

Questions for the Council of Governors Meeting on the 16 March 2021

Question from Gwen Vardigans (Defend our NHS – York & Scarborough)

I understand that Vocare Ltd have run a GP out of hours service/urgent care service in the A & E departments of York and Scarborough for several years. I have recently been made aware that this company wishes to expand into the main York A & E department offering reception and triage services. I am not sure how far plans have progressed but this change seems completely unnecessary as the current arrangements seem entirely satisfactory using experienced staff including excellent nurse practitioners for patients triage. The department does not need to be taken over by any private company such as Vocare, indeed recently Matt Hancock announced a major change under the new NHS White Paper would be 'an end to any more private service contracts in the NHS'. Are the Governors aware of these plans and have they been informed of the impact of such changes to the current NHS staff, exhausted but still working so hard in a busy A & E during the pandemic? Such privatisation would damage morale due to an uncertain future for staff. An explanation is urgently required to understand why such an initiative is being considered.

Answer: York's Urgent Treatment Centre (UTC) is not compliant with the national UTC specification outlined in the guidance Urgent Treatment Centres: Principles and Standards (NHS England, July 2017, updated February 2021) and Transformation of urgent and emergency Care: models of care and measurement (NHS England/Improvement, December 2020).

We have been advised that we need to work with our commissioners to have a UTC that meets these national requirements. UTCs are seen as one of the ways to reduce overcrowding in emergency departments. It is important that a city like York has one, and we have been advised of that. It is estimated nationally that 3 million people attend emergency departments that could have their needs addressed elsewhere, thereby adding unnecessary pressure. In effect people are being treated in the wrong setting.

Vocare is already commissioned by NHS Vale of York CCG to provide the current minor illness service and GP out of hours service, and this has been the case for a number of years. They rent space from the trust, next to the emergency department. This co-location supports the notion of streaming patients away from the emergency department, and supports access to diagnostics.

The minor injuries part of the service is currently provided by our emergency department. This means the York UTC isn't compliant as minor injuries AND minor illness should, in line with the national specification, be delivered by a GP led service.

As the two current providers, the Trust and Vocare have agreed to continue to work together to ensure that York has a fully compliant UTC that best meets our patients' needs. The whole premise of UTCs, NHS 111/Talk Before You Walk and other initiatives is to reduce pressure on busy emergency departments and ultimately this means that 'minor' patients should be streamed away from the emergency department to ensure it has the capacity to manage those patients that truly need to be seen there. We can no longer justify managing more minor patients in the emergency department when we know we are struggling to manage and see in a timely manner much sicker

patients who truly need to be seen there.

We know that staff have raised concerns that there may be plans for their employment to be transferred to Vocare. There are no plans to do this. As is the case now, staff employed by the Trust will continue to work jointly with Vocare staff to deliver the service, and we are working with Vocare to establish joint governance arrangements. The streaming of patients on arrival into the emergency department will continue to be managed by the Trust's clinical staff.

As well as the existing relationship with York Hospital's emergency department, Vocare also runs the UTCs at Scarborough Hospital and Malton Hospital, as well as a number of other services on behalf of the NHS.

Questions from Bridlington Health Forum (Jean Wormwell)

Question Set 1

From 7th Feb 2019 and 26th Sept 2019, e-mails to/meetings with Simon Morritt Trust Strategy

Rationale, reasons and impact on Bridlington's community of;

1.1 Devastation of locally provided NHS services at BDH (Bridlington District Hospital).

1.2 Loss and migration of services and outpatient clinics from Bridlington and Scarborough hospitals.

1.3 Five (of eight) ward closures and the loss of 70% of local inpatient beds at BDH.

1.4 Impact of the loss of local services on the Bridlington community, travel and the environment.

1.5 Sustainability of the impact of longer-term care at distant hospitals on carers and family members.

1.6 An open and candid clarification on the Scarborough Acute Services Review including A&E.

1.7 Impact of the absence of a 10-year plan on health-care professional recruitment and resourcing.

Answer: The issues raised in this set of questions have been discussed previously in meetings, in answers to previous sets of questions and in other correspondence. Representatives from the Trust attend the Health Forum as often as possible, and answer questions and provide updates as fully as they can at the time. This will continue to be the case.

John Skidmore from East Riding of Yorkshire Council is leading a programme of work to develop proposals for a healthy Bridlington, and the trust is very much involved in

these discussions as is Emma Latimer who is leading from a commissioning perspective, Humber Coast and Vale Integrated Care System, and other health and care providers. This will involve a programme of engagement with our local community, including the health forum, and will provide the mechanism for people to engage on future plans, ask questions and have an input.

Question Set 2

From 1st Sep 2020, Bridlington Health forum (Call with YFT)

Utilisation of Bridlington Hospital during Covid and Covid Recovery

2.1 What are the Trust's plans for Bridlington's unused facilities to reduce local NHS backlogs?

2.2 Bridlington is C-19 free but is half-empty. Why isn't Brid's spare capacity being used now?.

2.3 What investment is planned for Bridlington Hospital to enhance locally provided services?

2.4 What local services are planned to be available at the hospital between now and 2030?

2.5 What plans are there to restore local consultant-led clinics which have been removed?

2.6 How might the Scarborough review "impact significantly" (ERYCCG Quote) on Bridlington's residents?

2.7 Has the proposed Bridlington Hospital Management Group been formed yet and if not, when will it be in place?

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Question Set 3

From 21st Oct 2020 and 12th Nov 2020, e-mails to Simon Morritt

Capital Investment at Bridlington Hospital

If it is now the case that the Trusts plans to invest in the hospital have been abandoned, (2 new Operating Theatres and Foyer Upgrade) then could you further clarify the current position by letting us know please Simon;

3.1 When was the decision made to abandon these two investments at Bridlington Hospital?

3.2 Who made the decisions and why?

3.3 To where has the capital funding has been diverted, for what purpose and why?

3.4 Why hasn't the Trust been more open in communicating its decision to reverse its investment commitment to the town?

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Question Set 4

Council of Governors Meeting on 9th Dec 2020 - Substituted by YFT for Call 10th Dec 2020

Covid Recovery and Capital Investment at Bridlington Hospital

Additional Modular Operating Theatres at Bridlington Hospital (Chris Long HUTH, 20th Oct 2020)

4.1 From York Trust's perspective what is the current position with this and any other joint initiatives please?

Detached Humber and Scarborough Acute Service Reviews

4.2 From York Trust's perspective what steps have been taken to synergise the two reviews to achieve a "whole system" outcome?

Capital Investment at Bridlington Hospital

Questions 3.1, 3.2, 3.3 and 3.4 refer

4.3 When will we receive a response from York Trust on these specific matters along with details of all other planned investments at Bridlington Hospital please?

To see attached Social Media Tweet please;



David Thomas

@davidthomas4085



Are you a Consultant in Emergency Medicine? If so, click the link below. Scarborough is officially the 2nd most remote ED in England. The closest hospital is 50 miles away. How do we do it? Get in touch to find out... @SmithEdsmith

jobs.nhs.uk/xi/vacancy/916...

4.4 Is the Trust aware of this post and what are its views on the accuracy of statements made there by Trust employees?

4.5 Does the Trust believe accuracy of this tweet would meet standards monitored by the Advertising Standards Agency?

Answer:

4.1: As part of the Acute Care Collaborative work programme, the Trust in partnership with Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust are exploring the potential of working together to maximise elective surgical capacity and tackle joint waiting list issues.

This may involve the joint use of suitable premises for dedicated elective surgery in the catchment population served by the three Trusts including Bridlington and Goole Hospitals.

A similar piece of work is being undertaken in respect of potential options for the grouping of diagnostic services as part of a community diagnostic hub covering the joint catchment populations of the three Acute Trusts.

4.2: There has been regular contact between the Programme Teams involved in the work of the two Reviews and general updates and information on clinical pathway development has been shared. Some clinical service redesign work has been conducted on a joint geographical basis spanning the two Reviews (e.g. Medical Oncology and Stroke services).

4.3: The Trust is part of a multiagency group considering the future role and potential service plan for Bridlington Hospital. The group intends to hold public engagement sessions with the local population to share thinking and obtain feedback from a range of stakeholder groups including the Bridlington Health Forum.

4.4: Yes. There is no issue with the accuracy of the post. The reference to “the closest hospital being 50 miles away” is the closest acute hospital with an Emergency Department (i.e. York Hospital, Hull Royal Infirmary, James Cook University Hospital).

4.5: Yes.

York Trusts Strategy and Plans?

Mr Morritt, the Bridlington community expects and deserves to know how and when secondary health services will be restored at its District Hospital.

Will you provide responses to the above detailing the Trust's specific strategy and plans for the future of our hospital please?

Answer:

John Skidmore from East Riding of Yorkshire Council is leading a programme of work to develop proposals for a healthy Bridlington, and the trust is very much involved in these discussions as is Emma Latimer who is leading from a commissioning perspective, Humber Coast and Vale Integrated Care System, and other health and care providers. This will involve a programme of engagement with our local community, including the health forum, and will provide the mechanism for people to engage on future plans, ask questions and have an input.

Question from Jonathan Crook

Privatisation of York A&E

Please explain to me the Governors position on the proposed privatisation of some of the services at York A&E.

This is as reported in the Evening Press today.

Answer: We are unable to provide the view of each individual governor-26 in total. The trust has kept the governors abreast of the media coverage in relation to this issue and hitherto 2 governors have responded to the information provided, thanking the trust for clarifying the issues.

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Questions from John Wane, Save SGH Group

Staff shortages and recruitment difficulties have been a constant excuse 'justifying' years of cuts to local NHS services by York Trust and the CCG, ignoring the fact that the lack of job security and vocational future they create among staff, actually results in more and more shortages. Thus, coupled with the previous long standing culture of bullying, the claimed difficulties are self generated. The latest revelation that Vocare now wish to extend their presence in Scarborough and York Hospital can only exacerbate the problems.

Q1: Do the Governors support such a move?

Q2: What have the Governors actually done to obtain the opinions of the public, whose views they have a statutory duty to represent on this subject?

Answer: We are unable to provide the view of each individual governor- 26 in total. The trust has kept the governors abreast of the media coverage in relation to this issue and hitherto 2 governors have responded to the information provided, thanking the trust for clarifying the issues.

As stated in answers to previous questions, 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.

In response to one of our December questions, you stated that the Trust “wanted to send our the questions to Governors together with the responses” which actually proves that the Trust tells the Governors what their responses are!

Q3: What, therefore, is the point of having Governors to represent public and staff views, when they are only told how they responded after the Trust has answered the questions?

Q4: Why are agendas and papers for Governors meetings always posted on your website too late for the public to actually pose questions about them, within the deadlines you impose?

Q5: One response stated that the Trust ensures that the “lead Governor gets copied into all the questions to the Council of Governors no matter what the content is”. Surely that response means that the remainder of the Governors actually NOT get to see the questions which the Trust subsequently claim they have responded to?

Answer:

Q3: It is not the role of governors to answer questions about the operational management of the trust. The questions, and the answers given by the trust, are shared with governors in full.

Q4: We post the agenda and papers online before the meeting, in line with our constitution and standing orders.

Q5: All governors receive copies of the questions and the answers. The trust does not claim the governors have responded, we have been clear on multiple occasions that it is not the role of the governors to answer questions about the operational management of the trust.

In December 2019, York announced the formation of a “multi agency transport group” only after we raised so many serious transport difficulties being faced by East Coast residents which, incidentally, also demonstrated the previous total lack of consideration by York Trust and the CCG while making decisions about cuts to local services. In the responses to our December questions you stated that a ”it is intended to draft and develop the report and action plan for the consideration of the East Coast Review Steering Group”.

Q6: When will the report be available for the public to consider?

Q7: How will public views be obtained?

Q8: Given that Simon Cox has now been employed to 'engage' with East Coast residents, but was previously responsible through the Scarborough and Ryedale CCG, for imposing so many of the cuts on East Coast residents with such serious consequences, how do the Trust intend to achieve any credibility or trust in future 'engagement'?

Answer:

Q6 & 7: The report of the Transport Group has been completed. The report and recommendations will be considered by various groups including the Acute Service Review Steering Group before it is published.

Q8: As stated in response to the questions from December 2020, 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.

In response to our question on the details of the future range of services which would be available in Scarborough Hospital, you stated that the Trust was “developing a comprehensive Clinical Strategy which will set out the vision and plan for service provision” which should be available for publication in Spring 2021. Today is the first day of Spring 2021.

Q9: What date will you be publishing the report?

Q10: What arrangements are planned for proper honest and meaningful consultation with the public?

Answer: Over the past year the trust – along with the whole health and care service – has been focussed on dealing with the immediate demands of the pandemic, and recovering from the pandemic will continue to be our focus for some time to come. The clinical strategy gives us a framework for how we will plan and deliver services as part of the Humber Coast and Vale ICS in a way that best meets the system’s strategic objectives.

On the same day we eventually received your responses to our December questions, in this case regarding the closure of Urology Services, Simon Cox was announcing the closure of those services at Scarborough Hospital during an online meeting. Your response which arrived the same afternoon stated, “urology services have not closed” and that “the temporary change is currently being reviewed”.

Q11: Please can you explain which we are to believe and why two such conflicting responses should be given on the same day?

Q12: If the latter is true, when will the results of the review be published?

Answer:

Q11 & 12: As was explained in the responses given for your December 2020 questions, urology services have not closed at Scarborough. Your question suggests that there are no urology services delivered at Scarborough, which is not the case, and as correctly stated, “urology services have not closed”.

As explained in the previous response, a one-stop diagnostic centre was opened in Malton in Jan 2017 which serves the whole trust, providing first appointments for urology diagnostics.

A temporary change was made to acute urology services in that acute urology admissions (i.e. people who need acute/emergency urology surgery straight away) now go to York, as it is not possible to staff two acute rotas overnight. This was done in November 2019. Other than this, no other changes have been made to the service, and the other elements of the urology service remain in place.

The temporary change was reviewed (looking at activity, transfer times, any adverse incidents etc) as well as surveying the patients who had used the new pathway. The CCGs support the recommendation to make this change permanent.

In conclusion and regarding Governors Statutory Duties, the Trust claimed in one of the responses to our December questions that it has "significantly increased its use of teleconferencing due to the Covid Pandemic".

Q13: Why can't the Governors do the same, as one routine way of seeking the views of the public they claim to represent and NOT under the supervision of the Chair?

Answer: The governors will be discussing in due course 'what we have learned during the pandemic' and this will almost certainly include discussion about our use of technology as a Council of Governors over the last year– and how we may go on to develop our approach in the months ahead.