

Report to:	Council of Governors
Date of Meeting:	10 December 2025
Subject:	NED Assurance Questions from Governors
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☐

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input checked="" type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System <input checked="" type="checkbox"/> Sustainability
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Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

This paper provides the questions collated from the Governors for the NEDs to answer at the meeting. The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

NED Assurance Questions from Governors

PATIENT TRANSPORT
<p>Q1: It was said that there is very little information available for patients using public transport to get to the hospital. Do patients know that with 1st York they can ride free before 9 am with an appointment letter? Perhaps a leaflet or flyer about this be included in the appointment letter? Could public transport be promoted on the hospital Tv screens across the trust? Has there been any update on the revival of the Dial a Ride service?</p> <p>A1: Our Trust website signposts patients to different ways to travel to hospital, that are relevant for each site. In each of these site pages there is a link to the travel pages York and Scarborough Teaching Hospitals NHS Foundation Trust – Travel. The travel page has the number for Scarborough dial a ride, with links to other community providers.</p> <p>We have included the link to the website in our letters so that patients can access further information regarding getting here. It also allows us to keep the information updated, for example if there is roadworks on the hospital approach etc.</p> <p>Our Travel and Partnerships Manager has discussed with CoY and there is no current agreement regarding patients travelling for free before 9am.</p>
STAFF
<p>Q2: Does the CoG think it is ethical for the Trust to charge people for their DBS checks when they cannot start work without one in certain roles? We do not charge for Occupational Health checks or uniforms, so why a DBS check?</p> <p>A2: It is common practice for NHS organisations to charge applicants for their DBS check and within our region, the Trust works in line with other system partners. Many applicants across health and social care are familiar with the expectation that a DBS check will be required to commence within certain roles and as such they opt to register with the DBS Update Service at a cost of £16 per year, this service is then available for employers to check an individual's status for free. Many applicants to the Trust are on the DBS Update Service so the Trust does not charge these individuals. Applicants not registered with the DBS Update Service are advised that they will need to repay the cost of their DBS check once in post. They can choose to do this as a one-off payment from their wage or pay in equal instalments over a six-month period. At present the cost of an enhanced DBS check is £55.38. A DBS check has an element of portability which can be used by the individual to support extra-curricular activities. Uniforms and Occupational Health clearance do not.</p>
<p>Q3: We know that in some areas, bullying or poor behaviour can persist when current or former staff feel unable to speak up. How can the Trust address such issues when people are afraid to come forward and what is the governors' role in ensuring these concerns are properly recognised and acted upon?</p> <p>A3: When we implemented the Sexual Misconduct policy there was a requirement to implement an anonymous reporting tool. We recognised that poor behaviour in the Trust can extend beyond sexual misconduct, therefore we implemented the anonymous reporting tool under the No Excuse for Abuse Campaign. Alongside the fairness champions, staff networks, Freedom to Speak Up Guardian and our union colleagues</p>

this gave staff another option for reporting any poor behaviour. We have recently made some changes to the Civility, Respect and Resolution Policy to streamline the early stages of raising concerns to make it easier for individuals. To enhance this further the Change Makers are developing a video to explain the process to encourage individuals to speak up.

In addition, all colleagues have access to a coach who will support the individual member of staff to find the best way for them to navigate & address the poor behaviours experienced. The Organisational Development team offer “Facilitating Restorative Conversations (for supervisors and managers)”, a 1-day development session for supervisors & manager to enable them to facilitate restorative conversations where necessary to resolve conflict within their teams. The organisation also provides access to an internal faculty of ACAS qualified Mediators to support the resolution of workplace conflict.

Q4: How can we tackle the broader issue of ineffective or inconsistent leadership and improve accountability when poor management practices are repeatedly raised but not addressed?

A4: The trust has improved the training for line managers over the past couple of years, so they understand their responsibilities as a line manager and are competent to fulfil the remit of their role. The line manager development programme which commenced in 2023 focuses on the required values & behaviours of all line managers in supporting colleagues through all stages of the employee life cycle. This is required attendance for all line managers. To date 1110 have attended. Since then, we have launched the Line Management Fundamentals training course a couple of months ago. This course is designed to provide line managers with the tools to navigate through employment processes, supporting employees and ensuring that policies and procedures are followed.

We also offer a range of Leadership Development Programmes which are designed to support managers & leaders develop their skills and confidence in holding to account, providing feedback & resolving inconsistency in leadership & management practices, as part of these programmes staff undertake assessment against the Trusts internal Leadership framework & are supported to have conversations with their line managers to agree development plans. The Leadership programmes also include Action Learning Sets where staff can, in a safe & supportive environment, have conversations to identify how they can resolve the challenges they face in their day-to-day role.

The new NHS Management and Leadership Framework will also help to embed our current offer with ‘Managing People and Resources’ being one of three focus areas for all managers & leaders ; accountability is one of the six principles expected of all NHS managers & leaders.

Q5: Are the NED’s Assured that the current consultation process with staff regarding organisational change (Redundancy) meets the following criteria:

- a) The process is being conducted in accordance with current Trust policy and established best practice.
- b) That a revised comprehensive and coherent future Workforce plan has been undertaken, to examine the pre and post impact of changes.
- c) That a cogent Quality Impact Assessment has been undertaken to understand the impact of reduced staffing on service and performance delivery.

d) That the consultation process is being undertaken in a manner which is compatible with Trust Values during all stages of the exercise.

A5: The process is being conducted in line with the Organisational Change Policy and Procedure and the National Terms and Conditions in relation to any potential redundancies. Whilst there are a number of individuals in scope for the consultations, lead managers are going above and beyond with widening the engagements sessions out to others who are not contractually effected but will be impacted.

Our Chief Operating Officer has worked closely with the ACOOs to ensure that the structures are fit for purpose for the future. The changes proposed by the Corporate Services have all been to Executive Committee for review to identify any impact to patients and other services. A post review of the changes will be completed.

Equality Impact Assessments have been conducted for all changes proposed, these will be updated to take into consideration any changes to the proposals through consultation.

The consultation process is being run by senior managers within the Trust, offers of support are being provided to all staff members and union representatives have been released from their roles to undertake full time duties. Any concerns regarding Trust values not being followed would be picked up and escalated to the individuals line manager in line with our behavioural framework.

FINANCE

Q6: Why has the sparsity payment not been paid in full? What is holding up the Sparsity Payment for Scarborough?

A6: The sparsity payment is a new addition, in this latest iteration, to the funding regime designed and managed by NHSE. Whilst it is clearly identified as necessary to support the operation of Scarborough hospital by the NHSE Team that have worked on the costing methodology, it appears it has not translated into any actual real increase in ICB funding over and above their usual allocation. For this reason, it is proving difficult for the ICB to resource this. We are continuing to work with the ICB to bring this to a resolution.

Q7: With respect to the financial picture of the Trust, are you confident in securing the income you are anticipating this financial year?

A7: There are risks to some aspects of funding described in our financial plan. The Board finance report, within the TPR section of the Board papers, describes these risks. Of particular concern is the sparsity payment for reasons given in Q7 and a settlement for last year relating to additional elective work done above plan.

PATIENT CARE

Q8: May we find out about the impact of the new ED Scarborough, improving the care of patients and reducing trolley waiters please?

A8: Since opening in May 2025, and co-locating services in a purpose built environment, Scarborough has seen sustained improvements across key service delivery metrics:

Emergency Care Standard (ECS) Performance: This measures whether patients are being seen and treated within 4 hours, and has risen by 10% (to above 60%) and continues to improve – despite increasing attendances. Patients are now being seen by doctors following streaming and triage one hour sooner than previously.

Ambulance Handover Times: this has improved to an average of 22 minutes, ahead of national expectations of 45 minutes, and continues to improve.

Twelve hour trolley waits: these have reduced from over 300 a month – to under 70, despite rising attendances.

Q9: An update about the surgical hub implementation in Bridlington Hospital please which Sarah Crossland is leading on.

A9: Bridlington Elective Surgical Hub is currently running surgical lists up to 7 days a week, with three lists regularly operating weekly as extended sessions. The Hub is ranked 3rd in the region for productivity and utilisation.

The development of the procedure room suite is in the final design stage, and once constructed will create space for other specialties to return to Bridlington theatres, as procedures currently occupying theatre space will move into the appropriate setting.

Q10: We regularly hear about the challenges the Trust is facing in keeping up with the diagnostic requirements of delivering emergency, elective and cancer care within the NHS constitutional timeframes. What has never been made clear is what the breakdown by specific imaging modality to support the necessary improvements are (ultrasound, CT, MRI) to then be able to explore how these may be achieved. On this basis, I'd like to raise the following assurance questions of the NEDS.

- a) What is the current additional capacity required to achieve and subsequently maintain delivery of the constitutional standards for ultrasound, CT and MRI?
- b) What imaging capacity (machine time) and financial investment (imaging acquisition operator and reporting time) does the Trust have to deliver these in house, potentially by delivering imaging during evenings and weekends?
- c) What is the financial cost to the organisation of outsourcing this work in addition to the need for quality assurance of images / reports and could this instead be delivered more consistently by local investments?
- d) What are the current 'did not attend' rates for ultrasound / CT / MRI appointments and what preventative techniques have historically been adopted to reduce these as far as possible (eg sending texts outlining the importance of attending and the cost to the NHS and to other patients who could have been scanned instead of defaulting)?

A10: The gap for MRI and CT is complicated as it is not just about availability of equipment, it is also linked to workforce, productivity and efficiency (and older equipment takes longer and is more prone to breakdowns) and demand criteria. We have undertaken a capacity and demand review working together with NHS England who have supported, and we are due to complete this within the next few weeks.

The current total spend for the work we outsource and insource now is £3.6m. We have been exploring options to reinvest some of this locally and have a proposal paper scheduled for Executive Committee on 17 December. We know that the demand on the service would require a significant increase in establishment for doctors and radiographers. Recruitment still remains a national issue for radiographers and we are

managing to recruit into Radiologist vacancies steadily despite a shortage. This is due to the team providing excellent training experience. We are also recruiting to radiographers from overseas.

DNA rates for diagnostics are a focus for the trust. The diagnostics modalities have been working to reduce this, and have seen a reduction this year in DNA's of approximately 40%. Patients are telephoned to confirm appointments a week prior, and also sent a letter. Text messaging is also being rolled out to diagnostics from January 2026. This text will emphasise the cost and impact on other patients if patients do not attend. MRI and CT see DNA's on average of 100 a month each, and non-obstetric ultrasound, between 400 and 500 patients.

Current DNA Rates:

- CT: 3.5%
- MRI: 3.9%
- NOUS (Ultrasound): 4.7%

The Trust-wide outpatient DNA rate is also around 4.7%, which is better than the national average of 5.6%.