About us

York Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.

In April 2011 we took over the management of community-based services in Selby, York, Scarborough, Whitby and Ryedale and in July 2012 acquired Scarborough and North East Yorkshire Healthcare NHS Trust, bringing Scarborough and Bridlington Hospitals into the organisation.

Our annual turnover is over £400 million. We manage ten hospital sites, 1,127 beds (including day case beds) and have a workforce of over 8,000 staff working across our hospitals and in the community.
## Contents

Chairman’s welcome ................................................................................................................................... 4  
Chief Executive’s welcome ....................................................................................................................... 6  
Listening to patients and the public..................................................................................................... 9  
Elected to represent you ......................................................................................................................... 15  
Our governors ............................................................................................................................................... 16  
Lead Governor’s report ............................................................................................................................ 20  
Our membership .......................................................................................................................................... 23  
Our staff ......................................................................................................................................................... 28  
Managing our finances ............................................................................................................................. 32  
Performance................................................................................................................................................. 36  
Community services.................................................................................................................................. 38  
Building for the future ............................................................................................................................. 43  
Medical education and research ......................................................................................................... 45  
Taking a closer look at safety.................................................................................................................. 49  
Board of Directors ....................................................................................................................................... 52
Welcome to the 2012-13 Annual Report for York Teaching Hospital NHS Foundation Trust.

As expected, the year just passed has been one of the most significant in the development of this organisation. The Trust’s successful acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust in July 2012 was a major milestone. However, this took place within the context of a new Health and Social Care Act, heralding a major reorganisation of the commissioning and oversight of health services, the Francis Report into Mid-Staffordshire Foundation Trust and a regime of extreme financial austerity.

The integration of York-based services with those at Scarborough and Bridlington, as well as the continued consolidation and enhancement of the community health services across the region, has dominated much of the change and focus at the Trust. This has been successful to date and the Trust has continued the achievements of recent years in delivering virtually all of its care targets and maintaining a financial operating balance.

This position gives us the ability to reinvest in a number of important capital projects and to maintain and improve the estate, which is now distributed across ten main sites. We have now, or shortly will have, taken full ownership of all these sites, which will more readily facilitate some changes to the configuration of services, so as to provide sustainable quality care in the most appropriate locations.

We have rebalanced the Board this year to include two new Non-Executive Directors, both of whom are from the Scarborough area. I am delighted to report that the Trust was selected as the “Board of the Year” for 2012 by the NHS Leadership Academy, from more than 200 Trusts that comprise the NHS in England. This award gives external recognition to all the work we have done across the organisation to move the Trust forward, and of the fact that we have a stable management team who are committed to the long term future of the Trust.

The contribution of all staff, volunteers and Governors has been outstanding during this time of transition and challenge. The Trust benefits hugely from the dedication and commitment these individuals bring. We now have a loyal and supportive membership base across the region, and we also continue to be supported by many charitable organisations and initiatives – which provide clinical (e.g. equipment) and non-clinical (e.g. The New Year is one of continuing challenge, austerity and transition – but we are a confident and robust organisation that seeks to stay on the front foot and strives for the best possible quality of care we can achieve, with the resources available.
respite care) support to staff, patients and families.

The Trust is indebted to these groups for this support, which complements what the NHS can provide from its own budgets.

We see the development of new collaborations as part of securing our future sustainability. This includes the new Health and Wellbeing Boards and closer relationships with some other acute NHS Trusts. We are also working more closely with our colleagues in the local Mental Health Trusts, Yorkshire Ambulance Service and the new Public Health teams.

Improved partnerships in the communities we serve will be crucial to the future of the services we offer, especially as these are likely to be increasingly delivered in the community, rather than in the major acute hospital sites.

The New Year is one of continuing challenge, austerity and transition – but we are a confident and robust organisation that seeks to stay on the front foot and strives for the best possible quality of care we can achieve, with the resources available.
Since the last annual report the Trust has undergone what is probably the most extensive transformation in its history, marked by the planning and subsequent completion of our acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust and the continuing integration and development of our community-based services.

We entered into the acquisition with the belief that it would bring benefits for both patients and staff, strengthening clinical services and enabling long-term financial viability, and ensuring a long-term future for hospitals in York, Scarborough and the surrounding districts.

The time and effort invested by many of our staff in preparing for the integration should be recognised, as a tremendous amount of work was done to make sure we were able to meet the rigorous criteria and gain the necessary approval and support to allow us to proceed. It is also important to recognise those staff, far greater in number, who continued to work hard to ensure both organisations continued to operate effectively and that performance and quality did not become of secondary importance to the acquisition work.

We were clear from the outset that the integration would take a number of years to complete, and it is important that we do not lose momentum now that much of the detailed work must be undertaken to integrate the two organisations.

The Trust has committed to a full review of its acute services as a matter of priority. The ultimate aim is to improve the way we deliver care for our most acutely ill patients, and by offering more services in community settings and patients’ homes we can ensure only those patients who need acute care are in hospital.

This will enable the separation, as far as possible, of acute and elective capacity. The acquisition offers increased opportunity to do this, for example, looking at the potential for providing elective surgery away from the main acute sites, and a reallocation of our bedstock to better cater for the increase in elderly and medical patients. This, coupled with a clear strategy around the use of community sites, should enable us to provide the best services in the right place at the right time.

However these changes can only be effective if all parts of the system fulfil their obligations and share a commitment with us to make improvements throughout health and social care as a whole. This will involve much closer collaboration with a number of partner organisations, including the new Clinical Commissioning Groups, GPs, local authorities and other neighbouring Trusts. We have already begun to build these relationships and work in partnership, and there is a real sense of purpose and ambition to much of this work.

A key component of the acquisition was the commitment to making improvements to the infrastructure of Scarborough Hospital, and funding was secured as part of the acquisition process to enable us to
do so. We have already made investment in developments on each of our sites, bringing welcome improvements. A longer-term plan is also taking shape which will help us to deliver our vision for more ambitious development on both the York and Scarborough sites, and we will be reassessing our property needs to determine how we better utilise our resources, and how this can best be delivered in support of the Trust’s priorities around acute care.

These extensive changes are taking place against a backdrop of reorganisation throughout the whole of the health service and indeed the wider public sector, and this will continue to influence our agenda.

We will continue to play our part in this work to ensure we have a say in any changes affecting our services, and we remain committed to the principles underpinning the acquisition, which are to develop safe, sustainable services where patients need them.

The scale and pace of change we have witnessed makes it all the more satisfying to be able to report successes in overall performance.

We were able to deliver on our efficiency targets, and as you will read in this report the Trust balanced its books for the year. However, the financial pressures facing the organisation will continue, and we have an extremely demanding efficiency programme to achieve for 2013/14.

Becoming a single Trust offers greater protection in the challenging financial environment by providing the opportunity for more and better resources, which neither organisation would have enjoyed if we remained as separate entities, and this will help to face the difficult financial environment that lies ahead.

I am also really proud to see that we have continued to perform at a high level and maintain our focus on our top priorities of quality and safety, with significant progress on healthcare acquired infections and work on the deteriorating patient. Our patients continue to give positive feedback of their experiences in all of our hospitals.

These are all positive achievements for which our staff should take full credit. This is only possible, and will only continue, if we instil a shared sense of purpose and common values within the organisation.

The final report on the Mid Staffordshire NHS Foundation Trust Public Inquiry was published in February 2013, and whilst I am confident that the events described throughout this inquiry do not reflect the day-to-day standard of care we provide, the sobering patient and staff stories documented at Mid Staffs are an extreme example of what can happen when staff stop focusing on getting the basics right, and stop treating patients with care, compassion and respect.

As we move forward we must continue to focus on the theme of putting patients first, listening to their concerns, and maintaining high professional standards. This is an area of utmost priority for our organisation and is at the centre of our values as a Trust.

I fully recognise that this can be a challenge, particularly when the Trust is under immense pressure. During these times it is all the more important that we reward our staff and recognise their contribution, and it is fantastic to be able to report that hundreds of nominations have been received during the year for our monthly star award and annual celebration of achievement awards.

I am privileged to be Chief Executive of this organisation, and to work with all our staff on delivering the best care possible for the people of North Yorkshire. There are, as ever, many challenges to be addressed, and this is the nature of the services we provide. We must be ambitious about how we deliver them and the facilities we work out of, so that we can continue to provide services that deserve the confidence of our patients and their families.
Emergency care praised

York and Scarborough’s Emergency Departments perform ‘better’ than national average in survey.

The results of the 2012 Accident and Emergency Department survey, released in September, revealed positive findings for both Scarborough and York Hospitals.

This survey forms part of a series of mandatory surveys by the Care Quality Commission (CQC).

Eight hundred and fifty patients from both York and Scarborough Hospitals who visited the departments in March 2012 were sent a postal questionnaire about their experience.

Kay Gamble, Patient and Public Involvement Specialist, explained: “As with all patient experience surveys, this national Emergency Department Survey provides a valuable insight into the care experienced by service users at both York and Scarborough Hospitals and further allows us to benchmark against our peers and also against our results from the last survey in 2008.

“The findings are very positive with a number of our scores placing the Trust in the ‘better’ category nationally.”

Steve Reed, Directorate Manager for Emergency Medicine in York, said: “We are pleased to hear that people who use York’s Emergency Department report that it is one of the cleanest in the country.

“Additionally, patients reported that staff had explained their results in a way that could be easily understood – placing us in the highest score achieved nationally.”

Scarborough Hospital was reported to be ‘better’ than most other trusts when it came to patients leaving the department, with staff giving clear information on when they could resume their usual activities.

Staff at Scarborough were also ‘better’ than most other trusts at communicating what signs patients needed to watch out for regarding their illness or treatment.
Listening to patients and the public

We want patients to receive the best possible care and treatment at York Teaching Hospital NHS Foundation Trust and are committed to improving the experiences of our patients and their families when they access our services.

There are many different ways to understand the experiences of patients, their families and carers. Analysing results from both national and local surveys; concerns and complaints as well as positive feedback, and involving service users through our Patient and Public Liaison forums allows us to focus on providing services which are responsive to their needs.

Complaints and Compliments

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

The Trust has an established Concerns and Complaints Policy and Procedure. Complaints can be made in person, by letter, email or telephone. All complainants receive an acknowledgement letter detailing who will investigate the complaint, their contact details and when to expect a response. The acknowledgement letter explains the role of the independent complaints advocacy service. If other kinds of support are required, the complaints team liaises with appropriate specialists, for example, Specialist Nurse for patients with Learning Disabilities. The Trust can arrange a local resolution meeting with the appropriate staff if the complainant finds this helpful, as we usually find that they are beneficial to everyone.

Our Complaint Correspondence also includes details of how to contact the Care Quality Commission, the independent regulator of all health and social care services in England.

Between 1 April 2012 and 31 March 2013 the Complaints Team registered 328 complaints, compared to 331 in 2011/2012 on the York Site.
Complaints and Compliments (continued)

294 complaints were registered at Scarborough Hospital between 1 April 2012 and 31 March 2013, compared to 261 in 2011/2012.

In a normal year, we receive around ten times more compliments and examples of positive feedback than complaints. The following comments are typical of those expressed by many patients:

Mr M wrote “thank you to all staff during my recent stay. I am extremely grateful for the care and treatment I received from the medical and nursing team. I was also impressed by the friendly and efficient non-medical staff. They were all cheerful and helpful carrying out jobs that are not always appreciated by patients.”

Mr H wrote “at a time when the NHS is under considerable pressure in terms of budget constraints, I believe that York Hospital is an outstanding example to other hospitals of how the quality of its people makes all the difference to the patient experience.”

Patient Advice and Liaison Service (PALS)

The PALS service is a single point of contact for any Trust related enquiries from patients and their relatives. PALS Advisors listen to suggestions or queries and help resolve concerns quickly.

They provide information, advice and support to patients, their families and carers. Patients and their families can telephone, write, or email for help or advice in relation to Trust services. Patient information leaflets explaining the services PALS offer are available throughout the Trust. Information is also available on the Trust’s website.

In 2012/2013, PALS dealt with 4139 patient contacts on the York site, compared with 3851 patient contacts in 2011/2012.

PALS dealt with 1519 patient contacts on the Scarborough site, compared with 1479 patient contacts in 2011/2012.
Inpatient Survey 2012

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

The questions within the survey cover the patients’ pathway from when they are admitted to our hospitals to the treatment and care they receive whilst they are in hospital. It additionally focuses on the quality of how we communicate with our patients and the information that we provide, through to the point at which they are discharged.

This is the first inpatient survey which provides the Trust with an understanding of what our patients are saying about both York Hospital and Scarborough Hospital combined, which allows us to identify our Trust priorities for improvement, whilst still allowing us the opportunity to look at key priorities for each hospital site and speciality.

The results of the survey highlight many positive aspects of patient experience across the Trust, with the majority of patients reporting that:

<table>
<thead>
<tr>
<th>Inpatient Survey 2012</th>
<th>2010*</th>
<th>2011*</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall: rating of care was good/excellent</td>
<td>91%</td>
<td>90%</td>
<td>**</td>
</tr>
<tr>
<td>Overall: doctors and nurses worked well together</td>
<td>91%</td>
<td>89%</td>
<td>***</td>
</tr>
<tr>
<td>Doctors: always/sometimes had confidence and trust</td>
<td>83%</td>
<td>84%</td>
<td>81%</td>
</tr>
<tr>
<td>Hospital: room or ward was very/fairly clean</td>
<td>92%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Hospital: toilets and bathrooms were very/fairly clean</td>
<td>91%</td>
<td>94%</td>
<td>92%</td>
</tr>
<tr>
<td>Hospital: hand-wash gels visible and available for patients and visitors to use</td>
<td>96%</td>
<td>93%</td>
<td>91%</td>
</tr>
<tr>
<td>Care: always enough privacy when being examined or treated</td>
<td>89%</td>
<td>88%</td>
<td>88%</td>
</tr>
</tbody>
</table>

*York Hospital figures only
** question replaced in 2012 with a net promoter score
*** question removed in 2012

95%

Room or ward very/fairly clean
Day Case Survey 2012

In a recent report, the CQC estimated that day surgery has increased as a proportion of all NHS hospital activity from 33% in 2010/11 to 33.9 (5.9 million cases) in 2011/12.

Whilst feedback is captured at a local level across the Trust from some day case patients on certain parts of their pathway, we wanted to take part in the first Day Case Survey along with 33 other hospital trusts across the country.

Like the Inpatient survey, the findings are very positive, with patient reporting that:
- 95% of patients would recommend York Hospital to their family and friends
- 98.5% of patients felt that the admission/registration process was very/fairly organised
- 90% felt that they had enough time to discuss their operation or procedure with the consultant
- 96% reported that they had confidence and trust in the doctors treating them
- 98% reported that they had confidence and trust in the nurses treating them

Local Involvement Networks (LINks)

We believe that having effective stakeholder relations is crucial in developing high quality services. During the year we have continued to develop close working relationships with our Local Involvement Network (LINks).

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

LINks were actively involved in a number of projects with the Trust, and were also trained to carry out Patient Assessments of the Care Environment visits which are required across all hospital sites nationally.

From April 2013, the new Health and Social Care Bill means that LINks will change and become a Local HealthWatch. Locally, HealthWatch will continue to provide the ‘consumer voice’ of the local population but their function will change from that of an advisory role to taking a representative and influencing role on the new Local Authority Health and Wellbeing Board. Local HealthWatch will have three main functions:
- Influence - helping people get involved in the planning of local health and social care services
- Signpost - giving people the right information at the right time to support them to make a choice about services they may need
- Advise - supporting people who want to complain about health services

The Trust will look at ways of working with the new Local HealthWatch across East Riding of Yorkshire, North Yorkshire and City of York.
York Hospital was given the thumbs up for good practice in providing nutrition and hydration for patients in a report by York’s Local Involvement Network (LINk).

LINk members visited six wards to look at issues around access to food for patients while they are in hospital. The report has praised York Hospital for having ‘a number of very good systems in place to improve nutrition for their patients, and there is a great deal of good practice taking place.’

The LINk made recommendations for a number of small changes that could enhance patient care even further.

As a thank you to the hospital for the welcome and support they received LINk presented staff with biscuits for a teatime treat.

Service Operative Margaret Faulkener was singled out for special praise by the LINk visitors for her exceptional service to patients and was presented with a plant.

Lesley Pratt from York LINk, right, with Service Operative Margaret Faulkener
Elected to represent you

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

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

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

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

The Council of Governors is specifically responsible for:

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

Their role also includes:

- Representing the interests and views of local people
- Regularly feeding back information about the Trust, its visions and its performance to the community they represent
- Monitoring performance against the Trust’s service development strategy and other targets
- Advising the Board of Directors on their strategic plans
- Making sure the strategic direction of the Trust is consistent with its terms of authorisation as agreed by Monitor (the Foundation Trust regulator)
- Being consulted on any changes to the Trust’s constitution
- Agreeing the Chairman’s and non-executive directors’ pay
- Providing representatives to serve on specific groups and committees
- Informing Monitor if the Trust is at risk of breaching its terms of authorisation, if the concerns cannot be resolved within the Trust.
Our governors

Our Governors represent different constituencies. As at 31 March 2013 the Council of Governors comprised the following members:

PARTNER GOVERNORS (APPOINTED BY THEIR ORGANISATIONS):

Voluntary sector: 1 seat
Michael Beckett (North Yorkshire and York Forum)

Local authority: 3 seats
North Yorkshire County Council: Caroline Patmore
City of York Council: Joseph Riches
East Riding County Council: Kay West

University of York: 1 seat
Rowena Jacobs

PUBLIC GOVERNORS (ELECTED BY FOUNDATION TRUST MEMBERS)

Bridlington: 2 seats
Terry Atherton
James Carder

Hambleton: 1 seat
Jane Dalton

Ryedale and East Yorkshire: 3 seats
Jeanette Anness
Sheila Miller
Brain Thompson
Our governors

Scarborough: 2 seats
Sue Wellington
David Wheeler

Selby: 2 seats
Ann Bolland
Andrew Butler

Whitby: 1 seat
Stephen Hinchliffe

York: 5 seats
Paul Baines
Margaret Jackson
Helen Mackman
James Porteous MBE
Penelope Worsley

STAFF GOVERNORS: 5 SEATS

Scarborough and Bridlington Hospitals:
Helen Noble
Andrew Volans

York Hospital:
Alison MacDonald
Martin Skelton

Community-based staff:
Les North
A TOTAL refurbishment of the first floor maternity unit at Malton Hospital, which offers midwifery services for women across an area of approximately 250 square miles, was completed in Spring 2013. The project was funded by North Yorkshire and York PCT at a cost of £248,000.

Midwife Lynda Fairclough, who leads on the midwifery service for Malton, said: “Maternity services are very much alive in Ryedale. This modernisation programme will enable the team to deliver maternity care in safe, modern, fit for the future premises, and will benefit on average 500 women and their families from Ryedale each year.”

Two new antenatal clinic rooms were created as well as improved waiting area facilities and a children’s play area. In addition a new day room was created offering comfortable surroundings where parent education, postnatal drop-in clinics, baby feeding support and newborn hearing screening are available.

Lynda continued: “The new colour scheme and furnishings have been chosen by the women who have been accessing the service with contributions from staff. We feel privileged to receive this investment in the future of our maternity service and look forward to sharing it with the Ryedale community.”
The Council of Governors has continued to achieve a significant depth of involvement, with good access to Trust leadership, data and information and with the Chief Executive and Directors sharing and consulting Governors on key aspects of governance and strategies that affect the patient experience. The Health and Social Care Act 2012 put in place a number of additional duties and elements of governance affecting the Council of Governors. These have been recognised and discussed by Governors to ensure that we develop in ways that fall in line with the legislation:

- Evidencing that we are representing the Members’ interests along with those of the general public
- Holding the Non-executive Directors to account
- Requesting the presence of Executive Directors to the Council of Governors to explain aspects of performance
- The entirely new duty of approving any significant transaction to be taken by the Trust

We retain a duty to approve and appoint the Trust’s external auditors, which we exercised during this year. The eight Governors who serve on the Governors’ Nomination and Remuneration Committee have carried out their key responsibilities to make recommendations to the Council of Governors about the effectiveness of all six Non-executive Directors and the Chairman, as well as recommending their level of remuneration.

It is our duty to ensure that the Chairman’s performance meets with the Trust’s vision and values and that the organisation’s strategic direction meets the needs of the population the Trust serves. To this end, an in-depth appraisal of the Chairman’s performance was carried out. Based on the very positive result of this exercise, an agreed set of measurable objectives was put in place going forward. This was ratified by the Council of Governors on the Nomination Committee’s recommendation.

The Governors who worked with senior staff on the annual plan agreed that the report was truly reflective of the work that has been undertaken by the Trust during 2011/12 and were satisfied with the priorities that were set for 2012/13. The Governors also noted that there were some areas where targets had not been reached during 2011/12 but, through the Governor groups and the Council of Governor meetings in public, we continued to look for assurance from the Trust that progress was in fact being made against those outstanding targets.

The Governors were delighted to see that dementia care was included by the Trust as one of its priorities for 2012/13. The Governors believe this to be a very important area. Feedback to Governors from their constituencies demonstrates that proper management and referral of patients improves the quality of care for this group of patients and their families. The Governors will continue to seek assurances that progress is being made against this priority.

Last year the Governors were asked to identify a quality performance indicator to be reviewed by the External Auditors. Our Governors’ Quality Report group recommended the Venous Thromboembolism (VTE) assessment. The Governors noted, in the report for this year, that significant progress has been made over the last 12 months and that the Trust is now recognised as a centre of excellence for VTE assessment. Over the next 12 months we will continue to ask for updates on the work being done.
to achieve the standard of excellence expected by the Governors and the Trust. The majority of individual governors are part of projects, groups and committees across the Trust, providing an additional way for the voice of patients to be heard and giving assurance that the membership and community are represented in decision-making that affects their healthcare.

The Trust took over responsibility for Community Services in April 2011. The Council of Governors has been seeking assurance that strategies and processes are in place for the benefit of the whole community with the formation of a Governors’ Community Services Special Interest Group, working closely with a Non-executive Director and linking with senior management.

The Governors’ Patient Focus Group continued up to last autumn to explore issues that affect patients and to make recommendations to management. However, an important development for the Council of Governors has been the setting up of a Trust Patient Experience Steering Group. This group met for the first time during May 2012, with two elected representatives from the Council of Governors. Governors will be able to add true value to the patient experience with this new level of involvement and its opportunity to influence the way patient experiences are used to effect change. We will continue to identify issues across the Trust’s areas of responsibility that our Council of Governors representatives will take forward to the Steering Group. Governors, along with representatives from the Local Involvement Networks, have taken part in a series of surgical ward surveys at York Hospital. These will eventually be rolled out across the other sites. Our thanks go to the Patient Experience Team for continuing to involve us in ways that help us to engage with patients in a meaningful way.

We have been briefed on planned capital improvements and met managers, nurses and clinicians at the Scarborough, Bridlington and Whitby sites. We have been assured that the acquisition of Scarborough Trust offered the new enlarged Trust some innovative estates and service development and that as a single, bigger organisation, best practice is being shared which will benefit patients across the whole area.

As Lead Governor, I attended the awards nights at both York and Scarborough which celebrated the contribution made by retired and long service staff. At the Trust’s Celebration of Achievement evening at York’s Barbican Centre in September, the Governors’ Award was presented to York Hospital’s Arts Team. Governors congratulate the Trust for valuing its staff at these celebration events.

Since the acquisition of Scarborough Trust in July 2012, there have been elections to bring in governors to be representative of the membership across the enlarged Trust’s new areas. To encourage members to put themselves forward for this election, established Governors joined the Chairman, the Foundation Trust Secretary, the Membership Manager and the Patient and Public Involvement Specialist in touring the hospital sites to meet with members and recruit new members. As a result, we have been delighted to welcome 19 new governors: two governors for Scarborough, two for Bridlington and one for Whitby and three new governors for the Ryedale and East Yorkshire area. The Selby election brought in another two new governors and the City of York now has three new governors. The local authorities, York University and the voluntary sector all have representation on the newly formed Council of Governors. Importantly, staff groups also now have representation across the Scarborough and York ends of the Trust. These radical changes have also meant that 16 original governors are no longer part of our team. Their huge contribution over the last six years is greatly valued and we do thank them for this.

We continue to contribute to the development of strategic plans through our questions and challenges to both the executive and non-executive teams and we receive regular feedback on developments and progress from our Chairman and from the Chief Executive, both at our meetings in public and at specially arranged meetings throughout the year. We welcome the excellent working relationship that this Council of Governors enjoys with those who manage services on behalf of local people.
The majority of patients receiving cancer care at York and Scarborough Hospitals have rated their care as excellent or very good in the National Cancer Patient Experience survey published in August.

A total of 160 hospital trusts took part in the national survey taken from the beginning of September until the end of November 2011. Both York and Scarborough’s response rates were higher than the national average at 74 percent and 73 percent respectively, compared to 67 percent nationally.

Libby McManus, Chief Nurse, said: “The national cancer patient experience survey provides a valuable insight into the care experienced by cancer patients accessing our care. Patient feedback is central to our services and the survey provides a credible snapshot of our Trust’s performance and enables us to benchmark our performance against our peers. Most importantly, the survey helps us understand what matters to our patients and respond accordingly.

We are committed to listening, involving and responding to patients and their families and we want everyone who accesses our services to have a high quality, positive experience.”
Our membership

One of the benefits of being a Foundation Trust is that the structure allows us to work more closely with local people and service users to help us better respond to the needs of our communities.

People can become involved in this process by becoming a member of the Foundation Trust. We are continuing to build and develop our membership so that our plans for the future can reflect the needs of our local population.

The focus of the past year has been to continue the expansion in membership from the Trust’s historic constituencies of York, Selby and Hambleton, to build a base of members in the three new constituencies of Whitby, Scarborough and Bridlington and to consolidate our position in the Ryedale and East Yorkshire area in order to support the integration of Scarborough and North East Yorkshire Healthcare NHS Trust in July 2012.

The map opposite shows the seven communities the Trust now serves and each one forms a public constituency for our membership.
## Membership numbers by constituency

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Membership at 1 April 2012</th>
<th>Membership at 31 March 2013</th>
<th>Net gain/loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>York</td>
<td>7,274</td>
<td>6,745</td>
<td>-537 (-7%)</td>
</tr>
<tr>
<td>Selby</td>
<td>2,021</td>
<td>1,907</td>
<td>-114 (-6%)</td>
</tr>
<tr>
<td>Hambleton</td>
<td>733</td>
<td>680</td>
<td>-53 (-7%)</td>
</tr>
<tr>
<td>Ryedale &amp; East Yorks</td>
<td>1,888</td>
<td>1,814</td>
<td>-74 (-4%)</td>
</tr>
<tr>
<td>Bridlington</td>
<td>245</td>
<td>482</td>
<td>+237 (+97%)</td>
</tr>
<tr>
<td>Scarborough</td>
<td>252</td>
<td>458</td>
<td>+206 (+82%)</td>
</tr>
<tr>
<td>Whitby</td>
<td>167</td>
<td>268</td>
<td>+101 (+60%)</td>
</tr>
<tr>
<td>Out of area</td>
<td>822</td>
<td>924</td>
<td>+102 (+12%)</td>
</tr>
<tr>
<td>Staff</td>
<td>8,773*</td>
<td>8,927**</td>
<td>+154 (+2%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,175</strong></td>
<td><strong>22,205</strong></td>
<td><strong>+30 (0%)</strong></td>
</tr>
</tbody>
</table>

*Includes 2550 staff from Scarborough Trust who transferred on 1 July 2012.

**Does not include staff who have opted out of membership from York, Scarborough and community
The Trust has been given a clean bill of health by the Care Quality Commission (CQC) following its latest inspection visit.

The inspection team made unannounced visits to York and Scarborough Hospitals in early January 2013, and found the Trust to be meeting all of the essential standards they assessed.

During their visit the CQC’s team placed a significant focus on patient experience and patient feedback, and sought the views of staff, patients and their relatives.

Libby McManus, Chief Nurse, said: “I am delighted that we were found to be meeting these essential standards, and I would like to thank the staff who work hard every day to ensure that we are giving our patients the best possible care.”
Our staff

The table below shows the number of staff we have in post:

The figures included in the chart above do not include bank or agency staff.
Volunteers
The Trust has continued its structured programme around the recruitment and deployment of volunteers across the Trust and in line with our objective the Trust has now increased the number of dining companions to 30, working across 14 inpatient wards, helping to improve the patient experience. In recognition of this work, the Trust won the Healthcare People Management Association (HPMA) Innovation in Human Resources award in 2012.

Recruitment of Health Care Assistants
In March 2010, a values-based recruitment project was introduced to review the way in which Health Care Assistants (HCAs) were recruited to the Trust. This process focuses on values and motives rather than experience and qualifications. The system is being introduced in Scarborough, so that there is a whole organisational approach to recruitment. The project has seen an increased number in appointable candidates at Scarborough. This has enabled more candidates who are not offered posts, but who are appointable, to join the Nurse Bank. This project won a HSJ award in November 2012.
The first apprentices to qualify from York Hospital’s Estates Department in almost twenty years gathered with colleagues at a presentation to mark their graduation in Summer 2012.

Electricians Jason Simpson and Phillip Fletcher, along with mechanical fitters Joe Brockway and Ashley North, were presented with certificates of achievement by Brian Golding, Director of Estates and Facilities at the hospital.

The four were praised for the hard work they had each put in over the time of their apprenticeships, and for achieving the high standards they had demonstrated throughout.

Brian said: “Maintaining a hospital environment is a highly specialised job and we decided the best way to get the right staff for the future was to train our own through the apprenticeship scheme. We’re delighted to have produced such high calibre young men who have learnt their craft while studying at college and now have become highly qualified skilled craftsmen in their own right.”

The four were chosen from over a hundred applicants and, as well as working, they have attended day release courses at York College. They have also taken specialised courses necessary in the hospital environment such as decontamination processes, ventilation, and water hygiene.

Brian continued: “They are great ambassadors for our organisation with their enthusiasm and commitment to the job. As they move forward in their careers we are looking to them to act as mentors for our next set of apprentices. Our aim is to nurture our skilled engineers of the future.”
Managing our finances

The table below provides a high level summary of our finances for 2012/13:

**Summary income and expenditure 2012/13**

<table>
<thead>
<tr>
<th></th>
<th>Plan £million</th>
<th>Actual £million</th>
<th>Variance £million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical income</td>
<td>344.3</td>
<td>346.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Non-clinical income</td>
<td>38.2</td>
<td>41.0</td>
<td>2.8</td>
</tr>
<tr>
<td>Total income</td>
<td>382.5</td>
<td>387.2</td>
<td>4.7</td>
</tr>
<tr>
<td>Pay spend</td>
<td>-257.0</td>
<td>-262.5</td>
<td>-5.5</td>
</tr>
<tr>
<td>Non-pay spend</td>
<td>-130.9</td>
<td>-131.7</td>
<td>-0.8</td>
</tr>
<tr>
<td>Total spend before dividend, and interest</td>
<td>-387.9</td>
<td>-394.2</td>
<td>-6.3</td>
</tr>
<tr>
<td>Operating surplus before exceptional items</td>
<td>-5.4</td>
<td>-7</td>
<td>-1.6</td>
</tr>
<tr>
<td>Transition Support</td>
<td>12.1</td>
<td>17.1</td>
<td>5.0</td>
</tr>
<tr>
<td>Loss from impairment of assets</td>
<td>-0.3</td>
<td>-3.5</td>
<td>-3.2</td>
</tr>
<tr>
<td>Dividend, finance costs and interest</td>
<td>-5.3</td>
<td>-5.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Gain from transfer by absorption</td>
<td></td>
<td>68.9</td>
<td>68.9</td>
</tr>
<tr>
<td>Net surplus/deficit</td>
<td>1.2</td>
<td>70.3</td>
<td>69.1</td>
</tr>
<tr>
<td>Financial risk rating</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

At the end of the financial year, the Trust reported an income and expenditure surplus of £70.3m, compared with a planned surplus of £1.2m, mainly due to the gain from the transfer under absorption.
**Income from our clinical work**

Income from clinical activities totalled £346.2m, and arose mainly from contracts with NHS North Yorkshire and York, East Riding PCT, and other local Primary Care Trusts (£343.2), with the balance of £2.0m from other patient-related services, including private patients, overseas visitors and personal injury cases.

**Income generated from our non-clinical work**

Other income totalling £41.0m comprised funding for education and training, for research and development, and for the provision of various non-clinical services to other organisations and individuals.

**Monitor financial risk rating**

The Trust achieved a financial risk rating of 3 in 2012/13, as planned. Financial risk is currently assessed by Monitor on a scale of 1 (high risk) to 5 (low risk). The Trust is forecasting a similar medium risk score of 3 for 2013/14 on the current risk rating basis. Monitor has consulted on a new risk approach to financial risk for 2013/14 which will be introduced in October 2013. The Trust has projected that it will achieve a financial risk rating of 4 on the new basis which is the lowest risk rating.
Scarborough Hospital has been named in the end of year NHS report as one of the best performing hospitals in the country for knee replacements in a national patient questionnaire.

Patient Reported Outcome Measures (PROMs) is a method for collecting information on the clinical quality of care as reported by patients themselves.

Patients undergoing hip replacement, knee replacement, varicose vein or groin hernia surgery are invited to fill in PROMs questionnaire shortly before surgery and six months after their operation.

The information given helps the NHS measure and improve the quality of health services.

Each year it is published in a league table, providing patients with better information about where to go for their treatment.

Mark Andrews, Consultant Orthopaedic Surgeon at Scarborough Hospital, explained: “In the recent PROMs results which cover the period January 2012 to March 2012 we were one of only two hospitals in the country who performed statistically better than the rest for knee replacements.

“This is excellent feedback from our patients and is testament to the entire team involved in the patient pathway.

“As part of the Enhanced Recovery Project we have made significant improvements to all stages of a patient’s hospital experience from preparing for the operation through to recovery and this work is paying dividends.”

As well as excellent PROMs results recent statistics show Scarborough Hospital to have amongst the lowest length of stay and readmission rates in the country for both hip and knee replacements. Mark continued: “I would like to take this opportunity to thank the entire team in theatres and Ash Ward who ensure that the quality of care delivered to our patients is of the highest standard. I think that the whole team should feel proud of the care it provides.”
York Teaching Hospital NHS
NHS Foundation Trust

Security

can be contacted at any time by telephoning
01904 721 241
Performance

The past year has been busy and challenging. From July 2012, the Trust nationally reported performance as one enlarged organisation.

The Trust has again met all its key access targets, with the exception of the A&E standard of four hours maximum waiting time from arrival to admission/transfer or discharge. This target was not met in the latter part of the year. The hospital has experienced a particularly busy winter with an increase in admissions. This, coupled with a significant and prolonged norovirus problem, has put pressure on our bed capacity which unfortunately has an impact on our emergency department waiting times.

This is a picture that is replicated up and down the country, and we are working hard with our commissioners, local authorities and other providers to improve the way all parts of the system operate and to work towards ensuring that only those patients who need acute care are in hospital.

Despite these pressures, we are pleased that most of our patients give positive feedback about our emergency departments, as evidenced in the latest national patient survey.

The Trust exceeded its rate for Clostridium Difficile cases. Our nationally set objective was 51 and we reported 54 cases. A lot of work is ongoing within the Trust to ensure that we lower this rate to within our national objective and keep our patients safe. This work includes reviewing antibiotic prescribing and looking at probiotic prescribing.

The Trust was proud to achieve all the National, Local and Specialist Indicators relating to income earned through ‘Commissioning for Quality and Innovation’ (CQUINs) for the year. CQUIN goals are part of a national strategy to support improvements in the quality of care in the NHS. They link NHS provider organisations’ income to achieving a set of quality standards, some of which are set nationally and some of which are agreed locally with our Clinical Commissioning Groups.

The Trust was proud to achieve all the National, Local and Specialist Indicators relating to income earned through ‘Commissioning for Quality and Innovation’ (CQUINs) for the year.
A year free of MRSA at York

On 9 March 2013 York Hospital reported 365 days without a hospital acquired MRSA infection.

Often referred to as the ‘hospital superbug’ MRSA stands for Methicillin Resistant Staphylococcus Aureus (MRSA).

Year-on-year, widespread activity has seen a continuous reduction in the number of these cases reported.

These activities focus on making the environment in wards and clinics as safe as possible for patients, focusing on prevention, practices and procedures.

These include MRSA screening for all elective patients, pioneering the national ‘clean your hands’ campaign, introduction of a hand hygiene pack designed especially to encourage children to wash their hands and proactive media and internal communications campaigns.

Libby McManus, Chief Nurse, said: “Many patients attending hospital have a real fear of contracting MRSA so reaching 365 days MRSA free at York Hospital is great news for both our staff and patients.

"Despite reaching this milestone, we are not complacent and will continue to keep up our work in this area to ensure that we keep not just York Hospital but all our hospitals free of MRSA.

“I would like to take this opportunity to thank our staff for their continued efforts. A year without any MRSA infections demonstrates that they take clinical practices associated with eradicating MRSA extremely seriously.

“This is also great news for our patients and will help instil even greater confidence that infection prevention and control remains a priority.”
Community services

Over the last 12 months we have worked to develop a vision for integrated care with our partners from Clinical Commissioning Groups, Local Authorities and also through engagement with practitioners and clinicians. In developing and delivering the new model of integrated care we will ensure that this is aligned with our vision, which is:

**Right care, right place, first time, with joined up services that enable people to regain and keep their optimal health, well-being and independence**

Below are details of some of the work the Trust has undertaken in the community:

**Neighbourhood Care Teams**
The Trust is proactively working with health and social care partner organisations to develop a new model of community service delivery.

Neighbourhood Care Teams (NCTs) are extended community teams which aim to provide multi-disciplinary, integrated and streamlined care closer to a patient’s home. They offer a comprehensive and pro-active case management service which in turn can reduce admission to hospital and also support earlier discharge, increase rehabilitation provision and enable patients to manage their condition in their own homes.

NCTs will be rolled out across all five community localities during 2013/14.

**Single Point of Access**
Community Services staff have been working closely with partner organisations to develop a vision for integrated health and social care provision. A Single Point of Access (SPA) acting as a gateway to community health care services is a key element of this approach.

Integrated care is both a local and national priority and is widely considered as an effective and efficient approach to respond to the growing prevalence of chronic disease and an aging population. A SPA will support the proposed Neighbourhood Care Team service model and will act as the first point of contact for patients, health and social care professionals and other stakeholders referring into community services. A SPA will also signpost the referrer to the most appropriate community and/or social care service (if appropriate). This in turn will ensure ‘right provider’, first time and will facilitate a speedier response.
Intermediate Care
During 2012, York Trust established the York Intermediate Care Team. This consists of an enhanced multi-disciplinary community team that can provide rapid assessment care and treatment to prevent or respond to a crisis, in a way that best meets the needs of the individual and carers upon whom they rely, and then manage a seamless transition back to ongoing care arrangements or independent living.

The Intermediate Care Services ensures that any person referred who temporarily needs additional or different care will have a timely assessment and access to care that best meets their individual needs without delay. The current funding from City of York Council (re-ablement funding) resources a team with the capacity to care for 30 patients at any time.

Work is underway to consider how this team can be expanded and further enhanced to respond to the growing needs of the local population.

Community Services Improvement Group
The Trust has established a Community Services Improvement Group (CSIG). This group will ensure that community services are supported and enabled to develop and implement new models of care and integrated service delivery to reflect the changing needs of the population. This will require effective partnership working at both strategic and operational level.

A work plan has been devised that will maximise the opportunities resulting from the vertical integration of community services with York Teaching Hospital NHS Foundation Trust and support a collaborative approach to service delivery with other key stakeholders.
A new Intermediate Care Service launched in York in 2012, delivering short term health and social care for patients in their own homes, helping to facilitate hospital discharges and enabling patients to return home more quickly.

The multidisciplinary team of 26, consisting of Physiotherapists, Occupational Therapists, Community Nurses and Clinical Generic Support Workers continue to provide care and rehabilitation for patients in their own homes following a reduced hospital stay. This enables independence and maximises rehabilitation potential.

Rachel Anderson, Team Leader for York Intermediate Care, said: “The feedback from patients so far has been fabulous. Most people would prefer to be back in the comfort of their own home environment, with the support of their family, rather than sitting on a hospital ward.

“Rehabilitation provides the basis of the care plan that helps patients recover and prevents them coming back into hospital. It’s a win-win situation and so far it’s proving very encouraging.

“The service has only launched recently but evaluation has shown that the team has already saved 241 bed days with the first 29 patients supported. A patient survey has also revealed that patients were very happy with the service and felt more confident more quickly.”

The launch of the service follows an independent review of health services in North Yorkshire and York which recommended a shift to more people being cared for in the community rather than hospitals.
Building for the future

During 2012/13, the Trust invested £11.9m in capital projects. Capital schemes included:

- The completion of the new build facility to provide a second MRI scanner on the York Hospital site to increase scanning capacity
- The replacement of the CT scanner on the Scarborough Hospital site
- The upgrade of Graham Ward at Scarborough to provide a decant ward and escalation ward for the proposed strategic ward redevelopment
- The first stage of the stroke rehabilitation upgrade on the York site, with funding provided by the STAR appeal
- Rolling out the improved birthing environment initiative on the York site
- The demolition of the Bootham Park Court building in preparation for a future clinical development
- Refurbishment of ward kitchens on the York Hospital site as the first stage of the implementation of the catering strategy for patients, staff and visitors
- The continuation of the phased programme of lift upgrades at York
- Refurbishing other wards and departments

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

Planned capital investment

Capital investment plans for 2013/14 include:

- Repositioning and replacing one of the York Hospital CT Scanning Units
- A new build additional ward on the Scarborough site
- Further planning of the strategic capital developments on the Scarborough site to replace the current Nightingale Wards, with new wards and refurbished support accommodation
- An extended endoscopy decontamination facility at York
- A new self care renal facility at Harrogate supported by funding from an appeal

A key Trust focus remains on reducing the backlog maintenance by replacing essential parts of the estate infrastructure such as the lifts at Scarborough Hospital, electrical distribution panels, and medical gas system improvements.
Following a £500,000 refurbishment of the main theatre, Bridlington Hospital’s new surgical timetable is now in operation!

The theatre schedule has been extended to include brand new theatre lists including urology, general surgery, orthopaedics and ENT. Three theatre lists have also been relocated from Scarborough Hospital including two urology lists and a general surgery list. This will mean that the two theatres are fully utilised at the hospital. Patients will also be able to stay overnight following their surgery.

The surgical nursing team has been strengthened with the appointment of four new nurses, and a Consultant Anaesthetist will also be based at the hospital to support patients overnight.

The refurbishment of the main theatre included new flooring, ceilings and an air purification system.

Mike Proctor, Deputy Chief Executive, said: “We are delighted to open the doors to the main theatre. This £500,000 investment has not only brought the main theatre up to the highest possible standard but enabled us to expand our surgical activity to include an overnight facility for surgical patients.

Examples of the procedures which will take place include gall bladder removal, dental work and shoulder surgery. Treatment for bladder and kidney stones will also be possible following a £50,000 investment in a new laser for urology treatments. The new theatre was officially opened in May by Greg Knight MP.
During this year, the number of studies running in York Hospital remained at about the same level as the previous financial year although notably the proportion of National Institute for Health Research (NIHR) portfolio adopted studies running in York increased for the third consecutive year. For the first time this report includes research activity for Scarborough Hospital.

In York:
- 76 studies began in the Trust (12% decrease from 2011/12)
- 253 studies were running in the Trust (1.2% increase on 2011/12)
- 71% of active studies were on the NIHR Portfolio (compared with 63% in 2011/12 and 52% in 2010/11)
- 13% of active studies were commercially sponsored (compared to 18% in 2011/12)
- Two studies running in York were granted sponsorship by the Trust

In Scarborough:
- 27 studies began in the Trust
- 93 studies were running in the Trust
- 71% of active studies (66 studies) were on the NIHR Portfolio
- 5% of active studies were commercially sponsored
- No Trust sponsored studies were running in the year
Medical education and research (continued)

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

NEYNL-CLRN also increased the volume of research coming into the Trust by promotion of the national NIHR portfolio. This is maintained by NIHR to support NHS participation in high quality clinical research - commercial and non-commercial research projects that have received scientific peer review and meet certain requirements in terms of their sponsorship and funding. In the Trust, introduction of suitable portfolio studies was made, not only by NEYNL-CLRN but also by the Yorkshire Cancer Research Network and the Yorkshire Stroke Research Network.

**Experimental Medicine Unit**

The Experimental Medicine Unit (EMU) is located in the Learning and Research Centre (LaRC) at York Hospital. The EMU is emerging as a key link between the Trust and University of York in their shared objective of advancing medical research.

During this year, EMU has continued to effectively run phase I and II clinical trials. Staff of the Unit work closely on trial development and design with the University of York’s Centre for Immunology and Infection and plans to open a First in Human trial in the Unit during 2013. The Unit was successful in applying for and being allocated a Pharmaceutical Graduate Management trainee for nine months, whose project is to look at promoting the Unit’s services and increasing commercial activity.

**Hull York Medical School**

2013 marks the 10th anniversary of the admission of the first cohort of medical students into the HYMS; a project that the Trust has been part of since its inception. This significant milestone is being marked with a variety of events and charitable objectives to mark this project contributing over 700 doctors to the national workforce many of whom are working locally.

In 2012/13, the Trust has successfully delivered end of year clinical placement examinations for students in years 2, 4 and 5, teaching and assessment throughout the year incorporating the additional 'bulge' year student numbers and received good feedback on its contributions to the HYMS project.

The year has also seen significant changes to the local HYMS senior management structure across Scarborough and York; this has been driven partly by the merger between the two Trusts and partly to deliver a structure ‘fit for purpose’ going forward.
Children’s hand hygiene championed

A hand hygiene pack designed specially to encourage children to wash their hands is being launched at York Hospital.

With the help of the York Teaching Hospital Charity, the Infection Prevention Team has produced a colourful pack complete with its own character ‘Higenie’ who takes children through the hand washing process step by step while giving essential tips to illustrate why hand hygiene is so important.

Anne Tateson, hand hygiene coordinator for the team, said: “It is important that children learn when and how to wash their hands at an early age so they develop good habits for life to protect them from infection. We wanted to target children because they can be vulnerable and most hand hygiene campaigns focus on adults. In the hospital we have several areas where children access healthcare and its here where the packs and posters will be made available.

“The packs contain a colourful poster and booklet designed along with coasters, mouse mats, a colouring sheet and special stickers. The booklet has puzzles, facts and interesting tips that are easy for children to remember.

The aim is that they will return home and back to school with good hand hygiene habits and be able to teach their friends and families.”
The Trust’s Patient Safety Strategy focuses on four main streams of work:
- Ensuring consistency of care, 24 hours a day, seven days a week
- Reduction of harm by early detection of the ‘at risk’ or deteriorating patient
- Reducing mortality
- Excellence in end of life care.

Our overall principle is to provide safe, good quality, patient centred care, consistently.

Clinical leaders have been identified and are reviewing our systems of work to ensure that patients who are admitted to our hospitals do not experience undue delay in assessment, diagnostics, treatment or review by a senior clinician.

We are striving to improve the safety of patients who are vulnerable to unexpected deterioration by enhanced training and by the implementation of systems to support early recognition of the risk of deterioration. This will be supported by further policies and clinical guidelines for initiation of early responses, interventions and, where necessary, escalation.

We have a system for mortality review and this year are expanding this to our community hospitals. We will also ensure that recognised strategies for reduction of mortality such as multidisciplinary ward rounds and delivery of care in accordance with recognised care bundles are effective, in all clinical areas.
For our patients approaching the end of life, and for their families and carers, our focus will be on the safety and experience of care. This includes patients who die suddenly or after a very brief illness. Our aim is to ensure that the care that people approaching the end of life receive is aligned to their needs and preferences.

We are reviewing options for implementation of electronic prescribing and management of medicines systems. Electronic prescribing and medicines administration is recognised to improve aspects of patient safety. As part of our reducing mortality programme we will continue to audit compliance with administration of medicines and will focus specifically on critical medicines.

We will continue to utilise and monitor compliance with safe systems of work such as The World Health Organisation Safe Surgery Checklist. In addition we will use every opportunity to learn from incidents, complaints and litigation by reflecting on our practice and where necessary changing systems of work to ensure that patients are safe in our care.

Patient Safety Leadership Walkrounds have provided very valuable opportunities for senior leaders to discuss safety issues with staff working on the front line. As a commitment to developing our culture of safety we will aim to undertake four walk rounds each month and to provide a monthly summary report to the Trust Board of Directors.
New drive to respond to deteriorating patients

A new drive to recognise and respond to acutely ill patients was launched in June at York Hospital with the appointment of a new ICU Clinical Nurse Educator, Catherine Lunness.

Catherine will be working with ward teams to educate and support staff about the recognition and response to deteriorating patients.

Catherine explained: “Nationally it has been found that it can take busy healthcare staff too long to recognise patients who are clinically or physiologically deteriorating. It’s really important to identify clinical deterioration early to prevent subsequent cardiopulmonary arrest and to reduce mortality.

“Hospital should be the best place for patients to receive prompt and effective treatment if their condition deteriorates but for all sorts of reasons it is not always recognised, not appreciated or not acted upon quickly enough.”

Catherine continued: “Staff on the wards can make a huge difference to patients at this crucial time. I want to give the nursing staff a strategy to follow so that they can safely care for acutely ill patients whatever the situation they are faced with on their ward.”
Board of Directors

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

The current Board membership is as follows:

- Alan Rose – Chairman
- Patrick Crowley – Chief Executive
- Philip Ashton – Non-executive Director and Chairman of the Audit Committee and Senior Independent Director
- Jennifer Adams – Non-executive Director (appointed September 2012)
Mike Keaney – Non-executive Director (appointed September 2012)

Libby Raper – Non-executive Director

Michael Sweet – Non-executive Director

Dianne Willcocks – Non-executive Director and Vice Chairman

Andrew Bertram – Executive Finance Director

Peta Hayward – Executive Director of Human Resources

Elizabeth McManus – Executive Chief Nurse (Executive Director)

Alastair Turnbull – Executive Medical Director

Mike Proctor – Deputy Chief Executive and Chief Operating Officer
As we move forward we must continue to focus on putting patients first, listening to their concerns and maintaining high professional standards. This is an area of utmost priority for our organisation and is at the centre of our values as a Trust.
Find out more...
To learn more about us or to read our full annual report and accounts for 2012/13 visit: www.york.nhs.uk
Get involved: to become a member of York Teaching Hospital NHS Foundation Trust call 01904 631313
Join online: www.york.nhs.uk