Our Year
Annual Review 2011/12
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.

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Welcome to York Teaching Hospital NHS Foundation Trust’s review of 2011/12.

This year has been an unsettling one for the healthcare sector in England, due to the prolonged development of the Health and Social Care Act and the national context of austerity that is constraining all public services. Each of these significant factors has shaped a challenging year for the Trust and will lead to a changed environment for commissioning and delivering services in the years ahead.

On behalf of the Board of Directors, I am delighted to report that the Trust has met virtually all of its targets for the year, as we strive to fulfil our mission of being trusted to deliver safe, effective and sustainable healthcare to our communities. Access to good quality care has continued to improve and the independent surveys of our patients continue to be extremely positive across nearly all criteria. We are never satisfied, however, and we continue to challenge all our service teams to improve. This year has included our new responsibility for community health services. The Independent Review of Healthcare in North Yorkshire and York, published during 2011, emphasised the need for strong cross-sector cooperation in strengthening this aspect of healthcare delivery and we are actively working with our partners to plan and implement this.

I would like to recognise all of our staff, and the increasing body of volunteers who work alongside them, for the consistent and dedicated effort all have made to ensure the Trust has been successful for another year.

We have continued to work hard to strengthen our relationships with stakeholders - including our governors and members, local authorities, teaching and research institutions, other NHS Trusts, the emerging clinical commissioning groups and the extensive third sector. We place a high value on the liaison, support and challenge we share with these bodies. This is important in consolidating our position as one of the leading employers and organisations in the York area.
Over and above all the activity mentioned here, the planned acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust will be the biggest change the Trust has experienced in its history. We feel privileged that we have been invited to work with Scarborough to improve healthcare across a large part of North Yorkshire, and we are working to finalise these arrangements, for completion on 1 July 2012. The resulting enlarged Trust will have over 8,000 staff and revenue of over £400m.

This truly strategic development will help the healthcare we deliver in York, Scarborough and the surrounding areas to be stronger in every way, notably being clinically and financially more sustainable for the challenging years ahead. I look forward to reporting next year on significant progress.
Chief Executive’s welcome

Although this has in many ways been a challenging year, it has also been an exciting one with some significant new developments, and we have continued to deliver a high level of performance.

We have been able to maintain our strong record with regard to infection prevention, and continue to be among the best nationally in this area. We are also making strides in terms of patient safety, with initiatives such as the rapid spread project to reduce pressure ulcers showing significant improvements.

In April 2011 we welcomed some 1800 staff to the Trust from community services in Selby, York, Scarborough, Whitby and Ryedale, and we have begun to integrate these services with those based in our acute hospital. This is key to providing care closer to patients’ homes which will improve the standard of care we can provide within the hospital, ensuring more people are treated in the most appropriate place for their needs.

Patrick Crowley

A significant amount of work has been undertaken so far to integrate the two organisations, and in working together we are confident that we can secure sustainable services and a more stable longer-term future for healthcare in the areas served by both organisations.
The underlying reported financial position for the Trust is a small surplus, placing us among the majority of Foundation Trusts in terms of financial performance, and demonstrating that we have managed our in-year finances satisfactorily.

Alongside this our efficiency programme continues to be successful, which has helped us through the difficult financial year and has meant that we have been able to meet our demanding efficiency targets without significant reductions in staffing or cuts to services.

We have begun to work closely with the emerging Clinical Commissioning Groups to understand their commissioning intentions and to establish strong working relationships with them. Our current commissioners have been under significant financial pressure which is showing little sign of easing, and it has never been so important that we work together as a wider health community if we are to continue to deliver services to the standard our patients deserve.

We have also continued to work closely with Scarborough and North East Yorkshire Healthcare NHS Trust. A significant amount of work has been undertaken so far to integrate the two organisations, and in working together we are confident that we can secure sustainable services and a more stable longer-term future for healthcare in the areas served by both organisations.

We are confident that this year will also be an exciting and challenging one. I thank all of our staff for their continuing commitment, and look forward to welcoming staff from Scarborough and Bridlington into our organisation.

1800 Community services staff joined the Trust
Listening to patients and the public

We want patients to receive the best possible care and treatment and are committed to improving the experiences of our patients and their families when they access our services. To help us achieve this, we take every opportunity to listen to what people say about services and standards of care and to involve them in new developments.

Listening, involving and responding to patients, carers and their families allows us to focus on providing services which are responsive to their needs.

Complaints and Compliments

 Complaints and compliments provide us with a valuable insight into the experience of patients at the Trust and enable us to make improvements to our services. It also enables us to feed back to staff when they are providing an excellent service. Patients, their families and visitors are encouraged to share any concerns or suggestions they have with us so that their comments can be investigated and responded to, and so that we can learn lessons from their experiences.

331 complaints were registered during the year, compared to 308 in 2010/11. 3957 letters, cards and emails giving positive feedback were received.

Patient Advice and Liaison Service (PALS) Team

 The PALS service is a single point of contact for any Trust-related enquiries from patients and their relatives. PALS advisors listen to suggestions or queries and help resolve concerns quickly. They provide information, advice and support to patients, their families and carers. Patients and their families can telephone, write, or email for help or advice in relation to Trust services. Patient information leaflets explaining the services PALS offer are available throughout the Trust. Information is also available on the Trust’s website.

A number of the cases dealt with by PALS are resolved either immediately or within 24 hours. PALS liaise closely with directorates to ensure that patient feedback reaches the appropriate service.

In 2011/2012 PALS dealt with 3851 patient contacts, compared with 3649 patient contacts in 2010/2011.
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Inpatient Survey 2011

Each year, every NHS hospital trust in England carries out the Survey of Adult Inpatients in the NHS as part of a national programme led by the Care Quality Commission, the regulator of health and social care services.

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

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall: rating of care was good/excellent</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td>Overall: doctors and nurses worked well together</td>
<td>91%</td>
<td>89%</td>
</tr>
<tr>
<td>Doctors: always had confidence and trust</td>
<td>83%</td>
<td>84%</td>
</tr>
<tr>
<td>Hospital: room or ward was very/fairly clean</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Hospital: toilets and bathrooms were very/fairly clean</td>
<td>91%</td>
<td>94%</td>
</tr>
<tr>
<td>Hospital: hand-wash gels visible and available for patients and visitors to use</td>
<td>96%</td>
<td>93%</td>
</tr>
<tr>
<td>Care: always enough privacy when being examined or treated</td>
<td>89%</td>
<td>88%</td>
</tr>
</tbody>
</table>

The results also highlight where improvements are needed and the Trust will now consider how we take forward these key findings from the survey to ensure that we improve on these areas in future.
Outpatient Survey 2011

The National Adult Outpatient Survey, like the Inpatient survey, shows that we have continued to perform well with the majority of patients reporting that their care was good, very good or excellent. 91% reported that they were treated with respect and dignity all the time when they attended our Outpatient Department.

Service-led Surveys

Across the Trust we utilise different methodologies for capturing patient feedback to enable us to really understand what matters to patients. We use real-time electronic tablets to carry out our Nursing Care Indictors which allows us to gain feedback from patients whilst they are accessing our services. A number of surveys have been carried out locally which have utilised on-line surveys, whilst other mechanisms including sharing patient stories, observations within a service area and focus groups have also been carried out across the Trust.

Our Directorates actively encourage feedback from patients and staff, and all undertake surveys each year to fully understand how patients experience the services delivered.

Examples of Service-led patient experience surveys include:

- Emergency Department
- Orthodontics
- Ophthalmology
- Diabetes
- Healthcare at Home Pharmacy
- Critical Care
- Respiratory Medicine
- Maternity Services

User and Support Group within the Trust include:

- Renal Patient and Carer Reference group
- Maternity Services Liaison group
- Eye Clinic Partnership group
- York District Cancer Partnership group
- Older People’s Liaison group
- Stroke Patient and Carer group
- York Limbless Support group
We believe that having effective stakeholder relations is crucial in developing high quality services. During the year we have continued to develop close working relationships with our Local Involvement Network (LINk).

LINk 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 services are developed and run. LINk is responsible for ensuring the community’s voice is fed back to both health and social care commissioners and providers.

York LINk’s work plan for the year has seen them working closely with the Trust on many areas of work, including access to food in hospital and services for people with long term neurological conditions in York.
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 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.

It’s 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.
Our Governors

Our Council of Governors represent different constituencies. From 1 April 2011 to 31 March 2012 the Council of Governors comprised the following members:

**Nominated governors:**

**Patient/carer: 4 seats**
Brian Thompson  
Geoffrey Rennie  
Jenny Moreton  
Phil Chapman

**Public City of York: 8 seats**
Bob Towner  
David Robson  
Helen Butterworth  
Helen Mackman  
James Porteous  
Paul Baines  
Sian Wiseman  
Vacancy

**Appointed governors:**

**NHS North Yorkshire and York: 2 seats**
David Geddes  
Vacancy

**Local authority: 4 seats**
Cllr Alexander Fraser  
Cllr Caroline Patmore  
Cllr Joseph Riches  
Cllr John Batt

**University of York: 1 seat**
Rowena Jacobs

**Voluntary sector: 1 seat**
Catherine Surtees, York CVS
Public Selby District: 3 seats
Diane Rhodes
Nevil Parkinson
Robert Thomas (resigned March 2012)

Public Hambleton: 1 seat
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
Lead Governor’s report

A Foundation Trust’s Lead Governor is elected by the Council of Governors and is the key point of contact for discussions with Monitor on the occasion when an issue arises between the Trust and the Council of Governors that cannot be resolved. Our lead governor, Helen Mackman, reports on the year’s key achievements:

I am pleased to report that the Trust continues to listen to and act positively upon our views and recommendations for the benefit of those needing the care provided by this hospital. These are just some of the areas where governors have made an impact on behalf of Foundation Trust members and the wider community.

The Chairman and Non-executive Directors’ appraisals: The eight governors who serve on the Nomination and Remuneration Committee have carried out their key responsibilities to make recommendations to the Council of Governors about the effectiveness of the non-executive directors and the Chairman, as well as recommending their level of remuneration. An appraisal of the Chairman was carried out and a subsequent action plan agreed with him. This was ratified by the Council of Governors on the Nomination Committee’s recommendation. A full appraisal that was carried out on all six non-executive directors, with input from governors, was approved by the Nomination Committee.

Council of Governors’ appraisal
This year the committee has also supported an in-depth appraisal of the effectiveness of the Council of Governors. The result of this appraisal has illustrated that the Council of Governors has matured and achieved a greater depth of involvement since its formation, with good access to Trust leadership, data and information. The Chief Executive and Directors feel increasingly that the governors have a profound effect on how they work, the considerations they need to make as to what the governor view might be, and whether or not there is something they should share or consult on. The majority of governors are involved in projects and groups across the Trust and it is in this way that the membership and community can be assured that they are represented in decision-making that affects their healthcare. The appraisal has also highlighted that governors need to continue to engage with the whole community and to understand the issues that are important to those who use this Trust’s services. A clear work plan will be put in place for the coming year against which future reviews can measure the Council of Governors’ continuing effectiveness.

The Governors’ Patient Focus Group has continued to explore issues that affect patients and to make recommendations to management. Discussions with the Chief Nurse and the Patient Experience Team about enabling governors to have a stronger, more effective voice within the Trust have resulted in the establishment of a Trust Patient Experience Group with strong governor representation, a clear audit trail and accountability to the Trust Board. Governors will be able to add true value to the patient experience with this new level of involvement.
Individual Governors have continued to represent the Council of Governors on a variety of active groups across the Trust, providing an additional way for the voice of patients to be heard. These groups currently include nutrition and catering, transport, equality and diversity, sustainability, charitable funding, infection control, cancer strategy, arts strategy, the annual plan and quality report. Foundation Trusts are required to be independently audited each year and governors are able to choose a quality performance indicator for this audit. Our governors’ Quality Report group recommended the audit of this Trust’s compliance with the World Health Organisation’s Safer Surgery Checklist and this was ratified by the Council of Governors. Governors have appreciated the opportunity to work on three particular projects in partnership with the Trust, including the Emergency Department re-design, the Catering project and the Vascular Imaging Development project. Each of these projects has resulted in important decision-making affecting services for patients.

Community Services The Trust took over responsibility for Community Services from 1 April 2011 and the governing body has continued to seek assurance that strategies and processes are in place for the benefit of the whole community.

Through our attendance at the City of York Health Scrutiny Committee, we have been made aware of the impact of the PCT’s withdrawal of some funds from the voluntary sector that supports patients, not just within York Hospital but as they continue to need care in the community. We have sought to learn more about the vital part that the voluntary sector plays in complementing the care provided by this Trust. We have used our good relationship with the non-executive director team to ensure that these issues are highlighted at Board level.

We have been striving to create good relationships with the Vale of York Clinical Commissioning Group and appreciate their intentions to involve the public and patients in future commissioning decisions.

We have been reaching out to both the York and North Yorkshire Local Involvement Network groups (LINKs), particularly as part of the wide public consultation about the proposed acquisition of Scarborough Trust. This has formed an important part of our role in encouraging members of the public to become members of this Trust and to think about becoming governors to represent the Ryedale and East Coast areas.

During the period leading up to the acquisition of Scarborough Trust, governors have regularly challenged and questioned the rationale for this major development in York Trust’s responsibilities for the future. At each of our Council of Governors meetings in public, we have raised strategy issues and have gained assurance, from the executive and non-executive teams, that services across the current York Hospital area have remained accessible and responsive to the needs of the local population. We will continue to do this as the Trust extends its services across Ryedale and the East Coast. However, we are assured that its strong performance will not be compromised by integrating services with another Trust.
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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. The Trust has co-terminosity with York City Council, Selby District Council, Hambleton District Council and North Yorkshire County Council.

Around 95% of the patients treated as inpatients, day cases and outpatients live in these areas. The hospitals they attend include the following:

- The York Hospital (general acute hospital)
- The New Selby War Memorial Hospital (community hospital)
- St Monica’s Hospital (community hospital in Easingwold)
- Archways (rehabilitation hospital in York)
- St Helen’s (rehabilitation hospital in York)
- White Cross Court (rehabilitation hospital in York)

Members of the patient/carer constituency are either a patient or a carer who have received care from the Trust and registered for membership since April 2001, but do not live in any of the defined public constituency areas above.
We also have an affiliate category of membership for those people living outside of our catchment area but who are not patients or carers.

Over and above these hospital facilities, in April 2011 the Trust was awarded the contract for the Community Health Services in the York, Selby, Scarborough, Whitby and Ryedale areas and is also responsible for:

- Malton, Norton and District Hospital (community hospital)
- Whitby Hospital (community hospital)

Following the completion of the proposed acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust in July 2012 the facilities will include:

- Scarborough and District Hospital (general acute hospital)
- Bridlington Hospital (general hospital)

We have defined the constituency boundaries to fit as far as possible with clearly defined local authority boundaries and “natural” communities. Each of the seven constituencies contains at least one hospital facility run by the proposed enlarged Trust – places that the local population clearly identify with and care much about; in our experience this is a key issue for membership.

We are taking the opportunity to extend the catchment boundaries of York, Selby and Hambleton in wards where we have significant clusters of patient/carer members.

The Hambleton, York, Selby and Ryedale communities are already well-developed in membership terms. The total public membership in these areas is over 11,000 of an eligible 330,000 population, with penetration ranging from 2.8 - 6%, averaging 3.5%. The three new constituencies on the east coast: Whitby, Scarborough and Bridlington, will add another approximately 150,000 eligible population.

The patient/carer constituency will no longer exist as those members will become public members. We will continue to maintain affiliate members but this is expected to become a much smaller group given the extension of our catchment boundaries.
We began recruiting members for the new constituencies during the year.

**Membership numbers for our current constituencies:**

**Public constituency 2011/2012**
- Population 276,739

As at start (April 1) **9610**

<table>
<thead>
<tr>
<th>New members</th>
<th>Net gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>345</td>
<td>194</td>
</tr>
</tbody>
</table>

Leaving **151**

At year end (Mar 31) **9804**

**Staff constituency 2011/2012**

As at start (April 1) **4843**

<table>
<thead>
<tr>
<th>Opt outs</th>
<th>Net gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>1374*</td>
</tr>
</tbody>
</table>

At year end (Mar 31) **6244**

* Staff transferred to the Trust from Community Services

**Patient constituency 2011/2012**

As at start (April 1) **2388**

<table>
<thead>
<tr>
<th>New members</th>
<th>Leaving</th>
<th>Net loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>76</td>
<td>-25</td>
</tr>
</tbody>
</table>

At year end (Mar 31) **2363**

**Affiliate members 2011/2012**

As at start (April 1) **447**

<table>
<thead>
<tr>
<th>New members</th>
<th>Leaving</th>
<th>Net gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>778</td>
<td>0</td>
<td>778</td>
</tr>
</tbody>
</table>

At year end (Mar 31) **1235**

The affiliate category is growing as we have already started the recruitment of new members from the East coast. At the point of completion of the acquisition with Scarborough, most affiliates will become public members in the new constituencies.

**Total Membership at 1 April 2011 = 17,288**

**Total Membership at 31 March 2012 = 19,646**
194
Net gain in public constituency membership
Our staff

The table below shows the number of staff in post during the year:

The figures included in the chart above do not include bank or agency staff.
The effective management of sickness absence and reducing levels of sickness absence has been a major focus of work within the Trust for a number of years since the start of an attendance project in 2008.

Now at the end of the fourth year of the project, results in terms of absence rates for staff within the acute setting continue to be very positive, exceeding key targets set by the project group.

Of particular note is a further reduction in the annual absence rate from 3.43% at the end of March 2011 to 3.15% at the end of March 2012. The annual absence rate at the start of the project in 2008 was 4.50% which means that in the last four years, the Trust has achieved a 30% reduction in absence rates.

The work taking place to improve absence rates is just one of a number of initiatives in place at the Trust aimed at improving the health and wellbeing of all staff. We have recently been awarded Gold Level accreditation in the NHS Sports and Physical Activity Challenge as a result of the work being undertaken as part of the health and wellbeing agenda.
Managing our finances

The table below provides a high level summary of our finances for 2011/12:

**Summary income and expenditure 2011/12**

<table>
<thead>
<tr>
<th></th>
<th>Plan £million</th>
<th>Actual £million</th>
<th>Variance £million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical income</td>
<td>252.1</td>
<td>257.5</td>
<td>5.4</td>
</tr>
<tr>
<td>Non-clinical income</td>
<td>32.0</td>
<td>38.9</td>
<td>6.9</td>
</tr>
<tr>
<td>Total income</td>
<td>284.1</td>
<td>296.4</td>
<td>12.3</td>
</tr>
<tr>
<td>Pay spend</td>
<td>-186.4</td>
<td>-191.2</td>
<td>-4.8</td>
</tr>
<tr>
<td>Non-pay spend</td>
<td>-93.6</td>
<td>-100.9</td>
<td>-7.7</td>
</tr>
<tr>
<td>Total spend before dividend, and interest</td>
<td>-280.0</td>
<td>-292.5</td>
<td>-12.5</td>
</tr>
<tr>
<td>Operating surplus</td>
<td>4.1</td>
<td>3.9</td>
<td>-0.2</td>
</tr>
<tr>
<td>Dividend, finance costs and interest</td>
<td>-3.4</td>
<td>-3.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Net surplus/deficit</td>
<td>0.7</td>
<td>0.6</td>
<td>-0.1</td>
</tr>
<tr>
<td>Financial risk rating</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>
At the end of the financial year, the Trust reported an income and expenditure surplus of £0.6m, compared with a planned surplus of £0.7m.

**Income from our clinical work**
Income from clinical activities totalled £257.5m, and arose mainly from contracts with NHS North Yorkshire and York and other local Primary Care Trusts (£255.7m), with the balance of £1.8m from other patient-related services, including private patients and personal injury cases.

**Income generated from our non-clinical work**
Other income totalling £38.9m comprised funding for education and training, research and development, and for the provision of various non-clinical services to other organisations and individuals.

**Monitoring financial risk rating**
- We achieved a financial risk rating of 3 in 2011/12, as planned
- Financial risk is assessed on a scale of 1 (high risk) to 5 (low risk)
- We are forecasting a similar medium risk score of 3 for 2012/13.
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Performance

The past year has been busy and challenging. The Trust has again met all its key access targets, with the exception of referral to treatment 18-week target. The Trust did not achieve this target in one quarter during the year. This Trust planned to breach this target so that it could ensure patients who had been waiting longer than 18-weeks were seen and treated. This strategy was agreed with by Monitor and NHS North Yorkshire and York. The Trust has, for the fourth year running, experienced a significant increase in demand for services throughout the year.

We have continued to build on the work to strengthen our ability to deliver the demands of the community by recruiting additional consultants and providing additional clinical alliances with other Trusts. At the beginning of April 2011, under the Transforming Community Services agenda, the Trust took over responsibility for the delivery of healthcare in the community for Selby and York and Scarborough, Whitby and Ryedale community areas, pending the potential acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust. This allowed the Trust to continue to maintain its aim to deliver healthcare as close to patients’ homes as possible.
Building for the future

During 2011/12, the Trust capital investment totalled £4.5m. Capital schemes included:

- Road works associated with the on site multi-storey car park scheme for patients and visitors
- Reconfiguration of the Emergency Department to incorporate the Walk in Centre transfer from Monkgate
- A new build facility to provide a second MRI scanning facility on the York Hospital site to increase scanning capacity
- The continuation of the phased programme of lift upgrades
- Refurbishing wards and departments

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.

The Trust has also provided a significant capital investment in the premises infrastructure over the last 12 months which has reduced the backlog maintenance levels.

Planned Capital Investment

Capital investment plans for 2012/13 include:

- The demolition of the Bootham Park Court building in preparation for a future clinical development
- Replacing one of the York Hospital CT Scanning Units
- Completion of the lift replacement programme

Following the planned integration with Scarborough and North East Yorkshire Healthcare NHS Trust, a three year programme of work will commence to provide new paediatric and other wards to replace the current nightingale wards on the Scarborough site, with new wards and refurbished support accommodation.
Medical education and research

During this year, research activity in the Trust continued to grow:

- 86 studies began in the Trust (28% increase on 2010)
- 250 studies were running in the Trust (12.6% increase on 2010)
- 63% of active studies were on the National Institute for Health Research Portfolio (compared with 52% in 2010)
- 18% of active studies were commercially funded
- Four studies were granted sponsorship by the Trust, including a clinical trial of an investigational medicinal product and a medical device study.

We continued to host the North and East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network (NEYNL-CLRN) on behalf of its member trusts across the region. As one of the member organisations, the Trust continued to benefit from significant NEYNL-CLRN investment of ‘service support costs’ for specific research projects, funded staff posts and consultant sessions.

With support from NEYNL-CLRN funding the Trust’s Lead Research Nurse Co-ordinators made great progress in developing our research nursing workforce as a cohesive and well-trained group with professional management and supervision.
About us

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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.

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In April 2011 we took over the management of some community based services in Selby, York, Scarborough, Whitby and Ryedale. This includes some community nursing and specialist services as well as Archways in York, St Monica’s in Easingwold, The New Selby War Memorial Hospital, Whitby Hospital and Malton Hospital.

Hull and York Medical School (HYMS) Experimental Medicine Unit

The HYMS Experimental Medicine Unit is operated by the Trust as a HYMS NHS partner. During this year it continued to run phase 1 clinical trials in the field of HIV prevention and treatment. It also supported a complex Phase II trial and other fundamental research projects including the BABY (Born and Bred in Yorkshire) study.

The HYMS clinical skills programme has significantly changed this year. Many skills have been brought forward in the curriculum to allow the students extra time to perfect fundamental skills. A “simulation safe” element has been introduced whereby the students are initially taught the skills and are then timetabled to return and undertake a simulated assessment in the laboratory setting before practicing the skills in the clinical areas under supervision. You can find out more about the unit and its work at www.hymsemu.york.nhs.uk
Working with other Trusts

The Leeds Partnership NHS Foundation Trust assumed responsibility for the delivery of mental health services in North Yorkshire and York on 1 February 2012. This includes HYMS teaching and the regional training rota for Postgraduate trainees. We are working closely with the Trust.
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Working with schools

The success of the shadowing scheme for sixth form students has prompted the introduction of a programme of visits to local schools to strengthen links within the community and help inform students’ choices around medicine as a career.

Links with the Army

We have continued an active partnership with HM Army Medical Corps, Strensall, facilitating clinical practice for army personnel at the Barracks and utilising their very specific skills to assist in leadership and organisational development training within the Trust.
The Board of Directors affirms its commitment to patient safety and patient experience by placing it at the top of the agenda of any meeting and devoting time to hear patients’ stories of their experiences whilst in our care.

We are firmly committed to reducing harm and mortality.

The organising principles of the Trust’s patient strategy of safe, effective and personal care ensures that staff do the right thing to the right patient in the right way, every time.

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

- We continue to undertake patient safety leadership walk rounds ensuring that each ward and department is visited at least once a year. We have maintained this standard for the last four years.
- The annual point prevalence for pressure ulcers has continued to drop year on year and the Trust was highly commended in the 2011 Nursing Times Awards for our pressure ulcer reduction initiative.
- The Trust has achieved over 90% compliance with venous thromboembolism (VTE) assessment and prophylaxis – 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 over 400 days since one of our patients experienced a central line infection on the intensive care unit. It is also over 190 days since one of our patients experienced a ventilator-acquired pneumonia.
- A deteriorating patient subgroup has been established with plans for electronic monitoring of observations.
- We have embarked on comprehensive acute illness recognition and patient observations training.
A clinical nurse educator has been appointed to focus on work relating to the deteriorating patient
The Trust has rolled out ‘comfort rounding’ (intentional rounding) to all our inpatient acute wards as a priority
The Trust has been able to maintain our strong record with regard to infection prevention, and continue to be among the best nationally in this area
Weekly mortality reviews are well established
Aseptic non-touch technique is now a recognised technique throughout the organisation for nursing, medical and ancillary staff, promoted and reinforced via mandatory training sessions. Compliance in the last quarter of the year was 98%
Volunteer ‘Dining Companions’ were introduced as a trial to one of our wards. This has been evaluated extremely well and our plans to roll this initiative out further are well developed
We have developed a programme to support and develop the ward sister role to ensure patient care standards are raised and sustained
The Trust has worked with experts from the National Patient Safety Agency to critically evaluate our falls assessment tool in order to make the most appropriate use of it for our most vulnerable patients. This has led to a change in our assessments and approach and a decrease in falls
The Trust has collaborated with Parkinson’s UK to improve the timely access to medicines for those patients with Parkinson’s disease
Training around insulin management has been improved
A new forum for analysing and sharing the learning from adverse incidents involving critical medicines has been established.
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 work in partnership with the Members’ Council to ensure the organisation is delivering the community’s healthcare needs.
The Board membership is as follows:

Alan Rose - Chairman

Patrick Crowley - Chief Executive

Philip Ashton - Non-executive Director and Chairman of the Audit Committee

John Hutton - Vice Chairman, Senior Independent Director and Non-executive Director

Linda Palazzo - Non-executive Director

Libby Raper - Non-executive Director

Michael Sweet - Non-executive Director

Dianne Willcocks - Non-executive Director

Andrew Bertram - Executive Finance Director

Peta Hayward - Executive Director of Human Resources

Elizabeth McManus - Executive Chief Nurse

Alastair Turnbull - Executive Medical Director

Gordon Cooney - Director of Performance and Planning*

*Mike Proctor withdrew from being an executive member of the Board of Directors when he took up the role of Interim Chief Executive at Scarborough and North East Yorkshire Healthcare NHS Trust in March 2011. Gordon Cooney attended in his place. This ensured the Board received appropriate advice and information around the performance of the Trust. In accordance with the Trust’s Standing Orders Gordon Cooney replaced Mike Proctor.
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We have begun to work closely with the emerging Clinical Commissioning Groups to understand their commissioning intentions and to establish strong working relationships with them.
Find out more...
To learn more about us or to read our full annual report and accounts for 2011/12 visit: www.york.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.york.nhs.uk