

York Hospitals
NHS Trust



Annual Report 2003/2004

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The York Hospitals NHS Trust provides health care from its main site York Hospital plus two community rehabilitation hospitals at St Helen's and White Cross Court and a satellite renal dialysis unit based at Acorn Court, Easingwold.

Outpatient services are also provided from premises operated by Selby and York Primary Care Trust including Selby War Memorial Hospital. Sexual health services provided by York Hospitals Trust are based at Monkgate Health Centre and school health services are provided across York and Selby. Full addresses and telephone numbers are included at the end of this report.

The Trust provides acute hospital services for approximately 300,000 people living in and around York and also a range of specialist services over a wider catchment area.

In 2003/04 the Trust's budget was £138.3m and 3,783 full and part time staff were employed.

Joint Message from the Chairman and Chief Executive

This report looks back at another year of achievement, challenges and growth.

Staff led the achievement of service improvements in every part of the Trust. They have developed new services and redesigned the way we provide care so it is faster, more convenient and better quality. We have listed some examples in this report, but there are many more. Overall as an organisation we met all of our targets for reducing waiting times. As part of the new Hull York Medical School development we welcomed undergraduate medical students to the hospital for the first time.

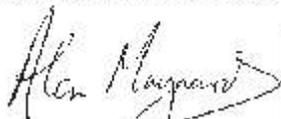
These achievements were made against a background of many challenges. Treating an ever growing number of patients 738,179 a rise of 8.3%, balancing our books, buildings which are not all ideal for providing modern health care have challenged and put pressure on all staff and services. Staff responded to these pressures wonderfully, but we need to do more in the coming year to reduce such pressures and improve the environment for them and the patients in their care.

While we were busy improving our services and responding to challenges we continued to grow as an organisation. Growing our people, see table below, and growing our buildings; for instance opening the new building housing ophthalmology, diabetes and medical illustration departments, the wonderful new reception and starting work on new operating theatres, catheter laboratories, and breast screening unit.

Post	WTE	
	March 31 2003	March 31 2004
Consultants	116	126
Other Doctors	132	139
Professions Allied to Medicine	186	201
Qualified Nurses	931	978
Unqualified Nurses	316	325

During the year there were changes in membership of the Trust Board. The tragic premature death of Sally Baldwin in Rome in October 2003 robbed her family and the Trust of a vigorous, conscientious and constructive supporter and colleague. In January 2004 Nancy Murgatroyd took up the post of non-executive director with Tees East and North Yorkshire Ambulance Service NHS Trust. Her contribution to the work of the Trust was considerable over the six years she worked here.

We would like to take this opportunity to thank the staff who worked with such commitment and enthusiasm throughout last year. Once again their efforts have made a tremendous difference to the patients and communities we serve.



Professor Alan Maynard
Chairman



Jim Easton
Chief Executive

Our Organisational Values

The following set of values have been developed with our staff:

●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●● CORE

Meeting the needs and preferences of patients and carers is at the centre of everything we do

Values

We want to:

- ✓ Be clear, honest and open in managing expectations
- ✓ Develop effective partnership working with patients and carers
- ✓ Have effective communication with patients, carers and each other
- ✓ Regard patient needs as the priority
- ✓ Treat everyone with respect as an individual, and as a whole person
- ✓ Make access to services simple, fast, flexible and user friendly

●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●● CORE

We continually seek to improve our services and aspire to excellence

Values

We want to:

- ✓ Measure our performance against agreed standards
- ✓ Demonstrate concern for outcomes
- ✓ Learn from evidence, best practice and feedback
- ✓ Increase staff involvement in decision-making
- ✓ Promote a culture that challenges practice and encourages innovation
- ✓ Focus on priorities and plan in a co-ordinated way
- ✓ Implement change effectively and sustain improvement
- ✓ Continually improve the environment
- ✓ Celebrate success

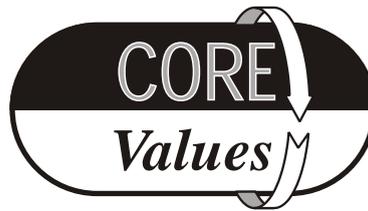
●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●● CORE

To achieve excellence we will support and value each other

Values

We want to:

- ✓ Encourage effective communication and understanding
- ✓ Listen and respond to the needs of staff
- ✓ Foster positive attitudes and teamwork that is patient centred
- ✓ Provide time for discussion and reflection
- ✓ Involve staff in planning and decision making that affects them
- ✓ Support people to reach their full potential
- ✓ Recognise achievement
- ✓ Have fair and consistent employment practice
- ✓ Recognise the need for a work/life balance
- ✓ Develop upbeat and positive messages
- ✓ Take and tolerate measured risks



In summary our core values are around:

- ✓ Being patient centred
- ✓ Teamwork
- ✓ Positive attitudes
- ✓ Development
- ✓ Fairness
- ✓ Responsiveness
- ✓ Openness
- ✓ Honesty
- ✓ Constructive challenge

In this report there are many examples which demonstrate how the use of our core values achieves a quality service for patients, carers and staff.

How were the core values agreed?

To establish York Trust's Core Values a wide consultation exercise was conducted with over 100 Trust staff. The aim was to establish a vision of the standards we would ideally achieve in delivering patient centred care, and to look at what they mean in relation to how we act and function.

What are they for?

The values and principles of any organisation provide the "bedrock" on which all practice stands. To be meaningful they must be useful in guiding decisions and activities at all levels in the organisation.

How can they be used?

- ✓ To guide decision making and policy development.
- ✓ To inform business planning processes and service improvement.
- ✓ To develop recruitment and selection processes.
- ✓ To underpin induction, appraisal, training and development.

The Trust's Core Values are summarised in a leaflet available from Human Resources 01904 (72)5318

The following sections on Improving Front Line Patient Care and Supporting Patient Care set out some examples of changes and developments during the year. Work has included the review and modernisation of existing services supported by the opening and development of new facilities.

An important element of service change is development and support for staff, examples of which are included in the following section on Supporting Staff.

Improving Front Line Patient Care

●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●● CORE

Developments in General Surgery and Urology

Values

The Directorate has contributed in a number of ways this year to improving the care provided for patients. This has involved improving facilities and working to change and modernise services. New clinical roles have been developed and the aim is to ensure that our services are as streamlined as possible. A number of time out sessions have been held for staff to identify where improvements can be made.

- The General Surgical wards have been reconfigured to provide single sex accommodation in the Surgical Assessment Unit, and on Wards 11 and 14.
- A new role has been created in General Surgery for a Surgical Team Development Nurse. This role involves developing enhanced skills to provide support to the junior doctors and nursing staff on the surgical floor.
- A capital scheme is now underway for the creation of an Integrated Breast Unit providing imaging and symptomatic care for patients. The work is due to be completed in 2005.
- As part of the Action On Urology project, waiting times for Trans Rectal Ultrasound and Biopsies have reduced from over 20 weeks, to 2 weeks.

Increasing Capacity in the Directorate

In order to meet increased demands for services and to meet teaching requirements for the Hull York Medical School, the Directorate has been successfully funded for a further Consultant Urologist, Consultant Vascular Surgeon and Consultant Colorectal Surgeon. This will help to reduce waiting times for outpatient clinics and elective surgery.

Action On Urology

York Hospital is one of 15 pilot sites for the Modernisation Agency's Action On Urology programme. The department has demonstrated improvements in managing the patient journey, developing integrated prostate cancer assessment and the provision of extended community based services for patients with catheters. The project has successfully delivered shorter waiting times for outpatient appointments. Patients do not have to make as many visits to the hospital and they are better informed about their care. Due to improvements in community based services fewer patients need to attend the Urology ward with catheter problems. It is hoped that these improvements can be spread across the hospital for all patients who are fitted with a catheter. The project has also helped to smooth the process for short stay elective care and reduce delays in their care.

•• PATIENTS AND CARERS •• SERVICES •• STAFF •• CORE

Developments in Cardiology and Respiratory Medicine Values

Within cardiology there has been significant success with the Nurse Initiated Thrombolysis service, enabling the Trust to reach the targets set out in the National Service Framework for Coronary Heart Disease with regard to 'door to needle' times. This work has also required staff working and learning together both within the Trust, with the Ambulance Service and the Primary Care Trust. Future development will include looking at the feasibility of paramedic initiated thrombolysis to improve the number of patients who receive the drug within one hour from receiving the call.

In respiratory medicine there has been ongoing development of the Sleep Apnoea Service with the appointment in October 2003 of a full time Clinical Nurse Specialist.

The Respiratory Outreach Service has become well established enabling patients with chronic respiratory disease to be discharged home early with appropriate nursing support.

•• PATIENTS AND CARERS •• SERVICES •• STAFF •• CORE

Head and Neck Specialties Update Values

Plans have been finalised for the new head and neck specialties outpatient development which will provide improved facilities for each of the four departments.

Other changes will include:

ENT

- Continuation of `Action On` Projects and confirmation of recurrent funding to support them (the Projects consist of reorganised Voice and Balance Clinics which maximise the role of Audiologists/Physiotherapists in clinics which were previously solely Consultant led).
- Successful application to join the national Digital Hearing Aid Programme.
- Creation of joint Audiological service with Harrogate Trust.

Ophthalmology

- Opening of new integrated Department providing more space and better environment.
- Appointment of sixth Consultant to address capacity pressures in relation to the Diabetic Retinopathy service.
- Plans developed for York to be the North Yorkshire Centre (as part of the SHA network) for Photo Dynamic Therapy assessment and treatment.

Maxillofacial

- Second Specialist Registrar post for specialty approved.
- Secondment arrangements for support to Head and Neck Cancer Nurse finalised.
- Head and Neck Multidisciplinary Team (MDT) progressing with `Improving Outcome Guidance Standards`.
- Development of Oral Health Education Clinic (with Orthodontics).

Orthodontics

- Development of Oral Health Education Clinic (see Maxillofacial)
- Development of multidisciplinary Clinical Governance staff forum.
- Revised fixed appliance system.

●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●● CORE
Improvements to Laboratory Medicine Services **Values**

During the year the Chemical Pathologist, Dr Ahmed Waise, and Gary Barker, Head Biomedical Scientist, visited over 20 GP surgeries in order to assess user satisfaction. As a result of these visits various improvements were implemented including:

- Installation of an extra telephone line to enable easier access to a duty biochemist for inquiries.
- Lodging the laboratory handbook on to the Trust website to enable desktop access to sample requirements by users.
- Introduction of request forms printed straight from the Torex system used by a number of GP's in York, thus reducing duplicated effort.
- Review of computer generated comments on report forms to aid in interpretation of results.

Haematology - has introduced Dd-Dimer testing, which assists early exclusion of pulmonary embolism, thus reducing bed occupancy for patients who were suspected of having this condition and the need for a venogram. In Blood Transfusion automated blood grouping equipment and electronic blood issuing have increased the safety and security of the service.

Cytology - The North Yorkshire Cervical Cytology Service has completed the planned service centralisation with the successful take on of the Scarborough and Bridlington workload. The department is also planning to become an early implementer for liquid-based cytology. This new technique will reduce cervical smear backlogs and will reduce by ninety per cent the number of smears which currently cannot be tested due to unsuitable sample quality. Patients will have results more quickly and avoid the need for repeat visits to the GP.

Histopathology - has introduced automated immunocytochemistry stainers that will significantly contribute to improved patient care combined with more cost efficient use of resources.

Microbiology - continues to participate in a national pilot for a new screening method for chlamydia diagnosis. When complete, we will be able to offer one of the most sensitive and specific methods available to all our users.

The various departments are involved in audit both clinical and laboratory based. Projects have included the use of glucose tolerance testing and on-going review of request form/specimen labelling discrepancies (Biochemistry & Histology). Cytology are also reporting unsuitable sample quality "inadequate" rates to individual GPs and, where requested, can break these down further to individual smear takers.

●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●● CORE
Control of Hospital Aquired Infection Values

In recognising that Infection Control and hand hygiene are key elements in delivering high quality healthcare, several initiatives have taken place. York was one of six acute Trusts chosen from over 60 to pilot a "Clean your hands" campaign, which was co-ordinated by the National Patient Safety Agency (NPSA). The campaign commenced in July 2003 and lasted for 6 months. The aim of the project was to evaluate the impact of near patient alcohol gel on hand hygiene compliance. International evidence suggests that sustained, effective hand hygiene assists with significant reductions in hospital acquired infection rates including those related to MRSA. Evaluation from the NPSA is expected early summer 2004 when National `roll out` of the project is planned.

Other significant Developments that have taken place to reinforce infection control practice and improve patient safety include audit of the clinical environment of all wards and departments. Detailed feedback provides Ward Managers and Modern Matrons with recommendations for action and improvements. A five year surveillance of infection strategy details proposed targetted surveillance projects using both local and national systems. Results are fed back to clinical teams and included in weekly / monthly monitoring reports in line with the Department of Health document `Winning Ways` December 2003. Mandatory infection control training of all Trust staff (including corporate induction) continues to be very well attended with numbers increasing annually.

●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●● CORE
Improved care for older people Values

During seasonal peak demand it is necessary to find ways of using all available capacity. Once the elderly care accommodation is full some elderly patients find themselves as an 'outlier' on surgical and general medical wards. During the winter Peter McBride Charge nurse in elderly care took on a new role as outlier nurse.

The role was created so that Peter could act as the link between the patient and the elderly care multidisciplinary team. Patients placed in outlying wards are usually those who have been stabilised and are over the acute phase of their illness; they have given up their bed for an elderly patient requiring more immediate and acute care on the care of the elderly floor. Discharge planning for older people can be complex; it needs to be done in advance not at the last minute so that the needs of the patient can be met. Peter provides specialist advice to the staff on outlying wards but most importantly he provides comfort and reassurance to the elderly patients.

Patients placed on other wards can sometimes feel isolated and vulnerable. The new system means that the patients can discuss their care and be offered any reassurance. The new role has been evaluated and the outcome of a patient survey highlighted that overall the patient experience on outlying wards was a positive one.

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Breast Unit gains ISO Standard

Values

In September 2003 the Breast Imaging Unit was awarded the International Organisation for Standardization (ISO) 9001:2000. One of the core ideals of ISO is to demonstrate that each member of staff plays an equally valuable role in the provision of the service.

Obtaining the award required every member of staff at the Breast Imaging Unit to unite and work together towards the same goal. Staff had to learn new skills; auditing, protocol writing, advanced IT skills, and take on new working practices to achieve this high standard of quality driven service and patient care.

The fact that the resulting changes to work patterns, paperwork and protocols were introduced seamlessly is a credit to the partnerships built within the unit.

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New Chlamydia Screening Programme

Values

Following a successful bid to the Department of Health, York was one of 8 pilot sites to implement a national programme for Chlamydia screening. The York programme is called Yorscreen and is based at Monkgate Health Centre. The programme particularly focuses on the 16 - 24 age group.

The introduction of opportunistic Chlamydia screening has changed the face of how young people in York and Selby access sexual health provision and services. Yorscreen aims to provide a non-invasive method of screening to young people, where provision for screening and sexual health services is limited or non-existent and where screening can be targeted at young people who may not normally choose to access sexual health services.

A superb piece of innovative work has been produced in collaboration with Yorscreen, the Youth Work Team and School Health, in that Chlamydia screening and sexual health services have been taken into schools. This has resulted in school based health drop-in's being run within schools at lunch times, allowing young people access to sexual health provision, without leaving the safety of school, but awarding them the same level of confidentiality that they can expect of any NHS service.

The Chlamydia screening programme hopes to extend screening into many areas where young people may not have had the opportunity to access sexual health services, such as prisons, youth work services and some Universities.

The overall aim is to improve access and quality of life for young people in the York and Selby area.



Significant capital investment at York Hospital is set to continue.

Problems with the financial stability of one of the contractors caused some concerns last year, but these were swiftly overcome, and plans are now back on track.

Building work started last year and will continue on:

- Two new operating theatres, which should be ready in summer 2004. Initially these will be used for day surgery, whilst the day unit is closed for refurbishment and expansion.
- Two catheterisation laboratories and day beds for cardiac and vascular procedures. These new facilities financed partly by the New Opportunities Fund are due to open in summer 2004.
- A new building at the front of the hospital for breast services, providing the latest technology in a modern environment.

Contracts are expected to be awarded this year for:

- The expansion and refurbishment of the day unit, allowing more patients to have surgery without the need to be admitted to hospital.
- A new head and neck outpatient building that will both provide purpose built space for these services, and free up space in the outpatient department for expansion of other services.
- The provision of a second CT scanner.
- The refurbishment of some of the existing outpatient space to bring together haematology and oncology services in a pleasant environment.
- A new building on top of some single storey accommodation to form the education centre for the Hull York Medical School.
- A multi-storey car park for visitors and patients, to end the lengthy queuing that often occurs.

Planning is set to continue for:

- The refurbishment of wards and the delivery suite.
- The redevelopment and modernisation of the staff residential accommodation. This is an exciting opportunity giving the potential to provide some new clinical space.
- A new building to provide state of the art critical care facilities.

The activity will inevitably cause some inconvenience, and it is hoped that patients, visitors and staff continue to be as understanding as they have been so far. The improvements made with new facilities such as the ophthalmology and diabetes building and the new main entrance show that it is worthwhile.

Supporting Patient Care

●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●● CORE

Service Improvement Initiatives

Values

Modernisation Work - Developing a vision for service improvement throughout Selby and York Health community

The Service Improvement team is a joint support resource for the hospital Trust and for Selby and York PCT and was developed from the modernisation team. The intention is to position the joint service improvement team within directorate structures. This will allow the service improvement team to be an integral part of operational management supporting staff to acquire and utilise service improvement tools and techniques.

In the past year the team has used methodology based on Plan, Do, Study, Act to enable new ideas to be tested in a learning environment. Part of this involves letting go and forgetting existing practice where necessary and at the same time having the foresight to examine current practices and what will be expected in the future.

Ideas in 2 Action Conference

A series of Ideas in 2 action conferences have taken place and central to the idea of this initiative was:

- To meet the needs of patients and carers.
- To improve services and aspire to excellence by promoting a culture that challenges and encourages innovation through examples of best practice.
- To support and value staff increasing their involvement in the decision making process.

The inaugural conference held in November 2001 was followed by a second event in 2002 and a third was held in January 2004. The aim was to share best practice and encourage people to participate. 180 staff took part in the January event which included 28 poster displays. The level of satisfaction achieved was 98% (up from 89% in the first event).

A feature was a `Seven Day Challenge` where staff were given seven days to come up with a workable idea that could help to improve the service they deliver for example two challenges set by staff from the Endoscopy Unit, York Hospital have led to improvements in performance in the Unit.

The conferences concluded that the sharing of better practice meant that staff could:

- Save time
- Save resources
- Prevent constant reinventing of the wheel

Ideas Into Action Fund

The spread of good practice in the service is improving but to help accelerate developments a joint partnership fund has been established between York Hospitals Trust and Selby and York Primary Care Trust. Teams can seek up to £500 for specific events/visits/timeouts. This offer is open to both clinical and support services. Bids are conditional on staff having the support of their senior manager and being prepared to share their learning with others in the Trust and PCT.



We aim to put the patients' voice at the heart of all we do. Learning directly from our patients and their carers about ways to improve our services to better meet their needs is one of the most important challenges in healthcare.

The new Patient and Public Involvement Forum (PPIF) for the hospital is now in place. The role of the PPIF is to speak up for the views of patients and the public on health and to independently watch over the quality of local health care. The Trust is working with the PPIF on the first phase of their work programme, which includes: representation on the Digital Hearing Aid Group; liaison with the Director of Facilities to discuss hospital cleanliness and hygiene issues; a visit to the Health Records Department; consideration of the 'Did Not Attend' figures for out-patient clinics; and a visit to the new Eye Department.

A repeat of the first national survey of inpatients (2002) and the first children and young people's survey have been conducted to report patient experience. Overall the Trust performed well in comparison with other Trusts. The surveys identified areas of strength and weakness in relation to the provision of a consistently good patient experience, and working groups have been set up to produce action plans addressing the issues raised. The first children and young people's survey has been conducted and the results are expected in June 2004.

Work has continued on the local 'Compact' which will provide a framework that sets out the principles and undertakings that should underpin the relationship between the local voluntary and community sector and the NHS. The Compact is integral to increasing the involvement of the public and patients in health and will be one mechanism that demonstrates the Trust's compliance with the statutory duty to consult and involve patients and the public under Section 11 of the Health and Social Care Act 2001. The Compact will form a key part of the on-going consultation and involvement process of monitoring, reviewing and implementing service changes.

The Patient Advice and Liaison Service exists to listen to patients, relatives and carers comments and offers on the spot help with enquiries or concerns about healthcare services. The PALS team can give information, advice and reassurance and aims to act quickly to resolve concerns. The service does not deal with formal complaints.

Between April 2003 and March 2004 PALS responded to 1431 enquiries, compared with 801 in the previous 12 month period. The top concerns were :

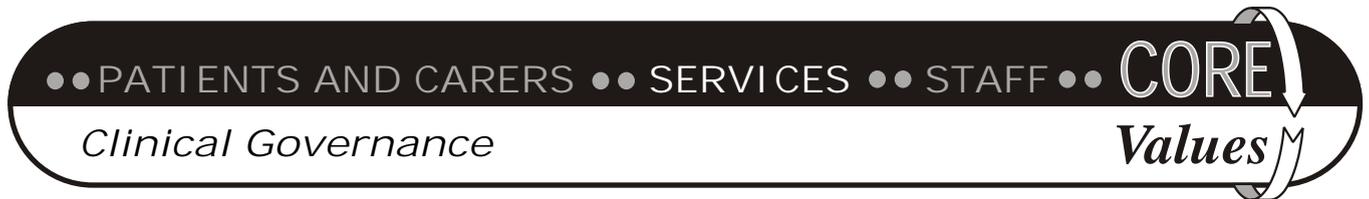
- Issues relating to care and treatment.
- Rescheduling of appointments.
- Information about the Trust and its services and information on national/local support or voluntary groups.
- Cleanliness.
- Car parking - lack of spaces/charges.
- Communication - PALS often find that patients and families ask for help to understand information they have been given by other hospital staff.

Often people state that they do not wish to take an issue any further but they do want the Trust to hear about their experience and be reassured that steps will be taken to make improvements for others.

Developments have included:

- Installation of three PALS noticeboards in York Hospital to carry publicity and invite comments.
- Recruitment of the first PALS volunteers - through the Friends of York Hospitals volunteers are being trained to offer signposting information, a `listening ear` for patients, carers and relatives attending York Hospital.
- Support from the PALS team for the ward housekeeper project on three wards and the Renal Unit. PALS staff collect views on aspects of services such as cleaning, help with food, security of possessions, overall environment of the area. This survey will be repeated after the project has run for six months.
- The Clinical Director of Obstetrics and Gynaecology invited PALS to gather feedback on outpatient clinics. Whilst patients were satisfied with the discussions with medical staff about diagnoses and treatment several commented that illustrated leaflets would aid understanding about their condition. This is now being considered.
- PALS is currently assisting researchers from the Social Policy and Research Unit (SPRU) at York University by issuing sample questionnaires to children, young people, or parents who use PALS. SPRU intend to use this to produce national guidelines for Trusts to help children and parents access PALS. This work is intended to be completed in 2005.

The Trust is submitting an application later in 2004 for the national Community Legal Services Quality Mark in advice and information services to demonstrate how the Hospital PALS team meet external quality standards.



During 2003/04 the Trust continued to progress plans for continually improving clinical services. Each clinical directorate has now produced a robust clinical governance development plan formulated out of the 2002/03 Clinical Governance framework. Each directorate's plan details actions against each of the seven national pillars of clinical governance.

The Trust continues to work to integrate clinical governance development plans into the Trust's business planning process and performance management arrangements. Full integration is planned for September 2004.

Following the Trust's CHI review in 2000, the Trust was again reviewed by the Healthcare Commission in February/March 2004. Early indications following that review have been positive.

The key actions for the forthcoming year will be:

- Development of a Trust Clinical Governance internet site as well as an intranet site.
- Completion of the integration of Clinical Governance development plans within the business planning and performance management processes.
- Development of the Trust's approach to interventional procedures.
- Effective management and maintenance of clinical protocols and procedures.
- Continued development of procedure specific patient information for treatment.
- Harmonisation of Trust/PCT working practices between organisations for clinical staff.
- Review of the Trust's Clinical Governance strategy.
- Implementation of Trust policy for Obtaining Consent to Post Mortems and the removal, use and retention of human organs and tissue.



The Risk and Legal Services Department ensure compliance with current legislation and statutory requirements for non-clinical, organisational and clinical risk. These include the following:

- Ensure the Health & Safety of all staff, patients and visitors
- Controls Assurance self assessment reporting requirements to the Department of Health. At March 2004 the Trust had achieved 100% compliance with the three core standards, risk management, finance and governance. The supporting standards continue to make improvements
- The Trust has achieved Level 1 Risk Pooling Scheme for Trusts (RPST), Level 2 Clinical Negligence Scheme for Trusts (CNST) for the acute Trust and Level 1 for maternity services.
- Encourage reporting of adverse incidents
- Foster an open and fair culture
- Investigation of serious untoward incidents
- Offer support and advice
- Provide risk management, health & safety and claims training
- Risk reviewer programme and York Profiling Tool
- Implement change to prevent recurrence following an adverse incident
- Provide corporate feedback to staff through the 'Risky Business' newsletter
- Manage clinical negligence, employers and public liability claims

Health & Safety

The Health & Safety Audit for the Trust was completed during September/October 2003 by directorate Institute of Occupational Safety and Health (IOSH) managers. The audit tool was devised to provide information on the current position of health & safety management in the Trust. The areas covered by the tool were leadership and commitment, risk assessments, equipment purchase, work practice, health and safety incident reporting and investigation, control of hazardous materials and staff health and safety training.

The role of the IOSH manager and the risk reviewer will play a vital part in the identification and control of directorate risks. The management of risks will be incorporated into specific directorate risk registers.

●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●●

CORE

Ward Housekeeper Pilot Scheme

Values

In line with recommendations made in the NHS plan, a pilot scheme for ward housekeepers has been introduced in York Hospital on Wards 28, 29, 35 and the renal unit with the intention of including Ward 11, St Helen's Rehabilitation Hospital and White Cross Court Rehabilitation Hospital in September 2004. The housekeepers report directly to the Ward Sister/Manager on all patient environment issues including cleanliness, tidiness, food service and maintenance. The introduction of this role will ensure that patients are cared for in a well maintained environment that is safe, welcoming, comfortable and reassuring with the associated benefits to visitors and staff.

●● PATIENTS AND CARERS ●● SERVICES ●● STAFF ●●

CORE

Support from volunteers

Values

The voluntary support given by various individuals is gratefully acknowledged. Support groups raise funds for the Special Care Baby Unit, Coronary Care Unit, Cancer Care Centre, Orthopaedic Department and other departments to provide additional funds.

The Friends of York Hospitals provide a number of voluntary services for York Hospital including guides at the main entrance, refreshments in various departments and on the wards the care of flowers, support services, and a mobile library service. During the year a number of sixth formers were recruited to gain useful experience in some of these groups. The Friends 50th anniversary celebrations included an appeal for the purchase of a haemodialysis machine for the renal unit which was presented in November 2003 as well as equipment for various other departments.

The WRVS successfully concluded an agreement to operate three units as part of the main reception area development at York Hospital. Volunteers have also run a shop at Bootham Park for many years. The operation of the units depends on support from a large group of people providing a service greatly appreciated by patients, visitors and staff.

Red Cross provide information and advice concerning skin camouflage and also a massage therapy service in the Cancer Care Centre.

Complaints

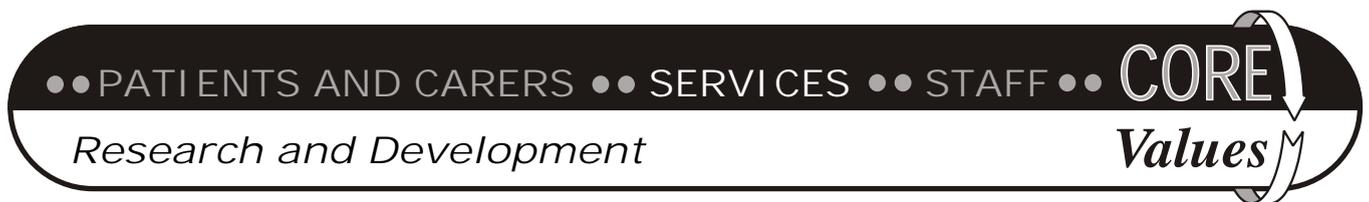
The total number of formal complaints received in the Trust from April 2003 to March 2004 was 372, compared to 361 for the same period in 2002/03, a 3% increase. Of the 372 complainants 11 requested to proceed to second stage Independent Review and two of these requests resulted in an Independent Review Panel (11 requests in 2002/03, 0 Panels).

The Trust has done well this year in meeting the national targets in acknowledging and responding to complaints. Our performance in the acknowledgement target of 2 working days has increased to 95% and we have achieved an overall performance of 77% in responding to complaints within 20 working days (69% last year).

Feedback from the complaint conveners (non-executive directors of the Trust Board) suggests that the quality of complaint investigations and responses remain high and evidence of learning from complaints is apparent in the organisation. There is scope to improve feedback to complainants about actions arising from their complaint and to invite them back into the Trust to see the changes working in practice. This issue will be addressed during 2004.

There are a number of examples of where patient experience has improved as a result of complaints and these are detailed in our quarterly complaint reports. One example is the difficulties experienced by many patients requiring a follow up outpatient appointment in the Eye Clinic. For reasons of capacity some patients appointments were postponed up to twelve times and the complaints about this practice were increasing every quarter (31 in July to September). This trend was highlighted in the quarterly reports, discussed at the Complaint Monitoring Group and Trust Board and an action plan agreed and implemented by the Eye Department. During October to December the complaints fell to 9 and have reduced further since the beginning of 2004.

The main challenge arising in the coming months relates to the reform of the national NHS complaint procedures. The focus of the complaints procedure remains on the local organisation to resolve the issues at local level but reforms of the local resolution phase will be introduced in 2005. However from 1 August 2004, the Healthcare Commission will become responsible for the Independent second stage of the complaint procedure, replacing the role of complaint conveners (non-executive directors of Trusts).



Research activity

The Trust's research activity continued to expand this year, building on existing strengths in non-commercial and commercial projects. There were multidisciplinary collaborations with other NHS and academic organisations in research programmes supported by NHS Research and Development *Priorities and Needs* funding arrangements. Programme subjects included cancer, stroke, elderly care services and mental health.

In addition to existing programmes the Trust is working with other organisations to develop research in Sexual and Reproductive Health. Led by academics at the University of York Biology Department this initiative makes particular use of the NHS/academic partnership opportunities brought to the area by the establishment of the Hull York Medical School.

Over the past two years emphasis has been placed on increasing the Trust's participation in the national cancer research effort. Last year, with financial support from the Yorkshire Cancer Research Network (YCRN), a half-time Cancer Research Officer was appointed. This has been so successful that additional funding has been provided and another similar appointment made. York's participation in the YCRN portfolio of clinical trials has already grown substantially and the new appointment will give this added impetus. This represents increased opportunities for York cancer patients to enter suitable clinical trials.

Formation of the North Yorkshire NHS Research and Development Alliance

In a significant development this year three acute and three primary care trusts formed the North Yorkshire NHS R&D Alliance and established a joint R&D Unit. This provides research management, governance and support services to the six organisations: Harrogate Health Care NHS Trust, Craven Harrogate and Rural District Primary Care Trust, York Hospitals NHS Trust, Selby and York Primary Care Trust, Scarborough and North East Yorkshire Health Care Trust and Scarborough Whitby and Ryedale Primary Care Trust. From its main office in York and branches in Harrogate and Scarborough the Unit's task is to support high quality NHS research in North Yorkshire. Research that addresses the needs of the NHS, involves both primary and secondary care and makes full use of the region's network of academic and healthcare collaborators.

Supporting Staff

•• PATIENTS AND CARERS •• SERVICES •• STAFF •• CORE

Medical Nurses Work Together to Improve Services **Values**

The Senior nurses in the Coronary Care Unit have been providing Senior Nurse cover on night duty across the medical floor. The purpose of this role has been to provide general support to more junior staff. A recent evaluation of the service has provided positive feedback and has been greatly appreciated.

Ward 32 nurses have been working in collaboration with the Service Improvement Team and the Medical Assessment Unit to pilot a short stay area for patients who have a predicted length of stay of 48 hours. Initial evaluation of this pilot has indicated some success although it is planned to continue with the pilot for a further two to three months.

Staff on ward 34 are currently working in collaboration with the Service Improvement Team, Medical Assessment Unit and A&E to pilot accepting direct respiratory admissions to the ward. The purpose of the pilot is to try and ensure patients with a respiratory diagnosis are placed on a speciality ward.

•• PATIENTS AND CARERS •• SERVICES •• STAFF •• CORE

Support for Staff Development in Laboratory Services **Values**

The directorate continued to support staff in achieving higher degrees, which include research projects that assist service development. These include a pilot evaluation of brain natriuretic peptide (BNP), which the Biochemistry department may be able to offer in the future. Urine catecholamines are now analyzed in house thus reducing turnaround times.

The Biomedical Scientists from all disciplines have an active continuing professional development group, which seeks to encourage interest in current scientific matters. A system of competency standards has been introduced across Laboratory Medicine, which rewards the Medical Laboratory Assistants financially if they achieve them. This has gone some way to assist in recruitment and retention of this low paid, yet indispensable, grade of staff.

Cytology has introduced primary care training sessions for cervical smear takers. The department also contributes to Multi Disciplinary Team sessions. Also in cytology, Helen Farrell was appointed as the first Advanced Practitioner biomedical scientist in the Trust in August 2003, after passing the APBMS examination in February 2003. This is a considerable achievement and a land mark for biomedical scientists as it now opens a new career pathway. There is a possibility that more posts of this kind will be introduced in other disciplines of laboratory medicine in the future.

Laboratory medicine continues its liaison with Hull University to train future biomedical scientists as part of the BSc course, thus giving mentoring and training opportunities for staff.

HYMS welcomed its first intake of students in September 2003. The students, 67 of whom are York based, have been attending half-day clinical placements in both primary and secondary care and already this first year of teaching is nearly at an end. The mid year evaluations were excellent with both students and tutors settling into the course well. Informal feedback from the General Medical Council after their latest visit was most favourable and the visitors are already looking forward to their return visit during the assessment period in June.

The phase 1 teaching (years 1 & 2) sees involvement from 10 local GP practices, whilst hospital departments from Directorates of Medicine, Medicine for the Elderly, General Surgery & Urology already involved in teaching will be joined by colleagues in Child Health, Orthopaedics & Trauma and Women's Health over the next 12 months. Individuals who are committed to teaching are acknowledged through the award of honorary academic titles at the discretion of the University.

Already large numbers of people are involved with HYMS teaching and these numbers will continue to increase until we reach steady state in 2007. Through the Workforce Development Confederation, HYMS have so far contributed to various new posts and will continue to contribute to a number of forthcoming Consultant appointments across the directorates over the next couple of years.

In York Hospital small investments have already been made in refurbishing and enhancing the facilities of existing ward based seminar rooms. Looking ahead, plans are well underway for the £2.6m Education Centre, which will be situated over the catering and purchasing departments at York Hospital. The centre will be built ahead of the students commencing their full time clinical placements in year 3 and will provide a dedicated teaching space of benefit to the Trust as a whole as well as providing facilities which students based in primary and community care will also be able to readily access.



Following the reference in last year's Annual Report on the Trust's success in gaining Practice status and the planning of work to achieve the level of Practice Plus, such work is now well underway. A number of Working Groups have been established, covering the areas of Equality and Diversity, Staff Involvement and Communication, Flexible Working, and Training and Development. Such Groups consist of a wide range of staff at all levels together with Staff Side Representatives, whose aim is to contribute to reaching the necessary Practice Plus standards by the Summer of 2005.

Of particular note under each heading are:

Equality and Diversity

The Trust continues to promote the legislative and good practice principles of equality of opportunity. An action plan is being developed, designed to address some identified key areas for local improvement. These include the revision of Policies, training for Managers, awareness sessions for all staff and a basic embedding of equality and diversity issues within the organisation.

Recruitment processes continue to reflect a stance of ensuring that there is no discrimination on any basis. In this respect, the appointment of the Trust's new Chief Executive followed open competition for the post, including the initial involvement of an external consultancy firm. The final selection from the shortlisted candidates incorporated a requirement to conduct a presentation and interviews by a number of Panels. The successful candidate, Mr Easton, commenced on 1 September 2003. The post is a substantive appointment.

Staff Involvement and Communication

There are a number of mechanisms already in place within the Trust, including Team Brief, regular Newsletters, Intranet/Internet and 'E' mail access, together with formal arrangements through a number of Consultative Committees.

The Trust is committed to improvements, including the development of an overarching Communications Strategy and Staff Charter and a review of the Team Brief system. Constructive discussions have also commenced with the Staff Organisations on how to involve a wider representation of staff through the possible creation of a Staff Forum.

Flexible Working

A formal Flexible Working Policy was adopted by the Trust in December, 2003. In doing so, a decision was taken to extend the facility to requests from all staff to work flexibly, as opposed to restricting such requests to those employees who are entitled to do so from a legislative perspective.

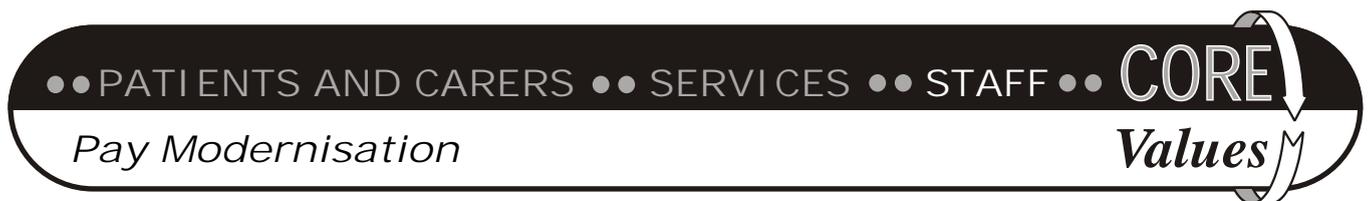
Training and Development

During the period April 2003 to March 2004, 2491 participants attended 191 different training courses provided by the Trust.

Training and Development opportunities were also supported by funding available through the NHS Learning Account initiative. During 2003/04, almost £104,000 was committed directly to learning activities for Trust staff who do not hold a professional qualification.

Healthy Workplace

A further element of the Improving Working Lives initiative is that of Healthy Workplace. In this respect, the Trust is continuing to strive to reduce the incidents of violence to staff, harassment and bullying in the workplace and the current level of sickness absence. Particularly in the latter respect, our Occupational Health Service continues to be an important source of advice for both Managers and staff.



Two significant initiatives have been addressed by the Trust, namely "Agenda for Change" and the new Consultant Contract.

Consultant Contract

Compliance has been achieved with the requirement to implement the new Consultant Contract, with an extremely high take up amongst the Consultant body which is considerably above the national average.

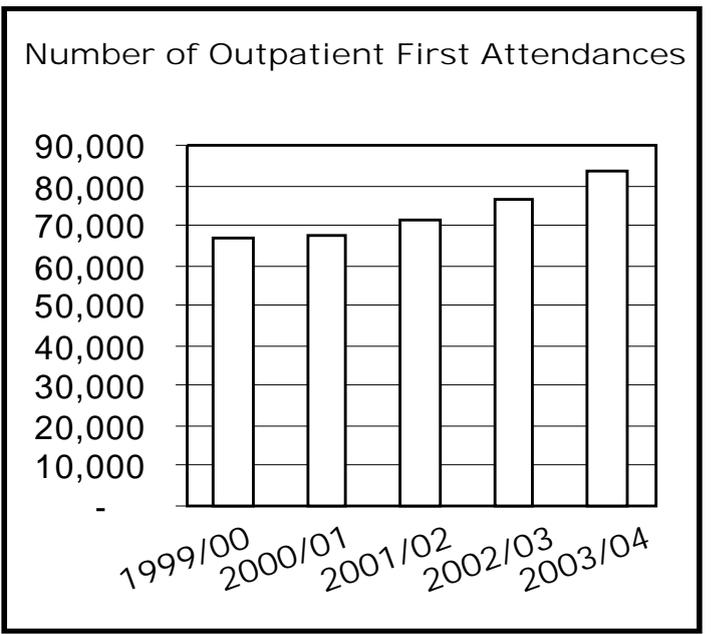
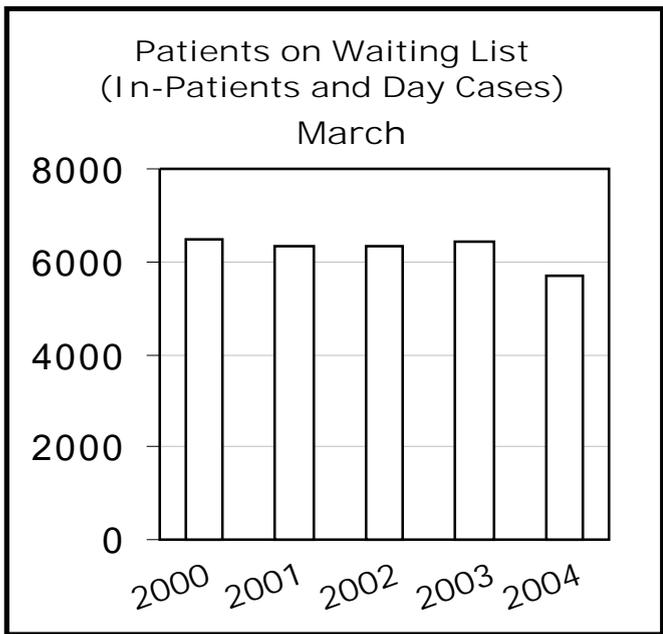
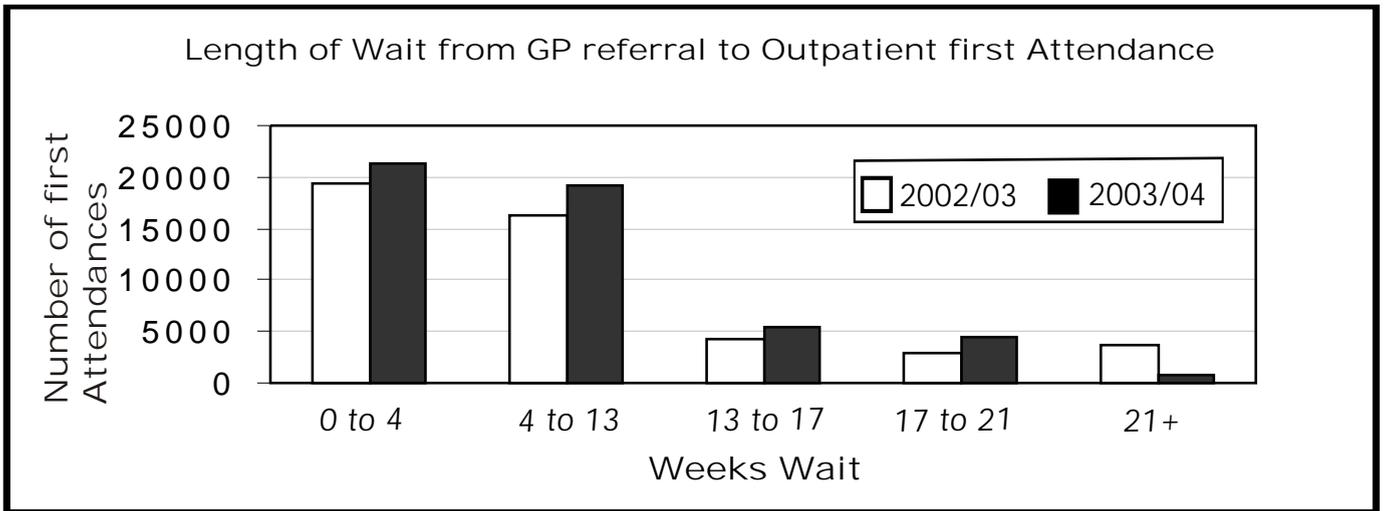
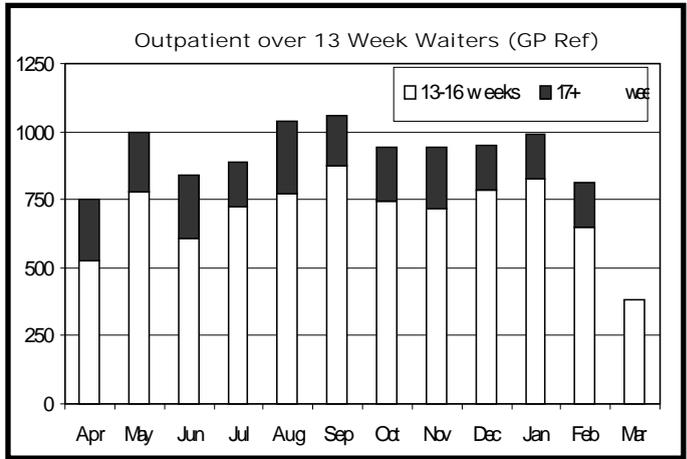
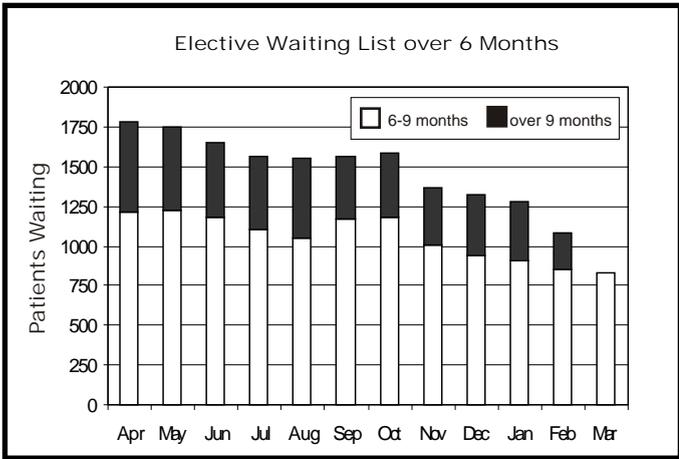
Agenda for Change

Agenda for Change is the most radical pay and terms of conditions of service initiative ever, certainly in respect of the National Health Service and probably within any Organisation, whether public or private sector.

A key feature of implementation to date at a national level has been partnership working between Management and Staff Organisations, and this theme will continue when local implementation is underway. The effective date of implementation is 1 October, 2004, although the scale of the initiative is such that staff will transfer on a phased basis.

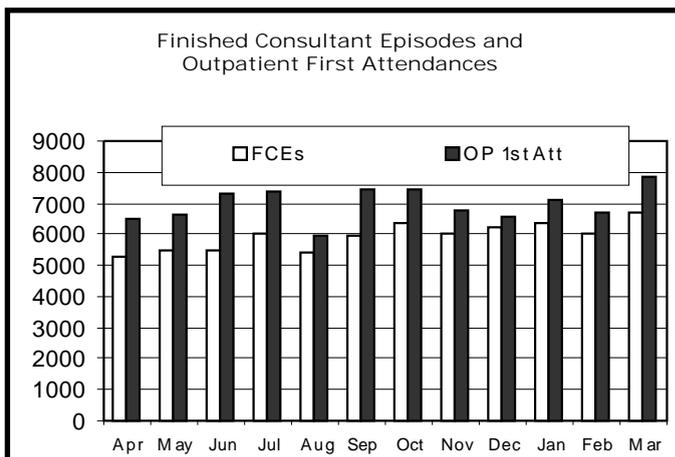
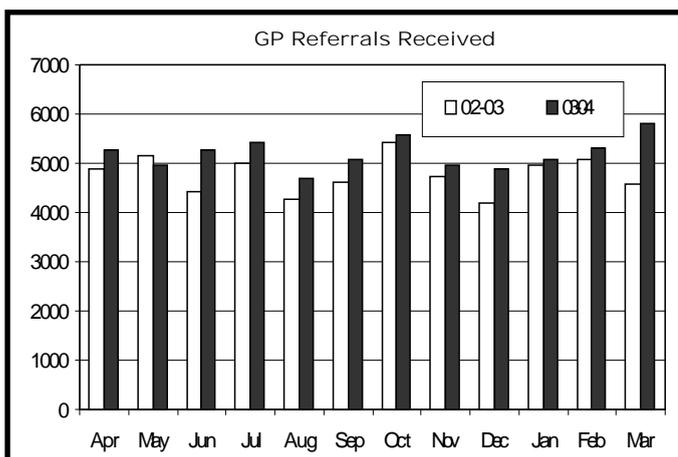
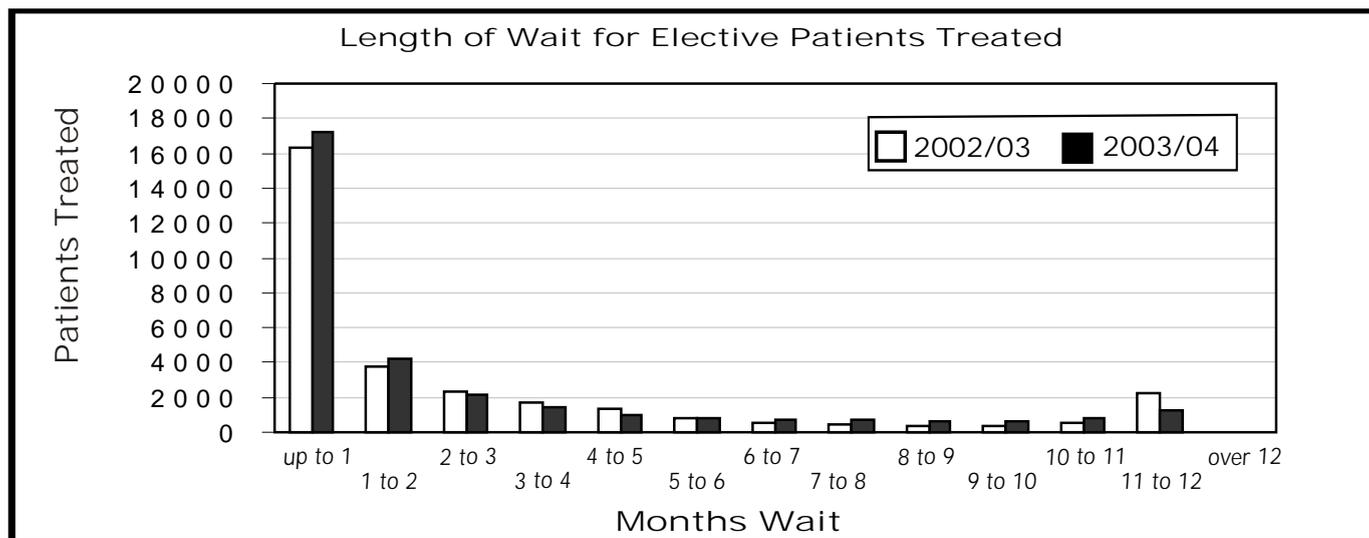
Facts and Figures

Patient Care - Performance Tables



Waiting times for In-patient Admission	2003/04	
	% admitted within 3 months	% admitted within 12 months
General Surgery	90	100
Urology	81	100
Orthopaedics	72	100
ENT	78	100
Ophthalmology	73	100
Maxillofacial Surgery	79	100
Gynaecology	84	100
General Medicine	96	100
All Specialties	87	100

Waiting times for first Out-patient Appointment	2003/04	
	% seen within 13 weeks	% seen within 21 weeks
General Surgery	91	100
Urology	68	100
Orthopaedics	82	100
ENT	55	100
Ophthalmology	70	100
Maxillofacial Surgery	93	100
Gynaecology	75	100
General Medicine	67	100
Dermatology	78	100
Paediatrics	99	100
Rheumatology	69	100
All Specialites	76	100



Year at a glance

	<i>2003/04</i>	<i>2002/03</i>
In-patient & Day Cases	73,327	66,074
Patients Attending ward for treatment	2,000	1,900
All Outpatient attendances	262,564	229,578
Accident & Emergency attendances	59,846	56,725
Physiotherapy (new out-patients)	23,144	21,907
Patient contacts in the community	110,000	100,000
Pathology (patient requests)	662,506	603,061
(test sets)	2,270,486	2,039,946
Radiology (examinations)	154,380	151,427
Income (£)	138.3m	125.5m
Staff employed (average number)	3783	3618
Staff employed (W.T.E)	3112	2925

Board of Directors

Alan Maynard[†], BA, B.Phil, age 59
Chairman of the Trust since December 1997 after being involved in the management of the local NHS since 1983. Professor of Economics and founding director of Centre for Health Economics at the University of York (1983-95). Now Professor of Health Economics at the local university. Member of the Independent Enquiry into the 1971 Misuse of Drugs Act and involved in research and consultancy nationally and internationally (e.g. UK Department for International Development, World Bank and the World Health Organisation). Lives in Heworth, York.

Kate Ormond^{†*}, BA, MA, age 57
Non-Executive Director and Vice Chairman of the Trust since 1997. Chairman of the Governance Committee. Former Chairman of the York & District Community Health Council. Social Services Policy & Planning Manager for the City of York Council. Lives in the Groves, York

Keith Jukes^{†*}, BA, age 50
Non-Executive Director since February 1999. Vicar of Selby Abbey. Chairman of the Audit Committee since February 2004. Lives in Selby.

Steve Whitehead^{†*}, BSc, age 53
Non-Executive Director since December 1997 and convener of Stage II Complaints. Community Health Council member 1992 to 1997. Teacher of geology. Lives in York.

Cai Mallett^{†*}, MA, age 42
Non-Executive Director since June 2004. Consultant working in the local community. Chairman of Audit Committee from September 2004. Lives in York.

Peter West^{†*}, age 54
Non-Executive Director since July 2004. Director of the York Health Economics Consortium at the University. Lives in York.

Jim Easton BA (Hons) age 40
Chief Executive since September 2003
Lives in Wigginton, York

Patrick Crowley, age 46
Director of Finance since 2002. Previously Director of Performance Management since 1998.

Michael Porte, MA, FRCS, FRCR, age 45
Medical Director since September 1999. Consultant Radiologist since 1992. Lives in Wigginton, York

Mike Proctor, BSc (Hons), RN, age 47
Worked in various senior nurse management posts within the Trust since 1993. Director of Nursing since April 1998. Lives in Haxby, York.

George Wood, MHSM, Dip HSM, age 57
Deputy Chief Executive since 1992. (Retiring in September 2004)

Elizabeth (Libby) McManus, RN, age 37
Associate Director since June 2003. Director of Operational Services. Previous posts in NHS nursing and management since 1985. Lives in Thorner, West Yorkshire.

Peta Hayward BSc (Hons) MCI PD age 33
Associate Director since July 2003 Director of Human Resources. Previous post Assistant HR Director at Birmingham Heartlands and Solihull NHS Trust (Teaching). Lives in Cattal near Knaresborough.

Two non-executive directors served for part of the year, Sally Baldwin until October 2003 and Nancy Murgatroyd until January 2004

† Member of Remuneration Committee

* Member of Audit and Assurance Committee

Trust Structure

Chief Executive's Office

Jim Easton
Chief Executive
Tel: 725087

George Wood
Deputy Chief Executive
Tel: 725231

Dr Michael Porte
Medical Director
Tel: 725073

Colin Watts
Special Projects Manager
Tel: 726995

Brian Golding
Head of Capital Planning
Tel: 725149

Graham Sheath
Senior Project Manager
Tel: 725143

Nichola Greenwood
Clinical Governance
Coordinator
Tel: 725330

Vanessa Bradbury
Project Manager
Capital Developments
Tel: 725136

Eric Johnston
Commercial Services Manager
Tel: 725148

Operational Services Directorate

Elizabeth (Libby) McManus
Director of Operational Services
Tel: 725324

Elaine Criddle*
Head of Service
Improvement
Tel: 725153

Lilian Watson
Head of Patient Access
Tel: 725796

Anne Robinson
Nutrition & Dietetic Manager
Tel: 725268

Dot Wagstaff
Physiotherapy Services
Manager
Tel: 725072

Steve Athey
Pharmaceutical Services
Manager
Tel: 725581

Trust Wide Service Directorates

Facilities and Purchasing

Danny Morgan
Director of Facilities
Tel: 725054

David Taylor
Maintenance Services Manager
Tel: 725056

David Bloomer
Estates Projects Manager
Tel: 725366

Penny Lawrence
Hotel Services Manager
Tel: 725261

John Rawcliffe
Assistant Director Procurement
Tel: 725057

Peter Lamb
Medical Equipment Manager
Tel: 726331

Janet Mountain
Facilities Development Manager
Tel: 725254

Finance And Performance Management

Patrick Crowley
Director of Finance and Performance
Tel: 725023

Robert Chapman
Deputy Director of Finance
Tel: 725040

Sheila Wilson
Assistant Director
(Corporate Finance)
Tel: 725080

Graham Lamb
Assistant Director (Financial
Management and Planning)
Tel: 725039

Andrew Bertram
Assistant Director (Resource
Management)
Tel: 725041

Jill Sykes
Assistant Director
(Commissioning)
Tel: 725044

Fiona Jamieson
Deputy Director
(Performance & Information)
Tel: 725045

Peter Green
Assistant Director
(Performance Analysis)
Tel: 725301

Helen Kemp-Taylor
Head of Internal Audit
Tel: 725191

Sue Rushbrook*
Head of Department
Systems & Network Services
Tel: 725001

Human Resources

Peta Hayward
Director of Human Resources
Tel: 725311

Jacqueline Gilbey
Deputy Director of Human
Resources
Tel: 725327

Andrew Gilbey
Assistant Director
Occupational Health
Tel: 725093

Canon Bob Rogers
Senior Chaplain
Tel: 725579

Teresa Elliott
Training Manager
Tel: 725214

Lynne Dove
Leadership Development
Manager
Tel: 726182

Anne Devaney
PGME & Library Manager
Tel: 726739

Nursing and Risk Management

Michael Proctor
Director of Nursing
Tel: 725075

Michelle Carrington
Practice Development
Coordinator
Tel: 725580

Vicki Parkin
Senior Infection Control
Nurse
Tel: 725730

Penny Goff
Assistant Director (Complaints
and User Involvement)
Tel: 725137

Elaine Miller
Assistant Director (Risk and
Legal Services)
Tel: 725151

* Joint Appointment between
York Hospitals NHS Trust and
Selby and York PCT

Directorate Structure

Directorate	Clinical Director	Directorate Manager	Clinical Lead		
Medical Specialties	Dr Alistair Turnbull Tel: 725584	Lucy Turner Tel: 725484	General Medicine	Dr John White & Dr Simon Megarry	Tel: 725237
			Rheumatology	Dr Michael Green	Tel: 726475
			Clinical Haematology	Dr Lee Bond	Tel: 725671
			Gastroenterology	Dr Sean Kelly	Tel: 725601
			Neurosciences	Dr Phil Duffey	Tel: 725755
			Dermatology	Dr Alan Highet	Tel: 725603
			Renal Medicine	Dr Donald Richardson	Tel: 725246
			Diabetes	Dr Paul Jennings	Tel: 725604
			Respiratory Medicine	Dr John White	Tel: 725605
			Cardiology	Dr Maurice Pye	Tel: 725606
Medicine for the Elderly	Dr Ann McEvoy Tel: 725896	Lucy Connolly Tel: 725608			
General Surgery and Urology	Mr David Alexander Tel: 725609	Claire Bashford Tel: 725051	General Surgery Urology	Mr Graeme Urwin	Tel: 725610
Child Health	Dr Rob Smith Tel: 725626	Jen Slaughter Tel: 725618			
Head and Neck Specialties	Mr Andrew Grace Tel: 725611	Neil Wilson Tel: 725210	Otolaryngology Ophthalmology Maxillofacial Surgery Orthodontics	Mr Mike Hayward Mr Martin Telfer Mr Jay Kindelan	Tel: 725612 Tel: 725613 Tel: 725571
Orthopaedics and Trauma	Mr Ian Whitaker Tel: 725615	Bernadette Eivers Tel: 725049	Orthopaedics Accident & Emergency	Mr Mike Williams	Tel: 725616
Women's and Sexual Health	Mr Adrian Evans Tel: 725547	Jen Slaughter Tel: 725618 Head of Midwifery Margaret Jackson Tel: 726729			
Anaesthetics	Dr Phil Moss Tel: 725505	Mike Harvey Tel: 725281	Anaesthetics Critical Care	Dr George Priestley	Tel: 725505 Tel: 725532
Clinical Support Services	Dr Tony Bowker Tel: 725619	Nigel Marsh Tel: 725563	Radiology Breast Screening	Dr Anna Murphy	Tel: 725673
	Laboratory Medicine:	Head Biomedical Scientist		Clinical Lead	
	Biochemistry	Gary Barker	Tel: 725872	Dr Ahmed Waise	Tel: 725670
	Cytology	Trevor Hair	Tel: 725853	Dr Christine Bates	Tel: 725675
	Haematology	Christopher Sleight	Tel: 725891	Dr Martin Howard	Tel: 725586
	Histopathology	Steven Mackell	Tel: 725783	Dr Priv Maheswasan	Tel: 725784
	Microbiology	Mara Ajder	Tel: 725859		

Departmental Directors

Department	Director	Manager	Title
Joint North Yorkshire Alliance Research and Development Unit	George Wood Tel: 725231	Caroline Mozley Tel: 725129	Head of Unit
Post Graduate Medical Education	Dr Jonathan Thow Tel: 726143	Anne Devaney Tel: 726739	Manager Post Graduate Medical Education Centre

Financial Review

The Trust achieved a satisfactory financial performance for the year ended 31 March 2004, with a small overall surplus of £4,000 on income and expenditure. This position has been achieved through the enormous efforts of all staff within the Trust, involving actions agreed in the detailed financial review carried out in November 2003, planned slippage and deferral of developments, and a reduced non recurrent programme, together with additional in year funding, capital to revenue transfers and one off adjustments in respect of stock.

Financial Position at a Glance	2003/4 £million	2002/3 £million
Operating Income	138.3	125.5
Operating Expenditure	135.2	120.8
Operating Surplus (Before Interest & Dividend)	3.2	4.7
Capital Expenditure	11.2	10.2
Fixed Assets	107.3	95.6
Return on Capital Assets	3.50%	6.1%

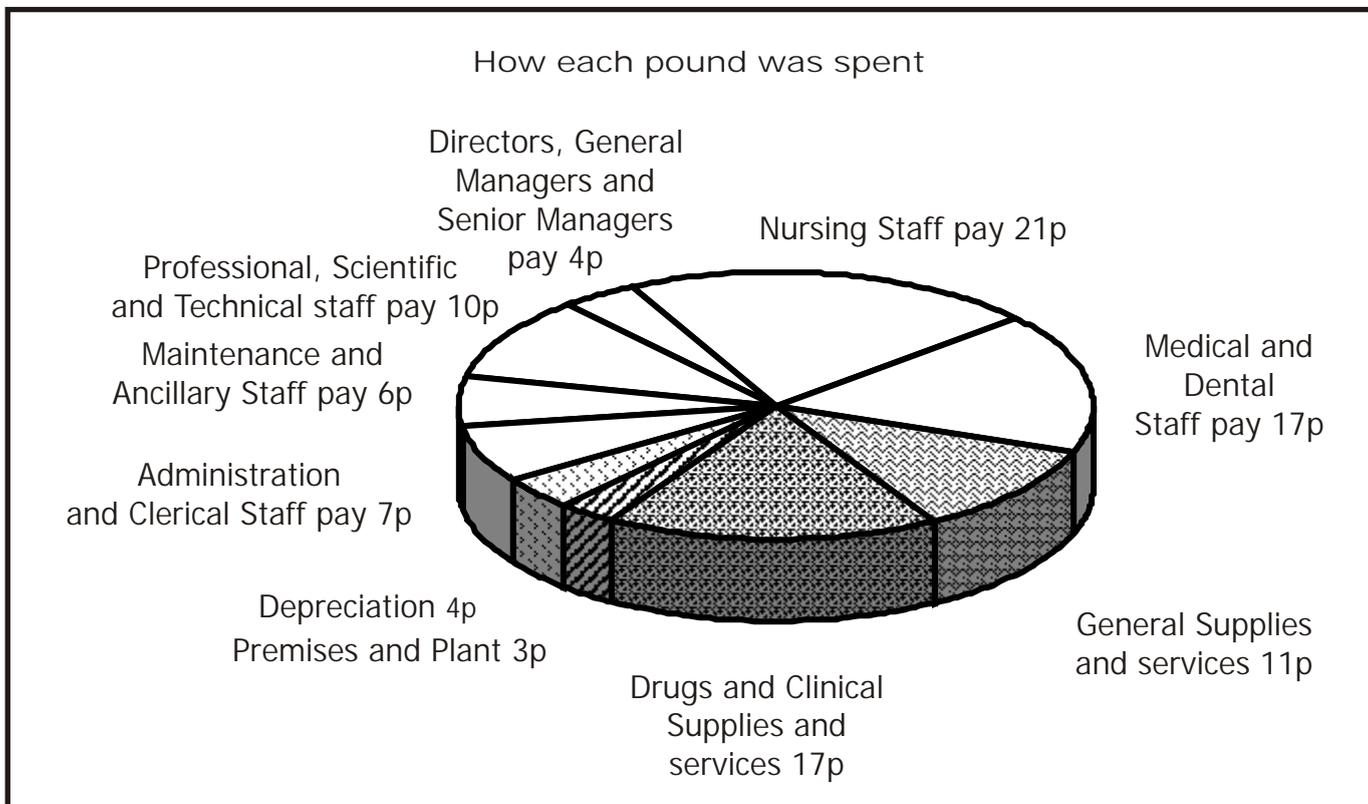
Income

Income for the year totalled £138.3 million, an increase of £12.8 million (10.2%) over 2002/3. 87% of this income arose from contracts with the Selby & York Primary Care Trust and other local Primary Care Trusts (£120.3 million), with £0.9 million from private patients, and the balance of income (£17.1 million) resulting from the provision of various non-clinical services to other organisations and individuals.

The additional income resulted from a significant increase in activity, funding of new developments and the cost of pay awards, including the new consultant contract, and price inflation in the year.

Expenditure

Operating expenditure for the year totalled £135.2 million, an increase of £14.4 million (11.9%) over 2003/4. £88.5 million (65.5%) of total expenditure was for staff pay, with the remainder for non-pay costs and providing for depreciation on the Trust's assets.



Financial Performance

The Trust is required to manage and report on four main financial targets in order to ensure that it maintains strict financial management and control.

Financial Target	Target	Actual	Achieved
Balanced income & Expenditure	Break-even	£4,000 surplus	✓
Return on Net Assets	3.5%	3.5%	✓
External Financing Limit	Limit of £4.044m	Undershoot £0.03m	✓
Capital Resource Limit	Limit of £11.918m	Underspend of £0.68m	✓

Capital Investment

Capital spend for the year amounted to £11.2 million. The main items were the completion of the new clinical building, which opened in July 2003, the commencement of the new theatres, cardiology catheter laboratory and radiology suite at the south end of the hospital, and significant levels of spending on new and replacement medical and surgical and IT equipment.

The value of the Trust's fixed assets at the end of the year amounted to £107.3 million.

The redeveloped main entrance reception and outpatients waiting area of York Hospital and retail development scheme was completed in August 2003, entirely financed by the retail developer.

The Trust continued to plan for the development of a new multi storey car park in the grounds of York Hospital, financed by First Management Group, and work is expected to start on site in the autumn of 2004 .

Related Party Transactions

York Hospitals NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members, or members of the key management staff or parties related to them has undertaken any material transactions with York Hospitals NHS Trust.

Summarised Financial Statements

The following pages show summarised financial information from the Trust's Annual Accounts for 2003/4, with a separate section concerning the Trust's Charitable Funds. The summarised financial information included details of directors' remuneration, management costs, compliance with the Better Payments Practice Code and the audit statement.

Full copies of the Annual Accounts are available on request from the Finance Department at Park House, Wigginton Road, York YO31 8ZZ.

*Independent Auditors' Report To The Directors Of
York Hospitals Trust On The Summary Financial Statements*

We have examined the summary financial statements set out on pages 36 to 39.

This report is made solely to the Board of York Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective Responsibilities of Directors and Auditors

The directors are responsible for preparing the annual report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of Opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion, the summary financial statements are consistent with statutory financial statements of the Trust for the year ended 31 March 2004 on which we have issued an unqualified opinion.

PricewaterhouseCoopers LLP

Pricewaterhouse Coopers
Benson House, 33 Wellington Street, Leeds, LS1 4JP.
Date July 2004

*York Hospitals NHS Trust
Statement on Internal Control 2003/04*

1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

To discharge this responsibility the Trust works in partnership with North and East Yorkshire and Northern Lincolnshire Strategic Health Authority and PCT's, in particular Selby and York PCT. The Trust also has strategic service partnerships with other provider organisations, in particular Harrogate Health Care Trust.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control, informed by an Assurance Framework has been in place in York Hospitals Trust since October 2003 and up to the date of approval of the annual report and accounts. Prior to the establishment of the Trust's Assurance Framework the Trust worked directly with the Department of Health to develop its systems.

3. Capacity to handle risk

The Chief Executive has overall responsibility for risk management. However, the Director of Finance has executive responsibility for financial risk, and the Director of Nursing has executive responsibility for other non-clinical, organisational and clinical risk.

The Trust has in place an overarching Risk Management Strategy and supporting detailed policy related to reporting adverse and serious untoward incidents. The Trust also has organisational and technological approaches to ensure links are made and lessons learned from adverse incidents, serious untoward incidents, complaints, claims, outputs from the Trust's User Involvement activity and issues brought to the attention of the Patient Advice and Liaison Service.

Staff are trained on induction and through mandatory annual training for clinical groups.

4. The risk and control framework

The key elements of the Trust's Risk Management Strategy are based on the principle that the identification and management of risk requires the active involvement of staff at all levels of the organisation. The Trust recognises that staff operating within their given area are best placed to understand risks and establish appropriate controls, whilst well structured communication and support systems have to exist to strengthen this activity.

Each Directorate or service area has a trained risk reviewer who links directly to a central supporting team. The risk reviewers are responsible for the identification of risks within each directorate, recording them in a risk register, establishing controls to manage or eliminate the risks. If necessary, significant risks are escalated through the Trust organisational structure to the Trust Board via the Assurance Framework.

All the Trust's key Trust Risk Committees and Groups include front line clinicians as well as risk experts.

The Trust's Governance Committee uses the Assurance Framework where the principle risks to the Trust's objectives are identified, controls are examined and appropriate assurances sought. The Assurance Framework has been instrumental in developing evidence to support this statement on internal control.

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by external reviews of the Trust's systems and processes, and comments made by external auditors. In the last year external reviews of the Trust's systems have been undertaken by:

- The Clinical Negligence Scheme for Trusts (CNST) where the Trust achieved level 1 standards for maternity and level 2 for general.
- The Risk Pooling Scheme for Trusts (RPST), achieving level 1 standards.
- The Health and Safety Executive who undertook an audit of the Trust's Health and Safety arrangements.
- The Commission for Health Care Audit and Inspection (CHAI) and
- The Strategic Health Authority who undertook reviews of the Trust's CHI action plan.

I have also been advised on the implications of the result of my review, of the effectiveness of the system of internal control, by the Trust Board, Audit and Assurance Committee, Governance Committee, Clinical Governance Executive, Clinical Risk Group and Non-Clinical Risk Group. Each of the groups has a key and distinct role and are linked to each other to ensure a comprehensive system risk identification, risk management and of internal control.

No significant internal Control issues have been identified.



Jim Easton
Chief Executive
May 2004

Summarised Financial Statements

Income and expenditure for the year ended 31 March 2004

	2004 £000	2003 £000
Income from activities	126,961	113,162
Other operating income	11,380	12,345
Operating expenditure	(135,174)	(120,797)
Operating Surplus	3,167	4,710
Profit (Loss) on disposal of fixed assets	1	(8)
Surplus before Interest	3,168	4,702
Interest receivable	139	265
Interest payable	(44)	(46)
Change in discount rate on provisions	(75)	0
Surplus for the financial year	3,188	4,921
Public Capital Dividend payable	(3,184)	(4,912)
Retained Surplus for the year	4	9

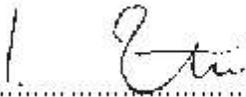
Note to the Income and Expenditure Account for the year to 31 March 2004

	£000
Retained surplus for the year	4
Financial support included in retained surplus for the year	-1735
Retained surplus for the year excluding financial support	-1731

Financial support includes a capital to revenue transfer of £835,000 and £900,000 non-recurrent revenue funding to help meet the additional cost of the new consultant contracts.

Balance Sheet as at 31 March 2004

	2004 £000	2003 £000
Fixed Assets		
Intangible assets	575	175
Tangible assets	106,763	95,457
	107,338	95,632
Current Assets		
Stocks	2,361	1,563
Debtors	8,289	5,927
Cash	289	259
	10,939	7,749
Creditors:		
Amounts falling due within one year	(15,029)	(9,836)
Net Current (Liabilities)	(4,090)	(2,087)
Total Assets less Current Liabilities	103,248	93,545
Creditors:		
Amounts falling due after more than one year	(50)	(90)
Provisions for Liabilities and Charges	(762)	(680)
Total Assets Employed	102,436	92,775
Financed by:		
Capital and Reserves		
Public dividend capital	61,446	57,402
Revaluation reserve	45,207	39,574
Donation reserve	766	786
Income and expenditure account	(4,983)	(4,987)
Total Capital and Reserves	102,436	92,775

Signed:  (Chief Executive)
Jim Easton

Date: July 2004

*Statement of Total Recognised Gains and Losses
for the year ended 31 March 2004*

	2004 £000	2003 £000
Surplus for the financial year	3,188	4,921
Unrealised surplus on revaluation & indexation of fixed assets	5,677	9,381
Increase in donation reserve due to receipt of donated assets	97	151
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(161)	(670)
Total Gains and Losses Recognised in financial year	8,801	13,783

Cash Flow Statement for the year ended 31 March 2004

	2004 £000	2003 £000
Net Cash Inflow from Operating Activities	8,141	9,180
Interest received	139	265
Net Cash outflow from Returns on Investments and Servicing of Finance	139	265
Capital payments	(8,733)	(9,876)
Receipts from sale of fixed assets	11	9,379
payments to acquire intangible fixed assets	(388)	(133)
Net cash outflow from Capital expenditure	(9,110)	(630)
Dividends Paid	(3,184)	(4,912)
Net Cash inflow/outflow before financing	(4,014)	3,903
Financing:		
Public dividend capital received	4,044	0
Public Dividend Capital Repaid (not previously accrued)	0	(4,012)
(Decrease) Increase in cash	30	(109)

Salary and Pension Entitlements of Senior Managers

	Age	Salary as a Director (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in Kind	Real Increase in Pension at age 60 (bands of £2500)	Total accrued Pension at age 60 at 31.03.04 (bands of £5000)
		£000	£000	£000	£000	£000
Prof. A Maynard - Chairman	59	20-25				
Mrs W J N Murgatroyd - Non Executive Director	55	0-5				
Ms K Ormond - Non Executive Director	57	5-10				
Prof S M Baldwin - Non Executive Director	+	0-5				
Rev. K M Jukes - Non Executive Director	49	5-10				
Mr S Whitehead - Non Executive Director	51	5-10				
Mr J Easton - Chief Executive	39	60-65		2.0		0-5
Mr S Pleydell - Chief Executive	45	40-45		1.2	0-2.5	30-35
Mr M E Porte - Medical Director	45	45-50	50-55	0.2	2.5-5.0	25-30
Mr M Proctor - Director of Nursing	47	65-70		2.8	0-2.5	20-25
Mr G T Wood - Deputy Chief Executive	57	75-80		0.5	0-2.5	35-40
Mr P J Crowley - Director of Finance	46	75-80		2.4	2.5-5.0	15-20
Miss E McManus - Director of Operational Services	37	50-55		2.1	2.5-5.0	10-15
Miss P Hayward - Director of Human Resources	33	45-50			0-2.5	05-10

Mrs N Murgatroyd resigned as a Non-executive Director on 29th February 2004

+ Prof S Baldwin died on 28th October 2003

Mr S Pleydell resigned as Chief Executive on 31st August 2003 and was replaced by Mr J Easton from 1st September 2003

Miss E McManus commenced as Director of Operational Services on 2nd June 2003

Miss P Hayward commenced as Director of Human Resources on 21st July 2003

The remuneration of the Chairman and Non Executive Directors is determined by the Department of Health.

The remuneration of the Executive Directors is determined by the Trust's Remuneration Committee.

Management Costs

	2004 £000	2003 £000
Management costs	5,396	4,954
Income	138,341	125,506

Management costs represent 3.9% of income and are as defined in the document 'NHS Management Costs 2002/03' which can be found on the internet at <http://www.doh.gov.uk/managementcosts>

Better Payment Practice Policy

The NHS Executive requires Trusts to pay their trade creditors in accordance with the Better Payment Practice Code and Government accounting rules. The target is to pay trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later), unless other payment terms have been agreed with the supplier.

	2004		2003	
	£000	Number	£000	Number
Total bills paid	50730	44452	45063	53855
Number of bills paid within target	40248	35860	40992	48450
Percentage of bills paid within target	79.34%	80.67%	90.97%	89.96%

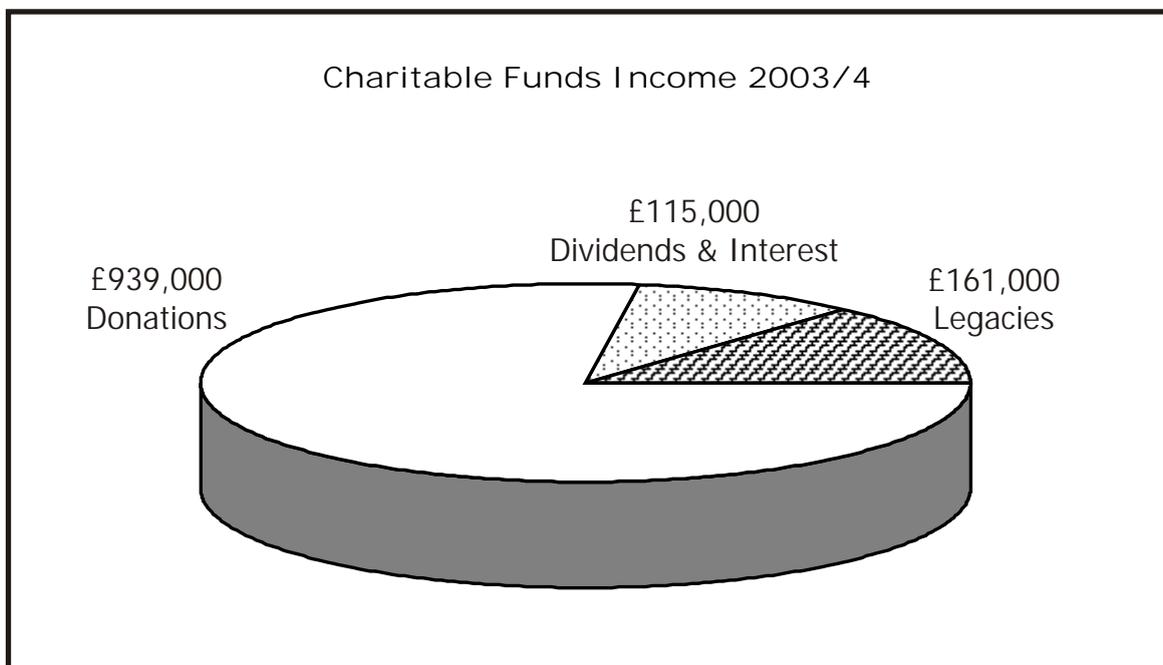
Charitable Funds

The Trust receives additional income each year from donations and legacies, often from former patients and relatives in recognition of the Trust's work. A number of staff also take initiatives to organise or support events to raise additional funds. These funds are greatly appreciated and make a considerable contribution to local NHS services.

Income from donations and legacies is accounted for through the York Health Services General Charity, which is a registered charity.

Income

Charitable income for 2003/4 totalled £1,215,000 (£935,000 in 2002/3), and the sources of these funds are shown below.



Legacies

Thirteen legacies were received during the year with a total value of £161,000. The three largest were for cardiology, radiology and urology clinical departments at York Hospital.

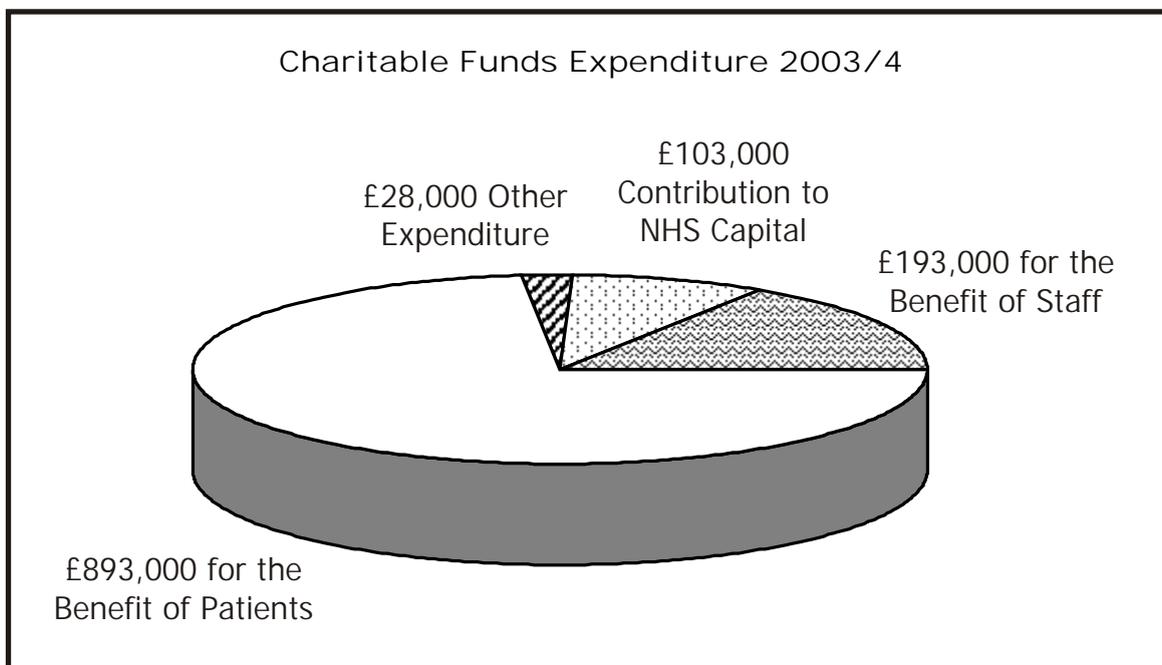
Donations

The Trust received many donations during the year, amounting to a total of £939,000. These included donations from the Friends of York Hospitals, the New Opportunities Fund for the purchase of radiology imaging equipment, the Special Care Baby Unit Support Group, York Against Cancer, the Leeds Hospital Fund, the Jan Hall Memorial Fund for the Cancer Care Centre, together with many personal donations from individuals.

The Trust's Charitable Funds were valued at £3,790,000 at the end of 2003/4, an increase of £1,241,000 compared with 2002/3.

Expenditure

Expenditure for the year totalled £1,217,000, an increase of £339,000 over 2002/3. Purchases included many additional amenities for patients and staff, additional items of medical and surgical equipment, alterations to premises and clinical research projects.



Full copies of the Charitable Funds Annual Report and Accounts are available on request from the Finance Department at Park House.

Patrick Crowley
Director of Finance
July 2004

Premises / Service Contact Numbers

Hospitals

York Hospital
Wigginton Road
YORK YO31 8HE
Tel: (01904) 631313

St Helens Rehabilitation Hospital
Nelson Court
1a Nelson Lane
Tadcaster Road
YORK YO24 1HD
Tel: (01904) 700651
(Main Reception)
Tel: (01904) 700652
(Community Outreach Services)

White Cross Court Rehabilitation
Hospital
Wilson Drive, Huntington Road
YORK YO31 8FT
Tel: (01904) 641464
(Main Reception)
Tel: (01904) 640957
(Community Outreach Services)

Patient Advice and Liason Service
(PALS) Tel: (01904) 726262

www.yorkhospitals.nhs.uk

Contact numbers for services provided by York Hospitals Trust on other premises

School Health Services

York base: Tel: (01904) 725331/
(01904) 725332 / (01904) 725334

Selby Base: Tel: (01904) 724281/
(01904) 724282 / (01904) 724283

Haxby Base: Tel: (01904) 724678

Renal Dialysis Satellite Unit

Acorn Court Satellite Unit
Tanpit Lodge
Easingwold
YORK YO6 3HD
Tel: (01904) 724800

Out Patients

Selby War Memorial Hospital:
Outpatient department
Tel: (01904) 724312

Sexual Health Services based at
Monkgate Health Centre, York

Family planning: Tel: (01904) 630352

Genito-Urinary Medicine:
Tel: (01904) 725417
Appointments and results

Tel: (01904) 725412
General enquiries

Other useful telephone numbers

Hospitals

Bootham Park Hospital	Tel: (01904) 610777
St Monica's Hospital, Easingwold	Tel: (01904) 724825
Selby War Memorial Hospital	Tel: (01904) 724300

Community Units for the Elderly

Acomb Gables	Tel: (01904) 784330
Cherry Tree House	Tel: (01904) 430307
Peppermill Court	Tel: (01904) 620651
Meadowfields	Tel: (01904) 700720
Mill Lodge	Tel: (01904) 765042
Worsley Court	Tel: (01757) 213474

Community Health Centres and Clinics

Acomb Health Centre	Tel: (01904) 781144
Clementhorpe Health Centre	Tel: (01904) 644981
Clifton Health Centre	Tel: (01904) 623259
Cornlands Road Clinic	Tel: (01904) 724200
Easingwold Health Centre	Tel: (01347) 821324
Haxby/Wigginton Health Centre	Tel: (01904) 765982
Monkgate Health Centre	Tel: (01904) 725400
Raincliffe Street Clinic	Tel: (01904) 724280
Tadcaster Clinic	Tel: (01937) 530202
Tang Hall Clinic	Tel: (01904) 416375

General Numbers

Clifton House	Tel: (01904) 636536
Department of Chiropody/Podiatry	Tel: (01904) 640952
Drug Dependency Clinic	Tel: (01904) 637121
Limetrees Child Adolescent and Family Unit	Tel: (01904) 652908
NHS Direct	Tel: 0845 4647
North and East Yorkshire and North Lincolnshire Strategic Health Authority	Tel: (01904) 724500
Patient and Public Involvement Forum (PPIF)	Tel: (01904) 557654
Selby and York Primary Care Trust: Headquarters	Tel: (01904) 724004
Selby and District Office	Tel: (01904) 724280
Social Services (Mental Health)	Tel: (01904) 613161
The York Wheelchair Centre: Enquiries	Tel: (01904) 654052
Repairs	Tel: (01904) 637714
York Alcohol Advice Service	Tel: (01904) 652104
York Drug Resource Scheme	Tel: (01904) 647474
York NHS Walk-in Centre	Tel: (01904) 725401

Notes

In the event of wishing to make a comment or request information or further copies of this report, please contact:
Eric Johnston
Commercial Services Manager
Chief Executive's Office
York Hospitals NHS Trust,
Bootham Park
York YO30 7BY

telephone 01904 725148