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York Hospitals
NHS Trust

The York Hospitals NHS Trust provides health care from its main site York Hospital plus two community rehabilitation units for the elderly at St Helen's and White Cross Court in York 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.

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

In 2002/03 the Trust's budget was £125.5m and 3618 full and part time staff were employed.
The last year has been one of success and some tribulation. All staff in the Trust experienced a sense of achievement when we were awarded 3 star status by the Department of Health in 2002. Everyone had worked marvellously to achieve this recognition and it reflects the care and effort put into every aspect of the Trust's work.

To have maintained the 3 star status in 2003 is excellent. It reflects collaborative activity throughout the organisation to meet a plethora of ambitious targets set by Whitehall. It tells all staff and the population we serve that we are continuing to produce more accessible care that is generally of a very high quality and much appreciated by our patients.

These achievements are a product of a good managerial team and first class clinical services provided by doctors, nurses and all other staff in the Trust. What we do is a product not only of their excellence but also of their willingness to change radically the ways in which care is delivered to patients. In the new facilities now opening, change and systematic development of new ways of working will continue to be of central importance for our continued success.

Amidst this success let us not lose sight of some tribulations that we will have to overcome in the year ahead. Three experienced and able managers have left the Trust and we thank them all for their hard work and their achievements: Simon Pleydell who moved to Middlesbrough to be Chief Executive, Susan Acott who has moved to London, Stephen Yorston who retired after over 28 years of dedicated service in York and Lillian Kershaw who now works for the Workforce Development Confederation. They have been replaced by Jim Easton (our new Chief Executive), Libby McManus (our new Operational Services Director), Patrick Crowley (our new Finance Director) and Peta Hayward (our new HR director). We also welcomed Sally Casley as Director of Clinical Effectiveness, a joint appointment with the Selby and York Primary Care Trust.

Change brings the advantages of fresh insights and approaches but also creates the challenges associated with the need for incomers to "get up to speed" swiftly in a rapidly changing environment where lack of attention to detail can be fatal for hospital performance. I know all staff will welcome these new senior managers and the new consultants who are also joining us this year, and do their best to support them as we meet the challenges of health care improvement together.

Whilst we may be confident that the new consultant, managerial and other staff who join us at all levels of the organisation as we develop services further will work together creatively and efficiently, we face some major new challenges. The Government is pressing ahead with Foundation Hospitals, a "choice initiative" and a new system of pricing services. These will tax our information services and managerial capacity at all levels of the organisation as we implement what is required of us.

These pressures will be felt at the same time as the Trust has to achieve increasingly ambitious access and quality targets. Patients do not want to wait so long and quite rightly. Furthermore they expect and we must deliver high quality care in an improving physical environment and with care and responsiveness evident in all aspects of our work.

I look forward to working with all our staff and the many local groups and individuals who help us in our work in ensuring we overcome the trials and tribulations that will inevitably arise as we continue to deliver first class care to our population.

Sincerely,

[Signature]

Professor Alan Maynard
Chairman
Message from the Chief Executive

This year’s annual report again reflects the major achievements and progress that the Trust has made in the services that we provide for the people of Selby and York, and areas beyond.

These achievements have recently been endorsed by the Trust gaining the top rating of 3 stars for the second year running in the NHS performance rating exercise. Congratulations to all staff throughout the organisation for this major achievement.

Key highlights have been:

- Further real improvements in reducing the length of time patients have to wait for in-patient and out-patient treatments
- Employing more clinical staff
- In total, treating more patients than ever before, in particular, a rising number of patients requiring emergency admission
- Continued progress in the Trust’s building programme to improve the capacity and quality of the environment of York Hospital
- Making real progress on the Human Resources agenda, achieving “practice status” for improving the working lives of our staff, and achieving new working patterns for junior and middle grade doctors.
- Undertaking the detailed planning with the Hull York Medical School to start teaching the first year of medical students from September 2003.

A major theme this year has been developing our working and collaborative relationships between the Trust, the Selby & York PCT and the City of York and North Yorkshire County Council Local Authorities. Real progress has been made in establishing structures and processes in the Selby and York community to ensure that all organisations are working together to deliver coherent services for the population we serve. As a result of this we have begun to make some major inroads in reducing the numbers of patients waiting for transfer from hospital to residential and nursing home accommodation.

Despite the considerable pressures involved in working in today’s health service, an abiding theme which underpins the achievements this annual report outlines, is the continued dedication and commitment of staff to provide the best possible services to patients. This is very clear from the feedback we receive from patients and the local community. I would like to thank all staff and volunteers throughout the organisation for their contribution to this. If, either as a member of staff or a user of our services you would like to raise anything arising from this report or your experiences of the services we provide please feel free to make these known to us by contacting the Chief Executive’s Office.

Simon Pleydell
Chief Executive
Initiatives that Shaped Patient Care

During the year there were many examples of initiatives that shaped and changed patient care. Key influences were moves to achieve targets across a range of areas within the NHS plan often associated with service modernisation.

The focus centres very much on the needs and expectations of the patient.

We have continued to enhance services and improve the environment. We currently have the largest capital programme since York Hospital opened in 1976.

Service quality is equally at the centre of our activity, this continues to be enhanced through both new investment and new ways of working.

Modernisation in York

Respecting the past, imagining the future, sharing good practice, facilitating service improvement.

The Modernisation team has continued to assist service improvement by supporting teams in modernisation initiatives. The core principle of ensuring a multi-disciplinary approach at redesign events has encouraged collaborative working, role redesign and fundamental changes in the patient journey.

Participation in national projects such as the Fractured Neck of Femur Collaborative has shown how team working improves services. Contributions have been made in the following areas:

- Orthopaedics
- Accident and Emergency
- Radiology
- Intermediate Care
- Community Outreach
- Social Services
- Theatres
- Physiotherapy
- Occupational Therapy
- Elderly Care

Redesign has included:

- introducing pain scoring
- transfer direct from X-Ray to the Ward for some patients
- introducing more information for patients
- measuring improvement in balance
Other ongoing modernisation initiatives mirror this partnership working across the Trust with the aim of improving patient services.

In recognition of the good work taking place in the Trust a framework for sharing practice has been developed. This includes sharing ideas, innovations and achievements by articles in Pulse and on the Northern and Yorkshire Learning Alliance website nyx.org.uk. The "Ideas in 2 Action 2 Conference" proved an excellent forum to showcase team efforts and recognise their achievements. The event will continue to support the culture of sharing practice. The recognition that good practice from outside can be adapted and introduced had led to a joint PCT and YHST “Ideas in 2 action” fund. This provides funds to visit other sites of best practice or for team time-outs to redesign services.

The development of a strategy for “share and spread” of good ideas will further enhance the adoption of good practice.

The Modernisation team has been instrumental in developing bids to attract regional monies. Working with teams to develop a systematic approach has resulted in £593,000 being brought into the Trust to assist with redesigning patient pathways in the last year.

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**Core Values**

- Patients and Carers
- Services
- Staff

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### Developments in Medical Services

**Neurology services** have worked through the year planning the development of services to provide disease modifying therapy’s to patients suffering from Multiple Sclerosis. Around £800,000 has been set aside to deliver a local service with the first patients accessing the service in late 2002. The plan includes a new consultant neurologist, specialist nurse and support services which will greatly enhance the delivery of this much needed service.

**Rheumatology services** welcomed Mike Green, Consultant Rheumatologist to the team. Mike’s presence enhances existing services and will greatly improve access arrangements for patients.

**Diabetes and Endocrinology services** have seen the completion of the new purpose built Department of Diabetes and Endocrinology. The new department situated behind the main entrance opened in August 2003 and offers greatly improved accommodation and access compared to the former centre based in the outpatients department.

**Haematology services** have developed proposals for a new haematology/oncology outpatient department. The development, part of the delivery of cancer services, will be located on the first floor of outpatients. The joint project with oncology services will have outpatient consultation facilities, day case chemotherapy and treatment areas. Inpatients benefit from an investment of £27,000 to provide a side room for patients with neutropaenic sepsis on the Medical Admissions Unit. The room includes air filtration and conditioning systems to reduce risk of infection to this high risk group of patients.
The Endoscopy Unit is one of the second wave pilot sites which is part of a national project aimed at redesigning their service to improve patient care. Two Nurse Endoscopists are now in post and contributing to the unit achieving access targets.

Ground Floor Outpatients have continued to develop nursing practice to improve patient care including:

- Dedicated leg dressing clinics for the vascular surgeons to ensure that patients are managed more efficiently reducing delays in clinics.
- Dedicated staff for Gastroenterology outpatient clinics have improved services for these patients.
- A telephone follow up service has reduced the incidence of patients return visits.
- A Clinical Nurse Specialist initiated nurse led clinics improving the quality of service given to Inflammatory Bowel Disease patients.

Renal Services have driven the progress of integrated renal services in York. The project aims to enhance working practices within the Clinical Governance Framework for the delivery of services and best practice to meet the needs of renal patients. The patient journey has become more streamlined and staff have enjoyed being involved.

The Peritoneal Dialysis Sisters have contributed to a project encouraging staff to shadow other health care professionals within Renal Services promoting different roles and responsibilities of the various members of the multi-disciplinary team.

"Developing dermatology services" is an ongoing project to bring about smarter working practices within the specialty. Nurse managed services across Selby and York have improved waiting times. Training events have been held to improve dermatology services in Primary Care. There have also been improved links/services and training of health care professionals.

Ward 33 York Hospital has an ongoing services development project. This project has improved the way that staff contribute to service developments and has enabled them to have a voice in the way that developments are taken forward. Staff’s working lives have been improved by implementing agreed standards for managing staff. Increases have been made in the amount of training available and delivered to all staff.
Developments in General Surgery and Urology

The directorate has a number of successful collaborations in service improvement that have reshaped and improved patient care. A programme of refining surgical patient flows has been underway for three years with an overarching aim to ensure patients are treated in the right environment:

- A capital scheme is proposed to modernise the surgical ward layout.
- A short-stay 24hr elective inpatient surgery facility has been created and has evaluated very well.
- The Surgical Assessment Unit established in 2000 is to be revamped to provide single sex accommodation and outpatient assessment.
- An integrated care pathway for patients with Colorectal Cancer has been introduced with a Specialist Nurse led clinic. Surgical pre-assessment has increased from 40% to cover over 80% of General Surgery and Urology procedures without a commensurate increase in resources.

Two developments have been recognized with national awards:

The Nurse Enhanced Unit (N.E.U) on ward 16 has been doubled in size into an eight bedded facility. It provides higher level, nurse led care for the more acutely ill patients on the surgical unit. It acts as a step down from the levels of care offered in the Intensive Care /High Dependency environment and a step up in levels of care able to be offered on the surgical wards. The Unit is able to offer this vital service to approximately 50 patients each month.

The Urology department in York has continued it's successful clinical alliance with Harrogate, and was selected as one of fourteen from 155 applicants to be an Action on Urology pilot site. The department will demonstrate improvements in the patient journey, particularly admissions and follow-up processes, develop a cutting edge approach to integrated prostate cancer assessment, and show how extended community based services can be provided at the patient's convenience. Key features of the programme are shorter waiting times for inpatient and outpatient appointments, patient oriented assessment services, and more convenient home-based services. The programme has meant additional investment in services in York, amounting to £170,000 over two years.
Increased Orthopaedic Capacity and Reduced Waiting Times

Following Trust Board approval in July 2002, the Orthopaedic Directorate has developed and tested new ways of working, with the aim of increasing capacity for orthopaedic patients locally. To deliver the required activity, additional investment of just over £1 million has been secured together with the development of new and different ways of working.

There are two main aspects to the plan:

**Phase 1: The development of an Orthopaedic Community Rehabilitation Scheme**

The aim is to reduce the average inpatient length of stay from nine to five days for 75% of joint replacement patients. This began in January 2003 following a pilot in the last three months of 2002.

The scheme’s primary aim is to provide patients who meet strict assessment criteria with the opportunity of a supported discharge and rehabilitation therapy, in their own home environment improving recovery and reducing the risk of Hospital acquired complications. The team includes a physiotherapist, an occupational therapist and a nurse.

- Patients are included in the scheme eight weeks before surgery after a thorough medical, social, and multidisciplinary team assessment, which identifies whether they meet the criteria requirements for the scheme. A post operative rehabilitation programme is devised on an individual patient basis by the physiotherapy staff. Each patient receives physiotherapy in his or her home for up to five days following discharge from hospital or until the tenth post-operative day.

- It is hoped that by providing rehabilitation at home, the patient can enjoy a successful recovery in his or her own environment.

- An emergency 24 hour help line is available for patients, carers, GP's etc to speak to qualified medical/nursing staff regarding any worries/concerns they may have about their orthopaedic condition.

**Phase 2: The appointment of two additional Orthopaedic Consultants**

Two new consultants, Mr Rahul Jain and Mr Adam Budgen, have been appointed and they will assist in reducing the waiting time for routine elective surgery from 12 months to 9 months by March 2004.
Multidisciplinary Orthopaedic Service Team (MOST)

The Multidisciplinary Orthopaedic Service Team (MOST) was established to manage the increasing demand on outpatients for activity and information.

- Informed consent - there is now a requirement for patients to have more information and the opportunity to listen, digest and ask questions. The team act as a resource for patients, their families and health care professionals, using research findings and evidence of best practice to effect improvements in care.
- Provide information and advice, education and training for patients and their relatives/carers.

The duties of the MOST staff include:

- Assessment, referral and treatment of certain conditions against agreed protocols and care pathways, including direct referral to the waiting list.
- Follow up appointments
- Collection of hip and knee audit follow up data
- Referral for future care

Extended Scope Physiotherapist (ESP)
The role of ESP was successfully established by Jon Thompson and this led to the additional appointment of 2 more ESP's Mary Wragg and Liz Foley in 2002/03

Specialist Nurse in Orthopaedic Surgery
Sheila Gray was appointed to this role in September 2002.

Chronic Obstructive Pulmonary Disease Service (COPD)

November 2002 saw the introduction of a Chronic Obstructive Pulmonary Disease Service run by a team of service nurses and a physiotherapist specialising in chest medicine. The aim is to offer specialist support to patients with chronic chest disease who may have been admitted as an inpatient following a deterioration in their condition.

Providing the right level of support has proved that the inpatient stay can be kept to a minimum. Patients are seen by the specialist team as soon as possible after admission. Careful attention from the team with appropriate support means that once stable patients are ready to return home. All patients are then followed up in their homes by a member of the team to ensure that they are adequately supported.

Early indications show that the service is working really well and very positive feedback has been received from patients and carers.

Between November 2002 and April 2003 58 patients were seen by the team and the length of stay for each patient has been reduced by four days with a range of one to eight days.
Elderly Medicine Modern Matron

Mental Health problems often exist alongside physical illness in older patients. Ward 37 serves a very important role by providing 21 beds to assess the needs of patients with both physical and mental health problems but earlier studies showed that almost a third of older patients in York Hospital had significant problems associated with their memory, with depression or with anxiety.

Heather Sweetman Modern Matron pursues the needs of patients with mental health problems within the whole of the Elderly Medicine Directorate. Heather provides advice training and support for directorate staff and ensures Ward 37 takes care of the patients in need of specialist assessment. Heather is also supporting the introduction of the multi-agency policy for protecting vulnerable adults across the whole of the Trust.

Elderly Medical Unit (EMU)

2002/03 was the Elderly Medical Unit's first full year in operation. The Unit is a dedicated area for older people admitted as emergencies with medical conditions. Patients are under close expert nursing and medical care for the important first few hours after admission. Because the unit focuses on the needs of older people, staff can also start planning for safe discharge home by collecting information on how the patient was previously managing. The unit enables early diagnosis so that patients can be moved to the most appropriate ward. For example an older patient with difficulty walking might have a heart problem, severe arthritis, or a fracture. The Elderly Medical Unit is open twelve hours a day, 365 days a year and has played a key role in helping Elderly Medicine manage an increase of 15% in emergency patients.

Three Developments in the Child Health Directorate

Three initiatives have shaped patient care in the Child Health Directorate.

- A successful pilot children's outreach scheme has developed into a children's community nursing team. Funding from Selby and York PCT and York Hospitals Trust has established a small core team of nurses to provide nursing care and support to children and their families in the community.

- A new community nursing team has received additional funding via the New Opportunities Fund. This team will extend its role and make use of different professionals to provide a multi disciplinary bereavement service for those children with life limiting/life threatening illnesses in need of emotional and psychological support in their home.

- A pilot project within school health has led to a more accessible ongoing service benefiting the sexual health needs of young people. The project was aimed at reducing the rate of unintended pregnancies in secondary school age pupils by providing access to emergency contraception and advice from school health nurses within certain schools. The evaluation of the pilot has proved successful.
Innovations in ENT Project

The "Innovations in ENT" project commenced in October 2001 and involves the extension of the Therapist/Professions Allied to Medicine roles when patients attend for initial assessments. There are two key parts:

- The Balance Initiative, involving Physiotherapists and Audiologists with assessment and management of patients with vestibular disorders.
- The Speech and Language Therapy led triage system for those referred with symptoms of dysphonia (hoarseness which could lead to cancer). The main objectives were to improve patient access times, reduce the number of visits and maximise the contribution of non-medical staff.

The results of the Project have been:

- Reduced waiting times from GP referral to clinic appointment (all suspected voice cancer and general referrals are seen within three to four weeks (formerly twelve weeks). The Balance Clinic has reduced waiting times from twenty weeks to three weeks.
- Streamlined number of assessment visits arising from 'one stop' service.
- Freed up Consultant time to assess complicated cases.
- Patient selection of suitable appointments through a Booked Appointment System.

The experiences and outcome of the system feature in the ENT Good Practice Guide issued by the Modernisation Agency to Strategic Health Authorities. Local project managers have been involved in National Steering Committees and over seventy requests for further information have been received from other Trusts. Funding was received from the Modernisation Agency up to March 2003 and future funding is now through the Local Delivery Plan (LDP).

Breast Screening Information Project

Emma Lightfoot, senior radiographer in the breast imaging unit and Janet Flanagan, health promotion specialist advisor of Selby and York PCT have worked together on a project to meet government guidelines for screening women with a learning disability.

A photograph album, depicting the screening process and a breast awareness leaflet have been produced in a more accessible format. These publications allow women to make an informed choice regarding attendance for screening, appropriately prepare them for their appointment and heighten their awareness of their bodies. People First, a local advocacy group for people with a learning disability and local community resource teams for people with a learning disability were approached to provide specialist advice.
Laboratory Medicine Developments

The continued provision of high quality, efficient and effective diagnostic testing services have been at the heart of major changes in Laboratory Medicine over the previous year. Despite the ever increasing workload of tests several major improvements have taken place through the five departments that make up the diagnostic services, and a new £400,000 annex is planned over Pharmacy to address some of the cramped conditions highlighted by the laboratory accreditation process.

**Chemical Pathology** - saw the retirement of Dr Hazel Wilkinson and the arrival of Ahmed Waise as Lead Clinician. The new troponin T testing procedure has helped reduce in-patient stays of patients ruled out of having myocardial infarction.

**Haematology** - the appointment of Blood Transfusion practitioners has been a great benefit, providing a vital link between the laboratory and ward staff, improving communication and education and ultimately reducing clinical risk and improving patient care. The transfusion laboratory will also shortly be fully automated resulting in a huge benefit to patients.

**Cytology** - saw the completion of its new suite of screening rooms and the arrival of a new 10 head teaching microscope. The department continues to progress towards centralisation of cervical cytology services at the Trust and successfully took on the workload of the Harrogate hospital in April 2003 following the success of five trainees passing their screening exams in September 2002.

**Histopathology** - a major refurbishment of the Specimen Dissection Room has provided a much needed safe working environment for both Pathologists and technical staff and shortly an automated immunocytochemistry service is to be introduced to improve cancer diagnostics. Major staffing changes took place through 2002 to address facets of the Trusts ongoing Cancer Plan.

The Mortuary has also undergone a successful major structural reconfiguration to cope with winter pressures on the mortuary service.

**Microbiology** - saw the arrival of Dr Neil Todd and Dr Lakshmi Ragunathan who with Dr Anderson, and the Consultant Microbiologists at Harrogate and Scarborough Hospitals provide a North Yorkshire wide Microbiology service. The additional medical staff have allowed the department to have more direct input to clinical services within the hospital through direct working as part of multidisciplinary clinical teams. To improve access and turnaround times, the Microbiology department has provided an extended hours service and has introduced electronic reporting of results to all users via the Integrated Communications Environment system (ICE). The HIV testing service has also moved to York from Leeds to improve the local service for patients.

The Phlebotomy service saw the development of new blood taking facilities adjacent to outpatients, reducing waiting times for patients requiring phlebotomy.
National Booking Programme
Patients Choice

York has been involved in the National Booking Programme since 2000. The Programme is part of the NHS plan and aims through process redesign to change booking systems so that patients can agree appointments for outpatients, inpatients and day case procedures as well as therapies and x-rays etc.

The Programme covers full and partial bookings. Full booking is used for waits under three months for day case procedures when a quick response is given with an agreed appointment. Other cases are given a partial booking. A letter giving the approximate wait time is forwarded and later the patient chooses an acceptable date.

Day Unit and Endoscopy Unit staff have worked hard to introduce the new procedures for the convenience of patients. The NHS Plan target for day case bookings was 80% by March 2003. York reached 85% and the next target is 100% by March 2004.

Patients choice brings all round benefits. For patients convenient dates are agreed to fit in with their commitments including arrangements for child care. The hospital is able to make better use of staff and theatre time, have less cancellations (including 'do not attends') and less telephone enquiries from patients concerning dates.

Patient Advice and Liaison Service (PALS)

The number of patients, relatives and carers bringing concerns, comments and compliments to PALS is increasing month by month. During the year 2002/03, 801 formal contacts were registered. This figure does not take into account the 'over the counter' signposting, and simple information and advice queries handled by staff. Appointment cancellations, car parking and problems with poor communication are the most frequently logged concerns.

Work is currently underway to develop more robust methods of collating, and presenting data to show comment and concern trends and highlight areas for service improvement and change within directorates.

National core standards have been introduced by the Department of Health for PALS to work towards. York PALS exceed the minimum standard in all aspects and aspire to achieve the maximum standard in all areas.

York Hospital PALS staff operate within a local network and colleagues within the Strategic Health Authority area meet regularly to share training and good practice. Partnerships are also being developed with other health and social care colleagues to assist PALS staff in resolving concerns that cross-organisational boundaries.
Patient experience - National Patient Survey

Results from the two 2003 National Patient Surveys have shown that York has scored significantly better than the national average. The postal surveys aim to discover what patients thought of local Accident and Emergency (A&E) and Outpatient departments.

The surveys revealed that patients in York were impressed by the speed and the manner of treatment. York scored higher than most other trusts on questions about staff, rating them as kind and considerate in keeping patients, and their families informed about their condition or treatment. Patients found staff approachable and reassuring. The clear explanations given about diagnosis and treatment were appreciated. Patients felt confident in the staff’s ability to treat them, reducing the feelings of stress and anxiety that may occur on a visit to hospital.

Written comments provided by patients included:

“All the staff were very patient and polite”.

“I was treated with dignity and respect, and my views were listened to”.

Whilst the outcome from the two patient surveys is good they provide useful comments on where future improvements can be made. Problem areas are being addressed, for example attention is being given to improve information given to patients about their medication in both the emergency department and in outpatient clinics.

Support from volunteers

There are active groups of volunteers providing support in the trust. Volunteers give up their time to provide additional services for patients or fund raise for the Special Care Baby Unit, Intensive Care Unit, Coronary Care Unit, Cancer Care Centre and other departments to provide valuable extra funds. These additional services are appreciated by patients and the Trust gratefully acknowledges this generous support.

The Friends of York Hospitals mark their 50th anniversary in 2003, they provide a number of voluntary services for York Hospitals 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. They also run a number of functions which raise additional funds to enable grants to be made to purchase equipment etc.

The Women’s Royal Voluntary Service operate a tea bar service in the physiotherapy department and previously main entrance at York Hospital. During the redevelopment of the hospitals main reception and main entrance area the service has been provided on a temporary basis and the completion of the development will see a considerable expansion of services provided by the WRVS. Generous donations are received from the WRVS for the purchase of equipment.

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

Visitors to York Hospital will be well aware that the Trust has recently completed significant building works delivering major capital investments:

- Work continued throughout last year on the new clinical building at the rear of the hospital, which opened during the summer of 2003, and provides an integrated eye department, diabetes and endocrinology and medical illustration departments. The space freed up by relocating the existing departments has created the opportunity for further developments in the outpatient service.
- The main entrance to the hospital has been completely transformed, providing an improved environment for patients and staff including more spacious waiting areas and a range of retail units. This was a difficult project, as the hospital had to be kept open whilst the main entrance was rebuilt.

Plans are being drawn up for several significant new developments:

- Two new operating theatres to be added to the existing theatre suite.
- Day surgery to be expanded and the day unit completely refurbished.
- A new head and neck outpatient building, which will free up further space in the outpatient department for redevelopment.
- The NHS cancer plan includes provision for a second CT scanner at York hospital, to be installed during 2004.
- The new opportunities fund is purchasing two catheterisation laboratories for cardiac and vascular procedures; these will be installed during 2003.
- A new building is planned for improved breast screening services.
- An education centre will be built as part of the Hull York Medical School development.
- The refurbishment of some wards and the delivery suite
Clinical Effectiveness - A Revised Approach

With the guidance of the newly appointed Director Sally Casley in October 2002, the Clinical Effectiveness Team encompasses 'the patient journey' across the health and social care community. This new way of working requires individual teams to consider both service and patient outcomes. The Unit is now involved in the business planning process as well as evaluating outcomes, as these measurements need to be planned at the beginning of any service change or development.

Whilst the term 'Clinical Effectiveness' has been seen as an activity associated with clinical audit, it is a key function which underpins clinical governance. The Unit has now defined its function under eight key areas, as described in Clinical Effectiveness - A Strategic Approach, and approved by the board in spring 2003. Copies of this paper can be obtained from the Chief Executive Office or directly from the unit.

Clinical Governance

In November 2002 the Department of Health issued new guidance, which formalised the annual reporting and planning processes for Clinical Governance. Its main purpose is to;

- Avoid duplication by harmonising current Commission for Health Improvement (CHI) clinical governance review processes and NHS clinical governance reporting processes and setting out a common terminology for all clinical governance reporting
- Harmonise the clinical governance reporting processes with data requirements for performance ratings
- Identify the arrangements for new Strategic Health Authorities (StHAs)
- Align clinical governance reporting processes with the new planning framework, to ensure that Local Delivery Plans take account of plans to improve clinical governance and the quality and safety of patient care.

In response York Hospitals Trust has developed a new Clinical Governance Framework. This Framework brings together all elements of Clinical Governance and Performance activity, it will be used as a 'tool' to determine Clinical Directorates Clinical Governance Priorities and to develop the Annual Clinical Governance Report.

The Framework enables Clinical Governance activities to be mainstreamed within the Trust and allows for progress to be monitored through the existing Performance Management process.
Staff Working and Learning Together

This section highlights how staff work and learn together. In that connection we have the opening of the new Hull York Medical School in September 2003. This has involved considerable "Working and learning together".

Working and learning together is vital if we are to successfully achieve service change that benefits the patient.

Core Values

- PATIENTS AND CARERS
- SERVICES
- STAFF

Learning from complaints

Whilst the number of complaints is far outstripped by the number of commendations, their value as a measure of how we care for our patients and in identifying areas where we can change and improve our services remains as important as ever. During the year the Trust received more than 4000 letters of thanks, gifts and expressions of appreciation of our staff and services.

Complaints are also a rich source of learning and training for Trust staff. A way to learn from complaints is to identify problems and remedy them through education. This heightens everyone's awareness of where things can go wrong and hopefully stops mistakes being repeated.

This positive approach has been taken with the 361 complaints this year. This figure, although slightly less than last year's total of 372, does not include complaints about Mental Health services which transferred to the Selby and York Primary care Trust in April 2002. 350 were resolved by local resolution through written communication or with meetings arranged with the complainant and the key staff involved. The remaining 11 requested independent review of which four needed no further action,

four were re-referred for local resolution, one was withdrawn and two requests remain outstanding.

Of the 361 complaints received this year, 69% were dealt with inside the nationally set time limit of 20 working days, an improvement on the previous year (60%).

Although many complaints are about clinical care, 16% are about staff attitudes and the way our staff talk with patients. This has led to training based around anonymous case studies so staff can understand the patient's perspective.

The Trust has an open approach to complaints and we encourage staff to try and deal with patients' concerns and problems immediately, tackling issues as and when they happen.

Our patient advice and liaison service (PALS) is now well established in the main entrance at York Hospital. The team offer help to patients, relatives and the public in making suggestions and comments, giving advice and support as well as information about Trust services.
Many of the people who complain to the NHS do so to obtain an assurance that action will be taken by the Trust to prevent a repetition of the event that caused the complaint. We are committed to learning from complaints and after each complaint investigation we examine what specific actions we need to take to reduce the risk of a similar event happening again. Individual action plans are often agreed and discussed with complainants as part of our response to the complaint. Some examples of the specific actions and service improvements introduced in the last twelve months are given below.

- A range of frozen kosher meals are now held in stock and are available upon request. Additionally, cultural awareness training is being introduced for ward and catering staff.
- Free parking tickets are given to patients regularly attending the anti-coagulant clinic before 10.00 am.
- A new system of managing elderly outliers on other wards has been established.
- New guidance has been produced on pain management.
- There has been a change in practice relating to the despatch of copy letters to GPs.
- Improved monitoring of delayed discharges has been introduced.
- A review of operation scheduling during outbreaks of infections/Norwalk virus.
- A review of the breast-feeding policy has been undertaken and a new policy is in place concerning the use of food charts for new born babies.

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**Core Values**

- PATIENTS AND CARERS
- SERVICES
- STAFF

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**Staff Consultation and Involvement**

The Trust continues to develop its arrangements for staff consultation and involvement. The current formal arrangements consist of a number of consultative committees as detailed below.

- **Directorate Consultative Committees**
- **Local Pay Forums**
- **Health & Safety Committee**
- **Joint Management Staff Committee**

Notable consultations have included the removal of the Bank Holiday status from the Tuesdays following Spring and Summer Bank Holiday Mondays, which has led to a significant improvement in the Trust’s ability to deliver services.

Work has commenced on a review of staff involvement and partnership working, which will include an appraisal of the current consultative arrangements. This is seen as being of great importance in relation to the NHS Pay Modernisation project, “Agenda for Change.”

The Trust measures much of its progress on a variety of issues through an annual staff survey. The most recent survey includes a number of areas of notable improvement, for example, communication, awareness of the Trust’s consultative arrangements and work-life balance. A number of areas have been identified for action over the next 12 months, such as Individual Development Review and Personal Development Plan training, improving staff consultation mechanisms and the introduction of new training and development courses covering leadership, motivation, team building and communication skills.
Improving Working Lives Initiatives

Work to encourage flexible working has been ongoing for example, part-time hours, job sharing, flexi-time and term-time working. The Trust also needs to ensure that it now complies with recently introduced legislation relating to the response to staff who are eligible to make a formal request for flexible working.

An integral part of flexible working is that of childcare. A Childcare Co-ordinator has recently been appointed in conjunction with Selby and York Primary Care Trust and Norwich Union Life.

It is continually important to the Trust that in being able to recruit and retain staff we acknowledge the importance of ensuring work-life balance provisions in general through the NHS “Improving Working Lives” initiative. Mention was made last year of work to achieve the second stage of this, which was that of gaining practice status. It is pleasing to be able to report that the Trust was one of the first nationally to achieve such status. The planning of work necessary to reach the highest standard of practice plus is now underway.

Equality

The Trust's approach, based on both legislative requirements and the pursuance of good practice, has continued to be adopted in relation to equal opportunities. The Trust sees the clear connections between good relations and equality of opportunity. It is committed to promoting good relations between staff and service users of differing religious beliefs, political beliefs, sexual orientation, ability or disability, age or racial group. The Trust's diversity strategy aims to address all of these. Particular note should be made of the introduction of the Trust's Race Equality Scheme, which complies with the requirements of the Race Relations (Amendment) Act, 2001, and continued involvement with the City of York multi-agency Racial Harassment Strategy Group.

The creation of a Disability Equal Access Group has provided a focus to review progress against all aspects of the Disability Discrimination Act. As far as employment related matters are concerned, a specific requirement of the Act relating to the making of “reasonable adjustments,” where circumstances indicate that such adjustments should be considered, has highlighted the necessity to ensure that a central monitoring system is in place. In terms of both race and disability, a review of the Trust's current approach to training is planned, with particular emphasis being placed on the differing level of training required across various groups of staff.
Hull York Medical School (HYMS)

HYMS is a brand new venture in education, establishing York Hospital as a major teaching centre for trainee doctors from September 2003. Over 100 medical students each year will learn the fundamentals of medicine at York Hospital when HYMS is fully operational, providing a dynamic opportunity for staff and students to learn and develop together. Enhanced teaching and research opportunities enrich job plans and helps to recruit and retain high quality staff. Training medical students in York will extend the pool of junior doctors from which the Trust can recruit in future, and as other medical schools have found, many doctors on graduation stay in the region they were trained in. Rajan Madhok, Medical Director for North and East Yorkshire and Northern Lincolnshire Health Authority aims to ensure that HYMS is a catalyst for local service change:

"I believe passionately that HYMS can drive standards up across the region and ensure more equitable services throughout. I think that the HYMS curriculum offers the opportunity to reconfigure services, to make them more patient centred. For instance in services to help people stop smoking, - it may be possible to equip students early in their training to work in such a service, but at the same time they would continue to learn, developing their skills in communication, empathy and so on."

The medical school will raise funds to support local students who are financially disadvantaged, and has already delivered on its policy objective to recruit proportionally more local students. HYMS will also add to the workforce in York Hospital, attracting high quality healthcare staff to work in the hospital, and promote the desire to demonstrate best practice in the subjects under study. The Trust will have significant opportunities to develop its research portfolio, improving its reputation and profile. New socially useful knowledge in medicine, health and healthcare will be produced, and our capacity and contribution to local, national and international research endeavours will be enhanced. HYMS will also result in an increase in research revenue between Hull and York Hospitals, predicted to rise from £0.7m currently to £2m within two years.
Health & Safety Committee

2002 was an important year for the trust health & safety committee, seeing it re-energised and the membership more than double.

The committee's main objective is to aid communication on all health and safety matters within the trust. It meets bi-monthly, and is jointly chaired by the Director of Nursing and the nominated union chair on an alternating basis.

The committee's responsibilities include:

- The study of accident statistics and trends, particularly in relation to the 'Revitalising Health & Safety' targets, which include the following reductions:
  - violent incidents by 30% by April 2004
  - musculoskeletal injuries by 12% by 2004
  - incidents of work-related stress by 20% by 2010.
- The examination and analysis of safety audit reports, both those conducted internally and externally, including the recent successful inspection and report by the Health and Safety Executive in April 2003.
- Consideration of reports or information on health & safety matters introduced by safety representatives from local areas/directorates.
- Communication about Trust wide health and safety issues via safety representatives following discussions at the committee.

Recent agenda items have included: Briefing the committee on how health and safety fits into the wider trust risk management strategy; the introduction of the new radiation risk assessments, along with new local rules for both the porters and nursing staff; the introduction of the generic latex assessment and how it will work in practice and issues surrounding hot water and scalding on the wards.
Research Activity

The Trust continued to expand its portfolio of research activity over the past year, building on existing strengths in non-commercial and commercial projects with multidisciplinary collaborative work supported by NHS R&D Priorities and Needs funding arrangements. In addition to work initiated in the Trust, a high level of participation in multi-centre projects continued. In the year starting April 2002, 130 projects active in York were included on the National Research Register.

The Trust co-ordinates a multi-organization Priorities & Needs programme of research on primary care interventions for mental health problems of older people. This collaboration is centred on the academic and NHS partners of the Hull York Medical School, with a wider network of academic collaborators including the Universities of Bradford and Durham. Via its connections with NHS and academic partners in Hull, the programme is linked to a Europe-wide network of researchers in the field of dementia.

The Trust is also an active participant in the following Department of Health recognized collaborations:

- Yorkshire Cancer Research Network (YCRN)
- Elderly Care and Stroke programme
- Evaluating New Mental Health Services
- Assessment and interventions in long-term childhood emotional and developmental difficulties
- Psychological therapies in health service settings

Appointments

With financial support from the NHS YCRN, the R&D Department has appointed a Cancer Research Officer to focus on in this national priority area. The creation of this post will consolidate and promote important local work on the YCRN portfolio of clinical trials. The primary aim of this initiative is to increase opportunities for York cancer patients to participate in appropriate studies.

Staff Learning

The R&D Department continues its education programme, approved by the Royal College of Physicians for its Continuing Professional Development scheme, with regular courses on investigative methods, statistics, literature searches, ethics and research governance. Our growing reputation for the delivery of high-quality training is reflected by recent invitations to hold sessions for the NHS Central Office for Research Ethics Committees, the NHS Centre for Reviews and Dissemination and Harrogate Health Care NHS Trust.

Advisory Services

The R&D Department’s advisory services for researchers are well attended. In particular, the weekly statistical advice sessions provided by Dr Jeremy Miles from the University of York’s Department of Health Sciences have often been fully booked.
Shaping Patient Care

A multidisciplinary team from the Trust’s R&D Department, the University of Durham, the College of York St John and the local authorities in Durham and York is investigating the effect on depression of an occupational therapy intervention in residential homes for the elderly. The Care Home Activity Project, supported by a £285,000 award from the PPP Foundation, has been widely reported in the local and regional press, with interim results already suggesting promising outcomes in respect of enhanced quality of life, which could be used to influence national policy.

The Critical Care Outreach Study has been carried out over the past two years by a multidisciplinary team of nurses, critical care specialist anaesthetists and R&D Department staff, with support from the York Innovation Research Fund (IRF). In what is believed to have been the only study of its type in the country, a ward-randomized trial of the phased introduction of the Trust’s nurse-led Critical Care Outreach Service showed significant benefits for patients. At the time of writing, an article has been submitted for publication in a major medical journal.

The IRF has awarded the following new grants during the year:

- Jennings PE, Atkin SL, Albertazzi P. Effect of phytoestrogen tablet supplementation on cardiovascular risk indices in postmenopausal women with type two diabetes
- Wright B, Young AW, Williams C, Nation K. Social perception and recognition of emotion in people with autism spectrum disorders

An earlier IRF grant has been used to support research on an educational intervention in the management of diabetes. Multidisciplinary investigators from the Trust are collaborating with researchers from the University of York and Selby and York PCT and are due to report the results of their study later this year.

Governance

The R&D Department continues to build on its previous advances in quality assurance to ensure that the Trust is fully compliant with the Research Governance Framework for Health and Social Care (RGF). Ongoing implementation of the RGF over the year still exceeds minimum timetable and milestones requirements. The recent appointment of a research governance monitor to audit research activity at the Trust will allow the R&D Department to target its support services more effectively reducing risk and increasing quality research output.
# Year at a glance

## 2002/03

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<thead>
<tr>
<th>Service</th>
<th>Units</th>
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<tbody>
<tr>
<td>In-patient &amp; Day Cases</td>
<td>66,074</td>
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<tr>
<td>Patients attending ward for treatment</td>
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<tr>
<td>Out-patient attendances</td>
<td>229,578</td>
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<tr>
<td>Accident &amp; Emergency attendances</td>
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<tr>
<td>Physiotherapy (new out-patients)</td>
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<td>Patient contacts in the community</td>
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<td>Pathology (patient requests)</td>
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<tr>
<td>(test sets)</td>
<td>2,039,946</td>
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<tr>
<td>Radiology (examinations)</td>
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<tr>
<td>Income</td>
<td>£125.5m</td>
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<tr>
<td>Surplus/ (deficit)</td>
<td>£0.001m</td>
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<tr>
<td>Staff employed (average number)</td>
<td>3618</td>
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<tr>
<td>Staff employed (whole time equivalent)</td>
<td>2925</td>
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## Board of Directors

**Alan Maynard, BA, B.Phil, age 58**

**Kate Ormond, BA, MA, age 56**

**Sally Baldwin, MA, Dip.SOC Admin, D.Phil, age 62**
Keith Jukes, †* BA, age 49

Nancy Muratroyd, †* age 54

Steve Whitehead, †* BSc, age 51

Simon Pleydell, BA, MHSM, Dip HSM, age 44

Patrick Crowley, age 45

Michael Porte, MA, FRCS, FRCR, age 44

Mike Proctor, BSc (Hons), RN, age 46
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 56

Elizabeth McManus, RN, age 36
Associate Director since June 2003 Operational Services Director. Previous posts in NHS nursing and management since 1985. Lives in Thorner, West Yorkshire.

Peta Hayward BSc (Hons), MCIPD age 32
Associate Director since July 2003 Director of Human Resources. Previous post Assistant HR Director at Birmingham Heartlands and Solihull NHS Trust (Teaching). Relocating to the York area.

† Member of the Remuneration Committee
* Member of the Audit and Assurance Committee
# Trust Structure

## Chief Executive's Office

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Jim Easton</td>
<td>Chief Executive</td>
<td>725067</td>
</tr>
<tr>
<td>(commenced September 2003)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>George Wood</td>
<td>Deputy Chief Executive</td>
<td>725231</td>
</tr>
<tr>
<td>Dr Michael Porte</td>
<td>Medical Director</td>
<td>725073</td>
</tr>
<tr>
<td>Brian Golding</td>
<td>Head of Capital Planning</td>
<td>725149</td>
</tr>
<tr>
<td>Graham Sheath</td>
<td>Senior Project Manager</td>
<td>725143</td>
</tr>
<tr>
<td>Vanessa Bradbury</td>
<td>Project Manager</td>
<td>725138</td>
</tr>
<tr>
<td>Eric Johnston</td>
<td>Commercial Services Manager</td>
<td>725148</td>
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<tr>
<td>(Simon Playdell resigned August 2003)</td>
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## Operational Services Directorate

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Elizabeth (Libby) McManus</td>
<td>Director of Operational Services</td>
<td>725224</td>
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<tr>
<td>(commenced 4 June 2003)</td>
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</tr>
<tr>
<td>Elaine Criddle*</td>
<td>Head of Modernisation</td>
<td>725153</td>
</tr>
<tr>
<td>Ray Ward</td>
<td>Deputy Operational Services Director</td>
<td>726173</td>
</tr>
<tr>
<td>Steve Athey</td>
<td>Pharmaceutical Services Manager</td>
<td>725581</td>
</tr>
<tr>
<td>Dot Wagstaff</td>
<td>Physiotherapy Services Manager</td>
<td>725072</td>
</tr>
<tr>
<td>Anne Robinson</td>
<td>Nutrition &amp; Dietetic Manager</td>
<td>725268</td>
</tr>
<tr>
<td>Lilian Watson</td>
<td>Head of Patient Access</td>
<td>725796</td>
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<td>(Susan Acott resigned March 2003)</td>
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## Trust Wide Service Directorates

### Facilities and Purchasing

<table>
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<th>Name</th>
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<tr>
<td>Danny Morgan</td>
<td>Director of Facilities</td>
<td>725054</td>
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<tr>
<td>David Taylor</td>
<td>Maintenance Services Manager</td>
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</tr>
<tr>
<td>John Rawcliffe</td>
<td>Assistant Director Purchasing</td>
<td>725657</td>
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<tr>
<td>Peter Lamb</td>
<td>Medical Equipment Manager</td>
<td>726331</td>
</tr>
<tr>
<td>Penny Lawrence</td>
<td>Estates Projects Manager</td>
<td>725366</td>
</tr>
<tr>
<td>Patrick Otway</td>
<td>Assistant Director Supplies Operations</td>
<td>725061</td>
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<td>(commenced September 2002)</td>
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## Finance And Performance Management

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<th>Name</th>
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<tr>
<td>Patrick Crowley</td>
<td>Director of Finance</td>
<td>725223</td>
</tr>
<tr>
<td>Robert Chapman</td>
<td>Deputy Director of Finance</td>
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</tr>
<tr>
<td>Sheila Wilson</td>
<td>Assistant Director (Corporate Finance)</td>
<td>725080</td>
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<tr>
<td>Graham Lamb</td>
<td>Assistant Director (Financial Management and Planning)</td>
<td>725039</td>
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<tr>
<td>Sue Rushbrook*</td>
<td>Head of Department, Systems &amp; Network Services</td>
<td>725001</td>
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<tr>
<td>(Stephen Yuson retired September 2002)</td>
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<tr>
<td>Jill Sykes</td>
<td>Assistant Director (Commissioning)</td>
<td>725044</td>
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<tr>
<td>Fiona Jamieson</td>
<td>Deputy Director (Performance &amp; Information)</td>
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<tr>
<td>Peter Green</td>
<td>Senior Performance Analyst</td>
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## Human Resources

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<th>Name</th>
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<tr>
<td>Peta Hayward</td>
<td>Director of Human Resources</td>
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<tr>
<td>Jacqueline Gilley</td>
<td>Deputy Director of Human Resources</td>
<td>725327</td>
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<tr>
<td>Andrew Gilley</td>
<td>Assistant Director</td>
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<tr>
<td>Canon Bob Rogers</td>
<td>Occupational Health</td>
<td>725579</td>
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<tr>
<td>Teresa Elliott</td>
<td>Training Manager</td>
<td>725214</td>
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<td>(commenced July 2003)</td>
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<tr>
<td>Liz Oldfield-Beechey</td>
<td>Leadership Development Manager</td>
<td>725330</td>
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<tr>
<td>Anne Devaney</td>
<td>Library Manager</td>
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## Nursing and Risk Management

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<tr>
<td>Michael Proctor</td>
<td>Director of Nursing</td>
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<tr>
<td>Michelle Carrington</td>
<td>Practice Development Coordinator</td>
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<tr>
<td>Penny Goff</td>
<td>Assistant Director (Complaints &amp; Patient/Public Involvement)</td>
<td>725137</td>
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<tr>
<td>Mike Harvey</td>
<td>Assistant Director of Nursing/ Directorate Manager Anaesthetics</td>
<td>725281</td>
</tr>
<tr>
<td>Vicki Parkin</td>
<td>Senior Infection Control Nurse</td>
<td>725730</td>
</tr>
<tr>
<td>Elaine Miller</td>
<td>Assistant Director (Risk and Legal Services)</td>
<td>72513</td>
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<tr>
<td>(commenced September 2003)</td>
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# Directorate Structure

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<tr>
<td>Medical Specialties</td>
<td>Dr David Worth</td>
<td>General Medicine</td>
<td>Andrew Bertram</td>
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<td>Rheumatology</td>
<td>Tel: 725041</td>
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<td>Renal Medicine</td>
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<td>Respiratory Medicine</td>
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<td>Cardiology</td>
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<tr>
<td>Medicine for the Elderly</td>
<td>Dr David Heseltine</td>
<td>General Surgery</td>
<td>Lucy Connolly</td>
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<td>Tel: 725607</td>
<td>Urology</td>
<td>Tel: 725608</td>
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<tr>
<td>General Surgery and Urology</td>
<td>Mr David Alexander</td>
<td>Otolaryngology</td>
<td>Robert McEwan</td>
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<td></td>
<td>Tel: 725609</td>
<td>Ophthalmology</td>
<td>Tel: 725051</td>
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<tr>
<td>Head and Neck Specialties</td>
<td>Mr Andrew Grace</td>
<td>Maxillofacial Surgery</td>
<td>Neil Wilson</td>
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<td>Tel: 725611</td>
<td>Orthodontics</td>
<td>Tel: 725210</td>
</tr>
<tr>
<td>Orthopaedics and Trauma</td>
<td>Mr Ian Whitaker</td>
<td>Accident &amp; Emergency</td>
<td>Maggie MacRae</td>
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<td></td>
<td>Tel: 725615</td>
<td>Orthopaedics</td>
<td>Tel: 726764</td>
</tr>
<tr>
<td>Women's and Sexual Health</td>
<td>Mr Adrian Evans</td>
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<td>Jen Slaughter</td>
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<tr>
<td></td>
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<td>Tel: 725618</td>
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<tr>
<td>Child Health</td>
<td>Dr Rob Smith</td>
<td>Anaesthesics</td>
<td>Margaret Jackson</td>
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<td>Critical Care</td>
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<tr>
<td>Anaesthetics</td>
<td>Dr Phil Moss</td>
<td>Radiology:</td>
<td>Jen Slaughter</td>
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<td>Breast Screening</td>
<td>Mike Harvey</td>
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<tr>
<td>Clinical Support Services</td>
<td>Dr Tony Bowker</td>
<td>Laboratory Medicine:</td>
<td>Nigel Marsh</td>
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<td>Biochemistry</td>
<td>Head Biomedical Scientist</td>
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<td>Cytology</td>
<td>Gary Barker</td>
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<td>Histopathology</td>
<td>Trevor Hair</td>
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<td></td>
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<td>Microbiology</td>
<td>Tel: 725853</td>
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<tr>
<td>Research and Development</td>
<td>George Wood</td>
<td>Biochemistry</td>
<td>Christopher Sleight</td>
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<td>Cytology</td>
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<tr>
<td>Clinical Effectiveness Unit</td>
<td>Sally Casley*</td>
<td>Haematology</td>
<td>Steven Mackell</td>
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</tr>
<tr>
<td>Post Graduate Medical</td>
<td>Dr Jonathan Thow</td>
<td>Microbiology</td>
<td>Mara Ajder</td>
</tr>
<tr>
<td>Education</td>
<td>Tel: 726143</td>
<td></td>
<td>Tel: 725859</td>
</tr>
</tbody>
</table>
Our Organisational Values

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

**PATIENTS AND CARERS** - MEETING THE NEEDS AND PREFERENCES OF PATIENTS AND CARERS IS AT THE CENTRE OF EVERYTHING WE DO:

- 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

**SERVICES** - WE CONTINUALLY SEEK TO IMPROVE OUR SERVICES AND ASPIRE TO EXCELLENCE

- 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

**STAFF** - TO ACHIEVE EXCELLENCE WE WILL SUPPORT AND VALUE EACH OTHER

- 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 "bed-rock" 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.
Report of The Finance Director

The Trust achieved a satisfactory financial performance for the year ended 31 March 2003, with a small overall surplus on income and expenditure. This position has been achieved through the planned slippage and deferral against development reserves and other provisions, together with a capital to revenue transfer of £200,000 and non recurring support of £800,000 from the North & East Yorkshire and Northern Lincolnshire Strategic Health Authority, to help offset a significant underlying commissioning gap, brought forward from the previous year.

This funding gap also affects 2003/4, and the Trust is continuing to work closely with the Selby and York Primary Care Trust (PCT) and the Strategic Health Authority to finalise a strategy which will provide for a stable future financial position for the Trust.

It should be noted that Mental Health Services transferred from the Trust to the Selby and York PCT on 1st April 2002, and this affects many of the prior year comparison figures.

<table>
<thead>
<tr>
<th>Financial Position at a Glance</th>
<th>2002/03 £Million</th>
<th>2001/02 £Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Income</td>
<td>125.5</td>
<td>130.5</td>
</tr>
<tr>
<td>Operating Expenditure</td>
<td>120.8</td>
<td>125.7</td>
</tr>
<tr>
<td>Operating Surplus (before interest &amp; dividend payment)</td>
<td>4.7</td>
<td>4.8</td>
</tr>
<tr>
<td>Capital Expenditure</td>
<td>10.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>95.6</td>
<td>90.1</td>
</tr>
<tr>
<td>Return on Value of Capital Assets</td>
<td>6.1%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Income

Income for the year totalled £125.5 million, a net decrease of £5 million (2.4%) over 2001/02 following the transfer of Mental Health Services. The majority of this income arose from service agreements with Primary Care Trusts (£109.2 million), with £0.9 million from private patients, and the balance of income (£15.4 million) resulting from the provision of various non-clinical services to other organisations and individuals.

The Trust received additional income towards the costs of treating an increased number of patients, meeting waiting list targets, and other service developments, as well as the costs of pay awards and price inflation during the year.
Expenditure

Operating expenditure for the year totalled £120.8 million, a decrease of £4.9 million over 2001/02, following the transfer of Mental Health Services. Of the total expenditure, £77.6 million (64.3%) was for staff pay, and the remainder for other day-to-day costs and providing for depreciation on the Trust’s assets.

How each pound was spent

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.

These are:

- **Balancing income and expenditure**
  A surplus of £9000 was achieved.

- **A 6% rate of return on the value of its capital assets**
  A 6.1% rate of return was achieved

- **Not exceeding its capital resource limit**
  An undershoot of £33,000 (3.8%) was achieved. This amount will be carried forward and added to the 2003/4 limit.

- **Not exceeding its borrowing limit**
  This limit was overshot by £15,000, (0.4%) after adjusting for cash held on behalf of patients. This amount will be deducted from the 2003/4 limit.
Capital Investment

The Trust invested £10.2 million on a number of capital projects during 2002/03. At the end of 2002/03, the value of the Trust's fixed assets amounted to £95.6 million, following the transfer of assets valued at £9.4 million to the Selby and York PCT.

During the year, work continued on the new Clinical Building facility to provide Diabetes and Ophthalmology Services at York Hospital with the facility handed over in July 2003. This is the first phase of the redevelopment of surgical services scheme with a total value of £17 million.

The Trust also invested a significant amount in the renewal of electrical infrastructure services across the site to support planned developments over coming years.

Work progressed on the redevelopment of the main entrance reception and outpatients waiting area of York Hospital together with the introduction of retail facilities. This scheme was completed in August 2003, and is entirely financed by the retail developer.

In the autumn of 2002 the Trust appointed First Management Group as preferred partner to work with the Trust in the development of a new raised deck car park in the grounds of York Hospital, under the private finance initiative.

Codes of Business Conduct and Accountability

The Trust's Audit Committee was established in 1994 in accordance with NHS Corporate Governance guidance. The role of the Audit Committee is to ensure that the Trust's activities are lawful and that effective internal control is maintained. The Members of the Committee are the non-Executive Board Directors chaired by Mrs Nancy Murgatroyd, and the Committee meets four times a year.

The Chief Executive, Director of Finance, Deputy Chief Executive, Chief Internal Auditor and the Trust's External Auditors, PricewaterhouseCoopers also attended.

Value for Money reports reviewed during the year included NHS Plan Implementation, and Data Quality, and a number of data collection exercises were initiated, as part of the Acute Hospitals Audit Portfolio.

Statement of Compliance with NHS Senior Managers Pay Policy

The Trust has complied with the pay policy of the Chief Executive of the NHS Executive, by ensuring that pay rises for Board and Senior Managerial staff fell within the maximum permitted level of 3.6% in 2002/03.

Management Costs

<table>
<thead>
<tr>
<th>Management Cost</th>
<th>£4,954,000</th>
<th>Management costs represent 3.7% of income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>£125,506,000</td>
<td></td>
</tr>
</tbody>
</table>
Prior Period Adjustment

In 2002/03, new accounting guidance was introduced for NHS organisations, that required the Trust to make a prior period adjustment, to bring the accounting for pre 6 March 1995 early retirements in line with that for post 6 March 1995 early retirements. The effect of the adjustment was to establish a provision for the forecast remaining liability which has had the effect of reducing the Income and Expenditure Reserve by £390,000. Where the liability had already been bought out the prepayment has been written out of the accounts, which has had the effect of reducing the Income and Expenditure Reserve by £125,000. The accounts for 2002/03 have been restated to reflect these adjustments.

Summarised Financial Statements

The following pages show summarised financial information from the Trust’s Annual Accounts for 2002/03, with a separate section concerning the Trust’s Charitable Funds. The summarised financial information includes details of directors’ remuneration, 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, Park House, Wigginton Road, York YO31 8ZZ.

Patrick Crowley
Director of Finance
July 2003

Independent Auditors’ Report To The Directors Of York Hospitals NHS Trust On The Summary Financial Statements

We have examined the summary financial statements of York Hospitals NHS Trust set out on pages 37 to 42.

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 of York Hospitals NHS Trust 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 of York Hospitals NHS Trust are consistent with the statutory financial statements of the trust for the year ended 31 March 2003 on which we have issued an unqualified opinion.

PricewaterhouseCoopers LLP
Benson House
33 Wellington Street
Leeds
LS1 4JP

7th August 2003
Statement On Internal Control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation’s objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation’s objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

The actions taken so far by the Trust include:

- A self-assessment exercise has been undertaken against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps.
- Arrangements are in place to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.
- An overall improvement of 11% in its compliance with the controls assurance standards has been achieved. This is in line with targets agreed by the Board.
- A risk management strategy has been agreed and implemented, which includes reporting on risk to the Board.
- A dynamic corporate risk register is under development.

In addition to the actions outlined above, in the coming year it is planned to:

- provide risk awareness training for key staff quarter 1-4 2003/04
- formally constitute a Governance Committee quarter 2 2003/04
- attain 100% compliance with the core standards quarter 4 2003/04
- develop an assurance framework and refine the links between objectives, risks and controls recorded in the risk register quarter 1-4 2003/04
- develop arrangements for obtaining and coordinating assurances quarter 3 2003/04

Simon Pleydell
Chief Executive Officer
July 2003
(on behalf of the board)
<table>
<thead>
<tr>
<th></th>
<th>2003 £000</th>
<th></th>
<th>2002 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Restated</td>
<td></td>
</tr>
<tr>
<td>Income from activities</td>
<td>113,162</td>
<td></td>
<td>122,302</td>
</tr>
<tr>
<td>Other operating income</td>
<td>12,345</td>
<td></td>
<td>8,262</td>
</tr>
<tr>
<td>Operating expenditure</td>
<td>(120,797)</td>
<td></td>
<td>(125,733)</td>
</tr>
<tr>
<td>Operating Surplus</td>
<td>4,710</td>
<td></td>
<td>4,831</td>
</tr>
<tr>
<td>Exceptional gain on write-out</td>
<td>3,508</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of clinical negligence provisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exceptional loss on write-out</td>
<td>(3,508)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of clinical negligence provisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profit (Loss)on disposal of</td>
<td>(8)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>fixed assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus before Interest</td>
<td>4,702</td>
<td></td>
<td>4,832</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>265</td>
<td></td>
<td>267</td>
</tr>
<tr>
<td>Interest payable</td>
<td>(46)</td>
<td></td>
<td>(32)</td>
</tr>
<tr>
<td>Surplus for the financial year</td>
<td>4,921</td>
<td></td>
<td>5,067</td>
</tr>
<tr>
<td>Public Capital Dividend payable</td>
<td>(4,912)</td>
<td></td>
<td>(5,060)</td>
</tr>
<tr>
<td>Retained Surplus for the year</td>
<td>9</td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>
## Balance Sheet as at 31 March 2003

<table>
<thead>
<tr>
<th></th>
<th>2003 £000</th>
<th>2002 £000 Restated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>175</td>
<td>101</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>95,457</td>
<td>89,953</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>95,632</td>
<td>90,054</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>1,563</td>
<td>1,436</td>
</tr>
<tr>
<td>Debtors</td>
<td>5,927</td>
<td>4,668</td>
</tr>
<tr>
<td>Cash</td>
<td>259</td>
<td>368</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,749</td>
<td>6,472</td>
</tr>
<tr>
<td><strong>Creditors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due within one year</td>
<td>(9,836)</td>
<td>(8,332)</td>
</tr>
<tr>
<td><strong>Net Current (Liabilities)</strong></td>
<td>(2,087)</td>
<td>(1,860)</td>
</tr>
<tr>
<td><strong>Total Assets less Current Liabilities</strong></td>
<td>93,545</td>
<td>88,194</td>
</tr>
<tr>
<td><strong>Creditors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due after more than one year</td>
<td>(90)</td>
<td>(130)</td>
</tr>
<tr>
<td>Provisions for Liabilities and Charges</td>
<td>(680)</td>
<td>(662)</td>
</tr>
<tr>
<td><strong>Total Assets Employed</strong></td>
<td>92,775</td>
<td>87,402</td>
</tr>
</tbody>
</table>

### Financed by:
- Capital and Reserves
- Public dividend capital
- Revaluation reserve
- Donation reserve
- Income and expenditure account

<table>
<thead>
<tr>
<th></th>
<th>2003 £000</th>
<th>2002 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Capital and Reserves</strong></td>
<td>92,775</td>
<td>87,402</td>
</tr>
</tbody>
</table>

---

Simon Pleydell  
Chief Executive Officer  
July 2003  
(on behalf of the board)
### Statement of Total Recognised Gains and Losses
for the year ended 31 March 2003

<table>
<thead>
<tr>
<th></th>
<th>2003 £000</th>
<th>2002 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the financial year</td>
<td>4,921</td>
<td>5,067</td>
</tr>
<tr>
<td>Unrealised surplus on revaluation &amp;</td>
<td>9,381</td>
<td>2,689</td>
</tr>
<tr>
<td>indexation of fixed assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in donation reserve due to</td>
<td>151</td>
<td>192</td>
</tr>
<tr>
<td>receipt of donated assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation of donated assets</td>
<td>(155)</td>
<td>(147)</td>
</tr>
<tr>
<td>Transfer of donated assets to the</td>
<td>0</td>
<td>(290)</td>
</tr>
<tr>
<td>Selby and York PCT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Gains and Losses Recognised</td>
<td>14,298</td>
<td>7,511</td>
</tr>
<tr>
<td>Prior period adjustment - Pre-95</td>
<td>(515)</td>
<td>0</td>
</tr>
<tr>
<td>early retirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Gains and Losses Recognised</td>
<td>13,783</td>
<td>7,511</td>
</tr>
<tr>
<td>in financial year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cash Flow Statement for the year ended 31 March 2003

<table>
<thead>
<tr>
<th></th>
<th>2003 £000</th>
<th>2002 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Cash Inflow from Operating Activities</td>
<td>9,180</td>
<td>11,529</td>
</tr>
<tr>
<td>Interest received</td>
<td>265</td>
<td>267</td>
</tr>
<tr>
<td>Interest paid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net Cash Outflow from Returns on</td>
<td>265</td>
<td>267</td>
</tr>
<tr>
<td>Investments and Servicing of Finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital payments</td>
<td>(9,876)</td>
<td>(3,870)</td>
</tr>
<tr>
<td>Receipts from sale of fixed assets</td>
<td>9,379</td>
<td>13,152</td>
</tr>
<tr>
<td>payments to acquire intangible fixed assets</td>
<td>(133)</td>
<td>(88)</td>
</tr>
<tr>
<td>Net cash outflow from Capital</td>
<td>(630)</td>
<td>9,194</td>
</tr>
<tr>
<td>expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dividends Paid</td>
<td>(4,912)</td>
<td>(5,060)</td>
</tr>
<tr>
<td>Net Cash Inflow Before Financing</td>
<td>3,903</td>
<td>15,930</td>
</tr>
<tr>
<td>Financing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Dividend Capital Repaid</td>
<td>(4,012)</td>
<td>(15,931)</td>
</tr>
<tr>
<td>(Decrease) Increase in cash</td>
<td>(109)</td>
<td>(1)</td>
</tr>
</tbody>
</table>
## Salary and Pension Entitlements of Senior Managers

<table>
<thead>
<tr>
<th>Age</th>
<th>Salary as a Director (bands of £5000)</th>
<th>Other Remuneration (bands of £5000)</th>
<th>Benefits in Kind</th>
<th>Real Increase in Pension at age 60 (bands of £25000)</th>
<th>Total accrued Pension at age 60 at 31.03.03 (bands of £5000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td>20-25</td>
<td>0-2.5</td>
<td>25-30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>5-10</td>
<td>0-2.5</td>
<td>15-20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>5-10</td>
<td>0-2.5</td>
<td>35-40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>5-10</td>
<td>0-2.5</td>
<td>35-40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>5-10</td>
<td>0-2.5</td>
<td>20-25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>5-10</td>
<td>0-2.5</td>
<td>20-25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>100-105</td>
<td>2.8</td>
<td>25-30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>45-50</td>
<td>0.3</td>
<td>15-20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>65-70</td>
<td>2.4</td>
<td>35-40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>75-80</td>
<td>0.6</td>
<td>35-40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>35-40</td>
<td>0.6</td>
<td>35-40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>40-45</td>
<td>1.8</td>
<td>15-20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>70-75</td>
<td>0.2-5</td>
<td>10-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>5-10</td>
<td>0.2-5</td>
<td>25-30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prof A Maynard - Chairman  
Mrs W J Murgatroyd - Non Executive Director  
Ms K Ormond - Non Executive Director  
Prof S M Baldwin - Non Executive Director  
Rev K M Jukes - Non Executive Director  
Mr S Whitehead - Non Executive Director  
Mr S Pleydell - Chief Executive  
Dr ME Porte - Medical Director  
Mr M Proctor - Director of Nursing  
Mr G T Wood - Deputy Chief Executive  
Mr S J Yorston - Director of Finance  
Mr P J Crowley - Director of Finance  
Miss S Acott - Acute Services Operational Director  
Mrs L Kershaw - Director of Human Resources

Mr S J Yorston retired as Director of Finance on 16th September 2002 and was succeeded by Mr P J Crowley from 2nd September 2002. Mrs L Kershaw left the Trust on 17 September 2002, and her post had not been filled prior to the year end.

### 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.

<table>
<thead>
<tr>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000</td>
<td>Number</td>
</tr>
<tr>
<td>Total bills paid</td>
<td>45063</td>
</tr>
<tr>
<td>Number of bills paid within target</td>
<td>40992</td>
</tr>
<tr>
<td>Percentage of bills paid within target</td>
<td>90.97%</td>
</tr>
</tbody>
</table>

### 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.
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. Staff are also often involved in organising or supporting events to raise additional funds. These funds are greatly appreciated and make a considerable contribution to local NHS services.

These charitable donations are accounted for through the York Health Services Trust General Charity, which is a Registered Charity. In addition, following the guidance issued by the Department of Health, the charity has continued to manage charitable funds relating to the Selby and York Primary Care Trust.

Income

Charitable income for 2002/03 totalled £935,000 (£718,000 in 2001/02). The chart below shows the sources of the funds.

Charitable Funds Income 2002/03

£111,00
Dividends & Interest

£597,000
Donations

£227,000
Legacies

Legacies

Sixteen legacies were received during the year, with a total value of £227,000, including twelve for various clinical departments at York Hospital, and others for the benefit of Selby War Memorial and Bootham Park Hospital.
Donations

The Trust received many donations during the year, amounting in total to £597,000. These included donations from the Friends of York Hospitals, the Special Care Baby Unit Parents Support Group, Intensive Care Unit and Coronary Care Support Groups, the Leeds Hospital Fund, the Friends of York Hospitals, the WRVS, York Against Cancer, the former Regional Health Authority and very many personal donations.

The Trust's Charitable Funds were valued at £2,549,000 at the end of 2002/03, a reduction of £1,150,000 compared with 2001/02, mainly due to the in year reduction in investment valuations.

Expenditure

During the year, charitable funds expenditure totalled £878,000. This provided for many additional amenities for patients and staff, additional items of medical and other equipment, alterations to premises and clinical research projects.

The chart below shows the main areas of expenditure.

Charitable Funds Expenditure 2002/03

- £156,000 for the Benefit of Staff
- £156,000 for the Contribution to NHS (Capital)
- £26,000 Other Expenditure
- £540,000 for the Benefit of Patients

Patrick Crowley
Director of Finance
August 2003
Premises/Service bases

Premises

Acute Services

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

Community Rehabilitation Units for the Elderly

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

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

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: (01757) 706136
Haxby base: Tel: (01904) 765982

Renal Dialysis Satellite Unit
Acorn Court Satellite Unit
Tanpit Lodge
Easingwold
YORK YO6 3HD
Tel: (01347) 824960

Out Patients Selby Area
Selby War Memorial Hospital
Out patient department
Tel: (01757) 702664

Sexual Health Services based at
Monkgate Health Centre, York
Family planning: Tel: (01904) 630352

Genito-Urinary Medicine:

Appointments and results
Tel: (01904) 725417
General enquiries
Tel: (01904) 725412

www.yorkhospitals.org
Other useful telephone numbers

Clifton House
Tel: (01904) 636536

Community Health Council
Tel: (01904) 630747

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) 435331

Selby and York Primary Care Trust:
Headquarters
Tel: (01904) 623142

Selby and District office:
Tel: (01757) 701885

Social Services (Mental Health)
Tel: (01904) 613161

The York Wheelchair Centre
Enquiries Tel: (01904) 654052
Repairs: Tel: (01904) 637714

Department of Chiropody/Podiatry
Tel: (01904) 640952

York Alcohol Advice Service
Tel: (01904) 652104

York Drug Resource Scheme
Tel: (01904) 647474

York NHS Walk-in Centre
Tel: (01904) 674557

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

Hospitals

Bootham Park Hospital
Tel: (01904) 610777

St Monica’s Hospital, Easingwold
Tel: (01347) 821214

Selby War Memorial Hospital
Tel: (01757) 702664

Community Health Centres and Clinics

Acomb Health Centre
Tel: (01904) 781144

Clementhorpe Health Centre
Tel: (01904) 644981

Clifton Health Centre
Tel: (01904) 658565

Cornlands Road Health Centre
Tel: (01904) 798278

Easingwold Health Centre
Tel: (01347) 821324

Haxby/Wigginton Health Centre
Tel: (01904) 765982

Monkgate Health Centre
Tel: (01904) 630351

Raincliffe Street Clinic
Tel: (01757) 706136

Sherburn in Elmet Clinic
Tel: (01977) 682414

Tadcaster Clinic
Tel: (01937) 530202

Tang Hall Clinic
Tel: (01904) 416375
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