nursing and medical staffing. A business case was being developed to address the gaps. An action plan, linked to the Single Improvement Plan, was in place to address other gaps identified in the report.

Ms Hazelgrave questioned how the workforce could be established with certainty given the variability in the number of births. Ms Wells-Munro explained that the establishment was based on the number of births annually but the use of the metric of the number of midwives linked to the number of births was not helpful, due to the increase in the number of Caesarean sections and complex cases.

In response to a query, Ms Wells-Munro assured the Board that sickness absence was being very well managed, with weekly reviews undertaken by Human Resources. She reflected that the workforce was tired and some cases of sickness absence were long term and complex.

The Board noted the contents of the report and the non-compliance with minimum safe staffing levels for midwifery, neonatal nurse and medical staffing and supported the actions being taken to meet full compliance.

15.4 Maternity and Neonatal Voices Partnership (MNVP) Annual Report

Ms Wells-Munro paid tribute to the work of the MNVP which had been an important addition to the improvement work in Maternity Services, particularly in relation to the Maternity Incentive Scheme. She was therefore disappointed to note that the MNVP might be lost due to a lack of resources.

The Board acknowledged the very valuable work of the Maternity and Neonatal Voices Partnership.

16 Mortality Review – Learning from Deaths Report

Dr Stone presented the report and highlighted the following:

- the Trust's position according to the Summary Hospital Mortality Index (SHMI) was positive and the variation between York and Scarborough Hospitals had diminished;
- work on the interrogation of diagnostic groups continued; these had become more accurate as the depth of coding had improved;
- work on learning from deaths continued; consultants were being encouraged to train in Structured Judgement Case-Note Reviews.

Dr Stone agreed to include more details about the Hospital Standardised Mortality Rate (HSMR), including why it was significantly different from the SHMI, in the next report.

Action: Dr Stone

17 Update on actions to prevent Sexual Misconduct in the NHS – Trust Response

Miss McMeekin presented the paper and explained that, following a recent NHS England audit around the adoption of the sexual misconduct policy framework for all organisations delivering NHS care, the Trust was required to provide assurance of the actions being taken to safeguard its staff against sexual misconduct. There would also be changes regarding sexual misconduct under the Employment Rights Act 2025. Miss McMeekin assured the Board that a number of actions had already been taken, including the adoption of the Sexual Safety Charter in 2024 and the implementation of a Sexual Misconduct Policy in March 2025. An anonymous reporting tool had also been launched in 2025. A Sexual Safety Task and Finish group was in place to oversee the application of the Charter.

Miss McMeekin advised that NHS England had set out additional actions which included training for staff conducting investigations and a review of the Chaperone Policy. The Trust was also reviewing its process in making direct referrals to the Disclosure and Barring Service. Miss McMeekin agreed that the number of reports of sexual misconduct made through the reporting tool would be separately identified in the Reportable Issues log which was presented to the Private Board meetings.

Action: Miss McMeekin

Miss McMeekin was also asked on the timeframe for the approval of the updated Chaperone Policy and would report back to the Board.

Action: Miss McMeekin

It was noted that assurance on the framework in place to prevent sexual misconduct would be overseen by the Resources Committee.

18 Emergency Preparedness, Resilience and Response (EPRR) Annual Self-Assessment

Ms Hansen was pleased to report that the Trust was now 82% compliant with the EPRR core standards and this had been validated by the ICB.

The Board of Directors approved the report and assurance rating of partial compliance with the NHS England EPRR Core Standards for the period 2024/25.

Directors recorded their appreciation to the EPRR team for the tremendous progress they had made.

19 Q3 2025/26 Board Assurance Framework

The Board received the Board Assurance Framework (BAF) for Quarter 3. Mr Taylor referenced the internal audit report on the BAF and the work to be undertaken as a result of the recent external Well Led review.

Mr Barkley raised concerns with the scoring of some principal risks for example, in relation to Principal Risk 1 *Inability to provide consistently effective clinical pathways leading to poor patient outcomes, experience and possible harm* regarding the lack of mitigating actions and the accuracy of the scoring of the risk when so many patients experience significant waiting times. Miss Smith explained that this would be discussed in detail by the Risk Sub-Committee.

Action Miss Smith

20 Annual review of the Trust's and YTHFM Governance Framework

20.1 Review of the Trust Reservation of Powers and Scheme of Delegation, Standing Financial Instructions and Standing Orders

Mr Taylor summarised the changes to the documentation, noting that the Scheme of Delegation had been amended to provide better control over the procurement of IT hardware and software.

In relation to the Standing Financial Instructions, it was agreed that amends to the formal tendering procedures might only be waived "in exceptional circumstances" and that this phrase would be added to the relevant paragraph. Mr Bertram confirmed that all Single Tender Waivers were approved by the Chief Executive. Mr Bertram and Mr Taylor would finalise the wording to ensure that this was clear and the amended wording would be approved via Chair's action.

Action: Mr Taylor/Mr Bertram

Subject to the amendment discussed, which would be approved via Chair's action, the Board of Directors approved the Trust Reservation of Powers and Scheme of Delegation, Standing Financial Instructions and Standing Orders.

20.2 Review of the YTHFM Reservation of Powers and Scheme of Delegation, Standing Financial Instructions and Standing Orders

Subject to the amendment discussed to the section on Single Tender Waivers, which would be approved via Chair's action, the Board of Directors approved the Trust Reservation of Powers and Scheme of Delegation, Standing Financial Instructions and Standing Orders.

21 Questions from the public received in advance of the meeting

A question had been raised regarding a specific clinical interface between the Trust and Hull University Teaching Hospitals NHS Trust. Dr Stone agreed to undertake an investigation to inform a full reply to the questioner, and would update the Board at the next meeting.

Action: Dr Stone

22 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 25 February 2026 at 9.30am at Scarborough Hospital.

Action Ref.	Date of Meeting	Item Number Reference	Title (Section under which the item was discussed)	Action (from Minute)	Executive Lead/Owner	Notes / comments	Due Date	Status
BoD Pub 47	26-Nov-25	11	Trust Priorities Report	Investigate the apparent inconsistency in Infection Prevention and Control data between the TPR and the National Oversight Framework	Chief Nurse	Update 12.02.26: Mrs Parkes emailed an explanation to the Board	Feb 26 from Jan 26	Complete
BoD Pub 49	28-Jan-26	5	Matters Arising/Action Log	Ensure that work on understanding referrals is presented to the Resources Committee	Chief Executive		TBC	On Track
BoD Pub 50	28-Jan-26	11	Resources Committee report	Produce a paper for discussion on reducing sickness absence for presentation to the Resources Committee	Director of Workforce & OD		Mar-26	On Track
BoD Pub 51	28-Jan-26	13	Trust Priorities Report	Present to Resources Committee and then to the Board, a report on the shape of the curve for RTT numbers and the impact on forecasting	Chief Operating Officer		Feb-26	On Track
BoD Pub 52	28-Jan-26	13	Trust Priorities Report	Bring a recommendation to the Board on a future strategy for Community Services	Chief Executive		TBC	On Track
BoD Pub 53	28-Jan-26	13	Trust Priorities Report	Add the metric recording the number of adults waiting more than 52 weeks for community services to the TPR	Chief Digital & Information Officer		Mar-26	On Track
BoD Pub 54	28-Jan-26	13	Trust Priorities Report	Update the Board on the response from the ICB on the 24/25 unpaid ERF income	Finance Director		Feb-26	On Track
BoD Pub 55	28-Jan-26	15.1	Maternity and Neonatal Report	Raise with the Chair of the ICB the proposal to replace the Local Maternity and Neonatal System	Chair of the Board		Feb-26	On Track
BoD Pub 56	28-Jan-26	16	Mortality Review – Learning from Deaths Report	Include more details about the Hospital Standardised Mortality Ration (HSMR) in the next report, including why it is significantly different from the SHMI	Medical Director		Apr-26	On Track
BoD Pub 57	28-Jan-26	17	Update on actions to prevent Sexual Misconduct in the NHS – Trust Response	Identify separately the number of reports of sexual misconduct made through the reporting tool in the Reportable Issues log presented to the Private Board meetings.	Director of Workforce and OD	Complete. Data now included within Reportable Issues paper.	Feb-26	Complete
BoD Pub 58	28-Jan-26	17	Update on actions to prevent Sexual Misconduct in the NHS – Trust Response	Update the Board on the timeline for the approval process for the updated Chaperone Policy	Director of Workforce and OD	Complete. Updated Chaperone Policy live from 7th February. Given the minor change, has been presented to Executive Committee for information only.	Feb-26	Complete
BoD Pub 59	28-Jan-26	19	Q3 2025/26 Board Assurance Framework	Ensure that the scoring of BAF risks is discussed by Executive Directors	Chief Executive		Mar-26	On Track
BoD Pub 60	28-Jan-26	20	Annual review of the Trust's and YTHFM Governance Framework	Update the wording regarding Single Tender Waivers in the Standing Financial Instructions as discussed and seek approval via Chair's action	Associate Director of Corporate Governance/Finance Director		Feb-26	On Track
BoD Pub 61	28-Jan-26	21	Questions from the public received in advance of the meeting	Undertake an investigation to inform a full reply to the questioner, and update the Board at the next meeting.	Medical Director		Feb-26	On Track

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 7

True North Report

February 2026

True North – Introduction

York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

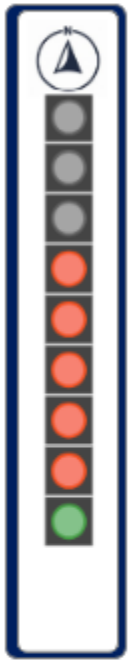
This is the single point of reference to measure our progress.

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

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

True North – User Guide

Understanding the Thermometer Reading (Examples Only):



3 do not have a monthly trajectory

5 are not achieving monthly trajectory

1 is achieving monthly trajectory

Indicator has improved since previous month

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

Indicator has deteriorated since previous month

Objective Status (top right of indicator page):

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

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

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

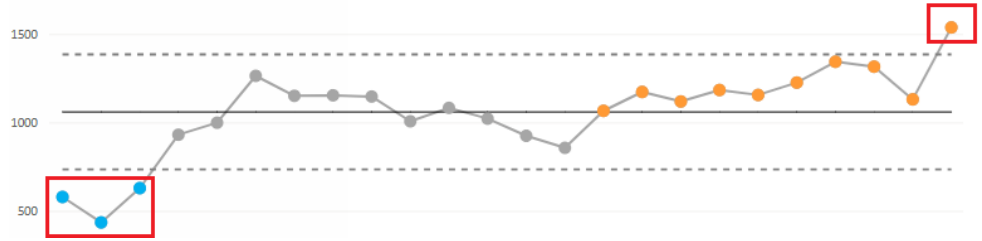
The indicator does not have a trajectory assigned

Upper and Lower Control Limits:

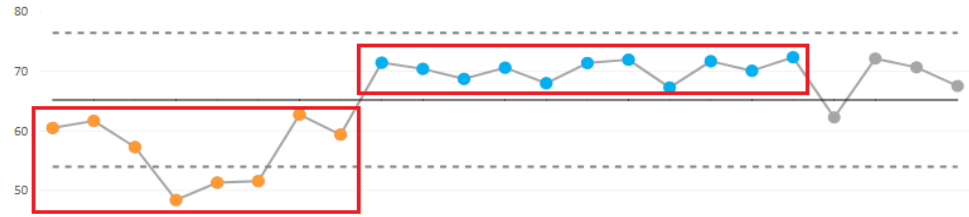
These lines (limits) help to understand the variability of the data and are ser to 3 sigma. In normal circumstances you would expect to see 99% of the data points within these two lines. The section below provides examples of when there has been some variation that isn't recognised as natural variation.

Types of Special Cause Variation:

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

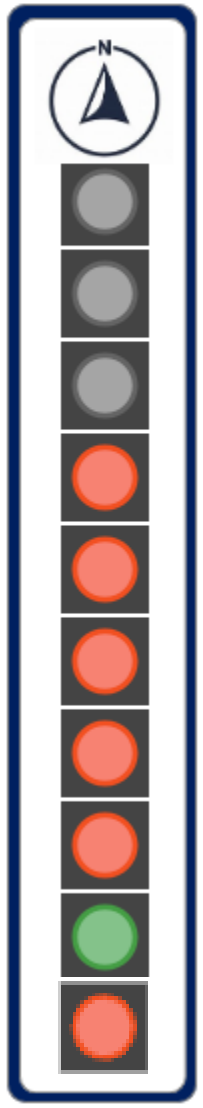


Shift: Counts the number of occasions there is a run of 7 consecutive points above OR below the mean.



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

True North Report



Performance Improvement Overview

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

Staff Survey: Recommend Care

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

Staff Survey: Recommend Work

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

Inpatient: Reduce Bed Days Lost to NCTR

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

Urgent Emergency Care: Improve Emergency Care Standard (ECS)

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

Urgent Emergency Care: Reduce 12 Hour Waits in ED

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

Elective: Cancer: Improve the Faster Diagnosis Standard

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

Elective: Improve RTT

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

Q&S: Reduce Category 2 Pressure Ulcers

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

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

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

Finance: Achieve Financial Balance

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

True North Report

Objective Status — No Trajectory

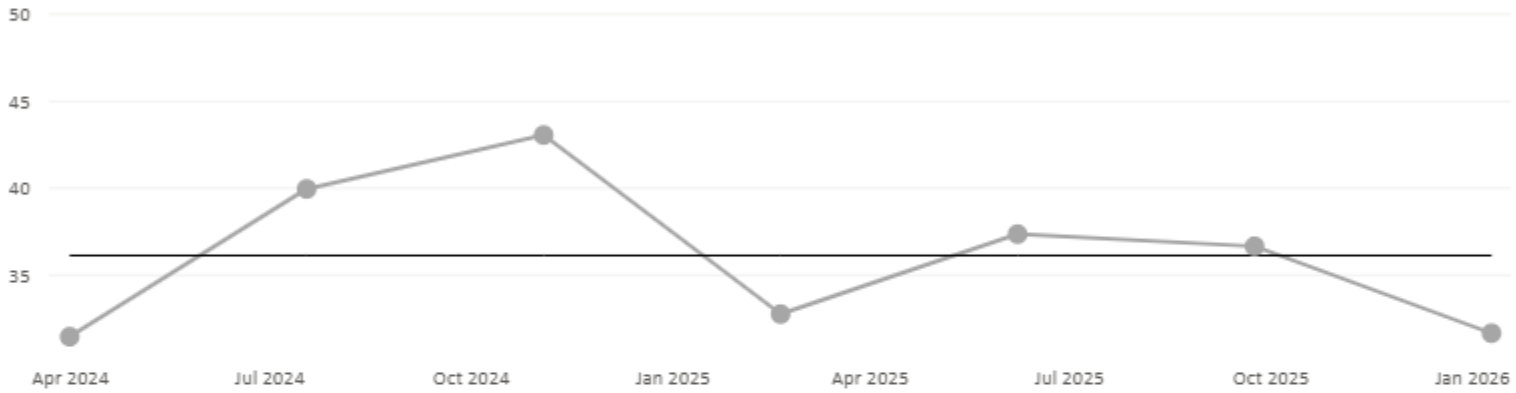
Staff Survey: Recommend Care

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

Lead Director: Dawn Parkes & Karen Stone

Operational Lead:

Committee: Resources



Is there special cause variation?

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

Not enough data points to produce Control Limits

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

Does Not Occur

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

Does Not Occur

	Apr-24	Jul-24	Oct-24	Jan-25	Apr-25	Jul-25	Jan-26
Value	31.4%	39.9%	43%	32.7%	37.3%	36.6%	31.6%
Trajectory							

Target Mar 2026
49%

What are the organisational risks?

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

How are we managing them?

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

What are the current challenges?

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

What are we doing about them?

- Strengthen management and leadership capability
- Recruit to values and address unwanted behaviours
- Implement EDS22 and PSED recommendations
- Implement colleague engagement improvements
- Embed Quality Improvement
- Implement Speak Up gap analysis recommendations
- 2025 Staff Survey results and Colleague Experience Improvement Plan update at Resources Committee in February

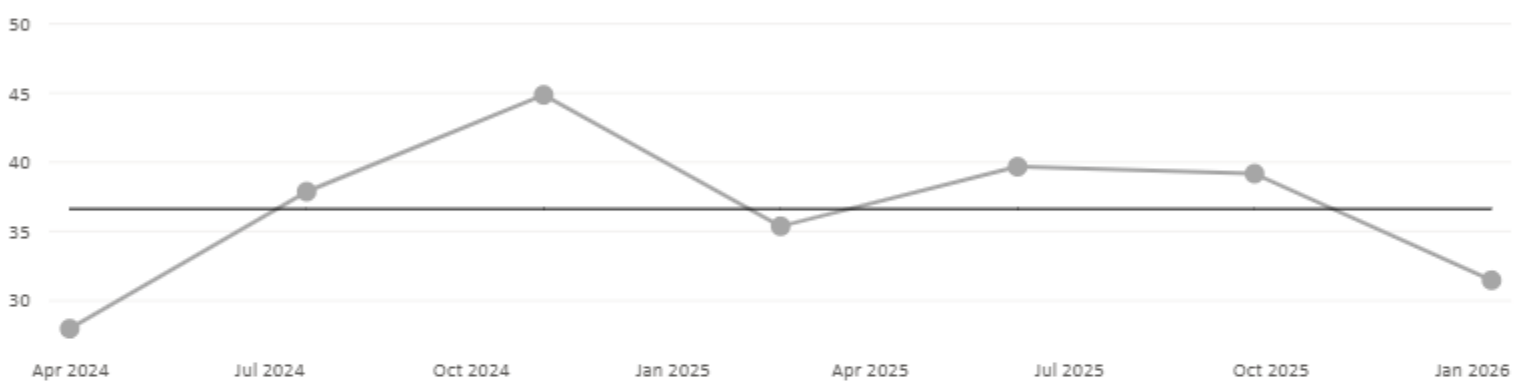
True North Report

Objective Status — No Trajectory

Staff Survey: Recommend Work

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

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



Is there special cause variation?

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

Not enough data points to produce Control Limits

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

Does Not Occur

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

Does Not Occur

	Apr-24	Jul-24	Oct-24	Jan-25	Apr-25	Jul-25	Jan-26
Value	27.9%	37.8%	44.8%	35.3%	39.6%	39.1%	31.4%
Trajectory							

Target Mar 2026
50%

What are the organisational risks?

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

How are we managing them?

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

What are the current challenges?

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

What are we doing about them?

- Strengthen management and leadership capability
- Recruit to values and proactively address unwanted behaviours
- Implement EDS22 and PSED recommendations
- Implement colleague engagement improvements
- Embed Quality Improvement
- Implement Speak Up gap analysis recommendations
- 2025 Staff Survey results and Colleague Experience Improvement Plan update at Resources Committee in February

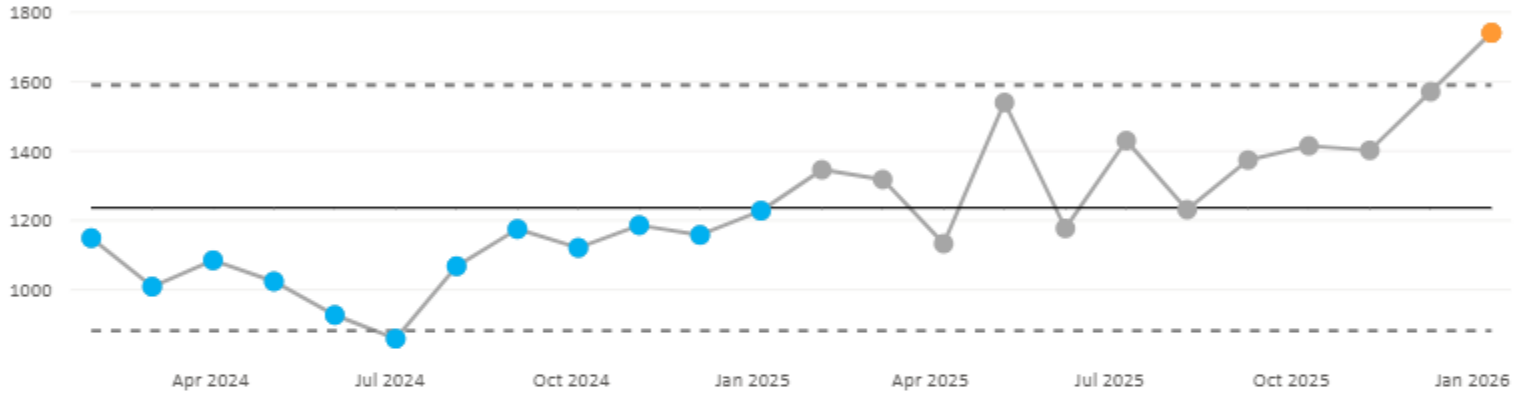
True North Report

Objective Status — No Trajectory

Inpatient: Reduce Bed Days Lost to NCTR

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

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



Is there special cause variation?

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

2 found

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

Occurs

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

Does Not Occur

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Target Mar 2026
Value	1225	1343	1315	1130	1537	1174	1427	1228	1371	1412	1399	1568	1738	
Trajectory														

What are the organisational risks?

- Patient deconditioning (loss of mobility and independence)
- Hospital acquired infections
- Poor flow through our hospitals resulting in mortality/morbidity risks
- Overcrowding
- Emergency readmissions due to pressure resulting in rushed discharge planning
- Increased financial pressure
- Moral distress to staff

How are we managing them?

- Escalation meetings with system partners, increasing awareness of delays and the impact.
- Close working to ensure all partners proactively seek packages of care.
- Weekly Long length of stay meetings for Medicine, for medically fit and medically unfit patients.

What are the current challenges?

Note: This graph includes all adult (non-elective) bed days including non-acute, rehabilitation and community – some of these pathways are intended to support patients with NCTR.

- Workforce challenges
- High acuity and volume of patients
- Funding challenges in the system / brokerage delays
- Low quality TAFs causing delays
- Availability of social worker allocation
- Care home assesment on wards causing delays
- Availability of nursing home placements in the area

What are we doing about them?

- Ongoing 2nd and 3rd line escalation (as appropriate) at Director level with support from across system.
- Discharge training sessions being co-delivered with LA scheduled
- A new Discharge Readiness Form (replacing the TAF), partially automated, will go live to support quality of information preventing delays in dishcarge
- A TAF-less transfer between Trust Inpatient Rehabs is being trialed on Ward 35 and 39 in early February, with further roll out if successful
- LLoS Review focus under review with potential for focus on NCTR patients only and invite system partners

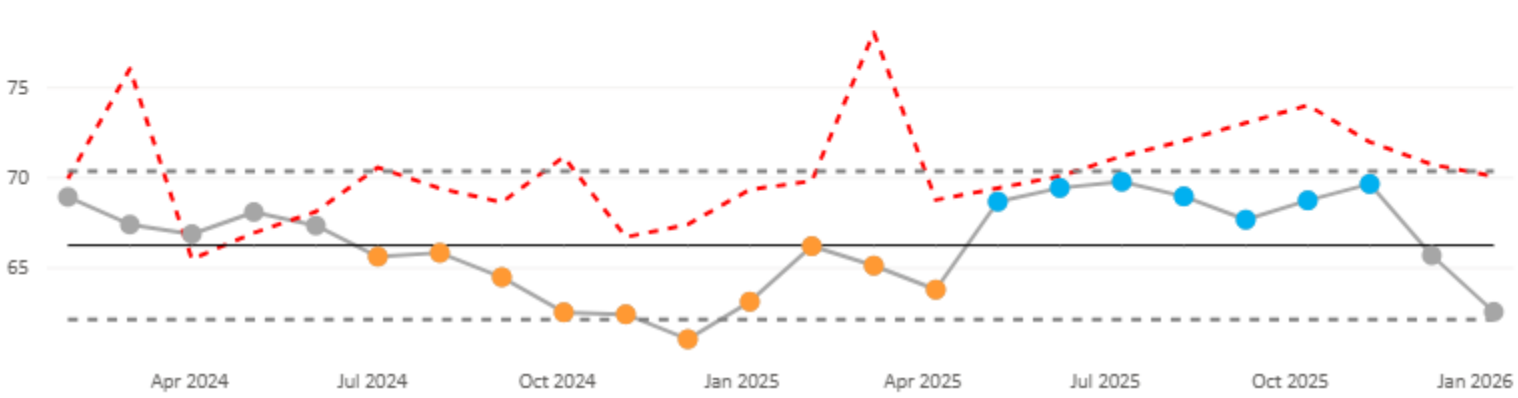
True North Report

Objective Status | Up Is Good

Urgent Emergency Care: Improve Emergency Care Standard (ECS)

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

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



Is there special cause variation?

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

1 found

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

Occurs

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

Does Not Occur

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Value	63.1%	66.2%	65.1%	63.8%	68.6%	69.4%	69.7%	68.9%	67.6%	68.7%	69.6%	65.7%	62.5%
Trajectory	69.3%	69.8%	78%	68.7%	69.4%	70%	71.1%	72%	73%	74%	71.9%	70.7%	70%

Target Mar 2026
78%

What are the organisational risks?

- Increased mortality and morbidity
- Delayed care for critical patients
- Staff burnout and retention problems
- Financial risk
- Regulatory risk
- Reputational risk
- Negative impact on national oversight framework segmentation

How are we managing them?

A fortnightly ECS performance meeting, chaired by the Chief Operating Officer, oversees performance.

Work includes:

- Maximising appropriate use of SDEC capacity
- Front door service redesign
- Ambulance handover protocols
- Improving ED processes
- Use of escalation tools and frameworks
- Effective discharge planning and processes

What are the current challenges?

- Attendances at both acute hospitals in January 2026 were 14883, compared to 13352 in 2025, showing an 11% increase.
- Workforce challenges at both EDs, including recruitment issues and poor staff morale.
- IPC outbreak and need for side rooms.
- Financial constraints limiting options for testing new ways of working.

What are we doing about them?

- Second Flow Coordinator appointed and due to start late February
- Developing the acute medical model which will provide specialty inreach into ED, subject to funding and approval
- Ongoing testing of Acute Physician in Charge (APIC) working in York ED 5 days per week.
- Working with YAS to develop an action plan for more non-ED conveyance, following a recent audit of low acuity conveyances to Scarborough.

True North Report

Objective Status — Down Is Good

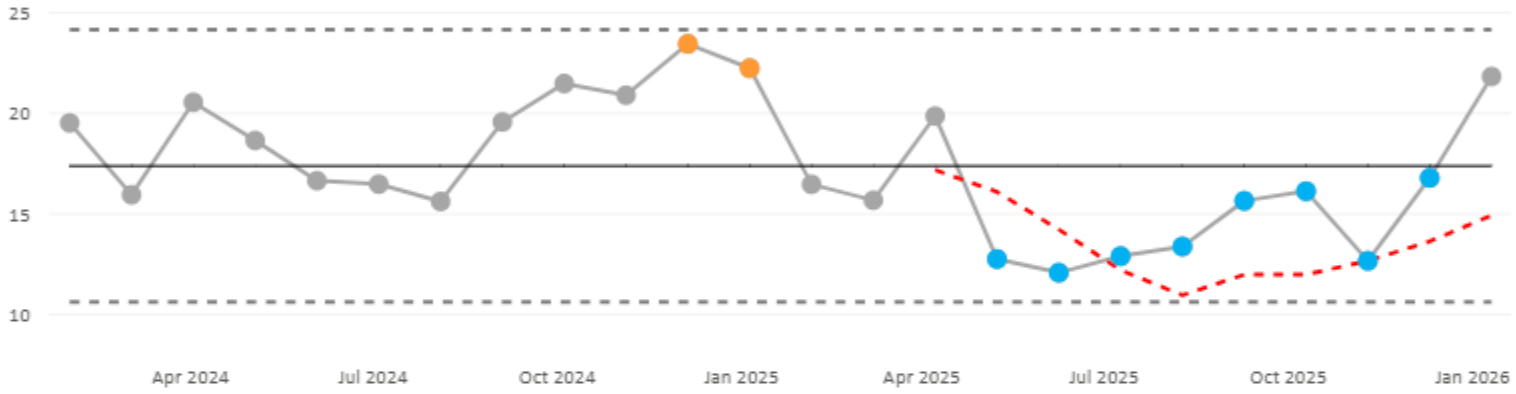
Urgent Emergency Care: Reduce 12 Hour Waits in ED

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

Lead Director: Claire Hansen

Operational Lead: Ab Abdi

Committee: Resources & Quality



Is there special cause variation?

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

0 found

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

Occurs

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

Does Not Occur

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Value	22.2%	16.4%	15.6%	19.8%	12.7%	12%	12.9%	13.3%	15.6%	16.1%	12.6%	16.7%	21.8%
Trajectory				17.1%	16%	14.2%	12.2%	10.9%	11.9%	11.9%	12.6%	13.6%	14.9%

Target Mar 2026
8.9%

What are the organisational risks?

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

How are we managing them?

- Daily cross site operational meetings to escalate risk with more senior presence

What are the current challenges?

- High attendance levels.
- High number of patients with high acuity.
- High demand for side rooms.
- Workforce: capacity, skill mix, sickness rates.
- High sickness levels in community / primary care
- Winter infections and need for side rooms.
- Financial constraints mean limited options for testing new ways of working.

What are we doing about them?

- Matrons continuing morning ward presence to support early discharge of patients.
- Daily IPC outbreak meeting(s) to optimise cohorting in the closed and lost capacity.
- Developing the acute medical model which will provide specialty inreach into ED, subject to funding and approval
- Quality Standards are being finalised with a plan to launch before March 2026. This aims to help ensure patients always move forward on their care journey

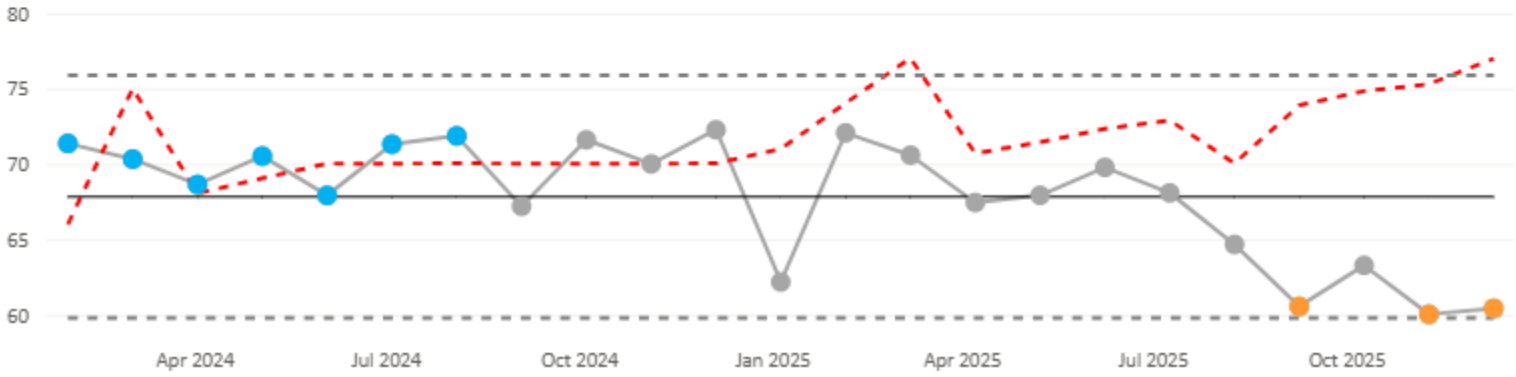
True North Report

Objective Status — Up Is Good

Elective: Cancer: Improve the Faster Diagnosis Standard

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

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



Is there special cause variation?

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

0 found

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

Occurs

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

Does Not Occur

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Value	72.3%	62.2%	72.1%	70.6%	67.4%	67.9%	69.8%	68.1%	64.7%	60.6%	63.3%	60%	60.4%
Trajectory	70%	71%	74%	77%	70.7%	71.4%	72.3%	72.9%	70%	73.9%	74.8%	75.3%	77%

Target Mar 2026
80.1%

What are the organisational risks?

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

How are we managing them?

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

What are the current challenges?

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

What are we doing about them?

- Urology Haematuria pathway implemented in January 2025.
- 24hr staging CT pathway for colorectal commenced in January 2025.
- Conversion of routine outpatient capacity to fast track commenced in December 2025.
- ICB implementation of dermoscopy local enhanced service (LES) commenced.
- NHSE funding submitted for 62-day performance improvement approved (£465k).
- Ongoing support around PTL management.
- Implementation of GIRFT Intensive Support Team recommendations following review on 4 December 2026.

True North Report

Objective Status | Up Is Good

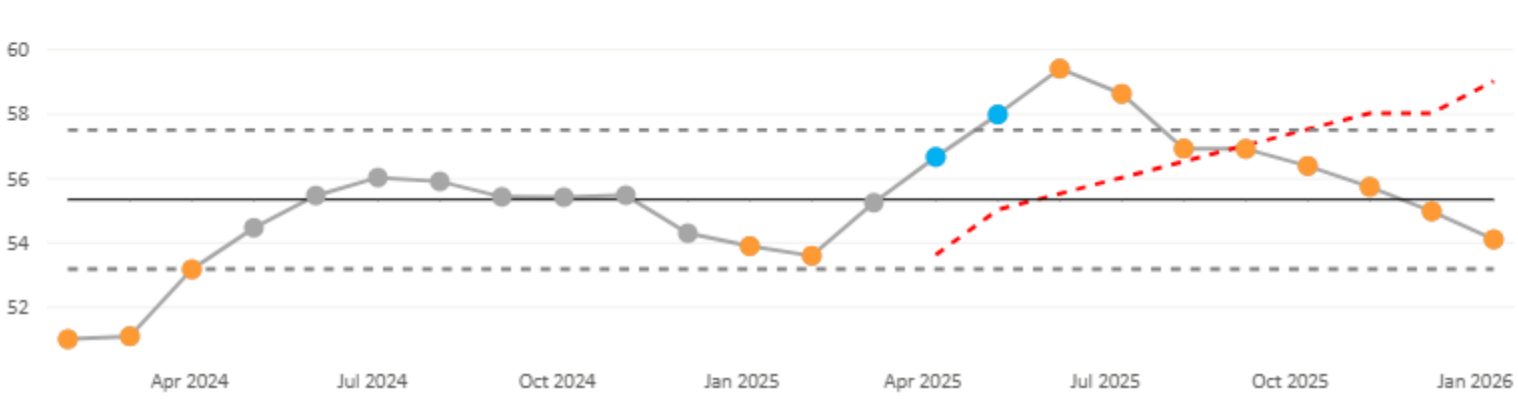
Elective: Improve RTT

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

Lead Director: Claire Hansen

Operational Lead: Kim Hinton

Committee: Resources



Is there special cause variation?

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

6 found

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

Occurs

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

Occurs

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Value	53.9%	53.6%	55.2%	56.6%	58%	59.4%	58.6%	56.9%	56.9%	56.4%	55.7%	55%	54.1%
Trajectory				53.6%	55%	55.5%	56%	56.5%	57%	57.5%	58%	58%	59%

Target Mar 2026
60.5%

What are the organisational risks?

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

How are we managing them?

- Weekly elective recovery meetings with all specialities to review progress and use of Power BI tool to track all end of month breaches at patient level.
- Individual speciality meetings for most challenged specialities.
- Weekly diagnostic improvement meeting.
- Risk stratified scheduling and pathway validation.
- Staff training.
- Use of elective recovery fund monies to support additional activity.
- NHSE validation sprint delivered above baseline clock stops in Q1-Q3.

What are the current challenges?

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

What are we doing about them?

- NHSE RTT validation sprint continues for Q4 25/26
- Projects commencing in January 2025 with a focus on 1st outpatient wait and clinic utilization (21 projects identified).
- Small amounts of mutual aid in place with Harrogate for T&O, Gynaecology and Endoscopy.
- Approved funding from NHSE for RTT activity sprints in Q4. Activity being scheduled.
- Undertaking an RTT priority clinics project in Q4 (2 weeks intensive RTT patients).
- Undertaking a telephone validation pilot in February 6
- Implementation of GIRFT Intensive Support Team recommendations following review on 4 February 2026.

True North Report

Objective Status — Down Is Good

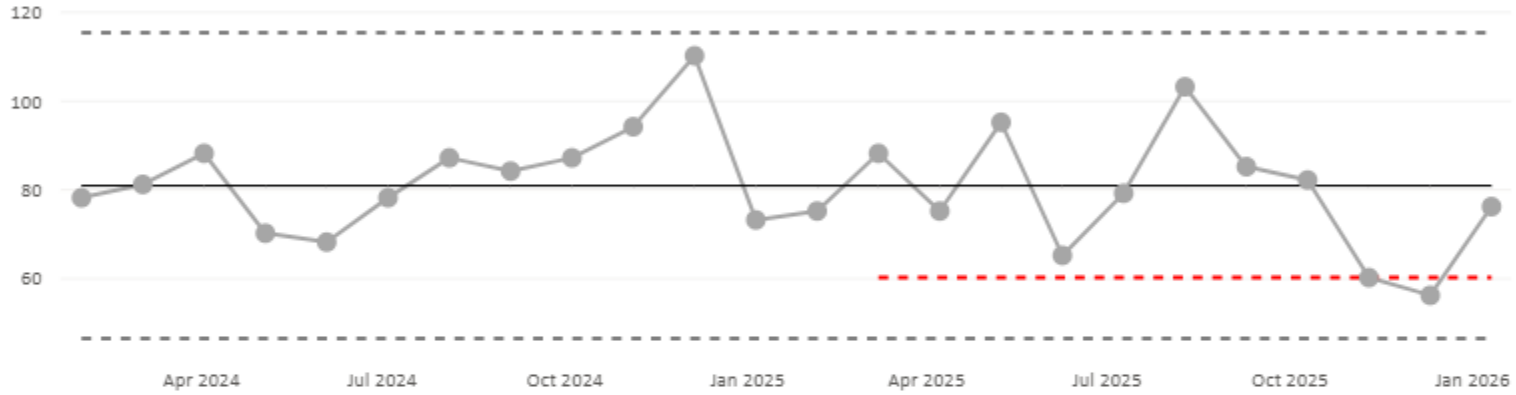
Q&S: Reduce Category 2 Pressure Ulcers

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

Lead Director: Dawn Parkes

Operational Lead: Emma Hawtin

Committee: Quality



Is there special cause variation?

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

0 found

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

Does Not Occur

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

Does Not Occur

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Value	73	75	88	75	95	65	79	103	85	82	60	56	76
Trajectory			60	60	60	60	60	60	60	60	60	60	60

Target Mar 2026
60

What are the organisational risks?

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

How are we managing them?

- Thematic reviews and monitored data, under the oversight of Heads of Nursing, ensure effective management and outcomes.
- Work continues to improve recognition and accurate categorisation of pressure ulcers, led by care groups with TVN support, focusing on hotspot areas.
- The introduction of photography via Nervecentre will be transformational, enabling the TVN to better support teams across the organisation in their assessments.

What are the current challenges?

- Ongoing issues with inaccurate validation and categorisation of Pressure ulcers within clinical areas.
- Validation of reporting processes to ensure accurate data entry and prevent double counting of the same pressure ulcer within DATIX.
- Appropriate Seating equipment to support patients.
- Our figures currently include pressure ulcers from local authority care/nursing homes, which has increased both workload and reported numbers.

What are we doing about them?

- Progress has been made on double counting; resolution is expected by the end of February due to focused work with community services.
- Work on appropriate seating continues with Capital Planning to secure funding for phased implementation of new chairs.
- Monthly data sets shared with ACNs and care groups to support targeted improvement work, managed through Professional Quality Standards Group.
- Training has commenced to support staff with the introduction of Nervecentre and its benefits for pressure ulcer management.
- Chief Nurse is in discussion with the ICB regarding appropriate reporting of community pressure damage.

True North Report

Objective Status Down Is Good

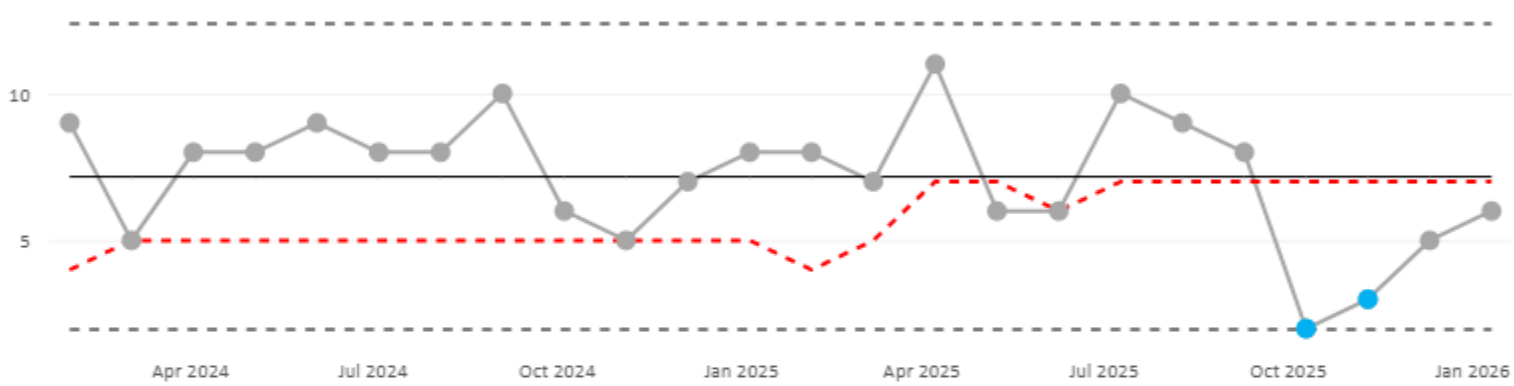
Q&S: Reduce the number of Trust Onset MSSA Bacteremia

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

Lead Director: Dawn Parkes

Operational Lead: Susan Peckitt

Committee: Quality



Is there special cause variation?

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

0 found

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

Does Not Occur

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

Does Not Occur

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Value	8	8	7	11	6	6	10	9	8	2	3	5	6
Trajectory	5	4	5	7	7	6	7	7	7	7	7	7	7

Target Mar 2026
7

What are the organisational risks?

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

How are we managing them?

- All cases are reported by the IPC team on Datix to the relevant Care Group Handler.
- Cases are managed locally however there is not a standard process
- The IPC team support the care groups to investigate/manage the patients appropriately.
- MSSA 5% reduction is an objective in the Trust Annual Operating Plan – which we are on target to achieve with 64 cases to end of January 2026 and 5% reduction on 2025/26 would be 87 cases
- A Trust strategic reduction plan is in place.

What are the current challenges?

- Cases are not consistently reviewed.
- Learning not shared widely across the organisation, limiting overall improvement.
- VIP score compliance at 67.1% at end January 2026. Although this has increased from 57.6% since February 2025 further improvement is required.

What are we doing about them?

- Care group reduction action plans in place and monitored via IPSAG.
- A Trust wide improvement plan has been developed and approved at IPSAG.
- A standardised Care Group Dashboard and PSIRF/AAR process has been developed with the Care Groups
- Line management, VIP scoring and ANTT education has been refreshed and re-launched.
- A Trust wide peripheral cannula care audit being undertaken by BD.
- ICB wide workshop for bacteraemia reduction is being arranged.

True North Report

Objective Status

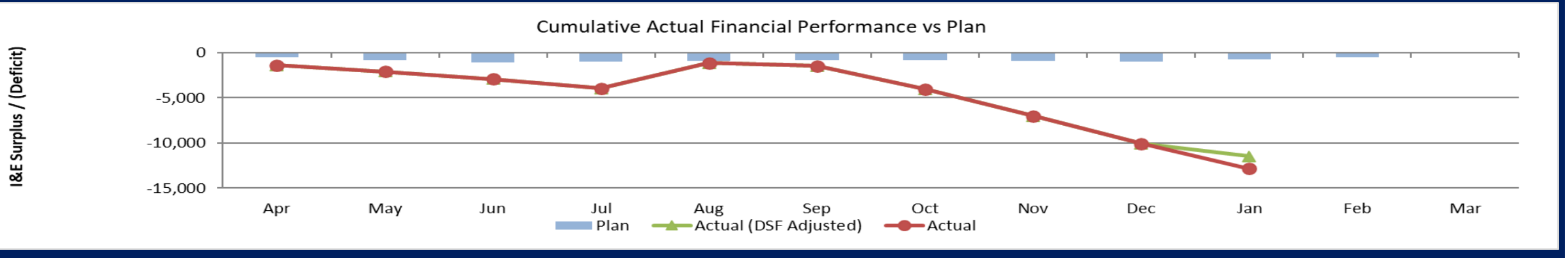
Finance: Achieve Financial Balance

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

Lead Director: Andrew Bertram

Operational Lead: Sarah Barrow

Committee: Resources



Indicator	Target £'000	Apr 25 £'000	May 25 £'000	Jun 25 £'000	Jul 25 £'000	Aug 25 £'000	Sep 25 £'000	Oct 25 £'000	Nov 25 £'000	Dec 25 £'000	Jan 26 £'000	Feb 26 £'000	Mar 26 £'000
Meet our obligation to deliver the financial plan for 25/26	0	-476	-820	-1,050	-962	-904	-807	-812	-900	-994	-747	-491	0
Revised position - £28.5m Forecast Deficit (excl. DSF impact)		-1,386	-2,084	-2,936	-3,956	-1,151	-1,484	-4,047	-7,010	-10,049	-11,073	-13,683	-28,515

What are the organisational risks?

- **Failure to Deliver Financial Balance** - The most critical financial risk is the Trust's potential failure to deliver financial balance in line with the 2025/26 annual plan.

Following a response from NHSE the £33m deficit submitted at Mth9 has been revised to £28.5m.

- **Efficiency Programme Delivery Risks** – Failure to deliver the required reduction in costs to meet our financial plan.

How are we managing them?

The following controls maintain in place to ensure the £33m deficit doesn't deteriorate:

- Business as usual controls: PRIM / FRM / EDG / Exec Comm / SFI / SoD.
- Increase oversight of efficiency programme.
- Recovery action plan in place.
- Engaged KPMG to provide a financial diagnostic, cost driver details, and structural pressures and they will also carry out a financial governance review, assessing the robustness of financial controls and cost-improvement governance including scheme identification.

What are the current challenges?

- The financial position is adrift of plan for M10 by £12m with an actual deficit of £12.8m against a planned deficit of £0.8m.
- The Trust has submitted a forecast change to confirm we will not hit a balanced position by the end of the year but will have a £28.5m deficit.
- Delivery of the efficiency programme is a big driver of the deficit with a forecast £20m gap in delivery.
- Q4 DSF has not been secured which deteriorates the deficit position further to £32.6m at year-end.

What are we doing about them?

- Financial Recovery Plan in place. This is a live process with clear owners and timescales for delivery. The current recovery plan within the £28.5m deficit is £5m The recovery plan is reviewed through EDG / Exec Comm.
- Ongoing increased focus on efficiency delivery.
- Expenditure control in process with all discretionary non pay orders with FD for approval and double lock system in place for non medical / non clinical vacancies and non pay (including insourcing).
- Work underway with KPMG.

1. EPR Update: Nervecentre Report

York and Scarborough Teaching Hospitals
NHS Foundation Trust

- Currently, overall progress is in line with plan and go-live of the first Tranche is expected to commence on 26 Feb 2026
- The first Tranche includes observations, clinical documentation for inpatients, urgent & emergency care, electronic prescribing & medicine administration, bed management and read-only diagnostic results
- Our configuration has been moved to the Nervecentre production environment, and testing continues to ensure everything is set up is as expected
- The teams are working through a list of outstanding issues, which are currently on track to be resolved prior to go-live
- User training continues, utilising a combination of e-learning, specialist classroom training, and drop-in sessions
- Go-live planning continued, with a focus on transition, operational readiness, hyper-care support and business continuity plans
- The current plan includes a go-live of Tranche 2 on 30 Jun 2026 and Tranche 3 on 30 Oct 2026.

2. Continuous Improvement Update Report

York and Scarborough Teaching Hospitals
NHS Foundation Trust

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

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

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

Guidance has been received from NHS England as to the relevant governance documentation to be completed. This has been received and will be completed early December 2025.

At time of writing, we are still awaiting a decision from NHS England on the consultancy business case that was submitted. In the meantime, we continue with the delivery of quality improvement training and where targeted, the Improvement Team are supporting priority areas with an improvement approach. This includes ongoing support of our Emergency Departments, the introduction of a 5S programme to keep our environments in a clean and ordered state as a baseline introduction to improvement approaches, and early work to support a targeted reduction in length of stay (at early planning stage with this improvement project).

3. Productivity and Efficiency Group Update

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Operational Productivity Workstreams

The Trust operational productivity group has identified 8 priority workstreams for 2025/26 to improve operational productivity. Updates and oversight is provided the Trust productivity group. Updates against 4 outpatient productivity workstreams.

PIFU	New to Follow up ratio's	Service reviews	Clinic utilisation
PIFU remained at 4.4% in December 2025. The Trust has maintained over 4% since April 2025. PIFU as standard workstream continues with new pathways launched in gynaecology, ENT and audiology in November 2025. PIFU report in SIGNAL updated and data sent to all teams to identify quick win opportunities in specialities to achieve 5%.	New to Follow up ratio at Trust level is 2.29% in December 2025 which is an improvement 0.3% improvement from 2.6 in April 2025. Review of templates against the GIRFT recommendations completed and clinics being changed in gynae, ENT and oral surgery.	Service reviews have completed for: Cardiology Respiratory Neurology Paediatrics ENT Gynaecology Action plans on standard template to deliver against opportunities being developed. Review for gastroenterology due to commence in January 26.	Clinic utilisation has deteriorated slightly in December to 74.2%. Elective recovery workshop focused on clinic utilisation and actions from workshop being consolidated into a programme of improvement. Ongoing clear down to clinic templates ongoing. No slot goes unfilled campaign to be launched in January 2026.

4. Efficiency Update

York and Scarborough Teaching Hospitals
NHS Foundation Trust

2025/26 Cost Improvement Programme - January Position											
	Full Year CIP Target	January Position			Full Year Position		Planning Position		Planning Status		
		Target	Delivery	Variance	Delivery	Variance	Total Plans	Planning Gap	Fully Developed	Plan in Progress	Opportunity
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Total Programme	55,290	41,448	29,589	11,859	32,892	22,399	35,291	20,000	34,774	514	0

Efficiency Delivery

The Trust has set an efficiency target of £55.3m. So far, £32.9m has been achieved in full-year terms, but the year-to-date position is £11.8m behind plan, the current forecast year-end delivery is £35.3m, 4% of operational expenditure, which in any past or typical year would have represented strong delivery.

To address the gap in efficiency delivery, the recovery action plan is now in place, this is a live document reviewed regularly at EDG, the current value of the recovery plan is £5m. Each recovery action has a clear owner and timescale for delivery, of the £5m. Significant work continues in this area.

Governance

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

Efficiency Delivery Group

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

KPMG

The Trust have engaged KPMG through a joint procurement with Harrogate Foundation Trust to provide a financial diagnostic, reviewing income, expenditure, cost drivers, trends, and structural pressures and they will also carry out a financial governance review, assessing the robustness of financial controls and cost-improvement governance. KMPG will support the Group to validate current efficiency plans and support the early development of new, significant and additional plans on a page for service transformation and efficiency delivery.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 February 2026
Subject:	Chair's Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☒ 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

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

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

No ☒ Yes ☐

Report History
Board of Directors only

Chair's Report to the Board – February 2026

1. I have continued to visit various wards and services including Audiology, vascular ward and theatre male changing facilities (the latter leaving much to be desired) at York Hospital, and a wide range of services and two wards at Scarborough Hospital. Through conversations with colleagues during these visits, I pick up valuable insight and issues which I share with the Chief Executive as appropriate.

2. I chaired the recent meeting of the Committee in Common of the Collaborative of Acute Trusts in Humber and North Yorkshire, with a great deal of discussion on the concerning financial position of all Trusts and plans to make progress to achieving NHS Constitutional standards.

3. With the Chair and Secretary of Friends of York Hospital, I welcomed the High Sheriff and his wife to the hospital. He wanted to meet with the Friends to learn about their work in supporting the hospital and to say a big thank you to them and the volunteers.

4. In my report last month I mentioned that our Chief Executive, Clare Smith, and Deputy Trust Chair, Jenny McAleese, met with officers of NHSE Regional Team to review and obtaining a deeper understanding of the Trust's plans for next year that were submitted in December in detail, and in outline for a further two years, on how the Trust will meet as a minimum the service access standards set by NHSE and the NHS Constitution within the available finances. Since that meeting, the Executives and their teams have been working tirelessly to address the feedback and develop detailed operational plans to achieve as a minimum the obligations required of the Trust. At the same time, negotiations with the ICB have been taking place on our contract values etc which has led to an agreement being reached. At an extraordinary meeting of the Board, held in private, the Board went through the revised plan prior to it being submitted to NHSE on 12th February. I take this opportunity to thank everyone for their work to date, whilst recognising that the planning bit is easier than its execution in 2026/27. However, the more time spent in planning the more straightforward will be the achievement of those plans, but I know that many difficult decisions will need to be made, and quickly, in order to achieve the financial plan in particular.

5. From 1st March 2026 Julie Charge has kindly agreed to be Deputy Trust Chair, succeeding Jenny McAleese, and from February Richard Reece has become a

member of the Quality Committee whilst retaining membership of the Resources Committee.

6. Sadly, the February Board meeting will be the last Board meeting for two outstanding members of the Board. Dawn Parkes, Chief Nurse, retires in March after nearly 4 years' service with the Trust. She has made an outstanding contribution in so many areas and leaves a very important legacy. Jenny McAleese, Deputy Chair, leaves the Trust at the end of her term of office (at the end of February) which cannot be extended any further as she has reached the maximum of 9 years. Jenny is one of the hardest working and able non-executives I have had the pleasure of working with. Both will be very much missed.

Martin Barkley
Trust Chair
18.02.2026

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	25 February 2026
Subject:	Chief Executive's Report
Director Sponsor:	Clare Smith, Chief Executive
Author:	Clare Smith, Chief Executive

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☒ Regulatory Requirement ☐

Trust Objectives

☒ To provide timely, responsive, safe, accessible effective care at all times.
☒ To create a great place to work, learn and thrive.
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☒ Through research, innovation and transformation to challenge the ways of today to develop a better tomorrow.
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Board Assurance Framework

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

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

☐ Yes

☐ No

☒ Not Applicable

Executive Summary:

The report provides an update from the Chief Executive to the Board of Directors in relation to the Trust's priorities. Topics covered this month include: an update on my first 100 days, financial and service delivery planning, countdown to EPR go-live, resident doctors' industrial action, actions to deliver the Agenda for Change uplift and a fairer deal for nurses, York SCBU refurbishment update, planning permission granted for the Scarborough pathology scheme, personalised maternity care plans launched, goodbye to our Chief Nurse, and January's Star Award nominations.

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

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

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

Chief Executive's Report

1. My first 100 days: listening to colleagues and stakeholders

As I shared in my last report I am committed to spending as much time as I can during my first 100 days getting out and speaking to colleagues, meeting them in the places they work and listening to their thoughts and ideas.

This has continued with me meeting many individuals and teams, as well as continuing with my 'chat and brew' drop-ins and our weekly York and Scarborough Live online Q&A sessions with my executive director colleagues, which I'm pleased to say are prompting some important questions from colleagues as well as giving people the chance to 'shout out' the things they are proud of.

Since our last Board meeting, I have had two opportunities to meet with our change makers, most recently supporting a workshop focussed on accountability.

I have also met with other stakeholders from outside of the organisation including the MPs for Scarborough and Whitby and Selby, members of the Bridlington Health Forum, and relatives of those receiving care in our Trust.

As I approach the end of three months within the Trust there is a lot to reflect on, not least how our teams show day in and day out their commitment to our patients and each other. However, I also reflect that we have an opportunity within the Trust to improve the experience of our patients and our people through listening leading to action and continuous quality improvement; both of which will continue to be a priority for me as I head towards the last few weeks of my first 100 days.

2. Update on financial and service delivery planning

Our financial position continues to be very challenging. The most likely year-end position is a £28.5m deficit. At the start of the year, our expectation was that we would balance income and expenditure, so this is a significant shift.

The biggest driver of that deficit is the gap in our efficiency delivery. Our efficiency target for 2025/26 was £55.3m, and we are currently forecasting delivery of £35.3m. That matters not just for this year, but because anything we don't deliver this year rolls into next, creating additional pressure for 2026/27. It is vital that we do everything we can to deliver our recovery plans this year.

On 12 February, we submitted our Medium-term Financial Plan. A significant amount of work has gone into agreeing our activity, finance and workforce plans, and into reaching an agreed contract value with our main commissioners, Humber and North Yorkshire Integrated Care Board. That last point is particularly important, because an agreed contract position is a key element of submitting a compliant plan.

The plan we are submitting is ambitious, but when delivered it will return us to a balanced position in three years.

For year one (2026/27), we have submitted a £32.6m deficit plan. That assumes we deliver a £54.6m (5.6%) Waste Reduction and Productivity (WRAP) Programme.

Year two is a £15.9m deficit, and year three returns us to balance (both years include a similar, though slightly reducing, WRAP programme). The key to returning to balance by year three is, quite simply, delivering WRAP and controlling expenditure.

As an organisation, we have had a strong track record of delivering a 4% efficiency programme, however achieving efficiencies above 4% has proved difficult. This is why, over the next three years, our focus has to be on transformation, not just taking costs out.

As I shared in my last report, to do this successfully we must put in place a Continuous Improvement Method and a Clinical Strategy so that we can build clinically-led, sustainable services for our communities.

3. Countdown to EPR go-live

At the time of writing we are in the final stages of preparation for the planned go-live of the first phase of Nervecentre, our new Electronic Patient Record (EPR).

Bridlington will be the first site to go live on 26 February, followed by Scarborough on 27 February. York will go live on Friday 6 and Saturday 7 March.

This is the largest transformation programme this Trust has undertaken, and it goes without saying that there has been a tremendous amount of work to get us to this stage of readiness. I must put on record my thanks on behalf of the Board, not just for the work done to date, but also for the work that is to come during the go-live period and in the coming weeks. As with any major change, it is normal to feel some apprehension, but it is important that we take assurance from the rigour of the planning and governance that has gone into the delivery of this work.

When we meet as a Board in March, we should be in a position to reflect on the implementation of phase one, however in the meantime we should take a moment to recognise the achievement of getting to this point and to thank colleagues from all parts of the organisation for their commitment and hard work.

4. Resident doctors' industrial action

The outcome of the BMA's ballot of resident doctors' has now been shared, with members once again voting in favour of industrial action as part of the ongoing national dispute over pay and conditions. This gives the BMA a renewed mandate for strike action, however at the time of writing no dates for action have been announced, and talks are understood to be taking place between the Government and the BMA, which may result in a renewed offer to resident doctors.

5. Actions to deliver Agenda for Change uplift and a fairer deal for nurses

It was announced earlier this month that the Government and the Royal College of Nursing (RCN) have agreed a major package to properly recognise nurses and the work they do. Following engagement with all nursing unions including UNISON, Unite and GMB, and a dedicated period of intensive engagement with the RCN - the biggest nursing union - a series of measures has been agreed.

This includes:

- prioritising increasing graduate pay
- reviewing the roles and pay bands of every band 5 nurse

- establishing a single national nursing preceptorship to create a national framework to support newly qualified nurses

Aligned to this announcement, all trusts have received a letter from Duncan Burton, Chief Nursing officer for England, and Jo Lenaghan, Interim Director General, People, (NHS England and DHSC), asking for local plans to be put in place to deliver this work at pace.

They have asked for Board level oversight and engagement with staffside partners, building on existing requirements and accelerating expectations that have already been set for employers. We have also been asked to undertake a full assessment of duties for all band 5 nurses and assess whether these are consistent with the job description.

We will keep the Board updated on our plans to deliver the asks outlined in the letter.

6. York SCBU refurbishment begins

York Hospital's Special Care Baby Unit (SCBU) is undergoing a planned refurbishment to modernise and improve the current neonatal unit.

The transformation will create a state-of-the-art environment for babies to become stronger and healthier, while also offering improved facilities to support parents during their time in hospital.

During the works, the service has temporarily relocated to Ward 12 to ensure safe, continuous neonatal care.

I have visited the team in its temporary new home, and I am pleased to say the move went smoothly and safely and colleagues have settled in and welcomed the first families onto ward 12.

The refurbishment is likely to be completed by summer 2026.

7. Planning permission granted for new pathology facilities at Scarborough

The countdown is officially underway to the opening of Scarborough's new acute service laboratory, a major step forward for pathology services on the site and for the colleagues who work there.

A modern, purpose-built pathology facility is set to replace the hospital's ageing laboratory building. This redevelopment has been driven by urgent issues linked to reinforced autoclaved aerated concrete (RAAC), which was identified in the pathology department in 2023 and led to staff being relocated to other areas of the hospital.

Designed by P+HS Architects, the new three-storey, 2,600 square metre building will transform clinical capacity at Scarborough while supporting sustainability and long-term efficiency.

The ground floor will be home to a fully equipped 24/7 acute laboratory service, including clinical biochemistry, haematology, blood transfusion, point-of-care testing, and molecular diagnostics. These services will play a vital role in supporting patients across Scarborough and surrounding communities.

Longer term, the first floor will provide space for ophthalmology and outpatient services, including consultation and treatment rooms, and supporting facilities. The second floor will

contain internal plant space and rooftop solar panels, which will help support the Trust's wider sustainability ambitions.

For colleagues, this development is about creating a safer, brighter, future-focused environment that will help with recruiting and retaining colleagues.

8. Personalised maternity care plans launched

A new personalised maternity care plan has been launched across our maternity services in York and Scarborough.

This has been developed in partnership with our Maternity and Neonatal Voices Partnership (MNVP) and co-produced with service users, so it reflects what women and birthing people have told us they want and need. Everyone receiving maternity care through the Trust will now be offered a copy to help them feel informed, supported and empowered throughout pregnancy, birth and beyond.

The plan is owned by the woman or birthing person, and is designed to capture what matters, most including preferences and choices, the questions they want to ask, and reflections along the way. Most importantly, it helps maternity teams have open, kind and reassuring conversations, so care feels as personal as possible.

This is a positive example of working with those who use our services to make improvements that matter. Thank you to the teams involved.

9. Thank you and goodbye to Dawn

Finally, as this is Dawn Parkes' last Board meeting with us before she retires, I must formally say thank you to Dawn for her incredible contribution to the organisation.

Dawn has been with the Trust in the role of Chief Nurse since July 2023 and has been instrumental in driving forward improvements in quality and safety, in infection prevention, and in the nursing workforce. Although I have only worked with Dawn for a relatively short time, she has been a fantastic support to me in my new role, and I know colleagues will miss working with her.

Those of you who know Dawn will know she never misses the opportunity to celebrate successes and a job well done, so in true Dawn spirit, let us all take the opportunity to celebrate Dawn, to say a huge thank you, and to wish her all the very best in her retirement.

10. Star Award nominations

Our monthly Star Awards are an opportunity for patients and colleagues to recognise individuals or teams who have made a difference by demonstrating our values of kindness, openness, and excellence. It is fantastic to see the nominations coming in every month in such high numbers, and I know that staff are always appreciative when someone takes the time to nominate them. January's nominations are in **Appendix 1**.

Date: 25 February 2026

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

STAR AWARD

January 2026

Olivia-Jo Lovett, Healthcare Assistant **Scarborough** **Nominated by colleague (1) and colleague (2)**

Nomination 1:

When we realised there weren't many toys for children on Christmas Day, Olivia-Jo took it on herself to organise the other members of staff and put out an appeal on social media. We have had a massive response, and this ensures that all the children attending on Christmas Day will get a gift. We have enough to give a gift for every child over the Christmas period thanks to her kindness, thoughtfulness, and forward thinking.

Nomination 2:

This year, as Christmas approached, we were struggling for Christmas gifts for the parents and children. Olivia (even with a young family of her own) went out of her way to campaign for fundraising and donations in exchange for some gifts to shed some light and happiness throughout the Christmas period to those spending what should be the happiest and most magical time in hospital. The response was unbelievable, and even on her days off she came in to wrap the generous donations and went out of her way to collect donations. She has made a real difference this year to many children and their families. We, as a team on Rainbow Ward, are proud of her and believe she is thoroughly deserving of recognition for this unbelievable act of kindness.

Georgia Adams, Midwife **York** **Nominated by patient**

I had a traumatic birth to bring my daughter, Penelope, into the world. Georgia arrived on shift when I'd be on the drip for a day already, and I was in pain, scared, and exhausted. Georgia picked up right where the lovely Sophie had left off. Georgia was a star. She helped make a scary situation manageable. I was on the drip for many hours and felt completely confident that Georgia was doing the best for me and my baby. We trusted her so quickly. She was honest and open about the challenges, and we felt informed and listened to, which was so important to us.

Things got difficult and I had to be rushed to theatre. Georgia's cool, calm presence as things were going wrong was incredibly appreciated. Once Penelope had made her entrance, Georgia noticed that I was getting upset that people weren't calling Penelope by her name and corrected everyone. After many hours on shift and many hours on high alert, she was still dialled in to my emotional needs, as well as physical. What a woman. Overall, her thoughtful and caring approach meant we never doubted we were in safe hands. We'll always be grateful to Georgia.

Lisa Young, AHP Assistant Practitioner **York** **Nominated by colleague**

When completing a routine telephone triage appointment with a patient, Lisa identified that the patient was demonstrating symptoms of a stroke. She acted promptly, calling the patient an ambulance, and getting them the help that they needed.

Natalie Stanley, Occupational Therapist | **York** | **Nominated by colleague**

Natalie has seen my mum previously regarding her rheumatoid arthritis and has recently seen her again. Both times, Natalie has gone above and beyond for her. My mum was caring for my dad, and this was taking a toll on her which Natalie was concerned with. With my mum's consent, Natalie contacted a carer specialist and arranged for her to come along to one of my mum's appointments with Natalie so that support could be offered. This has proven to be invaluable to my mum over the last couple of years. Without Natalie, this would not have happened.

She is the embodiment of the Trust values, and I cannot thank her enough. I am so pleased that there are people like Natalie working in the Trust and she deserves recognition.

Samah Abdelatti Elfaki, Specialty Registrar | **Scarborough** | **Nominated by patient**

I was suffering a miscarriage and severely bleeding, so arrived at hospital by ambulance. Dr Abdelatti Elfaki met me with nothing but a kind, considerate, and professional manner, putting me and my partner at ease considering the traumatic situation we were in. Everything was kept as calm and clear as possible. She worked so hard to stop the bleeding, consistently checking that I was OK and could manage to continue with the procedure. She worked absolute miracles and saved me from going to theatre.

I met with her twice the following day while awaiting discharge, and what a wonderful and amazing woman she is! As soon as she saw me, she apologised for what I went through with the examination, but if it wasn't for her, I don’t know what situation I would have been in. This doctor deserves to be recognised as she is simply amazing! I cannot thank this lady enough for everything she did for me and my partner throughout my stay at Scarborough Hospital, we are forever grateful.

Julia Priestley, Urgent Care Practitioner | **Scarborough** | **Nominated by patient**

Thank you. I had an excellent experience at Scarborough ED. I was attended to within 40 minutes by Julia, who was kind, considerate, and thoroughly professional in the application of her medical duties. A genuine 10 out of 10.

Shirly Khoh, Healthcare Support Worker | **York** | **Nominated by colleague**

Shirly is very hardworking. She is new, but she learned all the skills quickly. She is always trying to do her best. She is kind, a good team worker, caring, and hardworking. I want to appreciate her for all her hard work.

Henry Baker, Audio Typist | **York** | **Nominated by colleague**

Henry came up with an idea to use AI technology to process the dictations that we have been struggling to get through. This has cut down on typing time and is slowly reducing the wait for patient letters, which has in turn improved patient care. It has also boosted morale within the team. This is a great example of innovation and problem solving for the benefit of our patients.

Christopher Smith, Cleaning and Catering Operative | **Scarborough** | **Nominated by colleague**

Since joining the facilities domestic team, Chris has displayed an amazing work ethic each day, while showing all three of the Trust values. Chris has made a huge difference since joining. He is great with staff, patients, and visitors and goes above and beyond. He truly is an asset to the Trust.

MRI Team | **Scarborough** | **Nominated by colleague**

Today my son had an MRI scan, and all the staff were amazing, showing all Trust values. They comforted my son when he was anxious and made him feel safe showing exceptional professionalism, care, and kindness. Thank you all so much for what you have done.

Tracey Cleminson, Play Therapist | **Scarborough** | **Nominated by colleague**

Tracey was amazing with my son today before his MRI scan. He was anxious before his appointment and Tracey did an amazing job explaining the process of the appointment to him in a way that was comforting for him. She showed kindness, care, and attention to him. Thank you for being amazing today!

Outpatients Department | **York** | **Nominated by colleague**

During a bleak December week leading up to Christmas, main OPD was heavily hit by sickness and on top of this already unforgiving challenge, it was also the resident doctor strikes. The team had to cover clinical areas such as OPD on the ground floor as well as the 1st floor, CT and Radiology, and the Breast Unit, as well as the responsibilities of responding to MET Calls and assisting the Outreach Team in emergency situations around the hospital. Services did not reduce although the doctors were striking and the team that was here had multiple clinics and services to run by themselves (often on a 1:3 or 1:4 staff to clinic ratio).

During this week on the department, the OPD team stuck together like never before, ensuring that no patient or clinician was missed or forgotten. Helping both terminal cancer patients and complex medical and surgical patients, all while maintaining outstanding professionalism and cheerfulness in the face of adversity, which kept moral high and the staff enthusiastic as possible under the difficult circumstances.

Sandra Calomarde Martinez, Ward Manager **York** **Nominated by colleague**

Sandra has been an inspiring figure to learn about at AMU. Her unwavering passion for improvement and her dedication to enhancing the overall environment at AMU is truly infectious. Sandra's remarkable empathy and exceptional management skills are particularly evident in her efforts to support staff after challenging shifts. She effectively utilises support networks and consistently offers broader team support.

With a vision to transform AMU into a ward where all staff would aspire to work, Sandra is committed to fostering a safe and supportive environment that significantly enhances patient care. Her enthusiasm and commitment to excellence continue to shine brightly, motivating everyone around her to strive for the best.

Emma Pavis, Ward Sister **York** **Nominated by colleague**

Emma is undeniably the driving force behind Medical SDEC. Her unwavering passion for SDEC shines through in every aspect of her work, with patient care and the transformation of SDEC consistently at the forefront of her efforts. Without her relentless drive and enthusiasm for change, SDEC would not have reached its current state of excellence.

Although her behind-the-scenes contributions may often go unnoticed, I have been profoundly inspired by her dedication over the past few months. Emma's ability to navigate challenges and obstacles is remarkable; she continually propels MSDEC forward, ensuring that every change implemented delivers benefits for all involved. It is genuinely a pleasure and an honour to be part of MSDEC, largely due to her exceptional leadership and commitment. Her influence is felt, making a significant impact on success.

Catherine Vollans, Midwife **York** **Nominated by colleague**

I would like to nominate Cat for a Star Award in recognition of her outstanding work while covering maternity leave as Triage Team Leader. Cat has been exceptional in this role and has introduced numerous positive changes that have significantly improved the maternity triage service for patients.

She has been pivotal in the implementation of the new telephone lines for maternity services, ensuring a smoother, more efficient, and patient-centred experience. Cat has also fostered excellent cross-site working between the maternity triage and antenatal services, making collaboration an absolute pleasure.

Her leadership, dedication, and proactive approach have had a lasting positive impact on the service. Cat will be truly missed in this role, and her contribution fully deserves recognition through a Star Award.

Jayne Michie, Deputy Sister **Scarborough** **Nominated by colleague**

Where do I start with Jayne? This box isn't big enough! Jayne is an absolute angel, and not even in disguise; she's beautiful inside and out. Day in and day out, she makes an unbelievable difference to not only the ward, but also to every patient, parent, and colleague. Her care doesn't even take effort, it's effortless because she is the most kind and caring person that I have ever had the privilege to work with. Every patient and terrified parent that walks through that door on Rainbow Ward are immediately put at ease by her unbelievably warming presence and care.

If you could describe a perfect nurse, trust me, it's Jayne! Nothing is too much, nothing is impossible, and I am in awe of her as she's truly incredible! She has made so much effort to make our run-down ward a happy comforting place for the parents and children, spending her own money on decorations and constantly, even on her days off, coming up with amazing ideas to bring some sort of comfort. Her 'homely' ideas for the ward bring nothing but joy and ease to those at such a horrendous time. Even when the ward is crazy, she spends time with the patients and parents and looks after the staff, second to none! She truly is an angel, and she deserves an award more than anyone I know.

Christopher Peacock, Specialty Registrar **York** **Nominated by patient**

I was in hospital on Sunday due to anxiety brought on by medication. Chris never just shut me down, he just listened. He then gave me an IV of antibiotics to stop my infection spreading. Other doctors don't always seem to listen when anxiety is involved, but I don't suffer with anxiety normally. He made me feel validated.

Rainbow Ward **Scarborough** **Nominated by colleague**

I would like to say a huge thank you to the paediatric team and Rainbow Ward for all their support and kindness during our stays in hospital. Nothing is ever too much to ask. My little girl needed specific milk, and it was got straight away for her. I am a member of staff at the hospital, and it makes me immensely proud to know we have such a wonderful team. I felt listened to and, as a worried parent, that means the world!

Daisy Lamb, Staff Nurse **York** **Nominated by relative**

My dad and I cannot thank Daisy enough. Daisy was always polite and professional but also had a brilliant sense of humour which helped my dad's stay feel that little bit easier. Nothing ever seemed too much trouble for Daisy, and she was happy to answer any questions to the best of her ability. If she was unsure, she would go and ask her senior which gave us the reassurance she wasn't just second guessing anything.

After my dad came home, I phoned the stroke ward, feeling a little lost with everything going on. Daisy happened to answer the phone and I'm so glad she did. She reassured me over the phone.

I really cannot find the words to express how thankful we are that Daisy just so happened to look after my dad quite often as he unfortunately experienced more than one visit to the stroke ward. I truly hope Daisy goes far with her career and gets the recognition she deserves because she's wonderful. Thank you again, Daisy.

Claire Emmett, Staff Nurse **Scarborough** **Nominated by relative**

Thank you, Claire, for listening to us. You have shown dedication to providing us with the best care and treated us with compassion. We cannot thank you enough for everything you did for us.

Barrie Watkinson, Portering Supervisor **York** **Nominated by colleague**

It is a privilege to recognise Barrie for consistently going above and beyond in support of management, especially during last-minute emergencies. Barrie's unwavering reliability and positive attitude, even when faced with the most challenging tasks, set a remarkable example for the entire team. Barrie approaches every situation with dedication and grace, making an invaluable contribution and truly embodying the spirit of teamwork and excellence.

Beth Horsman, Specialist Nurse Practitioner **York** **Nominated by patient**

Beth, words can't describe how marvellous you are! The beacon of light when I was stranded! So reassuring and supportive, you helped guide me through the uncertainty I was experiencing. You are one of the many lovely breast care nurses at York Magnolia Centre, and I cannot express how amazing they are, especially Beth. I haven't met her in person yet, but I have spoken to her at length over the phone regarding my secondary diagnosis of cancer this year. It's been a journey, but again I couldn't wish to be in better hands as she feels like family.

Beth is an asset to the team and is wonderful. She is so kind and understanding, and, despite my dilemma being presented differently to the normal primary breast care diagnoses, she was my rock throughout. Beth maintains and sustains an excellent service, and I cannot thank her enough for everything. I am looking forward to meeting her finally in the New Year and I would like to take this opportunity to wish Beth and her colleagues a Happy Christmas and happy, healthy, and prosperous New Year for 2026. I couldn't do it without you, thank you so much!

Helen Williams, Lead Nurse for Tissue Viability **Scarborough** **Nominated by colleague**

Since becoming the Lead Nurse for Tissue Viability, Helen has demonstrated exceptional dedication to driving meaningful and positive change within the service. Her work has significantly contributed to the Trust's ability to deliver high-quality patient care and a seamless, well-coordinated service.

Helen has undertaken a comprehensive review of service delivery, ensuring it effectively supports both acute and community settings while enabling the team to work efficiently and provide consistently excellent care to patients. She is highly committed to education and professional development and has been instrumental in developing an education service that enhances staff knowledge, skills, and learning, supporting the Trust's wider strategic objectives.

Throughout all aspects of her role, Helen consistently leads with compassion, showing respect, care, and kindness to her team and colleagues, while offering unwavering support. In addition, Helen has successfully led a Trust-wide chair and mattress audit, providing vital assurance around patient safety, comfort, and quality standards. She fosters a positive and inclusive team culture, ensuring her team feels valued, supported, and always involved.

York Community Response Team	**White Cross Court**	**Nominated by colleague**

The Community Response Team are a short-term rehab team who take hospital discharges and step ups from GPs, RATs (rapid assessment and treatment), and YICT (York Integrated Care Team). The team of nurses, occupational therapists, physiotherapists, generic support workers, coordinators, and healthcare assistants all work well together under the brilliance of manager Emma Seabourne and Patient Flow Coordinator Sarah King. They deal with lots of different people in a person-centred and empathetic way.

Working closely with the Frailty Hub, therapy team, and families to give outstanding service to a wide community that spans hundreds of miles. I have worked within the team for over six years, where opportunities to climb the ladder are ripe. I love the team and will never leave until I retire.

Commercial Research Team	**York**	**Nominated by patient**

It is never easy changing role from a professional nurse to a patient! I would like to nominate this exceptional team of Mark, Helen, and Cathy for their outstanding dedication and patient-centred approach. They have consistently gone above and beyond to accommodate my schedule, ensuring clear and efficient communication throughout the process.

When an unexpected delay occurred with my final procedure, the team worked tirelessly to complete everything within the required timeframe. A special mention goes to Helen, who demonstrated extraordinary commitment by personally delivering medication to my home due to the delay.

The team’s attention to detail and compassion were evident in every interaction, even taking the time to honour my music preferences during the procedure to make the experience as comfortable as possible. Their professionalism, flexibility, and genuine care for patient wellbeing truly set them apart. I am deeply grateful for their efforts and believe they deserve recognition for their exceptional service.

Phoebe Baines, Mental Health Support Administrator	**York**	**Nominated by colleague**

Phoebe has been working as our admin support for six months and has been a Maternity Support Worker in the Trust for five years. I don’t know how we would get by now without Phoebe and I know I speak for all my team and the bereavement midwives. Phoebe helps with all aspects of admin for our teams, including ringing patients, with whom she is always kind, considerate, and empathetic. Both our teams support vulnerable families with mental health needs or suffering the loss of a baby, so Phoebe's manner is important. Phoebe also does tours of the Maternity Unit for our patients.

Phoebe is always smiling and will support the team members when she can. She goes above and beyond to do her best every day. Both Kim Harnett, Bereavement Lead Midwife, and I feel this should be recognised and celebrated as often our admin support goes unnoticed, but we couldn’t do the jobs we do without Phoebe.

Trauma and Acute Theatres MDT **Scarborough** **Nominated by colleague**

The Trauma and Acute Theatres MDT consists of Mr Bogdan Nistor, Mr Akarshan Naraen, Dr Greg Purssord, Dr John Artlet, Rebecca Roth, Natasha Kirby, Rosemary Capdocia, Leigh Fitzpatrick, Jelbi George, Blessing Okafor, Aurelio Adlawan, Beryl Weston, and Sarah Wingfield

There was an elderly open fracture of ankle which would normally be managed immediately at Hull, but they could not have their surgery there due to issues in theatres. Instead, they had it promptly and timely in Scarborough's acute theatres.

Aurelio stayed later than he needed to as he was most familiar with the kit, Dr Purssord and the anaesthetic registrar Dr Artlet were prompt in getting the patient into theatres after their review, Beryl was adaptable and followed instruction from myself calmly as it was with kit she wasn't used to. In general, the team adapted well to unique circumstance in the best interest of the patient and deserve commendation for their rapid and safe response in the unfamiliar circumstances.

Sarah, Sister on Maple Ward, went above and beyond get a VAC pump sent from York after there was none in the building and managed it out-of-hours too, after only having had a brief conversation with me for a patient that may not even have ended up her ward. The level of cohesion demonstrated from the above members of the team needs to be replicated as it's not something I see in every hospital.

Catherine Bell, Consultant Radiologist **York** **Nominated by colleague**

Dr Bell is one our medical appraisers. The Trust has a considerable shortage of appraisers, which has made meeting our governance requirements challenging. Several appraisers have stepped up to help fill the gap, with Dr Bell achieving a remarkable 40 appraisals in 12 months. As well as being highly valued by her appraisees for her open and supportive style, Dr Bell has made a big difference to the team's ability to provide everyone with an appraisal.

Melanie Grimshaw, Staff Nurse, and Susan Birkitt, Specialist Practitioner District Nurse **Community** **Nominated by patient**

It was a normal morning when one of the lovely nurses came to do my daily dressing change as I have breast cancer. Obviously, this isn't an easy time, but they have always been here for me and reassured me. On that morning, my dressings seemed more full than normal, and Mel noticed that I had lost a lot more blood than normal from the tumour and I was quite pale. We were having a chat while Mel was taking off the dressing when suddenly, I had a bleed. Mel recognised this was serious and got in touch with Sue, her boss, who got in touch with the Magnolia Centre. My husband and I were worried, but Mel was full of kindness, hugs, and reassurance throughout our panic. Thanks to their quick actions, an ambulance was called, and I was taken to the Magnolia Centre.

Mel is a quiet, kind, and gentle soul, but, like a superwoman, when she goes into action and gets things done. It turned out that I could have died from this if swift action hadn't been taken. Sue's speed at getting me help, along with all the kindness and help we got from the staff at the Magnolia Centre was amazing.

Tom Allen, Maintenance Worker, Jonny Ewing, Maintenance Craftsperson, and Wayne Deighton, Maintenance Worker | **Scarborough** | **Nominated by colleague**

I would like to nominate Tom, Jonny, and Wayne for going out of their way to help me when I realized that I had a flat tyre with a puncture at work. As a wheelchair user, I was unable to fix the tyre enough to get to a garage. Tom, Wayne, and Jonathan came to assist me. They sourced a tyre pump and managed to inflate my tyre enough for me to get to the garage. Without them, I wouldn't have managed to get my car to the garage, which is even more difficult given my physical disability.

While this was completely out of the remit of their roles, all three helped, no questions asked. Even checking in with me to make sure I'd gotten to the garage safely. I can't begin to thank them enough for their kindness at what was a stressful time!

Caran Jones, Sister | **Scarborough** | **Nominated by colleague**

Caran is a supportive, kind, and caring person, who never makes you feel like a problem. She always takes the time to listen to you both professionally and personally and helps in any way she can, offering flexibility when needed. She shows empathy and makes difficult situations a whole lot easier. Thank you so much!

Cara Milnes, Staff Nurse | **York** | **Nominated by colleague**

Cara has joined us as a newly qualified nurse, and I would like to congratulate her on her sheer enthusiasm for her work. She is displaying the Trust's values, along with exceptional care to our patients, and has settled in working collaboratively with the entire team. What a fantastic start to her career.

Sophie Webster, Staff Nurse | **York** | **Nominated by colleague**

Sophie has joined us as a newly qualified nurse, and I would like to congratulate her on her sheer enthusiasm for her work. She is displaying the Trust's values, along with exceptional care to our patients, and has settled in working collaboratively with the entire team. What a fantastic start to her career.

Maylyn Segovia, Deputy Sister **York** **Nominated by colleague**

I would like to nominate my colleague Maylyn for her outstanding contributions and dedication to our ward. This year, during the Christmas competition, Maylyn went above and beyond to transform our ward into a magical and festive space. Her creativity shone through as she decorated the ward door, ceiling, and Christmas trees, making everything feel incredibly warm and welcoming. Her attention to detail and artistic flair not only brightened up the ward, but it also helped us win an award for the most unique Christmas tree! This achievement wouldn't have been possible without her passion and hard work.

Maylyn’s dedication goes far beyond just decorations. She brings a sense of joy and positivity to the ward, making a real difference for both patients and staff. Her efforts are a perfect reflection of the Trust's values of kindness, openness, and excellence. Through her actions, she has created an environment that feels festive, uplifting, and full of spirit, enhancing the experience for everyone in the ward.

Stefania-Viorica Burtea, Staff Nurse **York** **Nominated by colleague**

Stef worked admirably under difficult circumstances, exacerbated by low staffing caused by sickness. Despite only being qualified for three months, she led the team with the ability and professionalism of an experienced nurse. She received good feedback from the ward clerks, other nurses, and Discharge Liaison Officer, specifically that she just got on with it and did an amazing job.

Rebecca Proudfoot, Consultant Paediatrician **York** **Nominated by colleague**

I would like to nominate Dr Proudfoot because she truly represents the very best of what a consultant can be. She is warm, kind, and genuinely caring in a way that immediately puts both patients and staff at ease. Her presence brings a sense of calm, steadiness, and reassurance, no matter how busy or overwhelming the ward becomes. She looks after the whole team with remarkable thoughtfulness, checking that we are coping, encouraging us to take breaks, and making sure we feel supported both professionally and personally. She never makes anyone feel like a burden. Even on the hardest days, she stays late without hesitation, and when she is called in the middle of the night, she arrives with patience, compassion, and a smile that lifts the whole team.

Her dedication to doing the right thing for patients is unwavering. She advocates for them wholeheartedly and stands up for what is right, even when it is difficult. She is open and honest about what she knows, and if she doesn't have an answer, she is never afraid to say so. Instead, she actively seeks out the correct information by speaking to colleagues, reviewing guidance, and doing whatever is needed to ensure safe, thoughtful, patient-centred care.

One of the qualities I admire most is her humility. There is no hierarchy with her. She treats everyone as equals. She creates an environment where every voice is valued. If she encounters a case or condition that she is less familiar with, she will even ask the registrars whether we know of any relevant guidelines. She genuinely respects our input and fosters a collaborative atmosphere where learning flows freely in all directions. It is so lovely to see someone so senior who is also so approachable, open, and grounded.

On a personal level, I genuinely love working with her. Knowing she is on call brings me an immediate sense of peace and relief. Her calm confidence, her kindness, and her steady presence make everything feel more manageable. She has a way of making the whole team feel safe, supported, and capable, even on the most challenging days. Dr Proudfoot leads with compassion, integrity, and genuine humanity. She is an exceptional consultant, a wonderful colleague, and an inspiring role model. Working with her makes the team stronger, safer, and more confident. She brings out the best in everyone around her. She is truly deserving of this recognition!

Anna Trever, Consultant Paediatrician **York** **Nominated by colleague**

I would like to nominate Dr Trever because she has been an exceptional source of support, guidance, and kindness throughout my time as a Community Paediatrics Registrar at York Hospital.

She is genuinely caring, endlessly patient, and consistently goes out of her way to make sure I feel supported, confident, and never alone in my decision making. She is always available when I need to discuss clinic patients no matter how busy she is. Nothing is ever too difficult for her. She listens carefully, offers thoughtful advice, and guides me through cases with clarity and reassurance. Her willingness to make time, even at short notice, has made an enormous difference to my learning and confidence. She has played a huge role in helping me grow as a clinician. She has helped improve my confidence in so many aspects of community paediatrics, especially when navigating tricky situations or responding to challenging requests from parents. She never makes me feel judged or inadequate; instead, she supports me to think things through, trust my instincts, and approach difficult conversations with calmness and compassion.

What I appreciate most is how approachable and understanding she is. She creates a safe, calm space where I feel comfortable asking questions, sharing uncertainties, and exploring different approaches. She treats every discussion as valuable and worthwhile. Her encouragement has helped me develop both professionally and personally. Her dedication to children and families is evident in everything she does. She advocates for them with compassion, thoughtfulness, and integrity. Watching her work has shown me what truly holistic, child-centred care looks like in community paediatrics.

On a personal level, I feel incredibly fortunate to work with her. Her guidance, kindness, and steady presence have shaped my experience in community paediatrics in the best possible way. Knowing she is there to advise and support me brings a sense of reassurance that I deeply appreciate. Dr Trever is an outstanding consultant, a generous teacher, and a genuinely kind human being. She is truly deserving of this recognition.

Alessia Kostiw, Trust Grade Doctor **York** **Nominated by colleague**

Alessia is one of those rare colleagues whose presence genuinely brightens the entire workplace. From the moment she steps onto the ward, she brings an energy of kindness, dedication, and quiet strength that lifts both patients and staff. She is consistently hardworking, always the first to offer help, and never hesitates to go the extra mile often without being asked and without seeking recognition. Her compassion is evident in everything she does. Alessia treats every patient with genuine warmth and dignity, taking the time to listen, reassure, and support them through moments that can feel overwhelming. Her gentle approach and calming nature create a sense of safety that patients deeply appreciate.

Among colleagues, she is equally exceptional. Alessia is the person you can always rely on. She is steady, thoughtful, and endlessly supportive. She embraces new challenges with enthusiasm, shows remarkable willingness to learn, and brings a positive attitude that inspires those around her. Alessia embodies the very best of our values. Her kindness, her work ethic, and her unwavering compassion make her not only a joy to work with but a true asset to our team. She is wholeheartedly deserving of this nomination.

Aleena Sony, Trust Grade Doctor **York** **Nominated by colleague**

Aleena is a truly exceptional junior colleague whose quiet confidence and unwavering dedication make her stand out in the most meaningful way. She brings a calm, steady presence to the team. She is someone who doesn't need to be the loudest in the room to make an enormous impact.

Her work ethic is remarkable; she is consistently hardworking, dependable, and always willing to go above and beyond for both patients and colleagues. Her quiet confidence shines through in the way she approaches every task with care, thoughtfulness, and a genuine desire to do her best. She embraces new challenges with a calm determination, never seeking praise but always delivering excellence. Patients feel safe and supported in her care, thanks to her gentle manner, compassionate approach, and ability to make even the most anxious individuals feel at ease.

Aleena is kind, supportive, and always ready to lend a hand. She leads by example, not through volume but through her actions, her reliability, and her natural ability to uplift those around her. Her humility paired with her capability makes her someone everyone trusts and admires. Aleena is not only hardworking and deserving, but she is also quietly extraordinary. Her compassion, dedication, and quiet confidence make her an outstanding candidate for this nomination.

Angela Rennison, Ward Clerk **York** **Nominated by colleague**

Angie went above and beyond her role by providing help to me and the family of a patient on the ward receiving end-of-life care when the ward nursing team were busy with clinical duties.

While undertaking a review of a patient who was sadly too unwell to consider discharging home from hospital for end-of-life care, it was established that the patient's husband (who had his own medical issues) had been offered a camp bed to sleep on overnight but had declined due to his physical constraints. As a result, he had been sat and slept in the patient's chair since arriving on the ward the morning before. He was struggling emotionally with his wish to be with his wife when she died (which was expected to be within the next few hours) while feeling that due to his physical issues of pain and exhaustion that he would have to leave his wife and go home.

To overcome the issue Angie helped me source a spare empty hospital bed and completely rearrange the patient's side room to allow us to make a temporary 'double bed' allowing the patient's husband to sleep next to his wife. Angie also made signs for the patient's door, requesting that they were not disturbed during this valuable time. While I was attending to the patient's care needs, Angie sat with the patient's husband who was emotional, providing emotional support and comfort. Soon after I was alerted by the ward staff that the patient had died, I returned to support the family and the patient's husband stated that while it was only a short time, being able to lay with his wife and hold her hand for this time was something he will value, he will take comfort from, and he will be forever grateful for.

Cara Watson, Cleaning and Catering Operative | **Selby** | **Nominated by colleague**

Cara came to join Selby porters during a staff shortage and made a huge difference to us at a time when it was most needed. Nothing was too much trouble for Cara, and her willingness to learn the role and be the best shone through.

Cara brings a certain energy to the team whilst upholding all the Trust values. She is kind, patient, and willing to go the extra mile to ensure a job is done correctly. She has quickly built up a rapport with our drivers and couriers too, with many commenting on how warm, friendly, and approachable she is. We are so happy to have her join our team and would like her to know just how much we all appreciate her. Thank you for all your help and dedication Cara. You're a star!

Louise Bowman, Nursery Nurse | **York** | **Nominated by colleague**

This is what the family of a child who is palliative and poorly said about Louise, who visits the child in their own home:

"The family would very much like Louise, the play specialist, to continue visiting as planned. These sessions are bringing their child much comfort, and the activities Louise provides are clearly lifting their spirits and making a meaningful difference to their mood. The family feel this support is incredibly valuable for their child at this time. A massive thank you to Louise for her continued kindness, creativity, and dedication. Her input is having a hugely positive impact, and the family are grateful for the warmth and happiness she brings to their child."

Louise is highly valued and goes out to children who are in difficult situations and very poorly. She is well liked by all the families she comes into contact with, but I wanted to nominate her for all her hard work going above and beyond her role and making such a huge difference to families.

Rini Benny, Radiology Administrator **York** **Nominated by colleague**

Rini commenced her role within the MRI team in March 2025, joining with no prior experience of working in healthcare. She started alongside two other new colleagues, creating a significant challenge for the service, as only two experienced staff members were available to train three new starters simultaneously.

The MRI service is inherently complex, and it requires specialist knowledge of MRI safety screening, in addition to proficiency with the booking systems and administrative processes. The service operates across two static scanners, three mobile scanners, and additional access to a static scanner at St John's University. Each scanner has differing capabilities and specific booking rules, further increasing the complexity of list management. In addition, effective MRI scheduling requires detailed understanding of the various coils used for different anatomical regions. Lists must be carefully organised to minimise coil changes, as frequent handling contributes to musculoskeletal fatigue for staff and reduces efficiency. This must be balanced against waiting list pressures, urgent clinical priorities, and cancer fast-track pathways, all of which require sound judgement, strong organisational skills, and constant adaptability.

Despite her limited experience, Rini demonstrated exceptional capability and resilience. During a period of significant sickness absence which commenced in November 2025, she almost single-handedly assumed responsibility for booking all six MRI scanners. She managed this demanding workload in a caring, mindful, and empathetic manner, consistently prioritising patient needs while maintaining service efficiency. At the same time, she continued to support and guide her two colleagues who required ongoing assistance, showing leadership well beyond her role and experience.

Without Rini's hard work, commitment, and dedication, the MRI service in York would have lost a substantial amount of scanning capacity, resulting in reduced service provision and delayed patient care. Her contribution during this critical period was instrumental in maintaining continuity of service. Rini has delivered an outstanding performance, consistently upholding and exemplifying Trust values in every aspect of her work. I believe she is thoroughly deserving of recognition through this Star Award nomination.

Millie Priestman, Staff Nurse **York** **Nominated by patient**

This is my second time on Ward 36, and neither stay has been short. I'm an NG-fed patient, as well as autistic, and struggle with the hospital environment and being away from home. This time around, I also came at a time where my mental health is not great. The whole ward helped me feel safe and welcome, especially being in over the Christmas period, but Millie stood out.

One night, I became so overwhelmed I had panic attack after panic attack, resulting in me vomiting my NG tube up. Millie helped calm me and figure a way to make it feel a little easier. I was embarrassed, but she made me feel so at ease. She then took my mind off everything when she realised that I had a special interest in collecting Labubus and told me all about her Jellycat collection while we placed a new tube. It may seem like something small to many, but that night I was terrified, and I wanted nothing more than to be home, and with Millie's help, I went from being on the floor feeling like I couldn't breathe to thinking about what else to add to my collection. The world needs more Millies.

Hannah Davis, Deputy Sister | **Scarborough** | **Nominated by relative**

Hannah is all about caring not only for the patient but for the family as well. The care my wife was given for the 12 hours shift that Hannah gave was faultless nothing was too much trouble, always making sure she was not in pain, she was comfortable, and that she was as relaxed as possible. Her bedside manner was so kind. She is the best staff member that our family has had to deal with over the past few years at all hospitals we have had to use. She needs to be held up as an example for what the NHS is and does not only Scarborough but also the whole of the NHS proud.

Sally Isherwood, Community Staff Nurse | **Community** | **Nominated by colleague**

Sally was a Senior Healthcare Assistant with the team and did the apprenticeship route to become a Staff Nurse. Sally has grown in her confidence and competence within the team since coming back as a qualified nurse. She has taken to her new role with ease and excelled with her competencies. She embeds the Trust values of kindness, openness, and excellence in whatever she does. Patients love her and she will seek support and guidance to enhance her skills if she is unsure of anything.

Sally is an asset to the team, and I am so proud of her and how she has tackled me in challenging situations. She should be proud of herself and how she has grown within the team and for herself. Keep this up, Sally, you are an asset to the team. Well done.

Katie Henderson, Community Staff Nurse | **Community** | **Nominated by colleague**

Katie is a relatively new member to the North District Nurse Team, joining us originally on the bank. Katie’s kindness, openness, and excellence shone brightly as a bank Staff Nurse, which has led to her become in a permanent member of the team. Katie's attention to her patients is exceptional. She strives to do the best for them every day, and this has not gone unnoticed. She is thorough in her approach to every situation and strives for excellent care for all her patients.

Katie, it is a pleasure working with you and having you on the team. You are shining example of excellence, and I look forward to continuing to work with you in your new role as a permanent Staff Nurse within the North Team. Thank you from myself, the team, and our patients.

Ward 14 | **York** | **Nominated by patient**

All the staff on Ward 14 couldn't do enough. They were kind and caring and provided good old-fashioned healthcare where they make you feel that they really care. Thank you so much. They should all be proud of themselves.

Graham Young, Facilities Operative | **Scarborough** | **Nominated by colleague**

Day in day out, Graham shows his dedication to his work for patients, colleagues, and visitors. His sheer determination when he steps through the hospital doors is second to none. Every day he gives 110% to the Trust displaying the three values. He supports all members of staff while driving forward with his duties, going above and beyond each and every day. He is an asset to the Trust.

Jennifer Lee, Matron, Kim Murphy, Radiographer, Catherine Butler, Radiographer, and Joanne Nicholls, Radiographer Team Manager | **York** | **Nominated by colleague**

During New Year's Day, it became apparent that some patients had been booked for an elective CT list which wasn't running. The Acute CT Radiographer Team escalated and supported both the Matron of the day and the Radiographer Team Leader (Jo), who came in on her day off to call patients to make them aware of the cancellation and not to travel. Patients were understandably distressed, and Jen and Jo took time to speak with them, showing calm and compassion in a pressured situation.

Later in the day, both Cate and Kim showed calmness during the unplanned power outage and subsequent CT downtime, seeking remote advice to quickly enact a business continuity plan during the time the CT was unavailable. Thank you all to working through several challenges on top of a very busy New Year's Day.

Jo Sanderson, Emergency Nurse Practitioner | **York** | **Nominated by relative**

My wife cut her eye badly on New Year's Day. We were travelling to see my daughter who stays in York. Obviously, the event was traumatic for us, although, fortunately, the injury has turned out to not be serious. However, at the time we were shaken, and my wife was upset.

Jo was able to look after us, reassure us, and sort out the issues we had before we went home that evening. She also arranged for a follow-up visit in the eye clinic the next morning, which allowed us to see everything we needed to see and be ready to go home on the Saturday. We appreciate being looked after so well by a member of the York Hospital team.

Jessica Savage, Midwife | **York** | **Nominated by colleague**

Jess went to see a patient who had recently had a baby for a routine follow up. When enquiring about her mental health, the patient disclosed ongoing domestic abuse, including high risk coercive control. This was the first time she had told anyone about what was happening. Jess did a wonderful job in supporting her to contact the police, resulting in an arrest, to make the patient and her baby safe.

Jess spent a lot of extra time with the patient, supporting her until police arrived and helping her making plans for immediate safety. I feel that without Jess, the patient wouldn't have made the disclosure she did as she treated her with kindness and compassion and did an incredible job in a difficult situation.

Ghani Ullah, Deputy Charge Nurse | **York** | **Nominated by relative**

Ghani went out of his way to make sure my mum and our family were comfortable and not anxious. His empathy, compassion, and care were fantastic, and he went the extra mile for us. We are grateful for everything that he did to help us and want to recognise the huge difference that he made.

Sharon Hill, Healthcare Assistant **York** **Nominated by relative**

Sharon went the extra mile to make sure my mum and our family were comfortable and to help relieve our anxiety. She showed great care, compassion, and empathy, and we are grateful for everything that she did to help us - nothing was too much trouble for her.

Medical Elective Suite **York** **Nominated by colleague**

All the staff on the Medical Elective Suite (MES) have made my transition back to work the best it could have possibly been. After having a difficult year last year, every colleague has made me feel appreciated and welcome. Their kindness and understanding have been second to none. Thank you!

Charley Berresford, Staff Nurse **York** **Nominated by colleague**

There was a short notice receipt of Healthcare Passport for autistic patient with high anxiety and reasonable adjustment needs. I attended on behalf of the Autism Liaison Department to discuss on the morning of the procedure. Charley volunteered herself without any prompting to provide continuity for the patient by admitting and accompanying them throughout the procedure. I have permission to pass on sincere thanks from the patient's Mum (which I will do directly due to confidentiality).

Charley not only provided the reasonable adjustments requested but also suggested some more when it became apparent that the situation required it. The standard of care offered was outstanding. I should note also that the team in Endoscopy are welcoming, and the department has a friendly atmosphere which makes such a difference. What Charley did, even considering how busy she was that day, was provide a safe and stable base for her patient, advocating on their behalf and putting both patient and family at ease. We could not have asked for a better outcome.

Charley upheld the Trust values, demonstrating the framework's ‘behaviours we love’ in every regard: respecting her patient's needs, valuing diversity, being attentive and compassionate to her patient and I, and reaching out without hesitation to offer support. She is an asset to her team. Thank you.

Theo Reeves, Patient Services Assistant **York** **Nominated by patient**

Theo was always polite and respectful and went above his duties to help myself and the other ward patients every day and night the 11 days that I was there. His kindness towards me and my visitors was noted by all. He is certainly someone worth recognising for his skills.

John Keith, Advanced Clinical Practitioner **Scarborough** **Nominated by colleague**

A patient attended Scarborough ED with an increase in falls, agitation, and poor mobility. They were noted to have recent diagnosis of lung and liver cancer and a head CT on the day showed widespread intercranial metastasis. The patient was agitated but able to communicate and understood the situation, diagnosis, and prognosis.

John discussed the case with me and then with on-call doctor at St Cath's Hospice who, following discussion, accepted the patient for symptom control and palliation. Anticipatory drug was prescribed, and a RESPECT form was completed and sent to the hospice. John acted out of the box and arranged this all quickly despite a busy department.

Phlebotomy Service **York** **Nominated by patient**

I want to say how impressed I was with the service offered on my visit. My direct contact was with Raie-Claire who was exceptional, but from seeing the environment, I was impressed by the staff as a whole. It was evident that they manage the queueing system as a team. Their efficiency in dealing with patients was impressive, my waiting time having been surprisingly short, but it seemed that all patients were dealt with compassionately.

There are clearly a variety of challenges, from children through to the other end of the age range, not to mention active parents. It must be a challenge to be able to stay not only motivated but courteous, good-humoured, engaging, considerate, and efficient in a confined working area with a repetitive workload, all which Raie-Claire did in an exemplary fashion. While not hoping to repeat the experience in the future, I stress down to hoping for good health, my thanks and respect go to Raie-Claire and her colleagues.

Sharon Connell, Community Midwife **York** **Nominated by colleague**

Sharon is an amazing member of the South West Community Midwives Team. Sharon is passionate about caring for the women in her care and is also supportive, approachable, and friendly with all her colleagues. Sharon always goes above and beyond in her role as a midwife, and she listens and gives her time with no hesitation.

Vascular Imaging Unit **York** **Nominated by patient**

I want to say thank you to the whole team, with special thanks to Dr Sim and Nurse Irene. The level of care I received today was of the highest standard. There was tangible kindness, competency, and cheerful demeanours even though the ward was busy and bustling. I felt safe in the hands of obviously skilled clinicians, support staff, and the whole team.

An experience like this restores faith in the NHS and reminded me why we must fight for our doctors and nurses. I can’t say thank you enough for making a huge improvement to my quality of life today.

Emergency Department and Lilac Ward **Scarborough** **Nominated by patient**

I was admitted on Monday afternoon with chest pain and high blood pressure. I was admitted under the sterling efforts of ambulance crews who had come off the road in the driving snow and had to be assisted by a Mountain Rescue and a tractor snow plough - not good for blood pressure, mine or theirs! My experience in ED was outstanding. Yes, I had a long wait, but my condition was relatively stable and the number of patients needing help far exceeded the number of available cubicles.

I was transferred to Lilac Ward at about 5am and once again was given immediate attention and support from a dedicated and kind team of staff who were doing a job that made relentless demands on them. I can't distinguish or point to individuals - it was obvious that they worked as a team driven by strong values and leadership. Similarly, Dr Ilyas and his team worked the ward each morning with incredible energy and concentration.

My observations of all this are that Lilac Ward provided a gateway, combining kindness, respect, and competence, and ensuring that patients with a myriad of disabling and urgent care needs were directed to services within or outside the hospital that would best serve them and get them well again. From the patient's perspective, the length of time taken to achieve this is not the only metric by which a service should be judged although, sadly, it has become a popular but ill-informed measure.

I am grateful and thank you all for your skill, professionalism and dedication. I will be followed up in Cardiology and, already, by my GP. I am sure to meet equal dedication from your wider colleagues who will help restore me to my usual good health. We are so fortunate to have the NHS - thank you.

Andy Ainsworth, Biomedical Scientist **Scarborough** **Nominated by colleague**

During the transition period of moving specialist microbiology services to York, Andy has worked tirelessly to ensure that we continue to process critical microbiology samples for Scarborough patients in an effective and timely manner. With colleagues, he has designed and tested new lab processes. He has provided training for colleagues in different lab specialties and has been round the wards delivering and explaining new sampling packs to clinical teams. Andy has also been part of a small team providing 24/7 out-of-hours microbiology cover. He offered to help oversee the transition to a different staff group, including helping smooth over some initial issues out-of-hours.

I was appreciative that he took my call and helped resolve an issue yesterday evening, despite no longer being formally on-call. Andy is always collaborative, positive, and friendly in his approach, and always pays attention to the details that ensure a safe process. Thank you for all your effort and hard work. This has enabled us to continue to offer rapid processing and reporting of urgent microbiology samples in Scarborough and provide the best diagnostic support for our patients.

Kitsy Burrell Wright, Student Midwife **York** **Nominated by visitor**

Kitsy is a second-year student midwife who arranged a Christmas collection to provide gifts for the children at StayCity (housing migrant communities). She was inspired and supported to do this following a lecture given at university by Jill Robertson, Community Midwife for Equitable Health.

In Kitsy's words, “Christmas is time where we all feel excited to go home and visit family and friends. The children at StayCity won't get to experience that. Even if they made it home in the distant future, the home they are returning to is lost to them. What some of these children have experienced has meant they have had to grow up very quickly. I'd like to be able to allow them to be a child again and receive a gift on Christmas morning. In a time where they may not feel welcome, we have the opportunity to give just a little bit and change that for them, even if just for a day.

“I realise Christmas can be an expensive, busy and stressful time, and we’re not asking for a lot. Perhaps you can spare a few pounds, or perhaps you have some old toys or warm clothing your little ones have grown out of. Even donating time and helping to wrap presents would be a huge help. There is no pressure but if you could help in any way then please let me know. The littlest bit could make a huge difference.”

The total the fund raised £340, and Kitsy was able to provide every child with a variety of presents. As well as that, she was also able to gift donated clothes and toys, and there were enough donated books to set up a community library which will continue to grow throughout the year.

Rebecca Stephenson, Imaging Support Worker **York** **Nominated by colleague**

I am writing to formally recognise my colleague Becky for her exceptional actions following a serious road traffic accident near the Scarborough Hospital. After finishing her shift at 8pm and having just left the hospital premises, Becky was one of the first people to respond to an incident in which a pedestrian was struck by a car. Alongside another nurse from our hospital, she immediately went to help the injured person without any hesitation.

Although off duty, Becky acted calmly and professionally in a distressing situation. She used her own jacket to help control significant head bleeding and remained with the patient until further assistance arrived. The accident was severe, and the patient later received treatment at our hospital before being transferred to Hull. Becky’s quick reaction, compassion, and commitment to help others truly reflect the values of our organisation. I believe her actions deserve formal recognition. She is my personal superhero!

Megan Atkinson, Healthcare Support Worker | **Scarborough** | **Nominated by relative**

My mum was a patient on Holly Ward following a fractured hip and sadly passed away on the ward four days later. When visiting my mum, Megan Atkinson, a Healthcare Support Worker, was the first person I met. She showed me to the cubicle and made sure my mum was comfortable before I went to see her. From that first interaction, Megan was so kind and caring and couldn't do enough for us. As my mum's health declined, Megan regularly came in to check on us, offering myself and partner drinks and support. Her compassion and thoughtfulness during such a distressing time meant more to us than I can put into words.

Later that evening, when I was sitting with my mum on my own, Megan popped her head around the door to ask if I needed anything and gave me a hug. That small act of kindness brought great comfort during one of the hardest moments of my life. Megan is a truly special young women, and I have no doubt she will make an amazing nurse one day. I will always be grateful for the care, warmth, and humanity she showed us in my mum’s final days. Please make sure Megan knows how much her kindness was appreciated and how much a difference she made to me.

Ultrasound | **York** | **Nominated by colleague**

The Ultrasound team are a pleasure to deal with, are always accommodating, and could not be more helpful. They do their best to see our patients in urgent, acute slots the same day and will often squeeze scans in between patients when they have filled all their appointment slots for the day, even though they are busy already. The team are friendly and do a brilliant job. It is a big asset to us as nurses and to our role in Acute Oncology as it helps us manage our patients quickly and efficiently. They work hard in the background, and it is much appreciated!

Amy Johnson, Emergency Nurse Practitioner | **York** | **Nominated by colleague**

I attended York Hospital for the first time in my 29 years of life due to an accident at work and I was seen by Amy in the Urgent Care Centre. I just want to say wow! My local hospital’s nurses are a patch on Amy. She showed compassion and understanding to myself and other patients. It was an icy day, and falls were in high occurrence. Another patient came in with what I can only described as a deformed wrist and in agony and the genuine care showed from Amy to that patient and myself with my ankle was second to none. Thank you, Amy.

Hannah Wilson, Skin Cancer Care Coordinator | **York** | **Nominated by colleague**

Hannah has had a six-month contract covering sickness. She has come into our Skin Cancer Clinical Nurse Specialist Team and made a huge impact. She has improved links to the Head and Neck Department and has made sure patients are seen in a timely manner. She has used her skills to help patients get transport and supported patients over the phone, signposting them to services which may be able to help.

Hannah has also helped set up remote monitoring surveillance. She has been able to see what may help us as a team and has implemented data bases and new ways of working. Hannah is leaving us to volunteer in Argentina for six months, but she has had a big impact on our team.

Electrical Services **York** **Nominated by colleague**

The Electrical Maintenance Team has provided exceptional service over a sustained period across the York Hospital estate and community sites. This small team has consistently provided complex electrical distribution system solutions for large scale projects, enabling multiple care groups to maintain service by ensuring a minimum level of disruption.

Pauline Henry, Colposcopy Admin Lead **York** **Nominated by colleague**

Pauline is a wonderful, strong, and trustworthy member of the team. She is always reliable and professional. Pauline is also a great support to the people she works with and is always ready listen to our problems and offer advice. Some days can be tough in the department, but Pauline brings a bit of sparkle and light to these days. I know I personally have had some difficult days and without Pauline's support, would have struggled through.

Leah Wise, Midwife **Scarborough** **Nominated by patient**

I would like to nominate my midwife, Leah, for a Star Award because she is an incredible person and an exceptional midwife. From the beginning, Leah built an amazing relationship with me instantly, through her genuine care, kindness, and compassion. She didn't just see me as a patient, she saw me as a person. She took the time to understand me, listen to me, and support me in ways that went far beyond what I could have ever expected.

Leah consistently supported and respected all my choices throughout my journey. She advocated for me when it mattered most, ensuring that my voice was heard and that my wishes were always at the centre of my care. Her support gave me confidence, reassurance, and strength at times when I needed it the most. I genuinely could not have done this without her.

Leah's dedication, empathy, and unwavering belief in me made such a powerful difference to my experience. She is not only an amazing midwife, but an extraordinary human being who truly embodies what compassionate, woman-centred care should look like. She is more than deserving of this award, and I will forever be grateful for everything she has done for me.

Jackres Tenge and Harimaya Gurung, Healthcare Support Workers **Nelson's Court** **Nominated by colleague**

I would like to nominate Harimaya Gurung and Jackres Tenge for a Star Award. I have decided to nominate them as I feel that they deserve to be recognised for their hard work and dedication to the team. Over the past couple of months, they have picked up extra shifts at short notice to make sure the ward is fully staffed and that the patients are looked after. Throughout this time, they have remained positive, even when the ward has been busy. They are a joy to work with and I feel they deserve to be recognized for this.

Laura Shepherd, Deputy Sister **Nelson's Court** **Nominated by colleagues**

As Deputy Ward Sister, Laura is responsible not only for delivering excellent care but also for supporting her colleagues and upholding the Trust values. Laura consistently goes above and beyond in every aspect of her role. She is incredibly hardworking and dedicated, often stepping in without hesitation to support colleagues, cover tasks, or assist patients whenever needed. Her willingness to help is unwavering, whether it's offering guidance to a colleague, taking extra time with a patient, or ensuring the ward runs smoothly during challenging moments. She brings genuine care and compassion to her work every day.

Laura listens, reassures, and advocates for both patients and staff, creating a warm and supportive atmosphere at work. She never waits to be asked and actively looks for ways to make things better for the team and the patients in her care. Her dedication lifts morale, strengthens the team, and sets a standard that inspires everyone around her by following the Trust values in every aspect of her work. She is genuinely the best nurse you could wish to work with, and she inspires me with her enthusiasm and positive attitude. This is why she deserves this acknowledgement and thanks for the work she does.

Nicola Revitt, Data Administrator **Scarborough** **Nominated by relative**

Nicola was proactive in helping my husband get a prescription after hip surgery and an infection from a decayed tooth. It was a slightly unusual situation, and Nicola used her initiative to get the problem resolved by quickly communicating with the consultant and the orthopaedic team so we could obtain the correct antibiotic. She was helpful and efficient and made sure we had a positive outcome by phoning us promptly. Thank you, Nicola.

Laszlo Terecskei, Healthcare Support Worker **York** **Nominated by colleague**

Since joining The Acute Stroke Unit in 2024, Laszlo has become an integral member of the team, embodying the core Trust values of kindness and excellence. Every patient that Laszlo interacts with is treated with the utmost patience and respect and nothing is too much hassle for Laszlo. He makes patients feel safe.

If a colleague asks for help, Laszlo will support without hesitation, often going above and beyond and taking the initiative to complete additional tasks without prompting, demonstrating excellence. He is an asset to the team. Thank you, Laszlo!

Esther Egba Healthcare Support Worker **York** **Nominated by colleague**

Esther is a breath of fresh air. She always supports patients and colleagues with a smile and kindness. She lifts the atmosphere on the unit and is a positive influence on the team. Since joining the Stroke Unit in 2025, Esther has developed in her role and will often be seen leading the other healthcare support workers in ensuring key tasks are completed in a timely manner and to a high standard. She can influence without authority and ensures a positive working environment that is visible to colleagues and patients. Thank you for all your hard work, Esther, you make a difference every shift.

Richard Dearing, Senior Biomedical Scientist, and Kate Aplin, Biomedical Scientist	**Hull Royal Infirmary**	**Nominated by colleague**

I would like to nominate Richard and Kate for a Trust Star Award following some excellent feedback we have received both internally and from a patient's family. This is a great example of pursuing excellence when presented with an unusual situation where a fast response is needed but a high-quality service is of the upmost importance.

Text from Phillipa Burns, Consultant Clinical Scientist at Hull Royal Infirmary: "We had an emergency transfer to the ID ward at CHH, a young man who had started to display spasms and neck stiffness one week after he had an injury to his hand from a rusty nail. We have never had a case of Tetanus before; in the UK there were only six cases in 2024 and two of the cases sadly died. Tetanus is a clinical emergency requiring rapid surgical debridement and administration of IV antibiotics and immunoglobulin. To confirm the diagnosis, blood samples need to be collected before IVIG is given and tissue samples need to be urgently processed and added to anaerobic liquid broths.

"Richard went above and beyond to ensure we had couriers in place and that the reference units had enough serum to check the patient's antibodies - collecting samples from Virology and Blood Sciences. We were unsure when the debridement would take place, ensuring the samples were processed was a priority, so Kate came into work out-of-hours to process the samples. It is not normally part of our on-call service to process tissues, but we were in agreement that clinically the processing of the samples would make a difference to the patient's diagnosis and outcome.

"Tetanus is a rare diagnosis; it requires a measured approach to ensure that the processes are followed meticulously. I am incredibly proud of how the senior team led the sample processing and to Kate for preparing the samples so diligently."

Email we received from the patient's mother: "Our son was admitted to hospital with a Tetanus infection after injuring his hand. Tetanus is rare with only a handful of cases in the UK each year and carries a high risk of death. The care he needed was not part of usual routine care and rarely seen in emergency care. Knowing what to do next is something very few people could rehearse for. As a family we are still processing the shock of what can happen from a simple injury.

"Our son received exceptional care. Blood cultures and tissue samples were taken after prompt emergency surgery to start the hunt for the bacteria. We were informed that the samples would be actioned by the microbiology lab staff that very evening. This was done immediately, as the timing of the care was crucial, and all actioned out-of-hours.

"We want to sing from the rooftops about the important role microbiology lab staff played in our son's journey from life threatening illness to being brought home in time for Christmas. You are the unsung heroes of the hospital every day but also when circumstances require you to rise in response to an exceptional moment. There are no adequate words to convey the deep appreciation this family has for the work you do".

Hayley Hardcastle, Deputy Sister **York** **Nominated by patient**

Hayley has not only shown the Trust values in abundance but has gone above and beyond for me as a patient. She has attended consultant appointments with me even when she hasn't been working on those days. She is an absolute credit, not only to the Trust but to the NHS. Thank you, Hayley, you have helped to give me strength over the past year, and I know you will continue to do so. It really means a lot to me.

Committee Report

Report from:	Quality Committee
Date of meeting:	17 February 2026
Chair:	Lorraine Boyd

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

ALERT
* **Mid Year Complaints Report** demonstrated rising levels of complaints with a 12% increase in total complaints and a 45% increase in complex complaints compared with the preceding 6 months. This represents a significant workload to manage in a timely manner and the data indicates an opportunity to improve both the response times and quality of responses. This has been an area of focus with good engagement from the Care Groups and Corporate Nursing Team. Complaints themes identified, particularly delays to investigations, diagnosis and treatment and communication with patients, carers and colleagues, triangulate with other assurance sources eg performance challenges and incident management findings. * **Maternity Regional Heatmap** was presented for the first time and gives York & Scarborough an overall amber rating with a score significantly worse than the regional average. More work needs to be undertaken to fully understand how the score is influenced and how to use the information to target and support improvement. * **Maternity Incentive Scheme(MIS) Year 7** evidence will be validated, as required, by the LMNS on 23rd February confirming compliance with 6 of 10 Safety Actions.
ASSURE
* **Family Health Care Group** shared the progress they are making to address inequalities and appropriately strengthen the voice of the child in Children's Services. * **Pressure Ulcers in Community** were discussed, in particular noting the significant backlog of completed After Action Reviews (AARs), resulting in an assurance gap. There was a confidence that important learning was being identified and actioned early but the reporting standards and documentation requirements are onerous. Consideration is being given to clustering reviews and streamlining reporting, which should strengthen assurance and close the gap. * **CQC Maternity Services Survey 2025** outcome was shared and plans to address the principle areas of concern, particularly pain relief, were discussed. * **Maternity Quality and Safety Dashboard Metrics** were reviewed providing assurance on sustained training compliance and PPH and 3rd/ 4th degree tears (outcome measures of quality care) below national averages. * **Maternity Incentive Scheme (MIS) Year 7 Submission** was reviewed, providing assurance that areas of non-compliance are understood with plans in place to work towards future compliance.

* **Infection Prevention and Control Q3 report** highlighted a recent Internal Audit of governance and effectiveness of IPC meetings with an opinion of significant assurance. Recommendations of areas of improvement were noted. The formal response was discussed at IPSAG (Infection Prevention Strategic Assurance Group) and is being coordinated by the Deputy Director of IPC.

* **Clostridium Difficile (CDI) and Methicillin Sensitive Staphylococcus Aurius (MSSA)** infection data continues to demonstrate improvement, with National Oversight Framework Q2 data identifying the Trust as a strongly improving performer on CDI: a testimony to the hard work of the teams to engage and improve. CDI and MSSA rates, however, remain a concern contributing to PR1 and continued focus on the improvement work streams required.

* **Gram Negative Blood Stream infections (GNBSI** ie. Methicillin Resistant Staphylococcus Aureus (MRSA), E. coli bacteraemia, Klebsiella bacteraemia and Pseudomonas bacteraemia) data continues to raise concerns, which are being addressed by the IPC team and Care Groups, with a focus on 4 key categories for improvement: education & professional standards, clean and appropriate healthcare environment, device related Health Care Acquired Infections(HCAI) and surveillance of HCAI.

* **IPC Board Assurance Framework** was shared, demonstrating full compliance with 40 elements and partial compliance with 14. No elements of full non-compliance were demonstrated.

* **Integrated Safeguarding Q3 Report,** encompassed activity, risks and progress across Children's, Maternity and Adult Safeguarding Services, highlighting significant increases in demand, persistent workforce and training pressures as well as progress in system and governance improvements. Contingency plans to ensure essential safeguarding work is prioritised were discussed and from April, safeguarding training will move to a competency based, experience driven model, which should improve accessibility and compliance.

* **Nerve Centre EPR Implementation** was discussed in some detail in Patient Safety and Clinical Effectiveness Sub Committee and verbally reported to the Quality Committee in response to the concerns raised in January. PSCE saw detailed hazard logs and EPMA cut over plans with planned pharmacy support. The Clinical Safety Officer presented the clinical safety findings and mitigations enabling constructive discussion and assurance to be gained.

* **Deterioration in 12+ hour delays in ED** was discussed and assurance sought that mitigations previously articulated to support safe care and patient experience remain adequate in this context. Corridor Care and the risks associated with temporary escalation spaces remain a concern and a gap in assurance. An assurance paper is scheduled to come to Quality Committee next month to address this and recommend a route for ongoing assurance.

ADVISE

* **Family Health Care Group** attended and shared their new and ongoing risks & mitigations, with a particular focus on Children's Services and Community Services.

* **Maternity Personalised Care Plans** were launched on 2nd February. They were co-produced with the MNVP, ensuring they support the needs of both the service users and professional care givers.

* **Maternity Transitional Care** remains a risk to MIS compliance (Safety Action 3). Whilst the timeline is off track, progress continues with current focus on securing workforce through a Business Case which is in train.

* **Major Trauma Peer Review Update** was presented and demonstrated good progress, highlighting increased trauma theatre capacity at Scarborough, strengthened Major Trauma Registry (TARN) coordination and oversight through the Major Trauma Delivery Group. The importance of the Business Case to address the remaining areas of concern, particularly rehabilitation service, 7 day Major Trauma coordination service and support for elderly trauma was noted.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

* **The risk of Non compliance with Safeguarding Accountability & Assurance Framework** as a result of not having Named Nurse for Children in Care has now been resolved through a Service restructure.
* **PR1** in the context of health care acquired infections, 12+ hour trolley waits and mid year complaints review.
* **CRR65** relating to routine paediatric SALT delays to assessment and intervention was discussed. Recent analysis showed that service capacity meets only 35% of demand. Despite ongoing innovation and pathway improvements, the position remains unchanged and the trust is in continuous dialogue with commissioners and NHS England to address the persistent gap, with discussions about whether the issue should remain on the risk register for visibility. Quality Committee were firmly of the belief that, in spite of the seemingly intractable nature of the challenges, visibility of the significant risk should not be lost.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 12

TRUST PRIORITIES REPORT

February 2026

Table of Contents

NHS
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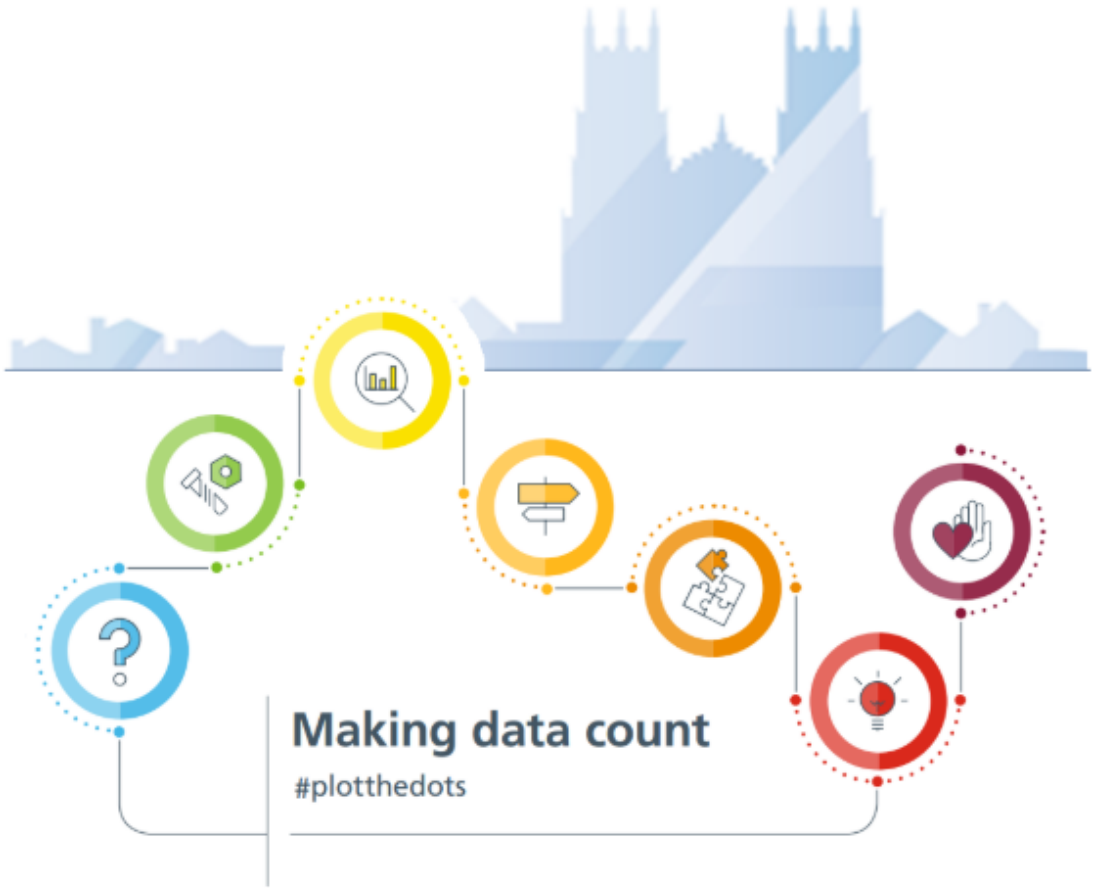


Executive Summary
Narrative

Executive Summary:
Everything we do at YSTHFT should contribute to achieving our ambition of providing an 'excellent patient experience every time'. This is the single point of reference to measure our progress.

TPR metric performance to note:
Special Cause Improvement – Pass (defined by NHSE Make Data Count methodology as "improving nature where the measure is significantly higher. The process is capable and will consistently pass the target"):

- Operational Performance – Overnight general and acute beds open.
- Workforce - Twelve month rolling turnover rate Trust (FTE).
- Workforce – Total Agency Whole Time Equivalent Filled.
- Workforce - Overall Corporate Induction Compliance.
- Workforce - A4C Staff Corporate Induction Compliance.

Special Cause Concern – Fail (defined by NHSE Make Data Count methodology as "concerning nature where the measure is significantly lower. The process is not capable and will fail the target without process design"):

- Operational Performance – Cancer – Faster Diagnosis Standard.
- Operational Performance – Cancer – Proportion of Lower GI Suspected Cancer referrals with an accompanying FIT result.
- Operational Performance - RTT – Total Waiting List.
- Operational Performance - RTT – Proportion of incomplete pathways waiting under 18 weeks.
- Operational Performance – Children & Young Persons: RTT – Total Waiting List.
- Operational Performance - Children & Young Persons: RTT – Proportion of the incomplete RTT pathways waiting less than 18 weeks.
- Workforce – Annual absence rate.
- Workforce – Monthly sickness absence.

Information of the Trust's **National Operating Framework (NOF)** performance is included. The page provides the Trust's overall ranking and position nationally against each of the 22 metrics at the end of Q2. Q3 will be published as soon as possible after all official operating statistics for the quarter have been published in line with national reporting deadlines.

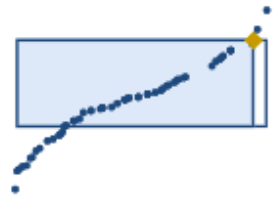
National Operational Framework
Rank Oversight

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Metric Description	Latest Reporting Date	Previous Value	Latest Value	Difference	Rank
Percentage of cases where a patient is waiting more than 52 weeks for elective treatment	Sep-25	3.15	3.53	0.38	108
Percentage of patients waiting over 52 weeks for community services	Sep-25	3.75	3.80	0.05	73
Percentage of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	Q2 2025/26	3.78	3.81	0.03	110
Percentage of patients treated for cancer within 62 days of referral	Q2 2025/26	3.18	3.06	-0.12	80
Percentage of emergency department attendances admitted, transferred or discharged within four hours	Q2 2025/26	3.20	3.21	0.01	92
Percentage of emergency department attendances spending over 12 hours in the department	Q2 2025/26	3.51	3.49	-0.02	99
Number of MRSA bacteraemia cases	Oct 24 - Sep 25	3.01	3.40	0.39	100
Percentage of cases where a patient is waiting 18 weeks or less for elective treatment	Sep-25	2.75	3.38	0.63	104
Average number of days from discharge ready date to actual discharge date (including zero days)	Sep-25	1.74	1.68	-0.06	29
Summary Hospital-level Mortality Indicator	Jul 24 - Jun 25	2.00	2.00	0.00	
Proportion of E. coli bacteraemia	Oct 24 - Sep 25	2.54	2.41	-0.13	47
Urgent Community Response 2-hour performance	Q2 2025/26	2.95	2.85	-0.10	43
NHS Staff survey - raising concerns sub-score	2024	3.95	3.95	0.00	132
CQC inpatient survey satisfaction rate	2024	2.00	2.00	0.00	
Planned surplus/deficit	2025/26	3.00	3.00	0.00	76
Combined finance	Q2 2025/26	3.00	3.00	0.00	
Variance year-to-date to financial plan	Month 6 2025	3.00	2.00	-1.00	83
Sickness absence rate	Q1 2025/26	2.12	2.47	0.35	78
NHS staff survey engagement theme sub-score	2024	3.98	3.98	0.00	133
Implied productivity level	Q1 2025/26 vs Q1 2024/25	2.85	2.69	-0.16	76
Proportion of C. difficile infections	Oct 24 - Sep 25	1.00	1.00	0.00	1
Difference between planned and actual 18 week performance	Sep-25	1.00	2.06	1.06	68
Access to services domain score	Q2 2025/26	3.04	3.29	0.25	122
Patient safety domain score	Q2 2025/26	3.07	3.11	0.04	111
Finance and productivity domain score	Q2 2025/26	2.92	2.85	-0.07	96
People and workforce domain score	Q2 2025/26	3.05	3.22	0.17	119
Effectiveness and experience domain score	Q2 2025/26	2.17	2.13	-0.04	61

127 out of 134

Latest Rank



Latest Average Metric Score

Latest Average Segment Score

Latest Adjusted Segment Score

NHS
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NHS Foundation Trust

OPERATIONAL ACTIVITY AND PERFORMANCE

February 2026

Executive Owner: Claire Hansen

Summary Position

Across Urgent & Emergency Care, Cancer, RTT, Diagnostics, Outpatients, CYP and Community Services, performance delivery remains under sustained pressure. Demand continues to rise, diagnostic constraints persist, and workforce challenges affect the Trust's ability to stabilise flow and recover trajectories. However, targeted mitigations are progressing at pace, with several areas showing early improvement.

Despite increased ambulance arrivals and rising long stays, new flow coordination models, SDEC strengthening, and 10- day Sprint actions are in place to stabilise performance. There has been continued improvement in Children's assessment times. Virtual wards continue to have high utilisation rates, however there are workforce shortages which are impacting therapy and SLT. Demand and capacity gap require system-level change which forms part of the 26/27 planning.

Cancer performance remains significantly off trajectory (FDS 60.4% vs 77% plan), driven largely by specific pathway challenges, dermatology referrals and diagnostic delays. Several recovery actions across colorectal, urology, skin, and gynaecology continue with alliance-wide support. Mitigations remain in place with frailty pathway expansion, the January implementation of the haematuria STT model, skin pathway with ICB LES funding which is increasing referrals with images and dermatology super Saturdays to recover backlog.

The RTT waiting list remains above trajectory due to referral growth and CPD logic changes. However, 65 week waits remained at one, and insourcing plus NHSE sprint-funded activity is forecast to improve the position through Q4. The GIRFT/NHSE team have also undertaken a high-level review and identified some areas of improvement in the chronological scheduling of patients. Outpatient productivity remains strong compared with peers, PIFU rates remain below plan and further work with team to accelerate improvements being identified.

Diagnostics performance has stabilised in January at 70.8%. Workforce gaps, equipment failures and backlog clearing efforts constrain improvement. Paediatric MRI GA work has halved longest waits; incremental gains expected through Q4 due to extended endoscopy insourcing, MRI GA lists, echo insourcing, pop-up booths for audiology.

Executive Owner: Claire Hansen

Overall whilst targeted mitigations are underway, recovery remains fragile and the priority is to stabilise demand, implement key improvement projects and delivering the additional capacity approved through the Q4 sprint improvement funding for RTT and Cancer.

Key Risks (Cross-cutting)

- Rising UEC demand and ambulance conveyances.
- National workforce shortages (radiographers, echocardiographers, audiologists, SLT).
- Diagnostic capacity and equipment issues.
- High dermatology referral volumes and FIT non-compliance impacting Cancer.
- Community capacity limits affecting flow and discharge.
- Capital project and estate constraints (CDC build, RAAC, MRI/CT replacement).

Strategic Priorities (Q4 and Year-End)

1. Reduce 12 hour stays and improve patient flow through Multi Agency Discharge Events, discharge readiness reform and expanding SDEC.
2. Increase Cancer and Diagnostics capacity via insourcing, imaging expansion, and FIT compliance improvement
3. Maintain RTT recovery momentum, delivering NHSE sprint-funded activity and focus on chronological scheduling
4. Support staff safety, morale and core clinical standards as winter pressures continue.
5. Stabilise community capacity and reduce therapy backlogs

For information, comparison against Model Hospital peer group where available has been included.

The Trusts within this group are; ROYAL CORNWALL HOSPITALS NHS TRUST, MID YORKSHIRE TEACHING NHS TRUST, EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST, UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST, ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST, UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST , UNITED LINCOLNSHIRE TEACHING HOSPITALS NHS TRUST, NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUSTEAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST and UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST.

These Trusts are assessed by Model Hospital to be like ourselves in terms of size, casemix and geography.

Operational Activity and Performance
Chief Operating Officer Report

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen

Metric	January position vs plan	Key Mitigations – Next three months	Expected trajectory
Urgent & Emergency Care	ECS performance 62.5% vs 70% trajectory. Ambulance arrivals increasing. Long stays rising; 12 hr waits 21.8% (behind 14.9% trajectory). Flow constrained by high occupancy, staffing and community capacity.	Develop an action plan following the NHS England audit of low acuity (CAT3 – CAT5) patients conveyed to our emergency departments. 100 day Sprint at Scarborough (Jan–Mar) including Super Discharge Team. Multi Agency Discharge Event (Feb). Recruiting second Flow Coordinator for York ED. Paediatric rota and assessment-time improvements.	Fragile improvement expected Jan–Feb. Full recovery dependent on wider system demand management and community discharge capacity.
Cancer FDS/62 day	FDS 60.4% vs 77% trajectory; Trust ranked 116/118 nationally. 62 day 62.8% vs 71.9% trajectory. Performance heavily impacted by +35% dermatology referrals, diagnostic delays, and FIT non-compliance.	Frailty pathway expanded and new colorectal proforma launched by cancer alliance with ICB, alongside referral appropriateness and emphasis on FIT results accompanying. STT CT model in haematuria commenced implementation Lower GI proforma rollout; enhanced GP comms. Endoscopy and imaging recovery actions via ERF.	Gradual improvement through Q4. March 2026 national targets remain high risk due to referral volume and diagnostics.
RTT TWL / %<18w/52w	TWL 56,771 (off plan). <18w: 54.1% vs 59% plan; Trust ranked 98/118. 52 week waiters improved to 1,311. GP Referral growth +3% YTD, CPD logic changes increasing RTT clocks.	Validation sprint; WLIs & insourcing in key specialties. Intensive support programmes (Cardiology, Respiratory, Gastro). Pathway redesign (breathlessness, sleep, pipelle). RTT NHSE Sprints in progress for Q4.	Improvement expected Jan–Mar. Working to revised trajectories linked to NHSE Sprints.
Diagnostics	DM01 70.8%, 8.5% below plan, improvement from December. Impact from MRI workforce shortages, CT3 removal, mobile breakdowns, NOUS MSK backlog, audiology staffing gaps.	Extended endoscopy insourcing; ring fenced surveillance room. A minimum of 3 additional UDS lists with capacity for 6-8 patients on each are planned for February 2026 and we continue to explore additional dates pending staffing. Additional capacity available in York and EC echo inpatient area to recover outpatient backlog in February. Continue insourcing/outsourcing and mobile solutions to address backlogs.	Improvement through Q4, but recruitment and equipment risks remain.
Outpatients	PIFU 4.4% vs 4.7% trajectory. RACP 14 day performance 79.4%, improving but below 99%. DNA rate remained at 5.0% (national average 5.6%). Digital letters live with pilot group.	"PIFU as standard" rollout (Gynae, Cardiology, Gastro, ENT). Template redesign in multiple specialties to raise 1st OP capacity. ICB–GP demand management on high growth specialties.	Incremental improvement through Q4; largest opportunity in PIFU uplift. Transformative pathway design is required over the longer term.
Children and Young people	CYP RTT waits off trajectory, mainly ENT and Oral Surgery. CYP EC improved to 87.7%	Standalone paediatric rota for York to improve ECS & assessment. Weekly RTT review; ENT/OS working toward zero 52 week waits by Q4.	Improved ECS for CYP; zero RTT40 week waits by March 2026 (except H&N).
Community	Virtual wards near capacity; SLT backlogs impacted by workforce shortages. Demand–capacity mismatch persists across therapy services.	"Leap into Language" backlog reduction showed early positive results. Additional WTE mitigation included in 2026/27 plan. Tests underway around H@H in ED, SDEC and Selby.	Large strategic change required with low confidence for Q4.

Headlines:

- The January 2026 Emergency Care Standard (ECS) position was 62.5%, against the monthly planned improvement trajectory of 70%. **ECS performance is a True North metric.** In the latest available national data (December 2025) the Trust ranked 92nd out of 118 providers and 10th out of the 11 Trusts (incl. YSTHFT) in our Model Hospital peer group.
- Average ambulance handover time in January 2026 was ahead of trajectory at 21 minutes 59 seconds against trajectory of 44 minutes 00 seconds.
- 21.8% of Type 1 patients spent over 12 hours in our Emergency Departments during January 2026, behind the monthly improvement trajectory of 14.9%. In the latest available national data (December 2025) the Trust ranked 97th out of 118 providers. **This is a True North Metric.**
- In January 2026 , the proportion of patients in our care who no longer meet the criteria to reside was 16.1% behind the internal trajectory of 13%.
- The average non-elective Length of Stay (LoS) acute for patients staying at least one night in hospital was 7.8 days during January 2026 (3,969 spells of care covering 31,093 bed days). Please note, this metric has been modified to correctly match the national guidance on how to calculate (all Trust sites which make up the spell have been included with maternity spells removed).
- The proportion of patients discharged on their 'Discharge Ready Date' (DRD) was 87.4% (3,446 patients out of 3,942), ahead of the trajectory of 87.0% submitted as part of the 2025/26 annual planning process. The average delay (number of days after the DRD that a patient was subsequently discharged) was 4.3 days, behind the submitted trajectory (3.7 days). Challenges in community health and social care capacity continue, and escalation processes are being followed.

Factors impacting performance:

- Ambulance conveyances continue to increase month on month.
- Staff sickness levels in the Trust and in Community Primary Care
- The needs for the side rooms due to IPC challenges
- Community health and social care constraints

Actions planned in February 2026:

- Second Flow Coordinator in York ED appointed and due to start end of February
- Exploring how to increase use of Medical Elective Service (MES) and reduce bringbacks to Medical SDEC. Medical SDEC team are capturing number of patients who *could* have gone to MES; mini audit to take place.
- Ongoing testing of Acute Physician in Charge (APIC) working in York ED 5 days per week
- New Discharge Readiness Form (replacing TAF), which will be partially automated through nervecentre to go live
- Continued participation in a 100-day Sprint challenge with NHS Learning and Improvement Network between Jan-March with a focus on Oak Ward. Data under review to test delivery of the Super Discharge Team implementation and EDN/TTO quality improvements.
- The delivery of the Multi-Agency Discharge Event (MaDE) taking place late February/early March in advance of the change to Nervecentre is underway, with the aim of reducing bed occupancy through both internal and system wide working

Summary MATRIX 1

Acute Flow: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* ED - Proportion of Ambulance handovers waiting > 240 mins * ED - Ambulance average handover time (number of minutes)	* ED - Proportion of Ambulance handovers waiting > 45 mins
COMMON CAUSE / NATURAL VARIATION		* ED - A&E attendances - Type 1 - Declared Position	* ED - Total waiting 12+ hours - Proportion of all Type 1 attendances * ED - 12 hour trolley waits - Declared Position * ED - Emergency Care Attendances - Declared Position * ED - Emergency Care Standard (Trust level) - Declared Position * ED - Emergency Care Standard (Type 1 level) - Declared Position * ED - A&E Attendances - Types 2 & 3 - Declared Position
SPECIAL CAUSE CONCERN			

Acute Flow (1)
Scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
ED - Proportion of all attendances having an initial assessment within 15 mins	2026-01	H		76.8%		
ED - Proportion of all attendances seen by a Doctor within 60 mins	2026-01			25.7%		
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2026-01		F	21.8%	14.9%	8.9%
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2026-01			2386		
ED - 12 hour trolley waits - Declared Position	2026-01		F	930		0
ED - Emergency Care Attendances - Declared Position	2026-01		F	17521	15473	16377
ED - Emergency Care Standard (Trust level) - Declared Position	2026-01		F	62.5%	70%	78%
ED - A&E attendances - Type 1 - Declared Position	2026-01		?	10943	10392	10999
ED - Emergency Care Standard (Type 1 level) - Declared Position	2026-01		F	42.1%	57%	69.2%
ED - A&E Attendances - Types 2 & 3 - Declared Position	2026-01		F	6584	5081	5378
ED - Median Time to Initial Assessment (Minutes)	2026-01	L		4		
ED - Conversion Rate (Proportion of ED attendances that result in an admission to hospital) - Type 1 only	2026-01			45.7%		

Summary MATRIX 2

Acute Flow: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* Overnight general and acute beds open		* Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside
COMMON CAUSE / NATURAL VARIATION		* Inpatients - Average number of bed days spent in hospital after a patients discharge ready date (DRD) * Number of zero day length of stay non-elective admitted patients * Of those overnight general and acute beds open, proportion occupied * Community bed occupancy/availability	* Patients receiving clinical Post Take within 14 hours of admission * Inpatients - Proportion of patients discharged before 5pm * Number of non-elective admissions
SPECIAL CAUSE CONCERN			

Acute Flow (2)
Scorecard

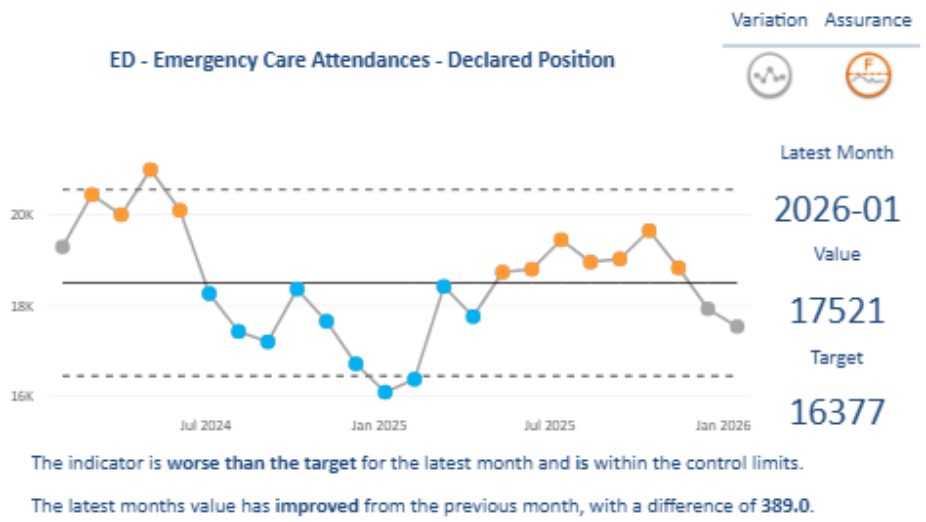
York and Scarborough Teaching Hospitals NHS Foundation Trust

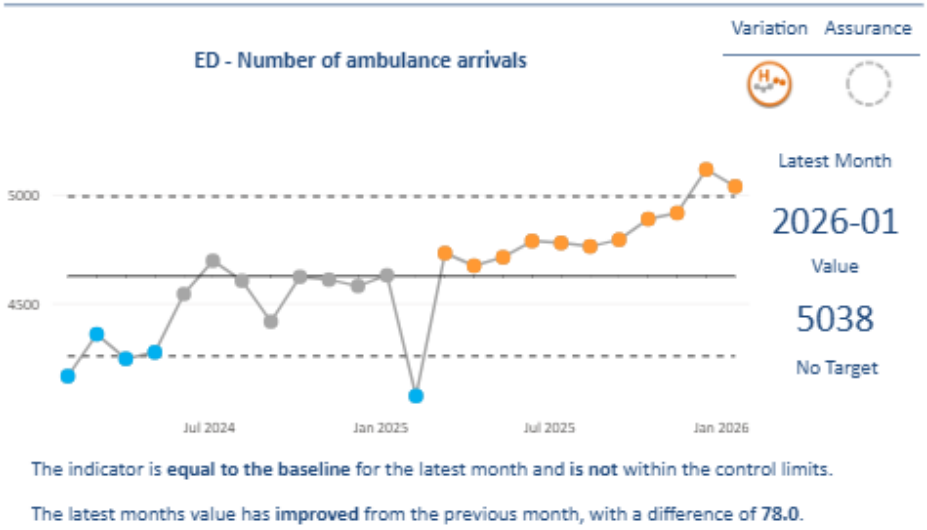
Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
ED - Conversion Rate (Proportion of ED attendances that result in an admission to hospital) - Type 1 only	2026-01			45.7%		
Number of SDEC attendances	2026-01	H		2781		
Proportion of SDEC attendances transferred from ED	2026-01			67.9%		
Proportion of SDEC attendances transferred from GP	2026-01			25.2%		
Proportion of ED attendances streamed to SDEC Within 60 mins	2026-01	H		62.9%		
Proportion of SDEC admissions transferred to downstream acute wards	2026-01			15.1%		
Number of RAFA attendances (York Only)	2026-01			173		
Number of attendances at SAU (York & Scarborough)	2026-01	H		1046		
ED - Proportion of Ambulance handovers within 15 mins	2026-01	H		32.6%		
ED - Proportion of Ambulance handovers waiting > 30 mins	2026-01	L		21.4%		
ED - Proportion of Ambulance handovers waiting > 45 mins	2026-01	L	F	4.1%		0%
ED - Proportion of Ambulance handovers waiting > 240 mins	2026-01	L	?	0%		0%
ED - Number of ambulance arrivals	2026-01	H		5038		
ED - Ambulance average handover time (number of minutes)	2026-01	L	?	22	44	29

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





Rationale: SPC1: To monitor demand in A&E. **SPC2:** To monitor Ambulance demand in A&E.
Target: SPC1: Monthly activity plan as per chart. **SPC2:** No target

What actions are planned?

Meeting planned between multiple community partners in early February to develop an action plan following the NHS England audit of low acuity (CAT3 – CAT5) patients conveyed to our emergency departments. More than half of audited cases were deemed to be clinically inappropriate for conveyance. Once agreed, the plan will be monitored through our Community Improvement Group.

Targeted work is starting in February with care homes with the highest YAS call-out and conveyance rates.

The Trust's lead for Health Inequalities is working with Primary Care Networks to explore crossover with the health inclusion agenda. Secondary care data on ED attendances and non elective admissions is being shared with GP practices as they start to identify their neighbourhood patient caseloads.

What is the expected impact?

Increasing use of non-ED pathways may reduce or slow the increase of ambulance arrivals and attendances.

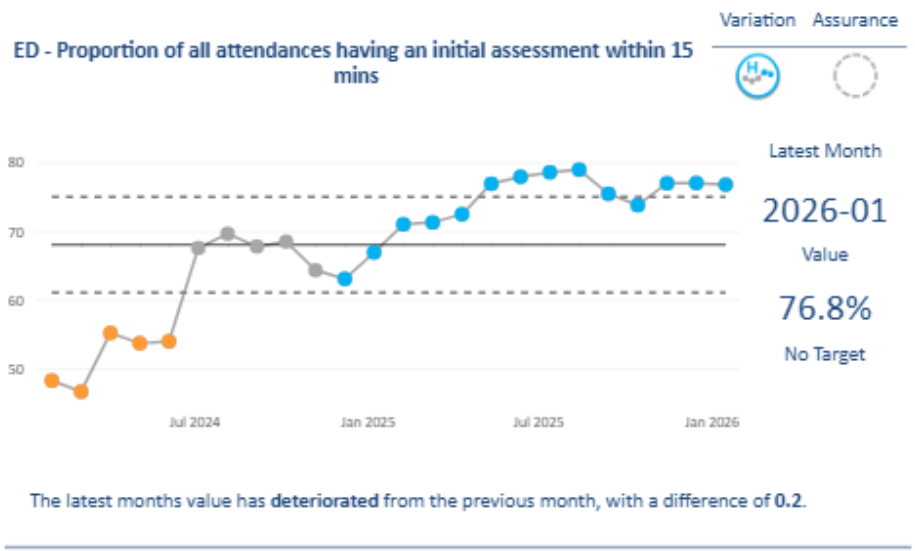
Potential risks to improvement?

Reducing these conveyances requires significant and long-term changes within YAS and care homes, including processes, culture and behaviours.

Changing patient behaviours to reduce reliance on our EDs requires long term effort from multiple system partners.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



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Rationale: : To monitor waiting times in A&E. Patients should be assessed promptly by within 15 minutes of arrival based on chief complaint or suspected diagnosis and acuity.
Target: No target

What actions are planned?

The proportion of patients having an initial assessment within 15 minutes is holding improvements made since spring.

NEY Urgent and Emergency Care (UEC) onsite visit for paediatrics was conducted in December and recommendations are being incorporated into the ED Improvement plan. A missed opportunities audit in March 26 to be complete for both York and Scarborough paediatric departments.

What is the expected impact?

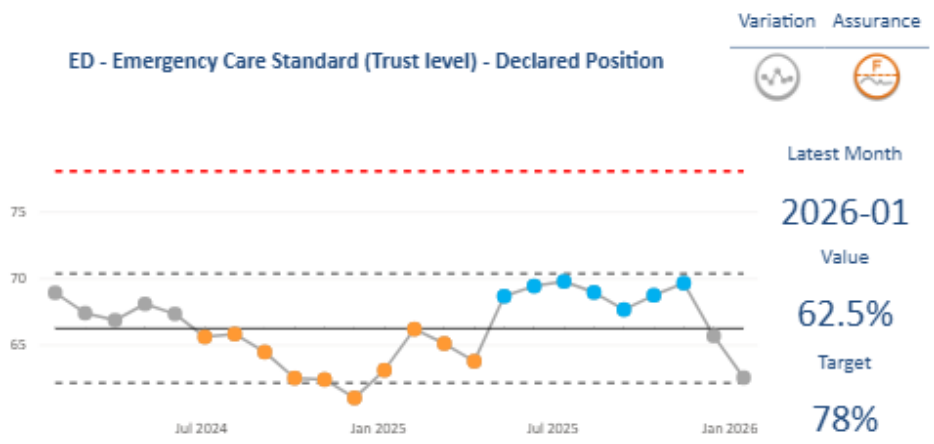
The average time to assessment for paediatrics improved to 14 minutes in January 2025 and is now also on target.

Potential risks to improvement?

- Continued high attendances
- Increasing ambulance arrivals
- Staff sickness levels

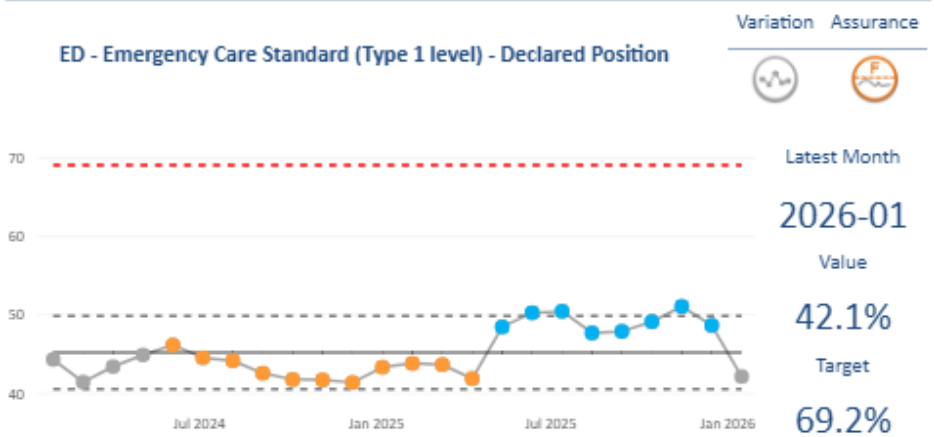
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **3.2**.



The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **6.5**.

Rationale: To monitor waiting times in Emergency Departments and Urgent Treatment Centres. **Target: SPC1:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2026. **This is a True North Metric. SPC2:** Modelling showed that to achieve 78% as a Trust Type 1 performance needs to be at least 69%.

What actions are planned?

A second Flow Coordinator within York ED has been recruited and starts in February. This will increase consistency in daily operations and support clinical teams by chasing progress of diagnostics, patient movement and more.

Since mid-January there has been an Acute Physician in Charge (APIC) working in York ED. The intended purpose is to reduce admissions by turning patients around in ED before admission.

Multi-agency Discharge Events (MaDE) are planned in February at both sites, in advance of the transition to Nervecentre. The aim is solely to reduce bed occupancy at both main acute sites. This should support improved flow from our EDs to the acute bed base.

What is the expected impact?

It is expected that meeting ECS targets will continue to be a challenge, but should remain above the same period last year.

Potential risks to improvement?

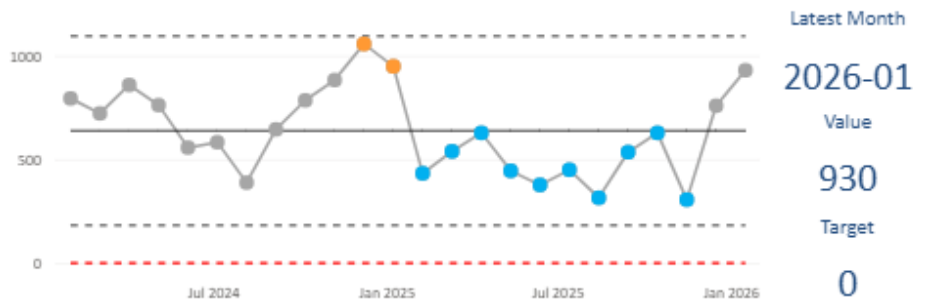
- High attendance levels likely to continue based on recent trends
- Continuation of an increase in ambulance arrivals
- High staff sickness levels – both in our Trust and community primary care
- Financial constraints have led to the Emergency Department Ambulatory Care pathway at Scarborough ceasing to operate
- Financial constraints

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Variation Assurance

ED - 12 hour trolley waits - Declared Position



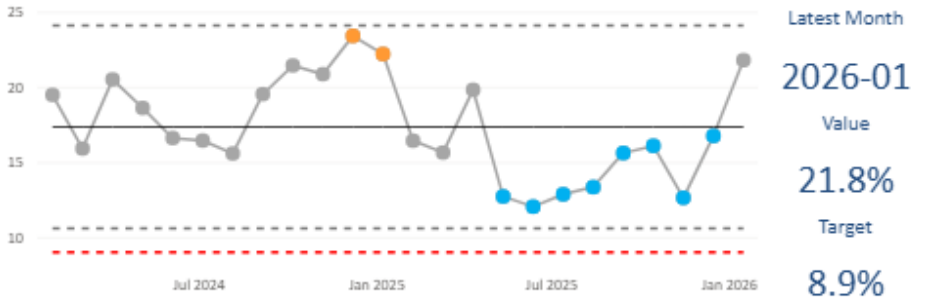
Latest Month
2026-01
Value
930
Target
0

The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **171.0**.

Variation Assurance

ED - Total waiting 12+ hours - Proportion of all Type 1 attendances



Latest Month
2026-01
Value
21.8%
Target
8.9%

The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **5.1**.

Rationale: To monitor long waits in A&E.
Target: SPC1: Zero patients to wait over 12 hours from decision to admit to being admitted. **SPC2:** Less than 8.9% of patients should wait more than 12 hours by end of March 2026. **This is a True North Metric.**

What actions are planned?

The MaDE weeks at each site should support improved flow out of both EDs and reduce 12 hour waits at each site.

Escalation processes at each site are being reviewed and updated, with support from the Improvement team.

Increased use of escalation processes.

Increased rigour around implementing Continuous Flow and TES SOPs – including new 8am call to agree prioritisation of movement
Matrons on wards from 8am – midday to support discharges

What is the expected impact?

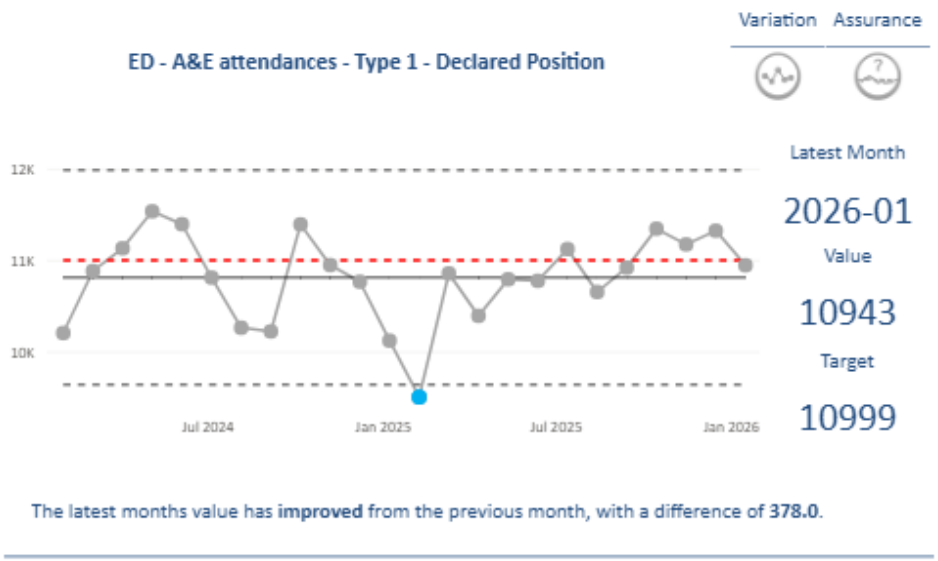
Both sites should see a reduction in 12hr breaches in February 2026.

Potential risks to improvement?

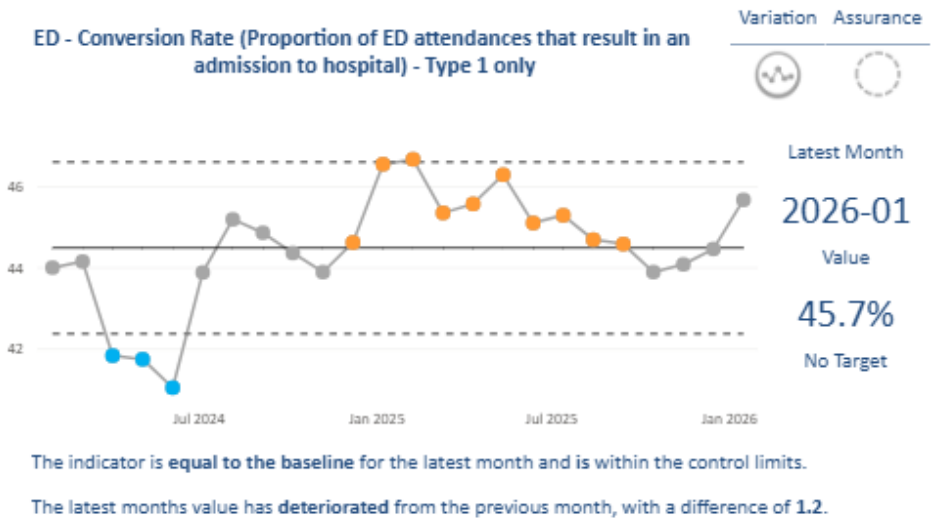
The level of required capacity is higher than escalation spaces can support.
The need for side rooms and IPC challenges.
Community health and social care capacity constraints.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



The latest months value has **improved** from the previous month, with a difference of **378.0**.



The indicator is **equal to the baseline** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **1.2**.

Rationale: SPC1: To understand the inpatient demand generated by Emergency Department patients. **SPC2 :** To monitor acute inpatient demand.
Target: SPC1: No Target. **SPC2:** Monthly activity plan as per chart.

Note: The admissions data includes admissions to all Same Day Emergency Care (SDEC) units. Work is underway to increase appropriate use of SDEC, therefore increases may not be necessarily indicative of an issue.

What actions are planned?

A "fit to sit" model is being worked out towards implementation, with a test for change document being drafted. Feedback to next Acute Assessment task and finish group expected mid Feb to progress to next steps.

An Acute Physician and Geriatrician of the day has been implemented 5 days a week in York ED to ensure patients are being sent to the right place at the right time

What is the expected impact?

The fit to sit model aims to take patients who are more stable out of the department more promptly.

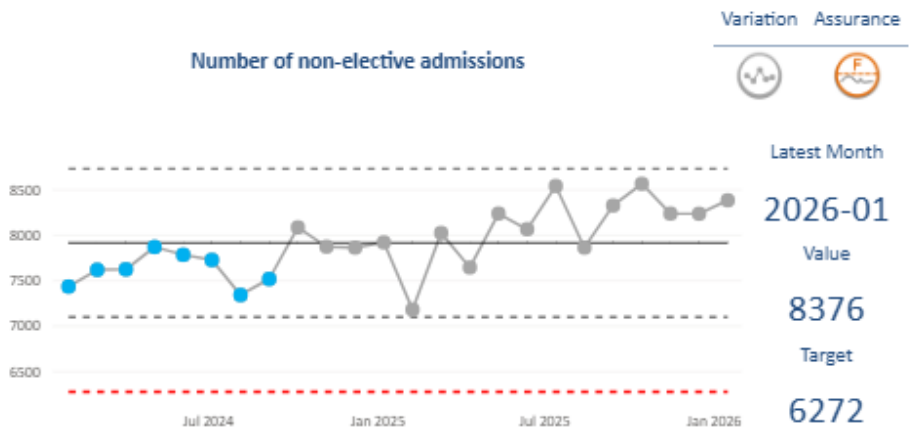
A reduction in specialty admissions and increased use of SDEC.

Potential risks to improvement?

- There is a risk that the volume of patients is higher than anticipated and SAU or Medical SDEC are not able to support the volume of patients.
- There is a risk that the volume of patients is lower than anticipated and has little positive impact on the Emergency Department.
- Risk that a patient is moved who is not fit to sit and patient could come to harm.

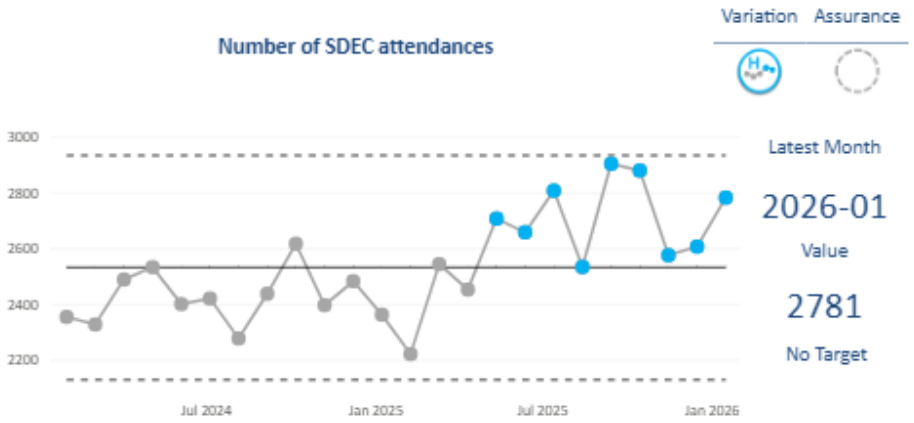
Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi



The indicator is **worse than the target** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **148.0**.



The latest months value has **improved** from the previous month, with a difference of **175.0**.

Rationale: SPC1: To monitor acute inpatient demand. **SPC2:** SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital.
Target: SPC1: Monthly activity plan as per chart. **SPC2:** No target.

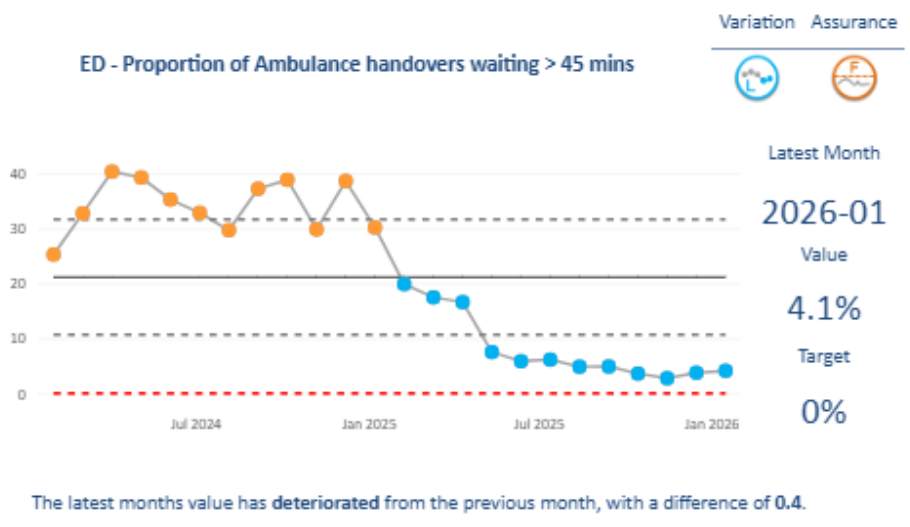
Note: The total admissions data includes admissions to all Same Day Emergency Care (SDEC) units. Work is underway to increase appropriate use of SDEC and reduce elective patients in SDEC, therefore changes in numbers are not indicative of quality.

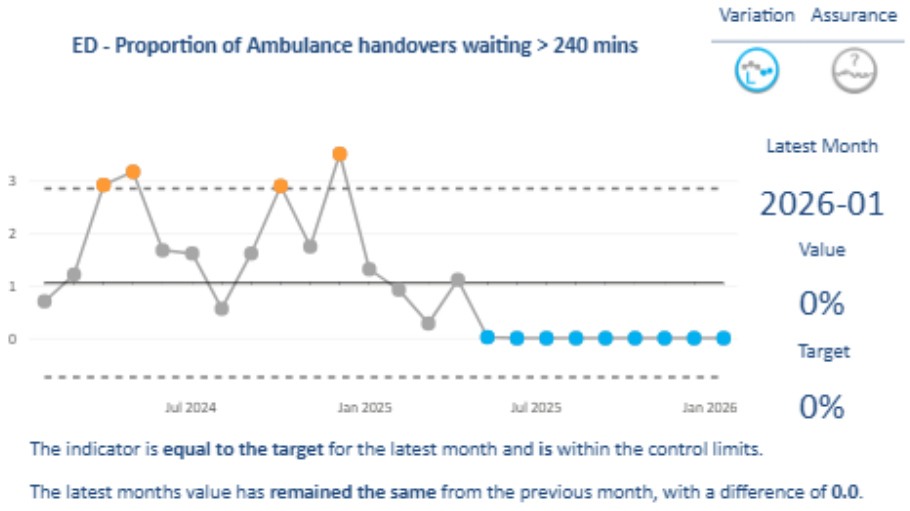
What actions are planned?

As per previous slide

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi





Rationale: Proportion of ambulances which experience a delay in transferring the patient over to the care of ED staff.
Target: SPC1: Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival. 0% should wait over 45 minutes from arrival to handover. **SPC2:** Patients arriving via an ambulance should be transferred over to the care of ED staff within 15 minutes of arrival. 0% should wait over 240 minutes from arrival to handover.

What actions are planned?

The handover process has been defined in Scarborough, and a standard operating process is being disseminated mid February, to ensure uniform practice across all shifts.

Staff continue to be redirected to support handovers where required.

All the actions taken to address the flow have an impact on this indicator.

What is the expected impact?

In February to date, ambulance handover at Scarborough is at 17 minutes average and York at 20 minutes. We are ahead of the trajectory. We aim to sustain these improvements in the timeliness of handovers.

Potential risks to improvement?

- YAS timestamps cannot be amended even if both parties agree a recording was incorrect.
- Increasing number of ambulance attendances at both sites.

Acute Flow (3)
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

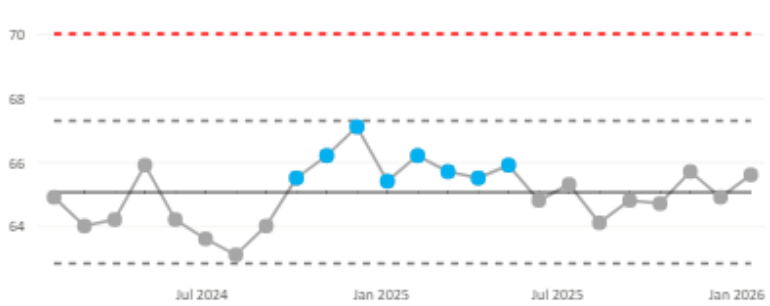
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Patients receiving clinical Post Take within 14 hours of admission	2026-01		F	78.1%		90%
Patients with Senior Review completed at 23:59	2026-01	L		42.5%		
Inpatients - Proportion of patients discharged before 5pm	2026-01		F	65.6%		70%
Inpatients - Lost bed days for patients with no criteria to reside	2026-01	H		1738		
Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside	2026-01	L	F	16.1%	13%	12.5%
Inpatients - Average number of bed days spent in hospital after a patients discharge ready date (DRD)	2026-01		?	4.3	3.7	3.9
Number of non-elective admissions	2026-01		F	8376	6199	6272
Number of zero day length of stay non-elective admitted patients	2026-01		?	2726	2437	2464
Inpatients - Super Stranded Patients, 21+ LoS (Adult)	2026-01	H		162		
Overnight general and acute beds open	2026-01	H	P	927	832	832
Of those overnight general and acute beds open, proportion occupied	2026-01		?	93.6%		92%
Community bed occupancy/availability	2026-01		?	96.1%		92%

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Variation Assurance

Inpatients - Proportion of patients discharged before 5pm



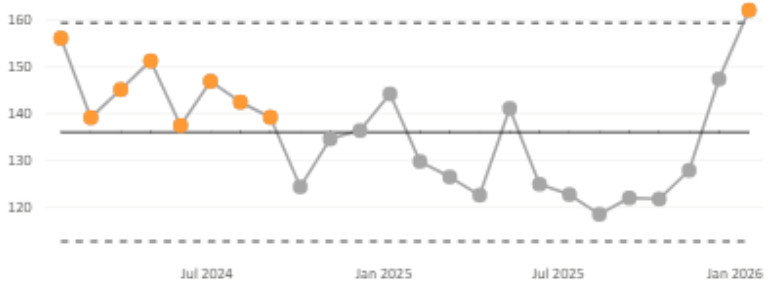
Latest Month
2026-01
Value
65.6%
Target
70%

The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **improved** from the previous month, with a difference of **0.7**.

Variation Assurance

Inpatients - Super Stranded Patients, 21+ LoS (Adult)



Latest Month
2026-01
Value
162
No Target

The latest months value has **deteriorated** from the previous month, with a difference of **14.7**.

Rationale: Understand flow in the acute bed base.
Target: SPC1: Internal target of 70%. **SPC2:** No target

What actions are planned?

A small multi-disciplinary team is running a 100 day Sprint project in conjunction with NHS Learning and Improvement Network, from January – March 2026. The project is focused on Super Discharge Team activities at Scarborough, with Oak ward being a priority area. The aim is to reduce average length of stay on Oak ward through Super Discharge teams, and a focus on timely Electronic Discharge Notifications (EDNs) completion, as well as increased weekend discharge.

The discharge lounges at both sites are relaunching their offer as part of the MaDE events to maximise early flow. This will be done through targeted promotion; distribution of information packs, pending patients booked for transport the previous night and completing “pack and wrap” with patient.

Refocus for weekly LLoS review being considered for NCTR patients only. Walk around with Care Group Medical Director conducted in York in Jan to go through patients <21 days with CTR, further walk arounds scheduled throughout MaDE.

What is the expected impact?

- Reduced bed occupancy prior to Nervecentre go live.
- Improved flow out of Emergency Departments in February and March 2026.

Potential risks to improvement?

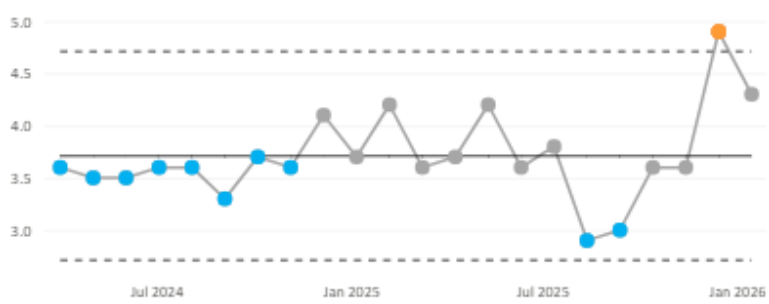
- More high acuity patients arriving to our hospitals, which could lead to longer lengths of stay.
- Limited community health and social care capacity to release patients no longer meeting the criteria to reside.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Inpatients - Average number of bed days spent in hospital after a patients discharge ready date (DRD)

Variation Assurance



Latest Month: 2026-01

Value: 4.3

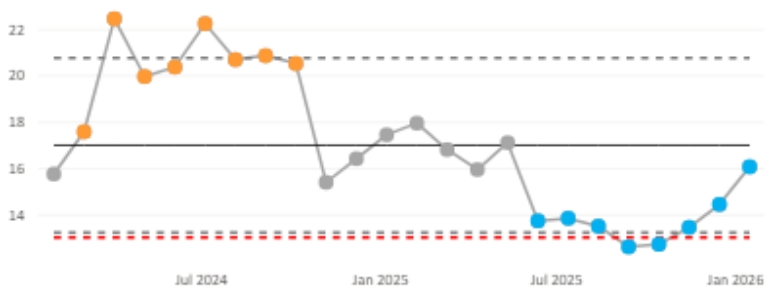
Target: 3.9

The indicator is **worse than the target** for the latest month and **is within the control limits.**

The latest months value has **improved** from the previous month, with a difference of **0.6**.

Inpatients - Proportion of adult G&A beds occupied by patients not meeting the criteria to reside

Variation Assurance



Latest Month: 2026-01

Value: 16.1%

Target: 12.5%

The indicator is **worse than the target** for the latest month and **is within the control limits.**

The latest months value has **deteriorated** from the previous month, with a difference of **1.7**.

Rationale: Understand the numbers of beds which are not available for patients who do meet the criteria to reside and therefore which are unavailable due to discharge issues.
Target: SPC1: To reduce the average number of beds days between the time a patient is assessed and fit for discharge to when a patient returns to the place they call home to less than 3.9 days. **SPC2:** Internal aim to achieve less than 12.5% by March 2026.

What actions are planned?

A new Discharge Readiness Form (replacing the TAF), which will be partially automated, will go live from 27/02 in Scarborough and 07/03 in York as part of Nervecentre go live.

A TAF-less transfer between Trust Inpatient Rehabs is being explored and is being trialed on Ward 35 and 39 in early February, with plans to expand the process to other wards after the trial

Discharge Training has been reviewed and tailored with the aim to deliver late Feb/March.

Targeted work with Wards to encourage completion of night diaries is underway, meetings have been conducted with surgery, elderly and planned for medicine.

Escalations continue to happen through 2nd line and 3rd line (Director level) governance.

Discussions remain ongoing regarding a new pathway plan for complex neurology rehab patients, who are often delayed in our care (Ward 32, York) for long periods.

What is the expected impact?

The new Health Assessment Form (replacing current TAF) hopes to improve the quality of information, preventing discharge being delayed due to incomplete/insufficient information.

Potential risks to improvement?

- Sourcing complex packages of care remains a challenge which is escalated appropriately but not always possible to resolve.
- Social worker allocation is causing delays in the discharge process
- Care home assessments on wards causing delay to discharge
- Discharge Training delivery clashing with Nervecentre go live and associated training

Operational Activity and Performance
Cancer Narrative

York and Scarborough Teaching Hospitals NHS Foundation Trust

Headlines (please note; in line with national reporting deadlines cancer reporting runs one month behind):

- The Cancer performance figures for December 2025 saw performance against the 28-day Faster Diagnosis standard (FDS) of 60.4%, failing to achieve the monthly improvement trajectory of 77.0%. In the latest available national data (November 2025) the Trust ranked 116th out of 119 NHS providers nationally and 11th out of 11 against our Model Hospital peer group. **This is a True North Metric.**

- 62 Day waits for first treatment December 2025 service standard was 62.8%, with the monthly trajectory of 71.9% not achieved. In the latest available national data (November 2025) the Trust ranked 85th out of 118 providers nationally and 7th out of 11 against our Model Hospital peer group. The HNY cancer alliance footprint remains one of the lowest performing in the country for 62 days.

- Executive and Resource Committee sighted on cancer service standards and recovery actions, with a cancer progress report being taken to Resources Committee in February 2025. NHSE, ICB, Cancer Alliance and CAP have been sighted on Q4 recovery actions at tumour site level via Cancer and Diagnostic Tiering meetings.

Factors impacting performance:

- The continued deterioration in skin performance due to the cessation of dermoscopy in some GP practices resulting in a 35% increase in dermatology referrals requiring appointments. The ICB have made a funding offer to primary care, with 94% practices taking up the offer, and was implemented January 2026. Early data set shows more referrals than previously accompanied by image, but still not consistently applied.
- The following cancer sites exceeded 80% FDS in December 2025: Breast
  - Gynaecology achieved above their internal trajectories.
- The following cancer sites exceeded 75% 62-day service standard in November 2025: Breast and Gynaecology
  - Urology achieved above their internal trajectory.
- 31-day treatment standard was 97.2% overall, which achieved the national service standard of 96%.
- At the end of December, the proportion of patients waiting over 104+ days equates to 1.9% of the PTL size with 46 patients, which is the lowest since August 2025. Colorectal, Skin and Urology are areas with the highest volume of patients past 62 days with/without a decision to treat but are yet to be treated or removed from the PTL, with Colorectal and Skin accounting for over 65% of this patient cohort.
- Diagnostic performance, in particular endoscopy and imaging is impacting faster diagnosis performance due to delays in diagnostic pathways.
- Referrals received with FIT has seen deteriorating performance. Sessions held with ICB and cancer alliance primary care leads around FIT compliance – list of practices shared with highest proportion of referrals received without FIT and cancer alliance creating plan of engagement. Lower GI referral proforma was launched at end of December 2025 across Trust footprint to standardise referrals with enhanced place, ICB and cancer alliance comms to primary care. Process for rejecting referrals has been agreed and implementation due in coming weeks.

Actions:

- Please see following pages for details.

Summary MATRIX

CANCER: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Cancer 31 day wait from diagnosis to first treatment - Declared Position	
SPECIAL CAUSE CONCERN		* Cancer - 62 Day First Definitive Treatment Standard - Declared Position	* Cancer - Faster Diagnosis Standard - Declared Position * Proportion of Lower GI Suspected Cancer referrals with an accompanying FIT result

CANCER
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

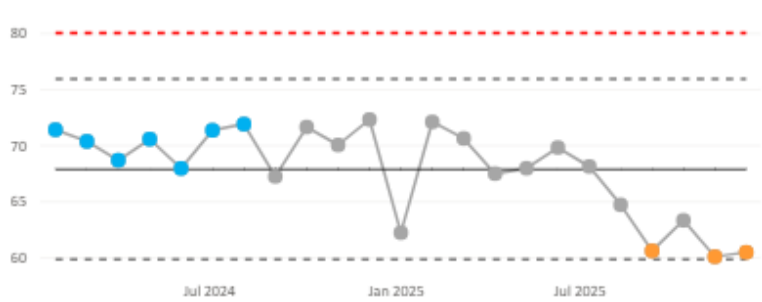
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Cancer - Faster Diagnosis Standard - Declared Position	2025-12	L	F	60.4%	77%	80.1%
Cancer - 62 Day First Definitive Treatment Standard - Declared Position	2025-12	L	?	62.8%	71.9%	75%
Cancer - Number of patients waiting 63 or more days after referral from Cancer PTL	2026-01	H		238		
Proportion of patients waiting 63 or more days after referral from cancer PTL	2026-01			10%		
Cancer 31 day wait from diagnosis to first treatment - Declared Position	2025-12		?	97.2%		96.1%
Total Cancer PTL size	2026-01	H		2392		
Proportion of Lower GI Suspected Cancer referrals with an accompanying FIT result	2026-01	L	F	69.4%	80.1%	80.2%

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

Variation Assurance

Cancer - Faster Diagnosis Standard - Declared Position



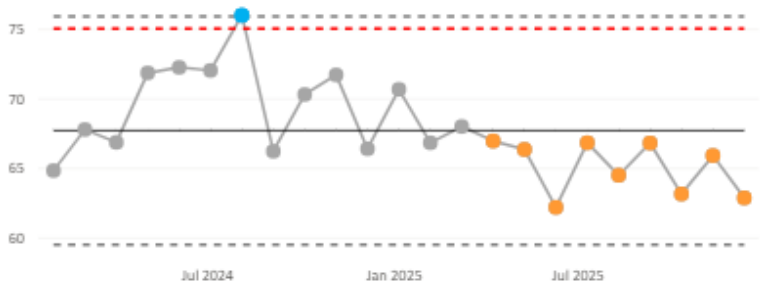
Latest Month
2025-12
Value
60.4%
Target
80.1%

The indicator is **worse than the target** for the latest month and **is within the control limits.**

The latest months value has **improved** from the previous month, with a difference of **0.4**.

Variation Assurance

Cancer - 62 Day First Definitive Treatment Standard - Declared Position



Latest Month
2025-12
Value
62.8%
Target
75%

The indicator is **worse than the target** for the latest month and **is within the control limits.**

The latest months value has **deteriorated** from the previous month, with a difference of **3.1**.

Rationale: SPC1: Faster Diagnosis will facilitate an improvement in the Cancer early detection rate and thereby increase the chances of patients surviving. **This is a True North Metric. SPC2:** National focus for 2025/25 is to improve performance against the headline 62-day standard**.**
Target: SPC1: 80% by March 2026. **SPC2:** 75% by March 2026.

What actions are planned?

Colorectal Plan - Internal trajectory of 66%. Frailty pathway expanded and new colorectal proforma launched by cancer alliance with ICB, alongside referral appropriateness and emphasis on FIT results accompanying. Weekend WLI's in endoscopy and FT clinic capacity with returning consultant. Colorectal cancer lead resignation, working through plans for recruitment of new lead.

Urology Plan- Internal Trajectory of 50%. STT CT model in haematuria commenced implementation, however, capacity issues for consultant OPA and biopsies in January. WLI plans and insourcing to be worked through at pace.

Review of PSA pathway to understand opportunities for streamlining and efficiencies. Initial conversations taken place for scoping potential one stop prostate CDC models. Ongoing discussions for implementing standardised discharge post Likert score and scope and consult model for TP biopsy, with target start date of March 26, however workforce rota changes required alongside clinical governance review and support.

Gynaecology Plan - Internal Trajectory of 52%. PMB pathway implementation on both sites, Pipelle commenced on York site in CDC,

Locum consultant on East Coast providing additional sessions to recover position, however lead clinician off for extended period. Arrangements made for consultant or CNS cover at MDT to present patients.

Skin - Internal trajectory of 78%. 94% practices signed up with ICB LES, some require equipment (scopes) will be ordered within coming week. Accenda working on reporting functionality in Gateway to monitor compliance and asking for inclusion of prompt to GPs where requests are for skin lesion clinic types and do not include a dermatoscopic image.

Operational team undertaking super Saturday clinics in January and February to work through backlog of patients – there is an ongoing risk around team resilience and consultant availability, but two skin cancer consultants have been recruited.

What is the expected impact?

Each cancer site has own trajectory for FDS and 62-day, to achieve month and year end position against national targets.

Potential risks to improvement?

- Disproportional impact of skin deterioration and Colorectal performance on trust position, with both significantly off trajectory.
- Volume of referrals significantly above planned activity, particularly primary care referrals
- Cancer performance dependent upon diagnostic capacity and recovery plans

Operational Activity and Performance

Referral to Treatment (RTT) Narrative

York and Scarborough Teaching Hospitals NHS Foundation Trust

Headlines:

- At the end of January 2026, the Trust had one **Referral To Treatment (RTT) patients waiting over sixty-five weeks**, no change on the end of December 2025 position. The patient is under the care of Oral Surgery and will be treated in February.
- The Trust's **RTT Total Waiting list position** ended January 2026 behind the trajectory submitted to NHSE as part of the 2025/26 planning submission: 56,771 against the trajectory of 42,249, this was however a decrease of 1,200 on the end of December 2025 position (57,971).
- The Trust is behind the trajectory for the proportion of the **patients on an RTT waiting list under 18 weeks** at the end of December: 54.1% against 59.0%. In the latest available national data (November 2025) the Trust ranked 98th worst out of 118 NHS providers and 7th worst out of 11 in our Model Hospital peer group. Revised March 2026 trajectory has been agreed with NHSE to deliver 60% of patients waiting less than 18 weeks for elective treatment. The original trajectory was 65%. **This is a True North Metric.**
- The Trust is behind the **RTT52 week** trajectories submitted within the 2025/26 planning submission; 1,311 waiters and 2.3% of the total RTT Total Waiting list against the trajectories of 549 and 1.3%, respectively. In the latest available national data (November 2025) the Trust is ranked 83rd worst out of 118 NHS providers and equal 6th worst out of 11 in our Model Hospital peer group for the proportion of the TWL waiting over 52 weeks. Nationally at the end of November 2025 there were 6,731,987 patients on the national TWL, of which 151,230 (2.2%) were waiting over 52 weeks. By March 2026, the national ambition is that the percentage of patients waiting longer than 18 weeks for elective treatment will be less than 1% nationally.
- NHSE has introduced a new metric target for 2025/26 with the ambition set for the Trust to have over 67.1% of **patients waiting no longer than 18 weeks for a first appointment** by March 2026. The Trust is behind the trajectory submitted to NHSE as part of the 2025/26 planning submission with performance of 58.6% against the end of January 2026 ambition to be above 65.1%. There is currently no nationally available comparative data for this metric.

Factors impacting performance:

- RTT Total Waiting List metric impacted by an increase in referrals in Quarters 1 and 2 of 2025/26 and the update to CPD logic which has resulted in additional RTT clocks being opened since April 2025. The increase in referrals from primary care has also contributed to the RTT TWL increase, YTD there has been a 3% rise (circa 3,500 referrals). Direct Cancer GP referrals (not including upgrades, incidental findings etc.) are up 11% YTD with nine of the ten months in 2025/26 higher than the Trust has ever received during a month, this impacts the ability to see routine RTT patients.
- Delivery of the 2025/26 elective recovery plan; initial analysis shows that at the end of January 2026 the Trust was ahead of the 2025/26 plan with a provisional performance of 102% against the funded ERF (excludes OP follow ups without procedure) plan.

Actions:

- Please see following pages for details.

Summary MATRIX

Referral to Treatment (RTT): *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* RTT - Waits over 78 weeks for incomplete pathways - Declared Position	* RTT - Waits over 65 weeks for Incomplete Pathways - Declared Position * RTT - Proportion of the incomplete RTT pathways waiting > 52 weeks - Declared Position
COMMON CAUSE / NATURAL VARIATION			* RTT - Waits over 52 weeks for Incomplete Pathways - Declared Position * RTT - Proportion of patients waiting for first attendance who are waiting under 18 weeks
SPECIAL CAUSE CONCERN			* RTT - Total Waiting List - Declared Position * RTT - Proportion of incomplete pathways waiting less than 18 weeks - Declared Position

Referral to Treatment (RTT)
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
RTT - Total Waiting List - Declared Position	2026-01	H	F	56771	42249	38992
RTT - Waits over 78 weeks for incomplete pathways - Declared Position	2026-01	L	?	0		0
RTT - Waits over 65 weeks for Incomplete Pathways - Declared Position	2026-01	L	F	1	0	0
RTT - Waits over 52 weeks for Incomplete Pathways - Declared Position	2026-01		F	1311	549	389
RTT - Proportion of incomplete pathways waiting less than 18 weeks - Declared Position	2026-01	L	F	54.1%	59%	60.5%
RTT - Mean Week Waiting Time - Incomplete Pathways	2026-01	L		18.5		
RTT - Proportion of the incomplete RTT pathways waiting > 52 weeks - Declared Position	2026-01	L	F	2.3%	1.3%	1%
RTT - Proportion of patients waiting for first attendance who are waiting under 18 weeks	2026-01		F	58.6%	65.1%	67.1%
Proportion of BAME pathways on RTT PTL (S056a)	2026-01	H		1.9%		
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2026-01			12.2%		
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2026-01	H		67.9%		

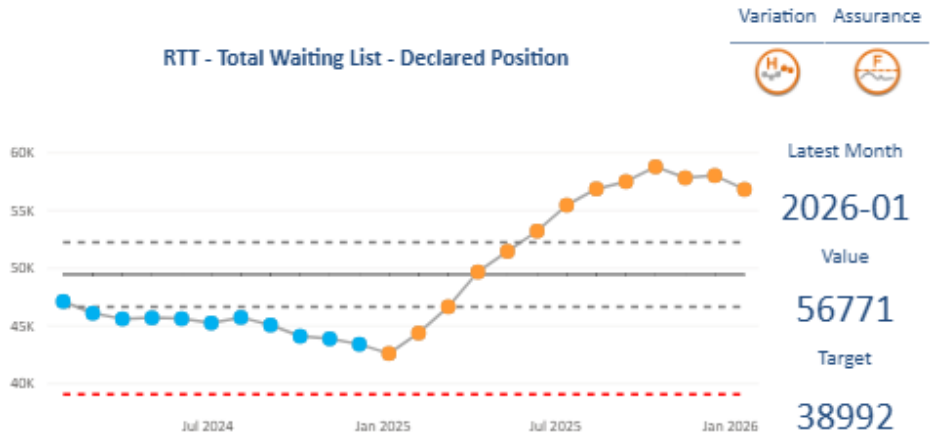
KPIs – Operational Activity and Performance

Referral to Treatment RTT (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

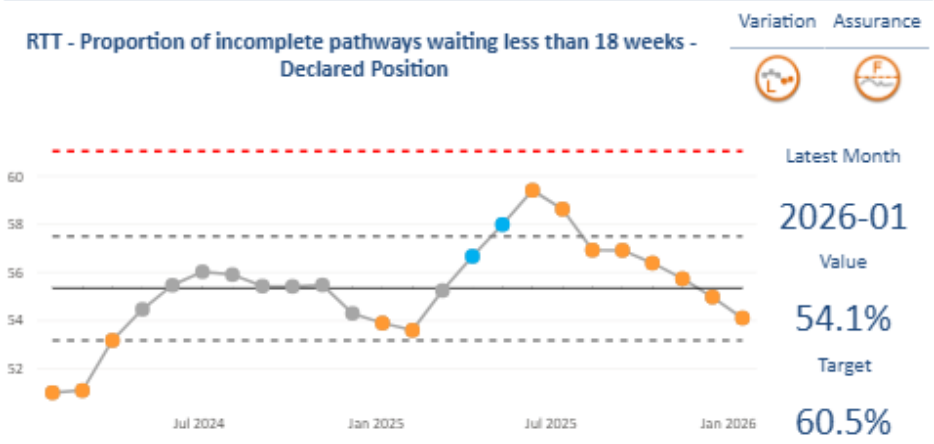
Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



The indicator is **worse than the target** for the latest month and **is not** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **1200.0**.



The indicator is **worse than the target** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **0.9**.

Rationale: SPC1: To measure the size of the Referral to Treatment (RTT) incomplete pathways waiting list. **SPC2:** To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: SPC1: Aim to have less than 38,992 patients waiting by March 2026 as per activity plan. **SPC2:** National constitutional target of 92% of patients should be waiting less than 18 weeks. Target for March 2026 is to be above 60.5%. **This is a True North Metric.**

What actions are planned?

- Trust had sprint bids for 1st OP activity and 52-week FU and inpatient elective activity funding accepted by NHSE. Capacity is being delivered via WLIs & insourcing during Q4.
- Revised RTT trajectories accepted by NHSE for monitoring based on accepted bids.
- Insourcing and additional clinics in key specialties (Cardiology, Respiratory, ENT, Oral Surgery and Gynaecology).
- Intensive support programme for cardiology, respiratory and gastroenterology to commence February 2026 with corporate team supported by GIRFT/NHSE IST colleagues. Delayed from January due to operational pressures.
- Outpatient improvement workstreams, “find it, fill it” campaign in Q4, productivity benchmarking, RTT priority clinics underway.
- Pathway redesigns (breathlessness, sleep, pipelle, CY asthma) and super clinics being scoped.

What is the expected impact?

- Reduction in the TWL or offsetting impact of the ongoing increase in referrals.
- Reduction in the number of RTT52 week waiters back to plan (1% of RTT TWL) if additional activity linked to NHSE funding bids delivered.
- The Trust continues to do very well on missed appointments, pre referral triage and high level of Advice and Guidance in Further faster cohort 2 and above the national provider median.

Potential risks to improvement?

- Increase in GP referrals to date in 2025/26 compared to same period in 2024/25 (up 3%, circa 3,500 additional referrals).
- Ability to mobilise capacity funded through the NHSE sprints.
- Impact of delayed capital builds (CDC, Hybrid theatre, MRI, VIU, SGH Roof and RAAC), resulting in reduction in capacity and increasing waiting times.

KPIs – Operational Activity and Performance

Referral to Treatment RTT (2)

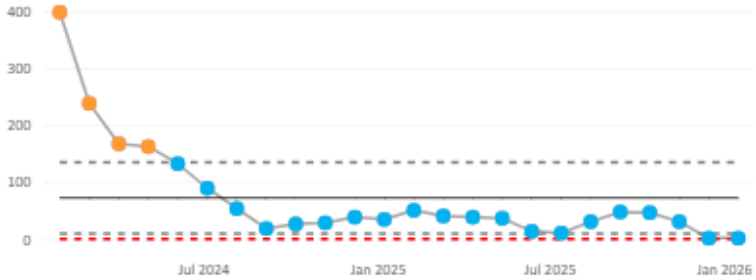
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

RTT - Waits over 65 weeks for Incomplete Pathways - Declared Position

Variation Assurance



Latest Month: 2026-01

Value: 1

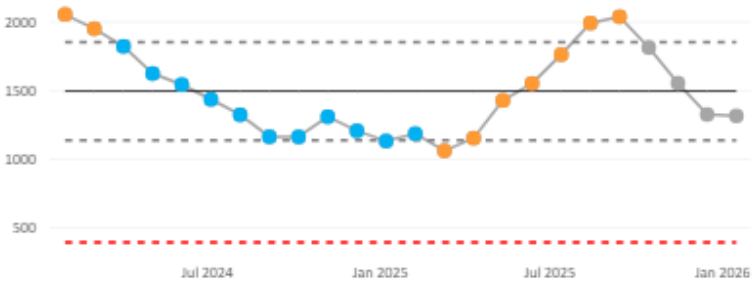
Target: 0

The indicator is **worse than the target** for the latest month and **is not** within the control limits.

The latest months value has **remained the same** from the previous month, with a difference of **0.0**.

RTT - Waits over 52 weeks for Incomplete Pathways - Declared Position

Variation Assurance



Latest Month: 2026-01

Value: 1311

Target: 389

The indicator is **worse than the target** for the latest month and **is** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **10.0**.

Rationale: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: SPC2: National ambition to have 0 patients waiting more than 65 weeks **SPC2:** Aim to have less than 389 patients waiting more than 52 weeks by March 2026 as per activity plan.

What actions are planned?

- Weekly monitoring of RTT65 week waits throughout February 2026 with weekly trajectory in place to deliver zero.
- Trust had sprint bids for 1st OP activity and 52-week FU and inpatient elective activity funding accepted by NHSE. Capacity is being delivered via WLIs & insourcing.
- Discussion with NHSE focused on validation approach and support being identified to explore additional support.
- Weekly 'challenged' specialty meetings in place to support escalation and actions required.

What is the expected impact?

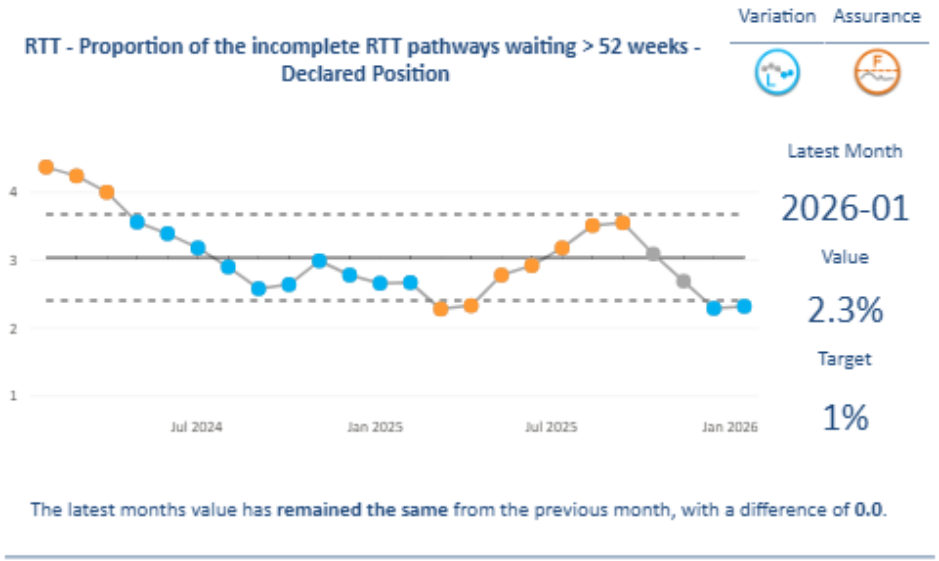
- Reduced RTT long waiters.
- ERF money targeted at specialties most in need.

Potential risks to improvement?

- Patient choice can lead to end of month breaches.
- Diagnostic performance.
- Capital programme delays (RAAC replacement, CT replacement, Roof replacement)) which could impact on Diagnostic and theatre capacity at Scarborough and York through construction phases.
- Impact of diagnostic delays and prioritisation of cancer resulting in increase in 52-week waiters
- Volume of 1st OPs on PTL, risk of breaches due to pathways of care resulting in longer waits and increase in 52 weeks

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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Rationale: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients.
Target: SPC1: National ambition to have no more than 1% of a Trust's RTT TWL waiting over 52 weeks by the end of March 2026.

Please see previous page.

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Headlines:

- For the month of January 2026, the Patient Initiated Follow Up (PIFU) the Trust was behind the improvement trajectory of 4.7% with performance of 4.4%. Y&S has three specialties in the upper quartile of Trusts within the NE&Y region (Clinical Haematology, Physiotherapy and Rheumatology).

- Rapid Access Chest Pain (RACP) seen within 14 days was at 79.4% (December: 78.7%) which whilst an improvement remains below the target of 99%.

Factors impacting performance:

- In the latest North East & Yorkshire Region provided Outpatient data the Trust is above the national provider median for Pre-Referral Specialist Advice Utilisation and Diversion Rate (highest quartile for dermatology, gynaecology, paediatrics and urology) and DNA rate (lowest in NEY).

- The Trust's DNA rate was unchanged at 5% in January 2026. The Trust has one of the lowest DNA rates in the country, the national average is 5.6% (NHSE).

- Digital letters for radiology went live on 17th of December 2025 and we are piloting this with a small group to refine the process before wider roll out in March. Clinical letters went live on 29th of January 2026 with a pilot group. Currently working through the process to refine the monitoring that all letters sent have been processed. Pilot will be evaluated at the end of February 2026 with a decision for further roll out.

- PAS readiness validation of non RTT waiting lists and embedding the operational toolkit, supported through EPR programme.

Actions:

- Please see following pages for details.

Summary MATRIX

Outpatients & Elective: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			* Outpatients - Proportion of appointments delivered virtually (S017a) * Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU) * Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)
COMMON CAUSE / NATURAL VARIATION	* Proportion of elective admissions which are day case	* Outpatients - DNA rates * Outpatients: 1st Attendances (Activity vs Plan) * Outpatients: Follow Up Attendances (Activity vs Plan) * All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days* * Day Cases (based on Activity v Plan) * Electives (based on Activity v Plan)	* Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)
SPECIAL CAUSE CONCERN			

Outpatients & Elective Care
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Outpatients - Proportion of appointments delivered virtually (S017a)	2026-01	H	F	23.3%		25%
Outpatients - DNA rates	2026-01		?	5%		5%
Outpatients: 1st Attendances (Activity vs Plan)	2026-01		?	21748	17527	17494
Outpatients: Follow Up Attendances (Activity vs Plan)	2026-01		?	45789	39950	38846
Outpatient procedures	2026-01			15104		
Outpatients: Follow-up Partial Booking (FUPB) Overdue (over 6 weeks)	2026-01		F	27047		0
Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)	2026-01	H	F	4.4%	4.9%	5%
Trust waiting time for Rapid Access Chest Pain Clinic (seen within 14 days of referral received)	2026-01	H	F	79.4%		99%
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days*	2026-01		?	8		0
Day Cases (based on Activity v Plan)	2026-01		?	7972	7695	8144
Electives (based on Activity v Plan)	2026-01		?	762	654	816
Proportion of elective admissions which are day case	2026-01		P	91.3%		85%
Outpatients: All Referral Types	2026-01			25008		
Outpatients: Consultant to Consultant Referrals	2026-01			2530		
Outpatients: GP Referrals	2026-01			10643		

KPIs – Operational Activity and Performance

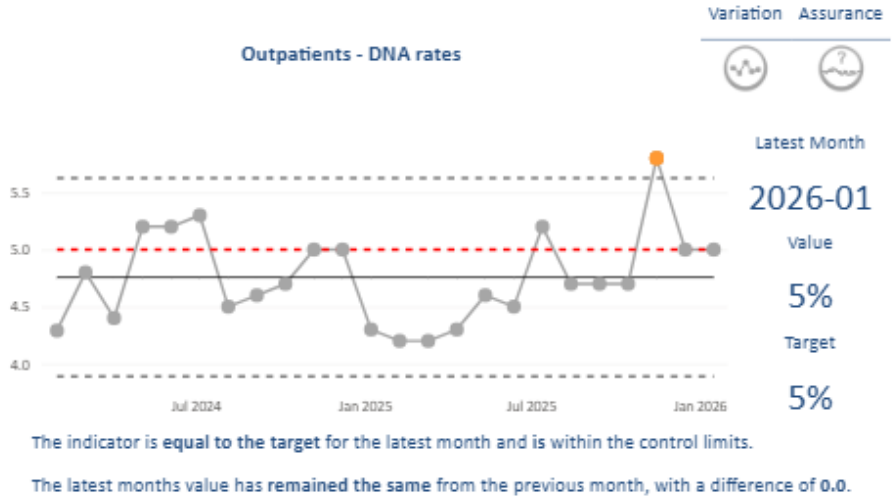
Outpatients (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton

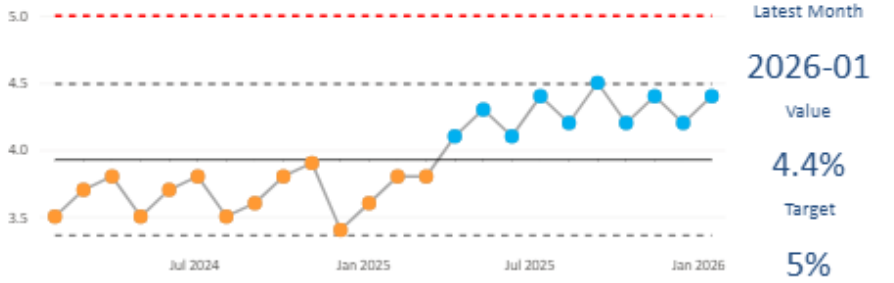
Outpatients - DNA rates



The indicator is **equal to the target** for the latest month and is within the control limits.

The latest months value has **remained the same** from the previous month, with a difference of **0.0**.

Outpatients - Proportion of patients moved or discharged to Patient Initiated Follow Up (PIFU)



The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **improved** from the previous month, with a difference of **0.2**.

Rationale: SPC1: Need to reduce instances where people miss their outpatient appointments ('did not attends' or 'DNAs') to improve patient experience, free up capacity to treat long-waiting patients and support the delivery of the NHS's plan for tackling the elective care backlog. **SPC2:** Helps empower patients to manage their own condition and plays a key role in enabling shared decision making and supported self-management in line with the personalised care agenda.
Target: SPC1: Internal target of less than 5%. **SPC2:** Above 5% by March 2025.

What actions are planned?

- The Trust is one of 6 Trusts in the North East and Yorkshire region who have agreed to participate in the NHSE 'PIFU as standard' programme. The PIFU pathways the Trust are developing as part of this programme are Gynaecology, Cardiology, Gastroenterology and ENT. A shared learning event is scheduled for February 2026. Internal project plan being refreshed for wider PIFU improvement project to delivery model hospital upper quartile performance.

- GIRFT clinic template standards audit completed, with opportunities in a couple of specialties identified. Gynaecology, ENT and Oral surgery have changed templates in January 2026 which will deliver increased 1st OP rates. Cardiology have planned template changes for February.

What is the expected impact?

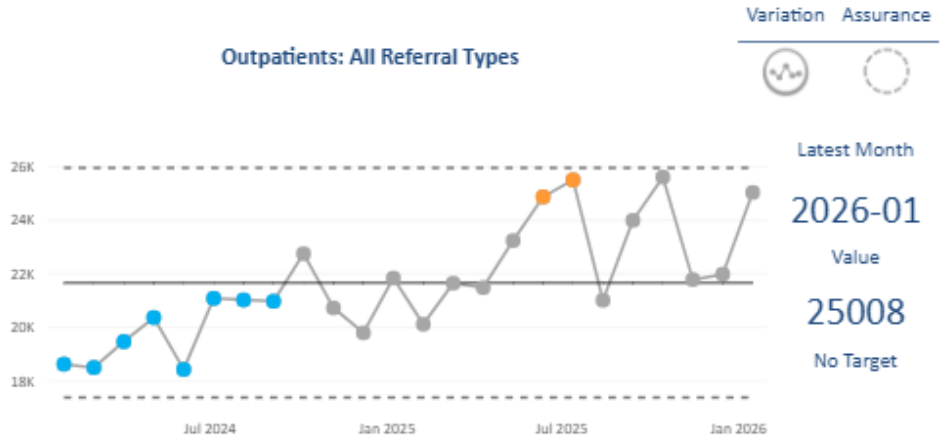
- **PIFU:** Y&S should see a continued improvement in PIFU through 2025/26. Y&S had one specialty in the lowest quartile of Trusts within the NE&Y region (Gynaecology), involvement in PIFU as standard has resulted in an improvement in this specialty (1.3% in April 2025 to 3.4% in December 2025, this was broadly maintained in January: 3.2%).

Potential risks to improvement?

- **PIFU** at Scarborough is significantly lower than York (January 2026: 2.2% at SGH/5.3% at York).

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



The indicator is **equal to the baseline** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **3052.0**.

The indicator is **equal to the baseline** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **102.0**.

Rationale: Number of outpatient referrals received from General Practice, Consultant to Consultant and from other sources.
SPC1: No internal target.
Rationale: Number of outpatient referrals generated internally from Consultant-to-Consultant referral..
SPC1: No internal target.

What actions are planned?

- Commenced with scoping project to reduce consultant to consultant referrals by 10% from April 2026.
- ICB undertaking review of GP referrals to identify outlying practices for further discussion and education.
- Review the REI, advice and guidance and NHSE single point of access roadmap to develop an joint approach with ICB around pre-referral triage to reduce overall demand.

What is the expected impact?

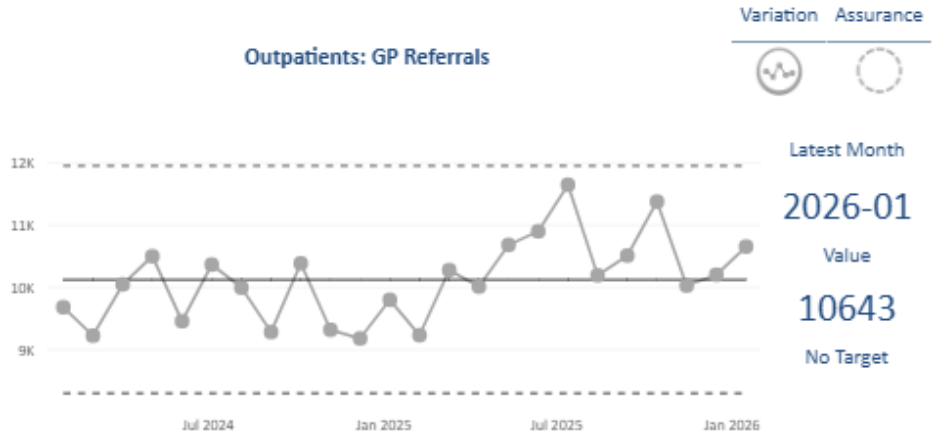
- Reduction in internal demand and reduction in open referrals**.**
- Reduction in GP demand
- Improved redirection of referral direct to test or to other services to reduce requirement for outpatient attendances.

Potential risks to improvement?

- Clinical engagement and compliance.
- Digital interface alignment between the Trust, ICB and NHSE guidance.

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



The indicator is **equal to the baseline** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **451.0**.

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Rationale: Number of outpatient referrals received from General Practice.
SPC1: No internal target.

Please see previous page

Operational Activity and Performance
Diagnostics Narrative

York and Scarborough Teaching Hospitals NHS Foundation Trust

Headlines:

- Trust DM01 performance at end January was 70.8%, which is 8.5% below planned trajectory for the month. This is an improvement from December 2025 performance of 70.7%. Total diagnostic waiting list, 6+ and 13+ week breaches continued to reduce.
- In the latest available national data (November 2025) the Trust ranked 78th worst out of 118 NHS providers and 7th worst out of 11 in our Model Hospital peer group.

Factors impacting performance:

- Endoscopy position continues to recover from drop in December as January clinics were utilised to tackle backlog of patients who chose to delay until after the festive period.
- Additional resources and training underway (radiographers, sonographers, audiologists, echocardiographers).
- Community Diagnostic Centres (CDCs) performing well; Scarborough CDC due to be operational by end Q4 2025/26.
- Cystoscopy performance is being impacted by the prioritisation of the Haematuria pathway as the additional Friday list has been stood down to accommodate.
- Audiology has not yet been able to order the booths to provide additional capacity due to procurement delays. Revised go live is end of March 26.
- Outpatient echo at York reduced capacity for circa 10 days due to building works.
- Workforce shortages (radiographers, audiologists, echo techs, nurses).
- Equipment issues (MRI/CT breakdowns, delayed installations). Equipment for Barium Enema at Scarborough was out of use for a month due to a broken part, this has now been fixed but will take into early February to recover position.
- Increased elective demand and prioritisation of cancer fast track is impacting routine waits and DM01 breaches. Further impact due to increased sprint activity is a risk to DM01 in Q4.
- Space constraints and ventilation issues in some sites.

Actions:

- Additional paediatric GA lists for MRI have been carried out which has reduced the backlog for this cohort by over 50% over the last 3 months.
- A minimum of 3 additional UDS lists with capacity for 6-8 patients on each are planned for February 2026 and we continue to explore additional dates pending staffing.
- Additional capacity available in York and east coast echo inpatient area to recover outpatient backlog in February.
- Continue insourcing/outsourcing and mobile solutions to address backlogs.
- Accelerate recruitment and training pipelines for critical roles.
- Implement new equipment and expand CDC capacity.
- Prioritise Cancer / RTT long wait patients while balancing routine demand / surveillance.
- Ongoing capital investments and process improvements.

Summary MATRIX

Diagnostics: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	* Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics
COMMON CAUSE / NATURAL VARIATION		* Diagnostics - Proportion of patients waiting <6 weeks from referral - CT * Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound * Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema * Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral * Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies * Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	* Diagnostics - Proportion of patients waiting <6 weeks from referral * Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI * Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology * Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography * Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy * Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy * Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy
SPECIAL CAUSE CONCERN			

DIAGNOSTICS – National Target: 95%

Scorecard

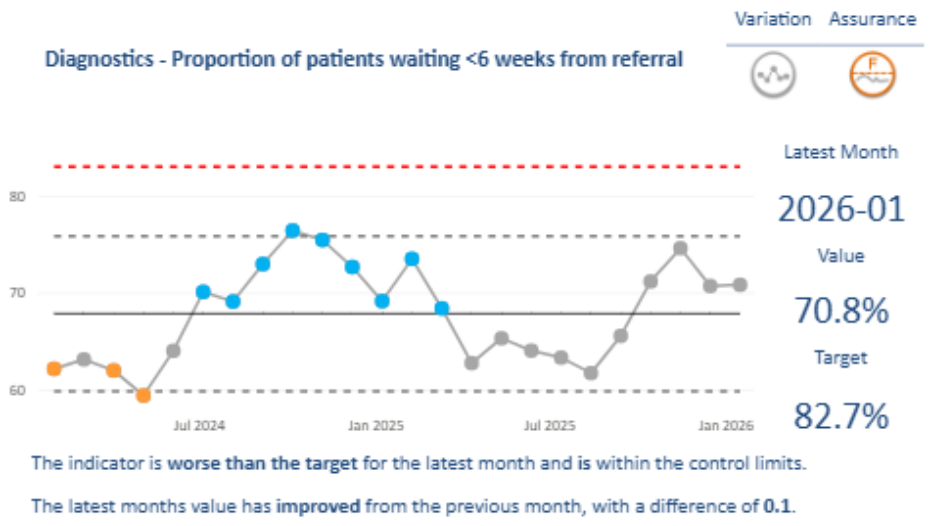
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Kim Hinton

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Diagnostics - Proportion of patients waiting <6 weeks from referral	2026-01		F	70.8%	79.3%	82.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - MRI	2026-01		F	70.9%	88%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - CT	2026-01		?	68.1%	74%	78%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Non-obs Ultrasound	2026-01		?	73%	72%	75%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Barium enema	2026-01		?	74.4%	87.9%	90.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - DEXA Scan	2026-01	H	?	84.8%	65.9%	67.9%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Audiology	2026-01		F	58.5%	90.4%	94.7%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Echocardiography	2026-01		F	55.6%	95.8%	95.8%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Neurophysiology peripheral	2026-01		?	92.4%	93.8%	95.2%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Sleep studies	2026-01		?	77.1%	92.5%	94.6%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Urodynamics	2026-01	H	F	56.2%	90%	95.3%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Colonoscopy	2026-01		F	77.5%	80.6%	90%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Flexi Sigmoidoscopy	2026-01		F	71.4%	81%	95.1%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Cystoscopy	2026-01		?	78%	91.8%	94.5%
Diagnostics - Proportion of patients waiting <6 weeks from referral - Gastroscopy	2026-01		F	82.6%	86.6%	90%

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton



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Rationale: Maximise diagnostic activity focused on patients of highest clinical priority.
Target: Increase the percentage of patients that receive a diagnostic test within 6 weeks to above 82.7% by end of March 2026.

What actions are planned?

Endoscopy: Validation of long waiters with regular meeting between ops manager and waiting list manager to ensure all DM01 rules are being correctly applied and patients booked appropriately.
The Bridlington air handling unit requires replacement to address the temperature issues and has been approved on the capital programme for this year. This avoids lost capacity due to theatre closures. One room per day ringfenced for surveillance activity (40 procedures per week)

Imaging: Additional paeds MRI GA lists have been added which has reduced the backlog for this cohort by circa half and has reduced longest wait to 25 weeks down from 52 weeks. MRI radiographer insourcing started in October to mitigate capacity lost to vacancies at York. Recruitment has taken place so currently in process of onboarding and training. No additional capacity but retains core capacity. Radiographer training for contrast at both YSJ and Scarborough CDC planned for January which will improve throughput once completed. ERF funding approved for unstaffed scanner until January 2026, utilising staff that would have been at CDC. Delivers an additional 2,500 scans. CT - Higher Support Worker funding secured to establish post in York (already in place at Scarborough) by end of March 2026.. NHSE deep dive planned for Feb / March 2026.

Physiological:

Echocardiography: *nsourcing* to support 7 day working, fixed term until end of financial year. With the scheme below will deliver an additional 1,040 ECHO scans.
Second insourced echocardiographer at the East Coast in place covering Mon – Fri 9-5. Additional echo tech who is due to start on 23rd of February offering an additional 40 scans per week which will help off set the impact of the additional outpatient activity.

Audiology: 4 x pop-up booths (two York, one Malton and one Brid) to deliver additional audiology capacity will be in place by end of March 2026. Contracts for current locum colleagues (all sites) have been extended until end of March 2026, York extended to end of September 2026.

What is the expected impact?

Increased capacity leading to increase in activity, reduction in backlogs and improvement to DM01 performance. While hitting original plan is unlikely for this financial year we anticipate continuing on an improving trajectory.

Potential risks to improvement?

Ongoing issues with equipment breakdown and recruitment challenges.

Summary MATRIX

Children & Young Persons: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			* Children & Young Persons: ED - Emergency Care Standard (Type 1 only)
COMMON CAUSE / NATURAL VARIATION		* Children & Young Persons: ED - Patients waiting over 12 hours in department	* Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways
SPECIAL CAUSE CONCERN			* Children & Young Persons: RTT - Total Waiting List * Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks

Children & Young Persons
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi (Acute)/Kim Hinton (Elective)

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Children & Young Persons: ED - Patients waiting over 12 hours in department	2026-01			1		0
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2026-01	H	F	87.7%		95%
Children & Young Persons: RTT - Total Waiting List	2026-01	H	F	4383	3473	3206
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2026-01	L	F	60.4%		92%
Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways	2026-01		F	29	0	0

KPIs – Operational Activity and Performance

Children & Young Persons

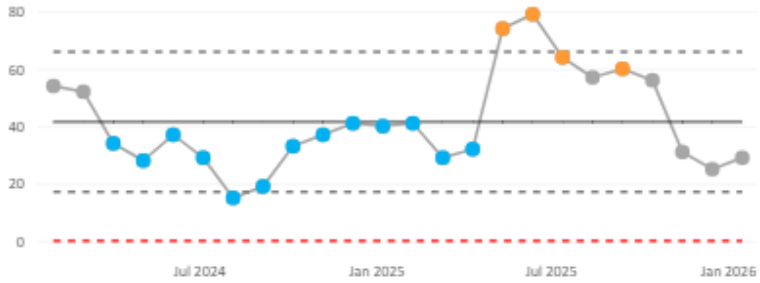
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Claire Hansen

Operational Lead: Kim Hinton/Abolfazl Abdi

Children & Young Persons: RTT Waits over 52 weeks for incomplete pathways

Variation Assurance



Latest Month: 2026-01

Value: 29

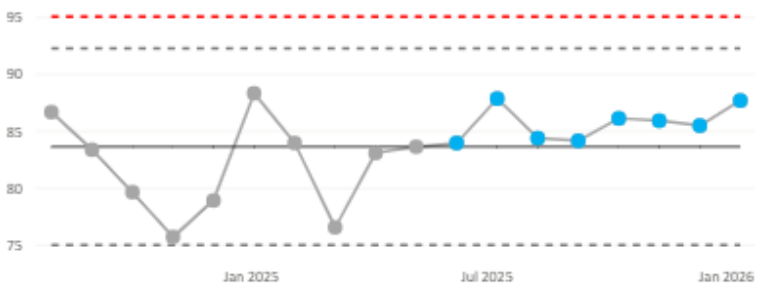
Target: 0

The indicator is **worse than the target** for the latest month and **is** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **4.0**.

Children & Young Persons: ED - Emergency Care Standard (Type 1 only)

Variation Assurance



Latest Month: 2026-01

Value: 87.7%

Target: 95%

The indicator is **worse than the target** for the latest month and **is** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **2.2**.

Rationale: SPC1: To measure and encourage compliance with recovery milestones for the RTT waiting list. Waiting times matter to patients. **SPC2:** To monitor waiting times in A&E and Urgent Care Centres.

Target: SPC1: Aim to have zero patients waiting more than 52 weeks by end of September 2025. **SPC2:** NHS Objective to improve A&E waiting times so that no less than 78% of patients are seen within 4 hours by March 2026.

What actions are planned?

SPC1:

- The Trust's internal weekly Elective Recovery Meeting monitors and challenges performance against the trajectory for RTT52 weeks wait for patients aged under eighteen. There is confidence amongst the Care Groups that they will deliver and maintain zero RTT40 week waits by the end of Q4 2025/26 except ENT and Oral Surgery (35 at the end of December 2025).
- ENT and Oral Surgery are planning to deliver zero RTT52 week waiters by the end of Q4 2025/26 (25 at the end of January 2026) .

SPC2:

- We have ended December on approximately 90% paeds ECS. Notably at York time to assessment at the end of December is 15 minutes. This is a target we have been working on for the last 3 months so the team are now seeing the results of their work.

What is the expected impact?

- Improved ECS for CYP patients.
- Delivery of zero paediatric RTT40 week waiters (except for Head and Neck) by end of March 2026.
- Improved 'wait to be seen by a doctor' for children.
- More robust and consistent approach to the paediatric service.

Potential risks to improvement?

- Impact of treating RTT65 week waits continues to take priority particularly in Head and Neck.

Summary MATRIX

Community: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			* Number of people on waiting lists for CYP services per system who are waiting over 52 weeks
COMMON CAUSE / NATURAL VARIATION		* Proportion of Virtual Ward beds occupied * Total Urgent Community Response (UCR) referrals	
SPECIAL CAUSE CONCERN		* Number of open Virtual Ward beds	

COMMUNITY
Scorecard

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Claire Hansen **Operational Lead:** Abolfazl Abdi

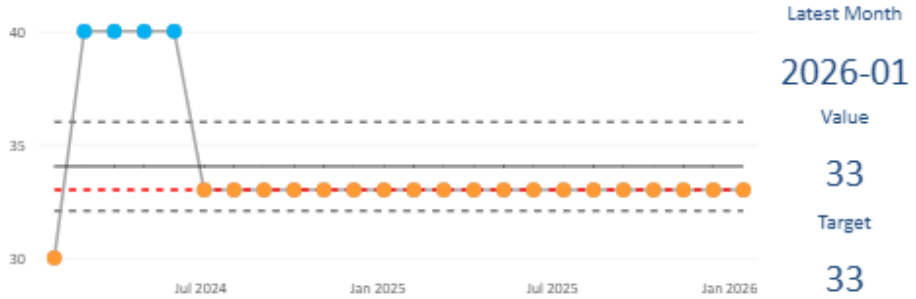
Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of open Virtual Ward beds	2026-01			33	33	33
Proportion of Virtual Ward beds occupied	2026-01			54.6%	79%	79%
Community Response Team (CRT) Referrals	2026-01			618		
Total Urgent Community Response (UCR) referrals	2026-01			612	553	566
2-hour Urgent Community Response (UCR) care Referrals	2026-01			189		
2-hour Urgent Community Response (UCR) Compliancy %	2026-01			70%		
Number of Adults (18+ years) on community waiting lists per system	2026-01			665		
Number of CYP (0-17 years) on community waiting lists per system	2026-01			1618		
Number of District Nursing Contacts	2026-01			20758		
Number of Selby CRT Contacts	2026-01			2521		
Number of York CRT Contacts	2026-01			4036		
Referrals to District Nursing Team	2026-01			2213		
Number of people on waiting lists for CYP services per system who are waiting over 52 weeks	2026-01			582	126	0

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi

Variation Assurance

Number of open Virtual Ward beds



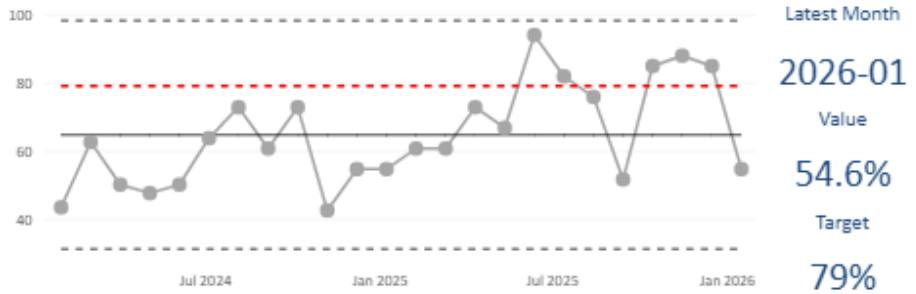
Latest Month
2026-01
Value
33
Target
33

The indicator is **equal to the target** for the latest month and is within the control limits.

The latest months value has **remained the same** from the previous month, with a difference of **0.0**.

Variation Assurance

Proportion of Virtual Ward beds occupied



Latest Month
2026-01
Value
54.6%
Target
79%

The indicator is **worse than the target** for the latest month and is within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **30.3**.

Rationale: To monitor demand on Community virtual wards.
Target: SPC1: Trust is commissioned to deliver 33 virtual ward beds. **SPC2:** Aim to achieve 79% virtual ward bed occupancy as per activity plan.

Please note: Graphs show all 4 Virtual Wards. The Trusts virtual wards are made up of Frailty Virtual ward (12 beds) Heart Failure Virtual ward (10 beds) and Vascular and Cystic Fibrosis with 11 beds between them. FVW and HFVW are operationally managed by community services but delivered in partnership with acute colleagues

What actions are planned?

In January 2026, the York Frailty Virtual Ward (Hospital at Home) admitted 41 patients into its 12 beds. 90% of referrals are step up from a community setting.

The H@H clinical lead is working in ED and SDEC, this service has seen an increase in step down referrals by turning patients around before admission. The team continues to implement additional clinical pathways including IV antibiotics.

In collaboration with NY ICB, UCR funding for a resident doctor in Selby Monday to Friday was provided and a Selby H@H service has been tested. Whilst this was successful in supporting 12 patient during this test, the service proved to be stretched based on one resident doctor . Discussion is ongoing with the ICB to fund an additional senior nurse to implement a 5 bedded Selby H@H model working in collaboration with Selby CRT and UCR.

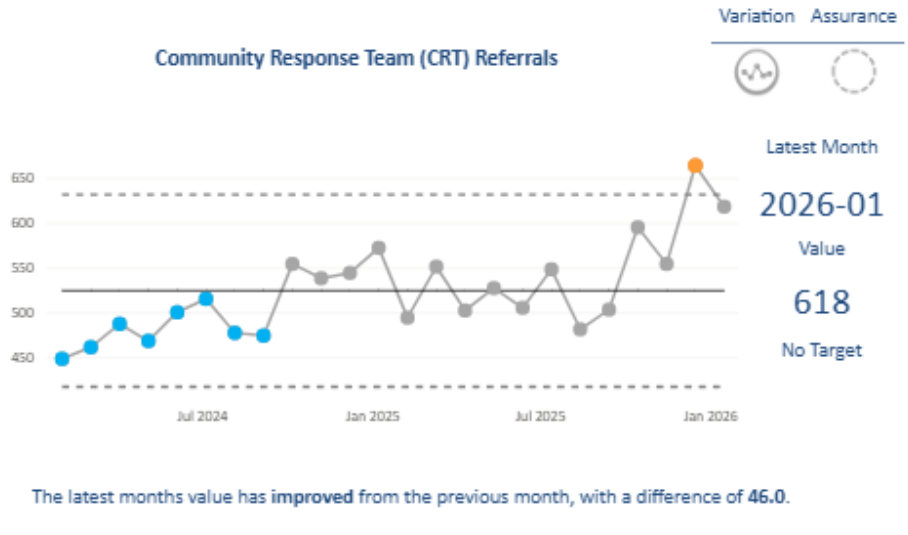
The Heart Failure VW continues to support the York admission avoidance pathway, although admissions to the HFVW ambulatory IV diuretic pathway have been low in January. As the HFVW is delivered as one element of an integrated acute and community HF, speciality nurse team capacity has focused on supporting the rapid access service and early supported discharge.

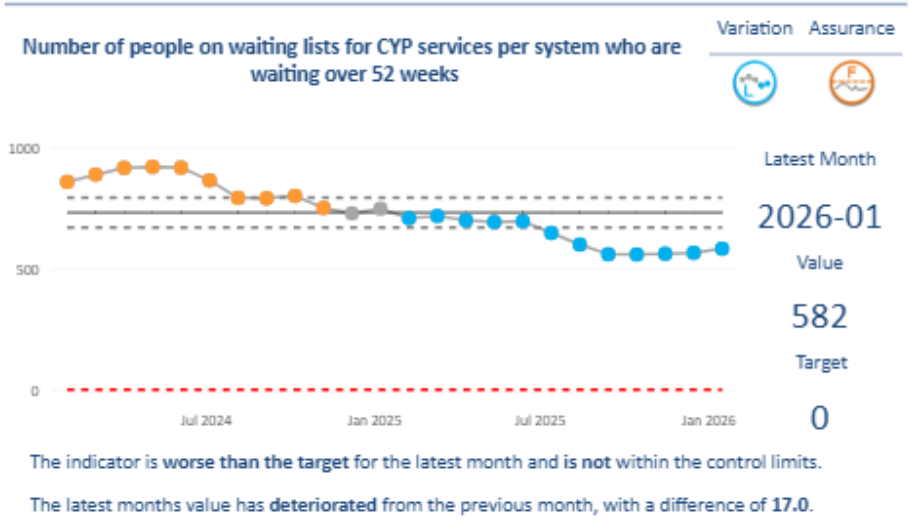
Potential risks to improvement?

There remains no H@H service for SHAR.
Funding for additional senior nurse not confirmed for Selby.

Executive Owner: Claire Hansen

Operational Lead: Abolfazl Abdi/Kim Hinton





Rationale: To monitor demand on Community services.
Target: SPC1: No target. **SPC2:** zero waiting over 52 weeks by end of March 2026 as per activity planning submission.

Please note: These two metrics should not be linked as they are different cohorts of patients.

What actions are planned?

SPC1: Referrals for UCR and home based intermediate care at home remain high. The introduction of a Trust grade medic in the Selby CRT has shown improvements.

Workforce challenges remain with high sickness actively managed. Over the winter period the team actively pulled in additional resource form Advanced Clinical Specialist, stepping down training and pulled on the wider community therapy team delaying routine appointments to help manage the flow out of hospital and prevent admissions.

SPC2: Speech and Language Therapy: the Trust is involved in regional and national work. A national toolkit is in development with the Trust involved in workshops to support. The 2025/26 plan was based on potential change in coding which has been scoped and not possible, so impact of actions are limited due to core demand and capacity mis match. Additional WTE mitigation included in 2026/27 plan.

What is the expected impact?

The service is exploring all options to reduce the long waiting patients. The Request for Help phone line and resources available through the Trust's website have been well received by patients and their families.

A big increase in referral for Selby CRT since introduction of Trust Grade medic, with good partnership working with the local GPs.

Potential risks to improvement?

- Prioritising the Discharge to Assess pathway could reduce capacity in the Community Therapy Team (which supports planned therapy care) if efficiencies cannot be made.
- National shortage of SLT therapists.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

QUALITY AND SAFETY

February 2026

Executive Owner: Karen Stone and Dawn Parkes

Highlights: IPC

- Reduced rates of Clostridioides Difficile Infection (CDI) and Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteraemia, under agreed objectives; for CDI ranked 1/134 as per National Oversight Framework (NOF), MSSA ranked 100/134
- The Winter Respiratory Virus Ward at York Hospital worked well and supported operational flow by cohorting patients with winter respiratory infections

Concerns / Risks :

- E.coli Bacteraemia - 23 cases **over** the year-to-date objective at the end of January 2026. Q2 National Oversight Framework metric rate 2.41 per 100,000 bed days, rank 47/134.
- **Next Steps:**
- Focused work continues with improving hand hygiene and the Gloves Off Campaign, as agreed with the Care Group Senior Nursing Teams.
- Update visual communication materials at ward entrances to emphasise the importance of hand hygiene and use of alcohol hand gel.
- Deliver improvement actions as per the Strategic IPC Improvement Plan, including development of an IPC skills matrix and review of training packages by March 2026.

Highlights: Corridor Care

- Gap analysis completed against the revised NHS England 'Principles for providing patient care in corridors' (December 2025) and the Health Services Safety Investigations Body (HSSIB) report on 'Patient Care in Temporary Care Environments' (January 2026). Several recommendations made including expanding reporting mechanisms, strengthening the Standard Operating Procedure to include specific exclusion criteria and changing the language from Temporary Escalation Spaces to corridor care.
- Trust 'Standard operating procedure for safe and effective management of adult patients being cared for in corridors' updated with the results from the gap analysis.
- A revised risk assessment developed in collaboration with ward managers/matrons to ensure safe, appropriate placement of patients – to be implemented by the end of February

Concerns/Risks

- Corridor care is being used as required in line with the OPEL framework and in line with the triggers identified, e.g. one or more ambulance handover delays exceeding 45 minutes or patients in the Emergency Department at 10 hours who are deemed clinically ready to proceed/ready for transfer and a decision to admit has been made – escalation and oversight via the 3 times daily operational meetings.
- No patient safety issues have been escalated. Negative patient feedback received through verbal and written complaints focussed on standards of privacy and dignity.

Next Steps:

- Internal systems, processes and pathways are continuing to be improved to stop corridor care being normalised.
- Associate Chief Nurses have been asked to meet daily with Matrons for assurance that risk assessments are complete and care is in place.
- After Action Review to be scheduled with senior nursing team to identify learning and inform early winter planning for next year.

Highlights: Pressure ulcers

- In January, performance deteriorated with 75 confirmed Category 2 pressure ulcers reported against a target trajectory of 60.

Concerns/Risks:

- During January, the organisation experienced an increase from December in patients identified as having no criteria to reside. There was also a noticeable rise in patient acuity and frailty across the inpatient cohort, correlating with an increased incidence of pressure damage on elderly medicine wards. Increased frailty and deconditioning are recognised risk factors for pressure ulcer development, which is likely to have contributed to the observed trends.

Next Steps:

- Investment has been secured through the capital programme and charitable funds to support Phase 1 implementation of a replacement seating programme.
- Plan in place to devote November and December to additional improvement activity as part of the Trust Year of Quality.

Summary MATRIX 1

Quality and Safety: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Total Number of Trust Onset MSSA Bacteraemias * Total Number of Trust Onset MRSA Bacteraemias * Total Number of Trust Onset C. difficile Infections * Total Number of Trust Onset E. coli Bacteraemias * Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias * Pressure Ulcers per thousand Bed Days * Patient Falls per thousand Bed Days * Medication incidents per thousand bed days * Harmful Incidents per thousand bed days * Total Number of Never Events Reported * Monthly SHMI * Monthly HSMR	
SPECIAL CAUSE CONCERN		* Total Number of Trust Onset Klebsiella Bacteraemias * Patient Safety Incidents per thousand Bed Days	

Quality & Safety
Scorecard (1)

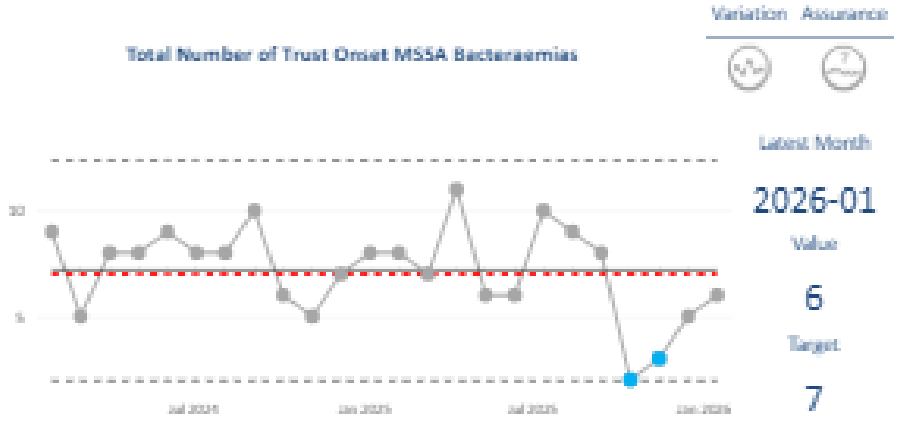
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

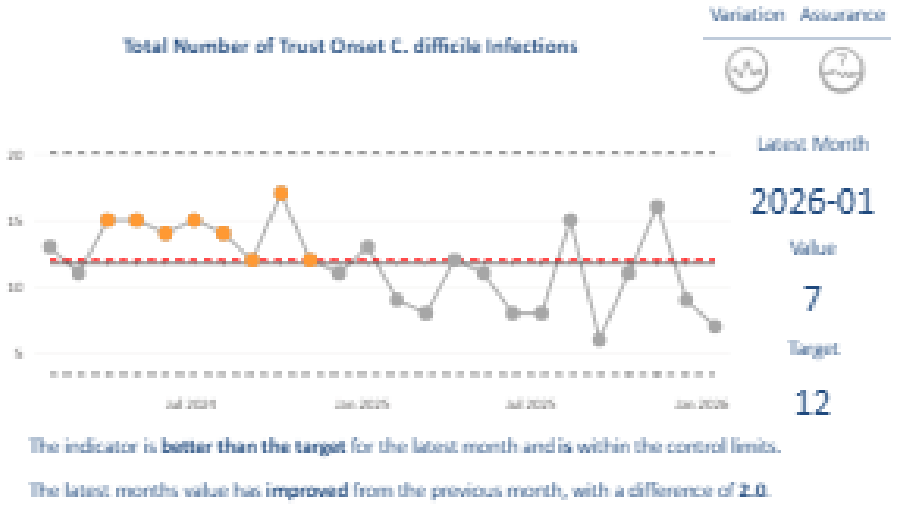
Executive Owner: Dawn Parkes **Operational Lead:** Sue Peckitt

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Total Number of Trust Onset MSSA Bacteraemias	2026-01			6	7	7
Total Number of Trust Onset MRSA Bacteraemias	2026-01			0		0
Total Number of Trust Onset C. difficile Infections	2026-01			7	12	12
Total Number of Trust Onset E. coli Bacteraemias	2026-01			19	14	14
Total Number of Trust Onset Klebsiella Bacteraemias	2026-01	H		10	6	6
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias	2026-01			2	1	2
Pressure Ulcers per thousand Bed Days	2026-01			4		4
Patient Falls per thousand Bed Days	2026-01			8.4		8.7
Medication incidents per thousand bed days	2026-01			4.3		6

Executive Owner: Dawn Parkes

Operational Lead: Sue Peckitt





Rationale: To drive reduction in avoidable health care associated infection (HCAI), facilitate patient safety and improve patient outcomes

Target: National thresholds for 2025/26 have remained the same as the previous year except Klebsiella bacteraemia which has reduced by 25 cases. MSSA bacteraemia has an internal 5% reduction on the 2024/25 year-end position. **MSSA is a True North Metric.**

Key Risks:

- Methicillin-Resistant Staphylococcus aureus bacteraemia objective breached with 6 cases up to the end of January against a zero tolerance. Q2 National Oversight Framework metric 3.40 per 100,000 bed days, rank 100/134.
- E.coli bacteraemia - The Trust is 23 cases **over** the YTD objective at the end of January 2026. Q2 National Oversight Framework metric is 2.41 per 100,000 bed days, rank 47/134.
- Klebsiella bacteraemia - The Trust is 17 cases **over** the YTD objective at the end of January 2026
- Pseudomonas bacteraemia - The Trust is 16 cases **over** the YTD objective at the end of January 2026

Key assurances/brilliances:

- Clostridioides difficile - The Trust is 17 cases **under** the YTD objective at the end of January 2026. Q2 NOF metric 1, rank 1/134
- Methicillin-Sensitive Staphylococcus aureus bacteraemia – The Trust is 5 cases **under** the YTD objective at the end of January 2026
- There is a robust Hospital Acquired Infection review process in place led by the Corporate IPC lead nurses and the Care Group senior team to identify key learning opportunities and key actions.
- The IPC Deputy Director of Infection Prevention & Control reports against the agreed strategic IPC improvement plan to the Infection Prevention Strategic Advisory Group and to Quality Committee.

Next Key Improvements:

- We have a clear standard around Visual Infusion Phlebitis Scores (VIPS) and will be supporting care groups to deliver against this. There is a clear plan for a Gloves Off and Hand Hygiene compliance campaign for all professional groups with a focus on sign posting and standardised expectations across ward and department environments. We will also be emphasising the use of hand gel at the entrance to all wards and departments.
- There is a priority improvement objective around the management of both urinary and venous catheters by end of Q4 in 2026/27. This is based around the findings of a local audit undertaken in Q3 with an agreed Care Group improvement objective of achieving 90% of all care delivery outcomes for invasive devices.

Quality & Safety
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Adele Coulthard/ Dawn Parkes **Operational Lead:** Dan Palmer/Alice Hunter/Tara Filby/Sacha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Patient Safety Incidents per thousand Bed Days	2026-01			54.4		55
Harmful Incidents per thousand bed days	2026-01			18.5		17
Total Number of Never Events Reported	2026-01			0		0
In-Hospital Deaths	2026-01			241		
Quarterly SHMI	2025-06			92.2		100
Monthly SHMI	2025-08			77.3		100
Quarterly HSMR	2025-09			105.7		100
Monthly HSMR	2025-09			108.9		100
Trust Complaints	2026-01			143		
Antepartum Stillbirths	2025-12			3		
Intrapartum Stillbirths	2025-12			0		
Early neonatal deaths (0-7 days)	2025-12			2		
PPH > 1.5L as % of all women - York	2025-12			2.4%		
PPH > 1.5L as % of all women - Scarborough	2025-12			6.1%		
Proportion of fractured neck of femur patients treated within gold standard timeframe (a month in arrears)	2025-12			60.7%		

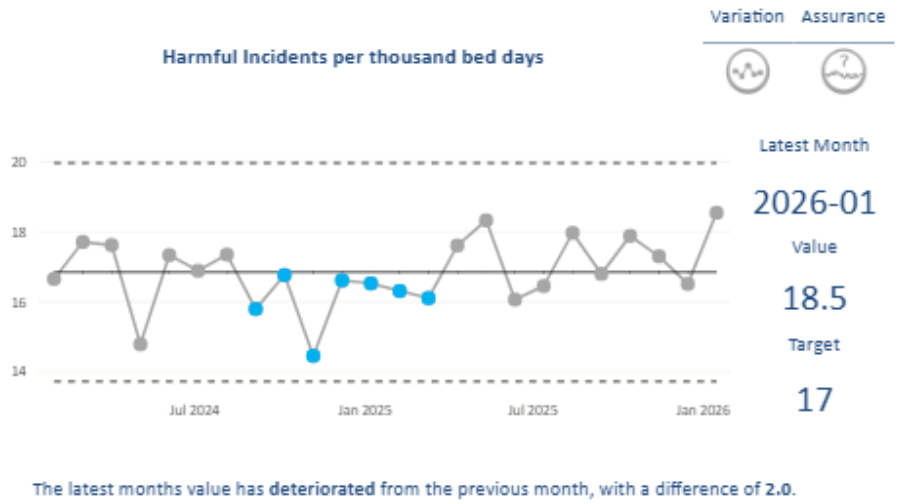
KPIs – Quality & Safety

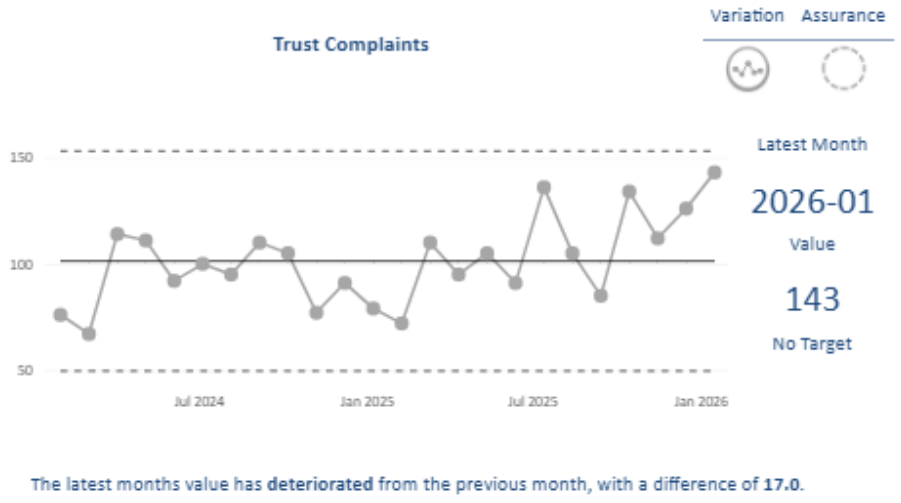
Q&S (2)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Adele Coulthard/ Dawn Parkes/Karen Stone

Operational Lead: Dan Palmer/Alice Hunter/Vicky Mulvana- Tuohy





Rationale: The Trust is committed to learning from incidents and complaints and improving the patient experience

Target: No target identified as the reporting of incidents/complaints is an indicator of an open reporting culture

Factors impacting performance:

Harmful Incidents per 1000 bed days:

The SPC chart continues to show common cause variation in relation to the number of harmful incidents per 1000 bed days.

Analysis of the Patient Safety Incident Data

Our monthly internal analysis of incident reporting continues to indicate an upward trend in reporting rates. The Medicine Care Group remains the area with the highest number of reported incidents, which is anticipated given that it covers the largest number of clinical areas. This is followed by Family Health and Surgery, with CSCS and corporate departments submitting fewer reports overall.

The recurring themes identified in January remain consistent this month. The most commonly reported incident types continue to be patient falls, initial notification of pressure ulcers following assessment (across community, Emergency Department, and inpatient wards), and incidents involving violence towards staff. Targeted improvement programmes have been implemented to address each of these areas.

Great-ix

There were 66 Great-ix submissions in January, which is the most submitted in a month since its introduction in September 2024. Some highlights taken from the month's submissions are below.

January Great-ix Highlights:

"…Your professionalism, teamwork, and compassion make a real difference every day..."
"…She supports others without hesitation, communicates clearly, and maintains professionalism at all times…."
"…X demonstrated remarkable composure, clear clinical judgement, and unwavering professionalism throughout a situation that was both complex and emotionally demanding…."
"…She treated the patient with remarkable dignity and kindness, as if caring for her own family member…"
"…I think that is beautiful and noble for our staff to demonstrate such level of care to have made a significant impact on a patient, especially ones in her last days of life…"

Factors impacting performance:

Complaints

The SPC chart continues to show common cause variation in relation to the number of complaints received but has noted an increase in month with 136 new complaints within Care Groups received in the month of January 2026 (in contrast to 126 in December 2025, 112 in November 2025, 134 in October 2025). The 143 on the SPC chart reflects total number of complaints including those within Corporate.

54% of complaints were closed in 30 days (compared to 50% in December 2025) and 44% of complex complaints were closed in 45 days (compared to 30% in December 2025) showing an improvement in complaint response times, though there is progress is still needed to achieve the target of 90%.

Key risks and emerging risks

Continued high number of complaints and concerns, including issues that are not addressed in the moment e.g. at ward/service level.

Key assurances

- There is a clear plan to address the backlog of +300 outstanding concerns which has been allocated to Care Groups for action and this is reducing.
- The secondment to the PALS team for a period of 4 months commenced in late January which will provide additional capacity to the team and enable us to increase access to both in-person appointments and increased phone access.
- A draft terms of reference has been developed for Care group weekly complaint meetings to standardise across care groups.
- A new online form has been developed for complaints and concerns and will be implemented in the new financial year which will improve data capture, speed up submission of complaints requiring consent and improve patient experience.
- Two additional sessions of the Emphasis Letter Writing Skills training for Investigating Officers have been arranged for March 2026.

Next key improvement steps

- Care Groups to continue taking action to close the backlog of concerns.
- Draft standardised terms of reference for weekly Care Group complaints meetings to be finalised and implemented to ensure consistent processes and to strengthen assurance around complaints handling.
- A rebuild of the complaints dashboard is underway to enable clearer accountability oversight.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

MATERNITY

February 2026

Executive Owner: Dawn Parkes and Sascha Wells-Munro

Please note that Maternity Services provide a dedicated report to Trust Board against a range of quality and safety metrics. The metrics in this TPR are currently under review.

Highlights:
Special Care Baby Unit.
Concerns / Risks :
Special Care Baby Unit had a period of reaching full capacity in December 2025. This has now resolved and is managed through the business continuity plan in place to support that pathway of care.
Next Steps:.
Maternity and Neonatal services are working with the local Operational Delivery Network (ODN) to review the current service delivery pathway for SCBU in Scarborough.

Summary MATRIX 1 of 3

Maternity Scarborough

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* L/W Co-ordinator supernumerary % - Scarborough	* Anaesthetic cover on L/W - Scarborough
COMMON CAUSE / NATURAL VARIATION	* Bookings - Scarborough * Community midwife called in to unit - Scarborough	* Bookings ≥13 weeks (exc transfers etc.) - Scarborough * Births - Scarborough * No. of women delivered - Scarborough * Planned homebirths - Scarborough * Women affected by suspension - Scarborough * Maternity Unit Closure - Scarborough * 1 to 1 care in Labour - Scarborough	* Bookings <10 weeks - Scarborough * Homebirth service suspended - Scarborough
SPECIAL CAUSE CONCERN		* SCBU at capacity - Scarborough * SCBU at capacity of intensive care cots - Scarborough * SCBU no of babies affected - Scarborough	

Summary MATRIX 2 of 3

Maternity Scarborough

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* HSIB cases - Scarborough * Antepartum Stillbirth - Scarborough	
COMMON CAUSE / NATURAL VARIATION	* Intrapartum Stillbirths - Scarborough	* Normal Births - Scarborough * Assisted Vaginal Births - Scarborough * C/S Births - Scarborough * Elective caesarean - Scarborough * Emergency caesarean - Scarborough * Induction of labour - Scarborough * HDU on L/W - Scarborough * BBA - Scarborough * Neonatal Death - Scarborough * Cold babies - Scarborough * Preterm birth rate <37 weeks - Scarborough * Preterm birth rate <34 weeks - Scarborough * Preterm birth rate <28 weeks - Scarborough	
SPECIAL CAUSE CONCERN			

Maternity Scarborough
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Normal Births - Scarborough	2025-12			48%		57%	Target
Assisted Vaginal Births - Scarborough	2025-12			11%		12.4%	Target
C/S Births - Scarborough	2025-12			41%		45.6%	Baseline
Elective caesarean - Scarborough	2025-12			16%		16.9%	Baseline
Emergency caesarean - Scarborough	2025-12			25%		28.6%	Baseline
Induction of labour - Scarborough	2025-12			38.8%		45%	Baseline
HDU on L/W - Scarborough	2025-12			6		5	Target
BBA - Scarborough	2025-12			2		2	Target
HSIB cases - Scarborough	2025-11	L		0		0	Target
Neonatal Death - Scarborough	2025-12			1		0	Target
Antepartum Stillbirth - Scarborough	2025-12	L		0		0	Target
Intrapartum Stillbirths - Scarborough	2025-12		P	0		0	Target
Cold babies - Scarborough	2025-04			0		1	Target
Preterm birth rate <37 weeks - Scarborough	2025-12			8%		6%	Target
Preterm birth rate <34 weeks - Scarborough	2025-12			1%		1%	Target
Preterm birth rate <28 weeks - Scarborough	2025-12			1%		0.5%	Target

Summary MATRIX 3 of 3

Maternity Scarborough

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Carbon monoxide monitoring at booking - Scarborough * 3rd/4th Degree Tear - assisted birth - Scarborough * Informal Complaints - Scarborough	
COMMON CAUSE / NATURAL VARIATION		* Low birthweight rate at term (2.2kg) - Scarborough * Breastfeeding Initiation rate - Scarborough * Breastfeeding rate at discharge - Scarborough * Smoking at booking - Scarborough * Smoking at 36 weeks - Scarborough * Smoking at time of delivery - Scarborough * Carbon monoxide monitoring at 36 weeks - Scarborough * PPH > 1.5L as % of all women - Scarborough * Shoulder Dystocia - Scarborough * 3rd/4th Degree Tear - normal births - Scarborough * Formal Complaints - Scarborough	
SPECIAL CAUSE CONCERN			

Maternity Scarborough
Scorecard (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Low birthweight rate at term (2.2kg) - Scarborough	2025-12			1%		0%	Target
Breastfeeding Initiation rate - Scarborough	2025-12			81%		75%	Target
Breastfeeding rate at discharge - Scarborough	2025-12			58.1%		65%	Target
Smoking at booking - Scarborough	2025-12			9%		6%	Target
Smoking at 36 weeks - Scarborough	2025-12			6.8%		6%	Target
Smoking at time of delivery - Scarborough	2025-12			5.1%		6%	Target
Carbon monoxide monitoring at booking - Scarborough	2025-12	H		99%		95%	Target
Carbon monoxide monitoring at 36 weeks - Scarborough	2025-12			94.5%		95%	Target
SI's - Scarborough	2025-10			0		0	Target
PPH > 1.5L as % of all women - Scarborough	2025-12			6.1%		2%	Baseline
Shoulder Dystocia - Scarborough	2025-12			3		2	Target
3rd/4th Degree Tear - normal births - Scarborough	2025-12			1%		0%	Target
3rd/4th Degree Tear - assisted birth - Scarborough	2025-12	L		0%		0%	Target
Informal Complaints - Scarborough	2025-11	L		0		0	Target
Formal Complaints - Scarborough	2025-11			1		0	Target

Maternity Scarborough
Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - Scarborough	2025-12		P	100		169	Target
Bookings <10 weeks - Scarborough	2025-12		F	75%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - Scarborough	2025-12		?	5%		10%	Target
Births - Scarborough	2025-12		?	100		113	Target
No. of women delivered - Scarborough	2025-12		?	99		112	Target
Planned homebirths - Scarborough	2025-12		?	1%		2.1%	Target
Homebirth service suspended - Scarborough	2025-12		F	27		3	Target
Women affected by suspension - Scarborough	2025-12		?	0		0	Target
Community midwife called in to unit - Scarborough	2025-12		P	0		3	Target
Maternity Unit Closure - Scarborough	2025-12		?	1		0	Target
SCBU at capacity - Scarborough	2025-03	H	?	4		1	Baseline
SCBU at capacity of intensive care cots - Scarborough	2025-03	H	?	11		2.8	Baseline
SCBU no of babies affected - Scarborough	2025-03	H	?	1		0	Target
1 to 1 care in Labour - Scarborough	2025-12		?	100%		100%	Target
L/W Co-ordinator supernumerary % - Scarborough	2025-12	H	?	100%		100%	Target
Anaesthetic cover on L/W - Scarborough	2025-12	H	F	5		10	Target

Summary MATRIX 1 of 3

Maternity York

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* SCBU at capacity - York * L/W Co-ordinator supernumerary % - York	
COMMON CAUSE / NATURAL VARIATION	* Bookings ≥13 weeks (exc transfers etc.) - York * Community midwife called in to unit - York * Anaesthetic cover on L/W - York	* Bookings - York * Births - York * No. of women delivered - York * Planned homebirths - York * Homebirth service suspended - York * Women affected by suspension - York * Maternity Unit Closure - York * SCBU at capacity of intensive care cots - York * SCBU no of babies affected - York * 1 to 1 care in Labour - York	* Bookings <10 weeks - York
SPECIAL CAUSE CONCERN			

Maternity York
Scorecard (1)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Bookings - York	2025-12			262		295	Target
Bookings <10 weeks - York	2025-12		F	79.4%		90%	Target
Bookings ≥13 weeks (exc transfers etc.) - York	2025-12		P	1.9%		10%	Target
Births - York	2025-12			215		245	Target
No. of women delivered - York	2025-12			211		242	Target
Planned homebirths - York	2025-12			3.1%		2.1%	Target
Homebirth service suspended - York	2025-12			13		3	Target
Women affected by suspension - York	2025-12			1		0	Target
Community midwife called in to unit - York	2025-12		P	0		3	Target
Maternity Unit Closure - York	2025-12			1		0	Target
SCBU at capacity - York	2025-06	L		0		0	Baseline
SCBU at capacity of intensive care cots - York	2025-06			28		13.2	Baseline
SCBU no of babies affected - York	2025-05			2		0	Target
1 to 1 care in Labour - York	2025-12			100%		100%	Target
L/W Co-ordinator supernumerary % - York	2025-12	H		100%		100%	Target
Anaesthetic cover on L/W - York	2025-12		P	10		10	Target

Summary MATRIX 2 of 3

Maternity York

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION	* Intrapartum Stillbirths - York	* Normal Births - York * Assisted Vaginal Births - York * Elective caesarean - York * Induction of labour - York * HDU on L/W - York * BBA - York * HSIB cases - York * Neonatal Death - York * Antepartum Stillbirth - York * Cold babies - York * Preterm birth rate <37 weeks - York * Preterm birth rate <34 weeks - York * Preterm birth rate <28 weeks - York	
SPECIAL CAUSE CONCERN		* C/S Births - York * Emergency caesarean - York	

Maternity York
Scorecard (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Normal Births - York	2025-12			46.7%		57%	Target
Assisted Vaginal Births - York	2025-12			11%		12.4%	Target
C/S Births - York	2025-12	H		42.3%		39.1%	Baseline
Elective caesarean - York	2025-12			17.1%		16.3%	Baseline
Emergency caesarean - York	2025-12	H		25.2%		22.6%	Baseline
Induction of labour - York	2025-12			45.7%		41.8%	Baseline
HDU on L/W - York	2025-12			5		5	Target
BBA - York	2025-12			2		2	Target
HSIB cases - York	2025-12			0		0	Target
Neonatal Death - York	2025-12			1		0	Target
Antepartum Stillbirth - York	2025-12			3		0	Target
Intrapartum Stillbirths - York	2025-12		P	0		0	Target
Cold babies - York	2025-08			0		1	Target
Preterm birth rate <37 weeks - York	2025-12			9.1%		6%	Target
Preterm birth rate <34 weeks - York	2025-12			1.9%		2%	Target
Preterm birth rate <28 weeks - York	2025-12			0%		0.5%	Target

Summary MATRIX 3 of 3

Maternity York

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT		* Carbon monoxide monitoring at booking - York	
COMMON CAUSE / NATURAL VARIATION		* Low birthweight rate at term (2.2kg) - York * Breastfeeding Initiation rate - York * Breastfeeding rate at discharge - York * Smoking at booking - York * Smoking at 36 weeks - York * Smoking at time of delivery - York * PPH > 1.5L as % of all women - York * Shoulder Dystocia - York * 3rd/4th Degree Tear - normal births - York * 3rd/4th Degree Tear - assisted birth - York * Informal Complaints - York * Formal Complaints - York	* Carbon monoxide monitoring at 36 weeks - York
SPECIAL CAUSE CONCERN			

Maternity York
Scorecard (3)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Dawn Parkes **Operational Lead:** Sascha Wells-Munro

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target/Baseline	Target/Baseline
Low birthweight rate at term (2.2kg) - York	2025-12			0.9%		0%	Target
Breastfeeding Initiation rate - York	2025-12			85.5%		75%	Target
Breastfeeding rate at discharge - York	2025-12			73.4%		65%	Target
Smoking at booking - York	2025-12			5.3%		6%	Target
Smoking at 36 weeks - York	2025-12			3.5%		6%	Target
Smoking at time of delivery - York	2025-12			3.8%		6%	Target
Carbon monoxide monitoring at booking - York	2025-12	H		95.4%		95%	Target
Carbon monoxide monitoring at 36 weeks - York	2025-12		F	72.9%		95%	Target
SI's - York	2025-10			0		0	Target
PPH > 1.5L as % of all women - York	2025-12			2.4%		3.7%	Baseline
Shoulder Dystocia - York	2025-12			2		2	Target
3rd/4th Degree Tear - normal births - York	2025-12			1.5%		0%	Target
3rd/4th Degree Tear - assisted birth - York	2025-12			0%		0%	Target
Informal Complaints - York	2025-11			2		0	Target
Formal Complaints - York	2025-11			0		0	Target

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

WORKFORCE

February 2026

Workforce

Director of Workforce and Organisational Development Report

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Executive Owner: Polly McMeekin

1. Highlights

- Reliance on temporary staffing has eased: agency use fell for a fifth month (to **41 whole-time equivalents**), with fewer temporary bookings overall in December.
- Recruitment has continued to strengthen our substantive workforce: January saw **eight** medical starters (including **three** Consultants), **11** further medical offers (including **seven** Consultant posts), while **39** Resident Doctors were onboarded in February.
- The Trust's Occupational Health quality accreditation (SEQOHS - Safe, Effective, Quality Occupational Health Service) has been confirmed for another 12-months.

2. Concerns

- Sickness absence rose sharply in December, exceeding last winter's peak and increasing by **0.7 percentage points** month on month, driven by seasonal illness.
- Resident Doctor industrial action mandate has been extended to **August 2026** following the British Medical Association ballot; no new strike dates have been announced at the time of preparing this report).

3. Future

- Complete e-rostering onboarding for remaining areas (administrative and clerical and York Teaching Hospitals Facilities Management colleagues) by **summer 2026**.
- Sustain supply pipelines: Health Care Support Worker programmes (including Sector-based Work Academy), Nursing Associate apprenticeships (**47** in training and **10** more by March 2026), and a February intake of **10** newly-qualified Midwives.

Summary MATRIX

Workforce: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT	* 12 month rolling turnover rate Trust (FTE) * Total Agency Whole Time Equivalent Filled * Overall corporate induction compliance * A4C staff corporate induction compliance	* Overall vacancy rate * Total Bank Whole Time Equivalent Filled * Medical & dental staff corporate induction compliance	* Overall stat/mand training compliance * Medical & dental staff stat/mand training compliance * Appraisal Activity
COMMON CAUSE / NATURAL VARIATION		* HCSW vacancy rate * Midwifery vacancy rate * Medical and dental vacancy rate * Registered Nursing vacancy rate * AHP vacancy rate * A4C staff stat/mand training compliance	
SPECIAL CAUSE CONCERN			* Monthly sickness absence * Annual absence rate

Workforce
Scorecard (1)

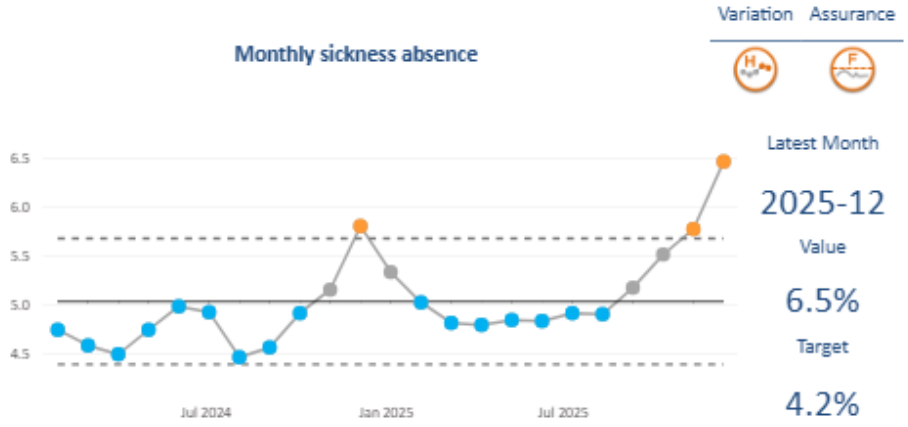
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Polly McMeekin **Operational Lead:** Lydia Larcum

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Monthly sickness absence	2025-12	H	F	6.5%	4.5%	4.2%
Annual absence rate	2025-12	H	F	5.3%		4.3%
Total Agency Whole Time Equivalent Filled	2025-12	L	P	40.8		151
Total Bank Whole Time Equivalent Filled	2025-12	L	?	576.2		557
12 month rolling turnover rate Trust (FTE)	2026-01	L	P	7.5%		10%
Overall vacancy rate	2026-01	L	?	6.4%		6%
HCSW vacancy rate	2026-01		?	12.2%		5%
Midwifery vacancy rate	2026-01		?	-1.2%		0%
Medical and dental vacancy rate	2026-01		?	4.1%		6%
Registered Nursing vacancy rate	2026-01		?	4.9%		5%
AHP vacancy rate	2026-01		?	6.8%		8.5%

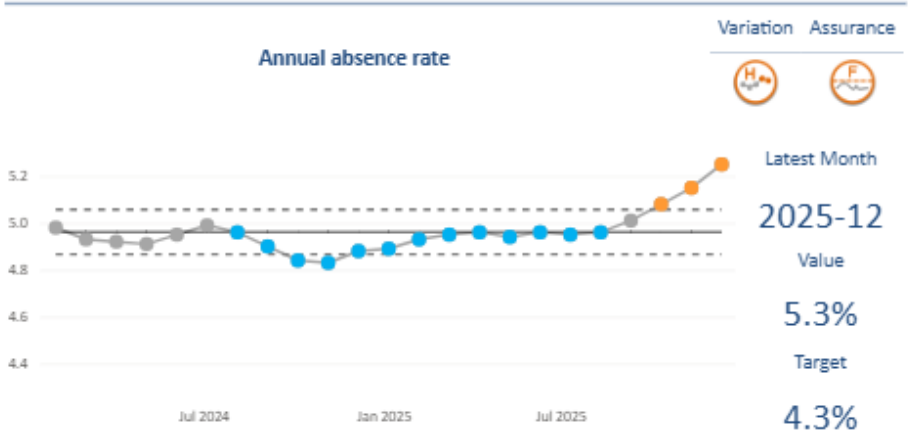
Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum



The indicator is **worse than the target** for the latest month and **is not** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **0.7**.



The indicator is **worse than the target** for the latest month and **is not** within the control limits.

The latest months value has **deteriorated** from the previous month, with a difference of **0.1**.

Rationale: Reduce absence resulting in greater workforce availability.
Target: **4.3%**

Factors impacting performance and actions:

Sickness absence in the Group has continued to climb steeply, with December's absence rate surpassing the winter peak in 2024-25 (5.8% in December 2024) by a considerable margin. The reported rate for December 2025 was also 0.7% higher than in the previous month, driven by an increase in seasonal illness. The table below summarises the four main reasons for colleague absence in December and shows how these compare to November:

Reason	December 2025		November 2025	
	WTE lost	Proportion of all absences	WTE lost	Proportion of all absences
Anxiety, stress, depression	158 ↑	26%	147	27%
Cough, cold, flu	100 ↑	16%	69	13%
Musculoskeletal, back	50 ↓	8%	69	13%
Gastrointestinal	44 →	7%	44	8%

The Trust is continuing to make 'flu vaccination available to colleagues. 52% of staff have taken up the offer of vaccination this winter.

The Trust's Occupational Health service has had its SEQOHS (Safe, Effective, Quality Occupational Health Service) accreditation renewed. SEQOHS is a voluntary scheme for occupational health services in the UK which provides a framework for service standards. This accreditation is awarded for five years at a time, subject to services demonstrating continuing high standards through annual renewal assessments.

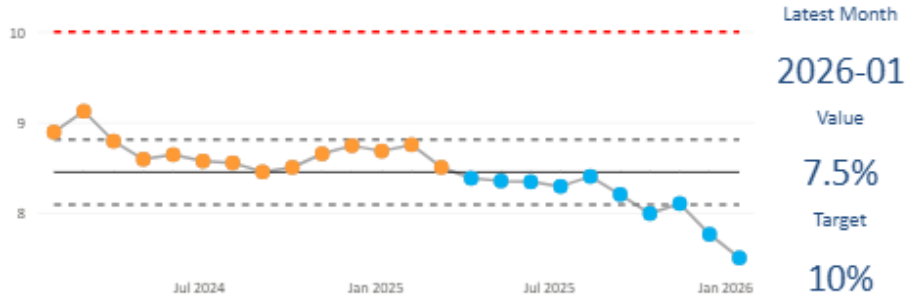
The most recent ballot by the British Medical Association (BMA), which closed in February, saw 93% of Resident Doctors vote to continue industrial action (based on a 53% turnout). The latest result extends the BMA's mandate to August 2026. As of 10 February, no new strike dates had been announced.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum

Rationale: Reduce turnover resulting in greater workforce availability.
Target: Turnover 10% Vacancy Rate 6%

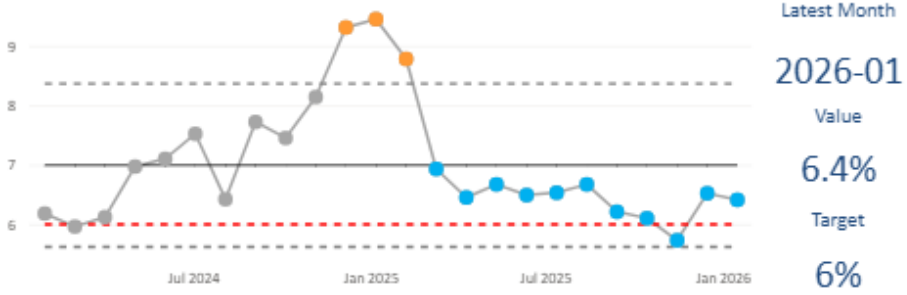
12 month rolling turnover rate Trust (FTE)



The indicator is **better than the target** for the latest month and **is not** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **0.3**.

Overall vacancy rate



The indicator is **worse than the target** for the latest month and **is** within the control limits.

The latest months value has **improved** from the previous month, with a difference of **0.1**.

Factors impacting performance and actions:

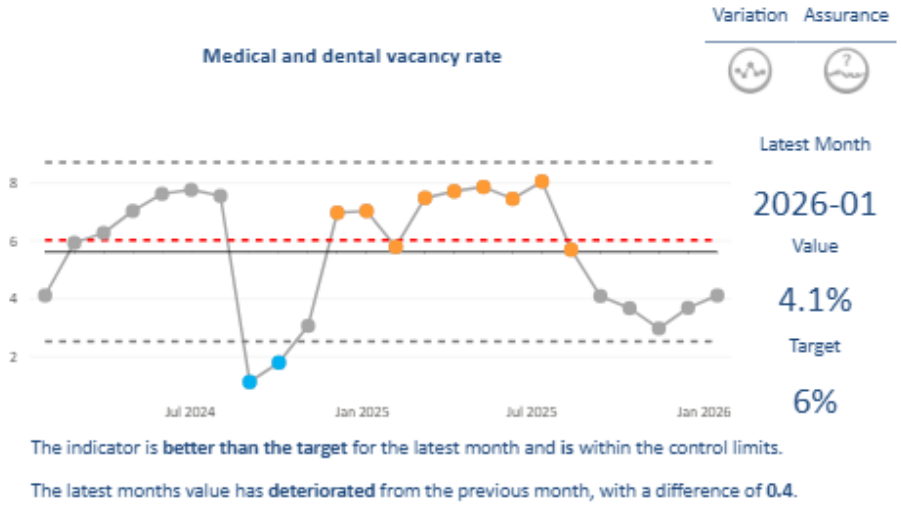
At the end of December, the Group recorded a total workforce position of 9,997 WTE. This included 19 WTE of Bank workforce usage connected to the Resident Doctor's strikes. The total WTE position represents a decrease of 79 from November, driven primarily by a lower number of temporary staffing bookings. As a result, the Group's agency WTE reduced for a fifth successive month, to 41 WTE.

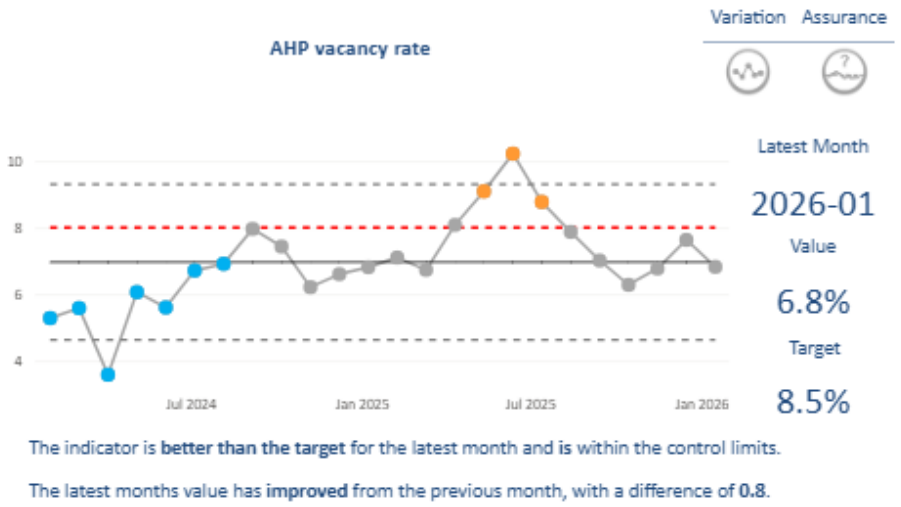
In the medium term (2026-2029), the Group is required to make year-on-year reductions of 30% in agency utilisation and 10% in bank utilisation.

In the short term, the Group vacancy rate may increase following implementation of a vacancy control 'triple-lock' system by Humber and North Yorkshire ICB and NHS England (North East and Yorkshire region). The mechanism requires approval from both bodies for recruitment to non-clinical vacancies, and forms part of the system's essential expenditure control measures for the remainder of the 2026-27 financial year.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum





Rationale: Reduce vacancy factor resulting in greater workforce availability.
Target: M&D vacancy rate 6%, AHP vacancy rate 8.5%

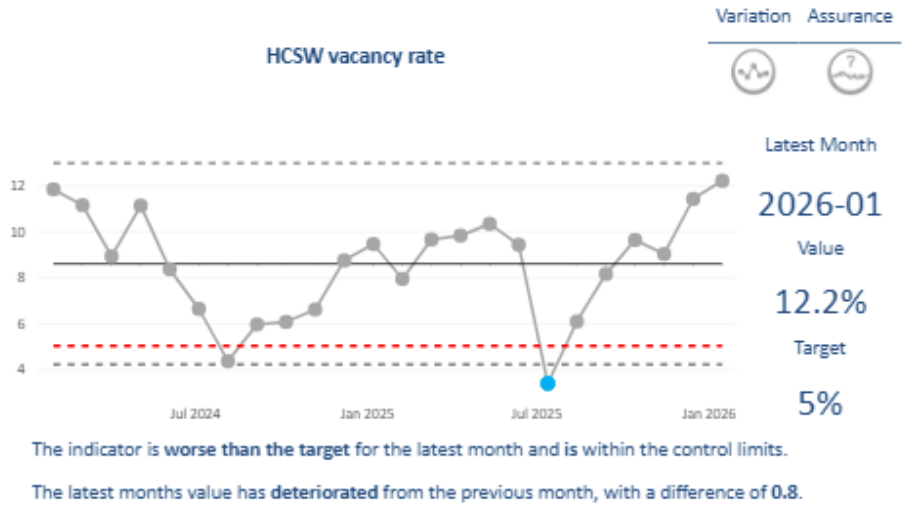
Factors impacting performance and actions:

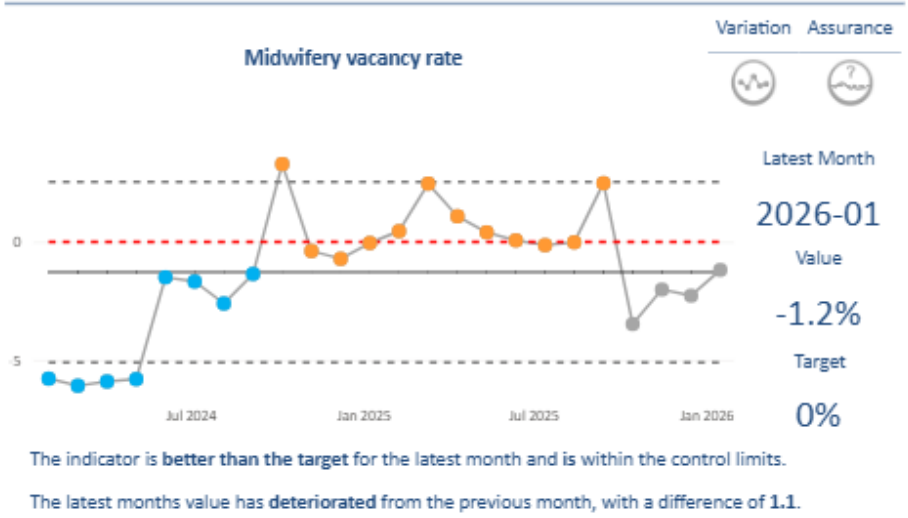
In January, the Trust welcomed eight new medical colleagues including three permanent Consultants within Radiology, Microbiology and Anaesthetics. In addition, 11 offers of employment for medical posts were made, including seven Consultant posts in the following specialties: Emergency Medicine (four), Radiology (two) and Ear Nose Throat (one).

The Trust has onboarded 39 new Resident Doctors (including six via honorary contract arrangements) as part of the February doctors' changeover.

Executive Owner: Polly McMeekin

Operational Lead: Lydia Larcum





Rationale: Reduce vacancy factor resulting in greater workforce availability.
Target: HCSW vacancy rate 5%, Midwifery vacancy rate 0%

Factors impacting performance and actions:

The HCSW recruitment pipeline includes 28 WTE HCSWs undertaking pre-employment checks, and 8 WTE who are booked onto the next Academy in February.

Working in partnership with the Job Centre, the Trust has made offers to nine people who signed-up to the recent Sector-based Work Academy Programme (SWAP). The programme, which is running for a second time, provides a pathway directly into HCSW roles upon completion. The initiative forms part of plans to reduce the vacancy rate which has grown during the winter period.

January saw the Nursing Associate headcount increase by 1 from 45 to 46. There are a further 47 colleagues enrolled on the Level 5 Nursing Associate Apprenticeship course who are due to complete at different points over the next 19-months. An additional 10 Apprentices are due to commence training with the Trust and Coventry University Scarborough by March 2026.

A second cohort of 10 newly qualified Midwives are due to commence employment with the Trust in February.

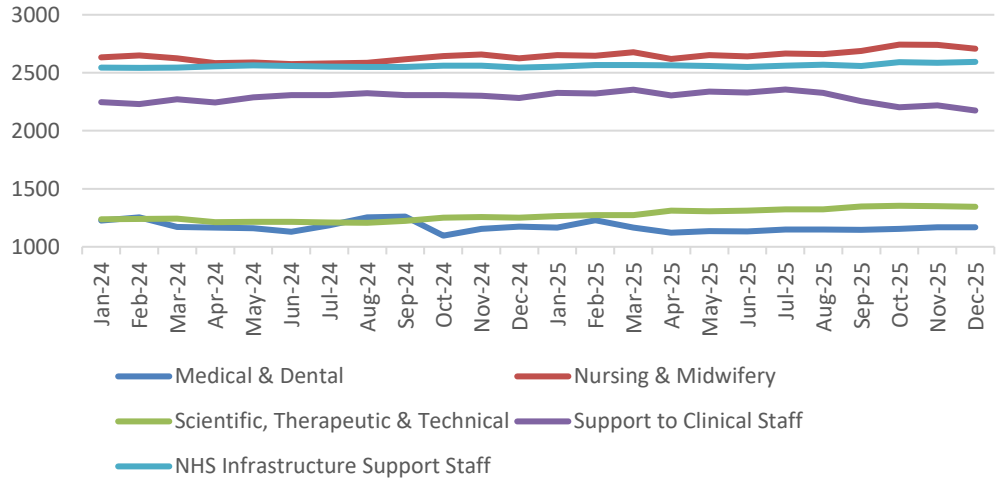
Workforce Table

Workforce (5)

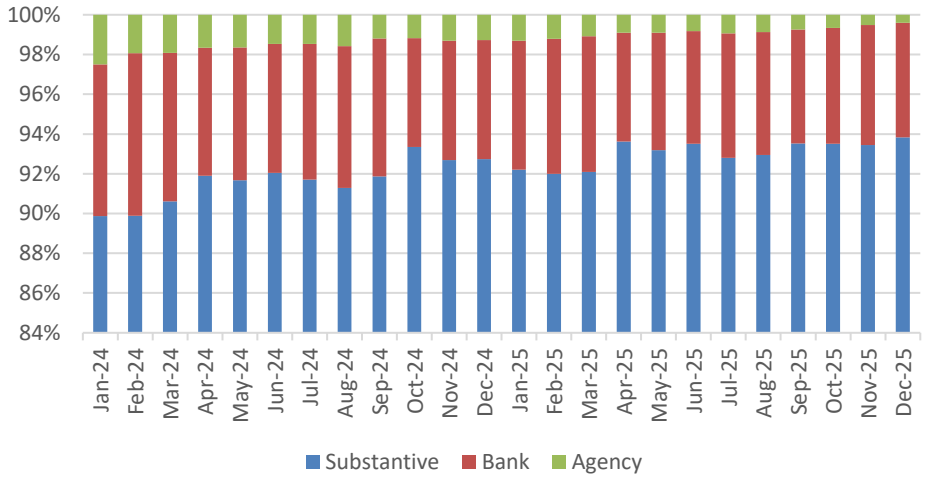
York and Scarborough Teaching Hospitals NHS Foundation Trust

Executive Owner: Polly McMeekin **Operational Lead:** Lydia Larcum

Staff Group size (WTE) - total of substantive, bank & agency WTE



Workforce (WTE) proportions - substantive/bank/agency split



Factors impacting performance and actions:

The Trust is reviewing its temporary staffing approval processes following the introduction of triple-lock approvals by the ICB and NHS England. The areas of focus are non-clinical bank and agency and high-cost clinical agency use, where additional approval steps are required to further scrutinise temporary staffing use.

Following approval of new medical bank rates and an updated escalation process in August, the number of escalated shifts has fallen significantly. 432 shifts had rates escalated in the week prior to the change. The average number of rate escalations requested in January reduced to 67 shifts, down from an average of 78 shift requests during the non-strike weeks of December.

Administrative bank activity increased in January to 893 shifts. This was following a reduction in December where 808 shifts were worked (down from 905 in November), although it is recognised that a dip in bank activity over the Christmas period is not unusual. The Trust continues to monitor activity closely, with monthly reports shared with Care Groups to support reduction opportunities and ensure appropriate approvals are in place.

The Group continues to make good progress with implementing eRostering, with over 90% of the workforce now on the system. For the remaining areas, administrative and clerical are at 81% with York Teaching Hospitals Facilities Management at 33% and are on track to be fully implemented by Summer 2026 as planned.

Workforce
Scorecard (2)

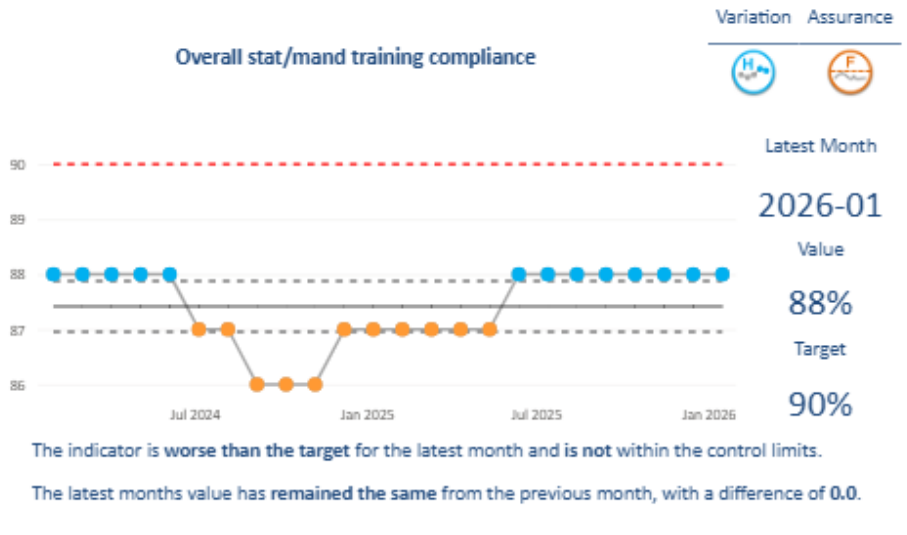
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

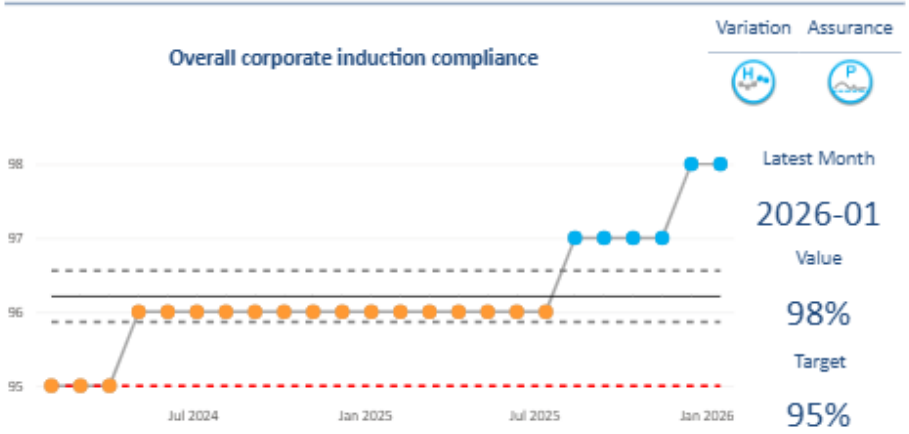
Executive Owner: Polly McMeekin **Operational Lead:** Will Thornton/ Lydia Larcum

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Overall stat/mand training compliance	2026-01	H	F	88%		90%
Overall corporate induction compliance	2026-01	H	P	98%		95%
A4C staff stat/mand training compliance	2026-01		?	89%		90%
A4C staff corporate induction compliance	2026-01	H	P	98%		95%
Medical & dental staff stat/mand training compliance	2026-01	H	F	77%		90%
Medical & dental staff corporate induction compliance	2026-01	H	?	97%		95%
Appraisal Activity	2025-11	H	F	87.2%	81.8%	95%

Executive Owner: Polly McMeekin

Operational Lead: Will Thornton & Gail Dunning





Rationale: Trained workforce delivering consistently safe care
Target: Mandatory Training 90% and Corporate Induction 95%

Factors impacting performance and actions:

From April, the Group adopted a new target for statutory and mandatory training compliance. The 90% target strives for a 3% increase in the level of completions compared with our previous aim for 87% compliance. Mandatory training compliance has maintained at 88% in January.

This year's National Apprenticeship Week runs from 9 to 15 February and to mark the occasion, the Group is promoting the availability of apprenticeships, including through events at York Hospital on 9 February and at Scarborough Hospital on 11 February.

The Group offers more than 100 different apprenticeship programmes, covering a wide range of areas, including clinical, administrative, environmental sustainability, leadership, managerial, and estates and facilities programmes. There are currently 212 colleagues within the Group who are enrolled on an Apprenticeship programme.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Y&S digital

February 2026

Executive Owner: James Hawkins

Highlights

EPR implementation:

- Tranche 1 EPR go-live of the Nervecentre EPR is expected to commence on 26 Feb 2026.
- The first Tranche includes observations, clinical documentation for inpatients, urgent & emergency care, electronic prescribing & medicine administration, bed management and read-only diagnostic results.
- Good progress is being made on both user testing and no-functional performance testing of the Nervecentre product.
- User Training has commenced, with the launch of the formal 6-week window for training launched on January 12.
- The Trust Resilience Group has been stood up, monitoring EPR readiness.
- The current plan includes a go-live of Tranche 2 on 30 Jun 2026 and Tranche 3 on 30 Oct 2026.

Wider Digital Portfolio delivery continues with key focus on:

- Multi-year programme of paper records scanning and storage consolidation continues.
- Supporting AI trials in both diagnostics and wider trials of Microsoft Copilot across the organisation with focus on efficiency opportunities.
- Supporting the launch of the new Sexual Health EPR system.
- Microsoft SharePoint adoption continues to build and AI knowledge base for the organisation.

Concerns / Risks

- Ability to manage Y&S Digital business as usual work, whilst delivering the new EPR.
- Limited investment to explore opportunities to transform the way we work.
- Data Security and Protection Toolkit 2025 audit has highlighted known gaps that require multi-year investment and remediation.
- Risk of staff availability for training to achieve the EPR Tranche 1 go live impacting our ability to go live as per the plan.

Executive Owner: James Hawkins

Future / Next Steps

EPR implementation:

- Complete software build and test activities for Tranche 1.
- Finalise detailed cutover plans, including transcribing plans, and how we will undertake the safe go-live of this first Tranche.
- Continue organisation wide training and engagement for Tranche 1.
- Work with Nervecentre to finalise the design for Tranche 2 (which contains full order comms).

Wider Digital Portfolio:

- Overall cyber security posture: Track progress against independent Data Security and Protection Toolkit audit actions.
- Review of Digital revenue and capital position for future years.
- Develop governance model for greater alignment of departmental IT systems with Y&S digital.
- Consideration of patient portal strategy, including options appraisal.
- Supporting rollout of electronic ordering for image diagnostics in primary care.
- Support go-live of Scarborough Community Diagnostics Centre

Summary MATRIX

Digital: *please note that any metric without a target will not appear in the matrix below*

MATRIX KEY

- HIGH IMPROVEMENT
- IMPROVEMENT
- NEUTRAL
- CONCERN
- HIGH CONCERN

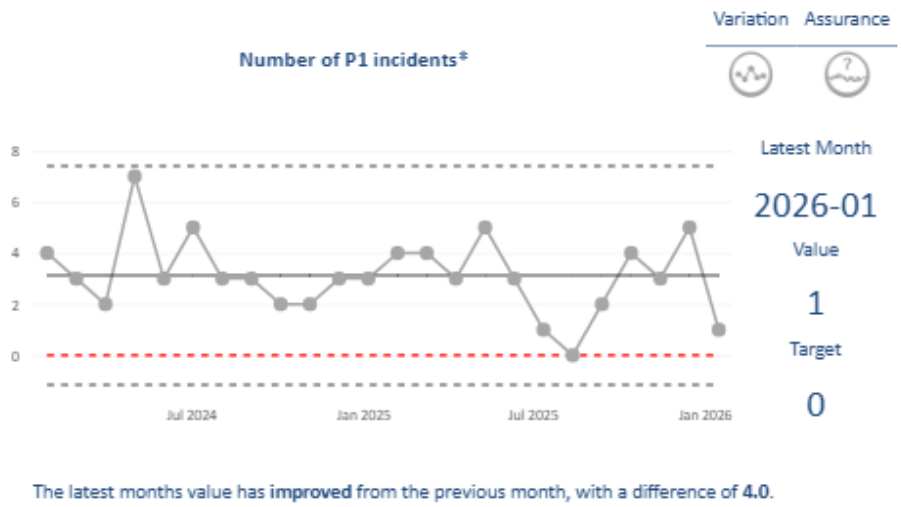
VARIATION	ASSURANCE: PASS	ASSURANCE: HIT or MISS	ASSURANCE: FAIL
SPECIAL CAUSE IMPROVEMENT			
COMMON CAUSE / NATURAL VARIATION		* Number of P1 incidents* * Percentage of FOIs and EIRs responded to within 20 working days (monthly)	
SPECIAL CAUSE CONCERN		* Percentage of patient Subject Access Requests (SAR) processed within 1 calendar month (monthly)	

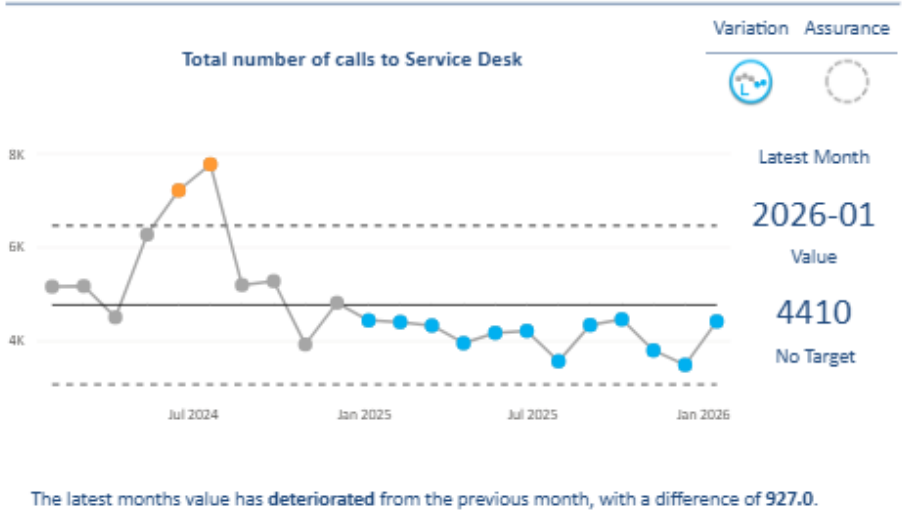
Executive Owner: James Hawkins

Metric Name	Month	Variation	Assurance	Current Month	Monthly Trajectory	Year End Target
Number of P1 incidents*	2026-01			1		0
Total number of calls to Service Desk	2026-01			4410		
Total number of calls abandoned	2026-01			1240		
Number of information security incidents reported and investigated	2026-01			42		
Number of patient Subject Access Requests (SAR) received (monthly)	2026-01			369		
Number of patient Subject Access Requests (SAR) completed (monthly)	2026-01			230		
Percentage of patient Subject Access Requests (SAR) processed within 1 calendar month (monthly)	2026-01			71%		80%
Number of FOIs and EIRs received (monthly)	2026-01			73		
Number of FOIs and EIRs completed (monthly)	2026-01			59		
Percentage of FOIs and EIRs responded to within 20 working days (monthly)	2026-01			98%		80%

Executive Owner: James Hawkins

Operational Lead: Stuart Cassidy





Rationale: Reduction in P1 Incidents and Service Desk Calls are a proxy for better digital service

Target: 0 P1 Incidents

Factors impacting performance:

1x P1 incidents occurred in January.

1. 29/1 CPD Notify screen crashes due query failing when unable to contact Accenda Rapid Expert Input (REI) services which were experiencing a major outage. Duration of impact to CPD approx. 3 hours until a workaround implemented

Actions:

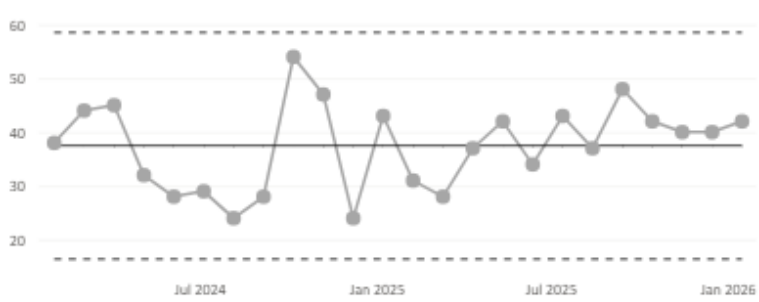
Work completed to remove single point of failure due to hardware fault that was part of the 23/12 CPD outage.

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley

Variation Assurance

Number of information security incidents reported and investigated



Latest Month
2026-01
Value
42
No Target

The latest months value has **deteriorated** from the previous month, with a difference of **2.0**.

Rationale: Monitoring of information security incidents and ensuring these are investigated and actioned as appropriate.

Number of information security incidents reported and investigated

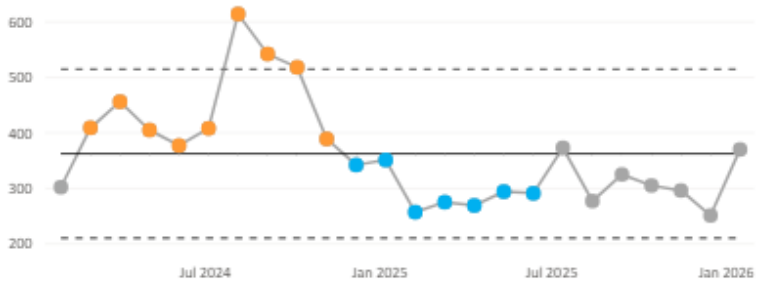
Factors impacting performance:

Information security incidents have slightly increased in January. We have seen a significant number of misfiles reported and email addresses used in error.

Actions: Trends will be communicated to staff and root cause analysis will be completed on all incident investigations.

Variation Assurance

Number of patient Subject Access Requests (SAR) received (monthly)



Latest Month
2026-01
Value
369
No Target

The latest months value has **deteriorated** from the previous month, with a difference of **119.0**.

Rationale: Monitoring of Subject Access Requests received to ensure the Trust is managing its statutory obligations under the UK GDPR.

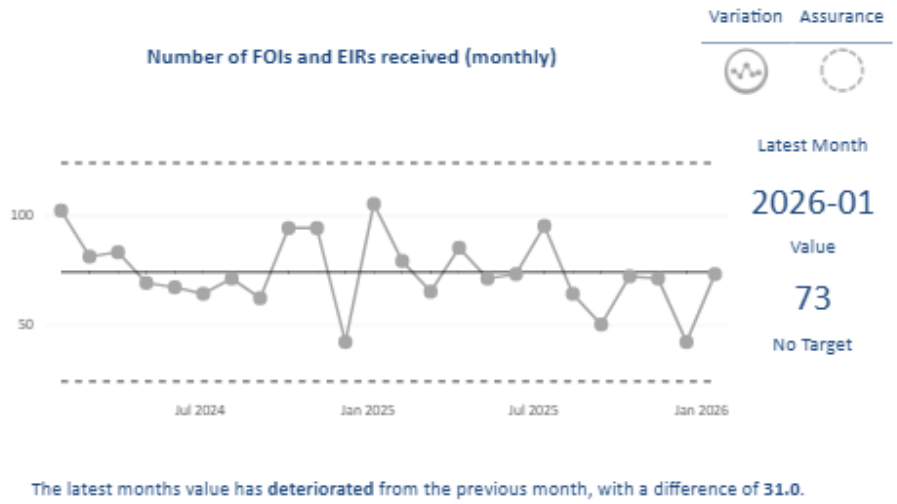
Number of Subject Access Requests (SAR) submitted by patients

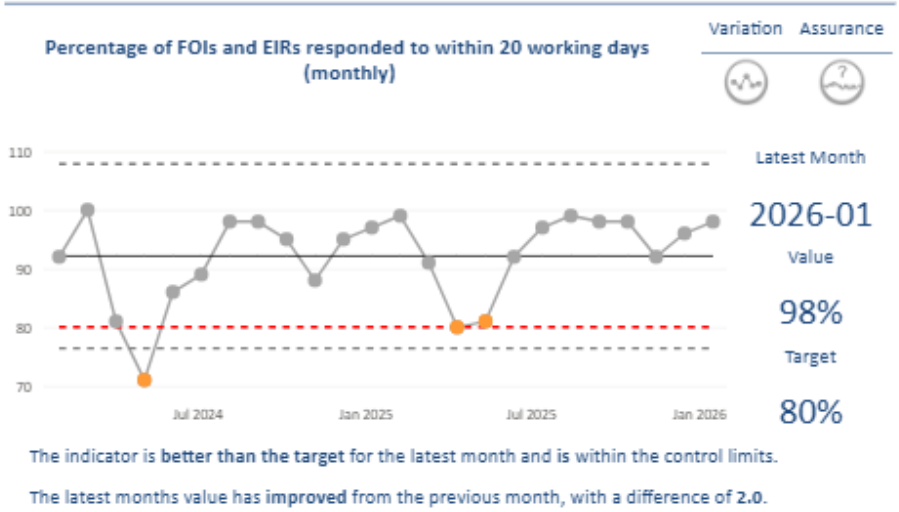
Factors impacting performance:
The reporting for SARs has changed to only include patient access requests. Previous reports have also included police requests, access to health records (deceased patients) and ad hoc external requests which are no longer included in this count.

Volumes received have increased dramatically, we have seen this trend with other types of information requests. The Trust is currently experiencing a backlog and response times have been impacted.

Executive Owner: James Hawkins

Operational Lead: Rebecca Bradley





Rationale: Ensuring the Trust responds to % Freedom of Information (FoI) request and Environmental Information Regulation (EIR) requests in line with legislation
Target: 80% Freedom of Information (FoI) request and Environmental Information Regulation (EIR) requests responded to within 20 days

Factors impacting performance:.

Number of FOIs Received

The number of FoIs the Trust received has increased in January.

Actions: N/A

Percentage of FOIs responded to within 20 working days

Requests being sent out on time has increased, and is above the target of 80%.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

FINANCE

February 2026

Executive Owner: Andrew Bertram

Highlights

Income and Expenditure Position

- Month 10 – Adjusted actual deficit (prior to removal of DSF) of £12.8m against a planned deficit of £0.8m, so we are £12m adversely adrift of plan.
- Efficiency delivery is £11.9m behind plan (compared to £11.6m behind plan at Month 9)
- ERF income has been running ahead of our expected plan; this is now adjusted to £2m in line with the reducing trajectory to deliver within the capped value.
- The system has lost Q4 deficit support due to the ongoing deficits. This is a £1.4m loss to the Trust in January (£4.1m FYE).

Efficiency Programme

- Efficiency delivery has improved in Mth10, with £29.5m delivered to date against a plan of £41.4m. The full year impact of delivery is £32.9m (60% of the £55.3m target). Of the £32.9m FY delivery 31% (£10.1m) is recurrent and £69% (£22.8m) non-recurrent at this stage.
- Forecast delivery is £35.3m with £20m undelivered.

Cash Position

The cash balance at the end of January is £7.4m against a plan of £32.3m, which is £24.9m adverse. Of which £14.9m is due to the I&E deficit and £13.3m is due to non-receipt of sparsity income & 24/25 ERF overtrade, offset by £3.2m favourable movement in working capital.

The overall forecast for February has increased due to PDC draw submissions to NHSE to reduce the pressure on the final March national deadline draw dates. The closing March cash balance continues to assume a £15m timing gain from receipt of capital PDC funding drawn in line with NHSE deadlines where capital invoices are not anticipated to be due for payment until Q1.

Executive Owner: Andrew Bertram

Concerns / Risks

- The most significant risk to the financial position is the delivery of the efficiency programme and the recovery action plan. The achieve the revised forecast outturn position of £28.5m the Trust must deliver a minimum £5m recovery action plan and deliver as a minimum the remaining £2.4m efficiency in months 10 and 11. Of note is £0.5m of the recovery actions have been delivered in January, where it has been possible to evaluate.

- The delivery of recovery actions over the remaining 2 months is vital to protect our cash position.

Future / Next Steps

The £33m forecast deficit presented at M9 was rejected by NHSE as being at an unacceptable level of deterioration for the final quarter of the year. Key assumptions within the forecast included, £20m CIP delivery gap, medical and dental pay pressures, and increased expenditure on high-cost devices and unbundled radiology, these pressures were partly offset by slippage in non-medical staffing, SHYPs, and in-tariff drugs, the forecast also assumed that £10.4m sparsity funding and £4.6m ERF overtrade from 2024/25 would not be funded by HNY ICB.

Following further discussion, the forecast was revised to reflect industrial Action Funding: £2.1m, Sparsity funding receipt from HNY ICB: £2.0m, Q4 sprint contribution: £0.3m, HCSW pay arrears: £0.5m

The revised forecast deficit is £28.5m (excl. loss of Q4 DSF)

The Trust MUST meet this position or improve upon it. Ongoing delivery of the efficiency programme and recovery action plan is key to managing this.

The Trust's Medium Term Financial Plan for 2026/27–2028/29 forecasts a deficit of £32.6m in the first year. This position is significantly impacted by the non-recurrent delivery of the 2025/26 efficiency programme and the anticipated delivery gap in-year, resulting in a requirement to deliver a £54.6m efficiency programme in 2026/27 (equivalent to 5.6% of operational expenditure).

Summary Dashboard and Income & Expenditure

Finance (1)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	-£9.1m	-£12.1m	↓	Deteriorating
CIP Delivery Variance to Plan (£55.3m target)	-£11.6m	-£11.8m	↓	Deteriorating
Variance to Agency Cap	£1.2m	£1.6m	↑	Improving
Month End Cash Position	£13.1m	£7.4m	↓	Deteriorating
Capital Programme Variance to Plan	-£19.7m	-£28m	↓	Deteriorating

	Plan	Plan YTD	Actual YTD	Variance	Forecast	FOT variance
	£000	£000	£000	£000	£000	£000
Clinical Income	797,180	664,317	671,776	7,459	788,378	-8,802
Other Income	95,908	79,951	83,642	3,690	103,701	7,793
Total Income	893,088	744,268	755,417	11,149	892,079	-1,009
Pay Expenditure	-593,827	-492,432	-502,299	-9,867	-601,955	-8,128
Drugs	-70,550	-59,806	-65,923	-6,117	-78,445	-7,895
Supplies & Services	-97,256	-80,856	-79,740	1,117	-95,065	2,191
Other Expenditure	-140,297	-108,311	-108,795	-483	-137,540	2,757
Outstanding CIP	22,399	11,854	0	-11,854	0	-22,399
Total Expenditure	-879,532	-729,551	-756,756	-27,205	-913,005	-33,473
Operating Surplus/(Deficit)	13,556	14,717	-1,339	-16,055	-20,926	-34,482
Other Finance Costs	-12,196	-10,163	-8,976	1,187	-10,367	1,829
Surplus/(Deficit)	1,360	4,553	-10,315	-14,868	-31,293	-32,653
NHSE Normalisation Adj	-1,360	-5,300	-2,526	2,774	-1,360	0
Adjusted Surplus/(Deficit)	0	-747	-12,841	-12,094	-32,653	-32,653
Remove DSF	-16,551	-13,793	-12,413	1,380	-12,413	4,138
NHSE DSF Adjusted Position	-16,551	-14,539	-25,254	-10,715	-45,066	-28,515

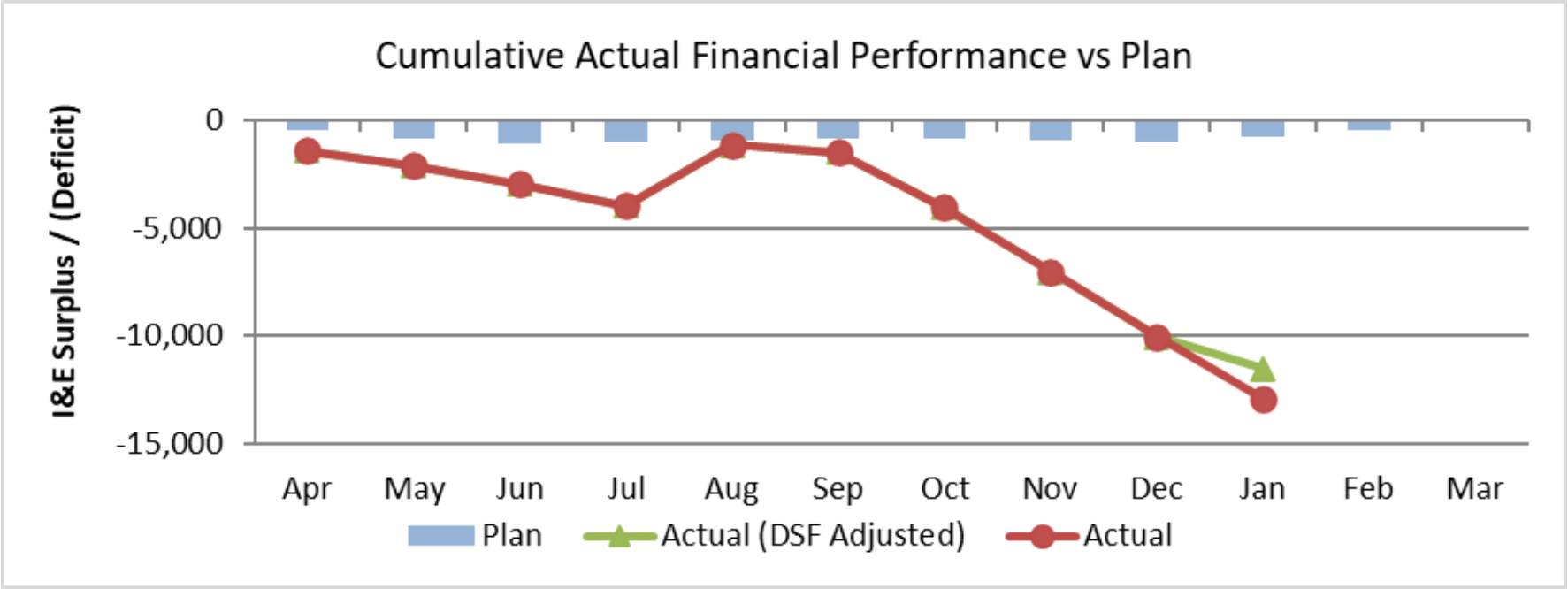
The I&E table confirms an actual adjusted deficit of £12.8m against a planned deficit of £0.7m, leaving the Trust with an adverse variance to plan of £12.1m. The Forecast outturn position is a deficit of £32.6m compared to the balanced plan. The variance from plan reduces to £28.5m following the adjustment to remove Deficit Support Funding (DSF).

It has been confirmed that due to the system position, Q4 deficit support will not be received. The Trust has submitted a forecast change protocol to confirm an expected deficit of £28.5m at the end of the year. Continued delivery of CIP and recovery action plans are vital to enable the Trust to meet this revised position.

Key Subjective Variances: Trust
Finance (2)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Variance	Favourable / (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	-£27.3m	NHSE under trade linked to services which have been delegated to ICBs to commission. There is a corresponding over trade on the ICB line below.	Confirm contracting arrangements and ensure plans and actual income reporting align.
ICB Income	£33.4m	ICB over trade linked to services which have been delegated from NHSE to ICBs to commission. The position also includes £2.0m linked to ERF activity ahead of plan. Although this income is covered by the block contract, £2.0m has been brought forward into the M10 position to recognise activity delivered to date. This action has been agreed by HNY ICB. The position also includes an under-recovery of Deficit Support Funding for January £1.4m	Confirm contracting arrangements and ensure plans and actual income reporting align
Employee Expenses	-£9.9m	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	-£6.1m	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	-£11.9m	Year to date savings of £29.6m have been delivered compared to a plan of £41.4m. In January £5.1m of savings were delivered compared to a plan of £5.3m	Continued focus on delivery of the CIP overseen by the Efficiency Delivery Group. CIP Time Out session, lead by CEO, held in October 2025. Financial Recovery Plan agreed with all areas.
Other Costs	£0.6m	Favourable variance on clinical supplies and services (£1.1m) offset by adverse variance on other non pay expenditure (£0.5m).	Identify drivers for increased costs and take corrective action as appropriate.



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 January 2026 is a deficit of £12.9m compared to a planned deficit of £0.7m. This represents an adverse variance to plan of £12.2m. The variance from plan reduces to £10.8m following the adjustment to remove Deficit Support Funding (DSF).

Forecast Outturn & Recovery Action Plans

Finance (4)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Issue	Comment	Value	Rec/non-rec	Total
Shortfall in Efficiency Programme Delivery	Efficiency delivery expected to finish at 4% of operational budgets.	(£20m)	Rec	
Operational Pay Pressure (notably Medical Agency Costs)	Note: NHSE reported pay position includes element of unmet efficiency.	(£9m)	Non-rec	
Devices & Unbundled Radiology	Currently managed as block. Will move to pass through in line with national contract.	(£6m)	Non-rec	
Underspends	Misc compensatory items – non medical & dental staffing costs / slippage on SHYPS etc.. / In tariff Drugs etc..	£12m	Non-rec	
Recovery Action Plans		£5m	Rec	
Industrial Action Funding		£2m	Non-rec	
Q4 Spring Contribution		£0.3m	Non-rec	
Total Operational Position				**(£16.5m)**
2024/25 ERF Non-payment Risk	Work done in 24/25 not paid for by ICB.	(£5m)	Non-rec	
2025/26 Sparsity Payment Risk	NHSE/ACRA calculated value for 2025/26. Included in plan with NHSE & ICB agreement. System challenge in resourcing.	(£8m)	Non-rec	
Total Exceptional Items				**(£13m)**
Total Deficit Impact				**(£28.5m)**

Forecast Outturn

The forecast change protocol submitted to NHSE ahead of Month 9 accounts set out a most-likely deficit of £33m, based on continuation of the underlying monthly run-rate deficit. Key assumptions included:

- A £20m CIP delivery gap
- Medical and dental pay pressures
- Increased expenditure on high-cost devices and unbundled radiology

These pressures were partly offset by slippage in **non-medical staffing**, **SHYPs**, and **in-tariff drugs**, and assumed that **£10.4m sparsity funding** and **£4.6m ERF overtrade from 2024/25** would **not** be funded by HNY ICB.

The forecast was rejected by NHSE as being at an unacceptable level of deterioration for the final quarter of the year.

Following further discussion, the forecast was revised to reflect:

- Industrial Action Funding: **£2.1m,** Sparsity funding receipt from HNY ICB: **£2.0m,** Q4 spring contribution: **£0.3m,** HCSW pay arrears: **£0.5m**

The revised forecast deficit is £28.5m (excl. loss of Q4 DSF)

Recovery Action Plan

The forecast assumes delivery of **£5m of recovery actions**. The recovery plan remains a live programme overseen by the **Executive Delivery Group**, with progress and impact reviewed regularly and further measures introduced where required.

Scenario analysis has also been undertaken:

Best case: £17m deficit – assumes delivery of the likely case plus receipt in full of sparsity funding and ERF overtrade from 2024/25.

Worst case: £49m deficit – assumes recovery actions are not delivered and the monthly deficit run rate deteriorates further.

Forecast Outturn & Recovery Action Plans

Finance (5)

York and Scarborough Teaching Hospitals NHS Foundation Trust

	Actual									Q4 Forecast		
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Revised position - £28.5m Forecast Deficit (excl. DSF impact)	-1,386	-2,084	-2,936	-3,956	-1,151	-1,484	-4,047	-7,010	-10,049	-11,073	-13,683	-28,515
Revised position - £32.6 Forecast Deficit - Including loss of DSF in Q4	-1,386	-2,084	-2,936	-3,956	-1,151	-1,484	-4,047	-7,010	-10,049	-12,452	-16,441	-32,652
Actual position – including loss of DSF in Q4	-1,386	-2,084	-2,936	-3,956	-1,151	-1,484	-4,047	-7,010	-10,049	-12,841		
Variance to forecast – including loss of DSF in Q4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-389		

The table above identifies the actual income and expenditure position for the period April 2025 to December 2025 and identifies the forecast position declared to NHSE for quarter 4 of the financial year. The forecast position is shown both including and excluding lost deficit support funding for quarter 4. The position deteriorates significantly in March due to the full loss of sparsity funding, and the loss of 2024/205 ERF overtrade also profiled in full in March.

The forecast for January (including the lost DSF) is a deficit of £12.452m, the actual deficit at the end of January was £12.841m. This position is £389k worse than the forecast. This deficit will need to be recovered in February and March.

Care Group Forecast
Finance (6)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Year to Date 2025/26 Care Group Financial Position							
Care Group	Annual Adjusted Budget	YTD Budget	YTD Actual	YTD Variance	YTD Adjusted Budget	YTD Adjusted Variance	Key Drivers of YTD Adjusted Variance
	£000	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	243,000	200,132	199,649	483	202,446	2,797	£1.95m underspend on CDC's due to delay at Scarborough, not expected to continue once all sites operational and £0.9m underspend on Lung Health Check, spend will increase as activity increases throughout remainder of year, growing Cell Path demand also causing £0.4m outsourcing cost pressure, offset largely by vacancies and CIP £0.7m ahead of plan YTD.
Family Health Care Group	90,120	74,565	76,055	-1,489	75,060	-995	£782k relates to the premium cost of covering medical vacancies, £837k Community Nursing overspend, £431k Midwifery overspend, £691k Sexual Health underspend, £103k Other pay overspend, £503k overachieved CIP.
Medicine	195,154	162,509	170,722	-8,214	163,051	-7,671	£3.5m relates to medical cost pressures in ED and Acute; £2.3m drugs overspend, primarily Gastro, Renal and Respiratory; £1.0m YTD pressure of the unachieved CIP target.
Surgery	167,543	138,449	144,135	-5,686	139,907	-4,227	£2.6m overspend in pay expenditure largely driven by Resident Doctor costs, with further non-pay overspends of £424k in drugs, £940k on consumables linked to increased non-elective activity, and £474k in other costs (removal expenses and premises). CIP overachieved YTD by £569k.
TOTAL	695,817	575,654	590,560	-14,906	580,464	-10,097	

Full Year 2025/26 Care Group Forecast Financial Position						
Care Group	Annual Adjusted Budget	Forecast Prior to Mitigating Actions	Mitigating Actions	Forecast Post Mitigating Actions	Forecast Variance	Key Drivers of Forecast Variance
	£000	£000	£000	£000	£000	
Cancer Specialist & Clinical Support Services Group	243,000	241,176	0	241,176	1,823	Forecast includes £0.4m 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, to counter these cost pressures CIP delivery planned to be £1.1m ahead of plan by year end.
Family Health Care Group	90,120	91,475	0	91,475	-1,355	£688k relates to the premium cost of covering medical vacancies, £964k Community Nursing overspend, £517k Midwifery overspend, £829k Sexual Health underspend, £164k Other pay overspend, £208k CIP surplus.
Medicine	195,154	204,717	0	204,717	-9,564	£4.2m relates to medical staffing cost pressures, £2.8m drug overspend and £2.1m shortfall in CIP delivery
Surgery	167,543	172,338	0	172,338	-4,795	£3m relates to staffing cost pressures - mainly Resident Doctors. £508k drugs overspend, £977k CSS overspend (non-elective driven), and £523k other non-pay costs (removal expenses, premises costs). CIP delivery remains on track to deliver in full.
TOTAL	695,817	709,708	0	709,708	-13,891	

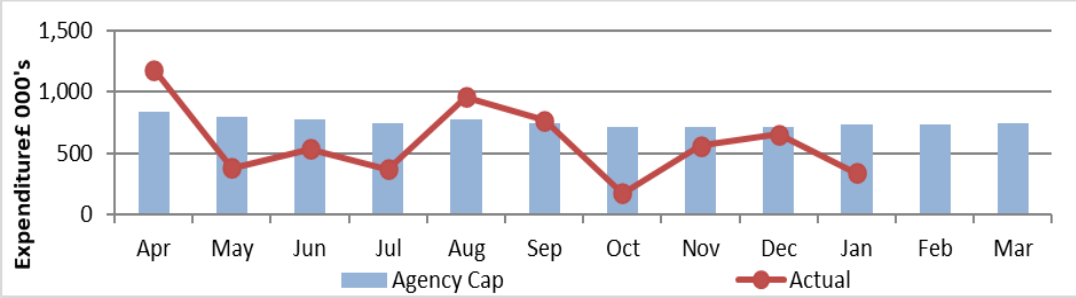
Recovery Action Plans
Finance (7)

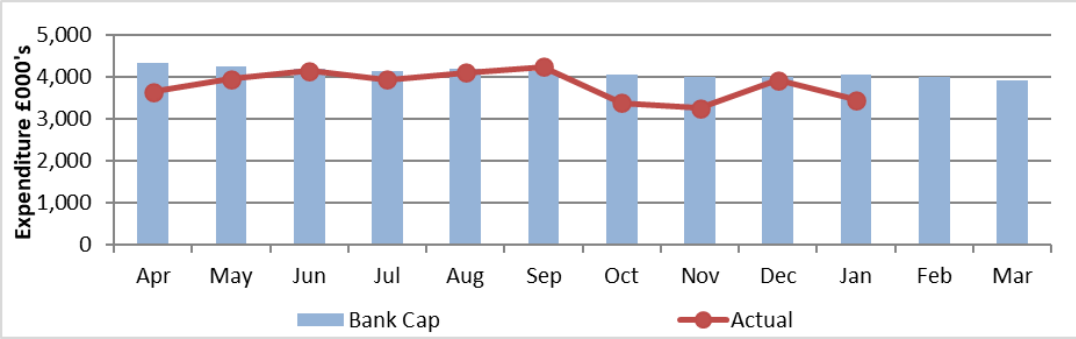
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Care Group	Scheme Detail	Action Owner	Potential Value £000	Savings identified in January £000
Corporate Expenditure Cessation Programme	Consider price increases for all areas where the Trust can control what it charges - catering, parking, rentals, private patient work, etc	Chris Norman	220	26
Corporate Expenditure Cessation Programme	Discretionary Non Pay	Andrew Bertram	809	53
Corporate Expenditure Cessation Programme	Drug Savings	Stuart Parkes	400	0
Corporate Expenditure Cessation Programme	Energy reduction	Graham Titchener, Lucy Brown & Chris Norman	0	0
Corporate Expenditure Cessation Programme	NCTR	Claire Hansen	400	0
Corporate Expenditure Cessation Programme	Nurse agency reduction. Including ensuring no off framework agency	Dawn Parkes	80	48
Corporate Expenditure Cessation Programme	Overtime removal. Perform a monthly 'audit' of the top 10 highest overtime earners by central team.	Andrew Bertram / Sarah Barrow	1,277	12
Corporate Expenditure Cessation Programme	Reduce ward Enhanced Therapeutic Observational Care additional required workforce	Dawn Parkes	20	5
Corporate Expenditure Cessation Programme	Reduction of nursing bank useage for short term cover to an 80% fill rate.	Dawn Parkes	51	28
Corporate Expenditure Cessation Programme	Review ward stock to rationalise stock levels, requirements and create stock guardian wards for required but infrequently used items	Dawn Parkes	0	99
Corporate Expenditure Cessation Programme	Stop first class post	Andrew Bertram	300	0
Corporate Expenditure Cessation Programme	Study leave deferral until April (excluding apprenticeship study, role essential)	Andrew Bertram & Karen Stone	80	0
Corporate Expenditure Cessation Programme	Target a 5% spend reduction for the next 5 months for all budget holders including waste reduction competitions	ACOOs / CD	91	0
Corporate Expenditure Cessation Programme	Vacancy Grip & Control (13 week firebreak / HNY IBC Double Lock)	ACOO / Directorate Leads through local vacancy	3	0
Corporate Expenditure Cessation Programme	Validation Sprint monies for 25/26	Claire Hansen	688	0
CSCS	Insourced Reporting	Lisa Shelbourn	40	0
Medicine	Reduction in admin bank spend	Haaris Mian	11	0
Medicine	Reduction in medical agency spend	Haaris Mian	68	24
Medicine	Reduction in non-clinical non pay	Haaris Mian	38	25
Medicine	Reduction in premium rate spend following substantive consultant appointments	Haaris Mian	80	0
Medicine	Reduction in UTC & ED Spend	Haaris Mian	81	0
Surgery	Reduction in Medical Bank & Agency Spend	Liz Hill	248	69
Surgery	Reduction in overtime/bank spend (Admin)	Liz Hill	5	4
Surgery	Reduction in stock held for Clinical Supplies	Alison Pollard	75	19
Surgery	Ramsay Contract	Liz Hill	75	0
Grand Total			5,139	411

The table above summarises the recovery schemes that have been agreed for implementation in quarter 4 and the actual run rate savings delivered in January 2026. The total planned savings for quarter 4 are £5,139k and actual savings of £411k have been identified in January. The delivery of recovery actions needs to accelerate in February and March. NHSE have mandated that weekly progress reports are submitted to them for the remainder the financial year 2025/26.

Agency, Bank and Workforce
Finance (8)





Agency Controls

The Trust has an agency staffing spend reduction target of 40% based on 2024/25 outturn. The year-to-date expenditure on agency staff at the end of January 2026 is £5.9m, compared to a plan of £7.5m, representing a favourable variance of £1.6m.

Bank Controls

The Trust has a bank staffing spend reduction target of 10% based on 2024/25 outturn. The year-to date expenditure on bank staff at the end of January 2026 is £37.9m, compared to a plan of £41.3m, representing a favourable variance of £3.3m.

	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,655.85	2,559.12	96.73	126,060	128,601	-2,542
Scientific, Therapeutic and Technical	1,337.49	1,273.40	64.09	62,887	62,964	-77
Support To Clinical Staff	1,962.44	1,495.64	466.8	53,478	50,282	3,196
Medical and Dental	1,131.00	1083.67	47.33	134,169	144,573	-10,404
Non-Medical - Non-Clinical	3,217.74	3,023.27	194.47	114,239	113,869	370
Reserves				-232	0	-232
Other				1,831	2,010	-179
TOTAL	10,304.52	9,435.10	869.42	492,432	502,299	-9,867

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.

Elective Recovery Fund

Finance (9)

York and Scarborough Teaching Hospitals NHS Foundation Trust

Trust Performance Summary vs Commissioner ERF weighted Values in Contract.

Commissioner	25-26 Target % vs 19/20	Value ERF scope Indicative Weighted Values at 25/26 prices	ERF Month 10 Phase (Av %)	Activity to Month 10 Actual	Variance - (Clawback Risk) M10
Humber and North Yorks	104.00%	£171,355,927	£143,309,291	£145,759,869	£2,450,579
West Yorkshire	103.00%	£1,570,160	£1,313,165	£1,488,936	£175,771
Cumbria and North East	115.00%	£223,602	£187,004	£218,095	£31,091
South Yorkshire	121.00%	£182,919	£152,980	£131,902	-£21,078
Other ICBs - LVA / NCA	-				*£0*
All ICBs	***104.02%***	***£173,332,608***	***£144,962,440***	***£147,598,803***	***£2,636,363***
NHSE Specialist Commissioning	113.38%	£4,784,314	£4,001,242	£3,362,995	-£638,247
Other NHSE	104.13%	£305,100	£255,163	£282,057	£26,894
All Commissioners Total	**104.31%**	**£178,422,022**	**£149,218,845**	**£151,243,855**	**£2,025,010**

Please Note: Month 10 actuals on this sheet include an estimated adjustment for the expected Ophthalmology data submission corrections in line with 2025/26 national guidance.

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 ERF target levels without 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 10, the ERF weighted activity is valued at £2.02m over the funded level of ERF activity across our commissioner contracts. The reported variance includes an estimated adjustment for the removal of Ophthalmology OP attendances, where scans and tests prior to the main eye procedure have been recorded as a separate appointments. This is in line with updated guidance for 2025/26. We expect further adjustments to the SUS data over the next 2 months, to bring this back in line with ERF target value by the end of the financial year..

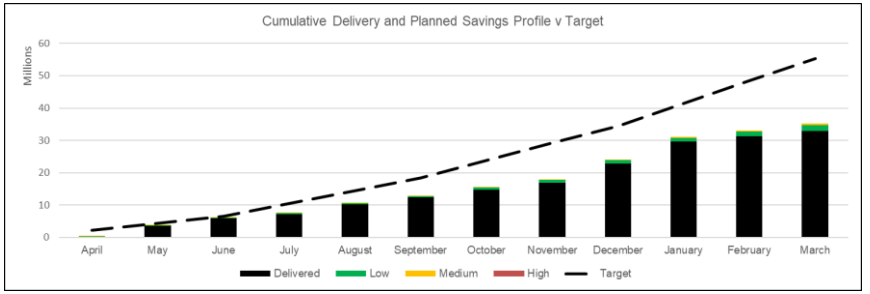
Cost Improvement Programme
Finance (10)

York and Scarborough Teaching Hospitals NHS Foundation Trust

In Year Efficiency Programme Position								
Full Year Delivery Progress			**YTD Delivery Progress**			**Forecast Position**		
	£000			£000			£000	
Trust Efficiency Target	55,290		YTD Target	41,448		Trust Efficiency Target	55,290	
Delivered Recurrently	10,113	18.3%	YTD Deliverey	29,589	71.4%	Delivered at Month 10	32,892	
Delivered Non Recurrently	22,779	41.2%	**YTD Variance**	**11,859**		Forecast Month 11 Delivery	1,879	
Total Delivery	32,892	59.5%				Forecast Month 12 Delivery	520	
Remaining to deliver	**22,399**					Forecast Total Delivery	35,291	63.8%
						Forecast Gap	**20,000**	

2025/26 Cost Improvement Programme - January Position

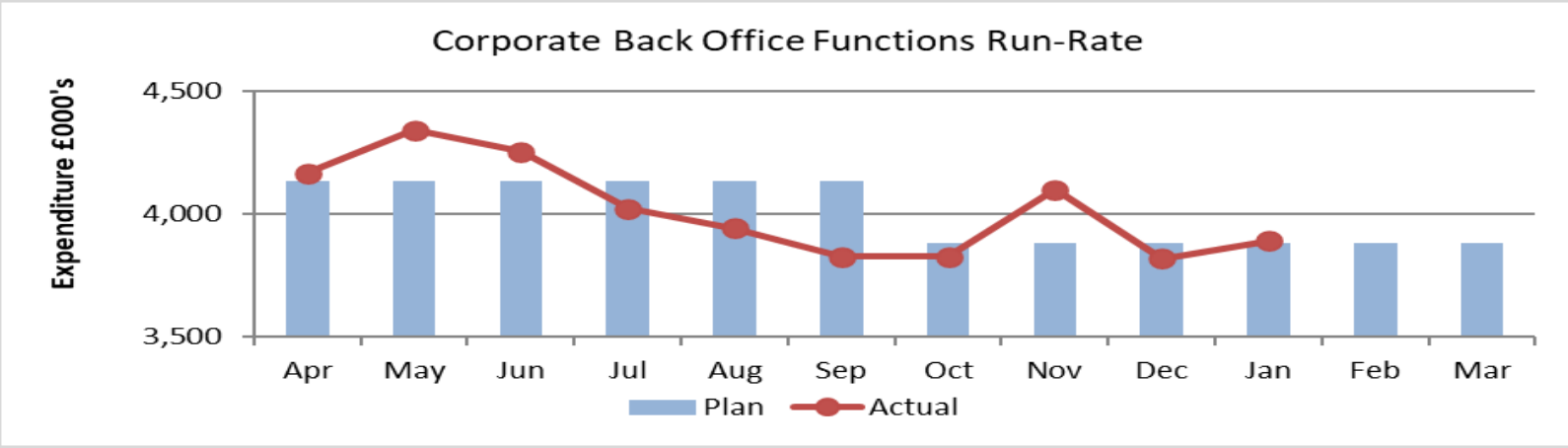
	Full Year CIP Target	January Position			Full Year Position		Planning Position		Planning Status		
		Target	Delivery	Variance	Delivery	Variance	Total Plans	Planning Gap	Fully Developed	Plan in Progress	Opportunity
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Medicine	6,039	4,527	3,558	969	3,827	2,212	3,827	2,212	3,827	0	0
Surgery	4,524	3,392	3,961	-569	4,336	189	5,567	-1,042	5,464	103	0
CSCS	7,044	5,280	5,999	-718	7,633	-589	8,070	-1,026	7,867	201	0
Family Health	2,306	1,728	2,313	-585	2,436	-131	2,596	-290	2,592	3	0
CEO	45	34	500	-467	601	-556	601	-556	601	0	0
Chief Nurses Team	893	669	792	-122	863	29	863	29	863	0	0
Finance	733	549	1,076	-526	1,211	-478	1,226	-493	1,226	0	0
Medical Governance	62	46	61	-14	63	-1	108	-47	108	0	0
Ops Management	382	313	834	-520	883	-501	885	-503	885	0	0
DIS	601	450	551	-101	601	-1	642	-42	642	0	0
Workforce & OD	763	572	926	-354	1,025	-262	1,025	-262	1,025	0	0
YTHFM LLP	1,962	1,471	3,060	-1,589	3,422	-1,460	3,695	-1,733	3,495	200	0
Central	29,939	22,417	5,959	16,458	5,992	23,947	6,187	23,753	6,179	8	0
Total	**55,290**	**41,448**	**29,589**	**11,859**	**32,892**	**22,399**	**35,291**	**20,000**	**34,774**	**514**	**0**



Significant in month delivery of £5.1m has contributed to a full year delivery of £32.9m. This has also reduced the impact on the YTD variance which is now £11.9m an increase of £0.3m.

Work continues with Care Groups and Directorates to deliver plans which are in place, and a further £2.4m has been forecast to be delivered in the final 2 months. This would result in an under delivery of the Efficiency Programme of £20m.

A full exercise is underway to assess conversion of non-recurrent schemes to recurrent.



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 for January is £3.89m. This is below the target monthly expenditure figure of £3.95m and meets the required run rate reduction.

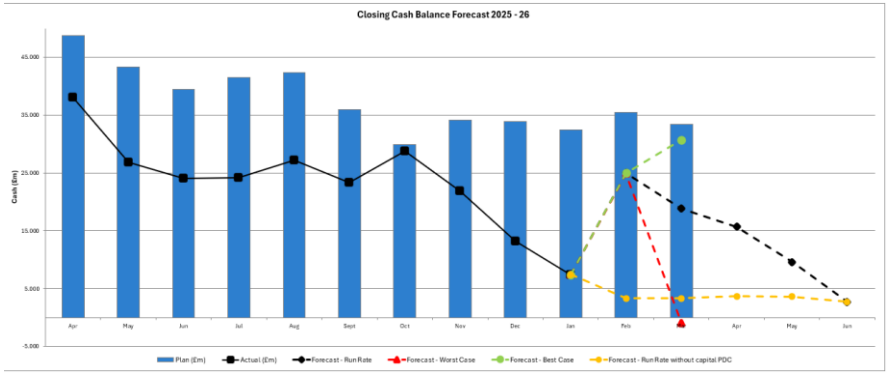
Current Cash Position and Better Payment Practice Code (BPPC)

Finance (12)

York and Scarborough Teaching Hospitals NHS Foundation Trust

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

Month 2	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	48,728	43,285	39,402	41,443	42,294	35,924	29,962	34,122	33,845	32,386	35,435	33,442
Actual	38,105	26,832	24,135	24,178	27,143	23,374	28,710	21,882	13,184	7,430		



Closing cash was £7.4m against a plan of £32.4m, which is £25m adverse and an increase from the M9 position. The significant contributing factors are:

- £14.9m – Adverse variance in I&E surplus / (deficit).
- £13.3m – Adverse variance due to non receipt of sparsity income and 24/25 ERF.
- £3.2m – Favourable variance in other working capital movement timings.

The forecast contains 3 scenarios:

Run rate (black line) – Based on continuation of cash receipts & payment run rates in line with April to January levels and any known adjustments.

Best case (green line) – Based on the best-case scenario financial modelling.

Worst case (red line) – Based on the worst-case scenario financial modelling.

The overall forecast for February has increased due to PDC draw submissions to NHSE to reduce the pressure on the final March national deadline draw dates. The closing March cash balance continues to assume a £15m timing gain from receipt of capital PDC funding drawn in line with NHSE deadlines where capital invoices are not anticipated to be due for payment until Q1.

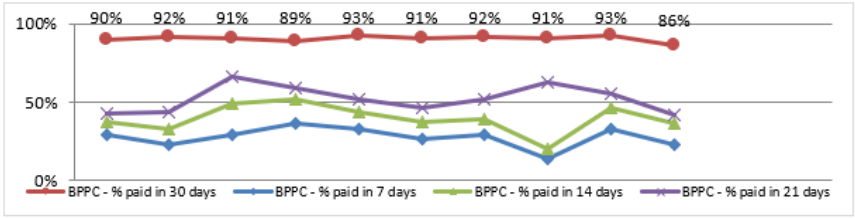
The orange line illustrates the run rate forecast adjusted for unspent PDC. It is assumed that all PDC funded scheme invoices will be paid by June. The Q1 forecast has improved slightly from the M9 projections after assuming receipt of sparsity (£2m) and Industrial Action (£2.1m) income from the ICB in March. highlights potential pressure where cash support would be required.

This projection is heavily dependent on the 25/26 outturn position, highlighting the importance of the financial recovery actions to protect the cash position.

<u>Better Payment Practice Code</u>

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 January the Group managed to pay 86% of its suppliers within 30 days. The reduction from prior month is mainly due to a backlog of catering invoices processed for payment in month but all overdue, impacting on the metric.



Current and Forecast Capital Position

Finance (13)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Annual Plan £000s	FOT £000s	YTD Plan £000s	M10 Actual £000s	YTD Variance £000s
80,664	77,125	61,756	33,838	(27,918)

The M10 position is £28m adverse to plan.

This is mainly due to schemes running behind the plan profiles, including SGH RAAC £14m, SGH maternity roof replacement phase 1 £3.5m, York SCBU refurb £1.9m, the Electronic Patient Record scheme £2.6m, and backlog maintenance £1.2m. £4.1m is also due to IFRS 16 leasing behind plan, with a large value of leases currently in procurement.

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 forecast outturn is now £77m due to the in-year changes below:

- £14m – Reduction due to Scarborough RAAC scheme reprofiled between financial years from £28m in the original plan to £14m for 25/26 expenditure.
- £10m – Additional national funded PDC schemes awarded in the year, including Net zero solar schemes £3m, Modernising histopathology £2m, Relocatable MRI £2m, Critical Infrastructure Schemes £1.4m & LIMS scheme £1.8m
- £0.3m – CDEL adjustment due to the sale of Clarence Street, which will not complete this FY.

Currently, the main risk schemes for delivery are:

- SGH maternity roof & York SCBU schemes due to decant of the services and completion of works.
- Hybrid Theatre and PACU schemes are facing contractor timeline pressures.

2025/26 Capital Position	Annual Plan £000s	FOT £000s	YTD Plan £000s	M10 Actual £000s	Variance to Plan £000s
PDC Funded Schemes	56,525	52,661	43,724	22,673	(21,051)
IFRS 16 Lease Funded Schemes	7,838	7,838	5,758	1,613	(4,145)
Depreciation Funded Schemes	16,626	16,626	12,274	9,552	(2,722)
Charitable & Grant Funded Schemes	7,213	7,213	5,677	2,719	(2,958)
Total Capital	**88,202**	**84,338**	**67,433**	**36,557**	**(30,876)**
Less Charitable & Grant Funded Schemes	(7,213)	(7,213)	(5,677)	(2,719)	2,958
Less Sale of Clarence Street	(325)	-	-	-	-
Total Capital (Net CDEL)	**80,664**	**77,125**	**61,756**	**33,838**	**(27,918)**

System Summary – Month 9

Finance (14)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

M9 Position

- ICB £43k overspend YTD, FOT £7.1m deficit relating entirely to non receipt of Q4 DSF funding.
- Providers £40m overspend YTD, FOT £89m deficit.
- The FOT deficit for the system would be a £76m deficit if DSF was received for Q4, (ICB Breakeven and Providers £76m deficit).
- Providers have enacted FOT protocols to submit deficit FOT position to NHSE.

System Revenue

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan YTD £000	Actual YTD £000	Variance YTD £000	Variance YTD %	Plan Year Ending £000	Forecast Year Ending £000	Variance Year Ending £000	Variance Year Ending %
Humber And North Yorkshire ICB	-	(43)	(43)	(0.0%)	-	(7,076)	(7,076)	(0.1%)
Harrogate And District NHS Foundation Trust	(2,687)	(17,872)	(15,185)	(5.2%)	-	(20,000)	(20,000)	(5.2%)
Hull University Teaching Hospitals NHS Trust	(3,876)	(17,724)	(13,848)	(1.9%)	-	(22,030)	(22,030)	(2.3%)
Humber Teaching NHS Foundation Trust	(534)	2,467	3,001	1.5%	-	3,000	3,000	1.1%
Northern Lincolnshire And Goole NHS Foundation Trust	(6,122)	(10,580)	(4,458)	(1.0%)	-	(14,534)	(14,534)	(2.4%)
York And Scarborough Teaching Hospitals NHS Foundation Trust	(994)	(10,048)	(9,054)	(1.4%)	-	(35,444)	(35,444)	(4.0%)
ICS Total	(14,213)	(53,800)	(39,587)	(1.1%)	-	(96,084)	(96,084)	(2.0%)

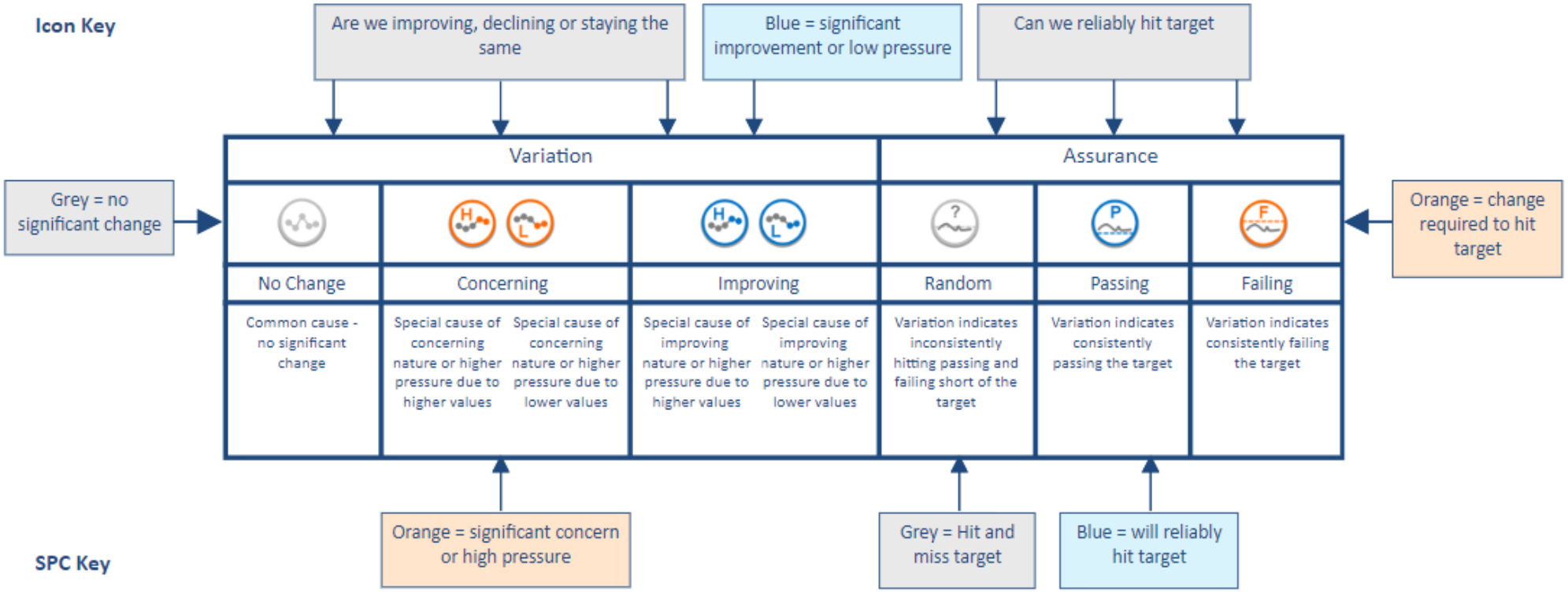
System Revenue excluding Deficit Support Funding

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan YTD £000	Actual YTD £000	Variance YTD £000	Variance YTD %	Plan Year £000	Forecast Year £000	Variance Year Ending £000	Variance Year Ending %
Humber And North Yorkshire ICB	(21,228)	(21,271)	(43)	(0.0%)	(28,304)	(28,304)	(0)	0.0%
Harrogate And District NHS Foundation Trust	(6,656)	(21,841)	(15,185)	(382.6%)	(5,297)	(23,969)	(18,672)	(352.5%)
Hull University Teaching Hospitals NHS Trust	(14,541)	(28,389)	(13,848)	(129.8%)	(14,233)	(32,695)	(18,462)	(129.7%)
Humber Teaching NHS Foundation Trust	(534)	2,467	3,001	0.0%	-	3,000	3,000	0.0%
Northern Lincolnshire And Goole NHS Foundation Trust	(17,260)	(21,718)	(4,458)	(40.0%)	(14,856)	(25,672)	(10,816)	(72.8%)
York And Scarborough Teaching Hospitals NHS Foundation Trust	(13,407)	(22,461)	(9,054)	(72.9%)	(16,551)	(47,857)	(31,306)	(189.1%)
ICS Total	(73,626)	(113,213)	(39,587)	0.0%	(79,241)	(155,497)	(76,256)	2.4%

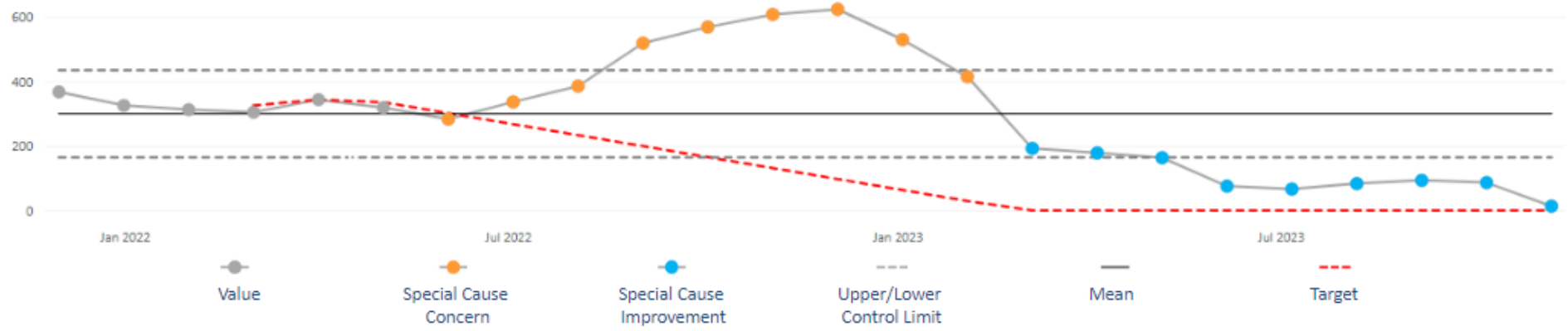
Keys

York and Scarborough Teaching Hospitals NHS Foundation Trust

Icon Key



SPC Key



The orange and blue points indicate either increasing or decreasing trends. The colour will update if 7 points appear either above or below the mean or if 2 out of 3 are near the upper or lower control limit. The target can be either static or moving.

Icon Descriptions

NHS
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NHS Foundation Trust

			
	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.
	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.
	Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.
	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.

Report to:	Board of Directors
Date of Meeting:	25 February 2026
Subject:	Annual Operating Plan Quarter 3 Update
Director Sponsor:	Clare Smith, Chief Executive
Author:	Tilly Poole, Head of Strategy and Planning

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

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ Regulatory Requirement ☐

Trust Objectives

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☒ Through research, innovation and transformation to challenge the ways of today to develop a better tomorrow.
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☐ Effective Clinical Pathways
☐ Trust Culture
☐ Partnerships
☐ Transformative Services
☐ Sustainability Green Plan
☐ Financial Balance
☒ Effective Governance

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

☐ Yes

☒ No

☐ Not Applicable

Executive Summary:

The purpose of this paper is to inform the Board of the progress in relation to the 2025/26 Annual Operating Plan actions. The Board are asked to note the update.

The Annual Operating plan for 25/26 consists of 272 actions in total. These included operational actions to address 25/26 priorities.

During January 2026, teams were asked to provide an update on the status of any action highlighted for completion in quarter 3 of which there are 78 actions – including the actions moved from previous quarters to Q3:

.

- 62 actions (79%) were completed in full.
- 16 actions (21%) were not completed, partially completed or closed in Q3.

The appendix includes the extract from the Annual Operating Plan for **all Q1-Q3** actions that remain incomplete or completed in part alongside accompanying narrative.

Next Steps

- Provide end of year update to Board in May 2026
- Revise approach to annual operating plan development for 26/27 to complement Integrated Delivery Plan 2026-2031.

Recommendation:

Trust Board members are asked to note the content of the report.

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

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

Report History

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

Meeting/Engagement	Date	Outcome/Recommendation

Improvement in the number of patients with No Criteria to Reside (NCTR)

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by (add name)
Complete Capacity and Demand for D2A	Q3	ICB colleagues are leading Ab Abdi – Trust Lead	Claire Hansen	In part	Delivery was delayed due to data quality issues requiring further validation. These have now been resolved, with completion and presentation through D2A governance planned for Q4.	Q4	Catherine Rhodes

Improvement in FDS and 61 Day Cancer Standards

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by
Faster Diagnosis/ Operational Performance: Best Practice Timed Pathway: Lung 1. Refresh of York RAPID Pathway	Q2	Beth Eastwood/ Harris Mian	Claire Hansen	No	Delayed due to medical workforce and radiology job-planning constraints limiting CT hot reporting capacity. A new consultant is in post and revised job planning is scheduled for Q1 2026/27.	Q1 26/27	Beth Eastwood
Faster Diagnosis/ Operational Performance: Best Practice Timed Pathway Implementation: Urology 1. Review of administrative booking processes	Q3	Beth Eastwood/ Liz Hill	Claire Hansen	No	Initial process review completed, with booking rules and escalation processes implemented. Further process mapping is planned in March 2026, with completion in Q4.	Q4	Beth Eastwood

Improvement in the Emergency Care Standard

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by (add name)
Integrated Urgent Care Services (IUCS) development	Q3	Haaris Mian	Claire Hansen	Closed	This action has been superseded by the Acute Medical Model and updated national guidance. A revised proposal will be considered in Q4.	Q4	Haaris Mian
Set up consistent ED rounds / huddles at both EDs	Q1	Amjad Sami, Alexander Crossley	Karen Stone	No	Progress has been inconsistent due to variation in local practice. This remains under review as part of wider cultural and operational change.	Q1	Haaris Mian
Review workforce plan for ED and put forward business case for change: Skill mix modelling	Q2	Haaris Mian	Claire Hansen	In part	Work completed but paused to align with the Acute Medical Model. Workforce implications are being assessed, with completion planned for Q4.	Q4	Haaris Mian
Review workforce plan for ED and put forward business case for change: Present business case	Q2	Haaris Mian	Claire Hansen	No	Dependent on finalisation of the Acute Medical Model and associated workforce impacts. Business case to be progressed in Q4.	Q4	Haaris Mian
If approved, recruitment activity	Q3	Ally Crossley, Amjad Sami	Claire Hansen	No	Recruitment is dependent on approval of the revised workforce business case incorporating the Acute Medical Model and national guidance. Delivery expected in 2026/27	Q1 - Q2 2026/27	Haaris Mian
Maximise Acute Assessment usage: Extend opening hours of Frailty SDEC (York)	Q1	Sally Irwin	Claire Hansen	No	Paused due to workforce pressures within core hours. It is proposed that this action is closed, with alternative models being considered in Acute Model.	**Q1 26/27**	Haaris Mian

Improvement in Referral to Treatment Time

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by
Vascular Imaging Unit Capital Build 3. Operational go live	Q3	Karen Priestman	Claire Hansen	No	Due to delay in capital build, Equipment installation in progress. Operational date scheduled for March 2026	Q4	Kim Hinton

Improvement in DM01

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by
Delivery of Scarborough CDC 1. Delivery of Capital Build	Q1	Karen Priestman (PM Jamie Baxter)	Claire Hansen / Chris Norman	No	Delayed due to capital build and infrastructure challenges. Revised operational go live is planned for March 2026.-live is planned for March 2026.	Q4	Kim Hinton
Delivery of Scarborough CDC 2. Operational Go Live	Q1	Karen Priestman (PM Jamie Baxter)	Claire Hansen / Chris Norman	No	Dependent on completion of the capital build, with go live now planned for March 2026.-live now planned for March 2026.	Q4	Kim Hinton
Delivery of Scarborough CDC 3. Development of pathways	Q1	Karen Priestman (PM Jamie Baxter)	Claire Hansen / Chris Norman	No	Pathway development has commenced despite capital delays, with initial pathways implemented ahead of the revised go live.-live.	Q4	Kim Hinton
Delivery of MRI 3 at York 1. Capital Build	Q3	Karen Priestman (PM Jamie Baxter)	Claire Hansen / Chris Norman	No	Delayed following contractor administration within the Hybrid Theatre project. Options and recommendations will be presented by March 2026.	Q4 2026-27 TBC	Andrew Bennett

Delivery of MRI 3 at York 3. Operational Go Live	Q3	Karen Priestman (PM Jamie Baxter)	Claire Hansen / Chris Norman	No	Operational timescales remain dependent on resolution of the capital build issues.	Q4 2026-27 TBC	Andrew Bennett
Demand Management - Radiology 1. CT as diagnostics for internal requests	Q3	Lisa Shelbourn Marcus Nicholls	Claire Hansen	No	Review completed, with recommendations to be considered by Executive Committee. Implementation planned for Q4.	Q4	Lisa Shelbourn
Review the DM01 logic in CPD 1. Task and finish group established	Q1	Sheena White	James Hawkins	No	Completed, with reviews undertaken by modality and leads identified. No further action required.	no longer required	Kim Hinton
Review the DM01 logic in CPD 2. Systematic review of all CPD logic	Q2	Sheena White	James Hawkins	In Part	We have progressed through all four stages one modality at a time. Completed services include all imaging and endoscopy modalities (including cystoscopy), UDS and audiology. This has taken longer than expected due to complex data issues, delaying timelines for echocardiography, sleep studies, and peripheral neurophysiology, now planned for Q4. Earlier-reviewed modalities require updates to reflect CPD changes, with reviews underway alongside the audiology work. Once all modalities are complete, we will conduct a final review to identify any remaining issues. All logic updates are expected by end of Q4, with ongoing reviews to ensure future system or process changes do not affect the updated logic.	Q4	Sheena White
Review the DM01 logic in CPD 3. Identify any changes and impact	Q2	Sheena White	James Hawkins	In Part		Q4	
Review the DM01 logic in CPD 4. Present proposal for approval	Q2	Sheena White	James Hawkins	In Part		Q4	
Review the DM01 logic in CPD 5. Implement any CPD changes	Q2	Sheena White	James Hawkins	In Part		Q4	
Develop draft dashboard for imaging 4. Expand to include all diagnostics	Q2	Karen Priestman / BI&I	James Hawkins	No	Dashboards for imaging and endoscopy now completed and live. Dashboard for physiological diagnostics not yet developed due to the requirement to complete the DM01 logic work first.	Q4	Kim Hinton

Reduction in CAT2 Pressure Ulcers

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by (add name)
Development of a long-term plan to ensure a cost approved plan going forward	Q2	Helen Williams	Dawn Parkes	No	Chair audit completed which identified significant investment needed to replace seating. Lack of recurrent investment was identified as a barrier. Partial investment has been identified in Q4 through the capital programme and charitable funds to progress a partial seating replacement programme. This will now progress towards implementation with high-risk wards/departments being prioritised.	Q4	Emma Hawtin
Develop and implement standardised digital care plans and assessments within 6 months.	Q3	EPR implementation team & Helen Williams	James Hawkins	Partly	This has been built awaiting the launch of Nervecentre at the end of Feb 26	Q4	Emma Hawtin
Ensure 100% of relevant clinical teams are trained on the new EPR and photography processes.	Q3	EPR implementation team & Helen Williams	James Hawkins	No	Training and view of the digital forms were not available in Q3 focus work for Q4 A trust priority is to ensure all staff are trained for nerve centre (80% by go live Feb/March 2026)	Q4	Emma Hawtin

Reduction in MSSA Infections

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by

Review the guideline for cleaning and decontamination of the environment	Q2	Jo Dea	Dawn Parkes	No	Policy for cleaning standards revised. Delays have occurred due to number of comments received and recent amendment of national guidelines for National Cleaning Standards. Revised policy scheduled for approval via Infection Prevention Strategic Assurance Group (IPSAG) and Executive Committee in March 2026.	Q4	Sue Peckitt
Implement the guideline for cleaning and decontamination of the environment	Q3	Jo Dea	Dawn Parkes	No	As above	Q1 2026/27	Sue Peckitt
Standardise the educational content provided at the Health Care Academy, Preceptorship, and for Globally Educated Nurses to ensure consistency in best practices. Refresh the training material for ANTT	Q2	Anna Milburn/Victoria Angel Sue Peckitt	Dawn Parkes	No	Trust ANTT training refreshed and in use, but compliance has not yet reached the required 95%. National IPC eLearning package is in development which the Trust has committed to using and deadline date not yet confirmed.	Q4	Sue Peckitt
Antimicrobial Stewardship Refresh and promote standardisation of the MSSA/MRSA skin decolonisation guidance	Q2	TBC	Dawn Parkes	No	Surgical team reviewing decolonisation guidance. Specialist medicine reviewing guidelines and developing options appraisal. To be discussed at IPSAG in March 2026.	Q4	Sue Peckitt

Improvement in the % of staff who would recommend the Trust as a place to work

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by
Recruitment drop-in sessions	Q2	Amy Messenger	Polly McMeekin	No	(Updated 10/02) Sessions are scheduled to take place monthly from Q4, with the first session planned on Friday 13th March.	Q4	Amy Messenger

Green Plan Support Tool

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by
Sustainable Models of Care workstream development	Q1	Caroline Dunn	Dawn Parkes	No	10/02/26 Draft workstream suggestions in place and incorporated into Green Plan for the Trust - awaiting sign off.	Q1 26-27	Tara Filby
To review and update the Sustainable Models of Care section of the Green Plan with KPI and outcomes about when each identified project/item.	Q3	Caroline Dunn	Dawn Parkes	No	10/02/26 Delayed due to operational pressures. Project leads to be identified in Q4 to agree specific streams of work and relevant KPIs wider than nursing - to report progress to the Sustainable Development Group in March 2026	Q1 26-27	Tara Filby
Sustainable Models of Care workstream to ensure it contributes and delivers against the 15% improvement target and 5.7% in CO2 reduction of 2025/26	Q3	Caroline Dunn	Dawn Parkes	No	10/02/26 A cost-wise group has been established in Q3 meeting bi-weekly to streamline procurement of stock items. Furthermore, service costs have been challenged and scrutinised and changes made, e.g. continence product standardisation, taxi useage, patient transport, that will contribute to the sustainability agenda.	Q1 26-27	Tara Filby
Sustainable Models of Care workstream to deliver against the main current Green Plan target to: Increase the percentage of virtual outpatient consultations (video and telephone)	Q3	Caroline Dunn	Dawn Parkes	No	10/02/26 This item will be reviewed with ACOOs/ACNs in line with Line 8 of agreeing the sustainability schemes for 2026-27	Q1 26-27	Tara Filby

Achieving Financial Balance

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by
All CIP opportunities to have NHSE 4 tests applied in line with NHSE Closedown letter	Q1	Sarah Barrow	Andrew Bertram	No	125 out of 155 schemes (81%) have PiD created with 4 tests applied.	Q4	Sarah Barrow
50% CIP plans in progress to have Project Initiation Documentation (PID) initiated in line with NHSE Closedown letter	Q1	Sarah Barrow	Andrew Bertram	No	23 out of 48 schemes (48%) have PiDs completed to Plan in Progress status. EDG ask to complete EQIAs for outstanding schemes in January.	Q4	Sarah Barrow
100% CIP plans in progress to have Project Initiation Documentation (PID) initiated in line with NHSE Closedown letter	Q2	Sarah Barrow	Andrew Bertram	No	23 out of 48 schemes (48%) have PiDs completed to Plan in Progress status. EDG ask to complete EQIAs for outstanding schemes in January.	Q4	Sarah Barrow
All CIP fully developed plans to have completed PID in line with NHSE Closedown letter	Q2	Sarah Barrow	Andrew Bertram	No	102 out of 107 schemes have fully completed PiDS (95%)	Q4	Sarah Barrow
62% of total target to be delivered by end of Q3	Q3	Sarah Barrow	Andrew Bertram	No	50.2% (£27.7m of £55.3m target) has been delivered at Q3	Q4	Sarah Barrow

There is significant risk to the delivery of the £55.3m efficiency programme for 2026/27. The revised forecast outturn confirms that efficiency delivery will fall short by £20m and is the main driver in the Trust's forecast £28.5m deficit position. The Trust recognise the requirement to strengthen governance to support the delivery both in 2025/26 to ensure no further slippage and also across the Medium Term Financial Plan from 2026/27 onwards.
The Trust will need to focus on waste reduction, productivity and transformation.

To support this, the Trust have engaged with KPMG, through a joint procurement with Harrogate & District Foundation Trust to provide a financial diagnostic, reviewing income, expenditure, cost drivers, trends, and structural pressures and they will also carry out a financial governance review, assessing the robustness of financial controls and cost-improvement governance. KMPG will support the Group to validate current WRAP plans and support the early development of new, significant and additional plans on a page for service transformation and efficiency delivery.

CQC Well-Led

Actions	Completion Quarter	Action Owner	Responsible / Accountable Person	Complete Yes/No	Update narrative if incomplete	Revised Delivery Quarter	Update provided by
Well-led audit provider Report issued and action plan approved by Board of Directors	Q3	Martin Barkley / CEO	Martin Barkley / CEO	No	Well-led report will be received in due course	Q4	Mike Taylor

Report to:	Board of Directors
Date of Meeting:	25 February 2026
Subject:	Care Quality Commission (CQC) Update
Director Sponsor:	Dawn Parkes, Chief Nurse Adele Coulthard, Director of Quality, Improvement and Patient Safety
Author:	Emma Shippey, Head of Compliance and Assurance

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

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ Regulatory Requirement ☐

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

☐ Yes

☒ No

☐ Not Applicable

Executive Summary:

This report outlines key developments in the Trust's engagement with the CQC, including inspection follow-ups, regulatory updates, and ongoing quality assurance activities.

There was an unannounced CQC inspection of Urgent and Emergency Care and Medical Care Services at Scarborough Hospital between 7 and 9 October 2025. The draft report has yet to be received

As of 3 February 2026, there are 24 open CQC cases.
Recommendation: • Note the current position regarding the recent CQC inspection activity. • Note the current position of the open CQC cases

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting/Engagement	**Date**	**Outcome/Recommendation**
Patient Safety and Clinical Effectiveness Sub Committee	11 February 2026	Presented and accepted.

CQC Update

1. CQC Activity

1.1 York Hospital Ionising Radiation (Medical Exposure) Regulations (IRMER) Inspection : Nuclear Medicine

The CQC were onsite to inspect Nuclear Medicine at York Hospital on 28 January 2026 as part of their proactive Ionising Radiation (Medical Exposure) Regulations (IRMER) programme.

All pre and post inspection evidence has been submitted. The draft inspection report should be sent to the Trust by the end of February 2026 for factual accuracy checking.

1.2 Scarborough Hospital Inspection (October 2025)

There was an unannounced CQC inspection of Urgent and Emergency Care and Medical Care Services at Scarborough Hospital between 7 and 9 October 2025. The draft report has yet to be received

1.3 York Inspection (January 2025)

In response to the CQC inspection report published on 2 July 2025, the CQC have asked for quarterly updates on progress with actions to be provided, the first of which was sent in November 2025.

There were six breaches to regulation identified in the report. Updates on progress are made at the quarterly engagement meetings.

1.4 Section 31: Care and Assessment of Patients with Mental Health Needs in the Emergency Department

An application to remove the conditions is being drafted with approval through the Executive Committee planned for February 2026.

1.5 Ongoing CQC Engagement

Quarterly engagement meetings are scheduled with our CQC colleagues and a workplan for 2026 is being developed. The CQC have been invited to visit services (these not inspections) in April and October 2026.

2. CQC Cases / Enquiries

The CQC receive information from a variety of sources in relation to the quality of care provided at the Trust. This information can be related to known events, for example patient safety incidents (PSI's), formal complaints and Datix incidents, or unknown events, such as concerns submitted directly to the CQC from either patients, staff, members of the public, or other organisations. Following receipt of such information, the CQC share the concerns with the Trust for review, investigation, and response. The CQC monitor themes and trends of enquiries received, and these can inform inspection and other regulatory activity.

As of 3 February 2026, there are 24 open CQC cases. Of these:

- Six cases have had responses submitted, and we are awaiting feedback from the CQC.
- Twelve cases are progressing, with either an approved complaint response or a Section 42 response to be submitted once finalised.
- Responses to the remaining six cases are being drafted.

The enquiry dashboard can be viewed in **Appendix A**.

3. CQC Updates

3.1 Monitoring the Mental Health Act report published

The CQC published the annual report into the care and treatment of people who have been detained under the Mental Health Act. 'Monitoring the Mental Health Act in 2024/25' highlights continued concerns around inequalities, people being placed in inappropriate environments, and increasing demand leading to long waits for mental health care – and how the updated Mental Health Act could help services to address these challenges and improve care quality for their patients.

Click here to read the report

3.2 Rebuilding our regulation

The CQC have published an update on their inspection plans for 2026-2028, highlighting that there were 50% more inspection activity in November 2025 than November 2024 and they have completed over 5,000 assessments since April 2025.

For more information click here.

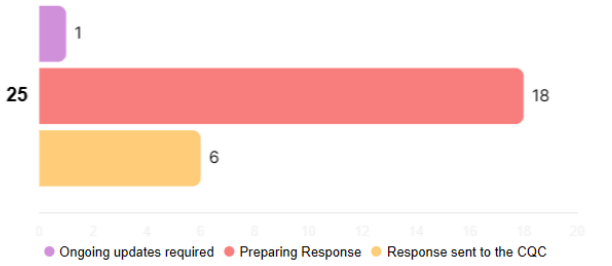
3.3 New NHS England resource: Triangulating feedback

NHS England have recently published a new resource on how to triangulate feedback on discharge from different sources to improve patient experience. The resource sets out a 4-step process to triangulating feedback, with a focus on the experience of discharge for people who use services and their unpaid carers, which has been shown to correlate strongly with overall experience of care. Click here to read more

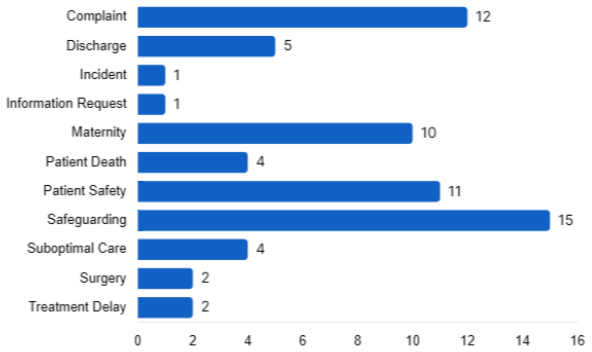
Date: 3 February 2026

Appendix A – CQC cases received over the last 12 months

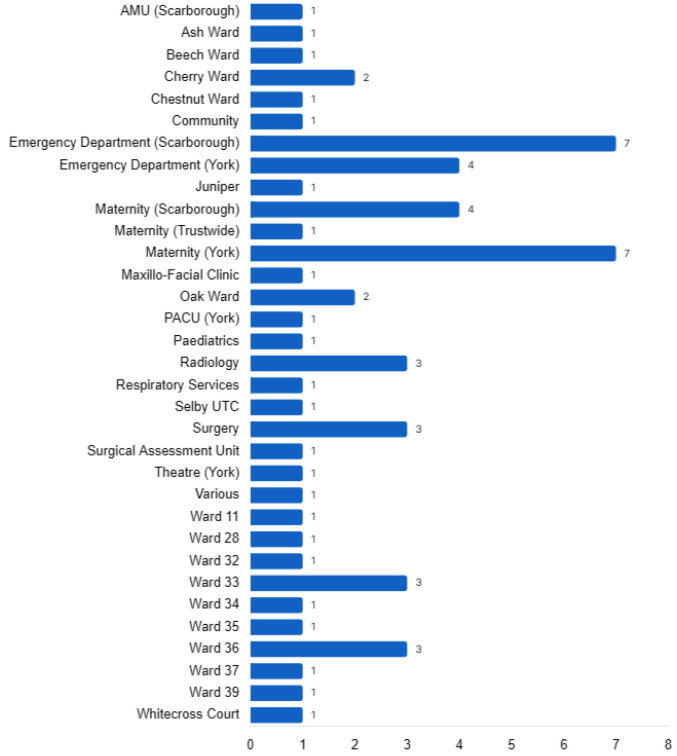
Number of Open CQC Enquiries / Cases



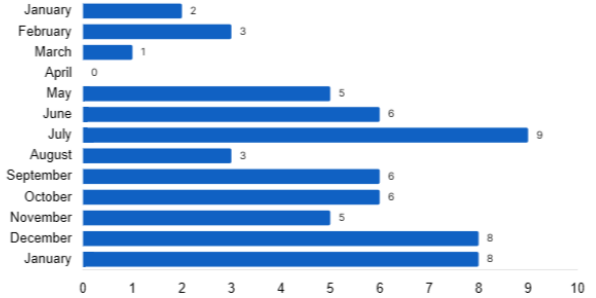
Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



Number of Enquiries Received



Report to:	Trust Board of Directors
Date of Meeting:	25th February 2026
Subject:	Maternity and Neonatal Safety Report
Director Sponsor:	Dawn Parkes, Chief Nurse & Executive Maternity and Neonatal Safety Champion
Author:	Sascha Wells-Munro OBE, Director of Midwifery and Strategic Clinical Lead for Family Health (Maternity Safety Champion)

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

Approve ☒ Discuss ☒ Assurance ☒ Information ☒ Regulatory Requirement ☐

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Implications for Equality, Diversity and Inclusion (EDI)

☐ Yes

☒ No

☐ Not Applicable

Executive Summary:

The purpose of the report is to inform the Trust Board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity and neonatal services team. The data shared is for the months of December 2025.

Key Assurance

- The Trust perinatal mortality rate remains at 3.8 /1000 births, this is around average for similar Trusts and remains within 5% mortality rate when compared with the group average.
- Since October there has been a month-on-month reduction in the use of agency midwives by a total of 28% due to ongoing successful substantive recruitment.
- The postpartum haemorrhage (PPH over 1500 mls) rate for December was 3.5% (11 cases) based on the national data the trust is not an outlier for PPH rates
- The maternity service submitted a critical safety alert generated by Maternity oversight safety signals system in December and a second in January which were both externally reviewed and accepted with no adjustments or additional actions identified by the LMNS.
- The Maternity team successful recruited a Deputy Director of Midwifery who will be a great compliment to the team. Commencement date yet to be confirmed.

Key Risks

- The service continues to manage the risk of water ingress at the Scarborough Maternity Unit with support from the estates team and through the continued period of poor weather this has increased. However, the service has not needed to close services but mitigations to continue to support women and families to receive safe care have been undertaken as required.

Key Concerns

- The Homebirth Service in Scarborough and the East Coast was stood down 26 times in December and 12 times in York. One woman was affected and cared for in the maternity service. All key stakeholders such as NHS England, The Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists have responded to the HRH Coroner's Prevention for Future Deaths Report (October 2025). All stakeholders will be publishing new guidance, dates yet to be confirmed on the scope of homebirth provision particularly for cases deemed to be high risk clinically. There is a concern that this will impact on women causing them anxiety and fear leading to them possibly not engaging with maternity services, to receive care for them and their unborn. Work continues with the Maternity and Neonatal Voice Partnerships to reach as many women as possible and provide information and support through various routes to support them to feel safe and involved in their care.

Recommendation:

The Board is asked to receive the updates from the Maternity and Neonatal Service.

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

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

Report History

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

Meeting/Engagement	Date	Outcome/Recommendation

Quality Committee	17th November 2025	**1. To note the assurance, risks and concerns as well as the progress in the maternity and neonatal quality and safety metrics.** **2. To note the progress with the Maternity and neonatal single improvement plan (MNSIP)** **3. To note the ongoing risks for delivery of operational services and the MNSIP**

Introduction

This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, to inform the Trust Board of key areas of Improvement to enhance safe maternity care and identify any present or emerging safety concerns and actions required or taken to address them.

The maternity and neonatal services continue to review and monitor improvements in key quality and safety metrics, and this paper provides the Trust Board with the performance metrics for the month of December 2025.

Annex 1 provides the current delivery position for the service against the core national safety metrics.

Perinatal Quality Surveillance Model

In line with the perinatal quality surveillance model, the service is required to report the information outlined in the data measures monthly to the Trust Board. Data is for the month of December 2025.

Perinatal Deaths

In December sadly there were three stillbirths and two neonatal deaths. The service has reported all cases in line with national requirements and are undertaken internal reviews for all. The maternity bereavement team continue to support the families.

Maternity and Newborn Safety Investigations (MNSI)

One referral to MNSI was made in December and no completed reports were received.

Moderate Harm Incidents and above

There were 18 clinical incidents graded as moderate or above in December along with 14 red flag incidents that are related to delays in care. This is due to a further increase in acute cases in maternity theatres that have led to other clinical delays to maintain safe care for all women. Mitigations are in place such as diverting services to ensure women where safe to do so can continue with the planned care required. A further review of the maternity theatre capacity will be commenced to ensure adequate theatre time and clinical teams are available to support the increase in demand

Maternity Unit diverts/ closures and suspension of services

The maternity services had to divert on three occasions between the York and Scarborough sites due to high acuity and to ensure women received essential planned care safely.

A review of our home birth services to ensure staff have adequate compensatory rest has been undertaken and implemented. This is to ensure staff are safe to care for women over night when called out. This has led to the services being suspended more frequently due to the shortfall in staff in our community services particularly in Scarborough and the East Coast. This will improve as the agreed investment is applied to the budgeted establishments.

Service User Feedback

A full review of the outcomes of the Care Quality Commission picker survey into women's experiences in maternity services from November 2025 has been undertaken in collaboration with the Maternity and Noenatal Voice Partnership. A high-level summary of

the findings and actions to be taken is in Annex 2. The full action plan has been imbedded in the maternity and Neonatal single improvement plan, with appropriate milestone actions and clear timescales for delivery.

Special Care Baby Unit Refurbishment on York Site

The Special Care Baby unit has now moved to ward 12 as the decant area whilst the refurbishment work on the new Neonatal Unit has commenced. The team planned the move exceptionally well and the Tiny Lives charity appeal has already raised £50,000 of the desired £100,000 to support purchase of specialist equipment and items to provide a positive environment for families.

Maternity Incentive Scheme Year 7

A review of all the evidence to support compliance of the 6/10 safety actions will be undertaken by the Local Maternity and Neonatal System before the self-declaration is submitted on the 3rd March 2026. An action plan will also be submitted for the safety actions of non-compliance which may result in some additional funding to support the ongoing implementation to achieve compliance.

Midwifery Workforce

Midwifery vacancy and recruitment – current position January 2026

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

	January 2026
Establishment budget (band 5&6)	142.61WTE
Staff in post (band 5&6)	144.05WTE (includes supernumerary B5)
Roster vacancy	29.19WTE

The second cohort of 11.26WTE Band 5s will commence their preceptorship in Feb (3.5WTE in Scarborough and 7.76WTE in York).

Unregistered workforce (B3&4)

There is a vacancy rate of 10.5WTE at York, and -0.92WTE at Scarborough, totalling 9.58WTE vacancy. 2.4WTE B3 Maternity Assistants and 3.6WTE B4 Maternity Support Workers were appointed in December, who will commence their roles between Feb and March.

Improvement and Transformation in December

- The Review of workstream 1 actions was conducted following a scrutiny session to took place in January 2026.
- The Standard Operating Procedure for personalised care plans was ratified at the Guideline and Audit Group on 8th January 2026
- Personalised care plans will be translated and printed for service users whose first language is not English, based on an analysis of BadgerNet data.
- A meeting took place with the patient experience team to finalise the service user survey ahead of launch in February 2026

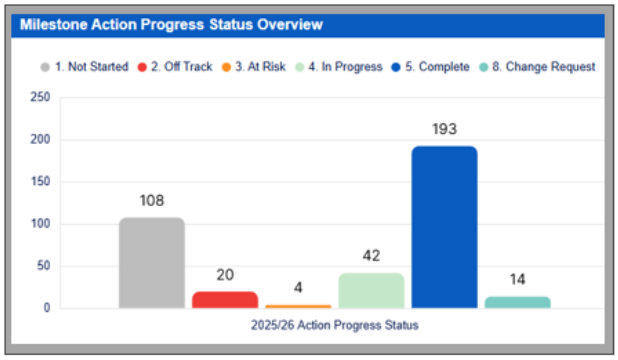
- Competency frameworks for the Band 3's and 4's approved at maternity directorate in January 2026 ready to launch when official band move takes place on 1st February 2026.
- Meeting with temporary staffing took place to commence work on the bank staff process for the unregistered workforce. This included looking at the recruitment process, induction process, training requirements, competency sign off and overall having better oversight and safeguards surrounding the temporary workforce.
- Maternity and neonatal escalation policy went out for comment on 15th January to on call rota and comments incorporated
- Develop a task list for the induction process and agree responsibilities of admin, recruitment and managers
- Communicated to admin, recruitment and managers the refreshed induction process task list
- Communications to staff on progress so far against the culture score action plan were circulated to staff
- NEWTT2 tool went live on 12th January 2026.
- Commence Maternity and Neonatal Services communications strategy review with senior leadership team and Quality and Governance Lead
- Benchmarking exercise commenced to understand how the service currently aligns to the maternity and neonatal quality & patient safety framework and outline and areas requiring amendment. To be presented to the SLT in February 2026.
- High-level capacity and demand model for outpatient obstetrics presented at the Maternity Directorate and agreed MDT to propose next steps to addressing the capacity gaps
- Lone worker policy SOP was ratified at the guideline and audit group on 8th January 2026 and is now in use across community services
- G3 reception area trial to open main doors during daytime hours commenced
- 5 new CTG machines to be ordered in January in line with business case approval and 2025/26 capital funds but have now been delayed
- Pre-existing diabetes development session held in January to co-produce the improvement actions required to meet SBL across care groups

The Maternity and Neonatal Single Improvement Plan (MNSIP)

January 2026 Position

York and Scarborough Teaching Hospitals NHS Foundation Trust

- **193 out of the 381 milestone actions have been completed to date** (19 actions completed in January 2026)
- **5 high level actions and 24 milestone actions have been approved at the Maternity and Neonatal Improvement Plan Oversight Group and added the improvement plan.** These actions are due for completion in 2026/27
- **42 milestone actions are in progress**
- **20 milestone actions are off track as the delivery date has passed, and the action has not been completed**
  - 1 milestone action's delivery is interdependent with a trust wide timeline which extends beyond our timeline
  - 5 off track action is due for delivery by 28/02/2026
  - 5 off track actions will be completed by 31/03/2026
  - 10 off track actions will be delivered by 30/04/2026
- **4 milestone actions are marked as at risk**, which are due for delivery 01/07/2026. these relate to the SBL in house tobacco dependency service due to improvement work stalled.



- **14 out of 377 milestone actions require a change request submission** through our programme governance, following the Maternity and Neonatal Single Improvement Plan Scrutiny Session held in October 2025. The overarching high-level action and ambition for these actions remains unchanged, the milestone actions require revision as they were established over two years ago after our initial engagement session and no longer reflect the current work underway to achieve the high-level action. The change requests for these actions will be submitted to the Maternity and Neonatal Single Improvement Plan Oversight Group in March for discussion and decision. (Previously 35 milestone actions required review, 21 change requests were reviewed and approved at the maternity and neonatal single improvement plan oversight group in February 2026)
- **108 milestone actions are not scheduled to start yet**

Key Risks to Delivery of the Single Improvement Plan
The risks to delivery of the MNSIP remain the same from last month's report.

Programme Risks for Delivery of the Maternity and Neonatal Single Improvement Plan

York and Scarborough Teaching Hospitals NHS Foundation Trust

The programme risks for the delivery of the single improvement plan have been reviewed and updated.

An overview of the programme risk titles, descriptions and scores are below. The detailed impact and mitigations can be found on the risk register here:

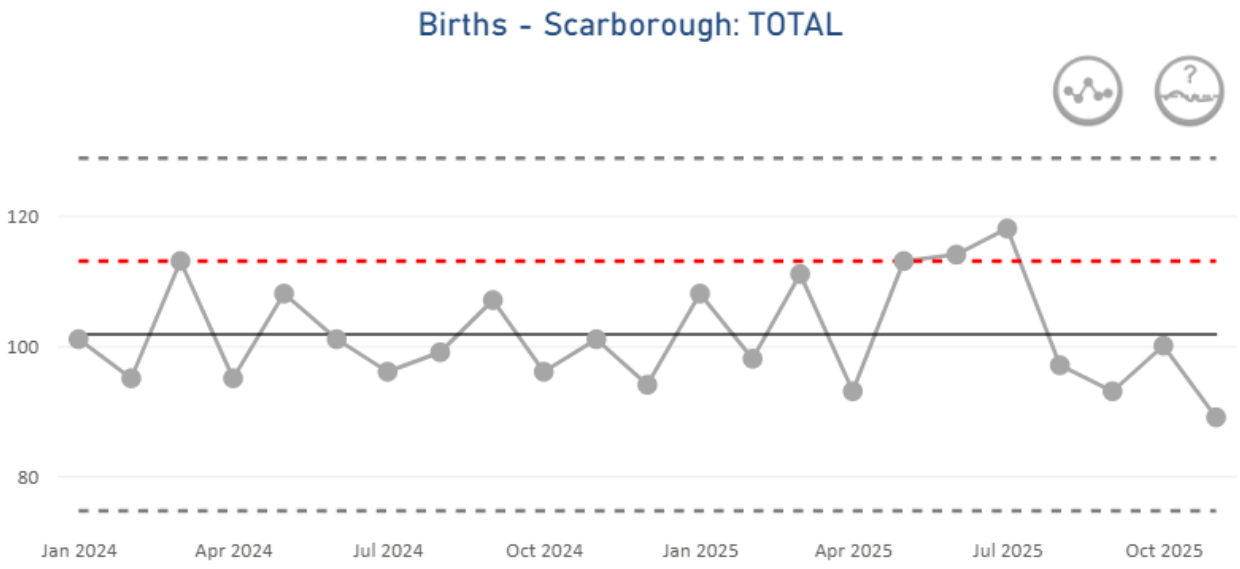
Programme Risk and Issue Log February 2026

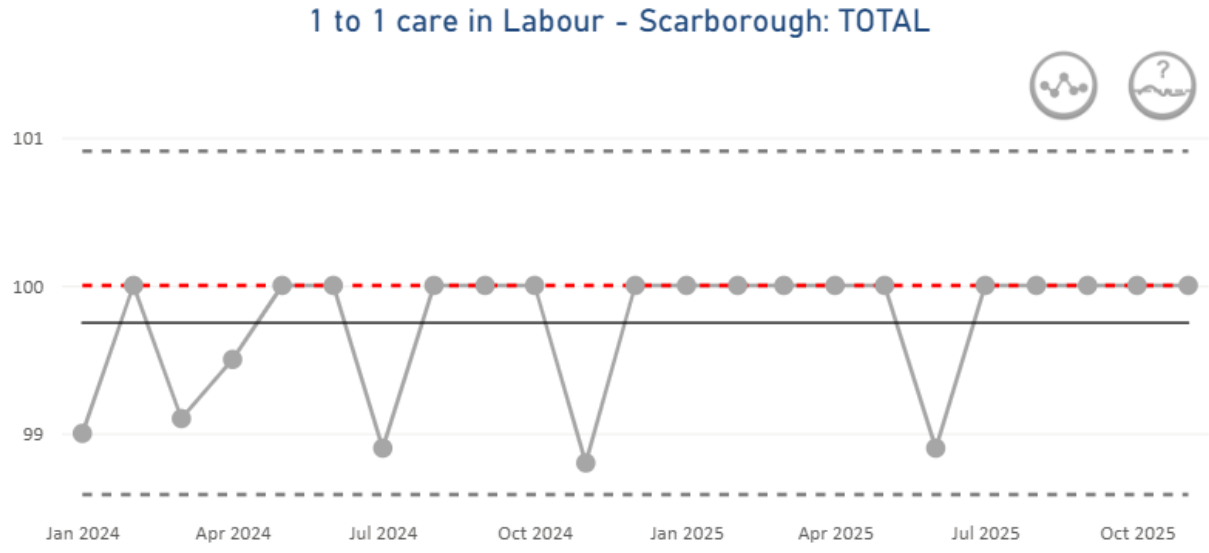
Risk title	Risk Description	Risk score
Risk of timeline delays impacting overall programme delivery	There is a risk that key programme actions may not be completed within planned timelines due to factors such as interdependencies with other services, delayed decision-making, delayed governance processes, resource constraints, extended stakeholder reviews, or unforeseen operational pressures. These delays can cause slippage across key milestones, affecting the ability to meet overall delivery timelines.	12 *Impact: High* *Likelihood: Medium*
Insufficient investment to support programme and project delivery	There is a risk that the Maternity & Neonatal Service will not receive the required financial investment, resource uplift, or capital funding needed to progress key improvement plan actions	16 *Impact: High* *Likelihood: High*
Expansion of programme scope	There is a risk that the programme's scope expands beyond what was originally agreed, due to informal requests, evolving expectations, national context or pressure from stakeholders to include additional work. Without clear governance, these additional actions may progress without assessing impact on time, resources, or overall deliverables within the single improvement plan.	16 *Impact: High* *Likelihood: High*
Loss of key staff impacting programme delivery	There is a risk that key members of the programme leadership team (SRO's, Workstream leads, subject matter experts, programme team etc.) leave the organisation or move roles. Loss of key staff may lead to gaps in expertise, reduced institutional knowledge, delays in decision making, and decreased programme momentum.	12 *Impact: High* *Likelihood: Medium*
Insufficient resources, skills, tools and over reliance on third parties	There is a risk that the programme will be unable to deliver key actions due to limited internal capacity, shortages of specialist skills, lack of access to required tools or systems, and a dependency on third parties (e.g. contractors, suppliers, business intelligence and partner organisations)	12 *Impact: High* *Likelihood: Medium*

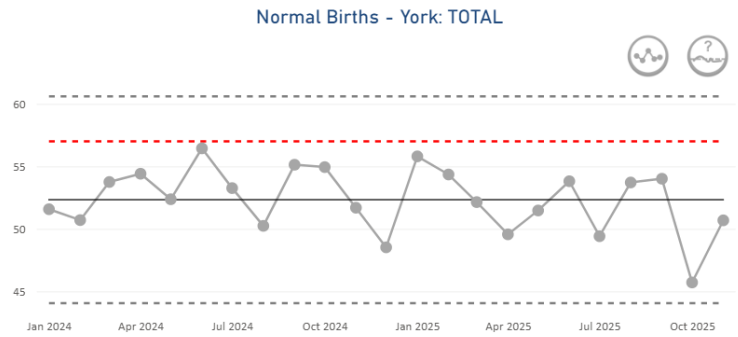
Recommendations to Trust Board
To note the contents of this report

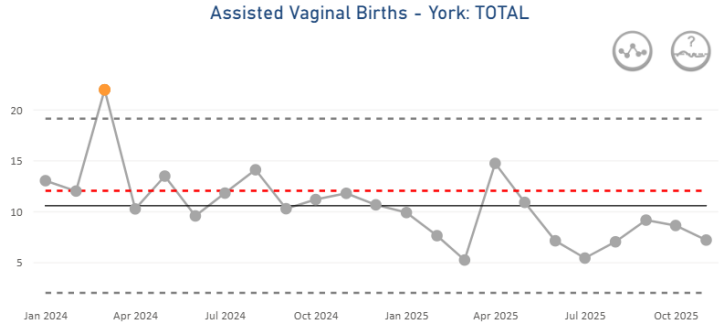
Date: 25 February 2026

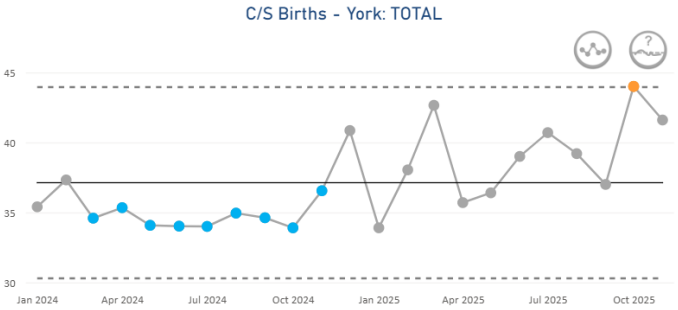
Annex 1 Summary of Maternity & Neonatal Quality & Safety Metrics Delivery December 2026

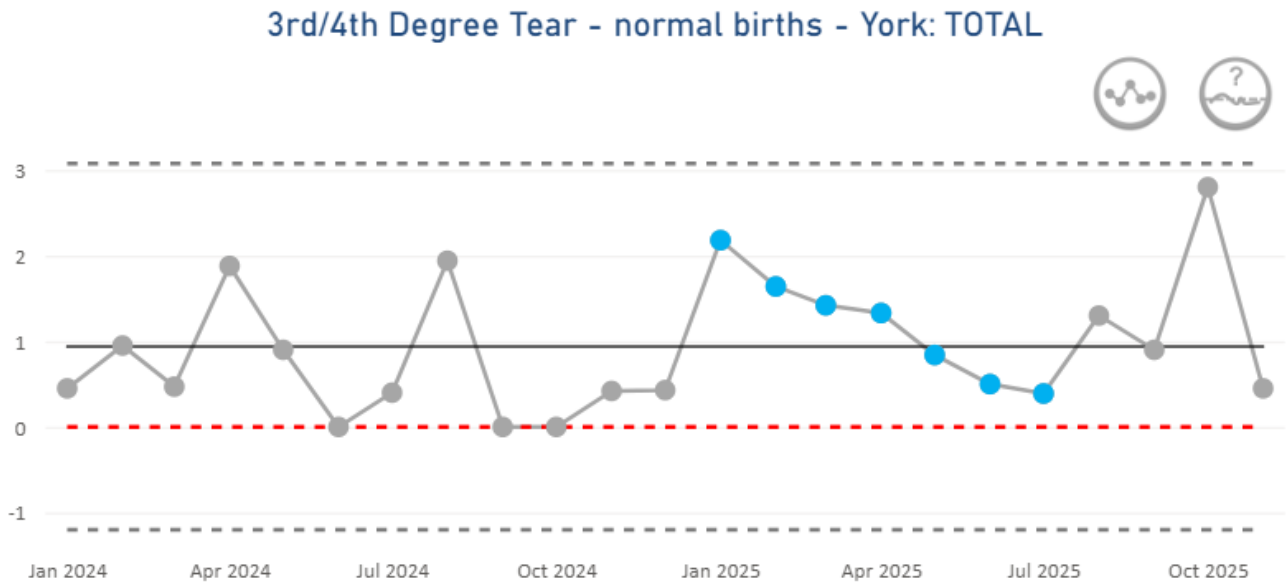





Normal Births - York: TOTAL
60
55
50
45
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
Oct 2025


Assisted Vaginal Births - York: TOTAL
20
15
10
5
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
Oct 2025


C/S Births - York: TOTAL
45
40
35
30
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
Oct 2025


3rd/4th Degree Tear - normal births - York: TOTAL
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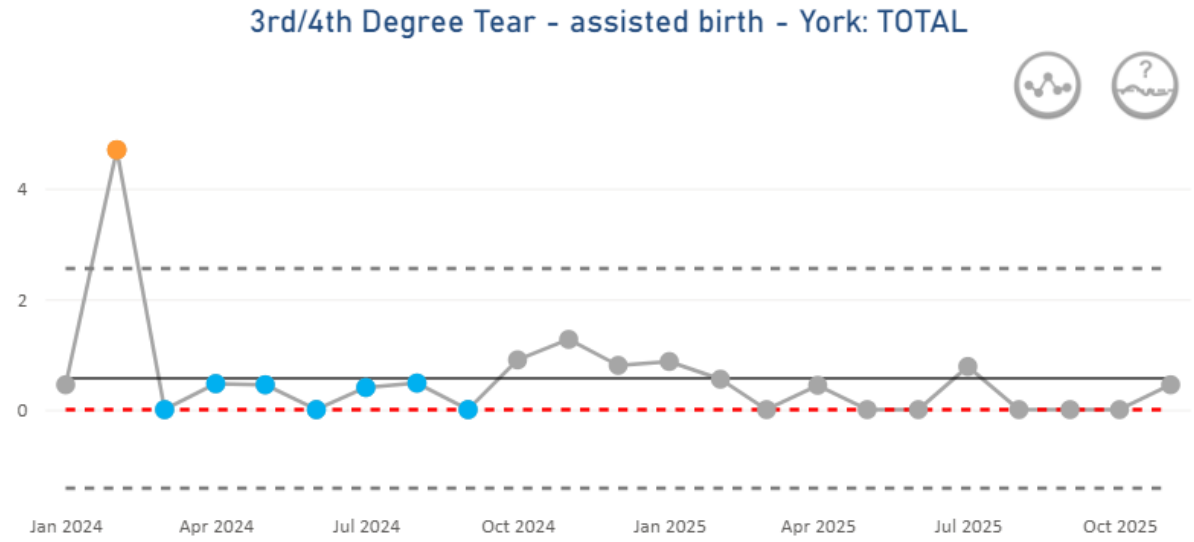
2
1
0
-1
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
Oct 2025


3rd/4th Degree Tear - assisted birth - York: TOTAL
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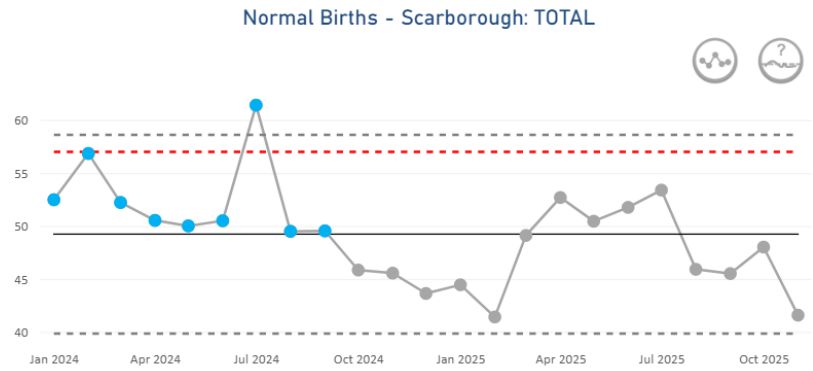
0
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
Oct 2025


Normal Births - Scarborough: TOTAL
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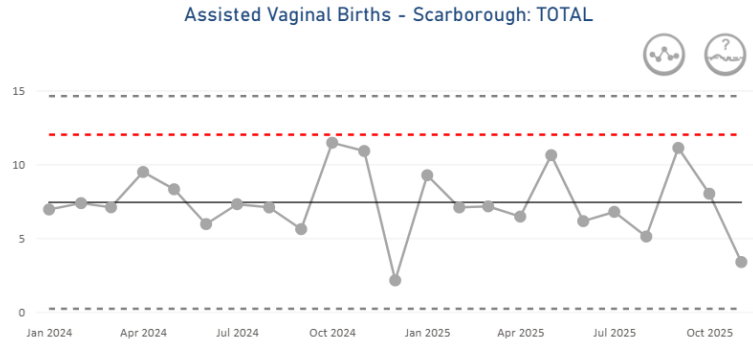
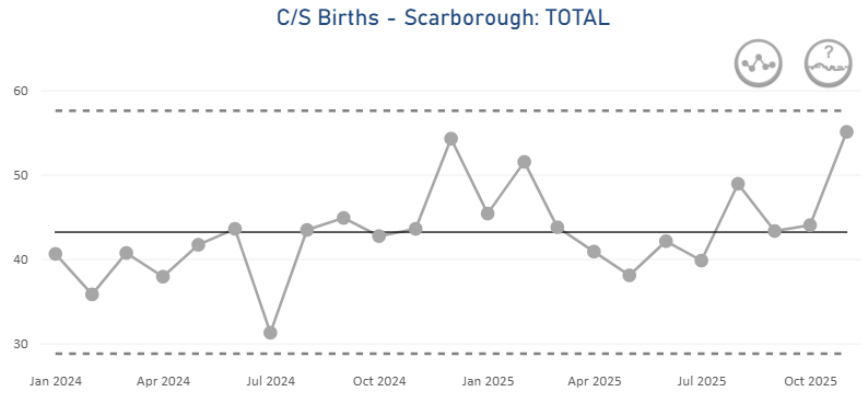
55
50
45
40
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
Oct 2025


Assisted Vaginal Births - Scarborough: TOTAL
15
10
5
0
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
Oct 2025


C/S Births - Scarborough: TOTAL
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50
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Jan 2024
Apr 2024
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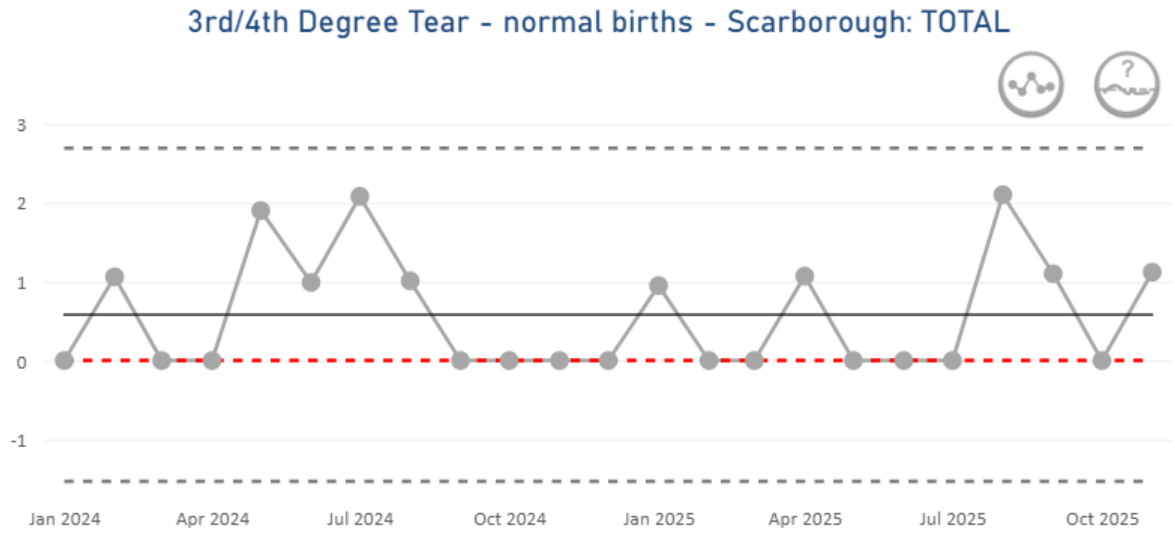
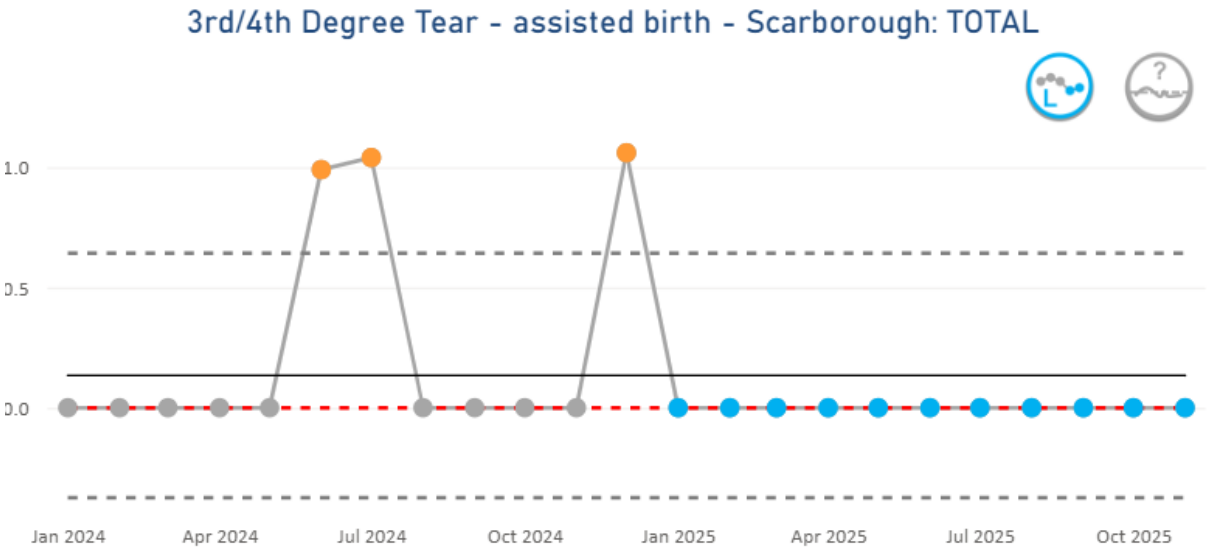
Jan 2025
Apr 2025
Jul 2025
Oct 2025


3rd/4th Degree Tear - normal births - Scarborough: TOTAL
3
2
1
0
-1
Jan 2024
Apr 2024
Jul 2024
Oct 2024
Jan 2025
Apr 2025
Jul 2025
Oct 2025



Annex 2

Report to:	Maternity and Neonatal Safety Champions Group
Date of Meeting:	11/2/26
Subject:	Maternity & Neonatal Voice Partnership
Author:	Helen McConnell
Item No.:	4

Safety Concerns: Are there any safety concerns that the group need to be aware of?

No ☐ (please tick if there are no safety concerns to be reported)
Yes ☒ (please tick and list below if there are safety concerns to be reported.)

Please only list any new emerging safety concerns per agenda item
CQC Maternity Services Survey 2025 – Key Findings and Improvement Actions

Executive Summary

The 2025 CQC Maternity Services Survey received 158 responses (a 58% response rate). The Trust performed broadly in line with national averages across most of the 55 scored areas. One area scored better than expected and two areas scored worse, relating to support at the start of labour and partner presence. Year-on-year analysis showed two significant improvements and one significant decline relating to pain management in labour.

Top performing areas included:
- Triage waiting times
- Access to feeding support outside normal hours
- Antenatal mental health discussions
- Information regarding postnatal mental health changes
- Ability to contact a midwife postnatally

The lowest scoring areas were:
- Partner ability to stay during hospital stay
- Advice and support at the start of labour
- Antenatal concerns taken seriously
- Pain management during labour
- Pain management postnatally

Key themes from free text comments thematic analysis:
1. Inconsistent information provision
Women reported receiving conflicting advice between departments and between staff members.
2. Poor communication
Particularly across departments, with examples of women feeling unclear about their care plan or next steps.
3. Not feeling listened to or believed
Mirroring the low-scoring survey question B15, many users described raising concerns that did not feel fully acknowledged.

Actions Underway
1. Partner presence on wards (D6)
    - Development of a Partner Charter underway.
    - Review of visiting hours in progress.
    - Estates challenges noted across both sites; solutions being assessed.
2. Advice & support at the start of labour (C6)
    - YSTHFT Maternity Survey launched (02/02/2026) to gather real-time insight into communication at first contact.
3. Concerns taken seriously in antenatal care (B15)
    - New high-level action added to the Single Improvement Plan:
      “Ensure service users receive consistent evidence-based information throughout their maternity care.”
      This links directly to communication and continuity improvements.
4. Pain management in labour (C8)
    - Co-produced communication materials on pain relief options are being finalised.
    - Resources to be shared in clinical areas for improved patient education.
5. Postnatal pain management (D7)
    - Inpatient leadership team planning a review of shift leader role to improve consistency of drug rounds.
    - Antenatal education content being updated to better inform families about pain relief expectations.

- Pain relief information to be integrated into the Trust website refresh

Recommendations

- Continue oversight of communication-related improvement actions (antenatal concerns, triage contact, pain management information).
- Support estates and operational planning needed to resolve partner-presence barriers.
- Prioritise co-production with MNVP and service users to strengthen improvements in areas with consistently low scores.
- Monitor impact of Trust-specific survey launched February 2026, to ensure early identification of persistent issues.

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Maternity MAG Slides Feb 2026.pptx
Slides 9-11 for high level summary shared at MAG

MAT25_CQC Report_RCB_York and Scarborough Teaching Hospitals NHS Foundation Trust.pptx

Full CQC report

Report History
(Where the paper has previously been reported to date, if applicable)high level summary shared at MAG

Meeting/Engagement	Date	Outcome/Recommendation
Maternity Assurance	**09/02/2026**	**Monitor progress on actions**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 16

Report to:	Board of Directors
Date of Meeting:	25 February 2026
Subject:	Complaints Mid Year Report 2025-26
Director Sponsor:	Dawn Parkes, Chief Nurse
Author:	Justine Harle, Complaints and Concerns Lead

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

Trust Objectives

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

Board Assurance Framework

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

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

☐ Yes

☐ No

☒ Not Applicable

Executive Summary:

This report provides an overview of complaints received between April and September 2025. Key themes, complaint performance, and actions taken are highlighted.

- The Trust is meeting its statutory obligations for complaints handling and addressing complaints in accordance with our local policy.
- 562 complaints were received in the first six months of 2025/26 compared to 504 in the last six months of 2024/25, an increase of 12%. The top five subjects related to communication with patients, delay/failure in treatment or procedure, attitude of

nursing staff/midwives, arranging/undertaking diagnostics, and communication with relatives/carer.

- 91 complex complaints were received in the first six months of 2025/26 compared to 63 in the last six months of 2024/25, an increase of 45%. The top five sub-subjects for complex complaints related to communication with relatives/carers, delay/failure in treatment or procedure, medication issues, food and hydration and pain management.
- Overall care group performance in responding to complaints was 59%, with a significantly lower response rate of 26% for complex complaints.

Recommendation:

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

Report Exempt from Public Disclosure

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

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

Meeting/Engagement	Date	Outcome/Recommendation
Patient Experience Sub Committee	10 December 2025	Approved and endorsed to be reviewed at the Quality Committee
Quality Committee	17 February 2026	Approved and endorsed to be reviewed at the Board of Directors

Mid Year Complaints Report 2025/26

1. Introduction

This is the mid-year complaints report for York and Scarborough Teaching Hospitals NHS Foundation Trust for the period 1 April to 30 September 2025.

The report includes details of numbers of complaints received during this period, performance in relation to responding to complaints, Parliamentary and Health Service Ombudsman (PHSO) investigations and examples of actions the Trust has taken in response to complaints.

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

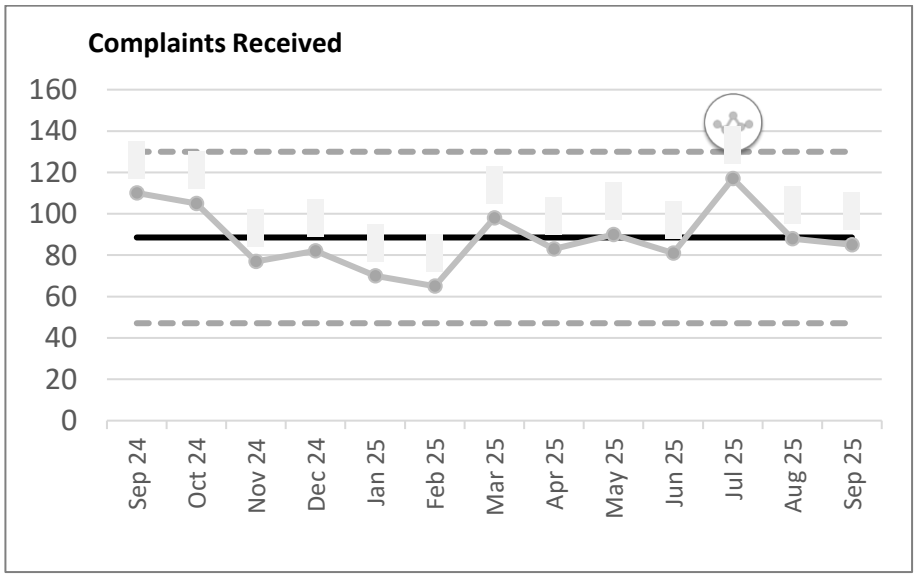
2.1 New complaints

562 complaints were received in the first six months of 2025/26 compared to 504 in the last six months of 2024/25, an increase of 12%.

The top five subjects related to communication with patients, delay/failure in treatment or procedure, attitude of nursing staff/midwives, arranging/undertaking diagnostics, and communication with relatives/carer.

New complaints 2025/26	Q1	Q2	Total
York Hospital (including Community)	186	204	**390**
Scarborough Hospital	73	92	**165**
Bridlington Hospital	3	4	**7**
Total	**262**	**300**	**562**

New complaints by Care Group	Q1	Q2	Total
Cancer, Specialist and Clinical Support Services (CSCS)	35	33	**68**
Corporate Services	7	9	**16**
Family Health	34	46	**80**
Medicine	113	126	**239**
Surgery	73	86	**159**
Total	**262**	**300**	**562**

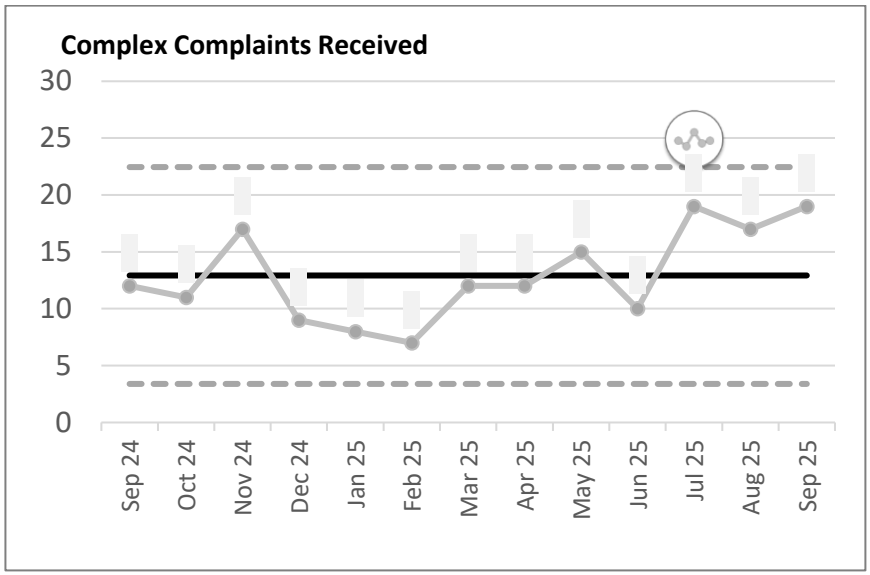


91 complex complaints were received in the first six months of 2025/26 compared to 63 in the last six months of 2024/25, an increase of 45%.

The top five sub-subjects for complex complaints related to communication with relatives/carers, delay/failure in treatment or procedure, medication issues, food and hydration and pain management.

New complex complaints 2025/26	Q1	Q2	Total
York Hospital (including Community)	23	35	**58**
Scarborough Hospital	12	19	**31**
Bridlington Hospital	0	2	**2**
Total	**35**	**56**	**91**

New complex complaints by Care Group	Q1	Q2	Total
CSCS	0	8	**8**
Corporate Services	0	1	**1**
Family Health	7	4	**11**
Medicine	20	34	**54**
Surgery	8	9	**17**
Total	**35**	**56**	**91**



Emergency Medicine accounted for 19% of all complaints received (124 cases).

2.2 Reopened Complaints

The Trust remains committed to acknowledging and addressing any shortcomings in care, consistently applying the principles of duty of candor throughout the complaints process. All final response letters undergo a thorough approval procedure to ensure that responses are empathetic, and the complainant has been genuinely listened to, with a clear explanation and resolution offered where possible.

In the first six months of 2025/26, 582 complaint investigations were concluded, of which 7% (39) were reopened at the request of the complainant and further investigations undertaken.

In the first six months of 2025/26, 74 complex complaint investigations were concluded, of which 22% (16) were reopened at the request of the complainant and further investigations undertaken.

Care Group	Reopened Complaints		Reopened Complex Complaints	
	Q1	Q2	Q1	Q2
CSCS	1	4	0	0
Corporate Services	0	0	0	0
Family Health	4	0	1	4
Medicine	9	12	2	4
Surgery	3	6	0	5
Total	**17**	**22**	**3**	**13**

2.3 Outcome Data

The Trust is required under the complaints legislation to record whether the issues raised were substantiated following investigation. To date 529 complaints and 52 complex complaints have been closed with an outcome code provided by the investigating officer at the time of this report.

Of the complaint cases, 20% were upheld, 39% were partially upheld and 41% were not upheld. These figures are broadly consistent with previous years.

Complaint Outcomes Q1 and Q2 2025-26	Not upheld	Partially Upheld	Upheld	Total
Cancer, Specialist & Clinical Support Services	31	22	13	**66**
Corporate Services	1	5	6	**12**
Family Health	23	33	25	**81**
Medicine	82	107	37	**226**
Surgery	81	37	26	**144**
Total	**218**	**204**	**107**	**529**

Of the complex complaint cases, 2% were upheld, 73% were partially upheld and 25% were not upheld.

Complaint Outcomes Q1 and Q2 2025-26	Not upheld	Partially Upheld	Upheld	Total
Cancer, Specialist & Clinical Support Services	0	1	0	**1**
Corporate Services	0	0	0	**0**
Family Health	4	6	1	**11**
Medicine	6	19	0	**25**
Surgery	3	12	0	**15**
Total	**13**	**38**	**1**	**52**

Currently, 75 closed cases (53 complaints and 22 complex complaints) are missing an outcome code. Care groups have been reminded of the importance of submitting this data promptly, as it is critical for the annual report, compliance with national regulations, and the Trust's KO41 national return at the end of the financial year. Delays in providing this information create significant inefficiencies, as PALS must spend considerable time chasing care groups for data after cases are closed.

2.4 Parliamentary and Health Service Ombudsman (PHSO)

Complainants are informed of their right to request an independent review by the PHSO if they remain dissatisfied with the Trust's efforts to resolve their complaint. During the first half of 2025-26, four new full investigations were initiated: two involving the Emergency Medicine Medical Team, one concerning the Elderly Medical Team, and one related to the Surgery Medical Team.

One case registered in 2022/23 and another in 2024/25 were both concluded this year, with each being partially upheld.

Case 22849: The PHSO investigation found that the IBD team did not adequately assess the patient during two key contacts in March and April 2022. While this may have delayed his diagnosis of bowel cancer, it would not have changed the eventual outcome. Additionally, there was a delay in monitoring the patient's condition in September 2022, which, although not medically harmful, understandably caused distress to the patient and his family. To prevent similar issues in future, the care group has strengthened monitoring procedures in line with NEWS2 guidance, delivered targeted staff training to improve clinical assessment and documentation, and reviewed IBD assessment protocols to ensure symptoms like unexplained weight loss are promptly recognised and acted upon.

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

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

The top five sub-subjects for complaints related to communication with patients, delay/ failure in treatment or procedure, attitude of nursing staff/midwives, communication with relatives/carer and arranging/undertaking diagnostics.

Top themes 2025-26	Q1	Q2	Total
Communication with patient	54	61	**115**
Delay/failure in treatment or procedure	46	53	**99**
Attitude of nursing staff/midwives	32	31	**63**
Communication with relatives/carers	25	20	**45**
Arranging/Undertaking Diagnostics	23	21	**44**
Total	**180**	**186**	**366**

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

The top five sub-subjects for complex complaints related to delay/failure in treatment or procedure, communication with relatives/carer, medication issues, pain management, food and hydration.

Top themes Complex Complaints 2025-26	Q1	Q2	Total
Delay or failure in treatment or procedure	25	26	**51**
Communication with relatives/carers	26	22	**48**
Medication Issues	19	15	**34**
Pain Management	15	16	**31**
Food and Nutrition	14	15	**29**
Total	**99**	**94**	**193**

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

Across all care groups, several patterns emerged:

- Communication Failures: This is the single most common thread, whether between staff and patients or within teams. Some complaints span multiple care groups and

departments and coordination failures and a lack of joined-up care between teams or sites is a common issue.
- Delays and Access Issues: Long waits for appointments, tests, or treatment, and poor management of waiting lists.
- Staff Attitude and Compassion: Many complaints cite a lack of empathy, respect, or professionalism.
- Basic Care and Dignity: Failures in personal care, hygiene, nutrition, and pain management were repeatedly highlighted.
- Discharge and Follow-Up: Unsafe, rushed, or poorly coordinated discharges, with inadequate information or support.

Medicine Key Issues Raised:
- Delays and Failures in Diagnosis/Treatment: Many complaints cite missed or delayed diagnoses (e.g., strokes, infections, heart conditions), lack of timely investigations, and failures to act on abnormal results. Patients and families often describe a lack of urgency or follow-up, sometimes with tragic outcomes.
- Communication Breakdowns: Poor communication with patients and families is a major theme - unclear explanations, conflicting information, and lack of updates about care plans, test results, or changes in condition.
- Discharge Concerns: Unsafe, rushed, or poorly coordinated discharges are frequently reported, including lack of care packages, missing documentation, and patients sent home in vulnerable states.
- Medication Issues: Errors in prescribing, missed doses, and lack of clarity about medication changes are common, sometimes leading to deterioration or harm.
- Staff Attitude and Compassion: Patients and relatives describe staff as dismissive, rude, or lacking empathy, especially in high-stress or end-of-life situations.
- Basic Care Failures: Neglect of personal hygiene, nutrition, hydration, and pain management are recurring, particularly for elderly or vulnerable patients.

Illustrative Example:
A patient with Parkinson's was not given medication at the correct times, left on a bedpan for hours, and experienced a rapid decline. Family members had to intervene to prevent medication errors and were distressed by the lack of specialist review and poor communication.

Surgery Key Issues Raised:
- Post-Operative Complications and Delays: Complaints often focus on poor outcomes after surgery, including infections, nerve/tendon injuries, and inadequate aftercare. Delays in surgery, follow-up, or physiotherapy are common.
- Pain Management: Many patients report inadequate pain relief, delays in receiving medication, or being discharged with insufficient pain control.
- Communication and Consent: Patients and families describe confusion about procedures, lack of clear explanations, and failures to obtain proper consent for interventions.
- Waiting Lists and Access: Long waits for surgery or follow-up, cancellations, and poor communication about scheduling are a source of frustration and distress.
- Staff Attitude: Reports of dismissive, rude, or unprofessional behaviour by surgeons, nurses, and administrative staff are frequent.

Illustrative Example:
A patient described being left in pain after a hip operation, with carers not following physiotherapist instructions and a nurse hurting her leg while adjusting a brace. Communication was poor, and the patient felt ignored and distressed.

Family Health Key Issues Raised:

- Paediatric and Maternity Care: Parents raise concerns about delays in diagnosis, lack of support for breastfeeding, poor communication about test results, and insensitive handling of miscarriages or neonatal loss.
- Disability and Additional Needs: Families of children with autism or complex needs report a lack of reasonable adjustments, poor communication, and staff not understanding or accommodating their child's requirements.
- Continuity of Care: Disjointed care, missed follow-ups, and lack of coordination between teams are common, leading to distress and sometimes harm.
- Consent and Confidentiality: Issues around sharing information without consent, or not involving parents in decisions, are raised.

Illustrative Example:
A parent describes their autistic child's hospital passport being ignored, staff refusing to allow a partner to accompany the patient, and clinicians being dismissive and insensitive, leading to a traumatic experience.

Cancer, Specialist & Clinical Support Services Key Issues Raised:

- Delays in Diagnosis and Treatment: Patients report missed or delayed diagnoses (e.g., cancer, glaucoma), long waits for scans or specialist appointments, and lack of follow-up on urgent referrals.
- Communication and Information: Poor communication about test results, treatment plans, and changes in care are frequent. Patients often feel left in the dark or have to chase for information.
- Staff Attitude and Compassion: Complaints about dismissive, brusque, or insensitive staff, especially when breaking bad news or handling complex cases.
- Access and Coordination: Difficulties accessing specialist services, confusion over referrals, and lack of coordination between departments are common.

Illustrative Example:
A patient with suspected melanoma was not offered a full skin check, received inconsistent information, and had to pay privately for further assessment. The lack of thoroughness and communication caused anxiety and concern about missed diagnoses.

Corporate Services Key Issues Raised:

- Facilities and Accessibility: Complaints about poor hospital food, cleanliness, car parking, and accessibility for disabled or neurodivergent patients.
- Administrative Delays: Long waits on the phone, lost referrals, and poor handling of appointments or records.
- Staff Attitude: Reports of rude, unhelpful, or even discriminatory behaviour from reception, security, or administrative staff.
- Communication: Lack of clear information about processes, delays in responding to queries, and poor handling of complaints.

Illustrative Example:
A patient describes being left waiting for over an hour for an appointment that was cancelled without notice, with no effort made to accommodate them.

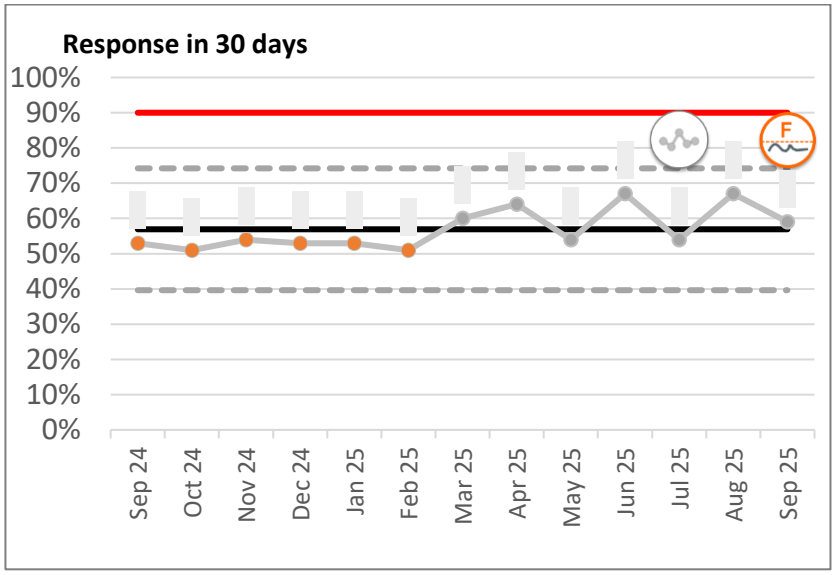
The Trust receives monthly reports from Healthwatch York, with April-September trends mirroring our own:
Access and Waiting Times: Persistent frustration with long waits for appointments, treatment, and test results across all care groups.
Communication: A recurring theme is poor communication, both between departments and with patients/families, especially around discharge, medication, and follow-up.

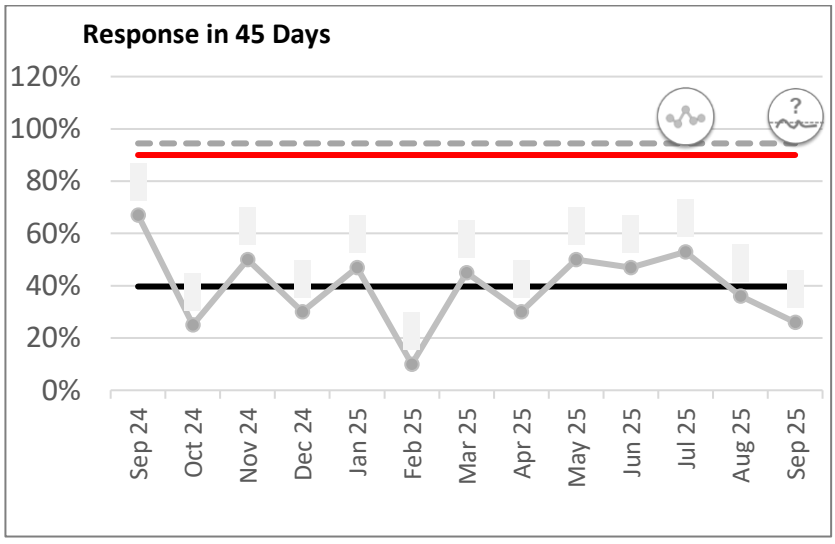
Staff Attitude: Experiences are mixed; while many staff are praised, negative encounters, especially in areas like ED, have a strong impact.
Support for Vulnerable Groups: Deaf patients, those with dementia, and people with complex needs often report unmet needs or lack of reasonable adjustments.

However, when care is timely and staff are attentive, feedback via Healthwatch is overwhelmingly positive, especially for specialist clinics and emergency care.

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

Managing complaints consumes significant resources and time across the organisation. On average 59% of closed complaints met the Trust's 30 working day response target in the first six months of 2025-26. In the same period, 26% of closed complex complaints met the 45-working day response target.





5. Actions to improve performance

To achieve the Trust's goal of delivering an Excellent Patient Experience, we must respond swiftly to patient feedback. Delays in resolving complaints hinder learning and negatively impact experience. Acting promptly demonstrates kindness, openness, and excellence, building trust and driving continuous improvement. Effective complaint resolution relies on care group ownership, timely action, and senior oversight to meet patient expectations. To support improvement, several actions have been implemented.

In June 2025, sponsored by the Chief Nurse, the Trust held a Rapid Process Improvement Week (RPIW) to strengthen complaints processes. Led by the Quality Improvement Team, the event brought together PALS, Care Groups, corporate staff, Healthwatch, and Health Innovation North Yorkshire and Humber to streamline workflows and improve experiences for patients, carers, and staff. Following the RPIW, actions included faster notification of Care Groups about new cases, revised delivery of response letters and piloting AI tools to draft responses and check grammar. Ongoing monitoring and planned training for Investigating Officers reflect the Trust's commitment to organisational learning and delivering a responsive, compassionate service.

To improve visibility and tracking of patient complaints and concerns, we transitioned from RAG-rated tables to SPC chart reporting as of 25 September 2025.

Further work is required to strengthen care group accountability for complaint management. To drive improvement, the Executive Committee has agreed to adopt a zero-tolerance approach to missed timescales over a three-month trajectory. This will be implemented through a phased approach to embed a culture of zero tolerance around complaint resolution timelines. Additional support will be provided to help investigating officers fully understand the required timescales and to ensure they are equipped and accountable for meeting them.

CSCS holds a weekly complaints meeting where all investigating officers provide progress updates and are held accountable for early contact with complainants and timely resolution. IOs can seek support from the ACN or ACOO chair if facing challenges, including delays from external parties. The meeting also enables early escalation and quick problem-solving, with PALS present to assist as required.

Radiology accounts for around one-third of CSCS complaints, often complex when involving the candor panel. To support IOs, the ACN/ACOO now chair a dedicated radiology meeting. Complaints requiring candor panel review are flagged as complex to allow thorough investigation. While the radiology operational team has led most investigations, modality leads are now engaged to address specific complexities.

Ophthalmology represents about one-third of CSCS complaints, mainly linked to administrative processes such as appointments and communication. The department has focused on triangulating themes from patient experience and safety incidents, introduced a failsafe guardian role to identify high-risk patients, and developed training for admin staff to strengthen outpatient appointment management.

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

A positive experience of care for patients and carers is fundamental to achieving good health outcomes, enhancing system productivity, and ensuring patient safety. While we strive for excellence, we recognise that things can sometimes go wrong. In such instances, complaints serve as a valuable driver for learning and improvement. Care groups have

implemented meaningful changes in response to the feedback received, demonstrating our commitment to continuous improvement and patient-centered care.

The Emergency Department (ED) continues to experience exceptionally high levels of patient attendance, which unfortunately contributes to delays in assessment, treatment, and transfer and leads to a high number of complaints. To help alleviate some of these pressures and improve patient experience, Patient Services Assistants have been introduced. Their role is to ensure that patients are offered drinks, snacks, and assistance with nutrition and hydration wherever clinically appropriate.

In response to complaints about lack of pain relief, the Emergency Department Clinical Educators are delivering focused teaching sessions throughout September and October. These sessions aim to reinforce best practices in timely pain assessment and medication administration among clinical staff.

Children's Services have introduced improvements to strengthen the quality and experience of care for children. The new Call and Send pathway, launched in November 2025, has reduced delays in the Emergency Department by ensuring children are quickly transferred to an appropriate clinical environment. In August 2025, the Children's Department relocated to the new Children's Clinic at Scarborough, and feedback from families has been overwhelmingly positive.

Themes from complaints within Children's Services highlighted inconsistencies in documentation standards when multiple specialties are involved. These variations can affect continuity of care and increase the risk of missed written communication. To address this, work is underway to standardise documentation ahead of the Nerve Centre rollout, which will improve continuity and reduce the risk of missing information when several teams are involved.

7. Conclusion and request for the Board

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

8. Our Data

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