

**Catherine Blades – Save Scarborough Hospital Group**

I am unable to attend the Governors meeting on 7th July, but I would like to submit questions to the Board and I would be grateful if they would be read out and answered.

Questions:

1. I am a member of the Save Scarborough and District Hospital Group and we have seen multiple cuts and changes to services, which, quite frankly, are leaving us feeling angry, and in some cases, fearful and anxious that we will be able to access the services we need in this area in a timely manner particularly in relation to stroke, cardiac and other emergency care. With the planned building of the new A&E facility, can the Trust advise us whether or not we might at least get 'emergency first aid' in the event of stroke or cardiac incidents? We have been told that such care has now been completely removed from Scarborough and residents in this area will be taken straight to York or Hull, at least an hour away even by ambulance, and often longer. We have also been told, by the stroke consultant himself, that there is little a paramedic crew can do - even if one were available within the first 30 minutes or so - to stabilise a patient in an ambulance, leaving us at very real risk of severe damage or death. Surely the building of such an up to date A&E unit, will be an opportunity to address this very real concern?

2. In a meeting we had with Mr Morritt in November last year, he said he would be looking to 'change the culture' regarding York centric services and look to staff working across both sites, including changes in contracts to facilitate this. Is this now happening? With the rising fuel costs, and difficult to access, and often unreliable, bus and rail services, it surely makes sense to run clinics and other services in Scarborough for Scarborough area residents. The carbon footprint of all patient journeys must be huge, yet totally ignored in the Trust's green agenda - presumably because it is patients making the journeys! But, I would argue that it should be factored in to your Green Agenda, because the Trust is the cause of all the travelling! Additionally, there will be many people who can't afford the time, money or child care to attend York and some employers will not allow several hours off for hospital appointments, thus leaving many people without access to the health care they need.

**Answers:**

**The new urgent and emergency care centre will provide excellent facilities for delivering urgent and emergency care for the people of Scarborough and the surrounding areas. It will also offer state of the art critical care facilities for some of our most critically ill patients.**

**Services such as stroke and some interventions for heart attacks are delivered in specialist centres, in response to national clinical best practice.**

**As we have described in previous responses to questions to the Council of Governors, 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.**

**We recognise that travel is a real concern and we are working with partner organisations to look at ways we can improve this.**

**Dr Gordon Hayes**

Question:

Over the past decade or more, Scarborough Hospital and East Coast residents have suffered a long list of local core medical service provision losses and inequitable staffing levels. This has resulted in severe, distressing and ongoing healthcare access problems for the 200000 local residents for whom Scarborough Hospital is their nearest acute hospital. When I met Mr Simon Morritt at the end of 2021, he assured me that any core medical services that had been removed from Scarborough Hospital would be reviewed and returned if clinically safe to do so. Please can you provide me with a complete list of all the lost core medical services which have been, or are planned to be, returned to Scarborough Hospital - including the dates and planned dates of return - and a full explanation as to why services are, or are not, on this list.

**Answer: As we have described in previous responses to questions to the Council of Governors, 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.**

**We provide many core medical services at Scarborough Hospital, and we have a range of clinical staff who travel between sites to see patients.**

**Suzanne McKenzie**

Questions:

I have a chronic illness and because I cannot get an appointment to see a Dr or my Specialist for weeks/months I feel very isolated and worried. I was once discharged from Scarborough hospital in the early hours of the morning, wearing only a nightgown and a coat. I had to ring for a taxi back to Bridlington and then wait outside. I am now 76 and having to get into a taxi (not knowing who was driving) was the scariest thing I've ever done. The fare cost me £30. Had Bridlington hospital been fully functional I could have been treated there. I understand that the waiting

time in A&E can be hours which is unacceptable, especially for someone from Bridlington who may have had to ask a friend/neighbour for a lift up there. All the time we hear of people having to travel to Hull and York for simple procedures which once again could be done in Bridlington. As more and more properties are being built here, we need our lovely hospital back; everyone else can see the need for this except you so could we please have a no nonsense answer as to why you refuse to do anything about it.

**Answers:**

**We recognise that transport presents a major challenge. We are active participants in a multi-agency Transport Group for the East Riding and North Yorkshire area which is assessing and attempting to address 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 access perspective.**

**The group is contributing to the development of the East Riding and North Yorkshire Council Bus Service Improvement Plans and Enhanced Partnerships as part of the National Bus Strategy to be in the best position to access future development funding from the Department for Transport.**

**Working with Community Transport providers from East Riding and North Yorkshire, the Trust has also been trialling the operation of supported provision for day-case patients who have to travel between its hospitals for treatment but who fall outside the Yorkshire Ambulance Service patient transport eligibility criteria. This pilot was extended further with support from charitable funds.**

**Cllr Rich Maw – Scarborough**

Questions:

Unfortunately, I am unable to attend your meeting in person but would like to ask the following question if I may.

On 31st March the Scarborough News reported on the struggles to offer the fundamental basics of at Scarborough Hospital due to staff shortages. The report went on, saying that that there had been an increase in patient falls, pressure ulcers and patients not being fed properly. This story came about following a meeting of the board of directors. At this time the trust said they were struggling to attract agency and bank staff to do shifts. Asked by a fellow director if nurse staffing levels were safe, chief nurse Heather McNair said: "I think we are spread very thinly. We are running some of our big wards – 28-30 beds – on two RNs (registered nurses) on a night, which is a stretch.

"Is it safe? It's as safe as we can make it."

"Where I think we are probably not achieving optimum care would be feeding

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patients, answering buzzers in a timely way – the stuff that HCAs (healthcare assistants) on the whole would be doing."

The director said: "You're not happy that we're able to deliver nutrition needs to all of our patients?"

"No, not regularly, on every meal time on every shift," Ms McNair said.

The director replied: "That doesn't sound safe to me."

Ms McNair said there was "a clear correlation where suboptimal staffing levels are resulting in patient harm."

In his update, chief executive Simon Morritt said: "It genuinely is the worst it's ever been in terms of the pressures that we're under. The patients who are coming into our hospitals, the beds that we have closed – around 150 in York and 50 in Scarborough – and we have a sizeable number of acute delays."

What is the Trust doing to ensure the workforce is able to provide adequate care in Scarborough Hospital? What steps (if any) have been introduced to improve on the situation as it was in the time leading up to the published article in March?

### **Answers:**

**Nurse staffing remains one of our greatest challenges, and we know that this sadly means we cannot always give the level of care our patients deserve all of the time.**

**This was also a key component of the CQC's findings when they visited York Hospital in March 2022.**

**Growing and retaining our workforce is a priority for us, as is the safety and quality of the care we provide. In light of this we have identified a number of actions that will lead to improvement in our staffing position and in the fundamentals of care.**

**For example, following the CQC's inspection we undertook an immediate inspection of every patient's care on medical wards, including documentation and risk assessments. We also introduced twice daily staff meetings to help identify wards which require additional support and where we have staffing gaps.**

**We are also undertaking a nurse staffing establishment review to have a clear understanding of what required staffing levels on every ward.**

**The action plan for delivering progress against the trust's priorities, and the action plan in response to the CQC's findings, will be shared publicly and we will be bringing updates to future Council of Governors meetings.**

**John Wane – Save Scarborough Hospital Group**

It was obvious to us towards the end of 2021 that the previous Chair Susan Symington was predominantly concerned about a likely, imminent inspection by the CQC, which subsequently took place on the 30th and 31st March 2022. Absolutely no questions from our group and other members of the public were published, answered or even addressed at your March meeting and nothing has been heard of them since.

In addition, Trust management had also removed ALL questions to the Governors from the public prior to June 2021 as well as their answers to them, from the Governors section of the Trust website, obviously to avoid the CQC and others, including new Governors, knowing how long the avoidance of honest answers to hundreds of questions had been going on, as well as the information they contained about serious public concerns over many years. That action has served only to reinforce the culture of arrogance, so long prevalent within York Trust as well as their resentment of any questioning by the the people they are supposed to serve.

Such questions should be in the public domain and remain so, to enable future research by the public, bodies such as the CQC and even Trust Governors, to research the history of so many issues of concern to the public.

Questions:

Q1. Do the Governors condone the action of Trust Management in attempting to limit the availability of such information and research possibilities?

Q2. It was admitted at the March meeting that mistakes had been made in respect of the Trust Governance and the processes would be reviewed. When will that happen and what opportunities will the public you represent be given, to influence any proposed changes?

Q3. In view of the above and the continuing absence of any responses to questions posed by our group and others to the March Governors meeting, all of those questions and issues remain extant. When will all those questions be addressed by the Governors and the responses made public?

Q4. Will the Governors be ensuring that all those Questions and Answers, in our case going back to 2018, are reinstated on their section of the Trust website?

I should state that myself and other members of our group did appreciate the opportunity to meet and raise a number of issues of concern with Alan Downey back in March while he was in “listening mode” after taking up his new post. We have refrained from contacting him since then to give him an opportunity to 'settle' into his new role and hopefully begin the significant work required to address so many significant issues relating to the historic York Trust culture which he inherited.

We are looking forward optimistically to a new improved era in the treatment of and attitudes towards, East Coast residents and local NHS staff!

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**Answers: The questions we receive, and the answers we provide, are published with the minutes of Council of Governors meetings. Our approach to this has not changed, and we have not removed any Q&As from the website. This includes the Q&As from the March 2022 meeting. Responses are also sent directly to those who have asked the question. We commit to providing answers within 14 days of the meeting.**