



**Report
Council of Governors
11 September 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"/> | | |

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: September 2024

John Wane (Save Our Scarborough Hospital)

Q1: Is your demand that questions should be submitted by the 31st July, which is impossible to meet, another attempt to limit public access to yourselves?

A1: This was an error, for which we apologise. The date should be 31 August. As has been the case for some time, we request that questions are submitted ten working days in advance of the meeting.

Q2: Now that you appear to be attempting to hold public meetings in a variety of locations in the Trust area, when will you be publishing other future locations, such as Scarborough?

A2: We are in the process of moving away from having the meetings exclusively in Malton, and are therefore having to find and book different venues. Venues will be published in advance of the meetings. Dates are usually published for all four Council of Governors meetings at the start of the year.

Q3: Given that the public are now briefly allowed to speak to Governors, due to our pressure over the years, can we be assured that the Trust will NOT be claiming such meetings as some form of public engagement, which would not be true, given that the public can only “observe”?

A3: The Council of Governors holds meetings in public four times a year. These are meetings held in public, which anyone can attend and observe, and not public meetings for wider participation. We have however added a timeslot to these meetings to enable people to talk to the governors and raise issues or ask questions if they wish.

Q4: When does the Trust propose to actually undertake meaningful public engagement in the Scarborough area?

A4: People can ask questions or raise issues or concerns with the trust at any time through a range of routes. The trust also regularly shares news about developments and what is happening. We have also established the Patient and Carer Engagement Forum, which is being piloted on the East Coast and exists solely to provide a means of engaging with the local population. The Trust does not currently have any proposals for services change that require engagement. If this were the case we would carry out meaningful engagement and – if recommended – consultation in line with the best practice standards expected of us, and we would be subject to scrutiny around any engagement work.

Q5: In response to your reply to my Question 9 to your last meeting, you stated “ 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.” and “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”. As the resource available were on the occasion quoted, the same consultant and you already have all the information needed in patients records, why do you not access it and use it?

A5: Unfortunately, without further details on which consultant and which date the reported activity took place, the Trust is unable to determine why patients from one area were sent to another hospital outside of their residence where the same consultant attended.

Q6: Your response to my Question 10 to your last meeting, you stated, amongst other things, that their role was “Appointing and, if appropriate, removing the Chair”, why, therefore, was that requirement not followed in the removal of Alan Downey as Chair and the appointment of Martin Barkley?

A6: There is nothing to add to our response to previous questions on this matter. All appropriate governance processes were followed in relation to the Chair.

Q7: When will the “annual constituency events (one in each constituency)” be announced and available to the public?

A7: These are in the process of being booked, and dates and venues will be shared with members once they have been confirmed.

Q8: You stated that a “Governor-led membership development group is also looking at ways to improve engagement with members”. When will the results of that be published and available to the public?

A8: The Membership Strategy was discussed at the last Membership Development Group and the Membership Strategy is currently revised. We expect the Membership Strategy to be agreed by the Council of Governors at their meeting in December 2024. The Strategy will be published following the CoG approval.

Q9: You mention in your response to my Question 10 to your last meeting, the understandable concerns of Governors that “Governors could be harassed via emails” which is obviously unacceptable. Equally reprehensible and indicative of the prevailing culture, was that Governors during the Symington era, would contact me confidentially, because emails sent to them had been accessed by management. I assume, therefore, that you would be equally intolerant about Governors feeling they had to contact me privately, to establish the truth on issues of concern, for fear of “repercussions” from within the Trust hierarchy, if they were found out?

A9: There is nothing to add to our previous responses on this matter. The trust does not restrict or moderate any contact from members of the public that come via the routes we have set up for them, it is an administrative support function that was requested by the majority of governors.

Q10: The link you share in your response does not work and merely produce this result, "404 - The file does not exist or is disabled." Maybe you should check it?

A10: The questions process has been changed since the June CoG meeting as it was deemed necessary to add 10 working days to give the governors/trust to

respond to your questions more thoroughly. The process can now be viewed at <https://www.yorkhospitals.nhs.uk/seecmsfile/?id=8105> which has subsequently been rechecked.

Catherine Blades

As a resident of Scarborough , I , along with most residents , are appalled that patients who experience symptoms of a stroke , are to be subject to extensive delays in accessing treatment at York , Hull, or Middlesborough . I'm aware that this has been the case since 2020. A small number of active members of the Save Scarborough Hospital group met with the consultant of the York stroke unit via zoom, along with our then MP, Simon Morritt , and Simon Cox to discuss our concerns . Since then, Scarborough has a new Urgent Care Unit and use of technology such as Zoom, and other interactive platforms has become even more prevalent .

Q11: With this in mind, can Scarborough residents at least access stroke 'first aid' treatment, using the improved facilities of the new unit, utilising video technology for treatment advice and therefore potentially saving lives during the 'golden hour' needed for stroke treatment?

A11: The new urgent and emergency care centre will provide excellent facilities for delivering urgent and emergency care for the people of Scarborough and the surrounding areas. It will also offer state of the art critical care facilities for some of our most critically ill patients.

Services such as stroke and some interventions for heart attacks are delivered in specialist centres, in response to national clinical best practice. The reasons behind the change to the stroke pathway in 2015 remain, i.e. not a high enough volume of patients to meet national guidelines for a hyper-acute stroke unit inability to recruit enough specialist staff, and a move nationally towards centres of excellence. These are not changed as a result of the development of the new urgent and emergency care centre in Scarborough. The services provided are not changing as a result of the new unit. New technologies are adopted as appropriate; however it can't replace the need for specialist clinicians that provide this type of care.

Q12: If the Trust has decided that new technology cannot be used in this way, can they tell me why not?

A12: Please see A11 above and A13 below.

Q13: Can the Trust tell me exactly what treatments are so complex for stroke care , that they cannot be given (under supervision) by doctors at Scarborough that are currently given in York?

A13: Not all strokes require time critical intervention, although some do. The reason that the stroke pathway for patients who are transported via emergency ambulance involves transfer directly to a specialist stroke centre is because some

patients may benefit from thrombolysis therapy (clot-busting medications). This treatment can be of benefit for several hours after onset of a stroke (rather than simply within a “golden hour”). For those patients who walk into the Urgent and Emergency Care Centre in Scarborough the responsibility of the clinical team involves urgent assessment and a decision about whether the patient should be transferred to a Hyperacute Stroke Centre for consideration of administration of clot-busting medication. Assessment will be along the lines of that provided to any acutely unwell patient and will be specific to the medical problems with which they present (e.g. managing blood pressure, supporting the patient if they are unconscious etc). It may be of benefit to perform a CT scan of the head to check what type of stroke has occurred, however it may also be appropriate not to, if that would introduce a potential time delay to the urgent treatment being offered. In some circumstances the patient might be suitable for transfer to Hull for thrombectomy (clot retrieval), which is a very specialist treatment that is only offered in a few centres across the country.

Stroke is an acute medical emergency requiring specialist care delivered by a multi-disciplinary team of highly trained clinicians. It is a requirement of a hyper-acute stroke unit, where this care is delivered, that it is staffed in line with national standards in order to be considered as a hyper-acute stroke unit. Not all hospitals are able to offer a hyperacute/acute stroke service because of the number and expertise of staff required to operate one and the low number of patients who would access the unit, however the Scarborough locality has rapid access to stroke services in York if needed. The fact that it was not possible for Scarborough to recruit these highly specialised staff, in particular stroke consultants, was one of a number of reasons for the change to the acute stroke service in 2015.

Q14: We have regular complaints on our FB page from patients forced to travel to various hospitals for routine procedures such as blood tests, scans, etc , which could be done locally . I have been told (at the eye which I attend) that this is because patients are offered the first available appointment wherever this happens to be. Why can't staff arranging appointments offer a choice of dates and locations for appointments, so that patients can choose when and where to attend?

A14: In order to be seen as soon as possible, patients will normally be offered the first available appointment, which may not be at the nearest hospital to them, and there are a number of reasons for this. Nonetheless, patients are usually offered a choice for where they will receive their care at the point they are referred, assuming the specific service is offered at that site and it is clinically safe and appropriate for the patient to be seen there.

Q15: When ringing to query about the location of appointments why are people told that there is no service available in Scarborough for them to access ? I have been told that colonoscopy appointments, CT scans and blood tests were not available in Scarborough, when I know that they are and therefore insisted on appointments there. Are staff being told not to book people into Scarborough in order to run down services and then say that there is ‘no clinical need ‘ for them?

A15: No, this is not the case, and there is no plan to ‘run down’ these services in Scarborough. As described above, there are a number of reasons patients may be

offered an appointment at a different site, for example if it is for a diagnostic test that is required as part of an urgent referral (for example, for suspected cancers), and the first available appointment, or a subsequent appointment for a test or procedure, may not be at the site closest to where the patient lives.

Q16: At a meeting with Simon Morrith back in 2021, he promised that clinics and services that had been reduced or discontinued in Scarborough, would be resumed ' when clinically safe ' . He also promised to modify staff contracts to ensure that staff could be asked to work across sites in York AND Scarborough . This does not appear to be happening . Why not? With the difficulty of access many people have in getting to York, and then parking there, causing increased congestion on an already stretched site, it does not make sense for more patients and their vehicles to have to make long journeys - apart from the expense, stress and inconvenience it causes patients.

A16: There is nothing further to add to our previous response to this question, answered most recently in June 2023. You can view the papers on the Trust website at [York and Scarborough Teaching Hospitals NHS Foundation Trust - Papers and minutes \(yorkhospitals.nhs.uk\)](https://www.yorkhospitals.nhs.uk/papers-and-minutes)