Additional Questions from the Public CoG – June 2023

Dr Anthony Clarke – Chair of Bridlington Health Forum

Questions

I am grateful to Mark Chamberlain, Interim Chair, for allowing questions from the public on Thursday, including myself and Cllr Andy Walker from Bridlington and others from Scarborough.

For clarity, the questions I posed to the Governors and Board were :

1. Can Alan Downey's departure be explained and justified to the public? (i.e. why and how his departure came about)
2. Will his departure set back any hope of the historic healthcare inequalities suffered by East Coast residents being meaningfully addressed?

There was a noticeable reluctance to discuss why Mr Downey departed and no explanation was provided, although Mark Chamberlain stated that a written reply would follow.

Answers

1. Alan chose to resign from the Trust in May 2023.

2. Alan's departure does not change the Board's ambition to deliver high quality, sustainable services for people on the East Coast.

Questions

I believe Dr Gordon Hayes asked about how and why the Interim Chair had been appointed rather than the Vice Chair and whether the Governors were involved in this appointment.
The answer provided was that NHS England had been involved. Please may I ask who involved NHS England?

Responses

The Trust NEDs chose to contact NHS England. It was the view of the ICB and NHSE that the organisation would benefit from an independent person coming in as interim Chair, and the Vice Chair agreed. The Vice Chair would not have wanted to take on the role as she already had other commitments which would not make it feasible.

Dr Gordon Hayes

Questions

Thank you for allowing me to attend the Council of Governors meeting on 15/6/23 as a member of the public. At this meeting a number of matters arose which raised questions for me, and I wonder if I could please raise these with you all for any thoughts and comments -

1. The meeting again appeared led and dominated by the Board - from the agenda to the discussions to the seating arrangements and 'top table' set up. This meeting is yours - I would expect it to be co-led by the Chair and the Lead Governor in partnership. Other Board members, including the CEO, are guests at this meeting, and that should be reflected in the process of how it is both led and run.

2. I am still unclear as to how/why Alan resigned so suddenly and unexpectedly earlier this year. Were the governors involved in this process? – and if not why? Why was the Vice Chair did not

stand up to become interim Chair as would be the expected and normal process ? How/why/by whom NHS England became involved, and why (unexpectedly) no Governors were involved in the process. Further clarification regarding any of these procedural issues would be greatly appreciated please. It is, of course, imperative and mandatory that the appointment process and decision making regarding a new permanent Chair is led/made by the Governors.

3. Questions from the public were not clearly answered and often noticeably avoided or deflected. Indeed it felt that public questions and input were not particularly welcomed by the Board. Actually, and somewhat embarrassingly, it felt that we were a nuisance. There was a very marked change in atmosphere with regard to public interaction compared with the meetings chaired by Alan. It would be extremely disappointing if interaction and communication with the public were to be curtailed and limited again after so much improvement under Alan's direction.

4. My repeated question from March regarding what action with which departments is being taken to return healthcare services to Scarborough Hospital if safe to do so, as promised to me at a meeting with Simon Morritt in November 2021, was unfortunately again not answered.

5. Whilst I can understand why it may be more convenient for questions from the public to be submitted in advance, none of the questions raised on the day appeared to require particular specialist knowledge or background research. My concerns regarding pre-submitted written questions are that in the past I am aware that they were often not seen by all Governors, they were not answered by Governors, and the written answers received were often generic and did not address the concerns raised. This is not the type of communication process to which we wish to return.

6. With some exceptions, it was not clear that the CEO and Board were, in general, being effectively and robustly held to account for their actions and decision making. The Chair and Board should be accountable to the Governors, who in turn should be accountable to the public. This process of governance should not be swayed by the dominance of any Board member(s).

With decades of local NHS and clinical knowledge and experience between us, I believe the attending members of the public are absolutely committed to supporting the Governors and to enhancing fair, accessible and timely healthcare delivery for East Coast residents. Having received numerous reports from colleagues, I am well aware of longstanding issues within the Trust - and I recognise your task may not always be straightforward to say the least. But please do continue to keep communication channels accessible and open - and rest assured that we are here to help and assist and are very happy to be contacted if needed.

<u>Responses</u>

1. The Chair of the CoG is the Chair of the Trust. We will reflect on the seating arrangements and the involvement of the Lead Governor, however the Council of Governors is run in line with our constitution, which reflects the guidance for the governance of NHS Foundation Trusts.
2. Alan chose to resign from the Trust, and this was a personal decision. NHS England acted in accordance with their responsibilities set out on the NHS System Oversight Framework in appointing an Interim Chair. The governors were not involved, because Alan resigned. Please see answer above regarding the Vice Chair and NHSE.
3. We apologise if this was the case, it was not intentional. We welcome questions from the public and will try our best to answer them.
4. This question has been addressed previously, and a written answer provided. Please see attached, which has been updated to include further developments in radiology.

5. Whilst members of the public can ask questions on the day it is helpful to receive questions in advance so we can give a more meaningful answer. We share the questions with the governors, and they are able to input into the response if they choose to. It is often the case that the governors are not best placed to answer the questions, as they are about operational matters which require a response from the executives or members of their teams.
6. We note your comments and are committed to making sure communication is encouraged between the governors, NEDs and the rest of the Board.

Simon Tory

Questions

Thank you for sight of Gordon's concerns which accurately reflect all those, and more, I've heard from everyone I've spoken with. This may not just be about an attempt to reverse the direction of travel away from an open, trusting and honest culture. Much more serious is the apparent disregard for meeting basic statutory requirements. I would urge all Trust Governors to read and reflect on **"The Healthy NHS Board"**
https://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-TheHealthyNHSBoard.pdf

The document describes "**building an open and honest organisational culture"**

1. Question: Given recent events, is this now in jeopardy within the Trust?

"Strong boards don't build walls around themselves. They look out to their patients, to their communities and to their partners, and build strong relationships."

2. Question - Do recent events, and the reluctance to provide open and honest answers, support this?

Appraisal and appointment of Chair, Pages 27 and 28
Governors should play the key role appointing an interim Chair in what appeared to be an opaque process

3. Question – Are they satisfied that what has happened meets all or even any requirement?

Governors, the only voice into York Trust representing patients and the public, should ask themselves;

4. Question – As detailed with key references below, **"Does the Trust have a Healthy Board?"**

As a Trust member, patient and member of the public I voice widespread concerns over what I see and hear, fearing serious shortcomings may exist which need to be challenged by the Council of Governors.

Can all Governors reflect on my four questions and reassure themselves that these fears are misplaced?

KEY REFERENCES

Page	Reference	Requirement
Page 8	(10)	to build public and stakeholder confidence

Page 8	(14)	building a healthy dialogue with, and being accountable to, patients, the public
Page 10	(18)	transparent, accountable consultation and involvement processes
Page 11	(24)	Taking account of independent scrutiny of performance, including from governors
Page 14	(44)	A commitment to openness and transparency
Page 20	(80)	Engagement with staff, patients, the public
Page 20	(82)	Accountability to local communities, the board has a statutory 'duty to involve
Page 20	(83)	effective accountability to patients and public delivered through Governors
Page 20	(84)	Governors are at the heart of ensuring that the organisation remains accountable
Page 31	(132)	Boards retain the obligation to ensure openness and transparency to the public

Response

Thank you for your comments, as requested we will share the link to the document, and your associated questions, with the governors for them to reflect on and discuss. If they have any concerns or questions then they can raise them for further discussion. Please note that the document referenced refers to Boards of NHS organisations, and the Council of Governors is not a Board.

Question from Dr Gordon Hayes

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.

Updated answer:

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.

The review concluded that it is essential to have an A&E, and the core services to support it, for the Scarborough population. 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.

Our focus has therefore been on how we can ensure these services can be put on a sustainable footing for the future. The challenges in doing this are well documented, in particular in recruiting to specialist clinical roles, and it is a similar story in most coastal hospitals as highlighted in Chief Medical Officer Professor Sir Chris Whitty's 2021 annual report.

There is no definitive list of changes to services, as these can happen for a variety of reasons. There may not be enough patients to enable the specialist clinicians to develop and maintain their skills, or it may be difficult to recruit to certain key roles. Also, the nature of the health service is that how care is delivered will continue to evolve and change in line with medical innovation and best practice, which can influence where and how services are delivered.

Sometimes it is necessary to make temporary changes to respond to a particular issue, for example a safety concern or an acute staffing pressure. When this happens it is kept under review, and whenever possible the change is reversed when feasible to do so.

Whilst it is true that some services (or elements of services) have been centralised, it is also true that a number of services at Scarborough Hospital that were fragile

before the merger have been shored up through shared rotas with York or improvements in recruitment.

In light of the above, it is not possible to provide a simple, definitive list of services that have undergone change across the past decade, however here is a summary of services provided in Scarborough, and some of the major changes and developments implemented over the last few years, and those planned for the future.

A&E/Urgent Care

We are well underway with building our new £47million Urgent and Emergency Care centre (UEC). The building will house the Emergency Department, Urgent Treatment Centre (UTC), new CT scanner and radiology facilities and Same Day Emergency Care unit (on the ground floor), and a brand new Medical Level One unit (incorporating the Coronary and Respiratory Care Units) with state-of-the-art Intensive Care services (on the first floor). The new building is scheduled to open in early 2024. The current 24/7 on-site UTC opened in 2015,and a new, enlarged, medical Emergency Assessment unit (EAU) for medical Same Day Emergency Care was established in 2020 (in addition to the opening of Hazel ward as part of our urgent diagnostic service). Prior to opening of the new-build we are planning to expand these services further (in footprint and throughput) and have recruited a specialist consultant to oversee this expansion.

Acute General Surgery

The general surgical service provided by the Trust was combined in 2019. The large team of surgical consultants delivers equitable cover for our patients that present to either acute site, with dedicated sub-specialist cover from upper and lower gastrointestinal (GI) surgeons. In addition the rapidly developing surgical assessment unit ensures access to a specialist review for health-care professional referred patients presenting to the Scarborough site 24/7.

Elective (planned) Surgery

Following the extensive refurbishment of the 1930’s-built Haldane ward, the surgical teams are able to deliver day case surgery through a dedicated unit opened during the pandemic (2020). This has been incredibly successful as it is much more effectively “ring fenced” (compared with previous bed configurations) and has had significant success in reducing cancellations due to acute bed pressures.

Vascular Surgery

Surgery for vascular emergencies has been provided on the York site since the merger (2012). Previously it was provided by Hull, but travel time to York is slightly less, which can be important in a life or limb-threatening situation. Vascular services are provided by the York and Scarborough team through regular on-site face to face clinics and via other referral mechanisms.

Urology

In early 2017 we opened a diagnostic centre for urology in Malton. This serves the whole trust, so all patients will go to the Malton centre for their initial appointment and diagnostic tests. This one-stop clinic means that you attend a single appointment rather than multiple appointments for various different tests. Follow up appointments still take place in Scarborough.

In late 2019 the Scarborough and York Consultant rotas were merged. This decision was taken to provide career sustainability for the individuals employed by the Trust and to encourage them to stay and work locally to treat our population. There is always a consultant Urologist on-call for advice, and often on-site at Scarborough. In the rare event of a patient requiring emergency urology surgery they are transferred across to York, however we are managing increasing numbers of Urology patients locally using the ED, Same Day Emergency Care and Radiology facilities on the Scarborough site.

Breast Surgery

York and Scarborough trusts merged this service in 2011 ahead of the formal merger of the two trusts. Surgery and one-stop diagnostics are provided on the York site.

Oncology

The service in Scarborough has been provided historically by consultants from Hull. Major workforce problems for Hull meant they couldn't continue to provide clinics on multiple sites, so a number of changes were introduced including patients having their initial outpatient consultation in York (or Hull, if they choose to). Chemotherapy is provided in Scarborough. Oncology remains an extremely challenged service from a workforce perspective and a system-wide solution is being sought. However on the Scarborough site there has been continued investment in the Acute Oncology Nursing team (including recent recruitment of Advanced Clinical Practitioners – ACPs) and they provide excellent support to patients who require admission locally (eg for complications of treatment etc).

Stroke

Patients who present with an acute stroke in the locality are transported to the nearest hyper-acute stroke service. In the Scarborough catchment this would be York, Hull or Middlesbrough, depending on the location of the patient at times of onset of symptoms. Any patients presenting directly to Scarborough are transferred to York if immediate care is required (unless it is not in the patient's best interests to do so). There have been no direct admissions to Scarborough since 2015. As acute stroke care continues to evolve, opportunities will arise for direct transport for some patients to thrombectomy centres (such as Hull). Johnson ward at Bridlington hospital has been developed as a centre of stroke rehabilitation expertise, again with a view to "ring fence" the service and protect it from acute bed pressures.

Trauma and Orthopaedics

Scarborough is now well-established as a Trauma Unit within the local trauma network for major trauma (linked to the adult Major Trauma Unit in Hull, and with Leeds for children). A full range of acute trauma services is provided on site by a dedicated consultant led team. We provide a 24/7 acute trauma service to treat or stabilise and transfer all appropriate patients. Elective orthopaedics is protected from acute site bed pressures by its location on the Bridlington site.

Radiology

Since the merger, radiology services have been increasingly delivered across the two hospital sites. This enables sub-specialised reporting which was not previously available within the Scarborough team. Some patients do have to travel for specialist treatments or investigations, however the increased size of the team has enabled us to repatriate some investigations back to Scarborough (eg ERCP) that had previously had to move. Outsourced out of hours services and a full radiographer rota (rather than an on-call) has delivered much better access to CT scanning in particular, greater resilience of the service and reduced time to investigation and reports. We are fortunate to have access to local MRI scanning 7 days a week.

In February 2022 a PET-CT scanner was installed at Scarborough Hospital. Previously all cancer patients from York, Scarborough, Malton, Bridlington and Selby needed to travel to other hospital sites to get access to this diagnostic test. Previously, the closest PET-CT scanners were located at Castle Hill Hospital in Hull, St James in Leeds and James Cook Hospital in Middlesborough.

In May 2023 a second CT scanner was installed at Scarborough Hospital, greatly increasing capacity and reducing waits for patients both in and out of hospital.

Eyes/ENT/Maxillofacial surgery

These specialties have operated a hybrid model for many years (from prior to the merger) with on-site services provided in Scarborough in-hours, and on-call services provided in York. Transfer of patients for admission does occur, however all these specialties admit only a small number of patients and most conditions can be managed locally.

Neurology

Single handed pre-merger, now overseen by a larger group of visiting consultants to provide a more resilient system.

Rheumatology

Most rheumatology services are provided locally to Scarborough.

Paediatrics

Children’s services are provided 24/7 on the Scarborough site. It is rare for transport of unwell children to be required, and if it is it is generally under the auspices of the paediatric critical care transport service (Embrace) to Paediatric Intensive Care Units in Leeds or Sheffield.

General and Acute Medicine

No change. Consultant led service 24/7 on site.

Cardiology

No change at present but future developments include a 24/7 cardiology rota, following on from additional consultant recruitment.

Respiratory Medicine

No change.

Gastroenterology

No change – full outpatient and endoscopy services provided in Scarborough. Hepatology consultants from York provide clinics locally.

Diabetes and Endocrinology

No change.

Obstetrics and Gynaecology

No change (maternity services provided 24/7).

Other tertiary/specialist services

Services such as neurosurgery, cardiothoracics, radiotherapy, burns care, and paediatric critical care continue to be provided in tertiary/specialist centres as has been the case for many years.