



Committee Report

Report from:	Quality Assurance Committee Chair's Report
Date of meeting:	20 th October 2026
Chair:	Richard Reece (deputising for Lorraine Boyd)

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

ALERT
• Cyber Incident Business Continuity Plan: • The findings from the 2025 National Inpatient Survey
ASSURE
1. Corporate Risks and Assurance • The committee accepted: ◦ Moderate assurance for Clinical Pathways and Quality of Care. ◦ Limited assurance for Partnership and System Working. ◦ Limited assurance for Transformation, Innovation and Service Design. • Key concerns remain around emergency department pressures, corridor care, patient flow, and demonstrating the impact of partnership and transformation programmes. • Committee requested greater challenge and scrutiny of risk scores, mitigation dates and risk-rating changes. 2. Cyber Incident Preparedness • Committee reviewed business continuity arrangements for major cyber incidents. • Assurance provided around: ◦ Transition to paper-based systems. ◦ Service prioritisation arrangements. ◦ Alternative communication methods. ◦ Trust Resilience Group structures. • Further staff awareness, tabletop testing and executive updates are required.



- Six-month progress report requested.

3. Family Health Services

Gynaecology Complaints

- Significant complaint backlog, largely involving endometriosis patients.
- Contributing factors included governance and staffing gaps.
- Additional governance support, operational staff, specialist nurse and consultant capacity now in place.
- Improved patient communication and complaint management underway.

District Nursing Capacity

- Ongoing workforce shortages and sickness absence pressures.
- Caseload redesign has reduced inappropriate referrals.
- Workforce modelling indicates a potentially significant staffing gap.
- Further review required to determine long-term workforce and funding needs.

4. Paediatric Services

- Committee challenged quality and clarity of assurance reporting.
- Key issues identified:
 - Safeguarding concerns not sufficiently visible within risk reporting.
 - Unclear commissioning arrangements for asthma, allergy, bowel and bladder services.
 - Workforce pressures affecting Rainbow Ward and capacity.
 - Significant Speech and Language Therapy workforce shortfall.
- Committee requested improved reporting and clearer articulation of risks and actions.

5. Maternity Services

- Positive progress reported across maternity improvement programme:
 - Training compliance reached the required **90% threshold**.
 - Postpartum haemorrhage risk assessment compliance improved.
 - Maternity triage performance improving.
- Committee supported phased implementation of the National Maternity Early Warning Score.
- Further evidence submission against national maternity improvement requirements due by year-end.

6. Thirlwell Inquiry Response

- Expanded Board paper prepared addressing:
 - All inquiry recommendations.
 - Immediate national actions.
 - Neonatal insulin storage requirements.
- Board emphasis shifted from policy compliance to testing whether governance systems would identify and prevent similar failures.
- Insulin storage arrangements remain under active review.



Operational Performance and Quality Committee Update

7. Urgent and Emergency Care Transformation

- Trust moving from diagnostic phase into implementation.
- Key improvement priorities:
 - Earlier senior clinical review.
 - Ward board rounds.
 - Criteria-led discharge.
 - Improved patient flow.
 - Reduction of corridor care.
- Governance framework strengthened through ward-to-board assurance arrangements.
- Committee provided **moderate assurance**, recognising plans are still developing.

8. Corridor Care

- Weekly dashboards now monitor:
 - Patient numbers in corridor care.
 - Time spent in corridor settings.
 - Length of stay.
- Objective is first to reduce time spent in corridors and ultimately eliminate corridor care wherever possible.

9. Patient Safety and Clinical Effectiveness

Key areas reviewed:

- Medication governance incident under HR investigation.
- Non-elective laparotomy pathway improving but still requires strengthening.
- Increased focus on multidisciplinary decision-making for frail surgical patients.
- Positive pharmacy inspection outcome pending final report.
- Ongoing improvement work around:
 - VTE compliance.
 - Infection prevention.
 - Pressure ulcer reduction.

10. Operational Performance Concerns

Performance remains below several national standards:

Urgent and Emergency Care

- Four-hour standard approximately **65%**.
- Twelve-hour waits approximately **14%**.
- Ambulance handover delays remain challenging.

Elective Care

- Total waiting list approaching **59,000 patients**.
- Five patients waiting longer than 65 weeks.
- Continuing pressure from rising GP referrals.



Diagnostics and Cancer

- Some improvement in cancer diagnostics.
- Continued challenges in pathology, imaging and endoscopy capacity.
- Diagnostic waiting times remain a significant risk.

11. Patient Experience

- Complaint performance remains challenging in Medicines Care Group.
- Incident identified involving delayed echocardiogram requests and communications.
- National Maternity Survey broadly in line with peer trusts.
- Cancer Patient Experience Survey results were positive:
 - Response rate above national average.
 - Overall care rated 9.02/10.
- The findings from the 2025 National Inpatient Survey show that scores for York and Scarborough Teaching Hospitals NHS Foundation Trust are mostly in line with the sector scores. 5 scores where we are ranked in the top 20% of Trusts compared to 1 in 2024. We have seen a decrease in the bottom scoring 20% from 10 to 6 The full report has been shared with Care Groups and key stakeholders. Feedback to Patient Experience Subcommittee (PESC).

ADVISE

Risk & Governance

- Provide historical changes for corporate risks 48, 54 and 65.
- Improve routine corporate risk reporting.
- Update outstanding corporate risk entries.

Cyber

- Return executive update on cyber preparedness.
- Increase awareness of continuity laptops and alternative communications.
- Complete and test tabletop exercises.

Family Health

- Update on endometriosis complaints and backlog reduction.
- Complete district nursing establishment review.

Paediatrics

- Improve risk reporting and safeguarding visibility.
- Clarify commissioning arrangements.
- Include neonatal training and assurance evidence in future reports.

Operational Improvement

- Provide NED access to dashboards.
- Bring progress reports on urgent care transformation back to Quality Committee.
- Provide ongoing evidence of implementation impact and delivery against plan.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED



Key Risks Highlighted to the Committee

1. Emergency department overcrowding and corridor care.
2. Delivery risk within “Coming off Corridors”.
3. District nursing workforce shortages.
4. Paediatric safeguarding assurance.
5. Paediatric workforce and capacity pressures.
6. Speech and language therapy staffing deficit.
7. Diagnostic capacity constraints affecting cancer standards.
8. Winter demand impacting operational improvement delivery.
9. Cyber resilience and business continuity readiness.

ASSURANCE GAINED

The Committee gained **moderate assurance overall**, recognising substantial work is underway across urgent care, maternity, paediatrics and operational improvement. However, significant concerns remain around winter pressures, workforce capacity, district nursing, safeguarding, transformation delivery and the Trust's ability to demonstrate measurable improvement against key risks and strategic programmes.

Information provided and discussion resulted in an overall assessment of moderate assurance. Several services are demonstrating a clear trajectory of improvement through their plans and governance arrangements.

However, there remain significant assurance gaps in aspects of Family Health Care Group Services. These were challenged

Improvement evident in National In-Patient Survey parameters.