

Questions for the Council of Governors Meeting on the 9 December
<p><b>Questions from John Wane</b></p>
<p>A) York TUC have in recent weeks submitted numerous questions to the York Trust Chair about the performance of the Council of Governors, with specific requests that Governors have access to them all and involvement in their answers. Our group supports the questions posed by York TUC and share their frustration that the questions, as always, are not being answered fully, which has also been our experience over the last couple of years. As a result our group will offer whatever information we can provide, in support of their formal complaints to the NHS Ombudsman. To avoid repeating all their questions we would additionally ask the following.</p>
<p>1. Apparently York Trust Governors held an on line question and answer session instead of the usual Governors meeting last June because of the pandemic situation. When will York Trust publish the questions and answers from that meeting, asked by Governors on behalf of local residents who they claim to represent?</p> <p><b>Response: It is not the Trust’s intention to publish the question and answers as this was the private Council session. The public Council session was cancelled in line with National Guidance.</b></p>
<p>2. How did they obtain the questions from the people they claim to represent?</p> <p><b>Response: The Governors obtain their questions from a variety of sources including attendance at various meetings which in the current climate is mainly through virtual mechanisms and meeting people as part of daily life.</b></p>
<p>3. Have Governors had the opportunity to see all the York TUC questions and agree the responses?</p> <p>4. If not why not?</p> <p><b>Response: Yes</b></p>
<p>5. The agendas for York Trust Council of Governors meetings are always posted in a way which make it impossible to meet deadlines for questions pertinent to them. What plans do York Governors have to publish agendas sufficiently in advance of their meetings, in order to enable timely questions to be posed by the public?</p> <p><b>Response: We endeavour to publish the agendas one to two weeks before the meeting.</b></p>
<p>6. When previously, specifically questioned about Governors access to public questions, the Trust responded only that the “Lead Governor” had copies of the questions. Are we to assume, therefore, that NO other Governors who represent us are allowed to see them in advance?</p> <p><b>Response: We will send out the questions to the Governors in advance of the meeting and send out the responses as soon as they are available, however, due to the number of questions this is sometimes difficult.</b></p>
<p>7. Why does York Trust not allow Governor representatives immediate access to all our questions?</p> <p><b>Response: This has been due to wanting to send out the questions together with the</b></p>

**responses. We may do this differently in future.**

8. You have stated that the Trust decides which questions should be addressed to the Trust Board and which should be addressed to the Governors. Can you state which guidance you are following which allows the Trust to veto what questions Governors can see?

**Response: It is the Governors responsibility to hold the NEDs to account and represent the membership. The Executive Team are responsible for the operational functioning of the Trust.**

9. How can the public raise issues they might wish to be confidential with their Governor representative, and not have those seen or vetoed in advance by the Trust secretary?

**Response: The Trust ensures that the Lead Governor gets copied into all questions to the Council of Governors no matter what the content is.**

B) York Trust have made many references to their “Green agenda” and reductions in staff travel “carbon footprints”, while making decisions to reduce local services Those decisions as we have frequently stated, force the thousands of residents of Scarborough and other coastal areas, to travel long distances at considerable expense, often including the necessity for overnight accommodation, completely contradicting any green agenda. These are included below.

1. We have been raising travel consequences for over two years, what progress has been made in addressing the serious travel issues created for those residents and caused by the arbitrary transfer of services by York Trust and beyond without any consultation?

**Response:**

**The Trust has increased its use of teleconferencing to reduce travel. This has increased significantly during the Covid Pandemic. We are seeking to maintain and increase this service where appropriate. The Trust operates its services from 8 hospitals throughout the area it covers but the specialist staff and equipment needed for some services results in some patients and visitors being required to travel to ensure that the patient receives an effective and efficient specialist service. Whilst there are train services between York and Scarborough, we recognise that these are not ideal for those who are less mobile.**

2. How can those decisions and consequential huge increases in patient and relatives travel have any credibility in a claimed green agenda?

**Response: See previous answer. In terms of the green agenda, the Trust follows national guidelines in terms of delivering its green agenda and reporting on this. Its primary focus has been on carbon emissions of its buildings and staff travel noting that the impact of travel of its patients and visitors will be a consideration in future service changes. The Trust continues to develop its green agenda through encouraging a “home first” strategy with the use of teleconferencing for outpatient appointments where appropriate and also teleconferencing for staff meetings. In addition, staff are encouraged to car share, use public transport, and choose healthy travel options.**

3. York Governors have claimed “shared concerns” about the serious transport issues being faced by patients and their relatives and another year has now passed. What progress have you made with the “multi agency transport group”, convened by the CCG which you claimed York would be involved in back in December 2019 and again in March 2020 but as always, without any detail?

**Response: The Trust is part of a multiagency Transport Group with representatives from the statutory and voluntary sectors(including CCG Patient Transport Contract Managers, North Yorkshire and East Riding Council Transport Officers and third sector transport providers) which has now met on three occasions.**

- **The Group has agreed that its role is to identify the current issues and challenges affecting patient and service user transport provision across the Scarborough and Bridlington localities from a statutory, voluntary sector and patient perspective and scope out the current level of public and voluntary sector transport provision and opportunities for improving availability and access as part of a multi – agency strategy.**
- **The Group has identified the current issues and challenges(i.e. transport accessibility in remote geographical areas, reduced frequency and availability of public transport, changes in YAS PTS eligibility criteria, rising levels of demand on voluntary sector vehicles and volunteers and lack of co-ordinated service provision amongst the non-statutory groups).**
- **It has also gathered together details of the range of statutory and voluntary sector provision through CCG contracts and database documentation held by the voluntary groups and has received a general update of digital health developments and outpatient transformation projects helping to manage demand, liaising with YAS as to the potential impact.**
- **At its most recent meeting, the Group agreed that a report and action plan could now be drafted to address the identified issues including, ideas for further process review to improve efficiencies within the statutory area, improved support, co-ordination and utilisation of existing provision within the voluntary sector and the targeting of suitable funding/bidding opportunities to enhance service provision.**
- **It is intended to draft and develop the report and action plan for the consideration of the East Coast Review Steering Group.**

4. In the light of frequently identified transport problems raised many times by Scarborough and East Coast residents, do the Trust intend to make free hospital ambulance transport more easily accessible to those who find transport prohibitively expensive due to their financial circumstances, or difficult to access because of their physical health and mobility?

**Response:**

**The Trust widely advertises travel support details, including information with outpatient appointment details and on the main face of its website. See link below. Both the Patient Transport Service, commissioned by the Clinical Commissioning Group on behalf of patients, and the Healthcare Travel Cost Scheme, administered by the Trust, are extensively used.**

**These services are widely promoted and are specifically designed to support patients**

who find transport prohibitively expensive due to their financial circumstances and/or because of physical health and mobility issues.

<https://www.yorkhospitals.nhs.uk/seecmsfile/?id=4128>

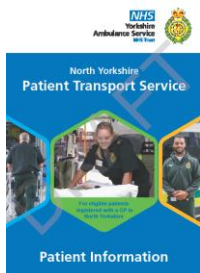
5. What are the current criteria for access to hospital transport, which we are frequently told is increasingly hard to qualify for?

**Response:**

**For access to the Healthcare Travel Cost Scheme the criteria is set nationally by the NHS and details can be found in the link below. Essentially patients in financial hardship and in receipt of one of the qualifying income related benefits will have access to this scheme.**

<https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

**The qualifying criteria for the Patient Transport Service, funded by the NHS, is detailed in the attached patient information leaflet. Arrangements can be made on behalf of patients through their GP or by the patient contacting the transport reservations team on 0300 330 2000. Where patients have mobility issues or their physical health causes concern in relation to travel then patients should discuss this with their GP or with the reservations line direct.**



6. Why, when the Trust decided to withdraw stroke services from Scarborough in May 2020, did the Trust insist in their research study, that the journey to, York from Scarborough could be undertaken in 45 minutes (therefore meeting the 'golden hour' criteria for treatment) whereas in previous questions about withdrawal of services from Scarborough, the former CEO stated that he did not want to "waste staff time" in travelling "up to 4 hours per day" between the two sites?

**Response: We understand from recent audit data from Yorkshire Ambulance Service colleagues that the average transfer time of Stroke patients from Scarborough Hospital to York Hospital when transported by YAS (when the decision is made to admit to the Hyper Acute Stroke Unit there) is 50 minutes.**

7. Why do the Trust apply different criteria, as in the above inconsistent response, or for example, different population figures to suite their own agenda, when justifying their decisions?

**Response: The trust does not apply different criteria.**

8. How can the York Trust justify their claimed “45 minutes” journey time after the death a few weeks ago of a local resident, who sadly died in York Hospital following a journey which took two and a half hours from the call for an ambulance to their arrival at York Hospital?

**Response: See response to question 6 and the average journey time quoted by YAS. More detail on the circumstances of the above case would have to be provided.**

C) For more than two years York Trust have been refusing to give any detailed information in respect of the services which they plan to retain in Scarborough Hospital. The questions have been repeatedly raised by ourselves, individuals, local groups and organisations and even the CQC have not been able to obtain a “coherent” plan with any definitive answers. Questions were also asked in that regard by two local Scarborough Councillors, Jane Mortimer and Liz Colling, at the NYCC Scrutiny of Health Committee in September, but the Trust representative merely avoided answering their questions and made a casual remark about “ambitions”.

1. How can the Trust present detailed plans, including graphic representations of the proposed buildings with a completion date of 2023 and yet still not define what services will remain?

**Response: As part of the multiagency East Coast Transformation Programme work the Trust is committed to defining the provision of acute and elective services that will support the Scarborough Hospital Emergency Department. The presentations relate to plans for the building of a new emergency department for Scarborough Hospital, for which we have been awarded £40m.**

2. How can the Trust present slides including statements about transfers to other hospitals without any details?

**Response: The statements made were general rather than specific in nature.**

3. The presenter referred to Scarborough Hospital as a “triage” centre, a definition previously denied by York when we have claimed it. Will York provide a clear and detailed explanation of what services he was including, prior to patients being transferred to other hospitals?

**Response: The building that is being planned for Scarborough Hospital is to house the emergency department, which – like all emergency departments – will involve an initial triage of patients to assess the care and treatment they need. Scarborough Hospital is not becoming a ‘triage centre’, all acute hospitals require triage to take place. There are examples of services where patients are triaged before being transferred to specialist centres, as per regional network arrangements that operate across the NHS, for example Major Trauma, Stroke and Vascular services.**

4. As York Trust apparently have “ambitions” when will residents of the East Coast be allowed to hear them and see if they share those “ambitions” and comment on them?

**Response: The Trust is currently developing a comprehensive Clinical Strategy which will set out its vision and plan for service provision. It is anticipated that the document should be available for publication by Spring 2021.**

1. How can York Trust have such detailed plans and even a completion date without EVER consulting with local residents?

2.

<p><b>Response: The only ‘completion date’ that you could be referring to is for the new £40m development of Scarborough Hospital’s emergency department.</b></p>
<p>D) The York Trust CEO announced to the last Governors meeting that the previous CEO of Scarborough and Ryedale CCG has now been recruited for two years, to engage with local residents on future plans.</p>
<p>1. When will that begin?</p> <p><b>Response: Simon Cox has been recruited to lead the East Coast Service Transformation Programme, not specifically to engage with local residents, although as lead for the Programme he will oversee any engagement work that is required. Simon was appointed in October 2020 and has now started in his role after a period of notice.</b></p>
<p>2. How will York Trust create ANY confidence in that appointment and process, given the years of cuts to local services which were supported by that CCG?</p> <p><b>Response: The joint appointment made with the North Yorkshire CCG recognises the whole system approach necessary to successful and constructive service planning and implementation.</b></p>
<p>3. What form will such engagements take and will that include public meetings, post pandemic?</p> <p><b>Response: The Programme will include a public and stakeholder engagement schedule that will share the nature and purpose of the work to be undertaken giving examples of service areas to be covered. Engagement activity will be planned and delivered in a way that ensures local people can make a meaningful contribution to shaping plans.</b></p>
<p>E) York Trust has publicised recruiting successes in Scarborough.</p>
<p>1. What progress has been made as a result therefore, in the repeated but never kept promises, to review the many service closures you have made over the years, claiming staff shortages?</p> <p><b>Response: As an active partner in the multiagency East Coast Service Transformation Programme(formerly the Scarborough Acute Services Review),the Trust has undertaken and will be undertaking a balanced assessment of clinical service models across a range of specialty areas to ensure sustainable overall service provision.</b></p>
<p>2. What reviews have you undertaken, how were they publicised and what specific services do you now plan to reinstate?</p> <p><b>Response: See response to question 1</b></p>
<p>3. The Covid pandemic has been used to justify the temporary closure of further local services by York Trust and of course from experience, you will understand why local people are naturally suspicious of your real motives. Will you guarantee the return of ALL those services affected once the present crisis has passed?</p> <p><b>Response: All NHS hospitals were instructed by NHS England in March 2020 to suspend non-urgent appointments and operations in order to respond to the global covid-19 pandemic. When possible to do so, any services that were suspended as a</b></p>

<p><b>result of Covid-19 will be reinstated.</b></p>
<p>F) It appears that York have deliberately contrived the Consultant Urologist staff shortages, by the early retirement of the existing ones, as we predicted over a year ago.</p>
<p>1. Will York now be claiming staff shortages to justify the closure of those excellent Urology services?</p> <p><b>Response: Urology services have not closed. A one-stop diagnostic centre was opened in Malton in Jan 2017 which serves the whole trust. A temporary change was made to acute urology services in that acute urology admissions to Scarborough now go to York as it is not possible to staff two acute rotas overnight. This was done in November 2019. No other changes have been made to the service, and other elements of the urology service remain in place. The temporary change is currently being reviewed.</b></p>
<p>2. What plans do York Trust have to review that closure and reinstate those services?</p> <p><b>Response: See above.</b></p>
<p>3. How does that closure fit with your “green agenda”?</p> <p><b>Response: See response to B(2) – reproduced here.</b>  <b>In terms of the green agenda, the Trust follows national guidelines in terms of delivering its green agenda and reporting on this. Its primary focus has been on carbon emissions of its buildings and staff travel noting that the impact of travel of its patients and visitors will be a consideration in future service changes. The Trust continues to develop its green agenda through encouraging a “home first” strategy with the use of teleconferencing for outpatient appointments where appropriate and also teleconferencing for staff meetings. In addition, staff are encouraged to car share, use public transport, and choose healthy travel options.</b></p>
<p>4. How were the views of local residents obtained when making that decision?</p> <p><b>Response: Patients who have been affected by the temporary change between November 2019 and April 2020 have been asked for their views. A survey of the patients transferred found that in general terms the standard of care was thought to be high (30 % rated the experience as excellent and 48 % as good). These results will feed in to the decision about whether to make this temporary change permanent.</b></p>