Minutes
Public Council of Governors Meeting
10 September 2025

Chair: Martin Barkley

Public Governors: Rukmal Abeysekera, City of York; Ros Shaw, City of York; Michael Reakes, City of York; 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; Graham Lake, Ryedale & EY

Appointed Governors: Elizabeth McPherson, Carers Plus; Cllr Jason Rose, CYC; Cllr Liz Colling, NYCC; Cllr Tim Norman, ERYC

Staff Governors: Abbi Denyer, York; Julie Southwell, York; Gary Kitching, Staff Governor York; Rebecca Bradley, Staff Governor Community

Attendance: Simon Morritt, Chief Executive; Lucy Brown, Director of Communications; Julie Charge, NED; Lorraine Boyd, NED; Jane Hazelgrave, NED; Noel Scanlon, NED; Richard Reece, ANED; Madelaine Warburton, NHS Providers; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Presenters: Alastair Newell, Forvis Mazars (25/38 only)

Public: 6 members of the public attended

Apologies: Beth Dale, City of York; Linda Wild, East Coast of Yorkshire; Mary Clark, City of York; Wendy Loveday, Selby; Jill Quinn, Dementia Forward; Gerry Richardson, University of York; Adnan Faraj, Scarborough/Bridlington; Franco Villani, Scarborough/ Bridlington; Graham Healey, Staff Governor Scarborough/Bridlington; Helen Grantham, NED; Jenny McAleese, NED; Claire Hansen, Chief Operating Officer

25/32 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate. He extended a particular welcome to Councillor Tim Norman, stakeholder governor from East Riding Yorkshire Council, Alastair Newell, from Forvis Mazars, to discuss the external audit report, and Madelaine Warburton, from NHS Providers, to observe the meeting.

25/33 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest.

25/34 Minutes of the meeting held on the 13 March 2025

The minutes of the meeting held on the 11 June 2025 were agreed as a correct record.

25/35 Matters arising from the Minutes

Action Log

- **Implementation of Centralised Booking System:** Mr Barkley explained that a new centralised booking system has been partially implemented, allowing patients to directly contact high-volume specialties such as ENT and ophthalmology, which previously had separate booking teams. This change aims to streamline patient access and improve service quality. The percentage of calls handled increased from 35% to over 70% following the implementation of the new system, significantly reducing inconvenience for patients seeking appointments in these two high volume specialties. The new system is less expensive than the previous one and is planned to be extended to other specialties, with a focus on maintaining quality and convenience for patients.

    A supplementary paper will be attached to the meeting minutes for further reference.

The Council acknowledged that all actions have been completed.

25/36 Chief Executive's Report

Mr Morritt gave an overview of his report which had previously been circulated with the agenda and added that there had been a few developments that were not in the report as follows.

- The NHS Acute Hospitals Quarterly League Table was published yesterday. The Trust is in segment 4 and ranked 118 out of 134. Hospitals are assessed on 28 metrics and the Trust will need to make sure that it is focused on those metrics in order to improve its ranking.

- The NHS planning framework for 2026 has recently been published and it is expected that the Trust will submit its plan by December.

- Establishing Community Diagnostic Centres is continuing and the Trust is working with its partners, York, North Yorkshire and East Riding, to develop plans for local community services.

- The Trust has formalised an anti-racism statement and established a committee to provide support for staff experiencing racism, whether from colleagues or patients. Reporting mechanisms and support networks are in place for staff experiencing discrimination, with data captured through incident reporting systems. A collaboration with local partners has also been established to address challenges both within and outside the workplace.

The Council:
- **Received the report and noted its contents.**

25/37 Chair's Report

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

- In response to a question about having a constituency meeting online in January/February, Mr Barkley thought it was a good idea and will consider it.

No further questions were asked.

The Council:
- **Received the report and noted its contents.**

Action: Mr Barkley to arrange an online constituency meeting in January/February.

25/38 Independent Auditors Report

Mr Newell presented the external audit outcomes for the financial year ending March 2025.

- **Audit Opinion and Process**: the external audit for the year ending March 2025 was completed ahead of the national deadline, resulting in an unqualified audit opinion. The audit found only immaterial amendments to the draft accounts and made two internal control recommendations.

- **Value for Money and Financial Weaknesses**: The audit identified that a previously reported significant weakness related to the 'journey to excellence' programme had been addressed. However, a new weakness was noted regarding the Trust's arrangements for delivering financially sustainable services, reflecting broader NHS funding challenges.

- **Efficiency Programme Monitoring**: Mr Newell explained that the audit team engages with the Trust throughout the year, attending audit committees and holding regular meetings with finance leads to monitor progress on efficiency schemes and ensure there are no surprises at year-end.

- **Materiality and Technical Explanations**: In response to questions, Mr Newell clarified the concept of materiality in audit terms, explaining it is based on expenditure and is set at a level significant to the organisation's service provision. He also addressed technical aspects of the Trust's electronic patient record system valuation.

Mr Morritt and Mrs Hazelgrave discussed the ongoing financial pressures, including the reliance on non-recurrent funding, the need for sustainable efficiency improvements, and the uncertainty around future funding allocations and payment for increased activity.

The Council:
- **Received the report and noted its contents.**

25/39 Performance Report

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

- **Diagnostics –** This area remains a significant concern due to rising demand, which has resulted in extended waiting times and affected cancer and urgent care performance metrics. Contributing factors include equipment failures, workforce shortages, and increased demand for specific modalities such as CT and MRI. Mrs Hazelgrave described changes to the Resources Committee's approach, moving towards more in-depth reviews of diagnostics due to the complexity and variety of

issues across different modalities. Funding constraints remain an ongoing challenge. The Trust is working with the Integrated Care Board to analyse the impact of direct access and manage demand across the system.

- **Acute Flow –** the target is 70% in one week for patients waiting less than 4 hours to be seen and treated. Last week it slipped to 67%. There is still a long way to go, and again the 4 hours and the 12 hours are the other metrics that are leading us to be 118th in the league table.

- **Cancer –** see discussion above.

- **Referral to Treatment (RTT) -** Recent increases in waiting list numbers were attributed to improved data quality and the implementation of a new electronic patient record system, rather than a true rise in patient numbers.

- **Children's Scorecard –** no comments made.

- **Workforce –** Recruitment challenges remain in key specialties with variation in vacancy rates across locations. Retention initiatives such as stay interviews and career conversations have been implemented. The Trust recognises the essential contribution of its diverse workforce, with one in six staff being non-white, and is considering ways to more proactively communicate the value of such staff and are putting in place anti-racism initiatives to support staff in addressing challenges they may face both within and outside of the workplace. The Trust collects data on incidents of racism and supports staff through both formal reporting and informal conversations, aiming to ensure all colleagues feel safe and supported.

The Council:
- **Received the reports and noted their contents.**

Action: Mr Barkley to share detailed diagnostic performance data, including MRI, CT, and ultrasound volumes with the governors.

25/40 Chief Nurse Update

CQC Update

Mrs Parkes provided an update on the outcomes of the recent CQC inspection, detailing identified breaches, ongoing action plans, and progress in areas such as maternity and mental health, with regular reporting to the CQC and internal governance meetings.

- **Inspection Findings and Action Plans:** The CQC inspection identified six breaches against regulatory requirements, primarily in urgent and emergency care and medical services. The Trust has developed action plans to address these, with regular monthly reporting to the CQC and internal oversight.

- **Section 31 notices:** These remain in place for maternity and mental health services. The Trust has funded additional posts to address safe staffing in maternity and is monitoring compliance with mental health risk assessments in the Emergency Department.

- **Environmental and Facility Improvements:** The CQC raised concerns about the maternity environment, particularly regarding facilities such as toilets and bathrooms. The Trust is conducting visits and planning improvements to address these issues.

The Trust values regular engagement with the CQC, including both announced and unannounced visits, to share information and demonstrate progress on action plans.

IPC Annual Report

Mrs Parkes discussed improvements in infection control and the use of data to drive action. She commented that the Trust has seen improvements in C. difficile infection rates, attributed to a focus on basic care, timely isolation, and the introduction of additional side rooms. Ongoing challenges include MSSA rates and line care. A multifaceted approach to staff training includes e-learning, in-person sessions, and a competence framework for registered nurses. Quality assurance frameworks and ward accreditation schemes are used to monitor and incentivise good practice.

Complaints Report (half-yearly)

Mrs Parkes advised that the volume of complaints has increased, with a shift in themes from basic ward care to outpatient access and communication. The Trust is focusing on learning from complaints and implementing improvements, with a rapid improvement event planned for the Patient Advice and Liaison Service (PALS). The Complaints data is reported at a high level for board purposes, but can be broken down by site or service area as needed. The Council asked for this analysis to be shared with the governors. The Trust is working to present complaints as a percentage of patient contacts for more meaningful analysis.

The Council:
- **Received the reports and noted their contents.**

Action: Mrs Parkes to provide governors with complaints data broken down into site and service areas.

25/41 NHSE 10 Year Plan

There was discussion about the NHS 10-year plan's proposal to make Council of Governors optional, with Mr Barkley suggesting the issue be revisited only if legislative changes progress. He believes there is value in having a Council of Governors.

25/42 Reports from Board Committee Chairs

Quality Committee

Mrs Boyd discussed the positive updates including progress on several ongoing issues and addressing failures, with improvements noted over the past three months. Clarification was sought regarding transport service hours, specifically whether the service operates overnight (10:00 PM to 7:00 AM).

A complex issue was raised about maternity funding: staffing is increasing to 16 FTE, but this remains below the recommended 30 MTE. Reports from June and July highlighted ongoing vacancies and negative trends. The current staffing gap is due to maternity leave, sickness, and vacancies, with 26 posts affected out of 44. Recruitment efforts include 25 full-time posts and 14 student midwives expected to start by October or January, which

should help address the gap. The committee is working towards achieving a stable staffing position and continues to pursue recruitment opportunities.

Additional discussion covered patient alerts, triangulation of data, and refurbishment of the maternity estate. Concerns were raised about accessing antibiotics in the Emergency Department if sepsis is suspected, and the effectiveness of internal screening processes.

A question was raised about cardiology follow-up and service efficiency, with acknowledgment that further transformation is needed to address ongoing issues.

Resources Committee

Mrs Hazelgrave discussed that the committee reviewed a range of performance issues, highlighting the importance of benchmarking and national rankings to understand the Trust's position relative to other organisations and to identify areas for improvement.

The Committee Chair, Helen Grantham, has consulted with executive directors and committee members to review how the committee functions, given its broad remit and current performance challenges. As a result, the agenda of meetings will have less items to allow for deeper discussion and scrutiny on key topics. Standing agenda items, such as financial risks, will remain due to their significance. The committee aims to be more effective by distinguishing between items requiring in-depth analysis and those presented for information only.

Financial planning remains a significant challenge, particularly regarding the efficiency programme and the retention of deficit funding. The committee also discussed the need for more sustainable, medium-term financial planning in response to the NHS 10-year plan. Planning for 2026/27 has commenced, with a meeting scheduled next week involving various specialties and board members. While a one-year financial allocation is expected this year, the goal is to move towards longer-term allocations to enable more strategic planning.

The Council:
- **Received the report and noted its contents.**

25/43 Governors Activities Report

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

- A great start to finalising the Trust's anti-racism statement, and now would like to see an action plan and prioritise the key areas that need improving.

- A big thank you to Michael Reakes and Catherine Thompson, who have been with the Trust for a total of 9 years as public governors. They have been a valuable asset to the Council and will be greatly missed.

Mr Reakes explained that the Constitution Review Group are currently reviewing constituency boundaries and the number of governors per area, aiming to better reflect service usage. The Council asked for an update at the next CoG meeting with a view to ratifying the changes.

Mr Reakes also explained that the Membership Engagement Group has been pro-active in attracting membership to increase diversity and participation. Despite having surveys, radio adverts, postcards, and online advertising, membership has continued to decline. The action plan will be revisited at a later date.

Mrs McPherson explained that the OHC Group name will be replaced by the Community and Neighbourhood Network, in keeping with the Trusts plans to deliver more care in the community away from hospital sites. The Network will support the Trust in delivering care across all community settings. She asked for more governors to become members to represent their constituencies. Cllr Colling and Cllr Norman have agreed to become members. Further representation will be sought.

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 December 2025 at Malton Rugby Club

Outpatient Services Call Handling Solution

York and Scarborough Digital introduced a new call handling solution for Outpatient Services in February 2025. This presentation will demonstrate the impact this has had on call volumes presented and handled by the main Outpatient Services Contact Centre

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Solution

- The Y&S Digital and Outpatient teams worked together to audit incoming calls after noticing that some calls were being incorrectly directed to the Outpatient Services line. This happened because several outpatient services have dedicated administrative teams that handle their own patient bookings. To resolve this, a call menu was set up so patients can be routed directly to the right department without waiting in the main queue.

- The department has begun transitioning from the old phone system to Cisco Jabber, a platform that offers greater flexibility, enables call handling from any location, and is significantly more cost-effective than the existing equipment. Adopting this new solution leads to considerable savings. Analysis indicates that replacing damaged equipment with identical models would cost approximately £3,500 (£72 for each Sennheiser headset and £120 for each desk phone). In contrast, implementing Cisco Jabber as a softphone requires only £18 per USB headset, resulting in an estimated savings of about £3,000.

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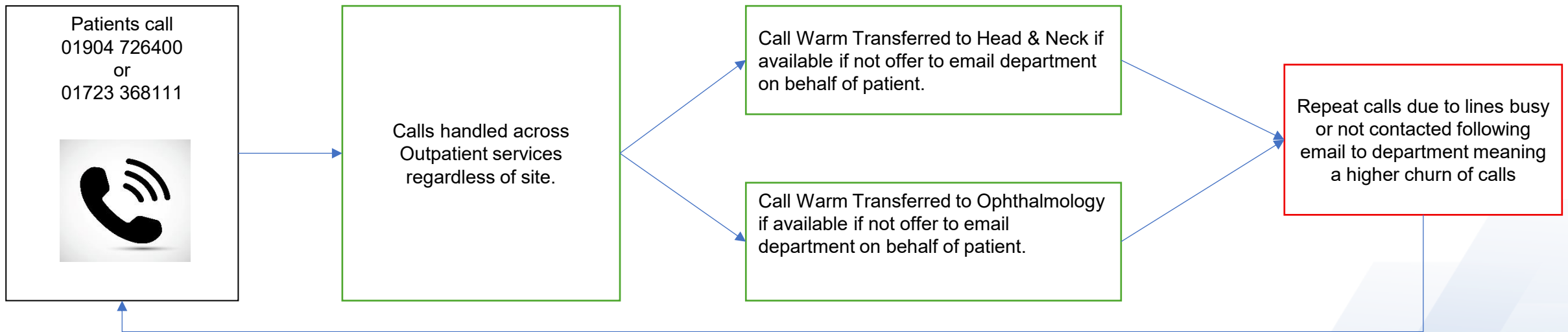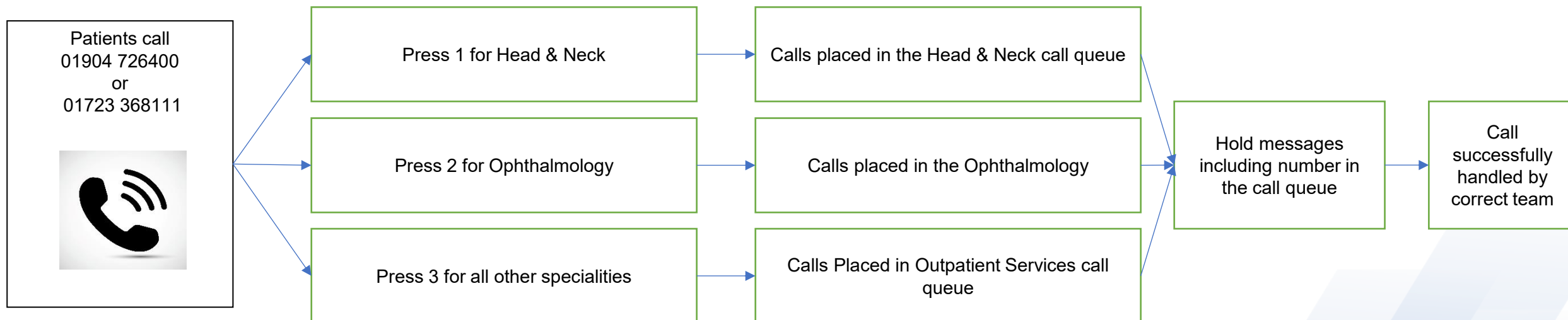
Month On Month Figures

Options were introduced on the call queue in February, allowing callers to select queues for ophthalmology and head & neck departments. Starting from February, the percentage of calls successfully handled showed month-on-month improvement.

NB: Staffing adjustments have also contributed to this improvement.

Month	Calls Presented	Calls Handled	Calls Handled %
Jul	15430	6031	39.1%
Aug	13602	5008	36.8%
Sep	16221	5094	31.4%
Oct	15865	6204	39.1%
Nov	18077	5302	29.3%
Dec	12897	5154	40.0%
Jan	20480	6642	32.4%
Feb	16031	5686	35.5%
Mar	12140	6004	49.5%
Apr	10147	6966	68.7%
May	10550	6978	66.1%
Jun	11490	7402	64.4%
Jul	11795	8415	71.3%

Calls Handled %

Change implemented

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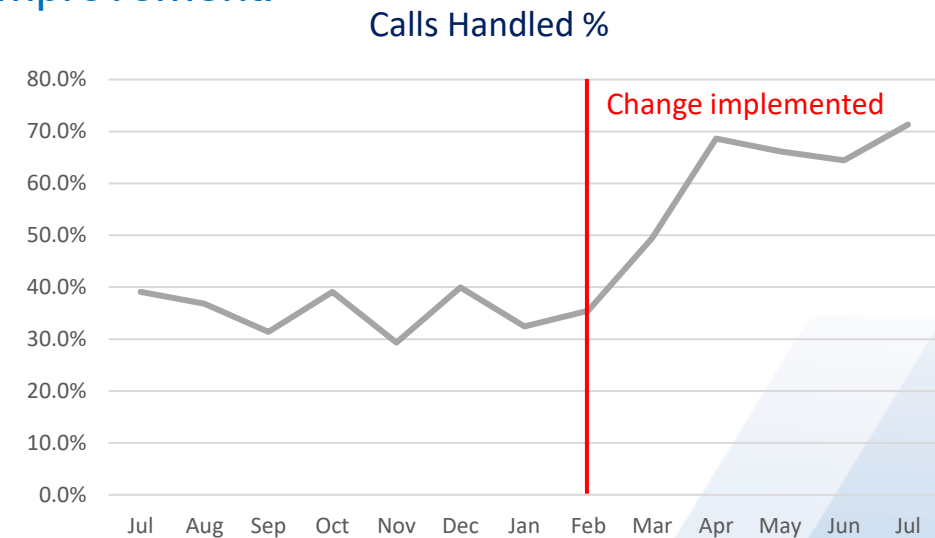
Future Vision

Omnichannel Communication

Supports voice, email, chat, SMS, and social media channels for seamless patient interactions.

- Live Chat for non-urgent queries
- WhatsApp Integration for sending maps etc
- Live in queue Call back management

AI Virtual Agents & Routing

AI-powered virtual agents offer 24/7 self-service; intelligent routing optimises call distribution.

- AI Agent for simple queries such as appt cancellations
- AI to route calls meaning right team first time
- AI routing to alternatives such as live chat etc

Agent & Supervisor Tools

Intuitive agent desktops and supervisor controls enable monitoring, coaching, and quality assurance.

- Improved user interface
- Improved supervisor controls on call queues and flow
- Call recording and quality assurance

Security, Integration & Analytics

Robust security standards, integrations with major CRM platforms, and detailed reporting enhance operations.

- Improved stability
- Easier integration with existing systems
- More detailed live and historical reporting which can be interrogated via AI

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Approach

Overview

- The current system will be transferred to the cloud through a like-for-like approach, ensuring minimal disruption to existing workflows.

Deployment Strategy

- A linear rollout will be implemented across different departments. This approach allows each department to test and optimise new features before full-scale adoption.

Departmental Autonomy

- Each department will have the capability to independently manage their own call queues, promoting flexibility and responsiveness.

Continuous Improvement

- Regular reviews will be conducted with patients and staff to support ongoing improvements to the system.

Staff Training

- It is essential to deliver appropriate training to all staff who will be using the system, ensuring effective adoption and utilisation.

System Management

- A telephony manager will be appointed to oversee the system and act as the main point of responsibility across the trust.

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