

Report to:	Trust Board
Date of Meeting:	28 th October 2026
Subject:	Clinical Services Strategy
Director Sponsor:	Clare Smith, Chief Executive
Author:	Magnus Harrison, Clinical Strategy Implementation 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 The strategy is explicitly intended to reduce inequalities in access, experience and outcomes. Equality impacts will be assessed as individual pathways and service changes are developed.
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Executive Summary:

York and Scarborough Teaching Hospitals NHS Foundation Trust faces a fundamental challenge. Demand is rising, access and outcomes are not equitable across our geography, and the current model of care is neither financially nor operationally sustainable. An ageing population, increasing frailty, inequalities affecting coastal and

rural communities, workforce pressures, the £32 million deficit reported for 2025/26, and significant estate constraints mean that the Trust cannot meet future need by continuing to deliver care in the same way.

The Clinical Services Strategy provides the Trust's clinical direction to 2030/31 and a framework for future decisions about clinical pathways, workforce, digital, estates, diagnostics, investment and partnership working. It is not a service configuration plan and does not predetermine future service changes. These will continue to require appropriate assessment, engagement and governance.

The strategy adopts the three shifts set out in the NHS 10 Year Health Plan: from hospital to community, from treatment to prevention and from analogue to digital. It places value for patients at the centre of decision-making and establishes a common test for future pathway and investment choices: what outcomes will improve, for whom, at what cost, and what may need to change to make this affordable.

A central part of the strategy is a commitment to work differently with our partners. The Trust cannot deliver the required changes within its organisational boundaries and intends to strengthen relationships around the needs of the population we collectively serve. The strategy will provide a framework for engagement with system and place partners, enabling us to test our principles, understand where priorities align and identify opportunities for collective pathway redesign and greater impact. Partners, patients and communities will be involved early in shaping priorities and models of care, with shared responsibility for outcomes rather than being consulted once decisions have been made.

Under the strategy, care closer to home will be the default where clinically appropriate, supported by stronger neighbourhood and community services. York and Scarborough hospitals will remain at the heart of the clinical model, providing high-quality urgent, emergency, specialist, diagnostic and planned care. Where quality, safety or workforce sustainability require services to be standardised, networked or concentrated, the implications for access, particularly for coastal and rural communities, will need to be addressed.

Frailty and Family Health will be the Trust's immediate strategic clinical priorities. Frailty will test the whole-pathway approach and the generalist-led, specialist-supported model. Family Health, covering women's health, maternity, neonatal, and children's and young people's services, will run in parallel, reflecting the significant inequalities, access challenges and sustainability issues affecting these services. Future pathway priorities will be informed by population health need, inequalities, quality, workforce, demand, capacity, estates and financial sustainability, alongside engagement with system partners to understand shared priorities and opportunities for alignment.

Following approval, the Trust will move into implementation planning and wider engagement. We will engage with partners to test alignment around the strategic framework and priorities, identify opportunities for joint working and, where appropriate, work together to shape future pathways and models of care. Implementation planning will establish baseline and outcome measures and identify the workforce, digital, diagnostic, estate and financial changes required to deliver the strategy. Each priority pathway will have a clinical case for change, future-state model, delivery plan, outcome measures and benefits-realisation plan, with delivery supported through the Trust's Better Together improvement approach and overseen through established governance and Board assurance arrangements.

Recommendation:

- Approve the Clinical Services Strategy 2026–2031 as the Trust’s strategic framework for the future development of clinical services, including the strategic direction and approach to value-based decision-making set out within it.
- Support frailty and Family Health as the Trust’s immediate strategic clinical priorities, with detailed pathway models, delivery plans, outcome measures and benefits realisation arrangements developed through implementation planning.
- Support engagement with system and place partners on the strategy’s framework and priorities, to understand areas of alignment and identify opportunities for collective pathway redesign that can improve outcomes for the populations we serve.
- Note that approval of the strategy does not constitute approval of any specific service reconfiguration. Significant service changes will remain subject to appropriate assessment, engagement, consultation and governance, with implementation and outcomes reported through the Trust’s established planning and Board assurance processes.