



## Minutes

### Public Council of Governors Meeting 11 March 2026

**Chair:** Martin Barkley

**Public Governors:** Linda Wild, East Coast of Yorkshire; Jean Flanagan, East Coast of Yorkshire; Peter Morley, Selby; Nick Bosanquet, City of York; Mary Clark, City of York; Ros Shaw, City of York; Graham Lake, Ryedale & EY; Sandra Fox, Ryedale & EY

**Appointed Governors:** Elizabeth McPherson, Carers Plus; Cllr Jason Rose, CYC; Gerry Richardson, University of York

**Staff Governors:** Elena Clerici, York; Julie Southwell, York; Gary Kitching, York; Carol Popplestone, Scarborough/Bridlington

**Attendance:** Clare Smith, CEO; Andrew Bertram, Finance Director; Claire Hansen, Chief Operating Officer; Dawn Parkes, Chief Nurse; Lucy Brown, Director of Communications; Julie Charge, NED; Lorraine Boyd, NED; Rukmal Abeysekera, NED; Helen Grantham, NED; Jane Hazelgrave, NED; Richard Reece, NED; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

**Public:** 2 members of the public

**Apologies:** Adnan Faraj, Scarborough/Bridlington; James Hayward, East Coast of Yorkshire; Cllr Liz Colling, NYC; Wendy Loveday, Selby; Paul Gibson, East Coast of Yorkshire; Bernard Chalk, East Coast of Yorkshire; Ian Foxley, Ryedale & EY; Cllr Tim Norman, ERYC; Rebecca Bradley, Community

#### 26/01 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate.

#### 26/02 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest.

#### 26/03 Minutes of the meeting held on the 10 December 2025

The minutes of the meeting held on the 10 December 2025 were agreed as a correct record.

#### 26/04 Matters arising from the Minutes

Action Log

25/55 Mr Barkley informed the Council that NHSE advised that the implementation of Nerve Centre cannot go ahead and has been deferred until May.

The Council acknowledged that all other actions have been completed.

### 26/05 Chief Executive's Report

Miss Smith gave an overview of her report which had previously been circulated with the agenda and highlighted the following.

- **Staff and Stakeholder Engagement:** Ongoing efforts to meet with colleagues across the organisation are ongoing, including hosting sessions with senior leaders, medical leaders, and change makers, as well as engaging with MPs, families, and patients to gather diverse perspectives for organisational development.
- **Organisational Development Reflections:** Outline plans will be produced to synthesise insights from the first 100 days into a catalyst for the next stage of organisational development, emphasising the importance of staff and the need to maintain patient safety and service quality during ongoing changes.
- **Patient Care:** Corridor care within the Trust will be eliminated, and reducing length of stay remains the single most important action required to achieve this aim.
- **CQC update:** The Trust has now received the draft report from the unannounced CQC inspection of Scarborough Hospital last October. Once reviewed by both parties, a final version of the report will be published and shared with the Governors.
- **Planning update:** The Trust has advised NHSE of the year-end position of £28.5m deficit, and have submitted a recovery plan which will return the Trust to a balanced position in three years.
- **Electronic Patient Record (EPR) rollout:** It was a huge disappointment that the roll out of phase one has been paused. An update will be given in due course.
- **Capital Planning:** York SCBU refurbishment has started, and planning permission has been granted for new pathology facilities at Scarborough Hospital.

Miss Smith thanked Mrs Parkes, Chief Nurse, for her incredible contribution to the organisation and wished her well as she retires on 18 March.

#### The Council:

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

### 26/06 Chair's Report

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

- **Leadership Transitions:** Dawn Parkes, Chief Nurse, will be leaving the organisation with her final meeting being this session, and Mr Barkley expressed appreciation for Dawn's contributions over nearly three years, noting the positive position in which Dawn leaves the organisation. Jenny McAleese, Deputy Chair, leaves after 9 years fantastic service to the Trust. Noel Scanlon, NED, has resigned.
- **New Board Appointments:** Matthew Taylor will join the board as a non-executive director from 1st April, bringing experience from NHS Alliance, and Ian Floyd will join as an associate non-executive director, leveraging his background as the retiring chief executive of York City Council.

No questions were asked by the Council.

#### The Council:

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

#### 26/07 Performance Report

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

- **Acute Flow:** Reducing 12-hour trolley waits and average length of stay are identified as key priorities. Recent improvements in ambulance handover times has been significant. Ongoing challenges exist in reducing overall waiting times in urgent and emergency care.
- **Referral to Treatment:** A significant increase in the waiting list size is attributed to the transition from the in-house electronic patient record to Nerve Centre, which resulted in 15,000 patients being newly timed, and the organisation is working to reduce the number of patients waiting over 52 weeks.
- **Diagnostics:** Community Diagnostic Centres and outsourcing (including radiology and histopathology reporting) are being utilised to address long waits, though the types of procedures available at CDCs do not always match the needs of those waiting longest, requiring a tailored approach.
- **Cancer Services:** The organisation is leveraging the new cancer plan, which includes positive recognition for home-based care initiatives, and is working to adapt national recommendations to the local context, particularly given the unique challenges of serving both York and Scarborough.
- **Workforce:** Sickness absence has increased with the main causes being recorded as stress and musculoskeletal issues. HCSW vacancy rate is high but will be significantly reduced in the coming months with a new cohort of staff. Further development on engagement is ongoing.
- **Patient Complaints:** An increase in patient complaints, particularly relating to waiting times for treatment and follow-up, has been observed, correlating with the operational challenges and reinforcing the need for ongoing service improvements.

#### Finance

Mr Bertram detailed the organisation's significant financial deficit, the shortfall in efficiency savings, technical income issues relating to the Scarborough sparsity payment, and the operational and technical measures being taken to address these challenges.

- **Current Financial Position:** There is a year-to-date deficit of £12.8 million against a planned £800,000 deficit, with the organisation projected to finish the year with a £15–16 million operational shortfall, primarily due to the under-delivery of efficiency savings and operational pressures.
- **Efficiency Programme Shortfall:** The organisation aimed for £55 million in efficiency savings but is expected to achieve around £39 million, representing about 4% of operational expenditure, which, while significant, falls short of the required 6% and contributes to the financial gap.
- **Technical Income Issues:** A technical shortfall of £8 million arose from the Scarborough sparsity payment not being fully passed on by the ICB, and an additional £4.6 million is outstanding for work completed at the end of the previous year, both of which are being addressed through ongoing contract discussions.

- **Cost Pressures and Mitigations:** Operational cost pressures include high agency doctor expenditure, increased use of high-cost medical devices, and energy costs, with the organisation implementing expenditure controls, participating in national energy procurement, and seeking to reduce agency spend through recruitment and service redesign.
- **Contingency Planning and Cash Support:** If the organisation continues to operate with a deficit plan, emergency cash support may be required, which involves a formal process with significant board-level scrutiny, though this has not been necessary in the current year.

The Council discussed how performance can be improved to meet NHS national standards. Ms Hansen replied that a number of initiatives are taking place including:

- **Workforce:** Reconfiguration of care groups and looking at the different leadership and cross-site leadership, looking at innovative ways of working together across specialisms, stepping out of silo work and doing things differently.
- **Diagnostics and Equipment Investment:** Investment in diagnostic equipment, with new resources expected to come online in 2026–27, is anticipated to improve the speed of diagnosis, which is identified as a critical factor in cancer outcomes.
- **Cross-Border Patient Flows:** The team is monitoring the impact of neighbouring trusts being placed in special measures, with ongoing discussions with partners to ensure continuity of care for patients who may be affected by changes in service provision.
- **Waiting Times and Prioritisation:** Efforts are underway to reduce waiting times for cancer treatment, with a focus on diagnostics and targeted pathway redesigns, and the organisation is using additional funding and revised booking processes to address backlogs.
- **Data Management and Reporting:** The business intelligence and IT teams manage statistical reporting using national standards, with ongoing efforts to ensure data is accurately represented and comparable, and to provide more granular analysis of waiting list profiles for internal and external benchmarking.

The Council inquired about staff absence due to stress and asked about the actions being taken to mitigate the situation. Ms Hansen replied that there are a number of ideas that are being looked at, including:

- The use of digital enablement in order to do things once rather than having to do things three times.
- Reduce the number of patients that are waiting in need and also waiting for beds on wards.
- Reducing mandatory training to what staff need to have to carry out their role effectively.
- Team working with professional movements to what is required and investing in our own workforce and reduce agency spend.

Empowering teams to work differently with effective processes in place, should pay dividends for staff morale and reduce sickness absence.

#### **The Council:**

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

## 26/08 Chief Operating Officer Update

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

- **Operational Plan Submission:** The submission of the operational plan for 2026–27 has been developed through detailed specialty-level planning, incorporating productivity data, workforce statistics, and projected demand to align services with a reduced financial envelope while maintaining quality outcomes.
- **Pathway Redesign and Service Development:** The plan includes targeted redesigns in gynaecology, urology, lung cancer, and colorectal pathways, with an emphasis on sharing best practice, developing workforce roles (including advanced nursing and AHPs), and implementing personalised, stratified follow-up protocols.
- **Digital Enablement and Scheduling:** Implementation of the Nerve Centre electronic patient record is expected to improve appointment scheduling, patient communication, and pathway management, with ongoing work to ensure the system addresses local needs, such as appointment location preferences and access routes for patients without smartphones or computers.
- **Workforce and Leadership Initiatives:** Plans include further development of management and leadership, cross-site team working, digital enablement to reduce administrative burden, and strategies to reduce agency reliance and staff sickness, with a focus on supporting new staff and fostering innovation.
- **Collaboration with Commissioners and Partners:** The organisation is engaging with commissioners to review which services should continue to be provided as secondary care, exploring opportunities for shared care protocols with primary care, and considering the role of independent sector providers and outsourcing to manage demand.

The Council agreed that digital transformation has the potential to improve patient empowerment and service efficiency, but would like assurance that support would be available for patients who are not digitally enabled. Mrs Hansen reaffirmed the Trust's commitment to providing human contact and support for patients who are not digitally enabled, ensuring that digital transformation does not exclude those without access to smartphones or computers.

### The Council:

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

## 26/09 Complaints Report (half-yearly)

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

- The organisation is moving from a standalone complaints report to a broader Patient Experience Report which will triangulate data from complaints, national surveys, friends and family scores, compliments, and concerns to provide a more robust understanding of patient feedback.
- Although the number of complaints has increased, they represent less than half a percent of patient contacts, and the rise is proportional to increased patient interactions across outpatient, community, and acute settings.
- There has been a reduction in repeat concerns following complaint responses, attributing this to improved response quality and a shift towards meeting with families

or patients for detailed discussions, rather than relying solely on written communication.

- Efforts have been made to improve the timeliness of complaint responses, with a target of 90% on-time responses by the end of April; two care groups are on track, and quality improvement methodologies have been applied to streamline processes and reduce delays.

The Council raised concerns about capturing complaints from individuals unable to self-advocate, particularly the elderly and the vulnerable. Mrs Parkes responded by outlining multiple feedback channels, including the friends and family test, PALS, and surveys, while acknowledging the challenges in ensuring all poor experiences are reported.

The Council inquired about support for less experienced investigating officers. Mrs Parkes confirmed the existence of a complexity matrix for complaints and ongoing training for investigating officers, with plans to enhance handholding and support based on feedback.

The Council discussed the adoption of Biosimilar drugs and whether the shift is driven by cost savings, and to what extent does the patient have a choice. Miss Smith confirmed that biosimilar drugs are being introduced as original drugs come off licence, with ongoing monitoring of their use and cost-effectiveness. She clarified that patients must be fully informed and have the opportunity to discuss treatment options, even if direct consultant contact is limited in some clinics. Patients can opt out of biosimilar treatment at any point if they experience negative effects, and that the decision to switch is based on safety evidence, with mechanisms in place for patients to raise concerns.

#### **The Council:**

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

#### **26/10 NED Assurance Questions**

Mr Barkley explained that the Q&As had been circulated prior to the meeting. Further discussions took place on the following.

- **Transport Services:** The Council discussed issues related to patient transport, specifically when patients are discharged overnight. Mr Barkley discussed the changes in ambulance service commissioning, eligibility criteria, and the role of voluntary transport. He also explained the restrictions on booking transport after certain hours.

The Council discussed how these changes have led to difficulties for patients, particularly those attending Leeds and Hull for cancer treatments, with some gaps being partially filled by charities but overall access remaining problematic. The limitations of voluntary transport schemes were highlighted, including restricted hours, limited coverage, and long waiting times, which can leave elderly or vulnerable patients stranded after appointments.

Mr Barkley reported that these issues have been escalated to the chair of the Integrated Care Board, who commission ambulance services, with ongoing correspondence from local charities and stakeholders to seek improvements.

- **Cancer Performance and Recovery Plans:** The Council raised concerns about declining cancer treatment performance metrics, the impact of diagnostic delays, resource allocation, and the need for detailed recovery plans, with responsibilities

assigned to specific executives and committees. Mr Barkley clarified that responsibility for improvement lies with the Chief Operating Officer with the Resources Committee having oversight and receiving detailed updates at meetings.

Mrs Hazelgrave highlighted that changes in dermatology referral practices, such as reduced use of dermatoscopes by GPs, has contributed to increased referrals and delays, impacting overall cancer pathway performance.

There was agreement to focus the next meeting on detailed cancer recovery plans, including site-specific actions and timelines.

- **Resource & Funding Allocation:** The Council discussed the complexities of NHS funding allocation, the lobbying efforts for fairer resource distribution, and the challenges faced by trusts with persistent performance and financial issues.

**Action: Chief Operating Officer to provide Cancer update detailing cancer recovery plans, including site-specific actions and timelines, at next CoG meeting in June.**

## 26/11 Reports from Board Committee Chairs

### Quality Committee

Mrs Boyd summarised the Quality Committee's work on principal risks, including effective clinical pathways and patient experience, with efforts to use data to inform discussions and link assurance to risk management.

### Resources Committee

Mrs Grantham highlighted the committee's focus on operational, financial, and workforce performance, the need for improved financial data throughout the year, and the importance of acting on staff survey results in collaboration with the executive team.

### Group Audit Committee

Mrs Hazelgrave described the Audit Committee's role in overseeing internal and external audit, fraud, and assurance processes, with a risk-based audit plan, tracking of recommendations, and efforts to ensure continuous improvement and compliance.

The Committee discussed the triangulation of Quality and Risk data and the importance of linking quality issues with risk registers and audit findings, ensuring that persistent problems are identified, tracked, and addressed through coordinated committee oversight. Mr Bertram confirmed that any internal audit recommendations are tracked until completed.

### **The Council:**

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

## 26/12 Governors Activities Report

- **Community & Neighbourhood Network:** Mrs McPherson described a productive recent meeting where governors gained valuable information on East Riding health care, particularly in Bridlington, and discharges into the community. Both were excellent presentations with Mrs McPherson noting the high level of energy and

constructive questioning among the group. She asked that if any governor wanted to join the group then contact her or Mrs Astley.

- **Constitution Review Postponement:** Mr Taylor explained that the Constitution Review Group meeting was postponed to align with the outcomes of the well-led review, ensuring that any proposed changes are considered in the appropriate organisational context.

**The Council:**

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

**26/13 Items to Note**

The Council noted the following items:

- CoG Attendance Register
- NED Attendance Register

**26/14 Any Other Business**

No further business was discussed.

**26/15 Time and Date of the next meeting**

The next meeting is on Wednesday 10 June 2026 at Malton Rugby Club

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Follow-up tasks:

- **Cancer Performance Reporting:** Include a detailed agenda item at the next Council of Governors meeting to specifically review the current status of cancer performance, and outline improvement plans including site-specific actions and timelines. (COO)
- **Cancer Performance Report:** Distribute a copy to Governors of the Cancer Recovery Plan paper that was presented at the recent Resource Committee. (Tracy)