



**Report  
Council of Governors  
12 June 2024  
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 | <input checked="" type="checkbox"/> | For approval             | <input type="checkbox"/> |
| For discussion  | <input type="checkbox"/>            | A regulatory requirement | <input type="checkbox"/> |
| For assurance   | <input type="checkbox"/>            |                          |                          |

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**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.

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**Executive Summary – Key Points**

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

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**Recommendation**

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

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Author: Tracy Astley, Governor & Membership Manager

Director Sponsor: Martin Barkley, Chair

Date: June 2024

**Alastair Falconer (Public Governor Ryedale & East Yorks)**

**Q1:** At the December 2023 COG meeting the question of haemodialysis provision for local and visiting patients was discussed. The significant pressure on dialysis services was emphasised. A business case for development had been made in the past but required reassessment. Also, that services are commissioned by NHS England. Can the Trust update the COG and public about what developments have been made in this area?

**A1:** We have been told that the Humber & North Yorkshire ICB is carrying out a joint review with West Yorkshire regarding renal dialysis capacity. An update to CoG will follow in due course.

**Gordon Hayes (Save Scarborough Hospital Group)**

**Q2:** In answer to a Freedom of Information request I made in October last year, I was advised that Standardised Mortality Ratios were not calculated for acute stroke patients admitted to York Hospital. In a response to one of my questions submitted to the CoG meeting in March this year it was stated SMR was in fact recorded. Which of these responses is the true one? - and why have I apparently been misinformed on one of these occasions?

**A2:** The FOI request and response from October 2023 (and its subsequent follow up) are as follows, however in summary the data requested is not held, as it was requested by specific postcode area:

**FOI REQUEST 1:** “For each of the following postcodes - YO11, YO12, YO13, YO21, YO22, YO14, YO15, YO16, YO17, YO18, YO62, YO25 - please supply me with the Standardised Mortality Ratio for patients from those postcodes admitted to York District Hospital with a diagnosis of an acute cerebrovascular event (stroke) for each of the following years - 2019/20, 2020/21, 2021/22, 2022/23”

**FOI RESPONSE 1:** “We have liaised with the organisation who undertake the Trust’s benchmarking comparisons to ascertain what information is held to answer your request and regret that this information is not presented at postcode level. Showing collected data for a single postcode would make it possible to identify individuals and households in some instances, and this would be deemed as exempt from disclosure under Section 40 of the FOI Act.

Mortality ratios can however be viewed via the following link [About the Summary Hospital-level Mortality Indicator \(SHMI\) - NHS Digital](#)

A breakdown of the data by site of treatment is also provided, as well as a breakdown of the data by diagnosis group.

Please note that the SHMI is not a measure of quality of care. A higher-than-expected number of deaths should not immediately be interpreted as indicating

poor performance but may be something which requires further investigation. Similarly, an 'as expected' or 'lower than expected' SHMI should not immediately be interpreted as indicating satisfactory or good performance."

**FOI REQUEST 2:** "From the single East Coast geographical area of Scarborough, Whitby, Filey and Bridlington (and represented by postcodes YO11, YO12, YO13, YO21, YO22, YO14, YO15, YO16) please supply me with a combined single Standardised Mortality Ratio for patients admitted to York District Hospital with a diagnosis of an acute cerebrovascular event (stroke) for each of the following years -

2019/20, 2020/21, 2021/22, 2022/23"

**FOI RESPONSE 2:** "York and Scarborough Teaching Hospitals NHS Foundation Trust have reviewed your request and our previous response (supplied) is unchanged. Standardised Mortality Ratio is not calculated or published."

The response to the question to the CoG in March 2024 talks about SMR, and rightly states that it is recorded for stroke, but not by postcode which is what has been requested via the FOI route.

**Q3:** Assuming SMR is calculated for acute stroke patients, please may I resubmit my Freedom of Information question - From the single East Coast geographical area of Scarborough, Whitby, Filey and Bridlington (and represented by postcodes YO11, YO12, YO13, YO21, YO22, YO14, YO15, YO16) please supply me with a combined single Standardised Mortality Ratio for patients admitted to York District Hospital with a diagnosis of an acute cerebrovascular event (stroke) for each of the following years - 2019/20, 2020/21, 2021/22, 2022/23

**A3:** Please see A2 above.

**Q4:** Given that response rates by the Trust to FOI requests within the statutory maximum timescale of 20 working days was recently as low as 50%, please can you update me as to what percentage of FOI requests are currently being answered within this timescale?

**A4:** The FOI response rate for May 2024 was 90%.

**Q5:** I have been made aware of several recent incidents of Scarborough patients being offered and directed to much shorter waiting times for outpatient appointments and procedures if they attend York Hospital rather than Scarborough Hospital. Why is there a repeated discrepancy in local waiting times for Scarborough patients compared with York patients? Should resources (personnel and facilities) not be distributed equitably across the whole Trust area so as not to disadvantage East Coast residents, and to level out patient waiting times?

**A5:** In due course a review will be carried out to determine what practical changes can be made to equalise waiting times. In the meantime the trust provides services from a range of locations and in order to give patients the option of accessing the earliest appointment they are offered locations that may not be at their local hospital.

**Q6:** To date I am not aware that Mr Martin Barkley, Chair of the Trust, has visited Scarborough to speak with members of the public as previously promised. Can you please advise when this local meeting may occur? - and how will it be made known to the public?

**A6:** Martin Barkley has not been invited to attend any public meetings. However, the Council of Governors has agreed to hold an annual constituency event (one in each constituency) which will enable the membership of each constituency to meet with their elected Governor/s, as well as other senior people in the Trust, including the Chair of the Trust and Council of Governors and our Lead Governor. The first of these takes place in Selby on 7 June.

An East Coast constituency meeting with Members of the Foundation Trust will take place in March.

**Q7:** On the Trust website, there appears to be a reduced number of publicly elected Governors. Are there currently vacancies for publicly elected Governors? - or is there a plan to reduce their number? If the number of publicly elected Governors is reducing/being reduced, why is this the case?

**A7:** There are currently a number of Governor vacancies. These vacancies will be open for nominations and election with results announced in September 2024. The number of Governor positions per constituency area is also being reviewed by the Constitutional Review Group.

### **John Wane (Save Scarborough Hospital Group)**

We are aware that York Trust have recently announced a new partnership, called Scarborough Coastal Health and Care Research Collaborative (SHARC) which it is claimed, has been established to understand and reduce health inequalities affecting Scarborough's population in "collaboration" with York St Johns University, but not run by them.

**Q8a:** A: Do the Governors believe that this is a genuine attempt to undertake much needed research to the benefit of East Coast residents, or will it be another sham engagement process, designed merely to attempt to convince the CQC that its York management is no longer "inadequate"?

**A8a:** The aim of the SHARC partnership is: To better address the health and care needs of our coastal populations through high quality collaborative research with community involvement. It is a *collaborative* research partnership between York St John University and York and Scarborough Teaching Hospitals NHS Foundation Trust. The Governors are confident and are assured that the aim of the SHARC partnership is as stated. The trust has a well-established research and development department and has a number of active studies and partnerships as part of its work.

**Q8b:** Although "collaboration" with St John's University is claimed, will the research conclusions be controlled and publicised entirely by York management?

**A8b:** Please see 8a above.

**Q8c:** Why is such important research not being conducted completely independently, as should be the case, to give more credibility, legitimacy and confidence about the honesty of any intent and conclusions?

**A8c:** SHARC is a collaboration co-funded between York St John University and York and Scarborough Teaching Hospitals NHS Foundation Trust bringing together academic and clinical expertise in health research. The partnership structure is given at: <https://www.research.yorkhospitals.nhs.uk/multiple-long-term-conditions-research-hub/meet-the-team/>

**Q8d:** Will public meetings be held and widely publicised, rather than only meetings with selected groups and organisations, chosen by the Trust?

**A8d:** Any sessions for the public related to the SHARC programme will be advertised as appropriate for the research question that is being answered, so that research participants can be recruited appropriately to suit the aims of the particular study.

**Q8e:** The impression given is that the main focus will be “national and international research and clinical trials into new and emerging therapies”. Does that mean that aspects such as locations for both inpatient and outpatient NHS services, access to them, travel issues, communication, etc will not be an equally important feature of the research?

**A8e:** The specific details of the research study/s have yet to be determined. The overall aim of the programme is understanding and improving health outcomes and reducing health inequalities for the east coast population.

**Q8f:** If the results of this research demonstrate that services, previously stripped from Scarborough Hospital by York Trust, without consultation and subsequent promises of reviews not being kept, will be returned?

**A8f:** We can't pre-empt the outcome of any of the research that will take place under the SHARC programme. However it is not an operational review of hospital-based services, the programme is aimed at understanding and improving health outcomes and reducing health inequalities for the east coast population.

**Q9:** It was brought to our attention a few weeks ago, that on one day when a consultant was attending both Bridlington and Scarborough Hospitals, to see outpatients, 23 Bridlington residents were required to travel to Scarborough and 24 residents of Scarborough required to travel to Bridlington to see the same consultant. Further research has demonstrated, that such inconsideration is a

regular feature of Yorks outpatient services. Why is what might be most convenient and least expensive to the patients not a priority?

**A9:** On the face of it this is hard to understand. Upon receipt of further details this can be looked into and a fuller response provided. When planning any services a balance must be struck between ease of access for patients and the ability to safely and efficiently run the service with the resources available.

The progress made over recent years, to enable members of the public to access, meet and communicate with Governors in line with statutory obligations, seem to be being considerably reduced.

**Q10a:** Can we expect that a return to the culture of the Susan Symington Trust and Simon Cox CCG eras, which resulted in the trust “requiring improvement” and the management rated as “inadequate”, and where every effort was made to stop or limit, honest open access to Governors by the public. Will that culture again become the norm?

**A10a:** Concerns relating to channelling questions to Governors through a generic email address should not affect engagement of the Governors with the Trust members and the public and were answered at the March CoG meeting.

Martin Barkley was aware of differing views held by Governors. Some considered that as they were ‘elected’, their email addresses should be accessible to the membership of the Trust in their area, whilst others considered that they should be available via a generic email address. Given that the Governors could be harassed via emails, not being representatives of the Trust (unlike local authority Councillors with their Councils), being volunteers, and not necessarily having sufficient information to be able to respond to questions, a majority of Governors agreed not to have their email addresses on the Trust website and the Chair believes that the Governors have the right to make such a decision. The updated Public Questions Process is robust and can be viewed at:

<https://www.yorkhospitals.nhs.uk/seecmsfile/?id=7820>

The Governors are elected by Trust members in their constituencies (Bridlington, Hambleton, Ryedale and East Yorkshire including Malton, Scarborough, Selby and York) and their role is to represent the interests of members and the public and to hold the Non-Executive Directors to account for the performance of the Board. 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 Council of Governors is responsible for a number of activities:

- Representing the interests of members and the public.
- Appointing and, if appropriate, removing the Chair and other Non-Executive Directors, and holding them to account for the performance of the Board.
- Deciding the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-executive Directors.
- Approving the appointment of the Chief Executive.

- Appointing and, if appropriate, removing the NHS Foundation Trust's external auditor.
- Receiving the NHS Foundation Trust's Annual Accounts, any report of the Auditor on them and the Annual Report and Quality Report.
- Approving major transactions.

They are also members of a number of committees/groups: Out of Hospital Care Group; Inclusion Forum, Membership Group, Nominations & Remunerations Committee, Constitutional Review Group, York Older People Assembly, Travel & Transport Groups for Scarborough & York, Staff Benefits Committee and Patient Experience Steering Group where there are able to represent Trust member and public views and concerns.

Members and the public can contact Governors directly through the generic Governor email address and by attending the quarterly CoG meetings held in public.

We hope the above provide you assurance that contacting Governors via a generic email address should not diminish communication.

**Q10b:** By what right does the Trust “inadequate” management have, to choose to ignore and control, so many of the Governors Statutory duties and guidance?

**A10b:** See A10a. The Governors can assure the member of the public that the Board of the York and Scarborough Teaching Hospital NHS Foundation Trust do not control the statutory duties of the Council of Governors.

**Q10c:** Is there any intention to keep the more recent 'promises' of public meetings or engagement with East Coast residents, NOT controlled by management, but instead under the control of Governors?

**A10c:** The Council of Governors has agreed to hold an annual constituency event (one in each constituency) which will enable the membership of each constituency to meet with their elected Governor/s, as well as other senior people in the Trust, including the Chair of the Trust and Council of Governors and our Lead Governor. The first of these takes place in Selby on 7 June.

The Governor-led membership development group is also looking at ways to improve engagement with members.

**Q10d:** Now that ALL the Governors contact details have been removed by York management, how do members of the public or staff contact a Governor on confidential private or personal matters?

**A10d:** Please see 10a above.

**Q10e:** Why is the email address for questions to Governors on the “meetings” section of your website, different from the one on your “who's who” section, the first states [governors@nhs.net](mailto:governors@nhs.net) and the second states [yhs-tr.governors@nhs.net](mailto:yhs-tr.governors@nhs.net)?

**A10e:** Both links connect to the same email address at [yhs-tr.governors@nhs.net](mailto:yhs-tr.governors@nhs.net)

**Q10f:** Why do you claim that Governors emails addresses can be found “*their email address is under their pictures on the Who's Who page*” when that is untrue, due presumably, to your continuing attempts to control what the Governors may be told or find out?

**A10f:** The governors can be contacted at [yhs-tr.governors@nhs.net](mailto:yhs-tr.governors@nhs.net) as detailed on the about us page.

Governors will be aware that the new development at Scarborough Hospital, which was planned to have opened in January, is now months behind schedule and that costs have also risen significantly, due mainly to the inadequate management of the project within the Trust. The predictable wider issues regarding the LLP, were first raised with Susan Symington and the CEO back in 2017, while the proposals were being developed and subsequently in Questions to the Governors, as the services deteriorated. Prior to York Trusts decision create their LLP, support services in Scarborough Trust area, and their performance, had consistently been rated in the top 10% in England, according to independent monitoring. In view of the latest issues, especially regarding the provision of essential electrical and heating services, which have resulted in significantly higher costs and incredibly, the expenses of £200,000 on several more audits, actually auditing previous audits, and the associated LLP risks to patients and staff. I would like to ask the following additional questions:-

**Q11a:** What impact will the delay in opening have on services to patients and staff?

**A11a:** At the start of the scheme the initial planned opening was scheduled to be March/April 2024. There have been a number of delays – not unusual for a scheme of this size – mainly resulting from disruption to suppliers, contractors going into liquidation, and challenges with the infrastructure upgrades due to the existing systems in place. We will take handover of the building in August, with all moves planned to be completed in early October. There is no anticipated impact for patient and staff, as the services continue to run in their current locations.

**Q11b:** In view of the significant additional costs now being incurred by the Trust, due to the inadequate management of the development project, some 'selected' details of which can be found in Board papers, and the deficits already being tackled, will those result in services being provided to patients and further reductions in staff?

**A11b:** The scheme is funded externally and through the trust's capital programme. There isn't any impact on staffing or the services that will be provided in the new build.



**Q11c:** If further savings are now necessary, will those savings now be made from the already huge expenditure on the “inadequate” management, who are the cause of the problems, and not from patient services and staff?

**A11c:** Please see 11b above. Capital funding is completely separate from operational revenue expenditure. The scheme is being completed as per the plan with all costs associated with the project met through capital. No changes have been made.

**Q12:** The management of the LLP has been significantly lacking since the start, while the costs of that management increase, (£30,000 hotel bills being but one example) and the services continue to decline (increasing outbreaks of Norovirus, largely due to cleaning deficiencies, being but one example). Is it now time to admit the failure of that York 'initiative' and take the services back in house for the sake of both patients safety, efficiency and staff recruitment and morale?

**A12:** There are no plans to change the current arrangements. York Teaching Hospital Facilities Management is part of a group structure with the Trust. The Managing Director reports to the Chief Executive of the Trust and YTHFM's Chair reports to the Trust's Chair, and as such the LLP remains closely aligned to the trust, formally being part of our group structure.

**Q13:** Are the Governors satisfied that public money is not being wasted by the “inadequate” management and thus not detrimentally impacting on local NHS services?

**A13:** The Council of Governors is satisfied with the assurance that the Trust funding is managed appropriately. As is the case for all NHS organisations, the trust has a comprehensive efficiency programme for this financial year with a cost-reduction target of around 7%, which will focus on waste reduction and efficiency improvements. Given the wider financial position of the NHS this is a typical level of efficiency required of a hospital trust in the 2024/25 financial year. Indeed, all our neighbouring trusts as part of our integrated care system have the same level of efficiency requirement. Any proposed cost reduction schemes within the programme will have a risk and quality impact assessment to ensure safety is not unacceptably impacted.

**Anthony Clarke (Bridlington Health Forum)**

**Q14:** The current vague and meaningless guidance on submitting questions to CoG lacks all reasonable timescale definition <https://www.yorkhospitals.nhs.uk/about-us/council-of-governors/meetings>. “If questions are received sufficiently in advance, your question and the answer will be shared in the meeting.” When will the CoG accurately redefine “received sufficiently in advance” please?

**A14:** Thank you for pointing to this and we will amend the text to be more specific. Please note that the updated Public Questions Process prior to the above sentence at <https://www.yorkhospitals.nhs.uk/seecmsfile/?id=7820> clearly states that: Questions received into the 'All Governors' email inbox (to include forwarded questions sent directly to governors) up to **10 working days** before the following Council of Governors (CoG) meeting.

**Q15:** East Coast residents, patients and NHS Service users are, once again seriously underrepresented by Public Governors <https://www.yorkhospitals.nhs.uk/about-us/council-of-governors>. "The Council of Governors provides support and advice to the Trust to: ensure that the Trust delivers services that best meet the needs of patients and the communities" it serves, including those in the East Riding of Yorkshire "The Council of Governors acts as the voice of the community, ensuring that local people have a say in the running of their hospital" including Bridlington and Scarborough hospitals. The Overarching general duty of Governors is "Representing the interests of members and the public."

- (a) How can non-existent East Coast Public Governors fulfil their responsibilities?
- (b) What has CoG done to address frequent East Coast Governor resignations?
- (c) When will all East Coast Governor vacancies be advertised and filled?

**A15:** Currently there are two East Coast public Governors and three vacancies. As mentioned in **A7**, the number of Governor positions per constituency area is currently reviewed by the Constitutional Review Group. The vacancies will be open for nominations and election with results announced in September 2024.

We would again like to emphasise that whilst Governors are voted in by members they do not have a democratically accountable relationship to them (such as an MP). 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.

**Q16:** Working together WITH Communities. The ICP has made clear that the location and provision of services is for the Trust to decide. Originally initiated as the "BDH Theatre Utilisation Group" the Trust has held valued OPERATIONAL MEETINGS with Bridlington Health Forum since 2021. These improved communications, understanding and relationships between the Trust and, through the Forum, the Bridlington community. Sadly, in March this year the Trust unexpectedly called into question the purpose and value of these meetings and is apparently reluctant to schedule any future meetings.

- (a) In line with Trust values of excellence, does the CoG agree that good communications, partnerships, and co-production with the communities the Trust serves are of value and importance?
- (b) In line with Trust values of openness, (especially in the current absence of East Coast Public Governors) will the CoG actively support restoration of the Operational Meetings, and, if not, could it explain why it is unable to?

**A16:**

The answer to question 16a is an emphatic yes. With regard to question 16b it is up to the Trust's executive to understand the purpose and frequency of the meetings to judge the most effective use of their time compared to the other calls on their time, however staff from the trust continue to actively engage with stakeholder organisations in Bridlington and spend time meeting with and corresponding with groups and individuals including the Bridlington Health Forum.

**Q17:** Address health and care needs of coastal populations? We are aware of and applaud the excellent SHARC initiative.

<https://www.research.yorkhospitals.nhs.uk/sharc-scarborough-coastal-health-andcare-research-collaborative/sharc-news-and-media/>. However, we are disappointed to read that this “has been established to understand and reduce health inequalities affecting Scarborough’s population.”

<https://www.yorkhospitals.nhs.uk/news-amp-media/latest-news/health-researchlaunched-for-coastal-residents/>

- (a) In line with the Trust's value of kindness, does the CoG agree that reducing health inequalities should apply equitably to ALL the communities it serves, regardless of county boundaries, and including those in East Yorkshire?
- (b) Would the CoG actively support SHARC's equal inclusion of understanding health inequalities and Bridlington's patient perspectives - as well as those of its neighbouring coastal towns in Whitby and not be focussed on Scarborough “move east across North Yorkshire” instead of including South and North?

**A17:** Please see questions 8a-f above.

**Q18:** WHOLE East Coast York Trust Plan and Strategy? The ICP has made clear that the location and provision of services is for the Trust to decide. Since Feb 2019 we have been seeking details, through the Trust's Chief Executive of its plan and strategy for Bridlington and DISTRICT Hospital. At the Council of Governors Meeting on the 11 December 2019 we asked “Could the (Council of) Governors seek and share detail from the Trust if it has a 5-10 year, or any other timescale plan for the hospital and if so, could it provide details of this please?” Response: “There is no specific plan that the Trust has for Bridlington Hospital. As mentioned above, it is participating in multiagency discussions co-ordinated by East Riding of Yorkshire CCG on the future role of the Hospital for acute, community and primary/social care services.”

- (a) Does the CoG consider it acceptable that, in the intervening five years, the Trust still has no specific plan it is willing to openly share?
- (b) Will the CoG openly share the support and advice it has provided to the Trust to ensure that it delivers services that best meet the needs of patients and the coastal communities it serves in underutilised Bridlington and over-stretched Scarborough Hospitals?

**A18:** The Bridlington strategy work is being led by East Riding Place and we are an active participant in those discussions. The Bridlington Place Strategy led by the ICP looks at the totality of issues not just the services the Trust provides.

Our own, local planning regarding Bridlington Hospital specifically and how it's used as part of our wider estate will be considered as part of our clinical strategy development.

