

Our Year

Annual Review 2010/11

About the Trust

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 York Hospitals NHS Foundation Trust began life 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.

We adopted 'Teaching' into the name of the Trust to reflect our increasing involvement with Hull York Medical School (HYMS), our ever-strengthening links with York's universities and other higher and further education establishments and the recognition of our commitment to continued learning, training and development for our staff. Our decision to change our name was approved by Monitor, the Foundation Trust regulator, and came into effect from 1 August 2010.

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1. Chairman's welcome

Welcome to York Teaching Hospital NHS Foundation Trust's review of 2010/11



A handwritten signature in black ink, which appears to read 'Alan Rose'. The signature is written in a cursive style and is positioned above a thin horizontal line.

Alan Rose

The commitment, competency and flexibility of all staff in capturing efficiency improvements has contributed to a very successful year in terms of performance, whilst effectively 'balancing our books'. I would like to congratulate all our staff on this success. Thank you to everyone for their hard work.

We continue to be committed to working with our community stakeholders, notably through our Foundation Trust governors, who are mainly elected by the Trust's public members. Increasing our engagement with the communities we serve will be all the more important as the way healthcare is organised will change over the coming years. Through our governors and members we will encourage people to get involved and have their say in our future development.

The national context for providing our services is undergoing significant change, as the Health and Social Care Bill works its way through Parliament. Whatever its final form, we will continue to be under considerable financial constraints, as is the entire North Yorkshire healthcare community. As the structure and approach to the commissioning of services changes we will need to work particularly closely with the GPs in our communities.

This national uncertainty and drive for reform is taking place at a time when our own strategic direction is changing.

Firstly, our new responsibility for local community health services, which are provided in community hospitals and by a large and dedicated team of care professionals at other facilities and in patients' homes. This change will lead to a more integrated approach to the care of patients at different stages of their health needs. Secondly, the potential integration with health services in parts of North and East Yorkshire by delivering services with Scarborough and North East Yorkshire Healthcare Trust. This change will not only improve the consistency of quality care in Ryedale and the East Coast communities, but consolidate the abilities of our Trust as a whole to sustain it through the years ahead.

The combined effect of the changes described here will make the next couple of years significant and challenging. However, I am confident that we have the competencies and underlying values to emerge as a stronger, more robust, successful and caring organisation that will be central to the communities we serve and an excellent place to be employed.

**“ I would like to congratulate all our staff on this success.
Thank you to everyone for their hard work ”**

Chief Executive's welcome



A handwritten signature in black ink that reads "Patrick Crowley". The signature is written in a cursive, flowing style.

Patrick Crowley

In last year's report, I described the challenges we would be facing in terms of our financial resources, and how we must all strive to live within our financial means to continue to deliver the best care within this difficult environment.

The pressure has not eased. The national economic situation is such that the NHS, along with the wider public sector, is facing the most difficult times it has known. There is the prospect of real terms reduction in income over the next three years, yet patients' expectations and demand for services continue to increase.

This makes it all the more pleasing to report that, despite the economic environment, our performance has continued to grow in strength.

You can find out more about our performance against key access targets and quality and safety later in this report.

Our financial performance has been good in light of the financial constraints we have faced. The underlying reported financial position for the Trust is a small surplus of £0.8m, placing the Trust among the majority of Foundation Trusts in terms of financial performance.

The financial situation has reinforced the importance of partnership working. The Trust's main commissioner remains financially challenged and is under significant pressure. Tackling this will require a continued collaborative approach to create a mutually supportive environment to ensure a level of service that is affordable to the wider health community.

We continue to be involved in discussions about future management arrangements for Scarborough and have been asked to host community services for Scarborough, Whitby and Ryedale during this coming year. We are forming ever-stronger links

between the two Trusts, and this has enabled us to work with optimism towards a greater collaboration with Scarborough Hospital.

We have also been awarded community services for York and Selby, presenting opportunities for better integration of services. This will be key to providing care close to patients' homes and will improve the standard of care we can provide within the hospital, with more people being treated in the most appropriate place.

These are exciting times for our organisation and we have the opportunity to influence how services are provided not only in York and the surrounding area but across North Yorkshire. However, it is vital that we do not lose sight of what is happening within the Trust. We must continue to focus on improving standards in York and Selby, continue to strengthen our core services and plan with ambition for the future.

The multi-storey car park, the important first step in redeveloping our site, opened in March 2011. This will unlock the potential to begin our long-term development to provide facilities to modern standards that are integrated more effectively with the surroundings.

We will continue to ensure that as an organisation our values drive our decision making and that we are truly placing the patient at the centre of everything we do. Focusing on the basics will still be our priority, making our environment cleaner and safer to instil confidence in our patients, staff and visitors.

I look forward to another challenging and successful year, working with all our staff in providing the highest quality services we can to all who need us.

“Despite the economic environment, our performance has continued to grow in strength”

2. Listening to patients and the public

Information for patients and carers

Patient and public involvement (PPI) is an integral part of the Trust's 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 co-ordinated care
- Provide a clean, comfortable and friendly environment
- Improve the patient experience

Every NHS hospital trust in England carries out the inpatient survey as part of a national programme led by the Care Quality Commission, the regulator of health and social care services.

The results highlighted many positive aspects of patient experience in York, with the majority of patients reporting that:

2010/11

<i>Overall: rating of care was good/excellent</i>	91%
<i>Overall: doctors and nurses worked well together</i>	91%
<i>Doctors: always had confidence and trust</i>	83%
<i>Hospital: room or ward was very/fairly clean</i>	92%
<i>Hospital: toilets and bathrooms were very/fairly clean</i>	91%
<i>Hospital: hand-wash gels visible and available for patients and visitors to use</i>	96%
<i>Care: always enough privacy when being examined or treated</i>	89%
<i>Surgery: risks and benefits clearly explained</i>	82%

The results also highlight where improvements are needed, particularly in relation to patients reporting that they were not asked to give views on quality of care. Areas for improvement are taken forward with staff to ensure that the Trust improves in the future.



LINks supports people to become involved in how local services are developed and run

Local Involvement Networks (LINks)

LINks actively works with communities to provide the opportunity for people to influence and have a say on health and social care locally. Made up of individuals from the local community, voluntary and community groups, LINks supports people to become involved in how local services are developed and run. LINks is responsible for ensuring that the community's voice is fed back to both health and social care commissioners and providers.

LINks in York has been responsible for various Public Awareness and Consultation Events and published their reports in relation to:

- Access to NHS dental services
- Carers' rights
- Discharge from hospital
- End of life care

Over the next year, the new Health and Social Care Bill means that LINks will change and become a Local HealthWatch from April 2012. Locally, HealthWatch will continue to provide the 'consumer voice' of the local population but their function will change from that of an advisory role to taking a representative and influencing role on the new LA Health and Wellbeing Boards.





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

Compliments and complaints

The Trust registered 308 complaints this year (365 last year). A total of 4,661 letters, cards and emails giving positive feedback were received.

The following comments are typical of those expressed by many patients:

“This is a marvellous hospital. My local hospital plans to be a Foundation Trust and I am going along to an event to find out how to become a governor. I will be using my experiences at your hospital as a benchmark for my own and I hope they can eventually meet your standards.”

“I wanted to put my effort into making sure you know as an organisation and as a group of people, how valuable and appreciated you are by me and by thousands of others. Thank you.”

...s to send comments

Touch screen equipment provides an opportunity for patients to take part in surveys whilst visiting the hospital

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 Peoples 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.

The Trust uses many different methods for capturing feedback from patients, carers and relatives. One method is the use of touch screen equipment deployed in departments which provide an opportunity for patients to take part in surveys whilst visiting the hospital.

Departments who used the touch screen equipment include:

- Orthodontics
- Pharmacy Services
- Diabetes - Think Glucose Campaign

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' roles 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
- Agreeing the Chairman's and non-executive directors' pay
- 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 Council of Governors' prime role is to represent the local community and other stakeholders

Governors

The Trust has 30 governors, who represent different constituencies. For the period 1 April 2010 to 31 March 2011 the Council of Governors comprised the following members:

Appointed Governors

NHS North Yorkshire and York: **2 seats**

- Alex Morton-Roberts
(retired July 2010, now vacant)
- Vacancy

Local Authority governors: **5 seats**

- Cllr Madeleine Kirk
- Cllr Sandy Fraser
- Cllr Caroline Patmore
- Cllr John Batt

University of York Medical School: **1 seat**

- David Blayney

Voluntary Sector: **1 seat**

- Catherine Surtees, York CVS



Nominated Governors

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

-
- Public: Selby District:
- Nevil Parkinson
 - Robert Thomas
 - Diane Rhodes

-
- Public: Hambleton District:
- Jane Dalton
 - Diana Appleby
(retired July 2010,
now vacant)

Nominated Governors

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.

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.

We are continuing to build and develop our membership so that our plans for the future can reflect the needs of our local population

Total public/patient/carer membership size and movements during 2010/11

	Last Year	Next year Est.
At year start (1 April 2010)	12,399	11,988
New members	127	5500
Members leaving	528	500
At year end (31 March 2011)	11,988	16,988

Total staff membership size and movement during 2010/11

	Last Year	Next year Est.
At year start (1 April 2010)	4,721	4,728
New members	14	5,000
Members leaving	7	200
At year end (31 March 2011)	4,728	9,528



The YorkTalk lunchtime presentations are an important way for the Trust to engage with members

Developing a representative membership

The Trust in conjunction with Governors planned and attended a number of events in 2010/11 in order to recruit new members and to engage with existing members. The specific activities carried out included:

- Presentation to the Selby Family History Group
- York LINKs conference and annual general meeting
- Selby District and Town Council public meetings

- Volunteers fair at Community House, Selby
- Easingwold Villages Forum (public meeting of Hambleton District Council)
- 9 of the 18 City of York Council Ward Committee public meetings
- Hovingham Village market
- Displays in Hospital main entrance and patient discharge lounge
- North Yorkshire LINKs annual general meeting
- Events involving Tadcaster Grammar School, Selby College and Joseph Rowntree School in York
- Membership information in Hospital radio booklet

In addition, Governors continue to target their local communities for additional members by poster displays and use of community newsletters and publications.



Engaging with our members

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

We 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.

Nearly 100 members attended an event to discuss developments in services for the elderly.

Upon completion of the capital scheme to build the new bereavement suite, we invited interested members for an exclusive tour of the new facilities.

The Trust once again threw open its doors to welcome visitors at the annual open event. Around 1500 people attended to take part in behind the scenes tours, presentations and displays on a range of topics. Members of the public were able to meet the managers, governors and front line staff as well as attend the Annual General Meeting of the Trust.

The YorkTalk lunchtime presentations are also an important way for the Trust to engage with members by offering a range of short information sessions delivered by our staff. The topics this year included the role of the matron, recent advances in haematological malignancy, diabetic retinopathy and an introduction to NHS finance.



5. Our staff



Once again, our Care Quality Commission staff survey results were really positive indicating that staff experiences of working for the NHS and specifically for our hospital, are generally very good.

The results were presented as 38 Key Findings, each of which were ranked against all other acute trusts in England. In the survey, 61% of our Key Finding scores were either in the best 20% of acute trusts or were better than the average score for acute trusts.



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

The following are the findings for which the scores improved in the most recent survey from the previous year's scores;

- The percentage of staff who reported good communication between senior management and staff
- The impact of health and wellbeing on staff's ability to perform work or daily activities
- Staff job satisfaction
- Work pressure felt by staff

Work is already underway to make improvements in those areas where comparatively, we scored less favourably against other acute trusts, including the launch of a new appraisal framework.

The health and wellbeing of our staff will remain a priority both in terms of attendance and effectiveness at work and beyond.

We will also continue to develop our approach to rewarding and recognising our staff.

Equality and diversity

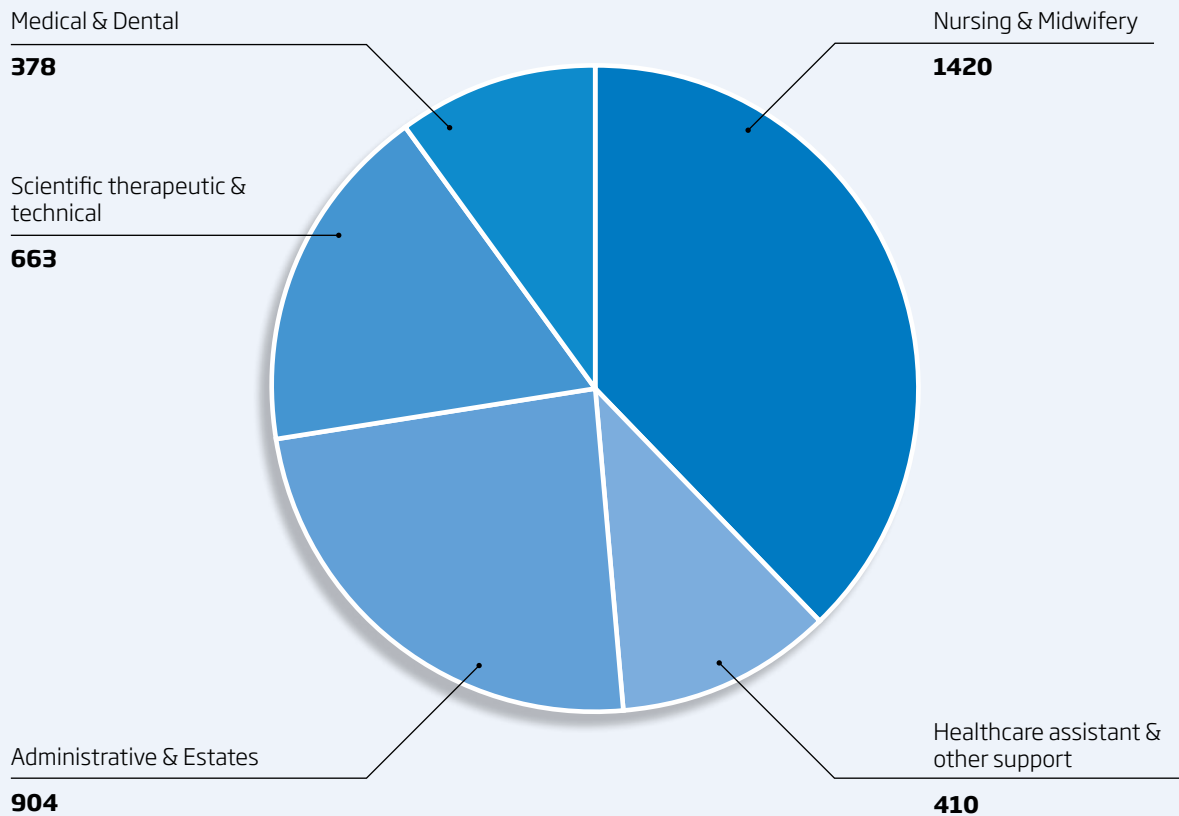
We know that having a committed and motivated workforce depends on staff feeling that they are treated with fairness, respect and dignity and that they have equal opportunities for self-development. We want to ensure that our staff are not discriminated against, or harassed, on the grounds of their ethnic origin, physical or mental ability, gender, age, religious beliefs or sexual orientation. Equally, if this happens, we want staff to feel confident about using our policies to raise concerns and to have them addressed.

The Trust has adjusted its approach to the equality and diversity agenda to ensure that it complies with the Equality Act 2010 as it applies to public bodies.

The Trust has been involved in the NHS consultation process over the proposed introduction of an 'Equality Delivery Scheme' (EDS), and the Board of Directors are engaged in the preparation of an Equality and Diversity Strategy, which will be published next year.

Staff in post during the year

The chart below shows the number of staff in post during the year in the Trust.



6. Managing our finances

The table below provides a high level summary of the Trust's financial results for 2010/11:

	Plan 2010/11 (£m)	Actual 2010/11 (£m)	Variance 2009/10 (£m)
Clinical income	210.5	202.9	-1.7
Non-clinical income	34.2	37.1	2.9
Total income	244.7	246.8	2.1
Pay spend	-155.7	-158.2	-2.5
Non-pay spend	-82	-84.0	-2.8
Total spend before dividend, interest and impairments	-237.7	-243.0	-5.3
Impairments	-1.5	-1.4	0.1
Dividend and interest	-3.4	-3.2	0.2
Net surplus/deficit	2.1	-0.8	-2.9
Financial risk rating	4	3	

At the end of the financial year, the Trust reported an income and expenditure deficit of £0.8m, compared with a planned surplus of £2.0m. This was after impairment losses associated with revaluation of Trust assets, and an allowance for restructuring costs. These items have been treated as exceptional costs in the Trust accounts.

Excluding these exceptional items, the Trust achieved an underlying surplus of £0.8m.

Income from our clinical work

Income from clinical activities totalled £209.7m, and arose mainly from contracts with NHS NYY and other local Primary Care Trusts (£207.5m), 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 totalling £37.1m 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 financial risk rating

- The Trust achieved a risk rating of 3 in 2010/11, against a plan of 4
- Financial risk is assessed on a scale of 1 (high risk) to 5 (low risk)
- The Trust is forecasting a medium risk score of 3 for 2011/12



7. Performance



The priority we set ourselves for the year was to continue to focus on the basics, and this has shown encouraging results, in terms of performance and the ongoing improvement of services. This really is down to the continuing efforts of all of our staff and they should be justly proud of what we have been able to accomplish.

Despite the economic environment, our performance has continued to grow in strength and we have yet again achieved the best performance 'scorecard' ever seen in this Trust.

On aggregate through the year all cancer targets were met, and we saw 97.14% of patients in the emergency department and minor injuries units within four hours, against a target of 95%. The 18 week targets were met, with the Trust achieving 93.23% against a target of 90% for admitted patients and 97.86% against a target of 95% for non-admitted patients.

Despite the economic environment, our performance has continued to grow in strength



8. Building for the future

Capital investment

During 2010/11, the Trust's capital investment totalled £10.4m. Capital schemes included:

- The completion of the on site multi-storey car park scheme for patients and visitors
- The completion of the bereavement suite, a centrally-located, supportive focal point for bereaved relatives. The capital cost was partly funded by the York Teaching Hospital Charity, other local charities and the King's Fund
- The provision of a child protection suite
- The continuation of the phased programme of lift upgrades
- Refurbishing wards and departments
- The re-equipping of the North Yorkshire breast screening service with digital equipment to enhance the service quality and to increase capacity to allow for the extended age group offered screening. Most of the equipment was funded by leasing

In addition, the Trust continued its programme of enhancing and replacing medical and IT equipment and plant through a combination of purchasing and lease finance.

During 2010/11, the Trust's capital investment totalled £10.4m

Planned capital investment

Capital investment plans for 2011/12 include:

- Building a second MRI scanning facility on the York Hospital site to increase scanning capacity
- Providing a robotics system in pharmacy to increase efficiency in stock handling
- Improvements to main theatres



9. Medical education and research

HYMS team

The year 2010/11 has been one of continued improvement and development in the delivery of the curriculum. The York HYMS Clinical Learning and Teaching Board continues to be the focus for organising the local York-based hospital, Mental Health and GP teaching, for reviewing what has happened and innovating to fill observed gaps in students' experience and knowledge.

A number of key developments have taken place during the year:

In order to provide a more streamlined, structured approach to the clinical placements in Phase 3, the HYMS Faculty has instigated a number of changes. The emphasis of the hospital clinical placement has changed to ensure that fifth year students complete eight weeks in one speciality, ensuring that at least 4-5 consecutive weeks are spent in the same department. All additional fixed teaching/Educational Supervisor sessions take place in the afternoon, to ensure the students have a more visible presence on the wards and can work more closely with the junior doctors.

By making these changes, it is hoped that both the staff and student experience will be improved.

The HYMS Faculty were pleased to contribute towards a HYMS Surgery Administrator in the Surgery Directorate. The post acts as the focus for rota co-ordination and ensures that all 'surgery' teaching commitments to HYMS are fulfilled. This role has provided a more consistent approach to tutor/student attendance.

Developments to re-configure the Learning and Research Centre included a Simulation Suite for a new "Sim Man" that would be used Trust-wide and in undergraduate teaching for simulation training. Other changes included a new facility for all clinical research colleagues and a quiet student area, responding to the continuous need for changes to the services we deliver.

Led by HYMS Faculty staff at York Hospital a new personal tutor scheme has been implemented. A group of volunteer doctors from local primary and secondary care organisations and from many specialties are now available to act in this role to support the undergraduate HYMS students.





Postgraduate medical education

The last 12 months have been a busy and challenging time for the department. There have been increases in trainee numbers, changes in curricula, redesign of training programmes and new training programmes to deliver. Key achievements include:

- The review and implementation in 2011 of a revised face to face and online induction programme for new doctors ensuring timely delivery of training
- Following the successful pilot with foundation doctors the process for supporting doctors in training was rolled out to specialty doctors and a supporting doctors' helpdesk established
- A successful quality monitoring visit from the foundation school found that the Trust continues to provide a good standard of training, and is actively managing training problems when they arise. There is good evidence of educational administration. A successful quality monitoring visit from the deanery highlighted three areas of notable practice in the delivery of the curriculum
- This involved the development and delivery of new teaching modules, engagement of new teaching faculty, existing faculty becoming leads for modules of the programme in their areas of expertise, the revision and delivery of new programme for workplace based assessors
- Following the launch of the revised foundation curriculum in April 2010, a successful review of the teaching programme for foundation doctors was completed. This involved the development and delivery of new teaching modules, engagement of new teaching faculty, existing faculty becoming leads for modules of the programme in their areas of expertise, and the revision and delivery of new programmes for workplace-based assessors
- Increased numbers of trainees on foundation and GP vocational training (VT) schemes
- Refurbishment of a classroom and the installation of new simulation training equipment for surgical and ophthalmology specialties and the roll out of training to trainees
- Training of seven York consultant and educator faculty members to deliver new educational and clinical supervisor workshops held locally to compliment online training. Between January and March 2011, 62 delegates were trained

We aim to achieve a substantial increase in the volume of high quality research activity within the Trust

Research and development

During this year the Trust published a Research and Development Strategy to guide progress for the next three years ending in November 2013. This set out the Trust's vision:

"...to achieve, in collaboration with academic and other partners, a substantial increase in the volume of high quality research activity within the Trust and to do this in the context of a sustainable infrastructure that manages this activity to the highest standards."

Strategic objectives are to:

- Harmonise the Trust's research portfolio
- Streamline research management and governance services
- Generate income through research activity
- Increase the quality of Trust-initiated research projects by encouraging application for peer-reviewed external grants
- Support and develop 'early-career' researchers

- Work with all elements of the National Institute for Health Research (NIHR) to provide professional support for research, particularly clinical trials
- Develop the Hull York Medical School (HYMS) Experimental Medicine Unit
- Develop a business case to support improved facilities for clinical research
- Develop stronger links with academic institutions

Work has begun on actions designed to realise these objectives. Over the next 2-3 years this should produce a more businesslike and managed approach to the Trust's research activity, which identifies priorities for investment of resource and effort, and works with NIHR networks and other research partners to reduce duplication and maximise productivity.

The background of the slide is a close-up photograph of numerous pills. The pills are primarily blue with a white vertical stripe, and some are plain white. They are scattered across the entire page, creating a textured, medical-themed background.

Research activity

During 2010/11:

- 3753 patients were recruited to research studies in the Trust
- 66 studies were given permission to begin in the Trust
- 222 studies were running in the Trust
- 36 studies completed their work in the Trust
- 52% of active studies were part of the NIHR Clinical Research Portfolio
- 13% of active studies were commercially funded
- 8 studies were granted sponsorship by the Trust, including one clinical trial of an investigational medicinal product

10. Taking a closer look at safety

The latest Dr Foster Hospital Guide shows that we are continuing to perform well, demonstrating the strong patient safety culture that exists within the hospital. We have deliberately set ourselves demanding targets for improving safety, with initiatives across the hospital to support this work.

Infection rates have fallen steadily over the last three years following a focussed campaign across all clinical areas to reduce the number of cases, and our performance is amongst the best in the country.

Falls and pressure ulcers are an issue for all hospitals. Working closely with the Department of Health, we were the first hospital in the country to adopt a new programme to dramatically reduce falls and ulcers. This has resulted in an excellent reduction of our worst-grade pressure ulcers and in the increased assessment and management of patients at risk of falling.

Here are just some of our achievements in the field of quality and safety. You can find out more in our quality report.

- The Trust has declared compliance with Eliminating Mixed Sex Accommodation guidance
- 94% of our patients surveyed would recommend the hospital to family / friends
- The Trust has achieved level 1 compliance against the NHS Litigation Authority Risk Management Standards for maternity care and has achieved level 1 compliance for acute care
- The Trust has introduced a system of testing nurses and midwives' ability to calculate drugs dosages and improved the failure rate by 42%
- The Trust has established a monthly system for recognising staff contribution to quality and patient safety
- The Board of Directors affirms its commitment to patient safety and patient experience by placing at the top of the agenda of any meeting and devoting time to hear patient's stories of their experiences while in our care



- There has been a range of initiatives to improve better use of our workforce including a program to reduce sickness / absence rates (for example we have reduced our overall sickness rates for health care assistants by 23.5%) introduction of roster systems and the development of a robust recruitment and induction program for health care assistants
- The Trust continues to undertake patient safety leadership walk rounds ensuring that each ward / department is visited at least once a year. We have maintained this standard for the last 3 years
- The Trust has been rated in the 'top 40' hospitals category for the last 9 years by CHKS
- The Trust had the lowest C-difficile incidence rate for comparable hospitals at the end of 2010 as recognised by the Department of Health
- The trajectories for improving the Trust C-Diff and MRSA rates have been achieved in year, reducing the risk of infections to our most vulnerable patients
- Our Clinical Quality and Safety Committee has been established using the Trust Quality and Safety Strategy to closely monitor and ensure improvements in system, process and outcomes for patients
- A system of demonstrating nurses and midwives contribution to patient care has been developed and embedded the last year and includes not only assessment and documentation standards but also patient and staff experience questionnaires which have been developed in conjunction with Governors
- The Trust was the first in the country to test out a methodology to rapidly introduce change across clinical areas in pressure ulcer and falls reduction. This has resulted in an 80% reduction in our worse grade pressure ulcers over the last year and some clinical areas achieving over 260 days since a patient developed a pressure ulcer. It has also resulted in the increased assessment and management of patients at risk of falling
- The Trust has achieved over 90% compliance with venous thromboembolism (VTE) assessment - introducing a computerised system, establishing a VTE Committee at Strategic level and improving the guidelines and training for staff
- After significant focussed work from our critical care team, it is 341 days since one of our patients experienced a central line infection on the intensive care unit
- The Trust shows strong improvement on the scores of our national in-patient survey results (25 questions were significantly better than average and 12 improved since last year)

11. 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 Rose

Vice Chairman / Senior

Independent Director: John Hutton

Non-executive Director: Philip Ashton

Non-executive Director: Linda Palazzo

Non-executive Director: Libby Raper

Non-executive Director: Michael Sweet

Non-executive Director: Dianne Willcocks

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:

Deputy Chief Executive Mike Proctor left the Board in February 2011 to take up a secondment role as Interim Chief Executive at Scarborough and North East Yorkshire Healthcare NHS Trust.

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 2010/11.

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.



↑ Junction
↑ Bereavement Services
City of York Registrars Office





I look forward to another
challenging and successful
year, working with all our staff
in providing the highest quality
services we can to all who need us

Patrick Crowley, Chief Executive

Find out more...



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