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Dear Kevin,

Thank you for your letter dated 26 March 2019. You will see below that I have provided responses to each of your questions, however I thought it would be helpful, before getting in to the detail, to provide some background which I hope will help to put the specific responses in context.

As you know, the way NHS services are organised and delivered changes all the time. This can be as a result of local pressures or commissioning decisions, but often it is as a result of national clinical policy whereby expertise is concentrated in specific centres.

It is often the case that a hospital or unit must undertake a certain number of procedures to be able to continue to deliver that service. These thresholds are decided by regulators and national bodies and are driven by achieving the safest and best outcomes for patients. For example, York Hospital is a vascular centre, which means people can have their vascular surgery in York, however York is not a centre for cardiology surgery, so patients have to go to Leeds or Hull if they require a STEMI procedure following a heart attack.

This is national policy and is designed around the evidence that concentrating expertise in to a smaller number of centres, where the specialist staff are performing high volumes of procedures, improves outcomes for patients.

These principles are based on clinical evidence, but what is often not taken into account in our geography is the rurality of our patch, and the distances involved. Where these principles

work for big urban centres, those making the decisions have perhaps not considered the implications for patients in areas where rurality is a significant factor.

Whilst several services have been made sustainable through the merger of Scarborough and York Trusts, it is fair to say that the provision of some acute services has become increasingly difficult over a number of years due to well-documented recruitment pressures facing some specialties as well as some of the geographical and demographic challenges facing Scarborough.

What we are seeing in Scarborough is also being played out in other small, rural and often coastal hospitals and we are beginning to work with others to raise the profile of the very specific challenges that we collectively face.

These hospitals which are “unavoidably small” due to their remoteness generally have high cost pressures, longer waiting times and higher than average unit costs, leading to significant financial challenges.

There are particular challenges faced by remote services including:

**Difficulty in recruiting staff and retaining them, as well as higher overall staff costs:**

Standards and training requirements upheld by Royal Colleges and regulators require minimum numbers of patients or a specific number of consultants, which in rural areas can be difficult to provide. Even if the required numbers of staff could be recruited the resulting rotas are unaffordable due to relatively small numbers of patients. The increasing national shift to subspecialisation has also created gaps and shortages in certain areas; it is difficult to acquire a critical mass of doctors who are able to cover all elements of care. Newly qualified doctors do not particularly want to work in hospitals like Scarborough with low volumes of work, isolated from other professionals. As a result of recruitment difficulties, hospitals like Scarborough are very dependent on locums and in turn this can also reduce the attractiveness of posts to permanent staff.

We are continuing to work very closely and effectively with Hull York Medical School to attempt to improve the local pipeline of doctors to our Trust. The Dean of HYMS will join our board in July to further cement this strong relationship.

**Distances between sites:**

This leads to higher staff travel costs and less productive staff time.

**Difficulties in realising economies of scale while adequately serving sparsely populated areas:**

Whilst we completely acknowledge that problems with service sustainability in Scarborough are not entirely financially driven, finances remain a significant factor. The relatively high fixed costs associated with running hospital services means that services see fewer patients and this is often disproportionately expensive, with no opportunity to attract additional activity to cover costs, and limited opportunity to attract the staff we need.

The solution to this needs to be realised through changes to the funding allocation for CCGs, changes to the tariff to reflect local costs, or both. These are political decisions which are

outside of our control and we would be grateful for your support in raising this significant issue at a Ministerial level.

We remain committed to maintaining access to as many local services as possible at Scarborough Hospital, however the challenges we face mean that inevitably we, along with our commissioners, have to make difficult decisions about what we can continue to provide at every site.

The Scarborough Acute Services Review is an opportunity to have open, transparent and honest conversations with stakeholders including the public about the challenges we face, but also the opportunities to debate how we might provide services in different ways, including different workforce models, the deployment of technology, and delivering services via a network approach, working with other local and regional providers.

To quote the specification for the review:

***"The review will start from the premise that there would continue to be an emergency department on the Scarborough Hospital site*** *with associated core service elements. There also needs to be an appreciation that Scarborough Hospital is recognised to be operating in a geographically isolated locality with recruitment challenges."*

**Responses to specific questions:**

*1. Please tell me how you propose to meet your statutory obligations for equality of access?*

As is the case with all NHS organisations, our Board and associated governance structures ensure that as an organisation we are functioning effectively and meeting all of our statutory obligations. We are also subject to regulation by NHS Improvement, the Care Quality Commission and others, who are able to take action if we do not meet statutory obligations and national access standards.

I have described some of the general challenges we face in the first part of this letter.

In relation to ophthalmology, which is directly referenced in your letter, the ophthalmology team view themselves as a single, Trust-wide service, and aspire to provide an equal service for all patients across our patch. Ophthalmology is a specialty where sub-specialisation among clinicians is significant.

Ophthalmology is a high-volume service, with referrals increasing year-on-year, and we have backlogs for accessing some of our services, with waits being longer in some areas than others. Where this is the case, we have offered patients the choice to attend clinics or have their surgery on a different site, so that they can be seen more quickly. However, if they choose, they can still be seen at their local hospital.

As a Trust we do provide some highly-specialised ophthalmology services, and it is necessary for patients to go to York for these services. We are investing in resources (both staff and equipment) to help achieve our aim of offering equitable services for our patients. We continue to provide ophthalmology services – other than the most specialist procedures – in Scarborough, as well as offering a number or services in Bridlington and Malton.

*2. Please will you provide me with details of your recruitment strategy to urgently address shortages?*

The medical vacancy position on the East Coast has deteriorated in recent years. In April 2012, the vacancy position stood at 13%. In May 2018, the Trust recorded a 21% vacancy position. The greater the national workforce problems in the NHS as a whole, the worse the impact on hospitals like Scarborough.

The supply of doctors globally is running shorter than ever. The UK is seeing significant decreases in people applying to medical schools, foundation programs and specialty training and this fall in throughput is affecting some specialties more acutely than others (e.g. in Paediatrics, last year the Royal College reported that 25% of senior trainee posts were vacant).

Consequently Trusts across the UK are consistently reporting shortages of doctors. Rural locations in particular are reporting greater shortages than urban areas and have to work harder to attract candidates to their vacancies.

The Trust has adopted a fresh approach to actively target potential candidates through different networks, generating leads, building relationships and converting passive interest into accepted offers of employment.

Actions we are taking include:

- working with agencies to generate new leads
- reviewing locum doctors already in our employment
- utilising the services of a recruitment marketing agency to undertake targeted social media campaigns
- developing a focused campaign to create and fill Associate Specialist roles;
- seeking employee referrals
- creating clinical attachment pathways (doctors who wish to gain UK experience spend a period of four months on placement, supported by a mentoring scheme, in preparation for employment)
- Running open doctor recruitment events in Scarborough, in partnership with the Scarborough Ambassadors to create not just an overview of the roles on offer but also an overview of living in a beautiful coastal location.

*3. Please provide me with details of your strategy to urgently improve the job security and morale of local healthcare staff and reduce the pressure on them?*

The Trust has significantly improved staff retention in recent years. It is currently 10.6% (down from 12.2% in Sept 2015) which compares favourably with our NHS neighbours and across the provider sector. Our medical staff vacancy rate at Scarborough is reducing predominantly due to the recruitment strategy for the east coast. Our most recent national staff survey results show an improvement in 58 of the 79 questions.

Attached is a summary of our most recent national staff survey results.

The Freedom to Speak Up Guardian is a nationally mandated role. No funding has been received for this role as Trust's were required to fund internally. The vast majority of Trusts

have added this ‘role’ onto an incumbent employee by adding to their current job specification. Our Trust invested heavily in this role, recruiting externally for a senior full time individual who would report directly to the Chief Executive. Junior Doctors and staff representatives were on the selection panel for the role.

We actively encourage staff to raise concerns without fear of victimisation, and all allegations of bullying or harassment are explored promptly, sensitively and in strict confidence.

We have already implemented a number of actions which support the development of an inclusive culture. In the last two years we have introduced a network of over 40 Fairness Champions whose purpose is to promote fairness, raise concerns and challenge inappropriate behaviour.

We have also recently reviewed our Challenging Bullying and Harassment Policy, which has been produced in collaboration with trade union colleagues. New training for line managers has also been developed which focuses on embedding the values of the organisation into line manager behaviours.

Comparing the staff surveys undertaken at Scarborough pre-acquisition and the latest iteration shows significant improvement.

*4. Please provide me with the original scope of the review given to the consultancy firm?*

This document is attached.

*5. Please provide me with the details of that review and its findings?*
The review is still underway, we have completed phase one and have published the work done so far. The summary report of the first stage of the review, and information about where to find the full technical data pack to support the review, was shared with you ahead of its publication in March. For ease, this is attached.

You can also view all of this documentation on the review website:
www.humbercoastandvale.org.uk/scarboroughreview/

*6. Please explain to me why if “sustainability” was the objective, the review was not Trust-wide?*

I have explained in the start of this letter some of the challenges that Scarborough faces as a result of its geography and demographics. By their very nature these are not challenges that are experienced to the same extent in York or indeed many other parts of the country. The most immediate and pressing challenges were at Scarborough Hospital, for example in acute surgery, which is why the review focussed on Scarborough and the East Coast. However, inevitably due to the interdependencies of our services and the scarcity of specialist staff, the implications of the review, and any solutions it may present, will impact the whole Trust.

*7. Please will you provide me with a detailed list of services provided at each of the following hospitals: Malton, Scarborough, Bridlington, and Whitby, which were being offered at the time of your acquisition?*

We do not possess lists of clinics and services from 2012 by hospital site. As I have described, services change for a number of reasons, and comparing a list of services from almost seven years ago with today would not be comparing like for like.

Perhaps what would be a more telling comparison would be to consider what services for the Scarborough population would have looked like now if the merger has not taken place. A number of services have been secured for the population, CQC ratings have improved, and we operate safer services now than at any time since the merger, and this continues to improve. MI patients are transferred to Castle Hill for PCI. Major Trauma patients are transferred to Hull Royal, and both their and our mortality rates have improved. Scarborough patients have easy access to the high quality vascular service at York, and radiology has sustainable 24/7 cover with many more investigations being appropriately requested. Incident reporting is appropriate and the culture around this is improving all the time. These examples illustrate the profound and positive impact that the merger has had on Scarborough, and this would not have been the case without it.

*8. Please will you provide me with a detailed list of those services for those same hospitals which you will be offering in five years' time?*

There are many ways in which local services might change in the coming months and years, in particular, we are looking to offer more services closer to home in local clinics, care homes and other community locations so that people don't have to go to hospitals for some treatments that are provided from hospitals now. This is completely in line with the NHS Ten Year Plan. Even with these changes, we know we will continue to need hospital-based care for many patients and that is why we are working together to plan for the future of those services so we can continue to provide care that meets the needs of local people.

It is difficult to predict with any certainty as this is in large part subject to national policy and local commissioning decisions. However we can be clear that our aim has to be to make the A&E services at Scarborough secure and sustainable. An A&E department requires 24/7 provision of surgery, trauma, medicine, elderly medicine, consultant-led obstetrics, paediatrics and critical care. To lose any one of these services may create a 'domino effect' and lead to the serious downgrading of the hospital. One does not have to look too far to the West in North Yorkshire to see an example of how the loss of critical care, obstetrics and paediatrics has led to the downgrading of an emergency department. This must be avoided at Scarborough and we are committed to doing everything in our power to preserve all these services.

Please find attached our Five Year Strategy for the Trust in which you will read of our aspirations to deliver care closer to home for our patients where ever possible.

*9. Please will you provide me with a list of services removed from York Hospital since you assumed control of Scarborough services?*

For the reasons outlined in the introduction to this letter, the way services are organised and delivered is often subject to change as a result of national clinical guidelines and policy. This has also affected York Hospital, for example, bladder, prostate, and upper GI cancer cases are no longer undertaken at York and have all gone to the larger tertiary centres in recent years. Furthermore, as you are aware, we have established our urology one-stop diagnostic centre in Malton, and patients from York travel there for their diagnostic procedures.

*10. Please provide me with reassurances and your detailed strategy to ensure any future plans are fully transparent and available for constituents to properly consider?*

The public involvement around the 'Vision for the Future' that you reference in your letter was not a piece of work the Trust was directly involved in, however I understand that in November 2017 the CCG held some public meetings to start a conversation about the shape of future services. Consultation is a formal statutory process which would have to take place if there were to be any significant service change. These meeting were not consultation but were engagement events.

They were the start of an honest and open dialogue to inform members of the public about the challenges facing the NHS, nationally and locally, with a particular focus on workforce and financial issues.

The public meetings were publicised in the press and on radio, on the CCG's virtual engagement network (The Loop), in their stakeholder newsletter and on social media. They were also promoted among voluntary groups and posters were displayed in all libraries across Scarborough and Ryedale.

The questions posed were theoretical, although based on known challenges facing the NHS.

The report and the slides from the event were posted on the CCG website after the events and can be found at:

http://www.scarboroughryedaleccg.nhs.uk/get-involved/public-events/

With regard to the Scarborough Acute Services Review, we will continue to involve local people in the review, and if we reach a point where we are considering options, we will ensure that there is the opportunity for us to discuss these in a meaningful way, including formal consultation if this is necessary.

Both ourselves and the CCGs are fully aware of our responsibilities regarding patient and public involvement. It is important to note that the review to date has not been a consultation, and should future plans be developed we will ensure that these are transparent and that people are given the opportunity to be involved.

*11. Please can you inform me of the current safeguards you put in place when you make decisions about future service provision which may result in adverse consequences including deaths?*

Patient safety is a priority for all of us, from the staff on the wards to the Board of Directors. We carry out Quality Impact Assessments, which means that any service change, or efficiency project, is looked at from a safety perspective by our clinicians, and we do not make decisions that will have an adverse impact on patient safety. Our Medical Director and Chief Nurse sanction any final decisions based on their professional clinical and patient safety expertise. We have no choice but to make decisions in order to keep patients safe or reduce risk.

*12. Please can you inform me what steps you are taking to ensure that consultant medical staff meet their contractual obligations across the whole Trust catchment area and that future contracts will confirm that requirement?*

The Trust now offers contracts which allow contractual flexibility across sites, however the clinical workforce shortfall right across the NHS means that we are in a candidate-driven market. We have to offer attractive job specifications, and based on market intelligence we must strike a balance on a case-by-case basis in terms of where we require staff to work. We have attempted to step down York Hospital-based consultant recruitment to focus on Scarborough and to give us a better chance of recruiting, however this has not had the impact we hoped for.

In this candidate-driven market, the fact remains that fewer clinicians choose to work in smaller hospitals, and we have to balance the need to safely staff Scarborough Hospital with the risk of candidates choosing to work for other organisations where they may not have to travel between sites.

I have personally chaired three consultant recruitment panels in the last two weeks, making employment offers to six new consultants to the Trust all of whom will work flexibly across both acute sites.

For out of hours' services we have, contractually, insisted the consultants live within 10 miles of the hospital where they work (their base) in order to ensure their rapid availability on site should this be required. It is difficult now to insist that they now provide 24/7 services at another hospital more than 40 miles away. We can only do this by persuasion and negotiation. The BMA would support them refusing to do so. Despite this we are having some success and the surgeons from York have provided out of hours cover for many months and this will continue despite them having to live away from home and family to do so.

*13. [In view of that] I would like an explanation of why your advertisement for a consultant, placed on the 22nd of January 2019, only requires the successful applicant to cover York and Harrogate?*

The advert you are referring to for a consultant oncologist post went out in December and closed in early February. The post holder would only work at York Hospital as we have had to withdraw our support for Harrogate as a result of Hull withdrawing their support for Scarborough. This is the seventh time we have advertised this post in four years, and it will only absorb the growth we have at York alone. There is a national shortage of oncologists and trainees coming through and unfortunately cross-site posts have not proved to be attractive to recruits. We have been unable to fill this role at the seventh attempt to recruit to it.

Both Hull and Leeds (our tertiary centres) still have vacancies and struggle to recruit. We are working with the Humber, Coast and Vale Cancer Alliance to develop a plan for the safe and sustainable delivery of oncology services across the Humber, Coast and Vale Health and Care Partnership. We are doing this in partnership with the WYAT Cancer Alliance.

*14. What other plans have you put in place to recruit consultants for Scarborough?*

Please see the response to question 2 above.

We wrote to you to brief you on the oncology situation, which you will recall is not of our making, but is for us to respond to and resolve.

The specific oncology case you refer to was dealt with personally by our Chief Executive Mike Proctor, who responded directly to your constituent by email on 18 March. The response was as follows:

***"Dear [name redacted]***

***Having investigated your husband's case in more detail I can confirm that he will still be able to be seen in outpatients at Scarborough Hospital.***

***There has been some confusion, the Hull consultant whose service have now been withdrawn (Dr Dhadda) is referenced in your husband's medical records as Dr Dhadda was part of the wider team involved in his care. I'm afraid it was assumed incorrectly that Dr Dhadda was responsible for your husbands on going care when in fact he is under another oncologist, Dr Khan. Dr Khan will continue to provide clinics in Scarborough and looks forward to seeing your husband on the 27 March. Your husband's chemotherapy will continue at Malton and his next treatment I understand is 21 March. Our lead chemotherapy nurse will telephone you to confirm these details.***

***My apologies for the unnecessary anxiety caused."***

Kevin, I very much hope that this full response answers some of your questions and provides you with assurance about the work we are undertaking in relation to the East Coast. We have very much enjoyed our open relationship with you and of course wish to see this continue and develop. You are welcome at any time to meet with me, our Chief Executive Mike Proctor and any members of the executive team to further your knowledge and understanding of the challenges that we face. In fact, we would welcome an opportunity to talk with you, share our own challenges and find ways in which we may be able to work together for the benefit of our patients, your constituents.

I look forward to hearing from you.

Yours Sincerely

Susan Symington
**Chair**

**Enc: [Also by hard copy]**

1. Staff survey 2018 summary results (attached)
2. Invitation to tender: Scarborough Acute Services Review (attached)
3. Scarborough Acute Services Review: The need for change (attached, and via this link: https://humbercoastandvale.org.uk/wp-content/uploads/2019/03/The-need-for-change_Scarborough-Review_final.pdf)
4. Scarborough Acute Services Review Stage One: summary technical report (attached, and under the programme documentation section via this link: http://humbercoastandvale.org.uk/scarboroughreview/ )
5. Our strategy 2018-2023 (attached, and via this link: https://www.yorkhospitals.nhs.uk/five-year-strategy/)