

Council of Governors (Public) Minutes – 11 December 2019

Chair: Ms Susan Symington

Public Governors:

Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Michael Reakes, City of York
Mr Stephen Hinchliffe, Whitby
Mrs Jeanette Anness, Ryedale and East Yorkshire
Mrs Liz Black, Scarborough
Mr Clive Neale, Bridlington
Mr Richard Thompson, Scarborough
Mrs Catherine Thompson, Hambleton
Mr Robert Wright, York
Mr Keith Dawson, Selby

Appointed Governors

Cllr Chris Pearson, NYCC
Mr Gerry Richardson, University of York

Staff Governors

Dr Andrew Bennett, Scarborough/Bridlington
Mrs Helen Noble, Scarborough/Bridlington
Mr Mick Lee, York
Mrs Jill Sykes, York

Attendance

Mrs Wendy Scott, Chief Operating Officer
Mr Andrew Bertram, Deputy Chief Executive & Finance Director
Mrs Heather McNair, Chief Nurse
Mrs Lucy Brown, Acting Director of Communications
Ms Lorraine Boyd, NED
Ms Lynne Mellor, NED
Mr Jim Dillon, NED
Mr Stephen Holmberg, NED
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

6 members of the public

Apologies for Absence:

Mr Andrew Butler, Ryedale & East Yorkshire
Ms Sally Light, City of York
Ms Dawn Clements, Hospices
Mrs Sharon Hurst, Community
Mr Simon Morrith, Chief Executive
Ms Polly McMeekin, Director of Workforce & OD
Mrs Jennie Adams, NED
Mrs Jenny McAleese, NED
Mr Michael Keaney, NED

19/44 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate.

19/45 Declarations of Interest

There were no updates to the declarations of interest.

19/46 Minutes of the meeting held on the 3 September 2019

The minutes of the meeting held on the 3 September 2019 were agreed as a correct record subject to the following amendments:-

- P.13 - Correct typo in Park & Ride
- P.18 – to read “He added that the category of Governor Input was missing, given that the comments came through the governor mailbox.”

19/47 Matters arising from the minutes

There were no matters arising from the minutes.

Action Log

- Ask the Membership Development Group (MDG) to discuss the Bridlington situation – Mrs Provins advised that this will be discussed at the January MDG meeting.
- Amend questions protocol – Mrs Provins advised this has been completed.
- Print Public CoG packs – Mrs Provins advised this will be done for each meeting.

19/48 Update from the Private Meeting held earlier

Ms Symington updated the committee on the topics discussed in the private meeting held earlier. These included: -

- Chair's report – discussions took place around the CQC report, Winter pressures, The Chief Executive's listening exercise and funding to provide services on the East Coast.
- Updates from the NomRem Committee meeting – NED positions, NED appraisal process, Chair/NEDs remuneration.
- Feedback from the Governors Forum – BoD to CoG venue, Governance diary, Car parking issue, smoking cessation at the Trust.
- Committee updates – Dr Boyd gave an update from the Quality Committee.
- New NEDs insight – Mr Dillon and Mr Holmberg gave their opinions of their first six months as a NED in the Trust.

19/49 Governors' Reports

- Lead Governor Report - Mrs Jackson gave an overview of her report and asked for questions.

With regard to smoking cessation, Mrs Anness said she had attended a Scarborough & Ryedale CCG meeting where there was a worry that if nothing was provided outside for staff who smoked then they will start doing it somewhere in the building.

Mr Bertram said it was a very heated subject. The Trust had tried not having smoking shelters on site and staff that smoked went on the periphery of the site. Feedback at the time was that people did not like that either. A survey for staff took place a few years ago and overwhelmingly staff said they would like shelters.

Mr Bertram went on to say that in terms of visitors smoking at the hospital there had been instances where staff had been verbally abused when challenging people who were smoking. There was nothing staff could do legally to stop people smoking on site. Mrs Jackson said it would be helpful to take feedback to YOPA. Ms Symington said Mr Golding would be the best person to give feedback.

- Transport Group - Mrs Miller commented that the Group was aware of the problem in the multi-storey car park and the long queues down Wigginton Road. She pointed out that car parking spaces will also be lost due to the building of the new VIU. It was becoming a real issue. Ms Symington commented that Mr Golding, MD of YTHFM was the authority on this and suggested he provided an update on the issue for the next meeting.

There was an enquiry about transport options for patients who had to travel to York from the east coast for their appointments. Mrs Brown replied that information was included in appointment letters along with a link www.york.nhs.uk/travel to the Trust's website. She will email the governors the information that was included with the letters.

Action: Ms Symington to invite Mr Golding to March 2020 meeting to provide update on car parking issue and cessation of smoking at the Trust.

Action: Mrs Brown to send the transport information included with patients appointment letters to CoG.

- Out of Hospital Care – the Council received the report and no further comments were made.
- Charity Fundraising Committee – Ms Symington commented that she was very pleased to have taken on the role of Chair of the Charity when Dianne Willcocks retired from the Board. She was very impressed with the way the team worked as a Charity and the activities that took place to raise money. Ms Symington went on to discuss the Friends of Selby Hospital and how they wanted to help in their community. Mrs Anness commented that the Friends of Malton Hospital had changed their constitution to enable the funds to be used to support projects in the community. Mrs Jackson highlighted that the Charity funded the NHS Carol Service. Half of the money in the collection went to the Charity.

SS thanked the Governors for their respective reports.

19/50 Chief Executive's Update

Mr Bertram referred to the Chief Executive's report and gave succinct points: -

- Listening exercise – Staff had met Mr Morritt face to face over the past three months and now an online workshop had been launched that allowed any member of staff to have their say about the organisation. So far over 900 staff had commented on the site. Feedback will be scrutinised for key themes and these will be weaved into the Executive's work programme going forward. Mr Morritt will continue to use this methodology on an ongoing basis.

Mrs Miller stated that the governors did not hear anything about the LLP and wondered whether the staff had been included in the listening exercise run by Mr Morritt, as her impression was that staff did not feel part of the NHS any more. Mr Bertram replied that all staff in the LLP had been consulted as the LLP was absolutely part of the group of YTHFT and the Board was fully responsible for the performance of the LLP. The Trust's accounts were submitted as group accounts for both YTHFT and YTHFM. Any profit of the YTHFM goes back into the Trust.

- CQC report and action plan – see section 19/51 of the minutes.
- Support to improve acute flow in hospitals – the Trust was spending time with NHSE/I and ECIST looking at how the Trust could better manage acute flow through the hospital as there was significant strain both at Scarborough Hospital and York Hospital. He explained what Same Day Emergency Care (SDEC) was and its purpose. He explained that this had been embedded as standard at York Hospital on a 21 day trial and a similar exercise was being planned for Scarborough Hospital.

Mr Reakes queried what would happen if a patient needed an MRI/CT scan under the SDEC system. Mrs Scott went through the process of how a patient would be

treated and stated that it was about people being in the right place and being seen by the right people.

Mrs Miller gave an overview of some issues her constituents have had to deal with whilst in the hospital and asked if it was possible to use volunteers to support these patients. Mrs Scott replied that it was a possibility that she could look into.

- ICS Accelerator Programme – Mr Bertram gave an overview of the programme and advised that this had been discussed at the recent Board to CoG meeting in October.
- Urology Rota changes – A single York based on call service for Urology was implemented on 18 November. This was a single rota working across site. There will be a full service at Scarborough Hospital between the hours of 8am and 6pm. Should a patient need emergency care out of hours then they will be transferred to York Hospital for surgery. Mr Bertram spoke about the significant difficulties at Scarborough with the service being delivered by two individuals. During the past 4 years the Trust has tried to recruit to posts on 4 occasions but was unsuccessful. He advised that they were working with Humber Coast and Vale (HCV) to develop a long term model.

The Governors asked if patients who were being transferred could have somebody with them from the family. Mr Bertram replied that a member of the family should be able to go in the ambulance with the patient.

- Finance – month 7 position at the end of October was pre-PSF income and expenditure position of £12.3m deficit, resulting in an adverse variance to plan of £0.5m against a total annual target of £20m deficit.

Mr Bertram gave an explanation of the overspend which included:

- Increased spend on staffing using particularly expensive agency staff
- Problems with Histopathology which meant having to send a substantial amount of slides to third parties to be examined.
- Problems with Radiology.

Mr Bertram spoke about the commissioners linked to the Trust and the financial difficulties they were having. He stated that the commissioners were not in a position to help the Trust.

19/51 CQC Action Plan

Mrs McNair advised that an action plan had been produced and submitted to the CQC on 13 November. Meetings have been taking place about the CQC action plan on a fortnightly basis. There were 26 must dos and 51 should dos. These have been grouped into Care Groups. She added that the CQC were expecting the Trust to meet targets by March 2020. She went on to explain the reporting process and gave an overview of staffing issues at Scarborough Hospital and what initiatives have been put in place to increase staffing.

Mr Reakes asked if updates could be given in Membership Matters. LB agreed that this could be done.

Mr Neale questioned whether a lot of the recommendations were a surprise to the Trust and if not why had something not been done about them before now. Mrs McNair replied that this was a fair point and acknowledged some of the recommendations were known to the Trust but more robust systems were needed and have now been put in place.

A conversation took place on whether the Trust carried out their own CQC survey prior to them coming in. Mrs McNair replied that this had not been carried out but it would be easy to do. She went on to discuss how she researches recent CQC reports to discover what the CQC were focusing on and also looked at CQC reports where Trusts had been given an outstanding rating to discover what they were doing.

Mrs Anness asked what general principles were in place to support staff. Mrs McNair replied that it had been an improvement approach and an opportunity to make things better.

Mrs Fields questioned whether the heavy reliance on agency staff was having an impact on the CQC outcome. Mrs McNair replied that where there were a lot of agency staff routines were forgotten. It was really incumbent on the Ward Manager to ensure staff followed those processes.

Mrs McNair ended the discussion by advising that the CQC had to return to Scarborough Hospital within 6 months of the inspection due to the hospital receiving some inadequacies. It was likely that the CQC would visit York Hospital as well during this time. She advised that the CQC were not looking for perfect but were looking for an improvement.

Action: LB to put CQC updates in Membership Matters on a regular basis.

19/52 Meeting Principles

Ms Symington gave an overview of the discussions she has had with the NEDs and the Council of Governors on what the rules should be around virtual meetings. The following was agreed: -

- For Board meetings and Council of Governor meetings members would have to attend in person.
- For all other meetings Skype/Webex could be used at the discretion of the Chair of the meeting.

Mrs Jackson commented that having experienced a meeting where a member was dialing in there was an issue of confidentiality and privacy. Mrs Anness asked if there would be training available on using Webex, etc. Mrs Provins replied that there will be but that Governors were welcome to attend in person, the use of skype or webex was only for those that wanted to use this method.

19/53 Membership Development Group update

Mrs Provins said that the Membership Development Committee had met in October and discussed the following: -

- The decline in membership numbers despite substantial marketing.
- Other Trusts were being contacted to ascertain good practice.
- A new action plan was being devised.

Mrs Provins highlighted the membership seminars being put on and the interesting topics and she asked if governors can attend if possible to offer their support and to meet with members.

Mr Reakes commented that Health Watch had a market stall on York market every Tuesday. See <https://www.healthwatchyork.co.uk/event/market-stall-healthwatch-york/2019-11-26/> - Healthwatch have offered their stand to other organizations, and the York Public Governors could request to attend to promote membership and collect views. Mrs Provins suggested discussing it at the next Membership Development Group meeting in January.

Action: Discuss at next Membership Development Group the possibility of promoting membership of the Trust through Health Watch market stall.

19/54 Constitution Review Group update

Mrs Provins said that the Constitution Review Group had met in October and discussed the following: -

- CoG Effectiveness document – the Group discussed whether this was in a suitable format to refer to the CoG for the Governors to complete to ascertain whether any change was needed, any governor development required, etc. It was agreed that it was suitable, was discussed at the earlier Private CoG meeting, and will be distributed to all governors for completion and return. In addition, Mrs Provins mentioned the governor development day with Harrogate that took place last year. She was intending on planning another one in April and asked for suggestions to be emailed to her.
- Work Programme – this was discussed at length and it was agreed that no further additions were necessary but the months needed changing to reflect the 2020 timetable.
- External Audit Tender – the Council were advised that two governors will be involved in the process which will take place in January/February. A paper detailing the preferred company will be presented at the CoG March 2020 meeting for ratification.

Action: Governors to email Mrs Provins with suggestions on training day in April.

19/54 Governor Elections

Mrs Provins gave an overview of the paper which gave the results of the summer elections as well as detailing the upcoming internal elections. She said that any governor wanting to

join the Membership Group to contact either Tracy or herself. For the other places they should put their names forward together with a summary of why they want to join.

Mr Reakes asked if governors could observe a particular committee. Mrs Provins replied that there will be arrangements in place for governors to observe at the Quality/Resources Committees as discussed in the Private CoG meeting. For all other committees there were governor representatives on each one who would provide updates to the Council.

19/55 Questions received in advance from the public (see appendix A)

Ms Symington stated that more than 40 questions had been posted. The Trust had put together their responses to all questions which were distributed to the governors prior to the meeting and distributed to the public at the meeting. She advised that they would not be discussing feedback given but will append the document to the minutes.

19/56 Any Other Business

Board to Council of Governors (CoG) meetings

Mrs Provins advised that these meetings should be shaped by the interests of the Council of Governors and suggested a re-think of how to construct these meetings to best effect. Mrs Miller stated the last meeting in October was held in a very large room at the Priory Centre and it was difficult to hear. Mrs Provins replied that a system had been purchased to help with that and will be available from the New Year.

Mr Dawson added that the last meeting was extremely well-chaired, he enjoyed the content, but did find the room and table layout rather awkward.

Mrs Anness commented that she enjoyed the last meeting and was pleased to receive the questions and responses in the agenda pack before the meeting. However, she felt that the responses should have come from the NEDs rather than the Executive Team as the governor's role was to seek assurance from the NEDs.

Dr Boyd commented that just before the meeting in October the NEDs had an education session around the purpose of their roles in a meeting and went into the Board to CoG meeting with the intention of hearing more from the NEDs. However, all the governors' questions were directed to the Executive Team and required detailed information that only the Executive Team would know. Mr Bertram supported her comment and thought there was learning needed from both sides and stated that the Executive Team should be there in a supporting role. Mrs Provins suggested that going forward the governors should direct their questions to the NEDs being mindful that they were seeking assurance about a situation and not request a detailed analysis.

Mr Wright commented that this could be part of the training next year on how governors could effectively challenge the NEDs. Ms Symington advised that Mike Gill had been invited to sit in at Board meetings to give some feedback. She suggested he be invited to a CoG meeting where he could do the same.

Mr Reakes suggested asking members in Membership Matters what topics they were interested in and then the governors could reflect that in their choice of Board to CoG discussions.

Action: Mrs Provins/Mrs Symington to discuss asking members for topics for the Board to CoG meetings.

Business Plan for the Year Ahead 2020

Mr Bertram spoke about how the NHS 10 year plan was a very challenging programme setting out significant milestones, mental health standards, national waiting time standards, national access standards, cancer standards, as well as the vision for primary care.

He went on to explain that as an FT the Trust could carry out as much work as they wanted and contract out other work and claim monies under the payment by results scheme. From 1 April this year all that changed and now the Trust received a set amount of funds, regardless of the work carried out, and the Trust had to operate within those resources. He described how all health systems were moving to an ICS and how this would present a problem in the Trust's geographical area.

Mr Bertram advised that a 4 year plan had been produced for the commissioners, taking into account the income and expenditure for those 4 years, and he has been asked to improve it. There was a need to reduce deficit at the same time as meeting those standards. It will be very challenging going into the New Year. There will be transparency around these issues and going forward any updates will be discussed at Public CoG.

Mr Pearson asked how this affected suppliers to the Trust, like Nuffield. Mr Bertram replied that in the past the Trust had contracted work to them but in recent times it was unusual to do that. If a patient chose to go to Nuffield then the payment from the CCG would go direct to Nuffield. Mr Pearson asked if this would affect waiting times. Mr Bertram replied that it would. Moving forward, the Trust would need to manage the money, meet the new investment standards, whilst finding a way to bring waiting times under control.

19/57 Reflections on the meeting

- Well attended.

19/58 Time and Date of the next meeting

The next meeting will be held on **11 March 2020, 1.30pm –3.00pm** at Malton Rugby Club, Old Malton Road, Malton YO17 7EY.

ACTION LOG

Date of Meeting	Action	Responsible Officer	Due Date	Comments
11.12.19	Invite Mr Golding to March CoG to give update on car parking issue and cessation of smoking at the Trust.	Mrs Symington	March 2020	On agenda
11.12.19	Send transport information included with patients appointment letters to CoG.	Mrs Brown	December 2019	Completed.
11.12.19	Put CQC updates in Membership Matters on a regular basis.	Mrs Brown	Ongoing	Completed.
11.12.19	Email Mrs Provins with suggestions on training day in April.	CoG	Jan/Feb 2020	Thru CoG Effectiveness Doc.
11.12.19	Discuss at next Membership Development Group the possibility of promoting membership of the Trust through Health Watch market stall.	Mrs Provins	January 2020	Completed.
11.12.19	Mrs Provins/Mrs Symington to discuss asking members for topics for the Board to CoG meetings.	Mrs Provins / Mrs Symington	April 2020	Completed.

Appendix A

Questions from the public to the Council of Governors meeting: 11 December 2019

Questions from John Wane – Save Scarborough Hospital Facebook Group

1. What capital investment plans exist for the next 5 years for Scarborough and Bridlington Hospitals?

Response: The projects at Scarborough and Bridlington that we in YTHFM are supporting the Trust with currently are as follows:

- £40m ED / UEC and engineering infrastructure replacement and enhancement (Wave 4 STP, as was, funding)
- SGH Mortuary (replacement of);
- Second CT scanner Scheme at SGH;
- Wider Radiology Masterplan scheme at SGH;
- SGH Helipad Relocation and Enhancement (hopefully charitably funded and linked to a partnering project with YAS);
- SGH Lab Medicine Scheme (element of wider Trust strategy for Lab Med / Pathology);
- Estate-related Backlog Maintenance at Scarborough and Bridlington (year-on-year programme of projects related to building, mechanical and electrical etc. backlog maintenance);
- SGH Day Case Unit;
- Participation in One Public Estate project focussed on Bridlington Hospital (optimisation of the site in conjunction with primary and community care providers and the local authority).

2. We have heard about plans to recruit more overseas staff, but is there a recruitment and retention plan for Scarborough and Bridlington Hospitals which can be shared with the public? Obviously staff shortages have been consistently used by York Trust as excuses for years when cutting local services but promises of future reviews and reinstatement are never kept.

Response: Over the autumn, the Trust has welcomed 27 newly-qualified nurses to Staff Nurse roles to Scarborough (27) Hospital. The international nurse recruitment programme has welcomed 12 nurses to the East Coast since May with a further 51 international nurses planned for the east coast during 2020. Consideration is being given to a further cohort of international nurses beyond the current cohort. The trust has worked closely with Coventry University to develop the longer term pipeline of nurses onto the East Coast. We're now mid-way through the programme for the first cohort of students and placement availability has been freed up to accommodate cohorts of 40 per year. In addition, the Trust will continue to support 20 Trainee Nurse Associates on the East Coast per year via the apprenticeship route.

The Trust's East Coast Medical Recruitment programme continues with the vacancy rate in November at 10.3%.

The Trust has engaged in cohort 5 of the NHS Improvement Retention programme. Given the low turnover of staff leaving the Trust we were not eligible to join earlier cohorts.

3. Is there an action plan for services to be returned to East Coast Hospitals and if so which services?

Response: There are a number of factors that cause services to be moved ie: national policy about centralisation of services or in order to keep service safe or staffed appropriately. It is the case with all hospitals that service provision is kept under review.

The main purpose of the Scarborough Acute Services Review has been to develop a sustainable, strategic approach to the provision of acute services for the Scarborough catchment area population.

This work has been led by a Clinical Reference group of Trust clinical staff and local GPs who are undertaking a balanced assessment of a number of clinical models in key specialty areas according to agreed evaluation criteria.

4. Is there an Action Plan to respond to East Coast public concerns over the unacceptable and unsustainable levels of travel for care and to meet NHS 'Equality of Access' requirements? What impact assessments on the public have been undertaken? Given the almost complete failure of Transpennine to run a reliable service to enable patients to travel to York from the East Coast and Ryedale to York what steps have York FT undertaken to challenge Transpennine on the situation and which other organisations are York FT working with to address the issues which force patients to travel by private car or taxi which goes against the trust Green Transport Strategy? Train cancellations are a daily occurrence and on one day alone last week, there were six train cancellations between Scarborough and York and nine on the 30th November!

Response: We share concerns over the reliability of the rail service and the broader transport issues affecting patients and visitors.

As part of the Acute Services Review work, it has been agreed that the North Yorkshire CCG will be convening a multiagency transport group with patient/carer involvement.

5. Given the Trust have targets to meet on their carbon footprint for staff travel, has any work been done to assess the 'knock on' impact of cuts in local services on the carbon footprint of patients and visitors travel to York and elsewhere? To only consider staff travel consequences is a nonsense.

Response: Our Trust Travel plan was approved by Directors in March 2019. This is a review of our operational travel and transport, which

results in a number of actions and aims to encourage people to try alternative / sustainable transport options. The actions and aims factor in staff and patients. A travel survey is undertaken every three years which seeks staff and patients views and these results feed into a review of the Travel Plan.

The Travel Plan document can be viewed here: <https://www.yorkhospitals.nhs.uk/about-us/reports-and-publications/travel-plan/>

The Trust travel plan covers operational, staff, patient and visitor travel - all of which present many issues that are difficult to resolve with the limited resource we have. As our Trust covers a very large geographical area, a lot of which is rural, it presents many challenges in terms of patient and visitor access which are outside our control. Patient transport continues to be an ongoing area of concern for the Trust; however, the Clinical Commissioning Groups (CCGs) hold contractual and financial responsibility for all non-emergency patient transport services. This sits outside of the Trust travel plan, being 'covered' under the current arrangement between the CCGs, Yorkshire Ambulance Service, and other partners such as York Wheels and Ryedale Community Transport.

We work closely with local authorities to improve transport links for the benefit of our stakeholders across the whole of our Trust area. However as our Trust site covers different local authorities there is no 'uniform' offer of support that we can offer to our staff and patients. The York Hospital Park & Ride service, for example, is an excellent option for patients and visitors to access services at York Hospital without having the potential stress of driving into the town centre and finding a car park space on site. This was set up as a joint venture between the Trust and First York, with input from City of York Council and it is supported by the York Teaching Hospital Charity.

The purpose of the Travel Plan is to promote sustainable transport (i.e. low carbon). The Trust works closely with local authorities to promote sustainable transport regionally. The challenge of our patients living in rural areas and age demographics means that the modal shift aspect is not possible or practical for all.

6. When Stroke Services were changed in 2015 it was claimed that this was to address staffing shortages and would ensure improved outcomes for Stroke patients. The latest independent and publicly available information shows Scarborough and Ryedale CCG patients now have the worst outcomes in England as a serious outlier and York CCG patients are within an acceptable variation from the England Age Standardised norm. (This covers the period 2015 to 2017 since the changes). Given the serious discrepancy between outcomes for York CCG patients and Scarborough & Ryedale CCG patients can you provide a simple and easily understood explanation as to why Stroke Deaths are the highest in all England for S&R CCG patients and within normal limits for the Vale of York CCG. What measures are being taken to ensure that S&R patients are not being killed by the service changes you implemented? When will you provide the results of the reviews which you have repeatedly promised to undertake?

Response: The data referenced is about health of a population living with a specified geographical area. It is referenced in North Yorkshire Joint Strategic Needs Assessment profile for the Scarborough and Ryedale CCG population which provides an overview of population health

needs. It is not a measure of the care provided for people suffering a stroke but offers a measure of the general life mortality risk of stroke in a particular area due to a number of demographic and other health/social factors (e.g. age, deprivation, smoking, obesity and other co-morbidities).

Questions regarding this data may be best directed to the local authority public health team or the Clinical Commissioning Groups.

There are nationally published measures for the quality of stroke care provided by hospitals. The national sentinel audit (SSNAP) which is carried out on a quarterly basis for all stroke patients has the most recent acute care service rating at York Hospital (which includes Scarborough patients transferred there for acute stroke care) at B (the highest rating being A). This is a marked improvement on the rating for the Scarborough patient acute service prior to 2015, and the rating for York has also improved since this time. York and Scarborough patients receive the same acute stroke care, as they are cared for by the same team of staff.

The national picture has changed, and all stroke units admitting fewer than 600 patients a year are being asked to become part of larger acute stroke units. The national evidence that this improves outcomes is overwhelming.

In terms of the Scarborough/York Stroke pathway, the model that has been in place since late 2015 involves a triage and assessment service at Scarborough and the transfer of patients requiring acute care to York Hospital, having begun their thrombolysis treatment in Scarborough. Thereafter, Scarborough patients are either discharged home or to Scarborough Hospital for further rehabilitation.

In addition, the most recent audit figures measuring actual Stroke deaths compared with expected Stroke deaths for all patients dying within 30 days of admission to York Hospital or after discharge show that the figure is around the national average.

7. What work has been undertaken on the impact assessments on patients resulting from the closures of services in East Coast Hospitals.

Response: There is a national process called a quality impact assessment for assessing the impact of significant change in any process pathway. A Quality Impact Assessment is currently being undertaken in relation to the service change for Urology services (from November 2019, out of hours acute presentations requiring admission are being transferred to York).

8. Given that “better health outcomes” have also been used to justify service cuts, what work has been undertaken on comparing all health outcomes between York and East Coast residents?

Response: We measure the quality of the services the Trust provides as a whole in a number of different ways and this can include our performance against national targets, national audits, clinical governance reviews and various regulatory standards. Service changes are made

for a number of reasons, this most important of these is ensuring the service is safe.

9. How many patients have been transferred from Scarborough A&E department to York Hospital over the last 4 years by main clinical speciality?

Response: There have been 2,989 transfers from Scarborough A&E to York Hospital since 1st January 2015 (to 30th November 2019). 577 were recorded as transferring to York A&E and 2,412 to a ward. The below shows the number of transfers by the Specialty assigned in Scarborough ED.

Specialty	2016	2017	2018	2019	Grand Total
Accident & Emergency	9	22	22	23	76
Acute Internal Medicine	3			1	4
Cardiology	1				1
Ear, Nose And Throat	115	142	161	115	533
Endocrinology		2			2
Gastroenterology	1			1	2
General Medicine	306	348	415	376	1445
General Surgery	36	45	63	49	193
Geriatric Medicine	158	99	81	101	439
Gynaecology			1	1	2
Haematology (Clinical)				1	1
Maxillofacial Surgery	23	37	55	44	159
Nephrology		1		2	3
Neurology	5				5
Neurosurgery			1	1	2
Ophthalmology	2	5	4	4	15
Paediatrics	11	4	4	7	26
Respiratory Medicine -Thoracic				2	2
Trauma And Orthopaedic Surgery	1	4	5	6	16
Urology	1		2	8	11
Unknown	4	8	25	15	52

Grand Total	676	717	839	757	2989
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10. Can you provide the stroke outcome data for York CCG patients and S&R CCG patients from York FT (not the modified data the CCGs are producing) to include information on those transferred from Scarborough, those that died in Scarborough and those that died in York?

Response: Please see response to question 6 above.

The SSNAP data which is the key performance measure of stroke care is publically available.

11. Has an action plan been produced to address the current situation where Scarborough residents have the worst stroke survival rates in England?

Response: Please see response to question 6 above. The figure in the Joint Strategic Needs Assessment document refers to Stroke deaths and not survival rates. The Stroke Team and Trust actively support ongoing public health campaigns in relation to Stroke prevention programmes.

12. What was meant by the previous CEO in his letter to the Minister of Health in July 2018 to obtain A&E funding, in which he stated that he wished Scarborough to be the “test bed” for the UK? How will the success or failure of that “test bed” be monitored and evaluated?

Response: The letter in July 2018 followed a meeting with the then Secretary of State of Health where the possibility of creating a network of small rural hospitals facing similar challenges to Scarborough was discussed. The letter provided the Secretary of State with further information to support the need for such a group and the offer was made for Scarborough Hospital to take the lead in moving this forward.

The Trust is a founding member of a national small rural hospitals network of other English Trusts with similar geographical challenges which is supported by NHS Improvement and the Nuffield Trust and met for the first time in the Summer

The network is looking at potential common sustainable service models and possible financial solutions to our particular issues.

The network presents an opportunity to influence national thinking and policy, and we are taking an active role to maximise the potential benefits to Scarborough Hospital and the wider health and care system.

13. How many Consultants are travelling to provide services on sites other than York without additional financial incentives?

Response: The makeup of our consultant’s day to day activities will vary by specialty and their specific job plan. The national consultant contract factors paid travel time into job plans; however, we have consultants working across multiple sites (Bridlington, Malton, Harrogate etc) and therefore a definitive figure is not readily available.

14. Have York Trust now got any plans in place to improve genuine Consultation with East Coast residents and if so, what are they?

Response: The Trust is a key partner in the multiagency Scarborough Acute Services Review process which is co-ordinated by the Humber Coast and Vale Health and Care Partnership. Formal consultation, and the ultimate decision as to whether or not a public consultation is required, is a statutory responsibility of the Clinical Commissioning Groups.

As part of the work programme of the Review, a summary of overall progress made and future plans the Need for Change was published in March 2019. This document is being updated for publication in the New Year.

Whether or not formal consultation is required, all partners in the review will have a role in engaging with the public. A dedicated Engagement Manager who will co-ordinate the wider communications approach for East Coast service planning has been appointed and will start in January 2020. Healthwatch are also working with the Review Team undertaking targeted pieces of engagement activity with local communities (i.e. group meetings, one to one sessions and surveys) on future emerging service models and pathways.

Please also see the answer to questions 17 and 28.

15. How many nursing vacancies there are currently at Scarborough and Bridlington Hospital?

Response: From the October report verified mid-November (Scarborough & Bridlington) there are:

- 123.21 WTE registered nurse vacancies Bands 5-7 (19.25%)
- 45.02 WTE HCA Bands 2-3 (%)
- In addition, the site is over-recruited by 13.67 WTE Band 4 Associate Practitioners and Nursing Associates. The Care Groups are working through workforce and skill mix reviews to ensure that the Band 4 role aligns appropriately to the skills needed on the wards.

For comparison the York site has:

- 141.86 WTE registered nurse vacancies Bands 5-7 (9.53%)
- 15.94 WTE HCA Bands 2-3 (6.61%).

The next cohort of 16 international recruits are all recruited to the Scarborough site and have a scheduled arrival date of 13 January 2020 and a further 2 newly qualified nurses who are starting in January 2020.

The Health Education England Global Learners program has focussed solely on recruitment to the Scarborough site and currently there is a plan for 10 nurses on the Global Learners program to arrive January and 30 nurses on the Global Learners program to arrive March / May 2020 (working through approvals).

16. How many medical and allied professional vacancies are there in Scarborough and Bridlington Hospitals and in what departments?

Response: The vacancy rates are available in the public board papers. For ease the medical staff position at Scarborough is:

Directorate	Consultant					SAS Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Care Group 2	25	7	0	2	20.0%	18	3	0	3	0.0%	71	7	0	1	8.5%	25	1	0	0	4.0%	139	18	0	6	8.6%
Elderly Medicine	7	1		0	14.3%	6	1	0	1	0.0%	11	1	0	0	9.1%	3	0			0.0%	27	3	0	1	7.4%
Emergency & Acute Medici	7	2	0	1	14.3%	8	2	0	2	0.0%	23	3	0	0	13.0%	3	1		0	33.3%	41	8	0	3	12.2%
General Medicine	11	4		1	27.3%	4	0		0	0.0%	37	3	0	1	5.4%	19	0	0	0	0.0%	71	7	0	2	7.0%
Care Group 3	24	2	2	1	12.5%	10	0	1	0	10.0%	17	2	0	2	0.0%	12	0			0.0%	63	4	3	3	6.3%
General Surgery & Urology	5	0	1		20.0%	3	0	1		33.3%	8	2	0	2	0.0%	9	0			0.0%	25	2	2	2	8.0%
Head & Neck	1	0			0.0%	2	0			0.0%						1	0			0.0%	4	0	0	0	0.0%
Theatres, Anaesthetics & C	18	2	1	1	11.1%	5	0		0	0.0%	9	0		0	0.0%	2	0			0.0%	34	2	1	1	5.9%
Care Group 4	6	3			50.0%																6	3	0	0	50.0%
Radiology	6	3			50.0%																6	3	0	0	50.0%
Care Group 5	21	4	0		19.0%	5	0	0	0	0.0%	15	1	0	0	6.7%	6	0			0.0%	47	5	0	0	10.6%
Child Health	13	4	0		30.8%	1	0			0.0%	8	1	0	0	12.5%	4	0			0.0%	26	5	0	0	19.2%
Obstetrics & Gynaecology	8	0			0.0%	4	0	0	0	0.0%	7	0		0	0.0%	2	0			0.0%	21	0	0	0	0.0%
Care Group 6	16	1	1	0	12.5%	10	3		0	30.0%	9	1		0	11.1%	2	0			0.0%	37	5	1	0	16.2%
Ophthalmology	3	0		0	0.0%	3	2		0	66.7%	1	0			0.0%						7	2	0	0	28.6%
Specialist Medicine	6	1		0	16.7%	2	0			0.0%	2	0		0	0.0%						10	1	0	0	10.0%
Trauma & Orthopaedics	7	0	1		14.3%	5	1			20.0%	6	1		0	16.7%	2	0			0.0%	20	2	1	0	15.0%
Total	92	17	3	3	18.5%	43	6	1	3	9.3%	112	11	0	3	7.1%	45	1	0	0	2.2%	292	35	4	9	10.3%

The Allied Health vacancy rate for the East Coast is:

- Radiographers 3%
- Physiotherapists 7%
- Orthoptist (NA 0%)
- Occupational Therapist 5%
- Optometrist 7%

17. In response to a question to the September Governors meeting about future consultation plans with East Coast residents, you stated “We are well aware of our duty to involve, and are taking the right steps to meet these requirements. Any proposals that may potentially result in significant changes to services would be consulted on, if appropriate. This would be the case whether it is staff or patients who may be affected. We will of course do what is required of us, as will our commissioning organisations (the CCGs).” Please can you define what

constitutes “significant” and what plans are in place?

Response: There is no formal definition of what constitutes a significant service change; however, it would be likely to include those changes to services that have a major impact on patients (e.g. redesign of service, relocation of service etc).

Formal consultation is a statutory role of CCGs. When considering a potential service change it is discussed with Overview and Scrutiny Committees and plans around involvement and engagement would be shared with them for their view on the level of involvement required. Advice and guidance would also be sought from NHS England and we would work in partnership with our CCGs should formal consultation be required. The decision as to whether or not consultation is required ultimately belongs to CCGs.

See also questions 14 and 28.

18. We understand that recently it was decided to remove certain surgical oncology procedures from Scarborough, can you confirm if that is correct and if so what services will be cut and what consultation was undertaken?

Response: Colorectal cancer surgery is now provided at York Hospital which was previously provided at Scarborough Hospital. This means that 50 patients per year will have their surgery at York and will travel for the operation. Their outpatient appointment, diagnostic tests and cancer nurse specialist support will still be provided locally. Colorectal cancer surgery is becoming more specialised and by coming to York, patients have access to minimally invasive surgery which they would not be able to access in Scarborough.

The decision to make this change from October 2019 was discussed by the Trust Board of Directors, the relevant Overview and Scrutiny Committees and with Clinical Commissioning Groups. Information was also made available for GPs who will explain this new arrangement to patients before they are referred into the Trust.

19. In response to the question on the reinstatement of Neurology services to Scarborough Hospital you replied that “*We have now fully recruited to all consultant neurologist vacancies. We are exploring whether any clinics could be reinstated at Scarborough Hospital.*” In the 3 months since making that statement, please can you explain what progress has been made with that exploration, now that the original reason for removal has been overcome?

Response: Work is continuing to assess the potential for further daytime clinical presence on the Scarborough Hospital site and steps are being taken to review the capacity of the Clinical Nurse Specialist team given the increase in their caseload. There is also work being undertaken with the Allied Health Professional Teams to explore possibilities of enhanced staffing support for the service to enable this to be provided locally.

20. In response to the question about the future of Urology services you stated that “*The trust currently runs two separate acute urology rotas at*

York and Scarborough. The Scarborough on call rota is not sustainable, as two of the substantive consultants are due to retire in November 2020. We have been unable to recruit any further urologists to work in Scarborough. The proposed solution is for the consultant urologists at York to provide the acute service across the Trust. This would mean some acute patients would need to be transferred to York Hospital for their procedure. This proposal would not affect planned surgery, outpatient appointments or diagnostics.” We have found no evidence of attempts to actually recruit, so what plans are in place to recruit during the coming year before the retirements? What plans are in place to consult with East Coast residents on this significant change? Please explain how, if your proposals to transfer acute patients to York for such procedures, it would not affect “planned surgery” as far as patients and their relatives are concerned, if they would in future have to travel to York?

Response: The Trust has advertised for Consultant Urologists formally via the NHS jobs website and the Trust system on four separate occasions since summer 2017 when vacancies first arose. The only appointment we have made from these advertisements has been a locum consultant urologist who joined in October 2019 (based in York, working cross-site).

In the meantime, a single York-based on call service for urology was implemented on 18 November. This is a temporary change to allow for a safe medical staffing model whilst we work with system partners to develop a long-term model for the acute urology service.

There will be a consultant urology presence in Scarborough between 8am and 6pm on weekdays, with consultants able to review and, if necessary, treat emergency patients within these hours.

The consultants will also continue to see inpatient referrals from other specialties, provide acute assessment clinics and deliver elective services.

Outside of these hours, a small number of patients who require emergency surgery will now transfer to York Hospital or the nearest alternative emergency department.

The on call consultant urologist will be available to provide telephone advice out of hours and will advise on the safe management of the patients until they can be stabilised and transferred.

The CCG and the Trust are developing potential options for the future model of Urology services across the Trust. As part of this work, it is looking to create a less frequent on call rota for consultants and more robust junior doctor support. These are two factors that have put off prospective candidates from applying in the past. The Trust understands from its current Specialist Registrars that they would be interested in substantive Consultant posts when they come to the end of their training programme if the above issues are addressed. The Trust will also work with recruitment and medical staffing departments to use all avenues available to aid recruitment.

The level of consultation required would depend on the options for future service provision. This would be led by the CCGs.

21. Your response to the question on carbon footprint targets, completely ignored the huge increase in the carbon footprint implications resulting from significant increases in journeys to York by patients and relatives. What work do you plan to undertake in respect of that?

Response: Please see the response to question 5.

22. We appreciated the opportunity now being given, meaning that for a total of 2 hours per annum, members of the public could actually meet Governors, but what progress has been made in respect of the earlier provision of minutes and agendas to enable questions to be raised?

Response: The Trust will endeavour to get at a minimum the minutes and agenda for Public Council of Governor meetings on the website two weeks in advance of the meeting.

23. Why did the Trust deliberately mislead the public and media regarding the removal of the Bridlington Theatres by claiming it was a result of Vanguard giving notice on the contract, when in fact, Vanguard had attempted over many months to establish the Trusts intentions? The lack of meaningful response from York was the direct cause of the notice being given.

Response: The Trust was open about the reason for the cessation of the contract and did not mislead the public. The company was unwilling to extend the contract without a significant increase in cost.

24. The recent CQC inspection specifically commented that York Trust, in respect of Scarborough and Bridlington lacked coherence and details on how to turn existing directorate strategies into action. When will such a strategy be available and offered for consultation?

Response: The Trust recognises the need for a strategy to be developed for services on the East Coast, and this must be developed in partnership with others who provide and commission health and care services. There are several pieces of work underway that will contribute to this. These include:

- The Scarborough Acute Service Review
- Multi-agency discussions which are being progressed on the future role of Bridlington Hospital for acute, community and primary/social care services co-ordinated by the East Riding of Yorkshire CCG. The Trust is actively involved in these discussions as both the landlord and provider of some of the services currently operational on the Bridlington Hospital site.
- Work to look at the provision of out of hospital care services, being led by the North Yorkshire CCGs

It will take time for a strategy to develop from this work, however all partner organisations will want to engage patients and the public as these plans begin to take shape.

25. The following announcement was made by Mel Pickup, the CEO of Bradford Teaching Hospitals NHS Foundation Trust on the 22nd November which stated that “As a Board, which has at its heart the need to provide high quality, safe patient care, we have today decided not to continue with plans to create a new company” and also that “We value our staff and it was always our aim to make the services

outstanding and provide a secure future for everyone who works within them”

Does York Trust have any plans to actually demonstrate a real change in their long standing culture towards staff, by recognising the value of those staff to the 'NHS team' and reinstating them as directly employed NHS Staff rather than as 2nd class employees, bullied into accepting alternative employment in the LLP?

Response: We value all of our staff, wherever they work within our NHS Trust. When joining the organisation Simon Morritt, Chief Executive, has undertaken an extensive listening exercise which included staff in YTHFM. The learning from this will include how we can improve behaviours and ensure all staff feel valued at work.

The creation of YTHFM has protected our staff from market testing or cuts to our operating budget. We continue to offer Agenda for Change terms and conditions and our staff saw no change in their terms and conditions. We have no plans to revisit this.

26. What impact will the “Better Births Directive”, which has to be implemented by March 2020, have on Scarborough Hospital and what public consultation is planned?

Response: In relation to Better Births, 35% of women need to be booked onto a continuity of carer pathway by March 2020. In order to meet this, the service is implementing a complete change of model of service. Currently women have a community Midwife for the ante and postnatal period but are looked after by hospital staff in labour. From 6/1/20 All women on the East coast will be booked within a small continuity team of midwives who they will meet during pregnancy, these same midwives will be rostered to work shifts in the hospital as well as community, so women should have a midwife from their team to look after them in labour and after their baby is born. There will be five teams of continuity Midwives and a team of core hospital Midwives will be still in place. Evidence suggests this will lead to increased quality experience for women and better outcomes. Consultation has taken place via the Maternity voices partnership group.

27. What impact will the “Better Births Directive”, which has to be implemented by March 2020, have on Scarborough Hospital and what public consultation is planned?

Same question as number 26.

28. You stated and therefore accepted, in a previous response to a question that you have a “duty to involve”. How will York Trust ensure they meet that requirement in future, after so many years of avoiding it?

Response: As previously stated, we understand our duty to involve and any proposals that may potentially result in significant changes to services would be consulted on, if appropriate, whether it is staff or patients who may be affected. Formal consultation is a statutory responsibility of CCGs. Where formal consultant is not required, we are proactive in communicating with our patients wherever we can, and we are open to responding to questions and concerns.

Please also see questions 14 and 17.

29. Scarborough Council have now announced plans to build 139 new houses on the adjacent land to Scarborough Hospital, previously the Yorkshire Coast College. Does the Trust intend to revise their plans with Scarborough Council for student nurses accommodation to this much more sensible location, rather than in the centre of town? The opportunity still exists for some 'joined up thinking' not only for the students nurses welfare and accessibility, but also possibly for locum/agency staff to assist with the frequently used "staff shortages" excuses when cutting services locally. Additionally other issues such as on site Physiotherapy and even parking and access problems could feature in a proper evaluation. It is a unique opportunity.

Response: We are in dialogue with the Council about how this development might be used to support the hospital. For example we are looking at improved cycleway links into and across the site linking into this development.

This will not alter our plans to participate in the town centre student residence project, although it may present further opportunities for some accommodation adjacent to the hospital.

Questions from Bridlington Forum

Questions with rationale following;

- 1.1 No Response
- 1.2 Improving communications and relationships with the East Coast
- 2.1 Improving utilisation at Bridlington DISTRICT Hospital
- 2.2 Reducing hugely increased environmental damage (patient travel)
- 3.1 Cohesive strategy for Bridlington DISTRICTS Hospital's future
- 3.2 Additional funding for both Bridlington Scarborough Hospitals
- 4.1 Occasions in the last two years Scarborough A& E has been closed for "take"
- 4.2 Reduce A&E closures by re-opening wards at Bridlington Hospital
- 5.1 Vanguard Closure - Cancelled / reappointed / relocated operations
- 5.2 Vanguard Closure - Trusts Interim Plan
- 5.3 Vanguard Closure - Trusts Long Term Plan

Rationale for Questions (1)

1. Improving communications and relationships with East Coast Communities

At the 3rd Sep meeting there was discussion around the need to improve communications and relationships with East Coast Communities. Additionally, the paucity of volunteers standing for Governor vacancies in Bridlington was discussed.

Bridlington Health Forum

Retired and disillusioned Governors have opted to attend this forum in the belief that it now forms the sole effective means of engaging openly and honestly with York Trust. However, promised appropriate representation from the Trust ceased in May 2019. Invitations to the Trusts' CEO, Simon Morritt and the nominated representative, David Thomas, Group Manager, Acute, Emergency and Elderly Medicine, are now met with no response, not even acknowledgement.

Question 1.1

Could the (Council of) Governors seek and share detail from the Trust on why it provides “no response” to invitations to engage and also how it intends to redress this please?

Response: The Bridlington Health Forum has regularly been attended by the Site Manager for Bridlington Hospital since her appointment in May 2019. From 2020 onwards, David Thomas (Care Group Manager) will also be attending on behalf of the Trust.

Question 1.2

Could the (Council of) Governors seek and share detail from the Trust on how it intends to improve communications and relationships with neglected East Coast communities please?

Response: The Trust actively communicates with a wide range of stakeholders and the communities it serves on a regular basis. This is done through a wide range of methods. The Trust is just one of a number of providers delivering services for the East Coast, as such we work in partnership with other local health and care organisations across the whole system to improve services and to find ways to make sure people on the East Coast can continue to have access to safe, sustainable services. These relationships include local authorities, the Humber Coast and Vale Health and Care Partnership and the main commissioners, NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG.

Rationale for Questions (2)

2. Under-utilisation Bridlington Hospital; Sec of States for Health Visit 7th Nov 2019

Bridlington Health Forum representatives were delighted to meet with Matt Hancock and Sir Greg Knight during their visit to Bridlington DISTRICT Hospital on Nov 7th. Discussions revealed a very broad agreement that Bridlington Hospital was grossly under-utilised. This, to the detriment of local residents who, as a result of lost and transferred “District” services are now required to travel to other Trust Hospitals to receive what should be local health care. Resultant increased travel of course also has a damaging environmental impact at the time of dire warnings from the UN; <https://www.un.org/press/en/2019/ga12131.doc.htm>

Question 2.1

Could the (Council of) Governors seek and share detail from the Trust on how it intends to improve utilisation of closed and wasted facilities at Bridlington DISTRICT Hospital to the benefit of the local community, the hospital is intended to serve please?

Response: Multiagency discussions are being progressed on the future role of Bridlington Hospital for acute, community and primary/social care services co-ordinated by the East Riding of Yorkshire CCG. The Trust is actively involved in these discussions as both the landlord and provider of some of the services currently operational on the Bridlington Hospital site.

Question 2.2

Could the (Council of) Governors seek and share detail from the Trust on how it intends to reduce the hugely increased environmental damage arising from its closure of services and facilities across the east coast at both Bridlington and Scarborough hospitals please?

Response: Transport arrangements for patients and staff for East Coast Services will be scrutinised as part of a Transport Group that is being set up by the North Yorkshire and East Yorkshire CCG’s as part of the Scarborough Acute Services Review process. The Trust will be an active participant in the work of this Group. Please also see question 5.

Rationale for Questions (3)

3. 5-10 Year Plan; Bridlington Hospital; Sec of States for Health Visit 7th Nov 2019

Also discussed at the meeting was the fear that Bridlington DISTRICT Hospital would either be closed or re-purposed as outlined by Mike Proctor at the Bridlington Health Forum, 28th March 2019. Discussion went on to include the difficulty in recruiting and retaining staff who feared for their job security in the light of no apparent cohesive Trust strategy for the hospital’s future.

Question 3.1

Could the (Council of) Governors seek and share detail from the Trust if it has a 5-10 year, or any other timescale plan for the hospital and if so,

could it provide details of this please?

Response: There is no specific plan that the Trust has for Bridlington Hospital. As mentioned above, it is participating in multiagency discussions co-ordinated by East Riding of Yorkshire CCG on the future role of the Hospital for acute, community and primary/social care services.

Question 3.2

Whatever the outcome of the forthcoming election, potential new governments of all colours have pledged significant increases to NHS Budgets. This being the case, could the (Council of) Governors seek and share detail from the Trust of how, when and what additional funding they intend to seek for both Bridlington and Scarborough Hospitals to redress health-care shortfalls arising from the cuts the Trust has imposed across the East Coast since 2012 please?

Response: The national funding for healthcare services is allocated to Clinical Commissioning Groups for them to buy the services that are needed by their local population. It remains to be seen what any future funding increase might look like in practice, however additional funds would in part need to address significant financial challenges we face in this system.

The Trust is a founding member of a national small rural hospitals network of other English Trusts with similar geographical challenges which is supported by NHS Improvement and the Nuffield Trust and met for the first time in the Summer
The network is looking at potential common sustainable service models and possible financial solutions to our particular issues.
The network presents an opportunity to influence national thinking and policy, and we are taking an active role to maximise the potential benefits to Scarborough Hospital and the wider health and care system.

Rationale for Questions (4)

This broadly reiterates Question 3 from the September 3rd 2019 Meeting

4. Reducing pressure on Scarborough A&E by re-opening Bridlington Wards

The loss and closure of over 90% of un-planned recuperative beds in Bridlington Hospital has;

- Created an acute bed shortage across the entirety of Yorkshire's North-East Coast.
- Resulted in a huge inequality of access to health-care for Bridlington residents.
- Directly contributed to inadequate bed capacity and bed blocking in Scarborough.

Vulnerability

Already triaged and treated patients in Scarborough's A&E frequently cannot be transferred to bulging and bed-blocked wards in the Hospital. This in turn directly increases the vulnerability of patients awaiting treatment in Scarborough A&E but who are stranded in ambulances in Scarborough's full and busy ambulance-park.

This then also increases the vulnerability of "would-be" patients awaiting the arrival of an emergency ambulance which cannot attend because they are stranded in Scarborough's ambulance-park. These are also often eventually diverted to other A&E's in York or Hull.

Question 4.1

Could the (Council of) Governors seek and share detail from the Trust on the number of occasions in the last two years Scarborough Accident & Emergency has been closed for "take" because of a lack of beds in the hospital to transfer A&E patients into please?

Response: A&E does not close. At times of severe operational pressure we, in agreement with Yorkshire Ambulance Service, can agree that patients can be diverted to other emergency departments. Over the last two years there have been Yorkshire Ambulance Service diverts of patients from Scarborough to York Hospital on 86 occasions. This type of action is taken by all systems at times of pressure.

Question 4.2

Could the (Council of) Governors seek and share detail from the Trust on how, and by when, it intends to reduce Scarborough A&E closures because of coastal bed shortages by re-opening 3 closed and wasted wards and beds at Bridlington DISTRICT Hospital please?

Response: Multiagency discussions are being progressed on the future role of Bridlington Hospital for acute, community and primary/social care services co-ordinated by the East Riding of Yorkshire CCG. The Trust is actively involved in these discussions as both the landlord and provider of some of the services currently operational on the Bridlington Hospital site.

Rationale for Questions (5)

5. Vanguard Operating Theatre Closure at Bridlington Hospital

The unexpected closure of the Vanguard Theatre resulted in (at least) a 33% reduction in operational capability. In September the Trust reported that it was working on an interim plan to minimise disruption to patients and to maintain theatre capacity at Bridlington Hospital.

Question 5.1

Could the (Council of) Governors seek and share detail from the Trust on the actual disruption to patients in terms of cancelled / reappointed / relocated operations please?

Response: As a result of detailed planning work and review of onsite operating capacity, the Trust can confirm that there has been minimal disruption to patients in terms of cancelled/reappointed/relocated operations.

Question 5.2

Could the (Council of) Governors seek and share detail from the Trust on what its interim plan is?

Response: The Trust can accommodate the patients through increased utilisation of the two remaining theatres, some evening and weekend working and utilisation of other clinical space at Bridlington Hospital for local anaesthetic cases.

Question 5.3

Could the (Council of) Governors seek and share detail from the Trust on what its long-term plan is and the timescales to fully deliver this please?

Response: Please see answer to question 4.2 above.

Questions from Gwen Vardigans – Defend our NHS (York)

1. The Stroke services in York would appear to meet the National Standard Mortality rate for strokes of 100 but it appears that in Scarborough and Ryedale the mortality rate is much higher of 174.5 in 2017 and 160.5 in 2018. These figures represent the worst mortality outcomes for stroke patients in England. There has been a lack of a dedicated stroke service in Scarborough since 2015. Has the Trust considered this as a contributory factor and as such improving or reinstating the stroke service in Scarborough?

Response: Please see question 6 above.

2. Cancer services in North Yorkshire have been improving steadily for a number of years but a recent report shows that the targets below have not been met.

- (a) Diagnosis of cancer rates
- (b) Referral to treatment
- (c) 2 week cancer target
- (d) 62 day treatment target

Could the governors comment on these missed targets and what effect the closure of the York Cytology laboratory services will have in future on diagnosis targets?

Response: In October 2019, the Trust met six out of seven targets including the 14 day fast track performance which has been improving over the last few months.

Although the Trust is currently not achieving the 62 day standard its overall performance is above the average for English Trusts as a whole. The Trust is undertaking a number of pathway design work streams to improve the time taken to treat patients including a rapid improvement project with NHS Elect for patients on a head and neck pathway, a straight to test pilot for patients on a colorectal pathway and the implementation of a Rapid Diagnostic Centre to enhance cancer diagnostic provision from January 2020 with support from the Humber Coast and Vale Cancer Alliance.

The Trust's performance against the 28 day faster diagnosis standard which comes into effect from April 2020 is also improving with more patients being told their diagnosis within 28 days.

The closure of the on-site York cytology laboratory service will not have any impact on cancer performance targets. This service supports the national cervical screening service which is not part of a referral into the cancer fast track pathway and therefore there is no impact upon any of the cancer performance standards.

3. The Bradford Teaching Hospitals NHS Foundation Trust recently reconsidered their proposal to transfer the facilities department staff into a Limited company, the Bradford Healthcare facilities Management Limited. The decision came after successful industrial action by UNISON health union encouraged management to renegotiate restoring staff morale, teamwork and staff pride in belonging to the NHS.

York and Scarborough Teaching Hospital NHS Foundation Trust plans for a limited Company for their Facilities staff also resulted in industrial action by unions This 'Strike' could have been prevented following an instruction from NHS Improvement to NHS Trusts to stall their plans for the Limited Company. The strike action occurred and the transfers went ahead. Staff still feel let down, many after years of being a member of NHS staff received a letter on 1 April informing them that they were no longer NHS staff. Bradford Management listened to staff

and many other NHS Trusts have discontinued plans for transfers to limited companies. Is it timely for York to renegotiate their decision?

Response: We value all of our staff, wherever they work within our NHS Trust. When joining the organisation Simon Morritt, Chief Executive, has undertaken an extensive listening exercise which included staff in YTHFM. The learning from this will include how we can improve behaviours and ensure all staff feel valued at work.

The creation of YTHFM has protected our staff from market testing or cuts to our operating budget. We continue to offer Agenda for Change terms and conditions and our staff saw no change in their terms and conditions. We have no plans to revisit this.