

Council of Governors (Public) Minutes – 3 September 2019

Chair:

Mrs Jenny McAleese

Public Governors:

Mr Andrew Butler, Ryedale & East Yorkshire
Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Ms Sally Light, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Michael Reakes, City of York
Mr Stephen Hinchliffe, Whitby

Appointed Governors

Ms Dawn Clements, Hospices
Cllr Chris Pearson, NYCC
Mr Gerry Richardson, University of York

Staff Governors

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

Attendance

Mr Simon Morritt, Chief Executive
Mrs Wendy Scott, Chief Operating Officer
Ms Polly McMeekin, Director of Workforce & OD
Mrs Lucy Brown, Acting Director of Communications
Ms Jennie Adams, NED
Ms Lorraine Boyd, NED
Ms Lynne Mellor, NED
Mr Jim Dillon, NED
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

5 members of the public

Apologies for Absence:

Ms Susan Symington
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 Roland Chilvers, Selby
Mr Mike Keaney, NED

19/29 Chair's Introduction and Welcome

Mrs McAleese welcomed everybody and declared the meeting quorate. She introduced the new NED, Mr Jim Dillon, and the new Chief Executive, Simon Morritt, to the Committee.

19/30 Declarations of Interest

There were no updates to the declarations of interest.

19/31 Minutes of the meeting held on the 12 June 2019

The minutes of the meeting held on the 12 June 2019 were agreed as a correct record.

19/32 Matters arising from the minutes

There were no matters arising from the minutes.

Action Log

- Oncology situation – this was included in the Chief Executive's updated.
- Patient Safety Walk rounds – on agenda.

19/33 Update from the Private Meeting held earlier

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

- Meeting etiquette
- Chair's quarterly report
- Feedback from the Governors' Forum
- NHS paper regarding governors attending meetings
- Update from the Chair of the Resources Committee

- Acknowledgement that Mrs Porter was no longer a governor and thanked her for her services.

19/34 Governors' Reports

- Lead Governor Report - Mrs Jackson gave an overview of her report and asked for questions. The Council accepted the report and no comments were made.
- Transport Group - Mrs Miller commented that the Park and Ride scheme was doing well but needed to be promoted to staff more as only pensioners seem to be using it. Ms McMeekin replied that they did launch it with a significant campaign and promotion is ongoing.
- Fairness Forum – the Council received the report and no further comments were made.
- Out of Hospital Care – the Council received the report and no further comments were made. With regard to Webex, discussions were still ongoing.
- Charity Fundraising Committee – Mr Butler commented that the Park & Ride scheme was being underwritten by the Charity and any losses made would affect the funding and therefore patient care.

JM thanked the Governors for their respective reports.

19/35 Chief Executive's Update

Mr Simon Morrith introduced himself and gave an overview of his career to date within the NHS. He explained what he had been doing since taking up post on the 1 August. Prior to him starting he wrote out to 650 staff across the organisation to ask two questions: -

- What are the barriers preventing you from being as good as you can be in providing patient care?
- What can the Trust do better to help you overcome these barriers?

This was to give him a sense of what was working and what was not. He then followed that up with a series of listening sessions where the same questions were asked but to small groups. He captured what people were saying and a consultancy firm, Clever Together, was helping to analyse the replies.

This will give Mr Morrith the opportunity to help inform some of his initial thoughts on what the Trust can do differently.

Alongside that he is expecting the CQC report imminently.

He has also been visiting sites in the community and other hospital sites meeting people. Feedback from this includes:-

- IT problems across the Trust.
- Issues with communication.
- East Coast relationship with YH.

- Establishment of the Care Groups.

Mrs Miller asked why he had not visited Malton Hospital. Mr Morrith replied that he was due to visit this morning. However, staff were not available to attend the listening exercise and therefore it will be rearranged.

Mr Reakes referred to the CQC part of the Chief Executive's update regarding nurse staffing, medical cover, recording keeping at Scarborough Hospital and asked what actions did he think were necessary to make improvements. Mr Morrith answered that the letter from the CQC was a general feedback. The main report will remain confidential until the Board had analysed it. The Council of Governors will then be able to see the report along with the actions to be undertaken. Mrs Scott added that she had been providing weekly updates to the CQC since their visit and gave a number of actions that had been undertaken.

Ms McMeekin commented that a programme of international recruitment was underway, working with Education England on the Global Learning Programme, and 49 nurses have been recruited specifically for SGH. She has also built a constructive relationship with Coventry University offering 40 nursing placements per year at SGH.

Mr Morrith went on to discuss the rest of his report.

- Small Rural Hospitals Network – Mr Morrith thought perhaps there needed to be a new approach to the Small Rural Hospitals Network and the Trust had agreed to be one of the founding members of that network. It will give the Trust an opportunity to put SGH on the map. They have secured £40m for the front door project at Scarborough Hospital but hopefully other funding will come through the relationship. Mrs Scott confirmed that the Trust will be a case study.
- East Coast Review – Mrs Scott advised that Phase 1 had been completed and a publication document had been widely shared. It also gave motive to build a case for change. Phase 2 will be looking at the opportunities derived from the work done in phase 1. A report will then be due towards the end of September. There will be a stakeholder session with all partners to look at that and discuss how to move forward.

Mrs Miller asked if there would be a public consultation. Mrs Brown replied that if there were any major changes then there would be a public consultation. However, they are not at that stage yet.

Mr Morrith commented that the work of the review was very constructive and secured a positive future for Scarborough Hospital. There needed to be a better strategy for the East Coast including Bridlington. He had already started to have conversations with partners in the system who deliver services within those communities and wanted to make sure this was something the Trust moved quickly on. Mrs Scott added that they were communicating with partners to look at primary care as a whole.

- CQC Inspection – Mr Morrith said he was assured he would receive the CQC report in August. Up until last week he had not received it. It should come sometime soon. The CQC are looking to publish the report in October.

- Medical Oncology – a review of the medical oncology services was being undertaken across the partnership. Inter-service meetings were being held with other Trusts and Mrs Scott confirmed that a call had been arranged on Thursday this week with Hull and calls arranged on Friday with Harrogate and Leeds. These were to give an update on progress and review.
- Care Groups – Mr Morrith welcomed the restructure and supported the changes.

Mr Reakes asked how the Care Groups were working so far. Mr Morrith replied that it was far too early to give an update as the Care Groups only came into effect on the 1 August. Mrs Scott added that corporate services were being wrapped around each Care Group and this was something new that needed developing. The Trust Executive Board was where the majority of decisions were made and having six clinical directors sat around the table with them prompted the opportunity to drive forward progress. It will be reviewed at the end of the financial year.

Mr Butler asked if there was still a degree of non-merger between York Hospital and Scarborough Hospital. He said from speaking to people on the east coast he got that impression. Mr Morrith replied that there was a sense that staff at Scarborough Hospital had felt alienated from York Hospital and the perception was without doubt that York dominated Scarborough but there was an opportunity to move things forward.

Mrs Fields asked how confident Mr Morrith was about the Trust's financial position. Mr Morrith replied that it was fragile and what compounds it for the Trust is the system difficulties. The Trust's commissioners were not in a strong financial position. There was a deficit within the organisation but there was also a deficit within the commissioners. It was going to be a challenge and the contract they had now, a block contract, was something to get used to and manage within.

19/36 Audit Committee Annual Report

Mrs McAleese thanked Mrs Adams for being on the Committee and chairing in her absence during December and March. She also thanked Mrs Boyd for standing in to make sure the Committee was quorate.

She gave an overview of her report. Succinct points were:-

- The Terms of Reference had been ratified.
- Audit Effectiveness Review – following its effectiveness review, the Committee agreed a number of objectives including the need to obtain better assurance that the Trust was learning and improving from never events, serious incidents, complaints and claims. She stated that this was an area for improvement by the Trust. She highlighted there was a system in place to gain assurance.

Mr Butler questioned what actions were being taken around the 4 hour waiting initiative given that this had already received two limited assurances from the External Auditors, Grant Thornton. Mrs McAleese stated that she did not believe this had been a problem this year and undertook to check out the position.

Post meeting note: The external audit, whilst limited in scope, confirmed that the Indicator had been “reasonably started in all material respects”.

19/37 Themes from Patient Safety Walk rounds

Mrs Noble, Head of Patient Safety, gave an update on behalf of Mrs Hoskins, Deputy Director of Patient Safety. She advised there was a real push for governors to be involved in the patient safety walk rounds. Main issues stemming from the recent cohort of walk rounds were:-

- Staffing – work was being done around nursing/medical staffing.
- IT – this came up in lots of different arenas. This was being dealt with at Board level.
- IP&C – the issue with hand hygiene in wards that have had an outbreak at Scarborough Hospital had been addressed and Infection Prevention Control (IPC) colleagues from CCG were working with Scarborough Hospital. CCG have reported back that there has been good compliance with hand hygiene and the IPC team were carrying out audits. In relation to reporting IPC concerns or safety concerns these are logged on the risk register. Care Groups will receive a dashboard around IPC, themes from patient walk rounds, actions that have been taken, and where applicable issues have been escalated.

Mrs Noble stated that the patient safety walk rounds were working well. She had led a walk round last week with one of the governors on a ward at Scarborough Hospital. Staff felt that it was a very positive experience and patient feedback had been very good.

She reiterated that they were absolutely focused on the areas that needed improving and going forward they had plan in place for the next several months of the wards they needed to visit.

Mr Reakes highlighted another issue with communication from staff on some of the wards and asked if she was aware of this. Mrs Noble replied that she was aware of the issue and it was being dealt with.

Mrs Miller asked why the governors were being restricted to their own constituency as many of her constituents visit York Hospital and Scarborough Hospital. Mrs McAleese replied that over time the governors would be able to visit all the sites as the patient safety walk rounds was a rolling programme. Mrs Provins added that governors needed to be given the opportunity to walkround the site related to their constituency before it was opened up to other governors.

19/38 Membership Development Group update

Mrs Provins said that the Membership Development Committee had met in July and was due to meet again in October. As can be seen from the report, there was difficulty recruiting new members despite a number of initiatives. Mrs Astley would be contacting other Trusts in the area to discuss what they did. Mrs Jackson commented that she went to the Membership & Public Engagement seminar in Leeds and spoke to a number of people from other Trusts. She reported that there was nothing they were doing that we were not.

19/39 Governor Elections

Mrs Provins reported that the Trust was in the middle of the governor elections. The emails went out and were received yesterday and postal voting went yesterday. The results will be announced at the end of September. Voting was for York, Hambleton and Ryedale & East Yorkshire. Mrs Miller said she found it interesting that there was a lot more candidates for York and Ryedale & East Yorkshire this time round.

Mrs Provins confirmed there were no candidates for a Bridlington governor. A discussion took place around widening the network and having just an East Coast Governor. Mrs Provins replied that it was something for the Membership Group to look at.

Mrs Miller asked about the Selby vacancies. Mrs Provins confirmed that Mr Chilvers had not put himself forward this year. There was one candidate so he will be automatically selected which left one vacancy.

Action: Mrs Provins to ask the Membership Development Group to discuss the Bridlington situation with a view to widening the area and having just an East Coast governor.

19/40 Questions received in advance from the public (see appendix A)

Mrs McAleese wanted to draw the Committee's attention to the voluminous questions from the public and the amount of work that had gone in to pulling the responses together. She was concerned about the content of a number of them and felt that the Council of Governors meetings were not the right forum and that these questions would be best directed to the Board. She was grateful to Mrs Brown for coordinating the responses. She stated that she was not going to read out all the questions and answers because there were far too many. It would be shared with the people who emailed in their questions and will be available to the public via the minutes on the Trust website.

Mrs McAleese said she wanted the Committee to talk about the questions protocol to identify a better way of doing this in the future. Mrs Provins referred to the protocol in the pack and said it came about because some of the questions received were personal and may be better dealt with as a complaint. She said that a half hour slot had been created prior to the public CoG meeting where the public can talk to the governors. Mrs Light asked if there were other routes where the public can send in their questions. Mr Morrith said there was the PALs route and the complaints process. He thought Mrs McAleese was correct in saying that the Board would be a better place to ask the questions.

Mrs Adams stated that never before had there been such a deluge of questions and highlighted a theme regarding the uncertainty of what is happening in the community. There was a communication issue here and lack of trust. Mr Morrith agreed that there were concerns that needed addressing which would be dealt with outside of this forum.

Mr Butler commented that the Trust needed to be open and honest and ensure that people were getting the correct answers. He suggested that Mrs Provins should triage questions from the public and discuss with the person raising the question whether the Board would be a better place for the question. He volunteered to work with Mrs Provins to review and co-ordinate Governor inputs on the protocol.

Mr Reakes noted that the categories on the draft protocol did not include a category for governor input (that is, what was working well? and what could be improved?). He suggested that 'complaint and response' should be changed to 'issue and response'. He also suggested that any issues received should be circulated to Governors with the papers for the Council of Governors meetings, where time permits. He added that the category of Governor Input was missing, given that the comments came through the governor mailbox.

Mr Morritt commented that through the listening exercises he recognised that there were groups in the communities that he needed to meet and have that conversation with.

Mrs Miller stated that people did not realise the restrictions that a governor has and suggested making the role of the governor clearer on the Trust website.

Action: Mrs Provins to amend the questions protocol to put in place discussions about where questions should be received and that this would also need to be reflected on the website.

19/41 Any Other Business

Open Days 12 September at Scarborough Hospital including the Annual General Meeting at 3.00pm, 17 September at York Hospital.

Official opening of the Endoscopy Unit at York Hospital 23 October.

Mrs Miller mentioned that the governors are not receiving the weekly A&E summary anymore. Mrs Scott replied that this was no longer being produced and one is available in the Board pack which is what the NEDs and Directors receive.

Mr Reakes mentioned the membership posters and the application forms that were available and asked the governors to distribute them around their constituency.

19/42 Reflections on the meeting

- Mr Reakes commented that he was encouraged to see members of the public at the meeting and asked if the whole meeting pack could be produced for them. Mrs Provins replied that the pack was available on the Trust's website if any members of the public wanted to download it. It was agreed that if members of the public advise that they are attending the meeting then a pack will be printed for them.

Action: Mrs Provins to print a pack for any members of the public who advise in advance that they are attending the meeting.

- Mrs Fields thought the meeting was very informative and educating.
- Mrs Light commended Mrs McAleese on doing a good job chairing the meeting.

19/43 Time and Date of the next meeting

The next meeting will be held on **11 December 2019, 1.30pm –3.00pm** at Malton Rugby Club, Old Malton Road, Malton YO17 7EY.

**Public Council of Governors
ACTION LOG**

Date of Meeting	Action	Responsible Officer	Due Date	Comments
03.09.19	Ask the Membership Development Group to discuss the Bridlington situation with a view to widening the area and having just an East Coast Governor.	Mrs Provins	Oct'19	On agenda for MDG meeting in Jan'2020.
03.09.19	Mrs Provins to amend the questions protocol to put in place discussions about where questions should be received and that this would also need to be reflected on the website.	Mrs Provins	Dec'19	Completed.
03.09.19	Print a pack for any members of the public who advise in advance that they are attending the meeting.	Mrs Provins	Dec'19	Confirmed.

Appendix A

Questions from the public to the Council of Governors meeting: 3 September 2019

SET A:

1. Does the York Trust have any plans relating to the future of the land on which Scarborough Hospital now stands?

A. The land will continue to be used for hospital services, there are no plans to change the use of the land.

2. Does the York Trust have a strategy for working with schools and colleges on NHS recruitment matters 2019-2020?

A. The Trust links with local schools via formal structured programmes such as The Scarborough Young Persons Programme (YPP) and informally utilising opportunities to sell careers in the NHS at career fairs. The last YPP ran from 3-7 June, giving 24 local pupils from a number of schools the chance to sample some of the many careers on offer and learn more about life in a busy acute hospital. The week included a packed programme based on a mock-up of an emergency department which included decision making exercises, practical training sessions, behind the scenes tours of departments, meeting junior doctors, pharmacy, estates management and much more. This is an annual event and the Trust is looking to expand the programme to include a separate event for school pupils in York.

The YPP forms part of a work-stream looking at how we can encourage younger people to choose healthcare as a first career. The scheme has been piloted in Scarborough in order to get the right combination of activities and following evaluation will be rolled out in York next year. Other aspects of this work include involvement in the Scarborough Tech Academy for Health and Social care, career pathway development with Humber Coast and Vale networks and development of NHS Ambassador roles to support schools with student preparation for the world of work. Work is also progressing within the Humber, Coast and Vale Health and Care Partnership to include social care in the career fairs.

3. Does the York Trust have any plans in place linked to improving the levels and quality of public knowledge and understanding of the changes that the Trust is making in provision of NHS services across the region for which it is responsible?

A. 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).

4. Are the York Trust intending to shut down any more services at Scarborough Hospital, currently provided at Scarborough Hospital, during the next 12 months?

A. It is the role of Clinical Commissioning Groups to determine the services that need to be provided for their population, and we are one of a number of providers of health and care services. The trust is committed to providing services at Scarborough Hospital as long as they are safe and sustainable.

If future changes to services are considered then patients and the public will be involved as appropriate.

SET B:

I am a resident of Scarborough , concerned , like many people, about the reduction of local services. I have a few questions I would like to ask the Trust and Board of Governors please to which I would appreciate clear and honest answers .

It was announced with great fanfare in our local news a few months ago , that the Trust was planning to spend several million pounds on developing / improving A&E services at Scarborough . It now seems to have gone very quiet .My questions therefore , in the light of recent poor publicity about A&E waiting times and concerns are:

1. Is this project still going ahead and if so, when?

A. The project is still going ahead, and is progressing. The trust's successful bid for £40m capital investment for Scarborough as part of the Humber, Coast and Vale Health and Care Partnership was announced in late 2018.

The detailed plans are being developed and there are several approval stages to this process. It is anticipated that the building work will begin in 2021.

2. How will the new A&E be configured? Will Scarborough retain a fully functioning A&E service , to meet the demands of trauma / life threatening incidents and events such as Cardiac arrests etc .?

A. Plans are being developed for exactly how the department will be configured, however the intention is that the new space will enable the various specialists to work side by side in a single assessment area close to the front door and diagnostic support.

This will help staff to assess patients more quickly and ensure they get the most appropriate care and treatment as rapidly as possible.

The unit will be created alongside the emergency department and the on-site urgent treatment centre, creating a comprehensive and integrated urgent and emergency care hub.

As part of the east coast acute service review we have committed to retaining an A&E service in Scarborough.

For some years, trauma has been managed through networks, this is the approach nationally and has led to improvements in trauma care. Both Scarborough and York Hospitals are trauma units, however the major trauma centre for our network is Hull, which means trauma patients are transferred there from both York and Scarborough to receive specialist trauma care.

The same applies for cardiac arrests, with patients being transferred to Hull and Leeds for specialist emergency care and treatment following a heart attack.

3. In the light of recent cut backs in surgical and medical care, local people fear our A&E will just be a minor injuries / assessment unit . Please can you allay any fears about this?

A. As part of the east coast acute service review we have committed to retaining an A&E service in Scarborough.

4. Is the proposed investment going to be backed up by beds to which people can be admitted if needed , in Scarborough ? Or will people once again face a long trip to York , Hull or Middlesbrough?

A. The £40m investment is to support the development of the urgent and emergency care hub, to assess patients more quickly and ensure they get the most appropriate care and treatment as rapidly as possible. The configuration of beds and wards in the rest of the hospital is outside of the scope of this particular project.

SET C:

I am raising the following eight separate questions on behalf of members of the Save Scarborough and District Hospital Group, which have been raised with us in recent weeks. Each of them have been initiated by a several people who have, asked us to raise them with yourselves, as they are concerned to be identified personally and of the risks of repercussions to them, should they be identified.

1.Many of the Neurology services and clinics have been removed from Scarborough Hospital in recent years as a result of “staff shortages”. Now that York Trust has recruited and filled the neurology consultant vacancies and so are back up to strength, what plans do you now have to reinstate those services in Scarborough Hospital?

A. We have now fully recruited to all consultant neurologist vacancies. We are exploring whether any clinics could be reinstated at Scarborough Hospital.

2.We have been informed that York Trust has now told consultant urologists based in Scarborough, that they will in future be required to be based in York Hospital and only hold clinics in Malton Hospital. If true, it is likely that this will result in those consultants refusing and leaving their posts and therefore the loss of acute urology services in Scarborough. Will you confirm that you do intend to retain the existing urology services in Scarborough?

A. 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.

3. Following the recent report on York Trusts failure to meet carbon targets, do you also take into account the continual and increasing detrimental impacts of your policies on the East Coast, now requiring thousands of local residents to travel to York, often for even the most routine of appointments and procedures? If not why not?

A. The trust is committed to reducing its carbon footprint, through its board-approved sustainable development management and travel plans and we have already reduced our carbon emissions from our energy use and waste and recycling by 19.9% and 18.8% respectively between 2014/15 and 2017/18.

In terms of overall carbon emissions that also takes account of all of the items we buy, we achieved 22.4% reduction from 2015/16 to 2017/18 in carbon emissions. This is the second time the trust has been able to record an overall reduction in annual carbon emissions since adopting its plans.

If we take account of the growth in our services since 2007, there has been a 33% reduction in carbon footprint per patient contact since 2007/8 to 2017/18 which is consistent with the Climate Change Act target of the achievement of 34% by the end of 2020.

The trust's travel plan aims to reduce travel-related pollution and traffic congestion through encouraging car sharing, the new park and ride service introduced earlier this year, and the use of teleconferencing for staff who drive more than 50 miles a week to get to meetings.

4. We are aware that for a considerable time York Hospital clinical waste has been transported to large shipping containers at the end of Bridlington Hospital car park. Following the significant publicity given to failures in the handling of clinical waste and York Trusts overspending on it. Please can you explain why you cannot store it in York for collection and disposal, instead of incurring the additional expense of transportation and increased carbon emissions, from transporting it to Bridlington?

A. Earlier this year our clinical waste contractor was closed down by the Environment Agency for alleged breaches of regulations. NHS Improvement stepped in and set up a replacement contract. During the transitional period, which lasted several months, all trusts affected were asked to put in place contingency arrangements for the safe storage of clinical waste at all of their sites. Our contingency plans included temporary storage facilities at York, Scarborough and Bridlington. During the disruption, it was sometimes necessary to move waste between sites in certain circumstances to ensure we remained within relevant legislation. Our waste management team worked tirelessly to ensure that our operational services weren't affected, and that costs over and above the original contract were minimised.

5. Given your recent much publicized investment in Endoscopy services in York, will you confirm that this development for York Hospital, will not result in the transfer of those existing services from Scarborough Hospital to York Hospital?

A. The development of the endoscopy unit at York Hospital is to meet the increasing demand for the York population. There are no plans to transfer endoscopy services from Scarborough Hospital to York Hospital.

6. As a result of many concerns and questions raised by group members over apparent planned changes to General Surgery provision on the East Coast and the failure to be provided with simple clear answers, we submitted 40 simple questions merely requiring yes or no answers. We submitted them through one of the Governors who represents local residents and we chose those questions to avoid the usual obfuscation, management speak and jargon, in order to get simple answers. Please can you explain why all his attempts, over several weeks, to obtain those answers from the Trust failed to get clear any answers?

A. The 40 questions that were received covered four broad areas:

1. Surgery in Scarborough and Bridlington
2. Endoscopy in Scarborough and Bridlington
3. How the above services will be staffed (doctors, nurses, and other staff groups)
4. Consultation relating to these services

A response was given on each of these areas of concern.

7. The colorectal cancer clinic was one of those cut in March with no notice to patients. Mr Proctor told the March Governors meeting after the event, that he had made the decision on this and other cancer clinics. After media coverage and one sufferer had contacted the outgoing Mr Proctor to complain, he subsequently explained, in writing to the complainant that it had been an administrative error and their clinic was reinstated. Within the last month we have been informed that his original 'decision' has been reinstated and that even admin staff have been told they must apply for jobs in York or lose them. Please can you clarify the situation and confirm that you have no plans to further reduce this and other cancer clinics in Scarborough?

A. For over ten years, Oncology services have been provided at Scarborough Hospital by Hull and East Yorkshire Hospitals NHS Trust. However, due to medical staffing constraints, Hull could no longer support the service in Scarborough.

York Teaching Hospital NHS Foundation Trust provides Oncology at York Hospital as well as for Harrogate and District NHS Foundation Trust.

York Trust has worked closely with Hull, Harrogate and Leeds Trusts, and Leeds have agreed to support the breast oncology services at Harrogate to enable one of York's oncologists to return to provide the service for Scarborough patients.

Even after pulling the resource out of Harrogate and back in to York, this would still not provide sufficient clinical time to cover the Scarborough service in Scarborough.

For these reasons, it was not possible to continue to provide breast oncology outpatient appointments at Scarborough Hospital.

This issue predominantly related to breast oncology, however a small number of colorectal patients were also under the care of the Hull consultant and were therefore affected. Where these patients have raised these issues with us, we have been in contact with individual patients and their concerns have been addressed as best we can.

In light of the new joint rota for general surgery across York and Scarborough (which is unrelated to the breast oncology issue), the administrative staff have been through a consultation to change the structure to better support the new rota. Through this process some have opted to work in York. There are no redundancies.

8. You require questions to be raised with you 5 days in advance of Council of Governors meetings, but also you do not release the agenda until 5 days in advance of your meetings. Obviously therefore, this makes it impossible for any member of the public to ask any questions your agenda might pose. Do you have any plans to review and implement a process which actually enables questions to be raised?

A. The trust will look at whether the papers and agenda can be made available any earlier, however the Governors have introduced a half hour session before their public meetings in which the public/members can talk to Governors about anything they might wish to raise.

SET D:

1. Meeting with CEO Simon Morrirt; See our hospital and hear our fears
On Feb 12th 2019 the newly appointed CEO Simon Morrirt agreed to meet with the Bridlington Health Forum "in the summer". The meeting, in and around Bridlington Hospital, is to show just how poorly utilised it has become and to seek detailed assurances for its future and plans for investment there. Despite several enquiries, we have received no further contact from Mr Morrirt.

Will the Trust confirm;

- **A meeting on Thursday 26th September 2019 (the Forum's next scheduled meeting)?**
- **An alternative firm date and time for this long overdue meeting to take place?**

Simon Morrirt joined the trust as chief executive on 5 August, and has spent time at Bridlington Hospital. Simon would be happy to meet with the chair of the health forum at a mutually convenient time.

2. Proposed removal of Vanguard Theatre from Bridlington Hospital by October '19

We have been advised that York Trust is proposing to remove the Vanguard Theatre. This "temporary" theatre was provided to facilitate the new orthopaedics operating theatre opened by Sir Greg Knight in 2012. However, the promised new, additional, permanent theatre has not yet been built. The removal now of the Vanguard Theatre will reduce operating capacity at the hospital by 30% or more. This simply cannot be subsumed by the other theatres in Bridlington.

Will the Trust;

- **Confirm its myopic intention to remove the Vanguard Theatre by October 2019?**
- **Detail how it intends to make-good lost capacity in order to prevent extending waiting lists?**
- **Confirm that replacement capacity will NOT result in additional travel for local residents?**
- **Confirm that lost capacity will be made good before any changes to Vanguard take place?**

A. The mobile theatre unit was installed at Bridlington Hospital in 2013 to support the move of planned orthopaedic surgery from Scarborough to Bridlington. The contract for this unit has been renewed on an annual basis since then, however the company that leases the theatre to the trust has notified us that they will not renew the contract. They have informed us that the contract will end on 27 October 2019 and the theatre will be removed. This is not a decision that the trust has taken, and we are working on an interim plan for our two remaining theatres to minimise any disruption to patients and to ensure as far as possible that we can maintain theatre capacity at Bridlington Hospital.

3. Reducing pressure on Scarborough A&E by re-opening Bridlington Wards & Beds **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/ 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.

Will the Trust detail its plans to stop this senseless and unnecessary vicious circle by;

- **Confirming that closed and moth-balled beds and wards in Bridlington will be reopened?**
- **Detailing how many Bridlington beds & wards will be restored to meaningful service?**
- **Detailing the timescale for its remedial action plan to be started and completed?**

A. The trust is one of a number of providers delivering services for the Bridlington population, including some of the services at Bridlington Hospital.

The nature of the way that health services are provided means that more specialist services are now provided in larger centres such as Hull, York or Scarborough.

4. Reducing environmental damage and inequality of access to Outpatient Clinics

The migration by York Trust of many outpatient clinics away from Bridlington to other distant Trust hospitals has;

- **Hugely increased costly patient travel and consequential environmental damage.**
- **Created an amoral inequality of access to health-care for Bridlington residents.**

Will the Trust;

- **Detail how it intends to redress this transgression from its Corporate Social Responsibilities?**
- **Detail all services which have been migrated and its plan to restore them to Bridlington?**
- **Provide a firm timescale for restoration of all migrated services to be fully implemented?**

A. The trust is one of a number of providers delivering services for the Bridlington population, including services at Bridlington Hospital.

The nature of the way that health services are provided means that more specialist services are now provided in larger centres such as Hull, York or Scarborough.

Since the Trust took over the management of Bridlington Hospital in 2012 we have continued to provide a range of service there, as well as new services which include planned orthopaedic surgery for patients on the east coast.

5. Improving wholly inadequate Safety and Security at Bridlington Hospital

As trustee and “landlord” of Bridlington Hospital, responsibility for security and the “duty of care” for both staff and patient safety sits firmly with York Trust. Fears over inadequate security have been voiced by patients and staff over many months and raised at several Bridlington Health Forum meetings. Concerns relate to both day-time functions (especially given the many empty and un-used rooms and wards in the hospital) as well as to the 24/7, 7am-11pm Minor Injuries Unit which has very low off-peak staffing levels, sometimes dealing with behaviourally challenged patients.

Will the Trust;

- **Detail how it intends to fulfil its responsibilities for safety, security and duty of care?**
- **Provide a firm timescale for improvements to safety and security to be fully implemented?**

Each area and service within Bridlington Hospital has completed a security risk assessment, which covers the risk of violence and aggression, and steps are taken to mitigate any risks that are identified. Other providers will have completed their own risk

assessments. Should an incident occur, staff are advised to contact the police in the first instance, and the trust's security team. Any empty areas are locked to keep them secure.