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NHS

York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) Minutes – 11 March 2020

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
Mr Richard Thompson, Scarborough
Mrs Catherine Thompson, Hambleton
Mr Robert Wright, York
Mr Keith Dawson, Selby
Mr Andrew Butler, Ryedale & East Yorkshire
Ms Sally Light, City of York

Appointed Governors

Cllr Chris Pearson, NYCC
Mr Gerry Richardson, University of York
Ms Dawn Clements, Hospices
Ms Jo Holloway-Green, MIND

Staff Governors

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

Attendance

Mrs Wendy Scott, Chief Operating Officer
Mr Andrew Bertram, Deputy Chief Executive & Finance Director
Mr Brian Golding, YTHFM Managing Director
Mrs Lucy Brown, Acting Director of Communications
Dr Lorraine Boyd, NED
Mrs Lynne Mellor, NED
Mrs Jennie Adams, NED
Mr Jim Dillon, NED

Mr Stephen Holmberg, NED
Mrs Lynette Smith, Head of Performance & Planning
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

5 members of the public

Apologies for Absence:

Mr Simon Morritt, Chief Executive
Ms Polly McMeekin, Director of Workforce & OD
Mrs Jenny McAleese, NED
Mrs Liz Black, Scarborough
Dr Andrew Bennett, YTHFM LLP

20/01 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate.

20/02 Declarations of Interest

There was one deletion relating to Clive Neale, Governor for Bridlington, who has resigned.

20/03 Minutes of the meeting held on the 11 December 2019

The minutes of the meeting held on the 11 December 2019 were agreed as a correct record subject to the following amendments: -

- Change ~~IVU~~ to VIU in the Transport Group report.
- Change approach~~ed~~ to approach in the CQC Action plan narrative.

20/04 Matters arising from the minutes

Mr Reakes asked if the questions from the public together with answers could be sent to members of the CoG ahead of the meeting, to give governors time to read and digest them prior to the meeting. Ms Symington replied that due to the number of questions (in excess of 40 this month) and the current situation with Covid-19, it is not possible for the executives and their teams to turn responses around at that pace. However where possible we will always strive to provide governors with information in as timely a way as possible/practical.

There were no further matters arising from the minutes.

Action Log

Request to email Mrs Provins with suggestions on the training day in April – Mrs Provins informed that this will be picked up from the CoG Effectiveness document. **Post-meeting:**

the training day in April has been cancelled for the time being due to the recent Covid-19 pandemic.

The Committee noted that all other actions had been completed.

20/05 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
- NomRem Committee feedback
- Governor Forum
- A brief from Mrs McAleese about the role of the Audit Committee which looked at assurance and any gaps in assurance.
- A brief from Mrs Adams about the role of the Resources Committee which looked at assurance and any gaps in assurance
- A brief from Dr Boyd about the role of the Quality Committee which looked at assurance and any gaps in assurance
- External Audit Tender
- Encouragement of Governors to complete the questionnaires for the Chair and NED appraisals

20/06 Governors' Reports

- Lead Governor Report

  Mrs Jackson thanked Mrs Provins for arranging a visit from the Chief Executive, Mr Morritt, to the recent Governor Forum. It was useful to hear from him how things were going from his perspective.

  She went on to say that she had attended an excellent members' seminar at York Hospital on Diabetes. It was well attended at York but only two people had attended at SGH. It must be reiterated to members who have booked that if they are not attending then they must send their apologies.

  Mrs Jackson spoke about the annual PLACE assessments and stated that more assessors were required for these and the TAPE quarterly reviews. She encouraged the governors to sign up and asked them to encourage people in their local community to sign up.

- Transport Group

  Mrs Miller stated that everyone was aware of the difficulties regarding transport and parking facilities and commended the Chair on providing an excellent report on patient transport.

  Mr Reakes asked if the Board had the opportunity to discuss the staff parking issues at York Hospital. In addition, with recruitment and retention of staff being a very high priority, does the Board agree that minimising commuting time and costs

for staff was also a high priority? Mr Golding replied that this was an ongoing piece of work.

Mr Butler asked Mrs Miller and Mr Reakes if they felt that the Transport Group was reflecting our communities or was it just York? Mrs Miller replied that the Group had invited representatives from Scarborough area but they did not attend. There was a good representation on the Group and Mrs Miller did bring issues up concerning Scarborough. Mr Reakes commented that it was the first time he attended. He noticed there was no representative from the City of York Council (CYC) attending. In discussions prior to the meeting he was told that they used to have a stakeholder governor from the CYC. Mrs Provins replied that there had been stakeholder governors from CYC, East Riding of Yorkshire Council and North Yorkshire Council. Their attendance was a real challenge, consequently as Mr Pearson was the only one who attended the constitution had been amended.

Mr Golding commented that the membership of the Transport Group had evolved over the years. CYC had attended but structures do change. The Group's TOR will be reviewed and people will be invited to attend. He also noted that one of the members of the Transport Group used to work for City of York Council so still retained good links with them.

- Out of Hospital Care

Mrs Jackson advised that because there were not enough people to attend the next meeting it had been cancelled. Future meetings will be scheduled for Friday mornings, 10am – 12pm at Malton Hospital.

The Council received the report and no further comments were made.

- Charity Fundraising Committee

Mr Lee commented that he found the meeting both informative and valuable. He commended the enthusiasm and the ideas that the members put forward. Ms Symington informed that the Charity was looking for the next big campaign. There were lots of ideas and it would be likely that they would run a competition to decide what the next campaign will be.

- Staff Benefits Committee

Mrs Sykes commented that there was a huge amount of work ongoing to secure benefit options for staff. Mrs Brown highlighted the long service awards and confirmed that the 10-year service award will be introduced from next year.

- Fairness Forum

Mrs Anness informed that the Chair of the forum was now the Chief Nurse, Heather McNair. She gave an overview of the discussions that took place: -

  - The revised Terms of Reference will be ratified.
  - New BSL remote video interpretation services to be introduced at York Hospital and Scarborough Hospital.

- Website accessibility for people with communication difficulties was currently being revised. At present facilities available include Browse Aloud and Google Translate.
- Sunflower Lanyards will be introduced for people to indicate hidden disabilities.
- Inclusive Built Environment was tabled as Dave Biggins could not attend the meeting.
- Chaplaincy update was given by Mrs Rachel Bailes and a chaplain from SGH by video. One item was about providing washing facilities for staff of the Muslim faith which had been an ongoing issue for quite a while. Mrs McNair informed the Forum that she could not find any record of the business case. Mrs Bailes felt that it could affect the retention of staff if this issue was not resolved at both sites.
- Access Able was currently at Scarborough Hospital advising on how to improve signage for disabled people. They will be coming to York Hospital in due course.
- My Sight commissioned York Healthwatch to do a survey on the Eye Clinic Liaison Service which had been initially funded through RNIB and the CCGs in York until last year. The Healthwatch survey found that the service provided great value to patients who received devastating news about their sight loss. My Sight has managed to secure funding for the next year.

Mr Wright referred to the Sunflower Lanyards and asked if the Trust was introducing them? Mrs Anness confirmed that the Trust was. It was for people with hidden disabilities so they could use the disabled facilities without being challenged. Mrs Brown added that it was also to help staff with communication so the Charity is making them available for anybody who wanted to use them.

Ms Holloway-Green informed that there had been quite a lot of feedback from the deaf community around access to interpreters at York Hospital. There will be a meeting in April to collect views from the deaf community being held by Healthwatch, MIND, Wilberforce Trust and other organisations to ascertain what was happening in the wider community. She was pleased to hear that the issue was being discussed at the Forum.

Ms Symington thanked the Governors for their respective reports.

20/07 Chief Executive’s Update

Mr Bertram referred to the Chief Executive’s report and provided an overview: -

Coronovirus

It was fair to say that advice and guidance was changing on an hourly basis and it was a very fast-moving environment. Key things he wanted to share with the Committee were: -

- Drive through swab facilities were in operation at both York and Scarborough sites.
- Pod units have been set up for people who did not have cars to enable swabbing to take place.
- These were only available through NHS111 who were effectively managing the bookings.

- At the moment the samples were going to Leeds Hospital for testing.
- There was a ward identified at York Hospital for COVID 19 patients who needed hospital treatment. That ward will take in patients from the Trust's catchment area.
- There was a cohort ward being prepared at Scarborough Hospital for COVID 19 patients.

Mr Bertram informed that there was a Pandemic Planning Group which was Executive led. A meeting took place twice weekly. There were a number of task & finish type groups that were reporting in. The Trust was very well supported by the national and regional emergency planning teams and there was a wealth of information and guidance.

Mr Bertram summarised that the main point today was the clear message that NHS111 was to be used if anybody had any concerns and for people not to just walk into a hospital environment.

Mr Reakes asked if the Trust had enough testing kits, oxygen supplies, respirators, etc., and would patients be transferred to other hospitals? Mr Bertram replied that at the moment the Trust was not testing. It may well be that at some point in the future this may change and the Trust will be provided with testing equipment. He went on to explain that the Trust was clearly limited to the number of patients it can support on ventilators and intensive care beds. At a national level there were discussions taking place if the situation did turn into a pandemic situation.

Mrs Fields asked about the HR implications and if there were contingencies in place. She commented that she did know that retired health professionals had been asked to return. Mr Bertram replied that a member of the Contingency Group was dealing with that. Nationally, the NHS was planning on the basis that a fifth of the workforce would not be able to work when this virus potentially peaks. The Operational Group was specifically dealing with staffing issues. Mrs Brown added that one of the things they were doing was going out to staff who had worked in critical care and other specialist care, and looking at skills that staff may have in addition to their specific roles in order to plan if there was a need to start bringing extra staff in.

Mr Lee asked if there was a requirement to test staff to protect the workforce and patients. Mr Bertram replied that he did not believe there was. He commented that one of the task groups had worked on a standard operating procedure for staff who had returned from those countries affected. There was a screening process through Occupational Health who would help an individual decide if it was appropriate for them to self-isolate for a period of time. At this point in time there were no plans to randomly test staff. Mrs Brown added that they were asking staff to advise of any underlying health conditions which would make them vulnerable so they can be protected.

Mr Lee asked if they were encouraging staff to work from home. Mrs Brown replied that this was being worked on.

Mr Holmberg asked about discussions with care homes regarding transfer policies or ceilings of care. Mrs Brown replied that there were ongoing discussions with regional groups and CCGs and a group was also looking at community-based services with regard to protocols and standard operating procedures on how that was done. Mr Bertram added that in terms of ceilings of care there was national guidance coming out around this and discussions were taking place in the event of this becoming a major issue.

Mrs Miller asked if elective surgery and routine operations were being restricted. Mr Bertram replied that discussions were taking place on whether to cancel elective surgery. It was a difficult situation and decisions would be made on a day to day basis. He would predict that elective surgery would be cancelled if the current situation becomes pandemic. There was a lot of planning ongoing for a lot of eventualities. At this stage there has been no widespread cancellations of elective surgery.

Mr Butler asked if any thoughts had been given to re-mobilising the Bridlington wards or working with Nuffield to utilise their wards to cohort people away from sick people in our acute hospitals. Mr Bertram replied that both those options were on the table for discussion. The real difficulty was that even under normal circumstances the Trust did not have the staff to open those facilities. Discussions were ongoing, particularly around how the Trust recovers from the pandemic, which will likely include looking at capacity elsewhere, specifically at Nuffield and Ramsey Park.

Our Voice Our Future

Mr Bertram advised that just before Christmas the Trust had completed the first online and face to face engagement process that was Chief Executive led. That generated over 25,000 comments and 25% of the workforce engaged online. Over the Christmas and New Year period that was all analysed and distilled down into a number of key messages. There was a real desire to have a back to basics type programme for a set of behaviours, set of values, clinical vision for the future and a real ambition to be excellent in what we do.

In January these messages were put back out to staff to ensure that management had understood what was being said. Overwhelming feedback from the second round of workshops was that these messages were correct and that was how the staff wanted the Trust to move forward.

In February the results of both exercises were shared formally with the Board of Directors and a discussion took place to agree on how the Trust could move forward with this. It and was now at a stage where this will be implemented into the organisation.

Mr Bertram commented that the current Trust values had been tweaked a little but overall the key messages had stood the test of time. Staff said that they wanted people to be kind, people to be open and staff wanted to provide an excellent service.

In summary, the Executives have listened, checked that they have understood what the staff were saying and have now moved to the implementation stage. A big engagement piece will be ongoing for the foreseeable future.

Scarborough Review

There was reference in the update on where the second stage report can be found.

Humber Coast & Vale Health and Care Partnership

Mr Bertram advised that there was an update on this together with a report in terms of what was happening there. He referred to the Board to Council of Governor session at the Priory Centre last year and the presentation on ICS. He explained what the key points were for the Trust becoming part of an ICS.

- National narrative was all about systems. How to shape and transform the system to provide health and social care.
- Regulation will come through the ICS, using the "system by default" mantra, and the Trust will come under scrutiny on how it behaves within the system.
- National capital, revenue support, transformation funding will all come through the ICS. Prioritisation of who gets what will be done at local level. It was something the Trust had to engage with as this was the route to obtaining resources.

CQC

The action plan had not changed and the Trust was working hard to deliver the actions stipulated. An update will be given at the next meeting.

Action: Chief Executive to give update on CQC action plan at next meeting.

Medical Oncology

The report reconfirmed what had previously been briefed to the Council and gave an update on the current situation.

Director Appointments

- Mr Beverley has been appointed to the role of Managing Director of YTHFM LLP.
- Mrs Brown has been appointed to the role of Director of Communications.
- The process to recruit a Chief Digital Information Officer was underway. Interviews will be held during April.

Mr Butler asked if the Trust had received any help from NHSI in relation to bringing the start date closer on the £40m build at Scarborough Hospital. Mr Bertram replied that informally yes, but formally no. He gave an overview of the three-stage process and said it usually took around 18 months. The Trust's strategic outline case had been submitted. Informal feedback was that the Trust could go straight to full business case. That indicated that NHSI wanted to see these builds happening faster than they were at present. He did not know when the build would begin at Scarborough Hospital but was working towards a closer start date.

Mrs Mellor made reference to the finances available for Coronovirus and said that this was expected to come from the Government. Also, in relation to people being asked not to turn up at hospital with suspected symptoms, this also applied to GP surgeries. She went on to talk about the robust discussion at Board they had in relation to the Clever Together project and how it would help refresh the Trust's strategies.

Mr Bertram added that he was hoping for financial help as the Trust's costs were growing in relation to the Coronovirus. What he took from the Chancellor's speech was that the NHS could have anything they needed to beat this virus.

20/08 YTHFM LLP Update

Car Parking

Mr Golding explained that he had fought a long battle with the Local Authority to build a multi-storey car park on the York Hospital site. This car park was now 9-10 years old and had reached its capacity. Coupled with the significant build of the VIU at York site, losing 150 staff parking spaces, will certainly compound the problem.

He went on to explain that there were 4 strategies to reduce the pressure: -

- Negotiate with the owners of Bootham Park Hospital to secure 100 parking spaces.
- Extension of the Park & Ride service. Funding has been secured for a further 2 years to run the service. However, he believed that the Trust should lobby the local authorities to get all planned bus routes to service the Trust sites instead of using routes around the peripheral areas which was currently the case.
- Encourage a Car Share Scheme which will allow staff members to group together to use a common vehicle which will be funded through an approved resources scheme. Once the car was on site it could be used for travel throughout the day.
- A comprehensive review of all parking permits issued will take place and they were working with staff side unions to agree who would be eligible for a permit.

Mr Golding informed that over the next couple of weeks additional spaces at Bootham will be used to take the pressure off the multi-storey car park.

Mr Pearson commented that there was a discussion at the Travel & Transport Group about removing permits for staff working normal hours. There were objections from the consultants saying that if their permits were revoked then they would consider their position at York Hospital and maybe look elsewhere. Mr Golding replied that it had to be managed in a sensitive way. They were looking at alternative solutions.

Mrs Miller asked whether the Park & Ride had been extended to other sites. Mr Golding replied that there was currently one Park & Ride which had been extended for a further 2 years. There were no Park & Ride schemes at any other sites.

Mr Thompson referred to the multi-storey car park, specifically the barrier that was inoperable, and asked if this was going to be resolved. Mr Golding replied that Mrs Mason, Car Parking & Security Manager, had just commissioned a report to evaluate the technology available to replace the current system.

<u>Smoking Cessation</u>

Mr Golding advised that the Trust sites went smoke-free about 5/6 years ago. A significant number of patients, visitors and staff continued to smoke, moving off site to the surrounding areas, resulting in a substantial number of complaints to the Chief Executive at that time. As a result, staff and governors were consulted to collect their views on whether the Trust should return to a managed tolerance approach which involved providing smoking shelters in designated areas. That was unanimously agreed and that position has been in place now for the past 5 years.

He stated that people were now becoming less tolerant of smoking in society due to becoming aware of the health disadvantages and NICE have sent out guidance that all Trusts should become smoke-free and move away from any managed arrangements on site. He advised that a decision had been made at a recent Executive Committee meeting that by July this year all Trust sites will become entirely smoke free.

Mrs Miller asked how this would be enforced. Mr Golding replied that his team were already challenging people and there had been some abuse. They were looking to work in partnership with the local authority to ascertain whether fines could be issued.

Mrs Thompson commented that as today was Stop Smoking Day, she was delighted to hear that.

Ms Holloway-Green referred to people with mental health issues who use smoking as a coping mechanism and asked if there would be any support on wards if they were not able to smoke. Mr Golding replied that there had to be a holistic approach. As people come into the Trust's care there needs to be help and advice so that they can cope with the situation.

Mr Lee asked if the smoke free policy included the use of e-cigarettes as well. Mr Golding replied that he will look into that and get back to him.

Action: Mr Golding to find out whether the smoke free policy included the use of e-cigarettes and let Mr Lee know the outcome.

PLACE

Mr Golding thanked everyone who participated in the PLACE survey and advised that the results had now been published. He said the results should not be compared with last year's scores as it was not a direct comparison because the criteria had changed. A report was being produced which analysed the Trust scores against other organisations and will hopefully be ready for the next CoG meeting.

Mrs Miller referred to the disappointing PLACE report on Malton Hospital and asked if this was going to be shared with Humber as they were currently occupying ¾ of the hospital. Mr Golding confirmed that the report would be shared with Humber.

Mrs Jackson highlighted to Mr Golding that she had informed the governors that more people were needed to take part in the annual PLACE assessment and the quarterly TAPE assessments.

Mrs Symington thanked Mr Golding for all his support and help over the years and wished him a happy retirement.

20/09 Operational Plan

Mr Bertram referred to the presentation that was in the pack (Appendix A) and introduced Mrs Smith. Mrs Smith went through the presentation and gave some key points. She advised it was part of a 5-year plan the Trust had signed up to as part of the partnership arrangement. She advised that the plan was based on what the Trust currently had and did not factor in things like a crisis event. She discussed each slide and stated that the plan should be achieved by 2024.

Mr Bertram referred to the Summary of Financial Planning in the presentation. He gave an overview of the system finance improvement trajectories and advised that if the Trust delivered on the PSF then it will get access to the financial recovery fund which will bring the Trust back to balance in each of the four years going forward. He then referred to the

inflationary issues and what was changing in expenditure next year. He predicted that the Trust spend will be over £40m because of the six reasons explained in the presentation. He gave a summary of the income and expenditure plan and spoke about the financial risks and next steps.

Mr Butler referred to the financial planning and asked about funding for small remote hospitals. Mr Bertram replied that nothing had happened yet although awareness has most certainly been raised: our trust continues to lobby strenuously for funding changes.

Ms Light asked what would happen if the Trust did not hit its control target for the financial quarter. Would it get rolled over into the following year? Mr Bertram replied that it did not get rolled over into the following year. The implication will be that the Trust would lose its £5m worth of support funding. He stated that at the end of Quarter 3 the target had been met but he was anticipating Quarter 4 difficulties of up to £4m largely due to CQC requirements and the risk share with the CCGs where savings had not been delivered this year in terms of activity reductions. He stated that the Trust was at risk of finishing year end with a £2-4m deficit meaning that the Trust would lose the £5m support funding which would have a cash impact on the organisation. He stated that he was lobbying everybody to help achieve the organisation's target.

Mr Richardson referred to the presentation given by Mrs Smith and asked about the schemes identified and how they will be evaluated to ascertain whether they were the best way to spend their very scarce resources. Mrs Smith replied that these were joint system schemes designed to reduce activities for the Trust. She gave an overview of the change in outpatient services and how they were looking at ways of working more efficiently. She was hopeful that some of the ideas would be implemented this year with further progress during the following 18 months.

Mr Richardson asked how Mrs Smith was going to judge a patient's expectations with regard to swapping consultations to skype instead of having an outpatient's appointment. Mrs Smith replied that there was a whole series of discussions going on around that.

Mrs Thompson referred to the initiatives in cancer fast diagnostic standards and the main symptoms, which will exclude cancer diagnoses but identify non-cancer diagnoses, and asked how confident was Mrs Smith that these diagnoses would then be referred back to primary care for initial intervention and management and not generate more referrals. Mrs Smith replied that the Rapid Diagnosis Centre had just started and there was a wrap around evaluation on that. One of the key metrics will be around evaluating any increase in referrals.

Ms Symington thanked Mr Bertram and Mrs Smith for their presentation.

20/10 Questions received in advance from the public (see appendix B)

Ms Symington stated that 45 questions had been received. The Trust had put together their responses to all questions which were distributed to the governors and the public at the meeting. She advised that they would not be discussing feedback given but will append the document to the minutes.

Transport

Ms Symington commented that one of the main themes of the questions had been around transport and wanted to provide an update on the Trust's position. She explained that transport facilities were the responsibility of the Trust's commissioners. The Trust was able to provide information to patients on how they might travel to their appointment, reclaim money, etc., and the Trust had continually lobbied the CCG to reiterate that they had an obligation to support people who needed their help. She handed out the transport information that accompanied every patient's appointment letter.

Mrs Miller informed that Ryedale Community Transport had seen a 21% increase to their bookings.

Mr Butler commented that one of the things the governors and the Trust want to hear about was people's experiences with transport. Some terrible experiences have been shared with them, including people travelling from Scarborough to Castle Hill spending £100's on hotel bills. He commended Ms Symington and Mrs Brown on providing excellent travel information to patients. He asked if anything else could be done to coerce the authorities to work it out. Ms Symington replied that she understood there was a group already doing that which she was not privy to but was assured that all authorities had come together to work out a solution.

Mr Golding informed that the Travel Group TOR will be amended to make it a system-wide Travel Group.

20/11 Items to note

- MDG Group minutes
- CRG Group minutes
- Internal Elections report

20/12 Reflections on the meeting

Mrs Miller commented that it was good to have the NEDs at the meeting to give simple explanations about their work.

Mrs Symington stated that it was essential to think about the efficient use of the NEDs time. It might be that they attended the private meeting but not the public meeting. It was something she will be speaking to Mrs Provins about.

20/13 Any other business

Mr Butler asked that with the interest rates being the lowest ever was there any opportunity to borrow. Mr Bertram replied that it was unlikely.

Mr Reakes informed the Committee of the market stall run by Healthwatch on the last Tuesday of every month. He has supplied membership information to them which they will distribute on the Trust's behalf.

20/14 Time and Date of the next meeting

The next meeting will be held on **10 June 2020, 1.30pm –3.00pm** at Malton Rugby Club, Old Malton Road, Malton YO17 7EY.

CoG Public

ACTION LOG

Date of Meeting	Action	Responsible Officer	Due Date	Comments
11.03.20	Find out whether the smoke free policy included the use of e-cigarettes and let Mr Lee know the outcome.	Mr Golding	March 2020	Smoke free policy does not include e-cigs. E-cigs can be used outside of buildings.
11.03.20	Give update on CQC action plan at next meeting.	Chief Executive	June 2020	In CE update.

Appendix A

Planning 2020/21

Key elements to the planning process:

- Alignment to the Long Term Plan.
- System Focus "System by default".
- Humber Coast and Vale submission to include YTHFT contribution.
- Draft submitted on **5th March**, final submission on **29th April.**
- Focus on finance, quality and workforce in the system narrative.
- No mandated narrative for providers – financial, workforce and activity returns.
- Revised set of national performance expectations.

Performance Requirements

Significant focus on Urgent and Emergency Care

- ECS – a planned improvement on 2019/20 actuals
- Acute Frailty Services available 70 hrs a week and SDEC available 12 hours a day
- Providers to expand the capacity available to meet urgent and emergency care demand and deliver a Bed Occupancy target of 92% and maintain peak bed capacity from 19/20.

Planned Care

- RTT – total waiting list no higher than Jan 20 (29,583). Elective care waiting lists should be reduced -Efficiencies should be used to reduce waiting lists (rather than reduce capacity)
- Zero tolerance of 52 week wait patients
- Mobilisation of the 26 week offer- offering a choice of provider for patients still on the waiting list at 26 weeks

Cancer Targets – includes the Faster Diagnosis Target (70% patients to receive a diagnosis within 28 days)

Community – Long Term Plan – 2 hour crisis response times

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Planning approach to draft submission

Stage 1	Top down assessment of activity across the Trust based on the existing five year plan (joint with commissioners).
Stage 2	Internal 'bottom up' planning across each service line. Based on 3 years activity, demographic growth assumptions and current capacity. (Care Groups). Requested to model in performance requirements: return to total waiting list position requirements; 1 week for first appointment for Fast Track referrals; based on known capacity.
Stage 3	Confirm and Challenge on the 'bottom up plans'. This included challenge on Care Group planning assumptions, changes to services, workforce assumptions and efficiency targets.
Stage 4	Reconciliation meeting across CCGs and the Trust to agree final activity numbers.
Stage 5	Identification of significant risks and impact on performance trajectories for 2020/21.
Stage 6 *	Submission of draft templates: **5th March national deadline**

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YTHFT Risks and Issues

- The planning round identified two risk areas regarding the Trust's capacity to meet the expected/known demand:
  - **Ophthalmology backlog**
  - **Gastroenterology services at Scarborough**
- The activity model is based on capacity and services as they are currently provided, unless a business case has already been approved.
- The impact of sustaining a 92% bed occupancy
- There are a number of transformational 'do something' schemes identified across the system, e.g. Outpatients Transformation, Rapid Expert Input and Prime Provider models. However additional schemes need to be identified to close the gap between expected activity and affordability across the system.

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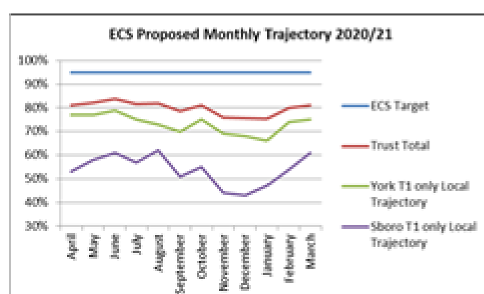
Performance Ambitions

Performance Assumptions 2019-24

Metric	Performance (based on end of March position)				
Performance	19/20	20/21	21/22	22/23	23/24
RTT List Size	30000	29580	28437	27294	26300
52+ weeks	0	0	0	0	0
40+ weeks	750	450	270	162	97
26+ weeks	3700	2220	1332	799	480
RTT%	75%	80%	84%	89%	92%
OP Backlog	13000	10170	9170	8170	7170
Cancer 2WW	93%	93%	93%	93%	93%
Cancer FDS 28 days	70%	70%	70%	70%	70%
Cancer 62 Day	78%	85%	85%	85%	85%
Diagnostics	16%	8%	6%	3%	1%
ECS	80.7% (Feb to date)	81%	88%	92.5%	95%
LLoS 21 Day Standard	96	91	87	82	78
Non-Elective LoS	5.1	4.9	4.8	4.7	4.5
Bed Occupancy	91.9% (25th Feb)	92%	92%	92%	92%



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Summary Financial Planning

Council of Governors
11th March 2020

Contents:
- York and Scarborough system Financial Improvement Trajectories
- Trust Inflationary Cost Issues Included in the 2020/21 Plan
- Trust summary income and expenditure position
- Plan Risks and Next Steps

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System Financial Improvement Trajectories

The tables below confirm the pre and post support Financial Improvement Trajectories (previously known as Control Totals) for the Trust and its main two commissioners.

York Teaching Hospital NHS FT	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
Pre-support Financial Improvement Trajectory	**(19.814)**	**(10.750)**	**(8.810)**	**(6.220)**	**(3.510)**
MRET (absorbed into main funding from Apr 2020)	6.470				
Financial Recovery Fund	4.978	10.750	8.810	6.220	3.510
Provider Sustainability Funding	8.365				
Financial Improvement Trajectory (including support)	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

NHS Scarborough and Ryedale CCG	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
Pre-support Financial Improvement Trajectory	**(4.800)**	**(5.100)**	**(4.000)**	**(3.400)**	**(3.000)**
Financial Recovery Fund		5.100	4.000	3.400	3.000
Commissioner Sustainability Funding	4.800				
Financial Improvement Trajectory (including support)	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

NHS Vale of York CCG	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
Pre-support Financial Improvement Trajectory	**(14.000)**	**(16.300)**	**(15.000)**	**(12.700)**	**(11.500)**
Financial Recovery Fund		16.300	15.000	12.700	11.500
Commissioner Sustainability Funding	14.000				
Financial Improvement Trajectory (including support)	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

8

Inflationary Issues Include in the 2020/21 Plan

The table below summarises the cost pressures included in the operational financial plan. Cost pressures brought forward almost exclusively relate to the non-recurrently delivered CIP in 2019/20 and combine with the nationally set target of 1.6% to give a total programme requirement of £16.0m. Pay inflation has been assessed on an actual staff in post basis with average increases assumed for vacant posts. Non-pay inflation has been included at NHS appropriate rates. The CNST premium increase has been notified to the Trust and this value assumes delivery of the maternity incentive scheme. Activity growth has been provided in-line with a high-level assessment of the costs of additional activity in the plan; of note is that this reserve is likely to be the subject of CCG/System QIPP discussions (i.e. avoiding the need for this investment). In addition a quality, safety and risk related provision has been created and details are provided below as to the component elements. The table includes a balancing item reconciling a small number of full year effect changes and contract adjustments.

	2020/21 £m
Cost Pressures Brought Forward	6.799
Pay & Non-Pay Inflation	12.903
CNST Premium Increase (to £17.0m)	1.291
Activity Growth	9.964
Quality, Safety & Risk	8.328
FYE Adjustments and Misc Items	1.312
Total	**40.597**

	2020/21 £m
New CQC Staffing	1.856
SDEC/Frailty	4.644
92% Occupancy	1.500
Other Misc Items	0.328
Total	**8.328**

Summary Income and Expenditure Plan for the Trust for 2020/21

The table below summarises the Trust's income and expenditure plan for 2020/21. This should be considered draft and for the first submission on 5 March 2020. This plan will be the subject of review discussions with NHSE/I and our Commissioners and will be revised ahead of a final submission due at the end of April. An update on the discussions will be provided to the Board at its March meeting.

	2020/21 £m
Clinical Income	487.512
Assumed QIPP (income reduction) AC Commissioners	-5.996
Assumed QIPP (income reduction) Other Commissioners	-2.083
Other Income (exc. PSF)	50.211
Additonal Investment Income Required	8.000
Total Income	**537.645**
Expenditure	-575.784
Assumed QIPP (expenditure reduction)	8.079
Carry Forward 2019/20 System Risk Share	3.352
CIP	16.008
Total Expenditure	**-548.344**
Surplus/(Deficit) before Impairments & Transfers	-10.700
Remove net imact of Impairments & Transfers	-0.050
Adjusted Surplus/(Deficit) = Financial Improvement Trajectory	-10.750
FRF	10.750
Net Surplus/(Deficit)	**0.000**

Included in the analysis are QIPP assumptions (on top of the stated CIP requirements). These relate to system cost reductions that impact the Trust and relate to major service transformation or demand reduction, either of which facilitate a reduction to the Trust's cost base. These are analysed between Alternative Contract Commissioners (where there is likely to be a risk share linked to any failure) and other PbR-based commissioners where income will only fall if the QIPP is successful.

Total Trust Savings Requirement	**2020/21 £m**
CIP	16.008
QIPP	8.079
Old Year Risk Share	3.352
Total	**27.439**

Plan Financial Risks and Next Steps

Inherent in the plan are several key financial risks. These are summarised as follows:

1. The plan assumes that additional funding will be secured into the Trust for CQC staffing requirements, SDEC, Frailty and delivery of 92% maximum occupancy through additional bed capacity on the Scarborough site. This is unaffordable to our commissioners and will show up to Regulators as a triangulation issue when examining Trust income assumptions and CCG expenditure assumptions. This will need to be debated with Regulators.
2. QIPP delivery is a significant risk with £11m of costs assumed to be removed from the Trust (including the old year risk share). This equates to more than the activity growth provision. This is likely to increase as commissioners are put under pressure to identify further necessary QIPP as their current level of spend is unaffordable.
3. CIP delivery will be the eleventh year of delivery.
4. Expenditure control has been a significant challenge during 2019/20 due to additional pressures placed on the Trust. Holding our position in 2020/21 will remain a challenge. We do not have funds for developments.
5. The financial position for the patch will include a further system savings requirement necessary in order for all parties to hit their financial improvement trajectories.

The next steps with our operational plan are:

1. Submit the current draft plan on Friday 28 February. This will then be consolidated by the HCV Partnership into an ICS level plan. This is submitted nationally on 5 March by the HCV Partnership.
2. System work on firming up QIPP delivery through the System Delivery Board.
3. Discussion will commence with Regulators after their review of our draft plans.
4. Specific transformational funding or further patch QIPP savings discussions will be required to agree a way forward on the £8m new investment requirements from the CQC and the operating framework but not affordable to the patch.
5. The final plan is due for submission at the end of April. The Board will be updated at the March meeting.

Appendix B

Questions for the Council of Governors Meeting on the 11 March 2020

Questions from Catherine Blades I live in a very rural area near Scarborough and have recently needed to frequently attend York eye clinic for surgery and after care. The care I needed was specialist and complex, so I can to some extent appreciate the fact that it could not be done locally. However, I have two specific questions to raise with the Trust and Board of Governors.

1. What are the Trust doing to facilitate transport for people who face long journeys to York from the East Coast? Public transport is notoriously unreliable with many delays and cancellations, in addition to high costs, exacerbated sometimes by having to fund an overnight hospital stay. It is not good enough, in my opinion, nor in the opinion of most East Coast residents, to have a 'Transport Strategy' that ignores a large percentage of the population you serve , Being told to consider cycling, or car sharing is outrageously patronising to those who have enough to cope with in terms of our health . Travel by car on the A64 is also lengthy and expensive and could be problematic if car access to the city is restricted. What sensible suggestions do you have?

Answer: Please refer to transport paper (attached)

2. My eye surgeon used to have a pre and post op clinic in Scarborough. This has now stopped. When I asked why, I was told by the surgeon that it was due to the difficulties in administration of the clinic and patient records. I certainly had / have two sets of handwritten records, neither of which have documented what has happened in each clinic. I know this because of confusion over drugs I have been prescribed in each clinic and the clinicians have said things like. 'oh we have no record in these notes, I'll have to ask York / Scarborough'. Surely these kind of problems are entirely preventable with sensible IT systems? My surgeon didn't particularly want to stop coming to Scarborough but I can understand the frustration if this is happening. I have absolutely no complaint about my care in either place, but would like the Trust to look at improved IT systems which might enable clinics in Scarborough to be run more smoothly.

Answer: Outcomes from Clinic appointments are recorded on the electronic system which is a single record that is accessible from all clinic locations within the Trust. This includes the clinic letter that is sent to the GP and which contains details of medications changes. Some specific ophthalmology notes are not yet electronic and are still found in paper case notes. Work is currently underway to remove the dependency of physical case notes for all outpatient appointments.

Questions from Fiona Stephenson 3. What transport provision is made for Scarborough residents to travel to York hospital to attend appointments/surgery?

Answer: Please refer to transport paper (attached)

4. Who is eligible for free transport to and from York hospital? Where is this information available?

Answer: Please refer to transport paper (attached)

5. How many appointments/ procedures have been missed due to lack of transport?

Answer: We keep a record of the number of missed appointments, however we are not always able to record the reason as sometimes the patient does not make contact with us. Where we have made a change to a service, for example with oncology, we will be continuing to monitor the number of appointments that are missed so we will be able to determine whether this has changed significantly.

6. How many deaths have occurred as a result of missed appointments?

Answer: It is not possible to answer this question, we simply do not record information in this way and it is not possible to attribute a death to missing an appointment.

7. What is the arrangement between Scarborough and York hospital regarding patients who have been discharged from York following surgery? Should complications arise post-surgery such as infection/bleeding/inflammation, should the patient return to York or go to Scarborough?

Answer: All patients are instructed to call the ward they were discharged from if they have any concerns following an operation. The ward will determine whether the patient should attend their nearest hospital (which in some instances isn't one of our hospitals) or if they should return to the hospital where they had surgery.

Questions from John Wane – Save Scarborough Hospital Facebook Group This question was posed by our group to the December Governors meeting "Is there an action plan for services to be returned to East Coast Hospitals and if so which services" which was primarily raised because, like ourselves, the CQC could find no coherent plan for services for the East Coast. As no coherent reply was given to that question, merely vague obfuscation, we ask again:

8. Does the Trust now have such a plan?

9. When will it be available to local residents?

10. If it does now exist, what public consultation plans are in place?

Answer: The answer given to this question remains the same: 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 includes:

- **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 coordinated 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.**

We raised a number of questions to the December Governors meeting in respect of the very serious and increasing difficulties, faced by residents of the East Coast in accessing services removed from this area and transferred to York Hospital and further afield. Remember that a recent independent study found the Trans Pennine rail services to Scarborough were the worst in the UK and that the Scarborough to Hull rail services were the second worst! It was noteworthy, therefore, that the report of the Governors Transport Sub Group, submitted to the December meeting, made absolutely NO mention of the plight of East Coast residents! In your reply to the questions we posed you stated that the Trust "share concerns over the reliability of the rail service and the broader transport issues affecting patients and visitors" and that "as part of the Acute Services Review work, it has been agreed that the North Yorkshire CCG will be convening a multi-agency transport group with patient/carer involvement".

In view of your claimed shared concerns, we now ask: -

11. What progress has now been made by York Trust, through your involvement in that group?

12. How have York Trust and Governors obtained the views and experiences of the patients and carers you serve?

13. What evidence is now available to the public of your progress?

14. Does York Trust intend to continue with its cuts to East Coast services, while such appalling transport links remain?

Answer: Please refer to transport paper (attached)

Many staff continue to contact our group privately, who are too afraid to take up their issues directly with their management for fear of repercussions.

Your Travel Plans recently reported in the Scarborough News provoked many private messages from staff. You make statements about your desire to have a standard approach across the Trust area, but at the same time make no allowances for the problems of rurality which you admit to, in respect of the East Coast and the very limited public transport available, compared to that available to residents and staff of a City such as York. Car share schemes are fine, but only if you can guarantee that all staff willing to do so can actually start and finish shifts at the same times, or even live in sufficient proximity to each other to make it practical! To expect staff, in summer and winter, already under pressure, in physically demanding jobs, faced with long and anti-social shifts in areas with poor and inappropriate public transport links, to be cycling or walking is ridiculous and can only add to retention problems. A "three mile radius of their main place of work" for Scarborough Hospital staff is, for example, a completely unreasonable and unsafe walk or cycle ride on a cold wet winters day before or after a 12

hour shift and effectively excludes anyone living in Scarborough from driving to work! It would result in walking or cycling, alone in the in the dark from villages as far away as East Ayton as this map illustrates and no alternative public transport at appropriate times!

15. If York Trust accept different circumstances apply in more rural locations, why does it not recognise those different circumstances and apply transport strategies appropriate to different locations?

16. Given the much less physically demanding nature of most management positions, with working hours more in line with available public transport, why not enforce stricter controls on their transport and thus make more parking available to staff on shifts?

17. Your responses to many questions invariably pass on responsibility and blame to other Trusts, CCGs, groups and organisations, what evidence do you have, therefore, to demonstrate the success of your attempts to influence their decisions?

18. Why, if carbon targets are of such importance to you, does your Transport Strategy make absolutely no comment about the most serious impact of all, which is the huge number of patient and visitor journeys which now result from
your cuts to local services?

Answer: Please refer to transport paper (attached)

We specifically questioned your December meeting in respect of Stroke Services, but you refrained from answering the specific question so we repeat it again.

19. When will you provide the results of the reviews which you have repeatedly promised to undertake to return that service, especially as you stated at the time, that the transfer of the service was to be temporary?

Answer: A temporary change was made to the service in 2015. This was made on safety grounds due to the shortage of medical staff, as it was not possible to continue to provide a 24/7 hyper-acute service in Scarborough without the necessary medical cover. As promised at the time when the change was presented to the overview and scrutiny committees for North Yorkshire and the East Riding, a further review of the change was undertaken later that year and the decision was made to keep the new pathway in place. The review involved discussions with the national lead for stroke, who supported the changes. Following this change, there are no plans to return hyperacute stroke care to Scarborough Hospital.

20. Does your response to the earlier question, that it involves a “triage and assessment service and the transfer of patients elsewhere”, actually indicate that is your real intention for the results of the A&E investment?

Answer: No. The information quoted relates to the changes that were made to the stroke service in 2015. The planned investment in the emergency department at Scarborough Hospital will improve and streamline how patients are assessed, admitted and treated, which should reduce the time that people wait in the department, and ultimately improve patient safety and experience. It is a significant investment, and is a sign of our commitment to ensuring Scarborough Hospital has an emergency department.

Your response to our December question on Urology stated that a Quality Impact Assessment was currently being undertaken in relation to the changes to Urology services from November 2019, with out of hours acute presentations requiring admission are being transferred to York.

21. How and when will the results of that impact assessment be made available to the public?

Answer: We continue to monitor data for the impact assessment, including the number of transfers, transfer times, and any other impact. This will feed in to the discussions and planning for the long-term model for urology.

You stated in December that “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, the most important of these is ensuring the service is safe”

22. How do the public gain access to those results?

Answer: As a NHS Trust we are measured and regulated against a huge number of performance standards, and we also participate in national and local audits. There is no one single place all of this vast amount of data can be found, however the organisations that carry out the audits often publish the findings (as per the SSNAP audit referenced in questions 24 and 25). Regulators and other national bodies publish performance data and reports (such as NHS England/NHS Improvement and the CQC). The Trust itself also publishes comprehensive performance information in its public Board papers, which are published on the Trust’s website.

23. What independent scrutiny of them exists and where can it be accessed?

Answer: Much of this data is collected and scrutinised by regulators and other organisations that carry out audits, and part of the process involves independent scrutiny of that data by those organisations.

24. Please can you clarify what was meant by “SSNAP data” in response to a December question?

Answer: SSNAP is the Sentinel Stroke National Audit Programme. It measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland.

25. Being as you claim a “key performance indicator”, where is it “publicly available”?

Answer: It is published online: www.strokeaudit.org

You announced in September and also stated in response to a question in December, that “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.”

26. Given that more than 6 months has now elapsed, can you list the benefits which have resulted to the services to Scarborough Hospital and East Coast residents now and in the future?

Answer: We attended the first network meeting in July. Another network meeting is due to be held in April. The purpose of the network is to share ideas, learning and best practice and to discuss the challenges associated with delivering services in small, and/or rural hospitals. The network is supported by NHSE/I and Nuffield Trust. The benefit of participating in such a network is that what we hear and learn from other Trusts informs our thinking, and may influence decisions at a national level that will be of benefit to hospitals like Scarborough in the future.
In respect of your Scarborough Review, you stated in December that the updated “need for change” document would be published “in the new year” and the Trust was a “key partner”.

27. It is now March, so how can a copy of that document be accessed?

Answer: The stage two report was published in February and is available on the review website: www.humbercoastandvale.org.uk

28. As a “key partner” what criteria does York Trust feel should be used to decide “whether or not formal consultation will be required”?

Answer: 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.

29. How will consultations be publicised?

Answer: Consultations would be widely publicised using a wide range of methods to ensure that people have the opportunity to make a contribution. The exact approach would depend on the subject of the consultation, however methods would include both electronic and written materials, so that people can comment through either face to face events and/or written and online questionnaires. These would be made available and promoted through the media, the various organisations’ communications channels including social media, websites and newsletters. Relevant community groups, libraries, GP practices etc would also be asked to help promote the consultation. If a consultation is going to be carried out, then a communications plan would be developed and agreed.

The Trust frequently shifts responsibility to the CCGs and others when answering questions, but invariably avoids stating the Trust opinion, while continuing to claim that it

works “in partnership” with them. The Trust never provides any evidence of their beneficial impact on those “partnership” decisions and therefore appears to be a 'sleeping partner' when it comes to the impact of those decisions on residents of the East Coast. Using the severe travel implications as an example across a wide range of services over the years and including the most recent cuts to Oncology services, there is no confidence in York Trust among residents of your “catchment area” that you care about services provided to them being even accessible. It appears to most people, for example, that requiring a York resident travel a much shorter distance to places like Leeds or Harrogate is inconceivable, but apparently perfectly acceptable for East Coast residents to travel distances three or four time greater to access similar services. The catchment area figures for Scarborough Hospital, made by the previous CEO in his letter to the Health Secretary, were broadly similar to the York population figures, so there is absolutely no justification for the inequalities of access.

30. How can York Trust convince residents of the East Coast that it actually cares about the impact on them?

31. How can York trust convince residents of the East Coast that safeguarding York residents and enhancing York Hospital are not your primary motives?

32. What evidence can York Trust provide to demonstrate their concern?

33. Why is it not possible to centralise more services on the East Coast and share the implications of travel more equally in line with the requirements for “equality of access?

Answer: We are absolutely committed to developing a strategy for delivering health and care services with our partners on the east coast. The aim of the merger between York and Scarborough Trusts in 2012, and all of the subsequent work to date including the Scarborough acute service review, has been about ensuring that there is access to services for people living on the East Coast. These services have to be sustainable, whether it is in terms of staffing, or the numbers of patients accessing those services, and they have to be safe. Sometimes, decisions about services will be influenced by changes in national guidance, and we are obliged to respond to this. It is not the case that the Trust is seeking to ‘enhance’ York Hospital by moving services there from elsewhere. York Hospital does not have the capacity to simply absorb services wholesale from elsewhere.

In response to the question on reinstatement of Neurology services to Scarborough Hospital in September 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.” We asked in December, 3 months since that statement, can you explain what progress has been made with that exploration, now that the original reason for removal has been overcome? You replied, “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.”

34. Given that more than six months have now elapsed, can you update us on the progress of your explorations and planned reinstatement dates?

Answer: There is no further update at this stage. We are continuing to review the workforce in neurology and how clinics might be best delivered.

Your previous responses to questions about the transfer of Urology services to York, as always, claim staff shortages as the reason and that you are attempting to recruit Consultant Urologists, but your advertisements state that “the job plan will comprise of main theatre operating, day case lists and outpatient clinics at the York site, as well as new patient clinics at Malton.”

35. How do you expect people to believe your claims when in them, absolutely no mention of surgery in Scarborough is made and only clinics in Malton, which indicates that in truth, that focus on York is actually your real plan?

Answer: The transfer of acute urology services to York is still temporary and as such, a formal decision about the long term future of the service is still to be made. The urology clinicians have received the Yorkshire and Humber Clinical Senate report which will be used to help devise the options for the long term model of urology care. The recent advert was to replace a York based urologist, not to replace either of the two Scarborough urologists who retire in November. Without a Board decision on the long term future, we chose not to change the advert text at this time but will discuss the potential models of future working with prospective candidates.

As a group we have tried to place equal importance on staff, given the appalling long term reputation for staff bullying in York Trust and the large number of staff approaching us for help who were too afraid to raise issues with management and HR. Their welfare has always been one of our primary concerns, not only for their sakes, but also because of the serious impact the York culture has had on staff turnover and vacancies. Our concern for them even prompted us to undertake our own professional survey of them which, despite inviting the Trust to participate in it, they unsurprisingly declined to be involved in. We therefore applauded the initiative undertaken by the new CEO, Simon Morritt announced at your September meeting in respect of the “extensive listening exercise”.

36. We would be delighted to help York Trust demonstrate a real change in culture by publicing appropriate outcomes and plans. What results are or will be available to the public?

Answer: The ‘our voice, our future’ exercise is aimed at improving staff in engagement, and is therefore primarily an internal exercise, with staff being updated regularly as to progress and how they can continue to be involved.

Updates are given in board papers and through other routes including social media. Some of the outcomes of this work will be visible to the public, for example, we are refreshing the trust’s values in response to staff feedback, and we are developing a behaviour framework to support this.

Over the coming weeks and months, staff will start to see these being embedded and lived across our Trust.

York trust will be aware of the recently announced planned cuts to childrens services by NYCC in regard to mandatory health visiting in Scarborough and Ryedale, as well as the potential for 37 staff redundancies. We appreciate York do not directly provide those

services, so to avoid a response which 'passes the buck' to NYCC and Harrogate Trust we would like to know the following.

37. What do you think the likely impact will be on childrens health?

Answer: We do not provide the service, and cannot speculate as to whether or not there will be an impact.

38. What is likely to be the effect of these cuts on NHS childrens services?

Answer: As we do not deliver the service we have had no involvement in discussions relating to future service provision or any potential impact. The Children's services have well established pathways for specialist input from a paediatrician both non-electively and electively and these pathway and referral methods will remain available for primary care practitioners and members of the public to access should it be deemed appropriate.

39. What plans are being developed by York Trust to counter the effect of these cuts?

Answer: See question 37 and 38.

The York Trust Governors section of your website now states that "Governors and the Trust want to be as helpful as possible to you when you ask us a question. To make sure that you get the most appropriate answer, Governors have asked the Foundation Trust Secretary to reply to you if it might be more suitable for your question to be asked at the next Board of Directors meeting. If this is the case, your question and the Board of Directors' reply will also be reported to the Governors at the next Council of Governors meeting." We appreciate that some questions might be appropriate for the Board to consider as well, but we wish to ensure, that the Governors, who have a "statutory duty" to represent public views, are also aware of ALL questions and have the opportunity to contribute.

40. How will the new arrangements ensure the Governors are given the opportunity to adequately make those public views known to the Board?

Answer: The Lead Governor is copied into all the questions received and the governors receive a copy of the questions and answers. The Governors also put in place an opportunity to meet members of the public before each public Council meeting so that they are aware of any issues members of the public attending wish to discuss. The Lead Governor is involved in the discussions about agendas and Governors also have opportunities to raise any items that they would like putting on the agenda.

41. How will York Trust ensure that even further delays to answers do not occur, given the already considerable delays, due to only quarterly Governors meetings?

Answer: The Council of Governors has always met quarterly and every effort is made to answer questions that are received at the meeting. Should any questions be received outside of the meetings, they will also be answered in a timely manner and the question and response taken to the next Council meeting to make it a public record. Members of the public can also pose questions to the Board of Directors which meets in public every other month.

42. How will those posing the questions be kept informed of progress, the responses and when to expect them?

Answer: Those people posing questions have done so to date, in advance of a meeting. They are informed that the questions will be taken to the meeting and following this they receive a copy of the questions and answers.

Questions from Nigel Smith – Defend our NHS (York) 43. In light of York NHS Trust's statement that "In our view we are protecting facilities staff from market testing or cuts to the operating budget," are there any plans to extend the limited liability company (YTHFM) to other staff eg care or nursing staff, or to set up a similar company for those staff?

Answer: YTHFM was established to provide support services to the clinical teams. Whilst there may be opportunities to grow the range of services provided by YTHFM there are no plans to deliver clinical services, and there are currently no plans to transfer other groups of staff into the LLP.

44. Are any new staff employed by YTFMH guaranteed the same pay and conditions, including pension rights as those employed prior to YTFMH being set up and if they are, are these conditions guaranteed indefinitely?

Answer: New staff joining the LLP are placed on the same terms and conditions as their colleagues. There are no plans to change this. The exception is in relation to their pension. New staff joining the LLP are currently offered the NEST pension scheme. This will continue until the LLP receives confirmation our application to the NHS Pension Scheme for 'Open Direction' is approved. Once we receive this approval the intention will be to encourage staff to move from the NEST scheme to the NHS Pension Scheme.

45. It appears that the approach to leadership at York NHS Trust reflects a corporate model. A hospital is not a factory, in fact a hospital has a far more complex set of considerations especially around patient welfare than any factory. Does the Trust believe that an MBA is of greater or lesser value than a medical or nursing qualification when deciding how to best meet the needs of patients at York NHS Trust?

Answer: All positions within the Trust (and the LLP) have a job description and a person specification. The latter outlines the knowledge, skills and experience required to undertake the role. For clinical roles, these requirements are largely determined by regulatory bodies. The level of role and therefore pay attributable to the role is determined by a robust job evaluation process which 'matches' job roles to national profiles. This process is undertaken in partnership between Human Resources and trade union colleagues.

Transport information

If you, or someone you are caring for has to travel for a hospital appointment and you need help to do this, here is some important information to help you make your travel plans.

Patient Transport Service

Patient Transport Service (PTS) provides NHS-funded transport for eligible people who are unable to travel to their healthcare appointments by other means due to their medical condition:

- if you need the skills or support of trained staff on or after your journey;
- if it would be detrimental to your health to travel by any other means;
- if your mobility prevents you from using any other source of transport; or
- if you are a parent or guardian of a child requiring transport.

In this area the service is provided by Yorkshire Ambulance Service. To find out more visit www.yas.nhs.uk/our-services/patient-transport-service-pts/

You can book by contacting the reservations team on 0300 330 2000 between 08.00am-6.00pm.

Your GP will also be able to help you book this service.

If you have repeat appointments with your consultant, their administration team will be able to help you too. You can also discuss appointment times to ensure that your appointment is set for a time which works with your travel plans.

Refund of hospital transport costs

You may be able to claim a refund for the cost of your transport to hospital through the Healthcare Travel Costs Scheme (HTCS).

Visit www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costsscheme-htcs/ for more information on who is eligible, what the conditions are and how you can access the scheme.

Driving

If you are driving to York, why not use Park and Ride to make your journey and parking easier? The 'Hospital Bus' from Rawcliffe Bar Park and Ride drops visitors off on site, just a few steps away from the main entrance.

The service operates every 20 minutes between 06.00am and 8:30pm, Monday to Friday. The return fare is £3.20.

There is a large multi-storey car park at York Hospital. Visitors are required to pay for parking between 7.30am and 8.00pm. The car park operates on a barrier/pay on exit system and payments can be made by cash or card.

The Trust offers a number of concessions to visitors and patients who attend the hospital regularly or for long periods of time. To obtain any of these concessions please see ward or unit staff.

Taking the train

York Station is just over a mile from York Hospital.

There is a taxi station directly outside the station. The cost of a one-way fare is between £5-7.

Dial-a-Ride

Scarborough Dial-a-Ride provide fully accessible, door to door minibus transport to the hospital for those who are either retired, have some form of disability or who have difficulty using other forms of transport.

For more information call 01723 354434 or visit www.scarboroughdialaride.org/

Ryedale Community Transport

Ryedale Community Transport is a registered charity providing affordable rural transport solutions for disadvantaged people.

You can book a journey by calling 01653 698 888, 9.30am-2.30pm, Monday to Friday. Alternatively, you can email the details of the journey you require to bookings@ryedalect.org

More information about the services they offer visit www.ryedalect.org/

Go-Local Community Transport

Community transport is a not for profit transport provision, run by the community, for the community. Whether it's a journey you make every day or a one-off trip, community transport can help to get you where you need to be. You can learn more by visiting their website www.golocal-northyorks.community/#about

York Wheels

If you are elderly or have a disability, York Wheels offer door to door transport by car or mini bus. The mini bus has a lift for wheelchair users. To book your journey call 01904 630080 or visit www.yorkwheels.org.uk/

Medibus

Medibus services provide residents of East Riding of Yorkshire with transport from their front door to local hospitals, doctors' surgeries, clinics and dentists. All the vehicles used on the service are wheelchair accessible

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To book a journey call 03456 445959, 8.30am-4.00pm, Monday to Friday. Alternatively, you can email the details of the journey you require, including your contact details passengerbookings@eastriding.gov.uk