

## Questions for the Public Council of Governors meeting – 15 March 2022

**Dr Gordon Hayes**

**Question:**

Just over a year ago I suffered an acute eye problem on a Friday evening. As an East Coast resident, there is no longer access to an acute ophthalmology service at Scarborough Hospital, and I was required to be driven twice to York Hospital in the space of 15 hours - a total of 5 hours travelling and nearly 180 miles covered. Not only was accessibility to core healthcare extremely difficult (for some it would have been impossible), but my travel carbon footprint was grossly excessive.

Please can the Governors comment on the most obvious way to reduce the environmental impact of patient travel - namely to reinstate core healthcare provision and outpatient clinics generally local to the patients who require them - and why the Trust is not implementing this for East Coast residents? If necessary, I can supply a list of outpatient services which used to be provided locally, but now require East Coast residents to travel further afield.

**Answer:**

**Environmental impact is a consideration when looking at where and how services are provided, however there are other factors that are also considered. Many of our staff do travel between sites to provide clinics, operations and procedures, however it is not always possible to provide all elements of all of our services at all of our sites, for well-documented reasons.**

**An increasing number of specialty outpatient consultations are conducted on a virtual basis to avoid unnecessary travel. From 1 January to 20 March 2022, 24% of general and acute specialty outpatient appointments were delivered virtually (8,246 attendances) on the East Coast.**

**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.**

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**Denise Earnshaw, S.R.N.**

**Question:**

I realise that there is going to be a Virtual Seminar later in the month about Carbon Reduction and Sustainable Travel Plans. Are there still plans to expect the Hospital Staff who live within a 3 mile radius to walk or cycle to and from work, in York and Scarborough, and that the Staff that live within that radius will not be given a Parking Permit? I would like to draw attention to the questions that are being asked in Parliament at the moment about the safety of women out alone at night. When finishing a 12 hour shift and then being expected to walk or cycle home in the dark is unacceptable and certainly not safe. Would anyone on the Board be happy with their Wife or Daughter having to do this? In Scarborough there is no Public Transport to many areas within a 3 mile limit after 6.30pm and some of the villages, eg. to East Ayton are only reached by unlit and often steep hilly roads.

I would also say that the Trust's Carbon footprint could be reduced by the Consultants at York Hospital travelling to Scarborough to see patients and/or operate on patients once or twice a week instead of expecting dozens of people to make the journey to York since their services have been removed from the Hospitals on the East Coast. Has the Council of Governors considered this and if not, why not?

**Answer: Availability of staff parking spaces presents a huge problem on all of our sites, and we simply do not have enough spaces for the number of people that wish to use them. Prior to the pandemic we began a piece of work to review the criteria for parking permits, however this has been paused given the decision to make all on-site parking for staff free of charge during the pandemic.**

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treatment but who fall outside the Yorkshire Ambulance Service patient transport eligibility criteria.

### **John Wane – Save Scarborough & District Hospital Group**

#### **Question 1:**

We have often been told and we are fully aware, that the Governors have a range of responsibilities, so often used as a reason to avoid proper answers to questions, but our focus is on their statutory responsibilities to represent the public views and find ways to engage with the public, contained in the Government Guidance in respect of their duties.

1A. When will the framework and strategy be available which you mentioned be available to members, especially those living on the East Coast?

**Answer: The membership strategy is being developed by the membership development group, which is largely made up of governors. As we have explained on previous occasions, individual Governors are free to determine how they wish to engage with the communities they represent, and the Trust supports them in doing this in a number of ways. Some Governors choose to be more proactive in this area, others use existing groups and networks that they are part of. Since March 2020 it has not been possible to hold face to face sessions with the governors in the way that we did prior to the pandemic. Following the recent governor elections and now that we have a full allocation of governors in place, a membership strategy will be developed through the membership engagement group which will outline a framework for governors to support them in engaging with members and in gathering and representing views from their constituencies. Governors representing each area will deliver their owned plans accordingly.**

1B. Will the public have any opportunity to comment on that framework and strategy before implementation?

**Answer: See 1A above.**

1C. We are already aware that there has been a pandemic so do not need that excuse again, but will those be meaningful discussions and engagements rather than the previous approach by the Trust and CCG (especially with your joint appointment of Simon Cox) where any rare 'engagement' was manipulated and controlled to avoid any genuine opportunity for discussion?

**Answer: Yes. See 1A above.**

1D. Will the framework and strategy include how Governors will feedback to the public, the views they have expressed on their behalf as well as the responses?

**Answer: Yes. See 1A above.**

1E. Our group was only formed as a result of public outrage after years of cuts without any meaningful consultations or engagement with East Coast residents by

either York Trust or the CCG. One of the independent surveys we commissioned in 2018 was a public one, (which York were invited to participate in but refused). Would the Trust be likely to undertake another such survey as a way of obtaining a more up to date public perception?

**Answer: The survey you refer to was carried out at the same time as the NHS National Staff Survey, which the trust must carry out each year. As a group you are of course free to seek views, and we are happy for you to share your findings with us.**

**Question 2:**

You have mentioned several times that the Governors do not “monitor operational management decisions” but that does not detract from the fact that the majority of likely views that the public may wish to express, will be the result of the serious detrimental impact on them of those operational decisions! Surely you are not suggesting that any issues resulting from an “operational decision”, are therefore NOT to be taken up with Governors?

**Answer: No, that is not what is being suggested. Governors can receive feedback on any element of the trust’s business. Governors are not, however, responsible for the day-to-day operational decision making of the trust, nor are they best place to answer questions on this sort of operational or performance issue.**

**Question 3:**

Recruitment, and staff shortages are always claimed in respect of closures and cuts, as are “promises” to review which are never kept, or the results of reviews ever made public. We have proved many times that so many of those claims are a direct result of the appalling long standing culture of the Trust towards staff, their treatment, threats and bullying and lack of consideration for their welfare. We have shown on occasions that claimed advertisements have not even been placed to include the East Coast. We ran our own independent (after the Trust refused to participate) staff survey, which proved the bullying and mismanagement and which was widely covered subsequently by the media. Incredibly the only response from the Trust within 2 months of that, was to claim we were causing their staff shortages by exposing their HR culture!! The “listening exercise” instigated in 2019 was shelved due to the pandemic and no results ever made public.

3A. You will appreciate that many of our members are Trust staff who are too afraid of “repercussions” to ask pertinent questions and who have experienced threats if they do so, but surely it should not be the case that they feel safer expressing their fears and experiences to us. You mention the NHS Guardian, but may remember that one such Guardian left after being made directly accountable to the previous CEO, making confidentiality impossible. It is not uncommon for staff at all levels including consultants, to privately recount to us, their reasons for leaving the Trust. Given their trust in us, can you give us some reassurances we may pass on to them, to give them more confidence and which may assist you in reducing staff turnover and even recruiting and retention?

**Answer: Staff are actively encouraged to raise concerns and there are various ways that they can do this. Any examples of staff being threatened or**

**discouraged to raise concerns are unacceptable and would be dealt with appropriately. We appointed a Freedom to Speak Up Guardian when it was mandated that all trusts should introduce this role. It is also mandated that they report to the Chief Executive, and this has been the case since the role was introduced.**

3B. You mention three 'successes' including overseas recruitment but how do you explain last weeks HSJ “The regions lagging in drive to recruit 50k nurses revealed. The South East has made the most progress on increasing registered nurse staffing since autumn 2019, while the North East and Yorkshire has made the least, according to figures published by the government.” We also questioned why Hull should have such success in recruitment compared to York according to BBC coverage last year. What initiatives are planned which we could support, to demonstrate a genuine attempt to recruit, value and retain staff?

**Answer: We have outlined previously the initiatives we use to recruit staff and improve the workforce position. This does however remain a challenge and although we have had some success through these initiatives it still remains the case that some roles are harder to recruit to.**

**Question 4:**

The most common complaints on the East Coast are the results of years of cuts by York Trust which have directly caused such suffering, expense and difficulty for East Coast residents, now having to travel so far for even the most routine of appointments and procedures. We are aware of your upcoming seminar on your transport plans which raises a few additional questions.

4A. Will this be a regurgitation of those travel and sustainability plans which were announced in 2019, which we subsequently heard nothing more about?

**Answer: The event on 22 March was to talk about the recently published Trust Green Plan and the Green agenda for the Trust that is based on national targets, guidance and local action. It included information from the Green Plan, in terms of recent successes, the targets and the priorities going forwards.**

4B. Your staff carbon footprint targets were used in announcing that plan, as one of your excuses for consultants not travelling to the East Coast and yet completely ignored the resulting huge carbon footprint issues created by the hundreds of extra journeys for residents because you did not need to take that into account! One of the most ridiculous answers you have ever given to a question, so will you now be reconsidering the real impact in the latest version?

**Answer: We do recognise that transport has a large part to play in the Trust achieving net zero, especially in terms of reducing the need to travel and supporting alternative transport uses away from petrol or diesel car use.**

4C. Your previous plan included forcing local NHS staff in Scarborough to cycle or walk to and from work, winter and summer, rain or shine if they lived within a 3 mile radius of the hospital and refusing them parking permits which they are already

forced to pay for. There are now even less opportunities for staff to use public transport after recent cuts than when you first made that terrible decision. In view of the national safety concerns, especially after the tragic Sarah Everard murder, will you now be showing some consideration for exhausted staff having to walk up to 3 miles alone?

**Answer: Availability of staff parking spaces presents a huge problem on all of our sites, and we simply do not have enough spaces for the number of people that wish to use them. Prior to the pandemic we began a piece of work to review the criteria for parking permits, however this has been paused given the decision to make all on-site parking for staff free of charge during the pandemic.**

4D. Will you be considering actually starting to value our dedicated NHS staff by putting their welfare and safety first as well as considering free parking for them to assist with the retention and recruitment problems you always claim?

**Answer: Staff parking is currently free of charge and has been throughout the pandemic. We are yet to see what the decision will be regarding this in the future.**

4E. Do you plan to demonstrate any genuine recognition of all those support service staff which you bullied into the failed LLP, which many Trusts refused to even do, especially now that other Trusts are scrapping such things and bringing those equally dedicated staff back into the NHS 'team'?

**Answer: York Teaching Hospital Facilities Management Staff have the same terms and conditions and receive the same staff benefits and recognition and reward as staff in the NHS trust. We have no plans to transfer these staff back in to the trust at this time.**

**Question 5:**

The closure of Stroke services, again without any public consultation and with promises of review was justified by many claims made by York and the CCG, most of which we have disproved. After extensive and independent research into those claims, using FOI requests to other Trusts and Ambulance services, as well as NHS England information and records we have proved falsehoods and deliberately manipulated data to justify your plans.

5A. Obviously York Trust and the CCG now have little credibility, so will you ever keep your promise of an honest (and we would urge) independent review?

**Answer: The stroke pathway has been reviewed by both the regional and the national clinical leads for stroke. The service that is in place reflects the way that stroke services are delivered in most places around the country, which is to have a hyper-acute stroke unit that admits a large enough number of strokes to be able to provide specialist support.**

5B. What changes do you plan to make to your service provision to East Coast residents, as a result of the 2021 report by Professor Chris Whitty which highlights the health disparities in coastal communities compared to their inland neighbours which are a direct result of your culture, bias and York Centric decisions?

**Answer: The Trust welcomes Professor Whitty's report as it reflects many of the issues we have sought to raise nationally over number of years regarding the unique challenges of small coastal and rural hospitals. We hope that this report will further raise the profile of the issues relating to funding and support. The issues described in the report require national policy changes in order for them to be addressed, in relation to ill health prevention and the wider determinants of ill health and health inequalities that are often experienced in coastal communities.**

5C. You will have seen the recent BBC coverage of the experiences of local residents caused by York Trust and the BBC, so can you explain why the Trust refused even to be interviewed and instead merely and eventually provide a "statement" if they have nothing to hide?

**Answer: The trust provided a full response to the BBC.**

#### **Catherine Blades**

I am a resident of Scarborough, and a member of the Save Scarborough and District Hospital FB group as, like many residents, I have been, and continue to be, concerned about the loss and cuts to services in Scarborough and the East Coast, to the vast detriment of our population. However, I understand that there has been a change of personnel at the Governors meetings and I am hoping for a more sympathetic and listening ear and an answer to my questions which were not even addressed or acknowledged at the last meeting.

#### **Question 1:**

In November, Dr Gordon Hayes, myself and Robert Goodwill MP, met with Simon Morritt, Simon Cox in person, and Dr Wilcockson ( via zoom) to discuss our concerns about the cuts in services in Scarborough ( of which we have a well researched and long list , which is constantly changing) The meeting was dominated by discussion about stroke care at which our information and concerns were totally ignored . At the end of the meeting, both Mr Cox and Mr Morritt said that they would endeavour to return some services previously lost to Scarborough 'when safe to do so'. In the light of that undertaking, which services have returned, or are planning to return to Scarborough? If any, does this involve medical and highly trained specialist nurse time? How many staff are involved and how often are they attending Scarborough?

**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. 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.**

**Question 2:**

Mr Morrith said he would be strongly encouraging York staff to travel to Scarborough to facilitate clinics, and other services. As a result of this, has there been any change in staff contracts which recognise the need for staff to work across York AND Scarborough Foundation Trust . And if not, why not?

**Answer: We have many staff who work across multiple sites, and travel between them to deliver clinics and other services. It is not possible to do this for all services, all of the time, at all sites. There is ongoing dialogue with clinical teams about cross-site working.**

**Question 3:**

Re sustainability / carbon footprint. I appreciate the need to reduce our carbon footprint . But if staff are finishing a long shift late at night, what steps are being taken to ensure their safety ? What risk assessments have the Trust done regarding this .When I worked as a nurse years ago, the Trust provided mini bus transport for staff to get into work and home again during unsocial hours and times when there is no public transport .Will the Trust be doing something similar ? I am assuming that since this is going to be a Trust policy for staff to walk/ cycle and not have parking spaces , that they are taking responsibility for staff safety in these circumstances . If not, why not?

**Answer: Staff security and safety is important to us, and we have security staff on sites to support this, as well as CCTV, good lighting, and other measures to help improve personal safety for everyone. Some staff are eligible to park on site due to the shifts they work, for example nights or some types of on call. Prior to the pandemic we began a piece of work to review the criteria for parking permits, however this has been paused given the decision to make all on-site parking for staff free of charge during the pandemic, so no changes have been introduced to the criteria for parking permits. Availability of staff parking spaces presents a huge problem on all of our sites, and we simply do not have enough spaces for the number of people that wish to use them.**

**Question 4:**

With the recent price rises in fuel, it now costs around £30 each journey, plus parking time, for each patient travelling to York from Scarborough for an appointment by car plus, of course, parking time. A taxi is around £80 EACH WAY. How does the Trust reconcile the cost of hundreds of journeys, creating pollution, with a reduced carbon footprint? A team of doctors and nurses travelling once or twice a week to man a clinic, for example, would be far more efficient. Train journeys are expensive and unreliable, plus often inaccessible for disabled people. What is the Trusts' solution to this? Many people can simply not afford the expense of getting to appointments, or the distress and pain, or have no one to help them. At the meeting we had with Mr Cox and Mr Morrith , Dr Wilcockson made a throw away comment ,as the meeting was closing , which we weren't supposed to hear . He said ' If you want free care, you're going to have to travel to get it ' At the time, I didn't get the opportunity to



challenge him, but judging by York's actions towards East coast residents, it seems that this is their philosophy. It's unfair, unacceptable and totally against the principles of the NHS which was to provide free and ACCESSIBLE care for all. What are the Trusts plans in regard to transport? At the very least, if some services have to be moved, access to patient transport, minibuses, or some kind of travel scheme should be available to us. Even the Patient Transport Scheme has such strict criteria now that it is extremely hard to qualify for it.

**Answer: Environmental impact is a consideration when looking at where and how services are provided, however there are other factors that are also considered. Many of our staff do travel between sites to provide clinics, operations and procedures, however it is not always possible to provide all elements of all of our services at all of our sites, for well-documented reasons.**

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#### **Simon Tory – Bridlington Health Forum**

Bridlington Health Forum's questions refer to item 10 of the Agenda; "Green Agenda"

Rationale for our questions;

- Current Trust policy is to centralise many services away from the East Coast to Malton and York, so requiring its patients to travel, instead of many fewer staff and in particular consultants, travelling on specific days to see their patients face-to-face in local coastal hospitals.
- At 17%, the second largest proportion of York Trusts carbon emissions are from patient and visitor travel directly increasing from the Trusts service centralisation policy.
- The largest component of 17% patient travel is suffered by East Coast residents

who, with the poorest public transport, now travel the greatest distance to receive care.

•Residents from Bridlington and Driffield now travel over 1½ million miles every year to outpatient clinics because of the loss of coastal services and clinics.

**Question:**

As part of their role to ensure that local people have a say in the running of their hospital, what specific actions will the Governors take to influence and change Trust policies to;

1. Restore and grow local coastal clinics and services at Bridlington and Scarborough Hospitals?
2. Urgently reduce its Carbon Footprint by committing to more flexible working by staff, including by ensuring that Consultants travel to see patients in their coastal hospitals?
3. Focus and accelerate the introduction and roll-out of diagnostic hubs and patient video outpatient appointments in Bridlington and Scarborough hospitals where they will deliver the greatest Trust environmental and patient benefits soonest?

**Answer: Environmental impact is a consideration when looking at where and how services are provided, however there are other factors that are also considered. Many of our staff do travel between sites to provide clinics, operations and procedures, however it is not always possible to provide all elements of all of our services at all of our sites, for well-documented reasons.**

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## **Cllr Rich Maw (Scarborough)**

### **Question:**

I write with regard to Item 12.5 of the Agenda for the forthcoming Council of Governors Meeting to be held 15th March. Last month, in response to a BBC Look North article which highlighted East Coast residents' concerns regarding the ever decreasing list of services provided at Scarborough Hospital, Dr Ed Smith, deputy medical director for Scarborough Hospital, said services evolved in line with medical innovation.

"While this does mean that patients travel to receive some parts of their care, it provides access to specialists and improves clinical outcomes," he said.

Dr Smith acknowledges that there is a requirement for patients to travel to access some specialists.

My question is simply this, why is it not possible to have regular clinics held at Scarborough Hospital whereby it is only the requirement of the specialist to travel, negating the necessity for ill and desperate patients to make the journey the other way round?

### **Answer:**

**Many of our staff do travel between sites to provide clinics, operations and procedures, however it is not always possible to provide all elements of all of our services at all of our sites, for well-documented reasons.**

**An increasing number of specialty outpatient consultations are conducted on a virtual basis to avoid unnecessary travel. From 1 January to 20 March 2022, 24% of general and acute specialty outpatient appointments were delivered virtually (8,246 attendances) on the East Coast.**

## **Dr Anthony Clarke**

### **Question:**

In connection with the "Green Agenda" item no.10. I wish to congratulate the Trust on introducing biodegradable containers for staff and volunteer take-away meals at Scarborough Hospital canteen.

Reviewing the Green Agenda is an opportunity to review PLACE of out-patient appointments, to reduce overall carbon emissions.

Please would the Governors note that the cost of these lengthy and inconvenient journeys for Bridlington and Scarborough residents will significantly escalate as fuel prices rise.

Costly and time-consuming journeys to appointments offered by the Trust continue to cause widespread concern within the Bridlington community, especially for the frail elderly.

My questions:

1. Has the carbon footprint of patients travelling long distances from Bridlington and Scarborough to distant appointments been fully factored into the Trust's Environmental and Sustainability Planning?

**Answer:**

**This is a consideration in all of our decision making, but it is not the only consideration and will always present a challenge in a trust such as ours that covers a large geographically area with relatively poor transport infrastructure.**

2. Will the Trust reverse its centralisation policy, which disadvantages the socioeconomically deprived patients of Bridlington, by providing increasing numbers of out-patient appointments at Bridlington Hospital?

**Answer:**

**The trust does not have a centralisation policy. Where it is possible to provide outpatient clinics in Bridlington we do so. An increasing number of specialty outpatient consultations are conducted on a virtual basis to avoid unnecessary travel. From 1 January to 20 March 2022, 24% of general and acute specialty outpatient appointments were delivered virtually (8,246 attendances) on the East Coast.**