



Our Year

Annual Review 2009/10

About us

York Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital services for approximately 350,000 people living in and around York and also a range of specialist services over a wider catchment area of around 500,000 in North Yorkshire.

Having achieved a 3 star performance rating in 2005, the Trust applied to become a NHS Foundation Trust in 2006. Monitor approved the application and we became a Foundation Trust on 1 April 2007.

Being a Foundation Trust means we can manage our own budgets and are able to shape our services to reflect local needs and priorities whilst remaining fully committed to the core principles of the NHS.

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1. Chairman and Chief Executive's welcome

Welcome to York Teaching Hospital NHS Foundation Trust's review of 2009/10.

Despite the difficult environment in which we are operating we have achieved the best performance indicators that this organisation has ever seen, and we are proud of this achievement.

We were assessed as 'excellent' for quality of financial management and 'good' for quality of services in the Care Quality Commission's Annual Health Check.

This is a good result for the Trust and is a product of the hard work and commitment of all our staff to delivering a high standard of care.

We must ensure that we continue to build on this good performance by continually focussing on getting the basics right and ensuring our patients have the best care possible.

Our Care Quality Commission staff survey results were encouraging. We will continue to strive to improve even further, and will listen to staff to identify where we might best focus our attention. Our results this year have shown that we can make change happen based on what staff tell us, and that the survey really is an opportunity for staff to have their views heard.

We have begun to focus more on recognising and rewarding staff, both for long service and for individual and team achievements. Our annual celebration of achievement awards and monthly star performer awards are starting to recognise staff and celebrate the fantastic things they do every day. We also held our second open event, throwing open our doors to Foundation Trust members and the public and inviting them to find out more about who we are and what we do.

For 2009/10 the Trust is reporting an underlying income and expenditure deficit of £140k. Against the Trust's annual spend of £235m this is a broadly balanced position. However, you will see in the annual report and accounts for 2009/10 that the overall reported position is a £5.5m deficit. This includes a small number of technical adjustments that have been agreed with external auditors.

Stripping away these technical issues the underlying balanced position is disappointing given the Trust's expectations of creating a £1m surplus to supplement our capital programme. We now face further pressure on the capital programme as a direct result of not delivering

the surplus. This will prove very challenging given the many and varied calls on the Trust's capital programme.

In addition to living within our means it is vital that at all levels decisions are taken with our core values in mind. These centre on the needs of the patient, the safety and quality of our services and the support that staff require in delivering essential services to the community.

We must always recognise and reinforce the importance of managing our finances effectively and responsibly and remember that this is not counter to meeting our service needs, it is an essential prerequisite.

We have now seen the financial and performance framework we shall be working with next year and it is every bit as challenging as we anticipated, with the Trust facing a collective reduction in our finances of some £10m. The only way to secure our services and further develop these going forward is to live within our means and further develop those means by exploiting the real income potential that many of our excellent services offer both locally and nationally.

We are absolutely convinced that whilst we struggle with the difficult financial environment that is enveloping the whole public sector it is even more important that we focus on why we do what we do and the importance of continuing to be the best hospital we can be.

The Board is confident that by continuing to work in partnership with our staff, patients and governors we can continue to provide the high quality services that our patients deserve.

Our full annual report and accounts for 2009/10 are available on our website: www.yorkhospitals.nhs.uk



A handwritten signature in black ink that reads "Alan Maynard".

Alan Maynard



A handwritten signature in black ink that reads "Patrick Crowley".

Patrick Crowley

2. Listening to patients and the public

Information for patients and carers

Patient and public involvement is an integral part of our work. We listen and respond to patients so that we can:

- Improve access and reduce waiting
- offer more information and choice
- build closer relationships
- provide safe, high quality and coordinated care
- provide a clean, comfortable and friendly environment
- improve the patient experience.

Inpatient survey

The national inpatient survey was completed in February 2010. It involved patients admitted to York Hospital in July 2009. Areas in which patients were particularly positive about their experience were:

- Doctors and nurses worked well together: 92%
- room or ward was very/fairly clean: 94%
- hand wash gels visible and available for patients and visitors to use: 94%
- overall rating of care was good/excellent: 92%.

Local Involvement Networks (LINKs)

The government replaced Patient and Public Involvement Forums with LINKs in Local Government and Public Involvement legislation in 2008. The aims of York LINK are to:

- Encourage and support more people to get involved in shaping local services
- actively canvass every section of the community's views about what they think about their local care services
- feed back to those who purchase and provide health and social care services so that things can change for the better.

The Trust will work closely with York LINK to help them meet their aims and realise their work plans.





Patient Advice and Liaison Service (PALS) is a free and confidential service, acting as a single point of contact for any hospital-related enquiry.

Patient Advice and Liaison Service (PALS)

The service:

- Is a single point of contact for any hospital-related enquiry
- deals with patient concerns and can offer a speedy, on the spot resolution to issues
- acts as a gateway to other statutory and community services
- acts as a listening ear and monitors patient concerns
- provides information about York Hospital issues and the wider NHS
- is a free and confidential service
- supports staff at all levels to consider the patient perspective
- provides data to directorates on emerging themes and trends and takes direct action where necessary to improve patient experience
- is involved in voicing patient issues in a range of meetings and initiatives
- can advise on the complaints process.

Handling complaints:

The Trust makes every effort to handle complaints:

- Directly and quickly
- with honesty and fairness
- with confidentiality.

365 formal complaints were received this year (338 last year), representing 0.02% of all patient contacts.

Service user involvement groups:

Several service user involvement groups continue to operate within the Trust, including:

- Child Hearing Services Working Group
- Maternity Services Liaison Committee
- Older People's Liaison Group
- York and District Cancer Partnership.

All the groups provide valued opportunities for the exchange of feedback and information between service users and the Trust, which improves patient experience.

Positive patient feedback

A total of 3871 letters, cards and emails were received throughout the year.

I would like to thank all those whose care and expertise have made my recovery possible. Please pass on my thanks and admiration to all those who contributed to my recovery. My wife and I feel extremely fortunate to live in a city that has such good hospital care and would like this to be known as widely as possible.

patient letter

3. Elected to represent you

Every NHS Foundation Trust is required to have a body of elected governors. York Teaching Hospital NHS Foundation Trust has a Council of Governors, which is responsible for representing the interests of NHS Foundation Trust members, patients and carers, staff members and partner organisations.

The Council of Governors' role and responsibilities are outlined in law and detailed in the Trust's constitution.

Its prime role is to represent the local community and other stakeholders in the stewardship of the Trust. They work with the Board of Directors in an advisory capacity, bringing the views of staff and local people forward, and helping to shape the Trust's future. The Council has a right to be consulted on the Trust's strategies and plans and any matter of significance affecting the Trust or the services it provides.

The Council holds the Board of Directors to account for the performance of the Trust.

The Council of Governors is specifically responsible for:

- The appointment and removal of the Chairman and other non-executive directors
- the approval of the appointment of the Chief Executive
- the appointment and removal of the external auditors.



Their role also includes:

- Representing the interests and views of local people
- regularly feeding back information about the Trust, its visions and its performance to the community they represent
- monitoring performance against the Trust's service development strategy and other targets
- advising the Board of Directors on their strategic plans
- making sure the strategic direction of the Trust is consistent with its terms of authorisation as agreed by Monitor (the Foundation Trust regulator)
- being consulted on any changes to the Trust's constitution
- deciding the Chairman's and non-executive directors' pay and conditions
- providing representatives to serve on specific groups and committees
- informing Monitor if the Trust is at risk of breaching its terms of authorisation, if the concerns cannot be resolved within the Trust.

The Trust has 30 governors, who represent different constituencies:



Appointed Governors

NHS North Yorkshire and York: 2 seats

- Alex Morton-Roberts
- Vacancy

City of York Council: 2 seats

- Cllr Madeleine Kirk
- Cllr Sandy Fraser

North Yorkshire County Council: 2 seats

- Cllr Caroline Patmore
- Vacancy

University of York Medical School: 1 seat

- David Blaney

Voluntary Sector: 1 seat

- Mike Moran

Patient and Public Governors: 17 seats

Patient/Carer:

- Geoffrey Rennie
- Philip Chapman
- Brian Thompson
- Jennifer Moreton

Public: City of York:

- James Porteous
- David Robson
- Paul Baines
- Bob Towner
- Helen Butterworth
- Stefan Ruff
- Helen Mackman
- Sian Wiseman

Nominated Governors

Public: Selby District:

- Nevil Parkinson
- Robert Thomas
- Vacancy

Public: Hambleton District:

- Pam Turpin
- Jane Dalton

Staff governors: 5 seats

Medical:

- Lee Bond, Consultant Haematologist

Nursing:

- Anne Penny, Bed Manager
- Alison MacDonald, Matron

Non-clinical:

- Mandy McGale, Deputy Director of Operations

Clinical professional:

- Martin Skelton, Senior Biomedical Scientist

4. Shaping Healthcare in York

One of the benefits of being a Foundation Trust is that the structure allows us to work more closely with local people and service users to help us better respond to the needs of our communities. People can become involved in this process by becoming a member of the Foundation Trust. We are continuing to build and develop our membership so that our plans for the future can reflect the needs of our local population.

The Trust has three membership constituencies: staff, community and a patient/carer constituency.



Membership eligibility

The Trust's available public constituency is defined as 'those people (aged 16 and over) living in specific wards of local authorities within the North Yorkshire and York Primary Care Trust area'.

Residents of the following local government administrative areas were eligible for membership:

- York (all wards)
- Selby (all wards)
- Hambleton (the wards of Easingwold, Helperby, Huby and Sutton, Shipton, Stillington and Tollerton).

All Trust staff are also eligible for membership.

Total public/patient/carer membership during 2009/10

At year start (1 April 2009)	13,245
New members	309
Members leaving	1155
At year end (31 March 2010)	12,399

Total staff membership during 2009/10

At year start (1 April 2009)	4,572
New members	916
Members leaving	760
At year end (31 March 2010)	4728





Developing a representative membership

The Trust continues to believe that membership should be voluntary to show definite, willing and interested participation.

The prime source for recruiting members is and will remain those people who have an existing relationship with York Hospital. This could be past and present patients or carers, staff or those who are potential future users of our services as residents of our catchment area.

Engaging with our members

We held two successful events exclusively for members during the year.

The first was specifically for members who had expressed interest in bereavement services and the 90 members who attended the event were able to see and comment upon the plans for a new bereavement suite.

We also invited over 700 members to an event with the York and District Cancer Partnership Group to discuss the development of services and to provide feedback on the existing service.



In March 2010 we launched a membership discount scheme to give members access to discounts with local shops and services. All members now have a membership card and a directory of businesses who offer an exclusive discount.

5. Where we're going

The Trust's strategic direction comprises a number of key drivers that will ensure it provides 21st century healthcare for the community it serves.

The Trust has identified four strategic 'frames' that will ensure a focus for its emerging priorities and objectives and assist in their communication to staff, patients and other stakeholders.

The four strategic 'frames' are:

- Improving quality and safety
- improving our effectiveness: capacity and capability
- develop stronger citizenship through our work with partners and the broader community
- improve our facilities and protect the environment.

The national agenda continues to advocate increased patient choice, better access times, safer, cleaner hospitals and improved patient satisfaction and outcomes. In this context these are the priorities for the Trust and we will work, with commissioner PCT support, to meet all targets and develop services that are appropriate for the local community.

The Trust will continue to take part in and learn from national initiatives such as the safer patient initiative, choose and book, agenda for change, the productive ward, the rollout of patient-reported outcome measures and the strategic development of the local health community.



We will work to meet all targets and develop services that are appropriate for the local community

6. Our staff

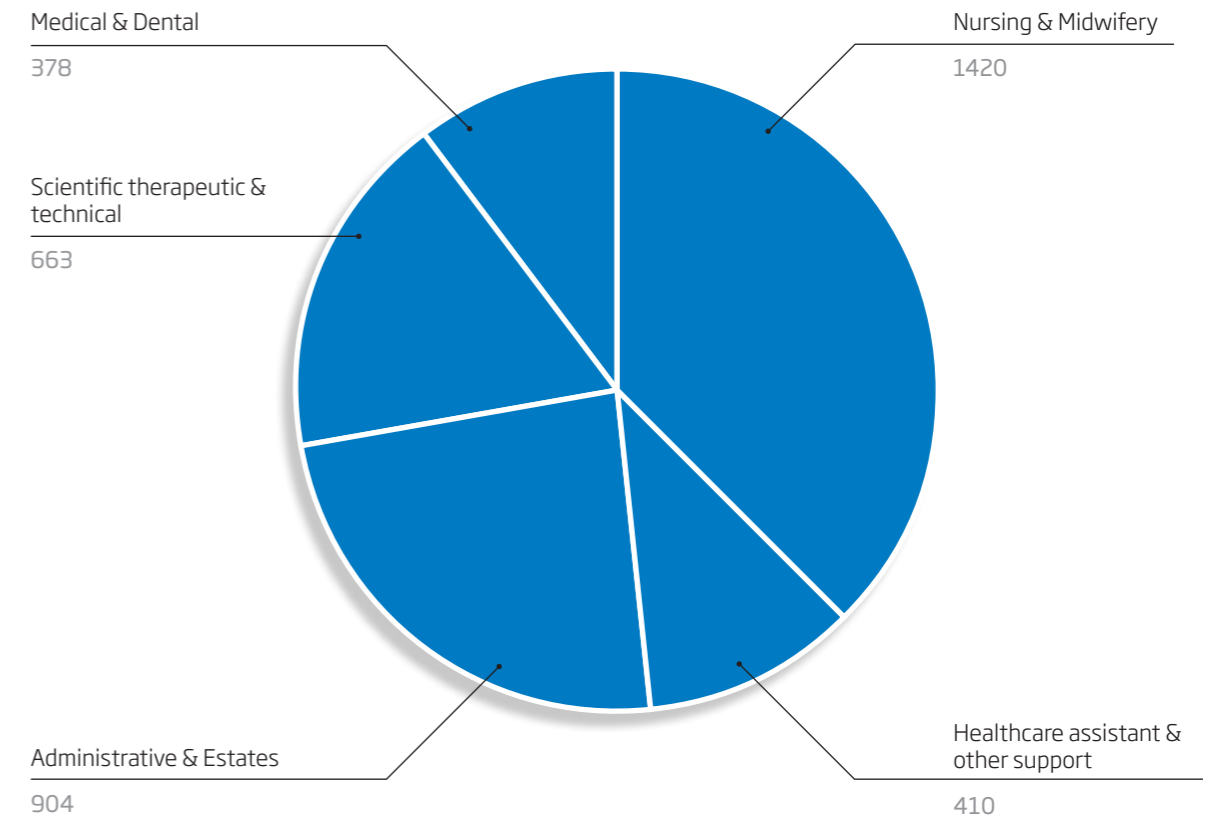


Our latest Care Quality Commission staff survey results were encouraging. Compared to last year's survey, there has been an improvement in 15 of the key findings.

Furthermore, no scores have deteriorated in comparison to the 2008 survey. We will continue to strive to improve even further, and will listen to staff to identify where we might best focus our attention.

Compared to last year's Care Quality Commission staff survey results there has been an improvement in 15 of the key findings.

Staff in post during the year.





All Trust policies are subjected to an Equalities Impact Assessment as they are developed and reviewed.

Reducing sickness absence

The attendance project has far exceeded the key targets set for reducing sickness absence within the Trust. The project resulted in the following improvements:

- 21.25% proportionate reduction in the Trust's quarterly sickness absence rate
- 54.55% reduction in the number of staff on long term sick (more than 4 weeks)
- 80.77% reduction in the number of staff on long term sick (more than 3 months)

Equality and diversity

The Trust's approach to equality and diversity is set out in the Inclusivity Scheme. The scheme has been extended for a further 12 months to allow for the impact of the implementation of the Equality Act 2010 to be taken into account in the scheme update.

All Trust policies are subjected to an Equalities Impact Assessment as they are developed and reviewed. The assessment process will be further developed this year in line with the Equality Act 2010, and impact assessments will be published when appropriate.

The Trust has published a Health and Wellbeing policy for staff, which recognises the obligation to make reasonable adjustments for staff who need them to take up or continue their employment.

7. Managing our finances



The table below provides a high level summary of the Trust's financial results for 2009/10.

	Plan 2009/10 (£m)	Actual 2009/10 (£m)	Variance 2009/10 (£m)
Clinical income	204.6	202.9	-1.7
Non-clinical income	31.7	32.6	0.9
Total income	236.3	235.5	-0.8
Pay spend	-150.9	-151.6	-0.7
Non-pay spend	-80.4	-80.7	-0.3
Total spend before dividend, interest and impairments	-231.3	-232.3	-1.0
Exceptional bad debt		-4.0	4.0
Impairments	-0.5	-1.4	-0.9
Dividend and interest	-3.7	-3.4	0.3
Net surplus/deficit	0.8	-5.6	-6.4
Financial risk rating	3	2	

At the end of the financial year, the Trust reported a technical income and expenditure deficit of £5.6m, compared with a planned surplus of £0.8m. This was after impairment losses associated with settling the Trust's 2009/10 contract with NHS North Yorkshire and York for £4m less than the agreed liability and incurring £1.4m impairment costs associated with the writing down of fixed assets to reflect the in-year reduction in the building replacement cost index. These items have been treated as exceptional costs in the Trust's accounts.

Excluding these exceptional items, the Trust achieved an underlying deficit of £0.1m compared to a planned surplus of £1.3m.

Income from our clinical work

Income from clinical activities totalled £202.9m, and comprised 86.1% of total income. It arose mainly from contracts with NHS North Yorkshire and York and other local Primary Care Trusts (£200.7m), with the balance of £2.2m from other patient-related services, including private patients and personal injury cases.

Income generated from our non-clinical work

Other income totalled £32.6m and comprised 13.9% of total income. It arose from funding for education and training, and for research and development, and from the provision of various non-clinical services to other organisations and individuals.

Monitor risk rating

The Trust achieved a risk rating of 2 in 2009/10, under the revised risk rating calculations introduced by Monitor in 2009/10. The lower rating was primarily a reflection of the deficit arising from the reduced settlement with NHS North Yorkshire and York.

8. Performance

Despite the difficult environment in which we are operating we have achieved the best performance indicators that this organisation has ever seen, and we are proud of this achievement.

All cancer targets were met, and we saw 98.2% of patients in the emergency department within four hours, against a target of 98%. The 18 week targets were met, with the Trust achieving 93.4% against a target of 90% for admitted patients and 98.1% against a target of 95% for non-admitted patients. Our infection control performance was also impressive, with four MRSA bacteraemia against a threshold target of 12, and 28 Clostridium Difficile cases against a threshold target of 110.

We were assessed as 'excellent' for quality of financial management and 'good' for quality of services in the 2008/09 Care Quality Commission's Annual Health Check.

This is a good result for the trust and is a product of the hard work and commitment of all our staff to delivering a high standard of care.

We are a high performing Trust, with areas for improvement identified in only five of the 64 measures. This performance depends on the contribution of every member of our staff.

We must ensure that we continue to build on this good performance by continually focussing on getting the basics right and ensuring our patients have the best care possible.

We were assessed as 'excellent' for quality of financial management and 'good' for quality of services in the 2008/09 Care Quality Commission's Annual Health Check.



9. Building for the future



During 2009/10, the Trust spent £8.3m on capital schemes. These included:

- A major upgrade of the aseptic pharmacy facility
- the upgrade of the coronary care unit
- the start of a phased programme of lift upgrades
- the commencement of the on site multi-storey car park scheme for patients and visitors.

In addition the Trust bought significant amounts of new and replacement medical and IT equipment and plant through a combination of purchasing and lease finance.

Planned capital investment

Capital investment plans for 2010/11 include:

- Building a second MRI scanning facility on the York Hospital site to increase scanning capacity
- providing a bereavement suite to provide a centrally-located, supportive focal point for bereaved relatives. The capital cost is partly funded by the York Hospital Charity, other local charities and the King's Fund
- a programme of new and replacement x-ray equipment related to the expansion of the North Yorkshire breast screening service
- further IT hardware and software developments.

Reducing our environmental impact

Sustainable development is about meeting society's needs today without compromising the ability of future generations to meet their needs - often referred to as good corporate citizenship.

The Trust is committed to being a good corporate citizen and as such has developed a number of plans to reduce its carbon footprint. Examples of the work being undertaken are:

- A sustainable travel plan is in place to encourage staff to use alternative methods of coming to work in order to reduce single occupancy car journeys
- our fleet of vehicles has recently been updated and this has significantly reduced carbon emissions
- our procurement policy has been updated to help maximise the positive benefits and minimise the negative benefits on society, the economy and the environment throughout the full lifecycle of the product

- the Trust has started to procure goods as locally as possible to boost our local economy
- our waste management strategy meets the new legislative requirements and the Trust is recycling more and more waste. There are plans to go further with recycling in 2010/11. This not only has benefits for the environment but also reduces the costs of waste disposal
- the Trust is currently working on a carbon reduction strategy which will reduce the amount of energy we use that produces carbon dioxide
- when designing new buildings, the Trust intends to follow the good practice guidance which is aimed at reducing the carbon footprint of the build.

10. Medical education and research

The year 2009/10 has been one of sustained improvement in the delivery of the Hull York Medical School (HYMS) curriculum. The York HYMS Clinical Learning and Teaching Board has been the focus for organising the local York-based hospital and GP teaching, for reviewing what has happened and innovating to fill observed gaps in students' experience and knowledge. There are regular changes to the teaching teams and a development programme in place ensures that all staff have the pre-requisite knowledge and the opportunity to further develop their skills through short courses or peer observation.

An exercise is underway to ensure that links are retained between resources contributed by HYMS to departments and teaching delivered against this. This is viewed by HYMS as one of the important factors in ensuring the continuity and standard of local teaching which reflects on the medical school.

Key achievements include:

- Focussed investment in a number of new clinical posts. HYMS teaching sessions are identifiable in the relevant job plans belonging to a new acute consultant physician; and new consultant pharmacologist and new clinical lecturer in surgery
- formal clinical placements examinations took place in years 2, 4 and 5 and featured 564 separate clinical exams. The local organisational team received very favourable comment from the external examiners
- 85% of year 2 clinical placement tutors at York have been able to participate in peer observation with either their hospital or GP partner.

Equipping staff with the right knowledge, skills and confidence to function effectively will result in staff feeling enabled to deliver care which is responsive to each patient's requirements and supports our core purpose: to be trusted to deliver safe, effective healthcare to our community

Sue Holden, Associate Director, Applied Learning and Research

2497 patients were recruited for research approved by a research ethics committee

Research and development

The Trust's research and development function continued to be provided within the framework of the North and East Yorkshire Research and Development Alliance.

The Trust also continues to host the North and East Yorkshire and North Lincolnshire Comprehensive Local Research Network (CLRN).

As a member of the CLRN the Trust benefited from significant input of funding for research during 2009/10 by way of project-related service support costs and funding of posts in research nurse teams and support departments such as pharmacy.

Approximately 75% of research projects in the Trust were part of the National Institute for Health Research (NIHR) Clinical Research Portfolio and thus eligible for financial or other support from the CLRN.

Approximately 30% of research projects were commercially funded.

During 2009 the HYMS experimental medicine unit, which is run by the Trust as a HYMS NHS partner, opened for business.

This is an NIHR experimental medicine facility and puts this part of the country on the map as far as facilities of this kind are concerned.



Research activity in the Trust during 2009/10 was as follows :

Number of patients recruited for research approved by a research ethics committee: **2497**

Number of research studies approved during the year: **80**

Number of research studies running during the year: **203**

Number of research studies completed during the year: **42.**



11. Taking a closer look at safety

During the year the Trust has continued to drive the implementation of the quality and safety strategy - Safe and cared for. Improvements have been made and reported to the Board through a safety dashboard developed to provide assurance.

We continue to work with national and international experts in the field and whilst proud of our progress will continue to push for the best possible results across all aspects of our care.

We intend to continue to focus on some of the priorities from 2009/10 going forward. In addition, consideration needs to be given to the following as these are the agreed additional priorities from our quality and safety strategy:

- Falls
- Ulcers
- Deteriorating patient
- Venous thromboembolism



12. Board of Directors

The Board of Directors has a strategic focus – developing, monitoring and delivering plans.

The Board members have collective responsibility for all aspects of the performance of the Trust including financial, performance, clinical and service quality including patient safety, management and governance. As a Foundation Trust, the Board of Directors works in partnership with the Council of Governors to ensure the organisation is delivering the community's healthcare needs.

Board of directors: who's who

- Chairman: Alan Maynard
- Vice Chairman/
Senior Independent Director: John Hutton
- Non-executive Director: Alan Rose
- Non-executive Director: Philip Ashton
- Non-executive Director: Michael Sweet
- Non-executive Director: Linda Palazzo
- Non-executive Director: Libby Raper
- Chief Executive: Patrick Crowley
- Deputy Chief Executive: Mike Proctor
- Finance Director: Andrew Bertram
- Director of HR: Peta Hayward
- Chief Nurse: Elizabeth McManus
- Medical Director: Alastair Turnbull

The following directors left the Board during the year:

- Alan Maynard retired as Chairman on 31 March 2010
- Gillian Fleming resigned as a non-executive Director 31 January 2010
- Alison Hughes resigned as Director of Strategy and Facilities of the Trust in October 2009
- Ian Woods retired as Medical Director in February 2010



Board sub-committees

The Board of Directors has delegated decision-making authority to a number of sub-committees. A summary of these committees is below, full details can be found in the Trust's annual report 2009/10.

Audit committee

The committee receives reports from internal and external auditors and undertakes detailed examination of financial and value for money reports on behalf of the Board of Directors. The audit committee has two working groups: the compliance group and the data quality and performance group.

Charitable Funds Committee

The work of this committee includes developing a fundraising strategy, approving specific expenditure projects and supporting the development of plans for future use of charitable funds.

Remuneration Committee

The Remuneration Committee determines the pay and conditions of the Chief Executive and executive directors.





We are confident that by continuing to work in partnership with our staff, patients and governors we can continue to provide the high quality services that our patients deserve

Patrick Crowley, Chief Executive



To learn more about us visit: www.yorkhospitals.nhs.uk

Get involved: To become a member of York Teaching Hospital NHS Foundation Trust: Call 0870 7030151.

Email: york@nhs-membership.co.uk. **Join online:** www.yorkhospitals.nhs.uk