York and Scarborough Teaching Hospitals
NHS Foundation Trust

ITEM 3

# Minutes
## Public Council of Governors Meeting
## 11 June 2025

**Chair:** Martin Barkley

**Public Governors:**
Rukmal Abeysekera, City of York; Mary Clark, City of York; Ros Shaw, City of York; Michael Reakes, City of York; Linda Wild, East Coast of Yorkshire; James Hayward, East Coast of Yorkshire; Paul Gibson, East Coast of Yorkshire; Bernard Chalk, East Coast of Yorkshire; Elaine McNicholl, East Coast of Yorkshire; Catherine Thompson, Public Governor Hambleton

**Appointed Governors:** Gerry Richardson, University of York; Cllr Jason Rose, CYC; Elizabeth McPherson, Carers Plus; Cllr Liz Colling, NYCC; Gary Kitching, Staff Governor York; Rebecca Bradley, Staff Governor Community

**Staff Governors:** Abbi Denyer, York; Julie Southwell, York; Franco Villani, Scarborough/ Bridlington

**Attendance:** Simon Morritt, Chief Executive; Claire Hansen, Chief Operating Officer; Lucy Brown, Director of Communications; Polly McMeekin, Director of Workforce & Organisational Development; Helen Grantham, ANED; Jenny McAleese, NED; Julie Charge, NED; Lorraine Boyd, NED; Jim Dillon, NED; Jane Hazelgrave, NED; Noel Scanlon, NED; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

**Presenters:** Sarah Crossland, General Manager, Surgery Care Group (item 9)

**Public:** 5 members of the public attended

**Apologies:** Wendy Loveday, Selby; Beth Dale, City of York; Graham Lake, Ryedale & EY; Jill Quinn, Dementia Forward; Graham Healey, Scarborough/Bridlington; Adnan Faraj, Scarborough/Bridlington; Andrew Bertram, Finance Director; Dawn Parkes, Chief Nurse

### 25/18 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate.

### 25/19 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest.

### 25/20 Minutes of the meeting held on the 13 March 2025

The minutes of the meeting held on the 13 March 2025 were agreed as a correct record.

## 25/21 Matters arising from the Minutes

Action Log

The Council acknowledged that all actions have been completed.

## 25/22 Chief Executive's Report

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

- Scarborough's Emergency Care Centre and Critical Care Unit are now open and have been fully functioning for the past few weeks.
- Accreditation success for Bridlington Surgical Hub. Congratulations!
- NHS England (NHSE) is being abolished and integrated into the Department of Health and Social Care. There will also be changes to Integrated Care Boards (ICBs), based on the model published by NHSE, and who will be required to cut their running costs by 50% by Quarter 3 of 2025/26.
- As part of the corporate cost reductions, which form part of our wider £55 million CIP programme, we effectively completed our plan for that work.
- The government's spending review results have been published today. The NHS has been highlighted positively with the government funding an "NHS Fit for the Future".
- The Readiness Assessment for embedding a systemic method of Continuous Improvement is almost complete which will effectively tell us what we need to do to make that a reality.

Mr Morritt then gave feedback on the recent Anti-racism Steering Group meeting, which he chairs, the outcome of which is to produce an Anti-racism Statement by the end of June. This will be done in consultation with colleagues across the organisation.

The Council referred to the £18.76 per head of population and asked if the Trust would lose out if the data from MSOA is used to define our constituencies, specifically if we omit chunks of population in an area because they might use another hospital. Mr Morritt replied that the Trust would not lose out as funds are not allocated on a per head of population basis, but by the cost of activities and services provided by the Trust.

The Council highlighted that part of the reform was a reduction in duplication of communications engagement. What does that mean in practical measures? Mr Morritt replied that a number of things are being done multiple times within the system, including communication and engagement with the population. Mrs Thompson added that in practical terms it means functions will be transferred to a different part of the system, either local trusts, regional organisations or to the Department of Health & Social Care.

The Council referred to racism within the Trust and asked if it was directed at a specific group. Mr Morritt replied that it was not specific but the behaviour of patients to staff and staff to staff is not where it should be and this needed tackling. Cllr Rose highlighted the Council's cross party anti racist committees and added that at each meeting new people who have just been put in charge of anti-racism in their organisation are attending and there is no continuity. Mr Morritt replied that he will get back to him on this point.

The Council referred to the conversations previously where the Board were asked to sign up to a large amount of cuts and the board effectively said no to the government on that. What was the consequence/outcome of that? Mr Morritt replied that they have signed up to it and will give the best endeavours to try to deliver the £55 million efficiency target. They have identified plans to do that and are in the middle of assessing the risks. The Trust must live within its means this year and they are working really hard to minimise any risk to service delivery. It is challenging year on year. Ms McMeekin advised that she is now a member of the City of York Anti-racism group and will be representing the organisation going forward.

**The Council:**

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

## 25/23 Chair's Report

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

- Changes to Board:
  - Mr Morritt will retire at the end of September 2025.
  - Mr Holmberg will complete his tenure on 31st May 2025
  - Mr Dillon will complete his tenure on 30 June 2025
  - Mr Morgan will step down on 31 July 2025
  - Dr Reece will become an ANED for a 12 month period from 1 July 2025
  - Mrs Grantham will become a substantive NED on 1 July 2025

- NED Reviews:
  - All reviews have been completed apart from Mrs Charge who will have her review at the end of June.

No questions were asked.

**The Council:**

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

## 25/24 WRES & WDES Action Plans

Ms McMeekin gave an overview of the report which had previously been circulated with the agenda. With support from the Head of Equality, Diversity and Inclusion, a two-year action plan was implemented, 2023-2025, in place of annual targets, recognising that some initiatives require a longer timeframe. This report reflects progress in Year 2 of the plan, with new actions to follow in October 2025. She explained the RAG rating system to track completion, with green indicating completed actions. Some challenges remain, particularly around improving racial diversity on senior interview panels and addressing underrepresentation of ethnic diversity at the board and senior leadership levels.

It was emphasised the importance of increasing diversity to better reflect and serve both patients and staff. One challenge discussed was implementing a planned action to diversify recruitment panels for senior roles. As panel composition is not managed centrally by the recruitment team this issue is trickier to resolve. The team is seeking support from the Race Equality Staff Network to help resolve this. A second challenge was promoting vacancies more widely across multiple platforms to attract a broader range of applicants. Although financial constraints have limited this approach, close collaboration with Jobcentre Plus and other partners is ongoing to improve outreach.

The Council asked what the underlying barriers were - whether structural or self-imposed - that may be preventing greater racial diversity in senior leadership roles, despite a diverse patient and staff population. Ms McMeekin replied that it was a bit of both and that is why they decided to launch a BME leadership development programme last year in response to concerns about limited diversity in senior roles. The programme proved highly popular and was oversubscribed, with positive outcomes noted during the recent six-month post-course review—17% of participants have since secured promotions by one or two pay grades. The initiative is viewed as a key driver in boosting confidence among underrepresented groups to apply for senior positions. However, there was acknowledgment that the current application process, which relies heavily on digital platforms such as NHS Jobs, may inadvertently exclude some candidates, particularly those with limited digital access. They will explore more inclusive, flexible application methods moving forward.

The Council referred to the significant deterioration in behaviour over the last two years with the number of BAME staff experiencing unwanted behaviour and asked what ultimate power does the Trust have in its exclusion policy for people who don't behave appropriately? Ms McMeekin replied that the exclusion policy addresses inappropriate behaviour from patients towards staff—a concern that has notably increased since the pandemic. Although initially difficult to navigate, the policy now forms a key part of the organisation's "No Excuse for Abuse" campaign launched in July last year. Emphasis was placed on the importance of clinician support in redirecting patients whose behaviour is deemed unacceptable. Where patients have capacity but continue to display abusive behaviour, the policy allows for the possibility of ceasing treatment—though this is recognised as a complex clinical decision. To ensure appropriate implementation, the Medical Director played a key role in developing the policy, with treating consultants also given oversight to help navigate such cases.

**The Council:**

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

## 25/25 Performance Report

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

- **Diagnostics** – there is a significant way to go to reach the 83% standard by the end of March 2026. The new Community Diagnostics Centre opening in Scarborough should bring additional capacity and reduce the number of patients waiting for scans, etc. It is expected that the new Centre will open in the autumn.
- **Acute Flow -** April was adversely affected**,** particularly because of the outbreak of norovirus. A large number of beds were closed for a period of time.
- **Cancer –** see discussion below.
- **Referral to Treatment (RTT) -** the increase in the number of people on the waiting list is not for negative reasons, but due to transferring a couple of thousand patients from the non RTT list to the RTT waiting list.
- **Children's Scorecard –** the 52 week wait has almost been eliminated.
- **Workforce –** see discussion below.

The Council asked why there was a significant issue with diagnostics. Mr Barkley replied that it was due to capacity and demand, the lack of trained staff, and unexpected equipment failure. They are looking at the situation with their wider system partners around demand management, productivity and efficiency. Ms Hansen added that a contract has been

agreed with GPs, with some additional incentives, to undertake diagnostics within primary care and some of them will wish to take that up and others will not. This will really support the Trust with improving patient waiting times.

Referring to the 2 week Urgent Referral Pathway, a discussion took place around the telephone calls received from the hospital to patients having no caller ID. Some patients will not answer anonymous telephone calls and are therefore unaware that the hospital is trying to contact them. This causes a delay. A letter is then sent to the patient with a future date that is outside the two week timeframe. Ms Hansen replied that she would look into this as she thought the letter was sent at the same time as the telephone calls were being made. Mrs Boyd added that some patients do not want their relatives or friends to know about their health and the no caller ID gives them that confidentiality.

Regarding the waiting lists, the Council wanted assurance that these were being managed appropriately. Ms Hansen replied that there were a number of waiting lists, RTT – for patients waiting for treatment, and also other waiting lists where patients had been treated and were on other management plans. Full validation of these is ongoing as part of the preparation for moving to the new electronic patient record, and is also good governance as part of data quality checks.

The Council asked about the workforce retention rate. Ms McMeekin replied that the Trust is fairing quite well. The overall turnover rate is 8.6% which is one of the lowest in our ICS. It is monitored really closely.

The Council asked if those leavers had exit interviews to find out why they are leaving. Ms McMeekin replied that a standard exit questionnaire is provided to departing staff, which is intended to gather feedback and support ongoing improvement. While employees are encouraged to complete the form and are also offered the option of an exit interview, the current response rate is disappointingly low, hovering just below 10%. Efforts to increase participation, such as placing QR codes around the organisation for easier access, have had limited success. The team values the insights gained from this feedback, particularly when patterns emerge in relation to high staff turnover in specific teams, and agreed that further exploration of barriers to uptake is needed.

**The Council:**

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

**Action: Going forward Mr Barkley will provide comparative information on performance this year with performance at the same time last year.**

**Action: Ms Hansen will look into the Urgent Referral process around telephone calls/letters to patients.**

### 25/26 Bridlington Surgical Hub

Mrs Crossland gave a presentation, and it was noted that the Bridlington Hospital elective surgical hub has been accredited by the Getting It Right First Time (GIRFT) programme. This is the outcome of a rigorous assessment process culminating in a visit from the GIRFT team on 11 April. This marks a significant achievement for the Bridlington site and reflects the ongoing work and dedication of the surgical team, who performed exceptionally during the visit. The positive feedback received—both on the day and in the formal report—highlighted areas of excellence. It was emphasised that the accreditation was granted based on current activity, underscoring the strength of existing practices at the site. The Committee

formally acknowledged the team's efforts and the importance of maintaining this standard moving forward.

The Council was informed that a hub optimisation plan has been completed and will be submitted by the end of the day. This plan outlines key areas for improvement and proposed actions to support ongoing development. Progress will be monitored through a series of scheduled reviews: a three-month check-in with Professor Bryce, Chair of GIRFT, in September, followed by further evaluations at one, two, and three-year intervals. These reviews aim to ensure that the standards already achieved are maintained and that commitments made in the optimisation plan are being delivered. For Bridlington, the plan recognises the significant work already underway and offers a framework to support increased activity and operational efficiency. The importance of delivering improvements within the constraints of the current budget was emphasised.

Mrs Crossland discussed the need to improve efficiency in patient pathways across the network, ensuring that individuals—particularly those from Bridlington, Scarborough, York, and Hull—can access pre-assessment appointments locally. This aligns with the wider goal of delivering the right care in the right place at the right time through a collaborative network approach. To support this, there is a focus on increasing capacity, with an aspiration to extend surgical activity to 10-hour operating days, six days a week. Currently, Bridlington operates three 10-hour days, and expansion is needed to meet demand. A business case is being prepared to outline the associated resource requirements for this proposed development.

There are outlined plans to establish new procedure rooms at Bridlington, designed to accommodate patients who require interventions more complex than outpatient treatments but not necessitating full theatre settings. This development aims to boost capacity and ensure that patients receive care in the most appropriate environment. The overarching goal is to increase access for a broader range of specialties and ensure that specialists are matched to the right procedures in the right settings. The primary focus of the hub is on high-volume, low-complexity cases, with efforts ongoing to ensure sustainability and efficiency.

The Council heard that the strategic move to shift appropriate patients away from acute sites to cold sites—particularly those from the local community or facing long waits—is helping to improve efficiency and reduce unnecessary travel. This approach aligns with the wider transformation agenda and reflects positively on the Trust's progress. In particular, praise was given to the Bridlington team for their outstanding work in driving this forward, with personal recognition of the team's achievement and its significance to the wider Trust.

The Council queried whether there was sufficient transportation from the catchment areas to Bridlington Hospital. Mrs Crossland replied that transport is part of the optimization plans to look at and engage with a wider network within our footprint.

**The Council:**

- **Thanked Mrs Crossland for the presentation and noted the achievements at the Bridlington site.**

## 25/27 Reports from Board Committee Chairs

Quality Committee

Mrs Boyd advised that she had become Chair of the Quality Committee from Dr Holmberg who has left the Trust as he had served his tenure. She advised that during the past quarter

the committee had received updates from the CSCS Care Group, Medicine Care Group, and the. Surgery Care Group. These updates have really grown in importance as they provide the committee with a deeper insight into how care groups operate, including their successes, challenges, and risks. Members noted the value of inviting care group representatives as this strengthens collective understanding and promotes assurance on how the system functions collaboratively.

Urgent and emergency care remains a significant challenge, particularly around performance, waiting times, and the knock-on effect on planned care and patient experience.

One case was highlighted involving a patient who tragically died while under the Trust's care. This case was first identified through internal reporting mechanisms and has since undergone internal review and broader investigation. For additional assurance, the Trust commissioned an independent external review to assess how the case was managed and to surface key learning. The external report, received last month, outlined the Trust's response and identified areas for improvement and best practice, particularly in the context of complex mental health care. The findings will be used to inform wider organisational learning and ongoing improvements in patient safety. The recommendations of the external reviews have been acknowledged and understood, and a high level mental health care and treatment plan has been developed.

Governance structures in this area have been strengthened through the establishment of a newly convened Complex Needs Assurance Group, supported by relevant staff and focused on managing, delivering, and embedding the necessary training. Ongoing oversight will be provided by the Patient Safety & Clinical Effectiveness Subcommittee, which will continue to report progress and impact to the Quality Committee. Any concerns or risks related to delivery will be escalated to the Board to ensure transparency and accountability.

Concerns were raised about ongoing challenges within the dermatology service, particularly around image-based referrals which have proven effective in streamlining patient triage and care. Ms Hansen replied that approximately nine practices are currently not submitting images with referrals, and this issue is growing. Discussions are underway with the ICB to address this with primary care partners, and several options are being explored. These include enabling GPs to triage cases directly where feasible and providing training for nurses or healthcare assistants to support image capture within a 'one-stop shop' model. Funding remains a significant consideration, and if these issues are not resolved, limitations on service provision may need to be considered due to increasing demand. The matter remains under active review.

A discussion took place around the scheduling of diabetic eye screening whilst patients were attending other services and asked if this was working well. If it was, can it be extended across other areas to reduce the multi-appointments that some patients have to attend. Ms Hansen replied that anecdotally it is working well but she is yet to see evidence of this.

The Committee highlighted the improvement in ambulance handover and asked the reasons for this. Ms Hansen replied that it was due to internal processes being put in place in ED and also ED staff working with ambulance colleagues to refine the handover process. It has worked well and patients are being seen in a timelier manner.

The Committee were concerned about the issues raised in Major Trauma and asked for assurance that these are being reviewed. Ms Hansen replied that there is a plan that the trauma team are working through that is going to be presented through the Executive

Committee and to Board. There are a number of things that are being looked at in the way the patients are identified for trauma and also the way that the theatres are scheduled to enable that to be improved. The details are yet to be presented.

Resources Committee

Mrs Hazelgrave discussed the Staff Survey response draft plan recently presented by Ms McMeekin. It will result in change to make a difference. She explained that the committee will continue to actively monitor progress.

Audit Committee

Mrs McAleese briefly reflected on her final meeting as Committee Chair, noting that the focus was on wrapping up the year's work and approving plans for 2025/26. A specific point was raised regarding the audit fee of £125k – an increase of £30k on last year. This increase is comprised of two elements: the additional work associated with the revised ISA 600 on group accounts and the alignment of the fee with the market for NHS external auditors.

**The Council:**

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

## 25/28 Governors Activities Report

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

- **Governor Involvement in NED Appointments** - A couple of governors were actively involved in the recent NED appointment process. The NomRem Committee oversaw the selection and appointments of new NEDs, ensuring all relevant guidelines and protocols were followed.

- **Appraisal of Non-Executive Directors** – Most of the appraisals have been completed satisfactorily. One is scheduled to be completed at the end of the month.

- **New Governor Appointments** - Several new governors have recently been appointed. An induction session for new governors was successfully held in May. Buddying arrangements have been implemented for all new governors.

Mr Barkley thanked Mr Reakes for updating the Council on the Membership meeting and Constitution Review Group meeting he chairs. Mr Reakes will be leaving the Council on 30 September 2025 as his tenure will be complete. Governors were asked to put their names forward if they would like to chair any of the two groups.

No questions were asked.

**The Council:**

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

## 25/29 Items to Note

The Council noted the following items:

- CoG Attendance Register

- NED Attendance Register

## 25/30 Time and Date of the next meeting

The next meeting is on Wednesday 10 September 2025 at Malton Rugby Club