

**Board meeting minutes**  
**Thursday 23<sup>rd</sup> October 2025**  
**10am – 12.30pm**  
**Healthwatch office & online (Teams)**

**Present:**

Pat Southgate (PS)	Chairperson
Alison Wood (AW)	Vice Chair
Alan Cram (AC)	Treasurer
John Cunningham (JC)	Trustee
Shona Eyre (SE)	Trustee
Caroline O'Neill (CO)	Trustee
Ashley Green (AG)	CEO

**Apologies:**

Alan Cunningham (AC*)	Trustee
Hannah Darton (HD)	Trustee
Stephen Hanna (SH)	Trustee
Janette Walker (JW)	Trustee

**1. Welcome & apologies.**

AG welcomed everyone to the meeting & said that apologies had been received from Alan and Stephen.

There were no new declaration of interests.

**2. Agreement of trustee & chair extensions**

AG informed those present that John and Pat had now completed two terms in office, but given the current state of play concerning the Healthwatch future, they had both generously offered to continue for another year with the Board's consent.

Those Board members in attendance (including SH and JW) unanimously agreed to extend the trustee tenure for an indefinite period and for this to be reviewed in late 2026 / early 2027 when we will be in a better position to understand our future.

SE nominated Pat and CO seconded this nomination.

AW nominated John and AC seconded this nomination.

**3. Minutes & Action log – July 2025 Board meeting**

AG and all those present agreed with and accepted the minutes from the Board meeting in July.

AG went over the action log with those present and confirmed that all actions had been completed.

SE noted that she was still receiving notifications from Volunteero about outstanding training but that she had completed these [she has the certificates]. AG said that he would look into this. PS asked if we/trustees should be receiving notifications and information via Volunteero. AG said that trustees shouldn't be as Volunteero was only used for trustees as a way to keep their personal details secure.

SE said that she hadn't yet, due to a change in job, sent over her website biography but that she would do this.

#### **4. Update on current work and business plan**

AG briefly went over the Quarterly Board summary and highlighted some of the areas of work.

##### Annual report

AG said that at the beginning of July we launched our annual report which summarised our work, activities, reports, volunteer activities and public conversations and media reach over the last year. Over the twelve months we published 12 individual reports about the improvements people would like to see in areas like accessible information, care homes, mental health and farmers. Plus, we published an additional 8 reports with our Healthwatch partners in West Yorkshire & the Humber & York, covering areas of migrant health, older people's health and palliative & end of life care.

We spoke with 1,726 people over the year at events, via our projects, surveys, via our volunteers, increased our reach both digitally with over 23,000 people using our website and via the media (print, TV and radio) where we reached 273,000 people. Our report was recognised by Healthwatch England in the top 7 of all national Healthwatch reports.

##### Cancer report

AG said that we had completed our Cancer report as part of a collaborative piece of work with York St John University and the Humber & North Yorkshire Cancer Alliance to realise people's understanding of cancer signs and symptoms, as part of an ICS wide survey including all six Healthwatch including us, York, Hull, north-east Lincolnshire etc. The survey we used had been developed by Cancer Research UK. Alongside the survey we worked with voluntary community groups to support people to complete the survey. We focused on people living in rural locations, carers, veteran and people with a physical disability.

In reference to our cancer report CO asked if we knew what proportion of people living with cancer did or didn't visit their GP in the last 6 months, and was there any difference between rural areas and urban areas.

AG said that as a result of this work and our work on rurality and farming we had been invited onto a new rurality cancer working group hosted by the Cancer Alliance and asked to join the Cancer Alliance Communications & Engagement Board.

#### Ethnic minority report

AG said that we had completed our ethnic minority for the Adult Social Care team, North Yorkshire Council to hear from different communities about their experiences when accessing adult social care. The focus of our conversations was to understand whether there was any perceived or experienced barriers to accessing adult social care, as well as identifying any positive experiences and examples of good practice. We conducted interviews and focus groups with 38 people, including people who had accessed care, those who had not, and professionals working closely with ethnic communities. We heard from a mix of ethnicities including Polish, Nepalese, Pakistani, Bengali and Romanian. The report was shared with NYC in July and we're awaiting final sign-off.

AW asked if there were opportunities on the back of this work to support NYC, by helping with 'explainers' information etc. to help the public understand and navigate the social care system as it was very confusing for the public.

CO said that all new health and adult care staff at NYC should be receiving training in diversity, ethnicity etc. AG said that through the ethnic minority work they had organised cultural competency training for the team and NYC staff had attended.

CO advised that past work had identified similar issues around ethnic communities not knowing where and how to access health care, and a possible solution was to link with Adult Education and others which teach ESOL (English and Second Language), and to use examples of how to access health services as part of learning English.

#### Impact webinar

AG said that we delivered our impact webinar at the end of September, which had over 50 people registered (approx. half attended, which was less than the previous year). The webinar focused on our work and impact over the last 18 months. The event was attended by the public, partners from across the council and NHS, as well as members from the voluntary sector. The webinar included updates on our mental health work, farming and care home enter and views (including a response from a care home about action taken in response to our reports).

#### NYSAB Connection & Involvement sub group

AG said that we've been chairing a new subgroup for the NY Safeguarding Adults Board. The group has met twice so far, in June and August and is due to meet again in November. The group has primarily been focussing on developing a communications and engagement plan to help raise the profile of safeguarding and improve how we connect with and involve communities.

In June we undertook our annual safeguarding week where the NYSAB and partners promoted the week via social media and our websites, delivered safeguarding blogs, and provided and advertised online safeguarding. Over the coming year the group will be focusing on community group mapping, role of community advocates, developing role specification for workforce safeguarding champions, and undertaking community engagement in November as part of National Safeguarding Week.

#### Lets talk about alcohol project

AG said that we had launched our women's alcohol survey in August which we had developed with support from the North Yorkshire Public Health team, the Integrated Care Board (ICB), North Yorkshire Horizons, and 2 of our volunteers. This included the design and development of the survey.

To date approx. 240 women have completed the survey which will remain open until 31 October. Alongside the survey, we have conducted several one-to-one telephone interviews to gather rich qualitative insights and have actively promoted the project at various engagement events. We will be working with an art therapist / photographer to put together women's stories of their experiences to be included in our final report.

#### Non-urgent patient transport

AG said that in response to us hearing from people who have been affected by the new changes in eligibility to use non-urgent patient transport, which took effect from April we have launched a joint survey with Healthwatch York to understand how this is affecting people. So far we have heard from over 100 people. We will produce a joint Healthwatch report which we will share with the ICB in Nov/Dec.

### **5. Included papers**

AG said that the team and he were delivering against the agreed business plan from April, and whilst we had needed to adapt/defer some of our work [due to the news about Healthwatch future] the majority of our work was on track for progression by the end of March.

AG went over the Q2 budget and reported that we were generally on track with our income and expenditure as per our forecasting. He said that due to the uncertainty about our future and to ensure that we met our expenditure targets for our NYC development project (digital reach and volunteering) we had revised our next six months spend by approx. £6,000. This would also help us with future planning for next year (April 2026-March 2027) and our spend and redundancies. AG said that the news about Healthwatch and uncertainty across the ICB had meant that external funding had virtually dried up, meaning that we were now solely dependent on our NYC core grant.

AG confirmed that our accountant had agreed and produced our annual accounts for 2024-2025, which have been agreed by me, Helen and Alan Cram, and now Pat and Alan will sign these are upload to the Charity Commission website.

## 6. Our impact

Craig Derrick, our Marketing & Communications Officer and AG gave a presentation on the impact that our work had achieved covering our postnatal care report (published in May 2024) and our farming report (published in March 2025).

There was general agreement that the impact for our farming work was very positive and we had managed to highlight the issues of the farming community across a number of stakeholders which had really paid dividends. Our media work, which Craig highlighted, was also very impressive and had significantly added to the overall impact for this piece of work.

Craig agreed to share the presentation with the trustees.

## 7. Policies for review

AG briefly went over the revised policies which all trustees present agreed with and authorised. These policies included:

- Code of conduct
- Whistleblowing
- Complaints
- Equality & Diversity
- Mental health & wellbeing
- Conflict of interest

SE asked how robust our security was around cyber protection as this is becoming a bigger and bigger issue for organisation and how secure the data/feedback we receive from the public is? AG said that we have general antivirus and firewall protection and we are supported by an external company (Mansys) for our IT support, but that he would check with Mansys about this.

He said that the majority of the data we collect is anonymous and where we do hold personal details this is covered within our general data protection protocols.

AG said that he and the team were about to look into and review the use of AI within their work as some of the team were using this, but others weren't and we didn't have any agreed rules or policies around this. A staff member from Healthwatch Leeds was coming to speak with us as they had led on developing a policy on this. JC said that AI could be a real benefit to our work and could substantially help with our workload and support our projects. JC said that it was important to look at this with a need to develop a policy and also how we could support the team.

AW and JC expressed an interest in attending the discussions with Healthwatch Leeds at the office. AG agreed to invite AW and JC to the meeting.

PS said that her son was an AI influencer and may also be able to offer some help around how we use AI safely and to our benefit.

## 8. Discussion & update on the 3 working groups

AG updated the trustees on the progress of the Kings Speech which is expected between Jan – April 2026, with an expectation that it will take a further year for a new Health Reform Bill to be enacted, which would take us to spring 2027.

AG said that the DHSC had confirmed that funding would be provided for Healthwatch up to this date. AG confirmed there was sufficient funds (including income from NYC and our reserves) to take us to the end of March 2027, including redundancy costs, but that we would need to consider whether we could afford to pay for our office/rent for a full year. AC suggested that we consider a year's rent, but with a one month notice period. There was general consensus that this was a sensible approach.

AC said that he has looked into whether trustees could be liable personally for any outstanding debts etc. when [if] the organisation had to close, which he said trustees weren't, but that he would circulate more information clarifying this.

AG said that the DHSC would be producing guidance for ICBs and councils on what functions of Healthwatch they would need to deliver which was expected prior to the bill becoming enacted. AG said that the DHSC had not, as yet, said that there would be any funding to support this delivery or whether ICBs/councils could commission external organisations to deliver this (such as Healthwatch). But that this would be clarified at a later date.

AG reported on what action the Healthwatch network had been undertaking to challenge the decision. It was felt by trustees that our focus and energy should be on our situation and prioritising our work and future opportunities for ourselves. JC said we needed to take an 'aggressive' approach to sustaining our future and we should be looking at funding opportunities to help with this, which could include our farming work. SE said that she knew the Director of Jameson's cattle feed and other agricultural providers that we could approach for funding.

AG said that he had a meeting scheduled with Richard Webb, Louise Wallace (PH Director) and Cllr Michael Harrison (Council lead for health & adult services) to discuss our Healthwatch future on the 6<sup>th</sup> November. CO said we should highlight how we could support the council as part of their CQC work (as the report was due this month). CO offered to attend the meeting with AG as she was at County Hall on the day of the meeting. AG and others said this would be a good idea.

AG said that he would look pragmatically at putting a business plan together for 2026–2027, possibly in two 6 month periods. AW said that AG should identify where and when he needed support from the trustees.

#### **Close**

Next Board meeting will be on Thursday 29<sup>th</sup> January 2026.