York and Scarborough Teaching Hospitals
NHS Foundation Trust

Clinical Services Strategy 2026-2031

Towards Excellence in Community, City, Coast and Countryside

DRAFT

Purpose	A clinically led, population-focused strategy to guide the Trust's future clinical service model, partnership working and investment decisions.
Status	Final Draft for Board discussion – 28th October 2026.
Time horizon	2026/27 to 2030/31, aligned to medium-term NHS planning and a longer-term direction of travel.
Prepared	October 2026. To be refined through population-health analysis, staff and partner engagement, and clinical pathway design.

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1. Foreword

York and Scarborough Teaching Hospitals NHS Foundation Trust has a unique opportunity to transform the way we think about health and care delivery for the populations we serve. The three shifts at the heart of the NHS 10 Year Health Plan – from hospital to neighbourhood, from treatment to prevention, from analogue to digital – give the mandate to make transformational changes.

A significant transformational shift will be the way in which we work with our partners in the health and care system. We must all focus on what is right for the population we all serve. The transactional nature of current relationships must change; we will be a helpful and supportive partner focusing on how we build meaningful relationships with all providers of health and care.

We start from an uncomfortable truth; where a patient lives within the geographical area we cover, shapes how quickly they are seen and how far they must travel. We have excellent colleagues doing exceptional things every day under extreme pressure and they have told us that they are not able to deliver the care they want to because of those pressures and how we use our resources.

As a Trust we are not financially sustainable and a large proportion of our workforce have told us unequivocally that they would not recommend the Trust as a place to receive care or to work. The patients we care for experience inconsistent access for healthcare and inconsistent quality of healthcare. This is not the service a population of over 800,000 people deserves, or that our people should work in. This simply cannot continue. This strategy exists to close that gap: to provide the right care, first time, as close to home as clinically appropriate, and to organise services around what patients need. It is effectively the rules by which we will make decisions moving forward – the who, how, where and when of clinical service delivery.

This ambition is inseparable from the Trust strategy, Towards Excellence. Towards Excellence describes a commitment to challenge the ways of today, through research, innovation, and transformation, to build a better tomorrow. The clinical services strategy is a strategic framework, not a final service configuration plan. Clinical pathway changes will be evidence-led, co-designed with colleagues, people and partners, subject to appropriate clinical, equality assessment, financial assessment, and sustainability assessments, and taken through the Trust's governance and statutory engagement processes.

A financially sustainable clinical model is integral to good care. Transformational changes in clinical pathways, delivered with partners, in neighbourhood models, must create value for patients. Every interaction a patient has with the Trust must be beneficial for each patient. Clinical pathways will be redesigned with partners to improve patient experience and reduce the overall cost of care by reducing waste. With partners, in neighbourhoods, we must deliver the best value health and care whilst achieving financial balance for the Trust.