York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 7

Report
Council of Governors
14 Dec 2023
Questions from the Public

Trust Strategic Goals

☒ **to deliver safe and high-quality patient care as part of an integrated system**
☒ **to support an engaged, healthy and resilient workforce**
☒ **to ensure financial sustainability**

Recommendation

For information	☒	For approval	☐
For discussion	☐	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

The purpose of the report is to give the Council the opportunity to view the questions received from the members of the public.

Executive Summary – Key Points

The report details the questions received from the public and the answers given by the Governors and the Executives.

Recommendation

Governors are asked to note the content of the report and give appropriate feedback.

Author: Tracy Astley, Governor & Membership Manager

Director Sponsor: Martin Barkley, Chair

Date: December 2023

John Wane (Save Our Scarborough Hospital)

Question 1: Do the Governors believe that it is worth the public, who they purport to represent and have statutory obligations to represent, bothering to submit questions, until you are allowed to answer them honestly and openly?

Answer: The Governors' role is to represent the interests of members and the public and hold the Non-Executive Directors to account for the performance of the Board.

We continue to invite public and member comments and questions, take these views forward as appropriate, and to respond openly and honestly. However, Governors must also act in the best interests of the Trust and should adhere to its values and code of conduct.

Governors are not responsible for making representations on behalf of individuals or groups of members and going back to them with a result in the same way that a local politician does. Governors do have a general duty to represent the interests of members and the public as set out in 'Your statutory duties A reference guide for NHS foundation trust governors' and associated documentation.

The questions that come into governors are often about the operational working of the Trust. Governors do not have knowledge of detailed aspects of the Trust operations, as that is not our role and when we are unable to answer a specific question of assurance, we will have to approach a relevant NED or task the Governor Manager or the Trust Secretary to approach Trust staff who would be able to respond separately to that question.

Question 2: Obviously all the questions submitted to the previous Governors meeting in September and the completely inadequate responses, have now been submitted to the CQC, do the governors believe that may be a more expedient route in the future?

Answer: The Governors' role is to provide assurance to the public and members of the Trust. We continue to invite comments in person in the dedicated 30-minute networking slot for this at the CoG meetings.

It is unclear which responses are inadequate. A large number of the questions asked for the September CoG related to operational and confidential HR matters. The CoG is satisfied and assured that the questions were answered appropriately. With the arrival of the new Chair, the Q&A process is being reviewed and confirmation of the process will be made available to the public in due course.

Question 3: Governors are aware, that I discovered and exposed with irrefutable proof, prior to the last CQC inspection, that York Trust had removed all the Q&As from the public over the previous 5 years, from their website. The subsequent 'investigation' following my exposure of it, finding that it was some sort of "error" defies credibility, so I can only conclude that the aim was to hide them from the CQC. In view of that should we in future routinely copy all questions to the CQC as well, in case of further "errors"?

Answer: The Governors are assured that the Trust did not and will not on purpose remove information to shape a CQC decision. The questions received, and the answers provided, are published with the minutes of the Council of Governors meetings. The Trust's approach to this has not changed, and no Q&As have been removed from the website. This question was answered in March 2022.

Question 4: The York Trust proclivity towards 'repercussions' for any failure to be controlled is well known, do the Governors believe that emails sent to them by members of the public and their replies, are still 'monitored' by the Trust?

Answer: The Governors are assured and satisfied that the private Governor NHS emails are not monitored by the Trust. However, many questions sent in by the public are beyond the reasonable scope of knowledge of the governors and so are shared with members of the Trust so that they can be answered.

Question 5: Do the Governors feel able to request that members of the public pursue any concerns which Governors have, that they would wish to have taken up with other bodies, on their behalf?

Answer: The Governors' role is to hold the NEDs to account for the performance of the Board on any relevant issues. This is done by obtaining assurances from the NEDs. The Trust also has a Freedom to Speak Up Guardian who will accelerate and deal with any Governor concerns of the Trust. Further, the Lead Governor acts as the direct contact between NHSE and Governors in exceptional circumstances. The Governors are satisfied that the above steps are adequate to address any concerns that the Governors may have. The Governor role does not involve approaching the public to pursue with other bodies any concerns they have.

Question 6: Do the Governors have any plans to publish, with dates, time and places, any initiatives where they will engage with the public, without any Trust management presence?

Answer: A half-hour public engagement slot is built into every Public CoG meeting. Private conversations can occur with Governors in these sessions. The Governors are more than happy to advertise additional public engagement events, but we reserve the right to include certain Trust representatives, as appropriate.

Question 7: Can Governors obtain assurances from Trust Management, that they plan to begin to ensure compliance with their statutory obligations under the Freedom of Information legislation, especially as it is suggested on the Governors page on the website, especially as an alternative way to raise a question!?

Answer: The Information Governance Executive Group (IGEG) receive reports on Freedom of Information (FoI) activity, which in turn provides assurance to the Digital, Performance and Finance Assurance Committee reporting to the Board of Directors. NEDs are members of the Digital, Performance and Finance Assurance Committee and the Board of Directors, which in turn enables Governors to be informed and to challenge or receive assurance.

Gordon Hayes (Save Our Scarborough Hospital)

Question 8: Given the absence of Standardised Mortality Ratio data, how is the Trust objectively measuring and evaluating whether the transfer of acute stroke patients from the East Coast to York Hospital is producing any better patient outcomes compared with previous local acute stroke care at Scarborough Hospital?

Answer: The stroke service changes occurred in 2015, and therefore comparisons are not currently reported due to the length of time since the change. The review of the implementation of changes which was undertaken by the national and regional clinical leads for stroke described improved outcomes. There are nationally published measures for the quality of stroke care provided by all hospitals. With the national sentinel audit (SSNAP) carried out on a quarterly basis. We submit information on all stroke patients across a range of measures, and data from the subsequent audit results is then published quarterly.

Various methods are used to track the quality and safety of Trust services over time. In stroke care the main system is the Sentinel Stroke National Audit Programme (SSNAP) that has been running for many years.

The mortality data presented by SSNAP from 2014/15 show that when hyperacute/acute stroke patients were managed on the Scarborough site there was a higher mortality (Standardised mortality ratio) of 1.26, compared with a York site SMR of 1.09. When the hyperacute/acute stroke service was transferred to the York site for Scarborough patients the overall mortality dropped to 0.86 (which represents a significant improved in outcomes over this time) for the 781 patients reviewed in the year 2015/16. The most recent mortality data published by SSNAP show the overall mortality during the year 2019-20 at 0.80. Although the Scarborough locality data is not published separately (the audit tool Is designed to compare outcomes from different stroke units rather than localities) it is a reasonable assumption that the Scarborough patients' mortality is unlikely to be very high given the casemix of 2/3 York locality to 1/3 Scarborough locality, as that would skew the mortality figures towards a higher overall mortality figure.

In addition to this data the Trust internal incident reporting systems are designed to report adverse outcomes or incidents with respect to specific patients. Submission of these is monitored daily, reported through the governance teams and any concerning incidents with respect to stroke cases are flagged to the clinical teams for comment and investigation. Another source of quality and safety information in the Trust are the themes established as a result of patient complaints. The Clinical Lead Stroke Consultant, Dr Paul Willcoxson, does not report any concern regarding complaints from Scarborough patients or relatives, in terms of number or content, and again this is taken as part of the assurance regarding benchmarking the quality of the service provided.

Question 9: What do the Trust's evaluation methods show when comparing the outcomes for East Coast acute stroke patients before and after the policy of transferring them to York for treatment?

Answer: SSNAP data is the key performance measure for stroke care across a range of outcomes. Stroke patients who would previously have been treated in Scarborough Hospital have been transferred to the hyperacute stroke unit in York for their treatment (or the nearest other provider) since 2015. The overall acute rating given by SSNAP improved following this change, and there was a marked improvement in the overall rating compared with the previous rating for the Scarborough unit. The service was also independently reviewed by the national and regional clinical leads for stroke, who were supportive of the current direct admission model.

Please see the response answer 8 above. The data pre- and post- relocation of acute stroke services for Scarborough patients to York (and Hull for Bridlington area, Middlesbrough for Whitby area) provide evidence of improved outcomes around that time. It is true to say that SSNAP hasn't published data since pre-pandemic, and it is expected that they will do soon. However, the other assurance mechanisms remain in place as described above.

Question 10: Why are FOI requests to the Trust repeatedly not answered within the timescale of the Freedom of Information Act (all three of my requests have failed to comply with this timescale, and other agencies have reported to me similar difficulties)?

Answer: The FOI team has received two Freedom of Information requests this year from Dr Hayes, with references 2023-610 and 2023-705.

2023-610 was responded to in 21 working days and 2023-705 in 22 days. We are sorry that this was longer than the 20 working days stipulated in Act.

The first request took longer as the team was looking into all avenues in order to provide the requested data, unfortunately as per the final response this was not possible. For the second request, the FOI team regret that the due date was missed and for this they apologise. They have had discussions to reduce the likelihood of any repeat going forward.

Question 11: Following recent multiple complaints passed to me by Scarborough residents who have experienced local accessibility problems and significant lengthy local delays for a variety of core secondary care services - including rheumatology, dermatology, MRI scanning and echocardiograms - how can the Trust justify expecting sick, elderly and vulnerable patients to travel lengthy distances at unsociable hours to access both basic and sooner healthcare which has previously been available in a timely manner at Scarborough Hospital and on the East Coast?

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. We provide many core medical

services at Scarborough Hospital, and we have a range of clinical staff who travel between sites to see patients.

Unfortunately, the Covid-19 pandemic caused significant backlogs for certain treatments and appointments. In order to ensure patients can be seen sooner, we may offer appointments at alternative locations.

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

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 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.

Anthony Clarke (Bridlington Health Forum)

Question 12: How might the public be reassured that moving urology services away from the coast has not resulted in a decline in urological cancer outcomes and mortality?

Answer: Since 2017 all patients referred to York and Scarborough Teaching Hospitals NHS Foundation Trust requiring a first urology outpatient appointment and diagnostics are invited to the one stop diagnostic clinic in Malton, and patients who are subsequently diagnosed with a urological cancer receive further care and treatment locally wherever possible. This is the case for patients in York, Scarborough, Bridlington, Selby and other localities served by the Trust, and includes patients referred via the two week pathway for suspected cancer. The trust monitors all services through its governance framework and does not currently have concerns regarding the service and its location impacting negatively in regard to outcomes or mortality. Patient feedback from those using the one-stop diagnostic service has been consistently high.

There probably isn't a robust data collection device along the lines of SSNAP for Urology patients as a whole, and if it does exist it is likely to have the same limitations as SSNAP i.e., individual units' performance would be measured rather than the home locality of the patients themselves.

However, the Urology set up is different in that patients are still reviewed clinically in Scarborough and Malton as cover is provided during the working week in the locality. It is true to say that any major surgical intervention occurs predominantly on the York site, however most significant urological interventions happen in a planned or semi-planned way and so are less influenced by time-critical decision making or delays in transfer. With the establishment of the Emergency Assessment Unit (EAU) on the Scarborough site we have been able to manage patients with stone disease in particular on the Scarborough site without transfer to York, but with Urology input where necessary, which we believe provides a better patient experience.

The usual trust quality and safety monitoring systems apply to Urology patients as well and there has been no suggestion of increased mortality or morbidity for Scarborough patients managed at the York site for Urology presentations.

Question 13: I have been aware by the public that Rheumatology appointments are no longer being offered at Bridlington or Scarborough hospitals. Coastal residents now either receive a telephone appointment or are expected to travel to Malton, which can be exceptionally difficult for Bridlington residents, or York Hospital, which is also a challenge, especially for people without the ability to drive**.**

Please would the Board of Governors explain why the Trust has not acted upon the concerns expressed by the Bridlington and Scarborough public regarding the continuing centralisation of outpatient services, considering Professor Sir Chris Whitty has highlighted the need for improved services for ageing coastal populations and areas of health inequality? I must say that I am feeling increasingly angry, on behalf of patients I know and have heard about, concerning the ongoing and managed reduction in local secondary care services for the coastal population.

Answer: We continue to provide rheumatology clinics at Bridlington and Scarborough.

- Dr Al-Safar left the Trust and the Rheumatology Doctors have validated all his patients. A vast number were discharged or placed on patient-initiated follow up (PIFU) pathways
- Dr Quinn ran a number of additional clinics at Bridlington to review patients who they could not validate through our patient database and again discharged and moved a number to patients to PIFU
- All of Dr Al-Safar's patients have been allocated another consultant either based at Scarborough or York. Many patients are happy to be seen at Malton, Scarborough, and York
- Dr Westlake still conducts outpatient clinics at Bridlington
- The service is reviewing referrals at postcode level and looking at demand and capacity on an ongoing basis

- There is a plan to job plan consultants to work cross sites if this is required following the capacity and demand review.
- We have been unable to recruit to an East Coast post having advertised and tried to encourage applicants and trainees to take a coast post. We therefore recruited a York based cost and increased presence at Malton
- Two Consultants are based in Scarborough and are part-time and provide clinic appointments at Scarborough.

The Trust welcomes Professor Whitty's report as it reflects many of the issues we have sought to raise nationally over a 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. We remain committed to providing services for the local population, and offer services in a local setting where possible, which may be the hospital, other community settings, or virtually if appropriate.

Alastair Falconer, Public Governor for Ryedale & East Yorkshire

Question 14: What plans does the Trust have to meet increasing dialysis need for both local and visiting populations? Is demand for dialysis outstripping provision for Ryedale residents at York and Easingwold? Alternative provision at Selby involves a 60 mile round trip for Ryedale and visiting patients. Will the Trust assess the use of Malton Hospital as a site for dialysis provision? There would be a potential source of charitable funds for equipment from the Malton League of Friends.

Answer: The renal service has capacity challenges in terms of facilities (equipment and estates) and also workforce. The future trust strategy will consider equity of access and population health needs to inform service configuration moving forward. Governors and other stakeholders will be engaged in its development.

A renal service business case was developed prior to covid, but unfortunately was unable to be supported due to pressures elsewhere in the system. The renal team are dedicated to their patient population and try to accommodate visitors to the areas if they can, although sometimes this is not always possible. In addition to ensure that people can receive timely treatment, this may sometimes not be at the location closest to them, although this is something the team try to avoid as much as possible recognising the intensive nature of the treatments provided. A further review will be undertaken within the next financial year.

Simon Tory (Bridlington Health Forum)

Question 15: Topic 1 - Working in Partnership with People and Communities – Guidance for NHS Trusts. New (B1762) guidance sets NHSE's ambition and expectations for how NHS foundation trusts should work in partnership with people

and communities in a new collaborative environment. NHS trusts must consciously consider the guidance and have regard to it and new requirements.

a) Is the Board and CoG aware of the new guidance and increased responsibilities?
b) Is an action plan in place to ensure delivery of the Trust's compliance?
c) How will CoG meeting agendas and focus be refreshed to better support Governors in their roles of amplifying the voice of the communities they represent at CoG meetings?

Answer:

a) The Trust and COG is aware of the new guidance, which was developed to support the Health and Care Act 2022, which put Integrated Care Systems on a statutory footing and outlined roles and responsibilities for ICBs and NHS Trusts in relation to engagement and collaboration. Many of the previous responsibilities for trusts and other organisations remain in place in the revised Act.
b) There are many ways the Trust already works in partnership and involves its communities in developing the services we provide, for example through patient and carer groups, through our patient experience team, and through our Governors. To strengthen this we are developing an engagement framework to support engagement and involvement with staff, patients and other stakeholders. As a partner in the Humber and North Yorkshire Integrated Care Partnership we also work with other organisations to support delivery of the Humber and North Yorkshire ICB's engagement strategy, 'Working with People and Communities'.
c) The CoG led by the new Chair is currently undergoing a governance review and proposals will be discussed with the Governors in due course to provide further opportunity to fulfil their roles including future CoG meeting agendas.

Question 16: Topic 2 - Livestreaming of Public Board of Directors meetings - The November edition of "Membership Matters" encouraged members to view Trust Board meetings on-line. However, the stream was unavailable to those disadvantaged members who were unable to personally attend on 29 November. (e.g., Travel / Transport / Cost / Illness)

a) Has the Livestreaming facility now been withdrawn? If so, for what reason(s)?
b) How does its withdrawal support an improved collaborative environment?
c) How does the Trust reconcile this with its value of "Kindness" and "treating others fairly" especially for those many members and members of the public physically unable to attend Board meetings in person?

Answer: The Board of Directors meetings will not now be streamed. The Trust supports public attendance in person at its Board of Directors meetings. The Trust Board meetings are held in public and are not public meetings designed for public collaboration. The Board of Directors meeting papers, including minutes, are provided on the website for public scrutiny.

Question 17: Topic 3 - Trust Member and Public questions to the Council of Governors - I have been advised that any question to CoG from now must be posed in writing, in advance, without exception. To many this seems to be an unwelcome

and retrograde decision, especially if, during the CoG meeting, some items may not be fully clear or reflect “lived experience”.

a) Is it true that “live” questions (intended to promote mutual understanding) will no longer be allowed at the December 2023 and future CoG meetings? If so,
b) How will preventing “live” questions at CoG (to better understand how services and teams connect to deliver the best possible outcomes) support an improved collaborative environment between the Trust, its patients, and the public it serves?
c) How does the Trust reconcile this decision with its values underpinning “Openness”?

Answer: Questions for the public are requested to be provided in advance. Questions received in advance of the meeting (by the timescales published) will be answered prior to the meeting, sent to the requestor, and published in the CoG papers. This will provide answers that cannot necessarily be provided in full when asked in the CoG meeting.

These are meetings held in public, which people are welcome to observe. They are not public meetings and therefore don’t allow observers to contribute to the meeting itself.

Question 18: Topic 4 - Trust Members / Public contributions to Council of Governors Meetings - I’m further advised no Trust member or member of the public will be allowed to speak, seek clarification, or to contribute / add value to CoG meetings from December 2023 onwards.

a) Is it true that additional contributions to CoG meetings are now forbidden ? If so,
b) How does this empower members to say what they know is right for staff and patients?
c) How does it support others to speak up, especially if something stated isn’t right?
d) How does the Trust reconcile this with its value of “Excellence”, enhanced collaboration to “help inform CoG’s thoughts, words, and actions”?

Answer: Please see the answer to Question 17. In addition, further channels of communication are available as provided on the Trust website.